Leeds Health & Wellbeing Board

Report author: Nicola Nicholson

Report of: Leeds Health and Care System

Report to: Leeds Health and Wellbeing Board

Date: 23rd July 2024

Subject: Leeds Health & Care System Better Care Fund Submission 2024-25

Are specific geographical areas affected?		⊠ No
If relevant, name(s) of area(s):		
Are there implications for equality and diversity and cohesion and integration?		⊠ No
Is the decision eligible for call-In?	⊠ Yes	
Does the report contain confidential or exempt information?		⊠ No
If relevant, access to information procedure rule number: Appendix number:		

Summary of main issues

The ICB in Leeds and the LCC's A&H Directorate were required to complete and submit the Better Care Fund Plan for 2024-25 to NHS England by 10th June 2024. The plan has been completed to reflect key health and care priorities for the year, and is refresh of the 23-25 two-year plan, previously signed off by the HWB.

This revision to the Leeds Better Care Fund (BCF) Plan was shared with the Health and Wellbeing Board chair for sign off in advance of submission.

Recommendations

It is recommended that the HWB note the attached collaboratively authored and regionally reviewed BCF plan for the Leeds City. It is requested that the HWB members support the Leeds City in the delivery of the BCF goals detailed within the plan.

1 Purpose of this report

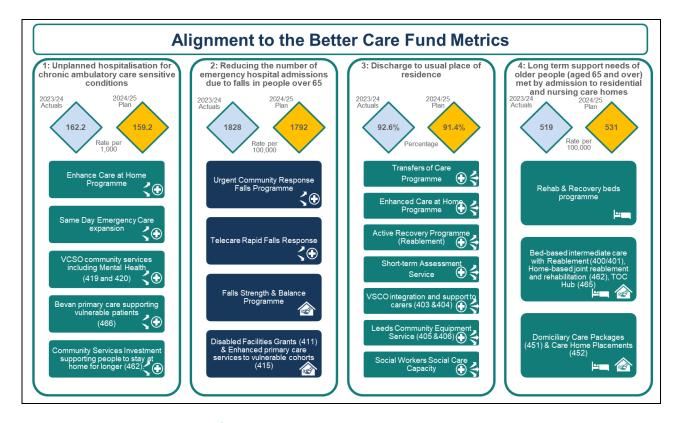
- 1.1 The national requirements of the Better Care Fund require each ICB place to submit a plan detailing how the BCF funds will be committed to support local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.
- 1.2 The narrative and planning templates have been jointly authored by colleagues within the NHS and LCC in collaboration with the Leeds Health & Care Partnership priorities (including the HomeFirst programme team).
- 1.3 The narrative and planning template submission have been shared in draft with the NHS regional team to confirm they met the required key lines of enquiry. The improvements suggested from that review have been include in the updated plan being shared with the HWB.

2 Background information

2.1 The HWB approved the 2023-25 BCF plan for Leeds as a 2-year plan in June 2023. A refresh was requested of the BCF goals and capacity & demand plans to support national assurance of the second year of the BCF plans (2024/25). This refresh was jointly completed by the NHS and the LA in Leeds.

3 Main issues

Health and Wellbeing Board(s)	Leeds
Local Authority	Leeds City Council
Integrated Care Board (ICB)	NHS West Yorkshire Integrated Care Board
Date of narrative submission:	10 th June 2024
Minimum NHS contribution:	2024/25 : £71,951,084
Total agreed value of pooled budget:	2024/25 : £129,917,068
National Conditions	This plan is compliant with the following national conditions of the BCF planning framework:
	NC1: A Jointly agreed plan between health and social care commissioners
	NC2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer
	NC3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time
	NC4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services



4 Health and Wellbeing Board governance

- 4.1 The governance of the BCF plan is overseen by the Health and Wellbeing Board in Leeds. The two delegated senior officers for this are the ICB Director of Pathways and System Integration in Leeds & Executive Lead for Discharge and Deputy Director of Integrated Commissioning (joint post, based in LCC). They are jointly responsible for integrated commissioning areas, identifying opportunities for spend and reinvestment, and for working across the system to maximise the outcomes of the BCF allocation. The spend and return on investment of each element of the BCF is monitored by the Integrated Commissioning Executive (ICE).
- 4.2 ICE works with wider providers including the Third Sector through a range of mechanisms principally the Leeds Health and Wellbeing Board, the joint executive function of that board and the Partnership Leadership Team (PLT) as part of delivering the Leeds Health and Wellbeing Strategy. ICE provides quarterly updates to the HWB on the progress of plans in line with national assurance reporting requirements.

5 Conclusions

5.1 The Yorkshire and Humber BCF Assurance Panel have reviewed and support our r refreshed Plan for 2024/25.

6 Recommendations

The Health and Wellbeing Board is asked to:

 Note the attached collaboratively authored and regionally reviewed BCF plan for the Leeds City • Members support the Leeds City in the delivery of the BCF goals detailed within the plan

Background documents

Appended to this cover paper are:

• Narrative previous submitted as part of the 23/25 two-plan

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Implementing the <u>Leeds Health and</u> Wellbeing Strategy 2023-30

How does this help reduce health inequalities in Leeds?

The BCF is a programme, of which the iBCF grant is a part, spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible.

How does this help create a high quality health and care system?

The BCF has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them with integrated health and social care services, resulting in an improved experience and better quality of life.

How does this help to have a financially sustainable health and care system?

The iBCF Grant funding has been jointly agreed between LCC and NHS partners in Leeds and is focussed on transformative initiatives that will manage future demand for services.

Future challenges or opportunities

The initiatives funded through the iBCF Grant have the potential to improve services and deliver savings. To sustain services in the longer term, successful initiatives may need to identify mainstream recurrent funding to continue beyond the non-recurrent testing stage.

The current financial challenges within the LHCP means that all budgets including the BCF, which is a ring-fenced budget for joint commissioning, are being evaluated for their cost/benefit.