Leeds Health and Wellbeing Board

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Report of: Steve Hume (Chief Officer, Adults & Health, Leeds City Council) & Rob O'Connell (Deputy Director of Commissioning, NHS Leeds CCG)

Report to: Leeds Health and Wellbeing Board

Date: 5th September 2018

Subject: Leeds BCF Quarter 1 2018/19 Return

Are specific geographical areas affected? If relevant, name(s) of area(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes	☒ 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 Q1 2018/19 Return (Appendix 1) was submitted to NHSE/MHCLG by the submission date of 20th July 2018.

Health and Wellbeing Board members were given the opportunity to comment on the return prior to submission and was signed off by the Chair of the HWB. The return was also received by the Leeds Plan Delivery Group (26th July 2018) and Integrated Commissioning Executive (31st July 2018), who acts as the Partnership Board, for noting. Routine monitoring of the delivery of the BCF is undertaken by the Leeds Plan Delivery Group, which now undertakes the functions of the previous BCF Delivery Group.

Recommendations

The Leeds Health and Wellbeing Board is asked to:

- Note the content of the Leeds BCF Q1 2018/19 return

1. Purpose of this report

1.1 The purpose of this report is to provide an overview of the Leeds BCF Q1 2018/19 return to the Health and Wellbeing Board.

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.

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

2.2 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

2.3 In Leeds, this non-recurrent three year funding has been used in line with the Leeds Health and Wellbeing Strategy 2016-2021 and the Leeds Health and Care Plan. It funds 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 Each bid is supported by a robust business case which will address the challenges faced around health and wellbeing, care quality and finance and efficiency. A robust approach has been established which will:-

- Measure the actual impact of each individual initiative.
- Monitor actual spend on each initiative and release funding accordingly.
- Ensure that appropriate steps are being taken to identify ongoing recurrent funding streams after the iBCF funding period ends in cases where initiatives prove to be successful.
- Ensure that exit strategies are in place for initiatives that do not achieve their intended results.

3. Main issues

3.1 The key points of the return to note are:-

- *National Conditions* - The return has been submitted in accordance with the deadline of 20th July 2018 with all national conditions are met.

- *Metrics* – 3 of the 4 key metrics are on track to meet targets. Work is ongoing for Delayed Transfers of Care with significant progress being made.

- *High Impact Change Model* – All aspects in relation to transfers of care are either established or mature in Leeds, except 7 day working which is viewed on a case by case basis.

- *Narrative* – Our narrative outlines our progress in terms of integration, highlighting the current work with Newton Europe around system flow, the development of Local care Partnerships, the development of Trusted Assessors to support care homes and improvements to the Integrated Discharge Service.

- *Additional 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.

- *Additional iBCF: Part 2* – Section C shows no care packages have been funded through the additional iBCF/Spring Budget monies because this non-recurrent money has been used to fund system change. Additional Care packages amounting to £9.4m have been provided within the Adult Social Care 2018/19 budget which includes both the use of recurrent iBCF monies together with the additional council tax precept levied in 2018/19.

3.2 *Schemes funded through iBCF/Spring Budget monies*

Reporting forms for quarter 1 2018/19 are currently being completed for each scheme and will be reviewed by a cross-partner panel on 30th August 2018. The review panel will be asked to make a recommendations to:

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

The cross-partner nature of the panel provides a health and care system perspective and ensures each scheme is delivering on the challenges facing the health and care sector in line with the Leeds Health and Wellbeing Strategy 2016-2021 and the Leeds Health and Care Plan.

Recommendations from this panel review will be submitted to future meetings of the Leeds Plan Delivery Group, the Integrated Commissioning Executive (ICE), Partnership Executive Group and the Health and Wellbeing Board.

4. Health and Wellbeing Board governance

4.1 Consultation, engagement and working with people in Leeds

4.1.1 Routine monitoring of the delivery of the BCF is undertaken by the Leeds Plan Delivery Group now that the BCF Delivery Group has been subsumed into the Leeds Plan Delivery Group. This group reports into ICE which is the BCF Partnership Board.

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 comprised. The services funded by the BCF contribute to the vision of the Leeds Health and Wellbeing Strategy that 'Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest'.

4.3 Resources and value for money

4.3.1 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

4.4.1 There is no legal, access to information or call in implications arising 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.

5.2 Locally we will continue to monitor the impact of the schemes and plan towards the exit from the Spring Budget funding period.

6 Recommendations

6.1 The Leeds Health and Wellbeing Board is asked to:-

- Note the contents of the Leeds BCF Q1 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	
The best care, in the right place, at the right time	X

Better Care Fund Template Q1 2018/19

1. Cover

Version 1.0	
Health and Wellbeing Board:	Leeds
Completed by:	Lesley Newlove
E-mail:	lesley.newlove@nhs.net
Contact number:	
Who signed off the report on behalf of the Health and Wellbeing Board:	Councillor Rebecca Charlwood

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Complete

	Pending Fields
1. Cover	0
2. National Conditions & s75 Pooled Budget	0
3. National Metrics	0
4. High Impact Change Model	0
5. Narrative	0
6. iBCF Part 1	0
7. iBCF Part 2	0

Department of Health & Social Care

Ministry of Housing, Communities & Local Government

Local Government Association

NHS England

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2. National Conditions & s75 Pooled Budget

Selected Health and Wellbeing Board: Leeds

Confirmation of Nation Conditions		
National Condition	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:**
1) Plans to be jointly agreed? (This also includes agreement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the Planning Requirements?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Managing transfers of care?	Yes	

Confirmation of s75 Pooled Budget			
Statement	**Response**	**If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:**	**If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)**
Have the funds been pooled via a s.75 pooled budget?	Yes		

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Metrics

Selected Health and Wellbeing Board: Leeds

Challenges Please describe any challenges faced in meeting the planned target
Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics
Support Needs Please highlight any support that may facilitate or ease the achievements of metric plans

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	On track to meet target	It will be a challenge to maintain the significant downward trend in admissions seen over the last year. Our key aim will be to stabilise the level of admissions at the current level i.e. not increase further and to focus on reducing the length of stay for patients especially long stays. This will require a system wide approach.	NHS England submitted plans for higher growth in non-electives than expected in Leeds. Over last year, the system has reduced non-elective admissions by 4%. We are aiming to continue to maintain our focus on admission avoidance and are reviewing the sucess of a number of initiatives such as the development of the frailty unit and a proposed development of a 'virtual ward' to ensure a continued improvement	None

Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Increased demographic demands. Capacity and range of alternatives to care home placements.	Numbers of new people admitted to permanent residential places reduced in 2017/18. Increased capacity to provide short term community based beds for recovery. Programme of work in increase extra care placements across the city as an alternative to residential care.	None
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	On track to meet target	Capacity to provide timely support for all people leaving hospital who would benefit from reablement. People leaving hospital being well enough to benefit from reablement. Recruitment & Retention difficulties in staffing the expanded service.	Streamlined process to enable frontline hospital staff to access reablement services directly. Enhanced service including increased capacity and increased ability to access other support services. Average monthly numbers of people accessing reablement increased in 2017/18 from 150 to 290.	None
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	Not on track to meet target	Developing out of hospital capacity to ensure adequate flow. Implementing new Transfer of Care protocol.	DTOCs in acute sector continue to decrease. Problem remains with LYPFT and older people. Delays as a result of Social Care remain below target.	Work being undertaken by Newton Europe to support the system to understand reasons for problems with patient flows

Better Care Fund Template Q1 2018/19

4. High Impact Change Model

Selected Health and Wellbeing Board: Leeds

Challenges	Please describe the key challenges faced by your system in the implementation of this change
Milestones met during the quarter / Observed Impact	Please describe the milestones met in the implementation of the change or describe any observed impact of the implemented change
Support Needs	Please indicate any support that may better facilitate or accelerate the implementation of this change

		Maturity Assessment					Narrative			
		Q4 17/18	Q1 18/19 (Current)	Q2 18/19 (Planned)	Q3 18/19 (Planned)	Q4 18/19 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	**Early discharge planning**	Established	Established	Established	Established	Mature		Further work to systematise the implementation of EDD for all patients. Aim is to improve the signalling of EDD to families along with expectations on 'home first' as part of updated Transfer of Care Protocol	Significant work being undertaken to implement SAFER in Trust along with progress towards completion and agreement of new Transfer of Care policy	None
Chg 2	**Systems to monitor patient flow**	Established	Established	Established	Established	Mature		Developing improved access to real time data and developing real time systems responses. Using data to proactively anticipate impact of changes early	Improved systems escalation policy that include review of system flow. System is reviewing potential of procuring a new real time system to track operational pressures	System has engaged Newton Europe to support review flow issues in LTHT and LYPFT

Chg 3	**Multi-disciplinary/ multi-agency discharge teams**	Establis hed	Established	Established	Mature	Mature		Current in place in A&E and medical wards. Currently looking to extend existing team to all wards	Begining the development of specification of a Multi Agency Discharge Team across all wards. Design will be influenced by Newton Europe review	None
Chg 4	**Home first/ discharge to assess**	Establis hed	Established	Established	Established	Established		Extending the IDS service to maximise policies for taking forward home first/discharge to assess for all pathways. Challenge is securing out of hospital capacity	Home First Policy approach under development. System reviewing capacity required in reablement, community and communty beds to support discharge to assess	None
Chg 5	**Seven-day service**	Not yet establis hed	Not yet established	Not yet established	Not yet established	Plans in place		Whilst seven days exists for a number of services there are no current plans to extend for some services although this is under ongoing review	Continuing to develop thinking re seven day services as part of development of transfer to asess approach. Continuing to review feasibility of changing to 7 day working for services where there is interdependence between health and social care and changes in behaviour required to realise benefits	None

Chg 6	**Trusted assessors**	Establis hed	Established	Established	Mature	Mature		Large number of care home providers offering different approaches to trusted assessment and variable response times with regards to assessment within reasonable timeframe	System has employed an additional 8 trusted assessors through IBCF to support discharge to reablement on all wards. Further 2 Trusted Assessor posts to improve transfers to care homes for more complex cases now agreed.	None
Chg 7	**Focus on choice**	Mature	Mature	Mature	Mature	Mature	The system has Age UK supporting patients to choose care homes, undertaking work to update Tranfer of Care Protocol to further embed	Lack of provision for patients with complex needs notably elderly with complex mental health issues associated with dementia	Work being undertaken on updating transfer of care protocol to ensure all patients leave hospital in a timely manner. Trialing initiatives to improve short term 1-2-1 support in care homes to resettle clients.	None
Chg 8	**Enhancing health in care homes**	Establis hed	Established	Established	Established	Established		See issue re dementia above	CCG is looking to appoint care home lead to support development of sector. Work is underway to review capacity in Mental Health community services with a scheme being developed aimed at offering support to care homes for patients with dementia	None

Hospital Transfer Protocol (or the Red Bag scheme) Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.										
		Q4 17/18	**Q1 18/19 (Current)**	**Q2 18/19 (Planned)**	**Q3 18/19 (Planned)**	**Q4 18/19 (Planned)**	**If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.**	**Challenges**	**Achievements / Impact**	**Support needs**
UEC	**Red Bag scheme**	Established	Established	Established	Established	Established		The red bags are not always sent from the acute setting at the same time as the patient	Care Homes have responded well to this scheme	None

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5. Narrative

Selected Health and Wellbeing Board:	Leeds

Remaining Characters:	17,723

Progress against local plan for integration of health and social care

We are currently in the process of engaging Newton (Europe) to undertake analysis of the reasons for delays in discharge with a focus on understanding the reasons for delays in hospital (acute and mental health) assessment processes and opportunities for the system for further developing out of hospital services to improve patient flow. This will support the development of commissioning intentions and development of BCF for the coming year. Plans to develop 18 Local Care Partnerships which build on the existing 13 Integrated Neighbourhood Teams are now well advanced.

We would like to highlight the fact that tab 7 section C shows that no care packages have been funded through the additional iBCF/Spring Budget monies. This is because this non-recurrent money has been used to fund system change. Care packages, placements and sustainability of the market through above inflation fee increases have been funded through recurrent iBCF monies.The Adult Social Care budget in 2018/19 provided an additional £9.4m in respect of care packages and placements, which in addition to the amount required to fund inflationary and national living wage pressures on existing packages, equates to an ability to fund an additional 64 average Direct Payments or Home Care Packages, an additional 117 Nursing or Residential Placements and an additional 14 day centre places for a full year over and above those levels supported in 2017/18.

Integration success story highlight over the past quarter

We are currently working with care homes and the Third Sector to agree the appointment of Trusted Assessors for care homes. The aim is to appoint two staff working on the Lincolnshire model to assess patients as to suitability for care home placements. This will avoid the need for care homes to attend hospital to assess patients thus speeding up discharge.

We are currently working in partnership across Primary, Community, Acute and social care services to support the improvement of our Integrated Discharge Service. The aim is to bring together a range of initiatives that have developed over recent years into a more cohesive offer. Areas included are current integrated discharge service, hospital social workers, SPUR (single point of urgent referrals) and frailty unit.

The frailty service, funded through iBCF/Spring Budget monies, is a multi agency service which includes a Consultant Geriatrician, GP, Nurse Practitioner, Social worker, clinical skills supervisor, Healthcare assistant, Physio and Support, housing, 3rd sector and administration. It supports a strength based approach to the management of frail people presenting or conveyed to the emergency department of St James Hospital. Patients that are assessed through the frailty service have more potential to return home without the need for a hospital admission thus avoiding possible lengthy stays in hospital where evidence shows frail people become deconditioned and more dependent on social care, post discharge. This will therefore contribute to the reduction of people requiring long term packages of care.

Q1 18/19 reporting shows that 80% of patients attending the ED during Nov17 - March 18 were not admitted to hospital.

Additional improved Better Care Fund - Part 1

Selected Health and Wellbeing Board:	Leeds
Additional improved Better Care Fund Allocation for 2018/19:	£ 9,430,235

Section A

What proportion of your additional iBCF funding for 2018-19 are you allocating towards each of the three purposes of the funding?			
	a) Meeting adult social care needs	**b) Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready**	**c) Ensuring that the local social care provider market is supported**
Please enter the amount you have designated for each purpose as **a percentage of the total additional iBCF funding you have been allocated for the whole of 2018-19.** If the expenditure covers more than one purpose, please categorise it according to the primary purpose. **Please ensure that the sum of the percentage figures entered does not exceed 100%. If you have not designated any funding for a particular purpose, please enter 0% and do not leave a blank cell.**	58%	35%	7%

Section B

What initiatives / projects will your additional iBCF funding be used to support in 2018-19?										
	Initiative/ Project 1	**Initiative/ Project 2**	**Initiative/ Project 3**	**Initiative/ Project 4**	**Initiative/ Project 5**	**Initiative/ Project 6**	**Initiative/ Project 7**	**Initiative/ Project 8**	**Initiative/ Project 9**	**Initiative/ Project 10**
B1) Provide individual titles for no more than 10 initiative / projects. If you are funding more than 10 initiatives / projects, you should list those with the largest size of investment in 2018-19. Please do not use more than 150 characters.	Respiratory Virtual Ward (SB58)	Alcohol and drug social care provision after 2018/19 (SB23)	Hospital to Home (SB52)	Leeds Community Equipment Services (SB31)	Frailty Assessment Unit (SB50)	Better Conversations (SB22)	Neighbourhood Networks (SB30)	SkILS Reablement Service (SB3)	Local Area Coordination (LAC) & Asset Based Community Development (ABCD) (SB2 & SB12)	Yorkshire Ambulance Service Practitioners Scheme (SB49)
B2) Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19? Use the drop-down menu, options below: Continuation New initiative/project	Continuation	Continuation	Continuation	Continuation	Continuation	Continuation	Continuation	Continuation	Continuation	Continuation
B3) If you have answered question B2 with "Continuation" please provide the name of the project as provided in the 2017-18 returns.	Respiratory Virtual Ward (SB58)	Alcohol and drug social care provision after 2018/19 (SB23)	Hospital to Home (SB52)	Leeds Community Equipment Services (SB31)	Frailty Assessment Unit (SB50)	Better Conversations (SB22)	Neighbourhood Networks (SB30)	SkILs Reablement Service (SB3)	Local Area Coordination (LAC) & Asset Based Community Development (ABCD) (SB2 & SB12)	Yorkshire Ambulance Service Practitioners scheme (SB49)

B4) If this is a "New Initative / Project" for 2018/19, briefly describe the key objectives / expected outcomes.										
B5) Use the drop-down menu provided or type in one of the categories listed to indicate which of the following categories the initiative / project primarily falls under.	1. Capacity: Increasing capacity	2. Expenditure to improve efficiency in process or delivery	3. DTOC: Reducing delayed transfers of care	3. DTOC: Reducing delayed transfers of care	5. Managing Demand	11. Prevention	11. Prevention	13. Reablement	11. Prevention	5. Managing Demand
B6) If you have answered question B5 with "Other", please specify.										
B7) What is the planned total duration of each initiative/project? Use the drop-down menu, options below. For continuing projects, you should also include running time before 2018/19. 1) Less than 6 months 2) Between 6 months and 1 year 3) From 1 year up to 2 years 4) 2 years or longer	3. From 1 year up to 2 years	4. 2 years or longer	4. 2 years or longer	4. 2 years or longer	4. 2 years or longer	4. 2 years or longer	4. 2 years or longer	4. 2 years or longer	4. 2 years or longer	2. Between 6 months and 1 year

B8) Use the drop-down options provided or type in one of the following options to report on progress to date: 1) Planning stage 2) In progress: no results yet 3) In progress: showing results 4) Completed	3. In progress: showing results	3. In progress: showing results	3. In progress: showing results	3. In progress: showing results	3. In progress: showing results	1. Planning stage	2. In progress: no results yet	2. In progress: no results yet	3. In progress: showing results	1. Planning stage

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Additional improved Better Care Fund - Part 2

Selected Health and Wellbeing Board:	Leeds
Additional improved Better Fund Allocation for 2018/19:	£ 9,430,235

Section C

What impact does the additional iBCF funding you have been allocated for 2018-19 have on the plans you have made for the following:			
	a) The number of home care packages provided for the whole of 2018-19:	**b) The number of hours of home care provided for the whole of 2018-19:**	**c) The number of care home placements for the whole of 2018-19:**
C1) Provide figures on the planned number of home care packages, hours of home care and number of care home placements you are purchasing/providing as a direct result of your additional iBCF funding allocation for 2018-19. The figures you provide should cover the whole of 2018-19. Please use whole numbers with no text, if you have a nil entry please could you enter 0 in the appropriate box.	-	-	-

Section D

Indicate no more than five key metrics you will use to assess your performance.					
	Metric 1	**Metric 2**	**Metric 3**	**Metric 4**	**Metric 5**
D1) Provide a list of up to 5 metrics you are measuring yourself against. Please do not use more than 100 characters.	Number of commissioned care homes weeks (65+)	% new client referrals for specialist SC resolved at point of contact or through universal services	Number of stranded and super stranded patients	Number of CHC patients that are assessesed in hospital (transfer to assess)	

Better Care Fund Template Q1 2018/19

Additional iBCF Q4 2017/18 Project Titles

Selected Health and Wellbeing Board: Leeds

Quarter 4 2017/18 Submitted Project Titles

Project information not submitted in 2017-18 reporting

Project Title 1	Project Title 2	Project Title 3	Project Title 4	Project Title 5	Project Title 6	Project Title 7	Project Title 8	Project Title 9	Project Title 10	Project Title 11	Project Title 12	Project Title 13	Project Title 14	Project Title 15
Leeds Community Equipment Services (SB31)	Alcohol and drug social care provision after 2018/19 (SB23)	Better Conversations (SB22)	Neighbourhood Networks (SB30)	Frailty Assessment Unit (SB50)	Respiratory Virtual Ward (SB58)	SkILs Reablement Service (SB3)	Local Area Coordination (LAC) & Asset Based Community Development (ABCD) (SB2 & SB12)	Yorkshire Ambulance Service Practitioners scheme (SB49)	Trusted Assessor (LGI) (SB64)	Trusted Assessor (SJH) (SB65)	Positive Behaviour Service (SB44)	Hospital to Home (SB52)	The Conservation Volunteers (TCV HOLLYBUSH) - Green Gym (SB28)	Falls Pathway Enhancement (LCH) (SB61)

Project Title 16	Project Title 17	Project Title 18	Project Title 19	Project Title 20	Project Title 21	Project Title 22	Project Title 23	Project Title 24	Project Title 25	Project Title 26	Project Title 27	Project Title 28	Project Title 29	Project Title 30
Falls Prevention (SB14)	Transitional Beds (SB63)	Lunch Clubs (SB26)	Health Partnerships team (SB24)	Staffing resilience (SB54)	Dementia: Information & skills (online information & training) (SB13)	A&H - Change Capacity (SB35)	Time for Carers (SB15)	Peer Support Networks (SB25)	Rapid Response (SB66)	Supporting Wellbeing and Independence for Frailty (SWIFt) (SB7)	Business Development Manager for Assistive Technology post (SB41)	Customer Access (SB8)	Working Carers (SB17)	