

Better Care Fund Plan 2017

To: **Adults Committee**

Meeting Date: **14 September 2017**

From: **Will Patten: Service Director: Commissioning**

Electoral division(s): **All**

Forward Plan ref: **Key decision:** **No**

Purpose: **The Committee is asked to consider the Better Care Fund Plan for 2017/19 which includes the plan for the Improved Better Care Fund**

Recommendation: **The Committee are asked to**
a) Approve the 2017 Better Care Fund Plan
b) Approve the proposal for the Improved Better Care fund

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1. BACKGROUND

- 1.1 The Better Care Fund (BCF) creates a joint budget to help health and social care services to work more closely together in each Health & Wellbeing Board Areas. The BCF came into effect in April 2015, this will be the third Cambridgeshire & Peterborough BCF plan (although the first joint plan for the whole area).
- 1.2 The Cambridgeshire & Peterborough BCF plan for 2017/19 must be submitted by 11th September. The current draft BCF plan narrative is currently being finalised and therefore not ready for circulation yet. However a detailed overview of the plans contents can be found in appendix A. Formal Sign off of the plan prior to submission will be provided by the Health & Wellbeing Board at an extraordinary meeting to be held on the 8th September.

2. MAIN ISSUES

2.1 Policy Requirements

- 2.1.1 New guidance for the 2017 BCF plans were issued in late July and contained two key changes to policy framework; Plans are now required to be developed for a two year period. Secondly, the number of national conditions has been reduced from eight to four.
- 2.1.2 The national conditions require:
 - A locally agreed plan, signed off by the health and wellbeing board, local authority and CCG
 - Maintenance of adult social care spending from the CCG minimum contribution in line with inflation
 - Investment in NHS commissioned out of hospital services
 - Areas to implement the high impact change model for managing transfers of care
- 2.1.3 The reduction in national conditions does not diminish the importance of issues that were previously subject to conditions. Plans should describe how partners will continue to build on improvements locally to:
 - Develop delivery of seven day services across health and social care (note this is one of the high impact changes)
 - Improve data sharing between health and social care; and
 - Ensure a joint approach to assessments and care planning
- 2.1.4 Plans should also set out the joint vision and approach for integration, including how the BCF complements the Next Steps on the NHS Five Year Forward View, STP, Care Act 2014 requirements and wider local government transformation.

2.2 Approach

- 2.2.1 The narrative plan Appendix A describes our overall approach to the Better Care Fund (BCF) in 2017/19. Unlike previous years It does not contain detailed costing plans, instead the plan describes the delivery priorities; the approach to the budget; and how our work will meet the BCF national conditions. This approach has been agreed with the Clinical Commissioning Group and will allow the plan to adapt to the local environment over the period of the plan.

2.3 Timescales

Milestone	Date
BCF planning submission (with HWB approval)	11 September 2017
Regional assurance	12-25 Sept 2017
Regional moderation	w/c 25 Sept 2017
Cross regional calibration	2 Oct 2017
Approval letters issued	From 6 Oct 2017
Escalation panels for plans rated as not approved	w/c 10th Oct 2017
Deadline for areas with plans rated approved with conditions to submit updated plans	31 Oct 2017
All section 75 agreements to be signed and in place	30 Nov 2017

2.4 Financials

- 2.4.1 The Better Care Fund will see some changes in the financial arrangements for 2017/19, the main being the addition of the Improved Better Care Fund (iBCF) funding stream.
- 2.4.2 Spending contained within the BCF broadly falls into three areas: spending in mainstream services; transformation; and the new iBCF grant.

2.5 Mainstream Priorities

- 2.5.1 Mainstream funding will retain the broad categories established in the Cambridgeshire's 2016/17 plan,

- Intermediate Care and Reablement
- Promoting Independence
- Neighbourhood Teams

- Carers Support
- Voluntary Sector Joint Commissioning
- Discharge planning and DTOCs

2.6 Transformation priorities

- 2.6.1 Due to the delay in the publication of national guidance there will not be detailed spending plans relating to the transformation priorities in the BCF plan, instead the funding will be allocated internally to best meet the overall 4 priorities with a particular focus on reablement.

2.7 Improved Better Care Fund

- 2.7.1 Councils are required to balance use of the Improved Better Care Fund against three areas: Meeting adult social care needs generally; Reducing pressures on the NHS (including DTOC); and Stabilising the care market. A list of initiatives being supported by the IBCF will be submitted as part of the BCF Plan, the areas are summarised below

Initiative	2017/18 Amount (£000)
Repayment to corporate against previous investment in transformation	£2,889
Investment into housing options for vulnerable people	£3,000
Commitment to joint fund with the STP Falls Prevention & Atrial Fibrillation	£150
Costed plan to support delivery of the 3.5% national DTOC target	£2,300
TOTAL	£8,339

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

There are no significant implications for this priority.

3.2 Helping people live healthy and independent lives

The overall approach described in Cambridgeshire & Peterborough BCF Plan is to promote a shift in how support is provided – towards support that is focused on promoting people's independence and keeping them well.

3.3 Supporting and protecting vulnerable people

BCF budgets encompass a range of social care services and support that are designed to support and protect vulnerable people. Promoting more joined up care for residents across social care and health also presents opportunities to better support residents receiving care from a variety of different services.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

The BCF encompasses a small but significant and gradually increasing proportion of adult social care budgets. Decisions on allocation and use of these resources remains with the County Council; however resources will be best used across the health and care system if planning is carried out jointly across health and social care. Similarly, the BCF enables the County Council greater insight into linked CCG spending. Work is currently underway to agree how to align BCF work with the NHS Sustainability and Transformation Plan and associated governance. Business cases have also been developed to underpin the areas where BCF investment has been identified which set out the opportunities and expectations about delivery of savings and transformation in line with CCC's approach.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

4.3 Statutory, Legal and Risk Implications

The BCF includes budgets that meet the Council's statutory duties relating to the provision of social care services; the Council retains responsibility for the provision of those services and for ensuring that it meets its statutory duties. A pooled budget for the BCF is created under a partnership agreement; this has been designed in such a way as to minimise risk to both parties. The partnership agreement has been developed in consultation with local authority lawyers and finance services

4.4 Equality and Diversity Implications

There are no significant implications within this category.

4.5 Engagement and Communications Implications

There are no significant implications within this category.

4.6 Localism and Local Member Involvement

There are no significant implications within this category.

4.7 Public Health Implications

- 4.7.1 The BCF aims to ensure better coordination of services across the health and adult social care system with a focus on prevention, health promotion and empowerment and understanding the needs of local populations, keeping people well and healthy and in the community as long as possible.
- 4.7.2 The BCF will seek to reduce health inequalities evident across Cambridgeshire and Peterborough by using a proportionate universalism approach. Resources will be invested across the area with a scale and intensity proportionate to the level of disadvantage, where possible.
- 4.7.3 The BCF will impact on key health and wellbeing needs identified in a range of Cambridgeshire JSNAs, including the Primary Prevention of Ill Health in Older People JSNA 2014 and Prevention of ill health in Older People (2013).

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes or No Name of Financial Officer:
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by Finance?	Yes or No Name of Financial Officer:
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes or No Name of Legal Officer:
Have the equality and diversity implications been cleared by your Service Contact?	Yes or No Name of Officer:
Have any engagement and communication implications been cleared by Communications?	Yes or No Name of Officer:
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes or No Name of Officer:
Have any Public Health implications been cleared by Public Health	Yes or No Name of Officer:

Source Documents	Location
None.	