
Report of the Interim Director of Adult Social Services

Report to: Executive Board

Date: 19 November 2014

Subject: Leeds City Council Social Care and Health Capital Fund

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

Summary of main issues

In September 2014 Executive Board agreed to create a specific Capital fund of £25 Million to support the City's ambitious plans to be the Best City in the country for Health and Wellbeing. The Capital fund was established to deliver efficiencies in the system and represents a part of the Council's contribution to support the release of revenue funding from the Better Care Fund (BCF). The Council has an ambitious integration programme across health and care and the national BCF is being used locally to support that. This proposal to commit capital investment was, so far as we are aware, unique nationally and represents a truly innovative means of ensuring no opportunity is missed to maximize the value of the Leeds £.

Officers from Adult Social Care and Children's services have been working with colleagues in the Clinical Commissioning Groups and the Leeds Teaching Hospital within the City, to formulate firm plans for how the fund in Leeds will be used to make health and social care feel more joined up by people who need such care and their carers.

Highlighted in this report is the first two proposals to draw from the Capital Fund

Recommendations

This report recommends that Members:

Approve the first drawdown of £1.35m from the Health and Social Care Capital Fund to progress work on the first two information and technology schemes, which are:

Approval to spend £1.3m on the Tracking Outcomes for Children and Young People scheme.

Approval to spend £50k on the Health and Social Care Network Interconnection (N3 to YHPSN) subject to satisfactory conclusion of discussions with the Department of Health.

1 Purpose of this report

- 1.1 This report advises members of the intention to commit the Health and Social Care capital funding to two information and technology led schemes to support the City's ambitious plans to be the Best City in the country for Health and Wellbeing.
- 1.2 The report follows the decision of the Executive Board to create a specific Capital fund of £25 Million to support the City's ambitious plans to be the Best City for Health and Wellbeing. The Capital Fund is also intended to ensure that such plans are achieved on a sustainable basis, through the reduction of future revenue costs across the health and care system.

2 Background information

- 2.1 The schemes in this report have been selected for their "invest to save" potential and with continued leadership and commitment of partners, have the potential to help achieve Leeds' ambition of a high quality and sustainable health and social care system over the next five years.

3 Main issues

- 3.1 Since the previous report, work has concentrated on developing technology initiatives identified across the city, the first of which are summarised below.

3.2 Children's Services – Tracking Outcomes for Children and Young People

- 3.2.1 Leeds has an ambition to be a Child Friendly City. The council and its partners on the Children's Trust Board have made a commitment to a single Children and Young People's Plan made up of three obsessions:

- Safely and appropriately, reduce the number of Children Looked After
- Improve schools attendance
- Reduce the number of Young People who are Not in Education, Employment or Training (NEET)

3.2.2 The medium-term revenue budget strategy in Children's Services reflects a vision to safely reduce the need for children and young people to be in the care of the Authority. Aligned to this vision are revenue savings amounting to £5m by March 2017 which will be delivered through integrated and effective prevention and intervention based around a new social contract and restorative practice. The vision is to develop and implement effective multi-agency teams working within school clusters and with schools, will very much depend on the availability of child-centred data at a locality level.

3.2.3 In order to fully understand the impact that our strategies are having there is a need to understand the progress of C&YP in the city. The challenge is to be able to easily link key pieces of information together across systems to give a more holistic picture of the journey of the child. At the heart of this, the use of the NHS number as a unique identifier is extremely important. At present the production and analysis of data across the city and within individual clusters is extremely resource intensive requiring the manual collation of data from a number of separate information systems.

3.2.4 The development and implementation of a tracking system will enable this data to be produced more efficiently and effectively leading to further revenue budget savings across a number of support functions. Building the capability to track and monitor the impact of interventions on outcomes for C&YP will enable more effective partner wide responses based on intelligence about what works. This capability will be built in phases to support initiatives such as Families First, priorities in the Medium Term financial strategy and integrated working with Health.

3.2.5 By linking key information together more easily we would be able to:

- more easily identify children and families who meet the criteria for the Families First programme;
- identify at the Social Care 'front door' whether a child/ young person was already known to a service;
- monitor the impact of interventions and programmes on outcomes;
- monitor the outcomes for cohorts of children such Looked After Children (CLA); BME; Children with a Disability etc;
- understand the range of interventions and support around a young person;
- understand the impact of intervention strategies on improving outcomes;
- understand the savings in the whole system that can be attributed to adapting intervention strategies;
- direct effective commissioning based on evidence of what works; and
- address duplication across the 'system' where multiple practitioners may be involved with one child or family trying to address the same issue.

3.2.6 Essentially there are two outlets for this capability.

- Practitioner level – practitioners being able to appropriately access key pieces of information, such as which other practitioners were involved with a child or young person. This is closely linked to the development of the Leeds Care Record; and
- Analytics – this capability will provide the opportunity for a range of analysis into impact and effectiveness of strategies to be explored and used to influence commissioning decisions and identify duplication in the system.

3.2.7 Leeds is a national leader on the Troubled Families programme which Government has recently announced will be extended through to 2020 with Leeds potentially receiving up to £13.5m over the life of the programme to work with an additional 7,000 families across the city. The ability to track Children and Young People across the 'system' would significantly improve our ability to identify these 7,000 families and lever-in the £13.5m of funding.

3.2.8 The unquantified future financial and social value of being able to identify and appropriately intervene in a restorative way with Children and Young People and Families is significant. Department for Communities and Local Government (DCLG) cost modelling attributes savings which may be realised due to early intervention as follows:

- A child no longer being NEET - £4,263 p.a.
- Reduction in ASB incidents - £500 per incident
- Reduction in Domestic Violence - £2,470 per incident

3.2.9 Discussions about the need for this sort of capability i.e. provide a 'single view' of a child or person is not new. However, given the extreme financial challenges, increasing demand and complexity of situations and cases it is now even more important that we understand: what resources we are deploying across the whole 'system', where the duplication is, what impact are our interventions having on children and young people's outcomes and what progress our most vulnerable Children and Young People are making.

3.2.10 Capital investment needed for this project is estimated as follows;

- Initial scoping and business analysis including definition of project phases - £50k
- As this project involves pulling together information held on many diverse systems in the council, it requires the use of external specialist resource, and will utilise Microsoft Business Intelligence and Master Data Management technologies. The estimate of this technology investment, development and deployment, together with business change and project management, to ensure planned outcomes outlined in the initial scoping are achieved in line with timelines and stakeholder expectations is £1.25m.
- Total investment - £1.3m

3.2.11 If this is approved the initial scoping work is planned to be undertaken by the end of January 2015. This will identify the phases of development, and clarify the return on investment that could be realised at each phase. It will help to inform whether a procurement is required and by which route to bring in the necessary technical

resources to carry out the work. At this point estimated timescales for the development and delivery of the project will be clearer.

3.3 Health and Social Care Aggregated Secure Network Interconnection (N3 to YHPSN)

- 3.3.1 To enable health and social care joint working the use of the NHS number on all health and social care records and correspondence is a fundamental requirement. Leeds has already captured the NHS number on social care records but needs to move the current method to a more robust strategic approach using the Patient Demographic Service which is located in the Health and Social Care Information Centre. This is currently only accessible via the NHS network.
- 3.3.2 The current National NHS N3 network contract ends March 2015. This network allows access for NHS organisations to national NHS Spine systems such as the Patient Demographic Service (for NHS numbers) and the Summary Care Record.
- 3.3.3 The Public Services Network (PSN) is the government's approach to connect public services by unifying network infrastructure across the UK public sector, creating a 'network or networks' allowing increased efficiency and reduce public expenditure. It is described as the secure Internet for Government and comes with it all the necessary standards and controls to protect information that goes across it. The approach to PSN has created a competitive market place of providers, similar to internet service providers, which compete to provide this utility service at the best cost.
- 3.3.4 The N3 and PSN networks are separate and are based on different security standards and codes of connection. This means that health and social care cannot talk to each other electronically at the basic level. It also means that professionals across health and social care cannot work effectively together as they cannot connect across networks and therefore this does not support joint working. It doesn't allow for the ability to walk into any building and securely connect to each other and allow for basic technology and communications that would transform the daily lives of professionals and improve care and support for patients and citizens.
- 3.3.5 An interconnect between the PSN and N3, is proposed, that would allow Leeds health and social care organisations to use PSN networks which will mean the removal of the current N3 networks and associated costs across the city. Work is required to sort the relevant connection, information and security compliance. This will allow Leeds health and social care access to national NHS systems and will support and enable the required flexible working across the system.
- 3.3.6 The cost of this proposal is £50k for technical services and project management and £30k over three years for the aggregated connection.
- 3.3.7 The savings of removal of N3 connections is not realised locally as this is funded by the Department of Health, and is estimated as £180,000 over three years. If this approach were to be applied regionally, should partners invest and commit, these could be in excess of £10 million. At present there is no agreement to the

release of savings by the Department of Health if Leeds or the Yorkshire and Humber region made this investment and delivered the project. However, the Department of Health will consider this business case and model described here as a means of moving forward from N3 contract and may fund this.

- 3.3.8 Representations have been made to the Minister for Care, on behalf of the Health and Care Integration Pioneers, in this respect and a decision is expected from the Department of Health in December.
- 3.3.9 The proposal to go ahead with this project is based on the Department of Health releasing savings to pay for any investment made locally or investment is made by them to deliver the solution. Therefore, approval is sought to utilise the Health and Social Care Capital if the Department of Health provide a return on the investment. If not then there will be no return on the investment for what is a necessary requirement to integrate with Health and the Council, as with all others, may be required to pay for an N3 connection.

4 Corporate Considerations

4.1 Consultation and Engagement

- 4.1.1 These proposals have been developed through consultation and engagement with the Leeds Informatics Board (LIB) representatives which include Adult Social Care and Children's Services, Clinical Commissioning Groups, Leeds Teaching Hospitals Trust, Leeds Community Health Trust, Leeds and York Partnership Foundation Trust and Leeds University, who selected them following a review of 19 proposals. All LIB members consulted with stakeholders in their organisations and reviewed the proposals as a group.
- 4.1.2 The transformation programme across health and social care which has oversight of each initiative is engaged with representative groups associated with its particular workstream.

4.2 Equality and Diversity / Cohesion and Integration

- 4.2.1 Activity related to the transformation of health and social care services in the City is designed to address health and social inequalities and to provide better access to and experience of health and care services.
- 4.2.2 As these and subsequent schemes are developed an equality impact analysis screening tool will be used to determine whether there is a need for a fuller impact assessment to be undertaken in relation to that scheme.

4.3 Council policies and City Priorities

- 4.3.1 The proposals set out in this report are aligned to the ambition for the City to be Best City for Health and Wellbeing. They will deliver efficiencies in their own right and provide the foundation for integrating health and care across Leeds. This directly supports the Best Council Plan 2013-17 'Better Lives objective'.

4.4 Resources and value for money

- 4.4.1 The establishment of a significant and specific Capital Fund by the Council on behalf of health and social care requires the formulation of business cases that are able to demonstrate cashable revenue savings for the whole system. The two proposals in this report represent schemes that will help reduce cost and provide an anticipated revenue stream back to the authority whilst achieving the broader outcomes across Health, Adults and Children's Services. Senior Responsible Officers will be appointed who will be accountable for realising the benefits identified.
- 4.4.2 Following a review of the phasing of current schemes in the Council's capital programme, and in view of the continued availability of historically low interest rates, the Council can accommodate these proposals within available funding. However, more significantly, the Council faces very significant financial challenges in social care costs over the next few years, in particular as a result of an ageing population; the release of recurring revenue funding from the Better Care Fund

(BCF) is an essential part of the future financial sustainability of the Council. The BCF and this associated Capital Fund will not, alone, address the fundamental financial challenges faced by the health and social care community in the City, however the formulation of a programme of activity designed to address longstanding structural deficits across the whole system supported by a targeted investment programme presents a significant opportunity.

4.5 Legal Implications, Access to Information and Call In

- 4.5.1 There are no legal implications arising from this report nor the proposal contained in it. The Capital Investment Fund has been established for the purpose of supporting initiatives which will be of benefit to the Council and its NHS partners and not for the purpose of seeking to undertake the duties associated with another statutory body.

4.5 Risk Management

- 4.5.1 There are inherent risks involved in managing a significant transformational programme of activity such as this.

5 Conclusions

- 5.1 This report seeks the approval of Members to commence the first two schemes developed thus far against the Health and Social Care Capital fund that will deliver efficiencies in themselves and support integration across the health and care system in Leeds.

6 Recommendations

- 6.1 This report recommends that Members:
 - 6.1.1 Approve the first drawdown of £1.35m from the Health and Social Care Capital Fund to progress work on the first two information and technology schemes, which are:
 - 6.1.1.1 Approval to spend £1.3m on the Tracking Outcomes for Children and Young People scheme.
 - 6.1.1.2 Approval to spend £50k on the Health and Social Care Network Interconnection (N3 to YHPSN) subject to satisfactory conclusion of discussions with the Department of Health.

7 Background documents ¹

- 7.1 There are no background documents.

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.