



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

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

**Date:** 28 September 2017

**Subject:** Integrated Better Care Fund Plan 2017-19 & Spring Monies

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

The Integrated Better Care Fund Plan for 2017-19 was submitted to NHS England as required on 11 September 2017 for NHS England to undertake their assurance process of plans. As reported previously the intention was that the Plan would be circulated to the members of the Health & Wellbeing Board prior to its submission to NHS England; however multiple delays in issuing the BCF guidance and the subsequent timetable imposed by NHS England along with issues with the guidance (see paragraph 2.2), meant that this approval had to be taken out of session and a version was not available for circulation prior to submission. As such this report is now presented retrospectively for discussion and approval.

The plan indicates how Leeds will spend BCF, iBCF and Spring Budget monies in both 2017/18 and 2018/19, amounting to £76.5m in 2017/18 and £83.6m in 2018/19, with iBCF and Spring Budget spending also covering 2019/20.

BCF monies will be used to further strengthen integrated working and to focus on preventive services and in particular is focussed on reducing demand on both Social Care and the NHS, particularly on the acute sector.

For the iBCF and Spring Budget monies Leeds is primarily adopting a sustainable 'invest to save' approach with a focus on managing down the forecast increases in the level of demand for funded home care packages, residential/nursing placements and NHS Services.

One of the national conditions under the BCF Plan is the Delayed Transfer of Care (DTOC) metric and specifically the reduction targets for this. At the moment, the NHS England team are advising that as part of the assurance process there will be a review in November of local performance against DTOC trajectories, which could result in the clawback of resources in 2018/19 from the Spring Budget Monies.

## **Recommendations**

The Health and Wellbeing Board is asked to:

- Note the contents of this report
- Note and approve the BCF Narrative Plan 2017-19 (Appendix 1)
- Note and approve the BCF Financial Planning Template 2017-19

## **1 Purpose of this report**

This report indicates the areas that the BCF Plan is intending to address, the sums of money being invested and the types of schemes that are being supported.

## **2 Background information**

- 2.1 The BCF has now been in place since 2014/15 and this year NHS England have mandated a narrative plan covering the period 2017 to 2019. In keeping with previous plans, the BCF Narrative Plan 2017-19 (Appendix 1) and BCF Financial Planning Template 2017-19 (Appendix 2) contains an account of what has been achieved to date and the key deliverables and schemes supported over the coming two years.
- 2.2 The production of the Leeds BCF Plan has been hindered by a number of factors:
- Delays in the issuance of the national guidance, originally expected in January, actually issued in July.
  - Clear national conflicts in the use of the money, evidenced by the Local Government Association (LGA) issuing draft planning guidance in May, followed by final guidance issued by the Department of Health (DoH) and Department for Communities and Local Government (DCLG) in early July, resulting in the unprecedented step of the LGA and ADASS withdrawing their support of the process.
  - Final guidance lacking clarity and specificity in a number of key areas; expecting local resolution of national political issues, including whether the Spring Budget Monies were in fact solely for funding Social Care Services as initially announced.
- 2.3 In line with the guidance issued by NHS England the plan concentrates heavily on the achievement of health and social care integration and progress against four mandated national conditions and four national metrics. The metrics to be reported on are Delayed Transfers of Care, Non-Elective admissions, Admissions to residential care homes and Effectiveness of Reablement.
- 2.4 The Leeds BCF Plan 2017-19 has been developed within the context and priorities of the Health & Wellbeing Strategy and the Leeds Health and Care Plan.
- 2.5 The Leeds BCF Plan 2017-19 covers the use of the additional iBCF allocation and the more recent Spring Budget monies as well as the existing BCF funds.

## **3 Main issues**

- 3.1 The main BCF budget does not represent additional money and will continue to be used to further strengthen integrated working and to focus on preventive services through reducing demand on social care and the NHS, particularly the acute sector.

3.2 The main BCF allocations for 2017/18 and 2018/19 are shown below. Taking the Spring Budget monies into account these figures represent increases of £19.1 million and £15 million on last year's BCF funding and across all funding these figures represent increases of £20.6 million and £27.6million. Total funding contributions have been agreed between the Council and the CCGs as follows:

	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>
Total Local Authority Contribution (exc iBCF)	£9.1m	£9.3m	tbc
Total Minimum CCG Contribution	£51.2m	£52.2m	tbc
Total Additional CCG Contribution	£0	£0	tbc
Total iBCF Contribution	£16.2m	£22.1m	£27.4m
iBCF Contribution (recurrent)	£1.5m	£12.6m	£22.7m
Spring Budget Monies (non-recurrent)	£14.7m	£9.5m	£4.7m
<b>Total BCF pooled budget</b>	<b>£76.5m</b>	<b>£83.6m</b>	<b>tbc</b>

3.3 The BCF allocation will be spent in these sectors

	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>
Acute	£10.4m	£10.4m	TBC
Mental Health	£5.8m	£5.8m	TBC
Community Health	£20.5m	£21.0m	TBC
Continuing Care	£0.3m	£0.3m	TBC
Primary Care	£2.1m	£2.1m	TBC
Social Care	£37.2m	£43.8m	TBC
Other	£0.2m	£0.2m	TBC
<b>Total</b>	<b>£76.5m</b>	<b>£83.6m</b>	<b>TBC</b>

3.4 The funding contributions and schemes being supported include the continuation of existing schemes from the previous BCF plans as follows:

<b>Scheme</b>	<b>Description and impact</b>
Mental Health	For Mental Health. Commissioners and providers are closely linked to improve mental health services for patients through transformative working. A key example is work to reduce the numbers of out of area placements of mental health patients and the services we provide locally for patients suffering a crisis in their mental health.
CCG Community & Third Sector Service	Third sector and statutory community services that provide support and care:- <ul style="list-style-type: none"> <li>• within the integrated Neighbourhood Teams</li> <li>• for people with physical and sensory impairments</li> <li>• for people in housing need/NFA awaiting discharge from hospital</li> <li>• for people experiencing bereavement</li> </ul> Services that prevent unplanned hospital admissions and facilitate timely discharge. Pro-active care planning with individuals so that contingencies are in place.
Community Beds	Intermediate care beds with a range of providers. New contracts start 1 <sup>st</sup> November 2017/18 and see the implementation of a recommissioned and expanded model that combines bed-based transfer to assess and intermediate care beds.
Enhancing	Primary care developments with the top 2% high risk and vulnerable

Primary care services	patients on their practice registers. In order to develop services around these patients this funding is used to enhance services to support the management of this patient cohort.
Admission Avoidance-Marginal Tariff/NEL	A number of initiatives including Integrated Discharge Service, assessment units discharging to re-ablement rather than admission
Information Technology	Initiatives include the Leeds Care Record, Person Held Record, collaboration tools, pathway assistance, system and data sharing improvements.
South Leeds Independence Centre	LCC –commissioned integrated intermediate care bed-based service until end October 2017 when this is repurposed under the general Community Beds service above.
Leeds Community Equipment & Telecare Service	Revenue streams for this service.
ASC Community & Third Sector Services	Third sector services including support and respite for carers. Contribution to the LCC Re-ablement Service which in 2017/18 is enhancing its service to provide a four hour response time from notification of hospital discharge to home.
Central Allocations	Protected Social Care spending
Disabled Facility Grant	Means-tested grant to cover the cost of housing adaptations that help disabled people to live independently in their own homes

3.5 A summary of the use of the additional funding made available through the iBCF and the Spring Budget, totalling £51.5m over the next 3 years, is as follows:

- Prevention/Self Care/Self-Management £ 5.5m
- Reducing Pressures on the NHS £ 7.6m
- Stability of the Provider Market £ 1.0m
- Provision for Leeds Health & Care Plan £ 2.0m
- Demand and Demographic Pressures in Social Care £22.7m
- Reducing/Reversing planned reductions in Social Care £15.3m

The above priorities total £54.1m, however, it is expected that this level of over programming can be managed within the overall allocation of £51.2m over the next three years.

3.6 Clearly there is a mix of both recurrent and non-recurrent funding included within the £51.5m above, which has allowed for a mixture of both recurrent and non-recurrent support. For instance, the support to stabilise the local care market identified above is non-recurrent support from the Spring Budget, and further recurrent support is being provided from the Social Care recurrent budget and the recurrent iBCF, including future recurrent fee levels which are currently subject to an ongoing cost of care exercise and the development of a Care Quality Team and associated Leadership Academy within the Local Authority Commissioning Team.

3.7 Prevention/Self-Care/Self-Management: Our major initiatives seek to reduce or delay the need for people at risk of or with emerging health and social care needs to seek statutory social care and health services (all figures shown are 3 year totals):

- Investment in Falls Prevention (£780k)
- Investment in Carers Support Services (£300k)
- Increased capacity in Neighbourhood Networks (£840k)
- Improved Information and Skills Training for people dealing with people with Dementia (£265k)
- Investment in a Positive Behaviour Service to reduce the long term costs of care for supporting young people with challenging behaviours (£750k)

3.8 Reducing Pressures on the NHS: Our initiatives are specifically designed to immediately reduce the pressure on the NHS and are intended to prevent people presenting and/or improving the speed of discharge back into the community:

- Increasing the effectiveness of the reablement service (£680k)
- Development of community based peer support networks for people with Long Term Conditions (£210k)
- Investment in the Community Equipment Service to improve the speed of discharge (£1.1m)
- Continuation of the Age UK Hospital to Home Service (£735k)
- Additional investment in Social Work support on hospital wards during the winter period (£490k)
- Investment in the Social Work Rapid Response Service to reduce admissions and improve DToC's on weekends (£200k)
- The development of a frailty assessment unit (£1m)
- Implementation of the Trusted Assessor model at both LGI and St James' (£1m)
- Contribution to the development of the YAS Emergency Care Practitioners scheme. (£750k)

3.9 Demand and Demographic Pressures in Social Care: The iBCF increases announced in the 2015 Spending Review are being utilised to maintain the provision of Social Care Services in Leeds and are therefore funding demand and demographic pressures, particularly in relation to supporting people with a Learning Disability, as well as the impacts of inflation and the National Living Wage. These pressures amount to an annual pressure of in excess of £12m on the Adult Social Care Budget.

3.10 Reducing/Reversing planned reductions in Social Care: A significant portion of the Spring Budget funding allocation will be used to reverse/obviate the need for budget savings that would otherwise have been inevitable. These would have had a significant impact on care packages and the funding of our nationally recognised preventative services, including the older people's Neighbourhood Networks and community mental health provision, equivalent to around 500,000 hours of home care or 15,000 care home bed weeks. Such budget savings would have had a serious impact on Leeds citizens ready for discharge from hospital and on DTOC metrics.

3.11 Of the four national conditions:

- Jointly Agreed Plan: Representation from BCF Delivery Group attended the Health and Wellbeing Board on 24<sup>th</sup> July to confirm the arrangements for the plan, improved better care fund and DFG.

- Social Care Maintenance: Agreement reached which recognises that as a partnership the need for additional resources to be made available to Social Care in 2020/21 when the additional Spring Budget money ceases and no further increases in iBCF are anticipated.
- NHS Commissioned Out of Hospital Services: The BCF will commission out-of-hospital services to the value of £26.3m. Analysed as:
  - Mental Health £ 5.8m
  - Community Health £17.6m
  - Continuing Care £ 0.3m
  - Primary Care £ 2.1m
  - Other £ 0.5m
- Managing Transfers of Care: There is significant investment in this area and in the wider adoption of the High Impact Change Model.

### 3.12 Of the four national metrics:

- DTOC: there is a robust plan in place to achieve the target reductions in delays attributable to both health and social care. Leeds has received early indication from NHS England that there is likely to be significant focus and scrutiny of DTOC trajectories in the assurance process.
- Non-elective Admissions (NEA): Historically Leeds has failed to meet the targets set for reductions in this, although this position has been impacted significantly by local coding changes to activity in the acute sector and this will continue to be a challenge.
- Re-ablement: There is a focus on improving this through both re-ablement initiatives and the Community Beds strategy.
- Admission to Care Homes: the Leeds approach differs to the national strategy as explained further below.

3.13 The Leeds strategy is to maximise the independence of its citizens through a preventative strength-based approach to social care and linking people to the existing assets in their own communities. One intended outcome of this strategy is that the demand for care home placements will be levelled by maximising the time that people can be supported in the community. The metrics stipulated by DCLG for the iBCF returns are at odds with this, but they have recognised that local metrics that better reflect local aims can be adopted. We are therefore adopting metrics of:-

- 1) number of bed weeks of residential/nursing care commissioned (as opposed to the number of placements in residential) and
- 2) number of home care hours relative to residential (non-nursing) care bed weeks

3.14 The NHS England assurance process required that the Plan was submitted on 11 September. Plans will then be reviewed and either approved with agreement to

spend being issued from early October, or approved with conditions in which case an updated plan will be required by late October. Section 75 agreements are to be in place by end November.

- 3.15 The Leeds Health and Care partnership will be undertaking a review of the BCF plan development process to identify lessons that can be learnt and applied to future partnership working. In addition, the partnership will ensure that any business cases and investments for change are robust, with measureable benefits and outcomes, whole system impacts understood and with a clear transfer to business as usual processes in place.

## **4 Health and Wellbeing Board governance**

### **4.1 Consultation, engagement and hearing citizen voice**

- 4.1.1 The Health & Wellbeing Strategy and Leeds Health and Care Plan were developed in conjunction with partners and stakeholders from across various health and care providers and commissioners, as well as Healthwatch Leeds, third sector and local area Community Committees (local public meetings led by councillors across the city).
- 4.1.2 The BCF Plan has been developed to facilitate the delivery of the Leeds Plan. The BCF Plan has been developed by the BCF Delivery Group in conjunction with the BCF Partnership Board, Integrated Commissioning Executive and System Resilience and Assurance Board. These partnership boards/groups bring together representatives from the statutory health and care partners to help inform shared strategic decisions.

### **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. Each scheme is responsible for undertaking any equality and diversity impact assessments if relevant in accordance with local policies and processes.

### **4.3 Resources and value for money**

- 4.3.1 Whilst the existing 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.
- 4.3.2 Additional funding has been made available through the iBCF and the Spring Budget, totalling £51.5m over the next 3 years. Some of this has been used to obviate budget savings that would otherwise have been inevitable. These would have had a significant impact on the levels of care packages and placements the

Council was able to provide and could have potentially reduced the level of support available for preventative services in Leeds. However, significant investments have still been possible into prevention and early intervention services, together with a significant investment to reduce the pressure on the NHS, not only during this coming winter, but also in the medium term in support of our aspirations for a sustainable Health & Social Care system in Leeds. Support to stabilise the local care market is prioritised within the recurrent Adult Social Care Budget in Leeds.

#### **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 BCF Partnership Board and Delivery Group, alongside the Systems Resilience Assurance Board are responsible for managing any risks to the delivery of the plan. Mitigating actions to counter identified risks have been put in place.

4.5.2 The main risks identified in relation to the BCF are as follows:

- Workforce issues have a negative impact on delivery of services
- Schemes geared towards reducing non-elective admissions do not have the level of impact that is expected
- Failure to achieve non-elective admissions targets

### **5 Conclusions**

5.1 The BCF forms a component of Leeds' ambition for a sustainable and high quality health and social care system through the achievement of the BCF Narrative Plan for 2017-19. Furthermore, the continued journey of sustained transformation sits within the Leeds Health & Wellbeing Strategy, the Leeds Health & Care Plan and the West Yorkshire & Harrogate Health and Care Partnership and. The continued support and commitment of key leaders in the city is critical to the delivery of all the above and the BCF will have a role in this through the services that it supports.

### **6 Recommendations**

The Health and Wellbeing Board is asked to:

- Note the contents of this report
- Note and approve the BCF Narrative Plan 2017-19
- Note and approve the BCF Financial Planning Template 2017-19

### **7 Background documents**

None

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**How does this help reduce health inequalities in Leeds?**

The BCF Plan explains how Leeds will spend BCF monies to advance the implementation of the Health & Wellbeing Strategy and the Leeds Health and Care Plan.

**How does this help create a high quality health and care system?**

See above

**How does this help to have a financially sustainable health and care system?**

See above

**Future challenges or opportunities**

See above

**Priorities of the Leeds Health and Wellbeing Strategy 2016-21  
(please tick all that apply to this report)**

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	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	
The best care, in the right place, at the right time	X