Public Document Pack

Health and Wellbeing Board North Yorkshire

Agenda

Notice of a public meeting of **North Yorkshire Health and Wellbeing Board**

To: **Councillors Michael Harrison (Chair), Simon Myers, Janet Sanderson, Amanda Bloor (Vice-Chair), Wendy Balmain, Zoe Campbell, Jonathan Coulter, Stuart Carlton, Ashley Green, Nic Harne, Nancy O'Neill, Mike Padgham, Jillian Quinn, Sally Tyrer, Louise Wallace and Richard Webb.**

Date: **Friday, 19th July, 2024**

Time: **10.30 am**

Venue: **Teams**

Members of the public are entitled to attend this meeting as observers for all those items taken in open session. Please contact the Democratic Services Officer whose details are at the foot of the first page of the Agenda if you would like to find out more.

Recording is allowed at Council, committee and sub-committee meetings which are open to the public, please give due regard to the Council's protocol on audio/visual recording and photography at public meetings. Anyone wishing to record is asked to contact, prior to the start of the meeting, the Democratic Services Officer whose details are at the foot of the first page of the Agenda. We ask that any recording is clearly visible to anyone at the meeting and that it is non-disruptive.

Business

1. **Welcome by the Chair**

2. **Apologies for Absence**

3. **Minutes of the Meeting held on 22/05/24** **(Pages 3 - 6)**

4. **Declarations of Interest**

5. **Public Participation**

Members of the public may ask questions or make statements at this meeting if they have given notice to Christian Brennan of Democratic Services and supplied the text by midday on 15/07/2024, three working days before the day of the meeting. Each speaker should limit themselves to 3 minutes on any item. Members of the public who have given notice will be invited to speak:-

- at this point in the meeting if their questions/statements relate to matters which are

Enquiries relating to this agenda please contact Christian Brennan, Assistant Democratic Services Officer. Tel: 01723 232332
Tel: 01723 232332
Website: www.northyorks.gov.uk

not otherwise on the Agenda (subject to an overall time limit of 30 minutes);

- when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.

If you are exercising your right to speak at this meeting, but do not wish to be recorded, please inform the Chair who will instruct anyone who may be taking a recording to cease while you speak.

6. West Yorkshire Place Update

7. Humber and North Yorkshire Place Update

8. North Yorkshire Health Protection Assurance Group Annual report 2023/4 **(Pages 7 - 32)**

9. Better Care Fund update 2024/25 and 2023/24 Outturn monitoring return **(Pages 33 - 94)**

10. Rolling Work Programme **(Pages 95 - 104)**

11. Any Other Items

Any other items which the Chair agrees should be considered as a matter of urgency because of special circumstances

12. Date of Next Meeting

Members are reminded that in order to expedite business at the meeting and enable Officers to adapt their presentations to address areas causing difficulty, they are encouraged to contact Officers prior to the meeting with questions on technical issues in reports.

Barry Khan
Assistant Chief Executive
(Legal and Democratic Services)

County Hall
Northallerton

Thursday, 11 July 2024

North Yorkshire County Council

North Yorkshire Health and Wellbeing Board

Minutes of the remote meeting held on Wednesday, 22nd May, 2024 commencing at 1.00 pm.

Board Members	Constituent Organisation
Councillor Michael Harrison **(Chair)**	Executive Member for Health and Adult Services
Councillor Janet Sanderson	Executive Member, Children and Families
Christian Turner	Deputy Director Deputy Director Business Change and Planning, Humber and North Yorkshire ICB Substitute for Wendy Balmain
Stuart Carlton	Corporate Director, Children and Young People's Service
Jonathan Coulter*	Chief Executive, Harrogate and District NHS Foundation Trust
Nancy O'Neill, MBE*	Chief Operating Officer, Bradford District and Craven Health and Care Partnership – part of West Yorkshire Integrated Care System
Louise Wallace	Director of Public Health, North Yorkshire Council
Richard Webb	Corporate Director of Health and Adult Services, North Yorkshire Council

In attendance: Martin Liebenberg, Care Group Director of Therapies NYPP and Christian Brennan, Assistant Democratic Services Officer

---

Copies of all documents considered are in the Minute Book

---

1 Welcome by the Chair

2 Apologies for Absence

Apologies were received from:-

- Simon Myers, Executive Member, Culture, Arts and Housing
- Sally Tyrer, Chair of North Yorkshire Branch, YORLMC (Primary Care Representative)
- Jonathan Dyson, Chief Fire Officer Emergency Services
- Amanda Bloor, Chief Operating Officer and Deputy Chief Executive
- Wendy Balmain, Place Director, North Yorkshire, NHS Humber and North Yorkshire Integrated Care Partnership
- Zoe Campbell, Managing Director (North Yorkshire, York and Selby)
- Nic Harne, Director of Community Development

OFFICIAL

3 Minutes of the meeting held on 15th March 2024

Resolved –

That the Minutes of the meeting held on 15th March 2024 be approved.

4 Declarations of Interest

There were no declarations of interest.

5 Public Participation

There were no public questions.

6 Updates from Integrated Care Systems

Considered –

Oral updates from the two Integrated Care Systems within North Yorkshire.

Humber and North Yorkshire Integrated Care Board

Christian Turner presented his update to the Board in three parts.

Planning

- The 23/24 period resulted in a balanced budget.
- The Humber and North Yorkshire ICP was one of only two partnerships to deliver on its efficiency programme.
- The 24/25 planning round had been submitted in May.
- The 24/25 period would be financially difficult but he had met with relevant partners.
- There would be a focus on efficiencies and value for money; and consideration into increasing productivity with available resources such as implementing digital tools and surveys, and reducing waste.

Transformation of priorities

- They had identified a number of efficiencies across the ICS.
- They had introduced Senior Role Officer's for every service.
- Improved representation by bringing in a Lead in Local Authorities.

Place Framework

- The Framework would be delivered through the ICB and follow commitments to excellence, prevention, and sustainability.
- The upcoming months would determine how it is embedded in North Yorkshire.

OFFICIAL

Louise Wallace added that it was important the work be contextualised within population change. She also spoke on the importance of upstream prevention and connection between the HWB and NHS. Jonathan Coulter added that he agreed there were no quick fixes and long term thinking was needed.

Bradford District and Craven Health and Care Partnership

Nancy O'Neill presented her update to the Board.

- The 23/24 period had achieved a balanced budget.
- The 24/25 period held challenges whereby half the deficit was within the Bradford area. Further that most of this originated from hospitals, which were also going through the integration of a new electronic patient record.
- The Closing the Gap Programme was carrying out targeted interventions and was engaging with North Yorkshire colleagues.
- A number of geographically based listening exercises were met with positive engagement and produced responses on the specific needs of an area.

The Chair referred to a recent Council budget meeting where he recounted the cross-party concern for the funding of the hospice sector. He was concerned whether the full reimbursement of commissioned costs of services would not be received and further asked if the costs could be lost in the transformation. Miss O'Neill responded that funding among the 11 hospices was not equitable but that work was being done to address this. Moreover, that changes in charity funding had increased the difficulty in funds. It would be a four year process to rebalance the inequities.

Mr Turner advised that he had raised the issue with the Humber & North Yorkshire Chief Executive Stephen Eames.

The Chair said he would keep them appraised of the Council's position.

Richard Webb also updated the Board.

- North Yorkshire Council was collaborating with the other local authorities and had met with the Chief Executives on a number of matters including cooperation tackling issues, the location of assets and services, and working with the public.
- The Lancashire and South Cumbria ICB now had a surplus across all directorates and public health was balanced.
- The Local Plan had stated aims to expand the leisure and sports.

Mr Coulter added that there had been a local AP inspection which would cover areas of improvement. He suggested the HWB would want sight of the report when published.

RESOLVED:
- The updates be noted.

7 North Yorkshire Joint Local Health and Wellbeing Strategy - Director of Public Health

Considered –

OFFICIAL

A report by Louise Wallace, Director of Public Health, which shared the draft Joint Local Health and Wellbeing Strategy (JLHWBS) for North Yorkshire and sought approval from the Board of the report's recommendations.

Louise Wallace introduced the report. She explained that it was the final draft which had been pulled together from the contributions of colleagues and partners. The main elements of the strategy were composed of the three P's, Prevention, Place, People. A consultation with 700 members of the public showed support for the strategy.

She referred to section 3.3 of the report, saying it gave voice to specific groups and the community overall; and section 3.4 which outlined the three highest priorities of the public chosen from a list of 11. Finally, she reminded members of the timetable that the report would take.

Richard Webb thanked Louise Wallace for the report and commented on how it brought together the different styles of the partners. He also noted that it was a good start which could be reflected on further down the line.

The Chair remarked that it was not just a strategy where nothing would happen, but that instead it set out how the participating organisations would work together.

RESOLVED:

- That the North Yorkshire Health and Wellbeing Board approve the Joint Local Health and Wellbeing Strategy 2023-2030;
- That the Joint Local Health and Wellbeing Strategy be submitted to Full Council in July 2024;
- That the Board considers an annual action plan at their next meeting.

8 Rolling Work Programme 2024/2025

The Chair welcomed suggestions to the Work Programme.

Richard Webb made two suggestions to the board including the addition of the Autism strategy to the Work Programme, and a face to face workshop on the Culture Strategy.

Resolved:

- That the Autism Strategy be added to the Work Programme
- That a face to face workshop on the Culture Strategy be organised for later in the year

9 Any Other Items

10 Date of Next Meeting - Friday 19th July 2024 at 10.30 a.m.

NORTH YORKSHIRE HEALTH PROTECTION ASSURANCE GROUP ANNUAL REPORT 2023-4

CONTENTS

- Introduction
- Update on 23/24 priorities
- Screening and Immunisations
  - Screening
  - Seasonal Immunisations
  - Childhood Immunisations
  - Health Inequalities project
- Infection Prevention and Control (IPC)
- Antimicrobial resistance (AMR)
- Sexual health
- Environment
  - Seasonal health
  - Climate change
  - Air quality
  - Environmental health
- Migrant health
- Emergency Preparedness, Resilience and Response
- Incidents and outbreaks
  - Influenza A (H1N2)v
  - Tuberculosis (TB)
  - Avian flu
  - Measles
  - Support to early years and education settings
  - Support to care settings
- Communications
- Summary
- Appendices

Report produced by NYC Public Health team, April 2024

OFFICIAL

INTRODUCTION

The North Yorkshire Health Protection Assurance Group (HPAG) is a multi-agency forum providing strategic oversight across the individual parts of the health protection system in North Yorkshire. The group is chaired by the Director of Public Health, who has a statutory role to maintain assurance on health protection issues across the County.

Other members of HPAG include the UK Health Security Agency (UKHSA) who provide the regional and national capacity to respond to threats to health; the local authority public health, environmental health and resilience and emergencies teams; and NHS partners including NHS England, Humber North Yorkshire Integrated Care Board (HNY ICB), and the Community Infection Control Team (CICT).

The purpose of the HPAG annual report is to provide evidence to support the Director of Public Health in fulfilling their statutory assurance function on health protection for North Yorkshire, whilst summarising the work of the wider assurance group over the last year (23/24). In doing so the report also highlights the key risks, challenges and gaps across the system, which in turn help determine the priorities for the assurance group for the next year (24/25) as set out at the end of the report.

This is the second HPAG annual report, following on from the first report for 22/23. During 23/24 the group has also set up quarterly operational meetings in between 6-monthly strategic HPAG meetings to support governance arrangements. Operational group meetings allow partners to meet to share latest data and service updates, identify risks and issues to escalate to HPAG, and horizon scan for future issues or collaboration opportunities such as upcoming communications campaigns.

OFFICIAL

UPDATE ON 23/24 PRIORITIES

Priority	Update
Review of service specifications and contract for community IPC and TB services	Review has focused on the IPC contract, with more work to be done on TB. A multi-agency IPC workshop, hosted by NYC in November, looked at IPC capabilities across all organisations, including gaps and challenges and how partners could better work together. A new place-based IPC AMR Board for North Yorkshire is being set up by HNY ICB, which will include multi-agency partners.
Implementation of new School Aged Immunisation Service (SAIS) contract	Vaccinations UK started as the new provider of SAIS services in September 2023. Partners have held regular meetings with VUK, which has supported the successful transition to the new service. VUK also joined the multi-agency measles exercise.
Particular focus on screening programmes as part of Screening & Immunisation work	Cervical screening has now been embedded in the YorSexualHealth service. Screening rates for North Yorkshire remain above national average although there have been decreases in some programmes. Supported national screening awareness campaigns.
Further collaboration across environmental health, public health, trading standards and LRF following LGR	There is regular engagement with the LRF from public health and regulatory services, both in terms of routine meetings and as part of response. Public Health also attend regulatory services team meetings and there is close working on key topic areas such as air quality. There was also close collaboration between all teams as part of the local response to H1N2(v), with team members co-located at the Tactical Coordinating Centre at County Hall.

OFFICIAL

UPDATE ON 23/24 PRIORITIES

Priority	Update
Update and exercise Emergency Preparedness Resilience & Response plans covering pandemics and emerging infectious diseases	A new LRF Infectious Diseases Plan has been written and exercised, covering both the key national risks of pandemics and emerging infectious diseases. Local Authority level plans are also being reviewed to cover operational responses to the broad range of infectious diseases issues, not just pandemic flu.
Joint work with the ICB on finding solutions to clinical gaps in health protection response measures e.g. community swabbing, antiviral prophylaxis for avian flu	An antiviral prophylaxis plan for avian flu has been written by the ICB medicines management team, to be signed off by the ICB. Community swabbing will be included as part of the CIPC service specification review.
Co-ordinated communications across partners including proactive public messaging and joint webinars for education settings	There have been a range of communications shared between agencies and with the public, with particular multi-agency messaging on measles and winter health. Joint schools webinars have been held between NYC and SAIS for education settings.
Strengthen previous partnership working on antimicrobial resistance (AMR) and with military health colleagues	HNY ICB has set up an AMR Board, and will shortly be setting up a local sub-group for NY Place. UKHSA are looking to restart the military health liaison group, and there has been ongoing reactive work with military colleagues in response to incidents and through the LRF.
Incorporate sexually transmitted infections (STIs) into HPAG monitoring and assurance, including outbreak management	Reviewing sexual health data is included as part of HPAG operational group meetings, and sexual transmission is specifically considered as part of the infectious diseases plan.

OFFICIAL

SCREENING AND IMMUNISATIONS

SCREENING

Cancer screening indicators for North Yorkshire are consistently above the England average. However, recent trends show a decrease in uptake across most cancer screening programmes with the exception of bowel cancer.

Work is currently ongoing to increase the uptake of cervical screening for all ages. NYC is working with partners to draft a letter increasing awareness of cervical screening amongst young people who get the HPV vaccine. We also supported Cervical Screening Awareness month in January, and Bowel Screening Awareness month in April.

With regards to breast cancer screening, NYC shared resources with partners in the autumn to coincide with Breast Cancer Awareness month in October. The NHSE screening and immunisations team (SIT) and NYC have also supported one of our breast cancer screening providers with issues around one of the mobile testing unit locations. Colleagues from the Cancer Alliance regularly attend public health led meetings and public health have regular representation at monthly Cancer Alliance meetings.

Indicator	Period	North Yorkshire			England			
		Recent Trend	Count	Value	Value	Worst	Range	Best
Cancer screening coverage: breast cancer New data	2023	⬇	63,464	73.2%	66.2%*	34.3%		78.9%
Cancer screening coverage: bowel cancer New data	2023	⬆	102,006	78.1%	72.0%*	53.3%		79.5%
Cancer screening coverage: cervical cancer (aged 25 to 49 years old) New data	2023	⬇	67,689	75.5%	65.8%*	42.4%		75.9%
Cancer screening coverage: cervical cancer (aged 50 to 64 years old) New data	2023	⬇	53,879	78.6%	74.4%*	55.1%		87.7%

[Health Protection - Data - OHID (phe.org.uk)]

OFFICIAL

SEASONAL IMMUNISATIONS – FLU AND COVID-19

Flu vaccination uptake increased across most cohorts in 23/4, particularly in 2- and 3-year-olds, young people in secondary schools and pregnant women.

Uptake for 23-24 compared to 22/23 (N.B. eligibility changed in 2023-24 for older adults from 50+ to 65+)):

Cohorts	2 years	3 years	Primary	Secondary	Pregnant women	At risk under 65	65+
Uptake 23/24 (%)	**59.4**	**57.3**	**63.7**	**53.7**	**41.7**	**49.8**	**83.3**
Uptake 22/23 (%)	42.3	45.1	65.9	46.7	35.0	49.1 (under 50s), 62.4 (50-65)	79.9

Even though overall uptake amongst primary school children fell slightly, uptake in Scarborough district (the NY area with lowest uptake, where targeted multi-agency effort is in place to support increasing immunization rates) increased by c.3%.

There is more work to be done to achieve the WHO recommended threshold of 75% but these signs are positive, and indicative of the Health Protection led, multi-agency work that has been going on in the district for the last 18 months.

This year nearly 400 NYC staff were vaccinated against flu, COVID or both. This is very similar to last year's numbers when 398 NYC staff were vaccinated against flu – 389 staff through clinics, and 9 claimed through the MyView expenses system.

	Clinics	MyView
Flu	394	5
COVID-19	192	0
Total	591	0

However, overall adult social care staff across North Yorkshire had low uptake of seasonal vaccinations in 23/24, with 11.3% staff in older adult care homes receiving an autumn COVID-19 booster and 12.3% receiving a flu vaccine.

Uptake for the COVID-19 vaccination fell across all eligible cohorts.

Age	65-69	70-74	75-79	80-84	85-89	90+
Uptake %	72.6	79.5	82.4	83.6	82.9	79.6

Data sources: UKHSA_Seasonal_Flu_Vaccine_Uptake_GP_2023-2024_2024-1-January_LA.ods (live.com), Vaccinations in North Yorkshire | Coronavirus in the UK (data.gov.uk), Adult social care in England, monthly statistics: March 2024 - GOV.UK (www.gov.uk)

OFFICIAL

CHILDHOOD IMMUNISATIONS

With regards to childhood immunisations, North Yorkshire's overall coverage is consistently above England. The WHO threshold of over 95% coverage is achieved for many vaccination programmes, particularly in early childhood.

However, and in line with national trends, the coverage for the second dose of the MMR (measles, mumps and rubella) vaccination at 5 years old and the coverage for the DTaPIPV (diphtheria, tetanus, pertussis and polio) have fallen and are now below the lower WHO threshold of 90%.

There is ongoing work to address these issues.

- The public health team are working closely with NYC CYPS colleagues and early years settings to ensure that parents receive information about these vaccinations.
- Work is also ongoing with primary care to understand issues in terms of vaccine hesitancy and find solutions.
- UKHSA data has been shared with ICBs to identify practices with the lowest MMR vaccination rates to support targeted intervention measures including PPE training for staff who may see cases.
- NYC public health and SIT are also working with the School Age Immunisation Service who, although not responsible for these vaccinations, are commissioned to give the MMR vaccination opportunistically.

Health Protection - Data - OHID (phe.org.uk)

Case study – Scarborough Screening & Immunisations Group

The multi-agency group, first established by the NYC public health team in summer 2022, is still meeting regularly to progress work around the uptake of screening and immunisations in Scarborough.

The close collaboration of numerous local partners has led to continuous promotion of resources to increase awareness. The group continues to work closely with the School Age Immunisation Service and primary care colleagues and supports both with dissemination of information. Partners from this group regularly attend community events in Scarborough and link with local communities to understand their concerns.

The partnership approach has also led to further collaborations across the system. Clinics organised by primary care have been promoted through the group. Training courses around increasing confidence in immunisations and talking to people about cancer screening have been shared with the group and cascaded widely, thereby increasing local capacity and capability to talk about these issues. The group also sought help from the NYC Behavioural Science team to review and revise invitation letters to screening and immunisation appointments to try to reduce the number of non-responders.

Work has also been undertaken to engage with local communities to understand vaccine hesitancy and other relevant issues around healthcare which will now be used to address some of the concerns and develop bespoke communications to raise awareness amongst different communities. Encouragingly, local data show increases in uptake and feedback from partners about this group is very positive. Although there is more work to be done, this collaboration has made some headway in addressing health inequalities in Scarborough.

OFFICIAL

HEALTH INEQUALITIES PROJECT

Increasing the uptake of immunisations and supporting mental wellbeing amongst underserved populations

In Spring 2023 NYC was successful in obtaining funding from HNY ICB to expand on previous engagement work around immunisations and general healthcare issues faced by migrant communities in NY.

The aims of this project were to explore:

- Vaccine hesitancy issues
- Healthcare issues
- Preferred communication methods

A second element of this project was to identify emotional wellbeing and peer support needs of various marginalised communities and support the development of community champions who could provide low-level advice and signposting information to people who need it.

Partnership working helped to facilitate engagement with different populations. Partners disseminated and supported people to complete a survey which explored knowledge and experiences of healthcare in the UK, attitudes towards immunisations, preferences around communications and experiences of maternity services. The survey was drafted with the help of colleagues with behavioural science training.

Fifty-three responses were received from people mainly from an Eastern European background living in Scarborough. The findings provided significant insights into people's experiences and issues with accessing primary and secondary care in the UK. The findings show that vaccine hesitancy is a significant issue for the COVID-19 vaccination but not for any others. However, issues around access and availability of appointments, trust (or lack thereof) in the UK healthcare system and lack diagnostic tests were dominant in the survey.

In addition, people felt that information about vaccination and other healthcare matters should be provided by doctors but in people's own languages. From these findings, we are planning to develop bespoke communication materials to provide information on immunisations. We are also planning to share these findings with partners so that other areas of public health can use the insights gathered.

One of the areas of concern for many people was maternity care and mental health. For this reason, and working with colleagues from the Public Health team who lead on perinatal and infant mental health, we are planning to work with maternity services to develop appropriate training and deliver it to people who are interested in becoming community champions. These champions will then be able to provide low level support and advice and signpost people appropriately. Training in other public health areas may also be provided, should there be interest from the community.

OFFICIAL

INFECTION PREVENTION AND CONTROL

Community Infection Prevention and Control (IPC) services for North Yorkshire and York are delivered by Harrogate District Foundation Trust (HDFT).

This year the IPC team has provided face to face training events for care homes and domiciliary care staff, and for GP and dental practices, which have received positive feedback. Presentations have been given at Care Connected sessions, and the team also presented on preventing urinary tract infections at the Achieving Excellence Together in Health and Social Care Conference in York in December. Care Home Study Events held 4-5th March.

The team continues to respond to a range of IPC issues in care settings, including outbreaks of COVID19, flu, scabies and gastroenteritis. The team has also undertaken root cause analyses for c.difficile cases. Support was also provided for viral swabbing as part of a suspected avian influenza incident.

A review of the IPC specification and provision for North Yorkshire and York remains ongoing, with updated service arrangements due to be in place during 24/25.

Priorities 24/25:

- Complete implementation of new IPC contract and service specification
- Further develop timely intelligence sharing between partners

Infection Prevention and Control workshop

In November 2023 North Yorkshire Council hosted a workshop on Infection Prevention and Control, bringing together individuals from a range of teams and organisations whose roles involve IPC to look at the current landscape of IPC provision across NY, identify any challenges, gaps and system needs, and provide an opportunity to reconnect with colleagues. The workshop also explored five scenarios requiring IPC support, to identify which services would be involved in which settings. Participants included the Community IPC Team, UKHSA Health Protection Team, NYC (public health, environmental health, health & safety, adult social care), CYC, and HNY ICB.

Areas in need of further development included:

- Agreed pathways for swabbing for infectious diseases
- More joined-up working, including regular information sharing, a forum for discussing issues and lessons learned from incidents, clear routes of escalation including roles and responsibilities
- Links with other partners engaged in IPC e.g. Health & Safety Executive, occupational health, pharmacies
- Clarity around support for settings such as hostels and dentistry

OFFICIAL

ANTIMICROBIAL RESISTANCE

The emergence of drug-resistant pathogens (Antimicrobial Resistance - AMR) is a significant health threat. Tackling AMR in human health involves preventing infections, developing new antimicrobial drugs and ensuring that existing drugs are prescribed appropriately. HNY ICB has set up an AMR Board at ICB level, and is due to set up an AMR/IPC group at Place level in the near future.

There are three key indicators for primary care on AMR:

- **Total prescribing of oral antibiotics in primary care** – during the early pandemic (2020-22) North Yorkshire and Vale of York met the target threshold to reduce antibiotic use; however, since then antibiotic prescriptions have risen again above the target threshold (although NY Place has second lowest prescription rate for HNY ICB)
- **Prescription of broad spectrum antibiotics as a proportion of total antibiotic prescribing in primary care** – prescribing is below the national target of 10%, but there is still work ongoing to improve further
- **Amoxicillin prescriptions of 5 days (instead of 7 days)** – the majority of amoxicillin prescriptions are now for 5 days rather than 7 days

From a secondary care perspective, the main challenge continues to be the number of healthcare associated (hospital onset) *clostridioides difficile* cases seen across North Yorkshire, particularly in Scarborough. Antibiotic exposure almost always precedes *c.difficile* infection; antimicrobial stewardship programmes are a key intervention to preventing *c.difficile* infections, alongside other IPC measures such as appropriate PPE, decontamination and isolation.

Priority 24/25:

- Set up the NY Place AMR/IPC group

OFFICIAL

SEXUAL HEALTH

Key achievements in 2023/24 from 2022/23 priorities:

- Established a North Yorkshire Sexual Health Network (now integrated with York) and meets 6 monthly.
- Developed a system-wide Sexual, Reproductive Health and HIV Strategic framework for North Yorkshire with 6 key priority areas.
- Integrated STI/HIV monitoring and assurance into local Health Protection Assurance Board.
- Maintained robust monitoring and reporting of STI/HIV via the S75 Partnership Board.
- Annual report published: North Yorkshire Sexual Health Report, 2022 to 2023 (datanorthyorkshire.org)

Priorities for 24/5:

- To complete the Sexual, Reproductive Health and HIV action plan to sit alongside the strategic framework.
- To finalise the local Infectious Disease plan section for sexual health.

Cervical Screening via YorSexualHealth (YSH) Service

NHS England established an NHS Cervical Screening Programme in a sexual health setting Specification. This was to improve access for eligible people in addition to the well-established General Practice (GP) service. Access through Sexual Health Services is to benefit those people who would not access General Practice or are not registered with a GP Practice.

YSH signed a contract to deliver the specification in March 2023 and since then has been extremely successful. Funding from NHS England enabled 5 members of YSH staff to undergo training to be able to increase the offer.

Targeted clinics have been operating across both North Yorkshire and York

Prior to the NHSE contract the Local Authority commissioned opportunistic cervical screening.

1st April 2022-2nd March 2023 **opportunistic offer only -** 57 screens.

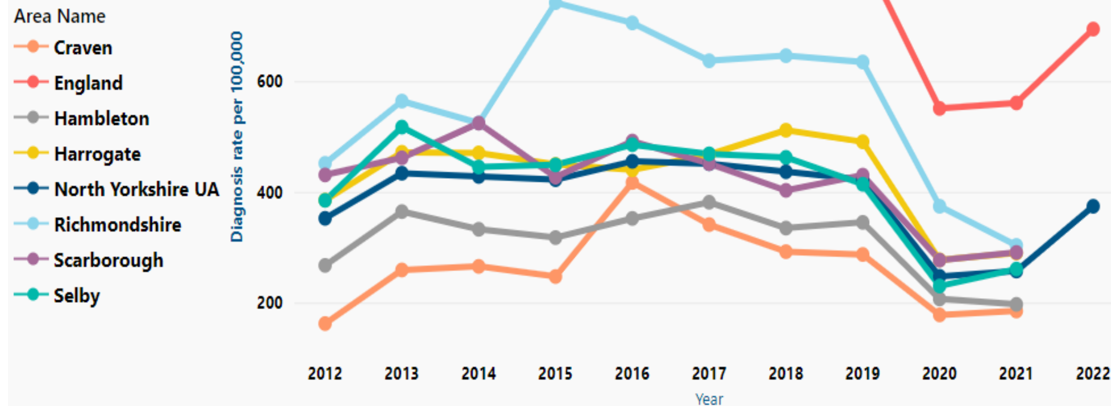
1st March 2003-31st Dec 2023 – NHS E offer - 356 cervical screens including a few trans males.

OFFICIAL

SEXUALLY TRANSMITTED INFECTIONS DATA

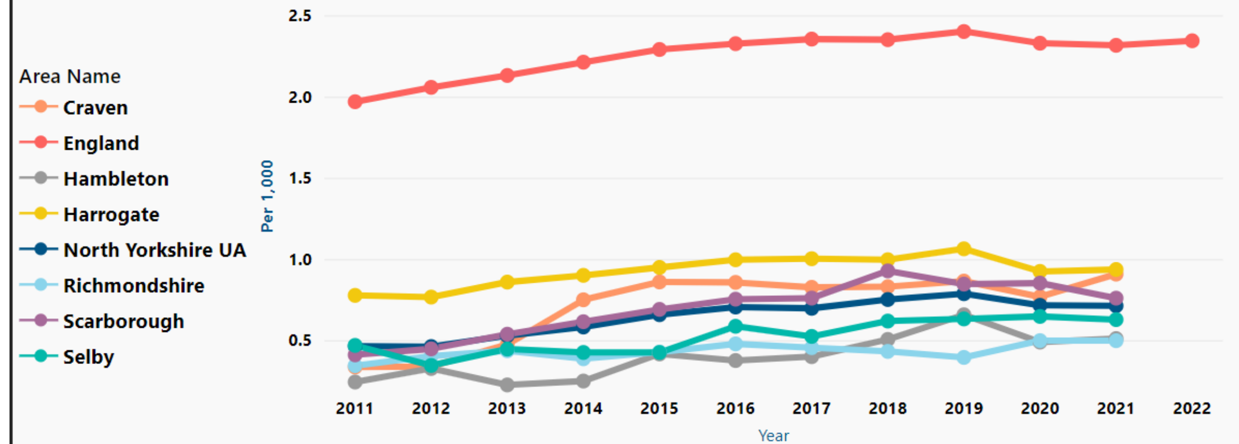
New STI Diagnoses rate per 100,000

This is a summary figure of all new STI diagnoses. The rate of new STI diagnoses in North Yorkshire has consistently been significantly better than England, diagnoses have increased in 2022. Data is only available for districts up to 2021. In 2021, Richmondshire has the highest rate of new STI diagnoses, Scarborough, Harrogate and Selby are also above the average for North Yorkshire.



HIV diagnosed prevalence rate per 1,000 aged 15 to 59

New HIV diagnosis is not synonymous with incidence; however, it provides a timely insight into the onward HIV transmission in a country and consequently allows targeting efforts to reduce transmission. Although the majority of HIV diagnoses are made in genitourinary medicine (GUM) services, HIV testing has been introduced in a variety of different medical services and non-medical settings, including the expansion of self-sampling/self-testing. The rate of new HIV diagnosis in North Yorkshire is significantly better than England in 2022. There is no significant change in the recent trend of new diagnoses in North Yorkshire. Data for districts is only available up to 2021, in which they show fluctuations. This indicator only reports on HIV diagnoses first made in the UK (which excludes those previously diagnosed with HIV abroad).



ENVIRONMENT

SEASONAL HEALTH

The seasonal health strategy, led by the seasonal health partnership, steers actions to improve the health and wellbeing of North Yorkshire residents during seasonal temperature variations, with a focus on reducing excess winter deaths but also acknowledging the impact from extreme heat. Throughout 2023/24 much of the focus of the Partnership has been on re-aligning priorities in line with the Strategy to ensure partners are covering all elements of the strategy. This has included re-aligning membership and providing more opportunity for all to provide updates to quarterly meetings.

In April 2023, UKHSA published a combined Adverse Weather and Health Plan replacing the separate Cold Weather Plan, and Heatwave Plan for England. These plans have been adapted locally and the North Yorkshire Health and Adult Services plan has been established to prepare the sector and directorate for adverse weather.

As we moved into Winter 2023/24 a clear priority was alignment of winter communications activity to create a 'one-stop-shop' for messaging. The NYC 'Keep Well and Warm this Winter' page was created to host this information. This page brought together messaging co-owned by the partnership on preparing for and keeping well during winter, weather information, travel advice, looking out for others, vaccination, help and financial support, and wider signposting.

Warm & Well in North Yorkshire

Warm & Well, run by Citizen's Advice on behalf of the Seasonal Health Partnership, provides advice around cold homes, fuel poverty, and energy efficiency to those most vulnerable to cold weather impacs. During 23/24 there has continued to be an increasing number of referrals received by the service. In September 2024 Warm & Well hosted the annual Seasonal Health Partnership Conference, titled 'Preparing for Winter'. The conference gave the opportunity for partners to come together to explore key issues for the upcoming season including Strategic working, winter health, warm spaces, funding, reaching Eastern European communities, and communications.

Priorities for 24/5:

- Cross-partnership working to establish shared messaging
- Wider engagement from NHS

CLIMATE CHANGE

Climate change is an emergency with multiple adverse consequences that will worsen health inequalities. Climate change will directly influence health through: changing exposure to heat and cold; air pollution due to increased ground level ozone and particulates; increased aeroallergens due to extended pollen seasons; increase in food-borne/water-borne/vector-borne infections and emerging infections disrupting health services; flooding induced injury, infection and mental health impacts; increased exposure to UV radiation.

NYC public health developed a Climate Action Plan for the Health and Adult Services (HAS) directorate, and a team-specific action plan for public health, setting out how we will respond to the climate emergency following on from the NYC Climate Strategy.

The Public Health action plan focuses on:

1. Developing the evidence base and data for the climate impact within North Yorkshire
2. Addressing the wide range of health impacts of climate change
3. Strengthening the climate resilience and environmental sustainability of the local health system, commissioned services, strategies, and interventions
4. Promoting the health co-benefits of climate change mitigation in other areas

This year we have established the HAS Sustainable Futures Board, chaired by our Director of Public Health to hold the directorate accountable and develop our climate actions. We are in the process of finalising a set of core Key Performance Indicators.

We have delivered a series of Lunch and Learn sessions to the wider team, totalling over 3-hours of additional Climate CPD, and attended a variety of webinars and further learning on Climate Change.

We have also supported the corporate roll out of the Climate Change Strategy including supporting consultation on the upcoming Pathway.
Public health and Aault social care feed directly into the NYC Beyond Carbon Board.

In February 2024 we delivered a team away day session for the public health team focused on 'Preparing for the Future' where the team explored the potential future impacts of climate change on public health practice and worked collaboratively to develop ways forward.

Priorities 24/25:

- Engagement and roll-out of HAS action plan
- Embed climate practice into all roles

(Foot)steps to climate action
Public health team away day: preparing for the future

OFFICIAL

AIR QUALITY

Building on our identified priority for this year on 'Supporting improvement of indoor air quality (IAQ) in care homes', work has focussed on developing an Indoor Air Quality Pilot for Care Settings, using CO2 monitors as a 'proxy' measure for the quality of the air within a setting.

Our approach was to explore existing inspection and audit protocols as a means of highlighting and advising on IAQ and ventilation, and to support this by developing a range of guidance and training materials.

NYC environmental health and public health teams are exploring ways of working together to support work on air quality (both indoor and outdoor) including developing a NYC Air Quality Strategy. NYC are in the process of developing a combined Air Quality Action Plan for NY for Air Quality Management Areas.

Clean Air Day, the UK's largest air pollution campaign, took place on Thursday 15 June. The campaign aims to improve public understanding of air pollution and build awareness of how air pollution affects our health. NYC supported this campaign via communications activity.
https://www.actionforcleanair.org.uk/campaigns/clean-air-day

Priorities for 24/5:

- Evaluate existing Indoor Air Quality work
- Development of Air Quality Strategy and action plan

Care settings IAQ quality pilot

Broad aims:

- Identify areas in care settings which may be more prone to poor IAQ
- Provide the right advice and support where needed to help bring about improvements to IAQ, and
- Support care setting staff in understanding the importance of good IAQ and how to improve ventilation.

Work so far:

- Developed an IAQ briefing to care settings on the importance of good IAQ, providing an overview of the Pilot, and the use of CO2 monitors.
- Developed guidance for our Quality and Nursing teams on using CO2 monitors during scheduled visits, to provide a 'snapshot' of the IAQ in a communal area within a setting.
- Developed detailed guidance on how to improve ventilation within a setting, providing a range of practical solutions. The guidance included a description of the range of CO2 readings, RAG rated green/amber/red, with appropriate measures for each zone. Also included advice on ventilation measures in extreme weather, and additional support and resources.
- Delivered training for the teams and provided a digital mechanism for data to be recorded.
- Continued review of data collected so far, next steps to be developed.

ENVIRONMENTAL HEALTH

North Yorkshire Environmental Health Officers maintain a risk-based inspection programme to ensure all 8000 North Yorkshire food producing premises are monitored for compliance with food hygiene legislation. Reactive intelligence led activity targets particular premises types, sample types, cooking methods and/or organisms of interest, maintaining close links with the UK Health Security Agency for testing purposes.

For example;

- **Food** – which might be ready to eat, raw, outbreak or incident related food stuffs.
- **Water** – which could be potable, swimming pool and other recreational waters.
- **Environmental** – including the hygiene of surfaces, pathogen testing, investigation of outbreaks.

Clearly when food, water and environmental safety controls fail, serious illness and even death can result. As such Environmental Health Practitioners will investigate what went wrong and look for ways to prevent it happening again. They also take action to prevent illness spreading in the community.

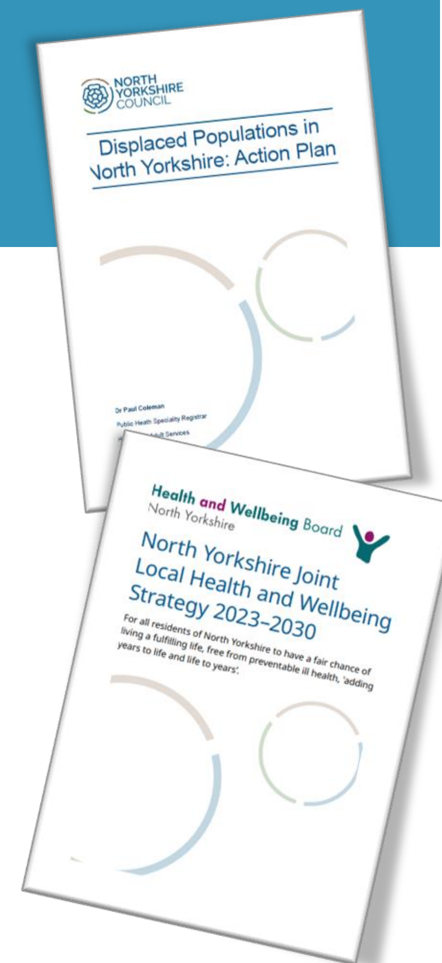
Sometimes, investigating a complaint at a local level can reveal a bigger problem and when this happens officers work with the Food Standards Agency to issue a food hazard warning, ensuring people across the UK are aware of the problem and all affected product is removed from shops and restaurants.

Examples of activity across 2023/24;

- In April 2023, a large number of guests who had attended a wedding reported sickness and diarrhoea symptoms. An outbreak investigation commenced, speaking with the bride and groom and guests to identify symptoms, inspecting the food premises to assess food hygiene practices, identifying environmental factors which could be a source of potential food poisoning and submitting faecal samples for testing. Through collaboration with the UKHSA it was found the likely outcome was a suspected gastroenteritis virus from an already sick wedding guest who had attended whilst symptomatic.
- In March 2024, NYC was contacted after a consignment of 20 tonnes of cheese was stopped by the Imports Team at the port of Calais due to the presence of mould. The cheese was subsequently returned to the manufacturer with EHOs isolating 21 blocks due to contamination.
- Following an increase in cryptosporidium cases nationally, UKHSA required enhanced surveillance questionnaires to be completed for all new cases. Intelligence suggested some cases had visited a large tourist destination in North Yorkshire and that they had used the pool facilities whilst onsite. Testing of the water quality in the pool was undertaken and samples submitted for testing. Thankfully, everything was satisfactory at the pool.

OFFICIAL

MIGRANT HEALTH



The North Yorkshire Strategic Migrant Health Group has continued to meet bi-monthly throughout 2023/4. Whilst work has predominantly focused on refugee programmes and contingency accommodation sites for asylum seekers, there has also been wider engagement through partners such as POMOC on a range of health issues. One of the key issues has been encouraging uptake of MMR vaccinations, with migrant populations at higher risk of measles infections and outbreaks due to lower vaccination levels. The ICB has worked on site-specific plans for vaccination uptake alongside the Screening and Immunisations Team. Similarly, UKHSA is also working on developing site-specific outbreak plans for all contingency accommodation sites.

Refugees, asylum seekers and vulnerable migrants are key populations as part of Inclusion Health work. Inclusion health features strongly in the new North Yorkshire Joint Strategic Needs Assessment as part of work to tackle health inequalities. NY work on migrant health work is also linked into the broader inclusion health agenda at both a local and regional level.

During 2023/4 an Acton Plan was developed to support the recommendations in the Displaced Populations Health Needs Assessment. Responsibility for delivering the action plan sits with the Strategic Migrant Health Group. Key themes include improving access to services (including primary care, mental health, and maternity services), increasing uptake of prevention measures such as screening and immunisations, increasing cultural awareness among service providers and increasing knowledge of the local health system among displaced population groups.

Multi-agency work on migrant health in North Yorkshire has been shared as examples of good practice in several forums. The Action Plan and work on better understanding challenges around immunisations and access to health care have been presented at regional migrant health meetings, and the Strategic Migrant Health Group approach was also shared at a regional CPD event on migrant health. Copies of the HNA and action plan, and findings from the accessing immunisations work, have also been requested and shared with other local authorities and wider partners.

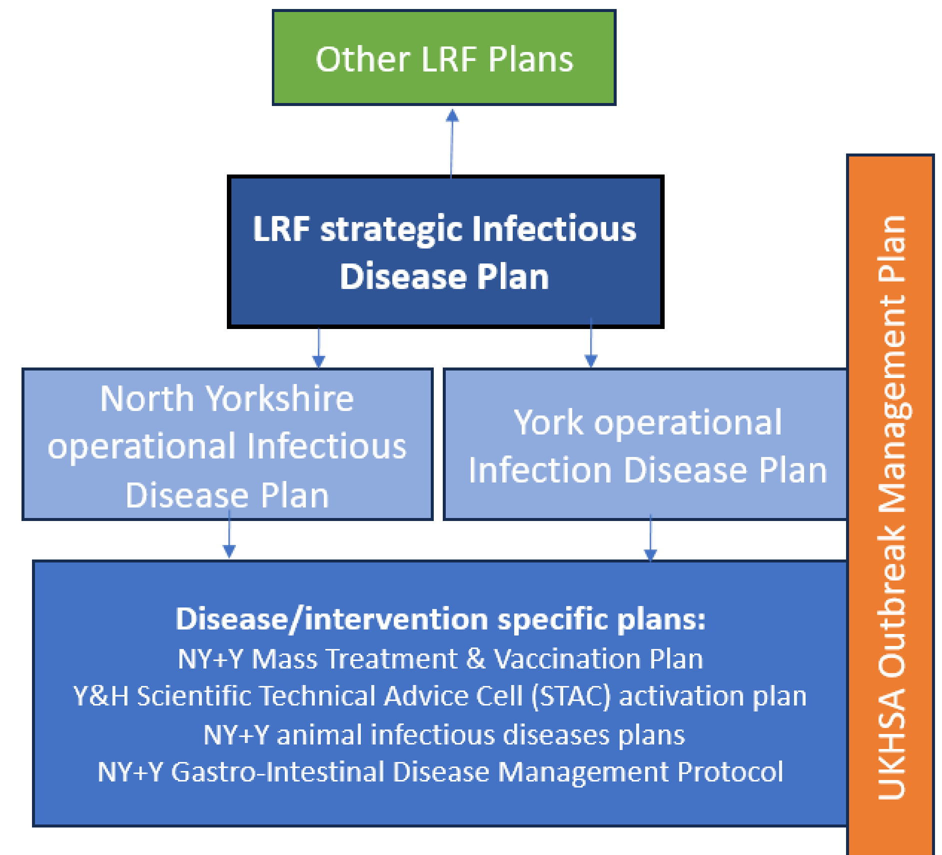
EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE

EPRR PLANS UPDATE

This year we have developed the Local Resilience Forum (LRF) Infectious Diseases Plan, which looks holistically at infectious diseases including emerging infectious diseases and Pandemics. The plan replaces previous separate plans for Pandemic Flu and COVID-19 and emphasises the role of the LRF in response, building on lessons learnt and established ways of working from the Pandemic response. The plan was formally exercised in February 2024 (Exercise Tussio) and adopted.

Exercise Tussio

In February NY LRF hosted a multi-agency exercise to test the new LRF Infectious Diseases Plan. The exercise was chaired by NHS England and held virtually on Teams, although facilitators and a small number of participants joined from the Tactical Coordinating Centre (TCC) in Northallerton. The exercise included an overview of the plan, a case study and lessons learned from the recent H1N2(v) incident, and two scenarios looking at avian flu and measles. These highlighted to wider LRF partners aspects of the usual health responses to infectious diseases incidents and also identified triggers for when LRF escalation would be required, including around communications.



NYLRF COMMUNITY RESILIENCE PROJECT

During 23/24 NYLRF have undertaken a project to help "*NY communities to be whole society resilient to emergencies in ways which best meet their specific needs and the needs of the LRF*." The aim of the project was to take a strong, strategic and co-ordinated approach to supporting and enabling communities to become "whole society resilient" to current and future emergencies.

The project focussed on three main areas: Community, Voluntary Community Sector (VCS) and Partnership.

The project ran until the 31st March 2024, with the End of Project Summary and Recommendations Paper shared with LRF Executive Board. The Community Resilience Group will be assessing the recommendations to determine next steps to be shared externally.

Additionally, funding has been sourced to deliver a Yorkshire and Humber regional 'Yorkshire Ready Together' Hello Lamp post intuitive AI system, which is an interactive public tool to help warn and inform people via an AI conversation about the risks people face and what they can do to mitigate them.

Community emergency plan templates have also been updated to be more of a multi-agency collaboration, as previously they were centred just around the local authority. This will also include the offer of training and exercises in local communities as part of better, more prolonged community engagement.

The NYLRF Website and Community Risk Register have also been updated / relaunched this year.

Next steps for 24/5:

- Replace Regional Emergency Mortuary Arrangements (REMA) kit to support mass fatality capabilities
- Vulnerable people data sharing exercise
- Regional capabilities event to highlight organisational capabilities that partner agencies might not be aware of e.g. drones

INCIDENTS AND OUTBREAKS

INFLUENZA A H1N2(V)

In November 2023 UKHSA detected a single case of influenza A (H1N2)v in North Yorkshire. This is not a known circulating strain of influenza in humans in the UK, but is similar to viruses detected in pigs. The individual visited their GP with a respiratory illness and had a swab taken as part of national surveillance sampling. The individual had no known exposures to animals, indicating there was potentially human-to-human transmission.

Local partners including the UKHSA regional team, NHS, and North Yorkshire Council (public health, environmental health, communications, and resilience and emergencies teams) supported the national UKHSA investigation, including participating in national Incident Management Team meetings. Co-location at the Tactical Coordinating Centre (TCC) in Northallerton was important to facilitate joint working.

Whilst fortunately only one confirmed case was identified, this incident was a good opportunity to demonstrate local assets and capabilities to the national team, including local authority animal health links, and the crucial role of the regional UKHSA team in joining up local and national efforts. It also highlighted capacity challenges at a local level, in particular clinical capabilities around mass testing both through swabbing and serology.

TUBERCULOSIS (TB)

The latest national data shows that TB rates in England were stable in 2022 compared to 2021. However, additional provisional data suggests that TB cases in England rose 10.7% in 2023 compared to 2022. The proportion of TB cases among people born outside the UK has been steadily rising for a number of years. However, the increase in TB in 2023 has now been seen in both UK born and non-UK born populations in England.

In North Yorkshire there has been an increased number of complex cases in 22/23 managed by the community TB team. The team has restarted screening of new entrant populations, which had previously been paused. This will be important to help detect latent TB cases in new entrant populations.

OFFICIAL

AVIAN INFLUENZA

In August 2023 a large number of dead birds were washed up on beaches in the Scarborough and Filey area. Recent testing results from the same area had indicated the presence of H5N1 avian influenza, which has caused significant mortality in global bird and mammal populations in recent years.

North Yorkshire Council worked with partners including UKHSA, APHA (Animal and Plant Health Agency) and the NHS to safely remove and dispose of the carcases, issue communications to the public, and manage individuals who had close exposure to the birds as part of the disposal process.

Challenges were identified around swabbing, availability of fit testing and appropriate PPE, and antiviral prophylaxis; however, all of these were managed as part of outbreak response. There were also difficulties in obtaining testing results from DEFRA to confirm the H5N1 diagnosis.

PUBLIC NOTICE

If you find any dead or dying birds, **do not touch them.**

Please report them to DEFRA by calling **03459 33 55 77** or scanning the QR code below.

- Do not handle sick/dead birds, or pick up any feathers
- Adhere to any cordons in place
- Keep dogs on leads

MEASLES

Measles rates have increased nationally during 23/24, with particular increases in London and the West Midlands. A multi-agency exercise was held in July 2023 to test our preparedness for responding to measles outbreaks, with a further scenario carried out as part of Exercise Tussio in February 2024.

UKHSA, the NHS and the local authority have all undertaken significant communications and awareness around measles to a range of audiences, including education settings, health and care staff, and the general public.

Work is ongoing to support vaccine uptake in low-uptake communities, including tackling issues around access, vaccine hesitancy and language barriers.

SUPPORT TO EARLY YEARS AND EDUCATION SETTINGS

Partners have continued to provide support to education settings across the county. COVID-19 and IPC guidance for education settings has been developed and shared with all settings. Members of the public health team regularly attend Headteachers' briefings and provide verbal updates on health protection issues. Recently, briefings have been used to increase awareness around measles, including both health and business continuity risks, and particularly emphasising the importance of MMR vaccination.

Webinars have been used to communicate vaccination related matters to education settings. Most recently, joint webinars with partners including SAIS focused on addressing Gillick competence and its significance for vaccination of young people. Targeted multi-agency support is also provided to schools and other education settings with low vaccination uptake.

In addition to preventative work, partners have supported education settings with outbreak management when needed (e.g. COVID-19, gastroenteritis, advice around IPC).

SUPPORT TO CARE SETTINGS

Support to care settings has included both proactive advice on infection prevention and control and other issues, as well as reactive support when there have been incidents and outbreaks. Partners including UKHSA, CIPCT, ICB/NYC quality team, and NYC (adult social care, public health, health and safety) have all provided support, either as individual agencies or collaboratively through Incident Management Teams or more informal arrangements. This has covered a range of infections including COVID-19, flu, gastroenteritis, and scabies.

Partners have regularly contributed to Care Connected sessions with care home managers, highlighting changes to national guidance plus topics of interest or concern including COVID-19, flu, vaccinations (seasonal vaccines and MMR), and general IPC. Partners also supported the Achieving Excellence Together in Health and Social Care Conference in December 2023, including presentations on urinary tract infection management ('no dip' project) and air quality monitoring in care settings.

OFFICIAL

COMMUNICATIONS

There have been a range of proactive and reactive communications campaigns shared during 23/24.

Partners have worked together to share assets and collaborate on key campaigns such as promoting MMR vaccinations.

As well as social media assets, there have been a range of press releases and media interviews with key figures.

There are also local websites sharing key resources, including:

NYC Keep well and warm this winter: Keep well and warm this winter | North Yorkshire Council

HNY ICB Lets get vaccinated: Get vaccinated - Let's Get Better (letsgetbetter.co.uk)

Supporting PrEP Awareness Week
27th November to 3rd December 2023

Get ready
Keep warm and check on others

MEASLES CASES ARE RISING
1 IN 15 CHILDREN DEVELOP SEVERE COMPLICATIONS
Make sure your child is up to date with their vaccinations

Take extra care when driving in heavy rain.

GET WINTER STRONG

If you catch it, stay home for 48 hours after your symptoms clear.

If you've spent time outdoors, check your skin and clothes for ticks when you get home. You should also check your children and pets.

Very cold weather is forecast

OFFICIAL

SUMMARY

During 22/23 HPAG member organisations have made progress across all priority areas. Some of the key actions have been completed (such as the LRF Infectious Diseases Plan), whilst others remain ongoing (such as the review of the IPC contract) and will continue as priorities into 24/25.

There have been a small number of significant health protection incidents during 23/24, in particular avian flu and H1N2(v). Both of these incidents highlighted the good partnership working across the system, as well as demonstrating areas in need of further attention around local capacities (particularly swabbing and antivirals). Lessons learned from both incidents have informed ongoing work such as the avian influenza protocol and the LRF Infectious Diseases Plan.

Several organisations have felt the continued impact of service reorganisations, including Local Government Reform and NHS organisational changes, which has presented challenges around capacity for transformation work. However, despite organisational changes working relationships between individuals across the system have remained strong.

Tackling inequalities remains at the heart of targeted health protection work, particularly recent work on immunisations. Inequalities are reflected in some of the current main health protection risks, for example populations most susceptible to measles outbreaks and those at highest risk of TB. It will be important to continue this focus into 24/25, aligning with the inclusion health focus in the new North Yorkshire Joint Health and Wellbeing Strategy.

HPAG will also continue to develop formal and informal multi-agency working, which underpins the effectiveness of the local health protection system.

Priorities for HPAG 24/25:

- Complete IPC/TB contract/service specification review (continued from 23/24)
- Further develop timely intelligence sharing between partners
- Complete NY Infectious Diseases operational plan and Gastrointestinal Infection Plan
- Sign off Avian Influenza protocol
- Health inequalities focus for screening and immunisations
- Restart NY military liaison group
- Air Quality Strategy and single NY Air Quality Action Plan
- Link to inclusion health agenda around key risks e.g. TB
- Joint seasonal health communications plan

OFFICIAL

This page is intentionally left blank

Health and Wellbeing Board
North Yorkshire

North Yorkshire Council

Health and Wellbeing Board

19 July 2024

Approval of the Better Care Fund update 2024/25 and 2023/24 Outturn monitoring return

Report of the Director of Public Health

1 PURPOSE OF REPORT

1.1 To seek approval to:-

a) the Better Care Fund Planning Update Submission for 2024/2025; and

b) The Quarterly Outturn return for the final quarter of 2023/2024.

2 BACKGROUND

The Better Care Fund 2023-2025

2.1 The Better Care Fund is a Government initiative which creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their well-being as the focus of health and care services. It was introduced in 2015 to support local systems to successfully deliver the integration of health and social care.

2.2 In North Yorkshire it is, essentially, a partnership between the Council and the three Integrated Care Boards that operate within the Council's footprint, namely:-

- NHS Humber and North Yorkshire ICB
- NHS Lancashire and South Cumbria ICB
- NHS West Yorkshire ICB

2.3 Partners have agreed the following headline priorities for 2023-2025:-

- Priority 1 – A comprehensive and integrated health and social care model
- Priority 2 – A high quality care sector, with sufficient capacity to meet demand
- Priority 3 – A strong workforce
- Priority 4 – Prevention and Public Health

2.4 For each Priority, the plan highlights asks *What does good look like*? and encompasses a number of key actions that are intended to make these aspirations a reality.

2.5 There are a number of national conditions that all Better Care Fund Plans must meet in order to be approved. These are:-

1. A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board.
2. NHS contribution to adult social care to be maintained in line with the uplift to NHS minimum contribution.
3. Invest in NHS commissioned out-of-hospital services.
4. Implementing the two BCF policy objectives.

2.6 The Council and partners are confident that the submission meets these conditions.

2.7 There have been some changes since the previous Plan. Among these, are the planning and funding cycle increased to two years to provide greater certainty around funding and spend, revisions to include additional expenditure and reflect updated spend including uplift, where appropriate and the fact that the Disabled Facilities Grant is now managed by North Yorkshire Council, following the merger of the District and Borough Councils with the former County Council to create a single authority – North Yorkshire Council – on 1st April 2023.

2.8 The 2023-25 Better Care Funding Planning guidance was submitted on 19th July 2023 to NHS England.

2.9 Official approval letter for formal permission to spend was received on 18th September 2023 from NHS England.

2.10 The two-year 2023-25 Section 75 has been agreed by all four parties.

2.11 **Better Care Fund Planning 2024/25 requirement update**
On the 12th April an Addendum to the Planning Requirements and Policy Framework 2023-25 was published, which outlines the requirements for the 2024/25 planning updates.

2.12 The 2023-25 Planning Requirements and Policy Framework still stand for the two-year period and, as such, the majority of the North Yorkshire 2023-25 plan remain as submitted and approved for this year, however with changes to some of the funding allocation (Appendix 1)

2.13 The 2024/25 update is specifically to review and finalise the Additional Discharge Fund elements of plans, to agree ambitions for metrics and a capacity and demand plan for the second year as well as a chance to submit updates to 24/25 spending plans if required.

2.14 The Better Care Fund Planning 2024/25 requirement update was submitted by the deadline of 10th June 2024 and was put forward for approval at the BCF Assurance Panel on 3rd July. In addition, national guidance requires that the 2024/25 Planning update is approved by the Health and Wellbeing Board.

OFFICIAL

2.15 **The Quarterly Reporting**
Quarterly monitoring reporting is a standing requirement of the Better Care Fund planning and reporting cycle and sitting alongside the submission of the annual Better Care Fund Plan.

2.16 Quarter 4 - Outturn
The quarterly report template for Quarter 4 requested a financial update on a pre-selected number of scheme in which moves within spend envelop was reported. North Yorkshire Council has not significantly changed the demand and capacity figures as systemwide data is one of the challenges it has and that is not shifted. This was reflected in the metrics which at outturn showed that four out of five metrics not on track to meet target. On-going collaboration between the ICBs and NYC to improve data is taking place with support from the BCF team (Appendix 2).

3 LEGAL IMPLICATIONS

3.1 It is a statutory requirement for the Local Authority and its health partners to produce an agreed, fully costed Better Care Fund Plan and for that to be signed off by the Health and Wellbeing Board

3.2 In terms of monitoring, it is also a requirement that the re-established Quarterly Returns are approved by the Health and Wellbeing Board.

4 FINANCIAL IMPLICATIONS

4.1 The following minimum funding must be pooled into the Better Care Fund in 2023-25:-

BCF Schemes – 2023/24

- Total BCF funding 2023/24 is £77.1m (LY£68.6m).
- The ICBs' BCF Minimum Contribution in 2023/24 is £45.8m (LY £46.1m) of which £18.2m is transferred to NYC for Adult Social Care (LY £17.2m);
- LA's iBCF allocation is £17.3m (LY £17.3m).
- The total ASCDF, (Additional discharge funding) for North Yorkshire is £5.9m; NYC £2.4m and ICBs £3.5m.
- DFG, (Disabled Facility Grant) for NYC is £5.1m

BCF Schemes – 2024/25

- 2024/25 total BCF funding is £83.5m (2023/24 £77.1m).
- The ICBs' BCF Minimum Contribution in 2024/25 is £51.5m (LY £45.8m) of which £19.2m is transferred to NYC for Adult Social Care (LY £17.2m);
- NYC iBCF allocation is £17.3m (2023/24 £17.3m).
- The total ASCDF, (Additional discharge funding) for North Yorkshire is £9.1m; NYC £4.1m and ICBs £5.0m.
- DFG, (Disabled Facility Grant) for NYC is £5.6m

4.2 The programme and initiatives for its success are in part funded through national grants: Better Care Fund, additional Discharge Fund, Improved Better Care Fund and Disabled Facilities Grant (2023/24: £77.1m and 2024/25 £83.5m). The first two come from the Department of Health and Social Care through the ICB, while the latter two are received by the local authority from Department for Levelling Up, Housing and Communities. All are dependent on meeting conditions that contribute towards the programme and the targets, and that plans to this effect are jointly agreed between the Integrated Care Board and the Local Authority under a pooled budget arrangement

OFFICIAL

5 EQUALITIES IMPLICATIONS

5.1 There are no direct equalities implications but attainment of the priorities in the Plan will, for example, enable more people to live safely and independently.

6 CLIMATE CHANGE IMPLICATIONS

6.1 An initial climate change assessment form has been completed and that indicates that there are no direct climate change implications.

7 CONCLUSIONS

7.1 The Better Care Fund (BCF) is a programme spanning both local government and the NHS which seeks to join-up health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible.

7.2 Monitoring of the Fund helps ensure the priorities are being achieved

8 REASONS FOR RECOMMENDATION

8.1 The content of the Plan has been agreed with partners and is fully costed.

9 RECOMMENDATIONS

9.1 That the Better Care Fund Plan Update for 2024/2025 be approved; and

9.2 That the Quarterly Return for Quarters 4, in respect of 2023/2024, be approved.

Author

Saskia Calton, Head of Finance – Public Health
Saskia.Calton@northyorks.gov.uk

Presenter

Louise Wallace, Director of public Health
Louise.Wallace@northyorks.gov.uk

BACKGROUND DOCUMENTS relied upon in the preparation of this report – Better Care Fund Policy Framework and Planning Requirement 2023-25

NOTE: Members are invited to contact the author(s) in advance of the meeting with any detailed queries or questions.

OFFICIAL

BCF Planning Template 2024-25

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. To view pre-populated data for your area and begin completing your template, you should select your HWB from the top of the sheet.

2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells in this table are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

3. The checker column, which can be found on each individual sheet, updates automatically as questions are completed. It will appear red and contain the word 'No' if the information has not been completed. Once completed the checker column will change to green and contain the word 'Yes'.

4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.

5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.

6. Please ensure that all boxes on the checklist are green before submission.

7. Sign off - HWB sign off will be subject to your own governance arrangements which may include delegated authority. If your plan has been signed off by the full HWB, or has been signed off through a formal delegation route, select YES. If your plan has not yet been signed off by the HWB, select NO.

4. Capacity and Demand

A full capacity and demand planning document has been shared on the Better Care Exchange, please check this document before submitting any questions on capacity and demand planning to your BCM. Below is the basic guidance for completing this section of the template.

As with the last capacity and demand update, summary tables have been included at the top of both capacity and demand sheets that will auto-fill as you complete the template, providing and at-a-glance summary of the detail below.

4.2 Hospital Discharge

A new text field has been added this year, asking for a description of the support you are providing to people for less complex discharges that do not require formal reablement or rehabilitation. Please answer this briefly, in a couple of sentences.

The capacity section of this template remains largely the same as in previous years, asking for estimates of available capacity for each month of the year for each pathway. An additional ask has now also been included, for the estimated average time between referral and commencement of service. Further information about this is available in the capacity and demand guidance and q&a documents.

The demand section of this sheet is unchanged from last year, requesting expected discharges per pathway for each month, broken down by referral source.

To the right of the summary table, there is another new requirement for areas to include estimates of the average length of stay/number of contact hours for individuals on each of the discharge pathways. Please estimate this as an average across the whole year.

4.3 Community

Please enter estimated capacity and demand per month for each service type.

The community sheet also requires areas to enter estimated average length of stay/number of contact hours for individuals in each service type for the whole year.

5. Income

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2024-25. It will be pre-populated with the minimum NHS contributions to the BCF, iBCF grant allocations, DFG allocations and allocations of ASC Discharge Fund grant to local authorities for 2024-25. The iBCF grant in 2024-25 remains at the same value nationally as in 2023-24.

OFFICIAL

2. The sheet will be largely auto-populated from either 2023-25 plans or confirmed allocations. You will be able to update the value of the following income types locally:

- ICB element of Additional Discharge Funding
- Additional Contributions (LA and ICB)

If you need to make an update to any of the funding streams, select 'yes' in the boxes where this is asked and cells for the income stream below will turn yellow and become editable. Please use the comments boxes to outline reasons for any changes and any other relevant information.

3. The sheet will pre populate the amount from the ICB allocation of Additional Discharge Funding that was entered in your original BCF plan. Areas will need to confirm and enter the final agreed amount that will be allocated to the HWB's BCF pool in 2024-25. As set out in the Addendum to the Policy Framework and Planning Requirements; the amount of funding allocated locally to HWBs should be agreed between the ICB and councils. These will be checked against a separate ICB return to ensure they reconcile.

4. The additional contributions from ICBs and councils that were entered in original plans will pre-populate. Please confirm the contributions for 2024-25. If there is a change to these figures agreed in the final plan for 2024-25, please select 'Yes' in answer to the Question 'Do you wish to update your Additional (LA/ICB) Contributions for 2024-25?'. You will then be able to enter the revised amount. These new figures will appear as funding sources in sheet 6a when you are reviewing planned expenditure.

5. Please use the comment boxes alongside to add any specific detail around this additional contribution.

6. If you are pooling any funding carried over from 2023-24 (i.e. underspends from BCF mandatory contributions) you should show these as additional contributions, but on a separate line to any other additional contributions. Use the comments field at the bottom of the sheet to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.

7. Allocations of the NHS minimum contribution are shown as allocations from each ICB to the HWB area in question. Where more than one ICB contributes to the area's BCF plan, the minimum contribution from each ICB to the local BCF plan will be displayed.

8. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

OFFICIAL

6. Expenditure

This sheet has been auto-populated with spending plans for 2024-25 from your original 2023-25 BCF plans. You should update any 2024-25 schemes that have changed from the original plan. The default expectation is that plans agreed in the original plan will be taken forward, but where changes to schemes have been made (or where a lower level of discharge fund allocation was assumed in your original plan), the amount of expenditure and expected outputs can be amended. There is also space to add new schemes, where applicable.

If you need to make changes to a scheme, you should select yes from the drop down in column X. When 'yes' is selected in this column, the 'updated outputs for 2024-25' and 'updated spend for 2024-25' cells turn yellow and become editable for this scheme. If you would like to remove a scheme type please select yes in column X and enter zeros in the editable columns. The columns with yellow headings will become editable once yes is selected in column X - if you wish to make further changes to a scheme, please enter zeros into the editable boxes and use the process outlined below to re-enter the scheme.

If you need to add any new schemes, you can click the link at the top of the sheet that reads 'to add new schemes' to travel quickly to this section of the table.

For new schemes, as with 2023-25 plans, the table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet, please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:

- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme

- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 6b.

- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn ""yellow"". Please select the Sub Type from the dropdown list that best describes the scheme being planned.

- Please note that the dropdown list has a scroll bar to scroll through the list and all the options may not appear in one view.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.

- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

5. Expected outputs

- You will need to set out the expected number of outputs you expect to be delivered in 2024-25 for some scheme types. If you select a relevant scheme type, the 'expected outputs' column will unlock and the unit column will pre populate with the unit for that scheme type.

- You will not be able to change the unit and should use an estimate where necessary. The outputs field will only accept numeric characters.

- A table showing the scheme types that require an estimate of outputs and the units that will prepopulate can be found in tab 6b. Expenditure Guidance.

You do not need to fill out these columns for certain scheme types. Where this is the case, the cells will turn blue and the column will remain empty.

- A change has been made to the standard units for residential placements. The units will now read as 'Beds' only, rather than 'Beds/placements'

6. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.

OFFICIAL

- Please note that where 'Social Care' is selected and the source of funding is "NHS minimum" then the planned spend would count towards eligible expenditure on social care under National Condition 4.

7. Commissioner:

- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.

- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend on NHS commissioned out of hospital services under National Condition 4. This will include expenditure that is ICB commissioned and classed as 'social care'.

- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

8. Provider:

- Please select the type of provider commissioned to provide the scheme from the drop-down list.

- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

9. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority

- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

10. Expenditure (£)2024-25:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

11. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

12. Percentage of overall spend.

This new requirement asks for the percentage of overall spend in the HWB on that scheme type. This was a new collection for 2023-25. This information will help better identify and articulate the contribution of BCF funding to delivering capacity.

You should estimate the overall spend on the activity type in question across the system (both local authority and ICB commissioned where both organisations commission this type of service). Where the total spend in the system is not clear, you should include an estimate. The figure will not be subject to assurance. This estimate should be based on expected spend in that category in the BCF over both years of the programme divided by both years total spend in that same category in the system.

7. Metrics

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2024-25. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2024-25.

Some changes have been made to the metrics since 2023-25 planning; further detail about this is available in the Addendum to the BCF Policy Framework and Planning Requirements 2023-25. The avoidable admissions, discharge to usual place of residence and falls metrics remain the same. Due to the standing down of the SALT data collection, changes have been made to the effectiveness of reablement and permanent admissions metrics.

The effectiveness of reablement metric will no longer be included in the BCF as there is no direct replacement for the previous measure.

The metric for rate of admissions to Areas should set their ambitions for these metrics based on previous SALT data.

A data pack showing more up to date breakdowns of data for the discharge to usual place of residence and unplanned admissions for ambulatory care sensitive conditions is available on the Better Care Exchange.

For each metric, areas should include narratives that describe:

- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

1. Unplanned admissions for chronic ambulatory care sensitive conditions:

OFFICIAL

- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2024-25. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.
- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate for the
- The population data used is the latest available at the time of writing (2021)
- Actual performance for each quarter of 2023-24 are pre-populated in the template and will display once the local authority has been selected in the dropdown box on the Cover sheet.
- Please use the ISR Tool published on the BCX where you can input your assumptions and simply copy the output ISR:

https://future.nhs.uk/bettercareexchange/view?objectId=143133861

- Technical definitions for the guidance can be found here:

https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions

2. Falls
- This metric for the BCF requires areas to agree ambitions for reducing the rate of emergency admissions to hospital for people aged 65 or over following a fall.
- This is a measure in the Public Health Outcome Framework.
- This requires input for an Indicator value which is directly age standardised rate per 100,000. Emergency hospital admissions due to falls in people aged 65 and over.
- Please enter the indicator value as well as the expected count of admissions and population for 2023-24 and 2024-25 plan.
- We have pre-populated the previously entered planned figures for your information and further more recent data will be available on the BCX in the data pack here: https://future.nhs.uk/bettercareexchange/view?objectID=116035109

Further information about this measure and methodolgy used can be found here:
https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/22401/age/27/sex/4

3. Discharge to usual place of residence.
- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. Areas should agree ambitions for a rate for each quarter of the year.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.
- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
- Actual performance for each quarter of 2022-23 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet where available else we will use the previously entered plan data.

4. Residential Admissions:
- This section requires inputting the expected and plan numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2023-24. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.
- Although this data collection will be discontinued it is anticipated this will map across to the new CLD extract once this becomes available.

HM Government

NHS England

Better Care Fund 2024-25 Update Template

2. Cover

Version 1.3.0

Please Note:

- The BCF planning template is categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website and gov.uk. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

			Complete:
Health and Wellbeing Board:	North Yorkshire		Yes
Completed by:	Saskia Calton		Yes
E-mail:	saskia.calton@northyorks.gov.uk		Yes
Contact number:	01609 767226		Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No		Yes
If no please indicate when the HWB is expected to sign off the plan:	Fri 19/07/2024	<< Please enter using the format, DD/MM/YYYY	Yes

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Mr	Michael	Harrison	Cllr.Michael.Harrison@northyorks.gov.uk	Yes
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Mr	Steven	Eames	stephen.eames3@nhs.net	Yes
	Additional ICB(s) contacts if relevant	Mrs	Wendy	Balmain	wendy.balmain@nhs.net	Yes
	Local Authority Chief Executive	Mr	Richard	Flinton	richard.flinton@northyorks.gov.uk	Yes
	Local Authority Director of Adult Social Services (or equivalent)	Mr	Richard	Webb	richard.webb@northyorks.gov.uk	Yes
	Better Care Fund Lead Official	Mrs	Louise	Wallace	louise.wallace@northyorks.gov.uk	Yes
	LA Section 151 Officer	Mr	Gary	Fielding	gary.fielding@northyorks.gov.uk	Yes
Please add further area contacts that you would wish to be included in official correspondence e.g.						

housing or trusts that have been part of the process -->					

OFFICIAL

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4.2 C&D Hospital Discharge	Yes
4.3 C&D Community	Yes
5. Income	Yes
6a. Expenditure	No
7. Narrative updates	Yes
8. Metrics	Yes
9. Planning Requirements	Yes

<< Link to the Guidance sheet

OFFICIAL

Better Care Fund 2024-25 Update Template

3. Summary

Selected Health and Wellbeing Board: North Yorkshire

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£5,579,105	£5,579,105	£0
Minimum NHS Contribution	£51,519,368	£51,519,368	£0
iBCF	£17,328,446	£17,328,446	£0
Additional LA Contribution	£0	£0	£0
Additional ICB Contribution	£0	£0	£0
Local Authority Discharge Funding	£4,049,035	£4,049,035	£0
ICB Discharge Funding	£5,021,336	£5,021,336	£0
Total	**£83,497,290**	**£83,497,290**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	2024-25
Minimum required spend	£14,518,973
Planned spend	£26,056,856

Adult Social Care services spend from the minimum ICB allocations

	2024-25
Minimum required spend	£19,213,378
Planned spend	£19,213,378

OFFICIAL

[Metrics >>](#)

Avoidable admissions

	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	125.1	118.9	135.5	131.5

Falls

		2023-24 estimated	2024-25 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	1,757.0	1,730.5
	Count	2754	2441
	Population	155016	139416

Discharge to normal place of residence

	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan

OFFICIAL

Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	92.3%	92.5%	92.8%	93.0%

Residential Admissions

		2022-23 Actual	2024-25 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	665	376

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	**PR1**	Yes
	PR2	0
	PR3	Yes
NC2: Social Care Maintenance	**PR4**	Yes
NC3: NHS commissioned Out of Hospital Services	**PR5**	0
NC4: Implementing the BCF policy objectives	**PR6**	Yes
Agreed expenditure plan for all elements of the BCF	**PR7**	Yes

OFFICIAL

Metrics	PR8	Yes

OFFICIAL

Better Care Fund 2024-25 Update Template

4. Capacity & Demand

Selected Health and Wellbeing Board: North Yorkshire

Checklist

Complete:

Hospital Discharge

Capacity - Demand (positive is Surplus)	Capacity surplus. Not including spot purchasing												Capacity surplus (including spot puchasing)												Checklist
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	
Reablement & Rehabilitation at home (pathway 1)	-118	-97	-113	-106	-110	-103	-53	-58	-28	-16	-28	-71	-118	-97	-113	-106	-110	-103	-53	-58	-28	-16	-28	-71	Yes
Short term domiciliary care (pathway 1)	151	182	151	0	0	0	0	0	0	0	0	0	229	266	226	95	80	82	90	88	95	99	89	67	Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	-7	-48	-54	-30	-27	-30	-51	-47	-37	-27	-30	-32	-7	-48	-54	-30	-27	-30	-51	-47	-37	-27	-30	-32	Yes
Other short term bedded care (pathway 2)	-45	-45	-46	-45	-46	-45	-45	-45	-45	-45	-45	-45	9	23	20	9	-8	-9	6	2	0	14	8	-4	Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	-25	-26	-26	-26	-26	-25	-26	-25	-26	-26	-25	-26	-6	-1	-5	-3	-12	-11	-5	-4	-9	-9	-3	-16	Yes

Average LoS/Contact Hours per episode of care	
Full Year	Units
8.75	Contact Hours per package
11.93	Contact Hours per package
23	Average LoS (days)
44	Average LoS (days)
34	Average LoS (days)

Please briefly describe the support you are providing to people for less complex discharges that do not require formal reablement or rehabilitation – e.g. social support from the voluntary sector, blitz cleans. You should also include an estimate of the number of people who will receive this type of service during the year.

Home from hospital service, which provides services such as shopping, prescription collection and liason with heath and social care staff, operates across North Yorkshire with delivering services 2,660 patient a year (HFH 2,000 and extra cacapity 660). In addition, service provision of 500 additional patients above commission capacity.

Checklist: Yes

Capacity - Hospital Discharge

Service Area	Metric	Refreshed planned capacity (not including spot purchased capacity												Capacity that you expect to secure through spot purchasing												Checklist
		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	
Reablement & Rehabilitation at home (pathway 1)	Monthly capacity. Number of new packages commenced.	180	205	191	198	195	194	247	241	273	287	265	231	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Reablement & Rehabilitation at home (pathway 1)	Estimated average time from referral to commencement of service (days). All packages (planned and spot purchased)	4	4	4	4	4	4	4	3	3	3	3	3													Yes
Short term domiciliary care (pathway 1)	Monthly capacity. Number of new packages commenced.	151	182	151	0	0	0	0	0	0	0	0	0	78	84	75	95	80	82	90	88	95	99	89	67	Yes
Short term domiciliary care (pathway 1)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	7	7	7	6	6	6	5	5	5	4	4	4													Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly capacity. Number of new packages commenced.	133	95	87	113	116	110	92	93	106	116	104	111	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	8	8	8	7	7	7	6	6	6	5	5	5													Yes
Other short term bedded care (pathway 2)	Monthly capacity. Number of new packages commenced.	0	0	0	0	0	0	0	0	0	0	0	0	54	68	66	54	38	36	51	47	45	59	53	41	Yes
Other short term bedded care (pathway 2)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	10	10	10	9	9	9	8	8	8	7	7	7													Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly capacity. Number of new packages commenced.	10	10	10	10	10	10	10	10	10	10	10	10	19	25	21	23	14	14	21	21	17	17	22	10	Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	11	11	11	10	10	10	9	9	9	8	8	8													Yes

Demand - Hospital Discharge

Please enter refreshed expected no. of referrals:

Pathway	Trust Referral Source	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Checklist
Total Expected Discharges:	Total Discharges	**518**	**526**	**527**	**528**	**530**	**517**	**524**	**519**	**525**	**527**	**507**	**526**	Yes
Reablement & Rehabilitation at home (pathway 1)	Total	**298**	**302**	**304**	**304**	**305**	**297**	**300**	**299**	**301**	**303**	**293**	**302**	Yes
	HARROGATE AND DISTRICT NHS FOUNDATION TRUST	118	118	118	118	118	118	118	118	118	118	118	118	Yes
	YORK AND SCARBOROUGH TEACHING HOSPITALS NHS FOUNDATION TRU	80	83	80	83	83	80	83	80	83	83	75	83	Yes
	OTHER	100	101	106	103	104	99	99	101	100	102	100	101	Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
Short term domiciliary care (pathway 1)	Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	Yes
	HARROGATE AND DISTRICT NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0	Yes
	YORK AND SCARBOROUGH TEACHING HOSPITALS NHS FOUNDATION TRU	0	0	0	0	0	0	0	0	0	0	0	0	Yes
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0	Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes

OFFICIAL

	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Total	**140**	**143**	**141**	**143**	**143**	**140**	**143**	**140**	**143**	**143**	**134**	**143**	Yes
	HARROGATE AND DISTRICT NHS FOUNDATION TRUST	57	57	57	57	57	57	57	57	57	57	57	57	Yes
	YORK AND SCARBOROUGH TEACHING HOSPITALS NHS FOUNDATION TRU	73	76	73	76	76	73	76	73	76	76	68	76	Yes
	OTHER	10	10	11	10	10	10	10	10	10	10	9	10	Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
Other short term bedded care (pathway 2)	Total	**45**	**45**	**46**	**45**	**46**	**45**	**45**	**45**	**45**	**45**	**45**	**45**	Yes
	HARROGATE AND DISTRICT NHS FOUNDATION TRUST	19	19	19	18	19	19	19	19	19	19	19	19	Yes
	YORK AND SCARBOROUGH TEACHING HOSPITALS NHS FOUNDATION TRU	17	17	17	17	17	17	17	17	17	17	16	17	Yes
	OTHER	9	9	10	10	10	9	9	9	9	9	10	9	Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Total	**35**	**36**	**36**	**36**	**36**	**35**	**36**	**35**	**36**	**36**	**35**	**36**	Yes
	HARROGATE AND DISTRICT NHS FOUNDATION TRUST	15	15	15	15	15	15	15	15	15	15	15	15	Yes
	YORK AND SCARBOROUGH TEACHING HOSPITALS NHS FOUNDATION TRU	11	12	11	12	12	11	12	11	12	12	11	12	Yes
	OTHER	9	9	10	9	9	9	9	9	9	9	9	9	Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes
	(blank)													Yes

Better Care Fund 2024-25 Update Template

4. Capacity & Demand

Selected Health and Wellbeing Board: North Yorkshire

Community

Refreshed capacity surplus:

Capacity - Demand (positive is Surplus)	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting	0	0	0	0	0	0	0	0	0	0	0	0
Other short-term social care	0	0	0	0	0	0	0	0	0	0	0	0

Average LoS/Contact Hours

Full Year	Units	Checklist Complete:
0	Contact Hours	Yes
2	Contact Hours	Yes
8.75	Contact Hours	Yes
22	Average LoS	Yes
0	Contact Hours	Yes

Capacity - Community

Please enter refreshed expected capacity:

Service Area	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Complete
Social support (including VCS)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Urgent Community Response	Monthly capacity. Number of new clients.	545	571	590	591	591	610	646	645	646	646	644	646	Yes
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	211	283	263	269	251	289	285	284	278	300	302	279	Yes
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	19	23	19	40	42	30	41	43	39	56	40	50	Yes
Other short-term social care	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	Yes

Demand - Community

Please enter refreshed expected no. of referrals:

Service Type	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Complete
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Urgent Community Response	545	571	590	591	591	610	646	645	646	646	644	646	Yes
Reablement & Rehabilitation at home	211	283	263	269	251	289	285	284	278	300	302	279	Yes
Reablement & Rehabilitation in a bedded setting	19	23	19	40	42	30	41	43	39	56	40	50	Yes
Other short-term social care	0	0	0	0	0	0	0	0	0	0	0	0	Yes

OFFICIAL

Better Care Fund 2024-25 Update Template

5. Income

Selected Health and Wellbeing Board: North Yorkshire

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
North Yorkshire	£5,579,105
DFG breakdown for two-tier areas only (where applicable)	
Craven	£689,131
Hambleton	£590,512
Harrogate	£900,645
Richmondshire	£336,942
Ryedale	£722,533
Scarborough	£1,790,338
Selby	£549,004
Total Minimum LA Contribution (exc iBCF)	**£5,579,105**

Complete: Yes

Local Authority Discharge Funding	Contribution
North Yorkshire	£4,049,035

Complete: Yes

ICB Discharge Funding	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
NHS Humber and North Yorkshire ICB	£4,738,905	£4,738,905	
NHS Lancashire and South Cumbria ICB	£58,561	£82,431	
NHS West Yorkshire ICB	£131,018	£200,000	
Total ICB Discharge Fund Contribution	£4,928,484	£5,021,336	

Complete: Yes

iBCF Contribution	Contribution
North Yorkshire	£17,328,446
Total iBCF Contribution	**£17,328,446**

Complete: Yes

OFFICIAL

Local Authority Additional Contribution	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	**£0**	**£0**	

Yes

NHS Minimum Contribution	Contribution
NHS Lancashire and South Cumbria ICB	£502,733
NHS Humber and North Yorkshire ICB	£46,759,507
NHS West Yorkshire ICB	£4,257,128
Total NHS Minimum Contribution	**£51,519,368**

Additional ICB Contribution	Previously entered	Updated	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional NHS Contribution	**£0**	**£0**	
Total NHS Contribution	**£51,519,368**	**£51,519,368**	

	2024-25
Total BCF Pooled Budget	**£83,497,290**

Funding Contributions Comments Optional for any useful detail e.g. Carry over
DFG no longer split between districts. North Yorkshire is now a unitary council, all funding held by the NYC LA

OFFICIAL

See next sheet for Scheme Type (and Sub Type) descriptions

Better Care Fund 2024-25 Update Template

6. Expenditure

To Add New Schemes

Selected Health and Wellbeing Board: North Yorkshire

<< Link to summary sheet

Running Balances	2024-25 Income	2024-25 Expenditure	2024-25 Balance
DFG	£5,579,105	£5,579,105	£0
Minimum NHS Contribution	£51,519,368	£51,519,368	£0
iBCF	£17,328,446	£17,328,446	£0
Additional LA Contribution	£0	£0	£0
Additional NHS Contribution	£0	£0	£0
Local Authority Discharge Funding	£4,049,035	£4,049,035	£0
ICB Discharge Funding	£5,021,336	£5,021,336	£0
Total	**£83,497,290**	**£83,497,290**	**£0**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

	2024-25 Minimum Required Spend	2024-25 Planned Spend	2024-25 Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£14,518,973	£26,056,856	£0
Adult Social Care services spend from the minimum ICB allocations	£19,213,378	£19,213,378	£0

Checklist

Column complete:

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Previously entered Outputs for 2024-25	Updated Outputs for 2024-25	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	New/ Existing Scheme	Previously entered Expenditure for 2024-25	Updated Expenditure for 2024-25 (£)	% of Overall Spend (Average)	Do you wish to update?	Comments if updated e.g. reason for the changes made
Yes	Yes	Yes	Yes	Yes	Yes				Yes	Yes	Yes	Yes		Yes	No	Yes		Yes		Yes	Yes

>> Incomplete fields on row number(s):

67, 68, 73, 74, 75, 78, 80, 81, 82, 83, 84, 85, 87, 91, 92, 93, 94, 95, 96, 98, 99, 100, 101, 103, 107, 109, 115, 116, 117, 118, 119, 124, 125, 126, 127, 128, 272, 273, 274, 275, 276, 277, 278, 279, 280

									Planned Expenditure												
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	**Previously entered Outputs for 2024-25**	Updated Outputs for 2024-25	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	New/ Existing Scheme	Previously entered Expenditure for 2024-25	Updated Expenditure for 2024-25 (£)	% of Overall Spend (Average)	Do you wish to update?	Comments if updated e.g. reason for the changes made
1	iBCF - Quality Improvement Team	Care Sector improvement programme: Quality Improvement Team, Training	Other		Nursing Home				Social Care		LA			Private Sector	iBCF	Existing	£100,000		0%	No	
2	iBCF - Centre of Excellence	Set up costs for 'centre of excellence' for recruitment in the care sector	Other		Recruitment				Social Care		LA			Local Authority	iBCF	Existing	£181,000		0%	No	
3	iBCF - Intergrated Health & Care staffing	Intergrated Health & Care staffing	Integrated Care Planning and Navigation	Care navigation and planning					Social Care		LA			Local Authority	iBCF	Existing	£411,000		24%	No	
4	iBCF - Living Well	Extend Living Well capacity	Prevention / Early Intervention	Social Prescribing					Social Care		LA			Local Authority	iBCF	Existing	£328,000		2%	No	
5	iBCF - 7 Day Working	7 day working - Additional social care capacity or new 'inpatient navigator'	High Impact Change Model for Managing Transfer of Care	Flexible working patterns (including 7 day working)					Social Care		LA			Local Authority	iBCF	Existing	£530,000		55%	No	
6	iBCF - ASC Funding Pressures	Adult Social Care funding pressures	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Social Care		LA			Local Authority	iBCF	Existing	£876,000		0%	No	
7	iBCF - Care & Support Phase 2	Care Act Implementation Related Duties	Carers Services	Carer advice and support related to Care Act duties		25		Beneficiaries	Social Care		LA			Local Authority	iBCF	New	£990,000		0%	No	
8	DFG schemes	DFG schemes via District Councils	DFG Related Schemes	Adaptations, including statutory DFG grants		798	798	Number of adaptations funded/people	Social Care		LA			Local Authority	DFG	Existing	£5,114,924	£5,579,105	100%	Yes	Increased funding for 24/25 - retained within NYC, from 23/24 as now unitary
9	Home from hospital capacity	Increase Home from Hospital capacity	Prevention / Early Intervention	Other	Support for pathway 0				Social Care		LA			Charity / Voluntary Sector	Local Authority Discharge	Existing	£42,150		0%	No	
10	Intermediate Care Hubs	Increase capacity within Intermediate Care hubs	Integrated Care Planning and Navigation	Assessment teams/joint assessment					Social Care		LA			Local Authority	Local Authority Discharge	New	£916,315	£969,371	54%	Yes	Pay award increase
11	Hospital Discharge Support	Hospital discharge support posts	Integrated Care Planning and Navigation	Care navigation and planning					Social Care		LA			Local Authority	Local Authority Discharge	New	£179,813	£37,467	11%	Yes	Reduction in support
12	Bed-based intermediate care	Bed-based Intermediate Care	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement (to support discharge)		22	22	Number of placements	Social Care		LA			Local Authority	Local Authority Discharge	Existing	£1,016,143	£1,003,733	41%	Yes	review of occupancy led to change in location of beds
13	Flexible Domiciliary Care	Increase flexible domicilary care capacity	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess		10333	14154	Hours of care (Unless short-term in which	Social Care		LA			Local Authority	Local Authority Discharge	New	£275,000	£376,700	0%	Yes	Scheme now named home first - intermediate care and grant allocation and output has increased due to extended timeline of Bridging services in 2024/25
14	iBCF - ASC Funding Pressures	Adult Social Care funding pressures	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Social Care		LA			Local Authority	iBCF	Existing	£13,912,446		5%	No	
15	VOY - Hospice at Home (extended hours)	Care home support	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess		6442	6442	Hours of care (Unless short-term in which	Community Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£193,274	£174,298	0%	Yes	differential uplift applied

16	VOY - Selby Care Hub	Community services	Community Based Schemes	Integrated neighbourhood services					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£1,082,852	£1,090,591	1%	Yes	differential uplift applied
17	VOY - Street Triage service (part fund with CYC)	MH crisis response	Community Based Schemes	Other	MH Crisis response				Mental Health		NHS			NHS Mental Health Provider	Minimum NHS Contribution	Existing	£175,383	£173,019	0%	Yes	differential uplift applied
18	VOY - Urgent Care Practitioners	Community based emergency response	Community Based Schemes	Integrated neighbourhood services					Community Health		NHS			NHS Acute Provider	Minimum NHS Contribution	Existing	£309,144	£301,936	0%	Yes	differential uplift applied
19	VOY - s256 care home support	Care home support	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess		1015	1015	Hours of care (Unless short-term in which	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£30,452	£37,008	0%	Yes	differential uplift applied
20	VOY - s256 carers support	Carers support	Carers Services	Respite services		2	2	Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£38,743	£31,611	10%	Yes	differential uplift applied
21	VOY - CCG Out of Hospital commission	Community services	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£5,243,835	£5,265,845	7%	Yes	differential uplift applied
22	VOY - NYC Social care protection	Social care protection	Home Care or Domiciliary Care	Domiciliary care packages		131793	131793	Hours of care (Unless short-term in which	Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£3,953,799	£3,963,777	1%	Yes	differential uplift applied
23	VOY - Selby UTC+	Community services enhancement	Community Based Schemes	Integrated neighbourhood services					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£101,800	£100,600	0%	Yes	differential uplift applied
24	NY community nursing services	NY Community Nursing Services	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£14,007,608	£12,892,761	17%	Yes	differential uplift applied
25	NY voluntary sector projects	NY voluntary sector projects	Community Based Schemes	Other	Various voluntary sector provider schemes				Community Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£125,365	£96,209	0%	Yes	differential uplift applied
26	NY palliative care pathway	NY palliative care pathway	Community Based Schemes	Other	End of life care support at home				Community Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£809,183	£1,245,520	1%	Yes	2.9% uplift applied for Hospices
27	NY voluntary sector support s256	VCSE infrastructure support service	Enablers for Integration	Joint commissioning infrastructure					Community Health		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£145,053	£143,343	98%	Yes	differential uplift applied
28	NY advocacy s256	NY advocacy	Care Act Implementation Related Duties	Independent Mental Health Advocacy					Community Health		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£61,357	£60,634	37%	Yes	differential uplift applied
29	NY carers s256	NY carers	Carers Services	Other	Carer support and assessments	8	8	Beneficiaries	Community Health		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£229,043	£222,415	59%	Yes	differential uplift applied
30	NY Dementia s256	Dementia support service	Integrated Care Planning and Navigation	Care navigation and planning					Mental Health		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£49,257	£71,311	3%	Yes	differential uplift applied
31	NY step up / down	NY step up / down	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement accepting step up and step		62	62	Number of placements	Community Health		NHS			Private Sector	Minimum NHS Contribution	Existing	£324,674	£346,075	13%	Yes	differential uplift applied
32	NY wheelchairs	Wheelchair services	Assistive Technologies and Equipment	Community based equipment		2468	2468	Number of beneficiaries	Community Health		NHS			Private Sector	Minimum NHS Contribution	Existing	£1,551,292	£1,869,063	24%	Yes	differential uplift applied
33	NY Equipment	Community Equipment	Assistive Technologies and Equipment	Community based equipment		26904	26904	Number of beneficiaries	Community Health		LA			Private Sector	Minimum NHS Contribution	Existing	£2,612,117	£2,850,108	40%	Yes	differential uplift applied
34	NY psychiatric liaison	NY psychiatric liaison	Prevention / Early Intervention	Other	Mental health support				Mental Health		NHS			NHS Mental Health Provider	Minimum NHS Contribution	Existing	£898,720	£882,922	6%	Yes	differential uplift applied
35	NY care home support	NY care home support	Community Based Schemes	Other	Mental health support into care homes				Mental Health		NHS			NHS Mental Health Provider	Minimum NHS Contribution	Existing	£45,773	£44,968	0%	Yes	differential uplift applied
36	NY Community mental (IAPT)	NY Community mental (IAPT)	Prevention / Early Intervention	Other	Psychological therapies				Mental Health		NHS			NHS Mental Health Provider	Minimum NHS Contribution	Existing	£795,462	£781,479	5%	Yes	differential uplift applied
37	NY community mental health support	NY community mental health support	Prevention / Early Intervention	Other	Support to veterans & mental health				Mental Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£17,707	£43,583	0%	Yes	now includes community counselling
38	NY alcohol worker	NY alcohol worker	Prevention / Early Intervention	Other	Alcohol worker				Mental Health		NHS			Private Sector	Minimum NHS Contribution	Existing	£69,408	£0	0%	Yes	withdrawn
39	NY primary care nursing workforce - GP frailty	NY primary care nursing workforce - GP frailty	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					Primary Care		NHS			NHS	Minimum NHS Contribution	Existing	£440,530	£432,741	1%	Yes	LES no inflation
40	NY protection of social care	NY protection of social care	Home Care or Domiciliary Care	Domiciliary care packages		438904	438904	Hours of care (Unless short-term in which	Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£13,167,127	£13,405,863	4%	Yes	differential uplift applied
41	NY living well coordinators	NY living well coordinators	Prevention / Early Intervention	Social Prescribing					Community Health		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£69,952	£67,500	0%	Yes	already invoiced for 24-25
42	NY generic workers in the community s256	NY generic workers in the community	Community Based Schemes	Integrated neighbourhood services	Integrated models of provision				Community Health		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£86,398	£85,379	0%	Yes	differential uplift applied
43	NY community transport s256	NY community transport	Community Based Schemes	Integrated neighbourhood services					Community Health		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£39,383	£38,919	0%	Yes	differential uplift applied
44	NY community mental health & wellbeing s256	NY community mental health & wellbeing	Prevention / Early Intervention	Other	M/H schemes covering prevention,				Mental Health		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£84,815	£40,030	1%	Yes	differential uplift applied
45	NY Time to think beds	Increase in packages to reduce delayed discharge	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)		88		Number of placements	Community Health		LA			Private Sector	ICB Discharge Funding	Existing	£400,000		16%	No	

OFFICIAL

46	NY Fast Track packages	Community based support packages for EOL	Home Care or Domiciliary Care	Other	EOL Home Care or Domiciliary Care	7444		Hours of care (Unless short-term in which	Community Health		LA			Private Sector	ICB Discharge Funding	Existing	£1,000,000	£1,000,195	0%	Yes	differential uplift applied
47	NY Additional community domiciliary care	Community based EOL domiciliary care to meet increased demand	Home Care or Domiciliary Care	Domiciliary care packages	Community based support packages for EOL	470	0	Hours of care (Unless short-term in which	Community Health		LA			Private Sector	ICB Discharge Funding	New	£100,000	£0	0%	Yes	withdrawn
48	NY Equipment management	Additional equipment costs to support discharge plus co-ordinator role	Assistive Technologies and Equipment	Community based equipment		115		Number of beneficiaries	Community Health		NHS			Private Sector	ICB Discharge Funding	Existing	£109,000		2%	No	
49	NY LDA Community Access Grant	LDA Community Access Grant	Community Based Schemes	Integrated neighbourhood services					Mental Health		NHS			NHS Mental Health Provider	ICB Discharge Funding	New	£134,000		0%	No	
50	NY Learning Disabilities	LDA intensive support team	Integrated Care Planning and Navigation	Support for implementation of anticipatory care					Mental Health		NHS			NHS Mental Health Provider	ICB Discharge Funding	Existing	£250,000	£500,000	15%	Yes	differential uplift applied
51	NY FHN Discharge facilitators	FHN Discharge facilitators	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs					Community Health		NHS			NHS Community Provider	ICB Discharge Funding	Existing	£156,000		16%	No	
52	NY Home First	Home first discharge support	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs					Community Health		NHS			NHS Community Provider	ICB Discharge Funding	New	£374,000	£150,000	39%	Yes	differential uplift applied
53	NY Personal health budgets	Personal health budgets	Personalised Budgeting and Commissioning						Community Health		LA			Charity / Voluntary Sector	ICB Discharge Funding	Existing	£5,000		0%	No	
54	NY Home from hospital capacity	Extended capacity for home from hopsital	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess		5067	5067	Hours of care (Unless short-term in which	Community Health		LA			Charity / Voluntary Sector	ICB Discharge Funding	Existing	£152,000	£151,950	0%	Yes	differential uplift applied
55	NY Increased complex care capacity	Additional beds for dementia or complex needs	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement accepting step up and step		26	0	Number of placements	Community Health		LA			NHS Community Provider	ICB Discharge Funding	Existing	£229,000	£0	9%	Yes	withdrawn
56	NY Additional CHC assessment capacity	Additional CHC assessment capacity to support timely discharge	Workforce recruitment and retention					WTE's gained	Community Health		NHS			NHS	ICB Discharge Funding	Existing	£250,000		100%	No	
57	NY Additional block booked beds	Additional block booked beds	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)		26	26	Number of placements	Community Health		NHS			Private Sector	ICB Discharge Funding	Existing	£189,000	£57,000	8%	Yes	differential uplift applied
58	L&SC protection of social care	NY protection of social care	Home Care or Domiciliary Care	Domiciliary care packages		6260		Hours of care (Unless short-term in which	Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£187,489	£187,487	0%	Yes	differential uplift applied
59	L&SC Additional community domiciliary care	Community based EOL domiciliary care to meet increased demand	Home Care or Domiciliary Care	Domiciliary care packages	Community based support packages for EOL	10508		Hours of care (Unless short-term in which	Community Health		NHS			Private Sector	Minimum NHS Contribution	Existing	£315,245	£315,246	0%	Yes	differential uplift applied
60	WY Community Equipment	Providing equipment to patients at home	Assistive Technologies and Equipment	Community based equipment		305		Number of beneficiaries	CCG		LA			Local Authority	Minimum NHS Contribution	Existing	£307,016	£293,874	5%	Yes	differential uplift applied
61	WY Re-ablement Services	Support to patients in own home to improve confidence and ability to live as	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					CCG		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£187,165	£408,212	0%	Yes	differential uplift applied
62	WY Collaborative Care Team	Community support schemes	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					CCG		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£541,706	£470,087	1%	Yes	differential uplift applied
63	WY Intermediate Care Beds	Short-term intervention to preserve the independence of people who might	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement (to support discharge)		38	38	Number of placements	CCG		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£281,085	£430,700	17%	Yes	differential uplift applied
64	WY Carers Support	Support to carers	Carers Services	Other	Carer support and assessments	2	2	Beneficiaries	CCG		NHS			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£51,306	£45,000	13%	Yes	differential uplift applied
65	WY Carers Support	Support to carers	Carers Services	Other	Carer support and assessments	2	2	Beneficiaries	CCG		LA			Local Authority	Minimum NHS Contribution	Existing	£21,785	£21,785	5%	Yes	differential uplift applied
66	WY Intermediate Care Beds	Short-term intervention to preserve the independence of people who might	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement (to support discharge)		16	16	Number of placements	CCG		NHS			Private Sector	Minimum NHS Contribution	Existing	£119,714	£73,500	5%	Yes	differential uplift applied
67	WY Local schemes	Community support schemes	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					CCG		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£573,430	£658,737	1%	Yes	differential uplift applied
68	WY Local schemes	Community support schemes	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					CCG		LA			Local Authority	Minimum NHS Contribution	Existing	£36,001	£36,000	0%	Yes	differential uplift applied
69	WY Local schemes	Community support schemes	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					CCG		NHS			Private Sector	Minimum NHS Contribution	Existing	£220,956	£117,425	0%	Yes	differential uplift applied
70	WY Local schemes	Community support schemes	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					CCG		NHS			Private Sector	Minimum NHS Contribution	Existing	£81,196	£114,175	0%	Yes	differential uplift applied
71	WY Protection of Social Care	Working in partnership with Local Authority to maintain and support social services	Home Care or Domiciliary Care	Domiciliary care packages		60383		Hours of care (Unless short-term in which	Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£1,811,500	£1,563,364	60%	Yes	differential uplift applied
72	WY Other Equipment and technologies	Providing equipment to patients at home	Assistive Technologies and Equipment	Community based equipment		24		Number of beneficiaries	Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£24,268		0%	No	
73	WY Reablement Services	To support investment in the reablement service which supports with timely	Home-based intermediate care services	Reablement at home (to support discharge)		4	4	Packages	Social Care		LA			Local Authority	ICB Discharge Funding	Existing	£131,018	£200,000	1%	Yes	Increase in allocation
74	L&SC Reablement Services	To support investment in the reablement service which supports with timely	Home-based intermediate care services	Reablement at home (to support discharge)		2	2	Packages	Social Care		LA			Local Authority	ICB Discharge Funding	Existing	£58,561	£82,431	1%	Yes	Increase in allocation
75	NY Discharge schemes (to be identified)	Discharge schemes (to be identified)	Other				0		Community Health		NHS			Private Sector	ICB Discharge Funding	New	£1,390,905	£0	0%	Yes	schemes identified as new below

OFFICIAL

76	NY Discharge schemes (to be identified)	Discharge schemes (to be identified)	Other				0		Social Care		LA			Local Authority	Local Authority Discharge	New	£1,603,418	£0	0%	Yes	schemes identified as new below

Back to top

Adding New Schemes:

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'		Outputs for 2024-25	Units (auto-populate)	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner) (auto-populate)	Provider	Source of Funding	New/ Existing Scheme		Expenditure for 2024-25 (£)	% of Overall Spend
76	Discharge costs	Discharge Schemes	Other						Social Care		LA			Local Authority	Local Authority Discharge	New		£1,619,614	40%
77	Y&SHFT - additional discharge co-	Y&SHFT - additional discharge co-ordinator	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge			1		Acute		NHS			NHS Community Provider	ICB Discharge Funding	New		£50,000	1%
78	Therapy - South Tees Therapy in-reach (Friary and	Therapy - South Tees Therapy in-reach (Friary and IC beds)	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation accepting step up and step			To be developed in 2024/25	Number of placements	Acute		NHS			NHS Community Provider	ICB Discharge Funding	New		£200,000	4%
79	Therapy - HARA Therapy in-reach (Station View)	Therapy - HARA Therapy in-reach (Station View)	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation accepting step up and step			To be developed in 2024/25	Number of placements	Community Health		NHS			Private Sector	ICB Discharge Funding	New		£177,000	4%
80	Therapy - Humber FT Home First Discharge	Therapy - Humber FT Home First Discharge (including Whitby post)	Home-based intermediate care services	Joint reablement and rehabilitation service (to support discharge)			To be developed in 2024/25	Packages	Community Health		NHS			NHS Mental Health Provider	ICB Discharge Funding	New		£395,000	8%
81	Therapy - STHFT Home First Discharge H&R	Therapy - STHFT Home First Discharge H&R	Home-based intermediate care services	Joint reablement and rehabilitation service (to support discharge)			To be developed in 2024/25	Packages	Acute		NHS			NHS Community Provider	ICB Discharge Funding	New		£150,000	3%
82	Therapy - Additional in-reach therapy for Selby	Therapy - Additional in-reach therapy for Selby	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation accepting step up and step			To be developed in 2024/25	Number of placements	Acute		NHS			NHS Community Provider	ICB Discharge Funding	New		£188,760	4%
83	LA linked costs - Non-weight bearing pathway	LA linked costs - Non-weight bearing pathway costs	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)			8	Number of placements	Social Care		NHS			Local Authority	ICB Discharge Funding	New		£65,000	1%
84	LA linked costs - Bridging service to allow rapid	LA linked costs - Bridging service to allow rapid pathway 1 discharges within	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess			30 per week	Hours of care (Unless short-term in which	Social Care		NHS			Local Authority	ICB Discharge Funding	New		£600,000	13%

OFFICIAL

OFFICIAL

Further guidance for completing Expenditure sheet

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:
- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:
- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

2023-25 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Assistive technologies including telecare 2. Digital participation services 3. Community based equipment 4. Other	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	1. Independent Mental Health Advocacy 2. Safeguarding 3. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	1. Respite Services 2. Carer advice and support related to Care Act duties 3. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level social support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG 3. Handyperson services 4. Other	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate

OFFICIAL

6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. New governance arrangements 7. Voluntary Sector Business Development 8. Joint commissioning infrastructure 9. Integrated models of provision 10. Other	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Short term domiciliary care (without reablement input) 4. Domiciliary care workforce development 5. Other	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.

OFFICIAL

10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
11	Bed based intermediate Care Services (Reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	1. Bed-based intermediate care with rehabilitation (to support discharge) 2. Bed-based intermediate care with reablement (to support discharge) 3. Bed-based intermediate care with rehabilitation (to support admission avoidance) 4. Bed-based intermediate care with reablement (to support admissions avoidance) 5. Bed-based intermediate care with rehabilitation accepting step up and step down users 6. Bed-based intermediate care with reablement accepting step up and step down users 7. Other	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups.
12	Home-based intermediate care services	1. Reablement at home (to support discharge) 2. Reablement at home (to prevent admission to hospital or residential care) 3. Reablement at home (accepting step up and step down users) 4. Rehabilitation at home (to support discharge) 5. Rehabilitation at home (to prevent admission to hospital or residential care) 6. Rehabilitation at home (accepting step up and step down users) 7. Joint reablement and rehabilitation service (to support discharge) 8. Joint reablement and rehabilitation service (to prevent admission to hospital or residential care) 9. Joint reablement and rehabilitation service (accepting step up and step down users) 10. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Urgent Community Response		Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.
14	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.

OFFICIAL

15	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
16	Prevention / Early Intervention	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
17	Residential Placements	1. Supported housing 2. Learning disability 3. Extra care 4. Care home 5. Nursing home 6. Short-term residential/nursing care for someone likely to require a longer-term care home replacement 7. Short term residential care (without rehabilitation or reablement input) 8. Other	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Workforce recruitment and retention	1. Improve retention of existing workforce 2. Local recruitment initiatives 3. Increase hours worked by existing workforce 4. Additional or redeployed capacity from current care workers 5. Other	These scheme types were introduced in planning for the 22-23 AS Discharge Fund. Use these scheme decriptors where funding is used to for incentives or activity to recruit and retain staff or to incentivise staff to increase the number of hours they work.
19	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Scheme type	Units
Assistive Technologies and Equipment	Number of beneficiaries
Home Care or Domiciliary Care	Hours of care (Unless short-term in which case it is packages)
Bed based intermediate Care Services	Number of placements
Home-based intermediate care services	Packages
Residential Placements	Number of beds
DFG Related Schemes	Number of adaptations funded/people supported
Workforce Recruitment and Retention	WTE's gained
Carers Services	Beneficiaries

Better Care Fund 2024-25 Update Template

7. Narrative updates

Selected Health and Wellbeing Board: North Yorkshire

Please set out answers to the questions below. No other narrative plans are required for 2024-25 BCF updates. Answers should be brief (no more than 250 words) and should address the questions and Key lines of enquiry clearly.

2024-25 capacity and demand plan

Question / Response	Checklist Complete:	Linked KLOEs (For information)
Please describe how you've taken analysis of 2023-24 capacity and demand actuals into account in setting your current assumptions. We've used commissioned capacity data for 23/24 as a baseline for capacity in the current plan. Likewise when predicting what we might need to spot purchase we've used last years actuals as baseline. This will be adjusted in year, depending on what our in year spot purchasing profiles like against last years. There are currently reported shortfalls in pathway 1 provision. The model of delivery in this area is that all patients discharged on pathway 1 should be provided with reablement services and not domiciliary care. For this reason, we didn't consider it appropriate to include domiciliary care figures within demand. Due to recruitment issues, it has not been possible to deliver the level of reablement required in this model. As a result domiciliary care packages have been purchased to cover these shortfalls. The monies which were not spent on staffing these reablement vacancies was able to be redirected into supporting purchase of other care packages and bridging services. This additional domiciliary care capacity has been included in these figures.	Yes	Does the HWB show that analysis of demand and capacity secured during 2023-24 has been considered when calculating their capacity and demand assumptions?
Have there been any changes to commissioned intermediate care to address any gaps and issues identified in your C&D plan? What mitigations are in place to address any gaps in capacity? The LA has completed a demand and occupancy analysis of its current in house bed provision. Environments that were not conducive to recovery have been de -commissioned and beds increased in areas of higher demand and where therapy is available to support a timely discharge to a persons own home. Surplus funds have supported an increase from April to June 24 in pathway 1 provision with a bridging service to support rapid discharge. Both services offer step up to prevent hospital admission. Nursing beds on the East Coast have been commissioned following a gap analysis and have contributed to a lower NCTR figure at Scarborough Hospital. Any gaps in provision have been filled using spot purchased beds. Further review of services wil be comepleted with a view of stepping up over winter. All changes are reviewed through a weekly tactical group, which is able to review and adjust capacity in line with any gaps identified as the year progresses. As per the question above we have had similar issues in not having enough reablement capacity to deliver our preferred model, hence including domiciliary care in capacity figures, but not in demand figures.	Yes	Does the plan describe any changes to commissioned intermediate care to address gaps and issues? Does the plan take account of the area's capacity and demand work to identify likely variation in levels of demand over the course of the year and build the capacity needed for additional services?
What impacts do you anticipate as a result of these changes for: **i. Preventing admissions to hospital or long term residential care?** There is ongoing work with equipment services and contracting to ensure increased provision and improved timeliness of delivery. The ability of community teams to have same day delivery of equipment can prevent admission and promote independence at home for longer. Core community therapy services are working closely with all other community services including primary care, Urgent Community Response, Virtual Wards and reablement teams to maintain function and independence of patients at home and preventing hospital admissions or requirement for increases in care packages or long-term placements. There are 22 commissioned step-up beds with wrap around therapy across North Yorkshire with 11 dual registered beds on the East Coast to support pressures from York and Scarborough. These allow patients to receive rehabilitation and reablement in a safe environment preventing their admission to hospital and receive goal focussed treatment targeting their return to their own home. We are supporting these plans with a contingency to step up further beds over times of significant pressure and over winter. There are also two admission avoidance beds, with therapy in-reach as required, which also prevent admission to the acute trust.	Yes	Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service?
ii. Improving hospital discharges (preventing delays and ensuring people get the most appropriate support)? An integrated discharge hub has been established to facilitate faster and more appropriate discharges from acute hospital beds. This hub is focussed on a "home first" approach with discharge to assess integrated as much as possible. Home from hospital supports patients on pathway 0 to ensure that they can return home faster, reducing their acute length of stay and preventing further functional decline. Pathway 1 discharges are also supported by the Home First Team in Hambleton and Richmondshire where an integrated therapy and reablement team can work with patients on goal-led rehabilitation and reablement to maximise independence and reduce dependency on any long-term care. The ARCH team in Harrogate provide therapy and reablement services where the model allows flexibility of staffing and service to wrap around the needs of the patient. All hospital discharges across this area can be supported by core therapy teams as required to ensure that rehabilitation targets can be met with patients allowing them to reach their maximum potential. There is ongoing work with equipment services and contracting to ensure increased provision and improved timeliness of delivery. Same day delivery of equipment is allowing more rapid discharge of patients from hospital and reducing length of stay.	Yes	Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service?
Please explain how assumptions for intermediate care demand and required capacity have been developed between local authority, trusts and ICB and reflected in BCF and NHS capacity and demand plans. We have used the ICB operational plan, including the growth targets, as the basis for estimating the demand by pathway. This demand has been apportioned to the local authority estimate using actual emergency admissions by acute provider. Adjustments have been made to demand data after taking account of local intelligence, following a discussion between ICB and NY data leads. Any shortfalls identified during the capacity and demand modelling will be considered alongside all data collected and national targets as part of a much larger intermediate care project. This is led by a multi-partner project board, which includes LA and NHS senior leaders, that is directing the development of a business case, underpinned by the capacity and demand data. There is a joint commissioning group between NYC and H&NY ICB which will be working across the region to improve these services and oversee and implement BCF schemes. With regard to specific shortfalls in beds, reablement provision and the need for a bridging service, there are planned workshops to match the BCF data with deep dives into specific services. This detail will then be used to plan future service provision. Ongoing review of the residential and nursing bedded provision is essential as the increase in intermediate care provision should reduce the demand in these areas.	Yes	Does the plan set out how demand and capacity assumptions have been agreed between local authority, trusts and ICB and reflected these changes in UEC activity templates and BCF capacity and demand plans?
Have expected demand for admissions avoidance and discharge support in NHS UEC demand, capacity and flow plans, and expected demand for long term social care (domiciliary and residential) in Market Sustainability and Improvement Plans, been taken into account in you BCF plan? Yes	Yes	
Please explain how shared data across NHS UEC Demand capacity and flow has been used to understand demand and capacity for different types of intermediate care. We have used the ICB operational plan, including the growth targets, as the basis for estimating the demand by pathway. This demand has been apportioned to the local authority estimate using actual emergency admissions by acute provider. As part of developing the intermediate care project workstreams for pathway 1 capacity, hub capacity and bed capacity has been obtained from all partners and modelled to bring together service changes with scheme requirements.	Yes	Has the area described how shared data has been used to understand demand and capacity for different types of intermediate care?

Approach to using Additional Discharge Funding to improve

Briefly describe how you are using Additional Discharge Funding to reduce discharge delays and improve outcomes for people.

OFFICIAL

The North Yorkshire ASCDF for the ICB has increased in value to £4.7m. The additional funding covers several key elements:

- A range of new therapy posts in community providers across the 4 different NHS community providers – these were commissioned in 2023/24 to support greater Home First capacity (pathway 1) and therapy in-reach into intermediate care facilities and beds (pathway 2) but the FYE of the full capacity appears in 24/25 – this should continue the process of improving length of stay within intermediate care facilities and creating additional pathway 1 capacity to bring people home quicker from hospital, as well as improving long term outcomes
- Formal adoption of a pathway for non-weight bearing patients who require an extended period of non-chargeable intermediate care to complete their rehabilitation following a fracture etc.
- Allocation of funding for a pathway 1 bridging service (to be commissioned in combination with North Yorkshire Council) that can utilise domiciliary care capacity from the care sector to 'bridge' the gap between rehabilitation and reablement services if these are not immediately available, to support an increase in pathway 1 capacity – this should reduce NCTR and discharge delays
- Full year effect of the Learning Disabilities Intensive Support Team (only 6 months funding was included in 2024/25)
- A new discharge role for the Scarborough system to support the discharge hub

NYC spot purchased provision for pathway 2 and 3 and domiciliary care

Yes

Does this plan contribute to addressing local performance issues and gaps identified in the areas capacity and demand plan?

Is the plan for spending the additional discharge grant in line with grant conditions?

Please describe any changes to your Additional discharge fund plans, as a result from

- **Local learning from 23-24**
- **the national evaluation of the 2022-23 Additional Discharge Funding (Rapid evaluation of the 2022 to 2023 discharge funds - GOV.UK (www.gov.uk)**

Having reviewed the Rapid Evaluation Discharge Funding 22/23 Publication we were able to recognise some of the challenges identified within our own evaluation of the previous year's planning and spend. The North Yorkshire system is starting to make an impact on NCTR and home first, particularly in the Scarborough system. However, all discharge plans have been reviewed between NYC and NY Place to determine their effectiveness. There are several key elements to the learning and hence a series of improvements and modifications to plans:

- Improvements to hub operating processes behaviours – focused on developing a true MDT approach, chaired by the hospital discharge lead, with effective participation from brokerage and reablement services and an actioned-focused culture where staff come prepared with updated information enabling hub teams to make live decisions while on daily operational calls. Recruiting to additional staff for the hubs was not wholly successful due to the funding being one off and not recurrent. Agency staff were appointed, this supported a quicker discharge and had a positive impact on NCTR. Working on the operational culture and process has helped maintain the impact.
- Commencing the utilisation of electronic Trusted Assessment Forms – being piloted at all acute hospitals and still being refined to get the level of detail optimised in line with provider needs
- Creating additional capacity for pathway 1 and 2 so that hubs are able to transfer patients more quickly and promptly.
- For pathway 1, this has focused on piloting the bridging service from January 2024 using winter UEC monies. Provision has been made for the full 2024/25 year within plans, and the service has been extended to the end of June 2024 – however a final business case will be needed before recommissioning, following a more detailed evaluation. Short term contracts were not supportive of providers and was another key area of learning, hence extending contracts for full year to support provider sustainability. Following on from an unsuccessful local campaign to recruit in house reablement staff, another challenge identified by the Government published review, we shifted some of the spend into the Commissioned Bridging Service for the latter part of 23/24.
- For pathway 2, this has involved revising and refining the intermediate care bed offer. A number of providers have ceased to provide as the level of occupancy and environment was not suitable – to be replaced with new providers (funded through a combination of NHS capacity fund and adult social care discharge fund). A full review of our current offer was completed and funds directed into localities were demand was high and therapy available to support the journey home. Purchasing beds without the therapy support is absolutely not conducive to a positive step on the journey home and has led to longer stays resulting in deconditioning, hence from 23/24 learning we have reduced the beds to be able to commission therapy which is a key component to successful rehab but remains a challenge with capacity in the system.

Yes

Does the plan take into account learning from the impact of previous years of ADF funding and the national evaluation of 2022/23 funding?"

Ensuring that BCF funding achieves impact

What is the approach locally to ensuring that BCF plans across all funding sources are used to maximise impact and value for money, with reference to BCF objectives and metrics?

North Yorkshire has developed an effective Joint Commissioning Group during 2023/24 between NY Place and NYC, which allows plans to be jointly developed and co-ordinated. This JCG reports upwards to the joint NY Health and Care Management Group, which oversees expenditure at a Director-level.

This joint commissioning approach allows for a joint review of services, schemes, and budgets to develop new joint proposals, track expenditure and variations to plans, and recommend new developments. The following areas are regular items through the joint commissioning group:

- Development of VSCE sector and oversight of schemes commissioned within the BCF including through section 256 agreements (for jointly commissioned services)
- Plans for commissioning and procurement of equipment services
- Discharge schemes through the adult social care discharge fund (see also above)

1

Yes

Does the BCF plan (covering all mandatory funding streams) provide reassurance that funding is being used in a way that supports the objectives of the Fund and contributes to making progress against the fund's metric?

OFFICIAL

Better Care Fund 2024-25 Update Template

7. Metrics for 2024-25

Selected Health and Wellbeing Board: North Yorkshire

8.1 Avoidable admissions

*Q4 Actual not available at time of publication

		2023-24 Q1 Actual	2023-24 Q2 Actual	2023-24 Q3 Plan	2023-24 Q4 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.	Complete:
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	189.5	185.1	135.2	134.0	Plan based on: NY population (excluding Craven) excluding 0 los admissions: (caveat: rates are based on the BCF AA tool which references observed admissions including 0 los; raw numbers below:) Q1: 925: Q2: 879: Q3: 1002: Q4: 973 Whilst the target for this indicator was not achieved in 23/24, this was based on including all los. The plan for 24_25 excludes these admissions and therefore the baseline is a lot lower and hence the metric has been reset. There is a 2.6%* increase expected in non elective admissions: BCF schemes are intended to mitigate this rise and the trajectory therefore is set to 0% growth from the 2023_24 estimate using the same counting methodology. *The 2.6% is the unmitigated growth for NEL beds we used in our capacity demand and flow waterfall in the operational planning submission. This was made up of a weighted population growth in the ICB of 0.3%, increasing acuity of patients who are presenting at A&E, an	•Use of 2 hourly UCR services and virtual wards to prevent people being admitted. These include medical care from GP's/Consultants and ACP's to provide a high level of medical cover •2 admission avoidance beds in Hambleton & Richmondshire to enable the Hospital@Home team tomove people into for 24 hour care that don't need acute medical care. These beds have access to nursing and therapy input as needed •End of Life care as needed with specialist palliative domiciliary care services/Marie Curie/Community Nursing •Step up/Step down beds across Hambleton & Richmondshire to support people to regain their independence, don't need any acute care but are not safe to be left in their own home. •Use of equipment and technology that can be accessed timely to prevent a hospital admission. All BCF funding except UCR service	Yes
	Number of Admissions	1,555	1,519	-	-			
	Population	618,847	618,847	-	-			
		2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan			Yes
	Indicator value	125.1	118.9	135.5	131.5			

>> link to NHS Digital webpage (for more detailed guidance)

8.2 Falls

		2023-24 Plan	2023-24 estimated	2024-25 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.	
	Indicator value	1,616.4	1,757.0	1,730.5	2024_25 Plan based on: NY population (excluding Craven) excluding 0 los admissions. Last year's plan is based on an estimate including Craven (hence the population size has been reset for 24/25) and also includes all los. The plan for 24/25 excludes the 0 los spells.	•A comprehensive falls strategy in place (part of community budget funded by BCF however not specific schemes) •Immedicare in many care homes that can be accessed 24 hours a day (not BCF funding) •Falls workshops and falls webinar teaching have been rolled out across the county. (not BCF funding)	Yes
	Count	2,542	2754	2441			Yes

					Rationale	Plan	
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Population	155,016	155016	139416	The plan is set to mitigate the planned 2.6%* growth and the trajectory is therefore set to 0% growth from the 2023_24 full year estimate using the same counting methodology.	•Funding available for independent providers to bid for to support falls prevention, this is approved via a panel (not BCF funding) •Training and development from the Centre of Excellence for frailty (not BCF funding)	Yes

Public Health Outcomes Framework - Data - OHID (phe.org.uk)

8.3 Discharge to usual place of residence

*Q4 Actual not available at time of publication

		2023-24 Q1 Actual	2023-24 Q2 Actual	2023-24 Q3 Actual	2023-24 Q4 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.	
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	Quarter (%)	91.4%	92.3%	92.0%	92.0%	Plan based on NY population (excluding Craven), allowing for 2.6%* growth for total admissions on 2023_24 activity. In 23/24 we were very close to the 92%. Our aim for 24/25 is to make on-going improvements in this metric, with the aim of a stretched target for 25/26, if improvements are made in year. As an interim we have set a revised stretched target as set out increasing to 93% in Q4.	There are several key schemes across North Yorkshire to support discharge back to their people's own home, these include: •Home first pilot in Hambleton & Richmondshire that support people into their own home with reablement and therapy for up to 6 weeks to help them regain their independence. •A bridging service to support an earlier discharge home until the brokered package of care can start. •Virtual wards across North Yorkshire to support step down care from hospital. •Home from hospital supporting step down care for people across Hambleton & Richmondshire. •Community services including Community Nursing and Community Therapy •End of Life care as needed with specialist palliative domiciliary care services/Marie Curie/Community Nursing •Step up/Step down beds across Hambleton & Richmondshire to support people to regain their independence until they are safe to return home (all BCF funding except virtual wards)	Yes
	Numerator	12,882	13,087	9,621	9,574			
	Denominator	14,095	14,175	10,458	10,407			
		2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan			
	Quarter (%)	92.3%	92.5%	92.8%	93.0%			Yes
	Numerator	11,395	11,613	11,814	12,336			Yes
	Denominator	12,352	12,555	12,738	13,264			

8.4 Residential Admissions

		2022-23 Actual	2023-24 Plan	2023-24 estimated	2024-25 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.	
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	665.1	616.9	414.5	376.4	the local authority's target for admissions in 2023/24 was 642 per 100,000 of population aged 65+. The comparative position at the end of 2023/24 was 713 per 100,000. (pre-populated figures are incorrect for the numerator)	Other supported accommodation continues to be developed post LGR to support people in the most appropriate setting (supported Housing, Supported Living, Extra Care) Work with care providers to upskill residential care staff to support people a range of needs uincluding dementia. Reduced number of residential providers exiting the market. (not BCF funding)	Yes
	Numerator	1,031	1,012	680	630			Yes
	Denominator	155,016	164,040	164,040	167,386			

OFFICIAL

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

Please note, actuals for Cumberland and Westmorland and Furness are using the Cumbria combined figure for the Residential Admissions metrics since a split was not available; Please use comments box to advise.

OFFICIAL

Better Care Fund 2024-25 Update Template

8. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: North Yorkshire

	Code	2023-25 Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR) to be confirmed for 2024-25 plan updates	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it	Complete:
NC1: Jointly agreed plan	**PR1**	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between all partners from ICB(s) in accordance with ICB governance rules, and the LA; been submitted? *Paragraph 11* Has the HWB approved the plan/delegated (in line with the Health and Wellbeing Board's formal governance arrangements) approval? **Paragraph 11 as stated in BCF Planning Requirements 2023-25* Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? *Paragraph 11* Have all elements of the Planning template been completed? *Paragraph 11*	Cover sheet Cover sheet Cover sheet Cover sheet	Yes				Yes
	Not covered in plan update - please do not use	**A clear narrative for the integration of health, social care and housing**	Not covered in plan update						
	PR3	**A strategic, joined up plan for Disabled Facilities Grant (DFG) spending**	Is there confirmation that use of DFG has been agreed with housing authorities? In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils?	Cover sheet Planning Requirements	Yes				Yes
NC2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	**PR4 & PR6**	**A demonstration of how the services the area commissions will support the BCF policy objectives to:** **- Support people to remain independent for longer, and where possible support them to remain in their own home** **- Deliver the right care in the right place at the right time?**	Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service? Has the area described how shared data has been used to understand demand and capacity for different types of intermediate care? Have gaps and issues in current provision been identified? Does the plan describe any changes to commissioned intermediate care to address these gaps and issues? Does the plan set out how demand and capacity assumptions have been agreed between local authority, trusts and ICB and reflected these changes in UEC demand, capacity and flow estimates in NHS activity operational plans and BCF capacity and demand plans? Does the HWB show that analysis of demand and capacity secured during 2023-24 has been considered when calculating their capacity and demand assumptions?		Yes				Yes
Additional discharge funding	**PR5**	**A strategic, joined up plan for use of the Additional Discharge Fund**	Have all partners agreed on how all of the additional discharge funding will be allocated to achieve the greatest impact in terms of reducing delayed discharges? Does this plan contribute to addressing local performance issues and gaps identified in the areas capacity and demand plan? Does the plan take into account learning from the impact of previous years of ADF funding and the national evaluation of 2022/23 funding?		Yes				Yes

OFFICIAL

NC3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	**PR6**	**A demonstration of how the services the area commissions will support provision of the right care in the right place at the right time**	PR 4 and PR6 are dealt with together (see above)						
NC4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	**PR7**	**A demonstration of how the area will maintain the level of spending on social care services and NHS commissioned out of hospital services from the NHS minimum contribution to the fund in line with the uplift to the overall contribution**	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution? Does the total spend from the NHS minimum contribution on NHS commissioned out of hospital services match or exceed the minimum required contribution?		Yes				Yes

Page 70

Agreed expenditure plan for all elements of the BCF	**PR8**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	Do expenditure plans for each element of the BCF pool match the funding inputs? Where there have been significant changes to planned expenditure, does the plan continue to support the BCF objectives? Has the area included estimated amounts of activity that will be delivered/funded through BCF funded schemes? (where applicable) Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend? Is there confirmation that the use of grant funding is in line with the relevant grant conditions? Has the Integrated Care Board confirmed distribution of its allocation of Additional Discharge Fund to individual HWBs in its area? Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement? Paragraph 12		Yes				Yes
Metrics	**PR9**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	Is there a clear narrative for each metric setting out: - supporting rationales that describes how these ambitions are stretching in the context of current performance? - plans for achieving these ambitions, and - how BCF funded services will support this?		Yes				Yes

OFFICIAL

This page is intentionally left blank

Better Care Fund 2023-24 Year End Reporting Template

1. Guidance for Year-End

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health and Social Care (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), working with the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS). An addendum to the Policy Framework and Planning Requirements has also been published, which provides some further detail on the end of year and reporting requirements for this period.
The key purposes of BCF reporting are:
1) To confirm the status of continued compliance against the requirements of the fund (BCF)
2) To confirm actual income and expenditure in BCF plans at the end of the financial year
3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics
4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF reporting can be used by local areas, including ICBs, local authorities/HWBs and service providers, to further understand and progress the integration of health, social care and housing on their patch. BCF national partners will also use the information submitted in these reports to aid with a bigger-picture understanding of these issues.

BCF reports submitted by local areas are required to be signed off by HWBs, including through delegated arrangements as appropriate, as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website.

Note on entering information into this template
Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background and those that are not for completion are in grey, as below:

Data needs inputting in the cell
Pre-populated cells
Not applicable - cells where data cannot be added

Note on viewing the sheets optimally
To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.
The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste 'Values' only.

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.

5. Please ensure that all boxes on the checklist are green before submitting to england.bettercarefundteam@nhs.net and copying in your Better Care Manager.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and spend from your BCF plans for 2023-24 will prepopulate in the relevant worksheets.

2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the HWB to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.
https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf

This sheet sets out the four conditions and requires the HWB to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:
National condition 1: Plans to be jointly agreed
National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer
National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time
National condition 4: Maintaining NHS contribution to adult social care and investment in NHS commissioned out of hospital services

OFFICIAL

4. Metrics

The latest BCF plans required areas to set stretching ambitions against the following metrics for 2023-24:
- Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
- Proportion of hospital discharges to a person's usual place of residence,
- Admissions to long term residential or nursing care for people over 65,
- Reablement outcomes (people aged over 65 still at home 91 days after discharge from hospital to reablement or rehabilitation at home), and;
- Emergency hospital admissions for people over 65 following a fall.

Plans for these metrics were agreed as part of the BCF planning process.
This section captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.
A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes in the first six months of the financial year.
Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the first quarter of 2023-24 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at HWB level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric ambitions. The options are:

- on track to meet the ambition
- not on track to meet the ambition
- data not available to assess progress

You should also include narratives for each metric on challenges and support needs, as well as achievements.
- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

No actual performance is available for the ASCOF metrics - Residential Admissions and Reablement - so the 2022-23 outcome has been included to aid with understanding. These outcomes are not available for Westmorland and Cumbria (due to a change in footprint).

5. Income and Expenditure

The Better Care Fund 2023-24 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and NHS. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, minimum NHS contribution and additional contributions from LA and NHS. This year we include final spend from the Additional Discharge Fund.

Income section:
- Please confirm the total HWB level actual BCF pooled income for 2023-24 by reporting any changes to the planned additional contributions by LAs and NHS as was reported on the BCF planning template.
- In addition to BCF funding, please also confirm the total amount received from the ADF via LA and ICB if this has changed.
- The template will automatically pre populate the planned expenditure in 2023-24 from BCF plans, including additional contributions.
- If the amount of additional pooled funding placed intothe area's section 75 agreement is different to the amount in the plan, you should select 'Yes'. You will then be able to enter a revised figure. Please enter the **actual income** from additional NHS or LA contributions in 2023-24 in the yellow boxes provided, **NOT** the difference between the planned and actual income. Please also do the same for the ASC Discharge Fund.

- Please provide any comments that may be useful for local context for the reported actual income in 2023-24.

6. Spend and activity

The spend and activity worksheet will collect cumulative spend and outputs in the year to date for schemes in your BCF plan for 2023-24 where the scheme type entered required you to include the number of output/deliverables that would be delivered.

Once a Health and Wellbeing Board is selected in the cover sheet, the spend and activity sheet in the template will prepopulate data from the expenditure tab of the 23-25 BCF plans for all 2023-24 schemes that required an output estimate.

You should complete the remaining fields (highlighted yellow) with incurred expenditure and actual numbers of outputs delivered to year-end.

The collection only relates to scheme types that require a plan to include estimated outputs. These are shown below:

Scheme Type	**Units**

OFFICIAL

Assistive technologies and equipment	Number of beneficiaries
Home care and domiciliary care	Hours of care (unless short-term in which case packages)
Bed based intermediate care services	Number of placements
Home based intermediate care services	Packages
DFG related schemes	Number of adaptations funded/people supported
Residential Placements	Number of beds/placements
Workforce recruitment and retention	Whole Time Equivalents gained/retained
Carers services	Number of Beneficiaries

The sheet will pre-populate data from relevant schemes from final 2023-24 spending plans, including planned spend and outputs. You should enter the following information:

- **Actual expenditure to date in column K.** Enter the amount of spend to date on the scheme.
- **Outputs delivered to date in column N**. Enter the number of outputs delivered to date. For example, for a reablement and/or rehabilitation service, the number of packages commenced. The template will pre-populate the expected outputs for the year and the standard units for that service type. For long term services (e.g. long term residential care placements) you should count the number of placements that have either commenced this year or were being funded at the start of the year.
- **Implementation issues in columns P and Q.** If there have been challenges in delivering or starting a particular service (for instance staff shortages, or procurement delays) please answer yes in column P and briefly describe the issue and planned actions to address the issue in column Q. If you answer no in column P, you do not need to enter a narrative in column Q.

7.1 C&D Hospital Discharge and 7.2 C&D Community

When submitting actual demand/activity data on short and intermediate care services, consideration should be given to the equivalent data for long-term care services for 2023-24 that have been submitted as part of the Market Sustainability and Improvement Fund (MSIF) Capacity Plans, as well as confirming that BCF planning and wider NHS planning are aligned locally. We strongly encourage co-ordination between local authorities and the relevant Integrated Care Boards to ensure the information provided across both returns is consistent.

These tabs are for reporting actual commisioned activity, for the period April 2023 to March 2024. Once your Health and Wellbeing Board has been selected in the cover sheet, the planned demand data from April 2023 to October 2023 will be auto-populated into the sheet from 2023-25 BCF plans, and planned data from November 2023 to March 2024 will be auto-populated from 2024-25 plan updates.

In the 7.1 C&D Hospital Discharge tab, the first half of the template is for actual activity without including spot purchasing - buying individual packages of care on an 'as and when' basis. Please input the actual number of new clients received, per pathway, into capacity that had been block purchased. For further detail on the definition of spot purchasing, please see the 2024-25 Capacity and Demand Guidance document, which can be found on the Better Care Exchange here: https://future.nhs.uk/bettercareexchange/view?objectID=202784293

The second half is for actual numbers of new clients received into spot-purchased capacity only. Collection of spot-purchased capacity was stood up for the 2023-24 plan update process, but some areas did not input any additional capacity in this area, so zeros will pre-populate here for them.

Please note that Pathway 0 has been removed from the template for this report. This is because actuals information for these services would likely prove difficult for areas to provide in this format. However, areas are still expected to continue tracking their P0 capacity and demand throughout the year to inform future planning.

8. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2023-24 through a set of survey questions
These questions are kept consistent from year to year to provide a time series.
The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 5 questions. These are set out below.

Part 1 - Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2023-24
3. The delivery of our BCF plan in 2023-24 had a positive impact on the integration of health and social care in our locality

Part 2 - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institue for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

Please highlight:

4. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2023-24.
5. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2023-24

For each success and challenge, please select the most relevant enabler from the SCIE logic model and provide a narrative describing the issues, and how you have made progress locally. The 9 points of the SCIE logic model are listed at the bottom of tab 8 and at the link below.
[SCIE - Integrated care Logic Model]

Better Care Fund 2023-24 Year End Reporting Template

2. Cover

Version 2.0

Please Note:

- *The BCF quarterly reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.*

- *At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.*
- *All information will be supplied to BCF partners to inform policy development.*
- *This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.*

Checklist

Complete:

OFFICIAL

Better Care Fund 2023-24 Year End Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: North Yorkshire

		Checklist Complete:
Has the section 75 agreement for your BCF plan been finalised and signed off?	No	Yes
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off	30/06/2024	Yes

Confirmation of National Conditions			
National Conditions	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met in the year:**	
1) Jointly agreed plan	Yes		Yes
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes		Yes
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes		Yes

OFFICIAL

4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes		Yes

Better Care Fund 2023-24 Year End Reporting Template

4. Metrics

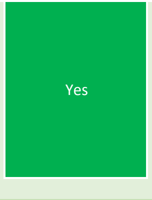
Selected Health and Wellbeing Board: North Yorkshire

National data may be unavailable at the time of reporting. As such, please use data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning Q1	Q2	Q3	Q4	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.	Checklist Complete:
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	137.6	136.4	135.2	134.0	Not on track to meet target	Apr-Feb 5046 Admissions (excl Craven): Est to Mar 24 if revert to plan: 5420 (Plan 4545: +875) Estimate incl Craven: +1016 admissions	The system has seen high acuity and increased demand. Urgent UCR and virtual ward services should mitigate this rise when fully mature.	Yes
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	92.0%	92.0%	92.0%	92.0%	On track to meet target	Apr to Mar est 92%. Estimate incl Craven: 91.9%	Considerable work has been undertaken to strengthen intermediate care hub and pathway 1 capacity which is supporting achievement of this target.	Yes
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,616.4	Not on track to meet target	Est to Mar 24 including Craven: 2754 admissions/Rate: 1757 (above target of 1700) NB: Target was 1700 (1616.4 refers to the 22-23 estimate)	Increased focus is being placed on supporting people to prevent falls following a falls summit in 2023.	Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				617	Not on track to meet target	the local authority's target for admissions in 2023/24 was 642 per 100,000 of population aged 65+. The comparative position at the end of 2023/24 was 713 per 100,000.	Success with funded in reach therapy to a small number of establishments. People returning home from short stay.	Yes

Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	78.1%	Not on track to meet target	The proportion of the council's reablement teams' capacity being redirected to provide domiciliary reduced to 23% in Q4 compared with 32% in Q3. The number of reablement packages started was up 32% year on year (456 extra packages of support).	Steady increase of people receiving a reablement service as opposed to dom care.	

Better Care Fund 2023-24 Year End Reporting Template

5. Income actual

Selected Health and Wellbeing Board: North Yorkshire

Income

	2023-24					
Disabled Facilities Grant	£5,561,251					
Improved Better Care Fund	£17,328,446					
NHS Minimum Fund	£48,759,576					
Minimum Sub Total		£71,649,273				
	Planned		Actual			
NHS Additional Funding	£0		Do you wish to change your additional actual NHS funding?	No		
LA Additional Funding	£0		Do you wish to change your additional actual LA funding?	No		
Additional Sub Total		£0				£0

	Planned 23-24	Actual 23-24
Total BCF Pooled Fund	£71,649,273	£71,649,273

	Additional Discharge Fund					
	Planned		Actual			
LA Plan Spend	£2,429,421		Do you wish to change your additional actual LA funding?	No		
ICB Plan Spend	£3,517,496		Do you wish to change your additional actual ICB funding?	No		
Additional Discharge Fund Total		£5,946,917				£5,946,917

	Planned 23-24	Actual 23-24
BCF + Discharge Fund	£77,596,190	£77,596,190

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2023-24	

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Expenditure

	2023-24
Plan	£77,149,863

Do you wish to change your actual BCF expenditure?	No	
Actual		Yes

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2023-24		Yes

Yes

Better Care Fund 2023-24 Year End Reporting Template

6. Spend and activity

Selected Health and Wellbeing Board: North Yorkshire

Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Q3 Actual expenditure to date	Actual Expenditure to date	Planned outputs	Q3 Actual delivered outputs to date	Outputs delivered to date (estimate if unsure) (Number or NA)	Unit of Measure	Have there been any implementation issues?	If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.
Checklist							Yes			Yes		Yes	Yes
7	iBCF - Care & Support Phase 2	Carers Services	Carer advice and support related to Care Act duties	iBCF	£990,000	£990,000	£990,000	25	25	25	Beneficiaries	No	
8	DFG schemes	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£5,114,924	£5,114,924	£5,561,251	726	726	789	Number of adaptations funded/people supported	No	
12	Bed-based intermediate care	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	Local Authority Discharge Funding	£1,016,143	£1,016,143	£1,016,143	22	22	22	Number of placements	No	
13	Flexible Domiciliary Care	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	Local Authority Discharge Funding	£275,000	£275,000	£275,000	10,333	10,374	10374	Hours of care (Unless short-term in which case it is packages)	No	
15	VOY - Hospice at Home (extended hours)	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	Minimum NHS Contribution	£189,857	£189,857	£173,258	6,328	6,328	6238	Hours of care (Unless short-term in which case it is packages)	No	
19	VOY - s256 care home support	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	Minimum NHS Contribution	£27,430	£27,430	£27,430	914	914	914	Hours of care (Unless short-term in which case it is packages)	No	
20	VOY - s256 carers support	Carers Services	Respite services	Minimum NHS Contribution	£38,058	£38,058	£38,058	2	2	2	Beneficiaries	No	
22	VOY - NYC Social care protection	Home Care or Domiciliary Care	Domiciliary care packages	Minimum NHS Contribution	£3,742,002	£3,742,002	£3,750,900	124,733	124,733	124733	Hours of care (Unless short-term in which case it is packages)	No	
29	NY carers s256	Carers Services	Other	Minimum NHS Contribution	£224,993	£224,993	£221,082	8	8	8	Beneficiaries	No	
31	NY step up / down	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	Minimum NHS Contribution	£318,933	£289,179	£312,467	62	55	62	Number of placements	No	
32	NY wheelchairs	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£1,523,862	£1,625,622	£1,496,918	2,468	2,468	2468	Number of beneficiaries	No	
33	NY Equipment	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£2,565,930	£2,734,930	£2,565,930	26,904	26,904	26904	Number of beneficiaries	No	
40	NY protection of social care	Home Care or Domiciliary Care	Domiciliary care packages	Minimum NHS Contribution	£12,696,635	£12,696,635	£12,696,635	423,221	423,221	423221	Hours of care (Unless short-term in which case it is packages)	No	
45	NY Time to think beds	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	ICB Discharge Funding	£400,000	£400,000	£436,351	88	88	96	Number of placements	No	
46	NY Fast Track packages	Home Care or Domiciliary Care	Other	ICB Discharge Funding	£1,000,000	£1,000,000	£1,040,031	7,444	204	212	Hours of care (Unless short-term in which case it is packages)	No	
47	NY Additional community domiciliary care EOL	Home Care or Domiciliary Care	Domiciliary care packages	ICB Discharge Funding	£100,000	£100,000	£60,958	470	2,626	2401	Hours of care (Unless short-term in which case it is packages)	No	
48	NY Equipment management	Assistive Technologies and Equipment	Community based equipment	ICB Discharge Funding	£109,000	£109,000	£109,000	115	1,413	1413	Number of beneficiaries	Yes	Based on average cost per individual accessing service
54	NY Home from hospital capacity	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	ICB Discharge Funding	£152,000	£152,000	£151,951	5,067	5,067	5067	Hours of care (Unless short-term in which case it is packages)	No	
55	NY Increased complex care capacity	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	ICB Discharge Funding	£229,000	£229,000	£57,319	26	26	7	Number of placements	Yes	Slippage on scheme - reinvested in alternative BCF schemes
56	NY Additional CHC assessment capacity	Workforce recruitment and retention		ICB Discharge Funding	£250,000	£250,000	£194,630		5	4	WTE's gained	Yes	Slippage on recruitment - reinvested in alternative BCF schemes.
57	NY Additional block booked beds	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	ICB Discharge Funding	£189,000	£189,000	£314,010	26	26	26	Number of placements	No	
58	L&SC protection of social care	Home Care or Domiciliary Care	Domiciliary care packages	Minimum NHS Contribution	£177,444	£177,444	£177,444	5,915	5,915	5915	Hours of care (Unless short-term in which case it is packages)	No	
59	L&SC Additional community domiciliary care EOL	Home Care or Domiciliary Care	Domiciliary care packages	Minimum NHS Contribution	£298,359	£198,359	£198,359	9,945	9,945	9945	Hours of care (Unless short-term in which case it is packages)	No	
60	WY Community Equipment	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£290,570	£290,570	£290,570	305	305	305	Number of beneficiaries	No	

63	WY Intermediate Care Beds	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	Minimum NHS Contribution	£406,861	£406,861	£406,861	56	56	56	Number of placements	No	
64	WY Carers Support	Carers Services	Other	Minimum NHS Contribution	£48,558	£48,558	£48,558	2	2	2	Beneficiaries	No	
65	WY Carers Support	Carers Services	Other	Minimum NHS Contribution	£20,618	£20,618	£20,618	2	2	2	Beneficiaries	No	
66	WY Intermediate Care Beds	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	Minimum NHS Contribution	£113,302	£113,302	£113,302	15	15	15	Number of placements	No	
71	WY Protection of Social Care	Home Care or Domiciliary Care	Domiciliary care packages	Minimum NHS Contribution	£1,479,618	£1,479,618	£1,479,618	49,320	49,320	49320	Hours of care (Unless short-term in which case it is packages)	No	
72	WY Other Equipment and technologies	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£22,968	£22,968	£22,968	24	24	24	Number of beneficiaries	No	
73	WY Reablement Services	Home-based intermediate care services	Reablement at home (to support discharge)	ICB Discharge Funding	£124,000	£124,000	£124,000	4	4	4	Packages	No	

74	L&SC Reablement Services	Home-based intermediate care services	Reablement at home (to support discharge)	ICB Discharge Funding	£45,496	£45,496	£45,496	2	2	2	Packages	No	

Better Care Fund 2023-24 Capacity & Demand EOY Report

7.1. Capacity & Demand

Selected Health and Wellbeing Board: North Yorkshire

Estimated demand - Hospital Discharge

Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
		Prepopulated from plan:							Q2 Refreshed planned demand				
Reablement & Rehabilitation at home (pathway 1)	Planned demand. Number of referrals.	251.6	269	269.9	255.3	261.1	261.3	246.6	304	299	299	281	316
Short term domiciliary care (pathway 1)	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Planned demand. Number of referrals.	129.63	137.11	137.26	132.07	132.27	131.35	125.73	156	155	153	143	164
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Planned demand. Number of referrals.	78.41	83.82	84.34	79.65	81.65	81.37	76.53	101	98	97	92	103

Actual activity - Hospital Discharge

Actual activity (not spot purchase):

Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Checklist Complete:
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients.	180	205	191	198	195	194	247	241	273	287	265	231	Yes
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	45	60	55	Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	120	89	79	106	105	101	88	85	99	111	101	110	Yes

Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients.	8	3	3	1	4	1	1	4	8	10	10	8	Yes

Actual activity - Hospital Discharge

Actual activity in spot purchasing:

Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	78	84	75	95	80	82	90	88	95	99	89	67	Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	54	68	66	54	38	36	51	47	45	59	53	41	Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients.	19	25	21	23	14	14	21	21	17	17	22	10	Yes

Better Care Fund 2023-24 Capacity & Demand Refresh

7.2 Capacity & Demand

Selected Health and Wellbeing Board: North Yorkshire

Demand - Community

Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
		Prepopulated from plan:							Q2 refreshed expected demand				
Social support (including VCS)	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	Planned demand. Number of referrals.	228	228	228	228	263	263	263	263	263	263	263	263
Reablement & Rehabilitation at home	Planned demand. Number of referrals.	289	289	289	289	289	289	289	289	289	289	289	289
Reablement & Rehabilitation in a bedded setting	Planned demand. Number of referrals.	30	30	30	30	30	30	30	30	30	30	30	30
Other short-term social care	Planned demand. Number of referrals.	7	6	6	6	6	6	6	6	6	6	6	6

Actual activity - Community

Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Checklist Complete:
		Actual activity:												
Social support (including VCS)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Urgent Community Response	Monthly activity. Number of new clients.	122	219	232	222	258	285	264	237	210	192	188	165	Yes
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	211	283	263	269	251	289	285	284	278	300	302	279	Yes
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.	19	23	19	40	42	30	41	43	39	56	40	50	Yes

Other short-term social care	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	Yes

Better Care Fund 2023-24 Year End Reporting Template

8. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF.
There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board: North Yorkshire

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response	Checklist Complete:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	There has been a real sea change and a common vision established with senior leaders across organisations that will take time to embed operationally. This vision is developed through the North Yorkshire Place Board and also within key joint projects, for example the development of a new intermediate care model. The Joint Commissioning Group between the ICB and LA provides a robust commissioning forum to plan, agree and implement joint schemes.	Yes
2. Our BCF schemes were implemented as planned in 2023-24	Strongly Agree	The LA and ICB have worked together to deliver and develop a wide range of jointly commissioned services, for example community equipment, development of intermediate care (hubs, bridging service, bed capacity, home first approach to pathway 1), and a wide range of VSCE-based services. System transformation is ongoing with the majority of BCF schemes continuing into 24/25.	Yes
3. The delivery of our BCF plan in 2023-24 had a positive impact on the integration of health and social care in our locality	Agree	The delivery of the BCF plan has led to an improved culture of joint working and the delivery of a broader range of schemes and services in partnership. This approach is creating some successes, but also helping us to identify other factors that impact negatively on integration such as culture, environment and technical infrastructure. These issues are barriers to the success of projects like developing a new approach to intermediate care and workshops and other areas of engagement and development are being utilised to bring people together and break down these barriers.	Yes

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.
Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2023-24	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes	Checklist Complete:
Success 1	2. Strong, system-wide governance and systems leadership	Estblishment of an Intermediate Care Project Group and Management Board with dedicated project management support. Management Board chaired jointly by NYHICB and NYC and represented by senior leaders across trusts, community and Voluntary partnerships. Designed to feed up to Health and Care Managment Board for approval. Workstreams with a local feel to each of the 5 localities of North Yorkshire but with a drive towards a system wide vision for integration. This work has driven improvements to discharge hub culture and ways of working, as well as strengthening the relationship between therapy, social care and reablement workers across pathways 1 and 2.	Yes

Success 2	6. Good quality and sustainable provider market that can meet demand	New Market Sustainability Policy, the process will support the governance and need to ensure a sustainable market with affordability, ensuring resources targeted where they are most needed. Taking forward Care Market Engagement Plan to ensure more robust engagement with care providers. Scoping models for supporting people with eligible support needs who are in crisis are continuing. Exploring the possibilities of a Specialist Care Commissioning Model. Review and re-fresh the Council's Market Position Statement to ensure that Care Providers have up to date and relevant information to support their development or care services that will remain sustainable and meet the changing needs of people in North Yorkshire.	Yes

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2023-24	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges	
Challenge 1	3. Integrated electronic records and sharing across the system with service users	Extremely challenging for North Yorkshire Council to work with data bases across 5 different trust sites. Uncertainty around take up of OPTICA (NHS discharge tracking tool) across all sites, huge workforce accoss the county and there appears to be many bureaucratic and technical barriers that are blockers to accessing shared systems.	Yes
Challenge 2	5. Integrated workforce: joint approach to training and upskilling of workforce	Despite using BCF monies to fund a cross collaborative approach to recruitment with the independent sector recruitment has been a challenge for health and social care across North Yorkshire. Co-location has proved to be challenging with office space a premium, technical infrastructure with IT access and honorary contracts are blockers. There is a cultural shift needed to move away from traditional roles into a more trusting and flexible professional partnership that embraces change and positive risk taking with shared accountability.	Yes

Footnotes:

Question 4 and 5 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

Other

This page is intentionally left blank

Health and Wellbeing Board
North Yorkshire

DRAFT ROLLING WORK PROGRAMME 2024/2025

NOTE: Items subject to change. All meetings to be held remotely via Microsoft Teams, unless stated otherwise

WEDNESDAY 22ND MAY 2024			
ITEM	**LEAD**	**REPORT DEADLINE**	**COMMENTS**
Integrated Care Partnerships - Updates	Chief Operating Officer, Humber and North Yorkshire Integrated Care System Director of Integrated Health and Care, Bradford District and Craven Health and Care Partnership	Monday 13th May 2024	Standing Item Generally these will be verbal updates
North Yorkshire Joint Local Health and Wellbeing Strategy	Director of Public Health	Monday 13th May 2024	Sign off of the Strategy
Rolling Work Programme	Senior Democratic Services Officer	Monday 13th May 2024	Standing Item

OFFICIAL

ROLLING WORK PROGRAMME 2024/2025

FRIDAY 19TH JULY 2024			
ITEM	**LEAD**	**REPORT DEADLINE**	**COMMENTS**
West Yorkshire Place Update	Director of Integrated Health and Care, Bradford District and Craven Health and Care Partnership	Wednesday 10th July 2024	Standing Item Generally these will be verbal updates
Humber and North Yorkshire Place Update	Chief Operating Officer, Humber and North Yorkshire Integrated Care System	Wednesday 10th July 2024	Standing Item Generally these will be verbal updates
Health Protection	Public Health Consultant	Wednesday 10th July 2024	When a report on this was presented last year, it was agreed that there should be an annual update
Better Care Fund 2023/2024 – Quarter 4 Return	Director of Public Health	Wednesday 10th July 2024	To approve the fourth quarter return
Rolling Work Programme	Senior Democratic Services Officer	Wednesday 10th July 2024	Standing Item

DRAFT

ROLLING WORK PROGRAMME 2024/2025

WEDNESDAY 18TH SEPTEMBER 2024			
ITEM	**LEAD**	**REPORT DEADLINE**	**COMMENTS**
West Yorkshire Place Update	Director of Integrated Health and Care, Bradford District and Craven Health and Care Partnership	Monday 9th September 2024	Standing Item Generally these will be verbal updates
Humber and North Yorkshire Place Update	Chief Operating Officer, Humber and North Yorkshire Integrated Care System	Monday 9th September 2024	Standing Item Generally these will be verbal updates
Autism Strategy	Richard Webb/Danielle Daglan	Monday 9th September 2024	
Rolling Work Programme	Senior Democratic Services Officer	Monday 9th September 2024	Standing Item

DRAFT

OFFICIAL

ROLLING WORK PROGRAMME 2023/2024

WEDNESDAY 27TH NOVEMBER 2024			
ITEM	**LEAD**	**REPORT DEADLINE**	**COMMENTS**
West Yorkshire Place Update	Director of Integrated Health and Care, Bradford District and Craven Health and Care Partnership	Monday 18th November 2024	Standing Item Generally these will be verbal updates
Humber and North Yorkshire Place Update	Chief Operating Officer, Humber and North Yorkshire Integrated Care System	Monday 18th November 2024	Standing Item Generally these will be verbal updates
North Yorkshire Joint Local Health and Wellbeing Strategy – Delivery Plan	Director of Public Health	Monday 18th November 2024	Update on progress against the key priorities in the Strategy
Director of Public Health Annual Report	Director of Public Health	Monday 18th November 2024	Report and presentation
North Yorkshire Safeguarding Children's Partnership (NYSCP) Annual Report 2023/2024	Executive Chair and Independent Scrutineer NYSCP and Corporate Director, Children and Young People's Service	Monday 18th November 2024	Presentation
North Yorkshire Safeguarding Adults Board Annual Report 2023/2024	Chair of Safeguarding Adults Board	Monday 18th November 2024	Presentation

DRAFT

OFFICIAL

Rolling Work Programme	Senior Democratic Services Officer	Monday 18th November 2024	Standing Item

DRAFT

OFFICIAL

ROLLING WORK PROGRAMME 2023/2024

MONDAY 13TH JANUARY 2025			
ITEM	**LEAD**	**REPORT DEADLINE**	**COMMENTS**
West Yorkshire Place Update	Director of Integrated Health and Care, Bradford District and Craven Health and Care Partnership	Thursday 2nd January 2025	Standing Item Generally these will be verbal updates
Humber and North Yorkshire Place Update	Chief Operating Officer, Humber and North Yorkshire Integrated Care System	Thursday 2nd January 2025	Standing Item Generally these will be verbal updates
Better Care Fund 2025/2026	Director of Public Health	Thursday 2nd January 2025	To approve the Better Care Fund
Rolling Work Programme	Senior Democratic Services Officer	Thursday 2nd January 2025	Standing Item

DRAFT

OFFICIAL

ROLLING WORK PROGRAMME 2024/2025

FRIDAY 14TH MARCH 2025			
ITEM	**LEAD**	**REPORT DEADLINE**	**COMMENTS**
West Yorkshire Place Update	Director of Integrated Health and Care, Bradford District and Craven Health and Care Partnership	Wednesday 5th March 2025	Standing Item Generally these will be verbal updates
Humber and North Yorkshire Place Update	Chief Operating Officer, Humber and North Yorkshire Integrated Care System	Wednesday 5th March 2025	Standing Item Generally these will be verbal updates
North Yorkshire Joint Local Health and Wellbeing Strategy – Delivery Plan	Director of Public Health	Wednesday 5th March 2025	Update on progress against the key priorities in the Strategy
Consideration of Rolling Work Programme for 2025/2026	Principal Democratic Services Officer	Wednesday 5th March 2025	To approve the Work Programme for the year ahead

DRAFT

OFFICIAL

OTHER *POTENTIAL* ITEMS – NO SET DATE ALLOCATED

- NHS Operating Framework and Local Government Financial Settlement – update
- Regeneration
- Local Plan Update

***POTENTIAL* WORKSHOPS**

On occasions (on the same day as a Board meeting), the Board holds a Workshop on an area of mutual interest to partners.

Future Workshops might include:-

- Spotlight Session on the Joint Local Health and Wellbeing Strategy
- Health of the Nation
- Health and Inequalities
- Coastal/Rural Initiatives
- Local Plan Update (suggested as an Agenda Item for the meeting on 18th September 2024 but may lend itself to a Workshop)
- Cultural Strategy – September
- Oliver Mcgowen - Autumn

Assistant Democratic Services Officer

June 2024

DRAFT

OFFICIAL

DRAFT

This page is intentionally left blank