APPENDIX 3

	Outcome 1 Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	**Outcome 2** Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	**Outcome 3** Delayed transfers of care from hospital per 100,000 population (average per month)	**Outcome 4** Avoidable emergency admissions (composite measure)	**Outcome 5** Patient / service user experience	**Outcome 6.** Injuries due to falls in people aged 65 and over
Integrated Locality Teams	X	X	X	X	X	X
Hospital Based Admissions Avoidance (Ambulatory Care, Older People's Assessment Unit, UCC)	X	X	X	X	X	X
Reducing Delayed Discharges from hospital (Integrated Hospital Discharge Teams, Home from Hospital, Social Workers based in Hospitals 7 days/wk)			X		X	
Integrated End of Life Care Service					X	
	Outcome 1	**Outcome 2**	**Outcome 3**	**Outcome 4**	**Outcome 5**	**Outcome 6.**

	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Delayed transfers of care from hospital per 100,000 population (average per month)	Avoidable emergency admissions (composite measure)	Patient / service user experience	Injuries due to falls in people aged 65 and over
RAID				X	X	
Older People and Dementia Pathway	X		X	X	X	
Mental Health Recovery Pathway			X	X	X	
Joint Commissioning	X	X	X	X	X	X
Winterbourne Response					X	
Additional Third Sector Investment	X	X	X	X	X	X
Information Technology & Better Data Sharing	X	X	X	X	X	X
Step Down Care			X			
GP Case Management and 7 day access	X	X	X	X	X	X
Psychiatric Liaison Service				X	X	
Dementia Services	X		X	X	X	
Reablement	X	X	X	X	X	X
	Outcome 1	**Outcome 2**	**Outcome 3**	**Outcome 4**	**Outcome 5**	**Outcome 6.**

	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Delayed transfers of care from hospital per 100,000 population (average per month)	Avoidable emergency admissions (composite measure)	Patient / service user experience	Injuries due to falls in people aged 65 and over
Community Development Workers + expansion of Good Neighbours scheme	X	X		X	X	
Mental Health Recovery Pathway				X	X	
Home From Hospital			X		X	
Information Technology & Better Data Sharing		X		X	X	
Single Point of Access				X	X	

The Table is intended to provide a guide to the relevance of the proposed investments of the BCF to the delivery of key outcomes, as expressed by the metrics attached to Haringey's Integration Plan. It will be noted that all proposed investments, with the exception of the investment in Winterbourne response, are cross-cutting, contributing to the delivery of more than one outcome. However, this investment will contribute to reducing the permanent admission of younger adults with learning disabilities to institutional care and support them to live independently in the community.