

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) /£
East Riding of Yorkshire Council (ERoYC)	Y	£6,627,000	£2,008,000	£2,008,000
East Riding of Yorkshire CCG (ERYCCG)	N		£19,212,000	£19,212,000
Vale of York CCG (YoYCCG)	N		£1,258,000	£1,258,000
BCF Total		£ 6,627,000	£ 22,478,000	£ 22,478,000

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.

The BCF pooled budget arrangements will be supported by agreed financial risk sharing protocol. Key mitigating actions include:

- * Appropriate Key Performance Indicators and associated financial implications for service providers
- * Identifying financial contingencies in plans commensurate to identified risk

Contingency plan:		2015/16	Ongoing
Secondary Care admissions for ambulatory care	Planned savings (if targets fully achieved)	2,160,000	2,160,000
	Maximum support needed for other services (if targets not achieved)		
Outcome 2	Planned savings (if targets fully achieved)		
	Maximum support needed for other services (if targets not achieved)		

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	2014/15 spend		2014/15 benefits		2015/16 spend		2015/16 benefits	
		Recurrent /£	Non-recurrent /£	Recurrent /£	Non-recurrent /£	Recurrent /£	Non-recurrent /£	Recurrent /£	Non-recurrent /£
Maintaining Social Care eligibility Criteria	ERoYC	£2,060,000				£2,060,000			
STARS	ERoYC	£1,767,000				£1,767,000			
Single In-take & duty team	ERoYC	£367,000				£367,000			
Community Based Intermediate Care Service	ERoYC	£682,000				£682,000			
Care Management	ERoYC	£546,000				£546,000			
Integrated Hospital Team	ERoYC	£360,000		£360,000		£360,000		£360,000	
Performance Delivery Fund - to be agreed	ERoYC	£801,000				£801,000			
Disabilities Facilities Grant	ERoYC					£1,203,000			
Social Care Capital Grant	ERoYC					£805,000			
ERCCG - 7 day nursing service	Humber NHSFT					£757,944			
VoYCCG - 7 day nursing service	Humber NHSFT					£34,056			
ERCCG - Integrated Hospital Team	Humber NHSFT					£205,755		£615,000	
VoYCCG - Integrated Hospital Team	Humber NHSFT					£9,245			
ERCCG - Community Equipment Services	NRS (Independent Provider)					£2,300,000			
VoYCCG - Community Equipment Services	NRS (Independent Provider)					£50,000			
Avoidable Admissions ERYCCG	Acute					£7,557,611			
Avoidable Admissions VoYCCG	Acute					£768,389			
Secondary Care Funding Released to support Health & Social Care	tba					£285,000			
Ambulatory Care	ERYCCG					£1,875,000	**	£2,160,000	***
Single Point of Contact	ERYCCG						**	£80,000	
Practical Home Support	ERoYC	£44,000				£44,000	**		
Structural Integration	ERoYC								
Benefits from baseline spending to be determined.									
** Non recurrent investment to be sourced from transformation funds / reserves.									
*** The introduction of an ambulatory care model is likely to generate additional savings in budget areas that are not currently included in the BCF pooled budget. Any savings that are directly attributable to the new service model will be transferred into the BCF.									
Total		£ 6,627,000	£ -	£ 360,000	£ -	£ 22,478,000	£ -	£ 3,215,000	£ -

Association



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

All the metrics identified below will be delivered by the ambulatory care model. The model will commence to deliver reductions in Avoidable Non Elective Admission from 1st October 2014 in 2 CCG localities. There will therefore only be a small saving seen in 2014/15, the full year effect will not be seen until 2015/16. The anticipated full year reduction will be equal to 1,080 spells in a full year or a 16% reduction in total annual ACS spells and a financial saving of £2.2m. The King's Fund suggest that reductions in ACS spells would be in the range of 8% to 18% of all ACS spells. The baseline for the avoidable admissions reflects the seasonality of this activity, where there is a greater number of spells in the winter period. Therefore the reduction only appears to be on the first 6 months when compared to the average of the baseline 12 month period. The baseline has also been adjusted to reflect the CCG underlying growth demographic growth of 2.65% in this patient cohort. Non-elective admissions over the past year have been reduced by the successful local QIPP projects, these will cease to provide additional reductions and therefore this element has been removed. The baseline used for the Delayed Transfers of Care metric is the average of the same period covered by the performance measure i.e. April 2012 to June 2013, to remove significant fluctuations in the activity. The improvement has been aligned to the implementation of the ACS model, therefore, most savings will be seen in 2015/16. The Rate of Readmissions has been used as the local metric as it will be directly related to the efforts to discharge patients earlier from hospital. The plan is to maintain the readmissions at the current level through management by the project, which will counter the increased risk of readmission caused by increasing the rates of early discharge, by ensuring appropriate discharge criteria are applied. The numerator and denominator reflect the growths and QIPP changes built into the plan for 2014/15.

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

The CCG has established several local measures for patient experience, including a Friends and Family test (FFT), within the operation of our new Long Term Conditions Co-morbidity scheme, which meet the criteria stated in the guidance and would be collected monthly. The FFT measure has been introduced for a 3 month period for LTC to ask patients 'How likely are you to recommend the long term conditions service to your friends and family if they required similar care or treat? There are 6 possible responses. Patients are also asked to confirm the main reason for their score. Our preference is to use the scores from this test, however, the scheme has only recently commenced and we do not have a baseline for performance comparison at this time and cannot set a level of improvement. We are proposing to use this local measure when available but will use the national measure if available earlier.

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

Please see Better Care Fund assurance process within main template (Part 1).

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.

Please complete all pink cells:

Metrics		Baseline*	Performance underpinning April 2015 payment	Performance underpinning October 2015 payment
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	Metric Value	718.6	N/A	690.0
	Numerator	545		575
	Denominator	75700		83300
		(Apr 2012 - Mar 2013)		(Apr 2014 - Mar 2015)
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services <i>NB. The metric can be entered either as a % or as a figure e.g. 75% (0.75) or 75.0</i>	Metric Value	89.20	N/A	92.00
	Numerator	75		86
	Denominator	85		93
		(Apr 2012 - Mar 2013)		(Apr 2014 - Mar 2015)
Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month) <i>NB. The numerator should either be the average monthly count or the appropriate total count for the time period</i>	Metric Value	224.7	222.3	205.2
	Numerator	9285	5558	3448
	Denominator	275467	277840	280113
		(April 12 - June 13)	Apr - Dec 2014 (9 months)	Jan - Jun 2015 (6 months)
Avoidable emergency admissions (average per month) <i>NB. The numerator should either be the average monthly count or the appropriate total count for the time period</i>	Metric Value	167.9	157.3	170.8
	Numerator	6803	3227	3530
	Denominator	337716	341997	344422
		(April 14 - March 15)	Apr - Sep 2014 (6 months)	Oct 2014 - Mar 2015 (6 months)
Patient / service user experience <i>For local measure, please list actual measure to be used. This does not need to be completed if the national metric (under development) is to be used</i>			N/A	
		(State time period and select no. of months)		(State time period and select no. of months)
Emergency readmissions within 30 days of discharge from hospital. <i>The metric is the count of readmissions expressed as a percentage of relevant Non-Elective admissions. Readmissions and Non-Elective emergency spell activity at main acute providers as determined using the algorithm agreed within the national acute provider contract based on ONS resident population. Definition as per Monitor guidance 2014/15 National Tariff Payment System - revised 26/2/2014, clause 6.3.2 Emergency readmissions within 30 days. (http://www.monitor.gov.uk/NT).</i>	Metric Value	14.3	14.3	14.3
	Numerator	4132	2039	2122
	Denominator	28931	14278	14861
		(February 2013 - January 2014)	(April - September 2014)	(October 2014 - March 2015)