

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
Short Term Intervention Services Equipment and Adaptations for Independence	Foundation Trust	3,025,000	N/A	900,000	N/A	13,427,741	N/A	8,061,558	N/A
	Local Authority	600,000	N/A	1,145,000	N/A	8,562,370	N/A	5,140,554	N/A
Supporting Independent Living	Independent Sector	1,978,527	N/A	564,500	N/A	5,004,959	N/A	3,004,808	N/A
Supporting Carers	Independent Sector		N/A	0	N/A	1,361,000	N/A	817,098	N/A
Social Isolation	Independent Sector		N/A	700,000	N/A	1,121,000	N/A	673,010	N/A
Care Home Support	Local Authority		N/A	0	N/A	1,774,000	N/A	1,065,049	N/A
Transforming Care	Independent Sector	7,332,362	N/A	1,845,000	N/A	12,463,930	N/A	7,494,925	N/A
Total		12,935,889		5,254,500		49,735,000		26,257,000	

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.

For all schemes a dedicated local performance system exists which provides the Health & Wellbeing Board and partners with the assurances required to ensure the delivery of the scheme objectives. The Joint Health and Wellbeing Strategy delivery plan and local performance frameworks provide performance and activity data and user/patient experience to senior managers and elected members to provide assurance that high quality, value for money services are being delivered and that agreed outcomes are being achieved. Local monitoring of these schemes will provide managers with many additional metrics beyond the six identified below.

Short term intervention: Services are aimed at preventing admission to acute and mental health inpatient services and long term care, ensuring timely discharge into appropriate community settings. This will ensure the provision of care closer to home and maintaining independence for as long as possible avoiding residential and specialist placements where appropriate.

KEY METRICS: REDUCED PERMANENT ADMISSIONS TO CARE, REDUCED DELAYED DISCHARGES, REDUCED EMERGENCY READMISSIONS AND INCREASED NUMBERS OF PEOPLE ACCESSING REHAB SERVICES, INCREASED USE OF TELECARE.

Equipment and adaptations: Focussing on our priority to maintain independence for as long as possible we will transform aids and adaptation provision into an integrated service reflecting changing and advancing technologies that will be sustainable in light of the growing demand for these services.

KEY METRICS: REDUCED HOSPITAL ADMISSIONS AND REDUCED PERMANENT ADMISSIONS TO CARE.

Supporting independent living: We will develop and transform a range of services aimed at achieving and maintaining independent living. This will focus on some of the wider determinants of health such as accommodation, employment.

KEY METRICS: REDUCED PERMANENT ADMISSIONS TO CARE.

Supporting carers: Recognising the value and contribution that carers make to the health and social care economy we are committed to improving their support mechanisms to enable them to maintain their caring role and their own health and wellbeing addressing the expected changes to the Care Bill.

KEY METRICS: HIGH LEVELS PATIENT/USER EXPERIENCE, REDUCED AVOIDABLE ADMISSIONS.

Social Isolation: Through an asset based approach we will work to increase community capacity and resilience working with third sector and community services with the potential to transform services at a pre health and social care delivery stage, diverting people away from formal health and social care services and preventing the need for such in the future.

KEY METRICS: INCREASED USE OF TELECARE

Care home support: We are committed to supporting high quality Care home provision and ensuring the competency and capability to provide high quality care thereby reducing unnecessary admission to hospital ensuring dignity and safeguarding standards are met.

KEY METRICS: PATIENT/USER EXPERIENCE, REDUCTION IN AVOIDABLE EMERGENCY ADMISSIONS.

Transforming care: Recognising the changing environment we will ensure supporting and enabling services are transformed to enable integrated delivery. This will incorporate innovative approaches to commissioning integrated services and cultural change.

KEY METRICS: INCREASED USE OF PREVENTATIVE SERVICES, REDUCED ADMISSIONS TO PERMANENT CARE, REDUCED DELAYED DISCHARGES

For all schemes a dedicated local performance system exists which provides the Health & Wellbeing Board and partners with the assurances required to ensure the delivery of the scheme objectives. The

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 patient experience metric is taken from the Department of Health national carers survey. Satisfaction of carers in Durham is 5% higher than the England average. Investment in carer services is a key element of our BCF plan. Carers are regularly surveyed through a local programme and satisfaction will be monitored through this process.

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

Targets for metrics have been considered in the context of long term trends, by comparing performance with similar authorities and using the provided tool. Targets have been agreed by the Health & Wellbeing Board.

Permanent Admissions: 3 year historical data considered, statistical tool used to determine significant improvement, this improvement was considered in context of the indicator (which includes Nursing admissions) and a revised target reduction of 5% agreed. Performance is currently better than NE average but worse than England.

Proportion of older people remaining in their home following rehabilitation services: Durham performance is above both North East and England averages, 3 year trend considered. Target is for high levels of performance to be maintained and to increase the number of people accessing short term intervention service by 7%.

Delayed Discharges: Performance in Durham is worse than both North East and England averages. Plan is to reduce the number of delays by 4.7%. The work carried out as part of the short term interventions Workstream of the BCF and in particular the Integrated Short Term Intervention Service pilot will result in admission avoidance, freeing up capacity in Acute Trusts and support discharge into step down facilities where appropriate. This will be further facilitated by the review and redesign of community equipment provision which should also impact on delayed transfers of care.

Avoidable Emergency Admissions: Target is to reduce the rate of avoidable admissions by 1.0%. Reduction is based on holding steady/minimal reduction on the rate as we have assumed this target relates to impact as a result of BCF initiatives. The majority of conditions included in the composite indicator will be addressed through CCG core commissioning activities and will be reflected in the CCG planning submission trajectory.

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

N/A

Metric	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		766
	Numerator		743
	Denominator	N/A	97000 (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		85.40%
	Numerator	N/A	308
	Denominator	N/A	360 (April 2014 - March 2015)
Delayed transfers of care from hospital per 100,000 population (average per month)	Metric Value	283	280
	Numerator	1197	1186
	Denominator	423452 (April - December 2014)	423452 (January - June 2015)
Avoidable emergency admissions (composite measure)	Metric Value	2674	2660
	Numerator	14064	13993
	Denominator	526033 Apr - Sep 2014	526033 Oct 14 - Mar 15
The number of carers who are very/extremely satisfied with the support or services that they receive	Metric Value		48.53%
	Numerator	N/A	N/A
	Denominator	N/A	N/A
The Number of People in receipt of Telecare per 100,000 population	Metric Value	229	263
	Numerator	950	1092
	Denominator	414109 31st March 2014	414109 31st March 2015