



Although a formal committee of Brighton & Hove 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 Adults and Healthwatch.

Title: Better Care Fund (BCF) 2023/25 Submission

Date of Meeting: 18 July 2023

Report of: Robert Persey, Executive Director of Adult Social Care, BHCC and Ashley Scarff, Deputy Managing Director, NHS Sussex Brighton & Hove & East Sussex

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Wards Affected: All

FOR GENERAL RELEASE

Executive Summary

This report provides an overview of the Brighton and Hove 2023/25 Better Care Fund (BCF) planning submission.

The BCF plan for Brighton & Hove is a jointly agreed plan between local health and social care commissioners.

The plan, including a narrative plan, is drawn from the Brighton & Hove Place-Based Health and Wellbeing Strategy and existing placed-based plans. The plan provides details of the key strategic place-based partnerships in addition to the HWBB, that oversee and govern the development and delivery of the BCF; they include the relevant place statutory providers and commissioners. The planning submission for the period was complete and compliant with all national conditions and metrics and met the national submission deadline.

1. Decisions, recommendations and any options

- 1.1 The Board is recommended to note the planning submission for the 2023/25 Better Care Fund as set out in Appendix 1.
- 1.2 That the Board authorises the Executive Director of Health and Adult Social Care and the Executive Managing Director, Brighton & Hove, NHS Sussex to finalise and enter into a Section 75 Partnership Agreement for the commissioning of health and social care services from the Brighton & Hove Better Care Fund to cover the period April 2023 to March 2025, reflecting the 2023/25 funding allocations and associated plan as set out in this report.

2. Relevant information

- 2.1 The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and well-being and live independently in their communities for as long as possible.
- 2.2 The Better Care Fund (BCF) has been one of the government's national vehicles for driving health and social care integration since 2013. It required Clinical Commissioning Groups (CCGs) and now Integrated Care Boards (ICBs) and Local Government to agree a joint plan, owned by the Health and Wellbeing Board (HWB). These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).
- 2.3 The Better Care Fund (BCF) has provided a mechanism for joint health, housing and social care planning and commissioning, focusing on personalised, integrated approaches to health and care that support people to remain independent at home or to return to independence after an episode in hospital. It brings together ring-fenced budgets from ICB allocations, and funding paid directly to Local Government, including the Disabled Facilities Grant (DFG) and the improved Better Care Fund (iBCF).
- 2.4 The continuation of national conditions and requirements of the BCF in recent years has provided opportunities for health and care partners to build on their plans to embed joint working and integrated care further. This includes working collaboratively to bring together funding streams and maximise the impact on outcomes for communities whilst sustaining vital community provision.
- 2.5 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

2.5 The local HWB area has produced a narrative plan (**Appendix 1**). These draw directly from current place-based plans and read across to operating plans.

2.6 The BCF plan submission consists of:

- A narrative plan
- A completed BCF planning template, including:
 - Planned expenditure from BCF sources
 - Confirmation that national conditions of the fund are met, as well as specific conditions attached to individual funding streams
 - Ambitions and plans for performance against BCF national metrics
 - Any additional contributions to BCF section 75 agreements

3. Governance

3.1 The Brighton & Hove Health and Wellbeing Board (HWB) retains responsibility for governance and oversight of the BCF and receives quarterly monitoring reports. Responsibility for ongoing oversight is delegated to the Health and Care Partnership (HCP) Executive Board which meets monthly. The Section 75 Agreement provides a governance framework for the commissioning and delivery of the Better Care Fund and the management of budget and expenditure. The core responsibilities of the BCF Steering Group in relation to the BCF are also set out in the section 75 Agreement.

3.2 In addition to approval of the plan there is ongoing and regular stakeholder engagement. For example, with providers in respect of discharge planning and monitoring, system performance, and at individual scheme level with NHS providers, private sector providers, VCSE providers, and housing authorities.

4. National BCF Planning Guidance and Requirements for 2023/25

4.1 The 2023/25 BCF Policy Framework and Planning Guidance was published in April 2023 with local plans to be submitted by 28 June 2023.

4.2 The Better Care Fund plans for 2023/25 include:

- A completed planning template which confirms the expenditure plan meets the national conditions and the ambitions to progress performance against the identified metrics.
- A narrative plan outlining how the Better Care Fund is used in each BCF area to support local priorities including integration, hospital discharge, support for unpaid carers, collaboration with housing and addressing health inequalities.

- Areas are asked to demonstrate how the additional Discharge funding is intended to provide increased investment in social care and community capacity to support discharge and free up beds.

As with previous years the Brighton & Hove Better Care Fund plan is developed and delivered within the context set by the:

- The Brighton & Hove Health and Wellbeing Strategy 2019-2030 Improving Lives Together: Our ambition for a healthier future in Sussex - built upon the Health and Wellbeing Strategies of the three Sussex 'places':
- Improving Lives Together: Specific Brighton & Hove ambitions and actions as part of the Sussex Integrated Care Board 5 year Shared Delivery Plan.

5 BCF National Conditions

5.1 The Better Care Fund planning must be carried out in line with the 4 National conditions.

- 1) Plans to be jointly agreed
- 2) Enabling people to stay well, safe and independent at home for longer
- 3) Provide the right care in the right place at the right time
- 4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services

5.2 The approaches to the meeting the conditions above are outlined in the narrative plan and includes:

- Approaches to integrating care to deliver better outcomes, including how collaborative commissioning will support this and how primary, intermediate, community and social care services are being delivered to support people to remain at home, or return home following an episode of inpatient hospital care.
- How BCF funded services support delivery of the objectives.
- Local implementation of the High Impact Change Model with identified actions.

6. BCF Metrics

The BCF metrics for 23/24 are set out below:



Metric	Detail	National Conditions
Avoidable admissions	Admissions per 100,000 population	Enabling people to stay week, safe and independent for longer
Emergency hospital admissions due to falls	Emergency hospital admissions due to falls in people aged 65 and over	Enabling people to stay week, safe and independent for longer
Discharge to usual place of residence	Percentage of people resident in the HWB, who are discharged from acute hospital to their normal place of residence	Provide people with the right care, at the right place, at the right time
Residential admissions	Percentage of discharges to a person's usual place of residence	Enabling people to stay well, safe and independent for longer
Reablement	Proportion of older people 65 and over who were still at home 91 days after discharge from hospital into reablement	Enabling people to stay well, safe and independent for longer

The BCF Planning guidance advises of new metrics to be introduced later this year and next year.

Expected in Q3 2023/24	Discharge metric
New for 2024/25	Proportion of people discharged who are still at home after 91 days
	Outcomes following short-term support to maximise independence.

7. Financial Allocations 23/24

Funding Sources	2023/24	2024/25
DFG	£2,312,933	£2,312,933
Minimum NHS Contribution	£24,010,139	£25,369,113
iBCF	£9,459,107	£9,459,107
Additional LA Contribution	£481,390	£487,830
Additional ICB Contribution	£0	£0
Local Authority Discharge Funding	£1,326,152	£2,201,412
ICB Discharge Funding	£1,677,321	£2,382,192
Total	£39,267,042	£42,212,587

- 7.1 The BCF requires the ICB to make minimum contributions from its base budget. The allocation is governed by national Better Care Fund Policy Framework and Better Care Fund planning requirements 2023-25. The funds are covered by a legal Section 75 agreement.
- 7.2 The planning requirements set out national conditions that must be met for a plan to be assessed as compliant and for NHSE to be able to assure each plan. The Brighton & Hove BCF plans meet the national conditions.
- 7.3 The NHS minimum contribution to the BCF has increased by 5.66% in 2023/24.
- 7.4 Improved Better Care Fund (iBCF) and Disabled Facilities Grant (DFG) conditions remain broadly the same and have been issued to local authorities. The Adult Social Care contribution and NHS commissioned Out of Hospital Services ringfences to increase in line with the overall increase i.e. 5.66%. The investment plan for Brighton & Hove is reported at **Appendix 2** and demonstrate achievement of the minimum required spend on both NHS Commissioned Out of Hospital services and Adult Social Care Services.
- 7.5 Risks related to the BCF plans are assessed as low, the majority of schemes funded by the BCF are established services and their delivery and impact was the subject of a review in late 2021/22. Risk of plans not being compliant or not assured is assessed as low.

8 Conclusion

- 8.1 The Brighton and Hove BCF submission meets the national planning guidance and policy requirements. A financial analysis of the plan provide assurance that national requirements and conditions will be met. The analysis can confirm that the Brighton and Hove Plan meets the requirements to spend the BCF mandated minimum contribution and the schemes, and the model of delivery adopted is in line with the three main policy areas.
- 8.2 The investment being made will support the strategic and operational requirements of each system in particular supporting discharges and admission avoidance. This is particularly important this year due to the increased pressure being and expected to be experienced in coming months as we move through the fragile restoration period of the Covid pandemic.

Following submission to NHS England 28 June, regional and national assurance processes will be undertaken with final assurance expected 8

September 2023. Once approval by the Health & Wellbeing Board has been confirmed.

It is recognised by NHS England that areas may wish to amend plans for 2024-25, following sign off and assurance, to:

- modify or decommission schemes.
- increase investment or include new schemes.

9. Important considerations and implications

9.1 Legal:

It is a requirement that the Better Care Fund is managed locally through a pooled budget. The power to pool budgets between the Council and the (then) CCG is set out in the NHS Act 2006 and requires a formal Section 75 Agreement. Regulations prescribe the format and minimum requirements for a Section 75 Agreement. A new Section 75 Agreement is required as the existing Agreement expired in March 2023. The new agreement will reflect the funding allocations and priorities as set out in the Better Care Fund Plan 2023-2025.

Lawyer consulted: Elizabeth Culbert Date: 27/06/2023

9.2 Finance:

The Better Care Fund is a section 75 pooled budget which totals £39.267m for 2023/24 and £42.213m for 2024/25. For 2023/24, the ICB contribution to the pooled budget is £25.687m and the Council contribution is £13.580m, which includes the £9.459m Improved Better Care fund and the £2.313m Disabled Facilities Grant. For 2024/25, the ICB contribution to the pooled budget is £27.751m and the Council contribution is £14.461m. Any spend variance at outturn is subject to a risk share as per the section 75 agreement.

Finance Officer consulted: Sophie Warburton Date: 26/06/2023

Equalities:

The BCF plans set out in the narrative submission specifically how the schemes invested in will support the equalities and health inequalities of their local population. Individual EHAs are carried out for specific new schemes as they are developed. All schemes funded by the NHS are required to apply EHA processes to all services commissioned. The plans and strategies have been developed jointly based upon detailed population analysis, reflecting the Place based plans that are informed by EHAs and the local JSNAs.

There is not a formal public and engagement process supporting this annual process, but individual schemes will be informed by views of patients and public.

Health, social care, children’s services and public health:

The BCF plans set out in the narrative submission specifically how the schemes invested in will support equalities and health inequalities policy and requirements of their local population. The development, agreement and delivery of the plan is the responsibility of the local Health and Wellbeing board.

Supporting documents and information

Appendix 1: Narrative Submission and Planning Template

Appendix 2: Financial Schedule

Appendix 2

Workstream	Description	23/24 Budget	24/25 Budget
Increasing System Capacity Workstream	Additional Care Managers working across the City localities 7 days pw	129,100	136,410
	3 Social Workers in IPCT's	113,200	119,610
	Integrated Primary Care Teams (SPFT) Additional Mental Health nurses	128,019	134,804
Total Increasing System Capacity Workstream		370,319	390,824
Integrated Discharge Planning Workstream	Integrated Primary Care Teams (SCFT)	9,138,321	9,787,141
	Hospital Discharge	3,051,373	3,051,373
	Home First/Urgent Home Care Service	977,336	977,336
	Urgent Home Care Service	154,300	154,300
	Discharge to Assess Capacity	473,830	500,650
	Crisis Service - Urgent homecare support - Age UK	178,683	178,683
	Lindridge beds - Medical Cover	195,000	195,000
	District Nurse Support & Nightsitting	773,969	828,920
	Mental Health D2A beds	68,000	0
Total Integrated Discharge Planning Workstream		15,010,811	15,673,403
Protecting Social Care Workstream	Maintaining eligibility criteria	3,413,860	3,607,080
	Additional social workers for Access Point	76,760	81,100
	Protection for Social Care (Capital grants)	50,000	50,000
	Disabled facilities grant (Capital grants)	2,113,000	2,113,000
	Telecare and Telehealth (Capital grants)	149,933	149,933
	Additional call handling resource for CareLink out of hours	38,380	40,550
	Additional Telecare and Telehealth resource	219,320	231,730
	Protection for Social Care	7,805,494	7,884,604
Total Protecting Social Care Workstream		13,866,747	14,157,997
Supporting Recovery & Independence Workstream	Community Equipment Service	2,831,780	2,984,090
	Sussex Community Trust – Carers Back Care Advisor	39,510	42,315
	Amaze – Carers Card Development	10,000	10,000
	Crossroads – Carers Support Children and Adults	47,000	47,000
	Hospital Carers Support – IPCT Carers Support Service	59,220	62,570
	Carers Support Service - Integrated Primary Care Team (ASC Staff)	204,350	215,920
	Carers (other)	271,180	280,900
	Carers Hub	531,100	531,100
Total Supporting Recovery & Independence Workstream		3,994,140	4,173,895
Person Centred Integrated Care Workstream	Proactive Care (Primary Care)	80,000	80,000
	Link Back (Discharge Support)	91,310	91,310
	High Intensity User Service	57,500	57,500
	Care Navigation Service (Social Prescribing)	348,392	348,392
	Ageing Well (Impact Initiatives)	200,000	200,000
Total Person Centred Integrated Care Workstream		777,202	777,202
Dementia Planning Workstream	Dementia Plan	158,002	158,002
Total Dementia Planning Workstream		158,002	158,002
Homelessness Workstream	Homeless Model	1,174,259	1,217,487
Total Homelessness Workstream		1,174,259	1,217,487
ICP Programme Management / Support	ICP Programme Director	83,220	87,380
	Programme Manager- Community Transformation	75,600	79,380
Total ICP Programme Management / Support		158,820	166,760
Inflation Reserve		38,655	77,311
Contingency		714,614	836,102
Local Authority Discharge Funding		1,326,152	2,201,412
ICB Discharge Funding		1,677,321	2,382,192
TOTAL		39,267,042	42,212,587

