

## Better Care Fund 2022-23 End of Year Template

### 4. Metrics

Selected Health and Wellbeing Board:

Walsall

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
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	1,221.0	On track to meet target	High levels of activity across all areas supporting avoidance, in comparison to predicted performance.	Avoidable admissions remain a priority with teams working closely towards the planned performance target.
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	96.0%	On track to meet target	Whilst there is a positive indication of meeting needs and enabling independence, there is an impact on demand for services seen once discharged.	End of year out turn exceeds planned performance at 97.53%
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	588	On track to meet target	No support needs at this time. We are seeing a large porportion of our population returning home so impacting on community services.	Fully embedded strength based approach across all teams, utilising individual and community assets, enabling people to remain independent for longer. End of year out turn 598.02, equating to 302 admissions
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	82.2%	On track to meet target	Engagement with reablement servies has seen an increase in demand from existing service users compared to previous years.	For the discharge period October, November, December 2022 followed up 91 days later in 2023 the out turn for people aged 65 and over was 84.55%.

**Checklist**  
Complete:

Yes

Yes

Yes

Yes