## Appendix 3 - Summary of Top 10 iBCF Schemes as at Q2 18/19

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| Scheme No. & name of scheme | SB3 SKiLs Reablement Service |
| Purpose | To increase system flow of patients by placing Case Officers in LTHT and having dedicated Social Work Assistants to support timely exits from reablement where an ongoing service is required. |
| Expected Benefits | • Increase the number of appropriate referrals to SKiLs from LTHT and reduce length of stay in hospital<br>• Reduce referrals from LTHT which don't become an active reablement intervention<br>• Reduce number of people in transition from reablement and the length of time people are supported in transition by reablement<br>• Improve staff satisfaction through reduced down time and customers in transition and positive working relationships between LTHT and SKiLs |
| Q2 2018/19 achievements | • 4 Case Officer posts recruited to and following a period of induction and training will start to have a presence at LTHT w/c 8 October<br>• The number of people in transition did fall and was 46 at end of July 2018 but this now has increased to 70 at end of Aug and 82 at end of September 2018 |

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| Scheme No. & name of scheme | SB12 Local Area Coordination & Asset Based Community Development |
| Purpose | This scheme has been amalgamated with scheme SB2 Asset Based Community Development. The purpose is to support communities using local area coordination and ABCD principles to respond to the needs of people who have or may be in need of social care support. |
| Expected Benefits | • Improve quality of life for people with low to moderate learning disabilities able to participate actively in their local community in ways that are supportive of them as individuals via the pathfinders<br>• The ABCD pathfinders will help to improve wellbeing and community resilience in the neighbourhoods in which they operate; supporting the rollout of strengths based social work. Wellbeing outcomes will be evidenced through increased connections within the community (with people feeling less isolated), increased opportunities for all people, including those with care and support needs, to participate and as a result people feeling safer where they live<br>• The interdependencies of communities are recognised and strengthened. All members of the community feel welcome including people with learning disabilities<br>• People with learning disabilities are supported and support others within the community; paid support and services are not default options<br>• Communities are resilient and able to recover and sustain their effort when things go wrong<br>• Individuals and groups are supported to have the tools to take action |
| Q2 2018/19 achievements | • Community connectors have been recognised, groups are running regularly and community events and groups have taken place led by the community for the community<br><br>• **BHI (Chapeltown) pathfinder:**<br>○ Progress has been made by the Community Builder and several community connectors have been identified<br>○ The Community Builder is pro-actively visiting other pathfinder sites to see what she can learn from them<br><br>• **New Wortley Community Centre (New Wortley)**:<br>○ Sky News has visited the community centre to find out about their work<br><br>• **LS14 Trust (Seacroft):**<br>○ A board game is being developed for Seacroft which will be used to initiate discussions about the area<br>○ A group of local people are involved in a public art sculpture project and have visited both Leeds Art Gallery |

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| | and the Hepworth to gain inspiration for the pieces they are making locally<br>○ Members of the Community Foundation's 100 Club visited the Trust to find out first-hand what they do<br>○ As a result of this the Lord Lieutenant is visiting the Trust in August to find out more about the organisation and Seacroft, which may lead to a royal visit<br>○ Two community connectors attended the Kings Fund event to tell their stories. At the event one of the connectors realised she had finally conquered her fear of crowds and was relaxed at an event for the first time in years.<br><br>• **Outcome Framework:** All pathfinders have started using the outcome framework to measure their impact. They have been asked to share their diary/logs after recording their activity for a couple of months<br><br>• Working with Aspire CIC to establish a pathfinder looking to support people with learning disabilities living at home with their carers to be better connected where they live<br><br>• A further pathfinder with a learning disability lens has been identified, awaiting approval<br><br>• A common evaluation framework has been established to measure progress in improving community resilience and connectedness<br><br>• 40 people currently member of a self-reliant group in pathfinder areas<br><br>• Friends of Reins Park group established; local people prioritised play equipment being installed. This is now in place and families made use of the facilities over the summer - meeting together and supporting each other |

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| Scheme No. & name of scheme | SB22 Better Conversations |
| Purpose | To train health and care staff to have 'better conversations' with the citizens of Leeds and move the conversation to a 'working with' approach. |
| Expected Benefits | • Decrease in use of services<br>• Implementing a culture change which supports system integration resulting in an unified approach across health and care partners in Leeds<br>• Minimise the costs of preventable illnesses and dependency, inappropriate admissions and prescribed medications<br>• Improved staff engagement, resilience, motivation, job satisfaction, recruitment and retention |
| Q2 2018/19 achievements | • Engagement meetings have taken place with all key areas suggested by Leeds Plan Delivery Group for deployment<br>• Initial meetings have taken place with a number of key people in respect of the respiratory pathway and LCP (Seacroft/Crossgates)<br>• Pilot sessions planned<br>• A group of stakeholders from the Better Conversations Programme met the Health and Care Evaluation Service (HACES) on August 24th and carried out a workshop to establish a set of testable programme level outcomes that could be used for evaluation. The workshop was based on the outcomes in the 'Whole City Approach to Working with People' infographic and HACES are now working with the products of the session to develop a proposed set of outcomes that Better Conversations can be evaluated against<br>• OD and Training – model developed and training package to be completed by the end of September |

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| Scheme No. & name of scheme | SB23 Alcohol and drug social care provision after 2018/19 |
| Purpose | To fund front line drug and alcohol services for residential rehabilitation, Leeds Housing Concern and spot purchase in order to meet the needs of patients requiring specialist drug and alcohol services. |
| Expected Benefits | • Reduce hospital admissions |
| Q2 2018/19 achievements | • There has been an increase in referrals with 19 people commencing residential rehabilitation at St Anne's and 14 people (who commenced their residential rehabilitation during Q4 2017/18 or Q1 2018/19) successfully completing it during Q1. A number of these people had accessed and successfully completed residential detoxification at St Anne's prior to commencing residential rehabilitation<br>• All 6 clients of the service are maintaining their managed alcohol agreements without any relapses. No unplanned hospital admissions. Two of the six have move-on plans in place to seek alternative accommodation and expect to move on during Q2<br>• Leeds Adults and health fund adults to go out of area to drug rehabilitation services as Leeds does not have such a facility. There has been a focus on rehab at Forward Leeds in the past month and 20 new referrals have been received<br>• Q2 has seen one long term client move on to supported living having managed to stabilise their alcohol consumption. The remaining 5 clients are all in recovery and have made excellent progress in reducing their alcohol intake and general improvements to mental and physical health since entering the service. One of the clients is younger than the rest and has managed to get employment and made great progress. |

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| Scheme No. & name of scheme | SB30 Neighbourhood Networks |
| Purpose | Neighbourhood Network schemes are community based, locally led organisations that enable older people to live independently and proactively participate within their own communities by providing services that reduce social isolation, deliver a range of health and wellbeing activities, provide opportunities for volunteering, act as a 'gateway' to advice/information and other services resulting in a better quality of life for individuals. |
| Expected Benefits | • Increase the number of older people supported by Neighbourhood Networks<br>• Reduce admissions to hospital of older people<br>• Increase the number of older people receiving hospital discharge support<br>• Increase the number of activities delivered to support health and wellbeing |
| Q2 2018/19 achievements | • The funding and the benefits to be achieved are to commence with the new grant, starting 1st October. Progress to date has involved setting in place funding agreements with all successful bidders and ensuring first payment of grants for the period 1st October 2018 through to 31st December 2018. As per the brief, investment from the BCF starts from 1st October 2018 meaning the benefits of the investment can be made from the Quarter 3 reporting period onwards |

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| Scheme No. & name of scheme | SB31 Leeds Community Equipment Services |
| Purpose | To increase the BCF funding for Leeds Community Equipment Service |
| Expected Benefits | • Increase the amount of level 1 equipment delivered in 48 hours to support discharges, reablement and avoid admissions to hospital<br>• Increase the amount of level 2 equipment delivered within 14 days<br>• Reduce the number of delayed transfers of care due to equipment<br>• Increase the number of people supported to remain at home<br>• Reduction on spend on other services/support by provision of equipment |
| Q2 2018/19 achievements | • 94.24% of level 1 equipment delivered in 48 hours to support discharges and Reablement and for admission avoidance<br>• 97.47% of level 2 equipment delivered within 14 days of being available for delivery<br>• Position at end Q2 18/19 - 108 people waiting for equipment at value of £115k |

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| Scheme No. & name of scheme | SB49 Yorkshire Ambulance Service Practitioners scheme |
| Purpose | To fund two Emergency Care Practitioners to be based at the Urgent Treatment Centres who will provide both navigation services and support to minor illness and minor injuries through clinic sessions. To also fund 1 part-time ECP supervisor. |
| Expected Benefits | • Improvement in time to assessment<br>• Improvement in 4 hour Emergency Care Standard<br>• Staff satisfaction rates |
| Q2 2018/19 achievements | • The scheme is still in the planning stage - it is anticipated that it will start November 2018 |

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| Scheme No. & name of scheme | SB50 Frailty Assessment Unit |
| Purpose | To fund a multi-agency frailty service initially in St James' to support a strength based approach to the management of frail people presenting or conveyed to the emergency department and promote the ethos of Home First. |
| Expected Benefits | • Reduce non-elective admissions – target 1200 (over 12 months)<br>• Bed days saved – target 2400 days (over 12 months)<br>• Number of attendances to Frailty Unit – target 2000 (over 12 months) |
| Q2 2018/19 achievements | Actual value to date:-<br>• Discharged from Frailty Unit = 951<br>• Bed days saved = 1902<br>• Number of attendances to Frailty Unit = 1522 |

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| Scheme No. & name of scheme | SB52 Hospital to Home |
| Purpose | To fund the Leeds Integrated Discharge Service – a multi-disciplinary team to ensure that where possible admissions into hospital are avoided from A&E and the assessment area. In addition the team works across a number of medical wards to support timely discharge of adult medical patients who have presented to the hospital. |
| Expected Benefits | • Reduce non-elective admissions<br>• Reduce bed occupancy<br>• Reduce the need for home care (ASC and NHS)<br>• Reduce DToC days associated with Choice<br>• Improved A&E performance<br>• Reduce the number of cancellations of routine surgery |
| Q2 2018/19 achievements | • **Reduced bed occupancy** - difficult to assess specific impact of H2H but stranded patient trend is downward<br>• **Reduced DTOC Bed Days associated with Choice** - Recent rise in DTOCS in LTHT expected to decrease as summer progresses<br>• A&E Performance has improved in recent months and as of last month stands at around 90% |

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| Scheme No. & name of scheme | SB58 Respiratory Virtual Ward |
| Purpose | To fund a Respiratory Virtual Ward to provide intense respiratory support to a defined cohort of patients in their own home. |
| Expected Benefits | • Identification of numbers of people who can be supported to remain at home<br>• Reduce hospital admissions<br>• Reduce length of stay in hospital<br>• Increase the number of people in the community with an enhanced care plan to manage exacerbation<br>• Improve outcomes for individuals and improve confidence to self-manage and remain at home where appropriate |
| Q2 2018/19 achievements | • Service moved to provide 7 day cover as of 1st September 2018<br>• 37 patients admitted onto the VRW since 1st June. 311 bed days were saved during this period<br>• Since 1st June 2018 12 patients seen by the VRW were admission avoidance<br>• Since 1st June 2018 the VRW has supported 19 patients to be discharged from hospital<br>• Since 1st September all patients on the VRW have been supported with a self-management care plan<br>• 68% of patients demonstrated an improvement on discharge from the VRW in the COPD outcome measure – CAT score<br>• 7 responses to Patient satisfaction and FFT since 1st September 2018. 100% of patients that commented provided positive feedback regarding the service |