

QUARTERLY REPORTING FROM LOCAL AUTHORITIES TO DCLG IN RELATION TO THE IMPROVED BETTER CARE FUND

Local authority:
 (Select from drop-down menu)

Enter password (as provided in email from DCLG)

E-code

Period

Section A**A1. Provide a narrative summary for Quarter 2 which follows up the information you provided in Section A at Quarter 1. What are the key successes experienced? What are the challenges encountered?**

Since Q1, Leeds has:-

1. consulted on, constructed, and begun the mobilisation of a broad transformational programme across Care and Health services funded through the Spring Budget monies
2. used the spring budget money to reverse planned service reductions that would have otherwise been inevitable (as detailed in our Q1 return to DCLG)

The transformational programme is focussed on initiatives that have compelling business cases to support the future management of service demand and system flow and prevent and delay the need for more specialist and expensive forms of care. This is founded on the principles of the Leeds Health and Care Plan as described in the narrative of Leeds Better Care Fund Plan (which sits under the Leeds Health & Well-Being Strategy and links to the West Yorkshire STP). A monitoring/accountability regime is being put in place which will:-

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

This programme of initiatives was developed through discussions between the Leeds City Council, the Leeds CCGs Partnership and the local NHS provider trusts and has been locally formally agreed by sign off from the Leeds Better Care Fund Partnership Board.

A number of the Leeds iBCF initiatives are specifically aimed at improving system flow by:-

1. Managing demand more appropriately at the 'front door' of the hospital (e.g. Frailty Assessment Unit) and
2. Supporting more timely discharge from hospital (e.g. Trusted Assessors)

In this way, the iBCF is supporting the High Impact Change Model delivery for the city.

The iBCF funding is also being used to support Adult Social Care's mandate to maximise the independence of its citizens through a preventative strength-based approach to social care and linking people to the existing assets in their own communities. The Leeds initiatives are therefore founded on these values:-

- Maximising people's potential through recovery and re-ablement
- Maximising the benefits of existing community assets and Neighbourhood Networks
- Improving the application and uptake of technology

As already outlined in the Leeds Quarter 1 iBCF return, the mandated metrics relating to increasing home care and care packages are at odds with our local ambition. Indeed, we seek to reduce or at least level demand for this statutory provision through our strengths-based approach and through prevention, including that provided by our thriving third sector. Our revised local metrics for IBCF funding reflect this:-

1. number of bed weeks residential/nursing care commissioned (as opposed to the number of placements in residential) and
2. number of home care hours relative to residential (non-nursing) care bed weeks

This Q2 return has been approved by the Leeds BCF Partnership Board.

A2. Provide progress updates on the individual initiatives/projects you identified in Section A3 at Quarter 1. You can provide information on any additional initiatives/projects not cited at Quarter 1 to the right of the boxes below.

A2a. Individual title for each initiative/project (Automatically populated based on information provided in Quarter 1. Please ensure your password is entered correctly in cell C13).

A2b. Use the drop-down options provided to report on progress since Quarter 1.

A2c. You can add some brief commentary on the progress to date if you think this will be helpful (in general no more than 2 to 3 lines).

Initiative/Project 1	Initiative/Project 2	Initiative/Project 3	Initiative/Project 4	Initiative/Project 5	Initiative/Project 6
Falls Prevention - Make it Fall Proof and PSI	Neighbourhood Networks	Capacity for transition to strengths-based approaches	Leeds Community Equipment & Telecare Service	Retaining care home capacity during service transformation	
2. In progress: no results yet	1. Planning stage	2. In progress: no results yet	3. In progress: showing results	4. Completed	
					Initiative columns 6-10 are protected cells - the additional initiatives agreed since Q1 return therefore start with Initiative 11

Initiative/Project 7	Initiative/Project 8	Initiative/Project 9	Initiative/Project 10	Initiative/Project 11	Initiative/Project 12	Initiative/Project 13	Initiative/Project 14
				Further testing of Asset Based Community Development (ABCD)		Customer Access -To fully adopt strength based social care	Development of use of Local Area Coordination (LAC) support
				1. Planning stage	1. Planning stage	1. Planning stage	1. Planning stage
Initiative columns 6-10 are protected cells - the additional initiatives agreed since Q1 return therefore start with Initiative 11	Initiative columns 6-10 are protected cells - the additional initiatives agreed since Q1 return therefore start with Initiative 11	Initiative columns 6-10 are protected cells - the additional initiatives agreed since Q1 return therefore start with Initiative 11	Initiative columns 6-10 are protected cells - the additional initiatives agreed since Q1 return therefore start with Initiative 11				

Initiative/Project 39	Initiative/Project 40	Initiative/Project 41	Initiative/Project 42
Trusted Assessor (lgi)	Trusted Assessor (sjuh)	To ensure the sustainability of alcohol and drug social care provision after 2018/19	A&H - Change Capacity
2. In progress: no results yet	2. In progress: no results yet	4. Completed	1. Planning stage

Section B

Report the actual impact of the additional funding on:

	a) The total number of home care packages provided	b) The total number of hours of home care provided for the	c) The total number of care home placements for the whole of
B1. Provide figures to illustrate your plans for the whole of 2017/18 prior to the announcement of the additional funding for adult social care at Spring Budget 2017. PLEASE USE WHOLE NUMBERS ONLY WITH NO TEXT. Use question B4 below if you wish to provide any text/commentary.	92,958	1,073,312	1,840
B2. Provide figures to illustrate your current plans for the whole of 2017/18 (i.e. after the announcement of the additional funding for adult social care at Spring Budget 2017). PLEASE USE WHOLE NUMBERS ONLY WITH NO TEXT. Use question B4 below if you wish to provide any text/commentary.	104,024	1,199,681	2,059
B3. Difference between pre- and post-Spring Budget announcement plans: B2 - B1 (automatically calculated).	11,066	126,369	219
B4. You can add some brief commentary on the figures provided above if you wish.			

Section C

C1a. List up to 10 additional metrics you are measuring yourself against, as mentioned in Section C of the Q1 returns.

Metric 1	Metric 2	Metric 3	Metric 4	Metric 5	Metric 6	Metric 7	Metric 8	Metric 9	Metric 10
Number of commissioned care home weeks (65+)	Percentage of new client referrals for specialist social care which were resolved at point of contact or through accessing universal services'								
1. Improvement									
C1c. Provide any additional commentary on the metric above, if you wish.									

Section D

These questions cover average fees paid to external care providers. We are interested only in the average fees actually received by external care providers for local authorities' fully supported clients. The averages should therefore exclude:

-Any amounts that you usually include in fee rates but are not paid to care providers e.g. the local authorities' own staff costs in managing the commissioning of places

-Any amounts that are paid from sources other than the local authorities' funding i.e. third party top-ups, NHS funded Nursing Care and full cost paying clients

The averages will likely need to be calculated from records of payments paid to social care providers and the number of client weeks they relate to, unless you already have suitable management information.

This single average should include fees paid under spot and block contracts, fees paid under a dynamic purchasing system, payments for travel time in home care, any allowances for external provider staff training, fees directly commissioned by your local authority and fees commissioned by your local authority as part of a Managed Personal Budget.

If you only have average care home fees at a more detailed breakdown level than home care, residential and nursing (e.g. residential without dementia, residential with dementia) please calculate an average weighted by the proportion of clients that receive each type of care in the following way:

- 1. Take the number of clients receiving the service for each detailed category.**
- 2. Divide the number of clients receiving the service for each detailed category by the total number of clients receiving the service.**
- 3. Multiply the resultant proportions from Step 2 by the corresponding fee paid for each detailed category.**
- 4. For each service type, sum the resultant detailed category figures from Step 3.**

	2016/17	2017/18	If rates not yet known, please provide the
D1. Please provide the average amount that you paid to external providers for home care in 2016/17, and on the same basis, the average amount that you expect to pay in 2017/18. (£ per contact hour, following the exclusions as in the instruction above)	£14.74	£15.29	
D2. Please provide the average amount that you paid for external provider care homes without nursing for clients aged 65+ in 2016/17, and on the same basis, the average amount that you expect to pay in 2017/18. (£ per client per week, following the exclusions as in the instructions above)	£473	£502	
D3. Please provide the average amount that you paid for external provider care homes with nursing for clients aged 65+ in 2016/17, and on the same basis, the average amount that you expect to pay in 2017/18. (£ per client per week, following the exclusions in the instructions above)	£503	£534	
D4. If you would like to provide any additional commentary on the fee information provided please do so.			