Public Document Pack

Leeds
CITY COUNCIL

HEALTH AND WELLBEING BOARD

Meeting to be held in Civic Hall on
Wednesday, 12th February, 2014 at 4.15 pm
(Pre-meeting for all Board Members at 4.00 p.m.)

MEMBERSHIP

Councillors

L Mulherin (Chair)	S Golton	G Latty
J Blake		
A Oglivie		

Directors

Sandie Keene – Director of Adult Social Services
Nigel Richardson – Director of Children's Services
Dr Ian Cameron – Director of Public Health

Third Sector Representative

Susie Brown – Zest – Health for Life

Representative of NHS (England)

Andy Buck, Director, NHS England (WYLAT)

Representatives of Clinical Commissioning Groups

Dr Jason Broch	Leeds North CCG
Dr Andrew Harris	Leeds South and East CCG
Dr Gordon Sinclair	Leeds West CCG
Nigel Gray	Leeds North CCG
Matt Ward	Leeds South and East CCG
Phil Corrigan	Leeds West CCG

Representative of Local Healthwatch Organisation

Linn Phipps – Healthwatch Leeds
Mark Gamsu – Healthwatch Leeds

Agenda compiled by:
Andy Booth
Governance Services – 0113 2474325

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS** To consider any appeals in accordance with Procedure Rule 15.2 of the Access to Information Rules (in the event of an Appeal the press and public will be excluded) (*In accordance with Procedure Rule 15.2, written notice of an appeal must be received by the Head of Governance Services at least 24 hours before the meeting)	
2			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC** 1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2 To consider whether or not to accept the officers recommendation in respect of the above information. 3 If so, to formally pass the following resolution:- **RESOLVED** – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:-	

3			**LATE ITEMS** To identify items which have been admitted to the agenda by the Chair for consideration (The special circumstances shall be specified in the minutes)	
4			**DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS** To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.	
5			**APOLOGIES FOR ABSENCE** To receive any apologies for absence	
6			**OPEN FORUM** At the discretion of the Chair, a period of up to 10 minutes may be allocated at each ordinary meeting for members of the public to make representations or to ask questions on matters within the terms of reference of the Health and Wellbeing Board. No member of the public shall speak for more than three minutes in the Open Forum, except by permission of the Chair.	
7			**MINUTES OF MEETING HELD ON 29 JANUARY 2014** To confirm, as a correct record, the minutes of the meeting held on 29 January 2014 – **to follow**	
8			**BETTER CARE FUND - APPROVAL OF THE DRAFT SUBMISSION** To receive and consider the attached report of Deputy Director Commissioning (ASC) & Chief Operating Officer (S&E CCG)	1 - 8

9			**CCG 2 YEAR PLANS - PROGRESS UPDATE** To receive and consider the attached report of the Head of Planning and Performance, NHS Leeds North CCG	9 - 22
10			**FOR INFORMATION: REVISED RECOMMENDATIONS FROM THE 'DELIVERING THE JHWS - FOCUS ON OUTCOME 4' PAPER** To receive and consider the attached report of the Chief Officer, Health Partnerships	23 - 24
11			**ANY OTHER BUSINESS**	
12			**DATE AND TIME OF NEXT MEETING** Wednesday, 12 March 2014 at 10.00 a.m.	

Leeds Health & Wellbeing Board

Report authors:
L Gibson & S Hume
Tel: 0113 2474759

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?	X Yes	☐ No
Is the decision eligible for Call-In?	☐ Yes	X No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	X 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 it 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 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.

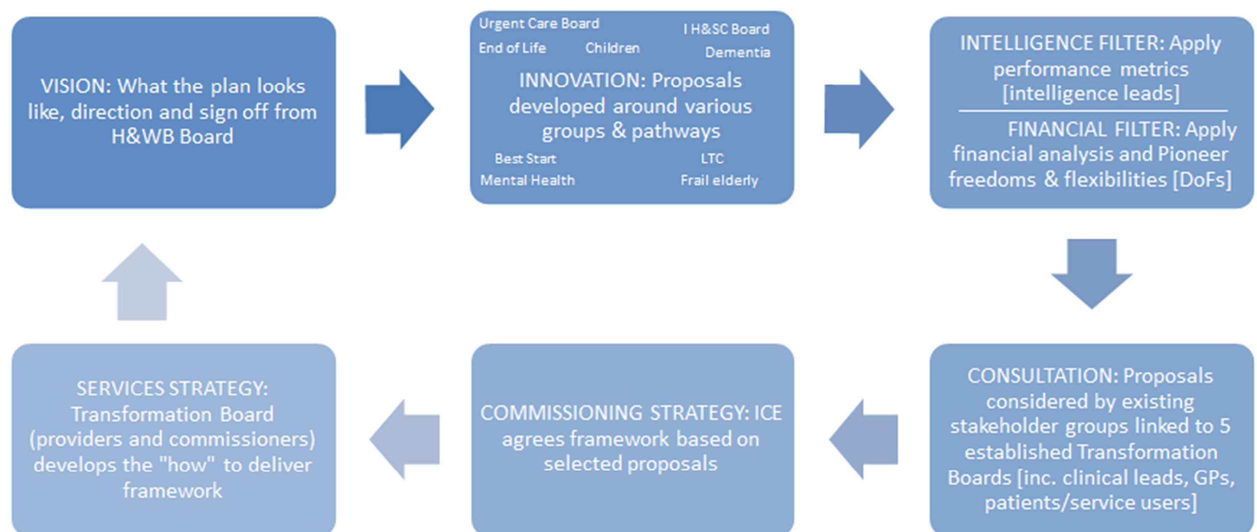
4.5 Risk Management

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

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.

Agenda Item 9

Leeds Health & Wellbeing Board

Report author: Rob Goodyear

Report of: **Head of Planning and Performance, NHS Leeds North CCG**

Report to: **Leeds Health and Wellbeing Board**

Date: **12 February 2014**

Subject: **CCG 2 year plans – progress update**

Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

1. The Board are receiving a progress update on the draft CCG 2 year plans, together with additional items related to this update for information. These items are being received to give Board members an early opportunity to discuss the plans – given their involvement in setting the ambitions and trajectories of clinical commissioners – with further and more detailed plans coming before the Board at a later stage. This report is derived from work of the Cross City Planning Group within Leeds' three CCGs.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress made by the three Leeds CCGs in forming their 2 year operational plans, and comment on the current proposals and key outcome measures

- Note the significant overlap between planning for the Better Care Fund and the 2 year CCG operational plans.

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Appendix 1 Submission on CCG 2-year Operational Planning – a progress update from the three Leeds CCGs
Health and Wellbeing Board – 12th February 2014

Planning guidance published by NHS England in December 2013 sets out their proposal for how the NHS budget is invested so as to drive continuous improvement and to make high quality care for all, now and for future generations into a reality.

There are a number of essential elements that will apply to all of the characteristics of every successful and sustainable health economy:

- quality;
- access;
- innovation; and
- value for money.

NHS England expects to see how a specific focus will be maintained on each of these in local plans in a way which clearly demonstrates how they will be implemented to drive up outcomes for patients and local communities.

Through submission of planning templates, each strategic and operational plan must explicitly set out in detail the approach to delivering the planning fundamentals set out in the planning guidance – see table at Appendix 2.

Our strategic plan is based on a "Unit of Planning" which covers the three Leeds' CCGs. It will need to be tested against the six characteristics of a sustainable health and care system, ensuring that it reflects the needs of local citizens, the conclusions of local Call to Action conversations and insights from modelling tools supplied by NHS England. Each CCG will also have a 2-year operational plan driven by the strategic plan. There will be a city-wide approach to the Better Care Fund.

The five year plan will include the first two years of operational delivery in detail so that patients, their carers and other key stakeholders can be satisfied that progress is being made against the longer term goals and the service transformation needed to realise them.

Plans are required to be explicit in dealing with the financial gap, and contain appropriate risk and mitigation strategies.

All CCGs will need to work with neighbours to ensure that our plans demonstrate how services delivered across a broader geography, such as ambulance services or specialised services, are commissioned and delivered consistently and cohesively.

- We will need to demonstrate how we deliver all the aspects of the government's mandate to the commissioning system.
- We will need to take account of NHS England's ambitions and steers on strategic approach.
- We will need to include our own ambitions for the things their citizens tell them will meet their needs.

Each CCG has undertaken a number of methods to engage with our citizens, our clinicians, our partners and our members. We have worked both individually and together on a Call for Action; where this feedback has been new we are incorporating this into our plans. We are also working

with NHS England partners, RightCare who are rolling out the Commissioning for Value programme that identifies key areas where we don't compare as well with CCGs of similar demographics. Very early work has just delivered some data around two areas chosen for our Unit of Planning: Respiratory conditions and CVD.

The Outcome Measures required within the 2-year Operational Plan are contained in Appendix 2. The Health and Wellbeing Board will be key in agreeing several parts of the2-year plan:

- The trajectories of ambition for some measures will need to be agreed by the Board
- The 2014/15 shadow plan for the Better Care Fund
- Locally set Quality Premiums including a locally agreed patient experience measure.

The timetable for submission of all of these plans is very tight, and is detailed at Appendix 4.

Trajectories and ambitions

The methodology for setting our trajectories has started with information that is nationally collected. This has been used to give us a data-only based trajectory. We have then used our comparator CCGs set by Commissioning for Value to suggest a revised trajectory for our level of ambition. We have then spoken with a number of stakeholders including our provider management groups, clinical leads, commissioning leads, data analysts and Public Health colleagues from the Local Authority to "sensecheck" their thoughts on the proposed trajectories. The trajectories we are required to submit for 14 February will be draft and we will continue to work with our partners to ensure our ambitions are realistic, achievable, yet have a reasonable degree of stretch to them. The Health and Wellbeing Board will have another opportunity on the 12 March to consider further and more detailed versions of the 2-year plans.

Quality Premium

In 2014/15, the maximum available QP for a CCG is calculated as £5 per head of population. The 2014/15 QP is based on five national measures and one locally selected measure as follows:

- reducing potential years of lives lost through causes considered amenable to healthcare and addressing locally agreed priorities for reducing premature mortality (15% of QP)
- improving access to psychological therapies (15% of QP)
- reducing avoidable emergency admissions (25% of QP)
- addressing issues identified in the 2013/14 Friends and Family Test (FFT, supporting roll out of FFT in 2014/15 and showing improvement in locally selected patient experience indicator (15% of QP
- improving the reporting of medication-related safety incidents based on a locally selected indicator (15% of QP)
- a further local measure that should be based on local priorities such as those identified in the Joint Health and Wellbeing (JHW) strategy

For all QP indicators, CCGs are required to set the level of improvement with local partners and agree measures, including the local measure, with the Health and Wellbeing Board and NHS England Area Team.

Better Care Fund

As part of the government's drive to provide better local efficiencies across services and a more co-ordinated experience of care for patients, a £3.8billion Better Care Fund will be made available in 2015/16 to support the integration of health and social care services locally.

In order to access this money local authorities and the local NHS will have to commit to joint commissioning, better data-sharing, seven-day working across health and social care services and the protection of social care services, and will require an accountable lead professional for packages of integrated care.

Whilst the Better Care Fund doesn't come into full effect until 2015/16, we are required to develop a plan by March 2014 that will set out how the pooled funding will be used and the ways in which national and local targets attached to performance-related monies will be set and met.

NHS England have developed a template for us to use in developing, agreeing and publishing our Better Care Plan. The template sets out the key information and metrics that all Health and Wellbeing Boards will need to assure themselves that the plan addresses the conditions of the Fund. As part of this template, local areas should provide an agreed shared risk register. This should include an agreed approach to risk sharing and mitigation.

A broader description of what the Better Care Fund is available at Appendix 5.

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Appendix 2

5 domains within outcomes framework (Mandate)	7 specific ambitions (outcome measures)	6 transformational characteristics	3 key measures	4 Essential elements
1. Prevent people from dying prematurely 2. People with LTCs including mental illnesses get the best possible quality of life 3. Patients recover quickly and successfully from episodes of ill-health or after an injury 4. Patients have a great experience of all their care 5. Patients are kept safe and protected from avoidable harm	1. Securing additional years of life for the people of England with treatable mental and physical health conditions 2. Improving the health related quality of life of people with one or more LTC, including MH conditions 3. Reducing the time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital 4. Increasing the proportion of older people living independently at home following discharge from hospital 5. Increasing the number of people having a positive experience of hospital care 6. Increasing the number of people with mental or physical health	1. Completely new approach to ensuring citizens are fully included in all aspects of service design and change and that patients are empowered in their own care (includes big focus on technology) 2. Wider primary care, delivered at scale 3. A modern model of integrated care 4. Access to the highest quality urgent and emergency care 5. A step-change in the productivity of elective care 6. Specialised services concentrated in centres of excellence – NHS England lead	1. Improving health – healthy environment, healthy lifestyles, broader determinants of health 2. Reducing health inequalities – most vulnerable to get better care/better services 3. Parity of esteem – focus on improving mental health as well as physical health	1. Quality 2. Access (including meeting all NHS Constitution standards) 3. Innovation 4. Value for money

	conditions having a positive experience of care outside hospital, in general practice and in the community 7. Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care			

Appendix 3

Outcome ambition	Measure to be used	Quality premium measure	Support measure
1. Additional years of life for people with treatable conditions	PYLL from conditions amenable to healthcare	Improvement to be locally set and no less than 3.2% (focus on improving in areas of deprivation)	None
2. Improved health related quality of life for people with LTCs	Health related quality of life for people with LTCs (EQ5D tool in GP Patient Survey)	IAPT roll out – achieve 15% for CCGs below that level; additional locally set improvement for those over or near 15%	Increase dementia diagnosis rate to 67% by March 2015 Achieve IAPT recovery rate of 50%
3. Less time spent avoidably in hospital	Rate comprised of: • Unplanned hospitalisation for chronic amb care sensitive conditions • Unplanned hospitalisation for asthma, diabetes, epilepsy in under 19s • Emergency admisisons for acute conditions that should not usually require hospital	As outcome measure	none

	admission • Emergency admissions for children with lower resp tract infections		
4. More older people living independently after discharge	**No indicator available at CCG level –** no requirement for quantitative level of ambition – but 5 year strategic plan needs to set out how improvement will be made	None	Level of ambition at H&WBB level on: Proportion of older people (65 and over) still at home 91 days after discharge from hospital to reablement/rehab services
5. More people having positive experience of hospital	Patient experience of inpatient care	Friends and Family test – specific actions to improve low scores	None
6. More people having positive experience of care outside hospital	Composite indicator comprising (i) GP services (ii) GP OOH services	None	None
7. Progress towards eliminating avoidable deaths in hospital	**Under development – no indicator available at CCG level** Hospital deaths attributable to problems in care	Improving reporting of medication errors	MRSA zero tolerance C diff reduction

Appendix 4

Planning Update February 2014

This table covers the local approach to the planning process, timescales and assurance mechanisms relating to the 2014-2019 planning round, and includes in red the key decision-making bodies that will need to approve or ratify submissions.

West Yorkshire Area Team (WYAT) are holding weekly conference calls to co-ordinate the process and assure themselves of the progress being made. They are already well-informed about any issues that we already have and our actions plans to address them (such as the achievement of the IAPT target) through the Assurance process. This process will continue throughout the planning round with Quarter 3 Assurance starting 20 January and Quarter 4 in April.

As well as the templates submitted for the 2-year operational plan, we are working on a refresh of our Clear and Credible Plan which covers 2013 to 2016.This is not a re-write and any amendments will be factual – the quarterly update reports to Board acknowledge where progress is being made. We will also be presenting a narrative to compliment both the Clear and Credible Plan and the template submission to bring the whole process together in a more meaningful format.

Date	Activity
by Friday 7 February	Quality Premium - to be discussed and agreed between CCG planning leads and WYAT
11 February	Integrated Commissioning Executive
12 February	Health and Wellbeing Board – BCF focused
By Friday 14 February	CCG 2 year operational plan with data covering 5 years to be submitted on Unify
	CCG financial plan to be submitted by email to WYAT
	Better Care Fund Plan in partnership with HWB to be submitted by email to WYAT
	Quality Premium to be submitted on Unify
by Monday 17 February	Unit of Planning 5 year strategic plan – position statement by unit of planning to be submitted by email to WYAT
No later than 21 February	CCG receives feedback from WYAT on initial plans
5 March	Transformation Programme Board
Week commencing 17 – 28 March	Individual CCG meeting with WYAT to discuss the content of the plans and to go through the planning checklist
28 February 2014	Contracts signed

5 March	Refresh of plan post contract sign off
From 5 March	Reconciliation process with NHS TDA and Monitor
6 March 2014	Unit of planning surgery x 5 units of planning
12 March	Health and Wellbeing Board
18 March	Integrated Commissioning Executive
31 March	Plans approved by statutory Boards
2 April	Transformation Board
4 April	Submission of final 2 year operational plans and draft 5 year strategic plan
15 April	Integrated Commissioning Executive
7 May	Transformation Programme Board
20 May	Integrated Commissioning Executive
4 June	Transformation Programme Board
17 June	Integrated Commissioning Executive
20 June	Submission of final 5 year strategic plans Years 1 & 2 of the 5 year plan will be fixed per the final plan submitted on 4 April 2014

* HWB dates to be confirmed

Appendix 5 – What is the Better Care Fund?

The Better Care Fund (previously referred to as the Integration Transformation Fund) was announced in June as part of the 2013 Spending Round. It provides an opportunity to transform local services so that people are provided with better integrated care and support. It encompasses a substantial level of funding to help local areas manage pressures and improve long term sustainability. The Fund will be an important enabler to take the integration agenda forward at scale and pace, acting as a significant catalyst for change.

The Better Care Fund provides an opportunity to improve the lives of some of the most vulnerable people in our society, giving them control, placing them at the centre of their own care and support, and, in doing so, providing them with a better service and better quality of life.

The Fund will support the aim of providing people with the right care, in the right place, at the right time, including through a significant expansion of care in community settings. This will build on the work Clinical Commissioning Groups (CCGs) and councils are already doing, for example, as part of the integrated care “pioneers” initiative, through Community Budgets, through work with the Public Service Transformation Network, and on understanding the patient/service user experience.

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Leeds Health & Wellbeing Board

Report author: Peter Roderick
Mark Gamsu

Report of: **Chief Officer, Health Partnerships**

Report to: **Leeds Health and Wellbeing Board**

Date: **12 February 2014**

Subject: **Revised Recommendations from the 'Delivering the JHWS – Focus on Outcome 4' paper**

Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

At their meeting on the 29th of January 2014, the Board received the 'Delivering the JHWS – Focus on Outcome 4' paper, which contained a number of recommendations from the authors of section 2 around engagement, voice, influence and involvement of people in decisions made about them. The Board agreed that – following discussion of the issues contained within the paper – revised recommendations would be brought to a subsequent meeting of the Health and Wellbeing Board. These revised recommendations are included below.

Recommendations

The Health and Wellbeing Board is asked to:

- Note that Healthwatch Leeds will develop and refine its report submitted to the Board on the 29th January 2014, using it to continue dialogue with members of the public on Patient and Public Involvement

- Support Healthwatch Leeds' proposal to investigate the potential of establishing a standing group involving PPI leads across all sectors to:

- better support improvement and good practice in Patient and Public Involvement in the city, including identifying and addressing any gaps
- ensure that this work is linked to wider work on citizen engagement
- demonstrate how people have a voice and influence in decision-making
- and identify the top 3 quality issues that the public is concerned about provide assurance to the H&WBB that agencies across the city are working together to address them

- Agree to receive further reports on progress with Patient and Public Engagement development in the future.