ITEM 3 Better Care Fund Final Finance and Outcomes LATE REPORT

This template is to be used for part 2 of HWB BCF plans and replaces the original template available on the NHS England BCF webpage. The new version contains more information in the metrics section and is locked in order to assist in the NHS England assurance process .

This new template should be used for submitting final BCF plans for the 4th April

Association

Finance - Summary

For each contributing organisation, please list any spending on BCF schemes in 2014/15 and the minimum and actual contributions to the Better Care Fund pooled budget in 2015/16. It is important that these figures match those in the plan details of planning template part 1. Please insert extra rows if necessary

Organisation	Holds the pooled budget? (Y/N)	Spending on BCF schemes in 14/15 /£		Minimum contribution (15/16) /£		Actual contribution (15/16) /£	
North Yorkshire County Council	Υ	£	9,500,000	£	1,350,000	£	1,350,000
Contingency / Schemes To Be Confirmed		£	8,911,855				
Airedale, Wharfedale and Craven Clinical Commissioning Group	N	£	1,248,000	£	2,914,000	£	2,914,000
Hambleton, Richmondshire & Whitby Clinical Commissioning Group	N	£	2,612,410	£	9,152,000	£	9,152,000
Harrogate and Rural District Clinical Commissioning Group	N	£	2,950,388	£	9,557,000	£	9,557,000
Scarborough & Ryedale Clinical Commissioning Group	N	£	1,710,347	£	7,538,000	£	7,538,000
Vale of York Clinical Commissioning Group	N	£	1,270,000	£	6,932,000	£	6,932,000
Cumbria CCG	N		tbc	£	319,000	£	319,000
Primary Care	N						
District / Borough Councils – Disabled Facilities Grant	N			£	2,033,000	£	2,033,000
Specialised commissioning	N						
Local Authority Public Health	N			£	-		tbc
BCF Total		£	28,203,000	£	39,795,000	£	39,795,000

Approximately 25% of the BCF is paid for improving outcomes. If the planned improvements are not achieved, some of this funding may need to be used to alleviate the pressure on other services. Please outline your plan for maintaining services if planned improvements are not achieved.

A contingency plan requires, to an extent, an ability to implement an alternative strategy which is more effective at delivering what the plan sets out to achieve, since it has to deliver more quickly than the primary plan. Therefore, the contingency plan will be somewhat unwieldy, somewhat risky and certainly counter to the original intent. Early views on how this can be achieved centre on reverting to old processes, investment in additional capacity and cash bail-out to support over-stretched services

Contingency plans have not yet been defined in detail. There are risks inherent in the transformation of services which lead to the reduction of capacity of acute and secondary care settings instituted on the belief of reducing volumes.

Reinstating this capacity at pace as a contingency response will not be quick and will not be easily achieved, especially where it concerns staffing.

To mitigate these risks, it is intended to plan for a phased introduction of our plan, with well-planned change management, robust evaluation and reporting, with carefully staged capacity release to ensure the risks are minimised and that corrective action is taken as early as possible.

Contingency plan:		2015/16		Ongoing
	Planned savings (if targets fully achieved)	£	2,600,881	
Outcome 1 - Reduced Delayed Discharges	Maximum support needed for other services (if targets not achieved)	£	2,600,881	
	Planned savings (if targets fully achieved)	£	5,716,126	
Outcome 2 - Reduced Emergency Admissions	Maximum support needed for other services (if targets not achieved)	£	5,716,126	
	Planned savings (if targets fully achieved)	£	51,400	
Outcome 3 - Reduced Injuries due to Falls	Maximum support needed for other services (if targets not achieved)	£	51,400	

Please list the individual schemes on which you plan to spend the Better Care Fund, including any investment in 2014/15. Please add rows to the table if necessary.

BCF Investment	Lead provider	2014/1	5 spend	2014/15 b	enefits	2015/1	6 spend	2015/16	benefits
		Recurrent /£	Non-recurrent /£						
Social Care Protection	NYCC	£ 7,000,000				£ 17,000,000			
	Districts	2 7,000,000				£ 2,033,000			
Care Bill Preparation including IT	Districts						£ 1,850,000		
systems	NYCC								
	111/00								
Data Sharing & Information Governance	NYCC								
Organisational Development	tbc		2,500,000						
Evaluation	tbc								
Communication	tbc								
AWC CCG - Care Home improvement		£ 105,000	£ 110,000			£ 105,000			
support service	AWC CCG								
AWC CCG -Technology Fund	AWC CCG		£ 50,000						
AWC CCG - Specialist Community	AVVCCCG	£ 200,000				£ 200,000			
Nursing Servcies	AWC CCG	200,000				200,000			
AWC CCG - Craven Collaborative Care		£ 557,000				£ 557,000			
	AWC CCG	0 000 000				0 000 000			
AWC CCG - Assistive techologies / telemedicine	AWC CCG	£ 226,000				£ 226,000			
	7.1170 000								
HRW CCG - Integrated health and social	LIDW COO	£ 333,000	£ 194,250			£ 333,000			
	HRW CCG	£ 75,000		£ 45,000		£ 100,000		£ 180,000	
HRW CCG - Risk profiling and long term conditions	HRW CCG	75,000		45,000		2 100,000		180,000	
HRW CCG - Integrated START and		£ 444,000	£ 30,000	£ 550,000		£ 552,000		£ 1,100,000	
	HRW CCG								
HRW CCG - Carers sitting services –	HBW CCC	£ 40,000				£ 40,000			
Hambleton Richmondshire and Whitby	HRW CCG		£ 20,000						
HRW CCG - Carer Training	HRW CCG		20,000						
HRW CCG - Development and			£ 67,500				£ 22,500		
implementation of a Dementia Strategy	HRW CCG								
HPW CCG PAID/Linings	HDW CCC	£ 354,660		£ 354,660		£ 472,880		£ 520,168	
HRW CCG - RAID/Liaison	HRW CCG	£ 595,750				£ 634,000			
HRW CCG - Prevention Initiative	HRW CCG	500,700				30-1,000			
Community Services & 24/7 Fast		£ 163,500		£ 341,000		£ 218,000		£ 341,000	
response Service for Whitby and	HRW CCG	0							
HRW CCG - Hospital case management	HRW CCG	£ 126,000				£ 126,000			
HRW CCG - Integrated IV antibiotic	HKW CCG	£ 37,500				£ 50,000			
service	HRW CCG	0.,000				2 33,333			
HRW CCG - Supporting nursing homes		£ 131,250		£ 50,000		£ 175,000		£ 200,000	
through Community matron input and									
Introduction of Telemedicine	HRW CCG								
HaRD CCG - End of Life care Electronic			£ 49,650						
	HaRD CCG								
HaRD CCG - Patient and Carer Support	H-BB 000		£ 28,952	£ 43,000		£ 28,952		£ 43,000	
in Palliative Care	HaRD CCG	£ 1,895,000		£ 1,980,000		£ 1,895,000		£ 1,980,000	
HaRD CCG - Health and Social Care Intermediate Tier Service - Combined		1,000,000		1,500,000		2 1,000,000		1,500,000	
	HaRD CCG								
HaRD CCG - Enhanced Mental Health	H-BB 000	£ 425,928		£ 690,000		£ 425,928		£ 690,000	
, , , , , , , , , , , , , , , , , , ,	HaRD CCG	£ 250,810	£ 129,000	£ 188,090		£ 250,810		£ 376,180	
HaRD CCG - Reducing Unnecessary Admissions from Care Homes	HaRD CCG	250,610	129,000	100,090		250,610		2 376,160	
		£ 6,135		£ 2,675		£ 6,135		£ 5,350	
HaRD CCG - Social Prescribing - Age UK	HaRD CCG								
Ua DD 000 to do not do not be in a Command	H-BB 000	£ 12,490		£ 18,000		£ 12,490		£ 18,000	
HaRD CCG - Independent Living Support HaRD CCG - Other Voluntary Sector	Hard CCG	£ 152,423		£ 228,000		£ 152,423		£ 228,000	
	HaRD CCG	2 132,423		220,000		2 132,423		220,000	
		6 404 000		C 005.000		£ 404.000		C 700 000	
SR CCG - Elderly Care at Home	S&R CCG	£ 461,000		£ 365,000		£ 461,000		£ 730,000	
2. 333 Eladiny Gard at Home	3	£ 268,400		£ 156,000		£ 268,400		£ 312,000	
SR CCG - Community Geriatrician	S&R CCG								
SR CCG - Mental Health Nurse	000 000	£ 146,254	£ 40,000	£ 170,000		£ 146,254		£ 340,000	
Secondment	S&R CCG	£ 5000	6 00.000			£ 5000			
SR CCG - Directory of Service (DoS)	S&R CCG	£ 5,000	£ 20,000			£ 5,000			
and sold of solving (boo)		£ 190,260		£ 51,400		£ 190,260		£ 102,800	
	S&R CCG			ŕ		ŕ		ŕ	
SR CCG - Development of Day	C+P CCC	£ 50,000		£ 35,000		£ 50,000		£ 70,000	
Rehabilitation	S&R CCG	£ 215,000		£ 348,300		£ 215,000		£ 696,600	
SR CCG - RAID (adult option 1)	S&R CCG	213,000		~ 340,300		213,000		~ 090,000	
SR CCG - Health and social Care		£ 135,000		£ 112,500		£ 135,000		£ 225,000	
	S&R CCG								
SP CCG. Coro Hama Nutrition C	SAR CCC	£ 73,900	£ 5,533	£ 61,483		£ 73,900		£ 122,965	
SR CCG - Care Home Nutrition Support	S&R CCG	£ 100,000		£ 141,000		£ 100,000		£ 282,000	
SR CCG - Smoking Cessation in Hospital	S&R CCG	100,000		_ 141,000		2 100,000		202,000	
		£ 360.000		£ 1.080.000		£ 360.000		£ 4,000,000	
VoY CCG - ECPs	VoY CCG	£ 360,000		£ 1,080,000		£ 360,000		£ 1,080,000	
VoY CCG - Care Hub Selby	VoY CCG	£ 550,000		£ 1,650,000		£ 550,000		£ 1,650,000	
VoY CCG - Street Triage (joint fund with		£ 100,000		£ 300,000		£ 100,000		£ 300,000	
CYC)	VoY CCG								
VoY CCG - Physchiatric Liaison service YTHFT (joint fund with CYC)	VoY CCG	£ 25,000		£ 75,000		£ 25,000		£ 75,000	
VoY CCG - Hospice at Home (joint fund		£ 135,000		£ 405,000		£ 135,000		£ 405,000	
,	VoY CCG	,,				, , , ,		,,	
VoY CCG - Additional Programme Management capacity	VoY CCG		£ 100,000						
	701 CCG								
Further schemes to be defined /	the		£ 8,911,855				£ 9,514,068		
extensions of above	tbc								
Carer Support	tbc					tbc			
	tbc					tbc			
Equipment Services Review	tbc					tbc			
Total		£ 15,946,260	£ 12,256,740	£ 9,441,108	£ -	£ 28,408,432	£ 11,386,568	£ 12,073,063	£ -

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Outcomes and metrics

Please provide details of how your BCF plans will enable you to achieve the metric targets, and how you will monitor and measure achievement

The outcomes selected by the Integrated Care Board for use in this submission are:

- . EFFICIENT The greatest benefit for the population is achieved with the available resources,
- CLEAR AND COORDINATED People receive care that is clear, co-ordinated and worry-free,
 ACCESSIBLE AND RESPONSIVE People are confident and safe to live where they want,
- 4. PREVENTATIVE The quality of life for the population is the best it can be.

For the patient experience metric, either existing or newly developed local metrics or a national metric (currently under development) can be used for October 2015 payment. Please see the technical guidance for further detail. If you are using a local metric please provide details of the expected outcomes and benefits and how these will be measured, and include the relevant details in the table below

Not applicable - we will be using the national metric when this is developed.

For each metric, please provide details of the assurance process underpinning the agreement of the performance plans

All the metrics presented below will be reviewed quarterly at the North Yorkshire Integrated Commissioning Board.

Additional where possible, these measures will also be broken down to individual Clinical Commissioning Group populations to show the variation across North Yorkshire.

If planning is being undertaken at multiple HWB level please include details of which HWBs this covers and submit a separate version of the metric template both for each HWB and for the multiple-HWB combined

Not applicable - the metrics below relate only to the North Yorkshire Health and Wellbeing Board.

Please complete all pink cells:

			Performance	Performance	
Metrics		Baseline*	underpinning April 2015	underpinning October	
			payment	2015 payment	
Permanent admissions of older people (aged 65 and over) to	Metric Value	520.0		475.5	
residential and nursing care homes, per 100,000 population	Numerator	675	A1 / A	656	
	Denominator	129802	N/A	137952	
		(Apr 2012 - Mar 2013)		(Apr 2014 - Mar 2015)	
Proportion of older people (65 and over) who were still at home 91	Metric Value	85.90		85.90	
days after discharge from hospital into reablement / rehabilitation	Numerator	395	A1 / A	455	
services	Denominator	460	N/A	530	
NB. The metric can be entered either as a % or as a figure e.g. 75% (0.75) or 75.0		(Apr 2012 - Mar 2013)		(Apr 2014 - Mar 2015)	
Delayed transfers of care (delayed days) from hospital per 100,000	Metric Value	201.1	200.0	191.3	
population (average per month)	Numerator	978	978	940	
NB. The numerator should either be the average monthly count or the	Denominator	486594	489037	491458	
appropriate total count for the time period		(June 2013 - Nov 2013)	Apr - Dec 2014	Jan - Jun 2015	
appropriate total countries the time period			(9 months)	(6 months)	
		6			
Avoidable emergency admissions (average per month)	Metric Value	156.9	154.5	170.1	
	Numerator	950	940	1039	
NB. The numerator should either be the average monthly count or the appropriate total count for the time period	Denominator	605503	608092	610702	
appropriate total count for the time period		(April - September 2013)	Apr - Sep 2014	Oct 2014 - Mar 2015	
			(6 months)	(6 months)	
		6			
Patient / service user experience					
For local measure, please list actual measure to be used. This does not		(Chata time a said day d		(Chata the constant and	
need to be completed if the national metric (under development) is to be used		(State time period and	N/A	(State time period and	
useu		select no. of months)		select no. of months)	
		1		1	
Local measure	Metric Value	1641.7	1638.6	1604.9	
Injuries due to falls in people aged 65 and over (crude rate per 100,000) Source: PHOF LBOI 2.24i	Numerator	2041	1099	1107	
Source. Filor Ebol 2.24	Denominator	124321	134139	137952	
		Apr 2011 - Mar 2012	Apr - Sep 2014	Oct 2014 - Mar 2015	
		12 🔻	6 ▼	6	

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