#### **Appendix D – BCF Outcome Metrics**

The BCF plan is measured against four outcome metrics. The following tables set out each BCF metric, our target for 2019/20, current performance and a summary of the rationale for the level of performance we are aiming for.

Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population					
This is a nationally defined metric measuring delivery of the outcome to reduce					
inappropriate ad	inappropriate admissions of older people to residential care.				
Trajectory for	Current	Target setting rationale			
2019/20	Performance				
<b>850</b> or less	Current full year	For this metric, we have set a further stretch target for			
permanent	forecast (as at	2019/20 taking us beyond our already good			
admissions (or	July) is for <b>856</b>	performance. This has been set due to additional			
586.9 per	admissions for	interventions and plans in place from 2019/20			
100,000	2019/20	onwards, whereby the council is expanding the			
population)		number of extra care and supported living			
		accommodation units, via a planned capital programme as outlined in the council's			
		accommodation strategy and MTFS.			

## **&**

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

This is a nationally defined metric measuring delivery of the outcome to increase the effectiveness of reablement and rehabilitation services whilst ensuring that the number of service users offered the service does not decrease.

The aim is therefore to increase the percentage of service users still at home 91 days after discharge.

Trajectory for	Current	Target setting rationale
2019/20	Performance	
88% of people	Between Feb –	In terms of our reablement metric, again we are
discharged	Apr 2019,	seeking to maintain our excellent and plan a small
from hospital	<b>87.9%</b> of people	further stretch to this in 2019/20. This is in recognition
into	discharged from	of our new integrated reablement team/offer,
reablement/	hospital into	implemented in October 2018 across the County as
rehabilitation	reablement/	part of our Home First philosophy. During 2019/20
services still at	rehabilitation	further redesign to NHS community-based services
home after 91	were still at	will take place and we will be looking ahead to the
days	home 91 after	recommissioning of our joint domiciliary care services,
	days.	from 2020 onwards, all of which will be targeted to a)
		maximising the number of people accessing our
		reablement offer and b) achieving optimum outcomes
		from reablement.



## Delayed transfers of care from hospital per 100,000 population (average per month)

This is a nationally defined metric measuring delivery of the outcome of effective joint working of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. The aim is therefore to reduce the rate of delayed bed days per 100.000 population.

Trajectory for	Current	Target setting rationale
2019/20	Performance	
To achieve a	In June 2019,	The implementation of the HICM for transfers of care,
rate of no	Leicestershire	along with many local innovations, has ensured a
more than 7.88	achieved 6.65	sustained good performance against the DTOC target
average days	average days	throughout 2018/19. Plans for 2019/20 will be focused
delayed per	delayed per day	on achieving further improvements for LD and mental
day per	per 100,000	health discharge pathways, including implementing
100,000	population	new medium and longer-term accommodation
population		solutions outside of hospital settings, as well as
		anticipating areas of further development that may be
(Set by NHS		needed to achieve the revised HICM from 2020
England)		onwards.



### **Non-Elective Admissions (General & Acute)**

This is a nationally defined metric measuring the reduction in non-elective admissions which can be influenced by effective collaboration across the health and care system. Total non-elective admissions (general and acute) underpin the payment for performance element of the Better Care Fund.

Trajectory for	Current	Target setting methodology and rationale
2019/20	Performance	
Monthly	Between Apr –	In terms of emergency admissions performance, the
average of	June 2019 there	urgent care redesign work completed two years ago
864.94 per	have been	has become fully embedded, with the Leicestershire
100,000	<b>17,362</b> non-	BCF plan supporting recurrent elements of this
<b>population</b> (or	elective	service at urgent care centres and within the acute
a total of up to	admissions	home visiting service. The achievement of the BCF
72,313	against a target	metric for emergency admissions marks a major
admissions	of 17,542 (180	turning point and it is hope this position can be
during	lower than	sustained, however this relies on a wide range of
2019/20)	target)	other investments and interventions that are aligned
		to the CCG's operating plan assumptions for this
		metric. The full roll out of integrated teams across
Pre-populated		LLR, supported by population health management,
from CCG		anticipated in 2019/20, is expected to bring further
operating		benefits to admissions avoidance. The Leicestershire
plans		BCF will provide new investment in care coordination,
		and a continuation of investment in the community-
		based prevention offer, so that essential supporting
		infrastructure and capacity is in place across the
		county for the new PCNs and their integrated teams.