



**REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
20 APRIL 2022**

**REPORT ON: LOCAL GOVERNMENT BENCHMARKING FRAMEWORK –  
2020/21 PERFORMANCE**

**REPORT BY: CHIEF OFFICER**

**REPORT NO: DIJB68-2022**

## **1.0 PURPOSE OF REPORT**

1.1 To inform the Integration Joint Board of the performance of Dundee Health and Social Care Partnership against the health and social care indicators in the Local Government Benchmarking Framework (LGBF), for the financial year 2020/2021.

## **2.0 RECOMMENDATIONS**

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

2.1 Note the performance against the health and social care indicators in the Local Government Benchmarking Framework (LGBF) for the financial year 2020/21 as detailed in this report and in Appendix 1.

2.2 Note that LGBF performance information will be published on the Dundee City Council website and reported to the Policy and Resources Committee against benchmarks applied by Dundee City Council across all LGBF indicators (section 4.9).

2.3 Confirm their preferred approach to reporting of LGBF adult social care data in the future from the options set out in section 4.10 of this report.

## **3.0 FINANCIAL IMPLICATIONS**

3.1 None.

## **4.0 MAIN TEXT**

4.1 The Improvement Service has recently released draft 2020/21 Government Benchmarking Framework (LGBF) performance data for all 32 local authorities in Scotland. LGBF is now in its tenth year and provides trend-based insights as well as comparisons with performance in other local authorities. The adult social care indicators relate to functions that are delegated to the Integration Joint Board and are delivered as integrated services by the Health and Social Care Partnership. Data from the framework forms part of the evidence to show the extent to which the integration of health and social care has improved services.

4.2 Family Groups of local authorities with similar levels of deprivation and urban density have been created to assist with benchmarking. Dundee's family group includes Glasgow City, North Lanarkshire, West Dunbartonshire, North Ayrshire, East Ayrshire, Inverclyde and the Western Isles. In 2 of the 11 indicators the Partnership performed better than the family group average in 2019/20.

4.3 7 of the 11 indicators are also core National Health and Social Care Indicators and are already reported by the Partnership within the annual performance report. 4 of these indicators are reported from the results of the biennial Health and Social Care Experience Survey. In addition to the annual

performance report, 2 of these indicators are also reported as part of the quarterly performance reports submitted to the Performance and Audit Committee and have recently been the subject of individual, in-depth analytical reports. For these indicators reporting via the quarterly and annual reports provides data more quickly than through LGBF (where there are very significant time-lags associated with the annual LGBF report).

- 4.4 The draft LGBF 2020/21 data for 2 of the annual indicators which are also core National Health and Social Care Indicators are not extracted from the core national indicator data published by Public Health Scotland and therefore the LGBF 2020/21 data differs from the data that is utilised for annual and quarterly performance reports. This is potentially confusing for both members of the public, the integrated workforce and other stakeholders but is out-with the control of local partners.
- 4.5 In September 2020 the PAC approved targets for performance based on family group rank and the actual performance required to achieve this rank (Article X of the minute of the meeting of the Dundee PAC held on 22 September 2020 refers). Historically, Dundee City Council has set targets across all other sections of the LGBF framework for non-delegated functions, however it is the IJB who should set targets in relation to delegated functions. Appendix 1 details the performance of the Dundee Health and Social Care Partnership against the indicators in the 'adult social care' category of the LGBF during 2020/21. Within each category Dundee performance is compared to the performance of family group partnerships and the targets set by the PAC in 2020.
- 4.6 In previous reporting years setting of targets, both by Dundee City Council and the IJB has been based on group rank. Achieving the target rank relies not only on the Partnerships own performance during the year but also on unpredictable variation in performance of other Partnerships within the group. In 2020/21, based on the target rank, three indicators met or exceeded the target rank position; homecare cost per hour, personal care at home and rate of readmissions. Four did not meet the target rank; SDS spend as a % of budget, residential costs, care service gradings and bed days lost. Of the four indicators that did not meet the target one was within one ranking of the target (residential care costs). Targets were set for the 4 indicators reported from the biennial Health and Care Experience Survey but as this is a biennial survey it is not due to be repeated until 2021/22.
- 4.7 Benchmarking and longitudinal analysis are both analytical methods which inform continuous improvement. Longitudinal analysis revealed that over the ten-year period to March 2021 performance has been maintained or improved for 2 out of 7 of the adult social care indicators (delayed discharge and personal care at home). 4 of the indicators are taken from the results of the Health and Care Experience Survey; results for these indicators cannot be compared longitudinally as the methodology for filtering respondents was changed by the Scottish Government between the 2017/18 and 2019/20 surveys. The Scottish Government has advised that comparing the results of the 2017/18 and 2019/20 surveys is not accurate and should not be done.
- 4.8 Prior to the COVID-19 pandemic the Improvement Service acknowledged that the adult social care indicators required to be reviewed and work had begun at a national level with relevant stakeholders to progress this work. The adult social care suite of indicators is no longer considered to be a robust suite of indicators for benchmarking purposes. Different socio-demographics, service structures and hospital pathways across Partnerships mean that benchmarking of performance can result in an overly simplistic comparison of performance. It has also been recognised that a focus on cost-based indicators rather than outcome and quality indicators is unhelpful. Unfortunately, the planned national review did not progress following the onset of the COVID-19 pandemic. The Improvement Service has indicated that the planned review of the LGBF adult social care dataset will not recommence until there is further clarity regarding future plans for the National Care Service.
- 4.9 Publication of the LGBF forms part of each council's statutory public performance reporting, however there is not a requirement on councils to report on every indicator; advice from the Improvement Service is that indicators should be used where appropriate, and contribute to local intelligence to inform improvements. The Council includes the adult social care data in their overall LGBF performance report which is submitted to their Policy and Resources Committee. The Council has decided to use a target across all indicators to be within 1% of the family group median. Where an indicator does not meet this target, it will be reported as an 'area for improvement'. This methodology is applied to adult social care indicators as part of the overall LGBF framework; performance against targets set by the IJB is not included in the report, although officers from the Partnership are given the opportunity to comment on and contribute to the draft report. Following discussion with the Council regarding reporting of LGBF data they have confirmed their intention to continue to report the adult social care indicators set against the Council wide target.

4.10 At this time there is a need to agree a future approach to reporting of LGBF data to the IJB, taking into account the limited value of the current dataset, overlap with quarterly and annual performance reports and provision of information to the Council. Officers have identified three viable options:

1. The IJB's Performance and Audit Committee continues to receive this full analysis of the adult social care suite on an annual basis. This could include assessment against an agreed target as follows:

- i) bespoke targets set by the Performance and Audit Committee; or,
- ii) adoption of the wider whole LGBF framework target set by the Council.

2. LGBF adult social care data is more fully integrated into annual and quarterly performance reports only, within individual indicators identified as being part of the LGBF dataset. No separate annual report is provided detailing LGBF performance for adult social care.

3. No specific reporting of the LGBF adult social care indicators is undertaken until such times as the Improvement Services has completed the review of the indicators within the adult social care dataset. The annual LGBF report prepared by the Council is provided to the IJB following its submission to the Council's Policy and Resources Committee.

## 5.0 POLICY IMPLICATIONS

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

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	The risk of not meeting targets against LGBF indicators could affect outcomes for individuals and their carers and not make the best use of resources.
<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 )	- Consider approach to utilising LGBF adult social care indicators as part of a wider framework of performance indicators for health and social care.
<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.

## 7.0 CONSULTATIONS

7.1 The Heads of Service, Health and Community Care, Chief Finance Officer, Chief Social Work Officer, Dundee City Council Corporate Performance Service and the Clerk were consulted in the preparation of this report.

## 8.0 BACKGROUND PAPERS

8.1 None.

Dave Berry  
Chief Finance Officer

DATE: 18 February 2022

Lynsey Webster  
Senior Officer, Strategy and Performance

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## ADULT SOCIAL CARE

### Snap Shot Profile

The Health and Social Care Partnership provides a broad range of services for a wide variety of needs and people in different situations, in some cases commissioned from the third and independent sector. Services can include helping people to live independently in their own home, hospital to home transition and other community support.

Most people wish to stay at home wherever practicable. Sometimes, however, they may need residential care for short periods or for a longer-term. The Partnership can also arrange nursing care, if necessary.

For 2020/21 the adult health and social care category consisted of 11 indicators, covering unit cost and performance data. A summary of our 2020/21 data alongside family group and Scottish average has been provided below.

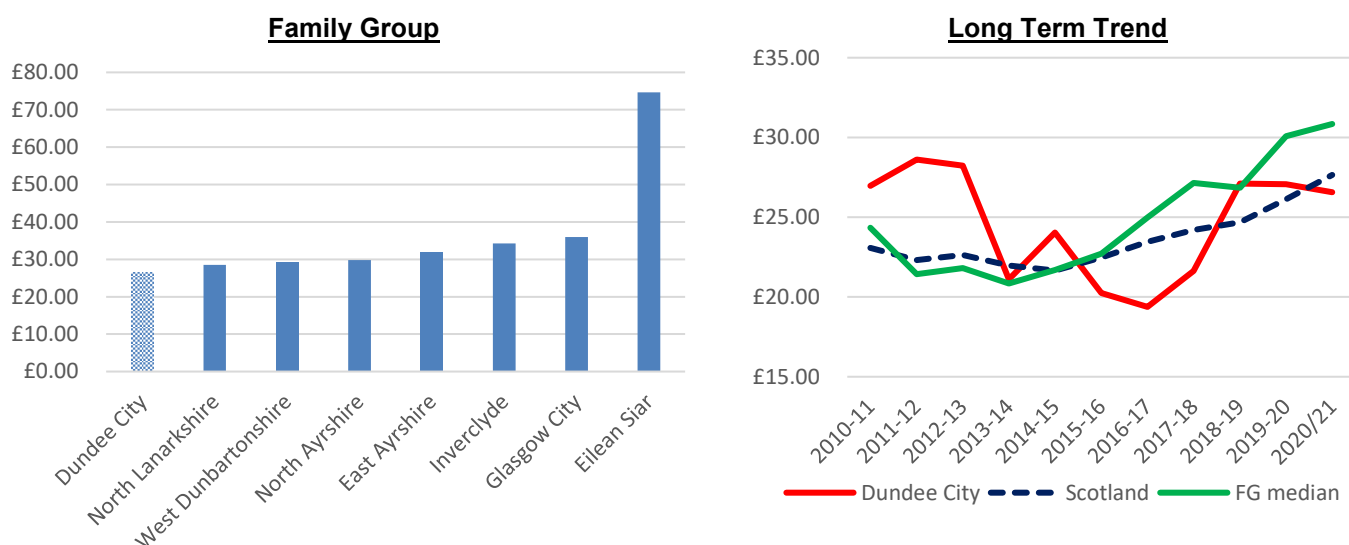
**Table 1: Summary of Social Care Performance 2020/21**

Indicator	2017/18 Data	2018/19 Data	2019/20 Data	2020/21 Data	2020/21 Target	2020/21 Target Group	Group Rank (out of 8)	Scottish Rank (out of 32)	Group Ave	Scottish Ave
Homecare cost per hour aged 65 and over	£21.24	£27.12	£27.06	£26.56	£27.06	3	1	14 (up from 21 in 1920)	£36.38	£27.65
SDS (Direct Payments) spend on adults 18+ as a % of total social work spend	1.09%	2.43%	4.96%	2.53%	5.05%	3	7	30 (down from 18 in 1920)	8.2%	8.17%
% of people aged 65 or over with long term care needs receiving personal care at home	59.32%	56.18%	57.07%	60.51%	62%	7	7	20 (up from 24 in 1920)	65.21%	61.71%
Residential costs per week per resident for people aged 65 or over	£479	£475	£476	£581	£476	5	6	25 (down from 23 in 1920)	£439	£401
Rate of readmission to hospital within 28 days per 1,000 discharges (Core Indicator)	126.7	128.70	127.23	151.61	127.23	8	8	30 (up from 32 in 1920)	120.03	104.69
Proportion of care services graded 'good' (4) or better in Care	82.3	85.29	76.87	80.0%	79.37%	4	7	28 (down from 25 in 1920)	84.24	82.50

Inspectorate inspections <b>(Core Indicator)</b>										
Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+) <b>(Core Indicator)</b>	349.2	372.18	443.27	326.80	240.15	2	3	12 (down from 9 in 1920)	519.54	773.78
*% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	84.9	N/A	76.58	N/A	81.54 (21/22)	4	7		81.07	80.03
*Percentage of adults supported at home who agree that they are supported to live as independently as possible	83.8	N/A	78.83	N/A	82.00 (21/22)	4	7		82.40	80.78
*Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	77.9	N/A	73.04	N/A	75.54 (21/22)	4	6		76.0	75.43
*Percentage of carers who feel supported to continue in their caring role	38.3	N/A	34.57	N/A	35.84 (21/22)	4	6		35.57	34.23

\*Data available biennially from the Health and Care Experience Survey

## Older Persons (over 65) Home Care Costs Per Hour



From 2016/17 to 2018/2019 there was an increase in the older people home care cost per hour, however the cost has seen a small reduction since 2019/20. In 2020/21 Dundee ranked best within the family group and 14<sup>th</sup> best out of the 32 Partnerships in Scotland, which is an improvement in 7 rankings from 2019/20

The cost in Dundee was £10 per hour less than the Family Group average when including Eilean Siar, which is significantly high, and £4 per hour less than the Family Group average when excluding Eilean Siar.

The cost in Dundee was £4 less than the Family Group median.

The number of home care hours provided increased from 773,240 in 2018/19 to 910,520 in 2020/21 (18% increase).

Dundee met the target of £27.06

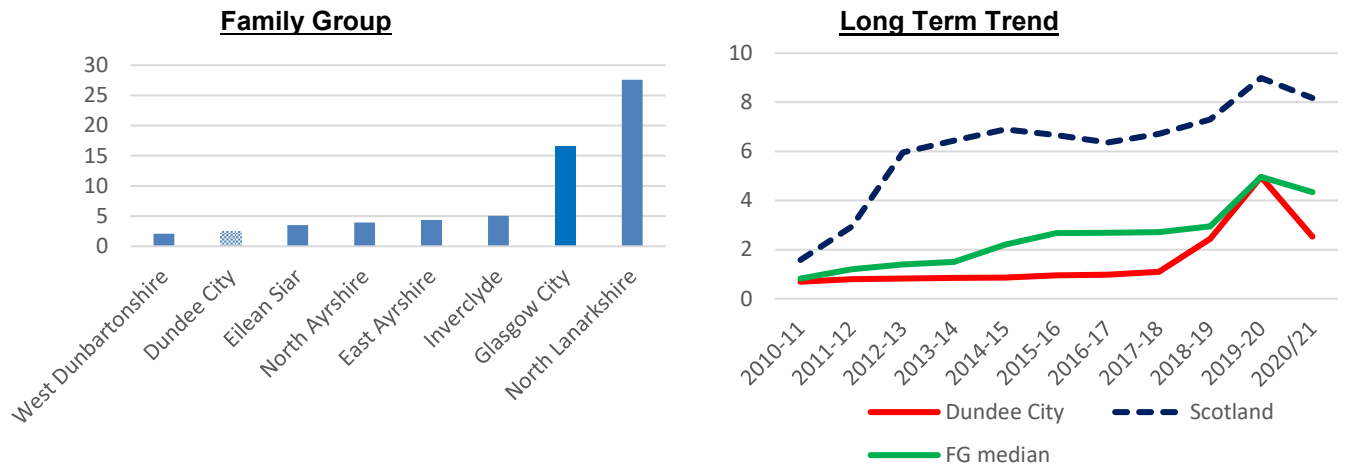
Dundee met the Council's target of within 1% of the family group median.

On 24 January 2018 the IJB agreed the recommendation of the Review of Homecare Services to ensure work patterns reflect the needs of service users and create efficiencies in the service. Recommendations were implemented during 2020.

A mixed contract solution was implemented, with staff retained on 30-hour, double shift contracts (7am start) or 25-hour double shift contract (7.30 am start) or 23 hour, single shifts (7am start). This improved service model has increased the level of staff/service user contact time by up to 1,118 hours per week including travel time. The 30-hour contracts includes the banking of up to 5 hours per week that are aggregated and used periodically throughout the year to offset absences.

The demand for homecare remains high in Dundee and we continue to work with in-house teams and contracted services to provide a best value service, whilst focusing on personal outcomes and rehabilitation of the people who use our services.

## Self-Directed Support Spend On Adults 18+ as a % of Total Social Work Spend



Self-Directed Support allows people to choose how their support needs will be met. This indicator calculates the cost of Direct Payment (Option One) spend on adults as a proportion of the total 'social care' spend on adults (aged 18+).

This indicator was developed because it allows the Partnership to monitor Direct Payments as a proportion of total adult social care expenditure, both over time and in comparison with other Partnerships. Dundee has historically had a low uptake of Direct Payments. Under the Social Care (Self-Directed Support) (Scotland) Act 2013, Direct Payments is one of four options that since 1 April 2014 local authorities have had a duty to offer eligible people who are assessed as requiring social care.

Dundee ranks 7<sup>th</sup> (2<sup>nd</sup> poorest) out of the eight family group partnerships and there has been a substantial deterioration (decrease) in performance since 2019-20. Within this family group, Glasgow performed particularly well due to their role in piloting this approach. When assessing the average (mean) spend, 2 other family group partnerships have a similar % spend on SDS Option One to Dundee (within 1% difference). Dundee rank within the 32 partnerships has deteriorated. In 2019-20 Dundee ranked 18<sup>th</sup> best in Scotland and in 2020-21 Dundee ranked 30<sup>th</sup> (3<sup>rd</sup> poorest), which is a deterioration of 15 ranks.

**Dundee did not meet the target of 5.05%.**

**Dundee did not meet the Council's target of within 1% of the family group median.**

We have a dedicated Self-Directed Support Officer and administrative and financial staff who provide support, advice and information to service users to support them to make the right choice for themselves and ensure meaningful personal outcomes.

The team is continuously exploring new, service user friendly approaches to make SDS Option 1 accessible and work with personal assistant (PA) support groups on how we can improve the PA market within Dundee.

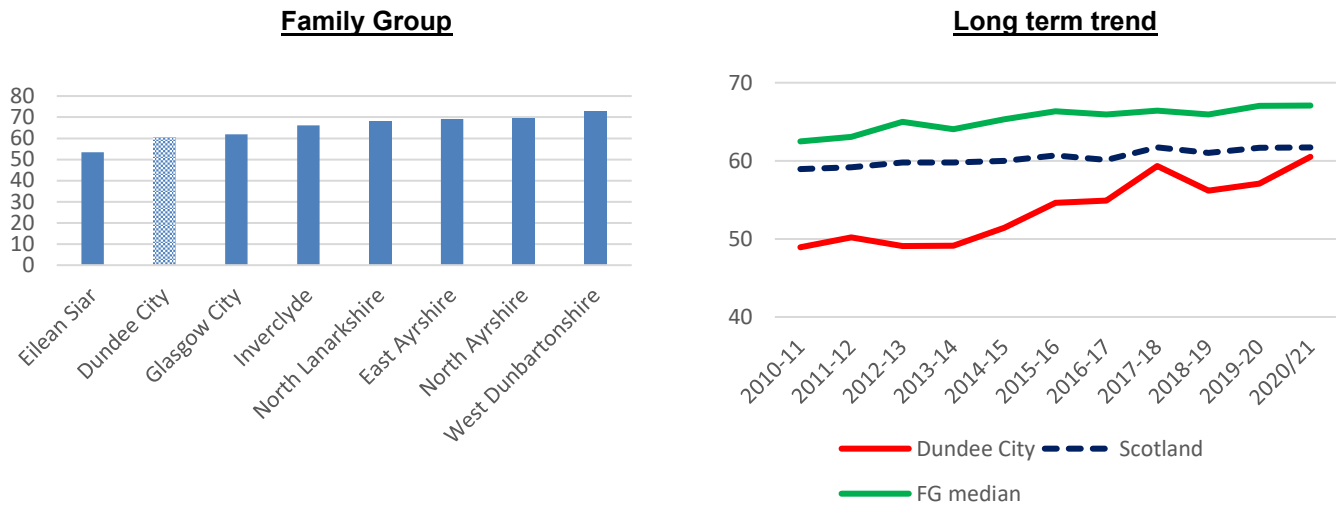
There has been a clear impact in the last couple of years on uptake of SDS Option 1 due to the COVID-19 pandemic. We have followed Scottish Government guidance in relation to a relaxed, flexible and focused approach to SDS assessments and subsequent delivery has been adapted to help manage the difficulties and restriction caused by the pandemic.

Areas of improvement have been identified and the learnings from these will be included moving forwarding into Dundee HSCP's SDS Improvement Action Plan which incorporates both local and national dynamic and local commissioning market pressures as well as good practice and learning via the Scottish Government's Implementation plan. Some recent key developments include:



- The use of technology has increased and for some this has been a more flexible and creative way of using allocated resources.
- We have contacted the Scottish Personal Assistants Engagement Network (SPAEN) to look at how we can support recruitment, retention and local support groups for PA's.
- We are aware that completing monitoring forms by SDS Option 1 awarded individuals can be a time-consuming task and therefore we are now exploring the possibility of direct payment cards giving better flexibility to people and reduced hours of paperwork. This will also be a more effective way of information management by our SDS finance team.
- How we communicate has been a key priority and we aim to have all SDS related information, forms and documents available on line and links to these will be embedded on partner websites.
- Various methods have been deployed to get key crucial messages out to our Dundee citizens. An example is a no-reply email which was set up so we can share more information with personal assistants and those awarded an Option 1. This has proved effective in communication around the vaccination programme for personal assistants.
- In line with Scottish Government guidance, we have continued to support flexible options and approaches to Option 1 & 2 services. We continue to support our care sector in flexible delivery of Option 2, increasing choice for those wishing to choose an SDS Option 2 for the delivery of their care.
- Working closely with the Carers Centre we have reviewed our current delivery model. Our aim is to improve access to SDS Options for carers who have been assessed under The Carers (Scotland) Act, 2016 as requiring support to deliver their assessed support.
- There has been closer working between Adult and Children Services in terms of transition of young people in Dundee to ensure a smoother transition and ensure SDS options are part of the transition planning process.

**% of people aged 65 or over with long term care needs receiving personal care at home**



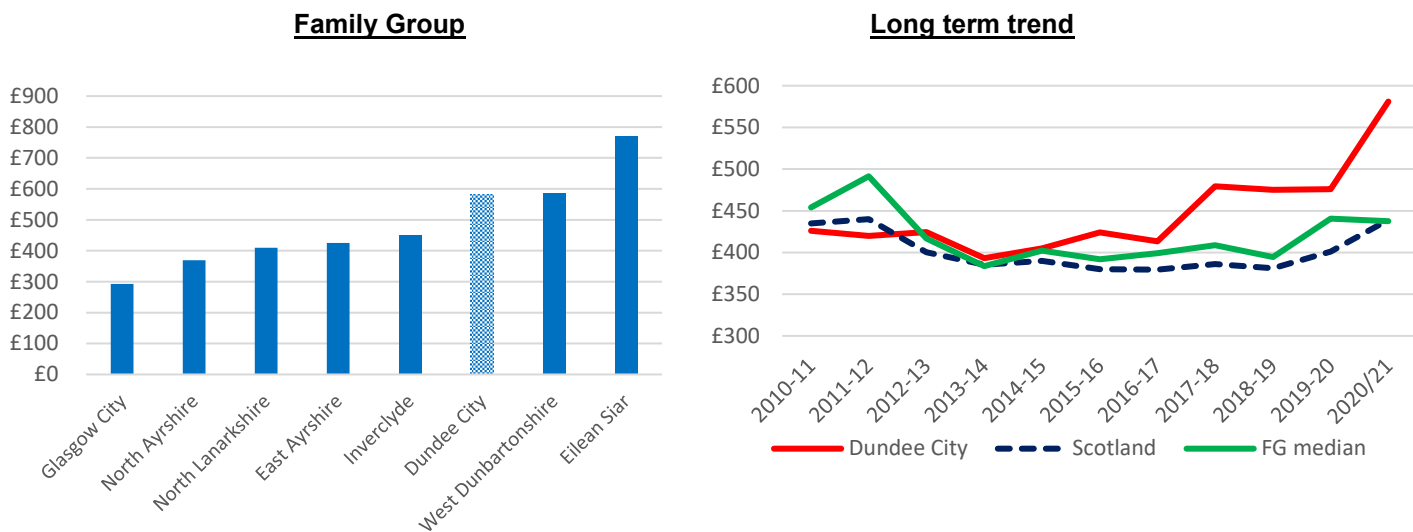
Dundee provides the 2nd lowest % of personal care within the family group and the % is also lower than both the Scottish average and the family group median, although the graph above illustrates that the gap is narrowing.

Dundee did not meet the target of 62%.

Dundee did not meet the Council's target of within 1% of the family group median.

This indicator sits within a service which provides personal care as part of a whole system, multi-disciplinary service model of home and community-based care which is also preventative, rehabilitative and flexible by providing step up and step-down care and support. Examples of services which wrap around the personal care service include the Independent living review team, falls service, nurse led clinics in bone health, continence, nutrition, the development of a frailty screening model in the community and the development of community-based models for people with a range of long-term conditions. When an eligible person requires personal care, it is paramount that they receive this when they require this and services are there to provide both step up and step-down care, for example Hospital at Home and ambulatory care. It is also paramount that if the person becomes rehabilitated that the level of service is reduced to promote and sustain independence. We will continue to monitor and review service provision based on need and rehabilitation, with the awareness that providing rehabilitative services can have a negative impact on the performance towards this indicator despite having a positive impact on personal outcomes.

## Residential costs per week per resident for people aged 65 or over



The average weekly cost for a care home place in Dundee, for people aged 65+ was £581 in 2020/21 which is over £100 more than in 2019/20.

Dundee ranks 6<sup>th</sup> (3<sup>rd</sup> poorest) within the family group and the range within the group is from £293 to £771 per week.

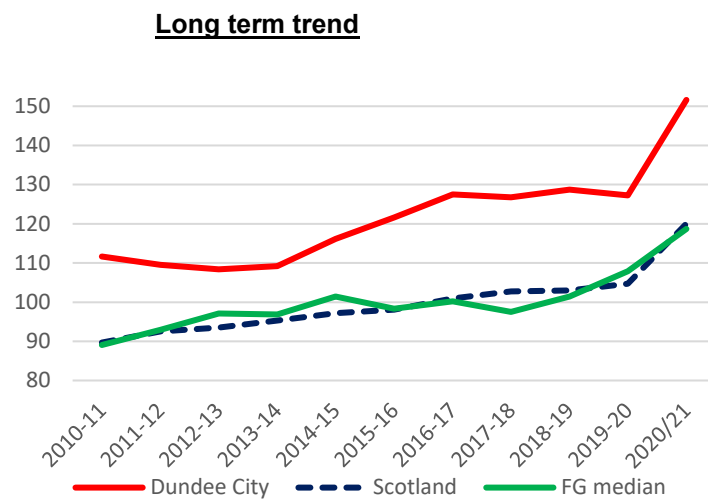
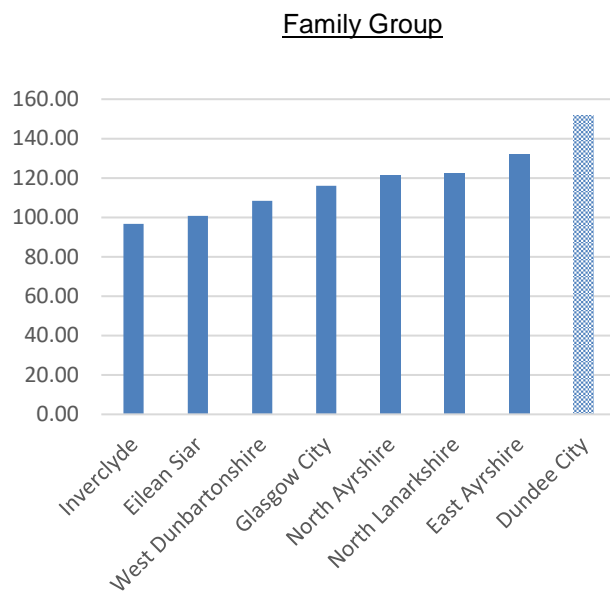
Dundee did not meet the target of £476.

Dundee did not meet the Council's target of within 1% of the family group median.

There are a range of factors which impact on this particular indicator and need to be taken into consideration in assessing relative performance across the country. The cost of residential care for each local authority area includes a combination of Health and Social Care Partnership operated care homes and private and voluntary sector run care homes. The relative spend in each area is influenced by the balance of usage the Partnership has of each type of home. The fees paid to private and voluntary sector run care homes are set nationally through the National Care Home Contract and are therefore standardised across the country. Generally, the cost of running in-house care homes is more expensive than private and voluntary sector provision. Dundee's in-house care homes are smaller in size, providing a more homely setting for residents however do not benefit from economies of scale and therefore cost more. Dundee still has a higher proportion of in-house care homes places compared to Glasgow and Ayrshire Partnerships. Furthermore, the benchmark costs are net of residents financial contributions to the cost of their care. Dundee generally has fewer self-funders than other areas therefore receives less charging income, increasing the net expenditure position of the sector locally.

The cost of providing Partnership operated care homes continues to be reviewed to ensure best value is achieved. This includes reviewing staffing structures and managing absence levels to reduce the level of additional hours, or in some instances, the use of agency workers to ensure shifts are covered to the required levels. A new flexi team is in development to maximise consistency for residents, reduce high agency costs and reduce stress related absences.

## Rate of readmission to hospital within 28 days per 1,000 discharges



Dundee is the poorest performing partnership in the family group. In 2019/20, Dundee was the poorest performing partnership in Scotland in 2020/21 was the 3<sup>rd</sup> poorest. This is not because Dundee's performance has improved, rather the rate of deterioration in 2 other partnerships was greater than in Dundee. Dundee has always had a high rate of re-admission to hospital within 28 days.

The rate for Dundee and also the family group median and Scotland average increased between 2019/20 and 2020/21.

**Dundee did not meet the target of 127.23.**

**Dundee did not meet the Council's target of within 1% of the family group median.**

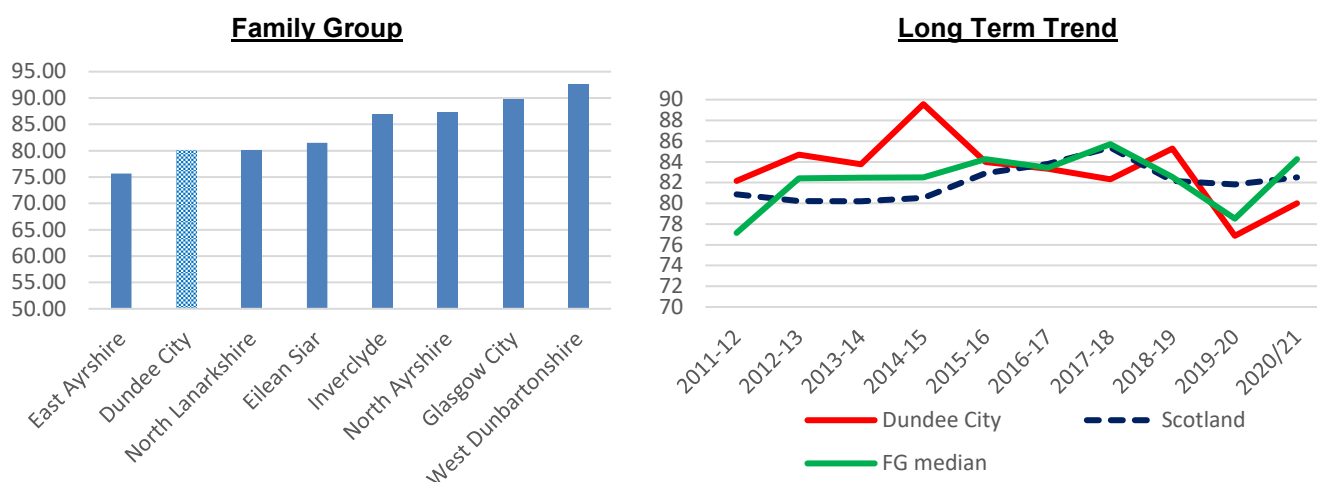
The reason for this high rate is because the total number of discharges (the denominator) decreased from 21,403 in 2019/20 to 17,050 in 2020/21 due to emergency arrangements regarding the COVID-19 pandemic. The actual number of readmissions decreased by 138, from 2,723 in 2019/20 to 2,585 in 2020/21. If the number of discharges in Dundee (denominator) remained at 2019/20 levels, the rate would have been 120.8 which would place Dundee as 5<sup>th</sup> out of the 8 family group Partnerships.

This indicator is also contained in the Core National Integration Indicators and forms part of the Partnership's local performance framework. It is reported in the Annual Performance Report and performance against this indicator is monitored in the quarterly Performance and Audit Committee (PAC) performance reports under the Core National Indicators and Ministerial Strategic Group Measuring Performance Under Integration suites. Performance is measured at Local Community Planning Partnership level and analysed longitudinally, focusing on direction of travel from the previous quarter and the 15/16 baseline year.

In May 2018 the PAC received an in-depth analytical report for unscheduled care, including readmissions (Article VIII of the minute of the Dundee PAC on 29 May 2018 refers) and received a follow up report in March 2020 (Article III of the minute of the Dundee PAC on 3 March 2020 refers).

Data shows that NHS Tayside records higher levels of follow-up contact with patients following a hospital admission as outpatient appointments, rather than day cases, compared to other NHS Boards across Scotland. The methodology for the national indicator for readmissions includes day cases within its denominator and therefore a low day case rate increases the resultant readmission rate. When recording practices for day case rates are taken into account Dundee's performance against the national readmissions indicator is similar to the Scottish rate. A further in-depth analysis on readmission data will be prepared for the PAC in June 2022. Within the Health and Social Care Partnership our intention is to look closer at the variation across localities to determine if there are further local initiatives which would support individuals and reduce variation. This will include an age standardised analysis across LCPPs.

## Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections



Dundee is the second poorest performing partnership within the family group and performed around the same as the family group average and around 2% less than the Scottish average. Dundee's performance improved slightly from 2019/20, however was substantially lower than the years prior to 2019/20.

Dundee did not meet the target of 79.37%, however performed within 1% of this.

Dundee did not meet the Council's target of within 1% of the family group median.

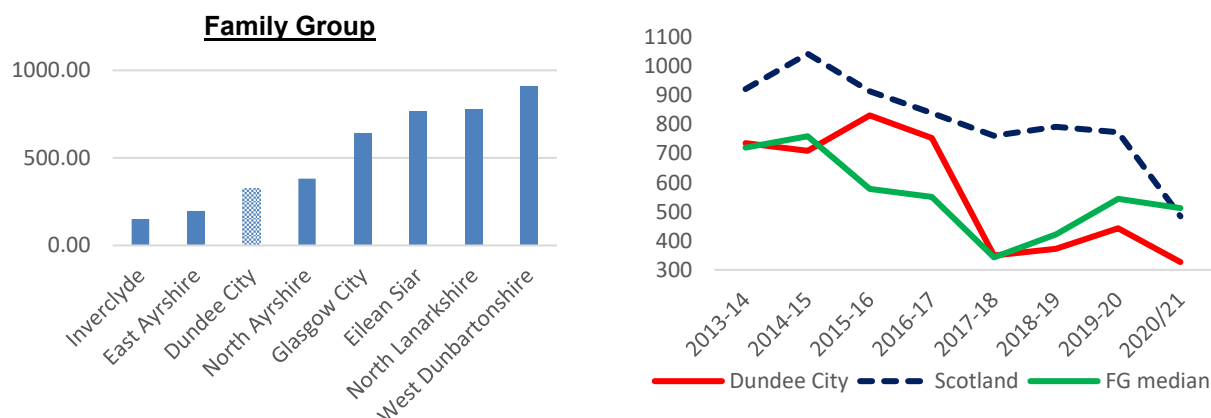
The Performance and Audit Committee agreed in November 2021 that a further in-depth analysis of national indicator 17 should be undertaken to identify reasons for the deterioration in performance since 2015/16 (Article VII of the minute of the Performance and Audit Committee held on 24 November 2021 refers). Officers across the Strategy and Performance Team, Social Care Contracts Team and operational teams have collaborated to complete this further analysis (Article V of the minute of the Performance and Audit Committee held on 2 February 2022 refers). The main points from this analysis were

- There were no clear trends or patterns when analysing the deterioration in performance.
- Care homes showed the greatest pattern of deterioration to 2021, primarily between 2019 and 2020, with People's Wellbeing and Care and Support Planning being most likely to be graded as less than 'good'.
- Seven care homes received gradings less than 'good'; in at least one theme in two of the three years analysed. None received grades of less than 'good' in all three years.
- Two adult care services received gradings less than 'good'; in at least one theme in two of the three years analysed. One received grades of less than 'good' in all three years.

The quality of both internally delivered and externally commissioned registered social work and social care services is monitored on an ongoing basis through the Social Care Contracts Team, operational managers and Clinical, Care and Professional Governance structures. As well as considering inspection gradings, quality assurance activities also encompass a wider range of indicators of service quality and safety.

The outcome of Care Inspectorate inspections is tracked, reported and scrutinised on an ongoing basis. As well as providing an annual overview report to the Performance and Audit Committee and being included as a core indicator reported in the Partnership's Annual Performance Report, data is considered by the Social Care Contracts Team, operational managers and Clinical, Care and Professional Governance Forums. In relation to externally commissioned providers the Social Care Contracts Team works alongside the operational lead for the contract to consider any immediate significant risks and mitigating actions, to provide improvement support and to revise contract monitoring arrangements to take account of issues identified. Contract monitoring ensures good governance, including financial governance, but also offers a supportive forum in which providers can raise concerns and request support where they have identified challenges or areas for improvement. The information gathered through the contract monitoring process means that the Partnership has good, ongoing insight into the quality of services and that inspection gradings that fall below 'good' (4) have normally been anticipated by both the provider and Partnership officers in advance of inspection activity taking place. This also means that improvement actions may already have been agreed and be in the process of being implemented when an inspection takes place.

**Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)**



Dundee was the 3<sup>rd</sup> best performing partnership in the family group. The past eight years data shows an overall downward trend for delayed discharge, which is an improvement. As the above chart shows, Dundee has always performed better than Scotland (blue dotted line).

The number of days people spend in hospital when they are ready to be discharged has reduced by 56% since 2013/14, which is an improvement.

Although, across Scotland, Dundee deteriorated by 3 rankings from being 9<sup>th</sup> best to 12<sup>th</sup> best.

**Dundee did not meet the target of 240.15 (2<sup>nd</sup> in family group), although performance improved from 2019/20.**

**Dundee met the Council's target of within 1% of the family group median.**

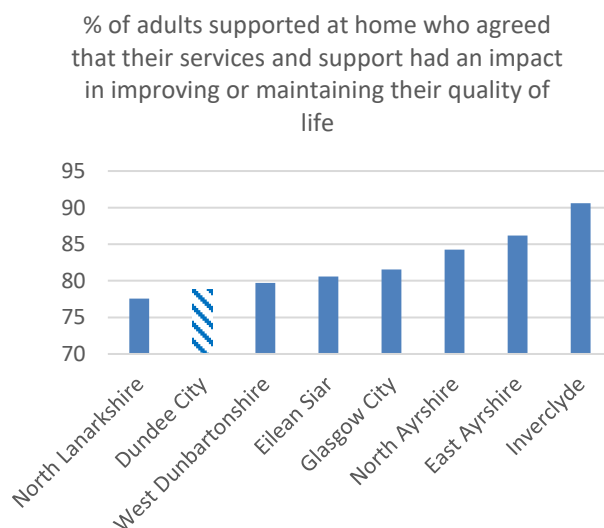
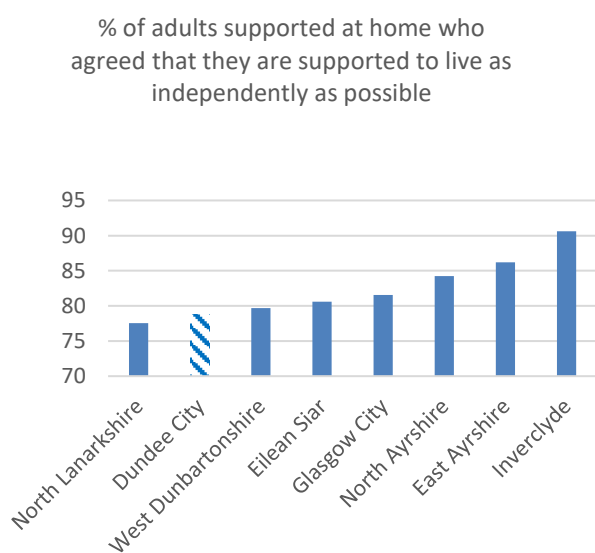
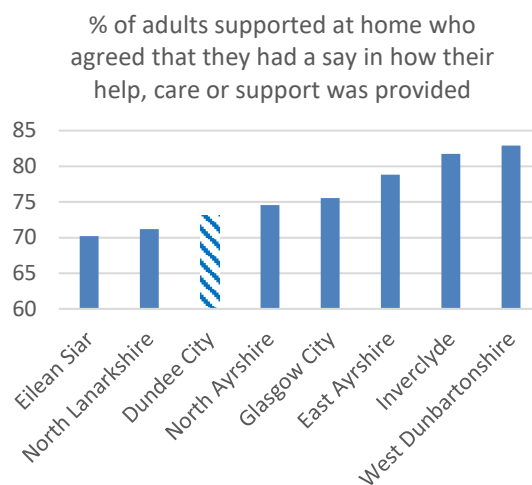
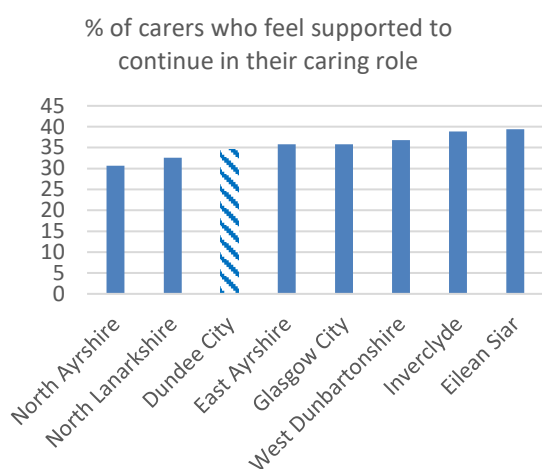
The Performance and Audit Committee receives 6 monthly analytical reports to monitor standard and code 9 delays. Also, on a weekly basis, an update is provided to the Dundee Health and Social Care Partnership Chief Officer, the NHS Tayside Chief Operating Officer and key Home and Hospital Transitions Group members on delay position. This information is used to maintain an ongoing focus on enabling patients to be discharged from hospital when they are ready as well as to inform improvements.

Improvement measures are underway to increase capacity within urgent care with a specific focus on Hospital at Home, Enhanced Community Support and the developing Home First service which will support earlier discharge and assessment within community settings.

These improvements will be closely modelled around the GP clusters and will be supported by the developing advanced practice model in nursing, allied health services and Scottish Ambulance Service, thereby ensuring general practices are supported appropriately to provide more community-based assessment, diagnosis, care and treatment.

## Health and Care Experience Survey

The following indicators are reported from the biennial Health and Care Experience Survey disseminated and reported by the Scottish Government.



Results for these indicators cannot be compared longitudinally as the methodology for filtering respondents was changed by the Scottish Government between the 2017/18 and 2019/20 surveys. The Scottish Government has advised that comparing the results of the 2017/18 and 2019/20 surveys is not accurate and should not be done.

Dundee performed in the bottom half of the family group for all four indicators and the target set for the next reporting period in 2022/23 is for Dundee to perform in the top half of the family group. Based on the 2019/20 data the difference between Dundee's position and the 4th best performing partnership is minimal (between 1 and 2%).

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