



Although a formal committee of the city council, the Health and 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 and Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

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 Better Care Fund Plan has been revised in line with national guidance. The submission date for the final plan to NHS England is 19th September. The report on the Better Care Fund is being sent late to Health & Wellbeing Board members as the final changes had to be made to the plan for this date.

1. Formal details of the paper

Better Care Fund Plan update

1.2 Who can see this paper?

For General Release

1.3 Date of Health and Wellbeing Board meeting

09 September 2014

1.4 Author of the Paper and contact details

Mark Hourston Better Care Interim Programme Manager, Brighton and Hove Clinical Commissioning Group and Brighton and Hove City Council

Tel: 01273 574608

m.hourston@nhs.net

2. Decisions, recommendations and any options

- 2.1 That the Health & Wellbeing Board approves the final draft of the updated Better Care Plan as attached at Appendix 1 and 2.
- 2.2 That the Health & Wellbeing Board delegates authority to the Executive Director Adult Services, following consultation with the Chair and the CCG, to sign off the final Better Care Plan for submission by 19th September 2014.

3. *Relevant information*

Background

- 3.1 The Better Care Fund provides an opportunity to improve services to some of the most vulnerable residents in the city, placing them and their carers at the centre of their own care. It also provides an opportunity of expansion of care in community settings.
- 3.2 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

Update on Better Care Plan

- 3.3 The Better Care Plan for Brighton & Hove was approved by the Health and Wellbeing Board on 5th February 2014 & sent to NHS England for approval.

- 3.4 Following amendments to national guidance for the Better Care plan, each area is required to update their submission by 19th September. Officers are still finalising the plan due to the complexity & short timescales for return. As a result, Health & Wellbeing Board members have information on an updated plan that is still in draft. **(See attached: Appendix 1 & Appendix 2.)** A final copy of the plan will be sent to members following the submission to NHS England on 19th September
- 3.5 Following the initial Better Care Plan submission In February 2014 from Brighton and Hove feedback from NHS England was received. They stated the Plan showed a good level of partnership working and there was evidence that the CCG & BHCC wanted to build on existing service developments to improve outcomes for those people using health & care services.
- 3.6 The Plan was then updated to provide more detail and clarification and re-submitted to NHS England on 4 April 2014.
- 3.7 More detail was provided in the following areas:
- Description of mitigating strategies that would be deployed should the proposed schemes not deliver the desired outcomes described in 3.1 above
 - The impact on providers was more clearly articulated ; and
 - More clarity was given on the financial impact of the proposed schemes & how the initiatives will then deliver the improvements.
- 3.8 Further feedback was received from the NHS England Area Team, following the April submission. They acknowledged that the April plan was greatly improved from the February draft report. There were however some areas that required further clarity, these were:
- how the schemes will impact on the performance measures, including milestones
 - more detailed financial information on how each scheme will deliver financial savings
 - additional information about the risks, particularly what mitigation will be put in place for over or under performance
 - the actions being taken to ensure that providers are fully aware of the activity and financial impact implementing the plan will have on their specific services, they understand the potential changes to their contracts and are “signed up” to the proposals

- review of the outcome trajectories to ensure consistent numbers and level of ambition that is both realistic and sufficiently challenging to deliver the savings
- clarification of how issues such as finance, including addressing under/over spends will be decided within the governance structure described

3.9 Since the April submission, new guidance has been issued in July and August by NHS England and the Local Government Association. New Part 1 and 2 templates for both the narrative and finances were also issued with this guidance. There have been a number of changes to the guidance and these are summarised, together with our proposed actions, in the table below:

Revised guidance	Proposed changes
1. Total emergency admissions will replace the original measure of avoidable admissions and each area is expected to set a minimum target of a reduction of 3.5%.	1. The April plan submitted figures for approximately this reduction and it is planned to go with the 3.5% reduction due to our comparatively low rates of emergency admissions.
2. More evidence of sufficient provider engagement and agreement on the impact of plans is required together with a greater clarity around the alignment of the BCF plan to wider plans and policies, such as how BCF schemes will align with and work alongside primary care.	2. This was discussed with providers at the Better Care Board on 28th August. <ul style="list-style-type: none"> • We will continue to work with our providers to make sure they are fully aware of the activity and financial impact associated with the plan. This is particularly relevant for acute trusts where the savings will come from and the draft plan will be circulated to providers for their input. • Providers will be able to input into the plan before submission to NHS England.
3. To encourage greater provider engagement, a crucial change to the revised BCF planning process is a requirement for	3. In response these providers will need to submit their commentary in response to those figures to confirm the extent to which they agree with the projections, and set out that those assumptions are

projected non-elective activity data to be shared with local acute providers.	built into their own two year plans.
---	--------------------------------------

4. Conclusion

- 4.1 Brighton and Hove City Council and the CCG are revising the Better Care Fund Plan in line with the national guidance received in July and August 2014. The key changes that have been made are:
- We have done more detailed modelling on how the schemes will impact on the outcome measures such as reducing emergency admissions and the associated savings
 - The risks section of the report has been revised and mitigating actions to reduce the risk have been identified
 - We will work with our providers to make sure they are fully aware of the activity and financial impact associated with the plan. This is particularly relevant for acute trusts where the savings will come from and the draft plan will be circulated to providers for their input.
 - There is an Annex to the Better Care Plan that Providers will need to complete detailing their response to the plan
 - We have reviewed the outcome measures to ensure the level of ambition is both realistic and sufficiently challenging to deliver the savings
 - We have clarified how issues such as finance, including addressing under/over spends will be dealt with and will develop a risk sharing arrangement between the CCG and BHCC
- 4.2 The first Better Care plan was approved by the Health and Wellbeing Board on 14 February 2014. The final draft of an update to the plan is being presented to the Health & Wellbeing board 9th September. The final submission date to NHS England is 19th September 2014.
- 4.3 Details of the link to the final Better Care Fund Plan will be sent to members when it is finalised on 19th September.

5. Important considerations and implications

5.1 Legal

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

5.2 Finance

As is shown in the table of changes to the guidance, Total emergency admissions will replace the original measure of avoidable 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 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 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.
- 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 (total unchanged from previous versions). Identified financial benefits in 2014/15 total £1.5 million; further work is being undertaken to quantify the benefits attached to the schemes in 2015/16.

5.3 Equalities

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

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

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

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: Better Care Fund Planning Template - Part 1

Appendix 2: Better Care Fund Planning Template - Part 2
Scheme Summary