



City of Westminster



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Westminster Health & Wellbeing Board

RBKC Health & Wellbeing Board

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Title:	2020-2021 BCF Priorities and Programme
Report of:	Senel Arkut, Bi-Borough Director of Health Partnerships
Wards Involved:	All
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Recommendations

This report summarises the 20/21 Better Care Fund programme and recommends the Joint HWBB to:

- Note the issues identified through the review
- Agree the 20/21 BCF Programme as shown in Appendix 1

1. Executive Summary

- 1.1 The Better Care Fund (BCF) is a single Plan to support the transformation and integration of health and social care. Due to the Covid19 pandemic, it was agreed by the NHS that the 2019/20 BCF Plan would be rolled forward, including uplifts to social care.
- 1.2 Demographic changes from an ageing population and increased complexity of need continue to place significant pressure on the Council and CCG's budgets; whilst the COVID19 crisis has made us rethink our models of care across all system partners, principles of prevention, integration and person-centred care remains the driver to reduce duplication and provide more timely support to ensure the best outcomes for residents. This also helps to manage demand and avoid the need for high cost interventions.
- 1.3 Efforts will continue to focus on delivery of existing BCF schemes; but there will be opportunities to increase efficiency and manage demands by reducing hospital

admissions/re-admissions and by a reduction in long-term care costs, including fewer care home admissions. The review of the BCF programme and learning from COVID19 has shown that by timely and targeted interventions, managing demand and by remodelling services, we are able to achieve efficiencies, without a negative impact on service users. This will mean having good engagement and co-production with people.

- 1.4 Our BCF Plan 20/21 will increasingly align with our wider ambitions around 'whole system' prevention, connected communities, personalised care and population health. These are key ambitions also identified in local Out of Hospital plans with a further shift in our system away from a hospital-centric and reactive model to a more anticipatory and proactive model of care.

2. Key Matters for the Board

- 2.1 The Board is asked to note priority areas for the 20/21 BCF Plan and agree for the Joint BCF Programme Board (formerly Joint Operations and Finance Group) to ensure the schemes meet the agreed outcomes and report to the Board on a quarterly basis (see appendix A).

3. Better Care Fund Programme 20/212

- 3.1 The RBKC and WCC BCF plan represents over £60m of spend and makes significant contributions to agreed local health and care priorities; whilst also meeting national targets.
- 3.2 The lessons from COVID19 and changes to the way services have been designed and delivered, alongside the impact COVID19 has had on people's health and wellbeing, has reinforced the need to understand how the BCF programme can be reorganised to meets future needs.
- 3.3 Given the significant change taking place nationally, regionally and locally across the health and care system, we have taken the opportunity to review the BCF to make sure we invest in the right schemes, our plan is relevant, transparent and able to meet the needs of our residents. This will also support the wider changes in health. It has been confirmed that the 20/21 Planning Guidance will be issued in October and that although there will be the expectation for the HWBB to sign off the plan, reporting will be more "light touch".
- 3.4 Appendix A provides a summary of the schemes to be covered within the Better Care Fund programme for 20/21.

4 Health and Wellbeing Priorities

- 4.1 The joint Kensington and Chelsea and Westminster Health & Wellbeing Board agreed a set of shared priorities on 28th March 2019, as a focus of its discussions. These included:
 - Dementia
 - Taking a Public Health approach to Serious Youth Violence
 - Mental Health & Resilience

4.2 Nationally, the BCF is judged against the 4 areas as set out below.

- **Non-Elective Admission (NEA):** Total number of specific acute non-elective spells per 100,000 population
- **DToC:** Delayed Transfers of Care (DToC) per day (daily delays) from hospital (aged 18+). These are presently not collected and there is likely to be a greater focus on Long Length of Stay (LLOS)
- **Admissions to Care Homes:** Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes per 100,000 population
- **Reablement:** Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.

4.3 At the last HWBB, there was a wider discussion on the Local Recovery Plans, setting out shared priorities for services to both manage a Covid response but also to ensure the impact of service changes during Covid is mitigated going forward. This reflects national requirements including the 'phase 3 letter' describing NHS priorities nationally.

These include:

- Maintaining 'BAU' services alongside a Covid response
- Planned and practice care to the most vulnerable (including shielding)
- Access to same day urgent care – via primary care community support
- Care Home support.

5 BCF 20/21

5.1 At the start of the year, health and the local authorities, supported by the LGA, started a review of the BCF programme, whilst also bringing in national examples of good practice. The review looked at all the schemes under 4 main areas (bundles) covering:

1. Mental Health - recovery, resilience and long-term needs
2. Long term and complex conditions, including dementia
3. Having a sustainable health and care system
4. Homelessness

5.2 Some initial findings from the review include:

- Our BCF does not fully reflect our strategic priorities as a system because a lot of schemes are historical. This means it is harder to understand the contribution of the programme to HWBB priorities and to ensure there is clarity and openness on this to allow it to respond to changes in priorities, as they evolve.
- Health inequalities remain at the forefront of the BCF programme but there needs to be greater understanding of the impact of schemes to address these inequalities.
- There should be a greater focus on preventative services with an emphasis on information, advice and mental health support that assist recovery.
- Support for care homes and home care should remain a priority including looking at areas such as designing information and advice services with Covid recovery in mind

- The importance of Psychological Therapies and social isolation services and support for carers services to be considered as part of the wider response to Covid19
- Long term and complex conditions, including dementia services, will need to consider the impact of COVID19
- Embedding the learning achieved from COVID 19 changes, such as changes to the Discharge Hubs and discharge pathways.
- Our reporting focuses heavily on the nationally mandated metrics. However this covers a minority of our spend meaning some service areas have less visibility. There needs to be a greater emphasis on local indicators to support the HWBB in understanding the wider contribution of the BCF in addressing health inequalities.

5.3 There is a need to strengthen the planning and scrutiny of the BCF programme but this will take time. There is a shared commitment to work collaboratively across health and local government and with system partners to make the BCF more strategically sensible in mapping to current system priorities.

5.4 Where service changes are needed there is also a commitment to develop alternatives, in a cooperative way and through mutual agreement. The Section 75 agreement provides a mechanism to make these decisions with formal notice periods. We will ensure contractual requirements are met, whilst focusing on a partnership approach to evolving the BCF into a better vehicle for local delivery.

If you have any queries about this Report or wish to inspect any of the Background papers, please contact:

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Appendix A: 20/21 Better Care Fund (BCF) Summary

WCC BCF Summary						
Categories	Funding for Joint work - S75	Health Commissioned Service	Protect of Adult Social Care	Care Act	LA Commissioned Reablement	Total
	3,745,016	8,204,192	7,096,248	804,444	1,180,928	21,030,828
Advocacy	496,727	-	102,500	351,575	-	950,802
CIS	-	5,850,231	337,225	-	717,500	6,904,956
Equipment Services	1,233,071	-	714,677	-	-	1,947,748
Homelessness	373,338	796,574	-	-	-	1,169,912
MH Supported Living	851,925	-	1,530,000	-	-	2,381,925
Neuro rehab	-	1,161,206	-	-	-	1,161,206
Packages and care	212,225	-	3,634,650	76,312	407,193	4,330,380
7 Day Service	327,947	-	-	-	-	327,947
S117 Placements	235,750	-	235,750	-	-	471,500
Safeguarding	20,500	-	-	338,250	-	358,750
Total	3,751,483	7,808,011	6,554,802	766,137	1,124,693	20,005,126
iBCF						17,130,064
DFG						1,523,990
	3,751,483	7,808,011	6,554,802	766,137	1,124,693	38,659,180
Uplift to be applied	-6,467	396,181	541,446	38,307	56,235	1,025,702

KC BCF Summary						
Categories	Funding for Joint work - S75	Health Commissioned Service	Protect of Adult Social Care	Care Act	LA Commissioned Reablement	Total
	2,140,651	5,457,272	4,648,775	572,077	756,019	13,574,794
Advocacy	-	-	-	125,411	-	125,411
CIS	-	4,115,604	-	-	739,745	4,855,349
Equipment Services	714,982	-	371,538	-	-	1,086,520
Homelessness	254,676	-	-	-	-	254,676
MH Supported Living	780,241	-	946,931	-	-	1,727,172
Neuro rehab	-	1,224,192	-	-	-	1,224,192
Packages and care	184,823	-	2,826,434	100,204	-	3,111,461
7 Day Service	319,690	-	-	-	-	319,690
S117 Placements	-	-	-	-	-	-
Safeguarding	-	-	111,854	-	-	111,854
Information and Advice	-	-	-	334,148	-	334,148
Total	2,254,412	5,339,796	4,256,757	559,763	739,745	13,150,473
iBCF						7,436,663
DFG						845,918
	2,254,412	5,339,796	4,256,757	559,763	739,745	21,433,054
Uplift to be applied	-113,761	117,476	392,018	12,314	16,274	424,321

