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 Berkshire District Council			*0*	*0*
Newbury and District CCG			*5,722,000*	*5,722,000*
North West Reading CCG			*2,806,000*	*2,806,000*
BCF Total			*8,528,000*	*8,528,000*

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.

These plans are currently under development

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)		
	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
Scheme 1 - District Nurses direct commissioning of social care/reablement services		0	0	0	0	0	0	0	0
Scheme 2 - Access to Health and Social Care services via single Hub		0	0	0	0	0	0	0	0
Scheme 3 - Hospital patient's Personal Recovert Guide		0	0	0	0	310,000	0	0	0
Scheme 4 - Joint Health & Social Care Intermediate Care Assessor and Care Provider service		0	0	0	0	556,000	0	426,000	
Scheme 5 - 7 day week service		0	0	0	0	1,886,000	0	1,444,000	
Scheme 6 - Hospital at Home		0	0	0	0	1,128,000	0	2,580,000	0
Scheme 7 - Nursing & Care Homes		0	0	0	0	167,000	0	850,000	
Care Bill costs		0	0	0	0	1,507,000	0	0	0
Existing S256 spend		0	0	0	0	2,114,000	0	0	0
Existing CCG reablement spend		0	0	0	0	740,000	0		0
Contigency		0	0	0	0	120,000	0		0
Total						8,528,000	0	5,300,000	0

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.

Metric - Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population
The combined impact of the package of proposed new schemes will be to help people maintain their independence longer, avoid the institutionalisation that often follows a sustained hospital stay and therefore reduce the number of nursing and care home placements.
Metric - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
Scheme 1. District Nurses directly commissioning Care/ Reablement Services : resulting in speedier commencement of service, and maintenance of independence at higher levels. Measured by shorter waiting times for service, and admission avoidance.
Scheme 4. Joint Health and Social Care Intermediate Care Assessor and Care provider as a single 'pooled' service with the potential to be funded through a Pooled Budget: will reduce duplication, reduce numbers of overlapping professionals being involved with individual patients; measured by patient satisfaction, and marginal increase in capacity of overall service to meet increased demand.
Metric - Delayed transfers of care from hospital per 100,000 population (average per month)
Scheme 3. Patient's Personal Recovery Guide : each complex patient will be supported for the journey through the services. Measured by reduction in Delayed Transfers of Care (DTOC).
Scheme 4. Joint Health and Social Care Intermediate Care Assessor and Care provider as a single 'pooled' service with the potential to be funded through a Pooled Budget: will reduce duplication, reduce numbers of overlapping professionals being involved with individual patients; measured by patient satisfaction, and marginal increase in capacity of overall service to meet increased demand.
Scheme 5. 7 Day Week service: outcome will be reduced DTOC
Scheme 6. Hospital at Home: the project reduces the pressure on hospital beds by 10,920 bed days per local authority area.
Metric - Avoidable emergency admissions (composite measure)
Scheme 1. District Nurses directly commissioning Care/ Reablement Services : resulting in speedier commencement of service, and maintenance of independence at higher levels. Measured by shorter waiting times for service, and admission avoidance.
Scheme 5. 7 Day Week service: outcome will be reduced DTOC
Scheme 6. Hospital at Home: the project reduces the pressure on hospital beds by 10,920 bed days per local authority area.
Scheme 7. Newbury Urgent Care Unit - The Newbury Project is to explore the potential of introducing a Diagnostic and Assessment Unit within West Berkshire Community Hospital (or other suitable location) that standardises practice across the Newbury registrant population in relation to the management of patients with complex +care needs (sub-acute) in the short-term. The service will be targeted at those patients that require initial intensive diagnostics and assessment, then 24-hour support and treatment but can be managed at home and then discharged after a few days into traditional community care provision.

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

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

The assurance process for all of the metrics would be as follows;

The performance measures are all existing national measures and are routinely reported.
All performance targets will be included in annual service planning.
A Performance Group will monitor outcomes on a regular basis
Performance reporting is an embedded procedure throughout the Council
Performance will be routinely reported into the Health and Wellbeing Board
Performance is reported quarterly to elected members
Key performance data is published externally and available to the public

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

Metrics		Current Baseline (as at...)	NOTES	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*	741	(x/y)*100000	N/A	667	10% DECREASE
	Numerator	186	ASCOFSummary_2011213		167	
	Denominator	25110	Population of 65 + in area -- ASCOFSummary_2011213 (from the mid-year ONS data)		25110	Population is static - will increase at next ONS update
		(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*	81.6%	x/y	N/A	86.5%	6% INCREASE
	Numerator	31	ASCOFSummary_2011213		33	
	Denominator	38	ASCOFSummary_2011213		38	
		(April 2012 - March 2013)			(April 2014 - March 2015)	
Delayed transfers of care from hospital per 100,000 population (average per month)	*Metric Value*	102.8	(Rate from x/y)/number of months *100000	99	95	4% DECREASE
	Numerator	1468	DTOC Summary, total DTOCs for 12 months	1409	1353	

	Denominator	118994	Population of 18+ in area -- ONS Website --> Population Estimates for England and Wales, Mid 2012 (ZIP 812Kb) --> Mid-2012-unformatted-data-file	118994	118994	Population is static - will increase at next ONS update
		(April 2012 - March 2013)		(April - December 2014)	(January - June 2015)	
Avoidable emergency admissions (composite measure)	*Metric Value*					
	Numerator	For Health to provide				
	Denominator	118994	Population of 18+ in area -- ONS Website --> Population Estimates for England and Wales, Mid 2012 (ZIP 812Kb) --> Mid-2012-unformatted-data-file			Population is static - will increase at next ONS update
		(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]				N/A		
Offer 90% of eligible carers identified during 2013/14 baseline a Cardiovascular Disease Healthcheck	*Metric Value*	To be confirmed in March 2014 - actual numbers of carers identified in 13/14 baseline exercise	Baseline assessment year is 2013/14, thus 90% standard (of identified carers) to be offered a CVD healthcheck during 14/15	% of carers offered a CVD healthcheck	% of carers offered a CVD healthcheck	
	Numerator	TBC	TBC	TBC	TBC	
	Denominator	TBC	TBC	TBC	TBC	
		April 2014 to March 2015		*April 2014 to March 2015*	*April 2014 to March 2015*	