



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 26 MAY 2021

REPORT ON: LOCAL GOVERNMENT BENCHMARKING FRAMEWORK – 2019/20 PERFORMANCE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC12-2021

1.0 PURPOSE OF REPORT

1.1 To inform the Performance and Audit Committee of the performance of Dundee Health and Social Care Partnership against the health and social care indicators in the Local Government Benchmarking Framework (LGBF), for the financial year 2019/2020.

2.0 RECOMMENDATIONS

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

- 2.1 Note the performance detailed in this report and in Appendix 1.
- 2.2 Approve the proposed targets for future rank set out in Table 1, Appendix 1 and described in section 4.6.
- 2.3 Note that LGBF performance information will be published on the Dundee City Council website.
- 2.4 Instructs the Chief Officer to work with partners, including Dundee City Council and Audit Scotland, to consider the value of the Health and Social Care Partnership's continued participation in the LGBF arrangements for adult social care.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The Improvement Service has recently published 2019/20 Government Benchmarking Framework (LGBF) performance data for all 32 local authorities in Scotland. This is now in its ninth year and provides trend-based insights as well as comparisons with performance in other local authorities. Prior to the COVID-19 pandemic the Improvement Service had recognised the need to develop a replacement set of indicators for adult social care that better reflect modern approaches to service delivery, including integration, and move away from a focus on cost-based measures. Temporary amendments were made to the adult social care indicators, including the addition of the perception measures from the national Health and Care Experience Survey, pending further detailed work with stakeholders to devise a replacement suite of indicators. This work was also to take into account feedback regarding this significant time lag associated with publication of LGBF data, as well as the fact that many of the indicators in the current suite are routinely reported and benchmarked without a significant time lag through other mechanisms, such as quarterly and annual performance reports produced by Health and Social Care Partnerships. Due to the pandemic this work has not progressed and, as yet, there is no clear timescale for its completion.

4.2 Family Groups of local authorities with similar levels of deprivation and urban density have been created to assist with benchmarking. Dundee's family group includes Glasgow City, North Lanarkshire, West Dunbartonshire, North Ayrshire, East Ayrshire, Inverclyde and the Western Isles. The Adult Social Care functions within the benchmarking framework are delegated to the Integration Joint Board and data from the framework forms part of the evidence to show the extent to which the integration of health and social care has improved services. In 2 of the 11 indicators The Partnership performed better than the family group average in 2019/20.

4.3 Appendix 1 details the performance of the Dundee Health and Social Care Partnership against the indicators in the 'adult social care' category of the LGBF. Within each category Dundee performance is compared to the performance of family group partnerships.

In addition to detailing performance against each of the eleven indicators in the social care category and benchmarking against other family group partnerships, planned improvement actions have been detailed for eight indicators where performance is not in the top half of the family group.

4.4 In November 2020 the PAC approved targets for performance based on family group rank (Article X of the minute of the meeting of the Dundee PAC held on 22 September 2020 refers). In 2019/20 one indicator met the target (SDS direct payment spend), two exceeded the target (homecare costs and residential care costs) and four did not meet the target. Of the four indicators that did not meet the target three were within one ranking of the target (personal care at home, readmissions and bed days lost to delayed discharge). Targets were not set for the 4 indicators reported from the biennial Health and Care Experience Survey.

4.5 Benchmarking and longitudinal analysis are both analytical methods which inform continuous improvement. Longitudinal analysis revealed that over the nine-year period to March 2020 performance has been maintained or improved for 4 out of 7 of the adult social care indicators. Four of the indicators are taken from the results of the Health and Care Experience Survey; results for these indicators cannot be compared longitudinally as the methodology for filtering respondents was changed by the Scottish Government between the 2017/18 and 2019/20 surveys. The Scottish Government has advised that comparing the results of the 2017/18 and 2019/20 surveys is not accurate and should not be done.

4.6 An assessment has been made of current performance, planned future investment, resources and service delivery models, and the range of targets already agreed by the Integration Joint Board in the service delivery areas covered by the LGBF indicators (such as the Health and Social Care Partnership scorecard within the Council's Corporate Plan). The final column in table 1, appendix 1 sets out proposed targets for all indicators taking into account these factors.

5.0 POLICY IMPLICATIONS

5.1 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 LGBF 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	Likelihood 3 x Impact 5 = Risk Scoring 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 LGBF targets. - Continue to report data annually 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 Self-Directed Support spend.

	- 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	Likelihood 3 x Impact 3 = Risk Scoring 9 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
Approval Recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

8.1 None.

Dave Berry
Chief Finance Officer

DATE: 5 April 2021

Lynsey Webster
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ADULT SOCIAL CARE

Snap Shot Profile

The Health and Social Care Partnership provides a broad range of services for a wide variety of needs and people in different situations, in some cases commissioned from the third and independent sector. Services can include helping people to live independently in their own home, hospital to home transition and other community support.

Most people wish to stay at home wherever practicable. Sometimes, however, they may need residential care for short periods or for a longer-term. The Partnership can also arrange nursing care, if necessary.

For 2019/20 the adult health and social care category consisted of 11 indicators, covering unit cost and performance data. A summary of our 2019/20 data alongside family group and Scottish average has been provided below.

Table 1: Summary of Social Care Performance 2019/20

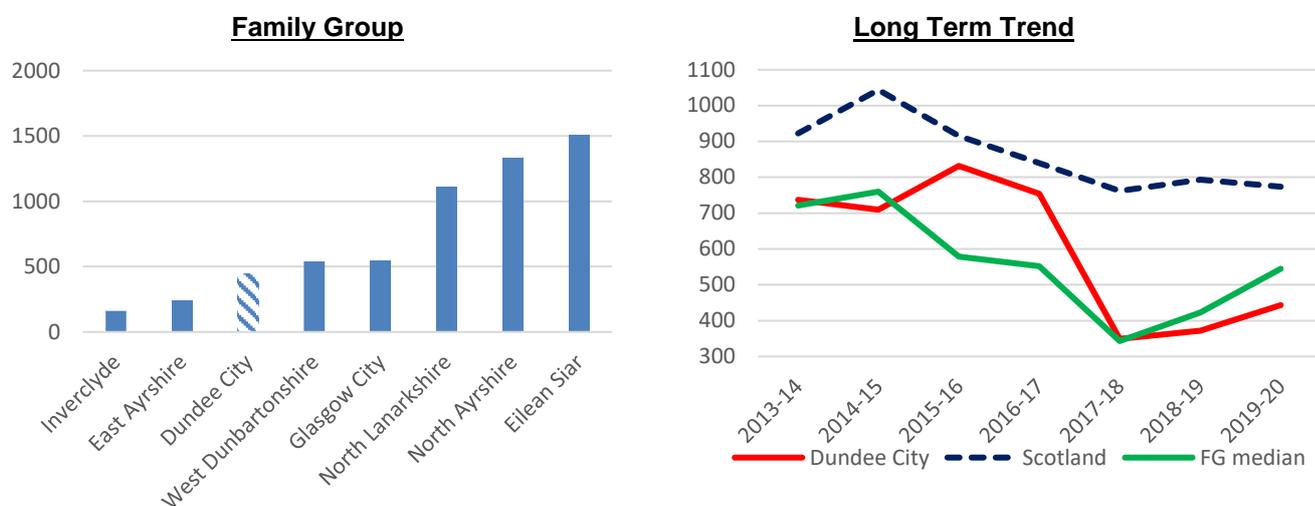
Indicator	2017/18 Data	2018/19 Data	2019/20 Data	2019/20 Target	2019/20 Target Group	Group Rank (out of 8)	Group Average	Scottish Average	Proposed Target 2020/21 – Future Rank (out of 8)	Proposed Target 2020/21 (based on 2019/20 data)
Homecare cost per hour aged 65 and over	£21.24	£27.12	£27.06	£27.36	4	3	£33.84	£26.13	3	£27.06
SDS (Direct Payments) spend on adults 18+ as a % of total social work spend	1.09%	2.43%	4.96%	3.2%	4	4	9.17%	8.99%	3	5.05%
% of people aged 65 or over with long term care needs receiving personal care at home	59.32%	56.18%	57.07%	57.2%	7	8	65.28%	61.65%	7	62%
Residential costs per week per resident for people aged 65 or over	£479	£475	£476	£475	6	5	£458	£401	5	£476
Rate of readmission to hospital within 28 days per 1,000 discharges	126.7	128.70	127.23	118	7	8	106.78	104.69	8	127.23
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	82.3	85.29	76.87	89	1	6	80.83	81.83	4	79.37%

Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)	349.2	372.18	443.27	332	2	3	735.25	773.78	2	240.15
*% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	84.9	N/A	76.58	N/A	N/A	7	81.07	80.03	4	81.54 (21/22)
*Percentage of adults supported at home who agree that they are supported to live as independently as possible	83.8	N/A	78.83	N/A	N/A	7	82.40	80.78	4	82.00 (21/22)
*Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	77.9	N/A	73.04	N/A	N/A	6	76.0	75.43	4	75.54 (21/22)
*Percentage of carers who feel supported to continue in their caring role	38.3	N/A	34.57	N/A	N/A	6	35.57	34.23	4	35.84 (21/22)

*Data available biennially from the Health and Care Experience Survey

OUR PERFORMANCE HIGHLIGHTS

Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)



Dundee was the 3rd best performing partnership in the family group. The past seven years data shows an overall downward trend for delayed discharge, which is an improvement, however there has been a slight upward trend since 2017-18 although to a lesser extent than the upward trend for the family group median. As the above chart shows, Dundee has always performed better than Scotland (blue dotted line).

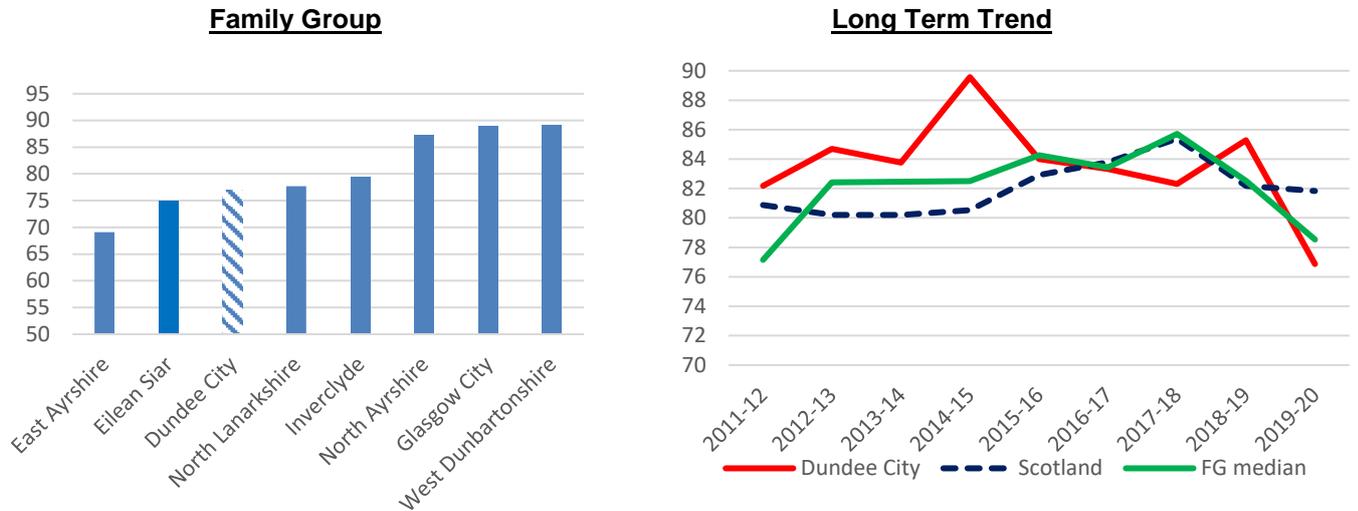
The number of days people spend in hospital when they are ready to be discharged has reduced by 66% since 2013/14, which is an improvement.

The PAC receives 6 monthly analytical reports to monitor standard and code 9 delays. Also, on a weekly basis, an update is provided to the Dundee Health and Social Care Partnership Chief Officer, the NHS Tayside Chief Operating Officer and key Home and Hospital Transitions Group members on delay position. This information is used to maintain an ongoing focus on enabling patients to be discharged from hospital when they are ready as well as to inform improvements.

A number of developments have been planned to ensure that performance remains high. These include the remodelling of local authority care home provision and a programme of long-term improvement work between the partnership and neighbourhood services to release further housing stock. Further improvements have been planned in discharge pathways, to maximise the resources available and promote better outcomes for patients. This includes a locality modelling programme, the Home First strategic programme, further expansion of the Discharge to Assess model to target inpatient rehabilitation alongside this resource within the acute hospital to ensure patients can return home safely on their planned date of discharge, advanced practice models within GP practices for urgent care, the introduction of frailty assessment within the surgical and orthopaedic inpatient pathway and development work on the stroke pathway.

AREAS FOR IMPROVEMENT

Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections



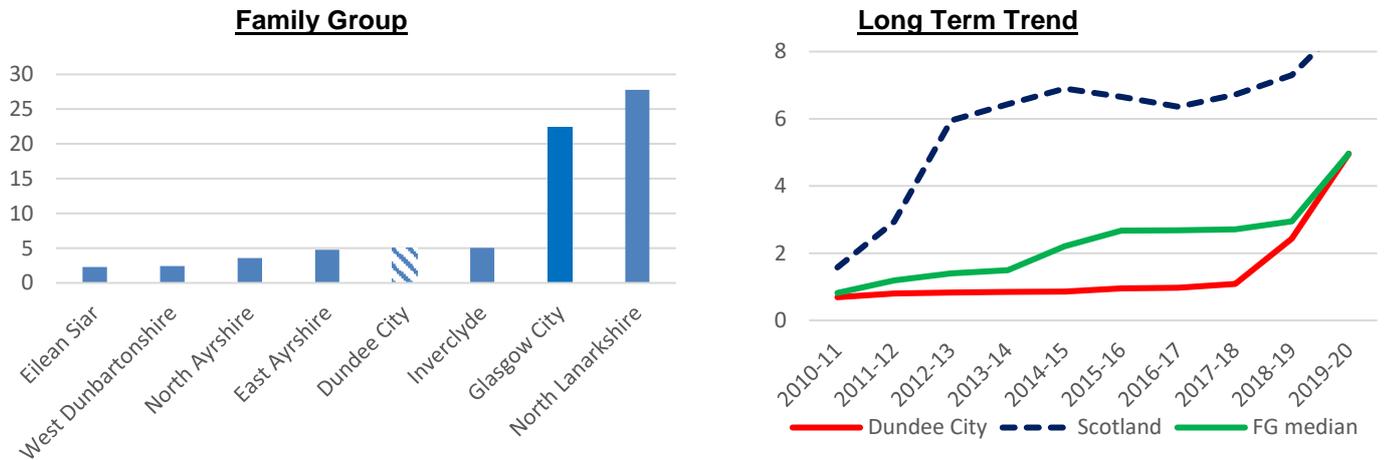
Dundee is the third poorest performing partnership within the family group and performed worse than the family group and Scottish average. Except for 2017/18 and 2019/20, Dundee performance was better or similar to the family group median.

In 2019/20, 75 services for adults registered with the Care Inspectorate in Dundee were inspected. 22 of these inspections were combined inspections where both the Housing Support and Support Services were inspected together. Of the services that were inspected, 79% received no requirements for improvement. None of the inspected services received an enforcement notice. 100% of services provided directly by the Partnership and 77% of all services in Dundee which were subject to a Care Inspectorate inspection during 2019/20 received grades of 'good', 'very good' or 'excellent'

Within Care Homes services there continues to be a joint commitment to continuous improvement and a proactive approach to improving and sustaining quality which involves the care home providers, the Care Inspectorate and representatives of Dundee Health and Social Care Partnership. This is particularly evident when significant concerns arise. There have been many benefits of such an approach e.g. effective sharing of information, shared agreement about improvement activity required and monitoring until concerns have been adequately addressed. The Care Home Team continues to support, monitor and review residents' care needs. The team continues to work closely with colleagues in primary care in developing advanced clinical skills to support GPs by providing comprehensive nursing assessments to assist with increasing clinical demand and in 2019/20 the Care Home Team has moved to a link worker role whereby the Review Officer, Registered General Nurse and Registered Mental Health Nurses are aligned to specific care homes within Dundee. This is to ensure better collaboration and joined up working between the link workers; with the Advance Nurse Practitioner's (ANP) within the team (and Primary Care); the resident, family and care home staff.

Within Adult Services, there have been many initiatives which are intended to contribute to improvements in gradings. These include the Housing First Dundee Initiative to provide tenure with wrap around support and Housing with Care Step Down accommodation to support safe discharge from hospital. Where services do not receive good gradings, performance is discussed and monitored at contract monitoring meetings.

Self-Directed Support Spend On Adults 18+ as a % of Total Social Work Spend



Self Directed Support allows people to choose how their support needs will be met. This indicator calculates the cost of Direct Payment (Option One) spend on adults as a proportion of the total 'social work' spend on adults (aged 18+).

This indicator is important because it allows the Partnership to monitor Direct Payments as a proportion of total adult social care expenditure, both over time and in comparison with other Partnerships. Dundee has historically had a low uptake of Direct Payments. Under the Social Care (Self-Directed Support) (Scotland) Act 2013, Direct Payments is one of four options that since 1 April 2014 local authorities have had a duty to offer eligible people who are assessed as requiring social care.

Dundee ranks 4th out of the eight family group partnerships, which is a significant improvement from 2018/19 when it was 7th. Within this family group, Glasgow perform particularly well due to their role in piloting this approach and in the last year North Lanarkshire has increased from 2.64% to 27.76% which has increased the family group mean. When assessing the average (mean) spend, six of the family groups have a similar % spend on SDS Option One to Dundee. Dundee performance has improved since 2017/18 with the amount spent on SDS Option One doubling in each of the two years. Dundee rank within the 32 partnerships has also improved from 17th during 2019/20, compared with 30th during 2018/19.

The Partnership has introduced a dedicated Self Directed Support team to support service users to make the right choice and decisions for themselves. The team is continuously exploring new and service user friendly approaches to ensure meaningful personal outcomes for service users, improving implementation and increasing choice.

The pandemic crisis has highlighted areas of improvement and the learnings from these will be included moving forwarding into the development action plan. We continue to work from the SDS development and action plan derived from the Scottish Government Implementation plan and guidance, 2018 to 2021, learning from the pandemic has been added to this. A report is being developed for senior management on what SDS support needs to look like moving forward to ensure we continue with qualitative and sustainable SDS plan of delivery.

How we communicate has been key and various methods have been deployed to key crucial messages out to our Dundee citizens, an example is a no-reply email which was set up so we can share more information with personal assistants and those awarded an Option 1. Information has been displayed on various websites, working with our partners has strengthened links and joint working and this will be continued in enhancing SDS information moving forward.

We have adopted technology in how we support staff around SDS development and delivery by using MS Teams meetings as an alternative to hold additional SDS training information as well as questions and answer sessions with the aim to continue providing support to front line staff working with SDS.

The Partnership's operational assessment system is being reviewed and revised to include personalisation and SDS practice values and principles at the heart of our assessment process while working in a good conversation and enablement model. Closer working across children's and adult services has resulted in reviewing how we can improve the transition experience of young people moving from children's services to adult services and the experience of this for their families and guardians. SDS Scotland and the Alliance have been commissioned to review SDS delivery and a set of 12 new standards have been developed that have recently been approved by COSLA, these standards have been developed through service user and partnership feedback of lived experience of the delivery of care, experience of assessments and suggestions of this can be improved.

Older Persons (over 65) Home Care Costs Per Hour



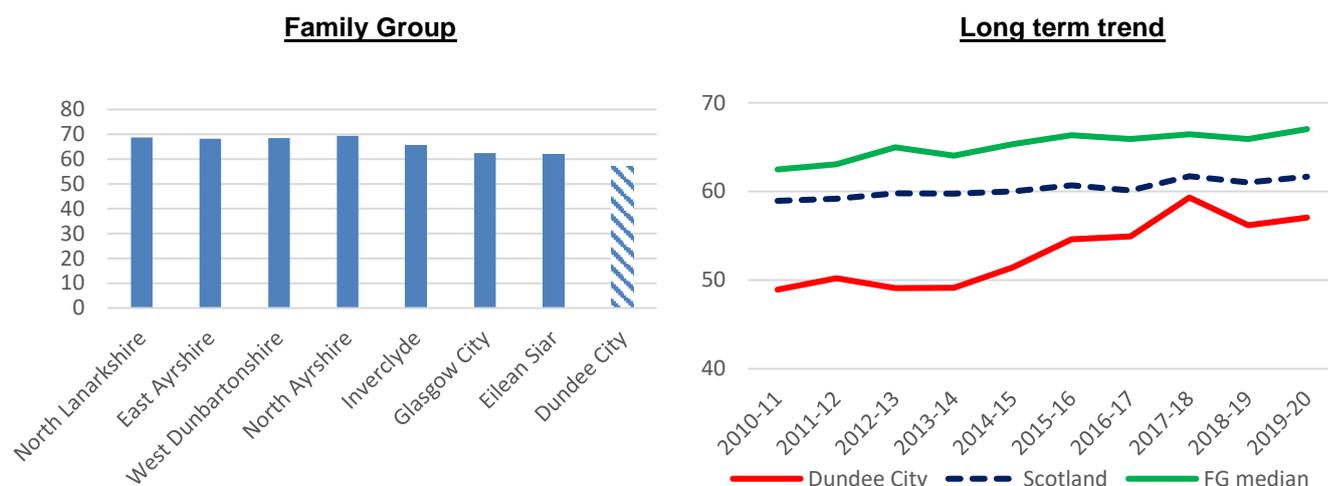
From 2016/17 to 2018/2019 there was an increase in the older people home care cost per hour, however during 2019/20 the cost reduced from £30 to £26, which represents a 13% reduction. Dundee ranks third lowest within the family group.

The number of home care hours provided increased slightly from 773,240 in 2018/19 to 807,791 in 2019/20 (4% increase) although the long-term trend shows an overall decrease.

On 24 January 2018 the IJB agreed the recommendation of the Review of Homecare Services to ensure work patterns reflect the needs of service users and create efficiencies in the service. Recommendations were implemented during 2020.

A mixed contract solution was implemented, with staff retained on 30-hour, double shift contracts (7am start) or 25-hour double shift contract (7.30 am start) or 23 hour, single shifts (7am start). This improved service model has increased the level of staff/service user contact time by up to 1,118 hours per week including travel time. The 30-hour contracts includes the banking of up to 5 hours per week that are aggregated and used periodically throughout the year to offset absences.

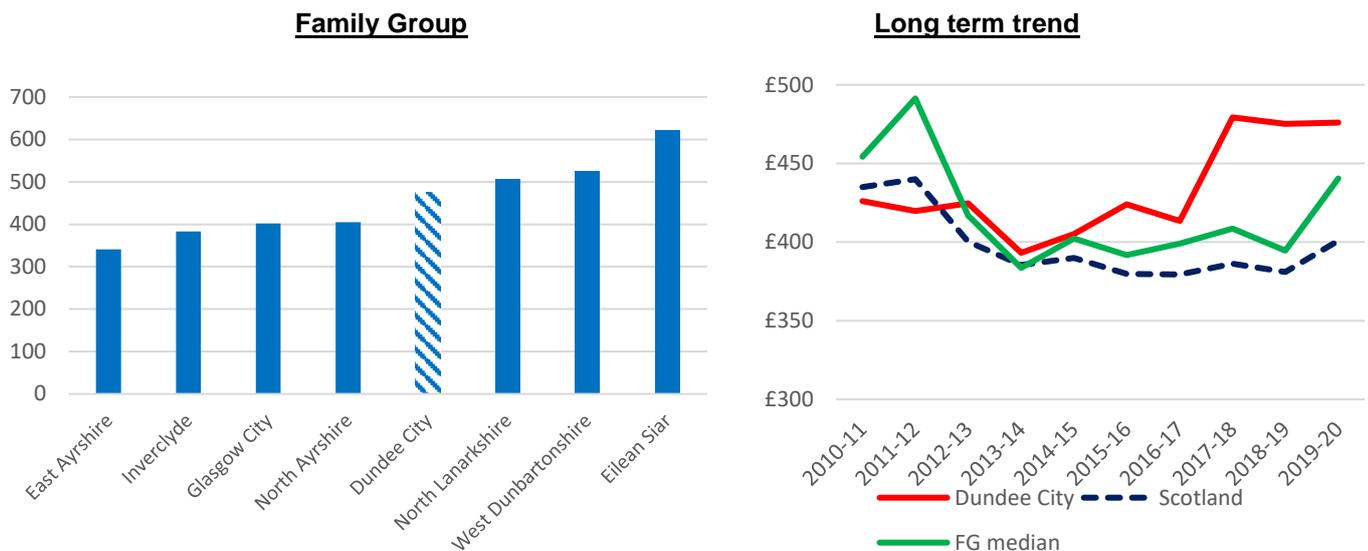
% of people aged 65 or over with long term care needs receiving personal care at home



Dundee provides the lowest % of personal care within the family group and the % is also lower than both the Scottish average and the family group median.

This indicator sits within a service which provides personal care as part of a whole system, multi-disciplinary service model of home and community based care which is also preventative, rehabilitative and flexible by providing step up and step down care and support. Examples of services which wrap around the personal care service include the development of nurse led clinics in bone health, continence, nutrition, the development of a frailty screening model in the community and the development of community based models for people with a range of long term conditions. When an eligible person requires personal care, it is paramount that they receive this when they require this and services are there to provide both step up and step down care, for example Hospital at Home and ambulatory care. It is also paramount that if the person becomes rehabilitated that the level of service is reduced to promote and sustain independence. We will continue to monitor and review service provision based on need and rehabilitation, with the awareness that providing rehabilitative services can have a negative impact on the performance towards this indicator despite having a positive impact on personal outcomes.

Residential costs per week per resident for people aged 65 or over

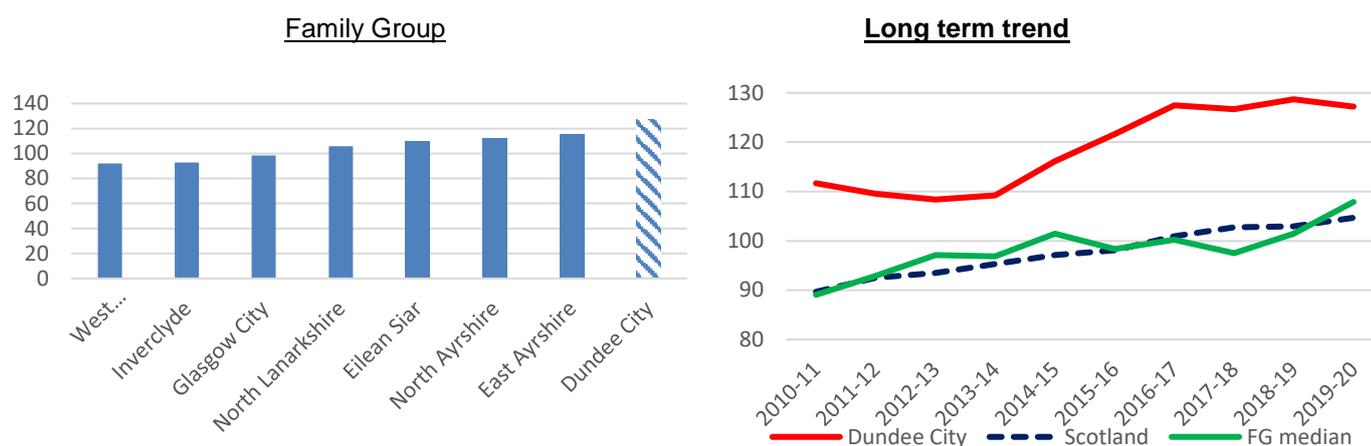


The average weekly cost for a care home place in Dundee, for people aged 65+ was £476 in 2019/20 which is only £1 more than in 2018/19.

Dundee ranks 5th within the family group and the range within the group is from £341 to £623 per week. There are a range of factors which impact on this particular benchmark and need to be taken into consideration in assessing relative performance across the country. The cost of residential care for each local authority area includes a combination of Health and Social Care Partnership operated care homes and private and voluntary sector run care homes. The relative spend in each area is influenced by the balance of usage the Partnership has of each type of home. The fees paid to private and voluntary sector run care homes are set nationally through the National Care Home Contract and are therefore standardised across the country. Generally, the cost of running in-house care homes is more expensive than private and voluntary sector provision. Dundee's in-house care homes are smaller in size, providing a more homely setting for residents however do not benefit from economies of scale and therefore cost more. Dundee still has a higher proportion of in-house care homes compared to Glasgow and Ayrshire Partnerships. Furthermore, the benchmark costs are net of residents financial contributions to the cost of their care. Dundee generally has fewer self-funders than other areas therefore receives less charging income, increasing the net expenditure position of the sector locally.

The cost of providing Partnership operated care homes continues to be reviewed to ensure best value is achieved. This includes reviewing staffing structures and managing absence levels to reduce the level of additional hours, or in some instances, the use of agency workers to ensure shifts are covered to the required levels. A new flexi team is in development to maximise consistency for residents, reduce high agency costs and reduce stress related absences.

Rate of readmission to hospital within 28 days per 1,000 discharges



Dundee is the poorest performing partnership in the family group and in Scotland. Dundee has always had a high rate of re-admission to hospital within 28 days.

In 2019/20, Dundee was one of two family group partnerships where performance actually improved slightly compared with 2018/19. Performance in the remaining 5 family group partnerships deteriorated. Dundee performance improved by 1.14%, whereas the family group median deteriorated by 6.34%.

The data shows that the number of re-admissions has shown very little change between 2018/19 and 2019/20 (+13 admissions).

Data shows that NHS Tayside records higher levels of follow-up contact with patients following a hospital admission as outpatient appointments, rather than day cases, compared to other NHS Boards across Scotland. The methodology for the national indicator for readmissions includes day cases within its denominator and therefore a low day case rate increases the resultant readmission rate. When recording practices for day case rates are taken into account Dundee's performance against the national readmissions indicator is similar to the Scottish rate. It is therefore apparent that a significant proportion of 'poor performance' against the national indicator for readmissions relates to data recording practices rather than other factors.

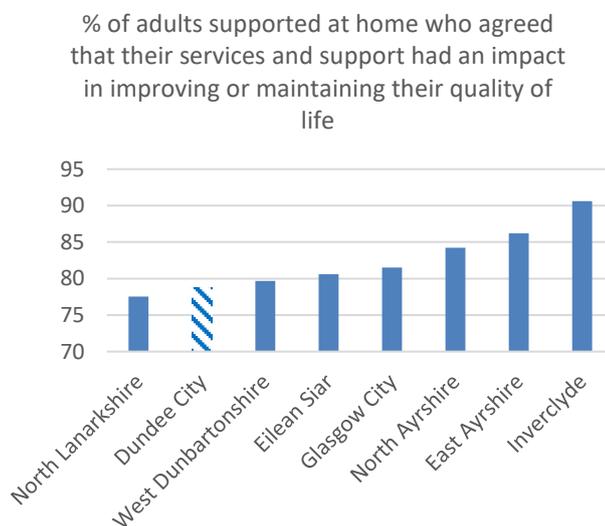
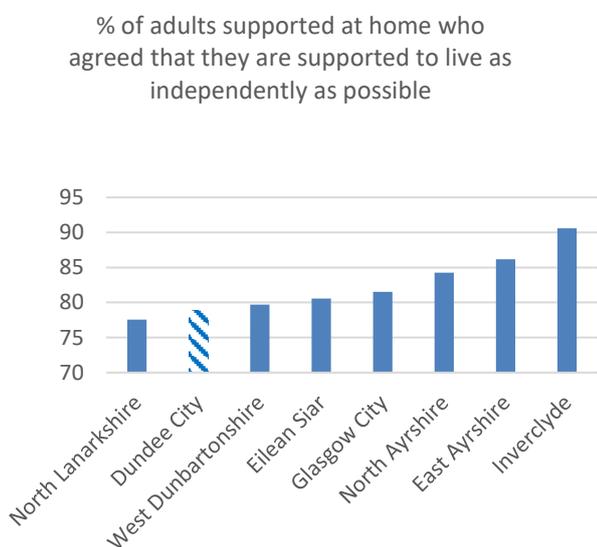
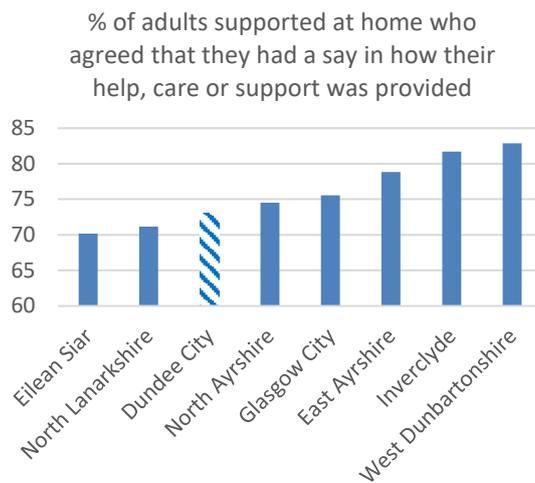
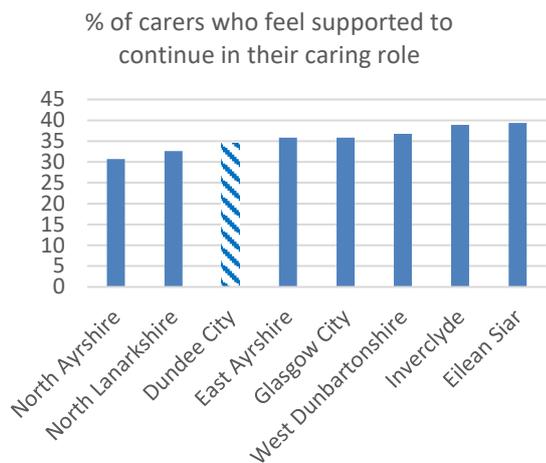
The Tayside Unscheduled Care Board recognised this performance position across Tayside and there has been a focus on better understanding of the readmissions data and identifying any current practice which might impact on this.

The Unscheduled Care Board will continue to explore the available data to identify and respond to areas where improvements can be made. Within the Health and Social Care Partnership our intention is to look closer at the variation across localities to determine if there are further local initiatives which would support individuals and reduce variation. This will include an age standardised analysis across LCPPs.

Performance against this indicator is monitored in the quarterly PAC performance reports under the Core National Indicators and MSG Measuring Performance Under Integration suites. Performance is measured at LCPP level and analysed longitudinally, focusing on direction of travel from the previous quarter and the 15/16 baseline year.

The 3 Tayside Health and Social Care Partnerships are preparing a letter to the Scottish Government to explain why the national methodology does not fit with the Tayside service delivery model and request a review of the methodology.

The following indicators are reported from the biennial Health and Care Experience Survey disseminated and reported by the Scottish Government.



Results for these indicators cannot be compared longitudinally as the methodology for filtering respondents was changed by the Scottish Government between the 2017/18 and 2019/20 surveys. The Scottish Government has advised that comparing the results of the 2017/18 and 2019/20 surveys is not accurate and should not be done.

Dundee performed in the bottom half of the family group for all four indicators and the target set for the next reporting period in 2022/23 is for Dundee to perform in the top half of the family group. Based on the 2019/20 data the difference between Dundee's position and the 4th best performing partnership is minimal (between 1 and 2%).

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