

Better Care Fund 2020-21 Year-end Template

6. Income and Expenditure actual

Selected Health and Wellbeing Board:

Income		
2020-21		
Disabled Facilities Grant	£1,467,977	
Improved Better Care Fund	£5,210,953	
CCG Minimum Fund	£12,727,980	
Minimum Sub Total		£19,406,910
	Planned	
CCG Additional Funding	£0	
LA Additional Funding	£0	
Additional Sub Total		£0
	Planned 20-21	Actual 20-21
Total BCF Pooled Fund	£19,406,910	£19,406,910
Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2020-21		

Actual		
Do you wish to change your additional actual CCG funding?	No	
Do you wish to change your additional actual LA funding?	No	
		£0

Expenditure	
2020-21	
Plan	£19,406,910
Do you wish to change your actual BCF expenditure?	No
Actual	
Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2020-21	

Checklist
Complete:

Yes

Yes

Yes

Yes

Yes

Yes

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7. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. Covid-19 had a significant impact on services and schemes delivered on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2020-21. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

York

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Strongly Agree	The positive working relationships which have developed over recent years in the BCF were critical to the co-ordinated and collaborative response to the pandemic. Our previous investment in asset based community development, such as LAC, social prescribing and cultural commissioning, provided the foundations for our community hubs across the city
2. Our BCF schemes were implemented as planned in 2020-21	Agree	Services responded to the pandemic rapidly putting in place IPC and social distancing measures, meaning that some schemes such as Local Area Co-ordination balanced remote work and face-to-face in a COVID-19 compliant way. Ways to Wellbeing Social Prescribing re-focused their approach to deliver welfare calls by telephone, and supported the
3. The delivery of our BCF plan in 2020-21 had a positive impact on the integration of health and social care in our locality	Strongly Agree	Our BCF schemes have developed to become interdependent and highly collaborative, with many teams working across organisational boundaries to deliver better outcomes for individuals. We have delivered integration by pooling resources, (without focusing on structural change and reconfiguration), working together and co-ordinating shared

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.

Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2020-21	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production	Our asset based community development over recent years placed us in a powerful position at the start of the pandemic. Over the difficult months of 2020 the schemes continued to work with local people to find innovative ways of maintaining social connections and responding to the mental and emotional impacts of the pandemic, including the isolation of lockdowns. People found meaning and value in offering to volunteer, while others helped re-shape social action through mutual aid groups. In the autumn our BCF group co-produced a winter resource plan, using a portion of the BCF to enable
Success 2	8. Pooled or aligned resources	During 2020-21 our BCF schemes have worked closely and collaboratively to respond to the changing circumstance of the pandemic at each stage. We have a rich pattern of schemes across statutory, community and voluntary sectors, which form our asset based community capacity. These schemes have pivoted their approaches to ensure that the most isolated and most at risk from COVID-19 were supported to remain connected and engaged with their communities and natural networks. They were at the heart of our urgent response to the first lockdown, and resulted in new relationships and new
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2020-21	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	3. Integrated electronic records and sharing across the system with service users	Although there has been some progress, for example in relation to shared records in palliative / end of life care pathways using Black Pear, and GPs have been 'on-boarded', the Yorkshire and Humber Care Record has not been implemented across the system as rapidly as we had hoped. We have funded a project management post through BCF to support the development of shared care records, and this enabled better communication and prepared the foundations for local authority engagement in YHCR, but CYC is part of the 3rd wave, and has not yet been prioritised for 'on-boarding'. Our
Challenge 2	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	The long term financial challenges in York across the health system, and increasingly the local authority, have meant that our focus on system transformation has required savings and efficiencies while attempting to improve outcomes. The single-year funding agreements in BCF has detrimentally impacted on our ability to plan for the long term and we lose good staff who require greater job security and can gain better remuneration in other geographical areas or sectors. The anticipated move by government to multi-year agreements for BCF will make a considerable improvement to our ability to attract and retain

Footnotes:

Question 4 and 5 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
 2. Strong, system-wide governance and systems leadership
 3. Integrated electronic records and sharing across the system with service users
 4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
 5. Integrated workforce: joint approach to training and upskilling of workforce
 6. Good quality and sustainable provider market that can meet demand
 7. Joined-up regulatory approach
 8. Pooled or aligned resources
 9. Joint commissioning of health and social care
- Other

Checklist Complete:
Yes
Yes
Yes
Yes
Yes
Yes
Yes

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8. improved Better Care Fund

Selected Health and Wellbeing Board:

York

These questions cover average fees paid by your local authority (including client contributions/user charges) to external care providers for your local authority's eligible clients. The averages will likely need to be calculated from records of payments paid to social care providers and the number of client weeks they relate to, unless you already have suitable management information.

We are interested ONLY in the average fees actually received by external care providers for your local authority's eligible supported clients (including client contributions/user charges). Specifically the averages SHOULD EXCLUDE:

- Any amounts that you usually include in reported fee rates but are not paid to care providers e.g. your local authority's own staff costs in managing the commissioning of places.
- Any amounts that are paid from sources other than eligible local authority funding and client contributions/user charges, i.e. you should EXCLUDE third party top-ups, NHS Funded Nursing Care and full cost paying clients.

Respecting these exclusions, the average fees SHOULD INCLUDE:

- Client contributions /user charges.
- Fees paid under spot and block contracts, fees paid under a dynamic purchasing system, payments for travel time in home care, any allowances for external provider staff training, fees directly commissioned by your local authority and fees commissioned by your local authority as part of a Managed Personal Budget.
- Fees that did not change as a result of the additional IBCF allocation, as well as those that did. We are interested in the whole picture, not just fees that were specifically increased using additional IBCF funding.

If you only have average fees at a more detailed breakdown level than the three service types of home care, 65+ residential and 65+ nursing requested below (e.g. you have the more detailed categories of 65+ residential without dementia, 65+ residential with dementia) please calculate for each of the three service types an average weighted by the proportion of clients that receive each detailed category:

1. Take the number of clients receiving the service for each detailed category.
2. Divide the number of clients receiving the service for each detailed category (e.g. age 65+ residential without dementia, age 65+ residential with dementia) by the total number of clients receiving the relevant service (e.g. age 65+ residential).
3. Multiply the resultant proportions from Step 2 by the corresponding fee paid for each detailed category.
4. For each service type, sum the resultant detailed category figures from Step 3.

Please leave any missing data cells as blank e.g. do not attempt to enter '0' or 'N/A'.

	For information - your 2019-20 fee as reported in Q2 2019-20*	Average 2019-20 fee. If you have newer/better data than at Q2 2019-20, enter it below and explain why it differs in the comments. Otherwise enter the Q2 2019-20 value from the previous column	What was your anticipated average fee rate for 2020-21, if COVID-19 had not occurred?	What was your actual average fee rate per actual user for 2020-21? **	Implied uplift: anticipated 2020-21 rates compared to 2019-20 rates.	Implied uplift: actual 2020-21 rates compared to 2019-20 rates.
1. Please provide the average amount that you paid to external providers for home care, calculated on a consistent basis. (£ per contact hour, following the exclusions as in the instructions above)	£19.48	£19.48	£20.06	£21.45	3.0%	10.1%
2. Please provide the average amount that you paid for external provider care homes without nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions as in the instructions above)	£707.00	£707.00	£728.21	£720.47	3.0%	1.9%
3. Please provide the average amount that you paid for external provider care homes with nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions in the instructions above)	£744.00	£744.00	£766.32	£762.92	3.0%	2.5%
4. Please provide additional commentary if your 2019-20 fee is different from that reported at Q2 2019-20. Please do not use more than 250 characters.						
5. Please briefly list the covid-19 support measures that have most increased your average fees for 2020-21. Please do not use more than 250 characters.		Increased placement cost by 2% above infl for April to Jun Use of more expensive home care providers not on our framework to address demand				

111 characters remaining

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Footnotes:

* "." in the column C lookup means that no 2019-20 fee was reported by your council in Q2 2019-20

** For column F, please calculate your fee rate as the expenditure during the year divided by the number of actual client weeks during the year. This will pick up any support that you have provided in terms of occupancy guarantees. (Occupancy guarantees should result in a higher rate per actual user.)