



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

05 October 2023

Report of the Executive Director of Adult Social Care and Health

Derbyshire Better Care Fund Plan 2023-25

1. Purpose

The Health and Wellbeing Board is asked to:

- a) Approve the 2023-25 Better Care Fund Plan for Derbyshire
- b) Approve review of local BCF processes and arrangements to ensure match with local health, social care, and housing system priorities.

2. Information and Analysis

- 2.1 On 5 April 2023, the Department of Health and Social Care (DHSC), and Department for Levelling up Housing and Communities (DLUHC) published the Better Care Fund (BCF) planning guidance for 2023-25.

Local system partners followed this guidance, and the Derbyshire two-year plan was submitted to DHSC on the 28 June 2023. The plan has been approved regionally by National Health Service England (NHSE) and is recommended for national endorsement and approval. Final approval is subject to confirmation from Derbyshire HWB that they are supportive of the 2023-25 Better Care Fund Plan for Derbyshire.

- 2.2 Planning requirements

The BCF planning requirements for 2023-25 are moving more towards promoting a more integrated approach of jointly commissioned services. The submission includes a narrative plan setting out the priorities and ambitions of the health and social care system in Derbyshire, a finance plan detailing minimum contributions and proposed spend, together with an Intermediate Care Demand and Capacity tracker.

There are four national conditions set out in the BCF Policy Framework that must be achieved and evidenced to ensure a BCF plan can be approved, and funding accessed as set out below:

- i. A jointly agreed plan between local health and social care commissioners, signed off by the HWB
- ii. Enable people to stay well, safe and independent at home for longer
- iii. Provide the right care at the right time
- iv. Maintaining NHS contributions to Adult Care and investment in NHS commissioned out of hospital services

2.3 Confirmation of funding contribution

NHS England has published individual HWB level allocations of the BCF for 2023-25. This includes an uplift in contributions in line with Integrated Care Board revenue growth for BCF spend. The minimum contributions required for Derbyshire from ICB for 2023- 25 is:

ICB	Minimum Contribution 2023-24 £	Minimum Contribution 2024-25 £
NHS Derby and Derbyshire ICB	70,152,435	74,123,063

- 2.4 The improved BCF (iBCF is a direct grant paid to ASC and must be pooled alongside the ICB BCF contribution) funding made available to Derbyshire during 2023-25 is listed below, this includes the Winter Pressures grant for 2023-25 and now forms part of the BCF Pooled Budget.

Funding Source	2023-24 £	2024-25 £
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iBCF including Winter pressures	35,732,659	35,732,659
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2.5 Additional discharge Funding

For financial years 2023 and 2024 the Department of Health has provided additional funding focused on reducing delayed discharges and to support improved outcomes for patients. This funding is monitored through the BCF and both the ICB and local authority require sign off from the HWB against this funding. The funding is detailed below for both years, and 24-25 is an estimate as no indication of the amounts has been announced.

Discharge Funding	2023-24 £	2024-25 £
ICB	4,537,311	7,238,733
LA	5,009,663	5,009,663
Total	9,546,974	12,248,396

2.6 Disabled Facilities Grant

Following the approach taken in previous years, the Disabled Facilities Grant (DFG) will again be allocated via the BCF pooled budget which is managed by Derbyshire County Council. The funding allocation for the District & Borough Councils in Derbyshire is £7,898,005 for 2023- 24, with individual council allocations determined by DLUHC. The amount for 2024-25 indicates a 10% uplift of up to £0.700M to the overall total.

2.7 In summary the Derbyshire BCF Pooled Budget for 2023-25 is:

Source of funding	2023-24 £	2024-25 £
ICB Minimum	70,152,435	74,123,063
LA Additional (Community Equipment)	1,463,267	1,463,267
Discharge Fund	9,546,974	12,248,396
iBCF	35,732,659	35,732,659
DFG	7,898,005	8,598,005
TOTAL	124,793,341	132,165,390

2.8 National metrics

The national metrics used to monitor the BCF are detailed below for the reporting requirement for 2023-24. The emphasis is to reduce and avoid hospital admission, reduce length of stay and discharge people to their normal residency. The two local authority indicators remain the same

- Avoidable admissions to hospitals for chronic and ambulatory conditions
- Discharge to normal place of residency
- Permanent admissions to residential homes over 65's per 100,000 population
- Effectiveness of reablement; indicator for people still at home after the 91 days
- Number of falls admissions aged over 65 per 100,000 population

2.9 Local plan development, sign off and assurance

This year the plan has been agreed locally at the BCF programme board as per the guidance. The submission includes the completion of a narrative plan, evidence of minimum financial contributions, proposed service budgets and an additional Capacity Demand template which was introduced last year.

This new Capacity and Demand template summarises projected hospital discharges, community referrals and capacity of intermediate services to cover both types of demand /referrals.

Quarterly monitoring reports from quarter 2 will also be a new requirement and any changes to the 2024-25 plan including metrics spend and capacity tracker will need to be submitted in the final quarter of 2023-24. Further guidance will be published nearer the time for any changes.

2.10 The Derbyshire BCF 2023-25 Plan is, in effect, a continuation of the previous year's plan. The overarching vision and aims of the plan remain the same as they did in 2015-16 when the BCF was first implemented.

2.11 There is a continued focus on community services being funded through the plan to reflect the work of the Joined-Up Care Derbyshire Place workstream. This includes services such as Community Nursing,

Therapy, Matrons, Evening Nursing, Clinical Navigation, Intermediate Care Teams (North), Social Care support packages, Reablement, Hospital Social Work Teams etc. The emphasis is on timely discharges.

- 2.12 Some preventative services have also been included to promote self-management and to reduce the demand on secondary health and care services. These include Carers services, Community Equipment service, Disabled Facilities Grants and Local Area Co-ordinators.
- 2.13 The full 2023-24 and 2024-25 expenditure plan is attached as an appendix to this report.
- 2.14 The Plan has been developed in conjunction with key partners through the Joint BCF Programme Board and its Monitoring and Finance Group. The final plan was approved by the Joint BCF Programme Board and delegated sub-group of the Derbyshire Health and Wellbeing Board (HWB). It is intended that the Section 75 agreement that supports the delivery of the BCF will be updated by March 2024 to reflect the changes to schemes.

3 Proposed BCF Review

In the 2015 the Better Care Fund (BCF) was established and was originally called the Integration Transformation Fund. Clinical commissioning groups, local authorities and Health and Wellbeing Boards were required to work together to agree a joint area plan to access the BCF money. Since that time there has been several changes associated with the fund, including reporting mechanisms changes in funding allocations and changes in the national requirements.

The BCF programme in Derbyshire and Derby City has been subject to HWB oversight during this period with investment in key service delivery across the County and City. Many of the services and activity were established during the last 8 years to meet the statutory requirements of the health, social care and housing services.

It is now proposed that we ask for national support from the BCF team to assist with undertaking a review of the local BCF programme to help with identifying how over time we can; (Appendix 3 outlines the broad approach)

- Support delivery of shared objectives (such as the Integrated Care Strategy and other areas where partners are / or aim to, work collaboratively).

- Explore opportunities for establishment of new oversight arrangements which may include consideration of utilising Integrated Care Partnership structure reporting to the HWB. Any proposals will not impact on the governance arrangements of the HWB.
- Ensure that the ongoing component parts remain relevant to the partnership fund and the collective priorities that we now have
- Increase knowledge of, and understanding of the vital role of the BCF in funding statutory provision to support collaborative commissioning and provision
- Demonstrate value and impact.

If agreed it will be the intention of BCF Board which is made up of representatives of Health, Social Care and Housing to ensure that HWB members are engaged in the review. It is the aim to keep the HWB informed of activity and not to make any changes without sign off from the HWB and partner organisations.

4 Alternative Options Considered

- 4.5 The continued award of the BCF and DFG grants require HWB to support the planning process for the BCF. There are no alternative arrangements available to the HWB.

5 Implications

- 5.1 Appendix 1 sets out the relevant implications considered in the preparation of the report.

6 Consultation

- 6.5 There is no consultation requirement for this paper

7 Partnership Opportunities

- 7.1 This fund facilitates joint working between Derby and Derbyshire ICB Derby City, Derbyshire County Council, all 8 District and Borough Councils and the voluntary sector for commissioning purposes.
- 7.2 There is also collaborative working with the Acutes, East Midlands Ambulance Service, Mental Health Trust, DCHS and independent sector care providers to support hospital discharges.

8 Background Papers

8.1 There are no background papers for this item

9 Appendices

9.1 Appendix 1 – Implications.

9.2 Appendix 2 – Detailed Spending Plans

10 Recommendation(s)

That the Health and Wellbeing Board:

- a) Approve the BCF plans for 2023-25
- b) Approves that the Derbyshire BCF Board invites National BCF Programme to assist with a review of the local BCF Programme.

11 Reasons for Recommendation(s)

11.1 This forms part of the governance arrangements for the sign of the BCF at the HWB and subsequent sign off by NHSE

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HWB Sponsor: Simon Stevens Executive Director Social Care and Health

Appendix 1

Implications

1. Financial

- 1.1 The financial implications are outlined in the body of the report and included in detail in Appendix 2 of this report.

2. Legal

- 2.1 There are no legal implications of this report.

3. Human Resources

- 3.1 There are no human resource implications of this report.

4. Equalities Impact

- 4.1 There is no equalities impact in this paper.

5. Partnerships

- 5.1 The following describes the involvement of key partners in meeting the BCF outcomes.
- District and Borough Councils are responsible for the administration of the Disabilities Facilities Grant that forms part of the BCF assisting people to live safe meaningful lives in their own home.
 - NHS Integrated Care Board have jointly commissioned services with the County Council funded via the BCF and commissioned other eligible activity from various partners including NHS Provider Organisations and independent sector providers.
 - The Voluntary Sector deliver some of the services contained in the Derbyshire BCF programme
 - Public Health provide a range of preventive services including falls prevention
 - Adult Social Care provide and commission home care and residential care and other services to support people to stay at home or in a social care setting.

6. Health and Wellbeing Strategy priorities

6.1 The priorities are detailed below

- The fund supports people in Derbyshire to live healthy lives through the range of schemes funded by the BCF.
- Mental health and wellbeing is an important aspect of the programme with provision and support being provided for people with mental ill health and support for people with autism.
- The fund supports our vulnerable populations to live in well-planned and healthy living situations through carer support, reablement, home care and residential care.
- There are opportunities to provide employment with a specific project supporting people to be encouraged to work in health and social care services. Services promote strength base approaches to promote and improve personal resilience and capacity in the care sector in both health and social care.

7 Other implications

7.1 None

Derbyshire Better Care Fund

2023-25 Expenditure Planning Template

Contents Appendix 2

Budgeted Income	10-11
Budgeted Expenditure	12-23

Better Care Fund 2023-25 Template

4. Income

Selected Health and Wellbeing Board:

Derbyshire

Local Authority Contribution		
	Gross Contribution Yr 1	Gross Contribution Yr 2
Disabled Facilities Grant (DFG)		
Derbyshire	£7,898,005	£8,598,005

Local Authority Discharge Funding	Contribution Yr 1	Contribution Yr 2
Derbyshire	£5,009,663	£5,009,663

ICB Discharge Funding	Contribution Yr 1	Contribution Yr 2
NHS Derby and Derbyshire ICB	£4,537,311	£7,238,733
Total ICB Discharge Fund Contribution	£4,537,311	£7,238,733

iBCF Contribution	Contribution Yr 1	Contribution Yr 2
Derbyshire	£35,732,659	£35,732,659
Total iBCF Contribution	£35,732,659	£35,732,659

Are any additional LA Contributions being made in 2023-25? If yes, please detail below

Yes

Local Authority Additional Contribution	Contribution Yr 1	Contribution Yr 2
Derbyshire	£1,463,267	£1,463,267
Total Additional Local Authority Contribution	£1,463,267	£1,463,267

NHS Minimum Contribution	Contribution Yr 1	Contribution Yr 2
NHS Derby and Derbyshire ICB	£70,152,435	£74,123,063
Total NHS Minimum Contribution	£70,152,435	£74,123,063

Are any additional ICB Contributions being made in 2023-25? If yes, please detail below	No
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Additional ICB Contribution	Contribution Yr 1	Contribution Yr 2	Comments - Please use this box to clarify any specific uses or sources of funding
Total Additional NHS Contribution	£0	£0	Adult Care Budget
Total NHS Contribution	£70,152,435	£74,123,063	

	2023-24	2024-25
Total BCF Pooled Budget	£124,793,341	£132,165,390

Expenditure plan summary 23-25

Running Balances	2023-24			2024-25		
	Income	Expenditure	Balance	Income	Expenditure	Balance
DFG	£7,898,005	£7,898,005	£0	£9,303,927	£8,598,005	£0
Minimum NHS Contribution	£70,152,435	£70,152,435	£0	£74,123,063	£74,123,064	-£1
iBCF	£35,732,659	£35,732,658	£1	£35,732,659	£35,732,658	£1
Additional LA Contribution	£1,463,267	£1,463,267	£0	£1,463,267	£1,463,267	£0
Additional NHS Contribution	£0	£0	£0	£0	£0	£0
Local Authority Discharge Funding	5,009,663	£5,009,663	£0	£5,009,663	£5,009,063	£0
ICB Discharge Funding	£4,537,311	£4,537,311	£1	£7,238,733	£7,238,733	£0
Total	£124,793,341	£124,793,339	£2	£132,871,313	£132,165,390	£1

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

	2023-24			2024-25		
	Minimum Required Spend	Planned Spend	Under Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£19,755,172	£26,095,371	£0	£20,873,314	£27,572,369	£0
Adult Social Care services spend from the minimum ICB allocations	£39,720,647	£41,551,661	£0	£41,968,836	£43,903,485	£0

Detailed summary of Spend by Scheme 2023-2025

Scheme ID	Scheme Name	Provider	Source of Funding	New/ Existing Scheme	Expenditure 23/24 (£)	Expenditure 24/25 (£)	% of Overall Spend (Average)
1	Mental Health Enablement	Local Authority	Minimum NHS Contribution	Existing	£650,901	£687,743	1%
2	Integrated care teams	Local Authority	Minimum NHS Contribution	Existing	£1,854,503	£1,959,467	1%
3	residential Care packages to maintain clients in a social care setting	Local Authority	Minimum NHS Contribution	Existing	£9,120,964	£9,637,211	7%
4	Falls Recovery	Local Authority	Minimum NHS Contribution	Existing	£172,488	£182,251	0%
5	Mental Health Triage	Local Authority	Minimum NHS Contribution	Existing	£117,452	£124,100	0%
6	Mental Health Acute Based Social Worker Support	Local Authority	Minimum NHS Contribution	Existing	£117,452	£124,100	0%

Scheme ID	Scheme Name	Provider	Source of Funding	New/ Existing Scheme	Expenditure 23/24 (£)	Expenditure 24/25 (£)	% of Overall Spend (Average)
7	Mental Health – Recovery and Peer Support	Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£311,359	£328,981	0%
8	Community Support Beds	Local Authority	Minimum NHS Contribution	Existing	£5,004,766	£5,288,036	4%
9	Community Support Beds	Local Authority	Minimum NHS Contribution	Existing	£687,862	£726,795	1%
10	ICS – Hospital Teams	Local Authority	Minimum NHS Contribution	Existing	£1,261,845	£1,333,265	1%
11	Dementia Support	Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£462,566	£488,747	0%
12	Assistive Technology (Telecare)	Private Sector	Minimum NHS Contribution	Existing	£782,035	£826,299	1%
13	Pathway 1 home care	Local Authority	Minimum NHS Contribution	Existing	£658,494	£695,765	1%
14	Local Area Coordinators	Local Authority	Additional LA Contribution	Existing	£180,433	£180,433	0%

Scheme ID	Scheme Name	Provider	Source of Funding	New/ Existing Scheme	Expenditure 23/24 (£)	Expenditure 24/25 (£)	% of Overall Spend (Average)
15	Carers	Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£2,464,408	£2,603,893	2%
16	Disabled Facilities Grant	Local Authority	DFG	Existing	£7,898,005	£8,598,005	6%
17	Integrated Community Equipment Service	Private Sector	Minimum NHS Contribution	Existing	£5,454,926	£5,763,675	4%
18	Integrated Community Equipment Service – additional	Private Sector	Additional LA Contribution	Existing	£852,028	£852,028	1%
19	Autism Support	Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£747,239	£789,533	1%
20	Workforce Development – Talent Academy	NHS Community Provider	Minimum NHS Contribution	Existing	£291,381	£307,874	0%
21	Programme Management (BCF & TCP)	Local Authority	Minimum NHS Contribution	Existing	£482,171	£509,462	0%
22	Information sharing across health	Local Authority	Minimum NHS Contribution	Existing	£123,634	£130,631	0%

Scheme ID	Scheme Name	Provider	Source of Funding	New/ Existing Scheme	Expenditure 23/24 (£)	Expenditure 24/25 (£)	% of Overall Spend (Average)
23	Care Act	Local Authority	Minimum NHS Contribution	Existing	£2,572,721	£2,718,337	2%
	Community response Teams	Local Authority	Additional LA Contribution	Existing	£430,806	£430,806	0%
	Community Response Teams	Local Authority	Minimum NHS Contribution	Existing	£367,456	£388,254	0%
	Home care short term service	Local Authority	Minimum NHS Contribution	Existing	£11,008,937	£11,632,043	9%
	(iBCF) Enablers (System and Service Redesign for Capacity)	Local Authority	iBCF	Existing	£6,619,512	£6,619,512	5%
	(iBCF) Supporting the Care Market	Private Sector	iBCF	Existing	£8,178,150	£8,178,150	7%

Scheme ID	Scheme Name	Provider	Source of Funding	New/ Existing Scheme	Expenditure 23/24 (£)	Expenditure 24/25 (£)	% of Overall Spend (Average)
	(iBCF) Preventative Services (inc. PH, and Housing)	Local Authority	iBCF	Existing	£1,923,557	£1,923,557	2%
	(iBCF) Reduce Budget Savings to Protect Social Care	Local Authority	iBCF	Existing	£11,695,503	£11,695,503	9%
	(iBCF) Support to Improve System Flow	Local Authority	iBCF	Existing	£3,578,723	£3,578,723	3%
	Winter Pressures	Local Authority	iBCF	Existing	£3,737,213	£3,737,213	3%
	Community Nursing	NHS Community Provider	Minimum NHS Contribution	Existing	£10,004,988	£10,571,271	8%
	Integrated Teams	NHS Community Provider	Minimum NHS Contribution	Existing	£534,495	£564,748	0%
	Evening Nursing Services	NHS Community Provider	Minimum NHS Contribution	Existing	£1,369,512	£1,447,026	1%

Scheme ID	Scheme Name	Provider	Source of Funding	New/ Existing Scheme	Expenditure 23/24 (£)	Expenditure 24/25 (£)	% of Overall Spend (Average)
	Care Co-ordinators	NHS Community Provider	Minimum NHS Contribution	Existing	£836,157	£883,484	1%
	Community Matrons	NHS Community Provider	Minimum NHS Contribution	Existing	£2,602,509	£2,749,811	2%
	Community Therapy	NHS Community Provider	Minimum NHS Contribution	Existing	£4,202,722	£4,440,596	3%
	Senior Medical Input	NHS Community Provider	Minimum NHS Contribution	Existing	£429,228	£453,523	0%
	Primary Care Hubs	NHS Community Provider	Minimum NHS Contribution	Existing	£147,676	£156,035	0%
	Care Home Support Service	NHS Community Provider	Minimum NHS Contribution	Existing	£534,518	£564,772	0%
	Glossopdale neighbourhood Team	NHS Community Provider	Minimum NHS Contribution	Existing	£596,572	£630,338	0%
	Intermediate Care Team Chesterfield	NHS Community Provider	Minimum NHS Contribution	Existing	£49,594	£52,401	0%

Scheme ID	Scheme Name	Provider	Source of Funding	New/ Existing Scheme	Expenditure 23/24 (£)	Expenditure 24/25 (£)	% of Overall Spend (Average)
	Intermediate Care Team BSV	NHS Community Provider	Minimum NHS Contribution	Existing	£242,253	£255,964	0%
	Intermediate Care Team NED	NHS Community Provider	Minimum NHS Contribution	Existing	£1,193,976	£1,261,555	1%
	Community IV Therapy	NHS Community Provider	Minimum NHS Contribution	Existing	£181,412	£191,680	0%
	Clinical Navigation Service	NHS Community Provider	Minimum NHS Contribution	Existing	£1,029,502	£1,087,772	1%
	Wheelchairs	Private Sector	Minimum NHS Contribution	Existing	£1,196,498	£1,264,219	1%
	PVI care to deliver P1 discharges from acute	Private Sector	ICB Discharge Funding	Existing	£2,216,690	£0	2%
	Staffing to deliver transformation	NHS Community Provider	Minimum NHS Contribution	Existing	£285,262	£301,408	0%
18	Mental Health discharge transformation	Local Authority	Local Authority Discharge Funding	New	£98,945	£98,945	0%

Scheme ID	Scheme Name	Provider	Source of Funding	New/ Existing Scheme	Expenditure 23/24 (£)	Expenditure 24/25 (£)	% of Overall Spend (Average)
	Dementia palliative care scheme	NHS Community Provider	ICB Discharge Funding	new	£43,817	£75,116	0%
	Transport	NHS	ICB Discharge Funding	new	£370,880	£370,880	0%
	Discharge roles at CRH to enable P1 discharges	NHS Acute Provider	ICB Discharge Funding	new	£66,000	£80,000	0%
	Reablement care to support discharge	NHS Community Provider	ICB Discharge Funding	new	£410,000	£570,000	0%
	VCSE P0 discharge support	Charity / Voluntary Sector	ICB Discharge Funding	new	£156,818	£250,931	0%
	P1 transformation delivery	NHS	ICB Discharge Funding	new	£502,501	£5,117,521	0%
	CRH PVI Brokerage	Private Sector	ICB Discharge Funding	Existing	£105,000	£0	0%

Appendix 3

Proposed BCF Review

Context

- The formation of the Integrated Care System provides the opportunity for statutory partners to plan and work together differently.
- Health & Wellbeing Boards hold the responsibility for the BCF. With the support of those boards new partnership structures within the ICS provide the potential to assist with co-ordination and actioning HWB intentions.
- In Joined Up Care Derbyshire ICS the statutory partners have shared purpose and ambitions as demonstrated in our Integrated Care Strategy
- There are several pieces of work which include detailed analysis of the opportunities to improve care and efficiency through greater integration which may be progressed further via BCF
- Our Better Care Funds (Derby and Derbyshire) have been in existence since 2015 with very little refresh of content. Noting that this is because the funding is primarily linked to meeting partners statutory requirements and change is therefore limited without long term strategic planning.
- There is limited understanding of the BCF (and often misconceptions)

Aim

Optimise the opportunities offered by the BCF s75 partnership flexibilities and pooled budget to deliver HWB and Joined up Care Derbyshire integrated health, social care and housing ambitions.

Approach

- **Review and refresh where applicable BCF processes and plans to ensure they are fit for purpose to;**
 - Support delivery of shared objectives (such as the Integrated Care Strategy and other areas where partners are / or aim to, work collaboratively).

- Explore opportunities for establishment of new oversight arrangements which may include consideration of utilising Integrated Care Partnership structure reporting to the HWB. Any proposals will not impact on the governance arrangements of the HWB.
- Ensure that the ongoing component parts remain relevant to the partnership fund and the collective priorities that we now have
- Demonstrate value and impact.

Consider opportunities to expand inclusion within the BCF to bring together the resources that support integrated provision.

Increase knowledge of, and confidence in the BCF as a process to support collaborative commissioning and provision.

Identify the actions and timeframes necessary to deliver agreed improvements in BCF structure, content and governance.

Constraints

In approaching this work, it is useful to identify what might get in the way of successful delivery. The following have been highlighted as potential issues.

- Capacity is a significant concern and partners need to recognise that this will take capacity from teams across organisations.
- There is recognition that all partners have vested interests and may need to become comfortable with ceding a level of control.
- There are significant competing demands that may not affect all partners equally such as the LA risk of inspection, NHSE requirements and planning and managing operational demands.
- Under operational pressure the default for individual organisations to retreat to their own solutions.

Principles that all Partners should commit to

- Openness to change.
- Transparency
- Recognise and respect the complex nature of partners' organisational challenges.
- Build the conditions for trust and confidence in the system and each other.

Support

It is proposed that we seek to access the national support offer to add value and help us to deliver our approach and feel that in the bespoke offer the focus would be on the people and organisational development areas of expertise.