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.

Organisation	Holds the pooled budget? (Y/N)	Spending on BCF schemes in 14/15	Minimum contribution (15/16)	Actual contribution (15/16)
Leeds South & East CCG			*£17,351,000*	
Leeds North CCG			*£12,665,000*	
Leeds West CCG			*£20,105,000*	
NHS England		*£2,759,000*		
Leeds City Council (Disability Facilities Grant, Social Care Grant)			£4,802,000	
BCF Total		**£2,759,000**	**£54,923,000**	

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.

The expenditure and outcomes of the BCF will be overseen by the city-wide integrated commissioning executive (ICE) board. The board is made up of each of the Directors/Chiefs of finance from the health and social care commissioning organisations in the city. Close and regular monitoring of the outcomes that BCF spend is achieving will be key. Where the group feels that trajectories are not improving, or that outcomes are not being achieved, funding will need to be shifted, most likely to the acute sector, to allieviate those pressures.

CONTINGENCY PROVISION
The amount of contingency provision in the Leeds BCF will be on a risk base assessment. Scheme number 23 in the BCF fund is the contingency fund which can either be used to off set some of the scenorios set out below if they occurr, or invest in schemes that at the time of writing have not got a fully worked up evidence base.

METHODOLOGY AND ASSUMPTIONS FOR CALCULATION OF CONTINGENCY PLAN
Outcome 1. Assume worst case scenario - patient admitted to residential care. Cost of one year residential stay modelled at £17,250, multiplied by 20 and then divided in two to give average partial year effect for some admissions.
Outcome 2. Assume worst case scenario - patient admitted to hospital and then onto residential care at combined cost of £20,000, multiplied by 208, and then divided by to to give partial year effect for some patients.
Outcome 3. Average delayed transfer of care is 7 days, at excess bed day cost of £200, multiplied by 257.
Outcome 4. Average elderly acute admission cost as £2,500, multiplied by 874

Contingency plan:		2015/16	Ongoing
Outcome 1 - 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)	20 fewer admissions	
	Maximum support needed for other services (if targets not achieved)	£172,500	
Outcome 2 - 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)	89.7% - in percentage terms this is a continuation of current achievement. In real terms this represents an increase of 208 patients	
	Maximum support needed for other services (if targets not achieved)	£1,794,000	
Outcome 3 - Delayed transfers of care from hospital per 100,000	Planned savings (if targets fully achieved)	257 fewer delayed transfers of care	