



**REPORT TO:** PERFORMANCE AND AUDIT COMMITTEE – 3 FEBRUARY 2021

**REPORT ON:** DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2020-21 QUARTER 2 SUMMARY

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC1-2021

**1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to update the Performance and Audit Committee on 2020-21 Quarter 2 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators.

**2.0 RECOMMENDATIONS**

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Note the content of this summary report.
- 2.2 Note the performance of Dundee Health and Social Care Partnership, at both Dundee and Local Community Planning Partnership (LCPP) levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1.
- 2.3 Note the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' indicators 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). A full report was provided in Q1 to allow the Performance and Audit Committee to understand and scrutinise early information about the impact of the COVID-19 pandemic on key areas of performance. For this reason this Q2 report is a summary report and the original reporting schedule will resume from Q3.

4.2 The Quarter 2 Performance Report analyses performance against National Health and Wellbeing Indicators 1-23 and Measuring Performance Under Integration (MPUI) indicators. 5 of the 23 National Health and Wellbeing Indicators are monitored quarterly (emergency admissions, emergency bed days, readmissions, falls admissions and delayed discharge bed days lost) Appendix 1 provides a summary of performance. Data is provided both at Dundee and Local Community Planning Partnership (LCPP) 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 section 4.3). The Scottish Government and Public Health Scotland are working on the development of definitions and datasets to calculate these indicators nationally.

- 4.3 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. Full details have been provided in PAC2-2021 that is also on this agenda. A summary of the published results from the 2019-20 survey is provided in Appendix 1 (table 1). The Scottish Government changed the methodology used to filter responses to reflect people who receive services from the Partnership and therefore it is not possible to longitudinally compare results for National Indicators 1-7 and 9.
- 4.4 Appendix 1 also summarises performance against indicators in the Measuring Performance Under Integration (MPUI) suite of indicators for four out of six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency and delayed discharges. Detail is provided in Appendix 2. We are currently unable to provide analysis for balance of care and end of life as data is not provided by Public Health Scotland for these service areas. In November 2020 the Performance and Audit Committee agreed that targets are not set for 2020-21 for these indicators but that data continues to be integrated into the quarterly performance reports submitted to PAC (Article VI of the minute of the Dundee Performance and Audit Committee held on 24 November 2020 refers).
- 4.5 This report should be assessed with regard to the demographic and socio economic context of Dundee; high rates of deprivation, an ageing population, frailty and age associated conditions being diagnosed earlier in life than in more affluent Partnerships and deprivation associated mental health illnesses and substance misuse problems.
- 4.6 The impact of the COVID-19 pandemic on the health and social care needs of the population, how we deliver supports and services, on health inequalities and on the health and wellbeing of our workforce and of unpaid carers has been substantial and wide ranging. Information about the direct impact of the pandemic is shaping and influencing how services are provided. The priority given to reducing demand on unscheduled care temporarily shifted as Health and Social Care Partnerships adapted processes, procedures and pathways in order to prevent spread of the virus and to maximise hospital capacity to treat COVID-19 patients safely and effectively. This adds a level of complexity to the indicators monitored since 2015/16 to measure how Partnerships are performing towards 'shifting the balance of care'. This report presents indicators for all admission reasons and non-COVID admission reasons separately where this is possible and relevant in order to allow scrutiny of performance towards the national indicators for people not diagnosed with COVID-19. All indicators where processes and pathways were affected by the pandemic should be treated with caution and viewed alongside whole system pathways and processes when scrutinising performance.

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

- 5.1 National data is provided to all partnerships, by Public Health Scotland, to assist with monitoring against targets set under Measuring Performance under Integration arrangements. This data shows rolling<sup>1</sup> monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously Public Health Scotland 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 Appendix 1, 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 timely quarterly performance reports against the National Health and Wellbeing Indicators. NHS Tayside Business Unit has provided data for emergency admissions, emergency bed days, readmissions, delayed discharges and falls. From quarter 1 2020-21 the NHS Tayside Business Unit has been providing breakdowns of covid and non covid admission reasons for emergency admissions,

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<sup>1</sup> Rolling data is used so that quarterly data can be compared with financial years. This means that data for Quarter 2 shows the previous 12 months of data including the current quarter. Therefore, Quarter 2 data includes data from 1 October 2019 to 30 September 2020.

emergency bed days, hospital admissions due to a fall and delayed discharges. (Please refer to Appendix 1, Tables 3 and 4).

- 5.3 Data provided by NHS Tayside differs from data provided by Public Health Scotland (PHS); the main differences being that NHS Tayside uses 'board of treatment' and PHS uses 'board of residence' and NHS Tayside uses an admissions based dataset whereas PHS uses a discharge based dataset (NHS Tayside records are more complete but less accurate as PHS data goes through a validation process). As PHS 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 PHS 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.

## 6.0 QUARTER 2 PERFORMANCE 2020-21

- 6.1 Rolling data from October 2019 to September 2020 demonstrates that all indicators that make-up the Measuring Performance under Integration suite, with the exception of emergency admissions as a rate per 1000 of all A&E attendances, have improved between Q1 2020-21 and Q2 2020-21. 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 October 2019 to September 2020.

- 6.2.1 Between the baseline year (2015/16) and 2020/21 Quarter 2 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+ (there was a small increase of 0.1% which amounted to 95 admission); 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 2020-21 Quarter 1 (Article V of the minute of the Dundee Performance and Audit Committee held on 22 September 2020 refers) and there are therefore no exceptions to report to PAC.

- 6.2.2 Between the baseline year 2015/16 and 2020/21 Quarter 2 there was an improvement in the rate of bed days lost to complex delayed discharges for people aged 75+ across all Local Community Planning Partnerships (LCPPs) except Maryfield (6.4% increase). There was a 72.1% improvement in Dundee and the LCPP rates ranged from a 100% improvement in East End to a 6.4% deterioration in Maryfield.

- 6.2.3 Between the baseline year 2015/16 and 2020/21 Quarter 2 there was an improvement in the rate of bed days lost to standard delayed discharges for people aged 75+ across all LCPPs. There was a 49.0% improvement in Dundee and improvements ranged from 11.4% in The Ferry and 74% in Maryfield.

- 6.2.4 Emergency bed day rates since 2015/16 have decreased by 22.2% for Dundee, which is an improvement. Every LCPP showed an improvement in 2020/21 Quarter 2 compared with 2015/16 and improvements ranged from 14.1% in Strathmartine to 34.9% in East End. Improvements are even better when COVID admission reasons were excluded – 23.3% improvement in Dundee, ranging from 15.3% improvement in Strathmartine to 35.9% improvement in East End.

- 6.2.5 Emergency admission rates have increased by 0.1% for Dundee since 2015/1, which is a deterioration and there were increases in North East (1.2%), Strathmartine (3.4%), East End (4.5%) and Maryfield (5.8%). Performance ranged from an increase in Maryfield (+5.8%) to a decrease in The Ferry (-10.6%).

When excluding Covid admission reasons performance is better and shows a 1.6% decrease since 2015/16, which is an improvement, however there were increases in East End (2.3%) and Maryfield (4.2%) which is a deterioration. Performance ranged from an increase in Maryfield (+4.2%) to a decrease in The Ferry (-11.8%).

6.2.6 The rate of readmissions in Dundee has increased by 25% since 2015/16. The rate increased (deteriorated) in 6 LCPPs (West End 48% increase, Lochee 42% increase, Coldside 30% increase, Strathmartine 29% increase, East End 24% increase and Maryfield 23% increase). The rate decreased (improved) in 2 LCPP areas (North East 14% decrease and The Ferry 17% 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 4.7% in North East to 52.9% 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, spend associated with poor performance if the Partnership's performance is not good.
<b>Risk Category</b>	Financial, Governance, Political
<b>Inherent Risk Level</b>	15 – Extreme Risk (L=3 (possible), I=5 (extreme))
<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> <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>	9 – High Risk (L=3(possible), I=3 (moderate))
<b>Planned Risk Level</b>	6 – Moderate Risk (L=2(unlikely), I=3(moderate))
<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, Head of Service, Health and Community Care and the Clerk were consulted in the preparation of this report.

## 10.0 BACKGROUND PAPERS

10.1 None.

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**DATE:** 21 January 2021

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**APPENDIX 1 – Performance Summary**  
**Table 1 – National Health and Wellbeing Indicators 1-9**

	Scotland	Dundee	North Lanarkshire	Glasgow	North Ayrshire	Inverclyde	West Dunbartonshire	East Ayrshire	Western Isles
1. Percentage of adults able to look after their health very well or quite well	93%	92% (joint 2 <sup>nd</sup> best)	90%	90%	92%	90%	91%	92%	94%
2. Percentage of adults supported at home who agreed that they are supported to live as independently as possible	81%	79% (2 <sup>nd</sup> poorest)	78%	82%	84%	91%	80%	86%	81%
3. Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	75%	73% (3 <sup>rd</sup> poorest)	71%	76%	75%	82%	83%	79%	70%
4. Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	74%	72% (2 <sup>nd</sup> poorest)	70%	75%	76%	82%	77%	84%	80%
5. Percentage of adults receiving any care or support who rate it as excellent or good	80%	75% (poorest)	78%	79%	77%	85%	83%	80%	86%
6. Percentage of people with positive experience of care at their GP practice	79%	79% (4 <sup>th</sup> best)	68%	83%	73%	78%	81%	70%	87%
7. Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	80%	77% (2 <sup>nd</sup> poorest)	76%	79%	79%	83%	82%	87%	86%
8. Percentage of carers who feel supported to continue in their caring role	34%	35% (3 <sup>rd</sup> poorest)	33%	36%	31%	39%	37%	36%	39%
9. Percentage of adults supported at home who agreed they felt safe	83%	82% (joint 3 <sup>rd</sup> poorest)	80%	82%	85%	90%	79%	89%	86%

**Source: Scottish Government, Health and Care Experience Survey 2019/20**



**Key Points**

1. Best performing Family Group is highlighted in red and poorest is highlighted in red.
2. Dundee's performance was poorer than the Scottish average in 7 out of the 9 indicators, the same for one indicator and better for one indicator.
3. The methodology was changed by Scottish Government on how the responses included in these results are filtered, therefore it is not accurate to compare longitudinally. This is because the question which allows the Scottish Government to ascertain which respondents receive care / support from the Health and Social Care Partnerships was changed and the interpretation of these questions is subjective and varies per respondent.

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

Integration Indicator (Annual 18+)	15-16 Baseline	20-21 Q1 Actual Data	20-21 Q2 Actual Data	Actual % Difference from 15-16 Baseline		Direction of travel from Q1 to Q2
				2020/21 Q1	2020/21 Q2	
Emergency Admission Rate per 100,000 Dundee Population	11,643	11,651	11,535	↑0.07	↓0.92	Better
Emergency Admission Numbers	14,127	14,203	14,062	↑0.54	↓0.46	Better
Emergency Admissions Numbers from A&E	6,483	7,160	7,136	↑10.44	↑10.12	Better
Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances	277	322	335	↑16.44	↑21.08	Worse
Emergency Bed Day Rate for Acute Specialties per 100,000 Dundee Population	100,284	76,190	73,042	↓ 24.02	↓ 27.17	Better
Emergency Bed Days Numbers for Acute Specialties	121,683	92,881	89,043	↓23.67	↓ 26.82	Better
Emergency Bed Days Numbers for Mental Health Specialties	44,552	32,630	32,195	↓26.76	↓27.74	Better
Accident & Emergency Attendances	23,437	22,230	21,315	↓5.15	↓9.04	Better
Number of Bed Days Lost to Delayed Discharges per 1,000 Population(All Reasons)	124	68	64	↓45.50	↓48.51	Better
Number of Bed Days Lost to Delayed Discharges (All Reasons)	15,050	9,861	7,785	↓34.48	↓48.27	Better
Number of Bed Days Lost to Delayed Discharges (Code 9)	6,668	3,707	3,422	↓44.41	↓48.68	Better

Source ISD: ISD MSG Indicators

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

**Key Points:**

Published MSG data has been used to measure performance therefore there may be a discrepancy when comparing with the local performance data. Note late submissions of data may result in % differences reported varying from one quarter to another.



**Table 3: Performance in Dundee's LCPPs - % change in Q2 2020-21 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+ (Covid and Non Covid)	+0.1%	-0.7%	+4.5%	-0.4%	+1.2%	+3.4%	+5.8%	-0.3%	-10.6%
Emer Admissions rate per 100,000 18+ (Non Covid Only)	-1.6%	-2.0%	+2.3%	-2.1%	-0.9%	+1.7%	+4.2%	-2.3%	-11.8%
Emer Bed Days rate per 100,000 18+ (Covid and Non Covid)	-22.2%	-23.3%	-34.9%	-20.2%	-19.8%	-14.1%	-17.6%	-21.6%	-21.7%
Emer Bed Days rate per 100,000 18+ (Non Covid Only)	-23.3%	-24.2%	-35.9%	-21.3%	-20.8%	-15.3%	-18.8%	-23.0%	-22.9%
Readmissions rate per 1,000 Admissions All	+25%	+42%	+24%	+30%	-14%	+29%	+23%	+48%	+17%
Hospital admissions due to falls rate per 1,000 65+	+22%	+9.3%	+28.8%	+11.5%	+4.7%	+5.7%	+23.2%	+32.8%	+52.9%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-49.0%	-57.7%	-70.7%	-35.9%	-70.4%	-51.1%	-74.0%	-43.0%	-11.4%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-72.1%	-8.9%	-100.0%	-74.0%	-75.3%	-92.2%	+6.4%	-62.4%	-57.5%

**Table 4: Performance in Dundee's LCPPs - LCPP Performance in Q2 2020-21 compared to Dundee**



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+ (Covid and Non Covid)	11,949	13,669	16,534	13,654	11,777	13,529	10,487	7,974	9,859
Emer Admissions rate per 100,000 18+ (Non Covid Only)	11,748	13,488	16,190	13,426	11,530	13,320	10,326	7,815	9,721
Emer Bed days rate per 100,000 18+ (Covid and Non Covid)	103,474	124,419	118,609	130,080	90,316	106,467	87,911	76,916	98,908
Emer Bed days rate per 100,000 18+ (Non Covid Only)	101,970	122,875	116,838	128,219	89,204	104,888	86,618	75,570	97,380
Readmissions rate per 1,000 Admissions All*	140	147	154	149	95	150	150	153	114
Hospital admissions due to falls rate per 1,000 65+	30.4	29.1	35.3	33.3	21.5	26.6	28.6	36.6	31.0
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	268	257	191	355	140	240	155	388	278
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	82	150	0	115	188	32	172	81	18

Source: NHS Tayside data

\*covid admission reasons not available

Key:  Improved/Better  Stayed the same  Declined/Worse