



2017-19 North Yorkshire Integration and Better Care Fund Plan Update

21st July 2017

Presented by: Michaela Pinchard

Summary:

The report updates Health and Wellbeing Board (HWB) on the development of the 2017-19 North Yorkshire Integration and Better Care Fund Plan

Which of the themes and/or enablers in the North Yorkshire Joint Health & Wellbeing Strategy are addressed in this paper?

[Please tick as appropriate]

Themes	✓
Connected Communities	✓
Start Well	✓
Live Well	✓
Age Well	✓
Dying Well	✓
Enablers	
A new relationship with people using services	✓
Workforce	✓
Technology	✓
Economic Prosperity	

How does this paper fit with other strategies and plans in place in North Yorkshire?

The Better Care Fund is a financial incentive for the integration of health and social care and as such enables delivery of a number of joint strategies and plans within North Yorkshire. E.g. Joint Health and Wellbeing Strategy, New Care Models, Dementia etc

What do you want the Health & Wellbeing Board to do as a result of this paper?

HWB is asked to:

- Note the key changes to the policy framework and planning requirements

- Note the progress and support the approach to developing the 2017-19 North Yorkshire integration and Better Care Fund plan
- Acknowledge the cooperation between partners in developing the Plan so far
- Discuss the proposed indicative metric for Delayed Transfers of Care due for submission on the 21st of July
- Receive a separate report on the Improved Better Care Fund (IBCF) attached as Annex 1 to this report
- Receive for approval a final draft of the North Yorkshire integration and Better Care Fund plan at the September HWB.

North Yorkshire Health and Wellbeing Board
Integration and Better Care Fund 2017-2019 Update Report
July 2017

1. Purpose

The purpose of this paper is to provide the Health and Wellbeing Board (HWB) with an update on the 2017-19 Integration and Better Care Fund Policy and Planning Requirements and progress towards developing the 2017-19 North Yorkshire Integration and Better Care Fund (BCF) Plan. Attached as Appendix 1 is a draft timeline for submission and assurance of the plan.

2. Recommendation/s

Health and Wellbeing Board is asked to:-

- Note the key changes to the policy framework and planning requirements
- Note the progress and support the approach to developing the 2017-19 North Yorkshire integration and Better Care Fund plan
- Acknowledge the cooperation between partners in developing the plan so far
- Discuss the proposed indicative metric for Delayed Transfers of Care due for submission on the 21st of July
- Receive a separate report on the Improved Better Care Fund (IBCF) attached as Annex 1 and Annex 2 to this report
- Receive for approval a final draft of the North Yorkshire integration and Better Care Fund plan at the September HWB.

3. Background

The 2017-2019 Integration and Better Care Fund Policy Framework was published in March 2017 with the main policy changes categorised across three themes as follows:-

Big Picture

More on integration: A two year planning cycle 2017-19: An Invitation to join first wave of graduating areas: The new grant to LAs for social care – IBCF (Announced at the 2015 Spending Review, with an additional £2 billion over three years announced at Spring Budget 2017)

National Conditions – Reduced from eight to four

Plans to be jointly agreed: NHS contribution to adult social care to be maintained in line with inflation: Agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care: Managing Transfers of Care (a new condition to ensure people's care transfers smoothly between services and settings)

Metrics

The four national metrics remain the same as 2016 – 17: No local metric will be collected centrally

4. Make-up of the Better Care Fund

Table 1 shows how the fund is made up both nationally and locally.

Table 1

Source	2016-17		2017-18		2018-19	
	National	Local	National	Local	National	Local
Minimum NHS (Clinical Commissioning Groups) contribution	3.519b	36.6m	3.582b	37.32m	3.65b	38m
Disabled Facilities Grant (capital funding for adaptations to houses)	0.394b	3.5m	0.431b	3.86m	0.468b	4.18m
New grant allocation for adult social care (Improved Better Care Fund)	NA	NA	1.115b	0 *	1.499b	5.3m*
				9.3m **		6.9m **
Total	£3.913b	40.2m	5.128b	50.48m	5.617b	54.3m

iBCF * 2015 Spending Review Allocation ** 2017 Spring Budget Allocation

NB IBCF is over 3 years to 2019/20. The Allocation for North Yorkshire in 2019/20 is 11m for the 2015 Spending Review allocation and 3.4m for the additional funding announced in spring.

Only the NHS – Clinical Commissioning Group/s (CCG) - contribution is subject to NHS England powers of direction. The Disabled Facilities Grant (DFG) and IBCF are not subject to NHS England powers but are subject to conditions set out in Grant Determination Letters issued by the Department of Communities and Local Government DCLG.

The CCG minimum allocation also includes Care Act Monies, Former Carers' Break Funding and Reablement Funding.

5. Planning Requirements – Key points to note

5.1 Publication

While the policy framework was published in March the planning requirements were not published until the 3rd of July. [The Local Government Association (LGA) did however publish a draft version of the requirements in May] The planning template was published on the 13th of July which provided confirmation of funding. An additional template for collecting

Delayed Transfers of Care (DTC) Metrics was also published on the 13th July. At the time of writing the final Key Lines of Enquiry (KLoEs) had not been published.

It should be noted that nationally, councils have raised significant concerns about the expectation of far-reaching DTC reductions and the link between this target and the possibility of a review of the Improved Better Care Fund Funding in 2018/19 for areas that are performing poorly against the DTC target.

Responding to member councils' concerns the LGA have not signed up to the last minute changes and therefore does not endorse the final published planning requirements. The LGA will however continue to be part of the assurance process.

5.2 Submission and Assurance

There will now only be one submission (11th September) rather than the two initially planned following which the assurance process will determine whether plans are **Approved; Approved with Conditions** or **Not Approved**.

Plans will be assured if:

- The Plan is agreed by HWB
- The Plan meets all requirements and Key Lines of Enquiry, including locally agreed targets for reducing NHS and social care attributed delays which achieve each area's share of the national commitment to free up 2,000-3,000 hospital beds.

Escalation will be triggered if:

- Signatories to a plan are not able to agree and submit a draft plan or;
- The Health and Wellbeing Board do not approve the final plan; or
- Regional assurers rate a plan as 'not approved'

For plans that are not approved or approved with conditions, areas will be offered advisor support and will be required to resubmit their plans by **31st of October**.

5.3 Improved Better Care Fund

Additional funding for social care - the Improved Better Care Fund was announced as part of the 2015 Spending Review, taking effect for North Yorkshire in 2018-19. As has been the case in other councils, this money was factored into North Yorkshire County Council's Mid Term financial Strategy.

In response to growing national concerns about the pressures social care was under and the impact of those pressures on the NHS, particularly with regard to delayed transfers of care, the Chancellor announced an additional £2 billion funding for adult social care to be included in the IBCF over a 3 year period taking effect in 2017/18. While welcome, there is no certainty that it will continue after this period.

The IBCF grant is paid to a local authority and under the grant determination it may be used only for the purposes of

- meeting adult social care needs;
- reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready;
- and ensuring that the local social care provider market is supported.

A recipient local authority must:

- a. pool the grant funding into the local Better Care Fund, unless an area has written Ministerial exemption;
- b. work with the relevant Clinical Commissioning Group and providers to meet national condition four (Managing Transfers of Care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017-19; and
- c. provide quarterly reports as required by the Secretary of State.

The grant conditions, apply to the entire IBCF allocation not just the additional funding and areas are required to agree, within their BCF Plans, how this money will be spent, ensuring that the grant conditions are met.

The Government has made clear that part of this funding is intended to enable councils to quickly provide stability and extra capacity in local care systems.

Councils are therefore able to spend the grant, including to commission care, subject to the conditions set out in the grant determination, as soon as plans for spending the grant have been locally agreed with the CCGs involved in agreeing the Better Care Fund plan.

Since one of the purposes of the funding is to reduce pressures on the NHS it is anticipated that local IBCF investment will contribute to meeting the ambition in the 2017-18 NHS England Mandate for NHS organisations to reduce delayed transfers of care to occupying no more than 3.5% of hospital bed days by September 2017.

Funding can however be allocated across any or all of the purposes outlined as the Council and CCG(s) best determine to meet local pressures and reduce delayed transfers.

No fixed proportion needs to be allocated across the purposes, nor should the funding be restricted to funding the changes in the High Impact Change Model.

While not subject to NHS England powers, IBCF is subject to the joint NHS England and local government assurance process

A quarter one monitoring template was issued to Councils on the 26th of May and is due for submission on the 21st of July.

5.4 Disabled Facilities Grant (DFG)

The DFG continues to be allocated through the BCF to encourage areas to think strategically about the use of home adaptations, use of technologies to support people to live independently in their own homes for longer, and to take a joined-up approach to improving outcomes across health, social care and housing.

Paid to upper tier each area will have to allocate DFG from the pooled budget to enable local housing authorities to continue to meet their statutory duty.

In two tier areas decisions around the use of the DFG funding need to be made with the direct involvement of both tiers working jointly to support integration ambitions. DFG funding should be passed down by the County Council to District Councils in full, unless jointly agreed to do otherwise.

Areas are required to set out in their plans how the DFG funding will be used over the two years.

As with the IBCF the [National] Integration Partnership Board will confirm, following assurance that it is content that the grant conditions are met in BCF plans.

A BCF plan will not be approved, if the IBCF or DFG grant conditions are not met and Escalation panel may make recommendations that an area should amend plans that relate to spending of the DFG (or IBCF). Departments will consider recovering grant payments or withholding future payments of grant if the conditions continue to not be met.

5.5 Managing Transfers of Care and DTOC

National condition four requires that health and social care partners in all areas work together to implement the High Impact Change Model for Managing Transfers of Care which sets out eight broad changes that will help local systems to improve patient flow and processes for discharge and so help reduce delayed transfers.

Areas are required to set out a coherent and comprehensive set of measures to manage transfers of care and agree a joint approach to funding and implementing the high impact changes, building on existing successful local practice and tailored to local circumstance.

The plan should briefly explain the rationale for any variation to implementing the model and provide assurance that a comprehensive approach to managing transfers of care and meeting their obligations on DTOC reductions is in place. All partners, including relevant A&E Delivery Boards, should be involved in agreeing the approach

Updates on progress in implementing the Model for Managing Transfers of Care will be included within the monitoring of national condition four.

The NHS England Mandate for 2017-18 sets a target for reducing DTOC nationally to 3.5% of occupied bed days by September 2017 which equates to the NHS and Local Government working together so that, at a national level, delayed transfers of care are no more than 9.4 in every 100,000 adults (i.e. equivalent to a DTOC rate of 3.5%)

As a system wide obligation, responsibility for delivering the reduction is not limited to the BCF but it is expected that activity in BCF plans will contribute to meeting it.

CCGs and NHS Trusts are already agreeing a trajectory to meet this requirement and maintain it for the remainder of 2017-18 in addition to which each Local Authority is now

required to agree a target for reducing social care attributed DTOCs in 2017-18 as part of BCF planning. Provisional targets will need to be submitted to the Better Care Support Team by 21st of July.

Metrics should be agreed locally, reported in the BCF plan and reflect challenging but realistic ambitions to reduce NHS and social care attributable delays. Where the metrics or contribution to them from either social care or the NHS are not sufficiently ambitious, a more stretching metric may be set as part of the assurance process as a condition of approval for the plan

Linked to performance on DTOC the government has announced 12 areas for a review of the interface between health and social care to be undertaken by the Care Quality Commission.

North Yorkshire is not part of the initial tranche. Areas not chosen in the initial twelve however are not automatically excluded from being reviewed in the next set of eight areas for review expected in early 2018.

6 Progress Updates

6.1 Developing the plan

In the absence of guidance early discussions between the County Council and CCG Directors of Finance established an agreement in principle regarding funding for the maintenance of social care. This agreement represents an uplift of 1.79% in 2017/18 from £13.4m to £13.64m and 1.90% in 2018/19 to £13.9m.

The North Yorkshire Integration and Performance Group have been reviewing and redrafting the relevant sections of the 2016/17 BCF Plan in line with the policy framework and draft planning requirements. These initial drafts will be reviewed in light of publication of the final planning requirement and once the final KLoEs are published.

The overall vision is being updated to reflect the significant progress made over the last year and to better describe our local ambition for fully integrated commissioning, and delivery of health and social care services in North Yorkshire by 2020 and beyond.

The revised narrative will reflect a greater focus on Place, Prevention and Wellbeing and on working together to co-create an environment where the first call on any service investment is primary, community and mental health services – assuming true value is being derived from existing services. Our aim is for a strategic planning/commissioning entity aligned with, while advocating for the County in the STPs.

The work on the narrative could form the basis of an agreed system-wide strategy for improving health and wellbeing through health and social care integration to 2020 and provide a platform for future graduation from the BCF.

It is important to clearly set out how we will expect to progress to further integration by 2020 in the Integration and BCF plan as there will not be a separate process for integration plans as previously indicated.

6.2 IBCF

Once agreed the plan will incorporate details of the IBCF spend and what it is intended to achieve. An update on progress towards agreeing IBCF spend is attached as a separate report. See Annex 1 and 2

6.3 Disabled Facilities Grant

Since submission of the 2016/17 BCF plan discussions with District Council Housing officers have continued in order to develop a more strategic and joined-up approach to improving outcomes across health, social care and housing through the DFG and BCF programme.

Following two workshops facilitated by Foundationsⁱ a working group of County and District officers has been developing a Memorandum of Understanding which seeks to improve collaboration and integration of health, social care and housing and to support joint local decision making in relation to the DFG. This will be finalised over the coming months.

District Councils were notified by letter in June that for 2017/18 the grant will be cascaded to them in full as per the guidance.

6.4 Managing Transfers of Care and DTOC

The County Council has been working to identify the causes for delay which are reported as specifically attributable to social care only and making plans to address these to facilitate more timely transfers of care.

There has been an analysis of available information relating to delayed transfers of care which has generated a number of ideas for change categorised into seven workstreams.

A similar exercise has commenced in Mental Health where there has been a substantial increase in reported delays attributable to social care.

The Council will progress where it can with improvements to its own processes though recognises that to have the biggest impact upon improving outcomes for individuals it needs to work jointly with colleagues across the health and social care system to reduce delayed transfers of care.

CCGs and A&E delivery boards are working on Key Deliverables from Chapter 2 of the Next Steps on the Five Year Forward View and DTOC plans which include, but not limited to the High Impact Changes for managing transfers of care.

More robust links are being made with A&E delivery boards so that progress towards delivering the High Impact Changes can be better understood across North Yorkshire and there is greater read across and co-ordination between delivery board and BCF activity.

In line with the expectation of submitting a provisional target by the 21st of July work has been undertaken to understand what this means at a local level using the dashboard and guidance published on the 3rd of July.

The overall reductions in delayed transfers of care required at a national level mean collectively:

- Reducing from **16.9** people delayed in hospital per 100,00 adults to approximately **9.5**

and for each sector:

- Reducing from **5.6** people delayed in hospital per 100,000 adults due to **social care** to approximately **2.6**
- Reducing from **8.5** people delayed in hospital per 100,000 adults due to the **NHS** to approximately **5.5**
- Maintaining or improving the current levels of people delayed in hospital per 100,000 adults jointly attributable at **1.2**

NB February 2017 was the highest ever reported level of DTOC nationally and is used in the analysis as the baseline for setting expectations. Locally however February was the lowest of the three month period used to average (February – April 17).

Using February 2017 data the rate at a local level was **16.7** delays per day per 100,000 population 18+. This means for each sector locally:

- Reducing from **7.9** people delayed in hospital per 100,000 adults due to **social care** to approximately **2.6**
- Reducing from **7.6** people delayed in hospital per 100,000 adults due to the **NHS** to approximately **5.5**
- Maintaining the rate of **jointly** attributable people delayed in hospital per 100,000 adults at **1.3** or agreeing to improve to **1.2**

To achieve the target for September 2017 the sum of all delayed days across North Yorkshire appears to need to reduce to circa 1371 in September from 2281 in February 2017. See table 2 below. NB This is a local calculation based on the national expectations applied to each sector locally using February 2017 as the baseline. It differs from figures in the DTOc metric collection template since discussions with CCGs have revealed that for some, the target within the template do not appear to be what they agreed with NHS England in June.

Table 2

	Sum of delayed days attributable to NHS	Sum of delayed days attributable to social care	Sum of delayed days attributable to both NHS and Social Care	Sum of all delayed days
A, February 2017 Baseline	1034	1076	171	2281
B. February 2017 Rate	7.6	7.9	1.3	16.7

C. September 2017 Target	804.5	383.9	183.2	1371.7
D. September 2017 Rate	5.5	2.6	1.3	9.4
E. Reduction in actual days (Row A minus Row C)	229.5	692.1	-12.2	909.3

The expectation set nationally presents significant challenge across the whole system with little time since publication of the dashboard, guidance and data collection template to properly analyse the impact of activities already underway alongside additional proposals via IBCF which is yet to be finally agreed with the CCGs.

Recognising that partners across North Yorkshire are working hard to ensure people are discharged from hospital in a timely and appropriate manner and will continue to do so, from a social care perspective the preference would be to set a more realistic and achievable target for September with no expectation that the CCGs change what they have already agreed with NHS England.

This is based on the premise of setting a more achievable target alongside demonstrating the efforts being made together as a system to make substantial progress towards reducing delayed transfers of care and excessive hospital stays to improve outcomes for people in North Yorkshire

There is a risk to this approach outlined in a joint letter to systems sent from DH and DCLG on the 18th of July in that:

‘where local health and care partners do not set an ambition consistent with the expectations we have set and/or if they do not demonstrate they are making substantial progress towards this goal, they can expect to receive greater scrutiny of their plans and performance through the BCF assurance process. This may result in approvals of BCF plans not being given.’

A discussion about this at Health and Wellbeing Board would be welcome acknowledging that the final DToC metric will be set in the North Yorkshire Integration and Better Care Fund Plan ahead of submission in September.

To help prepare for any potential area review in light of our position regarding delayed transfers of care and to act as a ‘critical friend’ as we develop our Integration and Better Care Fund plan, we have engaged with a Care and Health Improvement Advisor via the national support offer.

7. Conclusions

Good progress is being made towards developing the 2017-19 North Yorkshire Integration and Better Care Fund plan.

The approach taken this year will help form the basis of an agreed system-wide strategy for improving health and wellbeing through health and social care integration to 2020 and provide a platform for future graduation from the Better Care Fund.

In developing proposals for the IBCF there has been strong support from partners for the direction of travel and contentment with the level of engagement.

The expected reduction in DTOC by September however remains a significant challenge across the system and while all partners across North Yorkshire will continue to work hard to ensure appropriate and timely discharge, and the additional £19m schemes will contribute further, the national target is unrealistic. North Yorkshire County Council alongside other councils is therefore raising these concerns with Ministers.

Nonetheless with the continued support of partners a final draft plan will be ready for approval at the September HWB.

Michaela Pinchard
Head of Integration

Background Papers

2017-19 Integration and Better Care Fund Policy Framework; DH & DCLG March 2017
Integration and Better Care Fund planning requirements for 2017-19; DH, DCLG & NHS
England July 2017
Local Area Performance Metrics; DH July 2017

ⁱ Foundations is appointed by the Department of Communities and Local Government to oversee a national network of nearly 200 home improvement agencies (HIAs) and handyperson providers across England.

Health and Wellbeing Board

New Funding for Social Care Improved Better Care Fund

21st July 2017

1. Purpose

The purpose of this report is to present the final draft proposals for the IBCF monies announced in the 2015 spending review and in particular the additional funding announced in the spring budget.

2. Recommendations

Health and Wellbeing Board is asked to:-

- Acknowledge the level of engagement with and cooperation between partners in developing the proposals
- Support the final draft proposals for spending the additional IBCF funding announced in the spring budget

3. Background

Additional funding for social care - the Improved Better Care Fund (iBCF) - was announced as part of the 2015 Spending Review, taking effect for North Yorkshire in 2018-19. As has been the case in other councils, this money has been factored into North Yorkshire County Council's Mid Term financial Strategy.

In response to growing national concerns about the pressures social care was under and the impact of those pressures on the NHS, particularly with regard to delayed transfers of care (DTC), the Chancellor announced an additional £2 billion funding for adult social care to be included in the IBCF over a 3 year period taking effect in 2017/18. There is no certainty that the funding will continue after this period.

In respect of additional IBCF monies North Yorkshire County Council has been allocated £19.6m over 3 years:

- £9.3m for 2017-8;
- £6.9 for 2018-19
- £3.4m for 2019-20

4. Development of Proposed Schemes

The proposals set out in Annex 2 have been developed with regard to:

- Market intelligence regarding pressures and capacity in the care and support markets in North Yorkshire
- DTCs across North Yorkshire, including work to implement the High Impact Changes for managing transfers of care

- Underlying £3.8 million pressure on care purchasing budgets based 16/17.
- Feedback from the North Yorkshire NHS and care provider partners
- Steer from NYCC Executive Members: agreement in principle to underwrite up to £3.4m of recurrent spend.

The proposals are grouped into sections which relate to the conditions for the use of the grant:

- a. Adult social care pressures
- b. Stabilising the market
- c. Reducing Delayed Transfers of Care

Considering the reasons for DTOCs it is clear that investment in both increased social care capacity and in stabilising the market will have a beneficial impact on DTOCs. Analysis shows that 70% of delays attributable to social care in North Yorkshire are due to a wait for capacity in either the domiciliary care market or residential and nursing market and 10 % have been due to delays in assessment processes.

Given the timescales for producing a plan there has been a good level of engagement with partners. This was acknowledged in an open meeting with CCGs, NHSFTs and Independent Care partners on the 13th July which in summary identified:

- Broad partner support for the proposals to go forward to the Health & Wellbeing Board.
- A need to start spending quickly for maximum impact
- A need to strike the right balance between county wide and local delivery
- That partners do not want a separate programme for this resource but wish to use existing arrangements to ensure local accountability.

Prior to this meeting the long list proposals were discussed at Commissioner Forum in June and there has been further work with CCG leads as local commissioners. Draft proposals have also been presented to each of the four A&E Delivery Boards.

Nonetheless it has not been possible to have detailed discussions with every potential partner organisation. From the steers set out above, the long list of schemes included 27 ideas amounting to almost £50 million over the three years and requiring a minimum recurrent commitment of £17 million per year. In light of this a prioritisation exercise was undertaken based on the following:

- Is there a benefit from the scheme to the NHS and system particularly in relation to delayed transfers of care?
- Is there evidence for the effectiveness of the scheme?
- Is the funding commitment non-recurrent? Where schemes need recurrent funding, are these the schemes we would prioritise? If recurrent funding is needed but not available what would be the exit strategy?
- Does the scheme relieve pressure, support or develop social care capacity? Will it help us to address or reduce the continuing pressure on social care budgets?

- Are the schemes clearly linked to the Local Authority strategic objectives as an organisation e.g. stronger communities, living well etc? Does the scheme help to achieve HAS 2020?
- How confident are we in delivering the scheme given constraints of time, availability of workforce etc?
- How will we measure the impact and effectiveness of schemes, particularly pilot schemes?

Following this exercise, the list of proposed schemes has been reduced from 27 to 15 in priority 1 (highest priority), 4 in priority 2 (medium priority), 4 in priority 3 (lowest priority) and 2 projects to be funded through other sources. The schemes under priority 1 and 2 over the three year period amount to the funding available. Therefore, at this stage there is no available funding for priority 3 schemes, however this will be kept under review as schemes commence and if there is slippage they will be considered at this stage.

The process for developing and implementing schemes and governance is still under consideration to ensure a joint approach between NYCC and the NHS. However, there will be an expectation of regular monitoring of the impact and effectiveness of schemes and progress against financial and service performance measures.

NYCC will look to commission and deliver schemes jointly – at this stage though, no individual provider organisation can assume it has been ‘awarded’ funding. Given that the primary focus is on the social care contribution towards the wider system, then NYCC may wish to work with a number of different commissioner and provider partners to deliver the proposed schemes.

While the grant is non-recurrent over three years, NYCC Executive Members have agreed in principle that there is an assumption that some schemes are recurrent in nature and could not easily be stopped and that the County Council will be willing to take a recurrent risk up to the value of the final year’s financial allocation (e.g. £3.4m).

5. Next Steps

Following agreement with the CCGs a rapid implementation plan will be developed with partners to ensure that the funding can be allocated to priority one proposals and delivery commenced as soon as possible in line with government expectations.

Clear governance arrangements will be established along with mechanisms to enable evaluation of impact.

Formal commitment from the County Council to underwrite the recurrent commitment will be sought from the Executive in August 2017.

Kathy Clark

Assistant Director Health and Adult Services

Priority 1

		2017-18 £k	2018-19 £k	2019-20 £k	TOTAL	Recurrent cost	ASC Pressures	Stabilising the Market	DTOC
6	E – Rostering system to improve targeting and utilisation of home care and reablement staff	£0	£100	£150	£250		✓	✓	✓
7	7 day working - Additional social care capacity or new 'inpatient navigator' roles/DTOC co-ordinator, DTOCs process improvements and additional IT KIT for Care and Support staff to support these arrangements in Y1	£500	£800	£800	£2,100	£800	✓	✓	✓
8	Trusted Assessors - health professionals and care providers' accreditation scheme	£30	£30	£30	£90				✓
9	Enhance and expand Voluntary sector home from hospital service	£0	£170	£170	£340	£170	✓	✓	✓
10	Mental Health DTOCs prevention/reduction pilots	£0	£200	£200	£400		✓		✓
11	ASC Funding pressures	£3,800	£3,132	£0	£6,932		✓	✓	✓
Total Priority 1		£6,458	£7,719	£4,567	£18,744	£3,098			

Priority 2

12	Enhance quality monitoring, including improved payments in Y1	£90	£150	£150	£390		✓	✓	✓
13	Pilot and extend Living Well capacity to work more closely with GP practices to intervene early, as part of Harrogate new care model	£50	£100	£100	£250		✓		✓
14	Primary Care Integration innovation Fund	£150	as available		£150		✓		✓
15	Support innovation through Developing New Approaches to Domiciliary Care project	£50	£0	£0	£50		✓	✓	✓
Priority 2 total		£340	£250	£250	£840	£0			

Total Priorities 1 & 2	£6,798	£7,969	£4,817	£19,584
Funding Available	£9,308	£6,860	£3,416	£19,584
Variance	£2,510	-£1,109	-£1,401	£0

Priority 3

16	Fund convalescence support for people with casts. Max 3 per week per CCG - res care bed	£312	£468	£0	£780			✓
17	Development and roll out of digital communities programme	£500	£500	£0	£1,000		✓	
18	Capital investment pot for care homes	£500			£500		✓	
19	Pump prime an Employee Benefits scheme for independent sector	£10	£0	£0	£10		✓	✓
Priority 3 total		£1,322	£968	£0	£2,290	£0		

TOTAL Priorities 1,2,3	£8,120	£8,937	£4,817	£21,874	£3,098
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Projects to be funded from other sources

20	Feasibility study: review options to build/develop or acquire nursing care home	£30	£0	£0	£30		✓	✓	✓
21	Support for 2020 Workforce Project to enhance recruitment and retention – in house and external providers	£30	£30	£30	£90		✓	✓	
Total other sources		£60	£30	£30	£120				

	W/C Ma		W/C April			W/C May				
Event	27th	3rd	10th	17th	24th	1st	8th	15th	22nd	29th
Publication of BCF Policy Framework	31st					BH				BH
Publication of Planning Requirements										
Planning return template & KLOEs circulated										
IBCF Q1 Return to DCLG abd confirmation of draft DToC metrics to BCST										
IBCF proposals discussed at CF & ongoing with Aos										
A&E board discussions										
Discussion with providers										
Agreement to proposals										
First Submission of narrative plan including agreement on SC funding										
1st draft circulated for review										
Agreement to submit										
Scrutiny of plans by regional assurers										
Regional moderation										
Cross regional calibration										
Approval letters issued giving formal permission to spend (CCG minimum)										
Deadline for resubmission of updated plans (if approved with Conditions)										
Section 75 Agreement Signed										
Quarter 2 (17/18) Reporting										
HASLT					26th		10th		24th	31st
Integration Performance Group		6th				4th		18th		1st
DFG Working Group							9th			
CFO (DOF) Meeting										2nd
Commissioner Forum							11th			
HWB										31st
Key Tasks	Responsibility									
Draft narrative plan & Complete template	MP & NB / IPG									
Agree CCG contribution to ASC	AH & GF / DOF Grp									
Establish and agree targets	MP & NB / IPG & CF									
Agree spend plan for IBCF funding	RW & KC / CF									
Agree joint DFG plan	KC & AH / DFG Grp									
Secure HWB Signoff	LW									
Section 75 Agreement Signed	AH & GF / DOF Grp									

Michaela Pinchard

MP

Neil Bartram

NB

Anton Hodge	AH
Gary Fielding	GF
Richard Webb	RW
Kathy Clark	KC
Louise Wallace	LW
Integration Performance Group	IPG
Directors of Finance Group	DOF
Commissionier Forum	CF
Disabled Facilities Grant	DFG
Health and Adult Services Leadership Team (County Council)	HASLT

W/C October					W/C November										
2nd	9th	16th	23rd	30th	6th	13th	20th	27th							
									29th						
									30th						
										W/C 9th					
												31st			
		TBC					31st								
4th	11th	25th	1st		22nd	29th									
5th			2nd												

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Event	W/C Ma		W/C April			W/C May				
	27th	3rd	10th	17th	24th	1st	8th	15th	22nd	29th
Publication of BCF Policy Framework	31st					BH				BH
Publication of Planning Requirements										
Planning return template & KLOEs circulated										
IBCF Q1 Return to DCLG abd confirmation of draft DToC metrics to BCST										
IBCF proposals discussed at CF & ongoing with Aos										
A&E board discussions										
Discussion with providers										
Agreement to proposals										
First Submission of narrative plan including agreement on SC funding										
1st draft circulated for review										
Agreement to submit										
Scrutiny of plans by regional assurers										
Regional moderation										
Cross regional calibration										
Approval letters issued giving formal permission to spend (CCG minimum)										
Deadline for resubmission of updated plans (if approved with Conditions)										
Section 75 Agreement Signed										
Quarter 2 (17/18) Reporting										
HASLT					26th		10th		24th	31st
Integration Performance Group		6th				4th		18th		1st
DFG Working Group							9th			
CFO (DOF) Meeting										2nd
Commissioner Forum							11th			
HWB										31st
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