

Leeds Health & Wellbeing Board

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Report of: Chief Officer Resources and Strategy – Adult Social Care & Chief Operating Officer - Leeds South and East CCG

Report to: The Leeds Health and Wellbeing Board

Date: 30 September 2015

Subject: Better Care Fund Update

2 Sentence Strap line: This report presents members of Health and Wellbeing Board with an update on the implementation of the Better Care Fund in Leeds. The report identifies the responsibilities of Health and Wellbeing Board under the BCF Partnership Agreement and provides Leeds' response to the national Quarter 1 BCF reporting process (which has been submitted on behalf of the Leeds Health and Wellbeing Board).

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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Access to Information Procedure Rule number:		
Appendix number:		

Summary of main issues

The Leeds Better Care Fund schemes are now live. A robust structure of reporting and oversight has been embedded, with effective participation from stakeholders across the city. The Governance arrangements are defined within a 'Partnership Agreement', with Health and Wellbeing Board responsible for Strategic Oversight of the BCF.

A small number of BCF schemes are behind the originally forecast delivery schedule, which has resulted in a forecast net financial slippage of circa £200k against the approved £54,923k BCF plan.

Non-elective admissions have not attained the Q1 BCF target, having achieved the target in Q4 14/15. Cumulatively to date though, a reduction against the baseline has been achieved, and as such a proportion of the Payment for Performance (P4P) payment can be released into the Leeds Better Care Fund subject to continued reductions being realised through the year.

Health and Wellbeing Boards are required to provide a report to NHS England on the performance of their Better Care Fund on a quarterly basis. The Quarter 1 2015/16 submission is provided at **appendix 1** of this report.

Recommendations

The Health and Wellbeing Board is asked to note the contents of this report.

1 Purpose of this report

- 1.1 The schemes delivered through the BCF in Leeds are aligned with the outcomes of the Leeds Joint Health and Wellbeing Strategy. This report provides a concise overview on the current implementation of the programme and also provides visibility of the Quarter 1 BCF reporting submission which has been made on behalf of the Health and Wellbeing Board.

2 Background information

- 2.2 The Better Care Fund (formerly the Integration Transformation Fund) was announced by the Government in the June 2013 spending round, to deliver transformation in integrated health and social care. It creates a local pooled budget to incentivise the NHS and local government to work more closely together around people, placing their well-being as the focus of health and care services.
- 2.3 Leeds' BCF plans were given final approval by NHS England on 31st December 2014. As of 1st April 2015 the Leeds BCF schemes for 2015/16, with a total value of circa £55m, are live.
- 2.4 A background paper providing a concise introduction to the Better Care Fund, including measures and objectives is provided at **appendix 2**. Further information has also been provided to Health and Wellbeing Board in October 2014.
- 2.5 The Leeds BCF Plan includes a targeted 3.5% reduction in the number of non-elective hospital admissions. A payment for performance mechanism is in place which will release up to £2million annually either into the Better Care Fund (for re-investment) or to the acute hospital trust depending on the extent to which this 3.5% reduction target has been met.
- 2.6 In Leeds the total fund has been divided into schemes that represent existing and well-established commissioned services through recurrent funding, and schemes that provide further "invest to save" opportunities through use of non-recurrent funding. The Better Care Fund does not represent new money.
- 2.7 The governance structure which will oversee the delivery of Leeds BCF plans is set out within a Partnership Agreement – based upon a national template developed by Bevan Brittan. The arrangements have been designed to accommodate existing structures as far as possible.
- 2.8 Leeds Better Care Fund comprises two distinct pooled funds (supported by non-pooled, nominal funds), with one fund hosted by Leeds Council and one by the CCGs – all under an overarching partnership governance structure which is led by the 'BCF Partnership Board' which is a sub-group of the Integrated Commissioning Executive (ICE).
- 2.9 Under the Partnership Agreement, the BCF Partnership Board shall:
- provide strategic direction on the Individual Schemes;
 - receive financial and activity information;
 - review the operation of the Partnership Agreement and performance manage the individual services;
 - review and agree annually a risk assessment and risk sharing arrangements;
 - approve proposals/schemes; and
 - approve release of monies in relation to approved schemes.

- 2.10 In accordance with national legislation and guidance, the Leeds Health and Wellbeing Board is responsible for strategic oversight of the Better Care Fund through:
- ratifying BCF submissions;
 - reviewing achievement of overall outcomes; and
 - providing challenge and scrutiny.
- 2.11 In August, the BCF Partnership Board approved the BCF Partnership Agreement, with further approvals to be sought from CCG Governing Bodies and the appropriate Council Decision Making Process (Delegated Decision) from September.
- 2.12 A national announcement regarding the future of the Better Care Fund in 2016/17 and beyond is not expected until the conclusion of the comprehensive spending review in November.

3 Main issues

- 3.1 Health and Wellbeing Boards are required to submit a data collection template to NHS England on a quarterly basis. The Quarter 1 BCF submission was returned in accordance with the 28th August Deadline, and was circulated to HWB members prior to submission. The Quarter 1 template is provided at **appendix 1**, and includes:
- confirmation that national conditions are being met;
 - planned, forecast and actual income and expenditure figures;
 - reporting on non-elective admissions (and resultant implications for the payment for performance mechanism);
 - reporting on locally defined BCF measures (patient experience and dementia diagnosis);
 - support needs; and
 - brief narrative on overall progress in delivering the Better Care Fund plan.

The national reporting template has been designed to fulfil local and national BCF reporting obligations against the key requirements and conditions of the Fund.

Paragraphs 3.2-3.9 of this report (below) provide a written overview of the Leeds response, and an update on the implementation of the Better Care Fund in Leeds.

- 3.2 As outlined in the submission, Non-elective admissions have not attained the Q1 BCF target, having achieved the target in Q4 14/15. Cumulatively to date though, a reduction against the baseline has been achieved, and as such a proportion of the BCF performance payment can be released into the Leeds Better Care Fund subject to continued reductions being realised through the year. It is felt that the BCF admissions targets remain valid, stretch targets against which to monitor performance, although are clearly subject to a range of external factors in addition to the effective delivery of Better Care Fund schemes.
- 3.3 Current intelligence suggests that dementia diagnosis rates are in line with targets, although formal reporting cannot commence until later in the year (resulting from national changes to the reporting and calculation of this indicator). Patient experience reporting is due to commence in Q2.
- 3.4 In relation to other BCF measures, whole year Adult Social Care Outcomes Framework data relating to both admissions to residential and care homes and effectiveness of reablement will not be available until October 2015. Neither of these indicators is included within the Q1 reporting template.
- 3.5 Also excluded from the Q1 reporting template is Delayed Transfers of Care. Since the BCF Plan was submitted and approved, the rate of delayed transfers of care has risen significantly. Delayed Transfers of Care remain an area of focus for the Leeds health and social care system, and are

being monitored at System Resilience Group. It is understood that updated national guidance on the classification of Delayed Transfers of Care is in development.

- 3.6 The submission includes a high level summary of Better Care Fund income and expenditure at the end of Quarter 1. A more detailed financial summary of 'invest to save' scheme planned and forecast spend is provided at **appendix 3**. This appendix identifies forecast spend on 4 schemes approved by BCF Partnership Board subsequent to the approved BCF Plan. These are: Assisted living Leeds pop up innovation space, Home to assess, urgent care high volume service users and 26 additional CIC beds. These schemes will be funded from projected underspend/slippage to 'non-recurrent' BCF schemes. The figures presented remain subject to further refinement over the coming months but (at the time of this report) indicate forecast net financial underspend/slippage of circa £200k against the approved £54,923k BCF plan.
- 3.7 The identified slippage has been caused in part by a lack of workforce capacity in respect of some specialisms (most notably community nurses). Commissioners are working closely with the community provider and anticipate an improved position in the second half of the year. This challenge is also being considered as part of the scope of the 'Workforce' BCF scheme.
- 3.8 It is proposed that Leeds City Council's existing funding contributions for the Leeds Community Equipment Service and the South Leeds Independence Centre be incorporated within the Leeds Better Care Fund. Subject to the implementation of this change, the total value of the 2015/16 Fund will increase by £3,002,050.
- 3.9 Following a positive assessment of the work undertaken to date, it has been decided that the Homeless Admissions Leeds Pathway and also the weekend working element of the Leeds Community Equipment Service should be funded on a recurrent basis. BCF schemes funded on this basis must nevertheless continue to evidence value for money, and positive impact against BCF objectives and measures on an ongoing basis.

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

- 4.1.1 Significant consultation and engagement activity was undertaken throughout the development of the approved Leeds BCF plan. This included a Healthy Lives Leeds hosted event for the 3rd Sector with BCF leads, public engagement through HealthWatch Leeds and a special session of LCC cabinet with CCG BCF leads and the Chief Executives of NHS Provider organisations.
- 4.1.2 Routine monitoring of the delivery of the BCF is undertaken by a 'BCF Delivery Group' with representation from commissioners across the city. This group reports in to the BCF Partnership Board, which (as outlined at 2.9) is the main decision making forum relating to the Better Care Fund in Leeds.

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 compromised. Given that 'improving the health of the poorest, fastest' is an underpinning principle of the JHWBS, consideration has been given to how the BCF plan will support the reduction of health inequalities.

4.3 Resources and value for money

- 4.3.1 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.

4.3.2 The current financial position of the Better Care Fund is summarised at 3.6, and within **appendix 3**. High level planned, forecast and actual income and expenditure figures are also provided within the BCF submission provided at **appendix 1**.

4.3.3 As referred to in paragraph 3.2, a Payment for Performance mechanism exists within BCF which means that in Leeds up to £2million could be released into the fund subject to the realisation of a 3.5% reduction in the number of non-elective admissions.

4.4 Legal Implications, Access to Information and Call In

4.4.1 There are no access to information and call-in implications arising from this report.

4.5 Risk Management

4.5.1 The following risks have been identified in relation to the BCF:

- Failure to effect whole systems change as set out in the BCF plans.
- Failure to meet national performance targets, which may lead to NHS England intervention and money set aside for the BCF schemes being reallocated to LTHT.
- Reduced quality of service for people of Leeds.
- Implications for successful partnership working and high quality relationships.

4.5.2 As outlined in 3.7, the lack of workforce capacity in respect of some specialisms (most notably community nursing) presents a challenge for partners across the city, with implications for the successful delivery of some BCF schemes. This is being considered as part of the scope of the 'Workforce' BCF scheme.

5 Conclusions

5.1 This report has briefly presented an overview of the implementation of the Better Care Fund in Leeds.

5.2 Forecast net financial 'slippage' in respect of a number of 'non recurrent' BCF schemes has been identified within **Appendix 3**.

5.3 Non-elective hospital admissions are the only BCF metric with a direct associated payment for performance mechanism. Non-elective admissions have not attained the Q1 BCF target, having achieved the target in Q4 14/15. Cumulatively to date though, a reduction in admissions against the baseline has been achieved, and as such a proportion of the P4P payment can be released into the Leeds Better Care Fund, subject to continued reductions being realised through the year.

5.4 The BCF forms a component of Leeds' ambition for a sustainable and high quality health and social care system, through the achievement of the outcomes of the Joint Health and Wellbeing Strategy. The continued support and commitment of key leaders in the city is critical to the delivery of BCF objectives.

6 Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Note the contents of this report

7 Appendices

Appendix 1 – Quarter 1 2015/16 BCF submission

Appendix 2 – Better Care Fund Introduction

Appendix 3 – Invest to save scheme financial summary