



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 12 FEBRUARY 2019
REPORT ON: 2018/19 MID-YEAR PERFORMANCE SUMMARY
REPORT BY: CHIEF FINANCE OFFICER
REPORT NO: PAC3-2019

1.0 PURPOSE OF REPORT

The purpose of this report is to provide the PAC with a summary of performance against key areas of service delivery reflected in the national health and wellbeing outcomes and indicators and Measuring Performance under Integration targets in the first 6 months of 2018/19.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the performance in each service delivery area from 1 April 2018 to 30 September 2018 (Appendix 1).
- 2.2 Notes the areas of improving performance achieved by the Partnership in comparison to the pre-integration position (2015/16) (section 4.2).
- 2.3 Notes the areas in which variation in performance between LCPPs has narrowed in comparison to the pre-integration position (section 4.3 and Appendix 1).
- 2.4 Notes planned improvement actions and timescales and planned investment in relation to areas of service delivery where performance has not been improving (as at sections 4.6 - 4.7).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND

4.1 The first mid-year performance summary was submitted to PAC in February 2018 (Article VIII of the minute of the meeting of the Performance and Audit Committee held on 13 February 2018 refers). The mid-year performance summary for 2018/19 is attached in Appendix 1. This provides:

- a summary of Partnership performance over the period 1 April 2018 – 30 September 2018;
- highlights areas of improving performance and those where further improvement focus is required; and,
- highlights issues of variation in performance between localities.

- 4.2 Overall performance has improved from the 2015/16 baseline (the pre-integration position) in two areas: emergency bed days rate per 100,000 (18+) and delayed discharge bed day lost rate per 1,000 (75+). However, performance has declined in relation to emergency admissions rate per 100,000 (18+), readmissions rate per 1,000 (All ages) and falls related hospital admissions rate per 1,000 (65+). The pattern of performance is the same when a comparison is made with the first 6 months of 2017/18.
- 4.3 Locality variation in performance continues to be a feature across all service delivery areas for which data is available. However, the variation in emergency bed days rate per 100,000 (18+), delayed discharge bed day lost rate per 1,000 (75+), emergency admissions rate per 100,000 (18+) and falls related hospital admissions rate per 1,000 (65+) appears to be narrowing. For example, for emergency bed days rate, the difference between highest and lowest improvement from the 2015/16 baseline across the 8 LCPPs in 2018/19Q2 is only 13.9%. Those LCPPs sitting above the Dundee average and therefore showing the biggest improvements are East End, Coldsides, Maryfield and West End. There has been a widening in variation in readmissions rate per 1,000 (All ages) over the last two quarters. The variation in performance ranged from an increase of 4.3% in Strathmartine to increases of 28.2% in West End, 26.0% in Lochee and 25.4% in Coldsides.
- 4.4 Dundee continues to be amongst the most poorly performing Partnerships across the range of service delivery areas, with the exception of delayed discharge bed day lost rate per 1,000 (75+). For emergency bed days rate per 100,000 (18+), and delayed discharge bed day lost rate per 1,000 (75+), where performance has improved from the 2015/16 baseline by 12.4% and 65.1% respectively, this has been reflected in improvements in the Dundee benchmarked position; meaning that the Partnership is improving performance at a greater rate than at least some other Partnerships across Scotland. For emergency admissions rate per 100,000 (18+) the national benchmarked position has fallen by 3 ranks and for readmissions rate per 1,000 (all ages) and falls related hospital admissions rate (65+) Dundee is the poorest performing Partnership in Scotland.
- 4.5 When benchmarking against other Partnerships within Dundee's family group (8 Partnerships with similar socio-demographic characteristics) Dundee has improved its position for emergency bed days rate per 100,000 (18+) and delayed discharge bed day lost rate per 1,000 (75+) by four ranks from six to two since the 2015/16 baseline; this means that performance is improving at a faster pace than comparable Partnerships. Dundee's emergency admissions rate per 100,000 (18+) has fallen from best performing Partnership to rank two. Falls related hospital admissions rate (65+) has dropped a rank, now joining readmissions rate per 1,000 (All ages) as the poorest performing Partnership in the family group, meaning that other comparable partnerships are managing performance in these areas more effectively than Dundee.
- 4.6 Falls prevention is an ongoing challenge which can only be met by robust interagency working and development of community resources. The introduction of the Dundee Joint Falls Pathway aims to identify people at high risk of falling and intervene to reduce that risk. If successful, the pathway will deliver benefits to the population by improving quality of life, reducing morbidity and mortality and enabling more people to be independent for longer. Continued investment, mainly in people, is required in prevention services before the benefits are realised in the acute and long term care settings. The implementation of this local pathway starts this process in Dundee and it is anticipated that the benefits of this work will begin to be reflected in improvements in the national performance indicator by the end of 2019.

4.7 The improvement in performance in delayed discharges and emergency bed days can be linked to investment decisions the IJB has made since it was established in 2016. Through investing in tests of change in the way in which community based health and social care services are delivered and mainstreaming those services and interventions which have proven to work well, the IJB has established a strong community based model to support continued improvement in these areas. In addition, investment to increase social care capacity within the external social care market (e.g. additional £1.1m in 2017/18) has provided greater flexibility in responding to increases in demand and supported the rapid decrease in the number of delayed discharges. However it should be recognised that further investment opportunities will be dependent on the level of resources delegated to the IJB within the context of a challenging financial environment and the extent to which service redesign and transformation can be effected.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	The risk of not meeting targets against Measuring Performance under Integration service areas 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)	<ul style="list-style-type: none"> - Continue to develop a reporting framework which identifies performance against Measuring Performance under Integration targets. - 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 complex delayed discharges. - 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.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 21 January 2019

Clare Harper
Principal Information Development Manager

Kathryn Sharp
Senior Manager

2018/19 MID-YEAR PERFORMANCE SUMMARY

Introduction

This report summarises performance in the Dundee Health and Social Care Partnership from 1 April 2018 - 30 September 2018.

For each of the national performance indicators, where data is available, comparison has been made between:

- the 2015/16 baseline year and the first 6 months of 2018/19, Dundee level;
- the 2015/16 baseline year and the first 6 months of 2018/19, showing whether the variation gap between LCPPs has been widening or narrowing;
- the first 6 months to 2017/18 and 2018/19;
- other partnerships performance during the first 6 months of 2018/19; and
- other family group partnerships during the first 6 months of 2018/19.

Other family group Partnerships are: North Lanarkshire, North Ayrshire, East Ayrshire, Inverclyde, West Dunbartonshire, Glasgow City and Western Isles.

Table 1: Dundee's Performance between 2015/16 and 2018/19 Q2

	Improving performance / Better than comparator group average
	Maintained performance / Similar to comparator group average
	Declining performance / Poorer than comparator group average

Source: ISD data except LCPP Variation – supplied by NHS Tayside BSU

***Note:** Geriatric Long Stay (GLS) beds for 2018/19Q2 are unavailable due to data incompleteness. The average of the previous 3 quarters (2017/18Q3,Q4 & 2018/19Q1) for GLS was imputed for 2018/19Q2.

	Areas of improvement from 2015/16 baseline		Areas of mixed performance from 2015/16 baseline	Areas of decline from 2015/16 baseline	
	Emergency Bed Days Rate per 100,000 * (18+)	Delayed Discharge Bed Days Lost rate per 1,000 - All Reasons (75+)	Emergency Admissions Rate per 100,000 (18+)	Readmissions rate per 1,000 (All Ages)	Falls related hospital admissions rate per 1,000 (65+)
2015/16 baseline (ISD data)	12.4% decrease in Acute specialties	65.1% decrease	4.9% increase	5.2% increase	17.7% increase
LCPP Variation since 2015/16 (NHS Tayside BU)	Narrowing since 2015/16	Narrowing for complex Fluctuates for standard	Narrowing since 2017/18	Narrowing to 2017/18 then widening 2018/19Q1 & Q2	Widening to 2018/19Q1 then narrowing 2018/19Q2
2018/19 mid-year position (ISD data)	12,396 decrease in Acute specialties	541.3 decrease	760 increase	6.3 increase	4.4 increase (NHS Tayside BU)
All partnerships 2018/19 mid-year position (ISD data)	Better than 10 Worse than 20 (9% higher than average)	Better than 27 Worse than 4	Better than 9 Poorer than 21 (5.3% higher than average)	Worse than all other partnerships	Worse than all other partnerships
Family group partnerships 2018/19 mid-year position (ISD data)	Better than 6 Worse than 1	Better than 6 Worse than 1	Better than 6 Worse than 1	Worse than all family group members	Worse than all family group members

Table 2: All Partnerships Benchmarking 2015/16 to 2018/19 Q2

	Improving rank
	Maintained rank
	Declining rank

	Emergency Bed Days Rate per 100,000 * (18+)	Delayed Discharge Bed Days Lost rate per 1,000 - All Reasons (75+)	Emergency Admissions Rate per 100,000 (18+)	Readmissions rate per 1,000 (All Ages)	Falls related hospital admissions rate per 1,000 (65+)
2015/16 end of year rank	29	19	19	32	31
2016/17 end of year rank	26	17	19	32	31
2017/18 end of year rank	25	8	21	32	31
2018/19 end of Q2 rank	22	5	22	32	32
Overall change since 2015/16	+7	+14	-3	No change	-1

Source: ISD - Core Suite of Integration Indicators December 18. As 2018/19 Q2 data not yet available, MSG data was used.

*Note: Geriatric Long Stay (GLS) beds for 2018/19Q2 are unavailable due to data incompleteness. The average of the previous 3 quarters (2017/18Q3,Q4 & 2018/19Q1) for GLS was imputed for 2018/19Q2.

Table 3: Family Group Partnerships Benchmarking 2015/16 to 2018/19 Q2

	Improving rank
	Maintained rank
	Declining rank

	Emergency Bed Days Rate per 100,000 * (18+)	Delayed Discharge Bed Days Lost rate per 1,000 - All Reasons (75+)	Emergency Admissions Rate per 100,000 (18+)	Readmissions rate per 1,000 (All Ages)	Falls related hospital admissions rate per 1,000 (65+)
2015/16 end of year rank	6	6	1	8	7
2016/17 end of year rank	4	6	1	8	7
2017/18 end of year rank	3	5	1	8	7
2018/19 end of Q2 rank	2	2	2	8	8
Overall change since 2015/16	+4	+4	-1	No change	-1

Source: ISD - Core Suite of Integration Indicators December 18. As 2018/19 Q2 data not yet available, MSG data was used.

* Geriatric Long Stay (GLS) beds for 2018/19Q2 are unavailable due to data incompleteness. The average of the previous 3 quarters (2017/18Q3,Q4 & 2018/19Q1) for GLS was imputed for 2018/19Q2.

Where our performance has improved from 2015/16 baseline

Emergency Bed Days rate per 100,000 (18+)

- During the first 6 months of 2018/19, the emergency bed days rate for acute specialties decreased from the 2015/16 baseline year by 12.4%.
- Compared with the 2015/16 baseline year there was an increase in the emergency bed days rate across all LCPPs. Variation in performance across LCPPs ranged from an increase of 2.14% in The Ferry to 14.95% in West End. Overall the variation gap for emergency bed days has been narrowing since 2015/16.
- Compared with the first 6 months of 2017/18 the emergency bed days rate for Acute specialties was 7339 less during the first 6 months of 2018/19 (down from 95,227 to 87,888).
- During the first 6 months of 2018/19, compared with other partnerships, Dundee performed better than 10 partnerships and worse than 20 (9% higher than the average for all partnerships – for all acute, Mental Health and imputed Geriatric Long stay specialties).
- Dundee performed better than six other family group Partnerships for all acute, Mental Health and imputed Geriatric Long stay specialties.

Delayed Discharge Bed Days Lost rate per 1,000 – All Reasons (75+)

- During the first 6 months of 2018/19, the rate of bed days lost to delayed discharges decreased from the 2015/16 baseline year by 65.1%.
- Compared with the 2015/16 baseline year there was a decrease in the delayed discharge rate across all LCPPs. The variation in performance ranged from a decrease of 33.5% in Lochee to 80.1% in West End. Overall the variation gap for delayed discharges has been narrowing since 2015/16.
- Compared with the first 6 months of 2017/18 there were 3,067 less delayed discharge bed days during the first 6 months of 2018/19 (6,642 down to 3,575).
- Compared with other partnerships, Dundee performed better than 27 partnerships and worse than 4.
- Dundee performed better than all but one family group Partnership.

Where our performance has been mixed in comparison with 2015/16 baseline

Emergency Admissions Rate per 100,000 (18+)

- During the first 6 months of 2018/19, the rate of emergency admissions increased from the 2015/16 baseline year by 4.9%, however this has increased at a lower rate than projected under Measuring Performance under Integration targets (estimated increase of 9.2% by the end of 2018/19).
- Compared with the 2015/16 baseline year, there was an increase in emergency admissions rate across all LCPPs. The variation in performance ranged from an increase of 2.1% in The Ferry to 14.9% in West End. Overall the variation gap for emergency admissions rate has shown signs of narrowing since 2017/18.
- Compared with the first 6 months of 2017/18 there were 18 more emergency admissions in the first 6 months of 2018/19 (up from 14,869 to 14,887).
- Compared with other partnerships, Dundee performed better than 9 and worse than 21, 5.3% above the average for all partnerships.
- Dundee performed better than all but one family group Partnership.

Where our performance has declined from 2015/16 baseline

Readmission Rate per 1,000 (18+)

- During the first 6 months of 2018/19, the Dundee rate of readmissions increased from the 2015/16 baseline year by 5.2%.
- Compared with the 2015/16 baseline year, there was an increase in the readmission rate across all LCPPs. The variation in performance ranged from an increase of 4.3% in Strathmartine to increases of 28.2% in West End, 26.0% in Lochee and 25.4% in Coldside. The variation gap for readmission rate has narrowed from 2015/16 to 2017/18 but has shown signs of widening since.
- Compared with the first 6 months of 2017/18 there were 85 less readmissions in the first 6 months of 2018/19 (down from 2,779 to 2,649). However there were also 624 less admissions (down from 21,747 to 21,123). Overall, there has been a slight improvement over the last year.
- Compared with all other partnerships, Dundee performed the poorest.

Falls related hospital admissions rate per 1,000 (65+)

- During the first 6 months of 2018/19, the Dundee rate of hospital admissions due to falls has increased from the 2015/16 baseline year by 17.7%.
- Compared with the 2015/16 baseline year, there was an increase in the falls rate in all LCPPs except in Strathmartine where there was a decrease of 23.5%. Across the other LCPPs the increases in Falls rate ranged from 8.8% in North East to 38.4% in The Ferry. Overall the variation gap for falls has been widening since 2015/16. 2018/19 Q2 is the first quarter that has shown this gap to be narrowing.
- Compared with the first 6 months of 2017/18 there were 50 more falls admissions in the first 6 months of 2018/19 (up from 712 to 762).
- Compared with all other partnerships, Dundee performed the poorest.