

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

The three tabs containing tables have been protected so that the structure can not be modified in a way that will impede the collation of all HWB plans. However, for the finance tables whole rows can still be inserted by right clicking on the row number to the left of the sheet and clicking 'insert'.

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) /£
Leicestershire County Council	Y	£ 4,607,600	£ 3,083,000	£ 3,220,500
NHS West Leicestershire CCG	N	£ 1,968,000	£ 20,073,000	£ 20,073,000
NHS East Leicestershire & Rutland CCG	N	£ 1,022,000	£ 15,187,000	£ 15,187,000
NHS England (14/15 existing health transfer and BCF preparation funds)	N	£ 10,653,000		
BCF Total		£ 18,250,600	£ 38,343,000	£ 38,480,500

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.

Leicestershire County Council currently holds an ear-marked reserve totalling £6m for implementation of the Better Care Fund. £1.3m of the reserve has been held back to act as a contingency for potential under performance, this equates to 3% of Better Care Fund expenditure in 2015/16. The remaining reserve funding is being used to support delivery of the schemes included in the Better Care Fund. The management of risk is an issue that will be addressed as part of developing the Pooled Budget Section 75 agreement.

Contingency plan:		2015/16	Ongoing
Outcome 1: Reduction of permanent admissions to residential care.	Planned savings (if targets fully achieved)	TBC	TBC
	Maximum support needed for other services (if targets not achieved)	TBC	TBC
Outcome 2: Increase in proportion of older people still at home 91 days after discharge.	Planned savings (if targets fully achieved)	TBC	TBC
	Maximum support needed for other services (if targets not achieved)	TBC	TBC
	Planned savings (if targets fully achieved)	TBC	TBC

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 £
First Contact	Leicestershire County Council	£ 158,900				£ 161,600			
Carers Services	independent	£ 360,000	£ 10,000			£ 450,000			
Time Banking	Leicestershire County Council		£ 72,000						
Advice & Information	Leicestershire County Council		£ 4,000						
Carers Assessments (Care Bill Implications)	Leicestershire County Council					£ 275,000			
Specialist Support to People with Dementia & Carers	independent Sector	£ 294,000				£ 320,000			
Strengthening Autism Pathway	Leicestershire County Council & National Autistic Society	£ 162,800				£ 94,900			
Assistive Technology	Leicestershire County Council	£ 984,000				£ 995,000			
Assistive Technology (replacement equipment)	Leicestershire County Council		£ 1,444,500						
Local Area Co-ordination	Leicestershire County Council	£ 240,000				£ 600,000			
Disabled Facilities Grants	Blaby District Council					£ 256,000			
Disabled Facilities Grants	Charnwood Borough Council					£ 425,000			
Disabled Facilities Grants	Harborough District Council					£ 199,000			
Disabled Facilities Grants	Hinckley & Bosworth Borough Council					£ 250,000			
Disabled Facilities Grants	Melton Borough Council					£ 133,000			
Disabled Facilities Grants	North West Leicestershire District Council					£ 298,000			
Disabled Facilities Grants	Osby & Wigston Borough Council					£ 178,000			
Disabled Facilities Grants	Leicestershire Partnership NHS Trust					£ 844,000			
NHS - LD Short Breaks	Leicestershire County Council	£ 1,038,700				£ 2,000,000			
Integrated Crisis Response Service (Health & Social Care)	To be confirmed	£ 1,000,000				£ 2,000,000			
Health & Social Care Older Frail Service	To be confirmed	£ 50,000				£ 100,000			
Ambulance Falls Prevention	To be confirmed	£ 300,000				£ 750,000			
Expanded Role of Primary Medical Care	To be confirmed	£ 432,000				£ 432,000			
HART Reablement	Leicestershire County Council	£ 580,000				£ 580,000			
Intermediate Care	Leicestershire Partnership NHS Trust								
Integrated Residential Reablement	independent Sector	£ 556,000				£ 556,000			
Hospital to Home	RVS	£ 72,000				£ 72,000			
HART Scheduling System	Leicestershire County Council		£ 95,000				£ 130,000		
Patient Transfer Minimum Data Set	To be confirmed		£ 90,000						
Bridging Service	To be confirmed	£ 500,000				£ 750,000			
Strengthening Mental Health Discharge Provision	Leicestershire County Council	£ 254,800				£ 260,700			
NHS - Step Down	WLCOG & ELRCCO					£ 629,000			
NHS - Initiative Community Service	WLCOG & ELRCCO					£ 1,821,000			
NHS - Assertive InReach	WLCOG & ELRCCO	£ 569,000				£ 569,000			
NHS - Reablement	WLCOG & ELRCCO					£ 4,132,000			
Social Care - Residential Respite	independent Sector	£ 742,600				£ 742,600			
Social Care - cost pressures linked to new models of working	Leicestershire County Council	£ 220,000				£ 1,640,000			
Proactive Care (West Leics)	Leicestershire County Council	£ 540,000				£ 540,000			
Long Term Conditions (East)	Leicestershire County Council								
Pathway to Housing	Leicestershire County Council		£ 72,200						
Memory Plus Service Evaluation	Leicestershire County Council		£ 10,000						
Improving Quality in Care Homes	Leicestershire County Council	£ 486,300				£ 501,300			
IT Enablers - Data sharing, care plans, health & care	Leicestershire County Council					£ 650,000			
Social Care - Nursing care packages	To be confirmed	£ 2,995,200				£ 3,360,600			
Social Care - Sustainable community services	independent Sector	£ 1,466,000				£ 1,676,000			
Social Care - Increasing demographic pressures	independent Sector	£ 1,741,000				£ 4,584,000			
Social Care - Protection of community care packages	independent Sector					£ 3,852,000			
Better Care Fund Programme Leads	Leicestershire County Council	£ 164,100				£ 26,000			
Better Care Fund - Programme Support	Leicestershire County Council					£ 86,800			
Total		£ 16,452,900	£ 1,797,700	£ -	£ -	£ 38,350,500	£ 130,000	£ -	£ -

Association

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Outcomes and metrics

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

Expected outcomes and benefits have been identified throughout the BCF narrative plan (template 1) where we have outlined our vision and aims for this work through the 4 BCF themes and the individual components under each theme. Since the draft BCF submission, a significant piece of impact assessment work has been undertaken which analysed the impact of the components of the BCF on the 6 metrics. An appendix to the narrative plan (Appendix 3) summarises the analysis undertaken. Performance against the metrics will be governed by the Integration Executive which meets monthly and is overseeing the delivery of the BCF plan, reporting to the Health and Wellbeing Board. The Integration Executive comprises all partners including providers. In summary the expected benefits and outcomes of the BCF plan are as follows

1. Admissions to residential and care homes; (ASCOF) - expected benefits of reduction will be people supported to remain independent. This will also support Leicestershire County Council to deliver improved alternatives to residential care such as Supported Living and Home Base Support that enables individuals to remain independent and within their communities.
2. Effectiveness of reablement; (ASCOF) - the key benefits to having an effective reablement provision is that we will reduce average length of stay by a maximum of 3 days in particular those patients who are admitted following a fall or have a risk of fall. We will also be monitoring the impact on the 30 day readmission rate. There will be process efficiencies in referrals and choices by integration of provision across health and social care, reducing inter-team referrals.
3. Delayed transfers of care; (NHSOF) - 2% reduction in delayed transfers of care will have a significant benefit to patients who can be better supported within their home environment. A strengthened and integrated intermediate care with additional capacity of a Intensive Community Support team will enable patients to be transferred to an appropriate care setting much more effectively. This metric closely links with the effectiveness of reablement and admissions to residential care homes as it demonstrates pathway monitoring.
4. Avoidable emergency admissions; (NHSOF) - increasing capacity and capability in community and primary care settings will enable a more responsive, needs led service, managed through a single co-ordination point, operating on a 24/7 basis and deliver an urgent response within 2 hours. The ambition is that this will impact on 20 avoidable admissions per week saved. The 2% reduction is reflective of our plans as a health and social care community to scale up in 2015/16.
6. Injuries due to falls in people aged 65 and over; (PHOF) - this is our local measure which will enable us to monitor the effectiveness of the prevention programme of work in particular with our frail older population, including via an urgent response in the community to support someone who has fallen but can potentially remain in their own home.. This links with the improved housing offer which will enable a more rapid response to patients identified that require adaptations or alternative options that ensure that they are safe and independent within their homes. Furthermore the proactive and integrated care model involves risk stratification and proactive care planning for patients who can be supported to manage their long term conditions using the MDT approach - measuring the injuries due to falls will enable us to monitor the effectiveness of these plans.

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

We plan to use the national metric once it has been developed

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

The development of our metrics and trajectories has been undertaken in partnership, with analysts from local CCGs, Local Authority, Public Health and the Greater East Midlands Commissioning Support Unit collaborating on this work. This work has also involved analysts from the Leicester City BCF team to cross check local assumptions between the 2 plans, particularly in relation to impact on the acute sector. Agreement to the final trajectories has been reached through an impact assessment workshop, further supported by strategic input at the March 25, 2014 meeting of the Integration Executive. Final recommendations for the BCF submission were received at the April 1, 2014 meeting of the Health and Wellbeing Board. Our initial impact analysis for the BCF plan has demonstrated where further work is needed on data quality and the performance indicators for each of the components of the BCF plan that contribute to one or more of the 6 metrics and this has been factored into our programme plan. For example the need to look at the contributions made in the DTOC trajectory from acute, community and mental health bed days, and the need to capture more effectively destination at 91 days post discharge for the reablement metric. The assurance process for ongoing delivery will involve a BCF dashboard for the metrics being monitored through the Integration Executive. Performance management plans will be proposed by the Integration Executive, approved by the HWB Board, and enacted with the provider by the lead/co-ordinating commissioner where applicable.

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

N/A

Association



Outcomes and metrics

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	762.7	N/A	718.7
	Numerator	930		939
	Denominator	121930		130645
		(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. This should correspond to the published figures which are based on a 3 month period i.e. they should not be converted to average annual figures. The metric can be entered either as a % or as a figure e.g. 75% (0.75) or 75.0</i>	Metric Value	0.78	N/A	0.82
	Numerator	395		480
	Denominator	505		584
		(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	292.7	288.2	287.7
	Numerator	8 ▾ 12429	13915	9348
	Denominator	530769	536515	541600
		(State time period and select no. of months)	Apr - Dec 2014 (9 months)	Jan - Jun 2015 (6 months)
Avoidable emergency admissions 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	12 ▾ 124.1	121.7	121.7
	Numerator	9913	4907	4907
	Denominator	665557	672049	672049
		1 ▾ (State time period and select no. of months)	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>				
		12 ▾ (State time period and select no. of months)	N/A 12 ▾	(State time period and select no. of months)
Local measure <i>Injuries due to falls in people aged 65 and over</i>	Metric Value	168.2	162.2	162.2
	Numerator	2322	2500	2543
	Denominator	115044	128466	130645
		(State time period and select no. of months)	(State time period and select no. of months)	(State time period and select no. of months)

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