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 #1	Y	23,525	6,917	25,488
CCG #1	N	12,986	3,208	15,579
Contingency			473	473
BCF Total		**36,511**	**10,598**	**41,540**

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.

> Better Care Fund schemes in 2014/15 will be funded through the s.256 transfer from NHS England to Halton Borough Council and non-recurrent expenditure to transform services and help manage the transition to new patterns of provision.

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

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
BCF 01	Admission Avoidance And Prevention		1,382		TBD	TBD	4,491		TBD	TBD
BCF 02	Readmissions		6,880	80	TBD	TBD	7,567		TBD	TBD
BCF 03	Lengths of stay		28,169		TBD	TBD	29,009		TBD	TBD
	Contingency						473			
	Total		36,431	80	TBD	TBD	41,540	0	TBD	TBD

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 of older people (65 and over) to residential and nursing homes, per 100,000 population: as a part of this scheme, there is a strong focus on assessing and intervening with people with complex needs, and their carers, at an earlier stage, providing care and support in the community for as long as possible. Expected outcomes and benefits include a reduction in the proportion of people requiring residential or nursing care, more people being supported to live at home, a reduction in the numbers of people requiring inpatient services, and improved reported quality of life. These will be measured by recorded data on residential and nursing care admissions and on the provision of social care supports in the community, as well as by service user and carer surveys of the quality of care and support they receive and the outcomes for them. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services: continued developments of the intermediate care and reablement services will deliver a greater proportion of people who remain at home beyond 91 days of discharge from hospital. additional benefits will include improved health outcomes, greater levels of personal independence and improved quality of life. T

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

N/A

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

Each metric is reported to a range of multidisciplinary Boards (comprising as a minimum, health and social care partners, the voluntary sector, other statutory bodies as required, and service users and carers), which scrutinise and challenge each aspect of delivery, developing strategic responses where required. These Boards include the Complex Care BoardEach Board itself accounts to a higher level strategic Board, including Trust Boards and Quality Boards, the Local Authority Scrutiny Committee and the Health and Wellbeing Board. The information about individual metrics is captured electronically within either health or social care systems; the quality of the data is audited and any gaps or errors in data are identified.

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

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	821.3	N/A	816.2 (target)
	Numerator	161		N/A
	Denominator	19,603		N/A
		(April 2013 - March 2014)		(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	68%	N/A	68% (target)
	Numerator	63		N/A
	Denominator	93		N/A
		(April 2012 - March 2013)		(April 2014 - March 2015)
Delayed transfers of care from hospital per 100,000 population (average per month)	Metric Value	172	164	131
	Numerator	168	160	128
	Denominator	97,677	97,677	97,677
		(June - November 2013)	(April - December 2014)	(January - June 2015)
Avoidable emergency admissions (composite measure)	Metric Value	1561	1522	1483
	Numerator	1962	1913	1864
	Denominator	125,692	125,692	125,692
		(March 2013 - Aug 2013)	(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]		N/A	N/A	N/A
		(insert time period)		(insert time period)
Hospital readmissions where original admission was due to a fall (65+)	Metric Value	809.8	769.8	734.8
	Numerator	162	154	147
	Denominator	20,005	20,005	20,005
		(April 2012 - March 2013)	(April 2013 - March 2014)	(April 2014 - March 2015)