

## Health and Wellbeing Board

21 January 2015

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. Following submission of the York Better Care Fund (BCF) plan in September 2014, a Nationally Consistent Assurance Review (NCAR) was carried out by NHS England (NHSE) and the Local Government Association (LGA) of all plans. This review assessed the York plan as 'Approved with Conditions'. The main condition imposed on the York plan was the requirement to provide further assurance around the plan to reduce Non Elective (NEL) admissions in 2015/16 by 11.7%.
3. An extensive review of the York plan has been carried out by a joint team from the CCG and City of York Council, assisted by a nationally appointed external BCF advisor. This review covered all aspects of the previously submitted plan and further re-enforced that the level of ambition of our plan was achievable and was agreed and understood by all parties. This refreshed plan was externally assessed (by a separate nationally appointed advisor) who agreed with our approach and that our level of ambition was achievable.
4. A final version of our plan was submitted to NHSE on 10 December 2014 for formal assessment and sign off.

Results of this are expected in early January, and confidence is high that the plan will be approved at this stage.

## **Key Issues to be considered**

5. The key points of the refreshed submission are focussed around 3 main areas:
  - Well worked up and evidenced schemes that are already delivering or are shortly about to move into implementation
  - Statutory funding that is linked to specific areas of service delivery – Disability Facilities Grant, Implementation of the Care Act and Carers Breaks
  - A whole system review of joint health and social care schemes, with a view to moving rapidly to jointly commissioned transitional care and support packages
6. The approach described above has enabled a greater focus on the hard deliverables that can be evidenced with a particular emphasis on how the system will deliver the required 11.7% reduction in NEL admissions. Whilst the other 2 areas of the joint submission are important, the focus of our plan has had to be on assuring external authorities around the scale of our ambition and how this will turn into tangible deliveries. In order to achieve this we have clearly articulated what schemes will have what impact and how this will relate to wider system improvements.
7. As part of this assurance process we have very clearly shown that in order to achieve our ambitious 11.7% target, our system will need to deliver a reduction in NEL admissions of 2,284 in 15/16 which equates to approximately 6 admissions per day.

## **Scheme Details**

8. Urgent Care Practitioners. One of the key planks of our submission is the roll out of Urgent Care Practitioners (UCPs) across the footprint of Vale of York. Our plan is to have a total of 12 UCPs in place by the end of January 2015 and our forecast is that this scheme alone will prevent 1,183 NEL admissions in 15/16.

Current activity data for November 2014, based on only 4 UCPs in place, shows that 52 NEL admissions were avoided. This current level of activity shows a delivery projection above plan; however this will require close monitoring as the remainder of the UCPs come on stream.

9. Care Hub – Priory Medical Group. The early implementer Care Hub, run by Priory Medical Group, is based on multi-disciplinary proactive care based on the top 5-10% of the patients most at risk of hospital admissions. Key components of this model include:

- An accountable primary care provider
- Risk stratification
- Daily acute activity alerts to support admissions avoidance, early supported discharge and prevention of re-admission
- Daily MDT team including health and care professionals
- Case management through shared care records
- Single access point to improve care delivery and management

The hub is now in a phase of expansion which will see three new practices join the hub in 3 phases (January, February and March), raising the total population covered from approximately 53,000 patients to almost 100,000. Initial modelling indicates that from phase I alone the model will deliver approximately 312 avoided admissions. Further modelling is being undertaken to show the impact of the increase in population covered.

10. Hospice at Home. This scheme allows an extension of operating hours to allow additional access to this service between the hours of 6pm and midnight. By extending the operating hours of this service a greater proportion of our most vulnerable residents will be able to spend the last hours of their life in the place of residence of their choice (where clinically appropriate) and similarly will reduce demand on acute services. It is modelled that this service will deliver a reduction in NEL admissions of approximately 361 in year 2015/16.

11. Mental Health Street Triage. This scheme, delivered in conjunction with Leeds and York Partnership Trust and North Yorkshire Police, is aimed at diverting people with a mental health issue from the Criminal Justice system where appropriate and instead provide access to community based services thereby ensuring their health and social care needs are known and provided for by the most appropriate services. This service is already showing significant impact levels – since going live in October it has had 221 interventions (based on actual numbers Oct/Nov and projected Dec numbers) of which approximately 24 would have resulted in a section 136 detention, 12 would have entailed a visit to A&E and approximately 6 would have resulted in police custody. Base-lining

this data has proved problematical and further work is underway to ensure a more accurate data set can be produced and monitored.

12. Sitting and Crisis Hours Service. This is a key element of our whole system plan and has been developed to support the Urgent Care Practitioners, social care out of hours emergency teams, GPs and other elements of the transitional care pathway. It is primarily for individuals who whilst not requiring hospital care, do require some form of domiciliary support. The service also works with the hospital discharge teams and the Rapid Assessment and Treatment Team, through wider Systems Resilience Group work, to support admissions avoidance and early supported discharge. It is modelled that this service will reduce NEL admissions by about 350 in year 15/16.

### **Whole System Review**

13. The whole system review will carry out a joint assessment of community based services currently commissioned by NHS Vale of York CCG and City of York Council. The purpose is to understand current pathways and demand in order to co-design a new, joined up transitional care pathway which provides support and care, commensurate with needs, to individuals and their carers as close to home as possible. The review will include (but not be limited to):

- Reablement services
- Step Up/Down Beds
- Falls and Lifting Services
- Safely Home Service
- Community Equipment Provision
- Home Adaptations (including Disability Facilities Grant)
- Telecare and assistive technology
- ED Diversion service

Current spending identified in these areas is in the region of £4.5M in 15/16. The aim of the review is to ensure as a system we are getting maximum benefits from this spend and to identify areas where better coordination of care delivery could free additional funding for further investment.

14. This review will be led by a jointly commissioned CYC/CCG resource, reporting to the Collaborative Transformation Board through the Joint Delivery Group. This governance structure is currently under review and is likely to change early in 2015 when a

more formal Joint Commissioning Executive between the CCG and CYC is formed. The review will be complete by the middle of February with the findings presented to the Health and Wellbeing Board in March or April.

### **Evaluation and Next Steps**

15. Partners are currently working up a monitoring dashboard through the Collaborative Transformation Board, to ensure that there is a simple but thorough mechanism of capturing the outcomes of the BCF plans and reporting them to the Health and Wellbeing Board. Key Performance Indicators are being agreed and the mechanism for collecting data is being put in place. Additional support is also being sourced through the New Models of Care programme to use a National Evaluation Model to assess the impact and deliverability of our plan.

### **Consultation**

16. Not applicable.

### **Options**

17. Not applicable.

### **Analysis**

18. Not applicable.

### **Strategic/Operational Plans**

19. Supporting the integration of health and social care services 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 its Operational Plan 2014-16.

### **Implications**

20. 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

21. 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.

## Recommendations

22. The Health and Wellbeing Board are asked to accept this update report and continue to support the implementation and delivery of our Better Care Fund plan.

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

## Contact Details

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Report  
Approved

Date 05/01/2015

Wards Affected:

All

**For further information please contact the author of the report**

## GLOSSARY

A & E – Accident and Emergency  
BCF – Better Care Fund  
CCG – Clinical Commissioning Group  
CYC – City of York Council  
ED – Emergency Department  
LGA – Local Government Association  
NCAR – Nationally Consistent Assurance Review  
NEL – Non-Elective  
NHSE – National Health Service England  
UCP – Urgent Care Practitioner