



*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) 2022/23 Annual Plan Submissions

Date of Meeting: 08  
November 2022

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

Contact: Andy Witham,  
Assistant Director,  
Commissioning &  
Partnerships

Email:  
andy.witham@brighton-  
hove.gov.uk

Wards Affected: All

**FOR GENERAL RELEASE**

### **Executive Summary**

This report provides an overview of the Brighton and Hove 2022/23 Better Care Fund (BCF) planning submission.

The BCF plan for Brighton & Hove is a jointly agreed plan between local health and social care commissioners and is in line with the approach agreed by the local Health and Wellbeing Board (HWB) in March 2022. The plan for the current year has now been submitted on that basis.

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 HWB, 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 year was complete and compliant with all national conditions and metrics and met the national 26 September 2022 submission deadline.

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

- 1.1 The Board is recommended to note the requirements for 2022/23 Better Care Funds
- 1.2 The Board is recommended to note the place-based governance and oversight of developing plans for 2022/23
- 1.3 The Board is recommended to ratify the submission of the Better Care Fund planning returns for Brighton & Hove for 2022/23 to NHSE in accordance with national requirements and agreed approach submitted on 27 September 2022.

## **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 local HWB area has produced a narrative plan (**Appendix 1**). These draw directly from current place-based plans and read across to operating plans. The submission demonstrates how the schemes that have been invested in, meet the following three national policy areas:
- Approach to Integration
  - Supporting Discharge
  - Equality and Health Inequalities
- 2.6 The BCF plan submission is 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
  - Demand and capacity template (this is a developmental return and does not form part of the NHSE assurance of place BCFs in 2022/23)

### 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 core responsibilities of the BCF Steering Group in relation to the BCF are 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 2022/23

4.1 The 2022/23 BCF Policy Framework and Planning Guidance was published on 19<sup>th</sup> July with local plans to be submitted by 26th September.

4.2 The Better Care Fund plans for 2022/23 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.
- A Capacity and demand template outlining the available capacity and predicted demand for intermediate care services for the remainder of 22/23 and the associated spend both from the BCF and from other funding streams. Whilst submission of a completed template is required, it will not be part of the BCF assurance for 2022/23.

## 5 BCF National Conditions

5.1 National conditions 1-3 for the fund are broadly similar to 2021-22 and continue to require a minimum spend level on social care from the NHS minimum contribution. National condition 4 requires that local partners should have an agreed approach to implementing the two policy objectives for the BCF, set out in the Policy Framework:

1. Enable people to stay well,
2. Provide the right care in the right place at the right time.

5.2 These approaches 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 length of stay metric used in previous years is not part of requirements in 2022-23. However, it will remain a priority and the data will continue to be provided and monitored regionally and nationally. The metrics included in the new planning template that will be measured for this year are:

Metric	Detail
<b>Avoidable admissions</b>	Unplanned Admissions for chronic ambulatory care sensitive conditions
<b>Residential care admissions</b>	Annual rate of older people whose long-term support needs are best met by admission to residential and nursing care homes

<b>Effectiveness of reablement</b>	People over 65 still at home 91 days after discharge from hospital with reablement
<b>Discharge destination</b>	Percentage of discharges to a person's usual place of residence

## 7. Financial Allocations

Funding Sources	Income
DFG	£2,312,933
Minimum NHS Contribution	£22,723,963
iBCF	£9,459,107
Additional LA Contribution	£523,046
Additional ICB Contribution	£0
<b>Total</b>	<b>£35,019,049</b>

- 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 2022-23. The funds are covered by a legal s75 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 2022/23.
- 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 iBCF has increased by 3%. 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 In Brighton & Hove new funding has been allocated to provide project to support to the transformation of community services (£72k) alongside support for High intensity users (£58k). The remaining balance is currently being held in reserves and will be allocated to support hospital discharge.
- 7.6 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.

## **7 Conclusion**

- 7.1 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.
- 7.2 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.

## **8. Important considerations and implications**

- 8.1 Legal: This report contains recommendations to note and therefore there are no legal implications arising from it.

Lawyer consulted: Elizabeth Culbert Date: 17/10/22

Finance:

- 8.2 The Better Care Fund is a section 75 pooled budget which totals £35.019m for 2022/23. The ICB contribution to the pooled budget is £22.724m and the Council contribution is £12.295m, which includes the £9.459m Improved Better Care fund. Any spend variance at outturn is subject to a risk share as per the section 75 agreement.

Finance Officer consulted: Sophie Warburton Date: 12/10/2022

**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 EHIA's are carried out for specific new schemes as they are developed. All schemes funded by the NHS are required to apply EHIA 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 EHIA's 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
- Appendix 2: Financial Schedule

## Appendix 2

Workstream	Description	21/22 Budget	22/23 Budget
Increasing System Capacity Workstream	Additional Care Managers working across the City localities 7 days pw	117,732	122,188
	3 Social Workers in IPCT's	103,228	107,135
	Integrated Primary Care Teams (SPFT) Additional Mental Health nurses	114,696	117,449
<b>Total Increasing System Capacity Workstream</b>		<b>335,656</b>	<b>346,772</b>
Integrated Discharge Planning Workstream	Integrated Primary Care Teams (SCFT)	8,474,968	8,678,367
	Incentivising care homes and homecare providers to respond 7 days pw	51,188	51,188
	Hospital Discharge	2,961,660	3,051,373
	Home First/Urgent Home Care Service	915,226	977,336
	Urgent Home Care Service	142,582	154,300
	Home Care Support	400,000	400,000
	Crisis Service - Urgent homecare support - Age UK	167,293	178,683
	Lindridge beds - Medical Cover	195,000	195,000
District Nurse Support & Nightsitting	722,974	735,013	
<b>Total Integrated Discharge Planning Workstream</b>		<b>14,030,891</b>	<b>14,421,259</b>
Protecting Social Care Workstream	Maintaining eligibility criteria	3,057,912	3,230,990
	Additional social workers for Access Point	70,000	72,650
	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	35,000	36,325
	Additional Telecare and Telehealth resource	200,000	207,570
	Protection for Social Care	7,471,359	7,730,615
<b>Total Protecting Social Care Workstream</b>		<b>13,147,204</b>	<b>13,591,082</b>
Supporting Recovery & Independence Workstream	Community Equipment Service	2,634,790	2,687,481
	Sussex Community Trust – Carers Back Care Advisor	36,642	37,521
	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	54,000	56,044
	Carers Support Service - Integrated Primary Care Team (ASC Staff)	186,350	193,403
	Carers (other)	287,980	261,980
	Carers Hub	505,000	531,000
<b>Total Supporting Recovery &amp; Independence Workstream</b>		<b>3,761,762</b>	<b>3,824,429</b>
Person Centred Integrated Care Workstream	Proactive Care (Primary Care)	202,930	80,000
	Link Back (Discharge Support)	77,000	91,310
	High Intensity User Service	0	57,500
	Care Navigation Service (Social Prescribing)	348,392	348,392
	Ageing Well (Impact Initiatives)	200,000	200,000
<b>Total Person Centred Integrated Care Workstream</b>		<b>828,322</b>	<b>777,202</b>
Dementia Planning Workstream	Dementia Plan	158,002	158,002
<b>Total Dementia Planning Workstream</b>		<b>158,002</b>	<b>158,002</b>
Homelessness Workstream	Homeless Model	934,471	1,005,064
<b>Total Homelessness Workstream</b>		<b>934,471</b>	<b>1,005,064</b>
ICP Programme Management / Support	ICP Programme Director	172,800	175,080
	Programme Manager- Community Transformation	0	72,000
<b>Total ICP Programme Management / Support</b>		<b>172,800</b>	<b>247,080</b>
<b>Contingency</b>		<b>149,232</b>	<b>648,157</b>
<b>TOTAL</b>		<b>33,518,340</b>	<b>35,019,049</b>