

Health and Wellbeing Board

29 January 2014

Report of the Deputy Chief Executive of City of York Council and the Chief Clinical Officer of NHS Vale of York Clinical Commissioning Group

The Better Care Fund

Summary

1. This report accompanies York's draft submission of the initial plan for the Better Care Fund (BCF) - attached as Annex A.
2. It is requested that the Health and Wellbeing Board:
 - a. Review the draft submission for the Better Care Fund.
 - b. Agree with the approach set out in the Better Care Fund draft submission.
 - c. Agree that final approval for the Better Care Fund initial plan will be delegated to the Chair on behalf of the Board.

Background

3. In October 2013, an update on integrating health and social care was presented to the Health and Wellbeing Board. The Board noted the direction of travel of our local integration plan, endorsed the creation of the Collaborative Transformation Board to oversee the creation of our integration plan and noted the timetable for this plan. The initial draft plan, for the Better Care Fund submission, has now been drafted (see Annex A).
4. The Better Care Fund (formerly known as the Integrated Care Fund) has been set up to support councils and Clinical Commissioning Groups (CCGs) to deliver their local plans for integrating health and social care. The fund amount is £3.8 billion nationally; this represents a top slice (3%) of CCG budgets to be reinvested in local integration plans (it should be noted that this is

not new money and therefore we must develop our plans wisely in order to derive the maximum benefits for our residents).

5. An additional £200 million has now been made available to support the development of plans. For the City of York element of the wider Vale of York CCG footprint this equates to £610,000 and will be used to support the development of our plan in 2014/15 with the main fund £11.281million being used to deliver the new scheme in 2015/16.
6. The BCF is a vehicle to help us deliver our local plan to integrate health and social care, a core purpose of the Health and Wellbeing Board, and a duty under the Health and Social Care Act 2012 and the Care Bill (currently going through Parliament).
7. This report summarises our draft initial plan, which has been jointly prepared by Vale of York CCG and City of York Council. Due to the short timeframe the government has set out for preparing integration plans, our plan is being circulated in draft form and it has not yet had formal approval by senior management teams within City of York Council or Vale of York CCG. We are actively working with colleagues and health partners to ensure that they are engaged in our plan and fully support the development and the direction of travel.
8. The timescales for the BCF are as follows:
 - 29th January: initial plans are presented to York Health and Wellbeing Board
 - 14th February: initial plans submitted to NHS England
 - March 2014: plans assured by NHS England and Ministers
 - Early April 2014: final detailed plans approved by York Health and Wellbeing Board and submitted to NHS England

Between 29th January and throughout March we will continue to work on the details that will be required for the final plan to be submitted.

Key Issues to be Considered

9. York's integration plan is proposing a transformation of the local health and social care system – a different model for the delivery of health and social care services. Our vision is to create a health and social care system with our residents very much at the centre of all our practice, with support that is joined up around them.

10. This is a major change that will result in a more responsive approach, through increased cross-organisational working and more innovative use of pooled budgets, leading to true personal wellness budgets. This will require significant practice and system change, with an increased focus on partnership working that will deliver improved outcomes for residents and organisational financial benefits.
11. York's integration plan is focused on three elements:
 - a. The development of a pilot Intensive Support Team made up of health and social care staff – that will have the ability and tools to rapidly assess, diagnose issues and needs. They will then be able to activate more immediate solutions to help people remain at home or return there at the earliest opportunity.
 - b. Shared Care Records - so people “only have to tell their story once”.
 - c. Single Access Point – a health or social care lead professional accountable for the individual as they move between health and social care services.
12. We will develop and test our approach in 2014/15, so we can deliver our plan in 2015/16.
13. The BCF carries a number of conditions that must be met, these are:
 - Protection for adult social care services (where there is a health benefit).
 - 7 day services available in health and social care to support discharge and prevent weekend admissions via Accident and Emergency.
 - Better data sharing between health and social care based on use of the NHS number
 - Putting in place an accountable lead professional for integrated packages of care
 - Agreement on the consequential impact of changes in the acute sector

14. Our plan will include details of risks that will be shared and managed collaboratively to help implementation and meet the above conditions. As our plan is in its early stages, we will work through any potential impact these changes could have as the plan develops.

Consultation

15. The Collaborative Transformation Board has been running since May 2013, to facilitate engagement with providers and commissioners across the statutory and voluntary sector and Health Watch, to ensure engagement with patients.
16. On 16th December 2013, City of York Council and Vale of York CCG co-hosted a Health and Social Care Integration Workshop, attended by many of the representatives above. The event was used as a platform for communication, engagement and co-design, drawing on local experiences to help prioritise and develop support options for whole-system integration.
17. We are committed to continuing engagement and consultation with residents, patients, providers and other stakeholders. Our local integration plan will be developed with them to ensure we have full support across the City for these changes to the local health and social care system.

Options

18. It is a requirement that Health and Wellbeing Boards sign off BCF local integration plans. There will be a number of opportunities for the Health and Wellbeing Board to have further detailed discussion about our local integration via the Collaborative Transformation Board and a development session in March (date to be confirmed).

Analysis

19. Not applicable

Strategic/Operational Plans

20. Supporting the integration of health and social care services is a core purpose of Health and Wellbeing Boards. This is a key theme running through York's Health and Wellbeing Strategy 2013-16 and is related to all five priorities, with particular relevance to 'Creating a financially sustainable local health and social care system'.

Integration is a fundamental element in the Vale of York CCG Strategic Plan 2014-19 and their Operational Plan 2014-16.

Implications

21. Our local BCF integration plan is in its early stages, but as the plan develops and our approach is tested during 2014/15, the extent of any implications will be identified. There are likely to be a number of implications, including financial, human resources, legal and equalities resulting from this whole system change.

Financial

To be identified

Human Resources (HR)

To be identified

Equalities

To be identified

Legal

To be identified

Crime and Disorder

None

Information Technology (IT)

To be identified

Property

None

Other

None

Risk Management

22. As we develop the details of our project fully there are potential areas of risks these are: HR, financial and reputational. The BCF integration plan is at an early stage, as we develop this further and testing of the new models begin; these risks will be identified, rated and mitigated. Integration can only be achieved through genuine partnership working across the Vale of York CCG footprint, which includes North Yorkshire and East Riding local authorities.

Recommendations

23. The Health and Wellbeing Board are asked to:

- a. Review the draft submission for the Better Care Fund.
- b. Agree with the approach set out in the Better Care Fund draft submission.
- c. Agree that final approval for the Better Care Fund initial plan will be delegated to the Chair on behalf of the Board.

Reason: So that the Health and Wellbeing Board can take full and formal ownership of our integration plan and our approach to the use of the Better Care Fund. It is a requirement that Health and Wellbeing Boards sign off the Better Care Fund plans before they are submitted to NHS England.

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Report **Date** 17/01/2014
Approved x

Specialist Implications Officer(s)

None

Wards Affected:

All x

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A – Draft Better Care Fund initial plan

Glossary

Not applicable