
Health and Wellbeing Board

3 December 2014

Report of the Chief Clinical Officer of NHS Vale of York Clinical Commissioning Group

The Better Care Fund

Summary

1. This report updates the position on York's submission of the initial plan for the Better Care Fund (BCF).

Background

2. 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).

Key Issues to be Considered

3. The York Health and Wellbeing Board Better Care Fund plan was submitted to NHS England and the Local Government Association on 19 September 2014. The plan was subject to a Nationally Consistent Assurance Review (NCAR), led by teams from Deloitte and with input from, amongst others, our NHS Area Team. This process completed on Wednesday 29 October 2014 when we were notified that our plan had been "**Approved with Conditions**". This means that whilst we can still go ahead with implementing our plans, we need to provide further assurance that our plans are achievable. The condition imposed on us was that we needed to provide further evidence that one of the key national metrics addressed by our plan was achievable.

This metric was to demonstrate how we plan to reduce emergency admissions to hospital by a minimum of 3.5 %.

4. This metric, against which all BCF plans were assessed, forms part of the BCF pooled budget and is directly linked to the performance across the H&WB Board footprint. Due to the historical over-performance of the current contract with York Hospital which means that the CCG only pays for non-elective admissions at 30% of the National Tariff, with the remaining 70% invested in admissions avoidance schemes, we have had to target a higher figure than the national, minimum 3.5% reduction in emergency admissions, in order to ensure that the health savings generated element of the BCF pooled budget was adequate. Accordingly and based on a bottom up assessment of each scheme we modelled our percentage decrease in emergency admissions at 11.7%. It is this figure of 11.7% which we have to provide further assurance around. To put this into context this equates to approximately 6 admissions per day.
5. In line with national processes, we have submitted an Action Plan (14 November 2014) showing how we will address the condition placed upon us. As part of this action plan we have shown how 4 of the fully worked up schemes we have developed as part of our original submission will contribute to this 11.7% target. These schemes are:
 - Urgent Care Practitioners, which is modelled to deliver a reduction in emergency admissions of at least 1,183 in 15/16
 - Priory Medical Group Care Hub, which is modelled to deliver a reduction in emergency admissions of at least 312 in 15/16
 - Hospice at Home which is modelled to deliver a reduction in emergency admissions of at least 361 in 15/16
 - Safely Home Service which is modelled to deliver a reduction in emergency admissions of at least 350 in 15/16.
6. Together these schemes alone are modelled to collectively deliver a reduction in emergency admissions of 2,206 or 11.2%.

This is before any of the other less well worked up schemes are taken into account. We are also looking at data from 13/14 which shows that of 13,261 emergency admissions for over 65s, 3,797 had a length of stay in hospital of less than 1 day, clearly showing there is significant scope for improvement. We are putting in place joint plans to investigate what alternatives to hospital admission might be suitable for some of these patients.

We are also carrying out a joint review of our reablement and intermediate care services to identify further opportunities to reduce emergency admissions and re-admissions further. We are confident that when all of the above is taken together, we have a strong and credible plan to deliver the necessary 11.7% reduction in emergency admissions. We will be resubmitting the detailed plans around these schemes as part of submission to have the condition imposed on us removed. We will also take this opportunity to refresh the remainder of the previously submitted plan, paying particular attention to risk modelling and risk sharing.

7. At the time of writing this report, it is not clear when the resubmission of the above elements of our plan is required. Early indications are that the re-submission process across the country will be in 3 waves with dates in late November, middle of December and early January being suggested.
8. Whilst we have a condition applied to our plan, it has little bearing on the material work we are doing to implement our plan. It is important however that we have this condition lifted as soon as possible and officers from the CCG and the Council are working hard together to ensure we present a convincing case for our condition to be lifted.
9. This is a fast moving process and a verbal update will be provided at the Health and Wellbeing Board on the 3 December which may well overtake some of the detail provided in this written brief.

Consultation

10. Not applicable.

Options

11. Not applicable.

Analysis

12. Not applicable.

Strategic/Operational Plans

13. 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

14. Any implications arising from the issues raised in this information report will be addressed within any associated decision making reports required in the future.

Risk Management

15. As we develop the details of our project fully there are potential areas of risks - these are: HR, financial and reputational. As work continues, 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.

Recommendation

The Health and Wellbeing Board are asked to note the contents of this report.

Reason: To be kept informed of progress on the Better Care Fund programme.

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Report
Approved



Date 20/11/2014

Wards Affected:

All



For further information please contact the author of the report

GLOSSARY

BCF – Better Care Fund

CCG – Clinical Commissioning Group

H&WB – Health and Well-Being

NCAR – Nationally Consistent Assurance Review

NHS – National Health Service