



**Brighton & Hove
City Council**

HEALTH & WELLBEING BOARD ADDENDUM

4.00PM, WEDNESDAY, 5 FEBRUARY 2014

COUNCIL CHAMBER, HOVE TOWN HALL

ADDENDUM

ITEM		Page
40.	PUBLIC INVOLVEMENT	1 - 2
43.	BETTER CARE FUND PLAN	3 - 10

WRITTEN QUESTIONS FROM MEMBERS OF THE PUBLIC

A period of not more than fifteen minutes shall be allowed at each ordinary meeting for questions submitted by members of the public who either live or work in the area of the authority.

The following written questions have been received from members of the public.

(a) Ken Kirk

“Should the Health and Wellbeing Board, in its function of identifying the health service needs of Brighton and Hove, scrutinise the proposed tendering of services by the CCG to –

- a. minimise the fragmentation of the local NHS
- b. ensure the financial security of local health services so that trusts are not denuded of profitable services
- c. maintain the skill-base of local medical staff since the redundancy of well-trained medics is likely to follow outsourcing to a for-profit provider?

Does the H&WB in its role in overseeing the CCG actively challenge its decisions in the interests of the people of Brighton and Hove?”

(b) Jozette Power

“In view of the City Council's referendum on a possible council tax rise, does the Health and Wellbeing Board share my concern that the people of Brighton and Hove are generally unaware of what is happening to their health services and that their views should be sought on the subject of are they –

1. concerned by the take over their health services by alternative providers;
2. supportive of the fragmentation of the unified NHS into pieces to offer to the private sector;
3. aware that the publicly-run NHS will be left with the rump of unprofitable services that the private sector have decided it can't make money from?”

(c) Dave Baker

“The presidents of British Association for Sexual Health and HIV and the Royal College of Physicians have written to all local councils:

“Tendering has negatively impacted on the provision of sexual health services, destabilising, disintegrating and fragmenting services, causing significant uncertainty amongst patients and staff, and reducing overall levels of patient care.”

They are warning against tendering, saying it's not in the interests of patient care. Monitor's guidance for commissioning say the interests of patients determine whether tendering should occur.

Therefore, on the basis of what evidence would this Board offer B&H's sexual health services to tender outside the NHS?"

Subject:	Better Care Fund Plan		
Date of Meeting:	5 February 2013		
Report of:	Executive Director, Adult Services & Chief Operating Officer, CCG		
Contact Officer:	Name:	Anne Foster	Tel: 01273 574657
	Email:	Anne.foster5@nhs.net	
Ward(s) affected:	All		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 This is an addendum to the report being presented to the Health & Well Being Board on the details of the Brighton and Hove Better Care Fund Plan.
- 1.2 The proposed use of the Better Care Fund which has been agreed between partners is detailed in Appendix 2. (attached)
- 1.3 Note: The special circumstances for non-compliance with Council Procedure Rule 3, Access to Information Procedure Rule 5 and Section 100B(4) of the Local Government Act 1972 (as amended), (items not considered unless the agenda is open to inspection at least five days in advance of the meeting) were that the timelines for preparing these financial proposals has been very tight so officers were unable to submit Appendix 2 with the main report. The report is required to be considered by HWB at this meeting in order to meet the Government's timescales in relation to the Better Care Fund.

Finance - Summary

For each contributing organisation, please list any spending on BCF schemes in 2014/15 and the minimum and actual contributions to the Better Care Fund pooled budget in 2015/16.

Organisation	Holds the pooled budget? (Y/N)	Spending on BCF schemes in 14/15	Minimum contribution (15/16)	Actual contribution (15/16)
Brighton and Hove City Council	Y		£ 1,595,000	tbc
Brighton and Hove CCG		£ 5,632,000	£ 18,065,000	tbc
BCF Total		£ 5,632,000	£ 19,660,000	£ -

Approximately 25% of the BCF is paid for improving outcomes. If the planned improvements are not achieved, some of this funding may need to be used to alleviate the pressure on other services. Please outline your plan for maintaining services if planned improvements are not achieved.

The BCF is being established in part using monies from the 2.5% non-recurrent expenditure fund within the CCG in 2014/15 to release savings in 2015/16. By 2015/16 the fund will stand at £19.7m. £8.1m is already being spent on integration schemes. In 2014/15 there are additional funds of c£1.3m from government and in 2015/16 a further £10.3m from the CCG. As well as the risks in the deployment of the BCF not having the planned impact on improving outcomes and moving care to an appropriate setting there are financial risks and risks with the 2014/15 investments being made to enable the release of the £10.3m from hospital services. If these schemes do not have the planned impact it will restrict the availability of funds in 2015/16. The CCG has build up a 'war chest' to ensure that it moves from 2013/14 into 2014/15 in the strongest position it can be in. This gives the Brighton health and social care system the ability to be ambitious with its transformational schemes. Following the finalisation of the suite of schemes in both years a thorough risk assessment will be undertaken, appropriate interventions identified and the service and financial

Contingency plan:		2015/16	Ongoing
Outcome 1	Planned savings (if targets fully achieved)	tbc	tbc
	Maximum support needed for other services (if targets not achieved)	tbc	tbc
Outcome 2	Planned savings (if targets fully achieved)	tbc	tbc
	Maximum support needed for other services (if targets not achieved)	tbc	tbc

First draft indicative allocations

	BCF investment	Lead provider	2014/15 spend		2014/15 benefits		2015/16 spend		2015/16 benefits	
			Recurrent	Non-recurrent	Recurrent	Non-recurrent	Recurrent	Non-recurrent	Recurrent	Non-recurrent
	EXISTING INVESTMENT									
1	Protection for Social Care									
1A	Maintaining Eligibility Criteria	BHCC	£ 2,904,000				£ 2,904,000			
1B	Retention of preventative services	BHCC	£ 300,000				£ 300,000			
1C	EMBRACE	BHCC	£ 50,000				£ 50,000			
1D	Improved Integrated Assessment Capacity	BHCC	£ 272,000				£ 272,000			
			£ 3,526,000				£ 3,526,000			
2	Short Term Services									
2A	Additional Home Care Capacity	BHCC	£ 256,000				£ 256,000			
2B	Short Term Beds	BHCC & VNH	£ 260,000				£ 260,000			
2C	Enhancement to Community Rapid Response Service	SCT	£ 342,000				£ 342,000			
2D	Additional Night Sitting Capacity	IC24	£ 75,000				£ 75,000			
2E	Additional Crisis Capacity	Age UK	£ 18,000				£ 18,000			
			£ 951,000				£ 951,000			
3	Early Hospital Discharge									
3A	Early Hospital Discharge Team - Stroke	BHCC	£ 176,000				£ 176,000			
3B	Occupational Therapy in Hospital Rapid Discharge Team	BSUH	£ 70,000				£ 70,000			
			£ 246,000				£ 246,000			
4	Integrated Primary Care Teams									
4A	Mental Health Pilot	SPFT		£ 100,000			£ 100,000			
4B	Carers Workers	BHCC	£ 185,000				£ 185,000			
4C	Additional Therapy Capacity	SCT	£ 150,000				£ 150,000			
4D	Additional Nursing Capacity	SCT	£ 160,000				£ 160,000			
			£ 495,000	£ 100,000			£ 595,000			
5	Mental Health									
5A	Urgent Response Service	SPFT	£ 343,000				£ 343,000			
6	Carers Breaks & Support	Various	£ 377,000				£ 666,000			
7	Capital Grants									
	Disabled Facilities Grant	BHCC					£ 911,000			
	Social Care Capital Grant	BHCC					£ 684,000			
			£ -				£ 1,595,000			
	NEW INVESTMENT									
8	Strengthening Existing Service Provision									
8A	Protection for Social Care	BHCC	£ 296,000				£ 1,096,000			
8B	7 Day Working - Therapy provision in Community Short Term Services	SCT	£ 45,000				£ 45,000			
8C	7 Day Working in General Practice & Development of Care Co-ordination Role	GP's	£ 50,000				£ 300,000			
8D	7 Day Working - strengthening social care	BHCC	£ 174,000				£ 174,000			
8C	Additional Therapy Capacity in Integrated Primary Care Teams	SCT	£ 288,000				£ 288,000			
8D	Carers Befriending Service	New	£ 40,000				£ 40,000			
8E	Additional Home Care Capacity to Support Hospital Discharge	BHCC	£ 75,000				£ 120,000			
8F	Telecare & Telehealth	BHCC	£ 150,000				£ 200,000			
8G	Additional Flexible Community Capacity to Respond to Surges in Demand (Supporting Hospital Discharge and Preventing Admissions)	Various					£ 2,300,000			
8H	Strengthening Homeless Integrated Care	Various					£ 567,000			
8I	Strengthening the Role of the Community & Voluntary Sector	Various					£ 600,000			
	Other initiatives to be defined	Various	£ 56,000				£ 1,358,000			
			£ 1,174,000				£ 7,088,000			
9	Transforming Change									
9A	Pilot Frailty Model - Management, Staff Engagement Care Navigator & Evaluation	New		£ 350,000				£ 50,000		
9C	Developing Personal Health Care Budgets	New		£ 70,000						
9D	IM&T - Development of Integrated IM&T	New						£ 4,000,000		
9E	Organisational Development Support for Integration	New						£ 600,000		
			£ -	£ 420,000			£ -	£ 4,650,000		
Total			£ 7,112,000	£ 520,000			£ 15,010,000	£ 4,650,000		

TOTAL 2014-15 £ 7,632,000

TOTAL 2015-16 £ 19,660,000

Outcomes and metrics

For each metric other than patient experience, please provide details of the expected outcomes and benefits of the scheme and how these will be measured.

The expected outcomes and benefit for each target are detailed in the Projected Delivery Columns for 2014/15 and 2015/16 in the table below

For the patient experience metric, either existing or newly developed local metrics or a national metric (currently under development) can be used for October 2015 payment. Please see the technical guidance for further detail. If you are using a local metric please provide details of the expected outcomes and benefits and how these will be measured, and include the relevant details in the table below

We are not developing a local metric around patient experience

For each metric, please provide details of the assurance process underpinning the agreement of the performance plans

The Assurance Process for Brighton and Hove is via the Better Care Programme Board and onwards to the Brighton and Hove Health and Wellbeing Board as described in Section 2e) of the Plan

If planning is being undertaken at multiple HWB level please include details of which HWBs this covers and submit a separate version of the metric template both for each HWB and for the multiple-HWB combined

Not applicable - all metrics covered by the Brighton and Hove Health & Wellbeing Board

Metrics		Current Baseline (as at....)	2014-15 Projected Delivery	2015-16 Projected Delivery	Performance underpinning April 2015 payment	Performance underpinning October 2015 payment
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	Metric Value	816.9	792.2	764.9	N/A	tbc
	Numerator	300	290	280		tbc
	Denominator	36605	36605	36605		tbc
		(April 2012 - March 2013)				(April 2014 - March 2015)
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Metric Value	85.9	88.4	89.9	N/A	tbc
	Numerator	300	305	310		tbc
	Denominator	345	345	345		tbc
		(April 2012 - March 2013)				(April 2014 - March 2015)
Delayed transfers of care from hospital per 100,000 population (average per month)	Metric Value	10.7	9.30	7.98	tbc	tbc
	Numerator	24	21	18	tbc	tbc
	Denominator	225705	225705	225705	tbc	tbc
		(April 2012 - March 2013)			(April - December 2014)	(January - June 2015)
Avoidable emergency admissions (composite measure)	Metric Value	Not yet available	1722.6	1690	1620	tbc
	Numerator	Not yet available			tbc	tbc
	Denominator	Not yet available			tbc	tbc
		(TBC)			(April - September 2014)	(October 2014 - March 2015)
Patient / service user experience <i>[for local measure, please list actual measure to be used. This does not need to be completed if the national metric (under development) is to be used]</i>		TBC			N/A	
		<i>(insert time period)</i>				<i>(insert time period)</i>
Dementia Diagnosis rates (baseline taken from the Alzheimer's Society's Dementia Prevalence Calculator)	Metric Value	38.8%	43.0%	48.0%	tbc	tbc
	Numerator	1179			tbc	tbc
	Denominator	3036			tbc	tbc
		(April 2012 - March 2013)			<i>(insert time period)</i>	<i>(insert time period)</i>

