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Revised report to Scrutiny Board (Health and Well-being and Adult Social Care) on Wednesday, 29 January 2014

Pages 1-10: Agenda item 8 – ‘Better Care Fund – Developing proposals in Leeds’ – Amendment under paragraph 2.5 to the report in relation to the allocation of monies between CCGs.

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Leeds Health & Wellbeing Board

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Report to: Leeds Health & Wellbeing Board

Date: 29th January 2014

Subject: Update on the Better Care Fund (formerly Integration Transformation Fund)

Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

- The Health and Wellbeing Board is required to oversee the development of proposals as well as sign off the first draft of the Better Care Fund plan on 14 February 2014 then the final version (following further local refinement and comment from NHS England) by 4 April 2014.
- Leeds has a great track record of delivering integrated healthcare to improve quality of experience of care for the people of Leeds. As such, the city has been in a strong position to develop a robust plan for the Better Care Fund (formerly Integration Transformation Fund) and use this process as part of the journey to achieving the ambition of a high quality and sustainable health and social care system.
- Whilst nationally set timescales are very tight, arrangements are underway with key stakeholders to ensure that the necessary proposals are developed across three themes of: reducing the need for people to go into hospital or residential care; Helping people to leave hospital quickly, but appropriately, and supporting people to stay out of hospital or residential care for as long as possible.
- This report provides a brief update on the broader financial context as well as that of the BCF and implications for Leeds following final guidance received on 20 December as well as a short progress report on the development of proposals, ahead of the sign off on 14 February 2014. As agreed at the 20 November Board

meeting, a high level summary of the proposals to date will be circulated to the Board on 27 January which will be the focus of discussion on 29 January.

Recommendations

The Health and Wellbeing Board is asked to:

- Note progress to date to meet the requirements of the Better Care Fund and that work to refine Leeds' submission is on-going
- Discuss the high level proposals set out in the BCF (a summary for discussion will be sent to Board members on 27 January).
- Note that the Health & Wellbeing Board will be asked to sign off the first draft of the BCF template (narrative and schemes with funding / measurement metrics attached) on 12 February before submission to NHS England on 14 February
- Note that the Health and Wellbeing Board will be required to sign off the final version before submission to NHS England on 4 April and agree what process this will take.

1 Purpose of this report

- 1.1 This report provides an update on the financial position and progress towards the requirements of the Better Care Fund in Leeds since the final guidance was released on 20 December 2013.
- 1.2 A high level summary of the proposals developed to date will be circulated on 27 January (as agreed on 20 November) to enable the Board to consider the proposed schemes to date, which will inform the continual development process.

2 Background information

- 2.1 As outlined in the previous report to this Board on 20 November 2013, central government's Better Care Fund (launched in October 2013 as the 'Integration Transformation Fund') combines £3.8 billion of existing funding into one pot aimed at transforming health and social care services. It is important to note that this is not new money, and that the creation of the BCF will require over £2bn in savings to be made on existing spending on acute care in order to invest more in preventive services.
- 2.2 Since the last Board, Local Government Minister Brandon Lewis and Care and Support Minister Norman Lamb have written a joint letter to all local authorities, setting out the full guidance and financial allocations. This letter confirmed that in 2014/15, there will be an additional transfer from NHS to Adult Social Care of £200m (the remainder of the £1.1bn allocation announced as part of CSR2010).
- 2.3 The Better Care Fund has been established within the broader context of the financial challenges facing the Health and Social Care system both nationally and locally, and in the context of unprecedented reductions in local authority funding, hence the emphasis on the protection of Social Care Services.
- 2.4 The previous report referred to tensions on how this additional funding may be used in Leeds. Following further discussions between the Council and CCG representatives, it is proposed that the Leeds element, circa £2.8 million, be used to "pump prime" the Better Care Fund proposals in 14/15 on the assumption that this will deliver £2m of benefit to the Adult Social Care budget. This will help to ensure that the city will benefit from and be able to maximise the opportunities from the BCF as soon as possible, in line with both its aspirations and Pioneer status.
- 2.5 In 2015/16, Leeds has been allocated £54,923k, under joint governance arrangements between CCG's and local authorities. This comprises allocations from:
 - NHS Leeds North £12,665k
 - NHS Leeds south & East £17,351k
 - NHS Leeds West £20,105k
 - Disabilities Facilities grant £2,958k

- Social Care Capital Grant £1,844k

- 2.6 To access the 2015/16 funding, the Health and Wellbeing Board will be required to sign off a jointly developed Better Care Fund template setting out plans for integration of health and social care in the city. These plans will need to meet certain national conditions and lead to progress against a set of five nationally determined measures, as well as one local measure. The national conditions may not be locally determined and some may carry significant additional resourcing implications e.g. 7 day working requirements. As such, there are clearly significant challenges in how best to utilise the existing services within the BCF, how to identify robust 'invest to save' opportunities and how to free elements of this funding from its current commitments to enable it to be used for other purposes.
- 2.7 A set of support packs and toolkits to support local development of the BCF have been issued by the Local Government Association, together with a revised BCF template. This guidance, including a helpful model BCF submission produced by North West London as an early implementer as well as dates of webinars led by NHS England can be found here: http://www.local.gov.uk/home/-/journal_content/56/10180/4096799/ARTICLE. This has also been supplied through NHS England and can be found at <http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>
- 2.8 A set of support packs and toolkits to support local development of the BCF have been issued by the Local Government Association, together with a revised BCF template. This guidance, including a helpful model BCF submission produced by North West London as an early implementer as well as dates of webinars led by NHS England can be found here: http://www.local.gov.uk/home/-/journal_content/56/10180/4096799/ARTICLE
- 2.9 At the time of writing, there is also a LGYH seminar to share concerns and best practice between local authorities on 20 January, the outcomes of which will help to shape the Leeds submission.

3 Main issues

The final guidance was issued on 20 December with the first deadline still set as 14 February. The joint Ministerial letter recognises that "the deadlines are tight ... reflective of the urgency of this work". As such (and as outlined in the previous report to the Health and Wellbeing Board) the health and social care system has already agreed arrangements and begun work to meet the requirements of the BCF. Leeds has a great track record of delivering integrated healthcare to improve quality of experience of care for the people of Leeds. As such, the city has been in a strong position to develop a robust plan for the Better Care Fund (formerly Integration Transformation Fund) and use this process as part of the journey to achieving the ambition of a sustainable health and social care system.

Progress to date

- 3.1 The previous report outlined the proposed approach to develop the necessary proposals – initially through key work themes and groups linked to the Transformation programme at a headline level and then, following agreement, to work up the details of the proposals. There was agreement that such groups will need representation from CCG's, the local authority, Clinical Leads, Providers and DOF's together with any other key stakeholders affected, meeting alongside and through the existing Transformation and ICE Boards. This process has been communicated to all key stakeholders via a Statement of Intent.
- 3.2 Two extended membership ICE workshops have been arranged to move forward with the BCF to date. At the meeting on 9 January, it was agreed that proposals would be structured via three key themes to articulate delivery of the outcomes of the Leeds Joint Health and Wellbeing Strategy, and in particular the commitment to "Increase the number of people supported to live safely in their own homes". Equally, the schemes marry with existing programmes of work via the Transformation Board. These three themes are:
- Reducing the need for people to go into hospital or residential care
 - Helping people to leave hospital quickly
 - Supporting people to stay out of hospital or residential care
- 3.3 A number of other existing groups e.g. Urgent Care Board, Integrated Board, have focussed their attention on developing suitable proposals to feed into the process thus far. To date, groups have identified high volume, high cost and low outcome services and draw up proposals for dealing with that activity differently for the following work areas:
- Frail Elderly
 - Dementia
 - Primary Care
 - Urgent Care
 - Community Health Care
 - Informatics

These proposals will be screened based on their potential to really impact on driving forwards improved performance and better experience of care for the people of Leeds in relation to the themes outlined above. It is anticipated that this process will result in a small number of big-hitting proposals for inclusion within the first draft submission.

To ensure that the proposals developed by the above groups focus on plans to maximise the improvement in outcomes and efficiency from a Leeds perspective, rather than to solely meet the requirements of the BCF, the draft proposals will also be filtered through both financial and intelligence lenses.

Wider context of BCF progress – financial challenge and Pioneer status

- 3.4 A key consideration within those ICE workshops has been in relation to satisfying both the national conditions and performance targets, and in particular, how the BCF will ensure the Protection of Social Care Services. The size of the challenges facing the Council is fully recognised across the whole health and social care system. It is also recognised that these challenges need to be addressed through the realisation of broad efficiencies and savings as the whole system tackles wider financial challenges. Clearly, social social care is a key component of this.
- 3.5 In relation to the overall financial challenge for Leeds over the next 5 years, work continues to more accurately calculate the financial gap, although a recurrent shortfall of in excess of £100m per annum remains a realistic figure.
- 3.6 In relation to Leeds' Pioneer status; positive discussions with representatives from the Department of Health and NHS England have indicated that the city will be fully supported to use the freedoms and flexibilities requested as part of the bid. Permission has been granted to 'step outside' existing frameworks and payment systems - where this is in the interests of getting the best health outcomes for the people of Leeds and has the agreements of all local partners.

Next steps

- 3.7 A high level summary of proposals will be circulated to the Board by 27 January, to enable discussion on the proposed schemes. At this stage, it is anticipated that the focus will be on the activities and indicative costings proposed and this will inform the further development of the performance and financial metrics which will be brought to the Board as part of the full BCF draft template on 12 February.
- 3.8 In terms of developing the template outside the proposed schemes, an editorial team of comprising Adult Social Care and NHS colleagues has been established to support lead officers in shaping the narrative section of the BCF template, e.g. confirmation that the national conditions (Protection for social care services, 7 day services to support discharge, Better data sharing between health and social care, joint assessment and an accountable professional, consequential impact of changes in the acute sector) have been taken into account. Additionally colleagues leading on performance in the NHS and LCC have been working on the national and local measures that will contribute to the payment-by-performance element of the fund.

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

- 4.1.1 As outlined in the previous report, engagement with key stakeholders including providers via a range of existing groups and boards and the extended ICE workshops is now underway. A timeline giving more detail of the engagement process is attached at Appendix A.
- 4.1.2 It should be noted that whilst the nationally set government timeline has not permitted a formal consultation with the public in Leeds to date in relation to the

specific activity of completing the BCF template, there has been a high level of engagement with front line staff, service users /patients in developing plans for the integration of health and social care more broadly. Many existing approaches and schemes will form the proposals of the BCF. Additionally, the draft narrative BCF template will be shared with key involvement and third sector groups in the city for comment prior to submission and it is anticipated that a fuller consultation process will take place later in 2014 once the plans have been signed off. Finally, the NHS Call to Action has provided a platform for engagement with the public more widely about transforming the health and social care system.

4.1.3 The previous report noted that there may be a risk that the powers currently available via the Council's constitution for the Health & Wellbeing Board do not reflect the additional responsibilities conferred upon the Board by the guidance on the BCF. Legal Services has since confirmed that the decision does fall within the Terms of Reference of the Board (specifically numbers 1 and 3) and thus no further action is required.

4.1.4 Whilst arrangements have been made for the Board to sign off plans by 14 February via an extraordinary meeting on 12 February, a decision on how the final draft is signed off by the Board still needs to be taken.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 As stated in the previous report, any reduction in the funding position for Health and Social Care is likely to adversely impact our ability to achieve outcomes set out in the Joint Health and Wellbeing Strategy – and ultimately to reduce health inequalities within the city. It is vital that equity of access to services is maintained and that quality of experience of care is not comprised.

4.2.2 Given that 'improving the health of the poorest, fastest' is an underpinning principle of the JHWBS, consideration will need to be given to how the proposals that are developed to date will support the reduction of health inequalities.

4.3 Resources and value for money

4.3.1 The context in which this paper is written has indisputable implications for resources and value for money given the city is facing significant financial challenges in relation to the sustainability of the current model for the health & social care economy in Leeds.

4.3.2 Given the very tight timescales involved in order to develop the BCF proposals and complete the template, the significant effort, energy and – crucially, time – that is being given to this initiative across the health and social care system should be noted.

4.4 Legal Implications, Access to Information and Call In

4.4.1 This report is largely for information only.

4.5 Risk Management

4.5.1 Many of the risks outlined in the ITF and financial challenge report, received by the Board on 20 November still stand given the timescale for the development of the jointly agreed plans and the size and complexity of Leeds:

- The complex nature of the Health & Social Care system and its interdependencies. Significant attention will continue to need to be paid to the potential unintended consequences of any proposals.
- Reaching agreement amongst all partners, in the absence of whole system evidence of impacts, together with the sovereign nature of individual partners and their separate governance arrangements cannot be underestimated.
- Ability to release expenditure from existing commitments without de-stabilising the system in the short term in the absence of any pump priming resource will be extremely challenging.

4.5.2 The arrangements for the development of proposals outlined in this and the previous report seek to address some of these risks, but the effective management of all of the process risks can only be achieved through the full commitment of all system leaders within the city to focus their full energies on the delivery of these plans to support the agreed future vision.

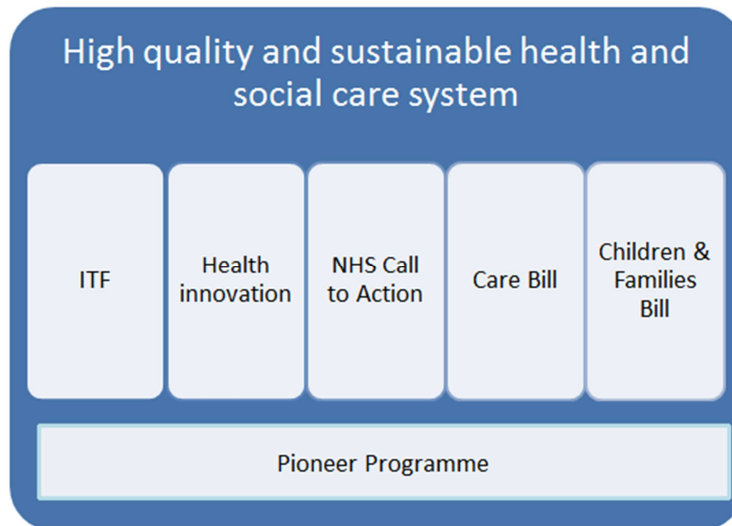
4.5.3 In terms of the risks associated with actual proposals, all areas are required to submit a risk log as part of the BCF template. The groups and boards responsible for developing proposals have been asked to identify their risks and mitigating actions. This risk log will be available for the Board to consider through the BCF sign-off process.

5 Conclusions

5.1 This report has outlined the progress to date in developing a first draft to respond to the requirements of the Better Care Fund by 14 February 2014.

5.2 Continuing to develop the submission, given the very tight timescales and complex picture of the health and social care landscape in Leeds, will remain a significant challenge. The continued support and commitment of key leaders in the city to deliver a robust set of plans, that can deliver the right outcomes for the people in Leeds as well as meet the requirements of the BCF, will be crucial in the months leading up to the final submission on 4 April and beyond.

5.3 Equally, it is crucial all partners across the health and social care system to keep in mind that the BCF is a means to an end, rather than an end in itself. It should be considered alongside other national and local initiatives, such as the Care Bill, work on Health innovation and the Pioneer programme as per the diagram below.



5.4 Together, these drivers present an opportunity to further articulate and refine steps to deliver the Leeds' ambition for a sustainable and high quality health and social care system, in the current context of significant financial challenge, and ultimately to deliver outcomes for the Joint Health and Wellbeing Strategy.

6 Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Note progress to date to meet the requirements of the Better Care Fund and that work to refine Leeds' BCF submission and engage key stakeholders in development of the submission is on-going
- Discuss the high level proposals set out in the BCF (a summary for discussion will be sent to Board members on 27 January).
- Note that the Health & Wellbeing Board will be asked to sign off the first draft of the BCF template (narrative and schemes with funding / measurement metrics attached) on 12 February before submission to NHS England on 14 February
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