

Mr Tom Riordan
Chief Executive
Leeds City Council

Sent via email: tom.riordan@leeds.gov.uk

22nd March 2022

Dear Tom,

Introduction

I am writing on behalf of Leeds CCG and our NHS Partners across the City as a follow up to the financial support that we have collectively provided to Leeds City Council in the spirit of joint working to achieve the best outcomes for the people of Leeds.

The financial and operational sustainability of social care is crucial to the sustainability of the health and care system as a whole and for the health and wellbeing of the people of Leeds. As NHS partners we are therefore pleased to be able to provide financial support to the local authority. As custodians of NHS resources we have a duty to ensure that we invest public resources wisely and are able to demonstrate our sound stewardship of the funds we are entrusted with. Although the statutory duties of Health and Social Care organisation do have some overlapping areas, they are in the main distinct and therefore any resource transfers between us need to provide a clear line of sight as to the benefits they will provide to the populations and the services we have statutory responsibilities for.

Therefore, this letter sets out the areas which, following discussion with the local authority, we are expecting the resources to be used for. As a Partnership we also seek measurable outcomes and reporting of progress to give assurance about effective use of resources and to establish mutual accountability across the partnership.

Background

During the past few months £9m has been allocated to Leeds City Council (LCC) in recognition of the significant workforce, user demand and financial sustainability challenges facing the social care sector. This is made up of:

- £7m jointly from NHS Leeds CCG and Leeds Teaching Hospitals Trust (LTHT)
- £2m from Leeds and York Partnership NHS Foundation Trust (LYPFT).

LCH have also contributed £1m towards cost pressures in Equipment Services across the city.



LCC has also received £4m directly from the Treasury towards pay pressures in the Care Sector.

NHS Partner Expectations

Our Governing Bodies and Trust Boards have supported the resource transfers to the council on condition that assurances are sought and provided as to their application. They expect regular assurance that we are monitoring the impact of the resources we have transferred. Our intention as a partnership is to prioritise specific services and pathways. We have also cross referenced the list of services provided by your Adult and Children's Services Finance leads in identifying the areas of highest priority.

System Demand and Patient Flow

Prior to the pandemic the Leeds system was already under pressure to meet demand for services across Health and Social Care settings. The position is exacerbated by challenges in recruitment which compounds our challenges to meet known demand as well as identifying unmet need as part of our pledge, as a system, to reduce health inequalities in Leeds.

2 years into the pandemic, the system is now under unprecedented and unsustainable pressure, not only to meet current demand, but to also meet expectations to reduce backlogs in waiting times for treatment.

In early January, the Local Authority and LTHT jointly identified the following areas of operational priority on behalf of the system for which we would wish to monitor progress and impact on a regular basis:

- Earlier planning for discharge/better use of estimated dates of discharge to support earlier planning of discharge support
- Improved communications and assessment pathways for people requiring care at home or in intermediate beds
- Improvements in the capacity for reablement and care at home
- Specialist pathways for groups with needs that are hard to place in existing facilities
- Improved flow through Intermediate Tier bedded facilities
- Support to improve/sustain social care staffing
- Improved systems for shared access to patient level information

- Improved systems for capacity/demand dashboards for real time information
- Opening of an integrated 'transfer of care hub' in November 21, bringing together agencies to assess patient needs and improve communication between receiving organisations, ward-based discharge teams and patients and their families

Local Authority Services with Cost Pressures

- Adults and Health Services – these areas of service are not an immediate priority for additional support from the NHS:
 - Agenda for Change funding gaps have been addressed through a combination of Treasury support to Public Health budgets and direct top ups to NHS Provider Organisations.
 - We understand that Public Health budgets are technically now protected by LCC from reductions until 23-24.
 - LCH has already provided the Council with significant resources to support the equipment service.
 - Several services would be more effectively considered by the Mental Health Programme Board and against the Mental Health Investment Standard.
 - A number of services would need to be assessed in the context of Primary Care Network (PCN) Health Improvement assessments.
 - The Homecare elements need to be referenced against the system flow priorities already highlighted.
 - Advocacy and Support and Adult Carers Group have only recently been assessed for an appropriate level of support from the CCG and NHS contributions were increased accordingly.
 - The City wide bed base review currently in train will also cover dementia bed contribution assessments
- Children and Families – Looked after Children – these areas of service are not a high priority for support from the NHS
 - We have not yet been convinced by the information and supporting arguments provided to date by LCC around the level of funding that the CCG should be providing in Leeds
- Children & Families: Special Educational Needs and Disabilities (SEND)
 - A review of the Autism service is under way – see below the section around Children's Mental Health Services



- Children & Families: Therapeutic Support Services - Support for children and young people who have experienced trauma / adverse childhood experiences
 - We would be interested in supporting and transformational initiatives to review and improve the effectiveness of services in this area
- Children & Families: Family and Community Hubs:
 - Although we are not supporting the hubs costs we would again be interested in supporting transformational and whole family impact interventions that would impact on health inequalities and prevention agendas
 - In relation to youth services it is important that we retain the distinction between the Council's statutory responsibilities and the NHS's – the latter being responsible for DIRECT healthcare provision aspects only.
- Dedicated School Grants – the educational sector is too remote from the NHS statutory agenda to justify financial support from the NHS.

Mental Health Services

LYPFT have made direct arrangements with LCC around their financial support to LCC. We understand that they have requested that these resources support pressures and demand for Mental Health related services for both Children and Adults in Leeds. I know more detailed conversations are ongoing between LYPFT and LCC.

Support Towards Partnership Development Project

The Strategic Estates Board has been developing a business case for a multi-party Health and Social Care Hub in an area of great deprivation in Burmantofts. As we close in on the Capital costs of the scheme, if we have some marginal gaps in funding that would otherwise stop this well-developed scheme, we would wish to give LCC access to the NHS resources transferred to make up the gap – especially if there is slippage on the initiatives in Social Care that are expected to ease system flow. We will set a cap of £150k on the contribution. If this gap increases, we will need to look at other sources of support in 22-23 to close that gap.

Next Steps

1) *Priority areas for spend*

We are seeking your support and commitment towards the priority areas highlighted including regular assurance and reporting of the impact of the resources invested. In particular we would request your commitment to progress reports on the following, in addition to other measurement and evaluation:

- a. The evaluation and impact of the recruitment campaign via the Leeds One Workforce Programme
- b. The progress of the home care transformation work, including project milestones and initial assessment of impact
- c. Assessment of impact on retention and recruitment from the pay uplift
- d. Assessment of the home care hours delivered in 22/23 compared to previous periods

2) *Governance and mutual accountability*

The System Resilience and Recovery Board will oversee progress on the system flow priorities for spend. Programme office and BI support will be strengthened to ensure we take a collective and evidence based ownership of progress. The Leeds One Workforce Programme Board will oversee progress on the recruitment and retention priorities for spend. Individual NHS Trust Boards may also request updates bilaterally.

3) *Cost pressures beyond 2022/23*

ICE will be the ideal forum to oversee the service by service review of the areas of cost pressures list and their future funding arrangements. It would be reasonable to set a target date of Autumn 2022 for a conclusion to this review. However, for this to be feasible we will ask for commitment from LCC to ensuring that relevant and comprehensive cost and outcome and impact measures are provided in support of these evaluation processes so that we can work in partnership to make best use of our collective resources in the city.

Kind regards



Tim Ryley
Chief Executive
NHS Leeds Clinical Commissioning
Group



Visseh Pejhan-Sykes
Chief Financial Officer
NHS Leeds Clinical Commissioning
Group

CC:

Julian Hartley, CEO, Leeds Teaching Hospitals NHS Trust
Thea Stein, CEO, Leeds Community Healthcare NHS Trust
Sarah Munro, CEO, Leeds and York Partnership NHS Foundation Trust
Helen Lewis, Director of Pathway Integration, NHS Leeds Clinical Commissioning Group

