

Report of the Joint Chair(s) of the York Better Care Fund (BCF)
Performance and Delivery Group.

Status report on the Better Care Fund (BCF) programme:

Summary

1. This report updates the Health and Wellbeing Board (HWBB) on the current position in relation to the BCF programme for 2016/17 and progress towards developing plans for 2017/19.
2. The latest performance dashboard for 2016/17 is attached at Annex 2.
3. Discussions are on-going with regard to the composition of the BCF plan for the next two years. Partners are working together to develop a draft plan based on local assumptions in advance of final national technical guidance being issued.

Main/Key Issues to be considered

Performance for 2016/17

4. Non-elective admissions (NEA) – Without taking ambulatory care activity into account, this measure fails the target by 1,858 admissions (which is 8.9% above plan). When taking out NEL admissions related to ambulatory care, the 2016-17 performance is 138 admissions above target (0.7%). This is partly explained by increased population growth (for which VoY CCG growth is less than that of the England average which is around 3%).
5. Delayed Transfers of Care (DTC) – Discharges from Acute Care have reduced, which has meant that performance, improved throughout 2016/17. However, there were considerable delays to discharges from Non-Acute care from June 2016 onwards; this

increased the overall DTOC figure in Q1. Combined with delays from Non-Acute in Q2 and Q3, the overall annual target for DTOC is likely to be missed, with the expected DTOC likely to be around 4-5% higher than target. However, there was a significant improvement in DTOC in Q4 in both Acute and Non-Acute pathways, as a result of work done by agencies to better understand the systems and processes, which augurs well for 2017/18. The figures have been changed to reflect cumulative DTOC bed days at the end of each quarter, and have been revised in line with data updates accordingly.

6. Admissions to Residential Care: The rate of admissions for older people fell significantly during Q3 (all quarterly figures have been revised following up-to-date information becoming available and reflect cumulative YTD admissions) but the increase during Q4 meant that the overall number of admissions of older people was slightly higher than expected for 2016/17. A Residential Care Panel sits monthly and scrutinises new requests for Residential Care, with the emphasis on the needs of the individual. Monthly targets are in place and exception reports will be taken to performance clinics where targets are exceeded. Data on the overall number of residential care admissions for younger people is not yet available so an estimate (which assumes admissions being at target levels in Q4) has been provided; if this is met this means that the overall number will be below target during 2016/17.
7. Helping older people live at home: the measure is defined by the ASCOF and is only measuring people who have accessed Reablement through Social Care. Data is not yet available for this measure for 2016/17.
8. Injuries due to falls - Accurate March figures are not available as provisional data does not include all the activity that would be counted in this indicator. Using an estimate for March (based on the average number of admissions in previous months throughout the year) this metric fails the target by 12 admissions (1.3%). This means that it will be close as to whether this metric passes or fails the target. Final data will be available in June when the current assumptions on the year end position will be adjusted as necessary.

9. Members are asked to note that the performance position is based on provisional data and that final, validated data may change the position.
10. The final quarterly monitoring report for 2016/17 is due to be submitted at 31 May which will reflect the final year end position in terms of performance.

Section 75 for 2016/17

11. The total BCF of £12.2M has been spent in its entirety through the Section 75 Agreement for 2016/17 arrangements.

Governance – current position

12. The BCF Performance and Delivery Task Group remains in place as part of the governance arrangements relating to the BCF. Alignment of the BCF within the wider system has been delivered through the Integration and Transformation Board (ITB).
13. Given the broader geographical focus of the developing accountable care system for the Vale of York CCG population, it is appropriate to consider how the BCF fits within this wider context. A Central Locality Delivery Group has been established as part of the accountable care system arrangements but has a broader system focus beyond the BCF.
14. Going forward, it is proposed that the BCF Performance and Delivery Task Group retain operational responsibility for the BCF and that the lead officers of the City of York Council (CYC) and Vale of York CCG jointly act as the formal HWB link to the BCF Performance and Delivery Task Group.

Guidance for 2017/19

15. Further to publication of the BCF policy framework (February 2017) final technical guidance is still awaited. However, draft national guidance was issued by the Local Government Association (LGA) on 28 April 2017. This provides more detail on the assurance process, the related documents and a series of Frequently Asked Questions (FAQs). The National Better Care Support Team has recommended that local partners continue to work together to agree their local priorities, based on the content of the policy

framework and FAQs in advance of the final version of the guidance being signed off by the LGA and NHS England jointly.

Local preparation for 2017/19

16. Given the pressures in the local system and the fact that the York HWBB plan was considered within the escalation process, a request for additional resource/support was made to the national team and initial feedback received. Further advice on metrics and the development of a plan is expected to be available in the next few weeks.
17. In advance of the final version of the technical guidance being issued, partners have been considering the potential areas for BCF investment for the 2017/19 plans. The CCG has indicated that it will provide the minimum contribution to the fund and discussions are on-going as to what this element of funding is comprised of. In addition, discussions have included consideration of existing schemes and the potential for expansion of the BCF as a consequence of monies being made available via a direct grant to local government (2017 Budget announcement of £2 billion nationally). This money is included in an 'improved Better Care Fund (IBCF) grant to local authorities (LAs) and will be part of the local BCF pooled funding and plans.
18. The latest planning guidance describes three purposes for the IBCF as follows:
 - Meeting social care needs
 - Reduce pressures on the NHS, including supporting more people to be discharged from hospital when they are ready
 - Ensuring the local social care provider market is supported
19. Annex 1 sets out a list of the current investment schedule for the York HWBB BCF Plan. Discussions are on-going as to which of these investments are carried forward and what changes should be made in terms of schemes covered by the BCF. A full evaluation of the current schemes is underway to inform the final composition of the plan for 2017/19 and understand any risks/impact if investments were to cease.
20. Partners have agreed a principle that, subject to positive evaluation, the current set of BCF investments will be maintained

with any additional investment being focused on system improvements in line with local priorities.

Sign off for 2017/19 plans

21. The HWBB is responsible for signing off the final BCF plans. Given the delay in confirmation of the national timetable for submission of plans, it is currently not possible to definitively say how the HWBB meeting dates will align to the planning process. In order to ensure that the HWBB can meet this requirement, plans will be circulated electronically at the final draft stage. Should timescales require it, the Board are asked to delegate approval to the Chair and Vice-Chair for sign off of final plans.

2017/19 reporting

22. The BCF Performance and Delivery Task Group have considered the arrangements for on-going monitoring as part of the preparation for the 2017/19 plans. In order to ensure as close an alignment as possible to the national reporting requirements, the Group propose a quarterly report to the HWBB that provides a greater focus on the impact and delivery of the schemes within the Fund. The Board are asked to consider this arrangement and delegate authority to the Health and Wellbeing Partnership Officer to ensure reports are scheduled into the HWBB meeting programme.

Consultation

23. The issues summarised in this report have been subject to discussion and agreement involving a wide range of partner organisations within York and North Yorkshire.

Options

24. There are no options provided in this report.

Strategic/Operational Plans

25. The BCF plan is part of wider strategic plans of all partner organisations, including the CCG and CYC and should not be considered in isolation.

Implications

26. One of the key challenges facing partners is our stated desire to progress shared initiatives and grow the level of pooled resource whilst managing the on-going system pressure. Movement towards an Accountable Care System with localised planning and delivery provides an additional platform to develop this intent.

Risk Management

27. Detailed technical guidance is still awaited in relation to requirements for the 2017/19 plan. Discussions that have taken place in advance of the national guidance being issued suggest that there are additional risks, relating to the CCG's financial flexibilities under Legal Directions and the requirement for the CCG to operate within a fixed financial envelope as part of a wider system.
28. On-going risk management of the issues outlined in this paper remain with the lead organisation for the relevant performance metrics. The broader system efficiencies lie within the interests of all partners, however, the financial risk rests with the CYC and CCG.

Recommendations

29. The Health and Wellbeing Board are asked to:
 1. consider the revised reporting arrangements as set out at paragraph 14.
 2. approve delegated authority to the Chair and Vice Chair of final plans should this be required as set out at paragraph 21.
 3. approve the suggested reporting frequency for 2017/19 as set out at paragraph 22.

Reason: HWBB oversight of BCF

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Report
Approved



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Wards Affected:

All



Background Papers:

None

Annexes

Annex 1 – List of BCF Schemes for 2016/17

Annex 2 – Performance Metrics Table

Glossary

BCF – Better Care Fund

CHC – Continuing Health Care

CCG – NHS Vale of York Clinical Commissioning Group

CYC – City of York Council

DFG – Disabled Facilities Grant

HWB – Health and Wellbeing Board

NEA – Non-Elective Admissions

TEWV – Tees, Esk & Wear Valleys NHS Foundation Trust

YFT – York Teaching Hospital NHS Foundation Trust