

Better Care Fund 2021-22 Template

1. Guidance

Overview

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 blue background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal 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 sheet for readability if required.

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

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be completed before sending to the Better Care Fund Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

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 the Better Care Fund Team:
england.bettercarefundteam@nhs.net
(please also copy in your respective Better Care Manager)

4. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2021-22. It will be pre-populated with the minimum CCG contributions to the BCF, Disabled Facilities Grant (DFG) and improved Better Care Fund (iBCF). These cannot be edited.
2. Please select whether any additional contributions to the BCF pool are being made from local authorities or the CCGs and as applicable enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources when planning expenditure. The fields for Additional contributions can be used to include any relevant carry-overs from the previous year.
3. Please use the comment boxes alongside to add any specific detail around this additional contribution including any relevant carry-overs assigned from previous years. All allocations are rounded to the nearest pound.
4. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net

5. Expenditure (click to go to sheet)

This sheet should be used to set out the schemes that constitute the BCF plan for the HWB including the planned expenditure and the attributes to describe the scheme. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting and to particularly demonstrate that National Conditions 2 and 3 are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and CCG minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:

- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme

- This is a free text field to include a brief headline description of the scheme being planned.

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 5b.

- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.

- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important to our understanding of how BCF funding is being used and levels of investment against different priorities.

- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

5. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.

- Please note that where 'Social Care' is selected and the source of funding is "CCG minimum" then the planned spend would count towards National Condition 2.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.

- We encourage areas to try to use the standard scheme types where possible.

6. Commissioner:

- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.

- Please note this field is utilised in the calculations for meeting National Condition 3.

- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and CCG/NHS and enter the respective percentages on the two columns.

7. Provider:

- Please select the 'Provider' commissioned to provide the scheme from the drop-down list.

- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

8. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the CCG or Local authority

- If the scheme is funding across multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

9. Expenditure (£) 2021-22:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

10. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2021-22 and will inform the understanding of planned spend for the iBCF grant and spend from BCF sources on discharge.

6. Metrics (click to go to sheet)

This sheet should be used to set out the HWB's performance plans for each of the BCF metrics in 2021-22. The BCF requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for the last two quarters of 2021-22.

The previous measure of Non Elective Admissions is being replaced with a measure of Unplanned Admissions for Chronic Ambulatory Care Sensitive Conditions. Performance data on this indicator up to 2019-20, by local authority can be found at:

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/february-2021/domain-2-enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions>

A data pack showing breakdowns of data for new metrics (discharge and avoidable admissions) is available on the Better Care Exchange.

For each metric, systems should include a narrative that describes:

- a rationale for the ambition set, based on current and recent data, planned activity and expected demand

- how BCF funded schemes and integrated care will support performance against this metric, including any new or amended services.

1. Unplanned admissions for chronic ambulatory sensitive conditions:

- This section requires the area to input a planned rate for these admissions, per hundred thousand people for the year. This is the current NHS Outcomes Framework indicator 2.3i.
- The numerator is calculated based on the expected number of unplanned admissions for ambulatory sensitive conditions during the year.
- The denominator is the local population based on Census mid year population estimates for the HWB.
- Technical definitions for the guidance can be found here:
https://files.digital.nhs.uk/A0/76B7F6/NHSOF_Domain_2_S.pdf

2. Length of Stay.

- Areas should agree ambitions for minimising the proportion of patients in acute hospital who have been an inpatient for 14 days or more and the number that have been an inpatient for 21 days or more. This metric should be expressed as a percentage of overall patients.
- The ambition should be set for the HWB area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions. Ambitions should be set as the average percentage of inpatient beds occupied by patients with a length of stay of 14 days and over and 21 days and over for Q3 2021-22 and for Q4 2021-22 for people resident in the HWB.
- Plans should be agreed between CCGs, Local Authorities and Hospital Trusts and areas should ensure that ambitions agreed for 21 days or more are consistent across Local Trusts and BCF plans.
- The narrative should set out the approach that has been taken to agreeing and aligning plans for this metric

3. Discharge to normal place of residence.

- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions. Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.

4. Residential Admissions (RES) planning:

- This section requires inputting the information for the numerator of the measure.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care) for the Residential Admissions numerator measure.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

5. Reablement planning:

- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

7. Planning Requirements (click to go to sheet)

This sheet requires the Health & Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2021-22 for further details.

The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.

The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Better Care Fund 2021-22 Template

2. Cover



HM Government



Version 1.0

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.
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- 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 2021-22.
- 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:	Leicestershire
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Completed by:	Lisa Carter
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E-mail:	Lisa.Carter@leics.gov.uk
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Contact number:	0116 3050786
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Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	Chief Executive, Leicestershire County Council
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Name:	John Sinnott
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Has this plan been signed off by the HWB at the time of submission?	No
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If no, or if sign-off is under delegated authority, please indicate when the HWB is expected to sign off the plan:	Thu 25/11/2021
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<< Please enter using the format, DD/MM/YYYY

Please note that plans cannot be formally approved and Section 75 agreements cannot be finalised until a plan, signed off by the HWB has been submitted.

	Role:	Professional Title (where applicable)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Cllr	Louise	Richardson	louise.richardson@leics.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)		Andy	Williams	Andy.williams12@nhs.net
	Additional Clinical Commissioning Group(s) Accountable Officers		Rachna	Vyas	rachna.vyas@leicestercityccg.nhs.uk
	Local Authority Chief Executive		John	Sinnott	John.Sinnott@leics.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)		Jon	Wilson	Jon.Wilson@leics.gov.uk
	Better Care Fund Lead Official		Lisa	Carter	Lisa.Carter@leics.gov.uk
	LA Section 151 Officer		Chris	Tambini	Chris.Tambini@leics.gov.uk
	Adult Social Care Assistant Director for Integration, Access and Prevention		Tracy	Ward	tracy.ward@leics.gov.uk
	Deputy Director of Intagratin and Transformation		Fay	Bayliss	fay.baylis@nhs.net
	Head of Transformation		Arlene	Neville	arlene.neville@westleicestershireccg.nhs.uk

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, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Template Completed

	Complete:
2. Cover	Yes
4. Income	Yes
5a. Expenditure	Yes
6. Metrics	Yes
7. Planning Requirements	Yes

[<< Link to the Guidance sheet](#)[^^ Link back to top](#)

Better Care Fund 2021-22 Template

3. Summary

Selected Health and Wellbeing Board:

Leicestershire

Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£4,447,227	£4,447,227	£0
Minimum CCG Contribution	£43,665,558	£43,665,558	£0
iBCF	£17,170,503	£17,170,503	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
Total	£65,283,288	£65,283,288	£0

[Expenditure >>](#)

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£12,405,168
Planned spend	£17,524,644

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£26,088,933
Planned spend	£26,616,629

Scheme Types

Assistive Technologies and Equipment	£730,000	(1.1%)
Care Act Implementation Related Duties	£785,113	(1.2%)
Carers Services	£1,745,987	(2.7%)
Community Based Schemes	£4,522,651	(6.9%)
DFG Related Schemes	£4,447,227	(6.8%)
Enablers for Integration	£1,145,113	(1.8%)
High Impact Change Model for Managing Transfer of	£2,836,497	(4.3%)
Home Care or Domiciliary Care	£27,310,509	(41.8%)
Housing Related Schemes	£107,120	(0.2%)
Integrated Care Planning and Navigation	£3,200,609	(4.9%)
Bed based intermediate Care Services	£841,024	(1.3%)
Reablement in a persons own home	£1,207,266	(1.8%)
Personalised Budgeting and Commissioning	£0	(0.0%)
Personalised Care at Home	£9,082,894	(13.9%)
Prevention / Early Intervention	£323,003	(0.5%)
Residential Placements	£4,590,812	(7.0%)
Other	£2,407,463	(3.7%)
Total	£65,283,288	

[Metrics >>](#)

Avoidable admissions

20-21
Actual21-22
Plan

Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	613.6	775.0
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Length of Stay

		21-22 Q3 Plan	21-22 Q4 Plan
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients <small>(SUS data - available on the Better Care Exchange)</small>	LOS 14+	10.0%	10.0%
	LOS 21+	4.6%	4.6%

Discharge to normal place of residence

		0	21-22 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence <small>(SUS data - available on the Better Care Exchange)</small>		0.0%	93.1%

Residential Admissions

		20-21 Actual	21-22 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	309	519

Reablement

		21-22 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	85.1%

[Planning Requirements >>](#)

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes

NC4: Plan for improving outcomes for people being discharged from hospital	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
Metrics	PR8	Yes

Better Care Fund 2021-22 Template

4. Income

Selected Health and Wellbeing Board:

Leicestershire

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Leicestershire	£4,447,227
DFG breakdown for two-tier areas only (where applicable)	
Blaby	£663,804
Charnwood	£1,126,607
Harborough	£512,365
Hinckley and Bosworth	£578,935
Melton	£344,710
North West Leicestershire	£760,574
Oadby and Wigston	£460,232
Total Minimum LA Contribution (exc iBCF)	£4,447,227

iBCF Contribution	Contribution
Leicestershire	£17,170,503
Total iBCF Contribution	£17,170,503

Are any additional LA Contributions being made in 2021-22? If yes, please detail below	No
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Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	£0	

CCG Minimum Contribution	Contribution
NHS East Leicestershire and Rutland CCG	£18,680,875
NHS West Leicestershire CCG	£24,984,683
Total Minimum CCG Contribution	£43,665,558

Are any additional CCG Contributions being made in 2021-22? 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 Additional CCG Contribution	£0	
Total CCG Contribution	£43,665,558	

	2021-22
Total BCF Pooled Budget	£65,283,288

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

Better Care Fund 2021-22 Template

5. Expenditure

Selected Health and Wellbeing Board:

Leicestershire

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£4,447,227	£4,447,227	£0
Minimum CCG Contribution	£43,665,558	£43,665,558	£0
iBCF	£17,170,503	£17,170,503	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
Total	£65,283,288	£65,283,288	£0

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£12,405,168	£17,524,644	£0
Adult Social Care services spend from the minimum CCG allocations	£26,088,933	£26,616,629	£0

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
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Sheet complete

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Expenditure								
						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
1	Provision for enhanced carer support services	Home First	Care Act Implementation Related Duties	Carer advice and support		Social Care		LA			Local Authority	iBCF	£212,000	Existing
2	Link Workers (to support community & out of county discharges)	Home First	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge		Social Care		LA			Local Authority	iBCF	£120,000	Existing
3	HTLAH - Community Based Review Team (2 week review team)	Home First	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Social Care		LA			Local Authority	Minimum CCG Contribution	£517,790	Existing
4	HTLAH Back Office Support	Home First	Enablers for Integration	Joint commissioning infrastructure		Social Care		LA			Local Authority	Minimum CCG Contribution	£107,951	Existing
5	HTLAH Reablement - HART (Step Down)	Home First	Reablement in a persons own home	Reablement to support discharge -step down (Discharge to Assess pathway 1)		Social Care		LA			Local Authority	Minimum CCG Contribution	£761,402	Existing
6	Home First, Nursing & Therapies	Home First	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£4,522,651	Existing
7	Home Visiting Service	Home First	Personalised Care at Home	Physical health/wellbeing		Community Health		CCG			Private Sector	Minimum CCG Contribution	£2,085,700	Existing
8	Night Nursing Service	Home First	Personalised Care at Home	Physical health/wellbeing		Community Health		CCG			Private Sector	Minimum CCG Contribution	£438,738	Existing
9	Integrated Community Nursing	Home First	Personalised Care at Home	Physical health/wellbeing		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£6,288,943	Existing
10	Care Homes Support / Trusted Assessor	Discharge to Assess	High Impact Change Model for Managing Transfer of Care	Trusted Assessment		Social Care		LA			Local Authority	iBCF	£177,000	Existing

11	CHC Commissioning Capacity	Discharge to Assess	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes		Social Care		LA			Local Authority	iBCF	£164,500	Existing
12	Integration of health and social care rehab/reablement services	Discharge to Assess	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge		Social Care		LA			Local Authority	iBCF	£100,000	Existing
13	Discharge Response Team	Discharge to Assess	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs		Social Care		LA			Local Authority	iBCF	£244,000	Existing
14	Community Hospital Link Workers	Discharge to Assess	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge		Social Care		LA			Local Authority	Minimum CCG Contribution	£230,554	Existing
15	Discharge Pathways Case Management	Discharge to Assess	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs		Social Care		LA			Local Authority	Minimum CCG Contribution	£134,522	Existing
16	Home First Integrated Reablement	Discharge to Assess	Reablement in a persons own home	Reablement to support discharge -step down (Discharge to Assess pathway 1)		Social Care		LA			Local Authority	Minimum CCG Contribution	£445,864	Existing
17	Community Response Service	Discharge to Assess	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs		Social Care		LA			Local Authority	Minimum CCG Contribution	£708,644	New
18	Lightbulb - Housing (Discharge) Enablement Team	Discharge to Assess	Housing Related Schemes			Social Care		LA			Local Authority	Minimum CCG Contribution	£107,120	Existing
19	Discharge Pathway 3 Contract	Discharge to Assess	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Community Health		CCG			Private Sector	Minimum CCG Contribution	£523,312	Existing
20	Primary Care Coordinator	Discharge to Assess	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£36,675	Existing
21	Case managers for TCP to support inpatient reductions	Transforming Care Programme	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	iBCF	£111,400	Existing
22	Contribution to TCP Coordinator Role (ELRCCG)	Transforming Care Programme	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			CCG	iBCF	£8,000	Existing
23	Positive Behaviour Support Team	Transforming Care Programme	Personalised Care at Home	Mental health /wellbeing		Social Care		LA			Local Authority	Minimum CCG Contribution	£92,475	Existing
24	Enhanced TCP Training Wraparound Service Offer	Transforming Care Programme	Personalised Care at Home	Mental health /wellbeing		Social Care		LA			Local Authority	Minimum CCG Contribution	£57,540	Existing
25	Transforming Care Programme Implementing Actions from the TCP Recovery Plan	Transforming Care Programme	Personalised Care at Home	Mental health /wellbeing		Social Care		LA			Local Authority	Minimum CCG Contribution	£119,498	Existing
26	Improving Mental Health Discharge	Mental Health	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning		Social Care		LA			Local Authority	Minimum CCG Contribution	£296,121	Existing
27	LD Lead Commissioning Arrangements	Mental Health	Enablers for Integration	Integrated models of provision		Social Care		LA			CCG	Minimum CCG Contribution	£141,795	Existing
28	LD Short Breaks	Mental Health	Carers Services	Respite services		Social Care		CCG			NHS Community Provider	Minimum CCG Contribution	£918,450	Existing
29	Multi-disciplinary review team for top 100 high cost placements	Integrated Care Planning	High Impact Change Model for Managing Transfer of Care	Monitoring and responding to system demand and capacity		Social Care		LA			Local Authority	iBCF	£207,000	Existing
30	Stabilising the social care provider market	Care Provider Market Stabilisation	Home Care or Domiciliary Care	Domiciliary care packages	Fee increase to stabilise the care provider market	Social Care		LA			Private Sector	iBCF	£14,327,533	Existing
31	Development of External Workforce	Promotion of Care Work	Home Care or Domiciliary Care	Domiciliary care workforce development		Social Care		LA			Local Authority	iBCF	£213,000	Existing

32	Care Act Enablers	Care Act Services	Care Act Implementation Related Duties	Other	Care Act Support	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£79,306	Existing
33	Care Act Support Pathway	Care Act Services	Care Act Implementation Related Duties	Other	Care Assessment	Social Care		LA			Local Authority	Minimum CCG Contribution	£493,807	Existing
34	Care Coordination	Integrated Care Planning	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	Minimum CCG Contribution	£663,357	Existing
35	Care Coordination - Occupational Therapy	Integrated Care Planning	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	Minimum CCG Contribution	£44,594	New
36	Post Diagnostic Community & In-Reach Service for people affected by Dementia	In Reach Services	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes		Mental Health		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£58,992	Existing
37	Assessment and Review (ASC protected)	Integrated Care Planning	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	Minimum CCG Contribution	£1,827,468	Existing
38	Home Care Service (ASC protected)	Care Services	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Private Sector	Minimum CCG Contribution	£12,769,976	Existing
39	Nursing Care Packages (ASC protected)	Care Services	Residential Placements	Nursing home		Social Care		LA			Private Sector	Minimum CCG Contribution	£4,010,981	Existing
40	Residential Respite Service (ASC protected)	Carer Services	Carers Services	Respite services		Social Care		LA			Private Sector	Minimum CCG Contribution	£827,537	Existing
41	First Contact Plus	Early Intervention	Prevention / Early Intervention	Social Prescribing		Social Care		LA			Local Authority	Minimum CCG Contribution	£163,003	Existing
42	LLR Community Integrated Neurology & Stroke Rehabilitation Service (CINSS)	Care Services	Bed based intermediate Care Services	Other	Reablement/Rehabilitation Services	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£302,712	Existing
43	Loughborough Urgent Treatment Centre	Urgent Care Centre	Other		Urgent Care	Community Health		CCG			Private Sector	Minimum CCG Contribution	£967,176	Existing
44	Urgent Care Centres (ELRCCG)	Urgent Care Centre	Other		Urgent Care	Community Health		CCG			Private Sector	Minimum CCG Contribution	£1,440,287	Existing
45	Home First Programme Team	Integration Planning	Enablers for Integration	Integrated models of provision		Social Care		LA			Local Authority	iBCF	£295,000	Existing
46	Adult Mental Health Step Down Beds	Mental Health	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)	Bed Based - Step Up/Down	Social Care		LA			Local Authority	iBCF	£15,000	Existing
47	Assistive Technology	Technology Services	Assistive Technologies and Equipment	Telecare		Social Care		LA			Local Authority	iBCF	£730,000	Existing
48	Social Integration Programme	Social Integration	Prevention / Early Intervention	Other	To reduce social isolation	Social Care		LA			Local Authority	iBCF	£160,000	Existing
49	Health & Social Care Protocol Training	Training	Enablers for Integration	Integrated models of provision		Community Health		LA			NHS Community Provider	Minimum CCG Contribution	£102,317	Existing
50	Post Diagnostic Community & In-Reach Service for people affected by Dementia	In Reach Services	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes		Mental Health		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£281,426	Existing
51	Commissioning Capacity (Residential Brokerage)	Residential Brokerage	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs		Social Care		LA			Local Authority	Minimum CCG Contribution	£77,063	Existing
52	Improving Quality in Care Homes	Care Quality	Residential Placements	Care home		Social Care		LA			Local Authority	Minimum CCG Contribution	£579,831	Existing

53	Data Integration Tool	Data Integration	Enablers for Integration	Data Integration		Social Care		LA			Local Authority	Minimum CCG Contribution	£63,500	Existing
54	Integration Programme Management	Integration Planning	Enablers for Integration	Integrated models of provision		Social Care		LA			Local Authority	Minimum CCG Contribution	£376,480	Existing
55	Blaby DC	Grants for home adaptations	DFG Related Schemes	Adaptations, including statutory DFG grants		Social Care		LA			Local Authority	DFG	£552,703	Existing
56	Charnwood BC	Grants for home adaptations	DFG Related Schemes	Adaptations, including statutory DFG grants		Social Care		LA			Local Authority	DFG	£1,015,506	Existing
57	Harborough BC	Capital grants provided by District Councils to adapt homes	DFG Related Schemes	Adaptations, including statutory DFG grants		Social Care		LA			Local Authority	DFG	£401,264	Existing
58	Hinckley and Bosworth BC	Grants for home adaptations	DFG Related Schemes	Adaptations, including statutory DFG grants		Social Care		LA			Local Authority	DFG	£467,834	Existing
59	Melton BC	Grants for home adaptations	DFG Related Schemes	Adaptations, including statutory DFG grants		Social Care		LA			Local Authority	DFG	£233,609	Existing
60	North West Leicestershire BC	Grants for home adaptations	DFG Related Schemes	Adaptations, including statutory DFG grants		Social Care		LA			Local Authority	DFG	£649,473	Existing
61	Oadby and Wigston BC	Grants for home adaptations	DFG Related Schemes	Adaptations, including statutory DFG grants		Social Care		LA			Local Authority	DFG	£349,131	Existing
62	Hoarding Project	Housing Support and Advice	DFG Related Schemes	Discretionary use of DFG - including small adaptations		Social Care		LA			Local Authority	DFG	£315,000	Existing
63	Housing Occupational Therapist	Housing Support and Advice	DFG Related Schemes	Discretionary use of DFG - including small adaptations		Social Care		LA			Local Authority	DFG	£67,000	Existing
64	Occupational Therapist	Housing Support and Advice	DFG Related Schemes	Discretionary use of DFG - including small adaptations		Social Care		LA			Local Authority	DFG	£64,200	Existing
65	Assitive Technology and Dementia Project	Housing Support and Advice	DFG Related Schemes	Discretionary use of DFG - including small adaptations		Social Care		LA			Local Authority	DFG	£331,506	Existing
66	HTLAH Back Office Support	Customer Services	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	iBCF	£28,000	New
67	Integration Programme Management	Integration Planning	Enablers for Integration	Integrated models of provision		Social Care		LA			Local Authority	iBCF	£58,070	Existing

Better Care Fund 2021-22 Template

6. Metrics

Selected Health and Wellbeing Board:

Leicestershire

8.1 Avoidable admissions

	19-20 Actual	20-21 Actual	21-22 Plan	Overview Narrative
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)		613.6	775.0	Our planned figure for 21-22 represents a 7% reduction from 19/20. Key schemes that are expected to impact as follows: •Step up CRS service and crisis response. Current demand and capacity figures show that the CRS service could respond to an estimated 500 patients per month

>> [link to NHS Digital webpage](#)

Please set out the overall plan in the HWB area for reducing rates of unplanned hospitalisation for chronic ambulatory sensitive conditions, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

8.2 Length of Stay

		21-22 Q3 Plan	21-22 Q4 Plan	Comments
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients (SUS data - available on the Better Care Exchange)	Proportion of inpatients resident for 14 days or more	10.0%	10.0%	The weighted averages will be maintained for the rest of this financial year. This meets with national target of 12% LOS for 21 days+. Key schemes that are expected to impact as follows: •System discharge hub collaboration. •Social Care presence on wards for effective triage •Working with Mids and Lancs CSU to assess complex patients in alternative settings. Since Aug 21, 45 referrals have been received and 23 have been accepted and assessed.
	Proportion of inpatients resident for 21 days or more	4.6%	4.6%	

Please set out the overall plan in the HWB area for reducing the percentage of hospital inpatients with a long length of stay (14 days or over and 21 days and over) including a rationale for the ambitions that sets out how these have been reached in partnership with local hospital trusts, and an assessment of how the schemes and enabling activity in the BCF are expected to impact on the metric. See the main planning requirements document for more information.

8.3 Discharge to normal place of residence

	21-22 Plan	Comments
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	93.1%	We are aiming to increase the percentage of people who return to their normal place of residence by 1% on 20/21 data. We averaged percentages across 19/20 and 20/21 and forecast a 1% increase in each quarter then took the average percentage for 21/22. Key schemes that are expected to impact as follows:

Please set out the overall plan in the HWB area for improving the percentage of people who return to their normal place of residence on discharge from acute hospital, including a rationale for how the ambition was reached and an assessment of how the schemes and enabling activity in the BCF are expected to impact on the metric. See the main planning requirements document for more information.

8.4 Residential Admissions

		19-20 Plan	19-20 Actual	20-21 Actual	21-22 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	587	536	309	519	Our plan for 21/22 is in line with pre covid activity. Our plan represents the current ongoing circumstances of the pandemic and keeps us above the national average by maintaining our 19/20 actuals. Key schemes that will impact as follows: •Increased Brokerage resource for quicker POC starts
	Numerator	850	777	453	780	
	Denominator	144,831	144,892	146,675	150,361	

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 2018 based Sub-National Population Projections for Local Authorities in England:

<https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based>

8.5 Reablement

		19-20 Plan	19-20 Actual
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	88.0%	88.1%
	Numerator	484	503
	Denominator	550	571

21-22 Plan	Comments
85.1%	Our 21/22 plan is based on our actuals of 20/21 of 84.7%. Due to this current year also being affected by the pandemic this has influenced our plan to maintain last years performance which we have rounded up to 85% to give us an aim of a slight improvement on 20/21 (0.4%).
410	
482	

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.

Please note that due to the splitting of Northamptonshire, information from previous years will not reflect the present geographies. As such, all pre-populated figures above for Northamptonshire have been combined.

For North Northamptonshire HWB and West Northamptonshire HWB, please comment on individual HWBs rather than Northamptonshire as a whole.

Better Care Fund 2021-22 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board:

Leicestershire

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	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>Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?</p>	<p>Cover sheet</p> <p>Cover sheet</p> <p>Narrative plan</p> <p>Validation of submitted plans</p>	Yes	<p>Narrative pages 1, 2</p> <p>Narrative page 1</p> <p>Narrative pages 1, 2, 5</p>		
	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 describes:</p> <ul style="list-style-type: none"> How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally. The approach to collaborative commissioning The overarching approach to support people to remain independent at home, and how BCF funding will be used to support this. How the plan will contribute to reducing health inequalities and inequalities for people with protected characteristics? This should include <ul style="list-style-type: none"> How equality impacts of the local BCF plan have been considered, Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the BCF plan will address these 	<p>Narrative plan assurance</p>	Yes	<p>Narrative page 5 and 6</p> <p>Narrative pages 1,2,3</p> <p>Narrative pages 6,7</p> <p>Narrative pages 16,17</p>		
	PR3	A strategic, joined up plan for DFG spending	<p>Is there confirmation that use of DFG has been agreed with housing authorities?</p> <ul style="list-style-type: none"> Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home? In two tier areas, has: <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? 	<p>Narrative plan</p> <p>Confirmation sheet</p>	Yes	<p>Narrative pages 14, 15</p> <p>Narrative page 2</p>		
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	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)?	Auto-validated on the planning template	Yes			
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?	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)?	Auto-validated on the planning template	Yes			
NC4: Plan for improving outcomes for people being discharged from hospital	PR6	Is there an agreed approach to support safe and timely discharge from hospital and continuing to embed a home first approach?	<ul style="list-style-type: none"> Does the BCF plan demonstrate an agreed approach to commissioning services to support discharge and home first including: <ul style="list-style-type: none"> support for safe and timely discharge, and implementation of home first? Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year? Is there confirmation that plans for discharge have been developed and agreed with Hospital Trusts? 	<p>Narrative plan assurance</p> <p>Expenditure tab</p> <p>Narrative plan</p>	Yes	<p>Narrative pages 10-13</p> <p>Narrative pages 6-9</p> <p>Narrative page 10</p>		

Agreed expenditure plan for all elements of the BCF	PR7	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?	<ul style="list-style-type: none"> Do 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? (see paragraphs 32 – 43 of Planning Requirements) (tick-box) Has funding for the following from the CCG contribution been identified for the area: <ul style="list-style-type: none"> Implementation of Care Act duties? Funding dedicated to carer-specific support? Reablement? 	Expenditure tab Expenditure plans and confirmation sheet Narrative plans and confirmation sheet	Yes	Narrative pages 3, 10, 11		
Metrics	PR8	Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?	<ul style="list-style-type: none"> Have stretching metrics been agreed locally for all BCF metrics? Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric, including how BCF expenditure will support performance against each metric? Are ambitions across hospital trusts and HWBs for reducing the proportion of inpatients that have been in hospital for 21 days aligned, and is this set out in the rationale? Have hospital trusts and HWBs developed and agreed plans jointly for reducing the proportion of inpatients that have been in hospital for 14 days or more and 21 days or more? 	Metrics tab	Yes	Also see narrative page 4		