



*Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.*

## **1. Better Care Fund Plan update**

- 1.1 The contents of this paper can be shared with the general public.
- 1.2 This paper is for the Health & Wellbeing Board meeting the 9<sup>th</sup> December 2014.
- 1.3 This paper was written by:

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## **2. Summary**

- 2.1 Brighton and Hove City Council and the CCG have received confirmation of the status of its revised Better Care Plan following the National Assurance Review Process:
  - Brighton and Hove’s plan was recognised as strong and has been “approved with support.”
  - There are a few, relatively minor changes to be made before the plan moves to “approved” status. We expect this confirmation in early December.

- An action plan has been developed and will be completed by the 28<sup>th</sup> November, when it will be submitted to NHS England, together with the revised plan, for sign off.
- In the meantime, we have been given approval to begin implementing our plan and this has commenced.

### **3. Decisions, recommendations and any options**

- 3.1. That the Health & Wellbeing Board notes the progress made to approve the Better Care Fund Plan following the original re-submission in September 2014.

### **4. Relevant information**

#### **Background**

- 4.1. Every council and CCG is required to develop a Better Care Fund Plan in line with the national guidance. Each area is expected to identify local priorities for inclusion and demonstrate how the plan meets the following six national conditions:
- Plans to be developed jointly
  - Protection for social care services
  - 7 day services to support patients being discharged and prevent unnecessary hospital admissions at weekends
  - Better data sharing between health and social care, based on the NHS number
  - Ensure a joint approach to assessment and care planning
  - Agreement on the impact in the acute sector
- 4.2. The Better Care Plan for Brighton & Hove was previously approved by the Health and Wellbeing Board on 5<sup>th</sup> February 2014 & sent to NHS England for approval.
- 4.3. Following amendments to national guidance for the Better Care plan, each area was required to update their plan submission by 19<sup>th</sup> September in line with updated national guidance. Brighton and Hove's revised submission was greatly improved and made clearer the underpinning programmes of work which will deliver our 5 high level outcome measures. The revised plan was sent to members following the submission on the 19<sup>th</sup> September.

- 4.4. This reports updates the Health and Wellbeing Board on National Assurance process on all BCF plans and the actions being taken to achieved “approved” status.

#### **Update on Better Care Plan**

- 4.5. All resubmitted plans were subject to a Nationally Consistent Assurance Review (NCAR) process. The outcome of the NCAR process was announced on 29th October and Brighton and Hove’s BCF Plan has been classified as “Approved with Support”. Our Plan was recognised as strong but a few relatively minor areas for improvement were identified which once addressed will enable us to move to a fully approved status. Out of a total of 149 areas that submitted plans in September, 6 areas were “Approved”, 90 “Approved with Support”, 48 “Approved with conditions” and 5 were “Not approved”.
- 4.6. A timetable has been agreed with NHS England to make those changes to the plan and reach “approved” status. We expect our plan to be formally “approved” in early December. In the meantime we have been given approval to proceed with implementing our plan. A full copy of the letter with recommended improvements is attached as Appendix 1.
- 4.7. Better Care is a large scale change programme jointly led by the City Council that has very significant buy-in from partners across the health system. A strengthened Programme Management Office approach has been initiated to oversee delivery of the Better Care Fund programme. Every project under the Better Care programme will shortly have a detailed implementation plan, level of investment required, quantified impact and KPIs and risk score, all aligned to one or more of the high level outcome metrics. Weekly PMO meetings, chaired by the Brighton and Hove CCG Accountable Officer, are held to oversee delivery and monthly highlight reports discussed at the Better Care Programme Board. A regular report will also be submitted to the H&WB.
- 4.8. The programmes of work under the Better Care Fund are summarised and attached as Appendix 2.

## 5. Important considerations and implications

### 5.1 Legal

- 5.1.1 The Health and Wellbeing Board has responsibility to oversee and monitor the implementation of local Better Care Fund Plan and the Board itself is required to sign off the Plan.

Legal comments from Elizabeth Culbert 28.11.14

### 5.2 Finance

- 5.2.1 The measurement for the performance related payment element will be based on total emergency admissions. This will be measured quarter by quarter. The first quarter measurement is May 2015, based on the period January to March 2015. If the target is not achieved then the payment will instead go directly to the CCG to pay for the over-performance in the acute trust.

- There are risks therefore attached to this, although a cautious approach has been taken to forecasting the likely value of savings; ensuring plans are not overly ambitious. Therefore total planned savings are a relatively modest £1.3m in 14/15 and £2.1m in 15/16. The payments will reward part achievement against the target, so it is not an all or nothing approach e.g. achieving 30% of the planned reduction in emergency admissions will release 30% of the funding.
- There is a joint commitment to spending the Better Care Fund in the most effective way. If future payments are withheld because of a delay in realising the benefits of a particular scheme, but it is agreed that the scheme will still deliver the benefit, then the CCG will continue to fund that scheme.
- The CCG has built a contingency into their financial plans which will mitigate against over performance in the Acute sector relating to Quality Innovation Productivity and Prevention (QIPP) or Better Care. There is also a history of joint working across the local health and social care economy which will help to reduce this risk.

5.2.2 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.

### 5.3 Equalities

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

5.3.2 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.

### 5.4 Sustainability

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

5.4.2 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.

## 6. Supporting documents and information

**Appendix 1:** Letter from NHS England

**Appendix 2:** Summary of BCF programme



## Appendix I

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Brighton and Hove Health and Wellbeing Board  
NHS Brighton and Hove CCG

Copy to:

Brighton & Hove City Council  
2014

29th October

Dear colleague,

Thank you for submitting your revised Better Care Fund (BCF) plan. We know that the BCF is an ambitious programme and preparing the plans at pace has proved an immensely challenging task. However, your plan is now part of an ongoing process to transform local services and improve the lives of people in your community.

It is clear that your team and partners have worked very hard over the summer, testing out ways of working and finding innovative solutions to some of the challenges our services face in order to improve people's care.

NHS England is able to finally approve plans once the 2015/16 Mandate is published. I am pleased to let you know that, following the Nationally Consistent Assurance Review (NCAR) process, provided there is no material change in circumstance and the 15/16 Mandate is published as expected, your plan will be classified as 'Approved with Support' once the 15/16 Mandate has been published. This recognises that whilst your plan is strong the review process identified a number of areas for improvement which once addressed will enable you to move to a fully approved status. This category means that your plan will be approved and your BCF funding will be made available to you subject to the following standard conditions which apply to all BCF plans:

- That you complete the agreed actions from the NCAR in the timescales agreed with NHS England;
- The Fund being used in accordance with your final approved plan and through a section 75 agreement;
- The full value of the element of the Fund linked to non-elective admissions reduction target will be paid over to CCGs at the start of the financial year. However, CCGs may only release the full value of this funding into the pool if the admissions reduction target is met as



detailed in the BCF Technical Guidance I. If the target is not met, the CCG(s) may only release into the pool a part of that funding proportionate to the partial achievement of the target. Any part of this funding that is not released into the pool due to the target not being met must be dealt with in accordance with NHS England requirements. Full details are set out in the BCF Technical Guidance.

The conditions are being imposed through NHS England's powers under sections 223G and 223GA of the NHS Act 2006 (as amended by the Care Act 2014). These allow NHS England to make payment of the BCF allocation subject to conditions. If the conditions are not complied with, NHS England is able to withhold or recover funding, or direct the CCG that it be spent in a particular way.

Appended to this letter is your NCAR Outcome Report which documents the agreed actions. Please work with your Area Team Lead Sarah Creamer (sarahcreamer@nhs.net) to agree a timetable for when you will submit the additional information/evidence required on the back of the NCAR report.

We are confident that there were no areas of high risk in your plan and as such you should progress with your plans for implementation. Although the areas of support the review identified are essential to successful delivery in the medium term we do not consider them as material at this stage.

Any ongoing support and oversight with your BCF plan will be led by NHS England Regional/Area Team along with your Local Government Regional peer rather than the BCF Taskforce from this point onwards.

Non-elective (general and acute) admissions reductions ambition

As there is a considerable amount of time between the submission of BCF plans and their implementation from April 2015, we recognise that some areas may want to revisit their ambitions for the level of reduction of non-elective admissions, in light of their experience of actual performance over the winter, and as they become more confident of the 2014/15 outturn, and firm-up their plans to inform the 2015/16 contracting round. Any such review should include appropriate involvement from local authorities and be approved by HWBs. NHS England will assess the extent to which any proposed change has been locally agreed in line with BCF requirements, as well as the risk to delivery of the ambition, as part of its assurance of CCGs' operational plans.

Once again, thank you for your work and we look forward to the next stage.

Yours sincerely,

Dame Barbara Hakin  
National Director: Commissioning Operations





NHS England

| <http://www.england.nhs.uk/wp-content/uploads/2014/08/bcf-technical-guidance-v2.pdf>



# Better Care Fund

Our vision for our frail and vulnerable population is to help them stay healthy and well by providing more pro-active preventative services that promote independence and enable people to fulfil their potential

Programmes	Description	Outcomes 15/16
<ul style="list-style-type: none"> <li>• Integrated Frailty Model</li> <li>• Integrated Homeless Model</li> <li>• Proactive Care</li> <li>• Personalised Care</li> <li>• Keeping People Well</li> <li>• Supporting Carers</li> <li>• Protecting Social Care</li> <li>• Dementia</li> <li>• Supported Discharge</li> <li>• 7 Day Working</li> </ul>	<ul style="list-style-type: none"> <li>• multiagency/disciplinary teams working around clusters of GP practices</li> <li>• multidisciplinary teams working with Morley Street Practice</li> <li>• Case finding frail and vulnerable people providing co-ordinated care</li> <li>• care planning and pilot of personal health budgets</li> <li>• Enhanced information and advice and signposting, promoting self management</li> <li>• Support carers to achieve positive changes in their lives</li> <li>• maintaining and improving access to social care support</li> <li>• proactive assessment and identification and support</li> <li>• enhanced community support to enable early discharge</li> <li>• ensuring system is responsive 7 days a week</li> </ul>	<ul style="list-style-type: none"> <li>• Emergency Admissions reduced by 3.5%/920/£1.4m</li> <li>• Care Home Admissions reduced by 13%/32/£800k</li> <li>• Reablement and Rehabilitation increased by 5%/38</li> <li>• Delayed Transfers of Care reduced by 5%/320 days</li> <li>• Improved User Experience</li> <li>• Dementia Diagnosis Rates increased to 67%</li> </ul>

