

Report to:	Cabinet	Date of Meeting:	27 March 2014
Subject:	Better Care Fund Plan – Next Steps	Wards Affected:	Wards
Report of:	Deputy Chief Executive, Sefton MBC		
Is this a Key Decision?	Yes	Is it included in the Forward Plan?	Yes
Exempt/Confidential	No		

Purpose/Summary

Cabinet at its meeting on 27th February, 2014, agreed the submission of the first iteration of the Better Care Fund (BCF) Plan for Sefton. This report provides an update for the Cabinet on progress in developing the next iteration of the BCF Plan following receipt of supplementary guidance; providing an update on the assurance process; and seeking delegated powers to continue to develop this work over coming months.

Recommendation(s)

That the Cabinet ;

- a. consider and endorse the approach recommended by the Health and Wellbeing Board from its meeting of the 19th March 2014 as set out in this report;
- b. agree to give delegated authority to the Deputy Chief Executive, in consultation with the Chair of the Health and Wellbeing Board and Cabinet Member for Older People and Health, to agree and submit further iterations of the Better Care Plan(BCF) for Sefton, as outlined in the report and note that this will need to be in consultation with the Chief Officer for Southport and Formby CCG and South Sefton CCG and their respective Governing Bodies Chairs, in order to comply with the guidance on the BCF;
- c. agree that the BCF submission to be made on 4th April, should be a short paper responding, where possible, to the several sets of guidance, and the assurance feedback, once received;
- d. note the role of the Health and Wellbeing Board relating to encouraging integration, and the intention to progress further work on integration beyond that expressed in the BCF Plan through the Board, under the guidance of the Chair of the Board and Cabinet Member for Children, Schools, Families and Leisure and Cabinet Member for Older People and Health;
- e. note that the Cabinet Member for Older People and Health will be responsible for overseeing the development of and then approval of a Section 75 agreement for the pooled fund; and
- f. agree that final approval of the BCF Budget, and risk assessment be brought back to Cabinet for approval.

How does the decision contribute to the Council's Corporate Objectives?

<u>Corporate Objective</u>		<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community	X		
2	Jobs and Prosperity	X		
3	Environmental Sustainability	X		
4	Health and Well-Being	X		
5	Children and Young People	X		
6	Creating Safe Communities	X		
7	Creating Inclusive Communities	X		
8	Improving the Quality of Council Services and Strengthening Local Democracy	X		

Reasons for the Recommendation:

Better Care Fund Guidance seeks a second submission on local Better Care Fund Plan by 4th April 2014.

What will it cost and how will it be financed?

The Cabinet report of 27th February 2014, advised members of the creation, by the government, of the Better Care Fund, and Cabinet was asked to note that the fund was being created from existing resources in the health and wellbeing system. There is no new money currently being made available and the BCF Plan guidance provided that local areas had to develop a plan as to how and on what the resources made available locally through the Fund would be spent on. Final approval of the Better Care Fund Budget (£24.040m) will be brought back to Cabinet as part of the development of the budget for 2015/16.

Implications:

The following implications of this proposal have been considered and where there are specific implications, these are set out below:

Financial	
Legal	
Human Resources None	
Equality	
1. No Equality Implication	<input checked="" type="checkbox"/>
2. Equality Implications identified and mitigated	<input type="checkbox"/>
3. Equality Implication identified and risk remains	<input type="checkbox"/>

Impact of the Proposals on Service Delivery:

The BCF Plan for Sefton will impact on service delivery as services are transformed.

What consultations have taken place on the proposals and when?

The Head of Corporate Finance and ICT has been consulted and any comments have been incorporated in the report (FD2884/14)

Head of Corporate Legal Services (LD 2189/14) have been consulted and any comments have been incorporated in the report.

Are there any other options available for consideration?

No alternative options have been considered

Implementation Date for the Decision

Following call-in

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Background Papers:

Report and Minutes of the Cabinet from its meeting on 27th February 2014.

Background

1. The first 'iteration' of the Better Care Fund Plan for Sefton was submitted to NHS England, and other contacts, by the deadline of 14th February 2014. Formally the plan was signed off by the Health and Wellbeing Board at its meeting of 19th February, receiving Cabinet approval on 27th February 2014. The two CCG Governing Bodies gave delegated authority to the Chief Officer, and the two Chairs to sign off the Plan on their behalf.
2. Government Guidance on the BCF suggests that a revised plan should be submitted by 4th April, which builds on what has already been submitted, takes into account a RAG rating as part of the assurance process and details within Supplementary Guidance from NHS England, received under cover of letter from Sir David Nicholson on 24th February.
3. The Health and Wellbeing Board is charged, through government guidance, with overseeing the development of the BCF Plan. Any proposals need to be duly agreed by the respective governing bodies – in Sefton this is the Council's Cabinet, and it is the South Sefton and Southport and Formby CCG Governing Bodies, which have to be satisfied with the Plan.
4. The role of the Health and Wellbeing Board is as follows:

- encourage integrated working between commissioners of health services, public health and social care services;
 - encourage those who provide services related to wider affects of health, such as housing, to work closely with the Health and Wellbeing Board;
 - lead on the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS);
 - be involved throughout the process as Clinical Commissioning Groups develop their commissioning plans and ensure that they take proper account of the Joint Health and Wellbeing Strategy when developing these plans;
 - have a duty to involve users and the public in the development of the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS).
5. With regards to the first point, the Board is progressing work on integration beyond that expressed in the BCF Plan. The three Councillors on the Board, two of whom are Cabinet Members, are helping to shape the vision for integration in Sefton.

Progressing the Plan

6. Work has been progressing through the sub structure of the Health and Wellbeing Board, in further developing the Better Care Plan for Sefton. This work is influenced by the original guidance on the BCF which was issued in December 2013. More detailed guidance was issued on the 13th February 2014, the eve of when the first iteration of the Better Care Plan had to be submitted to the Government. On 24th February, Sir David Nicolson (NHS England) issued further Supplementary Guidance on the assurance process for the Better Care Fund, outlining what needed to be considered in developing the second iteration of the BCF plan. These include:
- a. a stronger role for local scrutiny (through Area Teams and local government peer reviewers) and greater focus on local geographic, demographic and service challenges;
 - b. the need to include detailed metrics and financial plans, subject to “...*on-going refinement through 2014/15...*”
 - c. evidence of alignment of provider activity, capacity and workforce requirements by use of the BCF Plan;
 - d. articulation of how the funds identified for Care Bill costs, and how this is proportionate for £135m nationally allocated; and
 - e. demonstration of a person-centric approach to care, the impact of it on dementia sufferers and how GPs will be supported in being accountable for co-ordinating patient centred care for older people.
7. A self assessment against the 13th February 2014 guidance, and the latest guidance from Sir David Nicolson (NHS England), has been undertaken. The outcomes from which were considered by the Health and Wellbeing Board Programme Group at its meeting on 3rd March 2014.

8. At the time of writing this report, formal feedback through the assurance process on the first iteration of the Plan has still not been received so it is not known whether there is anything more fundamental that is needed for the next iteration of the plan. The timetable for the development of the next iteration of the BCF Plan is extremely tight with a formal submission deadline of the 4th April 2014. In order to meet this testing timetable the Cabinet would have to consider and agree the next iteration of the plan at its meeting of the 27th March 2014, and the CCG Governing Bodies at their meetings on the 27th and 28th March 2014 respectively.

Proposed approach

9. Given that the latest guidance suggests that after the 4th April submission, the BCF is expected to continue to be an iterative process, with further proposals being submitted as 'schemes' are worked up, it is proposed that this provides an opportunity to address those issues which can be addressed as a submission on the 4th, and that a short paper, rather than a revised plan be submitted. As work progresses over the coming months and schemes are worked up, more details around the finances and the metrics can be developed and submitted. The two Cabinet Members on the Board will, with their portfolios, have a key role in overseeing the development of further iterations of the Plan and indeed the work on integration.
10. The Cabinet is asked to agree to delegate responsibility to the Deputy Chief Executive, in consultation with the Chair and Cabinet Member for Children, Schools, Families and Leisure, and Cabinet Member for Older People and Health, to progress the work on the BCF Plan and integration. Final approval of the Better Care Fund Budget, including the risk assessment, will be brought back to Cabinet as part of the development of the budget for 2015/16. However, it is anticipated, as the Fund is a joint fund with the CCGs, that there will be a Section 75 agreement, similar to the one in place for the current pooled resource, which will need to be put in place. This will be developed and approved by the Cabinet Member for Older People and Health, as this falls within his portfolio of responsibility.
11. The Health and Wellbeing Board at its meeting on 19th March was asked to consider proposals to progress the development of the BCF, and considered how the detail required in the latest guidance, and earlier guidance could be met. Given that the assurance process feedback is still awaited, the Board was asked to agree that a short paper should be submitted on 4th April, responding where it can to the guidance, and assurance feedback, and setting out the proposals to meet this guidance over coming months. The Board was also asked to agree to seek a delegation through the Council's Cabinet, and noted the intention for the CCG Chief Officer and Chairs of the Governing Bodies, to similarly seek delegated powers, to enable a submission to be made by the 4th April deadline. The CCGs have to submit their strategic plans on this date, and the BCF has to be capable of being read as a subset of these, but also as a stand alone document.

12. The Board was also asked to approve changes to its sub structure to provide suitable governance to the BCF Plan, which would allow it to meet the BCF guidance.
13. This report has been included in the Forward Plan as a key decision, as the BCF budget is £24.040 M in 2015/16 and affects all residents in the Borough. However, as guidance on the development of the Plan is being constantly revised, and as the authorisation process feedback has not been received, and there remain several matters which need to be worked up, at the time of writing this report it is not possible to be more definitive on the impact of the Plan. As indicated above, agreement as to the actual spend, will be brought later in the year as part of the budget development for 2015/16, but the actual spend will be subject to a Section 75 agreement, which will be developed and signed off by the Cabinet Member for Older People and Health.