ITEM No ...5.....



REPORT TO: PERFORMANCE & AUDIT COMMITTEE - 22 NOVEMBER 2023

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE

REPORT - 2023-24 QUARTER 1

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC42-2023

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee on 2023-24 Quarter 1 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators. Data is also provided in relation to Social Care – Demand for Care at Home services.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of this summary report.
- 2.2 Note the performance of Dundee Health and Social Care Partnership, at both Dundee and Local Community Planning Partnership (LCPP) levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 (tables 1, 2 and 3).
- 2.3 Note the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' indicators as summarised in Appendix 1 (table 3).
- 2.4 Note the number of people waiting for a social care assessment and care at home package and associated hours of care yet to be provided in Appendix 2.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND INFORMATION

- 4.1 The Quarterly Performance Report analyses performance against the National Health and Wellbeing Indicators. 5 of the 23 National Health and Wellbeing Indicators are monitored quarterly (emergency admissions, emergency bed days, readmissions, falls admissions and delayed discharge bed days lost). The quarterly performance report also summarises performance against indicators in the Measuring Performance Under Integration (MPUI) suite of indicators for four out of six high level service delivery areas emergency admissions, emergency bed days, accident and emergency and delayed discharges, end of life and balance of care. Further information regarding these indicators and the methodology used to report these indicators can be found in Appendix 3.
- 4.2 The Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations and guidance prescribes that Partnerships must compare performance information between the current reporting

year and the preceding five reporting years. From Q1 2023-24, quarterly performance reports will use the 2018/19 baseline year for all indicators.

5.0 QUARTER 1 PERFORMANCE 2023-24 – KEY ANALYTICAL MESSAGES

- 5.1 Key analytical messages for the Quarter 1 2023-24 period are:
 - Significant variation by Local Community Planning Partnership (LCPP) is still apparent, with poorest performance for many of the National Indicators in the most deprived LCPPs.
 - Performance is poorer than the 2018-19 baseline for rate of emergency admissions 18+, hospital admissions due to a fall 65+, A+E attendances 18+, emergency admission numbers from A+E 18+, emergency admissions as a rate of all A+E attendances 18+, % care services graded good, and standard bed and complex days lost to delayed discharges 75+.
 - The only indicator where performance is not worse than the 2018-19 baseline is for 28-day readmissions to hospital as a rate of all hospital admissions. The Q1 2023-24 rate is the same as the 2018-19 rate, although there was a deterioration in Coldside (25% increase), West End (18% increase) and The Ferry (12% increase).
 - Rate of emergency admissions and bed day rate per 100,000 18+ population increased by 6.7% and 7.5% respectably when compared with the 2018-19 baseline. Only one LCPP saw a decrease in rate of emergency admissions (East End -0.6%) and only one LCPP saw a decrease in bed day rate (Lochee -9.9%).
 - 90.3% of the last 6 months of life was spent at home or in a community setting; this is higher than the 2018-19 baseline of 89.1% (improvement). Although performance across Scotland is similar, Dundee is best out of the 8 family group partnership and is 2nd out of the 3 Tayside partnerships.
 - Rate of hospital admissions due to a fall for people aged 65+ is 10% higher than the 2018-19 baseline and is higher in 5 of the 8 LCPPs (West End +5%, East End +26%, Maryfield +27%, Lochee +44% amd North East +45%). Dundee is the poorest of the 8 family group partnerships and poorest out of the 3 Tayside partnerships. The Falls Data Group continues to meet to understand and ultimately improve this performance.
 - % care services graded 'good' (4) or better in Care Inspectorate inspections has
 deteriorated since the 2018-19 baseline from 86.2% in 2018-19 to 75.2% in 22/23. Report
 PAC27-2023 Article VIII of the minute of meeting of this Committee of 27th September 2023
 refers provided a detailed analysis of gradings awarded in 2022-23.
 - Rate of bed days lost to a standard delayed discharge for people aged 75+ is 135% more than the 2018-19 baseline and performance deteriorated across all LCPPs. The gap between the LCPPs with the highest and lowest rates increased, with Strathmartine with the lowest rate seeing a further reduction and East End with the highest rate seeing a further increase. At Q1 the LCPP with the highest rate was East End (1094) and the LCPP with the lowest rate was Maryfield (459). Report PAC26-2023 Article VII of the minute of meeting of this Committee of 27th September 2023 refers provided an up-to-date position regarding discharge management, including an overview of improvement activity.
 - Rate of bed days lost to complex (code 9) delayed discharge for people aged 75+ is 24% higher than the 2018-19 baseline, with increases across 5 of the 8 LCPPs. Increases ranged from 42% in Strathmartine to 339% in West End.
- Public Health Scotland publishes a four-week snapshot of the demand for Care at Home services provided by Health and Social Care Partnerships across Scotland. The information, contained in Appendix 2, shows the number of people waiting for an assessment for a package of care to allow them to live at home or in the community and the number of hours of care that has been assessed

but not yet delivered. The information is presented by people waiting in hospital or waiting at home / in the community for the care at home service to be delivered. In Dundee, as at 30 October 2023:

- 0 people waited in hospital and 139 people waited in the community for a social care assessment. This is the lowest number reported since 29 May 2023. 0 people have waited in hospital each week since 17 October 2022.
- 29 people were assessed and waiting for a care at home package in hospital (356 hours yet to be provided). The number of people and hours have been decreasing since 23 February 2023.
- 59 people were assessed and waiting for a care at home package in the community (383 hours yet to be provided). The number of hours has been decreasing since 23 February 2023 amd the number of people waiting is the lowest in the last 12 months.
- For those already in receipt of a care at home package 192 additional hours were required and not provided. There was a significant decrease to 19 June 2023, however there has been an increasing trend since then.

6.0 POLICY IMPLICATIONS

6.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

7.0 RISK ASSESSMENT

| Risk 1 Description | Poor performance against national indicators could affect outcomes for individuals and their carers, spend associated with poor performance and the ability of the IJB to deliver fully commitments set out in the Strategic and Commissioning Plan. |
|---|--|
| Risk Category | Financial, Governance, Political |
| Inherent Risk Level | Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level) |
| Mitigating Actions (including timescales and resources) | Continue to develop a reporting framework which identifies performance against national and local indicators. Continue to report data quarterly to the PAC to highlight areas of exceptional performance (poor and excellent). Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as around readmissions to hospital and falls related hospital admissions. Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data. Work with operational managers to identify areas of poor performance that result in operational risk and undertake additional analysis as required. |
| Residual Risk Level | Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Level) |
| Planned Risk Level | Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level) |

| Approval | Given the moderate level of planned risk, this risk is deemed to be |
|----------------|---|
| recommendation | manageable. |
| | |

8.0 CONSULTATIONS

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

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry Chief Finance Officer

DATE: 25 October 2023

Lynsey Webster Senior Officer, Strategy and Performance

APPENDIX 1 – Performance Summary

Table 1: Performance in Dundee's LCPPs - % change in Q1 2023-24 against baseline year 2018/19

Most Deprived Least

| | | ` | | | | | | | |
|---|--------|--------|--------|----------|--------|---------|-------|--------|-------|
| National | Dundee | Lochee | East | Coldside | North | Strathm | Mary | West | The |
| Indicator | | | End | | East | artine | field | End | Ferry |
| Emer Admissions rate per 100,000 18 | +6.7% | +0.7% | -0.6% | +8.9% | +2.9% | +13.8% | +3.4% | +15.7% | +8.3% |
| Emer Bed Days rate per 100,000 18+ | +7.5% | -9.9% | +18.0% | +14.5% | +18.1% | +12.8% | +8.2 | +2.5% | +1.5% |
| 28 Day Readmissions rate per 1,000 Admissions | 0% | -4% | -14% | +25% | -8% | -11% | -17% | +18% | +12% |
| Hospital admissions due to falls rate per 1,000 65+ | +10% | +44% | +26% | -8% | +45% | -6% | +27% | +5% | -4% |
| Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard) | +135% | +55% | +255% | +280% | +126% | +104% | +93% | +59% | +173% |
| Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9) | +24% | -69% | +178% | -54% | +47% | +42% | +153% | +339% | -43% |

Table 2: Performance in Dundee's LCPPs - LCPP Performance in Q1 2023-24 compared to Dundee

Most Deprived Least

| National | Dundee | Lochee | East | Coldside | North | Strath | Mary | West | The |
|----------------------|---------|---------|---------|----------|---------|---------|---------|--------|---------|
| Indicator | | | End | | East | martine | field | End | Ferry |
| Emer Admissions | 13,495 | 15,234 | 16,722 | 16,137 | 12,825 | 15,055 | 11,020 | 10,388 | 11,707 |
| rate per 100,000 18+ | | | | | | | | | |
| Emer Bed days rate | 128,983 | 142,383 | 174,148 | 167,611 | 106,563 | 135,276 | 112,300 | 83,921 | 120,880 |
| per 100,000 18+ | | | | | | | | | |
| 28 Day | 140 | 136 | 141 | 161 | 120 | 136 | 123 | 155 | 132 |
| Readmissions rate | | | | | | | | | |
| per 1,000 | | | | | | | | | |
| Admissions | | | | | | | | | |
| Hospital | 33.3 | 36.5 | 41.4 | 37.0 | 27.3 | 27.8 | 32.5 | 37.9 | 28.9 |
| admissions due to | | | | | | | | | |
| falls rate per 1,000 | | | | | | | | | |
| 65+ | | | | | | | | | |
| Delayed Discharge | 650 | 699 | 1094 | 799 | 570 | 459 | 506 | 526 | 560 |
| bed days lost rate | | | | | | | | | |
| per 1,000 75+ | | | | | | | | | |
| (standard) | | | | | | | | | |
| Delayed Discharge | 114 | 45 | 236 | 98 | 128 | 128 | 359 | 66 | 24 |
| bed days lost rate | | | | | | | | | |
| per 1,000 75+ | | | | | | | | | |
| (Code 9) | | | | | | | | | |

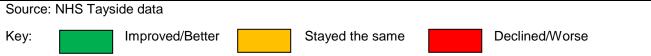


Table 3: Performance in Dundee's LCPPs - LCPP Performance in Q1 2023-24 compared to Dundee

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

Please note that indicators 1-9 are reported from a biennial national survey – therefore short-term trends are not available. Longitudinal trends are also not available due to changes in suvrey methodology since 2015/16.

| National Indicator | Difference From 18-19 Baseline | Dundee Short Term Trend (last 4 quarters) | Long Term Trend | Scotland Position 1= best, 32 = worst | Family Group Position 1= best, 8 = worst | Tayside Group Position 1= best, 3 = worst |
|--|--------------------------------|--|-----------------|--|--|---|
| 1.% of adults able to look after their health very well or quite well* | | | | 30th | 5th (89%) | 3rd |
| 2.% of adults supported at home who agreed that they are supported to live as independently as possible* | | | | 5th | 1st (84%) | 1st |
| 3.% of adults supported at home who agreed that they had a say in how their help, care, or support was provided* | | | | 7th | 2nd (75%) | 2nd |
| 4. % of adults supported at home who agree that their health and social care services seem to be well co-ordinated* | | | | 2nd | 2nd (76%) | 2nd |
| 5.% of adults receiving any care or support who rate it as excellent or good* | | | | 2nd | 2nd (84%) | 1st |
| 6.% of people with positive experience of care at their GP practice* | | | | 16th | 3rd (67%) | 3rd |

| National Indicator | Difference From 18-19 Baseline | Dundee Short Term Trend (last 4 quarters) | Long Term Trend | Scotland Position 1= best, 32 = worst | Family Group Position 1= best, 8 = worst | Tayside Group Position 1= best, 3 = worst |
|--|---|---|---|--|--|---|
| 7.% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life* | | | | 29th | 8 th (72%) | 3rd |
| 8.% of carers who feel supported to continue in their caring role* | | | | 26th | 7 th (27%) | 3rd |
| 9.% of adults supported at home who agreed they felt safe* | | | | 20th | 7 th (77%) | 3rd |
| 10. % staff who say they would recommend their workplace as a good place to work | Not Available Nationally | Not Available Nationally | Not Available Nationally | | | |
| 11. Premature mortality rate per 100,000 persons | 6% more in 2021 than 2016 (deterioration) | Not Available | Source: PHS 800 600 400 200 0 2016 2017 2018 2019 2020 2021 Dundee City Scotland | 29th | 7th | 3rd |

| National Indicator | Difference From 18/19 Baseline | Dundee Short Term Trend (last 4 quarters) | Long Term Trend | Scotland Position 1= best, 32 = worst | Family Group Position 1= best, 8 = worst | Tayside Group Position 1= best, 3 = worst |
|--|--|--|--|--|--|---|
| 12. Emer Admissions rate per 100,000 18+ | 6% (923 admissions) more in Q1 23/24 than 2018/19 (deterioration) (source: NHST BSU) Source: NHST BSU 20 20 315 4 20 3 3 3 4 5 D C EE L M NE S TF LCPP | Source: MSG National Data 13,500 12,500 12,000 Q2 Q3 Q4 Q1 | Source: NHST BSU 18000 16000 14000 12000 10000 8000 6000 D Lowest at Q1 WE Highest at Q1 EE Source: National MSG Data Source: National MSG Data 13500 12500 12500 12000 12500 1 | 24th | 4th | 3rd |

| National Indicator | Difference From 18-19 Baseline | Dundee Short Term Trend (last 4 quarters) | Long Term Trend | Scotland Position 1= best, 32 = worst | Family Group Position 1= best, 8 = worst | Tayside Group Position 1= best, 3 = worst |
|---|--|--|--|--|--|---|
| Emergency Admissions Numbers from A&E (MSG) | 901 more attendances in Q1 23/24 than 2018/19. | Source: MSG National 8500 Data 7500 Q2 Q3 Q4 Q1 | Source: MSG National Data 8,500 8,500 8,000 7,500 7,000 6,500 2028129 202012 202122 20222 2023124 | NA as number and not rate | NA as number and not rate | NA as number and not rate |
| Emergency Admissions as a Rate per 1,000 of all Accident &Emergency Attendances (MSG) | Rate is 37(12%) higher at Q1 2023/24 than 2018/19. | Source: MSG National Data Data Source: MSG National Data 1,000 Source: MSG National Data 2,000 Source: MSG National Data 2,000 3,000 | Source: MSG National Data 400 1,000 attendances 1,000 attendances | Not Avail | Not Avail | Not Avail |

| National Indicator | Difference From 18-19 Baseline | Dundee Short Term Trend (last 4 quarters) | Long Term Trend | Scotland Position 1= best, 32 = worst | Family Group Position 1= best, 8 = worst | Tayside Group Position 1= best, 3 = worst |
|--|-------------------------------------|---|---|--|--|---|
| Accident & Emergency Attendances (MSG) | 223 less in Q1 2023/24 than 2018/19 | Source: MSG National Data \$\frac{\pmathbb{\text{\colored}}{24,700}}{\frac{\colored}{\colored}{24,600}} \\ \frac{\pmathbb{\colored}{\pmathbb{\colored}}{24,500}}{\pmathbb{\colored}{\pmathbb{\colored}}{24,400}} \\ \frac{\pmathbb{\colored}{\pmathbb{\colored}}{24,300}}{\pmathbb{\colored}{\colored}}{\pmathbb{\colored}}{20} \\ \frac{\qmathbb{\colored}{\qmathbb{\colored} | Source: MSG National Data 27000 25000 23000 21000 19000 17000 15000 2015/12016/12011/2018/20172017201727272727202 2015/12016/12017201720172017201727272727202 2015/12016/1201720172017201720172017201720172017201 | NA as number and not rate | NA as number and not rate | NA as number and not rate |

| National Indicator | Difference From 18-19 Baseline | Dundee Short Term Trend (last 4 quarters) | Long Term Trend | Scotland Position 1= best, 32 = worst | Family Group Position 1= best, 8 = worst | Tayside Group Position 1= best, 3 = worst |
|---|--|--|--|--|--|---|
| 13.Emer Bed days rate per 100,000 18+ | 9,888 (6.75%) more acute bed days in Q1 2023/24 than 2018/19 (deteriorated) (source: NHST BSU) | Source: NHST BSU 130,000 | 206000 Source: NHST BSU 156000 20156000 20156000 20156000 201576 ACT TO THE POLICY TO THE POLIC | 10th | 1st | 2nd |



| National Indicator | Difference From 18-19 Baseline | Dundee Short Term Trend (last 4 quarters) | Long Term Trend | Scotland Position 1= best, 32 = worst | Family Group Position 1= best, 8 = worst | Tayside Group Position 1= best, 3 = worst |
|--|--|---|---|--|--|---|
| 14.Readmissio ns rate per 1,000 Admissions All Ages | Source: NHST BSU 30 25 18 12 10 10 12 12 10 10 10 10 10 10 10 10 10 10 10 10 10 | Source: NHST BSU 150 | Source: NHST BSU 200 Suppose 150 100 50 Dundee highest at Q1 CS lowest at Q1 NE Linear (Dundee) | 30 th | 8th | 3rd |
| 15. % of last 6 months of life spent at home or in a community setting | Up from 88.8% in 2017/18 to 90.3% in 2022 (improvement) | Not Available | 94.0% 92.0% 90.0% 88.0% 86.0% 84.0% | 9th | 1st | 2nd |

| National Indicator | Difference From 18-19 Baseline | Dundee Short Term Trend (last 4 quarters) | Long Term Trend | Scotland Position 1= best, 32 = worst | Family Group Position 1= best, 8 = worst | Tayside Group Position 1= best, 3 = worst |
|--|---|--|---|--|--|---|
| 16. Hospital admissions due to falls rate per 1,000 65+ | Source: NHST BSU 60 0 C SM TF WE D EE MF L NE 10% (86 falls admissions) more in Q1 23/27 than 2018/19 (deterioration). Greatest increase (deterioration) was in The Ferry with 44% increase (50 fall related admissions) (deterioration). | Source: NHST BSU 1 | Source: NHST BSU 45.0 35.0 25.0 15.0 D Highest at Q4 C Lowest at Q4 NE Linear (D) | 31st | 8th | 3rd |
| 17. % care services graded 'good' (4) or better in Care Inspectorate inspections | Dropped from 84.5% in 2017/18 to 75.2% in 2022/23 (deterioration) | Not Available | Source: PHS 90.0% 85.0% 80.0% 75.0% 70.0% 65.0% Dundee City Scotland | 21st | 7th | 1st |

| National Indicator | Difference From 18-19 Baseline | Dundee Short Term Trend (last 4 quarters) | Long Term Trend | Scotland Position 1= best, 32 = worst | Family Group Position 1= best, 8 = worst | Tayside Group Position 1= best, 3 = worst |
|--|--|---|---|--|--|---|
| 18. % adults with intensive care needs receiving care at home | 6.5% (130 people) more in 2022 than 2017 (improvement) (note calendar year) | Not Available | Source: PHS 70.0% 60.0% 50.0% 40.0% 2016 2017 2018 2019 2020 2021 2022 — Dundee City — Scotland | 28th | 8th | 2nd |
| 19.1 Delayed Discharge bed days lost rate per 1,000 75+ (standard) | Source: PHS LIST 255 280 173 100 126 104 93 59 | Source: PHS LIST 656 650 650 650 650 620 Q2 Q3 Q4 Q1 Fairly stable trend over the last 4 quarters. | Source: PHS LIST 1500 1000 1000 18/19 19/20 20/21 21/22 22/23 23/24 at Q1 Dundee Lowest at Q1 SM Highest at Q1 EE | NA | NA | NA |

| National Indicator | Difference From 18-19 Baseline | Dundee Short Term Trend (last 4 quarters) | Long Term Trend | Scotland Position 1= best, 32 = worst | Family Group Position 1= best, 8 = worst | Tayside Group Position 1= best, 3 = worst |
|--|--|---|--|---------------------------------------|--|---|
| 19.2 Delayed Discharge bed days lost rate per 1,000 75+ (Code 9) | Source: PHS LIST 400 3350 2250 200 100 Application of the property of the pr | Source: PHS LIST 200 156 162 150 114 114 200 100 20 2 23 24 21 Improvement since Q3 | Source: PHS LIST 600 500 400 300 200 100 0 200 100 D Lowest at Q1(TF) Highest at Q1(MF) | NA | NA | NA |

| National Indicator | Difference From 18-19 Baseline | Dundee Short Term Trend (last 4 quarters) | Long Term Trend | Scotland Position 1= best, 32 = worst | Family Group Position 1= best, 8 = worst | Tayside Group Position 1= best, 3 = worst |
|--|--|--|--|---------------------------------------|--|---|
| Delayed Discharge bed days lost rate per 1,000 18+ (All Reasons) (MSG) | Bed days have almost doubled since 2019-20 (2018-20 data not provided by PHS). In 209-20 there were 9,861 bed days lost and this increased to 20,642 at Q1 2023-24. This is an increase of 10,781. | Source: MSG National Data 180 170 160 150 Q2 Q3 Q4 Q1 | Source: MSG National Data 200 150 150 50 0 201 201 201 201 201 201 201 201 201 | NA | NA | NA |
| 20. % of health and social care resource spent on hospital stays where the patient was admitted as an emergency | 5.8% less in 2020/21* than 2015/16 (improvemement) *latest data available | Not Available | Source: PHS 28.00% 26.00% 24.00% 22.00% 20.00% 18.00% 20th patern pate | 18th | 3rd | 3rd |

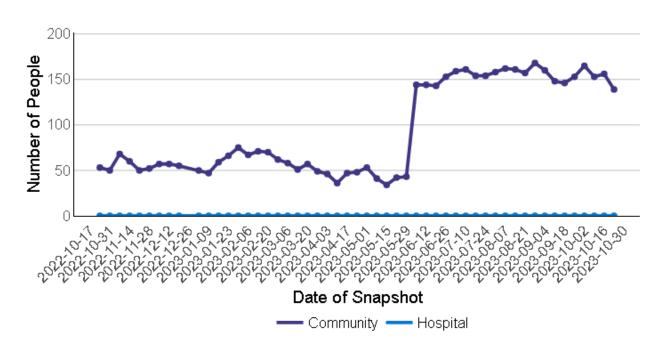
APPENDIX 2 SUMMARY OF SOCIAL CARE - DEMAND FOR CARE AT HOME SERVICES DUNDEE

This report is an assessment of the demand for Care at Home services provided by Health and Social Care Partnerships. The information shows the number of people waiting for an assessment for a package of care to allow them to live at home or in the community and the number of hours of care that has been assessed but not yet delivered. The information is presented by people waiting in hospital or waiting at home/community for the care at home service to be delivered.

The data included in this publication is management information which the Health and Social Care partnerships began submitting in August 2021. This data collection is still under development and requires further work on the consistency of the recording of the information across Health and Social Care Partnerships.

Chart 1

Number of People Waiting for a Social Care Assessment in Dundee City

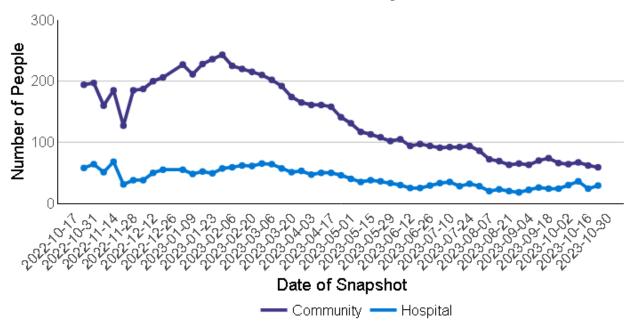


In Dundee as at 30th October 2023:

- 0 people waited in hospital and 139 people waited in the community for a social care assessment. This is the lowest number reported since 29 May 2023.
- 0 people have waited in hospital each week since 17 October 2022.

Chart 2

Number of people assessed and waiting for a care at home package in Dundee City.

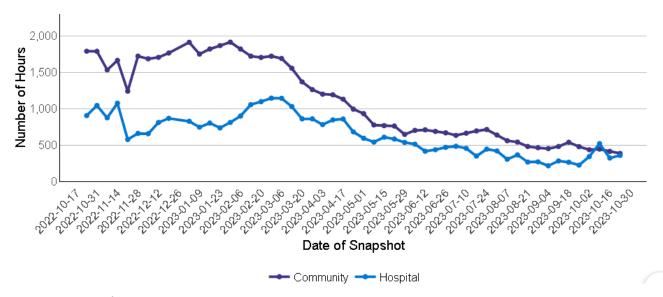


In Dundee as at 30th October 2023:

- 29 people were assessed and were waiting in hospital for a care at home package; there has been a decreasing trend ever the last 10 months.
- 59 people were assessed and were waiting in the community for a care at home package; this is the lowest it has been in the last 12 months.

Chart 3

Number of Hours of Care at Home yet to be provided for Assessed Individuals in Dundee City.

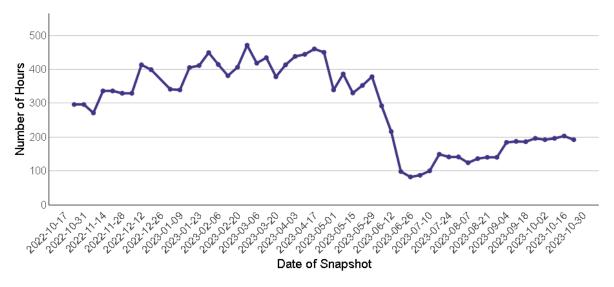


In Dundee as at 30th October 2023:

- 29 people were assessed and waiting for a care at home package in hospital (356 hours yet to be provided). The number of hours has been decreasing since 23 February 2023.
- 59 people were assessed and waiting for a care at home package in the community (383 hours yet to be provided). The number of hours has been decreasing since 23 February 2023.

Chart 4

Number of additional Hours of Care Assessed as Needed and not provided for those already in Receipt of a Care at Home Package in Dundee City.



In Dundee as at 30 October 2023:

• For those already in receipt of a care at home package 192 additional hours were required and not provided. There was a significant decrease to 19 June 2023, however there has been an increasing trend since then.

APPENDIX 3 – DATA SOURCES USED FOR MEASURING PERFORMANCE

The Quarterly Performance Report analyses performance against National Health and Wellbeing Indicators 1-23 and Measuring Performance Under Integration (MPUI) indicators. 5 of the 23 National Health and Wellbeing Indicators are monitored quarterly (emergency admissions, emergency bed days, readmissions, falls admissions and delayed discharge bed days lost. Data is provided both at Dundee and Local Community Planning Partnership (LCPP) level (where available). Data is currently not available for eight out of the 13 National Indicators which are not reported using The Health and Social Care Experience Survey (see section 4.3). The Scottish Government and Public Health Scotland are working on the development of definitions and datasets to calculate these indicators nationally.

The National Health and Wellbeing Indicators 1-9 are reported from The Health and Social Care Experience Survey administered by the Scottish Government which is conducted biennially. Full details were provided to the PAC in February 2021 (Article V of the minute of the Dundee Performance and Audit Committee held on 3 February 2021 refers). The Scottish Government changed the methodology used to filter responses to reflect people who receive services from the Partnership and therefore it is not possible to longitudinally compare results for National Indicators 1-7 and 9.

The quarterly performance report also summarises performance against indicators in the Measuring Performance Under Integration (MPUI) suite of indicators for four out of six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency and delayed discharges, end of life and balance of care. In November 2020 the Performance and Audit Committee agreed that targets should not be set for 2020/21 for these indicators, however that the indicators should continue to be monitored in quarterly performance reports submitted to the PAC (Article VI of the minute of the Dundee Performance and Audit Committee held on 24 November 2020 refers).

National data is provided to all partnerships, by Public Health Scotland. This data shows rolling¹ monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously Public Health Scotland were only able to provide data for all ages, however following feedback from Dundee and other Partnerships they have now provided data for people age 18+.

It was agreed at the PAC held on 19 July 2017 (Article VIII of the minute of the meeting refers) that local data, provided by the NHS Tayside Business Unit will be used to produce more timeous quarterly performance reports against the National Health and Wellbeing Indicators. NHS Tayside Business Unit has provided data for emergency admissions, emergency bed days, readmissions, delayed discharges and falls. From quarter 1 2020/21 the NHS Tayside Business Unit has been providing breakdowns of covid and non covid admission reasons for emergency admissions and emergency bed days.

Data provided by NHS Tayside differs from data provided by Public Health Scotland (PHS); the main differences being that NHS Tayside uses 'board of treatment' and PHS uses 'board of residence' and NHS Tayside uses an admissions based dataset whereas PHS uses a discharge based dataset (NHS Tayside records are more complete but less accurate as PHS data goes through a validation process). As PHS data is discharge based, numbers for one quarter will have been updated the following quarter as records get submitted for those admitted one quarter and discharged a subsequent quarter. By the time PHS release their data, records are (in most cases) 99% complete. The data provided by NHS Tayside Business Unit is provisional and figures should be treated with caution.

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¹ Rolling data is used so that quarterly data can be compared with financial years. This means that data for Quarter 1 shows the previous 12 months of data including the current quarter. Therefore, Quarter 1 data includes data from 1 July 2022 to 30 June 2023.

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