

Report to:	Health and Wellbeing Board
Relevant Officer:	Jayne Bentley (Care Bill Implementation and Better Care Fund Project Lead)
Relevant Cabinet Member	Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
Date of Meeting	5 December 2018

BLACKPOOL BETTER CARE FUND

1.0 Purpose of the report:

1.1 To provide the board with a mid-year update for the Better Care Fund (BCF) 2018/19.

2.0 Recommendation(s):

2.1 To note the mid-year update contained in this report.

3.0 Reasons for recommendation(s):

3.1 The Better Care Fund pooled budget is a statutory requirement under the amended NHS Act 2006, including the requirement to submit quarterly reports in accordance with NHS England's policy framework.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? Yes

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 The relevant Council Priority is: "Communities: Creating stronger communities and increasing resilience".

5.0 Background Information:

- 5.1 The Better Care Fund provides a mechanism for joint health and social care planning and commissioning, bringing together ring-fenced budgets from Clinical Commissioning Group (CCG) allocations, the Disabled Facilities Grant (DFG) and funding paid directly to local government for adult social care services – the Improved Better Care Fund (IBCF).
- 5.2 The legal framework for the Fund derives from the amended NHS Act 2006 (s. 223GA), which requires that in each area the Clinical Commissioning Group(s) transfer minimum allocations into one or more pooled budgets, established under Section 75 of that Act.
- 5.3 The local Section 75 agreement between Blackpool Council and Blackpool Clinical Commissioning Group confirms that Blackpool Council is the Pooled Fund Manager and that the Pooled Fund Manager should prepare and submit to the Health and Wellbeing Board quarterly reports on income and expenditure relating to the Better Care Fund.
- 5.4 The schedule at Appendix 3a is a financial monitoring report of the Better Care Fund as at 30 September 2018 (i.e. quarter 2) that provides a forecast under and over spend position at an individual scheme level.
- 5.5 The Council has agreed to carry forward the forecast under spend of £249,000 into 2019-20 financial year so that the Better Care Fund schemes with time limited funding can be extended.
- 5.6 Of the total 16 Clinical Commissioning Group schemes, twelve are block contracts within the Blackpool Teaching Hospital community contract with no reported variance. Payment reform is high on the agenda so this will likely be reviewed in the not too distant future. From the remaining four schemes that are not block contracts the Clinical Commissioning Group is forecasting to be £17,000 overspent. This over performance relates to Richmond Fellowship. At the end of 2017-18 there were two patients at Windsor Road but there are now three patients. The Windsor Road part of the initial scheme total of £224,280 was based on a forecast of 2.5 patients for 2018/19.
- 5.7 By utilising the forecast under spend in 2018/19 alongside the recently announced additional funding for Adult Social Care¹ the Better Care Fund Schemes are fully funded to 31 March 2020.
- ¹ <https://www.gov.uk/government/publications/budget-2018-documents/budget-2018>
- 5.8 There remains an underlying recurrent funding gap of around £4.2m as at 1 April 2020 if services are to be maintained at current levels.
- 5.9 Does the information submitted include any exempt information? No

5.10 List of Appendices:

Appendix 3a: Better Care Fund Budget Monitoring Report as at 30 September 2018

6.0 Legal considerations:

6.1 The legal framework for the Better Care Fund derives from the NHS Act 2006 (amended by the Care Act 2014), which requires that in each area the Better Care Fund is transferred into one or more pooled budgets, established under Section 75, and that plans are approved by NHS England in consultation with Department of Health (DH) and Department of Communities and Local Government (DCLG).

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 None.

9.0 Financial considerations:

9.1 As detailed in the report.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.