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|--------------------------|--|-----------------------------|--------------------------|
| <b>Subject:</b>          | <b>Better Care Fund Plan update</b>  |                             |                          |
| <b>Date of Meeting:</b>  | <b>10 June 2014</b>  |                             |                          |
| <b>Report of:</b>        | <b>Executive Director, Adult Services &amp; Chief Operating Officer, CCG</b> |                             |                          |
| <b>Contact Officer:</b>  | <b>Name:</b>   | <b>Gill Brooks</b>          | <b>Tel: 01273 574635</b> |
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| <b>Ward(s) affected:</b> | <b>All</b>   |                             |                          |

**FOR GENERAL RELEASE****1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 Every Council and CCG is required to develop a Better Care Plan that must then be approved by The Health and Wellbeing Board.
- 1.2 The purpose of this report is to provide an update on:
  - Progress of the Brighton and Hove Better Care Plan;
  - The two locations for Phase One of the Better Care Plan; and
  - The implementation of an integrated model of care for Brighton and Hove's homeless population.

**2. RECOMMENDATIONS:**

- 2.1 That the Health & Wellbeing Board notes the final Better Care Fund Plan for Brighton and Hove and the amendments made following the original submission.
- 2.2 That the Health and Wellbeing Board notes the progress made with Phase One and with the Homeless programme.

**3. CONTEXT/ BACKGROUND INFORMATION****Update on Better Care Plan**

- 3.1 The Better Care Plan was previously approved by the Health and Wellbeing Board on 14 February 2014.
- 3.2 Following the initial Better Care Plan submission from Brighton and Hove feedback from NHS England was received. They stated the Plan showed a good level of partnership working and using existing service developments for improving user experience and outcomes from care.
- 3.3 The Plan was then updated to provide more detail and clarification and re-submitted on 4 April 2014. The Chair of the Health and Wellbeing Board approved the final submission.
- 3.4 More detail was provided in the following areas:

- Describing mitigating strategies that will need to be deployed should the interventions not deliver the desired outcomes;
- Articulate more clearly the impact on providers; and
- Include more detailed financial information and clarity on where the funding is taken out of the health system and how the initiatives will then deliver the improvements in the metrics.

3.5 It is likely that further clarification will be required by NHS England on the submitted Plan with regards the level of ambition and mitigations against any risks to delivery following recent national media communications and announcements. The Better Care Board will ensure that the Health and Wellbeing Board are informed accordingly.

#### **Update on Frailty model**

3.6 In Brighton and Hove we intend to scope and develop an integrated and holistic Frailty model for residents who are vulnerable and who have complex needs. This will be delivered by a multi-disciplinary team who will consistently consider both the mental and physical health & social care needs of the individual. The team will facilitate a more formal involvement of carers, independent care providers and the community and voluntary sector in the partnership. People will be empowered to direct and personalise their care and support based on their individual needs, encouraging them to self-manage. Care will be co-ordinated in a single place to ensure service users and carers only need to tell their story once. This will be supported by electronic sharing of data with all involved in providing care, and the development of a single care plan that is reviewed, updated and shared appropriately. Care Co-ordinators will take responsibility for active co-ordination of care for the full range of holistic support.

3.7 GP's will play a significant role in local areas in supporting the coordination of people's care. The Practice will be at the heart of the Frailty model and therefore we offered open expressions of interest to every GP Practice in the City to be involved with Phase One Frailty. Due process was followed and a decision was made at the Better Care Board on 24 April. Due to the large amount of interest and enthusiasm for being involved in Phase One across a number of GP Practices, the Board agreed to include two geographical areas for Phase One. The two areas are:

- St Peter's Medical Centre and Park Crescent in Central locality with an East population; and
- Sackville Medical Centre, Wish Park Surgery and Central Hove Surgery in the West locality.

3.8 Over the next three months service users, carers and local providers associated with the two geographical areas will scope and design a new integrated model of care. During 2014/15 we will test the model before full City-roll out in 2015/16.

#### **Update on integrated homeless model**

3.9 A homeless integrated model is currently being developed and implemented in Morley Street Surgery in Central locality. The model involves a Primary Care Hub separated into two strands: a virtual hub in the form of an integrated team of healthcare professionals, and the physical location of a hub requiring identification of premises. The wider multi-disciplinary team includes health,

social care and housing professionals providing care to hostels, an in-reach and outreach element, care co-ordination and navigation roles and advocacy support.

- 3.10 Over the coming months there will be development workshops with stakeholders, and providers including representatives from relevant support work streams. The first of these will result in agreement on the key elements of an integrated model.

#### **4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS**

- 4.1 Every Council and CCG was required to develop a Better Care Fund Plan in line with the national guidance.
- 4.2 The integrated Frailty model will be developed and tested in 2014/15 through Phase One. Following full evaluation, an options appraisal will be developed outlining the options for full City roll out.

#### **5. COMMUNITY ENGAGEMENT & CONSULTATION**

- 5.1 The Brighton and Hove vision for an integrated model of care is based on feedback from public, patients, service users and carers. A key theme that has emerged from Clinical Commissioning Group and Brighton and Hove City Council public events is that whilst there are many excellent care and support services available in the City they do not always work well in terms of an overall system of care centred round keeping people well at home. Further details are contained in *The Better care Plan, Section d*).
- 5.2 Recent stakeholder events (in March 2014) have taken place to ensure that users/ patients/ carers and staff agree with the Integrated care vision and aims and ensure they can express their views at this early stage of development.
- 5.3 Formal arrangements to obtain on-going feedback will be put in place as an integral part of the Brighton and Hove Better Care Programme plan to ensure that service user and carer views drive the new model of care. This will include participation in Phase One development workshops, public meetings, the use of GP practices patient participation groups as well as a formal service user and carer reference group.

#### **6. CONCLUSION**

- 6.1 Brighton and Hove City Council and the CCG have produced a Better Care Fund Plan in line with the national guidance that has been approved by the Health and Wellbeing Board on 14 February 2014 with approval of final submission by the Chair of the Health and Wellbeing Board on 4 April 2014.
- 6.2 The detail of the Better Care Plan can be found at:

<http://www.brighton-hove.gov.uk/content/council-and-democracy/councillors-and-committees/health-wellbeing-board>

6.3 The Better Care Board has agreed the locations of Phase One, to develop the integrated care model, to scope and test the model and implement during 2014/15 before full City roll-out in 2015/16.

6.4 The Integrated Homeless Board has also started to implement an integrated model of care for Brighton and Hove's homeless population.

## **7. FINANCIAL & OTHER IMPLICATIONS:**

7.1 The Better Care Fund Plan shows spend of £7.632 million in 2014/15 and £19.660 million in 2015/16 across health and Adults Social Care. Within the plan £0.35 million of non-recurrent funds from the transforming change budget line have been set aside for the frailty pilot. Monitoring will be put in place to quantify the cash and non-cash benefits of the pilots.

*Finance Officer Consulted: Anne Silley/ Debra Crisp                      Date: 08/05/14*

7.2 The Health and Wellbeing Board has responsibility to oversee and monitor the implementation of local Better Care Fund Plans and it is therefore important for the Board to receive this report with the final submission that was made in April and details of the progress made to date.

*Lawyer Consulted: Elizabeth Culbert    Date: 12/05/14*

### Equalities Implications:

7.3 An equalities impact assessment will be carried out once more detailed plans have been developed for the integrated models of care.

7.4 The development of integrated models of care will potentially affect staff from a range of health social care and independent sector providers. Further more detailed assessment will be carried out as the integrated work plan develops.

### Sustainability Implications:

7.5 The Better Care Fund aims to provide funding enable each local areas manage pressures and improve long term sustainability.

7.6 The CCG, as part of its authorisation process committed to developing a Sustainable Commissioning Plan. The CCG sustainability Plan includes the following priorities which are relevant to the Better Care Fund:

- Ensuring our clinical pathway designs address prevention, quality, innovation productivity and integration;
- Delivering our duties under the Social Value Act of 2012 and embedding social value and community assets in our procurement practice; and
- Facilitating enablers such as the roll out of electronic prescriptions.

Crime & Disorder Implications:

7.7 None.

Risk and Opportunity Management Implications:

7.8 None.

Public Health Implications:

7.9 The Better Care Plan aims to improve the lives of the population of Brighton and Hove, including reducing inequalities.

7.10 Corporate / Citywide Implications:

The Better Care Plan will affect other work plans across the City, in particular Finance and Housing.

Any Other Significant Implications:

7.11 None.

**SUPPORTING DOCUMENTATION**

**Documents in Members' Rooms**

None.

**Background Documents**

None.