AGENDA ITEM 5 a

Bristol Health & Wellbeing Board

Better Care Bristol Governance Report 2015	
Author, including organisation	**Bevleigh Evans – Programme Director Better Care (Joint Appointment between Bristol CCG and Bristol City Council)**
Accountable Officers	**Jill Shepherd and John Readman**
Date of meeting	**21 October 2015**
Report for: Decision	

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EXECUTIVE SUMMARY

Revised Governance Arrangements (Page 7)

The NHS five-year forward view sets out a clear direction for the NHS showing why change is needed and what it will look like. Some of the actions require new partnerships with local communities, local authorities and employers. The Five Year Forward View sets out seven models of care (see appendix one). These models are critical in making a step-change to deliver integrated services. In January 2015 the HWB had an informal seminar to discuss Five Year forward view and different models of care. Integrated models of care were discussed and there was a consensus by the HWB that further work needed to be carried out.

In February 2015, the CCG and Local Authority came to Health and Wellbeing Board (HWB) to seek authorisation to explore integration further by developing test and learns with Health and Social care that will ultimately inform the re-commissioning of community services.

To support delivery of Better Care and the Five Year Forward View, it has been agreed that we need to separate the functions of commissioning and provider to reduce any future conflicts of interest between commissioning and provision. This has resulted in a new governance structure, consisting of the Better Care Commissioning Board (Commissioners Only) and the Better Care Bristol Joint Transformation Board (Commissioners and main providers), with specific areas of responsibility for delivery of Better Care.

Health & Wellbeing Board Responsibilities for Better Care Bristol (Page 11)

Health and Wellbeing Boards must be assured that the BCF plans are sufficiently challenging and will deliver tangible benefits for the local population, as well as addressing the national metrics conditions of the Fund. The HWB responsibilities for Better Care are set out below:

1. Agree and sign off on the planned use of the BCF and the pooled budget arrangements
2. Be assured that the BCF plans are sufficiently challenging and will deliver tangible benefits for the local population
3. Be assured that Section 75 funds remain consistent with the guidance from the Department of Health 19 December 2012.
4. Monitor the spend, variance of the Section 75 spend
5. Oversee the strategic direction of the BCF and the delivery of better integrated care
6. Monitor progress against the six national conditions
7. Monitor achievement of the metrics
8. Sign off all national submissions.

Sources and Applications (Page 15)

Bristol CCG will be the accountable for their share of the BCF allocated to them by NHS England and their additional monies they added to the fund (Bristol = £28,376,000), and will be held accountable by NHS England for the appropriate use of total BCF resources locally.

Local authorities (s.151 officers) will be the accountable body, under the terms of their grant agreements, for the £2,468,000 of funding that is paid directly to them by DH and DCLG.

Within Bristol it has been agreed by the HWB and documented as part of the Section 75 Agreement, that Bristol City Council, will be held accountable for the proper and appropriate use of the pooled fund and how it has been spent. The Joint Commissioning Board will keep oversight of this on behalf of the HWB and report bi - monthly.

Pay for Performance & Ring Fenced Funding (Page 16)

There was a substantial change in policy relating to the pay for performance element in July 2014.

£8 million of the CCG's contribution within the section 75 had to be protected for NHS commissioning out-of-hospital care and payment for performance linked to a reduction in total emergency admissions in consultation with the HWB. This change was to ensure the risk of failure for the NHS in reducing emergency admissions was mitigated, and CGGs were able to compensate providers for activity over our planned reductions relating to emergency admissions.

A proportion of the £8 million was ring fenced or linked to a reduction in total emergency admissions to be released on a quarterly basis link to the £1.8m payment for performance criteria payable on successful delivery of our planned emergency admission reductions >65s. If the target is NOT achieved the CCG will retain the money proportional to payment for performance in that quarter to offset against increased unplanned activity within the acute sector.

Recommendations

The Health & Wellbeing Board are asked:

1. To note the changes to Better Care Guidance.
2. To note the new governance structure to deliver Better Care Bristol Joint Commissioning Board (Commissioners only) and Transformation Boards (Commissioners and main providers). (See Appendix 4 – Governance Structure)
3. To note TOR for the Better Care Joint Commissioning Board (set out in Appendix 3)

4. To note the risks associated with not delivering against the 6 national conditions or reporting quarterly on the Section 75 and agreed use of the pooled fund.
5. To receive a regular report on a regular basis (at least quarterly) from the Commissioning Board to provide assurance on:
    - Section 75 planned spend / actual / variances
    - Performance against Better Care Metrics
    - Performance against 6 national conditions
    - Project Delivery Status (inc Exception Reporting)
    - Signing off any national assurance submissions

Jill Shepherd and John Readman

Our Vision

Better Care Vision and Our Partners

“A city where people live happier and healthier lives and their care and support needs are met at the right time, to the right quality and in the right place for them”

healthwatch Bristol

North Bristol NHS Trust

Avon and Wiltshire Mental Health Partnership NHS Trust

University Hospitals Bristol NHS Foundation Trust

Voscur Supporting Voluntary Action

Bristol Mental Health

INTRODUCTION

The report sets out the national requirements for Better Care and the role of Health and Wellbeing Board and to inform the HWB of the revised governance arrangements for Bristol.

PURPOSE OF REPORT

The purpose of the report is to set out the latest requirements for Better Care based on the national guidance, which include specific requirements and responsibilities for the Health and Wellbeing Board to discharge and to agree the new governance structure to replace the former Better Care Programme Board.

BETTER CARE FUND (BCF)

The Better Care Fund (formerly the Integration Transformation Fund) was announced by the Government in the June 2013 spending round, to ensure a transformation in the provision of integrated health and social care services. It creates a single pooled fund to incentivize the NHS and Local Authorities to work together to focus on the needs of the patient/users.

The BCF was not new money, but brought together existing funding from within the NHS and Local Authorities into a pool fund arrangement to provide a real opportunity to improve services and value for money by developing a shared approach, setting priorities around prevention and commissioning in our planning around integrated service provision.

Integration was helpfully defined by National Voices – from the perspective of the individual.

Better Care is a means to develop, more joined up planning and fuller integration of Health and Social Care services for the benefit of the individual.

BETTER CARE BRISTOL

The five-year forward plan and the new models of care are critical in making a step-change to deliver integrated services. In January 2015 the HWB had an informal seminar to discuss NHS Five year forward view and different models of care (see appendix one). Integrated models of care were discussed and there was a consensus by the HWB that further work needed to be carried out.

Officers from the LA and CCG worked together to explore the members expectations from the seminar ideas in relation to integration. Following discussions and taking into account the people of Bristol's views (gathered from previous consultations on healthcare Community Services commissioning) it was decided that more work needed to be carried out to take the opportunity of integration forward for adults.

This was named 'Better Care Bristol'; this incorporated the work already started on Better Care Fund (BCF). To explore this opportunity further to ensure that the people of Bristol got the more joined up services that they had requested meant the CCG and BCC taking the decision to delay the adult re-commissioning of community services.

In February 2015 CCG and LA came to HWB to seek authorisation to explore integration further by developing test and learns with health and social care that will ultimately inform the re-commissioning of community services.

Work has been carried out to align existing projects from Better Care Bristol and Urgent Care, amongst other areas to become much more focused and joined up. This has resulted in a new governance structure and programme structure, which has been expanded to include all adults and not just over >65. .

REVISED GOVERNANCE ARRANGEMENTS

Better Care Fund website states 'It will be essential for CCGs and Local Authorities to engage from the outset with all providers, both NHS and social care, likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services'.

To ensure that Bristol could achieve the engagement needed a Better Care Board was set up. This met for the first time in January 2014. The Better Care Board membership consisted of all existing providers and commissioners including Health Watch.

The focus of this Board was to develop and agree the plans to deliver the outcomes of Better Care and to build strong relationships to support the implementation of the Better Care Plan.

In June 2014 commissioners and providers submitted their first draft Better Care Plan. This was followed by a re-drafted plan that focused on reduction of emergency admissions as requested by NHS England and the Local Government Association. The submission was signed by the co-chairs of the Health and Wellbeing Board. Bristol City Better Care Plan was signed off with no conditions in December 2015.

The Better Care Programme Board has served its purpose of building good partnership working but needed to evolve to ensure that implementation was monitored.

The Guidance for the Operationalisation of the Better Care Fund in 2015-16 suggested 'In order for the HWB to review performance of the BCF and consider future work, it would need to have the appropriate information reported to it from a partnership board'. To support this development more rigorous oversight was required, to support this, the Better Care Programme Board has been stood down and a revised governance structure implemented*. (See Appendix 2 – New Better Care Bristol Governance Structure)*

BETTER CARE BRISTOL JOINT COMMISSIONING BOARD

The Commissioning Board comprises of commissioners only with executive responsibility within their respective organisations. Joint integration decisions would be advised to the Governing Body and the Health and Wellbeing Board for discussion and ratification. *(See Appendix three for Terms of Reference and Membership)*

This Board is responsible for setting the direction for health and social services set by the HWB and will be responsible for giving assurances that Better Care is being implemented as agreed. They will interpret the vision of the HWB and determine the 'what' by agreeing projects to be overseen by the Transformation Board. The Board is chaired by the Bristol CCG Chief Operating Officer.

This Board will report to the Governing Body and the Health and Wellbeing Board on a regular basis and will be to provide system leadership and strategic direction, in supporting the Health and Wellbeing Boards discharge its responsibilities under

Better Care to develop stronger and deeper integration of Health and Social Care and to enhance joint working, including the pooling of budgets where appropriate, in line with respective organisational priorities.

JOINT COMMISSIONING INTENTIONS

The Board will ensure that we work together to develop our intentions for all adult services, including planning, allocation of funds, commissioning and/or decommissioning of services are handled openly and transparently with attention being given to the strategic plans of NHS Bristol Clinical Commissioning Group (the CCG), Bristol City Council (BCC) and the Bristol Health & Wellbeing Board (H&WB).

JOINT COMMISSIONING BOARD RESPONSIBILITIES

The Joint Commissioning Board has the responsibilities as outlined in the Guidance for the Operationalisation of the Better Care Fund in 2015-16 on behalf of the HWB. The Board will have responsibility for implementation and oversight of the Section 75 funding and give assurances to the Governing Body and Health Wellbeing Board for the appropriate use of BCF resources locally.

Ultimately the Joint Commissioning Board will recommend to the CCG Governing Body and Health and Wellbeing Board our plans for community commissioning.

The Joint Better Care Bristol Commissioning Board will report to HWB on a regular basis to ensure the Health & Wellbeing Board can discharge its duties under the Better Care Guidance.

BETTER CARE BRISTOL JOINT TRANSFORMATION BOARD

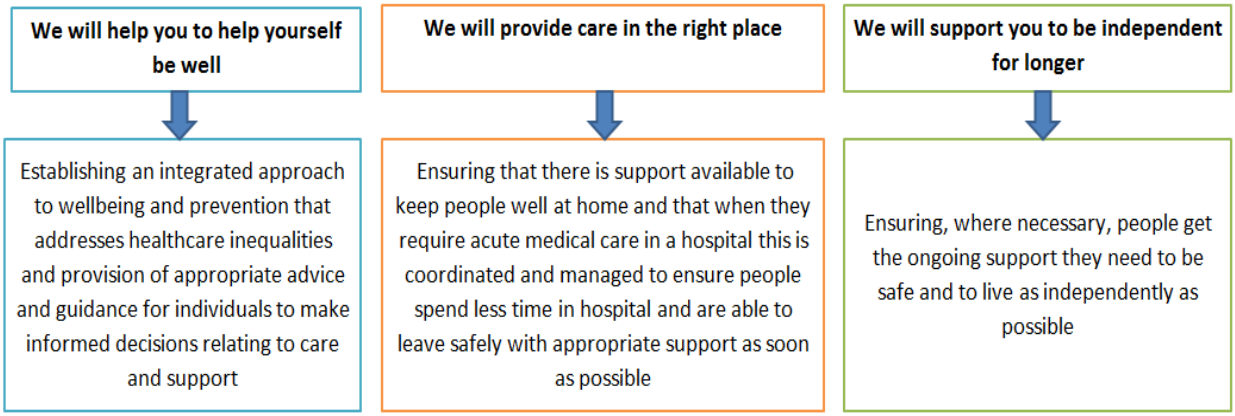
The Transformation Board will be the delivery Board for the Better Care Programme, which includes Commissioners and the main providers in its members (formerly members of the Better Care Programme Board). It focus is on integrated working across Health & Social Care for all adults.

The Board is responsible for providing assurance to the Joint Commissioning Board on delivery our agreed programme and performance against our activity reductions and financial savings targets, which it will monitor through regular highlight reports from Project Groups.

Where performance is off plan, the Board will expect Project Groups to set out what the issues, mitigations and recovery plans are and monitor these, ensuring any organisational blockages are addressed.

BETTER CARE BRISTOL PROGRAMMES OF WORK

To ensure that we are able to communicate effectively with partners, members of staff and the people of Bristol, work has been carried out to rationalise the projects under three programmes of work, which sit under our three Better Care Bristol aims. The three aims for Better Care Bristol are:



Each of the programmes contains different projects. *(See appendix four for full summary of projects under each aim).* In realising our ambitions, the delivery of Health and Social Care will need to transform and move to being far more person centered. The majority of citizens report that they wish to remain in their own homes for long as possible and the services must evolve in an efficient way to support this. This will mean delivery of services closer to peoples own environments.

BETTER CARE NATIONAL METRICS AND CONDITIONS

The Better Care Fund also has six national metrics that are being nationally reported on a quarterly basis. These have been broken down against individual project areas, which are the responsibility of the Transformation Board to delivery and these are monitored by the Joint Commissioning Board on behalf of the of the HWB to ensure achievement of the metrics. See appendix five or targets. The 2015/16 targets are:

Metric	Measurement
To reduce the number of people that are admitted into hospital as an emergency	Monthly
To reduce the number of people that are admitted into hospital as an emergency after a fall	Monthly
To ensure that people stay at home as long as possible after reablement service	Annually
To ensure that people leave hospital as soon they are well and no longer need acute medical care (Delayed Transfers of Care)	Monthly
To reduce extra number of days that people stay in hospital then expected (excess bed days)	Monthly
To reduce the amount of people being admitted into residential and nursing home	Annually
To improve the quality of life of users of care and support	Annually

There are six 'national conditions' that are a requirement of the national programme. The national conditions are below; it is requirement of the HWB to monitor progress against the conditions. These are nationally reported against on a quarterly basis.

National Conditions
1) Are the plans jointly agreed?
2) Are Social Care Services (not spending) being protected?
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?
4) Data Sharing - Is the NHS Number being used as the primary identifier for health and care services?
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?
6) Is an agreement on the consequential impact of changes in the acute sector in place?

BETTER CARE PLAN

The three year (2015-2018) Better Care Plan for Bristol was signed by the co-chairs of the HWB and the CEO of the acute provider in September 2014.

Our Better Care Plan set out:

- Partnership working arrangements
- Areas of work that the CCG and LA would work together on with providers in a partnership.
- How the pooled funding will be used
- How the national and local targets attached to the payment for performance-related £1.8 million would be achieved.
- The plans to achieve the 6 national conditions

The plan started in 2014 and form part of a five-year strategy for Health and Social Care. Accordingly the NHS planning framework meant that CCGs needed to align the five-year strategies to the Better Care Plan.

A fully integrated service calls for a step change in our current arrangements to one of sharing information, resources (staff and money) and risk.

The plan was submitted in September 2014 and we received authorisation with no conditions by NHS England to proceed to implementation in December 2014.

HEALTH & WELLBEING BOARD BETTER CARE RESPONSIBILITIES

The ambition behind the introduction of Health and Wellbeing Boards was to build strong and effective partnerships that improve the commissioning and delivery of services across NHS and local government, leading in turn to improved health and wellbeing for local people. The main functions of the HWB are to:

- Aligning the Joint Strategic Needs Assessment with commissioning intentions
- Develop the joint Health and Wellbeing Strategy
- Encourage integrated commissioning between health and social care

The Better Care Fund website states '*The HWB is best placed to decide whether the plans are the best for the locality, engaging with local people and bringing a sector-led approach to the process'.*

As part of their role, Health and Wellbeing Boards should be assured that the BCF plans are sufficiently challenging and will deliver tangible benefits for the local population, as well as addressing the national metrics conditions of the Fund. The HWB specific responsibilities for Better Care are:

	Better Care Health and Wellbeing Responsibilities
1	Agree and sign off on the planned use of the BCF and the pooled budget arrangements
2	Be assured that the BCF plans are sufficiently challenging and will deliver tangible benefits for the local population
3	Be assured that Section 75 funds remain consistent with the guidance from the Department of Health 19th December 2012 guidance
4	Monitor the spend and variance of the Section 75 spend
5	Oversee the strategic direction of the BCF and the delivery of better integrated care
6	Monitor progress against the six national conditions
7	Monitor achievement of the metrics
8	Sign off all national submissions

SECTION 75 AGREEMENT

One of the national conditions (condition one, Page 13) is that there is a joint agreed plan with a minimum pooled fund between the CCG and Local Authority, which is £30,324,000 for Bristol to enable Bristol City Council and Bristol Clinical Commissioning Group to work more closely together around people, placing their well-being as the focus of health and care services.

The Section 75 Agreement is a legal document, which sets out the framework on how the pooled fund will be used and monitored. The Section 75 Agreement was signed by the CCG and Local Authority and implemented in April 2015.

The pooled fund for 2015/16 is currently limited to the BCF resources transferred primarily from the NHS and previously signed off by partners through the Health and Wellbeing Board; this represents a small proportion of the total funding spent across city for Health and Social Care services.

The key benefit of the pooled fund is to give greater transparency and control over use of funding to support local innovation and commissioning of Health and Care Services and to realise benefits from working differently.

2015/16 Section 75 funds must remain consistent with the guidance from the Department of Health 19th December 2012 guidance

The funding must be used to support adult social care services in each local authority, which also has a health benefit. However, beyond this broad condition we want to provide flexibility for local areas to determine how this investment in social care services is best used.

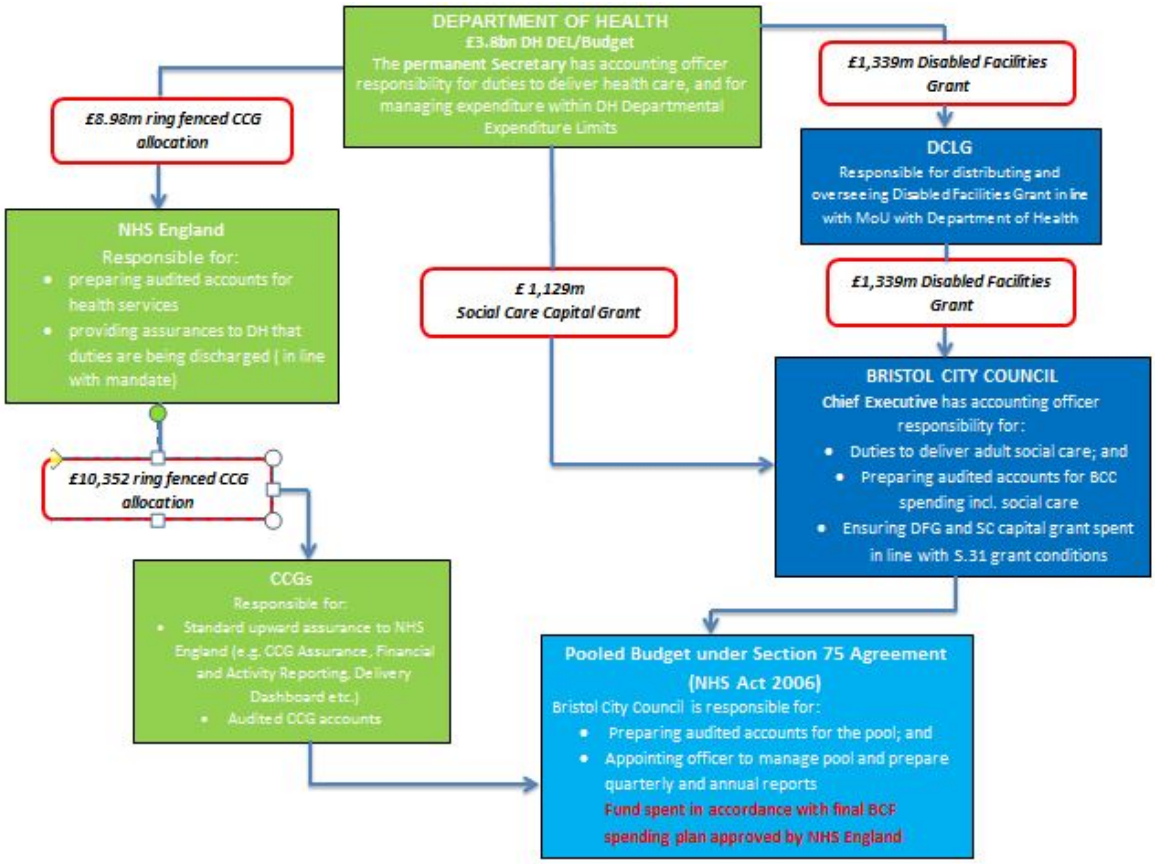
The HWB must gain assurances that the fund is being used for the above purpose. The reporting to HWB Board outlines how this could be delivered.

The expectation is that HWBs will continue to oversee the strategic direction of the BCF and the delivery of better integrated care, as part of their statutory duty to encourage integrated working between commissioners.

The Guidance for the Operationalisation of the Better Care Fund in 2015-16 suggested *'In order for the HWB to review performance of the BCF and consider future work, it would need to have the appropriate information reported to it from a partnership board'.* This ensures that the Section 75 is appropriately monitored and appropriate use of the funds. To ensure that we are compliant with this we have set up the Better Care Bristol Commissioning Board.

National Guidance - Section 75 Accountability Structure

The Guidance for the Operationalisation of the Better Care Fund in 2015-16 sets out the accountability structure. The diagram below sets out the arrangements and flow of funding for the BCF.



CARE ACT 2014

The timing of the Care Act and Better Care Fund is not coincidence and the two are mutually supportive in delivering improved health and social care outcomes from communities, for example promoting wellbeing and independence and delivering better support to Carers. Some of the funding in the Section 75 Budget has been allocated by NHS England to the CCG to support the implementation of the Care Act. There are conditions associated with this and these are.

- The preparation and agreement of a spending plan by the CCG(s) and local authority party to the pooled fund;
- The approval of the plan by NHS England;
- The inclusion of performance objectives in a spending plan – i.e. the non-elective admissions reduction target; and
- Pay for performance
- Achievement of the six national conditions

Failure to deliver some or all of these conditions could result in the CCG withholding or withdrawing payment or redirect its use.

If the HWB, CCG and BCC do not meet the conditions set out in the section above NHS England can recover £1,700,000 million preparing for Better Care Fund and the former Section 256 money £7,280,000 paid to the Local Authority.

Therefore not complying with the national conditions and national quarterly reporting relating Section 75 and the pooled fund could result in NHS England recovering circa £9 million from the pooled budget.

ASSURANCE REPORTING

The Health & Wellbeing Board has received regular reporting on Better Care Bristol.

In future, the HWB will receive a regular report on a bi-monthly basis from the Commissioning Board to help the HWB discharge its responsibilities under Better Care. The report will detail as set out in the national guidance:-

- General Update
- Section 75 planned spend / actual / variances
- Performance against Better Care Metrics
- Performance against 6 national conditions
- Pay for performance
- Project Delivery Status (inc Exception Reporting)
- Signing off any national assurance submissions
- Risks and opportunities

BETTER CARE FUND SOURCES & APPLICATIONS

This section sets out clearly in one place the sources of funding, which are in the Better Care Fund, and where it is agreed this will be spent as agreed by the HWB to achieve the required savings.

The following table details the funding sources and budget and planning savings linked to delivery through the Better Care Bristol Programme.

Funding Sources	**Amount**
Section 256 Agreement	£7,280,000
BCP Additional Investment	£1,700,000
Disabled Facilities Grant	£1,339,000
Social Care Capital Grant	£1,129,000
Care Act Implementation	£1,500,000
Carers Break	£1,036,000
Community Services	£4,583,000
Mental Health Section 117	£4,100,000
Falls Strength & Balance	£70,000
CCG Bristol Primary Care Agreement	£1,464,000
CCG Other Primary Care Funding	£1,095,000
NHS England Unplanned DES	£1,410,000
Delivered by Schemes	**Planned Savings**
3.5% Reduction Non Elective Admissions in the Acute.	£2,008,000
Reductions in Excess Bed Days / LOS / Rehab in the Acute	£1,610,000
Total (Prescribed Budgets + Acute Activity Reductions Savings)	£30,324,000

The split of contribution into the pooled fund by organisation are set out below.

Total Better Care Bristol Pooled Fund - £30,324,000		
NHSE Contribution (34.26% of Fund)	**CCG Contribution (57.6% of Fund)**	**BCC Contribution (8.14% of the Fund)**
Total £10,390,000	**Total £17,466,000**	**Total £2,468,000**

Bristol CCG will be the accountable for their share of the BCF allocated to them by NHS England and their additional monies they added to the fund (Bristol = £28,376,000), and will be held accountable by NHS England for the appropriate use of total BCF resources locally.

BCC s.151 officer will be the accountable body, under the terms of the grant agreements, for the £2,468,000 of funding that is paid directly to them by DH and DCLG.

Within Bristol it has been agreed by the HWB and document as part of the Section 75 Agreement, that Bristol City Council, who will be held accountable for the proper

and appropriate use of the pooled fund and how it is spent. The CCG and Council have agreed to appoint a joint post (Better Care Bristol Fund Manager) to be based at the Council who will be responsible for monitoring spend against plans and any variances to ensure the pooled fund is being used as agreed on behalf of the CCG and Council. The post will work with the Director of Better Care to provide appropriate assurances to the Better Care Joint Commissioning Board and HWB.

The Commissioning Board will be discussing the contributions to the fund and allocations of funding for 2016/17 and outline proposals for the HWB during the first quarter of 2016. There is also the possibility that the treasury will mandate further contributions in the autumn budget in 2015. Other HWB across England have placed significantly more into the pooled fund to provide a total envelope in which to transfer Health & Social Care within their areas.

PAY FOR PERFORMANCE & RING FENCED FUNDING

There was a substantial change in policy relating to the pay for performance element in July 2014.

£8 million of the CCG's contribution within the section 75 had to be protected for NHS commissioning out-of-hospital care and payment for performance linked to a reduction in total emergency admissions in consultation with the HWB. This change was to ensure the risk of failure for the NHS in reducing emergency admissions was mitigated, and CGGs were able to compensate providers for activity over our planned reductions relating to emergency admissions.

A proportion of the £8 million was linked to a reduction in total emergency admissions and profiled to be released on a quarterly basis. If the target is NOT achieved the CCG will retain the money proportional to payment for performance in that quarter.

The ring-fenced funds, which equates to circa £6m in Bristol has been protected to invest in community services, which support admission avoidance and discharge. However, as a system we included additional funding from CCG into the Better Care Fund pooled fund as we believed this investment was critical to support our plans, so the ring fenced amount for Bristol we have agreed locally is £8.5m for Out of Hospital Services.

PAY FOR PERFORMANCE

Our original submission in September, which was nationally assessed and signed off set our payment for performance at £2m related to the reduction in all non-elective admissions. Working with NHS England this was subsequently revised to £1.8m based on emergency admission reductions 65+ years, which is the area the local authority can influence change and reductions in activity.

The pay for performance to the Council is worth £1.8 million annually for reducing emergency admissions into hospital, payable on a quarterly basis (circa £450k) and there is a further £1.9 that can be achieved by reducing delayed transfers of care and reducing length of stay.

Our Better Care Programme and Projects were designed to support delivery of the reductions and shift in activity from acute care in to out of hospital care. The 3.5% reduction in emergency admissions is linked to the 'pay for performance'. The national thinking behind reductions in emergency admissions was that Social Care would work with Health by providing a more integrated offer in the community setting avoiding unnecessary admissions into hospitals. The recurring savings achieved by the reduction in activity would then be released = into the fund to support Social Services, which provide a healthcare benefit.

Payment for Performance on total emergency admissions		**NHS Commissioned Spend**
Target Met	**Target not met**	
Full amount included within the BCF to be released at quarterly intervals for local HWBs to invest in agreed priorities, as set out within our plans	Payment is proportional to performance so some funding remains with the CCG budgets proportional to the level by which the target was missed. CCGs will decide how to spend this portion of the funding, in consultation with HWB. It is expected that this money will be used to compensate CCGs for unplanned emergency admissions costs	Include within the BCF to be spent by CCGs on NHS commissioned out of hospital services. This money will be allocated to the pooled budget up front as part of the core BCF allocation in April 2015.

Better Care performance reporting is over a calendar year, rather than a fiscal year. Payment for performance will be made within the fiscal year as these are paid quarterly in arrears, where payable.

Performance Quarter	Reporting Submission Month
Jan-March – Q4	May
April-June – Q1	August
July-September – Q2	November
October – December – Q3	February

BETTER CARE FUND – ADDITIONAL FUNDING

The additional £1.7m of funding, which was the only new funding and provided nationally for Better Care, we have used this as invest to save to support our Better Care Programme delivery and additional capacity, primarily within Social Care to release recurring savings from reduced activity in the acutes linked to emergency admissions or DTOCs.

Investment Area	Investment
The expansion and development of Intermediate Care and Reablement activity by approx. **20%**.	£1,105,000
Developing skills and capacity in the independent sector workforce. We will build on the re-commissioning of £14m worth of home care services.	£50,000
Developing skills and capacity in the independent sector workforce. We will build on the re-commissioning of £14m worth of home care services.	£100,000
Develop a single, trusted assessment which evolves as the patient or service user moves along their care pathway.	£55,000
Provide better support for people who fund their own care when looking at post discharge services	£ 90,000
Programme & Project Management Infrastructure Resource	£300,000
Total	**£1,700,000**

IMPLEMENTATION OF CARE ACT (2014) ALLOCATION

One of the national must-dos of the Better Care Fund was that there was money identified for the implementation of the Care Act. It has to include entitlements for carers, national minimum eligibility threshold, advocacy, safeguarding and other measures set out in the act. The Better Care Plan stated the following would be spent in relation to Care Act implementation.

Budget Area	£ Value of Spend
Capital investment for IT services	£404,000
Personalisation	£24,000
Carers assessment	£134,000
Carers support	£267,000
Information and Advice	£201,000
Provider Quality profiles	£40,000
Implementation of Safeguarding Adults Boards	£65,000
Assessment and eligibility (minimum thresholds)	£324,000
Assessment and eligibility continuity of care	£36,000
Assessment and eligibility social care in prisons	£53,000
Veterans	£20,000
Law reform savings	(£73,000)
Total	**£1,495,000**

Appendix One – NHS 5-year View – New Models of Care

Model	What it is	Where it's being led
Multi-specialty community providers	This model involves expanding GP group practices, bringing in nurses and community health services, hospital specialists and others to provide integrated out-of-hospital care. These practices would shift the majority of outpatient consultations and ambulatory care to out-of-hospital settings.	Better Care Bristol – Design Team
Primary and acute care systems	Primary and acute care systems (PACS) would provide list-based GP and hospital services, together with mental health and community care, in single NHS organisations for the first time. They could evolve in different ways, for example, by hospital trusts opening their own GP surgeries. Under some circumstances, PACS could become accountable for the whole health needs of a registered list of patients.	Better Care Bristol – Design Team / BPCA
Acute care collaborations	This new care model is focused on smaller acute hospitals. These may include the formation of 'hospital chains' as operated in Germany and Scandinavia, or some services being offered by specialised providers on satellite sites.	NBT / UHB
Specialised care	The NHS five year forward view outlines that, where there is strong evidence for concentrating care in specialist centres (as in stroke or some cancer services), the NHS in England will seek to drive consolidation through a programme of three-year rolling reviews. The establishment of specialist centres for rare diseases will also be considered to improve the coordination of care for patients. As part of this new care model, specialised providers will be encouraged to develop networks of services over a wider area, integrating different organisations and services around patient need.	BNSG
Modern maternity services	The NHS five year forward view proposes a new care model for modern maternity services, stating that a review of future models for maternity units will recommend how best to sustain and develop maternity units across the NHS in England. NHS leaders have also pledged to make it easier for groups of midwives to set up their own NHS-funded midwifery services, and to ensure that tariff-based funding supports patient choices.	CCG
Enhanced health in care homes	This model involves the NHS working in partnership with care home providers and local authority social services departments to develop new shared models of care and support, including medical reviews, medication reviews and rehabilitation services. These should build on work being done locally through the Better Care Fund and will draw on models that have been shown to improve quality of life, to reduce hospital bed use and to yield significant cost savings.	Better Care Bristol

Appendix Two – Better Care Bristol Governance Structure (A3)

Better Care Bristol Governance Structure

BNSSG
System – wide
Leadership

Bristol CCG
(Relevant Org
Sign Off)

Health &
Wellbeing
Board

Key Responsibilities:
- Leadership across the System
- Authorisation to proceed
- Sign Off Care & Support Triangle and receive regular updates
- Health Equalities / Prevention
- Authorises Section 75 Pooled Budgets arrangements

Key Responsibilities:
- Agreement to proceed
- Own Governance Arrangements
- Management Buy - In

Bristol City Council
(Relevant Org
Sign Off)

Key Responsibilities:
- Agreement to proceed
- Own Governance Arrangements
- Management Buy - In
- Political Buy - In

Key Responsibilities:
- Commissioners only
- Co-commissioning
- Better Care Fund Assurance
- Includes all Adults not just >65s
- Agrees Lead Commissioning Organisation
- Co-ordinated Commissioning Discussions Across Organisation / System
- Joint Commissioning Discussions / Decisions
- Agree System Delivery Model (Bristol Care & Support Triangle)
- Agreement & Recommendations to proceed to Commissioning Orgs & H&WB
- Authorise test and learn pilots at Neighbourhood and Locality Level
- Develops Section 75 Pooled Budget Arrangements (Single Pooled Budget) for Integrated Services and monitors all projects within
- Responsible for Governance / Finance / Process / Assurance

Better Care
Bristol
Commissioning
Board (Adults)

Better Care Bristol
Transformation
Programme Board

Key Responsibilities:
- Commissioners and Providers
- Clinical Chair
- Develop Better Care Fund Schemes
- Develop QIPP / Transformation Schemes
- Recommendations to proceed to Better Care Bristol Commissioning Board
- Includes all Adults not just >65s

Better Care Bristol
Design
Team
(Task & Finish)

Key Responsibilities:
- Commissioners & Providers
- Develop Proposals for the detail of the Bristol Care and Support Triangle (see reverse)
- Clinical Input from GPs

PROJECT AREAS

Monitoring Business as usual:

- Business as usual
- Section 75 and all projects within (Carers Breaks, Disabled Facilities Grant etc.)
- 65+ targets for National Better Care Fund

Decision Making

- Integrated transport
- Technology
- Healthy neighbourhoods
- Expert patients
- Self-care integration
- Care Forum website consultation website

We will help you to help yourself be well

Establishing an integrated approach to wellbeing and prevention that addresses healthcare inequalities and provision of appropriate advice and guidance for individuals to make informed decisions relating to care and support

We will provide care in the right place

Ensuring that there is support available to keep people well at home and that when they require acute medical care in a hospital this is coordinated and managed to ensure people spend less time in hospital and are able to leave safely with appropriate support as soon as possible

We will support you to be independent for longer

Ensuring, where necessary, people get the ongoing support they need to be safe and to live as independently as possible

Appendix Three – Joint Commissioning Board Terms of Reference

Better Care Bristol

Better Care Bristol Commissioning Board (Adults)

TERMS OF REFERENCE

1. Purpose

Better Care Bristol Commissioning Board (Adults) will provide leadership and strategic direction, to develop stronger and deeper integration of health and social care and to enhance joint working, including the pooling of budgets where appropriate, in line with respective organisational priorities.

The group will ensure that joint commissioning issues for all adults including the allocation of available funds and the commissioning and/or decommissioning of joint or aligned services are handled openly and transparently with attention being given to the strategic plans of Bristol City Council (BCC), NHS Bristol Clinical Commissioning Group (the CCG) and the Bristol Health & Wellbeing Board (H&WB).

Whilst the focus of the group is primarily adults, there will be some service redesigns, which impact on all patients including children and it will be necessary to ensure that suitable involvement / consultation with children's commissioners and providers has taken place before agreeing any new models.

2. Status

The Better Care Bristol Commissioning Board (Adults) has no status as a separate entity and will work within the schemes of delegation and the accountability arrangements of the CCG and Council when it comes to, for example, considering the allocation of resources or making policy commitments.

The Board will operate as the executive arm of the Commissioning Organisations and its decisions will be informed by the deliberations and agreement of the Health and Well-being Board.

3. Membership

The Commissioning Board shall comprise of **commissioners** only with executive responsibility within their respective organisations. For assurance purposes members should not be members of the Better Care Bristol Transformation Board or Better Care Bristol Design Team, but may require members from these groups to report to the Board, as necessary by invitation to provide assurance:-

Voting Members

- NHS Bristol CCG
    - Chief Officer – Jill Shepherd
    - Chief Finance Officer – Nicola Dunn
    - Director of Quality and Transformation – Alison Moon

- Bristol City Council
    - Strategic Director, People – John Readman
    - Service Director Strategic Commissioning – Netta Meadows
    - Director of Public Health – Becky Pollard

Non-Voting Members

- CCG & Primary Care Development Director Bristol Clinical Commissioning Group – Jo White

Other Invited Attendees

- Transformation Board - Clinical Chair – Martin Jones
- Operations Director – Judith Brown
- Service Director – Care, Support and Provision (Adults) - Mike Hennessey
- Better Care Bristol Programme Director – Bevleigh Evans
- Administrative Support – Amy Carr

Ad-Hoc Attendees

- By **invitation only** to discuss particular agenda items or to provide assurance, when required.

4. Agenda

The preparation of the Better Care Bristol Commissioning Board (Adults) agenda shall be the responsibility of the Secretary. In advance of each meeting, all members of the group will be invited to propose items to be placed on the agenda.

Standing Agenda Items

- Progress highlight Reports from Better Care Bristol Transformation Board
- Progress highlights Reports from Better Care Bristol Design Team
- Better Care Bristol Performance Report & National Issues (as required)

5. Frequency of Meetings / Conduct and Notice

The Better Care Bristol Commissioning Board (Adults) will usually meet on a bi-monthly basis. Additional meetings may be scheduled during periods of more intense activity. The Board may also operate as a network outside of formal meetings to ensure the progress of essential work programmes.

The Board may also have one or more groups reporting to it to undertake specific work streams in support of the Boards objectives.

Decision-making shall normally be by consensus. Where a consensus cannot be established, the Chairman shall determine the course of action that best reflects the balance of opinion within the group.

Minutes shall be kept of all meetings and these shall be approved by the Board as a true record.

The Better Care Bristol Commissioning Board (Adults) meetings will be invitation only, with attendance restricted to group members. The agenda and attendance will be published. The minutes and supporting papers will not be published, although they will available to the public in accordance with the terms of the Freedom of Information Act, subject to the deletion of any information that is confidential and exempt.

It is expected that all members will make every effort to attend this meeting, dates and details of which will be circulated well in advance.

Chairperson

The Chairman of the Better Care Bristol Commissioning Board will be agreed from amongst the Group's members.

The responsibilities of the Chairman will include acting as the Responsible Director for the functioning of the Health and Wellbeing Board Better Care responsibilities.

When the Chairman is not in attendance at a meeting, those members present will elect one of their members to preside as Chairman at that meeting.

Secretary

The Secretary to the Better Care Bristol Commissioning Board (Adults) will be the Joint Better Care Bristol Director. The Secretary will be responsible for despatching agendas and papers to members of the Group.

The Secretary shall be responsible for maintaining a copy of each agenda, supporting papers and the minutes of each and every meeting of the Group.

The Joint Better Care Bristol Programme Administrator shall be responsible for taking the minutes of each meeting.

6. Scope and Priorities

a) Provide leadership and direction for the development of health and social care services taking into account local needs, national direction and the Bristol Health & Wellbeing Board Strategy.
b) Agree system delivery model – Triangle of Care & Support
c) Agree all test and learn pilots
d) Develop the response to the policy initiative known as the Better Care Fund across commissioners in Bristol – CCG and Local Authority (including public health).

e) To hold to account and support the Better Care Transformation Board and to assure delivery of the Better Care Bristol integration and work programme
f) To agree joint commissioning strategies and plans linked to integration and to ensure these are reflected in annual commissioning intentions, models of care and service specifications
g) Maintain an overview of performance and delivery against key measures and objectives, ensuring that action is taken when required.
h) Promote the integration of health and social care services
i) To support the Health and Wellbeing Board in the development of proposals for pooling or delegation of budgets or governance, or other formal partnership arrangement, maintaining oversight of the preparation and sign- off of such arrangements
j) Direct and manage resources, linked to joint commissioning, including the additional pooling of budgets under Section 75 arrangements, where appropriate to deliver test and learn pilots.
k) Share financial information and agree shared responses to budgetary pressures within partner agencies
l) Agree establishment of joint posts and joint working arrangements, where appropriate to optimise sources of funding and resources
m) To coordinate procurement, market management, contracting and performance management processes necessary to secure best value in the delivery of integrated care services, and re-commissioning of future integrated models.
n) To maintain an oversight of all partnership arrangements between the Council and the Clinical Commissioning Group, and to make recommendations for improvements
o) To facilitate the sharing of commissioning intelligence and other information between senior managers of the Council and the Clinical Commissioning Group and to facilitate problem-solving on issues of shared interest
p) Consider relevant statutory reports and the outcomes of external inspections and commission related improvement activity in response, potentially including major service reviews.
q) Provide strategic direction to key organisational delivery groups / Programme / Project / Transformation Boards / Steering Groups.
r) Responsible Better Care Fund requirements as setout nationally or by NHS England.
s) Sign off all statutory and mandatory returns in relation to Better Care

7. Reporting Arrangements

Better Care Bristol Commissioning Board (Adult) will be accountable to their respective executive decision making structures within the CCG, NHS England and Council. The Board will report on the outcome of its deliberations to the Health and Wellbeing Board and seek authorization to proceed, where appropriate.

8. Other Groups

The Better Care Bristol Commissioning Group will provide direction and have oversight of the following groups:

- Better Care Bristol Transformation Programme Board

9. Declarations of Interest

Where you are in a position to influence (either directly or indirectly) the outcome of business, take steps to ensure that your professional or private interests do not compete with your role on the Board, e.g. if as a representative of the Board where an opportunity develops that could benefit your organisation (e.g. your organisation may wish to tender to deliver part of a service), you should declare this to the Board Chair at the earliest opportunity.

Where in a meeting, declare if you believe you have an interest in any item for discussion. This should be done either on first sight of the agenda prior to the start of the meeting, or immediately during discussion if an interest becomes apparent. Where in liaison with the Chair of the meeting a conflict is considered material you would withdraw from the meeting.

Where the conflict of interest relates to the clinical chair, they should consider if they should leave the room during the discussion and any decision-making.

10. Review of Terms of Reference

In the first three months and then at least once a year the group shall review its own performance and Terms of Reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the chair for approval and then annually thereafter.

Bevleigh Evans – Director Better Care Bristol
9th June 2015

Appendix Four - Summary of Better Care Bristol projects

We will help you to help yourself be well

Project	Project Summary
Active self-care	
Healthy living pharmacists	An organisational development framework underpinned by workforce development, premises that are fit for purpose and engagement with the local community and other health professionals.
Bristol Self Care Strategy	A summary of the initiatives and programmes that are currently being undertaken in Bristol that align with Bristol CCG's Self Care Strategy. Exploration of the need for an integrated strategy across organisations.
Every Contact Counts	Making every contact count (MECC) encourages conversations based on behaviour change methodologies (ranging from brief advice , to more advanced behaviour change techniques) empowering healthier lifestyle choices and exploring the wider social determines that influence all of our health.
Wellbeing Partner Pilot (Funded by HESW)	Pilot to train apprentices as Wellbeing Partners to support prevention and promote independence and support to stay well for longer. Ultimately the wellbeing partner will be able to refer individuals with social , emotional or practical needs to a range of local, non-clinical services , often provided by the voluntary and community sector known as social prescribing.
HG Wells LTC (Diabetes) Pilot	An integrated model of care that crosses institutional boundaries to support patients with diabetes. Seeing significant improvements in the management and treatment of diabetes, helps activate patient engagement in managing the disease through community based lifestyle interventions.
Signposting for information	
Implementation of the Care Act (IAG)	Jointly Commissioned Information, Advice and Guidance Service to ensure that people can get the information and advice they need to make good decisions about care and support
Public Health Wellbeing Hub	A central hub that offers advice and signposting to people wanting to improve their help.
Social prescribing framework	The development of a framework to include a referral pathway, quality assurance criteria and an evaluation strategy for social prescribing.
First Contact Checklist	A series of simple questions that public and voluntary staff can ask in their day to day contact with older people, with simple referral mechanism. This is being developed by Bristol Aging Better
Empowering communities	
Resilient communities	Looking at service models around urgent care provision, working with professionals, patients, the public to test and learn from models, which underpin delivery of integrated Health and Social Care Services at a local level, in order to build a safe, more efficient and sustainable service for the future
Bristol Aging Better – Befriending top 2% in community	Working with GP surgeries that have previously identified the top 2% through their risk stratification under NHSE DES. The practices will identify the people that are living alone and at risk of isolation. These people will then be contacted and asked if they would like BAB to make contact. (Bedminster/Southmead)
Integrated prevention plan for Bristol City (potential years of life lost)	Mortality due to causes amenable to healthcare – deaths that may have been avoided through good quality healthcare in light of current medical knowledge and technology have now been identified for Bristol. The main components of PYLL are CVD (CHD, stroke), Respiratory disease (pneumonia, COPD) and cancer.

We will provide care in the right place

Project	Project Summary
Primary and Community Transformation	
Community and primary care test and learns (scheme focused on communities of 20,000-30,000 population)	This work is currently being scoped within the design team and is not yet an agreed project.
Bristol Primary Care Agreement (BPCAG)	South Bristol Hospital development - This work is currently being scoped within the design team and is not yet an agreed project.
	Working with Primary Care to develop schemes to help support Emergency Admissions Avoidance
Community Pharmacies	Provide a stronger role in the community, more integrated out of hospital services and reduction in the supply of Emergency Medicine activity in Out Of Hours by diverting patients to community pharmacy
Dementia Support	The Council has redesigned the service working with commissioners to integrate the Dementia Support Team into the broader reablement services to enhance the skills across the wider team and ensure more individuals are able to support people with dementia on their reablement journey to support admission avoidance or reductions
Care Homes	The Care Home Project is to strengthen communications with wider health and care communities by creating an environment in which the whole health and social community works together, with a shared purpose to improve the experience of care home residents and their relatives, with this work extending to Home Care.
	Working with Care Homes and Extra Care Housing to reduce admissions around nutrition, hydration and falls
Supporting complex patients in the community	
Frail & Complex	NBT / Bristol - Development of a frailty pathway
	UHB / Bristol - Appropriate frailty pathway (including falls, Community Geriatricians and LTC)
GPSU - Same day access to diagnostics for GP's 7	GPSU - Extension of existing service from 5-7 days per week to support admission avoidance at UHB
GPST - Same day access to diagnostics for GP's 7	GPST - Implementation GP support team 5 days per week to support admission avoidance at NBT, which is being implemented in 3 phases GPST Stream 1 (GP advice and triage line) and Stream 2 (ANP in ED) and Stream 3 commenced in shadow form on 1st September, with GPs working in AEC under the supervision of the lead consultant.
	GPST - Reduce A&E Attendances - This is being delivered by Stream 2 of the above project.
Integrated personal commissioning pilot	Study involving the integration of health and social care budgets for patients with complex needs.
Empowering communities	
Front Door	To implement a Primary Care Lead Joint Front Door Model and Urgent Care Centre at UHB
	Social Care Practitioner and additional capacity in REACT at UHB ED
	Social Care Practitioner at NBT ED
Single Point of Access	Establishing a joint SPA that replaces the current multiple access points that are currently seen in the urgent care system.
Single assessment – the care and support plan will be complimentary to this.	Develop a single, trusted assessment which evolves as the patient or service user moves along their care pathway. Reduce the bureaucracy, hand offs and inefficiencies of multiple assessments and improve the patient experience by making decisions quicker and without the need for repetition
Excess Bed Day Reductions and Delayed Transfers of Care (DTOCs)	Discharge to assess model, including reablement (PW1 - £600,000 capacity) and Rehabilitation (PW2) and XBD reductions at UHB
	Discharge to assess model, including reablement (PW1 - £600,000 capacity) and Rehabilitation (PW2) and XBD reductions at NBT

Continued…

Excess bed days Reduction Other - (non D2A)	Excess Bed Day is currently being reviewed to see where additional opportunities can be explored to support further reductions
	Development of brokerage services within the acute hospitals to support discharge. (Mobile technologies / IT support).
Care Closer to Home	To support care closer to home discontinuing the use of Elgar at NBT and providing more community capacity
Independent Living Team	This project was a pilot which employed occupational therapy (OT) agency staff, to support people to stay at home, supporting admission avoidance. Which have now completed their contracts. Currently a business case is being drawn up to evaluate the success of the project by the Council to look at extended the scheme and employ more OT staff
Reablement Team	Provide additional capacity to support admission avoidance
Patient & Community Transport	To ensure that people can access activities and services in their communities, including social, primary and secondary services

We will support you to be independent for longer

Project	Project Summary
Housing	
Extra Care Housing	Bristol Retirement Living is a project to deliver 200+ units of Extra Care Housing and a 60-bed high quality dementia-specialist care home on the New Fosseway site, Hengrove, including communal facilities and outdoor space within a central hub.
Extra Care Housing Nurse pilot (included within Care Homes Project)	Pilot in 2 Care Homes to support admission avoidance for complex patients (12 month pilot Jan-Dec 2015)
Disabled Facilities Grant	Funding stream that aims to improve the homes of a disabled person in order to allow them to live independently for as long as possible.
Home Care	Developing skills and capacity in the independent workforce in training around their roles as enablers and reablers, as opposed to doers and home carers.
Section 117 - Aftercare Services	Providing suitable and appropriate housing to maintain independence for those on aftercare services (section 117) A review in to the systems involved in delivering section 117 care packages
Technology	
Tele health & Telecare and assistive technology	To be routinely considered as part of the care/support package. (Connecting Care / One Care Consortium)

Appendix Five – Metrics Table

Better Care Bristol Metric	Target	Reduction	Savings (£)	
Number of patients +65 who are permanently admissions to residential and nursing care homes	405	5	156,000	2015/16
Proportion of older people 65+ who were still at home 91 days after discharge from hospital into reablement / rehabilitation services (Savings based on reduction in days - costed as XBD)	131	14	411,600	2015/16
Number of delayed transfers of care (DTOC) days from hospital (aged 18+)	17983	646	242,200	2015/16
Patient / Service User experience rating ASCOF 1a Social Care related Quality of Life (8 questions combined) Source: Adult Social Care Survey 2012-13	18.5	0.1		2015/16
Number of Emergency hospital admissions for falls injuries in persons aged 65+ (Rate calculated using European Age Standardised Population 2012)	1535	143		Jan 2015 to Dec 2015
Total non-elective admissions in to hospital (general & acute, all-age)	14012	1259	1,876,454	Jan 2015 to Dec 2015
Other Excess Bed Days	11161	3695	931,775	2015/16
Totals			3,618,029	

Appendix Six – Guidance from Operationalisation Guidance

Under s.223G of the NHS Act 2006 (as amended most recently by the Care Act 2014), NHS England has the power to set conditions around the payment of funds to CCGs. In relation to the BCF allocation, section 223GA states that this must include a condition that funds are paid into a section 75 pooled fund, and may include (but is not limited to) conditions relating to:

- The preparation and agreement of a spending plan by the CCG(s) and local authority party to the pooled fund;
- The approval of the plan by NHS England;
- The inclusion of performance objectives in a spending plan – i.e. the non-elective admissions reduction target; and
- Pay for performance
- Achievement of the six national conditions

Where a condition is not met, s.223GA of the NHS Act 2006 (as amended most recently by the Care Act 2014) enables NHS England to:

- ***Withhold the payment*** (insofar as it has not been made);
- ***Recover the payment*** (insofar as it has been made);
- ***Direct the CCG(s) as to the use*** of the designated amount for purposes relating to service integration or for making payments under s.256 of the 2006 Act.

The powers do not apply to the remaining £354m (social care capital grant and disabled facilities grant), which will be paid by DH and DCLG directly to local authorities under s.31 of the Local Government Act 2003.