



City of Westminster

## Westminster Health & Wellbeing Board



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

## RBKC Health & Wellbeing Board

<b>Date:</b>	7th October 2021
<b>Classification:</b>	<b>General Release</b>
<b>Title:</b>	Better Care Fund – 21/22 Programme Update Quarter 1
<b>Report of:</b>	Senel Arkut, Bi-Borough Director of Health Partnerships
<b>Wards Involved:</b>	All
<b>Report Author and Contact Details:</b>	Grant Aitken, Head of Health Partnerships Grant.aitken@rbkc.gov.uk

### 1. Executive Summary

The aim of this paper is to provide an update to the Health and Wellbeing Board (HWBB) on the delivery of the Kensington and Westminster Better Care Fund, including the financial assumptions for 21/22 financial year and planning conditions as outlined by NHSE.

### 2. Key Matters for the Board

The Board is asked to:

- Note the Better Care Fund financial assumptions that will inform the programme for 21/22
- Note the planned work to update the BCF plan

### 3. Background

Although the 21/22 BCF funding was agreed in principle by NHSE, the final publication and the national Framework has yet to be issued for this year, though it is expected soon. To inform the planning for 21/22 and as previously reported, officers have assumed an uplift in the region of 5% for the BCF minimum contribution.

There is also likely to be minor variation in some of the national conditions to reflect national priorities. As with the 20/21BCF plan, for example, the previous requirement

to deliver targets around Delayed Transfer of Care (DToc) as likely to be removed and replace by a Long Length of Stay indicator. This remains unconfirmed and officers will seek guidance on how any changes will impact on the collection and reporting of the information. Responsibility for agreeing and monitoring the BCF will remain with the HWBB and officers have been given the following, indicative, timescale for submission.

Final submission for assurance by NHS London	11th November
Assurance and scrutiny	11-13 November
Final submission	16 <sup>th</sup> December
Approval notification	4 <sup>th</sup> January
S75 to be signed	21 <sup>st</sup> January

At this stage we are on track to meet the timescales.

#### 4. 21/22 Financial

In early December NHS outlined their minimum contributions to the Better Care Fund, which will grow by an average of circa 5% consistent with the cash growth in the NHS mandate funding overall. The following table summarises the draft budgets for 21/22 based on 5% uplift but will need to be adjusted once 2021/22 allocation has been published by NHS England.

Table 1:

BCF Pooled Funding	Westminster		Kensington and Chelsea	
	20/21 BCF Allocation £'000	Draft 21/22 £'000	20/21 BCF Allocation £'000	Draft 21/22 £'000
CCG Minimum Contribution	21,031	22,082	13,575	14,254
Improved Better Care Funding	17,130	17,130	7,437	7,437
Disability Facility Grant	1,729	1,729	960	960
<b>Total allocation</b>	<b>39,890</b>	<b>40,941</b>	<b>21,972</b>	<b>22,651</b>

21/22 draft budget are still awaiting confirmation from NHS England.

#### 5. Local Priorities

The HWBB have agreed five principles for working; in addition to meeting the national conditions, as being the focus for the BCF for 21/22. These included:

1. We put local people at the centre of our thinking.
2. We adapt our plans as we learn about the impacts of COVID-19
3. We value preventative and reablement services
4. We keep our local care marketplace resilient
5. We support and value our local carers, including young carers

As we recover from Covid 19, and the development of local ICP, it is important to ensure that BCF reflects the local ICP priorities. Therefore we will review the BCF priorities to ensure HWB is clear on how the plan delivers the local priorities. As part of the 21/22 submission to NHSE it is proposed to realign the BCF against these elements.

## 7. National Performance Metrics

The draft NHS national conditions will remain a requirement for the local HWBB to agree the 21/22 BCF plan and to receive quarterly returns on progress. This will include the overall performance of the programme against the national performance indicators below, plus any other indicators advised.

### Latest Performance

National Metrics	Westminster	Kensington
	21/22 (TBC)	21/22 (TBC)
<b>Non- Elective admission (NEA) – up to July</b> Total number of specific acute non-elective spells per 100,000 population	16,291	11,678
<b>Residential Admission – up to August</b> Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	314	252
<b>Reablement – up to August</b> Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	90.1%	89.9 %

## 5. Recommendations

This report recommends the HWBB notes the report.

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

**Grant Aitken Head of Health Partnerships, Royal Borough of Kensington and Chelsea and Westminster City Council**

**Email: [grant.aitken@rbkc.gov.uk](mailto:grant.aitken@rbkc.gov.uk)**

**Telephone: 07814 174 605**