



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 25 SEPTEMBER 2018
REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – QUARTER 1 2018/19
REPORT BY: CHIEF FINANCE OFFICER
REPORT NO: PAC50-2018

1.0 PURPOSE OF REPORT

The purpose of the report is to update the Performance and Audit Committee on Quarter 1 (Q1) 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 5.0.
- 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 6.0.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND

- 4.1 The performance report in Appendix 1 assesses performance against targets set in the Measuring Performance Under Integration submission (Article IV of the minute of meeting of the Dundee IJB held on 13 February 2018 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.
- 4.2 The performance report in Appendix 2 sets out performance against the National Health and Wellbeing Indicators at Q1 2018/19. 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. NHS Tayside Business Unit provided data for emergency admissions, emergency bed days, readmissions, delayed discharges and falls.
- 4.3 Data provided by NHS Tayside differs from data provided by NSS ISD; the main difference being that NHS Tayside uses 'board of treatment' and NSS uses 'board of residence'. Differences in data were investigated although the two data sources were 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 2018/19 Q1 performance report includes 2017/18 Q4 benchmarking data provided by NSS ISD. Recent guidance from NSS ISD has meant that other Partnerships can no longer be identified when benchmarking, until data has been formally published. Q4 benchmarking data has been published, therefore Partnerships have been identified. It is likely that this will not be the case for Q1 benchmarking data, therefore other Partnerships will be numbered 1-32 and Partnerships in the same family group as Dundee will be highlighted.

- 4.5 The Q1 Performance Report (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 health and social care needs in individual LCPPs.
- 4.6 The Q1 Performance Report covers local performance against National Indicators 1-23. Under these indicators there is an analysis of what the data is telling us and a summary of 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 recently published results from the 2017/18 survey are included.
- 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 working on the development of definitions and datasets to calculate these indicators nationally.

5.0 MEASURING PERFORMANCE UNDER INTEGRATION INTERIM TARGETS

- 5.1 National data is provided to all partnerships, by NSS ISD, to assist with monitoring against targets, showing rolling monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously NSS ISD 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+.
- 5.2 Rolling data from July 2017 to June 2018 has demonstrated that performance exceeded 'Measuring Performance Under Integration' targets for emergency admissions, accident and emergency attendances and delayed discharges. Targets were not met for emergency bed days and the number of emergency admissions from accident and emergency.

6.0 QUARTER 1 PERFORMANCE 2018/19

- 6.1 Between the baseline year 2015/16 and 2018/19 Q1 there was an improvement in the rate of bed days lost to delayed discharges for people aged 75+ and the emergency bed day rate for people aged 18+.
- 6.2 Emergency bed day rates since 2015/16 have decreased by 10.5% for Dundee, which is an improvement. Every LCPP showed an improvement in Q1 compared with 2015/16 and the biggest improvements were seen in East End, Coldside, West End and Maryfield, all of which showed a greater than 10% decrease in bed day rates.
- 6.3 The rate of standard bed days lost to delayed discharges for people aged 75+ has decreased by 41.2% in Dundee since 2015/16, which is an improvement. In Q1 there were decreases across all LCPP areas and the decrease in the rate ranged from 29.2% in West End to 53.2% in North East.
- 6.4 The rate of complex bed days lost to delayed discharges for people aged 75+ has decreased by 63.4% in Dundee since 2015/16, which is an improvement. In Q1 there were decreases in 6 out of 8 LCPP areas and the decrease in the rate ranged from 56.6% in North East to 91.3% in West End. There were increases in Coldside (13.1%) and The Ferry (30.1%).
- 6.5 Emergency admission rates have increased by 4.7% for Dundee since 2015/16 and there were increases in 6 out of 8 LCPP areas: Lochee, East End, Coldside, North East, West End and

The Ferry. The lowest increase was in East End (0.5% increase) and the highest increase was in West End (14.1% increase).

6.6 The rate of readmissions has increased by 9% since 2015/16. The rate increased in six out of eight LCPPs (Lochee, The Ferry, West End, North East, East End and Coldside) and decreased in two LCPPs (Maryfield and Strathmartine) The biggest decrease was in Maryfield (6.5% decrease) and the greatest increase was in West End (19.5% increase).

6.7 The rate of hospital admissions as a result of a fall for people aged 65+ has increased by 17% since 2015/16, which is a deterioration. The biggest increases were in West End (41%) and Maryfield (40%). The rate increased in seven LCPPs and only decreased in Strathmartine.

7.0 POLICY IMPLICATIONS

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

8.0 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 (L=3 (possible), I=5 (extreme))
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Continue to develop a reporting framework which identifies performance against national and local indicators. - Continue to report data quarterly to the PAC to highlight areas of poor performance. - Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as around readmissions to hospital and falls related hospital admissions. - Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.
Residual Risk Level	9 – High Risk (L=3(possible), I=3 (moderate))
Planned Risk Level	6 – Moderate Risk (L=2(unlikely), I=3(moderate))
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

9.0 CONSULTATIONS

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

10.0 BACKGROUND PAPERS

None.

DATE: 03 September 2018

Dave Berry
Chief Finance Officer

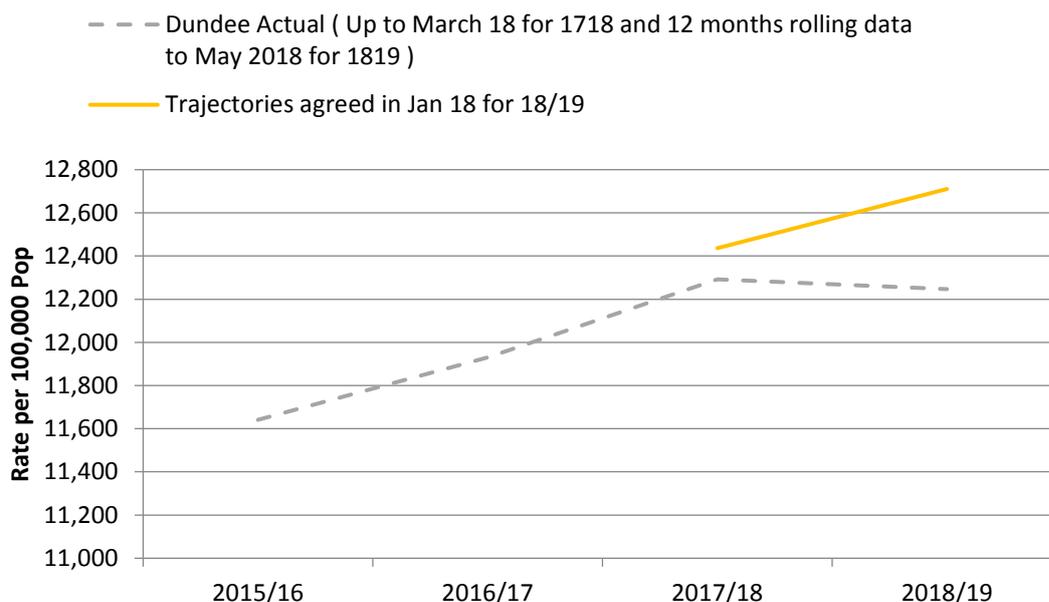
Lynsey Webster
Senior Officer

Appendix 1 - Measuring Performance under Integration Update

Note – Published MSG data has been used to measure performance therefore there may be a discrepancy when comparing with the local performance data provided by NHS Tayside Business Unit in Appendix 2

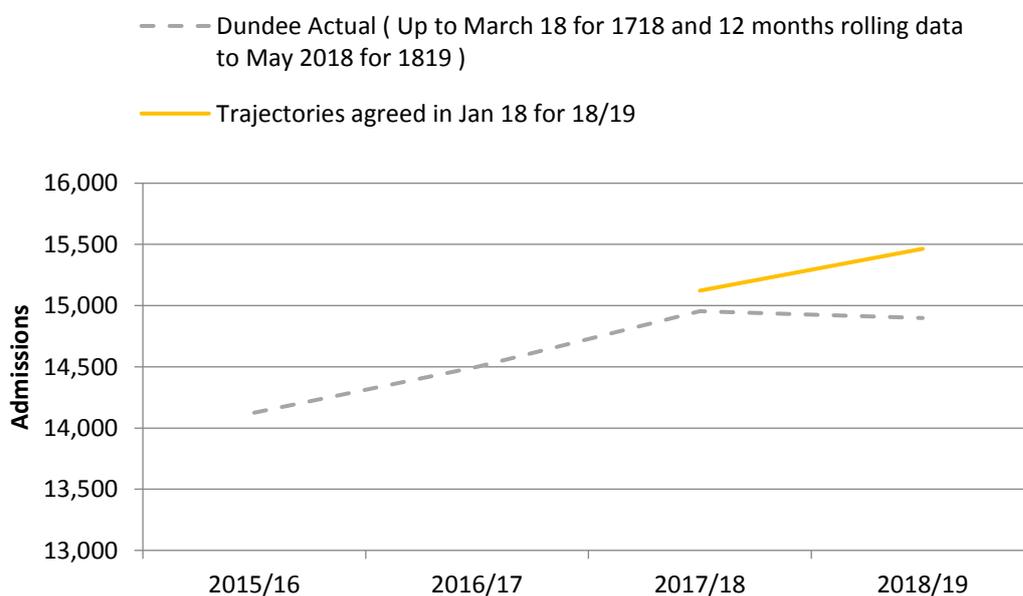
Service Delivery Area - Emergency Admissions

Chart 1: Emergency Admission Rate per 100,000 Population (18+)- Annual



- Expected increase by 9% from 11,641 in 2015/16 to 12,710 target in 2018/19.
- Based on rolling 12 months data, there was an actual decrease of 5% (12,446 emergency admissions per 100,000 population).
- Based on current performance, we are on track to meet the 2018/19 trajectory.

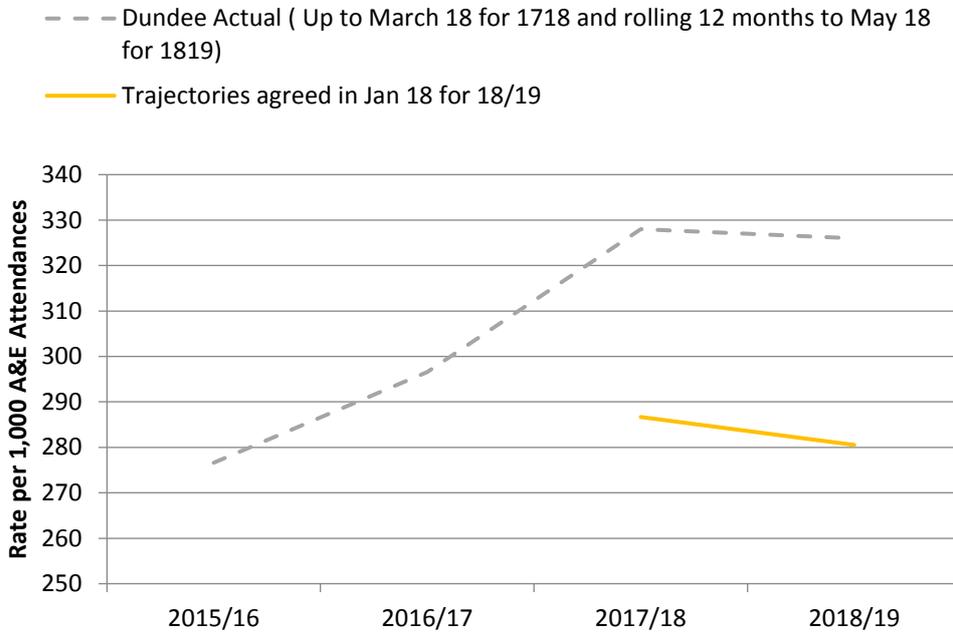
Chart 2: Emergency Admission Numbers- Annual



- Expected increase by 9% from 14,125 in 2015/16 to 15,464 target in 2018/19.

- Based on rolling 12 months data, there was an increase of 5% in 2018/19 (14,899 emergency admissions).
- Based on current performance, we are on track to meet the 2018/19 trajectory.

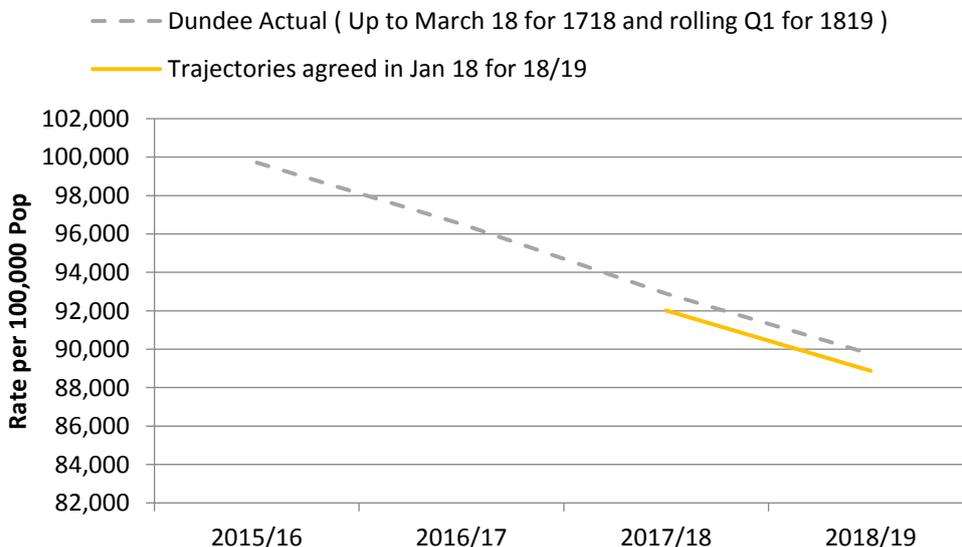
Chart 3: Emergency Admissions as a Rate per 1,000 of All Accident and Emergency Attendances (18+)- Annual



- Expected increase in the rate of emergency admissions from accident and emergency by 1.44% from 277 in 2015/16 to 281 target in 2018/19.
- Based on rolling 12 months data, there was an actual increase of 17.69% (rate of 326 emergency admissions from A+E in 18/19).
- Based on current performance, we are not on track to meet the 2018/19 trajectory.

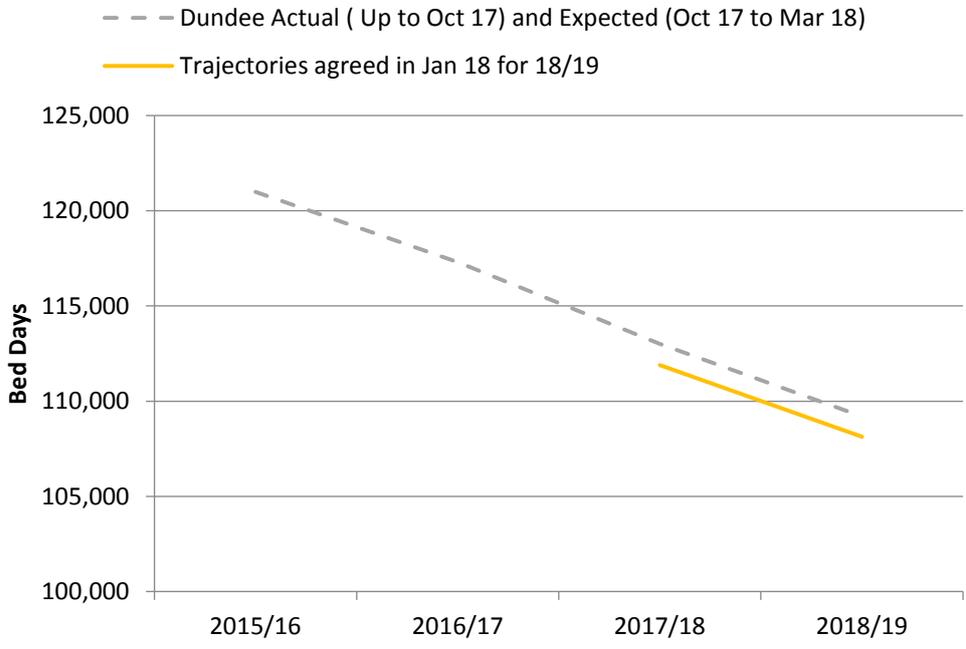
Service delivery area – Emergency Bed Days

Chart 4: Emergency Bed Day Rate per 100,000 Population (18+) – Annual



- Expected decrease by 11% from 99,712 in 2015/16 to 88,875 target in 2018/19.
- Based on rolling 12 months data, there was a decrease of 10.0% (89,754 emergency bed days per 100,000 population).
- Based on current performance, we are not on track to meet the 2018/19 trajectory.

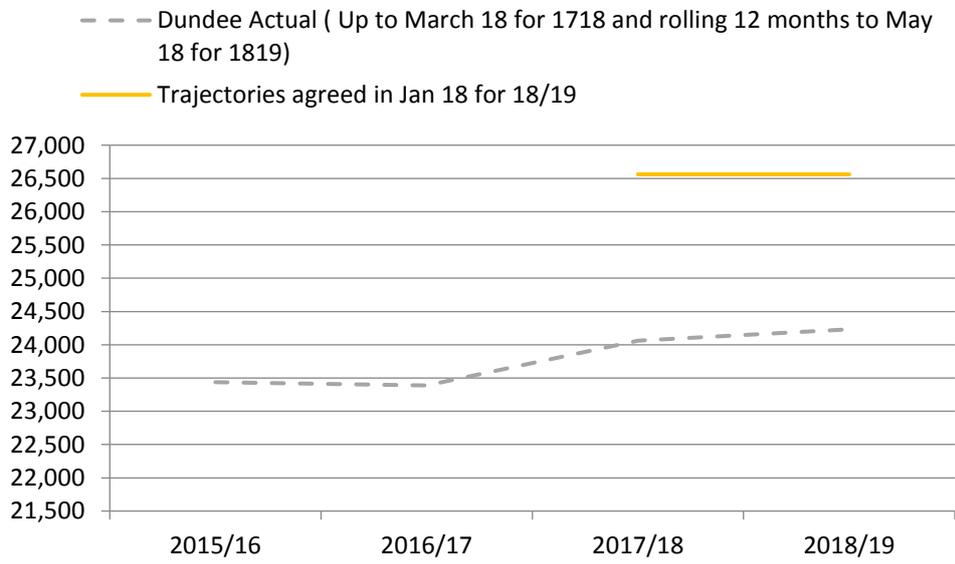
Chart 5: Emergency Bed Day Numbers - Annual



- Expected decrease by 11% from 120,989 in 2015/16 to 108,129 target in 2018/19.
- Based on rolling 12 months data, there was a decrease of 10.0% (109,199 emergency bed days per 100,000 population).
- Based on current performance, we are not on track to meet the 2018/19 trajectory.

Service delivery area – Accident and Emergency

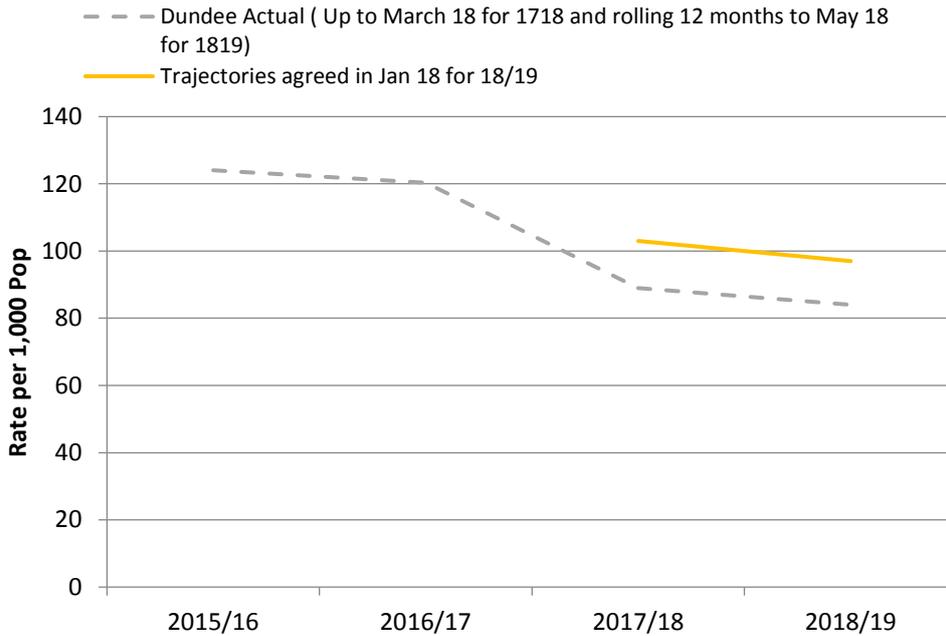
Chart 6: Accident and Emergency Attendances - Annual



- Expected increase by 13% from 23,437 in 2015/16 to 26,562 target in 2018/19.
- Based on rolling 12 months data, the actual increase was 3.39% (24,232 accident and emergency attendances in 2018/19).
- Based on current performance, we are on track to meet the 2018/19 trajectory.

Service delivery area – Delayed Discharges

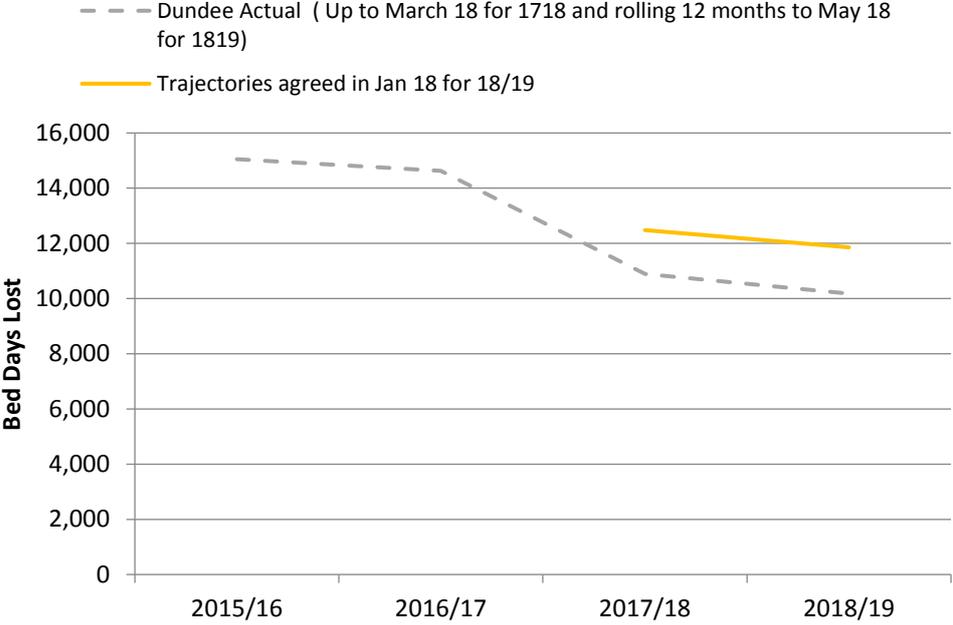
Chart 7: Number of Bed Days Lost to Delayed Discharges (All Reasons) for Dundee 18+ - Annual, as a rate per 1,000 population



- Expected decrease by 22% from rate of 124 in 2015/16 to 97 target in 2018/19.
- Based on rolling 12 months data there was an actual decrease of 32% (rate of 84 bed days lost in 2018/19, per 1,000 population 18+).
- Based on current performance, we are on track to meet the 2018/19 trajectory.

Chart 8: Number of Bed Days Lost to Delayed Discharges (All Reasons) for Dundee

18+ - Annual



- Expected decrease by 21% from 15,050 in 2015/16 to 11,856 target in 2018/19.
- Based on rolling 12 months data, there was an actual decrease of 32% (10,179 bed days lost in 2018/19).
- Based on current performance, we are on track to meet the 2018/19 trajectory.

Dundee LCPP Performance Report 2018/19 Q1

Executive Summary

- The Q1 performance report assesses performance against the National Health and Wellbeing Indicators. 9 of these indicators are reported biennially from the Health and Care Experience Survey conducted by the Scottish Government. 5 of these indicators are health and wellbeing performance indicators which are monitored quarterly (emergency admissions, emergency bed days, readmissions, falls admissions and delayed discharge bed days lost). It also provides a benchmarking analysis against other Partnerships, including those that are part of Dundee's Family Group.
- In order for quarterly data to be compared with financial years rolling quarterly data is presented for each quarter. This means that data for Q1 shows the previous 12 months of data including the current quarter. Q1 data includes data from 1 July 2017 to 30 June 2018.
- Q1 data regarding the 5 national health and wellbeing performance indicators was provided by the 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 data were 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 health and social care needs in these areas.
- Between the baseline year 2015/16 and 2018/19 Q1 there was an improvement in the rate of bed days lost to delayed discharges for people aged 75+ and the emergency bed day rate for people aged 18+.
- Emergency bed day rates since 2015/16 have decreased by 10.5% for Dundee, which is an improvement. Every LCPP showed an improvement in Q1 compared with 2015/16 and the biggest improvements were seen in East End, Coldside, West End and Maryfield, all of which showed a greater than 10% decrease in bed day rates.
- The rate of standard bed days lost to delayed discharges for people aged 75+ has decreased by 41.2% in Dundee since 2015/16, which is an improvement. In Q1 there were decreases across all LCPP areas and the decrease in the rate ranged from 29.2% in West End to 53.2% in North East.
- The rate of complex bed days lost to delayed discharges for people aged 75+ has decreased by 63.4% in Dundee since 2015/16, which is an improvement. In Q1 there were decreases in 6 out of 8 LCPP areas and the decrease in the rate ranged from 56.6% in North East to 91.3% in West End. There were increase in Coldside (13.1%) and The Ferry (30.1%).
- Emergency admission rates have increased by 4.7% for Dundee since 2015/16 and there were increases in 6 out of 8 LCPP areas, Lochee, East End, Coldside, North East, West End and The Ferry. The lowest increase was in East End (0.5% increase) and the highest increase was in West End (14.1% increase).
- The rate of readmissions has increased by 9% since 2015/16. The rate increased in six out of 8 LCPPs (Lochee, The Ferry, West End, North East, East End and Coldside) and decreased in two LCPPs (Maryfield and Strathmartine) The biggest decrease was in Maryfield (6.5% decrease) and the greatest increase was in West End (19.5% increase).
- The rate of hospital admissions as a result of a fall for people aged 65+ has increased by 17% since 2015/16, which is a deterioration. The biggest increases were in West End (41%) and Maryfield (40%). The rate increased in seven LCPPs and only decreased in Strathmartine.

Performance in Dundee's LCPPs

	Improved
	Stayed the same
	Declined

Table 1: % change in 2018/19 Q1 against baseline year 2015/16



National Indicator	Dundee	Lochee	East End	Cold side	North East	Strathmartine	Maryfield	West End	The Ferry
Admissions rate per 100,000 18+	+4.7%	+8.7%	+0.5%	+2.7%	+10.0%	-0.1%	-0.7%	+14.1%	+5.8%
Bed days rate per 100,000 18+	-10.5%	-1.7%	-24.5%	-14.4%	-6.3%	-4.1%	-12.6%	-13.1%	-5.1%
Readmissions rate per 1,000 All Ages	+9%	+19.2%	+8.7%	+13.0%	+8.0%	-1.4%	-6.5%	+19.5%	+14.9%
Falls rate per 1,000 18+ (Q3)	+17.2%	+12.1%	+6.3	+20.5%	+22.1%	-19.1%	+39.7%	+41.1%	+27.8%
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	-41.2%	-48.3%	-34.4%	-41.9%	-53.2%	-42.9%	-38.5%	-29.2%	-46.1%
Delayed Discharge bed days lost rate per 1,000 75+ (complex)	-63.4%	-70.7%	-79.1%	+13.1%	-56.6%	-76.9%	-60.6%	-91.3%	+30.1%

- Between the baseline year 2015/16 and 2018/19 Q1 there was an improvement in the rate of bed days lost to delayed discharges for people aged 75+ and the emergency bed day rate for people aged 18+.
- Emergency admission rates have increased by 4.7% for Dundee since 2015/16 and there were increases in 6 out of 8 LCPP areas, Lochee, East End, Coldside, North East, West End and The Ferry. The lowest increase was in East End (0.5% increase) and the highest increase was in West End (14.1% increase).
- The rate of readmissions has increased by 9% since 2015/16. The rate increased in six out of 8 LCPPs (Lochee, The Ferry, West End, North East, East End and Coldside) and decreased in two LCPPs (Maryfield and Strathmartine) The biggest decrease was in Maryfield (6.5% decrease) and the greatest increase was in West End (19.5% increase).
- The rate of hospital admissions as a result of a fall for people aged 65+ has increased by 17% since 2015/16, which is a deterioration. The biggest increases were in West End (41%) and Maryfield (40%). The rate increased in seven LCPPs and only decreased in Strathmartine.

Table 2: Performance in 2018/19 Q1 and comparison between performance in LCPPs and the Dundee average

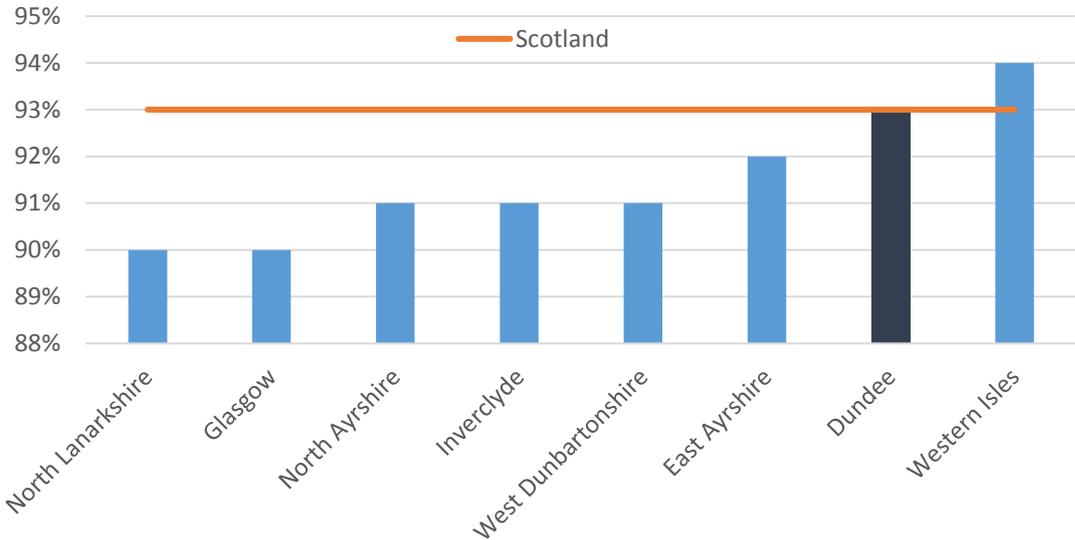


National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Admissions rate per 100,000 18+	12,499	14,962	15,906	14,087	12,793	13,081	9,846	9,130	11,658
Bed days rate per 100,000 18+	118,996	159,332	137,592	139,446	105,539	118,818	93,241	85,290	119,837
Readmissions rate per 1,000 All Ages	122	124	135	129	119	114	114	123	113
Falls rate per 1,000 18+ (Q3)	29.2	29.8	29.1	36.0	25.1	20.4	32.4	38.9	25.9
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	218.4	298.7	223.9	231.9	251.3	225.4	229.8	198.7	144.5
Delayed Discharge bed days lost rate per 1,000 75+ (complex)	106.5	188.4	111.9	131.3	247.4	94.5	70.4	19.2	53.4

- There continues to be variation in the performance of LCPPs, with the most deprived LCPPs generally displaying the poorest performance.
- There are however exceptions. The more affluent LCPPs, The Ferry and West End, performed amongst the poorest for bed day, readmission and falls rates. East End, which is the 2nd most deprived LCPP, performed above the Dundee average for hospital admissions due to a fall.

National Health and Wellbeing Indicator 1 - Percentage of adults able to look after their health very well or quite well.

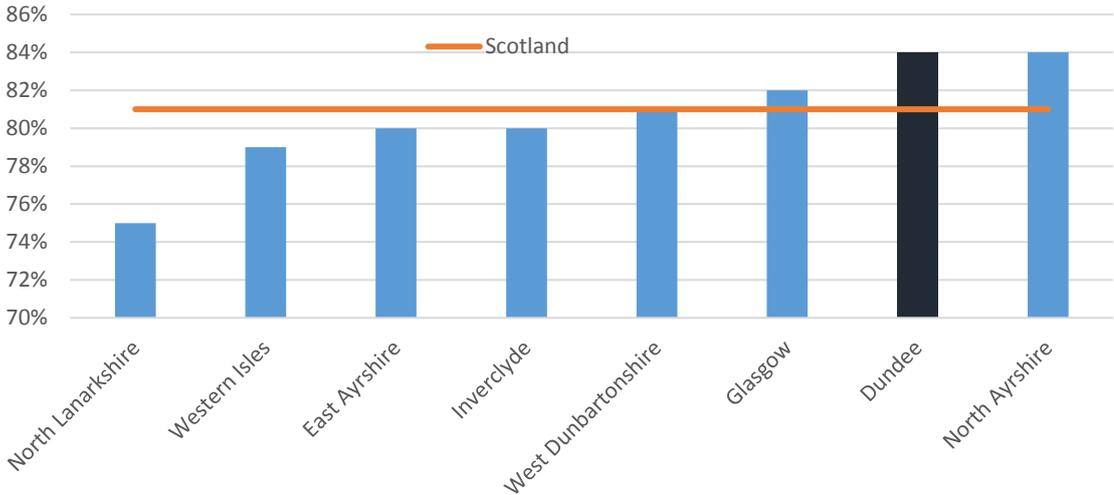
Chart 1



- 93% of respondents stated that they were able to look after their health very well or quite well.
- Results for Dundee are the same as the Scottish average and better than 6 of the other 7 family group partnerships.

National Health and Wellbeing Indicator 2 - Percentage of adults supported at home who agree that they are supported to live as independently as possible.

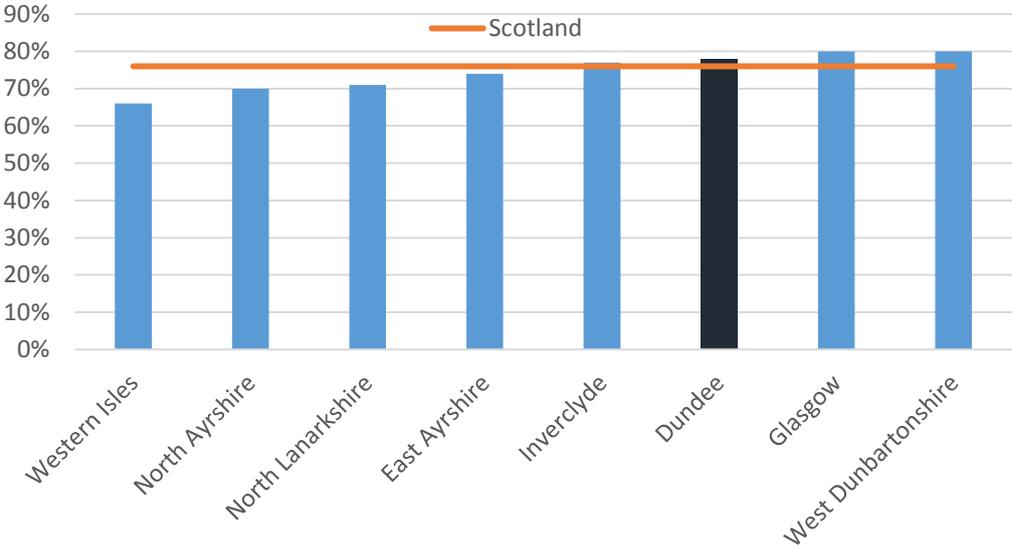
Chart 2



- 84% of respondents, who were supported at home, agreed that they were supported to live as independently as possible.
- Results for Dundee are 3% higher than the Scottish average of 81% and better than 6 of the other 7 family group partnerships.

National Health and Wellbeing Indicator 3 - Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.

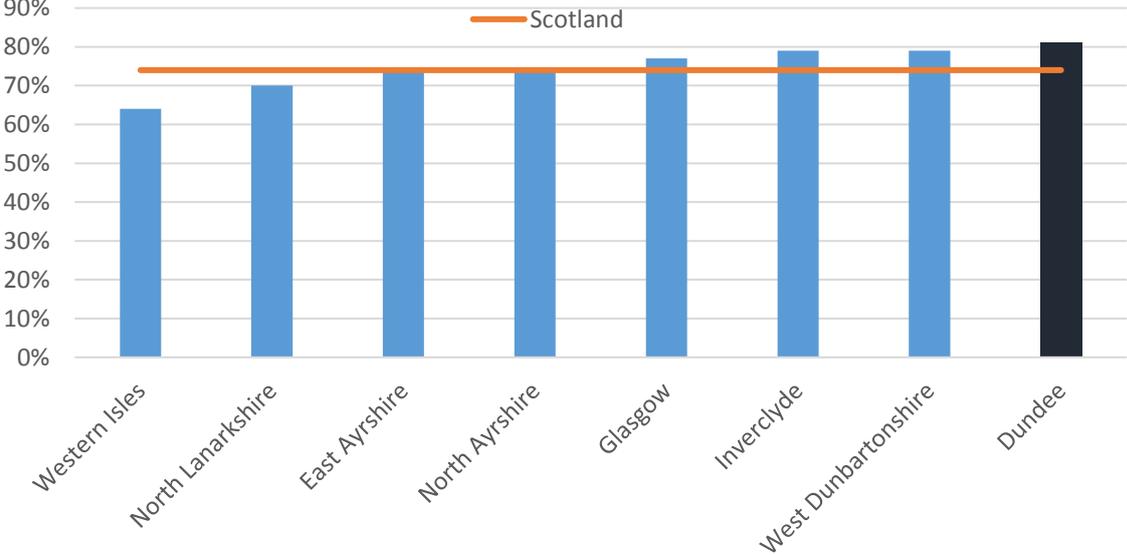
Chart 3



- 78% of adults supported at home agreed that they had a say in how their help, care or support was provided.
- Results for Dundee are 2% higher than the Scottish average and better than 5 of the other 7 family group partnerships

National Health and Wellbeing Indicator 4 - Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated

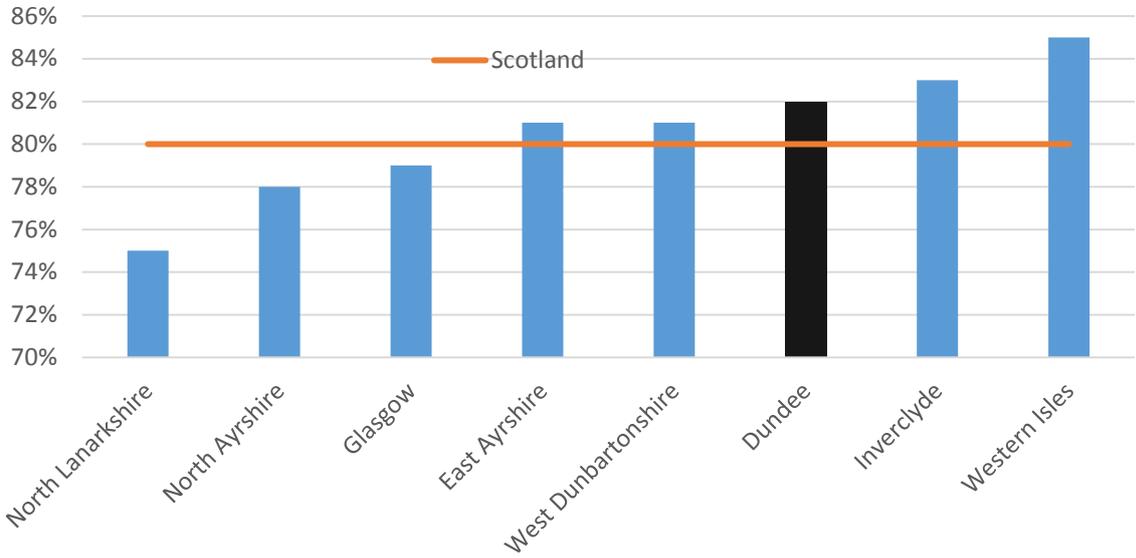
Chart 4



- 81% of adults supported at home agreed that their health and care services seemed to be well co-ordinated.
- Results for Dundee are 7% higher than the Scotland average of 74% and better than all 7 other family group partnerships.

National Health and Wellbeing Indicator 5 - Percentage of adults receiving any care or support who rate it as excellent or good

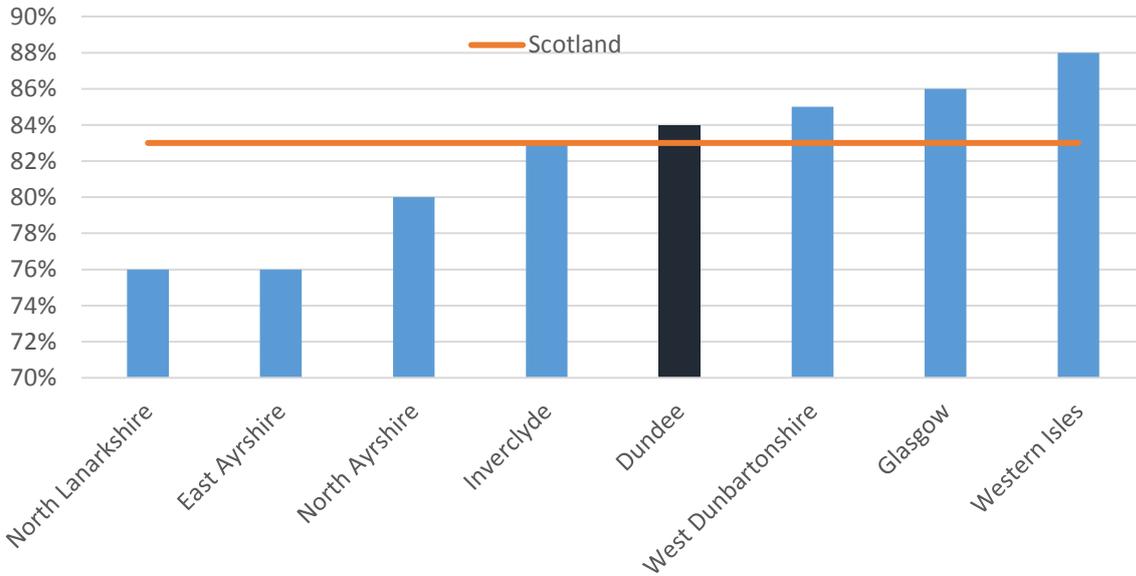
Chart 5



- 82% of adults receiving care or support rated their support as excellent or good.
- Results for Dundee are 2% higher than the Scottish average of 80% and better than 5 of the other 7 family group partnerships.

National Health and Wellbeing Indicator 6 - Percentage of people with positive experience of the care provided by their GP Practice

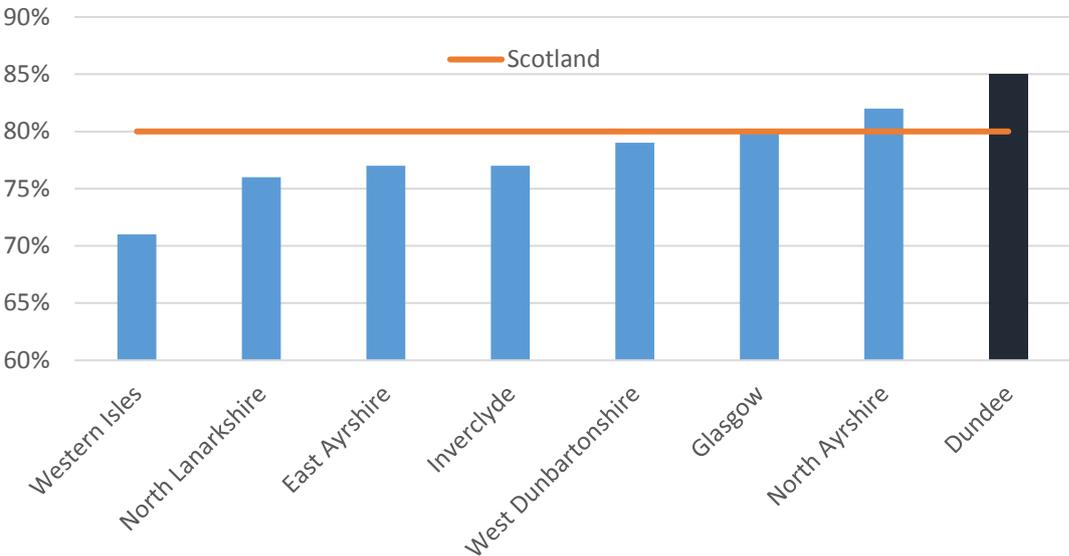
Chart 6



- 84% of respondents rated their experience of care, provided by their GP Practice as positive.
- Results for Dundee are 1% higher than the Scottish average of 83% and better than 4 of the other 7 family group partnerships.

National Health and Wellbeing Indicator 7 - Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life.

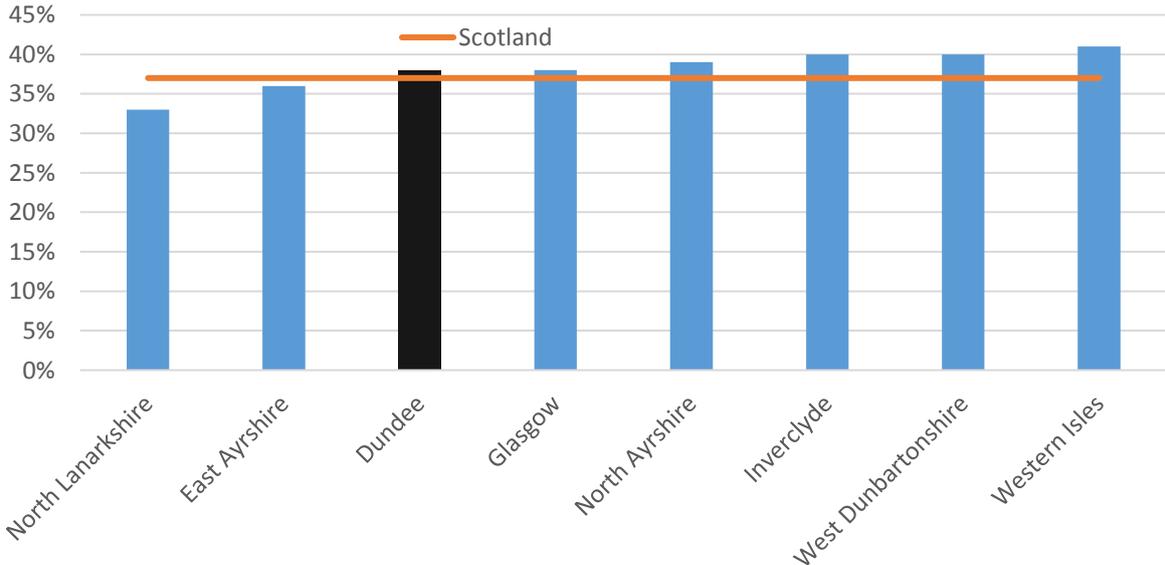
Chart 7



- 85% of adults supported at home agreed that their services and support had an impact on improving or maintaining their quality of life.
- Results for Dundee are 5% higher than the Scottish average of 80% and better than all other 7 family group partnerships.

National Health and Wellbeing Indicator 8 - Percentage of carers who feel supported to continue in their caring role

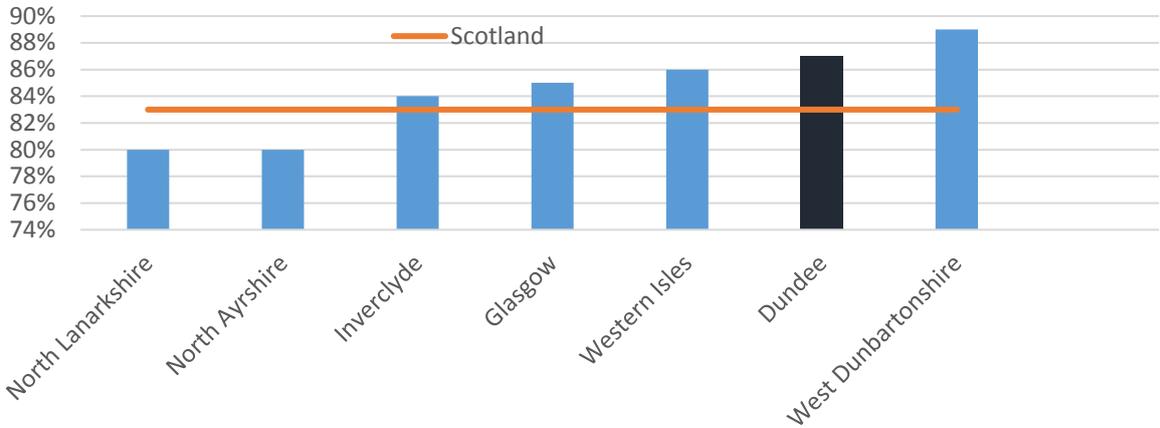
Chart 8



- 38% of carers felt supported to continue their caring role.
- Results for Dundee are 1% higher than the Scottish average of 37% and worse than 5 of the 7 family group partnerships.

National Health and Wellbeing Indicator 9 - Percentage of adults supported at home who agree they felt safe

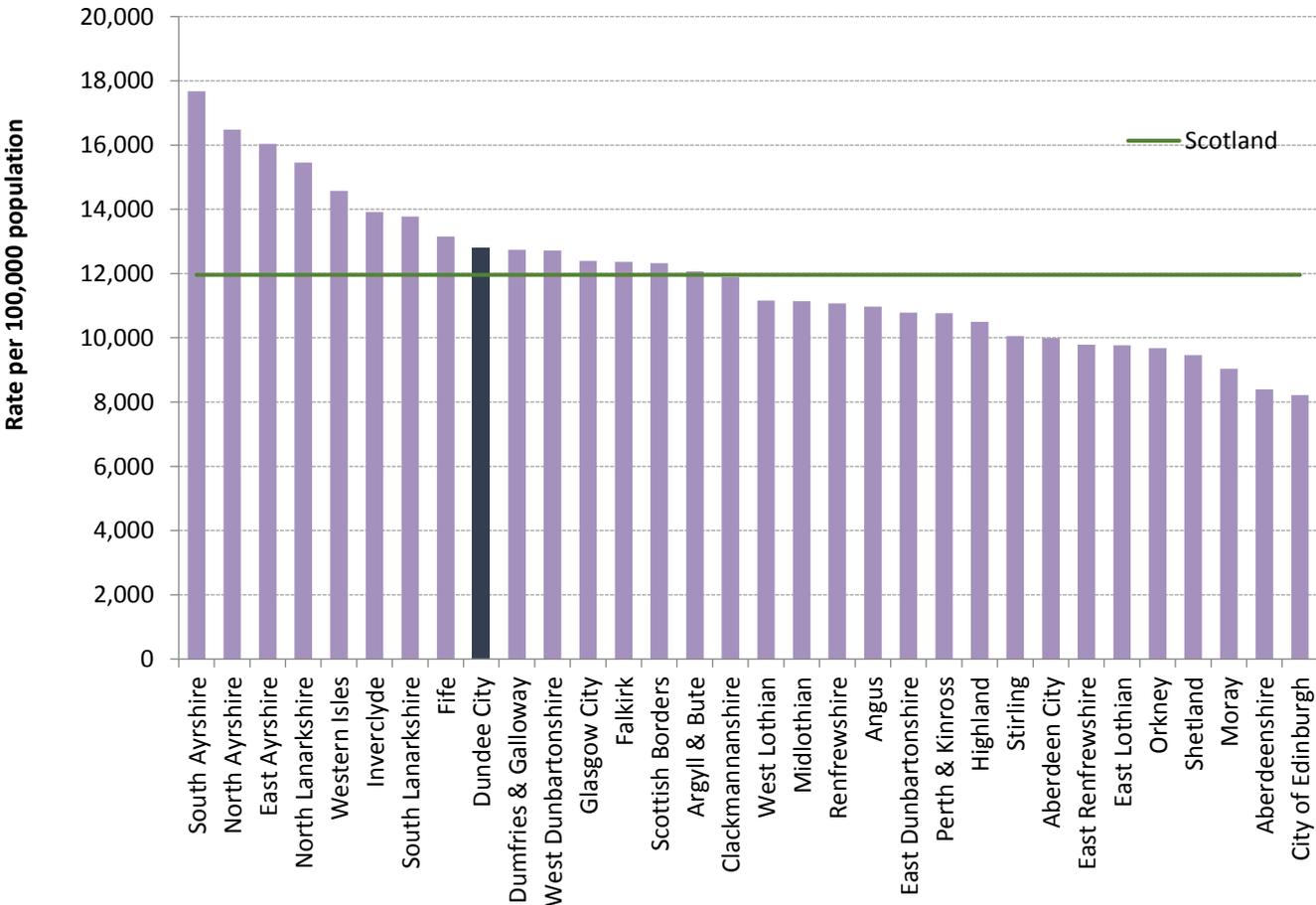
Chart 9



- 87% of adults supported at home agreed they felt safe.
- Results for Dundee are 4% higher than the Scottish average of 83% and better than 5 of the 7 family group partnerships.

National Health and Wellbeing Indicator 12 – Emergency Admissions

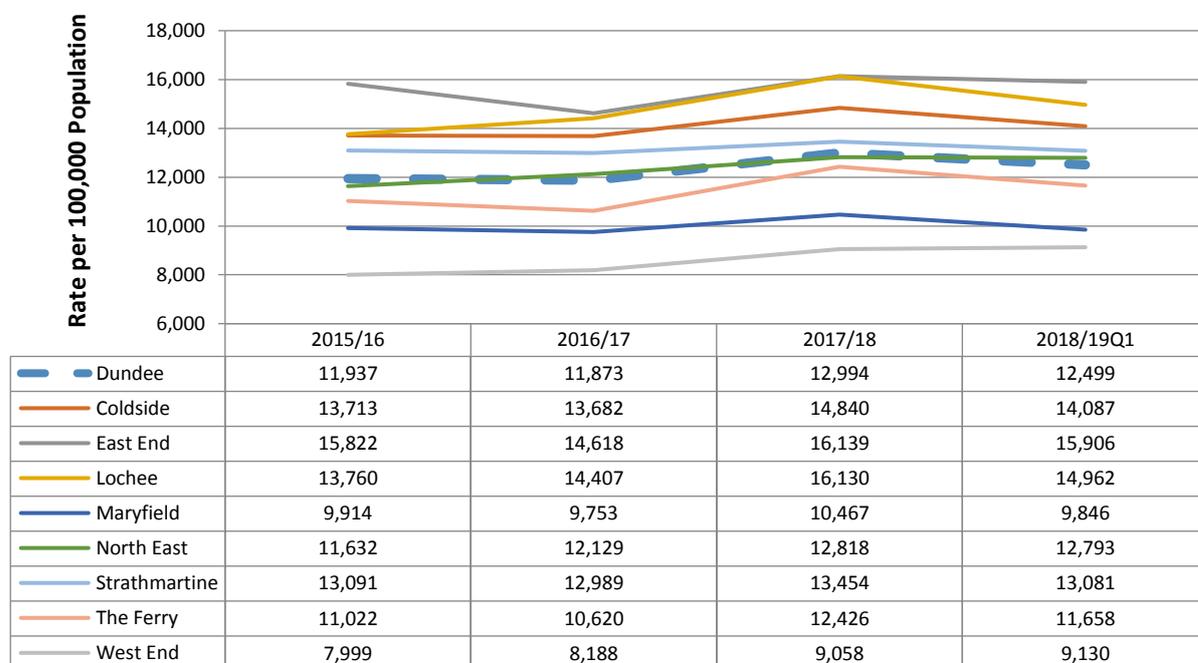
Chart 10: Rate of Emergency Admissions for Adults 18+ per 100,000 population Q4 - Benchmarked



- The rate of emergency admissions was higher in Dundee than the Scottish rate in quarter 4.

- Dundee has been creeping up the rankings from 13th highest in Q1 17/18 to 10th highest in Q1 18/19.
- Dundee performed better than 5 of the other 7 family group Partnerships. (North Lanarkshire, East Ayrshire, North Ayrshire, Inverclyde, Western Isles)

Chart 11: Rate of Emergency Admissions for Adults 18+ per 100,000 population Q1 by Locality and Financial Year



Source: NHS Tayside BSU

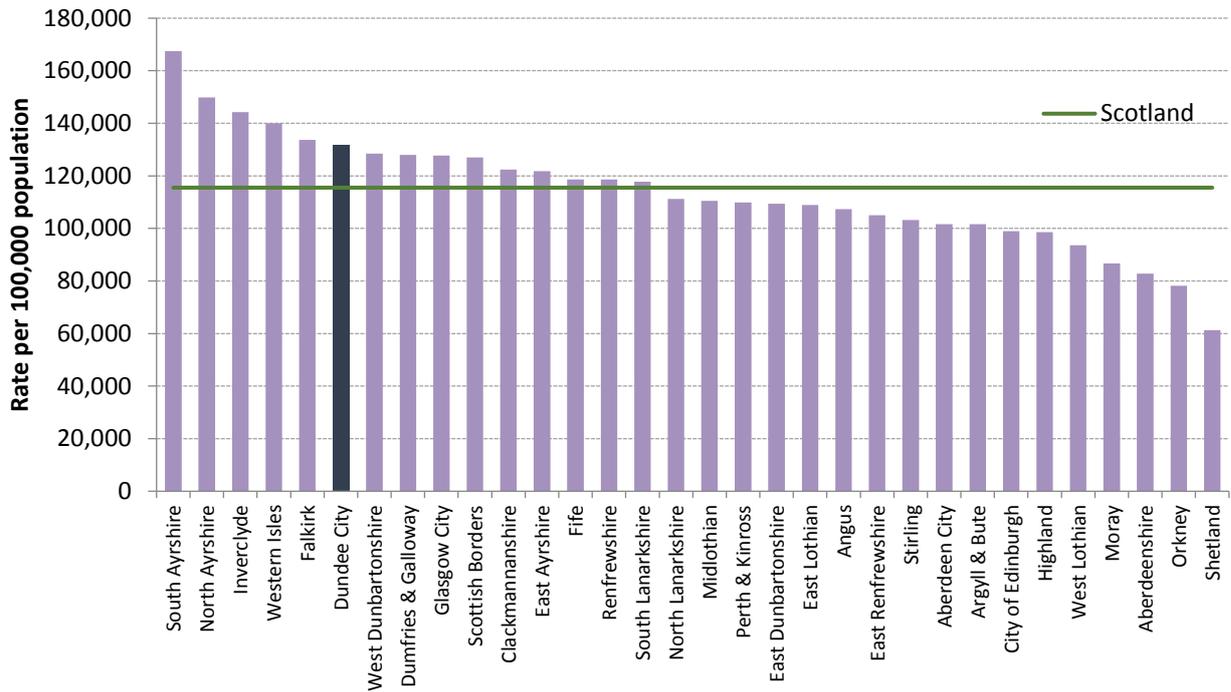
Q1 18/19 Analysis

Indicator	Rate of Emergency Admissions for Adults 18+ per 100,000 population Q1 by Locality and Financial Year
HSCP Operational Lead (s)	Jenny Hill and Mike Andrews
Purpose	<p>Excellent emergency services are necessary when people are at a point of crisis or suffer serious injury. But many people who come to hospitals in emergencies could potentially have been offered better support or services earlier on, which would have prevented the need for them to go to hospital, or may have involved a planned visit to hospital instead.</p> <p>A reduction in this indicator should demonstrate improved partnership working. It should represent a shift from a reliance on hospital care towards proactive and coordinated care and support in the community. It should demonstrate the effectiveness of anticipatory care, identifying people who are at risk of emergency hospital admission, supporting people to be more confident in managing their long term conditions and providing coordinated care and support at home where safe and appropriate. Safe and suitable housing for people will also be important.</p> <p>Other service aspects include: the options open to GPs in referring patients; decisions made by ambulance crews on arrival at an emergency situation; mental health service provision in the community; and for older people in particular the availability of alternatives such as short term rapid response services; and whether local systems are linked in a way that supports older people at critical times. Improvements in peoples overall health, and reducing health</p>

	inequalities should also lead to fewer emergencies (the emergency admission rate is strongly related to patient age and to deprivation).
Difference from 2015/16 Baseline	The rate for Dundee increased from 11,937 per 100,000 in 2015/16 to 12,994 per 100,000 in 2017/08 Q4, however decreased in 2018/19 Q1.
Locality Variation	<ul style="list-style-type: none"> • West End had the lowest rate with 9,130 emergency admissions per 100,000 people in 2018/19 Q1, followed by Maryfield and The Ferry. The West End rate was approximately 75% less than the East End rate. • East End had the highest rate with a rate of 15,906. 6 out of 8 LCPPs saw an increase in their rates since the 2015/16 baseline year. The lowest increase was in East End (0.5% increase) and the highest increase was in West End (10% increase). There were very small decreases in Strathmartine (-0.1%) and Maryfield (-0.7%)
Improvement Actions	<ul style="list-style-type: none"> • Use Unscheduled Care Information to clarify and understand local performance, gaps in service and redesign pathways in one specialist area. • Further develop use of technology enabled care as a means of enabling people to live independently and look after their own health. • Further embed Enhanced Community Model for support for Older Adults and consider the Community Model for Support with Adults as a means of reducing emergency admissions and enabling people to live independently and look after their health in their own home or homely setting. • Further develop awareness and use of anticipatory care plans for all Adults where a plan would be of benefit to the Adult. • Test and further develop models of self-care. • Increase our investment in intermediate forms of care such as step up/step down accommodation and support for all adults. • Review and remodel care at home services to provide more flexible responses. • Further develop post discharge support to people with long term conditions in order to contribute to a reduction in emergency hospital admission and readmission to hospital. • Work with the Unscheduled Care Board to implement the Unscheduled Care board Action Plan
Timescale for Improvement	TBA

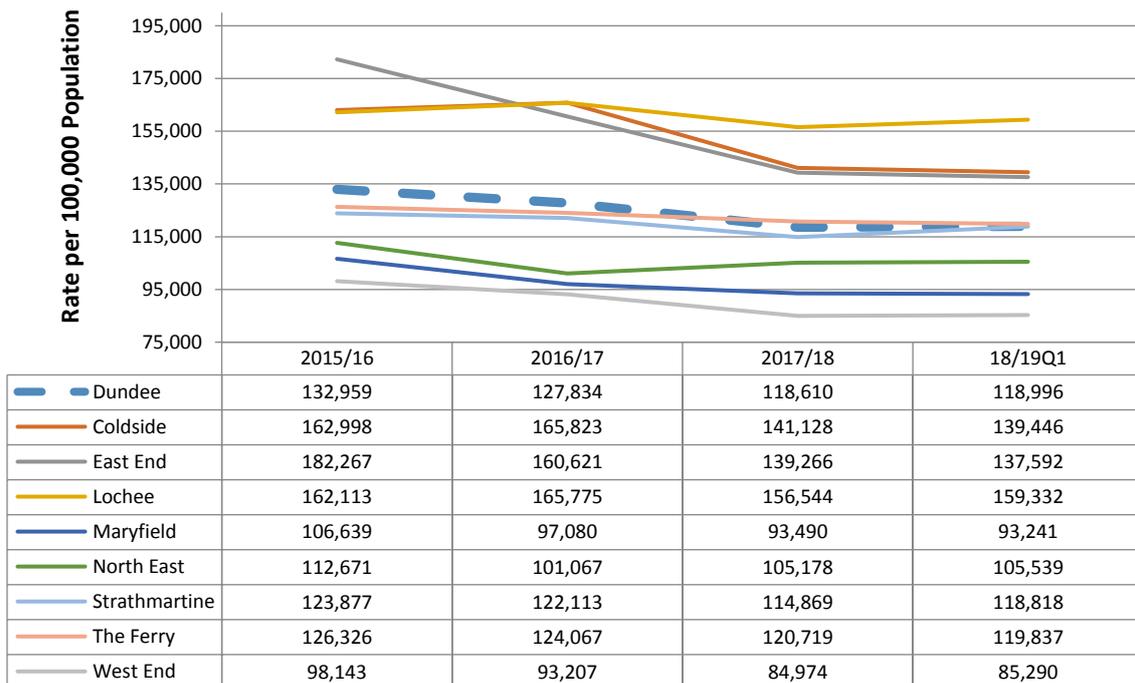
National Health and Wellbeing Indicator 13 – Emergency Bed Days

Chart 12: Rate of Emergency Bed Days for Adults 18+ per 100,000 population Q4 - Benchmarked



- The rate of emergency admissions was higher in Dundee than the Scottish rate in quarter 4.
- Dundee dropped one position in Q1, from 8th highest in Q4 17/18 to 7th highest in Q1 18/19.
- Dundee performed better than 3 of the other 7 family group Partnerships. (North Ayrshire, Inverclyde and Western Isles).

Chart 13: Rate of Emergency Bed Days for Adults 18+ Q1

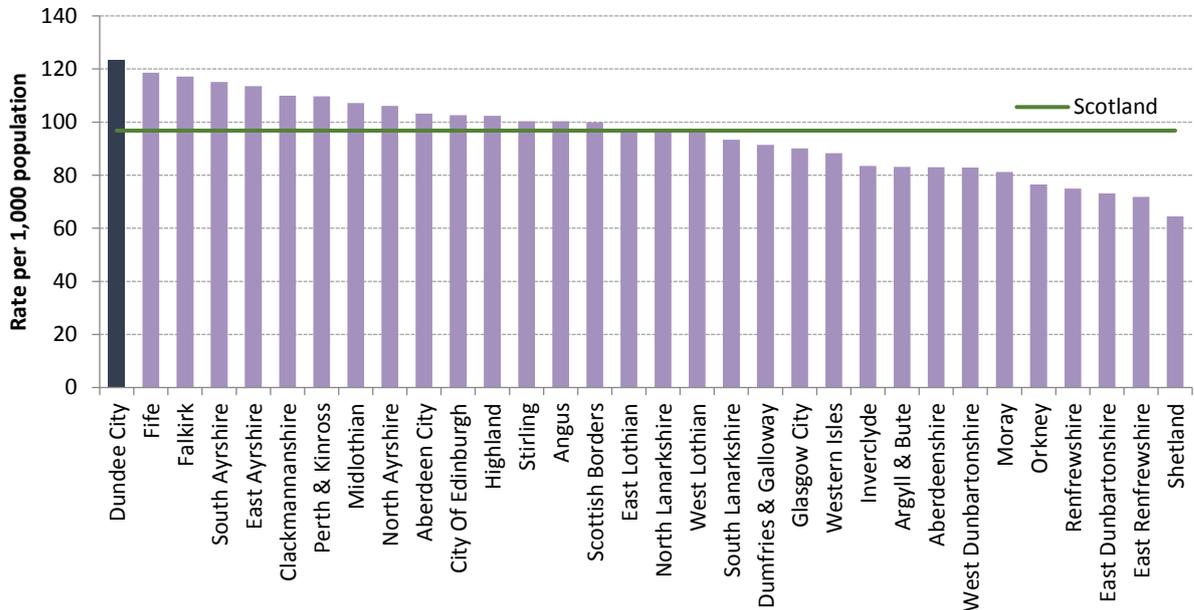


Q1 18/19 Analysis

Indicator	Rate of Emergency Bed Days for Adults 18+
HSCP Operational Lead (s)	Jenny Hill and Mike Andrews
Purpose	<p>It is possible for the number of admissions to increase and bed days to reduce and vice versa, so this measure is included to ensure a balanced view. Once a hospital admission has been necessary in an emergency, it is important for people to get back home as soon as they are fit to be discharged to avoid the risk of them losing their confidence and ability to live independently.</p> <p>Integration Authorities have a central role in this by providing community-based treatment and support options, “step down” care and home care packages to enable people to leave hospital quickly once they are well enough. Additionally, care homes should where appropriate be able to support people with a wider range of physical and mental frailty and needs.</p> <p>Hospitals also have a role to play, by streamlining their processes and sharing best practice to ensure more people can leave hospital quickly once they are well enough. This will include improving rehabilitation and also reducing the possibility of infections, harm and injury all of which can result in longer stays.</p>
Difference from 2015/16 Baseline	The rate for Dundee decreased from 132,959 per 100,000 in 2015/16 to 118,10 per 100,000 in 2017/08 Q4, however increased slightly to 118,996 in 2018/19 Q1.
Locality Variation	Lochee had the highest bed day rate (159,332) and the West End has the lowest bed day rate (85,290). Four LCPPs have seen a decrease in the last quarter. There were increases in four LCPPs between Q4 17/18 and Q1 2018/19 (Lochee, North East, Strathmartine and West End)
Improvement Actions	<ul style="list-style-type: none"> • Use Unscheduled Care Information to clarify and understand local performance, gaps in service and redesign pathways in one specialist area. • Further develop use of technology enabled care as a means of enabling people to live independently and look after their own health. • Further embed Enhanced Community Model for support for Older Adults and consider the Community Model for Support with Adults as a means of reducing emergency admissions and enabling people to live independently and look after their health in their own home or homely setting. • Further develop awareness and use of anticipatory care plans for all Adults where a plan would be of benefit to the Adult. • Test and further develop models of self-care. • Expand the ‘Moving Assessment into the Community’ project for older people to develop a frailty model for people of all ages. • Expand the ‘Moving Assessment into the Community’ project to specialist areas and test pathways. • Increase our investment in intermediate forms of care such as step up/step down accommodation and support for all adults. • Evaluate current project and seek further investment in resources which support assessment for 24 hour care taking place at home or home like settings. • Work with the Unscheduled Care Board to implement the Unscheduled Care board Action Plan
Timescale for Improvement	TBA

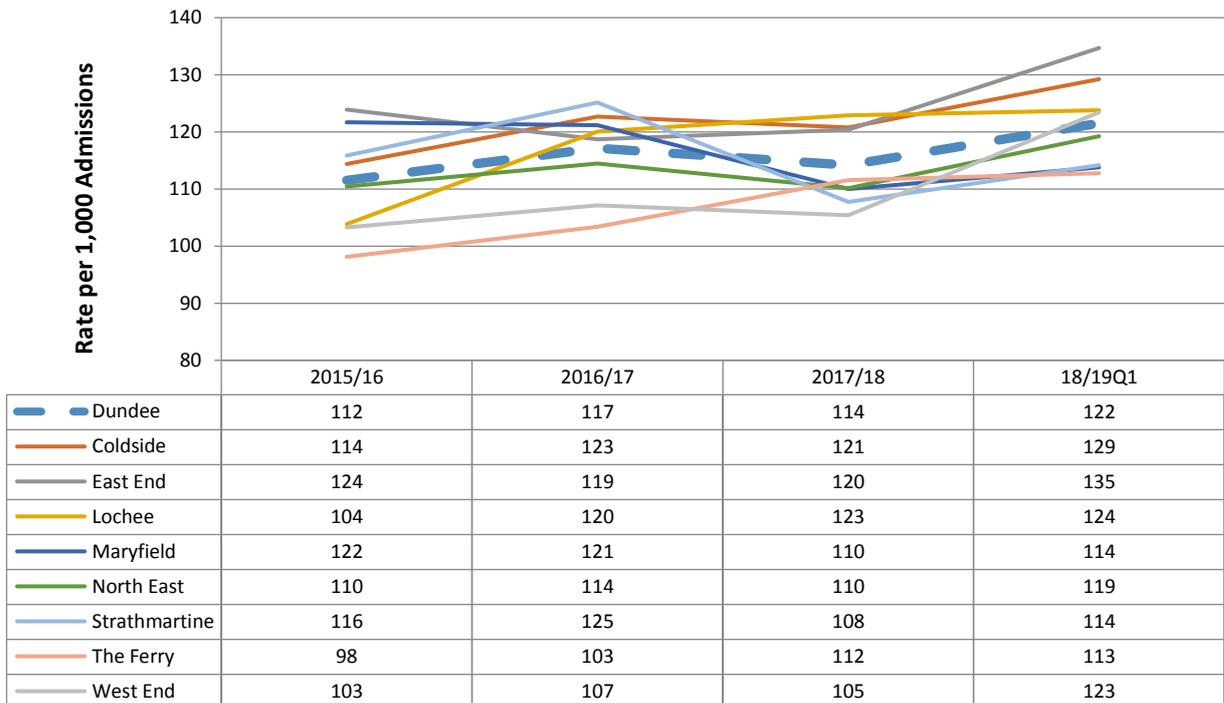
National Health and Wellbeing Indicator 14 – Readmissions

Chart 14 Readmission to hospital within 28 days of discharge per 1,000 admissions Q4 17/18 benchmarking



- The rate of emergency bed days was higher in Dundee than the Scottish rate.
- Dundee was the poorest performing partnership.
- The gap between Dundee and the 2nd poorest performing partnership closed slightly from 9 readmissions per 1,000 admissions in Q1 17/18 to 5 readmissions per 1,000 admissions in Q1 18/19.

Chart 15: Readmissions within 28 days of discharge as a rate per 1,000 admissions, all ages by LCPP Q1



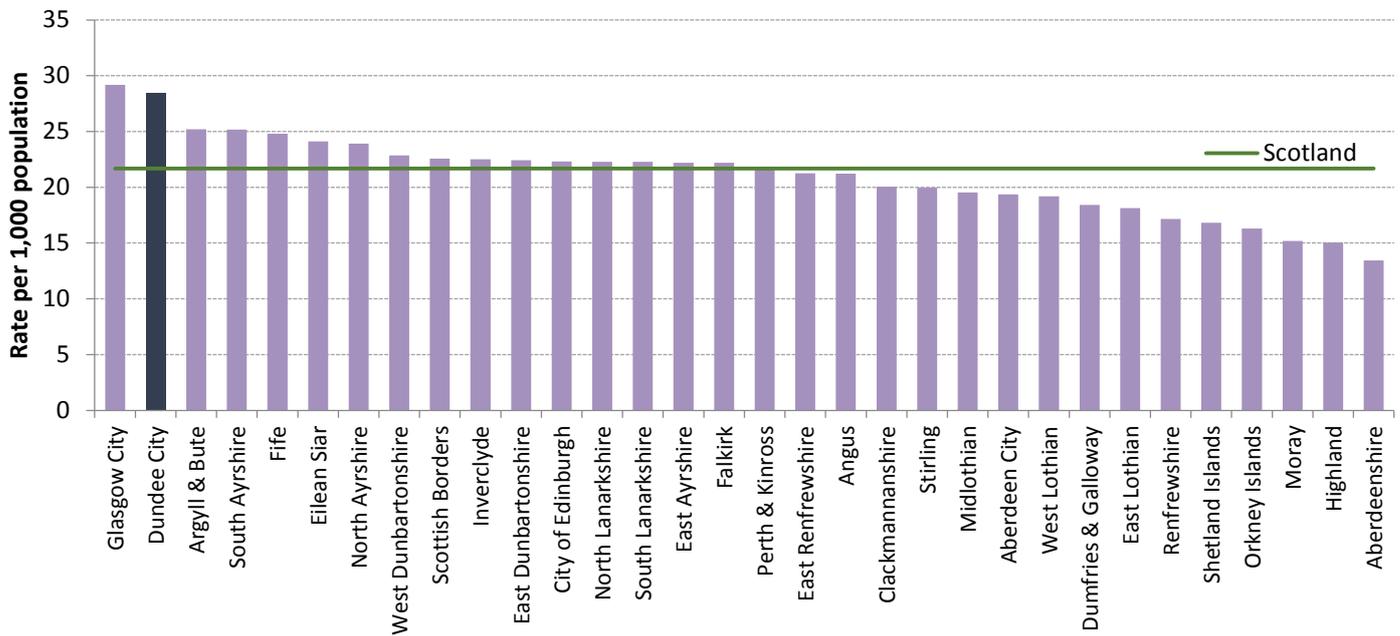
Source: NHS Tayside BSU

Q1 18/19 Analysis

Indicator	Readmissions within 28 days of discharge as a rate per 1,000 admissions, all ages
HSCP Operational Lead (s)	Diane McCulloch, Unscheduled Care Board
Purpose	<p>This indicator is one of the national suite of Primary Care Indicators, and data are being made available for each General Practice in Scotland. As well as GP services, it reflects the links with other aspects of primary care in particular pharmacy and district nursing as well as social services.</p> <p>It will be important that Integration Authorities understand this data for their local area and identify any areas for improvement to support GP Practice efforts to improve on this.</p> <p>The readmission rate reflects several aspects of integrated health and care services – including discharge arrangements and co-ordination of follow up care underpinned by good communication between partners. The 28 day follow-up was selected as this is the time that the initial support on leaving hospital, including medicines safety, could have a negative impact and result in readmission. A longer period of follow up would be more likely to include admissions that are unrelated to the initial one, whereas a shorter period (e.g. 7 days) is more likely to only pick up immediate issues linked to the hospital care.</p>
Difference from 2015/16 Baseline	The rate of readmissions within 28 days has fluctuated since 2015/16 however at Q1 18/19 it was higher than it's been since before the 15/16 baseline
Locality Variation	<p>The highest readmission rate was in East End (135) and the lowest was The Ferry (113).</p> <p>Over the last quarter the rate increased from 114 to 122 with rates increasing in all LCPPs.</p>
Improvement Actions	<ul style="list-style-type: none"> • Further implement the planned date of discharge model so that patients , carers are involved in a well-planned discharge and have coordinated follow up care where required upon discharge. • Further develop post discharge support to people with long term conditions in order to contribute to a reduction in emergency hospital admission and readmission to hospital. • Further develop local fall pathway initiatives to reduce risk of falls. • Work with the Unscheduled Care Board to implement the Unscheduled Care board Action Plan.
Timescale for Improvement	TBA

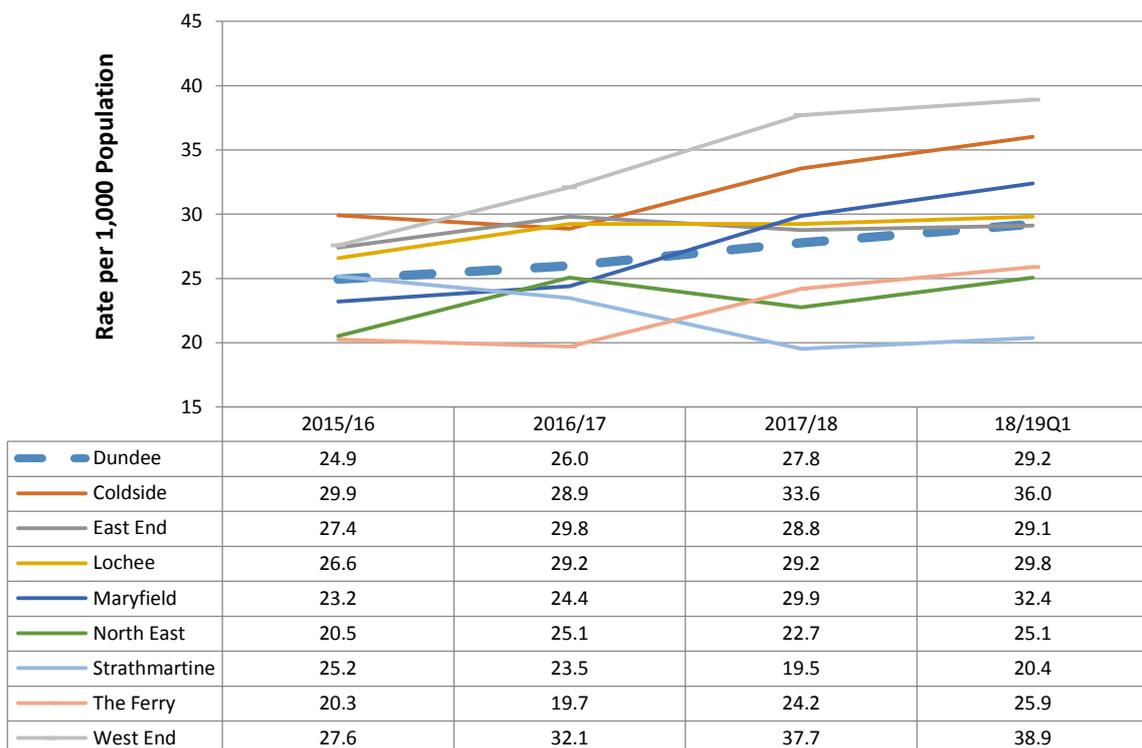
National Health and Wellbeing Indicator 14 – Falls

Chart 16: Falls rate per 1,000 population aged 65+ Q4 benchmarking



- The rate of hospital admissions due to a fall in Dundee was higher than the Scottish rate.
- Dundee continues to be the 2nd poorest performing partnership and poorer than 6 of the other 7 family group partnerships.
- The gap between Dundee and the 3rd poorest performing partnership closed slightly over 2017/18, however in Q4 widened to a difference of 3 falls related admissions per 1,000 population.

Chart 17: Rate per 1,000 Population of Fall Admissions for People aged 65+ Q1



Source: NSS ISD

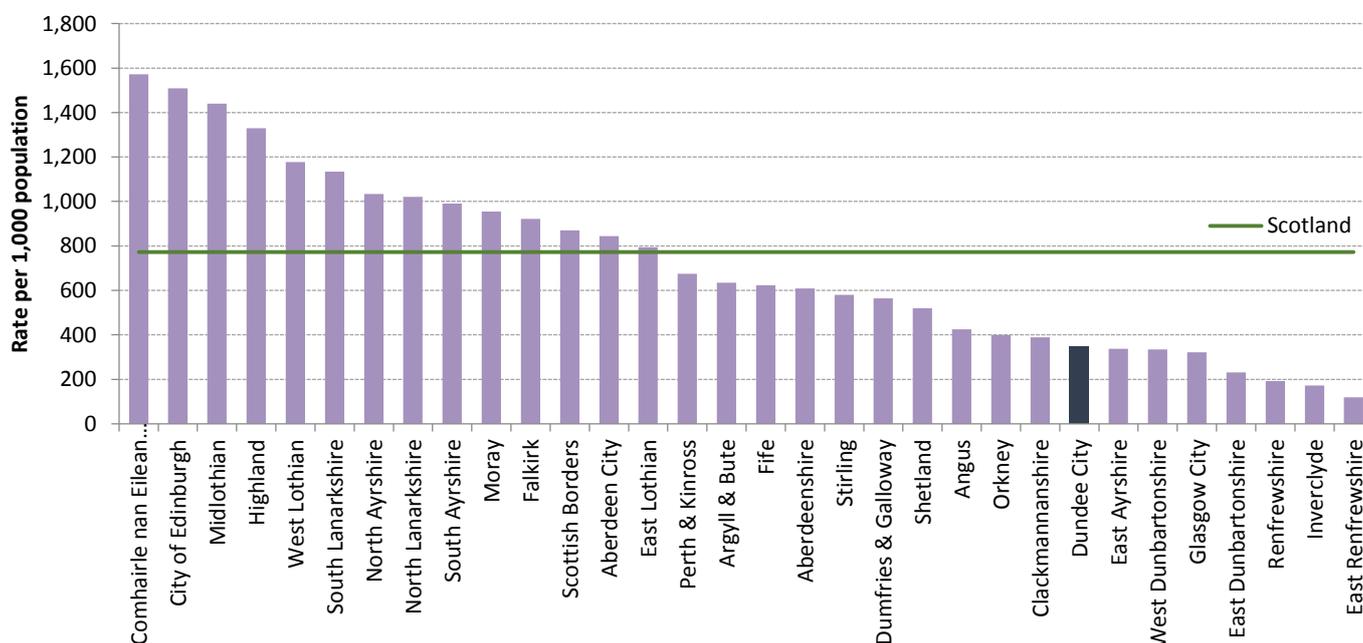
Q1 18/19 Analysis

Indicator	Rate per 1,000 Population of Fall Admissions for People aged 65+
HSCP Operational Lead (s)	Matthew Kendall
Purpose	<p>With health and social care services striving to address the challenge of demographic change and rising demands on public services, falls among older people are a major and growing concern.</p> <p>Falls can have a significant impact on an older person's independence and quality of life, impeding a person's mobility and confidence. However, falls are not an inevitable consequence of old age. Well-organised services, delivering recommended and evidence based practices can prevent many falls and fractures in older people in the community setting. Rehabilitation services are also key to preventing repeat falls. In addition, the safety of a person's immediate environment as well as their prescribed medicines will be important. A recently published economic evaluation provided an estimate of the cost to health and social care services in Scotland of managing the consequences of falls: in excess of £470 million (http://www.ncbi.nlm.nih.gov/pubmed/24215036) and without intervention is set to rise over the next decade as our population ages and the proportion with multimorbidity and polypharmacy grows.</p>
Difference from 2015/16 Baseline	<p>Since the baseline year 2015/16 the rate has increased from 24.9 to 29.2. There have been increases in seven LCPPs (Lochee, East End, North East, Maryfield, Coldside, The Ferry and West End) and a decrease in Strathmartine (by 19%). The highest increase was in West End (41% increase).</p>
Performance Trend	<p>The rate of falls related hospital admissions increased in all 8 LCPPs between Q4 17/18 and Q1 18/19.</p>
Locality Variation	<p>West End had the highest rate of falls in Dundee with 38.9 falls related hospital admissions per 1,000 population. Strathmartine had the lowest rate with 20.4 falls related hospital admissions per 1,000 population.</p>
Improvement Actions	<ul style="list-style-type: none"> The Tayside Falls Prevention and Management Framework 2018-2022 has recently been developed and is currently out for consultation. This provides the infrastructure to monitor progress in the community, hospital and care homes towards preventing the incidence of falls and reducing the negative effect of falling on people who fall and their carers. The Framework is organised under 4 stages <ul style="list-style-type: none"> Stage 1 – Supporting active ageing, health improvement and self management to reduce the risk of falls Stage 2 – Identifying individuals at risk of falls and / or fragility fractures. Stage 3 – Responding to an individual who has just fallen and requires immediate assistance. Stage 4 – Co-ordinated management including specialist Assessments. This framework will be implement in Dundee and stage 1 will be prioritised. In addition to the Tayside Framework, there is recognition that more still needs to be achieved at a Dundee and locality level and the following actions have been prioritised:

	<ul style="list-style-type: none"> - recognising the need to work more efficiently within existing resources including the strengthening of links with community / voluntary groups and broader stakeholders. - discussions with Dundee College to start a project where students are trained in Otago and then with CRT support are able to implement it within care homes. - the implementation of a home based Otago project for patients who are unable to attend the class. <ul style="list-style-type: none"> • Further develop local fall pathway initiatives to reduce risk of falls. • Develop an 'early indicator of deteriorating health and well-being tool', for use by front line social care staff to reduce the instances of hospital admissions, increase the use of preventative interventions, and assist people to look after their health and well-being. • Work with Partners to develop the 2018/19 Winter Pressures Plan and ensure arrangements are in place to support any escalation of the plan.
Timescale for Improvement	TBA

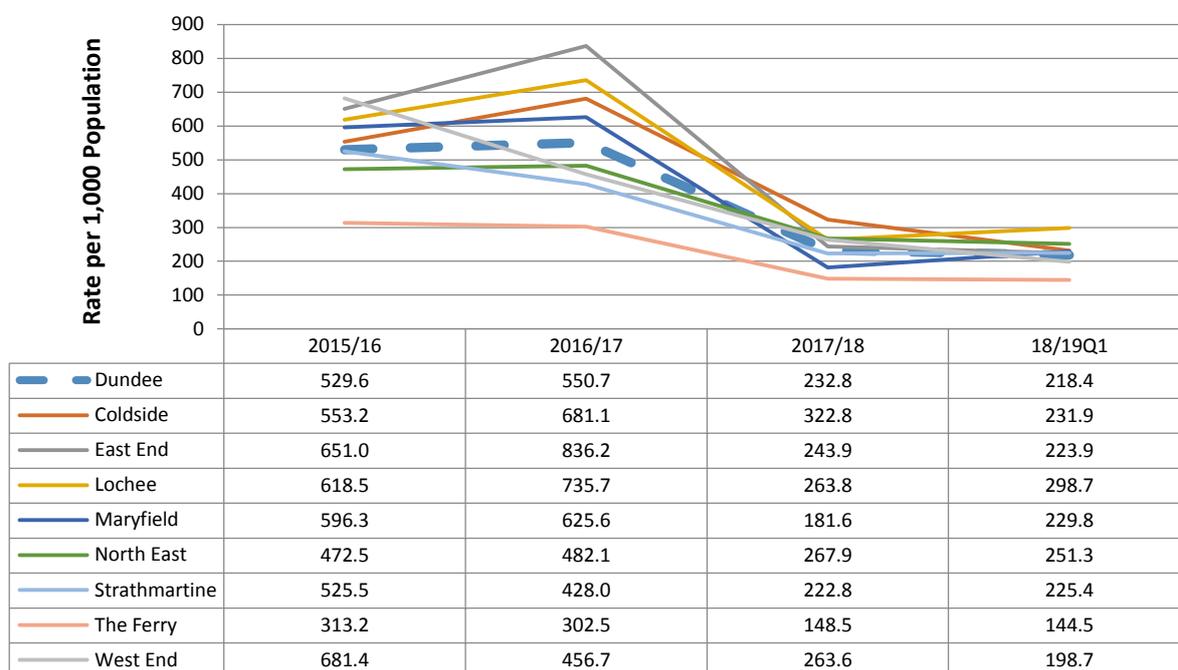
National Health and Wellbeing Indicator 19 – Bed Days Lost

Chart 18: Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population Q4 benchmarking



- The rate of bed days lost due to a delayed discharge in Dundee was lower than the Scottish rate in every quarter during 2017/18.
- Dundee performed better than 2 of the other 7 family group Partnerships. (Western Isles and North Lanarkshire).

Chart 19: 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 Q1 Standard Delays



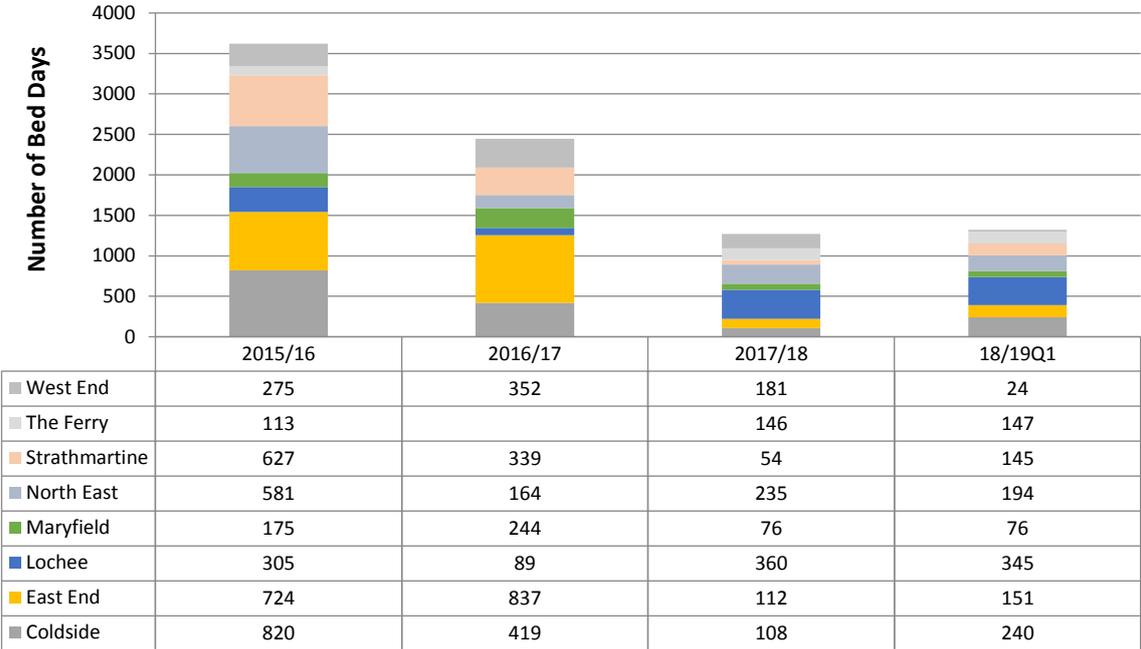
Source: Edison (excludes codes 100, 42T, ESDS and ICF)

Q1 18/19 Analysis (Standard Delays)

Indicator	Number of Days People Aged 75+ Spend in Hospital when they are ready to be Discharged (Standard)
HSCP Operational Lead (s)	Alexis Chappell and Lynne Morman
Purpose	<p>People should not have to wait unnecessarily for more appropriate care to be provided after treatment in hospital. Waiting unnecessarily in hospital is a poor outcome for the individual, is an ineffective use of scarce resource and potentially denies an NHS bed for someone else who might need it.</p> <p>Older people admitted to hospital are more likely to be delayed there once their treatment is complete. This, in turn, is particularly bad for their health and independence.</p> <p>The indicator on its own however does not tell us about the outcomes, as people need to be discharged to an appropriate setting that is best for their reablement. Focusing on discharging patients quickly at the expense of this is not desirable, and improvements need to be achieved by better joint working and use of resources.</p>
Difference from 2015/16 Baseline	The rate is now the lowest it has been in over 3 years, having dropped from 529.6 in 15/16 to 218.4 in Q1 18/19.
Performance Trend	The rate of bed days lost to delayed discharge for people aged 75+ dropped considerably in Q1 18/19.
Locality Variation	<p>The rate in 3 LCPP areas increased between Q4 17/18 and Q1 18/19. (Lochee, Maryfield and Strathmartine)</p> <p>The East End was historically one of the poorest performing LCPP areas for this indicator although the Q1 figure shows a considerable improvement since the baseline year in 2015/16 from 651.0 in 15/16 to</p>

	<p>223.9 in Q1 18/19. The rate in Lochee is approximately double the rate in The Ferry which has the lowest rate of 144.5.</p>
<p>Improvement Actions</p>	<ul style="list-style-type: none"> • 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. • Evaluate current project and seek further investment in resources which support assessment for 24 hour care taking place at home or home like settings. • Review patient pathways between Carseview Hospital and the community. • Support the redesign of specialist services discharge pathways through redesign of referral and response models. • Further expand the fully Integrated Discharge Management Team by incorporating specialist workers to improve communication, facilitate better outcomes and further develop opportunity for discharge assessment for all patients at Ninewells. • Further develop models of Community Rehabilitation to support transitions between home and hospital • Further embed seven day discharge. • Develop and implement discharge management procedures and guidance to promote consistency in practice in relation to discharge management and use of planned date of discharge. • Establish and implement a Discharge Management Learning Framework and Learning Networks as a means of promoting and enabling consistency in practice and ensuring effective person centred communication during transition between hospital and home • Implement a statement and pathway for involving Carers in discharge planning process in line with section 28 of the Carers (Scotland) Act 2016 in partnership with Carers and Carers Organisations • Further implement the planned date of discharge model so that patients , carers are involved in a well-planned discharge and have coordinated follow up care where required upon discharge • Review the systems and mechanisms for reporting around discharge management and provide regular reports into the Performance and Audit Committee.
<p>Timescale for Improvement</p>	<p>TBA</p>

Chart 20: Number of Bed Days Lost to Complex Delayed Discharges for People of all Ages in Dundee by Locality and Financial Year Q1



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

Q1 18/19 analysis (Complex)

Indicator	Number of Bed Days Lost to Complex Delayed Discharges (Complex)
HSCP Operational Lead (s)	Arlene Mitchell
Purpose	<p>People should not have to wait unnecessarily for more appropriate care to be provided after treatment in hospital. Waiting unnecessarily in hospital is a poor outcome for the individual, is an ineffective use of scarce resource and potentially denies an NHS bed for someone else who might need it.</p> <p>Older people admitted to hospital are more likely to be delayed there once their treatment is complete. This, in turn, is particularly bad for their health and independence. The indicator on its own however does not tell us about the outcomes, as people need to be discharged to an appropriate setting that is best for their reablement. Focusing on discharging patients quickly at the expense of this is not desirable, and improvements need to be achieved by better joint working and use of resources.</p>
Difference from 2015/16 Baseline	The number of bed days lost to delayed discharges for complex reasons has decreased since 2015/16 from 3,20 to 1,322 in Q1 18/19.
Locality Variation	The number of bed days lost to delayed discharges for complex reasons increased in four of the eight LCPPs between Q4 17/18 and Q1 (Coldside, East End, Strathmartine and The Ferry). The number of bed days lost

	decreased in three LCPPS (West End, North East and Lochee) and stayed the same in Maryfield.
Improvement Actions	<ul style="list-style-type: none"> • Promote Power of Attorney through local campaigns as a means of increasing number of Power of Attorneys so that Adults are not waiting in hospital settings for decisions about their care upon discharge. • Review the systems and mechanisms for reporting around discharge management and provide regular reports into the Performance and Audit Committee. • Further develop discharge planning arrangements for adults with mental ill-health and learning disabilities. • Further develop discharge planning arrangements for adults with physical disability and acquired brain injury.
Timescale for Improvement	TBA