

# Planning Template v.14.6b for BCF: due on 11/09/2017

## Summary of Health and Well-Being Board 2017-19 Planning Template

Being Board:

Leeds

Data Submission Period:

2017-19

Summary

[<< Link to the Guidance tab](#)

### 2. HWB Funding Sources

	2017/18 Gross Contribution	2018/19 Gross Contribution
Total Local Authority Contribution exc iBCF	£9,076,622	£9,271,669
Total iBCF Contribution	£16,188,622	£22,049,003
Total Minimum CCG Contribution	£51,228,544	£52,201,886
Total Additional CCG Contribution	£0	£0
<b>Total BCF pooled budget</b>	<b>£76,493,789</b>	<b>£83,522,558</b>

### Specific Funding Requirements for 2017-19

	2017/18 Response	2018/19 Response
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority?	Yes	Yes
2. In areas with two tiers of local government:		
i) Are there plans to pass down the full amount of Disabled Facilities Grant from the county to each of the district authorities?		
ii) If a portion of the DFG funding has been retained by the county, have the relevant district councils agreed to this approach? If applicable, please detail in the comments box how the retained portion of DFG will be spent to support integrated approaches to health, social care and housing.		
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified?	Yes	Yes
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool?	Yes	Yes
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?	Yes	Yes
6. Is the iBCF grant included in the pooled BCF fund?	Yes	Yes

### 3. HWB Expenditure Plan

Summary of BCF Expenditure (*)	2017/18 Expenditure	2018/19 Expenditure
Acute	£10,440,000	£10,440,000
Mental Health	£5,758,000	£5,758,000
Community Health	£20,484,333	£20,976,886
Continuing Care	£278,000	£278,000
Primary Care	£2,141,000	£2,141,000
Social Care	£37,217,911	£43,928,672
Other	£174,545	£0
<b>Total</b>	<b>£76,493,789</b>	<b>£83,522,558</b>

Summary of BCF Expenditure from Minimum CCG Contribution (***)	2017/18 Expenditure	2018/19 Expenditure
Acute	£10,440,000	£10,440,000
Mental Health	£5,758,000	£5,758,000
Community Health	£17,607,000	£18,472,886
Continuing Care	£278,000	£278,000
Primary Care	£2,141,000	£2,141,000
Social Care	£14,830,000	£15,112,000
Other	£174,545	£0
<b>Total</b>	<b>£51,228,545</b>	<b>£52,201,886</b>

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#### Summary of NHS Commissioned Out of Hospital Services Spend from MINIMUM BCF Pool (\*\*)

	2017/18 Expenditure	2018/19 Expenditure
Mental Health	£5,758,000	£5,758,000
Community Health	£17,607,000	£18,472,886
Continuing Care	£278,000	£278,000
Primary Care	£2,141,000	£2,141,000
Social Care	£0	£0
Other	£174,545	£0
<b>Total</b>	<b>£25,958,545</b>	<b>£26,649,886</b>
NHS Commissioned OOH Ringfence	£14,557,699	£14,834,296

#### Additional NEA Reduction linked Contingency Fund

	2017/18 Fund	2018/19 Fund
NEA metric linked contingency fund held from the ringfenced local allocation for NHS OOH spend	£0	£0

#### BCF Expenditure on Social Care from Minimum CCG Contribution

	2016/17	2017/18	2018/19
Minimum Mandated Expenditure on Social Care from the CCG minimum		£14,827,749	£15,109,477
Planned Social Care expenditure from the CCG minimum	£14,567,000	£14,830,000	£15,112,000
<b>Annual % Uplift Planned</b>		<b>1.8%</b>	<b>1.9%</b>
<b>Minimum mandated uplift % (Based on inflation)</b>		<b>1.79%</b>	<b>1.90%</b>

#### 4. HWB Metrics

##### 4.1 HWB NEA Activity Plan

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 17/18	Total 18/19
Total HWB Planned Non-Elective Admissions	19,568	18,492	18,027	19,157	19,706	18,623	18,153	19,296	75,244	75,778
HWB Quarterly Additional Reduction Figure	0	0	0	0	0	0	0	0	0	0
HWB NEA Plan (after reduction)	19,568	18,492	18,027	19,157	19,706	18,623	18,153	19,296	75,244	75,778
Additional NEA reduction delivered through the BCF									£0	£0

##### 4.2 Residential Admissions

	Annual rate	Planned 17/18	Planned 18/19
Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population		650	620

##### 4.3 Reablement

	Annual %	Planned 17/18	Planned 18/19
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services		90.0%	90.0%

##### 4.4 Delayed Transfers of Care

Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	Quarterly rate	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
		927	1,046	891	868	877	887	887	865

## 5. National Conditions

National Conditions For The BCF 2017-19	Does your BCF plan for 2017/18 set out a clear plan to meet this condition?	Does your BCF plan for 2018/19 set out a clear plan to meet this condition?
1) Plans to be jointly agreed	Yes	Yes
2) NHS contribution to adult social care is maintained in line with inflation	Yes	Yes
3) Agreement to invest in NHS commissioned out of hospital services	Yes	Yes
4) Managing transfers of care	Yes	Yes

### Footnotes

\* **Summary of BCF Expenditure** is the sum of the self-reported HWB amounts allocated to the 7 different 'areas of spend' that have been provided by HWBs in their plans (from the 4. HWB Expenditure Plan tab), where:

Area of Spend = Acute, Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other

\*\* **Summary of NHS Commissioned out of hospital services spend from MINIMUM BCF Pool** is the sum of the amounts allocated to the 6 individual out of hospital 'areas of spend' that have been provided in tab 4. HWB Expenditure Plan, where;

Area of Spend = Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other (everything other than Acute)

Commissioner = CCG, NHS England or Joint (if joint we use the NHS% of the value)

Source of Funding = CCG Minimum Contribution

\*\*\***Summary of BCF Expenditure from Minimum CCG contribution** is the sum of the self-reported HWB amounts allocated to the 7 different 'areas of spend' from the minimum CCG contribution that have been provided by HWBs in their plans (from the 4. HWB Expenditure Plan tab), where:

Area of Spend = Acute, Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other

Source of Funding = CCG Minimum Contribution

# Planning Template v.14.6b for BCF: due on 11/09/2017

## Better Care Fund 2017-19 Planning Template

Sheet: 1. Cover Sheet

[<< Link to the Guidance tab](#)

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Health and Well Being Board	Leeds
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Completed by:	Philippa Gibbons
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Contact Number:	0113 3785067
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Who signed off the report on behalf of the Health and Well Being Board:	Councillor Charlwood
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	Role:	Title and Name:	E-mail:
Area Assurance Contact Details*	Health and Wellbeing Board Chair	Cllr Charlwood	rebecca.charlwood@leeds.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)	Philomena Corrigan, Chief Executive Leeds CCGs	phil.corrigan@nhs.net
	Additional Clinical Commissioning Group(s) Accountable Officers	n/a	n/a
	Local Authority Chief Executive	Tom Riordan	tom.riordan@leeds.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Cath Roth, Director of Adults and Health	cath.roth@leeds.gov.uk
	Better Care Fund Lead Official	Steve Hume (LCC), Sue Robins	steve.hume@leeds.gov.uk,
	LA Section 151 officer	Doug Meeson	doug.meeson@leeds.gov.uk

*Please add further area contacts that you would wish to be included in official correspondence -->*

**\*Only those identified will be addressed in official correspondence**

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](mailto:england.bettercaresupport@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'

### \*Complete Template\*

	No. of questions answered
1. Cover	6
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5. National Conditions	12

# Planning Template v.14.6b for BCF: due on 11/09/2017

## Sheet: 2. Health and Well-Being Board Funding Sources

Selected Health and Well Being Board:

Leeds

Data Submission Period:

2017-19

2. HWB Funding Sources

[<< Link to the Guidance tab](#)

Local Authority Contributions exc iBCF		
Disabled Facilities Grant (DFG)	2017/18 Gross Contribution	2018/19 Gross Contribution
Leeds	£6,199,289	£6,767,669
Lower Tier DFG Breakdown (for applicable two tier authorities)		
<b>Total Minimum LA Contribution exc iBCF</b>	<b>£6,199,289</b>	<b>£6,767,669</b>

Are any additional LA Contributions being made in 2017/18 or 2018/19? If yes please detail below	Yes	Yes
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Local Authority Additional Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
Leeds	£2,504,000	£2,504,000
Leeds	£373,333	£0
<b>Total Local Authority Contribution</b>	<b>£9,076,622</b>	<b>£9,271,669</b>

Comments - please use this box clarify any specific uses or sources of funding
Leeds Community Equipment Service
SLIC (7 months)

iBCF Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
Leeds	£16,188,622	£22,049,003
<b>Total iBCF Contribution</b>	<b>£16,188,622</b>	<b>£22,049,003</b>

CCG Minimum Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
NHS Leeds North CCG	£12,784,302	£13,027,203
NHS Leeds West CCG	£20,763,819	£21,158,332
NHS Leeds South and East CCG	£17,680,423	£18,016,351
<b>Total Minimum CCG Contribution</b>	<b>£51,228,544</b>	<b>£52,201,886</b>

Are any additional CCG Contributions being made in 2017/18 or 2018/19? If yes please detail below	No	No
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Additional CCG Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
<b>Total Additional CCG Contribution</b>	<b>£0</b>	<b>£0</b>

Comments - please use this box clarify any specific uses or sources of funding

	2017/18	2018/19
<b>Total BCF pooled budget</b>	<b>£76,493,789</b>	<b>£83,522,558</b>

Funding Contributions Narrative



Specific funding requirements for 2017-19	Response	Response	If the selected response for either year is 'No', please detail in the comments box
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority?	Yes	Yes	
2. In areas with two tiers of local government:			
i) Are there plans to pass down the full amount of Disabled Facilities Grant from the county to each of the district authorities?			
ii) If a portion of the DFG funding has been retained by the county, have the relevant district councils agreed to this approach? If applicable, please detail in the comments box how the retained portion of DFG will be spent to support integrated approaches to health, social care and housing.			
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified?	Yes	Yes	
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool?	Yes	Yes	
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?	Yes	Yes	
6. Is the iBCF grant included in the pooled BCF fund?	Yes	Yes	

# Planning Template v.14.6b for BCF: due on 11/09/2017

## Sheet: 3. Health and Well-Being Board Expenditure Plan

Selected Health and Well Being Board:

Leeds

Data Submission Period:

2017-19

3. HWB Expenditure Plan

[<< Link to Guidance tab](#)

Link to Summary sheet

Running Balances		
	2017/18	2018/19
BCF Pooled Total balance	£0	£0
Local Authority Contribution balance exc iBCF	£0	£0
CCG Minimum Contribution balance	-£1	£0
Additional CCG Contribution balance	£0	£0
iBCF	£0	£0
Running Totals		
	2017/18	2018/19
Planned Social Care spend from the CCG minimum	£14,830,000	£15,112,000
Ringfenced NHS Commissioned OOH spend	£25,958,545	£26,649,886

Expenditure															
Scheme ID	Scheme Name	Scheme Descriptions Link >>			Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme
		Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'											
1	Reablement services	16. Other		reablement	Community Health		CCG			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£4,538,000	£4,538,000	Existing
2	Community beds	11. Intermediate care services	4. Reablement/Rehabilitation services		Community Health		CCG			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£5,302,000	£5,302,000	Existing
3	Supporting Carers	3. Carers services	1. Carer advice and support		Community Health		CCG			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£314,000	£314,000	Existing
4	Supporting Carers	3. Carers services	1. Carer advice and support		Continuing Care		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£278,000	£278,000	Existing
5	Supporting Carers	3. Carers services	1. Carer advice and support		Mental Health		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£1,469,000	£1,469,000	Existing
6	Leeds Equipment Service	1. Assistive Technologies	4. Other	equipment services	Community Health		CCG			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£2,373,000	£2,373,000	Existing
7	3rd Sector Prevention	16. Other			Community Health		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£444,000	£444,000	Existing
8	3rd Sector Prevention	16. Other			Mental Health		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£4,289,000	£4,289,000	Existing
9	Admission avoidance	16. Other			Acute		CCG			NHS Acute Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£2,800,000	£2,800,000	Existing
10	Community Matrons	16. Other			Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£2,600,000	£2,600,000	Existing
11	Homeless Accomodation Pathway Leeds(HALP)	16. Other			Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£240,000	£240,000	Existing
12	Interface Geriatricians	9. High Impact Change Model for Managing Transfer of Care	5. Seven-Day Services		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£195,000	£195,000	Existing
13	LCES 7 day working	9. High Impact Change Model for Managing Transfer of Care	5. Seven-Day Services		Acute		CCG			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£140,000	£140,000	Existing
14	Disabled Facilities Grant	4. DFG - Adaptations			Social Care		Local Authority			Local Authority	Local Authority Contribution	Both 2017/18 and 2018/19	£6,199,289	£6,767,669	Existing
15	Social Care to benefit Health	16. Other		social care to benefit health	Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£12,780,000	£13,062,000	Existing
16	Contingency	16. Other		contingency	Acute		CCG			NHS Acute Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£7,500,000	£7,500,000	Existing

Selected Health and Well Being Board:

Leeds

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3. HWB Expenditure Plan

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Running Balances	2017/18	2018/19
BCF Pooled Total balance	£0	£0
Local Authority Contribution balance exc iBCF	£0	£0
CCG Minimum Contribution balance	-£1	£0
Additional CCG Contribution balance	£0	£0
iBCF	£0	£0
Running Totals	2017/18	2018/19
Planned Social Care spend from the CCG minimum	£14,830,000	£15,112,000
Ringfenced NHS Commissioned OOH spend	£25,958,545	£26,649,886

Expenditure															
Scheme ID	Scheme Name	<a href="#">Scheme Descriptions Link &gt;&gt;</a>													
		Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme
17	Care Bill	16. Other		care bill	Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£1,900,000	£1,900,000	Existing
18	Enhancing Primary Care	12. Personalised healthcare at home	3. Other	?	Primary Care		CCG			CCG	CCG Minimum Contribution	Both 2017/18 and 2018/19	£2,141,000	£2,141,000	Existing
19	Expand Community intermediate care beds	11. Intermediate care services	4. Reablement/Rehabilitation services		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£230,000	£230,000	Existing
20	Expand Community intermediate care beds	11. Intermediate care services	4. Reablement/Rehabilitation services		Community Health		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£470,000	£470,000	Existing
21	Information Technology	7. Enablers for integration	2. System IT Interoperability		Other	infrastructure	CCG			Charity / Voluntary Sector	CCG Minimum Contribution	2017/18 Only	£104,000	£0	Existing
22	Former Local Reform and Community Voices grant (IHMA & G	16. Other		former social care grants	Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£150,000	£150,000	Existing
23	Invest to save to be allocated	16. Other		sum available for invest to save schemes	Other	tbc	CCG			Charity / Voluntary Sector	CCG Minimum Contribution	2017/18 Only	£70,545	£0	Existing
24	Leeds Equipment Service	1. Assistive Technologies	4. Other	overall equipment service	Community Health		Local Authority			Local Authority	Local Authority Contribution	Both 2017/18 and 2018/19	£2,504,000	£2,504,000	Existing
25	Reablement services	16. Other		reablement	Community Health		Local Authority			Local Authority	Local Authority Contribution	2017/18 Only	£373,333	£0	Existing
26	iBCF - supporting packages	16. Other		summary of schemes (appendix a)	Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£9,500,000	£14,500,000	New
27	iBCF - prevention	16. Other		summary of schemes (appendix a)	Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£1,245,754	£2,022,006	New
28	iBCF - reducing pressures on NHS (including frailty unit, trustee	16. Other		summary of schemes (appendix a)	Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£2,539,048	£2,894,302	New
29	iBCF - sustainability of the care market	16. Other		summary of schemes (appendix a)	Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£100,000	£465,120	New
30	iBCF - Leeds Health & Social Care Plan	16. Other		summary of schemes (appendix a)	Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£666,667	£666,667	New
31	iBCF - committed to above areas but will slip into 18/19 & 19/20	16. Other		summary of schemes (appendix a)	Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£2,137,153	£1,500,908	New
32	Expand Community bed base	11. Intermediate care services	4. Reablement/Rehabilitation services		Community Health		CCG			CCG	CCG Minimum Contribution	Both 2017/18 and 2018/19	£901,000	£1,766,886	New

**Selected Health and Well Being Board:**

Leeds

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2017-19

**3. HWB Expenditure Plan**

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<b>Running Balances</b>	<b>2017/18</b>	<b>2018/19</b>
BCF Pooled Total balance	£0	£0
Local Authority Contribution balance exc iBCF	£0	£0
CCG Minimum Contribution balance	-£1	£0
Additional CCG Contribution balance	£0	£0
iBCF	£0	£0
<b>Running Totals</b>	<b>2017/18</b>	<b>2018/19</b>
Planned Social Care spend from the CCG minimum	£14,830,000	£15,112,000
Ringfenced NHS Commissioned OOH spend	£25,958,545	£26,649,886

**Expenditure**

<a href="#">Scheme Descriptions Link &gt;&gt;</a>															
Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme

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Scheme Type	Description	Sub type
1. Assistive Technologies	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Digital participation services).	1. Telecare 2. Wellness services 3. Digital participation services 4. Other
2. Care navigation / coordination	A service to help people find their way to appropriate services and support and thus also support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. This is often as part of a multi-agency team which can be on line or use face to face care navigators for frail elderly, or dementia navigators etc. . This includes approaches like Single Point of Access (SPoA) and linking people to community assets.	1. Care coordination 2. Single Point of Access 3. Other
3. Carers services	Supporting people to sustain their role as carers and reduce the likelihood of crisis. Advice, advocacy, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence. This also includes the implementation of the Care Act as a sub-type.	1. Carer advice and support 2. Implementation of Care Act 3. Respite services 4. Other
4. DFG - Adaptations	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.	
5. DFG - Other Housing	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.	
6. Domiciliary care at home	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.	1. Dom care packages 2. Dom care workforce development 3. Other
7. Enablers for integration	Schemes that build and develop the enabling foundations of health and social care integration encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning.	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Other
8. Healthcare services to Care Homes	Improve the availability and quality of primary and community health services delivered to care home residents. Support the Care Home workers to improve the delivery of non-essential healthcare skills. This includes provider led interventions in care homes and commissioning activities eg. joint commissioning/quality assurance for residential and nursing homes.	1. Other - Mental health / wellbeing 2. Other - Physical health / wellbeing 3. Other
9. High Impact Change Model for Managing Transfer of Care	The 8 changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system.	1. Early Discharge Planning 2. Systems to Monitor Patient Flow 3. Multi-Disciplinary/Multi-Agency Discharge Teams 4. Home First/Discharge to Access 5. Seven-Day Services 6. Trusted Assessors 7. Focus on Choice 8. Enhancing Health in Care Homes 9. Other

**Selected Health and Well Being Board:**

**Leeds**

**Data Submission Period:**

**2017-19**

**3. HWB Expenditure Plan**

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<b>Running Balances</b>	<b>2017/18</b>	<b>2018/19</b>
BCF Pooled Total balance	£0	£0
Local Authority Contribution balance exc iBCF	£0	£0
CCG Minimum Contribution balance	-£1	£0
Additional CCG Contribution balance	£0	£0
iBCF	£0	£0
<b>Running Totals</b>	<b>2017/18</b>	<b>2018/19</b>
Planned Social Care spend from the CCG minimum	£14,830,000	£15,112,000
Ringfenced NHS Commissioned OOH spend	£25,958,545	£26,649,886

<b>Expenditure</b>																
<a href="#">Scheme Descriptions Link &gt;&gt;</a>																
Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme	
10.	Integrated care planning															
			A co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. For Multi-Disciplinary Discharge Teams and the HICM for managing discharges, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.													
11.	Intermediate care services															
			Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and delivered by a combination of professional groups. Services could include Step up/down, Reablement (restorative of self-care), Rapid response or crisis response including that for falls.													
12.	Personalised healthcare at home															
			Schemes specifically designed to ensure that a person can continue to live at home through the provision of health related support at home. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term and end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in the Personalised Healthcare at Home scheme type.													
13.	Primary prevention / Early Intervention															
			Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.													
14.	Residential placements															
			Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.													
15.	Wellbeing centres															
			Wellbeing centres provide a space to offer a range of support and activities that promote holistic wellbeing or to help people to access them elsewhere in the community or local area. They can typically be commissioned jointly and provided by the third sector.													
16.	Other															
			Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.													

## Planning Template v.14.6b for BCF: due on 11/09/2017

Sheet: 4. Health and Well-Being Board Better Care Fund Metrics

Selected Health and Well Being Board:

Leeds

Data Submission Period:

2017-19

4. HWB Metrics

[<< Link to the Guidance tab](#)

### 4.1 HWB NEA Activity Plan

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 17/18	Total 18/19
<b>HWB Non-Elective Admission Plan* Totals</b>	<b>19,568</b>	<b>18,492</b>	<b>18,027</b>	<b>19,157</b>	<b>19,706</b>	<b>18,623</b>	<b>18,153</b>	<b>19,296</b>	<b>75,244</b>	<b>75,778</b>

Are you planning on any additional quarterly reductions? **No**

Please only record reductions where these are over and above existing or future CCG plans. HWBs are not required to attempt to align to changing CCG plans by recording reductions.

If yes, please complete HWB Quarterly Additional Reduction Figures

HWB Quarterly Additional Reduction	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 17/18	Total 18/19
<b>HWB NEA Plan (after reduction)</b>										
HWB Quarterly Plan Reduction %										

Are you putting in place a local contingency fund agreement on NEA? **Yes**

	2017/18	2018/19
BCF revenue funding from CCGs ring-fenced for NHS out of hospital commissioned services/contingency fund **	£14,557,699	£14,834,296

Cost of NEA as used during 16/17***	£2,050	Please add the reason, for any adjustments to the cost of NEA for 17/18 or 18/19 in the cells below
Cost of NEA for 17/18 ***	£2,050	
Cost of NEA for 18/19 ***	£2,050	

		Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Total 17/18
<b>Additional NEA reduction delivered through BCF (2017/18)</b>	£0					£0
		Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 18/19
<b>Additional NEA reduction delivered through BCF (2018/19)</b>	£0					£0
HWB Plan Reduction % (2017/18)	0.00%					
HWB Plan Reduction % (2018/19)	0.00%					

The CCG Total Non-Elective Admission Plans are taken from the latest CCG NEA plan figures included in the Unify2 planning template, aggregated to quarterly level, extracted on 10/07/2017

\* This is calculated as the % contribution of each CCG to the HWB level plan, based on the CCG-HWB mapping (see CCG - HWB Mapping tab)

would expect the value of the contingency fund to be equal to the cost of the non-elective activity that the BCF plan seeks to avoid. Source of data: [xxx insert allocation document](#)

\*\*\* Please use the following document and amend the cost if necessary: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/577083/Reference\\_Costs\\_2015-16.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/577083/Reference_Costs_2015-16.pdf)

#### 4.2 Residential Admissions

		15/16 Actual	16/17 Plan	17/18 Plan	18/19 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual rate	726.5	756.4	650.5	620.1	
	Numerator	866	910	791	763	
	Denominator	119,199	120,300	121,604	123,049	

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2014 based Sub-National Population Projections for Local Authorities in England;

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>

Population figures for Cornwall and Isles of Scilly and Bournemouth and Poole has been combined to form Cornwall & Scilly and Bournemouth & Poole respectively to create a Residential Admissions rate for these two Health and Well-Being Boards.

#### 4.3 Reablement

		15/16 Actual	16/17 Plan	17/18 Plan	18/19 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	84.8%	92.5%	90.0%	90.0%	
	Numerator	629	976	994	994	
	Denominator	742	1,055	1,104	1,104	

#### 4.4 Delayed Transfers of Care

		16-17 Actuals				17-18 plans				18-19 plans				Comments
		Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	Quarterly rate	1073.9	1308.8	1171.9	1219.6	927.2	1046.0	891.3	867.8	877.5	887.1	887.1	864.6	
	Numerator (total)	6,610	8,056	7,213	7,553	5,742	6,478	5,520	5,400	5,460	5,520	5,520	5,400	
	Denominator	615,507	615,507	615,507	619,292	619,292	619,292	619,292	622,238	622,238	622,238	622,238	624,561	

Delayed Transfers Of Care (delayed days) from hospital per 100,000 population (aged 18+) population projections are based on a calendar year using the 2014 based Sub-National Population Projections for Local Authorities in England;

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>

Population figures for Cornwall and Isles of Scilly and Bournemouth and Poole has been combined to form Cornwall & Scilly and Bournemouth & Poole respectively to create a DTOC rate for these two Health and Well-Being Boards.

# Planning Template v.14.6b for BCF: due on 11/09/2017

Sheet: 5. National Conditions

**Selected Health and Well Being Board:**

Leeds

**Data Submission Period:**

2017-19

5. National Conditions

[<< Link to the Guidance tab](#)

National Conditions For The Better Care Fund 2017-19	Does your BCF plan for 2017/18 set out a clear plan to meet this condition?	Does your BCF plan for 2018/19 set out a clear plan to meet this condition?	If the selected response for either year is 'No', please detail in the comments box issues and/or actions that are being taken to meet the condition.
1) Plans to be jointly agreed	Yes	Yes	
2) NHS contribution to adult social care is maintained in line with inflation	Yes	Yes	
3) Agreement to invest in NHS commissioned out of hospital services	Yes	Yes	
4) Managing transfers of care	Yes	Yes	