

**Report of:** Chief Officer Resources and Strategy  
**Report to:** Director of Adults and Health

**Date:** 12<sup>th</sup> September 2018

---

**Subject: Request to approve the transfer of Improved Better Care Fund ‘Spring Budget’ funding for NHS partner-led schemes**

Are specific electoral Wards affected? If relevant, name(s) of Ward(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 checked="" type="checkbox"/> Yes	<input 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

- In March 2017, as part of the Spring Budget Announcement, the Government announced that it was making available additional funding for Adult Social Care authorities over the three year period of 2017/18 – 2019/20. This funding was to be paid to Local Authorities as a grant and could be spent on three purposes:-
  - 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 social care provider market is supported
- In September 2017 the Leeds Health and Wellbeing Board (HWBB) approved 34 local schemes for funding through the Integrated Better Care Fund (iBCF) Spring Budget. Since then a further 3 schemes have been approved by the Leeds Health and Care Partnership Executive Group (PEG). There are currently 37 schemes approved with a maximum financial commitment of £13.5M over the three years of the iBCF Spring Budget Funding.

3. Local NHS partner organisations are leading on 9 of the 37 currently approved schemes, accounting for £4.7M of the overall £13.5M currently committed over the three year period as shown in Table 1.

**Table 1 – NHS Partner-led iBCF Schemes**

<b>Proposal</b>	<b>NHS Lead Organisation</b>	<b>Maximum Total Agreed £- 2017/18 – 2019/20</b>	
Yorkshire Ambulance Service Practitioners scheme	Leeds CCG	£	500,000
Frailty Assessment Unit	Leeds CCG	£	700,000
Hospital to Home	Leeds CCG	£	420,000
Respiratory Virtual Ward	LCHT	£	628,415
Falls Pathway Enhancement (LCH)	LCHT	£	391,609
Transitional Beds	LTHT	£	335,000
Trusted Assessor (LGI)	Leeds CCG	£	483,000
Trusted Assessor (SJH)	Leeds CCG	£	483,000
Better Conversations	LCHT	£	766,767
<b>total</b>		<b>£</b>	<b>4,707,791</b>

Full detail of the schemes is provided in Appendix 1

4. Payment of Spring Budget to the individual local schemes is on the basis of actual cost incurred to the scheme (and therefore not necessarily the potential maximum sum committed) and is subject to the scheme achieving its forecast impact as set out in their original approved business case. This information is gathered through quarterly returns co-ordinated by the Health Partnership Team and reviewed by the Leeds Plan delivery Group and the Integrated Commissioning Executive.
5. Subject to the conditions described in paragraph 4 above, approval is required to allow the transfer of funding to the NHS partner-led schemes.

## **Recommendations**

1. That the Director of Adults and Health approves the funding commitment to the nine NHS partner-led iBCF schemes to allow the transfer of funding to those organisations
2. That the Director of Adults and Health notes that further future iBCF schemes may require the appropriate LCC approvals during the lifetime of the programme.
3. That the Chief Officer Resources and Strategy is responsible for the implementation of this decision.

## 1. Purpose of this report

1.1. This report seeks approval from the Director of Adults and Health to approve the transfer of funding to local NHS partner organisations in respect of the nine NHS partner-led iBCF Spring Budget schemes.

## 2. Background information

2.1. In March 2017, as part of the Spring Budget, the Government announced that it was making additional funding available for Adult Social Care authorities over the three year period of 2017/18 – 2019/20. This funding was to be paid by the Department for Housing, Communities and Local Government (DHCLG) to Local Authorities as a grant and could be spent on three purposes:-

- 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 social care provider market is supported

2.2. As the Spring Budget funding is short term and non-recurrent (ending in 2020), schemes that apply for funding must have clear exit strategies when their Spring Budget allocation ends and the money should not be used for recurrent commitments. This allows the funding to be used for innovative 'invest to save' schemes that have the potential to ease pressure elsewhere within the health and care system.

2.3. The Adults and Health Directorate led a partnership process whereby a cross-organisation group of commissioners and providers, overseen by PEG, reviewed business cases for funding which met the above criteria. The schemes are also aligned to one of the four programmes that comprise the Leeds Health and care Plan.

2.4. In September 2017 the Leeds Health and Wellbeing Board (HWBB) approved 34 local schemes for funding through the Integrated Better Care Fund (iBCF) Spring Budget. Since then a further 3 schemes have been approved by the Leeds Health and Care Partnership Executive Group (PEG). There are currently 37 schemes approved with a maximum financial commitment of £13.5M over the three years of the iBCF Spring Budget Funding.

2.5. Local NHS partner organisations are leading on 9 of the 37 currently approved schemes, accounting for £4.7M of the overall £13.5M currently committed over the three year period as shown in Table 1.

**Table 1 – NHS Partner-led iBCF Schemes**

Proposal	NHS Lead Organisation	Maximum Total Agreed £- 2017/18 – 2019/20
Yorkshire Ambulance Service Practitioners scheme	Leeds CCG	£ 500,000
Frailty Assessment Unit	Leeds CCG	£ 700,000
Hospital to Home	Leeds CCG	£ 420,000

Respiratory Virtual Ward	LCHT	£	628,415
Falls Pathway Enhancement (LCH)	LCHT	£	391,609
Transitional Beds	LTHT	£	335,000
Trusted Assessor (LGI)	Leeds CCG	£	483,000
Trusted Assessor (SJH)	Leeds CCG	£	483,000
Better Conversations	LCHT	£	766,767
	<b>total</b>	<b>£</b>	<b>4,707,791</b>

Full detail of the schemes is provided in Appendix 1

- 2.6. Payment of Spring Budget to the individual local schemes is on the basis of actual cost incurred to the scheme (and therefore not necessarily the potential maximum sum committed) and is subject to the scheme achieving its forecast impact as set out in their original approved business case. This information is gathered through quarterly returns.
- 2.7. On this basis, approval is required to allow the transfer of funding to the NHS partner-led schemes.

### 3. Main issues

- 3.1. The overall programme of Spring Budget-funded schemes has been approved by the HWBB and PEG. However, the implementation of the schemes requires the transfer of up to £4.7M funding from Leeds City Council (subject to the conditions outlined in paragraph 2.6), where the grant from the DHCLG is held, to three local NHS organisations, namely NHS Leeds Clinical Commissioning Group (CCG), Leeds Teaching Hospitals NHS Trust (LTHT) and Leeds Community Healthcare NHS Trust (LCHT).
- 3.2. As this exceeds the £250,000 threshold this is a Key Decision.

### 3.3. Consequence if the proposed action is not approved

- 3.3.1. If the funding transfer was not approved LCC would be reneging on its commitment to fund schemes led by local NHS partners that was agreed in principle by the HWBB. This would be damaging to local relationships and would jeopardise the management of the Leeds Health and Care system.

## 4. Corporate considerations

### 4.1. Consultation and engagement

- 4.1.1. The Spring Budget monies are being committed in line with the Leeds Health & Wellbeing Strategy and Leeds Health and Care Plan. These 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 Spring Budget schemes facilitate the delivery of the Leeds Plan which was 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 Spring Budget schemes, 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 schemes funded through the Spring Budget 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.

4.2.2. An Equality, Diversity, Cohesion and Integration Screening has been completed and is appended to this report.

#### **4.3. Council policy and city priorities**

4.3.1. The Spring Budget schemes form part of the delivery of The Leeds Health and Wellbeing Strategy, the Leeds Health and Care Plan and the Leeds Better Care Fund Plan.

#### **4.4. Resources and value for money**

4.4.1. iBCF Spring Budget funding is additional non-recurrent grant from Government with set criteria for its use. Given the non-recurrent nature of this funding, Leeds is using the funding to invest in schemes that aim to manage demand for other services and decelerate and reduce financial pressure on the Leeds Health and Care system in the future. All schemes are funded on the basis that the funding is for a finite period and that schemes must have robust exit strategies.

#### **4.5. Legal implications, access to information and call-in**

4.5.1. The decision highlighted in this report will be taken by the Director of Adults and Health in line with the officer delegation scheme as detailed in Part 3 of the Council's Constitution.

4.5.2. As the overall value of this decision exceeds £250,000 this decision is a key decision and is subject to call in.

#### **4.6. Risk management**

4.6.1. The Leeds Plan Delivery Group, with ultimate accountability to PEG, is responsible for managing any risks to the delivery of the overall programme of iBCF schemes. Mitigating actions to counter risks have been put in place.

4.6.2. The main risks and mitigations in relation to the Spring Budget programme of schemes are as follows:

- Schemes fail to deliver the benefits/impact identified in their original business cases (mitigation: quarterly schemes returns identify early issues. Funding can be stopped for non-beneficial schemes)
- Schemes create an expectation that will continue when the non-recurrent Spring Budget funding ends (mitigation: quarterly monitoring on the the development of exit plans. Clear communication to scheme leads and partner organisations that the funding is finite and the risk of securing of any longer term recurrent funding lies with the scheme itself).

## **5. Conclusions**

- 5.1. Approval is required to allow the funding agreed in principle by the HWBB to be transferred to the above named local NHS partners, subject to the criteria and expectations detailed in this report.

## **6. Recommendations**

- 6.1. That the Director of Adults and Health approves the funding commitment to the nine NHS partner-led iBCF schemes to allow the transfer of funding to those organisations
- 6.2. That the Director of Adults and Health notes that further future iBCF schemes may require the appropriate approvals during the life of the programme.
- 6.3. That the Chief Officer Resources and Strategy is responsible for the implementation of this decision.

## **7. Background documents**

- 7.1. Detail of the NHS Partner-led iBCF Schemes

## NHS partner-led iBCF Spring Budget Schemes

Ref	Proposal	Description	LPP alignment	Lead Organisation	Agreed 2017/18	Agreed 2018/19	Agreed 2019/20	Total Agreed £-
SB22	Better Conversations	Culture change program moving the conversation between worker and citizen from a paternalistic dynamic where the worker is viewed as the 'expert' and has a role to 'fix' the citizen, towards one of an equal partnership where the worker looks to enable the citizen.	Self-management and Proactive Care	LCHT	£ 304,000	£ 304,000	£ 304,000	£ 912,000
SB49	Yorkshire Ambulance Service Practitioners scheme	Emergency Care Practitioners will be able to provide home visits to patients who have been deemed by NHS 111 and/or the Local Clinical Assessment Service that they have an urgent care need (not an emergency) but who may not be able to attend the UTC due to mobility issues.	Urgent Care and Rapid Response	Leeds CCG	£ -	£ 250,000	£ 250,000	£ 500,000
SB50	Frailty Assessment Unit	Deliver a multiagency frailty service initially in St James hospital site to support a strength based approach to the management of frail people presenting or conveyed to ED.	Urgent Care and Rapid Response	Leeds CCG	£ -	£ 350,000	£ 350,000	£ 700,000
SB52	Hospital to Home	LIDS Service is a multi-disciplinary team that includes senior nurses, occupational therapists and physiotherapists operating alongside hospital social workers to ensure that where possible admissions into hospital are avoided from A&E and the assessment area.	Urgent Care and Rapid Response	Leeds CCG	£ 105,000	£ 210,000	£ 105,000	£ 420,000
SB58	Respiratory Virtual Ward	Avoid hospital admission and to reduce length of stay by providing intense respiratory support to a defined cohort of patients in their own home. The LRVW will provide a rapid response service for up to two weeks the focus being on regaining or improving previous levels of independence and promoting self-management.	Optimising Secondary Care	LCHT	£ 70,000	£ 558,415	£ -	£ 628,415
SB61	Falls Pathway Enhancement (LCH)	Older people living with frailty, particularly those with multiple long-term conditions living in their own homes or in care homes. However the increase in diabetes is also having an impact on the risk of falls in younger adults. This work will predominantly affect the citywide Falls pathway, with links to long-term conditions and frailty pathways.	Urgent Care and Rapid Response	LCHT	£ 76,391	£ 155,975	£ 159,243	£ 391,609
SB63	Transitional Beds	To increase the availability of transitional beds in the city of Leeds over the course of the winter period by utilising the vacant J31 ward in the Beckett Wing at St James University Hospital. To help provide non-acute bed capacity and mitigate the risks associated with the mobilisation period of the new community beds procurement.	Urgent Care and Rapid Response	LTHT	£ 335,000	£ -	£ -	£ 335,000
SB64	Trusted Assessor (LGI)	Increase the capacity of the LIDS service to enable cover to be extended to wards on the LGI site. The LIDS Service is a multi-disciplinary team that includes senior nurses, occupational therapists and physiotherapists operating alongside hospital social workers to ensure that where possible admissions into hospital are avoided from A&E and the assessment area.	Optimising Secondary Care	Leeds CCG	£ 83,000	£ 200,000	£ 200,000	£ 483,000
SB65	Trusted Assessor (SJH)	Increase the capacity of the LIDS service to enable cover to be extended to wards on the LGI site. The LIDS Service is a multi-disciplinary team that includes senior nurses, occupational therapists and physiotherapists operating alongside hospital social workers to ensure that where possible admissions into hospital are avoided from A&E and the assessment area.	Optimising Secondary Care	Leeds CCG	£ 83,000	£ 200,000	£ 200,000	£ 483,000
<b>Total</b>					<b>£ 1,056,391</b>	<b>£ 2,228,390</b>	<b>£ 1,568,243</b>	<b>£ 4,853,024</b>