



Report of: Sue Robins (Director of Commissioning, Strategy & Performance, NHS Leeds CCGs) & Steve Hume (Chief Officer Resources & Strategy, Adults & Health, Leeds City Council)

Report to: Leeds Health and Wellbeing Board

Date: 20 June 2017

Subject: Better Care Fund (BCF) 2016-17: Quarterly Reports

Are specific geographical areas affected? If relevant, name(s) of area(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" 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

A requirement of the BCF is that completed reporting templates are submitted quarterly to NHS England to provide assurance that the conditions of the BCF are being met. These quarterly returns require sign off by the Health & Wellbeing Board.

Due to NHS England timescales and the dates of previous Health & Wellbeing Board meetings not coinciding, the completed reporting templates for quarters 2 and 3 were signed off by Matt Ward (Chief Operating Officer, NHS Leeds South and East Clinical Commissioning Group and Health & Wellbeing Board member) on behalf of the Health & Wellbeing Board before being submitted to NHS England. The reporting template for quarter 4 has been signed off by Gordon Sinclair (Chair, NHS Leeds West Clinical Commissioning Group and Health & Wellbeing Board member) in place of Matt Ward.

Recommendations

The Health and Wellbeing Board is asked to:

- Note for information the completed BCF reporting templates for quarters 2, 3 and 4 for 2016-17.

1 Purpose of this report

- 1.1 The purpose of this paper is for the Health and Wellbeing Board to receive and note for information the completed BCF reporting templates for quarters 2, 3 and 4 for 2016-17 attached as appendices to this report.

2 Background information

- 2.1 The BCF is a programme 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.
- 2.2 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
- 2.3 In order to ensure the conditions of the BCF are met, NHS England developed a national quarterly reporting process which requires NHS Clinical Commissioning Groups to complete quarterly reporting templates and submit them to NHS England.

3 Main issues

- 3.1 The narrative section of the quarter 4 reporting template (Appendix 3) presents a broad overview of the current status of the delivery of the Leeds BCF Plan. Key points include:
- 3.2 Non Elective Admissions (NEA): The number of NEA admissions was again higher in Q4 than submitted within the BCF plan. However whilst the number of admissions is higher than planned there is evidence that growth in admissions is slowing. The number of emergency admissions is lower in the second half of 2016/17 than the previous year. Further work is being undertaken to understand whether this indicates reduced demand or a change in pathways/coding in Leeds Teaching Hospitals.
- 3.3 Delayed Transfers of Care (DTC): The average number of DTCs has remained fairly constant throughout the winter months. On average the number of DTCs in Leeds Teaching Hospitals NHS Trust were between 65 and 70 as compared to a target of 47. There are a number of changes over the coming months expected to support a reduction in DTCs including the new re-ablement service and the re-commissioning and expansion of community bed capacity.
- 3.4 Survey: The Leeds health and care system has a long history of integration of community and social care services. The survey responses reflect the sense that whilst the BCF has supported improved joint working and planning of change it has not in itself significantly impacted on our integration plans. In addition, the support for a BCF approach to planning. The survey highlights key successes underpinned through the BCF, notably the development of the Leeds Care Record whilst at the same time reflecting the challenges associated with the delivery of key NEA and DTC trajectories.

3.5 The Local Government Association published the draft planning guidance and supporting documentation in respect of the BCF Plan 2017-19 at the end of April 2017, but we are still awaiting publication of the final guidance from NHS England. However, a draft narrative plan is currently being developed and will be submitted to the Health & Wellbeing Board for sign off in due course.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 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 BCF 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 comprised. The vision that 'Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest' underpins the Leeds Health and Wellbeing Strategy 2016-2021. The services funded by the BCF contribute to this aim.

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 preventative 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.

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 The following risks were identified in relation to the BCF 2016-17:-

- Schemes geared towards reducing non-elective admissions did not have the level of impact that was expected
- Non-elective admissions targets were not met

The BCF Partnership Board and Delivery Group put in mitigating actions to counter these risks and will continue to address these issues in the plan for 2017-19.

5 Conclusions

5.1 The BCF forms a component of Leeds' ambition for a sustainable and high quality health and social care system. Lessons learned from the BCF Plan 2016-17 will

be incorporated into the Leeds BCF plan for 2017-19 which is currently being drafted.

6 Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Note for information the completed BCF reporting templates for quarters 2, 3 and 4 for 2016-17.

7 Background documents

7.1 None.

THIS PAGE IS LEFT INTENTIONALLY BLANK



How does this help reduce health inequalities in Leeds?

The BCF is a programme 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 BCF encourages integration by requiring CCGs and local authorities to enter into pooled budgets arrangements and agree an integrated spending plan.

Future challenges or opportunities

The Leeds BCF Plan for 2017-19 is currently being drafted and will be submitted to the Health & Wellbeing Board for sign off in due course.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21

A Child Friendly City and the best start in life	
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	
Housing and the environment enable all people of Leeds to be healthy	
A strong economy with quality, local jobs	
Get more people, more physically active, more often	
Maximise the benefits of information and technology	
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	
A valued, well trained and supported workforce	
The best care, in the right place, at the right time	X