2. CCG Expenditure and Benefits - Health and Wellbeing Board 1

Health and Wellbeing Board 1 Expenditure

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	CCG Expenditure										
Scheme Name	Area of Spend	Specific Line in Financial Plan	Commissioner	Provider	2014/15 (£000)	2015/16 (£000)					
Reablement services	Other		CCG	Local Authority	-	4,512					
Community beds	Community Health		CCG	Local Authority	-	5,300					
Supporting carers	Other		CCG	Local Authority	-	2,059					
Leeds equipment serivce	Other		CCG	Local Authority	-	2,300					
3rd sector prevention	Other		ccg	Charity/Voluntary Sector	-	4,609					
Admission avoidance		1	CCG		-	2,800					
Community matrons	Community Health		ccg	NHS Community Provider	-	2,683					
Social care to benefit health				<please select=""></please>	-	12,500					
Disabilities facilities grants				<please select=""></please>	-	2,958					
Social care capital grant (care bill)				<please select=""></please>	-	744					
Enhancing primary care	Primary Care		CCG	Primary Care	-	2,141					
Eldercare facilitator	Mental Health		CCG	<please select=""></please>	188	565					
Medication prompting (dementia)	Mental Health		CCG	<please select=""></please>	50	320					
Falls	Community Health		CCG	<please select=""></please>	50	500					
Expand community intermediate care beds	Other		CCG	<please select=""></please>	990	1,490					
Enhancing integrated neighbourhood teams	Other		CCG	<please select=""></please>	1,216	3,590					
Urgent care services	Other		CCG	<please select=""></please>	50						
Information technology (inc. social care capital grant)	Other		ccg	<please select=""></please>	800	1,800					
Care bill	Social Care			<please select=""></please>	-	1,900					
Improved system intelligence	Other		CCG	<please select=""></please>	80	80					
Workforce planning & development	Other		CCG	<please select=""></please>	80	80					
Contingency fund	Other		CCG	<please select=""></please>	4,255	1,992					
Total					7.759	54.923					

Health and Wellbeing Board 1 2014/15 Benefits:

		2014/15 Financial Benefits										
Scheme Name		If Other - please specify	Change in activ		Total Saving (£000)							
	Benefit achieved from		vs 13/14 outturn	vs trend	Unit Price (£)	vs 13/14 outturn	vs trend	How was the financial benefit calculated if activity measures not entered?	How will the financial benefit be monitored against plan during the course of the year?	Was this scheme included in QIPP in the financial plan?		
Reablement services	Reduction in non-elective admissions (general + acute only)			(23)	2,500		. (58)	itted to hospital (assuming 840 new clients acc				
Expand community intermediate care beds	Reduction in non-elective admissions (general + acute only)			(467)	2,500		(1,168)	neless beds - Post-discharge care planning esti				
Enhancing integrated neighbourhood teams	Reduction in non-elective admissions (general + acute only)			(150)	2,500		- (375)	rorking by the EDAT team, a 250 admission red				
Urgent care services	Reduction in non-elective admissions (general + acute only) Reduction in delayed transfers of			(40)	2,500		(100)	ve A&E attenders expected to reduce the eme				
Enhancing integrated neighbourhood teams	care			(12)	1,400			care by 257 this year. This will be achieved by				
Reablement services	Other			(10)	17,250			e in throughput of the reablement service this				
Reablement services	Other							lans to increase the number of people going ti				
	+											
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	1											
							-					
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					ļ		ļ			-		
							(1.889)					

Health and Wellbeing Board 1 2015/16 Benefits:

	2015/16 Financial Benefits									
			Change in activity measure			Total Saving (£000)				
Scheme Name	Benefit achieved from	If Other - please specify	vs 14/15 baseline	vs trend	Unit Price (£)		vs trend	How was the financial benefit calculated if activity measures not entered?	How will the financial benefit be monitored against plan during the course of the year?	Was this scheme included in QIPP in the financial plan?
Enhancing integrated neighbourhood teams	Reduction in non-elective admissions (general + acute only)			(300	2,500		(750) rorking by the EDAT team, a 250 admission red		
Eldercare facilitator	Reduction in non-elective admissions (general + acute only)			(100	2,500	-	(250	diagnosed dementia patients (based on 1,200		
Medication prompting (dementia)	Reduction in non-elective admissions (general + acute only)			(50	2,500	-	(125	a. We are working with approx 6,000. By impr		
Falls	Reduction in non-elective admissions (general + acute only) Reduction in delayed transfers of			(140	2,500	-	(350) ts aged 65 and over each year for T&O. Whilst		
Expand community intermediate care beds	Reduction in delayed transfers of care Reduction in delayed transfers of			(50	1,400	-	(70	that this option will facilitate timely discharge	from hospital. Current uncertainty aroun	d how many EoL paties
Enhancing integrated neighbourhood teams	care			(67	1,400	-	(94) of the enhance neighbourhood teams is expe		
								-		
								-		
								-		
								-		
						-		-		
								-		
								-		
Total	-					-	(1,639)		