

**BRIEFING NOTE FOR THE LEADER****OCTOBER 2014****BETTER CARE FUND**

- As Members will recall that, at the September meeting of Cabinet, we discussed the latest version of the Better Care Fund Plan for Staffordshire
- Members will also recall, as laid out in the minutes from that meeting, that we as a Cabinet agreed that I was not going to sign the document on behalf of the Borough Council until we received a number of assurances from other organisations and until a number of amendments had been made to the Plan
- These requests were communicated to our partners connected to the BCF, as these matters needed to be dealt with prior to the advertised submission date of 19<sup>th</sup> September – the date when the Plan had to be submitted on behalf of Staffordshire to NHS England
- As per the minutes, our main concerns with the Plan centred on the absence of any reassurances around the future of the Disabled Facilities Grant beyond 2015-16 and also the lack of any reference to the role of districts and borough councils in relation to the development of the health, and more importantly, the well-being agenda. This was despite the Staffordshire Health and Well-Being Board having commissioned a piece of work led by the Tamworth CEO Tony Goodwin on how districts and boroughs fitted into this overall agenda
- As per the minutes, therefore, I wrote to the County Council following our previous meeting and set out these concerns – I received a reply from the Staffordshire CC Cabinet Member for Care – Cllr Alan White – and had a number of discussions with County Council members. I also know that officers here had similar discussions with their counterparts at the County Council as we sought to establish an acceptable solution to this position
- The outcome of these discussions was a series of changes to the wording of the Plan. These changes included, first, a series of statements relating to the future role of district and borough councils in the wider health and well-being agenda.
- The Plan refers extensively to the need for integrated commissioning, but in addition to this, the Plan now references the collective work undertaken on strategic change led by District and Borough Councils to develop the concept of locality-based commissioning – in other words, the Tony Goodwin review referred to previously.
- The Plan also now acknowledges that district and borough councils make a significant contribution to the improvement of wellbeing outcomes through the delivery of our statutory and discretionary services.
- The Plan goes on to say that local partnerships (by which the Plan means borough and district based LSPs, as they used to be called) add value by using a variety of methods, funding/resource streams and community engagement and networking

tools, and that all organisations involved in the health and well-being agenda recognise the value of working with these local partnerships.

- The final reference in the Plan to this area of work is an acknowledgement that improved outcomes are evident in those district/borough areas where partners have come together with a shared view upon “what needs to be done”. This is certainly what has happened and what is happening in Newcastle, as we shall see when we come to discuss the Newcastle Partnership on our agenda tonight.
- In terms of the question of DFGs, the Plan now recognises within its main body that they are now an integral part of the support required for people to live at home.
- Behind this statement, it is acknowledged that the philosophy up until now has been that things need to be done for or to citizens if they are to be able to remain living at home, rather than enter institutional care. It is increasingly recognised, however, that this model of care is not only extremely expensive but can also have the unintended consequence of reducing people’s ability to manage their own lives.
- Rather than this direct provision of care, therefore, this is a desire to move to a position where people take responsibility for their own lives, and that, in doing so, they make use of technology to help them including adaptations and improvements to their homes through the use of Disabled Facilities Grants.
- As we know, the focus of the BCF is to reduce admissions and readmissions to hospital and long-term care among older people, as well as support people of all ages to take greater responsibility for their own health and wellbeing and that of their families.
- As part of my negotiations over the BCF, I have accepted these approaches but have succeeded in adding the statement that the DFG needs to be safeguarded unless there is a major spending review that removes the money completely - “Disabled Facilities Grant funding will be safeguarded within the Better Care Fund and should a national Spending Review take place after the General Election which affects the BCF, then that funding will be reviewed accordingly”.
- Having obtained these reassurances, I signed up to the Plan on behalf of the Council on 19<sup>th</sup> September.
- We have learnt since the last meeting of Cabinet, that the Plan has been submitted, and that a conference call took place on 25<sup>th</sup> September between the County Council and other partners with a team from KPMG who were responsible for reviewing the quality of the BCF Plan
- Further reviews are now progressing, and further work is being undertaken on the Plan itself. This Council has not been directly involved in this part of the work around the BCF Plan.