

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)
Essex County Council	Y			
NEE CCG	N			
CCG #2				
Local Authority #2				
etc				
BCF Total		8.196	20.987	20.987

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.

Contingency Planning	
1. Mitigation through acute contract negotiations in 14/15 and beyond. Impact of 14/15 performance felt in 15/16, limited impact for 14/15 contract, except for starting target reductions in NEL and Elective activity. ACTIONS - Establish in-year monthly monitoring to ensure meeting 14/15 Avoidable Emergency Admissions target in year, allowing intervention with Providers in year, in line with BCF plans, if off-target. - 2 year plan workshops being held with CHUFT, ACE and NEFFT to align plans - Contract negotiation strategies to be considered.	
2. Mitigation through contract negotiations in 15/16 and beyond. Risk of contingency loss in 15/16 from underperformance in 14/15 = c.£3.2m of CC2H / BCF value. High level contracting strategy for 15/16 to be developed – including assumption that the BCF will continue beyond second payment in October 2015. ACTIONS - Ensure Care Closer to Home contract value includes risk share to appropriate % linked to BCF outcome achievement to mitigate against BCF contingency risk 15/16 onwards. Being modelled by Atain for inclusion in CC2H procurement. - Principles around risk-share should be agreed for all Bundles contracting. - High level contracting strategy for 15/16 to be developed.	
3. Contingency allocation to be agreed through HWS BMG allocation of contingency in April and October 15 should targets not be met. ACTIONS - Agree risk-share arrangements and contingency allocations across the metrics across Essex CCGs and ECC via BCF Technical Group during 2014/15.	

		2015/16	Ongoing
Outcome 4: Avoidable emergency admissions (composite measure)	Planned savings (if targets fully achieved)	Increasing rate of admissions stopped, capped at 1,863 p.a.	Increasing rate of admissions stopped, capped at 1,863 p.a.
	Maximum support needed for other services (if targets not achieved)	Dependent on acute NEL activity rate, increased capacity in CHUFT; enhanced rapid discharge arrangements	Dependent on acute NEL activity rate, increased capacity in CHUFT; enhanced rapid discharge arrangements
Outcomes 1,2,3,6 - ECC to complete	Planned savings (if targets fully achieved)		
	Maximum support needed for other services (if targets not achieved)		

BCF Planning Template

Finance - Schemes

Millions

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
Core Baseline Funding (1)		3.636				3.636			
Sustainability Funding Uncommitted to be jointly agreed (13)			1.206			1.149			
Sustainability Funding to continue Social Care Virtual Ward Investment (1)		0.116				0			
Increase 7 Day Working in Social Care and Health (5)		1.00				1.00			
Reablement (3)		0.976				0.976			
Local CCG Commissioned Reablement Schemes (3)		0.976				0.976			
Carers (11)		0.21				0.21			
Care Closer to Home (2)		0				12.963			
Total		6.99	1.206			20.987	0		
		8.198				20.987			

Outcomes and metrics

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.

The Essex BCF schemes are designed to provide care earlier in our patients and service users care pathways through early intervention and prevention schemes and to keep our service users as independent as possible in their normal place of residency for as long as possible. The metrics will demonstrate the achievements of these outcomes by:-

- Showing a reduction in the number of permanent admissions to residential and nursing homes
- Demonstrating an increase in the number of people being prevented to residential services (local additional measure) and improving the outcomes of those going through residential
- By investing in additional residential services including home from hospital schemes we will demonstrate a reduction in delayed transfers of care from hospital
- Avoidable emergency admissions will be monitored monthly by the CCG, allowing intervention if the metric is off target. The CCG has commissioning bundles focusing on each of the composite measures in the metric: Care Closer to Home impacts on avoidable ACS admissions among older people; Urgent Care impacts on avoidable acute admissions among older people and children; End of Life impacts on avoidable acute admissions among older people; and Children's services impact on avoidable chronic condition admissions among children.

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

Not applicable

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

The performance plans that will support these Outcomes and Metrics will be assured across the County and by each CCG. These arrangements will include assurance by the Executive Director for People Commissioning in the local authority and the CCG Board. It is intended that the Integrated Programme Board, with both CCG and EOC membership, will be the formal governance route for the BCF, reporting into the CCG Board and EOC. The score cards demonstrating progress against the metrics will be reviewed at the Business Management Group of the Health and Wellbeing Board on a quarterly basis and by the Health and Wellbeing Board twice per year.

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 HWBs combined

Not applicable

Metric		Current Baseline (as at...)	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. Proposal is 5% reduction in the number of admissions to residential care. This is based on just over 5% (5.1%) of current residential admissions being directly following a new client assessment at hospital. It is intended for BCF schemes to be set up to prevent these people going into crisis and to divert them down different pathways.	Metric Value	643.6		594
	Numerator	4.86		4.54
	Denominator	677.89		687.68
		[April 2012 - March 2014]	N/A	[April 2014 - March 2015]
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into residential / rehabilitation services. The proposal is for the Metric target to be to "maintain" current performance. We expect, over the 14-15 period, the nature of residential cases will shift with short stays being replaced with more complex cases. However, our data is inconclusive on whether this will affect the results after 91 days. We have obtained the national results for the A&COP measure. It shows that Essex, at 62%, is above the Eastern Region average (51.5%) and some councils (50.8%).	Metric Value	73%		62%
	Numerator	354		170
	Denominator	201		207
		[April 2012 - March 2014]	N/A	[April 2014 - March 2015]
Delayed transfers of care from hospital per 100,000 population (average per month). Current performance is in the top quartile of our statistical neighbours. The proposal is a maximum target reduction of 2.8% for the April 15 performance period and a further 2.5% for the Oct 15 Performance period. This is on the basis that the Essex performance is in the top quartile of its statistical neighbours and that the trend has reduced and is now generally level. However, in the first part of this year, delays increased. We believe a 2.5% decrease from 2012/13 levels will be a stretching target.	Metric Value	120.4		116.4
	Numerator	804		722
	Denominator	251949		258306
		2012-14 outcome	[April - December 2014]	[January - June 2015]
Avoidable emergency admissions (composite measure). The suggested target is to maintain the current rate of avoidable emergency admissions (1963 p.a.) whilst the population increases 1.8% between 2013 and 2014.	Metric Value	1864		1864
	Numerator	6125		6151
	Denominator	828594		838411
		[2012-14]	[April - September 2014]	[October 2014 - March 2015]
Patient / service user experience (for local measures, please list actual measures to be used. This does not need to be completed if the national metric (under development) is to be used)			N/A	
		[insert time period]		[insert time period]
ADDITIONAL LOCAL METRIC: The coverage of medication. This metric will measure an expansion in the number of referrals from community into residential. We have taken the 2012-13 baseline and reduced it to take account of inappropriate referrals to residential. We have the number of community referrals we expect in the first target period, increasing these for the October 2015 payment. This means that achievement need to be in place to be getting the additional referrals in the first half of the 14-15 financial year.	Metric Value	1480.1		1750
	Numerator	901		1091
	Denominator	677.89		72906
		2012-13	Apr 2014 - Mar 2015	October 2014 - September 2015