

Report to:	HEALTH AND WELLBEING BOARD
Relevant Officer:	Jayne Bentley (Care Bill Implementation and Better Care Fund Project Lead) Janet Watson (Better Care Fund Accountant)
Relevant Cabinet Member	Councillor Graham Cain
Date of Meeting	18 January 2017

BLACKPOOL BETTER CARE FUND

1.0 Purpose of the report:

- 1.1 To provide the Board with a mid-year (six month) update for the Better Care Fund (BCF) 2016/ 2017 (Appendix 4(a) to inform the Board of NHS England (NHSE) requirements for the BCF 2017/ 2019 (this is not available at the time of preparing this report and will be presented via PowerPoint at the meeting).

2.0 Recommendation(s):

- 2.1 To note content of the report.

3.0 Reasons for recommendation(s):

- 3.1 The BCF 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:

The submission of a BCF plan for 2016/ 2017, along with quarterly reporting templates is a statutory requirement under the amended NHS Act 2006.

4.0 Council Priority:

- 4.1 The relevant Council Priority is: Priority Two – Communities: Creating stronger communities and increasing resilience.

5.0 Background Information

- 5.1 The August 2013 Spending Review established the BCF to deliver better outcomes and greater efficiencies through the integration of health and social care. It requires CCGs and LAs in every area to pool budgets and to agree an integrated spending plan for how they will use their BCF allocation.
- 5.2 Local partners are required to develop a joint spending plan that is approved by NHS England as a condition of the NHS contribution to the BCF being released into pooled budgets.
- 5.3 In developing BCF plans for 2016/ 2017, local partners were required to develop and agree through their relevant Health and Wellbeing Board:
- a short, jointly agreed narrative plan including details of how they are addressing the national conditions;
 - confirmed funding contributions from each partner organisation including arrangements in relation to funding within the BCF for specific purposes;
 - a scheme level spending plan demonstrating how the fund will be spent;
 - quarterly plan figures for the national metrics.
- 5.4 Local partners were required to confirm mandatory and additional funding contributions. This includes confirmation that individual elements of the funding have been used in accordance with their purpose as set out in the policy framework:
- - Disabled Facilities Grant – as in 2015/ 2016 the DFG will be allocated through the BCF;
 - Care Act 2014 monies – the BCF allocation to the CCG includes monies to support the implementation of the Care Act 2014 and other policies. This funding is not new but has been uplifted from monies made available through last year's BCF. The direction from NHS England has been simplified and it is expected that this funding will focus mainly on supporting informal family carers;
 - Former Carer's Break Funding – the BCF includes funds previously earmarked for NHS replacement care so that carers can have a break; and
 - Reablement funding – as in 2015/ 2016, the BCF includes NHS funding to maintain current reablement capacity across statutory, community, independent and voluntary sectors to help people regain their independence and reduce the need for ongoing care.
- 5.5 Local partners were required to articulate a plan for meeting the following national conditions:

- i. BCF plans to be jointly agreed;
- ii. Maintain provision of social care services;
- iii. Agreement for the delivery of seven day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings;
- iv. Better data sharing between health and social care, based on NHS number;
- v. Ensure a joint approach to assessments and care planning, with an accountable professional when integrated packages are funded;
- vi. Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;
- vii. Agreement to invest in NHS commissioned out-of-hospital services;
- viii. Agreement on a local action plan to reduce delayed transfers of care and improve patient flow.

5.6 National conditions vii and viii above were new for 2016/ 2017. New condition vii replaced the national payment-for-performance element of the 2015/ 2016 BCF, linked to delivering a reduction in non-elective admissions activity. NHS England continued to ring-fence an element of the BCF and local areas were expected to consider putting an appropriate proportion of this into a local risk-sharing agreement as part of contingency planning in the event of excess emergency hospital activity. The ring-fenced element of the BCF in Blackpool is £3,619,475.

5.7 The Policy Framework and Reporting Template for the BCF 2017/ 2019 was expected to be published in December 2016, however at the time of preparing this report (09/01/17) these have yet to be made available to local teams. It is anticipated that the documents will be available before the end of January and they will be presented to the Board through a PowerPoint presentation.

Does the information submitted include any exempt information? No

List of Appendices

Appendix 4(a) - BCF 2016/ 2017 Q2 Monitoring Report

6.0 Legal considerations:

6.1 The legal framework for the BCF derives from the NHS Act 2006 (amended by the Care Act 2014), which requires that in each area the BCF 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). The Act also gives NHS England powers to attach additional conditions to the payment of the BCF to ensure that the policy framework is delivered through local plans.

7.0 Human Resources considerations:

7.1 Not completed

8.0 Equalities considerations:

8.1 Not completed

9.0 Financial considerations:

9.1 Not completed.

10.0 Risk management considerations:

10.1 Not completed.

11.0 Ethical considerations:

11.1 Not completed.

12.0 Internal/ External Consultation undertaken:

12.1 Not completed.

13.0 Background papers:

13.1 2016/17 Better Care Fund Policy Framework – January 2016

Technical Guidance Annex 4: Better Care Fund Planning Requirements for 2016-17 -
February 2016

BCF Planning 2016-17 Approach to regional assurance of Better Care Fund Plans –
March 2016