

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)
London Borough of Islington			£1,409,000	
Islington CCG		£5,894,000	£16,981,000	
CCG #2				
Local Authority #2				
etc				
BCF Total		£5,894,000	£18,390,000	
	<i>Check</i>	<i>£0</i>	<i>£0</i>	

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.

Investments in 2012/13 and 2013/14 support the objectives of the BCF. The CCG is planning QIPP savings of 5% per annum in 2014/15 and 2015/16, equating to savings of £15m in each year. Similarly the Council has a significant programme of transformation to secure savings from 2014/15. Funding for the BCF will be sourced from the QIPP savings.

The Islington QIPP programme in the next two years is larger than the savings required to fund the BCF programme. Initiatives sitting outside of the BCF metrics will include acute productivity, demand management for elective pathways, quality scheme for medicines management and the effectiveness and efficiency review of existing pooled budgets and S256 agreements over and above the national S256's.

Contingency plan:		2015/16	Ongoing
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	Planned savings (if targets fully achieved)	£175,000	£350,000
	Maximum support needed for other services (if targets not achieved)	£0	£350,000
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Planned savings (if targets fully achieved)	£10,000	£10,000
	Maximum support needed for other services (if targets not achieved)		
Delayed transfers of care from hospital per 100,000 population (average per month)	Planned savings (if targets fully achieved)	£20,000	£20,000
	Maximum support needed for other services (if targets not achieved)		
Avoidable emergency admissions (composite measure)	Planned savings (if targets fully achieved)	£1,819,000	£1,819,000
	Maximum support needed for other services (if targets not achieved)		
Local measure - Carers reported quality of life (ASCOF 1D)	Planned savings (if targets fully achieved)		
	Maximum support needed for other services (if targets not achieved)		
Outcome 6	Planned savings (if targets fully achieved)		
	Maximum support needed for other services (if targets not achieved)		
Outcome 7	Planned savings (if targets fully achieved)		
	Maximum support needed for other services (if targets not achieved)		

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
2014/15 Scheme 1 - Social Care Investment to Benefit Health									
Section 256 Social Care to Benefit Health	Islington Council/Private and Voluntary Provider	£4,822,000							
Additional NHS Transfer 2014/15									
2014/15 Scheme 2- Locality Development	Islington Council/Islington CCG/Providers	£902,000							
2014/15 Scheme 3 - IT Interoperability	Islington Council/Islington CCG		£170,000						
NHS funding to support social care and benefit health 2014-15 (2014/15 Scheme 1, 2, & 3)						£5,894,000			
Other Existing Funding Streams									
Developing and Supporting Reablement Services	Islington Council					£1,200,000		Since 2011/12 the recurrent cashable efficiency savings realised by Social Care from the use of the Reablement service have been £700,000 per annum and the service is expected to save Social Care an additional £350,000 per annum going forward. Additional savings will have been made in the NHS system from reductions in admissions.	
Disabilities Facilities Grant	Islington Council					£693,000			
Adult Social Care Community Capacity Capital Grant	Islington Council					£716,000			
Carers Funding	Islington Council/Islington CCG/Providers					£415,000		This supports more patients and users to remain at home	
NHS Funding (2015/16 BCF)									
Support implementation of the Care Bill	Islington Council					£663,000		This investment will support the implementation of the Care Bill	
Putting Carers on a par with users for assessments; implementing statutory Safeguarding Boards; and setting national eligibility.									
2015/16 Scheme 1 Social Care Investment to Benefit Health (Building on the work of 2014/14 Scheme 1)									
Protect and develop preventative services and build community capacity within Islington	Voluntary Sector					£724,500		Building on our universal offer to provide support community assets	
2015/16 Scheme 2 - Maintaining Eligibility									
Protect the provision of adult social care services for those with moderate needs	Private and Voluntary Providers					£700,000			
Protection of Adult Social Care in the context of increased demographic pressure	Private and Voluntary Providers					£1,076,500			
Support mitigating pressures in health care for both people with learning disabilities and older people	Private and Voluntary Providers					£1,400,000		This supports pressures already in the system to support people with complex care needs	
BCF Linked to Performance									
2015/15 Scheme 3 - Developing the locality offer	Islington Council/Islington CCG/providers					£2,160,000		Reduction in Permanent admissions of older people (aged 65 and over) to residential and nursing care homes - £350,000	
The development of integrated health and social care provision around locality clusters of primary care									
2015/16 Scheme 4 - Improving Access to Services	Islington Council/Islington CCG/general practice					£1,150,000			
7 day Social Care/7 Day GP Access									
2015/16 Scheme 5 - Incentivising acute providers to deliver change	Islington Council/Islington CCG					£600,000		Pump priming to secure shift in acute provision to the community	
2015/16 Scheme 6 - Develop Primary Care Capacity to Support locality Approach	Islington Council/Islington CCG/primary care providers					£998,000			
Total		£5,724,000	£170,000	£0	£0	£18,390,000	£0		

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.

1. Permanent admissions to care homes – we want to see improvement in this indicator. Through more proactive case management and reablement we plan a reduction in admissions to long term care as older people are mobilised and supported to remain in their own homes with support. This is linked to the schemes that fund social care to benefit health such as the enhanced reablement offer for older people with dementia that provides short term intensive care and reablement in order to get people back home, or remaining in their own homes together with a personalised approach to home care. It is also supported by the development of the locality offer that aims to provide a rapid response service with medical input in order to put in place care plans that support people to stay at home.
2. Proportion of older people still at home 91 days after discharge – we already perform relatively well in this indicator and want to maintain this level of performance by continuing to support people at home with reablement services and domiciliary support that are delivered around the needs of the individual.
3. Delayed transfers of care – although Islington is already working well to minimise DTOC the integrated discharge arrangements pulling patients back out into the locality will further support reduction. Social care will want to ensure, however, that this is not at the expense of an increase in permanent admissions to care homes so will form part of the review of the intermediate care pathway.
4. Avoidable emergency admissions – bringing the rapid response function into the locality will support the management of patients with complex and changing needs with the objective of reducing avoidable emergency admissions.

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

Using national metric

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

1. Permanent admissions to care homes - data collected as part of national ASCOF framework
2. Proportion of older people still at home 91 days after discharge - data collected as part of national ASCOF framework
3. Delayed transfers of care - data collected as part of national ASCOF framework
4. Avoidable emergency admissions - data collated as part of NHSOF

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

Metrics		Current Baseline (as at February 2014)	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	681.5	N/A	608.9
	Numerator	128		115
	Denominator	18781		18887
		(January 2013 - December 2013)		(April 2014 - March 2015)
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Metric Value	96.70%	N/A	98%
	Numerator	290		294
	Denominator	300		300
		(31st March 2013)		(April 2014 - March 2015)
Delayed transfers of care from hospital per 100,000 population (average per month)	Metric Value	1.9	1.8	1.7
	Numerator	123	122	77
	Denominator	169966	169966	169966
		(April 2012 - March 2013)	(April - December 2014)	(January - June 2015)
Avoidable emergency admissions (composite measure)	Metric Value	1712.4	713.3	926.4
	Numerator	3684	1563	2030
	Denominator	215,142	219,137	219,137
		(Oct 2012-Sept 2013)	(April - September 2014)	(October 2014 - March 2015)
Patient / service user experience [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]		Waiting for national indicator	N/A	
		(insert time period)		(insert time period)
Local measure - Carers reported quality of life (ASCOF 1D)	Metric Value	8.1	8.4	Next survey not scheduled until November 2016
	Numerator	2111	2181	
	Denominator	262	260	
		(April 2012 - March 2013)	(December 2013 - November 2014)	