

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.

Residential and nursing permanent admissions: The expected outcome is to reduce the number of people admitted into residential and nursing care, the benefit being to enable people to lead a more independent life in the community. There will also be related cashable savings i.e. savings on admissions avoided less the cost of supporting clients in the community. We have set targets having considered the local context, which is significantly different from London comparators, as Barnet has the highest number of care home beds and is a net importer of service users. This has had an impact on our admission figures and use of acute care with consequent impact on spend. We are actively working to reduce this pressure in ways that are both strategic and sustainable, for example through influencing the Barnet, Enfield and Haringey clinical strategy.

This metric will be measured by counting new admissions in the year that have been approved by panel. These admissions are then entered into our service user database and reported electronically.

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services:

Barnet's performance on this measure has traditionally been in the upper quartile and our target compares favourably to the London comparator average. The metric measures the benefit to individuals from reablement, intermediate care and rehabilitation following a hospital episode. The outcome is to keep people in their homes. This metric is measured by Health (CSU) colleagues by following up on those that received rehabilitation services after discharge. The follow-up is done 91 days after discharge into rehabilitation.

Delayed transfers of care from hospital per 100,000 population: Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care. This measure is taken direct from NHS England, the figures are reported centrally via Unify2 Data Collection - MSiDT.

Avoidable emergency admissions: The expected outcome is reduced emergency admissions as a result of a range of initiatives focussed on better management of long term conditions and a swift, effective community response to acute illness. Using the criteria in Appendix 2 of the Quality Premium Guidance; we will monitor this composite indicator utilising the SUS data from local acute Providers.

Self Directed Support: Barnet's performance has traditionally been in the upper quartile compared to London boroughs. This metric is a two-part measure which reflects both the proportion of people using services who receive SDS and the proportion who receive a direct payment. The measure supports the drive

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

Barnet will be using the new national metric.

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

The baselines have been validated via the database provided on the BCF website and also the BCF "statistical significance calculator" in conjunction with informatics teams for the Council and the CCG. Targets have been discussed and agreed at senior management level in the CCG / Council Adult Social Care, with sign-off by the respective chief officers and the Chair of the Health & Wellbeing Board.

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

Not Applicable.

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	492.96	Not Applicable	468.00
	Numerator	243		
	Denominator	49294		
	r	(April 2012 - March 2013)		
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Metric Value	83.10%	Not Applicable	84.00%
	Numerator	331		
	Denominator	398		
	r	(April 2012 - March 2013)		
Delayed transfers of care from hospital per 100,000 population (average per month)	Metric Value	7.17	3.81	3.75
	Numerator	20	11	11
	Denominator	278600	288526	293250
	r	April 2012 - March 2013	(April - December 2014)	(January - June 2015)
Avoidable emergency admissions (composite measure)	Metric	1439	1394	1350
	Numerator	5334	2630	2592
	Denominator	370688	377312	383892
	r	April 2012 - March 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]			Not Applicable (Barnet will use the national metric)	
		(insert time period)		(insert time period)
Self-Directed Support	Metric Value	96.35%	98%	99%
	Numerator	2722		
	Denominator	2825		
	r	@ 31 December 2013	@ 30 September 2014	@ 31 March 2015