

NORTH YORKSHIRE COUNTY COUNCIL
CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

Better Care Fund

21st January 2016

1.0 Purpose of the report

- 1.1 This paper seeks to provide assurance to the North Yorkshire County Council Care and Independence Overview and Scrutiny Committee regarding progress implementing the Better Care Fund (BCF). The report provides an overview of performance across the whole plan but is focused on progress implementing new schemes developed to reduce non-elective admissions to hospital.

2.0 Background

- 2.1 The North Yorkshire BCF was assured through a national process in January 2015. The plan total fund is 46.727m and this is used to support a range of: new and existing health and social care schemes; protection of social care; reduction of non-elective admissions to hospital; with a smaller proportion of the fund supporting implementation of the Care Act and receiving a disabled facilities grant for use by district councils.
- 2.2 While the BCF plan was developed through 2014 and early 2015 many of the new schemes, value of 10,098m, did not become fully operational until April 2015. This was primarily due to delays recruiting staff and diversion of staff to manage winter pressures in early 2015.
- 2.3 As the schemes were being developed there were changes to the national metrics. These changes included a performance focus on reducing non-elective admissions to hospital. Throughout 2015/2016 this has been the only metric that has attracted a performance payment.
- 2.4 All schemes are now fully operational and regular reporting is in place through the Health and Wellbeing Board and to NHS England through quarterly reporting. Local transformation boards have commenced evaluation of new schemes and their success reducing unnecessary admissions to hospital in preparation for 2016 – 2017 NHS and Local Government planning rounds.

3.0 National and North Yorkshire reporting arrangements

- 3.1 The BCF programme is routinely monitored at a national level through quarterly reports to NHS England based on a Health and Wellbeing Board footprint.
- 3.2 The attached quarterly report provides an update on progress prepared for the North Yorkshire Health and Wellbeing Board (HWB) in November 2015. The report covers three separate quarterly reporting periods from January 2015 – September 2015.
- 3.3 The overall performance at a North Yorkshire level shows a slight improvement at 2.8% increase in non-elective admissions compared to 3% at the last reporting period (end June). The annual target for NYHWB is an 8.2% reduction which, given performance year to date, is unlikely to be achieved over the remaining 15/16 quarters.
- 3.4 There is variation in achieving the non-elective target at local CCG level but this should not be equated with the quality of services available to local populations. It does point to issues with rising demand and further evaluation of how people are enabled to access the right service that meets their health or care need.

4.0 Local Transformation Boards: Progress Evaluating BCF

- 4.1 The following contributions have been developed by local Transformation Boards at the request of the HWB. They confirm that evaluation of schemes is underway, that different approaches have been taken and that evaluation will continue to be an iterative process to develop a fuller understanding of scheme impact and in particular the correlation with reducing non-elective admissions.
- 4.2 Vale of York (VoY)
 - 4.2.1 The key VoY schemes that sit within the boundary of North Yorkshire are the Selby Integrated Care Hub, a proportion of the Urgent Care Practitioner scheme and a proportion of the Hospice at Home scheme. The functions of the Mental Health Street Triage scheme have now been mainstreamed into the new mental health contract with Tees, Esk and Wear Valley Foundation Trust. All of the schemes have been monitored and demonstrate an impact on admissions and emergency department attendances, albeit not at the scale planned.
 - 4.2.2 Pressures elsewhere in the system often mask the impact of the specific schemes and further work is being undertaken to understand this. The quality impact of the schemes cannot be understated, particularly the impact of Hospice at Home, and the CCG are committed to continue to fund the schemes in North Yorkshire as long as the financial position allows it.

4.3 Scarborough & Ryedale (SR)

- 4.3.1 There has been investment in a number of schemes, some of which are local and some of which are pan North Yorkshire or partnership schemes across other CCG areas.
- 4.3.2 Local schemes include the Ryedale Community Response Team (Malton Hub), Hospice at Home/Care Home Link Nurse Scheme and a number of CCG funded posts supporting the North Yorkshire County Council Living Well programme. In addition Scarborough & Ryedale CCG are contributing to wider schemes, in particular Improving Access to Psychological Therapies (IAPT) and Acute Hospital Psychiatric Liaison Service.
- 4.3.3 Schemes generally are not demonstrating the targeted reduction in non-elective admissions, with a rise in activity across the CCG area. However, the overall rise is not as high as the non-mitigated rise predicted for this year suggesting that the BCF schemes are having some impact.
- 4.3.4 Whilst the lack of impact reducing non electives is disappointing, the wider impact (including qualitative) of the schemes should not be underestimated. The IAPT scheme, for example is showing such a significant improvement in access and recovery rates that local GPs are now regularly referring. All of the schemes are able to demonstrate quality improvements, and further work is needed to understand the value of this "quality premium".
- 4.3.5 A formal evaluation of the schemes was completed in September 2015, but it was deemed too early to make decisions about continued investment at that stage. There will be further evaluation of the schemes in January 2016 to inform decisions on continued funding and potential commissioning decisions for the 2016/17 BCF.

4.4 Harrogate and Rural District (HaRD)

- 4.4.1 The HaRD BCF schemes have in the main been implemented since April 2014. The summary below provides an update on the schemes:
 - Care Home initiative - in reach team supported by existing Community Geriatrician, increased Community Mental Health Care Home Liaison, GP practices linked to Care Homes. A FAST response team were linked to 4 Care Homes and this has now been expanded to all Care Homes and guidance communicated to GPs to be able to refer. Emergency admissions from Care Homes in 15/16 shows a similar number compared to 14/15. A significant change has been the number of deaths in hospital following an emergency admission from a Care Home showing lower numbers compared to previous two years.
 - Mental Health Liaison Service is provided in Harrogate District Foundation Trust over 7 days from 8am to 8pm. In 15/16 emergency admissions for people with a mental health diagnosis has reduced compared to Q1 14/15.

- Community Stroke Team provides specialist stroke rehabilitation supporting patients prior to discharge. A review has shown the average length of stay for stroke patients as 20.8 days, for those patients receiving community support the average is reduced to 15.9 days. Additional FAST response team is to focus on improvement or maintaining patient's independence and enable them to remain in their own home. The additional capacity has provided assessments for an additional 45 new patients per month. Supporting approximately 15 additional patients each month to remain at home and assumed a saving of 75 bed days per month.
- Voluntary Sector Schemes – 5 schemes have been commissioned that support carers, social prescribing, support at Home and Volunteers.

4.4.2 The evaluation of the schemes in October 2015 evidenced full assurance for quality and impact of the schemes. The providers were each asked to provide additional evidence to provide assurance on the success factors including reduction in avoidable admissions and financial evaluation. Scheme evaluation will be completed on a quarterly basis to monitor delivery of services and evidence of investment.

4.5 Airedale, Wharfedale & Craven (AWC)

4.5.1 There are currently 4 BCF commissioned schemes being delivered in the Craven area of North Yorkshire County Council. These schemes include:

- Assisted Technologies Service - Installation of telemedicine into 12 nursing and residential homes across Craven to provide 24/7 clinical support to residents and carers. Installation of 65 iPads into 65 patients' homes across Craven with COPD, Heart Failure and any other complex needs assessed on a case by case basis i.e. end of life, complex comorbidities.
- Care Home Quality Improvement Support Service - The service provides a dedicated support and liaison service to facilitate quality improvement in care delivered across the care homes in Craven.
- Specialist Community Nursing Service - Expansion of existing specialist community services in Craven to support people with long term conditions through comprehensive assessment and care planning.
- Craven Collaborative Care Team Enhancement - Further enhancement of the existing Craven Collaborative Care team to provide a multidisciplinary, multiagency intermediate care services with the aim of preventing avoidable admissions to hospital and long term care. Funding provided to enhance the capacity and capability within the team by 1 WTE Social Care Assessor, 1 WTE Physiotherapist, 1 WTE Advanced Nurse Practitioner (ANP), 0.5 WTE Mental Health Nurse and 4 WTE Community nurses, plus

0.4 WTE link Carers' Resource worker to ensure that the health and social care needs of patients are met in a timely manner.

4.5.2 As well as using data from the AWC Transformation and Integration Group (TIG) dashboard to assess impact across the system in Craven, a local Craven dash board has been developed, covering the 5 Craven practices participating in the 'Better Care Fund' schemes. It details various pertinent activities that would be expected to change as a measure of success of the various schemes.

4.5.3 A separate (qualitative) evaluation framework is being agreed with providers and expected to be completed by mid-December.

4.6 Hambleton, Richmondshire and Whitby (HRW)

4.6.1 The HRW BCF evaluation completed in October 2015 provided assurance that all of the schemes partially meet their evaluation criteria specified through the North Yorkshire submission.

4.6.2 Whilst each individual's schemes impact on non-elective admissions cannot be evidenced directly through quantitative data it can be assumed to be a positive impact and effect on the current position at -3% (September 2015 source MAR). The impact at our main provider is even more significant with a current position of -6% on all emergency admissions and -10% ages 18-64. A recent rise in paediatric activity across the locality is offsetting some of the impacts on adults and older people.

4.6.3 All schemes are delivering increased activity levels and qualitative service improvements strengthening the localities service resilience and the Fit 4 the Future Transformation Programme. Provider feedback includes; improved GP and Partner relations, improved services for Patients and Carers and a real and ongoing commitment to continued service improvement.

4.6.4 All schemes are now fully operational. Mental Health schemes are meeting service targets, Discharge Facilitators are established as change agents to improve discharge processes and a GP Hospitalist model has been implemented and identified as a best practice as part of the Friarage wider transformation proposals. The successes include; reductions in Emergency Admissions with Mental Health Diagnosis, -23% reduction in emergency admissions due to falls, 24 hour support for palliative patients and reduced overnight admissions.

4.6.5 Schemes identified as enabling schemes without specific saving targets are also monitored against their outputs and our service resilience, impacts include a Model of Dementia provision now outlined to inform future commissioning intentions and a District Nursing Service at full capacity and fully engaged in the CCG's Primary Care Workforce transformation project.

4.6.6 The evaluation includes the significant risks of any service reduction at this point of full service delivery and investment and recommends no significant

changes to schemes or existing funding arrangements. Scheme evaluation will remain on-going with a detailed evaluation exercise being completed every quarter to continually monitor delivery of services and prototype developments to justify the investment as a positive contribution and influence to the wider integration agenda.

5.0 Next steps

- 5.1 Further work needs to be done to understand the value and impact of BCF schemes to prepare for 2016/17.
- 5.2 This will include a review of BCF guidance due in January 2016 to ensure investment in local schemes continues to be effective in reducing unnecessary hospital admissions and building community health and care service models.
- 5.3 The BCF has supported building good relationships between health and social care organisations and this will help local planning for 2016/17 as resources continue to be stretched.

6.0 Required from the Committee:

- 6.1 The Committee note the progress of the North Yorkshire Better Care Fund plan, including that further guidance is due which may require a revision of the plan in 2016/17.

Wendy Balmain
Assistant Director of Integration
Health and Adult Services

12 January 2016

Overall Summary

Whilst our overall target for NEAs has not been achieved, some progress has been demonstrated with reductions against plan in AWC and HRW for the period. We have seen some increases in non elective paediatric admissions which may have offset successes in other areas and there continues to be concerns about data accuracy including coding. The evaluation of schemes is underway with different approaches adopted by local transformation boards. Evaluation will continue to be an iterative process to develop a fuller understanding of scheme impact and in particular the correlation with reducing NEAs. The outcomes of these reviews will inform planning for 2016/17 for which guidance is expected in December 2015.

Performance Summary -This quarter’s report on Non-Electives covers periods Q4 14/15 to Q2 15/16. The period saw a rise of non-electives of 406 against a planned reduction of 1,606. See overleaf for a fuller analysis.

| | TARGET | | | | | ACTUAL PERFORMANCE | | | | | | |
|------|--------|------|-------|-------|-------|--------------------|-------------|-------------|-------------------|-----------------|----------------------|-----------------|
| | Q4 | Q1 | Q2 | Q3 | Total | Q4 Achieved | Q1 Achieved | Q2 Achieved | Q4+Q1+Q2 Achieved | Q4+Q1+Q2 target | Distance from Target | Perf fund contr |
| AWC | -31 | -12 | -56 | -72 | -171 | -95 | -4 | -59 | -158 | -99 | -59 | £188,100 |
| HRW | -227 | -90 | -413 | -530 | -1260 | 121 | -71 | -100 | -50 | -730 | 680 | £28,500 |
| HaRD | -279 | -108 | -500 | -642 | -1529 | -23 | 118 | 189 | 284 | -887 | 1171 | 0 |
| SR | -149 | -56 | -268 | -345 | -820 | 350 | 272 | 226 | 848 | -473 | 1321 | 0 |
| VoY | -205 | -80 | -369 | -474 | -1128 | 180 | 97 | 150 | 427 | -654 | 1081 | 0 |
| | -891 | -348 | -1606 | -2063 | -4908 | 533 | 412 | 406 | 1351 | -2845 | 4196 | £216,600 |

| Metric | Year Target | YTD Target | Achieved |
|--|----------------|------------|----------|
| Non Elective Admissions *Performance Fund linked | -8.2% (-4,908) | -2,845 | +1,351 |
| Delayed Transfers of Care | -647 (-5.5%) | | n/a |
| Admissions to Residential Care | -31 (-4.7%) | | n/a |
| Reablement – Volume | +420 (15.7%) | 210 | n/a |
| Reablement – Quality | 85.5% | 85.5% | 87.8% |
| Injuries due to Falls | -152 (-6.7%) | -104 | -43 |
| Patient Experience | 72.3% (+0.4%) | n/a | 65.2% |

Risk and Mitigation

- BCF will continue into 2016/17 but local budget pressures risk disinvestment in BCF
- Indications are that the measurement of BCF in coming years will be more diverse
- Evaluations of schemes is underway but there is an inconsistency in timescales for completion and methodology. All areas will develop on-going measurement of BCF investment as part of the wider integration agenda.
- CSR implications still to be understood alongside NHS planning guidance due to be issued in December.

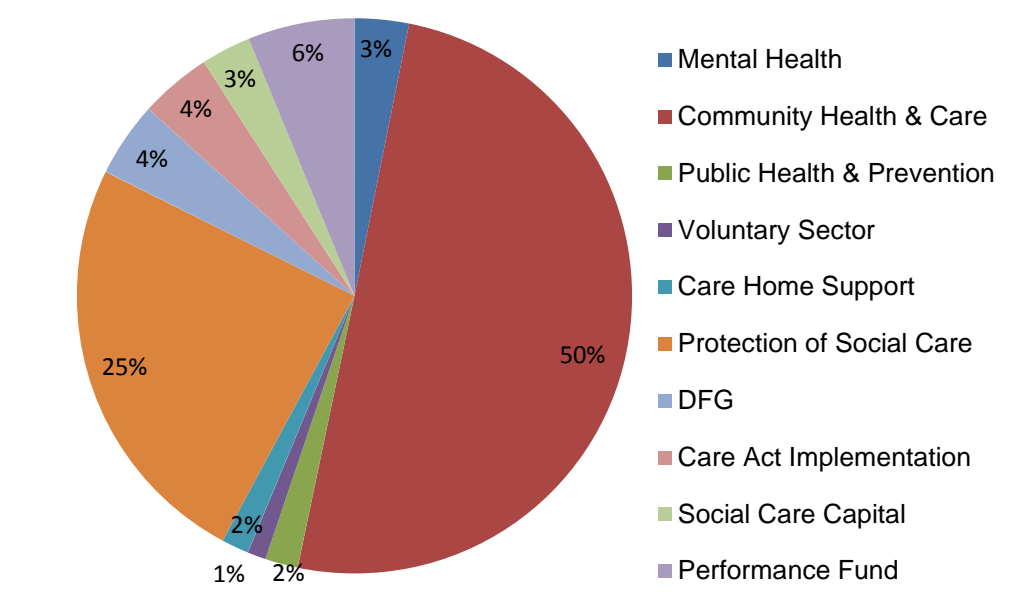


Figure 1: BCF % of spend across sectors in 2015/16

Actions / Next Steps

| Action / Activity | Date | Comments |
|-----------------------------|----------|-------------------------|
| Evaluation of schemes | Nov 2015 | Report submitted to HWB |
| Awaiting 16/17 BCF guidance | Tbc | Expected Dec 2015 |

Financial Summary

| Source | £,000 | Application | £,000 | Full Year | Qtr 1 +2 Expected | Q1 + 2 Actual |
|-------------|--------|--|--------|-----------|-------------------|---------------|
| AWC CCG | 2,914 | New Schemes | 10,098 | 10,098 | 5,049 | 4,662 |
| HRW CCG | 9,152 | Existing Community & Reablement & Carers | 11,106 | 11,106 | 5,553 | 5,545 |
| HaRD CCG | 9,557 | Protection of Social Care | 17,000 | 17,000 | 8,500 | 8,500 |
| SR CCG | 7,538 | Care Act | 1,932 | 1,932 | 966 | 966 |
| VoY CCG | 6,932 | DFG / SC Capital | 3,383 | 3,383 | 1,692 | 1,692 |
| NYCC | 6,932 | Performance Fund | 2,889 | 2,889 | 1,445 | 217 |
| DCLG | 3,383 | Cumbria CCG | 319 | 319 | 160 | 160 |
| Cumbria CCG | 319 | | | | | |
| | 46,727 | | | 46,727 | 23,364 | 21,742 |

BCF Schemes – Some highlights from local Transformation boards

Airedale, Wharfedale & Craven locality:

- Assisted Technologies Service - Installation of telemedicine into 12 nursing and residential homes across Craven to provide 24/7 clinical support to residents and carers.

Scarborough & Ryedale locality:

- The Improvement in Access to Psychological Therapies (IAPT) scheme, is showing such a significant improvement in access and recovery rates that local GPs are now referring at an un-precedented rate.

Harrogate and Rural Districts locality:

- A significant reduction in the number of deaths in hospital following emergency admission from a Care Home compared to the previous two years; a year on year reductions in emergency admissions for people with a MH diagnosis; a significant reduction in length of stay for stroke victims receiving community support.
- The FAST response team has supported approximately 15 additional patients each month to remain at home with a saving of 75 bed days per month.

Hambleton, Richmond and Whitby locality:

- A 6% reduction in overall emergency admissions and 10% reduction for ages 18-64; a 23% reduction in emergency admissions due to falls; a year on year reduction in Emergency Admissions with Mental Health Diagnosis.
- Provider feedback includes; improved GP and Partner relations, improved services for Patients and Carers.
- 24 hour support for palliative patients and reduced overnight admissions.

Vale of York locality:

- The Selby Integrated Care Hub continues to deliver an improved community offer. There is recognition that further analysis needs to be done to demonstrate the impact and value for money reducing non-electives.
- The CCG continue to work closely with providers to develop more mature risk/share and risk/reward models and this approach is currently being tested with a draft funding model for the Selby Hub for the remainder of 15/16 and beyond.

NEA Activity Q2 Outturn – North Yorkshire

| Contributing CCGs | Q4+Q1+Q2 NY Out-Turn | Target Change | Actual Change | Year-on-Year Change |
|---|-------------------------|---------------|---------------|---------------------|
| Airedale, Wharfedale and Craven CCG | 4,249 | -99 | -159 | -3.6% |
| Hambleton, Richmondshire and Whitby CCG | 10,310 | -730 | -49 | -0.5% |
| Harrogate and Rural District CCG | 12,016 | -886 | 281 | 2.4% |
| Scarborough and Ryedale CCG | 9,168 | -476 | 848 | 10.2% |
| Vale of York CCG | 8,286 | -654 | 427 | 5.4% |
| | | | 1,348 | +13.9% |
| Cumbria CCG | 519 | | -20.35 | -3.8% |
| Darlington CCG | 128 | | -3.84 | -2.9% |
| Doncaster CCG | 59 | | -1.11 | -1.8% |
| Durham Dales, Easington and Sedgfield CCG | 59 | | -1.25 | -2.1% |
| East Lancashire CCG | 38 | | -0.78 | -2.0% |
| East Riding of Yorkshire CCG | 280 | | -2.50 | -0.9% |
| Hartlepool and Stockton-On-Tees CCG | 33 | | -1.01 | -2.9% |
| Leeds North CCG | 355 | | -5.63 | -1.6% |
| Leeds South and East CCG | 100 | | 0.71 | 0.7% |
| Wakefield CCG | 642 | | 1.60 | 0.3% |
| Total | 46,241 | -2,845 | 1,313 | +2.8% |

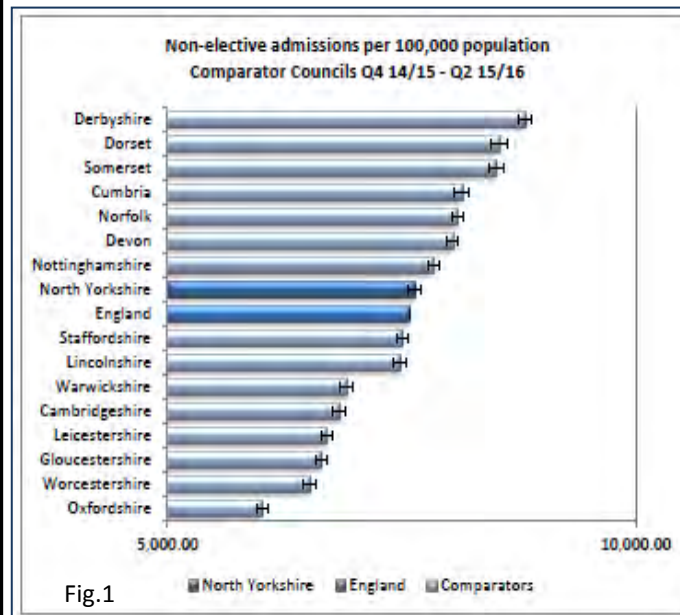


Fig.1

The Number of Non-Elective admissions per 100,000 population in North Yorkshire County Council is 7,640 from Q4 2014-15 to Q2 2015-16, which is slightly above the England Average of 7,584.

NYCC sits 9th out of 16 comparator councils in England, with Oxfordshire County Council performing best, and Derbyshire County Council performing the worst (see figure 1).