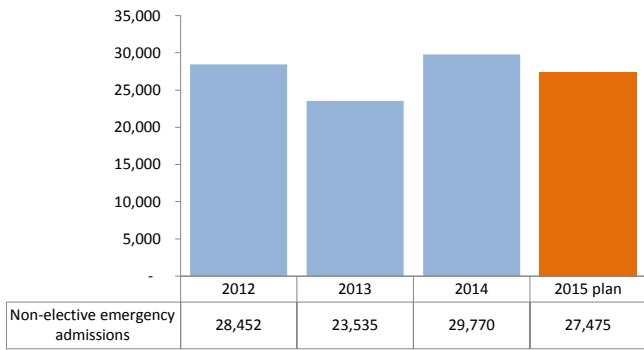


**Part 1 - Emergency hospital admissions (pay-for-performance measure)**

1

**Annual trend**



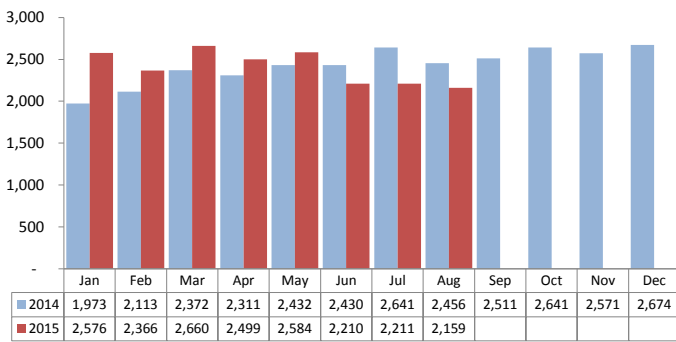
The volume of non-elective emergency admissions rose by 26% in 2014 compared to 2013.

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-Aug 2015 was 2.9% higher than in Jan-Aug 2014.

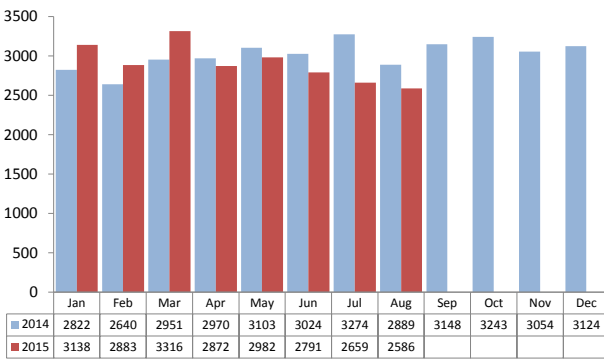
The rate of growth slowed in April and May and there was a substantial reduction of -12% in June 2015 compared to June 2014. This reduction was sustained in July and August.

**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 - broader measure of non-elective emergency activity**

**Non-elective emergency admissions PLUS ambulatory care**

3



Graphs 3 and 4 are included to give a broader context of non-elective activity.

Whereas Graph 2 uses the national measure of non-elective general and acute admissions, sourced from the Monthly Activity Return and mapped to the North Tyneside resident population, Graphs 3 and 4 are sourced from SLAM data, which is based on the CCG registered population, applies business rules, and includes ambulatory care

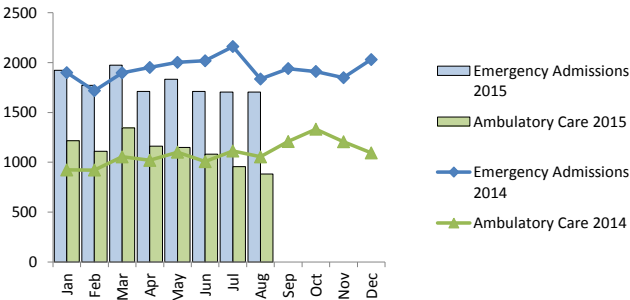
Source: RAIDR Finance & Contracting dashboard, 2015/10/23

Graph 5 shows that both emergency admissions and ambulatory care have fallen since April 2015, from a high point in March. Emergency admissions were below 2014 levels from April-July but ambulatory care only fell below 2014 levels in July 2015.

Note that the planned levels of activity built into contracts may imply a greater level of reduction than has been achieved. This data does NOT include the category of "Non-Elective Non-Emergency" admissions,

**Split between emergency admissions and ambulatory care**

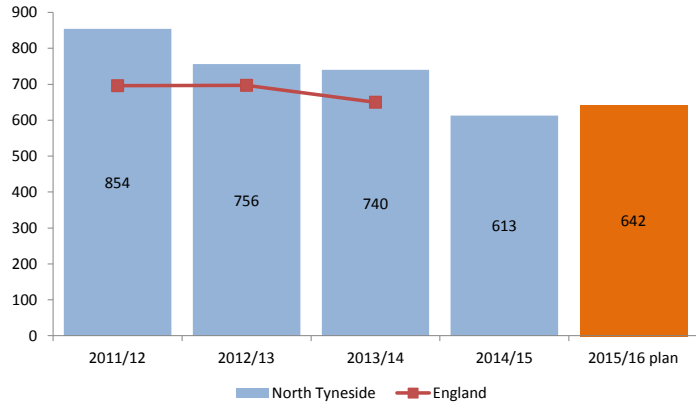
4



Part 2 - national supporting metrics

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

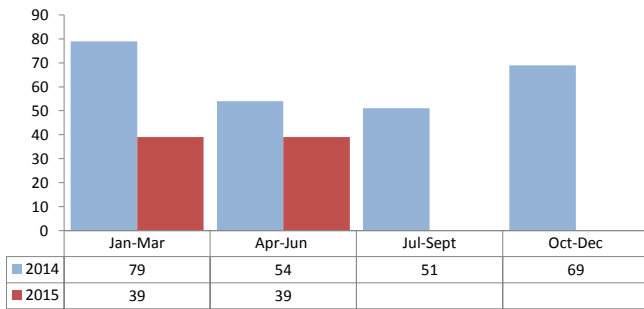
3



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

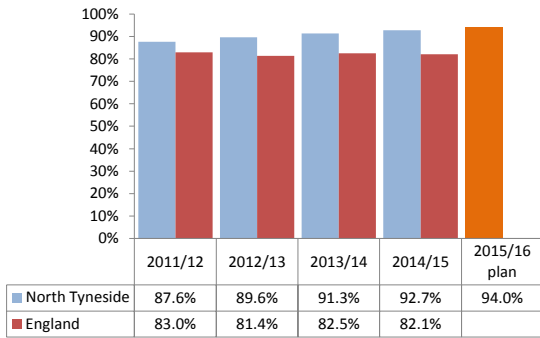
Number of admissions per quarter



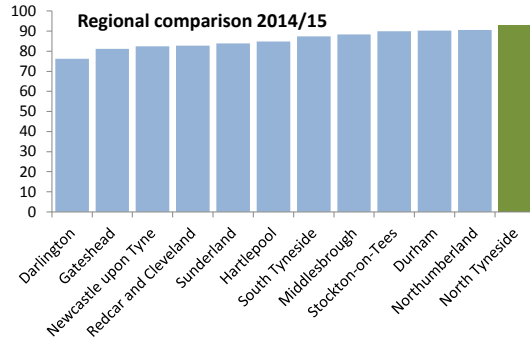
**Effectiveness of reablement**

5a

**ASOCF 2B - % of patients still at home 91 days after reablement**



5b

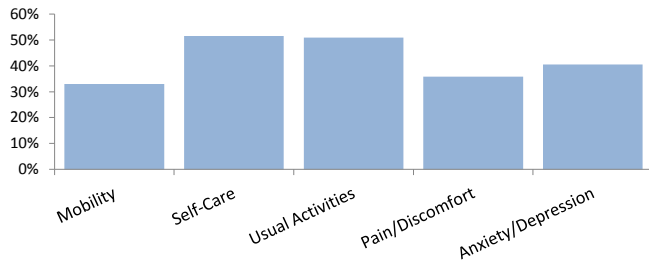


The national measure of "effectiveness of reablement" is the Proportion of older people (aged 65 and over) discharged from hospitals into reablement, who are out of hospital 91 days after the date of their discharge from hospital.

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%. The North Tyneside performance has been higher than the England average for each of the last five years (Graph 5a) and is the highest in the

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

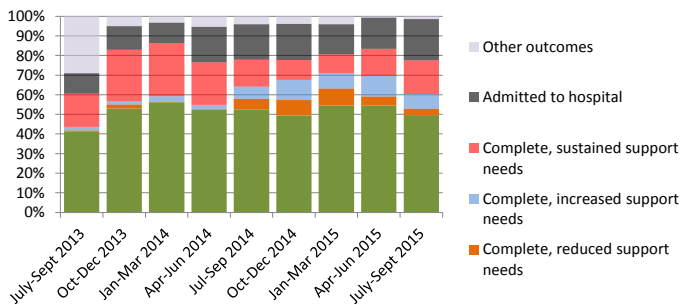
6a



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. (Graph 5a)

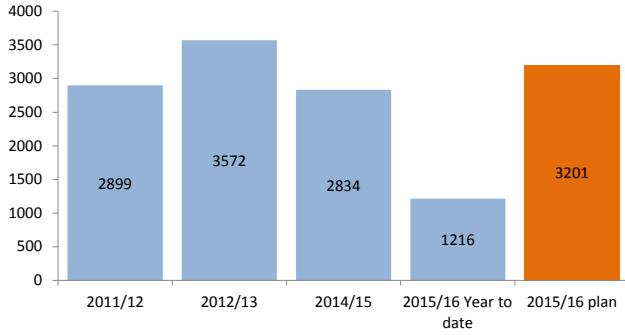
6b

**Reablement outcomes - service use**



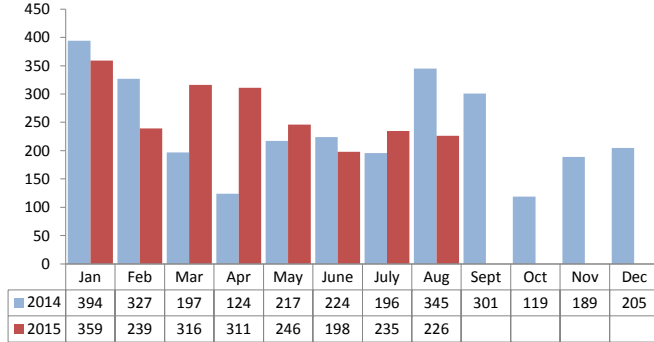
**Delayed transfers of care**

7 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.

8 Monthly details



The total number of days of delayed transfers is 5.2% higher in 2015, than the same period in 2014.

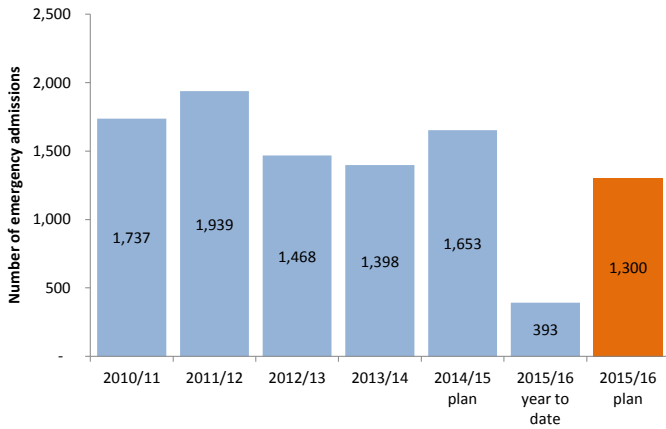
In August 2015 there were:

- 62 days of delay at NTW
- Zero delays at Northumbria Healthcare
- 153 days of delay at Newcastle Hospitals

215 days were attributable to the NHS; 0 days were attributable to social care; and 11 days were attributable to both NHS and social care.

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

9

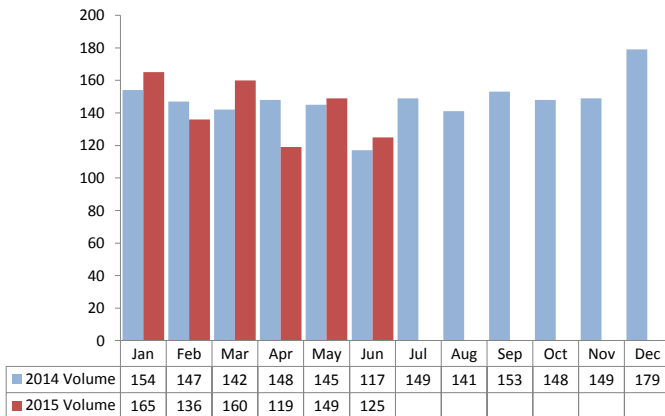


North Tyneside is in the worst 10% of HWBs for the number of emergency admissions due to falls.

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.

10 Monthly details



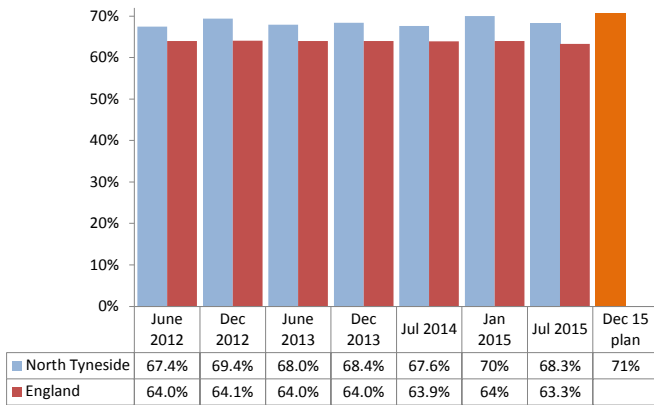
Between Jan-June 2015 there was no change in the number of admissions due to falls, compared to the same period in 2014.

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

11



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.

Survey data are subject to a degree of random variation, related to the size of the sample, which can be measured by "confidence intervals". The 95% confidence interval for the July 2015 data is from 65% to 71% - this indicates that if the survey was run 100 times, the result would vary between 65 and 71% on 95 of those runs.