



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
26 FEBRUARY 2019

REPORT ON: MEASURING PERFORMANCE UNDER INTEGRATION 2019/20
SUBMISSION

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB6-2019

1.0 PURPOSE OF REPORT

The purpose of this report is to seek approval of the 2019/20 submission to be made by the Integration Joint Board to the Ministerial Strategic Group for Health and Community Care (MSG) as part of the Measuring Performance under Integration work stream.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the summary table of targets under each service delivery area (Appendix 1).
- 2.2 Notes the methodology used to develop proposed targets for submission to the Ministerial Strategic Group (sections 4.2.1 and Appendix 2).
- 2.3 Approves the 2019/20 for submission to the MSG by 28 February 2019 (Appendix 3).
- 2.4 Notes that 2019/20 targets will remain in draft until such times as the Integration Joint Board budget for 2019/20 has been confirmed (section 4.2.2).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Previous Measuring Performance under Integration Submissions

4.1.1 In mid-January 2017 the Scottish Government and COSLA, on behalf of the MSG, wrote to all Health and Social Care Partnerships to invite them to set out local objectives, trajectories and performance targets for 2017/18 under the following six key service delivery areas:

- Unplanned admissions;
- Occupied bed days for unscheduled care;
- A&E performance;
- Delayed discharges;
- End of Life care: and,
- The balance of spend across institutional and community services.

- 4.1.2 In February 2017 the Dundee Partnership provided an initial response to the Scottish Government for consideration by the MSG, setting out targets in each service delivery area for 2017/18. At this time the Scottish Government asked that targets be submitted for indicators across all age groups. Article X of the minute of the meeting of the Integration Joint Board held on 28 February 2017 provides detailed information regarding the request and response submitted. The submission from Dundee was identified by MSG as a particularly high quality submission.
- 4.1.3 In January 2018 a further submission was made to the Scottish Government setting targets in the six service delivery areas for 2018/19. At this time the Scottish Government amended its approach to allow Partnerships to submit targets for indicators for the 18+ age group only if the Partnership has not been delegated responsibility for children's services functions. Article XII of the minute of the meeting of the Integration Joint Board held on 27 February 2018 provides detailed information regarding the request and response submitted.
- 4.1.4 Since 2017/18 the Scottish Government, via National Services Scotland Information Service Division, has provided a quarterly Measuring Performance under Integration dataset to all Partnerships for each of the indicators within the MSG submission for which data is available. To date information has been provided up to October 2018.
- 4.1.5 At a local level performance against targets set out in the 2018/19 submission has been reported as part of the regular Quarterly Performance Reports submitted to the Performance and Audit Committee (PAC). The most recent of these, Report PAC2-2019 presented to the February 2019 PAC meeting (Article V of the minute of the PAC meeting held on 12 February 2019 refers) includes the position in Dundee at end of quarter 2 2018/19. . In summary, there has been positive performance against 2018/19 interim targets; three areas have exceeded interim targets for the period (unplanned admissions, occupied bed days for unscheduled care and delayed discharges) and A&E performance partially met the interim target. For two areas (end of life care and the balance of spend) data is not available monthly or quarterly to allow for performance monitoring due to time lags associated with the production and provision of datasets to National Services Scotland, Information Services Division from external sources. Emergency admissions as a rate of A&E attendances have consistently not met the interim target.

4.2 Measuring Performance under Integration – 2019/20 Request and Submission

- 4.2.1 As in previous years the Health and Community Care Operational Management Team have been closely supported by the Strategy and Performance Team to develop targets for each service areas for the 2019/20 submission. The following information was utilised in preparation of the current submission (see appendices 1 and 2):
- 15/16 baseline data;
 - 15/16 based projections for 17/18 and 18/19 and 19/20;
 - Trajectories / targets previously submitted in the February 2017 and January 2018;
 - Actual data from 1 April 18 – 31 October 18 and estimated data from 1 November 18 – 31 March 19 to estimate the 18/19 position; and
 - 19/20 trajectories / targets based on the 18/19 estimated position (at city wide and, for some indicators, LCPP level).

Where special cause variation, for example improvement work to reduce delayed discharges, caused extraordinary data results, subsequent year targets were adjusted so that the same rate of increase or decrease was not expected in subsequent years. 19/20 targets for delayed discharge were adjusted for these reasons.

Appendix 3 contains the template provided by the Scottish Government. This has been completed and will form the entire Dundee submission.

- 4.2.2 A submission will be made to the Scottish Government to meet the 28 February 2019 deadline following consideration at the IJB. At this time it will be highlighted that the targets contained within the submission for 2019/20 cannot be confirmed until such times as the 2019/20 IJB budget has been finalised and an assessment made of the adequacy of resources to deliver planned improvement actions factored into the calculation of targets.

4.2.3 Performance against targets (for both 2018/19 and 2019/20) will continue to be reported as part of the quarterly performance reports submitted to the Performance and Audit Committee.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	The risk of not meeting targets against Measuring Performance under Integration service areas could affect; outcomes for individuals and their carers, and spend associated with poor performance.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Continue to develop a reporting framework which identifies performance against Measuring Performance under Integration targets. - Continue to report data quarterly to the PAC to highlight areas of poor performance. - Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as complex delayed discharges. - 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.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

The Performance and Audit Committee, Chief Finance Officer, Head of Service, Health and Community Care, and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

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.

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

9.0 BACKGROUND PAPERS

None.

David Lynch
Chief Officer

DATE: 11 February 2019

Kathryn Sharp
Senior Manager, Strategy and Performance

			15/16 baseline	17/18 Projection (15/16 based)	17/18 Trajectory agreed Feb 17	17/18 Actual and Estimated	18/19 Trajectory agreed Jan 18	18/19 Actual and Estimated	19/20 Proposed Trajectory Jan 19	%Change (15/16 baseline to 19/20 trajectory)
Unplanned admissions										
1.	Number of emergency admissions	submitted	14,125	15,168	15,153	15,122	15,464	15,225	15,225	7.8%
2.	Number of emergency admissions from A+E	submitted	6,483	7,345	6,797	7,616	7,616	7,440	7,440	14.8%
3.	A+E conversion rate (%)	to be developed								
Occupied bed days for unscheduled care										
4.	Number of emergency bed days	submitted	120,989	115,305	114,132	111,893	108,129	102,844	96,674	-20.6%
5.	Number of emergency bed days; geriatric long stay	to be developed								
6.	Number of emergency bed days; mental health specialities	to be developed								
A+E Performance										
7.	Number of A+E attendances	submitted	23,437	23,336	22,686	26,562	26,562	24,680	24,680	5.3%
8.	A+E % seen within 4 hours	to be developed								

			15/16 baseline	17/18 Projection (15/16 based)	17/18 Trajectory agreed Feb 17	17/18 Actual and Estimated	18/19 Trajectory agreed Jan 18	18/19 Actual and Estimated	19/20 Trajectory Jan 18	% Change (15/16 baseline to 19/20 trajectory)
Delayed Discharges										
9.	Number of bed days lost – standard and code 9	submitted	15,050	14,502	14,042	12,480	11,856	7,860	6,105	-59.4%
10.	Number of bed days lost – code 9	Not submitted	6,668	7,740	7,740	6,273	6,461	5,046	3,785	-43.2%
11.	Number of bed days lost – Health and Social Care Reasons	No data provided from ISD								
12.	Number of bed days lost – Patients/Carer/Family related reasons	No data provided from ISD							2,320	
End of Life Care (*based on 16/17 deaths but will change in 17/18 and 18/19 as % proportions are applied to the total number of deaths in each year)										
13.	% of last 6 months of life in community	submitted	86.9%		88%		89%		+2%	88.9%
14.	% of last 6 months of life in hospice / palliative care unit	submitted	1.4%		2%		3%		-5.0%	
15.	% of last 6 months of life in community hospital	Not applicable								
16.	% of last 6 months of life in large hospital	submitted	11.7%		10%		8%		-4.0%	
17.	Number of days of last 6 months of life in community	submitted	252,351		252,275*		255,143*		n/a as no. of deaths each year varies	
18.	Number of days of last 6 months of life in hospice / palliative care unit	submitted	3,965		5,733*		8,600*		n/a as no. of deaths each year varies	
19.	Number of days of last 6 months of life in community hospital	not applicable								
20.	Number of days of last 6 months of life in large hospital	submitted	34,042		28,668*		22,934*		n/a as no. of deaths each year varies	

			15/16 baseline	17/18 Projection (15/16 based)	17/18 Trajectory agreed Feb 17	17/18 Actual and Estimated	18/19 Trajectory agreed Jan 18	18/19 Actual and Estimated	19/20 Trajectory Jan 18	% Change (15/16 baseline to 19/20 trajectory)
Balance of Care										
21.	% of population living at home (unsupported) – All ages	submitted	97.7%		2					
22.	% of population living at home (supported) – All ages	submitted	1.3%		1.5%					
23.	% of population living in a care home – All ages	submitted	0.7%		0.5%					
24.	% of population living in hospice / palliative care unit – All ages	to be developed								
25.	% of population living in community hospital – All ages	submitted	0%		0%					
26.	% of population living in large hospital – All ages	submitted	0.4%		0.4%					
27.	% of population living at home (unsupported) – 75+	submitted	79.8%		80%					
28.	% of population living at home (supported) – 75+	submitted	11.3%		11.6%					
29.	% of population living in a care home – 75+	submitted	6.8%		6.7%					
30.	% of population living in hospice / palliative care unit – 75+	to be developed								
31.	% of population living in community hospital – 75+	submitted	0%		0%					
32.	% of population living in large hospital – 75+	submitted	2%		1.7%					

**Measuring Performance Under Integration
Charts and Methodologies
2019/20**

Introduction

This report provides key information to assist with the interpretation of the Dundee submission to the Ministerial Strategic Group regarding 'Measuring Performance under Integration'.

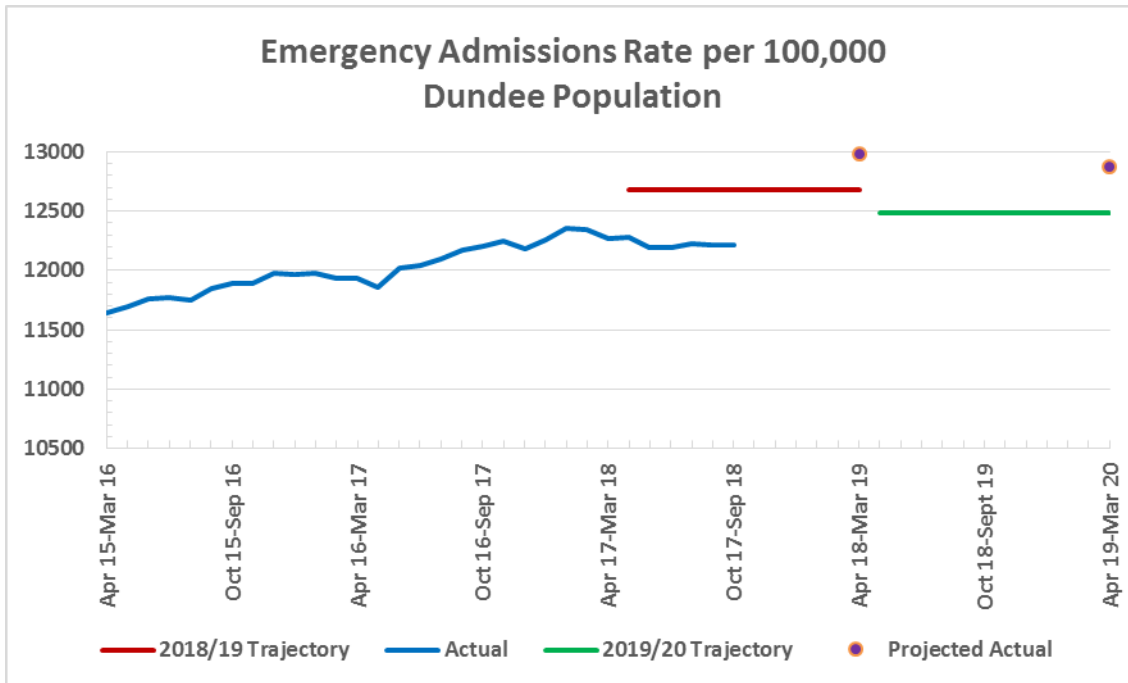
Under each of the six high level service delivery areas are charts which illustrate:

- 'Projected Actual' for 2018/19 is a combination of actual data (up to August 2018) taken from ISD's MSG Integration Integrators Report and estimated data (September 2018 to March 2019) taken from ARIMA modelling. (Data points on charts).
- 'Projected Actual' for 2019/20 – this is calculated in January 2019 using an autoregressive integrated moving average (ARIMA) model based on historical data between November 2014 and August 2018¹. Historical seasonal variation and overall trends are taken into account when modelling projections. Projections for 2019/20 assume that services will continue as they did in 2018/19, including sustaining the same rate of improvement, and that no further changes which either accelerate or decelerate the rate of improvement will be made – this helps the partnership to set their trajectories by estimating what impact changes to services will make on the projections. (Blue data points on charts).
- '2018/19 Trajectory' is the trajectory submitted in January 2018 for 2018/19 which is the projection plus / minus the target applied to each year. This illustrates the improvement or deterioration which was envisaged from 2015/16 onwards. (Red line on charts).
- '2019/20 Trajectory' is the trajectory proposed in January 2019 for 2019/20. Both the 'Projected Actual' for 2018/19 and 2019/20 are used as a baseline to help determine the '2019/20 Trajectory' figure. (Green line on charts).
- 'Actual' shows the actual performance of the Partnership up until September 17 to August 18. (Blue line on charts).

¹ Please note the projections for end of life care are not calculated using the ARIMA model, but instead are based on linear regression using historical annual data. In addition, projections produced through the ARIMA model for delayed discharge have been adjusted to take account of special cause variation associated with steep improvement gradients experienced over the last 3 years.

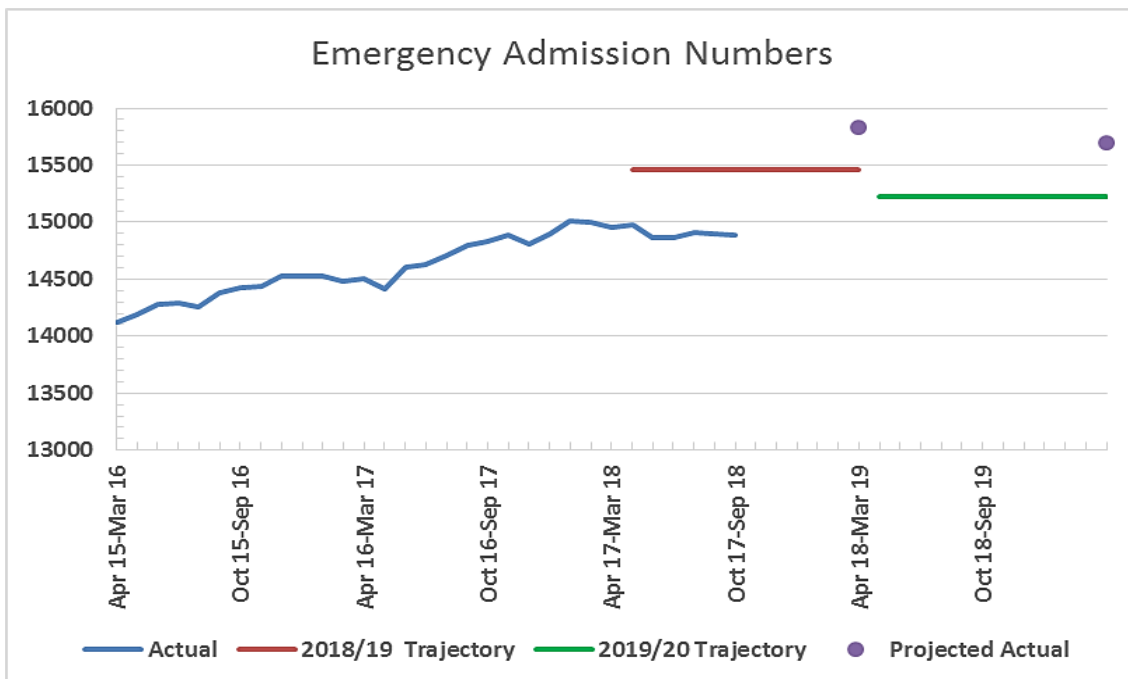
Emergency Admissions

Management Information - Chart 1: Emergency Admissions as a Rate per 100,000 Population in Dundee 18+



Source: ISD LIST management information (not official statistics)

Management Information - Chart 2: Emergency Admission Numbers 18+



Source: ISD LIST management information (not official statistics)

What is the data telling us?

For Emergency Admission Numbers:

- 18/19 estimated and actual performance (15,225) is better than the projection for 18/19 (15,827) and the 18/19 trajectory (15,464) set in January 18.
- Emergency admission numbers were projected to increase in 18/19 to 15,827 from the actual 2017/18 total (14,950) and the trajectory set in January 18 for 18/19 was for emergency admissions to increase slightly less than the projection (15,464).
- The actual and estimated data for 18/19 shows that Dundee is likely to perform better than predicted and there will be approximately 15,225 emergency admissions. This is a further improvement of 239 emergency admissions compared with the 18/19 trajectory set in January 18.

The 19/20 target

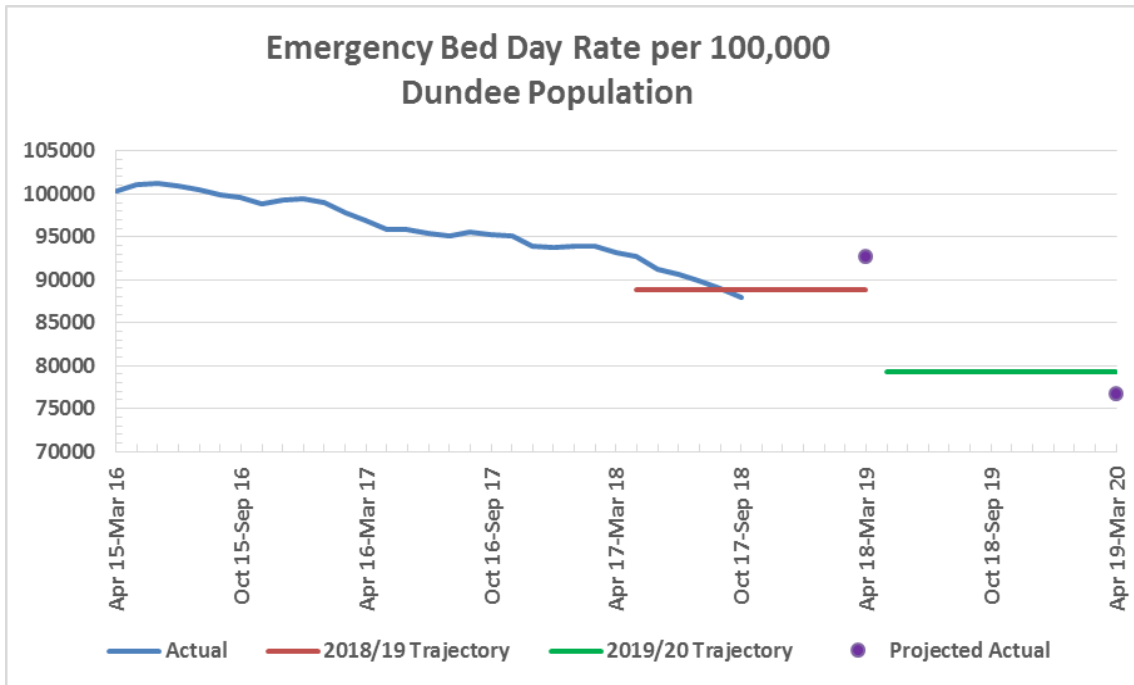
- The 19/20 target number of emergency admissions is 15,225. This is 3.0 % lower than the projected 19/20 number (15,695). This equates to a decrease of 470 in the number of emergency admissions.
- The 19/20 target is to maintain the number of emergency admissions at the 2018/19 actual and estimated figure (15,225).

How will trajectories agreed in Jan 19 for 19/20 be achieved?

- Roll out development of Enhanced Community Support, including acute.
- Implement 7 day targeted working (EA5-USC).
- Increased awareness and use of anticipatory care plans for all Adults where a plan would be of benefit.
- Implement an improvement plan relating to re-admission to hospital within 28 days of discharge analysis and improvement plan.
- Implement the Tayside Falls Prevention and Management Framework (2017-20) and refresh DHSCP falls pathway.
- Transformation of work with primary care and the implementation of the new GP contract.
- Development of locality based out- patient clinics.
- Progression of Reshaping Non-acute Care Redesign Programme.
- Implement Home and Hospital Discharge Plan.
- Implement Tayside Unscheduled Care Improvement Plan.
- Implement Tayside Winter Pressures Plan.

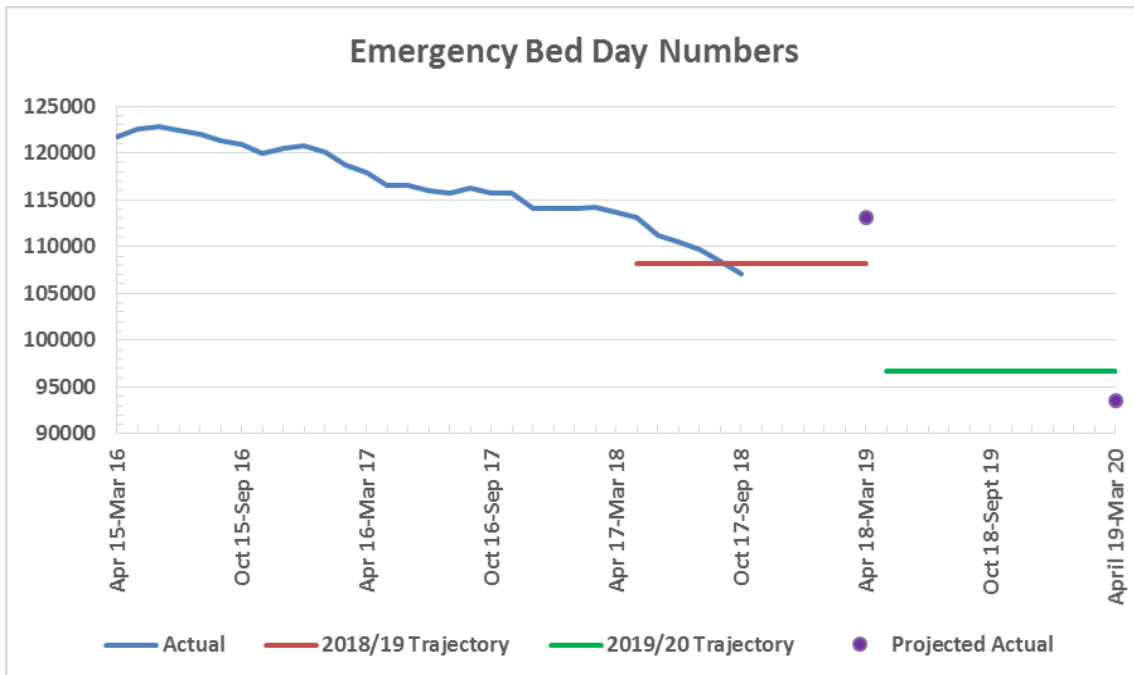
Emergency Bed Days

Management Information - Chart 3: Emergency Bed Days in Acute specialties as a Rate per 100,000 Population in Dundee 18+



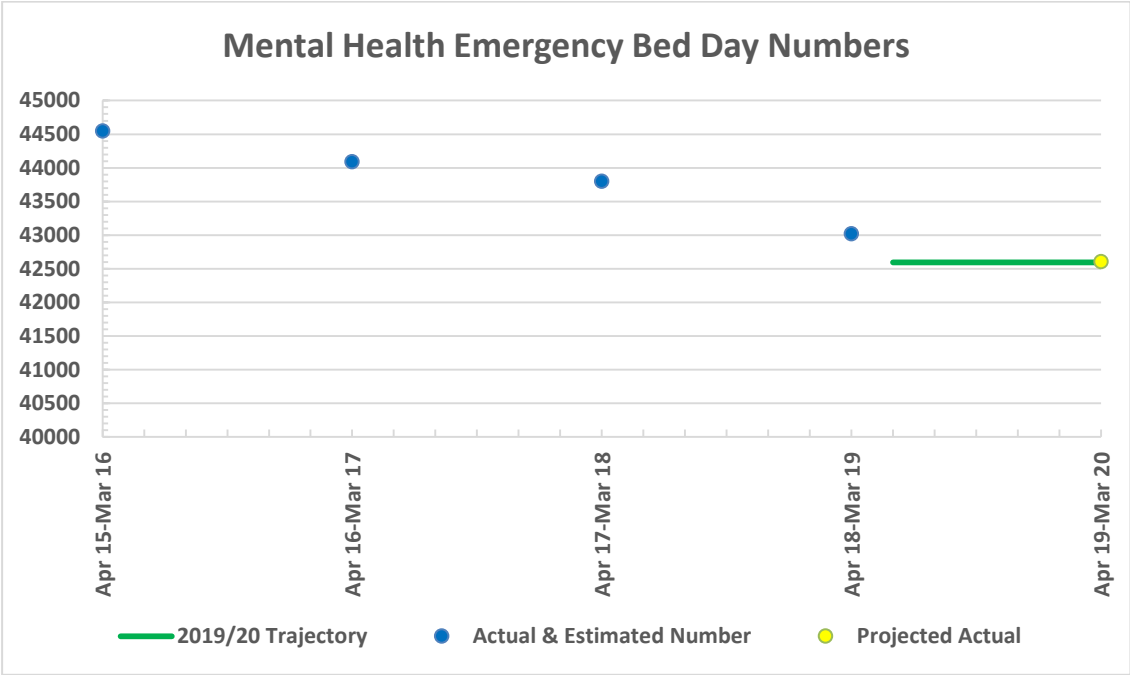
Source: ISD LIST management information (not official statistics)

Management Information - Chart 4: Emergency Bed Day Numbers in Acute specialties 18+



Source: ISD LIST management information (not official statistics)

Management Information - Chart 5: Mental Health Emergency Bed Day Numbers 18+



Source: ISD LIST management information (not official statistics)

What is the data telling us?

For Emergency Bed Day Numbers in Acute specialties:

- 18/19 estimated and actual performance (102,844) is better than the projection for 18/19 (113,085) and the 18/19 trajectory (108,129) set in January 18.
- Emergency bed day numbers were projected to decrease in 18/19 to 113,085 and the trajectory set in January 18 for 18/19 was for emergency bed day numbers to decrease further than the projection (108,129).
- The actual and estimated data for 18/19 shows that Dundee is likely to perform even better and there will be approximately 102,844 emergency bed days. This is a further improvement of 5,285 bed days compared with the 18/19 trajectory set in January 18.

For Mental Health Emergency Bed Day Numbers:

- There was no trajectory set in January 18 for 18/19.
- The actual and estimated number of bed days has been decreasing year on year since 15/16, and is projected to decrease again by 1% during 19/20 to 42,611 from the actual and estimated number for 18/19 (43,025).

The 19/20 target

For Emergency Bed Day Numbers in Acute specialties:

- The 19/20 target number of emergency bed days is 96,674 for Acute specialties. This is 3.3% higher than the projected 19/20 number (93,593). This equates to an increase of 3,081 in the number of emergency bed days.
- The 19/20 target is to reduce emergency bed days from the 18/19 actual and estimated number (102,844) by 6 % to 96,674 emergency bed days.

For Mental Health Emergency Bed Day Numbers:

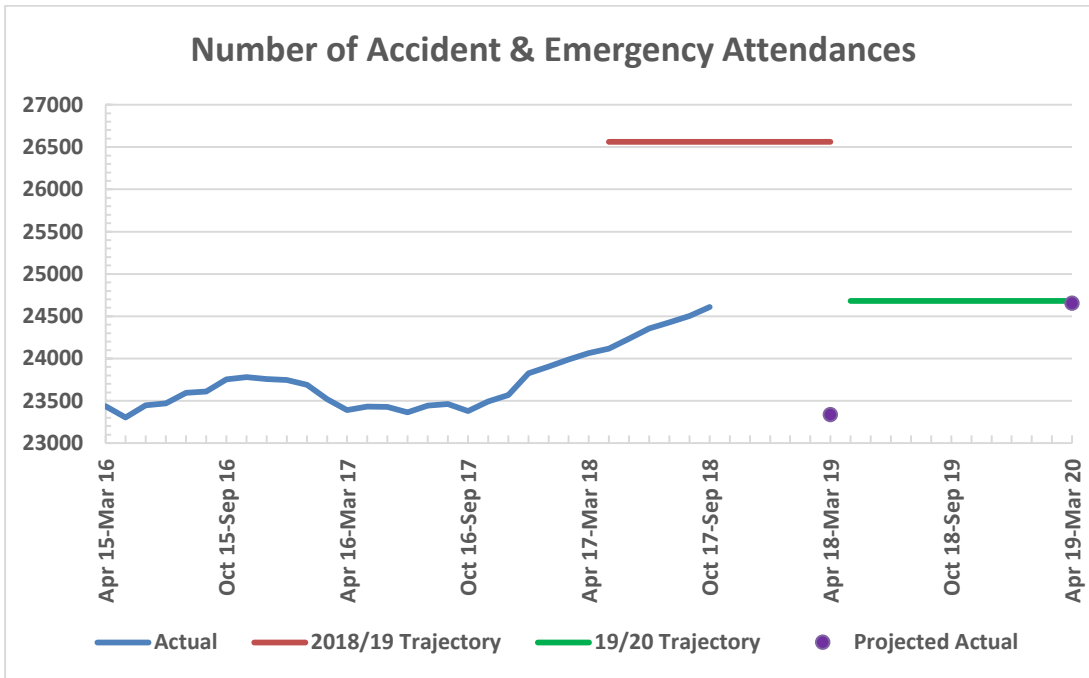
- The 19/20 target number of emergency bed days is 42,595 for Mental Health specialties. This is slightly lower than the projected 19/20 number (42,611).
- The 19/20 target is to reduce emergency bed days from the 18/19 actual and estimated number (43,025) by 1 % to 42,595 emergency bed days.

How will trajectories agreed in Jan 19 for 19/20 be achieved?

- Continue to review in patient models in line with community change.
- Further implement planned date of discharge model.
- Further develop discharge planning arrangements for adults with a learning disability and / or autism, mental ill-health, physical disability and acquired brain injury.
- Increase investment in intermediate forms of care.
- Co-locate the Learning Disability Acute Liaison Service within the Hospital Discharge Team base at Ninewells Hospital.
- Further develop resources which support assessment for 24 hour care taking place at home or home like settings.
- Implement a pathway for people with substance misuse problems and who have multiple morbidities.
- Hold Power of Attorney local campaigns.
- Earlier identification of requirement for measures under Adults with Incapacity (Scotland) Act 2016.
- Integrated pathways are being developed across care home teams, ortho-geriatrics and older people psychiatry.
- Remodel AHP services within acute settings to improve pathways.
- Further remodel integrated discharge hubs which will improve joint working arrangements.
- Progression of Reshaping Non-acute Care Redesign Programme.
- Implement Home and Hospital Discharge Plan.
- Implement Tayside Unscheduled Care Improvement Plan.
- Implement Tayside Winter Pressures Plan.

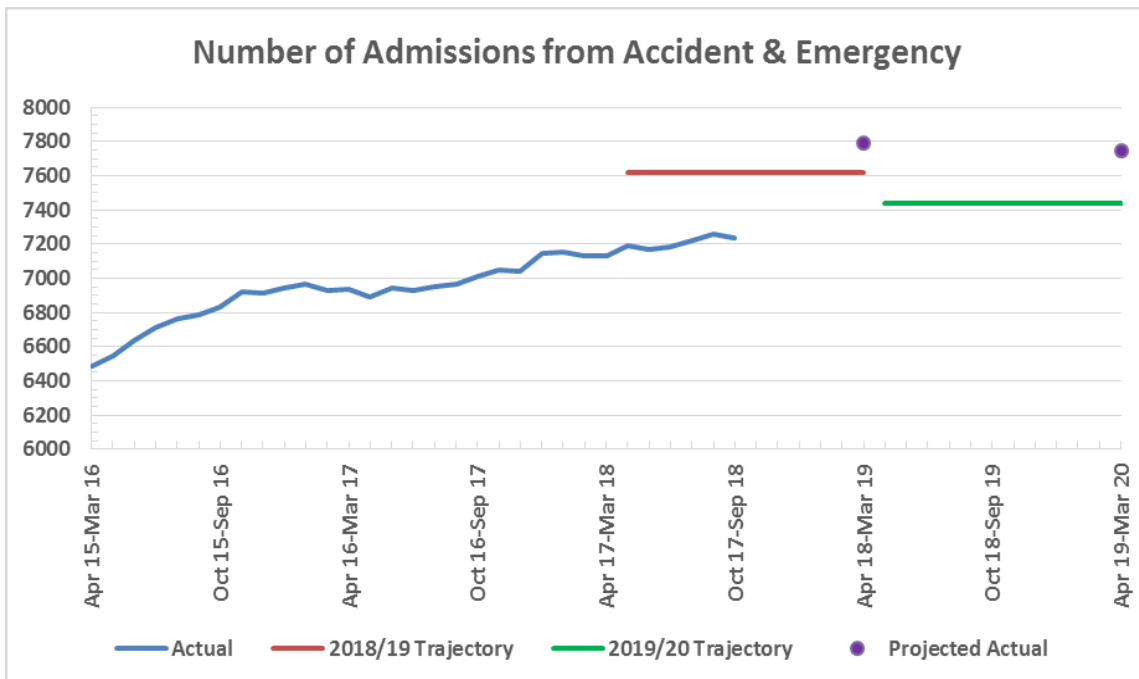
Accident & Emergency

Management Information - Chart 6: Number of Attendances at A+E



Source: ISD LIST management information (not official statistics)

Management Information - Chart 7: Number of 18+ Admissions from A+E



Source: ISD LIST management information (not official statistics)

What is the data telling us?

For Accident & Emergency Attendances:

- 18/19 estimated and actual performance (24,680) is poorer than the projection for 18/19 (23,336) but better than the 18/19 trajectory (26,562) set in January 18.
- Accident & Emergency attendances were projected to decrease in 18/19 to 23,336 from the actual 2017/18 total (24,063) and the trajectory set in January 18 for 18/19 (26,562) was for A&E attendances to increase more than the projection (23,336).
- Note: the 18/19 projection was for there to be zero change from 17/18 and because the number of A&E attendances in 17/18 was higher than predicted due to the flu epidemics and falls caused by adverse weather, this meant that the 2018/19 trajectory set in January 2018 was set higher than otherwise may have been expected.

For Admissions from A&E:

- 18/19 estimated and actual performance (7,440) is better than the projection for 18/19 (7,792) and would indicate an improvement of 176 admissions on the 18/19 trajectory (7,616) set in January 18.
- Admissions from Accident & Emergency were projected to increase in 18/19 to 7,792 from the actual 2017/18 total (7,131) and the trajectory set in January 18 for 18/19 (7,616) was for A&E admissions to be less than the projection (7,792).

The 19/20 target

For Accident & Emergency Attendances:

- The 19/20 target for A&E Attendances is 24,680. This is 0.1% higher than the projected 19/20 number (24,656). This equates to an increase of 24 in the number of A&E attendances.
- The 19/20 target is to maintain the number of A&E attendances at the 2018/19 actual and estimated figure (24,680).

For Admissions from A&E:

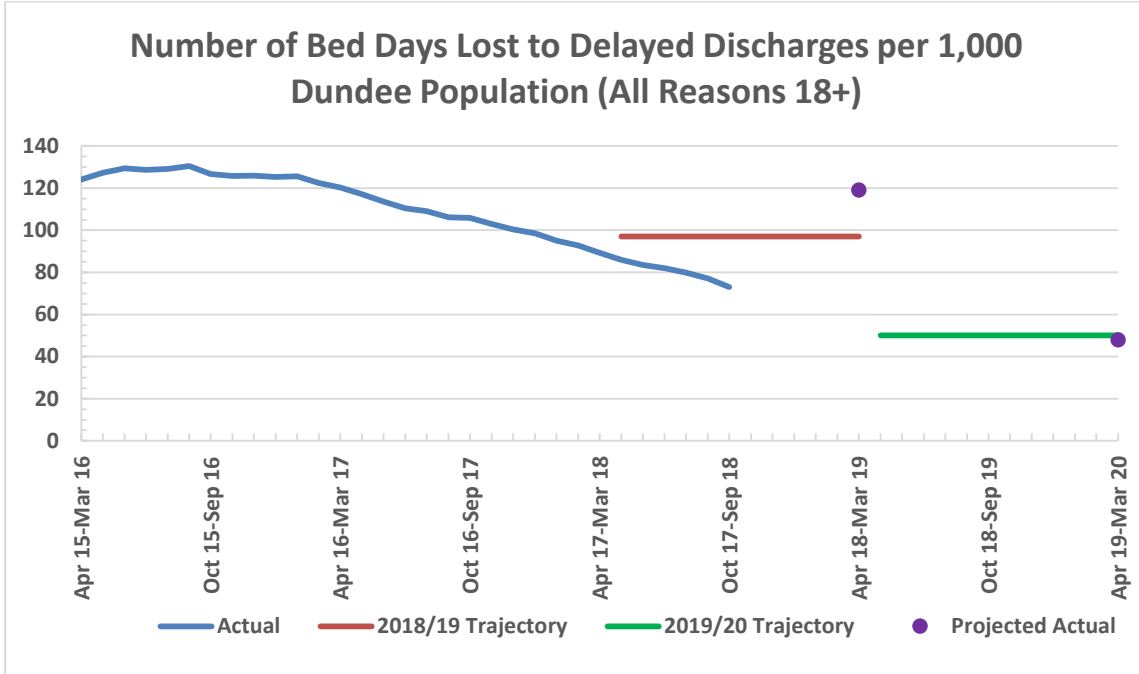
- The 19/20 target for Admissions from A&E is 7,440. This is 3.9% lower than the projected 19/20 number (7,743). This equates to a decrease of 303 in the number of admissions from A&E.
- The 19/20 target is to maintain the number of admissions from A&E at the 2018/19 actual and estimated figure (7,440).

How will trajectories agreed in Jan 19 for 19/20 be achieved?

- Further development of Enhanced Community Support, including acute.
- Increased awareness and use of anticipatory care plans for all Adults where a plan would be of benefit.
- Implement an improvement plan relating to re-admission to hospital within 28 days of discharge analysis and improvement plan.
- Implement the Tayside Falls Prevention and Management Framework (2017-20) and refresh DHSCP falls pathway.
- Implement a pathway for people with substance misuse problems and who have multiple morbidities.
- Transformation of work with primary care and the implementation of the new GP contract.
- Remodelling of polypharmacy.
- Further remodel integrated discharge hubs which will improve joint working arrangements.
- Progression of Reshaping Non-acute Care Redesign Programme.

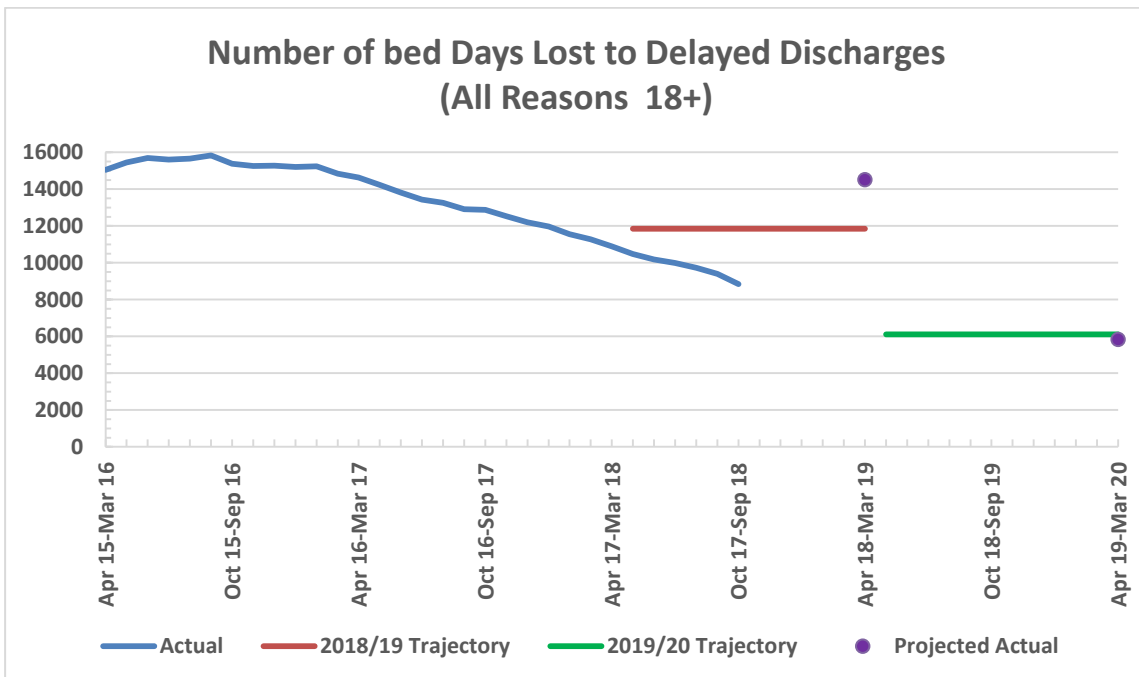
Delayed Discharges

Management Information - Chart 8: Bed Days Lost to Delayed Discharge 18+ as a Rate per 1,000 Population in Dundee



Source: ISD LIST management information (not official statistics)

Management Information - Chart 9: Number of Bed Days Lost to Delayed Discharges 18+



Source: ISD LIST management information (not official statistics)

What is the data telling us?

For Number of bed Days Lost to Delayed Discharges (All Reasons):

- 18/19 estimated and actual performance (7,960) is better than the projection for 18/19 (14,502) and the 18/19 trajectory (11,856) set in January 18.
- Bed days lost to delayed discharge were projected to decrease in 18/19 to 14,502 and the trajectory set in January 18 for 18/19 was for bed days lost to delayed discharges to decrease further than the projection (11,856).
- The actual and estimated data for 18/19 shows that Dundee is likely to perform even better and there will be approximately 7,960 bed days lost. This is a further improvement of 3,896 bed days compared with the 18/19 trajectory set in January 18.

The 19/20 target

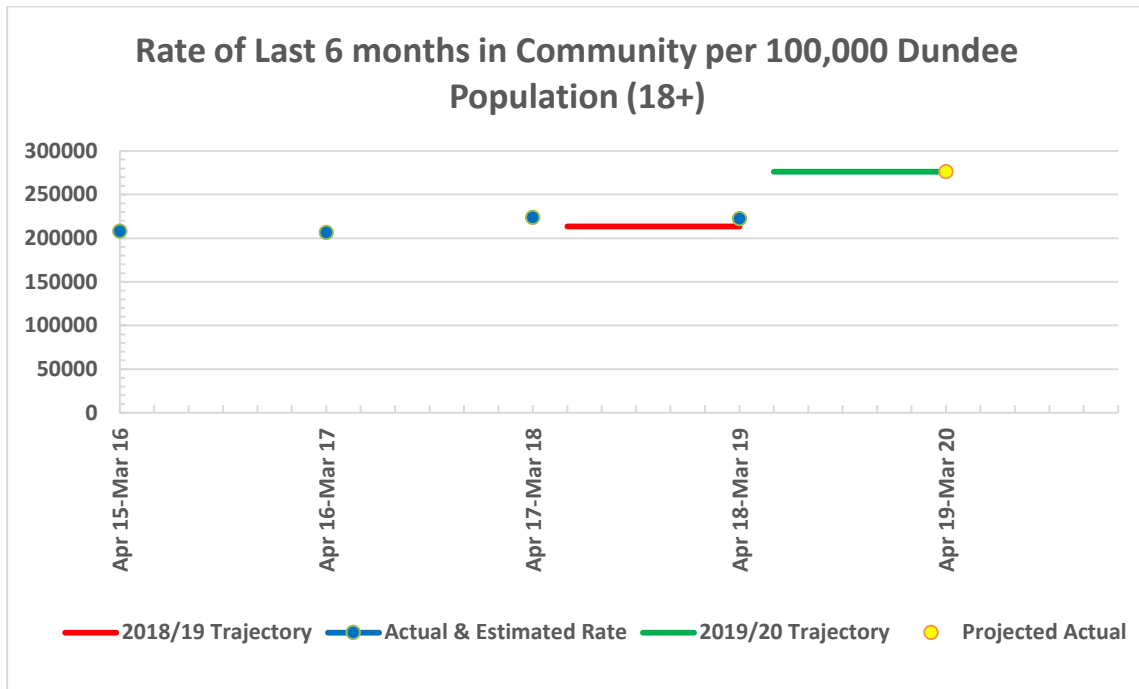
- The 19/20 target number of bed days lost is 6,105. This is 4.7 % higher than the projected 19/20 number (5,832). This equates to an increase of 273 bed days lost due to delayed discharges.
- The 19/20 target is to further reduce bed days lost from the 18/19 actual and estimated (7,960) by 20 % for Standard Delays and 25 % for Code 9 Delays to 6,105 bed days lost.

How will trajectories agreed in Jan 19 for 19/20 be achieved?

- Further develop intermediate forms of care.
- Further develop and remodel social care services to increase capacity and provide more flexible responses
- Further development of Community Rehabilitation and enablement.
- Review discharge pathways and corresponding procedures and guidance.
- Develop a statement and pathway for involving carers in discharge planning process.
- Extend the range of third sector supports for adults transitioning from hospital back to the community.
- Extend the step down and assessment model for residential care.
- Hold Power of Attorney local campaigns.
- Earlier identification of requirement for measures under Adults with Incapacity (Scotland) Act 2016.
- Establish an integrated model of support for people with a learning disability and / or autism who also have extremely complex health and care support needs.
- Progression of Reshaping Non-acute Care Redesign Programme.
- Implement Home and Hospital Discharge Plan.
- Implement Tayside Unscheduled Care Improvement Plan
- Implement Tayside Winter Pressures Plan

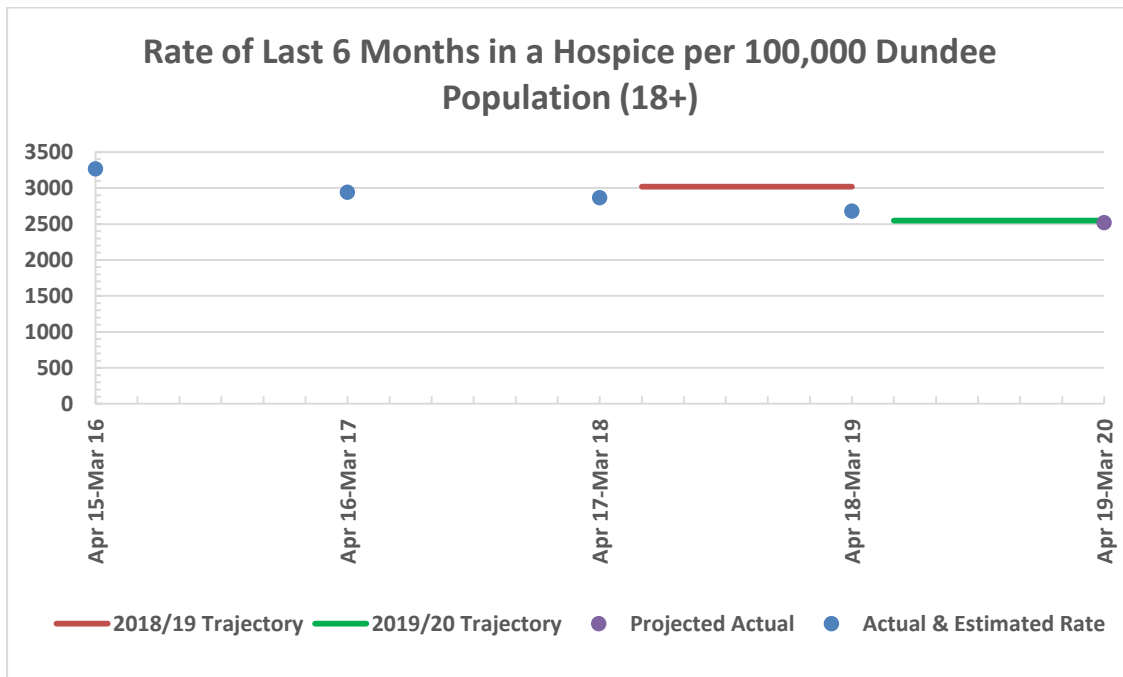
Last 6 Months of Life

Management Information - Chart 10: Last 6 months in community



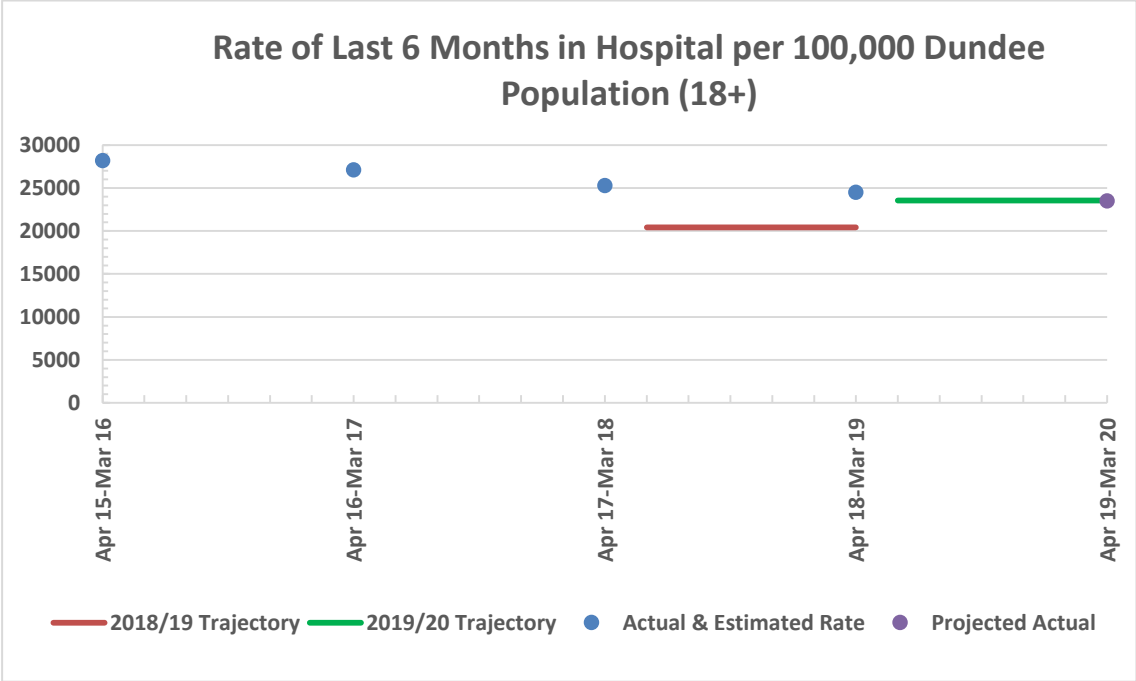
Source: ISD LIST management information (not official statistics)

Management Information - Chart 11: Last 6 months in hospice



Source: ISD LIST management information (not official statistics)

Management Information - Chart 12: Last 6 months in hospital rate per 100,000 18+



Source: ISD LIST management information (not official statistics)

What is the data telling us?

- There has been a year on year decrease since 15/16 in the actual and estimated numbers of people spending the last 6 months of their life in either a hospice or a hospital. The 18/19 actual and estimated number of people spending their last 6 months of life in a hospice (3,270) is well below the 18/19 trajectory (3,680) while the 18/19 actual and estimated number of people spending their last 6 months of life in a hospital (29,894) is above the 18/19 trajectory (24,878).
- Between 16/17 and 17/18 there was an 8.7% increase in the number of people spending the last 6 months of their life in the community, from 250,880 to 272,735. The 18/19 actual and estimated number of people spending their last 6 months of life in the community is 270,897 while the projected number for 19/20 is 276,204 (an increase of 2.0%).

The 19/20 targets

For last 6 months spent in the community:

- The 19/20 target number of bed days for last 6 months spent in the community is 276,314, with a rate of 226,660 bed days per 100,000 Dundee population - as shown in chart 10. This is 0.01 % higher than the projected 19/20 rate (226,569). This equates to an increase in the rate of 31 beds spent in the community during the last 6 months of life.
- The 19/20 target is to increase bed days from the 18/19 actual and estimated number (270,897) by 2 % to 276,314 bed days.

For last 6 months spent in a hospice / palliative care unit:

- The 19/20 target number of bed days for last 6 months spent in a hospice is 3,107, with a rate of 2,549 bed days per 100,000 Dundee population - as shown in chart 11. This is 1.2 % higher than the projected 19/20 rate (2519). This equates to an increase in the rate of 30 beds spent in a hospice during the last 6 months of life.
- The 19/20 target is to decrease bed days from the 18/19 actual and estimated number (3,270) by 5 % to 3107 bed days.

For last 6 months spent in a hospital:

- The 19/20 target number of bed days for last 6 months spent in a hospital is 28,698, with a rate of 23,541 bed days per 100,000 Dundee population - as shown in chart 12. This is 0.2% higher than the projected 19/20 rate (23,507). This equates to an increase in the rate of 34 beds spent in a hospital during the last 6 months of life.
- The 19/20 target is to decrease bed days from the 18/19 actual and estimated number (29,894) by 4 % to 28,698 bed days.

When interpreting this data it became apparent that the % change is determined by the total number of deaths in a year and if the number of deaths is less than the baseline year then targets may not be met. Common sense tells us that reduced numbers of deaths cannot be regarded as negative.

How will trajectories agreed in Jan 19 for 19/20 be achieved?

- PEOLC test site for dementia.
- Expand the use of Palliative Care Tool Bundle and Response Standards in use across community based health and social care services.
- Fully implement the Macmillan Improving the Cancer Project.
- PEOLC Managed Clinical Network in place, to focus on non-specialist palliative care.
- Increased availability of Key Information Summaries and ACPs.
- Develop a community Palliative Care Strategy to further progress support for people dying at home.
- Progression of Reshaping Non-acute Care Redesign Programme.

Balance of Care

Data to measure performance against the 18/19 targets is not currently available from NSS ISD therefore it is not currently possible to measure performance. The 2017/18 figures used to set the targets are provisional.

The 19/20 targets

For Care Homes:

- All Ages: 0.7% of the population living in care homes. (0.5% target set in January 18)
- Aged 75+ : 7.1% of the population living in care homes. (6.7% target set in January 18)

For Large Hospitals:

- All Ages: 0.3% of the population in large hospital. (0.4% target set in January 18)
- Aged 75+ : 1.8% of the population living in large hospital. (1.7% target set in January 18)

For Supported At Home:

- All Ages: 1.5% of the population supported at home.
- Aged 75+ : 11.6% of the population supported at home

For Unsupported At Home:

- All Ages: 97.6% of the population unsupported at home.
- Aged 75+ : 80% of the population unsupported at home.

How will trajectories agreed in Jan 19 for 19/20 be achieved?

- Further develop Enhanced Community Support, including acute.
- Develop a model of support for carers in line with the Carers Act.
- Continue to review in patient models in line with community change.
- Further develop models that support adults within their own homes.
- Further develop and remodel social care services to increase capacity and provide more flexible responses.
- Continue to develop step down to assess model.
- Increase the range of accommodation with support for people with complex needs.
- Further develop social prescribing model for Dundee and improve self-care.
- Further develop accommodation with support models in the community for adults.
- Further remodel the stroke pathway.
- Further develop short breaks and respite opportunities.
- Progression of Reshaping Non-acute Care Redesign Programme.

