ITEM No …4……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 28 NOVEMBER 2017**

REPORT ON: **DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT (QUARTER 2)**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC32-2017**

1.0 PURPOSE OF REPORT

The purpose of the report is to update the Performance and Audit Committee on Quarter 2 (Q2) 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 April and July 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 Q1 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 2, 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. However due to the continued development of a new patient record system and also competing demands, the Business Unit have been unable to provide data for Q2 and therefore NSS ISD have provided data on this occasion.

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 Q2 data have been investigated although the two data sources are not identical,

NSS 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 Q2 performance report should include Q1 benchmarking data provided by NSS ISD. However, NSS ISD has recently revised publication dates for national benchmarking data due to incomplete submission from Health Boards across Scotland (not including NHS Tayside) meaning that Q1 data is not yet available.

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 (LCPP). LCPP level data continues to be used to compile profiles to support dialogue with stakeholders regarding needs in individual LCPPs.

4.6 The Q2 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) 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. As part of the development of the Partnership delivery plan all targets will be reviewed to take into account performance during 2016/17 and to ensure a focus on continuous improvement.

4.8.2 This data was only available to July 2017 at the time of reporting, therefore quarter 2 data is not yet complete. April – July 2017 data demonstrates continued positive performance against 2017/18 interim targets, with five areas exceeding interim targets for the quarter. Delayed discharge due to complex reasons continues to not meet the target; a separate report regarding delayed discharges including complex reasons analysis has been submitted for consideration at this meeting under agenda item VI (PAC39-2017 - Delayed Discharge Management Performance Update).

	April – July 2017/18 Interim Target	**April – July 2017/18 Actual**	**Performance against target**
Emergency Admission Rate per 100,000 Population (All ages)- Annual	**5775**	**5697**	**1.4% less**
Emergency Admissions as a Rate per 1,000 of All Accident and Emergency Attendances	**2623**	**2568**	**2.1% less**
Emergency Bed Day	**39,594**	**33,178**	**16.2% less**

	April – July 2017/18 Interim Target	April – July 2017/18 Actual	Performance against target
Rate per 100,000 Population (All ages)			
Accident and Emergency Attendances	**10,246**	**10,369**	**1.2% more**
Bed Days Lost to Delayed Discharges (All Reasons) for Dundee 75+	**4550**	**3706**	**18.5% less**
Projected Bed Days Lost to Delayed Discharges Code 9s for Dundee	**1739**	**2545**	**46.3% 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**	

4.9 QUARTER 2 PERFORMANCE 2017/18

4.9.1 Between the baseline year 2015/16 and 2017/18 Q2 there was an improvement in the rate of bed days lost to delayed discharges for people aged 75+ and also the emergency bed day rate for people aged 18+.

4.9.2 Emergency bed day rates since 2015/16 have decreased by 7.9% for Dundee, which is an improvement. Every LCPP, except for The Ferry showed an improvement in Q2 compared with 2015/16 and the biggest improvements were seen in West End, Maryfield, Lochee and Coldside all of which all showed a greater than 10% decrease in bed day rates. There was however an increase of 2.5% (deterioration) in The Ferry.

4.9.3 The rate of bed days lost to delayed discharges for people aged 75+ has decreased by 40.6% in Dundee since 2015/16, which is an improvement. In Q2 there were decreases across all LCPP areas and the biggest decreases (of greater than 40%) were in Strathmartine, Coldside and Maryfield.

4.9.4 Emergency admission rates have increased by 1.6% for Dundee since 2015/16, which is a deterioration. There were however decreases in three LCPPs (East End, The Ferry and Coldside). There were increases in emergency admission rates in Lochee (8.7%), North East (8.7%), West End (3.6%), Maryfield (3%) and Strathmartine (0.1%). Lochee and East End had the highest emergency admission rates in Dundee with 15,104 and 15,095 emergency admissions per 100,000 people respectively.

4.9.5 The rate of readmissions has increased by 3.6% since 2015/16, which is a deterioration. The greatest increase was in Lochee where there was a 16.7% increase. The rate increased in five LCPPs (Lochee, East End, Coldside, The Ferry and West End) and decreased in three LCPPs (North East, Maryfield and Strathmartine) The biggest decrease was in North East (4.7% decrease). 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 submitted to the PAC early in 2018.

4.9.6 The rate of hospital admissions as a result of a fall for people aged 65+ has increased by 9.6% since 2015/16, which is a deterioration. The biggest increase was in Maryfield (46.7% increase). The rate increased in five LCPPs (Maryfield, West End, North East, East End and Lochee) and decreased in three LCPPs (Strathmartine, Coldside and The Ferry) The biggest decrease was in Strathmartine (8.1% decrease). The PAC has received a separate analysis of

falls data at its meeting held on 12 September 2017 (Article X of the minute of the meeting refers).

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, spend associated with poor performance and the reputation if the Partnership's performance is not good.
Risk Category	Financial, Governance, Political
Inherent Risk Level	15 – Extreme Risk
Mitigating Actions (including timescales and resources)	- Continue to develop a reporting framework which identifies performance against national and local indicators. - Continue to report data quarterly to the PAC to highlight areas of poor performance. - Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as around readmissions to hospital and falls related hospital admissions. - Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.
Residual Risk Level	9 – High Risk
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: 6 November 2017

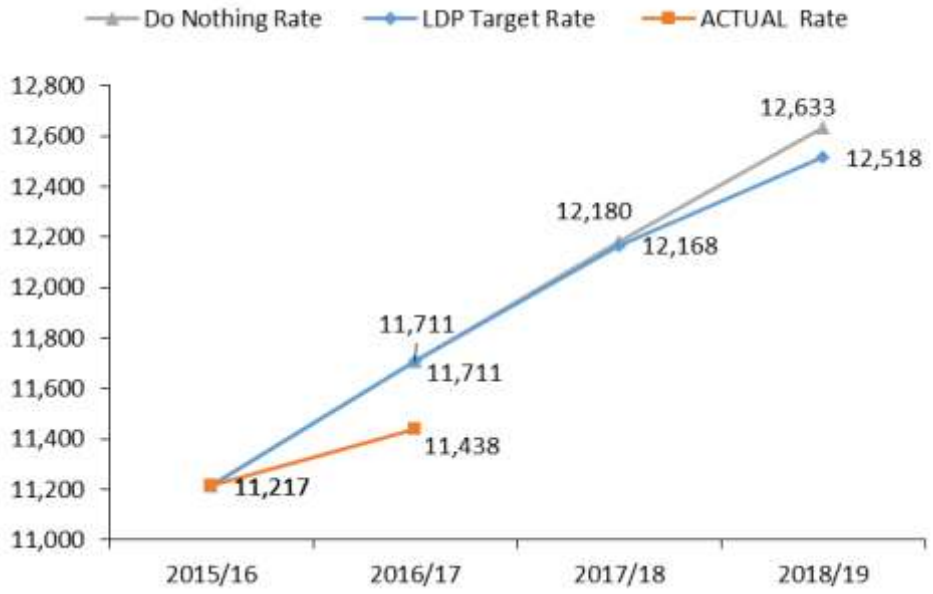
Lynsey Webster
Senior Officer

APPENDIX 1

Measuring Performance Under Integration Update

Service Delivery Area - Emergency Admissions

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

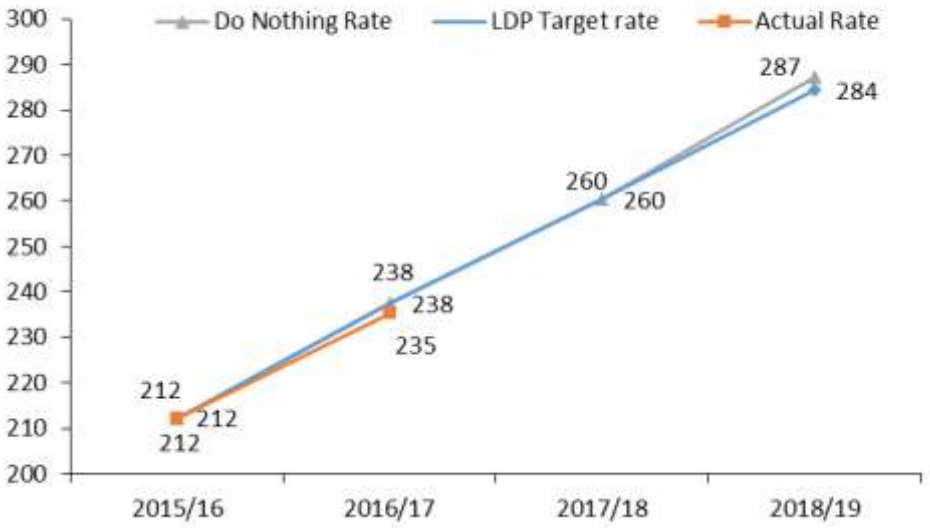


- Expected increase by 4.97% from 16,781 in 2015/16 to 17,614 in 2016/17
- The actual increase was 3.12% (17,304 emergency admissions per 100,000 population)
- Local Delivery Plan (LDP) target was exceeded in 2016/17.

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

- Between April and July 2017 there were 5,697 emergency admissions. This is 1.4% less than the target of 5,775 admissions.

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



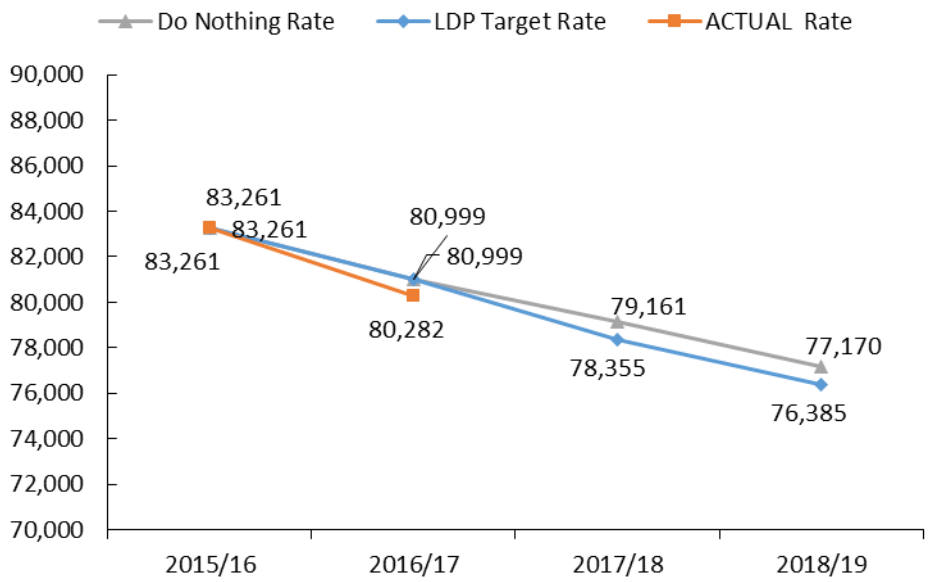
- Expected increase in the number of emergency admissions from A+E by 8.04% from 7,126 in 2015/16 to 7,699 in 2016/17.
- The actual increase was 7.03% (7,627 emergency admissions from A+E)
- LDP target was exceeded in 2016/17 and continued to be exceeded in April 2017. The target was not met in May 2017.

Chart 4: Number of emergency admissions from Accident and Emergency, April – July 2017

- Between April and July 2017 there were 2,568 emergency admissions from accident and emergency. This is 2.14% less than the target of 2,623 admissions.

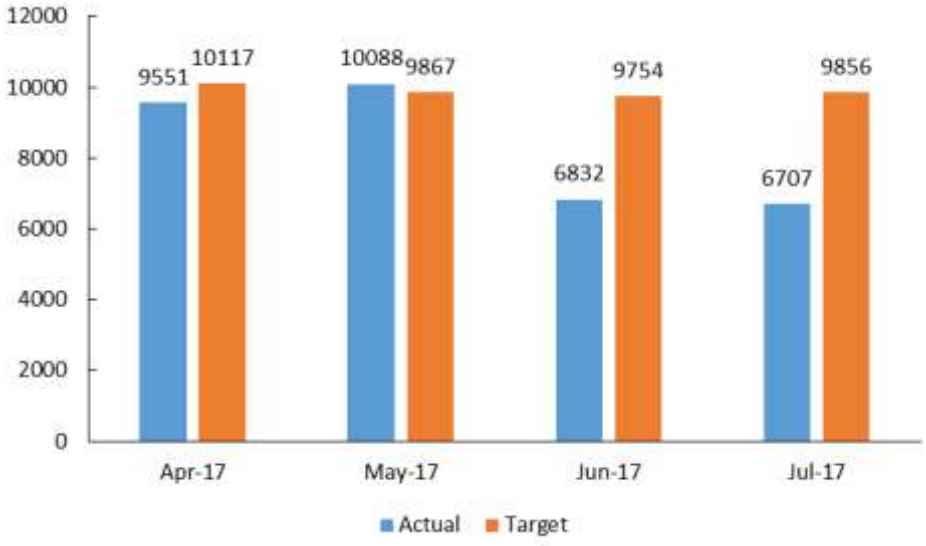
Service delivery area – Emergency Bed Days

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.

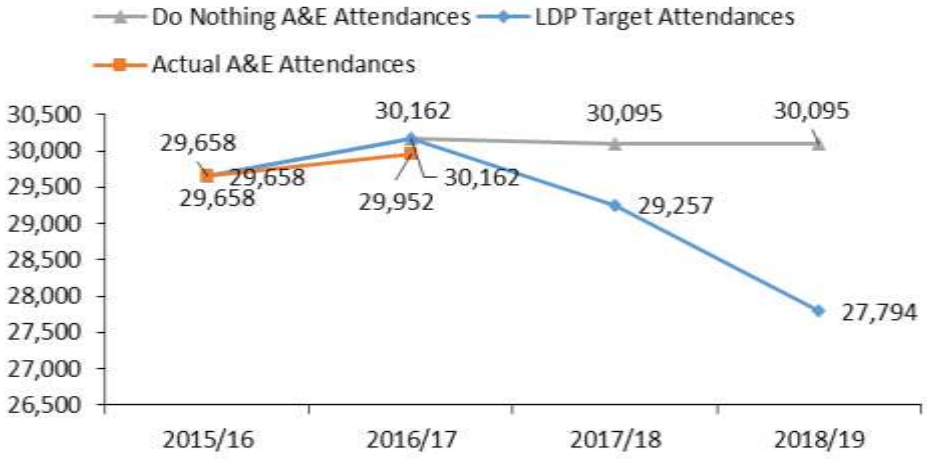
Chart 6: Emergency Bed Days (All Ages), April – July 2017



- Between April and July 2017, 33,178 emergency bed days were used. This is 16% less than the target of 39,594 bed days.

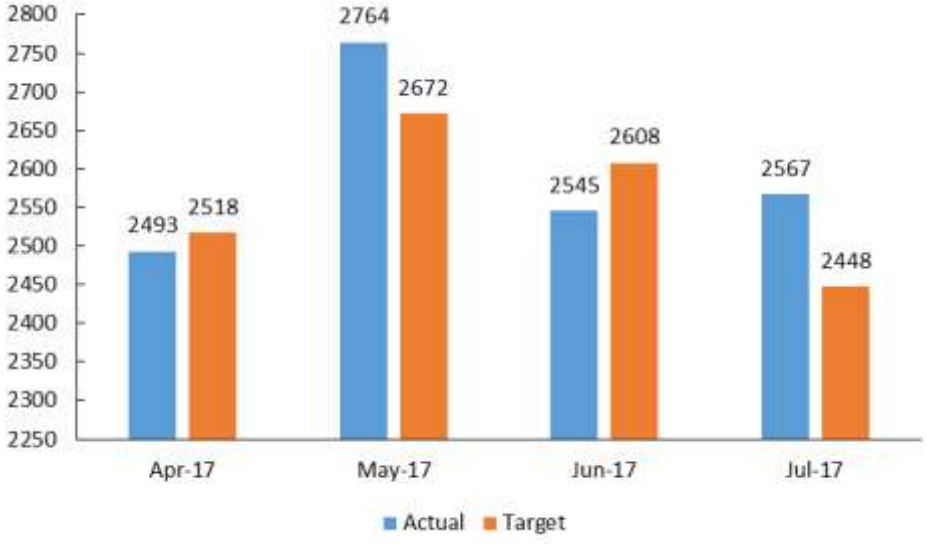
Service delivery area – Accident and Emergency

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)

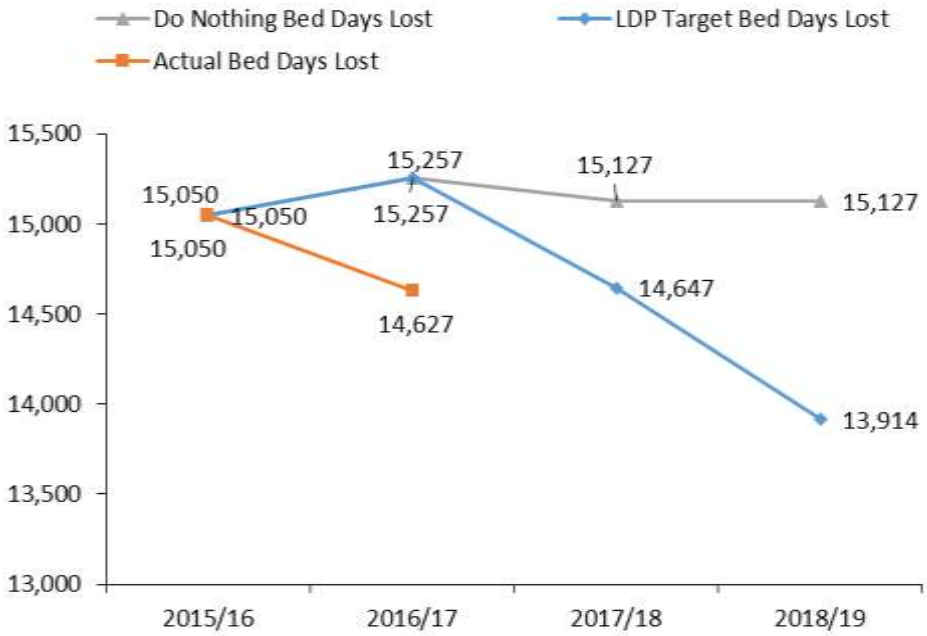
Chart 8: Accident and Emergency Attendances, April – July 2017



- Between April and July 2017, there were 10,369 attendances at A+E. This is 1.2% more than the target of 10,246 attendances.

Service delivery area – Delayed Discharges

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

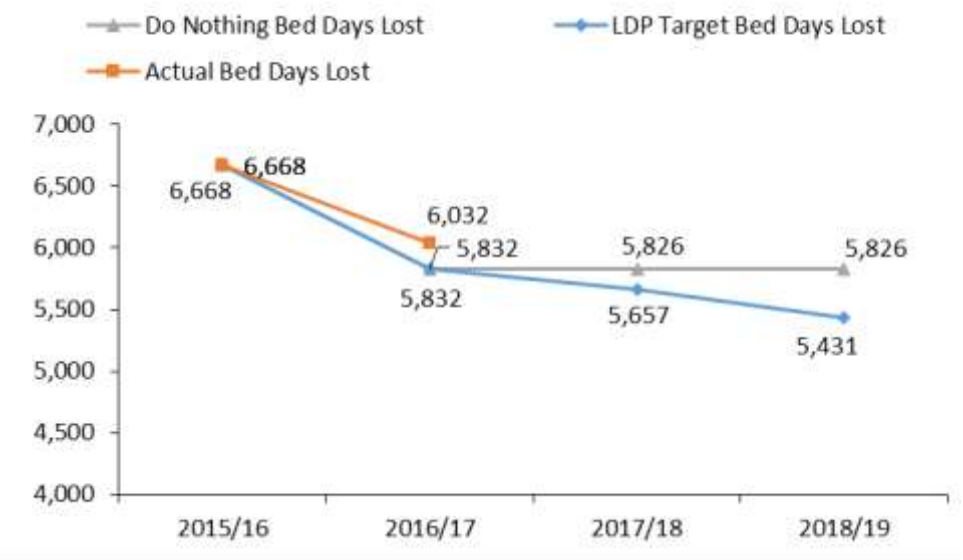


- Expected increase by 1.38% from 15,050 in 2015/16 to 15,257 in 2016/17
- There was actually a decrease by 2.81% (14,627 bed days lost in 2016/17)
- Target exceeded each month between January 2017 and May 2017.

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

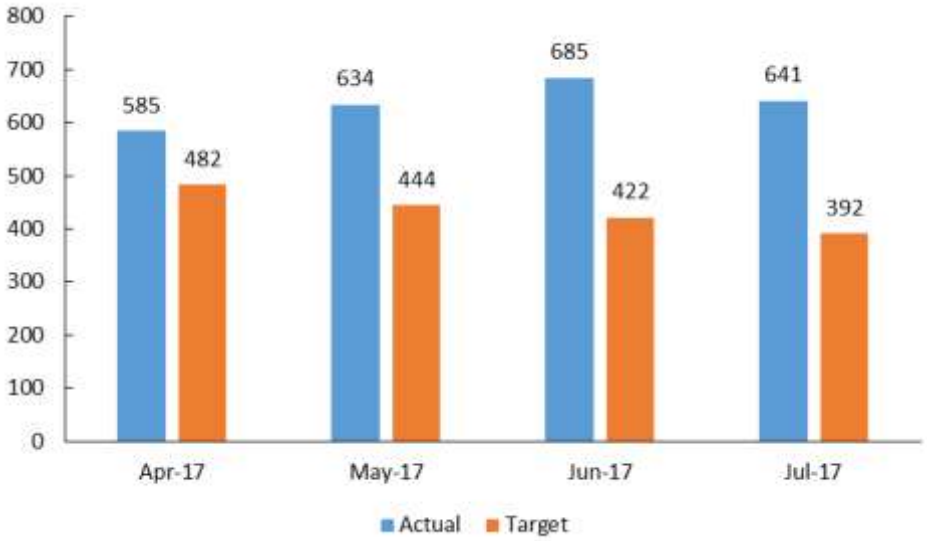
- Between April and July 2017, there were 3,706 bed days lost to delayed discharge. This is 19% less than the target of 4,550 bed days lost to delayed discharge.

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 July 2017, there were 2,545 bed days lost to complex (code 9) delayed discharge. This is 46% more than the target of 1,739 bed days lost to complex (code 9) delayed discharge.

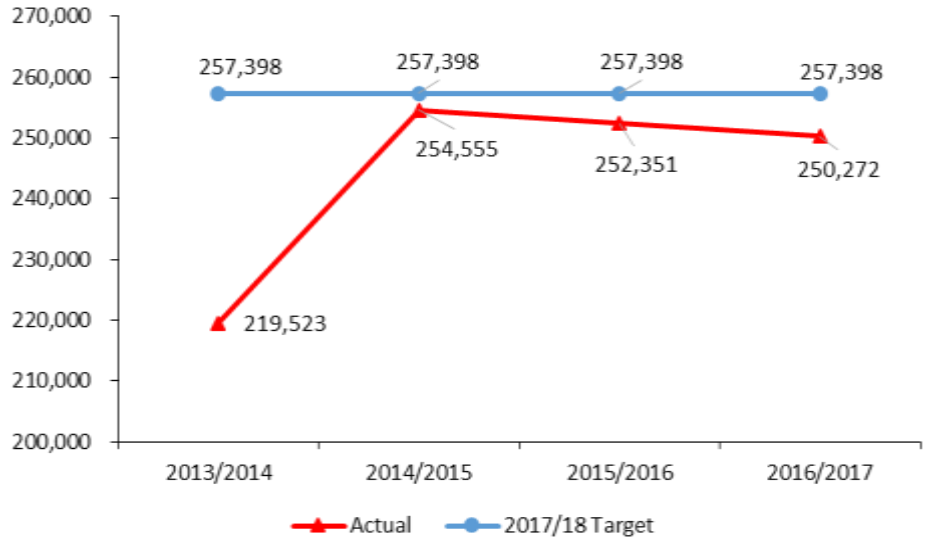
Service Delivery Area - End of Life

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 data not available.

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

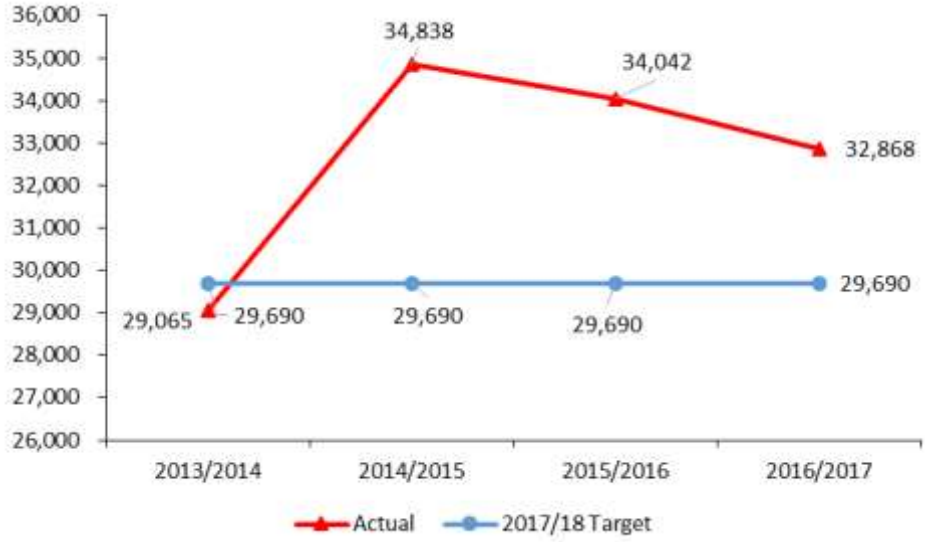


- Target not yet met and the number of days spent in the community during the last 6 months of life has reduced since 2014/15.

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.

APPENDIX 2

Dundee LCPP Performance Report 2017/18 Q2

Executive Summary

- Data for this quarter has been provided by analysts from the NSS ISD List team rather than NHS Tayside Business Unit. 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 Q2 data have been investigated although the two data sources are not identical, NSS data accuracy remains within an acceptable tolerance and trends are reliable for service planning and performance improvement purposes.

- 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.

- LCPP level data continues to be used to compile profiles to support dialogue with stakeholders regarding needs in these areas.

- Between the baseline year 2015/16 and 2017/18 Q2 there was an improvement in the rate of bed days lost to delayed discharges for people aged 75+ and also the emergency bed day rate for people aged 18+.

- Emergency bed day rates since 2015/16 have decreased by 7.9% for Dundee, which is an improvement. Every LCPP, except for The Ferry showed an improvement in Q2 compared with 2015/16 and the biggest improvements were seen in West End, Maryfield, Lochee and Coldside all of which all showed a greater than 10% decrease in bed day rates. There was however an increase of 2.5% (deterioration) in The Ferry.

- The rate of bed days lost to delayed discharges for people aged 75+ has decreased by 40.6% in Dundee since 2015/16, which is an improvement. In Q2 there were decreases across all LCPP areas and the biggest decreases (of greater than 40%) were in Strathmartine, Coldside and Maryfield.

- Emergency admission rates have increased by 1.6% for Dundee since 2015/16, which is a deterioration. There were however decreases in three LCPPs (East End, The Ferry and Coldside). There were increases in emergency admission rates in Lochee (8.7%), North East (8.7%), West End (3.6%), Maryfield (3%) and Strathmartine (0.1%). Lochee and East End had the highest emergency admission rates in Dundee with 15,104 and 15,095 emergency admissions per 100,000 people respectively.

- The rate of readmissions has increased by 3.6% since 2015/16, which is a deterioration. The greatest increase was in Lochee where there was a 16.7% increase. The rate increased in five LCPPs (Lochee, East End, Coldside, The Ferry and West End) and decreased in three LCPPs (North East, Maryfield and Strathmartine) The biggest decrease was in North East (4.7% decrease). 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 submitted to PAC early in 2018.

- The rate of hospital admissions as a result of a fall for people aged 65+ has increased by 9.6% since 2015/16, which is a deterioration. The biggest increase was in Maryfield (46.7% increase). The rate increased in five LCPPs (Maryfield, West End, North east, East End and Lochee) and decreased in three LCPPs (Strathmartine, Coldside and The Ferry) The biggest decrease was in Strathmartine (8.1% decrease). 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).

- Targets were set in the Measuring Performance Under Integration submissions against 6 high level service delivery areas – emergency admissions, emergency bed days, accident and emergency, delayed discharges, balance of care and end of life. In 2016/17 performance against these targets were exceeded in emergency admissions, emergency admissions from accident and

emergency, accident and emergency attendances and emergency bed days. Delayed discharges (standard and code 9) also exceeded the target but delayed discharges due to complex reasons (code 9's) did not meet the target. The 2016/17 targets regarding the number of days during last 6 months of life in the community, hospice palliative care unit and large hospital have not yet been met.

- April – July 2017 data demonstrates continued positive performance against interim targets, with 5 areas exceeding interim targets for the quarter. Delayed discharge due to complex reasons continues to not meet target.

Introduction

Quarter 2 data has been provided by analysts from the NSS ISD List team. It was previously agreed by the NHS Tayside Business Unit that they would provide data from Q1 2017/18. They provided Q1 data however due to the continued development of a new patient record system and also competing demands, the Business Unit have been unable to provide data for Q2 and therefore NSS ISD have provided data on this occasion.

Data provided by NSS ISD and NHS Tayside differs because the NHS Tayside uses 'board of treatment' and NSS uses 'board of residence' The List analyst has worked with the Business Unit to ensure consistency so although the data is not identical, accuracy remains within an acceptable tolerance and trends are reliable for service planning and performance improvement purposes.

This performance report also contains an update against the indicators and targets contained in the Measuring Performance Under Integration submission. This data was only available to July 2017 at the time of reporting, therefore quarter 2 data is not yet complete.

NSS ISD has recently revised publication dates for national benchmarking data due to incomplete submission from Health Boards across Scotland (not including NHS Tayside) meaning that Q1 data is not yet available. For the purpose of tracking performance and trends a comparison has been made between the monthly targets and the actual performance.

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 2 shows the previous 12 months of data including the current quarter. Quarter 2 data includes data from 1 October 2016 to 30 September 2017.

Performance in Dundee's LCPPs

Improved

Stayed the same

Declined

Table 1: **Performance in 2017/18 Q2 and comparison between performance in LCPPs and the Dundee average**

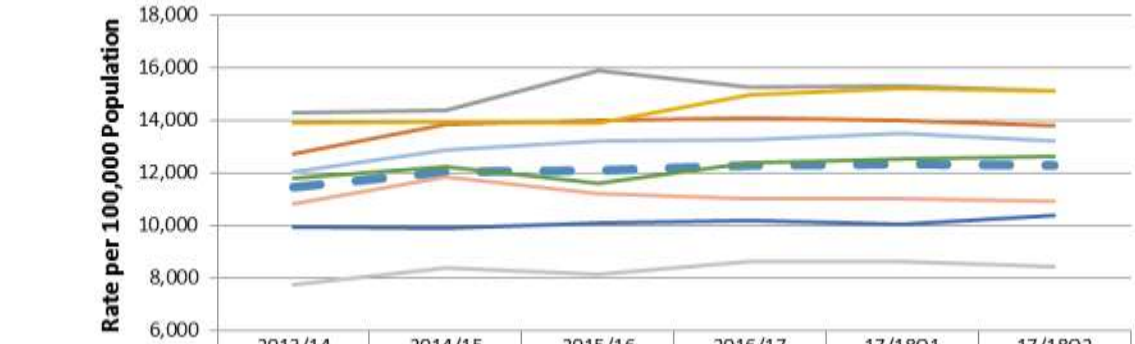
Deprivation Scale

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strath martine	Mary field	West End	The Ferry
Admissions rate per 100,000 18+	12,264	15,104	15,095	13,776	12,620	13,218	10,403	8,409	10,932
Bed days rate per 100,000 18+	10.9	11.9	11.0	11.1	9.4	9.8	10.5	10.5	12.4
Readmissions rate per 1,000 18+	122	129	141	132	111	118	121	110	110
Falls rate per 1,000 18+	27.3	29.1	31.7	29.1	24.8	23.1	34.0	34.4	20.0
Delayed Discharge bed days lost rate per 1,000 75+	487.7	575.4	742.2	535.0	621.4	263.5	418.6	746.1	257.1

Table 2: **% change in 2017/18 Q2 against baseline year 2015/16**

National Indicator	Dundee	Lochee	East End	Cold side	North East	Strathm artine	Mary field	West End	The Ferry
Admissions rate per 100,000 18+	+1.6%	+8.7%	-4.9%	-1.5%	+8.7%	+0.1%	+3.0%	+3.6%	-2.4%
Bed days rate per 100,000 18+	-7.9%	-11.3%	-8.8%	-10.9%	-5.3%	-1.6%	-12.3%	-13.8%	+2.5%
Readmissions rate per 1,000 18+	+3.6%	+16.7%	+8.3%	+5.9%	-4.7%	-2.9%	-2.9%	+2.2%	+5.4%
Falls rate per 1,000 18+	+9.6%	+9.4%	+15.8%	-2.6%	+20.7%	-8.1%	+46.7 %	+24.9%	-1.2%
Delayed Discharge bed days lost rate per 1,000 75+	-40.6%	-25.2%	-35.8%	-44.7%	-51.9%	-72.7%	-44.4%	-18.7%	-28.0%

Chart 1: Rate per 100,000 Population of All Emergency Admissions for People Aged 18+ by Locality and Financial Year

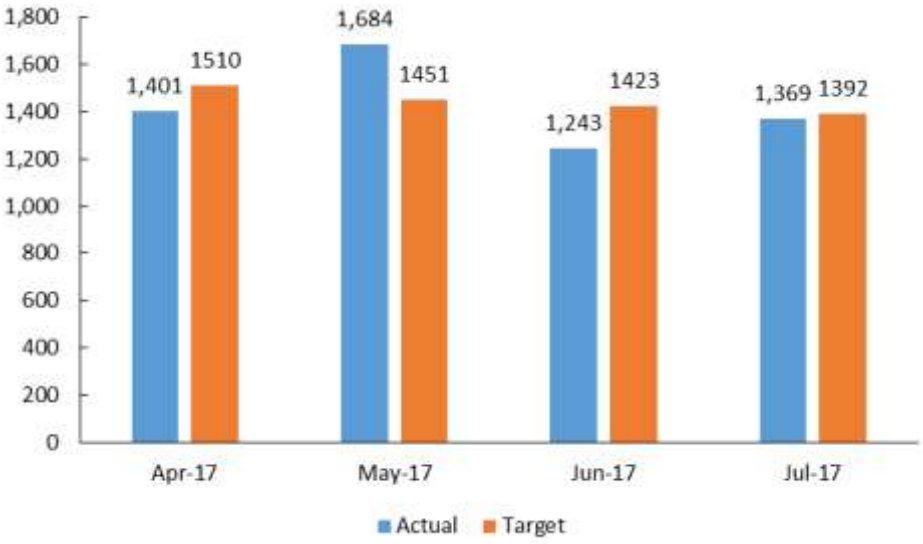


	2013/14	2014/15	2015/16	2016/17	17/18Q1	17/18Q2
Dundee	11,473	12,032	12,073	12,294	12,343	12,264
Coldside	12,742	13,825	13,983	14,097	13,972	13,776
East End	14,264	14,398	15,871	15,235	15,308	15,095
Lochee	13,872	13,963	13,898	14,951	15,219	15,104
Maryfield	9,947	9,888	10,102	10,161	10,049	10,403
North East	11,775	12,256	11,615	12,380	12,509	12,620
Strathmartine	12,035	12,868	13,202	13,252	13,481	13,218
The Ferry	10,826	11,863	11,197	11,004	11,017	10,932
West End	7,758	8,358	8,116	8,633	8,607	8,409

Source: NSS ISD

Note: Due to incompleteness of 2017/18 Q2 data, the SMR01 data was extrapolated for the month of September 2017 using an ARIMA model. 2017/18 Q2 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 the 31st September 2017.

Chart 2: Performance against Local Delivery Plan Target – Emergency Admission Numbers (All Ages)



Source: NSS ISD

Reminder regarding Q4 National Position

- Performed slightly higher that the Scottish average with approximately 12,500 emergency admissions per 100,000 population, compared with the Scottish average of approximately 12,000 emergency admissions per 100,000 population.

- Performance was better than the following 'family group' Partnerships – North Lanarkshire, Glasgow, East Ayrshire, North Ayrshire and Inverclyde and West Dunbartonshire.

Q2 17/18 Analysis

- The rate for Dundee has generally been increasing from 11,500 per 100,000 in 2012/13 to 12,300 per 100,000 in 2017/08 Q1, although the rate decreased slightly in Q2 to 12,200.
- West End had the lowest rate with 8,409 emergency admissions per 100,000 people in 2017/08 Q2, followed by The Ferry and Strathmartine. The West End rate was almost 50% less than the Lochee rate.
- In Q2 17/18 the Lochee had the highest rate with a rate of 15,104.
- Five LCPPs have seen increases in their rates since the 2015/16 baseline year (Lochee, North East, West End, Maryfield and Strathmartine).
- Performance exceeded the LDP target between April and July 2017, however the number of emergency admissions increased in May 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 (DECSA) 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, which consists of a team of four nurses who are supported by medical colleagues has contributed to many positive outcomes for residents and families, including a reduction in hospital admissions. In this period the admission rate from care homes to Kingsway Care Centre dropped from 28 to seven. Colleagues who work in care homes have found many benefits from having a specific link nurse and prearranged times to visit each area. This provides a consistent and dependable service which allows planning. Further developments within the team include; collaborative training with care homes, peripatetic services and older people review officer and enhancing knowledge in the essentials in psychological care.
- 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. The multi-disciplinary team is working effectively and successes include; the development of an acute frailty team, the completion of Anticipatory Care Plans and recording on eKIS, and creating links between the Medicine for the Elderly and Psychiatry of Old Age Teams. The polypharmacy stream has reduced harm, waste and variation by allocating resources in both enablement and care home services. Housing with care has been further expanded with the development of 2 new sites. Day services have been remodelled which has increased the number of day opportunities in the community, opposed to within traditional day centres. The resource released from the reduction of acute beds has been reinvested in expanding the Enhanced Community Support (ECS) service. This included the testing of multidisciplinary assessment meetings at GP Practice level; and the further roll out of the model to additional practices across the 4 cluster areas. A locality nurse role has been established in each locality to co-ordinate assessments and reviews and support anticipatory care planning and carer assessments. This has directly reduced length of hospital stay and emergency admissions.

- 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. The project set out a number of key aims to be tested over a period of twelve/eighteen months. These are summarised below:
  - upskill the workforce at the Mackinnon Respite service
  - redesign the care pathway for those in patients receiving rehabilitation services through the acquired brain injury service at Royal Victoria Hospital
  - explore, through a test of change, whether the resource at the Mackinnon service could effectively support individuals in the latter stages of their rehabilitation pathway.
  - support earlier discharge from CBIR
  - increase in earlier access to CBIR from Ninewells.

- Creative Engagement, through the arts, is a developing non-medical therapeutic intervention option that can operate alongside existing treatments by addressing psychosocial benefits (mood, confidence, self-esteem…) associated with positive health and well being. Tayside Healthcare Arts Trust (THAT) has been at the forefront of its development locally across a wide range of Long Term Conditions (LTCs). Its nationally recognised work with stroke (ST/ART Project and ACES research) has earned recurring funding from NHS Tayside and partnership support from Dundee Contemporary Arts and others. THAT has for some years been demonstrating the applicability of this approach for other LTCs, particularly Dementia, COPD, Parkinson's and MS and continues to seek additional recurring funding to embed this work. Opportunities for further developments around other health inequality targets could be explored with innovative test of change work.

- Successful delivery of Post Diagnostic Support for people diagnosed with dementia across Dundee. Analysis of care plans identified excellent compliance with PDS monitoring – there was a 100% rate of referral and *98%* of patients had either 1 or more pillars recorded as met.

  Additionally 84% of people who responded to the survey were either satisfied or very satisfied.

  Patient and carer feedback included the following comments:

  "We would like to thank the service for making mum feel safe and comfortable"
  "As a carer it's good to know there is somebody at the end of a phone "
  "Information and help was very much appreciated"
  "Service provided by my worker was excellent"
  "Extremely professional but also down to earth"

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. The Reshaping Care Team work in local communities to build their capacity and implement a co-productive model in the planning and implementation of service that meet the needs of each community. Through the Reshaping Care Network we share information and improve connections between third sector organisations that provide health and social care services and supports in the City, Some areas of work include:

- Community Companion Project – aimed at adults living in Dundee who are either experiencing or have the potential to experience social isolation. Each service user is matched up to a community companion based on personality, hobbies and interests and general living experiences. Community companions visit people in their own homes, accompany them to social activities or shopping trips or even a visit to the local cafe.

- Men's Sheds – provide a place for men to gather and participate in a variety of activities whilst supporting each other in a relaxed environment. The team is supporting the development of Men's Sheds in the East End, Lochee and Maryfield.

- 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. Similarly, although the number of people with a substance misuse issue engaged in Q1 decreased the closer link with Addaction is starting to increase those supported. The team continue to support health needs identified in the DD4 networks. Data and IT issues have led to a reduction in overall numbers but solutions are being sought to this. The increasing number of people being supported around a wide range of health and social issues by the associate practitioners is also having a positive impact, both for the individuals involved, and increasing referrals with the recognition by professionals as so the wider benefits of the teams input. The Health and Homeless Outreach Team (HHOT) have become integrated with the Keep Well team and other inequalities teams. The expertise in the team will enhance the skills of the wider team, and ensure we support health needs and prevention across vulnerable groups who often have a complex range of health and social issues impacting on their health and wellbeing.

- 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. Examples of activities include accredited cooking skills and health issues in the community courses, volunteer led walking programme and community based health checks and relaxation sessions. In addition the DHLI supports local groups to become formally constituted and gain independent funding for activities.

- 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. A third of people using the listening service talk about bereavement issues, with others talking about relationships, stress, depression, ill health, fear/anxiety and a range of other issues.

  "I came away with a feeling of optimism. I have since taken positive steps to make some changes in my life, which have improved my mental and emotional wellbeing."

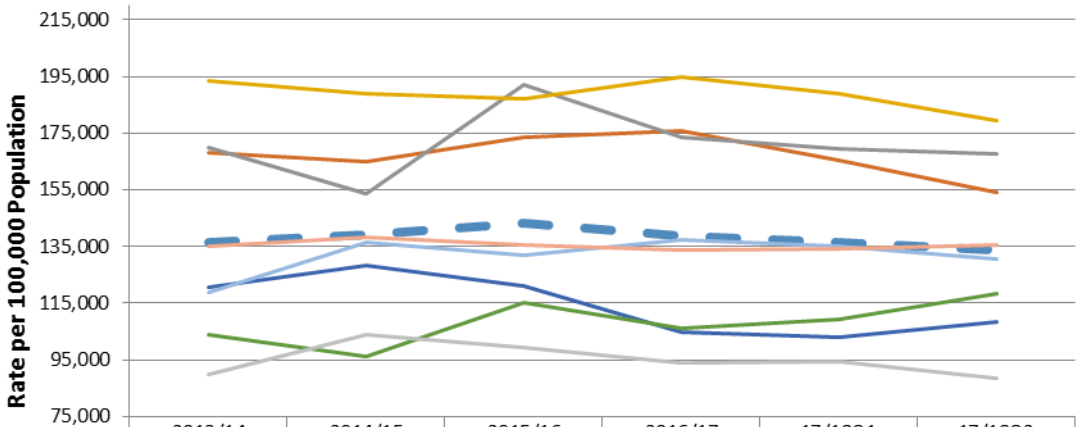
  The approach is evidence based, and makes use of a National Training Program funded by Scottish Government.

What we plan to do:

- Redesign Stroke patient services.
- Redesign the Tayside Neurological Rehabilitation services.
- Lead a review, with partners, of the current Learning Disability acute liaison service and develop future model.
- Increase our investment in intermediate forms of care such as step up/down accommodation and support for all adults.

- Develop further work to support reducing health inequalities and prevention, including developing social prescribing models to support individuals around improving their health and wellbeing.
- We are developing a Dundee Enhanced Community Support – Acute service which will work with people with acute illness in their own home.
- Continue to develop a polypharmacy service to reduce harm at home.
- Develop good practice in anticipatory care planning.

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



	2013/14	2014/15	2015/16	2016/17	17/18Q1	17/18Q2
Dundee	136,510	138,980	143,076	138,873	136,379	133,792
Coldside	168,335	165,033	173,577	175,659	165,491	153,910
East End	169,693	153,754	192,157	173,372	169,242	167,466
Lochee	193,253	188,760	187,128	194,680	189,008	179,356
Maryfield	120,817	128,199	121,114	104,622	102,976	108,412
North East	104,036	96,008	115,281	106,228	109,328	118,211
Strathmartine	118,928	136,475	132,013	137,257	134,906	130,388
The Ferry	135,076	138,483	135,346	133,673	134,413	135,426
West End	89,972	103,698	99,213	93,810	94,308	88,631

Source: NSS ISD

Note: Due to incompleteness of 2017/18 Q2 data, the SMR01 data was extrapolated for the month of September 2017 using an ARIMA model. 2017/18 Q2 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 the 31st September 2017.

Chart 4: Performance against Local Delivery Plan Target – Emergency Bed Days (All Ages)

Source: NSS ISD

Reminder regarding Q4 National Position

- Dundee had the 7th highest emergency bed day rate in Scotland with a rate of 136,000 per 100,000 population.

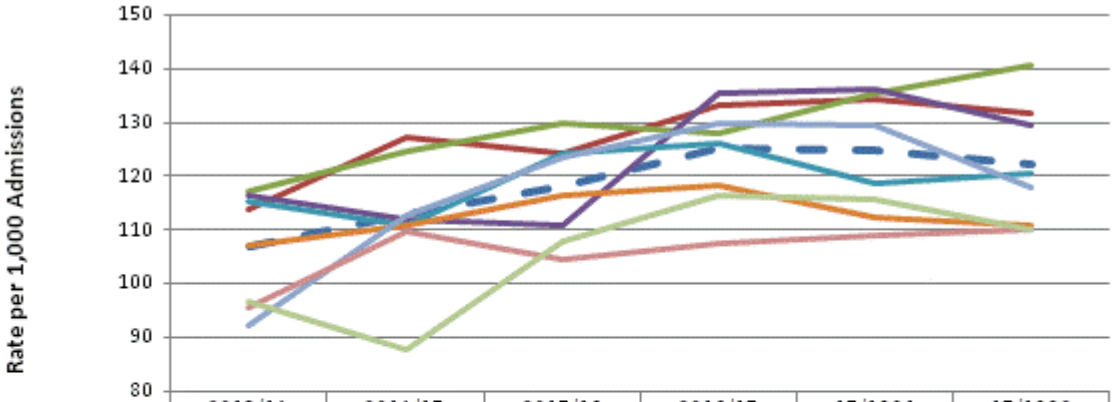
Q2 17/18 Analysis

- The emergency bed day rate for people aged 18+ increased towards the 2015/16 baseline year, however between 2015/16 and 2017/18 Q2 it has decreased to rates similar to 2012/13.
- The rate for Dundee decreased from 143,076 per 100,000 in the baseline year 2015/16 to 133,792 per 100,000 in 2017/08 Q2.
- In Q2 2017/18 Lochee had the highest bed day rate and the West End has the lowest bed day rate. Five LCPPs have seen a decrease in the last quarter. There were increases in three LCPPs between Q1 1718 and Q2 1718 (Maryfield, West End and The Ferry)
- Performance against the LDP target was exceeded in each month between April and July, except for May.

What we have achieved to date:

- We intend to pilot Enhanced Community Support in Lochee.

Chart 5: Readmissions within 28 days as a rate per 1,000 admissions, all ages by LCPP



	2013/14	2014/15	2015/16	2016/17	17/18Q1	17/18Q2
Dundee	107	113	118	125	125	122
Coldside	114	127	124	133	134	132
East End	117	125	130	128	135	141
Lochee	116	112	111	136	136	129
Maryfield	115	111	124	126	119	121
North East	107	111	116	118	113	111
Strathmartine	92	113	123	130	129	118
The Ferry	95	110	105	107	109	110
West End	97	88	108	116	116	110

Source: NSS ISD

Note: Due to incompleteness of 2017/18 Q2 data, the SMR01 data was extrapolated for the month of September 2017 using an ARIMA model. 2017/18 Q2 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 the 31st September 2017.

Reminder regarding Q4 National Position

- Dundee had the highest readmission within 28 day rate in Scotland (Perth and Angus were also high in the rankings). Dundee has had consistently higher readmission rates than Scotland since 10/11.

Q2 17/18 Analysis

- The rate of readmissions within 28 days increased steadily between 2012/13 and Q1 2017/18 when it was 125 although it decreased slightly to 122 in Q2 2017/18.
- The highest readmission rate was in East End (141) and the lowest was in The Ferry and West End (110).
- Over the last quarter the rate decreased slightly from 125 to 121 with rates decreasing in 6 LCPPs, staying the same in 1 LCPP and increasing in 1 LCPPs (East End).
- Between the baseline year 2015/16 and Q2 17/18 the rate decreased in 5 LCPPs (Lochee, East End, Coldside, The Ferry and West End) and increased in 3 LCPPs (North East, Maryfield and Strathmartine).

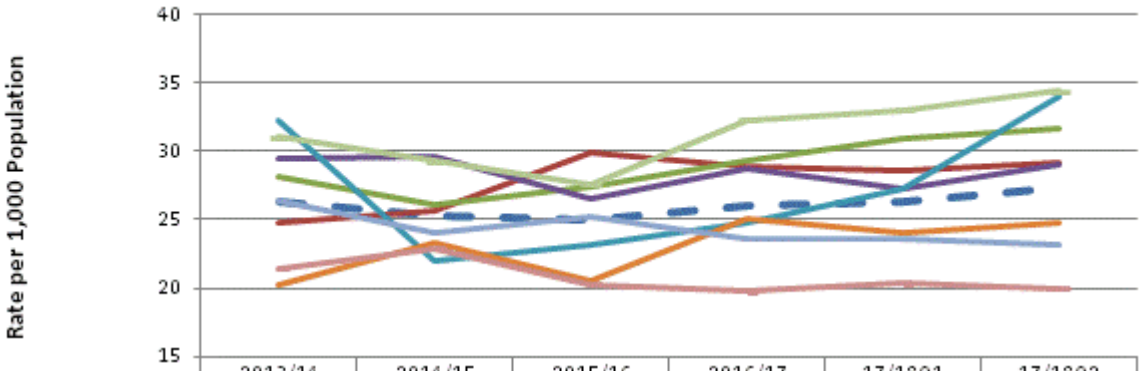
What we have achieved to date:

This issue has been identified as a priority by the Tayside Unscheduled Care Board and a post has been identified within NHS Tayside to lead on this. 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.

Chart 6: Rate per 1,000 Population of Fall Admissions for People aged 65+



	2013/14	2014/15	2015/16	2016/17	17/18Q1	17/18Q2
Dundee	26.3	25.3	24.9	26.0	26.3	27.3
Coldside	24.8	25.7	29.9	28.9	28.6	29.1
East End	28.1	26.0	27.4	29.3	30.9	31.7
Lochee	29.5	29.6	26.6	28.7	27.3	29.1
Maryfield	32.3	22.1	23.2	24.8	27.3	34.0
North East	20.2	23.3	20.5	25.1	24.1	24.8
Strathmartine	26.4	24.1	25.2	23.6	23.6	23.1
The Ferry	21.4	22.9	20.3	19.8	20.3	20.0
West End	31.0	29.3	27.6	32.3	33.1	34.4

Source: NSS ISD

Note: Due to incompleteness of 2017/18 Q2 data, the SMR01 data was extrapolated for the month of September 2017 using an ARIMA model. 2017/18 Q2 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 September 2017.

Reminder regarding Q4 National Position

- Dundee was the second poorest performing partnership in Scotland with a falls rate of 26 per 1,000 population aged 65+.

Q2 17/18 Analysis

- West End had the highest rate of falls in Dundee with 34.4 falls related hospital admissions per 1,000 population. The Ferry had the lowest rate with 20.0 falls related hospital admissions per 1,000 population.
- The rate of falls related hospital admissions decreased in six LCPPs between Q1 17/18 and Q2 17/18 (North East, Coldside, East End, Lochee, Maryfield and West End). The rate in two LCPPs increased between Q1 17/18 and Q2 17/18 (Strathmartine and The Ferry).

- Since the baseline year 2015/16 the rate has increased from 24.9 to 27.3. There have been increases in five LCPPs (Lochee, East End, North East, Maryfield and West End) and decreases in three LCPPs (Coldside, Strathmartine and The Ferry).

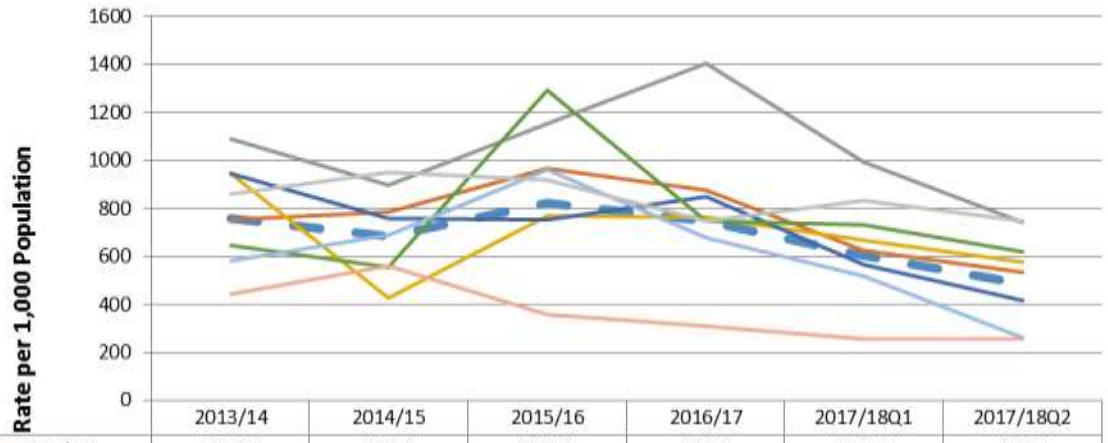
What we have achieved to date:

- 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 were 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.

Chart 7: 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



	2013/14	2014/15	2015/16	2016/17	2017/18Q1	2017/18Q2
Dundee	756.0	684.0	820.4	747.7	602.2	487.7
Coldside	752.9	785.3	967.9	876.2	622.9	535.0
East End	1089.2	894.8	1155.9	1402.3	991.2	742.2
Lochee	947.2	426.9	769.5	762.9	667.8	575.4
Maryfield	943.0	760.9	752.7	847.3	567.0	418.6
North East	644.8	553.7	1290.9	745.1	734.1	621.4
Strathmartine	581.2	688.0	963.8	678.2	520.2	263.5
The Ferry	445.4	562.5	357.1	307.6	258.5	257.1
West End	861.4	951.2	917.8	745.3	832.6	746.1

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

Chart 8: Performance against Local Delivery Plan Target – Bed Days Lost to Delayed Discharges 75+

Reminder regarding Q4 National Position

- Dundee performed better than the Scottish average of bed days lost to delayed discharges for 75+ with a rate of 755 per 1,000 population. This was an improvement from 2015/16 when the rate was 832 per 1,000 population.

Q2 17/18 Analysis

- The rate of bed days lost to delayed discharge for people aged 75+ dropped considerably in Q2 17/18. The rate is now the lowest it has been in over 5 years.
- The rate in all LCPPs decreased between Q1 17/18 and Q2 17/18.
- The East End was consistently one of the poorest performing LCPP areas for this indicator although the Q2 figure shows a considerable improvement since the baseline year in 2015/16 from 1155.9 in 15/16 to 742.2 in Q2 17/18. The rate in the East End is three times higher than the rate in The Ferry which has the lowest rate.
- The rate of bed days lost peaked at the baseline year 2015/16 and has decreased from 820.4 to 487.7 in Q2 17/18.
- Performance against the LDP was exceeded in each month between April and July 2017.

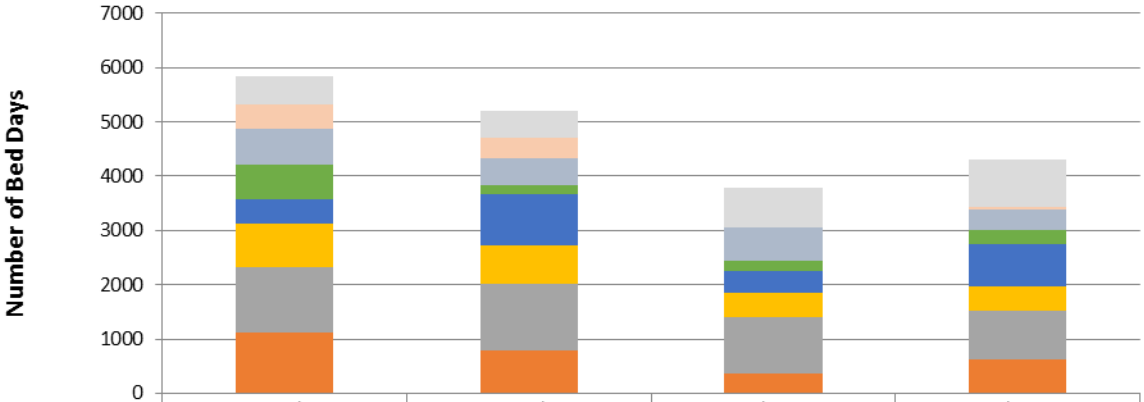
What we have achieved to date:

- 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:

- The Enhanced Community Support Service is working with people to identify increased support needs, particularly around requirements for care home placements at an earlier stage. It is anticipated that this proactive planning will have the positive effect of minimising the number of applications for care homes and also Power of Attorney which often happen as a crisis response when the person is in hospital.
- Extend the range of supports for adults transitioning from hospital back to the community.
- Review and refresh the Delayed Discharge Improvement Plan.
- Continue to focus on those service users delayed as a result of complex needs who result in the most bed days lost per individual.
- The development of a step down and assessment model for residential care is planned for the future.

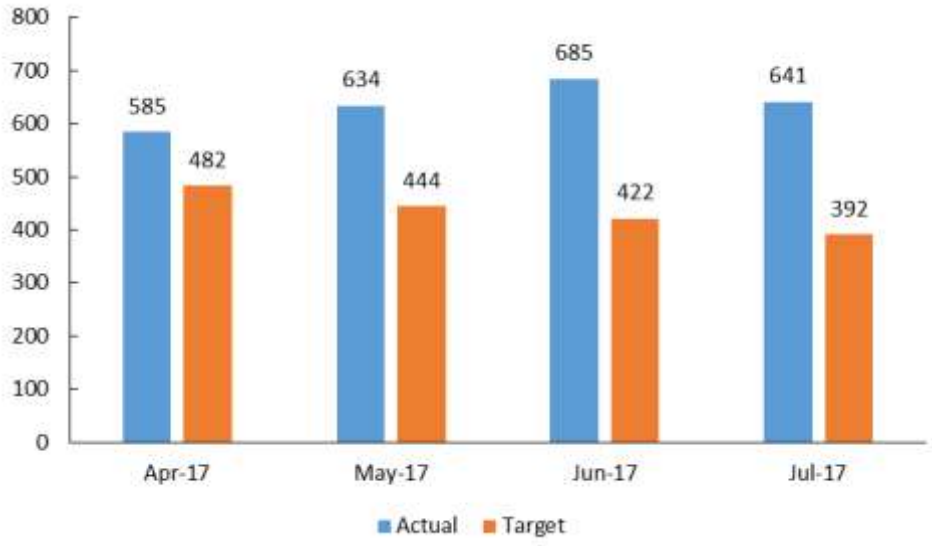
Chart 9: Number of Bed Days Lost to Complex Delayed Discharges for People of all Ages in Dundee by LCPP and Financial Year



	2015/16	2016/17	17/18Q1	17/18Q2
West End	529	500	728	870
The Ferry	440	365	7	50
Strathmartine	675	507	618	376
North East	638	164	188	254
Maryfield	438	933	409	801
Lochee	809	708	438	442
East End	1204	1246	1040	901
Coldside	1112	780	364	614

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

Chart 10: Performance against Local Delivery Plan Target - Bed Days Lost (Code 9) 75+



Q2 17/18 analysis

- The number of bed days lost to a delayed discharges for complex reasons has decreased since 2015/16 from 5,845 to 4,308 in Q2 17/18.
- The number of bed days lost to delayed discharges for complex reasons increased in seven of the eight LCPPs between Q1 17/18 and Q2 (West End, The Ferry, North East, Maryfield, Lochee, Coldside and East End). The number of bed days lost decreased in Strathmartine.
- The LDP target was not met in any month between April and July 2017.