

Health and Wellbeing Board

13 March 2019

Report of the Assistant Director - Joint Commissioning, (BCF Lead)
NHS Vale of York Clinical Commissioning Group and City of York
Council.

Better Care Fund Update

Summary

1. This report is for information. It sets out the following:
 - Progress against national targets that the Better Care Fund (BCF) is designed to positively influence.
 - An update on national reporting to NHS England on use of the BCF
 - Update on NHS England planning and guidance
 - Information on a recent co-production event to promote closer integration and achieve better outcomes for patients
 - Progress with the Whole System Demand and Capacity Model

Background

2. The Health and Wellbeing Board has received regular reports from the Better Care Fund Performance and Delivery Group. These reports have previously informed the board of planning requirements and assurance processes for the 2017-19 period.

Main/Key Issues to be considered

Better Care Fund Quarterly Returns – governance and assurance

3. The quarterly returns for the BCF were submitted in line with requirements covering Q3 of the 2017-19 Plan on the 25th of

January. Reporting on the Improved Better Care Fund (iBCF) was not required this quarter. National guidance for the Better Care Fund 19/20 has not yet been published (at the time of writing).

4. The quarterly performance return requires a self-assessment of the area's progress on the High Impact Change Model. The latest self-assessment is included as **Annex 1**. The model itself was shared with the HWBB in July 2018.
5. The Q4 return is due for submission on the 18th of April, 2019. As a result of this timing, the quarterly return will rely on forecasts and provisional data for performance targets.
6. The outturn position on the BCF Dashboard for Q3 is attached at **Annex 2**.
7. At the time of reporting to NHSE, we were not on track to meet our targets for NEA, Residential Admissions or DTOC for Q3. We will not be able to measure Reablement (proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services) until Q3 and Q4, so it will not be possible to report 2018-19 results until 2019-20 Q1 at the earliest.

NEA - Reduction in non-elective admissions

8. Up To Month 8, NEAs were 6% above plan (967 admissions). This is only slightly above the 5.7% over plan in Q2. This position is primarily the result of an increase in Zero Length of Stay admissions and 1-3 day Length of Stay admissions which are a feature of our local model. Ambulatory care and acute medical assessment wards are in place to ensure patients are assessed, treated and discharged within 24 hours in order to minimise the number of patients requiring admission to other acute hospital wards and to reduce waiting times and pressures in A&E.
9. The CCG and the main acute provider are now 9 months into the Aligned Incentives contract and are having collaborative discussions around improving emergency pathways for patients as well as ensuring that patients are receiving quality care at the right place at the right time.

Residential Admissions - Rate of permanent admissions to residential care per 100,000 population (65+)

10. There were 209 admissions during the first three quarters of 2018-19, a rate of 557 per 100,000 population aged 65+.
11. This is slightly higher than the number of admissions in the corresponding period during 2017-18 (205). The rate of admissions has slowed during the third quarter of 2018-19. CYC's Adult Social Care transformation programme has been implemented to reduce the need for people to enter residential and nursing care.

DTOC – Delayed Transfers of Care

12. There was an increase in the level of DToC in Q3 (31 beds/day) compared with Q2 (28 beds/day) in the York system.
13. To continue to improve our performance against this target we are utilising Step Up / Step Down beds, improving the discharge pathway (implementing the High Impact Change Model and SAFER in hospital), and investing in new approaches, such as live-in care to support discharge. While York is currently meeting the trajectory of the DTOC Target, we recognise this is extremely challenging for the system, and may not be sustainable throughout the remainder of the winter.
14. A case study describing the outcomes from Step Up / Step Down beds is attached at **Annex 3**.

NHS England Planning and Guidance

NHS Operational Planning and Contracting Guidance 2019-20

15. The NHS has published final 2019-20 Operational Planning and Contracting Guidance for NHS organisations. This full Planning Guidance provides guidance following the publication of the NHS long term plan. The reference to DToCs in the guidance has been updated.
16. The Government's Better Care Fund Policy Framework and the detailed Planning Requirements will set out Delayed Transfers of Care (DToC) expectations for 2019-20. In order to support planning in advance of these publications, CCGs and Health and Well Being Boards (HWBs) should, as a minimum, plan to continue to deliver

the current reductions in the DToC rate or to maintain their performance if these targets have been achieved already.

The NHS Long Term Plan

17. NHS England has recently launched its Long Term Plan. The plan set out the roll out of Integrated Care Systems everywhere by April 2021 with local authorities to be represented on partnership boards in every area. The NHS has also committed to continue to support local approaches to pool health and social care budgets.
18. The Long Term Plan recognised that the Better Care Fund (BCF) has provided an opportunity for councils and the NHS to work together. The BCF is regarded as a success in many areas, with local authorities and CCGs contributing more than their minimum required investment to support integration.
19. However the National Audit Office has reported that the funding mechanism is overly complex, and there is a lack of clarity on the return from investment. The funding has also sometimes been used to replace core council funding rather than add to investment at the interface between health and care services.
20. The Department of Health and Social Care and the Ministry of Housing, Communities and Local Government with NHS England are therefore reviewing the BCF to ensure it meets its goals. The review will conclude in early 2019, and 2019/20 will continue to include clear requirements to continue to reduce DTOCs and improve the availability of care packages for patients ready to leave hospital.

Integration – local perspective

21. Building on the initial planning event held in November 2018, we have further developed our commissioning commitments for 2019-20 through a co-production workshop in February 2019. This session included members of the BCF Performance and Delivery Group, scheme representatives and partners, including NHSE Better Care Manager. The purpose was to shape our more detailed plans for the use of the increased iBCF in the coming year, which offers an opportunity for one-off schemes to test new approaches, enhancements to existing schemes and bridging funds for schemes which will be funded from other sources in subsequent years.

22. The planning process is continuing under the governance of the BCF Performance and Delivery Group, and will be formalized in March 2019, assuming national guidance has been published.
23. A new proposal which emerged from the event and gathered wide support was an aim to establish an intermediate, short term facility where people could make longer term decisions about their care, away from the acute hospital setting. Other proposals were also supported in principle, but dependent on the learning from the Capacity and Demand Exercise, which will inform our commissioning ahead of next winter.

Whole System Demand and Capacity Model

24. Venn Consultancy has been engaged by the Council and CCG to undertake a whole system demand and capacity modelling exercise.
25. This project, and the associated system modelling work, will support partners in York to determine how best to meet the increasing demands faced by the health and care system.
26. There are a number of elements to this work:
 - A baseline of population 'needs' (for urgent and unplanned care services), based on actual demand for services
 - An understanding of what capacity does and doesn't exist to meet the needs of the population
 - The identification of the key 'levers' within the system that influence how much capacity is required, including; flows of people, delays and pathways
 - Initial identification of unit cost information to understand the cost of care, care pathways and the cost to the system of supporting people in the wrong service
27. The output of the work will be a system modelling tool that will provide a significant degree of insight and whole-system understanding to support planning and delivery of health and care services in a sustainable way in the future.

The work is endorsed by NHS England and has been undertaken in a number of other regions.

28. Venn are likely to start work on site in York during the week commencing Monday the 4th of March and the work is likely to be completed by mid-June 2019.

Consultation

29. The BCF Performance and Delivery Group is a multi-agency partnership, working in a co-production model to develop plans and proposals. The group reaches out to providers of schemes when considering plans, and requires schemes to provide evidence of service user experience as part of their routine and annual evaluation.

Options

30. Not applicable.

Analysis

31. Not applicable.

Strategic/Operational Plans

32. As above:
- Integration and Better Care Fund Plan

Implications

33. There are no new implications as a result of this report. A verbal update on the planning guidance for 2019/20 will be provided at the H&WBB if it has been published at that time.

Risk Management

34. Risks which have been previously reported to the board in relation to BCF remain relevant. York system is currently projecting a non-compliant position on the HICM by April 2019 in that it will not have fully established a Trusted Assessor system. Further discussions are taking place with the aim of bringing this forward.

Recommendations

35. The Health and Wellbeing Board is asked to note this report.

Reason: To keep the HWBB up to date in relation to the Better Care Fund.

Contact Details

Author:

Pippa Corner
Assistant Director - Joint
Commissioning.
CYC / NHS VOY CCG
01904 551076

Chief Officer Responsible for the report:

Sharon Houlden,
Corporate Director Health, Housing &
Adult Social Care
City of York Council

Phil Mettam
Accountable Officer
NHS Vale of York Clinical
Commissioning Group

Report **Date** 26.02.2019
Approved

Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report
Background Papers:

Annexes

Annex 1 – High Impact Change Model (HICM) self-assessment as at Q3 2018/19

Annex 2 – BCF National Metrics – outturn 2017-18

Annex 3 – Case Study

Glossary

BCF	Better Care Fund
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CVS	Centre for Voluntary Service
DHSC	Department of Health and Social Care
HICM	High Impact Change Model

HWBB	Health and Wellbeing Board
JCSG	Joint Commissioning Strategic Group
MOU	Memorandum of Understanding
NEA	Non Elective Admissions
NHS	National Health Service
PBIP	Place Based Improvement Partnership
RATS	Rapid Assessment and Treatment Service
STP	Sustainability and Transformation Partnership
VCSE	Voluntary, Community and Social Enterprise