

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

Status report on the BCF programme

Summary

1. This report updates the Health and Wellbeing Board (HWBB) on progress in relation to the BCF programme for 2016/17 and 2017/19.

2. The risks and issues reported at the January meeting remain much the same in relation to the BCF for 2016/17. That is:
 - a. Performance risks and;
 - b. Financial risk in relation to the Section 75 risk share agreement

3. Detailed national guidance is still awaited in relation to requirements for the 2017/19 plan and assurance process. 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.

Background

4. The BCF Task Group was established to provide a specific, operational focus on the programme. The Terms of Reference aspired to:
 - i. Monitor performance of the programme, support and challenge delivery.
 - ii. Consider what else can be pooled and jointly commissioned
 - iii. Evaluate the contribution towards transforming care and support
 - iv. Make recommendations to Integration and Transformation Board.

5. In reality, performance and delivery issues have dominated the agenda, reflecting concerns about performance from previous years – largely due to setting an unrealistic performance target / financial benefit from BCF investment. Ultimately this masks the fact that the majority of the schemes in the BCF have made a positive contribution to managing demands and as a minimum been successful in reducing the growth in demand. Risks have been escalated to the Health and Well Being Board through regular updates on activity through the local Integration and Transformation Board.
6. A more recent development in relation to integration across the wider system, involves the proposal to establish a York focused Delivery Group reporting to an Accountable /Joint Care Partnership Board, along with two other locality delivery groups across NHS Vale of York Clinical Commissioning Group's footprint. The intention at the moment is that this Board reports to the HCV STP and is outside the formal governance structure of the Health and Well Being Board.
7. As stated above the Accountable / Joint Care Partnership Board will cover a geography much wider than CYC boundaries and will be comprised of three locality boards. This broader system approach provides a framework for system wide conversations at a local level aligned to a population base that, broadly, reflects the York HWBB footprint and is currently described as the 'Central Locality'.
8. In advance of the first Accountable Care Partnership Board meeting to be held on 1 March 2017, a partnership workshop was held on 17 January 2017 to take forward discussions at a locality level. This was followed up by the first 'formal' Central Locality Delivery Group meeting on 14 February 2017. The group considered a number of issues that required a system approach whilst recognising the challenges faced by individual organisations. This wider partnership approach provides an opportunity to recognise the BCF plan, and associated investment, as part of a much bigger health and care economy.
9. The Health and Well Being Board ultimately have responsibility for oversight and sign off of the BCF Plan. This has been delivered through the Integration and Transformation Board, supported by a Performance and Delivery Task Group. These arrangements will need reviewing in light of the developing accountable care arrangements described above.

Main/Key Issues to be considered

Performance

10. Non-elective admissions (NEA) – As set out in the BCF report for January 2017, activity for this national metric continues to be reported by York Teaching Hospital NHS Foundation Trust which includes inpatient spells that arise from activity generated through the Ambulatory Care Unit. When the local adjustment is made for this activity the target is on track (see Appendix 2). This means that patients are being treated and managed in a more suitable setting, e.g. paediatric ambulatory unit.
11. Delayed Transfers of Care (DTC) – Current performance shows that the level of DTCs is above trajectory with a risk that the yearend target will not be met. Although the overall DTC number remains higher than plan, increased focus on the numbers of delays has led to a much better understanding of systems and processes, especially in the non-acute mental health pathway. There is now recognition from agencies that there has been historic under reporting of the position and the reasons for discrepancies in recording. A robust process has now been agreed to ensure that the numbers agreed will be formally and jointly recorded prior to submission.
12. The BCF Task Group has reviewed activity which shows a consistent reduction on acute pathway since March 2016 when the Escalation policy was implemented and pin-points the deterioration in the overall position to June 2016 in line with the change in non-acute mental health reporting.
13. All partners recognise the need to move the focus to improving pathways that reduce in-patient activity with the appropriate support in place to maintain independence.
14. Injuries due to falls - Current performance shows that this indicator remains above plan with data analysis not providing any conclusive root cause. Unvalidated figures for December show an improved position but this will need to be verified and may impact on the final year end. Discussion within the BCF Task Group has confirmed that a specific investment in falls services was removed in 2014. The funding was transferred, along with the activity, into the broader community service. This decision was taken with clinical input about how to make the best use of this resource.

15. Continuing Healthcare (CHC) – Management and clinical resource is currently supported within a shared service which supports 5 Clinical Commissioning Groups (CCGs) and two local authorities. Following discussions with partners, a staff consultation is underway which proposes that the Vale of York (VOY) CCG team are realigned directly to the core CCG establishment. To help inform this transfer, a review of existing CHC processes has been undertaken using external clinical expertise. Once the report has been considered by the CCG an action plan will be developed to smooth the transition and address any opportunities for improved systems and processes.
16. In summary, performance metrics associated with the BCF are being considered within the BCT Task Group. This has led to increased understanding of the issues and allowed actions to address pressures and remedial action taken to be taken by partners, at a system level, where necessary.

Section 75 for 2016/17

17. It is now almost certain that the risk share agreement set out in the Section 75 Agreement will be invoked with a cost of £1M risk to the system, shared on a 50:50 split between CYC and the CCG.

Plans for 2017/19

18. 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 national guidance being issued.
19. Annex 1 sets out a list of the current investment schedule for the York HWBB BCF Plan. A number of these investments will potentially be at risk if investment funding cannot be found to match the current level of expenditure. It is prudent, if not essential, to carry out a full impact assessment before decommissioning any these schemes.
20. The developing Accountable Care System approach will provide additional opportunities for these discussions within the constraints of the finances available to the health and care economy.
21. National guidance is still awaited which will support the detailed development of the plan.

22. 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 has been made to the national team to:
- i. Provide of constructive challenge and support to system leaders recognising the difficult financial context locally
 - ii. Help to quantify and agree the risks to the system (financial, performance, reputational, etc) from any decommissioning of activities that are proposed due to financial constraints, in order to minimise negative impacts on the ability of the whole health and care system to deliver good outcomes for people.
 - iii. Ensure that the BCF plan meets national guidance, particularly in relation to the conditions for the maintenance of adult social care as set out when the guidance is published.
 - iv. Ensuring that agreement on the BCF is reached positively and fruitfully in order to move forward with the wider system transformation required, avoiding national escalation.

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. The BCF is part of a wider set of risks as the system moves towards implementation of strategic plans, some of which are reflected in the separate paper on the Integration and Transformation Board.
28. Ongoing 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. Discussions will continue to try to reduce the current anticipated £1M risk both in relation to the final position for this year's plan and in setting the 2017/19 plan(s).

Recommendations

29. The Health and Wellbeing Board are asked to note the issues set out in this report:

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 BCG 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