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.

Organisation	Holds the pooled budget? (Y/N)	Spending on BCF schemes in 14/15	Minimum contribution (15/16)	Actual contribution (15/16)
Westminster City Council	Y	28,761,068	1,379,000	26,252,068
Royal Borough of Kensington and Chelsea	Y	22,942,850	874,000	22,003,850
London Borough of Hammersmith and Fulham	Y	49,715,999	1,052,000	47,781,199
Central London CCG	N	27,137,037	13,553,000	43,754,621
West London CCG	N	15,923,613	17,830,000	39,745,502
Hammersmith and Fulham CCG	N	12,629,786	13,148,000	31,923,371
BCF Total		**157,110,353**	**47,836,000**	**211,460,612**

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.

Our aim is to ensure that we have the strong governance in place around delivery of our BCF plans, aligned to a benefits realisation framework with regular monitoring of early warning indicators. This will allow early intervention where plans are not on target and should ensure that the risk of failing to achieve the planned savings is minimised. In the event that the savings aren't delivered in full, planning contingencies could be used to ensure that services are maintained in the short-term while delivery of the savings is brought back on target.

Contingency plan:		2015/16	Ongoing
Reduction in admissions to residential and nursing homes	Planned savings (if targets fully achieved)	7,647,192	7,647,192
	Maximum support needed for other services (if targets not achieved)	2,676,517	0
Reduction in Emergency Admissions	Planned savings (if targets fully achieved)	5,017,896	5,017,896
	Maximum support needed for other services (if targets not achieved)	4,014,317	0
Reduction in costs through joint commissioning of nursing and	Planned savings (if targets fully achieved)	1,200,000	1,200,000

Please list the individual schemes on which you plan to spend the Better Care Fund, including any investment in 2014/15. Please expand 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
BCF01/11 - Strengthen 7 Day Social Care Provision in Hospitals	ASC/Home Care	1,303,760	0	0	0	1,303,760	0	0	0
BCF02/06/12 - Developing Self-Management and Peer Support/Patient Satisfaction	TBD	227,047	0	0	0	289,555	0	0	0
BCF03/09 - Transforming Nursing and Care Home Contracting/Existing Joint Commissioning (CCG Joint Commissioning Team spend only - LA included within BCF07b)		600,000	160,000		0	600,000	111,000	1,200,000	0
BCF04 - Better Care Fund Programme Management		0	272,800	0	0	307,800	0	0	0
BCF05 - IT Integration		150,678	100,000	0	0	150,678	659,881	0	0
BCF07a - Review Existing Section 75 services		138,774,943	0	0	0	138,774,943	0	1,387,749	0
BCF07b - Existing Section 256 pass through funds (including LA Joint Commissioning team spend)		11,126,000	0	0	0	11,126,000	0	0	0
BCF07c - Existing Community Services (unless included in other schemes)		0				22,710,000		454,200	
BCF07d - Carers		1,931,875				1,931,875			
BCF07e - Reablement Section 256		2,076,000				2,076,000			
BCF08 - Community Independence Service		0	0	0	0	17,223,400	0	12,096,000	0
BCF09 - Integrated Commissioning		0	0	0	0	0	0	0	0
BCF10 - Rehabilitation and Reablement Services		0	0	0	0	2,700,270	0	0	0
BCF13 - Psychiatric Liaison		0	0	0	0	4,119,000	0	0	0
BCF15 - GP 7-Day Access		0	0	0	0	2,432,600	0	569,088	0
BCF16 - Developing Personal Health and Care Budgets		100,000	0	0	0	100,000	0	0	0
BCF17 - Whole System Integration		0	0	0	0	0	0	0	0
BCF18 - Implementation of Care Bill		0	287,250	0	0	1,400,000	138,850	0	0
BCF14/19 - Developing integrated services for people with Long Term Conditions		0	0	0	0	0	0		0
Disabled Facilities Grants		0	0	0	0	1,574,000	0	0	0
Community Capacity Grant		0	0	0	0	1,731,000	0	0	0
Total		**156,290,303**	**820,050**	**0**	**0**	**210,550,881**	**909,731**	**15,707,037**	**0**

Outcomes and metrics LBHF

For each metric other than patient experience, please provide details of the expected outcomes and benefits of the scheme and how these will be measured.

Details on outcome trajectories and technical specifications have been given below. Expected outcomes and benefits of the scheme have been detailed in other documentation

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

It is suggested that the national patient experience measure be used, to ensure consistency with other areas and hence the ability to benchmark against them

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

We are establishing robust programme governance across health and social care, with a joint programme board than can monitor the improvements that the schemes will deliver.

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

This covers Hammersmith and Fulham, which is part of the Tri-borough (alongside Kensington and Chelsea and Westminster)

Metrics		Current Baseline (as at….)	Performance underpinning April 2015 payment	Performance underpinning October 2015 payment	Notes
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	Metric Value	**618.2**	N/A	**584.6** (Apr 14-Mar 15)	**Trajectory:** to hit the average of the top quartile nationally by 2018/19 (27% improvement) at time when the Care Bill and demographic change means upward pressure . 14/15 figure represents one fifth of this straight line 5 year improvement. **Technical notes:** actual number of admissions given as opposed to 'rounded to the nearest 5' nationally reported figure.
	Numerator	105			
	Denominator	16,985			
		(April 2012 - March 2013)			
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Metric Value	**88.6**	N/A	**89.2** (Apr 14-Mar 15)	**Trajectory:** to hit the average of the top quartile nationally by 2018/19 (3.3% proportionate improvement - H&F is already in top quartile). 14/15 figure represents one fifth of this straight line 5 year improvement. **Technical notes:** caveat re methodology which is based on exclusions, therefore any improvements / refinements to the methodology will reduce outcome performance. Furthermore calculation of the 91 day reablement/ rehab measure has previously been carried out by using data linkage between hospital admission, community rehab, local authority reablement and deaths data. Given changes in the law around identifiable data and dat linkage, it is no longer possible to calculate this measure using this approach. Any changes made to the methodology for calculating this data may impact on the outcomes/ targets in the future, so baselines may need to be recalculated.
	Numerator	140			
	Denominator	160			
		(April 2012 - March 2013)			
Delayed transfers of care from hospital per 100,000 population (average per month)	Metric Value	**200**	**187.0** (Apr - Dec 2014)	**176.1** (Jan-Jun 2015)	**Trajectory** to hit the average of the top quartile nationally by 2018/19 (43% reduction). Figures represent points in time within this straight line 5 year improvement. **Technical notes:** ONS 2013 used for trajectories due to unreliability of ONS on Tri-borough populations.
	Numerator	298			
	Denominator	148,931			
		(April 2012 - March 2013)			
Avoidable emergency admissions (composite measure)	Metric Value	**1933.9**	**1908.1** (Apr -Sep 2014)	**1858.4** (Oct 2014-Mar 2015)	**Trajectory:** these targets represent the same drop as the CCG 'Everyone Counts - Planning for Patients' submission with the following proportionate drops on baseline: 2.6% in 14/15, 5.2% in 15/16, 7.8% in 16/17, 10.4% in 17/18, and 13.0% in 18/19. CCG figures are based around the 'Shaping a Healthier Future' assumptions. ONS 2013 used for trajectories due to unreliability of ONS on Tri-borough populations.**Technical notes:** figure provided is actual number of avoidable admissions divided by ONS MYE 2013 and expressed as rate per 100,000. For April 2015 and October 2015, it is the 6 month figure multiplied by 2 to get an annualised rate. ONS 2013 used for trajectories due to unreliability of ONS on Tri-borough populations
	Numerator	3539			
	Denominator	182,995			
		(Dec 2012 - Nov 2013)			
Patient/ service user experience - Recommedation to use national measure		**Recommendation to use national measure**			Recommendation to use national measure, to ensure benchmarking against other areas
Local measure: *Options around suggested local measures have been presented in a paper which discusses relevance, accuracy, and feasibility. Options include:* 1. Rate (per 1000) of avoidable admissions for persons aged 75 and over supported in the community with social care 2. Number of persons aged 65 and over supported with long term social care 3. Weighted percentage of people who feel supported to manage their long-term condition					Several options for local indicators have been discussed in a separate paper

Outcomes and metrics RBKC

For each metric other than patient experience, please provide details of the expected outcomes and benefits of the scheme and how these will be measured.

Details on outcome trajectories and technical specifications have been given below. Expected outcomes and benefits of the scheme have been detailed in other

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

It is suggested that the national patient experience measure be used, to ensure consistency with other areas and hence the ability to benchmark against them

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

We are establishing robust programme governance across health and social care, with a joint programme board than can monitor the improvements that the schemes

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

This covers Kensington and Chelsea, which is part of the Tri-borough (alongside Hammersmith and Fulham and Westminster)

Metrics		Current Baseline (as at....)	Performance underpinning April 2015 payment	Performance underpinning October 2015 payment	Notes
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	Metric Value	**138.3**	N/A	**138.3** (Apr 14-Mar 15)	**Trajectory:** to maintain the very low rate of admission - currently the lowest (best) in the country - at time when the Care Bill and demographic change means upward pressure. **Technical notes:** actual number of admissions given as opposed to 'rounded to the nearest 5' nationally reported figure. **NEED TO RECALCULATE BASELINE**
	Numerator	28			
	Denominator	20,240			
		(April 2012 - March 2013)			
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Metric Value	**84.7**	N/A	**86.1** (Apr 14-Mar 15)	**Trajectory:** to hit the average of the top quartile nationally by 2018/19 (8.0% proportionate improvement). 14/15 figure represents one fifth of this straight line 5 year improvement. **Technical notes:** caveat re methodology which is based on exclusions, therefore any improvements / refinements to the methodology will reduce outcome performance. Furthermore calculation of the 91 day reablement/ rehab measure has previously been carried out by using data linkage between hospital admission, community rehab, local authority reablement and deaths data. Given changes in the law around identifiable data and data linkage, it is no longer possible to calculate this measure using this approach. Any changes made to the methodology for calculating this data may impact on the outcomes/ targets in the future, so baselines may need to be recalculated.
	Numerator	110			
	Denominator	130			
		(April 2012 - March 2013)			
Delayed transfers of care from hospital per 100,000 population (average per month)	Metric Value	**267.7**	**244.1** (Apr - Dec 2014)	**224.6** (Jan-Jun 2015)	**Trajectory** to hit the average of the top quartile nationally by 2018/19 (57% reduction). Figures represent points in time within this straight line 5 year improvement. **Technical notes:** ONS 2013 used for trajectories due to unreliability of ONS on Tri-borough populations.
	Numerator	350			
	Denominator	130,761			
		(April 2012 - March 2013)			
Avoidable emergency admissions (composite measure)	Metric Value	**1477.3**	**1458.1** (Apr - Sep 2014)	**1419.7** (Oct 2014-Mar 2015)	**Trajectory:** these targets represent the same drop as the CCG 'Everyone Counts - Planning for Patients' submission with the following proportionate drops on baseline: 2.6% in 14/15, 5.2% in 15/16, 7.8% in 16/17, 10.4% in 17/18, and 13.0% in 18/19. CCG figures are based around the 'Shaping a Healthier Future' assumptions. ONS 2013 used for trajectories due to unreliability of ONS on Tri-borough populations. **Technical notes:** figure provided is actual number of avoidable admissions divided by ONS MYE 2013 and expressed as rate per 100,000. For April 2015 and October 2015, it is the 6 month figure multiplied by 2 to get an annualised rate. ONS 2013 used for trajectories due to unreliability of ONS on Tri-borough populations.
	Numerator	2349			
	Denominator	159011			
		(Dec 2012 - Nov 2013)			
Patient/ service user experience - Recommedation to use national measure		**Recommendation to use national measure**			Recommendation to use national measure, to ensure benchmarking against other areas
Local measure: *Options around suggested local measures have been presented in a paper which discusses relevance, accuracy, and feasibility. Options include:* 1. Rate (per 1000) of avoidable admissions for persons aged 75 and over supported in the community with social care 2. Number of persons aged 65 and over supported with long term social care 3. Weighted percentage of people who feel supported to manage their long-term condition					Several options for local indicators have been discussed in a separate paper

Outcomes and metrics WCC

For each metric other than patient experience, please provide details of the expected outcomes and benefits of the scheme and how these will be measured.

Details on outcome trajectories and technical specifications have been given below. Expected outcomes and benefits of the scheme have been detailed in other

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

It is suggested that the national patient experience measure be used, to ensure consistency with other areas and hence the ability to benchmark against them

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

We are establishing robust programme governance across health and social care, with a joint programme board than can monitor the improvements that the schemes will

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

This covers Westminster, which is part of the Tri-borough (alongside Hammersmith and Fulham and Kensington and Chelsea)

Metrics		Current Baseline (as at….)	Performance underpinning April 2015 payment	Performance underpinning October 2015 payment	Notes
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	Metric Value	**472.7**	N/A	**468.2** (Apr 14-Mar 15)	**Trajectory:** to hit the average of the top quartile nationally by 2018/19 (4% improvement - Westminster is already 17th highest in country) at time when the Care Bill and demographic change means upward pressure . 14/15 figure represents one fifth of this straight line 5 year improvement. **Technical notes:** actual number of admissions given as opposed to 'rounded to the nearest 5' nationally reported figure.
	Numerator	120			
	Denominator	25,385			
		(April 2012 - March 2013)			
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Metric Value	**86.1**	N/A	**87.2** (Apr 14-Mar 15)	**Trajectory:** to hit the average of the top quartile nationally by 2018/19 (6.3% proportionate improvement). 14/15 figure represents one fifth of this straight line 5 year improvement. **Technical notes:** caveat re methodology which is based on exclusions, therefore any improvements / refinements to the methodology will reduce outcome performance. Furthermore calculation of the 91 day reablement/ rehab measure has previously been carried out by using data linkage between hospital admission, community rehab, local authority reablement and deaths data. Given changes in the law around identifiable data and data linkage, it is no longer possible to calculate this measure using this approach. Any changes made to the methodology for calculating this data may impact on the outcomes/ targets in the future, so baselines may need to be recalculated.
	Numerator	180			
	Denominator	210			
		(April 2012 - March 2013)			
Delayed transfers of care from hospital per 100,000 population (average per month)	Metric Value	**225.2**	**208.1** (Apr - Dec 2014)	**194.0** (Jan-Jun 2015)	**Trajectory** to hit the average of the top quartile nationally by 2018/19 (49% reduction). Figures represent points in time within this straight line 5 year improvement. **Technical notes:** ONS 2013 used for trajectories due to unreliability of ONS on Tri-borough populations.
	Numerator	436			
	Denominator	193,621			
		(April 2012 - March 2013)			
Avoidable emergency admissions (composite measure)	Metric Value	**1440.3**	**1421.6** (Apr - Sep 2014)	**1384.1** (Oct 2014-Mar 2015)	**Trajectory:** these targets represent the same drop as the CCG 'Everyone Counts - Planning for Patients' submission with the following proportionate drops on baseline: 2.6% in 14/15, 5.2% in 15/16, 7.8% in 16/17, 10.4% in 17/18, and 13.0% in 18/19. CCG figures are based around the 'Shaping a Healthier Future' assumptions. ONS 2013 used for trajectories due to unreliability of ONS on Tri-borough populations. **Technical notes:** figure provided is actual number of avoidable admissions divided by ONS MYE 2013 and expressed as rate per 100,000. For April 2015 and October 2015, it is the 6 month figure multiplied by 2 to get an annualised rate. ONS 2013 used for trajectories due to unreliability of ONS on Tri-borough populations.
	Numerator	3317			
	Denominator	230,302			
		(Dec 2012 - Nov 2013)			
Patient/ service user experience - Recommedation to use national measure		**Recommendation to use national measure**			Recommendation to use national measure, to ensure benchmarking against other areas
Local measure: *Options around suggested local measures have been presented in a paper which discusses relevance, accuracy, and feasibility. Options include:* 1. Rate (per 1000) of avoidable admissions for persons aged 75 and over supported in the community with social care 2. Number of persons aged 65 and over supported with long term social care 3. Weighted percentage of people who feel supported to manage their long-term condition					Several options for local indicators have been discussed in a separate paper