



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 13 FEBRUARY 2018
REPORT ON: 2017/18 MID YEAR PERFORMANCE SUMMARY
REPORT BY: CHIEF FINANCE OFFICER
REPORT NO: PAC5-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to provide the Performance & Audit Committee 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 six months of 2017/18.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the performance in each service delivery area from 1 April 2017 to 30 September 2017 (Appendix 1).
- 2.2 Notes the performance achieved by the Partnership in comparison to the pre-integration position (2015/16) (as at section 4.2).
- 2.3 Notes the variation in performance between Local Community Planning Partnerships (LCPPs) in comparison to the pre-integration position (as at section 4.3 and Appendix 2).
- 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 - 4.8).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND

- 4.1 In September 2017 the PAC requested a mid-year performance summary be submitted to:
 - provide a summary of Partnership performance over the period 1 April 2017 – 30 September 2017;
 - highlight areas of improving performance and those where further improvement focus is required;
 - highlight issues of variation in performance between localities;
 - summarise the key challenges for the Partnership moving forward; and,
 - suggest how this information should influence decisions regarding the future allocation of resources within the Partnership.

This mid-year performance summary is attached in appendix 1.

- 4.2 Overall performance has improved from the 2015/16 baseline (the pre-integration position) in two areas: emergency bed days and delayed discharge. Emergency admissions performance has been maintained in-line with the 2015/16 baseline position. However, performance has declined in relation to readmissions and falls related hospital admissions. The pattern of

performance is the same when a comparison is made with the first six months of 2016/17, with the exception of emergency bed days where performance has declined in 2017/18.

- 4.3 Locality variation in performance continues to be a feature across all service delivery areas for which data is available; for example, the falls related hospital admissions rate (18+) has increased by 46.7% in Lochee since the 2015/16 baseline, but has decreased by 2.9% in Strathmartine and Maryfield in the same period. However, the overall variation gap has narrowed between the 2015/16 baseline and quarter 2 - 2017/18 for emergency bed days, delayed discharge and readmissions. For emergency admissions and falls the variation gap between LCPPs has been widening.
- 4.4 When benchmarking against other Partnerships within Dundee's family group (those with similar socio-demographic characteristics) Dundee has improved its position for emergency bed days and delayed discharges; this means that performance is improving at a faster pace than comparable Partnerships. For emergency admissions Dundee has maintained its position as the best performing in the family group, meaning that despite an overall decline in performance in this service delivery area the Dundee Partnership is managing performance more effectively than comparable Partnerships. For readmissions and falls the family group rank has fallen, meaning that other comparable partnerships are managing performance in these areas more effectively than Dundee.
- 4.5 The Dundee Partnership continues to face significant challenges across the range of service delivery areas. For emergency bed days and delayed discharge, where performance has improved from the 2015/16 baseline, 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 the national benchmarked position has fallen by two ranks and for readmissions and falls Dundee has remained the most poorly and second most poorly performing Partnership in Scotland.
- 4.6 The Unscheduled Care Board (Tayside) identified readmissions was a particular issue across all Tayside partnerships and gave a commitment to focus on this area of work as part of its work-plan. Resources were initially identified to explore both the qualitative and quantitative data available within health systems. The aim was to clarify how both the current pathways and systems contribute to the performance. This work would be aligned to any locality/partnership research with a view to developing local understanding, a clear action plan to address any areas of improvement and to review transitional pathways around between inpatient speciality services and community. Unfortunately this work has not yet commenced due to a change in staffing availability. The Unscheduled Care Board will relook at this work during 2018. We will continue to develop our local approaches through the analysis of local data and the progression of current service redesign work such as Dundee Enhanced Community Support (Acute).
- 4.7 While the Tayside Falls Strategy set the ambitions for the reduction of falls across Tayside, we understand that this performance can be linked to the demographics of Dundee, we recognise that a more targeted approach at a Dundee level is required to improve our performance. This targeted approach should map out the current resources, ensure access to a range of preventative services, agree a pathway for people who fall but are uninjured and refresh the pathway for people who fall and are injured or who access Accident and Emergency Services. To develop this Dundee Strategy we are reconvening a falls strategy group with a view to producing the strategy by autumn this year. As above, we will continue to develop our local approaches.
- 4.8 During 2017/18 Dundee Health & Social Care Partnership invested around £1.1m of extra resource into increasing social care capacity. This capacity has greatly increased the scale of community based response to reducing delayed discharges where a planned return home is the best option for the individual. Further investment in community based tests of change has continued through Integrated Care Fund, building capacity and alternative supports designed to meet the priorities of early intervention and prevention which continue to impact on the number of emergency beds days and admissions to hospital. Through the ongoing budget setting process and development of the Transformation Programme, the Partnership will consider the prioritisation of resources to support improvement in re-admissions and falls, as well as reducing variation in performance between LCPPs across all service delivery areas.

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 national indicators could affect outcomes for individuals and their carers and not make the best use of resources.
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 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	9 – High Risk
Planned Risk Level	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: 22 January 2018

2017/18 Mid-Year Performance Summary

Introduction

This report summarises performance in the Dundee Health and Social Care Partnership from 1 April 2017 - 30 September 2017.

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

- the 15/16 baseline year and the first 6 months of 17/18, Dundee level;
- the 15/16 baseline year and the first 6 months of 17/18, showing whether the variation gap between LCPPs has been widening or narrowing;
- the first 6 months to 16/17 and the first 6 months of 17/18;
- between other partnerships performance during the first 6 months of 17/18; and
- between other family group partnerships during the first 6 months of 17/18.

Table 1: Dundee's Performance between 2015/16 and 2017/18 Q2

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

	Areas of improvement from 2015/16 baseline		Areas of maintained performance from 2015/16 baseline	Areas of decline from 2015/16 baseline	
	Emergency Bed Days (18+)	Delayed Discharge Bed Days Lost (rate per 1,000, 75+)	Emergency Admissions (18+)	Readmission (rate per 1,000, 18+)	Falls related hospital admissions (rate per 1,000, 18+)
2015/16 baseline	7.9% decrease	40.6% decrease (17% decrease for 18+)	1.6% increase	3.6% increase	9.6% increase
LCPD Variation since 2015/16	narrowing	narrowing	widening	narrowing	widening
2016/17 mid-year position	2,846 increase	3,510 decrease	37 increase	262 increase	81 increase
All partnerships 2017/18 mid-position	Better than 5 Poorer than 26	Better than 19 Poorer than 12	Better than 11 Poorer than 20	Poorer than all other partnerships	Better than 1 Poorer than 30
Family group partnerships 2017/18 mid-year position	Better than 6 Poorer than 1	Better than 3 Poorer than 4	Best in group	Poorer than all other partnerships	Better than 1 Poorer than 6

Table 2: All Partnerships Benchmarking 2015/16 to 2017/18 Q2



	Emergency Bed Days (18+)	Delayed Discharge Bed Days Lost (rate per 1,000, 75+)	Emergency Admissions (18+)	Readmission (rate per 1,000, 18+)	Falls related hospital admissions (rate per 1,000, 18+)
2015/16 end of year rank	28	19	19	32	31
2016/17 end of year rank (Q2)	26 (27)	17 (20)	21 (21)	32 (32)	31 (31)
2017/18 end of Q2 rank	27	13	21	32	31
Overall change since 2015/16	+1	+6	-2	No change	No change

Table 3: Family Group Partnerships Benchmarking 2015/16 to 2017/18 Q2



	Emergency Bed Days (18+)	Delayed Discharge Bed Days Lost (rate per 1,000, 75+)	Emergency Admissions (18+)	Readmission (rate per 1,000, 18+)	Falls related hospital admissions (rate per 1,000, 18+)
2015/16 end of year rank	5	6	1	8	7
2016/17 end of year rank	4	5	1	8	7
2017/18 end of Q2 rank	2	4	1	8	7
Overall change since 2015/16	+3	+2	No change	No change	No change

Where our performance has improved from 2015/16 baseline

Emergency Bed Days 18+

- During the first 6 months of 17/18, the rate of emergency bed days decreased from the 15/16 baseline year by 7.9% and exceeded the projected decrease. (Estimated decrease by 7.5% by the end of 17/18).
- Compared with the 15/16 baseline year there was variation in performance across LCPPs ranging from an increase of 2.5% in The Ferry to a decrease of 13.8% in West End. Overall the variation gap for emergency bed days has been narrowing since 15/16.
- Compared with the first 6 months of 16/17 there were 2,846 more emergency bed days during the first 6 months of 17/18. (159,844 up to 162,690)
- During the first 6 months of 17/18, compared with other partnerships, Dundee performed better than five partnerships and worse than 26.
- Dundee performed better than all other family group Partnerships, except for Glasgow. Dundee performed better than North Lanarkshire, North Ayrshire, East Ayrshire, Inverclyde, West Dunbartonshire and Western Isles.

Delayed Discharge bed days lost rate per 1,000 75+

- During the first 6 months of 17/18, the rate of bed days lost to delayed discharges decreased from the 15/16 baseline year by 40.6%.
- Projections calculated for 'Measuring Performance under Integration' were for age 18+ the projection was a decrease of 17%.
- Compared with the 15/16 baseline year there was variation in performance across LCPPs ranging from a decrease of 18.7% in The Ferry to a decrease of 72.7% in Strathmartine. Overall the variation gap for delayed discharges has been narrowing since 15/16.
- Compared with the first 6 months of 16/17 there were 3,510 less delayed discharge bed days during the first 6 months of 17/18. (9,561 down to 6,051)
- Compared with other partnerships, Dundee performed better than 19 partnerships and worse than 12.
- Dundee performed better than 3 of the other 7 family group Partnerships. Dundee Performed better than North Lanarkshire, North Ayrshire, and Western Isles and worse than Inverclyde, Glasgow, East Ayrshire and West Dunbartonshire.

Where our performance has been maintained in line with 2015/16 baseline

Emergency Admissions 18+

- During the first 6 months of 17/18, the rate of emergency admissions increased from the 15/16 baseline year by 1.6%, however this has increased at a lower rate than projected. (Estimated increase by 7.1% by the end of 17/18).
- Compared with the 15/16 baseline year, there was variation in performance across LCPPs ranging from an increase of 8.7% in North East and Lochee to a decrease of 1.5% in Coldside. Overall the variation gap for emergency admissions has been widening since 15/16.
- Compared with the first 6 months of 16/17 there were 37 more emergency admissions in the first 6 months of 17/18 (up from 14,873 to 14,913)
- Compared with other partnerships, Dundee performed better than 11 and worse than 20.
- Dundee performed better than all other family group Partnerships (North Lanarkshire, Glasgow, East Ayrshire, North Ayrshire, Inverclyde, West Dunbartonshire, Western Isles.)

Where our performance has declined from 2015/16 baseline

Readmission Rate per 1,000 18+

- During the first 6 months of 17/18, the rate of readmissions increased from the 15/16 baseline year by 3.6%.
- Compared with the 15/16 baseline year, there was variation in performance across LCPPs ranging from an increase of 16.7% in Lochee to a decrease of 2.9% in Strathmartine and Maryfield. Overall the variation gap for readmissions has been narrowing since 15/16.
- Compared with the first 6 months of 16/17 there were 262 more readmissions in the first 6 months of 17/18 (up from 2,905 to 3,167)
- Compared with all other partnerships, Dundee performed the poorest.

Falls related hospital admissions per 1,000 18+

- During the first 6 months of 17/18, the rate of hospital admissions due to falls has increase from the 15/16 baseline year by 9.6%.
- Compared with the 15/16 baseline year, there was variation in performance across LCPPs ranging from an increase of 46.7% in Maryfield to a decrease of 8.1% in Strathmartine. Overall the variation gap for falls has been widening since 15/16.
- Compared with the first 6 months of 16/17 there were 81 more falls admissions in the first 6 months of 17/18 (up from 630 to 711)
- Compared with other partnerships, Dundee performed worse than 30 partnerships and better than one partnership.

Have we closed the variation gap between LCPPS?

Methodology

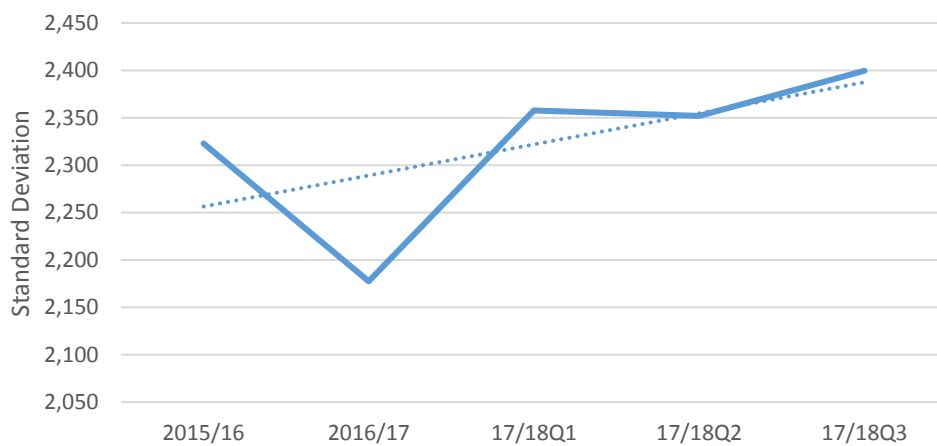
Standard Deviation was used to determine if we have closed the variation gap between LCPPs for the national health and wellbeing indicators since 2015/16. Standard Deviation is a statistical calculation which measures the dispersion of a group of data (LCPP values) from the mean (Average for Dundee). The lower the standard deviation value, the lower the variation between the performance in each LCPP and the mean (average) for Dundee.

Note: the lower the standard deviation, the lower the variation is between performance in individual LCPPs.

Note: the dotted line on the charts below is the trend line.

Emergency Admission Rate (18+)

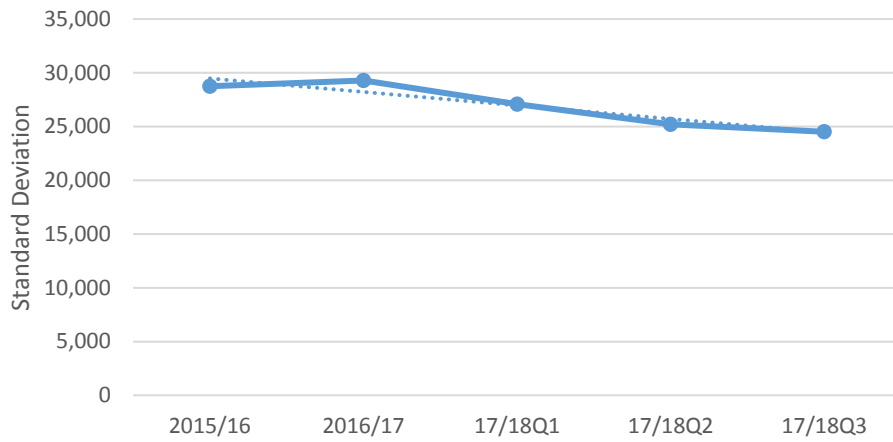
Chart 1: Standard Deviation of Emergency Admission Rate 18+



The variation between LCPPs is INCREASING.

Emergency Bed Day Rate (18+)

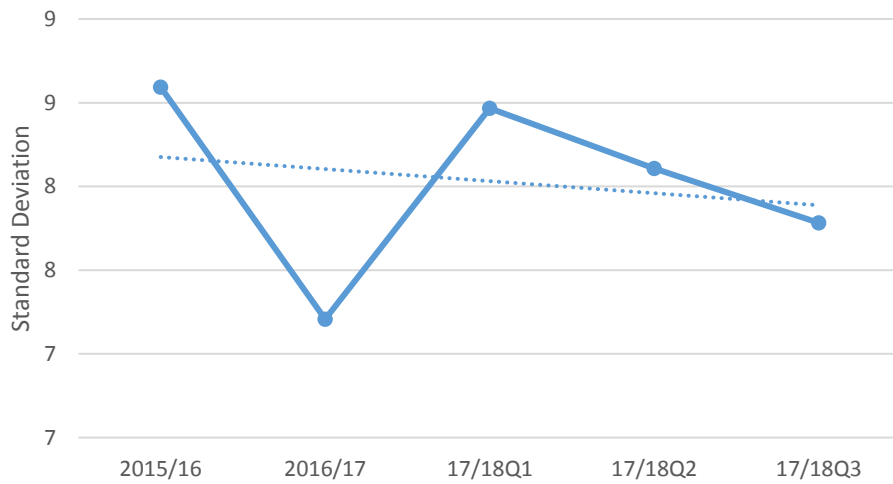
Chart 2: Standard Deviation of Emergency Bed Day Rate 18+



The variation between LCPPs is DECREASING.

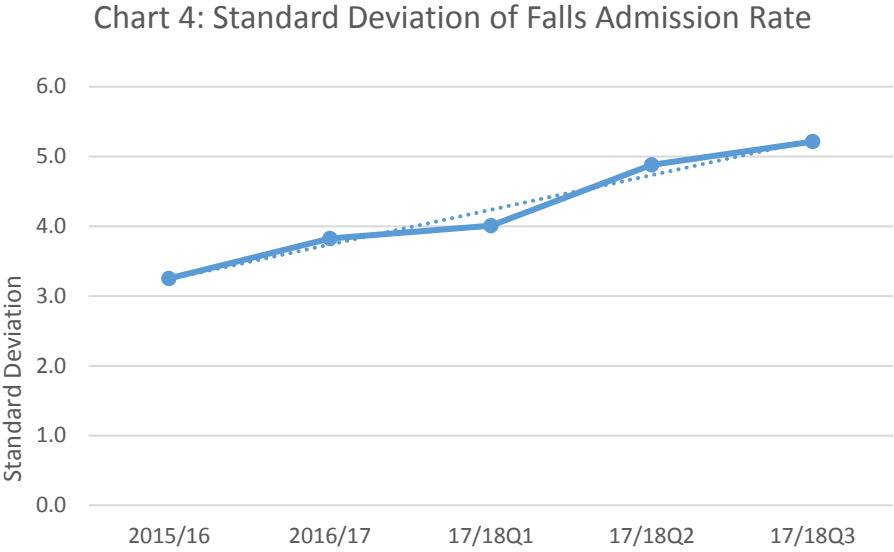
Readmission Rate (rate per 1,000, 18+)

Chart 3: Standard Deviation of Readmission Rate



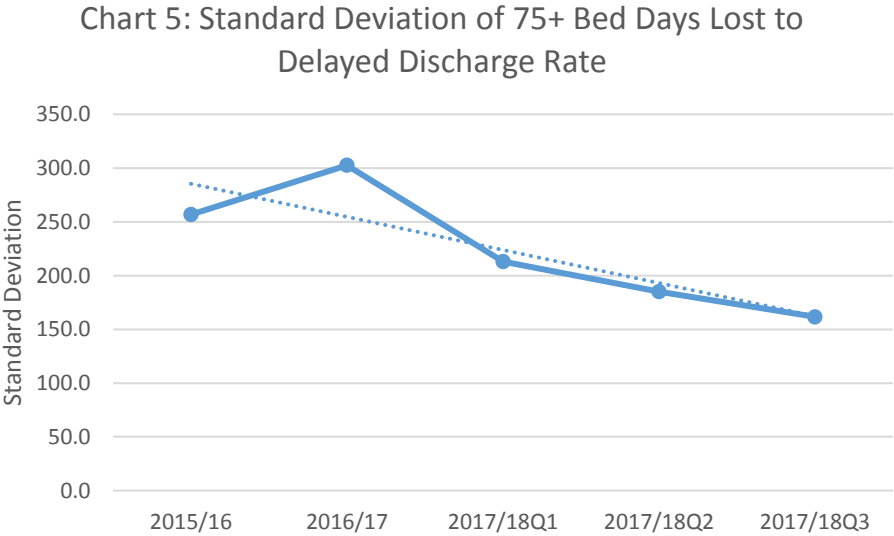
The variation between LCPPs is DECREASING.

Falls related hospital admissions (rate per 1,000, 18+)



The variation between LCPPs is INCREASING.

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



The variation between LCPPs is DECREASING.