



**Report of:** Steve Hume (Chief Officer Resources & Strategy, Adults & Health, Leeds City Council) & Rob Goodyear (Head of Strategic Planning, Leeds Plan, Health Partnerships Team)

**Report to:** Leeds Health and Wellbeing Board

**Date:** 30<sup>th</sup> September 2020

**Subject:** Leeds BCF Q4 2019/2020 Monitoring Template

Are specific geographical areas affected? If relevant, name(s) of area(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

### Summary of main issues

Each quarter, there is a requirement to report to NHS England (NHSE) on the performance of the Better Care Fund (BCF) and to report to the Ministry for Housing, Communities and Local Government (MHCLG) regarding the use of the additional Improved Better Care Fund (iBCF) funding allocated through the Spring Budget 2017.

The BCF quarterly monitoring template is the mechanism for this reporting and in accordance with the 2019-20 Better Care Fund: Policy Framework, the Health & Wellbeing Board is responsible for signing these off.

Unfortunately the national timescales do not always align with Leeds Health and Wellbeing Board meetings therefore the Chair endorsed the following process:-

- Integrated Commissioning Executive (ICE), which acts as the BCF Partnership Board endorsed the draft Leeds BCF Q4 2019/20 Template on 26<sup>th</sup> May 2020.
- Chair reviewed the draft Leeds BCF Q4 2019/20 Template on 9<sup>th</sup> July 2020
- The draft Leeds BCF Q4 2019/20 Template was circulated to HWB members to ensure they had the opportunity to provide comments/feedback on the template
- The Leeds BCF Q4 2019/20 Template was finalised and submitted to NHSE/MHCLG by the deadline of 31<sup>st</sup> July 2020

### Recommendations

The Health and Wellbeing Board is asked to:

- Retrospectively note the Leeds BCF Q4 2019/20 return attached as Appendix 1

## **1 Purpose of this report**

1.1 To inform the Health and Wellbeing Board of the contents of the Leeds BCF Q4 2019/20 Template.

## **2 Background information**

2.1 The Spending Review 2015 announced the improved Better Care Fund (iBCF); the Spring Budget 2017 announced additional funding for adult social care over the following three years.

2.2 This additional Spring Budget funding was paid to local authorities specifically to be used for the purposes of:-

- Meeting adult social care needs
- Reducing pressures on the NHS – including supporting more people to be discharged from hospital when they are ready
- Ensuring that the local care provider market is supported

2.3 The Grant determination detailed the three purposes for which the iBCF money could be spent. The receiving local authority had to:-

- Pool the grant funding into the local Better Care Fund, unless the authority had written ministerial exemption
- Work with the relevant clinical commissioning group and providers to meet National Condition 4 (Managing Transfers of Care)
- Provide quarterly reports as required by the Secretary of State

2.4 In Leeds, this non-recurrent three year funding has been used to fund transformational initiatives that have compelling business cases to support the future management of service demand and system flow and prevent the need for more specialist and expensive forms of care.

2.5 This is founded on the principles of the Leeds Plan, which sits under the Leeds Health and Wellbeing Strategy and links to the West Yorkshire and Harrogate Partnership.

2.6 Each bid is supported by a robust business case which addresses the challenges faced around health and wellbeing, care quality and finance and efficiency. A robust approach has been established which:-

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

### 3 Main issues

#### 3.1 The main highlights of the template are:-

- All National Conditions have been met.
- Metrics – 3 out of 4 key metrics are on track to meet target. The reablement metric is considered not to be on track to meet target. A service review is looking at a range of actions to improve service productivity with the aim of delivering an additional financial benefit in 2020/21 of £500k.
- High Impact Change Model – All aspects of the High Impact Change Model are either established or mature in Leeds.
- Integration Highlights – this section requires an example of an integration success story observed over the last quarter. The Leeds Care Record has been used as this example as a benefits and evaluation review has recently been concluded clearly showing the impact it is having on patient experience and the Leeds health and care system
- Winter Pressures Grant - there has been significant change to the planned approach for the use of the Winter Pressures grant due to priorities changing through the year as home care volumes continued to rise in excess of projections
- Income and Expenditure - outlines the Health & Wellbeing Board level of actual pooled income and expenditure in 19/20. This includes the mandatory funding sources of the Disabled Facilities Grant, the iBCF Grant and the minimum CCG contribution.
- Year End Feedback – This section provides year end feedback on the delivery of the BCF.
- iBCF– this page relates to the additional iBCF funding announced at the Spring Budget in 2017 only and does not relate to the original iBCF funding announced in the Spending Review of 2015. Section B asks for information relating to additional home care packages funded through the additional iBCF/Spring Budget monies however Leeds agreed to fund care packages through the original recurrent iBCF monies and use the additional non-recurrent iBCF money to fund system change so a nil return is reported in Section B

3.2. Due to the coronavirus pandemic and the subsequent workforce pressures, the deadline for the internal Q4 reporting of for iBCF/Spring Budget schemes has been extended to 25<sup>th</sup> September 2020.

#### 3.3. BCF Plan 2020/21

The current Leeds BCF Plan 2019/20 ended on 31<sup>st</sup> March 2020 and the BCF Policy Framework and Planning Requirements for 2020/21 have not yet been published, however we were advised by the national Better Care Fund Team that for the duration of the current outbreak of COVID-19, systems could assume spending from ringfenced BCF funds, particularly on existing schemes from 2019/20 and spending on activity to address demands in community health and social care, was approved and should prioritise continuity of care, maintaining social care services and system resilience.

- 3.4. In preparation for a new Leeds BCF Plan being required, a refresh of the BCF Partnership Agreement is underway. The existing 2018 version was drafted following the merger of the three Leeds CCGs but was not signed off. This version is currently being reviewed and will include an addendum to underpin the financial arrangements in respect of the COVID-19 hospital discharge service requirements. The revised agreement will be submitted for sign off in due course.
- 3.5. COVID-19 presented many challenges to the Leeds health and care system but due to the dedication of the workforce and strong partnership working built on existing solid relationships cultivated through the BCF and other integrated working arrangements; these have been and continue to be addressed. Building on this collaborative approach, Leeds was able to respond quickly to the demands of the pandemic for example freeing up capacity in hospital by supporting hospital discharges.

## **4 Health and Wellbeing Board governance**

### **4.1 Consultation, engagement and hearing citizen voice**

- 4.1.1 Routine monitoring of the delivery of the BCF is undertaken by the BCF Coordination Group. This group reports into ICE which is the BCF Partnership Board with quarterly reporting to the Health and Wellbeing Board.
- 4.1.2 The BCF Plan has been developed based on the findings of consultation and engagement exercises undertaken by partner organisations when developing their own organisational plans.
- 4.1.3 Any specific changes undertaken by any of the schemes will be subject to agreed statutory organisational consultation and engagement processes.

### **4.2 Equality and diversity / cohesion and integration**

- 4.2.1 Through the BCF, it is vital that equity of access to services is maintained and that quality of care is not compromised. The vision that 'Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest' underpins the Leeds Health and Wellbeing Strategy 2016 - 2021. The services funded by the BCF contribute to the delivery of this vision.

### **4.3 Resources and value for money**

- 4.3.1 The iBCF Grant allocated through the Spring Budget 2017 is focussed on initiatives that have the potential to defer or reduce future service demand and/or to ensure that the same or better outcomes can be delivered at a reduced cost to the Leeds £. As such the funding is being used as 'invest to save'.

### **4.4 Legal Implications, access to information and call in**

- 4.4.1 There are no legal, access to information or call in implications from this report

### **4.5 Risk management**

- 4.5.1 There is a risk that some of the individual funded schemes do not achieve their predicted benefits. This risk is being mitigated by ongoing monitoring of the impact of the individual schemes and the requirement to produce exit/mainstreaming plans for the end of the Spring Budget funding period.

## **5 Conclusions**

- 5.1 Quarterly returns in respect of monitoring the performance of the BCF and impact of Spring Budget monies will continue to be completed and submitted to NHS England/the Ministry of Housing, Communities and Local Government as required under the grant conditions. Locally we will continue to provide assurance to HWB by monitoring the impact of the schemes and plan towards the exit from the Spring Budget funding period.

## **6 Recommendations**

The Health and Wellbeing Board is asked to:

- Retrospectively note the content of the Leeds BCF Q4 2019/20 monitoring template

## **7 Background documents**

- 7.1 None.

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**How does this help reduce health inequalities in Leeds?**

The BCF is a programme, of which the iBCF grant is a part, spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible.

**How does this help create a high quality health and care system?**

The BCF has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them with integrated health and social care services, resulting in an improved experience and better quality of life.

**How does this help to have a financially sustainable health and care system?**

The iBCF Grant funding has been jointly agreed between LCC and NHS partners in Leeds and is focussed on transformative initiatives that will manage future demand for services.

**Future challenges or opportunities**

The initiatives funded through the iBCF Grant have the potential to improve services and deliver savings. To sustain services in the longer term, successful initiatives will need to identify mainstream recurrent funding to continue beyond the non-recurrent testing stage.

**Priorities of the Leeds Health and Wellbeing Strategy 2016-21  
(please tick all that apply to this report)**

A Child Friendly City and the best start in life	
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	
A strong economy with quality, local jobs	
Get more people, more physically active, more often	
Maximise the benefits of information and technology	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	
The best care, in the right place, at the right time	X

# Appendix

## Better Care Fund Template Q4 2019/20

### 1. Guidance

#### Overview

The Better Care Fund (BCF) quarterly reporting requirement is set out in the BCF Planning Requirements document for 2019-20 which supports the aims of the Integration and BCF Policy Framework and the BCF programme jointly led and developed by the national partners Department of Health (DHSC), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of the BCF quarterly reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans
- 3) To foster shared learning from local practice on integration and delivery of BCF plans
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF quarterly reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including clinical commissioning groups, local authorities and service providers) for the purposes noted above.

BCF quarterly reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally and these reports are therefore part of the official suite of HWB documents.

The BCF quarterly reports in aggregated form will be shared with local areas prior to publication in order to support the aforementioned purposes of BCF reporting. In relation to this, the Better Care Support Team (BCST) will make the aggregated BCF quarterly reporting information in entirety available to local areas in a closed forum on the Better Care Exchange (BCE) prior to publication.

Reporting on additional Improved Better Care Fund (iBCF) funding is now included with BCF quarterly reporting as a combined template. The BCST along with NHSE hosted information infrastructure will be collecting and aggregating the iBCF information and providing it to MHCLG. Although collected together, BCF and iBCF information will be published separately.

The Winter Pressures Grant is pooled within the BCF and is part of the BCF plans. Q4 19/20 quarterly reporting for the BCF include a separate tab to report on the Winter Pressures Grant.

#### Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

#### Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The details of each sheet within the template are outlined below.

#### Checklist ( 2. Cover )

1. This section helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the Better Care Support Team.
2. It is sectioned out by sheet name and contains the description of the information required, cell reference for the question and the 'checker' column which updates automatically as questions within each sheet are completed.
3. The checker column will appear "Red" and contain the word "No" if the information has not been completed. Clicking on the corresponding "Cell Reference" column will link to the incomplete cell for completion. Once completed the checker column will change to "Green" and contain the word "Yes"
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Complete Template'.
6. Please ensure that all boxes on the checklist tab are green before submission.

#### 2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to [england.bettercaresupport@nhs.net](mailto:england.bettercaresupport@nhs.net)
3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

#### 3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Integration and Better Care Fund planning requirements for 2019/20 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.gov.uk/government/publications/better-care-fund-planning-requirements-for-2019-to-2020>

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met within the quarter and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: NHS contribution to adult social care is maintained in line with the uplift to CCG Minimum Contribution

National condition 3: Agreement to invest in NHS commissioned out-of-hospital services

National condition 4: Implementation of the High Impact Change Model for Managing Transfers of Care

#### 4. Metrics

The BCF plan includes the following four metrics: Non-Elective Admissions, Delayed Transfers of Care, Residential Admissions and Reablement. Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the plans for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and achievements realised.

As a reminder, if the BCF plans should be referenced as below:

- Residential Admissions and Reablement: BCF metric plans were set out and collected via the BCF Planning Template

- Non Elective Admissions (NEA): The BCF metric plan mirrors the CCG (Clinical Commissioning Groups) Operating Plans for Non Elective Admissions at a HWB footprint. These plans were made available to the local areas via the respective Better Care Managers and remain valid. In case a reminder of your BCF NEA plan at HWB level is helpful, please write into your Better Care Manager in the first instance or the inbox below to request them:

[england.bettercaresupport@nhs.net](mailto:england.bettercaresupport@nhs.net)

- Delayed Transfers of Care (DToC): The BCF metric ambitions for DToC are nationally set and remain the same as the previous year (2018/19) for 2019/20. The previous year's plans on the link below contain the DToC ambitions for 2018/19 applicable for 2019/20:

<https://www.england.nhs.uk/publication/better-care-fund-2018-19-planning-data/>

This sheet seeks a best estimate of confidence on progress against the achievement of BCF metric plans and the related narrative information and it is advised that:

- In making the confidence assessment on progress, please utilise the available published metric data (which should be typically available for 2 of the 3 months) in conjunction with the interim/proxy metric information for the third month (which is eventually the source of the published data once agreed and validated) to provide a directional estimate.

- In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes by the end of the quarter and the unavailability of published metric data for one of the three months of the quarter is not expected to hinder the ability to provide this useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

## 5. HICM

The BCF National Condition 4 requires local areas to implement the High Impact Change Model (HICM) for Managing Transfers of Care. This section of the template captures a self-assessment on the current level of implementation, for the reported quarter, and anticipated trajectory for the future quarter, of each of the eight HICM changes and the red-bag scheme along with the corresponding implementation challenges, achievements and support needs.

The maturity levels utilised on the self-assessment dropdown selections are based on the guidance available on the published High Impact Changes Model (link below). A distilled explanation of the levels for the purposes of this reporting is included in the key below:

Not yet established - The initiative has not been implemented within the HWB area

Planned - There is a viable plan to implement the initiative / has been partially implemented within some areas of the HWB geography

Established - The initiative has been established within the HWB area but has not yet provided proven benefits / outcomes

Mature - The initiative is well embedded within the HWB area and is meeting some of the objectives set for improvement

Exemplary - The initiative is fully functioning, sustainable and providing proven outcomes against the objectives set for improvement

<https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/high-impact-change-model>

For the purposes of the BCF in 2019/20, local areas set out their plans against the model applicable since 2017/18. Please continue to make assessments against this erstwhile HICM model and any refreshed versions of the HICM will be considered in the future as applicable.

In line with the intent of the published HICM model self-assessment, the self-assessment captured via BCF reporting aims to foster local conversations to help identify actions and adjustments to progress implementation, to understand the area's ambition for progress and, to indicate where implementation progress across the eight changes in an area varies too widely which may constrain the extent of benefit derived from the implementation of the model. As this is a self-assessment, the approaches adopted may diverge considerably from area to area and therefore the application of this information as a comparative indicator of progress between areas bears considerable limitations.

In making the self-assessment, please ensure that a representative range of stakeholders are involved to offer an assessment that is as near enough as possible to the operational reality of the area. The recommended stakeholders include but are not limited to Better Care Managers, BCF leads from CCGs and LAs, local Trusts, Care Sector Regional Leads, A&E Delivery Board representatives, CHIAs and regional ADASS representatives.

The HICM maturity assessment (particularly where there are multiple CCGs and A&E Delivery Boards (AEDBs)) may entail making a best judgment across the AEDB and CCG lenses to indicatively reflect an implementation maturity for the HWB. The AEDB lens is a more representative operational lens to reflect both health and social systems and where there are wide variations in implementation levels between them, making a conservative judgment is advised. Where there are clear disparities in the stage of implementation within an area, the narrative section should be used to briefly indicate this, and the rationale for the recorded assessment agreed by local partners.

Where the selected maturity levels for the reported quarter are 'Mature' or 'Exemplary', please provide supporting detail on the features of the initiatives and the actions implemented that have led to this assessment.

For each of the HICM changes please outline the challenges and issues in implementation, the milestone achievements that have been met in the reported quarter with any impact observed, and any support needs identified to facilitate or accelerate the implementation of the respective changes.

To better understand the spread and impact of Trusted Assessor schemes, when providing the narrative for "Milestones met during the quarter / Observed impact" please consider including the proportion of care homes within the locality participating in Trusted Assessor schemes. Also, any evaluated impacts noted from active Trusted Assessor schemes (e.g. reduced hospital discharge delays, reduced hospital Length of Stay for patients awaiting care home placements, reduced care home vacancy rates) would be welcome.

Hospital Transfer Protocol (or the Red Bag Scheme):

- The template also collects updates on areas' implementation of The optional 'Red Bag' scheme. Delivery of this scheme is not a requirement of The Better Care Fund, but it has been agreed to collect information on its implementation locally via The BCF quarterly reporting template as a single point of collection.

- 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.

- Where 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.

- Further information on The Red Bag / Hospital Transfer Protocol: The quick guide is available on the link below:

<https://www.england.nhs.uk/publication/redbag/>

Further guidance is also available on the Kahootz system or on request from the NHS England Hospital to Home team through:

[england.ohuc@nhs.net](mailto:england.ohuc@nhs.net)

## 6. Integration Highlights

Please tell us about an integration success story observed over reported quarter highlighting the nature of the service/scheme or approach and the related impact.

Where this success story relates to a particular scheme type (as utilised in BCF planning) please select the scheme type to indicate that or the main scheme type where the narrative relates to multiple services/scheme types or select "Other" to describe the type of service/scheme.

Where the narrative on the integration success story relates to progressing one of the Enablers for Integrated Care, please select the main Enabler from the drop down. SCIE Logic Model for Integrated Care:

<https://www.scie.org.uk/integrated-care/measuring-evaluating/logic-model>

## 7. WP Grant

Reporting for Winter Pressures Grant is being collected alongside the BCF in a single mechanism. For this quarter, the reporting is primarily seeking narratives and confirmation on progress against the delivery of the plans set out for the Winter Pressures Grant as part of the BCF planning process.

## 8. Income and Expenditure

The Better Care Fund 2019/20 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and CCGs. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, the Winter Pressures Grant and the minimum CCG contribution. A large proportion of areas also planned to pool additional contributions from LA and CCGs.

### Income section:

- Please confirm the total HWB level actual BCF pooled income for 2019/20 by reporting any changes to the planned additional contributions by LAs and CCGs as was reported on the BCF planning template. Please enter the actual income from additional CCG and LA contributions in 2019/20 in the yellow boxes provided.

- Please provide any comments that may be useful for local context for the reported actual income in 2019/20.

### Expenditure section:

- Please enter the total HWB level actual BCF expenditure for 2019/20 in the yellow box provided.

- Please provide any comments that may be useful for local context for the reported actual expenditure in 2019/20.

## 9. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2019/20 through a set of survey questions which are overall consistent with those from previous years.

The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 9 questions. These are set out below.

### Part 1 - Delivery of the Better Care Fund

There are a total of 7 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2019/20
3. The delivery of our BCF plan in 2019/20 had a positive impact on the integration of health and social care in our locality
4. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Non-Elective Admissions
5. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Delayed Transfers of Care
6. The delivery of our BCF plan in 2019/20 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
7. The delivery of our BCF plan in 2019/20 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)

### Part 2 - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institute for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

Please highlight:

8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2019/20.
9. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2019/20?

As noted above, these are free text responses to be assigned to one of the following categories from the SCIE Integration Logic Model - Enablers summarised below. Please see link below for fuller details:

[SCIE - Integrated care Logic Model](#)

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce

- 6. Good quality and sustainable provider market that can meet demand
- 7. Joined-up regulatory approach
- 8. Pooled or aligned resources
- 9. Joint commissioning of health and social care

**10. Additional improved Better Care Fund**

The additional iBCF sections of this template are on sheet '10. iBCF'. Please fill these sections out if you are responsible for the additional iBCF quarterly monitoring for your organisation, or local area.

Data must be entered on a Health and Wellbeing Board level.

The iBCF section of the monitoring template covers reporting in relation to the additional iBCF funding announced at Spring Budget 2017 only.

## Better Care Fund Template Q4 2019/20

### 2. Cover



Version 1.1

**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.
- As in previous quarters, the BCST along with NHSE hosted information infrastructure will be collecting and aggregating the iBCF Grant information and providing it to MHCLG. Although collected together, BCF and iBCF information will be reported and published separately.
- The Winter Pressures Grant is pooled within the BCF and is part of the BCF plans. Q4 19/20 quarterly reporting for the BCF include a separate tab to report on the Winter Pressures Grant.

<b>Health and Wellbeing Board:</b>	Leeds
<b>Completed by:</b>	Lesley Newlove
<b>E-mail:</b>	lesley.newlove@nhs.net
<b>Contact number:</b>	0113 8431654
<b>Is the template being submitted subject to HWB / delegated sign-off?</b>	No, sign-off has been received
<b>Where a sign-off has been received, please indicate who signed off the report on behalf of the HWB?</b>	
<b>Job Title:</b>	Chair of the Health & Wellbeing Board
<b>Name:</b>	Councillor Rebecca 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](mailto:england.bettercaresupport@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'

### Complete

	Pending Fields
2. Cover	0
3. National Conditions	0
4. Metrics	0
5. HICM	0
6. Integration Highlights	0
7. WP Grant	0
8. I&E	0
9. Year End Feedback	0
10. iBCF	0

[<< Link to Guidance tab](#)

### 2. Cover

	Cell Reference	Checker
Health & Wellbeing Board	C19	Yes
Completed by	C21	Yes
E-mail	C23	Yes
Contact number	C25	Yes
Is the template being submitted subject to HWB / delegated sign-off?	C27	Yes
Job Title of the person signing off the report on behalf of the HWB	C29	Yes
Name of the person who signed off the report on behalf of the HWB	C30	Yes
Sheet Complete:		Yes

### 3. National Conditions

[^^ Link Back to top](#)

	Cell Reference	Checker
1) Plans to be jointly agreed?	C9	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements?	C10	Yes
3) Agreement to invest in NHS commissioned out of hospital services?	C11	Yes
4) Managing transfers of care?	C12	Yes
1) Plans to be jointly agreed? If no please detail	D9	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements? Detail	D10	Yes
3) Agreement to invest in NHS commissioned out of hospital services? If no please detail	D11	Yes
4) Managing transfers of care? If no please detail	D12	Yes

Sheet Complete:	Yes
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### 4. Metrics

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	Cell Reference	Checker
Non-Elective Admissions performance target assesment	D12	Yes
Residential Admissions performance target assesment	D13	Yes
Reablement performance target assesment	D14	Yes
Delayed Transfers of Care performance target assesment	D15	Yes
Non-Elective Admissions challenges and support needs	E12	Yes
Residential Admissions challenges and support needs	E13	Yes
Reablement challenges and support needs	E14	Yes
Delayed Transfers of Care challenges and support needs	E15	Yes
Non-Elective Admissions achievements	F12	Yes
Residential Admissions achievements	F13	Yes
Reablement achievements	F14	Yes
Delayed Transfers of Care achievements	F15	Yes

Sheet Complete:	Yes
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### 5. High Impact Change Model

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	Cell Reference	Checker
Chg 1 - Early discharge planning - Q4 19/20	D15	Yes
Chg 2 - Systems to monitor patient flow - Q4 19/20	D16	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams - Q4 19/20	D17	Yes
Chg 4 - Home first/discharge to assess - Q4 19/20	D18	Yes
Chg 5 - Seven-day service - Q4 19/20	D19	Yes
Chg 6 - Trusted assessors - Q4 19/20	D20	Yes
Chg 7 - Focus on choice - Q4 19/20	D21	Yes
Chg 8 - Enhancing health in care homes - Q4 19/20	D22	Yes
Red Bag Scheme - Q4 19/20	D27	Yes
Chg 1 - Early discharge planning - If Q4 19/20 mature or exemplary, Narrative	F15	Yes
Chg 2 - Systems to monitor patient flow - If Q4 19/20 mature or exemplary, Narrative	F16	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams - If Q4 19/20 mature or exemplary, Narrative	F17	Yes
Chg 4 - Home first/discharge to assess - If Q4 19/20 mature or exemplary, Narrative	F18	Yes
Chg 5 - Seven-day service - If Q4 19/20 mature or exemplary, Narrative	F19	Yes
Chg 6 - Trusted assessors - If Q4 19/20 mature or exemplary, Narrative	F20	Yes
Chg 7 - Focus on choice - If Q4 19/20 mature or exemplary, Narrative	F21	Yes
Chg 8 - Enhancing health in care homes - If Q4 19/20 mature or exemplary, Narrative	F22	Yes
Red Bag Scheme - If Q4 19/20 no plan in place, Narrative	F27	Yes
Chg 1 - Early discharge planning - Challenges and Support needs	G15	Yes
Chg 2 - Systems to monitor patient flow - Challenges and Support needs	G16	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams - Challenges and Support needs	G17	Yes
Chg 4 - Home first/discharge to assess - Challenges and Support needs	G17	Yes
Chg 5 - Seven-day service - Challenges and Support needs	G18	Yes
Chg 6 - Trusted assessors - Challenges and Support needs	G19	Yes
Chg 7 - Focus on choice - Challenges and Support needs	G20	Yes
Chg 8 - Enhancing health in care homes - Challenges and Support needs	G21	Yes
Red Bag Scheme - Challenges and Support needs	G27	Yes
Chg 1 - Early discharge planning - Milestones / impact	H15	Yes
Chg 2 - Systems to monitor patient flow - Milestones / impact	H16	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams - Milestones / impact	H17	Yes
Chg 4 - Home first/discharge to assess - Milestones / impact	H18	Yes
Chg 5 - Seven-day service - Milestones / impact	H19	Yes
Chg 6 - Trusted assessors - Milestones / impact	H20	Yes
Chg 7 - Focus on choice - Milestones / impact	H21	Yes
Chg 8 - Enhancing health in care homes - Milestones / impact	H22	Yes
Red Bag Scheme - Milestones / impact	H27	Yes

Sheet Complete:	Yes
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## 6. Integration Highlights

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	Cell Reference	Checker
Integration success story highlight over the past quarter	B10	Yes
Main Scheme/Service type for the integration success story highlight	C13	Yes
Integration success story highlight over the past quarter, if "other" scheme	C14	Yes
Main Enabler for Integration (SCIE Integration Logic Model) for the integration success story highlight	C17	Yes
Integration success story highlight over the past quarter, if "other" integration enabler	C18	Yes
Sheet Complete:		Yes

## 7. Winter Pressures Grant

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	Cell Reference	Checker
Assistive Technologies and Equipment - Expenditure	E12	Yes
Care Act Implementation Related Duties - Expenditure	E13	Yes
Carers Services - Expenditure	E14	Yes
Community Based Schemes - Expenditure	E15	Yes
DFG Related Schemes - Expenditure	E16	Yes
Enablers for Integration - Expenditure	E17	Yes
HICM for Managing Transfer of Care - Expenditure	E18	Yes
Home Care or Domiciliary Care - Expenditure	E19	Yes
Housing Related Schemes - Expenditure	E20	Yes
Integrated Care Planning and Navigation - Expenditure	E21	Yes
Intermediate Care Services - Expenditure	E22	Yes
Personalised Budgeting and Commissioning - Expenditure	E23	Yes
Personalised Care at Home - Expenditure	E24	Yes
Prevention / Early Intervention - Expenditure	E25	Yes
Residential Placements - Expenditure	E26	Yes
Other - Expenditure	E27	Yes
Hours of Care - Actual Outputs	D37	Yes
Packages - Actual Outputs	E37	Yes
Placements - Actual Outputs	F37	Yes
Beds - Actual Outputs	G37	Yes
Description of significant changes to the planned approach for the Winter Pressures Grant	B42	Yes
Sheet Complete:		Yes

## 8. Income and Expenditure

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	Cell Reference	Checker
Do you wish to change the additional CCG funding?	G16	Yes
Do you wish to change the additional LA funding?	G17	Yes
Actual CCG Additional	H16	Yes
Actual LA Additional	H17	Yes
Income commentary	D23	Yes
Do you wish to change the expenditure?	E30	Yes
Actual Expenditure	C32	Yes
Expenditure commentary	D34	Yes
Sheet Complete:		Yes

## 9. Year End Feedback

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	Cell Reference	Checker
Statement 1: Delivery of the BCF has improved joint working between health and social care	C11	Yes
Statement 2: Our BCF schemes were implemented as planned in 2018/19	C12	Yes
Statement 3: Delivery of BCF plan had a positive impact on the integration of health and social care	C13	Yes
Statement 4: Delivery of our BCF plan has contributed positively to managing the levels of NEAs	C14	Yes
Statement 5: Delivery of our BCF plan has contributed positively to managing the levels of DToC	C15	Yes
Statement 6: Delivery of our BCF plan has contributed positively to managing reablement	C16	Yes
Statement 7: Delivery of our BCF plan has contributed positively to managing residential admissions	C17	Yes
Statement 1 commentary	D11	Yes
Statement 2 commentary	D12	Yes
Statement 3 commentary	D13	Yes
Statement 4 commentary	D14	Yes
Statement 5 commentary	D15	Yes
Statement 6 commentary	D16	Yes
Statement 7 commentary	D17	Yes
Success 1	C24	Yes
Success 2	C25	Yes
Success 1 commentary	D24	Yes
Success 2 commentary	D25	Yes
Challenge 1	C28	Yes
Challenge 2	C29	Yes

Challenge 1 commentary	D28	Yes
Challenge 2 commentary	D29	Yes

Sheet Complete:	Yes
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**10. Additional improved Better Care Fund**

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	Cell Reference	Checker
A1) a) Meeting adult social care needs	D13	Yes
A1) b) Reducing pressures on the NHS	E13	Yes
A1) c) Ensuring that the local social care provider market is supported	F13	Yes
A1) d) Percentages sum to 100% exactly	G13	Yes
B1) a) Actual number of home care packages	C19	Yes
B1) b) Actual number of hours of home care	D19	Yes
B1) c) Actual number of care home placements	E19	Yes
B2) Main area additional iBCF spend if not above	C20	Yes
B3) Main area additional iBCF spend if not above - Other commentary	C21	Yes

Sheet Complete:	Yes
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## Better Care Fund Template Q4 2019/20

### 3. National Conditions

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	

## Better Care Fund Template Q4 2019/20

### 4. Metrics

Selected Health and Wellbeing Board:

Leeds

**Challenges and Support Needs** Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

**Achievements** Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	Assessment of progress against the metric plan for the	Challenges and any Support Needs	Achievements
NEA	Total number of specific acute (replaces General & Acute) non-elective spells per 100,000 population	On track to meet target	The changing demographics of our population, including an aging population and higher than average births continues to pose a challenge to the Leeds system in terms of hospital attendances and admissions.	The review in the system governance supporting our A&E Delivery Board and system flow work programme further scoped the work streams. As a result we have further developed a structure that continues to promote delivering integrated services across our system.
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	None	Leeds has in place a range of short term and long term services to support people in their own homes. Community short term recovery beds and reablement support have led to a reduction in permanent admissions especially from hospital.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Not on track to meet target	The Service Review (MTFP) is looking at a range of actions to improve the service productivity with the aim of delivering an additional financial benefit in 2020/21 of 500k. This includes improving the identification of people who will benefit from Reablement and reducing the referral of people who, on first visit, do not need any support at home.	Leeds provides a wide range of support to people leaving hospital, including, streamlined processes to enable earlier and easier access to reablement services 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 place. Therefore this year we are reducing the target to 85% to reflect an approach which is not too risk adverse.
Delayed Transfers of Care	Average Number of People Delayed in a Transfer of Care per Day (daily delays)	On track to meet target	DTOC 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. The CCG and Local Authority are currently working through both long and short term options and investments to address this challenge and develop the care home market for this cohort of our population. This includes continued enhanced support to the existing care home provision and commissioning additional capacity across the city. 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.	This quarter has been particularly busy for the Age UK Leeds Hospital to Home service reflecting the seasonal change and the increased pressures experienced by LHHT however the team has still supported older people by providing supported transport home and a medication delivery service thereby reducing unnecessary delays in discharge waiting for medication to be available from Pharmacy.

**Better Care Fund Template Q4 2019/20**

**5. High Impact Change Model**

Selected Health and Wellbeing Board:

**Challenges and Support Needs**

Please describe the key challenges faced by your system in the implementation of this change, and Please indicate any support that may help to facilitate or accelerate 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

		Narrative			
		Q4 19/20	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges and any Support Needs	Milestones met during the quarter / Observed impact
Chg 1	Early discharge planning	Mature	<p>A further revision of the Transfer of Care Protocol has now been agreed with LTHT.</p> <p>Early discharge planning is part of the new initiative in LTHT to understand delays supporting the implementation of the SAFER bundle.</p>	<p>LTHT are currently rolling out Transfer of Care protocol and the focus in the last quarter has been on internal communications across the system to complement any system or process changes that support culture or behaviour change. This has been implemented in elderly and medicines bed base before further roll-out planned for Q1 2020/21.</p>	<p>LTHT have appointed a dedicated senior leader from January 2020 to focus on discharge and support this ongoing work. Progress this quarter has been to look at metrics and learning from the Achieving Reliable Care programme supporting the delivery of the SAFER bundle</p>
Chg 2	Systems to monitor patient flow	Mature	<p>The System Delivery Board is established which takes forward the outcomes of the Newton Eurpe work with an agreed plan for implementation. A system Discharge Board sitting under this has reviewed their work streams following the re audit of these recommendations. The Discharge Board is overseen by the A&amp;E Delivery Board. Weekly resiiience meetings continue with senior representation to monitor performance</p>	<p>There are a number of outcomes from the further work undertaken by Newton Europe. An example of this is work around attendance and admissions, and the Primary Care Access Line. This has seen progress in streamlined processes both into PCAL and greater access from PCAL into LTHT itself.</p>	<p>Full implementation plan to deliver the outcomes of the Newton Europe work. Work streams are developing scope and interdependencies and key metrics are mapped to the high level metrics of the A&amp;E Delivery Board.</p>

Chg 3	Multi-disciplinary/multi-agency discharge teams	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 and the required out of hospital capacity	Work continues to be led by a senior appointment at LTHT looking at the decision points for discharge, and the recommendations from the LIDS review. This includes a newly implemented weekly meeting to look at an individual level any patient who is currently delayed and what can be done to progress each patient.
Chg 4	Home first/discharge to assess	Established	The Leeds system has developed and signed off a Home First Policy. The principles of Home First and Discharge to Assess are being implemented through development of a range of out of hospital services including reablement and community beds.	Building capacity to support D2A	A multi-agency workstream led by Adult Social Care has developed key principles and an easy to reference chart which supports the decision making on the wards. Increase in social work attendance at Ward Rounds, increase in Case Officers to support access to reablement. Reduction in delays seen as a result. Feedback from a deliberative event that took place this quarter will inform further development.
Chg 5	Seven-day service	Established		Whilst seven days exists for a number of services there are no current plans to extend for some services although this is under ongoing review	On-going review around re seven day services as part of development of transfer to assess approach. On-going review around the feasibility of changing to 7 day working for services where there is interdependence between health and social care and changes in behaviour required to realise benefits
Chg 6	Trusted assessors	Mature	Trusted assessors in place across the system including access to equipment and same day access to reablement, established across multi-agency pathways. Leeds has developed Trusted Assessors for care homes, once the person has been assessed as requiring a residential/nursing placement.	Embedding the newly appointed Care Home Trusted Assessors to build care home trust in assessment.	Care Home Trusted Assessors have been recruited and are in post.

Chg 7	Focus on choice	Mature	The Transfer of Care Policy continues to be implemented in LTHT. The system continues to work to work with other providers such as LYPFT and in community beds to use this as a "template" for policy consideration.	The wider system is supporting Adult Social Care with care home market development	Implementation of the Transfer Of Care Policy at LTHT continues to address high numbers of patients delayed within the choice category.
Chg 8	Enhancing health in care homes	Established		Need to develop care home sector capability to meet needs of increasingly complex and frail patients.	Full care home action plan in place covering quality improvements, improving medical support and admission avoidance. Primary Care support offer to Care Homes will be standardised from 1st April. Implementation of the Aging well specification.

**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 19/20	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
UEC	Red Bag scheme	Established		Keeping track of red bags	When used, red bags help support the transfers of care from hospital to care homes

**Better Care Fund Template Q4 2019/20**

**6. Integration Highlight**

Selected Health and Wellbeing Board:

Remaining Characters: 13,199

**Integration success story highlight over the past quarter:**  
 Please give us an example of an integration success story observed over the past quarter. This could highlight system level collaborative approaches, collaborative services/schemes or any work to progress the enablers for integration (as per the SCIE logic model for integrated care). Please include any observed or anticipated impact in this example.

BCF funding has been used to fund the development of the Leeds Care Record; a key enabler for integration. The Leeds Care Record is a joined-up digital care record which enables clinical and care staff to view real-time health and care information across care providers and between different systems. It is a secure IT system that brings together certain important information about patients who have used services provided by their GP, at a local hospital, community healthcare, social services or mental health teams. The Leeds Care Record has been developed in collaboration with partner organisations such as:-  
 Leeds Teaching Hospitals Trust, Leeds Community Healthcare Trust, Leeds and York Partnership Foundation Trust, Yorkshire Ambulance Service, Leeds CCG, Leeds City Council, St Gemma's Hospice and Wheatfields Hospice  
 A benefits review and evaluation has recently been concluded. Interviews or workshops were set up with selected stakeholders, including patients, to identify the current benefits associated with the rollout of the Leeds Care Record.  
 Benefits include:-  
 Primary Care:  

- Improved patient consultation: Better consultation due to rich patient record from other care settings.
- Improved Patient education: GP can show and explain their x-rays or scans.
- Safer patient journey: Higher quality diagnosis and treatment plan. Quicker medicines reconciliations.
- Provides information on care home patients: LCR can provide useful patient history.
- Outpatient appointment saved: Patients not aware of a hospital appointment until informed by the practice.
- Effective multi-disciplinary meetings: GPs to be more informed and prepared for multidisciplinary meetings.
- More accurate decisions, in less time: Allows GP to make more accurate decisions in less time.

 Community Healthcare:  

- Better quality assessment for patients: Staff can make quick decisions during home visits and assessments.
- Improved Patient Safety: Check current medication against hospital eDAN and changes the GP has made which are recorded in the encounter/observations on the GP tab.
- Saves hospital appointment: Enables staff to make a quicker decision regarding the referral from a GP or AHP.
- A&E visit saved – Primary Care Access Line decision can be viewed in LCR

**Where this example is relevant to a scheme / service type, please select the main service type alongside or a brief description if this is "Other".**

Scheme/service type	Enablers for Integration
Brief outline if "Other (or multiple schemes)"	

**Where this example is relevant to progressing a particular Enabler for Integration (from the SCIE Integration Logic Model), please select the main enabler alongside.**

SCIE Enablers list	3. Integrated electronic records and sharing across the system with service users
Brief outline if "Other"	

**Better Care Fund Template Q4 2019/20**

**7. Winter Pressures Grant**

Selected Health and Wellbeing Board:

Leeds

In 2019/20, the Winter Pressures Grant was planned and pooled in the BCF. Please report on the actual spend and outputs (Hours of Care, Packages, Placements and Beds) funded through the Winter Pressures Grant.

**WP Grant Expenditure**

Scheme Type	Planned Expenditure	Actual Expenditure (2019/20)
1 Assistive Technologies and Equipment	£ -	
2 Care Act Implementation Related Duties	£ -	
3 Carers Services	£ 40,000	
4 Community Based Schemes	£ 155,000	£ 270,000
5 DFG Related Schemes	£ -	
6 Enablers for Integration	£ 1,000,000	
7 HICM for Managing Transfer of Care	£ 1,522,729	
8 Home Care or Domiciliary Care	£ 292,000	£ 2,657,560
9 Housing Related Schemes	£ -	
10 Integrated Care Planning and Navigation	£ -	
11 Intermediate Care Services	£ 251,000	£ 383,169
12 Personalised Budgeting and Commissioning	£ -	
13 Personalised Care at Home	£ -	
14 Prevention / Early Intervention	£ -	
15 Residential Placements	£ -	
16 Other	£ 50,000	
<b>Winter Pressures Grant Total Spend</b>	<b>£ 3,310,729</b>	<b>£ 3,310,729</b>

**WP Grant Outputs**

	Hours of Care	Packages	Placements	Beds
Total Planned Outputs	-	50.0	-	-
Total Actual Outputs (based on the total actual WPG spend reported above)	154,195.0	197.0	-	-

**Please describe any significant changes to the planned approach for the use of the Winter Pressures Grant, either in terms of spend on specific schemes or on the delivery of outputs.**

Please also confirm the agreement by LAs and CCGs to these changes and the involvement of local acute trusts.

Priorities changed through the year as home care volumes continued to rise in excess of projections.

## Better Care Fund Template Q4 2019/20

### 8. Income and Expenditure

Selected Health and Wellbeing Board:

Leeds

#### Income

		2019/20	
Disabled Facilities Grant	£	7,302,720	
Improved Better Care Fund	£	27,399,640	
CCG Minimum Fund	£	55,238,834	
Winter Pressures Grant	£	3,310,729	
<b>Minimum Sub Total</b>			<b>£ 93,251,923</b>
		<b>Planned</b>	<b>Actual</b>
CCG Additional Fund	£	523,826	Do you wish to change your additional actual CCG funding? No
LA Additional Fund	£	2,462,000	Do you wish to change your additional actual LA funding? No
<b>Additional Sub Total</b>		<b>£ 2,985,826</b>	<b>£ 2,985,826</b>
		<b>Planned 19/20</b>	<b>Actual 19/20</b>
<b>Total BCF Pooled Fund</b>	£	<b>96,237,749</b>	<b>£ 96,237,749</b>

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2019/20

N/A

#### Expenditure

	2019/20
Plan	£ 96,237,749

Do you wish to change your actual BCF expenditure? No

Actual

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2019/20

N/A

**Better Care Fund Template Q4 2019/20**

**9. Year End Feedback**

Selected Health and Wellbeing Board:

Leeds

**Part 1: Delivery of the Better Care Fund**

Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	There was already a well established, strong relationship between health and social care in Leeds. The realignment of the BCF to the System Resilience Assurance Board has added a greater focus, and a clear plan to release some of the savings within the Leeds BCF Plan.
2. Our BCF schemes were implemented as planned in 2019/20	Agree	Our schemes have been implemented as planned.
3. The delivery of our BCF plan in 2019/20 had a positive impact on the integration of health and social care in our locality	Agree	There was already a well established health and wellbeing structure in place before BCF. The Leeds Health and Care system has struggled to ensure a focus on and delivery of the ambitions within the Leeds BCF Plan, but has enjoyed support and backing from the Health and Wellbeing Board to achieve this.
4. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Non-Elective Admissions	Agree	The BCF process has prompted more focus onto NEAs and the number of NEAs is below plan.
5. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Delayed Transfers of Care	Agree	The BCF process has prompted more focus onto DToCs and whilst issues remain, significant progress has been made. The Spring Budget monies have also helped Adult Social Care related DToCs keep consistently under target. The Newton Europe and CQC reviews have also provided valuable insight in helping to address a number of issues.
6. The delivery of our BCF plan in 2019/20 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Agree	The introduction of a 4 hour pick up by Reablement has significantly improved the performance against this metric.
7. The delivery of our BCF plan in 2019/20 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Agree	Admission rates to, and number of people within, Residential Care continue to reduce together with a reduction in our preferred measure of bed weeks consumed. The good recovery offer and clearer understanding and access to these pathways, together with a system wide focus on not discharging direct from hospital to residential care have contributed significantly to this continued improved trajectory.

**Part 2: Successes and Challenges**

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.

Please provide a brief description alongside.

8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2019/20	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	3. Integrated electronic records and sharing across the system with service users	The Leeds Care Record. This is a joined-up digital care record which enables clinical and care staff to view real-time health and care information across care providers and between different systems.
Success 2	6. Good quality and sustainable provider market that can meet demand	Community Beds Strategy Leeds implemented a new Community Care Bed strategy during 2017-18. Following a re-procurement exercise, the new Community Care Bed Service became operational on 1st November 2017. Capacity was increased to 227 beds across seven bed bases.
9. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2019/20	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	Other	Reducing delayed transfers of care
Challenge 2	6. Good quality and sustainable provider market that can meet demand	Ongoing lack of nursing staff - particularly in relation to dementia and nursing home placements for complex dementia. Remain up to 50 Nursing beds short for demands within the Leeds system at present.

**Footnotes:**

Question 8 and 9 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care
- Other

**Better Care Fund Template Q4 2019/20**

**10. Additional Improved Better Care Fund**

Selected Health and Wellbeing Board:

Additional improved Better Care Fund Allocation for 2019/20:

**Section A**

**Distribution of 2019-20 additional iBCF funding by purpose:**

What proportion of your additional iBCF funding for 2019/20 have you allocated towards each of the three purposes of the funding?

	a) Meeting adult social care needs	b) Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready	c) Ensuring that the local social care provider market is supported	Total: Percentages must sum to 100% exactly
<b>A1) Please enter the amount you have designated for each purpose as a percentage of the total additional iBCF funding you have been allocated for the whole of 2019-20. If the expenditure covers more than one purpose, please categorise it according to the primary purpose. You must ensure that the sum of the percentage figures entered sums to 100% exactly. If you have not designated any funding for a particular purpose, please enter 0% and do not leave a blank cell.</b>	37%	63%	0%	100.0%

**Section B**

We want to understand how much additional capacity you have been able to purchase or provide in 2019/20 as a direct result of your additional iBCF funding allocation for 2019-20. Where the iBCF has not provided any such additionality, we want to understand why this is the case. Recognising that figures will vary across areas due to wider budget and service planning assumptions, please provide the following:

	a) The number of home care packages provided in 2019-20 as a result of your additional iBCF funding allocation	b) The number of hours of home care provided in 2019-20 as a result of your additional iBCF funding allocation	c) The number of care home placements for the whole of 2019-20 as a result of your additional iBCF funding allocation
<b>B1) Please provide figures on the actual number of home care packages, hours of home care and number of care home placements you purchased / provided as a direct result of your additional iBCF funding allocation for 2019-20. The figures you provide should cover the whole of 2019/20. Please use whole numbers with no text. If you have a nil entry please enter 0 in the appropriate box and do not leave a blank cell.</b>	0	0	0
<b>B2) If you have not increased the number of packages or placements (i.e. have answered question B1 with 3 zeros), please indicate the main area that you have spent your additional iBCF funding allocation for 2019-20. Hover over this cell to view the comment box for the list of options if the drop-down menu is not visible.</b>	Partnership working with other organisations / voluntary sector		
<b>B3) If you have answered question B2 with 'Other', please specify. Please do not use more than 50 characters.</b>			