

AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

20 September 2014

**REPORT OF:
Corporate Director Children
Education and Social Care and
Chief Officer, NHS Hartlepool
and Stockton on Tees CCG**

BETTER CARE FUND

SUMMARY

The purpose of this paper is to update the Health and Wellbeing Board on the current status of the Stockton Better Care Fund (BCF) plan and to seek approval for the submission of the additional information required by NHS England to move the plan from its current status of 'Approved with Support' to 'Approved'.

RECOMMENDATIONS

It is recommended that Health and Wellbeing Board:

1. Note the current status of the Stockton BCF plan
2. Approve the additional information for submission to the NHS England Area Team.

CURRENT STATUS

1. At its meeting on 28th August 2014 the Health and Wellbeing Board approved the second version of the Stockton Better Care Fund (BCF) plan.
2. Subsequently, the plan has been through a Nationally Consistent Assurance Review (NCAR) process and was classified as 'Approved with Support', a copy of the letter is set out at appendix 1. This classification is in line with the 60% of assessments across the Country only six plans were 'Approved'.
3. Through the NCAR process, a number of areas of the Stockton BCF plan required either further information or clarification. The table below sets out the overall status of risk of the plan:

Risk Category	Number of risks in the category prior to Teleconference	Number of risks in the category following the Teleconference
Showstopper	2	1
Top Risks	11	7
Further Risks	11	6

4. The next steps in the process are:
- a) Further information is to be provided to the Area Teams to mitigate all the outstanding risks to the plan. This additional information will need to be provided by the 21st November, following approval by the Health and Wellbeing Board.
 - b) The further information to be assessed by the NHS England Regional Lead (with Area Team input) to determine whether or not the information provided closes off the risks which were identified in the NCAR report.
 - c) Assuming the Regional Lead is satisfied with the information the National Taskforce will be recommended to move the plan to 'approved' status.
 - d) During w/c 8th December, the Taskforce will then report the approvals to the BCF Programme Board and Cross-Ministerial Board. Following this, outcome letters will be issued.

ADDITIONAL INFORMATION

5. Set out at appendix 2 is a copy of the action plan agreed as part of the NCAR process.
6. The action plan requires the Health and Wellbeing Board to submit additional information to reduce the risks in the plan as identified in the NCAR process. These can be summarised as follows:
 - An explanation of how all the schemes and plans (BCF and Two Year Operational Plans) support the ambition of reducing emergency admissions by 4.3%.
 - Assessment of the financial risks to each of the organisations contributing to the BCF plan and additional information about the contingency arrangements that will mitigate against the financial risks.
 - Additional evidence to support the case for change and in particular how the planning process identified unmet need.
 - Assurances of the involvement of stakeholders in the process and in particular the role of GPs in the development of the BCF plan.
 - There is a requirement to develop a Patient / Service User Satisfaction metric to measure the impact of the BCF on the Patient / Service User experience.

7. Attached at appendix 3 is a copy of the document that provides all the additional requested information. It is recommended that this document is approved by the Health and Wellbeing Board and submitted to the NHS Area Team for further assessment in accordance with the NCAR process.

INTEGRATED DIGITAL CARE FUND

8. An aspect of the Better Care Fund plan is the ICT solution that will underpin the Multi-Disciplinary Service. A bid was submitted to NHS England, Integrated Digital Care Fund, for additional funding to support the development of the ICT solution.
9. The bid was shortlisted and a team went to Leeds in September for an interview. However the bid was not successful.
10. The bid passed all criteria set for applications, but the fund was oversubscribed and there was insufficient finance to fund all the bids submitted and the Stockton bid narrowly missed the cut-off point.

FINANCIAL AND LEGAL IMPLICATIONS

11. Financial risks have been assessed and contingency arrangements have been developed to mitigate the risk of not delivering the performance targets set out in the BCF plan.

RISK ASSESSMENT

12. The BCF requires partners to develop a shared risk register and have an agreed approach to managing and sharing risk. The BCF Plan also identifies proposed contingency arrangements in the event that the expected reductions in emergency admissions are not achieved.

COMMUNITY STRATEGY IMPLICATIONS

13. The BCF plans support delivery on the Stockton-on-Tees Community Strategy and Joint Health and Wellbeing Strategy. Making a significant contribution to a number of the key themes including; healthier communities and adults; helping people to remain independent; improved access to integrated health and social care services and promoting healthy living. The BCF plan also focuses on older adults, one of the key supporting themes in the community strategy.

CONSULTATION

14. The BCF plan has been jointly developed and agreed with key stakeholders from the LA, CCG, primary care and community, acute and mental health service providers. The plan has also been informed by a range of engagement activities, involving service users, carers, families and the public, that were already underway focusing on a range of local health and social care services.

15. There has not yet been any formal consultation relating specifically to the BCF plans, however it is recognised that further engagement and consultation activities will be required throughout the implementation of the BCF plan and a detailed communication and engagement plan will be developed to support implementation.

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