

Better Care Fund 2019/20 Template

2. Cover

Version 0.1



Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
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- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2019/20.
- 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
Completed by:	Lesley Newlove, Richard Huskins, John Crowther, Rob Good
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Contact number:	0113 8432124
Who signed off the report on behalf of the Health and Wellbeing Board:	Councillor Rebecca Charlwood
Will the HWB sign-off the plan after the submission date?	No
If yes, please indicate the date when the HWB meeting is scheduled:	

	Role:	Professional Title (where applicable)	First-name:	Surname:	E-mail:
* Area Assurance Contact Details:	Health and Wellbeing Board Chair	Councillor	Rebecca	Charlwood	rebecca.charlwood@leeds.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)		Tim	Ryley	tim.ryley@nhs.net
	Additional Clinical Commissioning Group(s) Accountable Officers	N/A	N/A	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	Roff	cath.roff@leeds.gov.uk
Better Care Fund Lead Official		Rob	Goodyear	rob.goodyear@nhs.net
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Please add further area contacts that you would wish to be included in official correspondence -->

**Only those identified will be addressed in official correspondence (such as approval letters). Please ensure all individuals are satisfied with the information entered above as this is exactly how they will appear in 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 saving the file as 'Name HWB' for example 'County Durham HWB'

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	No
4. Strategic Narrative	No
5. Income	Yes
6. Expenditure	No
7. HICM	Yes
8. Metrics	Yes
9. Planning Requirements	Yes

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

Checklist

2. Cover

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	Cell Reference	Checker
Health & Wellbeing Board	D13	Yes
Completed by:	D15	Yes
E-mail:	D17	Yes
Contact number:	D19	Yes
Who signed off the report on behalf of the Health and Wellbeing Board:	D21	Yes
Will the HWB sign-off the plan after the submission date?	D23	Yes
If yes, please indicate the date when the HWB meeting is scheduled:	D24	Yes
Area Assurance Contact Details - Role:	C27 : C36	Yes
Area Assurance Contact Details - First name:	F27 : F36	Yes
Area Assurance Contact Details - Surname:	G27 : G36	Yes
Area Assurance Contact Details - E-mail:	H27 : H36	No

Sheet Complete	No
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4. Strategic Narrative

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	Cell Reference	Checker
A) Person-centred outcomes:	B20	No
B) (i) Your approach to integrated services at HWB level (and neighbourhood where applicable):	B31	No

B) (ii) Your approach to integration with wider services (e.g. Housing):	B37	No
C) System level alignment:	B44	No

Sheet Complete	No
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5. Income

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	Cell Reference	Checker
Are any additional LA Contributions being made in 2019/20?	C39	Yes
Additional Local Authority	B42 : B44	Yes
Additional LA Contribution	C42 : C44	Yes
Additional LA Contribution Narrative	D42 : D44	Yes
Are any additional CCG Contributions being made in 2019/20?	C59	Yes
Additional CCGs	B62 : B71	Yes
Additional CCG Contribution	C62 : C71	Yes
Additional CCG Contribution Narrative	D62 : D71	Yes

Sheet Complete	Yes
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6. Expenditure

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	Cell Reference	Checker
Scheme ID:	B22 : B271	Yes
Scheme Name:	C22 : C271	Yes
Brief Description of Scheme:	D22 : D271	Yes
Scheme Type:	E22 : E271	Yes
Sub Types:	F22 : F271	Yes
Specify if scheme type is Other:	G22 : G271	Yes
Planned Output:	H22 : H271	Yes
Planned Output Unit Estimate:	I22 : I271	No
Impact: Non-Elective Admissions:	J22 : J271	Yes
Impact: Delayed Transfers of Care:	K22 : K271	Yes
Impact: Residential Admissions:	L22 : L271	Yes
Impact: Reablement:	M22 : M271	Yes
Area of Spend:	N22 : N271	Yes
Specify if area of spend is Other:	O22 : O271	Yes
Commissioner:	P22 : P271	Yes
Joint Commissioner %:	Q22 : Q271	Yes
Provider:	S22 : S271	Yes
Source of Funding:	T22 : T271	Yes
Expenditure:	U22 : U271	Yes
New/Existing Scheme:	V22 : V271	Yes

Sheet Complete	No
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7. HICM

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	Cell Reference	Checker
Priorities for embedding elements of the HCIM for Managing Transfers of Care locally:	B11	Yes
Chg 1) Early discharge planning - Current Level:	D15	Yes
Chg 2) Systems to monitor patient flow - Current Level:	D16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Current Level:	D17	Yes
Chg 4) Home first / discharge to assess - Current Level:	D18	Yes
Chg 5) Seven-day service - Current Level:	D19	Yes
Chg 6) Trusted assessors - Current Level:	D20	Yes
Chg 7) Focus on choice - Current Level:	D21	Yes
Chg 8) Enhancing health in care homes - Current Level:	D22	Yes
Chg 1) Early discharge planning - Planned Level:	E15	Yes
Chg 2) Systems to monitor patient flow - Planned Level:	E16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Planned Level:	E17	Yes

Chg 4) Home first / discharge to assess - Planned Level:	E18	Yes
Chg 5) Seven-day service - Planned Level:	E19	Yes
Chg 6) Trusted assessors - Planned Level:	E20	Yes
Chg 7) Focus on choice - Planned Level:	E21	Yes
Chg 8) Enhancing health in care homes - Planned Level:	E22	Yes
Chg 1) Early discharge planning - Reasons:	F15	Yes
Chg 2) Systems to monitor patient flow - Reasons:	F16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Reasons:	F17	Yes
Chg 4) Home first / discharge to assess - Reasons:	F18	Yes
Chg 5) Seven-day service - Reasons:	F19	Yes
Chg 6) Trusted assessors - Reasons:	F20	Yes
Chg 7) Focus on choice - Reasons:	F21	Yes
Chg 8) Enhancing health in care homes - Reasons:	F22	Yes
Sheet Complete		Yes

8. Metrics

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	Cell Reference	Checker
Non-Elective Admissions: Overview Narrative:	E10	Yes
Delayed Transfers of Care: Overview Narrative:	E17	Yes
Residential Admissions Numerator:	F27	Yes
Residential Admissions: Overview Narrative:	G26	Yes
Reablement Numerator:	F39	Yes
Reablement Denominator:	F40	Yes
Reablement: Overview Narrative:	G38	Yes

Sheet Complete	Yes
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9. Planning Requirements

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	Cell Reference	Checker
PR1: NC1: Jointly agreed plan - Plan to Meet	F8	Yes
PR2: NC1: Jointly agreed plan - Plan to Meet	F9	Yes
PR3: NC1: Jointly agreed plan - Plan to Meet	F10	Yes
PR4: NC2: Social Care Maintenance - Plan to Meet	F11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Plan to Meet	F12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Plan to Meet	F13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Plan to Meet	F14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Plan to Meet	F15	Yes
PR9: Metrics - Plan to Meet	F16	Yes
PR1: NC1: Jointly agreed plan - Actions in place if not	H8	Yes
PR2: NC1: Jointly agreed plan - Actions in place if not	H9	Yes
PR3: NC1: Jointly agreed plan - Actions in place if not	H10	Yes
PR4: NC2: Social Care Maintenance - Actions in place if not	H11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Actions in place if not	H12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Actions in place if not	H13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Actions in place if not	H14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Actions in place if not	H15	Yes
PR9: Metrics - Actions in place if not	H16	Yes
PR1: NC1: Jointly agreed plan - Timeframe if not met	I8	Yes
PR2: NC1: Jointly agreed plan - Timeframe if not met	I9	Yes
PR3: NC1: Jointly agreed plan - Timeframe if not met	I10	Yes
PR4: NC2: Social Care Maintenance - Timeframe if not met	I11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Timeframe if not met	I12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Timeframe if not met	I13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Timeframe if not met	I14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Timeframe if not met	I15	Yes

PR9: Metrics - Timeframe if not met	I16	Yes
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Sheet Complete		Yes
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Better Care Fund 2019/20 Template

3. Summary

Selected Health and Wellbeing Board:

Leeds

Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£7,302,720	£7,302,720	£0
Minimum CCG Contribution	£55,238,834	£55,238,834	£0
iBCF	£27,399,640	£27,399,640	£0
Winter Pressures Grant	£3,310,729	£3,310,729	£0
Additional LA Contribution	£2,462,000	£2,462,000	£0
Additional CCG Contribution	£0	£0	£0
Total	£95,713,923	£95,713,923	£0

[Expenditure >>](#)

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£15,697,310
Planned spend	£29,474,160

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£15,988,500
Planned spend	£15,464,674

Planned spend is less than the minimum required spend

Scheme Types

Assistive Technologies and Equipment	£5,799,503
Care Act Implementation Related Duties	£0

Carers Services	£2,272,211
Community Based Schemes	£3,415,660
DFG Related Schemes	£7,302,720
Enablers for Integration	£1,659,842
HICM for Managing Transfer of Care	£2,866,104
Home Care or Domiciliary Care	£292,000
Housing Related Schemes	£0
Integrated Care Planning and Navigation	£531,400
Intermediate Care Services	£14,371,790
Personalised Budgeting and Commissioning	£0
Personalised Care at Home	£0
Prevention / Early Intervention	£2,141,204
Residential Placements	£469,529
Other	£54,591,960
Total	£95,713,923

[HICM >>](#)

		Planned level of maturity for 2019/2020
Chg 1	Early discharge planning	Mature
Chg 2	Systems to monitor patient flow	Mature
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Mature
Chg 4	Home first / discharge to assess	Mature
Chg 5	Seven-day service	Not yet established
Chg 6	Trusted assessors	Mature
Chg 7	Focus on choice	Mature
Chg 8	Enhancing health in care homes	Mature

[Metrics >>](#)

Non-Elective Admissions
Delayed Transfer of Care

[Go to Better Care Exchange >>](#)

Residential Admissions

		19/20 Plan
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	564.4378042

Reablement

		19/20 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	0.85

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	No
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Implementation of the High Impact Change Model for Managing Transfers of Care	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
	PR8	Yes
Metrics	PR9	Yes

Better Care Fund 2019/20 Template

4. Strategic Narrative

Selected Health and Wellbeing Board:

Leeds

Please outline your approach towards integration of health & social care:

When providing your responses to the below sections, please highlight any learning from the previous planning round (2017-2019) and cover any priorities for reducing health inequalities under the Equality Act 2010.

Please note that there are 4 responses required below, for questions: A), B(i), B(ii) and C)

A) Person-centred outcomes

Your approach to integrating care around the person, this may include (but is not limited to):

- Prevention and self-care
- Promoting choice and independence

A proactive approach to prevention and reducing health inequalities

Our Health and Wellbeing vision is that 'Leeds will be a healthy and caring City for all ages where people who are the poorest improve their health the fastest'. 'We put people first. We work with people, instead of doing things to them or for them, maximising the assets, strengths and skills of Leeds citizens and our workforce. This is essential to our approach in addressing health inequalities in the City.

In order to address health inequalities, Leeds has identified the people in the City living in the 10% most deprived areas nationally as a priority for action.

There is a wealth of information about the differences in health experienced by this group of people, with some interesting points to note:

- 23% of people live in 'deprived Leeds', however,
- 26% of avoidable deaths, and
- 30% of preventable life years lost are for people living in these areas.

Particular outliers in terms of causes of avoidable death for people living in 'deprived Leeds' are infections, maternal infant and neurological. However, cancer, CVD and respiratory still account for the most deaths in these areas; since 2013 premature mortality from these conditions in these communities is increasing.

In addition to geographic inequalities, we also need to consider the challenges faced by marginalised and vulnerable groups of people as there is significant evidence that these have significantly worse health outcomes than the general population. These populations include the economically disadvantaged, children in poverty, families who experience in-work poverty, ethnic minority groups, the unemployed, low-income children, looked after children, older people, the homeless and those with long-term physical and mental health conditions, including people with learning disabilities and severe mental illness. These populations reside in all geographical areas, deprived and more affluent.

And whilst these two divisions (geographic and vulnerable groups) are useful to help to shape our

work, they are not exhaustive and we cannot ignore other groups / areas of the City given that the health outcomes in Leeds as a whole are often poorer than those of England.

In Leeds we will work to address health inequalities at three levels:

1. Wider Determinants: Actions to improve 'the causes of the causes' such as increasing access to good work, improving skills, access to employment, housing and the provision and quality of green space and other public spaces and Best Start initiatives.

We will take a partnership approach to ensure that we deliver a wider social impact, including on the employment of local people, air pollution and addressing the climate crisis, all of which disproportionately affect the poorest in society.

We will ensure that our estates planning and investment optimises the health effects of the built environment, and will always look for and take opportunities to co-ordinate resources with partners to maximise impact.

2. Prevention: Actions to reduce the causes, such as improving health behaviours - stopping smoking, a healthy diet and reducing harmful alcohol use and increasing physical activity form part of our 'Making every contact count' approach across the healthcare system.

- We will work in partnership to ensure preventive approaches are included in all care pathways, and to ensure that staff have access to prevention and wellbeing services.

- We will support investment in evidence based prevention services where we know this will improve health outcomes, and will focus this investment in the most deprived areas of the City and with marginalised and vulnerable groups.

3. Treatment: Actions to improve the provision of and access to healthcare and the types of interventions planned with a proactive personalised care approach through primary care management and integrated redesign of secondary care services, including outpatient services.

Access

We will ensure that services are delivered in ways which optimises access for people from disadvantaged groups. This included considering geography, transport, digital inclusion, language and culture. In order to understand this, we will continuously review access levels to services to ensure that current arrangements do not further disadvantage people experiencing the poorest health.

A Stronger Partnership with 3rd Sector

We will act to ensure that the strong, vibrant and diverse third sector of community and voluntary organisations continues to be at the heart of care and support services being provided in the City. This will include investment and support so that as well as being key providers of services, our third sector organisations are actively contributing to and informing the development of health and care services across the City and in local communities.

Reducing variation

We have developed robust processes to benchmark ourselves against our peers and reduce unwarranted variation. NHS Rightcare is invaluable in this task and we supplement this with local data. An example of an area where this is used routinely is in Long Term Conditions.

Leeds has a long history of developing personalised care and supportive self-management approaches. We have used the House of Care model to develop approaches that support people to manage their own health, for example reviewing and improving pulmonary rehab and diabetes education to ensure they are accessible to all, developing Breathe easy peer support, rolling out the

use of mycopd as a digital tool for self-management. We have also embedded collaborative care and support planning within the reviews for long term conditions across all 97 of our practices. Better Conversations is our universal approach to 'working with' people and the last year has seen over 900 people participate in the programme. Through our Personalised care Steering group we have moved forward on all 6 areas of the universal personalised care model. We are now developing a co-production group to steer this work locally.

The third sector has valuable expertise in this area and also the Leeds Social Prescribing model is ahead of the curve in terms of citywide provision and exemplary cross sector working which is enabling this third sector-led service to be fully embedded in terms of SystmOne and information sharing.

- Social Prescribing - the CCG has now commissioned a single City-wide social prescribing service model. 18 of our 19 PCNs have taken up the opportunity to fund an additional link worker and there is the opportunity if PCNs request for these link workers to be employed by the City-wide service. Our ambition is for there to be over 5,500 people supported each year through social prescribing in Leeds.
- Shared decision making (SDM) has already successfully been tested as an approach in Leeds within the MSK pathway, and we are now planning how this is rolled out to other specialities.
- Personalised care and support planning – Leeds has embedded collaborative care and support planning (CCSP) across all 97 practices as the method for long term conditions reviews. The total amount of CCSP Annual reviews performed in Leeds 85,859 between April 1 2018 and March 31 2019. From April 2019, the CCSP training will be incorporating the Better Conversations training. Our trajectory for 2019-20 is 107,337.
- Enabling Choice - A new contract schedule for personalised care has been included in all NHS contracts including details related to 'Choice'. LTHT will be working as a pilot site for the 'choice at 6 months' initiative, and already works closely with the CCG where appropriate clinical alternatives are available. All our local consultant led services are already published on E-Referral.
- Self-management – We are looking to further expand capacity in our main structured education programmes (Cardiac rehab, pulmonary rehabilitation) and to continue to consider innovative ways to deliver the key components of these services to support improved self management. Leeds has invested heavily in Diabetes structured education and continues to expand referrals into the National diabetes prevention programme (with an ambition of 10072 referrals for 2019) Leeds is supporting an infrastructure of peer support groups. Initially this has led to 7 breathe easy groups in the City, now a developing network and volunteer training. In addition we continue to roll out mycopd with up to 1,097 people using them in 2019. Work to make patient information available in a more consistent format and in easy to access locations is also a key aspiration in the coming 12 months.
- Patient Activation Measures (PAMs) usage has significantly increased this year with a total of 1060 initial PAMS and 58 repeat PAMs being administered totalling at 1118. To enable a growth in this number a PAMS implementation group has been formed to bring strategic leaders from implementing organisations together to steer the system towards implementing PAMs. Our trajectory for 2019-20 is 1156. These measures are now routinely built into a number of our pathways and new service procurements such as the newly procured Tier 3 weight management service.
- Personal Health Budgets (PHB) – Leeds has doubled our trajectory levels for the number of people being offered a PHB, including all people eligible for a personal wheelchair budget. PHBs are now being offered for people in receipt of section 117. Our ambition is to offer them to people requiring transportation for renal dialysis to enable them to choose transport options which best meet their needs.

B) HWB level

(i) Your approach to integrated services at HWB level (and neighbourhood where applicable), this may include (but is not limited to):

- Joint commissioning arrangements
- Alignment with primary care services (including PCNs (Primary Care Networks))
- Alignment of services and the approach to partnership with the VCS (Voluntary and Community Sector)

Integrated Commissioning, PCNs and the Voluntary Sector

We have an Integrated Commissioning Framework that is based on the principle that the health and care system across Leeds works collaboratively to enhance and further develop integrated health and care services, and where it makes sense to do so, to put in place integrated commissioning arrangements as the means by which those services are developed.

The Integrated Commissioning for Better Outcomes toolkit has been used to evaluate the progress in Leeds on our integrated commissioning arrangements. This provides an outline of the strengths well as identifying areas where further development is required.

Our objectives

Our commissioning decisions are based on the following objectives:

- Develop Population Health Management (PHM) as the means to identify and deliver population-based outcomes
- Support a strengths-based approach
- Invest in evidence-based prevention and early intervention services
- Invest in services which help reduce health inequalities
- Promote person-centred, personalised care, enabling choice and control, including through Personal Health Budgets (PHBs)
- Ensure services are co-produced
- Help develop a sustainable health and care market including the Third Sector
- Support the Left Shift by increasing the capability of communities and community provision

One key commissioning objective is to further develop community based services which help people, whatever their age or their health and care needs, to remain living independently in their own homes and which reduce avoidable hospital admissions.

To help deliver on this objective, through the application of PHM, priority will be given to developing integrated commissioning arrangements in the following:

- Older people's residential and nursing care homes
- Dementia services
- Intermediate care and reablement services
- Home care
- Mental Health services
- Learning Disability, Autism and Dual Diagnosis Services
- Children and Families Services and Transitions
- Support to informal/unpaid Carers. There are also more than 74,000 people in Leeds who give their time as a carer, upon which we rely so heavily and without whom our city would be a worse place to be.
- Supporting a diverse and thriving Third Sector provider market. Our Third Sector is a source of genuine pride in the city, with an enormous range of organisations embedded and working within communities to make a real difference.

Our progress to date

We have developed and continue to refine a number of joint strategies which inform key strategic commissioning decisions and service developments. These include:

- Carers strategy
- Dementia strategy
- Autism strategy
- 'Being Me', the Learning Disability strategy
- An all-age Mental Health strategy

Through our integrated commissioning arrangements we have been developing:

- Supported Living services for adults with learning disabilities and delivery of the Transforming Care Programme
- Reablement and rehabilitation services including Community Care Beds
- Equipment and telecare services
- Integrated carers' support services

We have pooled elements of our funding through the BCF and iBCF to develop a range of services which:

- Support people to maintain their health and wellbeing at home, including preventing avoidable hospital admissions
- Ensure care and support is provided when people require care in an acute hospital setting
- Ensure support is provided to people to help them to return to their own home following a period of ill health

Next steps

We will consider opportunities for extending further and optimising the BCF as a means of pooling funding where it may help to deliver cost efficiencies and to result in improved outcomes for people. This includes consideration of our collective investment in our Third Sector with the aim of maximising opportunities to enhance or further develop a comprehensive range of preventative services at neighbourhood level.

We will consider the best ways in which we can increase the use of PHBs to support personalised care and to enable people to exercise choice and control over their health and care services.

As we develop our PHM approach we will review the use of the BCF/iBCF to ensure our pooled resources are being utilised to the maximum effect and are being targeted appropriately at reducing health inequalities and at the expansion of preventative and early intervention services to help achieve the Left Shift.

Local Care Partnerships (LCPs)

These form the basis of locally integrated health, wellbeing and care, rooted in communities, using a 'bottom up' approach to improving health, wellbeing and care with a focus on priorities such as a better response to people living with frailty. They bring together the full range of a community's assets to design and deliver integrated care that best meets the needs of the local population.

LCPs are community driven and put people and partnerships at the centre of how care models are designed, delivered and evaluated. Each will have strong leadership teams in place that are inclusive and representative of the statutory, voluntary and independent sectors. There is a strong interdependency between LCPs and our PHM approach, which is being implemented at a LCP level and will inform the way in which they operate.

C) System level alignment, for example this may include (but is not limited to):

- How the BCF plan and other plans align to the wider integration landscape, such as STP/ICS plans
- A brief description of joint governance arrangements for the BCF plan

Leeds has an ambition to be the Best City in the UK by 2030 which includes being the best city for Health and Wellbeing. To this end Leeds developed a Health and Wellbeing Strategy for 2016-2021 which is being delivered largely through the Leeds Health and Care Plan (known as the Leeds Plan.)

The Leeds Plan is our local plan but we are also part of the West Yorkshire & Harrogate Integrated Care System which has strengthened joint working arrangements between all organisations involved.

The governance surrounding Leeds' approach to integrated commissioning ensures the BCF Plan underpins the aims and ambitions of both the WY&H ICS and the Leeds Plan and aligns with their objectives.

The Leeds Health and Wellbeing Board is the approval board for BCF and discharges its function through the Integrated Commissioning Executive (ICE) which also acts as the BCF Partnership Board. In previous years, a BCF Delivery Group was the operational group that provided advice and support to the BCF Partnership Board undertaking the detailed work involved in monitoring the operational delivery of the schemes and outcomes delivered by the BCF. A key role of the BCF Delivery Group was also to oversee the development and implementation of processes and procedures to support the management, delivery and monitoring of the BCF.

In 2018, it was agreed to merge the BCF Delivery Group and the Leeds Plan Delivery Group (LPDG) as both groups reported into ICE and some members sat on both groups. Membership of this revised LPDG includes appropriate representation from the original BCF Delivery Group ensuring robust governance and consistency continues. Membership of this group also includes colleagues from across the health and care system including representatives from the voluntary sector.

For iBCF schemes, commissioning decisions are incorporated within the plan, and remain the responsibility of ICE; the execution of those decisions is undertaken by the revised LPDG. All iBCF schemes are aligned to relevant programme boards to oversee monitoring and reporting and ensure that they are contributing to the overall delivery of the aims of the Leeds Health and Wellbeing Strategy and Leeds Plan.

Leeds	£3,310,729
Total Winter Pressures Grant Contribution	£3,310,729

Are any additional LA Contributions being made in 2019/20? If yes, please detail below	Yes
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Local Authority Additional Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding
Leeds	£2,462,000	Represents Leeds City Council's contribution to the Leeds Equipment Service
Total Additional Local Authority Contribution	£2,462,000	

CCG Minimum Contribution	Contribution
NHS Leeds CCG	£55,238,834
Total Minimum CCG Contribution	£55,238,834

Are any additional CCG Contributions being made in 2019/20? If yes, please detail below	No
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Additional CCG Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding
Total Addition CCG Contribution	£0	
Total CCG Contribution	£55,238,834	

	2019/20
Total BCF Pooled Budget	£95,713,923

Funding Contributions Comments
Optional for any useful detail e.g. Carry over

Better Care Fund 2019/20 Template

6. Expenditure

Selected Health and Wellbeing Board:

Leeds

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£7,302,720	£7,302,720	£0
Minimum CCG Contribution	£55,238,834	£55,238,834	£0
IBCF	£27,399,640	£27,399,640	£0
Winter Pressures Grant	£3,310,729	£3,310,729	£0
Additional LA Contribution	£2,462,000	£2,462,000	£0
Additional CCG Contribution	£0	£0	£0
Total	£95,713,923	£95,713,923	£0

Required Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation		£15,697,310	£29,474,160
Adult Social Care services spend from the minimum CCG allocations		£15,988,500	£15,464,674

Planned spend is less than the minimum required spend

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if "Scheme Type" is "Other"	Planned Outputs		Metric Impact				Expenditure								
						Planned Output Unit	Planned Output Estimate	NEA	DTOC	RES	REA	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
3	SKILLS Reablement Service	To increase system flow of patients by placing Case Officers in LTHT and having dedicated Social Work Assistants to support timely exits from reablement where an ongoing service is required.	HICM for Managing Transfer of Care	Chg 1. Early Discharge Planning				Not applicable	Medium	Medium	High	Social Care		LA			Local Authority	IBCF	£270,812	Existing
7	Supporting Wellbeing and Independence for Frailty (SWIFT)	The aim of this service is to work with older people who are living with frailty, socially isolated and with complex issues to improve their quality of life and support them to live independently by: <ul style="list-style-type: none"> • Helping them to identify ways to build self-confidence and resilience • Providing practical support to help them achieve their aspirations • Ensuring they are accessing the support services they require 	Community Based Schemes					Medium	Not applicable	Medium	Not applicable	Social Care		LA			Local Authority	IBCF	£120,000	Existing
8	Customer Access		Enablers for Integration	Shared records and interoperability				Medium	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	IBCF	£42,792	Existing
12	Asset Based Community Development (ABCD)		Community Based Schemes					Medium	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	IBCF	£258,000	Existing
13	Dementia: Information & Skills (online information and training)		Community Based Schemes					Medium	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	IBCF	£155,000	Existing
14	Falls Prevention		Community Based Schemes					High	Not applicable	Medium	Not applicable	Community Health		CCG			NHS Community Provider	IBCF	£130,000	Existing
15	Time for Carers		Carers Services	Respite Services				Medium	Not applicable	Not applicable	Not applicable	Social Care		LA			Charity / Voluntary Sector	IBCF	£75,000	Existing
17	Working Carers		Carers Services	Carer Advice and Support				Medium	Not applicable	Not applicable	Not applicable	Social Care		LA			Charity / Voluntary Sector	IBCF	£25,000	Existing
21	Prevent Malnutrition Programme	To fund a programme of work known as the 'Leeds Malnutrition Prevention Programme' that will include: <ul style="list-style-type: none"> a) a series of malnutrition campaigns b) the dissemination of resources c) the increased effectiveness and capacity of the older people nutrition training (Improving Nutritional Care & Nutritional Champions) across the health and social care workforce and allied health professionals d) the reintroduction of the 2012 'Winter Pressure Project' which included a single point of contact for health and social care professionals who identified an older person to be at risk of malnutrition. 	Community Based Schemes					Medium	Not applicable	Medium	Not applicable	Social Care		LA			Local Authority	IBCF	£12,750	Existing
22	Better Conversations	To train health and care staff to have 'better conversations' with the citizens of Leeds and move the conversation to a 'working with' approach.	Community Based Schemes					Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	IBCF	£608,000	Existing
23	Alcohol and drug social care provision	To fund front line drug and alcohol services for residential rehabilitation, Turning Lives Around (formerly Leeds Housing Concern) and spot purchase in order to meet the needs of patients requiring specialist drug and alcohol services.	Residential Placements	Supported Living			Placements	39.0	High	Medium	Not applicable	Not applicable	Social Care		LA		Charity / Voluntary Sector	IBCF	£469,529	Existing
25	Peer Support Networks	To develop a sustainable network of peer support groups across Leeds for people living with Long-term conditions	Community Based Schemes					Medium	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	IBCF	£70,000	Existing
26	Lunch Clubs	To continue to fund the Lunch Club small grants scheme for 2018/19 targeted at older people, with the aim of decreasing their social isolation; increase their opportunity to access a nutritional meal and decrease their need for care and support.	Community Based Schemes					Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Charity / Voluntary Sector	IBCF	£166,500	Existing

28	The Conservation Volunteers (TCV Hollybush) Green Gym	To fund Green Gyms where participants are guided in practical activities such as gardening and grounds maintenance. TCV will run four weekly sessions spread across Leeds and two health walks groups. There will also be an extensive programme of outreach and pop up sessions to recruit from the target populations.	Community Based Schemes							Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Charity / Voluntary Sector	IBCF	£175,630	Existing
30	Neighbourhood Networks	Neighbourhood Network schemes are community based, locally led organisations that enable older people to live independently and proactively participate within their own communities by providing services that reduce social isolation, deliver a range of health and wellbeing activities, provide opportunities for volunteering, act as a 'gateway' to advice/information and other services resulting in a better quality of life for individuals.	Community Based Schemes							High	Low	Not applicable	Not applicable	Social Care		LA			Charity / Voluntary Sector	IBCF	£564,000	Existing
31	Leeds Community Equipment Service	To increase the funding for the Leeds Community Equipment Service	Assistive Technologies and Equipment	Community Based Equipment						Not applicable	Medium	Not applicable	Medium	Social Care		LA			Local Authority	IBCF	£350,000	Existing
34	Ideas That Change Lives (ITCL) Investment Fund	To 'top up' the current ITCL investment fund as it is currently oversubscribed. The additional funding will be particularly focused on encouraging the development of social enterprises in more deprived communities and the business support that works alongside the fund will also be refocused to support this.	Community Based Schemes							Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Charity / Voluntary Sector	IBCF	£25,000	Existing
35	A&H - Change Capacity	To create a call off provision dealing with short term back-office provision - particularly linked to strengths based social care and maintaining a stable care market	Other							Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	IBCF	£100,000	Existing
37	Assisted Living Leeds Volunteer Drivers	To create volunteer driver posts at Assisted Living Leeds to collect small items of equipment, that do not require any technical ability to disassemble or remove, such as Zimmer frames, commodes, pick up sticks cushions etc.	Assistive Technologies and Equipment	Community Based Equipment						Not applicable	Not applicable	Not applicable	Low	Social Care		LA			Local Authority	IBCF	£32,000	Existing
44	Positive Behaviour Service	This bid is for a Positive Behaviour Service which will work intensively with young people with behaviours that challenge and learning disabilities at risk of needing external residential placements, reducing the need for residential placements or emergency hospital treatment and admissions in childhood and adult life.	Community Based Schemes							Medium	Not applicable	Low	Not applicable	Social Care		LA			Local Authority	IBCF	£199,204	Existing
49	YAS Practitioners Scheme	To fund two Emergency Care Practitioners to be based at the Urgent Treatment Centres who will provide both navigation services and support to minor illness and minor injuries through clinic sessions. To also fund 1 part-time ECP supervisor.	Integrated Care Planning and Navigation	Care Coordination						Medium	Not applicable	Not applicable	Not applicable	Acute		CCG			NHS Acute Provider	IBCF	£181,400	Existing
50	Frailty Assessment Unit	To fund a multi-agency frailty service initially in St James' to support a strength based approach to the management of frail people presenting or conveyed to the emergency department and promote the ethos of Home First.	Integrated Care Planning and Navigation	Care Coordination						High	Medium	Medium	Low	Acute		CCG			NHS Acute Provider	IBCF	£350,000	Existing
52	Hospital to Home	To fund the Leeds Integrated Discharge Service – a multi-disciplinary team to ensure that where possible admissions into hospital are avoided from A&E and the assessment area. In addition the team works across a number of medical wards to support timely discharge of adult medical patients who have presented to the hospital.	HICM for Managing Transfer of Care	Chg 1. Early Discharge Planning						Not applicable	Medium	Medium	Low	Community Health		CCG			Charity / Voluntary Sector	IBCF	£105,000	Existing
54	Staffing Resilience	Contingency funding for 3 agency Social Workers to cover any exceptional surges in LHHT and out of Leeds inpatient facilities during the winter period	HICM for Managing Transfer of Care	Chg 1. Early Discharge Planning						Not applicable	Medium	Low	Low	Social Care		LA			Local Authority	IBCF	£109,437	Existing
55	Business Support for Discharge Process	To fund additional Business Support in HSW to accommodate the centralisation of all hospital discharges within the HSW service. This additional Business Support will enable Social Workers to smoothly discharge Leeds residents from hospital settings. Business Support provides essential capacity to the Social Work role, and also undertakes quality checks on resource allocation requests	HICM for Managing Transfer of Care	Chg 2. Systems to Monitor Patient Flow						Not applicable	Medium	Not applicable	Not applicable	Social Care		LA			Local Authority	IBCF	£54,171	Existing
61	Falls Pathway Enhancement	The Falls scheme is predominantly focussed on older people living with frailty people, particularly those with multiple long-term conditions living in their own homes or in care homes. However the increase in diabetes is also having an impact on the risk of falls in younger adults. This work will predominantly affect the citywide Falls pathway, with links to long-term conditions and frailty pathways.	Community Based Schemes							High	Not applicable	Medium	Medium	Community Health		CCG			NHS Community Provider	IBCF	£159,243	Existing
64	Trusted Assessor (LGI)	The bid for Trusted assessors is to increase the capacity of the LIDS service to enable cover to be extended to wards on the LGI site.	HICM for Managing Transfer of Care	Chg 6. Trusted Assessors						Not applicable	High	Low	Low	Acute		CCG			NHS Acute Provider	IBCF	£200,000	Existing
65	Trusted Assessor (SIH)	The bid for Trusted assessors is to increase the capacity of the LIDS service to enable cover to be extended to all wards on the St James site.	HICM for Managing Transfer of Care	Chg 6. Trusted Assessors						Not applicable	High	Low	Low	Acute		CCG			NHS Acute Provider	IBCF	£200,000	Existing
71	Burmantofts Health Centre Redevelopment	To redevelop the Burmantofts Health Centre	Community Based Schemes							Not applicable	Not applicable	Not applicable	Not applicable	Community Health		CCG			NHS Community Provider	IBCF	£100,000	Existing
73	Physical Activity - Social Movement	To create a social movement to get more people, more physically active, more often. The proposal has two distinct components: 1. To promote a 'physical activity' conversation across the city 2. To co-produce an ambition and action plan for physical activity in Leeds.	Community Based Schemes							Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	IBCF	£101,455	Existing
75	Health Digital Inclusion	To develop a sustainable offer to tackle digital inclusion across Leeds for people living with long-term conditions.	Assistive Technologies and Equipment	Community Based Equipment						Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	IBCF	£76,000	Existing
76	Therapy Supported Discharge (Home First)	To scale up the existing Home First approach so it can be further tested and embedded over an 18 month period.	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access						Not applicable	High	Medium	Medium	Community Health		CCG			NHS Community Provider	IBCF	£160,301	Existing
81	Hospital to Home - Community Extension	To develop additional H2H capacity to strengthen short-term follow up (7 days) in the community after discharge from hospital in order to increase independence for older people leaving hospital.	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access						Not applicable	Not applicable	Medium	Low	Community Health		CCG			Charity / Voluntary Sector	IBCF	£48,654	Existing
82	Extend Independence at Home Service to 7 days	To extend the Independence at Home Service/SWIFT to 7 days per week	Community Based Schemes							Not applicable	Not applicable	Medium	Low	Community Health		LA			Local Authority	IBCF	£115,878	Existing
85	SWIFT Expansion	To secure further funding to progress with the re-procurement of a future model for the Supporting Wellbeing and Independence for Frailty (SWIFT) service.	Community Based Schemes							Medium	Not applicable	Low	Not applicable	Social Care		LA			Local Authority	IBCF	£300,000	Existing
95	Leeds Oak Alliance: LHHT Third Sector Hub	To pilot a Third Sector Hub in LHHT provided by the Leeds Oak Alliance.	Enablers for Integration	Integrated workforce						Not applicable	Medium	Not applicable	Not applicable	Social Care		LA			Charity / Voluntary Sector	IBCF	£150,000	Existing
100	Digital Access for PH Wider Workforce	To enhance our current digital offer within the Public Health Resource Centre (PHRC) to enable the Leeds health and care workforce to access evidence based information.	Assistive Technologies and Equipment	Digital Participation Services						Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	IBCF	£49,503	Existing

										<Please Select>	<Please Select>	<Please Select>	<Please Select>	<Please Select>		<Please Select>	<Please Select>			
301	Increase in Budgeted and Actual Home Care Expenditure - 2019/20	Additional provision made in 2019/20 to cover increased demand for Homecare	Enablers for integration	Market development (inc Vol sector)						Not applicable	Low	Not applicable	Not applicable	Social Care	LA		Local Authority	Winter Pressures Grant	£900,000	Existing
302	Development of Bridging Service from within Reablement Service	Rapid Pick up within 24 hours from hospital of MFD patients	HICM for Managing Transfer of Care	Chg 1. Early Discharge Planning						Not applicable	High	Low	Not applicable	Social Care	LA		Local Authority	Winter Pressures Grant	£560,000	Existing
303	Development of Independent Sector Rapid Pick up service	Rapid Pick up within 24 hrs from hospital, community beds, reablement	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access						Not applicable	High	Low	Medium	Social Care	LA		Local Authority	Winter Pressures Grant	£435,729	Existing
304	Pay Home Care Providers for up to 14 days whilst SU in hospital	Ensures availability and continuity of care to facilitate Discharge	Home Care or Domiciliary Care	<Please Select>						Not applicable	Not applicable	Not applicable	Not applicable	Social Care	LA		Local Authority	Winter Pressures Grant	£222,000	Existing
305	Accelerate and extend 1-2-1 support for complex needs nursing care	Facilitate complex needs cases to stabilise in Nursing Care	HICM for Managing Transfer of Care	Chg 1. Early Discharge Planning						Not applicable	Medium	Low	Low	Social Care	LA		Local Authority	Winter Pressures Grant	£200,000	Existing
										<Please Select>	<Please Select>	<Please Select>	<Please Select>	<Please Select>	<Please Select>		<Please Select>	<Please Select>		
307	Trusted Assessors for Discharge to Residential Care x2	Facilitate suitable residential placements to facilitate discharge into residential care	HICM for Managing Transfer of Care	Chg 6. Trusted Assessors						Not applicable	Medium	Medium	Low	Community Health	LA		Local Authority	Winter Pressures Grant	£120,000	Existing
308	Additional Social Work Capacity to support Community Beds x6	Improve and Maintain outflow from Community Care Beds	Intermediate Care Services	Bed Based - Step Up/Down	No. of beds	6.0				Not applicable	High	Low	Low	Community Health	LA		Local Authority	Winter Pressures Grant	£251,000	Existing
309	Wellbeing Workers x3	One x C1 workers per each area of the city to support rapid response/CCB's	HICM for Managing Transfer of Care	Chg 1. Early Discharge Planning						Not applicable	Medium	Low	Low	Community Health	LA		Local Authority	Winter Pressures Grant	£81,000	Existing
310	Business Support & Infrastructure Costs to support above	3 x 81 workers plus IT/phones to support 12 staff in discharge facilitation	HICM for Managing Transfer of Care	Chg 1. Early Discharge Planning						Not applicable	High	Not applicable	Not applicable	Acute	LA		Local Authority	Winter Pressures Grant	£66,000	Existing
311	Trial Weekend working - management cover in LTH	Support weekend discharge - formerly proposed to be WYAZ funded	HICM for Managing Transfer of Care	Chg 1. Early Discharge Planning						Not applicable	High	Low	Low	Acute	LA		Local Authority	Winter Pressures Grant	£30,000	Existing
312	Support the Development of Community Catalysts	Development of boutique home care provision in difficult to recruit areas of the city	Home Care or Domiciliary Care		Packages					Not applicable	Medium	Low	Low	Social Care	LA		Local Authority	Winter Pressures Grant	£70,000	Existing
313	Winter Grants/Ideas that Change Lives	Grants for older people/social enterprise start up - admission avoidance	Community Based Schemes							Medium	Not applicable	Not applicable	Not applicable	Social Care	LA		Charity / Voluntary Sector	Winter Pressures Grant	£40,000	Existing
314	Home Plus Service	Warmth & Falls Initiatives to cover 100 households	Community Based Schemes							Medium	Not applicable	Not applicable	Not applicable	Social Care	LA		Local Authority	Winter Pressures Grant	£20,000	Existing
315	Neighbourhood Networks	£40k Grants for Winter Wellbeing initiatives & £50k for Infection Prevention Initiatives	Community Based Schemes							Medium	Not applicable	Not applicable	Not applicable	Social Care	LA		Local Authority	Winter Pressures Grant	£90,000	Existing
316	Infection Prevention & Control	Training and Prevention Advice to all providers	Other							Medium	Not applicable	Low	Low	Social Care	LA		Local Authority	Winter Pressures Grant	£50,000	Existing
317	Long Term Conditions/Peer Support Groups	Pulmonary Rehab/Breathe Easy Groups & peer support for LTC	Community Based Schemes							Medium	Not applicable	Not applicable	Not applicable	Social Care	CCG		NHS Community Provider	Winter Pressures Grant	£5,000	Existing
318	Carers Leeds - Winter Allocation	Additional grants for carers - winter breaks/services via Carers Leeds	Carers Services	Respite Services						Medium	Low	Not applicable	Not applicable	Social Care	LA		Charity / Voluntary Sector	Winter Pressures Grant	£40,000	Existing
319	Business Analysts - ongoing Newton Europe system analysis	Ongoing information refresh of Newton Europe analysis - monitor impact	HICM for Managing Transfer of Care	Chg 2. Systems to Monitor Patient Flow						Not applicable	High	Medium	Medium	Acute	CCG		CCG	Winter Pressures Grant	£30,000	Existing
										<Please Select>	<Please Select>	<Please Select>	<Please Select>	<Please Select>	<Please Select>		<Please Select>	<Please Select>		
321	BI/Finance and Performance Support to administer monitor impact	BI/Finance and Performance Support to monitor impact	Enablers for integration	Implementation & Change Mgt capacity						Not applicable	Not applicable	Not applicable	Not applicable	Social Care	LA		Local Authority	Winter Pressures Grant	£100,000	Existing
421	Contribution to social care demand pressures	Contribution to social care demand pressures	Other							Medium	Medium	Not applicable	Not applicable	Social Care	LA		Local Authority	iBCF	£21,089,381	Existing
400	Reablement Services	Reablement services	Intermediate Care Services	Reablement/Rehabilitation Services	Packages					Not applicable	High	Low	High	Community Health	CCG		Local Authority	Minimum CCG Contribution	£2,807,000	Existing
401	Community beds	The community beds service provides intermediate care in the community	Intermediate Care Services	Bed Based - Step Up/Down	No. of beds	219.0				Not applicable	High	High	Medium	Community Health	CCG		Private Sector	Minimum CCG Contribution	£9,921,630	Existing
402	Community beds	The Green	Intermediate Care Services	Bed Based - Step Up/Down	No. of beds	30.0				Not applicable	High	High	Medium	Community Health	CCG		Local Authority	Minimum CCG Contribution	£1,392,160	Existing
418	Supporting carers	A range of services to support carers	Carers Services	Carer Advice and Support						Medium	Medium	Not applicable	Not applicable	Mental Health	CCG		NHS Mental Health Provider	Minimum CCG Contribution	£1,500,475	Existing
403	Supporting carers	A range of services to support carers	Carers Services	Respite Services						Medium	Medium	Not applicable	Not applicable	Continuing Care	CCG		Charity / Voluntary Sector	Minimum CCG Contribution	£278,126	Existing
404	Supporting carers	A range of services to support carers	Carers Services	Respite Services						Medium	Medium	Not applicable	Not applicable	Community Health	CCG		Local Authority	Minimum CCG Contribution	£353,610	Existing
405	Leeds Equipment	Leeds Community Equipment Service	Assistive Technologies and Equipment	Community Based Equipment						Not applicable	Medium	Not applicable	Medium	Community Health	CCG		Local Authority	Minimum CCG Contribution	£2,830,000	Existing
406	Leeds Equipment	Leeds Community Equipment Service	Assistive Technologies and Equipment	Community Based Equipment						Not applicable	Medium	Not applicable	Medium	Community Health	LA		Local Authority	Additional LA Contribution	£2,462,000	Existing

419	3rd Sector prevention	Mental Health Prevention Services	Other		These are various mental health prevention services provided by the 3rd sector			Medium	Not applicable	Not applicable	Not applicable	Mental Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£4,245,589	Existing
420	3rd Sector prevention	Community Health Prevention Services	Other		These are various community support services provided by the 3rd sector			Medium	Not applicable	Not applicable	Not applicable	Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£502,316	Existing
407	Admission avoidance	Crisis support/diversion from hospital	Other		Service to ensure people who are admitted to hospital are managed appropriately on discharge to support them to live at home and avoid re-admission			High	Not applicable	Not applicable	Not applicable	Acute		CCG			NHS Acute Provider	Minimum CCG Contribution	£2,800,000	Existing
408	Community Matrons	Health Care in the community	Other		Provision of community matrons in all community settings to support case management of patients where required			Medium	Medium	Not applicable	Not applicable	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£2,600,000	Existing
409	Homeless Accommodation Leeds Pathway (HALP)	To provide transitional accommodation for homeless patients after a stay in hospital	Other		To provide dedicated beds at St George's Crypt to provide transitional accommodation for homeless patients to facilitate timely discharge after a stay in hospital			Not applicable	Medium	Not applicable	Not applicable	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£240,000	Existing
410	Interface Geriatricians	Community Geriatrician service to deliver a consultant led; community facing service for frail elderly patients providing direct patient care to patients and, direct clinical advice and support to the Neighbourhood Teams, and Primary Care.	HICM for Managing Transfer of Care	Chg 4, Home First / Discharge to Access				Not applicable	High	Not applicable	Not applicable	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£195,000	Existing
411	Disabled Facilities Grant	Means-tested grant to cover the cost of housing adaptations that help disabled people to live independently in their own homes	DFG Related Schemes	Adaptations				Not applicable	High	Not applicable	Low	Social Care		LA			Local Authority	DFG	£7,302,720	Existing
412	Social Care to Health Benefit	Social care to health benefit	Other		Funding for social care to benefit health services			Medium	Low	Low	Low	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£13,414,674	Existing
413	Contingency	Contingency fund	Other		Contingency set aside for any NEA shortfall			Medium	Medium	Medium	Medium	Acute		CCG			NHS Acute Provider	Minimum CCG Contribution	£7,500,000	Existing
414	Care Bill	To cover the financial costs associated with the Care Act	Other		To cover the financial costs associated with the Care Act			Medium	Low	Low	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£1,900,000	Existing
415	Enhancing Primary care	Primary care developments with the top 2% high risk and vulnerable patients on their practice registers. In order to develop services around these patients this funding is used to enhance services to support the management of this patient cohort.	Prevention / Early intervention	Risk Stratification				Medium	Not applicable	Low	Low	Primary Care		CCG			CCG	Minimum CCG Contribution	£2,141,204	Existing
416	Information Technology	Initiatives include the Leeds Care Record, Person Held Record, collaboration tools, pathway assistance, system and data sharing improvements.	Enablers for Integration	Shared records and Interoperability				Low	Not applicable	Low	Low	Other	IT	CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£467,050	Existing
417	Former local reform and Community voices grant	Former local reform and community voices grant	Other		A former social care grant transferred into the BCF			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£150,000	Existing

Better Care Fund 2019/20 Template

7. High Impact Change Model

Selected Health and Wellbeing Board:

Leeds

Explain your priorities for embedding elements of the High Impact Change Model for Managing Transfers of Care locally, including:

- Current performance issues to be addressed
- The changes that you are looking to embed further - including any changes in the context of commitments to reablement and Enhanced Health in Care Homes in the NHS Long-Term Plan
- Anticipated improvements from this work

Leeds has embraced the work undertaken by Newton Europe to look at flow across the system. The outcomes of this work is best summarised in the system outcomes delivered in three sections below:-

1. Creating the right foundations

- Financial and operational opportunity validated including viability
- Readiness for change understood
- Historic risks understood
- System ownership and SRO agreed
- Implementation areas and owners agreed, including realistic targets

2. Winter 18/19

- Implementation activities completed
- Operational and behavioural changes sustained over winter
- A&E performance improved each month between 2-18%
- Maintaining a zero tolerance to caring for patients in non-designated areas - zero patients since May 2018
- Reducing the average number of outliers per day from 90 to 58
- Maintaining the standard of having no 12 hour trolley waits
- On average 58 fewer beds are occupied by super-stranded patients
- DTOC- reduced the average from 80 to 39 in 2018/19
- Reduced length stay on stroke wards from 34 to 18.5 days (national 20 days)
- Excellent flow through community beds

3. Winter 19/20

- A fundamental change in "how we do winter" in Leeds – activities agreed

Please enter current position of maturity	Please enter the maturity level planned to be reached by March 2020	If the planned maturity level for 2019/20 is below established, please state reasons behind that?
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Chg 1	Early discharge planning	Mature	Mature	
Chg 2	Systems to monitor patient flow	Mature	Mature	
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Mature	Mature	
Chg 4	Home first / discharge to assess	Established	Mature	
Chg 5	Seven-day service	Not yet established	Not yet established	Increasingly more services in Leeds are available over seven days and Leeds is continuing to develop this approach where it's demonstrable it adds value.
Chg 6	Trusted assessors	Mature	Mature	
Chg 7	Focus on choice	Mature	Mature	
Chg 8	Enhancing health in care homes	Established	Mature	

Better Care Fund 2019/20 Template

8. Metrics

Selected Health and Wellbeing Board:

Leeds

8.1 Non-Elective Admissions

	19/20 Plan	Overview Narrative
Total number of specific acute non-elective spells per 100,000 population	<p>Collection of the NEA metric plans via this template is not required as the BCF NEA metric plans are based on the NEA CCG Operating plans submitted via SDCS.</p>	<p>The Leeds system invited Newton Europe back for a second time to look at admission avoidance. Their recommendations have been fed back and include community IV antibiotic pathway; working with YAS; access to the “front door” of the hospital around one day length of stay; working with the third sector such as Hospital to Home and PCNs around their roles.</p>

Please set out the overall plan in the HWB area for reducing Non-Elective Admissions, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Plans are yet to be finalised and signed-off so are subject to change; **for the latest version of the NEA CCG operating plans at your HWB footprint please contact your local Better Care Manager (BCM)** in the first instance or write in to the support inbox:

ENGLAND.bettercaresupport@nhs.net

8.2 Delayed Transfers of Care

19/20 Plan	Overview Narrative
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<p>Delayed Transfers of Care per day (daily delays) from hospital (aged 18+)</p>	<p>77.2</p>	<p>Acute Following initial work with Newton Europe, a system resilience plan is part of the delivery plan for both the SRAB and the A&E delivery board. These delivery plans also reflect feedback from CQC System Review, surge events and learnings from previous winters. The plan has been shared with the Leeds Plan Delivery Group to ensure the whole system is aware and has the opportunity to feed back.</p> <p>Mental Health DTCOC remains a challenge with the city's mental health acute provider - particularly around those patients with challenging dementia who remain in inpatient beds in the trust's bed base. There is a recognised issue around capacity for those patients with challenging behaviour. Nursing home provision is a challenge within Leeds and recognising this, the system is working to manage and develop the market to help address this. A dementia steering group has been organised to oversee this work, and the CCG has provided additional funding to work with care homes and providers directly.</p> <p>Winter monies Existing and newly planned initiatives and pressures of over £9m have been identified relating to Winter Pressures over the 16 month period November 2018 to March 2020 and these have been shared and approved by SRAB. This compares to the available funding from the Winter Pressures money of £6.6m over the same period. This position has been enabled largely by using the 2018/19 allocation to fund the increased pressure on the LA Home Care Budget, therefore allowing the carry forward of savings made in year to cover this pressure prior to notification of the additional grant. This has allowed all of the priorities identified for 2019/20 to be funded up until 31st March 2020.</p>	<p>Please set out the overall plan in the HWB area for reducing Delayed Transfers of Care to meet expectations set for your area. This should include any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric. Include in this, your agreed plan for using the Winter Pressures grant funding to support the local health and care system to manage demand pressures on the NHS, with particular reference to seasonal winter pressures.</p>
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Please note that the plan figure for Greater Manchester has been combined, for HWBs in Greater Manchester please comment on individual HWBs rather than Greater Manchester as a whole. Please note that due to the merger of Bournemouth, Christchurch and Poole to a new Local Authority will mean that planning information from 2018/19 will not reflect the present geographies.

8.3 Residential Admissions

		18/19 Plan	19/20 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	623	564	Leeds has in place a range of short term and long term services to support people in their own homes. This year an increase in community short term beds provision and reablement support coupled with a strength based approach has led to a reduction in permanent admissions especially from hospital.
	Numerator	763	700	
	Denominator	122,414	124,017	

Please set out the overall plan in the HWB area for reducing rates of admission to residential and nursing homes for people over the age of 65, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

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 2016 based Sub-National Population Projections for Local Authorities in England;

Please note that due to the merger of the Bournemouth, Christchurch and Poole Local Authorities, this will mean that planning information from 2018/19 will not reflect the present geographies.

8.4 Reablement

		18/19 Plan	19/20 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 (%)	90.0%	85.0%	Leeds provides a wide range of support to people leaving hospital, including, streamlined processes to enable earlier and easier access to reablement services. These are now operating and numbers accessing the service have increased. A supported discharge service in the voluntary sector provides essential support in the first days of leaving hospital ensuring people have what they need including access to other services. An increased community beds service is now fully operating and providing more capacity for people who need to recuperate before returning home. Recent trends have shown a decrease in the percentage who are still at home 90 days after discharge, there is a need to ensure that all people with capacity who wish to return home are provided with the opportunity, however, inevitably some will return to hospital, die or require a care home places. Therefore this year we are reducing the target to 85% to reflect an approach which is not too risk adverse.
	Numerator	994	425	
	Denominator	1,104	500	

Please set out the overall plan in the HWB area for increasing the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Better Care Fund 2019/20 Template

9. Confirmation of Planning Requirements

Selected Health and Wellbeing Board:

Leeds

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	<p>Has a plan; jointly developed and agreed between CCG(s) and LA; been submitted?</p> <p>Has the HWB approved the plan/delegated approval pending its next meeting?</p> <p>Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan?</p> <p>Do the governance arrangements described support collaboration and integrated care?</p> <p>Where the strategic narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure, metric and HICM sections of the plan been submitted for each HWB concerned?</p>	Yes			
	PR2	A clear narrative for the integration of health and social care	<p>Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that covers:</p> <ul style="list-style-type: none"> - Person centred care, including approaches to delivering joint assessments, promoting choice, independence and personalised care? - A clear approach at HWB level for integrating services that supports the overall approach to integrated care and confirmation that the approach supports delivery at the interface between health and social care? - A description of how the local BCF plan and other integration plans e.g. STP/ICs align? - Is there a description of how the plan will contribute to reducing health inequalities (as per section 4 of the Health and Social Care Act) and to reduce inequalities for people with protected characteristics under the Equality Act 2010? This should include confirmation that equality impacts of the local BCF plan have been considered, a description of local priorities related to health inequality and equality that the BCF plan will contribute to addressing. <p>Has the plan summarised any changes from the previous planning period? And noted (where appropriate) any lessons learnt?</p>	Yes			
	PR3	A strategic, joined up plan for DFG spending	<p>Is there confirmation that use of DFG has been agreed with housing authorities?</p> <p>Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home.</p> <p>In two tier areas, has:</p> <ul style="list-style-type: none"> - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants? or - The funding been passed in its entirety to district councils? 	Yes			
NC2: Social Care Maintenance	PR4	A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution	<p>Does the total spend from the CCG minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?</p>	No		This is being dealt with through the Leeds System Resilience Assurance Board - part of this in response to Newton Europe	This will be delivered before 2020/21
NC3: NHS commissioned Out of Hospital Services	PR5	Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?	<p>Does the total spend from the CCG minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?</p>	Yes			
NC4: Implementation of the High Impact Change Model for Managing Transfers of Care	PR6	Is there a plan for implementing the High Impact Change Model for managing transfers of care?	<p>Does the BCF plan demonstrate a continued plan in place for implementing the High Impact Change Model for Managing Transfers of Care?</p> <p>Has the area confirmed the current level of implementation and the planned level at March 2020 for all eight changes?</p> <p>Is there an accompanying overall narrative setting out the priorities and approach for ongoing implementation of the HICM?</p> <p>Does the level of ambition set out for implementing the HICM changes correspond to performance challenges in the system?</p> <p>If the current level of implementation is below established for any of the HICM changes, has the plan included a clear explanation and set of actions towards establishing the change as soon as possible in 2019-20?</p>	Yes			

Agreed expenditure plan for all elements of the BCF	PR7	<p>Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?</p>	<p>Have the planned schemes been assigned to the metrics they are aiming to make an impact on? Expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (tick-box) Is there an agreed plan for use of the Winter Pressures grant that sets out how the money will be used to address expected demand pressures on the Health system over Winter? Has funding for the following from the CCG contribution been identified for the area? - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement?</p>	Yes			
	PR8	<p>Indication of outputs for specified scheme types</p>	<p>Has the area set out the outputs corresponding to the planned scheme types (Note that this is only for where any of the specified set of scheme types requiring outputs are planned)? (auto-validated)</p>	Yes			
Metrics	PR9	<p>Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?</p>	<p>Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric? Is there a proportionate range of scheme types and spend included in the expenditure section of the plan to support delivery of the metric ambitions for each of the metrics? Do the narrative plans for each metric set out clear and ambitious approaches to delivering improvements? Have stretching metrics been agreed locally for: - Metric 2: Long term admission to residential and nursing care homes - Metric 3: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement</p>	Yes			