



**Report of:** Steve Hume (Chief Officer Resources & Strategy, Adults & Health, Leeds City Council) & Rob O’Connell (Deputy Director of Commissioning, NHS Leeds CCG)

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

**Date:** 14<sup>th</sup> June 2018

**Subject:** iBCF (Spring Budget) Q4 2017/18 Return and BCF Performance Monitoring Q4 2017/18 Return

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 Ministry for Housing, Communities and Local Government requires Local Authorities to submit quarterly returns regarding their use of the additional Improved Better Care Fund (iBCF) funding allocated through the Spring Budget 2017. The Spring Budget element of the iBCF Grant forms part of the adult social care element of local Better Care Funds, but is non-recurrent funding available up to 2020 only. These returns allow central government to monitor the success of this iBCF Grant.

NHS England (NHSE) requires Health and Wellbeing Board (HWB) areas to complete and submit quarterly BCF performance monitoring returns to ensure the requirements of the BCF are met and to provide insight on health and social care integration.

The iBCF Grant returns are distinct from the BCF performance monitoring returns. The deadlines for both these returns will be synchronised in the future.

The Leeds iBCF return for Quarter 4 of 2017/18 (Appendix 1) was submitted to the Ministry for Housing, Communities and Local Government by the deadline of 27<sup>th</sup> April 2018.

The Leeds HWB BCF Performance Monitoring return (Appendix 2) for the same period was submitted to NHSE by the deadline of 20<sup>th</sup> April 2018.

The quarterly returns were made available for comment to the members of the Health & Wellbeing Board, prior to their submission. This paper is therefore provided to the HWB for information.

### **Recommendations**

The Leeds Health and Wellbeing Board is asked to:-

- Note the content of the Leeds iBCF Q4 2017/18 return to the Ministry for Housing, Communities and Local Government and;
- Note the content of the Leeds HWB BCF Performance Monitoring Q4 2017/18 return to NHSE

## **1. Purpose of this report**

- 1.1 To inform the HWB of the contents of the Leeds iBCF Q4 2017/18 return and the Leeds HWB BCF Performance Monitoring Q4 2017/18 return.

## **2. Background information**

- 2.1 The Spending Review 2015 announced the improved Better Care Fund; the Spring Budget 2017 announced additional funding for adult social care over the following three years.

- 2.2 This additional Spring Budget funding was paid to local authorities specifically to be used 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
- Ensuring that the local care provider market is supported

- 2.3 The Grant determination detailed the three purposes for which the iBCF money could be spent. The receiving local authority has to:-

- Pool the grant funding into the local Better Care Fund, unless the authority has written ministerial exemption
- 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
- Provide quarterly reports as required by the Secretary of State

- 2.4 In Leeds, this non-recurrent three year funding has been used to fund transformational initiatives that have compelling business cases to support the future management of service demand and system flow and prevent the need for more specialist and expensive forms of care.

- 2.5 This is founded on the principles of the Leeds Plan, which contributes to the delivery of the Leeds Health and Wellbeing Strategy 2016-2021 and links to the West Yorkshire and Harrogate Health and Care Partnership.

- 2.6 Each bid is supported by a robust business case which will address the challenges faced around health and wellbeing, care quality and finance and efficiency. A robust approach has been established 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 Grant Q4 2017/18 Return**

- 3.1 Section A3 of this return provides progress updates for twenty of the thirty-six iBCF schemes that are being funded by the iBCF Grant. On the advice of the Ministry for Housing, Communities and Local Government, it has been decided to include only the top twenty schemes, in terms of the highest overall investment, as the spreadsheet is not designed for a large number of projects.
- 3.2 The remaining sixteen schemes are not detailed in section A3 of the return but are listed in the narrative - section A1a of the return.
- 3.3 Additional information in respect of the objective of these sixteen schemes is included as Appendix 3.
- 3.4 The majority of all of the individual schemes are at the early stages of development. This is because a cross-partner panel was held on 7th December 2017 to ensure that each bid was supported by a robust business case before releasing the funds.
- 3.5 The cross-partner nature of the panel was intended to provide a different system perspective and constructive challenge to ensure that collectively there was a balanced and holistic evaluation and to ensure each scheme addressed the challenges facing the health and care sector - health and wellbeing, care quality and finance and efficiency.
- 3.6 The panel was considered very successful and all members agreed it was a useful process which would promote better conversations in the future, ensuring that as a partnership we are in the best position to deliver the right outcomes for the citizens of Leeds.
- 3.7 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.
- 3.8 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 4 Return for 2017/18**

3.9 The BCF Performance Monitoring Return Q4 2017/18 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 re-ablement 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, although the latest position indicates a significant improvement in relation to those delays attributable to Adult Social Care.

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

### **4.1 Consultation, engagement and working with people in Leeds**

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 Integrated Commissioning Executive, which in turn reports to the Leeds Health and Wellbeing Board in relation to the BCF. The BCF Plan has been developed based on the findings of consultation and engagement exercises undertaken by partner organisations when developing their own organisational plans.

4.1.2 Any specific changes undertaken by any of the schemes will be subject to agreed statutory organisational consultation and engagement processes.

### **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 care is not compromised. 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 the delivery of this vision.

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

4.3.1 The iBCF Grant allocated to Local Authorities through the Spring Budget 2017 is focussed on initiatives that have the potential to defer or reduce future service demand and/or to ensure that the same or better outcomes can be delivered at a reduced cost to the Leeds £. 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 or call In implications arising from this report.

### **4.5 Risk management**

4.5.1 There is a risk that some of the individual funded schemes 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 Quarterly returns in respect of monitoring the performance of the BCF will continue to be completed and submitted to NHS England and quarterly returns in respect of the use and impact of Spring Budget monies will continue to be completed and submitted to the Ministry of Housing, Communities and Local Government as required under the grant conditions.

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 Leeds Health and Wellbeing Board is asked to:-
- Note the contents of the Leeds iBCF Quarter 4 2017/18 return to the Ministry of Housing, Communities and Local Government, and :
  - Note the content of the Leeds HWB BCF Performance Monitoring Q4 2017/18 return to NHSE

## **7 Background documents**

- 7.1 None.





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

The BCF is a programme, of which the iBCF grant 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 Grant funding has 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 Grant 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