
Health and Wellbeing Board

18 January 2017

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

Progress report on the 2016/17 Better Care Fund (BCF) programme: risks and issues

Summary

1. Following agreement and approval of the 2016/17 York HWB BCF Plan at its meeting in July 2016, a number of steps have been taken to establish systems and process to support delivery. These include:
 - August 2016 - Monthly meetings of BCF Performance and Delivery Task Group representing partners from Integration and Transformation Board (ITB)
 - September 2016 – Local performance dashboard produced and updated in line with partner revisions as a working document
 - October 2016 - Signed Section 75 Agreement to underpin financial, performance and risk share elements of the BCF
 - Quarterly returns (September and November 2016) - NHS England monitoring returns completed and submitted in line with deadline. No feedback or comment received from any submission to date.

Background

2. The 2016/17 planning guidance set out a requirement for Health and Wellbeing Board (HWB) footprints to agree a Better Care Fund (BCF) plan for the second year running. The intention of BCF plans is to support integration of health and social care services at a local level.
3. The BCF plan for the current year reflects a continuation of investment in schemes that were identified within the 2015/16 plan.

Evaluation of the effectiveness and delivery was undertaken to help inform the 2016/17 plan with the final investment/expenditure agreed by commissioners prior to approval by the HWB in July 2016.

4. It is important to recognise that the schemes supported by BCF investment are a small element of the broader health and care economy and that other initiatives will also have an impact on delivery. There is national recognition that aligning individual schemes to the high level metrics measured via BCF is challenging.
5. Locally, the production and monitoring of the BCF plan as part of the wider partnership arrangements sits with the ITB. A specific, operational focus on delivery of schemes, finance and performance issues is overseen by the BCF Task Group.
6. Performance - A number of metrics are associated with the BCF plan, some of which are set nationally and some locally. The local metrics established in the 2015/16 plan were retained for 2016/17. These metrics are monitored as part of wider organisational performance management systems and, in addition, are specifically reported as part of the BCF quarterly returns.
7. Section 75 Agreement - Each BCF plan is required to have a Section 75 agreement in place which sets out the 'contractual' commitment to the BCF by the relevant commissioner organisation(s). A signed Section 75 agreement is deemed a legally binding document and covers the following elements:
 - Investment and expenditure
 - Risk management
 - Management of the Fund
8. All HWB financial arrangements are governed in line with CCG policies and statutory responsibilities.
9. The Section 75 Agreement reflects the total income and expenditure for the BCF Plan. As per Annex 1, the expenditure level for £2016/17 is £12,203 M. The Agreement also reflects a financial risk share on a 50:50 basis between City of York Council (CYC) and Vale of York CCG. This is required to manage the risk of non-delivery on reduced organisational expenditure which creates financial efficiencies that can be set against the BCF. Specifically, this includes work streams relating to:

- Continuing Healthcare (£233K)
- Roll-out of York Integrated Care Team (£517K)
- Mental Health Schemes (£250K)
- Extra Disabled Facilities Grant (£200K)

Main/Key Issues to be considered

10. There are two key issues that this report focuses on:
 - performance risks and;
 - financial risk in relation to the Section 75 risk share agreement
11. Performance - Monitoring of the key metrics shows underperformance in some areas as set out in Annex 2. Data is taken from routine monitoring reports provided from NHS and social care sources, dependent on the particular metric. In the case of NHS data the York HWB equates to 60.4% of the total CCG population. The BCF Performance and Delivery Task Group reviews the BCF metrics, via a local dashboard, on a monthly basis to consider what corrective actions can be taken across the system to support action already in hand.
12. Non-elective admissions (NEA) – Current performance shows that the level of NEAs is above trajectory with a risk that the year end target will not be met. In addition to monitoring via national reporting systems, a locally adjusted trajectory has been set to reflect the fact that the nationally measured figures include inpatient spells that arise from activity generated through the York Teaching Hospital NHS Foundation Trust (YFT) Ambulatory Care Unit. This activity is recorded as an NEA in-patient admission but not contracted and paid for in this way, and therefore impacts the reported position. NEA data also shows an increase in paediatric inpatient activity which is contributing to the overall figure of increased NEA activity. The CCG are discussing the underlying causes for this activity change with YFT in order to have an agreed view on performance and associated costs. The CCG also has a number of other Activity Query Notices currently being worked through that may also need to be adjusted before arriving at the true, comparable NEA numbers.

13. Delayed Transfers of Care (DTC) – Current performance shows that the level of DTCs is above trajectory with a risk that the year end target will not be met. Overall Delays have risen significantly in the non acute pathway since June 2016, specifically increases in the number of delays relating to mental health activity. Numbers of acute delays have been falling steadily since March of this year. The net effect has been an increase in all days delayed across the system. Agreement has now been reached on the process to record activity in order to ensure a shared view of the system pressure. Although the overall DTC number remains higher than plan, increased focus on the numbers of delays has led to increased partnership working and the development of system-wide solutions.
14. Injuries due to falls - Current performance shows that this indicator is above trajectory with a risk that the year end target will not be met. The raw data is based on NEAs where coding indicates an injury due to a fall. This metric measures falls for patients over 65, registered to GP practices within the Local Authority boundary. The weighted figure is based on the number of over 65 patients in the local authority area. HWB performance was below plan for Q1 (221 falls with a plan of 237), but was higher than plan for Q2 (226 falls for a plan of 214). However, cumulative performance for year-to-date shows performance just below plan (447 spells for a plan of 450). This indicator has been on track since it was set in the original BCF plan with no specific rationale as to why there appears to be a change of direction in performance. Further analysis is underway to try to understand the reason for this change in direction.
15. In summary, there remains a risk in relation to a number of performance metrics associated with the BCF. These metrics fall within the wider organisational performance programme of either CYC or the CCG and are being addressed through routine arrangements. Progress will continue to be monitored via the local dashboard which is reviewed monthly by the BCF Performance and Delivery Task Group and, where applicable, additional actions taken at a system level.
16. Section 75 risk share agreement – It is important to note that this element of the BCF plan is linked to investment only and no expenditure for any of these workstreams is associated with BCF.

However, a number of workstreams were identified within this agreement as a means of engaging the wider system by linking potential efficiency savings to delivery (investment) of the BCF plan. To date, the anticipated efficiency savings are below the target set of £1.2M. A recovery plan was agreed between CYC and the CCG in order to refocus on these workstreams. A summary of the current position is set out below:

17. Continuing Healthcare (CHC) – The anticipated efficiencies relating to this workstream were based on a review of current processes, potential rationalisation of resource and reduced costs in relation to health packages of care. The review was undertaken during Q2 as planned but implementation of any improvement has not progressed at the necessary pace to effect change in year. The current resource, which has significant capacity pressures, is within a shared service which supports 5 CCGs and two local authorities. Discussions are now in train to review the broader service offer across commissioning partners. In addition, the CCG is in the process of securing specific additional resource to address operational pressures within CHC in year.
18. Roll out of York Integrated Care Team (YICT) – The efficiencies associated with the extension of this team which was established for a proportion of the CYC population in 2015 relate to reduction in NEAs. Additional investment of £125K was made to this service in October 2016 as part of the BCF plan. A range of indicators (circa 20 in total) relating to this scheme are monitored on a monthly basis and demonstrate a positive effect for the population covered equating to a potential benefit of £200K in reduced system pressure.
19. Mental Health Schemes – Extension of the crisis liaison services in both A & E and in support of care homes is the underpinning system change that links to this efficiency target. Additional data analysis is underway to try to measure the system impact of this increased resource. Several data streams have been added to the BCF local dashboard to inform this analysis but this has not been part of routine reporting to date. Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) are part of the partnership and are fully involved in reviewing the data.

20. Extra Disabled Facilities Grant (DFG) - This project is focused on Clifton population because of higher rate of falls which affects NEA via fractured neck of femur. It has been delayed due to a lack of capacity of Occupational Therapists to carry out assessments and is due to commence in February 2017. Additional capacity has been secured with effect from the end of February. It is unlikely however that any benefits will have accrued by the end of the financial year.
21. In summary, there remains a £1M risk in relation to achievement of the wider system efficiencies aligned to the £1.2M risk share as set out in the Section 75 Agreement. CYC and the CCG are aware of this risk and the potential impact on budgets (50:50 split) as per the Agreement.

Consultation

22. 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

23. There are no options provided in this report.

Strategic/Operational Plans

24. 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

25. 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 a platform to develop this intent.

Risk Management

26. 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.

27. 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. 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

28. The Health and Wellbeing Board are asked to note the issues set out in this paper

Reason: Health and Wellbeing Board oversight of BCF

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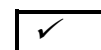
**Report
Approved**



Date 06.01.2017

Wards Affected:

All



For further information please contact the author of the report

Background Papers:

None

Annexes

Annex 1 – List of BCG Schemes for 2016/17
Annex 2 – Performance Metrics Table

Glossary

A & E – Accident and Emergency

BCF – Better Care Fund

CCG – NHS Vale of York Clinical Commissioning Group

CHC – Continuing Health Care

CYC – City of York Council

DFG – Disabled Facilities Grant

DTOC – Delayed Transfers of Care

GP – General Practitioner

HWB – Health and Wellbeing Board

ITB – Integration and Transformation Board

NEA – Non-Elective Admissions

NHS – National Health Service

Q1 – Quarter 1

Q2 – Quarter 2

TEWV – Tees, Esk & Wear Valleys NHS Foundation Trust

YFT – York Teaching Hospital NHS Foundation Trust

YICT – York Integrated Care Team