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
Reactive Care						11747			
Proactive Care						0			
Effective reablement						2111			
Reducing admissions to residential care						1379			
Better data sharing between health & social care						0			
Protection for social services	KCC	8000				3001			
Facilitating discharge /delayed transfers of care and 7 day working						8156			
Disabled Facilities Grant		4700				2050			
Total		12700		5,000		28444		10000	

Association

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)
West Kent CCG			26,394	
District/Borough Councils (DFG)			2,050	
Kent County Council Social Care Capital Grant			tba	
BCF Total			28,444	

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	
	Planned savings (if targets fully achieved)	10042	25104
Outcome 1 - reduction in urgent care admissions	Maximum support needed for other services (if targets not achieved)	10042	25104
	Planned savings (if targets fully achieved)	4600	
Outcome 2 - reduction in number of occupied bed days	Maximum support needed for other services (if targets not achieved)	4600	

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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.

National Metrics

Permanent admissions to residential and care homes: There will be a reduction in admissions based on rate of council-supported permanent admissions to residential and nursing care

Effectiveness of reablement - those 65+ still at home 91 days after discharge: Range to be between 82-88% and not show a reduction over 2 years.

Delayed transfers of care: Reduction in DTOC using total number of delayed transfers of care for each month.

Avoidable emergency admissions: 15% reduction in admissions.

Patient /Service Experience - to be agreed

Local Metrics

Injuries due to falls in people aged 65 and over (to support Kent Health and Wellbeing Strategy)

Social Care Quality of Life (to support Kent Health and Wellbeing Strategy):

Health related quality of life for people with long term conditions (supports West Kent CCGs Strategic Commissioning Plan)

Reduction in number of occupied bed days (supports West Kent CCGs Strategic Commissioning Plan)

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

West Kent will be using the national metric for 2015/16

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

Kent HWB assurance framework (including West Kent Integrated Commissioning Group and West Kent HASCIP)

Local Health and Wellbeing Boards

Integration Pioneer Steering Group

Ongoing development of the detail of the schemes in partnership with providers

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-

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	Metric Value	845		
nursing care homes, per 100,000 population	Numerator	671	N/A	
	Denominator	79362		
		(April 2012 - March 2013)		(April 2014 - March 2015)
Proportion of older people (65 and over) who were still at home 91 days after	Metric Value	0.84		
discharge from hospital into reablement / rehabilitation services	Numerator	404	N/A	
	Denominator	481	N/A	
		(April 2012 - March 2013)		(April 2014 - March 2015)
Delayed transfers of care from hospital per 100,000 population (average per	Metric Value	5.10		
month)	Numerator	23.50		
	Denominator	460428		
		(April 2012 to March 2013	(April - December 2014)	(January - June 2015)
Avoidable emergency admissions (composite measure)	Metric Value	618	595	585
	Numerator	3008	2873	2816
	Denominator	463886	473905	479631
		July 2012 to June 2013 (HSCIC	(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			N/A	
development) is to be used]		(insert time period)		(insert time period)
draft local measure - Injuries due to falls in people aged 65 and over	Metric Value			
	Numerator			
	Denominator			
		(insert time period)	(insert time period)	(insert time period)
draft local measure - Social Care related quality of life (from ASCOF 1A,	Metric Value			