

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

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Organisation	Holds the pooled budget? (Y/N)	Spending on BCF schemes in 14/15 /£	Minimum contribution (15/16) /£	Actual contribution (15/16) /£
Plymouth City Council	Y	£ 5,666,000	£ 1,860,000	£ 1,860,000
NEW Devon CCG	N	£ -	£ 17,750,000	£ 17,750,000
BCF Total		£ 5,666,000	£ 19,610,000	£ 19,610,000

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.

£5.13m is identified as funding 'potentially subject to pay-for-performance measures'. At this stage in the planning process we have outlined the schemes and areas where we plan to use the pooled fund in 2014/15 and 2015/16. As part of the challenged health economy work taking place across the local health economy, and further development of our local plans for integration, we anticipate that detailed scheme-level plans will be further developed during the course of the year. We recognise that the implications of any changes to current commissioning arrangements need to be considered, both in terms of ensuring that the planned outputs of schemes are realised, but also considering the effect of any divestment on the system. We will continue to work with our providers to manage this process in order to ensure that services are maintained.

Contingency plan:		2015/16	Ongoing
Numbers of permanent admissions of older people reduces as per plan. Need to monitor metric regularly and review plan if not achieving as expected and put in alternative measures.	Planned savings (if targets fully achieved)	£356,215	
	Maximum support needed for other services (if targets not achieved)	£356,215	
Older people still at home 91 days after discharge from hospital into reablement / rehabilitation services. Assume included in above.	Planned savings (if targets fully achieved)	included above	
	Maximum support needed for other services (if targets not achieved)	included above	
Delayed transfer of care achieved / if not achieved would result in payment in Trust Sector. Need to monitor metric regularly and review plan if not achieving as expected and put in alternative measures.	Planned savings (if targets fully achieved)	£426,094	
	Maximum support needed for other services (if targets not achieved)	£426,094	
Avoidable emergency admissions metric achieved / not achievement would result in payment to Provider organisation. Need to monitor metric regularly and review plan if not achieving as expected and put in alternative measures.	Planned savings (if targets fully achieved)	£283,286	
	Maximum support needed for other services (if targets not achieved)	£283,286	

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 /£
DFG	PCC	£ -	£ -			£ 1,145,000	£ -		
Social Care Capital Grant	PCC	£ -	£ -			£ 715,000	£ -		
Care Bill Implementation	PCC	£ -	£ -			£ 692,000	£ -		
Care Bill implementation IT element	PCC	£ -	£ -			£ 268,000	£ -		
Support for Community Equipment Service	PCC	£ 600,000	£ -			£ 800,000	£ -		
Admission avoidance	PCC	£ 500,000	£ -			£ 1,545,795	£ -		
Delayed transfers of care, Improve discharge	PCC	£ 330,000	£ -			£ 1,030,225	£ -		
Reablement, Rehabilitation, Recovery	PCC	£ 1,182,000	£ -			£ 3,972,261	£ -		
Social care capacity	PCC	£ 3,054,000	£ -			£ 9,441,719	£ -		
							£ -		
							£ -		
							£ -		
Total		£ 5,666,000	£ -	£ -	£ -	£ 19,610,000	£ -	£ -	£ -

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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

Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population - Performance in the baseline year was 697 admissions per 100,000 population which is similar to the England average and places Plymouth within the 2nd quartile. Among 56 unitary authorities Plymouth has the 19th lowest rate of admissions. The implementation of the ICE team is expected to result in a reduction in long term admissions to residential and nursing care, although pressures with an ageing population are likely to impact on the extent of this reduction. The rate will be measured using national Adult Social Care outcomes framework guidance and will be reported on a quarterly basis to the Health and Social Care Integration (assurance) and Urgent Care Partnership boards (responsible for delivery), performance will be tracked alongside financial cost of admissions.

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services - Performance in the baseline year was 89.3%. Performance has varied for the past three years, being 90.9% in 2010/11, 80.3% in 2011/12 and 89.3% in 2012/13. These variations could be explained by concerns re data quality and difficulties in creating a consistent method of collection. The 2012/13 outcome placed Plymouth above the England, regional and unitary authority averages. The expected outcome will be to remain among best performing local authorities in the country and to record a 2% increase in performance over a three year period, this will be impacted upon by the reablement work scheme. The outcome will be measured using national Adult Social Care outcomes framework guidance and will be reported on a quarterly basis to the Health and Social Care Integration (assurance) and Urgent Care Partnership boards (responsible for delivery).

Delayed transfers of care from hospital per 100,000 population (average per month) - Performance in the baseline (April - November 2013) was 365.7 days delayed per 100,000 population which is significantly above the Southwest average of 308.5. The CCT team and the additional investment in reablement will ensure an improvement in hospital discharges from both the acute and non-acute sector. The integrated nature of the service will ensure swift access to any services needed. The outcomes are expected to improve in 2014/15 achieving performance that shows a statistically significant improvement. Performance data will be reported on a quarterly basis to the Health and Social Care Integration (assurance) and monthly to the Urgent Care Partnership boards (responsible for delivery). Further details on the commissioner responsible for the delay as well as the reasons for the delay will be monitored as required.

Avoidable emergency admissions (composite measure) - Performance in the baseline (April 2013 - September 2013) reported an annualised rate of 2166 emergency admissions. However, as this metric is highly seasonal the forecast outturn for 2013/14 is 8% higher at 2339. Demographic pressures including an aging population are putting an upward pressure on emergency activity which is approximately +2% per year. The ambition to ensure there is zero growth in avoidable emergency admissions over the coming years. The target has been seasonally adjusted to ensure it is consistent with zero growth. The ICE team will provide a rapid response service to avoid any unnecessary emergency admissions and when coupled with additional investment in reablement services will ensure any readmissions are minimised. Performance data will be reported on a quarterly basis to the Health and Social Care Integration (assurance) and monthly to the Urgent Care Partnership boards (responsible for delivery). "

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 onwards. 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 current plan is to use the national metric, which we understand to still be under development. Therefore no data has been submitted as part of this draft.

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

Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population

- Baselines generated using national guidance and reported via the Health & Social Care Information Centre
- Data compared to national, regional and unitary authority performance, and trends analysed from 2010/11
- Target performance agreed between Health & Social Care and signed off at the Health & Wellbeing Board
- Performance reported to Health and Social Care Integration and health and well-being boards

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services

- Baselines generated using national guidance and reported via the Health & Social Care Information Centre
- Data compared to national, regional and unitary authority performance, and trends analysed from 2010/11
- Concerns raised due to lack of consistent approach to gathering data for this measure, robust procedures to be set up between local authority and NHS officers. Change in gathering mechanisms may impact on target achievement.
- Target performance agreed between Health & Social Care and signed off at the Health & Wellbeing Board
- Performance reported to Health and Social Care Integration and health and well-being boards

Delayed transfers of care from hospital per 100,000 population (average per month)

- Data reported via the Health & Social Care Information Centre
- Data compared to the average for England and trends analysed from 2012/13.
- Approach has been agreed at Urgent Care Partnership Board to improve data quality which includes a consistent data signoff process
- Target performance agreed between Health & Social Care and signed off at the Health & Wellbeing Board

Avoidable emergency admissions (composite measure)

- Data reported via the Business Intelligence Team (NEW Devon CCG) based upon national guidance
- Data compared to the average for the CCG and trends analysed from 2010/11. Wider emergency care activity benchmarked across the Southern Region.
- Query been raised with the H&SC Information Centre around the reporting of emergency admissions for ACS conditions from PHNT as the national data is not consistent with local evidence. National data significantly under-reports PHNT activity. Following resolution of this query it may be necessary to recalculate this indicator. Target to ensure there is zero growth in emergency admissions will remain consistent even if there is an adjustment to the baseline.
- Target performance agreed between Health & Social Care and signed off at the Health & Wellbeing Board"

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:

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	697.0	N/A	667.0
	Numerator	305		290
	Denominator	43475		43475
		(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	89.00	N/A	90.00
	Numerator	335		337
	Denominator	375		375
		(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	365.7	340.9	308.5
	Numerator	6129	6470	3927
	Denominator	209484	210902	212141
		(Apr 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	2166.0	2151.0	2480.0
	Numerator	2827	2827	3279
	Denominator	261024	262836	264464
		(Apr 2013 - Sep 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>Recommended - Estimated diagnosis rate for people with dementia (locally defined for the Plymouth area using the national guidance)</i>	Metric Value	43.0	N/A	54.5
	Numerator	TBC	N/A	TBC
	Denominator	TBC	N/A	TBC
		(Apr 2012 - Mar 2013)	(State time period and select no. of months)	(Apr 2014 - Mar 2015)