

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	Y	£ 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.

<p>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</p> <p>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.</p> <p>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.</p>
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Contingency plan:		2015/16	Ongoing
Outcome 1 - Reduced Delayed Discharges	Planned savings (if targets fully achieved)	£ 2,600,881	
	Maximum support needed for other services (if targets not achieved)	£ 2,600,881	
Outcome 2 - Reduced Emergency Admissions	Planned savings (if targets fully achieved)	£ 5,716,126	
	Maximum support needed for other services (if targets not achieved)	£ 5,716,126	
Outcome 3 - Reduced Injuries due to Falls	Planned savings (if targets fully achieved)	£ 51,400	
	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	2014/15 spend		2014/15 benefits		2015/16 spend		2015/16 benefits	
		Recurrent /£	Non-recurrent /£	Recurrent /£	Non-recurrent /£	Recurrent /£	Non-recurrent /£	Recurrent /£	Non-recurrent /£
Social Care Protection	NYCC	£ 7,000,000				£ 17,000,000			
Disabled Facilities Grant	Districts					£ 2,033,000			
Care Bill Preparation including IT systems	NYCC						£ 1,850,000		
Data Sharing & Information Governance	NYCC								
Organisational Development	tbc		2,500,000						
Evaluation	tbc								
Communication	tbc								
AWC CCG - Care Home improvement support service	AWC CCG	£ 105,000	£ 110,000			£ 105,000			
AWC CCG -Technology Fund	AWC CCG		£ 50,000						
AWC CCG - Specialist Community Nursing Services	AWC CCG	£ 200,000				£ 200,000			
AWC CCG - Craven Collaborative Care team Enhancement	AWC CCG	£ 557,000				£ 557,000			
AWC CCG - Assistive technologies / telemedicine	AWC CCG	£ 226,000				£ 226,000			
HRW CCG - Integrated health and social care community teams	HRW CCG	£ 333,000	£ 194,250			£ 333,000			
HRW CCG - Risk profiling and long term conditions	HRW CCG	£ 75,000		£ 45,000		£ 100,000		£ 180,000	
HRW CCG - Integrated START and Intermediate Care (NYCC and STHFT)	HRW CCG	£ 444,000	£ 30,000	£ 550,000		£ 552,000		£ 1,100,000	
HRW CCG - Carers sitting services – Hambleton Richmondshire and Whitby	HRW CCG	£ 40,000				£ 40,000			
HRW CCG - Carer Training	HRW CCG		£ 20,000						
HRW CCG - Development and implementation of a Dementia Strategy	HRW CCG		£ 67,500				£ 22,500		
HRW CCG - RAID/Liaison	HRW CCG	£ 354,660		£ 354,660		£ 472,880		£ 520,168	
HRW CCG - Prevention Initiative	HRW CCG	£ 595,750				£ 634,000			
Community Services & 24/7 Fast response Service for Whitby and	HRW CCG	£ 163,500		£ 341,000		£ 218,000		£ 341,000	
HRW CCG - Hospital case management	HRW CCG	£ 126,000				£ 126,000			
HRW CCG - Integrated IV antibiotic service	HRW CCG	£ 37,500				£ 50,000			
HRW CCG - Supporting nursing homes through Community matron input and Introduction of Telemedicine	HRW CCG	£ 131,250		£ 50,000		£ 175,000		£ 200,000	
HaRD CCG - End of Life care Electronic Register	HaRD CCG		£ 49,650						
HaRD CCG - Patient and Carer Support in Palliative Care	HaRD CCG		£ 28,952	£ 43,000		£ 28,952		£ 43,000	
HaRD CCG - Health and Social Care Intermediate Tier Service - Combined Proposal	HaRD CCG	£ 1,895,000		£ 1,980,000		£ 1,895,000		£ 1,980,000	
HaRD CCG - Enhanced Mental Health Liaison (RAID)	HaRD CCG	£ 425,928		£ 690,000		£ 425,928		£ 690,000	
HaRD CCG - Reducing Unnecessary Admissions from Care Homes	HaRD CCG	£ 250,810	£ 129,000	£ 188,090		£ 250,810		£ 376,180	
HaRD CCG - Social Prescribing - Age UK	HaRD CCG	£ 6,135		£ 2,675		£ 6,135		£ 5,350	
HaRD CCG - Independent Living Support	HaRD CCG	£ 12,490		£ 18,000		£ 12,490		£ 18,000	
HaRD CCG - Other Voluntary Sector investments to be agreed	HaRD CCG	£ 152,423		£ 228,000		£ 152,423		£ 228,000	
SR CCG - Elderly Care at Home	S&R CCG	£ 461,000		£ 365,000		£ 461,000		£ 730,000	
SR CCG - Community Geriatrician	S&R CCG	£ 268,400		£ 156,000		£ 268,400		£ 312,000	
SR CCG - Mental Health Nurse Secondment	S&R CCG	£ 146,254	£ 40,000	£ 170,000		£ 146,254		£ 340,000	
SR CCG - Directory of Service (DoS)	S&R CCG	£ 5,000	£ 20,000			£ 5,000			
SR CCG - Community Hubs	S&R CCG	£ 190,260		£ 51,400		£ 190,260		£ 102,800	
SR CCG - Development of Day Rehabilitation	S&R CCG	£ 50,000		£ 35,000		£ 50,000		£ 70,000	
SR CCG - RAID (adult option 1)	S&R CCG	£ 215,000		£ 348,300		£ 215,000		£ 696,600	
SR CCG - Health and social Care Trainers/Self-Help	S&R CCG	£ 135,000		£ 112,500		£ 135,000		£ 225,000	
SR CCG - Care Home Nutrition Support	S&R CCG	£ 73,900	£ 5,533	£ 61,483		£ 73,900		£ 122,965	
SR CCG - Smoking Cessation in Hospital	S&R CCG	£ 100,000		£ 141,000		£ 100,000		£ 282,000	
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 CYC)	VoY CCG	£ 100,000		£ 300,000		£ 100,000		£ 300,000	
VoY CCG - Psychiatric Liaison service YHFT (joint fund with CYC)	VoY CCG	£ 25,000		£ 75,000		£ 25,000		£ 75,000	
VoY CCG - Hospice at Home (joint fund with CYC)	VoY CCG	£ 135,000		£ 405,000		£ 135,000		£ 405,000	
VoY CCG - Additional Programme Management capacity	VoY CCG		£ 100,000						
Further schemes to be defined / extensions of above	tbc		£ 8,911,855				£ 9,514,068		
Carer Support	tbc					tbc			
Falls Prevention	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	£ -

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

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

1. EFFICIENT - The greatest benefit for the population is achieved with the available resources,
2. CLEAR AND COORDINATED - People receive care that is clear, co-ordinated and worry-free,
3. 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:

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	520.0	N/A	462.0
	Numerator	675		637
	Denominator	129802		137952
		(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	85.90	N/A	85.90
	Numerator	395		455
	Denominator	460		530
		(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	201.1	181.1	171.4
	Numerator	978	886	842
	Denominator	486594	489037	491458
		(June 2013 - Nov 2013)	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	156.9	143.5	153.8
	Numerator	950	873	939
	Denominator	605503	608092	610702
		(April - September 2013)	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)
Local measure <i>Please give full description</i>	Metric Value	1641.7	1601.5	1561.4
	Numerator	2041	1074	1077
	Denominator	124321	134139	137952
		Apr 2011 - Mar 2012	Apr - Sep 2014	Oct 2014 - Mar 2015