

## KIRKLEES HEALTH & WELLBEING BOARD

MEETING DATE: 13<sup>th</sup> June 2019

### TITLE OF PAPER: West Yorkshire and Harrogate Health and Care Partnership Transformation Funding

#### 1. Purpose of paper

A proposal for principles and approach to developing Kirklees Place Based proposals for the use of transformation funding allocated to the West Yorkshire & Harrogate Integrated Care System (WY&H ICS).

#### 2. Background

The WY&H ICS spends around £5.8bn on the commissioning and delivery of health and care services; this relates to services commissioned by the NHS (clinical commissioning groups and NHS England / Improvement) and those commissioned by local authorities across social care and public health services.

In addition to this core expenditure, there are a number of other funding streams that are received directly by the ICS to support transformation and change across West Yorkshire and Harrogate. These funding streams are relatively small compared to core funding; but if deployed well can be an important catalyst for change and can support the delivery of change programmes at scale.

At the first meeting of the West Yorkshire & Harrogate Health and Care Partnership Board on the 6<sup>th</sup> June, a paper was presented setting out the principles, approach and proposed prioritisation for Integrated Care System (ICS) transformation funding in 2019/20.

In 2018/19, the ICS received non-recurrent funding from NHS England / Improvement to support transformation and change. This comprised two main elements:

- a) "Hypothecated" national transformation funding to support specific national priority areas (£8.5m) – see Appendix A
- b) "Flexible" national transformation (£8.75m)

The prioritisation of the flexible transformation funding (£8.75m) was undertaken collectively by all partner organisations in WY&H and the key programmes supported were:

- Urgent and emergency care (£4.0m);
- sector Primary care network development (£2.6m);
- Voluntary and community / loneliness (£1.0m); and
- Programme support (£1.2m).

The hypothecated transformation funding expected to be received by the ICS in 2019/20 is between £15m and £20m (based on a population share of the national hypothecated funding available for ICS's). The value of flexible transformation funding anticipated for 2019/20 is £8.75m

This funding is provided to those ICSs who have signed up to the ICS financial framework in 2019/20. The key element of the framework is that NHS organisations in the partnership have agreed to combine “individual control totals” and operate within a “system control total”. In practice this means that an element of incentive funding provided to provider trusts for delivering their financial targets is now explicitly reliant on the achievement of the system control total; either through every organisation delivering its plan or through a “system offset” approach where under performance in one organisation is offset by over performance in another.

It should be noted that the proposed WY&H Partnership approach is on the premise that the vast majority of flexible funding is prioritised in the first instance to a West Yorkshire and Harrogate programme and then allocated to place for development of more detailed proposals and implementation.

The WY&H paper notes that there were different views across the 6 places of local proprieties, with urgent and emergency care the only programme areas prioritised by all 6 areas.

### **Principles**

The primary purpose of these resources is to support the transformation priorities of the WY&H Partnership and to ensure it is put to the best use to further the strategic objectives that have been agreed and are set out in the Memorandum of Understanding (MoU). The MoU states that:

*“The partners intend that any transformational funding made available to the Partnership will be used within the places. Funds will be allocated through collective decision making by the Partnership in line with agreed priorities. The method of allocation may vary according to agreed priorities. However, funds will not be allocated through expensive and protracted bidding and prioritisation processes, and will be deployed in those areas where the partners have agreed that they will deliver the maximum leverage for change and address financial risk”.*

The MOU also states that the WY&H Partnership Board will take the decisions around the allocation of transformation funds.

The WY&H Partnership Board Report notes that the ICS was notified in early May 2019 that it was likely to receive the £8.75m of flexible transformation funding in 2019/20. As such there was little time for wide engagement and discussion and local Health and Wellbeing Boards have not been involved in specific discussions about the proposed approach, but there will be further discussions with Health and Wellbeing Boards about the impact of utilisation of this resource on local priorities.

The intent is that the majority of the resource will be allocated at a notional level to specific priority programmes. Each of the six places will then develop proposals as to how this resource will be deployed and the expected benefits/outcomes agreed. This will be led at place level, with discussion and sharing of ideas and best practice within the relevant programme management arrangements.

The use of hypothecated transformation resources will continue to be overseen by the relevant Programme SRO and Programme Board; again recognising that this resource is spent in place.

### **High level proposition from WY&H for “Flexible” national transformation funding (£8.75m)**

Proposed allocation across programme areas:

- Urgent and emergency care (£4.0m)
- Mental health and learning disabilities (£1.5m)
- Preventing ill-health/reducing health inequalities (£1.5m)
- Specific priority areas in place (could focus on voluntary and community services) (£0.9m)
- Programme capacity/system issues (£0.85m).

Resources allocated to programmes/places (the first three priorities) would be spent at place level with high-level oversight undertaken at the Programme workstreams and the System Leadership Executive Group (SLEG). The resource identified for specific priority areas in place could allow some local prioritisation to address specific transformation proposals, or could be used to focus on a theme – for instance development of voluntary and community services. The detailed use of programme capacity/system resource would be developed by the System Oversight and Assurance Group and recommended to the System Leadership Executive Group for approval.

### **3. Proposed approach in Kirklees**

The WY&H partnership is built on ‘primacy of place’, and the approach outlined above recognises this by proposing that each of the six places will develop proposals as to how the flexible transformation resource will be deployed along with the expected benefits/outcomes.

The proposed approach for Kirklees is set out below and has been developed through discussions across a range of partners. This approach will enable there to be a coherent Kirklees Place based voice into the WY&H Partnership.

#### **Principles**

- Use the Kirklees place based architecture, specifically the Integrated Commissioning Board (ICB) and Integrated Provider Board (IPB), to work up proposals on behalf of the Health and Wellbeing Board (HWBB) to enable a Kirklees Place perspective.
- Recognise the role of the A&E boards in planning for urgent and emergency care and use the common membership across the ICB, IPB and A&E boards to ensure strategic fit of proposals.
- Proposals should reflect the priorities set out in the Health and Wellbeing Plan and the associated Integrated Commissioning Strategy and Integrated Provider Board deliverables.
- Focus the funding on transformation activity rather than mitigation of existing system pressures.
- Our approach must promote transparency around the allocation and use of resources across the Kirklees system.
- For 2019/20 endorse the proposed allocation across WY&H programme areas.

- Kirklees Health and Wellbeing Board to be responsible for signing off Kirklees Place proposals.
- Kirklees ICB and IPB to maintain oversight of funded programmes to ensure effective delivery and connections across the system.

### Issues to consider

- Scale: the transformation funding is welcome but very limited (approximately 0.2% of overall annual health and social care spending). It is estimated at approximately £1.3m for Kirklees assuming a population based share of the overall WY&H funding available (Kirklees figures in red below), therefore ..
- It is crucial to ensure proposals complement existing and planned transformation programmes, including links with other funding e.g. BCF/iBCF (including Winter Funding), Local Workforce Advisory Board, Primary Care Networks, A&E Board sponsored projects etc.
- The WY&H Partnership has recognised that the existing Partnership priorities need updating, and agreed at the recent Partnership Board meeting that work on children, young people and families needs strengthening, both through increasing the focus on children and young people in existing programmes such as Urgent & Emergency Care, Cancer and Primary and Community Care; and by developing a specific Children, Young People & Families programme. Therefore it important to bring children, young people and families into view when developing local proposals.
- It is important to recognise that in order to achieve the best return for the available investment some transformation programmes might need to operate at a supra-district level egg Calderdale, Kirklees and Wakefield; West Yorkshire or for Urgent & Emergency Care – Calderdale & Huddersfield or North Kirklees & Wakefield.

### Developing Kirklees place based proposals

- Kirklees Place proposals to be developed through the Integrated Commissioning Board and Integrated Provider Boards for:
  - Mental health and learning disabilities (£225k)
  - Preventing ill-health/reducing health inequalities (£225k)
  - Specific priority areas in place (could focus on VCS) (£135k)
  - Urgent and emergency care (£600k)
  - Other WY&H programmes that are allocated flexible transformation funding
 All proposals to consider issues for children, young people and families as appropriate.
- The WY&H timeline for final sign-off is yet to be confirmed, but we anticipate that this will be before the next Kirklees Health and Wellbeing Board. Therefore the proposed approach is for the Chair of the Health and Wellbeing Board to be given the authority to sign off the proposals on behalf of the Board in consultation with the Chairs of the Integrated Commissioning Board (ICB) and Integrated Provider Board (IPB).
- A paper outlining the Kirklees Place based proposals to be presented to the Health and Wellbeing Board meeting on the 23<sup>rd</sup> July.

#### 4. Financial Implications

These are discussed above.

#### 5. Sign off

Richard Parry, Strategic Director – Corporate Strategy, Commissioning and Public Health  
Carol McKenna, Chief Officer, Greater Huddersfield & North Kirklees CCGs  
Karen Jackson, Chief Executive, Locala Community Partnerships

#### 6. Next Steps

Date	Board/Group	Action
7 June	Integrated Commissioning Board (ICB)	Discuss proposed approach and how to work up proposals
11 June	Integrated Provider Board (IPB)	Discuss proposed approach and how to work up proposals
13 June	HWBB	Seek approval for proposed approach
4 July	Integrated Commissioning Board (ICB)	Endorse proposals
9 July	Integrated Provider Board (IPB)	Endorse proposals
	HWBB Chair, Chairs of ICB and IPB	Sign off Kirklees place based proposals.
23 July	HWBB	Report to Board on proposals submitted

#### 7. Recommendations

That the Health and Wellbeing Board

- Endorse the principles and proposed approach to the development of Kirklees Place based proposals for the use of 'flexible' transformation funding in 2019/20 (see Section 3).
- Agree that the Chair can sign off the Kirklees place based proposals on behalf of the Board in consultation with the Chairs of the Integrated Commissioning Board (ICB) and Integrated Provider Board (IPB).
- Agree that a paper summarising the Kirklees Place based proposals be presented to the next Board meeting.

#### 8. Contact Officer

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## Appendix A: NHS England Hypothecated Funding

	<b>2018/19</b>	<b>2019/20</b>
Maternity	£707,000	£1.7m
Elective care	£293,000	tbc
Personalised care demonstrator sites	£335,000	£0.3m
Suicide prevention	£20,000	tbc
Urgent and Emergency Care	£726,000	tbc
Cancer Alliance	£5,412,000	£6.6m
Communications	£93,000	tbc
Population Health Management	£651,000	tbc
WYAAT Networked Services	£100,000	tbc
Harnessing the power of communities (VCSE)	£28,000	tbc
Organisational Development	£75,000	tbc
Enhanced health in care homes	£86,000	tbc
GP Forward View	-	£2.1m
<b>TOTAL</b>	<b>£8,526,000</b>	<b>£15m-£20m</b>