

North Wales Commissioning Hub

Annual Report

October 2013



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Preface

Fully staffed for the first time in October 2012, the North Wales Commissioning Hub is an essential new development on the social care and health scene. Not only is it delivering better quality placements for service users with high levels of need, but it is helping to change services, working with local authorities, the Health Board and providers. Developing services that enable people to move on from residential care and live in community settings is one example. The Hub is delivering savings, critical at a time of financial austerity but also enabling us to use collective resources better.

This has not been achieved easily. The Hub brings together seven partners- the six North Wales local authorities and the Betsi Cadwaladr Local Health Board and we haven't always agreed. But we have stuck to the principle that working together like this must be the best way of delivering improvements for some of the most vulnerable people in North Wales. And, during this first year of operation, though we have been frustrated by poor data, our inability to harmonise processes, and the speed of developments, we have continued to believe this, to take confidence from practical successes and, in fact, see further opportunities to benefit by working collaboratively.

The team, led by Vicky Poole, have been impressive in terms of their grasp of a difficult task and their persistence in delivering progress in a new field for all of us.

We are very grateful to them for the steps forward taken in the first year and look forward to a second year's delivery.



Sally Ellis

Chair of NWCH Management Board

Executive Summary

North Wales Commissioning Hub is a partnership between the six local authorities in North Wales and Betsi Cadwaladr University Health Board. NWCH is responsible for the commissioning of high cost, low volume care home placements for children, young people and for adults with learning disabilities, autism, physical disabilities and mental health needs.

It has now been operational for 12 months and this is its first Annual Report.

The Hub has four main functions:

- To secure value for money in current placements
- To source new placements
- To collate intelligence about and monitor the quality of care homes
- Strategic commissioning and market facilitation

In summary, the Hub has saved £635k in its first year and the Hub team are confident that the savings forecast in the original business case of £1.1-£2 million will be delivered within the three year timeframe predicted. NWCH has sourced 152 new placements; developed a regional monitoring framework and carried out monitoring visits to 21 homes.

The team has mapped provision across the region, identified gaps and written a range of service specifications which underpin the development of two regional approved frameworks in order to better develop the market and meet the needs of people with complex needs.

1. Introduction

North Wales Commissioning Hub (NWCH) has now been operational for 12 months and this is its first Annual Report.

The NWCH is a partnership between the six local authorities in North Wales and Betsi Cadwaladr University Health Board. NWCH is responsible for the commissioning of care home placements for children, young people and adults with a specific range of complex social care, education and health needs.

The Hub comprises of 3.75 members of staff

- Manager
- Commissioning & Procurement Officer
- Quality Monitoring Officer (0.75 FTE)
- Resource & Data Officer

The Hub also successfully applied for the placement of a Welsh Government sponsored Procurement Executive trainee for 12 months which has provided welcome additional capacity as well providing the opportunity to develop closer links with procurement specialists.

The NWCH annual operating budget is £184,000 comprised of contributions from the 7 partner organisations.

The team is hosted by Denbighshire County Council and there are robust governance arrangements in place underpinned by a formal Partnership Agreement. The work programme for NWCH (appendix 1) is overseen by a Management Board who meet bi-monthly (appendix 2) chaired by Sally Ellis, Corporate Director, Denbighshire County Council.

The services that are currently within the scope of NWCH's are Care Homes, Care Homes with Nursing Adults with mental health needs, learning disabilities, physical disability or acquired brain injury and Care Homes (including with Education) for Children and Young People and. These were deemed to be 'in-scope' for two main reasons:

- The Homes are have placements from across the region because of the relatively low level demand on an individual county basis
- The Homes charge higher fees than those paid to standard care homes

2. Background Context

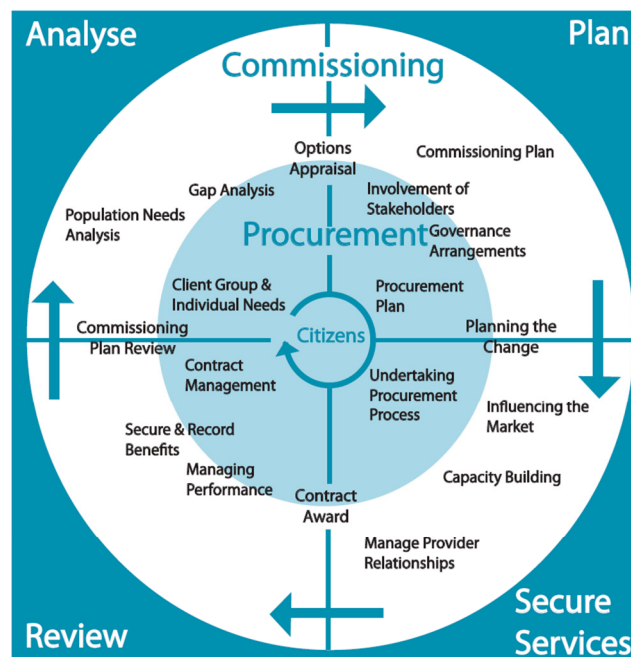
NWCH was established following the development of an Outline and Full Business Case (FBC) published in January 2012. The FBC set out the design principles upon which the Hub has been developed as illustrated below



- Collaboration must allow for local accountability, flexibility and delivery
- Emphasis on equity, quality and outcomes
- Collaborative arrangements must place individual needs and carers at the heart of commissioning
- To achieve the best possible value for money, in terms of both commissioning and delivery
- Standardise wherever possible (in particular data, process and outcomes)
- All processes and frameworks should support collaboration
- Do things once as a region where possible
- Decisions should be based firmly on knowledge and information
- Manage and control the market as a single region which supports the North Wales economy
- Everyone must gain from collaboration (or at least no-one should lose)
- Build on existing good practice
- Change needs to be appropriately resourced and managed
- Collaboration needs to reflect cultural and language needs.

The FBC also stated that the Hub should focus on high cost, low volume services across the following elements of the commissioning cycle contained in the Welsh Government’s Commissioning Framework for Social Services:

- Analysis and planning;
- Procurement; and
- Monitoring and review



Within this, partners agreed a key set of aims and outcomes to be achieved by NWCH which are detailed here in order to report progress against these.

Outcomes

- Better outcomes for people with complex health and social care needs
- Improved quality of service provision
- Improved value for money
- Improved market management
- Balanced relationship with service providers

- Better range of services which promote independence and inclusion to meet needs of people with complex health and social care needs

Aims

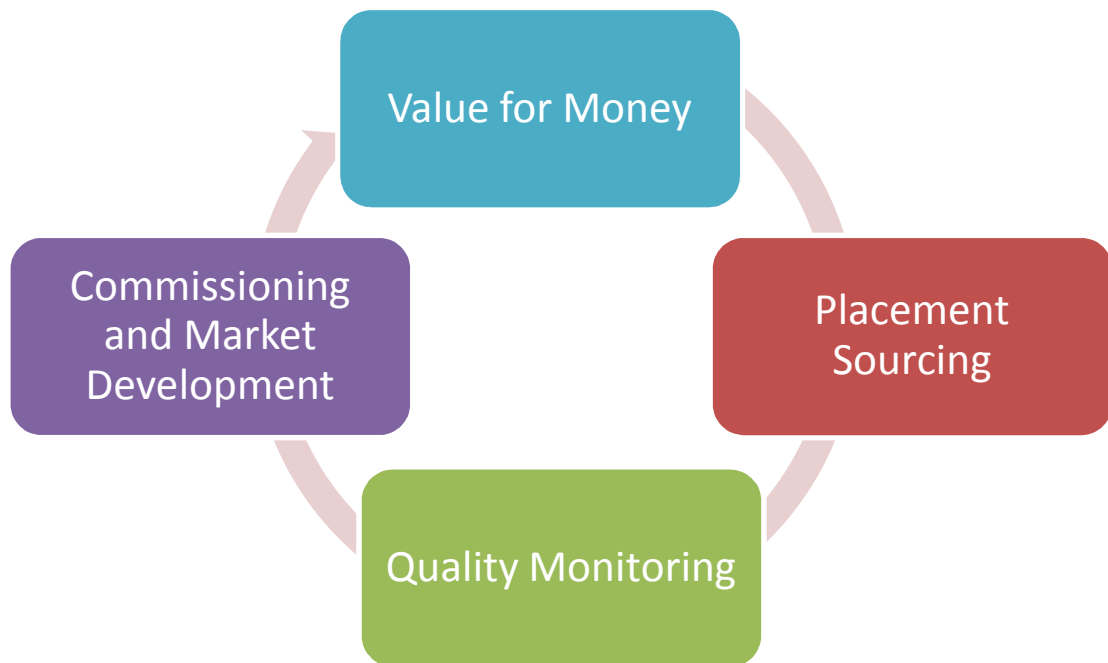
- To achieve better quality local authority and health services for vulnerable adults and children- initially in high cost low volume residential placements
- To achieve better value for money for both local authority and health services
- To share and co-ordinate information and intelligence and plan together in service areas of common interest
- To commission different and local services which promote independence and inclusion and offer good value for money
- To develop and maintain sustainable provision in North Wales to meet current and future needs

These are supported by 15 Objectives that are set out later in this report.

In achieving these, the FBC projected total gross financial benefits range from approximately £1.1m to £2m over a 3 year period with net savings of £0.9m to £1.8m.

3. Progress Report

As the Hub recruited its team and became fully operational, it became clear that in order to meet the objectives and outcomes above it needed to develop across four interlinked key functions as shown below



These are reflected in the annual work programme and this report now considers each function in turn, detailing what has been achieved and areas for future development.

Value for Money

***FBC Objectives:** Development of procurement strategies for in-scope services to deliver best possible value for money.*

Negotiation with providers on behalf of partners to achieve best value for money

NWCH to date has achieved cashable Savings of £635,000 (with an additional £600,000 having been saved from earlier work with Learning Disability care homes) and a further £171,000 has been saved in cost avoidance (i.e. negotiating the cost prior to placements being made). This totals £1.2 million in line with target in the Business Case (which was inclusive of the earlier L.D savings).

In addition, by adopting a regional stance of 0% annual fee increase on high cost placements, partners have saved, through cost avoidance of approximately £740,000

Whilst it is difficult to accurately forecast savings for each partner on a short term basis as placements change on a weekly basis, NWCH are confident that the 3 year target of £1.1 – £2m will be achieved.

Whilst early work on fee negotiations secured savings through using Open Book Accounting methods, this approach only looked at the cost of placements and did not consider the quality or the outcomes for the service user. Therefore, working closely with all partners, NWCH has been developing a more sustainable approach to determining value for money based on 'right – sizing' service provision. This methodology assesses the level of support being provided, the outcomes for the people living at the Home and the fees being paid in order to determine if the Home is providing Value for Money.

Whilst the approach is still being developed, there is significant potential to secure savings and also to identify where service users may be ready to move to more independent service settings. This approach is drawing on learning from a similar approach used in South East Wales for supported living services. NWCH has also drawn on evidence from work carried out across England and in Wales on Opportunity Assessments (Alder, 2013) in learning disability services which emphasised the need to ***'focus on outcomes and savings will follow'***.

Right Sizing Case Study

Orange care home has 32 placements from across North Wales of younger adults with complex needs. The annual value of these placements is in excess of £1million. Through Right Sizing, we have analysed each placement, the needs, outcomes, fee being paid and amount of additional 1:1 staffing being paid for. This showed that collectively we were purchasing a significant number of staffing hours at a cost of £1600 per week. Analysis of the training provided to staff showed that they were not being sufficiently trained to meet the complex needs of service users which was leading to higher than necessary staffing levels. We have commenced discussion with the provider to change their service model, increase staff training and reduce the level of 1:1 staffing, all of which will result in reduced fees.

One of the key lessons learned over the last year is the critical role of frontline practitioners in developing sustainable commissioning across the region. Social workers and nurses review all placements at least annually and it is important to build more challenge into this process so that we ensure providers are actively enabling people to be as independent possible and to progress on to services such as supported tenancies where they have more choice and control wherever possible. Even where people are not yet ready to move on, it is essential to consider if the level of support can be reduced in order to promote their independence.

NWCH has also learned that it cannot use the same approach across all service areas as market conditions vary, for example where there is a shortage of provision, the balance of control rests with providers who are able to levy higher charges than where the market has more choice.

Finally, the team have been assembling detailed information on the core fee being charged by individual care homes, and what is included in this to enable better comparison and assess value for money. This information has not previously been available on a regional basis.

Placement Sourcing

FBC Objectives: Procurement of placements and services and provision of a regional brokerage service for in-scope services

Exploring the development and management of databases for partners for each in-scope service

Individual Placement Sourcing (IPS) is the process by which NWCH obtain new placements for people requiring support in an 'in scope' care home. The process entails care coordinators sending a referral for a new placement to NWCH which provides a pen picture of the service user's needs and detailing the outcomes to be achieved by a care home. NWCH then match the referral to its data base of providers and seek expressions of interest from care homes in providing a placement and ask for details of how the outcomes will be met, and at what cost. Any expressions of interest that are returned are then scrutinised in terms of cost and forwarded on to the care coordinator to appraise the options, along with the service user and their family. Once a preferred placement is identified, NWCH will negotiate the final cost and also provide feedback to those care homes that were not successful. This feedback is important as it enables providers to better shape their services to meet needs, and address issues such as cost or quality.

There are a number of reasons for NWCH taking on this brokerage function:

- Develop and record a regional overview of capacity, quality and cost
- Release capacity of care coordinators as searching for placements can be time consuming frontline
- Ensure the process of securing placements is transparent – all Care Homes have equal opportunity to express interest and is not dependent on which homes individual practitioners are familiar with
- Opportunity to negotiate on final placement cost
- Enable market development through feedback to providers
- Highlights where there are gaps in provision where placements are difficult to source in region which then feed in to the strategic commissioning function

Over the past year, NWCH has received 123 referrals (see appendix 3 for breakdown)

NWCH have been developing and refining the process and underpinning paperwork beginning with adult services and then in May accepting referrals for Children and Young People too. The team are

working closely with Procurement Managers in Denbighshire Council to develop the eProcurement system to store the information needed to support the IPS function.

The IPS process is not yet fully embedded in each organisation, particularly in the later stages of the process which has limited the opportunities to negotiate on the final cost. Nevertheless, the process itself is important in signalling to providers that commissioners are seeking value for money and will no longer accept whatever fee is quoted. It has also highlighted opportunities for working with frontline practitioners and providers to develop a better understanding of outcomes for people with complex needs.

Perhaps most importantly, by sourcing placements from across the region, NWCH is beginning to identify where we have service shortfalls, not only in the types of care homes but also where care home placements are being sought only because there is a lack of suitable community based alternatives such as supported tenancies or foster placements.

Case Study

In the last year, NWCH has received 10 referrals for people who require ground floor accommodation due to limited mobility. These placements have been difficult to source and in some cases have resulted in people having to remain in unsuitable placements, including hospital. NWCH are beginning market development discussions with providers to address this issue.

Quality Monitoring

***FBC Objective:** Development of a regional framework for the contract monitoring of in-scope services, providing a direct service as required and ensuring monitoring information is shared and held to promote safeguarding and appropriate information security*

Ensuring the quality of placements has been a key priority for NWCH during its first year of operation, particularly in the light of abuse scandals such as those at Winterbourne View and Stafford Hospital. NWCH has 3 key responsibilities in relation to monitoring the quality of services:

- Leading the development of a consistent and coordinated approach to monitoring across North Wales
- Gathering and analysing intelligence from a wide range of sources about in scope care homes
- Carrying out monitoring visits to in scope homes on behalf of some partners (who lack local capacity to do this)

NWCH, with its partners, have developed an outcome based monitoring framework that can be applied to all care homes for adults in North Wales, including care homes for older people. This significant piece of collaborative work is now being shared with providers and piloted, to be reviewed in six months. An important future development is to align the framework with the clinical monitoring tool being developed by BCU Health Board colleagues, who are members of the regional group developing this work; CSSIW as the regulators have also been a member of the regional group.

The framework is supported by a core set of documentation that will be used consistently by all partners (though may be supplemented locally) and a common reporting format. It is underpinned by the development of a formal Information Sharing Protocol to enable partners to monitor on each other's behalf. This coordinated approach has been welcomed by providers in reducing duplication and bureaucracy for them as well as introducing greater consistency and greater clarity about what is expected of them. The reduction of duplication is also resulting in capacity being freed up locally.

It is important to note that the regional group are keen to develop an approach that recognises good practice as well as highlighting any areas for improvement.

The Hub Quality Monitoring officer has directly monitored 21 homes and is developing stronger working relationships with providers. The in-depth knowledge of services gained as a result of monitoring also helps to support better matching through the placement sourcing process. It is also identifying shared areas for provider development which need to feed into future workforce development planning.

The collating of intelligence is an area that requires further development as this is not yet routinely being provided to the Hub. It is expected that each time a formal review of individual needs is carried out by a social worker or nurse reviewer they will provide feedback to NWCH on whether individual outcomes are being achieved, and report areas of positive practice or areas for improvement. In addition, NWCH are developing links with Safeguarding and Complaints officers and with advocacy and other voluntary groups to provide intelligence. It is hoped that over time, these systems will build so that early warning signs can be identified and action can be taken to avoid escalation of concerns.

NWCH are now developing a similar approach for Children's Care Homes and it has recently been agreed that NWCH will monitor all children's care homes in North Wales on behalf of all partners.

Case Study

A large provider organisation has a number of care homes across North Wales. NWCH noted that similar issues were arising in each of the Homes relating to management oversight and governance. Previously, each county would have addressed the issues independently but instead NWCH called a meeting on behalf of all partners with the regional director for the organisation so that the issues could be shared and addressed. This approach has resulted in action being taken to improve services across the region.

A training needs analysis of quality monitoring officers has been carried out by an external consultant (using one off grant funding) and this has highlighted the opportunity to develop a regional approach to future skills development. Allied to this, it has become apparent that expecting a single monitoring officer to have sufficient knowledge to monitor a diverse range of services is challenging and there may be future opportunities for developing more focused approaches by developing and sharing specialist skills across the region.

There are plans to introduce Practice Development Forums to bring together providers, commissioners and frontline practitioners to consider and discuss the research and evidence base of what works, for whom and consider notable practice examples that could be developed in the region.

Future plans also include developing more innovative ways to gather feedback from a range of different sources, most importantly from service users themselves and family and friends.

Commissioning and Market Development

FBC Objectives: *Development of a common approach to analysing local needs and service usage, built on best practice across the region and beyond. This will include collection of common information on the nature of in-scope services, on unit costs, contract prices, providers, capacity and outcomes*

Benchmarking of data regionally and sub-regionally

Exploring the development and maintenance of preferred provider lists

As opportunities arise exploring better value procurement of other categories of spend, or commissioning alternative service models

On the basis of needs and gap analysis, development of regional/sub-regional commissioning plans in accordance with agreed work programme priorities

Commissioning of new services and support for local commissioning teams to commission new services in areas agreed within the work programme

Networking with other regions in Wales to ensure that practice and initiatives are in line with best practice and well co-ordinated

Provision of a single point of access for providers of in scope services

Use of market intelligence to enable the market to be shaped to deliver best use of local provision/capacity

Monitoring of market sustainability

Monitoring of trends to anticipate future needs

As can be seen above, a large number of objectives in relation to strategic commissioning were set out in the business case and working towards these has formed a large element of the work of the Hub team.

The starting point for NWCH was to understand the market in relation to in-scope services. It quickly became clear that each area (mental health, children, learning disability, physical disability) was a discrete market in its own right with different characteristics and challenges. Gathering data and market intelligence to understand this at a regional level has been a complex piece of work; not least in obtaining data in a timely manner from all partners about who is placed where, for how long and at what cost.

Market analysis is ongoing but gaps and areas for market development are emerging and this is being brought together into Market Position Statements. These will inform both current and prospective providers of the types of care homes required in the region over the next 3-5 years.

Whole Pathway Approach

NWCH facilitated 2 workshops to consider the accommodation and support needs of people with learning disability and mental health. The workshops highlighted the need to strategically commission (plan & develop) services across the whole pathway from hospital to low level community support – and the problems that are created if this approach is not taken as people are unable to become more independent and progress on through services if there is a lack of capacity in one part of the pathway. For example, workshop participants reported that some people are living in care homes who don't need to be but there is no suitable rented accommodation available; this in turns results in people remaining in hospital when they no longer need treatment.

It is important to note that the financial climate along with the high profile cases such as the collapse of Southern Cross and abuses at Winterbourne view have had an impact on the Care Home market landscape. The return on investment once expected has diminished significantly and this brings with it new challenges for commissioners in North Wales. Working alone, no single partner offers investors sufficient demand which makes collaborative commissioning even more important to enable us to meet the increasingly complex needs of people in the future .

An important area of work has been in building relationships with providers and two 'Meet the Commissioner' events have been held, supported by Menter a Busnes, as well as a number of business development meetings with individual providers. Recognising the co-dependency between providers and commissioners and developing open relationships is an essential element of NWCH's market facilitation role.

In order to develop greater transparency and control, regional frameworks have been developed for Children and Young People's Care Homes and Learning Disability Care Homes; these are supported

by the use of an eProcurement system. There is a very limited choice of provision available for children and young people in North Wales, this is due in part to relatively low levels of demand but it has resulted in market control lying with providers who have been able to charge high fees. The first step to addressing this is to source a broader range of provision. Whilst initially this may be services that already exist outside of the region, the next step will be to encourage development of new services in region.

The frameworks are underpinned by the development of service specifications which for the first time clearly set out the standards of service expected by commissioners in North Wales and will support more robust quality monitoring in the future.

This work, particularly the specifying of service models, has been carried out through a number of task groups comprised of representatives from all partners to ensure that the work reflects local priorities and draws on the expertise of service professionals. In addition, the vetting of providers for inclusion on the frameworks has included interviews and verification visits to services. This has implications for local capacity which in turn prescribes the pace at which work can progress; for example a task group can only meet monthly without impinging too much on local capacity. At times, this has also resulted in progress being slowed further by patchy attendance at meetings.

The NWCH team have also developed links with commissioning consortia in South Wales and North West England in order to share learning, practice and intelligence. They have also organised two skills development workshops to increase awareness of commerciality, investment and portfolio risk.

Portfolio Risk

Commissioners in North Wales are spending in excess of £3 million across a range of services for people with the most complex needs with a single provider.

This provider has a high proportion of care home placements people with learning disability with the most complex needs.

This is a significant risk for commissioners as it places too much control with one provider. For example, if they were to go into administration or have a change in ownership that resulted in increased fees, there are few alternatives available.

Part of the role of NWCH is to identify where such risks exist and to develop the market to reduce dependency and to consider alternative contracting arrangements.

Other activity

The Hub team has invested significant time in meeting with management and frontline teams in all partner organisations to raise awareness of its role and to help embed ownership. It is important that NWCH is recognised as an integral element of each partners' processes rather.

The team have developed a consistent branding and produced a number of briefing sheets as well as newsletters and developed a web presence in partnership with Social Services Improvement Agency (www.ssiacymru.org.uk/NWCH). An official Launch event was held in February with the Minister for Health and Social Services.

Also as part of this process of raising awareness, NWCH has held two workshops with over 50 Learning Disability practitioners to discuss its 4 key functions and what this means for frontline staff and how they can assist, for example the sharing intelligence on provider quality.

4. Key risks

The Management Board is responsible for agreeing and monitoring the NWCH risk register and the actions required to mitigate these. In summary, the key risks noted in it are as follows:

- Lack of capacity of partners to contribute to workstreams
- Over-stretching NWCH team
- Hub function not being embedded in local processes
- Not achieving forecast savings
- Portfolio risk in parts of the market

These are reflected in the 'Top Ten Asks' which are the critical areas identified by the Hub as requiring input and support from all partners. Each partner organisation has nominated a Relationship Manager to ensure that these are addressed.

5. Moving forward

The work programme for 2013-14 has been agreed with, and is monitored by the Management Board. Key priorities include:

- Continue to embed work across each key function, prioritising the Right Sizing Value for Money workstream.
- Consider independent mid-term evaluation
- Skills development across the region

- Develop closer relationships with providers, including Practice Development Workshops, to drive up quality and share notable practice
- Develop stronger links with other North Wales partnerships i.e. Supporting People, Substance Misuse and Procurement

In addition, the Hub will be taking forward work in relation to foster care, complex supported living and dementia care services. These areas all link closely to the Hub's work programme and additional capacity is being funded through the Regional Collaboration Fund.

Appendices

- 1. Work Programme 2013/14**
- 2. Management Board Membership**
- 3. IPS Data by Partner**



North Wales Commissioning Hub Work Programme 2013-14

Theme	Activity
Value for Money (VFM)	Complete VFM baseline assessment of all in scope providers
	Negotiation of current children's placements
	Right sizing of Learning Disability, Mental Health & Physical disability Provision
	Mapping and Benchmarking of provision: What they provide / to what outcomes/ at what cost/ capacity / location
	Benchmark fees with other regions
	Consider options eg volume related discount; block contracts etc..
Individual Placement Sourcing	Improve process and embed locally
	Work with providers to raise awareness
	Scrutinise costs and challenge
	Refine paperwork
	Improve quality of referrals
	Collate intelligence on service gaps to inform commissioning
Quality Monitoring (QM)	Research models / practice from elsewhere
	Evaluation of QM framework
	Provider engagement via workshops
	Develop QM framework for children
	Annual Proactive Visits (Schedule prep & undertake visits + write reports) for QM
	Reactive monitoring and follow up from proactive
	QM skills development work
	Complete adults and develop Children's Information Sharing Protocol
	Intelligence gathering and monitoring
	Practitioner workshops to embed
	Develop links with commissioners outside north Wales re Out of Area placements
	Launch Quality Check
	Evaluate Quality Check
	Regional escalating concerns process

	CYP escalating concerns process
	Develop links with advocacy orgs
	Develop feedback mechanisms from Service Users/family
	Establish Quality circles
	QM tool – interface with BCUHB tool
Strategic Commissioning and Market development	Finalise CYP service spec and contract
	Finalise Adults service specs (LD, MH, PSI, Dementia)
	Establish & maintain Approved Provider Frameworks
	Decide next steps re high cost dementia placements
	Develop Market position statements x 4 (Agree Data set(s) & Age profiling)
	Coordinate regional task groups
	Market facilitation activity (Meet with Providers)
	Collation of intelligence to identify market gaps
	Link with other commissioning consortia
	Decide next steps re Foster Care
	Progress outcomes from commissioning workshops
	Research evidence on service models and approaches to commissioning
	Links with SCIP/SCDWP re workforce development (Providers)
	Provider engagement - develop strategy and implement
	Market testing for development of respite for people with complex needs
Other	Regular communication / newsletter
	Development / implementation / Training of ICT solution
	Procedure manual
	Performance monitoring
	Team Development Activities
	Coordinate Management Board and attendance at other partner meetings

Management Board Membership

- Sally Ellis, Denbighshire County Council – Chair
- Wyn Thomas, BCU Health Board – Vice chair
- Steve Williams, Wrexham County Borough Council
- Craig MacCleod, Flintshire County Council
- Paul McGrady, Denbighshire County Council
- Jenny Williams, Conwy County Borough Council
- Meilys Smith, Gwynedd Council
- Anwen Davies, Isle of Anglesey County Council
- Sue Willis, BCU Health Board – Children’s CPG
- Simon Pyke, BCU Health Board – Mental Health and Learning Disability CPG
- Jeanette Rock, representing Education services

Each partner also has a nominated deputy

Overview of placement data by partner

Care Home Placements over £700 gross (as of Sept 2013)

	LD		MH		PSI		CYP		Total
	No	£	no	£	no	£	No	£	£
WCBC	23	£61,355	9	£8,797	9	£11,678	9	£28,413	£110,243
FCC	38	£59,368	3	£3,072	6	£4,812	30	£42,595	£109,847
DCC	21	£35,229	8	£8,840	0	£0	3	£6,378	£50,447
CCBC	46	£57,475	10	£13,813	7	£6,103	8	£23,219	£100,610
GC	19	£31,450	12	£17,114	6	£5,913	13	£41,528	£96,005
IOACC	16	£17,675	5	£6,246	5	£6,944	8	£25,864	£56,729
BCUHB	26	£73,479	32	£52,355	12	£16,722	0	£29,057	£171,613
Total	189	£336,031	79	£110,237	45	£52,172	71	£197,054	£695,494

There is further work to be done on disaggregating NHS contribution to some joint funded packages

Comparison with 2012 data shows a slight decrease (from 409 to 366) in the total number of care home placements over £700 per week

Total savings to date by Partner

The table below includes savings made in Learning Disability Care Homes (over 3 year period including 12/13 and 13/14) and cost avoidance to date.

Anglesey	Gwynedd	Conwy	Denbighshire	Flintshire	Wrexham	BCUHB	TOTAL
£27,906	£77,246	£280,611	£44,922	£293,906	£289,974	£141,940	£1,156,505

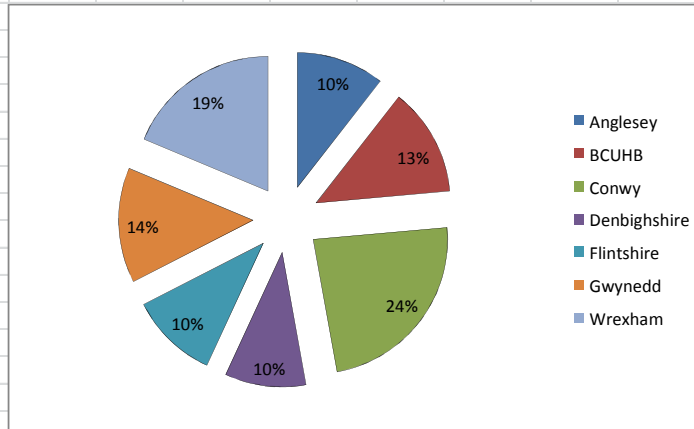
Contributions by Partner as agreed in the Partnership Agreement Finance Protocol (based on spend)

Anglesey	Gwynedd	Conwy	Denbighshire	Flintshire	Wrexham	BCUHB	TOTAL
£11,368	£19,806	£19,204	£12,615	£36,381	£26,080	£61,030	£186,484

Individual Placement Sourcing data by partner

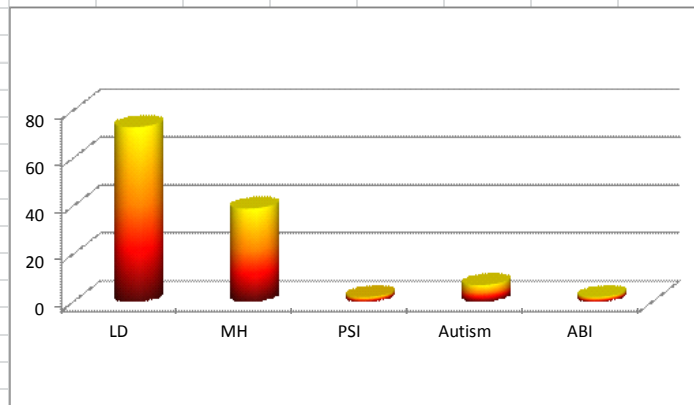
ADULT Referrals by Partner October 2012 - September 2013

Anglesey	13
BCUHB	16
Conwy	29
Denbighshire	12
Flintshire	13
Gwynedd	17
Wrexham	23
TOTAL	123



ADULT Referrals by Type October 2012 - September 2013

LD	73
MH	39
PSI	2
Autism	7
ABI	2
TOTAL	123



Children's Referrals by Partner October 2012 - September 2013

Anglesey	0
BCUHB	0
Conwy	2
Denbighshire	2
Flintshire	13
Gwynedd	9
Wrexham	3
TOTAL	29

