

Better Care Fund 2021-22 Year-end Template

4. Metrics

Selected Health and Wellbeing Board:

Hammersmith and Fulham

National data may like be unavailable at the time of reporting. As such, please utilise data that

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please

Achievements Please describe any achievements, impact observed or lessons learnt where

Metric	Definition	For information - Your planned percentage as reported in 2021-22		
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)			
Length of Stay	Proportion of inpatients resident for: i) 14 days or more ii) 21 days or more	14 days or more (Q3)	14 days or more (Q4)	21 days or more (Q3)
		10.0%	11.2%	5.3%
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence			
Res Admissions*	Rate of permanent admissions to residential care per 100,000 population (65+)			
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services			

* In the absence of 2021-22 population estimates (due to the devolution of North Northamptonshire)

it may only be available system-wide and other local intelligence.

Please highlight any support that may facilitate or ease the achievements of metric plans

when considering improvements being pursued for the respective metrics

Performance	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs
385.0	Data not available to assess progress	<ul style="list-style-type: none"> Workforce shortages due to vacancies and sickness has presented a significant challenge in both the primary identification and treatment of chronic ambulatory care sensitive conditions
21 days or more (Q4)	Not on track to meet target	Length of stay has been impacted by: <ul style="list-style-type: none"> reduced ability to discharge to designated settings (due to closures of care homes, lack of social care capacity, specialist and community care capacity)
5.6%		
94.9%	On track to meet target	Achievement to Feb is slightly below target at 94.7% and has been impacted by: <ul style="list-style-type: none"> periodic closures in care and residential settings due to covid outbreaks Lack of consistency in admission and re-
576	On track to meet target	EOY out turn is 488.2 (101 people)
92.7%	On track to meet target	EOY out turn is 94.1% Oct-Dec 21

(Northamptonshire and West Northamptonshire), the denominator for the Residential Admissions is

Achievements
<ul style="list-style-type: none"> • A programme of work is in place to improve discharge to improve the flow out of acute hospitals to support planned and unplanned recovery • Community teams have managed
<ul style="list-style-type: none"> • NW London ICS performs above average compared to other areas in London. • After challenges in January there have been some gradual improvements in Feb and March - with all Trust discharge teams
<ul style="list-style-type: none"> • Programme of work in place around discharge, led my local authority DASS as SRO • Better joint working between local authorities and NHS
<p>The rate of permanent admissions in to residential care per 100,000 is likely to be in line with, or below the target; contributory factors incl:</p> <ul style="list-style-type: none"> • Therapy led intermediate support service
<p>On track to exceed target , although it is anticipated that the % may drop as we embed the new intake, intermediate support service which will provide , assessment, therapy and nursing support for all new</p>

Checklist Complete:
Yes
Yes
Yes
Yes
Yes

metric is based on 2020-21 estimates