Health and Wellbeing Board Details ROCR approval applied for Version 3 Please select Health and Wellbeing Board: North Yorkshire Please provide: Keith Cheesman or Wendy Balmain keith.chees man @northyorks.gov.ukwendy.balmain@northyorks.gov.uk

There is no need to enter any data on this sheet. All values will be populated from entries elsewhere in the template

Health and Wellbeing Board Payment for Performance

North Yorkshire

, and the second	57,409 -4,908 -8.5%
% Change in Non Elective Activity 2. Calculation of Performance and NHS Commissioned Ringfenced Figures in £ Financial Value of Non Elective Saving/ Performance Fund Combined total of Performance and Ringfenced Funds	,,,,,,
2. Calculation of Performance and NHS Commissioned Ringfenced Figures in £ Financial Value of Non Elective Saving/ Performance Fund Combined total of Performance and Ringfenced Funds	-8.5%
Figures in £ Financial Value of Non Elective Saving/ Performance Fund Combined total of Performance and Ringfenced Funds 1	
Combined total of Performance and Ringfenced Funds 1	Funds
, and the second se	2,888,505
Ringfenced Fund	0,523,699
	7,635,194
Value of NHS Commissioned Services 1	8,615,005
Shortfall of Contribution to NHS Commissioned Services	

2015/16 Quarterly Breakdown of P4P

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
14,888	28,738	42,992	57,409
-888	-1,238	-2,845	-4,908
4 50/	2.20/	5.00 /	0.50/
-1.5%	-2.2%	-5.0%	-8.5%
522,615	205,986	945,768	1,214,137
	14,888 -888 -1.5%	14,888 28,738 -888 -1,238 -1.5% -2.2%	14,888 28,738 42,992 -888 -1,238 -2,845 -1.5% -2.2% -5.0%

ITEM 5 PART 2 - LATE REPORT

Health and Wellbeing Funding Sources

North Yorkshire

Please complete white cells		
		ntribution 00)
	2014/15	2015/16
Local Authority Social Services	2011,10	2010/10
North Yorkshire	20,121	2,033
North Yorkshire		1,350
North Yorkshire		5,000
North Yorkshire		1,932
<please authority="" local="" select=""></please>		
<please authority="" local="" select=""></please>		
<please authority="" local="" select=""></please>		
Total Local Authority Contribution	20,121	10,315
CCG Minimum Contribution		
NHS Vale of York CCG		6,932
NHS Scarborough and Ryedale CCG		7,538
NHS Harrogate and Rural District CCG		9,557
NHS Hambleton, Richmondshire and Whitby CCG		9,152
NHS Cumbria CCG		319
NHS Airedale, Wharfedale and Craven CCG		2,914
-		-
Total Minimum CCG Contribution	-	36,412
Additional CCG Contribution		
<please ccg="" select=""></please>		
Total Additional CCG Contribution	-	-
Total Operation	00.404	40 707
Total Contribution	20,121	46,727

Summary of Health and Wellbeing Board Schemes

North Yorkshire

Please complete white cells

Summary of Total BCF Expenditure

Figures in £000

rigures in 2000			-		
					If different to the figure in cell D18, please indicate the total amount
	From 3	. HWB	allocated for the	protection of	from the BCF that has been allocated for the protection of adult
	Expendit	ure Plan	adult socia	al care	social care services
	2014/15	2015/16	2014/15	2015/16	
				_	
Acute	334	366			
Mental Health	1,340	1,929			
Community Health	10,611	21,174			
Continuing Care	-	-			
Primary Care	215	105			
Social Care	7,288	22,603	7,000	17,000	17,000
Other	333	550			
Total	20,121	46,727		17,000	

Summary of NHS Commissioned out of hospital services spend from MINIMUM BCF Pool

Figures in £000

	From 3	. HWB
		2015/16
Mental Health		1,929
Community Health		16,099
Continuing Care		-
Primary Care		105
Social Care		-
Other		483
Total		18,615

Summary of Benefits

Figures in £000

	From 4. H	WB Benefits	From 5.HWB P4P metric
	2014/15	2015/16	2015/16
Reduction in permanent residential admissions	(13)	(119)	
Increased effectiveness of reablement	-	-	
Reduction in delayed transfers of care	(134)	(576)	
Reduction in non-elective (general + acute only)	(1,493)	(3,072)	2,889
Other	(255)	(883)	
Total	(1,895)	(4,651)	2,889

Different calendar basis of calculations - ExpPlan = Fin year, P4P=Calendar Yea

Health and Wellbeing Board Expenditure Plan

North Yorkshire

Please complete white cells (for as many rov	ns as required):			Exp	Expenditure			
Scheme Name	Area of Spend P	Please specCommis	ssJoint % NH	if Joint % LA Prov	000000000000000000000000000000000000000	Source of Funding	2014/15 20 (£000) (£0	2015/16 (£000)
Mental Health	Montol Hoose				± 00 I	Minimum Ontribution	98	473
HRW 002 MH - Dementia strategy	Community Health	900		OLN SHZ	Nental Health Community Provider	CCG Minimum Contribution	45	45
VOY 003 MH - Street Triage VOY 003 MH - Street Triage	Mental Health Mental Health	900 000		NHS	Mental Health rity/Voluntary Sector	CCG Minimum Contribution CCG Minimum Contribution	75 25	100
VOY_005_MH - Psychiatric Liaison	Mental Health	၅၁၁		NHS Prov	i Mental Health vider	CCG Minimum Contribution	25	ı
HaRD_001_MH - Psychiatric Liaison	Mental Health	900	***************************************	NHS	Mental Health vider	CCG Minimum Contribution	426	426
S&R_003_MH - Psychiatric Liaison	Mental Health	900		NHS	NHS Mental Health Provider	CCG Minimum Contribution	200	400
Comminity/Integrated Care/Bashament		-		00000				000000000000000000000000000000000000000
HRW_003_CIR - H&R integrated START / Intwemediate care / FRT	Community Health	900	.00000000000000000000000000000000000000	ST.	NHS Community Provider	CCG Minimum Contribution	258	808
HRW_003_CIR - H&R integrated START / Intwemediate care / FRT	Social Care	Local	l Driftv		al Authority	CCG Minimum Contribution	258	258
HRW_004_CIR - Whitby overnight nursing	Comminity Health		A THE		_1 ~		70 70	γ τ
HRW_005_CIR - Hospital case	Acute				Acite Provider	CCG Minimum Contribution	126	100
HRW_006_CIR - H&R district nursing	Acute						07-	07 0
capacity HRW_007_CIR - Risk profiling and long	Community Health			SHN	Community Provider		333	333
term conditions HRW_007_CIR - Risk profiling and long	***************************************	CCG		ST T	Community Provider	CCG Minimum Contribution	20	100
term conditions HRW_008_CIR - Community-focused acute	Social Care	Autho	ority	NHN	Community Provider	CCG Minimum Contribution	30	30
care HRW 008 CIR - Community-focused acute	Acute	500		SHN	Acute Provider	CCG Minimum Contribution	38	20
care VOY_002_CIR - Selby care hub	Acute Community Health	900		SHN	Acute Provider Community Provider	CCG Minimum Contribution CCG Minimum Contribution	70	90
VOY 004 CIR - Urgent Care Practitioners		Ambulance CCG		SHN	Acute Provider	CCG Minimum Contribution	198	300
HaRD 003 CIR - Intermediate Care & CAT	Community Health	900		SHN	Community Provider	CCG Minimum Contribution	006	006
HaRD 003 CIR - Intermediate Care & CAT S&R 001 CIR - Malton Care Hub	Community Health	900		NHS	Acute Provider Community Provider	CCG Minimum Contribution	995	1,000
AWC 003 CIR - Specialist Mireing	Comminity Health			STA	Comminity Provider	CCG Minimum Contribution	000	200
							007	007
AWC_004_CIR - collaborative Care Team AWC_001_CIR - Assisted Technologies	Community Health Community Health	900		SHN	S Community Provider S Acute Provider	CCG Minimum Contribution CCG Minimum Contribution	343 276	343 226
Public Health/Prevention			***************************************					
HRW 011 PHP - IAPT (prevention initiative)	Mental Health	e e e	***************************************	7 1 2	Acute Provider	C.C.G. Minimum Contribution	154	205
HDW 000 DHD - I ifeetyle referral	<u></u>	Local		SHN	NHS Mental Health	O.C. Minimum Contribution	02	75
HRW 010 PHP - Community navigators	Community Health	3 8	JUIK	Loce	al Authority	CCG Minimum Contribution	- nc	27
	į	Fublic Health and				:		!
S&R_002_PHP - Health Trainers / Sell Help S&R_005_PHP - Smoking Cessation	Orner Acute	CCG	0/DC	SHN NHS	a Authority 3 Acute Provider	CCG Minimum Contribution	100	100
S&R_004_PHP - Community Mental Health (IAPT)	Mental Health	900		NHS	NHS Mental Health Provider	CCG Minimum Contribution	150	300
Voluntary Sector		ì		-	3000	_		
rakvo o iz_vo - carer sitinig service and training	Community Health	900		Cha	Charity/Voluntary Sector	CCG Minimum Contribution	09	40
VOY_001_VS - St Leonard's 'Hospice at Home'	Community Health	900		Cha	Charity/Voluntary Sector	CCG Minimum Contribution	135	170
HaRD_002_VS - Voluntary Sector Projects / Investments	Community Health	900		Cha	Charity/Voluntary Sector	CCG Minimum Contribution	250	200
SAK 000 VS - Fallilive Cale Falliway	COLLINATION DESIGNATION OF THE PROPERTY OF THE	900		<u> </u>	0000		70	98
Care Homes HRW 013 CH - Clinical Skills Educator	Community Health	900		Local	al Authority	CCG Minimum Contribution	15	09
HRW 014 CH - Telemedicine HaRD 004 CH - Named GP per Care	Other	sector CCG		SHN	Community Provider	CCG Minimum Contribution	-	115
	Community Health	900		Prim	Primary Care	CCG Minimum Contribution	254	125
Home AM/C 003 CH Ouglity Imagescent	Community Health	900		NHS	Community Provider	CCG Minimum Contribution	126	126
Support	Primary Care	900		Prim	Primary Care	CCG Minimum Contribution	215	105
SR 007 CH - Care Home Link Nurse SR 006 CH - Nutrition in Care Homes	Community Health	900		Cha	Charity/Voluntary Sector	CCG Minimum Contribution	168	168
AII ON DO Doblowston	7 (4) (4) (4) (4) (4) (4)			OTIN	i Ciri	Minimum Contribution	0707	070 7
ALL 002 CS - Community Services	Community Health	900		SHN	NHS Community Provider	CCG Minimum Contribution	210,243	2,082
ALL_002_CS - Community Services	Community Health	900		SHN	Community Provider	Local Authority Social Services		5,000
Social Care protection	Social Care	Local	l Juito		l ocal Authority	C.C.G. Minimum Contribution	000 Z	17 000
Disability grants	Social Care	Local	l ority	Locs	Local Authority	Local Authority Social Services		2.033
Social care capital grant	Social Care	Local	l viito	E00	al Authority	Local Authority Social Services		1.350
Care Act	Social Care	Local	oritv	Pos		Authority Social		1.932
Performance Fund	Community Health	900		SHN	NHS Community Provider	CCG Minimum Contribution		2,889
Total					2003000		20,121	46,727

Health and Wellbeing Board Financial Benefits Plan

North Yorkshire

If you would prefer to provide aggregated figures for the savings (columns F-J), for a group of schemes related to one benefit type (e.g. delayed transfers of care), rather than filling in figures against each of your individual schemes, then you may do so.

If so, please do this as a separate row entitled "Aggregated benefit of schemes for X", completing columns D, F, G, I and J for that row. But please make sure you do not enter values against both the individual schemes you have listed, and the "aggregated benefit" line. This is to avoid double counting the benefits.

However, if the aggregated benefits fall to different organisations (e.g. some to the CCG and some to the local authority) then you will need to provide one row for the aggregated benefits to each type of organisation (identifying the type of organisation in column D) with values entered in columns F-J.

2014/15

Please complete white cells (for as many rows as required):

			2014/15						
				Change in	Unit	Total			
				activity	Price	(Saving)	How was the saving value	How will the savings against plan be	
Benefit achieved from	If other please specifiy	Scheme Name	Organisation to Benefit	measure	(£)	(£)	calculated?	monitored?	
				1000			1:1.5 (approx) return on investment; 7.9		
		LIDW 000 OID LIAD interreted		-			admissions per week to be saved		
<u> </u>		HRW_003_CIR - H&R integrated					considered reasonable aspiration. Savings		
Reduction in non-elective (general + acute only)		START / Intwemediate care / FRT	NHS Commissioner	(205)	570	(117,021)	over 6 months in 2014/15.	Acute trust contract management process	
i				97			Increased case management capacity for up to 360 patients per year. Assume an		
·		HRW_007_CIR - Risk profiling and		THE PERSONNEL PROPERTY OF THE PERSONNEL PROP			emergency admission is prevented for 25%		
Reduction in non-elective (general + acute only)		long term conditions	NHS Commissioner	(24)	570	(13,509)	patients from Q4 onwards.	Acute trust contract management process	
130							This equates to approx 5.3 admissions		
				***************************************			saved per week, which is c. 15% of the total		
ĺ				4			emergency admissions to FHN with a		
Ded offering to the state of th		LIDW 004 MILL Dunchistria Lisiaan	NII IO O	(407)	570	(77.070)	mental health diagnosis. Assume 6 months		
Reduction in non-elective (general + acute only)		HRW_001_MH - Pyschiatric Liaison	INHS Commissioner	(137)	570	(77,976)	saving in 14/15. This equates to approx. 2.9 admissions	Acute trust contract management process	
ĺ				***			saved per week, through having 7 day over-		
		HRW_004_CIR - Whitby overnight		WASHINGTON AND AND AND AND AND AND AND AND AND AN			night capacity which previously was not		
Reduction in non-elective (general + acute only)		nursing service	NHS Commissioner	(77)	570	(43,890)	available. Savings for 6 months in 14/15.	Acute trust contract management process	
							This assumes that of a case-load over a	-	
ĺ		LIDW 007 OID D. I SI					year of approx. 150 patients, an emergency		
<u> </u>		HRW_007_CIR - Risk profiling and					admission will be saved for 17%. Service		
Reduction in non-elective (general + acute only)		long term conditions	NHS Commissioner	(26)	570	(14,991)	operational for full-year.	Acute trust contract management process	
Ded offering to the district of the second o		HRW_013_CH - Clinical Skills	NII IO O	(40)	570	(5.040)			
Reduction in non-elective (general + acute only)		Educator	NHS Commissioner	(10)	570	(5,643)		Acute trust contract management process	
Reduction in non-elective (general + acute only)		HRW 014 CH - Telemedicine	NHS Commissioner				No savings planned in 2014/15	Acute trust contract management process	
Treaddiction in hori creative (general is acute city)		THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL	THE COMMISSIONS				Estimated that 37 patients per full year may	Todo tract ochitact managomoni process	
ĺ							go through service, of which only a		
Í				-			proportion will be stepped into the service as		
ĺ		HRW_008_CIR Community		7			an alternative to an admission. Assume 1st		
Reduction in non-elective (general + acute only)		Focused Acute Care	NHS Commissioner	(20)	570		July start-date.	Acute trust contract management process	
				***************************************			Assume 1:1.5 ROI. Of up to 500 patients going through the clinics, 6% should have ar		
ĺ		HRW_008_CIR Community		-			admission saved. Service to run for 6		
Reduction in non-elective (general + acute only)		Focused Acute Care	NHS Commissioner	(16)	570	(9.006)	months in 14/15.	Acute trust contract management process	
							Enabling strategy across all admission		
i				77			avoidance schemes with 1.8 admissions		
·				-			saved per week specifically allocated to this		
ĺ		HRW_008_CIR Community		THE PERSONNEL PROPERTY OF THE PERSONNEL PROP			scheme in line with the results of prototype audit. Scheme to run for 6 months in		
Reduction in non-elective (general + acute only)		Focused Acute Care	NHS Commissioner	(40)	570	(22 515)	2014/15.	Acute trust contract management process	
reduction in non-elective (general - acute only)		HRW_003_CIR - H&R integrated	TWI TO COMMISSIONES	(40)	370	(22,010)	Assume a 7.5% saving on NEL excess bed	Acute trust contract management process	
Reduction in delayed transfers of care		START / Intwemediate care / FRT	NHS Commissioner	(135)	220	(29 700)	days for 6 months	Acute trust contract management process	
. 100001.011 III dolla jou dallololo oi odio		3 / a x / / introducto dare / Trix		(100)	220	,20,700)	es, o .o. o mondo	in tout and contract management process	
							32%, based on NYCC population of VoY, of		
ĺ				NAME AND ADDRESS OF THE PROPERTY OF THE PROPER			a 6% reduction in admissions to residential		
ĺ				TORONO TA			care based on the average cost of £250 per		
L		VOV. 000 OID C !!	l	THE PERSONNEL PROPERTY OF THE PERSONNEL PROP			week for an average length of stay of 26.5	Through the Joint Delivery Group and	
Reduction in permanent residential admissions		VOY_002_CIR - Selby care hub	Local Authority	(2)	6,625	(13,250)	weeks for final quarter	Integrated Commissioning Board	
ĺ				THE PERSONNEL PROPERTY OF THE PERSONNEL PROP			32%, based on NYCC population of VoY, of a reduction of 554 XBDs on a weighted		
Í				-			average cost of £96.20 per day for final	Through the Joint Delivery Group and	
Reduction in delayed transfers of care		VOY_002_CIR - Selby care hub	NHS Commissioner	(44)	96	(4,233)	. ,	Integrated Commissioning Board	

							2014/15	
				Change in	Unit	Total	2014/10	
				activity	Price	(Saving)	How was the saving value	How will the savings against plan be
Describe and the second		0.1		- 1		` •		i e
Benefit achieved from	If other please specifiy	Scheme Name	Organisation to Benefit	measure	(£)	(£)	calculated?	monitored?
							6.9% reduction, 303, in non-elective	
							admissions for final quarter at local average	
		VOV. 222 215 2 11 1 1					NEL admission cost when applying 30%	Through the Joint Delivery Group and
Reduction in non-elective (general + acute only)		VOY_002_CIR - Selby care hub	NHS Commissioner	(76)	556	(42,288)	Marginal Tariff	Integrated Commissioning Board
							32%, based on NYCC population of VoY, of	
							proportion of average UCP activity per month	
		VOV 004 OID Harrant Care					of implementation at local average NEL	
		VOY_004_CIR - Urgent Care					admission cost when applying 30% Marginal	, ,
Reduction in non-elective (general + acute only))	Practitioners	NHS Commissioner	(407)	378	(153,846)		Integrated Commissioning Board
							32%, based on NYCC population of VoY, of	
							proportion of activity per month of	
		VOV 004 VO 041					implementation at local average NEL	
		VOY_001_VS - St Leonard's					admission cost when applying 30% Marginal	
Reduction in non-elective (general + acute only)		'Hospice at Home'	NHS Commissioner	(60)	556	(33,385)		Integrated Commissioning Board
							Reduction of 100 A&E attendances pro rata	
0.11	Deduction in ACE #	VOV. 000 OID O !!	L				for final quarter at local average A&E	Through the Joint Delivery Group and
Other	Reduction in A&E attendance	VOY_002_CIR - Selby care hub	NHS Commissioner	(25)	109	(2,714)	attendance cost	Integrated Commissioning Board
							32%, based on NYCC population of VoY, of	
		VOV 004 CID Urgant Cara					proportion of average UCP activity per month	
	- · · · · · · · · · · · · · · · · · · ·	VOY_004_CIR - Urgent Care					of implementation at local average A&E	Through the Joint Delivery Group and
Other	Reduction in A&E attendance	Practitioners	NHS Commissioner	(718)	109	(77,932)	attendance cost	Integrated Commissioning Board
							32%, based on NYCC population of VoY, of	
							reduction of 346 A&E attendances pro rata	
	5	VOV. 202 AUL C					for final four months at local average A&E	Through the Joint Delivery Group and
Other	Reduction in A&E attendance	VOY_003_MH - Street Triage	NHS Commissioner	(444)	109	(48,192)	attendance cost	Integrated Commissioning Board
		VOV 001 VC Stleeperd's					32% based on NYCC population Voy of	
	5	VOY_001_VS - St Leonard's					proportion of activity per month of local A&E	, .
Other	Reduction in A&E attendance	'Hospice at Home'	NHS Commissioner	(60)	109	(6,530)	attendance cost	Integrated Commissioning Board
		HaRD_003_CIR - Intermediate Care						
Reduction in delayed transfers of care		& CAT	NHS Commissioner			•		
		HaRD_003_CIR - Intermediate Care					20 NEL spell avoided per week (marginal	currently agreeing data-set information with
Reduction in non-elective (general + acute only)		& CAT	NHS Commissioner	(520)	570	(296,400)	rate re threshold reflected in the unit price)	service provider
		HaRD_002_VS - Voluntary Sector						
Reduction in non-elective (general + acute only)		Projects / Investments	NHS Commissioner	(52)	570	(29.640)	1 NEL spell avoided per week (full rate)	not possible to measure
				·		daniainiainiaini	Based on patient base attending with chest	
Reduction in non-elective (general + acute only)		HaRD_001_MH - Psychiatric Liaison	NHS Commissioner	(130)	570	(74.100)	pains, back pain, stomach pain, etc	use of Section 136 facility/activity monitoring
reconstitution elective (general + acute only)		I IGITO OUT WITTER SYCHIALITE EIGISON	THE COMMISSIONE	(130)	570	(74, 100)	Based on 50% reduction on emergency	ase of Section 156 facility/activity modificalling
		HaRD_004_CH - Named GP per					admissions less than 3 days & 10% over 3	
Reduction in non-elective (general + acute only)		Care Home	NHS Commissioner	(235)	570	(133,950)		Unclear at this point in time
recorded in non-circulate (general - acute only)		Caro i lonio	THE COMMISSIONES	(200)	370	(100,000)		Choical at this point in time
Reduction in permanent residential admissions		HARDCCG Care Home Scheme	NHS Commissioner	_	_			
The state of the s				 				
				1			Assumptions based on % of direct reduction	
							in Specific groups identified through suss	
Reduction in non-elective (general + acute only)		S&R 001 CIR - Malton Care Hub	NHS Commissioner	(75)	570	(42,750)		Directly through admissions data
		Tanton Caro Hab		(, 5)	3,0	1.2,730	Impact of psychiatric liaison model from	
							review of our providers scheme for other	
Reduction in non-elective (general + acute only)		S&R_003_MH - Psychiatric Liaison	NHS Commissioner	(15)	570	(8.550)	commissioners	Directly through admissions data
(5		S&R 008 VS - Pallitive Care		1			Estimated number of patients kept out of	
Reduction in non-elective (general + acute only)		Pathway	NHS Commissioner	(135)	570	(76.950)	hospital at end of life	Directly through admissions data
Treduction in non-elective (general + acute only)		i auiway	IN IO COMMISSIONE	(100)	570	(70,930)	Impact of psychiatric liaison model from	Directly through authostons data
							review of our providers scheme for other	Measure of contacts, reduced average LOS
Reduction in delayed transfers of care		S&R_003_MH - Psychiatric Liaison	NHS Commissioner	(500)	200	(100,000)	commissioners	for this cohort
reduction in delayed transfers of care		CAR OCO IVILLE I SYCHIAUTO LIAISUIT	THE COMMISSIONES	(000)	200	(100,000)	OUTHINGSIONES	IOI LING CONDIT
·····								

							2014/15	
	000000000000000000000000000000000000000			Change in	Unit	Total		
				activity	Price	(Saving)	How was the saving value	How will the savings against plan be
Benefit achieved from	If other please specifiy	Scheme Name	Organisation to Benefit	measure	(£)	(£)	calculated?	monitored?
360.000.000.000.000.000.000.000.000.000.		0.0000000000000000000000000000000000000	0010010011				combined schemes based on projected	
							reduction in non elective admission based	
							on current numbers of patients currently	
							accessing the system - expected low value	KPPI and performance metrics being
		AWC_001 to AWC_004 - All					savings in year one of new and established	formalised and developed with providers to
Reduction in non-elective (general + acute only	·) 🔻	Schemes	NHS Commissioner	(150)	1,900	(285,000	schemes in year one	monitor the affectiveness of the schems
							The savings are calculated based on how	
							schemes will impact community	
	BCF schemes will have a range of						services/pathways costs. Whilst the CCG	
	benefits including reduction in						schemes promote reduction in non elective	
	delayed transfer of care, more						admission, these schemes are also	
	effective reablement, planned care						expected to reduce other areas of spend as	
	8						stated in "other". The activity price	
	for long term condtions which will						calculated is an average price of these	KPPI and performance metrics being
	reduce demand in other areas of the)					services (including average LOS and	formalised and developed with providers to
	health care system such as length						outpatient appointment) x by estimated	monitor the affectiveness of the schemes,
	of stay, outpatients and community	Schemes combined as AWC					numbers impacted by these schemes.	including reduction of LOS/outpatient activity
Other	services and primary care.	Expenditure plan Locality Schemes	NHS Commissioner	(80)	1,500	(120,000	Impact is expected to be lower in year one.	and community numbers.
				-			-	
							-	
Total						(1,895,189		

2015/16

						2015/16	
			Change in		Total		
			activity	Unit Price	(Saving)	How was the saving value	How will the savings against plan be
Benefit achieved from	Scheme Name	Organisation to Benefit	measure	(£)	(£)	calculated?	monitored?
	LIDIM OOD OID LIGHT: 4					1:1.5 (approx) return on investment; 7.9	
	HRW_003_CIR - H&R integrated					admissions per week to be saved	
Reduction in non-elective (general + acute only)	START / Intwemediate care / FRT	NHS Commissioner	(411)	570	(233,985)	considered reasonable aspiration	Acute trust contract management process
						Increased case management capacity for 360 patients. Assume an emergency	
	HRW_007_CIR - Risk profiling and					admission is prevented for approximately	
Reduction in non-elective (general + acute only)	long term conditions	NHS Commissioner	(95)	570	(53.979)	25% of patients.	Acute trust contract management process
<u> </u>	g tarring tarr				\	This equates to approx 5.3 admissions	
						saved per week, which is c. 15% of the total	
						emergency admissions to FHN with a	
						mental health diagnosis. Assume 6 months	
Reduction in non-elective (general + acute only)	HRW_001_MH - Pyschiatric Liaison	NHS Commissioner	(274)	570	(156,009)	saving in 14/15.	Acute trust contract management process
						This equates to approx. 2.9 admissions saved per week, through having 7 day over-	
	HRW 004 CIR - Whitby overnight					night capacity which previously was not	
Reduction in non-elective (general + acute only)	, – – , ,	NHS Commissioner	(153)	570	(87 324)	available.	Acute trust contract management process
100000000000000000000000000000000000000		***************************************	<u> </u>			This assumes that of a case-load over a	
						year of approx. 150 patients, an emergency	
	HRW_007_CIR - Risk profiling and					admission will be saved for 17%. Service	
Reduction in non-elective (general + acute only)		NHS Commissioner	(26)	570	(14,991)	operational for full-year.	Acute trust contract management process
	HRW_013_CH - Clinical Skills						
Reduction in non-elective (general + acute only)	Educator	NHS Commissioner	(40)	570	(22,515)		Acute trust contract management process
						Savings not fully quantified at this stage.	
Reduction in non-elective (general + acute only)	HRW 014 CH - Telemedicine	NHS Commissioner	(66)	570	(27 506)	Therefore 1:1 ROI has been included within this table.	Acute trust contract management process
Reduction in non-elective (general + active only)	TIKW_014_CTT- Teleffledicine	INFIS COMMISSIONEI	(00)	370	(37,300)	Estimated that 37 patients per full year may	Acute trust contract management process
						go through service, of which only a	
	HRW_008_CIR Community					proportion will be stepped into the service as	
Reduction in non-elective (general + acute only)	Focused Acute Care	NHS Commissioner	(26)	570	(14,991)	an alternative to an admission.	Acute trust contract management process
						Assume 1:1.5 ROI. Of up to 500 patients	
	HRW_008_CIR Community					going through the clinics, 6% should have ar	
Reduction in non-elective (general + acute only)	Focused Acute Care	NHS Commissioner	(32)	570	(18,012)	admission saved.	Acute trust contract management process
			***************************************	***************************************		Enabling strategy across all admission avoidance schemes with 1.8 admissions	
			7			saved per week specifically allocated to this	
	HRW_008_CIR Community					scheme in line with the results of prototype	
Reduction in non-elective (general + acute only)	Focused Acute Care	NHS Commissioner	(79)	570	(44,973)	1 71	Acute trust contract management process

							2015/16	
				Change in		Total	2010/10	
				activity	Unit Price	(Saving)	How was the saving value	How will the savings against plan be
Benefit achieved from		Scheme Name	Organisation to Benefit	measure	(£)	(£)	calculated?	monitored?
301-301-301-301-301-301-301-301-301-301-		HRW_003_CIR - H&R integrated		***************************************		os=000-500-000-000-000-000-000-000	7.5% reduction in NEL excess bed days for	
Reduction in delayed transfers of care	▼	START / Intwemediate care / FRT	NHS Commissioner	(220)	270	(59,400)	12 months	Acute trust contract management process
				***************************************			32%, based on NYCC population of VoY, of a 6% reduction in admissions to residential	
					-		care based on the average cost of £450 per	
							week for an average length of stay of 26.5	Through the Joint Delivery Group and
Reduction in permanent residential admissions		VOY_002_CIR - Selby care hub	Local Authority	(10)	11,925	(119,250)	weeks for final quarter 32%, based on NYCC population of VoY, of	Integrated Commissioning Board
							a reduction of 554 XBDs on a weighted	
							average cost of £96.20 per day for final	Through the Joint Delivery Group and
Reduction in delayed transfers of care		VOY_002_CIR - Selby care hub	NHS Commissioner	(177)	96	(17,027	quarter	Integrated Commissioning Board
							6.9% reduction, 303, in non-elective admissions for final quarter at local average	
				***************************************			NEL admission cost when applying 30%	Through the Joint Delivery Group and
Reduction in non-elective (general + acute only)		VOY_002_CIR - Selby care hub	NHS Commissioner	(304)	556	(169,152)	Marginal Tariff	Integrated Commissioning Board
							32%, based on NYCC population of VoY, of proportion of average UCP activity per month	
							of implementation at local average NEL	
		VOY_004_CIR - Urgent Care					admission cost when applying 30% Marginal	Through the Joint Delivery Group and
Reduction in non-elective (general + acute only)		Practitioners	NHS Commissioner	(591)	378	(223,398)		Integrated Commissioning Board
							32%, based on NYCC population of VoY, of proportion of activity per month of	
				***************************************			implementation at local average NEL	
		VOY_001_VS - St Leonard's					admission cost when applying 30% Marginal	, ,
Reduction in non-elective (general + acute only)		'Hospice at Home'	NHS Commissioner	(180)	556	(100,156)		Integrated Commissioning Board
							Reduction of 100 A&E attendances pro rata for final guarter at local average A&E	Through the Joint Delivery Group and
Other	Reduction in A&E attendance	VOY_002_CIR - Selby care hub	NHS Commissioner	(100)	109	(10,854)	attendance cost	Integrated Commissioning Board
							32%, based on NYCC population of VoY, of	i e
		VOY_004_CIR - Urgent Care					proportion of average UCP activity per month of implementation at local average A&E	Through the Joint Delivery Group and
Other	Reduction in A&E attendance	Practitioners	NHS Commissioner	(1,044)	109	(113,316)	attendance cost	Integrated Commissioning Board
							32%, based on NYCC population of VoY, of	
							reduction of 346 A&E attendances pro rata for final four months at local average A&E	Through the Joint Delivery Group and
Other	Reduction in A&E attendance	VOY_003_MH - Street Triage	NHS Commissioner	(1,329)	109	(144.250)	attendance cost	Integrated Commissioning Board
			•				32% based on NYCC population Voy of	
Other	Reduction in A&E attendance	VOY_001_VS - St Leonard's 'Hospice at Home'	NILIO O	(400)	400	(40.500)	proportion of activity per month of local A&E	Through the Joint Delivery Group and Integrated Commissioning Board
Other	Reduction in A&E attendance	HaRD 003 CIR - Intermediate Care	NHS Commissioner	(180)	109	(19,589)	attendance cost	integrated Commissioning Board
Reduction in delayed transfers of care		& CAT	NHS Commissioner	-	-			
			-				Measure emergency admissions to acute	
		HaRD_003_CIR - Intermediate Care			-		beds that occur now at the times that CAT	Locally agreed data-set with the service
Reduction in non-elective (general + acute only)		& CAT	NHS Commissioner	(1,040)	570	(592 800)	and intermediate care teams are to operate their extended hours	provider on times of admisisons to emergectacute beds
(gorious - double only)				(1,040)	070		Admissions of patients on EoL register,	
		Happ one Ve Valuates Contain			-		scheme expecting to reduce admissions	
Reduction in non-elective (general + acute only)		HaRD_002_VS - Voluntary Sector Projects / Investments	NHS Commissioner	(52)	570	(29,640)	that are multiple admissions of emergency	measure multiple admissions on EoL register
1.000001011 11 11011-BIBOUTE (GETBIAL 1 BOUTE OF BY)		. rojecto / myedunente	11 10 COMMISSIONE	(32)	310	(23,040	Both Length of stay of emergency	
					-		admissions and admissions themselves	Locally agreed data-set with the service
Reduction in non-elective (general + acute only)		HaRD_001_MH - Psychiatric Liaison	NHS Commissioner	(130)	570	(74,100	where the patient has mental health needs	provider on admitted mental health patients
Poduction in non clostics (general 1 courts and 1)		HaRD_004_CH - Named GP per Care Home	NHS Commissioner	(235)	E70	(122.050)	Poduction in admissions from sare house	Admissions data comparison re care-homes
Reduction in non-elective (general + acute only)		Cale Figure	INDO COMMISSIONES	(235)	570	(133,930)	Reduction in admissions from care homes	postcodes
Reduction in non-elective (general + acute only)		HARDCCG Care Home Scheme	NHS Commissioner	***************************************	570		•	

				Change in		Total		
				activity	Unit Price	(Saving)	How was the saving value	How will the savings against plan be
Benefit achieved from		Scheme Name	Organisation to Benefit	measure	(£)	(£)	calculated?	monitored?
							Assumptions based on % of direct reduction	
	_				80		in Specific groups identified through sus	
Reduction in non-elective (general + acute only)	T	S&R_001_CIR - Malton Care Hub	NHS Commissioner	(593)	570	(338,010	<u> </u>	Directly through admissions data
							Impact of psychiatric liaison model from review of our providers scheme for other	
Reduction in non-elective (general + acute only)		S&R 003 MH - Psychiatric Liaison	NHS Commissioner	(54)	570	(30.780	commissioners	Directly through admissions data
3							Impact of psychiatric liaison model from	
							review of our providers scheme for other	Measure of contacts, reduced average LOS
Reduction in delayed transfers of care		S&R_003_MH - Psychiatric Liaison	NHS Commissioner	(2,000)	200	(400,000	commissioners	for this cohort
	Reduced support following hospital	000000000000000000000000000000000000000					Impact of psychiatric liaison model from	
Other	discharge	S&R_003_MH - Psychiatric Liaison	Local Authority	(1)	100,000	(100,000	review of our providers scheme for other commissioners	Reduction in care packages
Other	discriarge	S&R 008 VS - Pallitive Care	Local Authority	(1)	100,000	(100,000	Estimated number of patients kept out of	Reduction in care packages
Reduction in non-elective (general + acute only)		Pathway	NHS Commissioner	(135)	570	(76.950	hospital at end of life	Directly through admissions data
reduction in non-elective (general - acute only)			TWIO COMMISSIONE	(100)	070	(70,000	Estimate of patients and reduced length of	bireetty tilledgir ddillissions ddid
		S&R_008_VS - Pallitive Care					stay for support of palliative patients outside	Measure of contacts, reduced average LOS
Reduction in delayed transfers of care		Pathway	NHS Commissioner	(500)	200	(100,000	hospital	for this cohort
							combined schemes based on projected	
							reduction in non elective admission based on current numbers of patients currently	
							accessing the system - expected low value	KPPI and performance metrics being
		AWC_001 to AWC_004 - All			90000000000000000000000000000000000000		savings in year one of new and established	formalised and developed with providers to
Reduction in non-elective (general + acute only)		Schemes	NHS Commissioner	(163)	1,900	(309,700	schemes in year one	monitor the affectiveness of the schems
							combined schemes based on projected	
							reduction in non elective admission based	KDDI I f I I I I
							on current numbers of patients currently accessing the system after redesigning of	KPPI and performance metrics being formalised and developed with providers to
Reduction in non-elective (general + acute only)		ALL 002 CS - Community Services	NHS Commissioner	(543)	570	(309.510	care pathways and service models.	monitor the affectiveness of the schems
							The savings are calculated based on how	
							schemes will impact community	
	BCF schemes will have a range of						services/pathways costs. Whilst the CCG	
	benefits including reduction in				80		schemes promote reduction in non elective admission, these schemes are also	
	delayed transfer of care, more			0			expected to reduce other areas of spend as	
	effective reablement, planned care				80000		stated in "other". The activity price	
	for long term condtions which will						calculated is an average price of these	KPPI and performance metrics being
	reduce demand in other areas of the						services (including average LOS and	formalised and developed with providers to
	health care system such as length	AVA/C 001 to AVA/C 004 A!!			00000		outpatient appointment) x by estimated	monitor the affectiveness of the schemes,
Other	of stay, outpatients and community services and primary care.	Schemes	NHS Commissioner	(330)	1.500	(405,000	numbers impacted by these schemes. Impact is expected to be lower in year one.	including reduction of LOS/outpatient activity and community numbers.
Other	scivices and primary care.	OCHEMES	INDO COMMISSIONEI	(330)	1,500	(490,000	impact is expected to be lower in year one.	and community numbers.
Total						(4,651,116)		
1 Otal				8	8	(7,001,110)		

Please complete the five white cells in the Non-Elective admissions table. Other white cells can be completed/revised as appropriate. Planned improvement on baseline of the provided improvement												
on - Elective admissions (general and acute)												
		E	Baseline (14-15 fig	ures are CCG plan	s)		Pay for perform	nance period				
Metric		Q4 (Jan 14 - Mar 14)	Q1 (Apr 14 - Jun 14)	Q2 (Jul 14 - Sep 14)	Q3 (Oct 14 - Dec 14)	Q4 (Jan 15 - Mar 15)	Q1 (Apr 15 - Jun 15)	Q2 (Jul 15 - Sep 15)	Q3 (Oct 15 - Dec 15)	Q4 (Jan 16 - Mar 16)		
Total non-elective admissions in		2,460	2,289	2,355	2,382	2,308	2,225	2,085	2,036	2,104		
o hospital (general & acute), allage, per 100,000 population	Numerator	14,888	13,850	14,254	14,417	14,000	13,500	12,647	12,354	12,799	red/amber b ratings	
	Denominator	605,154	605,154	605,154	605,154	606,636	606,636	606,636	606,636	608,312	raungs	
						change in admissions ge in admissions (%)		Please enter the average cost of a		Rationale for		
						PAP annual savina	£2 888 505		£589	change from	Majority of NY average NEL cos	sts £1900 at 30% threshold

Red triangles indicate comments

admission¹

Planned deterioration on baseline (or validity issue)

The figures above are mapped from the following CCG operational plans. If any CCG plans are updated then the white cells can be revised:

	CCG baseline activity (14-15 figures are CCG plans)						Contributing CCG activity				
Contributing CCGs	`	Q1 (Apr 14 - Jun 14)	Q2 (Jul 14 - Sep 14)	Q3 (Oct 14 - Dec 14)	population that has resident	% North Yorkshire resident population that is in CCG registered population	Q4 (Jan 14 - Mar 14)	Q1 (Apr 14 - Jun 14)	Q2 (Jul 14 - Sep 14)	Q3 (Oct 14 - Dec 14)	
NHS Airedale, Wharfdale and Craven CCG	4,706	3,564	3,684	3,897	32.5%	8.3%	1,527	1,157	1,196	1,265	
NHS Cumbria CCG	14,996	13,851	14,008	14,947	1.2%	1.1%	186	172	174	186	
NHS Darlington CCG	3,262	3,321	3,194	3,340	1.4%	0.2%	44	45	43	45	
NHS Doncaster CCG	9,728	9,319	9,423	9,537	0.2%	0.1%	20	19	20	20	
Durham Dales, Easington and Sedgefield CCG	8,470	8,630	8,570	8,727	0.2%	0.1%	20	20	20	20 13	
NHS East Lancashire CCG	10,623	10,326	10,267	10,415	0.1%	0.0%	13	12	12		
NHS East Riding of Yorkshire CCG	7,140	7,070	7,150	7,150	1.3%	0.7%	96	95	96	96	
HS Hambleton, Richmondshire and Whitby CCG	3,555	3,118	3,308	3,261	98.7%	23.0%	3,509	3,077	3,265	3,219	
NHS Harrogate and Rural District CCG	3,670	3,279	3,334	3,553	99.9%	26.3%	3,666	3,276	3,330	3,549	
NHS Hartlepool and Stockton-On-Tees CCG	7,400	7,567	7,474	7,706	0.2%	0.0%	11	12	12	12	
NHS Leeds North CCG	4,104	3,811	3,853	3,853	3.0%	1.0%	122	114	115	115	
NHS Leeds South and East CCG	6,429	6,016	6,082	6,082	0.5%	0.2%	33	31	32	32	
NHS Scarborough and Ryedale CCG	2,793	2,949	3,136	3,089	99.3%	19.2%	2,774	2,930	3,115	3,069	
NHS Vale of York CCG	8,176	8,228	8,030	7,856	32.4%	18.4%	2,651	2,668	2,603	2,547	
NHS Wakefield CCG	10,565	10,946	10,908	11,330	2.0%	1.2%	214	222	221	230	
Total	Total							13,850	14,254	14,417	

Reference

North Yorkshire

¹ The default figure of £1,490 in the template is based on the average reported cost of a non-elective inpatient episode (excluding excess bed days), taken from the latest (2012/13) Reference Costs. Alternatively the average reported spell cost of a non-elective inpatient admission (including excess bed days) from the same source is £2,118. To note, these average figures do not account for the 30% marginal rate rule and may not reflect costs variations to a locality such as MFF or cohort pricing. In recognition of these variations the average cost can be revised in the template although a rationale for any change should be provided.

North Yorkshire

Please complete all white cells in tables. Other white cells should be completed/revised as appropriate.

Residential admissions

Metric	Baseline (2013/14)	Planned 14/15	Planned 15/16	
Permanent admissions of older people (aged 65 and	Annual rate	525.4	480.1	447.2
over) to residential and nursing care homes, per	Numerator	680	661	630
100,000 population	Denominator	129,800	137,667	140,883
		Annual change in admissions	-19	-31
		Annual change in admissions %	-2.8%	-4.7%

Reablement

Metric	Baseline (2013/14)	Planned 14/15	Planned 15/16	
Proportion of older people (65 and over) who were still	Annual %	85.5	85.5	85.5
at home 91 days after discharge from hospital into reablement / rehabilitation services	Numerator	485	573	663
	Denominator	565	670	775
		Annual change in proportion	0.0	0.0
		Annual change in proportion %	0.0%	0.0%

Red triangles indicate comments

Planned deterioration on baseline (or validity issue)
Planned improvement on baseline

Rationale for red rating

Rationale for red rating

Delayed transfers of care

		13-14 Bas	eline			14/	15 plans			15-1	6 plans		
Metric		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
		(Apr 13 - Jun 13)	(Jul 13 - Sep 13)	(Oct 13 - Dec 13)	(Jan 14 - Mar 14)	(Apr 14 - Jun 14)	(Jul 14 - Sep 14)	(Oct 14 - Dec 14)	(Jan 15 - Mar 15)	(Apr 15 - Jun 15)	(Jul 15 - Sep 15)	(Oct 15 - Dec 15)	(Jan 16 - Mar 16)
Delayed transfers of care (delayed days) from hospital	Quarterly rate	562.7	558.6	653.3	699.2	562.7	558.6	653.2	699.1	562.5	556.4	653.1	698.9
per 100,000 population (aged 18+).	Numerator	2,726	2,706	3,165	3,407	2,742	2,722	3,183	3,420	2,752	2,722	3,195	3,433
	Denominator	484,432	484,432	484,432	487,301	487,301	487,301	487,301	489,218	489,218	489,218	489,218	491,167

Rationale for red ratings

Annual change in admissions 63 Annual change in admissions 35

Annual change in Annual change in admissions 60.5% Annual change in admissions 60.3%

Patient / Service User Experience Metric

•		Baseline	Planned 14/15	Planned 15/16
Metric		2013/14	(if available)	
	Metric Value			
		69.8	71.9	72.3
Numerator: 162 Number of people with a long term cond				
Denominator: 232 Number of people aged 18 and over w	Numerator	162	195	216
Standardisation: None	Denominator	232	271	298
Improvement indicated by:	Increase			

Local Metric

	Baseline	Planned 14/15	Planned 15/16	
Metric		April 12 - March 13]	(if available)	
,	Metric Value	1784.3	1642.4	1497.3
over (Persons)	Numerator	2,316	2,261	2,109
	Denominator	129,802	137,667	140,883
Improvement indicated by:	Decrease			

References/notes

Population projections are based on Subnational Population Projections, Interim 2012-based (published May 2014)

- 1. Based on "Personal Social Services: Expenditure and Unit Costs, England 2012-13" (HSCIC) http://www.hscic.gov.uk/catalogue/PUB13085/pss-exp-eng-12-13-fin-rpt.pdf
- 2. There is no robust national source for the average annual savings, which it is assumed will include the impact of reduction admissions to hospital and to residential care

 3. Based on 12-13 Reference Costs: average cost of an excess bed day. https://www.gov.uk/government/uploads/system/u