ITEM No …4……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 1 FEBRUARY 2023**

REPORT ON: **DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2022-23 QUARTER 2**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC1-2023**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee on 2022-23 Quarter 2 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators. For the first time, the published Social Care – Demand for Care at Home services has been summarised and included in this report.

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 (tables 1, 2 and 3).

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 3).

2.4 Note the number of people waiting for social care assessment and care at home package and associated hours of care yet to be provided in Appendix 2.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 REVISION OF QUARTERLY PERFORMANCE REPORT

4.1 The Partnership's approach to quarterly performance reporting has been constantly evolving since the establishment of the Integration Joint Board in 2016. Until Quarter 4 2020/21 the overall format of the quarterly performance report had been in place for four years, with only summary reports being provided during 2020/21 due to resource pressures arising from the wider pandemic circumstances. Following consultation with members of the Performance and Audit Committee and also taking into account feedback received via the '2020-21 Annual Governance Report', through discussion with the Chief Internal Auditor and through the process of undertaking the Dundee IJB Performance Management internal audit, the format and content of quarterly performance reports was revised in Quarter 1 2020/21.

4.2 The format of the performance report is continuously reviewed and updated based on feedback from PAC members, as well as other sources. Work is ongoing to incorporate Statistical Process Control charts where possible, with further data requested from NHS Tayside Business Unit to

support that development. This development will help PAC members to be able to identify special cause variation in performance (i.e. variations in performance that sit outwith the expected normal range). Quarterly and locality data for readmissions within 28 days, has very recently been provided to the Partnership by NHS Tayside Business Unit following their work to address recording procedures. Officers from the Partnership are working with colleagues from NHS Tayside Business Unit to fully understand this data, and it is anticipated the reporting within the quarterly performance report will recommence in Quarter 3 2022/23.

5.0 QUARTER 2 PERFORMANCE 2022-23 – KEY ANALYTICAL MESSAGES

5.1 Key analytical messages for the Quarter 2 2022/23 period are:

- Significant variation by Local Community Planning Partnership (LCPP) is still apparent, with poorest performance for many of the National Indicators in the most deprived LCPPs.

- Performance poorer than the 2015/16 baseline for rate of emergency admissions 18+, hospital admissions due to a fall 18+, emergency admission numbers from A+E 18+, emergency admissions as a rate of all A+E attendances 18+, % care services graded good, standard bed days lost to delayed discharges 75+.

- Despite having a deteriorating rate of emergency admissions 18+, with performance across most LCPPs being poorer than the 2015/16 baseline, performance is 2nd best out of the 8 family group partnerships. Although performance is poorest out of the 3 Tayside Partnerships.

- The number of emergency admissions from A+E has decreased over the last 3 quarters although the number of emergency admissions as a rate per 1,000 of all A+E attendances has increased over the last 4 quarters (both are higher than the 2015/16 baseline).

- The rate of emergency bed days 18+ has reduced since 2015/16, which is an improvement although the rate has increased (deteriorated) in Maryfield by 8.6%. Performance is best in the family group but 3rd out of the 3 Tayside Partnerships.

- 91.7% of the last 6 months of life was spent at home or in a community setting and this is higher than the 2015/16 baseline of 86.6% (improvement) and although performance across Scotland is similar, it is 5th out of the 8 family group partnership and is 3rd out of the 3 Tayside partnerships.

- Rate of hospital admissions due to a fall for aged 65+ is 63% higher than the 2015/16 baseline and is higher in every LCPP. Dundee is the 2nd poorest (behind Glasgow) of the 8 family group partnerships and poorest out of the 3 Tayside partnerships.

- % care services graded 'good' (4) or better in Care Inspectorate inspections has deteriorated since the 2015/16 baseline.

- Rate of bed days lost to a standard delayed discharge for age 75+ is 20.7% more than the 2015/16 baseline and performance deteriorated in The Ferry (by 74%), East End (by 51.3), Lochee (by 36.3%), North East (by 31.6%) and Strathmartine (by 18.1%). However, there was an decrease in every quarter over the last 4. At Q2 the LCPP with the highest rate was East End (985) and the LCPP with the lowest rate was Coldside (510).

- Rate of bed days lost to complex (code 9) delayed discharge for age 75+ is 46.9% less than the 2015/16 baseline, with increases across 2 LCPPs (Maryfield and The Ferry). Performance has improved over the last 4 quarters.

5.2 Public Health Scotland has commenced the publication of a four week snapshot of the demand for Care at Home services provided by Health and Social Care Partnerships across Scotland. The information shows the number of people waiting for an assessment for a package of care to allow them to live at home or in the community and also the number of hours of care that has been

assessed but not yet delivered. The information is presented by people waiting in hospital or waiting at home/community for the care at home service to be delivered. In Dundee, as at 14 November 2022:

- 0 people waited in hospital and 68 people waited in the community for a social care assessment. This is an increase over the last 4 weeks from 53 people waiting in the community at 24 October 2022.

- 51 people were assessed and waiting for a care at home package in hospital (872 hours yet to be provided) and 160 people were assessed and waiting for a care at home package in the community (1,532 hours yet to be provided). This is a decrease over the last 4 weeks from 58 people in hospital and 194 people in the community at 24 October 2022.

- For those already in receipt of a care at home package 271 additional hours were required and not provided. This is a decrease over the last 4 weeks from 296 additional hours were required and not provided at 24 October 2022.

The Integration Joint Board has recently received a report regarding the management of demand for social care supports (December 2022), with PAC having received a detailed report on discharge management (including delays associated with social care assessment and provision) in November 2022.

6.0 POLICY IMPLICATIONS

6.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

7.0 RISK ASSESSMENT

Risk 1 Description	Poor performance against national indicators could affect outcomes for individuals and their carers, spend associated with poor performance and the ability of the IJB to deliver fully commitments set out in the Strategic and Commissioning Plan.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level)
Mitigating Actions (including timescales and resources)	- Continue to develop a reporting framework which identifies performance against national and local indicators. - Continue to report data quarterly to the PAC to highlight areas of exceptional performance (poor and excellent). - 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. - 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. - Work with operational managers, through a recommencement of the Performance and Finance Group, to identify areas of poor performance that result in operational risk and undertake additional analysis as required.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Level)

Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

8.0 CONSULTATIONS

8.1 The Chief Officer, Heads of Service, Health and Community Care and the Clerk were consulted in the preparation of this report.

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry
Chief Finance Officer

DATE: 22 December 2022

Lynsey Webster
Senior Officer, Strategy and Performance

APPENDIX 1 – Performance Summary
(see appendix 3 for further information on data sources)

Table 1: Performance in Dundee's LCPPs - % change in Q2 2022-23 against baseline year 2015/16

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strath martin e	Mary field	West End	The Ferry
Emer Admissions rate per 100,000 18	+6.2%	+6.6%	+3.3%	+8.6%	+5.3%	+9.9%	+10.6%	+6.4%	+0.4%
Emer Bed Days rate per 100,000 18+	-6.8%	-9.7%	-4.5%	-9.6%	-7.3%	-0.9%	+8.6%	-27.1%	-1.5%
28 Day Readmissions rate per 1,000 Admissions									
Hospital admissions due to falls rate per 1,000 65+	+29%	+44%	+15%	+17%	-2%	+12%	+58%	+30%	+48%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	+20.7%	+36.6%	+51.3%	-7.8%	+31.6%	+18.1 %	-13.6%	-17.4%	+74.0%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-46.9%	-15.4%	-70.0%	-36.3%	-98.2%	-80.3%	+151.2 %	-68.6%	+161.5 %

Table 2: Performance in Dundee's LCPPs - LCPP Performance in Q2 2022-23 compared to Dundee

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strath martine	Mary field	West End	The Ferry
Emer Admissions rate per 100,000 18+	12,679	14,662	16,337	14,888	12,247	14,388	10,963	8,510	11,070
Emer Bed days rate per 100,000 18+	123,853	146,328	174,042	147,322	104,450	122,715	115,764	71,561	124,479
28 Day Readmissions rate per 1,000 Admissions									
Hospital admissions due to falls rate per 1,000 65+	32.1	37.2	33.6	34.4	24.2	25.2	35.7	36.2	30.6
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	635	830	985	510	622	580	515	563	545
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	156	139	157	282	14	82	407	68	108

Source: NHS Tayside data

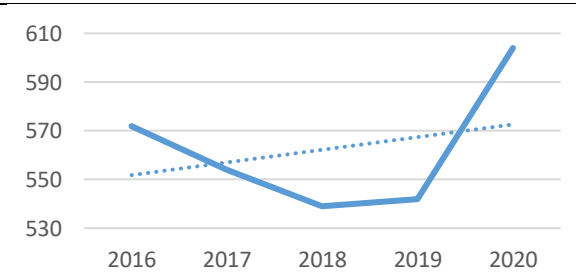
Key: Improved/Better Stayed the same Declined/Worse

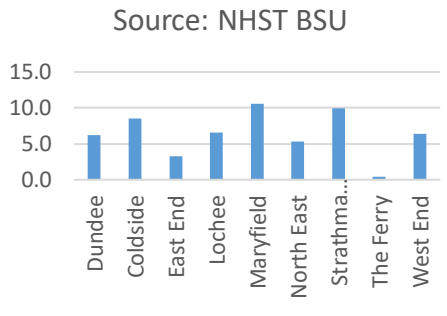
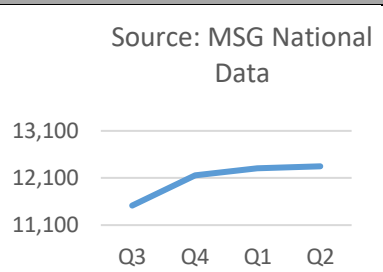
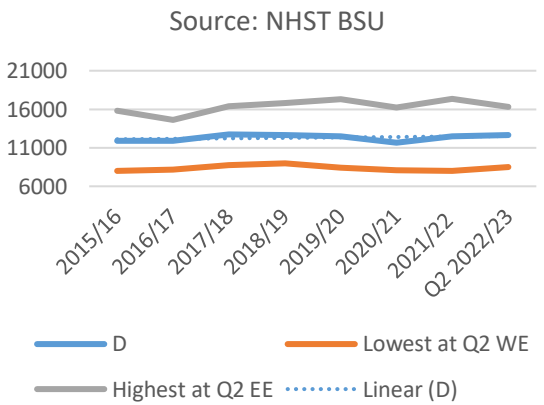
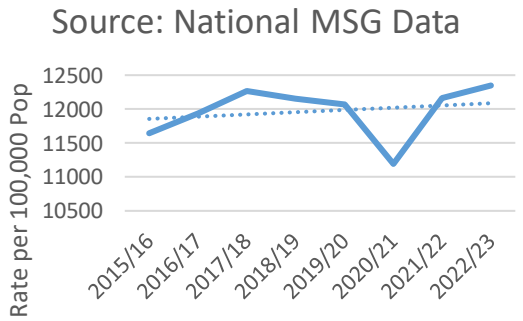
Table 3: Performance in Dundee's LCPPs - LCPP Performance in Q2 2022-23 compared to Dundee

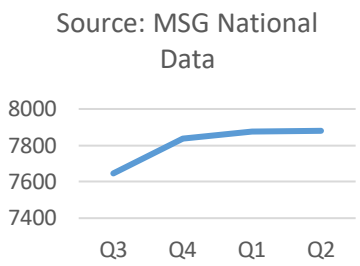
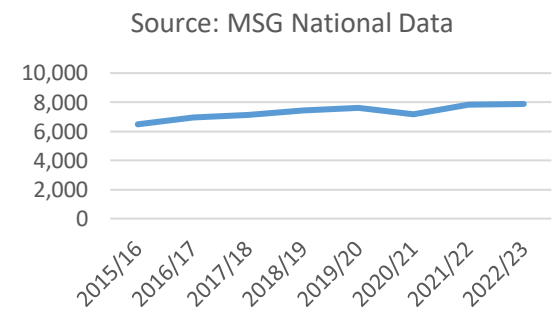
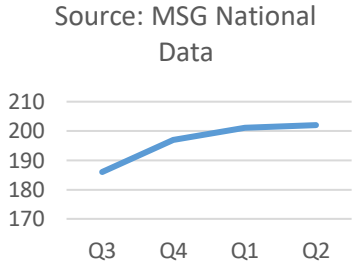
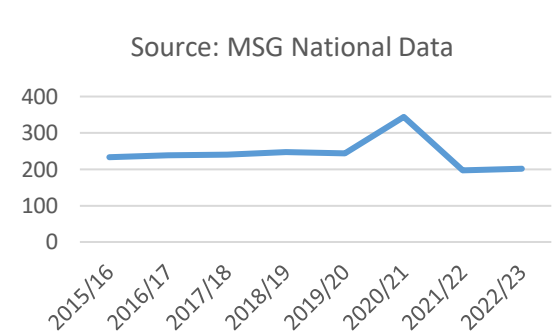
Dundee = D	East End = EE	Coldside = C	West End = WE
Strathmartine = S	North East = NE	Lochee = L	The Ferry = TF

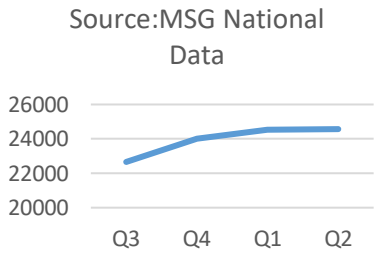
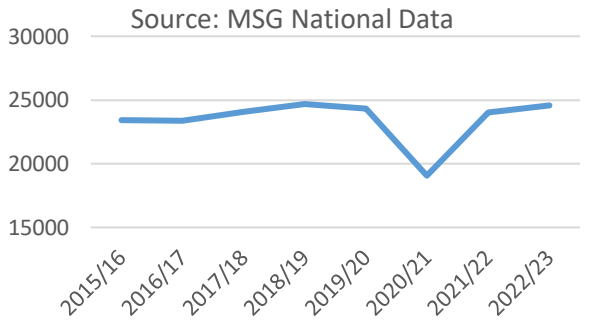
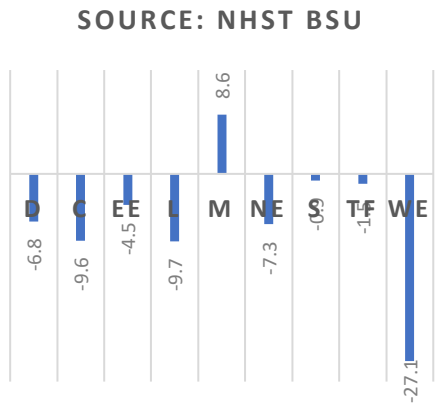
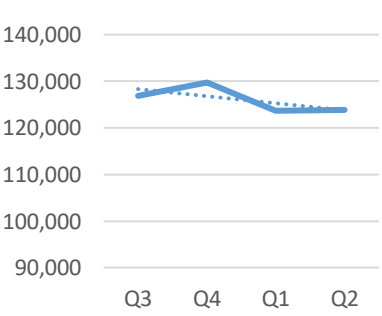
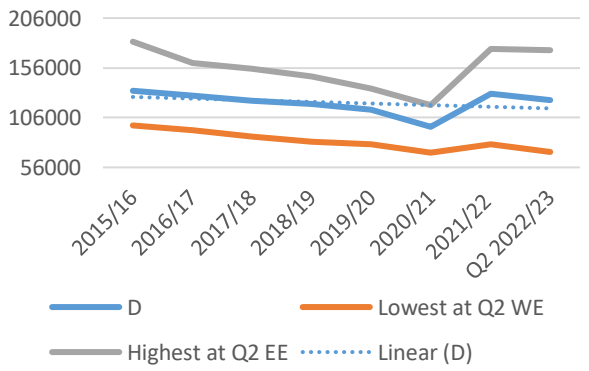
Please note that indicators 1-9 are reported from a biennial national survey – therefore short-term trends are not available. Longitudinal trends are also not available due to changes in suvrey methodology since 2015/16.

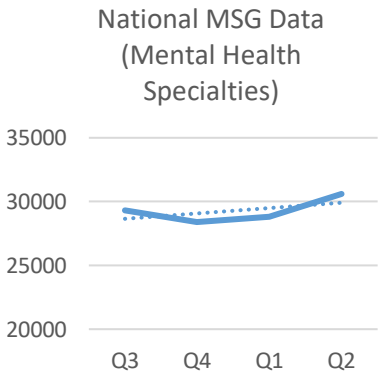
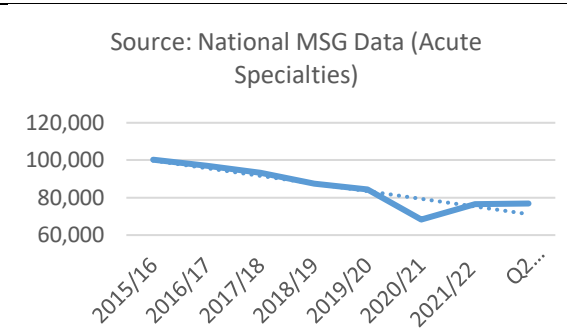
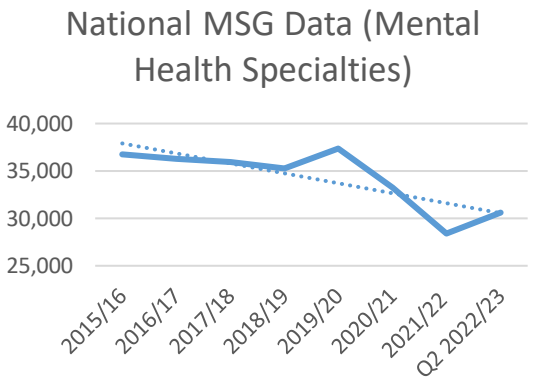
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
1.% of adults able to look after their health very well or quite well*				30th	5th (89%)	3rd
2.% of adults supported at home who agreed that they are supported to live as independently as possible*				5th	1st (84%)	1st
3.% of adults supported at home who agreed that they had a say in how their help, care, or support was provided*				7th	2nd (75%)	2nd
4. % of adults supported at home who agree that their health and social care services seem to be well co-ordinated*				2nd	2nd (76%)	2nd
5.% of adults receiving any care or support who rate it as excellent or good*				2nd	2nd (84%)	1st
6.% of people with positive experience				16th	3rd (67%)	3rd

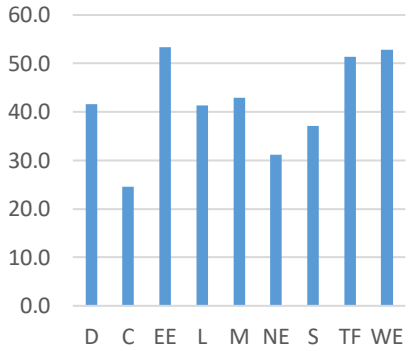
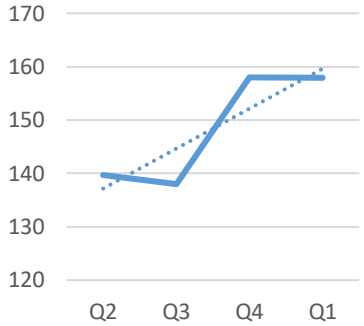
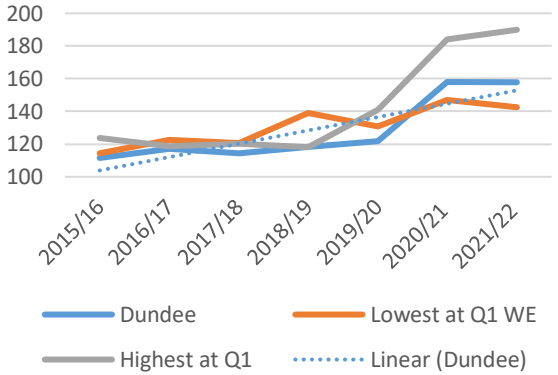
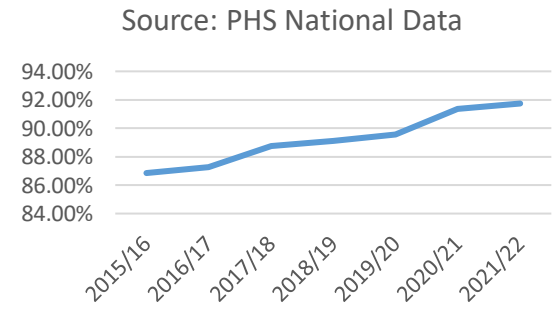
of care at their GP practice*						
National Indicator	**Difference From 15/16 Baseline**	**Dundee Short Term Trend (last 4 quarters)**	**Long Term Trend**	**Scotland Position 1= best, 32 = worst**	**Family Group Position 1= best, 8 = worst**	**Tayside Group Position 1= best, 3 = worst**
7.% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life*				29th	8th (72%)	3rd
8.% of carers who feel supported to continue in their caring role*				26th	7th (27%)	3rd
9.% of adults supported at home who agreed they felt safe*				20th	7th (77%)	3rd
10. % staff who say they would recommend their workplace as a good place to work	Not Available Nationally	Not Available Nationally	Not Available Nationally			
11. Premature mortality rate per 100,000 persons	6% less in 20/21 than 15/16 (improved)	Not Available		29th	7th	3rd

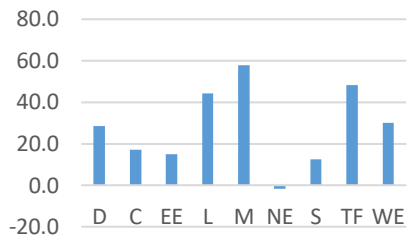
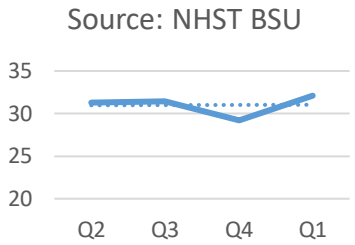
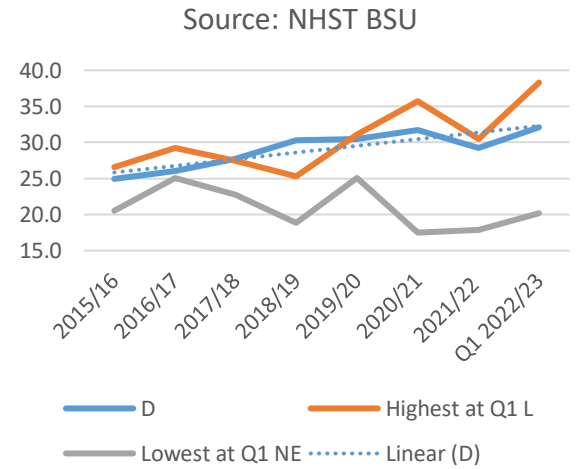
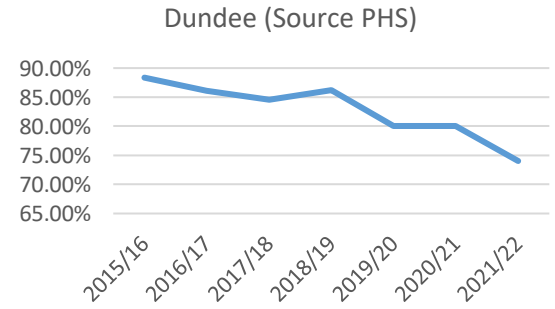
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
12. Emer Admissions rate per 100,000 18+	6.5% (926 admissions) more in Q2 22/23 than 2015/16 (deterioration) (source: MSG) 		 	22nd	2nd	3rd

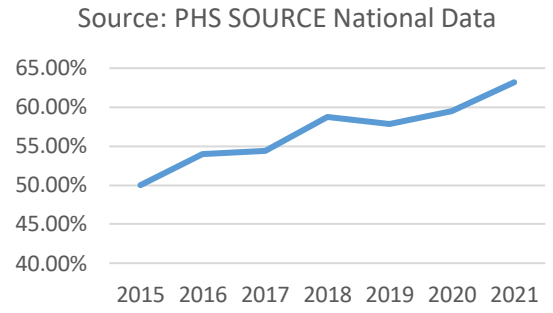
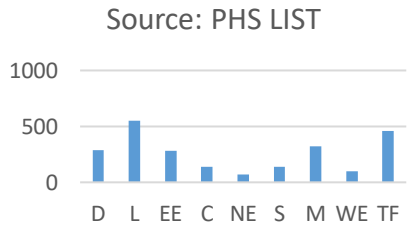
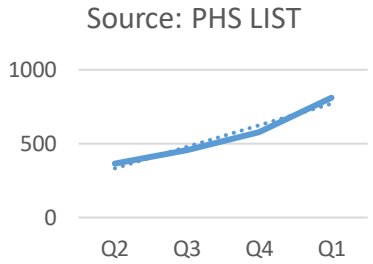
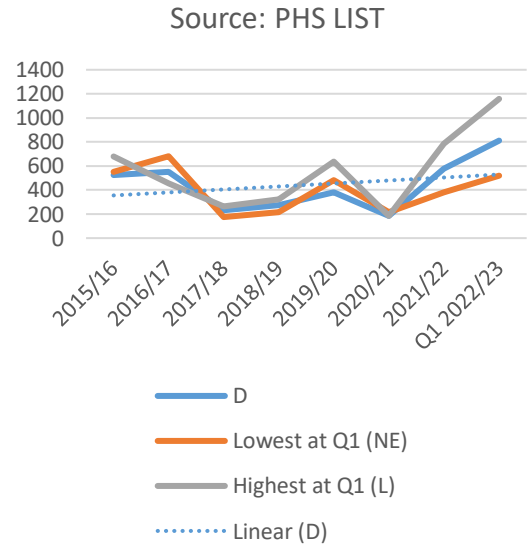
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Emergency Admissions Numbers from A&E (MSG)	1,397 more attendances in Q2 22/23 than 2015/16			NA as number and not rate	NA as number and not rate	NA as number and not rate
Emergency Admissions as a Rate per 1,000 of all Accident &Emergency Attendances (MSG)	9 higher at Q2 2022/23 than 2015/16			Not Avail	Not Avail	Not Avail

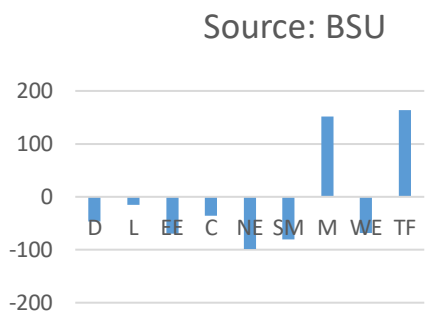
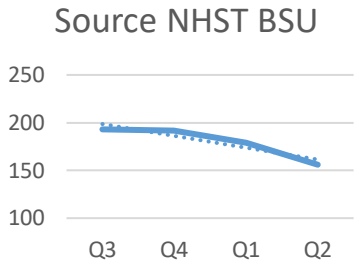
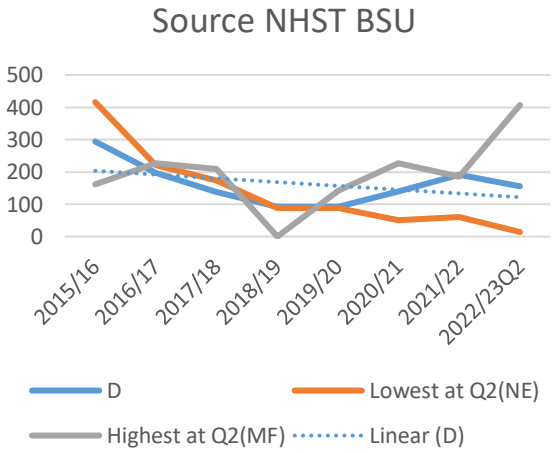
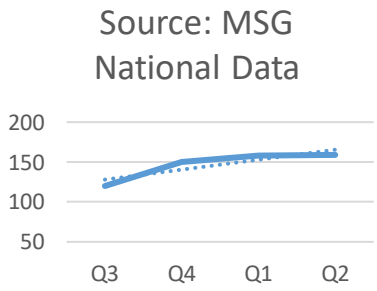
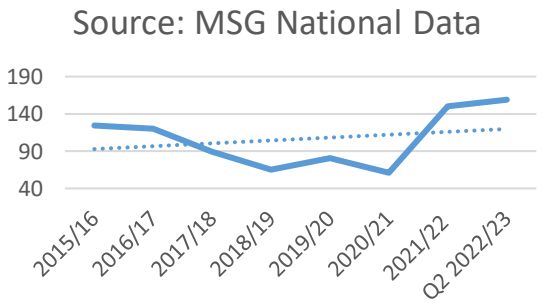
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Accident & Emergency Attendances (MSG)	1,129 more in Q2 2022/23 than 2015/16			NA as number and not rate	NA as number and not rate	NA as number and not rate
13.Emer Bed days rate per 100,000 18+	 9,106 (6.8%) less acute bed days in Q2 2022/23 than 2015/16 (improved) (source: NHST BSU)			19th	1st	3rd

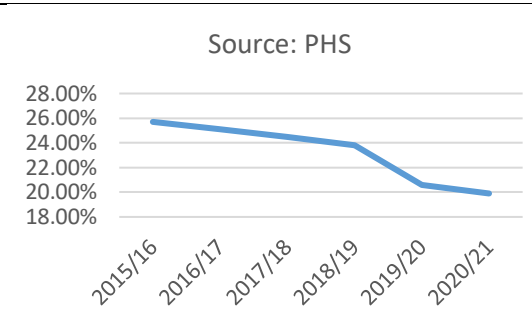
	7,248 (16%) less mental health bed days in Q2 2022/23 than 2015/16 (improved) (source: MSG)		 			

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
14.Readmissions rate per 1,000 Admissions All Ages* * The quarterly and locality data included in this report for rate of readmissions within 28 days is for Q1. The Business Support Unit at NHS Tayside are currently revising the recording procedures for readmissions to improve accuracy and benchmarking. Reporting is expected to recommence Q3 2022/23	 41.6% more at Q1 2021/22 than 2015/16 (deterioration). Variation ranges from 24.6% in Coldside to 53.3% in East End*			29th	8th	3rd
15. % of last 6 months of life spent at home or in a community setting	Up from 86.8% in 2015/16 to 91.7% in 2021/22 (improvement)	Not Available		15th	5th	3rd

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
16. Hospital admissions due to falls rate per 1,000 65+	 29% (188 falls admissions) more in Q1 2022/23 than 2015/16 (deterioration). Greatest increase (deterioration) was in Maryfield with 58% increase (deterioration).	 Deterioration between Q4 and Q1. All LCPPs except Maryfield and East End deteriorated between Q4 and Q1. Lochee had the highest rate in Q1 (38.3).		31st	7th	3rd
17. % care services graded 'good' (4) or better in Care Inspectorate inspections	Dropped from 88.4% in 2015/16 to 74% in 2021/22 (deterioration)	Not Available		28th	8th	3rd

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
18. % adults with intensive care needs receiving care at home	9.2% (115 people) more in 2021 than 2016 (improvement) (note calendar year)	Not Available		23rd	8th	2nd
19.1 Delayed Discharge bed days lost rate per 1,000 75+ (standard)	 54.2% increase (deterioration) since 2015/16.	 Deteriorating trend over the last 4 quarters.		NA	NA	NA

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
19.2 Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	 Overall 47% improvement since 2015/16 although increase (deterioration) in The Ferry 164%, and Maryfield 151%.	 Downward trend since Q3 (Improvement).		NA	NA	NA
Delayed Discharge bed days lost rate per 1,000 18+ (All Reasons) (MSG)	4,333 more bed days lost in Q2 2022/23 than 2015/16 (deterioration)			NA	NA	NA

20. % of health and social care resource spent on hospital stays where the patient was admitted as an emergency	5.8% less in 2020/21* than 2015/16 (improvemement) *latest data available	Not Available		18th	3rd	3rd

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APPENDIX 2 SUMMARY OF SOCIAL CARE – DEMAND FOR CARE AT HOME SERVICES DUNDEE

This report is an assessment of the demand for Care at Home services provided by Health and Social Care Partnerships. The information shows the number of people waiting for an assessment for a package of care to allow them to live at home or in the community and also the number of hours of care that has been assessed but not yet delivered. The information is presented by people waiting in hospital or waiting at home/community for the care at home service to be delivered. The time period presented is the latest 4 week period.

The data included in this publication is management information which Health and Social Care partnerships began submitting in August 2021. This data collection is still under development and requires further work on the consistency of the recording of the information across Health and Social Care Partnerships. Caution is therefore advised if looking at different partnership's information.

Chart 1 Number of people waiting for social care assessment and waiting for a care at home package

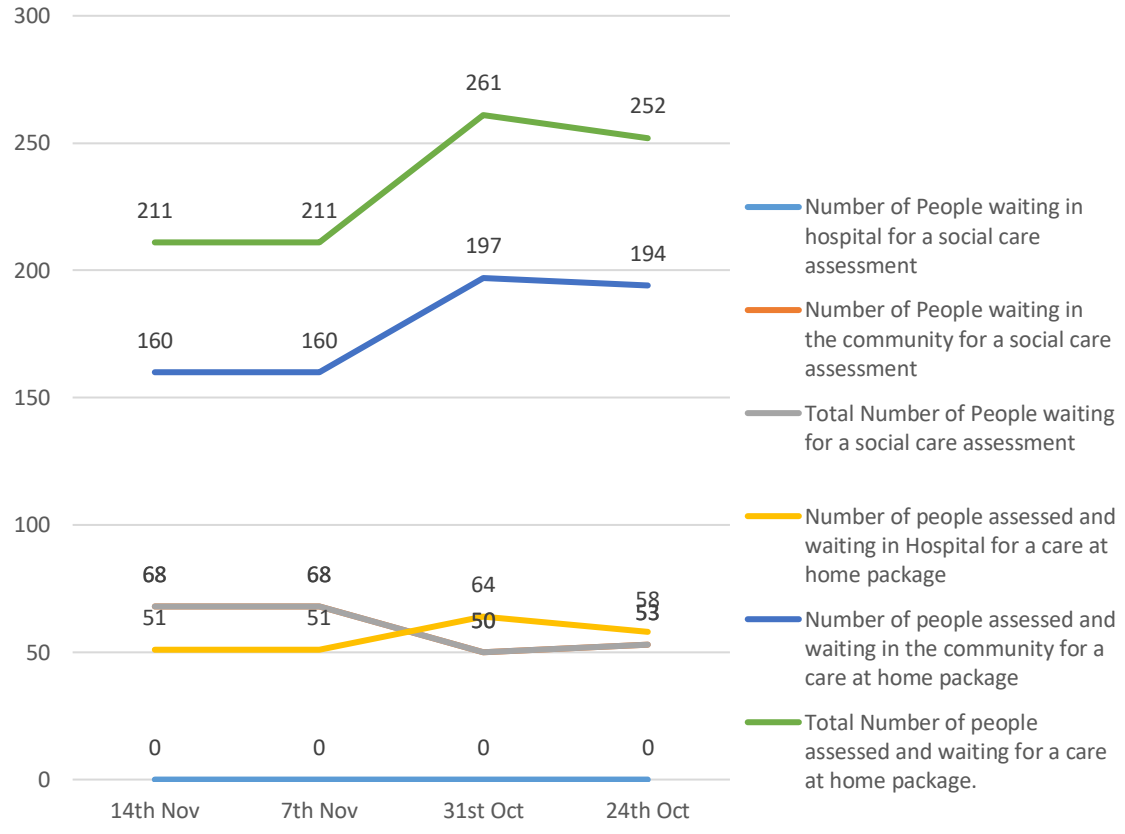
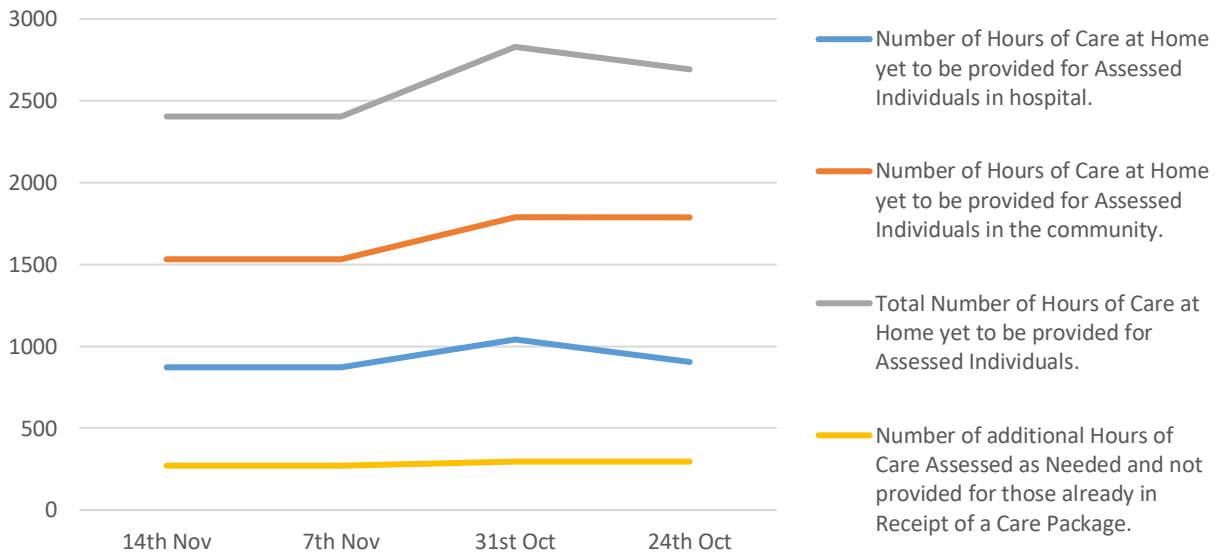


Chart 2 Number of hours of care at home yet to be provided



In Dundee as at 14 November 2022:

- 0 people waited in hospital and 68 people waited in the community for a social care assessment. This is an increase over the last 4 weeks from 53 people waiting in the community at 24 October 2022.

- 51 people were assessed and waiting for a care at home package in hospital (872 hours yet to be provided) and 160 people were assessed and waiting for a care at home package in the community (1,532 hours yet to be provided). This is a decrease over the last 4 weeks from 58 people in hospital and 194 people in the community at 24 October 2022.

- For those already in receipt of a care at home package 271 additional hours were required and not provided. This is a decrease over the last 4 weeks from 296 additional hours were required and not provided at 24 October 2022.

APPENDIX 3 – DATA SOURCES USED FOR MEASURING PERFORMANCE

The Quarterly 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. 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.

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 were provided to the PAC in February 2021 (Article V of the minute of the Dundee Performance and Audit Committee held on 3 February 2021 refers). 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.

The quarterly performance report 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, end of life and balance of care. In November 2020 the Performance and Audit Committee agreed that targets should not be set for 2020/21 for these indicators, however that the indicators should continue to be monitored in quarterly performance reports submitted to the PAC (Article VI of the minute of the Dundee Performance and Audit Committee held on 24 November 2020 refers).

National data is provided to all partnerships, by Public Health Scotland. This data shows rolling[1] 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+.

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 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 and emergency bed days.

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.

[1] 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 2021 to 30 September 2022.

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