

Report for:	Health and Wellbeing Board	Item Number:	
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Title:	Better Care Fund (BCF) Quarterly Return – Quarter 4 2014-15
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Report Authorised by:	Beverley Tarka, Acting Director of Adult Social Care
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Lead Officer:	Marco Inzani, Commissioning Lead – Better Care Fund
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Ward(s) affected: All	Report for Non Key Decision
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1. Describe the issue under consideration

To consider the submission of the Better Care Fund (BCF) Quarterly Return – Quarter 4 2014-15 to NHS England.

2. Cabinet Member introduction

N/A

3. Recommendations

To approve the Better Care Fund (BCF) Quarterly Return – Quarter 4 2014-15.

4. Alternative options considered

N/A

5. Background information

5.1 The Better Care Support Team (which sits across the Department of Health, Department for Communities and Local Government, the Local Government Association and NHS England) issued a Better Care Fund (BCF) reporting template on 11th May 2015. The first reporting template covers the Quarter 4 2014-15 period (Jan to Mar 2015) and must be submitted by 29 May 2015.

5.2 The report is part of the national administration of the BCF as set out in the Guidance for the Operationalisation of the BCF in 2015-16 (NHS England). Five reports are expected, to cover the year of delivery for the BCF, on the following dates:

- 29 May 2015 – for the period January to March 2015
- 28 August 2015 – for the period April to June 2015
- 27 November 2015 – for the period July to September 2015
- 26 February 2016 – for the period October – December 2015
- 27 May 2016 – for the period January – March 2016

5.3 The BCF guidance recommends that the template is signed off by Health and Well-being Boards (HWBBs) and a space is left on the template for the name of the HWBB signatory. The Better Care Support Team have simplified the template and the first one will briefly capture assurance that areas are meeting national conditions.

5.4 For future BCF returns sufficient time will be given, where possible, that the reporting template can be discussed at the HWBB. Where this is not possible due to the time lag in data being available, delegated authority will again be sought.

6. Reasons for Decision

6.1 The BCF quarterly return template was issued on the 11 May 2015 and must be submitted by 29 May 2015. A completed version was tabled for discussion at the Health and Care Integration (HACI) Board on 13 May 2015. The HACI Board agreed that to meet the submission deadline that delegated authority will be needed from the HWBB.

6.2 The first quarterly return for Haringey is assessed as low risk as four of the six national conditions have been met and two are in progress. An explanation has been given for the response to all these questions, however it is noted that any comments to questions answered 'yes' will be cleared before submission in accordance with guidance.

6.3 In the case of non-executive functions, under Part 3 Section E Scheme of Delegation Paragraph 5.01 (b), following the preparation of a report (which is

attached), the Director having operational responsibility can take the urgent decision in consultation with the Chair of the Committee.

6.4 An urgent decision to approve the Better Care Fund (BCF) Quarterly Return – Quarter 4 2014-15 is therefore required.

7. Comments of the Chief Finance Officer and financial implications

The report seeks the Health and Wellbeing Board's approval of the Better Care Fund Quarterly Return – Quarter 4 2014-15. The Chief Financial Officer confirms that there are no financial implications arising directly from the contents of this report.

8. Comments of the Assistant Director of Corporate Governance and legal implications

There are no legal implications arising from the recommendations

9. Equalities and Community Cohesion Comments

An equalities impact assessment was completed for the whole BCF Programme in December 2014. The overall outcome was to continue with the programme as it was as there were a number of perceived benefits to people with protected characteristics. The assessment highlighted a particularly positive impact on older people (over 65), disability (including mental health), gender, religion/belief, marriage, human rights, socio-economic group, social inclusion and community cohesion. These positive impacts were mainly due to the cohort of patients and services users that will be the main beneficiaries, the delivery of services in people's homes, working in a service user centred way to define health and social care goals and the intention to improve health and well-being. No negative impacts were highlighted.

10. Head of Procurement Comments

N/A

11. Policy Implication

N/A

12. Use of Appendices

1. Haringey BCF Quarterly Data Collection Template Q4 14-15 v0.2

13. Local Government (Access to Information) Act 1985

N/A