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	Spending on BCF schemes in 14/15 (k)	Minimum contribution (15/16) (k)	Actual contribution (15/16) (k)	
Local Authority #1					
Swale CCG	N	14991	£ 6,393.60	£ 7,104.00	
Dartford, Gravesham and Swanley CCG	N	20199	£ 14,979.60	£ 16,644.00	
Local Authority #2					
etc					
BCF Total					

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.

- 1. discussions are in progress across the health and social care system to prioritise and implement those schemes which will have both immediate and longer term impacts, enabling changes to the system to be seen during 2014/15 to support longer term transformation during 2014/15 and beyond.
- 2. discussions are in progress with health providers as part of the negotiation period for contracts for 2014/15 to build financial stability across the whole health economy

Contingency plan:	2015/16 (£k)	Ongoing	
	Planned savings (if targets fully achieved)	5,340.3	
Outcome 1 - reduction in NEL admissions	Maximum support needed for other services (if targets not achieved)	TBC	
	Planned savings (if targets fully achieved)		
Outcome 2	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
		0	4156.318	5621400		TBC	TBC		
Integrated Discharge Team	DVH / MFT								
Integrated Primary Care Team	KCHT	11458.6	1500.6	as above		TBC	TBC	as above	
Accomodation Strategy	KCC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Community Strategy	KCHT	8499.0	0	as above		TBC	TBC	as above	
IT Integration	KCC / CCG	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Rapid Response and LRU	KCHT	9576.0	0	TBC	TBC	TBC	TBC	TBC	TBC
Total									

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Outcomes and metrics

For each metric other to	han patient experience, pleas	e provide details of the expecte	d outcomes and benefits of the s	scheme and how these will be measured

Currently in development as part of the preparation of submission for 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

national metric to be used

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

Full joint programme management arrangements to be implemented, which will report into the local governance arrangements via Executive Prorgramme Boards, district and Kent Health and Wellbeing Boards.

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.

Metrics		Current Baseline	Performance underpinning	Performance underpinning
		(as at)	April 2015 payment	October 2015 payment
Permanent admissions of older people (aged 65 and over) to residential	Metric Value			
and nursing care homes, per 100,000 population	Numerator		N/A	
	Denominator		N/A	
		(April 2012 - March 2013)		(April 2014 - March 2015)
Proportion of older people (65 and over) who were still at home 91 days	Metric Value			
after discharge from hospital into reablement / rehabilitation services	Numerator			
	Denominator		N/A	
		(April 2012 - March 2013)		(April 2014 - March 2015)
Delayed transfers of care from hospital per 100,000 population (average	Metric Value			
per month)	Numerator			
	Denominator			
		(April 2013 to December 2013)	(April - December 2014)	(January - June 2015)
Avoidable emergency admissions (composite measure)	Metric Value			
	Numerator			
	Denominator			
		(TBC)	(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			N/A	
metric (under development) is to be used]		(insert time period)	, i	(insert time period)
Reduction of emergency admission by minimum of 15% from a 2012/13	Metric Value	TBC		
baseline (significant progress in 14/15 – link to the Oaks group Non- qualified admissions of reduction by 10-15%). The expectation is that there	Numerator			
will be a significant decrease in patients attending and being admitted non	Denominator			
electively for specifically HF, CVD, COPD, diabetes, which are the highest areas of health inequalities.		April 2013 to December 2013	(insert time period)	(insert time period)

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