



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) /£
London Borough of Hillingdon	Y	£ 4,772	£ 2,349	£ 2,349
Hillingdon CCG			£ 15,642	£ 15,642
BCF Total		£ 4,772	£ 17,991	£ 17,991

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.

This work builds on mature schemes, where risks are already being mitigated as part of current schemes which are part of wider recovery plans. The BCF is fully aligned with CCG 3 year recovery plan and Local authority 3 year MTFP plan.

Contingency plan:		2015/16	Ongoing
Outcome for All	Planned savings (if targets fully achieved)	5,127	5,267
	Maximum support needed for other services (if targets not achieved)	Any pressures within LBH will be managed through in year budget management. Similarly, within HCCG, any budget pressures will be managed through the recovery programme for CCG. Detailed contingency plans and risk mitigation plan will be drawn up as part of business cases.	



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 /£
Integrated Case Management	ICP	100				1,945		911	
Intermediate Care	LBH/CNWL	3,272				8,198		176	
Seamless Community Services	LBH/CNWL	747				4,845		4,040	
Seven Day Working	All***	654				654		0	
Capital funding	LBH					2,349			
Total		£ 4,772	£ -	£ -	£ -	£ 17,991	£ -	£ 5,127	£ -



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 Admission to Residential Care Homes for Older People: This indicator is a visible marker as to the whole systems approach to integrated care. Continued decrease in the number of older people admitted into a care home provides evidence of better access into effective and responsive intermediate care services, management of unscheduled and emergency care and optimisation of length of stay in bed based accommodation, signalling a move from a paternalistic model of care to one that offers a more personalised as well as cost effective approach.

The 2014-15 performance target is indicative of progress made to date in reducing admissions into residential care. We will remain ambitious for a greater achievement but our risk analysis highlighted the whole systems dependencies hence the conservative target.

Proportion of older people still at home 91 days following hospital discharge: The benefits, which underpin this indicator, include softer metrics such as better co-ordination and joint discharge planning as part of the discharge process. A key outcome is greater scale and improved effectiveness of the rehabilitation / rehab programmes and ensuring that people gain optimal independence improving their ability to support themselves at home. This will lead to reduction in re-admissions and improved patient outcomes and overall experience. Although the relative performance initially appears conservative we intend for a significant number of additional clients to both enter the reablement service and be remaining at home 91 days later thus increasing both the denominator and numerator.

Delayed transfers of care: A key outcome to be achieved is that patients fit for discharge will not be unnecessarily delayed. The benefits include a reduced length of stay enabling better bed management and prevention in delays in the discharge. Reduction in unnecessary stays in hospital will also reduce dependency, chances of hospital-acquired infections and other effects of institutionalisation. When setting our target as part of the risk analysis we have taken into consideration wider whole system changes which include proposed changes to the acute sector. On this basis the target has been set with a 75% confidence interval.

Avoidable emergency admissions: A key outcome will be reduction in emergency admissions in older people for those conditions that can be avoided or better managed in the community. Better management of people who are at high risk will impact significantly on the experience, quality of life and overall outcomes. Reduction in admissions will also reduce over reliance in traditional forms of health and social care provision such hospitals and care homes. Anticipated performance targets set for 2014/15 with regard to this metric are consistent with progress already made

Local metric: Number if agreed care plans: A key outcome will be development of care plans which are agreed with the patient and carer. This will support patient / user empowerment, promote self care and will mobilise the whole system around the person.

The measurement of all these indicators will be through established pre-existing reporting mechanisms detailed further in the governance section.

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

No single national measure of integration currently exists. A national metric is currently being devised for reporting in October 2015. However, work is progressing on finalising a local metric(s) in case national metric is not developed fully or not appropriate for Hillingdon for reason such as availability of data.

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

Agreement on ALL metrics was done through a robust process of development that included:

- Understanding and agreeing the baseline
- Comparing against national benchmarks and/or trend analysis
- Creation of potential scenarios using confidence intervals
- Risk assessment and final decision making (keeping a balance between achievability and stretch)

A senior executive team from CCG and LA (BCF core group, set up as instructed by HWWB sub committee) agreed all metrics jointly based on a number of factors including; potential impact from schemes in year one, time lag between implementation and actual impact, plausibility & stakeholder acceptance and risks.

Internal check and validation was done using internal processes that included presentation and acceptance from various bodies such as HCCG governing body and senior members from the LBH executive team before being presented and finally agreed in HWWB.

The governance process (outlined separately in the governance section of the main submission) will manage performance on a monthly / quarterly basis. We will trigger data set requests that will be collated from multiple organisations to triangulate overall system impact.

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

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	553.8	N/A	520.0
	Numerator	205		197
	Denominator	36655		37885
		(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	88.40	N/A	89.00
	Numerator	60		107
	Denominator	70		120
		(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	208.5	195.1	189.6
	Numerator	440	433	427
	Denominator	218551	221894	225201
		<i>Apr '12 to Jun '13</i> 15 ▼	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	1979.8	1949.1	1918.7
	Numerator	5648	5654	5656
	Denominator	285286	290082	294789
		<i>Apr '12 to Mar '13</i> 12 ▼	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	
		<i>Dec-13</i> 1 ▼		<i>(State time period and select no. of months)</i> 1 ▼
Number of care plans (agreed by patient and or carer) ** Number of care plans agreed: The metric value is derived as total number of care plans per 100,000 population (18+ only). Numerator: Total number of agreed care plans. Denominator: ONS mid-year population estimate. Please note that care plans will be developed for those people who are identified as 'with risk' based on risk stratification tool and other ways. (Evidence of agreement - audit of care plans in practices clearly stating that it was agreed with the patient / carer)	Metric Value	0.0	180.3	444.0
	Numerator	0	400	1000
	Denominator	218551	221894	225201
		<i>Apr '12 to Mar '13</i> 12 ▼	<i>Apr '14 to Sep '14 (6 months)</i> 6 ▼	<i>Oct 2014 - Mar 2015 (6 months)</i> 6 ▼