

## Chief Executives' Group – North Yorkshire and York

19 June 2014

### Better Care Fund Briefing

#### 1 Background

- 1.1 The £3.8 billion Better Care Fund (BCF) was announced by the Government in the June 2013 Spending Round, to ensure a transformation in integrated health and social care. The BCF is a single pooled budget to support health and social care services to work more closely together in local areas.
- 1.2 Our joint plan was submitted on the 4<sup>th</sup> April 2014. We have a 2014/15 pooled fund of £28.2m and £39.8m in 2015/16. We have clear requirements against which we have to deliver. This is measured through a series of metrics, all of which are interlinked and specifically require Health and Social Care to work together to deliver the results.

#### 2 Current Situation

- 2.1 Our plan describes how in five years' time, as a result of the Better Care Fund and broader investment and service transformation, North Yorkshire people will benefit from:
  - an **integrated, locality driven Prevention Service** which supports them and their carers to improve their lifestyle, improve health, reduce social isolation and use digital and personal-contact channels to obtain advice and information on how they can manage their situation
  - a **24/7 fast response to assess** their needs and wherever possible avoid a hospital admission should they become ill, and an integrated team approach to helping them get home again if they do go to hospital
  - **support for people and families living with dementia**
  - **improved access** to psychological therapies, fast response services and in-reach community services **for people with mental health needs**
  - specialist support from community staff, good liaison between care staff and health staff, **care at home for people living in a care home if they become ill**
  - support by **multi-disciplinary teams for people with complex needs** who know them well, they will have a named care coordinator and will be supported to avoid the need to go to or stay in hospital, to manage their conditions and to maintain social activity and contacts
- 2.2 The Plan was assessed by NHS England and a peer review by City of York and the highlights of that assessment show:
  - Our engagement with Acute Trusts is improving, but there's still more to do.
  - Deliverability and Affordability are still a concern to all of us, but we carry no more risk than many of our peers around the country.

- Our ambitious transformation programme in Social Care has been recognised, as well as the risks associated with Care Act; we have to assure NHS England that resources will be used to support transformation.
- Clarification is sought from us on how our plans marry with Acute Contracts and capacity.
- Our approach to the Metrics targets was sympathetically received – we set cautious targets for the first year because of the time it will take to build our ability to meet them.

2.3 Nationally, it appears that there are concerns that echo the local ones; this is a complex plan and there is much more to do to:

- Assure ourselves, Government and the public that we are capable of delivering the required change.
- Determine that emergency and avoidable Acute care costs and volumes can be reduced sufficiently to ensure that our plans for the future of health and social care are affordable.

2.4 Ministerial approval has been put on hold, and we understand that there is a further round of templates to be completed during June that provide:

*“a more detailed breakdown of planned investments and savings, clarification on the impact of the BCF on total emergency admissions, and agreement on the consequential impact on the acute sector. It will be particularly important to demonstrate that adequate savings will be achieved to manage the risk of unplanned activity.”*

### **3 Next Steps**

3.1 We are dealing with some of the infrastructural requirements first such as the Governance, Legal and Financial frameworks.

3.2 We expect ministerial sign-off during the summer, but the absence of that approval doesn't mean we cannot get on with our plans. We are working to define in detail the various schemes and plans. We need to build our performance measurement and monitoring processes around these. Then, once we have the core in place, we can address the further work required to deliver our ambitions.

3.3 In parallel with this, in Health and Adult Services we are in the process of a restructuring of the directorate, and working to support the wider 2020 North Yorkshire transformation programme.

3.4 We are planning in August to bring together the Districts with Integrated Commissioning Board to work through how we make best use of the opportunities BCF provides us.

## **4 Further Steps**

- 4.1 The Care Act now prescribes several integration duties on Local Government, NHS England and the CCGs. The County Council and its partners must carry out their care and support responsibilities with the aim of promoting greater integration with NHS and other health-related services. This:
- requires partners to have an aim to join up the services provided and includes services such as housing and leisure services;
  - includes the prevention of needs, providing information and advice and shaping and facilitating the provider market;
  - requires us to consider when securing services how they will improve the quality of health and/or reduce inequalities in access or outcomes.
- 4.2 Integration at this strategic level might be achieved by the use of Pooled Budgets, such as the Better Care Fund, or through Joint Commissioning arrangements.
- 4.3 Partners in this context includes CCGs, Primary and Secondary Care providers, Districts, Police, DWP, registered social housing providers, Prisons and Probation as well as other Local Authority functions such as Children's Services, Public Health, Planning etc.
- 4.4 There are very clear and frequent indications that housing needs to play a significant part in all aspects of assessment, care planning, support provision and prevention.

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