AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

29th June 2016

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 4 2015/16 Better Care Fund quarterly performance submission.

RECOMMENDATIONS

It is recommended that Health and Wellbeing Board:

1. Note the Better Care Fund Q4 2015/16 performance submission

BACKGROUND

1. A requirement of the Better Care Fund is to submit quarterly performance returns to NHS England.

MAIN REPORT

- 4. The quarter 4 2015/16 return, which is attached at appendix 1, is the out-turn position for the original Better Care Fund plan. The return includes the performance and budget data but also includes additional sections:
 - Year end feedback this is an update on how successful we have been in delivering our plan objectives and includes three successes and three challenges
 - ICT integration this section looks at how we share information electronically
- 5. There are no major issues regarding the delivery of the original plan, we have implemented all the agreed pilots during 2015/16.
- 6. We have had some issues with the accuracy of the performance data which has been submitted during the year. Because of a change in the definitions of some of the social care performance information and the implementation of a new system at North Tees and Hartlepool Foundation Trust, some of the performance information has been adjusted following intensive data quality work by both organisations.
- 7. The main impact is on the Non-Elective Admissions performance indicator. We were previously reporting a reduction in Non-Elective Admissions of 5.2% and the outturn position is now being reported as a reduction of only 0.1%.

8. The Health and Well-being Board approved the revised Better Care Fund plan at its meeting on 27 April 2016.

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. During the last twelve months there have been a number of consultation events with patients and service users these events are used to inform future service development.

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