

**QUARTERLY REPORTING FROM LOCAL AUTHORITIES TO DCLG IN RELATION TO THE IMPROVED BETTER CARE FUND**

**IMPORTANT:** Please DO NOT alter the format of this spreadsheet by inserting, deleting or merging any cells, rows or columns. The data from this spreadsheet are transferred directly into a DCLG database using a macro and your return may flag as an error if you attempt to alter the format. You can, however, resize the height and width of rows and columns if you need more space.

**Instructions:**

1. Select your local authority from the drop-down menu in Cell C10.
2. Complete Sections A to D below by filling in the pink boxes as instructed. If copying and pasting in content from another document please paste your text directly into the formula bar.
3. Save the completed form in MS Excel format. Do not convert this spreadsheet to another file format.
4. Once completed and saved, please e-mail this MS Excel file by **21 July 2017** to: [CareandReform2@communities.gsi.gov.uk](mailto:CareandReform2@communities.gsi.gov.uk)

<b>Local authority:</b>	Leicester City UA
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<b>E-code</b>	E2401
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<b>Period</b>	Quarter 1 (April 2017 – June 2017)
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**Section A**
**A1. Provide a scene-setting narrative for Quarter 1 in relation to the additional funding for adult social care announced at Spring Budget 2017.**

As part of the Council's 2016/17 budget strategy significant additional funding was provided from Council reserves to address unavoidable adult social care cost pressures from increasing demand and the effects of the national living wage on provider costs. This has been done at a time of significant cuts in other services (apart from children's social care) with the Adult Social Care department contributing to substantial savings. The Council is using its reserves to manage the transition to a lower level of overall Council spend as the significant service reductions required across the Council take time to implement.

The use of reserves to fund adult social care pressures has meant that the scale of the reductions in the Council's expenditure elsewhere has increased significantly whilst the timescale in which to make those reductions has decreased significantly. The additional iBCF money of £8.954m in 2017/18 will relieve some of the immediate pressure on the Adult Care service and partially replace the use of Council reserves.

**A2. Explain how has this additional money has affected decisions on budget savings that may otherwise have been required.**

The additional money will underpin the initiatives 1-4 outlined below and make a contribution the Council's ongoing commitment to ensure market stability and in particular to ensure that provider fees are adequate to cover the additional costs of the national living wage (initiative 5). The commitment to increasing our fee levels is shown below in the unit price data.

The information provided below on the number of home care packages and care home placements is the equivalent number of packages which the additional funding under initiative 5 underpins. These are not additional packages as a direct result of the additional funding, as these would have been funded by Council reserves. The packages themselves are as a result of eligible service user needs in accordance with the Care Act.

**A3: What are the main initiatives/projects that this money will be used to support? You do not need to complete every column in the table below, but please name as many initiatives/projects as you consider relevant. You can provide further information to the right of the table if you want to describe more than 5 projects.**

	Initiative/Project 1	Initiative/Project 2	Initiative/Project 3	Initiative/Project 4	Initiative/Project 5
<b>A3a. Please provide an individual name for each initiative/project (this is so that they can be identified in later quarterly returns).</b>	Investment in Professional Staffing	Home First - Community Reablement	Enablement	Investment in prevention / crisis intervention	Market stability

**A3b. Please briefly describe (in general no more than 2 to 3 lines) the objectives/expected outcomes for each initiative/project. You will be expected to comment on progress in later quarters.**

Retaining a staffing establishment above comparators in order to manage effective discharge, new contacts and invest in integrated locality teams. Expected outcomes are maintenance of DTOC performance over relevant categories (e.g. awaiting assessment), participation in health initiatives (e.g. Red 2 Green) and managing rising community demand.	Enhanced capacity within community reablement services. Reduction in people using short term bed solutions. Reductions in admissions to long term care as an outcome of reablement	Investment in internal Enablement service for people with MH / LD / physical needs who require support to maintain independence. Reduction in people receiving long term support (freeing up capacity within the market)	Delivery largely through VCS contracts, to avoid deteriorations in independence and enable ready access to community and mainstream services. Non-statutory activity that would otherwise be at risk of funding cuts.	We are ensuring that fees paid to independent sector providers are sufficient to fully compensate them for the increased costs from the national living wage and other increases. The market is fragile and would collapse without these fee uplifts.
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**A4a. Have you engaged with your care providers in light of the new funding? Please choose yes or no from the drop-down menu.**

No

**A4b. If you have answered 'Yes' to question A4a, please describe what action you have taken. If you have answered 'No' to question A4a, you should outline your plans for engaging with your care providers.**

Engagement on issues relating to a sustainable market (including fees) have already taken place (and are ongoing) and so a specific engagement following the announcement of new funding was unnecessary. Regular forums with providers continue as usual

**A5a. Please provide your average unit costs for home care for 2016/17, and on the same basis, the level that you are setting for 2017/18. (£ per contact hour)**

2016/17	2017/18
£13.54 per hour	£14.30 per hour

**A5b. Please provide your average unit costs for care home provision for clients aged 65+ for 2016/17, and on the same basis, the level that you are setting for 2017/18. (£ per client per week, excluding full cost payers, 3rd party top ups and NHS-funded nursing care)**

£491 per week	£510 per week
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**Section B**

**B1. In comparison with plans made before this additional funding was announced, what impact do you anticipate on the:**

Number of home care packages provided in 2017/18:	Hours of home care provided in 2017/18:	Number of care home placements in 2017/18:
The equivalent of 300 care packages for the year	132,600 hours for the year	The equivalent of 46 long term placements in the year

**B1A. Please provide figures to illustrate the impact.**

**Section C**

**C1. Please provide any further information you wish us to be aware of, and use whatever further specific metrics you consider appropriate for your area; for example this might include reablement, timeliness of assessments, carers, staff capacity etc. You will be expected to update these each quarter.**

Metric are; DTOC - meeting the agreed target; outcomes from reablement - meeting our BCF target; the number of long term care placements - meeting our BCF target; provider exits from market - nil exits for reasons of financial sustainability;

**Section D**

**D1. The grant determination requires you to work with the relevant CCG(s) and providers to meet National Condition 4 (NC4) of the Integration and Better Care Fund. NC4 states that all areas should implement the High Impact Change Model for managing transfers of care to support system-wide improvements in transfers of care. Please set out, from the local authority's perspective, what progress is being made to implement the High Impact Change Model with health partners and the intended impact on the performance metrics, including Delayed Transfers of Care.**

The Council is an active partner in the LLR arrangements to oversee improvement in transfers of care. The Council with partners, has completed a self-assessment against the High Impact Change Model, identifying areas of strength and areas for further improvement. Work to deliver improvements is overseen by the LLR Discharge Steering Group. The Council attended the recent High Impact Change event delivered by LGA / ADASS, to share and learn from best practice in the change domains. Work is underway to set a DTOC trajectory; this work has the support of the Urgent and Emergency Care team, all 3 CCGs, all 3 local authorities, our 2 main providers locally, University Hospitals of Leicester and Leicestershire Partnership Trust, and the Sustainability and Transformation Plan Senior Leadership Team. The trajectories are supported by a comprehensive plan of action which includes the development of Integrated Discharge Teams, improvements to the Continuing Health Care process, improvements in pathways to community hospitals, new trusted assessment models, and plans to bring down levels of delays due to patient choice. As an integrated plan with the support of all partners locally, we believe that this local plan, agreed with NHS Improvement, is achievable.