

## City & Hackney Health and Care Sub Committee & City & Hackney Integrated Care Board Development Session

**Chair: Helen Fentimen**

### AGENDA

	Item	Time	Lead	Attached / verbal	Action required
1.0	<b>Welcome, introductions and apologies:</b> <ul style="list-style-type: none"> <li>• Declaration of conflicts of interest</li> </ul>	1400 (5 mins)	Chair	Verbal	Note
<b>City &amp; Hackney Health and Care Sub Committee</b>					
2.0	<b>Questions from Public</b>	1405 (5 mins)	Chair	Verbal	Discuss
3.0	<b>BCF Plan 2023-25</b>	1410) (15 mins)	Cindy Fischer	Paper	Discuss / Approve
<p><b>Date of next meeting:</b> Full meeting in public on Wednesday 12 July 2023, 1400-1600 online by Teams</p>					

## City and Hackney Health and Care Board

14 June 2023

<b>Title of report</b>	Better Care Fund 2023-24
<b>Author</b>	Cindy Fischer, Commissioning Programme Manager
<b>Presented by</b>	Cindy Fischer, Commissioning Programme Manager
<b>Executive summary</b>	<p>The Better Care Fund (BCF) requires Integrated Care Boards (ICBs) and local government to agree a joint plan, owned by the health and wellbeing board (HWB), governed by an agreement under section 75 of the NHS Act (2006).</p> <p>The BCF Policy Framework and Planning Requirements were published on the 4 April 2023 and confirms the conditions and funding for 2023-2025. This includes two-year spending plans although the second year is provisional in some aspects.</p> <p>This paper outlines our local BCF plans which must be submitted the 28 June 2023.</p>
<b>Action required</b>	Approve
<b>Previous reporting / discussion</b>	<ol style="list-style-type: none"> <li>1. Hackney BCF Partnership - 15 May 2023</li> <li>2. Neighbourhoods Health and Care Board – 23 May 2023</li> </ol>
<b>Next steps / onward reporting</b>	Formal approval will be via Health and Wellbeing Boards.
<b>Conflicts of interest</b>	N/A
<b>Strategic fit</b>	Long term conditions: To support everyone living with a long-term condition in North East London to live a longer, healthier life
<b>Impact on local people, health inequalities and sustainability</b>	<p>The BCF has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support. The aim is to provide better integrated health and social care services, resulting in an improved experience and better quality of life.</p> <p>An equalities impact assessment has not been undertaken on the BCF as a whole. Assessments have been done on individual services when established or changed over time.</p>
<b>Impact on finance, performance and quality</b>	There are no additional resource implications/revenue or capitals costs arising from this report. The costs have been met from within existing resources.
<b>Risks</b>	The BCF is a funding mechanism for many of the ICBs community services and Local Authority statutory responsibilities.

Any risks are reported via organisational risk registers as appropriate.

## Introduction

The Better Care Fund was launched in 2015 to join up the NHS, social care and housing services so that older people, and those with complex needs, can manage their own health and wellbeing and live independently in their communities for as long as possible.

The BCF requires Integrated Care Boards (ICBs) and local government to agree a joint plan, owned by the health and wellbeing board (HWB), governed by an agreement under section 75 of the NHS Act (2006).

The BCF Policy Framework and Planning Requirements were published on the 4 April 2023 and confirms the conditions and funding for 2023-2025. This includes two-year spending plans although the second year is provisional in some aspects.

The Better Care Fund (BCF) Policy Framework sets out the Government's priorities for 2023-25, including improving discharge, reducing the pressure on Urgent and Emergency Care and social care, supporting intermediate care, unpaid carers and housing adaptations.

The vision for the BCF over 2023-25 is to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. This vision is underpinned by the two core BCF objectives:

- Enable people to stay well, safe and independent at home for longer
- Provide the right care in the right place at the right time

The BCF provides a mechanism for joint health, housing and social care planning and commissioning. It brings together ring-fenced budgets from Integrated Care Board (ICB) allocations, and funding paid directly to local government, including the Disabled Facilities Grant (DFG), and the improved Better Care Fund (iBCF). There is a new requirement that additional Discharge Funding must be pooled into the BCF.

**The Board is being asked to Approve** our 2023-24 BCF Plans. We will be expected to revise trajectories and plans for 2024-25.

## Overview of Plans

The BCF plans support delivery of the City and Hackney Place-based Partnership Integrated Delivery Plan and enables implementation of some of the strategic focus areas. This includes working to reduce health inequalities for our residents.

Our local plan for 2023-25 plan is a continuation of core service provision and transformational initiatives that seeks to join up health and social care.

The NHS contribution to the BCF will increase by 5.66%. The following minimum funding must be pooled into the BCF in 2023-25.

## Expenditure

City of London		
Source	2023-24 Allocation	2024-25 Allocation
NHS Contribution	£893,101	£943,650



Improved Better Care Fund (iBCF)	£323,659	Not yet published
Disabled Facilitates Grant (DFG)	£37,091	£37,091
Discharge Funding – LA contribution	£45,376	Not yet published
Discharge Funding – NHS contribution	£4,180	Not yet published

### City of London – NHS Contribution

Scheme ID	Scheme Name	Commissioner	Expenditure (£)
1	Care Navigator	LA	£63,396
2	Hospital Discharge Scheme	LA	£269,849
3	Carers Support	LA	£14,352
4	Adult Cardiorespiratory Enhanced + Responsive Service (ACERS)	ICB	£22,760
5	Bryning Day unit/Falls Prevention	ICB	£14,186
6	Asthma	ICB	£1,405
7	St Joseph's Hospice	ICB	£85,597
8	Paradoc	ICB	£20,961
9	Adult Community Rehabilitation Team	ICB	£162,846
10	Adult Community Nursing	ICB	£217,454
11	Pathway Homeless Hospital Discharge Team - ELFT	ICB	£1,513
12	Pathway Charity Franchise Fee	ICB	£540
13	DES supplementary care homes services	ICB	£5,475
14	GP out of hours home visiting service	ICB	£10,680
	<b>Total</b>		<b>£893,101</b>

### London Borough of Hackney

Source	2023-24 Allocation	2024-25 Allocation
NHS Contribution	£25,789,837	£27,249,542
Improved Better Care Fund (iBCF)	£16,636,745	Not yet published



North East London

Disabled Facilitates Grant (DFG)	£1,730,686	£1,730,686
Discharge Funding – LA contribution	£2,332,446	Not yet published
Discharge Funding – NHS contribution	£953,268	Not yet published

Scheme ID	Scheme Name	Commissioner	Expenditure (£)
1	Services to support Carers	LA	£741,176
2	Community equipment and adaptations -Social Care spend -Health spend	LA	£1,098,039 £1,329,855
3	Maintaining eligibility criteria	LA	£4,683,758
4	Targeted preventative services	LA	£409,653
5	Telecare	LA	£352,468
6	Interim Beds	LA	£369,532
7	Management Officer Post	LA	£73,000
8	Integrated Independence Team (LBH)	LA	£1,581,232
9	Integrated Independence Team (HH)	ICB	£2,619,352
10	Neighbourhoods Programme	ICB	£981,724
11	Adult Cardiorespiratory Enhanced + Responsive Service (ACERS)	ICB	£735,904
12	Bryning Day unit/Falls Prevention	ICB	£441,677
13	Asthma	ICB	£34,122
14	St Joseph's Hospice	ICB	£2,767,646
15	Paradoc	ICB	£928,157
16	Adult Community Rehabilitation Team	ICB	£3,075,843
17	Adult Community Nursing	ICB	£2,638,274
18	Age UK - Take Home and Settle	ICB	£215,058
19	Discharge Coordinators	ICB	£172,592
20	GP Out of Hours Home Visiting Service	ICB	£345,329
22	Pathway Homeless Hospital Discharge Team - ELFT	ICB	£48,929
23	Pathway Charity Franchise Fee	ICB	17,460
24	DES supplementary care homes services	ICB	£111,144
25	Fit 4 Health	LBH	£20,000
	<b>Total</b>		<b>£25,789,837</b>



North East London

### Changes to Plan from 2022-23 (includes uplifts based on contractual negotiations)

	Final Plan 22/23 Total	Draft Plan 23/24 Total	Movement	Main changes proposed within plan
LBH	11,319,249	10,638,713	-680,537	Includes the transfer of Integrated Independence Team budget from LBH to Homerton contract (£2.4m) and transfer of Community Equipment from Homerton to LBH (£1.2m)
CoL	328,977	347,597	18,620	
Homerton Acute	2,302,384	2,371,763	69,379	
Homerton CHS	5,910,445	8,713,769	2,803,324	Includes the transfer of IIT from LBH to Homerton (£2.4m)
St. Joseph's Hospice	2,760,521	2,853,244	92,723	
Age UK	208,566	215,058	6,492	
London Central & West Unscheduled Care Collaborative Ltd	400,735	356,009	-44,726	Revised to agreed contract value
Pathway Homeless Hospital Discharge Team	225,455	68,442	-157,013	Most of the funding for 2-year non-recurrent scheme provided in previous allocations. Due to delay in mobilisation, scheme continues this year.
Nursing Homes	116,619	116,619	0	
LBH-Fit for Health	0	20,000	20,000	
System Pressures	555,760	0	-555,760	
Neighbourhoods	1,124,874	981,724	-143,150	Planned reduction in budget
<b>Grand Total</b>	<b>25,253,585</b>	<b>26,682,938</b>	<b>1,429,353</b>	
<b>LBH Total</b>	<b>24,408,327</b>	<b>25,789,837</b>	<b>1,381,511</b>	
<b>CoL Total</b>	<b>845,258</b>	<b>893,101</b>	<b>47,842</b>	
<b>Control Total</b>	<b>25,253,585</b>	<b>26,682,938</b>	<b>1,429,353</b>	Total uplift to BCF minimum allocation 5.66%

\*See appendices for information on increases and additional services being funded.

### Future Consideration

The BCF is a mechanism for a pooled budget between health and Local Authorities and there is a minimum NHS allocation that we must commit to spending. In line with our principles of partnership working at Place, we may look to expand the allocation within the BCF to further drive partnership arrangements through our devolved budget.



North East London

**City and Hackney Neighbourhoods Health and Care Board**  
**23 May 2023**

**Appendix 1: BCF Plan 2023-24 Service Changes**

**1. Telecare** (Increased budget £33k)

Millbrook Healthcare Ltd. is the Council's contracted provider for the Hackney Integrated Telecare service. The contract is for the provision of telecare equipment, call monitoring and community response services. The contract was due to end 25 Feb 2023; so, a short extension has been negotiated to allow time for the successful procurement of the new service.

The extension with the provider is not possible without an inflationary uplift. This impacts the current activity charge rates, which will have an impact on the equipment costs. The cost of telecare equipment, similar to community equipment, is also increasing due to the necessary transition from analogue to digital.

**2. Integrated Community Equipment Service (ICES)**

(Increased budget £1,329,855 - transfer from Homerton budget + £98k to address pressures)

The Integrated Community Equipment Service (ICES) is a key preventative service, enabling older people and disabled people, including children with disabilities to remain living independently. The service is responsible for delivering and maintaining equipment that supports Hackney residents' daily living. The service is accessed by health and social care prescriber practitioners across multiple teams within Homerton Healthcare, LB Hackney Adults and Children's services and Hackney Learning Trust (HLT) to promote safety and independence for residents.

While the service has always been accessed by both health and social care, only the budget for the London Borough of Hackney was within the BCF. The Council paid all invoices, then recharged Homerton, who in turn recharged the CCG for the portion of invoices related to patients eligible for Continuing Healthcare.

Partners have agreed that the recharge arrangements create an extra burden and have decided to have the ICB fund the council directly have health related equipment spend. The Homerton remains a key partner in the provision of equipment and monitoring of the service and an MOU has been drafted to outline the responsibilities of all three partners.

**3. Fit 4 Health – Exercise after stroke** (Short term non-recurrent funding £20k)

**Summary of scheme**

Seeking funding for the extension of 'Fit 4 Health – Exercise after stroke' scheme, an existing scheme hosted by Leisure team at LBH.

'Fit 4 Health' is an evidence-based programme including an individual assessment and support to people who have had a stroke or TIA (Transient Ischaemic Attack) via a bespoke 16-week exercise programme with one to one and group support. A follow up programme is available for clients who may not be ready to engage in independent exercise, with a further 8-weeks of exercise activities available via gym activity and a slow-paced walk.

Referrals are received from hospital stroke units, GPs, self-referral or other healthcare services. 32 session programmes are delivered by specialist exercise instructors in line with evidence. On completion, clients are signposted to relevant exercise opportunities in the borough.

Expected activity level: an expected 103 clients will attend the programme across the year.

### **Cost of scheme**

£65,006 is the full year budget of the service which includes staff, venues, equipment and publicity.

Plans for recurrent funding are being considered; however, funding may not be available until end of Q2, hence a request of £20K via the BCF.

*\*\* Funding history:* The service was set up in 2009 from needs identified by Adult Social Care and City and Hackney Public Health. Funding came from an Older Persons stream (2009-2012). Fit 4 Health was successfully awarded funding by the National lottery 2012-2018 (two separate awards). From 2018 funded by BCF or other funding streams within the CCG on an annual basis non-recurrently.

### **Case for change**

In City and Hackney we have an increased rate of premature mortality through cardiovascular disease. This scheme would ultimately contribute to reducing premature mortality as well as reducing morbidity and improving quality of life.

Fit 4 Health is the only 'step-down' exercise specialist service bridging the gap between clinical rehabilitation and community exercise. This service is currently provided but funding is coming to an end. If the scheme were discontinued there would be an increased strain on many areas including:

- Increased strain on health services
- Insufficient specialist exercise provision to encourage physical activity amongst people who have had a stroke, TIA or at risk of stroke.
- Increased reliance of social adult care
- Increased reliance on family/care support
- Higher probability of client relapse / further stroke
- Increased likelihood of reoccurring co-morbidities
- Less support for people returning to work.

Evaluation of the Fit 4 Health scheme (March 2021) demonstrated that stroke clients who were preparing to change could be greatly aided by the scheme. Most (82%) of completers noted improvements in energy levels and 73% noticed improvements in stamina, strength, balance and flexibility. A further 63% improved in their ability to perform daily activities suggesting greater independence. Also 41% of clients felt more in control of their blood pressure as a result of the exercise programme thus reducing risk of stroke and CHD. The psychosocial benefits of the programme were evident and supported by the clients' own written comments. 67% of clients said they felt more confident in their ability to use local parks, sports, leisure and community facilities. A further 57% reported improvements in their social skills. The programme also encouraged clients to engage in community life such as using the leisure facilities and parks. Also returning to work, which over the last year has become more relevant due to the higher intake of working age clients.



#### **4. Out of Hours Rapid Response End of Life Care Service**

(Funding in place 2023-24 -request for BCF funding recurrently from 2024-25)

##### **Introduction**

Since the start of 2020 a pilot out of hours rapid response end of life nursing service has operated from St Joseph's Hospice, provided by Marie Curie. Non-recurrent funding for the service was extended in light of the impact of the COVID-19 pandemic and the current contract with Marie Curie is scheduled to expire on 31 March 2023.

Since March 2022 colleagues in NHS NEL have worked together to take a holistic view of current overnight End of Life provision across North East London and identify options for future provision in line with national and regional strategy and best practice.

The recommendation of this review is to go out to procurement for a shared service, covering City & Hackney and Newham.

##### **General Overview**

The Health and Care Act 2022 states a legal duty on ICBs to commission palliative care services to ensure that the palliative and end of life care needs of people of all ages, and their loved ones and carers, are met, and they receive the care and support they need to live and to die well.

In 2019, 45% of deaths in England & Wales took place in hospitals. According to ONS data<sup>1</sup> the relatives of people who die in hospital rate overall quality of care significantly worse than any other place of death. The same survey indicates that the majority (81%) of respondents believed the deceased would have preferred to die at home.

Evidence suggests that palliative and end-of-life-care can allow more people to die at home, improve quality of life, reduce pain and other symptoms, and lower the demand for unplanned hospital care.

The NHS NEL Palliative and End of Life Care Strategy 2022 focuses on improving access and quality, with providing access to out of hours support in community settings as a key outcome.

##### **Pilot Rapid Response Service**

In late 2019 City & Hackney CCG commissioned Marie Curie to provide a pilot service, shared with Newham CCG and located at St Joseph's Hospice. Receiving referrals from district nursing, community palliative care, London Ambulance Service (LAS), GPs and responding directly to call-outs from patients' carers, the service provides rapid specialist palliative care support to patients at home, in situations which would otherwise most likely result in a 999 call and conveyance to A&E. The service also contributes to improved quality of experience for patients and carers, helping people die in their preferred place of death, and avoiding unnecessary admissions to hospital and call outs from GP OOH services.

- The service offers rapid-response overnight support, information and crisis intervention to patients, families and carers over the telephone and face to face in a patient's home or usual place of residence.
- Operating hours 10pm-8am, 7 days per week (including bank holidays).
- Service delivered by Marie Curie Registered Nurses and Healthcare Assistants.
- Response within 2 hours of contact.

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<sup>1</sup> ONS National Survey of Bereaved People, 2015 [National Survey of Bereaved People \(VOICES\) - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/people-and-population/living-and-death/bereavement/survey-of-bereaved-people-voices)

- Available to all patients aged 18yrs and over with a life limiting condition who are deteriorating and nearing end of life where there is no identifiable reversible cause.
- Referrals may be made by GPs, District Nurses, Hospital clinicians, LAS, 111, Hospice, Marie Curie, Adult Social Care or by the patient / carers themselves.

### **Service Delivery & Evaluation**

In August 2020, Marie Curie carried out a review of the first 9 months of the service, which showed the following:

#### Activity

- Supported 81 unique patients across 167 contacts
- Advice & support (67%); symptom control (40%); medication/injection support (21%)
- Mean time between receiving call and arrival at place of residence was 16 minutes
- Visits lasted between 15 minutes and 2 hours. Mean duration of a visit was 54 minutes.
- 63% of contacts were face-to-face visits (37% phone support)
- 58% non-cancer patients

#### Outcomes

- GP OOH call-out avoided in 47% of contact cases
- LAS call-out avoided in 51% of contacts
- 22 NOK survey responses – over 95% rated the service ‘excellent’ or ‘very good’.
- Supporting achievement of preferred place of death (PPoD).

In late 2020 an economic evaluation was carried out by PPL on behalf of City & Hackney CCG. The evaluation estimated a cost saving for the year (based on LAS conveyance, A&E attendance and hospital admissions avoided) of £242,190 per annum, or £20,182 per month. The evaluation concluded that even applying more conservative assumptions about potential admissions, the economic benefits of the service are robust and result in significant cost savings and economic benefit relative to the cost of the service.

It should be noted that the value for money of the service comes in part from the efficacy of sharing the service across two boroughs. Were the service to be delivered in only one borough, it would lose economies of scale and this could challenge the service’s viability.

### **North East London Review**

In 2022-23 a task & finish group was set up to look at options for the future of overnight rapid response EoL provision across North East London and produce a case to support a decision around recurrent funding and procurement of a new service to be made under the new governance arrangements for NHS NEL, with the new service to be mobilised on 1 April 2024.

The group carried out a desktop review of national guidance, evidence on best practice, and models of service. The group also looked at the extent to which this kind of service is needed across NEL. The group found that the service model in operation in City & Hackney and Newham is in line with best practice, and there is sufficient demand in Newham and City & Hackney (where there is no overnight district nursing service). A pilot is being undertaken in BHR to test demand.

The recommendation of the group is that NEL move forward with a service procurement for City & Hackney and Newham. Newham have already established a recurrent funding stream for this service.

Non-recurrent funding of the service has been identified for 2023-34; however, approval is being sought for recurrent funding of the service as part of the BCF allocation from 2024-25 onwards.