



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 24 MAY 2023

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2022-23 QUARTER 3

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC17-2023

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee on 2022-23 Quarter 3 performance against the National Health and Wellbeing Indicators and ‘Measuring Performance Under Integration’ indicators. Data is also provided in relation to Social Care – Demand for Care at Home services.

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 BACKGROUND INFORMATION

4.1 Since the last reporting period, work has been completed to review the usefulness of providing Statistical Process Control (SPC) charts to identify special cause variation in performance (i.e. variations in performance that sit outwith the expected normal range). The findings were that whilst SPC is a useful method, it is most beneficial when focused on weekly or daily data trends and when used to support improvement activity at an operational level. When SPC was applied to the quarterly available National Indicators the reduced activity and subsequent increase following remobilisation due the Pandemic were identified as special cause variation, however data was not detailed enough to identify other variation. Additionally the National Indicators are related to very wide and complex systems and therefore SPC variation could be attributed to several reasons. Limiting the usefulness of the analysis for improvement purposes. For this reason, the use of SPC within quarterly performance reports will not be pursued any further.

4.2 Quarterly and locality data for readmissions within 28 days, has been included for the first time since Q1 2021/22. A Short Life Working Group has now reached the stage of having as high a level of confidence as is proportionate, given limited analytical resources, in the local data and local calculation methodology. This provides the foundation for moving forward with further work in two areas: data definitions and quality and, analysis to inform improvement. The working group anticipate submitting a full analytical report to the Performance and Audit Committee on 27 September 2023. A detailed explanation is available in report PAC16-2023.

5.0 QUARTER 3 PERFORMANCE 2022-23 – KEY ANALYTICAL MESSAGES

5.1 Key analytical messages for the Quarter 3 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 65+, A+E attendances 18+, emergency admission numbers from A+E 18+, emergency admissions as a rate of all A+E attendances 18+, 28 day readmissions, % 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 increased over the last 4 quarters and particularly between Q2 (7880) and Q3 (8134) although the number of emergency admissions as a rate per 1,000 of all A+E attendances has decreased 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 5.5% and Strathmartine (6.8%). Performance is best in the family group but 3rd out of the 3 Tayside Partnerships.
- The rate of readmissions within 28 days of discharge increased by 4.9% from the 15/16 baseline although has maintained a stable rate since 2018/19, sitting between 139 and 140 each year. There is variation by LCPP with rates ranging from 114 in The Ferry to 167 in Coldside. A Short Life Working Group is completing further analysis by Scottish Index of Multiple Deprivation (SIMD), gender and age in order to further understand this variation
- 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 36% 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. The Falls Data Group continues to meet to understand and ultimately improve this performance.
- % 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 35% more than the 2015/16 baseline and performance deteriorated in The Ferry (by 101%), East End (by 85%), North East (by 49%), Lochee (by 41%), Strathmartine (by 35%) and Coldside (by

5%). However, there has been a decrease since Q1. At Q3 the LCPP with the highest rate was East End (1205) and the LCPP with the lowest rate was Maryfield (517).

- Rate of bed days lost to complex (code 9) delayed discharge for age 75+ is 45% less than the 2015/16 baseline, with increases across 2 LCPPs (Maryfield and The Ferry). Performance has deteriorated over the last 4 quarters. The Discharge Management report which provides in-depth analysis regarding delays, along with an operational and strategic update will be available at the next PAC (September 2023).

5.2 Public Health Scotland publishes a four week snapshot of the demand for Care at Home services provided by Health and Social Care Partnerships across Scotland. The information in Appendix 2 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 / in the community for the care at home service to be delivered. In Dundee, as at 20 March 2023:

- 0 people waited in hospital and 57 people waited in the community for a social care assessment. This is an overall decrease over the previous 4 weeks from 41 people waiting in the community at 13 February 2024.
- 0 people have waited in hospital each week since 24 October 2022.
- 51 people were assessed and were waiting in hospital for a care at home package and is the lowest it has been in the previous 6 weeks.
- 174 people were assessed and were waiting in the community for a care at home package and is the lowest it has been in the last 15 weeks.
- 51 people were assessed and waiting for a care at home package in hospital (858 hours yet to be provided). This is the lowest number of hours waiting to be provided in the last 7 weeks.
- 174 people were assessed and waiting for a care at home package in the community (1,367 hours yet to be provided). This is the lowest number of hours waiting to be provided in the last 16 weeks.
- For those already in receipt of a care at home package 378 additional hours were required and not provided. This is the lowest number of hours waiting to be provided in the last 10 weeks.

The Integration Joint Board has recently received a report regarding the management of demand for social care supports (Article X of the minute of the meeting of the Dundee Integration Joint Board held on 14 December 2022 refers), with PAC having received a detailed report on discharge management (including delays associated with social care assessment and provision) in November 2022 (Article VII of the minute of the meeting of Dundee IJB Performance and Audit Committee refers). The next report will be available at to PAC when they meet in September 2023.

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)	<ul style="list-style-type: none"> - 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: 25 April 2023

Lynsey Webster
Senior Officer, Strategy and Performance

APPENDIX 1 – Performance Summary

Table 1: Performance in Dundee's LCPPs - % change in Q3 2022-23 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	+6.7%	+2.2%	+2.3%	+13.1%	+2.6%	+11.7%	+8.9%	+14.2%	-1.1%
Emer Bed Days rate per 100,000 18+	-5.5%	-16.1%	-3.7%	-4.2%	-10.3%	+6.8%	+5.5%	-2.7%	-18.5%
28 Day Readmissions rate per 1,000 Admissions	+6%	-7.5%	+13.2%	+4.8%	+1.3%	+19.6%	-4.6%	+18%	+2.3%
Hospital admissions due to falls rate per 1,000 65+	+34%	+44%	+40%	+33%	+29%	+5%	+47%	+26%	+51%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	+35%	+41%	+85%	+5%	+49%	+35%	-13%	-13%	+101%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-45%	-28%	-69%	-29%	-89%	-79%	+204%	-76%	+33%

Table 2: Performance in Dundee's LCPPs - LCPP Performance in Q3 2022-23 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+	12,742	14,056	16,193	15,515	11,936	14,616	10,796	9,132	10,896
Emer Bed days rate per 100,000 18+	125,628	135,938	175,546	156,219	101,052	132,244	112,524	80,035	122,906
28 Day Readmissions rate per 1,000 Admissions	139	136	143	167	119	144	128	160	114
Hospital admissions due to falls rate per 1,000 65+	33.5	38.3	38.2	39.9	26.5	26.5	34.1	34.9	30.6
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	710	859	1205	580	706	665	517	590	629
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	162	118	161	317	85	86	493	52	74

Source: NHS Tayside data

Key: Improved/Better Stayed the same Declined/Worse

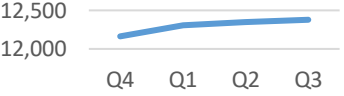
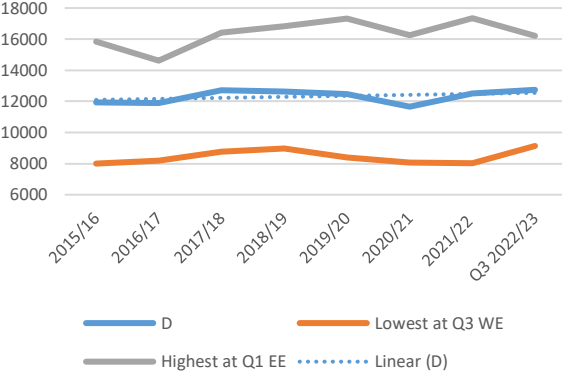
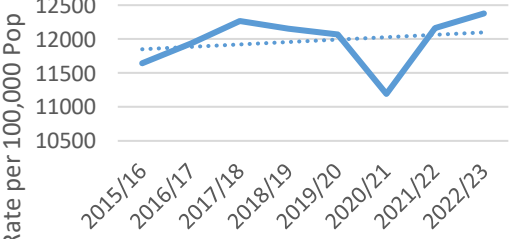
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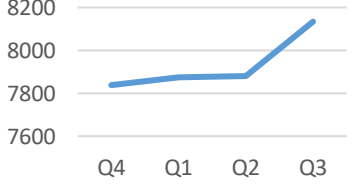
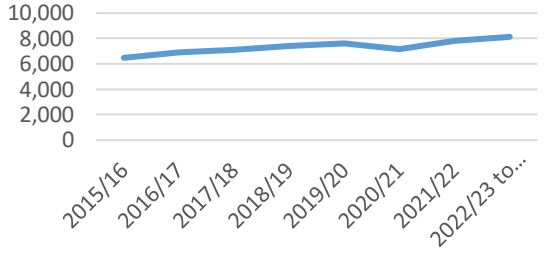
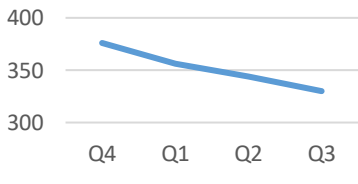
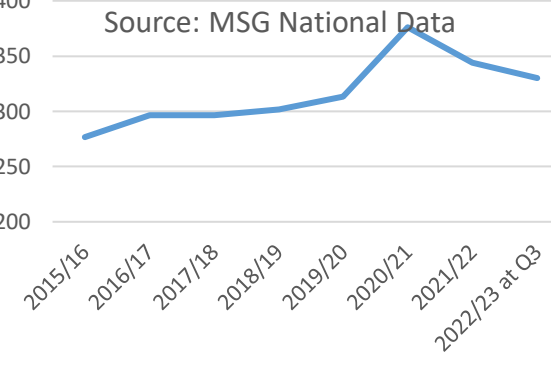
Dundee = D	East End = EE	Coldside = C	West End = WE
Strathmartine = S	North East = NE	Lochee = L	The Ferry = TF

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 survey 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 of care at their GP practice*				16th	3rd (67%)	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												
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	8 th (72%)	3rd												
8.% of carers who feel supported to continue in their caring role*				26th	7 th (27%)	3rd												
9.% of adults supported at home who agreed they felt safe*				20th	7 th (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	<table border="1"> <caption>Premature mortality rate per 100,000 persons (2016-2020)</caption> <thead> <tr> <th>Year</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>2016</td> <td>572</td> </tr> <tr> <td>2017</td> <td>555</td> </tr> <tr> <td>2018</td> <td>540</td> </tr> <tr> <td>2019</td> <td>542</td> </tr> <tr> <td>2020</td> <td>605</td> </tr> </tbody> </table>	Year	Rate	2016	572	2017	555	2018	540	2019	542	2020	605	29th	7 th	3rd
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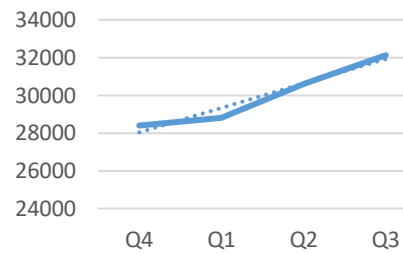
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
12. Emer Admissions rate per 100,000 18+	6.1% (874 admissions) more in Q3 22/23 than 2015/16 (deterioration) (source: MSG)	<p>Source: MSG National Data</p> 	<p>Source: NHST BSU</p>  <p>Source: National MSG Data</p> 	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)	1,651 more attendances in Q3 22/23 than 2015/16	<p>Source: MSG National Data</p>  <table border="1" data-bbox="750 470 1106 654"> <caption>Emergency Admissions Numbers from A&E (MSG) - Dundee Short Term Trend</caption> <thead> <tr> <th>Quarter</th> <th>Approximate Value</th> </tr> </thead> <tbody> <tr> <td>Q4</td> <td>7850</td> </tr> <tr> <td>Q1</td> <td>7900</td> </tr> <tr> <td>Q2</td> <td>7900</td> </tr> <tr> <td>Q3</td> <td>8150</td> </tr> </tbody> </table>	Quarter	Approximate Value	Q4	7850	Q1	7900	Q2	7900	Q3	8150	<p>Source: MSG National Data</p>  <table border="1" data-bbox="1164 422 1713 678"> <caption>Emergency Admissions Numbers from A&E (MSG) - Scotland Long Term Trend</caption> <thead> <tr> <th>Year</th> <th>Approximate Value</th> </tr> </thead> <tbody> <tr> <td>2015/16</td> <td>6,500</td> </tr> <tr> <td>2016/17</td> <td>7,000</td> </tr> <tr> <td>2017/18</td> <td>7,200</td> </tr> <tr> <td>2018/19</td> <td>7,500</td> </tr> <tr> <td>2019/20</td> <td>7,800</td> </tr> <tr> <td>2020/21</td> <td>7,500</td> </tr> <tr> <td>2021/22</td> <td>7,800</td> </tr> <tr> <td>2022/23 to...</td> <td>8,000</td> </tr> </tbody> </table>	Year	Approximate Value	2015/16	6,500	2016/17	7,000	2017/18	7,200	2018/19	7,500	2019/20	7,800	2020/21	7,500	2021/22	7,800	2022/23 to...	8,000	NA as number and not rate	NA as number and not rate	NA as number and not rate
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Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances (MSG)	53 higher at Q3 2022/23 than 2015/16	<p>Source: MSG National Data</p>  <table border="1" data-bbox="750 869 1106 1053"> <caption>Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances (MSG) - Dundee Short Term Trend</caption> <thead> <tr> <th>Quarter</th> <th>Approximate Value</th> </tr> </thead> <tbody> <tr> <td>Q4</td> <td>380</td> </tr> <tr> <td>Q1</td> <td>360</td> </tr> <tr> <td>Q2</td> <td>350</td> </tr> <tr> <td>Q3</td> <td>340</td> </tr> </tbody> </table> <p>Although rate remains higher than in 2015/16, it was decreased (improved) over the last 4 quarters.</p>	Quarter	Approximate Value	Q4	380	Q1	360	Q2	350	Q3	340	<p>Source: MSG National Data</p>  <table border="1" data-bbox="1164 774 1713 1141"> <caption>Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances (MSG) - Scotland Long Term Trend</caption> <thead> <tr> <th>Year</th> <th>Approximate Value</th> </tr> </thead> <tbody> <tr> <td>2015/16</td> <td>280</td> </tr> <tr> <td>2016/17</td> <td>300</td> </tr> <tr> <td>2017/18</td> <td>300</td> </tr> <tr> <td>2018/19</td> <td>305</td> </tr> <tr> <td>2019/20</td> <td>315</td> </tr> <tr> <td>2020/21</td> <td>375</td> </tr> <tr> <td>2021/22</td> <td>350</td> </tr> <tr> <td>2022/23 at Q3</td> <td>340</td> </tr> </tbody> </table>	Year	Approximate Value	2015/16	280	2016/17	300	2017/18	300	2018/19	305	2019/20	315	2020/21	375	2021/22	350	2022/23 at Q3	340	Not Avail	Not Avail	Not Avail
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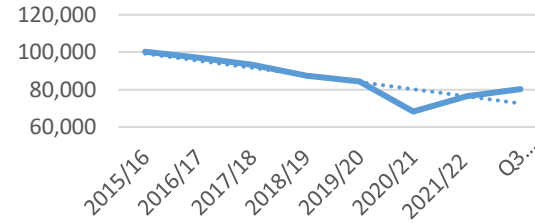
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Accident & Emergency Attendances (MSG)	1,198 more in Q3 2022/23 than 2015/16	<p>Source: MSG National Data</p>	<p>Source: MSG National Data</p>	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+	<p>SOURCE: NHST BSU</p> <p>7,331 (5.5%) less acute bed days in Q3 2022/23 than 2015/16 (improved) (source: NHST BSU)</p>	<p>Source: NHST BSU</p> <p>Q3 rate is higher than Q4 21/22 however has been rising since Q1 22/23</p>	<p>Source: NHST BSU</p> <p>Legend: — D — Highest at Q3 EE — Lowest at Q3 WE ⋯ Linear (D)</p>	19th	1st	3rd

5,387 (12%) less mental health bed days in Q3 2022/23 than 2015/16 (improved) (source: MSG)

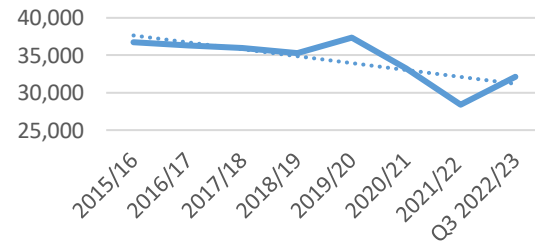
National MSG Data (Mental Health Specialties)

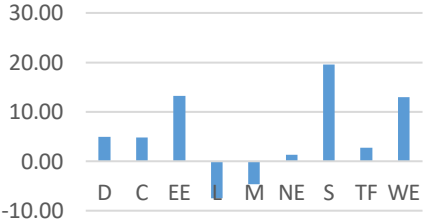
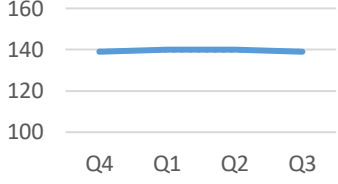
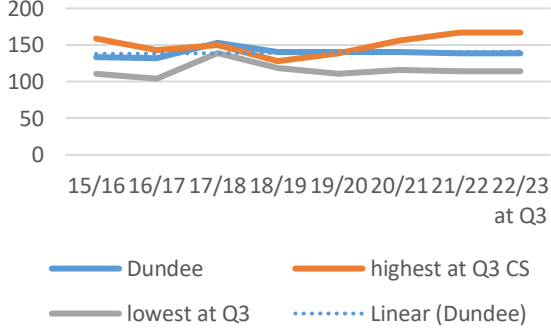
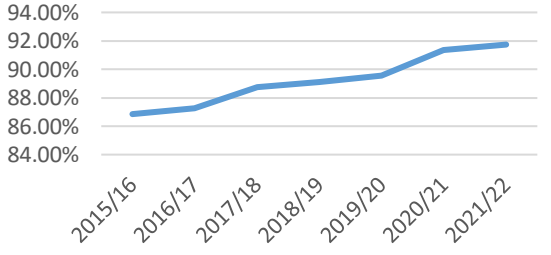


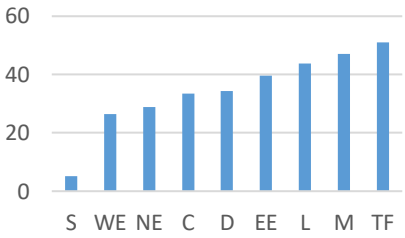
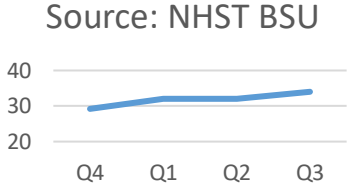
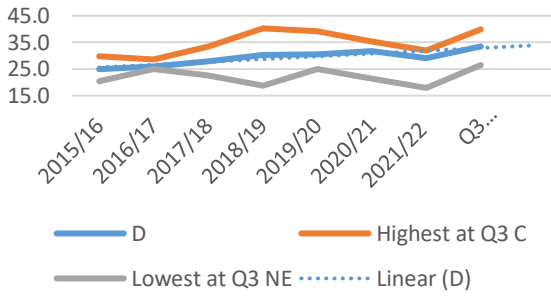
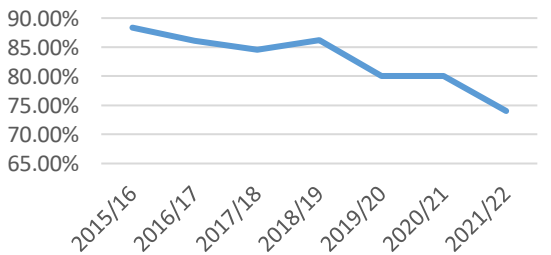
Source: National MSG Data (Acute Specialties)

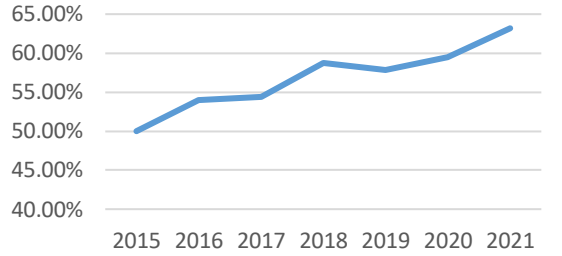
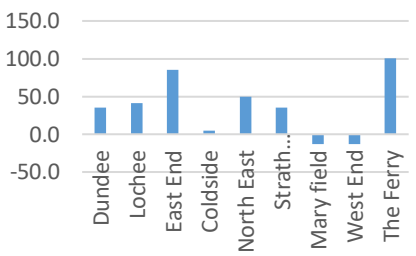
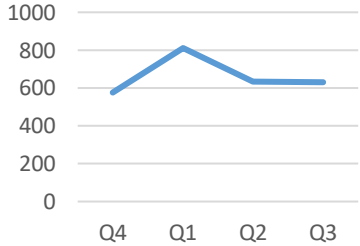
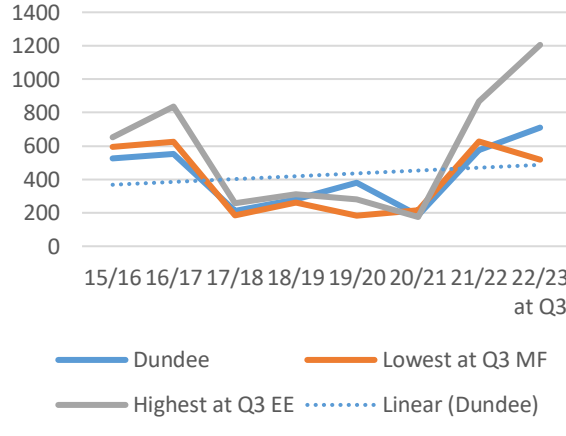


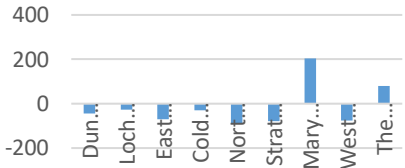
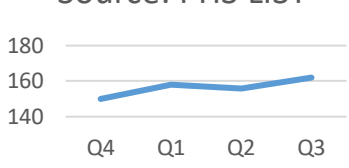
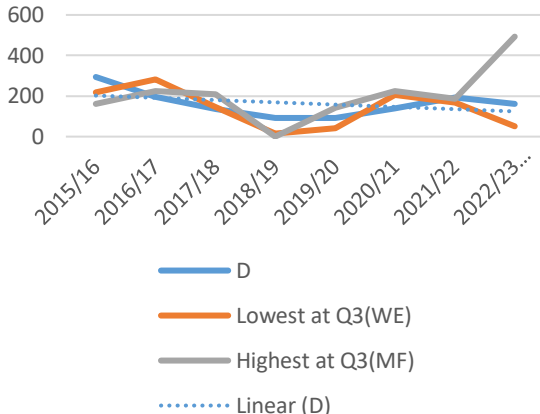
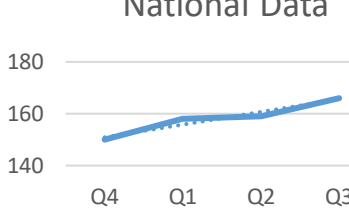
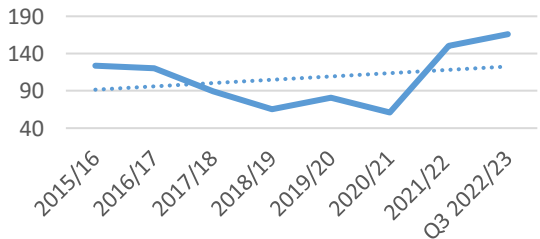
National MSG Data (Mental Health Specialties)



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*	<p>Source: NHST BSU</p>  <p>4.9% more in Q3 22/23 than 15/16 (deterioration). Variation ranges from -7.5% in Lochee to +19.6% in Strathmartine.</p>	<p>Source: NHST BSU</p> 	<p>Source: NHST BSU</p> 	29 th	8 th	3 rd
15. % of last 6 months of life spent at home or in a community setting	<p>Up from 86.8% in 2015/16 to 91.7% in 2021/22 (improvement)</p>	Not Available	<p>Source: PHS National Data</p> 	15 th	5 th	3 rd

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+	 <p>36% (234 falls admissions) more in Q3 2022/23 than 2015/16 (deterioration). Greatest increase (deterioration) was in The Ferry with 51% increase (deterioration).</p>	<p>Source: NHST BSU</p>  <p>All LCPPs deteriorated between Q2 and Q3.</p>	<p>Source: NHST BSU</p>  <p>Legend: — D — Highest at Q3 C — Lowest at Q3 NE ⋯ Linear (D)</p>	31st	7th	3rd
17. % care services graded 'good' (4) or better in Care Inspectorate inspections	<p>Dropped from 88.4% in 2015/16 to 74% in 2021/22 (deterioration)</p>	<p>Not Available</p>	<p>Dundee (Source PHS)</p> 	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	<p>Source: PHS SOURCE National Data</p>  <table border="1"> <caption>Long Term Trend Data (Indicator 18)</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2015</td><td>50.00%</td></tr> <tr><td>2016</td><td>54.00%</td></tr> <tr><td>2017</td><td>54.00%</td></tr> <tr><td>2018</td><td>58.00%</td></tr> <tr><td>2019</td><td>57.00%</td></tr> <tr><td>2020</td><td>59.00%</td></tr> <tr><td>2021</td><td>63.00%</td></tr> </tbody> </table>	Year	Percentage	2015	50.00%	2016	54.00%	2017	54.00%	2018	58.00%	2019	57.00%	2020	59.00%	2021	63.00%	23rd	8th	2nd				
Year	Percentage																									
2015	50.00%																									
2016	54.00%																									
2017	54.00%																									
2018	58.00%																									
2019	57.00%																									
2020	59.00%																									
2021	63.00%																									
19.1 Delayed Discharge bed days lost rate per 1,000 75+ (standard)	<p>Source: PHS LIST</p>  <table border="1"> <caption>Delayed Discharge Bed Days Lost Rate (Indicator 19.1)</caption> <thead> <tr> <th>Area</th> <th>Rate</th> </tr> </thead> <tbody> <tr><td>Dundee</td><td>35.1%</td></tr> <tr><td>Lochee</td><td>~40%</td></tr> <tr><td>East End</td><td>~80%</td></tr> <tr><td>Coldside</td><td>~5%</td></tr> <tr><td>North East</td><td>~50%</td></tr> <tr><td>Strath...</td><td>~30%</td></tr> <tr><td>Mary field</td><td>~10%</td></tr> <tr><td>West End</td><td>~10%</td></tr> <tr><td>The Ferry</td><td>~100%</td></tr> </tbody> </table> <p>35.1% increase (deterioration) since 2015/16.</p>	Area	Rate	Dundee	35.1%	Lochee	~40%	East End	~80%	Coldside	~5%	North East	~50%	Strath...	~30%	Mary field	~10%	West End	~10%	The Ferry	~100%	<p>Source: PHS LIST</p>  <p>Improvement since Q1</p>	<p>Source: PHS LIST</p>  <p>Legend: — Dundee — Lowest at Q3 MF — Highest at Q3 EE Linear (Dundee)</p>	NA	NA	NA
Area	Rate																									
Dundee	35.1%																									
Lochee	~40%																									
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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)	<p>Source: PHS LIST</p>  <p>Overall 45% improvement since 2015/16 although increase (deterioration) in The Ferry 81%, and Maryfield 204%.</p>	<p>Source: PHS LIST</p>  <p>Deterioration since Q4</p>	<p>Source: PHS LIST</p>  <p>Legend: — D — Lowest at Q3(WE) — Highest at Q3(MF) Linear (D)</p>	NA	NA	NA
Delayed Discharge bed days lost rate per 1,000 18+ (All Reasons) (MSG)	<p>5,189 more bed days lost in Q3 2022/23 than 2015/16 (deterioration)</p>	<p>Source: MSG National Data</p> 	<p>Source: MSG National Data</p> 	NA	NA	NA

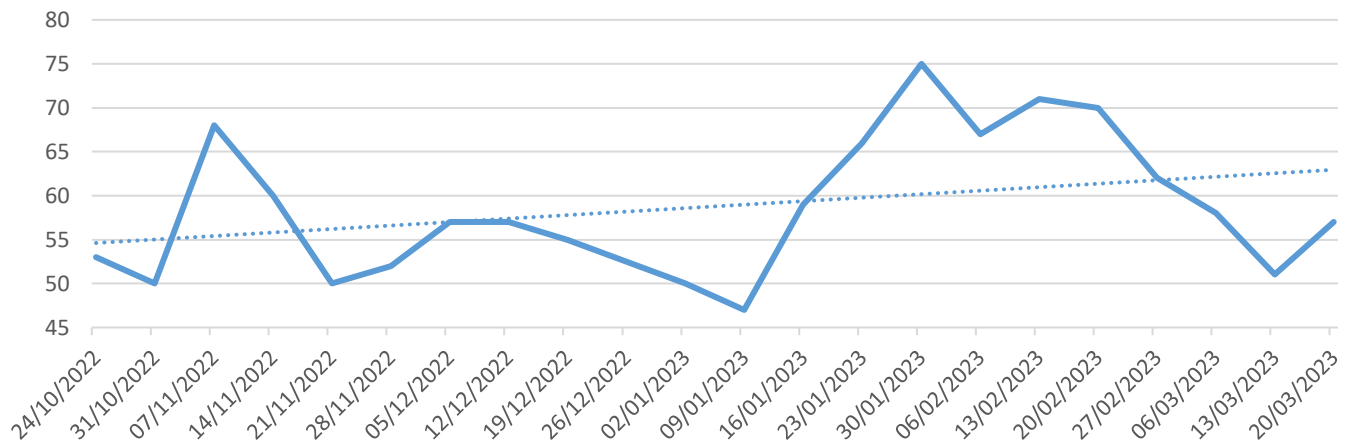
20. % of health and social care resource spent on hospital stays where the patient was admitted as an emergency	5.8% less in 2020/21* than 2015/16 (improvement) *latest data available	Not Available	<p style="text-align: center;">Source: PHS</p> <table border="1"> <caption>Line Graph Data</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2015/16</td> <td>25.8%</td> </tr> <tr> <td>2016/17</td> <td>25.2%</td> </tr> <tr> <td>2017/18</td> <td>24.8%</td> </tr> <tr> <td>2018/19</td> <td>24.2%</td> </tr> <tr> <td>2019/20</td> <td>20.0%</td> </tr> <tr> <td>2020/21</td> <td>18.8%</td> </tr> </tbody> </table>	Year	Percentage	2015/16	25.8%	2016/17	25.2%	2017/18	24.8%	2018/19	24.2%	2019/20	20.0%	2020/21	18.8%	18th	3rd	3rd
Year	Percentage																			
2015/16	25.8%																			
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2017/18	24.8%																			
2018/19	24.2%																			
2019/20	20.0%																			
2020/21	18.8%																			

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 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.

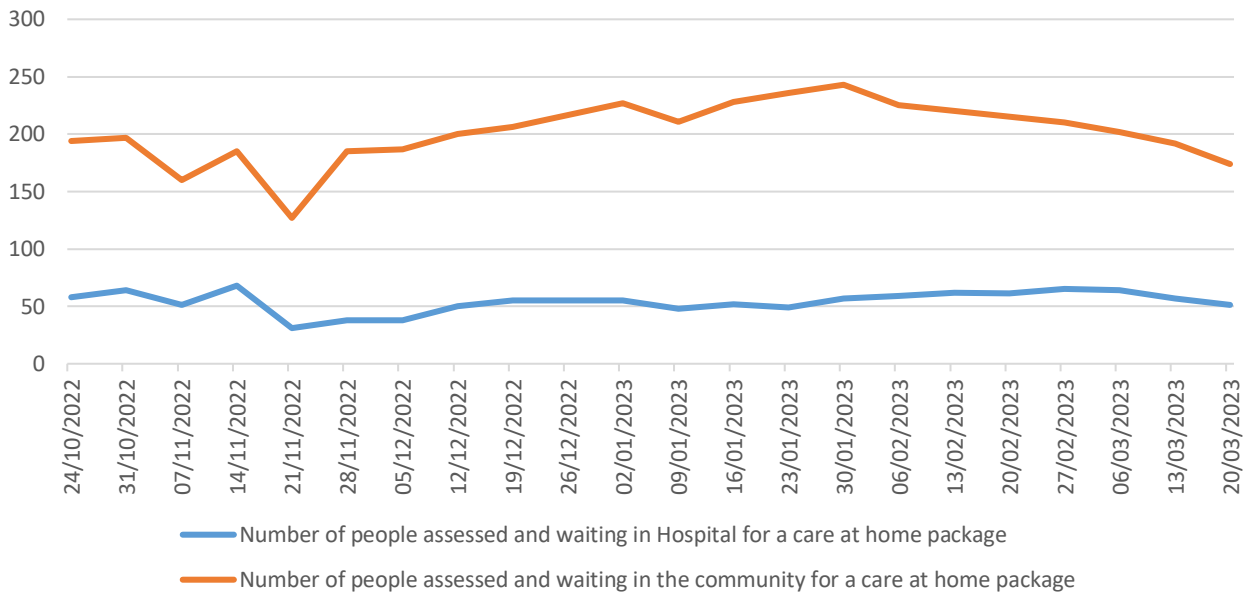
Chart 1 Number of people waiting for social care assessment



In Dundee as at 20th March 2023

- 0 people waited in hospital and 57 people waited in the community for a social care assessment. This is an overall decrease over the previous 4 weeks from 41 people waiting in the community at 13 February 2024.
- 0 people have have waited in hospital each week since 24 October 2022

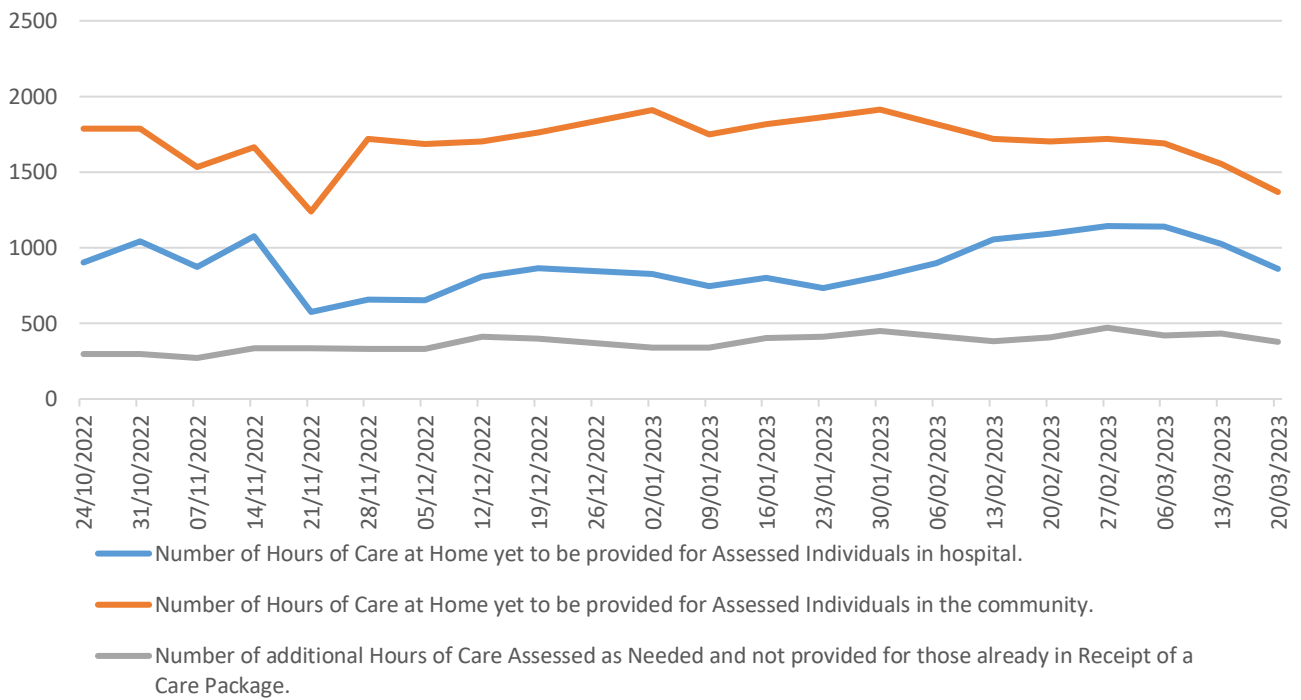
Chart 2 Number of people assessed and waiting for a Care at Home Package



In Dundee as at 20th March 2023

- 51 people were assessed and were waiting in hospital for a care at home package and is the lowest it has been in the previous 6 weeks.
- 174 people were assessed and were waiting in the community for a care at home package and is the lowest it has been in the last 15 weeks.

Chart 3 Number of hours of care at home yet to be provided



- 51 people were assessed and waiting for a care at home package in hospital (858 hours yet to be provided). This is the lowest number of hours waiting to be provided in the last 7 weeks.
- 174 people were assessed and waiting for a care at home package in the community (1,367 hours yet to be provided). This is the lowest number of hours waiting to be provided in the last 16 weeks.
- For those already in receipt of a care at home package 378 additional hours were required and not provided. This is the lowest number of hours waiting to be provided in the last 10 weeks.

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 rolling¹ 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 3 shows the previous 12 months of data including the current quarter. Therefore, Quarter 3 data includes data from 1 January 2022 to 31 December 2022.

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Dundee Integration Joint Board Integrated Impact Assessment

Part 1 - Pre-Integrated Impact Assessment Screening.

NB For Dundee City Council Committees the Citrix Firm Step Process must be used.

This word document can be completed and information transferred to Firm Step if required.

Title of Report/Project/Strategy	Dundee Health And Social Care Partnership Performance Report – 2022-23 Quarter 3
Lead Officer for Report/Project/Strategy (Name and Job Title)	Kathryn Sharp, Service Manager
Name and email of Officer Completing the Screening Tool	Kathryn Sharp, Service Manager
List of colleagues contributing information for Screening and IIA	-
Screening Completion Date	25/04/23
Name and Email of Senior Officer to be Notified when Screening complete	Vicky Irons, Chief Officer

Is there a clear indication that an IIA is needed? Mark one box only		
<input type="checkbox"/>	YES	Proceed to IIA
<input checked="" type="checkbox"/>	NO	<i>Continue with Screening Process</i>

Is the purpose of the Committee document the approval of any of the following Mark one box either Yes or No				
<i>NB When yes to any of the following proceed to IIA document.</i>				
	Yes		No	
A major Strategy/Plan, Policy or Action Plan		<i>Proceed directly to IIA</i>	X	<i>Continue with Screening Process</i>
An area or partnership-wide Plan		<i>Proceed directly to IIA</i>	X	<i>Continue with Screening Process</i>
A Plan, programme or Strategy that sets the framework for future development consents		<i>Proceed directly to IIA</i>	X	<i>Continue with Screening Process</i>
The setting up of a body such as a Commission or Working Group		<i>Proceed directly to IIA</i>	X	<i>Continue with Screening Process</i>
An update to a Plan		<i>Proceed directly to IIA</i>	X	<i>Continue with Screening Process</i>

There a number of reports which do not automatically require an IIA. If your report does not automatically require an IIA you should consider if an IIA is needed by completing the checklist on following page.

These include: An annual report or progress report on an existing plan / A service redesign. / A report on a survey, or stating the results of research. / Minutes, e.g. of Sub-Committees. / A minor contract that does not impact on the wellbeing of the public. / An appointment, e.g. councillors to outside bodies, Senior officers, or independent chairs. / Ongoing Revenue expenditure monitoring. / Notification of proposed tenders. / Noting of a report or decision made by another Committee including noting of strategy, policies and plans approved elsewhere.

Only complete the checklist on the following page whenever your report does not automatically require an Integrated Impact Assessment otherwise delete the page prior to proceeding to IIA.

Dundee Integration Joint Board Integrated Impact Assessment

Part 1 (continued) Pre-Integrated Impact Assessment Screening.

Screening Checklist for IIA Completion. When yes to any of the following proceed to IIA document.

Mark one box only either Yes or No.

Will the recommendations in the report impact on anyone in relation to any of the Protected Characteristics? <i>Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation.</i>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes. Proceed to IIA.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone in relation to any of the Protected Characteristics? <i>Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation.</i>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes. Proceed to IIA.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone residing in a Community Regeneration Area (CRA)? <i>Within the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.</i>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes. Proceed to IIA.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone in more vulnerable types of households? <i>Lone parent families (especially single female parents); households with a greater number of children and/or young children; pensioner households (single or couple)</i>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes. Proceed to IIA.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone experiencing the following issues? <i>Unskilled or unemployed and of working age; serious and enduring mental health; homelessness (potential homelessness); drug and/or alcohol.</i>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes. Proceed to IIA.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone in the following more vulnerable groups? <i>Offenders and ex-offenders; looked after children and care leavers; carers.</i>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes. Proceed to IIA.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes. Proceed to IIA.
Will the recommendations in the report impact on any of the following? <i>Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services.</i>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes. Proceed to IIA.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes. Proceed to IIA.
Will the recommendations in the report on Climate Change or Resource Use? <i>Mitigating greenhouse gases; adapting to the effects of climate change. or Energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.</i>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes. Proceed to IIA.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes. Proceed to IIA.
Will the recommendations in the report impact on Transport? <i>Accessible transport provision; sustainable modes of transport.</i>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes. Proceed to IIA.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes. Proceed to IIA.
Will the recommendations in the report impact on the Natural Environment? <i>Air, land or water quality; biodiversity; open and green spaces.</i>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes. Proceed to IIA.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes. Proceed to IIA.
Will the recommendations in the report impact on the Built Environment? <i>Built heritage; housing.</i>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes. Proceed to IIA.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes. Proceed to IIA.
<p><i>When no to everything in the above screening process you must contact 'Senior Officer to be Notified on Completion' and present a copy of this Screening tool with IJB Report. Otherwise proceed to IIA.</i></p> <p>* Transfer information into the Firm Step Process when report is progressing to Council Committee.</p>		

The following document includes all questions in DCC IIA- The Dundee City Council IIA Guidance document can be found [here](#).