



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. Formal details of the paper

- 1.1. Better Care Section 75 Pooled budget
- 1.2. Who can see this paper?
Not restricted
- 1.3. Date of Health & Wellbeing Board meeting
24th March 2015
- 1.4. Author of the Paper and contact details
Denise D'Souza, Executive Director Adult Services
denise.d'souza@brighton-hove.gov.uk
Geraldine Hoban Chief Operating Officer, geraldine.hoban@nhs.net

2. Summary

The Better Care Fund was announced in June 2013 and sets out the expectation that the Clinical Commissioning Group and Local Authority have agreed plans and pooled budgets to oversee the plan. The funding is not new money but will need to demonstrate it is meeting objectives of the plans. The Health and Wellbeing board will be responsible for overseeing this agreement.

3. Decisions, recommendations and any options

That the Health and Wellbeing Board

- 3.1 Notes the requirement that the Better Care Fund is operated as a pooled budget between the Clinical Commissioning Group (CCG) and the Council and that the mechanism for establishing a pooled budget is through entering into a Partnership Agreement under Section 75 NHS Act 2006;
- 3.2 Authorises the Executive Director Adult Services and CCG Chief Operating Officer to finalise and agree a new Section 75 Partnership Agreement between the Council and the Clinical Commissioning Group relating to the commissioning of health and social care services from a pooled Better Care Fund;
- 3.3 Notes that the Section 75 Agreement referred to at paragraph 3.2 above will include the schemes and schedules as detailed in the body of the report and will take effect from 1st April 2015 with a three year term and with provision to review the Agreement after 12 months.

4. Relevant information

- 4.1 As a result of the Better Care announcement in 2013, the Local Authority, CCG and other partners have developed a programme of transformation aimed at proactively identifying people who are frail and delivering more integrated care around the needs of those individuals. Phase one started late last year and saw the initiation of two early adopter sites for enhanced multi-disciplinary working and a strengthened multi-disciplinary team for homeless health around Morley Street General Practice. Significant investment was also made to primary care to develop the infrastructure required to proactively identify frail people and clinically co-ordinate care.
- 4.2 The CCG and Local Authority are required to develop a pooled budget in relation to Better Care and work is progressing around the following areas:
 - Keeping people well – focusing on prevention and promoting independence
 - Identifying and supporting carers
 - Protecting social care within agreed eligibility criteria



- Proactive care – case finding people who are frail or have complex care needs and proactively planning for their ongoing care needs.
- Strengthening multi-disciplinary teams, co-located around 6 GP clusters in the City serving a population of up to 50,000 and integrating care around a cohort of frail people.
- Delivering care that is more person centred, holistic and aided by a greater use of innovation including telecare/telehealth and the piloting of personal health budgets.
- Homelessness – continue to strengthen the multi disciplinary approach around people who are homeless and development of an outreach model.

4.3 National templates for the Section 75 agreement around Better Care have been developed, guidance on completion is still being issued and officers are currently working through the detail to localise the document and populate the following schedules.

Schedule 1 - Scheme Specification

4.4 This section will outline the schemes, provide details of the financial contributions and describe financial management arrangements.

4.5 The schemes covered by the Brighton and Hove Better Care Fund are summarised above. Broadly speaking, the budgets aligned to these schemes which come under the S75 Agreement are:

Scheme	Value	Lead Org
• Proactive Care (Primary Care)	£1.5m	CCG
• Multidisciplinary Community Teams		
○ Frailty	£ 8m	CCG
○ Homeless	£1m	CCG
• Integrated Community Equipment	£1.5m	B&HCC
• Protecting Social Care	£6m	B&HCC
• Carers	£0.8m	B&HCC
• Keeping people well	£0.5	B&HCC
• Increasing dementia diagnosis	£0.3	CCG
• Total	£19.6m	



Schedule 2 - Governance

- 4.6 This section outlines the governance of the pooled fund ie it is managed by the Better Care Programme Board reporting into the Health and Wellbeing Board.

Schedule 3 - Risk Share and Overspends

- 4.7 This section describes how any potential overspend or underspend will be identified, action required to bring expenditure back in line with budget will be identified and how the partners will collectively manage the apportionment of over/under expenditure equitably taking into consideration all relevant factors.

Schedule 4 Joint Working Obligations

- 4.8 This section describes the responsibility of the lead organisation and partner with regards to the commissioning of the schemes.

Schedule 5 – Performance Arrangements

- 4.9 This schedule describes the quarterly finance and performance arrangements aligned to the Better Care Fund. In addition to a regular financial update it will also include an update on delivery of integrated, proactive care and the City's performance against the Better Care national and local metrics , namely:

- Non-elective admissions
This is the single Payment for Performance metric that measures the reduction in total non-elective admissions to hospital. Our baseline in 2014 calendar year was 26,149 and have set ourselves a target reduction of 3.7% (956 admissions) for 2015.
- Residential admissions
This is a supporting metric that measures the reduction in permanent admissions of older people to residential and nursing care homes. Our baseline in 2013/14 was 270 admissions and have set ourselves a target reduction of 11% (30 admissions) by the end of 2014/15 and 13% (32 admissions) for the following year.
- Reablement
This is a supporting metric that measures the proportion of older people who are still at home 91 days after hospital discharge and into reablement/rehabilitation services. Our baseline in 2013/14 was

80% and have set ourselves a target of 85% by the end of 2014/15 and 89% for the following year.

- Delayed transfers of care
This is a supporting metric that measures the number of days delayed due to adult patients occupying a delayed transfer of care. Our baseline in 2013/14 was 6,272 delayed days and have set ourselves a target reduction of 5% (320 days) by the end of 2014/15 and 5% (308 days) for the following year.
- Patient/service user experience
This is a supporting metric and we have chosen to use the frailty MDT measure ‘Does the MDT work well together to give you the best possible care and support?’ We currently have no baseline or target as this a new measure being collected.
- Dementia diagnosis
This is a local supporting metric and measures the dementia diagnosis rate across the city. Our baseline in 2013/14 was 51% and we have set ourselves a target of 67% by the end of 2014/15

Better Care Fund Plan

- 4.10 This section will link to the full Better Care Fund Plan submitted last year.

Policy for the Management of Conflict of Interests

- 4.11 This section will set out how the Health and Wellbeing Board and CCG manages conflicts of interest. Respective COI policies will be attached and an overarching summary provided.

Information Governance Protocol

- 4.12 This will attach the Information Governance Protocol developed by the IM&T sub-group of the Better Care Programme Board.
- 4.13 Officers are now pulling together the supporting documentation for the Section 75 Agreement in line with the national templates. The documentation is being worked through by the finance, legal and senior management teams of both the CCG and the City Council. It is expected that this Agreement will be finalised within the next fortnight enabling signature by the end of March.



5. Important considerations and implications

5.1 Legal

As set out in the report, 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 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 and a template Better Care Fund Section 75 Agreement has been produced and will be used for this purpose.

Lawyer consulted: Elizabeth Culbert 2/3/15

5.2 Finance

The S75 agreement sets out the financial governance of the Better Care Fund through a pooled budget arrangement supported by a risk share. The investment in the pooled budget for 2015/16 is £19.6 million as previously agreed by the Health and Wellbeing Board. The allocation of the 2015/16 budget against the programmes is set out in paragraph 3.1 above. The risk share arrangements have been agreed between the CCG & BHCC and these will ensure the protection of social care. The S75 agreement will also set out the reporting and accounting requirements against the pooled budget and the approval process for investment levels for years 2 and 3 of the agreement.

Finance Officer consulted: Anne Silley 2/3/15

5.3 Equalities

There are no equalities implications arising from the pooled fund proposals set out in the report.

5.4 Sustainability

None

5.5 Health, social care, children's services and public health

These are addressed in the body of the report.