



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 12 SEPTEMBER 2017
REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT (QUARTER 1)
REPORT BY: CHIEF FINANCE OFFICER
REPORT NO: PAC23-2017

1.0 PURPOSE OF REPORT

The purpose of the report is to update the Performance and Audit Committee on Quarter 1 (Q1) performance against the National Health and Wellbeing Indicators and Measuring Performance Under Integration interim targets.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the performance of Dundee Health and Social Care Partnership against the Measuring Performance under Integration interim targets as outlined in Appendix 1 and section 5.
- 2.2 Notes the performance of Dundee Health and Social Care Partnership against the National Health and Wellbeing Indicators as outlined in Appendix 2 and section 6 and associated risk assessment as set out in section 7 of this report.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND

- 4.1 The performance report in Appendix 1 assesses performance to date against targets set in the Measuring Performance under Integration submission (see report DIJB10-2017) for six high level service delivery areas for 2017/18 – emergency admissions, emergency bed days, accident and emergency, delayed discharges, balance of care and end of life. For most service delivery areas an interim target for 2016/17 end of year was also identified that would indicate that the Partnership was following the desired trajectory towards the 2017/18 target; the performance report in Appendix 1 sets out performance in 2016/17 against these interim targets.
- 4.2 The performance report in Appendix 2 sets out performance against the National Health and Wellbeing Indicators using local data from NHS Tayside information systems. It was agreed at the PAC held on 19 July 2017 that local data would be used to produce more timeous quarterly performance reports.
- 4.3 It was noted at the PAC held on 19 July 2017 that local data cannot be used to benchmark against other partnerships due to data within local systems being based on NHS Board of treatment whilst national reporting data is based on NHS Board of residence. Testing of local data against national data has confirmed that despite data being based on treatment rather than residence, accuracy remains within an acceptable tolerance and that trends in local data are reliable for service planning and performance improvement purposes.

- 4.4 Narrative explaining current actions and priority areas is included under each of the National Indicators, however this does not fully explain the Q1 position and relates to the 2016/17 position. Narrative within future benchmarking performance reports will directly relate to the quarter being reported.
- 4.5 The performance report in Appendix 2 sets out performance for Dundee and also shows performance in each of the eight Local Community Planning Partnerships (LCPP).
- 4.6 The Q1 Performance Report covers local performance against National Indicators 11-23. Under each of these indicators there is a summary of current and planned improvement actions. Indicators 1-10 are reported from The Health and Social Care Experience Survey administered by the Scottish Government which is conducted biennially and the results from the 2015/16 survey were presented to the IJB in August 2016.
- 4.7 Data is currently not available for eight out of the 13 National Indicators which are not reported using The Health and Social Care Experience Survey. The Scottish Government and NSS ISD are currently working on the development of definitions and datasets to calculate these indicators nationally.

5.0 MEASURING PERFORMANCE UNDER INTEGRATION INTERIM TARGETS

- 5.1 In 2016/17 performance exceeded the interim Measuring Performance Under Integration targets in emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances and emergency bed days. Delayed discharges (standard and code 9) also exceeded the interim target but delayed discharges due to complex reasons (code 9's) did not meet the interim target. The 2017/18 targets regarding the number of days during the last six months of life in the community, hospice palliative care unit and large hospital have not yet been met. There was no interim target set for the balance of care service delivery area. As part of the development of the Partnership delivery plan all targets will be reviewed to take into account performance during 2016/17 and to ensure a focus on continuous improvement.

	2016/17 Interim Target	2016/17 Actual
Emergency Admission Rate per 100,000 Population (All ages)- Annual	11,711	11,438
Emergency Admissions as a Rate per 1,000 of All Accident and Emergency Attendances	238	235
Emergency Bed Day Rate per 100,000 Population (All ages)	80,999	80,282
Accident and Emergency Attendances	30,162	29,952
Bed Days Lost to Delayed Discharges (All Reasons) for Dundee 75+	15,257	14,627
Projected Bed Days Lost to Delayed Discharges Code 9s for Dundee	5,832	6,032
Number of days spent in last 6 months of life in the community	257,398	254,555
Number of days spent in a hospice / palliative care unit	4,044	4,032
Number of days spent in a large hospital	29,690	34,838

6.0 QUARTER 1 PERFORMANCE 2017/18

- 6.1 Between the baseline year 2015/16 and 2017/18 Q1 there was an improvement in the rate of bed days lost to delayed discharges for people aged 75+ and also the emergency bed day rate for people aged 18+.
- 6.2 Emergency bed day rates since 2015/16 have decreased by 5.9% for Dundee. Every LCPP showed an improvement in Q1 compared with 2015/16 and the biggest improvements were seen in East End, Maryfield and North East all of which showed a greater than 8% decrease in bed day rates.
- 6.3 The rate of bed days lost to delayed discharges for people aged 75+ has fallen by 26.6% in Dundee since 2015/16. Strathmartine, North East and Coldside have seen the biggest improvements of greater than 40%.
- 6.4 Emergency admission rates have increased by 3.6% for Dundee since 2015/16 and only one LCPP (East End) saw a decrease over this period (2.9%). There were increases in emergency admission rates in Lochee (10.7%), North East (8.0%), West End (6.1%), Strathmartine (3.7%), Coldside (2.5%), Maryfield (1.2%) and The Ferry (0.4%). The East End continues to have the highest emergency admission rate in Dundee.
- 6.5 The rate of readmissions has increased by 1.4% since 2015/16 and the greatest increase was in Lochee where there was a 15.8% increase. The rate increased in four LCPPs (Lochee, Coldside, Strathmartine and West End) and decreased in four LCPPs (East End, North East, Maryfield and The Ferry) The biggest decrease was in Maryfield (9.2% decrease). Report PAC27-2017 provides an update regarding further analysis of readmissions data.
- 6.6 The rate of hospital admissions as a result of a fall for people aged 65+ has increased by 2.8% since the 2015/16 baseline year. The biggest increase was in North East (18% increase). The rate increased in four LCPPs (East End, North East, Maryfield, West End) and decreased in four LCPPs (Lochee, Coldside, Strathmartine and The Ferry). The biggest decrease was in Coldside (7.7% decrease). Report PAC26-2017 provides a detailed analysis of falls data.

7.0 RISK ASSESSMENT

Risk 1 Description	The risk of not meeting targets against national indicators could affect; outcomes for individuals and their carers, spend associated with poor performance and the reputation if the Partnership's performance is not good.
Risk Category	Financial, Governance, Political
Inherent Risk Level	15 – Extreme Risk
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - 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	9 – High Risk
Planned Risk Level	6 – Moderate Risk
Approval	Given the moderate level of planned risk, this risk is deemed to be

recommendation	manageable.
-----------------------	-------------

8.0 POLICY IMPLICATIONS

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

9.0 CONSULTATIONS

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

10.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 16 August 2017

Measuring Performance under Integration Update 2016/17

Executive Summary

- Targets were set in the Measuring Performance under Integration submission against 6 high level service delivery areas – emergency admissions, emergency bed days, accident and emergency, delayed discharges, balance of care and end of life. For most service delivery areas an interim target for 2016/17 end of year was also identified.
- In 2016/17 performance against these interim targets was exceeded in emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances and emergency bed days.
- Delayed discharges (standard and code 9) also exceeded the interim target but delayed discharges due to complex reasons (code 9's) did not meet the interim target.
- The 2017/18 targets regarding the number of days during last 6 months of life in the community, hospice palliative care unit and large hospital have not yet been met.

Emergency Admissions (All Ages)

Chart 1: Emergency Admission Rate per 100,000 Population (All ages)- Annual

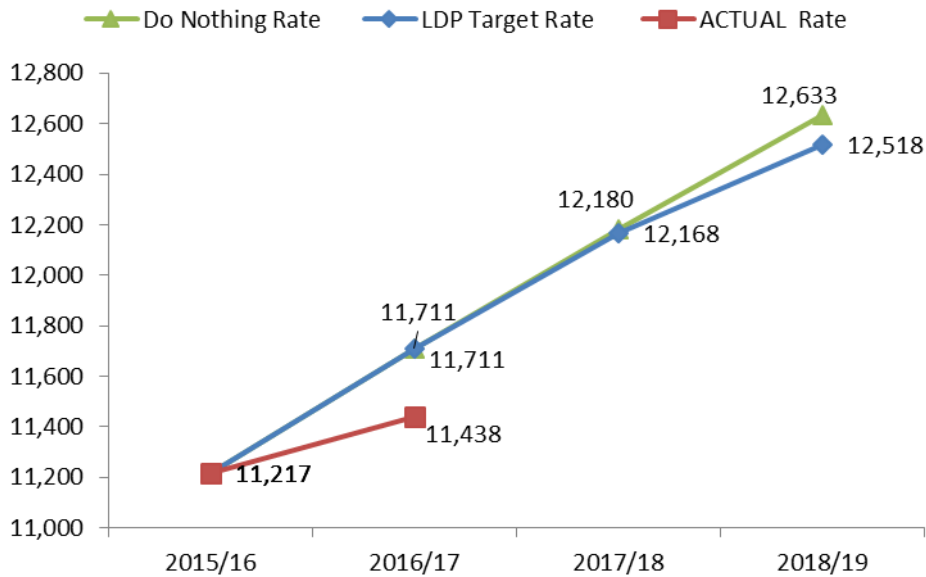
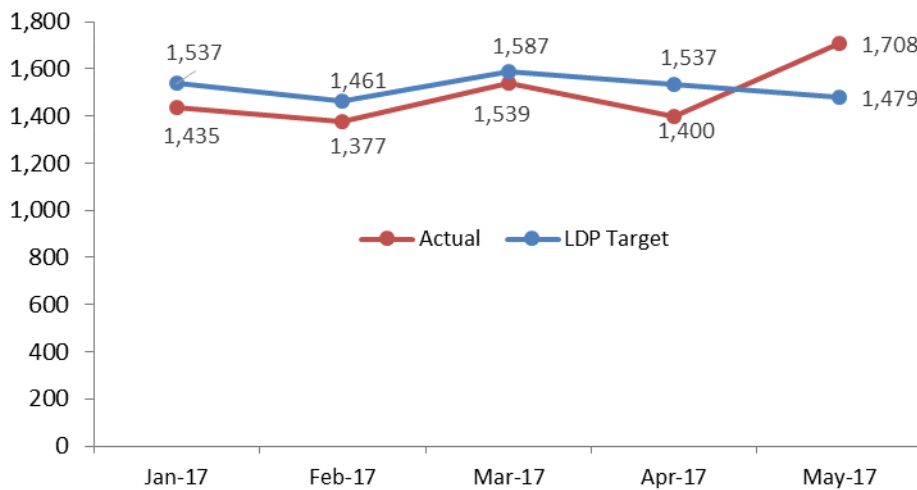


Chart 2: Emergency Admission Numbers (All Ages) - Monthly



- Expected increase by 4.97% from 16,781 in 2015/16 to 17,614 in 2016/17
- The actual increase was 3.12% (17,304 emergency admissions per 100,000 population)
- LDP target was exceeded in 2016/17 and continued to be exceeded in April 2017. The emergency admission target was not met in May 2017.

Chart 3: Emergency Admissions as a Rate per 1,000 of All Accident and Emergency Attendances - Annual

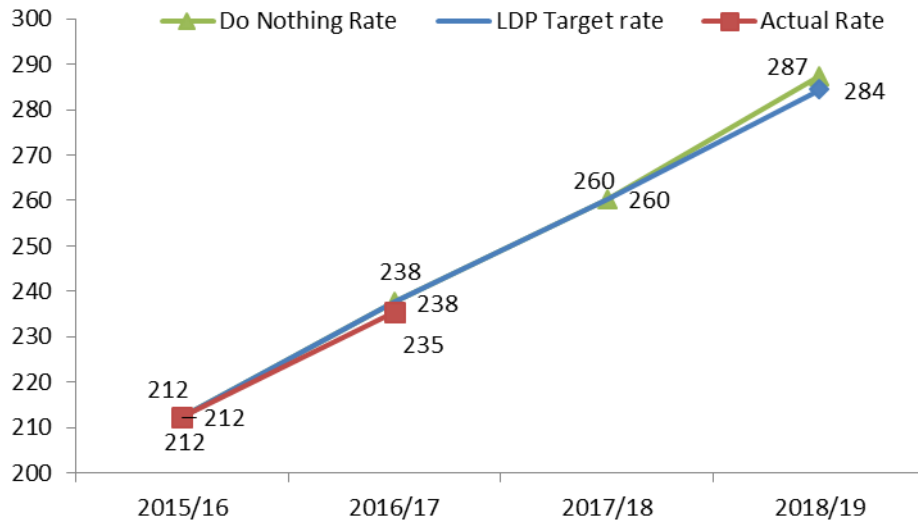
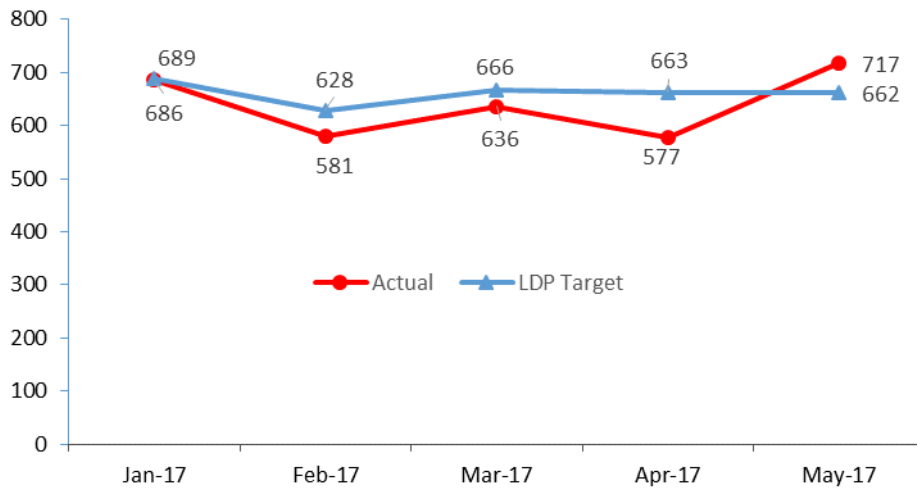


Chart 4: Number of emergency admissions from Accident and Emergency – Monthly



- Expected increase in the number of emergency admissions from A+E by 8.04% from 7,126 in 2015/16 to 7,699 in 2016/17.
- The actual increase was 7.03% (7,627 emergency admissions from A+E)
- LDP target was exceeded in 2016/17 and continued to be exceeded in April 2017. The target was not met in May 2017.

Emergency Bed Days (All Ages)

Chart 5: Emergency Bed Day Rate per 100,000 Population (All ages) - Annual

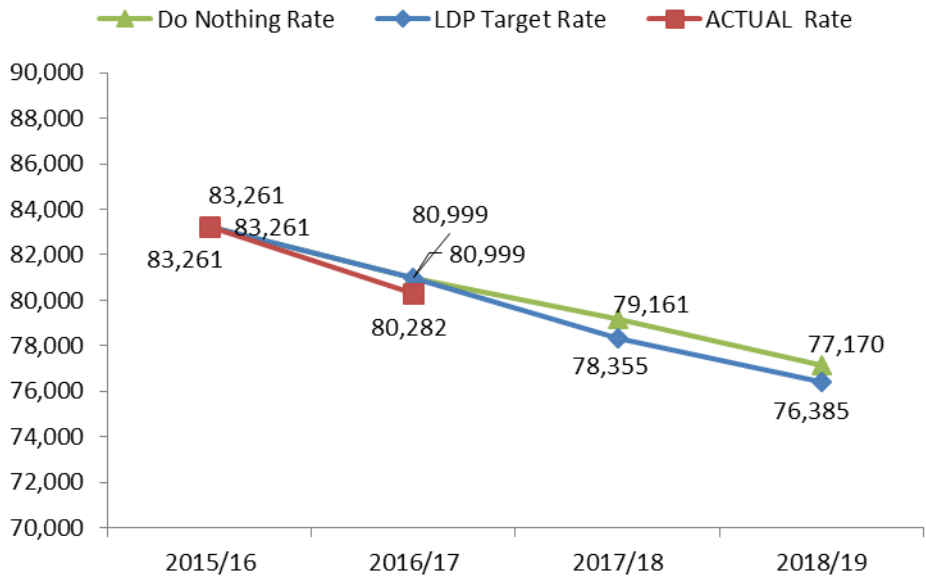
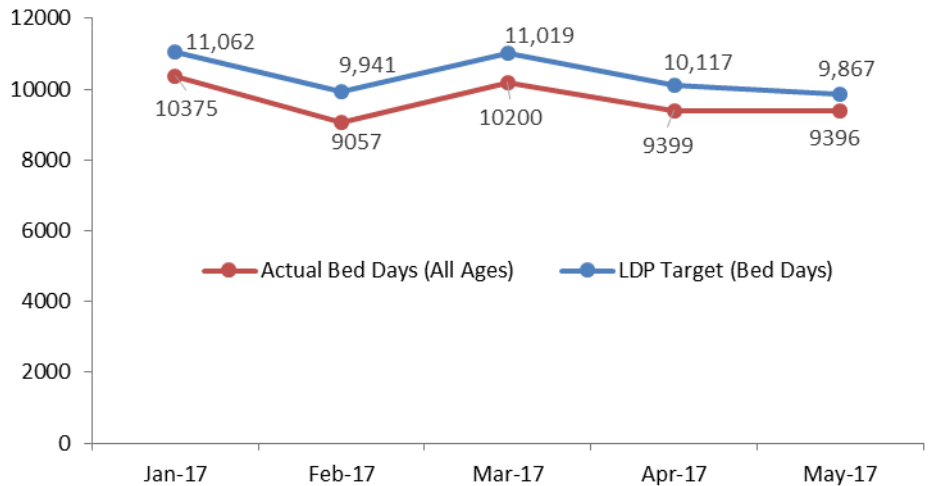


Chart 6: Emergency Bed Days (All Ages) – Monthly



- Expected decrease by 2.19% from 124,563 in 2015/16 to 121,830 in 2016/17
- The actual decrease was 3.06% (120,751 emergency bed days per 100,000 population)
- Further iterations will include an analysis of Mental Health and Geriatric Long Stay bed days and targets will be agreed for these.

Accident and Emergency (All Ages)

Chart 7: Accident and Emergency Attendances - Annual

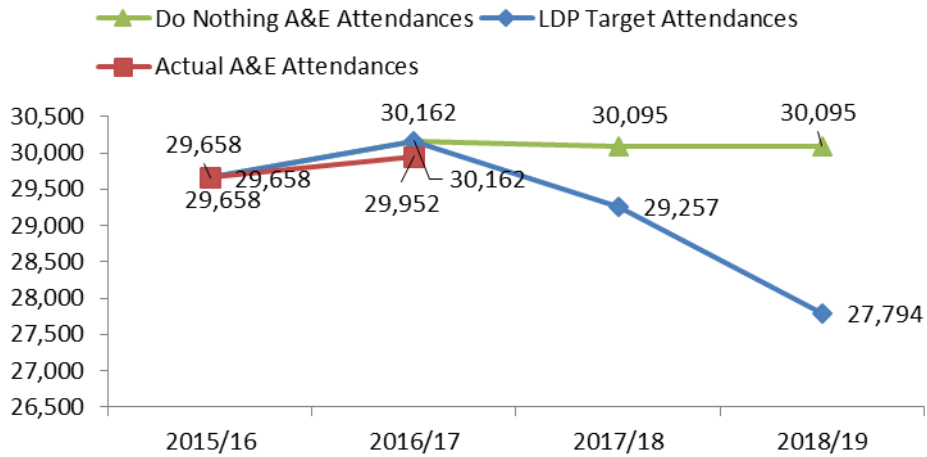
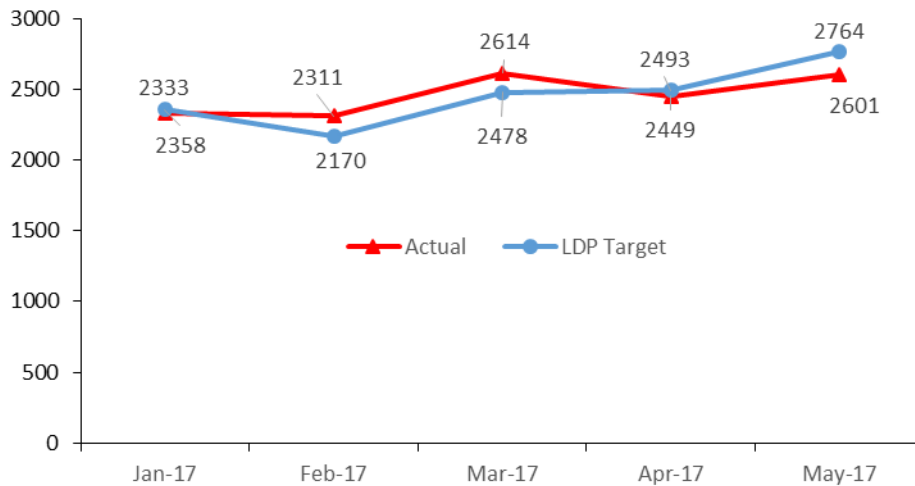


Chart 8: Accident and Emergency Attendances - Monthly



- Expected increase by 1.69% from 29,658 in 2015/16 to 30,162 in 2016/17
- The actual increase was 1.00% (29,952 accident and emergency attendances)

Delayed Discharges Bed Days Lost (All Reasons) 75+

Chart 9: Bed Days Lost to Delayed Discharges (All Reasons) for Dundee 75+ - Annual

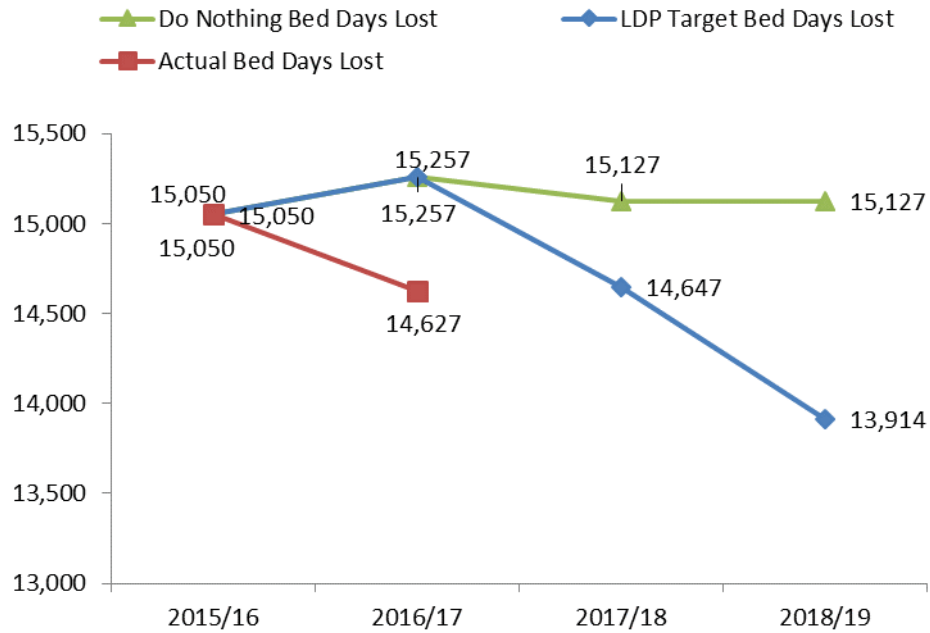
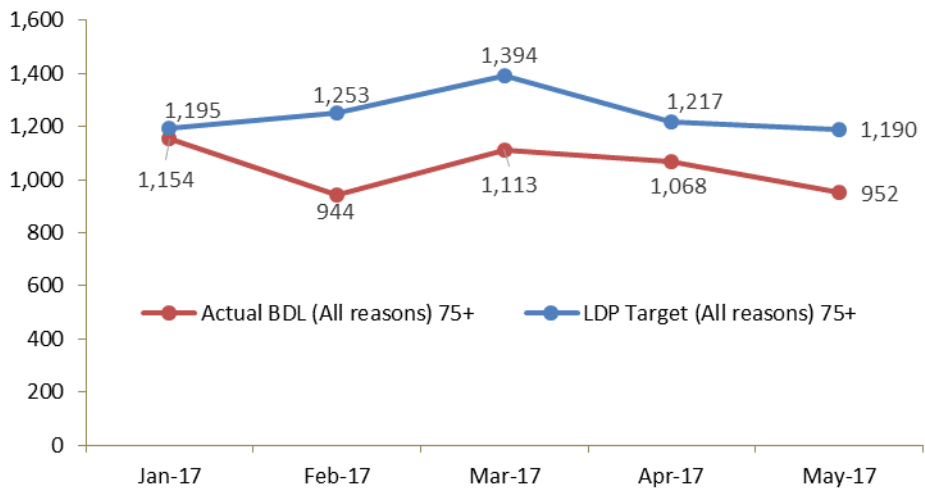


Chart 10: Bed Days Lost Delayed Discharge (All reasons) 75+ - Monthly



- Expected increase by 1.38% from 15,050 in 2015/16 to 15,257 in 2016/17
- There was actually a decrease by 2.81% (14,627 bed days lost in 2016/17)
- Target exceeded each month between January 2017 and May 2017.

Delayed Discharges Bed Days Lost (Code 9s) 75+

Chart 11: Projected Bed Days Lost to Delayed Discharges Code 9s for Dundee

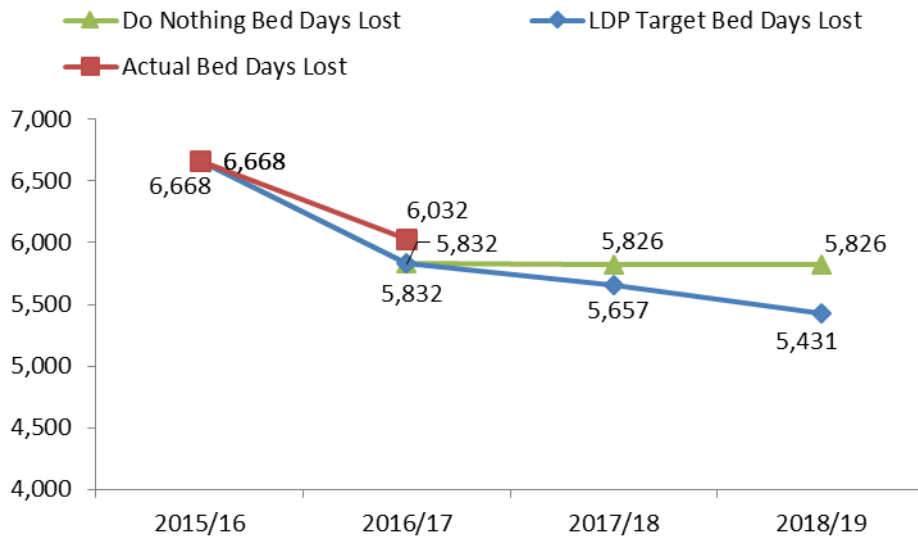
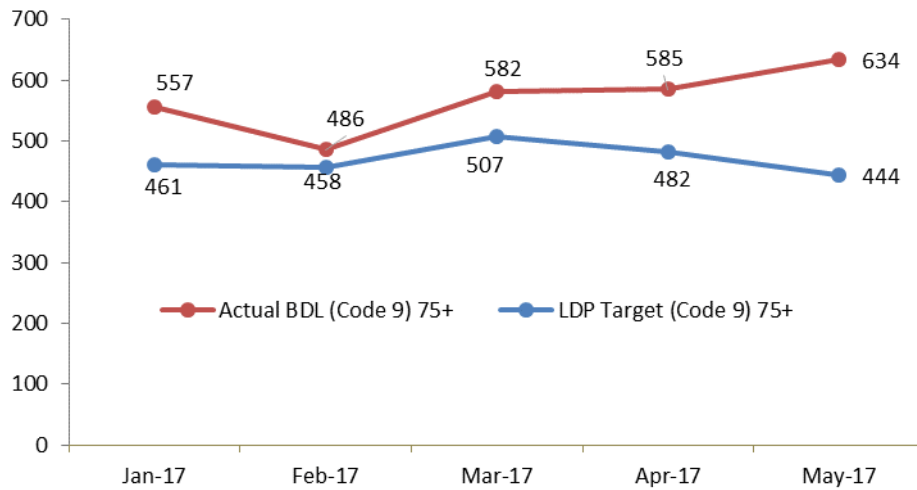


Chart 12: Bed Days Lost (Code 9) 75+



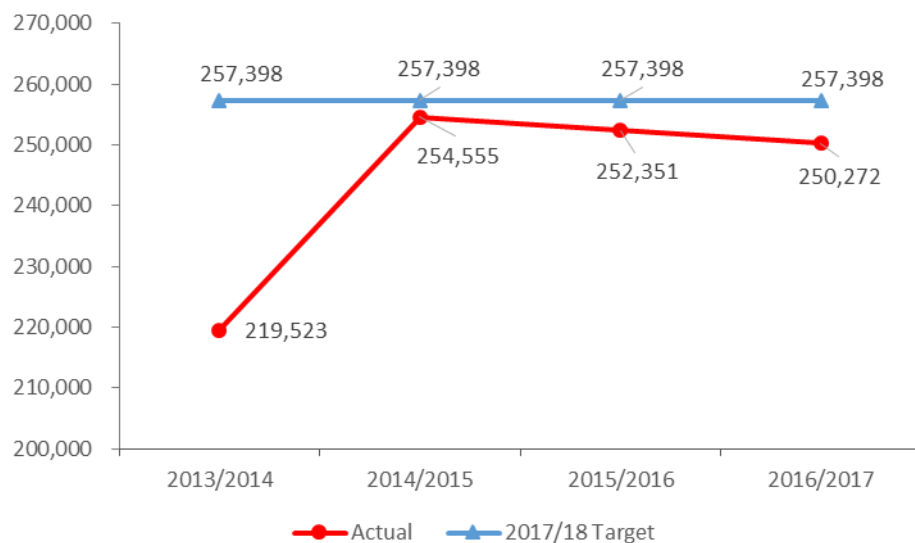
- Expected decrease by 12.54% from 6,668 in 2015/16 to 5,832 in 2016/17
- There was actually a decrease of 9.5% (6,032 bed days lost in 2016/17)
- Target not met in 2016/17, nor was met in any month between January 2017 and May 2017.

End of Life

The target for the end of life indicators is for 2017/18, a 2016/17 target was not developed due to producing the targets towards the end 2016/17.

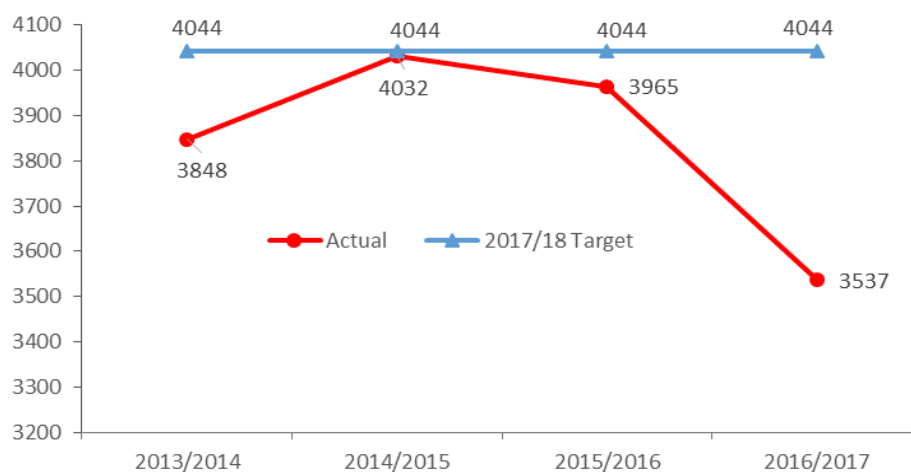
In charts 13 – 15 2016/17 data has been presented alongside the 2017/18 target to illustrate direction of travel.

Chart 13: Number of days spent in last 6 months of life in the community (increase)



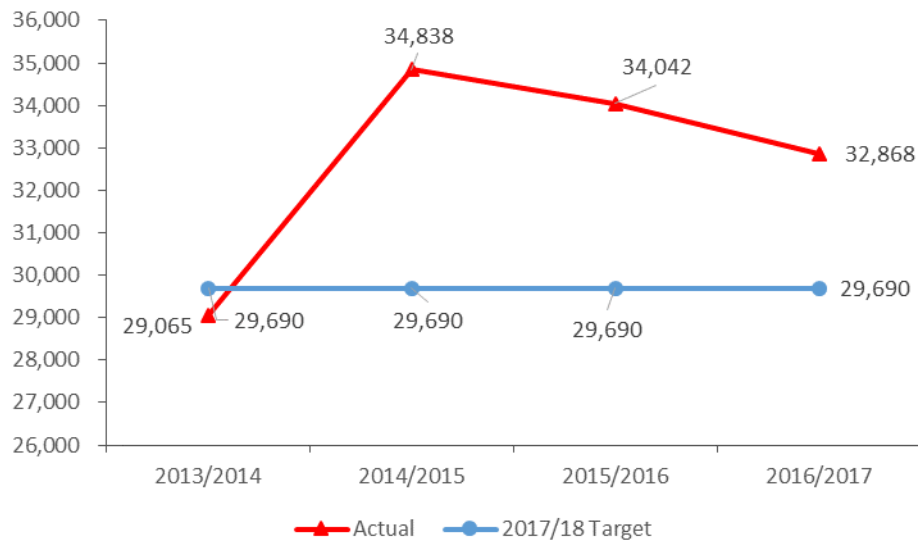
- Target not yet met and the number of days spent in the community during the last 6 months of life has reduced since 2014/15.

Chart 14: Number of days spent in a hospice / palliative care unit (increase)



- Target not yet met and the number of days spent in a hospice / palliative care unit during the last 6 months of life has reduced since 2014/15.

Chart 15: Number of days spent in a large hospital (decrease)



- Target not yet met, although the number of days spent in a large hospital during the last 6 months of life has reduced since 2014/15.

Balance of Care

National data is not yet available for 2017/18. This indicator will be reported on in the Quarter 1 benchmarking report.

Dundee LCPP Performance Report 2017/18 Q1 – Local Data

Executive Summary

- This is the first quarterly report containing local data from NHS patient information systems. National data for Q1 2017/18 which is benchmarked against other Partnerships will be presented alongside Q2 2017/18 local data in the next performance report.
- Between the baseline year 2015/16 and 2017/18 Q1 there was an improvement in the rate of bed days lost to delayed discharges for people aged 75+ and also the emergency bed day rate for people aged 18+.
- Emergency bed day rates since 2015/16 have decreased by 5.9% for Dundee. Every LCPP showed an improvement in Q1 compared with 2015/16 and the biggest improvements were seen in East End, Maryfield and North East all of which all showed a greater than 8% decrease in bed day rates.
- The rate of bed days lost to delayed discharges for people aged 75+ has fallen by 26.6% in Dundee since 2015/16. Strathmartine, North East and Coldside have seen the biggest improvements of greater than 40%.
- Emergency admission rates have increased by 3.6% for Dundee since 2015/16 and only 1 LCPP (East End) saw a decrease over this period (2.9%). There were increases in emergency admission rates in Lochee (10.7%), North East (8.0%), West End (6.1%), Strathmartine (3.7%), Coldside (2.5%), Maryfield (1.2%) and The Ferry (0.4%). The East End continues to have the highest emergency admission rate in Dundee.
- The rate of readmissions has increased by 1.4% since 2015/16 and the greatest increase was in Lochee where there was a 15.8% increase. The rate increased in 4 LCPPS (Lochee, Coldside, Strathmartine and West End) and decreased in 4 LCPPS (East End, North East, Maryfield and The Ferry) The biggest decrease was in Maryfield (9.2% decrease).
- The rate of hospital admissions as a result of a fall for people aged 65+ has increased by 2.8% since the 2015/16 baseline year. The biggest increase was in North East (18% increase). The rate increased in 4 LCPPS (East End, North East, Maryfield, West End) decreased in 4 LCPPS (Lochee, Coldside, Strathmartine and The Ferry) The biggest decrease was in Coldside (7.7% decrease).

Introduction

This quarterly performance report uses local data collected on NHS Tayside patient administration systems. Utilising locally provided data has reduced the time lags previously experienced between quarter ends and the availability of validated data at a national level, meaning the PAC (and other stakeholders) will receive local performance reports more timeously throughout 2017/18. However it should be noted that the local data is based upon board of treatment rather than residence (which nationally validated and published data is) and is not able to be benchmarked against performance in other Partnerships. Testing of local data against national data has confirmed that despite data being based on board of treatment rather than residence that accuracy remains within an acceptable tolerance and that trends in local data are reliable for service planning and performance improvement purposes.

This performance report also contains an update against the indicators and targets contained in the Measuring Performance under Integration submission. The data required to monitor progress is provided by NSS ISD and this currently goes up to May 2017, which is only 2 months of quarter 1. For the purpose of tracking performance and trends a comparison has been made between the monthly targets and the actual performance and in order to show trends, given that only 2 months of this financial year is currently available, data from January 2017 has been used.

Additionally, as this is the first time progress regarding the Measuring Performance under Integration submission has been presented, an analysis of progress for 2016-17 has been completed and this is available in Appendix 2.

The schedule of performance reporting for 2017-18 is shown below:

	Local Performance Report	Benchmarking Report
12 September 2017	Quarter 1	
27 November 2017	Quarter 2	Quarter 1
As soon as possible after end of Quarter 3	Quarter 3	Quarter 2
As soon as possible after end of Quarter 4	Quarter 4	Quarter 3 and Quarter 4

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 1 shows the previous 12 months of data including the current quarter. Quarter 1 data includes data from 1 July 2016 to 30 June 2017.

Performance in Dundee's LCPPs



Table 1: Performance in 2017/18 Q1 and comparison between performance in LCPPs and the Dundee average

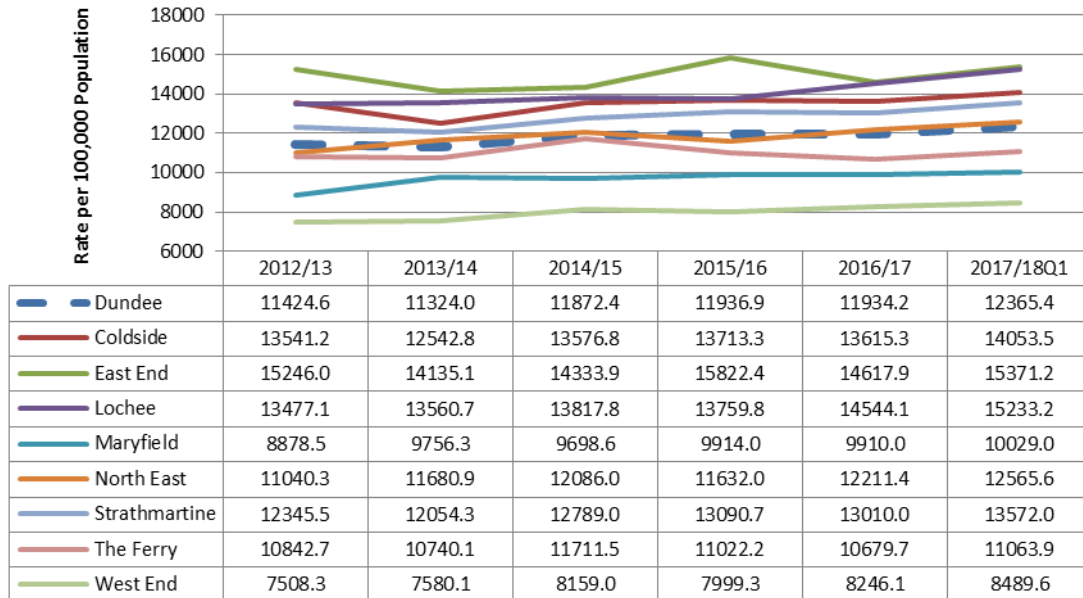
Deprivation Scale

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Admissions rate per 100,000 18+	12,365.4	15,233.2	15,371.2	14,053.5	12,565.6	13,572.0	10,029.0	8,489.6	11,063.9
Bed days rate per 100,000 18+	125,136	162,013	156,598	155,358	103,358	120,286	95,880	91,764	123,047
Readmissions rate per 1,000 18+	113.1	120.2	120.4	118.8	105.8	120.7	110.5	104.9	97.1
Falls rate per 1,000 18+	32.4	35.4	39.1	35.0	30.7	30.2	30.4	40.0	24.3
Delayed Discharge bed days lost rate per 1,000 75+	602.2	626.4	928.2	591.1	646.4	468.3	526.7	751.3	236.6

Table 2: % change in 2017/18 Q1 against baseline year 2015/16

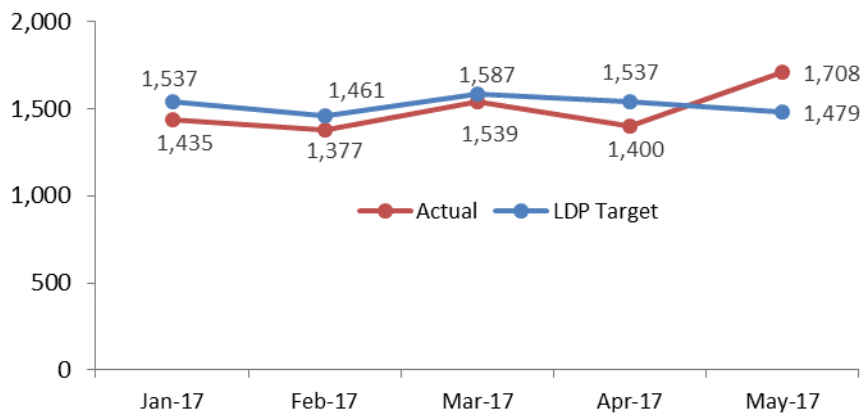
National Indicator	Dundee	Lochee	East End	Cold side	North East	Strathmartine	Maryfield	West End	The Ferry
Admissions rate per 100,000 18+	+3.6%	+10.7%	-2.9%	+2.5%	+8.0%	+3.7%	+1.2%	+6.1%	+0.4%
Bed days rate per 100,000 18+	-5.9%	-0.1%	-14.1%	-4.7%	-8.3%	-2.9%	-10.1%	-6.5%	-2.6%
Readmissions rate per 1,000 18+	+1.4%	+15.8%	-2.8%	+3.9%	-4.2%	+4.2%	-9.2%	+1.6%	-1.1%
Falls rate per 1,000 18+	+2.8%	-0.4%	+10.5%	-7.7%	+18.0%	-7.1%	+10.8%	+17.0%	-2.5%
Delayed Discharge bed days lost rate per 1,000 75+	-26.6%	-20.0%	-20.9%	-40.7%	-47.6%	-50.2%	-30.5%	-16.4%	-33.3%

Chart 1: Rate per 100,000 Population of All Emergency Admissions for People Aged 18+ by Locality and Financial Year



Source: NHS Tayside Business Support Unit

Chart 2: Performance against Measuring Performance under Integration Target – Emergency Admission Numbers (All Ages)



Source: NSS ISD

Reminder regarding Q4 National Position

- Performed slightly higher than the Scottish average with approximately 12,500 emergency admissions per 100,000 population, compared with the Scottish average of approximately 12,000 emergency admissions per 100,000 population.
- Performance was better than the following 'family group' Partnerships – North Lanarkshire, Glasgow, East Ayrshire, North Ayrshire and Inverclyde and West Dunbartonshire.

Q1 17/18 Analysis

- The rate for Dundee has generally been increasing from 11,500 per 100,000 in 2012/13 to 12,300 per 100,000 in 2017/08 Q1.
- West End had the lowest rate with 8,489.6 emergency admissions per 100,000 people in 2017/08 Q1, followed by The Ferry and Maryfield. The West End rate was almost 50% less than the East End rate.
- In Q1 17/18 the East End had the highest rate with a rate of 15,371.2.
- There were increases in every LCPP between Q4 2016/17 and Q1 2017/18.
- All LCPPs, except one (East End) have seen increases in their rates since the 2015/16 baseline year and the East End experienced the highest rates in every financial year.
- Performance exceeded the Measuring Performance Under integration target between January and April 2017, however the number of emergency admissions increased in May 2017.

What we have achieved to date:

A three tiered system of support exists in Dundee which ensures that services and supports are delivered at the point of need.

Highest Tier – Caring for people with frailty / complex needs at home

- The Care home Liaison team, which consists of a team of 4 nurses who are supported by medical colleagues has contributed to many positive outcomes for residents and families, including a reduction in hospital admissions. In this period the admission rate from care homes to Kingsway Care Centre dropped from 28 to seven.
- Significant shifts in the balance of care have been achieved in Medicine for the Elderly and Psychiatry of Old Age services which has resulted in the closure of acute beds and the planned closure of an entire ward by the end of 2017. A number of service improvements have supported this including the development of an acute frailty team, the completion of Anticipatory Care Plans and recording on eKIS, and creating links between the Medicine for the Elderly and Psychiatry of Old Age Teams. The polypharmacy stream has reduced harm, waste and variation by allocating resources in both enablement and care home services. Housing with care has been further expanded with the development of 2 new sites. Day services have been remodelled which has increased the number of day opportunities in the community, opposed to within traditional day centres. The resource released from the reduction of acute beds has been reinvested in expanding the Enhanced Community Support (ECS) service

Middle Tier – Rehabilitation (Examples)

- Supported and rehabilitative transitions from the Centre for Brain Injury Rehabilitation into the community is being provided by the Mackinnon Centre.
- Creative Engagement, through the arts, to address psychosocial benefits (mood, confidence, self-esteem...) associated with positive health and wellbeing. Tayside Healthcare Arts Trust (THAT) has been at the forefront of its development locally across a wide range of Long Term Conditions (LTCs)
- Successful delivery of Post Diagnostic Support for people diagnosed with dementia across Dundee. Analysis of care plans identified excellent compliance with PDS monitoring – there was a 100% rate of referral and 98% of patients had either 1 or more pillars recorded as met.

Additionally 84% of people who responded to the survey were either satisfied or very satisfied.

Patient and carer feedback included the following comments:

“We would like to thank the service for making mum feel safe and comfortable”

“As a carer it’s good to know there is somebody at the end of a phone “

Lowest Tier – Prevention (Examples)

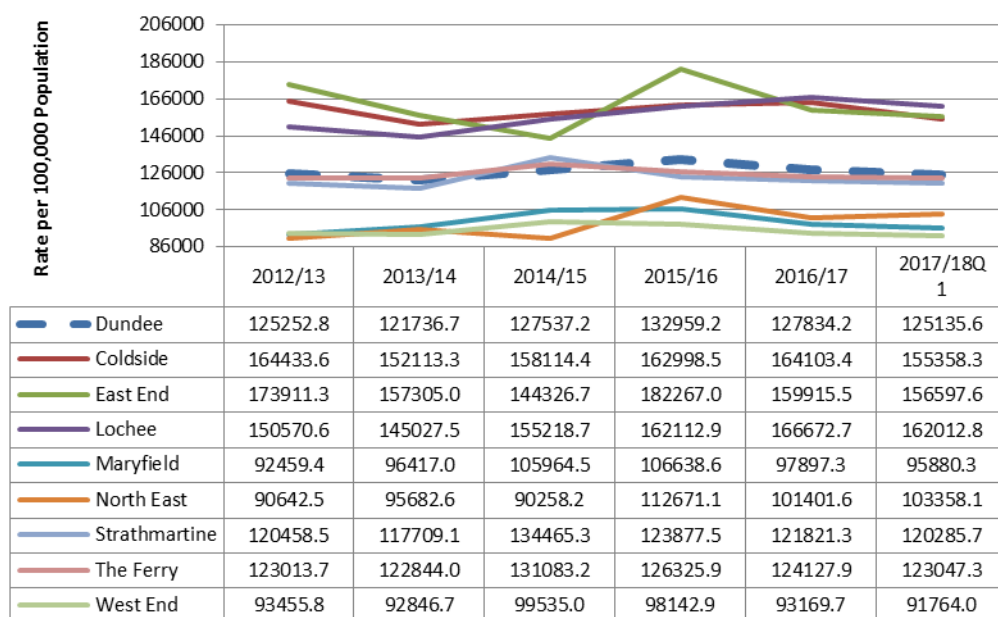
- Through the Reshaping Care Network we share information and improve connections between third sector organisations that provide health and social care services and supports in the City. Areas of work include the Community Companion Project and Men’s Sheds.
- The new Dundee Partnership Prevention framework includes a useful toolkit for staff to assess the extent to which they are using social prescribing as a route to improving service user outcomes and help them consider what more they could be doing to provide early interventions for those most at risk.
- Developments within Keep Well to increase the partnership working, particularly with the Carers Centre, to support carers health needs are having a positive impact with an increasing number of people engaging with the Keep Well team.
- Dundee Healthy Living Initiatives (DHLI) work with individuals living in deprived areas of the city to identify issues impacting on their health and supports communities to develop and implement interventions to address these.
- The Listening Service “Do You Need To Talk?” was developed in 2012 in 2 sites in Dundee. A third of people using the listening service talk about bereavement issues, with others talking about relationships, stress, depression, ill health, fear/anxiety and a range of other issues.

“I came away with a feeling of optimism. I have since taken positive steps to make some changes in my life, which have improved my mental and emotional wellbeing.”

What we plan to do:

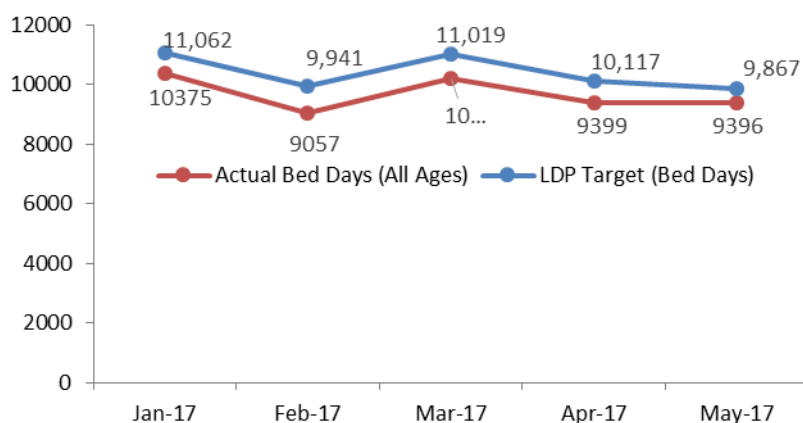
- Redesign Stroke patient services.
- Redesign the Tayside Neurological Rehabilitation services.
- Lead a review, with partners, of the current Learning Disability acute liaison service and develop future model.
- Increase our investment in intermediate forms of care such as step up/down accommodation and support for all adults.
- Develop further work to support reducing health inequalities and prevention, including developing social prescribing models to support individuals around improving their health and wellbeing.
- We are developing a Dundee Enhanced Community Support – Acute service which will work with people with acute illness in their own home.
- Continue to develop a polypharmacy service to reduce harm at home.
- Develop good practice in anticipatory care planning.

Chart 3: Rate per 100,000 Population of All Emergency Bed Days for People Aged 18+ by Locality and Financial Year



Source: NHS Tayside Business Support Unit

Chart 4: Performance against Measuring Performance under Integration Target – Emergency Bed Days (All Ages)



Source: NSS ISD

Reminder regarding Q4 National Position

- Dundee had the 7th highest emergency bed day rate in Scotland with a rate of 136,000 per 100,000 population.

Q1 17/18 Analysis

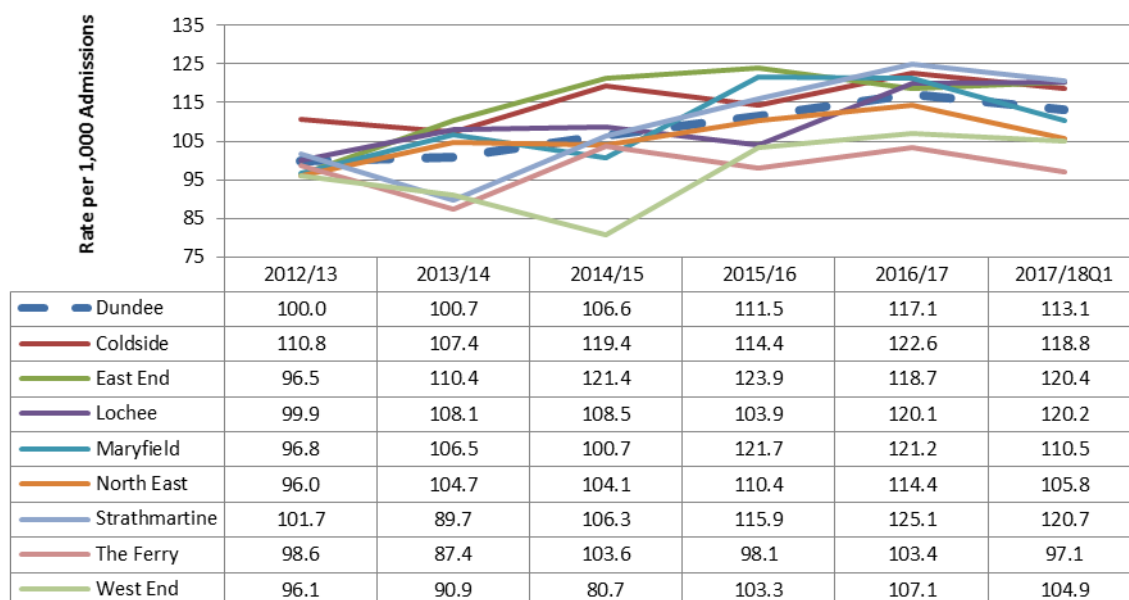
- The emergency bed day rate for people aged 18+ increased towards the 2015/16 baseline year, however between 2015/16 and 2017/18 Q1 it has decreased to rates similar to 2012/13.

- The rate for Dundee decreased from 132,959 per 100,000 in the baseline year 2015/16 to 125,136 per 100,000 in 2017/08 Q1.
- In Q1 2017/18 Lochee had the highest bed day rate and the West End has the lowest bed day rate. All localities, except 1, have seen a decrease in the last quarter. North East is the only LCPP where there was an increase between Q4 16/17 and Q1 17/18 from 101,402 to 103,358
- Performance against the Measuring Performance Under Integration target was exceeded between January and May 2017.

What we have achieved to date:

- We intend to pilot Enhanced Community Support in Lochee.

Chart 5: Readmissions within 28 days as a rate per 1,000 admissions, 18+ by LCPP



Source: NHS Tayside Business Support Unit

Reminder regarding Q4 National Position

- Dundee had the highest readmission within 28 day rate in Scotland (Perth and Angus were also high in the rankings). Dundee has had consistently higher readmission rates than Scotland since 10/11.

Q1 17/18 Analysis

- The rate of readmissions within 28 days increased steadily between 2012/13 and 2016/17 although it decreased slightly in Q1 2017/18.
- The highest readmission rate was in Strathmartine (120.7) and the lowest was in The Ferry (97.1%).
- Over the last quarter the rate decreased slightly from 117 to 113 with rates decreasing in 6 LCPPs and increasing in 2 LCPPs (East End and Lochee).

- Between the baseline year 2015/16 and Q1 17/18 the rate decreased in 4 LCPPs (East End, Maryfield, North East and The Ferry) and increased in 4 LCPPs (Coldside, Lochee, Strathmartine and West End).

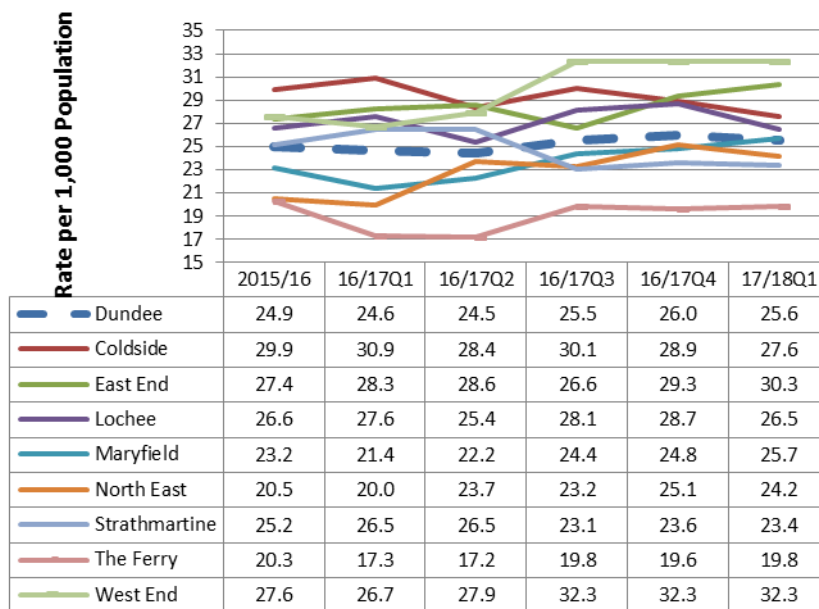
What we have achieved to date:

This issue has been identified as a priority by the Tayside Unscheduled Care Board and a post has been identified within NHS Tayside to lead on this. Further work will be carried out during this financial year and this, added to local analysis, will lead to agreed improvement actions across Tayside.

What we plan to do:

- Further analysis of reasons for readmission. We are about to do a Delphi process which will give a better understanding of pathways. This involves a survey which is completed by health and social care professionals to gather information regarding critical processes in a pathway. This is used to improve outcomes for people and also system efficiencies.
- Support more people to be assessed at home rather than in hospital by completing and evaluating the ‘Moving Assessment into the Community’ project for older people and resource the proposed change.
- Expand the ‘Moving Assessment into the Community’ project to specialist areas and test pathways.
- Further develop discharge planning arrangements for adults with mental ill-health, physical disability and acquired brain injury.

Chart 6: Rate per 1,000 Population of Fall Admissions for People aged 65+



Source: NHS Tayside Business Support Unit

Reminder regarding Q4 National Position

- Dundee was the second poorest performing partnership in Scotland with a falls rate of 26 per 1,000 population aged 65+.

Q1 17/18 Analysis

- West End had the highest rate of falls in Dundee with 32.3 falls related hospital admissions per 1,000 population. The Ferry had the lowest rate with 19.8 falls related hospital admissions per 1,000 population. The North East had the lowest rates in 2012/13 but there has been a steady increase between 2014/15 and 2016/17 although the rate decreased slightly in Q1 to 24.2 per 1,000 population.
- The rate of falls related hospital admissions in 4 LCPPs decreased between Q4 16/17 and Q1 17/18 (Coldside, Lochee, North East and Strathmartine). The rate in 3 LCPPs decreased between Q4 16/17 and Q1 17/18 (East End, Maryfield, The Ferry). The rate in West End stayed the same between Q4 and Q1.
- Since the baseline year 2015/16 the rate has increased from 24.9 to 25.6. There have been increases in 4 LCPPs (East End, Maryfield, North East and West End), decreases in 3 LCPPs (Coldside, Strathmartine and The Ferry) and 1 LCPP (Lochee) stayed the same.

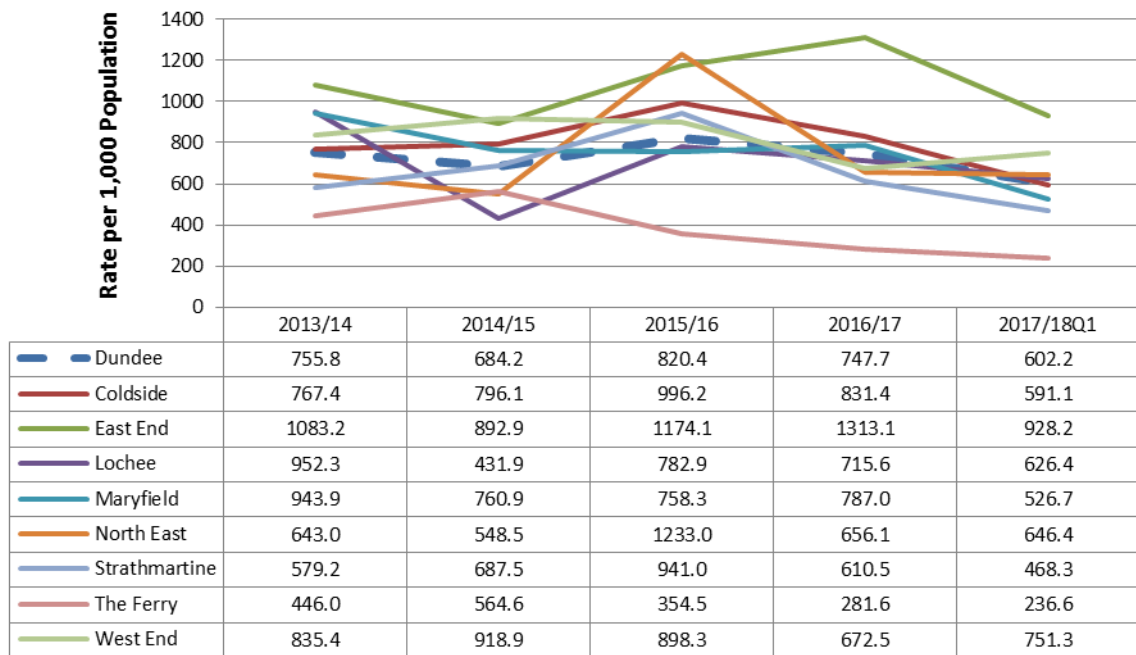
What we have achieved to date:

- Developed a draft equipment prescribers learning framework supported by e-learning and a mentoring programme. Piloted an e-learning module.
- Expanded on the falls service to ensure Patients aged over 65 years are routinely screened by AHP staff if presenting with a fall and follow up interventions put in place; offered a single point of referral, triage takes place and information shared.
- Introduced falls prevention care home education resulting in a reduction in falls in care homes.
- Otago falls classes now well established in community venues showing clear improvements in clinical outcomes. Introduced self-referrals to Community Rehab Team to improve access.
- Dundee and Angus Health and Social Care Partnerships launched a new shared community equipment loan service for people with disabilities living in the areas. The new venture is based at the Dundee Independent Living and Community Equipment Centre in Dundee and provides, delivers, installs, repairs, maintains and recycles a range of equipment to help people of all ages living in Dundee to live independently. It also provides a technical advice service and carries out risk assessments with medical and care professionals, both in-store and in people's homes.

What we plan to do:

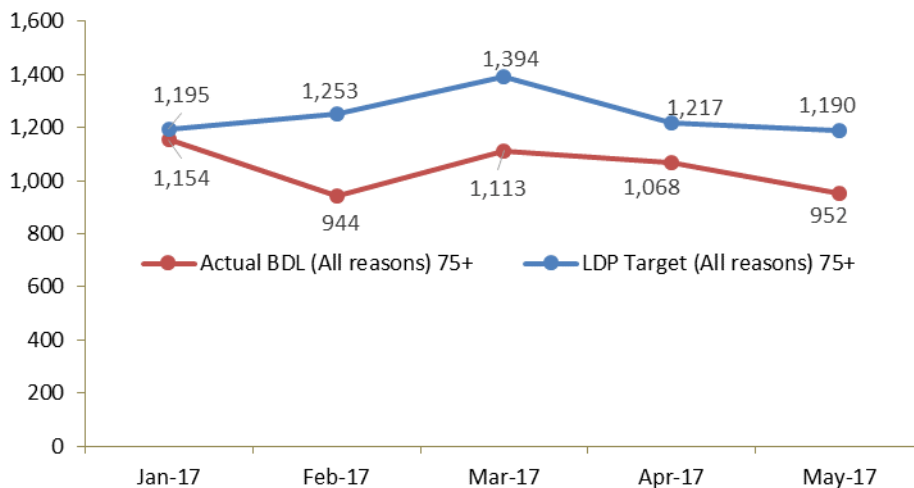
- Rolling classes with an educational component. This will prevent patients from waiting too long before they start a class and hopefully help to prevent as many drop outs.
- In discussions with Dundee College to start a project where students are trained in Otago and then with CRT support are able to implement it within care homes.
- Home based Otago project following the Otago research for patients that are unable to come to the class.
- In development of an Otago based maintenance class within the community to try and prevent re-referrals and re current falls. Based on the pulmonary rehab model.

Chart 7: Number of Days People Aged 75+ Spend in Hospital when they are ready to be Discharged as a Rate per 1,000 Population by LCPP Areas



Source: Edison (excludes codes 100, 42T, ESDS and ICF)

Chart 8: Performance against Measuring Performance Under Integration Target – Bed Days Lost to Delayed Discharges 75+



Reminder regarding Q4 National Position

- In 2016/17 Dundee performed better than the Scottish average of bed days lost to delayed discharges for 75+ with a rate of 755 per 1,000 population. This was an improvement from 2015/16 when the rate was 832 per 1,000 population.

Q1 17/18 Analysis

- The rate of bed days lost to delayed discharge for people aged 75+ dropped in Q1 17/18. The rate is now the lowest it has been in the last 5 years.
- The rate in 7 of the 8 LCPPs decreased between Q4 16/17 and Q1 17/18. West End was the only LCPP where there was an increase between Q4 and Q1, although the Q1 17/18 rate was still lower than in 2013/14, 2014/15 and 2015/16.
- The East End was consistently one of the poorest performing LCPP areas for this indicator although the Q1 figure shows an improvement since Q4. The rate in the East End is 4 times higher than the rate in The Ferry which has the lowest rate.
- The rate of bed days lost peaked at the baseline year 2015/16 and has decreased from 820.4 to 602.2 in Q1 17/18.
- Performance against the Measuring Performance Under integration was exceeded between January and May 2017.

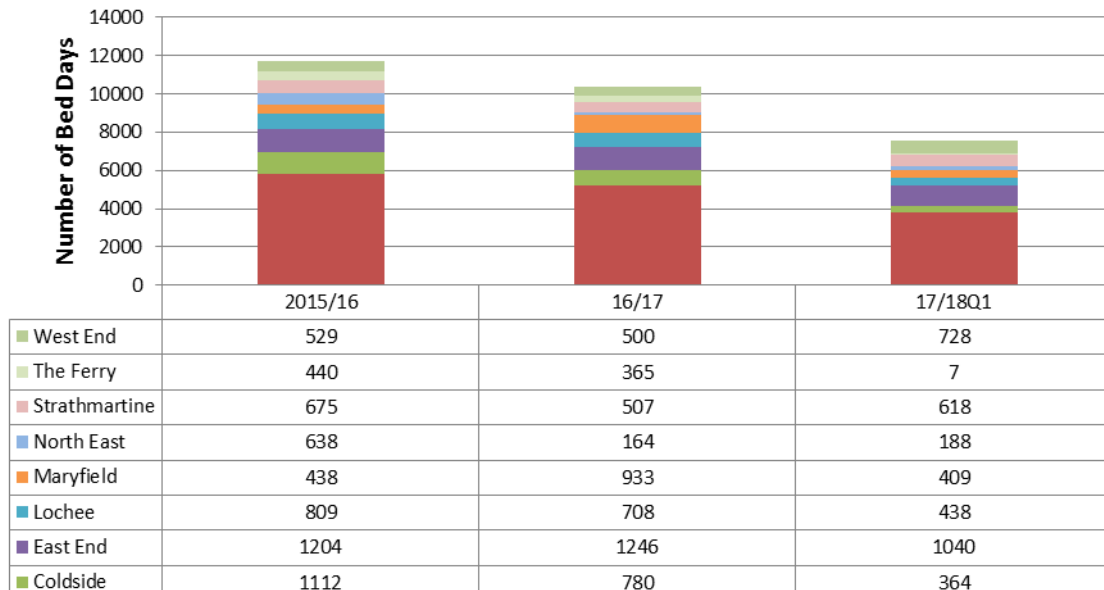
What we have achieved to date:

- There are currently 2 step down housing options which are working very well. An example of this is a 'Smart Flat' which uses a range of Technology Enabled Care to support people who are waiting for housing adaptations of a new home and who are delayed in hospital. A third step down housing option will be introduced during 2016/17.
- The capacity within the Mental Health Officer team has been enhanced and Dundee City has joined a Power of Attorney Campaign to support the discharge of people who are delayed in hospital as a result of a legal issue around guardianships.
- Pathways from hospital have been reviewed and assessment services have been aligned to more locality based working.
- We have mainstreamed a number of Reshaping Care for Older People projects and fully embedded them into models of working. An example is the development of a community pharmacy technician within the enablement service. This post supports people to be discharged from hospital by dealing with medicine complications which would otherwise have caused delays.

What we plan to do:

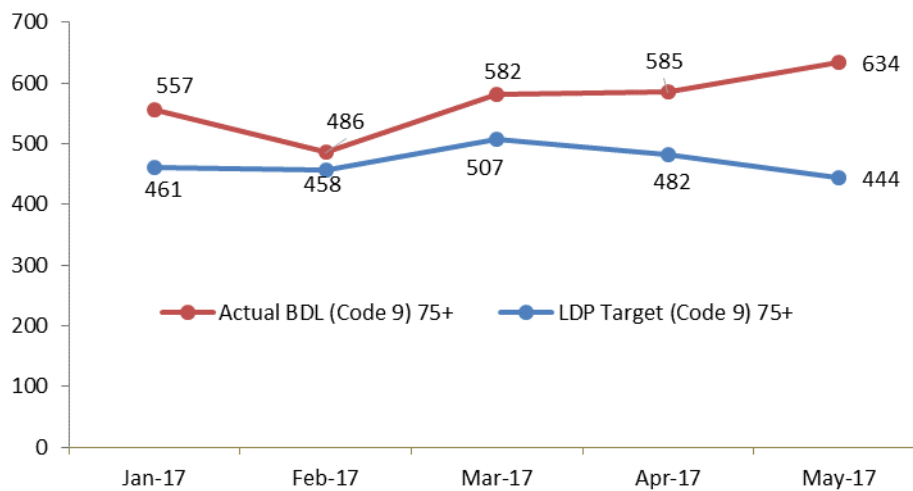
- The Enhanced Community Support Service is working with people to identify increased support needs, particularly around requirements for care home placements at an earlier stage. It is anticipated that this proactive planning will have the positive effect of minimising the number of applications for care homes and also Power of Attorney which often happen as a crisis response when the person is in hospital.
- Extend the range of supports for adults transitioning from hospital back to the community.
- Review and refresh the Delayed Discharge Improvement Plan.
- Continue to focus on those service users delayed as a result of complex needs who result in the most bed days lost per individual.
- The development of a step down and assessment model for residential care is planned for the future.

Chart 9: Number of Bed Days Lost to Complex Delayed Discharges for People of all Ages in Angus by Locality and Financial Year



Source: Edison (excludes codes 100, 42T, ESDS and ICF)

Chart 10: Performance against Measuring Performance Under Integration Target - Bed Days Lost (Code 9) 75+



Q1 17/18 analysis

- The number of bed days lost to a delayed discharges for complex reasons has decreased since 2015/16 from 5,845 to 3,792.
- The number of bed days lost to delayed discharges for complex reasons decreased in 5 of the 8 LCPPs (The Ferry, Maryfield, Lochee, East End and Coldside). The number of bed days lost increased in 3 LCPPS (West End, Strathmartine and North East)
- Performance against the Measuring Performance Under Integration target was exceeded between January and May 2017.

- The overall improvement can be attributed to improved and more integrated practices. It was agreed within the Discharge Management Group that each care group strategic planning group would incorporate consideration in relation to complex care packages and specialist facilities within their strategic commissioning statements to support a strategic focus in relation to bed delays for patients with more complex needs.