REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 26 MAY 2021**

REPORT ON: **DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2020-21 QUARTER 3 SUMMARY**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC10-2021**

1.0   PURPOSE OF REPORT

1.1   The purpose of this report is to update the Performance and Audit Committee on 2020-21 Quarter 3 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   The Performance and Audit Committee approved a revised approach to quarterly performance reporting; with summary reports being provided quarterly to track progress towards measurement used in the Annual Report. 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. Summary reports have been provided since Q2 2020/21.

4.2   The Quarter 3 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 were provided to the PAC in February 2021 (Article V of the minute of the Dundee Performance and Audit Committeee held on 3 February 2021 refers). 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. Please note that 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 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 Committeee 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 Parternships 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. 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+. (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 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. (Please refer to Appendix 1, Tables 3 and 4.)

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[1] Rolling data is used so that quarterly data can be compared with financial years. This means that data for Quarter 3 shows the previous 12 months of data including the current quarter. Therefore, Quarter 3 data includes data from 1 January 2020 to 31 December 2020.

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 3 PERFORMANCE 2020-21

6.1   Rolling data from January 2020 to December 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 and number of bed days lost to delayed discharges (Code 9), have improved between Q2 2020/21 and Q3 2020/21. Although the number of bed days lost to delayed discharges (Code 9) did not improve between Q2 and Q3, there was still a 44.69% improvement compared with the 2015/16 baseline. 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 January 2020 to December 2020.

6.2.1   Between the baseline year (2015/16) and 2020/21 Quarter 3 there has been **improved** performance in: rate of bed days lost to delayed discharge for people aged 75+ (for both Standard and Complex delays), emergency admission rate for people aged 18+ and emergency bed day rate for people aged 18+. In the same period there has been a **deterioration** in performance in:; 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 2 (Article IV of the minute of the Dundee Performance and Audit Committee held 3 February 2021 refers) and there are therefore no exceptions to report to PAC.

6.2.2   Between the baseline year 2015/16 and 2020/21 Quarter 3 there was an improvement in the rate of bed days lost to complex delayed discharges for people aged 75+ across all LCPPS except Maryfield (6.4% increase) and Lochee (4.3% increase). There was a 67% improvement in Dundee and the LCPP rates ranged from a 97% improvement in Strathmartine to a 6.4% deterioration in Maryfield.

6.2.3   Between the baseline year 2015/16 and 2020/21 Quarter 3 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 53% improvement in Dundee and improvements ranged from 31% in Lochee and 80% in Strathmartine.

6.2.4   Emergency bed day rates since 2015/16 have decreased by 24.8% for Dundee, which is an improvement. Every LCPP showed an improvement in 2020/21 Quarter 3 compared with 2015/16 and improvements ranged from 17.4% in Strathmartine to 36.6% in East End. Improvements are even better when COVID admission reasons were excluded – 27.1% improvement in Dundee, ranging from 20.2% improvement in Strathmartine to 38.6% improvement in East End.

6.2.5   Emergency admission rates have decreased by 0.9% for Dundee since 2015/16, which is an improvement however there were increases in West End (0.2%), Lochee (0.6%), Strathmartine (0.7%), East End (4.2%) and Maryfield (7%). Performance ranged from an increase in Maryfield (+7%) to a decrease in The Ferry (-10.1%).

When excluding COVID admission reasons performance is better and shows a 3.1% decrease since 2015/16, which is an improvement, however there were increases in East End (1.0%) and Maryfield (4.6%) which is a deterioration. Performance ranged from an increase in Maryfield (+4.6%) to a decrease in The Ferry (-11.6%).

6.2.6   The rate of readmissions in Dundee has increased by 24.3% since 2015/16. The rate increased (deteriorated) in ALL LCPPs and ranged from an increase of 2.6% in North East to an increase of 40.4% in Coldside.

6.2.7   The rate of hospital admissions as a result of a fall for people aged 65+ in Dundee has increased by 24.0% since 2015/16, which is a deterioration. The rate increased in all LCPP areas, except for North East where there was a decrease of 1.8%. The increases ranged from 8.0% in Strathmartine to 59.3% 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

Risk 1 Description	The risk of not improving performance against national indicators could affect outcomes for individuals and their carers and spend associated with poor performance.
Risk Category	Financial, Governance, Political
Inherent Risk Level	15 – Extreme Risk (L=3 (possible), I=5 (extreme))
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 poor performance. - 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.
Residual Risk Level	9 – High Risk (L=3(possible), I=3 (moderate))
Planned Risk Level	6 – Moderate Risk (L=2(unlikely), I=3(moderate))
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

9.0   CONSULTATIONS

9.1   The Chief Officer, Heads 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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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 2nd 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% (2nd 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% (3rd 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% (2nd 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% (4th 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% (2nd poorest)	76%	79%	79%	83%	82%	87%	86%
8.Percentage of carers who feel supported to continue in their caring role	34%	35% (3rd poorest)	33%	36%	31%	39%	37%	36%	39%
9.Percentage of adults supported at home who agreed they felt safe	83%	82% (joint 3rd 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 allow 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	20-21 Q3 Actual Data	Actual % Difference from 15-16 Baseline			Direction of travel from Q2 to Q3
					2020/21 Q1	2020/21 Q2	2020/21 Q3	
Emergency Admission Rate per 100,000 Dundee Population	11,643	11,651	11,535	11,478	↑0.07	↓0.92	↓↑1.41	Better
Emergency Admission Numbers	14,127	14,203	14,062	13,993	↑0.54	↓0.46	↓0.95	Better
Emergency Admissions Numbers from A&E	6,483	7,160	7,136	6,922	↑10.44	↑10.12	↑6.77	Better
Emergency Admissions as a Rate per 1,000 of all Accident &Emergency Attendances	277	322	335	344	↑16.44	↑21.08	↑24.37	Worse
Emergency Bed Day Rate for Acute Specialties per 100,000 Dundee Population	100,284	76,190	73,042	69,210	↓ 24.02	↓ 27.17	↓ 31.00	Better
Emergency Bed Days Numbers for Acute Specialties	121,683	92,881	89,043	84,372	↓23.67	↓ 26.82	↓ 30.66	Better
Emergency Bed Days Numbers for Mental Health Specialties	44,552	32,630	32,195	22,554	↓26.76	↓27.74	↓49.38	Better
Accident & Emergency Attendances	23,437	22,230	21,315	20,121	↓5.15	↓9.04	↓14.15	Better
Number of Bed Days Lost to Delayed Discharges per 1,000 Population(All Reasons)	124	68	64	59	↓45.50	↓48.51	↓52.83	Better
Number of Bed Days Lost to Delayed Discharges (All Reasons)	15,050	9,861	7,785	7,133	↓34.48	↓48.27	↓52.60	Better
Number of Bed Days Lost to Delayed	6,668	3,707	3,422	3,688	↓44.41	↓48.68	↓44.69	Better

Discharges (Code 9)								

Source PHS: PHS MSG Indicators

Key: [green box] Improved/Better than previous quarter [red box] 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 Q3 2020-21 against baseline year 2015/16

Most Deprived ← ... Least

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)	-0.9%	+0.6%	+4.2%	-5.1%	-2.5%	+0.7%	+7.0%	+0.2%	-10.1%
Emer Admissions rate per 100,000 18+ (Non Covid Only)	-3.1%	-1.6%	+1.0%	-7.0%	-4.9%	-1.2%	+4.6%	-1.8%	-11.6%
Emer Bed Days rate per 100,000 18+ (Covid and Non Covid)	-24.8%	-23.9%	-36.6%	-24.8%	-19.9%	-17.4%	-21.3%	-24.4%	-25.4%
Emer Bed Days rate per 100,000 18+ (Non Covid Only)	-27.1%	-25.7%	-38.6%	-26.9%	-22.0%	-20.2%	-24.0%	-26.4%	-28.1%
Readmissions rate per 1,000 Admissions All	+24.3%	+31.7%	+18.7%	+40.4%	+2.6%	+24.1%	+11.7%	+30.9%	+34.1
Hospital admissions due to falls rate per 1,000 65+	+24.0%	+19.1%	+26.3%	+6.8%	-1.8%	+8.0%	+37.8%	+28.5%	+59.3%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-52.5%	-31.1%	-73.8%	-45.9%	-61.1%	-80.2%	-36.4%	-44.8%	-37.3%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-67.0%	+4.3%	-87.3%	-71.0%	-76.9%	-97.4%	+6.4%	-42.3%	-57.5%

Table 4: Performance in Dundee's LCPPs - LCPP Performance in Q3 2020-21 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+ (Covid and Non Covid)	11,825	13,838	16,485	13,008	11,340	13,189	10,604	8,012	9,912
Emer Admissions rate per 100,000 18+ (Non Covid Only)	11,564	13,533	15,976	12,748	11,060	12,940	10,369	7,853	9,739
Emer Bed days rate per 100,000 18+ (Covid and Non Covid)	99,961	123,394	115,607	122,503	90,267	102,306	83,914	74.176	94,271
Emer Bed days rate per 100,000 18+ (Non Covid Only)	96,976	120,455	111,941	119,072	87,861	98,899	81,093	72,261	90,798
Readmissions rate per 1,000 Admissions All*	138	137	147	161	113	144	136	135	132
Hospital admissions due to falls rate per 1,000 65+	30.9	31.7	34.6	31.9	20.2	27.2	32.0	35.4	32.3
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	390	532	308	539	479	180	483	496	222
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	97	171	66	129	176	11	172	125	18

Source: NHS Tayside data

*covid admission reasons not available

Key: ▢ Improved/Better ▢ Stayed the same ▢ Declined/Worse