## Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

4. Metrics

Selected Health and Wellbeing Board:

Stockport

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

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 Challenges and Support Needs 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 2023-24 planning					Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.
		Q1	Q2	Q3	Q4				
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	227.1	206.0	239.1	204.0	242.6	On track to meet target	Although we have seen higher than anticipated rates for Q1 we are anticipating that ongoing performance remains on track	
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	92.6%	92.6%	92.6%	92.6%	92.26%	On track to meet target	The Q1 performance is very close to our aspiration and we are looking to continue to drive this through increasing P0 provision to meet increasing demand.	Our partner supporting PO discharges from hospital has been able to flex their
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				2,322.4	628.9	On track to meet target		Again the focus on falls reduction in care homes is showing some positive impact.
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				556		On track to meet target	Our current BI indicates that there is a rate of 498 permanent admissions to residential care per 100,000 population	The current BI indicates that we are on target on this measure and that the home first approach with some successes in supporting people to return home from permanent care placements reported which
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				88.8%		On track to meet target	Our current BI indicates that there is a rate of 90% on this measure which is in excess of the target set	We are pleased to see the impact of the investment in and focus on the reablement service coming through in this figure and we will continue to monitor closely as the service continues to grow and take on more

