

## ASSOCIATION

**DRAFT Finance - Summary**

For each contributing organisation, please list any spending on BCF schemes in 2014/15 and the minimum and actual contributions to the Better Care Fund pooled budget in 2015/16.

Organisation	Holds the pooled budget? (Y/N)	Spending on BCF schemes in 14/15	Minimum contribution (15/16)	Actual contribution (15/16)
Local Authority Telford & Wrekin	N	10,514,000	1,280,000	1,864,000
CCG Telford & Wrekin	Y	3,000,000	10,410,000	14,810,000
<b>BCF Total</b>				

Approximately 25% of the BCF is paid for improving outcomes. If the planned improvements are not achieved, some of this funding may need to be used to alleviate the pressure on other services. Please outline your plan for maintaining services if planned improvements are not achieved.

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Contingency plan:		2015/16	Ongoing
<b>Outcome 1</b>	Planned savings (if targets fully achieved)	TBD	TBD
	Maximum support needed for other services (if targets not achieved)	TBD	TBD
<b>Outcome 2</b>	Planned savings (if targets fully achieved)	TBD	TBD
	Maximum support needed for other services (if targets not achieved)	TBD	TBD

Please list the individual schemes on which you plan to spend the Better Care Fund, including any investment in 2014/15. Please expand the table if necessary.

BCF Investment	Lead provider	2014/15 spend		2014/15 benefits		2015/16 spend		2015/16 benefits	
		Recurrent	Non-recurrent	Recurrent	Non-recurrent	Recurrent	Non-recurrent	Recurrent	Non-recurrent
Reablement & Prevention		4,731,000		TBD	TBD	4,731,000	TBD	TBD	TBD
Support for Carers		523,000		TBD	TBD	523,000	TBD	TBD	TBD
Bed based Intermediate care		327,000		TBD	TBD	327,000	TBD	TBD	TBD
Developing Integrated Community Enablement		3,000,000		1,308,000	TBD	5,413,000	TBD	TBD	TBD
To support the transformation of healthcare and the Council's Community Care functions.		2,400,000	1,400,000	400,000	TBD	2,400,000	2,000,000	2,000,000	TBD
Review of Voluntary Sector Services to build community capacity		TBD		TBD	TBD	TBD	TBD	TBD	TBD

Association



**DRAFT Outcomes and metrics**

For each metric other than patient experience, please provide details of the expected outcomes and benefits of the scheme and how these will be measured.

**Permanent Admissions** This is a reduction of admissions from 166- 149 people (17 less)out of a denominator that has increased by 8%. Expected outcomes include financial and non-financial benefits including: reduced admissions; reduced residential and nursing care costs; increased independence, choice and control; more people supported within the community. This will benefit a wider target population of those who need health and social care services who are under 65 years. Other benefits of the scheme include development of the integrated Community Enablement service which will also impact on mitigating upward pressure on the domiciliary care budget.

**Proportion of Older People at home 91 days discharge**  
Increasing the number of people who remain at home for 91 days (not including those under 65 years, palliative care or those within the community who receive enablement). This indicator monitors a cohort from Oct - Dec 2014 of those starting Enablement and followed for 91 days. Financial and non-financial benefits include: reducing admissions to residential care due to more Enablement interventions available; more people regaining independence; increased engagement with volunteers to support self care; reduced admissions to SaTH through more effective Enablement (thus maintaining the current denominator has not increased); reductions in care needs post Enablement.

**Delayed Transfer of Care**  
The baseline data shows an average 158 days of delays per month. The target is to reduce to an average of 151 days delays per month eg reduced DTOCs by 7 days a month across each identified time period. Financial and non-financial benefits include: reduced costs due to length of stay such as reduced excess bed days; reduced LoS; more people benefit from Enablement; more people regain independence. Enhancing the Integrated Enablement services also enables reduced need for longer and more costly care.

**Avoidable emergency admissions**  
The baseline metric has been identified as 3879 admissions from April 2012 - March 2013 across all ages. April 2015 payment metric is to reduce by 138 admissions during the identified 6 month period (275 admissions for the year). The October 2015 payment is a reduction of 106 admissions during the 6 month period (212 over the year). These relate to admissions of all ages. The CCG target group is primarily 65 years + (16% of the population). Financial and non-financial benefits include: reductions in admissions facilitated by the enhanced Integrated Community Enablement team with associated cost reductions; more self-help and prevention; more people supported to meet their urgent care needs in the community; reduced admissions to care homes

For the patient experience metric, either existing or newly developed local metrics or a national metric (currently under development) can be used for October 2015 payment. Please see the technical guidance for further detail. If you are using a local metric please provide details of the expected outcomes and benefits and how these will be measured, and include the relevant details in the table below

The intention is for the local economy to use the National Metric. In addition to the National Metric, which is being developed we will also gain patient experience from the Health Roundtable (a sub-group of the CCG Board), the Patient Participation Group Network (4 members of which sit on the Health Roundtable), the Long Term Condition Reference Group (a member also sits on the health Roundtable), Soft Intelligence Collection System (DATIX), Patient Membership Scheme and the PALS and Complaints received by the CCG.

For each metric, please provide details of the assurance process underpinning the agreement of the performance plans

**Permanent Admissions** This will be monitored through monthly reporting by the Council to the Programme Management Board. **Proportion of Older People at home 91 days discharge** evidence of achieving this metric is through the analysis at the end of the 91 days monitoring period. Monitoring in real time will be developed. Development of the Enhanced Integrated Community model with additional capacity is essential and the increase in community capacity for self help and preventative support. Assurance for the development of these will be through the monthly Programme Management meetings. **Delayed Transfers of Care** This will be monitored through monthly summaries of daily reports presented at the monthly Programme Management Board **Avoidable Emergency Admissions** - this composite indicator will be monitored by replicating the 4 underlying indicators from the SUS data and reporting on a

If planning is being undertaken at multiple HWB level please include details of which HWBs this covers and submit a separate version of the metric template both for each HWB and for the multiple-HWB combined

NA

Metrics		Current Baseline (as at....)	Performance underpinning April 2015 payment	Performance underpinning October 2015 payment
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	Metric Value	652.4	N/A	542.4
	Numerator	166		149
	Denominator	25445		27471
		( April 2012 - March 2013 )		( April 2014 - March 2015 )
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Metric Value	53.3	N/A	63.7
	Numerator	72		86
	Denominator	135		135
		( April 2012 - March 2013 )		( April 2014 - March 2015 )
Delayed transfers of care from hospital per 100,000 population (average per month)	Metric Value	121.3	114.8	114.2
	Numerator	1890	1355	905
	Denominator	130149	131102	132097
		April 12 - March 13	( April - December 2014 )	( January - June 2015 )
Avoidable emergency admissions (composite measure)	Metric Value	2305	2211.14	2152.14
	Numerator	3897	1811	1842
	Denominator	169065	0	171177
		( TBC )	( April - September 2014 )	( October 2014 - March 2015 )
Patient / service user experience (for local measure, please list actual measure to be used. This does not need to be completed if the national metric (under development) is to be used)		( insert time period )	N/A	( insert time period )
	(local measure - please give full description )			
	Metric Value			
	Numerator			
	Denominator			
		( insert time period )	( insert time period )	( insert time period )