Department of Health & Social Care

Local Area Performance Metrics

September 2018

DH ID box
Title: Local Area Performance Metrics
Author: Provider Efficiency and Performance /PAFT/17189
Document Purpose: Transparency
Publication date: September 2018
Target audience: Local Area system leads: NHS and Local Authority Public Statisticians (Page 8: Methodology)
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Published to gov.uk, in PDF format only.

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Contents

Executive summary

The Department of Health and Social Care and the Ministry of Housing, Communities and Local Government have worked with stakeholders to develop a performance dashboard. The dashboard provides a set of measures indicating how health and social care partners in every Local Authority area in England are performing at the interface between health and social care.

1. CQC Reviews

CQC reviews have been completed in 20 areas. A further three areas will be reviewed in 2018. As previously, the identification of these areas is principally based on this dashboard.

2. Metric dashboard guidance

The dashboard brings together a range of metrics which shows how health and social care partners in every Local Authority area in England are performing where health and social care work most closely together.

It presents 6 key metrics from across the sector and assesses local areas against their statistical nearest neighbours (CIPFA) and nationally.

All data is published by organisations external to the Department of Health and Social Care (DHSC) or is available from published management information systems.

Using the dashboard

- We recommend that those using the dashboard should look across the range of measures provided rather than focus on one specifically
- We recommend users look at the local area's position against nearest neighbours as well as nationally
- A combined metric has been calculated based on the weightings shown below
- The two measures highlighted below are shown for context but do not form part of the combined national ranking
- Please see ‘Metrics dashboard methodology' for more information on how these metrics were formulated.

Metric dashboard guidance

Data item	Time Period	Source	Weighting to measure
Population over 18	Mid-2017	Mid-Year Population Estimates - ONS	-
Population over 65	Mid-2017	Mid-Year Population Estimates - ONS	-
Nearest Neighbours	2015	English Local Authority nearest neighbours CIPFA	-
Emergency Admissions (65+) per 100,000 65+ population	Apr 2017-Mar 2018	Hospital Episode Statistics (HES), NHS Digital	14.2%
90th percentile of length of stay for emergency admissions (65+)	Apr 2017-Mar 2018	Hospital Episode Statistics (HES), NHS Digital	14.2%
TOTAL Delayed Days per day per 100,000 18+ population	Apr 2017-Mar 2018	Delayed Transfers of Care - NHS England	28.3%
Percentage of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	2016/17	ASC Outcomes Framework - NHS Digital	14.2%
Percentage of older people (65 and over) who are discharged from hospital who receive reablement/rehabilitation services	2016/17	ASC Outcomes Framework - NHS Digital	14.2%
Percentage of discharges (following emergency admissions) which occur at the weekend	Apr 2016 - Mar 2017	NHS Digital - 7 day service statistics	15%

3. Metrics dashboard methodology

Target audience: statisticians

To produce a national rank - each LA is assessed on individual measures against the national average; these are then combined and weighted according to the 'Metrics dashboard guidance section'.

National Ranking

The dashboard identifies 6 key indicators of performance to assess each local area against the rest of England.

- For each indicator we calculate how far (standard deviations) an area is from the average of all areas.
- Using the weighting listed in the 'Guidance' section, we then combine these individual indicator distances multiplied by the weight (thus placing more emphasis on measures with higher weight).

This takes the form of:

$$\text{Combined Metric} = 6*(I1*W1 + I2*W2 + I3*W3 + I4*W4 + I5*W5 + I6*W6)$$

Where I is the distance from the mean (average) of all areas;

And W is the weighting assigned to that indicator.

- This creates an overall area score (a combined metric).
- These combined metrics are ranked to create a final national ranking, with 1 being the highest ranked and 150 the lowest.

Other Combined Measures

National Average Weighted Rank

Also shown in the dashboard is a combined indicator based on the same 6 key indicators in the weighted distances method above, but using a weighted average rank method. This alternative national ranking method is shown for comparison, as it places less emphasis on possible outliers within one particular indicator than the weighted distances national ranking.

This method takes a similar form to the weighted distances national ranking, but uses each local area's rank (out of 152), instead of the distance from the national mean.

This takes the form of:

Combined Metric = (R1*W1 + R2*W2 + R3*W3 + R4*W4 + R5*W5 + R6*W6)

Where R is the ranking for an area on each individual measure;

And W is the weighting assigned to that indicator.

Nearest Neighbour Average Weighted Rank

A combined metric assessing each local area against its 15 similar areas (nearest neighbours) on a ranking basis is also shown.

This also gives insight into where areas differ from similar areas, rather than just from national averages.

This has the same construction as the ""National Average Weighted Rank"" but uses ranks out of 16 (local area and 15 neighbours) and multiplies the final sum by 6.

Local Area Performance Metrics

	Indicators	Rationale	Full definition	Technical Definition	Source	Time period
1	Emergency Admissions (65+) per 100,000 65+ population	Good management of long term conditions requires effective collaboration across the health and care system to support people in managing conditions and to promote swift recovery and reablement after acute illness. There should be shared responsibility across the system so that all parts of the health and care system improve the quality of care and reduce the frequency and necessity for emergency admissions.	(Emergency admissions for those with identified age (65+) resident in a local authority) divided by; (Local authority population 65+/100,000)	Emergency admission: Patient classification = Ordinary Admission (CLASSPAT = 1) Admission method = 21, 22, 23, 24, 25, 28, 2A, 2B, 2C, 2D. Finished Admitted Episode = 1 Age at start of episode = 65-110 LA = Local authority district of residence (RESLADST)	Hospital Episode Statistics, NHS Digital ONS 2016 Mid-Year Population Estimates	Apr 2017 - Mar 2018
2	90th percentile of length of stay for emergency admissions (65+)	Longer lengths of stay can act as a powerful proxy indicator of poor patient flow. Patient flow indicators have been trialled with systems taking part in the Emergency Care Improvement Programme (ECIP), and have supported reductions in length of stay and improvements in patient flow.	The 90th percentile length of stay following emergency admission. e.g. 10% of patients within a local area have a length of stay longer than X days.	Length of stay = Duration of spell (SPELDUR) Emergency admission: Patient classification = Ordinary Admission (CLASSPAT = 1) Admission method = 21, 22, 23, 24, 25, 28, 2A, 2B, 2C, 2D. Finished Discharge Episode = 1 Age at start of episode = 65-110 LA = Local authority district of residence (RESLADST)	Hospital Episode Statistics, NHS Digital	Apr 2017 - Mar 2018

	Indicators	Rationale	Full definition	Technical Definition	Source	Time period
3	TOTAL Delayed Days per day per 100,000 18+ population	This indicates the ability of the system to ensure appropriate transfer from hospital to social care services for the entire adult population. It is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services.	Average number of monthly delayed days (ALL) per day Divided by; Local authority population 18+/100,000	(Average number of delayed days attributable to any organisation for a local area across 3 months/ average number of days in these 3 months) Divided by (Local authority population 18+/100,000)	NHS England - Delayed Transfers of Care ONS 2016 Mid-Year Population Estimates	Apr 2017 - Mar 2018
4	Percentage of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	There is strong evidence that reablement services lead to improved outcomes and value for money across the health and social care sectors. Reablement seeks to support people and maximise their level of independence, in order to minimise their need for ongoing support and dependence on public services. This measures the benefit to individuals from reablement, intermediate care and rehabilitation following a hospital episode, by determining whether an individual remains living at home 91 days	The proportion of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital.	As ASCOF measure 2B Part 1. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416897/ASCOF.pdf	Adult Social Care Outcomes Framework	2016/17

	Indicators	Rationale	Full definition	Technical Definition	Source	Time period
5	Percentage of older people (65 and over) who are discharged from hospital who receive reablement/ rehabilitation services	following discharge – the key outcome for many people using reablement services. It captures the joint work of social services, health staff and services commissioned by joint teams, as well as adult social care reablement	The proportion of older people aged 65 and over offered reablement services following discharge from hospital.	As ASCOF measure 2B Part 2. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416897/ASCOF.pdf	Adult Social Care Outcomes Framework	2016/17
6	Percentage of discharges (following emergency admissions) which occur at the weekend	Arrangements for the timely and safe transfers of care should be available regardless of day of the week. The High Impact Change Model for managing transfers of care identifies Seven-day services as one of the changes that can support health and care systems reduce delays: 'Successful, joint 24/7 working improves the flow of people through the system and across the interface between health and social care, and means that services are more responsive to people's needs.' This measure indicates the proportion of patients with emergency care needs who have been discharged at the weekend.	Percentage of discharges (following emergency admission) at the weekend Data mapped from Trust Level to Local Authority on basis of 2016/17 annual delayed days figures. Each Trust's discharges by day of the week (from indicator I02036) are proportioned according to the proportion of delayed days with each LA during the year. E.g. if 50% of delays for one trust are from 1 LA, we assign 50% of that trusts discharges to this area.	See Emergency Readmissions indicator, including discharge by day of week: http://www.content.digital.nhs.uk/catalogue/PUB2225	NHS Digital analysis of HES http://www.content.digital.nhs.uk/catalogue/PUB2225	April 2016 - March 2017