Better Care Fund Template Q4 2018/19

1. Cover

Version 1.0

Please Note:
- The BCF quarterly reports are categorised as 'Management Information' and are planned for publishing in an aggregated form on the NHSE website. ***Narrative sections of the reports will not be published.*** *However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.*
- As noted already, the BCF national partners intend to publish the aggregated national quarterly reporting information on a quarterly basis. At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
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Health and Wellbeing Board:	Leeds
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Who signed off the report on behalf of the Health and Wellbeing Board:	Councillor 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. Income and Expenditure	0
6. Year End Feedback	0
7. Narrative	0
8. improved Better Care Fund: Part 1	0
9. improved Better Care Fund: Part 2	0

Department of Health & Social Care

Ministry of Housing, Communities & Local Government

Local Government Association

NHS England

[<< Link to Guidance tab]

1. Cover

	Cell Reference	Checker
Health & Wellbeing Board	C8	Yes
Completed by:	C10	Yes
E-mail:	C12	Yes
Contact number:	C14	Yes
Who signed off the report on behalf of the Health and Wellbeing Board:	C16	Yes

Sheet Complete:	Yes

2. National Conditions & s75 Pooled Budget

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	Cell Reference	Checker
1) Plans to be jointly agreed?	C8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements?	C9	Yes

3) Agreement to invest in NHS commissioned out of hospital services?	C10	Yes
4) Managing transfers of care?	C11	Yes
1) Plans to be jointly agreed? If no please detail	D8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements? Detail	D9	Yes
3) Agreement to invest in NHS commissioned out of hospital services? If no please detail	D10	Yes
4) Managing transfers of care? If no please detail	D11	Yes
Have the funds been pooled via a s.75 pooled budget?	C15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please detail	D15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please indicate when	E15	Yes

Sheet Complete:	Yes

3. Metrics

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	Cell Reference	Checker
NEA Target performance	D11	Yes
Res Admissions Target performance	D12	Yes
Reablement Target performance	D13	Yes
DToC Target performance	D14	Yes
NEA Challenges	E11	Yes
Res Admissions Challenges	E12	Yes
Reablement Challenges	E13	Yes
DToC Challenges	E14	Yes
NEA Achievements	F11	Yes
Res Admissions Achievements	F12	Yes
Reablement Achievements	F13	Yes
DToC Achievements	F14	Yes
NEA Support Needs	G11	Yes
Res Admissions Support Needs	G12	Yes
Reablement Support Needs	G13	Yes
DToC Support Needs	G14	Yes

Sheet Complete:	Yes

4. High Impact Change Model

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	Cell Reference	Checker
Chg 1 - Early discharge planning Q4 18/19	G12	Yes
Chg 2 - Systems to monitor patient flow Q4 18/19	G13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q4 18/19	G14	Yes
Chg 4 - Home first/discharge to assess Q4 18/19	G15	Yes
Chg 5 - Seven-day service Q4 18/19	G16	Yes
Chg 6 - Trusted assessors Q4 18/19	G17	Yes
Chg 7 - Focus on choice Q4 18/19	G18	Yes
Chg 8 - Enhancing health in care homes Q4 18/19	G19	Yes
UEC - Red Bag scheme Q4 18/19	G23	Yes
Chg 1 - Early discharge planning, if Mature or Exemplary please explain	H12	Yes
Chg 2 - Systems to monitor patient flow, if Mature or Exemplary please explain	H13	Yes
Chg 3 - Multi-disciplinary/agency discharge teams, if Mature or Exemplary please explain	H14	Yes
Chg 4 - Home first/discharge to assess, if Mature or Exemplary please explain	H15	Yes
Chg 5 - Seven-day service, if Mature or Exemplary please explain	H16	Yes
Chg 6 - Trusted assessors, if Mature or Exemplary please explain	H16	Yes
Chg 7 - Focus on choice, if Mature or Exemplary please explain	H17	Yes
Chg 8 - Enhancing health in care homes, if Mature or Exemplary please explain	H18	Yes
UEC - Red Bag scheme, if Mature or Exemplary please explain	H23	Yes
Chg 1 - Early discharge planning Challenges	I12	Yes
Chg 2 - Systems to monitor patient flow Challenges	I13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Challenges	I14	Yes
Chg 4 - Home first/discharge to assess Challenges	I15	Yes
Chg 5 - Seven-day service Challenges	I16	Yes
Chg 6 - Trusted assessors Challenges	I17	Yes
Chg 7 - Focus on choice Challenges	I18	Yes
Chg 8 - Enhancing health in care homes Challenges	I19	Yes
UEC - Red Bag Scheme Challenges	I23	Yes
Chg 1 - Early discharge planning Additional achievements	J12	Yes
Chg 2 - Systems to monitor patient flow Additional achievements	J13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Additional achievements	J14	Yes
Chg 4 - Home first/discharge to assess Additional achievements	J15	Yes

Chg 5 - Seven-day service Additional achievements	J16	Yes
Chg 6 - Trusted assessors Additional achievements	J17	Yes
Chg 7 - Focus on choice Additional achievements	J18	Yes
Chg 8 - Enhancing health in care homes Additional achievements	J19	Yes
UEC - Red Bag Scheme Additional achievements	J23	Yes
Chg 1 - Early discharge planning Support needs	K12	Yes
Chg 2 - Systems to monitor patient flow Support needs	K13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Support needs	K14	Yes
Chg 4 - Home first/discharge to assess Support needs	K15	Yes
Chg 5 - Seven-day service Support needs	K16	Yes
Chg 6 - Trusted assessors Support needs	K17	Yes
Chg 7 - Focus on choice Support needs	K18	Yes
Chg 8 - Enhancing health in care homes Support needs	K19	Yes
UEC - Red Bag Scheme Support needs	K23	Yes

Sheet Complete:	Yes

5. Income and Expenditure

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	Cell Reference	Checker
Do you wish to change your additional actual CCG funding?	G14	Yes
Do you wish to change your additional actual LA funding?	G15	Yes
Actual CCG Add	H14	Yes
Actual LA Add	H15	Yes
Income commentary	D21	Yes
Do you wish to change your BCF actual expenditure?	E28	Yes
Actual Expenditure	C30	Yes
Expenditure commentary	D32	Yes

Sheet Complete:	Yes

6. Year End Feedback

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	Cell Reference	Checker
Statement 1: Delivery of the BCF has improved joint working between health and social care	C10	Yes

Statement 2: Our BCF schemes were implemented as planned in 2018/19	C11	Yes
Statement 3: Delivery of BCF plan had a positive impact on the integration of health and social care	C12	Yes
Statement 4: Delivery of our BCF plan has contributed positively to managing the levels of NEAs	C13	Yes
Statement 5: Delivery of our BCF plan has contributed positively to managing the levels of DToC	C14	Yes
Statement 6: Delivery of our BCF plan ihas contributed positively to managing reablement	C15	Yes
Statement 7: Delivery of our BCF plan has contributed positively to managing residential admissions	C16	Yes
Statement 1 commentary	D10	Yes
Statement 2 commentary	D11	Yes
Statement 3 commentary	D12	Yes
Statement 4 commentary	D13	Yes
Statement 5 commentary	D14	Yes
Statement 6 commentary	D15	Yes
Statement 7 commentary	D16	Yes
Success 1	C22	Yes
Success 2	C23	Yes
Success 1 commentary	D22	Yes
Success 2 commentary	D23	Yes
Challenge 1	C26	Yes
Challenge 2	C27	Yes
Challenge 1 commentary	D26	Yes
Challenge 2 commentary	D27	Yes

Sheet Complete:	Yes

7. Narrative

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	Cell Reference	Checker
Progress against local plan for integration of health and social care	B8	Yes
Integration success story highlight over the past quarter	B12	Yes

Sheet Complete:	Yes

8. Additional improved Better Care Fund: Part 1

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	Cell Reference	Checker

A1) Do you wish to revise the percentages provided at Q1 18/19?	C14	Yes
A2) a) Revised meeting adult social care needs	D17	Yes
A2) b) Revised reducing pressures on the NHS	E17	Yes
A2) c) Revised ensuring that the local social care provider market is supported	F17	Yes
A3) Success 1	C23	Yes
A3) Success 2	D23	Yes
A3) Success 3	E23	Yes
A4) Other commentary 1	C24	Yes
A4) Other commentary 2	D24	Yes
A4) Other commentary 3	E24	Yes
A5) Commentary 1	C25	Yes
A5) Commentary 2	D25	Yes
A5) Commentary 3	E25	Yes
A6) Challenge 1	C28	Yes
A6) Challenge 2	D28	Yes
A6) Challenge 3	E28	Yes
A7) Other commentary 1	C29	Yes
A7) Other commentary 2	D29	Yes
A7) Other commentary 3	E29	Yes
A8) Commentary 1	C30	Yes
A8) Commentary 2	D30	Yes
A8) Commentary 3	E30	Yes
B1) Initative 1: Progress	C37	Yes
B1) Initative 2: Progress	D37	Yes
B1) Initative 3: Progress	E37	Yes
B1) Initative 4: Progress	F37	Yes
B1) Initative 5: Progress	G37	Yes
B1) Initative 6: Progress	H37	Yes
B1) Initative 7: Progress	I37	Yes
B1) Initative 8: Progress	J37	Yes
B1) Initative 9: Progress	K37	Yes
B1) Initative 10: Progress	L37	Yes
B2) Initative 1: Commentary	C38	Yes

B2) Initative 2: Commentary	D38	Yes
B2) Initative 3: Commentary	E38	Yes
B2) Initative 4: Commentary	F38	Yes
B2) Initative 5: Commentary	G38	Yes
B2) Initative 6: Commentary	H38	Yes
B2) Initative 7: Commentary	I38	Yes
B2) Initative 8: Commentary	J38	Yes
B2) Initative 9: Commentary	K38	Yes
B2) Initative 10: Commentary	L38	Yes

Sheet Complete:	Yes

9. Additional improved Better Care Fund: Part 2

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	Cell Reference	Checker
C1) a) Actual number of home care packages	C11	Yes
C1) b) Actual number of hours of home care	D11	Yes
C1) c) Actual number of care home placements	E11	Yes
C2) Main area spent on the addition iBCF funding allocation for 2018/19	C12	Yes
C3) Main area spent on the addition iBCF funding allocation for 2018/19 - Commentary	C13	Yes
Metric 1: D1) Additional Metric Name	C20	Yes
Metric 2: D1) Additional Metric Name	D20	Yes
Metric 3: D1) Additional Metric Name	E20	Yes
Metric 4: D1) Additional Metric Name	F20	Yes
Metric 5: D1) Additional Metric Name	G20	Yes
Metric 1: D2) Metric category	C21	Yes
Metric 2: D2) Metric category	D21	Yes
Metric 3: D2) Metric category	E21	Yes
Metric 4: D2) Metric category	F21	Yes
Metric 5: D2) Metric category	G21	Yes
Metric 1: D3) If other category, then detail	C22	Yes
Metric 2: D3) If other category, then detail	D22	Yes
Metric 3: D3) If other category, then detail	E22	Yes
Metric 4: D3) If other category, then detail	F22	Yes

Metric 5: D3) If other category, then detail	G22	Yes
Metric 1: D4) Metric performance	C23	Yes
Metric 2: D4) Metric performance	D23	Yes
Metric 3: D4) Metric performance	E23	Yes
Metric 4: D4) Metric performance	F23	Yes
Metric 5: D4) Metric performance	G23	Yes

Sheet Complete:	Yes

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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	None	Growth in non-elective admissions has remained below national averages for a number of years and below planning assumptions issued by NHSE.	None
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	None	The result for the previous rolling 12 months period is below the year end target of 650 per 100,000 pop. and is expected to remain so. This is also an improvement on last years perfomance and below the comparator average for last year.	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	None	Latest result of 91% compared to target of 90% and would represent year on year improvement and above comparator average for last year	None

Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	On track to meet target	DTOCS at LYPFT / Mental Health remain a challenge. Key areas that require addressing include a) DTOCS for patients on acute psych wards and b) patients with dementia. The provision of specialist nursing for high needs individuals around mental health, especially where there are behavioural needs.	DTOCs in main acute provider have continued to reduce. As such numbers in LTHT remain below 3.5% of bed base . Decision making has been implemented for discharge planning. LYPFT remains a challenge, and ongoing analysis is being used to inform further work. A number of initiatives remain in place: • Established process for individuals who are over 65 i.e. The Mount DToC list is distributed on a Monday, operational multi-agency meeting to work on progress every Wednesday, verification of codes every Thursday. • Fortnightly capacity meetings are held chaired by the LYPFT deputy chief operating officer • Weekly performance reports shared across organisations. • Implementation of Section 117 Panel • Workshop focusing on dementia is being planned for March	• Additional finance in place to fund a transitional period of up to 6 weeks. • Establishment of Care Navigator post to oversee transfers of care. • Dedicated ASC Team Manager focusing upon this.

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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

						Narrative			
		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Current)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	**Early discharge planning**	Established	Established	Established	Mature	Transfer of Care Protocol has now been agreed which includes early discharge planning. This is supported by the implementation of the SAFER bundle.	LTHT are currently rolling out Transfer of Care protocol. This has been implemented in elderly and medicines bed base before further roll-out.	Full work programme supporting the delivery of the SAFER bundle	None
Chg 2	**Systems to monitor patient flow**	Established	Established	Established	Mature	A system Delivery Board has now been established to take forward the outcomes of the Newton Eurpe work. The Delivery Board is overseen by the A&E Delivery Board. Weekly resiiience meetings with senior representation is now in place to monitor performance	Newton Europe is undertaking further work regardeing attendance and admissions. Work continues around the capacity gao in community settings	Full action plan in place building on the Newton Europe findings - all work streams are developing key metrics that are mapped to the high level metrics of the A&E Delivery Board.	None
Chg 3	**Multi-disciplinary/multi-agency discharge teams**	Established	Established	Mature	Mature	System has implemented the Leeds Integrated Discharge Service that works alongside A&E ward staff to support admission avoidance and discharge of complex patients.	Understanding impact of shift to transfer to assess models on multiagency discharge service and the required out of hospital capacity	A refresh of LTHT decision making work is being undertaken to look at the decision points for discharge at LTHT	None
Chg 4	**Home first/discharge to assess**	Established	Established	Established	Established	The Leeds system has developed and signed off a Home First Policy. The principles of Home First and Discharge to Assess are being implemented through development of a range of out of hospital services including reablement and community beds.	Building capacity to support D2A	A multi-agency workstream has developed key principles and an easy to reference chart which supports the decision making on the wards. Increase in social work attendance at Ward Rounds, increase in Case Officers to support access to reablement. Reduction in delays seen as a result.	None
Chg 5	**Seven-day service**	Not yet established	Not yet established	Not yet established	Not yet established		As previously reported	As previously reported	None
Chg 6	**Trusted assessors**	Established	Established	Mature	Mature	Trusted assessors in place across the system including access to equipment and same day access to reablement, established across multi-agency pathways. Leeds is now developing Trusted Assessors for care homes, once the peson has been assessed as requiring a residential/nursing placement.	Building care home trust in assessment of newly agreed Care Home Trsuted Assessors.	The first Care Home Trusted Assessor has been recruited and is already in post. The second position is currently pending	None

Chg 7	**Focus on choice**	Mature	Mature	Mature	Mature	New Transfer of Care Policy developed and now being implemented in LTHT. System seeking to propogate the policy to other providers such as LYPFT and in communty beds.	The wider system is supporting Adult Social Care with care home market development	Implementation of TOC Policy at LTHT continues to address high numbers of patients delayed within the choice category.	None
Chg 8	**Enhancing health in care homes**	Established	Established	Established	Established		Need to develop care home sector capability to meet needs of increasingly complex and frail patients.	Full care home action plan in place covering quality improvments, improving medical support and admission avoidance. Primary Care support offer to Care Homes will be standardised from 1st April.	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.

		Q1 18/19	**Q2 18/19**	**Q3 18/19**	**Q4 18/19 (Current)**	**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		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. Income and Expenditure

Selected Health and Wellbeing Board: Leeds

Income

	2018/19	
Disabled Facilities Grant	£ 6,767,669	
Improved Better Care Fund	£ 22,049,003	
CCG Minimum Fund	£ 52,201,886	
Minimum Sub Total		£ 81,018,558

	Planned	
CCG Additional Fund	£ -	
LA Additional Fund	£ 2,504,000	
Additional Sub Total		£ 2,504,000

Actual			
Do you wish to change your additional actual CCG funding?	No		
Do you wish to change your additional actual LA funding?	No		
			£ -

	Planned 18/19	Actual 18/19
Total BCF Pooled Fund	£ 83,522,558	£ 81,018,558

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2018/19	

Expenditure

	2018/19
Plan	£ 83,522,558

Do you wish to change your actual BCF expenditure?	No

Actual	

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2018/19	

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6. Year End Feedback

Selected Health and Wellbeing Board: Leeds

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	There was already a a well established, strong relationship between health and social care in Leeds. The BCF has added a bit more focus to this relationship but has also brought with it additional bureaucracy.
2. Our BCF schemes were implemented as planned in 2018/19	Agree	Our schemes have been implemented as planned.
3. The delivery of our BCF plan in 2018/19 had a positive impact on the integration of health and social care in our locality	Disagree	There was already a well established health and wellbeing structure in place before BCF and more confusion has now been created with a multiplicity of plans including BCF, A&E plan, WY and Harrogate ICS and our own Leeds Plan.
4. The delivery of our BCF plan in 2018/19 has contributed positively to managing the levels of Non-Elective Admissions	Agree	The BCF process has prompted more focus onto NEAs and the number of NEAs is below plan.
5. The delivery of our BCF plan in 2018/19 has contributed positively to managing the levels of Delayed Transfers of Care	Agree	The BCF process has prompted more focus onto DToCs and whilst issues remain, signigicant progress has been made. The Spring Budget monies have also helped Adult Social Care related DToCs keep consistently under target. The Newton Europe and CQC reviews have also provided valuable insight in helping to address a number of issues.
6. The delivery of our BCF plan in 2018/19 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Agree	The introduction of a 4 hour pick up by Reablement has significantly improved the performance against this metric.
7. The delivery of our BCF plan in 2018/19 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Agree	Admission rates to, and number of people within, Residential Care continue to reduce together with a reduction in our preferred measure of bed weeks consumed. The good recovery offer and clearer understanding and access to these pathways, together with a system wide focus on not discharging direct from hospital to residential care have contributed significantly to this continued improved trajectory.

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.
Please provide a brief description alongside.

8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2018/19.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes

Success 1	3. Integrated electronic records and sharing across the system with service users	The Leeds Care Record. This is a joined-up digital care record which enables clinical and care staff to view real-time health and care information across care providers and between different systems. It is a secure computer system that brings together certain important information about patients who have used services provided by their GP, at a local hospital, community healthcare, social services or mental health teams. The offer in Leeds is currently being expanded into a person held record.
Success 2	6. Good quality and sustainable provider market that can meet demand	Community Beds Strategy Leeds implemented a new Community Care Bed strategy during 2017-18. Following a re-procurement exercise, the new Community Care Bed Service became operational on 1st November 2017. Capacity was increased to 227 beds across seven bed bases.

9. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2018/19.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	Other	Reducing delayed transfers of care.
Challenge 2	6. Good quality and sustainable provider market that can meet demand	Ongoing lack of nursing staff - particularly in relation to dementia and nursing home placements for complex dementia. Remain up to 50 Nursing beds short for demands within the Leeds system at present.

Footnotes:
Question 8, 9 and 10 are should be assigned to one of the following categories:
1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rurual factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care
Other

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7. Narrative

Selected Health and Wellbeing Board: Leeds

Remaining Characters:	18,955

Progress against local plan for integration of health and social care

The foundation to Leeds' integrated system is the well-established integrated neighbourhood team service. These are forming the basis of the development of Local Care Partnerships. Local Care Partnership (LCP) is the term adopted in Leeds to describe the model of joined-up working with teams delivering 'local care for local people'; 'working in and with local communities'. These include a wider range of partners including statutory and Third Sector organisations alongside local people to develop services that support people to self-care and thrive using their individual and community assets.

Significant work is also 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. We'll be using the developed narrative of the 'left Shift' to develop community capacity to meet future needs by increasing capacity and integration between current services to support flow.

Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

Remaining Characters:	19,003

Integration success story highlight over the past quarter

We have used some iBCF funding to fund a Frailty Unit for Leeds which has been in place since November 2017 following a successful three week pilot in August 2017.

This is an assessment unit based at St James's Hospital focusing on reducing avoidable admissions by ensuring timely management of frail and elderly people who present at the Emergency Department (ED). The unit helps to avoid unnecessary overnight stays in hospital by providing a comprehensive Geriatric Assessment from a multi-agency team with the specialist skills and experience to assess and treat this cohort of patients. This allows people to be discharged where appropriate to their usual place of residence rather than being admitted to the short stay acute wards at Leeds Teaching Hospitals Trust (LTHT).

The Frailty Unit supports a strength based approach to the management of frail people, presenting or conveyed to the ED. Home First is the overriding principle of the service which is meeting expected targets.

Please tell us about an integration success story observed over the past quarter highlighting the nature of the service or scheme and the related impact.

Better Care Fund Template Q4 2018/19

8. 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

Distribution of 2018/19 Additional iBCF funding by purpose

At Q1 18/19, it was reported that your additional 2018-19 iBCF funding would be allocated across the three purposes for which it was intended as follows:

	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
(Percentages shown in these cells are automatically populated based on Q1 18/19 return):	58%	35%	7%

A1) Do you wish to revise the percentages provided at Q1 18/19 as shown above? Please select "Yes" or "No" using the drop-down options:	No

	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	If submitting revised figures, percentages must sum to 100% exactly
A2) If you have answered 'Yes' to Question A1, please enter the revised amount for each purpose as a percentage of the 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. You should ensure that the sum of the percentage figures entered totals to 100% exactly. If you have not designated any funding for a particular purpose, please enter 0% and do not leave a blank cell. If you have answered "No" to Question A1, please leave these cells blank.				0%

Successes and challenges associated with additional iBCF funding in 2018/19

	Success 1	Success 2	Success 3
A3) Please use the options provided to identify your 3 key areas of success associated with the additional iBCF funding during 2018/19. Hover over this cell to view the comment box for the list of options if the drop-down menu is not visible. Aside from "Other", please do not select an option more than once.	Stabilising the local care market	Reducing pressure on the NHS (non-DTOC)	Reducing DTOC
A4) If you have answered Question A3 with 'Other', please specify. Please do not use more than 50 characters.			
A5) You can add some brief commentary on your key successes if you wish. Please do not use more than 200 characters.	Additional 1-2-1 support to care homes to stabalise challenging cases	Significant investment in Community based services through Spring Budget as alternative to hospital admission	Significant investment in changing services to better support system flow and discharge from hospital through Spring Budget and Winter monies.
	Challenge 1	Challenge 2	Challenge 3

A6) Please use the options provided to identify your 3 key areas of challenge associated with the additional iBCF funding during 2018/19. Hover over this cell to view the comment box for the list of options if the drop-down menu is not visible. Aside from 'Other', please do not select an option more than once.	Other	Workforce – recruitment	Managing demand
A7) If you have answered Question A6 with 'Other', please specify. Please do not use more than 50 characters.	The fact that the monies are non-recurrent.		
A8) You can add some brief commentary on your key successes if you wish. Please do not use more than 200 characters.	Supporting an ambition to realign existing resources e.g. virtual respiratory ward	Pilot scheme to bring citizens from most deprived neighbourhoods /groups into a career in health and care	Realignment of resources, in some cases supported by one-off funding to better manage demand.

Section B

At Q1 18/19 it was reported that your additional iBCF funding would be used to support the following initiatives/projects 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
Project title (automatically populated based on Q1 18/19 return):	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)
Project category (automatically populated based on Q1 18/19 return)	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
B1) If a project title is shown in either of the two rows above, use the drop-down options provided or type in one of the following options to report on progress to date: Planning stage In progress: no results yet In progress: showing results Completed Project no longer being implemented	In progress: showing results	In progress: showing results	Completed	In progress: showing results	In progress: showing results	In progress: no results yet	In progress: showing results	In progress: no results yet	In progress: showing results	Planning stage
B2) You can add some brief commentary on your projects if you wish. Please do not use more than 200 characters.	37 patients admitted onto the RVW between June and Sept 2018	37 people commenced residential rehabilitation during Q1 & Q2	39 reduced DToC bed days associated with 'choice' (Target 25)	Reduction in numbers of people waiting for equipment from 247 in Q4 17 /18 (with a value of £176,500) to 46 people at end of Q3 18/19 (with a value of £62k) - mainly from the community.	As at Q3 1207 reduced admissions to Acute Trust (Target 1200 over 12 months)	500 staff have completed the one day skills training over 6 months	As at Q3 25,484 people supported (Target 26,500 over 12 months)	Service has made a significant contribution to exceeding the target for re-admission rates 91 days after discharge.	Pathfinders established in 4 areas - more sites being developed. 40 people currently members of a self-reliant group in pathfinder areas.	This scheme only went live on 7th Jan 2019 due to a delay caused by the implementation of the hybrid unit at St Georges Centre.

Better Care Fund Template Q4 2018/19

9. Additional improved Better Care Fund: Part 2

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

Section C

We want to understand how much additional capacity you have been able to purchase / provide in 2018-19 as a direct result of your additional iBCF funding allocation for 2018-19 and, where the iBCF has not provided any such additionality, to understand why this is the case. Recognising that figures will vary across areas due to wider budget and service planning assumptions, please provide the following:

	a) The number of home care packages provided in 2018/19 as a result of your addition iBCF funding allocation	b) The number of hours of home care provided in 2018/19 as a result of your additional iBCF funding allocation	c) The number of care home placements for the whole of 2018/19 as a result of your additional iBCF funding allocation
C1) Provide figures on the actual number of home care packages, hours of home care and number of care home placements you purchased / provided 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 enter 0 in the appropriate box.	0	0	0

C2) If you have not increased the number of packages or placements, please indicate **the main area** that you have spent the **addition iBCF funding allocation** for 2018/19. Hover over this cell to view the comment box for the list of options if the drop-down menu is not visible.	Other
C3) If you have answered C2 with 'Other', please specify. Please do not use more than 50 characters.	Non-recurrent iBCF monies spent on system change

Section D

Metrics used locally to assess impact of additional iBCF funding 2018/19

At Q1 18/19 it was reported that the following metrics would be used locally to assess the impact of the additional iBCF funding. (Metrics are automatically populated based on Q1 18/19 return)

	Metric 1	Metric 2	Metric 3	Metric 4	Metric 5
Metric (automatically populated based on Q1 18/19 return):	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)	

D1) Additional Metric Name **If the cell above is blank, you can provide details of an additional metric. If you did not submit any metrics at Q1 18/19, please ensure you have provided details of at least one metric. You can provide details of up to 5 metrics in total based**					
D2) If a metric is shown in either of the two rows above, use the drop-down menu provided or type in one of the categories listed to indicate which of the following categories the metric primarily falls under. Hover over this cell to view the comment box for the list of categories if drop-down options are not visible.	Residential/Nursing Care Admissions	Prevention/Early intervention/Signposting	Reducing NHS Pressures	DTOC/Discharge	
D3) If you have answered D2 with 'Other', please specify. Please do not use more than 50 characters.					
D4) If a metric is shown above, use the drop-down options provided or type in one of the following options to report on the overall direction of travel during the reporting year: Improvement No change Deterioration Not yet able to report	Improvement	Improvement	Improvement	Improvement	