



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: 28 February 2019

Subject: Leeds BCF Q3 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

1. 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.
2. 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.
3. The Leeds BCF Q3 2018/19 Return (Appendix 1) was submitted to NHSE/MHCLG by the deadline of 25th January 2019.
4. Health and Wellbeing Board members were given the opportunity to comment on the return prior to submission. The Chair of the Health and Wellbeing Board signed off the return on 10th January 2019 ahead of the deadline date. The return is therefore submitted to the Health and Wellbeing Board for noting.
5. Routine monitoring of the delivery of the BCF is undertaken by the Leeds Plan Delivery Group (LPDG) and the return was reviewed by the LPDG on 20th December 2018. The

return was also noted by ICE (Integrated Commissioning Executive) who act as the BCF Partnership Board, on 25 January 2019.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the content of the Leeds BCF Q3 2018/19 return.

1 Purpose of this report

- 1.1 To inform the Health and Wellbeing Board of the contents of the Leeds BCF Q3 2018/19 return.

2 Background information

- 2.1 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.

- 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 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

- 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 sits under the Leeds Health and Wellbeing Strategy and links to the West Yorkshire and Harrogate Partnership.

- 2.6 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:-

- All National Conditions and Section 75 Pooled Budgets have been met.
- Metrics – 2 of the 4 key metrics are on track to meet target – issues remain with DToCs although significant progress has been made. In addition, the Reablement Service has been expanded significantly this year with a corresponding reduction in the proportion of successful outcomes measured in terms of hospital readmissions only.
- High Impact Change Model – 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.
- Narrative – Our progress in terms of integration highlights the development of the Local Care Partnerships and the significant work which is being undertaken to agree how the findings of the Newton Europe review and the Care Quality Commission system review can be used to influence the next stage of development of community based care to support system flow.

3.2 Schemes funded through iBCF/Spring Budget monies – Quarter 3

This quarter, no reporting was required on the national return in respect of iBCF funded schemes however Scheme Leads were asked to provide a quarterly progress of delivery, benefits and spend of their scheme for Q3 18/19 in accordance with our agreed local internal process. These reports were reviewed by a panel on 15th January 2019 who endorsed to:-

- Continue to fund 25 schemes – a summary of the top 10 schemes in terms of expenditure and their Q3 achievements are listed in appendix 2.
- Withdraw funding of scheme SB41 Business Development Manager for Assistive Technology post at the request of the scheme lead.
- Request a revised business case and performance reporting mechanism for scheme SB54 Staffing Resilience before confirming funding as the purpose of the scheme has changed.

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 the LPDG. This group reports into ICE which is the BCF Partnership Board with quarterly reporting to HWB.

4.1.2 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.

4.1.3 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 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 legal, access to information or call in implications 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 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 provide assurance to HWB by monitoring the impact of the schemes and plan towards the exit from the Spring Budget funding period.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Note the contents of the Leeds BCF Q3 2018/19 return

7 Background documents

7.1 None.

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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	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