REPORT TO: **PERFORMANCE AND AUDIT COMMITTEE – 25 MARCH 2019**

REPORT ON: **DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP SUMMARY PERFORMANCE REPORT – 2018/19 QUARTER 3**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC14-2019**

1.0   PURPOSE OF REPORT

The purpose of this report is to update the Performance and Audit Committee on 2018/19 Quarter 3 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' interim targets.

2.0   RECOMMENDATIONS

It is recommended that the Performance and Audit Committee (PAC):

2.1   Note the content of this report.

2.2   Note the performance of Dundee Health and Social Care Partnership, at both Dundee and locality levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 (tables 1, 3 and 4) and section 6.

2.3   Notes the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' interim targets as summarised in Appendix 1 (table 2).

3.0   FINANCIAL IMPLICATIONS

None.

4.0   BACKGROUND

4.1   In February 2019 the Performance and Audit Committee approved a revised approach to quarterly performance reporting; with summary reports being provided in Quarters 1 and 3 of each financial year and full reports in Quarters 2 and 4 (Article V of the minute of the meeting of the Dundee PAC held on 12 February 2019 refers). This is the first summary quarterly performance report being submitted under these revised arangements.

4.2   The Quarter 3 Performance Report covers local performance against National Health and Wellbeing Indicators 1-23. Appendix 1 provides a summary of performance. Data is provided both at Dundee and Local Community Planning Partnership (LCPP) level (where available). Data is currently not available for 8 out of the 13 National Indicators which are not reported using The Health and Social Care Experience Survey (see table 1). The Scottish Government and National Services Scotland, Information Services Division (NSS ISD) are working on the development of definitions and datasets to calculate these indicators nationally.

4.3   The National Health and Wellbeing Indicators 1-9 are reported from The Health and Social Care Experience Survey administered by the Scottish Government which is conducted biennially. A summary of the published results from the 2017/18 survey is provided in Appendix 1 (table 1). Full details have been provided previously in 2018/19 Quarter 1 Performance Report (Article IV of the minute of the meeting of the Performance and Audit Committee held on 25 September 2018 refers).

4.4   Appendix 1 also summarises performance against targets set in the Measuring Performance Under Integration (MPUI) submission (Article IX of the minute of meeting of the Dundee IJB held on 13 February 2018 refers) for four out of six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency and delayed discharges. Please note that we are currently unable to provide analysis for balance of care and end of life.

5.0   DATA SOURCES USED FOR MEASURING PERFORMANCE

5.1   National data is provided to all partnerships, by NSS ISD, to assist with monitoring against targets set under Measuring Performance under Integration arrangements. This data shows rolling monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously NSS ISD were only able to provide data for all ages, however following feedback from Dundee and other Partnerships they have now provided data for people age 18+. (Please refer to Table 2.)

5.2   It was agreed at the PAC held on 19 July 2017 (Article VIII of the minute of the meeting refers) that local data, provided by the NHS Tayside Business Unit will be used to produce more timeous quarterly performance reports against the National Health and Wellbeing Indicators. NHS Tayside Business Unit have provided Locality based data for emergency admissions, emergency bed days, readmissions, delayed discharges and falls. (Please refer to Tables 3 and 4.)

5.3   Data provided by NHS Tayside differs from data provided by NSS ISD; the main differences being that NHS Tayside uses 'board of treatment' and NSS uses 'board of residence' and NHS Tayside uses an admissions based dataset whereas NSS uses a discharge based dataset (NHS Tayside records are more complete but less accurate as NSS data goes through a validation process). The data provided by NHS Tayside Business Unit is provisional and figures should be treated with caution as the methodology used to calculate emergency bed days does not use the record linkage methodology incorporated at NSS. Please note, however, the local trends do match the national trends for emergency bed days analysis.

6.0   QUARTER 3 PERFORMANCE 2018/19

6.1   Rolling data from December 2017 to November 2018 demonstrates that performance exceeded 'Measuring Performance Under Integration' targets for emergency admissions, emergency bed days, accident and emergency attendances and delayed discharges. The target for emergency admissions as a rate per 1,000 of all accident and emergency attendances was not met. However, 2018/19 Q1 and Q2 both showed an improved position with a slight deterioration again in Q3. (As soon as data for December 2018 is available this report will be updated). Please refer to Table 2 in Appendix 1.

6.2   Tables 3 and 4 in Appendix 1 summarise performance against the National Health and Wellbeing Indicators at both Dundee and LCPP level using rolling data from January 2018 to December 2018. Between the baseline year (2015/16) and 2018/19 Quarter 3 there has been improved performance in:
*   Rate of bed days lost to delayed discharge for people aged 75+ (for both Standard and Complex delays); and,
*   Emergency bed day rate for people aged 18+.

In the same period these has been a deterioration in performance in:

- Emergency admission rate for people aged 18+;
- Readmissions rate for people of al ages; and,
- The rate of hospital admissions as a result of a fall for people aged 65+.

This is the same pattern of performance as reported in 2018/19 Quarter 2 (Article V of the minute of the meeting of the Dundee PAC held on 12 February 2019 refers) and there are therefore no exceptions to report to PAC.

7.0   POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

8.0   RISK ASSESSMENT

Risk 1 Description	The risk of not meeting targets against national indicators could affect; outcomes for individuals and their carers and spend associated with poor performance.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions (including timescales and resources)	- Continue to develop a reporting framework which identifies performance against national and local indicators. - Continue to report data quarterly to the PAC to highlight areas of poor performance. - Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as around readmissions to hospital and falls related hospital admissions. - Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
Approval Recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

9.0   CONSULTATIONS

The Chief Officer and the Clerk were consulted in the preparation of this report.

10.0   BACKGROUND PAPERS

None.

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DUNDEE LCPP PERFORMANCE REPORT 2018/19 QUARTER 3 – EXECUTIVE SUMMARY

- The Quarter 3 performance report assesses performance against the National Health and Wellbeing Indicators. 5 of the 23 indicators are health and wellbeing national performance indicators which are monitored quarterly (emergency admissions, emergency bed days, readmissions, falls admissions and delayed discharge bed days lost).

- In order for quarterly data to be compared with financial years rolling quarterly data is presented for each quarter. This means that data for Quarter 3 shows the previous 12 months of data including the current quarter. *Therefore, Quarter 3 data should include data from 1 January 2018 to 31 December 2018. However, as at 04/03/2019 ISD data was not yet available for December 2018 so this report includes data from 1 December 2017 to 30 November 2018 for Table 2 only.*

- Quarter 3 data regarding the 5 national health and wellbeing performance indicators was provided by the NHS Tayside Business Unit – 1 January 2018 to 31 December 2018. Data provided by NHS Tayside differs from data provided by NSS ISD; the main differences being that NHS Tayside uses 'board of treatment' and NSS uses 'board of residence' and NHS Tayside uses an admissions based dataset whereas NSS uses a discharge based dataset (NHS Tayside records are more complete but less accurate as NSS data goes through a validation process). The data provided by NHS Tayside Business Unit is provisional and figures should be treated with caution as the methodology used to calculate emergency bed days does not use the record linkage methodology incorporated at NSS. Please note, however, that local trends do match the national trends for emergency bed days analysis.

- This report should be assessed with regard to the demographic and socio-economic context of Dundee; high rates of deprivation, an ageing population, frailty and age associated conditions being diagnosed earlier in life than in more affluent Partnerships and deprivation associated mental health illnesses and substance misuse problems.

- Between the baseline year 2015/16 and 2018/19 Quarter 3 there was an improvement in the rate of bed days lost to delayed discharges for people aged 75+ (for both Standard and Complex delays) and the emergency bed day rate for people aged 18+ across all LCPPs in Dundee, except for a slight rise in emergency bed day rate in Lochee.

- Emergency bed day rates since 2015/16 have decreased by 9.1% for Dundee, which is an improvement. Every LCPP, except Lochee, showed an improvement in 2018/19 Quarter 3 compared with 2015/16 and the biggest improvements were seen in East End, North East, West End and Coldside, all of which showed a greater than 10% decrease in bed day rates.

- The rate of <u>standard</u> bed days lost to delayed discharges for people aged 75+ has decreased by 66.7% in Dundee since 2015/16, which is an improvement. In 2018/19 Quarter 3 there were decreases across all LCPP areas and the decrease in the rate ranged from 41.7% in Lochee to 87.8% in Coldside.

- The rate of <u>complex</u> bed days lost to delayed discharges for people aged 75+ has decreased by 70% in Dundee since 2015/16, which is an improvement. In 2018/19 Quarter 3 there were decreases across all LCPP areas and the decrease in the rate ranged from 17.2% in the Ferry to 100% in Maryfield.

- Emergency admission rates have increased by 6.0% for Dundee since 2015/16 and there were increases in all LCPP areas with the exception of The Ferry where there was a 1.2% improvement in the rate. The highest increase was in West End (17.6%).

- The rate of readmissions in Dundee has increased by 15.3% since 2015/16. The rate has increased in all 8 LCPPs. The biggest increases were in Coldside (33.3%) and the West End (29.7%) and the smallest increase was in Maryfield (7.3%).

- The rate of hospital admissions as a result of a fall for people aged 65+ in Dundee has increased by 17.3% since 2015/16, which is a deterioration. The rate increased in six LCPPs, showing a decrease in North East (7.9%) and Strathmartine (10.7%). The biggest increases were in The Ferry (37.1%) and West End (35.3%).

Table 1: National Health and Wellbeing Indicators 1 to 9

	National Health & Well Being Indicator	Scotland	Dundee	North Lanark-shire	Glasgow	North Ayrshire	Inver-clyde	Dunbart on - shire	East Ayrshire	Western Isles
1	% of adults able to look after their health very well or quite well	93	93	90	90	91	91	91	92	94
2	% of adults supported at home who agree that they are supported to live as independently as possible	81	84	75	82	80	80	81	80	79
3	% of adults supported at home who agree that they had a say in how their help, care or support was provided	76	78	71	80	70	77	80	74	66
4	% of adults supported at home who agree that their health and care services seemed to be well co-ordinated	74	81	70	76	74	79	79	74	64
5	% of adults receiving any care or support who rate it as excellent or good	80	82	75	79	78	83	81	81	85
6	% of people witth positive experience of the care provided by their GP practice	83	84	76	86	80	83	85	76	88
7	% of adults supported at home who agree that their service and support had an impact on improving or maintaining their quality of life	80	85	76	80	82	77	79	77	71
8	% of carers who feel supported to continue in their caring role	37	38	33	38	39	40	40	36	41
9	% of adults supported at home who agree they felt safe	83	87	80	85	80	84	89		86

Source: Scottish Health & Care Experience Survey 2017/18

Key points of note:

Best performing partnership in family is highlighted in green for each indicator

2017/18 results:

a All indicators show Dundee to be same or higher than Scottish average

b For indicators 2, 4 & 7 Dundee faired batter than all other family members

c Dundee is in top 3 for all indicators except indicators 6 & 8

d Indicator 8 returned a poor result for all family members

Compared to Scottish Health & Care Experience Survey 2015/16:

a All indicators showed a deterioration across Scotland as a whole

b Improvements for Dundee in indicators 4 & 9

c No change in indicator 1 for Dundee

d Deterioration for Dundee in indicators 2-3 & 5-8. Biggest deterioration (6%) in indicators 6 & 8.

Table 2: *Measuring Performance under Integration Summary*

Integration Indicator (Annual 18+)	Target 18/19	Expected % Difference from 15/16 Baseline	Actual % Difference from 15/16 Baseline		Actual % Difference from 18/19 Target		Direction of Travel from Previous Quarter
			Q2	Q3*	Q2	Q3*	
Emergency Admission Rate per 100,000 Dundee Population	12,710	↑ 9.16	↑ 4.73	↑ 4.68	↓ 3.87	↓ 3.92	↓
Emergency Admission Numbers	15,464	↑ 9.46	↑ 5.22	↑ 5.17	↓ 3.87	↓ 3.92	↓
Emergency Admissions as a Rate per 1,000 of all Accident &Emergency Attendances	281	↑ 1.44	↑ 6.66	↑ 6.91	↑ 4.99	↑ 5.24	↑
Emergency Bed Day Rate for Acute Specialties per 100,000 Dundee Population	88,875	↓11.38	↓ 9.61	↓13.89	↑ 2.00	↓ 2.84	↓
Emergency Bed Days Numbers for Acute Specialties	108,129	↓11.14	↓ 9.18	↓13.49	↑ 2.20	↓ 2.65	↓
Accident & Emergency Attendances	26,562	↑13.33	↑ 3.93	↑ 4.46	↓ 8.30	↓ 7.83	↑
Number of Bed Days Lost to Delayed Discharges per 1,000 Population(All Reasons)	97	↓21.77	↓33.94	↓45.29	↓15.53	↓30.05	↓
Number of Bed Days Lost to Delayed Discharges (All Reasons)	11,856	↓21.22	↓33.63	↓45.04	↓15.75	↓30.23	↓

Source ISD: ISD MSG Indicators

(* 05/03/2019 – Data for Dec 2017-Nov 2018 has been used for Q3 as data for Dec 2018 not yet available. Table 2 will be updated as soon as data becomes available.)

Key: [green box] Improved/Better than previous quarter   [red box] Declined/Worse than previous quarter

Key Points:

a. Based on current performance, Emergency Admissions Rate per 1,000 of all A&E Attendances is the only indicator at this time not on track to meet the 2018/19 trajectory.
b. Published MSG data has been used to measure performance therefore there may be a discrepancy when comparing with the local performance data. Note late submissions of data may result in % differences reported varying from one quarter to another.
c. Be aware – some of the differences show an increase which is positive and some show a decrease which is also positive.

Table 3: *Performance in Dundee's LCPPs - % change in 2018/19 Q3 against baseline year 2015/16*

Most Deprived ← → Least Deprived

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	+6.0	+8.4	+4.4	+7.4	+6.3	+2.6	+6.0	+17.6	-1.2
Emer Bed Days rate per 100,000 18+	-9.1	+6.1	-18.1	-11.8	-16.7	-12.2	-8.9	-14.8	-9.1
Readmissions rate per 1,000 All Ages	+15.3	+20.1	+8.5	+33.3	+7.7	+7.6	+7.3	+29.7	+8.6
Falls rate per 1,000 65+	+17.3	+14.2	+12.6	+20.5	-7.9	-10.7	+26.9	+35.3	+37.1
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-66.7	-41.7	-65.4	-87.8	-55.3	-77.1	-62.6	-84.6	-65.0
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Complex)	-70.0	-45.3	-83.4	-41.2	-89.2	-75.6	-100.0	-88.8	-17.2

Table 4: *Performance in Dundee's LCPPs - LCPP Performance in 2018/19 Q3 compared to the Dundee average*

Most Deprived ← → Least Deprived

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	12,655	14,915	16,514	14,727	12,369	13,435	10,514	9,403	10,893
Emer Bed days rate per 100,000 18+	120,881	171,954	149,371	143,800	93,865	120,238	97,162	83,656	114,819
Readmissions rate per 1,000 All Ages	129	125	134	152	119	125	131	134	107
Falls rate per 1,000 65+	29	30	31	36	19	23	29	37	28
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	175	355	225	73	211	113	223	105	110
Delayed Discharge bed days lost rate per 1,000 75+ (complex)	88	90	84	260	82	102	0	24	34

Source: NHS Tayside data

Key: ▇ Improved/Better   ▇ Stayed the same   ▇ Declined/Worse