Sheet: 4. Health and We

Selected Health and Well Being Board:

Cambridgeshire

Data Submission Period:

2016/17

4. HWB Expenditure Plan

This sheet should be used to set out the full BCF scheme level spending plan. The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing, which is required describe a single scheme. In this case please use the scheme name column to indicate this.

On this tab please enter the following information:

- Enter a scheme name in column B;
- Select the scheme type in column C from the dropdown menu (descriptions of each are located in cells B71 C78); if the scheme type is not adequately described by one of the dropdown options please choose 'other' and give furth
- Select the area of spending the scheme is directed at using from the dropdown menu in column E; if the area of spending is not adequately described by one of the dropdown options please choose 'other' and give further explanatic
- Select the commissioner and provider for the scheme using the dropdown menu in columns G and J, noting that if a scheme has more than one provider or commissioner, you should complete one row for each. For example, if botl party;
- In Column K please state where the expenditure is being funded from. If this falls across multiple funding streams please enter the scheme across multiple lines;
- Complete column L to give the planned spending on the scheme in 2016/17;
- Please use column M to indicate whether this is a new or existing scheme.
- Please use column N to state the total 15-16 expenditure (if existing scheme) This is the only detailed information on BCF schemes being collected centrally for 2016-17 but it is expected that detailed scheme level plans will continue

	Scheme Type (see table below	Please specify if 'Scheme Type'		Please specify if 'Area of Spend'	
Scheme Name	for descriptions)	is 'other'	Area of Spend	is 'other'	Commissioner
2015/16 spending lines are shown below. These categories and	associated budgets are currently under				
Older People and Adults Community Services	Integrated care teams		Community Health		
Carers	Support for carers		Community Health		
14 15 256 Agreement	Reablement services		Social Care		
Protecting Social Care	Reablement services		Social Care		
Re-ablement & intermediate care	Intermediate care services		Community Health		
Joint assessment and lead profesional	Integrated care teams		Community Health		
Information sharing	Other	<please scheme="" specify="" type=""></please>	Social Care		
Transformation Team	Other	<please scheme="" specify="" type=""></please>	Social Care		
Care Act	Other		Social Care		
Local risk share	Other	<please scheme="" specify="" type=""></please>	Other		

Scheme Type	<u>Description</u>
	The development of support networks to maintain the patient at home independently or through appropriate interventions delivered in the community setting. Improved independently or through appropriate interventions delivered in the community setting.
Reablement services	reduces need for home care packages.
	Schemes specifically designed to ensure that the patient can be supported at home instead of admission to hospital or to a care home. May promote self management/expert
Personalised support/ care at home	ward' for intensive period or to deliver support over the longer term. Admission avoidance, re-admission avoidance.
ntermediate care services	Community based services 24x7. Step-up and step-down. Requirement for more advanced nursing care. Admissions avoidance, early discharge.
Integrated care teams	Improving outcomes for patients by developing multi-disciplinary health and social care teams based in the community. Co-ordinated and proactive management of individual reduction in hospital admissions.
negrated care teams	Tradelion in Tradelia dumissions.
	Improve the quality of primary and community health services delivered to care home residents. To improve the consistency and quality of healthcare outcomes for care home
Improving healthcare services to care homes	workers to improve the delivery of non essential healthcare skills. Admission avoidance, re-admission avoidance.
0	Supporting people so they can continue in their roles as carers and avoiding hospital admissions. Advice, advocacy, information, assessment, emotional and physical support
Support for carers	support wellbeing and improve independence. Admission avoidance
7 day working	Seven day working across health and/or social care settings. Reablement and avoids admissions
Assistive Technologies	Supportive technologies for self management and telehealth. Admission avoidance and improves quality of care

ssion 1: due on 02 March 2016

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to demonstrate how the national policy framework is being achieved. Where a scheme has multiple funding sources this can be indicated and split out, but there may still be instances when several lines need to be completed in order to fully

er explanation in column D;

on in column F;

h the CCG and the local authority will contract with a third party to provide a joint service, there would be two lines for the scheme: one for the CCG commissioning from the third party and one for the local authority commissioning from the third

e to be developed locally.

Exper	Expenditure					
if Joint % NHS	if Joint % LA	Provider	Source of Funding	2016/17 Expenditure (£)	New or Existing Scheme	Total 15-16 Expenditure (£) (if existing scheme)

endence, avoids admissions,
t patient, establishment of 'home
cases. Improved independence,
e residents. Support Care Home
t, training, access to services to