Health and Wellbeing Board Financial Benefits Plan

Leeds

2014/15

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

Scheme Name	Organisation to Benefit	Confidence in level of split between organisations	Benefit achieved from	Change in activity measure (2014/15) vs 13/14 outturn	Change in activity measure (2014/15) vs trend	Unit Price (£)	Total (Saving) (£) (2014/15) vs 13/14 outturn	Total (Saving) (£) (2014/15) vs trend	How was the saving value calculated?	How will the savings against plan be monitored?
Reablement services	NHS Commissioner	Amber	Reduction in non-elective (general + acute only)	-	(23)	2,500	-	(57,500)	Average elderly acute admission cost is £2,500 'Individuals who access reablement services w be less likely to be re-admitted to hospital (assuming 840 new clients access the service, which if untreated who have had a 20% risk of readmission and on treatment have a 10% readmission rate)	
Expand community intermediate care beds	NHS Commissioner	Amber	Reduction in non-elective (general + acute only)	-	(467)	2,500	-	(1,167,500)	Use of ring-fence CIC beds for admission avoidance will 'divert' 1.1 admissions per day; Homeless beds - Post-discharge care planning estimated to reduce readmission rates by 20% (40 admissions per year - 50% impact for year 1)	
Enhancing integrated neighbourhood teams	NHS Commissioner	Amber	Reduction in non-elective (general + acute only)	-	(150)	2,500	-	(375,000)	Impact is based on a 50 admission reduction from 7 day working by the EDAT team, a 250 admission reduction from case managing 600 patients via the proactive management service and a 150 admission reduction due to enhance EoL care. The plan is that this programme of work will deliver about a third of its impact in year one, and two thirds in year two.	
Urgent care services	NHS Commissioner	Amber	Reduction in non-elective (general + acute only)	-	(40)	2,500	-	(100,000)	Specific focus on case management of top five A&E attenders expected to reduce the emergency admission rate for this cohort by 50%	
Enhancing integrated neighbourhood teams	NHS Provider	Amber	Reduction in delayed transfers of care	-	(12)	1,400	-	(16,800)	The city has a trajectory to reduce delayed transfers of care by 257 this year. This will be achieved by all schemes across the city, not just the BCF. The figures here represent an estimate of the contribution of additional discharge coordinators to the achivement of that figure. Average delayed transfer of care is 7 days, at excess bed day cost of £200	
Reablement services	Local Authority	Amber	Reduction in permanent residential admissions	-	(10)	17,250	-	(172,500)	The expectation is that there will be a threefol increase in throughput of the reablement service this year. The city has a trajectory to reduce the number of permanent residential admissions by 48, this year. Our estimate is that this scheme will contribute 10 to this service.	
Reablement services	Local Authority	Amber	Increased effectiveness of reablement	-	-		-		This number is described in terms of a rate. Th city has plans to increase the number of people going through this service, and the plans shoul allow the city to maintain what are already high levels of performance.	
Total	-		-	-		**28,650**	-	**(1,889,300)**		

2015/16

Scheme Name	Organisation to Benefit	Confidence in level of split between organisations	Benefit achieved from	Change in activity measure (2015/16) vs 14/15 baseline	Change in activity measure (2015/16) vs trend	Unit Price (£)	Total (Saving) (£) (2015/16) vs 14/15 baseline	Total (Saving) (£) (2015/16) vs trend	How was the saving value calculated?	How will the savings against plan be monitored?
Enhancing integrated neighbourhood teams	NHS Commissioner	Amber	Reduction in non-elective (general + acute only)	-	(300)	2,500	-	(750,000)	Impact is based on a 50 admission reduction from 7 day working by the EDAT team, a 250 admission reduction from case managing 600 patients via the proactive management service and a 150 admission reduction due to enhance EoL care. The plan is that this programme of work will deliver about a third of its impact in year one, and two thirds in year two.	
Eldercare facilitator	NHS Commissioner	Amber	Reduction in non-elective (general + acute only)	-	(100)	2,500	-	(250,000)	Estimated impact of care planned for newly diagnosed dementia patients (based on 1,200 more people being diagnosed over the year)	
Medication prompting (dementia)	NHS Commissioner	Red	Reduction in non-elective (general + acute only)	-	(50)	2,500	-	(125,000)	Approx 9,000 (inc. undiagnosed) in the city wit dementia. We are working with approx 6,000. By improving their medicines management this is an estimate of the impact on non-elective activity.	
Falls	NHS Commissioner	Red	Reduction in non-elective (general + acute only)		(140)	2,500	-	(350,000)	Approx 1,400 unplanned admissions to hosptia by patients aged 65 and over each year for T&O. Whilst a service model has yet to be agreed, it is anticiapted that effective falls prevention schemes could reduce T&O admissions by 10% for this cohort.	
Expand community intermediate care beds	NHS Commissioner	Red	Reduction in delayed transfers of care		(50)	1,400	-	(70,000)	Pilot to access the benefit of dedicated EoL nursing beds to offer choice to patients at end of life. Initially plans are for 10 beds with the expectation that this option will facilitate timely discharge from hospital. Current uncertainty around how many EoL patients who choose thi option will be delay transfers.	
Enhancing integrated neighbourhood teams	NHS Commissioner	Amber	Reduction in delayed transfers of care		(67)	1,400	-	(93,800)	Following intital implementation in FY14/15, th discharge facillitation function of the enhance neighbourhood teams is expected to reach full capacity in FY15/16, helping reduce delayed transfers of care.	
Total	-		-	-		**12,800**	-		-	-