Health and Wellbeing Board **9 March 2016**

Report of the Interim Senior Innovation and Improvement Manager, NHS Vale of York Clinical Commissioning Group

Better Care Fund 2015/16 and 2016/17

Summary

1. The aim of this report is to update the Health and Wellbeing Board (HWBB) on the progress with the Better Care Fund (BCF) in 2015/16 and the approach being taken for implementation of the Fund in 2016/17 and beyond.

2. The HWBB are asked to note the content of this report and agree the approach to 2016/17 planning.

Background

3. The BCF is the biggest ever financial incentive for the integration of health and social care. It requires Clinical Commissioning Groups (CCGs) and local authorities to pool budgets and to agree an integrated spending plan for how they will use their BCF allocation. In 2015-16, the Government committed £3.8 billion to the BCF with local areas contributing an additional £1.5 billion, taking the total spending power of the BCF to £5.3 billion. Locally, this equated to a BCF budget for York of £12.127 million. Plans for how this budget was to be spent in 15/16 were agreed between the CCG and City of York Council and were signed off by the HWBB in March 2015.

4. In 2016/17 the BCF is being increased to a mandated minimum of £3.9 billion to be deployed locally on health and social care through pooled budget arrangements between local authorities and CCGs. The local flexibility to pool more than the mandatory amount will remain. Locally, this will equate to a minimum pooled BCF budget for York of £12.203 million.

Planning for how this budget will be allocated is underway and will be expanded on further later in this report.

Main/Key Issues to be Considered

5. In 2015/16 the main aim of the BCF was to reduce Non Elective Admissions to hospital, as well as having an impact on permanent admissions to residential care, improving the effectiveness of reablement and helping to reduce the number of Delayed Transfers of Care (DToC) across the system. A local aim to reduce the number of falls related injuries for the over 65s was also agreed. Partners across the health and social care system agreed these aims and our ambitious plan was finally fully signed off through the National Assurance Process in January 2016

6. To deliver the aims identified above, a series of schemes and interventions were commissioned across the footprint of the HWBB and across a range of providers. The main schemes are as detailed below:

- Urgent Care Practitioners (UCPs). A total of 11 UCPs have been commissioned with an aim to reduce the amount of people in crisis who are conveyed to local Accident and Emergency departments (A&E) through a 'see and treat' model. By reducing the number of people taken to A&E this scheme would also reduce the number of people admitted to hospital from A&E.

- York Integrated Care Team (York ICT). The York ICT has developed throughout 15/16 from the original Priory Hub, as more General Practices in York have joined the team. The team take a proactive approach to case management, working through a Multi-Disciplinary Team approach with colleagues from York Hospital, York Adult Social Care, Yorkshire Ambulance Service and the voluntary sector to put in place rapid interventions and packages of support to avoid hospital admissions and facilitate quicker and safer discharge from hospital.

- Hospice at Home (H@H). This scheme funded additional out of hours support to provide palliative care to patients in their own home in partnership with St Leonards' Hospice.

The impact of this scheme has been measured against the increased numbers of patients dying in their place of choice and a reduction in admissions to hospital for patients at end of life.

7. The schemes above have all had an impact (of varying degrees) across the full range of identified aims. UCPs are reporting a non-conveyance rate (amount of call outs where they 'see and treat' rather than take to A&E) of approximately 55% compared to a non UCP conveyance rate of 27%, the York ICT is currently actively managing 2448 individuals and Hospice at Home has seen an increase in the percentage of people dying at their place of choice to 77% from 23% in 2012. The quality impact of the above schemes is also significant with high degrees of satisfaction from service users, families and carers.

8. Notwithstanding the above, pressures across the system continue to rise particularly in relation to Non Elective Admissions, A&E attendances and Delayed Transfers of Care. Whilst the 15/16 BCF schemes have managed an element of growth in these areas, they have not had the level of impact anticipated which has resulted in a significant cost pressure on the CCG. Simplistically, because the BCF as a whole has not had the desired impact on hospital based activity, the cost to the CCG of this activity is above plan and has necessitated some difficult discussions and decisions between the CCG and CYC.

9. The intention of the proposed risk share arrangement within the Section 75 agreement is that the £1M set as a contingency in the pooled fund would cover any non-delivery of health related savings from the BCF schemes.

10. For 2016/17 and beyond, local health and social care leaders have recognised that a much more systems based approach to delivering the outcomes expected from the BCF is necessary. Whilst the 2015/16 plan contained much that is positive and can be continued in 16/17, there has been a lack of tangible delivery in some areas and a review of where funds are targeted is now underway. The key focus of this review is to ensure that whatever decisions are made, we get the maximum value from the "York £" and that cost savings in part of the system should not cause cost pressures in other parts. By addressing the significant challenges the York health and social care system faces in a more joined up and integrated fashion the impact of planned schemes and interventions will be greater.

11. It is also recognised that the existing governance and leadership structures associated with the BCF in York are no longer fit for purpose. The existing Joint Delivery Group (JDG) was established in 2014 as a formal sub group of the Collaborative Transformation Board (CTB) which in turn was a formal sub board of the HWBB. Since the demise of the CTB in October 2014 the JDG has been operating outside a formal governance process, albeit with strong links to remaining CCG and CYC systems. JDG has undergone several refreshes since its inception to make sure it keeps the right balance between operational oversight of BCF whilst at the same time providing suitable strategic leadership and decision making. It is this latter point where it has been least effective (due to governance issues highlighted above) and where a renewed focus and energy will be in place for 2016/17 and beyond.

12. Taking all of the above into account, discussions are taking place at a senior level between health and social care partners to put in place new processes for the delivery, monitoring and leadership of BCF for the coming year. These discussion are at an early stage and a multi-partner planning meeting is scheduled for the 25th of February. The outcomes form this meeting will be shared verbally at the Health and Wellbeing Board meeting on the 9th March.

13. Partners across the health and social care system agree that whilst there have been challenges in 2015/16 – relationships, financial and operational – the focus now should be on building long term, sustainable solutions that will address the needs and aspirations of our community, using a refreshed approach to BCF as a key enabler to achieve this. The detail to support this will be addressed in a separate report to be tabled at a later date.

Consultation

14. Throughout the whole of the BCF process there has been extensive engagement across all groups through a variety of forums and this will continue through 16/17. A refreshed communications and engagement strategy is being developed and this will be shared with HWBB at a later date.

Options

15. As this is an update report, there are no options for the HWBB to consider.

Analysis

16. Not applicable

Strategic/Operational Plans

17. The BCF does not sit in isolation and is an integral enabler that supports numerous operational and strategic planning frameworks. Whilst the detail of where BCF resources will be focussed in 16/17 are still to be finalised, there are clear links to the CCG Operational Plan, the fledgling Sustainability and Transformation Plan and the Council's Strategic Plan. Addressing the key health and social care drivers and inequalities highlighted in the Joint Strategic Needs Assessment (JSNA) are also the focus of BCF planning.

Implications

18. The following implications have been addressed in this report

- **Financial –** The financial pressures faced by all organisations across the system are one of the key drivers behind the refreshed approach to BCF planning and delivery. Senior leaders are committed to ensuring that addressing financial pressure in one part of the system do not create additional pressures in other parts. This is a significant move towards a more integrated and whole system approach and will require strong leadership and buy in to succeed.

- **Human Resources (HR) -** There are no specific HR implications at this stage of the planning process

- **Equalities –** Equalities are continuously addressed through the engagement and consultation approach and recognised methods of assessing this through Equality Impact Assessments are followed

- **Legal –** There are no specific legal implications at this stage of the planning process

- **Crime and Disorder –** There are no specific crime and disorder implications at this stage of the planning process

- **Information Technology (IT) –** Progress towards a more joined up approach to IT is being addressed through the Digital Roadmap, progress on which is outside the scope of this report

- **Property –** There are no specific property implications at this stage of the planning process

Risk Management

19. The whole system approach to BCF planning for 16/17 is not without risk, primarily that pressures in specific parts of the system will force organisations to take and inward facing approach to addressing these, rather than how these pressures can be managed across the system. The proposed governance approach and a clear commitment to system working will go a long way to mitigate this risk.

Recommendations

20. The Health and Wellbeing Board are requested to note and accept the update on BCF 15/16 and to note and agree the early approach to planning for BCF 16/17.

Reason: To keep the HWBB up to date in relation to the Better Care Fund

Contact Details

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Report Approved ✓ **Date** 25.02.2016

Specialist Implications Officer(s) None

Wards Affected: **All** ✓

Background Papers:

http://democracy.york.gov.uk/ieListDocuments.aspx?CId=763&MId=8489&Ver=4 (Health and Wellbeing Board Agenda 11 March 2015)

Annexes
None

For a list of abbreviations used in this report please see the Glossary page before the first report in the agenda.