



Report of: Steve Hume (Chief Officer Resources & Strategy, Adults & Health, Leeds City Council) & Sue Robins (Director of Operational Delivery, NHS Leeds CCG)

Report to: Leeds Health and Wellbeing Board

Date: 12th December 2018

Subject: Leeds BCF Q2 2018/19 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

Each quarter, there is a requirement to report to NHS England (NHSE) on the performance of the Better Care Fund (BCF) and to report to the Ministry for Housing, Communities and Local Government (MHCLG) regarding the use of the additional Improved Better Care Fund (iBCF) funding allocated through the Spring Budget 2017.

Previously two quarterly returns were completed; one for the BCF and one for the additional iBCF/Spring Budget monies however these returns have now been combined into one return.

The Leeds BCF Q2 2018/19 Return (Appendix 1) was submitted to NHSE/MHCLG by the deadline of 19th October 2018. As part of this process:

- Leeds Plan Delivery Group undertake routine monitoring of delivery and noted the return.
- ICE (Integrated Commissioning Executive) who act as the BCF Partnership Board endorsed the draft return in September 2018.

- Chair of the Leeds Health and Wellbeing Board was briefed and members were engaged and given the opportunity to comment on the return prior to submission in early October 2018.

Recommendations

The Leeds Health and Wellbeing Board is asked to:-

- Note the content of the Leeds BCF Q2 2018/19 return

1. Purpose of this report

To inform the Health and Wellbeing Board of the contents of the Leeds BCF Q2 2018/19 return and provide an overview of the progress to date of the schemes funded through iBCF/Spring Budget monies.

2. Background information

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

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

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

- Pool the grant funding into the local Better Care Fund, unless the authority had 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

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.

This is founded on the principles of the Leeds Health and Wellbeing Strategy and Leeds Health and Care Plan with linkages to the West Yorkshire & Harrogate Health Partnership.

Each bid is supported by a robust business case which addresses the challenges faced around health and wellbeing, care quality and finance and efficiency. A robust approach has been established which:-

- Measures the actual impact of each individual initiative
- Monitors actual spend on each initiative and releases funding accordingly
- Ensures that appropriate steps are taken to identify ongoing recurrent funding streams after the iBCF funding period ends in cases where initiatives prove to be successful

- Ensures that exit strategies are in place for initiatives that do not achieve their intended results

3. Main issues

3.1 The main highlights of the return are:-

- Section 2 - All national conditions are met
- Section 3 - 3 out of 4 key metrics are on track to meet target – issues remain with DToCs although significant progress has been made
- Section 4 - All aspects of the High Impact Change Model in relation to transfers of care are either established or mature in Leeds, except 7 day working which is viewed from a value for money perspective on a case by case basis
- Section 5 - Progress in terms of integration, highlighting the current work with Newton Europe around system flow and how some iBCF/Spring Budget funding has been used to increase the flow of patients in the health and care system by placing Case Officers in LTHT
- Section 6 - Information about the average amount the Local Authority paid to external providers for care (both residential and nursing care) in 2017-18 and on the same basis, the average amount expected to pay in 2018-19
- It is noticeable at Q2 that a number of schemes have evidenced the delivery of a reduction in acute bed days consumed as a result of their schemes which is in accordance with the 'left shift' principle identified in the Leeds Health and Care Plan, moving care closer to home and reducing pressure on acute beds.

3.2 Schemes funded through iBCF/Spring Budget monies

As per the agreed process, Scheme Leads have provided a quarterly progress of delivery, benefits and spend of their scheme for Q1 and Q2 18/19. These reports have been reviewed by a cross-partner panel including Leeds Health and Care Plan Programme Leads on 30th August 2018 and 25th October 2018 with a view to making a recommendation to the Leeds Health and Care Partnership Executive Group (PEG) and Integrated Commissioning Executive (ICE) to:-

- a. Continue to fund and support the scheme as per business case or;
- b. Place the scheme under review (i.e. the scheme would be required to undertake specific actions to provide reassurance that it was successfully delivering) or;
- c. Withdraw funding and support in which case an exit strategy would need to be put in place
- d. Reallocate any underspend into the central BCF Transformation Fund which could then be bid against in future transformation bidding rounds

The cross-partner nature of the panel provides a wide health and care system perspective and ensures each scheme is delivering on the challenges facing the health and care sector.

The panel focused on the top 10 schemes (in terms of expenditure in 18/19) as these form the greatest strategic risk.

Q1 2018/19 Panel Review

Each of the top 10 schemes was presented to the panel by either a Leeds Health and Care Plan Programme Lead or SRO. After a deep dive into each scheme, the panel agreed to recommend to the Health and Care Partnership Executive Group that 9 of the top 10 schemes continue to be funded and supported as per their business cases. The remaining scheme, YAS Emergency Practitioner Scheme, was requested to submit a revised proposal for Q2. Key achievements are summarised in Appendix 2.

The panel were also given the opportunity to raise any issues/risks in respect of the other schemes.

The panel agreed to recommend to PEG and ICE that all other schemes continue to be funded and supported as per their business cases.

Q2 2018/19 Panel Review

Each of the top 10 schemes was presented to the panel by either a Leeds Health and Care Plan Programme Lead or SRO. After a deep dive into each scheme, the panel agreed to recommend to PEG and ICE that all of the top 10 schemes continue to be funded and supported as per their business cases, including a revised scheme in relation to the YAS Emergency Practitioners. Key achievements are summarised in Appendix 3.

The panel were also given the opportunity to raise any issues/risks in respect of the other schemes. The panel agreed to recommend to PEG and ICE that all other schemes continue to be funded and supported as per their business cases.

The Health and Wellbeing Board is asked to note that progress of these schemes continues to be reviewed rigorously on a quarterly basis and sponsors are held to account for their investments. It is made clear that if they cannot demonstrate that their schemes are delivering or providing value for money, funding will be withdrawn.

4 Health and Wellbeing Board governance

4.1. Consultation, engagement and working with people in Leeds

Routine monitoring of the delivery of the BCF is undertaken by the Leeds Plan Delivery Group. This group reports into ICE which is the BCF Partnership Board.

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. 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

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

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

There are no legal, access to information and call in implications arising from this report.

4.5 Risk management

Risk is proactively managed through the Leeds Plan Delivery Group, ICE and PEG. 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

Quarterly returns in respect of monitoring the performance of the BCF and impact of Spring Budget monies will continue to be completed and submitted to NHS England/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

The Leeds Health and Wellbeing Board is asked to:-

- Note the contents of the Leeds BCF Q2 2018/19 return

7 Background documents

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.

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	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	X
The best care, in the right place, at the right time	X