



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
25 AUGUST 2020

**REPORT ON:** DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP SUMMARY  
PERFORMANCE REPORT – 2019/20 QUARTER 4

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB27-2020

**1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to update the Integration Joint Board on 2019/20 Quarter 4 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' interim targets.

**2.0 RECOMMENDATIONS**

It is recommended that the Integration Joint Board (IJB):

- 2.1 Note the content of this report.
- 2.2 Note the performance of Dundee Health and Social Care Partnership, at both Dundee and locality levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 (tables 1, 3 and 4) and section 6.
- 2.3 Notes the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' interim targets as summarised in Appendix 1 (table 2).

**3.0 FINANCIAL IMPLICATIONS**

3.1 None.

**4.0 BACKGROUND**

- 4.1 In February 2019 the Performance and Audit Committee approved a revised approach to quarterly performance reporting; with summary reports being provided in Quarters 1 and 3 of each financial year and full reports in Quarters 2 and 4 (Article V of the minute of the meeting of the Dundee PAC held on 12 February 2019 refers). Due to the ongoing COVID-19 pandemic response on this occasion a summary report has been provided for Quarter 4 to allow available capacity to continue to be focused on the pandemic response.
- 4.2 On this occasion the Quarter 4 summary performance report is being submitted to the Integration Joint Board to ensure timely scrutiny of performance information. Timely consideration of performance data is considered to be particularly important given that the Dundee Intergration Joint Board Annual Internal Audit Report 2019/20 (DIJB31-2020) highlights that the Performance and Audit Committee has been unable to meet since November 2019.
- 4.3 The Quarter 4 Performance Report covers local performance against National Health and Wellbeing Indicators 1-23. Appendix 1 provides a summary of performance. Data is provided both at Dundee and Local Community Planning Partnership (LCP) level (where available). Data is

currently not available for eight out of the 13 National Indicators which are not reported using The Health and Social Care Experience Survey (see table 1). The Scottish Government and National Services Scotland, Information Services Division (NSS ISD) are working on the development of definitions and datasets to calculate these indicators nationally. This Q4 report is a summary report due to the pressures created by the Covid 19 pandemic.

- 4.4 The National Health and Wellbeing Indicators 1-9 are reported from The Health and Social Care Experience Survey administered by the Scottish Government which is conducted biennially. A summary of the published results from the 2017/18 survey is provided in Appendix 1 (table 1). Full details have been provided previously in 2018/19 Quarter 1 Performance Report (Article IV of the minute of the meeting of the Performance and Audit Committee held on 25 September 2018 refers). This survey was due to be repeated for 2019/20 however due to the current Covid 19 pandemic this has been delayed.
- 4.5 Appendix 1 also summarises performance against targets set in the Measuring Performance Under Integration (MPUI) submission (Article IX of the minute of meeting of the Dundee PAC held on 13 February 2018 refers) for four out of six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency and delayed discharges. Please note that we are currently unable to provide analysis for balance of care and end of life.

## **5.0 DATA SOURCES USED FOR MEASURING PERFORMANCE**

- 5.1 National data is provided to all partnerships, by NSS ISD, to assist with monitoring against targets set under Measuring Performance under Integration arrangements. This data shows rolling monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously NSS ISD were only able to provide data for all ages, however following feedback from Dundee and other Partnerships they have now provided data for people age 18+. (Please refer to Table 2).
- 5.2 It was agreed at the PAC held on 19 July 2017 (Article VIII of the minute of the meeting refers) that local data, provided by the NHS Tayside Business Unit will be used to produce more timeous quarterly performance reports against the National Health and Wellbeing Indicators. NHS Tayside Business Unit has provided locality based data for emergency admissions, emergency bed days, readmissions, delayed discharges and falls. (Please refer to Tables 3 and 4).
- 5.3 Data provided by NHS Tayside differs from data provided by NSS ISD; the main differences being that NHS Tayside uses 'board of treatment' and NSS uses 'board of residence' and NHS Tayside uses an admissions based dataset whereas NSS uses a discharge based dataset (NHS Tayside records are more complete but less accurate as NSS data goes through a validation process). As NSS data is discharge based, numbers for one quarter will have been updated the following quarter as records get submitted for those admitted one quarter and discharged a subsequent quarter. By the time NSS release their data, records are (in most cases) 99% complete. The data provided by NHS Tayside Business Unit is provisional and figures should be treated with caution as the methodology used to calculate emergency bed days does not use the record linkage methodology incorporated at NSS. Please note, however, the local trends do match the national trends for emergency bed days analysis.

## **6.0 QUARTER 4 PERFORMANCE 2019/20**

- 6.1 Rolling data from April 2019 to March 2020 demonstrates that performance exceeded 'Measuring Performance Under Integration' targets for emergency admission (numbers and rate), emergency bed day numbers for mental health specialties, number of A+E attendances and rate of bed days lost to code 9 delayed discharges. Emergency admissions as a rate per 1,000 of all A+E attendances, emergency admission numbers from A+E, emergency bed days (rate and numbers) for acute specialties, bed days lost to delayed discharges per 1,000 population (all reasons) (numbers and rate) were **not** met. Please refer to Table 2 in Appendix 1.

- 6.2 Tables 3 and 4 in Appendix 1 summarise performance against the National Health and Wellbeing Indicators at both Dundee and LCPP level using rolling local data from April 2019 to March 2020.
- 6.2.1 Between the baseline year (2015/16) and 2019/20 Quarter 4 there has been **improved** performance in: rate of bed days lost to delayed discharge for people aged 75+ (for both Standard and Complex delays) and emergency bed day rate for people aged 18+. In the same period there has been a **deterioration** in performance in: emergency admission rate for people aged 18+; readmissions rate for people of all ages; and the rate of hospital admissions as a result of a fall for people aged 65+. This is the same pattern of performance as reported in 2019-20 Quarter 3 (report PAC11-2020 refers) and there are therefore no exceptions to report to PAC.
- 6.2.2 Between the baseline year 2015/16 and 2019/20 Quarter 4 there was an improvement in the rate of bed days lost to complex delayed discharges for people aged 75+ across all LCPPS except The Ferry. There was a 68.3% improvement in Dundee and the LCPP rates ranged from a 100% improvement in Maryfield to a 2.4% deterioration in The Ferry.
- 6.2.3 Between the baseline year 2015/16 and 2019/20 Quarter 4 there was an improvement in the rate of bed days lost to standard delayed discharges for people aged 75+ across all LCPPS except The Ferry. There was a 27.7% improvement in Dundee and the LCPPs with the biggest improvements were North East (71.7% improvement), Maryfield (69.4% improvement) and East End (56.8% improvement). In The Ferry there was an increase in standard delays by 8.7%.
- 6.2.4 Emergency bed day rates since 2015/16 have decreased by 13.6% for Dundee, which is an improvement. Every LCPP showed an improvement in 2019/20 Quarter 4 compared with 2015/16 and the biggest improvements were seen in East End, North East and West End, all of which showed a greater than 20% decrease in bed day rates.
- 6.2.5 Emergency admission rates have increased by 4.2% for Dundee since 2015/16 and there were increases in all LCPP areas with the exception of The Ferry (6.1% improvement in the rate). Increases ranged from 2.0% in Coldside to 10.6% in Maryfield.
- 6.2.6 The rate of readmissions in Dundee has increased by 10% since 2015/16. The rate increased (deteriorated) in 6 LCPPs (Lochee 31.0% increase, West End 24.9% increase, Strathmartine 19.7% increase, Coldside 15.2% increase, East End 15.1% increase and Maryfield 7.4% increase). The rate decreased (improved) in 2 LCPP areas (North East 24.7% decrease and The Ferry 9.6% decrease).
- 6.2.7 The rate of hospital admissions as a result of a fall for people aged 65+ in Dundee has increased by 22.0% since 2015/16, which is a deterioration. The rate increased in all LCPP areas. The increases ranged from 2.3% in East End to 44.6% in The Ferry.

## 7.0 POLICY IMPLICATIONS

- 7.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

## 8.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	The risk of not meeting targets against national indicators could affect; outcomes for individuals and their carers and spend associated with poor performance.
<b>Risk Category</b>	Financial, Governance, Political
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
<b>Mitigating Actions</b> (including timescales and resources )	<ul style="list-style-type: none"> <li>- Continue to develop a reporting framework which identifies performance against national and local indicators.</li> <li>- Continue to report data quarterly to the PAC to highlight areas of poor performance.</li> </ul>

	<ul style="list-style-type: none"> <li>- Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as around readmissions to hospital and falls related hospital admissions.</li> <li>- Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.</li> </ul>
<b>Residual Risk Level</b>	Likelihood 3 x Impact 3 = Risk Scoring 9 (High Risk)
<b>Planned Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
<b>Approval recommendation</b>	Given the moderate level of planned risk, this risk is deemed to be manageable.

## 9.0 CONSULTATIONS

9.1 The Chief Officer and the Clerk were consulted in the preparation of this report.

## 10.0 DIRECTIONS

10.1 The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	✓
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

## 11.0 BACKGROUND PAPERS

11.1 None.

Vicky Irons  
Chief Finance

**DATE:** 20 July 2020

Lynsey Webster  
Senior Officer

**Table 1: National Health and Wellbeing Indicators 1 to 9**

This survey was due to be repeated for 2019/20 however due to the current Covid 19 pandemic this has been delayed.

National Health & Well Being Indicator	Scotland	Dundee	North Lanarkshire	Glasgow	North Ayrshire	Inverclyde	Dunbartonshire	East Ayrshire	Western Isles
1 % of adults able to look after their health very well or quite well	93	93	90	90	91	91	91	92	94
2 % of adults supported at home who agree that they are supported to live as independently as possible	81	84	75	82	80	80	81	80	79
3 % of adults supported at home who agree that they had a say in how their help, care or support was provided	76	78	71	80	70	77	80	74	66
4 % of adults supported at home who agree that their health and care services seemed to be well co-ordinated	74	81	70	76	74	79	79	74	64
5 % of adults receiving any care or support who rate it as excellent or good	80	82	75	79	78	83	81	81	85
6 % of people with positive experience of the care provided by their GP practice	83	84	76	86	80	83	85	76	88
7 % of adults supported at home who agree that their service and support had an impact on improving or maintaining their quality of life	80	85	76	80	82	77	79	77	71
8 % of carers who feel supported to continue in their caring role	37	38	33	38	39	40	40	36	41
9 % of adults supported at home who agree they felt safe	83	87	80	85	80	84	89		86

Source: Scottish Health & Care Experience Survey 2017/18

**Key points of note:**

Best performing partnership in family is highlighted in green for each indicator

**2017/18 results:**

- a All indicators show Dundee to be same or higher than Scottish average
- b For indicators 2, 4 & 7 Dundee fared better than all other family members
- c Dundee is in top 3 for all indicators except indicators 6 & 8
- d Indicator 8 returned a poor result for all family members

**Compared to Scottish Health & Care Experience Survey 2015/16:**

- a All indicators showed a deterioration across Scotland as a whole
- b Improvements for Dundee in indicators 4 & 9
- c No change in indicator 1 for Dundee
- d Deterioration for Dundee in indicators 2-3 & 5-8. Biggest deterioration (6%) in indicators 6 & 8.

**Table 2 : Measuring Performance under Integration Summary**

Integration Indicator (Annual 18+)	19-20 Target	19-20 Q4 Actual Data	Expected % Difference from 15-16 Baseline	Actual % Difference from 15-16 Baseline		Actual % Difference from 19-20 target		Direction of travel from Q3 to Q4
				2019/20 Q3	2019/20 Q4	2019/20 Q3	2019/20 Q4	
Emergency Admission Rate per 100,000 Dundee Population	12,489	12,069	↑7.27	↑3.27	↑3.66	↓3.72	↓3.36	↑
Emergency Admission Numbers	15,225	14,713	↑7.78	↑3.76	↑4.15	↓3.72	↓3.36	↑
Emergency Admissions Numbers from A&E	7,440	7,605	↑14.76	↑19.10	↑7.31	↑3.63	↑2.14	↓
Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances	301	313	↑8.66	↑12.11	↑13.06	↑2.88	↑3.74	↑
Emergency Bed Day Rate for Acute Specialties per 100,000 Dundee Population	79,301	81,958	↓20.92	↓17.04	↓18.27	↑4.91	↑3.35	↓
Emergency Bed Days Numbers for Acute Specialties	96,674	99,912	↓20.55	↓16.65	↓17.89	↑4.91	↑3.35	↓
Emergency Bed Days Numbers for Mental Health Specialties	42,595	36,180	↓4.39	↓14.55	↓18.79	↓10.63	↓15.06	↓
Accident & Emergency Attendances	24,680	24,318	↑5.30	↑6.23	↑3.76	↑0.88	↓1.47	↓
Number of Bed Days Lost to Delayed Discharges per 1,000 Population (All Reasons)	50	81	↓59.68	↓26.72	↓34.78	↑81.49	↑61.52	↓
Number of Bed Days Lost to Delayed Discharges (All Reasons)	6,105	9,861	↓59.44	↓26.38	↓34.48	↑81.49	↑61.52	↓
Number of Bed Days Lost to Delayed Discharges (Code 9)	3,785	3,707	↓43.24	↓36.52	↓44.41	↑11.84	↓2.06	↓

Source ISD: ISD MSG Indicators

Key:  Improved/Better than previous quarter  Declined/Worse than previous quarter

**Key Points:**

- a. Targets were met for for emergency admission (numbers and rate), emergency bed day numbers for mental health specialties, number of A+E attendances and rate of bed days lost to code 9 delayed discharges .
- b. Emergency admissions as a rate per 1,000 of all A+E attendances, emergency admission numbers from A+E, emergency bed days (rate and numbers) for acute specialties, bed days lost to delayed discharges per 1,000 population (all reasons) (numbers and rate) were not met.
- c. Emergency admission numbers from A+E, emergency bed days for acute specialties (rate and number), bed days lost to delayed discharges all reasons (rate and numbers) did not meet the target, however performance improved between Q3 and Q4.
- d. Emergency bed days for acute specialties (rate and number) and bed days lost to delayed discharges all reasons (rate and numbers) did not meet the target, however performance improved between the 1516 baseline year and Q4 1920.
- e. Published MSG data has been used to measure performance therefore there may be a discrepancy when comparing with the local performance data.
- f. Time lags in submitting data at NHS Board level can cause significant variations in the data when comparing quarter to another.

**Table 3:** Performance in Dundee's LCPPs - % change in 2019/20 Q4 against baseline year 2015/16



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	+4.2%	+6.1%	+9.1%	+2.0%	+6.1%	+4.1%	+10.6%	+4.9%	-6.1%
Emer Bed Days rate per 100,000 18+	-13.6%	-5.2%	-33.7%	-12.1%	-29.5%	-4.1%	-6.2%	-20.5%	-7.8%
Readmissions rate per 1,000 All Ages	+10.0%	+31.0%	+15.1%	+15.2%	-24.7%	+19.7%	+7.4%	+24.9%	-9.6%
Falls rate per 1,000 65+	+22%	+18%	+2.3%	+31.9%	+22.1%	+19.1%	+14.2%	+11.2%	+44.6%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-27.7%	-35.5%	-56.8%	-13.1%	-71.7%	-18.7%	-69.4%	-6.8%	+8.7%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Complex)	-68.3%	-8.2%	-83.5%	-50.5%	-88.8%	-78.7%	-100%	-93.2%	+2.4%

**Table 4:** Performance in Dundee's LCPPs - LCPP Performance in 2019/20 Q4 compared to the Dundee average



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	12,444	14,597	17,264	13,989	12,337	13,621	10,969	8,389	10,348
Emer Bed days rate per 100,000 18+	115,675	154,113	133,568	143,942	86,015	118,312	100,111	77,719	116,154
Readmissions rate per 1,000 All Ages	123	136	143	132	83	139	131	129	89
Falls rate per 1,000 65+	30.4	31.4	28.0	39.4	25.1	30.0	26.5	30.7	29.3
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	380	392	281	481	134	399	183	635	341
Delayed Discharge bed days lost rate per 1,000 75+ (complex)	93	151	87	219	85	89	0	15	42

Source: NHS Tayside

Key:  Improved/Better  Stayed the same  Declined/Worse