

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

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)	Spending on BCF schemes in 14/15 /£	Minimum contribution (15/16) /£	Actual contribution (15/16) /£
Essex County Council	Y	£4,932,000	£8,009,000	£8,009,000
NE Essex CCG	N	£0	£20,987,000	£20,987,000
Mid Essex CCG	N	£0	£21,651,000	£21,651,000
West Essex CCG	N	£0	£17,435,000	£18,980,000
Basildon & Brentwood CCG	N	£0	£16,041,000	£18,444,000
Castlepoint & Rochford CCG	N	£0	£10,833,000	£11,166,400
BCF Total		£ 4,932,000	£ 94,956,000	£ 99,237,400

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.

An action plan has been created detailing the high level activities that will be undertaken across Essex throughout 2014/15 to evaluate the impact of the current contract negotiations with the acute sector and the effect that the BCF schemes will have on acute activity. The outcomes of this modelling and evaluation work will inform the contingency plans that will be required to support essential services if the schemes do not release the expected benefits. In summary the actions will include: <ul style="list-style-type: none">Finalisation of the acute contractsSpecifying the functions that the BCF schemes will affectModelling of the BCF functions against acute activityEstablish 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-targetEvaluation of existing demand management schemes.Creation of contingency plans based on the outcomes of the modelling work. The BCF investment in 2015/16 is directly lifted from existing budgets and liabilities within contracts. The CCGs are working on the basis that funding input to the BCF is not new funding and are seeking further guidance on the mechanics of the performance related aspect of the BCF. Should improvements not be achieved within the system CCGs will: <ul style="list-style-type: none">Mitigate through acute contract negotiations in 14/15 and beyond. Impact of 2014/15 performance will be felt in 2015/16 with limited impact for the 2014/15 contract with the exception of starting target reductions in NEL and Elective activity in some CCG areas.Mitigate through contract negotiations in 2015/16 and beyond. High level contracting strategy for 2015/16 to be developed including the assumption that the BCF will continue beyond second payment in October 2015. Agree risk sharing arrangements and contingency allocations across the metrics for Essex CCGs and ECC via BCF Technical Group during 2014/15.
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Contingency plan:		2015/16	Ongoing
NEECCG 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)	Dependant on acute NEL activity rate, increased capacity in CHUFT; enhanced rapid discharge arrangements	Dependant on acute NEL activity rate, increased capacity in CHUFT; enhanced rapid discharge arrangements
BBCCG (CCG QIPP Saving)	Planned savings (if targets fully achieved)	£ 723,000	
	Maximum support needed for other services (if targets not achieved)	£ 723,000	
WECCG Outcome 1 (ref benefit from the OP Frailty Programme)	Planned savings (if targets fully achieved)	£ 300,000	£ 300,000
	Maximum support needed for other services (if targets not achieved)	£ 300,000	£ 300,000
WECCG Outcome 2 (better case of 1 above)	Planned savings (if targets fully achieved)	£ 150,000	£ 150,000
	Maximum support needed for other services (if targets not achieved)	£ 150,000	£ 150,000
	Planned savings (if targets fully achieved)	£ 371,000	

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 /£
1) Protection of Social Care Services		£0	£0	£0	£0	£0	£0	£360,414	£0
2) Community Health services & Admission Avoidance		£0	£0	£0	£0	£42,595,300	£0	£0	£0
3) Reablement		£0	£0	£0	£0	£16,362,200	£0	£517,608	£0
4) Joint Nursing & Care Home Commissioning		£0	£0	£0	£0	£7,127,700	£0	£0	£0
5) Discharge Support		£0	£0	£0	£0	£4,129,900	£0	£0	£0
6) Acute Mental Health & Dementia		£0	£0	£0	£0	£3,219,800	£0	£0	£0
7) Primary Care		£0	£0	£0	£0	£0	£0	£38,254	£0
8) Care Bill Investment		£0	£0	£0	£0	£4,521,000	£0	£0	£0
9) Early Intervention & Prevention		£0	£0	£0	£0	£7,773,000	£0	£10,691	£0
10) Community Resilience		£0	£0	£0	£0	£1,263,500	£0	£26,289	£0
11) Carers		£0	£0	£0	£0	£3,107,000	£0	£39,878	£0
12) DFG		£0	£0	£0	£0	£4,713,000	£0	£0	£0
13) Others		£4,932,000	£0	£0	£0	£4,425,000	£0	£0	£0
Total		£ 4,932,000	£ -	£ -	£ -	£ 99,237,400	£ -	£ 993,135	£ -

Association

Enigma

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

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 people 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 through targeted early intervention and prevention schemes.
- Demonstrating an increase in the number of people being presented to reablement services (local additional measure) and maintaining the outcomes of those receiving reablement packages.
- By investing in additional reablement services including home from hospital schemes we will demonstrate a reduction in delayed transfers of care from hospital.
- Individual CCGs will be investing in BCF schemes that reduce avoidable emergency admissions. Jointly, investment in risk stratification and identification of individuals at risk of hospital admission will support the early intervention and prevention schemes identified in this plan and the CCG Operational 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

Not Applicable

For each metric, please provide details of the assurance process underpinning the agreement 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 boards. The score cards demonstrating progress against the metrics will be reviewed at the Business Management Group of the Health and Wellbeing Board. The Health and Wellbeing Board will also review performance against these metrics regularly

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

Not Applicable

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	583.0	N/A	520.0
	Numerator	1575		1496
	Denominator	270160		287900
		(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% (0.751 or 75.0)</i>	Metric Value	82.00	N/A	84.00
	Numerator	692		915
	Denominator	844		1092
		(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	199.0	192.0	185.0
	Numerator	26545	19410	12617
	Denominator	1109834	1123800	1135200
		April 2012 - March 2013 12	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	1676	1676	1676
	Numerator	24199	24690	24690
	Denominator	1443757	1472981	1472981
		April 2012 - March 2013 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	
		(State time period and select no. of months) 1		(State time period and select no. of months) 1
Local measure <i>The coverage of reablement. This metric will measure an expansion in the number of referrals from community into reablement. We have taken the 2012-13 baseline and reduced it to take account of inappropriate referrals to reablement. We have the number of community referrals we expect in the first target period, increasing these for the October 2015 payment. This means that schemes need to be in place to be getting the additional referrals in the first half of the 14-15 financial year.</i>	Metric Value	1451.0	1540.2	1864.3
	Numerator	3920	4317	5367
	Denominator	270160	280300	287900
		April 2012 - March 2013 12	(April 2014 to March 2015) 12	(October 14 to Sept 15) 12