

BETTER CARE FUND

UPDATE REPORT FOR HEALTH AND WELLBEING BOARD

1. Background

- 1.1 The Better Care Fund (BCF) is a nationally agreed process to ‘pool’ elements of Health and Social Care Budgets to help Health and Wellbeing Board (HWB) areas integrate and improve services which support local wellbeing priorities. The mechanics of how the fund works and how budget allocations are made have been devised on a national scale using standard formulas. The performance of the fund is also measured through some nationally agreed performance metrics namely:
- To reduce Non Elective admissions to hospital by a locally agreed amount
 - To reduce the permanent number of admissions to residential and nursing care homes for residents aged 65 and over, by a locally agreed amount
 - To increase the number of residents (aged 65 and over) who were still at home 91 days after discharge from hospital into rehabilitation/reablement services by a locally agreed amount
 - To reduce the numbers of delayed transfers of care from hospital, by a locally agreed amount
- 1.2 In order to fund the initiatives which will help deliver the ambitions of the BCF, a pooled budget, formalised under a Section 75 agreement has been established between NHS Vale of York Clinical Commissioning Group (CCG) and City of York Council (CYC). For Financial Year 15/16 this pooled budget amounts to £12.127M, with the majority of the fund (£11.176M) coming from the CCG.
- 1.3 It is important to note that the funding for the BCF has had to come out of existing allocations, either as a pass through of statutory funding (eg Disability Facilities Grant) or as a direct transfer from the CCG. It is recognised across organisations that this is causing additional pressures across the system and has the potential to impact on financial performance throughout the year.

1.4 A summary of the most significant key new schemes which will support delivery of the nationally agreed performance metrics are as detailed below. These initial schemes are designed to reduce high cost activity in hospital in order to support the sustainable pooling of current health and social care funds under the existing Section 75 agreement.

Scheme Name	Investment 15/16 (£K)	NEL Reduction Target	DTOC Days Reduction Target	Permanent Residential Admissions Reduction	A&E Attendance Reduction	Savings Target (Based on 30% tariff) (£K)
York Integrated Care Hub	500	312	709	40	1578	676
Urgent care Practitioners	564	1183			2089	674
Hospice at Home	170	361			361	240
Street Triage and Pathways	125				2657	288
Sitting and Crisis Service	164	350			500	211
Whole System Review	4313		3232		2600	593

2. System Approach

2.1 Since the submission of our most recent BCF plan in December 2014 (copy attached at Annex A), we have taken a whole system approach to ensuring our proposals are able to deliver the planned impact. We recognise that many of the interventions planned require close cooperation across systems and indeed this close cooperation is identifying efficiencies and opportunities to remove duplication across numerous existing services. This work is being jointly led by the CCG and CYC, under the direction of the Joint Delivery Group (JDG).

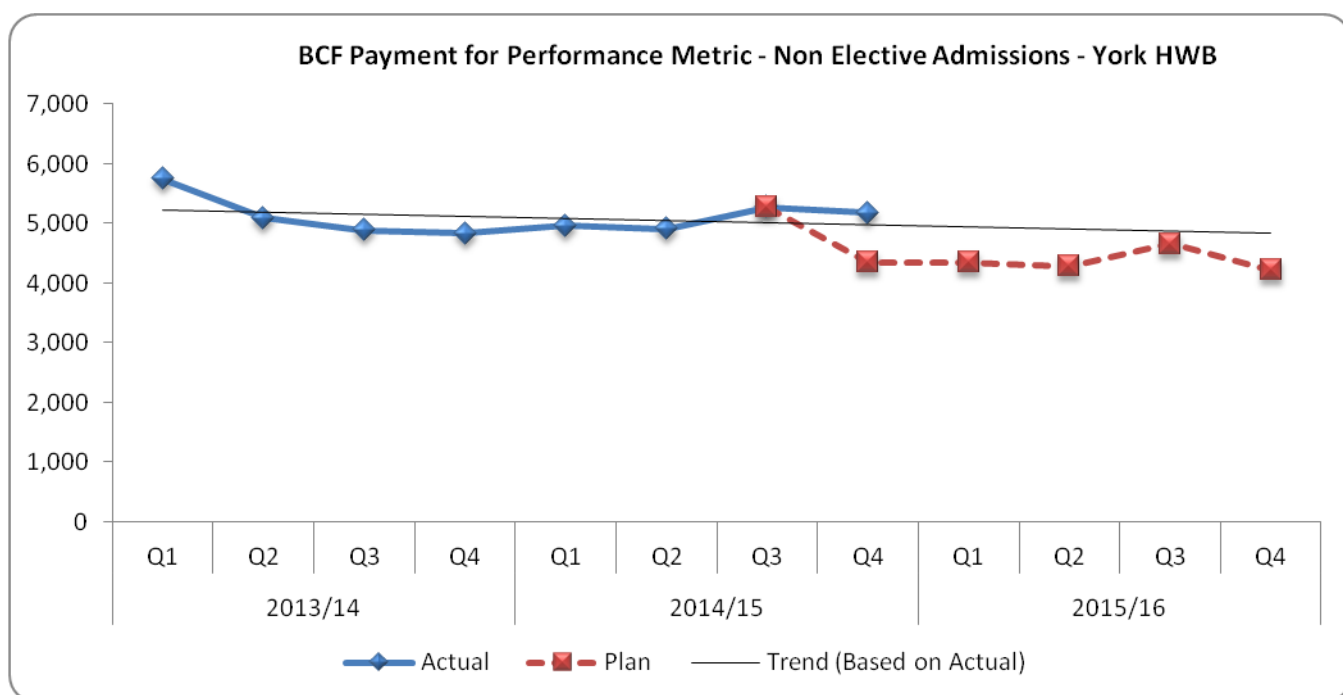
2.2 The JDG is a multi-agency commissioner and provider forum which meets monthly to monitor the delivery and effectiveness of BCF performance.

It has been running for approximately 18 months and has recently undergone a refresh to ensure it also addresses the wider strategic issues facing the wider integration agenda. Further work is required to formalise where the JDG sits in the whole system governance structure and what its relationship with Collaborative Transformation Board (CTB) and HWB needs to be.

- 2.3 In order to provide senior system leadership to the wider integration agenda, of which BCF forms a small but significant part, we have also established a Joint Commissioning Executive (JCE), co-chaired by the Chief Clinical Officer of the CCG and the Chief Executive of CYC. This body sets the direction of travel for our integration plan and has been the catalyst for driving forward the key work stream around provider integration in the city, which is a key component of our overall vision. The role and responsibility of the JCE will mature over the coming months and it is hoped that this will pave the way for joint commissioning posts across the CCG and the Council within the next year.

3. **Performance**

- 3.1 A key performance measure for the BCF across the country is the reduction in non-elective (emergency) admissions to hospital. Based on our projected plan and on actual activity data received, we have currently exceeded or projected activity by 825 admissions for Quarter 4 of 2014/15. The result of this is that we have not generated the required shift in activity to make any additional payments into the pooled Payments for Performance (PfP) element of the Section 75 fund. Whilst this is disappointing, it is a measure of the time it has taken to get our new schemes fully up and running and the traditional pressures that winter places on the health and social care system. We would expect to see a more positive impact of our schemes when Quarter 1 of 2015/16 data is received and analysed.



3.2 Whilst it is still relatively early days to see the tangible impact of the current BCF schemes, JDG is taking an active interest in the current level of performance. Discussions have already started around what additional activities can be put in place manage the potential gap in delivery targets and to mitigate as much as possible the potential impact this shortfall could have on the system. One area which requires early intervention, for which a plan is currently being worked up, is the detail that sits within the 'Whole System Review' element of the BCF submission. System leaders across health and social care recognise more can be done by bringing services together to improve outcomes for residents. The Whole System Review identifies a number of single services or contracts within organisations that can benefit from removing duplication and improve capacity within them. An example of this is the reablement offer across health and social care. Stakeholders are working together to understand better the 'as is' arrangements and to design the 'to be' with a view to having a more therapeutic reablement offer going forward. Future reports will update the Board on proposals

4. **Next Steps**

4.1 Key decisions will be required by the end of Quarter 2 with regard to the longer term funding of the current BCF schemes.

Some early discussions in this area have already taken place at both JDG and at the CCG Governing body private session in June (at which CYC were represented) and it was acknowledged that many of the schemes are still at a very early stage of delivery and statistically relevant impact information is not yet available.

Notwithstanding this, we will have to monitor closely the impact the schemes are having against the national defined criteria (as described in paragraph 1.1) in order to make informed decisions regarding funding.

- 4.2 The Health and Wellbeing Board are asked to note the content of this report and continue to support the strategic direction of travel for BCF and wider system integration.