

## **NORTH YORKSHIRE HEALTH AND WELLBEING BOARD 2015/16 Better Care Fund Performance**

### **1.0 Purpose**

1.1 This report provides the end of year performance summary for the 2015/16 Better Care Fund plan (BCF).

### **2.0 Background**

2.1 North Yorkshire set a target to reduce non elective admissions by 4,908 which following validation of baselines equated to 8.2%. This target had a performance fund associated with achieving that target in the amount of £2.889m which if realised, would have been available to reinvest in the health and care system.

2.2 Performance reporting in 2015/16 was and remains heavily weighted towards reducing non elective admissions (NEAs) to hospital and this is the only metric that attracts a performance payment.

2.3 This report looks at delivery against that metric but recognises that BCF delivery is interdependent with wider health and social care transformation programmes and represents only one measure of success. To note that in 2015/16 £10.4m was invested in new schemes through the BCF which have made a contribution to managing increased demand on local services.

2.4 A review in March 2015 of the BCF implementation plan described that capacity put into place for new schemes was approximately 60-70% with some delays related to recruitment. A further review by commissioners in August 2015 confirmed that all schemes were fully operational and would build capacity over time.

2.5 A desktop review secured through the national support offer with a follow up discussion at Delivery Board in April 2016 provided an opportunity to share learning and incorporate findings into the 2016/17 BCF plan.

2.6 Throughout 2015/16 partners have continued to develop services that are coordinated around the needs of people. The Health and Wellbeing Board have monitored progress of the BCF through regular performance reports.

### **3.0 2015/16 BCF Quarterly Performance**

3.1 Annexe 1 sets out the cumulative performance for 2015/16.

3.2 BCF performance shows a 3.2% increase in NEAs. Hambleton, Richmondshire & Whitby, and Airedale, Wharfedale & Craven Transformation Boards demonstrated the greatest progress against target. Overall, across North Yorkshire the target to reduce NEA's was missed by

6,603. Consequently no payments for performance were made. The outturn performance is in the context of year one delivery, some delays achieving full capacity with new schemes and a continued trajectory of increased demand and complexity of need.

3.3 In the case of the other national conditions i.e. reablement, delayed transfers of care and residential care admissions - North Yorkshire performs better than the England average but the end of year target was not achieved as anticipated. Care market failure, capacity and complexity of cases are contributory factors.

3.4 Highlights from local Transformation Boards can be found in the attached annexe and demonstrate the added value of the BCF beyond the NEA metric.

3.5 Final expenditure on schemes within the BCF was £46.727m which was in line with the BCF pooled budget of £46.727m.

3.6 Quarterly performance reporting to the Board will continue to take place through 2016/17, and will include new measures introduced by NHSE.

#### **4.0**

##### **4.1 Recommendations**

The Board is asked to note end of year performance for the Better Care Fund 2015/16

Wendy Balmain  
Assistant Director Integration  
13<sup>th</sup> July 2016

### Performance Summary

**Non Elective Admissions.** A target was set to reduce the number of NEA's by 4908 in 12015/16. There has been an increase in year of 1695. This means there have been 6603 more NEA's than planned in the calendar year to December 2015. Consequently no P4P payments were made to CCG's. Over the financial year to March 16 there was an additional 1920 NEA over the HWB area.

	P4P TARGET					Actual Performance							Distance from P4P Target		
	2014/15		2015/16			2014/15				2015/16				Performance in Target Period	Performance in Financial Year 2015/16
	Q4	Q1	Q2	Q3	Total	Q4	Q1	Q2	Q3	Q4	Q4-Q3	Q1-Q4			
AWC	-31	-12	-56	-72	-171	-95	-4	-59	75	16	-83	28	88		
HRW	-227	-90	-413	-530	-1260	121	-71	-100	-301	18	-351	-454	909		
HaRD	-279	-108	-500	-642	-1529	-24	118	187	151	219	432	675	1961		
SR	-149	-58	-268	-345	-820	350	272	226	238	266	1086	1002	1906		
VOY	-205	-80	-369	-474	-1128	179	97	150	185	237	611	669	1739		
<b>Total</b>	<b>-891</b>	<b>-348</b>	<b>-1606</b>	<b>-2063</b>	<b>-4908</b>	<b>531</b>	<b>412</b>	<b>404</b>	<b>348</b>	<b>756</b>	<b>1695</b>	<b>1920</b>	<b>6603</b>		

**DToc** A target to decrease the number of delayed days by 647 (-5.5%) was set for 2015/16. The year end outturn represents an increase of 1712. Notwithstanding this NY performance remains above the England average

**Residential Admissions** A target to reduce the use of Residential and Nursing accommodation by 31 (-4.7%) was set for 2015/16. The outturn figure submitted (not yet validated) represents an increase of 85. In total this is 116 more placements than planned.

**Reablement** – A target of 85.5% was set for 2015/16. However the outturn figure of 82.5 (not yet validated) shows a 3% decline in performance.

Metric	Year Target	Achieved	
Non Elective Admissions *Performance Fund linked	-8.2% (-4,908)	3.2% (+1,920)	
Delayed Transfers of Care	-647 (-5.5%)	1712 (13%)	#
Admissions to Residential Care	-31 (-4.7%)	85 (12.8 %)	#
Reablement – Quality	85.5%	82.5%	#
Injuries due to Falls	-152 (-6.7%)	-124 (-5.5%)	
Patient Experience	72.3%	63.1 %	

# awaiting validation by HSCIC

#### 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 be understood alongside NHS planning guidance due to be issued in December.

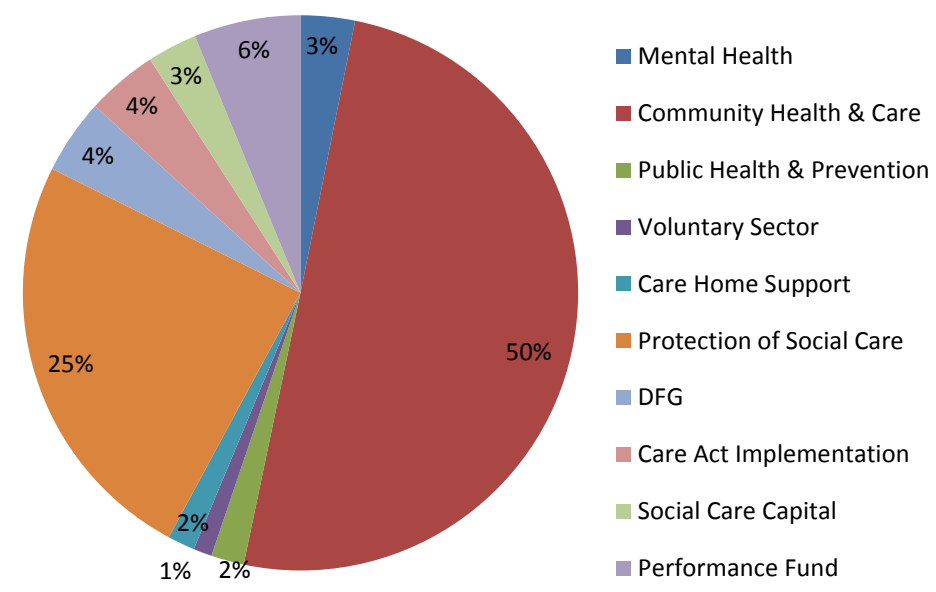


Figure 1: BCF % of spend across sectors in 2015/16

#### Actions / Next Steps

Action / Activity	Date	Comments
Consolidate learning to further inform plans for 16/17	July 16	Review of schemes undertaken to prioritise on-going investment
Submit 16/17 plan for approval		

#### Financial Summary (£,000s)

	CCGs	NYCC	DCLG	NY District Councils	Total
<b>Contributions</b>	<b>36,412</b>	<b>6,932</b>	<b>3,383</b>	<b>0</b>	<b>46,727</b>
<b>Expenditure</b>					
Schemes/Additional costs	24,412				24,412
Protection of Social Care		17,000			17,000
Disabled Facilities Grants				2,033	2,033
Social Care Grant		1,350			1,350
Care Act		1,932			1,932
<b>Total Expenditure</b>	<b>24,412</b>	<b>20,282</b>	<b>0</b>	<b>2,033</b>	<b>46,727</b>

### Scheme highlights from local Transformation Boards

#### Airedale, Wharfedale & Craven:

**New Models of Care:** Enhanced Primary Care providing pro-active care and health promotion activities to those at risk of admission beginning to have an impact .

**Care Homes:** Installation of telemedicine in care homes providing 24/7 clinical support resulting in reduced trends in admissions, A&E and ambulance activity

#### Scarborough & Ryedale:

**Access to Psychological Therapies Scheme (IAPT):** continued to show an improvement in Access and Recovery Rates. Is on track to achieve the 50% recovery rate target within in the next few months.

**Baby Clear :** scheme to reduce smoking at time of delivery has proved to be a popular scheme and it is anticipated that there will be a significant impact on SATOD rates during this year

#### Harrogate and Rural Districts:

**GPs linked to Care Homes:** Includes all EPH’s in HaRD linked to a single GP practice to provide routine and review visits.

**Voluntary Sector:** Five schemes support patients and carers providing tailored support to enable individuals to remain at home and also provide advice and guidance

#### Hambleton, Richmond and Whitby:

**Frail elderly clinics** are providing multi agency assessments to those identified at risk of frailty earlier in the pathway to reduce duplication of assessment, risk of falls & hospital admissions.

**District Nursing, Integrated Care and Therapy.** Investment to increase capacity Service fully engaged in Primary Care Workforce transformation project.

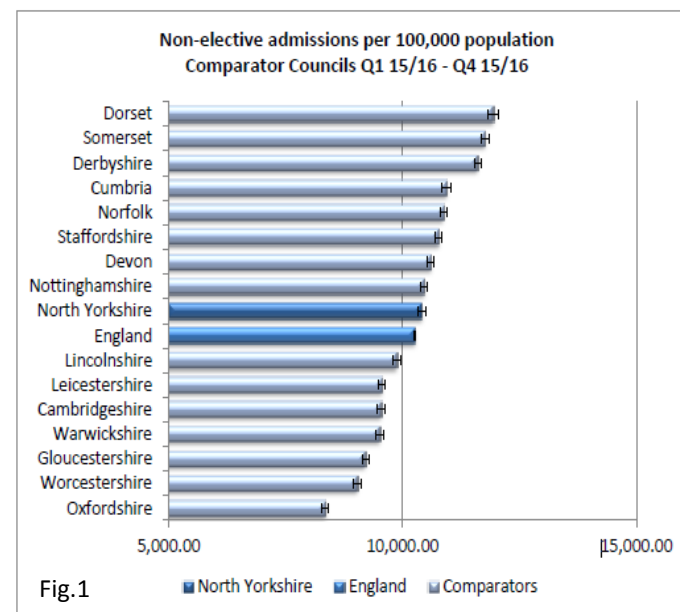
#### Vale of York:

**Selby Care Hub:** Delivers Care Home in reach services, home based intermediate care services through an integrated health and social care team and an Older Persons Clinic.

**Hospice@Home** in partnership with St Leonards Hospice, funds additional out of hours support to provide palliative care to assist patients to die where they want to in their own homes.

### NEA Activity Q4 Outturn – North Yorkshire

Contributing CCGs	Q1+Q2+Q3+Q4 NY Out-Turn	Target Change	Actual Change	Year-on-Year Change
Airedale, Wharfedale and Craven CCG	5,782	-171	28	0.54%
Hambleton, Richmondshire and Whitby CCG	13,794	-1260	-454	-3.47%
Harrogate and Rural District CCG	16,445	-1529	675	4.88%
Scarborough and Ryedale CCG	12,749	-820	1002	8.43%
Vale of York CCG	11,528	-1128	669	6.39%
			<b>1,920</b>	<b>16.70%</b>
Cumbria CCG	696		-20.35	-3.80%
Darlington CCG	175		-3.84	-2.90%
Doncaster CCG	79		-1.11	-1.80%
Durham Dales, Easington and Sedgefield CCG	79		-1.25	-2.10%
East Lancashire CCG	51		-0.78	-2.00%
East Riding of Yorkshire CCG	390		-2.5	-0.90%
Hartlepool and Stockton-On-Tees CCG	47		-1.01	-2.90%
Leeds North CCG	511		-5.63	-1.60%
Leeds South and East CCG	143		0.71	0.70%
Wakefield CCG	868		1.6	0.30%
<b>Total</b>	<b>63,337</b>	<b>-4,908</b>	<b>1,886</b>	<b>-0.30%</b>



The Number of Non-Elective admissions per 100,000 population in North Yorkshire County Council is 10,410, which is slightly above the England Average of 10,256.

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