



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 13 FEBRUARY 2018

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT (QUARTER 3)

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC4-2018

1.0 PURPOSE OF REPORT

The purpose of the report is to update the Performance and Audit Committee on Quarter 3 (Q3) performance against the National Health and Wellbeing Indicators and Measuring Performance Under Integration interim targets.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report.
- 2.2 Notes the performance of Dundee Health and Social Care Partnership against the Measuring Performance Under Integration interim targets as outlined in Appendix 1 and section 4.8.
- 2.3 Notes the performance of Dundee Health and Social Care Partnership against the National Health and Wellbeing Indicators as outlined in Appendix 2 and section 4.9.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND

- 4.1 The performance report in Appendix 1 assesses performance between 1 April 2017 and 30 September 2017 against targets set in the Measuring Performance Under Integration submission (Article IV of the minute of meeting of the Dundee IJB held on 27 March 2017 refers) for six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency, delayed discharges, balance of care and end of life. The quarter 1 performance report (Article VII of the minute of meeting of the PAC held on 12 September 2017 refers) reported that 2016/17 performance indicated that the Partnership was following the desired trajectory towards the 2017/18 target.
- 4.2 The performance report in Appendix 2 sets out performance against the National Health and Wellbeing Indicators at quarter 3, 2017/18. 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 would be used to produce more timeous quarterly performance reports. NHS Tayside Business Unit provided data for emergency admissions, emergency bed days, readmissions and delayed discharges. The National Services Scotland Information Services Division (NSS ISD) List team provided falls data however it is anticipated that NHS Tayside Business Unit will provide this in the future.
- 4.3 Data provided by NHS Tayside differs from data provided by NSS ISD; the main difference being that NHS Tayside uses 'board of treatment' and NSS uses 'board of residence'. Differences in data have been investigated and, although the two data sources are not identical, NHS Tayside

Business Unit data accuracy remains within an acceptable tolerance and trends are reliable for service planning and performance improvement purposes.

- 4.4 It was agreed at the PAC held on 19 July 2017 (Article VIII of the minute of the meeting refers) that national benchmarking data would be presented one quarter in arrears due to the time lag associated with collating and validating national data. This means that the Q3 performance includes Q2 benchmarking data provided by NSS ISD. Due to a delay in the availability of benchmarking data from NSS ISD the Q3 performance report also contains Q1 benchmarking data.
- 4.5 The performance report in Appendix 2 sets out performance for Dundee and also shows performance in each of the eight Local Community Planning Partnerships (LCP). LCP level data continues to be used to compile profiles to support dialogue with stakeholders regarding needs in individual LCPs.
- 4.6 The Q3 Performance Report covers local performance against National Indicators 11-23. Under each of these indicators there is a summary of current and planned improvement actions. Indicators 1-10 are reported from the Health and Social Care Experience Survey administered by the Scottish Government which is conducted biennially and the results from the 2015/16 survey were presented to the IJB in August 2016 (Article X of the minute of meeting of the IJB held on 30 August 2016 refers).
- 4.7 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. The Scottish Government and NSS ISD are currently working on the development of definitions and datasets to calculate these indicators nationally.

4.8 MEASURING PERFORMANCE UNDER INTEGRATION INTERIM TARGETS

- 4.8.1 In 2016/17 performance exceeded the interim Measuring Performance Under Integration targets in emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances and emergency bed days. Delayed discharges (standard and code 9 combined) also exceeded the interim target but delayed discharges due to complex reasons (code 9's) did not meet the interim target. The 2016/17 targets regarding the number of days during the last six months of life in the community, hospice palliative care unit and large hospital had not yet been met. There was no interim target set for the balance of care service delivery area.
- 4.8.2 Currently Measuring Performance Under Integration data is available to 30 September 2017. April – September 2017 data demonstrates continued positive performance against 2017/18 interim targets, with three areas exceeding interim targets for the quarter, 1 area partially meeting the interim targets (delayed discharge) and for two areas data is not available monthly or quarterly to allow for performance monitoring. Delayed discharge due to complex reasons continues to not meet the interim target; a report regarding delayed discharges including complex reasons analysis was submitted to the PAC (PAC39-2017 - Delayed Discharge Management Performance Update).

	April – September 2017/18 Interim Target	April – September 2017/18 Actual	Performance against target
Number of Emergency Admission Rate (All ages)	13,408	13,336	0.5% less
Number of Emergency Admissions to Accident and Emergency (All ages)	5,952	5,809	2.5% less
Number of Emergency Bed Days (All ages)	90,162	85,318	5.7% less

	April – September 2017/18 Interim Target	April – September 2017/18 Actual	Performance against target
Number of Accident and Emergency Attendances	22,787	22,620	0.7% less
Number of Bed Days Lost to Delayed Discharges (All Reasons) 75+	10,860	8,965	21.1% less
Number of Bed Days Lost to Complex Delayed Discharges for 75+ (Code 9s)	4,097	5,419	24.4% more
Number of days spent in last 6 months of life in the community		Data not available monthly	
Number of days spent in a hospice / palliative care unit		Data not available monthly	
Number of days spent in a large hospital		Data not available monthly	
Balance of Care		Data not available monthly	

4.8.3 In late November 2017 the Scottish Government and COSLA, on behalf of the Ministerial Strategic Group for Health and Community Care (MSG), sent an update to Partnerships regarding progress made in considering how best to provide regular updates to MSG regarding performance against Measuring Performance Under Integration targets. Whilst the details of a proposed national framework are being developed the Scottish Government and COSLA have agreed it would be helpful for MSG to have an updated overview of local objectives and ambitions in each of the six service delivery areas. To that end an invitation was extended to the Partnership to submit objectives, trajectories and targets for 2018/19 on a standardised format by 31 January 2018. Report No PAC-2018 - Measuring Performance Under Integration 2018/19 on this agenda refers to the work carried out in this regard.

4.9 QUARTER 3 PERFORMANCE 2017/18

4.9.1 Between the baseline year 2015/16 and 2017/18 Q3 there was an improvement in the rate of bed days lost to delayed discharges for people aged 75+, readmission rate within 28 days for people aged 18+ and also the emergency bed day rate for people aged 18+.

4.9.2 Emergency bed day rates since 2015/16 have decreased by 9% for Dundee, which is an improvement. Every LCPP showed an improvement in Q3 compared with 2015/16 and the biggest improvements were seen in East End, Coldside and West End, all of which showed a greater than 10% decrease in bed day rates.

4.9.3 The rate of bed days lost to delayed discharges for people aged 75+ has decreased by 48% in Dundee since 2015/16, which is an improvement. In Q3 there were decreases across all LCPP areas and the decrease in the rate ranged from 30% in Lochee to 60% in Maryfield.

4.9.4 The rate of readmissions has decreased by 0.2% since 2015/16, which is a slight improvement. The rate increased in two LCPPs (Lochee and The Ferry), stayed the same in Coldside and decreased in five LCPPs (North East, Maryfield, North East, West End and Strathmartine). The biggest decrease was in Maryfield (12% decrease) and the greatest increase was in Lochee (18% increase). The PAC agreed at its meeting held on 19 July 2017 (Article VIII of the minute of meeting refers) that a separate analysis regarding readmissions will be completed (Analysis of Re-Admissions to Hospital Agenda Note (PAC7-2018) on this agenda refers.

4.9.5 Emergency admission rates have increased by 6% for Dundee since 2015/16 and there were increases in every LCPP. The lowest increase was in East End (0.5% increase) and the highest

increase was in Lochee (14% increase). The Strategy and Performance Team and NSS ISD List are currently undertaking a fuller analysis of emergency admissions for submission to PAC.

- 4.9.6 The rate of hospital admissions as a result of a fall for people aged 65+ has increased by 11% since 2015/16, which is a deterioration. The biggest increases were in East End and West End (29% increases). The rate increased in seven LCPPs and only decreased in Strathmartine. The PAC received a separate analysis of falls data at its meeting held on 12 September 2017 (Article X of the minute of the meeting refers). The Strategy and Performance Team and NSS ISD List are currently undertaking a benchmarking exercise in relation to falls performance for submission to PAC.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	The risk of not meeting targets against national indicators could affect outcomes for individuals and their carers and not make the best use of resources.
Risk Category	Financial, Governance, Political
Inherent Risk Level	15 – Extreme Risk
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 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
Planned Risk Level	6 – Moderate Risk
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

The Chief Officer and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None.

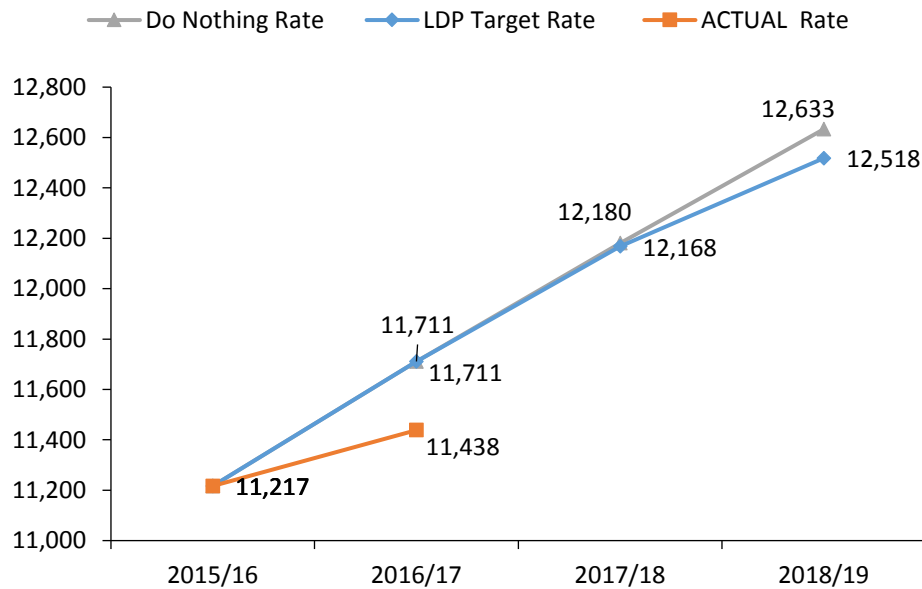
Dave Berry
Chief Finance Officer

DATE: 18 January 2018

Measuring Performance under Integration Update

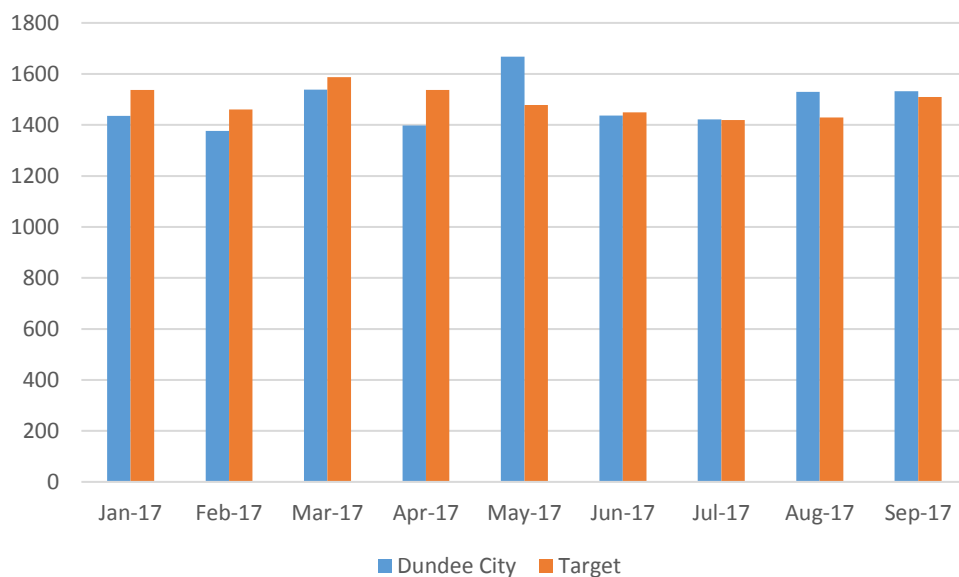
Service Delivery Area - Emergency Admissions

Chart 1: Emergency Admission Rate per 100,000 Population (All ages)- Annual



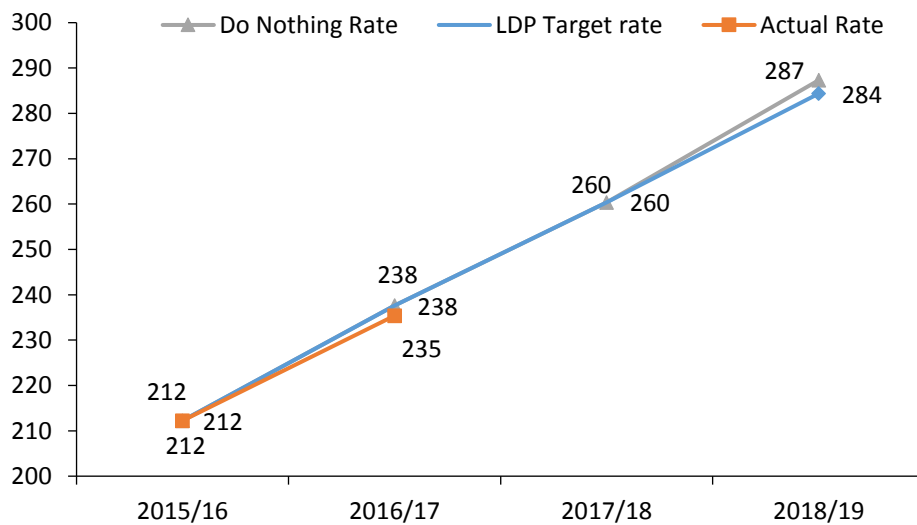
- Expected increase by 4.97% from 16,781 in 2015/16 to 17,614 in 2016/17.
- The actual increase was 3.12% (17,304 emergency admissions per 100,000 population).
- Local Delivery Plan (LDP) target was exceeded in 2016/17.

Chart 2: Number of Emergency Admissions (All ages) April – September 2017



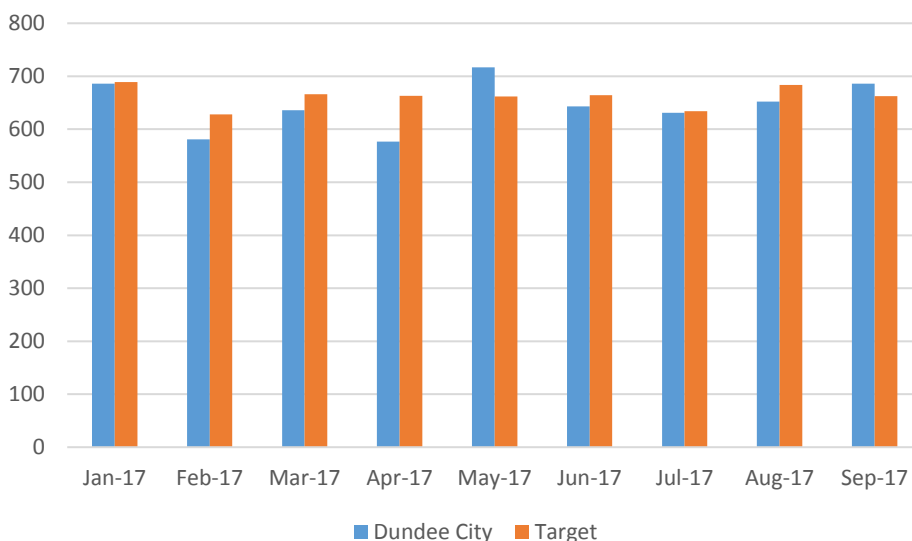
- Between April and September 2017 there were 13,336 emergency admissions. This is 0.5 % less than the target of 13,408 admissions.
- In the 9 months between January and September 2017, the target was exceeded in 5 months however the target was not met in May, July, August or September 2017.
- It is anticipated that performance against interim targets in quarter 3 will be affected by seasonal fluctuations, including significant increases in fractures and influenza and other respiratory infections.

Chart 3: Emergency Admissions as a Rate per 1,000 of All Accident and Emergency Attendances - Annual



- Expected increase in the number of emergency admissions from A+E by 8.04% from 7,126 in 2015/16 to 7,699 in 2016/17.
- The actual increase was 7.03% (7,627 emergency admissions from A+E).
- LDP target was exceeded in 2016/17.
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Chart 4: Number of emergency admissions from Accident and Emergency, April – September 2017

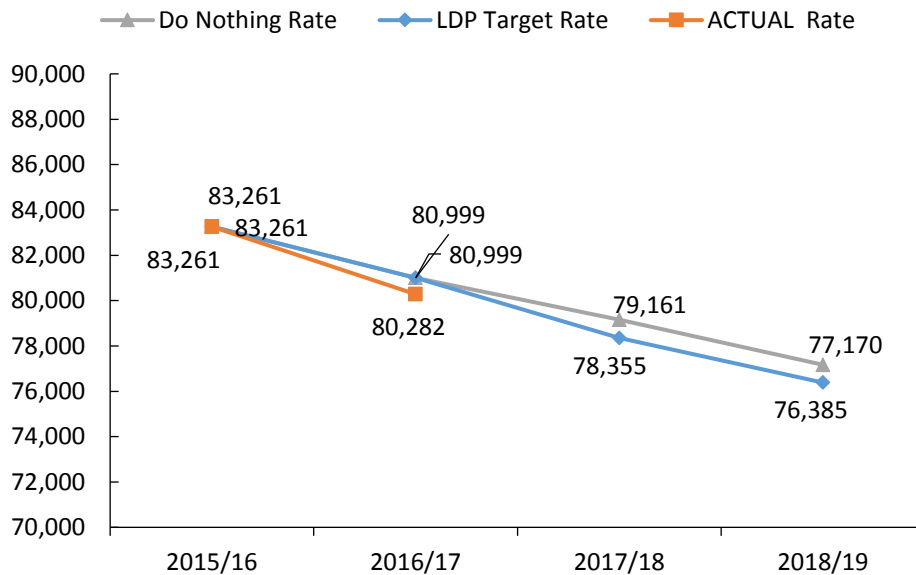


- Between April and September 2017 there were 5809 emergency admissions from accident and emergency. This is 2.5% less than the target of 2,952 admissions.

- In the 9 months between January and September 2017, the target was exceeded in 7 months however the target was not met in May and September 2017.
- It is anticipated that performance against interim targets in quarter 3 will be affected by seasonal fluctuations, including significant increases in fractures and influenza and other respiratory infections.

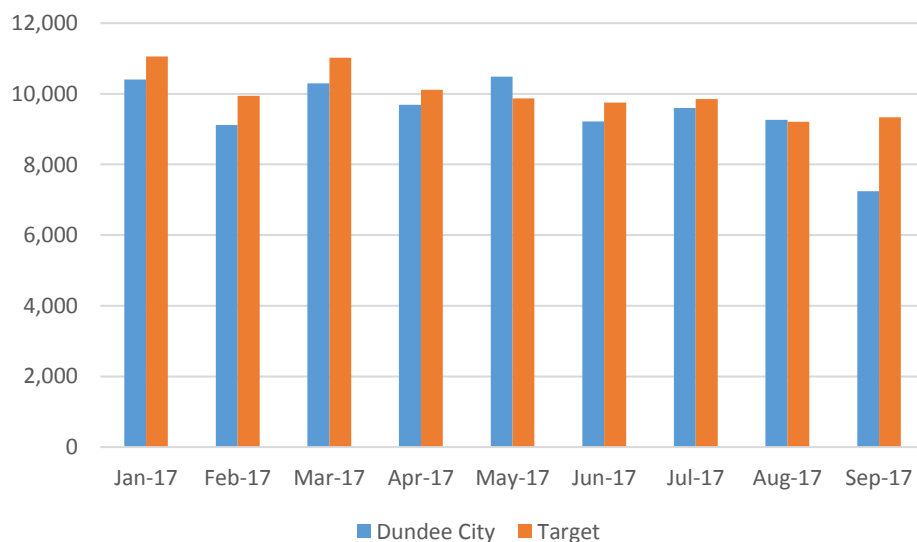
Service delivery area – Emergency Bed Days

Chart 5: Emergency Bed Day Rate per 100,000 Population (All ages) – Annual



- Expected decrease by 2.19% from 124,563 in 2015/16 to 121,830 in 2016/17.
- The actual decrease was 3.06% (120,751 emergency bed days per 100,000 population).
- Further iterations will include an analysis of Mental Health and Geriatric Long Stay bed days and targets will be agreed for these.

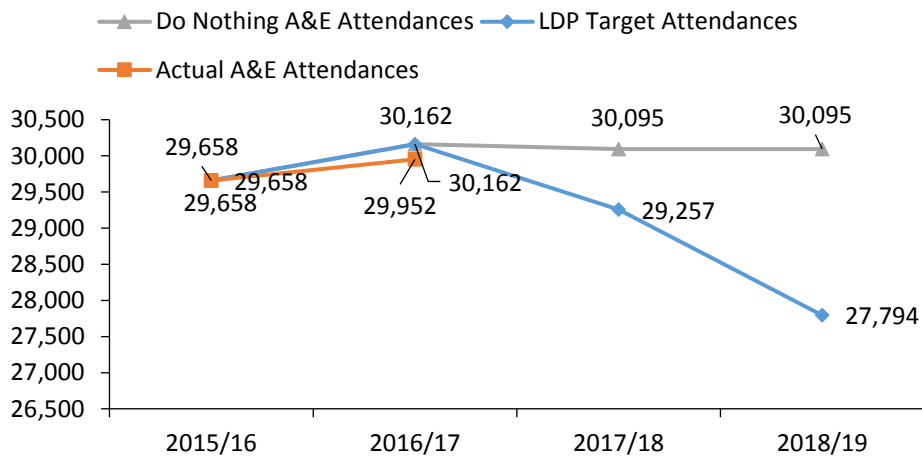
Chart 6: Emergency Bed Days (All Ages), April – September 2017



- Between April and September 2017, 33,178 emergency bed days were used. This is 16% less than the target of 39,594 bed days.
- In the 9 months between January and September 2017, the target was exceeded in 7 months however the target was not met in May and August 2017.
- It is anticipated that performance against interim targets in quarter 3 will be affected by seasonal fluctuations, including significant increases in fractures and influenza and other respiratory infections.

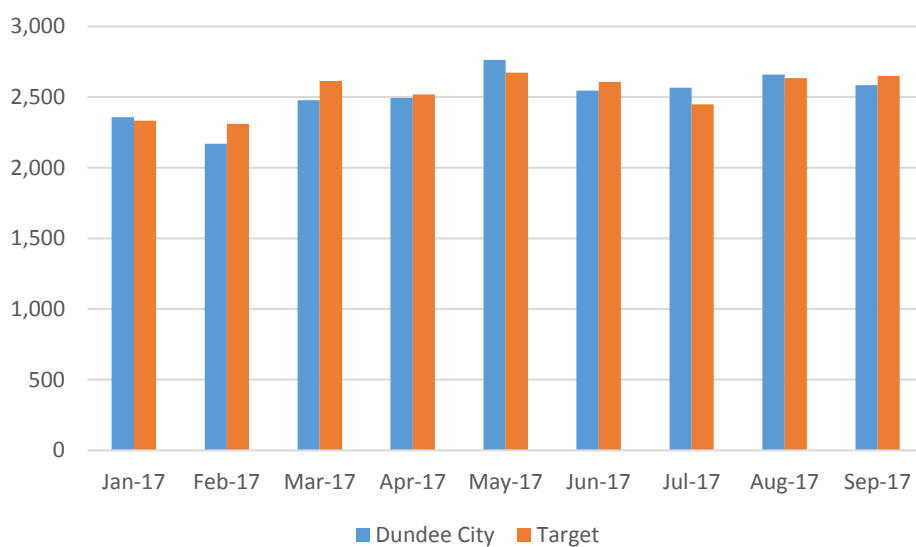
Service delivery area – Accident and Emergency

Chart 7: Accident and Emergency Attendances - Annual



- Expected increase by 1.69% from 29,658 in 2015/16 to 30,162 in 2016/17.
- The actual increase was 1.00% (29,952 accident and emergency attendances).

Chart 8: Accident and Emergency Attendances, April – September 2017

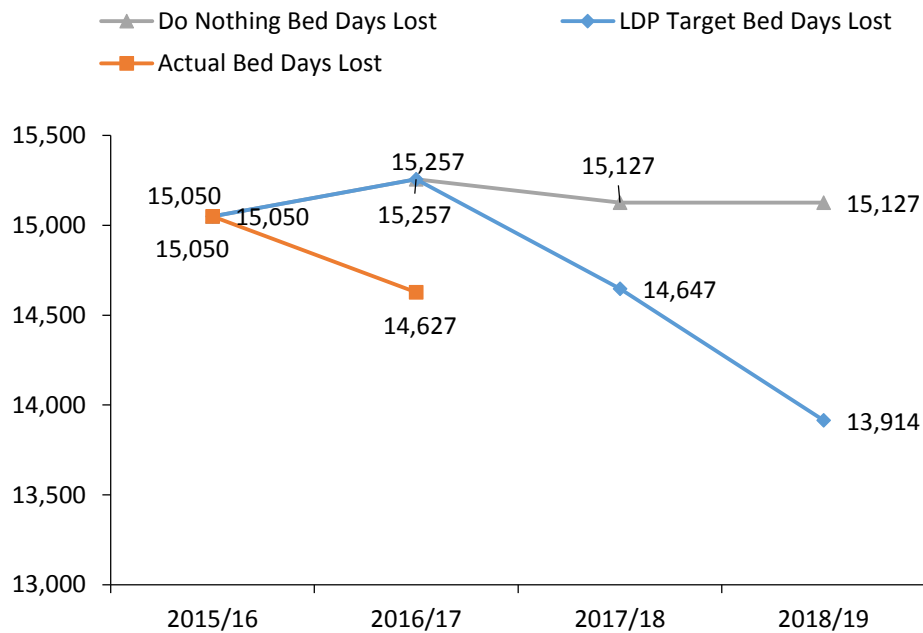


- Between April and September 2017, there were 22,620 attendances at A+E. This is 0.7% less than the target of 22,787 attendances.
- In the 9 months between January and September 2017, the target was exceeded in 5 months however the target was not met in January, May, July and August 2017.

- It is anticipated that performance against interim targets in quarter 3 will be affected by seasonal fluctuations, including significant increases in fractures and influenza and other respiratory infections.

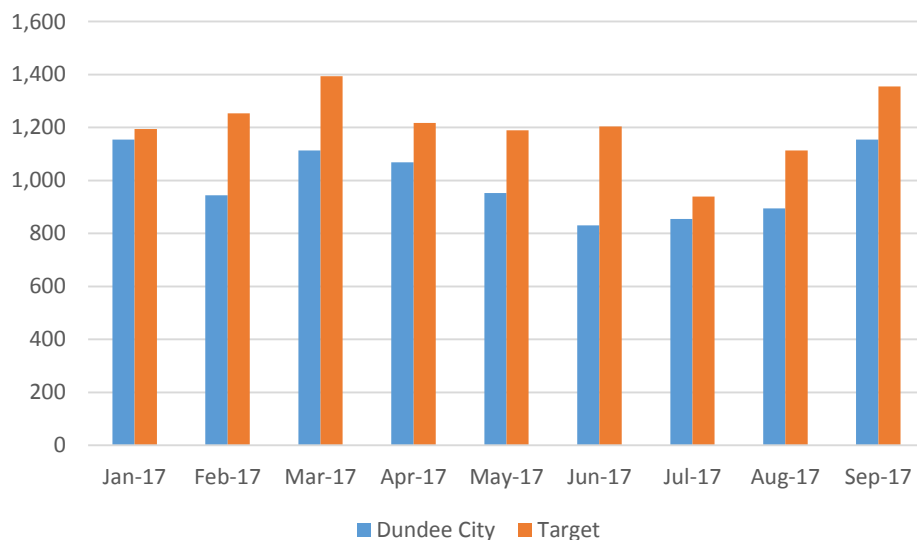
Service delivery area – Delayed Discharges

Chart 9: Bed Days Lost to Delayed Discharges (All Reasons) for Dundee 75+ - Annual



- Expected increase by 1.38% from 15,050 in 2015/16 to 15,257 in 2016/17.
- There was actually a decrease by 2.81% (14,627 bed days lost in 2016/17).
- Target exceeded each month between January 2017 and September 2017.

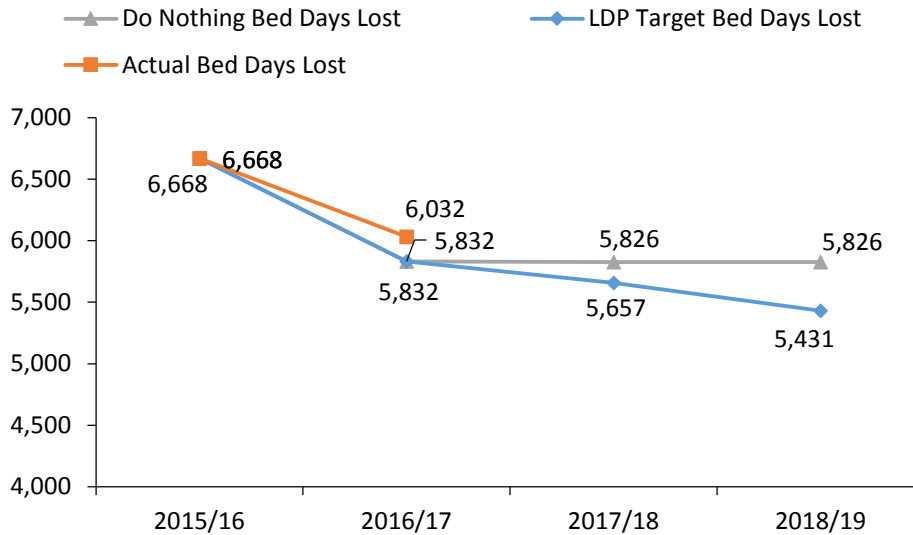
Chart 10: Bed Days Lost Delayed Discharge (All reasons) 75+, April – September 2017



- Between April and September 2017, there were 8,965 bed days lost to delayed discharge. This is 21.1% less than the target of 10,860 bed days lost to delayed discharge.

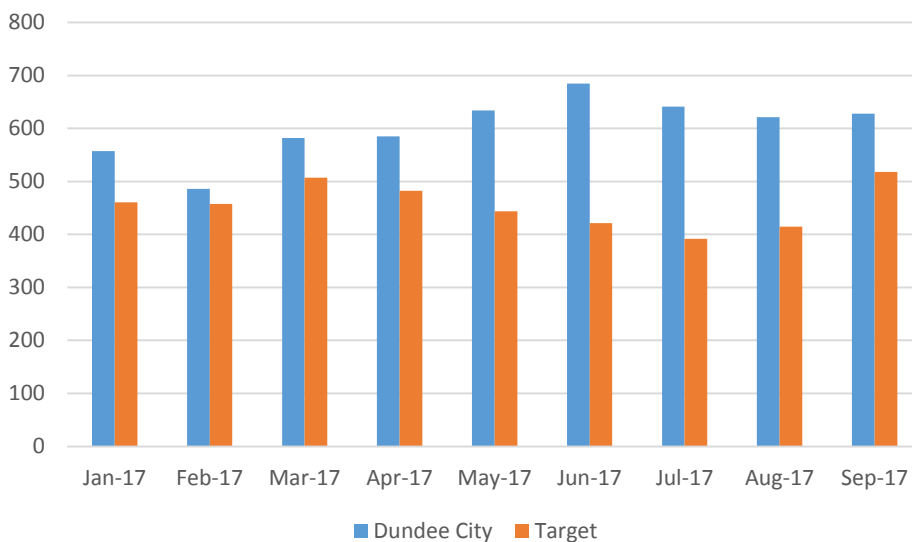
- In the 9 months between January and September 2017, the target was exceeded in every month.

Chart 11: Projected Bed Days Lost to Delayed Discharges Code 9s for Dundee



- Expected decrease by 12.54% from 6,668 in 2015/16 to 5,832 in 2016/17.
- There was actually a decrease of 9.5% (6,032 bed days lost in 2016/17).
- Target not met in 2016/17, nor was met in any month between January 2017 and May 2017.

Chart 12: Bed Days Lost (Code 9) 75+



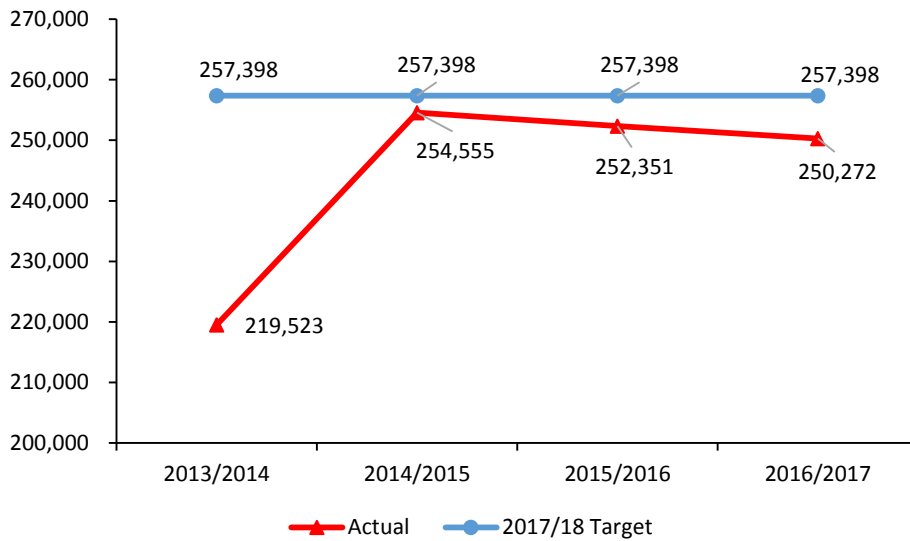
- Between April and September 2017, there were 5,419 bed days lost to complex (code 9) delayed discharge. This is 24.4% more than the target of 4,097 bed days lost to complex (code 9) delayed discharge.
- In the 9 months between January and September 2017, the target was not met in any month.
- A report regarding delayed discharges including complex reasons analysis has been submitted to the PAC (PAC39-2017 - Delayed Discharge Management Performance Update).

Service Delivery Area - End of Life

The target for the end of life indicators is for 2017/18, a 2016/17 target was not developed due to producing the targets towards the end 2016/17.

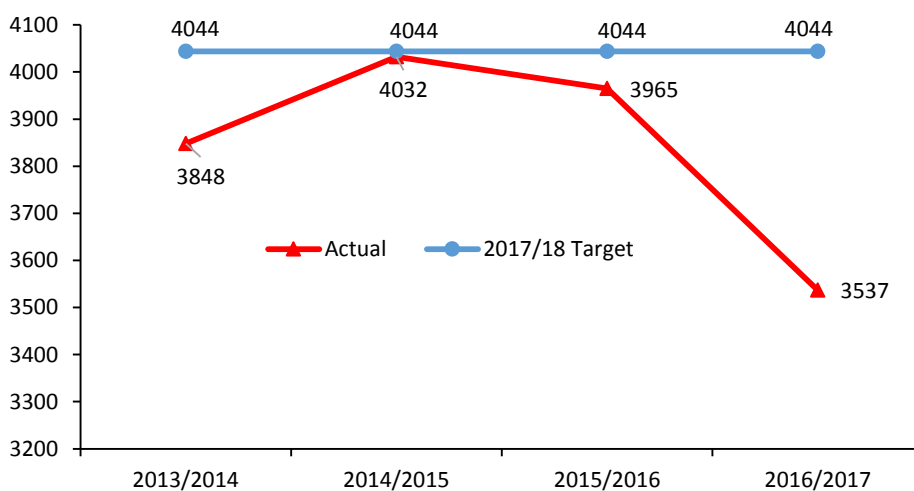
In charts 13 – 15 2016/17 data has been presented alongside the 2017/18 target to illustrate direction of travel. Monthly or quarterly data is not received for these indicators as part of the measuring Performance Under Integration data set provided by NSS ISD.

Chart 13: Number of days spent in last 6 months of life in the community (increase)



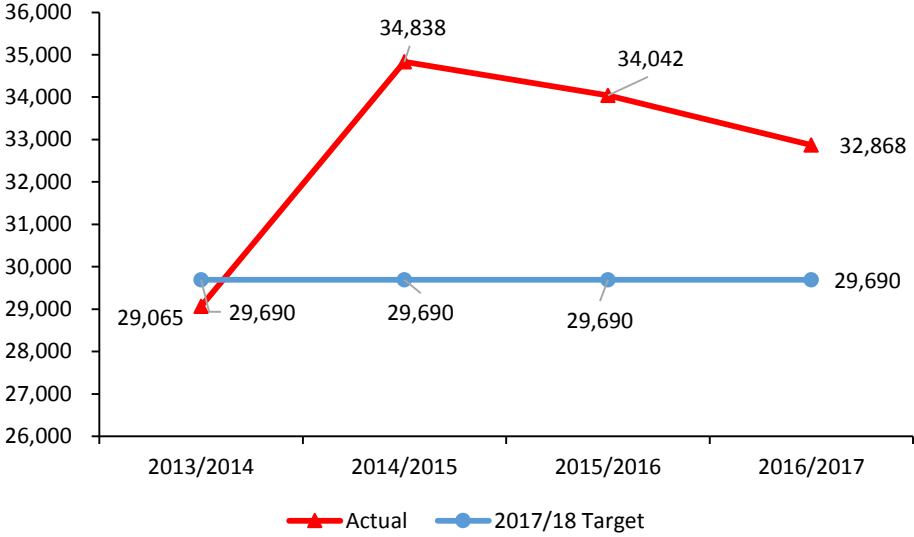
- Target not yet met and the number of days spent in the community during the last 6 months of life has reduced since 2014/15.

Chart 14: Number of days spent in a hospice / palliative care unit (increase)



- Target not yet met and the number of days spent in a hospice / palliative care unit during the last 6 months of life has reduced since 2014/15.

Chart 15: Number of days spent in a large hospital (decrease)



- Target not yet met, although the number of days spent in a large hospital during the last 6 months of life has reduced since 2014/15.

Balance of Care

National data is not yet available for 2016/17.

Dundee LCPP Performance Report 2017/18 Q3

Executive Summary

- The quarter 3 performance report assesses performance against 5 national health and wellbeing performance indicators (emergency admissions, emergency bed days, readmissions, falls admissions and delayed discharge bed days lost). It also provides a benchmarking analysis against other Partnerships, including Family Groups and assesses performance against the 6 Measuring Performance Under Integration interim targets.
- In order for quarterly data to be compared with financial years rolling quarterly data is presented for each quarter. This means that data for quarter 3 shows the previous 12 months of data including the current quarter. Quarter 3 data therefore includes data from 1 January 2017 to 31 December 2017.
- LCPP level data continues to be used to compile profiles to support dialogue with stakeholders regarding needs in these areas.
- 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 which impact on concentrations of people in particular neighbourhoods across the city.
- Between the baseline year 2015/16 and 2017/18 Q3 there was an improvement in the rate of bed days lost to delayed discharges for people aged 75+, readmission rate within 28 days for people aged 18+ and also the emergency bed day rate for people aged 18+.
- Emergency bed day rates since 2015/16 have decreased by 9% for Dundee, which is an improvement. Every LCPP showed an improvement in Q3 compared with 2015/16 and the biggest improvements were seen in East End, Coldside and West End, all of which showed a greater than 10% decrease in bed day rates.
- The rate of bed days lost to delayed discharges for people aged 75+ has decreased by 48% in Dundee since 2015/16, which is an improvement. In Q3 there were decreases across all LCPP areas and the decrease in the rate ranged from 30% in Lochee to 60% in Maryfield.
- The rate of readmissions has decreased by 0.2% since 2015/16, which is a slight improvement. The rate increased in two LCPPs (Lochee and The Ferry), stayed the same in Coldside and decreased in five LCPPs (North East, Maryfield, North East, West End and Strathmartine). The biggest decrease was in Maryfield (12% decrease) and the greatest increase was in Lochee (18% increase).
- Emergency admission rates have increased by 6% for Dundee since 2015/16 and there were increases in every LCPP. The lowest increase was in East End (0.5% increase) and the highest increase was in Lochee (14% increase).
- The rate of hospital admissions as a result of a fall for people aged 65+ has increased by 11% since 2015/16, which is a deterioration. The biggest increases were in East End and West End (29% increases). The rate increased in seven LCPPs and only decreased in Strathmartine. The PAC received a separate analysis of falls data at its meeting held on 12 September 2017 (Article X of the minute of the meeting refers).

Dundee's Ranked Performance between 2012/13 and 2017/18 Q2

Where 1st is the best performing partnership and 32nd is the worst performing partnership



Dundee is better than the average Scottish performance



Dundee is performing similar to the average Scottish performance



Dundee is below the average Scottish performance

Table 1: Dundee Ranked Performance as between 2012/13 and 2017/18 Q2

National Indicators	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18 Q2
11. Premature Mortality	28th	29th	30th	30th	N/A	N/A
12. Admissions	20th	17th	21st	19th	21st	21 st
13. Bed Days	28th	27th	28th	28th	26th	27 th
14. Re-admissions	31 st	30th	31 st	32 nd	32 nd	32 nd
15. Last 6 months	12th	19th	17th	15th	14th	N/A
16. Falls	29th	30th	30th	31 st	31 st	31 st
17. Care Inspectorate	N/A	N/A	6th	6th	6th	N/A
18. Intensive Needs	32 nd	32 nd	31 st	31 st	N/A	N/A
19. Delayed Discharges	18th	15th	13th	19th	17th	13th
20. Spend on emergencies	30th	29th	29th	29th	30th	N/A

Performance in Dundee's LCPPs

	Improved
	Stayed the same
	Declined

Table 2: Performance in 2017/18 Q3 and comparison between performance in LCPPs and the Dundee average

Deprivation Scale 

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Admissions rate per 100,000 18+	12,680	15,713	15,898	14,213	13,138	13,506	10,194	8,609	11,766
Bed days rate per 100,000 18+	121,431	163,203	145,545	140,547	105,833	117,580	97,633	85,456	123,569
Readmissions rate per 1,000 18+	111	123	121	114	105	104	107	100	110
Falls rate per 1,000 18+	28	27	35	31	23	21	29	36	23
Delayed Discharge bed days lost rate per 1,000 75+	278	433	366	270	241	238	238	305	171

Table 3: % change in 2017/18 Q3 against baseline year 2015/16

National Indicator	Dundee	Lochee	East End	Cold side	North East	Strathmartine	Maryfield	West End	The Ferry
Admissions rate per 100,000 18+	+6%	+14%	+0.5%	+4%	+13%	+3%	+3%	+8%	+7%
Bed days rate per 100,000 18+	-9%	-1%	-20%	-14%	-6%	-5%	-8%	-13%	-2%
Readmissions rate per 1,000 18+	-0.2%	+18%	-2%	0%	-5%	-10%	-12%	-3%	+12%
Falls rate per 1,000 18+	+11%	+4%	+29%	+4%	+12%	-15%	+23%	+29%	+14%
Delayed Discharge bed days lost rate per 1,000 75+	-48%	-30%	-44%	-51%	-49%	-55%	-60%	-55%	-45%

Emergency Admissions Benchmarking

Chart 1 Emergency admission rate per 100,000 Population Q1

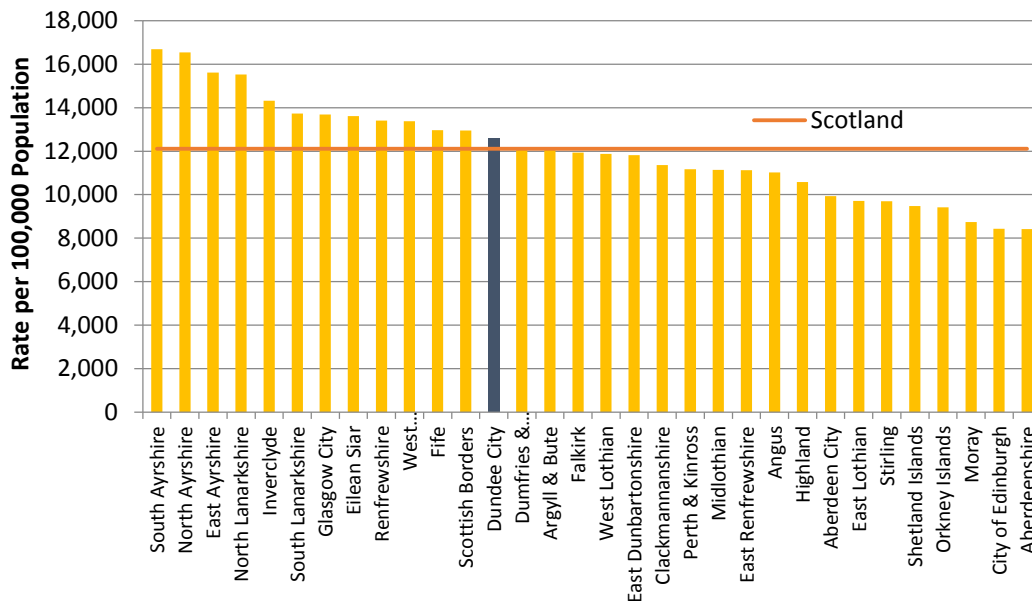
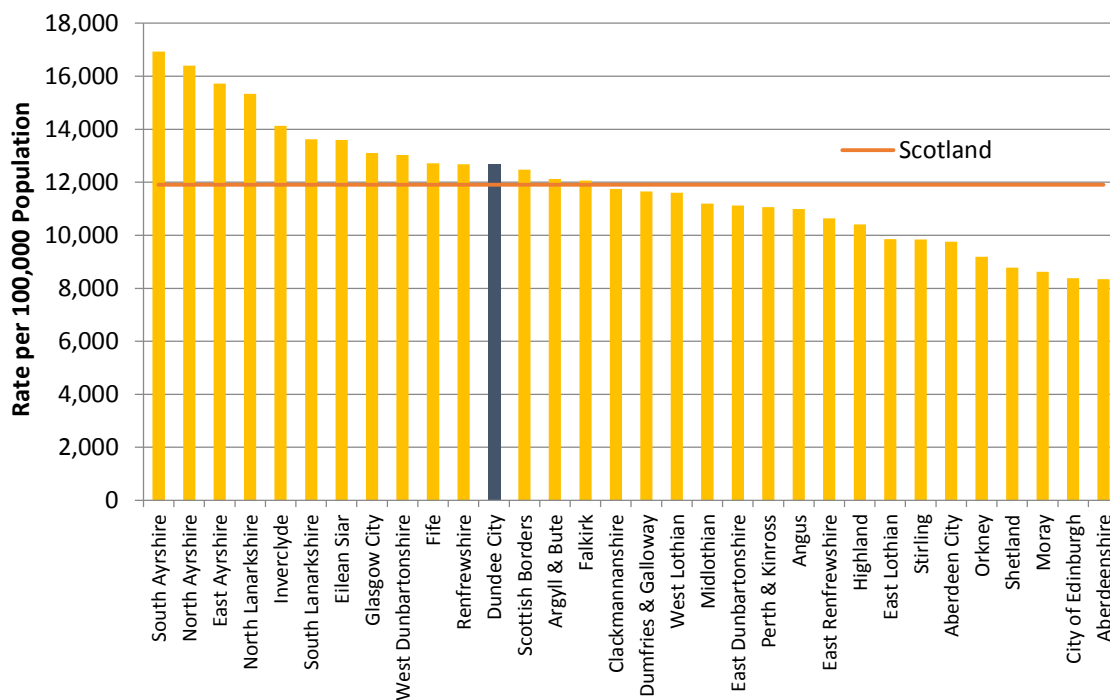
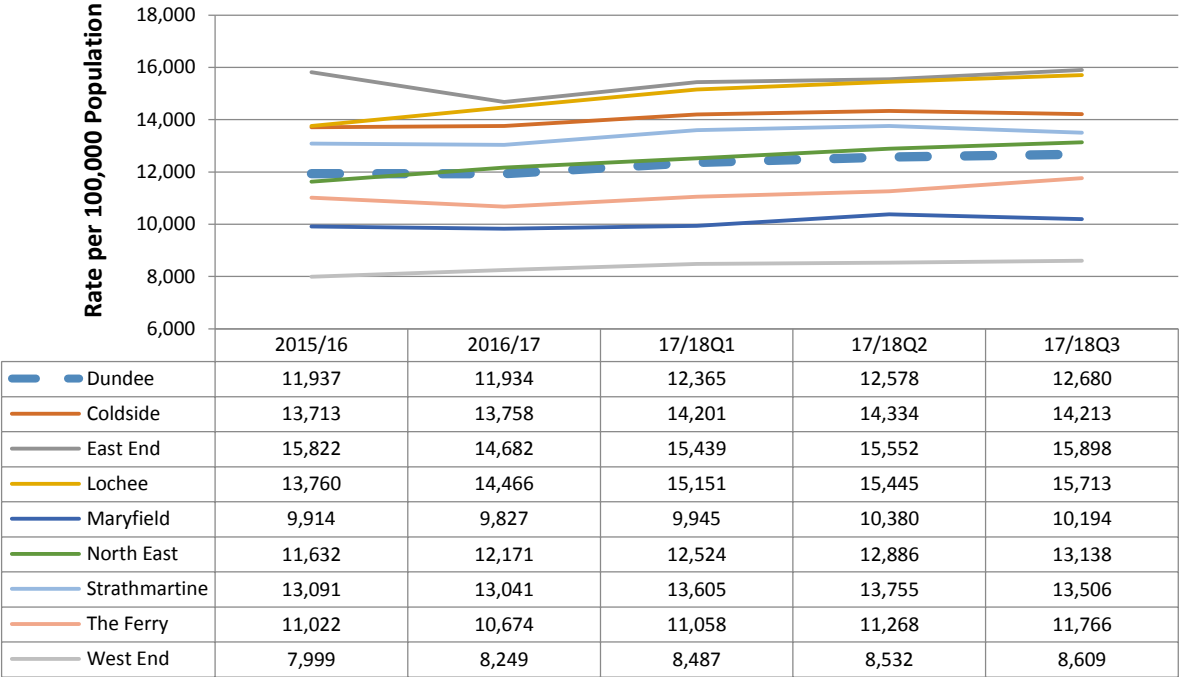


Chart 2 Emergency admission rate per 100,000 Population Q2



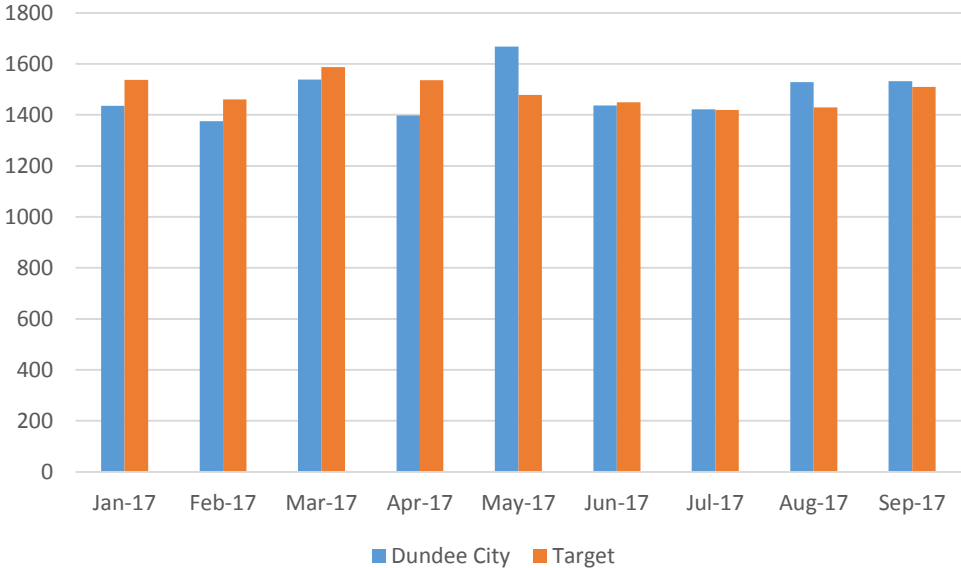
- The rate of emergency admissions was higher than the Scottish rate in both quarters 1 and 2.
- The Dundee rate increased from 12,583 in Q1 to 12,671 in Q2.
- Dundee dropped a rank in Q2, from 13th highest in Q1 to 12th highest in Q2.
- Dundee performed better than all other family group Partnerships (North Lanarkshire, Glasgow, East Ayrshire, North Ayrshire, Inverclyde, West Dunbartonshire and Western Isles).

Chart 3: Rate per 100,000 Population of All Emergency Admissions for People Aged 18+ by Locality and Financial Year



Source: NHS Tayside BSU

Chart 4: Performance against Local Delivery Plan Target – Emergency Admission Numbers (All Ages)



Source: NSS ISD

Q3 17/18 Analysis

- The rate for Dundee has generally been increasing from 11,937 per 100,000 in 2015/16 to 12,680 per 100,000 in 2017/08 Q3.
- West End had the lowest rate with 8,609 emergency admissions per 100,000 people in 2017/18 Q3, followed by Maryfield and The Ferry. The West End rate was approximately 85% less than the East End rate.
- In Q3 17/18 East End had the highest rate with a rate of 15,898.
- All 8 LCPPs have seen increases in their rates since the 2015/16 baseline year. The lowest increase was in East End (0.5% increase) and the highest increase was in Lochee (14% increase)
- Performance exceeded the LDP target between April and September 2017, however the number of emergency admissions was higher than the target in May, July, August and September 2017.

What we have achieved to date:

A three tiered system of support exists in Dundee which ensures that services and supports are delivered at the point of need.

Highest Tier – Caring for people with frailty / complex needs at home

- Integration of care home teams.
- Commencement of Delphi process to look at pathway improvements.
- Start of Dundee Enhanced Community Support Acute (DECESA) pilot.
- Acute Frailty Team is now a 7 day service.
- Ongoing development of joint medicine for the elderly / psychiatry of old age work.
- The Care home Liaison team.
- Significant shifts in the balance of care have been achieved in Medicine for the Elderly and Psychiatry of Old Age services which has resulted in the closure of acute beds and the planned closure of an entire ward by the end of 2017.
- Introduced medication reviews for people in care homes, and employed pharmacy technicians as part of the social care enablement teams.

Middle Tier – Rehabilitation

- Development of range of step down options.
- Development of assessment at home service.
- Development of a respite development worker post.
- Supported and rehabilitative transitions from the Centre for Brain Injury Rehabilitation into the community is being provided by the Mackinnon Centre.
- Successful delivery of Post Diagnostic Support for people diagnosed with dementia across Dundee.

Lowest Tier – Prevention

- Expansion of community companion project.
- The *Reshaping Care Capacity Building Programme* is led by Voluntary Gateway Dundee and aims to build the capacity of communities to ensure people are able to look after and improve their own health and wellbeing and live in good health for longer.
- Building on existing Equally Well training sessions (including positive sensitive practice and Mind Yer Heid Plus) the new Dundee Partnership Prevention framework includes a useful toolkit for staff to assess the extent to which they are using social prescribing as a route to improving service user outcomes and help them consider what more they could be doing to provide early interventions for those most at risk.
- Developments within Keep Well to increase the partnership working, particularly with the Carers Centre, to support carers health needs are having a positive impact with an increasing number of people engaging with the Keep Well team
- Dundee Healthy Living Initiatives (DHLI) work with individuals living in deprived areas of the city to identify issues impacting on their health and supports communities to develop and implement interventions to address these.

- The Listening Service “Do You Need To Talk?” was developed in 2012 in two sites in Dundee. In 2017 it received additional funding and is now available at over 18 sites in the City. The service is provided within local general practices, and uses an asset based approach, building individual resilience and supporting a sense of well being.

What we plan to do:

- Further development of Enhanced Community Support, including acute.
- Implement 7 day targeted working (EA5-USC).
- Increased awareness and use of anticipatory care plans for all adults where a plan would be of benefit.
- Undertake analysis and Implement an improvement plan relating to re-admission to hospital within 28 days of discharge.
- Implement the Tayside Falls Prevention and Management Framework (2017-20) and refresh DHSCP falls pathway.
- Implement a pathway for people with substance misuse problems and who have multiple morbidities.
- Develop a respiratory pathway.
- Implement transformation of primary care and the new GP contract.
- Development of locality based out- patient clinics.
- Development of integrated care homes approach.

Emergency Bed Days Benchmarking

Chart 5 Emergency bed day rate per 100,000 Population Q1

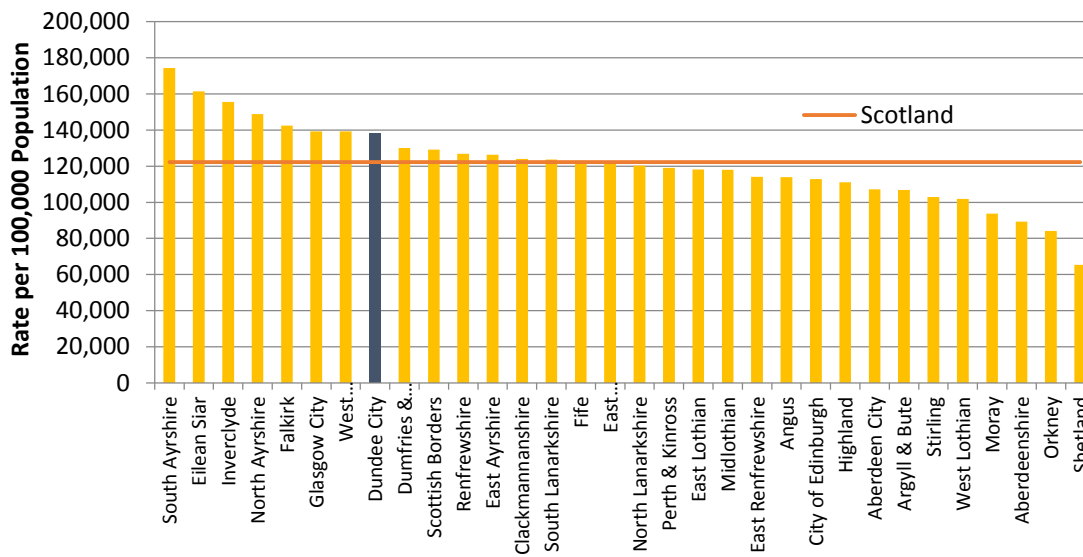
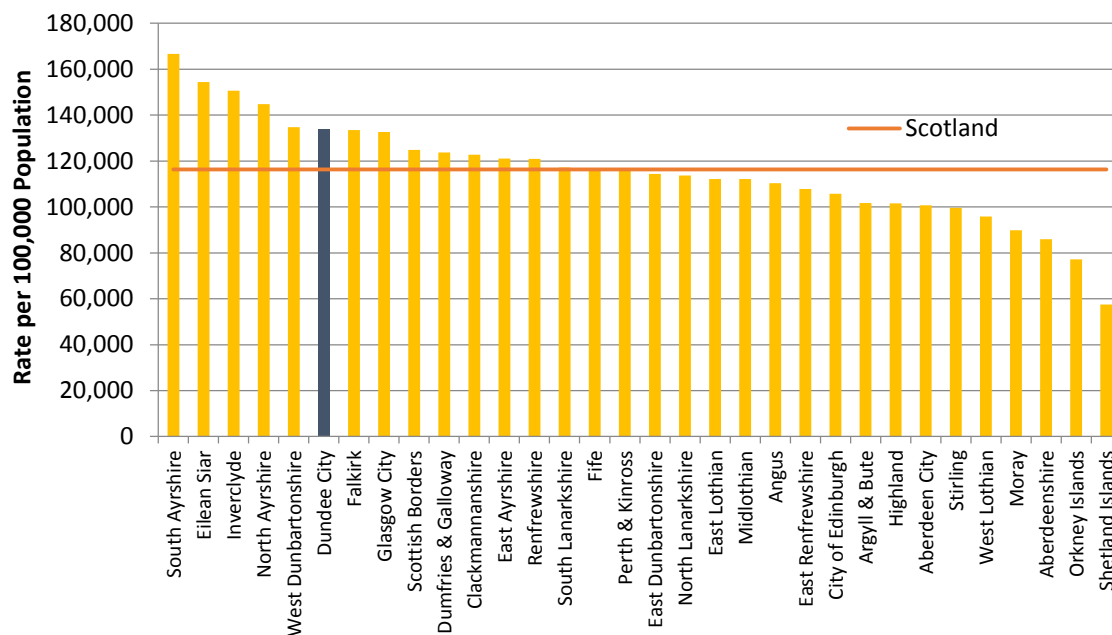
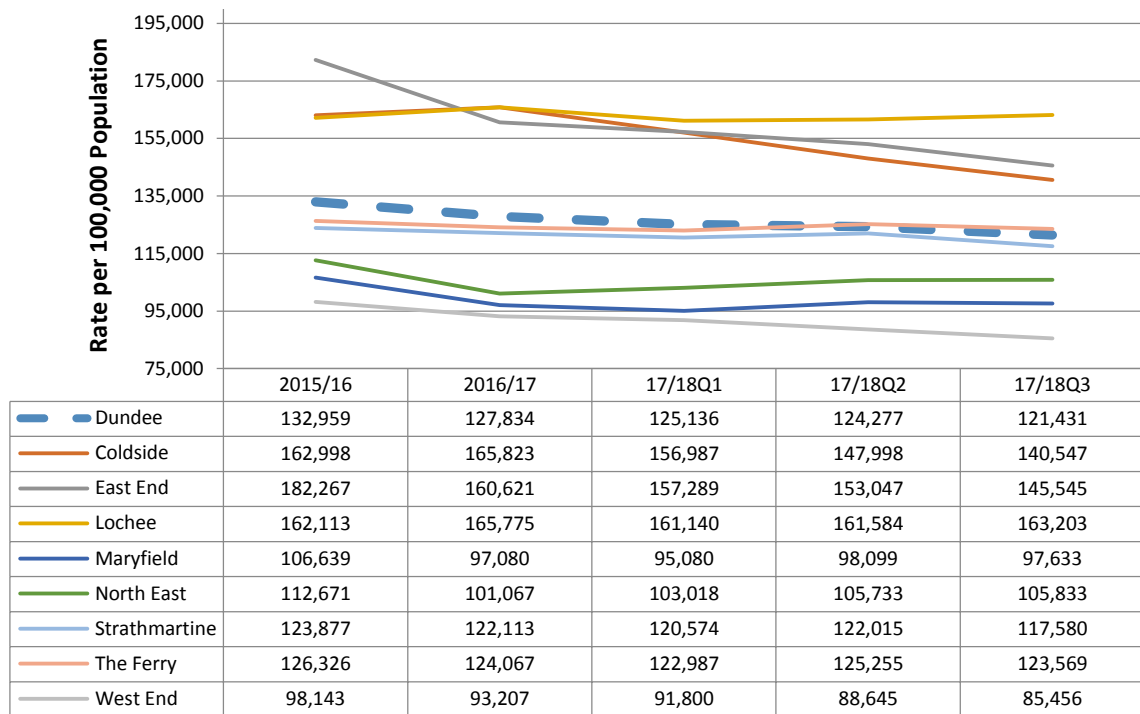


Chart 6 Emergency bed day rate per 100,000 Population Q2



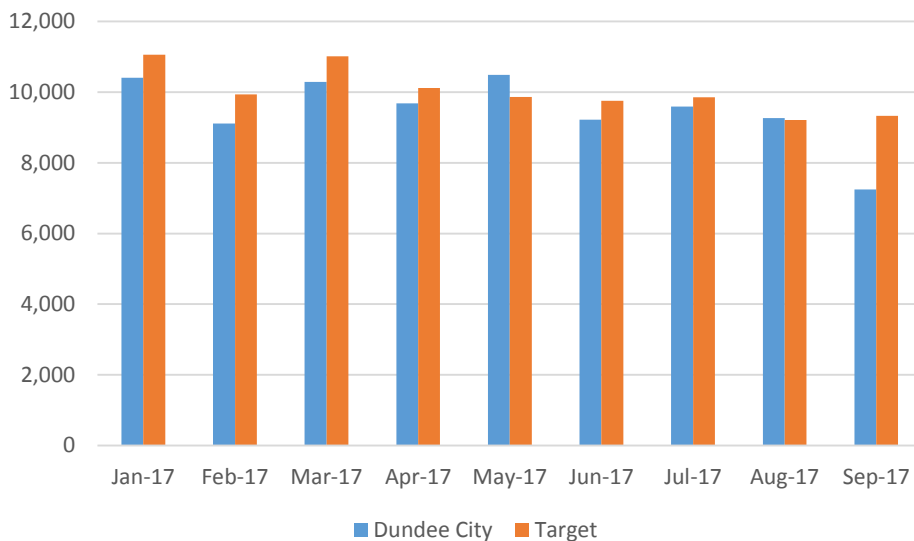
- The rate of emergency admissions was higher than the Scottish rate in both quarters 1 and 2.
- The Dundee rate decreased from 138,206 in Q1 to 133,953 in Q2.
- Despite this decrease Dundee dropped two positions in Q2, from 8th highest in Q1 to 6th highest in Q2.
- Dundee performed better than all other family group Partnerships, except for East Ayrshire in both quarters and Glasgow in Q2. Dundee performed better than North Lanarkshire, North Ayrshire, Inverclyde, West Dunbartonshire and Western Isles in both quarters.

Chart 7: Rate per 100,000 Population of All Emergency Bed Days for People Aged 18+ by Locality and Financial Year



Source: NHS Tayside BSU

Chart 8: Performance against Local Delivery Plan Target – Emergency Bed Days (All Ages)



Source: NSS ISD

Q3 17/18 Analysis

- The emergency bed day rate for people aged 18+ has reduced steadily since the 15/16 baseline year and was at a rate of 121,434 bed days per 100,000 emergency admissions in Q3 17/18.
- The rate for Dundee decreased from 132,959 per 100,000 in the baseline year 15/16 to 121,431 per 100,000 in 17/18 Q3.

- In Q3 17/18 Lochee had the highest bed day rate (163,203) and the West End has the lowest bed day rate (83,456). Six LCPPs have seen a decrease in the last quarter. There were increases in two LCPPs between Q2 1718 and Q3 1718 (Lochee and North East)
- Performance against the LDP target was exceeded in each month between January and September, except for May and August.

What we have achieved to date:

- We intend to pilot Enhanced Community Support in Lochee.

What we plan to do:

- Continue to review in patient models in line with community change.
- Further implement planned date of discharge model.
- Further develop discharge planning arrangements for adults with a learning disability and / or autism, mental ill-health, physical disability and acquired brain injury.
- Increase investment in intermediate forms of care.
- Co-locate the Learning Disability Acute Liaison Service within the Hospital Discharge Team base at Ninewells Hospital
- Increase investment in resources which support assessment for 24 hour care taking place at home or home like settings.
- Implement a pathway for people with substance misuse problems and who have multiple morbidities.
- Hold Power of Attorney local campaigns.
- Earlier identification of requirement for measures under Adults with Incapacity (Scotland) Act 2016.
- Integrated pathways are being developed across care home teams, orthogeriatrics and older people psychiatry.
- Remodel AHP services within acute settings to improve pathways.
- Further remodel integrated discharge hubs which will improve joint working.

Readmissions Benchmarking

Chart 9 Readmission to hospital within 28 days per 1,000 admissions Q1 benchmarking

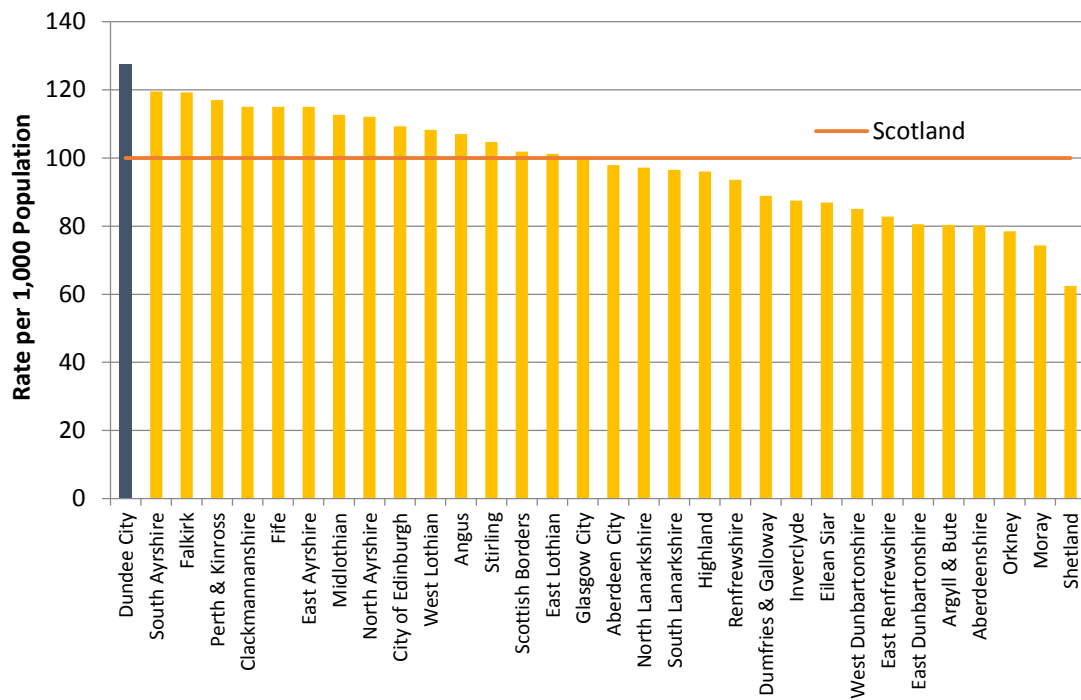
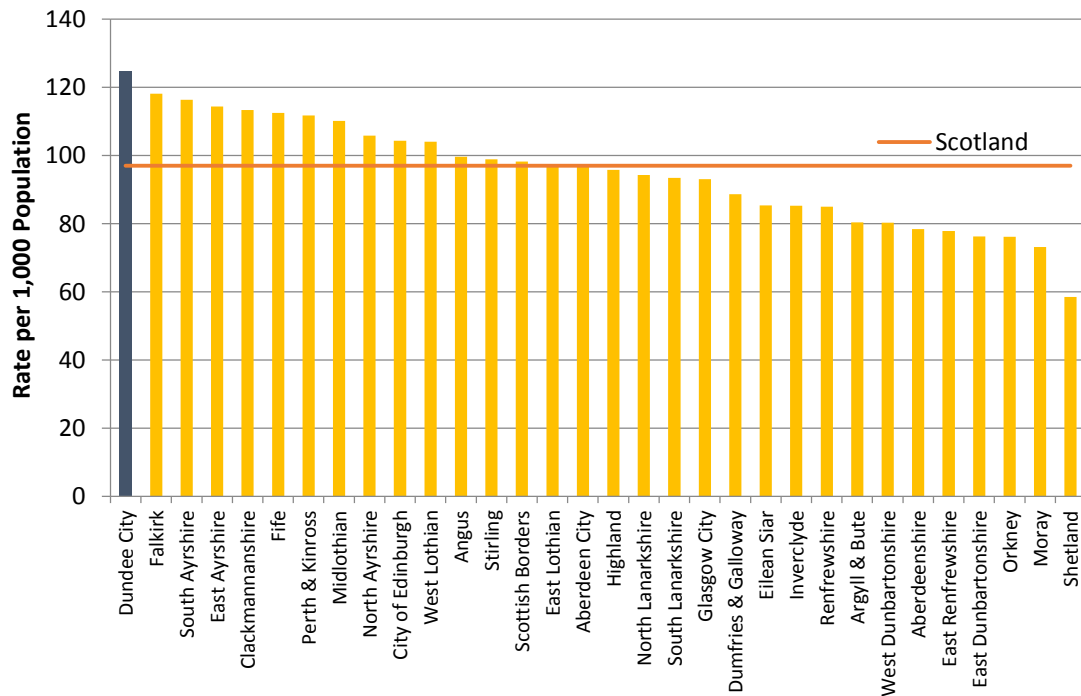
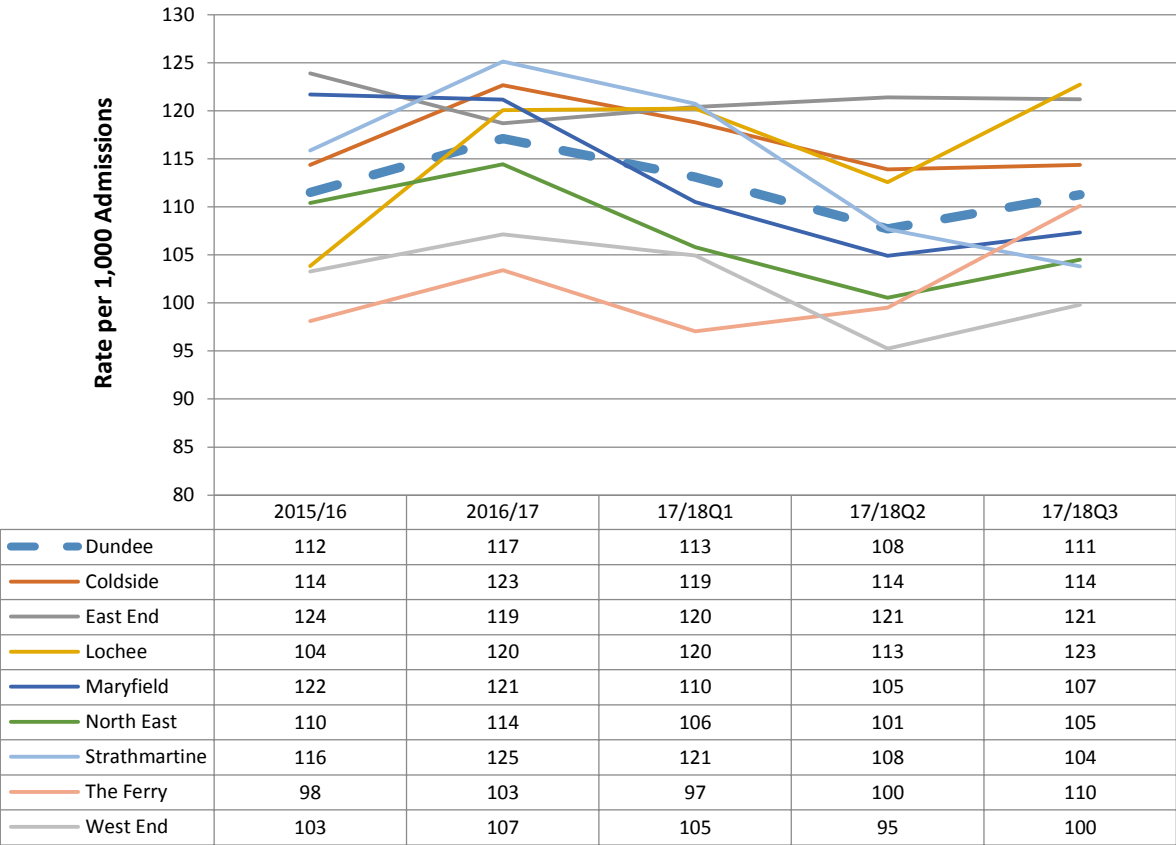


Chart 10 Readmission to hospital within 28 days per 1,000 admissions Q2 benchmarking



- Dundee performed more poorly than the Scotland rate in both Q1 and Q2 and was the poorest performing partnership.
- The gap between Dundee and the 2nd poorest performing partnership closed slightly from 9 readmissions per 1,000 admissions in Q1 to 7 readmissions per 1,000 admissions in Q2.

Chart 11: Readmissions within 28 days as a rate per 1,000 admissions, all ages by LCPP



Source: NHS Tayside BSU

Q3 17/18 Analysis

- The rate of readmissions within 28 days has fluctuated since 2015/16 however has been lower than the 15/16 baseline year since Q2 17/18. At Q3 17/18 it was 111.
- The highest readmission rate was in Lochee (123) and the lowest was West End (100).
- Over the last quarter the rate increased from 108 to 111 with rates decreasing in 1 LCPP (Strathmartine), staying the same in 2 LCPPs (Coldside and East End) and increasing in 5 LCPPs (Lochee, Maryfield, North East, The Ferry and West End).
- Between the baseline year 15/16 and Q3 17/18 the rate decreased in 5 LCPPs (East End, North East, Strathmartine, Maryfield and West End), stayed the same in Coldside and increased in 2 LCPPs (Lochee by 18% and The Ferry by 12%).

What we have achieved to date:

This issue has been identified as a priority by the Tayside Unscheduled Care Board. Further work will be carried out during this financial year and this, added to local analysis, will lead to agreed improvement actions across Tayside.

What we plan to do:

- Further analysis of reasons for readmission. We are about to do a Delphi process which will give a better understanding of pathways. This involves a survey which is completed by health and social care professionals to gather information regarding critical processes in a pathway. This is used to improve outcomes for people and also system efficiencies.
- Support more people to be assessed at home rather than in hospital by completing and evaluating the ‘Moving Assessment into the Community’ project for older people and resource the proposed change.

- Expand the 'Moving Assessment into the Community' project to specialist areas and test pathways.
- Further develop discharge planning arrangements for adults with mental ill-health, physical disability and acquired brain injury.

Falls Benchmarking

Chart 12: Falls rate per 1,000 population aged 65+ Q1 benchmarking

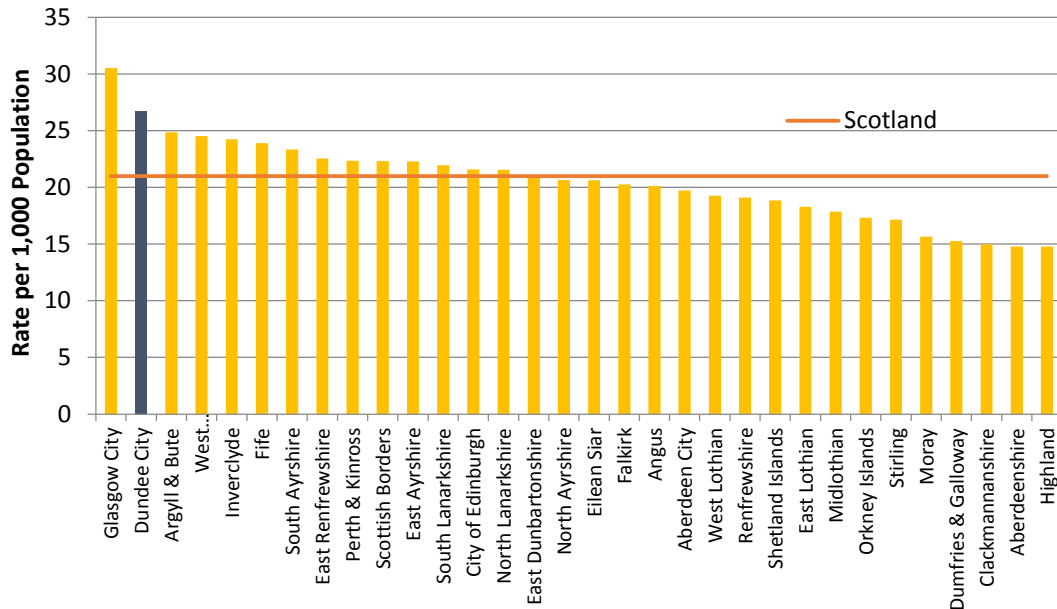
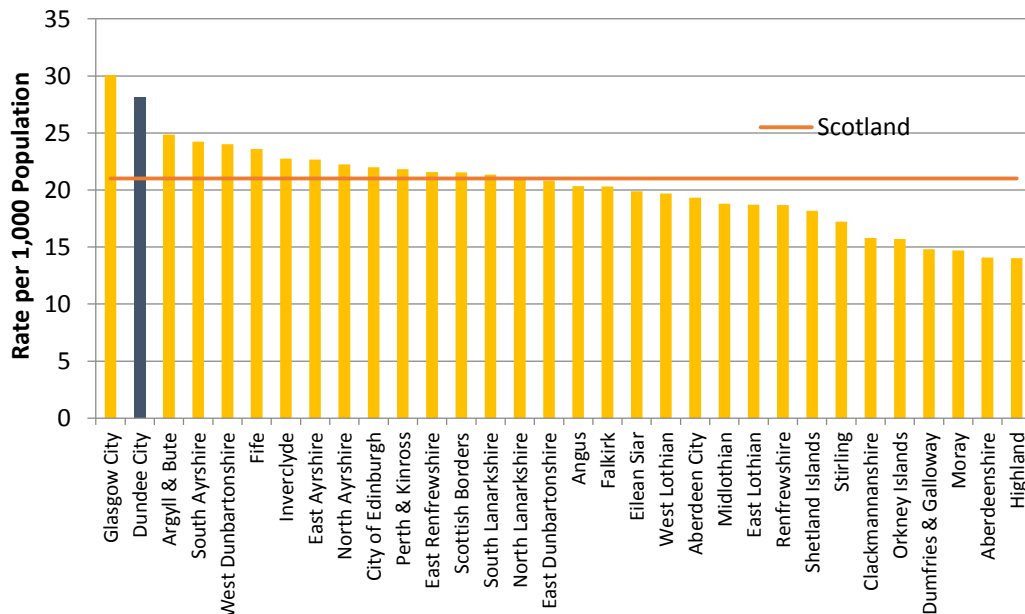
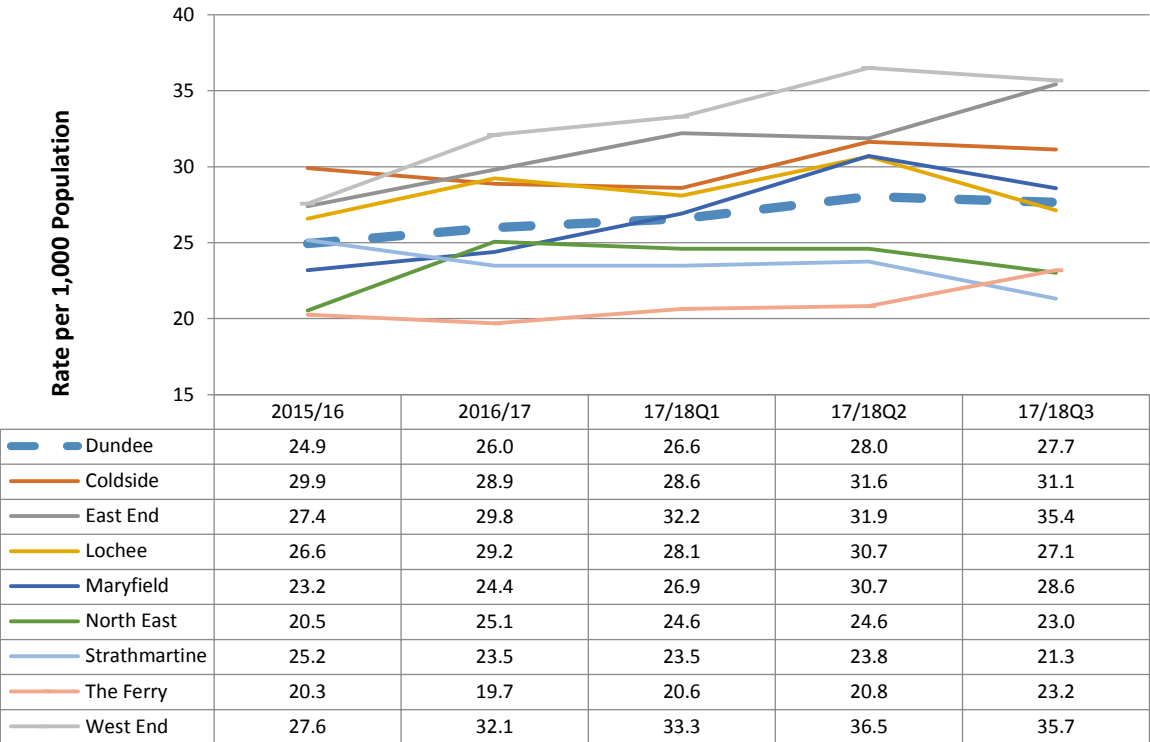


Chart 13: Falls rate per 1,000 population aged 65+ Q2 benchmarking



- Dundee performed more poorly than the Scotland rate in both Q1 and Q2 and was the 2nd poorest performing partnership behind Glasgow.
- The gap between Dundee and the 2nd poorest performing partnership closed slightly from 4 admissions per 1,000 admissions in Q1 to 2 admissions per 1,000 admissions in Q2.

Chart 14: Rate per 1,000 Population of Fall Admissions for People aged 65+



Source: NSS ISD

Note: Due to incompleteness of 2017/18 Q2 data, the SMR01 data was extrapolated for the month of December 2017 using an ARIMA model. 2017/18 Q3 should be treated provisionally until such time that SMR01 returns from NHS Tayside are 99%- 100% complete. This level of completeness is expected 6-8 weeks after 31st December 2017.

Q3 17/18 Analysis

- West End had the highest rate of falls in Dundee with 35.7 falls related hospital admissions per 1,000 population. Strathmartine had the lowest rate with 21.3 falls related hospital admissions per 1,000 population.
- The rate of falls related hospital admissions decreased in six LCPPs between Q2 17/18 and Q3 17/18 (North East, Coldside, Lochee, Maryfield, Strathmartine and West End). The rate in two LCPPs increased between Q2 17/18 and Q3 17/18 (East End and The Ferry).
- Since the baseline year 2015/16 the rate has increased from 24.9 to 27.7. There have been increases in seven LCPPs (Lochee, East End, North East, Maryfield, Coldside, The Ferry and West End) and a decrease in Strathmartine (by 15%). The highest increases were in East End and West End (both 29% increases)

What we have achieved to date:

- Developed a draft equipment prescribers learning framework supported by e-learning and a mentoring programme. Piloted an e-learning module.
- Expanded on the falls service to ensure Patients aged over 65 years are routinely screened by AHP staff if presenting with a fall and follow up interventions put in place; offered a single point of referral, triage takes place and information shared.
- Introduced falls prevention care home education resulting in a reduction in falls in care homes.
- Otago falls classes now well established in community venues showing clear improvements in clinical outcomes. Introduced self-referrals to CRT to improve access.
- Dundee and Angus Health and Social Care Partnerships launched a new shared community equipment loan service for people with disabilities living in the areas. The new venture is based at the Dundee Independent Living and Community Equipment Centre in Dundee and

provides, delivers, installs, repairs, maintains and recycles a range of equipment to help people of all ages living in Dundee to live independently. It also provides a technical advice service and carries out risk assessments with medical and care professionals, both in-store and in people's homes.

What we plan to do:

- Rolling classes with an educational component. This will prevent patients from waiting too long before they start a class and hopefully help to prevent as many drop outs.
- In discussions with Dundee College to start a project where students are trained in Otago and then with Community Rehab Team support are able to implement it within care homes.
- Home based Otago project following the Otago research for patients that are unable to come to the class.
- In development of an Otago based maintenance class within the community to try and prevent re-referrals and re current falls. Based on the pulmonary rehab model.

Delayed Discharge Benchmarking

Chart 15 Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population Q1 benchmarking

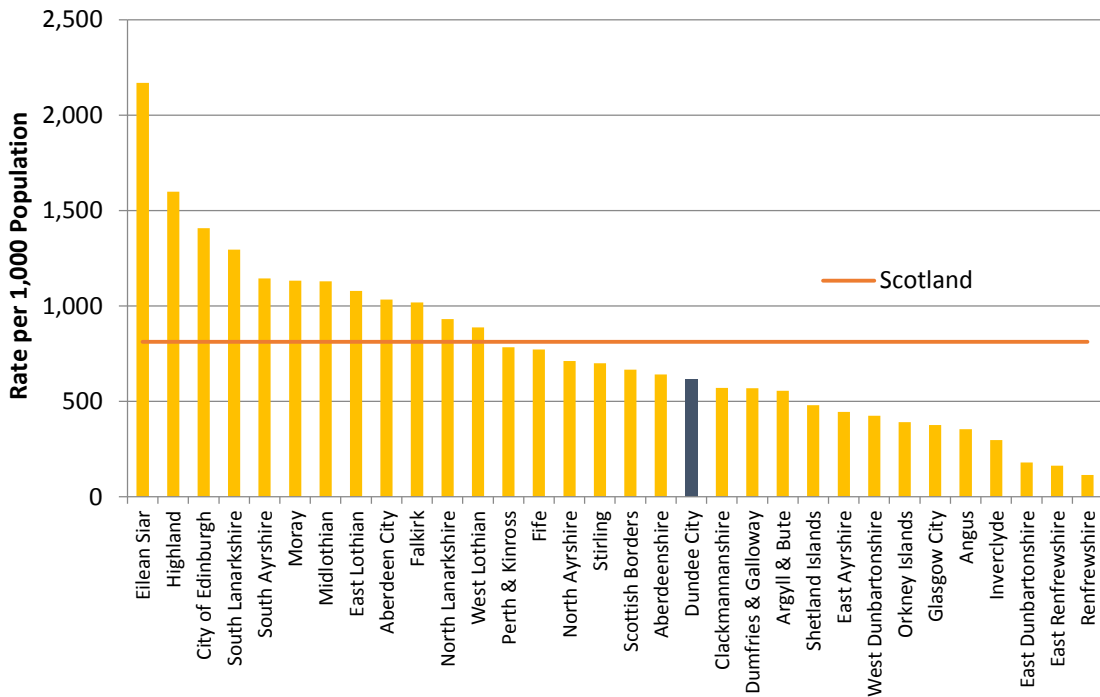
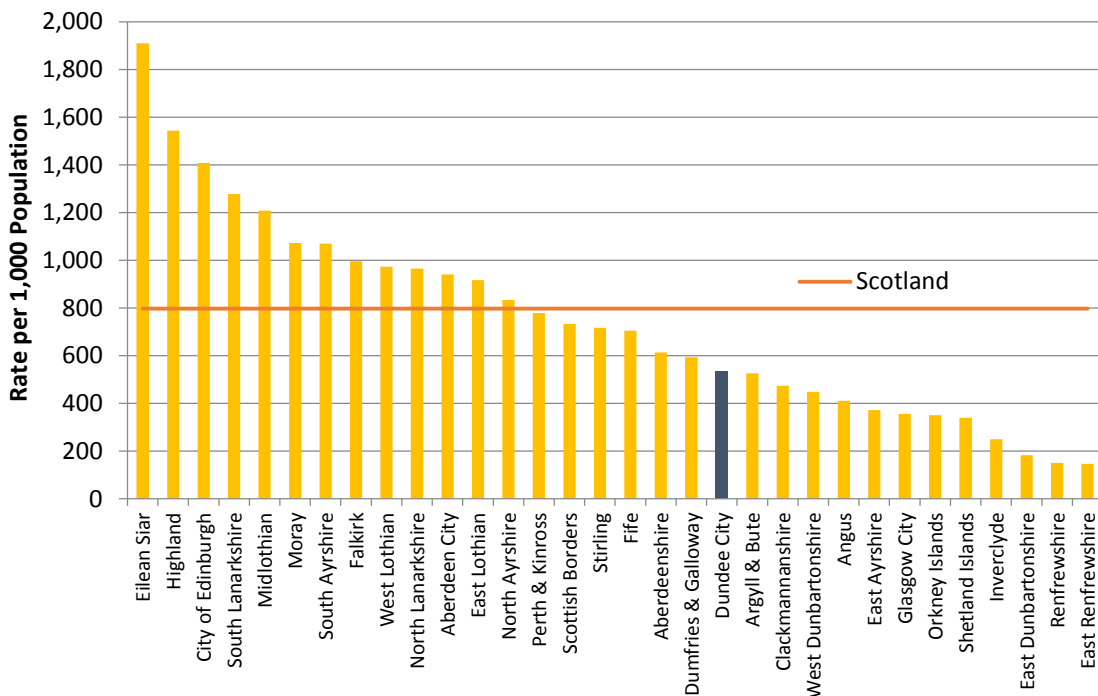
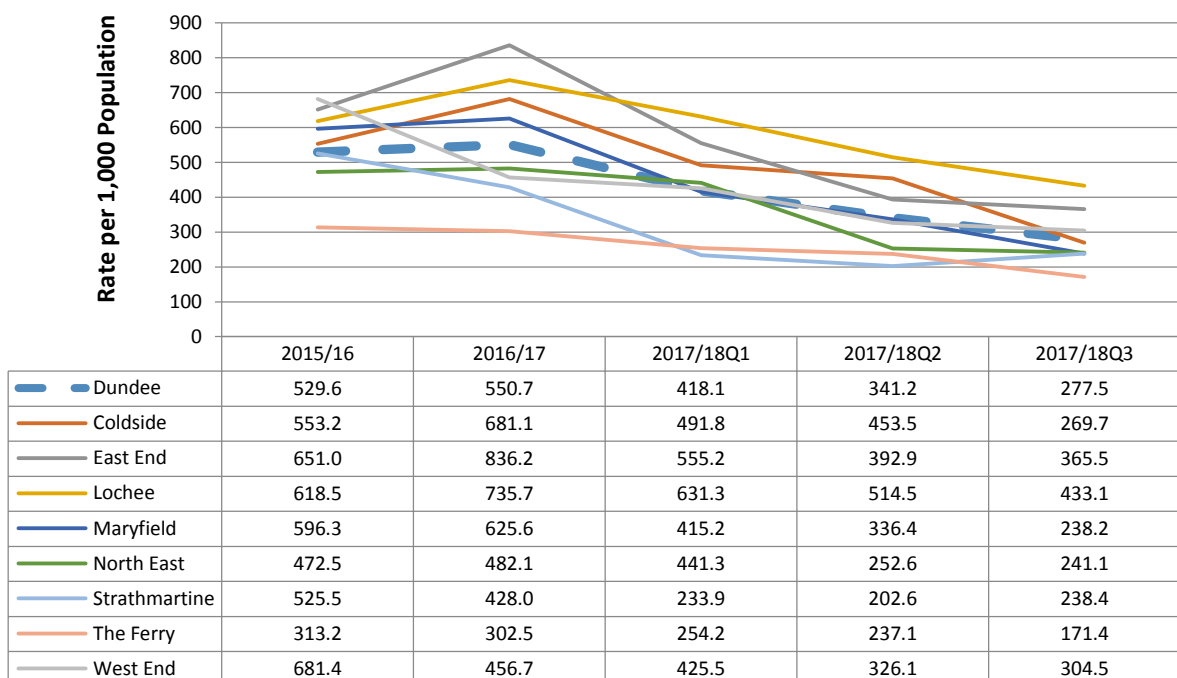


Chart 16 Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population Q2 benchmarking



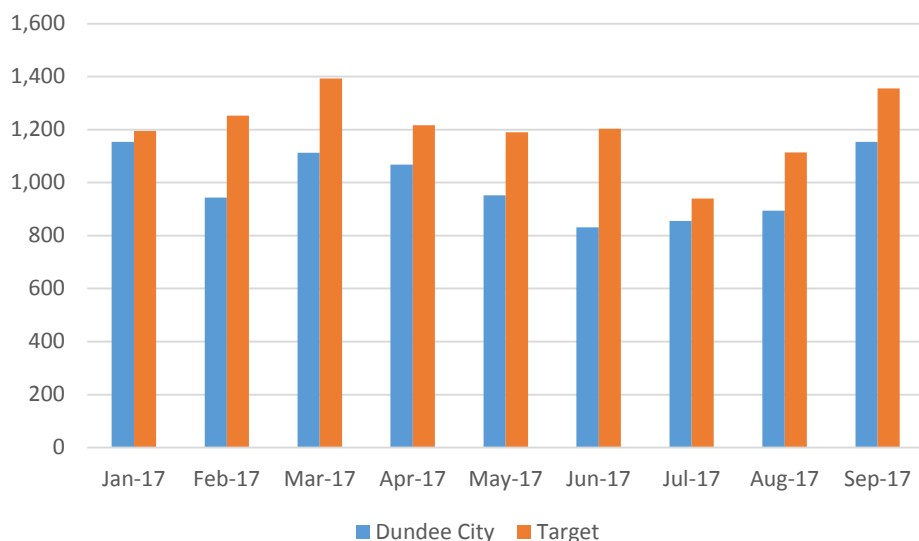
- The rate of emergency admissions was lower than the Scottish rate in both quarters 1 and 2.
- The Dundee rate decreased from 617 in Q1 to 536 in Q2.
- Dundee performed better than 3 of the other 7 family group Partnerships. Dundee Performed better than North Lanarkshire, North Ayrshire, and Western Isles in both quarters and worse than Inverclyde, Glasgow, East Ayrshire and West Dunbartonshire in both quarters.

Chart 17: Number of Days People Aged 75+ Spend in Hospital when they are ready to be Discharged as a Rate per 1,000 Population by LCPP Areas



Source: Edison (excludes codes 100, 42T, ESDS and ICF)

Chart 18: Performance against Local Delivery Plan Target – Bed Days Lost to Delayed Discharges 75+



Q3 17/18 Analysis

- The rate of bed days lost to delayed discharge for people aged 75+ dropped considerably in Q3 17/18.
- The rate is now the lowest it has been in over 5 years, having dropped from 530 in 15/16 to 278 in Q3 17/18
- The rate in all LCPPs decreased between Q2 17/18 and Q3 17/18.
- The East End was consistently one of the poorest performing LCPP areas for this indicator although the Q3 figure shows a considerable improvement since the baseline year in 2015/16 from 651 in 15/16 to 366 in Q3 17/18. The rate in the East End and Lochee is more than double the rate in The Ferry which has the lowest rate of 171.
- Performance against the LDP was exceeded in each month between April and September 2017.

What we have achieved to date:

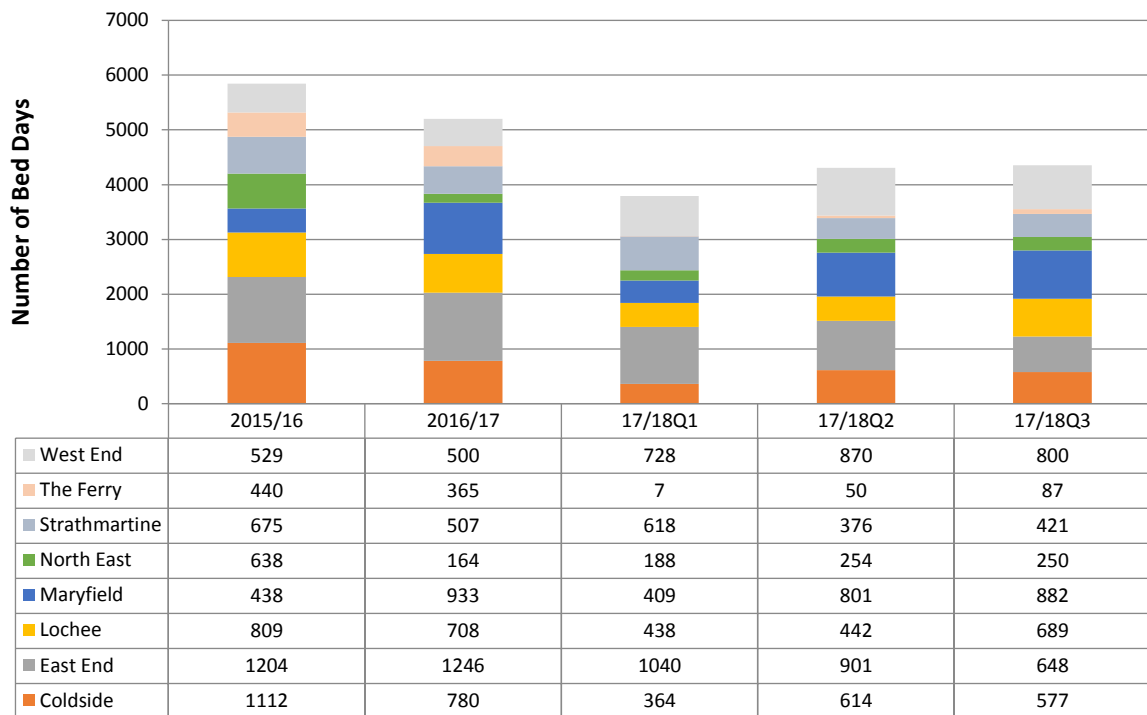
- There are currently two step down housing options which are working very well. An example of this is a 'Smart Flat' which uses a range of Technology Enabled Care to support people who are waiting for housing adaptations of a new home and who are delayed in hospital. A third step down housing option will be introduced during 2016/17.
- The capacity within the Mental Health Officer team has been enhanced and Dundee City has joined a Power of Attorney Campaign to support the discharge of people who are delayed in hospital as a result of a legal issue around guardianships.
- Pathways from hospital have been reviewed and assessment services have been aligned to more locality based working.
- We have mainstreamed a number of Reshaping Care for Older People projects and fully embedded them into models of working. An example is the development of a community pharmacy technician within the enablement service. This post supports people to be discharged from hospital by dealing with medicine complications which would otherwise have caused delays.

What we plan to do:

- Increased investment in intermediate forms of care.
- Remodel care at home services and provide more flexible responses.
- Further invest in social care infrastructure, including consolidating current tests of change through third sector partnerships.
- Further development of Community Rehabilitation.
- Review discharge management procedures and guidance.

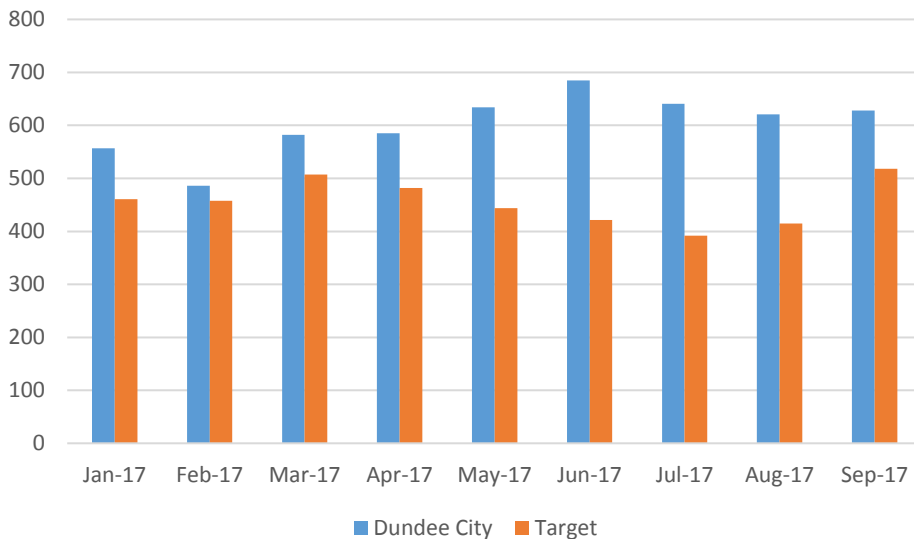
- Develop a statement and pathway for involving carers in discharge planning process.
- Extend the range of third sector supports for adults transitioning from hospital back to the community.
- Develop a step down and assessment model for residential care.
- Hold Power of Attorney local campaigns.
- Earlier identification of requirement for measures under Adults with Incapacity (Scotland) Act 2016.
- Establish an integrated model of support for people with a learning disability and / or autism who also have extremely complex health and care support needs.
- Implement home and hospital discharge plan.

Chart 19: Number of Bed Days Lost to Complex Delayed Discharges for People of all Ages in Dundee by LCPP and Financial Year



Source: Edison (excludes codes 100, 42T, ESDS and ICF)

Chart 20: Performance against Local Delivery Plan Target - Bed Days Lost (Code 9) 75+



Q3 17/18 analysis

- The number of bed days lost to a delayed discharges for complex reasons has decreased since 2015/16 from 3,620 to 1,514 in Q3 17/18.
- The number of bed days lost to delayed discharges for complex reasons increased in two of the eight LCPPs between Q2 17/18 and Q3 (The Ferry and Lochee). The number of bed days lost decreased in six LCPPS (Strathmartine, Coldside, East End, Maryfield, North East and West End).
- The LDP target was not met in any month between April and September 2017.

What we plan to do:

- Introduction of a daily huddle to start from 4th December 2017 as a test of change in mental health settings. The aims of the daily huddle are to achieve smoother transitions of care, ownership of decision making, shared awareness of key information which supports discharge planning and increased patient safety through planned and team based processes,
- Further development of step down options so that there is an increase in available resource by April 2018 to enable patients with a complexity of circumstances to have a period of intermediate care and rehabilitation,
- Establishment of an early intervention multi-disciplinary model and test of change which aims to prevent admission to hospital for adults with a complexity of circumstances who are experiencing distress,
- Planned development of specialist accommodation through the Strategic Housing Investment Plan and Mental Health and Learning Disability Strategic Commissioning Groups to enable adults who have a mental disorder to be able to leave hospital when they are well. These developments will be realised from 2018 onwards.
- Implementation of two additional Mental Health Officers in June 2017. This was following a successful test of change during the period 2016/17 in which an MHO was located at Ninewells Hospital and at the same time a review of guardianship and legal processes was undertaken. This test of change and the review has supported reduction in bed days lost due to Adult with Incapacity reasons,
- Ongoing promotion of Power of Attorney through local and Tayside wide campaign as a means of reducing requirement for Guardianship. Initial data suggests that the campaign is beginning to realise an increase in Power Of Attorney across Dundee and Tayside,
- Continue to build upon the work of the acute liaison service to support people with a learning disability and/or autism who experience an admission to Ninewells Hospital,
- Weekly monitoring of discharges and delays where Adults have a complexity of circumstances so that this informs improvement actions in response to the delays.

