

2019/20 BETTER CARE FUND PLAN

| | |
|---------------------------------|---|
| Relevant Board Member(s) | Councillor Philip Corthorne Dr Ian Goodman |
| Organisation | London Borough of Hillingdon Hillingdon Clinical Commissioning Group |
| Report author | Kevin Byrne, Resident Services, LBH Tony Zaman, Social Care Directorate, LBH Caroline Morison, Managing Director, HCCG |
| Papers with report | Appendix 1 - NHSE planning template. Appendix 1A - Strategic narrative tab. Appendix 1B - National metrics tab. Appendix 1C - High impact change model tab. Appendix 2 - BCF scheme summaries. Appendix 3 - Health and social care integration vision. Appendix 4 - 2019/20 Delivery plan. Appendix 5 - Updated Health Impact Assessment. Appendix 6 - Updated Equality Impact Assessment. Appendix 7 - Governance arrangements summary. |

HEADLINE INFORMATION

| | |
|---|--|
| Summary | This report sets out the proposals for the 2019/20 Better Care Fund plan and seeks the Board's approval. The Better Care Fund is a Government initiative intended to improve efficiency and effectiveness in the provision of health and care through increasing integration between health and social care. The focus of Hillingdon's 2019/20 Better Care Fund plan is improving care outcomes for older people, people with learning disabilities and/or autism and children and young people. |
| Contribution to plans and strategies | The Better Care Fund is a key part of Hillingdon's Joint Health and Wellbeing Strategy and meets certain requirements of the Health and Social Care Act 2012. |
| Financial Cost | The recommended total amount for the BCF for 2019/20 is £92,952k, made up of a Council contribution of £53,534k and a CCG contribution of £39,418k. |
| Ward(s) affected | All |

RECOMMENDATIONS

That the Health and Wellbeing Board:

- 1) approves the 2019/20 Better Care Fund plan for submission to the London**

Regional Assurance Team by 27 September 2019 as described in this report or with any amendments that it requires;

- 2) notes the delayed transfers of care (DTC) target for 2019/20; and**
- 3) notes the content of the updated Health and Equality Impact Assessments (Appendices 5 and 6).**

INFORMATION

Strategic Context

1. Hillingdon is required to develop a Better Care Fund Plan (BCF) for 2019/20 in accordance with the *Better Care Fund Policy Framework 2019/20* (DHSC/MHCLG April 2019). The statutory planning requirements for the plan were published on 12 July 2019 with the expectation that the draft plan will be submitted to NHSE for evaluation on 27 September 2019. The purpose of this report is to seek Health and Wellbeing Board approval for the plan prior to its formal submission to NHSE in compliance with national conditions for the BCF. The plan submission was approved by Hillingdon Clinical Commissioning Groups Governing Body (HCCG) at its meeting on 4 September 2019.

2. Informal feedback on the draft response to the key lines of enquiry has been sought from NHSE's Better Care Support Team and this has been reflected in the content of relevant tabs within the planning template, which is attached as Appendix 1. The content of the strategic narrative, national metrics and high impact change model tabs within the template are attached as Appendices 1A, 1B and 1C respectively for ease of reference.

2019/20 BCF Plan Proposals

3. The scope of the 2019/20 plan, unlike the three earlier iterations, has a broader focus beyond Hillingdon's older people population. The primary purpose of the plan will be to deliver those aspects of the STP that require integration between health and social care and/or closer working between the NHS and the Council. Eight schemes are proposed, two of which are new, i.e., schemes 7 and 8. The schemes and their links to STP delivery areas are show in Table 1 below.

| Table 1: BCF Schemes and Links to STP Delivery Areas | | |
|---|--------------------------|---|
| Scheme | STP Delivery Area | Scheme Title |
| 1 | 1 | Early intervention and prevention. |
| 2 | 1 | An integrated approach to supporting Carers. |
| 3 | 3 | Better care at end of life. |
| 4 | 3 | Integrating hospital discharge and the intermediate tier. |
| 5 | 3 | Improving care market management and development. |
| 6 | 3 | Living well with dementia. |
| 7 | 1 | Integrated therapies for children and young people (CYP) |
| 8 | 4 | Integrated care and support for people with learning disabilities and/or autism |

4. Appendix 2 provides a summary of the aims of the above schemes. Appendix 3 shows the vision for health and social care integration and Appendix 4 is the delivery plan that sets out the actions that will be undertaken during 2019/20 to deliver the aims of the respective schemes.

National Conditions

5. The national conditions from the 2017/19 plan have been rolled forward and two new conditions have been added. Table 2 below summarises the national conditions and the local response.

| Table 2: National Conditions and Local Response | |
|---|--|
| Condition | Local Response |
| 1. A jointly agreed plan - A plan that has been agreed by the HWB. | This is dependent on the Board's decision. |
| 2. NHS contribution to social care is maintained in line with inflation - The Protecting Social Care funding is passported to Social Care with the inflationary uplift. | This is included within HCCG's minimum contribution. |
| 3. Agreement to invest in NHS-commissioned out of hospital services - Investing a ring-fenced sum (£5,217k in 2019/20). | This is already addressed through the funding committed to the CCG's community contract with CNWL and the Neighbourhood Teams. |
| 4. Implementation of the High Impact Change Model for managing transfers of care - This model sets out eight broad changes that will help local systems to improve patient flow and processes for discharge. | This is more fully described in Appendix 1C . |

Measuring Success

6. The success of the 2019/20 plan will be measured against a combination of nationally determined and some scheme specific metrics.

7. **Performance against national metrics** - The reportable national metrics from the 2017/19 plan have rolled forward into 2019/20. These are shown below with an update on performance during 2019 where the data is available:

- **Non-elective admissions** - The target is based on the proportion of the total 18 and over non-elective admissions to Hillingdon Hospital attributed to the 65 and over population as well as the proportion associated with ambulatory care sensitive conditions, i.e., cases where effective community care and case management can help prevent the need for hospital admission, such as chronic hepatitis B; asthmas; congestive heart failure; diabetes; chronic obstructive pulmonary disease; hypertension; epilepsy; and dementia. The target (or ceiling) is 2,435 admissions, which is aligned to that set by the CCG for Hillingdon Health and Care Partners (HHCP). The 2018/19 reduction target was based on all emergency admissions from the 65 and over population.

Update: On track - Data to Month 4(M4) suggests a 2019/20 outturn of 2,460 based on a straight line projection.

- **Delayed Transfers of Care** - A Health and Wellbeing Board area target has been set for Hillingdon by NHSE, which is 13.6 delayed days per day or 4,964 delayed days for the year. The 2018/19 target (or ceiling) was 4,991 delayed days and the outturn was 5,324. The Board may wish to note that no penalties have been proposed by NHSE for areas that miss their DTOC targets for 2019/20.

Update: On track - Data to M3 suggests an outturn on a straight line projection of 3,795 delayed days, which would be 1,169 delayed days below the 2019/20 ceiling if Quarter 1 activity levels were reflected throughout the year. The Board may wish to note that activity variations during financial years have not enabled a consistent projection model to be applied; in short, a straight line projection is as reliable as any other methodology.

- **Permanent admissions to care homes** - This applies to permanent admission to care homes by the Council of people aged 65 and over. The target (or ceiling) for 2019/20 is 170 permanent admissions. The outturn for 2018/19 was 185 admissions against a target of 145. The higher target for 2019/20 takes into consideration the high percentage (70%) of conversions of short-term to long-term placements and the impact of the delay of Park View Court on these conversions, which reflects the experience in 2018/19 with the delay in the delivery of Grassy Meadow Court.

Update: On track - In the period April to July 2019, there were 57 permanent admissions. If a straight line projection is applied then this would suggest 171 permanent admissions.

- **Effectiveness of reablement** - This is seeking to identify the proportion of people aged 65 and over who have been discharged home from hospital into reablement who are still at home 91 days after the discharge. The 2019/20 target is 90%. The 2018/19 outturn was 88%. The 2019/20 will be the final year that data for this metric will be collected.

8. Performance against scheme specific metrics - The schemes summarised in Appendix 2 contain a further range of metrics that will not be reported to NHSE but will be reported to the Health and Wellbeing Board and HCCG's Governing Body as part of the quarterly performance reports. The following are examples of these additional metrics:

- Number of falls-related emergency admissions.
- Number of emergency admissions from care homes.
- Number of emergency admissions from extra sheltered housing schemes.
- % of new users of the Reablement Service where there is no request for long-term support.
- % of hospital discharges taking place before midday.
- % of hospital discharges taking place at weekends.
- % of Continuing Healthcare assessments taking place in an acute hospital trust setting.

9. A performance report addressing the delivery of the BCF plan during the first half of 2019/20 will be provided to the Board at its meeting in December 2019. This will also be provided to CCG's Governing Body for its consideration in January 2020. The Q3 performance update will be considered by the Board at its March 2020 meeting and by the CCG in April 2020. The 2019/20 outturn report will be considered by meetings of the Board and CCG's Governing Body in June and July 2020 respectively.

Risk Share Arrangements

10. The arrangement for previous iterations of the plan has been that each organisation will manage its own risks. Separate risk share arrangements related to level of financial contribution have been in place in respect of community equipment and these are under review.

11. The detail of risk share arrangements will be reflected in the section 75 (NHS Act, 2006) agreement that Cabinet and HCCG's Governing Body will be asked to consider in December 2019, subject to the successful conclusion of the assurance process.

Governance

12. A Core Officer Group comprising of the Council's Corporate Director of Finance, the CCG's Deputy Chief Finance Officer, the Corporate Director of Adults and Children and Young People's Services (a statutory member of the Health and Wellbeing Board), the CCG's Managing Director and the Council's Head of Health Integration and Voluntary Sector Partnerships that has overseen the delivery of plans over the last four years will continue to have oversight and will also consider opportunities for integrated working and/or joint commissioning for recommendation to the Health and Wellbeing Board. Any decisions about the use of resources will have to be referred to the Council's Cabinet and the CCG's Governing Body in accordance with constitutional arrangements and agreed delegations. Appendix 7 provides a summary of how the Core Officer Group fits into the governance arrangements for integrated care in Hillingdon.

BCF Plan Submission and Assurance Timescales

13. The BCF submission to NHSE will comprise of the NHSE planning template (Appendix 1) and the following supporting documents:

- The health and social care integration vision linked to the STP (Appendix 3)
- The 2019/20 delivery plan (Appendix 4)
- The governance summary (Appendix 7)

14. The assurance process will have one of two outcomes, i.e., the plan will either be '*assured*' or '*not assured*'. The result will be known in the week commencing 18 November 2019. In the event of assured status, then the target date for the section 75 agreement to be agreed is 15 December 2019.

Post April 2020 Arrangements

15. Feedback from NHSE's Better Care Support Team suggests that there will be another single year plan for 2020/21; however, details are unlikely to be available until later in the year.

Financial Implications

16. The approach in Hillingdon has been to build up the level of ambition of the BCF plan incrementally to enable both the Council and HCCG to manage inherent risks. The inclusion of integrated therapies for children and young people (scheme 7) and the learning disabilities scheme (scheme 8) significantly increases the value of the BCF pooled budget. The inclusion of integrated services for people with learning disabilities and/or autism not only regularises current arrangements between the Council and HCCG but also lays the foundation for further integration in 2020/21, subject to approval through the usual governance processes in due

course.

Financial Uplift

17. Table 3 below provides a breakdown of the mandated financial requirements for 2019/20. This table reflects pre-populated information from the planning template.

| Item | 2018/19 Income | 2019/20 Income | % Difference |
|--|---------------------------|---------------------------|-------------------------|
| DFG (LBH) | 4,174,477 | 4,504,510 | 7.3 |
| Minimum CCG contribution | 17,174,622 | 18,361,811 | 6.5 |
| iBCF (LBH) | 5,257,796 | 6,207,140 | 15.2 |
| Winter Pressures (LBH) | 0 | 1,041,108 | N/A |
| Minimum Total | 26,606,895 | 30,114,569 | 11.6 |
| To Adult Social Care from minimum CCG contribution | 6,262,856 | 6,695,773 | 6.5 |

Key: DFG - Disabled Facilities Grant; iBCF - see below

18. It should be noted that the £6.2m for the iBCF is an accumulative total. The increase of £1m in the fund is not new money, as this is replacing the Additional iBCF Grant that was received in 2018-19 and was planned within the Council Budget when set for 2019/20.

19. Table 4 below summarises the proposed contributions by the Council and HCCG in 2019/20 compared with 2018/19.

| Organisation | 2018/19 (£,000s) | 2019/20 (£,000s) |
|---------------------|-----------------------------|-----------------------------|
| HCCG | 27,009 | 39,418 |
| LBH | 27,279 | 53,534 |
| TOTAL | 54,288 | 92,952 |

20. Table 5 below summarises the Council and HCCG contributions for 2019/20 by scheme and compares these with the 2018/19 position.

| Scheme | | Financial Contribution | | | |
|---------------|--|-------------------------------|-------------------------|--------------------------|-------------------------|
| | | 2018/19 | | 2019/20 | |
| | | HCCG (£,000s) | LBH (£,000s) | HCCG (£,000s) | LBH (£,000s) |
| 1 | Early intervention and prevention | 2,353 | 4,439 | 2,566 | 3,373 |
| 2 | An integrated approach to supporting Carers. | 18 | 878 | 19 | 983 |
| 3 | Better care at end of life. | 992 | 51 | 819 | 0 |
| 4 | Integrated hospital discharge and the intermediate tier. | 11,645 | 4,788 | 15,039 | 6,094 |

| | | | | | |
|--------------------|--|---------------|---------------|---------------|---------------|
| 5 | Improving care market management and development. | 12,001 | 16,817 | 12,549 | 11,949 |
| 6 | Living well with dementia. | 0 | 306 | 0 | 372 |
| 7 | Integrated therapies for children and young people. | 0 | 0 | 2,231 | 441 |
| 8 | Integrated care and support for people with learning disabilities. | 0 | 0 | 6,195 | 30,322 |
| TOTAL | | 27,009 | 27,279 | 39,418 | 53,534 |
| GRAND TOTAL | | 54,288 | | 92,952 | |

Proposed additional items

21. The additional items for 2019/20 are under scheme 7: *Integrated therapies for children and young people* and scheme 8: *Integrated care and support for people with learning disabilities and/or autism*. The additional amounts are as follows:

- *Scheme 7*: There is an additional £2,231k, which reflects the cost of HCCG's contracts for speech and language therapy (SLT), occupational therapy and physiotherapy for CYP. There is an additional Council contribution of £441k to reflect the cost of therapy contracts held by the Council. Under scheme 7 the Council undertakes the role of lead commissioner on behalf of the CCG for an integrated therapy contract. This was previously agreed by Cabinet at its March 2019 meeting and the CCG's Governing Body at its October 2018 meeting.
- *Scheme 8*: There is an additional £6,195k being contributed that reflects the costs relating to the case management service being provided to the CCG by the Council and also the cost of placements and packages of care for people with learning disabilities and/or autism. The rationale behind this additional voluntary contribution is that it regularises current arrangements and provides a governance framework for the development of a more integrated model to be delivered from 2020/21. The Council is contributing an additional £30,322k, which includes its staffing, placements and respite budgets for people with learning disabilities.

Improved Better Care Fund Grant (iBCF) and Winter Pressures Grant

22. The £6,207k iBCF and £1,041k Winter Pressures grant monies are paid directly to the Council under Section 31 of the Local Government Act 2003, with specific grant conditions, including a requirement that the funding is pooled in the BCF. All of the spend of this funding is contained within scheme 5.

23. *iBCF* - The grant conditions for 2019/20 are the same as for the last two years, namely that the funding is used for:

- Meeting adult social care needs;
- Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and/or
- Ensuring that the local social care provider market is supported.

24. As for the last two years, the Council is intending to use all of the funding to support the local care market. In 2019/20, this will fund the annualised effect of the fee uplifts to maintain and secure residential and nursing care home placements and also homecare provision.

25. *Winter Pressures Grant* - The grant conditions also require that the grant is used to support the local health and care system to manage demand pressures on the NHS with particular reference to seasonal winter pressures. This funding will be used to cover the cost of new placements and packages of care for people aged 65 and over.

EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendations?

26. The recommendations will enable Hillingdon's BCF plan to be submitted in accordance with national requirements. The BCF plan will contribute to the development of a sustainable health and care system in Hillingdon that will support residents to regain or maintain their independence.

Consultation Carried Out or Required

27. The timescale for submitting the BCF plan did not permit wider consultation to be undertaken. However, the development of the 2019/20 BCF Plan is consistent with feedback from consultation previously undertaken in respect of earlier iterations of the plan. The Strategic Operational Leads Team (SOLT) for Hillingdon Health and Care Partners has been consulted on the content of the 2019/20 plan and on the content of the health and equality impact assessments (Appendices 5 and 6). Healthwatch Hillingdon has also been consulted on the content of both assessments.

Policy Overview Committee comments

28. None at this stage.

CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

29. Corporate Finance has reviewed this report and notes that the Better Care Fund Plan for 2019/20, as described in this report, is broadly consistent with budget assumptions included within the 2019/20 General Fund budget, which was agreed by Council in February 2019. The recommended Council's contribution to the BCF of £53,534k in 2019/20 includes the funding provided through the IBCF Section 31 Grant, the Winter Pressures grant and the Disabled Facilities Grant.

Hillingdon Council Legal comments

30. Section 223GA of the NHS Act, 2006, provides the legal basis for the BCF and gives NHSE power to make any conditions it considers reasonable in respect of the release of NHS funding to the BCF. Where it considers that an area has not met these conditions it also has the power, in consultation with the DH and DCLG, to make directions in respect of the use of the funds and/or impose a spending plan and impose the content of any imposed plan.

BACKGROUND PAPERS

Better Care Fund Policy Framework 2019/20 (DHSC/MHCLG April 2019) and the *Better Care Fund Planning Requirements for 2019/20* (DHSC/MHCLG/NHSE July 2019)