

Better Care Fund 2025-26 Planning Template

6. Metrics for 2025-26

Selected Health and Wellbeing Board:

York

8.1 Emergency admissions

		Apr 24 Actual	May 24 Actual	Jun 24 Actual	Jul 24 Actual	Aug 24 Actual	Sep 24 Actual	Oct 24 Actual	Nov 24 Actual	Dec 24 Actual	Jan 25 Actual	Feb 25 Actual	Mar 25 Actual	Rationale for how local goal for 2025-26 was set. Include how learning and performance to date in 2024-25 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.
Emergency admissions to hospital for people aged 65+ per 100,000 population	Rate	1,706	1,856	1,793	1,831	1,869	1,831	1,844	1,793	n/a	n/a	n/a	n/a	Based on historical data from May 2023, the forecast increase in 2025_26 is 7%. The plan for York is to mitigate this rise to a forecast increase of 5% through admission avoidance and prevention schemes, for example the Frailty Crisis Response Hub, the York Integrated Care Team In-Reach model and the RATS service.
	Number of Admissions 65+	680	740	715	730	745	730	735	715	n/a	n/a	n/a	n/a	
	Population of 65+*	39,869	39,869	39,869	39,869	39,869	39,869	39,869	39,869	n/a	n/a	n/a	n/a	
	Apr 25 Plan	1,778	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan	
	Rate	1,778	1,941	1,854	1,901	1,944	1,894	1,914	1,859	1,886	1,914	1,926	1,941	
	Number of Admissions 65+	709	774	739	758	775	755	763	741	752	763	768	774	
	Population of 65+	39,869	39,869	39,869	39,869	39,869	39,869	39,869	39,869	39,869	39,869	39,869	39,869	

Source: <https://digital.nhs.uk/supplementary-information/2025/non-elective-inpatient-spells-at-english-hospitals-occurring-between-01-04-2020-and-30-11-2024-for-patients-aged-18-and-65>

Supporting Indicators		Have you used this supporting indicator to inform your goal?
Unplanned hospital admissions for chronic ambulatory care sensitive conditions. Per 100,000 population.	Rate	Yes
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Rate	Yes

8.2 Discharge Delays

*Dec Actual onwards are not available at time of publication

	Apr 24 Actual	May 24 Actual	Jun 24 Actual	Jul 24 Actual	Aug 24 Actual	Sep 24 Actual	Oct 24 Actual	Nov 24 Actual	Dec 24 Actual	Jan 25 Actual	Feb 25 Actual	Mar 25 Actual	Rationale for how local goal for 2025-26 was set. Include how learning and performance to date in 2024-25 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.
Average length of discharge delay for all acute adult patients (this calculates the % of patients discharged after their DRD, multiplied by the average number of days)	n/a	n/a	n/a	n/a	n/a	0.46	0.60	0.60	n/a	n/a	n/a	n/a	National BCF data assumes the unknown DRDs are discharge on the same day as their DRD, which inflates the %. The 2025_26 target mitigates this calculation by assuming 50% of these unknowns will be discharged on the same day. The 2025_26 target is based on a 3% increase on 2024_25 YTD (Apr-Dec). Average no of days from DRD to discharge: The YTD Apr-Jan rate from local data was 4.8 days. The target is to reduce this to 4.3 by March 2026.
Proportion of adult patients discharged from acute hospitals on their discharge ready date	n/a	n/a	n/a	n/a	n/a	86.0%	88.7%	86.0%	n/a	n/a	n/a	n/a	
For those adult patients not discharged on DRD, average number of days from DRD to discharge	n/a	n/a	n/a	n/a	n/a	3.3	5.3	4.3	n/a	n/a	n/a	n/a	
	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan	
Average length of discharge delay for all acute adult patients	1.78	1.74	1.70	1.66	1.62	1.57	1.56	1.52	1.49	1.44	1.40	1.37	
Proportion of adult patients discharged from acute hospitals on their discharge ready date	66.4%	66.5%	66.7%	66.9%	67.0%	67.2%	67.4%	67.6%	67.7%	67.9%	68.1%	68.2%	
For those adult patients not discharged on DRD, average number of days from DRD to discharge	5.30	5.20	5.10	5.00	4.90	4.80	4.80	4.70	4.60	4.50	4.40	4.30	

Source: <https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/discharge-ready-date/>

Supporting Indicators		Have you used this supporting indicator to inform your goal?
Patients not discharged on their DRD, and discharged within 1 day, 2-3 days, 4-6 days, 7-13 days, 14-20 days and 21 days or more.	Number of patients	Yes
Local data on average length of delay by discharge pathway.	Number of days	Yes

8.3 Residential Admissions

		2023-24 Actual	2024-25 Plan	2024-25 Estimated	2025-26 Plan Q1	2025-26 Plan Q2	2025-26 Plan Q3	2025-26 Plan Q4		Rationale for how the local goal for 2025-26 was set. Include how learning and performance to date in 2024-25 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Rate	524.2	486.6	526.7	132.9	130.4	115.4	148.0		We aim to maintain the rate of long-term residential admissions at the same level as is estimated for 2024/25. Setting a target of 0% growth is a realistic yet challenging goal, given the expected rise in support requests continuing
	Number of admissions	209	194	210	53	52	46	59		

nursing care homes, per 100,000 population	Population of 65+*	39,869	39,869	39,869	39,869	39,869	39,869	39,869		into 2025/26 and the recent slow down in admissions.
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Long-term admissions to residential care homes and nursing homes for people aged 65+ per 100,000 population are based on a calendar year using the latest available mid-year estimates.

Supporting Indicators		Have you used this supporting indicator to inform your goal?
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	Percentage	Yes
The proportion of people who received reablement during the year, where no further request was made for ongoing support	Rate	Yes