

Better Care Fund 2020-21 Year-end Template

3. National Conditions

Selected Health and Wellbeing Board:

City of London

| Confirmation of Nation Conditions | | |
|---|--------------|---|
| National Condition | Confirmation | If the answer is "No" please provide an explanation as to why the condition was not met in 2020-21: |
| 1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas) | Yes | |
| 2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy? | Yes | |
| 3) Agreement to invest in NHS commissioned out of hospital services? | Yes | |
| 4) The CCG and LA have confirmed compliance with these conditions to the HWB? | Yes | |

Checklist

Complete:

Yes

Yes

Yes

Yes

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4. Income

Selected Health and Wellbeing Board:

City of London

| Local Authority Contribution | |
|--|--------------------|
| Disabled Facilities Grant (DFG) | Gross Contribution |
| City of London | £37,091 |
| DFG breakdown for two-tier areas only (where applicable) | |
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| | |
| Total Minimum LA Contribution (exc iBCF) | £37,091 |

| iBCF Contribution | Contribution |
|--------------------------------|-----------------|
| City of London | £314,144 |
| Total iBCF Contribution | £314,144 |

| | |
|--|----|
| Are any additional LA Contributions being made in 2020-21? If yes, please detail below | No |
|--|----|

| Local Authority Additional Contribution | Contribution | Comments - Please use this box clarify any specific uses or sources of funding |
|--|--------------|--|
| | | |
| | | |
| Total Additional Local Authority Contribution | £0 | |

| CCG Minimum Contribution | Contribution |
|---------------------------------------|-----------------|
| NHS City and Hackney CCG | £709,457 |
| | |
| | |
| | |
| | |
| | |
| Total Minimum CCG Contribution | £709,457 |

Are any additional CCG Contributions being made in 2020-21? If yes, please detail below

No

| Additional CCG Contribution | Contribution | Comments - Please use this box clarify any specific uses or sources of funding. If you are including funding made available to support the Hospital Discharge Service Policy in 2020-21, you should record this here |
|-----------------------------------|--------------|--|
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| Total Additional CCG Contribution | £0 | |
| Total CCG Contribution | £709,457 | |

| | |
|--------------------------------|-------------------|
| | 2020-21 |
| Total BCF Pooled Budget | £1,060,692 |

| Funding Contributions Comments | |
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Optional for any useful detail e.g. Carry over

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Better Care Fund 2020-21 Year-end Template

5. Expenditure

Selected Health and Wellbeing Board:

City of London

| Running Balances | Income | Expenditure | Balance |
|-----------------------------|-------------------|-------------------|-----------|
| DFG | £37,091 | £37,091 | £0 |
| Minimum CCG Contribution | £709,457 | £709,457 | £0 |
| iBCF | £314,144 | £314,144 | £0 |
| Additional LA Contribution | £0 | £0 | £0 |
| Additional CCG Contribution | £0 | £0 | £0 |
| Total | £1,060,692 | £1,060,692 | £0 |

| Required Spend | Minimum Required Spend | Planned Spend | Under Spend |
|--|------------------------|---------------|-------------|
| NHS Commissioned Out of Hospital spend from the minimum CCG allocation | £185,955 | £379,151 | £0 |
| Adult Social Care services spend from the minimum CCG allocations | £129,887 | £276,121 | £0 |

Checklist

Complete:

| | | | | | | | | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|

| Link to Scheme Type description | | | | | Expenditure | | | | | | | | |
|---|--------------------------|-------------------------------|--------------------------|--|------------------|--|--------------|-------------------------------|------------------------------|----------------------------|--------------------------|-----------------|----------------------|
| Scheme ID | Scheme Name | Scheme Type | Sub Types | Please specify if 'Scheme Type' is 'Other' | Area of Spend | Please specify if 'Area of Spend' is 'other' | Commissioner | % NHS (if Joint Commissioner) | % LA (if Joint Commissioner) | Provider | Source of Funding | Expenditure (£) | New/ Existing Scheme |
| 1 | Care navigator | Other | | Supporting safe hospital discharge | Social Care | | LA | | | Charity / Voluntary Sector | Minimum CCG Contribution | £67,944 | Existing |
| 2 | Reablement Plus | Home Care or Domiciliary Care | | | Social Care | | LA | | | Private Sector | Minimum CCG Contribution | £73,606 | Existing |
| 3 | Mental Health Reablement | Other | | Promoting independence and support - | Social Care | | LA | | | NHS Mental Health Provider | Minimum CCG Contribution | £121,716 | Existing |
| 4 | Carers Support | Carers Services | Carer Advice and Support | | Social Care | | LA | | | Charity / Voluntary Sector | Minimum CCG Contribution | £12,855 | Existing |
| 5 | ACERS | Community Based Schemes | | | Community Health | | CCG | | | NHS Community Provider | Minimum CCG Contribution | £21,286 | Existing |
| 6 | Asthma | Other | | Complex case management of frequent A&E | Acute | | CCG | | | NHS Acute Provider | Minimum CCG Contribution | £1,314 | Existing |

| | | | | | | | | | | | | | |
|----|--|---------------------------------|--------------------------------------|-------------------------------|------------------|--------------------------|-----|--|--|----------------------------|--------------------------|----------|----------|
| 7 | Falls prevention | Prevention / Early Intervention | Other | Physical Health and Wellbeing | Acute | | CCG | | | NHS Acute Provider | Minimum CCG Contribution | £13,267 | Existing |
| 8 | Out of hours / paradoc | Community Based Schemes | | | Acute | | CCG | | | NHS Acute Provider | Minimum CCG Contribution | £19,604 | Existing |
| 9 | Homerton CHS - ACRT | Community Based Schemes | | | Community Health | | CCG | | | NHS Community Provider | Minimum CCG Contribution | £84,755 | Existing |
| 10 | Homerton CHS - Community Nursing (int care | Community Based Schemes | | | Community Health | | CCG | | | NHS Community Provider | Minimum CCG Contribution | £166,746 | Existing |
| 11 | Disabled Facilities Grant | DFG Related Schemes | Adaptations | | Social Care | | LA | | | Private Sector | DFG | £37,091 | Existing |
| | | | | | | | | | | | | | |
| 12 | End of Life - St Joseph's Hospice | Community Based Schemes | | | Community Health | | CCG | | | Charity / Voluntary Sector | Minimum CCG Contribution | £39,688 | Existing |
| 13 | Neighbourhood Care Model - Community | Community Based Schemes | | | Community Health | | CCG | | | NHS Community Provider | Minimum CCG Contribution | £8,563 | Existing |
| 14 | Neighbourhood Care Model - COL provider | Enablers for Integration | Implementation & Change Mgt capacity | | Other | Project management costs | LA | | | Private Sector | Minimum CCG Contribution | £20,000 | Existing |
| 15 | ACRT Wait List Clearance | Community Based Schemes | | | Community Health | | CCG | | | NHS Community Provider | Minimum CCG Contribution | £2,792 | Existing |
| 16 | GP Out of Hours Home Visiting Service | Community Based Schemes | | | Primary Care | | CCG | | | Private Sector | Minimum CCG Contribution | £55,322 | Existing |
| 17 | IBCF | Home Care or Domicillary Care | | | Social Care | | LA | | | Private Sector | IBCF | £314,144 | Existing |

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6. Income and Expenditure actual

Selected Health and Wellbeing Board:

City of London

Income

| 2020-21 | | |
|---------------------------|---------------|--|
| Disabled Facilities Grant | £37,091 | |
| Improved Better Care Fund | £314,144 | |
| CCG Minimum Fund | £709,457 | |
| Minimum Sub Total | | £1,060,692 |
| Planned | | Actual |
| CCG Additional Funding | £0 | Do you wish to change your additional actual CCG funding? No |
| LA Additional Funding | £0 | Do you wish to change your additional actual LA funding? No |
| Additional Sub Total | | £0 |
| | Planned 20-21 | Actual 20-21 |
| Total BCF Pooled Fund | £1,060,692 | £1,060,692 |

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2020-21

Expenditure

| 2020-21 | |
|--|------------|
| Plan | £1,060,692 |
| Do you wish to change your actual BCF expenditure? | No |
| Actual | |

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2020-21

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2020-21 Year-end Template

7. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. Covid-19 had a significant impact on services and schemes delivered on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2020-21. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

City of London

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

| Statement: | Response: | Comments: Please detail any further supporting information for each response |
|---|----------------|--|
| 1. The overall delivery of the BCF has improved joint working between health and social care in our locality | Strongly Agree | There have been well established and strong joint working arrangements within the City and Hackney locality for a number of years and the BCF has been part of that. This provided an excellent base for joint working in response to the COVID-19 pandemic. |
| 2. Our BCF schemes were implemented as planned in 2020-21 | Strongly Agree | Yes, this is correct. |
| 3. The delivery of our BCF plan in 2020-21 had a positive impact on the integration of health and social care in our locality | Agree | Overall plans were superseded by the COVID-19 pandemic but our established integrated working provided a strong base on which to build in terms of responding to the pandemic. A System Operational Group was put in place which met weekly and included a wide range of partners including the voluntary sector. The BCF allows us the opportunity to reflect on what |

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.

Please provide a brief description alongside.

| 4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2020-21 | SCIE Logic Model Enablers, Response category: | Response - Please detail your greatest successes |
|---|---|--|
| Success 1 | 2. Strong, system-wide governance and systems leadership | During the COVID-19 pandemic, a system wide System Operational Command Group was established. This is moving into becoming a Neighbourhood Health and Care Board which will have the operational focus and governance to support the local Integrated Care Partnership which will exercise governance through a Board. Working together to respond to the pandemic strengthened systems leadership (which was already well developed) and created agility in working across organisational boundaries. |
| Success 2 | 5. Integrated workforce: joint approach to training and upskilling of workforce | Across City and Hackney 8 neighbourhoods were established which Primary Care Networks then aligned with when they were established. The neighbourhoods are a model for providing out of hospital care in a personalised and holistic way. Transformation of services has included the development of new blended community health teams, a new model of delivery for community nursing and neighbourhood MDTs to manage complex cases across a number of disciplines. One of the overall objectives of the model is to increase staff satisfaction and provide high quality services to residents. |
| 5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2020-21 | SCIE Logic Model Enablers, Response category: | Response - Please detail your greatest challenges |

| | | |
|-------------|--|--|
| Challenge 1 | 1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors) | Although as noted above, we were able to respond well to the COVID-19 pandemic through joint working in the system, the pandemic meant that we had to switch much more to being reactive rather than preventative. A challenge for the City of London is that there are no care homes within the City and residents attend hospitals in two different CCG areas (NEL and CWL) which meant working across two systems. This was challenging but our small size gave us some agility and one of the hospitals complimented on our efficiency and ease in terms of hospital discharge |
| Challenge 2 | 4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production | The pandemic and new protocols such as hospital discharge meant that resident choice and control generally was more limited over the last year. |

Footnotes: