AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

30th September 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 quarter 1 2015/16 Better Care Fund quarterly performance submission.

RECOMMENDATIONS

It is recommended that Health and Wellbeing Board:

1. Note the Better Care Fund Q1 2015/16 performance submission

BACKGROUND

- 1. A requirement of the Better Care Fund is to submit quarterly performance returns to NHS England.
- 2. The first of the quarterly returns was a progress update. Subsequent returns will include performance information. There is a performance payment element of the Better Care Fund based on a reduction in the number of 'non-elective admissions to hospital'.
- 3. In line with previously agreed procedure, the Chair of the Health and Wellbeing Board signed off the Q1 return, which was submitted on 28th August, subject to Board oversight at this meeting.

MAIN REPORT

- 4. The Quarter 1 2015/16 submission was approved by the Pooled Budget Partnership Board on 21st August 2015 and is attached at appendix 1.
- 5. There are eight parts to the return. The cover page is a check list to ensure a complete return. Tab 2, budget arrangements, simply refers to the fact that there is a formal section 75 pooled budget arrangement in place. Tab 3, national conditions is in line with our previous submission. Tab 5, income and expenditure are in line with expected profile. Tab 6, local metrics, these are annual figures and therefore there is no update for this quarter.
- 6. Tab 4, Non-elective Admissions, is the performance information upon which the performance payment is determined. Because of the reduction in the non-elective admissions to hospital, there is a performance amount of £348,664 due this quarter. This is not additional money for the pooled budget because

the risk of non-payment of the performance money is taken into account in the financial plans for the year.

- 7. Tab 7, understanding support needs. The return outlines three areas where additional support would be welcome. Most of the ongoing support received by the implementation team comes from the Better Care Exchange. This is a valuable resource and is used to inform the development of the service.
- 8. Tab 8, narrative, is a description of the progress in implementing the Stockton Better Care Fund plan. The implementation timescales were revised in May because of delays in approving the plans. Since then good progress has been made and there are currently no major issues.

FINANCIAL AND LEGAL IMPLICATIONS

9. 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

10. 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

11. The BCF plan supports the delivery of 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

12. 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 Wellbeing Board at its meeting on 20th 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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