

Better Care Fund 2024-25 Update Template

7. Metrics for 2024-25

Selected Health and Wellbeing Board:

York

8.1 Avoidable admissions

*Q4 Actual not available at time of publication

		2023-24 Q1 Actual	2023-24 Q2 Actual	2023-24 Q3 Plan	2023-24 Q4 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 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.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	207.7	205.1	186.1	181.3	Local Data 2023-24 Q1: 444 Q2: 462 Q3: 451 Q4: 469(provisional) 2024-25 Plan based on 2023_24 admissions plus *2.6% growth (1873) Q1: 456 Q2: 474 Q3: 463 Q4: 481 NB: Figures include 0 los as York Trust unlikely to introduce SDEC in 24/25. * The 2.6% is the unmitigated growth for NEL beds we used in our capacity demand and flow waterfall in the operational planning submission. This was made up of a weighted population growth in the ICB of 0.3%, increasing acuity of patients who are presenting at A&E, an average of c: 40 patients queueing for a bed at midnight across our A&E departments in HNY and a number of medical outliers on surgical wards.	Our community and voluntary sector is a great asset and enhancing this would have a greater impact on reducing admissions. We have several BCF-funded services in place that support admission avoidance, including social workers, occupational therapists and the rapid response team within the emergency department. Proactive social prescribing model for patients with respiratory conditions who live in areas of deprivation and are at high risk of admission to support them to stay well. The Frailty Crisis Hub (part funded through BCF) will support admission avoidance and is evidenced by its use by the wider system, with 24 different organisations having used the Frailty A&G line for support since November. The most frequent referring organisations have UCR, YICT, GPs, appropriate self-referrals from patients on the YICT caseload (as determined by YICT triagers), CRT and YAS paramedics. This Winter, ED conveyances across East Riding, Hull and North Yorkshire increased by an average 33%, whereas there was only a 1% increase York.
	Number of Admissions	465	459	-	-		
	Population	201,672	201,672	-	-		
	Indicator value	211.8	211.8	211.8	211.8		

[>> link to NHS Digital webpage \(for more detailed guidance\)](#)

8.2 Falls

		2023-24 Plan	2023-24 estimated	2024-25 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 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.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.	
	Indicator value		1,966.8	2,121.9	2,177.0	2023-24 estimated: 881 2024-25 plan based on *2.6% growth NB: Figures include 0 los as York Trust unlikely to introduce SDEC in 24/25.	The York Integrated Care Team provides anticipatory Care for a caseload of 3,000 frail patients. This involves proactive identification of individuals who may be at risk of an admission (including falls risks) using data provided by our population health hub. We anticipate that this scheme will support admission avoidance and emergency

Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Count	814	881	904	* The 2.6% is the unmitigated growth for NEL beds we used in our capacity demand and flow waterfall in the operational planning submission. This was made up of a weighted population growth in the ICB of 0.3%, increasing acuity of patients who are presenting at A&E, an average of c: 40 patients queueing for a bed at midnight across our A&E departments in HNY and a number of medical outliers on surgical wards.	admissions due to falls by identifying these patients prior to crisis point.
	Population	38,874	38874	38874		

[Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

8.3 Discharge to usual place of residence

*Q4 Actual not available at time of publication

		2023-24 Q1 Actual	2023-24 Q2 Actual	2023-24 Q3 Actual	2023-24 Q4 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 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.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	Quarter (%)	94.0%	95.2%	94.6%	94.3%	Plan is based on 23_24 admissions plus *2.6% growth. Moderate increase applied to percentages.	There is an acknowledgement that higher levels of acuity continue to result in discharges that are not consistent with usual places of residence – patients who would normally be discharged home are often requiring additional onward/packages of care preventing them from being discharged to their usual place of residence in some cases. Our ambition is to ensure that all patients are discharged to their usual place of residence without the need for additional or onward care which prevents this. Improving Performance and meeting ambitions through the year: There are a number of BCF schemes that aim to support patients to remain in the normal place of residence including Changing Lives, Hopsice at Home, York Integrated Care Team, Community Response Team (expanding care at home). Running parallel to these schemes are a number of other system initiatives that will also support
	Numerator	3,798	4,004	3,818	3,772		
	Denominator	4,039	4,205	4,036	4,000		
	2024-25 Q1 Plan						
	2024-25 Q2 Plan						
	2024-25 Q3 Plan						
Quarter (%)	94.3%	95.5%	96.0%	95.3%			
Numerator	3,891	4,149	4,338	4,406			
Denominator	4,126	4,343	4,520	4,623			

8.4 Residential Admissions

		2022-23 Actual	2023-24 Plan	2023-24 estimated	2024-25 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 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.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
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	479.5	440.6	501.8	468.6	The figure was derived using the budgets for 2023-24 and 2024-25. The budget for 2024-25 for OP residential and nursing care is lower than in 2023-24, so the number of new admissions we expect during 2024-25 has been lowered accordingly.	We will continue to use "Home First" support to ensure that people have the most opportunity to be provided with domiciliary care services rather than residential / nursing care provision. We have a number of BCF schemes which support this approach including the
	Numerator	187	180	205	194		

nursing care homes, per 100,000 population

Denominator	39,000	40,850	40,850	41,402	York Integrated Care Team who provide anticipatory care, have a current caseload of frail patients who they actively work with to keep
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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>

Please note, actuals for Cumberland and Westmorland and Furness are using the Cumbria combined figure for the Residential Admissions metrics since a split was not available; Please use comments box to advise.