

**Current list of BCF Schemes as at end of August 2014 - Detail may change in September inline with the resubmission of BCF Plans**

Scheme Number	Name of scheme	Strapline / key objectives	BCF spend	2014/15	2015/16
				Committed Investment (£000s)	Committed Investment (£000s)
1	Reablement services	Supports the city's reablement services and one of the intermediate care bed facilities.	4,512		4,512
2	Community beds	Supports a network of intermediate care beds and services. The beds act to facilitate prompt discharge and reduce length of hospital stay. For some patients they can also be used as a "step up" service to prevent acute admission	5,300		5,300
3	Supporting Carers	Includes initiatives to support carers supporting people with dementia, those that have been recently bereaved and respite care opportunities (both residential or at home)	2,059		2,059
4	Leeds Equipment Service	The service helps users and carers to stay safe and independent at home, preventing hospitalisation.	2,300		2,300
5	3rd sector prevention	There are a range of organisations commissioned to provide support services including frail elderly, those with a physical disability, hearing and sight loss, dementia, stroke and advocacy services.	4,609		4,609
6	Admission avoidance	To break the cycle of increasing admissions to hospital . Once someone has been admitted to hospital we need to invest more and ensure that the follow up care arranged for patients is going to support them to remain out of hospital in future	2,800		2,800
7	Community matrons	Currently community matron services in the city are funded by CCGs and are part of the integrated neighbourhood teams. By moving this funding to the BCF will support the continued integration of this service into our integrated health and social care model	2,683		2,683
8	Social care to benefit health	This is the NHS England transfer from health to social care for 14/15. This fund is to be used to enhance social care services that have a direct impact on health and care for Leeds people.	12,500		12,500
9	Disabilities facilities grants	Nationally agreed health funding to support local authorities to make modifications to homes for disabled people. Evidence shows investment in these grants supports people to live independently, reduces admissions to acute/community beds and facilitates discharges.	2,958		2,958
	Existing Spend Transferring to BCF		<b>39,721</b>		
10	Social care capital grant - Care Act	On 16.7.14, Leeds City Council's Executive Board will consider proposals for additional capital funding to implement the information and management requirements of the Care Act. Approval is being sought from the Executive Board for a £1.652 M capital funding ( including £744k social care capital grant allocation within the Better Care Fund) to use technology innovatively to increase capacity to help offset the anticipated demand in assessment activity. This will include: the development of on-line options for self-assessment; personal accounts and to develop electronic methods of data transfer of care information between authorities to facilitate portability of assessments.	744		744
11	Enhancing primary care	GPs to take a case management approach to the top 2% high risk and vulnerable patients on their practice registers. In order to develop services around these patients this funding will be used to enhance services to support the management of this patient cohort	2141		2,141

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12	Eldercare Facilitator (name under discussion, tbc - 11/8/14)	New role will focus on patients with dementia and other frail elderly patients with mental health illnesses. The facilitator will link to the existing neighbourhood integrated teams to meet the demand for increased diagnosis, support memory assessment and work with people and carers post-diagnosis to provide support and sign-posting to local services not hospitals.	565	188 (1 Dec 14 start date assumed - 11/8/14)	565
13	Medication prompting - Dementia	Improve medication prompting for people with memory problems to avoid hospital admission caused by <u>adverse reaction and potential multiple conditions treatment/co-morbidities.</u>	320	50	320
14	Falls	In 14/15 work will be undertaken to review the existing falls services, better identify the gaps in service and recommend where investment would make the most difference. Existing service models could subsequently be developed to respond urgently to people who have had a fall who do not necessarily <u>need acute hospital care but who cannot be left alone.</u>	500	50	500
15 a	Expand community Intermediate Care beds	Expand community intermediate care bed capacity by 7.5%. In order to continue to reduce the number of acute hospital beds capacity needs to shifted into the community. This scheme will be used to increase nursing CIC beds by 12 (7.5% increase in overall provision, going from 161 to 173 beds), allowing 140 <u>additional patient CIC stays per year.</u>	700	600	600
15 b	Expand community Intermediate Care beds	Move bed bureau to 7 day working. Increase in staffing ratios to support flow through the system and to expand the community bed bureau to 7 day working, allowing optimum use of available community beds <u>and to even out capacity across the week.</u>	50	50	50
15 c	Expand community Intermediate Care beds	End of Life nurse-led care beds. To provide additional capacity out of hospital, increasing choice and reducing the number of people that die in hospital inappropriately.	500	May incur costs this financial year (200)	500
15 d	Expand community Intermediate Care beds	Homeless Accommodation Leeds Pathway (HALP). Supporting homeless people who have been admitted to hospital to be discharged in a more timely manner into an intermediate care-type facility.	240	240	240
16 a	Enhancing Integrated Neighbourhood Teams	Leeds Equipment Service to be open and functioning 7 days a week	130	130	130
16 b	Enhancing Integrated Neighbourhood Teams	Extend hours for the Early Discharge Assessment Team based within A&E, including 7 day working. This service enables patients to be diverted to appropriate community alternatives and enables a proactive <u>response to patient needs.</u>	300	300	300
16 c	Enhancing Integrated Neighbourhood Teams	Fund additional discharge facilitation roles over 7 days, providing a link between hospital and community services to ensure smooth transfer of care. The service will focus on end of life and frail elderly and builds on the positive outcomes to date from existing EoL discharge facilitator roles.	260	86	260
16 d	Enhancing Integrated Neighbourhood Teams	Extend the home care service capacity to enable more people to be cared for in their own home 7 days a <u>week and provide new packages of care at weekends and late evenings.</u>	750k TBC		
16 e	Enhancing Integrated Neighbourhood Teams	Enhance community services to provide proactive care management. This service will complement the primary care schemes in reducing admission, readmission and act as a stronger "pull" in the system to safely discharge people and support their return home.	1500	450	1,500
16 f	Enhancing Integrated Neighbourhood Teams	Increase community nursing capacity to enable more people to choose End of Life Care at home, have increased weekend capacity and support earlier discharge	1200	350	1,200

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16 g	Enhancing Integrated Neighbourhood Teams	Retain interface geriatrician role, to provide expert advice to primary care and community teams.	200	200	200
17 a	Urgent Care Services	Establish a robust, multi-agency case management approach those identified as frequent users of urgent care services (i.e. out of hours GPs, walk in centres, 999 and A&E attendance) to improve patient outcomes and reduce emergency admissions.	TBC	50	
17 b	Urgent Care Services	Utilise portable technology to provide point of care blood testing to reduce admissions, speed up discharge and enable enhanced care in community settings.			
18 a	IM&T	Improving communication and access to information for clinical teams working in different organisations	1800	60	1,800
18 b	IM&T	Improving data quality and information to use when making commissioning decisions		370	
18 c	IM&T	Embedding the NHS number as the only person/patient identifier across health and social care in the city		85	
18 d	IM&T	Leeds Care Record		450	
19	Care Act	The revenue implications of implementing the Care Act (2014) are currently being modelled. It is clear that the BCF allocation of £2,65M will not adequately fund the range of statutory responsibilities set out in the Act. Early estimates indicate that the costs and funding of the reforms will potentially range up to £46M in 2015/16. This is an indicative figure based on local and regional work in the Yorkshire and Humberside Region. In particular, estimating the costs of the new duties to assess and provide services for Carers is very difficult because of the uncertainty of predicting the volume of the "latent" carer demand that will seek assistance .	1900	0	2,651
20	Improved system intelligence	Undertake a clinical audit of a sample of patients who have been admitted to hospital. The audit will ask the question "what could have been in place in the community to prevent this admission in future?" The audit results will then be used to inform more detailed, precise commissioning plans in 15/16.	80	80	80
21	Workforce planning & development	The city needs to have a focussed recruitment, retention and re-training strategy in place, so that staff can be deployed in city where they are needed most.	80	80	80
22	Contingency Fund	This is the Leeds BCF contingency provision, arrived at following a risk base assessment. Funds here will also be used to fund schemes in 15/16 that are being worked up during 14/15 that will deliver savings.	1992	0	1,992
			<b>15202</b>		
<b>Total</b>			15202	3,681	55,574

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