## Better Care Fund 2023-25 Template

## 6. Metrics for 2023-24

Selected Health and Wellbeing Board:

Trafford

8.1 Avoidable admissions

	*Q4 Actual not available at time of publication						
		2022-23 Q1	2022-23 Q2	2022-23 Q3	2022-23 Q4		
		Actual	Actual	Actual	Plan	Rationale for how ambition was set	Local plan to meet ambition
	Indicator value	194.3	170.8	185.2	166.0	The 22/23 outturn was 687.56 against a	We are continuing to develop and improve
	Number of					plan of 759 - so 11% better than plan.	this indicator through a range of initiatives
Indirectly standardised rate (ISR) of admissions per	Admissions	487	428	464	-		within the locality. This will be achieved
100,000 population	Population	236,370	236,370		236,370	907 and national average of 772	through working with system partners and commissioned providers to ensure that
(See Guidance)		2023-24 Q1	2023-24 Q2	2023-24 Q3	2023-24 Q4		where possible reductions are made in
		Plan	Plan	Plan	Plan	reduction for 23/24.	avoidable admissions. The Manchester and
	Indicator value	193.2	169.8	185.3	135.9		Trafford system are also focussing on a

>> link to NHS Digital webpage (for more detailed guidance)

## 8.2 Falls

		2021-22	2022-23	2023-24		
		Actual	estimated	Plan	Rationale for ambition	Local plan to meet ambition
					Target for falls in over 65's for BCF 23/24.	Within Trafford there are four priority
					The figures for the number of falls in 21/22	areas in relation to falls: 1) Promote
	Indicator value	2,159.1	2,067.9	2,003.0	and 22/23 were 939 and 936 respectively.	awareness of falls prevention to our
Emergency hospital admissions due to falls in					This gave age standardised rates per	residents and increase availability of
people aged 65 and over directly age standardised					100,00 pop of 2,162 and 2,068 – roughly in	strength and balancy activity for older
rate per 100,000.	Count	935	936	917	line with national average of 2,100.	people. 2) Raise awareness and provide
					A further reduction of 2% is factored in for	training for health and social care staff of
	De la la la c	11.100		1000 1	23/24 resulting from the 4 priority areas	the importance of falls prevention, and
Dublic Health Outcomes Framework, Data OUID (a	Population	41,469	41946	42394	for falls	support them in delivering evidence based

Public Health Outcomes Framework - Data - OHID (phe.org.uk)

## 8.3 Discharge to usual place of residence

#### \*Q4 Actual not available at time of publication

			2022-23 Q1	2022-23 Q2	2022-23 Q3	2021-22 Q4			
			Actual	Actual	Actual	Plan	Rationale for how ambition was set	Local plan to meet ambition	
		Quarter (%)	91.6%	91.5%	90.9%	91.6%	Discharge to usual place of residence	We have strengthened our VCSE and	
		Numerator	4,288	4,247	4,256	4,286		extended it to support a 7 day discharge	
Pero	centage of people, resident in the HWB, who are	Denominator	4,681	4,643	4,680		21/22 figure of 90.5%. Rise from 8th to 6th		
Pero	centage of people, resident in the HWB, who are	Numerator Denominator	4,288 4,681			-	target but .6% point improvement on	process for people on Pathway 0. The	

place of residence		2023-24 Q1	2023-24 Q2	2023-24 Q3	2023-24 Q4	in GM. Aim for 22/23 is to further improve	home with reablement support have been
		Plan	Plan	Plan	Plan	and reach the GM average of 91.5%.	streamlined, and work undertaken on
(SUS data - available on the Better Care Exchange)	Quarter (%)	91.5%	91.5%	91.5%	91.5%		ensuring correct referrals to make best use
	Numerator	4,300	4,300	4,300	4,300		of limited resources - these actions should
	Denominator	4,700	4,700	4,700	4,700		improve performance in these areas. MFT

#### 8.4 Residential Admissions

		2021-22	2022-23	2022-23	2023-24		
		Actual	Plan	estimated	Plan	Rationale for how ambition was set	Local plan to meet ambition
						We have commissioned a new suite of	Reduction of long-term admission to
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	815.6	552.0	580.3	558.6	service responses to enable people to be	residential care from D2A beds, is already
						discharged home with enhanced levels of	low, and we are seeking to further reduce
	Numerator	338	234	246	240	support where required. We are currently	this through the expansion of the Rapid
						5	MDT which eanbles people to return home
	Denominator	41,443	42,394	42,394	42,962	response and identifying how we can	much more quickly. In addition, we have

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

		2021-22	2022-23	2022-23	2023-24		
		Actual	Plan	estimated	Plan	Rationale for how ambition was set	Local plan to meet ambition
Proportion of older people (65 and over) who were – still at home 91 days after discharge from hospital						As a system we have continued to work	We have a number of meaures to increase
	Annual (%)	92.3%	92.0%	91.9%	92.0%	across all areas to ensure that timely	independence and support people to
						assessment is undertaken either within	remain at home following discharge
	Numerator	179	219	271	275	hospital or within a D2A bed. The D2A	including,; enhanced training for carers,
						beds have had further support through the	syringe drivers for safe and dignfied end of
	Denominator	194	238	295	299	alignment of Primary care to individual	life care, increased use of TEC, services to

Please note that due to the demerging of Cumbria information from previous years will not reflect the present geographies.

As such, the following adjustments have been made for the pre-populated figures above:

- Actuals and plans for Cumberland and Westmorland and Furness are using the Cumbria combined figure for all metrics since a split was not available; Please use comments box to advise.

- 2022-23 and 2023-24 population projections (i.e. the denominator for Residential Admissions) have been calculated from a ratio based on the 2021-22 estimates.