

Leeds Health & Wellbeing Board

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Report to: Leeds Health and Wellbeing Board

Date: 21 April 2016

Subject: Leeds Better Care Fund Plan 2016-17

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| 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

- National guidance about the second year of Better Care Fund (BCF) delivery came out in February 2016. The BCF plan in year two is expected to support the whole systems transformation aims of the STP.
- The Narrative Plan describes the way the fund was used last year; the targets that were met and those that were not met, an analysis of performance, description of services that contributed to the wider transformation of health and social care in Leeds, the partnership and governance structures that hold the BCF together and administer its delivery and the aims and goals for 2016-17.
- In Leeds the Fund needs to address the increase in non-elective admissions, a national condition and local priority which Leeds has failed to meet. The Plan therefore is committed to addressing this together with completing the BCF aim of strengthening and promoting the delivery of integrated out of hospital care.
- An Initial draft of the Narrative Plan and a second version of the Planning Template were submitted to the NHS England (NHSE) Area Team and the Better Care Fund Support Team on the 21 March 2016 with feedback about this submission expected by the 08 April 2016. Relevant feedback will be incorporated into a further iteration

of the Narrative Plan and Planning Template before final submission on the 25 April 2016. The Narrative Plan will then be published as a supplementary paper prior to the Health & Wellbeing Board meeting as Appendix A (a Planning Template with details of performance metrics and finance can be supplied on request).

- The BCF Plan needs to be agreed by the Health & Wellbeing Board before final submission.

Recommendations

The Health & Wellbeing Board is asked to:

- Note the priorities and commitments described in the Plan.
- Consider and agree the BCF Plan prior to final submission on the 25 April 2016.
- Endorse the proposal to engage the Clinical Senate & LIQH in reviewing the level of Non-Elective Admissions from a practice perspective.

1 Purpose of this report

- 1.1 This is a covering report to accompany the BCF Submission, which requires Health & Wellbeing Board agreement prior to final submission on 25 April 2016.

2 Background information

- 2.1 As outlined in previous reports to the Health & Wellbeing Board, central government's Better Care Fund combined £3.8 billion (nationally) of existing funding into one pooled budget aimed at transforming health and social care services, which began in 2014. The Leeds proposal of schemes was presented to and agreed by this Board in March 2014. Since then the Health & Wellbeing Board has received update reports on a regular basis covering the progress made by schemes funded by the BCF.
- 2.2 The plan for 2016-17 is required to address the following:
- The BCF Plan covering the pooled fund (as a minimum) to be agreed by the Health & Wellbeing Board and by the constituent Council and CCG/s.
 - A demonstration of how the area will meet the national conditions and maintain the provision of social care services for 2016-17.
 - Confirmation of agreement on how plans will support the progress of meeting the 2020 standards for seven day services.
 - Better data sharing between health and social care
 - A joint approach to assessment and care planning and the provision of integrated care packages with accountable professionals in place.
 - Agreement on the consequential impact of the changes on providers as a result of implementing the plan.
 - That a proportion of the area's allocation is invested in NHS commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement
 - Agreement on a local action plan to reduce delayed transfers of care.
- 2.3 The Narrative Plan will address each of these requirements, together with a detailed response to each national condition. The Narrative Plan will be published

as a supplementary paper prior to the Health & Wellbeing Board meeting as Appendix A (a Planning Template with details of performance metrics and finance can be supplied on request) following feedback received from the NHS England Area Team and the Better Care Fund Support Team.

3 Main issues

- 3.1 The BCF allocation for 2015/17 is £55.9 million, £1 million more than last year, however in real terms there is a reduction in the fund. This is due to the level of contingency funds that will be needed to ensure stability in the system (in order to counteract any further increases in non-elective admissions to hospital), as well as the national withdrawal of the Social Care Capital Grant and the ring fence around the use of the Disabled Facilities Grant.
- 3.2 The contingency fund has been capped at £7.5 million and any funds not used to buffer non-elective admission activity in year will be re directed to supporting out of hospital services.
- 3.3 Schemes that have not met their 'invest to save' targets will not be receiving BCF funding in 2016-17. The schemes that will receive BCF support in 2016-17 will be part of the whole system response to health and social care transformation and will be monitored accordingly.
- 3.4 The trajectory for non-elective admissions and the plan for Delayed Transfer of Care (DTC) are in development and are being managed via contract negotiations with provider organisations as well as other groups looking at system flow issues within the City; these discussions are likely to clarify the position for Leeds before final submission on 25 April 2016.
- 3.5 Given the significance of the impact of Non-Elective Admissions on the future BCF plans the focus of the BCF Delivery Group & Partnership Board in 16-17 will be on:
 - The efficacy of recurring expenditure contained within the BCF Pooled Fund in meeting the BCF aims
 - Actions required across the Health & Social Care System in Leeds to significantly reduce the level and cost of avoidable Non Elective Admissions
 - Planning and Delivery of the necessary ICT Infrastructure to support the Digital Roadmap which will underpin the Sustainability and Transformation Plan (STP) – subject to the identification of appropriate resources.

In support of the proposal to reduce the level and cost of avoidable Non-Elective Admissions, it is proposed that the BCF Delivery Group/Partnership Board engage the support of both the Clinical Senate and LIQH for appropriate analysis and advice from a practice perspective to support this work.

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 original 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 is the main decision making forum relating to the Better Care Fund in Leeds.
- 4.1.3 This Plan has been seen by the Partnership Executive which has representatives of all senior offices of key provider agencies impacted by this Plan.

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 Leeds Health & Wellbeing Strategy. The BCF Plan going forward will support the reduction of health inequalities by ensuring that the schemes address this.

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 to date has been 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. Further scrutiny of existing schemes will be undertaken to ensure they are addressing the aims of the BCF and are delivering value for money.

4.4 Legal Implications, Access to Information and Call In

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

4.5 Risk Management

- 4.5.1 There is a low risk to timely submission of the Plan. This is related to the timing of feedback from NHSE which may put challenging timescales to the turn-around of the final submission.
- 4.5.2 Risks and mitigating actions to delivery of the 2016-17 Plan will be outlined in the Narrative Plan (Appendix A) on publication.

5 Conclusions

- 5.1 This report has provided an over view of the requirements of the BCF Plan for 2016-17 and the key issues addressed by the Plan.

5.2 The Plan is a continuation of the BCF programme that began in 2014. It highlights the continued commitment of organisations to the aims of the BCF and the provision of funds to support the wider transformation programme in Leeds.

5.3 The BCF Plan is presented to the Health & Wellbeing Board for consideration and agreement. The Narrative Plan will be published as a supplementary paper prior to the Health & Wellbeing Board meeting as Appendix A (a Planning Template with details of performance metrics and finance can be supplied on request) following feedback received from the NHS England Area Team and the Better Care Fund Support Team.

6 Recommendations

6.1 The Health & Wellbeing Board is asked to:

- Note the priorities and commitments described in the Narrative Plan.
- Consider the BCF Plan and agreement prior to final submission on the 25 April 2016.
- Endorse the proposal to engage the Clinical Senate & LIQH in reviewing the level of Non-Elective Admissions from a practice perspective.