

## **Report of the Better Care Fund Planning Submission and Update**

### **Summary**

1. The purpose of this report is to inform the Health and Wellbeing Board of the recent Better Care Fund (BCF) planning submission which is a national requirement. The planning submission template collects data on the use of BCF funding and ambitions for performance on BCF metrics (performance objectives) and activity to achieve these as well as on capacity and demand planning.
2. We are also required to provide a summary of the strategic approach to integration of health and social care to support further improvement of outcomes for people with care and support needs. Included in this we provide narrative on specific schemes, outcomes and what they are trying to achieve.
3. Acknowledging the current direction of travel and the shift towards a more joined up approach to commissioning, we have also included detail on how City of York Council and NHS Humber and North Yorkshire Integrated Care Board (ICB) will work together to further join up commissioning and develop the care market.

### **Background**

4. The Better Care Fund Policy Framework sets out the Government's priorities for 2023-25, including, but not limited to, improving discharge, admission avoidance, reducing the pressure on Urgent and Emergency Care and social care, and supporting intermediate care.

5. City of York Council and the ICB collectively oversee £25.3m spend across Health and Social Care to support system flow, maintain independence, reduce hospital delays and admissions.
6. The vision for the BCF over 2023-25 is to support people to live healthy, independent, and dignified lives, through joining up health, social care, and housing services seamlessly around the person. This vision is underpinned by a set of core principles, objectives, and national conditions including a requirement for plans to be jointly signed off by ICBs and local authorities, enabling people to stay well, safe, and independent at home for longer and providing the right care, in the right place, at the right time.
7. We have developed this submission alongside the BCF Policy Framework and BCF Planning Requirements for 2023/25. All schemes within the BCF support and embed the Home First approach, support admission avoidance, enhance personalisation, and reduce health inequalities.

### **Jointly Commissioned Services**

8. Through the BCF we have several jointly commissioned services such as equipment, carers, and reablement amongst others. The Council has a senior commissioning team that works closely with NHS colleagues on the planning and delivery of various joint commissions and contractual arrangements. This approach was further developed when the Council moved to an all-age approach to commissioning through a dedicated team working together with health, housing, children's services, public health, and transformation colleagues.
9. Our jointly commissioned BCF services continue to:
  - reduce length of stay within a hospital setting through enhancing rapid response services and in reach integrated teams.
  - Reduce waiting times for people contacting social care.

- Reduce the need for ongoing support through social care, promoting independence and control.
- Enhance our Voluntary and Community and utilise resources to promote early intervention and prevention approaches.
- Build on the strength of local communities and provide services that build on people's own abilities and strengths.
- Enhance personalised care and support through commissioning tailored support through personal budgets.
- Enhance mental health and wellbeing services building on the mental health hub and the connecting our city programme.

10. The focus of our BCF services remain in line with the BCF policy objectives and national priorities. We will continue to build on the schemes that are supporting the delivery of good outcomes.

## **Performance Objectives**

### **Preventing admission to hospital or long-term residential care**

11. We are committed to early intervention and preventative approaches, supporting early discharge of people who require hospital admission and providing support for people to remain at home for longer. Working together we are further developing strength-based approaches, supporting people and communities to build on their strengths, introducing self-care models of care and support building resilience and independence. Through partnership working we are developing stronger healthier communities by listening to what matters to our citizens and codeveloping services to meet needs.

12. There are number of schemes that are explicitly supporting admission avoidance, some of which are outwardly facing and take place within community settings such as Urgent Care Practitioners who treat people on scene which avoids a conveyance and potential admission as well as the York Integrated Care Team who

promote anticipatory care, providing short term support for patients, working off an existing caseload.

13. In parallel with this, we have several schemes that are inward facing including the Rapid Assessment and Therapy Service which is ED based with a focus on turning patients around quickly who do not need emergency interventions. Running alongside this, we also have an in-reach model that pulls patients out of other areas within the acute footprint and supports people to return to their usual place of residence within 2 hours for a further assessment of their needs.

### **Improving hospital discharges**

14. It has been acknowledged that the discharge position across the system continues to be a challenge, which, if left unaddressed, could result in de-stabilisation across the system. We have a growing population and as a system, we are witnessing higher levels of acuity which significantly impacts the numbers of patients who require interventions and find themselves in a hospital bed at some point along their journey. Whilst we have several schemes in place to avoid admissions, we acknowledge that some admissions are unavoidable.
15. We must ensure that we are addressing this through the direction of BCF funding available to us. In the spirit of collaboration and recognising that we cannot do this alone, a programme of works has been established via York and Scarborough Teaching Hospitals which forms part of the Urgent Care Improvement Programme. Whilst we have oversight and visibility of the discharge position, this programme of works enables us to view this through an acute lens, understand some of the internal challenges and bottlenecks which will inform how we direct BCF funding to support this core metric.
16. As a system we are committed to reducing the number of patients with no criteria to reside and facilitating timely discharge. These approaches include the expansion of the existing in-reach model aimed at identifying patients who have low level needs and an

admission can be avoided. We have been able to expand this service by increasing the workforce meaning further reach into the hospital facilitating earlier discharge.

17. The Early Discharge Support Service helps support complex patients being discharged and provide a link between acute and community services. We have found that this has reduced readmissions of complex patients back into hospital and the patients respond well to this service.

## **Discharge Destination**

18. There is an acknowledgement that higher levels of acuity continue to result in discharges that are not consistent with usual places of residence. Patients who would normally be discharged home are often requiring additional onward/packages of care preventing them from being discharged to their usual place of residence in some cases.
19. Our ambition is to ensure that all patients are discharged to their usual place of residence without the need for additional or onward care which prevents this. The Early Discharge Support Service and in-reach model are good examples of how we intend to achieve this ambition, identifying patients before they are admitted and getting them back home/usual place of residence instead of a potential admission which may then result in additional care needs, preventing the patient from returning home.

## **Financial Information**

20. City of York Council and the ICB collectively oversee £25.3m which is focused on a variety of schemes that will contribute to meeting the BCF performance objectives.
21. We have used the BCF funding streams in several ways to ensure we are meeting the objectives and core metrics set out within the BCF policy framework and we will ensure that available funds are directed to schemes that create the biggest outcomes for people, reducing inequalities and the need for acute care. We will continue

to offer versatile services that are responsive reducing delays in discharges as well as supporting people with long term conditions.

22. We have directed the highest volumes of funding towards community-based schemes including community response (expanding care at home), falls services, urgent care practitioners and community equipment. Significant portions of funding have been used on bed based and residential care to enable the timely discharge of patients from hospital who do require onward care as well as home and domiciliary care.
23. There are several lower value schemes which contribute towards a variety of outputs and these, along with our highest value schemes will all form part of a dedicated review of the BCF which is outlined in our next steps.

### **Strategic Priorities**

24. Over the next two years our ambitions are to strengthen our BCF schemes that have the biggest impact, as well as redirect resources where necessary, with a focus on health inequalities. During a recent review to support the delivery of the BCF national conditions we agreed schemes that fit into the specific categories, which will help with future decision making and resource allocation.
25. As a system we are committed to reducing the number of unnecessary admissions into hospital, through helping more people to be supported at home with the right service and right support through a person-centred approach. We acknowledge that some schemes are part of existing core services, however through innovative approaches and new ways of commissioning we are looking at ways to redirect resources and funds around the BCF to make the biggest impact.
26. BCF funded services are a key enabler to integration of health and social care in York. Specifically, the plans improve discharge and reduce pressure on urgent and emergency care and social care services.

27. The BCF is recognised by all partners as a strategic mechanism to integrate resources tied up in committed funds – workforce, buildings, equipment – and consider best value for money for the York pound in the case of uncommitted resources.
28. As part of the York Place Health and Care Partnership development plan we will be exploring, in collaboration with City of York colleagues, how we build on the BCF in terms of pooling resources to deliver shared objectives that deliver the best outcomes for the least cost.
29. Partners are working collaboratively to jointly commission key services and we continue to develop our integrated team model, supporting in-reach and early intervention. Through our shared vision, partners have built strong, trusting relationships with improved communication. This is underpinned by robust governance, leading to effective decision making to improve outcomes for York's residents.

## **Next Steps**

30. Towards the end of last year, we undertook a review of the current BCF schemes as part of an overarching funding review. This provided the opportunity to identify the schemes that sit within the BCF and crucially, determine which were flexible in terms of having the potential to re-direct funding. This was the first phase of a much wider review of the BCF which partners agree is required.
31. The second phase of this review is to conduct a deep dive into each individual scheme, assessing value for money, key performance indicators and contract management and monitoring processes. With this comes the opportunity to identify any areas of duplication and develop a proposal to potentially re-direct funding to make maximum use of the core BCF. Part of this review will identify contractual obligations and durations which will inform any timeline for new commissioning arrangements.
32. In addition to reviewing the schemes within the BCF, we are also taking this opportunity to pause and reflect on what the mechanism

for delivery monitoring should be. This has previously been in the form of a Delivery Group, responsible for oversight of the BCF and engagement with providers. With the shift in direction towards joint commissioning, we feel that this is an ideal opportunity to redefine what we need from a delivery function.

33. More than ever the requirement and desire to co-produce this collaborative and integrated approach has come to the fore. These new ways of working continue to require joined up leadership with the values, behaviours, and attitudes we collectively aspire to, exhibited in a consistent way. To continue the great work that has been witnessed and maintain the momentum to deliver services collaboratively we must ensure we have the platform in place to facilitate this. Whether this is in the form of a delivery forum dedicated solely to BCF or potentially part of a wider forum focusing on overarching joint delivery will form part of our proposals for consideration.

34. The impact of these potential changes must be considered in the broader context of the BCF, considering that our current BCF plan takes us to 2025 with expected new guidance which may inform our future direction of travel.

## **Implications**

35. **Financial:** The financial implications are detailed in this report and associated planning submission.

36. **Human Resources (HR):** There are no HR implications.

37. **Equalities:** There are no equalities implications.

38. **Legal:** There are no legal implications.

39. **Crime and Disorder:** There are no crime and disorder implications.

40. **Information Technology (IT):** Several schemes are dedicated to assistive technology.



41. Property: There are no property implications.

### Recommendations

42. The Health and Wellbeing Board are asked to consider the content of this report and support the ongoing oversight of the planning and implementation of the Better Care Fund. Furthermore, we are asking the Board to note the next steps with agreement that the findings and any associated proposal(s) are discussed at a future meeting.

### Contact Details

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**Report  
Approved**



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**Wards affected**

ALL

**For further information please contact the author of the report  
Background Papers:**

**Annex A – Better Care Fund Planning Submission**