

## Appendix 1 - iBCF (Spring Budget) Q4 2017/18 Return

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

**IMPORTANT: PLEASE DO NOT ALTER THE FORMAT OF THIS SPREADSHEET BY INSERTING, DELETING OR MERGING ANY CELLS, ROWS OR COLUMNS.** The data from this spreadsheet are transferred directly into a DCLG database using a macro and your return may flag as an error or be excluded from analysis if you attempt to alter the format. You can, however, resize the height and width of rows and columns if you need more space.

#### Instructions:

1. Select your local authority from the drop-down menu in **Cell C11**.
2. Enter the password provided in your email from DCLG into **Cell C13**.
2. Complete Sections A and C below by filling in the pink boxes as instructed. If copying and pasting in content from another document please paste your text directly into the formula bar.
3. Save the completed form in the original MS Excel macro-enabled workbook format. Do not convert this spreadsheet to another file format or provide any information in additional attachments.
4. Once completed and saved, please e-mail this MS Excel file by 27 April 2018 to: [CareandReform2@communities.gsi.gov.uk](mailto:CareandReform2@communities.gsi.gov.uk)

Local authority: (Select from drop-down menu)	Leeds
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Enter password (as provided in email from MHCLG)	ZRLB86
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E-code	E4704
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Period	2017-18 and Q4 2017-18
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### Section A

Please provide a short narrative which summarises the key successes and challenges experienced in relation to the additional iBCF funding you were allocated at Spring Budget 2017. Your commentary should cover the whole of 2017-18.

#### A1a. What were the key successes experienced?

The full list of the schemes is:

Asset Based Community Development (ABCD); SkILs Reablement Service; Supporting Wellbeing and Independence for Frailty (SWIFt); Customer Access; Local Area Coordination (LAC); Dementia: Information & skills (online information & training); Falls Prevention; Time for Carers; Working Carers; Prevent Malnutrition Programme; Better Conversations; Alcohol and drug social care provision after 2018/19; Health Partnerships team; Peer Support Networks; Lunch Clubs; The Conservation Volunteers (TCV HOLLYBUSH) - Green Gym; Neighbourhood Networks; Leeds Community Equipment Services; Ideas that Change Lives (ITCL) investment fund; A&H - Change Capacity; Telecare Smartoom; Assisted Living Leeds Volunteer Drivers; Learning & Information Resource in recovery hubs; Business Development Manager for Assistive Technology post; Positive Behaviour Service; Yorkshire Ambulance Service Practitioners scheme; Frailty Assessment Unit; Hospital to Home; Staffing resilience; Business Support for Discharge Process; Respiratory Virtual Ward; Falls Pathway Enhancement (LCH); Transitional Beds; Trusted Assessor (LGI); Trusted Assessor (SJH); Rapid Response

In addition, the following schemes are no longer included in the top 20:

Capacity for transition to strengths-based approaches; Retaining care home capacity during service transformation

Since Q3, Leeds has:

1. Further mobilised a broad transformational programme across Care and Health services funded through the Spring Budget monies
2. Continued to use 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 & Harrogate Health and Care Plan (STP).

We have prioritised funding for schemes that support our preparations for winter for example: SB49 – Yorkshire Ambulance Service practitioner scheme; SB50 – Frailty Assessment Unit; SB52 – Hospital to home; SB64 & SB65 – Trusted assessors.

Since Q3, a monitoring/accountability structure is operating which:-

- Measures the actual impact of each individual initiative
- Monitors actual spend on each initiative and releases funding accordingly
- Ensures 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
- Ensures that exit strategies are in place for following the lifetime of the Spring Money funding or if the initiatives that do not achieve their intended results and are ceased.

For each of the Leeds iBCF schemes the following information is now being gathered routinely:-

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- Submission of the required information on scheme spending and benefit delivery for the quarterly iBCF return to DCLG and NHSE, including the impact (if any) on key national metrics in a timely manner;
- Progress reports on delivery of the scheme and its benefits, including the escalation of issues that are likely to impact upon the success of the scheme, key gateways/milestones reached;
- Any requirements identified by the Leeds Health and Wellbeing Board, via the Leeds Plan Delivery Group to enable it to assess the success or otherwise of the scheme during its lifetime.

As per Q3, 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 2017/18 Quarters 1-3 iBCF returns, 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

Metrics remain unchanged from Q3.

This 2017/18 Q4 return has been approved by the Leeds BCF Partnership Board.

### A1b. What were the challenges encountered?

See above

**A2. Please show how the additional iBCF funding you were allocated at Spring Budget 2017 has been distributed across the three purposes for which it was intended.**

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<p><b>Meeting adult social care needs</b></p>	<p><b>Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready</b></p>	<p><b>Ensuring that the local social care provider market is supported</b></p>
<p>73.6%</p>	<p>25.6%</p>	<p>0.8%</p>

**A2a. Please enter the amount you have designated for each purpose as a percentage of the total additional iBCF funding allocated at Spring Budget 2017. If the expenditure covers more than one purpose, please categorise it according to the primary purpose. The figures you provide should cover the whole of 2017-18.**

**A3. Provide progress updates on the individual initiatives/projects you identified in Section A at Quarters 1, 2 and 3. You can provide information on up to 5 additional initiatives/projects not cited in previous quarters to the right of the boxes below.**

Initiative/Project 1	Initiative/Project 2	Initiative/Project 3	Initiative/Project 4	Initiative/Project 5
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**A3a. Individual title for each initiative/project. Automatically populated based on information provided in previous returns. Please ensure your password is entered correctly in cell C13. Scroll to the right to view all previously entered projects.**

**A3b. Use the drop-down menu provided or type in one of the 17 categories to indicate which of the following categories the project primarily falls under.**

**A3c. If other please specify (please do not use more than 50 characters):**

**A3d. Use the drop-down options provided or type in one of the following 5 answers to report on progress over the year as a whole:**

1. Planning stage
2. In progress: no results yet
3. In progress: showing results
4. Completed
5. Project no longer being implemented

**A3e. 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).**

Leeds Community Equipment Services (SB31)	Alcohol and drug social care provision after 2018/19 (SB23)	Better Conversations (SB22)	Neighbourhood Networks (SB30)	Frailty Assessment Unit (SB50)
3. DTOC: Reducing delayed transfers of care	2. Expenditure to improve efficiency in process or delivery	10. Prevention	10. Prevention	3. DTOC: Reducing delayed transfers of care
3. In progress: showing results	3. In progress: showing results	1. Planning stage	1. Planning stage	3. In progress: showing results
First year of iBCF funding comitted and spent. Will be reported to joint commissioners through regular reporting.	The service continues to offer detox and rehab for adults in Leeds.	A team of 3 facilitators and 2 assistants have been recruited and start in April 2018. A project officer will be recruited in late April with the view to a June start. Scoping conversations for project deployment have commenced.	Start date is anticipated to be 01 Oct 2018.	Service in place since Novemebr 2017, very effective in preventing admissions for a defined cohort of frail patients. Integrated with the Leeds Integrated Discharge services across mutli agencies. Full evalaution of the servcice is underway to inform servcice development/improvements

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Initiative/Project 6	Initiative/Project 7	Initiative/Project 8	Initiative/Project 9	Initiative/Project 10
Respiratory Virtual Ward (SB58)	SkILs Reablement Service (SB3)	Local Area Coordination (LAC) & Asset Based Community Development (ABCD) (SB2 & SB12)	Yorkshire Ambulance Service Practitioners scheme (SB49)	Trusted Assessor (LGI) (SB64)
2. Expenditure to improve efficiency in process or delivery	12. Reablement	10. Prevention	1. Capacity: Increasing capacity	3. DTOC: Reducing delayed transfers of care
2. In progress: no results yet	2. In progress: no results yet	2. In progress: no results yet	1. Planning stage	2. In progress: no results yet
Needed 3 cycles of recruitment to secure staff for the service. Small number now commenced from 3rd April and dates through May and June for remainder. Work undertaken to develop infrastructure for the service: Service model and criteria; referral pathways; engagement with primary and acute care colleagues; documentation and IT	Posts established and on structure. Recruitment commenced.	Pathfinders extended, embedded intermediaries and training specifications developed.	Will form part of the developments within the St Georges Urgent Treatment Centre and will focus on the 999 pathways and the see and treat model along with the conveyance of patients to alternative services to A&E	Assisting LiDs team will have an impact on reducing the LOS and DTOC numbers. The additional posts are still in induction period therefore the impact of enhancing the TA role as yet is not evaluated.

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1. Planning stage
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3. In progress: showing results
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Initiative/Project 11	Initiative/Project 12	Initiative/Project 13	Initiative/Project 14	Initiative/Project 15
Trusted Assessor (SJH) (SB65)	Positive Behaviour Service (SB44)	Hospital to Home (SB52)	The Conservation Volunteers (TCV HOLLYBUSH) - Green Gym (SB28)	Falls Pathway Enhancement (LCH) (SB61)
3. DTOC: Reducing delayed transfers of care	10. Prevention	3. DTOC: Reducing delayed transfers of care	17. Other	1. Capacity: Increasing capacity
			Mental and physical health project	
2. In progress: no results yet	1. Planning stage	4. Completed	1. Planning stage	2. In progress: no results yet
Assisting LiDs team will have an impact on reducing the LOS and DTOC numbers . The additional posts are still in induction period therefore the impact of enhancing the TA role as yet is not evaluated.	Match funding from the NHS has been secured. Reorganisation of the site to accommodate the new team is underway. Recruitment is expected to be agreed by the 20th April.	The Hospital to Home Service delivers 2 functions a) It supports admission avoidance in A&E (working both in frailty unit) and as part of Integrated Discharge Service and b) Service supports inpatients in their choice of a care home following referral from ASC	The staff team has been recruited and are all now in post. Sites for the gyms are being identified.	All staff recruited in to posts to increase capacity in teams and support pathway enhancements. Safety huddles commenced in one neighbourhood team and progressing well, work ongoing to expand. Group programmes due to start 2nd week in April 2018.

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1. Planning stage
2. In progress: no results yet
3. In progress: showing results
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Initiative/Project 16	Initiative/Project 17	Initiative/Project 18	Initiative/Project 19	Initiative/Project 20
Falls Prevention (SB14)	Transitional Beds (SB63)	Lunch Clubs (SB26)	Health Partnerships team (SB24)	Staffing resilience (SB54)
10. Prevention	1. Capacity: Increasing capacity	10. Prevention	7. Leadership	3. DTOC: Reducing delayed transfers of care
3. In progress: showing results	3. In progress: showing results	2. In progress: no results yet	3. In progress: showing results	3. In progress: showing results
Falls prevention 20 week classes in place across the city and delivering to planned targets. All elements of initiative progressing to plan.	J31 ward remains open providing capacity for medically optimised for discharge patients.	Of the 87 applications, 86 were approved and allocated funding in accordance with the agreed funding formula. One application was turned down, as they were unable to demonstrate they were operating in 2017/18.		3 agency staff in post to backfill permanent staff to work specifically with the Out of Leeds Hospitals. Reduction in DTOCs seen. Additional worker to be started.



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**A3b. Use the drop-down menu provided or type in one of the 17 categories to indicate which of the following categories the project primarily falls under.**

**A3c. If other please specify (please do not use more than 50 characters):**

**A3d. Use the drop-down options provided or type in one of the following 5 answers to report on progress over the year as a whole:**

1. Planning stage
2. In progress: no results yet
3. In progress: showing results
4. Completed
5. Project no longer being implemented

**A3e. 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 21	Initiative/Project 22	Initiative/Project 23	Initiative/Project 24	Initiative/Project 25
Dementia: Information & skills (online information & training) (SB13)	A&H - Change Capacity (SB35)	Time for Carers (SB15)	Peer Support Networks (SB25)	Rapid Response (SB66)
17. Other	2. Expenditure to improve efficiency in process or delivery	14. Carers	10. Prevention	17. Other
Training				7 day working using existing capacity differently
2. In progress: no results yet	1. Planning stage	3. In progress: showing results	2. In progress: no results yet	1. Planning stage
The 2017-18 allocation of iBCF has been used to award grant funding for initial project development. <ul style="list-style-type: none"> <li>• Leeds Beckett University - School Of Dementia Research is carrying out engagement work with local care homes to understand current dementia training and identify opportunities and gaps;</li> <li>• mHabitat (LYPFT) are carrying out user-led design work for online dementia information.</li> </ul>	Still at the stage of scoping the requirements	Approximately 85 carers have received a grant of up to £250 to promote their own health and wellbeing	The first objective (map the current provision and gaps in the provision of peer support networks for people living with LTC's) has been awarded to Health for All. The results from the scope are expected in June which will inform objective 2.	Work due to start beginning of May to develop offer

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**A3b. Use the drop-down menu provided or type in one of the 17 categories to indicate which of the following categories the project primarily falls under. Hover over cell B33 to view comment box for the list of categories if drop-down options are not visible:**

**A3c. If other please specify (please do not use more than 50 characters):**

**A3d. Use the drop-down options provided or type in one of the following 5 answers to report on progress over the year as a whole:**

1. Planning stage
2. In progress: no results yet
3. In progress: showing results
4. Completed
5. Project no longer being implemented

**A3e. 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).**

Additional Initiative/Project 1	Additional Initiative/Project 2	Additional Initiative/Project 3	Additional Initiative/Project 4	Additional Initiative/Project 5
Business Support for Discharge Process (SB55)	Supporting Wellbeing and Independence for Frailty (SWIFt) (SB7)	Business Development Manager for Assistive Technology post (SB41)	Customer Access (SB8)	Working Carers (SB17)
3. DTOC: Reducing delayed transfers of care	10. Prevention	13. Technology	2. Expenditure to improve efficiency in process or delivery	14. Carers
			Prevention, self care and crisis response	
3. In progress: showing results	3. In progress: showing results	1. Planning stage	3. In progress: showing results	3. In progress: showing results
Increased capacity in BS means more timely processing of support plans and discharge	This project is already delivering and being evaluated, however the IBCF funding is not due to start until October. CCG match funding now secured. Workshop planned for August to consider any alterations in light of evaluation.		Delivering 100% on talking point target (benefit 3 and 5). Delivering on benefit 2 (increase in signposting) and delivering benefit 1 (Leeds care record checks) but will confirm % on both after 6 months of data is gathered	Recruitment of project worker complete; working carers strategy agreed; 'offer' to network businesses part completed

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**Section B: Information not required at Quarter 4**

**Section C**

**C1a. List of up to 20 metrics you are measuring yourself against. Automatically populated based on information provided in Quarter 3. Please ensure your password is entered correctly in cell C13. Scroll to the right to view all previously entered metrics. You can provide information on up to 5 metrics not cited previously to the right of these boxes.**

**C1b. Use the drop-down options provided or type in one of the following 4 answers to report on any change in each metric over the year as a whole:**  
**1. Improvement**  
**2. Deterioration**  
**3. No change**  
**4. Not yet able to report**

**C1c. Provide any additional commentary on the metric above, if you wish.**

Metric 1	Metric 2
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	1. Improvement
The figures are showing a slightly improved position compared with the same time last year	The introduction of community led practise has had an impact upon increasing the numbers effectively supported at an early stage.