

NORTH YORKSHIRE COUNTY COUNCIL**CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE**

3 July 2014

BETTER CARE FUND UPDATE BRIEFING**1. Purpose of the Report**

- 1.1 To report to the Committee on the progress with the development of the North Yorkshire Better Care Fund plan

2. Background

- 2.1 The Government has created a £3.8b pooled budget for 2015/16, intended to help move care out of hospital and into the community and improve working and integration between Health and Social Care. This consists mostly of existing funding in the health and social care system with some pump-priming from Central Government in 2014/15.
- 2.2 In 2014/15 the existing NHS Transfer arrangements will continue and nationally an additional £200m (locally £2.02m) will be added to help LAs prepare for the implementation of the BCF and make early progress. This arrangement will change to require Clinical Commissioning Groups (CCGs) to allocate a proportion of their budget to the fund in 2015/16. Disabled Facilities Grant funding will also be added 2015/16 with stipulation for direct passage to Districts
- 2.3 The fund includes capital and revenue which includes some of the transitional support needed by Local Authorities to implement the Care Act. Responsibility for production and management of the plan is with Health and Wellbeing Boards (HWB). The joint plan for North Yorkshire was submitted on the 4th April 2014.
- 2.4 There was national encouragement to increase the size of the pool, to draw together commissioning spend and deepen the integration. North Yorkshire has agreed a single pooled fund to be administrated by the County Council. For 2014/15 the pool size is set above the minimum of £11.1m at £28.2m but for 2015/16, the pool has been set at the minimum of £39.8m. This can be changed if required as and when confidence in the process increases and opportunities arise.
- 2.5 There is little national definition of the way in which integration should happen, although there are nationally set conditions that must be met which will be used in a performance assessment.

The plans were required to be specific about how the fund would:

- Protect social care services
- Provide 7 day services to support discharge

- Enable data sharing – using the NHS number as primary identifier plus other data sharing requirements
- Enable joint assessments and accountable lead professionals

2.6 Approximately £10m of the local funding will be performance related based on the National Conditions and National Measures through a series of metrics, all of which are interlinked and specifically require Health and Social Care to work together to deliver the results.

3. Current Situation

3.1 The North Yorkshire Plan sets out three main priorities:

Improve health, self-help and independence for North Yorkshire people by:

- Implementing integrated Prevention Services across all localities,
- Supporting Carers,
- Improving access to housing based solutions including adaptations, equipment and assistive technology and extending our flagship Extra Care Strategy,
- Ensuring everyone can access a comprehensive falls service.

Invest in Primary Care and Community Services

- Creating an integrated health and social care reablement and intermediate care service in each area,
- Investing in core community health services to increase capacity,
- Creating and growing integrated health and social care multi-disciplinary teams in each area,
- Developing mental health in-reach services to support people in acute care and in community settings,
- Investing in dementia services,
- Better support to care homes.

Create a sustainable system

- Protecting Adult Social Care, maintaining and growing the effectiveness of social care reablement,
- Developing more alternatives to long term care for older people and those with learning disability and mental health needs,
- Investing in support to carers,
- Implementing the Care Bill and ensuring that all customers, however funded, get improved information and advice,
- Increasing the reach of assistive technologies to support people at home and in care homes,
- Working with Secondary Care to secure the hospital, mental health and community services needed in North Yorkshire.

3.2 The Plan describes how in five years' time, as a result of the Better Care Fund and broader investment and service transformation, North Yorkshire people will benefit from:

- an **integrated, locality driven Prevention Service** which supports them and their carers to improve their lifestyle, improve health, reduce social isolation and use digital and personal-contact channels to obtain advice and information on how they can manage their situation,
- a **24/7 fast response to assess** their needs and wherever possible avoid a hospital admission should they become ill, and an integrated team approach to helping them get home again if they do go to hospital,
- **support for people and families living with dementia,**
- **improved access** to psychological therapies, fast response services and in-reach community services **for people with mental health needs,**
- specialist support from community staff, good liaison between care staff and health staff, **care at home for people living in a care home if they become ill,**
- support by **multi-disciplinary teams for people with complex needs** who know them well, they will have a named care coordinator and will be supported to avoid the need to go to or stay in hospital, to manage their conditions and to maintain social activity and contacts.

3.3 The Plan was assessed by NHS England and a peer review by another Local Authority and the highlights of that assessment show:

- Engagement with Acute Trusts is improving, but there's still more to do,
- Deliverability and Affordability are of concern to the various organisations involved, especially NHS England, but the plan carries no more risk than other health and wellbeing board peers around the country,
- The Health and Adult Services ambitious transformation programme in Social Care has been recognised, as well as the risks associated with Care Act; assurances have been given to NHS England that resources will be used to support transformation,
- Clarification is sought from CCGs on how Acute provider contracts and capacity will affect and influence the plan,
- The North Yorkshire approach to the Metrics targets was sympathetically received – cautious targets were set for the first year because of the time it will take to build up capacity and services to meet them.

3.4 Nationally, pooled funds totalling some £5.4bn are apparently defined compared to the minimum expectation of £3.8bn, although there are concerns that echo the local ones; this is a complex plan and there is much more to do to:

- Assure Government, the organisations involved and the public that the required changes can be delivered,
- Determine that emergency and avoidable Acute care costs and volumes can be reduced sufficiently to ensure that local plans for the future of health and social care are affordable.

3.5 Ministerial approval has been put on hold, pending a further round of information about the implications of the plan, especially on the acute care providers.

4. Next Steps

4.1 Some of the infrastructural requirements are being dealt with first, such as the Governance, Legal and Financial frameworks.

4.2 Ministerial sign-off is expected during the summer, but the absence of that approval will not delay activity. Detailed definition of the various schemes and plans is underway and a performance measurement and monitoring process will be built around these. Then, once the core is in place, the further work required to deliver the stated ambitions can be addressed.

4.3 In parallel with this, Health and Adult Services is in the process of a restructuring of the directorate, and working to support the wider 2020 North Yorkshire transformation programme.

4.4 The Districts and Integrated Commissioning Board will be brought together in August to work through how best to use the opportunities BCF provides.

4.5 The Care Act now prescribes several integration duties on Local Government, NHS England and the CCGs. The County Council and its partners must carry out their care and support responsibilities with the aim of promoting greater integration with NHS and other health-related services. This:

- requires partners to have an aim to join up the services provided and includes services such as housing and leisure services;
- includes the prevention of needs, providing information and advice and shaping and facilitating the provider market;
- requires us to consider when securing services how they will improve the quality of health and/or reduce inequalities in access or outcomes.

4.6 Integration at this strategic level might be achieved by the use of Pooled Budgets, such as the Better Care Fund, or through Joint Commissioning arrangements.

4.7 Partners in this context includes CCGs, Primary and Secondary Care providers, Districts, Police, DWP, registered social housing providers, Prisons and Probation as well as other Local Authority functions such as Children's Services, Public Health, Planning etc.

4.8 There are very clear and frequent indications that housing needs to play a significant part in all aspects of assessment, care planning, support provision and prevention.

4.9 The BCF will be the subject of a forthcoming Members Seminar.

5. Recommendation

The Care and Independence Overview and Scrutiny Committee is recommended to note and comment on the information in this report.

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Background papers	None
Annexes	None