

Health and Wellbeing Board

11 July 2018

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:
 - An update on the Better Care Fund (BCF).

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. This report includes an update on the current position.

Main/Key Issues to be Considered

Better Care Fund Quarterly Returns – governance and assurance

3. The quarterly returns for BCF and iBCF (Improved Better Care Fund) were submitted in line with requirements, covering Q3 and Q4 of the 2017-18 Plan.
4. The returns require a self-assessment of the area's progress on the High Impact Change Model. (Model Attached for information at **Annex 1**).
5. As a result of this self assessment in Q3, York BCF was invited to bid for one-off monies, and was awarded £63k in February 2018 to accelerate implementation of 7 day working, weekend discharges and Discharge to Assess. This funding enabled York to bring forward plans for additional staff at weekends in the Discharge

Liaison Team and Reablement Management, and provide additional therapy input to step down beds. These had been scheduled to begin in the 2018-19 year.

6. The 2017-18 Quarter 4 return was due for submission on 20th April. As a result of this timing, the quarterly return relied on forecasts and provisional data for the performance targets.
7. Performance had continued to improve on the range of measures in the national health and social care dashboard. However, York has not met the annual target on Non Elective Admissions (NEA) in spite of some improvement, and was not on track to achieve target that only 3.5% of all occupied bed days were caused by Delayed Transfers Of Care (DTC). Acute DTC have reduced, but non-acute have increased. Mental Health delays represented 38% of DTC in York, mostly linked to a small number of older people with complex care needs and dementia who are delayed for longer, awaiting alternative care and support.
8. Provisional figures suggest a more significant improvement in Reablement outcomes.
9. The Q4 self-assessment of our progress on implementation of the 8 High Impact Changes and our progress towards integration demonstrated progress on the previous quarter.
10. At the time of writing York's outturn position remains provisional, in that NHSE publishes final results in September each year. However, our working outturn position on the BCF Dashboard is attached at **Annex 2**.

2018-19 Targets

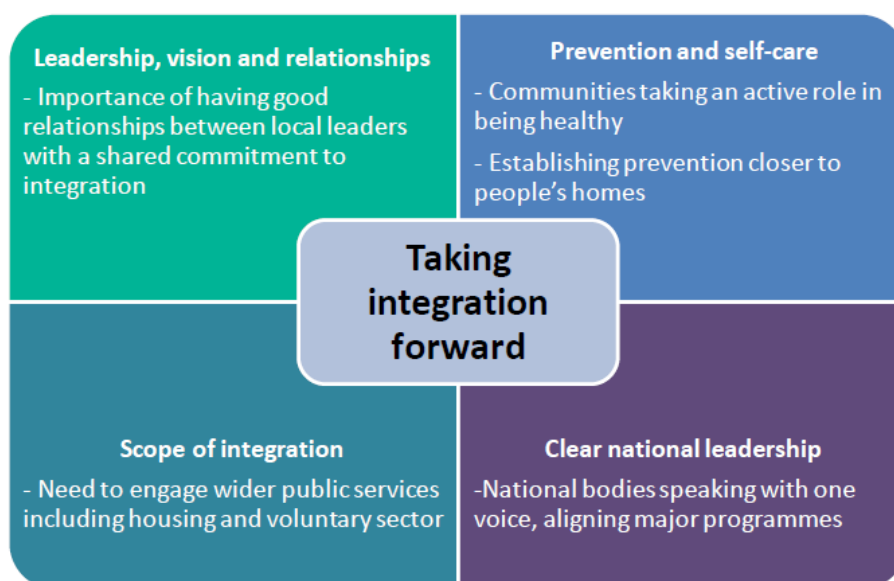
11. We have received an indication of our performance targets for 2018-19, which continue the strong focus on DTC, but will also press us to improve our proportion of weekend discharges and implementation of the High Impact Change Model.
12. The Council has been notified that HM Government will place conditions on the use of iBCF in York, based on our performance on DTC. We currently expect that the plan in place will meet those conditions without alteration, as they focus on reducing pressure on the NHS.

Integration - National BCF Event and Green Paper

13. In March, the BCF Lead attended the NHSE national event “Shaping the future Health and Social Care – Learning from BCF 2017-19” event with the regional Better Care Support manager (Jenny Sleight). The day included an opportunity to provide feedback to NHSE on this year’s BCF assurance process. There was also an indication of the focus of the forthcoming Green Paper on health and social care integration. The DHSC illustration below depicts the factors seen as critical to integration of Health and Social Care.

Integration

A recent workshop with high-performing areas revealed key themes that they consider crucial to going further with integration. Their insights are feeding into policy development for the upcoming Green Paper.



[Peter Howitt, DHSC, March 2018]

14. In a speech on 20 March 2018, the Health and Social Care Secretary of State, Jeremy Hunt, outlined “the seven key principles that will guide our thinking ahead of the Green Paper”, namely:

- quality and safety embedded in service provision
 - whole-person, integrated care with the NHS and social care systems operating as one
 - the highest possible control given to those receiving support
 - a valued workforce
 - better practical support for families and carers
 - a sustainable funding model for social care supported by a diverse, vibrant and stable market
 - greater security for all – for those born or developing a care need early in life and for those entering old age who do not know what their future care needs may be.
15. On the 18th of June the secretary of Health and Social Care made a statement following the Prime Minister’s announcement on future funding plans for the NHS. In his statement, he reiterated the importance of the full integration of health and social care and the role of the Better Care Fund. This highlights that the Better Care Fund continues to hold a unique position of bringing local partners together to agree their plans for integrating health and social care.
16. The Secretary of State also announced that the Green paper will be delayed until the autumn. A full briefing from the House of Commons Library, dated 27th June 2018, is available at:
- <https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-8002>

Integration – local perspective

17. The Better Care Fund Performance and Delivery Group has re-launched the BCF programme at a multi agency event on 3rd May, which brought together system leaders, members of the delivery group, scheme providers and external speakers, including the Better Care Support Manager for our region.
18. The focus of this event was to bring stakeholders together to share our understanding of the purpose of BCF (policy intention) and to explore how we can use BCF to transform our system, and improve outcomes for people. The final element of the day was a workshop

discussion on how integration will develop in York. One of the BCF National Conditions is to integrate health and social care by 2020.

19. There is a strong consensus among stakeholders who took part that the York approach is focused on prevention, collaboration and building community capacity and individual resilience. This will enable the shift away from a hospital centric system to one where support is joined up around people who need it. There is no clear appetite for structural, re-organisation as a means towards integration, although there is recognition that some services should join up at the front line to achieve better outcomes and be more efficient.
20. The BCF Performance and Delivery Group has confirmed the commitment to expand Local Area Co-ordination to more areas of York, as a key plank in the prevention programme.

Performance Framework

21. During May and June, York BCF Performance and Delivery Group has made significant progress on the development of the BCF Performance Framework. We are now able to interrogate performance against the 6 Key Performance Indicators of the NHS and social care dashboard, and align this to investment (commitment and expenditure) and the activity delivered by schemes. It should be noted that there is no direct 'cause and effect' link between the national KPIs in the BCF framework (such as DTOC, non-elective admissions or Reablement) and any one specific scheme. However, we are starting to be able to gauge our overall performance in the context of how well the schemes are delivering against their plans.
22. As part of the refreshed BCF Performance Framework, the re-launch event was followed at the end May by the annual evaluation and development sessions. This was the first year in which we tried a new approach, bringing together schemes in clusters to present to each other on their work, the achievements and challenges from the past year, and to share data on performance. This collaborative approach enabled partners to form new relationships, share the learning from local experience, identify service improvements and explore areas for further investment or joint working.

23. Participants in these sessions were unanimous about the value of meeting and discussing issues together, enabling new connections to be made and relationships formed.
24. An additional benefit from these sessions has been the refresh of the plans on a page, which provide a detailed picture of how each scheme is delivering their activity and the outcomes achieved.
25. The framework includes a quarterly performance report to the BCF Performance and Delivery Group.

Consultation

26. None.

Options

27. Not applicable.

Analysis

28. Not applicable.

Strategic/Operational Plans

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

Implications

30. There are no new implications as a result of this report. While formal conditions may be placed on York's use of the iBCF, this will not result in any loss of income, and there is currently no expectation that the plan will not be compliant with the requirements of these conditions (see paragraph 12 above).

Risk Management

31. Risks which have been previously reported to the board in relation to BCF remain relevant.

Recommendations

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

Reason: To keep the Health and Wellbeing update in relation to the BCF

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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
Annex 2 – BCF National Metrics – outturn 2017-18