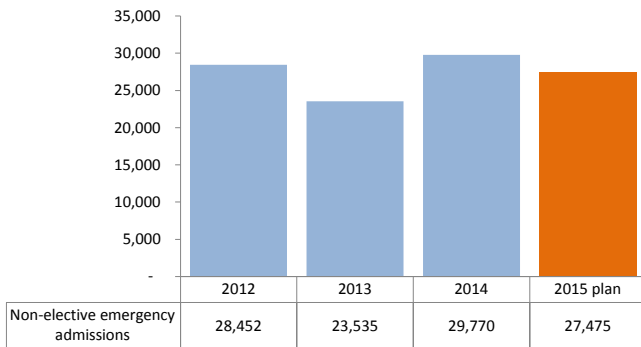


Part 1 - Emergency hospital admissions (pay-for-performance measure)

1

Annual trend



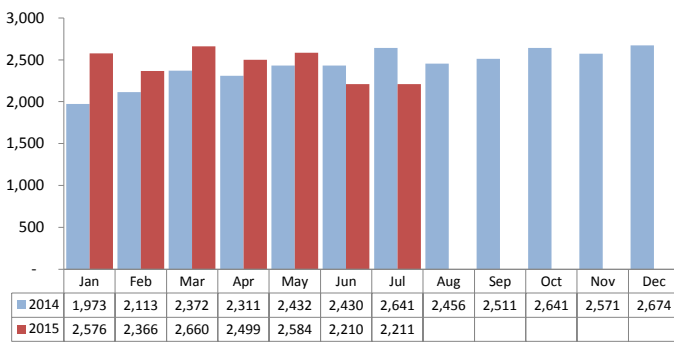
The volume of non-elective emergency admissions rose by 26% in 2014 compared to 2013.

This calculation does not take account of coding changes in ambulatory care, but is measured according to the national BCF metric.

Given the recent increases in emergency admissions, the BCF trajectory for a -3.5% reduction in emergency admissions represents a major challenge.

2

Monthly details



The level of emergency admissions in Jan-July 2015 was 5.1% higher than in Jan-July 2014.

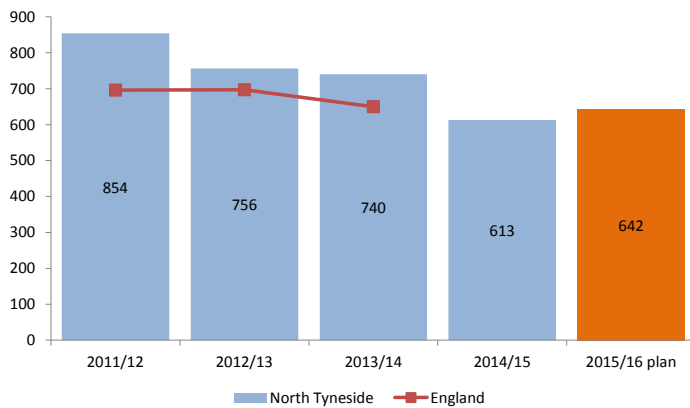
The rate of growth slowed in April and May and there was a substantial reduction of -12.% in June 2015 compared to June 2014. This reduction was sustained in July.

The target reduction of 3.5% in emergency admissions has not been met in the second quarter and therefore the quarterly BCF pay-for-performance element will be retained by the CCG

Part 2 - national supporting metrics

Permanent admissions to residential care - rate per 100,000 persons aged 65+

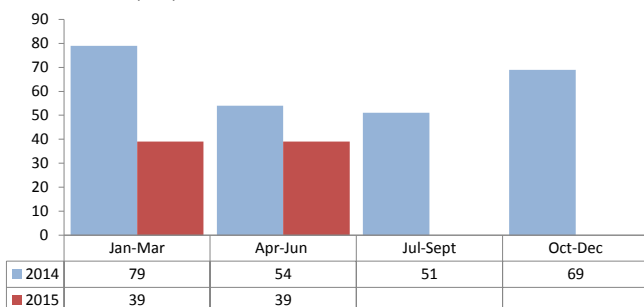
3



Although the rate of permanent admissions to residential care in North Tyneside is above the England average, it is steadily reducing and the 2015/16 rate is well within the BCF target.

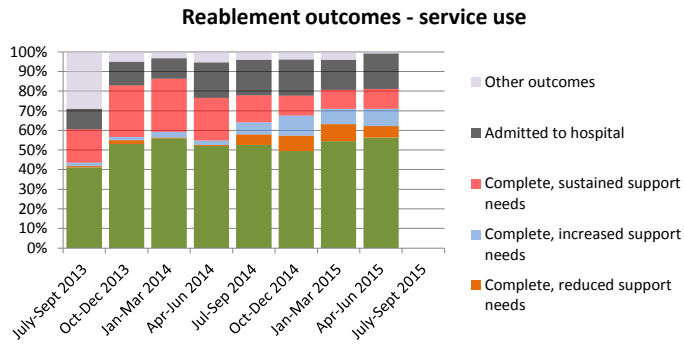
4

Number of admissions per quarter



Effectiveness of reablement

5a

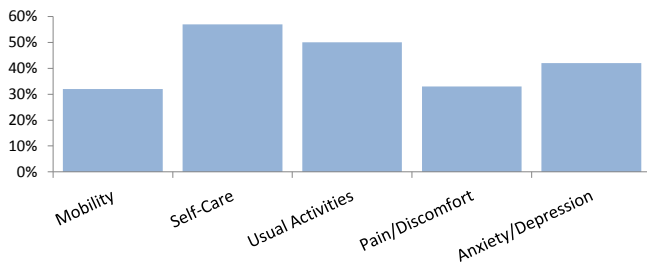


The national measure of "effectiveness of reablement" is the Proportion of older people (aged 65 and over) discharged from hospitals into reablement, who are out of hospital 91 days after the date of their discharge from hospital.

North Tyneside is in the best 25% of performers on this measure. North Tyneside performance this year – 93% is slightly below the increased target of 94%

5b

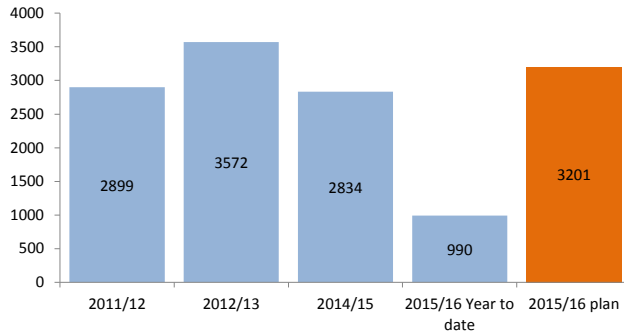
Reablement: % of clients reporting a "better" outcome following reablement (EQ-5D)



To supplement the national measure, we also measure client-reported outcomes using the EQ-5D tool, which allows measurement of the degree of problems associated with mobility; self-care; usual activities' pain & discomfort; and anxiety/depression, both before and after reablement.

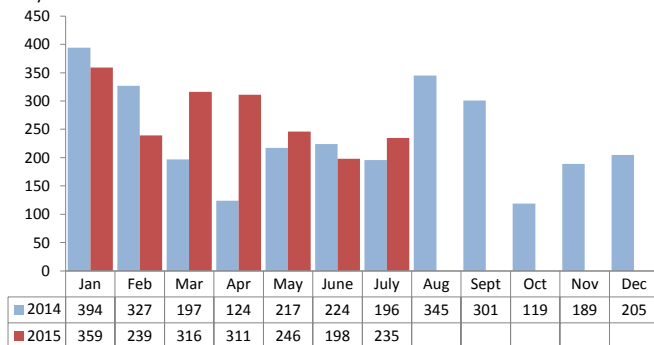
Delayed transfers of care

6 **Delayed transfers of care - number of days of delay - annual trend**



The rate of delayed transfers in North Tyneside is in the best 25% of HWBs.

7 **Monthly details**



The total number of days of delayed transfers is 6% lower in 2015, than the same period in 2014.

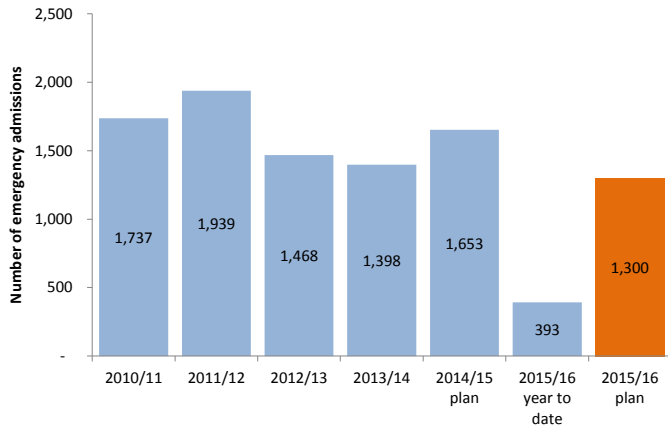
In July 2015 there were:

- 62 days of delay at NTW
- Zero delays at Northumbria Healthcare
- 150 days of delay at Newcastle Hospitals
- 23 days of delay at South Tees Hospital.

204 days were attributable to the NHS and 31 days were attributable to social care

Number of emergency hospital admissions due to falls - patients aged 65+

8

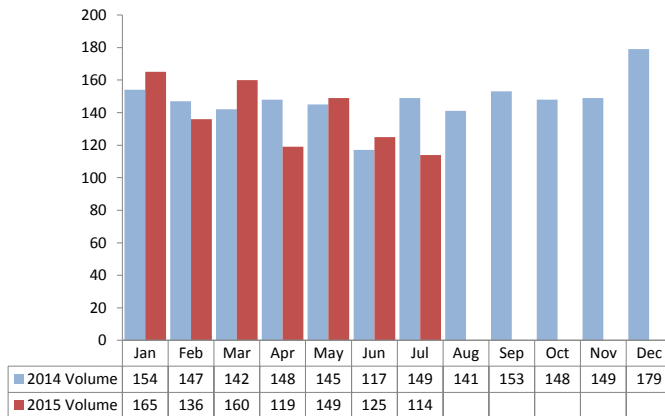


North Tyneside is in the worst 10% of HWBs for the number of emergency admissions due to falls.

Following a reduction in 2012/13 and 2013/14, there was an increase in 2014/15.

A new falls service provided by Northumbria Healthcare commenced in January 2015.

9 Monthly details



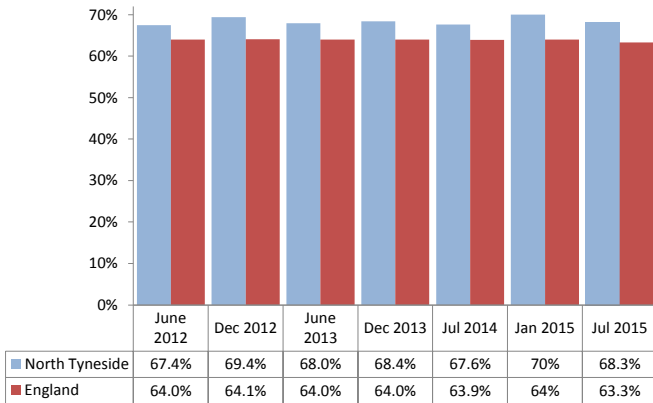
Between Jan-June 2015 there was no change in the number of admissions due to falls, compared to the same period in 2014.

Data for July shows a reduction, however the data for the latest month for falls admissions is normally incomplete, being liable to increase when clinical coding is completed

Patient experience

% of patients who report they have received enough support to manage their long term condition in the last six months

10



North Tyneside is in the best 10% of HWBs on this measure.

The latest data, released in July 2015, shows a reduction compared to Jan 2015, but remains well above the England average.