



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

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

**Date:** 23 November 2017

**Subject:** iBCF (Spring Budget) and BCF Performance Monitoring Return Quarter 2 Return for 2017/18

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 Leeds iBCF Spring Budget return for quarter 2 of 2017/18 (Appendix 1) was submitted to the Department for Communities and Local Government (DCLG) by the deadline of 20<sup>th</sup> October 2017 and this document is provided to the Health & Wellbeing Board (HWB) for information.

The DCLG requires local authorities to submit quarterly returns regarding their use of the 'Spring Budget' adult social care element of local Better Care Funds.

Note that these iBCF Spring Budget returns are distinct from the Better Care Fund (BCF) performance monitoring quarterly returns that are required by NHS England and which are signed off by the HWB.

Due to the tight timescales provided by NHS England, the Leeds HWB BCF Performance Monitoring return for quarter 2 of 2017/18 (Appendix 2) will be submitted to NHSE by the deadline of 17<sup>th</sup> November 2017 following consideration from the Chair of the Leeds Health and Wellbeing Board and the Integrated Commissioning Executive (ICE). It will then be shared with HWB to note as a supplementary paper.

NHSE requires HWB areas to complete and submit the BCF performance monitoring quarterly monitoring return to ensure the requirements of the BCF are met and enable areas to provide insight on health and social integration.

There was no requirement to complete a BCF performance monitoring quarterly return for quarter 1 as the BCF planning exercise was not complete for that quarter.

### **Recommendations**

The Health and Wellbeing Board is asked to:

- Note the contents of the Leeds iBCF Quarter 2 return to the DCLG
- Note the content of the Leeds HWB BCF Performance Monitoring return to NHSE for quarter 2 of 2017/18

## **1 Purpose of this report**

1.1 To inform the HWB of the content of the 2017/18 Q2 iBCF return to the DCLG and the Leeds HWB BCF Performance Monitoring return for quarter 2 of 2017/18.

## **2 Background information**

2.1 The national grant conditions for iBCF Spring Budget funding are:-

- Grant paid to a local authority under this determination may be used only for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported.
- A recipient local authority must:
  - a. Pool the grant funding into the local Better Care Fund, unless the authority has written ministerial exemption
  - b. Work with the relevant clinical commissioning group and providers to meet National Condition 4 (Managing Transfers of Care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017-19;
  - c. Provide quarterly reports as required by the Secretary of State

2.2 In Leeds we have used this non-recurrent three year funding to fund transformational initiatives that have compelling business cases to support the future management of service demand and system flow and prevent and delay the need for more specialist and expensive forms of care. This is founded on the principles of the Leeds Health and Care Plan as described in the narrative of Leeds Better Care Fund Plan (which sits under the Leeds Health & Well-Being Strategy and links to the West Yorkshire STP). A monitoring/accountability regime is being put in place which will:-

- Measure the actual impact of each individual initiative
- Monitor actual spend on each initiative and release funding accordingly
- Ensure that appropriate steps are being taken to identify ongoing recurrent funding streams after the iBCF funding period ends in cases where initiatives prove to be successful
- Ensure that exit strategies are in place for initiatives that do not achieve their intended results

## **3 Main issues**

### **iBCF (Spring Budget) 2017/18 Quarter 2 Return**

3.1 The return details the iBCF 35 initiatives that are being funded. These are:-

Further testing of Asset Based Community Development (ABCD)
Sustain the CCG/Time to Shine funded 'Supporting Wellbeing and Independence for those living with Frailty service
Customer Access -To fully adopt strength based social care
Development of use of Local Area Coordination (LAC) support
Dementia: information & skills (online information & training)
Embed Falls Prevention Programme - Make it Fall proof and PSI
Time for Carers - increase the funding of grant
Working Carers - expand existing and on-going work at Carers 'Leeds Working Carers Project'
Better Conversations for Health and well being a training programme and culture change across Leeds
To ensure the sustainability of social care Lunch Club provision from 2018/19
Green Gym (TCV) -links mental and physical health which has become a priority for the city as it is highlighted in the 5 Year Forward View for Mental Health
Increase capacity of Neighbourhood Networks
Ideas that Change Lives (ITCL) Investment fund
To create volunteer driver posts at Assisted Living Leeds to collect small items of equipment
Learning resource in recovery hubs (dementia/MH)
To create a 2 year fixed term post of Business Development Manager for Assistive Technology.
Positive Behaviour service
Falls (LCH)
To increase flow through SKILS reablement service
To establish the 'Leeds Malnutrition Prevention Programme' targeted at those over age 65.
To ensure the sustainability of the Health Partnerships Team after 2018/19
Development of sustainable peer support networks for people with long term conditions
Equipment service
Telecare Room package for the recovery bed bases (CAPITAL?)
Yorkshire Ambulance Service Practioners scheme
Frailty Assessment Unit
Hospital to Home Service
Staffing resilience for addressing key Health pressure points
Business Support to facilitate smoother and quicker discharge
Respiratory Virtual Ward
Rapid Response
Trusted Assessor (lgi)
Trusted Assessor (sjuh)
To ensure the sustainability of alcohol and drug social care provision after 2018/19
A&H - Change Capacity

- 3.2 The majority of the individual schemes are at the early stages of development as can be seen in the progress comments for each of the 35 schemes. This is due to the fact that the spending plan has only just been agreed and submitted to NHSE and their approval has only recently been granted.
- 3.3 In response to the questions in the return we calculate that the additional Spring Budget funding has the potential to fund 11,000 additional home care packages (126,000 hours) and an extra 219 care home placements. However, it should be noted that Leeds has the continued aim of reducing care home bed weeks by better meeting people's needs within their own homes and communities.
- 3.4 This strategic direction is reflected by the two locally devised metrics for measuring the impact of the Spring Budget monies that we have proposed in the return :-
- Number of commissioned care home weeks (65+);
  - Percentage of new client referrals for specialist social care which were resolved at point of contact or through accessing universal services.

### **BCF Performance Monitoring Return Quarter 2 Return for 2017/18**

- 3.5 The Quarter 2 BCF Performance Monitoring Return indicates a significantly improved performance in terms of non-elective admissions and a continued strong performance in relation to residential admissions. However, our performance in relation to reablement has declined recently whilst the changes made to facilitate the expansion and reconfiguration of the service to more effectively support system flow become embedded. Performance against DToC targets continues to be a challenge.

## **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 ICE, 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 The Spring Budget iBCF is focussed on initiatives that have the potential to level or reduce future service demand. As such the funding is being used as 'invest to save'.

#### **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 There is a risk that some of the individual funded initiatives do not achieve their predicted benefits. This risk is being mitigated by ongoing monitoring of the impact of the individual schemes and the requirement to produce exit/mainstreaming plans for the end of the Spring budget funding period.

### **5 Conclusions**

5.1 Adults & Health will continue to submit quarterly returns to DCLG regarding the use and impact of Spring Budget monies as required under the grant conditions.

5.2 Locally we will continue to monitor the impact of the schemes and plan towards the exit from the Spring budget funding period.

### **6 Recommendations**

6.1 The Health and Wellbeing Board is asked to:

- Note the contents of the Leeds iBCF Quarter 2 return to the DCLG
- Note the content of the Leeds HWB BCF Performance Monitoring return to NHSE for quarter 2 of 2017/18

### **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, of which the iBCF is a part, 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 iBCF Spring Budget monies have been jointly agreed between LCC and NHS partners in Leeds and is focussed on transformative initiatives that will manage future demand for services.

**Future challenges or opportunities**

The initiatives funded through the iBCF Spring Budget monies have the potential to improve services and deliver savings. To sustain services in the longer term, successful initiatives will need to identify mainstream recurrent funding to continue beyond the non-recurrent testing stage.

<b>Priorities of the Leeds Health and Wellbeing Strategy 2016-21</b>	
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	X
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	X
A valued, well trained and supported workforce	
The best care, in the right place, at the right time	X