

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 March 2014

Subject: Better Care Fund update: Working towards final sign off and submission

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 signed off the first draft of the Better Care Fund plan on 12 February 2014 which was submitted on 14 February, incorporating the Board's comments. The final version (following further local refinement and comment from NHS England and LGA) will be signed off by the Board on 27 March to allow any final changes to be made at the Board's request ahead of the final submission date of 4 April 2014. Board members will receive a final version on 25 March.
- At the last meeting, it was noted that there is still much work to be done. This report provides a brief outline of the work programme for the six weeks between the draft being submitted and the final deadline. A verbal update on progress in key areas such as modelling and engagement will be given at the meeting.

Recommendations

The Health and Wellbeing Board is asked to:

- Note that the first draft of the BCF was submitted on 14 February, incorporating comments made by the Board at the sign off meeting on 12 February.

- Note that feedback from NHS England and LGA through the assurance process is due to be received on 7 March. A verbal update will be provided at the Board meeting, if available.
- Note the progress to date on key issues in developing the BCF and that work will continue to ensure Leeds' BCF plan is in the best shape possible until the final deadline of 4 April.
- Note that the Health and Wellbeing Board will be required to sign off the final version before submission to NHS England on 27 March and that this will be circulated on 25 March.

1 Purpose of this report

- 1.1 This report sets out key issues for refining Leeds' BCF plan ahead of the final submission on 4 April, based on feedback from the Board on 12 February. A verbal progress report will be provided and key information tabled at the meeting, to ensure that the Board receives the most up-to-date picture of progress as possible, given the tight national deadlines.

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 and community services.
- 2.2 It has been possible to "pump prime" the Better Care Fund in Leeds for 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.
- 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, which sets out how Leeds will meet certain national conditions and progress against a set of five nationally determined measures, as well as one local measure. The Board signed off the first draft of the BCF submission on 12 February, which was then amended in line with the Board's comments and submitted to NHS England and LGA on 14 February.
- 2.4 In order to manage the BCF locally, the total fund has been divided into schemes that represent existing and well-established jointly commissioned and/or jointly provided services through recurrent funding and schemes that provide further "invest to save" opportunities through use of non-recurrent funding. The schemes are framed via three key themes which articulate delivery of the 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 Main issues

- 3.1 As noted at the meeting on 12 February, there is still much work to be done on the BCF submission before the final sign off by the Health and Wellbeing Board on 27 March to meet the final deadline of 4 April. This section outlines key issues leading up to the final deadline; verbal updates will be provided on 12 March to ensure the Board receives the most up-to-date information possible.
- 3.2 **Engagement:** Plans are in place to engage with key stakeholders specifically on the BCF before the final submission. Healthy Lives Leeds is hosting an event for the 3rd sector with BCF leads, HealthWatch Leeds is leading on public engagement and CCG colleagues are taking forward engagement with NHS provider organisations.
- 3.3 **Financial modelling:** Work to accurately articulate the impact and savings to the health and social care economy of the proposed schemes continues, led by the Directors of Finance Forum with support from performance and intelligence colleagues. It is acknowledged that, even at national level, the expertise required to complete this task in the timescales available is in short supply. Contingency planning with regard to the proposed schemes will also form part of this work. The current position will be tabled at the Board on 12 March to ensure the most update to date information is provided.
- 3.4 **Narrative:** further work on the narrative is required to: add further detail of some elements of the national conditions; clearly articulate governance arrangements for the BCF; make the narrative shorter and simpler, and take into account any comments from the assurance process. Further work will also be undertaken to refine the risk log.
- 3.5 **Assurance process:** feedback from NHS England and LGA as part of the assurance process is anticipated after 7 March, and the Board will be provided with a verbal update, if available. Feedback received will be considered and fed into the final version.

Next steps

- 3.6 The Board will be asked to sign off the final version of the plan (incorporating the issues outlined above and areas identified for additional consideration by the assurance process) on 27 March before the final deadline of 4 April. A final version will be circulated to Board members on 25 March.
- 3.7 Once the final plan has been submitted, the Better Care Fund will officially be in its shadow year, which will provide opportunity to further develop the specifics of plans for 2015/16.

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

- 4.1.1 As outlined in Section 3, plans are in place to enable engagement with key stakeholders on the BCF itself before the final submission on 4 April. HealthWatch Leeds is taking forward work with the public, Healthy Lives Leeds is hosting an

event for the 3rd sector with BCF lead officers (provisional date of 17 March) and arrangements are being made to formally engage with NHS provider organisations. A verbal update will be provided on 12 March.

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.

4.3 Resources and value for money

4.3.1 As outlined in previous reports, 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 Whilst the BCF does not bring any new money into the system, it has presented Leeds with the opportunity to further strengthen integrated working and to focus on preventive services through reducing demand on the acute sector. As such, the agreed 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.

4.3.3 The Board will receive a verbal update and current information will be tabled on progress on the financial modelling element of the submission which will set out anticipated savings from the proposed schemes.

4.4 Legal Implications, Access to Information and Call In

4.4.1 This report is for information only.

4.5 Risk Management

4.5.1 As outlined in previous reports, there are two key overarching risks:

- 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 Additionally, inability to fully articulate the financial savings of the proposed schemes accurately could present additional financial challenge in the future.

4.5.3 The "payment-by-performance" element of the BCF has now been withdrawn for 2015/16, instead, areas which underperform will be provided with bespoke

support. However, it is not clear whether payment-by-performance will be introduced in the future.

- 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. Further work to score the risks and ensure clarity of mitigating actions will be undertaken before 27 March.

5 Conclusions

- 5.1 This report has briefly outlined the work to be undertaken, based on feedback from the Health and Wellbeing Board, before final sign off on 27 March. 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, continues to be crucial in the weeks leading up to the final submission on 4 April and beyond.
- 5.2 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:

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