

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Glen Garrod, Director of Adult Social Services

Report to Lincolnshire Health and Wellbeing Board

Date: 9th December 2014

Subject: Better Care Fund Update

Summary: Members of the Board will be familiar with the subject matter having received several previous reports detailing progress and national requirements in the previous 14 months. This paper provides an update to the Health and Wellbeing Board that covers three strands of work related to the Lincolnshire Better Care Fund (BCF): the first details work to produce a re-submission document that is required to be returned to NHS England on 9th January 2015. The second provides information on the development of a Section 75 legal agreement. This will incorporate all the pooled budgets ambition across Health and Care in 2015/16 that equates to £197m. The third details work to agree funding for schemes and the protection of Adult Care supported by the BCF in 2015/16.

Actions Required: Members of Health and Wellbeing Board are asked to:

- 1. Note the work to date and the timeline for re-submission of the BCF and production of the Section 75.
- 2. Agree the BCF re-submission as detailed in the accompanying papers, and delegate to the Chair of Health and Wellbeing Board final sign off subject to there being no material change to the BCF affecting performance or finances and subject to agreement by the four CCGs and the Director of Adult Social Services. (Appendix A).
- 3. Note the BCF Task Group Terms of Reference (attached Appendix B).
- 4. Agree the schemes as detailed in Appendix D.
- 5. Agree subsequent reports at each of the next four Health and Wellbeing Board formal meetings throughout 2015.

1. Background

The antecedents to the BCF are well known, and in Lincolnshire represent a growing source of funding that reflects national ambitions to secure improved performance across Health and Care and integration "at scale and pace". The value of the BCF in 2014/15 is £15.4M; in 2015/16 it will be £48.4M.

Members will recall that the first BCF submission due in spring 2014 was delayed by Ministers following representation within NHS England. A revised template and renewed focus on non-elective admission reductions to hospital were new features to be accommodated within the new BCF process and was submitted September 2014. Along with a number of other councils Lincolnshire's submission was "approved with conditions". As such we are expected to review and re-submit sections requiring further work at the latest by 9th January 2015. The primary areas of change are in Part 1 – the narrative. The attached 'Progress Tracker' details which sections are being reproduced and what stage of development they are at.

In parallel, the BCF Task Group continues to meet given the national prescriptions that will require ongoing work beyond approval of the re-submission. Specifically, a Section 75 agreement is required to be agreed across all the partners and the Health and Wellbeing Board which must include the minimum BCF allocation in 2015/16 of £48.4M. In Lincolnshire our pooled budget ambition has generated considerable national interest along with four other Health and Care systems in the country. It has allowed Ministers to say that the actual Better Care Fund is much bigger than the £3.8bn nationally and now stands at £5.3bn. The difference between the two figures is the top-up amount from local health and care communities. However, this level of ambition (£197m) represents a significant and profound step in Lincolnshire.

The BCF Task Group and the Joint Commissioning Board (JCB) have already discussed the production of a Section 75 and agreed a way forward. Two colleagues are leading on producing the draft: Paula Pilkington (from West CCG representing a financial perspective) and David Coleman (from LCC representing a legal perspective). A copy of the report to JCB at the end of November is attached (as Appendix C) detailing the project plan for production of the Section 75 and, the detail surrounding how the £197M is made up.

The third area of activity concerning the BCF is clarifying the details of the £20M allocated from the £48.4M in 2015/16 for the purposes of supporting existing schemes and, for 'protecting adult social care'. The attached spreadsheet (Appendix D) details the schemes. All schemes are expected to be reviewed by their respective Joint Delivery Board and recommendations made to the JCB that will meet on 15 December.

Further work will continue and be reported to Health and Wellbeing Board once a review of the remaining balance of the BCF fund equating to £28.4M has been completed by the JCB. This is funding proposed to be used by CCGs in Lincolnshire.

2. Conclusion

The BCF has grown in scale and resource requirement significantly since its inception in the Autumn of 2013. It can no longer be considered a short term exercise in securing the transfer of existing funds to the local health and care system. The local ambition to pool significantly more than the national allocation has generated a significant profile for the work being undertaken.

Notwithstanding the consequences of the national elections on the future of the BCF and any allocations for 2016/17 there is a significant workload to both secure an acceptable BCF submission, a Section 75 agreement and collective endorsement for the 2015/16 allocation. Throughout 2015/16 the Health and Wellbeing Board will be expected to oversee progress and address any issues that might arise.

3. Consultation

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	BCF Resubmission – Sections Updated and Action Tracker
Appendix B	BCF Task Group Terms of Reference
Appendix C	Report to JCB – Pooled Fund Update
Appendix D	List of Schemes Funded by BCF in 2015/16

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Glen Garrod, who can be contacted on 01522-550808 or glen.garrod@lincolnshire.gov.uk.