

## **AGENDA ITEM**

### **REPORT TO HEALTH AND WELLBEING BOARD**

**16<sup>th</sup> June 2015**

### **REPORT OF: Pooled Budget Partnership Board**

## **STOCKTON BETTER CARE FUND – QUARTERLY PERFORMANCE**

### **SUMMARY**

The purpose of this paper is to provide the Health and Wellbeing Board with a copy of the first Better Care Fund quarterly performance submission and to seek approval for the process for future submissions.

### **RECOMMENDATIONS**

It is recommended that Health and Wellbeing Board:

1. Note the Better Care Fund quarterly performance submission
2. Approve the process for future submissions

### **MAIN REPORT**

1. A Section 75 agreement is now in place for the management of the Stockton Better Care Fund (BCF) pooled budget. New governance arrangements are now in place for the management of performance and the budget for the BCF. The Health and Well-being Board are responsible for the Stockton Better Care Fund plan. The agreed plan sets out the performance targets and an outline budget for 2015/16. A Pooled Budget Partnership Board has been established to make decisions regarding any detailed scheme proposals and for the overall monitoring of both the budget and performance.
2. Guidance was published on 12 May for the first quarterly performance report which was to be submitted to NHS England on 29<sup>th</sup> May. Guidance document is attached at appendix 1. This is a departure from the original guidance which was seeking detailed performance information, it is likely that this information will be required in the next return.
3. The return was completed and initially approved by the Pooled Budget Partnership Board, subject to final approval by the Health and Well-being Board. The Health and Well-being Board were not due to meet until 16<sup>th</sup> June therefore the Chair of the Board was asked to approve the submission on this occasion.
4. A copy of the submission is attached at appendix 2. The timescales for implementing the Stockton Better Care Fund plan have slipped but there has been good progress in the design of the new service which has full support from all partners.

5. Set out below is a timetable for the quarterly submissions in relation to the planned meetings of the Health and Well-being Board:

<b>Qtrly Return</b>	<b>Report Available (NECS)</b>	<b>Pooled Budget Partnership Board Meeting</b>	<b>Health and Well-being Board Meetings</b>
29th May	18/05/2015	19/5/15	16 <sup>th</sup> June
28th August	12/08/2015	26 <sup>th</sup> August	26 <sup>th</sup> August
27th November	18/11/2015	25 <sup>th</sup> November	25 <sup>th</sup> November
26th February	17/02/2016	25 <sup>th</sup> February	24 <sup>th</sup> February
27th May	18/05/2016		

6. Wherever possible, it is proposed that the submission be approved by the Health and Well-being Board at its meeting. It may be necessary to table the report due to the tight timescales. If there is no appropriately, timetabled meeting of the Board, it is proposed that the submission be approved initially by the Chair of the Board and reported to the earliest subsequent meeting.

#### **FINANCIAL AND LEGAL IMPLICATIONS**

7. 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**

8. 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**

9. 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**

10. 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 current plan was approved by the Health and Well-being Board at its meeting on 20<sup>th</sup> September 2014. The plan has 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.

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