

## Summary of Health and Wellbeing Board Schemes

Haringey

Please complete white cells

### Summary of Total BCF Expenditure

Figures in £000

	From 3. HWB Expenditure Plan		Please confirm the amount allocated for the protection of adult social care		If different to the figure in cell D18, please indicate the total amount from the BCF that has been allocated for the protection of adult social care services
	2014/15	2015/16	2014/15	2015/16	
Acute	-	-			
Mental Health	1,095	1,095			
Community Health	1,540	10,372			
Continuing Care	-	-			
Primary Care	108	350			
Social Care	4,182	10,257	4,182	10,257	
Other	-	-			
<b>Total</b>	<b>6,925</b>	<b>22,074</b>		<b>10,257</b>	

### Summary of NHS Commissioned out of hospital services spend from MINIMUM BCF Pool

Figures in £000

	From 3. HWB Expenditure	
	2014/15	2015/16
Mental Health		1,095
Community Health		10,372
Continuing Care		-
Primary Care		350
Social Care		4,656
Other		-
<b>Total</b>		<b>16,473</b>

### Summary of Benefits

Figures in £000

	From 4. HWB Benefits		From 5. HWB P4P metric 2015/16
	2014/15	2015/16	
Reduction in permanent residential admissions	(135)	(270)	
Increased effectiveness of reablement	-	-	
Reduction in delayed transfers of care	-	-	
Reduction in non-elective (general + acute only)	(673)	(1,255)	1,248
Other	-	-	
<b>Total</b>	<b>(808)</b>	<b>(1,525)</b>	<b>1,248</b>

Rounding of figures means figures do not match exactly



**Health and Wellbeing Board Financial Benefits Plan**

**Haringey**

If you would prefer to provide aggregated figures for the savings (columns F-J), for a group of schemes related to one benefit type (e.g. delayed transfers of care), rather than filling in figures against each of your individual schemes, then you may do so.

If so, please do this as a separate row entitled "Aggregated benefit of schemes for X", completing columns D, F, G, I and J for that row. But please make sure you do not enter values against both the individual schemes you have listed, and the "aggregated benefit" line. This is to avoid double counting the benefits.

However, if the aggregated benefits fall to different organisations (e.g. some to the CCG and some to the local authority) then you will need to provide one row for the aggregated benefits to each type of organisation (identifying the type of organisation in column D) with values entered in columns F-J.

**2014/15**

Please complete white cells (for as many rows as required):

							2014/15	
Benefit achieved from	if other please specify	Scheme Name	Organisation to Benefit	Change in activity measure	Unit Price (£)	Total (Saving) (£)	How was the saving value calculated?	How will the savings against plan be monitored?
Reduction in non-elective (general + acute only)		1. Admissions Avoidance: Rapid response	CCG	352	(1,770)	(623,040)	Rapid response service estimated to prevent admission in 352 clients	Ongoing monitoring of rapid response client numbers and outcomes. Monitoring of cumulative residential admissions and non-elective admissions, using pre-established monitoring framework reporting into integration management board.
Reduction in non-elective (general + acute only)		2. Effective Hospital Discharge: Reablement	CCG	28	(1,770)	(49,560)	Reablement will be provided for 400 clients per year. A recent RCT (Lewin et al 2014) showed that for every 100 clients, reablement results in 7 less hospital admissions per year compared to usual social care.	Monitoring of re-ablement numbers and effectiveness. Monitoring of cumulative residential admissions and non-elective admissions, using pre-established monitoring framework reporting into integration management board.
Reduction in permanent residential admissions		2. Effective Hospital Discharge: Reablement	LA	4	(33,748)	(134,992)	Reablement will be provided for 400 clients per year. A recent RCT (Lewin et al 2014) showed that for every 100 clients, reablement results in 6 less people requiring residential or maximal home care per year compared to usual social care. If we assume that 1 in 6 of these step-up packages are residential packages, that equates to a reduction in 1 residential care package for each 100 reablement clients.	Monitoring of re-ablement numbers and effectiveness. Monitoring of cumulative residential admissions and non-elective admissions, using pre-established monitoring framework reporting into integration management board.
Total for baseline in 2014/15				380				
<b>Total</b>						<b>(807,592)</b>		

**2015/16**

							2015/16	
Benefit achieved from	if other please specify	Scheme Name	Organisation to Benefit	Change in activity measure	Unit Price (£)	Total (Saving) (£)	How was the saving value calculated?	How will the savings against plan be monitored?
Reduction in non-elective (general + acute only)		1. Admissions Avoidance: Rapid response	CCG		(1,770)		There will be no increase in activity from 2014/15 baseline.	Ongoing monitoring of rapid response client numbers and outcomes. Monitoring of cumulative residential admissions and non-elective admissions, using pre-established monitoring framework reporting into integration management board.
Reduction in non-elective (general + acute only)		1. Admissions Avoidance: Locality Team	CCG	460	(1,770)	(814,200)	4500 people have been identified as the top 2% at risk of hospital admission in Haringey. This group accounts for over 5000 acute hospital admissions per year in Haringey. A review of evidence presented in NHS England's BCF technical toolkit reported that a care co-ordination approach could result in a long-term reduction in hospital admissions of 37%. If the care-coordination approach achieves this level of success in Haringey's high risk population, 1665 admissions per year could be prevented in the long-term. Assuming that this effect will be seen in a step-wise progression over 4 years, we model that in 2015/16, 460 admissions will be prevented through our care co-ordination approach in 2015/16	Development of process measures for effectiveness of care-co-ordination in locality teams (e.g. number of care plans completed, number of people allocated to a care co-ordinator). Monitoring of cumulative residential admissions and non-elective admissions, using pre-established monitoring framework reporting into integration management board.
Reduction in non-elective (general + acute only)		2. Effective Hospital Discharge: Reablement	CCG	14	(1,770)	(24,780)	Reablement will be provided for 600 clients in 2015/16. A recent RCT (Lewin et al 2014) showed that for every 100 clients, reablement results in 7 less hospital admissions per year compared to usual social care.	Monitoring of re-ablement numbers and effectiveness. Monitoring of cumulative residential admissions and non-elective admissions, using pre-established monitoring framework reporting into integration management board.
Reduction in non-elective (general + acute only)		3. Promoting Independence: Palliative care	CCG	60	(1,770)	(106,200)	Advanced care planning for 200 clients. Clients referred to palliative care services are 30% less likely to require non elective admission in last 30 days of life (Purdy S, Lasester G, Griffin T, et al. BMJ Supportive & Palliative Care Published Online First: doi:10.1136/bmjspcare-2013-000645)	Development of process measures for palliative care/advanced care planning process. Monitoring of place of death (correspondence with patient choice) and number of hospital admissions in service users.
Reduction in non-elective (general + acute only)		3. Promoting Independence: Neighbourhood connects	CCG	175	(1,770)	(309,750)	Connect service by 2019. 1000 clients for 2015/16. Service for pre-frail clients (i.e. not in top 2%). Will include self-care elements including falls prevention and lifestyle and behavioral change. We have modeled a reduction in admissions in this cohort of 175 per year, based on evidence around the effectiveness of falls prevention programmes and self-care (e.g. Gillespie et al. Interventions for preventing falls in older people living in the community. Cochrane Database of Systematic Reviews 2012)	Development of process measures for impact of Neighbourhood Connect (e.g. number of people completing self-care interventions, number of people receiving evidence-based falls prevention programmes, number of falls admissions). Monitoring of cumulative residential admissions and non-elective admissions, using pre-established monitoring framework reporting into integration management board.
Reduction in permanent residential admissions		2. Effective Hospital Discharge: Reablement	LA	6	(33,748)	(202,488)	Reablement will be provided for 600 clients in 2015/16. A recent RCT (Lewin et al 2014) showed that for every 100 clients, reablement results in 6 less people requiring residential or equivalent care per year compared to usual social care. If we assume that 1 in 6 of these step-up packages are residential packages, that equates to a reduction in 1 residential care package for each 100 reablement clients.	Monitoring of re-ablement numbers and effectiveness. Monitoring of cumulative residential admissions and non-elective admissions, using pre-established monitoring framework reporting into integration management board.
Reduction in permanent residential admissions		1. Admissions Avoidance: Locality Team	LA	2	(33,748)	(67,496)	See above modelling which show 462 non-elective hospital admissions reduced by care co-ordination in 2015/16. We assume that for every 200 hospital admissions prevented 1 residential placement is avoided based on local ratios of hospital admissions to residential placements.	Development of process measures for effectiveness of care-co-ordination in locality teams (e.g. number of care plans completed, number of people allocated to a care co-ordinator). Monitoring of cumulative residential admissions and non-elective admissions, using pre-established monitoring framework reporting into integration management board.
<b>Total</b>				786		<b>(1,824,914)</b>		

Net saving for 2015/16 compared to 2014/15 baseline = 786 \* 1490 = £1,171,140

**Haringey**

Red triangles indicate comments

Please complete the five white cells in the Non-Elective admissions table. Other white cells can be completed/ revised as appropriate

Planned deterioration on baseline (or validity issue)
Planned improvement on baseline of less than 3.5%
Planned improvement on baseline of 3.5% or more

**Non - Elective admissions (general and acute)**

Metric	Baseline (14-16 figures are CCG plans)				Pay for performance period				
	Q4 (Jan 14 - Mar 14)	Q1 (Apr 14 - Jun 14)	Q2 (Jul 14 - Sep 14)	Q3 (Oct 14 - Dec 14)	Q4 (Jan 15 - Mar 15)	Q1 (Apr 15 - Jun 15)	Q2 (Jul 15 - Sep 15)	Q3 (Oct 15 - Dec 15)	Q4 (Jan 16 - Mar 16)
Total non-elective admissions in to hospital (general & acute), all-ages, per 100,000 population	1,701	1,897	1,832	1,996	1,829	1,813	1,834	1,890	1,607
Quarterly rate	1,701	1,897	1,832	1,996	1,829	1,813	1,834	1,890	1,607
Numerator	4,527	5,048	5,140	5,310	4,392	4,888	4,943	5,002	4,392
Denominator	266,069	266,069	266,069	266,069	269,575	269,575	269,575	269,575	273,301

Rationale for red/amber ratings

P4P annual change in admissions	-7.05	Please enter the average cost of a non-elective admission <sup>1</sup>	£1,770	Rationale for change from £1,490	Based on actual spend on non-elective admissions in Haringey (incl. MFF)
P4P annual change in admissions (%)	-3.2%				
P4P annual saving	£1,247,850				

The figures above are mapped from the following CCG operational plans. If any CCG plans are updated then the white cells can be revised:

Contributing CCGs	CCG baseline activity (14-16 figures are CCG plans)				% CCG registered population that has resident population in Haringey	% Haringey resident population that is in CCG registered population	Contributing CCG activity			
	Q4 (Jan 14 - Mar 14)	Q1 (Apr 14 - Jun 14)	Q2 (Jul 14 - Sep 14)	Q3 (Oct 14 - Dec 14)			Q4 (Jan 14 - Mar 14)	Q1 (Apr 14 - Jun 14)	Q2 (Jul 14 - Sep 14)	Q3 (Oct 14 - Dec 14)
NHS Barnet CCG	7,546	7,207	6,915	7,784	1.1%	1.6%	86	82	79	89
NHS Camden CCG	4,373	4,550	4,601	4,674	0.4%	0.4%	19	20	20	21
NHS City and Hackney CCG	8,538	7,083	6,674	7,013	2.8%	2.9%	155	198	187	198
NHS Enfield CCG	7,034	5,963	5,836	6,044	1.3%	1.3%	90	77	75	78
NHS Haringey CCG	4,708	5,220	5,339	5,503	97.3%	91.6%	4,111	4,560	4,663	4,607
NHS Islington CCG	2,873	4,874	5,047	5,219	2.3%	1.9%	66	112	116	120
<b>Total</b>					<b>100%</b>		<b>4,527</b>	<b>5,048</b>	<b>5,140</b>	<b>5,310</b>

References  
<sup>1</sup> The default figure of £1,490 in the template is based on the average reported cost of a non-elective inpatient episode (excluding excess bed days), taken from the latest (2012/13) Reference Costs. Alternatively the average reported spell cost of a non-elective inpatient admission (including excess bed days) from the same source is £2,118. To note, these average figures do not account for the 30% marginal rate rule and may not reflect costs variations to a locality such as MFF or cohort pricing. In recognition of these variations the average cost can be revised in the template although a rationale for any change should be provided.

**Haringey**

Please complete all white cells in tables. Other white cells should be completed/ revised as appropriate.

Red triangles indicate comments  
 Planned deterioration on baseline (or validity issue)  
 Planned improvement on baseline

**Residential admissions**

Metric	Baseline (2013/14)	Planned 14/15	Planned 15/16	
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	Annual rate	484.1	465.7	461.7
	Numerator	110	113	115
	Denominator	23,135	24,265	24,910
Annual change in admissions		3	2	
Annual change in admissions %		2.7%	1.8%	

Rationale for red rating

**Reablement**

Metric	Baseline (2013/14)	Planned 14/15	Planned 15/16	
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	87.6	89.5	91.0
	Numerator	80	85	91
	Denominator	90	95	100
Annual change in proportion		1.9	1.5	
Annual change in proportion %		2.1%	1.7%	

Rationale for red rating

**Delayed transfers of care**

Metric	13-14 Baseline				14/15 plans				15-16 plans				
	Q1 (Apr 13 - Jun 13)	Q2 (Jul 13 - Sep 13)	Q3 (Oct 13 - Dec 13)	Q4 (Jan 14 - Mar 14)	Q1 (Apr 14 - Jun 14)	Q2 (Jul 14 - Sep 14)	Q3 (Oct 14 - Dec 14)	Q4 (Jan 15 - Mar 15)	Q1 (Apr 15 - Jun 15)	Q2 (Jul 15 - Sep 15)	Q3 (Oct 15 - Dec 15)	Q4 (Jan 16 - Mar 16)	
Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+)	Quarterly rate	870.7	655.6	941.7	897.2	655.1	580.5	633.7	784.2	644.1	578.6	619.7	788.9
	Numerator	1,780	1,340	1,925	1,864	1,361	1,206	1,732	1,674	1,361	1,206	1,732	1,674
	Denominator	204,425	204,425	204,425	207,758	207,758	207,758	207,758	211,288	211,288	211,288	211,288	214,889
Annual change in admissions								-932				0	
Annual change in admissions %								-13.5%				0.0%	

Rationale for red ratings

**Patient / Service User Experience Metric**

Metric	Baseline Jun-13	Planned 14/15 (if available)	Planned 15/16	
GP Patient Survey: In the last 6 months, has the Service User received enough support from local services (not just health) to manage their long term health conditions? (Measure bi-annually)	Metric Value	55.9	56.8	57.5
	Numerator			
	Denominator			
Improvement indicated by:	Increase			

**Local Metric**

Metric	Baseline Apr 12 - Mar 13	Planned 14/15 (if available)	Planned 15/16	
Injuries due to falls in people aged 65 and over, per 100,000 people* (Note delay in reporting of this metric, so that baseline used is 12/13 figure)	Metric Value	2170.5	1900.0	1822.4
	Numerator	466	454	444
	Denominator	23134	23895	24364
Improvement indicated by:	Decrease			

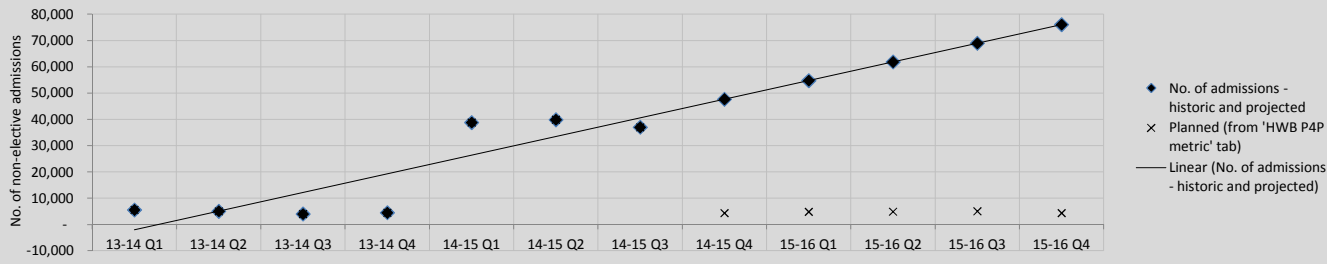
## Haringey

To support finalisation of plans, we have provided estimates of future performance, based on a simple 'straight line' projection of historic data for each metric. We recognise that these are crude methodologies, but it may be useful to consider when setting your plans for each of the national metrics in 2014/15 and 2015/16. As part of the assurance process centrally we will be looking at plans compared to the counterfactual (what the performance might have been if there was no BCF).

No cells need to be completed in this tab. However, 2014-15 and 2015-16 projected counts for each metric can be overwritten (white cells) if areas wish to set their own projections.

### Non-elective admissions (general and acute)

Metric	No. of admissions - historic and projected	Historic			Baseline			Projection					
		13-14 Q1	13-14 Q2	13-14 Q3	13-14 Q4	14-15 Q1	14-15 Q2	14-15 Q3	14-15 Q4	15-16 Q1	15-16 Q2	15-16 Q3	15-16 Q4
Total non-elective admissions (general & acute), all-age		5,604	5,066	4,032	4,527	38,824	39,897	37,028	47,672	54,770	61,867	68,965	76,062

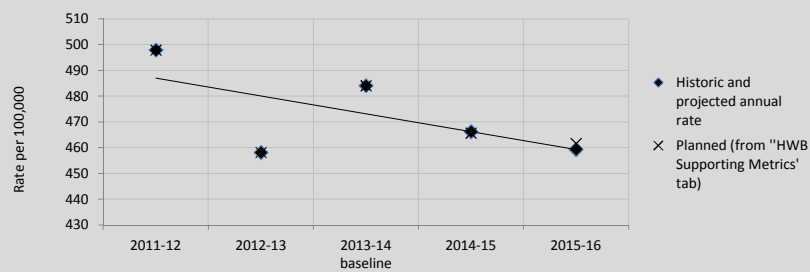


Metric	Quarterly rate	Projected				
		2014-2015 Q4	2015-16 Q1	2015-16 Q2	2015-16 Q3	2015-16 Q4
Total non-elective admissions (general & acute), all-age		17,917.3	20,317.1	22,950.0	25,582.8	27,830.9
	Numerator	47,672	54,770	61,867	68,965	76,062
	Denominator	266,069	269,575	269,575	269,575	273,301

\* The projected rates are based on annual population projections and therefore will not change linearly

### Residential admissions

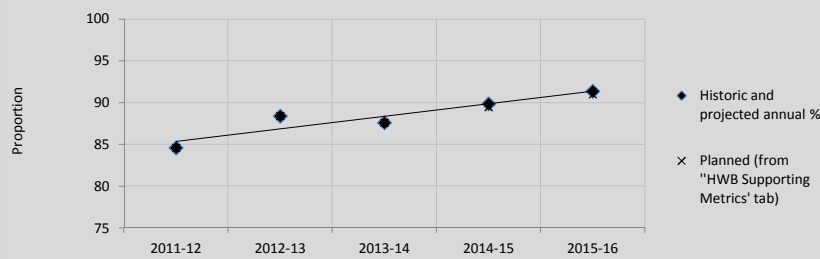
Metric	Historic and projected annual rate	2011-12	2012-13	2013-14	2014-15	2015-16
		Historic	historic	baseline	Projected	Projected
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population		498	458	484	466	459
	Numerator	110	105	110	113	114
	Denominator	22,495	23,135	23,135	24,265	24,910



This is based on a simple projection of the metric proportion.

### Reablement

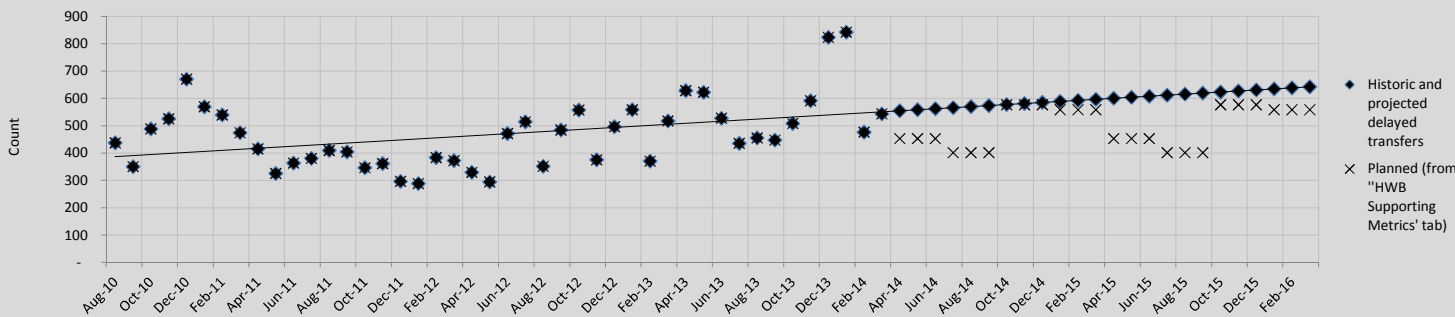
Metric	Historic and projected annual %	2011-12	2012-13	2013-14	2014-15	2015-16
		Historic	Historic	Baseline	Projected	Projected
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services		84.6	88.4	87.6	89.9	91.4
	Numerator	55	75	80	81	82
	Denominator	65	85	90	90	90



This is based on a simple projection of the metric proportion, and an unchanging denominator (number of people offered reablement)

### Delayed transfers

Metric	Historic and projected delayed transfers	Historic											
		Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11
Delayed transfers of care (delayed days) from hospital		438	351	489	526	671	570	540	475	416	326	364	381



Metric	Quarterly rate	Projected rates*							
		2014-15				2015-16			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+)		807.2	823.8	840.3	842.5	858.8	875.1	891.3	892.4
	Numerator	1,677	1,711	1,746	1,780	1,815	1,849	1,883	1,918
	Denominator	207,758	207,758	207,758	211,288	211,288	211,288	211,288	214,889

\* The projected rates are based on annual population projections and therefore will not change linearly