

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.

Discharge Support & Virtual Ward - ensures people are treated in a closer to home environment with an appointed responsible lead

1. Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population - *small reduction expected due to ability to manage more patients at home rather than in Nursing homes . The hospital clinician or GP will retain responsibility for the patient provided they are part of the case management group identified through risk stratification*
2. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services - *proportionately higher increase than 1*
3. Delayed transfers of care from hospital per 100,000 population (average per month) - *despite DTOC not appearing to be a significant issue on recorded statistics the current levels of reporting are indicating the investment will enable us to retain current DTOC level which is currently high*
4. Avoidable emergency admissions (composite measure) - *this is the main area of impact - expecting estimated 60 reduction for 1st full year rising to 80*

RAAC - provides rapid assessment and access to Domicilliary, Residential and Nursing Care - reduces admissions to Acute and impacts "long term" Nursing/ Residential home care plus Domicilliary , maximises independence & ability of patients to remain in their home. All services available within 2 - 24 hrs with time limited availability

1. No impact expected - +1 case per week estimated in residential/nursing homes - awaiting pilot feedback & potential contract renegotiation as a result
2. Non measurable against this as a direct impact but potentially prevents readmission, increases self care/independence
3. Facilitates earlier hospital discharge
4. Significant factor in reducing

Acute Crisis Response - Crisis & Emergency Care in the Community

1. Contributes toward reducing load on Nursing Homes
- 2.
- 3.
4. Reduces emergency admissions and cost

7 Day Working

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 the BCF we intend to use the national Adult Social Care ASCOF figure on an annual basis and combine this with the GP surgery Friends and Family patient survey until the National metric is available. Both these measures are known tools but they will be complimented by a number of measures put in place around specific care and pathway changes conducted using bespoke patient/user satisfaction surveys looking at "before and after" results so that we can combine the actual numerical changes collected from data with softer measures from patient/user perception. e.g. changing to a single point of access for a service,

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

Metrics will be reviewed at Project Management and operational delivery level by the delivery team and made clear to the service delivery provider(s) how they contribute (displayed where practical) , Individual Project Managers will via PMO regular monthly review track the trajectory of changes in performance which will be fed into the Joint Service Transformation & Commissioning Board through the Leaders Group and up to the HWB. Metrics are being shared with the commissioners to enable embedding the outcomes as targets for new contracts

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	Percentile
<i>Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population</i>	<i>Metric Value</i>	539	N/A	503	Significant improvement was achieved between 11/12 and 12/13 . High growth in >65 pop at still = 7%.reductn - very challenging
	<i>Numerator</i>	220		220	
	<i>Denominator</i>	40820		43711	
		(April 2012 - March 2013)		(April 2014 - March 2015)	
<i>Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services</i>	<i>Metric Value</i>	87.1%	N/A	92.9%	This indicator got worse between 11/12 and 12/13, this level of improvement is a challenge which will need further review once the 15/16 plans are agreed
	<i>Numerator</i>	135		144	
	<i>Denominator</i>	155		155	
		(April 2012 - March 2013)		(April 2014 - March 2015)	
<i>Delayed transfers of care from hospital per 100,000 population (average per month)</i>	<i>Metric Value</i>	1,701	1,166	864	High target as Hereford is performing well, however looking into live figures for current DTOC .
	<i>Numerator</i>	2564	1774	1315	
	<i>Denominator</i>	150747	152202	152202	
		(Dec 2012 - Nov 2013)	(April - December 2014)	(January - June 2015)	
<i>Avoidable emergency admissions (composite measure)</i>	<i>Metric Value</i>	3503	1467	1911	The indicator has levelled since Jan-13. The target is a further improvement compared with the big increase to Jan-13. Possible impact of VW /Pilots TBC
	<i>Numerator</i>	3503	1467	1911	
	<i>Denominator</i>	186734	188286	188286	
		(Oct-12 - Sep-13)	(April - September 2014)	(October 2014 - March 2015)	
<i>Patient / service user experience - Combined measure - Overall satisfaction of people who use services with their care and support, ASCOF 3B (weighted measure) and overall experience of GP surgery - GP survey (unweighted).</i>	<i>Metric Value</i>	78.9%		82.3%	ASCOF data is based on low numbers (65.6% with 5.4% CI). Measure combines a weighted and a crude measure. F&F is a new measure on the GP survey and data is not yet available.
		ASCOF 12/13 GP survey Jan-Mar 2013 and Jul-Sept 2013	(insert time period)	ASCOF 14/15 GP survey Jan-Mar 2014 and Jul- Sept 2014	
<i>Patient / service user experience - C2.2 A greater proportion of people aged 18 and over suffering from a long-term condition feeling supported to manage their condition - GP survey (unweighted).</i>	<i>Metric Value</i>	67.7%		70.4%	Data produced from GP survey (unweighted).
		GP survey Jan-Mar 2013 and Jul-Sept 2013	(insert time period)	GP survey Jan-Mar 2014 and Jul- Sept 2014	

Targets to be reconfirmed once 15/16 BCF project plans are confirmed