

## **Health and Wellbeing Board**

**November 17<sup>th</sup> 2021**

Report of the Director of Prevention, Commissioning and Education.

### **Better Care Fund Update**

#### **Summary**

1. This report is to provide an update on:
  - the national BCF reporting process
  - 2020-21 Performance return for sign off
  - the planning arrangements for 2022-23
  - review of BCF Performance and Delivery Group Terms of Reference.

#### **Background**

2. The background information on the BCF has been previously to the Health and Wellbeing Board (HWBB), with quarterly updates which is now the established routine, most recently in July 2021.
3. The government did not publish a Policy Framework and Planning Requirements for 2020-21, and HWBBs were not required to submit a plan for the year. The traditional processes have been interrupted by the pandemic. The York plan has largely followed the pattern of previous years, and we have referred to it as a 'roll forward' of the schemes from 2019-20.
4. During September 2021 a BCF framework and guidance was published and the expectation for a completed plan has been requested.

## Key Issues for consideration

### National reporting process for the 2021-22 BCF Plan -

5. The Better Care Team (NHSE&I) issued the BCF Planning template for 2021-22 in October 2021. The draft plan was submitted by the October deadline, but will require approval and sign off by the HWBB before it can be formally approved by NHSE. The full planning template can be seen at <https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2021-22/>
6. Attached at Annex 2 is the 2021-22 planning template for approval by the HWBB.

### Performance update –

7. There are four key performance indicators (non-elective admissions, delayed transfers of care, people staying at home after discharge into reablement services and admissions of older people to residential/nursing care homes) which have been associated with the BCF since its inception, and which have been reported to the HWBB in previous years. During the pandemic the reporting requirements changed, for example there is now no submission on Delayed Transfers of Care, and the non-elective admissions to hospital cannot be compared to earlier years due to the drastic change in circumstances across the health and care system, and introduction of same day emergency care.
8. **Non-elective admissions:** in 2020-21, there were 20,126 non-elective admissions reported by the York Teaching Hospital Foundation Trust, a 20% reduction on the number of non-elective admissions in 2019-20 (25,254). This was mainly due to the effects of the Covid-19 pandemic, where some people who may have ordinarily have been taken to hospital, or had died at home, were not admitted.
9. **People staying at home after discharge from hospital into reablement/rehabilitation services:** in 2020-21, 85% of older people (aged 65 or over) that were discharged into reablement/rehabilitation services were found to be still living at home 91 days after leaving hospital. This is higher than the national average (79%) and higher than the Yorkshire and Humber regional average (76%).

10. **Admissions of older people into residential/nursing care:** During 2020-21, there were 135 admissions of older people (aged 65 or over) into residential/nursing care homes in York that were arranged by City of York Council, giving a rate of 347 per 100,000 population. This is a considerable improvement on the 2019-20 rate (540 / 100,000) and is well below the national (498 / 100,000) and Yorkshire and Humber regional (550 / 100,000) averages. The Covid-19 pandemic had an effect in that admissions to all care homes nationally fell substantially during 2020-21, but it also reflected the CYC policy of not sending people directly to care homes following a hospital discharge. These numbers may change as the discharge to assess programme continues

### **Progress of the Better Care Fund Review**

11. As highlighted in the July report to the board, a review of schemes was undertaken by representatives across the system where the following key messages applicable to the programme were highlighted;
- a. Make improvements to the business processes and contractual arrangements between commissioners and scheme providers to simplify bureaucracy, reduce duplication, increase clarity and timeliness. Treat schemes proportionately in relation to reporting requirements. Where possible place schemes on a sustainable, secure footing for the longer term.
  - b. Use the positive review findings in 2020-21 as the baseline for future plans and consider all opportunities to add value and further improve outcomes in future. Develop our thinking around the range of currencies we apply to gauge the value of schemes.
  - c. Develop an intermediate/reablement care end to end approach.
  - d. Schedule an End to End review of Equipment and Assistive Technology and related services as a further area for whole system planning and improvement.
  - e. Provide a clear narrative on the history and heritage of the York BCF Plan – differentiate between the schemes where BCF provides 100% of the budget and those where BCF makes a contribution to a larger budget.
    - 100% BCF: Review Group and Partners can instigate or direct review / redesign / service improvement
    - BCF contribution: BCF partners are stakeholders who support wider system experts to review / redesign / improve services. BCF can influence and shape direction of travel towards integration, prevention, collaboration.
    - Group schemes according to high level themes within the financial plan to highlight interdependencies and opportunities for further collaboration.

These detailed findings will continue to inform the agenda of the Better Care Fund Performance and Delivery Group as we begin to plan for longer term investments from 2022 onwards.

### **Future Planning Arrangements**

12. The detailed planning guidance has been made available. As a team we are exploring the implications if the changes in particular around same day admissions. A clear update will be provided to the board in the next quarter.
13. The financial plan for 2021 – 22 was developed and supported by the Performance and Delivery Group in June 2021 and approved by the HWBB on 21<sup>st</sup> July 2021. No major variations are anticipated and the latest plan is appended at **Annex 1**.

### **Review of Terms of Reference**

14. Following the BCF guidance received by the BCF national team. The group is currently updating the ToRs to include the changes in reporting. The BCF group feel that the current membership is working well and represents a good partnership approach and decision making.

### **Consultation**

15. The BCF Plan 2021-22 was developed in a collaborative process with partners across health, social care and the community and voluntary sector, and is co-produced with the scheme providers, taking account of the learning from the review process. The BCF Performance and Delivery Group discussed the draft financial plan at the June meeting, and confirmed the investment intentions for 21/22

### **Options**

16. This report is a update for the HWBB for 20/21

### **Analysis**

17. *n/a*

### **Strategic Direction /Operational Plans –**

18. The Joint Health and Wellbeing Strategy is the overarching strategic vision for York; this plan supports the delivery of the desired outcomes.
19. The York BCF Plan 2017-19 provided the foundation for the BCF Plan 2019-20 and 2020-21. It has evolved each year in line with refreshed intelligence and national directives.
20. This work is congruent with the Council Plan and the NHS Long Term Plan. The NHS White Paper further promotes the policy objectives of BCF.
21. BCF schemes have been central to the COVID-19 pandemic response, including the processes and ways of working between the NHS and local authority embedded via the BCF have been a key part of the supporting the HDP response.
22. The schemes attached in appendix 1 highlight the number of schemes that are in place and support a preventative admission avoidance approach as well as supporting timely discharges.
23. The schemes are reviewed on a quarterly basis to ensure that each scheme demonstrates best outcomes for people as well as ensuring the greatest impact.
24. There are a number of schemes that have been enhanced to support community provision and admission avoidance. In particular care rooms, additional dementia support, enhancing community/voluntary sector support as well as Local area co-ordinators. This additional activity support the direction of prevention and supporting people to live well for longer within their own communities.
25. Following an in depth review during July 2021, Venn consulting are to commence work to help review re-ablement and intermediate care with a view to exploring a whole prevention pathway approach including key aspects of community and voluntary sector support

### **Implications -**

- **Financial** – The financial plan has been developed with the detailed support of the finance officers of the CCG and council and approved by the HWBB on 21<sup>st</sup> July 2021. No major variances are anticipated at this point. It is compliant with

regulations, and will be monitored quarterly through the BCF Performance and Delivery Group. Any future decisions about investment or disinvestment would be consulted upon with partners and would have legal governance and assurance through the section 75 agreement used to establish the BCF pooled budget.

- It should be noted however that following the publication of the NHS guidance for H2 (October – March) at the end of September 2021 this included a mandated reduction to the overall CCG minimum contribution of £72k from £13.4m to £13.3m. This has been off-set by reducing the level of lift and shift of core contract expenditure for health and social care schemes where the BCF contributes in part to a larger overall budget
- The total BCF budget for 20/21 is £20,010,10
- **Human Resources (HR)** – many of the schemes funded through BCF are supported by staff on fixed term contracts. The prevalence of short-term funding and fixed term employment contracts remain a significant risk to the stability and continuity of our system.
- **Equalities** - none
- **Legal** - none
- **Crime and Disorder** - none
- **Information Technology (IT)** – information technology and digital integration forms part of the system wide improvement plan, relevant representatives from statutory agencies attend the project board, and there are plans to engage non-statutory services and the patients, customers and families in our developments. The national and regional work on this agenda guides our local work.
- **Property** - none
- **Other** – none.

## **Risk Management**

26. Governance processes are in place between the partners to manage the strategic risks of the BCF as part of our whole system working.

### **Recommendations**

27. The Health and Wellbeing Board are asked to:
- Receive the York Better Care Fund update for information,
  - Agree the attached 21/22 BCF return
  - Agree delegated authority for future returns to be signed off by the Director of Prevention and Commissioning appropriate CCG lead in partnership with the HWBB chair Cllr Runciman

The HWBB is the accountable body for the Better Care Fund.

## Contact Details

### Author:

*Jamaila Hussain  
Director, Prevention,  
Commissioning  
and, Education  
People Directorate  
City of York Council*

### HWWB Chair:

*Cllr Carol Runciman  
HWBB Chair  
City of York Council*

*Phil Mettam  
Accountable Officer  
NHS Vale of York CCG*

**Report  
Approved**

**Date** *Insert Date*

**Report  
Approved**

**Date** *Insert Date*

**All**

**Wards Affected:** *List wards affected or tick box to indicate all [most reports presented to the Health and Wellbeing Board will affect all wards in the city – however there may be times that only a specific area is affected and this should be made clear]*

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

## Background Papers:

### Annexes – All –

Annex 1 – 2021 - 22 schemes  
Appendix 2 Attached



## BCF Schemes 2021-22

| Scheme  | Expenditure (all figures in £000) |
|---|-----------------------------------|
| Urgent Care Practitioners   | £509.78                           |
| Street Triage   | £159.05                           |
| Disabled Facilities Grant and falls prevention                        | £1,468.00                         |
| Reablement contract   | £1,130.62                         |
| Packages of Care – Care at Home                                       | £4,411.11                         |
| Packages of Care - Placements   | £731.96                           |
| Contribution to social work staff capacity – BAU and Statutory Duties | £867.00                           |
| Carers' Centre  | £363.00                           |
| Carers' Support   | £145.00                           |
| Carers' support workers posts   | £168.67                           |
| Be Independent  | £458.25                           |
| Out of Hospital Services  | £6,270.77                         |
| Local Area Co-ordination  | £293.62                           |
| Live Well York  | £50.98                            |
| Health Champions  | £35.00                            |
| Ways to Wellbeing   | £160.68                           |
| Alcohol Prevention  | £48.55                            |
| Small Tasks at Home   | £30.60                            |
| Cultural Commissioning  | £30.00                            |
| Community Response Team (CRT)   | £128.55                           |
| Rapid Assessment and Therapy Service (RATS)                           | £214.82                           |
| Self-Support Champions  | £102.00                           |
| Home From Hospital  | £54.00                            |
| Hospice at Home (H@H)   | £203.00                           |
| York Integrated Care Team (YICT) / Priory Outreach                    | £997.29                           |
| A Bed Ahead and Vaccinations outreach                                 | £89.51                            |
| Fulford Nursing Home & other Step Up / Down beds                      | £520.90                           |
| Venn Capacity and Demand  | £40.00                            |
| BCF Support Role  | £20.00                            |
| IT support for single care record                                     | £10.00                            |
| Move Mates  | £40.00                            |
| Dementia Support  | £31.70                            |
| NQ Project manager  | £20.00                            |
| CCG VCS contracts   | £174.00                           |
| Health Champion - additional hours                                    | £8.00                             |
| Additional OT in step down beds (M1-6 only)                           | £23.70                            |
| <b>Total Expenditure</b>  | <b>£20,010.10</b>                 |

## Glossary

A&E – Accident and Emergency  
BCF – Better Care Fund  
BI – Be Independent  
CCG – Clinical Commissioning Group  
CYC – City of York Council  
DHSC - Department of Health and Social Care  
DToC – Delayed Transfers of Care  
ED - Emergency Department  
GP – General Practitioner  
HR – Human Resources  
HSG – Human Support Group  
HWBB – Health and Wellbeing Board  
IT – Information Technology  
KPI – Key Performance Indicator  
LAC – Local Area Co-ordinator / Local Area Co-ordination  
MDT – Multi-Disciplinary Team  
NHS - National Health Service  
NHSE&I - NHS England & Improvement  
RATS - Rapid Assessment and Therapy Service  
SDEC - Same Day Emergency Care  
VOYCCG – Vale of York Clinical Commissioning Group  
YTH – York Teaching Hospital