Better Care Fund 2021-22 Template

6. Metrics

Selected Health and Wellbeing Board: Worcestershire

8.1 Avoidable admissions

	19-20 Actual	20-21 Actual	21-22 Plan	Overview Narrative
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	Available from NHS Digital (link below) at local authority level. Please use as guideline only	730.0	730.0	Target set to maintain as a minumum 20/21 levels. Significant investment has been made in improving support in the community to identify those patients at risk of admission and arranging for additional care to mitigate this risk.

>> link to NHS Digital webpage

Please set out the overall plan in the HWB area for reducing rates of unplanned hospitalisation for chronic ambulatory sensitive conditions, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

8.2 Length of Stay

		21-22 Q3 Plan	21-22 Q4 Plan	Comments
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients (SUS data - available on the Better Care Exchange)	Proportion of inpatients resident for 14 days or more	10.5%	10.5%	Ambition is based on maintaining compliance with national standards (13% - local ambition under 10%) - Current performance is 7.6 - worcs specific and 4.5 H&W board area with respect to over 21 days against a plan of 10%. During 20/21 a variety of schmes have been identified to improve flow from the hospital - including increased investment in pathway 1 care - increasing support by 50%.
	Proportion of inpatients resident for 21 days or more	4.5%	4.5%	

Please set out the overall plan in the HWB area for reducing the percentage of hospital inpatients with a long length of stay (14 days or over and 21 days and over) including a rationale for the ambitions that sets out how these have been reached in partnership with local hospital trusts, and an assessment of how the schemes and enabling activity in the BCF are expected to impact on the metric. See the main planning requirements document for more information.

8.3 Discharge to normal place of residence

	21-22 Plan	Comments
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	90.0%	Ambition is to achieve targets as defined within the national dicharge requirements service - see above

Please set out the overall plan in the HWB area for improving the percentage of people who return to their normal place of residence on discharge from acute hospital, including a rationale for how the ambition was reached and an assessment of how the schemes and enabling activity in the BCF are expected to impact on the metric. See the main planning requirements document for more information.

8.4 Residential Admissions

		19-20 Plan	19-20 Actual	20-21 Actual	21-22 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	550	629	477	574	CCG and Council Social Care colleagues have agreed additional investment of £4m from the Better Care Fund to increase capacity by 114 more staff to support hospital discharges through Pathway 1 in support of Worcestershire's Home First agenda (ie hospital discharge). As we recruit more UPI workers into our PW1
	Numerator	746	855	656	806	
	Denominator	135,720	135,906	137,439	140,470	

Please set out the overall plan in the HWB area for reducing rates of admission to residential and nursing homes for people over the age of 65, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

8.5 Reablement

		19-20 Plan	19-20 Actual	21-22 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	81.8%	86.9%	82.1%	Meeting positive outcomes for people has been increasingly challenging due to the impact of COVID pandemic, where the focus has often been on the flow of people out of hospital. Despite this, supporting people leaving hospital with a reablement focus is clearly delivering results. This continued focus on outcomes as
	Numerator	383	385	455	
	Denominator	468	443	554	

Please set out the overall plan in the HWB area for increasing the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Please note that due to the splitting of Northamptonshire, information from previous years will not reflect the present geographies. As such, all pre-populated figures above for Northamptonshire have been combined.

For North Northamptonshire HWB and West Northamptonshire HWB, please comment on individual HWBs rather than Northamptonshire as a whole.