



NORTH YORKSHIRE HEALTH AND WELLBEING BOARD

THE BETTER CARE FUND

1 APRIL 2014

1. Purpose

- 1.1 This paper introduces the North Yorkshire Better Care Fund (BCF) Submission.
- 1.2 The BCF must be submitted to NHS England on 4th April 2014 having been approved by the Health and Wellbeing Board and this paper seeks that approval.
- 1.3 To update the Health and Wellbeing Board on the national and local position regarding Better Care Fund.
- 1.4 To set the scene for a presentation at the Health and Wellbeing Board which will explain the key themes, the metrics and the governance arrangements.

2. Background

- 2.1 The Government has created a £3.8bn pooled budget for 2015/16 intended to help move care from hospital into the community and improve integration between Health and Social Care. This consists mainly of existing funding within the health and social care system.
- 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 on the implementation of the Care Bill.
- 2.3 In 2015/16, existing transfer arrangements cease and CCGs are required to allocate a proportion of their budget to the fund. In North Yorkshire this some is £38m.
- 2.4 Disabled Facilities Grant (DFG) funding will be added for 2015/16 but with the stipulation that it is passed directly to Districts. In North Yorkshire we plan to work with Districts to ensure we are optimising our support to people who need support with housing such as adaptations, equipment and technology.

- 2.5 The fund contains capital and revenue, some of which is to provide for the transitional support needed by LAs in preparing for the Care and Support Bill.
- 2.6 Approximately £10m of the local funding will be performance related based on the National Conditions and National Measures.
- 2.7 Health and Well Being Boards are required to ensure that plans are suitably ambitious and to sign them off before submission. A single plan is required for the ‘footprint’ of the North Yorkshire Health and Well Being Board.
- 2.8 A draft plan was submitted on 14th February and the final plan will be submitted on 4th April.
- 2.9 The February Health and Wellbeing Board discussed performance targets and these have changed as we have undertaken more modelling of the targets and received feedback from NHS England.
- 2.10 One of the tensions in producing the final plan has been the need to combine suitable ambition for reducing the use of acute care with recognition that levels of demand continue to rise, especially demand related to frailty and an aging population.
- 2.11 The draft plans were evaluated by NHS England in collaboration with Peer Reviewers from ADASS. To date we have received some informal commentary and have been in dialogue with NHS England about the detail of the proposed performance metrics and commentary on the schemes. The following table sets out the main feedback issues:

Ensure that NHS Providers fully understand the impact on their services.	NHS Providers are present at all CCG locality meetings and at the Integrated Commissioning Board and HWB. CCGs are involved in contract negotiations with Trusts and implications are being discussed. It should also be noted that Trusts are involved in pilots and evaluations.
Ensure that Mental Health Services are protected and developed.	A number of specific schemes relate to Mental Health in reach, dementia services, Improving Access to Psychological Therapies (IAPT) and integrating Mental Health Specialists into Multi-Disciplinary Teams. The Prevention strategy also focuses heavily on emotional wellbeing linked to social isolation and loneliness.
Be more explicit about how the resources	We have strengthened this section of the

<p>allocated to protect Social Care will benefit the system and add health benefit to North Yorkshire residents.</p>	<p>plan and described that this money is set against the major transformation programme underway in Adult Services. However we also have been clear that the guidance is that the transferred resources are there to ensure the maintenance of core social care services.</p>
<p>Reduce avoidable emergency admissions by a higher level than we had targeted.</p>	<p>We have set the target in line with what CCGs and the Council believe can be achieved within the timescales for measuring progress. This is difficult as the template does not allow us to measure success by reducing the current trajectory. We have questions about how realistic this expectation is.</p>
<p>Reduce delayed transfers of care by a higher level than we had targeted.</p>	<p>North Yorkshire is already a high performer in this area and we have responded by setting a target which we feel is realistic given the high baseline performance. The national 'scoring' is based on the % level of improvement and doesn't recognise that good performers may have less scope for improvement.</p>
<p>Increase the % of people who remain at home 91 days after a reablement package.</p>	<p>Our current performance is very good at over 85% and we believe that to seek to increase this runs the risk of creating a perverse incentive of not trying to reable people with highly complex needs. We ARE planning that more people will benefit from reablement overall but do not think it is realistic to raise the targets for the numbers remaining at home after 91days.</p>
<p>Set a mid year target for reducing falls.</p>	<p>We have explained to NHSE that this data is only collected annually and as the incidence of falls has seasonal variations we feel that simply splitting the year is not an accurate predictor.</p>
<p>Ensure there is capacity at Integrated Commissioning Board (ICB) to deliver the programme of work.</p>	<p>The ICB is a countywide group and will ensure that each locality has the capacity needed. In addition we have identified resources to fund infrastructure such as the Information Management and Technology (IM&T) Programme, Communications and additional project management.</p>

3. Key themes from the North Yorkshire Better Care Fund Plan

3.1 The plan describes our collective ambition to be an exemplar system for Health and Social Care in a complex rural environment. It explains how we will invest the fund to:

- Improve self-help and independence for North Yorkshire residents
- Invest in Primary Care and Community Services
- Create a sustainable system by protecting Adult Social Care and by working with Secondary Care to secure the hospital, mental health and community services needed in North Yorkshire.

3.2 It also describes how we will deliver the national requirements to;

- Protect Social Care Services
- Provide 7 day services to support discharges and prevent avoidable admissions
- Enable data sharing
- Enable joint assessments and accountable lead professionals

3.3 The submission also describes;

- How the Council and the NHS have engaged with the public and with providers about priorities.
- The Performance metrics to be used
- The Governance arrangements for the fund
- Activity we will undertake in 2014-15 to support the full implementation of the plan in 2015-16

4. Recommendations

4.1 That the North Yorkshire Better Care Fund Plan is approved by the Health and Wellbeing Board.

4.2 That the Health and Wellbeing Board agrees to receive quarterly reports on progress from the Integrated Commissioning Board.

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