



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 24 SEPTEMBER 2019

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP SUMMARY PERFORMANCE REPORT – 2019/20 QUARTER 1

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC33-2019

1.0 PURPOSE OF REPORT

The purpose of this report is to update the Performance and Audit Committee on 2019/20 Quarter 1 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).
- 4.2 The Quarter 1 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 eight 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 PAC 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 as data is not provided by NSS ISD for these service areas.

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). As NSS data is discharge based, numbers for one quarter will have been updated the following quarter as records get submitted for those admitted one quarter and discharged a subsequent quarter. By the time NSS release their data, records are (in most cases) 99% complete. 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 1 PERFORMANCE 2019/20

- 6.1 Rolling data from July 2018 to June 2019 demonstrates that performance exceeded ‘Measuring Performance Under Integration’ targets for rate of emergency admissions, number of emergency bed days for mental health specialties and number of accident and emergency attendances. The targets for number of emergency admissions from accident and emergency, emergency admissions as a rate of all accident and emergency attendances, rate of emergency bed days for acute specialties and rate of delayed discharges (all reasons and complex / code 9 reasons) were not met.
- 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 July 2018 to June 2019.

Between the baseline year (2015/16) and 2019/20 Quarter 1 there has been improved performance in:

- Rate of bed days lost to delayed discharge for people aged 75+ (for both Standard and Complex delays)
- Emergency bed day rate for people aged 18+.

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

- Emergency admission rate for people aged 18+;
- Readmissions rate for people of all 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 4 (report PAC30-2019 refers) and there are therefore no exceptions to report to PAC.

6.3 Although the rate of standard bed days lost to delayed discharges for people aged 75+ has decreased by 38.6% in Dundee since 2015/16, since 2017/18 there have been increases in all LCPPs except for North East (19.2% reduction). The greatest increase was seen in Coldside (61.6%) and the lowest increase was seen in Maryfield (39.6%). Report PAC37-2019 provides an in a full analysis of discharge management performance report and associated improvement actions.

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)	<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	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.

Dave Berry
Chief Finance Officer

DATE: 16 September
2019

Lynsey Webster
Senior Officer

DUNDEE LCPP PERFORMANCE REPORT 2019/20 QUARTER 1 – EXECUTIVE SUMMARY

- The Quarter 1 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 1 shows the previous 12 months of data including the current quarter. Therefore, Quarter 1 includes data from 1 July 2018 to 30 June 2019.
- Quarter 1 data regarding the 5 national health and wellbeing performance indicators was provided by the NHS Tayside Business Unit – 1 July 2018 to 30 June 2019. 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). As NSS data is discharge based, numbers for one quarter will have been updated the following quarter as records get submitted for those admitted one quarter and discharged a subsequent quarter. By the time NSS release their data, records are (in most cases) 99% complete. 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 2019/20 Quarter 1 there was an improvement in the rate of bed days lost to delayed discharges for people aged 75+ (for both Standard and Complex delays) across all LCPPS except for The Ferry. In The Ferry there was an increase in complex delays by 29.2%, which is a deterioration. There was also an improvement in 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 9.9% for Dundee, which is an improvement. Every LCPP, except Lochee, showed an improvement in 2018/19 Quarter 1 compared with 2015/16 and the biggest improvements were seen in East End, North East and West End, all of which showed a greater than 10% decrease in bed day rates.
- The rate of standard bed days lost to delayed discharges for people aged 75+ has decreased by 38.6% in Dundee since 2015/16, which is an improvement. In 2018/19 Quarter 1 there were decreases across all LCPP areas and the decrease in the rate ranged from 25.8% in Lochee to 56.5% in Maryfield. Despite improved performance when assessing against the 2015/16 baseline, there have been increases in all LCPPs except for North East (19.2% reduction), since 2017/18. The greatest increase was seen in Coldside (61.6%) and the lowest increase was seen in Maryfield (39.6%).
- The rate of complex bed days lost to delayed discharges for people aged 75+ has decreased by 72.5% in Dundee since 2015/16, which is an improvement. In 2018/19 Quarter 1 there were decreases across all LCPP areas, except for The Ferry (29.2% increase) and the decrease in rates ranged from 8.8% in Lochee to 97.4% in West End.
- Emergency admission rates have increased by 4.2% for Dundee since 2015/16 and there were increases in all LCPP areas with the exception of The Ferry (3.4% improvement in the rate) and Strathmartine (0.9% improvement in the rate).

- The rate of readmissions in Dundee has increased by 2.7% since 2015/16. The rate increased in 5 LCPPs (Coldside – 15.8% increase, West End – 13.6% increase, Lochee – 13.5% increase and Maryfield – 2.5% increase). The rate decreased in 4 LCPP areas (North East – 11.8% decrease, Strathmartine – 8.6% decrease, The Ferry - !% decrease and East End – 0.8% decrease).
- The rate of hospital admissions as a result of a fall for people aged 65+ in Dundee has increased by 17.7% since 2015/16, which is a deterioration. The rate increased in all but one LCPP area, The biggest increases were in The Ferry (49.8%) and Coldside (22.4%).

Table 1: National Health and Wellbeing Indicators 1 to 9

National Health & Well Being Indicator	Scotland	Dundee	North Lanarkshire	Glasgow	North Ayrshire	Inverclyde	Dunbartonshire	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 with 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 fared better 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 19/20	Expected % Difference from 15/16 Baseline	Actual % Difference from 15/16 Baseline		Actual % Difference from 19/20 Target		Direction of Travel from Previous Quarter
			2018/19 Q4	2019/20 Q1	2019/20 Q1	2019/20 Q2	
Emergency Admission Rate per 100,000 Dundee Population	12,489	↑7.27	↑4.40	↑3.92	↓3.12		↓
Emergency Admission Numbers	15,225	↑7.78	↑4.89	↑4.41	↓3.12		↓
Emergency Admissions Numbers from A&E	7,440	↑14.76	↑14.84	↑25.00	↑8.84		↑
Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances	301	↑8.66	↑8.67	↑18.77	↑9.30		↑
Emergency Bed Day Rate for Acute Specialties per 100,000 Dundee Population	79,301	↓20.92	↓15.21	↓17.02	↑9.30		↓
Emergency Bed Days Numbers for Acute Specialties	96,674	↓20.55	↓14.82	↓16.62	↑4.95		↓
Emergency Bed Days Numbers for Mental Health Specialties	42,595	↓4.39	↓2.81	↓6.34	↓2.04		↓
Accident & Emergency Attendances	24,680	↑5.30	↑5.48	↑5.14	↓0.16		↓
Number of Bed Days Lost to Delayed Discharges per 1,000 Population (All Reasons)	50	↓59.68	↓37.90	↓33.06	↑66.00		↑
Number of Bed Days Lost to Delayed Discharges (All Reasons)	6,105	↓59.44	↓37.70	↓82.80	↑65.68		↑
Number of Bed Days Lost to Delayed Discharges (Code 9)	3,785	↓43.24	↓27.64	↓27.23	↑28.19		↑

Source: ISD MSG Data

Key: Improved/Better than previous quarter Declined/Worse than previous quarter

Key Points:

- a. Based on current performance, Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances , Emergency Bed Day Rate for Acute Specialties per 100,000 Dundee Population, Number of Bed Days Lost to Delayed Discharges per 1,000 Population(All Reasons) are not on track to meet the 2019/20 trajectories.
- b. The Q1 1920 Emergency Bed Day Rate for Acute Specialties per 100,000 Dundee Population is worse than the Q1 1920 trajectory, however the rate is better than it was in Q4 1819.
- c. 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.
- d. 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 2019/20 Q1 against baseline year 2015/16



									
National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	+4.2	+6.1	+6.4	+6.2	+5.5	-0.9	+8.2	+11.0	-3.4
Emer Bed Days rate per 100,000 18+	-9.9	+1.0	-17.5	-9.0	-26.2	-3.0	-2.8	-20.3	-7.0
Readmissions rate per 1,000 All Ages	+2.7	+13.5	-0.8	+15.8	-11.8	-8.6	+2.5	+13.6	-1.0
Falls rate per 1,000 65+	+17.7	+1.5	+13.9	+22.4	-0.5	+5.6	+6.9	+20.7	+49.8
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-38.6	-25.8	-43.3	-49.0	-55.6	-35.6	-56.5	-40.2	-28.1
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Complex)	-72.4	-8.5	-86.2	-69.3	-90.7	-92.8	-58.0	-97.2	+29.3

Table 4: Performance in Dundee's LCPPs - LCPP Performance in 2019/20 Q1 compared to the Dundee average

									
National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	12,437	14,598	16,833	14,562	12,270	12,971	10,725	8,882	10,642
Emer Bed days rate per 100,000 18+	119,859	163,749	150,351	148,345	83,154	120,212	103,606	78,173	117,449
Readmissions rate per 1,000 All Ages	115	118	123	132	97	106	125	117	97
Falls rate per 1,000 65+	29	27	31	37	20	27	25	33	30
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	323	451	369	282	210	316	259	407	225
Delayed Discharge bed days lost rate per 1,000 75+ (complex)	81	150	72	36	71	30	68	6	53

Source: NHS Tayside data

Key:  Improved/Better  Stayed the same  Declined/Worse