

5 February 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****Purpose of the Report**

1. To seek approval for the two year operational plans for the Better Care Fund for 2014/15 and 2015/16 for submission to the Department of Health.
2. To explain that because the detailed plans are still being worked on, they will be circulated to Board members shortly before the meeting on 5 February 2014.

Information and Advice

3. At its last meeting on 8 January 2014, the Board received a detailed progress report on the Better Care Fund (formerly the Integration Transformation Fund).
4. The Better Care Fund (BCF) was announced in June 2013 within the Government's spending review. It was described as creating a national £3.8 billion pool of NHS and local authority monies intended to support an increase in the scale and pace of integration and promote joint planning for the sustainability of local health and care economies.
5. In Nottinghamshire, the pooled budgets are £16.1m in 2014/15 and £49.7m (plus additional capital grants) in 2015/16.
6. Access to the BCF will be dependent on agreement of a local 2-year plan for 2014/15 and 2015/16. Plans agreed locally will need to align with national conditions and demonstrate measurable progress in respect of key outcomes. Ministers will ultimately approve any plans.
7. The BCF Working Group has been meeting regularly to develop the plans. The Working Group's members include representatives from the County and District Councils, CCGs, NHS England and NHS provider trusts.
8. The Department of Health requires that the plans be approved by the Health and Wellbeing Board before submission to the NHS England Area Team no later than 14 February.

9. The BCF plan provides comprehensive detail of how the fund will be used to progress integration across health and social care in Nottinghamshire. The plan identifies risks identified through the planning groups that will need to be addressed through the implementation of the plan.
10. Given the timescales in developing the plans for submission to NHS England Area Team, it has not been possible to have public engagement and consultation on the overall plan. However each element of the plan will be consulted upon before any plan is implemented. The outcome of consultation will be reported to the Health and Wellbeing Board in due course.
11. Timescales for preparing the plans have been very tight, with the final meeting of the BCF Working Group being held on 31 January 2014. In view of this, it has not been possible to circulate the plans with this report.
12. The plans will be circulated to Board members by e-mail and published on the County Council's website at the earliest opportunity after 31 January.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

14. 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

15. 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

16. 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

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

DAVID PEARSON

Corporate Director for Adult Social Care, Health and Public Protection

DR PAUL OLIVER

Clinical Lead, NHS Nottingham North and East CCG

For any enquiries about this report please contact:

Lucy Dadge, Director of Transformation

lucy.dadge@mansfieldandashfieldccg.nhs.uk / 01623 673330.

Constitutional Comments (SLB 23/01/2014)

18. It is a Department of Health requirement for the Health and Wellbeing Board to sign off the plans before submission, therefore the Health and Wellbeing Board is the appropriate body to consider the content of this report.

Financial Comments

19. To follow.

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.