Health and Wellbeing Board Details		ROCR approval applied for Version 3
Please select Health and Wellbeing Board:		
North Yorkshire		
	Please provide:	
	Keith Cheesman or Wendy Balmain	
	keith.cheesman@northyorks.gov.uk	
	or	
	wendy.balmain@northyorks.gov.uk	

## Health and Wellbeing Board Payment for Performance

There is no need to enter any data on this sheet. All values will be populated from entries elsewhere in the template

## North Yorkshire

1. Reduction in non elective activity	
Baseline of Non Elective Activity (Q4 13/14 - Q3 14/15)	57,409
Change in Non Elective Activity	-4,908
% Change in Non Elective Activity	-8.5%
2. Calculation of Performance and NHS Commissioned Ringfenced $_{\text{Figures in £}}$	Funds
Financial Value of Non Elective Saving/ Performance Fund	2,888,505
Combined total of Performance and Ringfenced Funds	10,523,699
Ringfenced Fund	7,635,194
Value of NHS Commissioned Services	18,594,284
Shortfall of Contribution to NHS Commissioned Services	0

### 2015/16 Quarterly Breakdown of P4P

	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Cumulative Quarterly Baseline of Non Elective Activity	14,888	28,738	42,992	57,409
Cumulative Change in Non Elective Activity	-888	-1,238	-2,845	-4,908
Cumulativa I/ Change in Non Floative Activity	1 [0/	-2.2%	F 00/	0. 50/
Cumulative % Change in Non Elective Activity	-1.5%	-2.2%	-5.0%	-8.5%
Financial Value of Non Elective Saving/ Performance Fund (£)	522,615	205,986	945,768	1,214,137

# **Health and Wellbeing Funding Sources**

# North Yorkshire

Please complete white cells

Please complete white cells	-	
	Gross Contri	bution (£000)
	2014/15	2015/16
Local Authority Social Services		
North Yorkshire	20,121	2,033
North Yorkshire	·	1,350
North Yorkshire		5,000
North Yorkshire		1,932
<please authority="" local="" select=""></please>		
<please authority="" local="" select=""></please>		
<please authority="" local="" select=""></please>		
Total Local Authority Contribution	20,121	10,315
CCG Minimum Contribution		
NHS Vale of York CCG		6,932
NHS Scarborough and Ryedale CCG		7,538
NHS Harrogate and Rural District CCG		9,557
NHS Hambleton, Richmondshire and Whitby CCG		9,152
NHS Cumbria CCG		319
NHS Airedale, Wharfedale and Craven CCG		2,914
		-
Total Minimum CCG Contribution	-	36,412
Additional CCG Contribution		
<please ccg="" select=""></please>		
Total Additional CCG Contribution	-	-
Total Contribution	20,121	46,727

# **Summary of Health and Wellbeing Board Schemes**

# North Yorkshire

Please complete white cells

# **Summary of Total BCF Expenditure**

Figures in £000

rigares in 2000							
			Please confirm the amount		If different to the figure in cell D18, please indicate the total amount		
	From 3. HWE	8 Expenditure	allocated for the	protection of	from the BCF that has been allocated for the protection of adult social		
	Pla	an	adult socia	al care	care services		
	2014/15	2015/16	2014/15	2015/16			
Acute	334	366					
Mental Health	1,340	1,929					
Community Health	10,611	21,173					
Continuing Care	-	-					
Primary Care	215	105					
					17,000. Further 5,603 broken down as: 2,033 DFG (mandatory pass-thru), 1,932 Care Act Implementation, 1,350 Capital, and two schemes		
Social Care	7,288	22,603	7,000	17,000	managed by HRW CCG - 258 START & 30 Risk profiling		
Other	333	550					
Total	20,121	46,726		17,000			

# Summary of NHS Commissioned out of hospital services spend from MINIMUM BCF Pool

Figures in £000

	From 3. HWB	Expenditure
		2015/16
Mental Health		1,929
Community Health		16,078
Continuing Care		-
Primary Care		105
Social Care		-
Other		483
Total		18,594

## **Summary of Benefits**

Figures in £000

Figures in £000			
	From 4. HV	From 5.HWB P4P metric	
	2014/15	2015/16	2015/16
Reduction in permanent residential admissions	(13)	(119)	
Increased effectiveness of reablement	-	-	
Reduction in delayed transfers of care	(44)	(126)	
Reduction in non-elective (general + acute only)	(1,493)	(3,072)	2,889
Other	(255)	(883)	
Total	(1,805)	(4,201)	2,889

Different calendar basis of calculations - ExpPlan = Fin year, P4P=Calendar Year

## Health and Wellbeing Board Expenditure Plan

North Yorkshire

Please complete white cells (for as many rows	as required):				Expenditure			
Scheme Name	Area of Spend	Please spec	iCommissi Joint % NH	if Joint % LA		Source of Funding	2014/15 (£000)	2015/16 (£000)
Mental Health		·						
HRW_001_MH - Psychiatric Liaison	Mental Health		CCG		NHS Mental Health	CCG Minimum Contribution	285	
HRW_002_MH - Dementia strategy VOY_003_MH - Street Triage	Community Health Mental Health		CCG		NHS Community Provider NHS Mental Health	CCG Minimum Contribution CCG Minimum Contribution	45 75	
VOY_003_MH - Street Triage	Mental Health		CCG		Charity/Voluntary Sector NHS Mental Health	CCG Minimum Contribution	25	25
VOY_005_MH - Psychiatric Liaison	Mental Health		ccg		Provider	CCG Minimum Contribution	25	-
HaRD_001_MH - Psychiatric Liaison	Mental Health		ccg		NHS Mental Health Provider	CCG Minimum Contribution	426	426
S&R_003_MH - Psychiatric Liaison	Mental Health		CCG		NHS Mental Health Provider	CCG Minimum Contribution	200	400
Community/Integrated Care/Reablement HRW_003_CIR - H&R integrated START /								
Intwemediate care / FRT	Community Health		ccg		NHS Community Provider	CCG Minimum Contribution	558	809
HRW_003_CIR - H&R integrated START / Intwemediate care / FRT	Social Care		Local Authority		Local Authority	CCG Minimum Contribution	258	258
HRW_004_CIR - Whitby overnight nursing service	Community Health		CCG		NHS Community Provider	CCG Minimum Contribution	94	188
	,							
HRW_005_CIR - Hospital case management HRW_006_CIR - H&R district nursing	Acute		CCG		NHS Acute Provider	CCG Minimum Contribution	126	126
capacity HRW_007_CIR - Risk profiling and long term	Community Health		CCG		NHS Community Provider	CCG Minimum Contribution	333	333
conditions	Community Health		CCG		NHS Community Provider	CCG Minimum Contribution	50	100
HRW_007_CIR - Risk profiling and long term conditions	Social Care		Local Authority		NHS Community Provider	CCG Minimum Contribution	30	30
HRW_008_CIR - Community-focused acute care	Acute		CCG		NHS Acute Provider	CCG Minimum Contribution	38	50
HRW_008_CIR - Community-focused acute								
	Acute Community Health		CCG CCG		NHS Acute Provider NHS Community Provider	CCG Minimum Contribution CCG Minimum Contribution	70 280	550
VOY_004_CIR - Urgent Care Practitioners	Other	Ambulance	CCG		NHS Acute Provider	CCG Minimum Contribution	198	300
HaRD_003_CIR - Intermediate Care & CAT	Community Health		CCG		NHS Community Provider	CCG Minimum Contribution	900	900
HaRD_003_CIR - Intermediate Care & CAT	Community Health		CCG		NHS Acute Provider	CCG Minimum Contribution	995	
S&R_001_CIR - Malton Care Hub	Community Health		CCG		NHS Community Provider	CCG Minimum Contribution	840	1,000
AWC_003_CIR - Specialist Nursing	Community Health		CCG		NHS Community Provider	CCG Minimum Contribution	200	200
	Community Health		CCG		NHS Community Provider	CCG Minimum Contribution	343	343
AWC_001_CIR - AssistiveTechnologies	Community Health		CCG		NHS Acute Provider	CCG Minimum Contribution	276	226
Public Health/Prevention							1	
HRW_011_PHP - IAPT (prevention initiative)	Mental Health		ccg		NHS Acute Provider	CCG Minimum Contribution	154	205
HRW_009_PHP - Lifestyle referral	Community Health		Local Authority		NHS Mental Health Provider	CCG Minimum Contribution	50	75
HRW_010_PHP - Community navigators	Community Health	Public	CCG		Local Authority	CCG Minimum Contribution	-	75
		Health and						
S&R_002_PHP - Health Trainers / Self Help S&R_005_PHP - Smoking Cessation	Other Acute	Prevention	Joint 50%	50%	Local Authority  NHS Acute Provider	CCG Minimum Contribution CCG Minimum Contribution	135 100	
S&R_004_PHP - Community Mental Health (IAPT)	Mental Health		CCG		NHS Mental Health Provider	CCG Minimum Contribution	150	300
Voluntary Sector								
HRW_012_VS - Carer sitting service and								
training VOY_001_VS - St Leonard's 'Hospice at	Community Health		CCG		Charity/Voluntary Sector	CCG Minimum Contribution	60	40
Home' HaRD_002_VS - Voluntary Sector Projects /	Community Health		CCG		Charity/Voluntary Sector	CCG Minimum Contribution	135	170
Investments	Community Health		CCG		Charity/Voluntary Sector	CCG Minimum Contribution	250	200
S&R_008_VS - Pallitive Care Pathway	Community Health		CCG		Charity/Voluntary Sector	CCG Minimum Contribution	62	92
Care Homes HRW_013_CH - Clinical Skills Educator	Community Health		ccg		Local Authority	CCG Minimum Contribution	15	60
		Care home			•		15	
HRW_014_CH - Telemedicine	Other	sector	CCG		NHS Community Provider	CCG Minimum Contribution	-	115
HaRD_004_CH - Named GP per Care Home	Community Health		CCG		Primary Care	CCG Minimum Contribution	254	125
HaRD_004_CH - Named GP per Care Home	Community Health		CCG		NHS Community Provider	CCG Minimum Contribution	126	126
AWC_002_CH - Quality Improvement Support	Primary Care		ccg		Primary Care	CCG Minimum Contribution	215	105
SR_007_CH - Care Home Link Nurse	Community Health		CCG		Charity/Voluntary Sector	CCG Minimum Contribution	168	168
SR_006_CH - Nutrition in Care Homes	Community Health		CCG		Charity/Voluntary Sector	CCG Minimum Contribution	20	40
	Community Health		CCG		NHS Community Provider	CCG Minimum Contribution	4,343	
ALL_002_CS - Community Services ALL_002_CS - Community Services	Community Health Community Health		CCG CCG		NHS Community Provider NHS Community Provider	CCG Minimum Contribution Local Authority Social Services	204	2,041 5,000
ALL_003_PHP - Falls Prevention	Community Health		Joint 50%	50%	CCG	CCG Minimum Contribution	10	41
Social Care protection	Social Care		Authority		Local Authority	CCG Minimum Contribution	7,000	17,000
Disability grants	Social Care		Local Authority		Local Authority	Local Authority Social Services		2,033
Social care capital grant	Social Care		Local Authority		Local Authority	Local Authority Social Services		1,350
	Social Care		Local			Local Authority Social Services		1,932
Care Act			Authority		Local Authority			
Performance Fund	Community Health		CCG		NHS Community Provider	CCG Minimum Contribution		2,889
Total							20,121	46,726
								10,120

### Health and Wellbeing Board Financial Benefits Plan

### North Yorkshire

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):

Please complete white cells (for as many	2014/15								
				Change in	Unit				
				activity	Price	Total (Saving)		How will the savings against plan be	
Benefit achieved from	If other please specifiy	Scheme Name	Organisation to Benefit	measure	(£)	(£)	How was the saving value calculated?	monitored?	
		HRW_003_CIR - H&R integrated					1:1.5 (approx) return on investment; 7.9 admissions per		
Reduction in non-elective (general + acute or	nh/)	START / Intwemediate care / FRT	NHS Commissioner	(205)	570	(117.021)	week to be saved considered reasonable aspiration. Savings over 6 months in 2014/15.	Acute trust contract management process	
Treduction in non-circuite (general 1 acute of	Tilly)	OTAICT / Intwernediate care / FICT	THE COMMISSIONER	(200)	570	(117,021)	Increased case management capacity for up to 360 patients		
		HRW_007_CIR - Risk profiling and					per year. Assume an emergency admission is prevented for		
Reduction in non-elective (general + acute or	nly)	long term conditions	NHS Commissioner	(24)	570	(13,509)	25% patients from Q4 onwards.	Acute trust contract management process	
							This equates to approx 5.3 admissions saved per week,		
							which is c. 15% of the total emergency admissions to FHN with a mental health diagnosis. Assume 6 months saving in		
Reduction in non-elective (general + acute or	nlv)	HRW 001 MH - Pvschiatric Liaison	NHS Commissioner	(137)	570			Acute trust contract management process	
	,,	THEOLOGICANI I Socialitie Elabori	THE COMMISSIONS	()	0.0	(,0.0)		ricule is det constant management process	
							This equates to approx. 2.9 admissions saved per week,		
		HRW_004_CIR - Whitby overnight					through having 7 day over-night capacity which previously		
Reduction in non-elective (general + acute or	nly)	nursing service	NHS Commissioner	(77)	570	(43,890)	was not available. Savings for 6 months in 14/15.	Acute trust contract management process	
		HRW_007_CIR - Risk profiling and					This assumes that of a case-load over a year of approx. 150 patients, an emergency admission will be saved for 17%.	)	
Reduction in non-elective (general + acute or	nlv)	long term conditions	NHS Commissioner	(26)	570	(14 991)	Service operational for full-year.	Acute trust contract management process	
Treduction in non-elective (general 1 acute of	Tilly)	HRW 013 CH - Clinical Skills	TWI C COMMISSIONE	(20)	570	(14,551)	dervice operational for full year.	Acute trust contract management process	
Reduction in non-elective (general + acute or	nlv)	Educator	NHS Commissioner	(10)	570	(5,643)		Acute trust contract management process	
Treadeller in their elective (general - abate of	1119)	Eddeator	THE COMMISSIONER	(10)	0,0	(0,010)		7 toute truet bentruet management process	
Reduction in non-elective (general + acute or	nly)	HRW_014_CH - Telemedicine	NHS Commissioner	-		-	No savings planned in 2014/15	Acute trust contract management process	
							Estimated that 37 patients per full year may go through		
		LIDIM COO CID Community France d					service, of which only a proportion will be stepped into the		
Deduction in our election (second constant	- L A	HRW_008_CIR Community Focused	NII IO O	(00)	F70	(44,000)	service as an alternative to an admission. Assume 1st July	A	
Reduction in non-elective (general + acute or	niy)	Acute Care	NHS Commissioner	(20)	570	(11,229)	start-date. Assume 1:1.5 ROI. Of up to 500 patients going through the	Acute trust contract management process	
		HRW 008 CIR Community Focused					clinics, 6% should have an admission saved. Service to run	1	
Reduction in non-elective (general + acute or	nly)	Acute Care	NHS Commissioner	(16)	570		for 6 months in 14/15.	Acute trust contract management process	
				1 1		, , ,			
							Enabling strategy across all admission avoidance schemes		
		LIDW 000 CID Community Forward					with 1.8 admissions saved per week specifically allocated to	·	
Poduction in non elective (general Legute es	nh s)	HRW_008_CIR Community Focused	NHS Commissioner	(40)	570		this scheme in line with the results of prototype audit. Scheme to run for 6 months in 2014/15.	Acute trust contract management process	
Reduction in non-elective (general + acute or	riiy)	Acute Care HRW_003_CIR - H&R integrated	INFIS COMMISSIONEI	(40)	570	(22,515)		Acute trust contract management process	
Reduction in delayed transfers of care		START / Intwemediate care / FRT	NHS Commissioner	(135)	220	(29,700)	Assume a 7.5% saving on NEL excess bed days for 6 months	Acute trust contract management process	
reduction in delayed transfers of care		STAINT / Intwernediate care / FINT	N 13 Commissioner	(133)	220	(23,700)	monus	Acute trust contract management process	
				+			32%, based on NYCC population of VoY, of a 6% reduction		
							in admissions to residential care based on the average cost		
							of £250 per week for an average length of stay of 26.5	Through the Joint Delivery Group and	
Reduction in permanent residential admission	ins	VOY_002_CIR - Selby care hub	Local Authority	(2)	6,625	(13,250)	weeks for final quarter	Integrated Commissioning Board	
							32%, based on NYCC population of VoY, of a reduction of	There is the leist Delivery Course	
Poduction in dolayed transfers of care		VOY 002 CIR - Selby care hub	NHS Commissioner	(44)	96	(4.222)	554 XBDs on a weighted average cost of £96.20 per day for final quarter	Integrated Commissioning Board	
Reduction in delayed transfers of care		VOI_002_CIN - Selby care flub	IN IS COMMISSIONED	(44)	90	(4,233)	6.9% reduction, 303, in non-elective admissions for final	integrated Commissioning Duard	
							quarter at local average NEL admission cost when applying	Through the Joint Delivery Group and	
Reduction in non-elective (general + acute or	nly)	VOY_002_CIR - Selby care hub	NHS Commissioner	(76)	556		30% Marginal Tariff	Integrated Commissioning Board	
							32%, based on NYCC population of VoY, of proportion of		
		VOV. 004. OID. 11					average UCP activity per month of implementation at local		
Deduction in any short of	-1.3	VOY_004_CIR - Urgent Care	NII IO Oii	(40=	2==		average NEL admission cost when applying 30% Marginal	Through the Joint Delivery Group and	
Reduction in non-elective (general + acute or	niy)	Practitioners	NHS Commissioner	(407)	378	(153,846)	Laun	Integrated Commissioning Board	

							<b>-</b>	
		VOY 001 VS - St Leonard's 'Hospice					32%, based on NYCC population of VoY, of proportion of	Through the Joint Delivery Crown and
Reduction in non-elective (general + acute only)		at Home'	NHS Commissioner	(60)	556	(33 305)	activity per month of implementation at local average NEL admission cost when applying 30% Marginal Tariff	Through the Joint Delivery Group and Integrated Commissioning Board
Reduction in non-elective (general + acute only)		at Home	IN IS COMMISSIONE	(00)	330	(33,363)		Through the Joint Delivery Group and
Other	Reduction in A&E attendance	VOY 002 CIR - Selby care hub	NHS Commissioner	(25)	109	(2 714)	at local average A&E attendance cost	Integrated Commissioning Board
Ollici	Reduction in AGE attendance	VOT_002_Ont - Selby care hub	TWI IO COMMISSIONEI	(20)	103	(2,117)	32%, based on NYCC population of VoY, of proportion of	Integrated Commissioning Board
		VOY 004 CIR - Urgent Care					average UCP activity per month of implementation at local	Through the Joint Delivery Group and
Other	Reduction in A&E attendance	Practitioners	NHS Commissioner	(718)	109	(77 932)	) average A&E attendance cost	Integrated Commissioning Board
	Troduction in 7 tale attendance	Tuchionore		()		(11,002)	32%, based on NYCC population of VoY, of reduction of 346	
							A&E attendances pro rata for final four months at local	Through the Joint Delivery Group and
Other	Reduction in A&E attendance	VOY_003_MH - Street Triage	NHS Commissioner	(444)	109	(48.192)	average A&E attendance cost	Integrated Commissioning Board
		VOY 001 VS - St Leonard's 'Hospice		\		( -, - ,	32% based on NYCC population Voy of proportion of activity	1 0
Other	Reduction in A&E attendance	at Home'	NHS Commissioner	(60)	109	(6.530)	per month of local A&E attendance cost	Integrated Commissioning Board
Other	Reduction in AGE attendance	HaRD_003_CIR - Intermediate Care &	THE COMMISSIONE	(00)	103	(0,000)	per month of local AGE attendance cost	Integrated Commissioning Dodra
Deduction in delever disconfess of con-		CAT	NII IO O					
Reduction in delayed transfers of care			NHS Commissioner			-	•	
		HaRD_003_CIR - Intermediate Care &						currently agreeing data-set information with
Reduction in non-elective (general + acute only)		CAT	NHS Commissioner	(520)	570	(296,400)	reflected in the unit price)	service provider
		HaRD_002_VS - Voluntary Sector						
Reduction in non-elective (general + acute only)		Projects / Investments	NHS Commissioner	(52)	570	(29,640)	1 NEL spell avoided per week (full rate)	not possible to measure
							Based on patient base attending with chest pains, back pain,	
Reduction in non-elective (general + acute only)		HaRD 001 MH - Psychiatric Liaison	NHS Commissioner	(130)	570	(74,100)	stomach pain, etc	use of Section 136 facility/activity monitoring
(3		HaRD 004 CH - Named GP per Care	ł	(123)		(1.1,100)	Based on 50% reduction on emergency admissions less	
Reduction in non-elective (general + acute only)		Home	NHS Commissioner	(235)	570	(133.950)		Unclear at this point in time
reduction in non-elective (general + acute only)		Tione	NI IS COMMISSIONE	(233)	370	(133,930)	Julian 3 days & 10 % over 3 days	Onciedi at this point in time
Reduction in permanent residential admissions		HARDCCG Care Home Scheme	NHS Commissioner	_	_	_		
teduction in permanent residential dumissions		The RECORD Gallet Holling Contention	THE COMMISSIONE					
							Assumptions based on % of direct reduction in Specific	
Reduction in non-elective (general + acute only)		S&R 001 CIR - Malton Care Hub	NHS Commissioner	(75)	570	(42.750)		Directly through admissions data
Reduction in non-elective (general + acute only)		3&K_001_CIK - Walton Care Hub	NI IS COMMISSIONE	(73)	370	(42,750)	Impact of psychiatric liaison model from review of our	Directly through authissions data
Reduction in non-elective (general + acute only)		S&R 003 MH - Psychiatric Liaison	NHS Commissioner	(15)	570	(8.550)		Directly through admissions data
reduction in non-elective (general + acute only)		Odit_005_Will - I Sycillatile Elaison	IN IS COMMISSIONE	(13)	370	(0,550)		Directly through authissions data
Deduction in the classic formand a cost and A		OOD OOD VO Balliting Ones Bathanan	NII IO O	(405)	570	(70.050)	Estimated number of patients kept out of hospital at end of	Discretically and administration of the
Reduction in non-elective (general + acute only)		S&R_008_VS - Pallitive Care Pathway	NHS Commissioner	(135)	570	(76,950)		Directly through admissions data
Deduction in deleved transfers of core		COD 000 MIL Devekietrie Lieieee	NILIC Commissioner	(50)	200	(40,000)		Measure of contacts, reduced average LOS
Reduction in delayed transfers of care		S&R_003_MH - Psychiatric Liaison	NHS Commissioner	(50)	200	(10,000)	) providers scheme for other commissioners	for this cohort
						-		
							combined schemes based on projected reduction in non	
							elective admission based on current numbers of patients	KPPI and performance metrics being
							currently accessing the system - expected low value savings	formalised and developed with providers to
Reduction in non-elective (general + acute only)		AWC_001 to AWC_004 - All Schemes	NHS Commissioner	(150)	1,900	(285,000)	in year one of new and established schemes in year one	monitor the affectiveness of the schems
							The savings are calculated based on how schemes will	
	BCF schemes will have a range of benefits						impact community services/pathways costs. Whilst the	
	including reduction in delayed transfer of						CCG schemes promote reduction in non elective admission,	
	care, more effective reablement, planned						these schemes are also expected to reduce other areas of	
	care for long term condtions which will						spend as stated in "other". The activity price calculated is	KPPI and performance metrics being
							an average price of these services (including average LOS	formalised and developed with providers to
	reduce demand in other areas of the						and outpatient appointment) x by estimated numbers	monitor the affectiveness of the schemes,
	reduce demand in other areas of the health care system such as length of stay,						and outpatient appointment, x by estimated numbers	mornior are arrest errors or are correct,
		Schemes combined as AWC						including reduction of LOS/outpatient activity
	health care system such as length of stay,		NHS Commissioner	(80)	1,500	(120,000)	impacted by these schemes. Impact is expected to be	
	health care system such as length of stay, outpatients and community services and		NHS Commissioner	(80)	1,500	(120,000)	impacted by these schemes. Impact is expected to be	including reduction of LOS/outpatient activity
	health care system such as length of stay, outpatients and community services and		NHS Commissioner	(80)	1,500	(120,000)	impacted by these schemes. Impact is expected to be	including reduction of LOS/outpatient activity
	health care system such as length of stay, outpatients and community services and		NHS Commissioner	(80)	1,500	(120,000)	impacted by these schemes. Impact is expected to be	including reduction of LOS/outpatient activity
	health care system such as length of stay, outpatients and community services and		NHS Commissioner	(80)	1,500	(120,000)	impacted by these schemes. Impact is expected to be lower in year one	including reduction of LOS/outpatient activity

## 2015/16

		2015/16								
			Change in							
Benefit achieved from	Scheme Name	Organisation to Benefit	activity measure	Unit Price (£)	Total (Saving)	How was the saving value calculated?	How will the savings against plan be monitored?			
Belletit actilieved from	HRW 003 CIR - H&R integrated	Organisation to Benefit	illeasure	(£)	(£)		monitoreu :			
Reduction in non-elective (general + acute only)	START / Intwemediate care / FRT	NHS Commissioner	(411	570	(233.985)	1:1.5 (approx) return on investment; 7.9 admissions per week to be saved considered reasonable aspiration	Acute trust contract management process			
Troduction in their closure (general r deale city)	OTALLY INLUMINISTICATION OF THE		(	,	(200,000)	Increased case management capacity for 360 patients.	7 touto tract community management process			
	HRW_007_CIR - Risk profiling and					Assume an emergency admission is prevented for				
Reduction in non-elective (general + acute only)	long term conditions	NHS Commissioner	(95	570	(53,979)	approximately 25% of patients.	Acute trust contract management process			
						This equates to approx 5.3 admissions saved per week, which is c. 15% of the total emergency admissions to FHN				
						with a mental health diagnosis. Assume 6 months saving in				
Reduction in non-elective (general + acute only)	HRW_001_MH - Pyschiatric Liaison	NHS Commissioner	(274	570	(156,009)	, , ,	Acute trust contract management process			
						This equates to approx. 2.9 admissions saved per week,				
	HRW_004_CIR - Whitby overnight				( 0	through having 7 day over-night capacity which previously				
Reduction in non-elective (general + acute only)	nursing service	NHS Commissioner	(153	570	(87,324)	was not available.  This assumes that of a case-load over a year of approx. 150	Acute trust contract management process			
	HRW_007_CIR - Risk profiling and					patients, an emergency admission will be saved for 17%.	<b>'</b>			
Reduction in non-elective (general + acute only)	long term conditions	NHS Commissioner	(26	570	(14,991)	Service operational for full-year.	Acute trust contract management process			
	HRW_013_CH - Clinical Skills									
Reduction in non-elective (general + acute only)	Educator	NHS Commissioner	(40	570	(22,515)		Acute trust contract management process			
						Savings not fully quantified at this stage. Therefore 1:1 ROI				
Reduction in non-elective (general + acute only)	HRW_014_CH - Telemedicine	NHS Commissioner	(66	570	(37,506)	has been included within this table.	Acute trust contract management process			
	HRW 008 CIR Community Focused					Estimated that 37 patients per full year may go through service, of which only a proportion will be stepped into the				
Reduction in non-elective (general + acute only)	Acute Care	NHS Commissioner	(26	570	(14,991)	service as an alternative to an admission.	Acute trust contract management process			
10 7/	HRW_008_CIR Community Focused		,			Assume 1:1.5 ROI. Of up to 500 patients going through the				
Reduction in non-elective (general + acute only)	Acute Care	NHS Commissioner	(32	570	(18,012)	clinics, 6% should have an admission saved.	Acute trust contract management process			
	HRW 008 CIR Community Focused					Enabling strategy across all admission avoidance schemes				
Reduction in non-elective (general + acute only)	Acute Care	NHS Commissioner	(79	570	(44 973)	with 1.8 admissions saved per week specifically allocated to this scheme in line with the results of prototype audit.	Acute trust contract management process			
reduction in non-clearite (general r acute only)	HRW_003_CIR - H&R integrated	THE COMMISSIONED	(13	, 570	(44,510)	und deficite in time with the reduits of prototype dudit.	Notice that contract management process			
Reduction in delayed transfers of care	START / Intwemediate care / FRT	NHS Commissioner	(220	270	(59 400)	7.5% reduction in NEL excess bed days for 12 months	Acute trust contract management process			
Trouveller in delayed transfer or early	CT/IIII / IIIIII GIIGIG GUIG / TIVI		(==0		(55, 155)	no a reasoner in the endoce bear days for the inclinio	7 touto tract community management process			
						32%, based on NYCC population of VoY, of a 6% reduction				
						in admissions to residential care based on the average cost				
						of £450 per week for an average length of stay of 26.5	Through the Joint Delivery Group and			
Reduction in permanent residential admissions	VOY_002_CIR - Selby care hub	Local Authority	(10	11,925	(119,250)	weeks for final quarter	Integrated Commissioning Board			
						32%, based on NYCC population of VoY, of a reduction of				
Reduction in delayed transfers of care	VOY 002 CIR - Selby care hub	NHS Commissioner	(177	96	(17.027)	554 XBDs on a weighted average cost of £96.20 per day for final quarter	Through the Joint Delivery Group and Integrated Commissioning Board			
Reduction in delayed transfers of care	VOT_002_CIR - Selby care rlub	INAS COMMISSIONEI	(177	) 90	(17,027)	6.9% reduction, 303, in non-elective admissions for final	integrated Commissioning Board			
						quarter at local average NEL admission cost when applying	Through the Joint Delivery Group and			
Reduction in non-elective (general + acute only)	VOY_002_CIR - Selby care hub	NHS Commissioner	(304	556	(169,152)	30% Marginal Tariff	Integrated Commissioning Board			
						32%, based on NYCC population of VoY, of proportion of				
	VOY_004_CIR - Urgent Care					average UCP activity per month of implementation at local	Through the Joint Polivery Croup and			
Reduction in non-elective (general + acute only)	Practitioners	NHS Commissioner	(591	378	(223,398)	average NEL admission cost when applying 30% Marginal Tariff	Through the Joint Delivery Group and Integrated Commissioning Board			
Troublett in their closure (general Faculty offin)	T Idollionois	THE COMMINICATION	(551	, 370	(220,030)	32%, based on NYCC population of VoY, of proportion of	Integrated Commissioning Dodin			
	VOY_001_VS - St Leonard's 'Hospice					activity per month of implementation at local average NEL	Through the Joint Delivery Group and			
Reduction in non-elective (general + acute only)	at Home'	NHS Commissioner	(180	) 556	(100,156)	admission cost when applying 30% Marginal Tariff	Integrated Commissioning Board			

				I I			Reduction of 100 A&E attendances pro rata for final quarter	
Other	Reduction in A&E attendance	VOY_002_CIR - Selby care hub	NHS Commissioner	(100)	109	(10,854)	at local average A&E attendance cost	Integrated Commissioning Board
		VOY_004_CIR - Urgent Care					32%, based on NYCC population of VoY, of proportion of average UCP activity per month of implementation at local	Through the Joint Delivery Group and
Other	Reduction in A&E attendance	Practitioners	NHS Commissioner	(1,044)	109		average A&E attendance cost	Integrated Commissioning Board
Othor	reduction in AGE attendance	T radiioners	THE COMMISSIONS	(1,011)	100	(110,010)	32%, based on NYCC population of VoY, of reduction of 346	
							A&E attendances pro rata for final four months at local	Through the Joint Delivery Group and
Other	Reduction in A&E attendance	VOY_003_MH - Street Triage	NHS Commissioner	(1,329)	109	(144,250)	average A&E attendance cost	Integrated Commissioning Board
		VOY_001_VS - St Leonard's 'Hospice					32% based on NYCC population Voy of proportion of activity	
Other	Reduction in A&E attendance	at Home'	NHS Commissioner	(180)	109	(19,589)	per month of local A&E attendance cost	Integrated Commissioning Board
		HaRD_003_CIR - Intermediate Care &						
Reduction in delayed transfers of care		CAT	NHS Commissioner	-	-	-		
		HaRD 003 CIR - Intermediate Care &					Measure emergency admissions to acute beds that occur now at the times that CAT and intermediate care teams are	Locally agreed data-set with the service
Reduction in non-elective (general + acute only)		ICAT	NHS Commissioner	(1,040)	570	(502 800)	to operate their extended hours	provider on times of admisisons to emergecy acute beds
reduction in non-elective (general + acute only)			IN 13 COMMISSIONEI	(1,040)	370	(392,000)	Admissions of patients on EoL register, scheme expecting to	
		HaRD_002_VS - Voluntary Sector					reduce admissions that are multiple admissions of	
Reduction in non-elective (general + acute only)		Projects / Investments	NHS Commissioner	(52)	570	(29,640)	emergency care.	measure multiple admissions on EoL register
							Both Length of stay of emergency admissions and	
							admissions themselves where the patient has mental health	Locally agreed data-set with the service
Reduction in non-elective (general + acute only)		HaRD_001_MH - Psychiatric Liaison	NHS Commissioner	(130)	570	(74,100)	needs	provider on admitted mental health patients
		HaRD_004_CH - Named GP per Care						Admissions data comparison re care-homes
Reduction in non-elective (general + acute only)		Home	NHS Commissioner	(235)	570	(133,950)	Reduction in admissions from care homes	postcodes
Deduction in the classics (see and contact and		LIADDOCC Care Hama Cahama	NI IO O		570			
Reduction in non-elective (general + acute only)		HARDCCG Care Home Scheme	NHS Commissioner		570			
						<u>-</u>	Assumptions based on % of direct reduction in Specific	
Reduction in non-elective (general + acute only)		S&R 001 CIR - Malton Care Hub	NHS Commissioner	(593)	570	(338 010)	groups identified through sus data	Directly through admissions data
reduction in non-elective (general r dedic only)		Cart_001_Cirt = Marion Care Flub	TWI IO COMMISSIONES	(000)	370	(550,010)	Impact of psychiatric liaison model from review of our	Directly through dumissions data
Reduction in non-elective (general + acute only)		S&R_003_MH - Psychiatric Liaison	NHS Commissioner	(54)	570	(30.780)	providers scheme for other commissioners	Directly through admissions data
77				(2-)		(22) 22)	Impact of psychiatric liaison model from review of our	Measure of contacts, reduced average LOS
Reduction in delayed transfers of care		S&R_003_MH - Psychiatric Liaison	NHS Commissioner	(200)	200	(40,000)	providers scheme for other commissioners	for this cohort
	Reduced support following hospital						Impact of psychiatric liaison model from review of our	
Other	discharge	S&R_003_MH - Psychiatric Liaison	Local Authority	(1)	100,000	(100,000)	providers scheme for other commissioners	Reduction in care packages
							Estimated number of patients kept out of hospital at end of	
Reduction in non-elective (general + acute only)		S&R_008_VS - Pallitive Care Pathway	NHS Commissioner	(135)	570	(76,950)	life	Directly through admissions data
							Estimate of patients and reduced length of stay for support	Measure of contacts, reduced average LOS
Reduction in delayed transfers of care		S&R_008_VS - Pallitive Care Pathway	NHS Commissioner	(50)	200	(10,000)	of palliative patients outside hospital	for this cohort
						-		
							combined schemes based on projected reduction in non	
							elective admission based on current numbers of patients	KPPI and performance metrics being
Reduction in non-elective (general + acute only)		AWC 001 to AWC 004 - All Schemes	NHS Commissioner	(163)	1,900		currently accessing the system - expected low value savings in year one of new and established schemes in year one	formalised and developed with providers to monitor the affectiveness of the schems
Reduction in non-elective (general + acute only)		AVC_001 to AVVC_004 - All Schemes	INFIS COMMISSIONEI	(103)	1,900	(309,700)	in year one of new and established schemes in year one	monitor the anectiveness of the scriems
-			+			-	combined schemes based on projected reduction in non	
							elective admission based on current numbers of patients	KPPI and performance metrics being
							currently accessing the system after redesigning of care	formalised and developed with providers to
Reduction in non-elective (general + acute only)		ALL 002 CS - Community Services	NHS Commissioner	(543)	570		pathways and service models.	monitor the affectiveness of the schems
				1 1			The savings are calculated based on how schemes will	
	BCF schemes will have a range of benefits						impact community services/pathways costs. Whilst the	
	including reduction in delayed transfer of						CCG schemes promote reduction in non elective admission,	
	care, more effective reablement, planned						these schemes are also expected to reduce other areas of	<u></u>
	care for long term condtions which will						spend as stated in "other". The activity price calculated is	KPPI and performance metrics being
	reduce demand in other areas of the						an average price of these services (including average LOS	formalised and developed with providers to
	health care system such as length of stay, outpatients and community services and						and outpatient appointment) x by estimated numbers impacted by these schemes. Impact is expected to be	monitor the affectiveness of the schemes, including reduction of LOS/outpatient activity
Other		AWC_001 to AWC_004 - All Schemes	NHS Commissioner	(330)	1,500		lower in year one.	and community numbers.
- Culoi	primary care.		THE CONTINUES OF THE	(330)	1,500	(-133,000)	ionor in your one.	and community numbers.
			1	+ +		-		
-			+	+				
Total						(4,201,116)		
Total						(4,201,116)		

**North Yorkshire** 

Red triangles indicate comments

Please complete the five white cells in the Non-Elective admissions table. Other white cells can be completed/revised as appropriate.

Planned deterioration on baseline (or validity issue)
Planned improvement on baseline of less than 3.5%
Planned improvement on baseline of 3.5% or more

£589

Non - Elective admissions (general and acute)

			Baseline (14-15 fig	ures are CCG plans	)		Pay for perform	nance period		
Metric		Q4 (Jan 14 - Mar 14)	Q1 (Apr 14 - Jun 14)	Q2 (Jul 14 - Sep 14)	Q3 (Oct 14 - Dec 14)	Q4 (Jan 15 - Mar 15)	Q1 (Apr 15 - Jun 15)	Q2 (Jul 15 - Sep 15)	Q3 (Oct 15 - Dec 15)	Q4 (Jan 16 - Mar 16)
Total non-elective admissions in to	Quarterly rate	2,460	2,289	2,355	2,382	2,308	2,225	2,085	2,036	2,104
hospital (general & acute), all-age, per 100,000 population	Numerator	14,888	13,850	14,254	14,417	14,000	13,500	12,647	12,354	12,799
po. 100,000 population	Denominator	605,154	605,154	605,154	605,154	606,636	606,636	606,636	606,636	608,312

Rationale for red/amber ratings

P4P annual change in admissions
P4P annual change in admissions (%)

Please enter the £2,888,505 average cost of a non-elective admission<sup>1</sup>

-4908

-8.5%

Rationale for change from £1,490

Majority of NY average NEL costs at 30% of £1900 tariff over the threshold level as set out below. Number Rate Cost Average Rate £ 588.49 3,983 @ £ 2,270,310 570 £ 484 @ £ 556 £ 269,104 591 @ £ 378 £ 223,398 163 @ £ 1,900 £ 309,700 5,221 3,072,512 £

P4P annual saving

The figures above are mapped from the following CCG operational plans. If any CCG plans are updated then the white cells can be revised:

	CCG I	paseline activity (14	4-15 figures are CCC	plans)					Contributing	CCG activity
Contributing CCGs	Q4 (Jan 14 - Mar 14)	Q1 (Apr 14 - Jun 14)	Q2 (Jul 14 - Sep 14)	Q3 (Oct 14 - Dec 14)	% CCG registered population that has resident population in North Yorkshire	% North Yorkshire resident population that is in CCG registered population	Q4	Q1 (Apr 14 - Jun 14)	Q2 (Jul 14 - Sep 14)	Q3 (Oct 14 - Dec 14)
NHS Airedale, Wharfdale and Craven CCG	4,706	3,564	3,684	3,897	32.5%	8.3%	1,527	1,157	1,196	1,265
NHS Cumbria CCG	14,996	13,851	14,008	14,947	1.2%	1.1%	186	172	174	186
NHS Darlington CCG		3,321	3,194	3,340	1.4%	0.2%	44	45	43	45
NHS Doncaster CCG		9,319	9,423	9,537	0.2%	0.1%		19	20	20
IHS Durham Dales, Easington and Sedgefield CCG	8,470	8,630	8,570	8,727	0.2%	0.1%	20	20	20	20
NHS East Lancashire CCG	10,623	10,326	10,267	10,415	0.1%	0.0%		12	12	13
NHS East Riding of Yorkshire CCG	7,140	7,070	7,150	7,150	1.3%	0.7%	96	95	96	96
NHS Hambleton, Richmondshire and Whitby CCG	3,555	3,118	3,308	3,261	98.7%	23.0%	3,509	3,077	3,265	3,219
NHS Harrogate and Rural District CCG	3,670	3,279	3,334	3,553	99.9%	26.3%	3,666	3,276	3,330	3,549
NHS Hartlepool and Stockton-On-Tees CCG		7,567	7,474	7,706		0.0%	11	12	12	12
NHS Leeds North CCG	4,104	3,811	3,853	3,853	3.0%	1.0%	122	114	115	115
NHS Leeds South and East CCG	6,429	6,016	6,082	6,082	0.5%	0.2%		31	32	32
NHS Scarborough and Ryedale CCG	2,793	2,949	3,136	3,089	99.3%	19.2%	2,774	2,930	3,115	3,069
NHS Vale of York CCG	8,176	8,228	8,030	7,856	32.4%	18.4%	2,651	2,668	2,603	2,547
NHS Wakefield CCG	10,565	10,946	10,908	11,330	2.0%	1.2%	214	222	221	230
Total						100%	14,888	13,850	14,254	14,417

#### Reference

<sup>&</sup>lt;sup>1</sup> The default figure of £1,490 in the template is based on the average reported cost of a non-elective inpatient episode (excluding excess bed days), taken from the latest (2012/13) Reference Costs. Alternatively the average reported spell cost of a non-elective inpatient admission (including excess bed days) from the same source is £2,118. To note, these average figures do not account for the 30% marginal rate rule and may not reflect costs variations to a locality such as MFF or cohort pricing. In recognition of these variations the average cost can be revised in the template although a rationale for any change should be provided.

#### **North Yorkshire**

Please complete all white cells in tables. Other white cells should be completed/revised as appropriate.

#### **Residential admissions**

Metric		Baseline (2013/14)	Planned 14/15	Planned 15/16
Permanent admissions of older people (aged 65 and over)	Annual rate	525.4	480.1	447.2
to residential and nursing care homes, per 100,000	Numerator	680	661	630
population	Denominator	129,800	137,667	140,883
		Annual change in	40	04

Annual change in admissions %

Annual change in proportion %

-2.8%

0.0%

-4.7%

0.0%

### Reablement

Metric				
	Annual %	85.5	85.5	85.5
home 91 days after discharge from hospital into reablement / rehabilitation services	Numerator	485	573	663
	Denominator	565	670	775
		Annual change in proportion	0.0	0.0

Delayed transfers of care

	Planned deterioration on baseline (or validity issue) Planned improvement on baseline
Rationale for red	
rating	
Rationale for red	
rating	

Red triangles indicate comments

			13-14 Bas	eline			14/	15 plans			15-1	6 plans	
Metric		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
		(Apr 13 - Jun 13)	(Jul 13 - Sep 13)	(Oct 13 - Dec 13)	(Jan 14 - Mar 14)	(Apr 14 - Jun 14)	(Jul 14 - Sep 14)	(Oct 14 - Dec 14)	(Jan 15 - Mar 15)	(Apr 15 - Jun 15)	(Jul 15 - Sep 15)	(Oct 15 - Dec 15)	(Jan 16 - Mar 16)
Delayed transfers of care (delayed days) from hospital per	Quarterly rate	562.7	558.6	653.3	699.2	555.1	545.2	633.7	679.7	514.5	512.5	594.8	650.3
100,000 population (aged 18+).	Numerator	2,726	2,706	3,165	3,407	2,705	2,657	3,088	3,325	2,517	2,507	2,910	3,194
	Denominator	484,432	484,432	484,432	487,301	487,301	487,301	487,301	489,218	489,218	489,218	489,218	491,167

Annual change in Annual change in -647 -229 admissions admissions Annual change in Annual change in -1.9% -5.5% admissions % admissions %

Patient / Service User Experience Metric				
		Baseline	Planned 14/15	Planned 15/16
Metric		2013/14	(if available)	
Metr	ric Value			
		69.8	71.9	72.3
Numerator: 162 Number of people with a long term condition				
Denominator: 232 Number of people aged 18 and over who h	nerator	162	195	216
	ominator	232	271	298
Improvement indicated by:	Increase			

### **Local Metric**

		Baseline	Planned 14/15	Planned 15/16
Metric		April 12 - March 13]	(if available)	
PHOF 2.24i: Injuries due to falls in people aged 65 and over	Metric Value	1784.3	1642.4	1497.3
(Persons)	Numerator	2,316	2,261	2,109
	Denominator	129,802	137,667	140,883
Improvement indicated by:	Decrease			

### References/notes

Population projections are based on Subnational Population Projections, Interim 2012-based (published May 2014)

- 1. Based on "Personal Social Services: Expenditure and Unit Costs, England2012-13" (HSCIC) http://www.hscic.gov.uk/catalogue/PUB13085/pss-exp-eng-12-13-fin-rpt.pdf
  2. There is no robust national source for the average annual saving due to being at home 91 days after discharge from hospital and to residential care
- 3. Based on 12-13 Reference Costs: average cost of an excess bed day. https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/261154/nhs\_reference\_costs\_2012-13\_acc.pdf

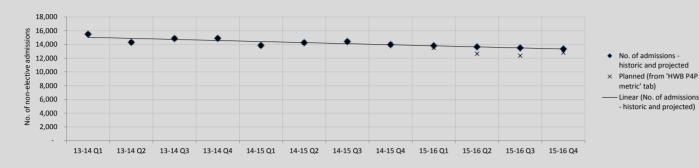
### North Yorkshire

To support finalisation of plans, we have provided estimates of future performance, based on a simple 'straight line' projection of historic data for each metric. We recognise that these are crude methodologies, but it may be useful to consider when setting your plans for each of the national metrics in 2014/15 and 2015/16. As part of the assurance process centrally we will be looking at plans compared to the counterfactual (what the performance might have been if there was no BCF).

No cells need to be completed in this tab. However, 2014-15 and 2015-16 projected counts for each metric can be overwritten (white cells) if areas wish to set their own projections.

#### Non-elective admissions (general and acute)

				Historic			Baseline				Projection				
Metric		13-14 Q1	13-14 Q2	13-14 Q3	13-14 Q4	14-15 Q1	14-15 Q2	14-15 Q3	14-15 Q4	15-16 Q1	15-16 Q2	15-16 Q3	15-16 Q4		
Total non-elective admissions (general & acute), all-age	No. of admissions -														
	historic and projected														
		15,493	14,306	14,860	14,888	13,850	14,254	14,417	13,961	13,806	13,651	13,496	13,341		

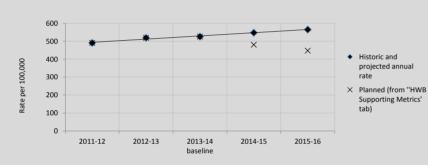


		Projected							
		2014 -2015	2015-16	2015-16		2015-16			
Metric		Q4	Q1	Q2	Q3	Q4			
Total non-elective admissions (general & acute), all-age	Quarterly rate	2,307.0	2,275.8	2,250.2	2,224.7	2,193.1			
	Numerator	13,961	13,806	13,651	13,496	13,341			
	Denominator	605,154	606,636	606,636	606,636	608,312			

 $<sup>\</sup>hbox{$^*$ The projected rates are based on annual population projections and therefore will not change linearly}$ 

### Residential admissions

Metric			2012-13 historic			2015-16 Projected
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000	Historic and projected annual rate	490	519	525	547	565
population	Numerator	610	675	680	753	795
	Denominator	124.320	129.800	129.800	137.667	140.883

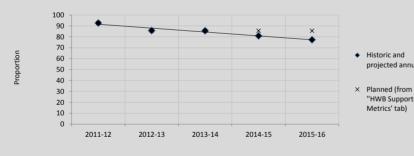


This is based on a simple projection of the metric proportion.

- historic and projected)

## Reablement

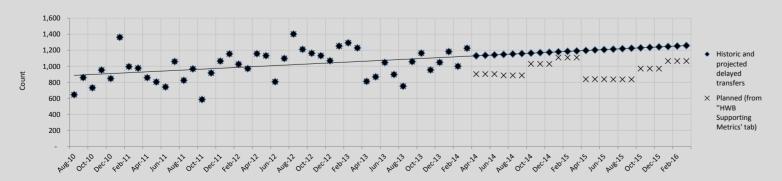
Metric						2015-16 Projected
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into	Historic and projected annual %	92.6	85.7	85.5	80.8	77.3
reablement / rehabilitation services	Numerator	475	395	485	457	437
	Denominator	510	460	565	565	565



This is based on a simple projection of the metric proportion, and an unchanging denominator (number of people offered reablement)

### **Delayed transfers**

		Historic											
Metric		Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11
Delayed transfers of care (delayed days) from hospital	Historic and projected												
	delayed transfers	645	859	732	953	847	1,361	995	976	857	804	742	1,059



projected annual %

"HWB Supporting Metrics' tab)

		Projected rates*										
		2014-15				2015-16						
Metric		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+).	Quarterly rate	699.3	709.5	719.7	727.0	737.1	747.3	757.4	764.5			
	Numerator	3,408	3,457	3,507	3,557	3,606	3,656	3,705	3,755			
	Denominator	487,301	487,301	487,301	489,218	489,218	489,218	489,218	491,167			

<sup>\*</sup> The projected rates are based on annual population projections and therefore will not change linearly