Appendix 1 - Metric target setting

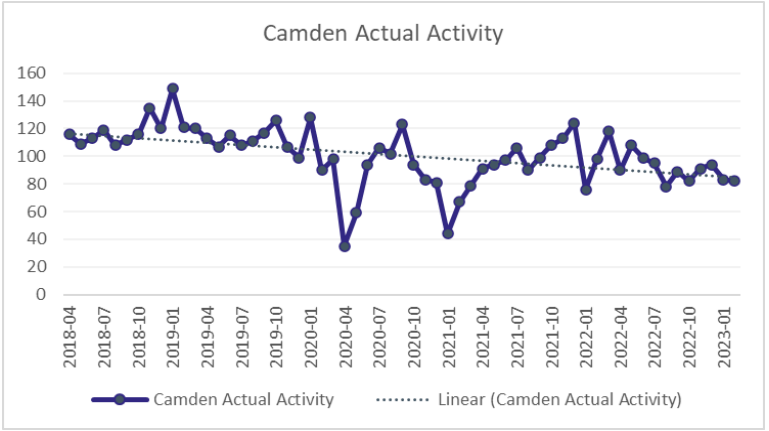
Better Care Fund 23-25

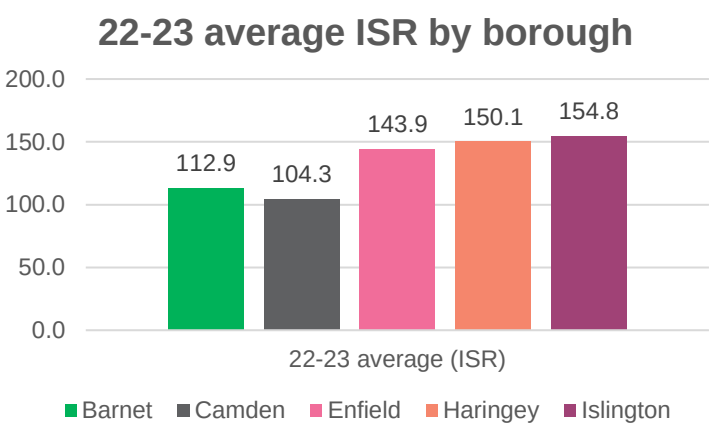
This pack sets out current Camden performance against the five BCF metrics and proposed targets for the 23-25 BCF Plan.

Metric 1 – Reducing Avoidable Admissions (per 100,000)

This metric measures the rate of emergency admissions to hospital for people with conditions that should be managed in the community, e.g., diabetes, angina, dementia.
ISR = Indirectly Standardised Rate. This is a weighted rate per 100,000 based on the age breakdown of the population, as used in the BCF publication. Pop estimate used for 2022/23.

22-23	Target	Actual (ISR)
Q1	138	**102.3**
Q2	134	**91.9**
Q3	136	**110.2**
Q4	133	**112.9**





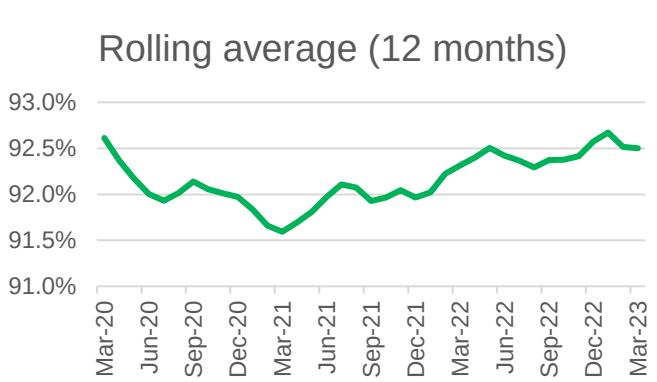
	Proposed Targets	
	2023-24	**2024-25**
Q1	112	100
Q2	112	100
Q3	112	100
Q4	112	100

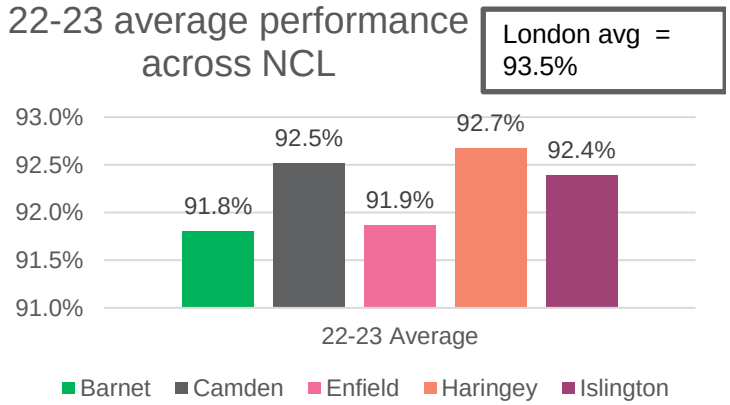
While performance data is very positive, there has been a historic coding issue in some hospitals leading to some under reporting. 23-24 targets are set to maintain average Q3/4 performance and then improve by 10% in 24-25

Metric 2 – Discharge to usual place of residence

This metric measures the percentage of people discharged from hospital to their usual place of residence, which is normally their own home, but could be a care home.

22-23	Target	Actual
Q1	93.3%	92.8%
Q2	92.0%	92.2%
Q3	92.7%	93.0%
Q4	92.4%	92.0%



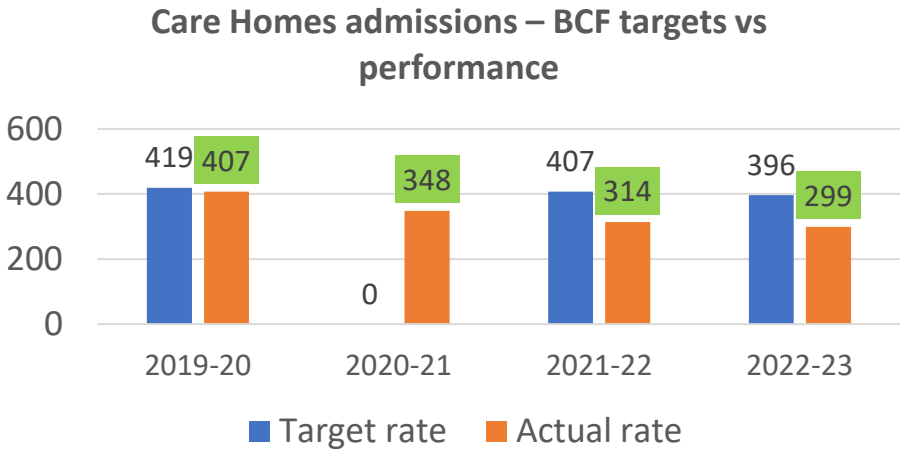


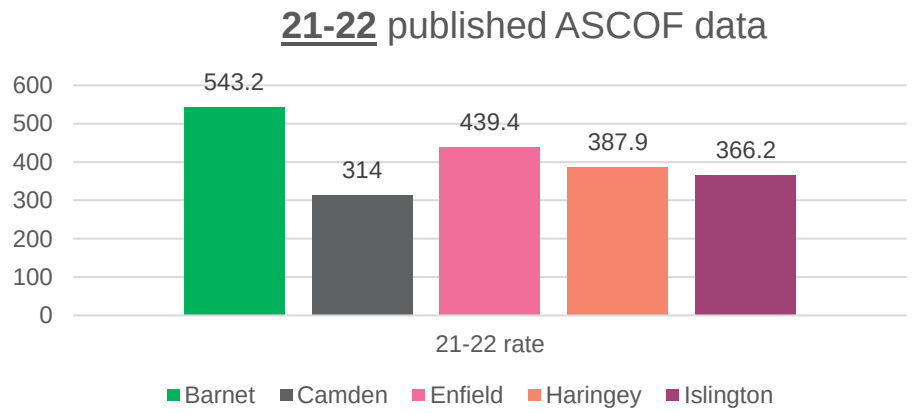
	Proposed Targets	
	2023-24	2024-25
Q1	93.0%	93.9%
Q2	93.3%	94.2%
Q3	93.6%	94.5%
Q4	93.6%	94.5%

Targets based on ambition to progress towards 95% by 25-26, with consistent quarter by quarter improvement to reach this ambition, apart from q4 when flatline built in to manage winter pressures.

Metric 3 – Care home admissions (SALT)

Rate = annual rate (per 100,000 65+ population) of **Council supported** older people whose long-term support needs are best met by admission to residential and nursing care homes.



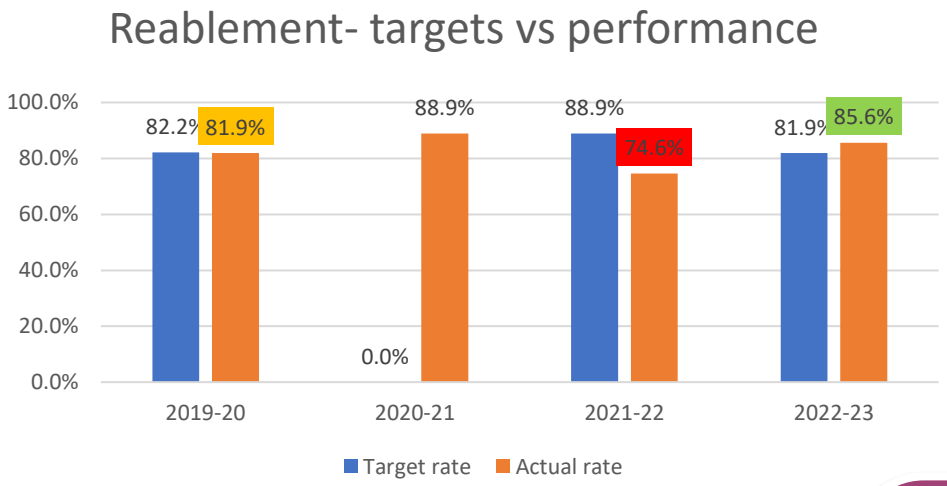


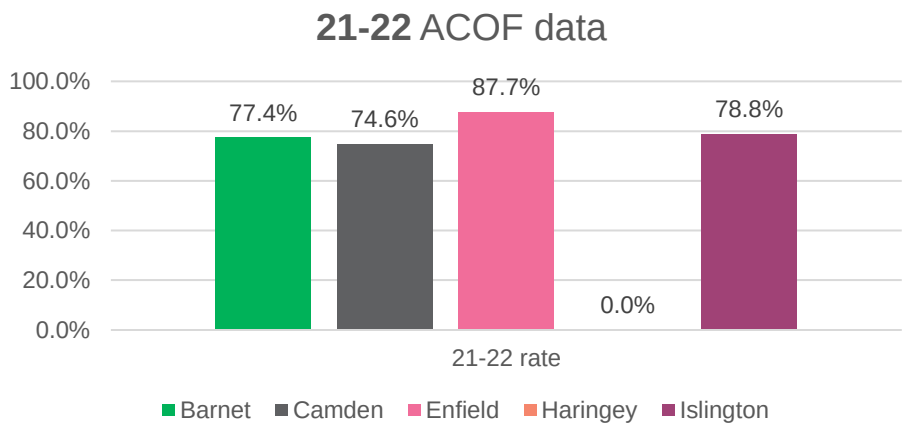
Proposed Targets	
2023-24	**2024-25**
299	299

While performance has been improving over the last 4 years, it is unlikely that this trend will be maintained with demographic pressures and increased levels of acuity. Target has been set to maintain 22-23 performance.

Metric 4 – Reablement

Rate = proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services.





Proposed Targets	
2023-24	**2024-25**
85.6%	85.6%

The target has been set to maintain the strong performance rate for 22-23, 85.6%. With increasing levels of frailty, exceeding this performance will be challenging.

Metric 5 – Falls – NEW METRIC 23-24

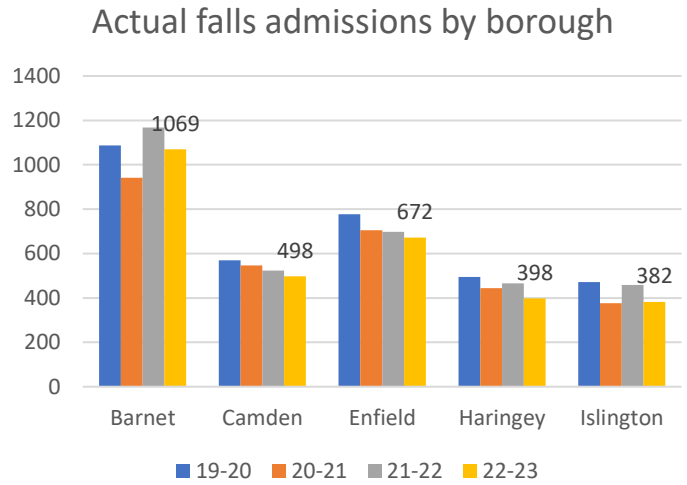
Reducing the number of emergency hospital admissions due to falls in people over 65 (rate per 100,000 population)
Data reported in Public Health Outcomes Framework (PHOF) indicator C29

National PHOF data

Area Name	2021-22 Rate
London	2187
Islington	2620
Camden	2484
Barnet	2218
Haringey	1857
Enfield	1595

BCF data

	Rates		
	20/21	21/22	22/23
Barnet	1,503	1,854	1,586
Camden	1,624	1,505	1,817
Enfield	1,509	1,509	1,280
Haringey	1,672	1,732	1,328
Islington	1,786	2,167	1,779



	Proposed Targets
	2023-24
Rate	1,893
Count	473

Target setting has been complicated due to the lag in published data and differences in data published in the Public Health Outcomes Framework and the Better Care exchange. Data on the exchange shows improving performance when looking at actual admissions, but worsening performance when looking at rates, due to reducing population size. The 23-24 ambition is to continue the good progress in actual falls admissions. 24-25 target will be set once data issues have been resolved.