ITEM No …6………..

Dundee Health & Social Care Partnership

REPORT TO:	**PERFORMANCE & AUDIT COMMITTEE – 14 MARCH 2017**
REPORT ON:	**SOURCE LINKED DATASET**
REPORT BY:	**CHIEF FINANCE OFFICER**
REPORT NO:	**PAC8-2017**

1.0   PURPOSE OF REPORT

The purpose of this report is to update the Performance and Audit Committee on progress towards submitting a complete data set to the SOURCE project and plans to utilise this data to inform strategic planning and performance improvement.

2.0   RECOMMENDATIONS

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

2.1   Notes the contribution from Dundee Health and Social Care Partnership towards the SOURCE project as described at section 4.2.

2.2   Notes the areas, set out at section 4.3, which will be further progressed and developed under the direction of the Performance and Audit Co-ordination Group.

3.0   FINANCIAL IMPLICATIONS

3.1   None.
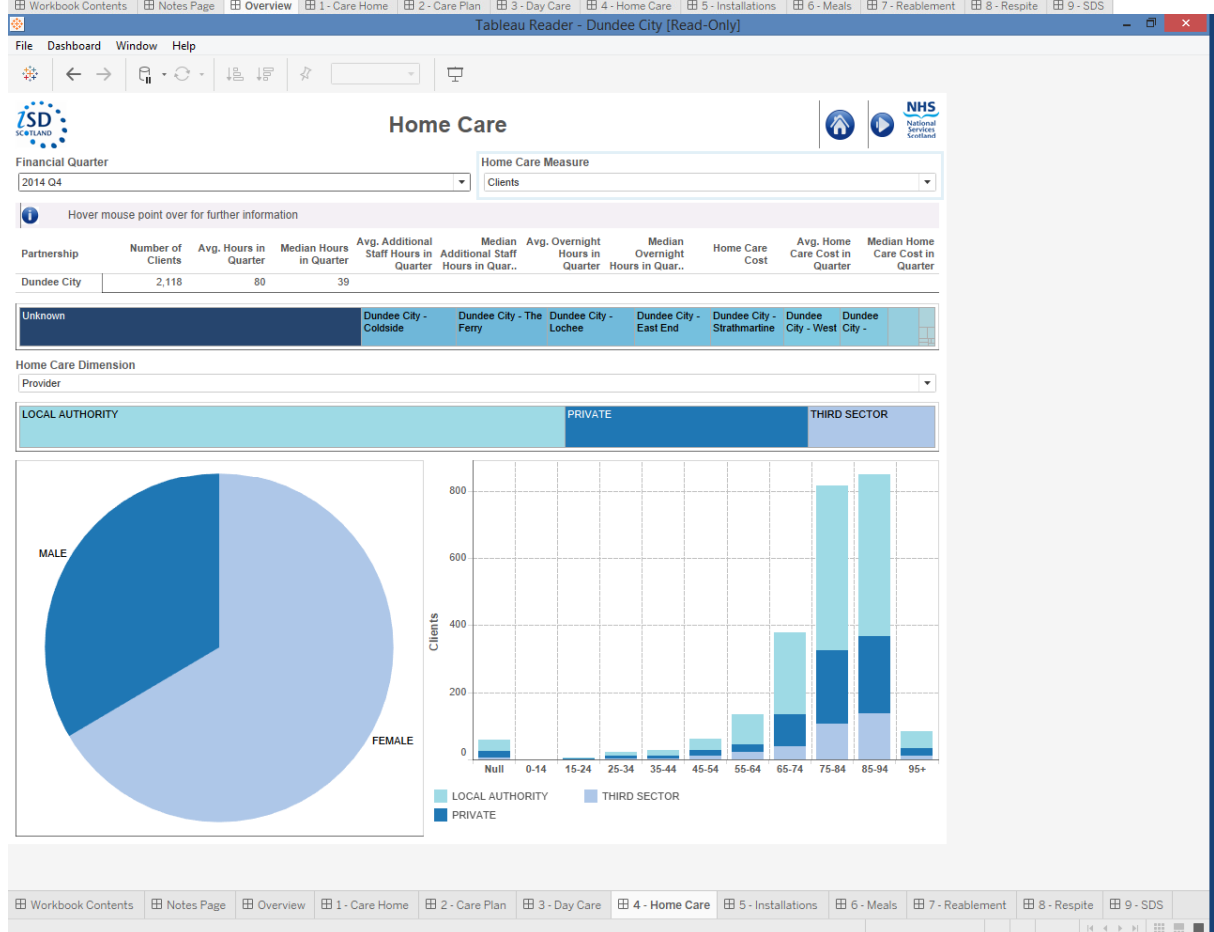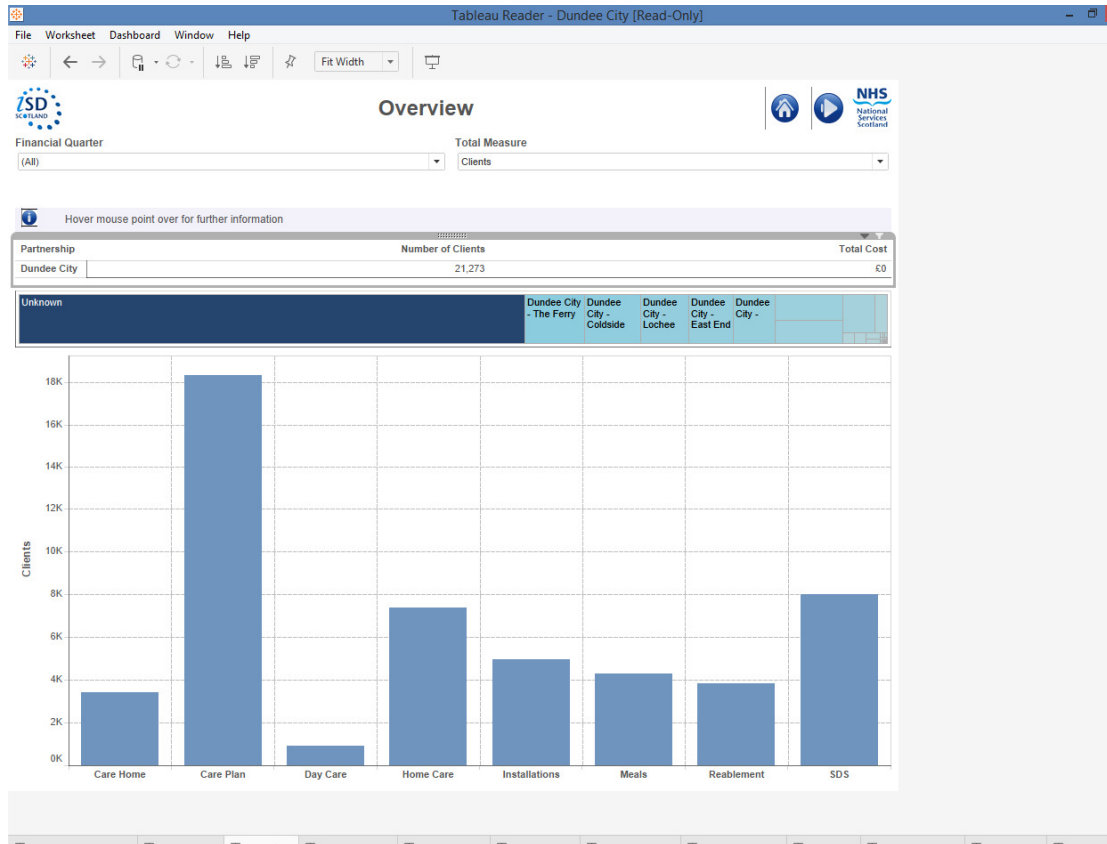
4.0   SOURCE DATA PROJECT

4.1   Update

4.1.1   Effective information systems are necessary to ensure robust intelligence underpins the process of local strategic planning and decision making. This, in turn, supports improvements to the quality of care and in outcomes for individuals and communities. To support this, the Scottish Government commissioned the National Services for Scotland, Information Services Division (NSS ISD) to work in partnership with NHS Boards, Local Authorities and others to develop a linked individual level longitudinal social care dataset from data submitted by Health and Social Care Partnerships.   This is referred to as the SOURCE data project and was previously called Health and Social Care Data and Integration and Intelligence Project (HSCDIIP).

4.1.2   The objective of the SOURCE project is to develop a routine social care data collection which can cost social care activity iɫend link social care data with routinely collected health data (acute, mental health and geriatric long stay hospital admissions, accident and emergency attendances, hospital outpatient appointments, community prescribing and community health) and National Records of Scotland data, for example births and deaths data. Such data is important to efforts within the Partnership to improve the quality of services, meet demand for

services in localities which are most in need, and to improve outcomes of people who use health and care services.

4.1.3   The dataset was developed and finalised following consultation with partnerships and full roll out took place from November 2014.

4.1.4   There is currently duplication in data submitted as part of the Scottish Government Social Care Return and some of the SOURCE sections. The NSS ISD SOURCE team has agreed to work with the Scottish Government to minimise duplication and it is anticipated that once all partnerships are submitting all data items and validation systems are improved, that it will be feasible to submit the data once to cover all national and local reporting requirements. See 4.2.2 for current return levels.

4.1.5   NSS ISD has developed robust information governance and security arrangements for the submission and storage of data, which are detailed in an Information Sharing Agreement (ISA) (which incorporates a Service Level Agreement) between Dundee Integrated Joint Board (IJB), NHS Tayside, Dundee City Council and The Common Services Agency for The Scottish Health Service. This allows information to be shared for the purposes of continuously improving the quality of services and improving outcomes for individuals and communities, whilst also protecting the privacy rights of individuals.

4.1.6   To support local health and social care integration, NSS ISD offered a CHI (Community Health Index) seeding/matching service to Health and Social Care Partnerships. CHI seeding involved using personal identifiers for example date of birth, gender, forename, surname and postcode to add a CHI number to a person's record. As well as supporting operational integration of health and social care, this importantly will allow NSS ISD to routinely link health and social care data for analytical purposes. Dundee Health and Social Care Partnership submitted a list of all service users to NSS ISD for CHI seeding/matching as a point in time exercise undertaken on 31 March 2016. There are now a number of new service users who were entered onto MOSAIC after 31 March 2016 who are not CHI seeded and therefore plans are now being developed to undertake an additional seeding exercise.

4.1.7   SOURCE data is uploaded via a secure source platform and available to view using a web based system called Tableau. All partnerships have access to Tableau and Tableau Reader (which is software that allows Partnerships to view their own data). Tableau currently only contains health data; each Partnership can view the health data for their own area plus anonymised data for all other Partnerships. Social Care data is currently only available on Tableau Reader and is presented separately from health data. Partnerships can view dashboards of the social care data for their own area only (Figure 1). At present Tableau access is only available to a small number of staff within the Strategy and Performance Service, however it is recognised that for maximum benefit for individuals and communities to be drawn from the SOURCE project access to data should ideally be widened. Discussions will be progressed with operational senior managers to further explore how data can be cascaded to teams and the feasibility of allowing senior managers to access Tableau directly. If it is deemed beneficial for senior managers to access Tableau directly this may require amendments to the existing ISA for the project.

Figure 1: Source dashboard for Social Care Data in Tableau Reader

4.2   Input by Dundee Health and Social Care Partnership

4.2.1   The social care dataset was split into 10 sections (see appendix 1) to ensure that Partnerships have the required flexibility to submit the data that they feel will benefit from linked analysis and facilitate joint commissioning and strategic planning needs. All Partnerships must submit Section 1 – Demographics but can choose which other sections they wish to submit. From 2017/18 Partnerships are being offered the option to include an eleventh section on homelessness; the Partnership is currently considering this option in collaboration with Dundee City Council, Neighbourhood Services.

4.2.2   Only one Partnership has submitted data for all 10 sections. Dundee, along with three other Partnerships has submitted data for all but one section and 11 Partnerships have not submitted data for any of the 10 sections. Maintaining the submission of data on a quarterly basis is challenging within the context of the significant pressures within the Partnership's Information Team; solutions are currently being considered in response to this.

4.2.3   Respite is the only section that has not been submitted by Dundee. This is because of the complexities around the definition of respite and the limited data available from information systems that generally allow only aggregate data, rather than data at an individual service user level to be reported. The partial submission of respite data that is available at an individual level will be considered by the Performance and Audit Co-ordination Group and a recommendation made to the Senior Management Team in due course. The group will also consider the potential for data collection in this area to be improved following the implementation of MOSAIC (the new Social Work client record system).

4.3   Utilising the Data

4.3.1   The Performance and Audit Co-ordination Group will consider and prioritise recommendations regarding the utilisation of the SOURCE data in order to make best use of it for service planning, commissioning and performance improvement at both Partnership and locality levels.

4.3.2   NSS ISD has recently used the health and social care data submitted to the SOURCE project to analyse emergency admissions from care homes funded by Dundee Health and Social Care Partnership during the financial year 15/16. The report details analysis regarding; the number of accident and emergency episodes, discharge type, referral source, out-of-hours admissions, diagnosis, and hospital deaths. This data will be further analysed by the Partnership Information Team to identify trends by individual care home, care home provider and locality of care home and, once permission has been secured from NSS ISD, findings will be shared with relevant senior managers and staff in the Social Care Contracts Team with a view to identifying areas for improvement.

4.3.3   Costs can be applied to the SOURCE data for the purpose of analysing in detail the use of resources at an individual service user level. This would assist with the modelling and redesign of services and the allocation of resources between care groups, localities and between acute and community services. Health data is currently available at unit cost level, however this exercise remains outstanding for social care data. It is recommended that the Performance and Audit Co-ordination Group discuss the costing of social care data in order to expand the range of analytical options available to the Partnership in the future.

5.0   POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. In respect of risk, this report does not present any new risks or impacts on the current risks identified in the IJB's Risk Register. There are no major issues.

6.0   CONSULTATIONS

The Chief Officer, Head of Service Health and Community Care, membership of the Performance and Audit Co-ordination Group and the Clerk were consulted in the preparation of this report.

7.0   BACKGROUND PAPERS

None.

Dave Berry   DATE: 1 March 2017
Chief Finance Officer

Appendix 1

Section	Update
Section 1 – Demographics	Demographic data for all service users was submitted for people receiving services or with assessment completed dates between 1 April 2010 and 31 March 2016.
Section 2 – Care Plan	All care plan dates between 1 April 2010 and 31 March 2016 have been submitted.
Section 3 – Self Directed Support	SDS Options and payment details was submitted for every person who received a service between 1 April 2014 and 31 March 2016.
Section 4 – Reablement / IoRN (Indicator of Relative Need)	Start and end dates of enablement for all service users was provided for people receiving an enablement service between 1 April 2010 and 31 March 2016.
Section 5 – Home Care & Housing Support	Data submitted for people receiving homecare and housing support services between 1 April 2010 and 31 March 2016.
Section 6 – Meals Service	Data submitted for people receiving a meals service between 1 April 2010 and 31 March 2016.
Section 7 – Community Alarms & Telecare	A list was provided of people receiving a community alarm and telecare service between 1 April 2010 and 31 March 2016.
Section 8 – Care Homes	A list was provided of people who were residing in a care home between 1 April 2010 and 31 March 2016.
Section 9 – Day Care Services	A list was provided of people receiving a day care service between 1 April 2010 and 31 March 2016.
Section 10 – Respite.	Outstanding