

Better Care Fund Template Q2 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 **Narrative sections of the reports will not be published.** However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information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.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

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. Narrative	0
6. iBCF	0



[<< 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

^^ Link Back to top

	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
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Sheet Complete:		Yes
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3. Metrics

[^^ Link Back to top](#)

	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
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4. High Impact Change Model

[^^ Link Back to top](#)

	Cell Reference	Checker
Chg 1 - Early discharge planning Q2 18/19	F12	Yes
Chg 2 - Systems to monitor patient flow Q2 18/19	F13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q2 18/19	F14	Yes
Chg 4 - Home first/discharge to assess Q2 18/19	F15	Yes
Chg 5 - Seven-day service Q2 18/19	F16	Yes
Chg 6 - Trusted assessors Q2 18/19	F17	Yes
Chg 7 - Focus on choice Q2 18/19	F18	Yes
Chg 8 - Enhancing health in care homes Q2 18/19	F19	Yes
UEC - Red Bag scheme Q2 18/19	F23	Yes
Chg 1 - Early discharge planning Q3 18/19 Plan	G12	Yes
Chg 2 - Systems to monitor patient flow Q3 18/19 Plan	G13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q3 18/19 Plan	G14	Yes
Chg 4 - Home first/discharge to assess Q3 18/19 Plan	G15	Yes
Chg 5 - Seven-day service Q3 18/19 Plan	G16	Yes
Chg 6 - Trusted assessors Q3 18/19 Plan	G17	Yes
Chg 7 - Focus on choice Q3 18/19 Plan	G18	Yes
Chg 8 - Enhancing health in care homes Q3 18/19 Plan	G19	Yes
UEC - Red Bag scheme Q3 18/19 Plan	G23	Yes
Chg 1 - Early discharge planning Q4 18/19 Plan	H12	Yes
Chg 2 - Systems to monitor patient flow Q4 18/19 Plan	H13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q4 18/19 Plan	H14	Yes
Chg 4 - Home first/discharge to assess Q4 18/19 Plan	H15	Yes
Chg 5 - Seven-day service Q4 18/19 Plan	H16	Yes
Chg 6 - Trusted assessors Q4 18/19 Plan	H17	Yes
Chg 7 - Focus on choice Q4 18/19 Plan	H18	Yes
Chg 8 - Enhancing health in care homes Q4 18/19 Plan	H19	Yes
UEC - Red Bag scheme Q4 18/19 Plan	H23	Yes
Chg 1 - Early discharge planning, if Mature or Exemplary please explain	I12	Yes
Chg 2 - Systems to monitor patient flow, if Mature or Exemplary please explain	I13	Yes
Chg 3 - Multi-disciplinary/agency discharge teams, if Mature or Exemplary please explain	I14	Yes
Chg 4 - Home first/discharge to assess, if Mature or Exemplary please explain	I15	Yes
Chg 5 - Seven-day service, if Mature or Exemplary please explain	I16	Yes
Chg 6 - Trusted assessors, if Mature or Exemplary please explain	I17	Yes
Chg 7 - Focus on choice, if Mature or Exemplary please explain	I18	Yes
Chg 8 - Enhancing health in care homes, if Mature or Exemplary please explain	I19	Yes
UEC - Red Bag scheme, if Mature or Exemplary please explain	I23	Yes
Chg 1 - Early discharge planning Challenges	J12	Yes
Chg 2 - Systems to monitor patient flow Challenges	J13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Challenges	J14	Yes
Chg 4 - Home first/discharge to assess Challenges	J15	Yes
Chg 5 - Seven-day service Challenges	J16	Yes
Chg 6 - Trusted assessors Challenges	J17	Yes
Chg 7 - Focus on choice Challenges	J18	Yes
Chg 8 - Enhancing health in care homes Challenges	J19	Yes

UEC - Red Bag Scheme Challenges	J23	Yes
Chg 1 - Early discharge planning Additional achievements	K12	Yes
Chg 2 - Systems to monitor patient flow Additional achievements	K13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Additional achievements	K14	Yes
Chg 4 - Home first/discharge to assess Additional achievements	K15	Yes
Chg 5 - Seven-day service Additional achievements	K16	Yes
Chg 6 - Trusted assessors Additional achievements	K17	Yes
Chg 7 - Focus on choice Additional achievements	K18	Yes
Chg 8 - Enhancing health in care homes Additional achievements	K19	Yes
UEC - Red Bag Scheme Additional achievements	K23	Yes
Chg 1 - Early discharge planning Support needs	L12	Yes
Chg 2 - Systems to monitor patient flow Support needs	L13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Support needs	L14	Yes
Chg 4 - Home first/discharge to assess Support needs	L15	Yes
Chg 5 - Seven-day service Support needs	L16	Yes
Chg 6 - Trusted assessors Support needs	L17	Yes
Chg 7 - Focus on choice Support needs	L18	Yes
Chg 8 - Enhancing health in care homes Support needs	L19	Yes
UEC - Red Bag Scheme Support needs	L23	Yes

Sheet Complete: Yes

5. Narrative

[^^ Link Back to top](#)

	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

6. iBCF

[^^ Link Back to top](#)

	Cell Reference	Checker
1. Average amount paid to external providers for home care in 2017/18	C19	Yes
1. Average amount expected to pay external providers for home care in 2018/19	D19	Yes
1. Uplift if rates not known	E19	Yes
2. Average amount paid for external provider care homes without nursing for clients aged 65+ in 17/18	C20	Yes
2. Average expected pay for external provider care homes without nursing clients aged 65+ in 2018/19	D20	Yes
2. Uplift if rates not known	E20	Yes
3. Average amount paid for external provider care homes with nursing for clients aged 65+ in 2017/18	C21	Yes
3. Average expected to pay for external provider care homes with nursing for clients aged 65+ in 18/19	D21	Yes
3. Uplift if rates not known	E21	Yes

Sheet Complete: Yes

[^^ Link Back to top](#)

Better Care Fund Template Q2 2018/19

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		

Better Care Fund Template Q2 2018/19

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	<ul style="list-style-type: none"> In quarter 1 there were around half the number of permanent admissions from hospital as in the same period last year. Increased provision of community beds are enabling more people to transition from hospital to their own homes. 	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	<ul style="list-style-type: none"> New streamlined process in place to support people from hospital into reablement service at an early stage. Numbers accessing and completing reablement service have increased. 	None

<p>Delayed Transfers of Care</p>	<p>Delayed Transfers of Care (delayed days)</p>	<p>Not on track to meet target</p>	<p>DTOCS related to Mental Health/Dementia remain a challenge.</p> <p>Delays for non-acute services with joint responsibility for the delay continue to increase. A range of issues have been identified which are starting to be addressed including;</p> <ul style="list-style-type: none"> • The need for a systematic approach to joint working to resolve these • Gaps between need and service provision identified 	<p>DTOCs in main acute provider remain below 3.5% of bed base and have remained so for a number of months. Newton Europe and NHS Improvement teams have recently conducted some analysis to help the system's understanding of delays which has led to the development of a number of workstreams.</p> <ul style="list-style-type: none"> • Established process in place 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 deputy chief operating officer, LYPFT. • Weekly performance reports shared across organisations. • All pen pictures have been given to CCG commissioners, particularly for people with complex dementia in order to look at stimulating the market. • Implementation of Section 117 Panel 	<ul style="list-style-type: none"> • 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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Better Care Fund Template Q2 2018/19

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

		Maturity Assessment					Narrative			
		Q4 17/18	Q1 18/19	Q2 18/19 (Current)	Q3 18/19 (Planned)	Q4 18/19 (Planned)	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	Established	Mature		Organisational Development to implement new TOC Policy	Development and approval of new transfer of care protocol that embeds early discharge planning principles	None
Chg 2	Systems to monitor patient flow	Established	Established	Established	Established	Mature		Need to agree metrics that will support understanding of capacity in community settings	Newton Europe undertaken work to support future capacity planning for out of hospital care.	None
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	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	New workstream initiated to agree function and form of new Multi Agency Discharge Team that will build on current LIDS Model - taking account of Newton Europe consultancy findings	None
Chg 4	Home first/discharge to assess	Established	Established	Established	Established	Established		Building capacity to support D2A	New Home First Policy Developed	None
Chg 5	Seven-day service	Not yet established	Not yet established	Not yet established	Not yet established	Plans in place		As previously reported	As previously reported	None
Chg 6	Trusted assessors	Established	Established	Established	Mature	Mature		Building care home trust in assessment of newly agreed Care Home Trusted Assessors	The Leeds System has appointed Trusted Assessors that work across LHT site that can access Community Beds, Reablement and Neighbourhood Team/District Nursing services directly. Currently seeking to appoint two Trusted Assessors who will work for the care home sector to avoid the need for care homes to attend hospital to assess suitability of patients for placement	None
Chg 7	Focus on choice	Mature	Mature	Mature	Mature	Mature	New Transfer of Care Policy Developed and being adopted in Trust in readiness for winter	None	Development and approval of TOC Policy	None

Chg 8	Enhancing health in care homes	Established	Established	Established	Established	Established		Need to develop care home sector capability to meet needs of increasingly complex and frail patients	Range of support services in place to support care homes - most recently the deployment of a mental health support service to enable care homes to accept patients with more challenging behaviours associated with dementia. Telemedicine pilot in place and being extended to more homes	None
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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.

	Q4 17/18	Q1 18/19	Q2 18/19 (Planned)	Q3 18/19 (Planned)	Q4 18/19 (Planned)	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	Established	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

Better Care Fund Template Q2 2018/19

5. Narrative

Selected Health and Wellbeing Board:

Leeds

Remaining Characters:

19,372

Progress against local plan for integration of health and social care

The Leeds system already has a well established intergrated neighbourhood team service. Our challenge is to build on this as we develop thinking around local care partnerships across Leeds. Significant work is being undertaken to agree how the findings of the recent MADE event and the Newton Europe analysis can be used to influence the next stage of development of community based care to support system flow. We'll be looking at how the Leeds health and care system can build and shape more out of hospital 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:

19,205

Integration success story highlight over the past quarter

We have used some iBCF/Spring Budget funding to increase the flow of patients in the health and care system by placing Case Officers in LTHT and having dedicated Social Work Assistants support timely exits from reablement where an ongoing service is required. This will:-

- Increase the number of appropriate referrals to SKiLs from LTHT and reduce length of stay in hospital
- Reduce referrals from LTHT which don't become an active reablement intervention
- Reduce the number of people in transition from reablement and the length of time people are supported in transition by reablement

Achievements in Q1 18/19 have been:-

- Referral pathway developed for referrals from the frailty unit and A&E to prevent hospital admission
- 1 Case Officer recruited
- All 5 Wellbeing Workers in post

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 Q2 2018/19

6. Additional improved Better Care Fund

Selected Health and Wellbeing Board:

Leeds

Additional improved Better Care Fund Allocation for 2018/19:

£ 9,430,235

These questions cover average fees paid by your local authority (including client contributions) to external care providers.

We are interested only in the average fees actually received by external care providers from local authorities for their own supported clients (including client contributions). The averages should therefore exclude:

- Any amounts that you usually include in reported 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 (including client contributions), i.e. you should exclude 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 fees at a more detailed breakdown level than the three service types of home care, 65+ residential and 65+ nursing (e.g. you have the more detailed categories of 65+ residential without dementia, 65+ residential with dementia) please calculate for each of the three service types an average weighted by the proportion of clients that receive each detailed category:

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 (e.g. age 65+ residential without dementia, age 65+ residential with dementia) by the total number of clients receiving the relevant service (e.g. age 65+ residential).
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.

If you are unable to provide rates for both 2017/18 and 2018/19, please ensure that you provide the estimated percentage change between 2017/18 and 2018/19 in the table below. Please leave any missing data cells as blank e.g. do not attempt to enter '0' or 'N/A'.

	2017/18	2018/19	If rates not yet known, please provide the estimated uplift as a percentage change between 2017/18 and 2018/19
1. Please provide the average amount that you paid to external providers for home care in 2017/18, and on the same basis, the average amount that you expect to pay in 2018/19. (£ per contact hour, following the exclusions as in the instructions above)	£ 15.06	£ 15.29	

<p>2. Please provide the average amount that you paid for external provider care homes without nursing for clients aged 65+ in 2017/18, and on the same basis, the average amount that you expect to pay in 2018/19. (£ per client per week, following the exclusions as in the instructions above)</p>	<p>£ 525</p>	<p>£ 549</p>	
<p>3. Please provide the average amount that you paid for external provider care homes with nursing for clients aged 65+ in 2017/18, and on the same basis, the average amount that you expect to pay in 2018/19. (£ per client per week, following the exclusions in the instructions above)</p>	<p>£ 539</p>	<p>£ 571</p>	
<p>4. If you would like to provide any additional commentary on the fee information provided please do so. Please do not use more than 250 characters.</p>	<p>A further increase of 6.7% has been agreed for Home Care to enable a minimum wage of £8.25 to be paid. This increase and the Care home increases have been made via recurrent iBCF to ensure sustainability of the local care market.</p>		