Better Care Fund 2022-23 End of Year Template

4. Metrics

Selected Health and Wellbeing Board: Stockport

National data may be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2022-23 planning	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements	Checklist Complete:
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	892.0	On track to meet target	Continue to see an increase in ED attendances. Work required on the step-up model of care available to our population.	Our respiratory hub continues to be well utilised on a daily basis.	Yes
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	91.4%	On track to meet target	System wide collaborative focus required to increase the patient flow on the P1 pathway of care. Data validation to support patient needs and pathway status required. Ability to further investigate the 24/7 service for P3	Transfer of Care hub is now an integral part of the system, good outcomes on the pilot of the 24/7 service for P3 patients. Increase system wide collaborative working.	Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	584	On track to meet target	The service is challenged to ensure that clients access the most suitable longer term care provision aligned to reviews following hospital discharge	This is being managed aligned to a timely assessment of a clients care needs and having services commissioned which meet their Care Act eligible outcomes	Yes
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	90.3%	Not on track to meet target	The service has experienced significant recruitment challenges within its REaCH service to continue to meet demands for pathway 1 provision	The REaCH Service has recently had it's CQC rating improved to Good.	Yes