Health and Wellbeing Board Financial Benefits Plan

Leeds

If you would prefer to provide aggregated figures for the savings (columns F-J), for a group of schemes related to one benefit type (e.g. delayed transfers of care), rather than filling in figures against each of your individual schemes, then you may do so.

If so, please do this as a separate row entitled "Aggregated benefit of schemes for X", completing columns D, F, G, I and J for that row. But please make sure you do not enter values against both the individual schemes you have listed, and the "aggregated benefit" line. This is to avoid double counting the benefits.

However, if the aggregated benefits fall to different organisations (e.g. some to the CCG and some to the local authority) then you will need to provide one row for the aggregated benefits to each type of organisation (identifying the type of organisation in column D) with values entered in columns F-J.

2014/15

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

			2014/15					
Benefit achieved from	**If other please specifiy**	**Scheme Name**	**Organisation to Benefit**	**Change in activity measure**	**Unit Price (£)**	**Total (Saving) (£)**	**How was the saving value calculated?**	**How will the savings against plan be monitored?**
Reduction in non-elective (general + acute only)		15 a: Expand community Intermediate Care beds	NHS Commissioner			-	Due to lack of available beds, it is estimated that 420 patients who could have been diverted from A&E into a CIC bed end up being admitted to hospital non-electively each year. By adding capacity to the system and re-designing the pathway this initiative is anticipated to avoid these admissions. This scheme is due to be implemented in Oct-2014.	The performance of each scheme is managed within the existing programme structures of Leeds's Health & Social Care Transformation Board, which ultimately reports to the cities Health & Welling Board. Routine project reporting in build into each scheme to foster continuous improvement
		16 f: Enhancing Integrated Neighbourhood Teams	NHS Commissioner			-	Increasing nursing capacity in the community is expected to allow between 300 and 500 more patients each year to choose to die at home rather than in hospital. Using NICE System Impact Modelling End of Life Tool, this additional support is expected to avoid 340 non-elective admissions. This figure is consistent with local intelligence for the opportunity saving associated with avoided non-elective admissions. Plans are in place to start implementation in Jan-2015, with the bulk of the impact being realised in FY15/16.	The performance of each scheme is managed within the existing programme structures of Leeds's Health & Social Care Transformation Board, which ultimately reports to the cities Health & Welling Board. Routine project reporting in build into each scheme to foster continuous improvement
		12: Eldercare Facilitator	NHS Commissioner			-	Target to increase the number of dementia patients (at any point in time) who are known to primary care by 1,400 (by the end of FY15/16), of which 500 will likely fall within the 2% @ risk cohort. Accounting for churn in the populations (dementia patients have relatively short life expectancies), by identifying new dementia patients and putting care plans in place it has been estimated that 100 admissions to hospital will be avoided. Current plans for for this service model to be in place by Jan-2015, with the bulk of the impact being realised during FY15/16.	The performance of each scheme is managed within the existing programme structures of Leeds's Health & Social Care Transformation Board, which ultimately reports to the cities Health & Welling Board. Routine project reporting in build into each scheme to foster continuous improvement
		16 e: Enhancing Integrated Neighbourhood Teams	NHS Commissioner			-	By targeting this intervention at patients with a high risk of admission to hospital in the next 12 months, there is an expectation that this risk will be mitigated, reducing demand for non-elective care. A small scale pilot supports this hypothesis, and current plans are to make this service available to between 1,000 and 1,200 patients each year. Assuming these patients see their risk of admission to hospital reduce by 10% on top of the impact factored in for care planning - see Scheme 11), this is expected to reduce non-elective admissions by between 70 and 84 per year. A phased roll-out in planned for Jan-2015, with the service reaching full capacity in early FY15/16.	The performance of each scheme is managed within the existing programme structures of Leeds's Health & Social Care Transformation Board, which ultimately reports to the cities Health & Welling Board. Routine project reporting in build into each scheme to foster continuous improvement
		15 d: Expand community Intermediate Care beds	NHS Commissioner			-	By case managing homeless patients on discharge from hospital there is an expectation that re-admissions to hospital for this cohort will be reduced. Assuming a 20% reduction in re-admissions, this equates to 41 avoided admissions per year. This service is expected to go live in Jan-2015.	The performance of each scheme is managed within the existing programme structures of Leeds's Health & Social Care Transformation Board, which ultimately reports to the cities Health & Welling Board. Routine project reporting in build into each scheme to foster continuous improvement
		15 b: Expand community Intermediate Care beds	NHS Commissioner			-	Moving to seven day working is expected to facilitate more CIC bed placements at weekends, offering efficiencies in terms of how the CIC bed estate is used. This may be expected to translate into more patients being diverted direct into a CIC bed, avoiding non-elective admissions	The performance of each scheme is managed within the existing programme structures of Leeds's Health & Social Care Transformation Board, which ultimately reports to the cities Health & Welling Board. Routine project reporting in build into each scheme to foster continuous improvement
Reduction in non-elective (general + acute only)		Aggregated benefit of schemes for Reduction in non-elective (general + acute)	NHS Commissioner	344	2,150	739,600	Of the schemes due to start in FY14/15 it is estimated these schemes will collectively reduce non-elective admissions by 344 over the year. Please note due to gaps in data it has not been possible to quantify the impact of all of the listed schemes on non-elective admissions, so this figure may be considered a conservative estimate.	
Reduction in delayed transfers of care		15 a: Expand community Intermediate Care beds	NHS Commissioner			-	Assuming under the new pathway patients diverted from A&E direct to the CICU sub-acute ward have an average length of stay on this ward of 4 days, 7 of the 12 additional beds will also be available to support patients discharges from hospital wards (which is recognised as a pressure point for DToC). These extra 7 beds should help reduce DToC by 2,500, a benefit that we start to be realised in Oct-2014.	The performance of each scheme is managed within the existing programme structures of Leeds's Health & Social Care Transformation Board, which ultimately reports to the cities Health & Welling Board. Routine project reporting in build into each scheme to foster continuous improvement
		15 d: Expand community Intermediate Care beds	NHS Commissioner			-	In Leeds around 50 bed days are lost in hospital each month due to DToC associated with housing issues. Whilst not all of these cases will involve homeless people, there is an expectation that by providing step-down beds through the HALP scheme, DToC for the homeless cohort will be significantly reduced, with an estimated saving of 17 bed days per month (a third of all housing-related DToC). This will impact from Jan-2015 onwards.	The performance of each scheme is managed within the existing programme structures of Leeds's Health & Social Care Transformation Board, which ultimately reports to the cities Health & Welling Board. Routine project reporting in build into each scheme to foster continuous improvement
		12: Eldercare Facilitator	NHS Commissioner			-	Some trickled down on DToC may be expected as fewer admissions translate into fewer patients requiring assessment and/or care packaged on discharge. In addition by patients having care plans in place, barriers to discharge may be reduced. It is anticipated that the benefits of this service start impacting in Jan-2015.	The performance of each scheme is managed within the existing programme structures of Leeds's Health & Social Care Transformation Board, which ultimately reports to the cities Health & Welling Board. Routine project reporting in build into each scheme to foster continuous improvement
		16 c: Enhancing Integrated Neighbourhood Teams	NHS Commissioner			-	The scheme proposes creating new discharge facilitation roles that will work with elderly patients to ensure timely discharge. Quantifying the impact of up-scaling the existing service by 3 WTEs is difficult as the opportunities for realising improvements relates to existing practices on the wards with which the staff will work.	The performance of each scheme is managed within the existing programme structures of Leeds's Health & Social Care Transformation Board, which ultimately reports to the cities Health & Welling Board. Routine project reporting in build into each scheme to foster continuous improvement
		16 f: Enhancing Integrated Neighbourhood Teams	NHS Commissioner			-	Of the 3,380 Leeds patients who die in hospital each year, 60% have lengths of stay of 7 days or less, with 15% staying in hospital for 21 days or more. We do not have ready access to DToC figures for patients who die in hospital whilst awaiting an EoL care package at home, but from the figures above, the opportunities to avoid DToC are likely to be relatively limited.	The performance of each scheme is managed within the existing programme structures of Leeds's Health & Social Care Transformation Board, which ultimately reports to the cities Health & Welling Board. Routine project reporting in build into each scheme to foster continuous improvement
		15 b: Expand community Intermediate Care beds	NHS Commissioner			-	Efficiencies in the use of the CIC bed estate may also be expected to facilitate more timely discharge from hospital. This impact is difficult to quantify.	The performance of each scheme is managed within the existing programme structures of Leeds's Health & Social Care Transformation Board, which ultimately reports to the cities
Reduction in delayed transfers of care		Aggregated benefit of schemes for delayed transfers of care	NHS Commissioner	1,344	220	295,680	Of the schemes due to start in FY14/15 it is estimated these schemes will collectively reduce delayed transfers of care by 1,344 over the year. Please note due to gaps in data it has not been possible to quantify the impact of all of the listed schemes on DToC so this figure may be considered a conservative estimate.	

Reduction in permanent residential admissions		12: Eldercare Facilitator	Local Authority	5	17,250	86,250	The increased access to dementia treatments and community support for dementia sufferers and their cares may be expected to support patients to remain living at home, delaying admission to long-term care. This impact is difficult to quantify and a conservative estimate of five delayed admisisons per year.	
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Total						**1,121,530**		

2015/16

			2015/16					
Benefit achieved from		**Scheme Name**	**Organisation to Benefit**	**Change in activity measure**	**Unit Price (£)**	**Total (Saving) (£)**	**How was the saving value calculated?**	**How will the savings against plan be monitored?**
Reduction in non-elective (general + acute only)		11: Enhancing primary care	NHS Commissioner	1,000	2,150	2,150,000	In Leeds 16,000 patients will be proactively managed under the GP DES each year. 49% of this cohort are likely to have one of more emergency admission to hospital during the year. Assuming the collective impact of the care planning approach mitigates risk of admission by 10% per patient, this equated to1,000 avoided admissions per year - a figure that ignores opportunities for reducing repeat admissions.	The performance of each scheme is managed within the existing programme structures of Leeds's Health & Social Care Transformation Board, which ultimately reports to the cities Health & Welling Board. Routine project reporting in build into each scheme to foster continuous improvement
Reduction in non-elective (general + acute only)		15 a & b Expand community Intermediate Care beds	NHS Commissioner	420	2,150	903,000	Due to lack of available beds, it is estimated that 420 patients who could have been diverted from A&E into a CIC bed end up being admitted to hospital non-electively each year. By adding capacity to the system and re-designing the pathway this initiative is anticipated to avoid these admissions	The performance of each scheme is managed within the existing programme structures of Leeds's Health & Social Care Transformation Board, which ultimately reports to the cities Health & Welling Board. Routine project reporting in build into each scheme to foster continuous improvement
Reduction in non-elective (general + acute only)		16 f: Enhancing Integrated Neighbourhood Teams	NHS Commissioner	337	2,150	724,550	Increasing nursing capacity in the community is expected to allow between 300 and 500 more patients each year to choose to die at home rather than in hospital. Using NICE System Impact Modelling End of Life Tool, this additional support is expected to avoid 337 non-elective admissions. This figure is consistent with local intelligence for the opportunity saving associated with avoided non-elective admissions.	The performance of each scheme is managed within the existing programme structures of Leeds's Health & Social Care Transformation Board, which ultimately reports to the cities Health & Welling Board. Routine project reporting in build into each scheme to foster continuous improvement
Reduction in non-elective (general + acute only)		12: Eldercare Facilitator	NHS Commissioner	200	2,150	430,000	Target to increase the number of dementia patients (at any point in time) who are known to primary care by 1,400 (by the end of FY15/16), of which 500 will likely fall within the 2% @ risk cohort. Accounting for churn in the populations (dementia patients have relatively short life expectancies), by identifying new dementia patients and putting care plans in place it has been estimated that 200 admissions to hospital will be avoided.	The performance of each scheme is managed within the existing programme structures of Leeds's Health & Social Care Transformation Board, which ultimately reports to the cities Health & Welling Board. Routine project reporting in build into each scheme to foster continuous improvement
Reduction in non-elective (general + acute only)		1: Reablement services	NHS Commissioner	75	2,150	161,250	Scheme to be extended to see 840 people per year (which equates to 750 more packages of reablement each year), reducing risk of re-admission from 20% to 10% is anticipated to reduce non-elective admissions by 75 per year.	The performance of each scheme is managed within the existing programme structures of Leeds's Health & Social Care Transformation Board, which ultimately reports to the cities Health & Welling Board. Routine project
Reduction in non-elective (general + acute only)		2: Community beds	NHS Commissioner	73	2,150	156,950	Improved use of Community Intermediate Care (CIC) beds allows more patients to be transferred direct to a CIC bed, avoiding A&E attendances/hospital admission. Planned work to deliver internal efficiencies are expected to free up five beds to manage new community referrals, allowing 73 non-elective admissions per year to be avoided. This is predicated on increased community-referrals (where the patient would otherwise have been admitted to hospital).	The performance of each scheme is managed within the existing programme structures of Leeds's Health & Social Care Transformation Board, which ultimately reports to the cities Health & Welling Board. Routine project reporting in build into each scheme to foster continuous improvement
Reduction in non-elective (general + acute only)		15 d: Expand community Intermediate Care beds	NHS Commissioner	41	2,150	88,150	By case managing homeless patients on discharge from hospital there is an expectation that re-admissions to hospital for this cohort will be reduced. Assuming a 20% reduction in re-admissions, this equates to 41 avoided admissions per year.	The performance of each scheme is managed within the existing programme structures of Leeds's Health & Social Care Transformation Board, which ultimately reports to the cities Health & Welling Board. Routine project reporting in build into each scheme to foster continuous improvement
Reduction in non-elective (general + acute only)		13: Medication prompting - Dementia	NHS Commissioner	160	2,150	344,000	Intelligence suggests 90% of dementia patients have one or more co-morbidities that require regular medication. Where an individual doesn't have regular care in place there is a risk of unplanned hospitalisation due to lack of compliance with medications.We estimate this will reduce admissions by the required level to at least meet the investment.	The performance of each scheme is managed within the existing programme structures of Leeds's Health & Social Care Transformation Board, which ultimately reports to the cities Health & Welling Board. Routine project reporting in build into each scheme to foster continuous improvement
Reduction in delayed transfers of care		15 a: Expand community Intermediate Care beds	NHS Commissioner	2,500	220	550,000	Assuming under the new pathway patients diverted from A&E direct to the CICU sub-acute ward have an average length of stay on this ward of 4 days, 7 of the 12 additional beds will also be available to support patients discharges from hospital wards (which is recognised as a pressure point for DToC). These extra 7 beds should help reduce DToC by 2,500.	The performance of each scheme is managed within the existing programme structures of Leeds's Health & Social Care Transformation Board, which ultimately reports to the cities Health & Welling Board. Routine project reporting in build into each scheme to foster continuous improvement
Reduction in delayed transfers of care		2: Community beds	NHS Commissioner	1,825	220	401,500	Stream-lining bed provision to more generic beds that can accept patients with a wider range of needs is expected to increase through-put, allowing more patients to access the service (estimated to be 5 fewer patients awaiting a CIC bed which equates to 1,825 fewer bed days lost due to DToC)	The performance of each scheme is managed within the existing programme structures of Leeds's Health & Social Care Transformation Board, which ultimately reports to the cities Health & Welling Board. Routine project reporting in build into each scheme to foster continuous improvement
Reduction in delayed transfers of care		11: Enhancing primary care	NHS Commissioner	640	220	140,800	Assuming the vast majority of patients being managed under the scheme are 65 and over, the reductions in admissions may be expected to reduce the total number of elderly patients being admitted to hospital by between 1.3 and 3.5% (based on the success of the scheme). Assuming a one-to-one relationship between admissions and DToC, this translates into DToC of between 240 and 640 lost bed days per year.	The performance of each scheme is managed within the existing programme structures of Leeds's Health & Social Care Transformation Board, which ultimately reports to the cities Health & Welling Board. Routine project reporting in build into each scheme to foster continuous improvement

Reduction in delayed transfers of care		16 d: Enhancing Integrated Neighbourhood Teams	NHS Commissioner	300	220	66,000	Extending access to home care packages into the evening and over weekends is anticipated to facilitate earlier discharge of patients, helping reduce DToC. Currently DToC due to delays associated with accessing home care packages accounts for around 125 lost bed days per month. Whilst this additional capacity is unlikely to eliminate these delays, we expect the extra capacity to reduce delays by 20% for this cohort.	The performance of each scheme is managed within the existing programme structures of Leeds's Health & Social Care Transformation Board, which ultimately reports to the cities Health & Welling Board. Routine project reporting in build into each scheme to foster continuous improvement
Reduction in delayed transfers of care		15 d: Expand community Intermediate Care beds	NHS Commissioner	204	220	44,880	In Leeds around 50 bed days are lost in hospital each month due to DToC associated with housing issues. Whilst not all of these cases will involve homeless people, there is an expectation that by providing step-down beds through the HALP scheme, DToC for the homeless cohort will be significantly reduced, with an estimated saving of 17 bed days per month (a third of all housing-related DToC)	The performance of each scheme is managed within the existing programme structures of Leeds's Health & Social Care Transformation Board, which ultimately reports to the cities Health & Welling Board. Routine project reporting in build into each scheme to foster continuous improvement
Reduction in delayed transfers of care		4: Leeds Equipment Service	NHS Commissioner	25	220	5,500	On average around 500 bed days are lost per year due to delays associated with community equipment. It is estimated 25 of these may be avoided through the adoption of smarter technologies, but this is difficult to quantify	The performance of each scheme is managed within the existing programme structures of Leeds's Health & Social Care Transformation Board, which ultimately reports to the cities Health & Welling Board. Routine project reporting in build into each scheme to foster continuous improvement
Reduction in delayed transfers of care		16 c: Enhancing Integrated Neighbourhood Teams	NHS Commissioner	6,710	200	1,342,000	The scheme proposes creating new discharge facilitation roles that will work with elderly patients to ensure timely discharge. The existing service will be scaled up by 3 WTE to work with the existing teams to reduce excess bed days on general medicine by 50%.	The performance of each scheme is managed within the existing programme structures of Leeds's Health & Social Care Transformation Board, which ultimately reports to the cities Health & Welling Board. Routine project reporting in build into each scheme to foster continuous improvement
Reduction in permanent residential admissions		1: Reablement services	Local Authority	75	17,250	1,293,750	People who otherwise would have been admitted to a care home are supported to stay at home (which is estimated to reduce admissions by 75 per year)	The performance of each scheme is managed within the existing programme structures of Leeds's Health & Social Care Transformation Board, which ultimately reports to the cities Health & Welling Board. Routine project reporting in build into each scheme to foster continuous improvement
Reduction in permanent residential admissions		2: Community beds	Local Authority	10	17,250	172,500	Small impact on admissions may be expected as rehabilitation services are more widely available,expectation is reduction in 10 admissions.	The performance of each scheme is managed within the existing programme structures of Leeds's Health & Social Care Transformation Board, which ultimately reports to the cities Health & Welling Board. Routine project reporting in build into each scheme to foster continuous improvement
Reduction in permanent residential admissions		4: Leeds Equipment Service	Local Authority	6	17,250	103,500	Current plans propose extending existing service offer to include new technologies that enable more complex patients to be cared for at home,reducing admissions by 6.	The performance of each scheme is managed within the existing programme structures of Leeds's Health & Social Care Transformation Board, which ultimately reports to the cities Health & Welling Board. Routine project reporting in build into each scheme to foster continuous improvement
Other	Reduction in LOS	15 d: Expand community Intermediate Care beds	NHS Provider	496	200	99,200	1652 bed days 30% reduction	The performance of each scheme is managed within the existing programme structures of Leeds's Health & Social Care Transformation Board, which ultimately reports to the cities Health & Welling Board. Routine project reporting in build into each scheme to foster continuous improvement
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Total						**9,177,530**		