

# ITEM 5 PART 2 - LATE REPORT

## Health and Wellbeing Board Details

ROCR approval applied for  
Version 3

Please select Health and Wellbeing Board:

**North Yorkshire**

Please provide:

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or  
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## Health and Wellbeing Board Payment for Performance

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

**North Yorkshire**

### 1. Reduction in non elective activity

Baseline of Non Elective Activity (Q4 13/14 - Q3 14/15)	57,409
Change in Non Elective Activity	-4,908
% Change in Non Elective Activity	-8.5%

### 2. Calculation of Performance and NHS Commissioned Ringfenced Funds

Figures in £

Financial Value of Non Elective Saving/ Performance Fund	2,888,505
Combined total of Performance and Ringfenced Funds	10,523,699
Ringfenced Fund	7,635,194
Value of NHS Commissioned Services	18,615,005
Shortfall of Contribution to NHS Commissioned Services	0

### 2015/16 Quarterly Breakdown of P4P

	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Cumulative Quarterly Baseline of Non Elective Activity	14,888	28,738	42,992	57,409
Cumulative Change in Non Elective Activity	-888	-1,238	-2,845	-4,908
Cumulative % Change in Non Elective Activity	-1.5%	-2.2%	-5.0%	-8.5%
Financial Value of Non Elective Saving/ Performance Fund (£)	522,615	205,986	945,768	1,214,137

## Health and Wellbeing Funding Sources

**North Yorkshire**

Please complete white cells

	Gross Contribution (£000)	
	2014/15	2015/16
<b>Local Authority Social Services</b>		
North Yorkshire	20,121	2,033
North Yorkshire		1,350
North Yorkshire		5,000
North Yorkshire		1,932
<Please select Local Authority>		
<Please select Local Authority>		
<Please select Local Authority>		
<b>Total Local Authority Contribution</b>	<b>20,121</b>	<b>10,315</b>
<b>CCG Minimum Contribution</b>		
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
-		-
<b>Total Minimum CCG Contribution</b>	<b>-</b>	<b>36,412</b>
<b>Additional CCG Contribution</b>		
<Please Select CCG>		
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<Please Select CCG>		
<b>Total Additional CCG Contribution</b>	<b>-</b>	<b>-</b>
<b>Total Contribution</b>	<b>20,121</b>	<b>46,727</b>

## Summary of Health and Wellbeing Board Schemes

North Yorkshire

Please complete white cells

### Summary of Total BCF Expenditure

Figures in £000

	From 3. HWB Expenditure Plan		Please confirm the amount allocated for the protection of adult social care		If different to the figure in cell D18, please indicate the total amount from the BCF that has been allocated for the protection of adult 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			
<b>Total</b>	<b>20,121</b>	<b>46,727</b>		<b>17,000</b>	

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

Figures in £000

	From 3. HWB	
	2014/15	2015/16
Mental Health		1,929
Community Health		16,099
Continuing Care		-
Primary Care		105
Social Care		-
Other		483
<b>Total</b>		<b>18,615</b>

### Summary of Benefits

Figures in £000

	From 4. HWB 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)	
<b>Total</b>	<b>(1,895)</b>	<b>(4,651)</b>	<b>2,889</b>

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



**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					
Benefit achieved from	If other please specify	Scheme Name	Organisation to Benefit	Change in activity measure	Unit Price (£)	Total (Saving) (£)	How was the saving value calculated?	How will the savings against plan be monitored?
Reduction in non-elective (general + acute only)		HRW_003_CIR - H&R integrated START / Intwemediate care / FRT	NHS Commissioner	(205)	570	(117,021)	1:1.5 (approx) return on investment; 7.9 admissions per week to be saved considered reasonable aspiration. Savings over 6 months in 2014/15.	Acute trust contract management process
Reduction in non-elective (general + acute only)		HRW_007_CIR - Risk profiling and long term conditions	NHS Commissioner	(24)	570	(13,509)	Increased case management capacity for up to 360 patients per year. Assume an emergency admission is prevented for 25% patients from Q4 onwards.	Acute trust contract management process
Reduction in non-elective (general + acute only)		HRW_001_MH - Pyschiatric Liaison	NHS Commissioner	(137)	570	(77,976)	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 saving in 14/15.	Acute trust contract management process
Reduction in non-elective (general + acute only)		HRW_004_CIR - Whitby overnight nursing service	NHS Commissioner	(77)	570	(43,890)	This equates to approx. 2.9 admissions saved per week, through having 7 day overnight capacity which previously was not available. Savings for 6 months in 14/15.	Acute trust contract management process
Reduction in non-elective (general + acute only)		HRW_007_CIR - Risk profiling and long term conditions	NHS Commissioner	(26)	570	(14,991)	This assumes that of a case-load over a year of approx. 150 patients, an emergency admission will be saved for 17%. Service operational for full-year.	Acute trust contract management process
Reduction in non-elective (general + acute only)		HRW_013_CH - Clinical Skills 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
Reduction in non-elective (general + acute only)		HRW_008_CIR Community Focused Acute Care	NHS Commissioner	(20)	570	(11,229)	Estimated that 37 patients per full year may go through service, of which only a proportion will be stepped into the service as an alternative to an admission. Assume 1st July start-date.	Acute trust contract management process
Reduction in non-elective (general + acute only)		HRW_008_CIR Community Focused Acute Care	NHS Commissioner	(16)	570	(9,006)	Assume 1:1.5 ROI. Of up to 500 patients going through the clinics, 6% should have an admission saved. Service to run for 6 months in 14/15.	Acute trust contract management process
Reduction in non-elective (general + acute only)		HRW_008_CIR Community Focused Acute Care	NHS Commissioner	(40)	570	(22,515)	Enabling strategy across all admission avoidance schemes with 1.8 admissions saved per week specifically allocated to this scheme in line with the results of prototype audit. Scheme to run for 6 months in 2014/15.	Acute trust contract management process
Reduction in delayed transfers of care		HRW_003_CIR - H&R integrated START / Intwemediate care / FRT	NHS Commissioner	(135)	220	(29,700)	Assume a 7.5% saving on NEL excess bed days for 6 months	Acute trust contract management process
Reduction in permanent residential admissions		VOY_002_CIR - Selby care hub	Local Authority	(2)	6,625	(13,250)	32%, based on NYCC population of VoY, of a 6% reduction in admissions to residential care based on the average cost of £250 per week for an average length of stay of 26.5 weeks for final quarter	Through the Joint Delivery Group and Integrated Commissioning Board
Reduction in delayed transfers of care		VOY_002_CIR - Selby care hub	NHS Commissioner	(44)	96	(4,233)	32%, based on NYCC population of VoY, of a reduction of 554 XBDs on a weighted average cost of £96.20 per day for final quarter	Through the Joint Delivery Group and Integrated Commissioning Board

			2014/15					
Benefit achieved from	If other please specify	Scheme Name	Organisation to Benefit	Change in activity measure	Unit Price (£)	Total (Saving) (£)	How was the saving value calculated?	How will the savings against plan be monitored?
Reduction in non-elective (general + acute only)		VOY_002_CIR - Selby care hub	NHS Commissioner	(76)	556	(42,288)	6.9% reduction, 303, in non-elective admissions for final quarter at local average NEL admission cost when applying 30% Marginal Tariff	Through the Joint Delivery Group and Integrated Commissioning Board
Reduction in non-elective (general + acute only)		VOY_004_CIR - Urgent Care Practitioners	NHS Commissioner	(407)	378	(153,846)	32%, based on NYCC population of VoY, of proportion of average UCP activity per month of implementation at local average NEL admission cost when applying 30% Marginal Tariff	Through the Joint Delivery Group and Integrated Commissioning Board
Reduction in non-elective (general + acute only)		VOY_001_VS - St Leonard's 'Hospice at Home'	NHS Commissioner	(60)	556	(33,385)	32%, based on NYCC population of VoY, of proportion of activity per month of implementation at local average NEL admission cost when applying 30% Marginal Tariff	Through the Joint Delivery Group and Integrated Commissioning Board
Other	Reduction in A&E attendance	VOY_002_CIR - Selby care hub	NHS Commissioner	(25)	109	(2,714)	Reduction of 100 A&E attendances pro rata for final quarter at local average A&E attendance cost	Through the Joint Delivery Group and Integrated Commissioning Board
Other	Reduction in A&E attendance	VOY_004_CIR - Urgent Care Practitioners	NHS Commissioner	(718)	109	(77,932)	32%, based on NYCC population of VoY, of proportion of average UCP activity per month of implementation at local average A&E attendance cost	Through the Joint Delivery Group and Integrated Commissioning Board
Other	Reduction in A&E attendance	VOY_003_MH - Street Triage	NHS Commissioner	(444)	109	(48,192)	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 attendance cost	Through the Joint Delivery Group and Integrated Commissioning Board
Other	Reduction in A&E attendance	VOY_001_VS - St Leonard's 'Hospice at Home'	NHS Commissioner	(60)	109	(6,530)	32% based on NYCC population Voy of proportion of activity per month of local A&E attendance cost	Through the Joint Delivery Group and Integrated Commissioning Board
Reduction in delayed transfers of care		HaRD_003_CIR - Intermediate Care & CAT	NHS Commissioner					
Reduction in non-elective (general + acute only)		HaRD_003_CIR - Intermediate Care & CAT	NHS Commissioner	(520)	570	(296,400)	20 NEL spell avoided per week (marginal rate re threshold reflected in the unit price)	currently agreeing data-set information with service provider
Reduction in non-elective (general + acute only)		HaRD_002_VS - Voluntary Sector Projects / Investments	NHS Commissioner	(52)	570	(29,640)	1 NEL spell avoided per week (full rate)	not possible to measure
Reduction in non-elective (general + acute only)		HaRD_001_MH - Psychiatric Liaison	NHS Commissioner	(130)	570	(74,100)	Based on patient base attending with chest pains, back pain, stomach pain, etc	use of Section 136 facility/activity monitoring
Reduction in non-elective (general + acute only)		HaRD_004_CH - Named GP per Care Home	NHS Commissioner	(235)	570	(133,950)	Based on 50% reduction on emergency admissions less than 3 days & 10% over 3 days	Unclear at this point in time
Reduction in permanent residential admissions		HARDCCG Care Home Scheme	NHS Commissioner	-	-	-		
Reduction in non-elective (general + acute only)		S&R_001_CIR - Malton Care Hub	NHS Commissioner	(75)	570	(42,750)	Assumptions based on % of direct reduction in Specific groups identified through suss data	Directly through admissions data
Reduction in non-elective (general + acute only)		S&R_003_MH - Psychiatric Liaison	NHS Commissioner	(15)	570	(8,550)	Impact of psychiatric liaison model from review of our providers scheme for other commissioners	Directly through admissions data
Reduction in non-elective (general + acute only)		S&R_008_VS - Palliative Care Pathway	NHS Commissioner	(135)	570	(76,950)	Estimated number of patients kept out of hospital at end of life	Directly through admissions data
Reduction in delayed transfers of care		S&R_003_MH - Psychiatric Liaison	NHS Commissioner	(500)	200	(100,000)	Impact of psychiatric liaison model from review of our providers scheme for other commissioners	Measure of contacts, reduced average LOS for this cohort

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

## 2015/16

			2015/16					
Benefit achieved from		Scheme Name	Organisation to Benefit	Change in activity measure	Unit Price (£)	Total (Saving) (£)	How was the saving value calculated?	How will the savings against plan be monitored?
Reduction in non-elective (general + acute only)		HRW_003_CIR - H&R integrated START / Intwemediate care / FRT	NHS Commissioner	(411)	570	(233,985)	1:1.5 (approx) return on investment; 7.9 admissions per week to be saved considered reasonable aspiration	Acute trust contract management process
Reduction in non-elective (general + acute only)		HRW_007_CIR - Risk profiling and long term conditions	NHS Commissioner	(95)	570	(53,979)	Increased case management capacity for 360 patients. Assume an emergency admission is prevented for approximately 25% of patients.	Acute trust contract management process
Reduction in non-elective (general + acute only)		HRW_001_MH - Pyschiatric Liaison	NHS Commissioner	(274)	570	(156,009)	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 saving in 14/15.	Acute trust contract management process
Reduction in non-elective (general + acute only)		HRW_004_CIR - Whitby overnight nursing service	NHS Commissioner	(153)	570	(87,324)	This equates to approx. 2.9 admissions saved per week, through having 7 day over-night capacity which previously was not available.	Acute trust contract management process
Reduction in non-elective (general + acute only)		HRW_007_CIR - Risk profiling and long term conditions	NHS Commissioner	(26)	570	(14,991)	This assumes that of a case-load over a year of approx. 150 patients, an emergency admission will be saved for 17%. Service operational for full-year.	Acute trust contract management process
Reduction in non-elective (general + acute only)		HRW_013_CH - Clinical Skills Educator	NHS Commissioner	(40)	570	(22,515)		Acute trust contract management process
Reduction in non-elective (general + acute only)		HRW_014_CH - Telemedicine	NHS Commissioner	(66)	570	(37,506)	Savings not fully quantified at this stage. Therefore 1:1 ROI has been included within this table.	Acute trust contract management process
Reduction in non-elective (general + acute only)		HRW_008_CIR Community Focused Acute Care	NHS Commissioner	(26)	570	(14,991)	Estimated that 37 patients per full year may go through service, of which only a proportion will be stepped into the service as an alternative to an admission.	Acute trust contract management process
Reduction in non-elective (general + acute only)		HRW_008_CIR Community Focused Acute Care	NHS Commissioner	(32)	570	(18,012)	Assume 1:1.5 ROI. Of up to 500 patients going through the clinics, 6% should have an admission saved.	Acute trust contract management process
Reduction in non-elective (general + acute only)		HRW_008_CIR Community Focused Acute Care	NHS Commissioner	(79)	570	(44,973)	Enabling strategy across all admission avoidance schemes with 1.8 admissions saved per week specifically allocated to this scheme in line with the results of prototype audit.	Acute trust contract management process

			2015/16					
Benefit achieved from		Scheme Name	Organisation to Benefit	Change in activity measure	Unit Price (£)	Total (Saving) (£)	How was the saving value calculated?	How will the savings against plan be monitored?
Reduction in delayed transfers of care		HRW_003_CIR - H&R integrated START / Intwemediate care / FRT	NHS Commissioner	(220)	270	(59,400)	7.5% reduction in NEL excess bed days for 12 months	Acute trust contract management process
Reduction in permanent residential admissions		VOY_002_CIR - Selby care hub	Local Authority	(10)	11,925	(119,250)	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 weeks for final quarter	Through the Joint Delivery Group and Integrated Commissioning Board
Reduction in delayed transfers of care		VOY_002_CIR - Selby care hub	NHS Commissioner	(177)	96	(17,027)	32%, based on NYCC population of VoY, of a reduction of 554 XBDs on a weighted average cost of £96.20 per day for final quarter	Through the Joint Delivery Group and Integrated Commissioning Board
Reduction in non-elective (general + acute only)		VOY_002_CIR - Selby care hub	NHS Commissioner	(304)	556	(169,152)	6.9% reduction, 303, in non-elective admissions for final quarter at local average NEL admission cost when applying 30% Marginal Tariff	Through the Joint Delivery Group and Integrated Commissioning Board
Reduction in non-elective (general + acute only)		VOY_004_CIR - Urgent Care Practitioners	NHS Commissioner	(591)	378	(223,398)	32%, based on NYCC population of VoY, of proportion of average UCP activity per month of implementation at local average NEL admission cost when applying 30% Marginal Tariff	Through the Joint Delivery Group and Integrated Commissioning Board
Reduction in non-elective (general + acute only)		VOY_001_VS - St Leonard's 'Hospice at Home'	NHS Commissioner	(180)	556	(100,156)	32%, based on NYCC population of VoY, of proportion of activity per month of implementation at local average NEL admission cost when applying 30% Marginal Tariff	Through the Joint Delivery Group and Integrated Commissioning Board
Other	Reduction in A&E attendance	VOY_002_CIR - Selby care hub	NHS Commissioner	(100)	109	(10,854)	Reduction of 100 A&E attendances pro rata for final quarter at local average A&E attendance cost	Through the Joint Delivery Group and Integrated Commissioning Board
Other	Reduction in A&E attendance	VOY_004_CIR - Urgent Care Practitioners	NHS Commissioner	(1,044)	109	(113,316)	32%, based on NYCC population of VoY, of proportion of average UCP activity per month of implementation at local average A&E attendance cost	Through the Joint Delivery Group and Integrated Commissioning Board
Other	Reduction in A&E attendance	VOY_003_MH - Street Triage	NHS Commissioner	(1,329)	109	(144,250)	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 attendance cost	Through the Joint Delivery Group and Integrated Commissioning Board
Other	Reduction in A&E attendance	VOY_001_VS - St Leonard's 'Hospice at Home'	NHS Commissioner	(180)	109	(19,589)	32% based on NYCC population Voy of proportion of activity per month of local A&E attendance cost	Through the Joint Delivery Group and Integrated Commissioning Board
Reduction in delayed transfers of care		HaRD_003_CIR - Intermediate Care & CAT	NHS Commissioner	-	-	-		
Reduction in non-elective (general + acute only)		HaRD_003_CIR - Intermediate Care & CAT	NHS Commissioner	(1,040)	570	(592,800)	Measure emergency admissions to acute beds that occur now at the times that CAT and intermediate care teams are to operate their extended hours	Locally agreed data-set with the service provider on times of admissions to emergency acute beds
Reduction in non-elective (general + acute only)		HaRD_002_VS - Voluntary Sector Projects / Investments	NHS Commissioner	(52)	570	(29,640)	Admissions of patients on EoL register, scheme expecting to reduce admissions that are multiple admissions of emergency care.	measure multiple admissions on EoL register
Reduction in non-elective (general + acute only)		HaRD_001_MH - Psychiatric Liaison	NHS Commissioner	(130)	570	(74,100)	Both Length of stay of emergency admissions and admissions themselves where the patient has mental health needs	Locally agreed data-set with the service provider on admitted mental health patients
Reduction in non-elective (general + acute only)		HaRD_004_CH - Named GP per Care Home	NHS Commissioner	(235)	570	(133,950)	Reduction in admissions from care homes	Admissions data comparison re care-homes postcodes
Reduction in non-elective (general + acute only)		HARDCCG Care Home Scheme	NHS Commissioner		570	-		

			2015/16					
Benefit achieved from		Scheme Name	Organisation to Benefit	Change in activity measure	Unit Price (£)	Total (Saving) (£)	How was the saving value calculated?	How will the savings against plan be monitored?
Reduction in non-elective (general + acute only)		S&R_001_CIR - Malton Care Hub	NHS Commissioner	(593)	570	(338,010)	Assumptions based on % of direct reduction in Specific groups identified through sus data	Directly through admissions data
Reduction in non-elective (general + acute only)		S&R_003_MH - Psychiatric Liaison	NHS Commissioner	(54)	570	(30,780)	Impact of psychiatric liaison model from review of our providers scheme for other commissioners	Directly through admissions data
Reduction in delayed transfers of care		S&R_003_MH - Psychiatric Liaison	NHS Commissioner	(2,000)	200	(400,000)	Impact of psychiatric liaison model from review of our providers scheme for other commissioners	Measure of contacts, reduced average LOS for this cohort
Other	Reduced support following hospital discharge	S&R_003_MH - Psychiatric Liaison	Local Authority	(1)	100,000	(100,000)	Impact of psychiatric liaison model from review of our providers scheme for other commissioners	Reduction in care packages
Reduction in non-elective (general + acute only)		S&R_008_VS - Palliative Care Pathway	NHS Commissioner	(135)	570	(76,950)	Estimated number of patients kept out of hospital at end of life	Directly through admissions data
Reduction in delayed transfers of care		S&R_008_VS - Palliative Care Pathway	NHS Commissioner	(500)	200	(100,000)	Estimate of patients and reduced length of stay for support of palliative patients outside hospital	Measure of contacts, reduced average LOS for this cohort
Reduction in non-elective (general + acute only)		AWC_001 to AWC_004 - All Schemes	NHS Commissioner	(163)	1,900	(309,700)	combined schemes based on projected reduction in non elective admission based on current numbers of patients currently accessing the system - expected low value savings in year one of new and established schemes in year one	KPPI and performance metrics being formalised and developed with providers to monitor the affectiveness of the schems
Reduction in non-elective (general + acute only)		ALL_002_CS - Community Services	NHS Commissioner	(543)	570	(309,510)	combined schemes based on projected reduction in non elective admission based on current numbers of patients currently accessing the system after redesigning of care pathways and service models.	KPPI and performance metrics being formalised and developed with providers to monitor the affectiveness of the schems
Other	BCF schemes will have a range of benefits including reduction in delayed transfer of care, more effective reablement, planned care for long term condtions which will reduce demand in other areas of the health care system such as length of stay, outpatients and community services and primary care.	AWC_001 to AWC_004 - All Schemes	NHS Commissioner	(330)	1,500	(495,000)	The savings are calculated based on how schemes will impact community services/pathways costs. Whilst the CCG schemes promote reduction in non elective admission, these schemes are also expected to reduce other areas of spend as stated in "other". The activity price calculated is an average price of these services (including average LOS and outpatient appointment) x by estimated numbers impacted by these schemes. Impact is expected to be lower in year one.	KPPI and performance metrics being formalised and developed with providers to monitor the affectiveness of the schemes, including reduction of LOS/outpatient activity and community numbers.
<b>Total</b>						<b>(4,651,116)</b>		



**North Yorkshire**

Red triangles indicate comments

Please complete the five white cells in the Non-Elective admissions table. Other white cells can be completed/revised as appropriate.

	Planned deterioration on baseline (or validity issue)
	Planned improvement on baseline of less than 3.5%
	Planned improvement on baseline of 3.5% or more

**Non - Elective admissions (general and acute)**

Metric		Baseline (14-15 figures are CCG plans)				Pay for performance period				
		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)	
Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	Quarterly rate	2,460	2,289	2,355	2,382	2,308	2,225	2,085	2,036	2,104
	Numerator	14,888	13,850	14,254	14,417	14,000	13,500	12,647	12,354	12,799
	Denominator	605,154	605,154	605,154	605,154	606,636	606,636	606,636	606,636	608,312

Rationale for red/amber ratings

P4P annual change in admissions -4908  
 P4P annual change in admissions (%) -8.5%  
 P4P annual saving £2,888,505

Please enter the average cost of a non-elective admission<sup>1</sup>

**£589**

Rationale for change from £1,490

Majority of NY average NEL costs £1900 at 30% threshold

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

Contributing CCGs	CCG baseline activity (14-15 figures are CCG plans)				% CCG registered population that has resident population in North Yorkshire	% North Yorkshire resident population that is in CCG registered population	Contributing CCG activity			
	Q4 (Jan 14 - Mar 14)	Q1 (Apr 14 - Jun 14)	Q2 (Jul 14 - Sep 14)	Q3 (Oct 14 - Dec 14)			Q4 (Jan 14 - Mar 14)	Q1 (Apr 14 - Jun 14)	Q2 (Jul 14 - Sep 14)	Q3 (Oct 14 - Dec 14)
NHS Airedale, Wharfedale 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
NHS East Lancashire CCG	10,623	10,326	10,267	10,415	0.1%	0.0%	13	12	12	13
NHS East Riding of Yorkshire CCG	7,140	7,070	7,150	7,150	1.3%	0.7%	96	95	96	96
NHS 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
<b>Total</b>						<b>100%</b>	<b>14,888</b>	<b>13,850</b>	<b>14,254</b>	<b>14,417</b>

**References**

<sup>1</sup> 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**

Red triangles indicate comments

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

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

**Residential admissions**

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

Annual change in admissions -19 -31  
Annual change in admissions % -2.8% -4.7%

Rationale for red rating

**Reablement**

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

Annual change in proportion 0.0 0.0  
Annual change in proportion % 0.0% 0.0%

Rationale for red rating

**Delayed transfers of care**

Metric		13-14 Baseline				14/15 plans				15-16 plans			
		Q1 (Apr 13 - Jun 13)	Q2 (Jul 13 - Sep 13)	Q3 (Oct 13 - Dec 13)	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)
Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+)	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
	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

Annual change in admissions 63 35  
Annual change in admissions % 0.5% 0.3%

Rationale for red ratings

**Patient / Service User Experience Metric**

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

**Local Metric**

Metric	Baseline April 12 - March 13	Planned 14/15 (if available)	Planned 15/16
PHOF 2.24i: Injuries due to falls in people aged 65 and over (Persons)	1784.3	1642.4	1497.3
	2,316	2,261	2,109
	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)

- 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>
- There is no robust national source for the average annual saving due to being at home 91 days after discharge from hospital in to reablement / rehabilitation services. Therefore HWBs should provide the estimate that underpins their planned financial savings, which it is assumed will include the impact of reduction admissions to hospital and to residential care
- Based on 12-13 Reference Costs: average cost of an excess bed day. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/261154/nhs\\_reference\\_costs\\_2012-13\\_acc.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/261154/nhs_reference_costs_2012-13_acc.pdf)