



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: 25 April 2019

Subject: Leeds BCF Q4 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.
- The NHSE/ MHCLG national timescales do not align with Leeds Health and Wellbeing Board meetings. As a result, HWB members agreed on 28 February 2019 for the Leeds BCF Q4 2018/19 Return to be retrospectively noted at HWB on 25 April 2019 following this process:-
 - 26 Mar 2019 – Process agreed by HWB Chair.
 - 28 Mar 2019 – Integrated Commissioning Executive (ICE), which acts as the BCF Partnership Board endorsed the draft BCF Q4 2018/19 Return.
 - 05 Apr 2019 – HWB Chair received an overview of the draft BCF Q4 2018/19 Return and agreement to consult with HWB members.
 - 09 Apr 2019 – Draft BCF Q4 2018/19 Return was circulated to HWB members for feedback/comments, which was incorporated into the final return.

- 18 Apr 2019 – Following agreement by the HWB Chair, final BCF Q4 2018/19 Return was submitted to NHSE/ MHCLG by the deadline and circulated as a supplementary appendix to HWB.

Recommendations

The Health and Wellbeing Board is asked to:

- Retrospectively note the content of the Leeds BCF Q4 2018/19 return.
- Note the iBCF Spring Budget monies update

1 Purpose of this report

- 1.1 To inform the Health and Wellbeing Board of the contents of the Leeds BCF Q4 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 To allow feedback from HWB members to be incorporated into the final BCF Q4 2018/19 Return prior to submission to NHSE/ MHCLG by 18 April, the draft version has been circulated to HWB members and the final version will be circulated as a supplementary appendix to this paper. The main highlights of the return are:-

- All National Conditions have been met.
- Metrics – All 4 key metrics are on track to meet target.
- 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.
- Income and Expenditure - outlines the Health & Wellbeing Board level of actual pooled income and expenditure in 2018/19. This includes the mandatory funding sources of the Disabled Facilities Grant, the iBCF Grant and the minimum CCG contribution.
- Year End Feedback – This section provides year end feedback on the delivery of the BCF.
- Narrative – This section provides the wider context around health and social care integration and 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
- iBCF Part 1 and Part 2 only relate to the additional iBCF funding announced at the Spring Budget 2017 and does not relate to the iBCF funding originally announced in the Spending Review 2015
 - iBCF Part 1 lists our top 10 schemes in terms of investment in 2018/19 which are funded by the additional iBCF/Spring Budget non-recurrent monies and their progress expressed in terms of the drop down boxes allowed by NHSE/MHCLG

- iBCF Part 2 asks for information relating to additional home care packages funded through the additional iBCF/Spring Budget monies however Leeds agreed to fund care packages through the original recurrent iBCF monies and use the additional non-recurrent iBCF money to fund system change

Schemes funded through iBCF/Spring Budget monies – Quarter 4

- 3.2 At the time of writing, local reporting for Q4 18/19 for schemes funded through iBCF/Spring Budget monies is underway. Progress reports on delivery, benefits and spend of these schemes will be reviewed by the Leeds Plan Programme Boards the schemes have been aligned to. A summary of the top 10 schemes (in terms of expenditure) and their Q4 achievements will be submitted to a future Health and Wellbeing Board.

Update on Leeds Plan Allocation

- 3.3 Within the initial allocations of the iBCF Spring Budget monies was a provision of £2m set aside for delivery of specific Leeds Plan priorities. During Q4 18/19 these monies have been allocated to specific individual schemes which have been prioritised in conjunction with the respective programme boards and approved by ICE. A list of the 9 schemes approved is attached as Appendix 1. As agreed for round 1 funding, quarterly progress reports on delivery, benefits and spend of these round 2 schemes will be reviewed by the Leeds Plan Programme Boards the schemes have been aligned to.

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 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:

- Retrospectively note the content of the Leeds BCF Q4 2018/19 return
- Note the iBCF Spring Budget monies update

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 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