

Leeds Health & Wellbeing Board

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Report of: Deputy Director Commissioning (ASC) & Chief Operating Officer (S&E CCG)

Report to: Leeds Health & Wellbeing Board

Date: 12 February 2014

Subject: Health and Wellbeing Board sign off of the first draft of Leeds' Better Care Fund template

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

- Leeds has a great track record of delivering integrated healthcare to improve quality of experience of care for the people of Leeds, as recognised by our Pioneer status. As such, the city has been in a strong position to develop a robust plan for the Better Care Fund (announced by national government in December 2013) and use this process to spend the "Leeds £" wisely and as one of the steps to achieving the ambition of a high quality and sustainable health and social care system.
- The Health and Wellbeing Board is required to sign off the first draft of the Better Care Fund plan before it is submitted on 14 February 2014 then the final version (following further local refinement and comment from NHS England) by 4 April 2014.
- Whilst nationally set timescales are very tight, colleagues from across the health and social care system have worked together to complete the national BCF template and develop proposals 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 recap of work that has taken place to date to develop the BCF and explains that the submission comprises three parts: a narrative template, a metric template and supplementary information setting out the detail of

proposed schemes (which the Board reviewed on 29 January). The draft submission in its entirety will be circulated to the Board on 10 February 2014.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress to date to meet the requirements of the Better Care Fund and that there will be further scope for refinement beyond 14 February
- Sign off the first draft of the BCF template (narrative template, metric template and locally developed supplementary information which sets out the BCF schemes in more detail) which will be circulated on 10 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
- Note that the BCF is part of wider plans in the city to achieve a high quality and sustainable health and care system and to spend the “Leeds £” wisely.

1 Purpose of this report

- 1.1 This report provides an update on progress since the high level summary of the BCF was reviewed by the Board on 29 February, ahead of sign off of the first draft for submission on 14 February. The full submission will be available on Monday 10 February, as previously agreed.

2 Background information

- 2.1 As outlined in previous reports to this Board, central government's Better Care Fund combines £3.8 billion of existing funding into one pooled budget 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 It has been possible to "pump prime" the Better Care Fund in 2014/15 to ensure that the city can move further and faster with ambitious integration plans in line with our pioneer status. In 2015/16, Leeds has been allocated £54,923k, under joint governance arrangements between CCGs and local authorities. This comprises allocations from:

Disabilities Facilities Grant	£2,958,000
Social Care Capital Grant	£1,844,000
NHS Leeds North CCG	£12,665,000
NHS Leeds South & East CCG	£17,351,000
NHS Leeds West CCG	£20,105,000

- 2.3 To access the 2015/16 funding, the Health and Wellbeing Board is required to sign off the jointly developed Better Care Fund template (the final draft version is due to be circulated on 10 February). This template sets out how Leeds will meet certain national conditions and lead to progress against a set of five nationally determined measures, as well as one local measure. There have been significant challenges in determining how best to utilise the existing funding 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. There is also a "payment-by-performance" element of the 2015/16 funding, to be released in October 2015, based on achieving nationally determined targets.
- 2.4 In response to the challenges outlined above, a great deal of work has been undertaken by colleagues across the health and social care system in a short space of time to ensure that a quality product can be developed and shared with key stakeholders within extremely tight national timescales. Leeds' existing

commitment to and strong track record of working together and joining up services around the needs of people, not organisations, has stood the city in good stead.

3 Main issues

3.1 The vision for the BCF in Leeds is framed by three key themes which articulate delivery of a number of outcomes of the Leeds Joint Health and Wellbeing Strategy, in particular the commitment to “Increase the number of people supported to live safely in their own homes”:

- 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

3.2 Three extended membership Integrated Commissioning Executive workshops have taken place to progress the BCF submission based on the above themes. Additionally, a number of other existing groups linked to the Transformation Programme such as the Urgent Care Board, Integrated Health and Social Care Board, the Dementia Board and the Informatics Board, have focussed their attention on working up the detail of suitable proposals that can both improve outcomes for people and deliver significant savings.

3.3 In order to manage the BCF locally, the total fund has been divided into:

- a) Eleven schemes that represent existing and well-established jointly commissioned and/or jointly provided services through recurrent funding such as Reablement, Support for Carers, Leeds Equipment Service and Third Sector Prevention – amounting to approximately £41m in 2014/15
- b) Nine schemes that provide further “invest to save” opportunities through use of non-recurrent funding, including enhancing integrated neighbourhood teams and expanding community / intermediate beds, amounting to £14m in £2014/15

3.4 The Health and Wellbeing Board had opportunity to discuss a high level summary of the schemes proposed as per the above at its meeting of 29 January, and a working draft of the submission will be circulated to members and other key stakeholders w/c 3 February for comment. Comments as part of this engagement process will be fed into the final draft submission which will be available and circulated on Monday 10 February. This comprises:

- Part 1 – narrative national template which sets out the vision for the BCF in Leeds and how the schemes will meet the national conditions of: protection of social care services; seven day working; better data sharing; joint accountable professional, impact on the acute sector, and plans to be agreed jointly.
- Part 2 – metric national template setting out a financial summary for health and care commissioners in the city, investment and savings levels for the BCF schemes and performance measurement / outcomes for the BCF schemes. At the time of writing, financial modelling is still being applied but will be available

on 10 February. The performance measurement aspect is also still being finalised and Leeds intends to use its Pioneer status to negotiate flexibilities around the nationally described measures to ensure they are meaningful and relevant to the city, and do not detract from the excellent progress that has already been made on integrating health and care services to date.

- Part 3 – locally developed supplementary information setting out a high level summary of the BCF schemes (an early version of which went to the Board on 29 January).

3.5 The final draft template will be circulated on 10 February ahead of Board sign off on 12 February.

Next steps

3.6 Following sign off from the Health and Wellbeing Board, this draft version of the Leeds Better Care Fund template will be submitted to NHS England on 14 February (same deadline as the CCGs 2 year operational plan first draft). The plan is then reviewed by NHS England and, according to the guidance, comments will be received to consider and address into the final submission week commencing 10 or 17 March. Leeds has contacted the Head of Partnerships at NHS England for clarity on when comments can be expected in order to ensure there is sufficient time to take these into consideration before the final version is submitted on 4 April. At the time of writing, an exact date has not been confirmed.

3.7 The Health and Wellbeing Board is asked to consider how it would like to take forward the sign off process for the final submission on 4 April. This could take the form of a further meeting of the Board w/c 31st March or via a process of delegation.

3.8 Once the final plan has been submitted, the Better Care Fund will officially be in its shadow year as per plans set out in Part 3 of the submission – supplementary information. The shadow year will also provide opportunity to further develop the specifics of plans for 2015/16, e.g. full analysis of pathways and piloting ideas for further roll out. It will also allow testing of the assumptions made in relation to performance and financial metrics. Robust programme management arrangements will need to be in place to ensure that the aims of this shadow year are met.

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 has been undertaken to develop this final draft. CCGs have arranged for the template to go through their individual approval mechanisms and the Council's Executive Board will receive the template on 5 March. NHS providers, third sector groups and patient/service user involvement groups have been given opportunity to comment on the draft template.

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 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 form the proposals of the BCF and thus have been consulted on previously. It is anticipated that a fuller consultation process will take place later in 2014 as part of the shadow year development work 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.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 Through the BCF, it is vital that equity of access to services is maintained and that quality of experience of care is not comprised. Given that 'improving the health of the poorest, fastest' is an underpinning principle of the JHWBS, consideration has been given to how the proposals that are developed to date will support the reduction of health inequalities. Further detail is set out in the narrative template (available on 10 February).

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. Whilst the BCF does not bring any new money into the system, it presents the opportunity to further strengthen integrated working and to focus on preventive services through reducing demand on the acute sector. As such, the current approach locally is to use the BCF in such a way as to derive maximum benefit to meet the financial challenge facing the whole health and social care system over the next five years. It is imperative that the Leeds £54.9m is spent wisely in order to deliver as much value as possible and there is a strong commitment from leaders in the city to work together through the Health and Wellbeing Board to do so.

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 has been given to this initiative across the health and social care system should be noted.

4.4 Legal Implications, Access to Information and Call In

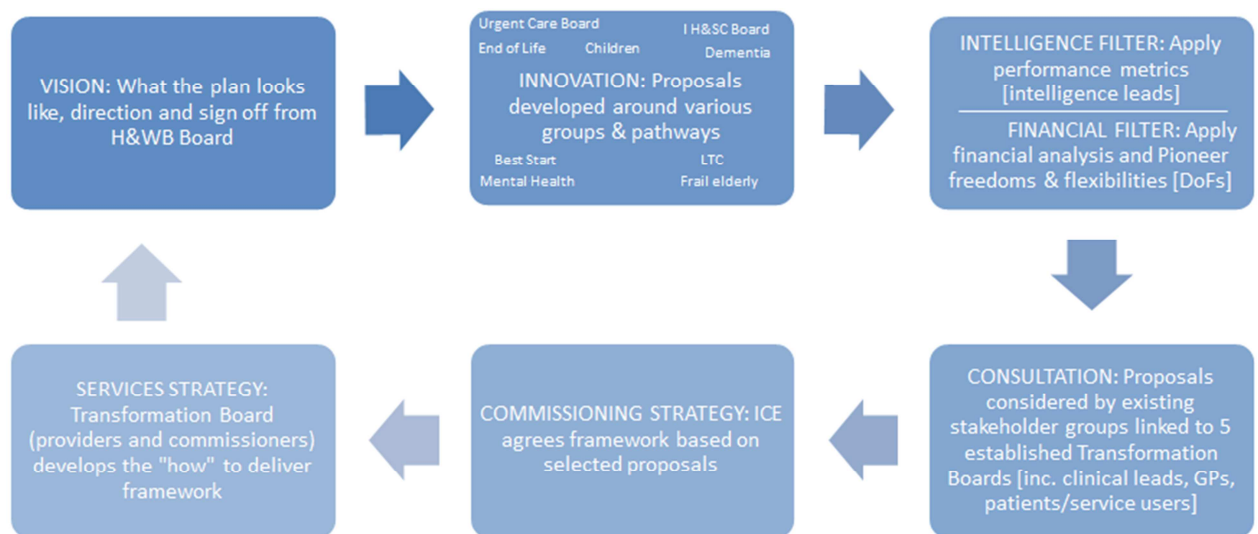
4.4.1 A legal perspective has been sought and the Board is advised that there are no legal implications. The Board is within its rights to sign off the BCF as per the national guidance through parts 1 and 3 of its Terms of Reference.

4.5 Risk Management

4.5.1 Two key overarching risks present themselves, given the tight national timescale for the development of the jointly agreed plans and the size and complexity of Leeds:

- Potential unintended – and negative – consequences of any proposals as a result of the complex nature of the Health & Social Care system and its interdependencies.
- Ability to release expenditure from existing commitments without de-stabilising the system in the short term within the limited pump priming resource will be extremely challenging as well as the risk that the proposals do not deliver the savings required over the longer-term.

4.5.2 The effective management of these 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, in accordance with the governance arrangements outlined below:



4.5.3 Given the “payment-by-performance” element of the BCF, there is a risk of 25 % of the fund not being paid out in October 2015 if agreed targets are not met.

4.5.4 Risks associated with the BCF plan itself are being managed in line with recognised project methodology and a summary risk log has formed part of the submission. The full risk log can be found in the narrative part of the final draft, available on 10 February.

5 Conclusions

5.1 This report has recapped the approach taken and the progress to date in developing a first draft to respond to the requirements of the Better Care Fund by 14 February 2014. The summary information provided, along with the 3 part template to be circulated on 10 February, should provide Board members with the information required to sign off the first draft.

5.2 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. The BCF is a step on the journey to articulate and refine the delivery of the Leeds’ ambition for a sustainable and

high quality health and social care system, through spending the Leeds £ wisely in the current context of significant financial challenge. Ultimately, this will enable achievement of outcomes for the Joint Health and Wellbeing Strategy.

6 Recommendations

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