

### 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)
South Kent Coast		3,884,000	13,283,000	13,283,000
<b>BCF Total</b>		3,884,000	13,283,000	13,283,000

**Section 256 monies**

Require further details from KCC to show how the 2014/15 s256 monies align to the schemes in the local plan and how the monies will support transformational step change in 2015/16

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.

Contingency plan:		2015/16	Ongoing
Admissions to residential and care homes	Planned savings (if targets fully achieved)	468,000	468,000
	Maximum support needed for other services (if targets not achieved)	468,000	468,000
Effectiveness of reablement	Planned savings (if targets fully achieved)	42,000	42,000
	Maximum support needed for other services (if targets not achieved)	42,000	42,000
	Planned savings (if targets fully achieved)	0	0

*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.*

### 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.

<p><b>Metrics</b></p> <p>Permanent admissions of older people to residential and care homes - reduced number of those 65+ admitted to care homes</p> <p>Effectiveness of Reablement - those 65+ still as home 91 days after discharge, ranging from 88.10-90%</p> <p>Delayed Transfers of Care - reduction in total number of delayed transfers of care each month</p> <p>Avoidable Emergency Admissions - reduction in admissions to be reported via the Levels of Ambition Atlas as provided by NHS England</p> <p>Proportion of people feeling supported to manage their condition (local metric) - to be measured from the GP Survey every six months</p> <p><b>Local Outcomes</b></p> <p>Reduced A&amp;E attendances</p> <p>Reduced hospital admissions for patients with chronic long term conditions and dementia</p> <p>Reduced re-admissions for patients with chronic long term conditions and dementia</p> <p>Reduced Length of Stay</p> <p>Reduced long term placements in residential and nursing packages</p> <p>Reduce the need for long term support packages</p> <p>Increase patients returning to previous level of functionality in usual environment</p> <p>Increase levels of patient self management of long term conditions</p> <p>Reduction in falls and secondary falls</p> <p>Improve patient satisfaction and well being</p> <p>Increase levels of patients with personal health budgets and integrated budgets</p> <p>Improve health outcomes by better use of prevention services</p> <p>Reduce unnecessary prescribing</p>
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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

Local patient / service user experience metric: Average EQ-5D score for people reporting having one or more long-term condition - to be reported via the Levels of Ambition Atlas as provided by NHS England
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For each metric, please provide details of the assurance process underpinning the agreement of the performance plans

An integrated performance dashboard to be developed and made available monthly. This will be monitored through the CCGs existing assurance framework and made available to the local Health and well being Board and its Integrated Commissioning sub committee.
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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

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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	156.2	N/A	154
	Numerator	358		346
	Denominator	43636		44552
		( 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	88.10%	N/A	90%
	Numerator	1401		1431
	Denominator	1590		1590
		( April 2012 - March 2013 )		( April 2014 - March 2015 )
Delayed transfers of care from hospital per 100,000 population (average per month)	Metric Value	38.5		36.4
	Numerator	13		11
	Denominator	200382		202306
		( April 2012 - March 2013 )		( April - December 2014 )
Avoidable emergency admissions (composite measure)	Metric Value	1774.9	N/A	1759.7
	Numerator	not supplied		
	Denominator	not supplied		
		( April 2012 - March 2013 )		( April 2014 - March 2015 )
Patient / service user experience: Average EQ-5D score for people reporting having one or more long-term condition		72.4	N/A	72.6
		( April 2012 - March 2013 )		( April 2014 - March 2015 )
(Local Metric) Proportion of People feeling supported to manage their condition. Expressed as a percentage and reflects the number of 'Yes, definitely', and 'Yes to some extent', response in the GP patient survey as a proportion of the total answers.	Metric Value	64.8%	N/A	70.0%
	Numerator	1176		1271
	Denominator	1815		1815
		(July 2013 to September 2013)		(January 2015 to March 2015)