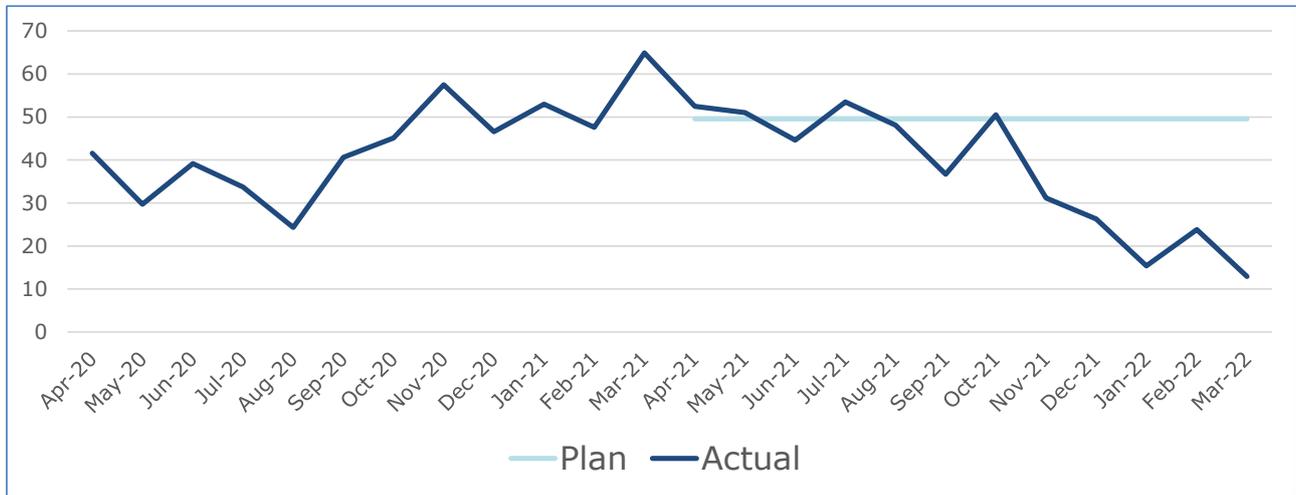


## HWB Better Care Monitoring Q4 2021/22: Appendix 1

### Permanent Admissions to Nursing and Residential Homes

**Figure 1 Residential Admissions (per month) - 24 months to March 2022**



2021/22 Plan: Lower than 49.6 per month (average of annual target of 595.)

March 2022 total: 12.9 (See note about data collection below.)

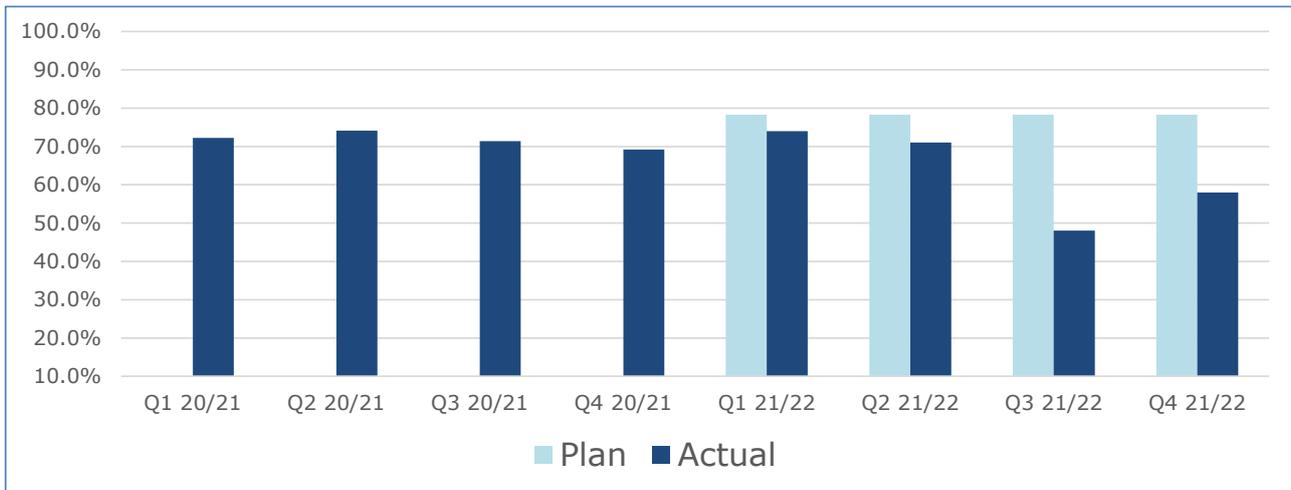
March 2021 comparison: 64.9.

Performance remains impacted by the after-effects of the pandemic; therefore, the data is not representative of normal patterns of admission. We have seen a significant increase in demand in all areas of adult social care, due to pent up demand. Adult social care is working towards reducing new admissions while increasing non-residential options. This is proving effective; however, the average cost of placements is increasing, due to market pressures and complexity of customer need.

Please note that data for this metric is collected over an extended period. Hence, the most recent months will always show low figures pending full data collection.

## % Of Older People at Home 91 Days after Discharge into Reablement/Rehabilitation Services

**Figure 2 Reablement (% 65+ at home 91+ days post-discharge) - 24 months to Q4 2021/22**



2021/22 Plan: Higher than 78.3 percent per month (annual target of 78.3 percent.)

Q4 2021/22 total: 58.0 percent.

Q4 2020/21 comparison: 64.9 percent.

In terms of the 91-day measure, data quality issues are being worked through hence this quarter's figure should be treated with caution. ADASS feel that the 91-day measure is not fit for purpose and are looking to remove this measure and refresh ASCOF.

West Sussex has several reablement offers that contribute to supporting independence, these include both home-based reablement and bed-based provision. A local based measure looking at these outcomes would be more reflective of the local picture.

## Unplanned Hospitalisation for Chronic Ambulatory Care Sensitive Conditions

**Figure 3 Unplanned Hospitalisation for Chronic Ambulatory Case Sensitive Conditions rate per 100,000 - 2010/11 to 2019/20**

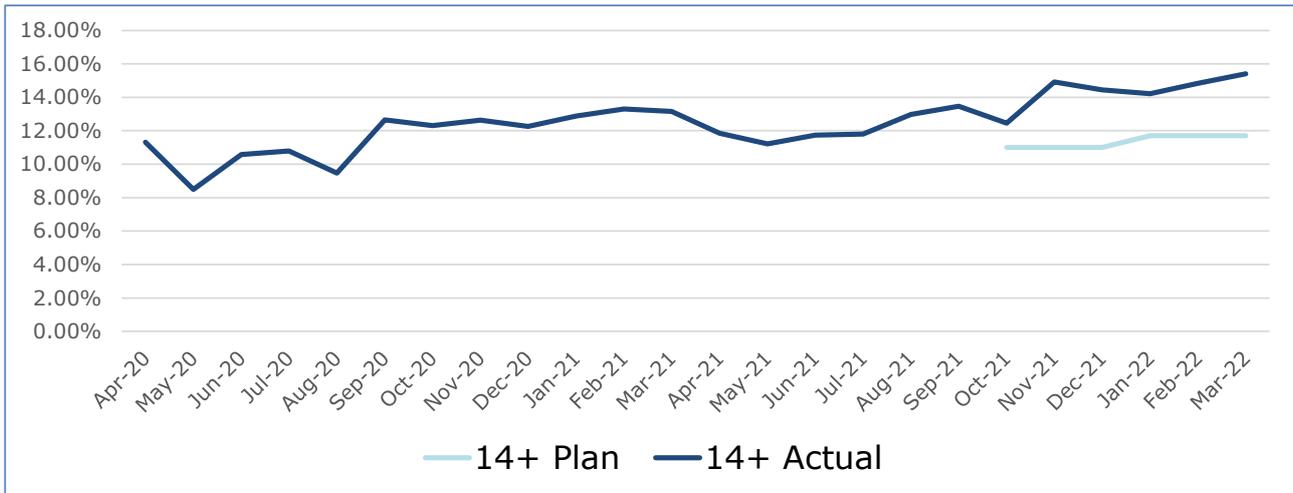


Updated data unavailable.

This metric is a measure of emergency admissions with a primary diagnosis of an ambulatory care sensitive condition such as: acute bronchitis, angina, ischaemic heart disease, heart failure, dementia, emphysema, epilepsy, hypertension, diabetes, COPD, pulmonary oedema. Data is released in November for the preceding financial year. The planned figure is set at the pre-pandemic performance level.

## Length of Stay 14+ Days

**Figure 4 Length of Stay 14+ Days - 24 months to March 2022**



2021/22 Plan Q4: Lower than 11.7 percent.

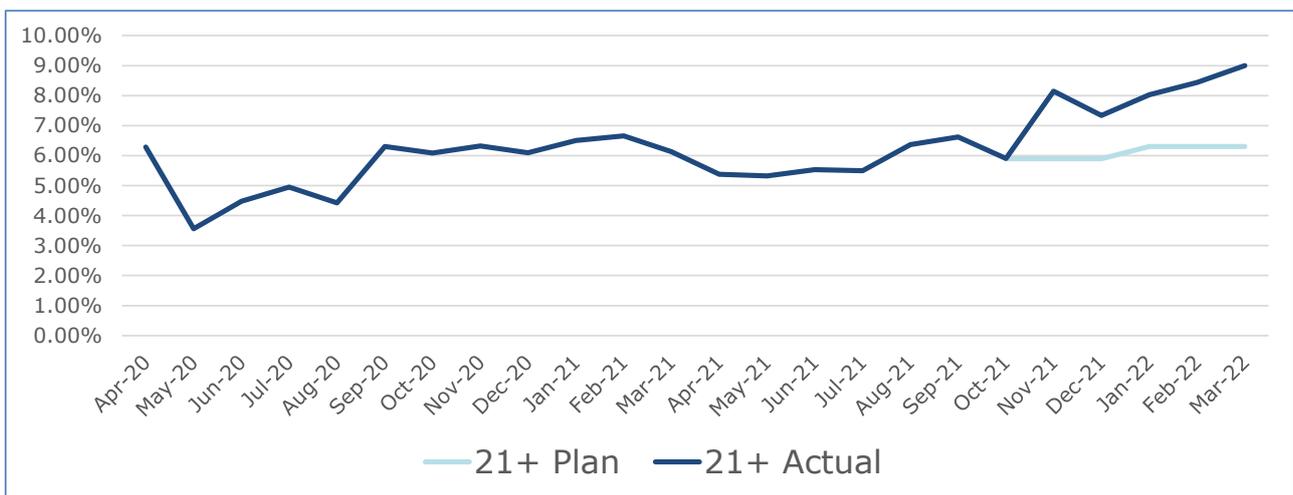
March 2022 total: 15.4 percent.

March 2021 comparison: 13.2 percent.

Please note the data used by the national BCF team to create and report on this metric is not directly compatible with trust-level operational data and the two datasets should not be mixed.

## Length of Stay 21+ Days

**Figure 5 Length of Stay 21+ Days - 24 months to March 2022**



2021/22 Plan Q4: Lower than 6.3 percent.

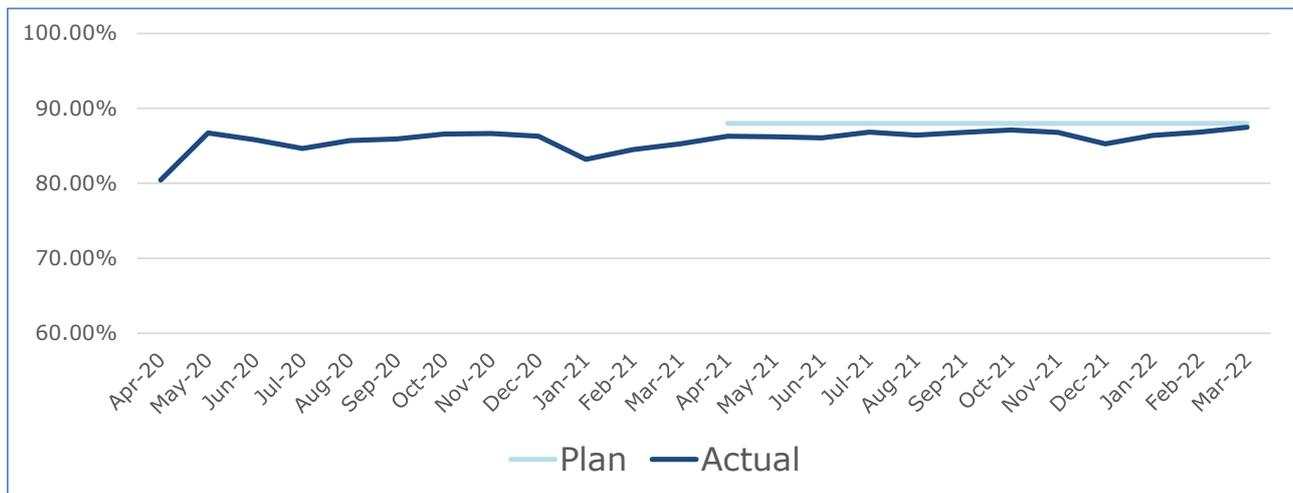
March 2022 total: 9.0 percent.

March 2021 comparison: 6.1 percent.

Please note the data used by the national BCF team to create and report on this metric is not directly compatible with trust-level operational data and the two datasets should not be mixed.

## Discharge to Usual Place of Residence

**Figure 6 Discharge to Usual Place of Residence - 24 months to March 2022**



2021/22 Plan: Higher than 88.0 percent.

March 2022 total: 87.5 percent.

March 2021 comparison: 85.3 percent.

This measure for discharge to usual place of residence has been constructed by the national BCF team around the 95% expectation in the discharge policy for Pathways 0 and 1. However it should be noted that the policy was not intended as setting a hard target for these pathways.

In West Sussex, this figure tends to be lower than some areas due to the relatively large older population, and the capacity of Pathway 2 offering which provides an alternative to discharge to usual place of residence where appropriate.

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