

**2 April 2014****Agenda Item: 4****REPORT OF THE CORPORATE DIRECTOR FOR ADULT SOCIAL CARE,  
HEALTH AND PUBLIC PROTECTION AND CLINICAL LEAD, NHS  
NOTTINGHAM NORTH AND EAST CCG****BETTER CARE FUND – FINAL PLANS****Purpose of the Report**

1. To seek approval for the final version of the two year operational plans for the Better Care Fund (BCF) for 2014/15 and 2015/16 to be submitted to NHS England.

**Information and Advice**

2. At its meeting on 5 February 2014, the Board considered the draft Better Care Fund plans before their submission to the NHS England Area Team.
3. Subsequent discussions determined that there was scope to strengthen to the narrative section of the submission. This was carried out with the agreement of the local planning groups, and the updated draft plans were submitted following consultation with the Chair and Vice Chair of the Board.
4. The draft plans were strengthened by:-
  - Describing the approach being taken to build a strong evidence base for BCF schemes contributing to the proposed outcomes and metrics, to provide confidence that the performance improvements required are achievable from the investments proposed.
  - Providing details of the range of schemes under development but not included in the BCF plan, particularly in the South, that should further contribute to meeting the proposed outcomes and metrics
  - Updating the plan to reflect the completed consultation phase of the Health and Wellbeing Strategy, and how this supports the overall vision for integrated care
  - Stating that a county-wide communications and engagement approach will be developed if necessary to support implementation of the plan Clarifying detailing related to Mid-Notts Intermediate Care Team investments to explain that while the costs will be in 2015/16, the bulk of financial benefits are not expected to materialise until 2016/17
  - Confirming in principle that the BCF plans address the implications of Care Bill implementation (estimated at £2m for Nottinghamshire)

5. Since submission on 14 February, the draft plans have undergone an assurance process conducted by the Area Team and the Local Government Association (led by John Sinnott, Chief Executive of Leicestershire County Council).
6. The BCF Working Group (whose members include representatives from the County and District Councils, CCGs, NHS England and NHS provider trusts) has continued to meet. Comments made during the assurance process have been incorporated in the plans, which are presented for approval by the Board today.
7. In summary, the recent changes are:
  - Detailed assessment of the impacts of the BCF plan on individual providers, including reference to methods of continuing engagement and the empirical approach being applied to assess financial and activity shifts
  - A detailed and coordinated plan for 7 day services to augment the commentary on approach
  - A review of performance metrics, supporting data quality and the level of ambition, as well as adding local definitions of the patient/service user experience metric
  - Further detail in relation to the proposed governance arrangements for the pooled budget and contingency funds
  - A stronger link to the financial commitment to protecting social care services in the narrative
  - Further clarification on the role of the Accountable Professional
  - A clearer implementation plan for adoption of the NHS number
  - Details of other schemes in place or under development that will be additionally supporting achievement of BCF outcomes and metrics

### **Changes regarding penalties for failing targets**

8. The Government has recently indicated a change in its approach to areas which fail to meet their BCF targets. As originally announced, BCF funding in 2015/16 would be dependent on performance in 2014/15.
9. The Care Minister, Norman Lamb MP has announced that there will be no longer be penalties in 2015/16. Instead, the Department of Health, NHS England and Local Government Association will offer support to improve performance. This change has not been confirmed formally at the time of writing this report.

### **Reason/s for Recommendation/s**

10. To meet the Department of Health requirement for the Health and Wellbeing Board to approve the plans before submission.

### **Statutory and Policy Implications**

11. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are

described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Implications for Service Users**

12. It is expected that integrated systems will improve the service user journey and experience. Work will need to be done to assess the impact on existing service provision to ensure any redirection of resources is not detrimental.

### **Financial Implications**

13. Alongside the completion of the plan and its priorities, detailed work has been undertaken to consider the impact of the proposed pool upon existing services, and the sharing of risk. While many of the revenue funding streams are currently committed to core services and assist with pressures in base budgets, the capital allocations are currently the subject of grant conditions and dedicated to one purpose, so the consequences of any dis-investment proposals will need to be considered carefully. For example Disabled Facilities Grants (DFG) are dedicated for use to fund major adaptations in privately owned property and any reduction would have an impact on the availability of grants for this purpose.

### **Equalities Implications**

14. Equality issues will be taken into account as part of the planning process undertaken in the working group. Better integration of services should mean that people receive a more consistent service across the county.

## **RECOMMENDATION**

That the Board

1. approves the final Better Care Fund plans for 2014/15 and 2015/16 for submission to the NHS England Area Team.

**DAVID PEARSON**

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**Constitutional Comments (SG 24/03/14)**

15. The Board is the appropriate body to consider the matters set out within this report.

**Financial Comments (KAS 26/03/14)**

16. The financial implications are contained within paragraph 13 of the report.

**Background Papers**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

None

**Electoral Division(s) and Member(s) Affected**

All.