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'.

# 132

#### 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)	•	nding on schemes in	cont	Minimum ribution (15/16)	c	Actual contribution
	buuget! (1/N)			_	/£	•	(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	Planned savings (if targets fully achieved)	ТВС	ТВС
permanent admissions to residential care.	Maximum support needed for other services (if targets not achieved)	ТВС	TBC
Outcome 2: Increase in	Planned savings (if targets fully achieved)	ТВС	ТВС
proportion of older people still at home 91 days after discharge.	Maximum support needed for other services (if targets not achieved)	TBC	ТВС
	Planned savings (if targets fully achieved)	TBC	ТВС

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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.

First Contact Cours Services Indeed Cours Cours Services Indeed Cours Co	aced provider  accessimptive  county Council  county Council  dependent  accessimptive  county Council  accessimptive  county Council  accessimptive  county Council  accessimptive  acces	Recurrent Æ	\$ spend   Non-recurrent	2014/15 b Recurrent /£	Non-recurrent IE	2015/16           Recurrent /£           £         161,600           £         450,000           £         275,000           £         320,000           £         94,900           £         995,000	Non-recurrent RE	Recurrent /£	S benefits  Non-recurrent /£
First Contact  Course Sarvices  Index Course Sarvices  Course Sarvices  Course Sarvices  Sector Saves Saves  Sector Saves Saves  Course Saves  Sector Saves  Sector Saves  Sector Saves  Sector Saves  Course  Sector Saves  Saves  Sector Saves  Sector Saves  Sector Saves  Sector Saves  Saves  Sector Saves  Save	county Council dependent decembershive county Council decembershive county Council accessershive county	£ 158,900 £ 360,000 £ 294,000 £ 162,800 £ 984,000	£ 10,000 £ 72,000 £ 4,000		E	£ 161,600 £ 450,000 £ 275,000 £ 320,000 £ 94,900	E		
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Dementia & Carers  Sector  Strengthening Autism Pathway  County  Assistive Technology  County  Assistive Technology  County  Assistive Technology  County  Assistive Technology  County  County  Disabel County  County  County  Disabel County  County  Disabel County  County  Disabel County  Count	elector sericestershire county Council & altional Autistic lociety elecstershire county Council elecstershire county Council elecstershire county Council elecstershire county Council laby District county council farborough council farborough listrict Council farborough listrict Council farborough listrict Council finckley & losworth lorough Council felton Borough council conth West	£ 162,800 £ 984,000	£ 1,444,500			£ 94,900			
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Disabled Facilities Grants District Control Co						£ 298.000			
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NHS - LD Short Breaks Integrated Crisis Response	Council								
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Service (Health & Social Care) Court Feat To Service Ambulance Falls Prevention To be Expanded Role of Primary Medical Care test To be Leice HART Reablement Leice Parth	rust								
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Expanded Role of Primary Medical Care  HART Reablement  Leice Coun Leice Partn	o be confirmed								
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HART Reablement Coun Leice Partn	o be confirmed								
Leice Partn	eicestershire County Council	£ 432,000				£ 432,000			
Partn	eicestersnire	£ 580,000				£ 580,000			
	Partnership NHS	_				-			
Intermediate Care Trust Integrated Residential Indep	rust ndependent	£ 556,000			_	£ 556,000			
Reablement Sector	Sector								
Hospital to Home RVS	RVS eicestershire	£ 72,000				£ 72,000	- 400.000		
	eicestersnire County Council		£ 95,000				£ 130,000		
			£ 90,000						
Set To be Bridging Service To be	o be confirmed to be confirmed	£ 500,000				£ 750,000			
Strengthening Mental Health Leice	eicestershire	£ 254.800				£ 260,700			
Discharge Provision Coun	County Council	£ 2,							
NHS - Sten Down FLRC	VLCCG & LRCCG					£ 529,000			
NHS - Intensive Community WLC	VLCCG &					£ 1,821,000			
Service ELRC	LRCCG &	£ 569,000				£ 569,000			
NHS - Assertive InReach ELRO	LRCCG	£ 509,000							
WLC	VLCCG &					£ 4,132,000			
Indep	LRCCG ndependent	£ 742,600				£ 742,600			
Social Care - Residential Respite Sector									
linked to new models of working Coun	County Council	£ 220,000				£ 1,640,000			
Leice	eicestershire	£ 540,000				£ 540,000			
Partn Proactive Care (West Leics) Trust	artnership NHS								
Leice	eicestershire	£ 460,000				£ 460,000			
Long Term Conditions (East) Coun	County Council eicestershire								
	eicestershire County Council		£ 72,200						
Leice	eicestershire		£ 10,000						
Memory Plus Service Evaluation Coun Improving Quality in Care Leice	County Council eicestershire	£ 486,300				£ 501,300			
Homes Coun	County Council	£ 400,300							
IT Enablers - Data sharing, care plans, t/health & t/care To be Social Care - Nursing care Indep	o be confirmed					£ 650,000			
	ndependent	£ 2,995,200				£ 3,360,600			
packages Sector	Sector ndependent								
community services Sector	Sector	£ 1,466,000				£ 1,876,000			
Social Care - Increasing Indep	ndependent	£ 1,741,000				£ 4,584,000			
demographic pressures Sector	Sector Independent					£ 3.852.000			
community care packages Sector	Sector								
Better Care Fund Programme Leice	eicestershire	£ 164,100				£ 26,000			
	county Council eicestershire	£ 85.500			_	£ 86.800			
Support Coun	County Council	£ 00,000				£ 00,000			
Total		£ 16,452,900	£ 1,797,700			£ 38,350,500	£ 130,000		
Total		£ 15,452.90**	£ 1,797,71m	£	£	£ 38,300.00			£ -

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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 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, inclduing 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 collabrating on this work. This work has also involved analysts from the Leicester City BCF team to cross check local assumptions between the 2 plans, particulary in relation to impact on the acute sector. Agreement to the fianl 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

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## **Outcomes and metrics**

Please complete all pink cells:

			Performance	Performance
Metrics		Baseline*	underpinning April 2015	underpinning October
Motified		baseinie	payment	2015 payment
Permanent admissions of older people (aged 65 and over) to residential and	Metric Value	762.7	payment	718.7
nursing care homes, per 100,000 population	Numerator	930		939
3	Denominator	121930	N/A	130645
		( Apr 2012 - Mar 2013 )		( Apr 2014 - Mar 2015 )
Proportion of older people (65 and over) who were still at home 91 days after	Metric Value	0.78		0.82
discharge from hospital into reablement / rehabilitation services	Numerator	395		480
NB. This should correspond to the published figures which are based on a 3 month	Denominator	505	N/A	584
period i.e. they should not be converted to average annual figures. The metric can	Benominator	( Apr 2012 - Mar 2013 )	,	( Apr 2014 - Mar 2015 )
be entered either as a % or as a figure e.g. 75% (0.75) or 75.0		( Apr 2012 - Iviai 2013 )		( Apr 2014 - Iviai 2013 )
Delayed transfers of care (delayed days) from hospital per 100,000 population		292.7	288.2	287.7
(average per month)	Numerator 8	12429	13915	9348
ND T	Denominator	530769	536515	541600
NB. The numerator should either be the average monthly count or the appropriate total count for the time period		(State time period and	Apr - Dec 2014	Jan - Jun 2015
total count for the time period		select no. of months)	(9 months)	(6 months)
Avoidable emergency admissions per 100,000 population (average per month)	Metric Value 12	124.1	121.7	121.7
	Numerator	9913	4907	4907
NB. The numerator should either be the average monthly count or the appropriate	Denominator	665557	672049	672049
total count for the time period		State time period and	Apr - S 1 2014	Oct 2014 - Mar 2015
	1	select no. of months)	(6 months)	(6 months)
Patient / service user experience				
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	40	(State time period and	N/Δ	(State time period and
	12	▼ select no. of mol 12 ▼	12 🔻	select no. of months)
Local measure	Metric Value	168.2	162.2	162.2
Injuries due to falls in people aged 65 and over	Numerator	2322	2500	2543
	Denominator	115044	128466	130645
		(State time period and	(State time period and	(State time period and
		select no. of months)	select no. of months)	select no. of months)

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