

Appendix 1 - Local Key Performance Indicators

Project	Local KPI
Increasing System Capacity	<p>Social Care Delayed Days per day per 100,000 18+ population</p> <p>Delayed Days per day per 100,000 18+ population (awaiting completion of assessment)</p> <p>Delayed Days per day per 100,000 18+ population (awaiting residential home placement or availability)</p> <p>Delayed Days per day per 100,000 18+ population (awaiting nursing home placement or availability)</p> <p>Delayed Days per day per 100,000 18+ population (awaiting care package in own home)</p>
Integrated Discharge Planning	<p>% of older people at home 91 days after hospital discharge into reablement</p> <p>Proportion of older people (65 and over) who are discharged from hospital who receive reablement/rehabilitation services</p> <p>Delayed transfers of care (days)</p> <p>% Emergency readmission within 30 days of discharge from hospital (B&H CCG)</p> <p>Average Length of Stay for older people (65+)</p>
Protecting Social Care	<p>Proportion of support plans that have a % telecare as a component</p> <p>Telecare service user satisfaction (95% target)</p> <p>Number of people supported through Telecare (620 per annum)</p> <p>% of users receiving long-term community support who received self-directed support</p> <p>% of users receiving long-term community support who received direct payments or part direct-payments</p> <p>% of equipment delivered/collected in time</p> <p>% of adult social care users who have as much social contact as they would like</p>
Supporting Recovery & Independence	<p>% of carers receiving carer specific services who received self-directed support</p> <p>% of carers receiving carer specific services who received direct payments or part direct-payments</p> <p>% of adult carers who have as much social contact as they would like</p>
Person Centred Integrated Care	<p>Non-elective Admissions (G&A specialties)</p> <p>Admissions to nursing and residential homes (65+)</p> <p>Percentage of patients receiving a Whole Person Assessment against the roll-out plan (v3)</p> <p>% of Proactive Care patients received face-to-face appointments within 4 weeks</p> <p>Average Length of Stay for older people (65+)</p>
Dementia Planning	<p>Dementia Diagnosis rate</p> <p>Face to face follow up within 12 months</p>
Homelessness	<p>Percentage of people moving on from Homeless Support Services to more independent living (in past 12 months)</p>

