



ANGUS HEALTH AND SOCIAL CARE PARTNERSHIP

2017-18 Quarter 1 Performance

September 2017

Angus Health and Social Care Partnership

2017-18 Quarter 1 Performance

Introduction

The purpose of this Quarter 1 Performance Report is to show progress against the four priorities set out in the Angus Health and Social Care Partnership's strategic plan. These are:

Priority 1	Improving health, wellbeing and independence	Page 6
Priority 2	Supporting care needs at home	Page 9
Priority 3	Developing integrated and enhanced primary care and community responses	Page 12
Priority 4	Improving integrated care pathways for priorities in care	Page 15

The four priorities of our strategic plan aim to deliver the nine national health and wellbeing outcomes.

Data explanatory note: *where health information has been extracted from a different source other than the ISD Source team there are some minor discrepancies between the ISD published and non-ISD published health information. All non-published information, such as health information shown by localities, should therefore be treated with caution. Social care information has been extracted from Care First, there have been some data anomalies and data quality issues which are being addressed to improve the quality of the performance information. The national position for 2016/17 in relation to performance against the 23 national core indicators has not yet been published. We have however been able to provide an indication of performance against the Scottish average in Table 1.*

Angus Performance Summary

- The number of people receiving short breaks (days) increased in 2016/17. The increased level of provision has continued into quarter 1 2017/18. The number of hours delivered has however decreased; this has also been sustained. This means that more people are receiving shorter or fewer day time breaks. Following the introduction of self-directed support, supported people have sought alternatives to traditional day care. This change in individual choice is one of the contributing factors to increases in personal care hours and the decline in short breaks hours.
- The rate of admission to hospital in an emergency following a fall continues to increase. It should be noted, however, that these admissions account for a relatively small number of all emergency admissions. This indicator is used to identify the frailty of the older population. The number and proportion of the population over the age of 75 is increasing.
- There continues to be unexpected variation in the way that social care resources are consumed by localities. North East Angus has more community alarms, uses more personal care, more care home services and more respite than the Angus average. South East locality continues to use high levels of care home services and low levels of care at home services.
- Following the introduction of Enhanced Community Support (ECS) in the North East Locality, readmissions and average length of stay in hospital following an emergency have started to decline. This follows the pattern established in the South West and South East localities following the introduction of ECS.
- Emergency admissions across all localities continue to rise.

Locality Performance in Quarter 1 2017/18



Q1 2017/18 performance has improved by more than 3% against Q4 2016/17



Q1 2017/18 performance is similar to the Q4 2016/17 but may be improving (↓) or declining (↑)



Q1 2016/17 performance has declined more than 3% against Q4 2016/17

Table 1: Percentage change in Quarter 1 2017/18 against Quarter 4 2016/17

National Indicator	Angus	North East	North West	South East	South West	Angus performance in relation to 2016/17 Scottish average
12. Emergency Admissions (page 12)	↑3.5%	↑5.9%	↑2.1%	↑2.08%	↑4.6%	G
13. Emergency Bed Days (page 12)	↑3.9%	↓1.6%	No change	↑1.4%	↑2.5%	G
14. Re-admissions after 28 days (page 13)	↓4.3%	↓5.6%	↓0.4%	↓6.2%	↓6.9%	R
16. Falls ending in admission (page8)	↑5.0%	No change	↓3.6%	↑14%	↑12.4%	G
19. Delayed Discharges (page 21)	↓2.1%	↓17.6%	↓6.9%	↑33.0%	↑27.7%	G

Notes

The table above shows change based on performance in the previous quarter. The notes below provide comparison to quarter 1 ending in June 2016.

- 12 Emergency admissions – there were 10,174 emergency admissions (including readmissions) in the year to the end of June 2017. This is an increase of 379 admissions for the same period ending June 2016.
- 13 Bed days emergency - admissions accounted for 99,644 bed days in the year to the end of June 2017. This was a decrease of 254 bed days on the year to the end of June 2016.
- 14 Readmissions - there were 1,710 readmissions in the year to the end of June 2017. This is a decrease of 64 readmissions on the year to the end of June 2016.
- 16 Falls- there were 562 emergency admissions that resulted from a fall in the year to the end of June 2017. This is an increase of 54 admissions on the year to the end of June 2016. Falls account for only 5% of all emergency admissions.
- 19 Delayed Discharges - the number of delayed discharges is small; the increase in delays in South West is 1 more person in the year ending June 2017 compared to 2016/17 and 2 more people in the South East. In total there were 238 people who did not experience a timely discharge in the year to the end of June 2017. This was a decrease of 20 people of the year to the end of June 2016. Where people are delayed they are experiencing a slightly longer delay of on average 1.9 additional days when compared to the year to the end of June 2016.

Priority 1: Improving Health, Wellbeing and Independence

Graph 1: Management Information: Premature Mortality Rate for People aged Under 7 per 100,000 Population

There is no update on this information. This data is only available annually.

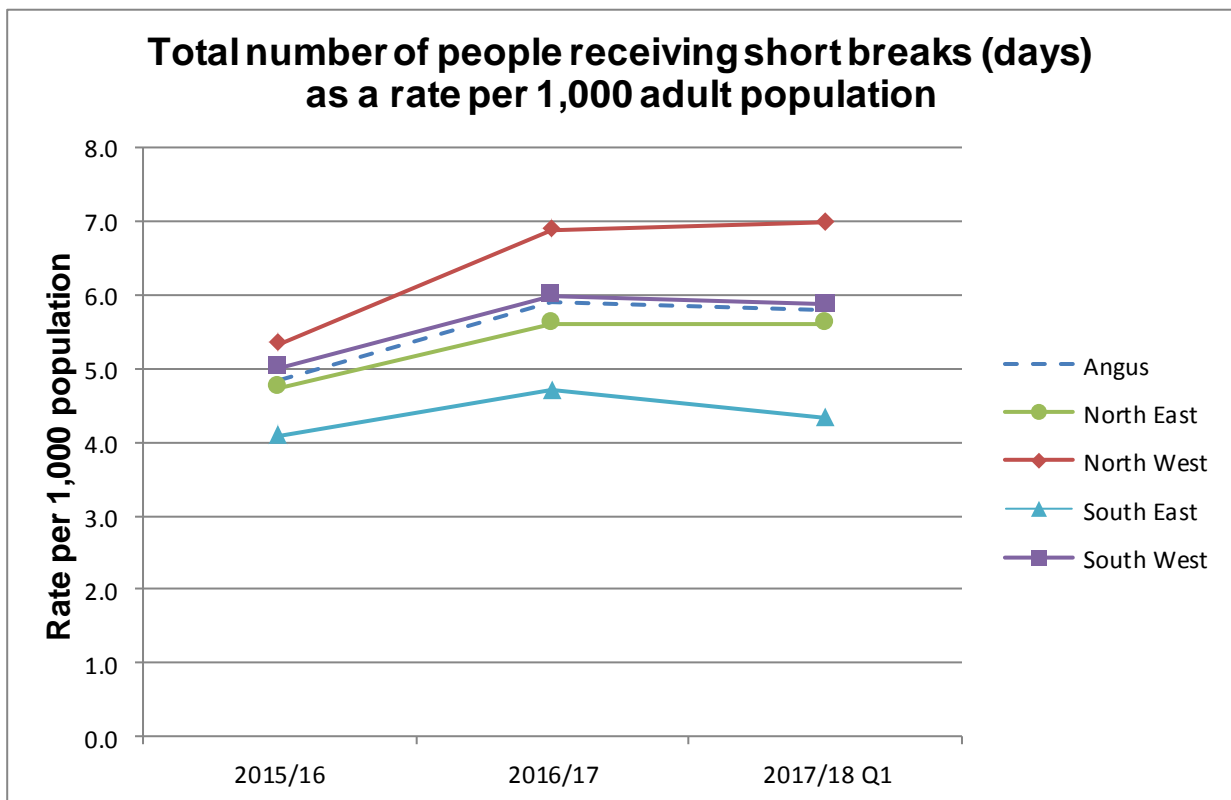
Source: National Record of Statistics

Graph 2: Management Information at Locality Level: Premature Mortality Rate for People aged Under 75 per 100,000 Population in 2015

There is no update on this information. This data is only available annually.

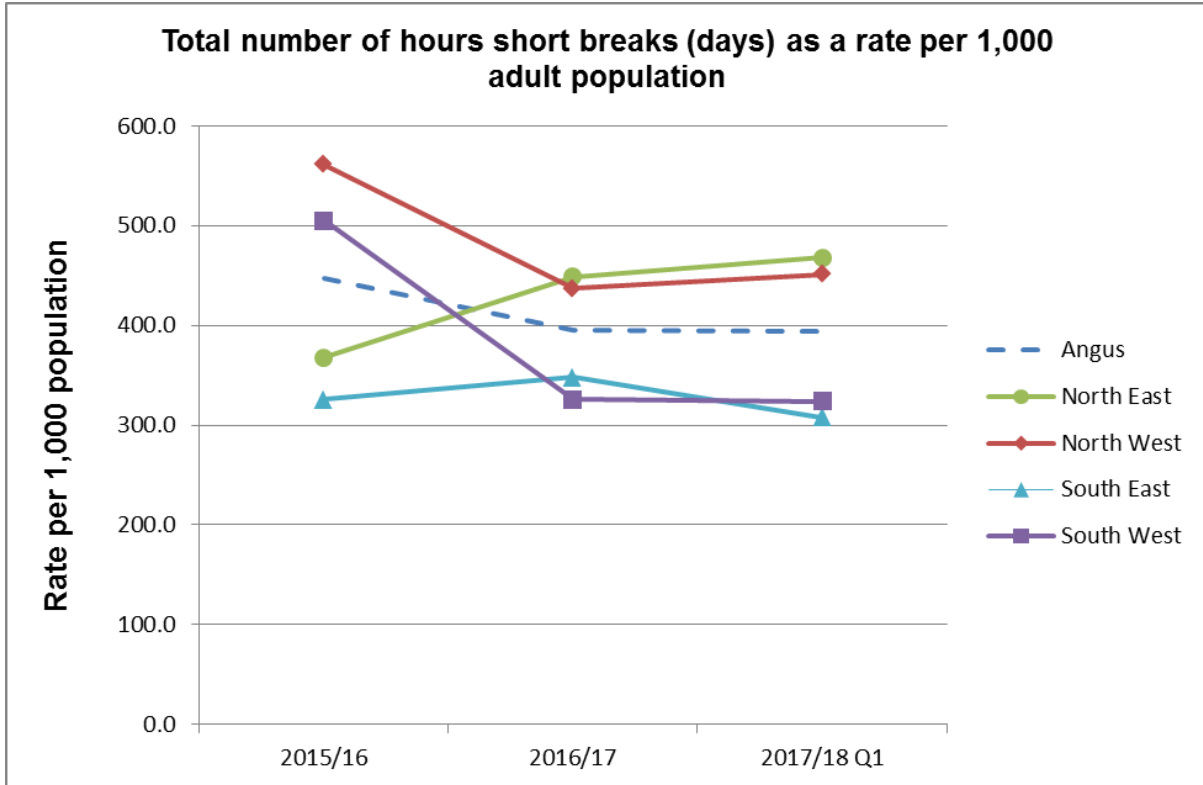
Source: ISD LIST (not official NRS statistics)

Graph 3: Management Information at Locality Level: Rate of people using short breaks (days)



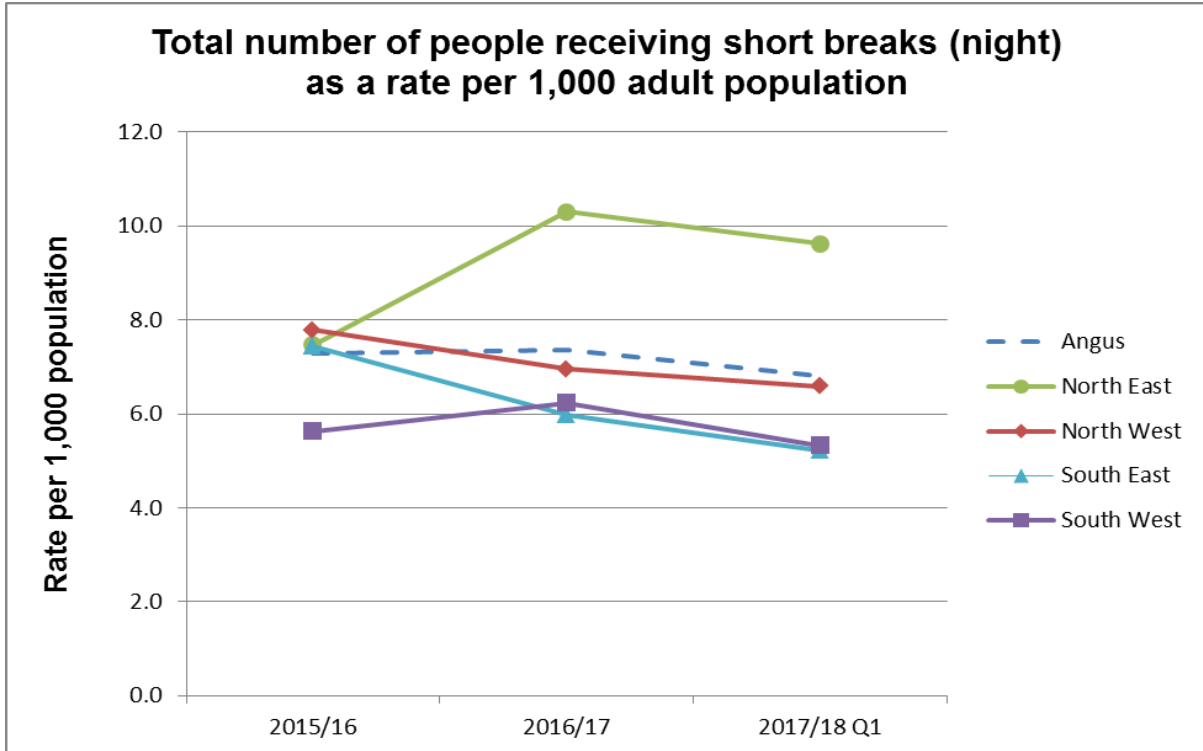
Source: Care First (Angus Council)

Graph 4: Management Information at Locality: Rate of short breaks (daytime hours)



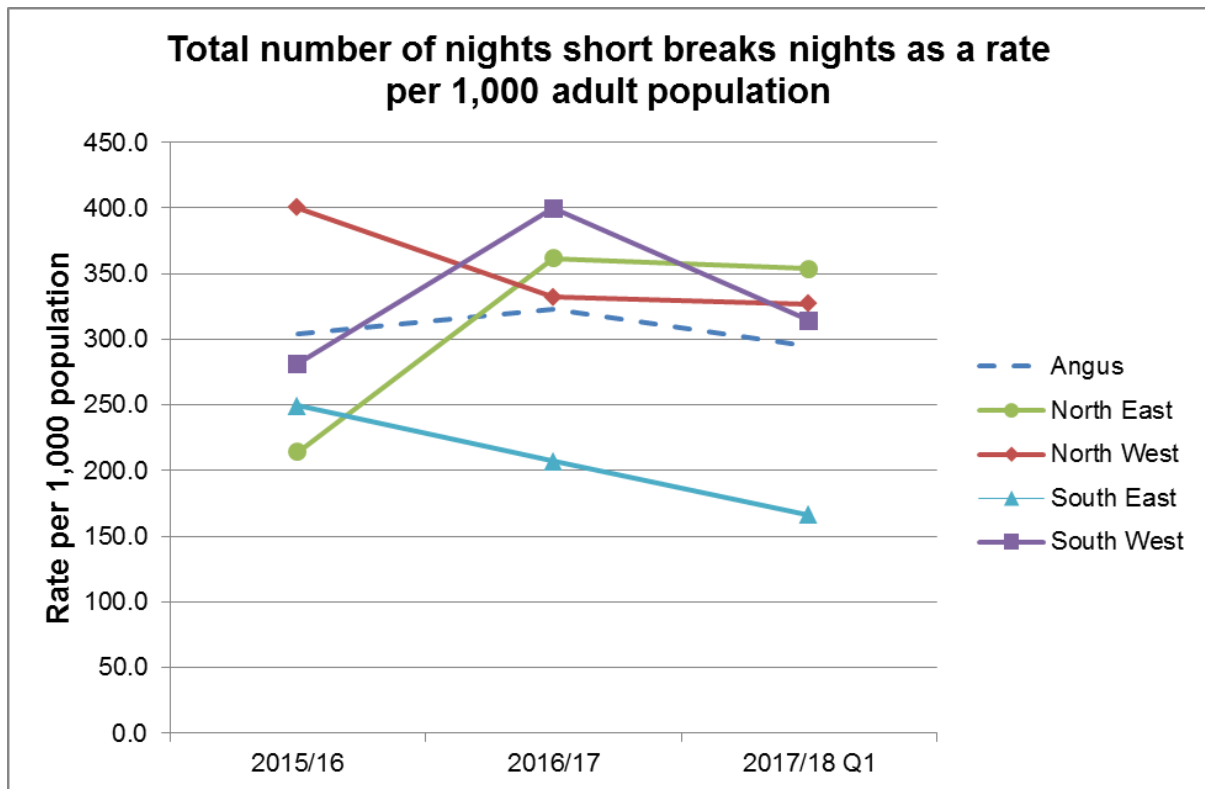
Source: Care First (Angus Council)

Graph 5: Management Information at Locality Level: Rate of people using short breaks (nights)



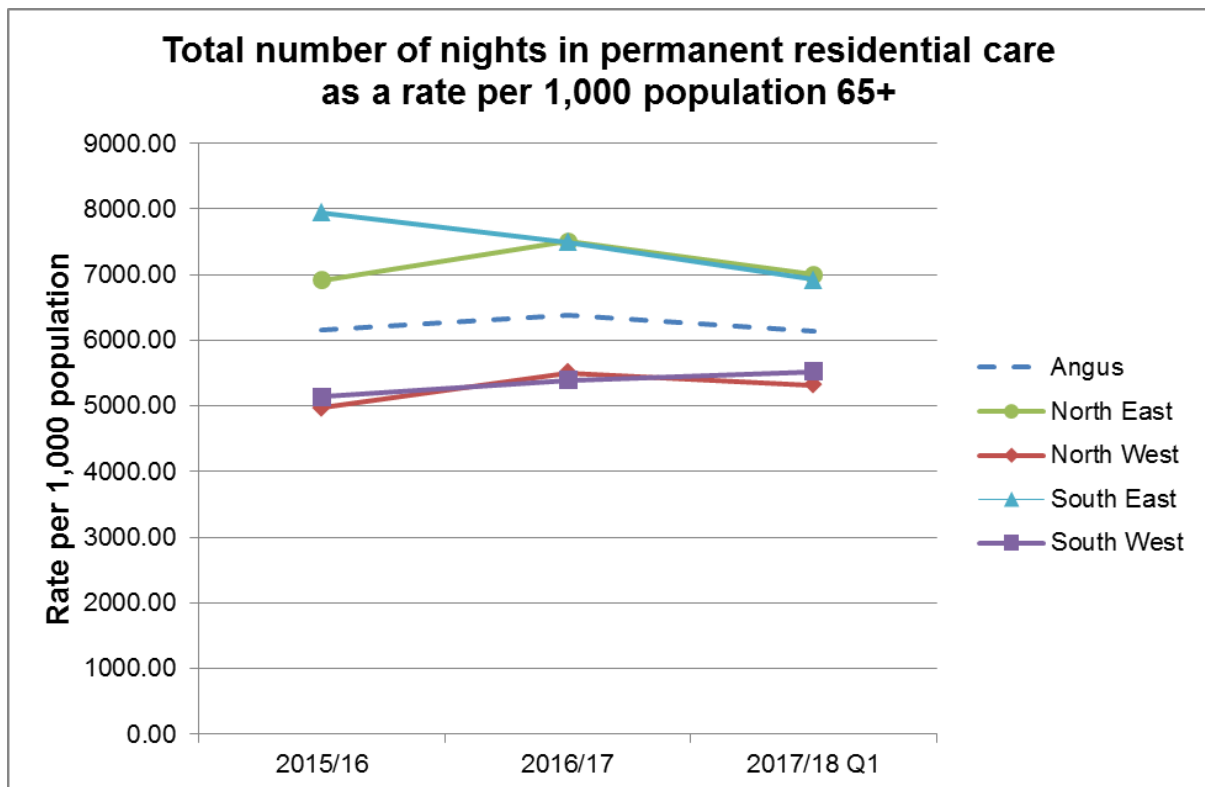
Source: Care First (Angus Council)

Graph 6: Management Information at Locality Level: Rate of short breaks nights



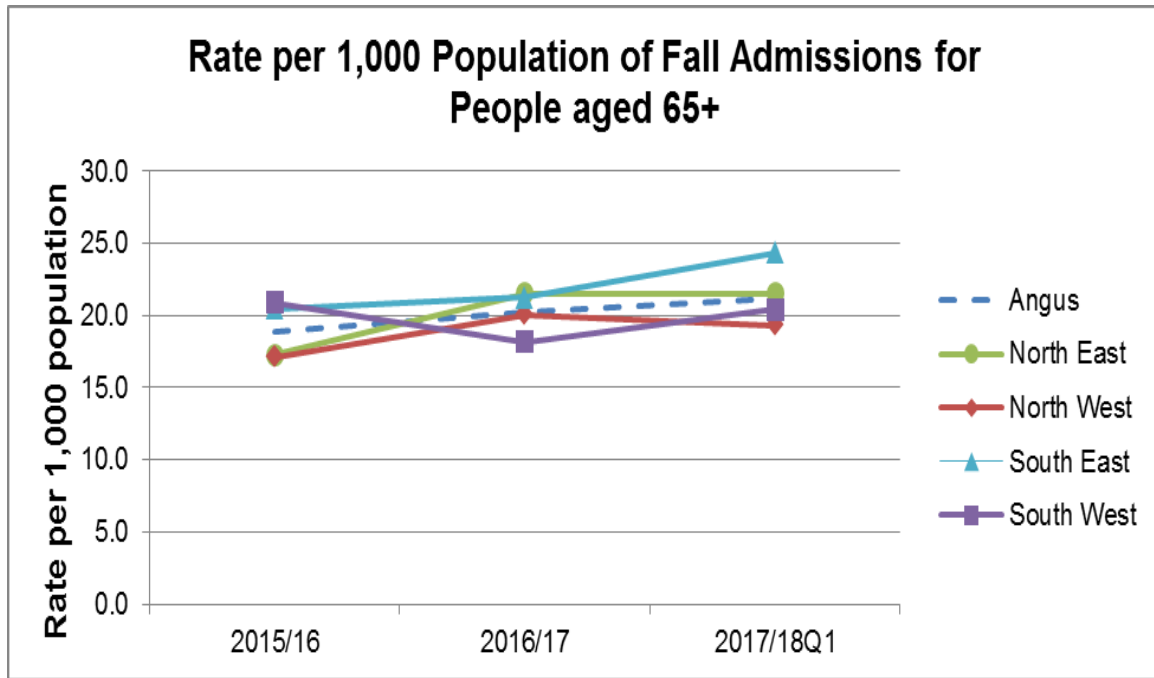
Source: Care First (Angus Council)

Graph 7: Management Information at Locality Level: Rate of community alarm use



Source: Care First (Angus Council)

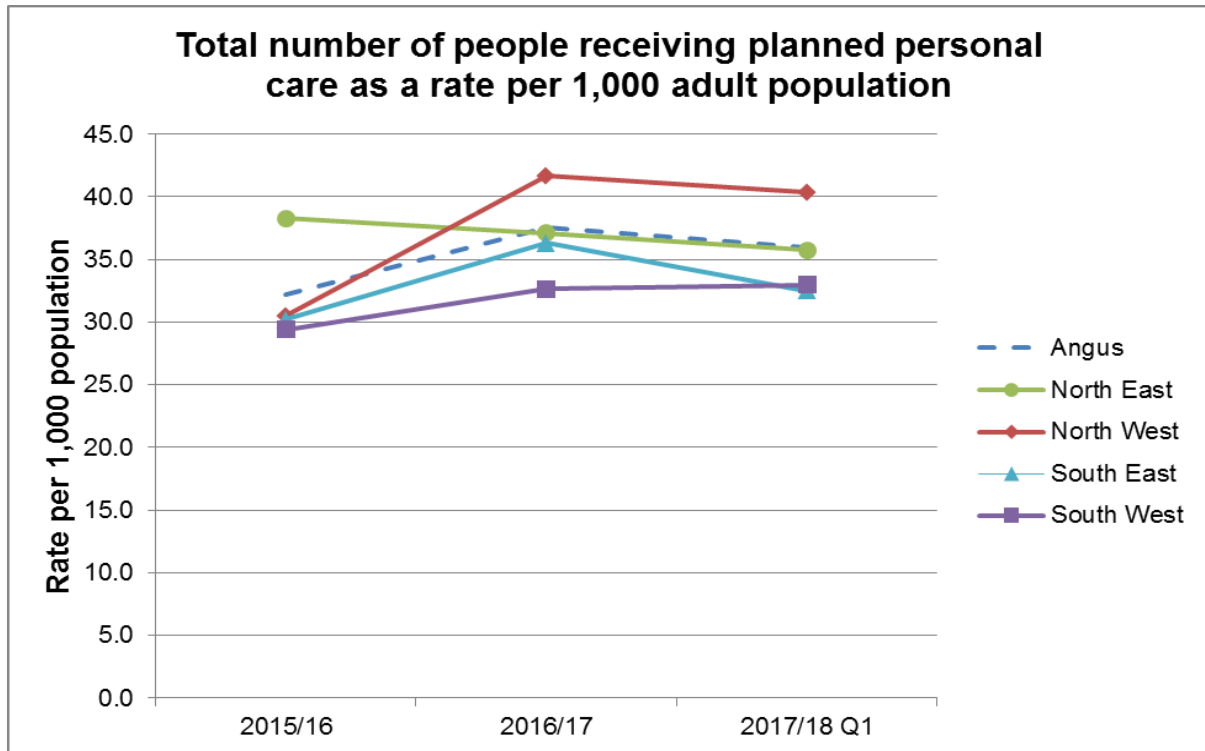
Graph 8: Management Information at Locality Level: Rate of fall admissions per 1,000 population for people aged 65+



ISD LIST management information (not official ISD statistics)

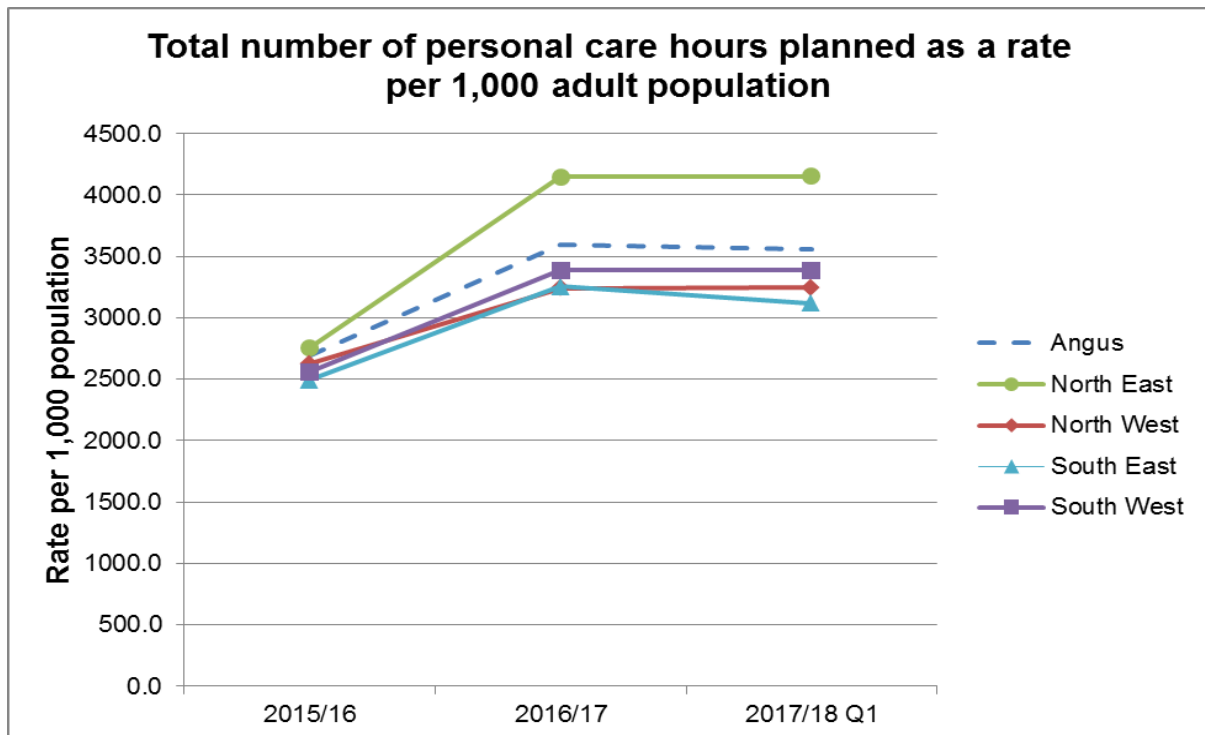
Priority 2: Supporting care needs at Home

Graph 9: Management Information at Locality level: Rate of Personal Care Hours



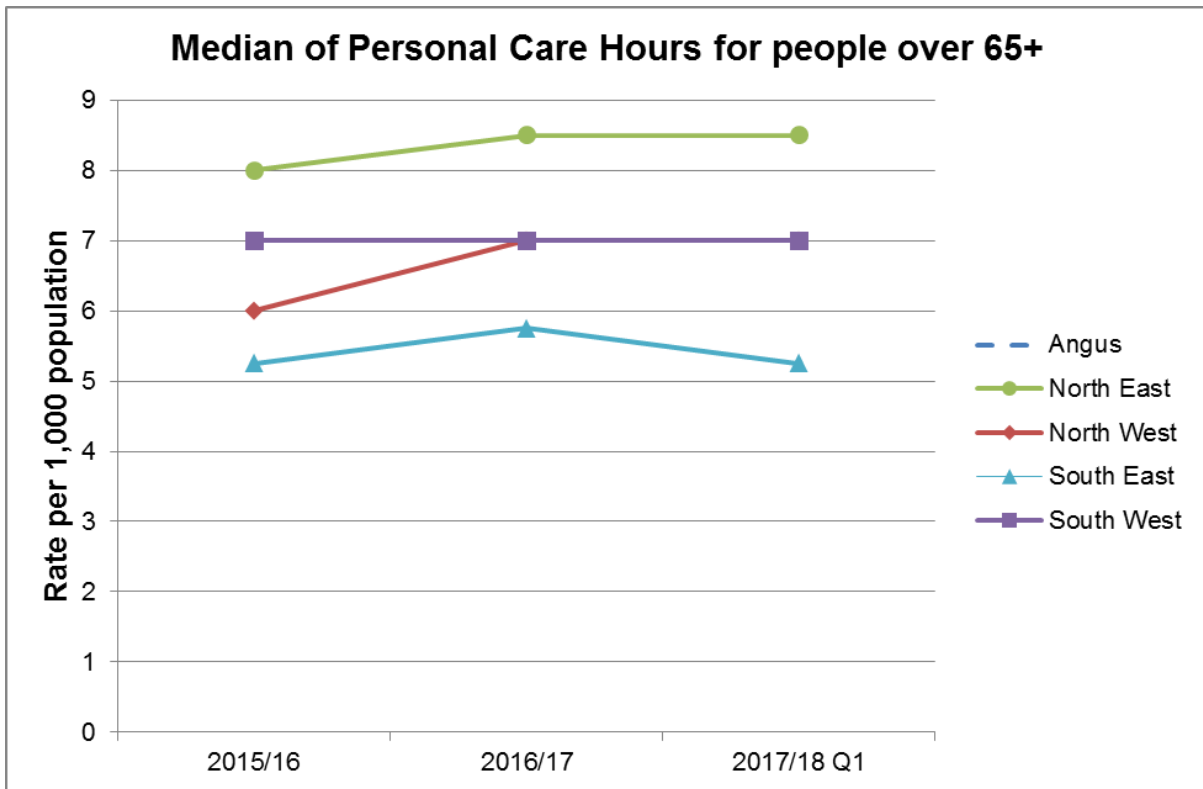
Source: Care First (Angus Council)

Graph 10: Management Information at Locality level: Rate of Personal Care Hours



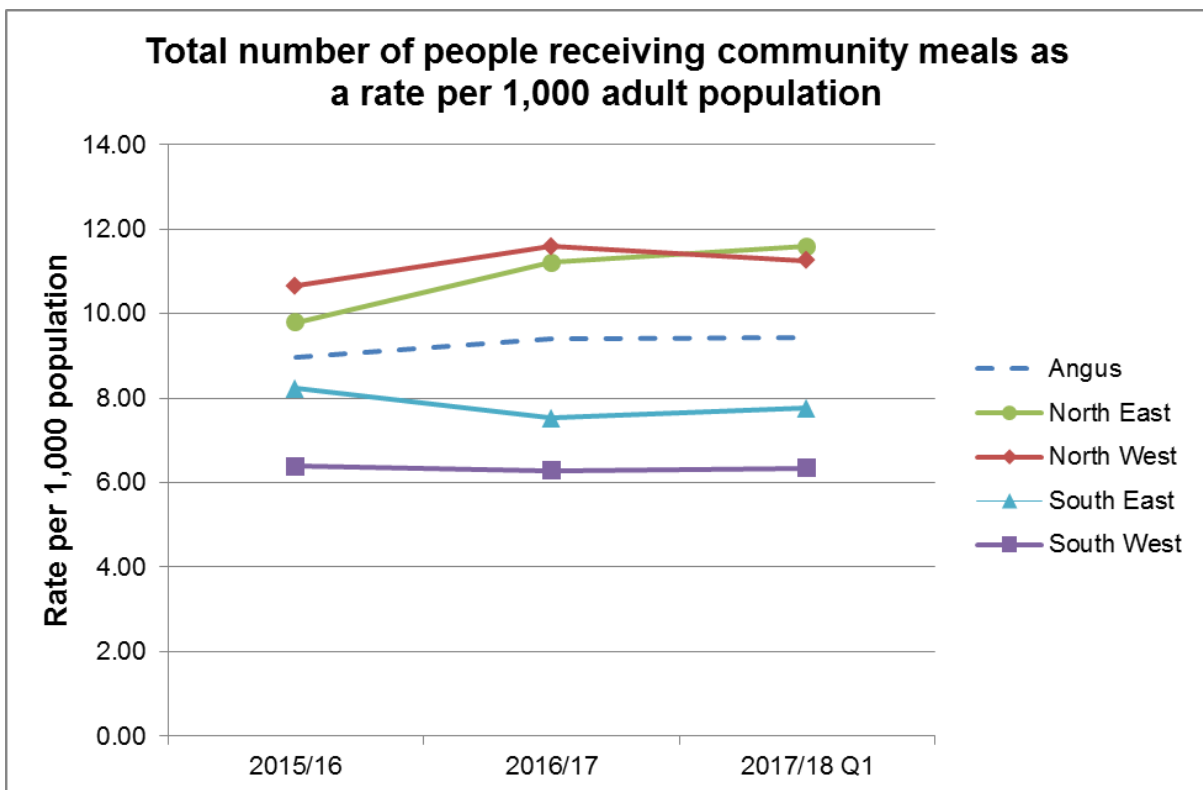
Source: Care First (Angus Council)

Graph 11: Management Information at Locality level: Personal care support per week (Hours)



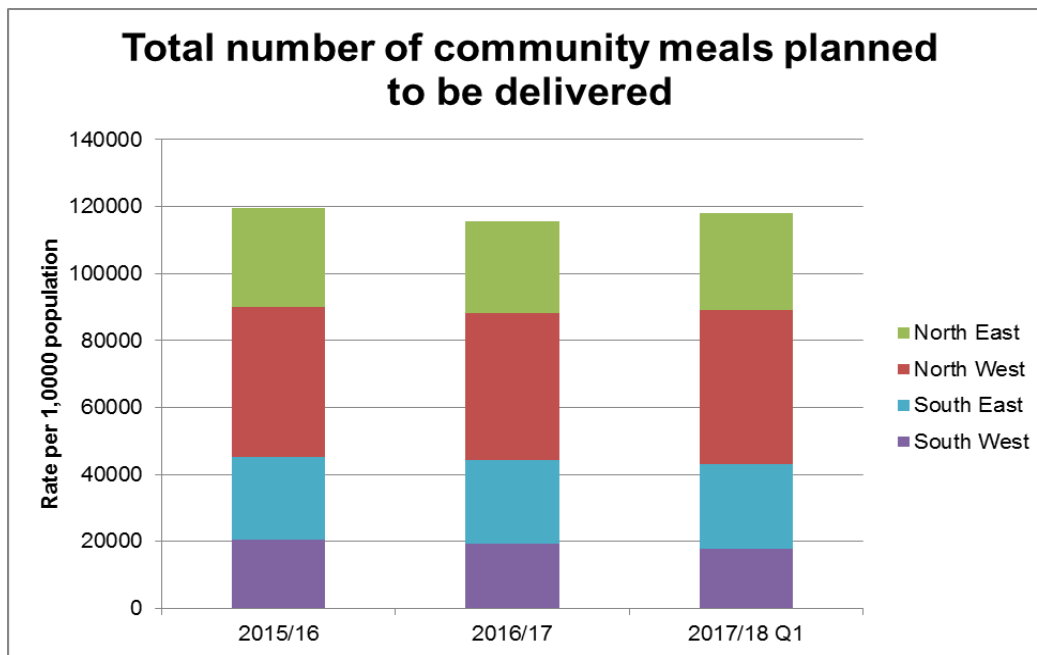
Source: Care First (Angus Council)

Graph 12: Management Information at Locality level: Rate of Community Meals Provision



Source: Care First (Angus Council)

Graph 13: Management Information at locality level: Community Meals Delivered



Source: Care First (Angus Council)

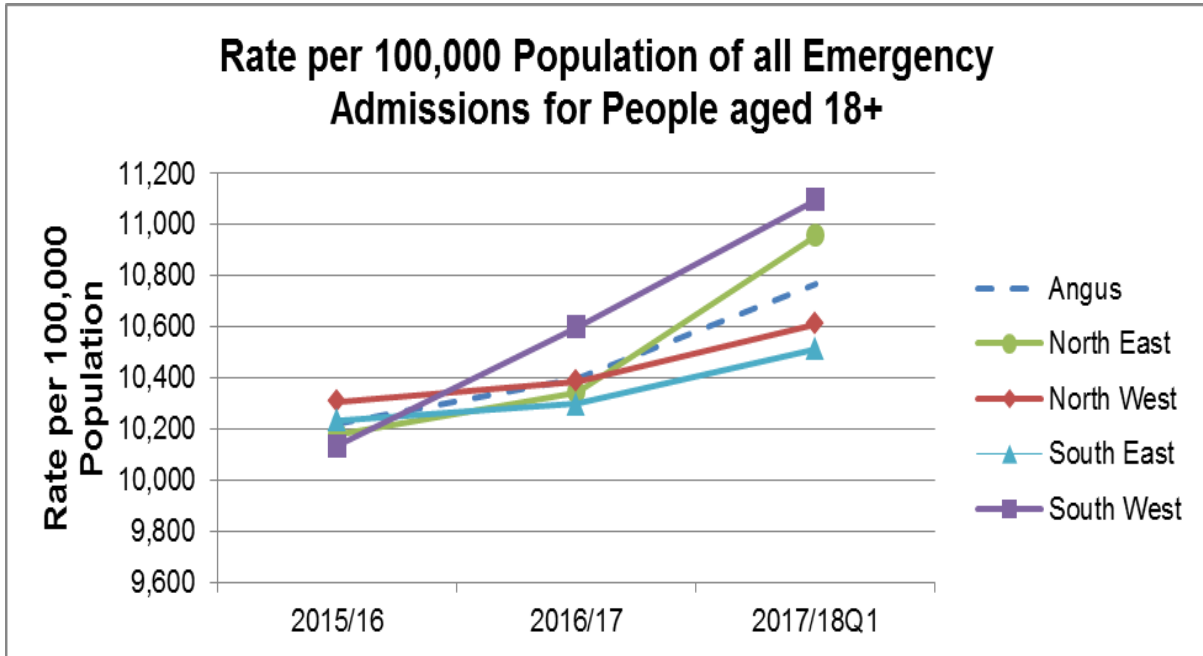
Graph 14: Management Information at Locality Level: Proportion of Last 6 Months spent at Home or in a Community Setting

There is no update on this information. This data is only available annually.

Source: ISD LIST management information (not official ISD statistics)

Priority 3: Developing integrated and enhanced primary care and community responses

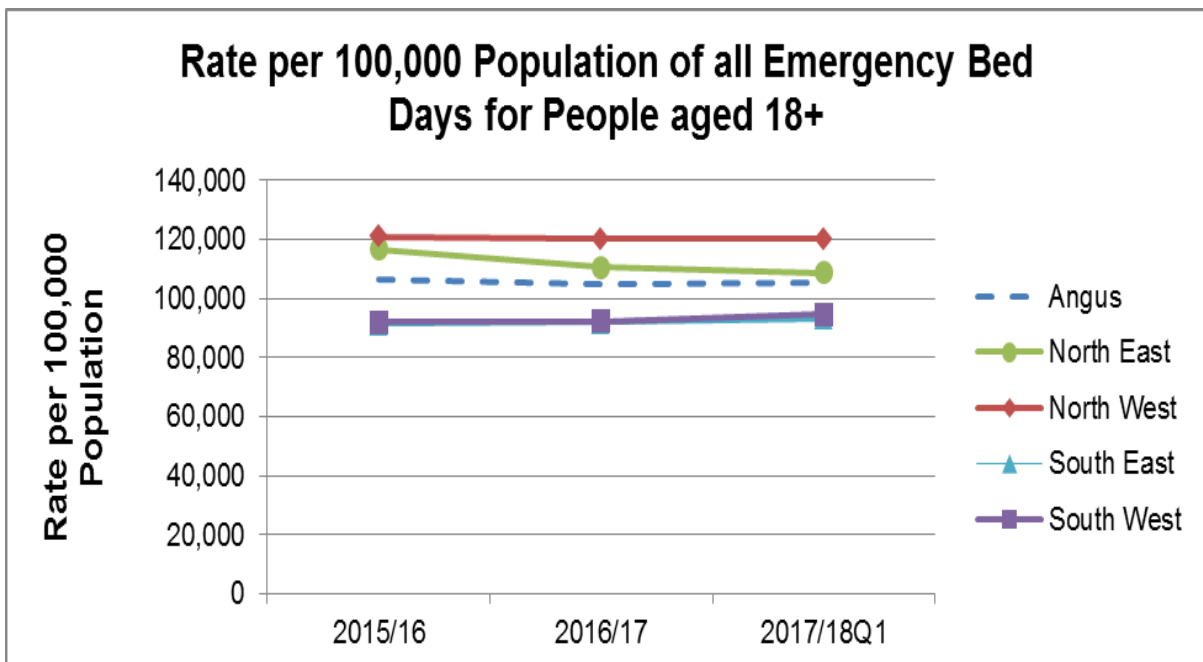
Graph 15: Management Information at Locality Level: Rate of Emergency Admissions for Adults



Source: ISD LIST management information (not official ISD statistics)

Graph 16: Management Information at Locality Level: Rate of Emergency Bed Days for Adults

Source: NHS Tayside Business Unit (not official ISD statistics)

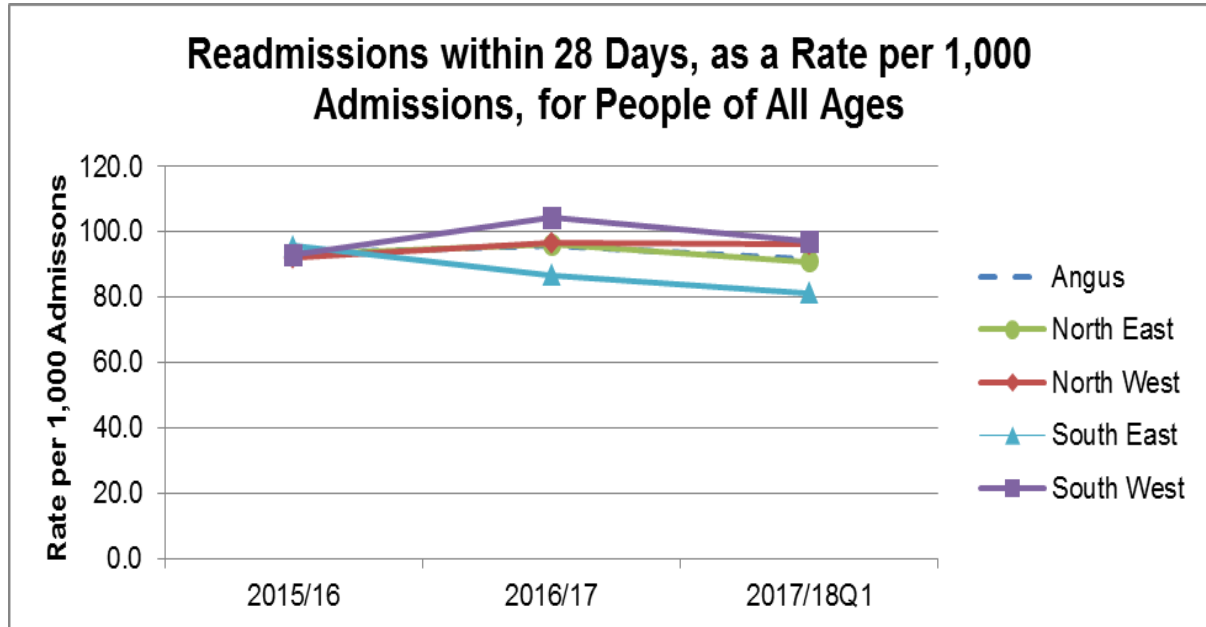


Graph 17: Management Information at Locality Level: Average Length of Stay for Emergency Admissions for Adults

There is no update on this information. The information for 17/18 Q1 is unavailable.

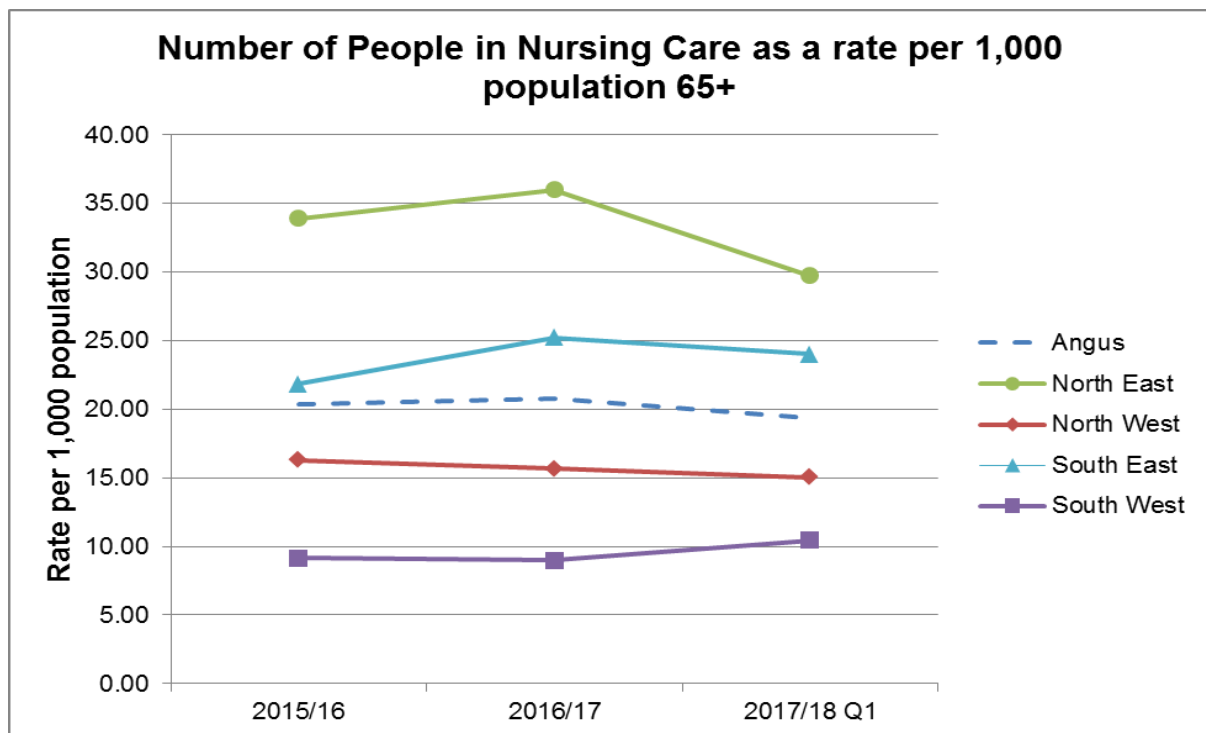
Source: ISD LIST management information (not official ISD statistics)

Graph 18: Management Information at Locality Level: Emergency Readmission Rates within 28 days



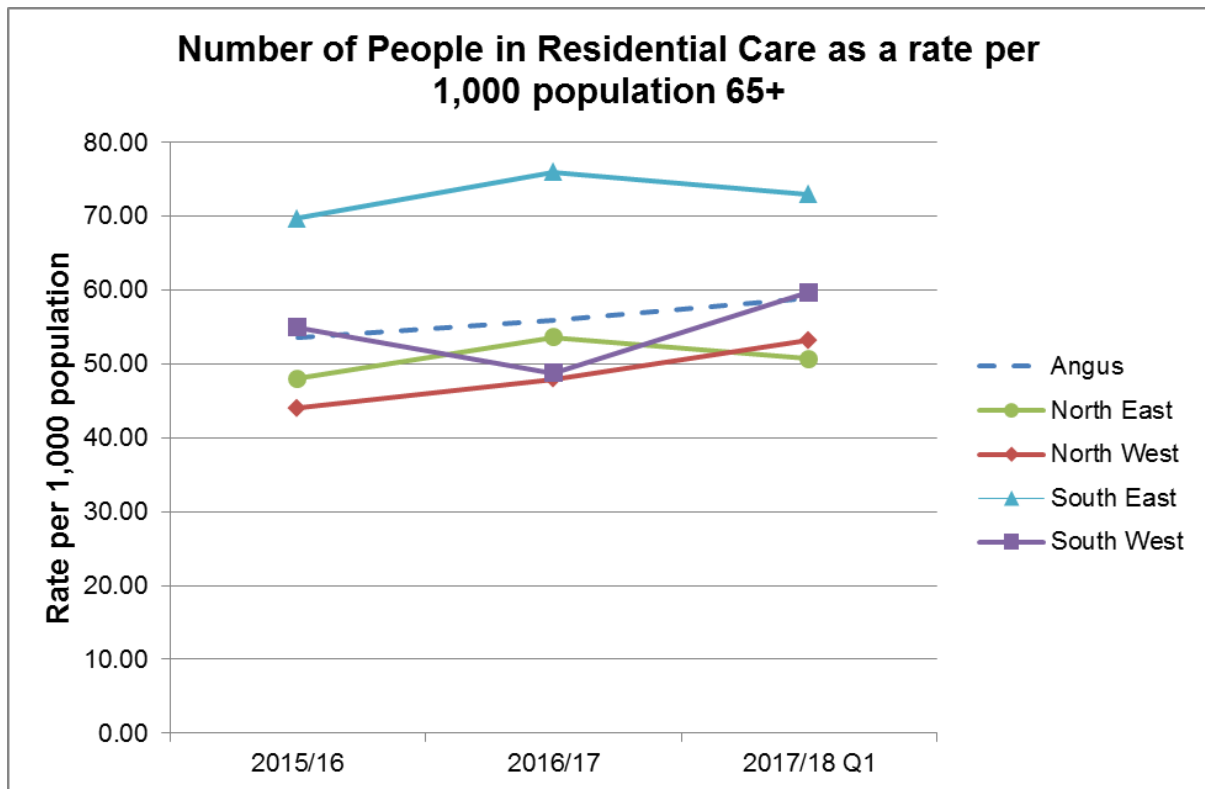
Source: ISD LIST management information (not official ISD statistics)

Graph 19: Management Information at Locality Level: Nursing Care Placement Rate



Source: Care First (Angus Council)

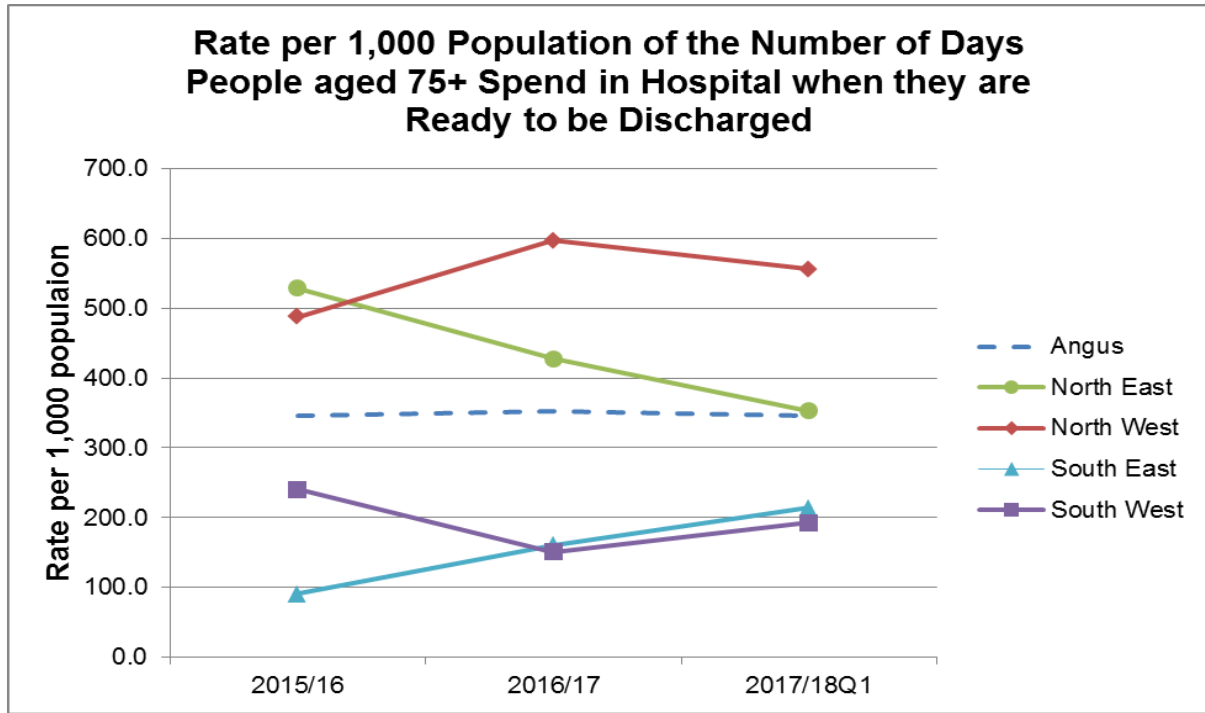
Graph 20: Management Information at Locality Level: Residential Care Placement Rate



Source: Care First (Angus Council)

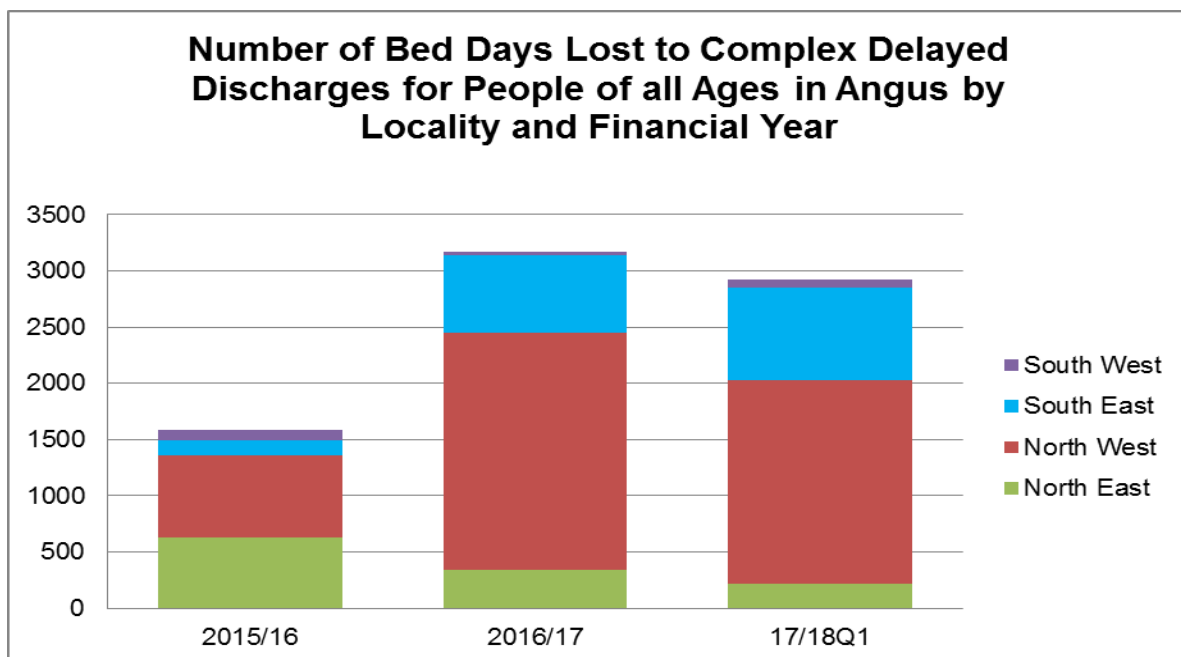
Priority 4: Improving integrated care pathways for priorities in care

Graph 21: Management Information at Locality Level: Bed days lost to delays in Discharge



Source: ISD LIST management information (not official ISD statistics)

Graph 22: Management Information at Locality Level: Bed days lost to complex delays in discharge



Source: ISD LIST management information (not official ISD statistics)