ANGUS HEALTH AND SOCIAL CARE PARTNERSHIP

2017-18 Quarter 3 Performance

February 2018

Angus Health and Social Care Partnership

2017-18 Quarter 3 Performance

Introduction

The purpose of this Quarter 3 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 5
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.*

Locality Performance in Quarter 3 2017/18

Q3 2017/18 performance has improved by more than 3% against Q3 2016/17

Q3 2017/18 performance is similar to the Q3 2016/17 but may be improving (↓) or declining (↑)

Q3 2016/17 performance has declined more than 3% against Q3 2016/17

Table 1: Percentage change in Quarter 3 2017/18 against Quarter 3 2016/17

NOTE: National Indicators 1-10 are gathered from a biennial survey. There is no further update on these indicators following the 15/16 baseline report provided previously. Not all National Indicators 11-23 are available on a quarterly basis. Those indicators which are available quarterly are shown in the table below.

National Indicator	Angus	North East	North West	South East	South West
12. Emergency Admissions (page 13)	↓1.5%	↓4.3%	↓2.2%	↑1.6%	↓0.7%
13. Emergency Bed Days (page 13)	↓7.9%	↓19.6%	↓7.6%	↑7.1%	↓8.4%
14. Re-admissions after 28 days (page 14)	↓14.7%	↓18.3%	↓10.8%	↓8.1%	↓22.4%
16. Falls ending in admission (page 9)*	↑1.7%	↑0.8%	↓20.0%	↑21.7%	↑10.3%
19. Delayed Discharges – bed days lost for +75 (page 16)	↑27.0%	↑22.0%	↓6.9%	↑138%	↑120%

Notes

The table on Page 3 shows change based on performance in Quarter 3 2017/18 relative to Quarter 3 2016/17.

Below is the narrative supporting the percentage change:-

12 Emergency admissions – there were 10,182 emergency admissions (including readmissions) in the year to the end of December 2017. This is a decrease of 155 admissions for the same period ending December 2016. There was an underlying rise in admissions in quarter 3 compared with quarter 2 2017/18. This can be accounted for in the rise of admissions due to flu type illness.

13 Emergency Bed Days - admissions accounted for 98,235 bed days in the year to the end of December 2017. This was a decrease of 8,496 bed days in the year to the end of December 2016. This is a continuing trend with a reduction in bed days having been achieved in every quarter of 2017/18 for Angus however some localities are seeing some variance and in this quarter we see the South East has had an increase of 1,492 bed days from 21,552 in Q3 2016/17 to 23,044 in Q3 2017/18.

14 Readmissions - there were 1,727 readmissions in the year to the end of December 2017. This is a decrease of 299 readmissions on the year to the end of June 2016. Readmission numbers have been variable during 2017/18, with the greatest increase being seen in the South localities.

16 Falls – **(The data for this measure was incomplete and a prediction model was used to calculate the change)** There were 532 emergency admissions that resulted from a fall in the year to the end of December 2017. This is an increase of 9 admissions in comparison to the same period in 2016. Falls account for 5% of all emergency admissions to hospital.

19 Delayed Discharges - The number of days lost due to delays in discharge planning for people aged over 75 has increased from 3,939 days in Q3 2016/17 to 5,005 days in Q3 2017/18. The 5,005 bed days lost account for 5% of the 103,968 bed days occupied by all adults following an admission in an emergency situation. The South localities have seen an increase of more than 100% on Q3 2017/18 in comparison to Q3 2016/17. South East had an increase from 342 days in Q3 2016/17 to 817 Q3 2017/18 bed days lost. South West had an increase from 411 days to 908 bed days lost. Where people are delayed, this is 1.4 additional days compared to the year to the end of December 2016. The average length of stay in each quarter of 2017/18 has seen a continual increase.

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.

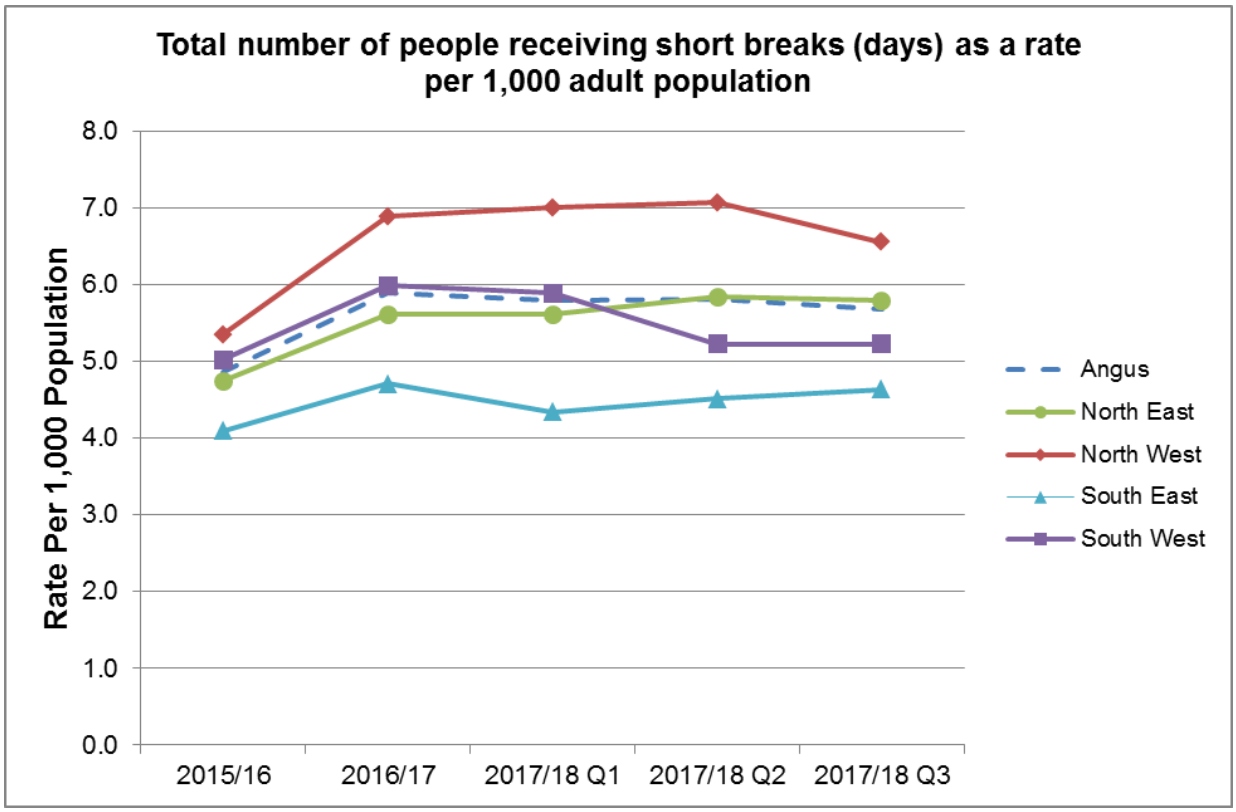
Source: National Record of Statistics

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.

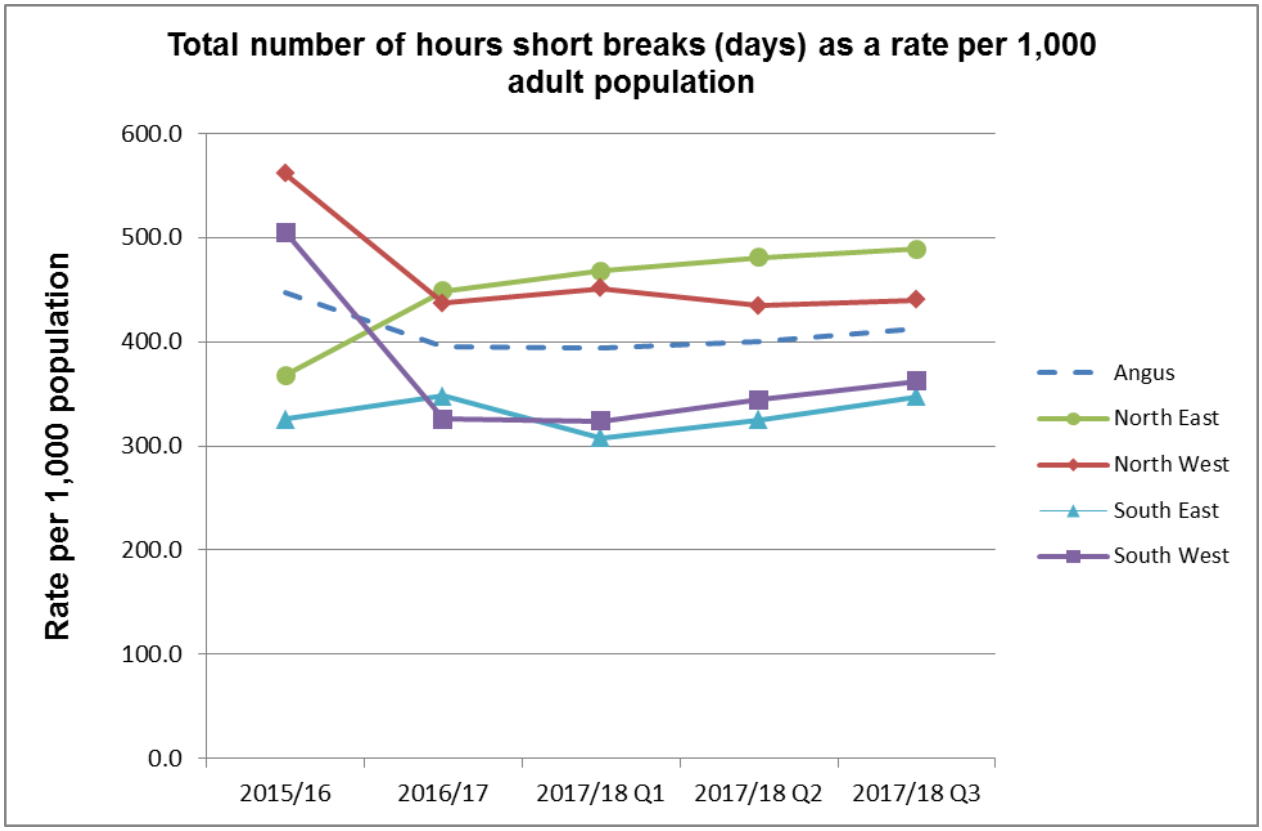
Source: ISD LIST (not official NRS statistics)

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



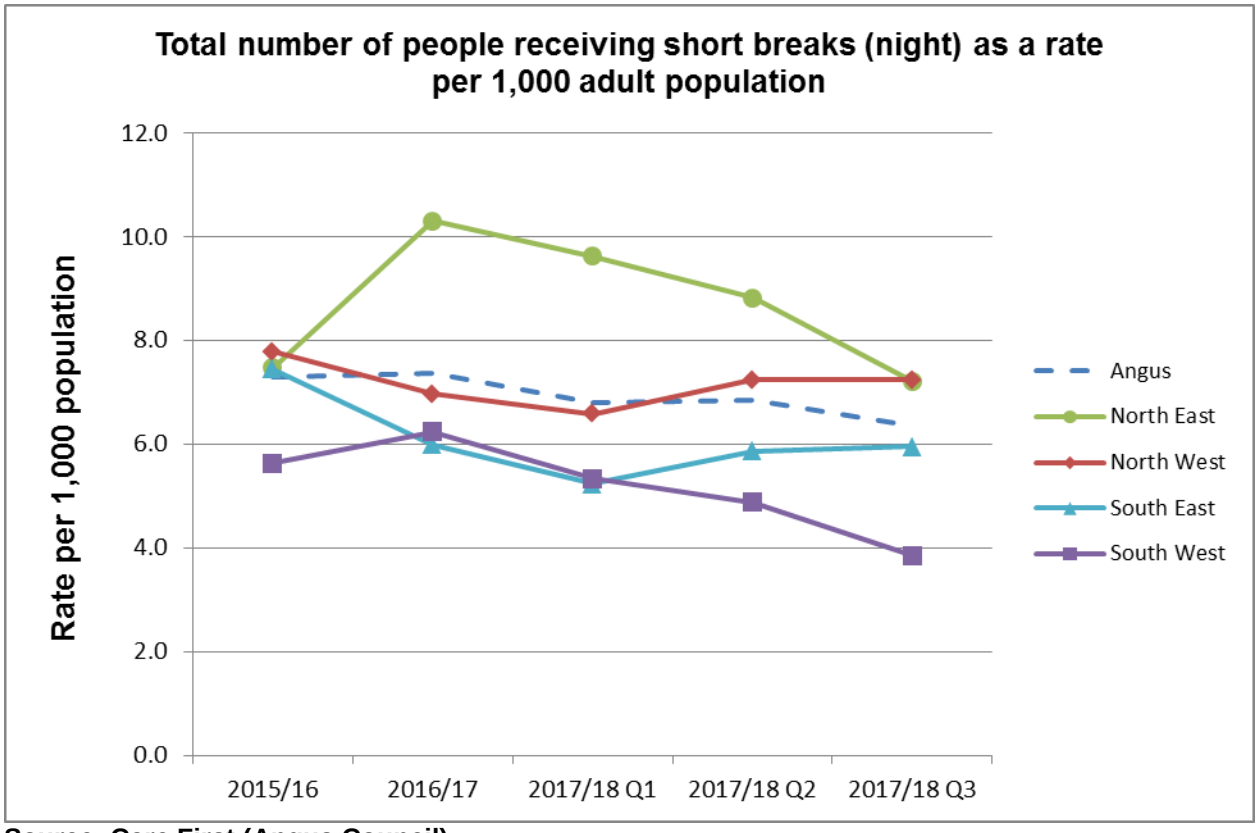
Source: Care First (Angus Council)

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



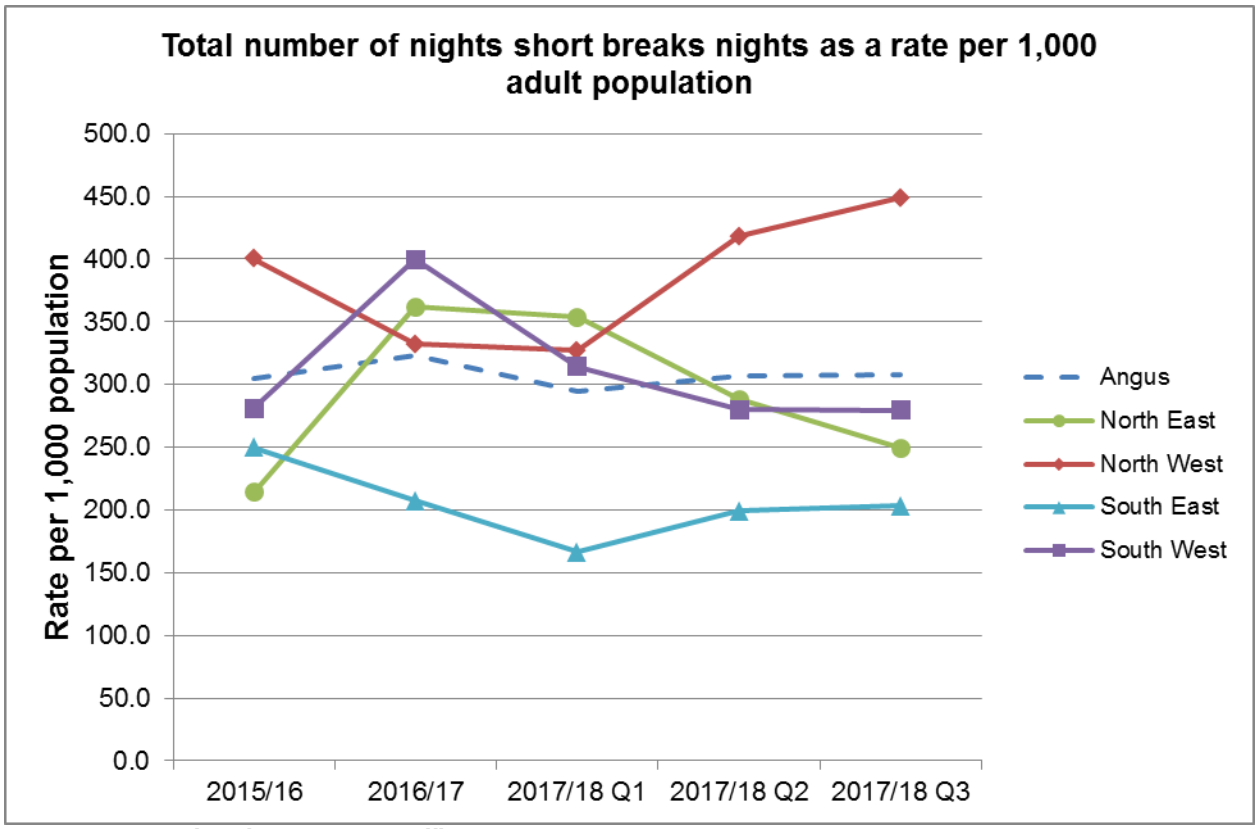
Source: Care First (Angus Council)

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



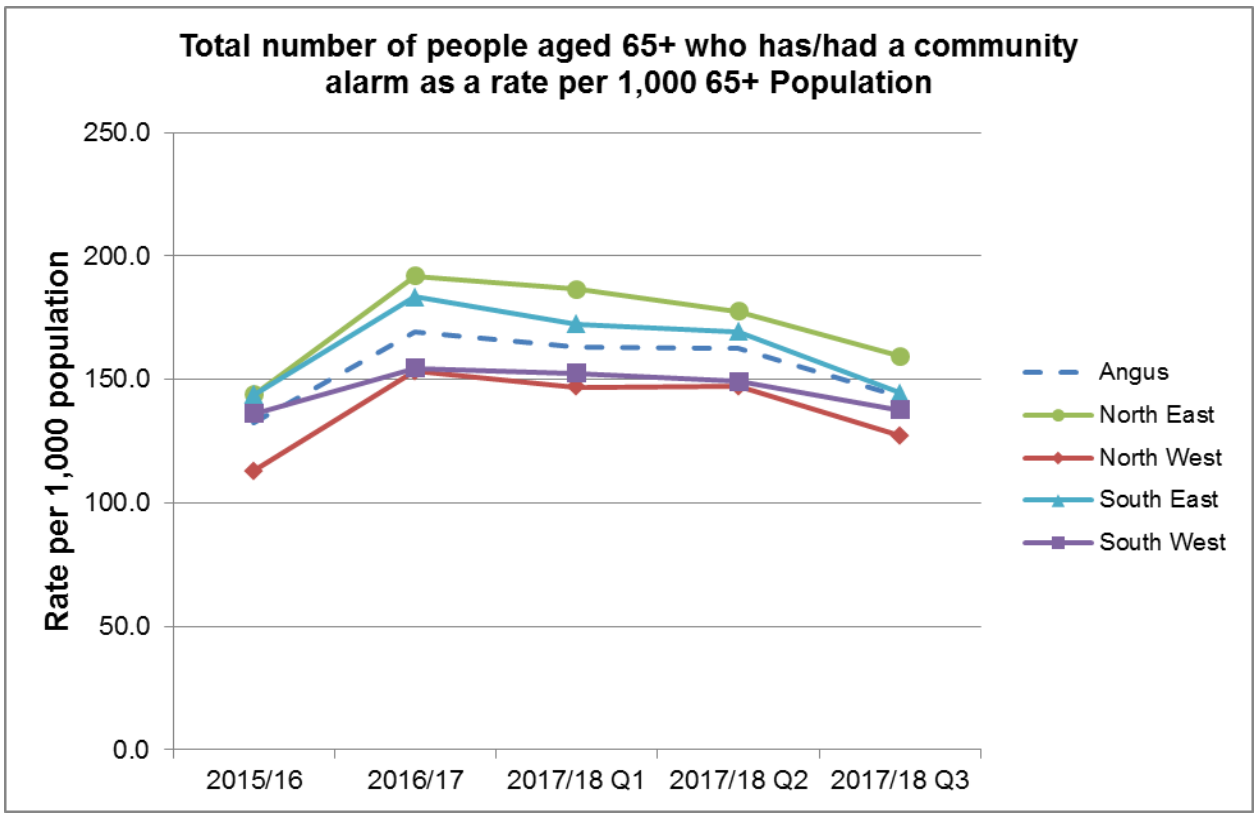
Source: Care First (Angus Council)

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



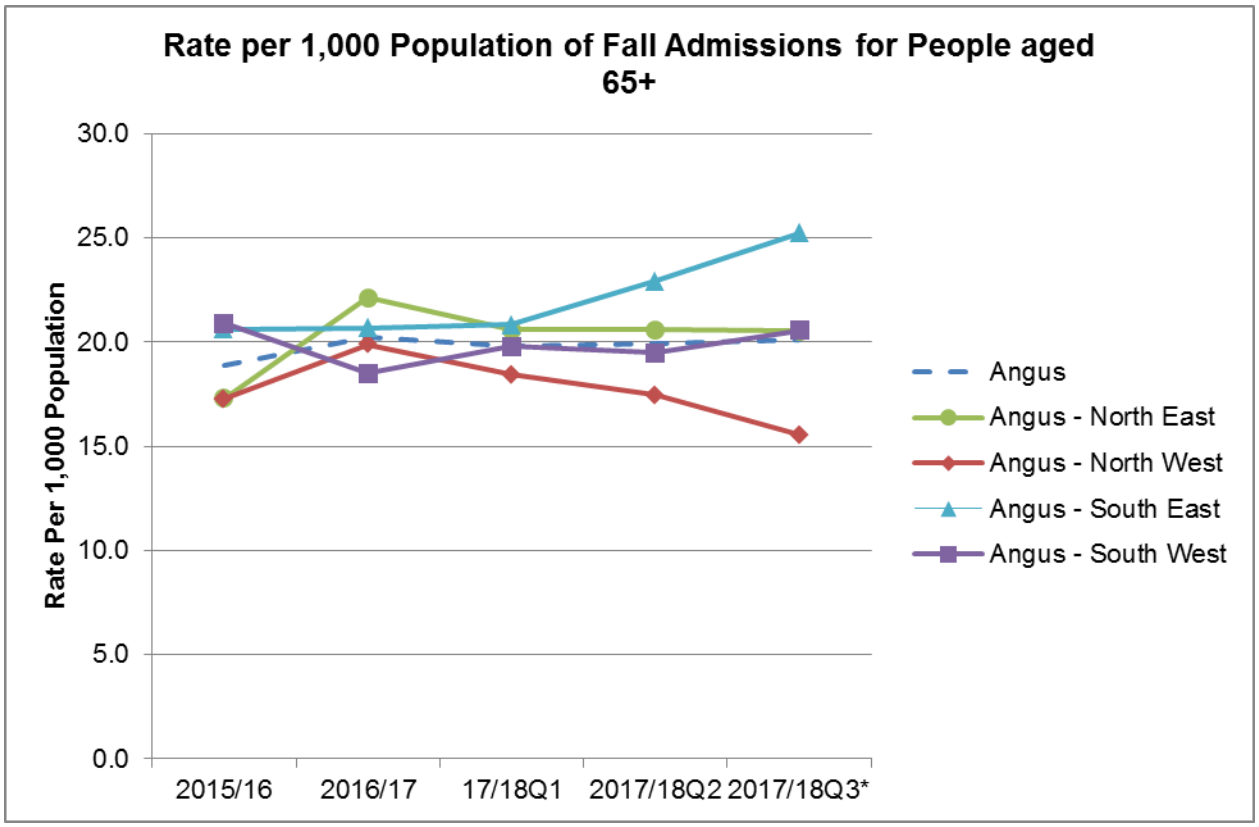
Source: Care First (Angus Council)

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



Source: Care First (Angus Council)

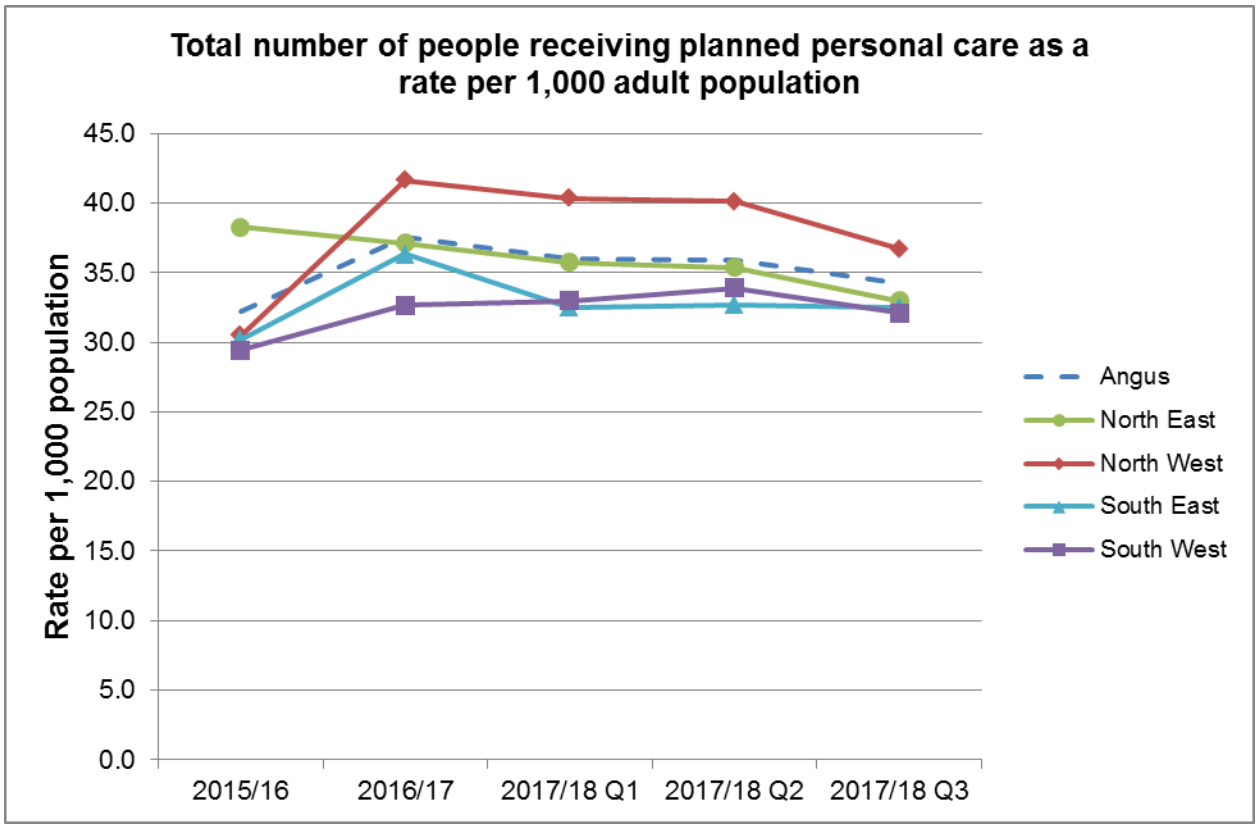
Graph 8: Management Information at Locality Level: Rate of fall admissions per 1,000 population for people aged 65+



ISD LIST management information (not official ISD statistics)

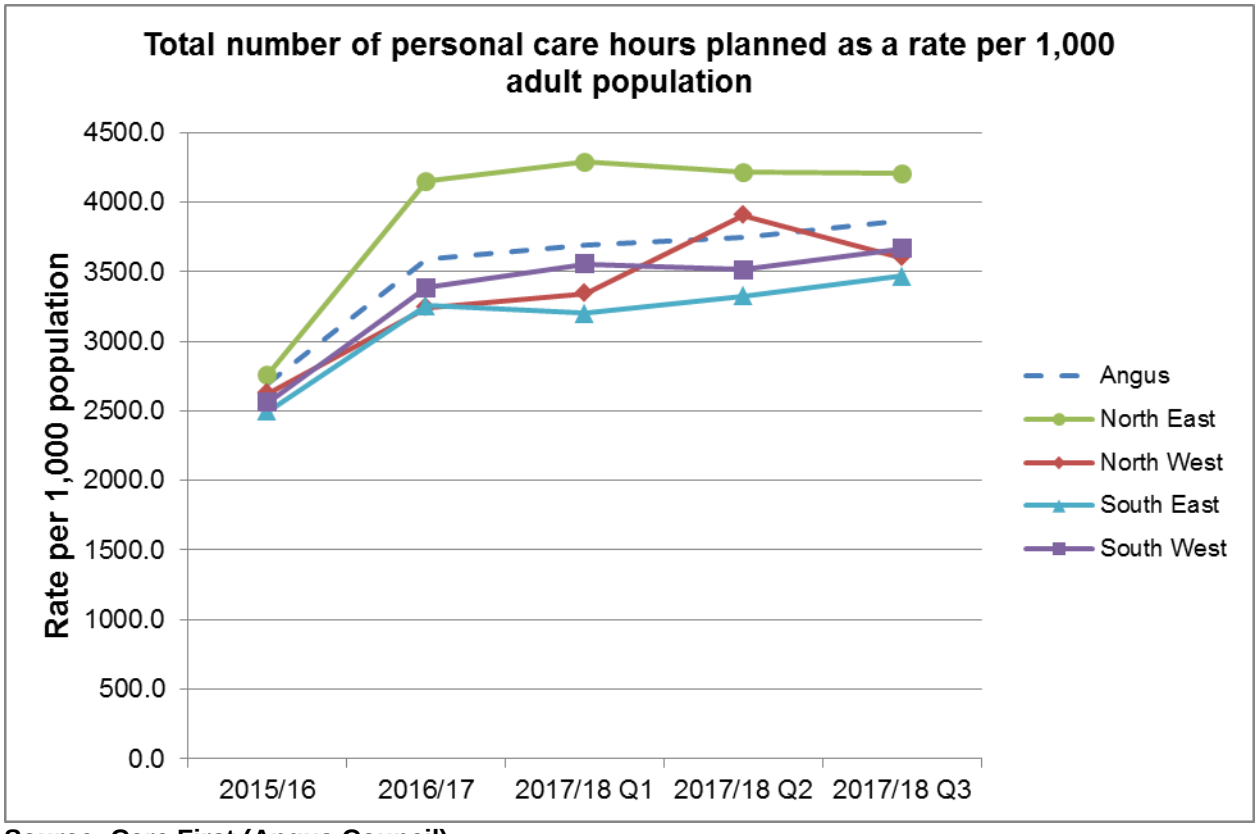
Priority 2: Supporting care needs at Home

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



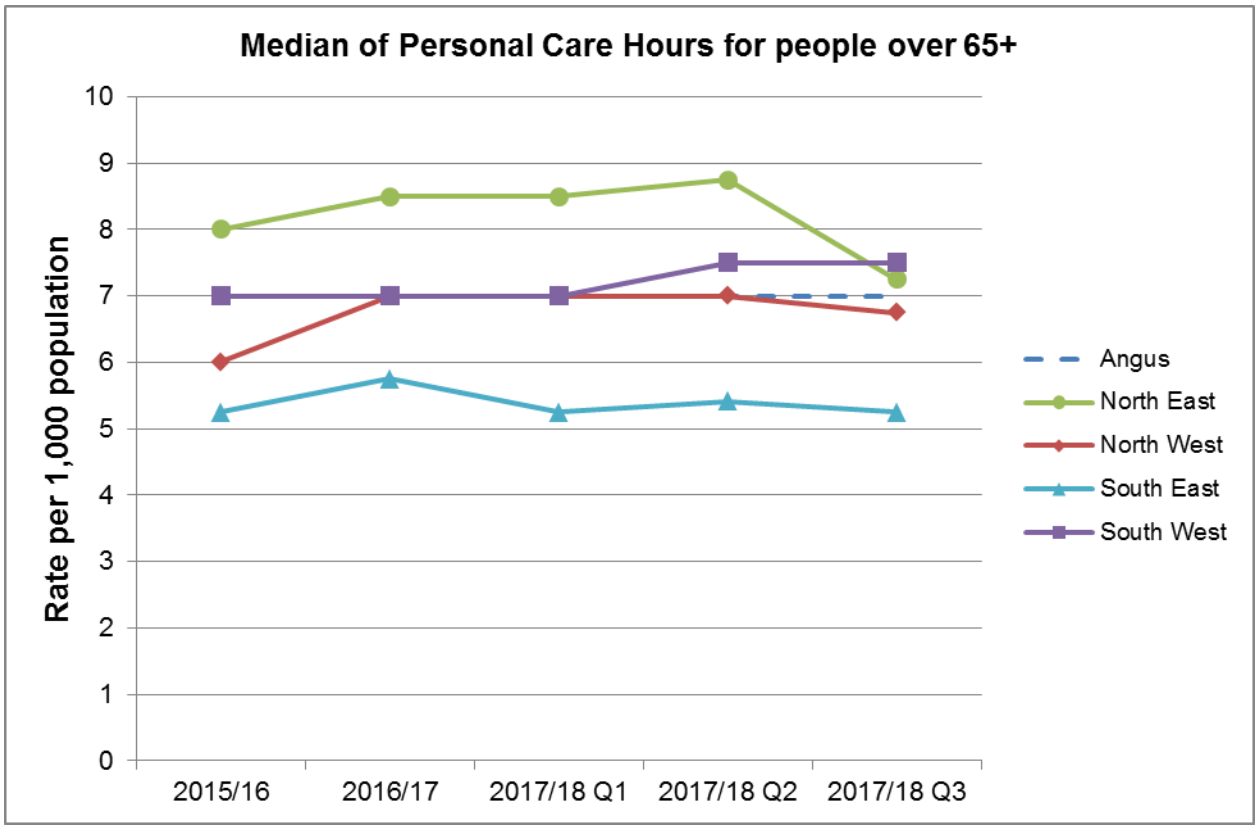
Source: Care First (Angus Council)

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



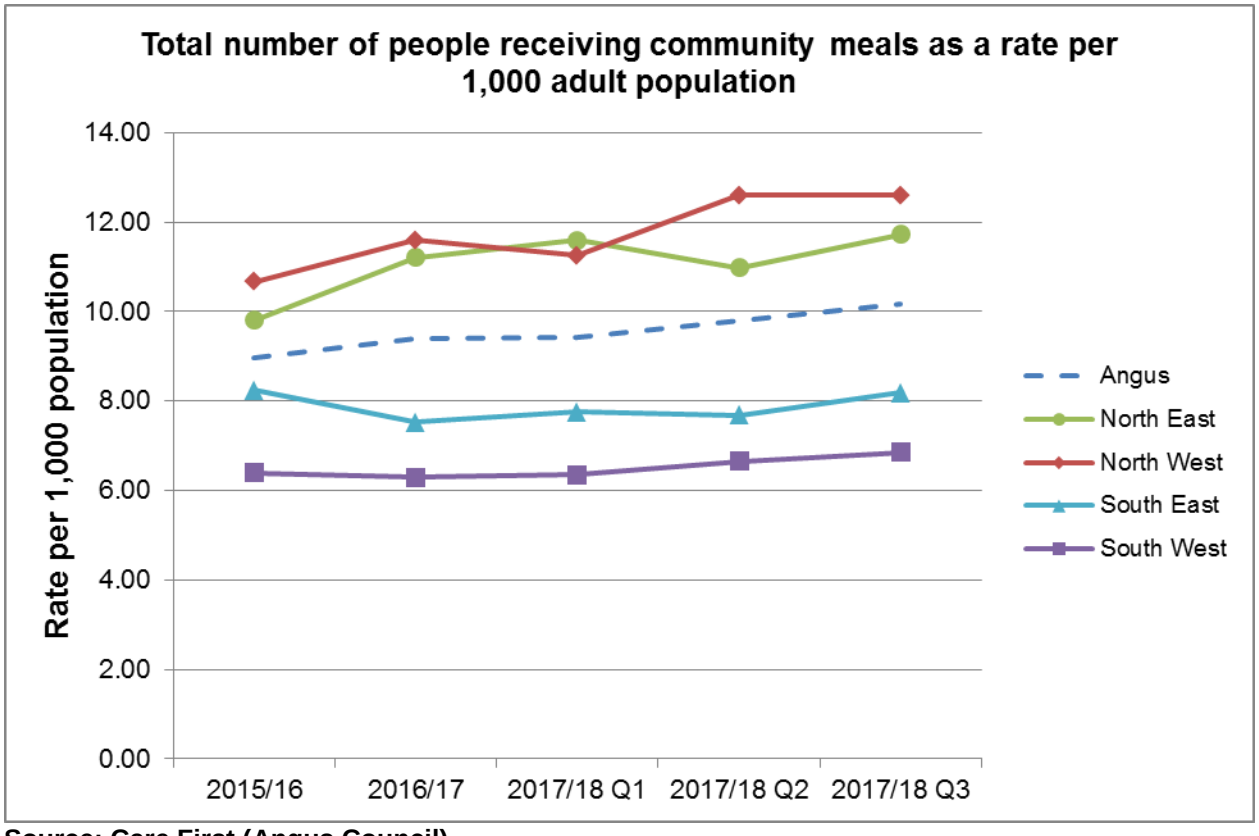
Source: Care First (Angus Council)

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



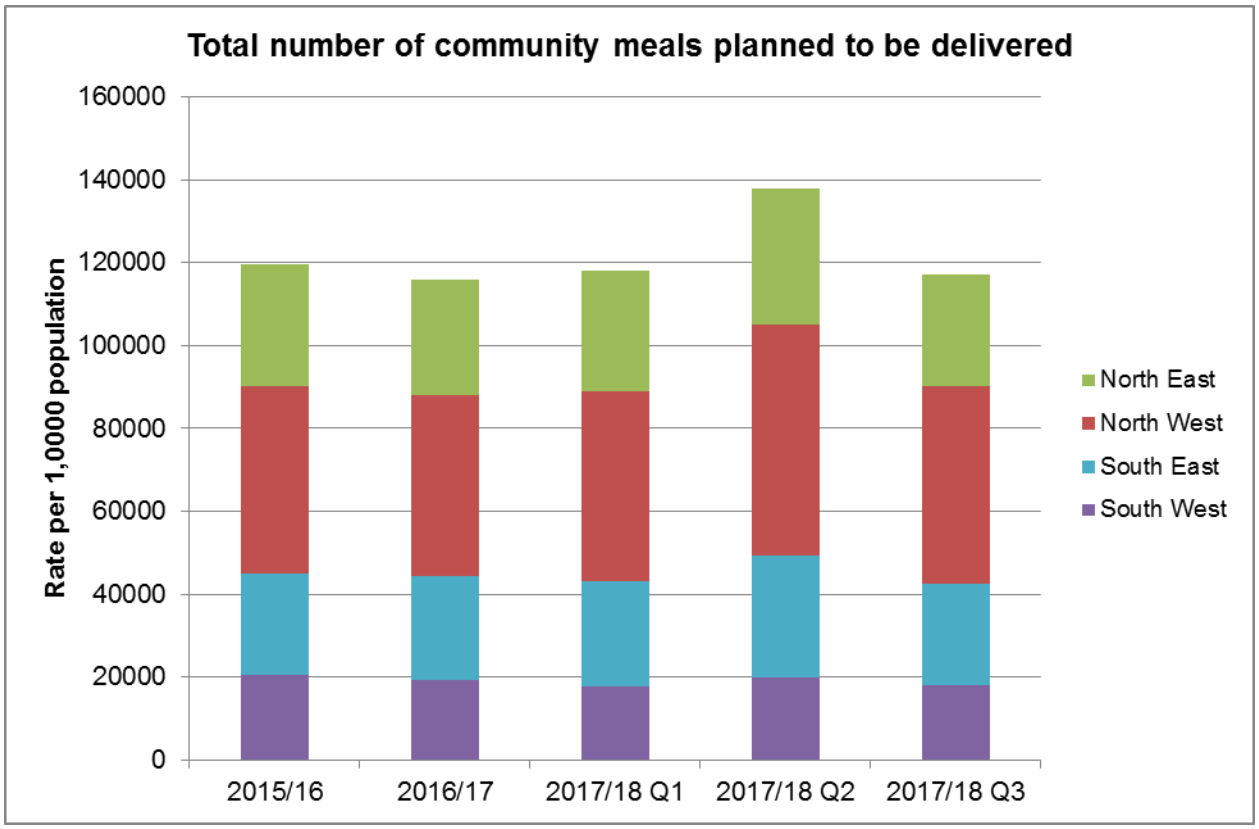
Source: Care First (Angus Council)

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)

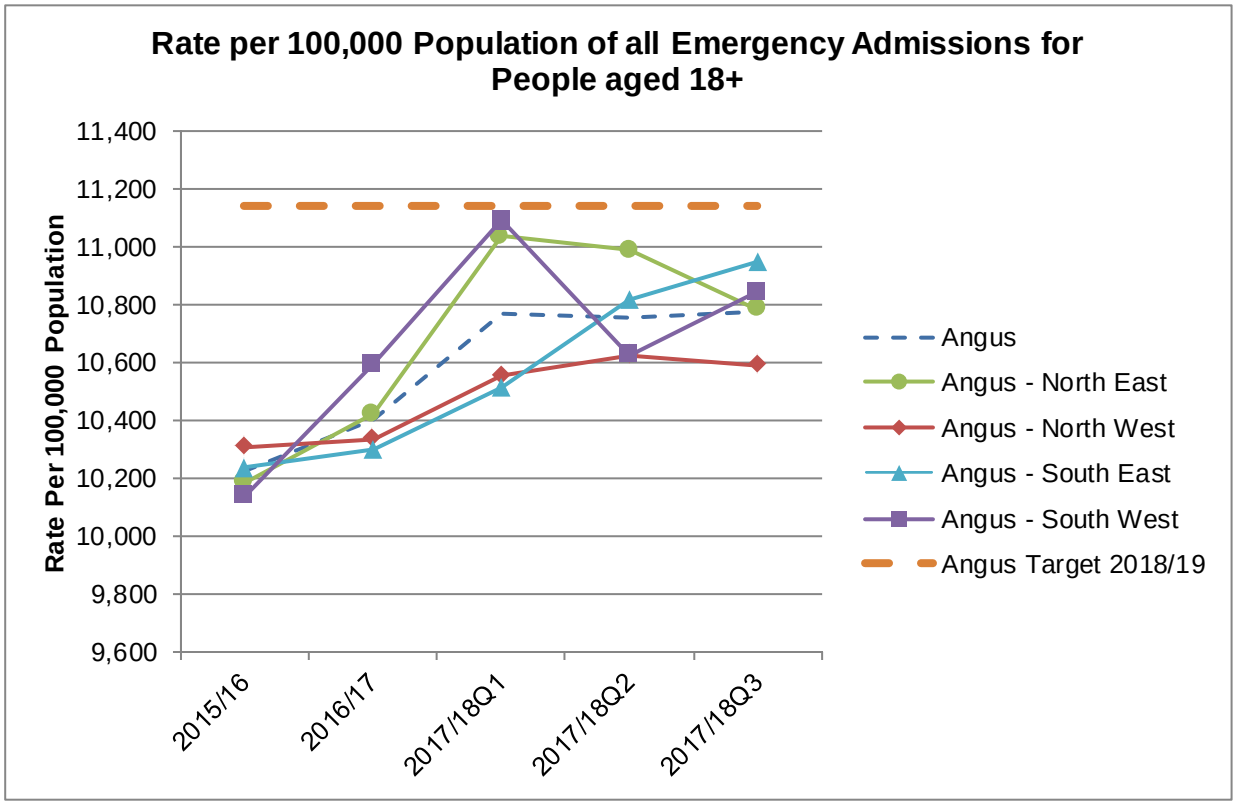
Graph 14: Management Information at Locality Level: Proportion of Last 6 Months spent at Home or in a Community Setting

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

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

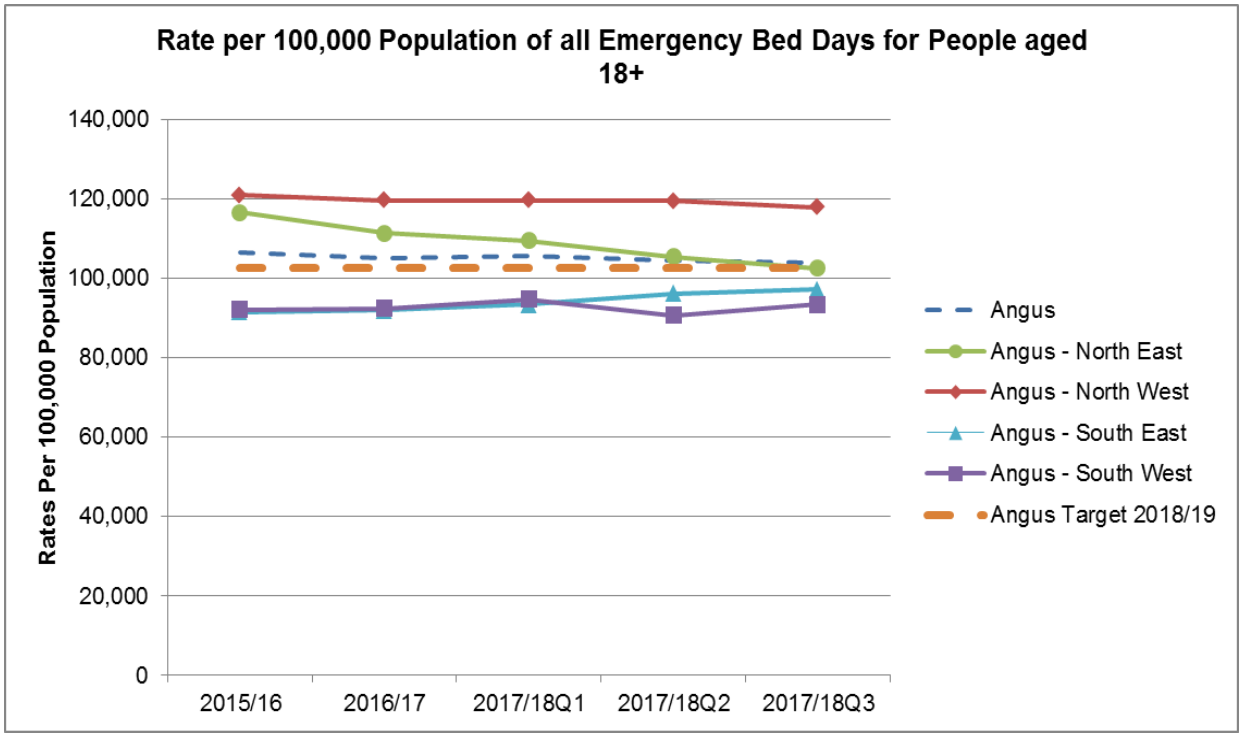
Priority 3: Developing integrated and enhanced primary care and community

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



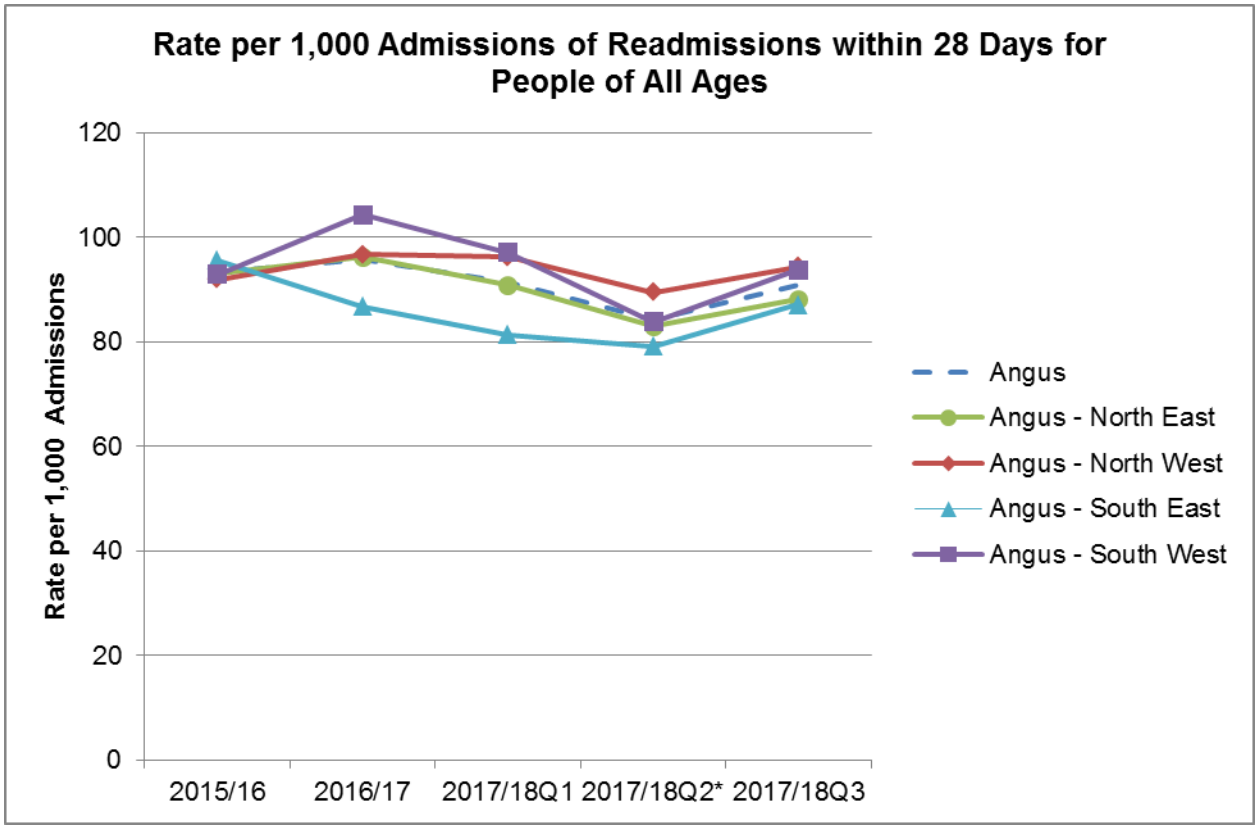
Source: NHS Tayside Business Unit (not official ISD statistics)

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.

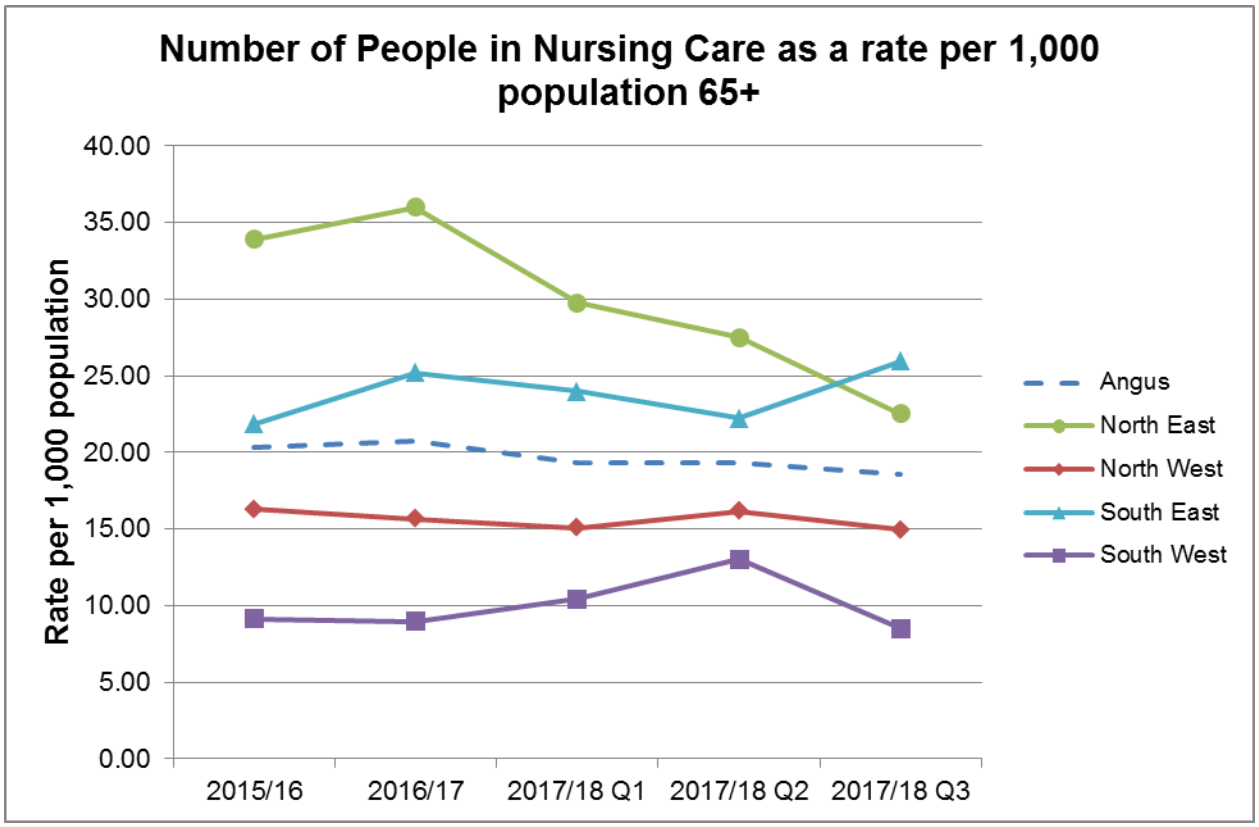
Source: ISD LIST management information (not official ISD statistics)

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



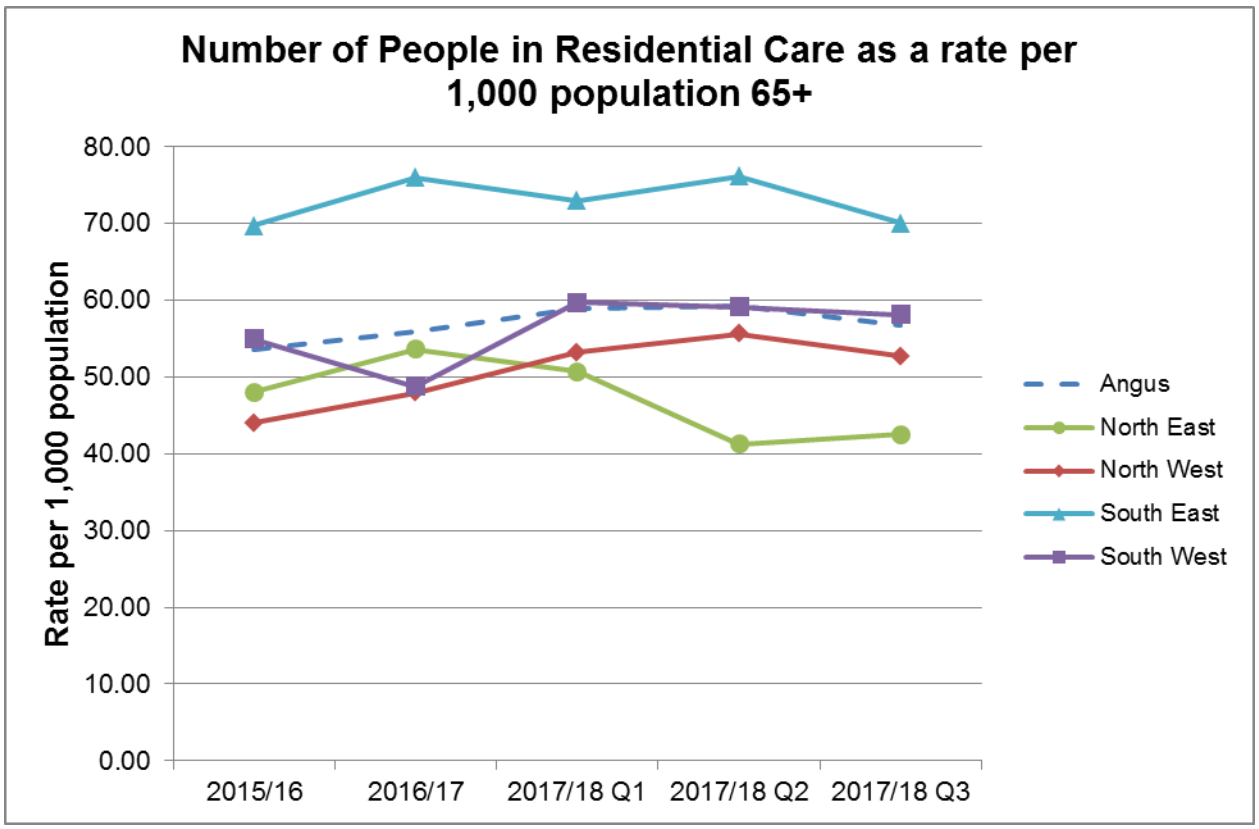
Source: ISD LIST management information (not official ISD statistics)

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



Source: Care First (Angus Council)

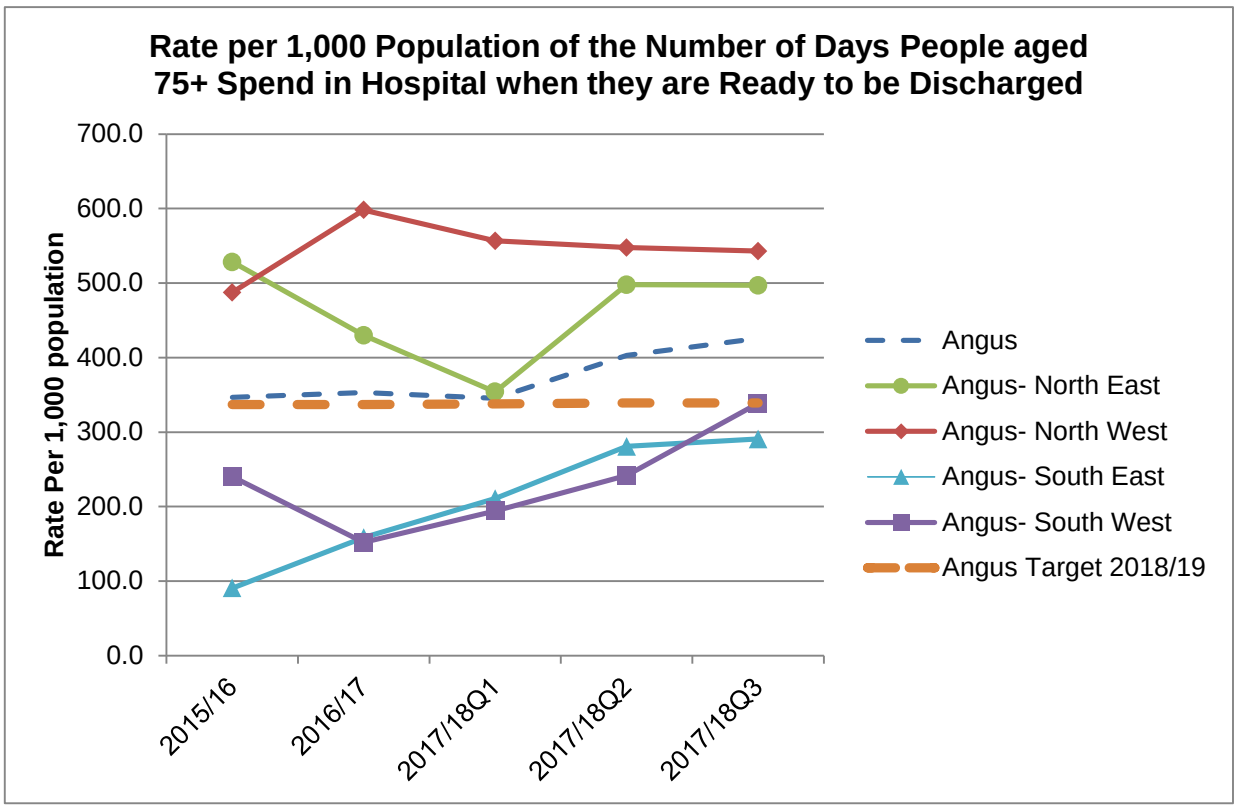
Graph 20: Management Information at Locality Level: Residential Care Placement Rate



Source: Care First (Angus Council)

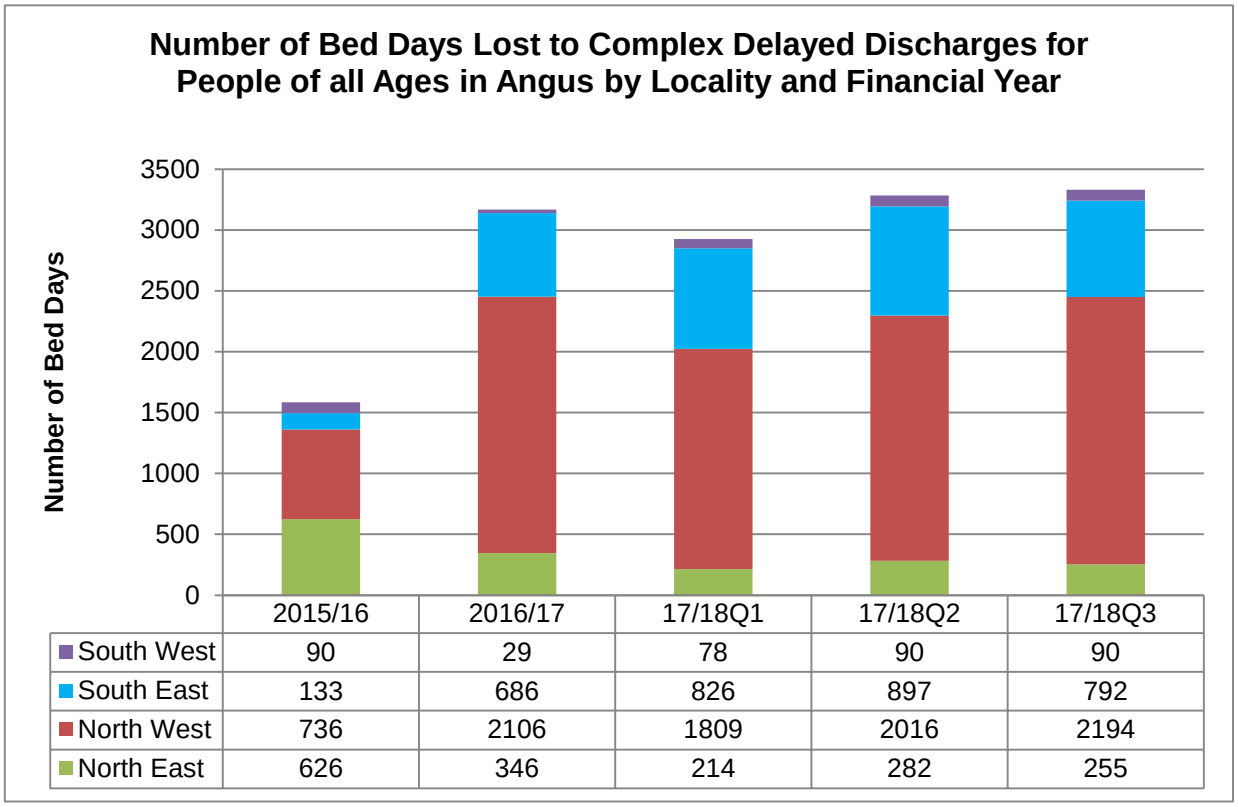
Priority 4: Improving integrated care pathways for priorities in care

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



	2015/16	2016/17	17/18Q1	17/18Q2	17/18Q3
South West	90	29	78	90	90
South East	133	686	826	897	792
North West	736	2106	1809	2016	2194
North East	626	346	214	282	255

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