Clerk and Standards Officer:
Roger Mennie
Head of Democratic and Legal Services
Dundee City Council

Assistant to Clerk:
Willie Waddell
Committee Services Officer
Dundee City Council

City Chambers
DUNDEE
DD1 3BY

22nd March, 2017

TO: ALL MEMBERS, ELECTED MEMBERS AND OFFICER REPRESENTATIVES OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I refer to the agenda of business issued in relation to the SPECIAL meeting of the Integration Joint Board to be held on Monday, 27th March, 2017 and now enclose the undernoted items of business were not received at time of issue.

Yours faithfully

DAVID W LYNCH

Chief Officer

A G E N D A

3 DUNDEE INTEGRATION JOINT BOARD 2017/18 BUDGET - Page 1

(Report No DIJB9-2017 by Chief Finance Officer, copy attached).

4 MEASURING PERFORMANCE UNDER INTEGRATION - Page 13

(Report No DIJB10-2017 by the Chief Officer, copy attached).

ITEM No …3……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 27 MARCH 2017**

REPORT ON: **DUNDEE INTEGRATION JOINT BOARD 2017/18 BUDGET**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB9-2017**

1.0 PURPOSE OF REPORT

The purpose of this report is to advise Dundee Integration Joint Board of the implications of the proposed delegated budget for 2017/18 from Dundee City Council and indicative budget from Tayside NHS Board, the overall Scottish Government Budget and seeks approval for the proposed Transformation Programme in order to set a balanced budget for Dundee Health and Social Care Partnership.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

2.1 Notes the implications of the proposed delegated budget to Dundee Health and Social Care Partnership from Dundee City Council and indicative delegated budget from Tayside NHS Board for 2017/18 and impact of the Scottish Government's budget.

2.2 Approves the proposed Transformation Programme as set out in Appendix 1 of this report in order to provide a balanced budget and investment programme in line with the Strategic and Commissioning Plan.

2.3 Approves the delegated budget proposed by Dundee City Council for 2017/18.

2.4 Notes the indicative delegated budget from Tayside NHS Board for 2017/18 is consistent with the Scottish Government's guidance that the delegated budget must be maintained at least at 2016/17 levels and instructs the Chief Finance Officer to report back to the IJB following receipt of formal notification from Tayside NHS Board of the budget offer with recommendations

2.5 Notes the current indicative Prescribing budget position and instructs the Chief Finance Officer to report back to the IJB with a recommendation following receipt of formal notification from Tayside NHS Board

2.6 Notes the current position in relation to Alcohol & Drug Partnership funding and the Large Hospital Set Aside and instructs the Chief Finance Officer to bring a report to the IJB on these issues at the earliest opportunity.

2.7 Instructs the Chief Finance Officer to progress the Transformation Efficiency Programme to the next stage in partnership with relevant stakeholders including Trade Union and Staff Side representatives.

3.0 FINANCIAL IMPLICATIONS

The proposals outlined in this report set out an overall budget for 2017/18 for Dundee Health and Social Care Partnership of £248.4m.

4.0 MAIN TEXT

4.1 Background

4.1.1 Dundee IJB was provided with an overview of the impact of the Scottish Government's Budget on Health and Social Care Partnerships at its meeting on the 28th February 2017 (Report DIJB5-2017). This report highlighted the additional funding provided by the Scottish Government of £107m for further investment in social care to ensure all adult social care workers receive at least the living wage, ensure sleepover payments meet statutory minimums, to support the financial sustainability of the social care sector, disregarding war pensions from charging and to prepare for the implementation of the Carers Act. The total value of this funding to Dundee Health and Social Care Partnership (DHSCP) is £3.25m.

4.1.2 The report also noted further investment in reform of Primary Care and Mental Health Services, some of which relates to delegated services to Integration Authorities which will be channelled through Health and Social Care Partnerships.

4.1.3 The Scottish Government set out a number of parameters in relation to the establishment of delegated budgets from local authorities and NHS Boards to Health and Social Care Partnerships. Local authorities are permitted to reduce the value of their delegated budget by up to their share of a national value of £80m. NHS Boards have to maintain the value of the delegated budget at 2016/17 recurring "cash" levels (budgeted levels).

4.1.4 The factors noted above and subsequent negotiations have shaped the development of Dundee Health and Social Care Partnership's proposed 2017/18 budget and related Transformation Programme and this is set out in the following sections.

4.2 Proposed Dundee City Council Delegated Budget

4.2.1 Dundee City Council's Policy and Resources Committee considered and approved the Council's Revenue Budget 2017/18 at its meeting on the 23rd February 2017. As part of these budget proposals, the Council agreed to reduce the value of the delegated budget to DHSCP by their full share of the £80m. This results in a proposed reduction of £2.440m to the delegated budget. The Council however recognised a number of the inflationary pressures within the delegated budget and agreed to full fund the impact of pay uplifts and has provided a contribution to the potential impact of an increase in the National Care Home Contract. This is currently still being negotiated although the value is unlikely to be significantly greater than the increase provided for.

4.2.2 The impact of these on the proposed delegated budget is noted in Table 1 below.

4.3 Proposed NHS Tayside Delegated Budget

4.3.1 NHS Tayside's Financial Plan is currently still being developed however a number of issues relating to the proposed delegated budget are at an advanced stage. There has to date been no formal notification from Tayside NHS Board of the level of funding it intends to offer in relation to delegated services for 2017/18 therefore no final recommendation can be made to Dundee IJB in respect of that offer. However, the budget negotiations to date have confirmed that NHS Tayside does intend to meet the Scottish Government's minimum threshold of ensuring the delegated budget is maintained at least at the 2016/17 level. NHS Tayside has also assumed provision to pass on the value of the net uplift of its budget of 0.4% after adjusting for the transfer to social care (share of the £107m). However the inflationary cost pressures such as pay uplifts and general uplifts are anticipated to be greater than the provision made, leading to the need for further efficiencies.

4.3.2 Discussions are continuing in relation to the provision for a range of cost pressures either highlighted previously through the Due Diligence process or pressures emerging throughout the financial year. This extends to services which are "hosted" by Angus and Perth & Kinross Health and Social Care Partnerships where cost pressures in these services have a direct impact on the financial position of DHSCP. The outcome of these will be reported back to the IJB as soon as the position has been confirmed.

4.3.3 The position regarding the additional investment in Primary Care and Mental Health Services has also not yet been confirmed by the Scottish Government.

4.3.4 The impact of these on the proposed delegated budget is noted in Table 1 below.

Table 1 – Dundee Health & Social Care Partnership Proposed Delegated Budget 2017/18

	Dundee City Council	NHS Tayside	Partnership Direct Funding	Total Proposed Budget 2017/18
	£m	£m	£m	£m
2016/17 Baseline Budget				
Hospital & Community Based Services	75.6	70.7		146.3
Family Health Services Prescribing		33.3		33.3
General Medical Services		44.2		44.2
Large Hospital Set Aside (value tbc)		21.1		21.1
Total Baseline Budget	75.6	169.3		244.9
Less: Council Funding Reduction	-2.4			-2.4
Add:				
Inflationary Uplifts	0.5	0.4		0.9
Investment in Social Care			3.1	3.1
War Pensions/ Carers Act			0.2	0.2
Alcohol & Drug Partnership (Provisional allocation)			1.7	1.7
Primary Care/ Mental Health Innovation Funding		tbc		tbc
Total Proposed Budget 2017/18	**73.7**	**169.7**	**5.0**	**248.4**
Note:				
Hosted Services Transfer Out		-10.8		-10.8
Hosted Services Transfer In		15.5		15.5

4.4 Efficiency Savings

4.4.1 As part of the 2016/17 budget setting process, the NHS delegated budget contained an efficiency savings target of £2,725k (excluding prescribing). The IJB's approved Transformation Programme for 2016/17 contained a range of measures to meet this target. Of these, £344k were identified on a recurring basis leaving £2,384k of efficiency measures to be identified on an ongoing basis. In addition to this, the impact of pay and general inflation and contribution to the apprenticeship levy for 2017/18 is noted in Table 2 below. As noted in Section 4.2 above, Dundee City Council's proposed delegated budget includes a reduction

in funding of £2,440k resulting in a total efficiency saving required for operational services of £5,565k. This represents 2.2% of the total delegated budget. The following section sets out DHSCP's proposals in delivering a balanced budget for the combined delegated budget for 2017/18.

Table 2 – Efficiency Savings Applied to Delegated Budget

NHS Resources	£000
Pay Inflation	500
General Inflation	100
Apprenticeship Levy	200
Total Anticipated Uplifts	800
Less: Inflationary Uplift Provided	-400
Net Additional Efficiencies to be Identified	400
2016/17 Efficiency Savings Target	2,725
Total NHS Delegated Budget Efficiencies Required 2017/18	**3,125**
Recurring Efficiencies Identified	-344
Further Efficiencies Required	2,781
Dundee City Council Resources	
Reduction in Delegated Budget as per Scottish Government Finance Settlement	**2,440**
Total Efficiency Savings Required	**5,565**

4.5 Dundee Health and Social Care Partnership – Proposed Transformation Efficiency Programme 2017/18

4.5.1 Appendix 1 sets out the proposed Transformation Efficiency Programme for 2017/18 for consideration by Dundee Integration Joint Board. Members of the IJB will note that a number of these proposals were previously approved by Dundee IJB as part of the 2016/17 budget process and are included as either recurring savings or due to the full year effect of decisions made in 2016/17. Should the IJB approve these new measures, they will be taken forward to the next stage through discussion and engagement with relevant stakeholders including Trade Union and staff side representatives.

4.5.2 The total value of the Transformation Programme equates to the full £5,565k of efficiency savings required. It is recognised however that there are a number of risks associated with the achievement of these efficiencies with some at higher risk given that not all of the efficiency workstreams are under the IJB's direct control. These will be monitored and reported to the IJB throughout the financial year as part of the financial monitoring process.

4.6 Large Hospital Set Aside

4.6.1 The Transformation Programme includes a reduction in the value of the Large Hospital Set aside. While the value of the Large Hospital Set Aside is at this stage still notional, work is continuing locally to further develop the process of calculating and allocating a value which better reflects the operational service budget for those specialties prescribed in the legislation as being included in the set aside and this will be confirmed with the IJB once complete. Although this work is still outstanding, it is reasonable for the IJB to direct NHS Tayside to apply efficiencies in the Large Hospital Set Aside through commissioning less bed days for the population of Dundee and shift the balance of care to community based settings. This is in line with national policy direction and indeed is a fundamental reason why the large hospital set aside has been placed under the direction of the IJB under legislation. The level of efficiency applied is consistent with the cost reduction targets being applied by NHS Tayside however recognises that services placed under the set aside will need some time and support to restructure their services to re-align with a different level of resource and need. Therefore it is proposed to in effect provide transformation funding back to NHS Tayside on a non recurring basis for 2017/18 to support the transition process.

4.7 NHS Tayside Transformation Programme

4.7.1 NHS Tayside's Financial Plan describes the overall transformation programme designed to deliver more efficient ways of working across a range of areas and bring NHS Tayside's expenditure into line with available resources over the next few years. These workstreams contain a mixture of national and local initiatives. As in 2016/17, a number of these workstreams apply to services delegated to DHSCP and therefore a range of these have been drawn down into Dundee's Transformation Programme and reflected in Appendix 1. There is a risk that initiatives within these workstreams will not be developed and delivered at a scale and pace required to meet the financial efficiency targets set out in the Transformation Programme therefore progress against these will be closely monitored throughout the financial year and any risks will be highlighted to the IJB.

4.8 GP Prescribing Budget Projections 2017/18

4.8.1 The Prescribing budget was highlighted in the Due Diligence process and in setting the 2016/17 delegated budget as being an area of significant financial risk and indeed Dundee IJB did not accept the 2016/17 budget position and immediately invoked the risk sharing arrangement. The projected overspend in this budget has been continually reflected in the regular financial monitoring reports presented to the IJB. The Prescribing Management Group has been working across Tayside as a collaborative with delegated authority from the three Tayside IJB's and NHS Tayside Board to allocate, monitor and agree actions to make use of the prescribing budget. Part of this work is to produce a financial plan for prescribing, including a "forward look" of the range of factors likely to influence prescribing expenditure, including estimated growth in terms of demand and price, cost reductions for drugs coming off patent and the impact of more efficient prescribing practice. The projected 2017/18 position for Dundee is described in Table 3 below:

Table 3 – Dundee GP Prescribing Budget Projections 2017/18

	£000
Share of Prescribing Budget*	32,878
2017/18 Anticipated Baseline Spend	34,579
2017/18 Anticipated Growth (inc Price Increases)	1,013
Anticipated Spend 2017/18	35,592
Less:	
Price Changes / Drugs Off Patent	(1,340)
Tayside Wide Active Interventions	(248)
Revised Anticipated Spend	34,004
Projected Funding Shortfall	1,126

* GP Prescribing only

4.8.2 While a number of local and Tayside wide interventions will continue to evolve over the course of the financial year which may reduce the level of funding shortfall, it is clear from the above that the scale of the projected overspend remains high and there is little prospect of this budget being in balance by the end of 2017/18. No further funding is anticipated from NHS Tayside to reduce this shortfall however given no formal notification has been received from Tayside NHS Board of the proposed value of the prescribing budget, the Chief Finance Officer cannot at this stage make a recommendation to Dundee IJB as whether or not to accept the budget for 2017/18. Dialogue between NHST and the 3 Tayside IJB's will continue to explore a strategy to manage the pressures around the prescribing budget over a 3 – 5 year period and associated risk sharing proposals.

4.9 Transformation Investment Programme

4.9.1 The Scottish Government's budget announcement that a further £107m for investment in social care would be made through a transfer from NHS Board budgets marked the next stage of a national process of shifting the balance of care to community based services. This transfer follows a similar transfer of £250m for social care as part of the 2016/17 budget process and builds on previous announcements of funding to deliver change in the way

health and social care services are delivered such as the Integrated Care Fund and Delayed Discharge Fund. The investment in DHSCP's Transformation Programme has been reported to Dundee IJB throughout the course of 2016/17 and reflects the strategic shifts and priorities expressed within the partnership's Strategic and Commissioning Plan. Examples of such investment include supporting locality social prescribing models, investment in services to carers, dementia services, development of housing with care models and extending the provision of community based overnight care. The totality of this resource alongside the share of the new additional funding announced in 2017/18 and overview of commitments against these are noted in table 4.

Table 4 – Transformation Investment Programme

Funding Stream	**2017/18 £000**
Health and Social Care Integration Fund	7,650
Integrated Care Fund	3,100
Delayed Discharge Fund	930
Share of New £107m	3,253
Total Recurring Investment Funding	**14,933**
Add: Carry forward from 2016/17	3,464
Total Investment Funding 2017/18	**18,397**
Allocation as follows:	
Transfer for Local Authority Pressures 2016/17 (incl living wage)	3,830
Changes to Non-Residential Charging (per Scottish Govt)	100
Living Wage Full Year Effect Commitments	1,520
2017/18 Living Wage increase/ Sleepovers/Sustainability	1,520
2017/18 Carers/War Pensions Disregard	213
Mainstreaming of Tests of Change	2,708
Transformation Investment Programme – Current Tests of Change	4,722
Allocation to Efficiency Savings	750
Further Transformation Programme / Demographic Growth Funding Available 2017/18	3,034

4.9.2 Work is ongoing with social care providers to agree the impact of the increase in the living wage commitment from £8.25 per hour to £8.45 per hour and ensuring sleepovers are paid at least statutory minimum levels, the outcome of which may vary from the assumptions reflected in Table 4. Any such variance will be reflected in future Transformation Programme updates to Dundee IJB.

4.10 Alcohol & Drug Partnership Funding

4.10.1 Funding for Alcohol and Drug Partnerships (ADPs) will flow directly from NHS Boards budgets to Integration Authorities as part of the 2017/18 Scottish Government's Budget. National Funding for ADP's was reduced as part of the 2016/17 budget settlement however Health Boards were encouraged to re-direct funding to continue funding at the overall 2015/16 level. NHS Tayside did indeed reinstated a value of £1.2m across Tayside to cover

this, albeit leaving a funding reduction of £300k across Tayside. NHS Tayside has indicated that this arrangement will continue in 2017/18 and discussions are ongoing in relation to the allocations to individual IJBs and ADPs, with a further savings requirement of £200k (£500k reduction in total). An indicative budget allocation of £1.7m has been set out by NHS Tayside for Dundee although the methodology for the actual allocation has yet to be agreed. The final position will be brought back to the IJB for consideration.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues at this stage however the financial position will continue to be monitored throughout the financial year.

6.0 CONSULTATIONS

The Chief Officer, Executive Director (Corporate Services) - Dundee City Council, Director of Finance - NHS Tayside and the Clerk were consulted in the preparation of this report.

7.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 13 March 2017

Dundee Health & Social Care Partnership Transformation Programme **Appendix 1**

Primary IJB Strategic Plan Priority	Transformation Project Description	2017/18 Estimated Efficiency £000	Recurring Savings Agreed as Part of 2016/17 Budget Process (NHS Only) £000	Additional Information
Managing our Resources Effectively:				
	Re-modelling of Dundee City Council's Home Care Service	250	0	Additional to the £250k already built into base budget for 2016/17 (approx. 250 hours per week) and dependent on outcome of staff rota pilots.
	Integrated Management & Support Savings	135	100	Reflects opportunities through bringing together locality based integrated services.
	Developing a flexible, responsive and modernised workforce	1,496	171	Reflects consistent recruitment position across a range of services and formalises natural turnover/vacancy factor currently mainly achieved on a non-recurring basis. Includes impact of early retirement/voluntary redundancy packages for around six practical support workers within the home care service.
	Implement agreed Joint Equipment Store arrangements with Angus Health & Social Care Partnership	30		Part of new shared arrangements - £50k benefit to Dundee in total.
	Review of Resource Transfer Commitments	75	75	Funding no longer required for various commitments.
	Reduce allocations for demographic growth and Strategic Planning Bridging Finance as set out in the Transformation Programme	750		Limits the ability to respond to demographic growth and restricts the scaling up/mainstreaming of tests of change.

Primary IJB Strategic Plan Priority	Transformation Project Description	2017/18 Estimated Efficiency £000	Recurring Savings Agreed as Part of 2016/17 Budget Process (NHS Only) £000	Additional Information
	Total Managing our Resources Effectively	**2,736**	**346**	
Changing Models of Support/Pathways of Care:				
	Remodel Housing Support to move to Amenity Housing Provision (retain very sheltered housing models of care)	90		Housing Support services provided under contract by Housing Associations – one provider to fully move to amenity housing from 1 April 2017 with another provider partially moving services from the same date.
	Impact of Minor Service Redesign Programmes (Joint Equipment Store, Community Nursing, Neuro Rehabilitation Services)	34		Full year effect of programmes agreed in 2016/17.
	Total Models of Support/Pathways of Care	**124**	**0**	
Other: Managing our Resources Effectively, Changing Models of Support/Pathways of Care, Early Intervention/Prevention:				
	Strategic Commissioning – Implementation of range of interventions identified by client specific strategic planning groups	1,065		All savings in addition to current £1m savings target delivered as part of 2016/17 savings proposals. To be delivered through service redesign, review of eligibility criteria and review of care packages.

Primary IJB Strategic Plan Priority	Transformation Project Description	2017/18 Estimated Efficiency £000	Recurring Savings Agreed as Part of 2016/17 Budget Process (NHS Only) £000	Additional Information
	Impact of Unscheduled Care Programme on Reducing Large Hospital Set Aside	1,500		Scottish Government's expectation that IJBs begin the process of commissioning less bed days from those specialties included in the large hospital set aside from 2017/18. This links directly with the local targets submitted by Dundee Health & Social Care Partnership to the Ministerial Strategic Group for Health and Community Care to measure performance under integration.
	Less: Transitional Non-Recurring Funding to Acute Sector to Support Resource Shifts	-1,000		Recognition that NHS Boards require a period of transition to redesign/reduce bed base and will be provided on a non-recurring basis.
	Net Reduction in Large Hospital Set Aside	500		
	Total Other	**1,565**	**0**	
	Total Transformation Workstreams Managed Directly by Dundee Health & Social Care Partnership	**4,425**	**346**	
	Draw Down from NHS Tayside's Transformation Programme			
Managing Our Resources Effectively:				
	Better Buying & Procurement	100		
	Workforce and Care Assurance	650		

Primary IJB Strategic Plan Priority	Transformation Project Description	2017/18 Estimated Efficiency £000	Recurring Savings Agreed as Part of 2016/17 Budget Process (NHS Only) £000	Additional Information
	Repatriating Services	100		Aligned with NHS Tayside's Financial Plan
	Service Redesign and Productive Opportunities	170		
	Operational Efficiencies	120		
	Total Drawn Down from NHS Tayside's Transformation Programme	**1,140**	**0**	
	Total Dundee Transformation Programme Workstreams	**5,565**		
	Total Efficiency Savings Target	**5,565**		

ITEM No …4……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 27 MARCH 2017**

REPORT ON: **MEASURING PERFORMANCE UNDER INTEGRATION**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB10-2017**

1.0 PURPOSE OF REPORT

The purpose of this report is to inform members of the initial response submitted by Dundee Health and Social Care Partnership (the Partnership) to the request from the Ministerial Strategic Group for Health and Community Care (MSG) to provide local objectives for indicators in six key service delivery areas.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

2.1 Approves the initial response submitted by the Partnership to the MSG (section 4.2).

2.2 Approves the ongoing work to further develop and strengthen the initial response (sections 4.3).

2.3 Directs the Performance and Audit Committee to monitor progress against the targets set out in appendix 3 as part of the quarterly performance report.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Measuring Performance Under Integration – Request from Ministerial Strategic Group

4.1.1 In mid-January 2017 the Scottish Government and COSLA, on behalf of the MSG, wrote to all Health and Social Care Partnerships to invite them to set out local objectives for 2017/18 under the following six key service delivery areas:

- Unplanned admissions;
- Occupied bed days for unscheduled care;
- A & E performance;
- Delayed discharges;
- End of life care; and,
- The balance of spend across institutional and community services.

A copy of the invitation is attached as Appendix 1.

4.1.2 The letter sets out that the MSG will receive a quarterly anonymised overview on progress against these areas of integration on a quarterly basis. It is intended that this approach will assist individual Partnerships to understand the shape and nature of their service relative to others. Clarification is also provided that the invitation to submit local objectives is not intended to duplicate or substitute data produced locally to support commissioning and delivery activity under the duties in the 2014 Act.

4.1.3 Following a series of further discussions between the Scottish Government, COSLA, the MSG, Chief Officers, and National Services for Scotland, Information Services Division (NSS, ISD) the invitation from the MSG was further refined to include the opportunity for Partnerships to submit for each key service delivery area in 2017/18:

- Local objectives;
- Local trajectories; and,
- Local performance targets.

4.1.4 Subsequently, in early February NSS ISD Local Intelligence Support Team (LIST) analysts were provided with a comprehensive data set covering 32 individual indicators across the six key service delivery areas. A consistent approach was also agreed within NSS ISD to developing trajectories for each indicator contained within the data set.

4.2 Dundee Partnership - Initial Response

4.2.1 The initial response submitted to the Scottish Government as a draft for consideration by the MSG is attached as appendix 2. In each area of service delivery the response sets out:

- What available data, including data provided via NSS ISD, is telling us about local performance;
- What we have achieved to date through commissioning and delivery activity;
- What more we plan to do to impact in relation to the area of service delivery; and,
- How improvement will be measured, including trajectories and performance targets.

Overall the initial draft addresses 23 of the 32 indicators provided in the NSS ISD data set, with at least one indicator under each of the six service delivery areas. Targets for a further two indicators were not developed as they are not relevant to Dundee, these are around community hospitals. Targets for three indicators which were not reported are variations of other indicators which were reported therefore will be included in iteration two. Data for two indicators were not available in the dataset provided by NSS ISD. The remaining four indicators require further discussion and development prior to iteration two.

4.2.2 In comparison with other partnerships, Dundee is approximately at the median point for emergency admissions, delayed discharge lost bed days and end of life. The % of emergency admissions which come through accident and emergency are lower than average and Dundee has the 4th highest % spend on emergency admissions and the 5th highest emergency bed days, although bed days are projected to continually decrease.

4.2.3 Appendix 3 contains a table which lists each of the 32 indicators and progress towards each.

4.3 Dundee Partnership – Next Steps

4.3.1 The initial draft submitted was produced within the context of the challenging timescale set by the MSG and the resources and information available to officers within that. Whilst the draft is considered to be a helpful starting point it is recognised that significant further development is required to strengthen and expand the response, particularly in the following areas:

- To cover the full range of relevant indicators from the 32 within the NSS ISD data set;
- To address issues regarding the data provided within the NSS ISD data set, for example some indicators include paediatric data which relates to services that are not delegated into the Partnership and therefore would be inappropriate for the Partnership to propose targets for;
- To consult with professional and clinical advisors, and other relevant partners;
- To cross reference with Tayside Partnerships to ensure that target setting in one area of Tayside does not adversely affect another;
- To clarify the impact of other workstreams such as the work of the Unscheduled Care Board;
- To ensure shared ownership by the IJB, senior management team, services, practitioners and partners;
- To more explicitly link objectives and performance targets to financial forecasting, for example the expected impact of shifting financial resources from acute to community

settings on service delivery areas such as unplanned admissions and occupied bed days for unscheduled care; and,

- To consider further areas of service delivery that the Partnership may wish to develop a similar response for that, although not part of the invite from the MSG, will helpfully inform the developing local multi-tiered performance framework for the Partnership.

4.3.2 It is understood that individual Partnerships will receive formal feedback from the MSG regarding their initial drafts in due course. Any feedback received will be used to inform the further development of the Dundee response. Informal feedback received indicates that the initial draft submitted by Dundee has been well received by the Scottish Government.

4.3.3 The Performance and Audit Co-ordinating Group, which has been established as an officer group to support the work of the IJB's Performance and Audit Committee (PAC), will agree a process for further developing and strengthening the Partnership's response as described at section 4.2.3.

4.3.4 The information contained within the initial draft response will be incorporated into the Partnership's quarterly performance reports submitted to the PAC. For five of the service areas (all except A & E) the information will be mapped to the most relevant National Health and Wellbeing Indicators and presented alongside existing information. A & E will be added to the quarterly performance report as a new section.

4.3.5 Once further information has been provided by the Scottish Government regarding the process for providing quarterly information against the objectives and targets submitted this will be considered and appropriate processes put in place via the Performance and Audit Co-ordinating Group. It is anticipated that this will involve submission of quarterly data via the Partnership's LIST analyst.

5.0 POLICY IMPLICATIONS

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

6.0 CONSULTATIONS

The Chief Finance Officer, Head of Service - Health and Community Care and the Clerk were consulted in the preparation of this report.

7.0 BACKGROUND PAPERS

None.

David W Lynch
Chief Officer

DATE: 2 March 2017

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Geoff Huggins, Director
T: 0131-244 3210
E: geoff.huggins@gov.scot

Scottish Government
Riaghaltas na h-Alba
gov.scot

COSLA
Paula McLeay, Chief Officer Health and Social Care
T: 0131-474 9257
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To: Chief Officers – Integration Authorities

19 January 2017

Dear Colleagues

MEASURING PERFORMANCE UNDER INTEGRATION

The Ministerial Strategic Group for Health and Community Care (MSG) discussed how to measure progress under integration at its meetings on 16 November and 21 December.

At the meeting on 21 December MSG agreed that for 2017/18 we will track across Integration Authorities:

(1) unplanned admissions;
(2) occupied bed days for unscheduled care;
(3) A&E performance;
(4) delayed discharges;
(5) end of life care; and
(6) the balance of spend across institutional and community services.

You are each invited to set out your local objectives for each of the indicators for 2017/18 by the end of February. MSG has agreed that it will receive a quarterly overview on progress across the whole system and you are asked to produce your objectives on that basis. We are meeting with the Executive Group of Chief Officers on Friday and will discuss what national support you would want us to offer for this process. Our objective will be to adapt and use existing data collection methodologies where possible and to establish a clear process for the work.

When we met on 16 December we had indicated that as a minimum we would provide data for each partnership covering each of the indicators. The data would show the position for all partnerships to enable individual Integration Authorities to understand the shape and

nature of their service relative to others. We are still working on the structure and format of that data. For now, we attach high level data covering a number of the areas (**Annex A**). Again we would intend to use the conversation on Friday to discuss the structure and format of the data with the intention of writing shortly after to all Chief Officers with the necessary material.

MSG noted that the approach for future years may change as a consequence of the Review into Targets and Indicators being undertaken by Sir Harry Burns and also as data sources for particular areas of service delivery improvement. It also noted that most key service delivery areas under integration have a direct impact on these higher level system indicators. In particular, it is important that we are able to understand both the contribution of social care and primary care services to these higher level system indicators, but also how they support important outcomes in respect of independent living and the protection and maintenance of health.

Local partnerships are already using a wide range of data to support their commissioning and delivery activity and will continue to operate under the duties in the 2014 Act in respect of public reporting. This process is not intended to duplicate or substitute for that process.

The Local Delivery Plan (LDP) Guidance for 2017/18 has been issued to NHS Chief Executives and sets the expectation that Boards and regional planning partnerships ensure that their objectives and plans are consistent with Integration Authority plans. Similarly, given the interaction with the hospital system you will need to ensure that your objectives and plans are consistent with NHS Board and regional plans for 2017/18.

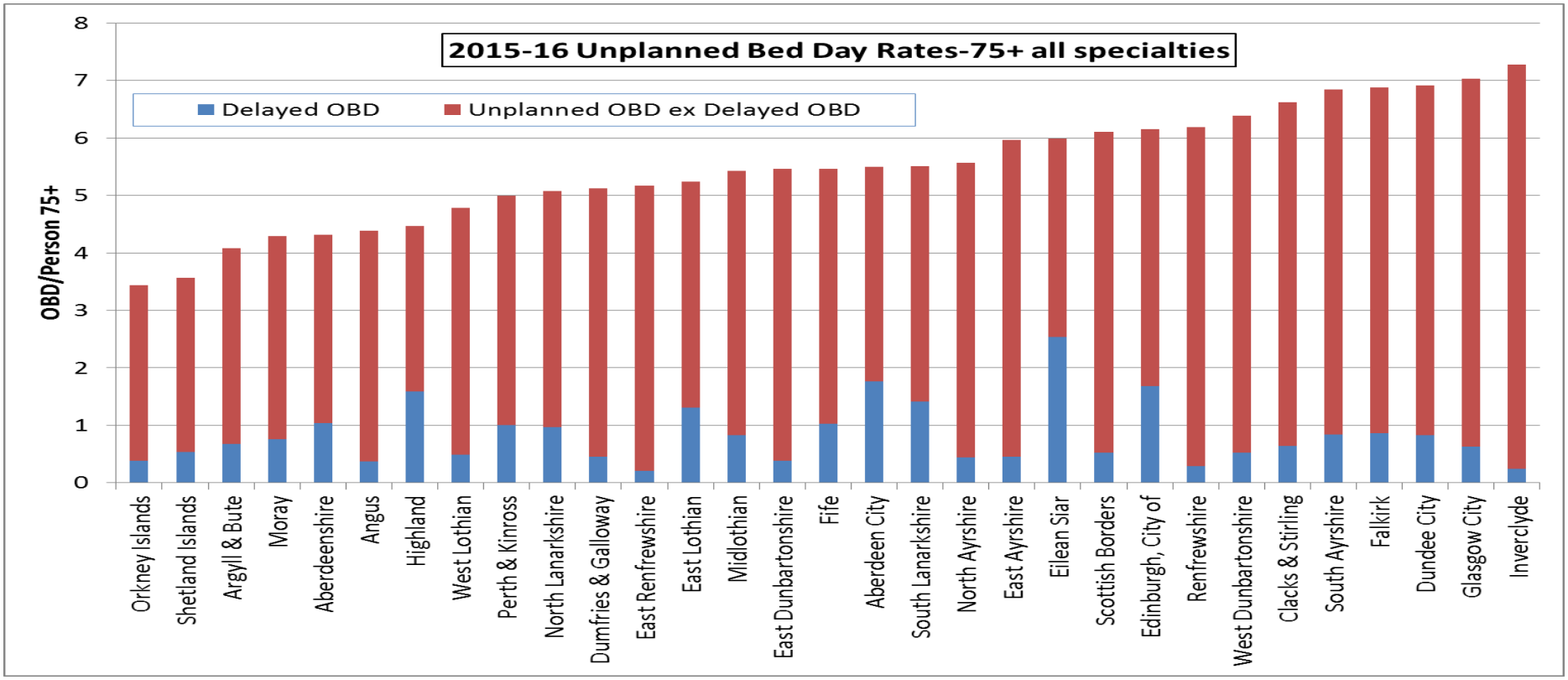
Yours sincerely

GEOFF HUGGINS
Scottish Government

PAULA McLEAY
COSLA

Annex A: example of data on key indicators

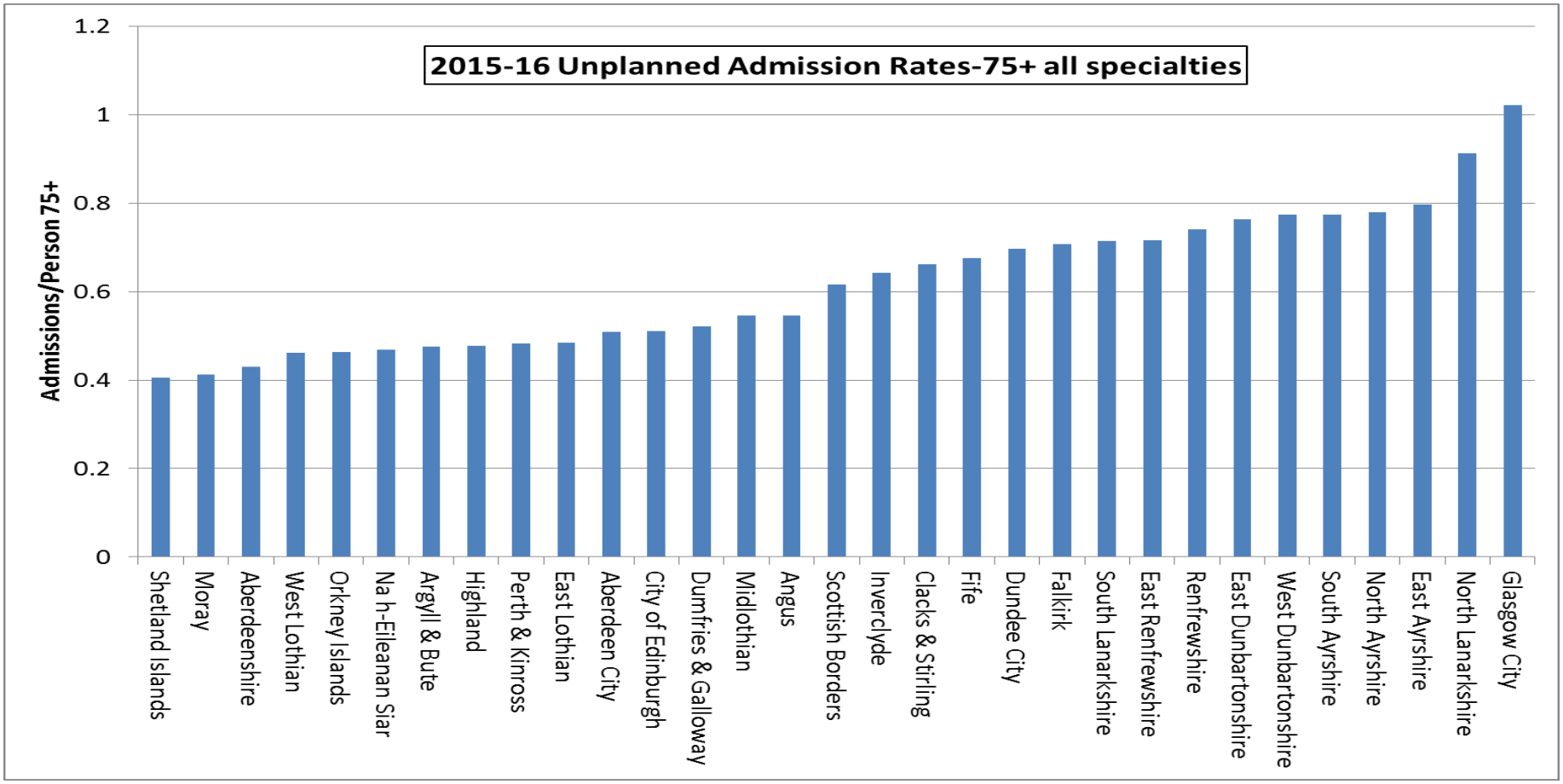
Unplanned Bed Days



Notes: This chart shows the unplanned bed days per capita for people aged 75+ for each partnership (in 2015/16). It is for unplanned bed days in all specialties and differentiates between the bed days used by delayed patients and other non-delayed bed days. A total of 2.5m bed days were used by people age 75+ of which 400k were by delayed patients, an average of 16% of the total bed days for this age group and varying across partnerships from 3.4% to 42%. There is a two-fold variation in the overall bed day rates across partnerships and a 12 fold variation in delayed bed

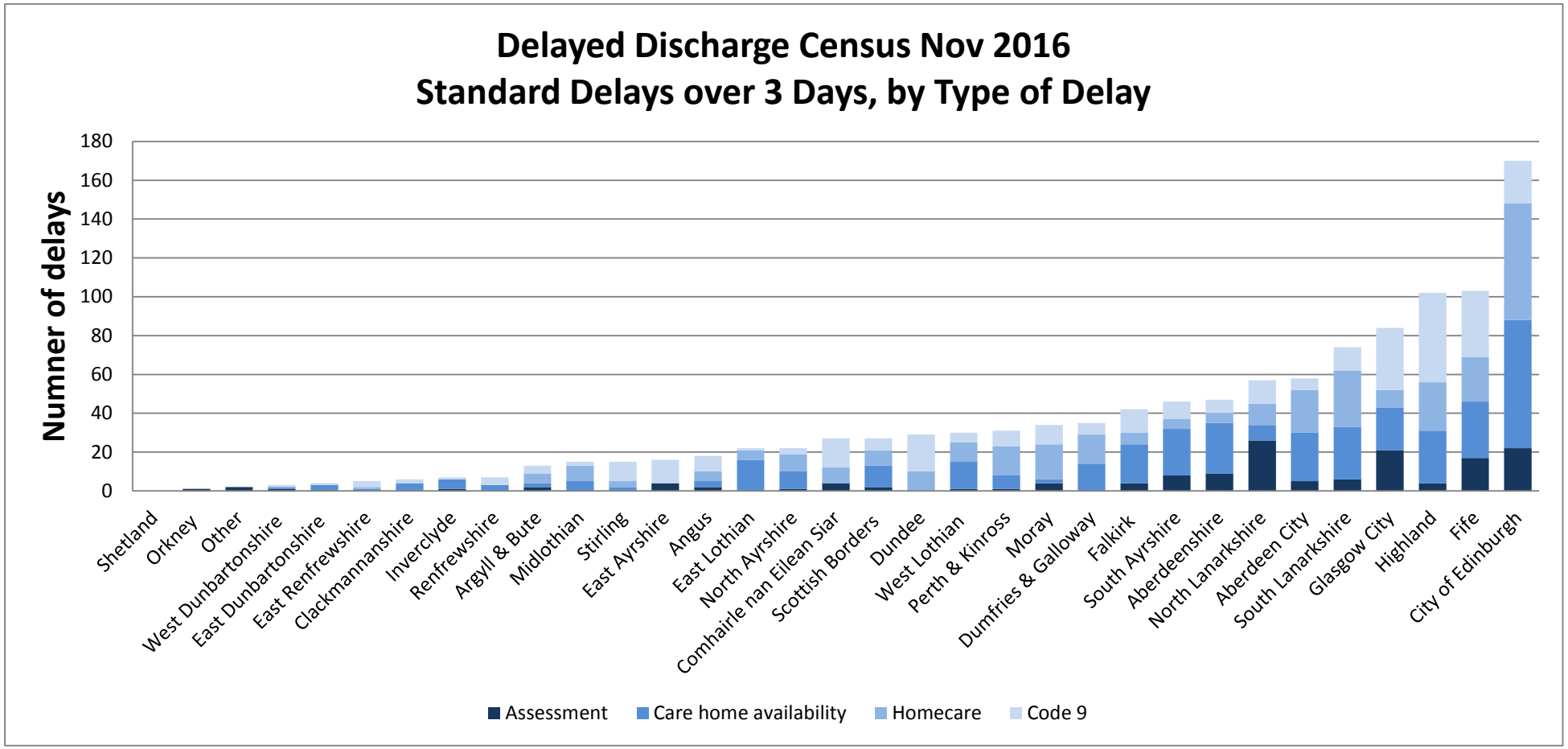
day rates. There is no association between delayed bed day rates and overall bed day rates. We can develop this analysis to include other age groups and to differentiate between specialties and type of delay.

Unplanned admissions



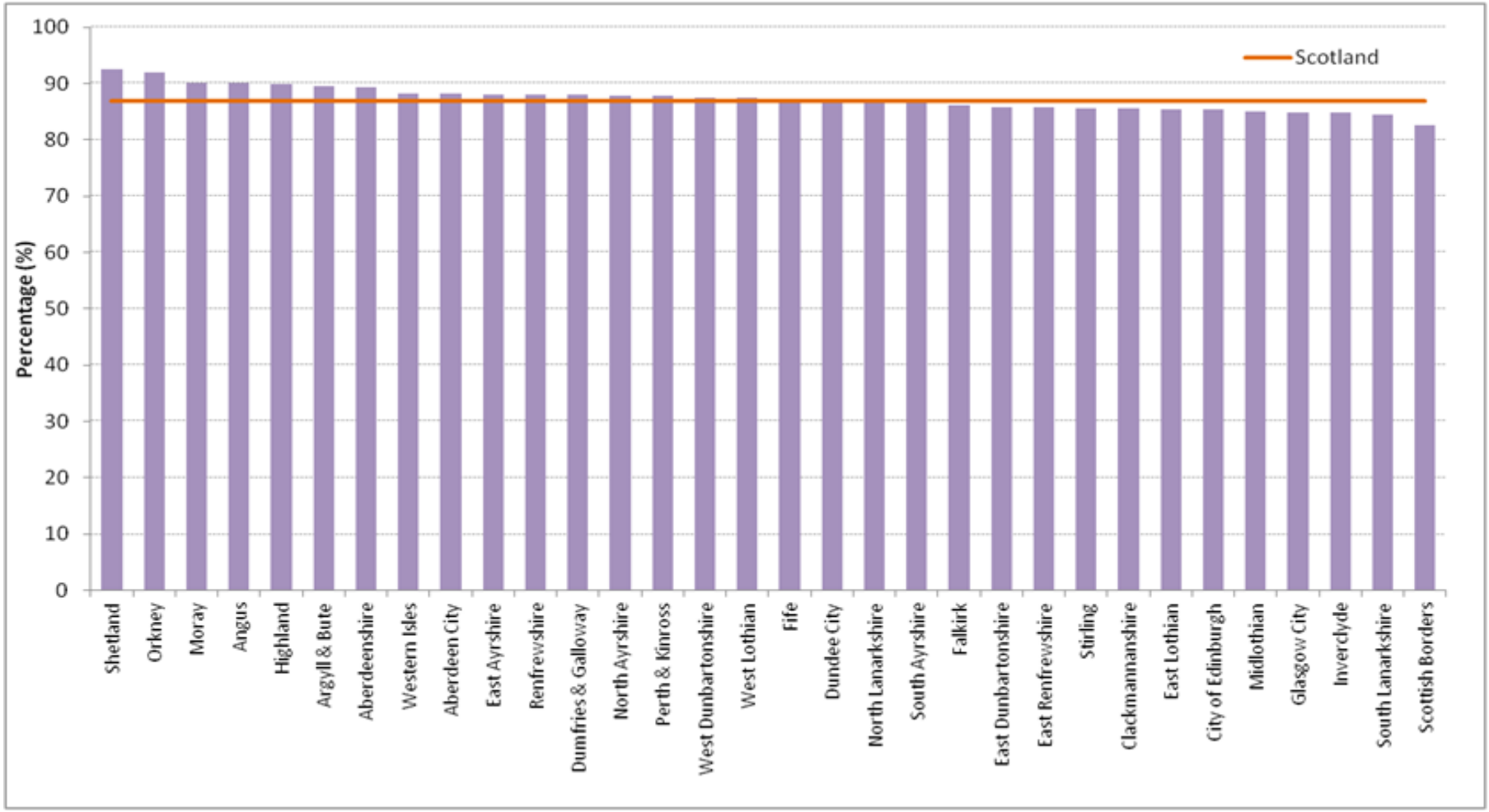
Notes: This chart shows the unplanned admissions per person aged 75+ in all specialties in 2015/16. We can see that the two fold variation seen in the bed days chart is evident here, although there is some slight re-ordering which is to be expected as bed day rates are a function of admission rates and length of stay. We can develop this analysis to consider different age groups and specialties.

Delayed Discharge Census: Standard Delays > 3 days by type of delay



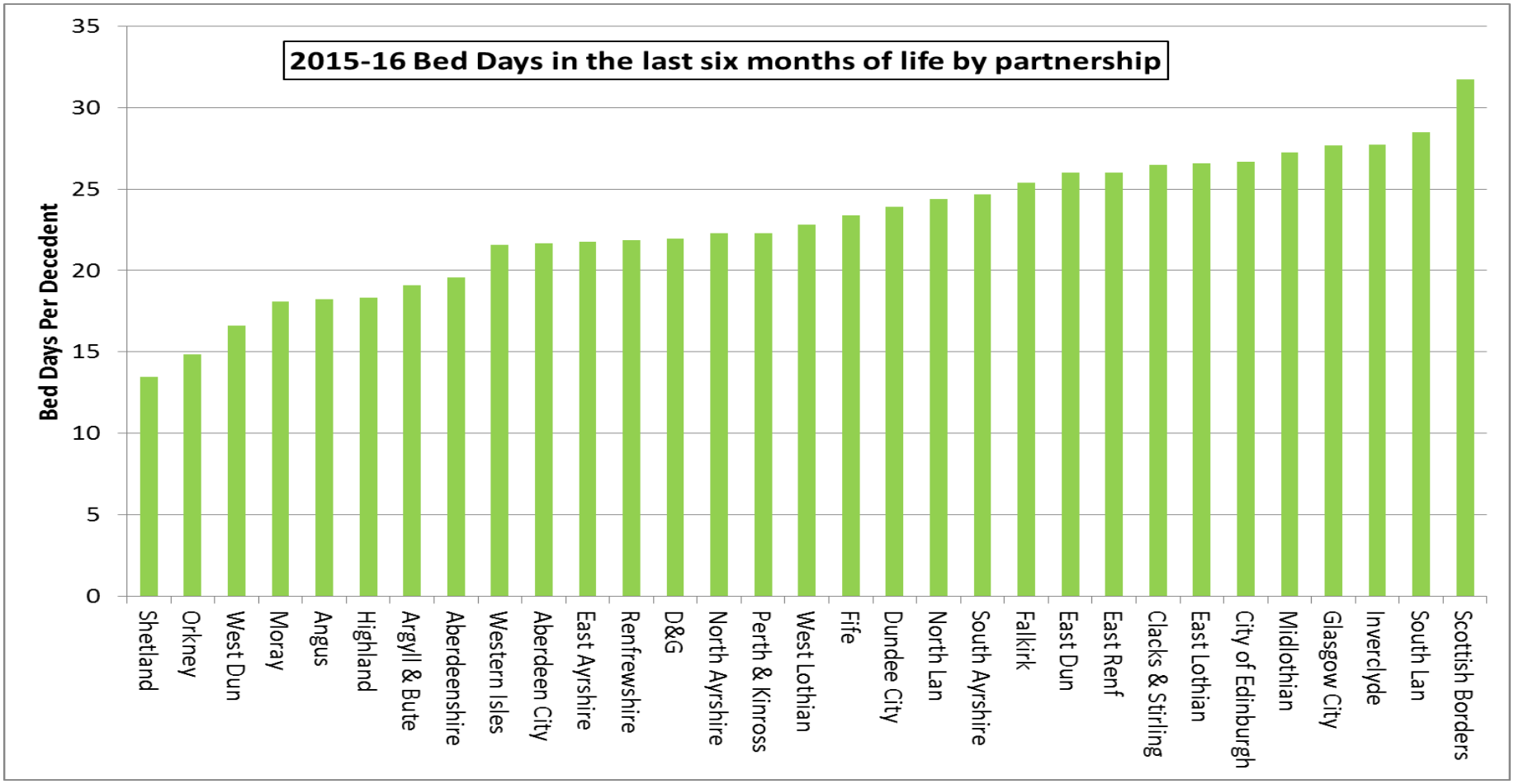
Notes: this chart shows the number of delays by type of across all partnerships. These figures exclude family reasons. There is considerable variation across partnerships. There are also differences in the main reason for delays. For example while care home and home care are key reasons for some partnerships, Code 9 categories appear to be the main reason for others

End of Life (a)



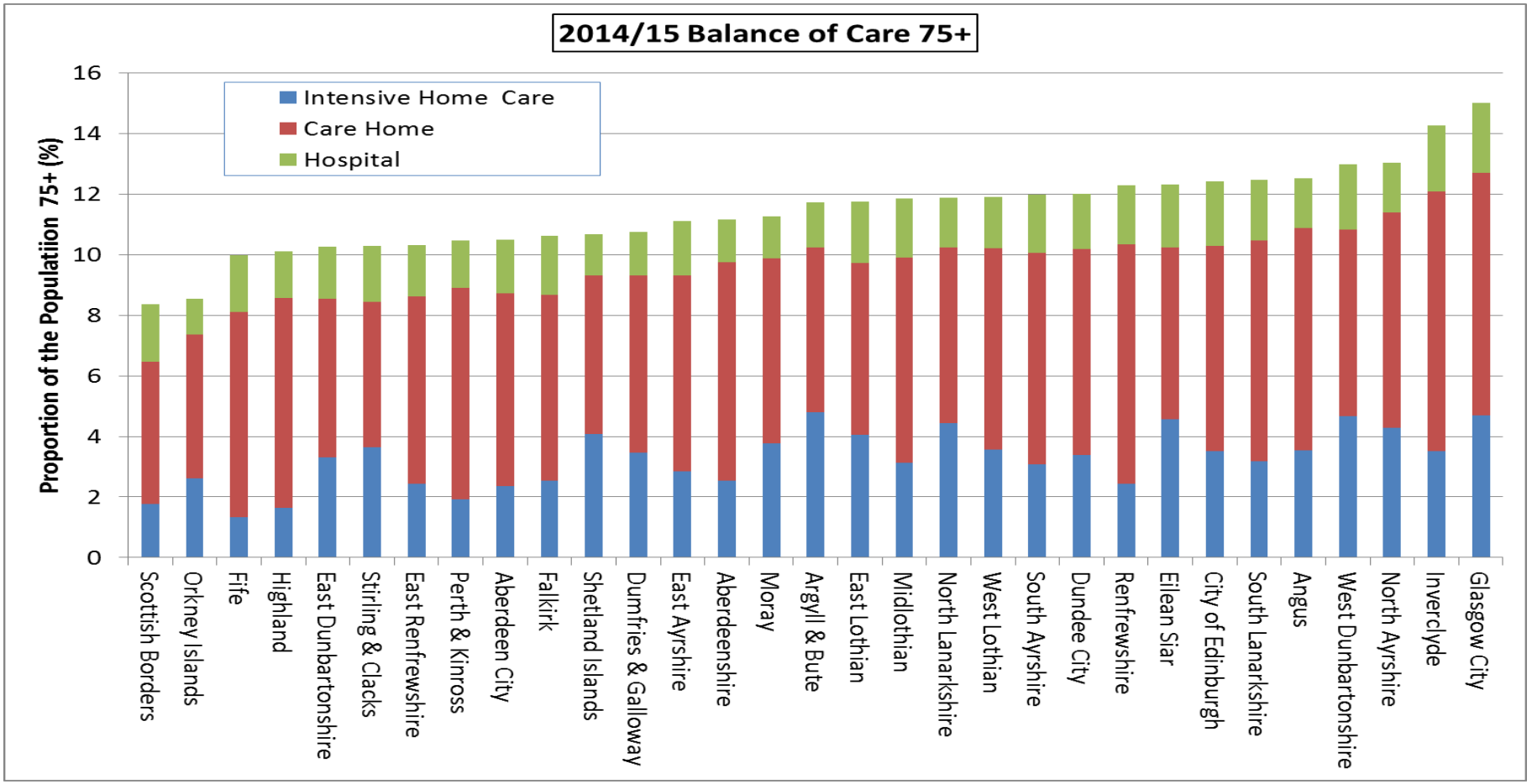
Notes: This chart shows the proportion of the last six months of life spent at home or in a community setting for people who died in 2015/16. There is a difference of 10% across partnerships. We can develop this analysis by considering different age groups and by differentiating between settings.

End of Life (b)



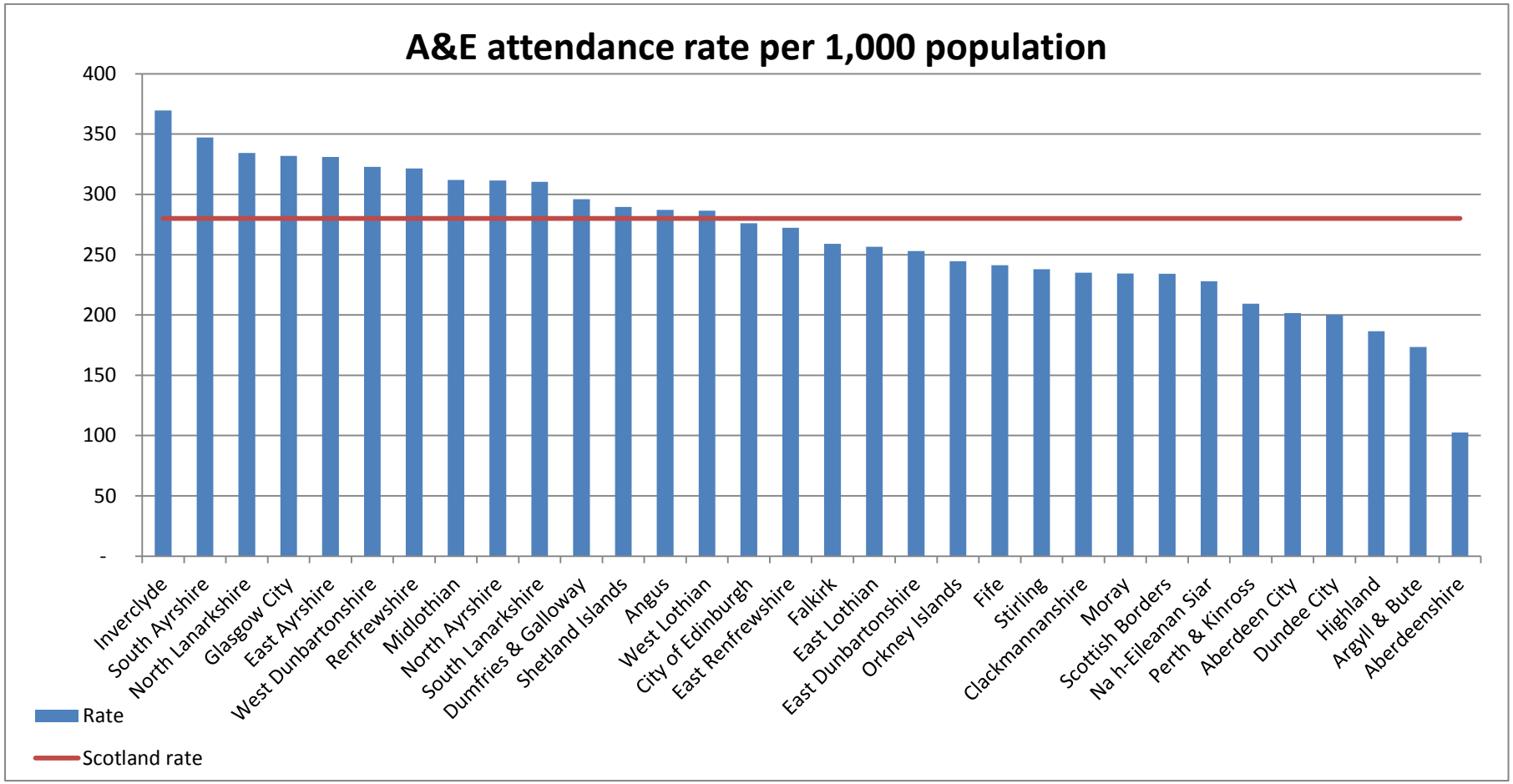
Notes: This chart shows the average unplanned bed days in the last six months of life for people who died in 2015/16. There is a two- fold variation across partnerships. If all Scottish partnerships could attain the same bed days per decedent as Shetland, half a million bed days could be saved-equivalent to the 10% commitment in the Delivery Plan.

Balance of Care



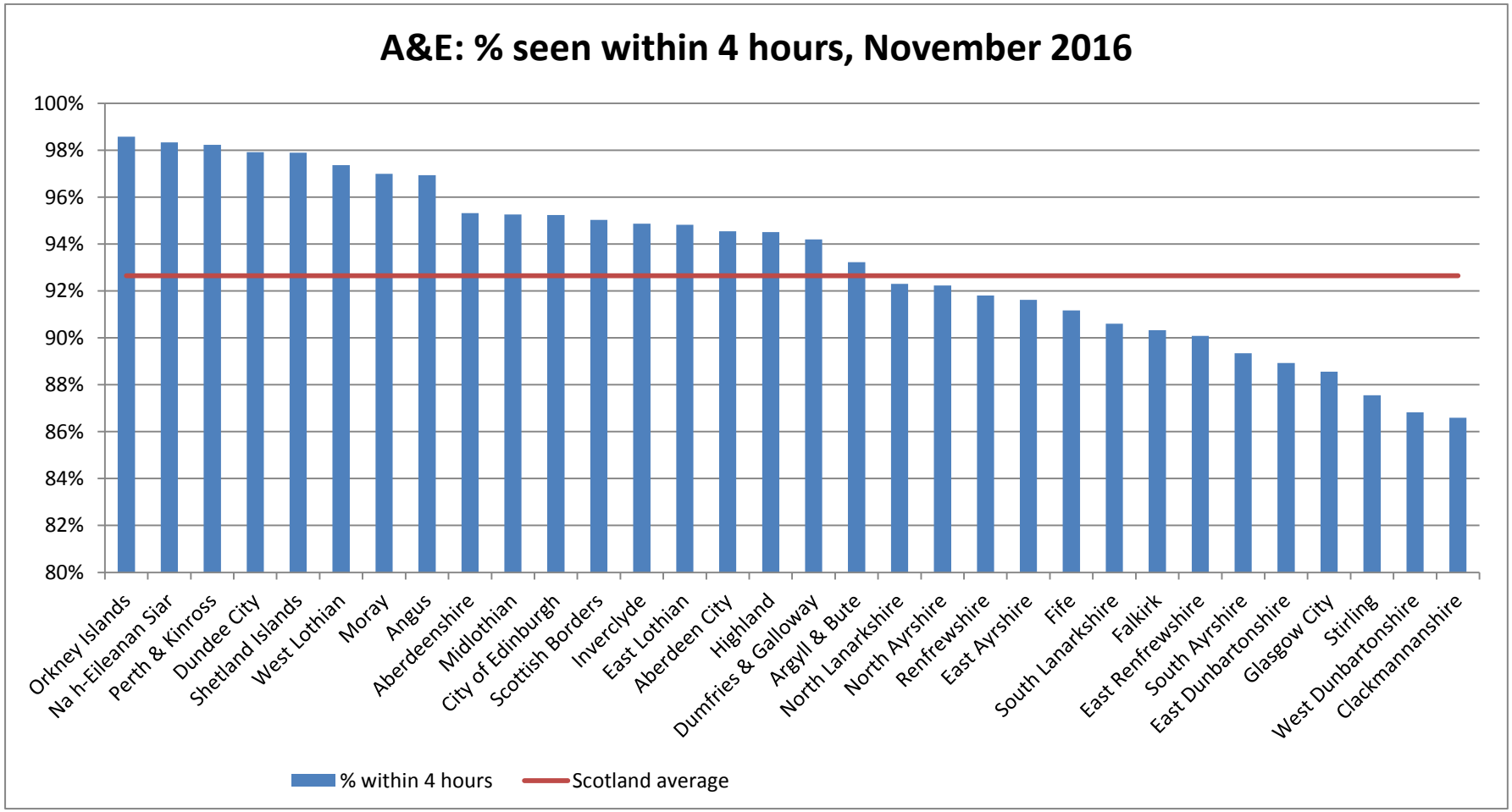
Notes: This chart looks at balance of care for people aged 75+ and shows the proportion of partnership populations aged 75+ who were either in hospital, in a care home or in receipt of 10+ hours home care in 2014/15. There is an almost two-fold variation (8% c/w 15%). Across Scotland, 8.5% of people aged 75+ were either a care home or hospital varying from 5.9% to 10.7% across partnerships. We can develop this analysis to include other age groups and to reflect the balance of care as a spectrum of settings; we can also look at spend across the spectrum.

A&E (a) : **A&E attendance rate per 1,000 population by Partnership 2015/16**



Notes: this shows the attendance rate at A&E per 1000 population by Partnership. There is considerable variation between Partnerships –370 per 1000 population in Inverclyde while 102 attendees per 1000 population in Aberdeenshire (Scotland – 280 per 1000). The difference is likely to reflect a range of issues including demographic factors, proximity of population to A&E facility as well as other healthcare provision .

A&E % seen within 4 hours



Notes: This chart shows performance on the 4 hour wait target by partnership. There is a difference of 11% between the highest performing area and the lowest performing area. The Scotland average is 93%. We can also provide A&E data on conversion rate- eg the proportion of A&E attendances which result in admission to hospital

APPENDIX II

Dundee Health & Social Care Partnership

Measuring Performance Under Integration

Objectives and Targets 17/18

DRAFT – 23 February 2017

Local objectives for 2017/18 for the proposed six core indicators discussed with the Chief Officer network and the Ministerial Strategic Group for Health and Community Care.

Please note that this information is currently draft and both the targets, projections and objectives will be further developed in line with the further development of local Implementation and locality plans.

1 Emergency Admissions, acute stays

Chart 1.1: Number of Emergency Admissions for People Aged 18+ as a Rate per 100,000 Population

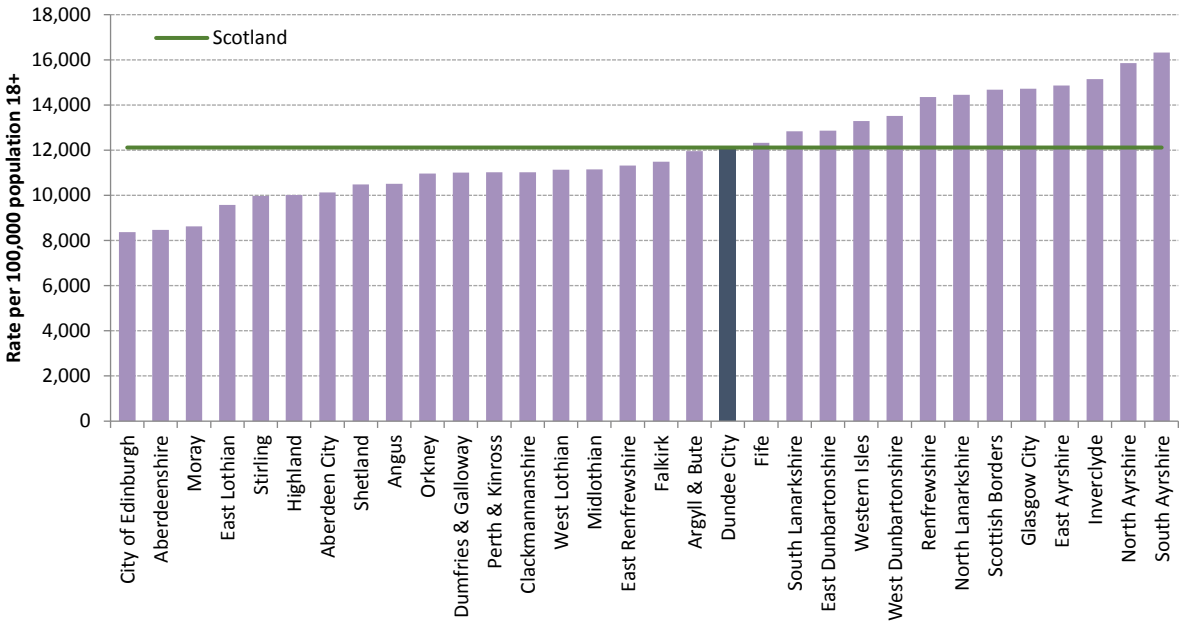
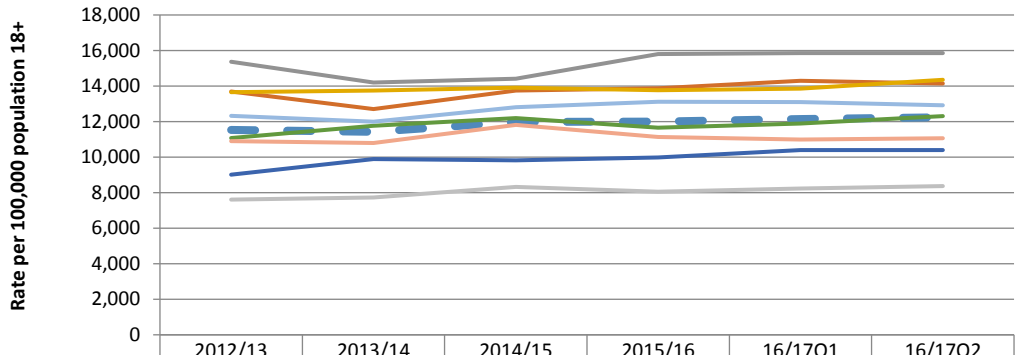


Chart 1.2 Rate per 100,000 Population of All Emergency Admissions for People Aged 18+ by Locality and Financial Year



	2012/13	2013/14	2014/15	2015/16	16/17Q1	16/17Q2
Dundee	11,523.1	11,424.0	11,985.5	11,996.2	12,148.7	12,241.8
Coldside	13,696.1	12,704.6	13,750.7	13,876.3	14,296.5	14,152.2
East End	15,375.3	14,199.5	14,414.2	15,806.4	15,854.5	15,854.5
Lochee	13,655.3	13,746.4	13,909.9	13,766.4	13,858.4	14,351.5
Maryfield	9,012.9	9,896.3	9,825.0	9,989.3	10,397.2	10,397.2
North East	11,074.3	11,757.7	12,204.9	11,648.9	11,893.9	12,307.8
Strathmartine	12,332.2	11,995.0	12,815.3	13,116.9	13,097.3	12,920.5
The Ferry	10,898.3	10,795.1	11,814.7	11,136.5	10,992.2	11,070.4
West End	7,610.7	7,731.4	8,325.0	8,054.8	8,226.6	8,370.8

What is the data telling us?

- The rate for Dundee has generally been increasing from 11,500 per 100,000 in 2012/13 to 12,200 per 100,000 in 2016/17 Q2.
- All Local Community Planning Partnerships (LCPPs) since 2012/13 have seen increases in their rates with the East End experiencing the highest rates in every financial year. The West End, the Ferry and Maryfield have the lowest rates in Dundee (the West End rate is almost 50% less than the East End rate).
- The Strategic Needs Assessment was produced to complement and inform the Strategic Commissioning Plan and this evidenced and reported on the high levels of deprivation and associated morbidity, multi morbidities and health inequalities across the city. A detailed analysis of the 54 natural 'neighbourhoods' of Dundee highlighted the higher emergency admission rates in the most deprived neighbourhoods, particularly due to substance misuse and mental health problems.

What we have achieved to date

In order to reduce emergency admissions and to support people to live independently at home, the following improvements, have been made:

- The continued expansion of the Enhanced Community Support service, which is aligned to GP clusters and supports those most at risk of admission.
- Nursing input to homeless people and hard to reach people has been enhanced through a further development of the Parish Nurse approach. A peer volunteer model has been tested.
- Existing health inequalities work has been reviewed and consolidated to identify priorities and explore how this will be addressed at a locality basis. From this a Health Inequalities Strategic Planning Group has been established which is developing a Health Inequalities Commissioning Statement. Keep Well continues to engage people around their health via health checks with the community team delivering 286 health checks to "at risk " groups including those who are homeless, offenders, or carers, in Q1 and 354 in Q2, with 1170 Keep well checks over the 2 quarters including those seen in general practice based on living in a deprived area. There are also improved links and referrals from Tayside Substance Misuse Service (TSMS) to consider wider health issues. The Equally Well team host health and wellbeing network meetings across the city to support joint working in localities.
- Remodelled care management teams to provide a locality model.
- We have reviewed all aspects the Learning Disability Acute Liaison Service and made recommendation to expand this service.
- We have assessed and confirmed the local requirement for a Primary Care Liaison Nurse to support individuals with Profound and Multiple Learning Disabilities and complex co-morbid health conditions as per recommendation 22 of the 'Keys to Life – Improving quality of life for people with learning disabilities' strategy Scottish Government (2013).

What we plan to do

The projected emergency admission target rate will be 12,168 admissions per 100,000 population. This is an expected increase of 4.5% from 2016/17 and the following actions within the Partnership will contribute to achieving this target.

- Redesign the Tayside Neurological Rehabilitation services.
- Continue to develop Enhanced Community Support.
- Develop an Assess to Admit Model.
- Expand the Acute Frailty team to a 7 day model.
- Test a rapid response care at home service.
- Look at how we respond in areas which have a high usage.

- 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.
- Review reasons for emergency admission across hospital settings to establish a clear benchmark and then identify and agree improvement actions which will contribute to a reduction in emergency admission to hospital.
- Further develop use of technology enabled care as a means of enabling people to live independently and look after their own health.
- Further develop awareness and use of anticipatory care plans for all Adults where a plan would be of benefit to the Adult.
- Embed health checks as a means to engage people in the health and wellbeing agenda, to increase self-care, and avoid longer term ill health.
- As articulated in the Learning Disability future commissioning plan, permanently resource a Primary Care Liaison PMLD Nurse post
- Seek to increase the availability of Profound and Multiple Learning Disabilities (PMLD) nursing resources incorporating primary care liaison function

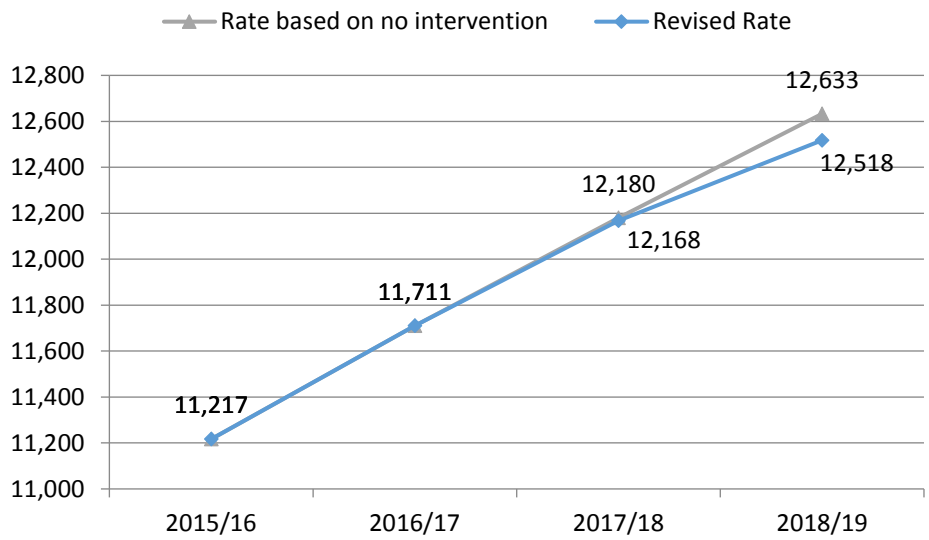
How will we measure improvement?

Historic emergency admission data has been used to project the rate based on historic increases only, if there was no intervention by Health and Social Care Partnerships.
A revised projected rate has been calculated for 2017/18 and 18/19 which takes into account the historic increasing trend but also factors in local actions to counter this increase. It is thought that local actions will have the effect of slowing down the increase in emergency admission rate.

The projected emergency admission target rate will be 12,168 admissions per 100,000 population. This is an expected increase of 4.5% from 2016/17.

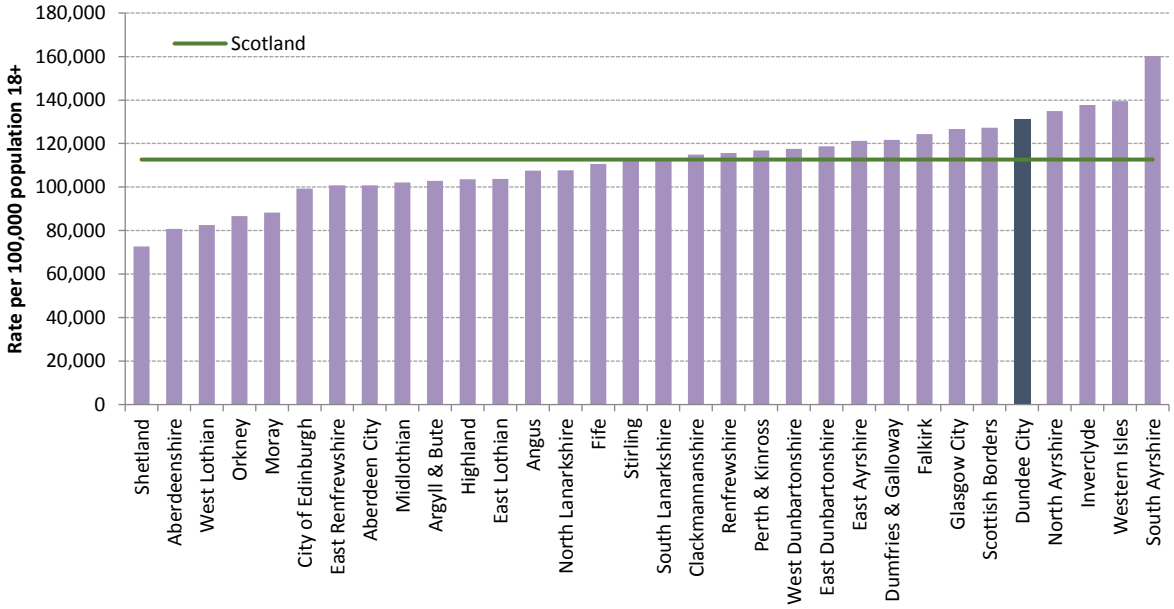
Note that the data in Chart 1.3 includes pediatric admissions, which cannot be influenced by the Dundee Health and Social Care Partnership. The next iteration will exclude pediatric admission data.

Chart 1.3: Projected Emergency Admission Target Rates per 100,000 population



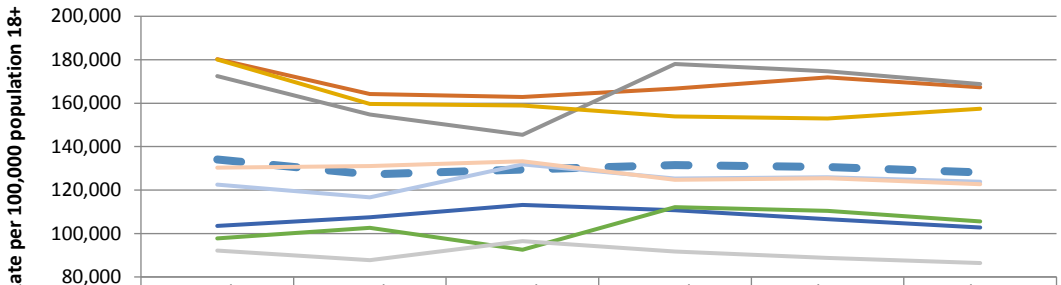
2. Occupied Bed Days, unscheduled acute stays

Chart 2.1: Number of Emergency Bed Days for People Aged 18+ as a Rate per 100,000 Population



Source: ISD Scotland

Chart 2.2: Rate per 100,000 Population of All Emergency Bed Days for People Aged 18+ by Locality and Financial Year



	2012/13	2013/14	2014/15	2015/16	16/17Q1	16/17Q2
Dundee	134,081.8	127,207.4	129,420.2	131,474.9	130,680.4	128,091.8
Coldside	180,267.7	164,151.9	162,853.2	166,698.0	171,896.2	167,300.0
East End	172,537.8	154,833.8	145,434.8	178,028.4	174,608.7	168,716.4
Lochee	180,097.6	159,590.0	158,974.0	153,901.8	152,935.4	157,373.0
Maryfield	103,565.5	107,497.0	113,154.7	110,704.6	106,519.4	102,760.9
North East	97,747.7	102,670.6	92,534.4	112,130.4	110,356.5	105,533.0
Strathmartine	122,478.4	116,648.0	131,811.6	125,330.5	125,913.1	123,890.6
The Ferry	130,248.4	131,021.4	133,248.4	124,708.4	125,393.9	122,693.9
West End	92,184.6	87,784.3	96,490.6	91,762.3	88,735.5	86,401.7

Source: SMR01/SMR50/SMR04 Datasets (management information)
Note: 2016/17 Q1 and Q2 are annual rolling years i.e. 2016/17 Q2 is Oct 15 to Sep 16

What is the data telling us?

- The emergency bed day rates for Dundee have slightly decreased from 134,000 per 100,000 population in 2012/13 to 128,000 per 100,000 population for people aged 18+ in 2016/17 Q2.
- Like the emergency admission rates, the East End has the highest bed day rates and the West End has the lowest bed day rates in Dundee. All localities except Lochee have seen a decrease in 2016/17 Q2.
- The Strategic Needs Assessment was produced to complement and inform the Strategic Commissioning Plan and this evidenced and reported on the high levels of deprivation and associated morbidity, multi morbidities and health inequalities across the city. A detailed analysis of the 54 natural 'neighbourhoods' of Dundee highlighted the higher emergency bed days in the most deprived neighbourhoods, particularly due to substance misuse and mental health problems.

What we have achieved to date

- Discharged from hospital. (80% seen within 5 days of discharge/83% seen within 4 days of referral). 65% received additional support to meet their clinical needs, and data suggest that there is a reduction in re-admission rates (respiratory infection). Introduced Healthcare Support Workers to create capacity to support more complex patients, including those who have frequent readmissions.
- Expanded the Enhanced Community Support, including 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. Introduced a locality nurse role in each locality to coordinate assessments and reviews and support anticipatory care planning and carer assessments. Demonstrated reduced length of hospital stay and emergency admissions through the initial test site, reduced waiting times for comprehensive geriatric assessments and a falls assessment, increased diagnostics through day hospital sessions. The work has supported Medicine for Elderly Consultant Teams linked to GP practices.
- Developed step down beds within a local authority adult care respite unit to support transition from the Acquired Brain Injury Unit. Testing project with two patients.
- Step Down (Gourdie Place) – testing of a step down housing model to support early, safe discharge from hospital. This support enables adults awaiting specialist or adapted housing to move from a hospital setting while awaiting allocation of a new home. The model commenced part year and has been in use. Two further step down housing options to commence in this financial year.
- Through our partnership working with colleagues in neighbourhood services we have committed to a range of housing developments within the city. These form part of the Strategic Housing Investment Plan (SHIP) and will increase the availability of housing with support for adults with additional support needs within the city.
- Introduced medication reviews and employed a pharmacy technician as part of the social care enablement teams.
- Invest in resources which support assessment for 24 hour care taking place at home or home like settings including housing care home and care at home.
- Improved access to social care conference calls.
- We have strengthened the links between the Hospital Discharge Team and the Learning Disability Acute Liaison Service to improve consistency of discharge planning processes.
- We have assessed the requirement to increase the range of community based Allied Health Professional resources both locally and for hosted pan-Tayside services, this to specifically affect a reduction in unscheduled acute stays; reduced health inequalities and improvements in the long term health and wellbeing of individuals with Learning Disabilities and co-morbid health complexities.

What we plan to do

The projected emergency bed day target rate will be 78,355 admissions per 100,000 population. This is an expected decrease of 2.7% from 2016/17 and the following actions within the Partnership will contribute to achieving this target.

- Close 12 beds in RVH as part of the Medicine for the Elderly redesign
- Review reasons for re-admission to hospital within 28 days of discharge across hospital settings to establish a clear benchmark and then identify and agree improvement actions which will continue to contribute to a reduction in re-admission to hospital.
- Further develop post-discharge support to people with long term conditions in order to contribute to a reduction in emergency hospital admission and re-admission to hospital.
- Further implement the planned date of discharge model so that patients and carers are involved in a well-planned discharge and have co-ordinated follow up care where required upon discharge.
- 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 a learning disability and / or autism, mental ill-health, physical disability and acquired brain injury.
- Continue collaborative work with a range of providers to increase the availability of care at home/housing support related to the housing developments committed to within the SHIP.
- Develop assess to admit model.
- Continue to develop step down step up models.
- Introduce pharmacy reviews to people in Care Homes.
- Continue through the care home learning network to support people who live in care homes
- Continue to develop Enhanced Community Support Service.
- Expand Acute Frailty Team to 7 day model.
- To move the base of the Learning Disability Acute Liaison Service to be co-located within the Hospital Discharge Team base at Ninewells Hospital.
- Planning discussions have commenced regarding contracting the acute bed base in collaboration with neighbouring Partnerships.

How will we measure improvement?

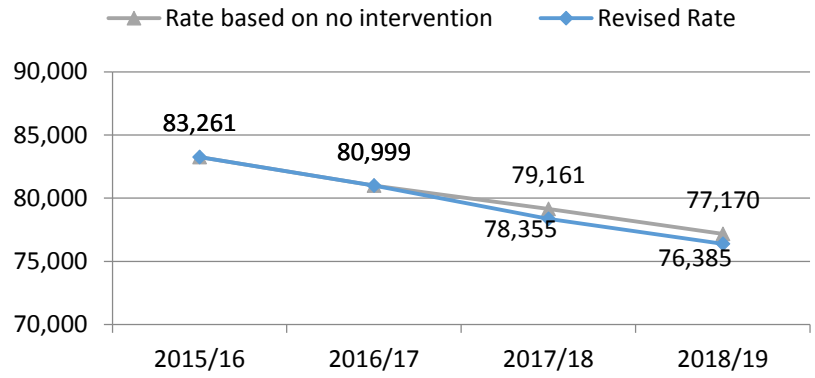
Historic emergency bed day data has been used to project the rate based on historic increases only, with no intervention by Health and Social Care Partnerships.
A revised projected rate has been calculated for 2017/18 and 18/19 which takes into account the historic increasing trend but also factors in local actions to counter this increase (including the 12 bed closures in Royal Victoria Hospital). It is thought that local actions will have the effect of further decreasing the emergency bed day rate.

Further iterations will include an analysis of Mental Health and Geriatric Long Stay bed days and targets will be agreed for these.

The projected emergency bed day target rate will be 78,355 admissions per 100,000 population. This is an expected decrease of 2.7% from 2016/17.

Note that the data in Chart 2.3 includes pediatric bed days, which cannot be influenced by the Dundee Health and Social Care Partnership.

Chart 2.3: Projected Emergency Bed Day Rate per 100,000 Population



3. Accident and Emergency Performance

Chart 3.1: New and Unplanned Return attendances to A+E

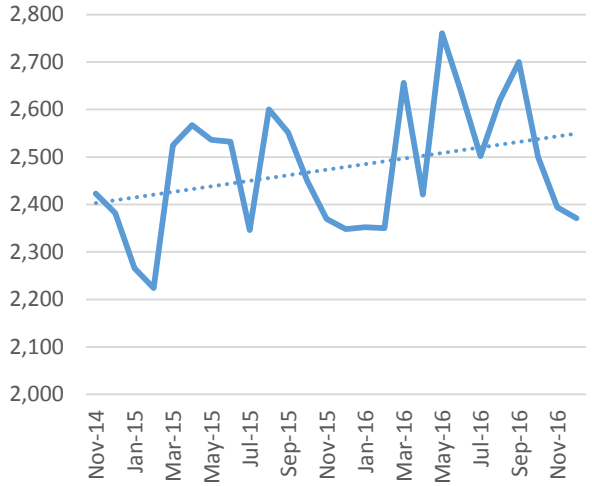
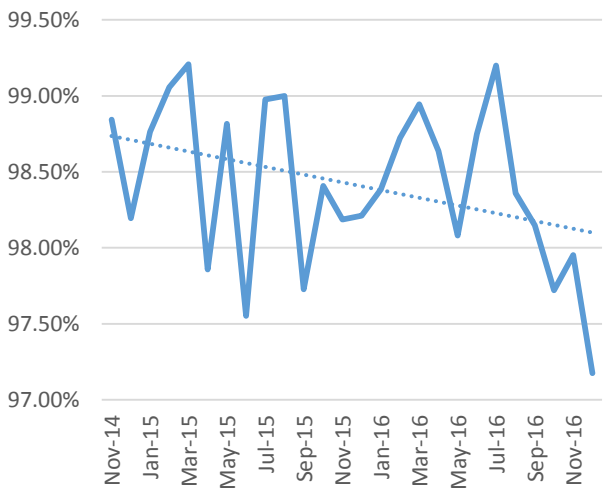
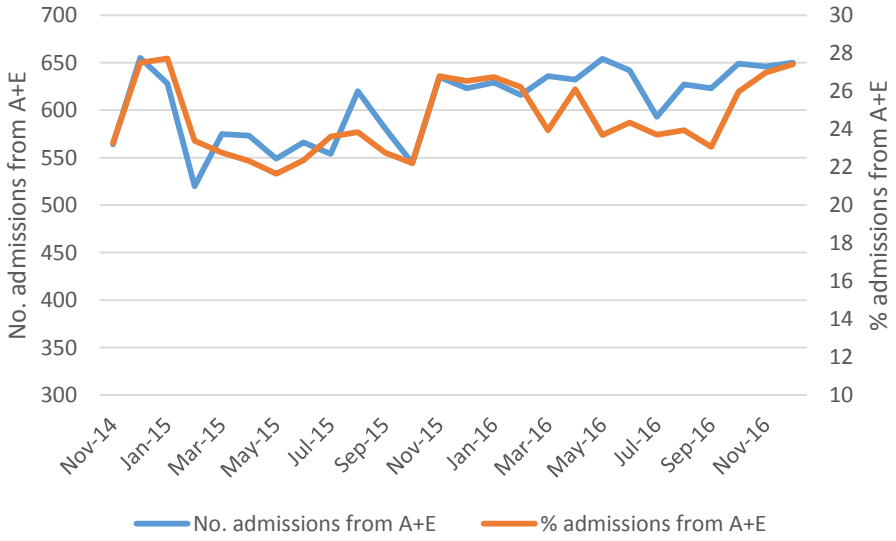


Chart 3.2: % of A+E waits within 4 hours



Source: A&E Datamart, ISD

Chart 3.3: Emergency Episodes from Accident and Emergency (A+E)



Source: A&E datamart, ISD

What is the data telling us?

- New and unplanned attendances to Accident and Emergency are increasing.
- Over 97% of attendees to Accident and Emergency are seen within 4 hours.
- A relatively low proportion of unscheduled admissions are routed from Accident and Emergency. This is mainly a result of a successful Acute Medical Unit in Dundee.

What we have achieved to date

- Introduced an Acute Medical Unit which reduces the pressure on Accident and Emergency.

What we plan to do

We will reduced the number of Accident and Emergency attendances by 3% to 29,257 in 2017/18. The following actions within the Partnership will contribute to achieving this target:

- Develop assess to admit model, to identify earlier entry to social care services prior to consideration for admission.
- Continue to develop Enhanced Community Support Service.
- Expand Acute Frailty Team to 7 day model.
- Create a training and education link to the proposed expanded Learning Disability Acute Liaison Service, and in collaboration with Speech and Language Therapy specialists, explore the creation of enhanced methods of symbolised communication formats to improve the accuracy and content of dialogue between people with a learning disability, their family and paid carers throughout the pathway, leading to accident and emergency admission. This would include out of hours GP's; Ambulance Service staff; Police services and all members of medical and nursing staff within accident and emergency units in Tayside.

How will we measure improvement?

The projected number of emergency attendances will be 29,257. This is an expected decrease of 3% from 2016/17.

Chart 3.4: Projected Accident and Emergency Attendances

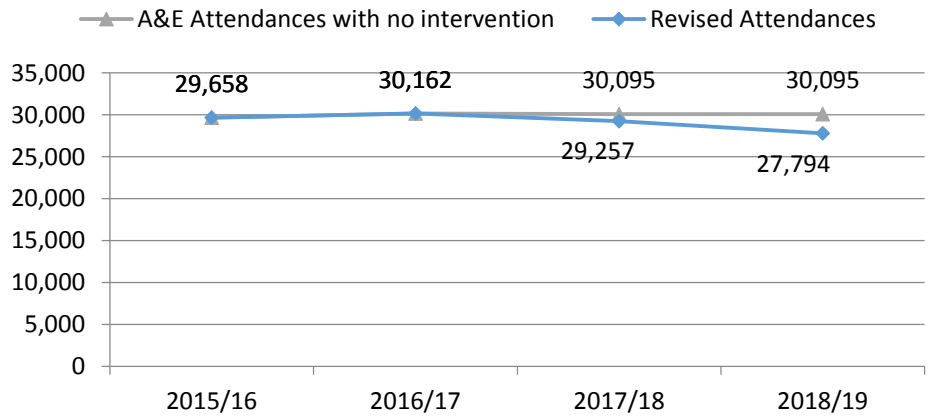
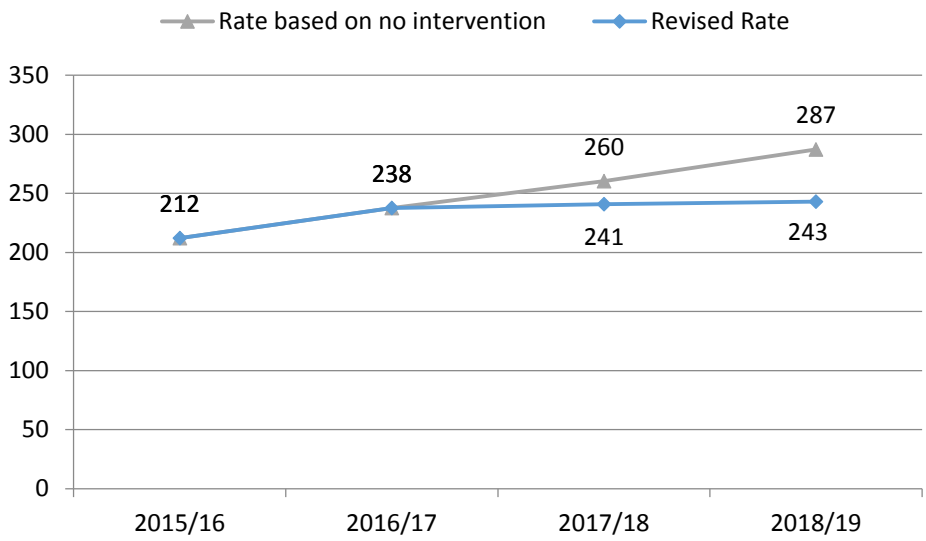
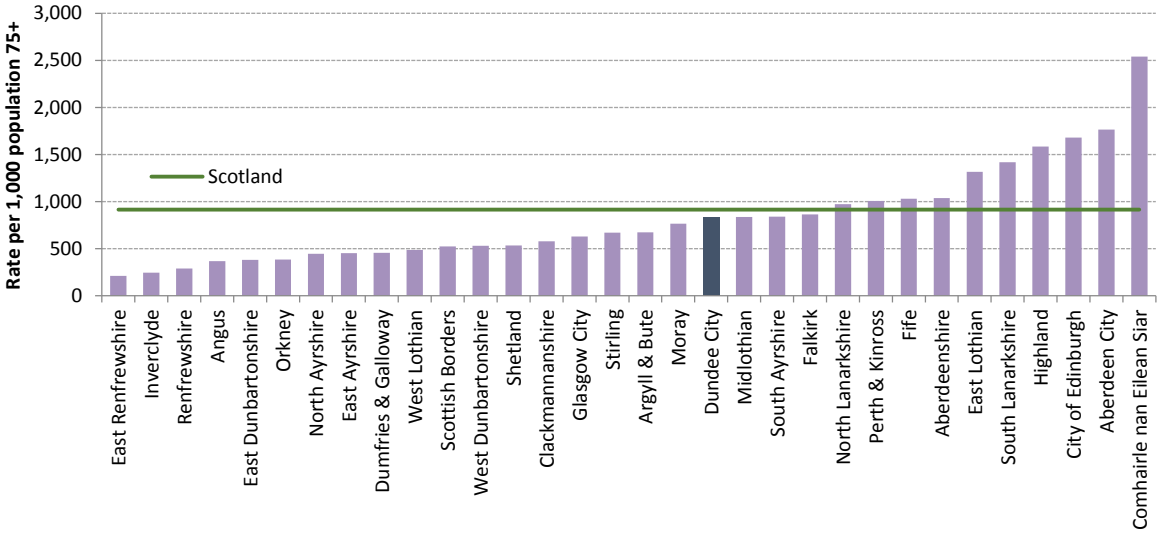


Chart 3.5: Projected Emergency Admissions as a Rate per 1,000 of all Accident and Emergency Attendances



4. Delayed discharge

Chart 4.1: Number of Days People Aged 75+ Spend in Hospital when they are ready to be Discharged as a Rate per 1,000 Population



Source: ISD Scotland

Standard and Code 9 Delays have been assessed separately

Standard Delays

Chart 4.2: Number of occupied bed days from Standard Delays

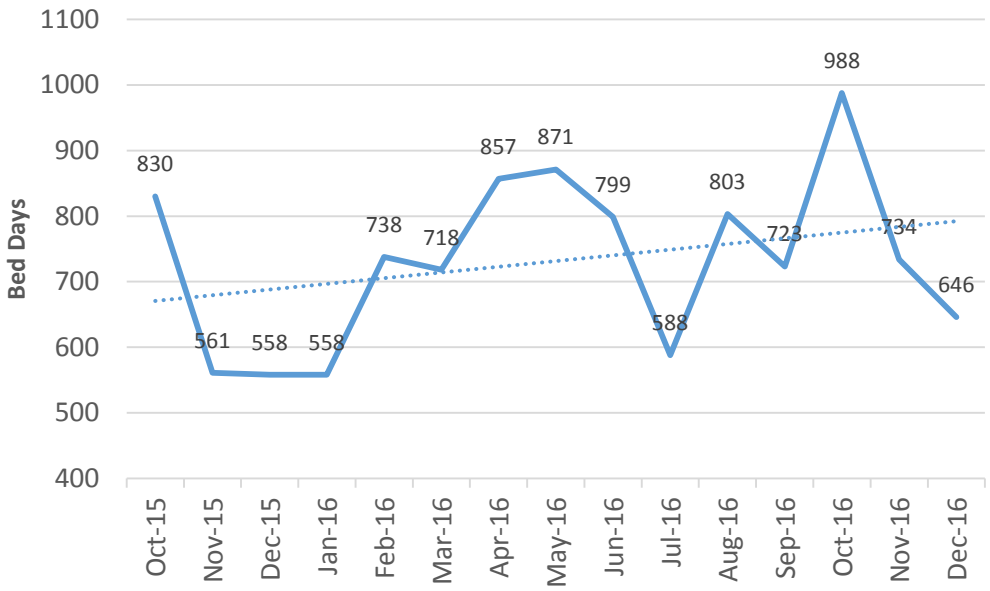
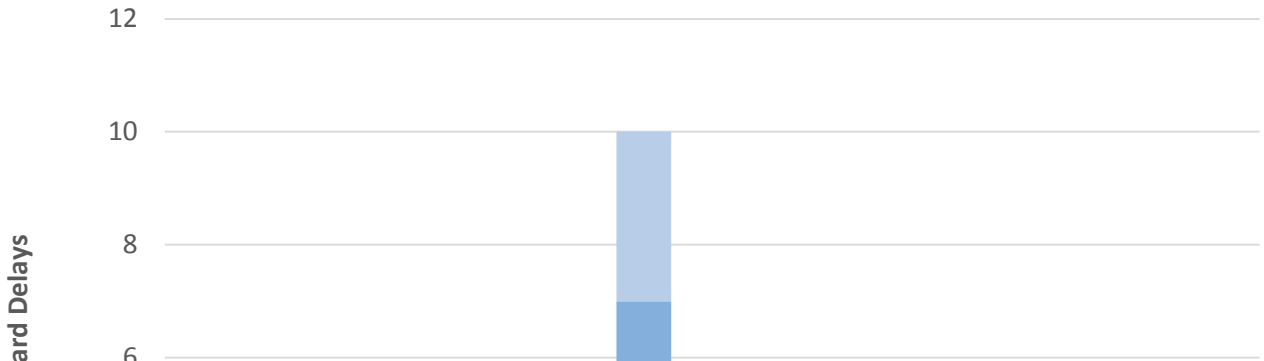
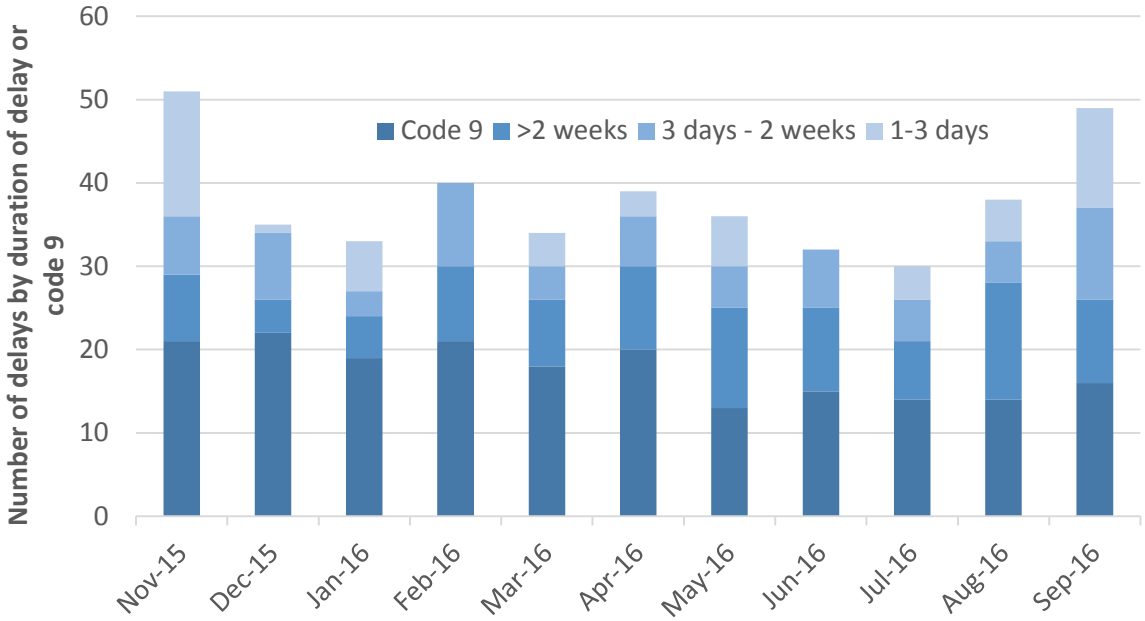


Chart 4.3: Reasons for Standard Delays by Duration of Delay November 2016



	Health and Social Care					Patient and Family		
	Assessments	Funding	Place Availability	Care Arrangements	Transport	Disagreement	Legal /Financial	Other
>6 weeks				3	1			
>4 weeks				5		1		
>2 weeks				1				
>3 days		2		1				

Chart 4.4: Delayed Discharge, Length of Delay at Census



What is the data telling us?

- Standard delays are defined by ISD Scotland as delays where the standard maximum delay period applies. This includes Patients delayed due to awaiting assessment, care packages, housing, care home or nursing placements. The standard maximum delay period is now 72 hours.
- Standard delays tend to be associated with higher volume of people who are inpatients within the acute hospital settings.
- Dundee is currently performing below the Scottish average of bed days lost to delayed discharges for people aged 75+ with a rate of 832 per 1,000 population.
- The East End has consistently been one of the poorest performing LCPP areas for this indicator and as at 16/17 Q2 it has the highest number of bed days lost to delayed discharges for people aged 75+ and is one of only two LCPP areas to have seen an increase between 16/17 Q1 and Q2. The North East saw a big increase from 554 per 1,000 population in 2014/15 to 1,290 per 1,000 population in 2015/16 (an increase of 132%). As at 16/17 Q2, the Ferry has the lowest rates in Dundee with 358 per 1,000 population; the East End rates are approximately 280% more than the Ferry's.
- As at 16/17 Q2, the East End had the highest rate of bed days lost to standard delayed discharges for people aged 75+ with 814 per 1,000 population. Lochee is the second worst performing LCPP area with 639 per 1,000 population as at 16/17 Q2. The West End also performs poorly in this indicator as since 2014/15 its rate has always been above the Dundee rate.
- We have evidenced improvement mainly due to our activity in relation to streamlining processes, planned date of discharge work and changes to social care packages taken forward over the past three years.

What we have achieved to date

- A Home and Hospital Transition Plan was developed which aims to ensure that citizens of Dundee are supported at home, but when people do have to go to hospital they are only there as long as they need to be. The plan was ratified at the Integration Joint Board meeting on 30 August 2016 and is currently being implemented.
- There are currently 2 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.

- 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

We will save 403 bed days in 2017/18 and 1,136 bed days in 2018/19, compared with the baseline year 2015/16. The following actions within the Partnership will contribute to achieving this target:

- Implement actions identified in the Home & Hospital Transition Plan and monitor progress of that plan through the Home and Hospital Transition Group.
- Increase our investment in intermediate forms of care such as step up/step down accommodation and support for all adults.
- Invest in resources which support assessment for 24 hour care taking place at home or home like settings.
- Work in partnership with Neighbourhood Services colleagues to ensure a consistent standard of technology is in place for all new build developments.
- Embed within care group strategic commissioning plans the development of a range of community resources and supports which facilitate community based assessment, enable people to remain in their own home and be discharged from hospital when they are ready.
- Review and remodel care at home services to provide more flexible responses.
- Further develop models of Community Rehabilitation to support transitions between home and hospital.
- 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.
- 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.
- Implement a fully Integrated Discharge Management Team to increase capacity of the service and enhance and further develop opportunity for discharge assessment for all patients at Ninewells.
- 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. .
- The development of a step down and assessment model for residential care is planned for the future.

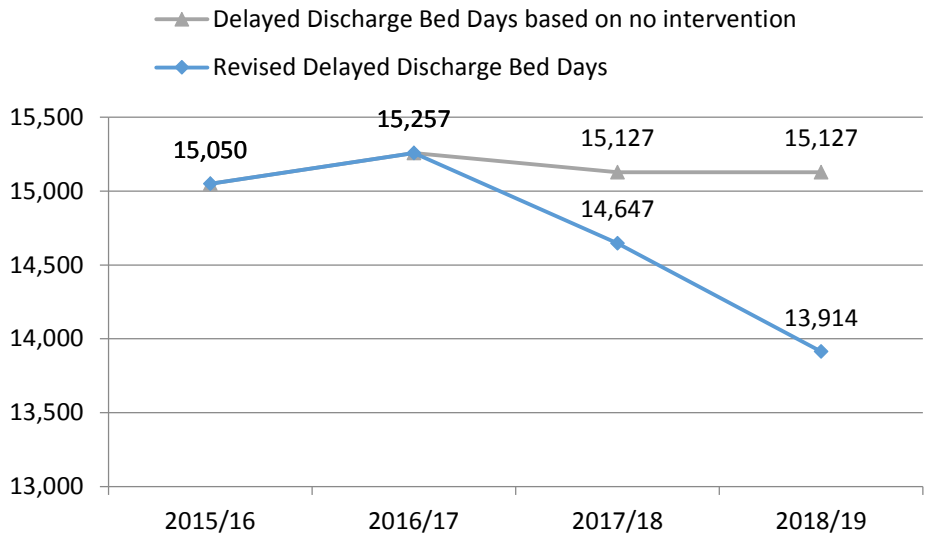
How will we measure improvement?

We have assessed bed days lost in line with the promises in the Health and Social Care Delivery Plan and Dundee Strategic Commissioning Plan and targeted local actions.

We believe that through analysis and modelling of historic and projected data that we work towards a 4% reduction in bed days lost in 2017/18 and a further 5% reduction in bed days lost on 2018/19.

This amounts to a 403 bed days saved in 2017/18 and 1,136 bed days saved in 2018/19, compared with the baseline year 2015/16.

Chart 4.4: Projected Bed Days Lost to all Delayed Discharges



Code 9 Delays

Chart 4.5: Number of Occupied Bed Days from Code 9 Delayed Discharges

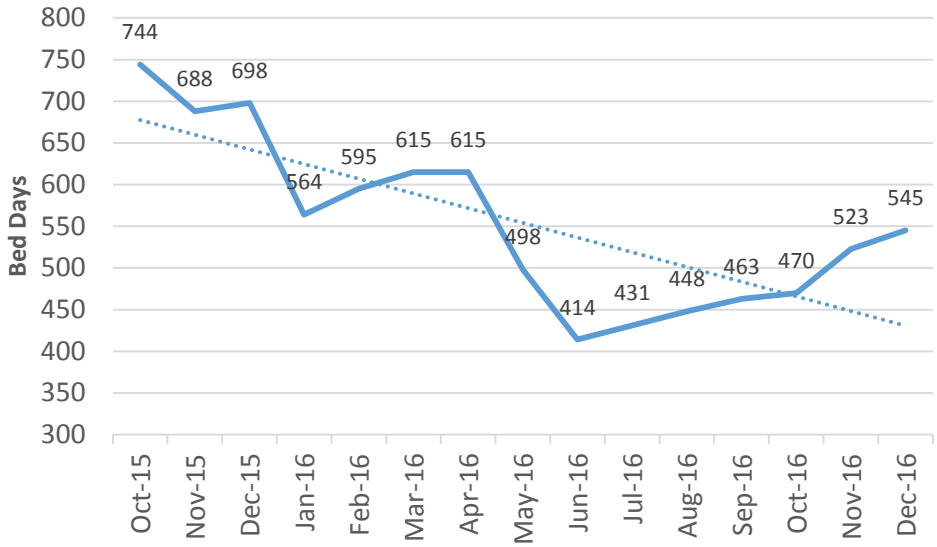
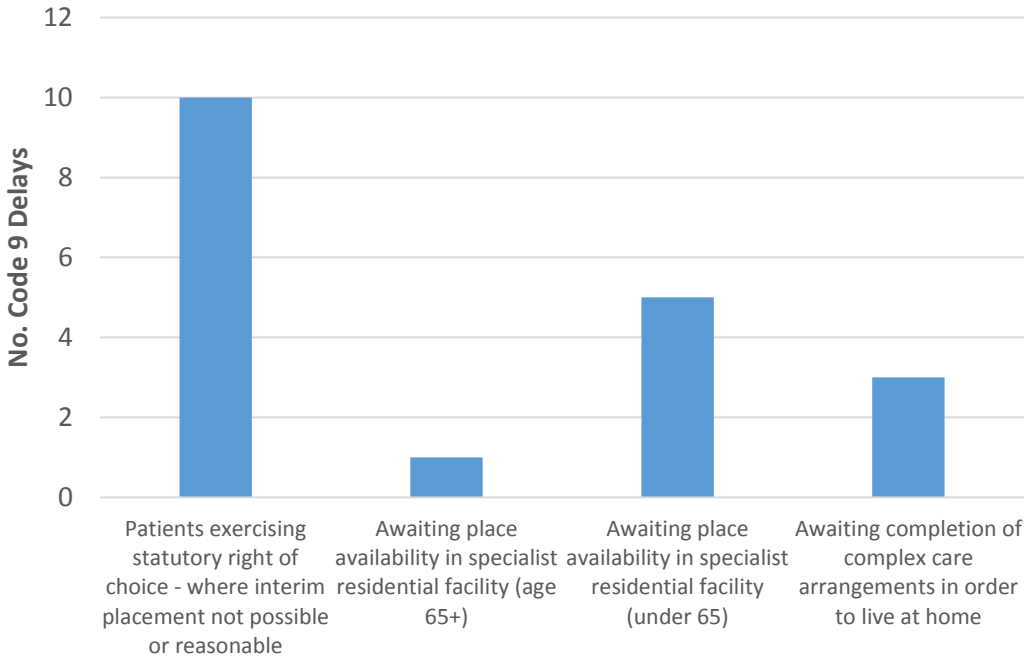


Chart 4.6: Reason for Code 9 delays at November 2016



What is the data telling us?

- Code 9 Complex delays are used by ISD Scotland to describe delays where the standard maximum delay, therefore 72 hours, is not applicable. This is in recognition that there are some Patients whose discharge will take longer to arrange and would include Patients delayed due to awaiting place availability in a high level needs specialist facility and where an interim option is not appropriate, Patients for whom an interim move is deemed unreasonable or where an adult may lack capacity under adults with incapacity legislation.
- The main reason is due to people awaiting legal process to be concluded for 0ver 75's. For under 75's arranged specialist accommodation to meet assessed needs.

- Dundee saw a significant increase in the rate of bed days, per 1,000 population for people aged 75+, lost to Code 9 delayed discharges in 2015/16 and in particular LCPP areas such as the East End, the North East and Strathmartine saw the biggest increases. Since then, most LCPP areas have seen a decrease in bed days lost to Code 9 delays with the notable exception of the East End. The Ferry had 0 bed days lost to code 9 delays in 16/17 Q2.
- The reason for the increase is mainly due to a change in recording practice, as a result of improvement work, within specialist hospitals where recording of delays has increased as a result of these now being reported.

What we have achieved to date

- A Home and Hospital Transition Plan was developed which aims to ensure that citizens of Dundee are supported at home, but when people do have to go to hospital they are only there as long as they need to be. The plan was ratified at the Integration Joint Board meeting on 30 August 2016 and is currently being implemented.
- 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.
- Reviewed processes and considered needs of people with complex needs in the home & hospital transition group.
- Through our partnership working with colleagues in neighbourhood services we have committed to a range of housing developments within the city. These form part of the Strategic Housing Investment Plan (SHIP) and will increase the availability of housing with support for adults with additional support needs within the city.

What we plan to do

We will save 1,011 bed days in 2017/18 and 1,237 bed days in 2018/19 and the following actions within the Partnership will contribute to achieving this target:

- It was agreed within the Discharge Management Group that each care group strategic planning group would incorporate consideration in relation to complex care packages and specialist facilities within their strategic commissioning statements to support a strategic focus in relation to bed delays for patients with more complex needs.
- Implement actions identified in the Home & Hospital Transition Plan and monitor progress of that plan through the Home and Hospital Transition Group.
- Further develop discharge planning arrangements for adults with a learning disability and / or autism, mental ill-health, physical disability and acquired brain injury.
- 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.
- Further develop earlier identification of requirement for measures under Adults with Incapacity (Scotland) Act 2016 so that people are not waiting for completion of formal measures within a hospital setting.
- 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.
- 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.
- Implement a fully Integrated Discharge Management Team to increase capacity of the service and enhance and further develop opportunity for discharge assessment for all patients at Ninewells.
- Extend the range of supports for adults transitioning from hospital back to the community.
- Continue collaborative work with a range of providers to increase the availability of care at home/housing support related to the housing developments committed to within the SHIP.

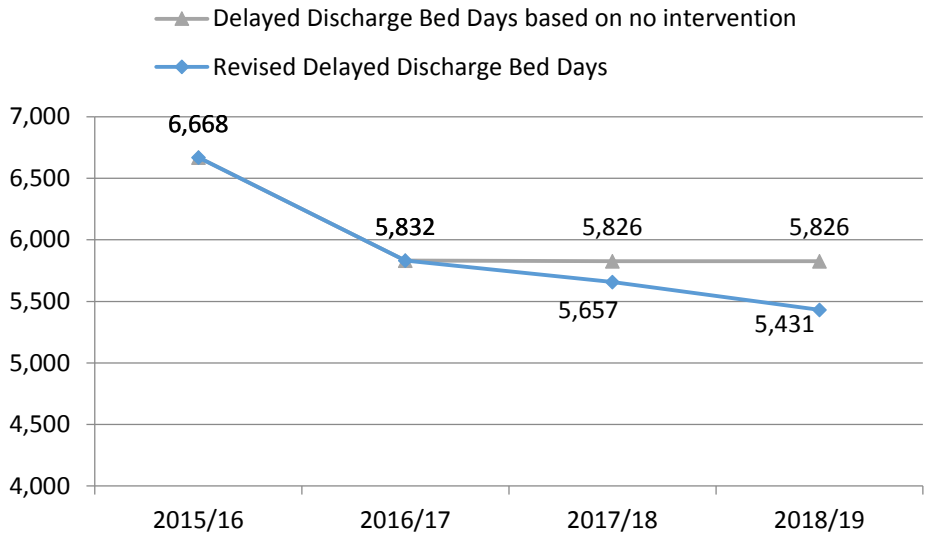
How will we measure improvement?

We have assessed bed days lost in line with the promises in the Health and Social Care Delivery Plan and Dundee Strategic Commissioning Plan and targeted local actions.

We believe that through analysis and modelling of historic and projected data that we work towards a 3% reduction in bed days lost in 2017/18 and a further 4% reduction in bed days lost on 2018/19.

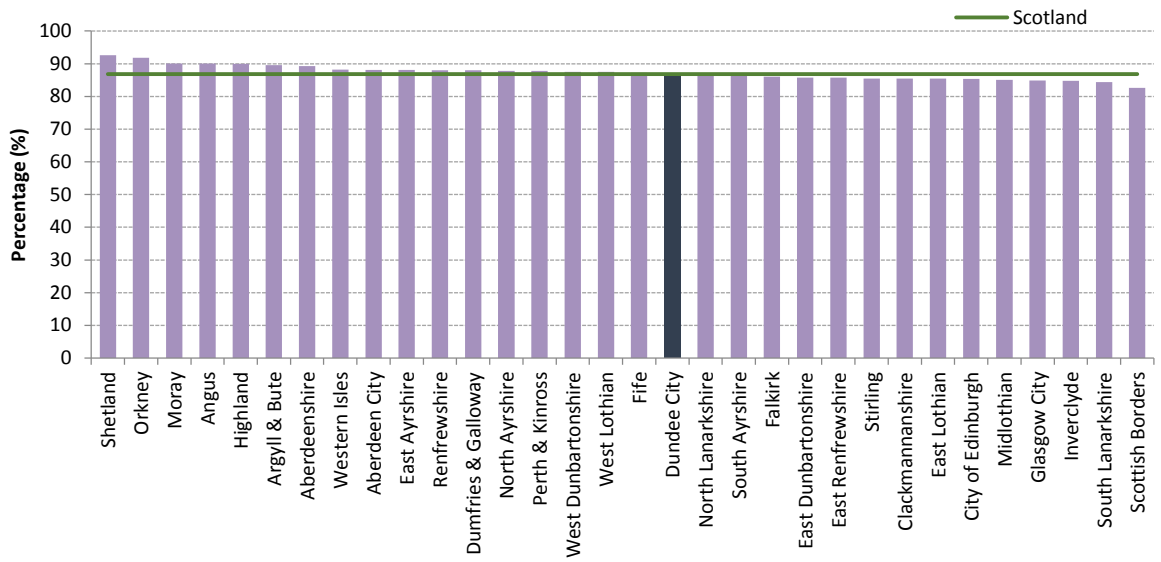
This amounts to a 1,011 bed days saved in 2017/18 and 1,237 bed days saved in 2018/19.

Chart 4.7: Projected Bed Days Lost to Delayed Discharges Code 9's as a Rate per 1,000 Population aged 75+



5. End of Life Care

Chart 5.1: Percentage of Time Spent by People in the Last 6 Months of Life at Home or in a Community Setting 2015/16



Source: ISD Scotland

What is the data telling us?

Dundee is performing at the Scottish average with 86.91% of time in the last 6 months of life spent at home.

What we have achieved to date

- Dundee partnership entered into the second Macmillan Local Authority Partnership in Scotland to work with people living with cancer.
- A project to improve the delivery of palliative care has been completed. Information which included quality markers of death across locations of death and barriers to good palliative care in acute hospitals provided useful intelligence to redesign the service. It established early specialist palliative care review for unscheduled acute medical admissions improved quality of life and quality of death outcomes, reduced length of stay in the acute setting, reduced interim ward placements and enabled more efficient hospice placement. Further work is planned in the acute setting to test the short project findings over a longer period of time.
- We are developing links with existing end of life care services to deliver training and awareness of the particular needs of people with a learning disability.

What we plan to do

We will increase the % of the last 6 month of life spent in the community from 86.91% in 2015/16 to 88.41% in 2017/18 and the following actions actions within the Partnership will contribute to achieving this target:

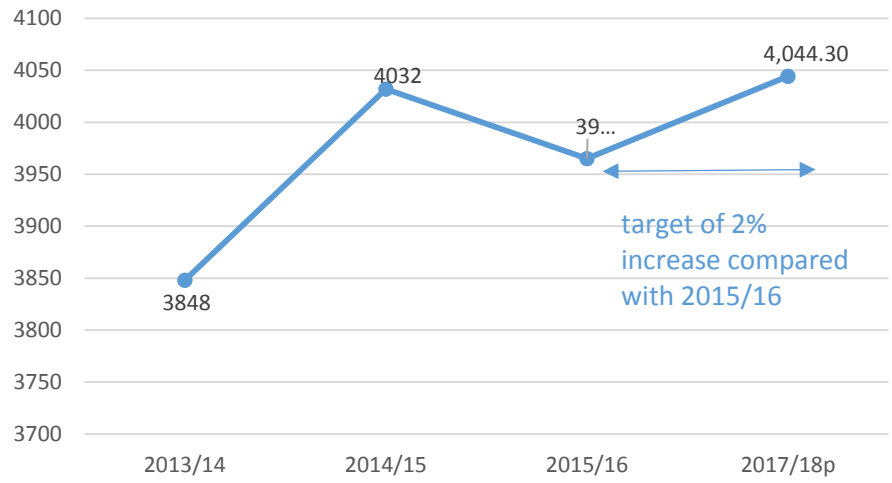
- The Palliative Care Tool Bundle and Response Standards will be used across community based health and social care services in Dundee to enable staff to identify, assess, plan and evaluate care for any person with palliative and end of life care needs regardless of diagnosis.
- The aim of the Palliative Care Tool Bundle Project is to give the person the best appropriate care through an individualised care and support plan which suits that person's needs and wishes. It would provide clear, consistent communication between secondary and primary care and reduce delays in starting treatments, or highlight where treatments/investigations would not be beneficial.

- We are partnered with Macmillan Cancer Care and the Scottish Partnership for Palliative Care to participate in the "Building on the Best – Scotland" project. This looks to describe and evaluate current approaches to shared decision making from a person centred perspective and identify approaches to improve this area of health and social care. This is likely to link into the palliative care tool bundle.
- A Managed Clinical Network is in development this will enable partnership approaches across health and social care to monitor, evaluate and impact on this indicator and other aspects of palliative and end of life care. It will enhance the purposeful interaction between general palliative care providers and specialist services across all settings in the health and social care system.
- In line with the promises in the National Delivery Plan for Health and Social Care, the availability of Key Information Summaries will be increased and everyone will be offered one by 2021.

How will we measure improvement?

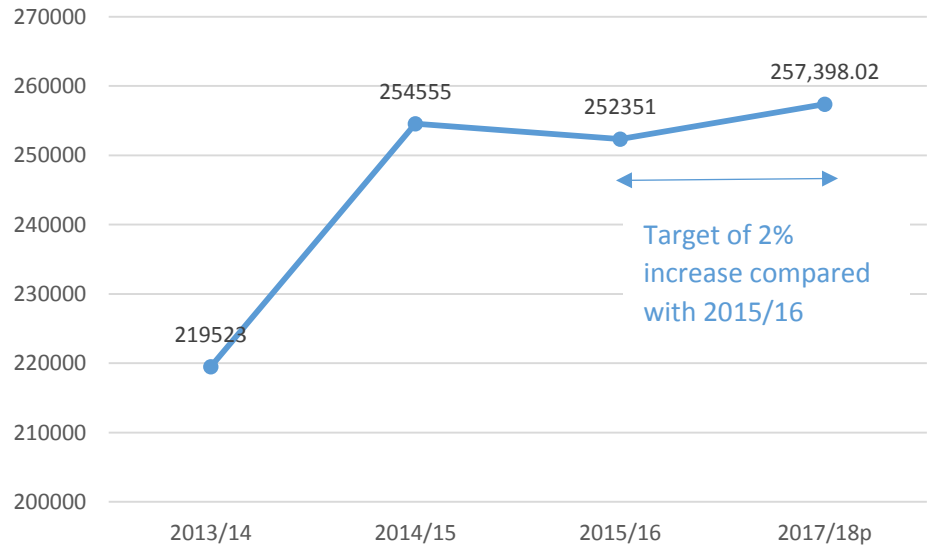
The target is to increase the number of days spent in hospices / palliative care units by 2%, reduce the number of days spent in large hospitals by 13% and increase the number of days spent in the community by 2%.

Chart 5.2: Number of Bed Days of Last 6 Months of Life Spent in Hospice / Palliative Care Unit



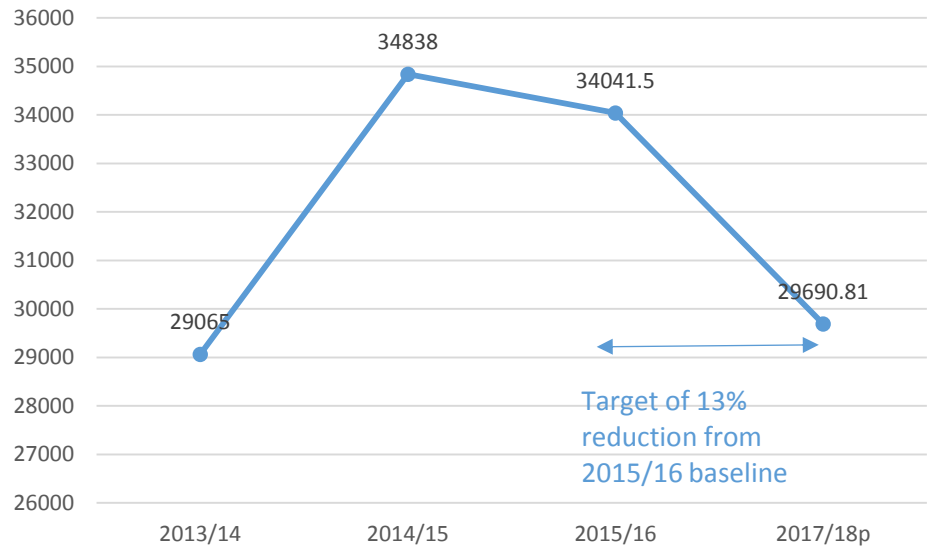
p = projected

Chart 5.3: Number of Bed Days of Last 6 Months of Life Spent in Community



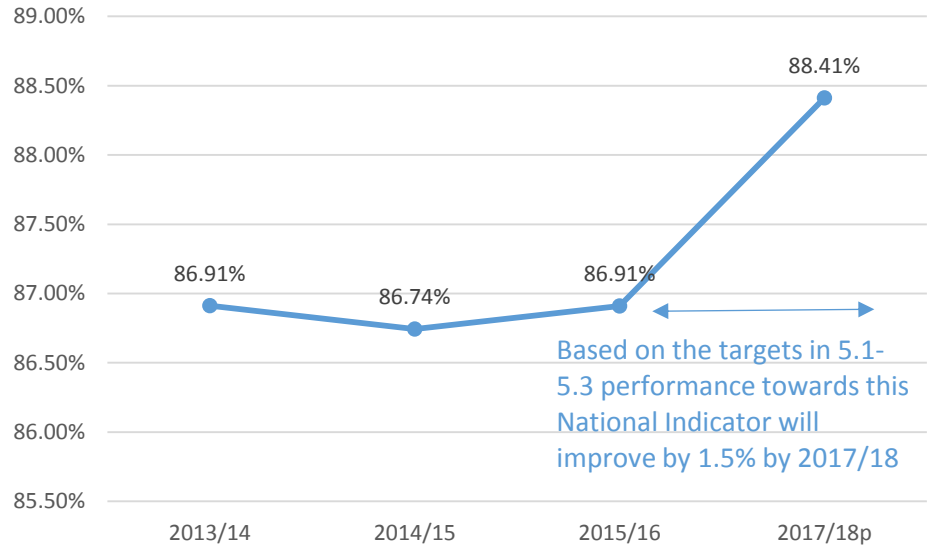
p = projected

Chart 5.4: Number of Bed Days of Last 6 Months of Life Spent in Large Hospital



p = projected

Chart 5.5: % Last 6 Months of Life Spent Living in the Community

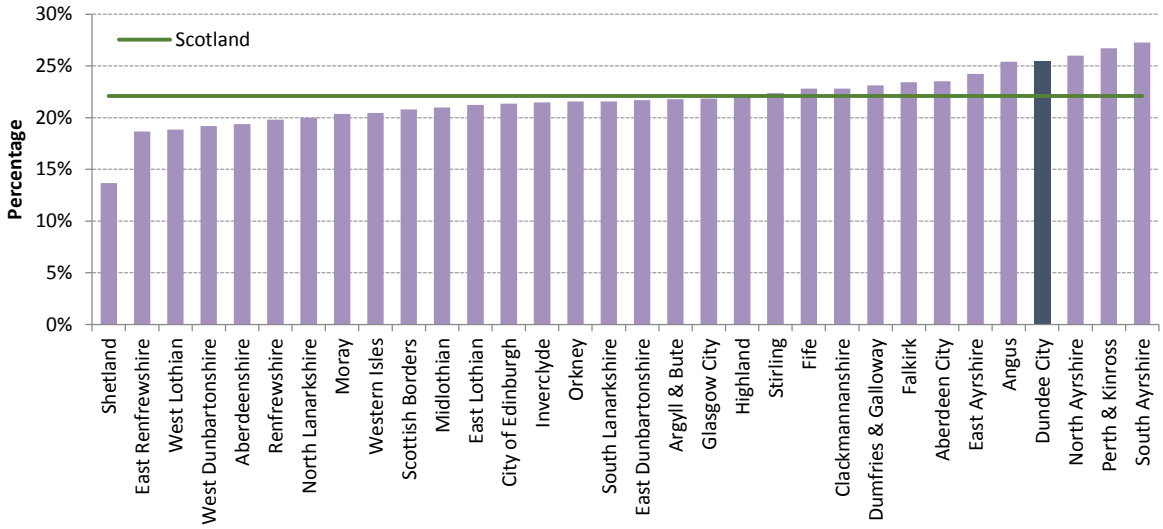


p = projected

By achieving each of these targets in 5.1 to 5.3 there would be a 1.5% increase in the national indicator "% of last 6 months of life spent at home", from 86.91% in 2015/16 to 88.41% in 2017/18

6. The balance of spend across institutional and community services

Chart 6.1: Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency



What is the data telling us?

In 2015/16 26% of Dundee's health and care budget was spent on emergency hospital stays. This puts Dundee as the 4th highest spender on hospital stays as a proportion of budget, this is consistent with the position of the other 2 Tayside Partnerships.

What we have achieved to date

- Increased spend in Direct Payments, although this is an area for improvement.
- Increased the number of homecare hours and reduced the unit cost of internal provision.
- A Home and Hospital Transition Plan was developed which aims to ensure that citizens of Dundee are supported at home, but when people do have to go to hospital they are only there as long as they need to be. The plan was ratified at the Integration Joint Board meeting on 30 August 2016 and is currently being implemented.
- 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.
- Reviewed processes and considered needs of people with complex needs in the home and hospital transition group.
- The continued expansion of the Enhanced Community Support service, which is aligned to GP clusters and supports those most at risk of admission.
- Remodelled Care Management Teams to provide a Locality Model.
- Developed step down beds within a local authority adult care respite unit to support transition from the Acquired Brain Injury Unit. Testing project with two patients.
- Step Down (Gourdie Place) – testing of a step down housing model to support early, safe discharge from hospital. This support enables adults awaiting specialist or adapted housing to move from a hospital setting

while awaiting allocation of a new home. The model commenced part year and has been in use. Two further step down housing options to commence in this financial year.

- Introduced medication reviews and employed a pharmacy technician as part of the social care enablement teams.
- Invested in resources which support assessment for 24 hour care taking place at home or home like settings including housing care home and care at home
- Improved access to social care conference calls.

What we plan to do

- Continue to develop Enhanced Community Support.
- Develop an Assess to Admit Model.
- Expand the Acute Frailty team to a 7 day model.
- Test a rapid response care at home service.
- 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.
- Review reasons for emergency admission across hospital settings to establish a clear benchmark and then identify and agree improvement actions which will contribute to a reduction in emergency admission to hospital.
- Further develop use of technology enabled care as a means of enabling people to live independently and look after their own health.
- Further develop awareness and use of anticipatory care plans for all adults.
- Embed health checks as a means to engage people in the health and wellbeing agenda, to increase self-care, and avoid longer term ill health.
- Close 12 beds in RVH as part of the Medicine for the Elderly redesign.
- Review reasons for re-admission to hospital within 28 days of discharge across hospital settings to establish a clear benchmark and then identify and agree improvement actions which will continue to contribute to a reduction in re-admission to hospital.
- Further develop post-discharge support to people with long term conditions in order to contribute to a reduction in emergency hospital admission and re-admission to hospital.
- Further implement the planned date of discharge model so that patients and carers are involved in a well-planned discharge and have co-ordinated follow up care where required upon discharge.
- 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.
- Continue to develop step down step up models.
- Introduce pharmacy reviews to people in Care Homes.
- Continue through the care home learning network to support people who live in care homes.
- We continue to increase investment in models that support adults within their own homes and as a result, overall, fewer younger adults now live within care homes or out of area.
- Planning discussions have commenced regarding contracting the acute bed base in collaboration with neighbouring Partnerships.

How will we measure improvement?

The balance of care between acute and community services is measured and checked across many levels within the Partnership.

For future iterations it is suggested that the data supplied to support this core indicator is revised to include only patients and service users in the denominator, rather than all citizens. This would give a truer measure of the balance of spend.

In order to shift the balance of spend there needs to be increased spend to support people to live at home and reduced spent in acute hospitals. The targets for these are stated below.

Chart 6.2: % of People Supported at Home

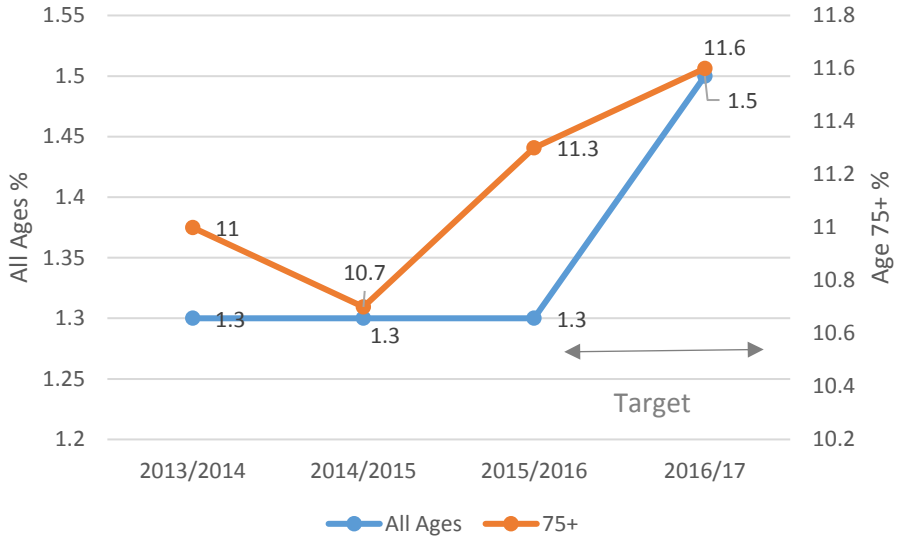


Chart 6.3: % of People Unsupported at Home

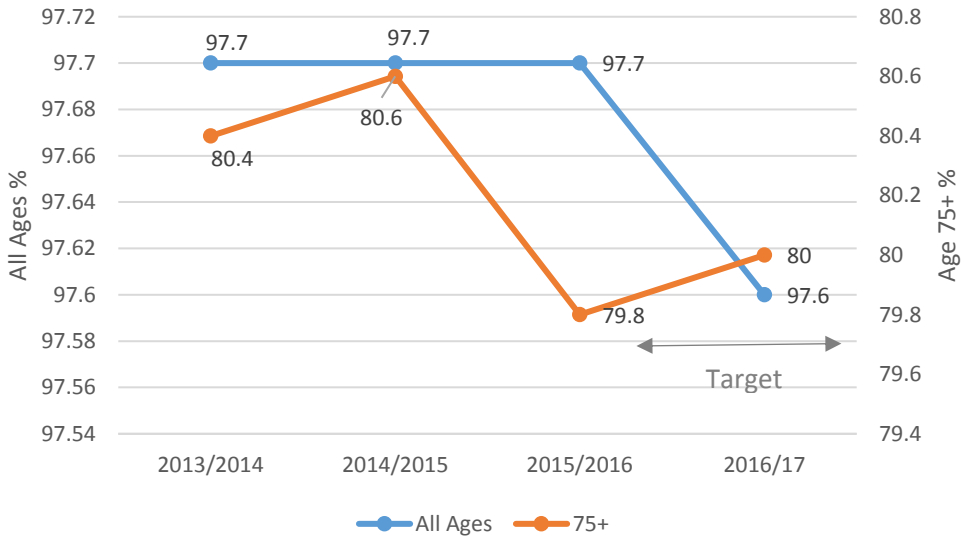


Chart 6.4: % of People living in Care Homes

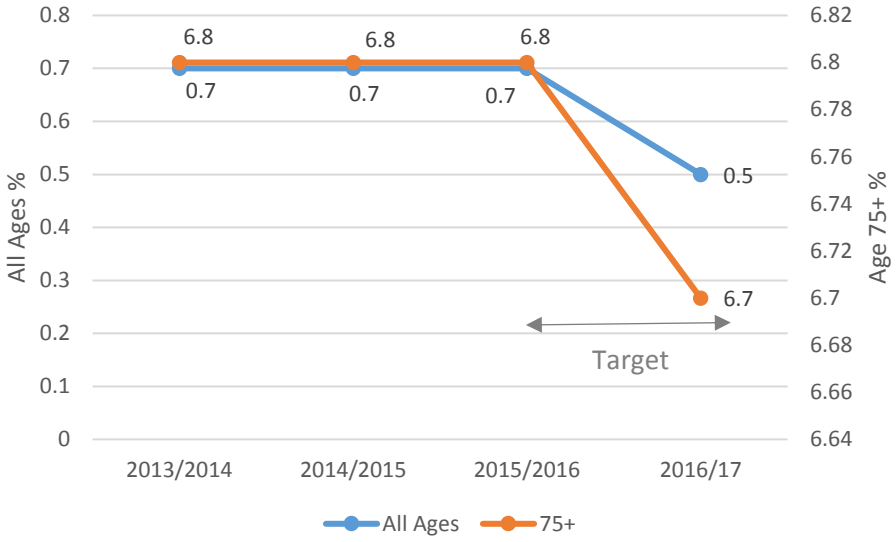
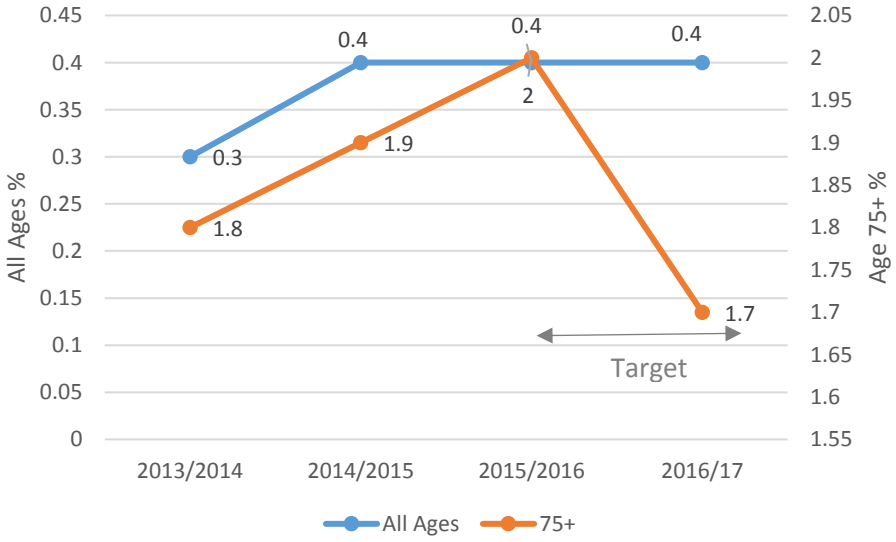


Chart 6.5: % of People in Large Hospital



Appendix 3

			15/16 baseline	No intervention 17/18	Target 17/18	% Change
Unplanned admissions						
1.	Number of emergency admissions	submitted	16,781	18,426	18,407	- 0.1%
2.	Number of emergency admissions from A+E	submitted	7,126	8,153	8,153	0%
3.	A+E conversion rate (%)	to be developed for iteration 2				
Occupied bed days for unscheduled care						
4.	Number of emergency bed days	submitted	124,563	119,754	118,535	-1.0%
5.	Number of emergency bed days ; geriatric long stay	submitted	8,776		5,369	To be provided
6.	Number of emergency bed days ; mental health specialities	to be developed for iteration 2				
A & E performance						
7.	Number of A+E attendances	submitted	29,658	30,095	30,095	0%
8.	A+E % seen within 4 hours	submitted	98%	98%	98%	0%
Delayed Discharges						
9.	Number of bed days lost – standard and code 9	submitted	15,050	15,127	14,647	-3.2%
10.	Number of bed days lost – code 9	submitted	6,668	5,826	5,657	-2.9%
11.	Number of bed days lost – Health and Social Care Reasons	No data provided from ISD				
12.	Number of bed days lost – Patients/Carer/Family related reasons	No data provided from ISD				
End of Life Care						
13.	% of last 6 months of life in community	submitted	86.91%		88.41%	+1.5%
14.	% of last 6 months of life in hospice / palliative care unit	data available from calculations for no.18, will be reported in iteration 2				
15.	% of last 6 months of life in community hospital	Not applicable				
16.	% of last 6 months of life in large hospital	data available from calculations for no.18, will be reported in iteration 2				

			15/16 baseline	No intervention 17/18	Target 17/18	% Change
17.	Number of days of last 6 months of life in community	submitted	252,351		257,398	+2%
18.	Number of days of last 6 months of life in hospice / palliative care unit	submitted	3,965		4,044	+2%
19.	Number of days of last 6 months of life in community hospital	not applicable				
20.	Number of days of last 6 months of life in large hospital	submitted	34,042		29,691	-13%
Balance of Care						
21.	% of population living at home (unsupported) – All ages	submitted	97.7%		2	-0.1%
22.	% of population living at home (supported) – All ages	submitted	1.3%		1.5%	+0.2%
23.	% of population living in a care home – All ages	submitted	0.7%		0.5%	-0.2%
24.	% of population living in hospice / palliative care unit – All ages	to be developed for iteration 2				
25.	% of population living in community hospital – All ages	submitted	0%		0%	0%
26.	% of population living in large hospital – All ages	submitted	0.4%		0.4%	0%
27.	% of population living at home (unsupported) – 75+	submitted	79.8%		80%	+0.2%
28.	% of population living at home (supported) – 75+	submitted	11.3%		11.6%	+0.3%
29.	% of population living in a care home – 75+	submitted	6.8%		6.7%	-0.1%
30.	% of population living in hospice / palliative care unit – 75+	to be developed for iteration 2				
31.	% of population living in community hospital – 75+	submitted	0%		0%	0%
32.	% of population living in large hospital – 75+	submitted	2%		1.7%	-0.3%

Clerk and Standards Officer
Roger Mennie
Head of Democratic and Legal Services
Dundee City Council

Assistant to Clerk:
Willie Waddell
Committee Services Officer
Dundee City Council

City Chambers
DUNDEE
DD1 3BY

20th March, 2017

TO: ALL MEMBERS, ELECTED MEMBERS AND OFFICER REPRESENTATIVES OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I would like to invite you to attend a SPECIAL meeting of the above Integration Joint Board which is to be held in Committee Room 1, 14 City Square, Dundee on Monday, 27th March, 2017 at 2.00 pm.

Apologies for absence should be intimated to Willie Waddell, Committee Services Officer, on telephone 01382 434228 or by e-mail willie.waddell@dundeecity.gov.uk

Yours faithfully

DAVID W LYNCH

Chief Officer

A G E N D A

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

Members are reminded that, in terms of the Integration Joint Board's Code of Conduct, it is their responsibility to make decisions about whether to declare an interest in any item on this Agenda and whether to take part in any discussions or voting.

3 DUNDEE INTEGRATION JOINT BOARD 2017/18 BUDGET

(Report No DIJB9-2017 by the Chief Finance Officer, copy to follow).

4 MEASURING PERFORMANCE UNDER INTEGRATION

(Report No DIJB10-2017 by the Chief Officer, copy to follow).

5 DATE OF NEXT MEETING

The next meeting of the Integration Joint Board will be held in Committee Room 1, 14 City Square on Tuesday, 25th April, 2017 at 2.00 pm.