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

13th February, 2018

TO: ALL MEMBERS, ELECTED MEMBERS AND OFFICER REPRESENTATIVES OF THE PERFORMANCE AND AUDIT COMMITTEE OF DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
(See Distribution List attached)

Dear Sir or Madam

PERFORMANCE AND AUDIT COMMITTEE

I refer to the agenda of business issued in relation to the meeting of the Committee to be held on Tuesday, 13th February, 2018 and now enclose the undernoted report which should be read as a replacement for the one which was issued.

Yours faithfully

DAVID W LYNCH
Chief Officer

9 MEASURING PERFORMANCE UNDER INTEGRATION – 2018/19 SUBMISSION - Page 1

(Report No PAC6-2018 by the Chief Finance Officer, copy attached).

PERFORMANCE AND AUDIT COMMITTEE
PUBLIC DISTRIBUTION LIST

(a) DISTRIBUTION – PERFORMANCE AND AUDIT COMMITTEE

(* - DENOTES VOTING MEMBER)

Role	**Recipient**
Non Executive Member (Chair)	Doug Cross *
Elected Member	Councillor Roisin Smith *
Elected Member	Bailie Helen Wright *
Non Executive Member	Judith Golden *
Chief Officer	David W Lynch
Chief Finance Officer	Dave Berry
Registered medical practitioner employed by the Health Board and not providing primary medical services	Cesar Rodriguez
Chief Social Work Officer	Jane Martin
Chief Internal Auditor	Tony Gaskin
Staff Partnership Representative	Raymond Marshall

(b) DISTRIBUTION – FOR INFORMATION ONLY

Organisation	**Recipient**
NHS Tayside (Chief Executive)	Lesley McLay
Dundee City Council (Chief Executive)	David R Martin
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Fiona Barty
Dundee City Council (Members' Support)	Sharron Wright
Dundee City Council (Communications rep)	Steven Bell
Dundee Health and Social Care Partnership	Arlene Hay
Dundee Health and Social Care Partnership	Diane McCulloch
NHS Tayside (Communications rep)	Jane Duncan
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
NHS (PA to Tony Gaskin)	Carolyn Martin
Audit Scotland (Senior Audit Manager)	Bruce Crosbie

ITEM No …9……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 13 FEBRUARY 2018**

REPORT ON: **MEASURING PERFORMANCE UNDER INTEGRATION - 2018/19 SUBMISSION**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC6-2018**

1.0 PURPOSE OF REPORT

The purpose of this report is to inform the Performance & Audit Committee of the 2018/19 submission made by the Partnership to the Ministerial Strategic Group for Health and Community Care (MSG) as part of the Measuring Performance under Integration work stream.

2.0 RECOMMENDATIONS

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

2.1 Notes the summary table of targets under each service delivery area (Appendix 1) and the 2018/19 submission to the MSG (Appendix 2).

2.2 Notes the methodology used to develop proposed targets for submission to the Ministerial Strategic Group (sections 4.2.3 and 4.2.4 and Appendix 3).

2.3 Notes that 2018/19 targets will remain in draft until such times as the Integration Joint Board budget for 2018/19 has been confirmed (section 4.2.5) and the submission has been approved by the Integration Joint Board at its meeting on 27 February 2018.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND

4.1 Measuring Performance under Integration – 2017/18 Request, Submission and Performance

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, trajectories and performance targets 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.

4.1.2 In February 2017 the Dundee Partnership provided an initial response to the Scottish Government for consideration by the MSG. In each service area the response set out:

- What available data was telling us about local performance;
- What we had achieved to date through commissioning and delivery activity;
- What more we planned to do to impact on each area of service delivery; and,

- How we planned to measure improvement, including setting out trajectories and performance targets.

Report DIJB20-2017 (Measuring Performance Under Integration) provides detailed information regarding the request and response submitted. The submission from Dundee was identified by MSG as a particularly high quality submission.

4.1.3 During 2017/18 the Scottish Government, via National Services Scotland Information Service Division, has provided a quarterly Measuring Performance under Integration dataset to all Partnerships for each of the indicators within the MSG submission for which data is available. To date information has been provided up to October 2017.

4.1.4 At a local level performance against targets set out in the 2017/18 submission has been reported as part of the regular Quarterly Performance Reports submitted to PAC. Report PAC32-2017 (Dundee Health & Social Care Partnership Performance Report – Quarter 2) includes the position in Dundee at end of quarter 2, 2017/18. In summary, there has been positive performance against 2017/18 interim targets; three areas have exceeded interim targets for the period (unplanned admissions, occupied bed days for unscheduled care and A&E performance) and one area partially met the interim targets (delayed discharges). For two areas (end of life care and the balance of spend) data is not available monthly or quarterly to allow for performance monitoring. Delayed discharges due to complex reasons has consistently not met the interim target.

4.2 Measuring Performance under Integration – 2018/19 Request and Submission

4.2.1 In late November 2017 the Scottish Government and COSLA, on behalf of the MSG, sent an update to Partnerships regarding progress made in considering how best to provide regular updates to MSG (Appendix 4). This followed a broader stakeholder consultation event hosted by COSLA in 2017 at which the expectations of MSG were discussed alongside local performance management systems and resources, from which a working group of Chief Finance Officers, data analysts, Scottish Government representatives and Integration Managers was formed to develop a proposed framework for sharing progress under the six service delivery areas with MSG.

4.2.2 Whilst the details of the proposed framework are further considered and developed by MSG, supported by the working group, the Scottish Government and COSLA have agreed it would be helpful for MSG to have an updated overview of local objectives and ambitions in each of the six service delivery areas. To that end an invitation was extended to the Partnership to submit objectives, trajectories and targets for 2018/19 on a standardised format by 31 January 2018.

4.2.3 It should be noted that the 2017 Measuring Performance Under Integration submission to MSG included targets under each service delivery area for all ages. The guidance issued alongside the November 2017 letter recognises that local arrangements mean that not all Partnerships have delegated children's services functions and therefore their work does not directly impact on performance across all age groups. For the 2018 submission there is an option to submit targets for 18+ only; this is the approach that has been taken in Dundee in line with the scope of the IJB's delegated functions. This change of approach means that targets and data included in performance reports relating to Measuring Performance Under Integration until the 31 March 2018 will refer to data for all ages, whilst targets included in this report and in performance reports from 1 April 2018 will refer to data for 18+.

4.2.4 Targets agreed in the February 2017 response were applied to the data for aged 18+ and data was analysed. The following trends were assessed and used in preparation of the current submission:

- 15/16 baseline data;
- 15/16 based projections for 17/18 and 18/19;
- Trajectories / targets submitted in the February 2017 response for 17/18 and 18/19;
- Actual data from 1 April 2017 – 31 October 2017 and estimated data from 1 November 2017 – 31 March 2018 to estimate the 17/18 position; and
- 18/19 trajectories / targets based on the 17/18 estimated position.

Where special cause variation, for example improvement work to reduce delayed discharges or the flu epidemic, caused extraordinary data results, subsequent year targets were adjusted so that the same rate of increase or decrease was not expected in subsequent years. 18/19 targets for A+E attendances and delayed discharge bed days lost were adjusted for these reasons.

- Appendix 1 is a summary table of the 32 indicators which correspond to the six key service delivery areas.

  Appendix 2 contains the template provided by the Scottish Government. This has been completed and will form the entire Dundee submission.

  Appendix 3 was used in preparation of the submissions and has been included as supplementary information. Charts and methodologies have been provided.

4.2.5 An interim submission has been made to the Scottish Government to meet the 31 January 2018 deadline following consultation with the Chief Officer and Heads of Service. At this time it was highlighted that the submission would be subject to revision following the PAC on 13 February 2018 and the Integration Joint Board on 27 February 2018. In addition it was noted that the targets contained within the submission for 2018/19 cannot be confirmed until such times as the 2018/19 IJB budget has been finalised and an assessment made of the adequacy of resources to deliver planned improvement actions factored in to the calculation of targets.

4.2.6 Performance against targets (for both 2017/18 and 2018/19) will continue to be reported as part of the quarterly performance reports submitted to PAC. Targets will also be integrated into the Partnership's 2018/19 delivery plan, where the principles of the approach utilised for submissions will be expanded to encompass additional service delivery areas.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	The risk of not meeting targets against national indicators could affect outcomes for individuals and their carers and not make the best use of resources.
Risk Category	Financial, Governance, Political
Inherent Risk Level	15 – Extreme Risk
Mitigating Actions (including timescales and resources)	- Continue to develop a reporting framework which identifies performance against Measuring Performance under Integration targets. - Continue to report data quarterly to the PAC to highlight areas of poor performance. - Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as complex delayed discharges. - Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.
Residual Risk Level	9 – High Risk
Planned Risk Level	6 – Moderate Risk
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 22 January 2018

Appendix 1

			15/16 baseline	17/18 Projection (15/16 based)	17/18 Trajectory agreed Feb 17	17/18 Actual and Estimated	18/19 Trajectory agreed Jan 18	% Change (15/16 baseline to 18/19 trajectory
Unplanned admissions								
1.	Number of emergency admissions	submitted	14,125	15,168	15,153	15,122	15,464	+9.5%
2.	Number of emergency admissions from A+E	submitted	6,483	7,345	6,797	7,616	7,616	+17.5%
3.	A+E conversion rate (%)	to be developed						
Occupied bed days for unscheduled care								
4.	Number of emergency bed days	submitted	120,989	115,305	114,132	111,893	108,129	-10.6%
5.	Number of emergency bed days ; geriatric long stay	to be developed						
6.	Number of emergency bed days; mental health specialities	to be developed						
A+E Performance								
7.	Number of A+E attendances	submitted	23,437	23,336	22,686	26,562	26,562	+13.3%
8.	A+E % seen within 4 hours	to be developed						

			15/16 baseline	17/18 Projection (15/16 based)	17/18 Trajectory agreed Feb 17	17/18 Actual and Estimated	18/19 Trajectory agreed Jan 18	% Change (15/16 baseline to 18/19 trajectory
Delayed Discharges								
9.	Number of bed days lost – standard and code 9	submitted	15,050	14,502	14,042	12,480	11,856	-21.2%
10.	Number of bed days lost – code 9	Not submitted	6,668	7,740	7,740	6,273	6,461	-3.1%
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 ***based on 16/17 deaths but will change in 17/18 and 18/19 as % proportions are applied to the total number of deaths in each year**								
13.	% of last 6 months of life in community	submitted	86.9%		88%		89%	+2.1%
14.	% of last 6 months of life in hospice / palliative care unit	submitted	1.4%		2%		3%	+1.6%
15.	% of last 6 months of life in community hospital	Not applicable						
16.	% of last 6 months of life in large hospital	submitted	11.7%		10%		8%	-3.5%
17.	Number of days of last 6 months of life in community	submitted	252,351		252,275*		255,143*	n/a as no. of deaths each year varies
18.	Number of days of last 6 months of life in hospice / palliative care unit	submitted	3,965		5,733*		8,600*	n/a as no. of deaths each year varies
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		28,668*		22,934*	n/a as no. of deaths each year varies

			15/16 baseline	17/18 Projection (15/16 based)	17/18 Trajectory agreed Feb 17	17/18 Actual and Estimated	18/19 Trajectory agreed Jan 18	% Change (15/16 baseline to 18/19 trajectory
Balance of Care								
21.	% of population living at home (unsupported) – All ages	submitted	97.7%		2			
22.	% of population living at home (supported) – All ages	submitted	1.3%		1.5%			
23.	% of population living in a care home – All ages	submitted	0.7%		0.5%			
24.	% of population living in hospice / palliative care unit – All ages	to be developed						
25.	% of population living in community hospital – All ages	submitted	0%		0%			
26.	% of population living in large hospital – All ages	submitted	0.4%		0.4%			
27.	% of population living at home (unsupported) – 75+	submitted	79.8%		80%			
28.	% of population living at home (supported) – 75+	submitted	11.3%		11.6%			
29.	% of population living in a care home – 75+	submitted	6.8%		6.7%			
30.	% of population living in hospice / palliative care unit – 75+	to be developed						
31.	% of population living in community hospital – 75+	submitted	0%		0%			
32.	% of population living in large hospital – 75+	submitted	2%		1.7%			

Appendix 2

Dundee	Unplanned admissions 18+	Unplanned bed days 18+	A&E attendances 18+	Delayed discharge bed days 18+	Last 6 months of life	Balance of Care
Baseline	2016/17 change from 2015/16:	2016/17 change from 2015/16:	2016/17 change from 2015/16:	2016/17 change from 2015/16: **All delays**	2016/17 change from 2015/16: **Last 6 months community (inc care homes)**	2016/17 change from 2015/16: 2016/17 data not yet available
15/16 (baseline)	14,125	120,989	23,437 A+E attendances and 6,483 admissions from A+E	15,050	0.8% decrease (250,272) in number of days spent in the community for people who died between 15/16 and 16/17.	
16/17	14,500	117,304	23,388 A+E attendances and 6,936 admissions from A+E	14,627	**Last 6 months hospice palliative care unit** 10.8% decrease (3,537) in number of days spent in hospice / palliative care for people who died between 15/16 and 16/17.	
Difference	+375	-3,685	-49 A+E attendances and +453 admissions from A+E	-423		
% Difference	+2.5%	-3%	-0.2% A+E attendances and +7% admissions from A+E	-2.8%	**Last 6 months large hospital** 3.4% decrease (32,868) in number of bed days for people who died in large hospital between 15/16 and 16/17.	
Objective	17/18 target **Increase by 4.3%** 17/18 target admissions – 15,122 17/18 target rate per 100,000 – 12,436 The 17/18 target rate is 0.4% lower than the expected 17/18 rate based on 15/16 projections. This is a reduction of 46 emergency admissions	17/18 target **Decrease by 4.6%** 17/18 target bed days – 111,893 17/18 target rate per 100,000 – 92,018 The 17/18 rate is 3% lower than the expected 17/18 rate based on 15/16 projections. This is a reduction of 3,412 emergency bed days compared with the 15/16 projection.	17/18 target **Increase in A+E attendances by 15%** 17/18 target A+E attendances – 26,562 The 17/18 rate is 14% higher than the expected 17/18 rate based on 15/16 projections. This is an increase of 3,225 A+E attendances compared with the 15/16 projection.	17/18 target **All delays** **Decrease bed days lost due to delayed discharges by 14.7%** 17/18 target bed days lost – 12,480 17/18 target rate per 100,000 – 103 The 17/18 rate is 13.9% lower than the expected 17/18 rate based on 15/16 projections. This is a decrease of 2,022 bed days lost due to delayed discharges	17/18 target Number of days of last 6 months of life spent in community - increase by **2% (255,277)** Number of days of last 6 months of life spent in hospice / palliative care unit – increase by **2% (3,608)** Number of Bed Days of Last 6 Months of Life Spent in Large Hospital – decrease by **13% (28,595)**	16/17 Targets **Supported At Home** All Ages – 1.5% of the population supported at home. 75+ - 11.6% of the population supported at home **Unsupported At Home** All Ages – 97.6% of the population unsupported at home. 75+ - 80% of the population unsupported at home.

	compared with the 15/16 projection. <u>2018/19 target</u> **Increase by 2.3%** <u>18/19 target admissions – 15,464</u> <u>18/19 target rate per 100,000 – 12,710</u> The 18/19 target rate is 2.4% lower than the expected 18/19 rate based on 15/16 projections. This is a reduction of 363 emergency admissions compared with the 15/16 projection.	<u>2018/19 target</u> **Decrease by 3.4%** <u>18/19 target bed days – 108,129</u> <u>18/19 target rate per 100,000 –</u> 88,875 The 18/19 rate is 4.5% lower than the expected 18/19 rate based on 15/16 projections. This is a reduction of 4,957 emergency bed days compared with the 15/16 projection.	**Increase A+E admissions by 10%** <u>17/18 target A+E admissions – 7,616</u> <u>17/18 target A+E admissions rate - 287</u> The 17/18 rate is 3.7% lower than the expected 17/18 rate based on 15/16 projections. This is a reduction of 271 A+E admissions compared with the 15/16 projection. <u>2018/19 target</u> **Decrease A+E attendances by 0%** <u>18/19 target A+E attendances – 26,562</u> The 18/19 rate is 14% higher than the expected 18/19 rate based on 15/16 projections. This is an increase of 3,225 A+E attendances compared with the 15/16 projection. **Decrease A+E admissions by 2%** <u>18/19 target A+E admissions – 7,616</u> <u>18/19 target A+E admissions rate – 281</u> The 18/19 rate is 16% lower than the expected 18/19 rate based on 15/16 projections. This is a reduction of 176 A+E	compared with the 15/16 projection. <u>2018/19 target</u> Decrease bed days lost due to delayed discharges by 5% <u>18/19 target bed days lost – 11,856</u> <u>18/19 target bed days lost rate - 97</u> The 18/19 rate is 18.2% lower than the expected 17/18 rate based on 15/16 projections. This is a decrease of 2,646 bed days lost due to delayed discharges compared with the 15/16 projection.	<u>2018/19 change</u>: Number of Bed Days of Last 6 Months of Life Spent in Community- increase by **2% (260,383)** Number of Bed Days of Last 6 Months of Life Spent in Hospice / Palliative Care Unit – increase by **2% (3,680)** Number of Bed Days of Last 6 Months of Life Spent in Large Hospital – decrease by **13% (24,878)**	**Living in Care Homes** All Ages – 0.5% of the population living in care homes. 75+ - 6.7% of the population living in care homes. **Large Hospital** All Ages – 0.4% of the population in large hospital. 75+ - 1.7% of the population living in large hospital.

			admissions compared with the 15/16 projection.			
How will it be achieved	-Further development of Enhanced Community Support, including acute. - Implement 7 day targeted working (EA5-USC) - Increased awareness and use of anticipatory care plans for all Adults where a plan would be of benefit. - Implement an improvement plan relating to re-admission to hospital within 28 days of discharge analysis and improvement plan. - Implement the Tayside Falls Prevention and Management Framework (2017-20) and refresh DHSCP falls pathway. - Transformation of work with primary care and the implementation of the new GP contract. - Development of locality based out-patient clinics. Development of integrated care homes.	- Continue to review in patient models in line with community change. - Further implement planned date of discharge model. - Further develop discharge planning arrangements for adults with a learning disability and / or autism, mental ill-health, physical disability and acquired brain injury. - Increase investment in intermediate forms of care. - Co-locate the Learning Disability Acute Liaison Service within the Hospital Discharge Team base at Ninewells Hospital - Increase investment in resources which support assessment for 24 hour care taking place at home or home like settings. - Implement a pathway for people with substance misuse problems and who have multiple morbidities. - Hold Power of Attorney local campaigns. - Earlier identification of requirement for measures under Adults with Incapacity (Scotland) Act 2016. - Integrated pathways are being developed across care home teams, ortho geriatrics and older people psychiatry. - Remodel AHP services within acute settings to improve pathways. - Further remodel integrated discharge hubs which will improve joint working arrangements.	-Further development of Enhanced Community Support, including acute - Implement 7 day targeted working (EA5-USC) - Increased awareness and use of anticipatory care plans for all Adults where a plan would be of benefit. - Implement an improvement plan relating to re-admission to hospital within 28 days of discharge analysis and improvement plan. - Implement the Tayside Falls Prevention and Management Framework (2017-20) and refresh DHSCP falls pathway. - - Implement a pathway for people with substance misuse problems and who have multiple morbidities. - Transformation of work with primary care and the implementation of the new GP contract. - Remodelling of polypharmacy. - Further remodel integrated discharge hubs which will improve joint working arrangements.	-Increased investment in intermediate forms of care. - Remodel care at home services and provide more flexible responses. - Further invest in social care infrastructure, including consolidating current tests of change through third sector partnerships. - Further development of Community Rehabilitation. - Review discharge management procedures and guidance. - Develop a statement and pathway for involving carers in discharge planning process. - Extend the range of third sector supports for adults transitioning from hospital back to the community. - Develop a step down and assessment model for residential care. - Hold Power of Attorney local campaigns. - Earlier identification of requirement for measures under Adults with Incapacity (Scotland) Act 2016. - Establish an integrated model of support for people with a learning disability and / or autism who also have extremely complex health and care support needs. - Implement home and hospital discharge plan.	-PEOLC test site for dementia - Expand the use of Palliative Care Tool Bundle and Response Standards in use across community based health and social care services. -Fully implement the Macmillan Improving the Cancer Project. - PEOLC Managed Clinical Network in place, to focus on non-specialist palliative care. - Increased availability of Key Information Summaries and ACPs. - Learning disability community nursing team will work with MacMillan nurses to improve methods of communication.	-Further develop Enhanced Community Support, including acute. - Develop a model of support for carers in line with the Carers Act. - Continue to review in patient models in line with community change. -Increase investment in models that support adults within their own homes. - increase investment and improve capacity in social care. - Continue to develop step down to assess model. - Increase the range of accommodation with support for people with complex needs. - Increase social prescribing and improve self-care. - Further develop accommodation with support models in the community for adults. - Remodel the stroke pathway. - Further develop short breaks and respite opportunities.

Progress (updated by ISD)						
Notes			The attendance trajectories are a result of the flu virus epidemic which hit Tayside severely over the autumn / winter of 17/18 and also an increase in fractures due to adverse weather causing falls. The admission rates appear good due to the high number of attendances		Accidental deaths excluded	

Appendix 3

Measuring Performance Under Integration

Charts and Methodologies

Introduction

This report provides key information to assist with the interpretation of the Dundee submission to the Ministerial Strategic Group regarding 'Measuring Performance under Integration'.

Under each of the six high level service delivery areas is a chart which illustrates

- 'Projections submitted in Feb 17' which is the projection from the 2015/16 baseline year based on no further improvement being made. This projection was included as part of the February 2017 submission.

- 'Trajectories submitted in Feb 17' which is the projection plus / minus the target applied to each year. This illustrates the improvement which was intended from 205/16 onwards.

- 'Dundee Actual (Up to Oct 17) and Expected (Oct 17 to Mar 18)' illustrates the most current actual data available and an estimate for the remaining months up to March 18. This demonstrates actual performance and when compared against the projection (blue line), demonstrates the impact of the HSCP since the 15/16 baseline. This impact is positive when the grey broken line shows a more positive position than the blue line and this impact is negative when the grey broken line shows a less positive position that the blue line.

- 'Trajectories agreed in Jan 18 for 18/19' is the actual and expected data with the 18/19 target applied to this.

Emergency Admissions

Chart 1: Emergency Admissions 18+ as a Rate per 100,000 Population in Dundee

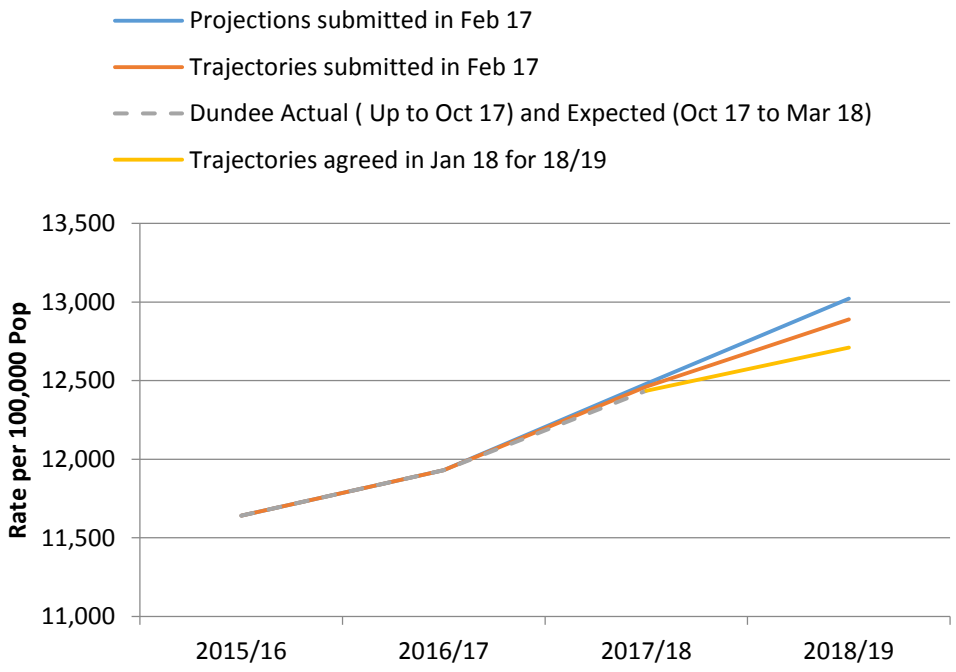
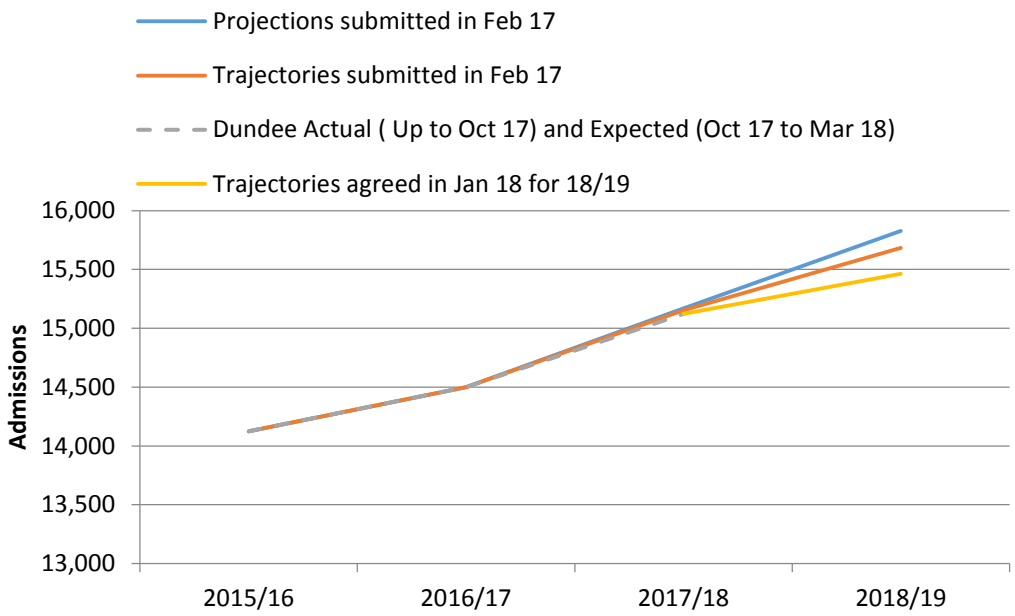


Chart 2: Emergency Admission Numbers 18+



What is the data telling us?

- 17/18 estimated and actual performance is better than the 15/16 based projection for 17/18 and the 17/18 trajectory (target) set in February 17.
- Emergency admissions were projected to increase in 17/18 (15,168 – 15/16 based projection) and the trajectory set in Feb 17 for 17/18 was for emergency admissions to increase at a slower rate than the projection (15,153).
- The actual and estimated data for 17/18 shows that Dundee is likely to perform even better and there will be approximately 15,122 emergency admissions.

How was the 18/19 target developed?

- The 15/16 based projection for 18/19 was that emergency admissions would increase from 15,168 in 17/18 to 15,827 in 18/19. The 18/19 trajectory submitted February 17 was to reduce the rate of this increase to 15,683.
- The 18/19 target is to further reduce emergency admissions from the 17/18 actual and estimate by 4.3% to 15,464 emergency admissions.

How will trajectories agreed in Jan 18 for 18/19 be achieved?

- Further development of Enhanced Community Support, including acute.
- Implement 7 day targeted working (EA5-USC)
- Increased awareness and use of anticipatory care plans for all Adults where a plan would be of benefit.

- Implement an improvement plan relating to re-admission to hospital within 28 days of discharge analysis and improvement plan.
- Implement the Tayside Falls Prevention and Management Framework (2017-20) and refresh DHSCP falls pathway.
- Transformation of work with primary care and the implementation of the new GP contract.
- Development of locality based out- patient clinics.
- Development of integrated care homes.

Emergency Bed Days

Chart 3: Emergency Bed Days 18+ as a Rate per 100,000 Population in Dundee

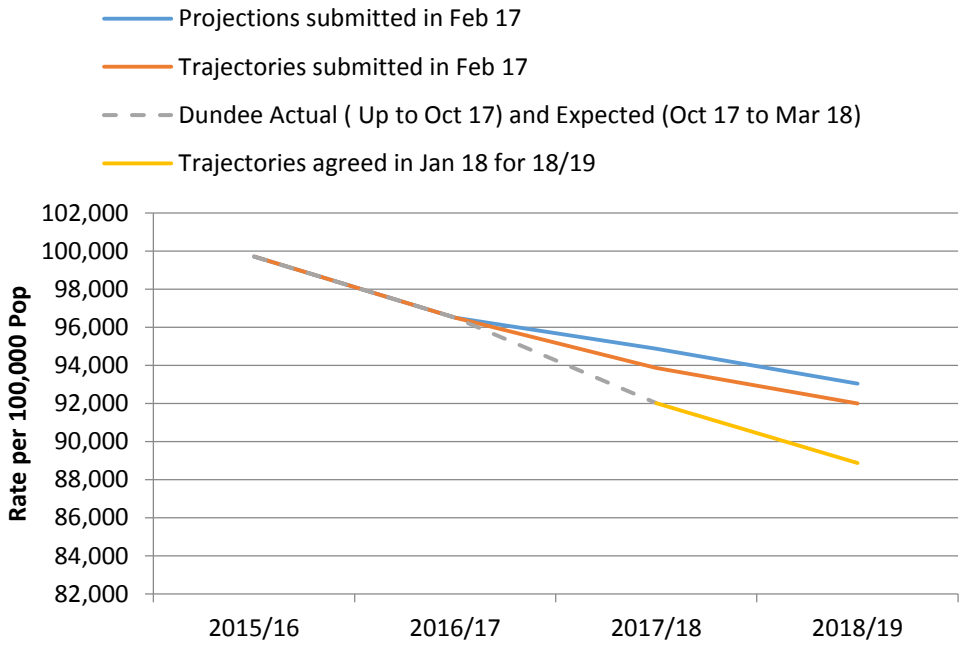
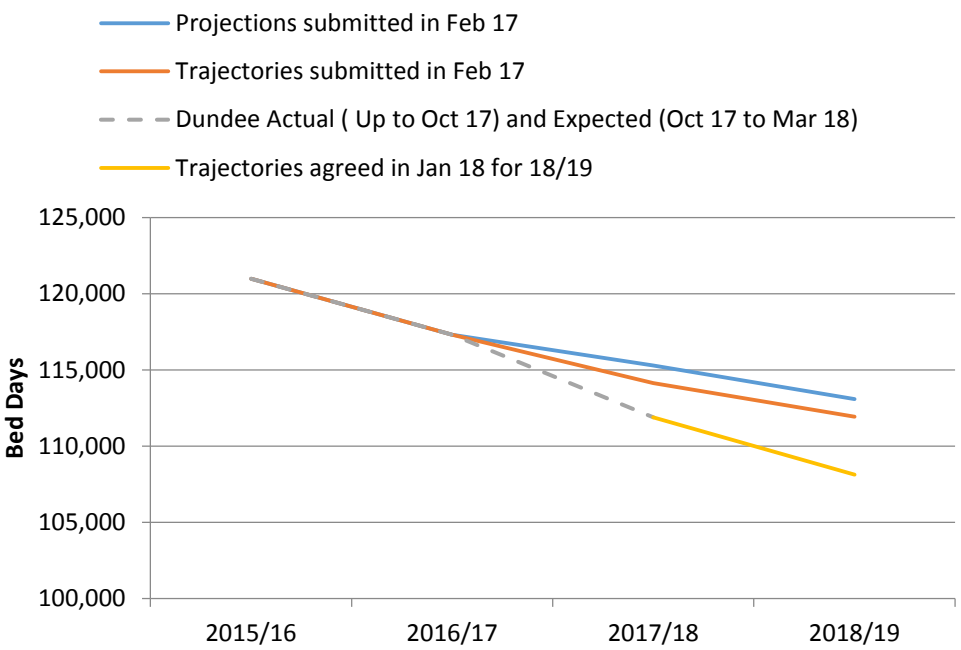


Chart 4: Emergency Bed Day Numbers 18+



What is the data telling us?

- 17/18 estimated and actual performance is better than the 15/16 based projection for 17/18 and the 17/18 trajectory (target) set in February 17.
- Emergency bed days were projected to decrease in 17/18 (115,305 – 15/16 based projection) and the trajectory set in Feb 17 for 17/18 was for emergency bed days to decrease further than the projection (114,132).
- The actual and estimated data for 17/18 shows that Dundee is likely to perform even better and there will be approximately 111,893 emergency bed days.

How was the 18/19 target developed?

- The 15/16 based projection for 18/19 was that emergency bed days would decrease from 115,305 in 17/18 to 113,085 in 18/19. The 18/19 trajectory submitted February 17 was for there to be a further decrease to 111,935 emergency bed days.
- The 18/19 target is to further reduce emergency admissions from the 17/18 actual and estimate by 3.4% to 108,129 emergency bed days.

How will trajectories agreed in Jan 18 for 18/19 be achieved?

- Continue to review in patient models in line with community change.
- Further implement planned date of discharge model.
- Further develop discharge planning arrangements for adults with a learning disability and / or autism, mental ill-health, physical disability and acquired brain injury.
- Increase investment in intermediate forms of care.

- Co-locate the Learning Disability Acute Liaison Service within the Hospital Discharge Team base at Ninewells Hospital
- Increase investment in resources which support assessment for 24 hour care taking place at home or home like settings.
- Implement a pathway for people with substance misuse problems and who have multiple morbidities.
- Hold Power of Attorney local campaigns.
- Earlier identification of requirement for measures under Adults with Incapacity (Scotland) Act 2016.
- Integrated pathways are being developed across care home teams, ortho geriatrics and older people psychiatry.
- Remodel AHP services within acute settings to improve pathways.
- Further remodel integrated discharge hubs which will improve joint working arrangements.

Chart 5: Number of Attendances at A+E

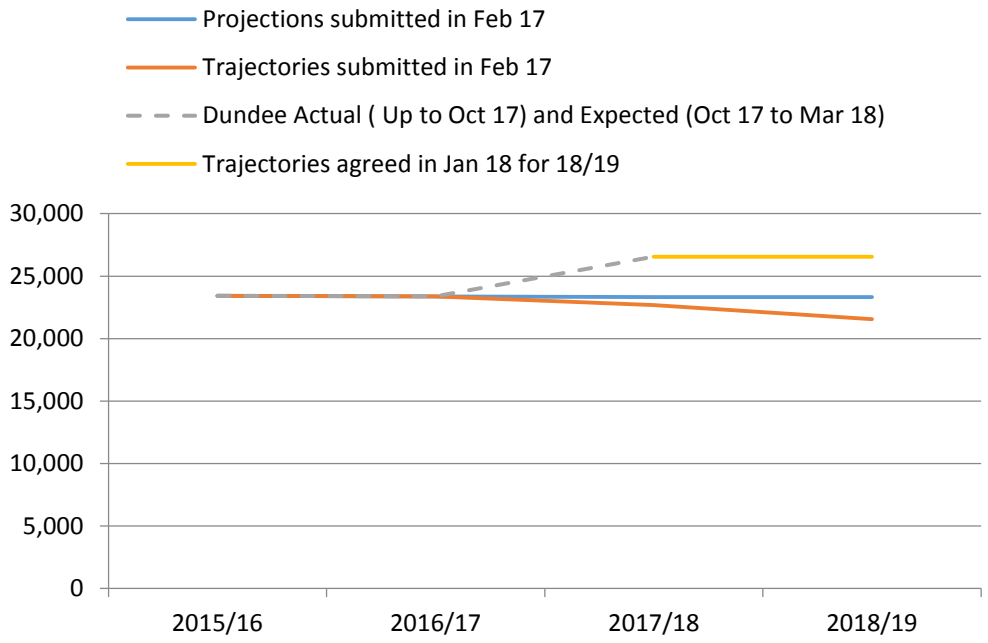


Chart 6: Number of 18+ Admissions from A+E

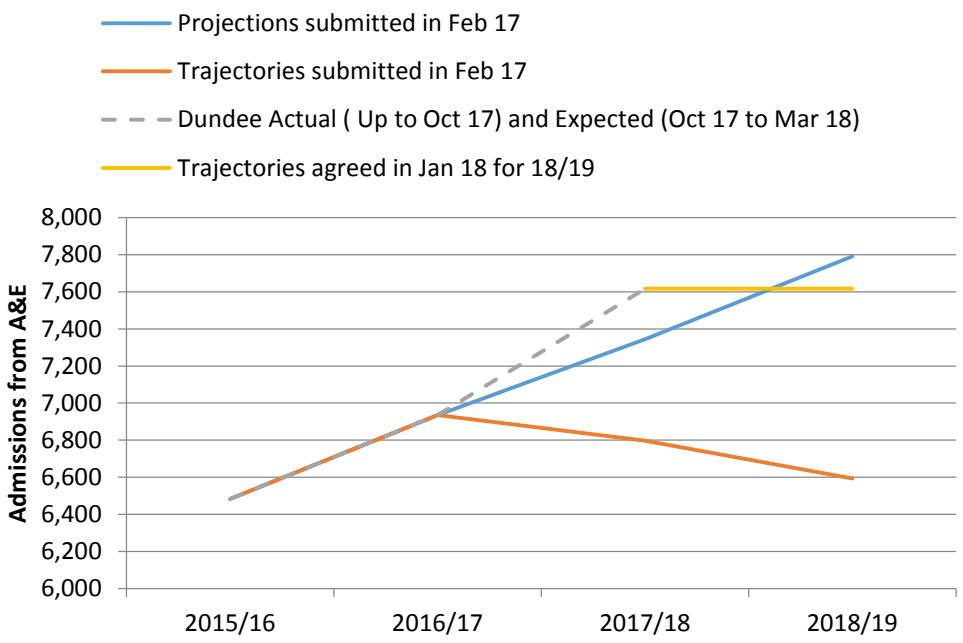
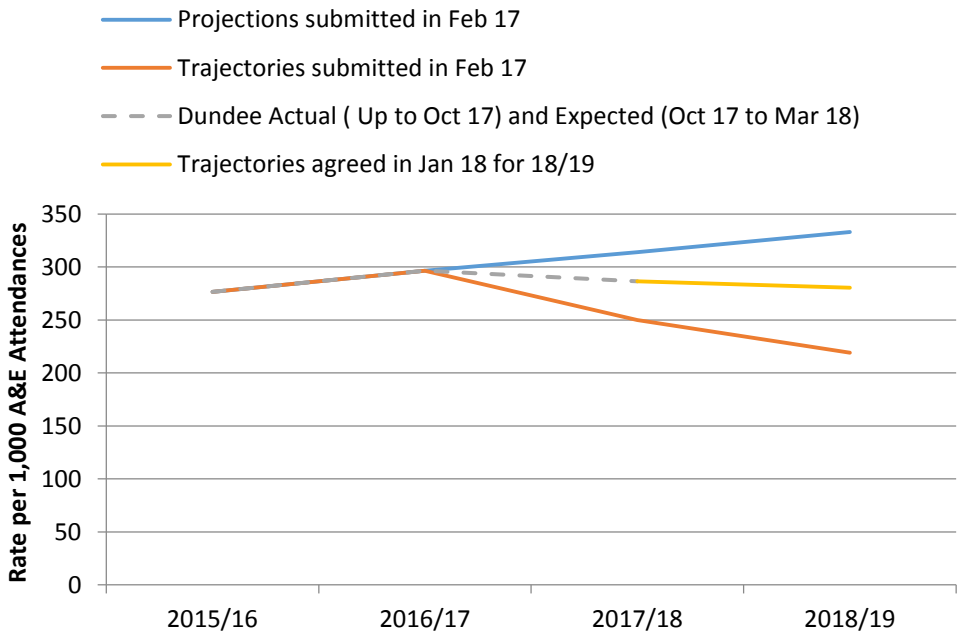


Chart 7: Admissions from A&E 18+ as a Rate per 1,000 Attendances



What is the data telling us?

- 17/18 estimated and actual performance is poorer than both the 15/16 based 17/18 projection for A+E attendances and better than the 15/16 based 17/18 projection and worse that the 17/18 trajectory (target) set in February 17 for A+E admissions.
- A+E attendances were projected to increase in 17/18 (23,336 – 15/16 based) and the trajectory set in Feb 17 for 17/18 was for A+E attendances to decrease further than the projection to 22,686, however the actual and estimated 17/18 data will be approximately 26,562.
- A+E admissions were projected to increase in 17/18 (7,345 – 15/16 based) and the trajectory set in Feb 17 for 17/18 was for A+E admissions to decrease further that the projection to 6,797, however the actual and estimated 17/18 data will be approximately 7,616.

How was the 18/19 target developed?

- The target for number of A+E attendances is to maintain the number at the same as 17/18 (26,562).
- The reasons for the number of A+E attendances in 17/18 being higher than the projection are mainly due to the higher than normal pressures on acute systems due to the flu epidemic and fractures cause by falls in the adverse weather.
- The 18/19 projection (15/16 based) was for there to be zero change from 17/18 and therefore this has been applied to the 18/19 trajectory agreed Jan 18.

How will trajectories agreed in Jan 18 for 18/19 be achieved?

- Further development of Enhanced Community Support, including acute
- Implement 7 day targeted working (EA5-USC)
- Increased awareness and use of anticipatory care plans for all Adults where a plan would be of benefit.
- Implement an improvement plan relating to re-admission to hospital within 28 days of discharge analysis and improvement plan.
- Implement the Tayside Falls Prevention and Management Framework (2017-20) and refresh DHSCP falls pathway.
- Implement a pathway for people with substance misuse problems and who have multiple morbidities.
- Transformation of work with primary care and the implementation of the new GP contract.
- Remodelling of polypharmacy.
- Further remodel integrated discharge hubs which will improve joint working arrangements.

Delayed Discharge

Chart 5: Bed Days Lost to Delayed Discharge 18+ as a Rate per 1,000 Population in Dundee

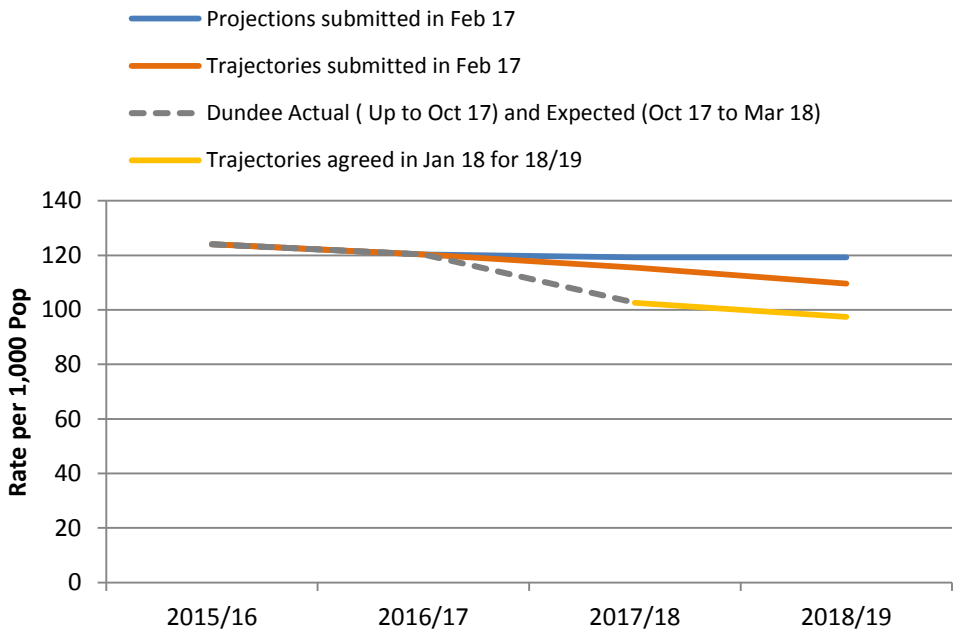
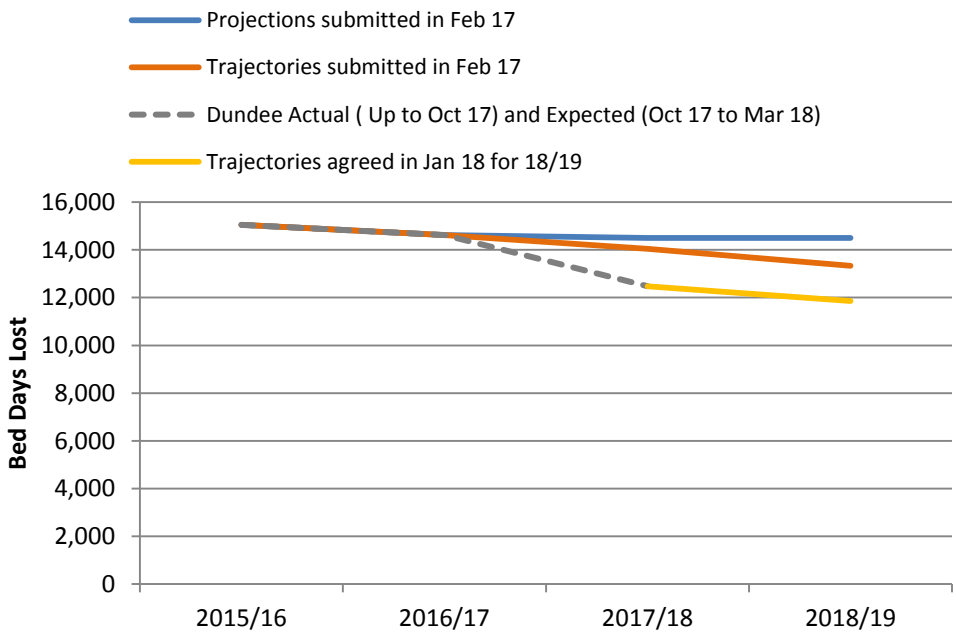


Chart 6: Number of Bed Days Lost to Delayed Discharges 18+



What is the data telling us?

- 17/18 estimated and actual performance is better than the 15/16 based projection for 17/18 and the 17/18 trajectory (target) set in February 17.
- Bed days lost to delayed discharge were projected to decrease in 17/18 to14,502 and the trajectory set in Feb 17 for 17/18 was for emergency bed days to decrease further than the projection (14,042).
- The actual and estimated data for 17/18 shows that Dundee is likely to perform even better and there will be approximately 12,480 bed days lost. This is a further improvement of 1,562 bed days compared with the 17/18 trajectory set in February 17.

How was the 18/19 target developed?

- The 15/16 based projection for 18/19 was that bed days lost would be maintained at the same number as 17/18 (14,502). The 18/19 trajectory submitted February 17 was for there to be a decrease to 13,340 bed days lost.
- The 18/19 target is to further reduce bed days lost from the 17/18 actual and estimate by 5% to 11,856 bed days lost.

How will trajectories agreed in Jan 18 for 18/19 be achieved?

- Increased investment in intermediate forms of care.
- Remodel care at home services and provide more flexible responses.
- Further invest in social care infrastructure, including consolidating current tests of change through third sector partnerships.
- Further development of Community Rehabilitation.
- Review discharge management procedures and guidance.
- Develop a statement and pathway for involving carers in discharge planning process.
- Extend the range of third sector supports for adults transitioning from hospital back to the community.
- Develop a step down and assessment model for residential care.
- Hold Power of Attorney local campaigns.
- Earlier identification of requirement for measures under Adults with Incapacity (Scotland) Act 2016.
- Establish an integrated model of support for people with a learning disability and / or autism who also have extremely complex health and care support needs.
- Implement home and hospital discharge plan.

Last 6 months of life

What is the data telling us?

The 16/17 target was to increase the number of days of the last 6 months of life spent in the community, increase the number of days in a hospice / palliative care by 2% and increase the number of days spent in a large hospital by 13%.

These targets were not met as between 15/16 and 16/17 the number of people who died in the community decreased by 0.8%, the number of people who died in a hospice / palliative care unit decreased by 10.8% and the number of people who died in a large hospital decreased by 3.4%.

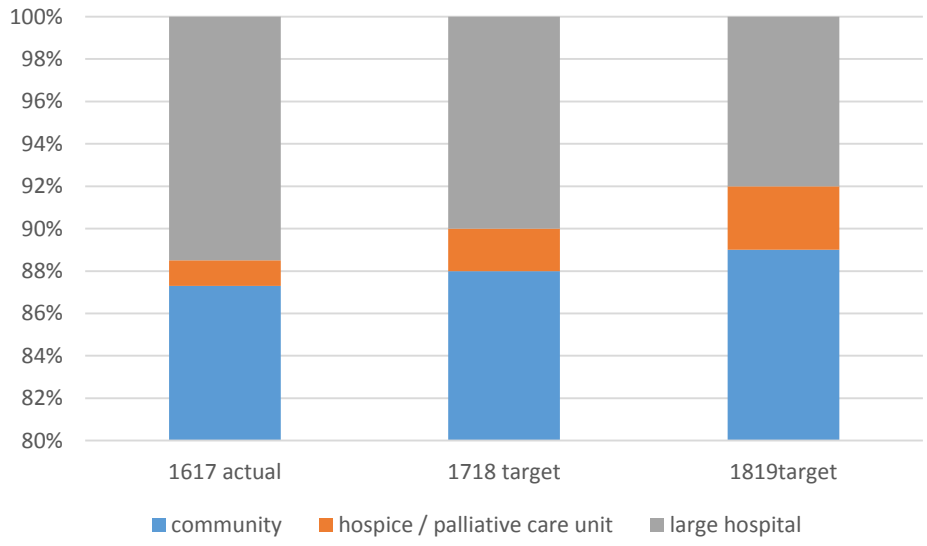
How was the 18/19 targets developed?

When interpreting this data it became apparent that the % change is determined by the total number of deaths in a year and if the number of deaths is less than the baseline year then targets may not be met. Common sense tells us that reduced numbers of deaths cannot be regarded as negative.

It has therefore been agreed that instead of % changes compared with the previous year that it would be more sensible to set ratio based targets.

Chart 7 illustrates the actual 16/17 ratio and the target ratios for 17/18 and 18/19

Chart 7: % of days spent in last 6 months of life by location



How will trajectories agreed in Jan 18 for 18/19 be achieved?

-PEOLC test site for dementia
- Expand the use of Palliative Care Tool Bundle and Response Standards in use across community based health and social care services.
-Fully implement the Macmillan Improving the Cancer Project.
- PEOLC Managed Clinical Network in place, to focus on non-specialist palliative care.
- Increased availability of Key Information Summaries and ACPs.
- Learning disability community nursing team will work with MacMillan nurses to improve methods of communication.

Balance of Care

Data to measure performance against the 16/17 targets is not currently available from NSS ISD therefore it is not currently possible to measure performance.

The targets set in the February 2017 submission were:

Supported At Home

All Ages – 1.5% of the population supported at home.

75+ - 11.6% of the population supported at home

Unsupported At Home

All Ages – 97.6% of the population unsupported at home.

75+ - 80% of the population unsupported at home.

Living in Care Homes

All Ages – 0.5% of the population living in care homes.

75+ - 6.7% of the population living in care homes.

Large Hospital

All Ages – 0.4% of the population in large hospital.

75+ - 1.7% of the population living in large hospital.

Health and Social Care Integration Directorate
Integration Division

Scottish Government
Riaghaltas na h-Alba
gov.scot

T: 0131-244 5453

COSLA

To: Chief Officers Integration Authorities

22 November 2017

Dear Colleagues

UNDERSTANDING PROGRESS UNDER INTEGRATION

We are writing to provide you with an update on our work to develop a plan for sharing progress updates on integration with the Ministerial Strategic Group for Health and Community Care (MSG).

We wanted firstly to thank you for sharing your local objectives on the initial six indicators in February. As you know, we used this information to provide MSG with a summary overview of Integration Authority ambitions around these indicators, progress to date and some of the challenges facing Integration Authorities in delivering on their objectives. MSG appreciated the time you took in developing and sharing your local objectives to support them in their role in providing political leadership for, and oversight of, integration.

Since then we have been considering how best to provide regular progress updates to MSG. With the agreement of the Chief Officer network, we established a small working group comprising lead officers for strategic commissioning and performance in Integration Authorities, Chief Finance Officers, data analysts and SG officials. The group has met three times to discuss possible approaches and suggested a potential framework for providing future updates to the MSG. This framework is outlined below.

During our discussions, we've reflected in some detail on a number of issues, for instance, how best to balance the presentation of a manageable number of common data points for all areas with more bespoke narrative insights that can help to draw out the richness of local variation; how to explore specific themes such as end of life care; how to explore the quality of service user experience; how best to recognise normal fluctuations in performance, particularly between frequent reporting dates. We've also shared experiences on setting local objectives.

Based on the these discussions, the working group has suggested the following outline framework for sharing regular progress updates with MSG based on four key elements:

a) Quarterly data on the six indicators but in time building on these indicators for example to reflect the contribution of primary and social care.
b) Comparison between progress in Integration Authorities and projections set out in local plans, and also with the likely result had no changes been made
c) Overarching narrative summary, drawing out emerging themes from across Integration Authorities
d) Local illustrations, inviting individual Integration Authorities to contextualise their progress with a presentation to the group and opportunity for discussion. Over time we aim to involve a wide range of Integration Authorities depending on the purpose / theme of the MSG meeting.

Taking account of the proposed framework, we have agreed with the working group and Chief Officers that we will co-produce a paper providing an update on progress for the next MSG meeting on 13 December, drawing on the recent annual performance reports, and will invite one or two partnerships to present at the meeting.

Beyond this meeting, we have agreed with the working group and Chief Officers that it would be helpful to provide MSG with an updated overview of local objectives and ambitions relating to the six indicators. We are aware that some Integration Authorities will have reviewed and updated their objectives since sharing them in February. You are therefore each invited to share your updated objectives for 2018/19 by 31 January 2018, following which we will provide an overview, with input and support from the working group and partnerships, for MSG for their meeting on 21 March 2018. We recognise that, as before, you will want to engage a range of partners in this process.

To support the process, we have developed draft guidance and a suggested format for sharing objectives with advice from the working group, ISD and others. This should help to simplify the task locally and will provide consistency across information shared. As before we would anticipate that there would be local support for developing objectives from the LIST team and other local analysts drawing on collective advice on best practice around developing objectives.

We will work with the working group and Chief Officers to expand the range of indicators used going forward. In view of the move to a single national social care dataset, we have agreed with the working group that we should feed in views around about the social care data collected to ensure that it provides intelligence which supports the planning and delivery of integrated services.

We would be grateful if you would provide your updated 2018/19 local objectives for MSG by 31 January 2018 to be sent to NSS.Source@nhs.net. We recognise that you will want to agree these objectives with your IJB, so if that is not possible within the timescale, we would be happy to accept interim objectives. We would welcome any feedback on this approach and the guidance – please contact my colleague Fee Hodgkiss fiona.hodgkiss@gov.scot or 0131 244 5429.

Yours faithfully

Alison Taylor Paula McLeay

Alison Taylor
Deputy Director
Integration Division

Paula McLeay
Chief Officer Health and Social Care
COSLA

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

6th February, 2018

TO: ALL MEMBERS, ELECTED MEMBERS AND OFFICER REPRESENTATIVES OF THE PERFORMANCE AND AUDIT COMMITTEE OF DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
(See Distribution List attached)

Dear Sir or Madam

PERFORMANCE AND AUDIT COMMITTEE

I would like to invite you to attend a meeting of the above Committee which is to be held in Committee Room 1, 14 City Square on Tuesday, 13th February, 2018 at 2pm.

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 MINUTE OF PREVIOUS MEETING - Page 1

The minute of previous meeting of the Committee held on 28th November, 2017 is attached for approval.

4 OUTCOME OF CARE INSPECTORATE INSPECTIONS – JANET BROUGHAM HOUSE, MENZIESHILL HOUSE AND CRAIGIE HOUSE - Page 5

(Report No PAC3-2018 by the Chief Finance Officer, copy attached).

5 OUTCOME OF CARE INSPECTORATE INSPECTION – DUNDEE COMMUNITY LIVING - Page 31

(Report No PAC1-2018 by the Chief Finance Officer, copy attached).

6 OUTCOME OF CARE INSPECTORATE INSPECTION – SUPPORTED LIVING TEAM - Page 39

(Report No PAC2-2018 by the Chief Finance Officer, copy attached).

7 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT (QUARTER 3) - Page 47

(Report No PAC4-2018 by the Chief Finance Officer, copy attached).

8 2017/18 MID YEAR PERFORMANCE SUMMARY - Page 79

(Report No PAC5-2018 by the Chief Finance Officer, copy attached).

9 MEASURING PERFORMANCE UNDER INTEGRATION – 2018/19 SUBMISSION - Page 93

(Report No PAC6-2018 by the Chief Finance Officer, copy attached).

10 ANALYSIS ON RE-ADMISSIONS TO HOSPITAL (PAC7-2018)

At its meeting on 12th September 2017 (Article XI of the minute of the meeting refers), the PAC directed the Chief Finance Officer to submit a full analysis of reasons for re-admission to hospital by January 2018 following completion of analytical work commissioned by the Unscheduled Care Board. Resources identified by the Unscheduled Care Board have not yet been available as expected and as a result the detailed analysis has been delayed. The Unscheduled Care Board has given a commitment to identify alternative resources to support the progression of this work.

The PAC is asked to note the position.

11 DUNDEE INTEGRATION JOINT BOARD HIGH LEVEL RISK REGISTER UPDATE - Page 119

(Report No PAC10-2018 by the Chief Finance Officer, copy attached).

12 DUNDEE INTEGRATION JOINT BOARD CLINICAL, CARE & PROFESSIONAL GOVERNANCE INTERNAL AUDIT REVIEW - Page 129

(Report No PAC9-2018 by the Chief Finance Officer, copy attached).

13 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT - Page 147

(Report No PAC12-2018 by the Chief Finance Officer, copy attached).

14 DATE OF NEXT MEETING

The next meeting of the Committee will be held in Committee Room 1, 14 City Square, Dundee on Tuesday 27th March, 2018 at 2pm.

PERFORMANCE AND AUDIT COMMITTEE
PUBLIC DISTRIBUTION LIST

(a) DISTRIBUTION – PERFORMANCE AND AUDIT COMMITTEE

(* - DENOTES VOTING MEMBER)

Role	**Recipient**
Non Executive Member (Chair)	Doug Cross *
Elected Member	Councillor Roisin Smith *
Elected Member	Bailie Helen Wright *
Non Executive Member	Judith Golden *
Chief Officer	David W Lynch
Chief Finance Officer	Dave Berry
Registered medical practitioner employed by the Health Board and not providing primary medical services	Cesar Rodriguez
Chief Social Work Officer	Jane Martin
Chief Internal Auditor	Tony Gaskin
Staff Partnership Representative	Raymond Marshall

(b) DISTRIBUTION – FOR INFORMATION ONLY

Organisation	**Recipient**
NHS Tayside (Chief Executive)	Lesley McLay
Dundee City Council (Chief Executive)	David R Martin
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Fiona Barty
Dundee City Council (Members' Support)	Sharron Wright
Dundee City Council (Communications rep)	Steven Bell
Dundee Health and Social Care Partnership	Arlene Hay
Dundee Health and Social Care Partnership	Diane McCulloch
NHS Tayside (Communications rep)	Jane Duncan
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
NHS (PA to Tony Gaskin)	Carolyn Martin
Audit Scotland (Senior Audit Manager)	Bruce Crosbie

ITEM No …3……..

At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 28th November, 2017.

Present:-

Members	**Role**
Doug CROSS *(Chairperson*)	Nominated by Health Board (Non Executive Member)
Roisin SMITH	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
David W LYNCH	Chief Officer
Dave BERRY	Chief Finance Officer
Jane MARTIN	Chief Social Work Officer
Cesar RODRIGUEZ	Registered Medical Practitioner (not providing primary medical services)

Also in attendance:-

Judith TRIEBS (for Tony GASKIN)	(Chief Internal Auditor)
Arlene HAY	Dundee Health and Social Care Partnership
Alexis CHAPPELL	Dundee Health and Social Care Partnership
Lynsey WEBSTER	Dundee Health and Social Care Partnership
Diane McCULLOCH	Dundee Health and Social Care Partnership

Doug CROSS, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Judith GOLDEN, Nominated by Health Board (Non Executive Member), Raymond MARSHALL, Staff Partnership Representative and Tony GASKIN, Chief Internal Auditor.

II DECLARATION OF INTEREST

No declarations of interest were made.

III MINUTE OF PREVIOUS MEETING

The minute of meeting of this Committee held on 12th September, 2017 was submitted and approved.

IV DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT (QUARTER 2)

There was submitted Report No PAC32-2017 by the Chief Finance Officer providing an update on Quarter 2 performance against the National Health and Wellbeing Indicators and Measuring Performance Under Integration interim targets.

The Committee agreed:-

(i) to note the content of the report;

(ii) to note the performance of Dundee Health and Social Care Partnership against the Measuring Performance Under Integration interim targets as outlined in Appendix 1 and section 4.8 of the report; and

(iii) to note the performance of Dundee Health and Social Care Partnership against the National Health and Wellbeing Indicators as outlined in Appendix 2 and section 4.9 of the report.

V PERFORMANCE REPORT – CARE INSPECTORATE GRADINGS FOR DUNDEE REGISTERED CARE SERVICES FOR ADULTS (EXCLUDING CARE HOMES) – 2016/17

There was submitted Report No PAC34-2017 by the Chief Finance Officer summarising the grading's awarded by the Care Inspectorate to Dundee registered care services for adults (excluding care homes) for the period 1st April 2016 to 31st March 2017.

The Committee agreed:-

(i) to note the content of the report including the gradings awarded as detailed in the Performance Report which was attached to the report as Appendix 1 and highlighted in paragraph 4.3 of the report; and

(ii) to note the Care Inspectorate requirements as detailed in Appendix 2 of the report.

VI DISCHARGE MANAGEMENT PERFORMANCE UPDATE (INCLUDING CODE 9 ANALYSIS)

Reference was made to Article XI of the minute of meeting of this Committee held on 12th September 2017 wherein it was agreed that information on actions by which performance could be improved be provided.

There was submitted Report No PAC39-2017 by the Chief Officer providing an update on Discharge Management performance in Dundee. The report also provided detailed information about the current discharge management position for complex delays (code 9s) and practical actions being undertaken in response to current pressures as requested by the Performance and Audit Committee at its meeting on 12th September 2017.

The Committee agreed:-

(i) to note the content of the report and the current position in relation to discharge management performance as outlined in paragraph 5.2 of the report and Appendix 1 of the report and in particular sections 2.2 and 2.3 of that document;

(ii) to note the current position in relation to complex delays as outlined in paragraph 5.3 of the report and Appendix 1 of the report and in particular section 2.4 of that document; and

(iii) to note the improvement actions planned to respond to areas of pressure identified as outlined in paragraphs 5.2 and 5.4 of the report.

VII DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN 2017/18

There was submitted Report No PAC37-2017 by the Chief Finance Officer the purpose of the report was to consider the proposed Dundee City Health and Social Care Integration Joint Board's 2017/18 Internal Audit Plan.

The Committee agreed to note the content of the report and approve the proposed Dundee Integration Joint Board 2017/18 Internal Audit Plan as outlined in Appendix 1 of the report.

VIII DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT CHARTER

There was submitted Report No PAC35-2017 by the Chief Finance Officer the purpose of the report was to consider a proposed Internal Audit Charter for Dundee City Health and Social Care Integration Joint Board which set out the responsibility for and approach to internal audit activity.

The Committee agreed to note the content of the report and approve the proposed Dundee City Health and Social Care Integration Joint Board Internal Audit Charter as outlined in Appendix 1 to the report.

IX INTERNAL AUDIT OUTPUT SHARING PROTOCOL

There was submitted Report No PAC36-2017 by the Chief Finance Officer the purpose of the report was to consider a proposed protocol for the sharing of Internal Audit work across the Tayside Integration Joint Boards, Tayside local authorities and NHS Tayside.

The Committee agreed to note the content of the report and approve the proposed Sharing of Audit Outputs Protocol as outlined in Appendix 1 of the report, subject to approval by all relevant parties.

X DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC38-2017 by the Chief Finance Officer the purpose of the report was to provide a progress update in relation to the current Internal Audit Plan.

The Committee agreed to note the content of the report and the progress of the current Internal Audit Plan as detailed in Appendix 1 of the report.

XI SERVICES FOR OLDER PEOPLE IN EDINBURGH INSPECTION REPORT (MAY 2017) – DUNDEE POSITION STATEMENT

There was submitted Report No PAC42-2017 by the Chief Finance Officer appraising of the published inspection report of older people's services within the Edinburgh Health and Social Care Partnership. It was reported that as part of the continual improvement process, the report highlighted learning to be gained for the Dundee Health and Social Care Partnership.

The Committee agreed:-

(i) to note the content of the report and the Edinburgh inspection report produced by the Care Inspectorate/Health Improvement Scotland which was attached to the report as Appendix 1;

(ii) to note the Dundee position as assessed against the Edinburgh report as detailed in Appendix 2 of the report;

(iii) to note the areas for consideration by the Performance and Audit Committee as detailed in paragraphs 4.2 and 4.3 of the report; and

(iv) to instruct the Chief Finance Officer to provide the Performance and Audit Committee with an action plan setting out the actions and timescales to address any highlighted areas for improvement and that this be submitted to the meeting of this Committee to be held on Tuesday 29th May 2018.

XII PROGRAMME OF MEETINGS 2018

The Committee agreed that the programme of meetings of the Committee over 2018 be as follows:-

Date	**Time**	**Venue**
Tuesday, 13th February, 2018	2.00 pm	Committee Room 1, 14 City Square
Tuesday, 27th March, 2018	2.00 pm	Committee Room 1, 14 City Square
Tuesday, 29th May, 2018	2.00 pm	Committee Room 1, 14 City Square
Tuesday, 31st July, 2018	2.00 pm	Committee Room 1, 14 City Square
Tuesday, 25th September, 2018	2.00 pm	Committee Room 1, 14 City Square
Tuesday, 27th November, 2018	2.00 pm	Committee Room 1, 14 City Square

XIII DATE OF NEXT MEETING

The Committee noted that the next meeting of the Committee would be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 13th February, 2018 at 2.00 pm.

Doug CROSS, Chairperson.

ITEM No …4……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 13 FEBRUARY 2018**

REPORT ON: **OUTCOME OF CARE INSPECTORATE INSPECTIONS – JANET BROUGHAM HOUSE, MENZIESHILL HOUSE & CRAIGIE HOUSE**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC3-2018**

1.0 PURPOSE OF REPORT

The purpose of this report is to advise the Performance & Audit Committee of the outcome of the recent Care Inspectorate inspections of the older people care homes Janet Brougham House, Menzieshill House and Craigie House.

2.0 RECOMMENDATIONS

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

2.1 Notes the content of this report and the content of the inspection reports (attached as appendices 1, 2 & 3).

2.2 Notes the one recommendation for Janet Brougham House as noted in paragraph 4.1.6 and three recommendations for Menzieshill House as outlined in paragraph 4.2.6.

2.3 Notes the grades awarded to the services, the strengths of the services, and the very positive comments made by service users and carers.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Janet Brougham House

Janet Brougham House was inspected by the Care Inspectorate on 5 October 2017. The Care Inspectorate inspection report is attached as Appendix 1. The service was inspected on two quality themes:

Theme	Grade
Quality of care and support	5 (very good)
Quality of leadership and management	4 (good)

Previous inspections	Themes inspected	Grade
27/10/16	Two quality themes inspected	5 (very good)
26/11/15	All 4 quality themes inspected	2 x 5 (very good) 2 x 6 (excellent)
8/12/14	All 4 quality themes inspected	5 (very good)

4.1.1 Janet Brougham House is a care home for predominantly older people. The care home is full and cares for 24 residents, the vast majority of whom have a diagnosis of dementia. The home is divided into three suites of eight bedrooms, with a central dining room. The home is designed in a circular layout which enables service uses to walk round and find their way back to the area they live in.

4.1.2 The Inspector reported that 'Most care plans we looked at provided a good level of detail to help guide and shape the care and support that people required. These were reviewed regularly and any changes made to reflect the changing needs of people for example mobility. Formal review meetings had taken place and a detailed minute was kept to reflect the discussions and agreements that had been made.'

4.1.3 'We observed warm and caring relationships between staff and people who lived in the home. Staff were attentive to people's needs and provided support in a person centred and respectful manner. This contributed to the homely and inviting environment of the care home.'

4.1.4 Relatives and service users' comments included:

'The care my relative gets is brilliant and I am very happy with it.'

'The staff are friendly and polite at all times and a real credit to Janet Brougham House.'

'My relative is happy and well cared for and that is what we wished for them.'

'I enjoyed the bingo'.

4.1.5 There was one recommendation in the report.

4.1.6 'The manager should ensure that the care and support plans are reflective of the support provided and that there is sufficient information to guide staff. The manager should also ensure that any consultation with other professionals and the outcome of the consultation is recorded in the persons records.'

4.1.7 This related to recording of information in care plans. A small number of care plans did not have up to date information regarding changes which had recently occurred with the resident. The inspector discussed some improvement measures which improve how recordings are undertaken. The manager has made some immediate changes to process and is to review this further with the staff team.

4.2 <u>Menzieshill House</u>

Menzieshill House was inspected by the Care Inspectorate on 13 October 2017. The Care Inspectorate inspection report is attached as Appendix 2. The service was inspected on two quality themes:

Theme	Grade
Quality of care and support	5 (very good)
Quality of staffing	5 (very good)

Previous inspections	Themes inspected	Grade
7/11/16	Two quality themes inspected	5 (very good)
19/11/15	All 4 quality themes inspected	5 (very good)
6/11/14	All 4 quality themes inspected	5 (very good)

4.2.1 Menzieshill House is a care home for predominantly older people. The care home is full and cares for 32 residents, the vast majority of whom have a diagnosis of dementia. The home is divided into four suites with eight bedrooms in each. There is a large, central activity area and a themed reminiscence room.

4.2.2 The inspection report detailed that 'the home was clean and well decorated. The atmosphere was calm, with staff carrying out their work in a relaxed and caring manner. As a result, service users appeared comfortable and secure in their surroundings.'

4.2.3 'A very motivated staff member planned and organised activities, held within and outwith the home. Their enthusiasm was reflected in the number and types of activities on offer. Service users, and their relatives and carers, were encouraged to become involved and to contribute ideas for activities.'

4.2.4 'Audit systems were in place to check on matters, such as medication administration and the occurrence of accidents and incidents. Audit results and requests for feedback, from a variety of sources (including: service users, relatives and carers, staff and visiting professionals), informed the development of the service improvement plan, which was clearly focused on the needs of service users and their relatives and carers.'

4.2.5 Relatives and service users comments included:

'The manager is "a nice person".'

'Hard to believe all these people can be so good to you.'

'Carers report it to you right away if they see my relative is not well.'

'I am actually spoiled.'

4.2.6 The service had no requirements and three recommendations:

Recommendation 1

'The service provider should consider making improvements to the home's environment to make it more suitable for the needs of the people with dementia and other cognitive or sensory impairments. The use of the King's Fund Environmental Assessment Tool is recommended when considering what measures would be most appropriate'.

The action from this recommendation is that the Manager will use the environmental tool suggested by the Inspector.

Recommendation 2

'The service provider should review the way in which care is organised to allow staff more opportunities to have meaningful interaction when providing care and support to service users. This would help improve the level of social interaction and assist in maintaining and improving service users everyday living skills.

The action from this recommendation is that a review will be undertaken of how staff are deployed across the care home. This is part of a longer term plan to increase the number of staff who are on shift and recognition that Menzieshill House cares for some of the most vulnerable older people living in Dundee.

Recommendation 3

'The service provider should ensure that residents and/or their representatives are consistently involved in planning and reviewing care and that their involvement is evidenced – e.g. by signing care plan documentation. Where it is not possible to involve residents and/or their carers or representatives, this should be clearly identified.

The Inspector stated whilst he considered that the standard of care planning was good, the involvement of service users and their representatives was not explicit. In addition he was not in agreement with where the plans were located in the building. The actions from this recommendation is that Manager will work with staff to ensure signatures are always on updated plans. In addition, she will work with the Resource Manager to review the location of the personal plans.

4.3 Craigie House

Craigie House was inspected on 27 November 2017. The Care Inspectorate inspection report is attached as Appendix 3. The service was inspected using new inspection methodology and as a result there were no grades detailed in the final report. The Care Inspectorate are trialling this style of 'light touch' inspection for some registered services which have consistently been performing well over a number of years. The manager was informed that the grades would remain the same from the previous year's inspection.

Theme	Grade
Quality of care and support	5 (very good)
Quality of environment	4 (good)

Previous inspections	Themes inspected	Grade
25/1/17	Quality of care and support Quality of environment	5 (very good) 4 (good)
16/12/15	All four quality themes inspected	3 x 4 (good) 1 x 5 (very good)

4.3.1 The care home is in the east side of Dundee and is on one level. The care home is full and cares for 23 residents, the vast majority of whom have a diagnosis of dementia. All residents have single bedrooms with en suite toilets. Four bedrooms have en suite showers. The care home is divided into three suites.

4.3.2 The inspection report detailed that 'During this inspection we saw that people experienced care and support that respected their individual preferences. We saw that people were offered choices and that their views and feelings were acknowledged and where possible used to shape their day to day care and support. We observed that staff treated people with warmth and compassion and people appeared comfortable in the environment and with the people around them. This contributed towards the homely atmosphere we observed during this inspection.'

4.3.3 'People were supported to maintain contact with family and friends whilst living in Craigie House. Family members we spoke to told us that they were always welcomed into the home when visiting and that they felt staff supported the family unit for people. One person told us 'the care home displays a warm, caring and compassionate environment. This extends beyond my relatives needs to the wider family circle.'

4.3.4 People expressed a high level of satisfaction with the support provided. Some comments we received were:

'It's fine here. The staff are great.'

'The food is very good. Plenty of it and a good choice.'

'We are safe in the knowledge that every effort is made to ensure we are all informed of our relatives progress, health and comfort in terms of social, physical and emotional needs.'

'My relative has come a long way from being here.'

4.3.5 There were no recommendations or requirements made following the inspection.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

This report has not been subject to a risk assessment as it relates to the publication of Care Inspectorate information and therefore does not require a policy decision.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None

Dave Berry
Chief Finance Officer

DATE: 12 January 2018

Appendix 1

care inspectorate

Janet Brougham House
Care Home Service

1 Banchory Road
Dundee
DD4 7TQ

Telephone: 01382 307190

Type of inspection: Unannounced
Inspection completed on: 5 October 2017

Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Care service number:
CS2003000476

HAPPY TO TRANSLATE

About the service

Janet Brougham House is run by Dundee City Council. The home is in the Douglas area of Dundee. It is registered to provide care for 24 residents. The care home is divided into three suites; each with a large spacious lounge and separate sun room, disabled access bathroom, additional toilets, and a kitchen to make drinks and snacks.

The care home is on one level. All residents have single bedrooms with en suite toilet and shower rooms. The bedrooms are large enough for residents to bring in additional furniture and to have a comfortable place to sit in.

The home has a dining room for residents to take their meals and this is where entertainment and activities are held. There is a secure garden area where residents can go for a walk or sit out. There is also a central sheltered courtyard where residents can sit in privacy.

The care home is built with features and facilities to meet the needs of people with dementia. These features include symbols and colour schemes to help residents find their way around and each suite has all the facilities residents require within their line of sight. When moving around the home, the circular layout of the home always brings residents back to their own suite.

This service was previously registered with the Care Commission on 1 April 2002 and transferred its registration to the Care Inspectorate on 1 April 2011.

What people told us

We received three completed care standard questionnaires from people who lived in the home. Although there were no specific comments added to the questionnaires, all three were happy with the quality of care and support that they received and all three agreed that staff treated them fairly and with respect.

We also received six care standard questionnaires from relatives/carers. All responses indicated that people either agreed or strongly agreed that they were happy with the overall care and support. One person indicated that they didn't know about the homes complaints procedure. Some other comments received were:

'The care my relative gets is brilliant and I am very happy with it.'

'My relative is happy and well cared for and that is what we wish for them.'

'My family and I are more than happy with the care and support my relative receives.'

'The staff are friendly and polite at all times and a real credit to Janet Brougham House.'

During this inspection people appeared comfortable in their surroundings and we observed staff to be attentive to people's needs. People told us:

'I am happy enough here'

'Seems to be enough staff'

'I'm kept up to date with what's going on'

'I think there is enough to do'

'I enjoyed the bingo'

'We have been very happy with the care.'

Self assessment

We did not request a self assessment prior to this inspection. We discussed the service improvement plan that is regularly reviewed and updated by the staff team to reflect areas of strengths and areas for development.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of environment	not assessed
Quality of staffing	not assessed
Quality of management and leadership	4 - Good

What the service does well

Most of the care plans we looked at provided a good level of detail to help guide and shape the care and support that people required. These were reviewed regularly and any changes made to reflect the changing needs of people for example mobility. Formal review meetings had taken place and a detailed minute was kept to reflect the discussions and agreements that had been reached. The minutes from reviews reflected that people were happy with the care and support provided.

It was good to see that each care plan started with an introduction to the person, a little about their lives and families and what and who was/were important to them. This helped staff to find activities that people might like and to have conversations around areas of interest.

A range of assessment tools were completed and again reviewed regularly to help identify any changes in needs for example falls assessments and waterlow assessments.

Fresh juice was available in each of the lounge areas for people to help themselves. We observed that where people were unable to help themselves, drinks were placed within reach beside them. We also observed the dining experience and saw that people were supported to choose from the menu and staff were on hand to offer support and guidance over lunchtime.

There was a clear process for managing monies that were held in the home safe on behalf of people. The records of expenditure were supported by receipts and these were checked regularly to help ensure all was in order.

There had been no formal complaints since our last inspection. The manager had however maintained a record of informal concerns. The record provided a detailed account of actions taken to address concerns raised and confirmed that people were happy with the outcome or actions taken.

Resident and relatives meetings had been held regularly and a range of information provided to people. People were invited to express their views and through consultation the manager was considering priorities for developments within the home.

The manager had also started to devise a service improvement plan. The plan was based around the new Health and Social Care standards which meant that it was very clear how the plan aimed to improve the experience of people who use the service.

People told us that there were regular activities organised. Activities and events were discussed with people and their relatives through regular meetings. There was also information displayed in each of the suites. People we spoke to told us that there were activities that you could join in if you wanted to.

We observed warm and caring relationships between staff and people who lived in the home. Staff were attentive to peoples needs and provided support in a person centred and respectful manner. This contributed to the homely and inviting environment of the care home.

What the service could do better

Although we thought there was good detail in care plans we did identify some examples where information was incomplete. We highlighted examples to the manager during this inspection. These included information around pressure area care and pressure sores or ulcers, where people displayed behaviour perceived as challenging and information around supporting communication. The manager planned to review the format of care plans and consider any training that may be beneficial for staff to help improve information.

We looked at medication records during this inspection. We highlighted areas where recording could be improved - in particular where the dose to a prescribed medication has changed. We provided the manager with a copy of the Care Inspectorate publication 'Guidance about medication personal plans, review, monitoring and record keeping in residential care services' which gives further advice in relation to good practice in this area. The manager also planned to review the medication procedure and training provided to ensure that staff were provided with clear guidance.

It was also difficult to trace who/why changes had been made as these were not recorded in contact notes or detailed records where consultations with GPs and other professionals would be recorded. Information was recorded within the seniors communication book however we discussed with the manager that this information must be recorded in the persons individual records. We have made a recommendation in relation to medication recording and recording in care and support files. (Recommendation 1)

The manager was considering how systems contributing to quality assurance could be improved. The manager should ensure that quality assurance methods are robust and that staff are confident in their use.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The manager should ensure that care and support plans are reflective of the support provided and that there is sufficient information to guide staff. The manager should also ensure that any consultations with other professionals and the outcome of consultations is recorded in the persons records.

National Care Standards - Care homes for older people - Standard 4 - Management and staffing arrangements.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings	
27 Oct 2016	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good Not assessed
26 Nov 2015	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 6 - Excellent 6 - Excellent 5 - Very good
8 Dec 2014	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good
8 Nov 2013	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good

Date	Type	Gradings	
17 Dec 2012	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good
18 Jul 2011	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 5 - Very good Not assessed
25 Nov 2010	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed Not assessed
26 Aug 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good Not assessed Not assessed
23 Feb 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 4 - Good Not assessed
1 Sep 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 4 - Good 4 - Good
16 Mar 2009	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 4 - Good 4 - Good
18 Jun 2008	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Appendix 2

care inspectorate

Menzieshill House
Care Home Service

201 Earn Crescent
Dundee
DD2 4GD

Telephone: 01382 432955

Type of inspection: Unannounced
Inspection completed on: 13 October 2017

Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Care service number:
CS2003000477

HAPPY TO TRANSLATE

About the service

Menzieshill House is a care home for older people, which is situated in the Menzieshill area of Dundee. It was previously registered with the Care Commission on 1 April 2002 and became registered with the Care Inspectorate on 1 April 2011. The service is registered to provide care to a maximum of 32 older people, of which four may be short term places.

At the time of inspection, the service was piloting an intermediate care service for people who were able to be discharged from hospital, but still required elements of care and support before being discharged home. This service was still being developed and provided an enablement approach to care within a homely setting. Staff worked closely with NHS professionals to help ensure that steady progress was made towards discharge home.

The home is purpose built and designed to meet the needs of older people, including those living with dementia. It is divided into four, self-contained "suites", each with eight en-suite rooms. Each suite has its own lounge, dining and kitchen area, along with assisted bathing facilities. There is also direct access to garden areas from each suite.

Extensive communal facilities are also available to service users, including a large activities room, reminiscence style team room and hairdressing salon.

What people told us

We spoke with seven service users and gathered comments from ten Care Standards Questionnaires. Service users were very positive in their views of the management and staff in the home and felt that the care and support provided was of a high standard. Examples of comments received were:

- "The manager is..."a nice person"
- "I like it, but it's not home"
- "Not much conversation at the table"
- "Hard to believe all these people can be so good to you"
- "I am actually spoiled"
- "Staff are very good"
- "Staff are all lovely"
- "It is a very long day"
- "The food is..."Quite ordinary - nothing extraordinary"
- "Food's fine, it's okay - one or two things not so good, others are marvellous"
- "Staff are chosen well"
- "Staff are..."Easy to talk to"
- "It gave me a new life"

We spoke with two relatives/carers and gathered comments from nine Care Standards Questionnaires. Like residents, their comments indicated that they were happy with the home and the care and support provided. Views expressed identified that relatives/carers felt involved in planning and reviewing care, and thought that the activities available within the home were very good. Examples of comments received were:

- "Have peace of mind"
- Feels involved and consulted
- Activities and relatives involvement is very good
- Positive re: staff and manager

- Food choices - "If they've got it, they'll give it you"
- "Carers report it to you right away if they see my relative is not well"
- "Good laundry"
- "Entertainment is good"

Self assessment

The service had not been asked to submit a self-assessment prior to this inspection taking place. We were advised of the service's plans to improve the quality of care provision and how these would be taken forward.

Advice was given to the service manager about possible formats for setting out the service's improvement plan.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of environment	not assessed
Quality of staffing	not assessed
Quality of management and leadership	5 - Very Good

What the service does well

The home was clean and well decorated. The atmosphere was calm, with staff carrying out their work in a relaxed and caring manner. As a result, service users appeared comfortable and secure in their surroundings.

Service users had an allocated key worker, which helped ensure that their care was properly assessed and reviewed with them and/or their representatives.

There was good access to general and specialist healthcare professionals for treatment and advice regarding service users care.

Care plans were generally well organised and focused on individual care needs and personal interests and preferences. We noted that some documents were being reviewed to provide more accessible information about direct care needs and participation in activities.

The home was piloting an intermediate care service for people who could be discharged from hospital, but still needed some care and support before going home. The service was very person-centred and imaginative in its approach, with clear objectives aimed at facilitating successful discharge home.

Meals were of a good standard and special diets were catered for. Overall, mealtimes were seen as a positive experience for service users, with appropriate support being provided. However, the experience varied between suites, mainly because of differing care and support needs. The manager identified that more consideration would be given to how staff were organised at mealtimes and how tables were set out to improve social interaction between service users.

A very motivated staff member planned and organised activities, held within and outwith the home. Their enthusiasm was reflected in the number and types of activities on offer. Service users, and their relatives and carers, were encouraged to become involved and to contribute ideas for activities. Care staff were also involved in activities, however, this depended on the direct care needs of service users in their care.

Staff were supported in their practice through regular supervision and access to training and development. It was noted that the supervision system was being reviewed to improve identification of individual staff members training needs. This may help further improve the delivery of person-centred care in the home.

Audit systems were in place to check on matters, such as medication administration and the occurrence of accidents and incidents. Audit results and requests for feedback, from a variety of sources (including: service users, relatives and carers, staff and visiting professionals), informed the development of the service improvement plan, which was clearly focused on the needs and preferences of service users and their relatives and carers.

What the service could do better

Whilst the general environment was of a high standard, improvements could be made to make it more suitable for the needs of people with dementia and other cognitive or sensory impairments. The use of the King's Fund Environmental Assessment Tool was recommended when considering what measures would be most appropriate. This will be followed up at the next inspection (see Recommendation 1).

Staff could be very busy at times, especially in the mornings when direct care needs were greatest. This impacted on staff members ability to observe service users and provide meaningful interaction with them, which may help improve and/or maintain their everyday living skills. We were informed by the manager that staff numbers were being reviewed. In doing this, it will be important to consider ways to give staff more opportunities to observe service users and also have meaningful interaction when providing care and support to them (see Recommendation 2). This would help improve the level of social interaction and assist in maintaining and improving service users everyday living skills. This will be followed up at the next inspection.

Whilst care plans were of a good standard, they were not always readily available to staff when they were providing care . This meant that key information, such as how to manage an individual's stress and distress, was not immediately to hand. Such information is important in allowing staff to deliver care and support in a consistent and appropriate manner. The manager identified that they would make care and support summary sheets available in each of the suites, which should address this issue.

The involvement of residents and/or their representatives in planning and reviewing care was seen. However, this was not consistent across the care plans examined. Such involvement is important in helping to ensure that the needs, interests and preferences of individual service users are reflected in the care and support provided to them (see Recommendation 3)

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. The service provider should consider making improvements to the home's environment to make it more suitable for the needs of people with dementia and other cognitive or sensory impairments. The use of the King's Fund Environmental Assessment Tool is recommended when considering what measures would be most appropriate. This will be followed up at the next inspection.

National Care Standards - Care Homes for Older People: Standard 4 - Your environment

2. The service provider should review the way in which care is organised to allow staff more opportunities to have meaningful interaction when providing care and support to service users. This would help improve the level of social interaction and assist in maintaining and improving service users everyday living skills. This will be followed up at the next inspection.

National Care Standards - Care Homes for Older People: Standard 6 - Support arrangements

3. The service provider should ensure that residents and/or their representatives are consistently involved in planning and reviewing care and that their involvement is evidenced - e.g. by signing care plan documentation. Where it is not possible to involve residents and/or their carers or representatives, this should be clearly identified. This will be followed up at the next inspection.

National Care Standards - Care Homes for Older People: Standard 6 - Support arrangements

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings	
7 Nov 2016	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good Not assessed
19 Nov 2015	Unannounced	Care and support Environment Staffing	5 - Very good 5 - Very good 5 - Very good

Date	Type	Gradings	
		Management and leadership	5 - Very good
6 Nov 2014	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good
4 Oct 2013	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good
28 Aug 2012	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good
28 Oct 2010	Unannounced	Care and support Environment Staffing Management and leadership	6 - Excellent Not assessed Not assessed Not assessed
15 Jun 2010	Announced	Care and support Environment Staffing Management and leadership	6 - Excellent 6 - Excellent Not assessed Not assessed
1 Mar 2010	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 4 - Good Not assessed
7 Dec 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 4 - Good Not assessed
9 Dec 2008	Unannounced	Care and support Environment Staffing	5 - Very good 5 - Very good 5 - Very good

Date	Type	Gradings	
		Management and leadership	5 - Very good
8 May 2008	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Appendix 3

care inspectorate

Craigie House

25 Southampton Road
Dundee
DD4 7PN

Telephone: 01382 431106

Type of inspection:

Unannounced

Inspection completed on:
27 November 2017

Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Care service number:
CS2003000470

About the service

Craigie House is run by Dundee City Council and is registered to provide care for 24 residents.

The care home is in the east side of Dundee and is on one level. All residents have single bedrooms with en suite toilets. Four bedrooms have en suite showers. The care home is divided into three suites. Each suite has:

- a lounge
- a disabled access bathroom
- additional toilets
- a small kitchen to make snacks and drinks.

The home has a main dining room for residents to take their meals and where entertainment and activities are put on. Activities are also provided in each suite. There is a large secure, enclosed garden with raised beds, a seating area and summer house.

This service has been registered since 1 April 2002.

What people told us

Prior to this inspection we sent the Provider some care standard questionnaires to give to people to tell us what they thought about the service provided at Craigie House. We received five completed questionnaires from relatives and carers and two from people who lived in the home. We also spoke with people during the inspection and contacted more relatives.

People expressed a high level of satisfaction with the support provided. Some comments we received were:

'It's fine here. The staff are great.'

'The food is very good. Plenty of it and a good choice.'

'We are safe in the knowledge that every effort is made to ensure we are all informed of our relatives progress, health and comfort in terms of social, physical and emotional needs.'

'Sometimes there can be a long wait for the toilet.'

'On one or two occasions items of clothing have gone missing...after reporting to care staff some of the items were returned.'

'There is always a need for more staff.'

'The staff are very friendly and always keep me informed of what's happening.'

'Staff are friendly and so helpful.'

'My relative has come a long way from being here.'

'Overall the family are very happy.'

'Couldn't be any better'

'Can't praise staff highly enough.'

'Its helped to put my mind at rest.'

'Named carers have been excellent.'

Self assessment

We did not ask the Provider to complete a self assessment prior to this inspection. During the inspection, we discussed areas for development or improvement with the management team.

How good is the care and support and what difference is it making?

Findings from the inspection

During this inspection we saw that people experienced care and support that respected their individual preferences. We saw that people were offered choices and that their views and feelings were acknowledged and where possible used to shape their day to day care and support. We observed that staff treated people with warmth and compassion and people appeared comfortable in the environment and with the people around them. This contributed towards the homely atmosphere we observed during this inspection.

Care plans included helpful information about a persons life and it was evident that staff knew what and who was important to the person. This enabled staff to plan activities and outings that the person would be interested in and enjoy. Information had been regularly updated to help ensure that plans were up to date and described that support was flexible enough to meet peoples needs as they changed.

We highlighted an area where information could be improved. This was where people were assessed as being at risk of developing pressure sores or ulcers. The manager agreed that where a sore or wound is present, there should be a specific plan of care to describe the treatment and interventions to aid healing. In addition, we felt it would be good practice to ensure that the interventions that staff used to help prevent sores or ulcers developing could be more clearly and consistently described.

We also asked the management team to review their assessment of peoples needs in relation to the use of motion alarms that were installed in all the bedrooms. Some staff thought that the alarms disturbed people when they were activated overnight which could impact on peoples health and wellbeing. It was not clear why some people required alarms to monitor their movements and we asked the manager to review this and ensure that alarms do not become intrusive for people who may not require them at this time.

We saw minutes of regular review meetings which included the person and where appropriate their family and other stakeholders. This provided opportunities for people to consider what was working well for people and what could be improved. This included some consultation about the wider service as well as the persons care and support.

People told us that they were happy living in Craigie House. They described staff as caring and friendly and we observed this through our own observations during our visit.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

How good is the setting?

Findings from the inspection

The environment at Craigie House enhanced people's quality of life by affording choice, space and good quality furnishings and equipment. This meant that people who lived there were enabled to move about independently, were safe and cared for in a warm and comfortable environment.

Individual care plans had been regularly reviewed and these included checking peoples satisfaction with the environment and what was important to them. For example, the location of bedrooms.

People had been consulted about the redecoration of the home and the selection of new furnishings. This helped to ensure that people were well informed about planned changes and that any potential disruption to peoples normal routines had been minimised. This helped to avoid any un-necessary distress that changes may have for people.

We heard how the redecoration of the different suites in the home had helped to orientate people to their own bedrooms and smaller lounge areas and kitchens. We discussed the potential for further consideration around how the environment could be used to promote independence where appropriate. The manager advised that 'enablement training' was planned for the staff group which might influence this in the future. This could present further opportunities for people to maintain their independence.

People had a choice of where they spent their time. Smaller lounges provided a quieter more intimate place to sit and we saw people reading, watching TV or playing dominoes. Some people told us that they would like staff to have more time to sit and chat with them as sometimes they felt that there was little else to do than watch TV or read.

Other people chose to spend time in the main dining area and we saw friendly 'banter' between staff and people who were enjoying their meals there.

People were supported to maintain contact with family and friends whilst living in Craigie House. Family members we spoke to told us that they were always welcomed into the home when visiting and that they felt staff supported the family unit for people. One person told us 'the care home displays a warm, caring and compassionate environment. This extends beyond my relatives needs to the wider family circle.' This helped to give families 'peace of mind' where they could relax and enjoy spending time with their relative knowing that they were well informed about the care and support that was provided.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

What the service has done to meet any requirements we made at or since the last inspection

There were no previous requirements.

What the service has done to meet any recommendations we made at or since the last inspection

There were no previous recommendations.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others as well as a full grading history from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a

care service. You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com
0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য বিন্যাসে এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جا سکتی ہے۔

ਮੰਗਣ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪ ਅਤੇ ਹੋਰਨਾ ਭਾਸ਼ਾਵਾ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

ITEM No …5……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 13 FEBRUARY 2018**

REPORT ON: **OUTCOME OF CARE INSPECTORATE INSPECTION – DUNDEE COMMUNITY LIVING**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC1-2018**

1.0 PURPOSE OF REPORT

The purpose of this report is to advise the Performance & Audit Committee of the outcome of the Care Inspectorate inspection of Dundee Community Living which was undertaken in October 2017.

2.0 RECOMMENDATIONS

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

2.1 Notes the content of the Inspection Report dated 13 October 2017 (Appendix 1).

2.2 Notes the grades awarded to the services, the strengths of the services, and the very positive comments made by service users and carers.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Dundee Community Living is a Care at Home/Housing Support service that supports adults with a Learning Disability and/or autism to live in their own tenancies and be part of their local community. The service consists of five staff teams in five community settings and supports 17 individuals. The service aims to meet the needs and outcomes for each person it supports whilst working in partnership with families, carers and other professionals.

4.2 The service was inspected over two days in October 2017. This was an unannounced inspection. Two of the four Quality Themes were inspected, which were:

- Quality of Care and Support
- Quality of Staffing.

4.3 The Care Inspectorate identified a number of strengths within each Quality Theme and graded them as "Excellent", which is the top grade available:

Theme	Grade
Quality of care and support	6 (excellent)
Quality of staffing	6 (excellent)

4.4 This is the 3rd year that the service has been awarded these grades.

4.5 The report acknowledged that the service had an excellent level of care and support for its service users. The Inspector was impressed with the way it enabled service users to live as

full a life as possible using a fully realised multidisciplinary and person centred approach to support.

4.6 The report noted that support plans used by the service were outcome focused and person centred. There was a high level of detail in relation to specific support, risk assessments and monitoring outcomes via reviews and outcome measurement.

4.7 There was evidence of the service working with external health and social work professionals such as community nurses, care managers and psychologists.

4.8 The service ensured new tenants had a thorough transition before making a final move into a supported flat and made sure of compatibility with existent tenants.

4.9 The service was very well resourced with most service users getting a lot of one to one support.

4.10 The report acknowledged that the service was open to working in new ways and had recently embraced working with care technology to keep users safe with maintaining dignity and privacy.

4.11 The service demonstrated excellent practice around the death of a service user and support for other tenants and families, at the same time supporting staff.

4.12 The report noted that staff practice showed to be confident in relationships with people. Service users reported that staff were excellent at helping them to achieve the things they wanted.

4.13 Staff were well supported via regular supervision, appraisal, team meetings, training and encouragement to use their particular skills. Staff understood the ethos of the service and felt they were part of a supportive, effective and professional team.

4.14 The report concluded that every component of the service from staff support to service user enablement was characterised by a flexible, well-informed, innovative, professional and person centred approach to care. This culture was evident throughout as was its commitment to continual improvement.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

This report has not been subject to a risk assessment as it relates to the publication of Care Inspectorate information and therefore does not require a policy decision.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 3 January 2018

Appendix 1

care inspectorate

Dundee City Council - Dundee Community Living
Housing Support Service

Claverhouse Social Work Department
Jack Martin Way
Dundee
DD4 9FF

Telephone: 01382 307527

Type of inspection: Unannounced
Inspection completed on: 13 October 2017

Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Care service number:
CS2004081929

HAPPY TO TRANSLATE

About the service

The service is provided by Dundee City Council to people with learning disabilities requiring care and housing support services in their own home. The service aims to meet the needs and development potential of its service users. The service is provided by five staff teams to service users in five community bases.

What people told us

Five service users and one care manager, with service users who are supported by the service, were interviewed during this inspection. They all spoke very positively about the service. Here are some of the comments they made:-

- Staff help me to go swimming I enjoy it.
- I like my new flat. (after moving into Kilbride Place).
- My mum can stay over at my flat now.
- My friends are here.
- I have chosen all the decorations and furniture here.
- I am always happy here.
- I have my own key to my room but am waiting for a touch pad to make it even easier to get into my room.
- Activities we get up to are:- cinema visits, shopping, cooking, going to the pub, horse riding, music, special Olympics, walks, bowling, cleaning round the flat.
- We discuss the menu at our tenants meetings.
- The staff are really good.
- The team handles complex issues really well.
- There is a high quality of care.
- This is a well resourced well run service.
- They are good communicators.

Self assessment

A self assessment was not required to be completed at this inspection; however the service spoke about their goals and aspirations for the forthcoming year. The team had identified some of the strengths and areas that they wanted to develop using their annual improvement plan.

From this inspection we graded this service as:

Quality of care and support	6 - Excellent
Quality of staffing	6 - Excellent
Quality of management and leadership	not assessed

What the service does well

The service had an excellent level of care and support for its customers. We were impressed with the way they enabled service users to live as full a life as possible using a fully realised multidisciplinary and person centred approach to support. Here are some examples of the strengths:-

- Support plans used by the service were outcome focussed and person centred. There was a high level of detail in relation to specific support, risk assessments and monitoring outcomes via reviews and outcomes measurement. 'I continue to maintain my independence as best as I can' is a quote from one plan.
- There was evidence of the service working with external health and social work professionals such as community nurses, care managers and psychologists.
- The service ensured new tenants had a thorough transition before making a final move into a supported flat and made sure of compatibility with existent tenants.
- The service was very well resourced with most service users getting a lot of one-one attention.
- The service was open to working in new ways and had recently embraced working with care technology to keep users safe while maintaining dignity and privacy.
- The service demonstrated excellent practice around the death of a service user and support for other tenants and families. At the same time supporting staff.
- Observation of staff practice showed them to be confident in their relationships with people. People who used the service felt staff, too, were excellent at helping them to achieve the things they wanted.
- Staff were well supported via regular supervision, appraisal, team meetings, training and encouragement to use their particular skills. Staff spoken with understood the ethos of the service and felt they were part of a supportive, effective and professional team.

Every component of this service, from staff support to service user enablement was characterised by a flexible, well-informed, innovative, professional and person centred approach to care. This culture was evident throughout as was its commitment to continual improvement. This is why a grade of excellent has been given here.

What the service could do better

Some discussion was held with the manager of the service around use of improvement projects whereby a service could identify areas for improvement and set up a project to address them. We signposted her to some work being done in the Care Inspectorate around physical activity and had some information sent out to her. http://hub.careinspectorate.com/improvement/care-about-physical-activity/

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings	
4 Nov 2016	Announced (short notice)	Care and support Environment Staffing Management and leadership	6 - Excellent Not assessed Not assessed 6 - Excellent
22 Oct 2015	Announced (short notice)	Care and support Environment Staffing Management and leadership	6 - Excellent Not assessed 6 - Excellent 6 - Excellent
24 Nov 2014	Unannounced	Care and support Environment Staffing Management and leadership	6 - Excellent Not assessed 5 - Very good 5 - Very good

Date	Type	Gradings	
6 Dec 2013	Announced (short notice)	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good
6 Dec 2012	Announced (short notice)	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 4 - Good
29 Jun 2011	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 4 - Good 4 - Good
4 Jun 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good Not assessed
23 Apr 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 4 - Good 4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

ITEM No …6……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 13 FEBRUARY 2018**

REPORT ON: **OUTCOME OF CARE INSPECTORATE INSPECTION – SUPPORTED LIVING TEAM**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC2-2018**

1.0 PURPOSE OF REPORT

The purpose of this report is to advise the Performance & Audit Committee of the outcome of the recent Care Inspectorate inspection of the Supported Living Team which was undertaken in December 2017.

2.0 RECOMMENDATIONS

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

2.1 Notes the content of the Inspection Report dated 12 December 2017 (Appendix 1).

2.2 Notes the grades awarded to the services, the strengths of the services, and the very positive comments made by service users and carers.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 The Supported Living Team is a Care at Home/Housing Support service that supports adults with a Learning Disability and/or autism to live in their own tenancies and be part of their local community. The service consists of four staff teams in four community settings and supports 19 individuals. The service aims to meet the needs and outcomes for each person it supports whilst working in partnership with families, carers and other professionals.

4.2 The service was inspected over two days in December 2017. This was an unannounced inspection. Two of the four Quality Themes were inspected, which were:

- Quality of Care and Support
- Quality of Staffing.

4.3 The Care Inspectorate identified a number of strengths within each Quality Theme and graded them as "Excellent", which is the top grade available:

Theme	Grade
Quality of care and support	6 (excellent)
Quality of staffing	6 (excellent)

4.4 This is the 3rd year that the service has been awarded these grades.

4.5 The report acknowledged that the service had an excellent level of care and support for its service users. The Inspector was impressed with the consistently good feedback, the real

promotion of person centred support and the culture of professionalism and compassion promoted by the staff.

4.6 The report noted that support plans used by the service were outcome focused and person centred. There was a high level of detail in relation to specific support, risk assessments and monitoring outcomes via reviews. One service user had a rare medical condition and staff knew all about it and plans were in place for his care in relation to this.

4.7 There was evidence of the service working with external health and social work professionals such as community nurses, care managers and psychologists.

4.8 Though the people supported all had complex needs they were supported to live as full a life as possible. The inspector saw evidence of trips out, holidays, keep fit classes, attendance at football matches, shopping trips, pub visits, family visits and social events within the service. The inspector was impressed with how staff would encourage people to try new activities.

4.9 The service was very well resourced with most service users getting a lot of one to one support. Where there were staff shortages the service had systems in place to fill the gaps effectively.

4.10 The report noted that staff practice showed to be confident and compassionate in their relationships with people. Staff spoken with had excellent care values and knew how to promote good practice and challenge poor practice.

4.11 Staff were well supported via regular supervision, appraisal, team meetings, training and encouragement to use their particular skills. Staff understood the ethos of the service and felt they were part of a supportive, effective and professional team.

4.12 The report noted that the team had identified some of the strengths and areas that they wanted to develop using their annual improvement plan.

4.13 The report noted that the inspector observed a review meeting at which the care manager was present. He expressed his satisfaction at the outcomes expressed in the meeting for the service user he represented.

4.14 The report concluded that every component of the service from staff support to service user enablement was characterised by a flexible, well-informed, innovative, professional and person centred approach to care. This culture was evident throughout as was its commitment to continual improvement. Even where agency or bank staff were having to be used the pervading culture ensured they fitted in with the way this service liked things to be done.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

This report has not been subject to a risk assessment as it relates to the publication of Care Inspectorate information and therefore does not require a policy decision.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 3 January 2018

Appendix 1

care inspectorate

Dundee City Council - Supported Living Team
Housing Support Service

Claverhouse Social Work Department
Jack Martin Way
Dundee
DD4 9FF

Telephone: 01382 307527

Type of inspection: Unannounced
Inspection completed on: 12 December 2017

Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Care service number:
CS2005108069

HAPPY TO TRANSLATE

About the service

The service is provided by Dundee City Council to people with learning disabilities requiring care and housing support services in their own home. The service aims to meet the needs and development potential of its service users. The service is provided by four staff teams to support people in four community bases.

What people told us

Six service users, one visiting relative and one care manager were spoken with during this inspection. They all spoke and/or communicated very positively about the service. Here are some of the comments they made:-

Service users:

- The staff are nice - they help me in my home.
- I like to go for bus trips.
- I am in a walking group and staff take me out for lunch.
- I have two keyworkers.
- I like living here.
- The staff are great.
- This is a really good service.
- I feel safe here.
- Yes they help me to cook my own food.
- We go shopping for my food.
- Yes I went on holiday this year.

Visiting relative:

- Without this place we'd be lost.
- Always made to feel welcome when we visit.
- It's just like family we can share our feelings with them.
- Any issues are sorted out immediately.

Care Manager:

- The inspector observed a review meeting at which the care manager was present. He expressed his satisfaction at the outcomes expressed in the meeting for the service user he represented.

Self assessment

A self assessment was not required to be completed at this inspection; however the service spoke about their goals and aspirations for the forthcoming year. The team had identified some of the strengths and areas that they wanted to develop using their annual improvement plan.

From this inspection we graded this service as:

Quality of care and support	6 - Excellent
Quality of staffing	6 - Excellent
Quality of management and leadership	not assessed

What the service does well

The service had an excellent level of care and support for its customers and its quality of staffing was also excellent. We were impressed with the consistently good feedback, the real promotion of person centred support and culture of professionalism and compassion promoted by staff. Here are some examples of the strengths:-

- Support plans used by the service were outcome focussed and person centred. There was a high level of detail in relation to specific support, risk assessments and monitoring outcomes via reviews. One service user had a rare medical condition and staff knew all about it and plans were in place for his care in relation to this.

- There was evidence of the service working with external health and social work professionals such as community nurses, care managers and psychologists. A review meeting was observed with care manager present on one of the inspection days.

- Though the people supported all had complex needs they were supported to live as full a life as possible. The inspector saw evidence of trips out, holidays, keep fit classes, attendance at football matches, shopping trips, pub visits, family visits and social events within the services. The inspector was impressed with how staff would encourage people to try new activities.

- The service was very well resourced with most service users getting a lot of one-one attention. Where there were staff shortages the service had systems in place to fill the gaps effectively.

- Observation of staff practice showed them to be confident and compassionate in their relationships with people. Staff spoken with had excellent care values and knew how to promote good practice and challenge poor practice.

- Staff were well supported via regular supervision, appraisal, team meetings, training and encouragement to use their particular skills. Staff spoken with understood the ethos of the service and felt they were part of a supportive, effective and professional team.

Every component of this service, from staff support to service user enablement was characterised by a flexible, well-informed, innovative, professional and person centred approach to care. This culture was evident throughout as was its commitment to continual improvement. Even where agency or bank staff were having to be used the pervading culture ensured they fitted in with the way this service liked things to be done. This is why a grade of excellent has been given here.

What the service could do better

Some discussion was held with the manager of the service around use of improvement projects whereby a service could identify areas for improvement and set up a project to address them. We signposted her to some work being done in the Care Inspectorate around physical activity which used this approach http://hub.careinspectorate.com/improvement/care-about-physical-activity/

The inspector noted that though support plans were outcome focussed they did not use explicit outcomes wording (which their review minutes did). This was something to look at by way of fine tuning the administration of care plans.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings	
22 Dec 2016	Announced (short notice)	Care and support Environment Staffing Management and leadership	6 - Excellent Not assessed 6 - Excellent Not assessed
29 Jan 2016	Unannounced	Care and support Environment Staffing Management and leadership	6 - Excellent Not assessed 6 - Excellent 6 - Excellent
9 Jan 2015	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good
17 Jan 2014	Announced (short notice)	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good
28 Feb 2013	Announced (short notice)	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 4 - Good
25 Aug 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good Not assessed
8 May 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

ITEM No …7……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 13 FEBRUARY 2018**

REPORT ON: **DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT (QUARTER 3)**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC4-2018**

1.0 PURPOSE OF REPORT

The purpose of the report is to update the Performance and Audit Committee on Quarter 3 (Q3) performance against the National Health and Wellbeing Indicators and Measuring Performance Under Integration interim targets.

2.0 RECOMMENDATIONS

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

2.1 Notes the content of this report.

2,2 Notes the performance of Dundee Health and Social Care Partnership against the Measuring Performance Under Integration interim targets as outlined in Appendix 1 and section 4.8.

2.3 Notes the performance of Dundee Health and Social Care Partnership against the National Health and Wellbeing Indicators as outlined in Appendix 2 and section 4.9.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND

4.1 The performance report in Appendix 1 assesses performance between 1 April 2017 and 30 September 2017 against targets set in the Measuring Performance Under Integration submission (Article IV of the minute of meeting of the Dundee IJB held on 27 March 2017 refers) for six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency, delayed discharges, balance of care and end of life. The quarter 1 performance report (Article VII of the minute of meeting of the PAC held on 12 September 2017 refers) reported that 2016/17 performance indicated that the Partnership was following the desired trajectory towards the 2017/18 target.

4.2 The performance report in Appendix 2 sets out performance against the National Health and Wellbeing Indicators at quarter 3, 2017/18. It was agreed at the PAC held on 19 July 2017 (Article VIII of the minute of the meeting refers) that local data, provided by the NHS Tayside Business Unit would be used to produce more timeous quarterly performance reports. NHS Tayside Business Unit provided data for emergency admissions, emergency bed days, readmissions and delayed discharges. The National Services Scotland Information Services Division (NSS ISD) List team provided falls data however it is anticipated that NHS Tayside Business Unit will provide this in the future.

4.3 Data provided by NHS Tayside differs from data provided by NSS ISD; the main difference being that NHS Tayside uses ‘board of treatment’ and NSS uses ‘board of residence’. Differences in data have been investigated and, although the two data sources are not identical, NHS Tayside

Business Unit data accuracy remains within an acceptable tolerance and trends are reliable for service planning and performance improvement purposes.

4.4 It was agreed at the PAC held on 19 July 2017 (Article VIII of the minute of the meeting refers) that national benchmarking data would be presented one quarter in arrears due to the time lag associated with collating and validating national data. This means that the Q3 performance includes Q2 benchmarking data provided by NSS ISD. Due to a delay in the availability of benchmarking data from NSS ISD the Q3 performance report also contains Q1 benchmarking data.

4.5 The performance report in Appendix 2 sets out performance for Dundee and also shows performance in each of the eight Local Community Planning Partnerships (LCPP). LCPP level data continues to be used to compile profiles to support dialogue with stakeholders regarding needs in individual LCPPs.

4.6 The Q3 Performance Report covers local performance against National Indicators 11-23. Under each of these indicators there is a summary of current and planned improvement actions. Indicators 1-10 are reported from the Health and Social Care Experience Survey administered by the Scottish Government which is conducted biennially and the results from the 2015/16 survey were presented to the IJB in August 2016 (Article X of the minute of meeting of the IJB held on 30 August 2016 refers).

4.7 Data is currently not available for eight out of the 13 National Indicators which are not reported using the Health and Social Care Experience Survey. The Scottish Government and NSS ISD are currently working on the development of definitions and datasets to calculate these indicators nationally.

4.8 MEASURING PERFORMANCE UNDER INTEGRATION INTERIM TARGETS

4.8.1 In 2016/17 performance exceeded the interim Measuring Performance Under Integration targets in emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances and emergency bed days. Delayed discharges (standard and code 9 combined) also exceeded the interim target but delayed discharges due to complex reasons (code 9's) did not meet the interim target. The 2016/17 targets regarding the number of days during the last six months of life in the community, hospice palliative care unit and large hospital had not yet been met. There was no interim target set for the balance of care service delivery area.

4.8.2 Currently Measuring Performance Under Integration data is available to 30 September 2017. April – September 2017 data demonstrates continued positive performance against 2017/18 interim targets, with three areas exceeding interim targets for the quarter, 1 area partially meeting the interim targets (delayed discharge) and for two areas data is not available monthly or quarterly to allow for performance monitoring. Delayed discharge due to complex reasons continues to not meet the interim target; a report regarding delayed discharges including complex reasons analysis was submitted to the PAC (PAC39-2017 - Delayed Discharge Management Performance Update).

	April – September 2017/18 Interim Target	**April – September 2017/18 Actual**	**Performance against target**
Number of Emergency Admission Rate (All ages)	**13,408**	**13,336**	**0.5% less**
Number of Emergency Admissions to Accident and Emergency (All ages)	**5,952**	**5,809**	**2.5% less**
Number of Emergency Bed Days (All ages)	**90,162**	**85,318**	**5.7% less**

	April – September 2017/18 Interim Target	April – September 2017/18 Actual	Performance against target
Number of Accident and Emergency Attendances	**22,787**	**22,620**	**0.7% less**
Number of Bed Days Lost to Delayed Discharges (All Reasons) 75+	**10,860**	**8,965**	**21.1% less**
Number of Bed Days Lost to Complex Delayed Discharges for 75+ (Code 9s)	**4,097**	**5,419**	**24.4% more**
Number of days spent in last 6 months of life in the community		**Data not available monthly**	
Number of days spent in a hospice / palliative care unit		**Data not available monthly**	
Number of days spent in a large hospital		**Data not available monthly**	
Balance of Care		**Data not available monthly**	

4.8.3 In late November 2017 the Scottish Government and COSLA, on behalf of the Ministerial Strategic Group for Health and Community Care (MSG), sent an update to Partnerships regarding progress made in considering how best to provide regular updates to MSG regarding performance against Measuring Performance Under Integration targets. Whilst the details of a proposed national framework are being developed the Scottish Government and COSLA have agreed it would be helpful for MSG to have an updated overview of local objectives and ambitions in each of the six service delivery areas. To that end an invitation was extended to the Partnership to submit objectives, trajectories and targets for 2018/19 on a standardised format by 31 January 2018. Report No PAC-2018 - Measuring Performance Under Integration 2018/19 on this agenda refers to the work carried out in this regard.

4.9 QUARTER 3 PERFORMANCE 2017/18

4.9.1 Between the baseline year 2015/16 and 2017/18 Q3 there was an improvement in the rate of bed days lost to delayed discharges for people aged 75+, readmission rate within 28 days for people aged 18+ and also the emergency bed day rate for people aged 18+.

4.9.2 Emergency bed day rates since 2015/16 have decreased by 9% for Dundee, which is an improvement. Every LCPP showed an improvement in Q3 compared with 2015/16 and the biggest improvements were seen in East End, Coldside and West End, all of which showed a greater than 10% decrease in bed day rates.

4.9.3 The rate of bed days lost to delayed discharges for people aged 75+ has decreased by 48% in Dundee since 2015/16, which is an improvement. In Q3 there were decreases across all LCPP areas and the decrease in the rate ranged from 30% in Lochee to 60% in Maryfield.

4.9.4 The rate of readmissions has decreased by 0.2% since 2015/16, which is a slight improvement. The rate increased in two LCPPs (Lochee and The Ferry), stayed the same in Coldside and decreased in five LCPPs (North East, Maryfield, North East, West End and Strathmartine). The biggest decrease was in Maryfied (12% decrease) and the greatest increase was in Lochee (18% increase). The PAC agreed at its meeting held on 19 July 2017 (Article VIII of the minute of meeting refers) that a separate analysis regarding readmissions will be completed (Analysis of Re-Admissions to Hospital Agenda Note (PAC7-2018) on this agenda refers.

4.9.5 Emergency admission rates have increased by 6% for Dundee since 2015/16 and there were increases in every LCPP. The lowest increase was in East End (0.5% increase) and the highest

increase was in Lochee (14% increase). The Strategy and Performance Team and NSS ISD List are currently undertaking a fuller analysis of emergency admissions for submission to PAC.

4.9.6 The rate of hospital admissions as a result of a fall for people aged 65+ has increased by 11% since 2015/16, which is a deterioration. The biggest increases were in East End and West End (29% increases). The rate increased in seven LCPPs and only decreased in Strathmartine. The PAC received a separate analysis of falls data at its meeting held on 12 September 2017 (Article X of the minute of the meeting refers). The Strategy and Performance Team and NSS ISD List are currently undertaking a benchmarking exercise in relation to falls performance for submission to PAC.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	The risk of not meeting targets against national indicators could affect outcomes for individuals and their carers and not make the best use of resources.
Risk Category	Financial, Governance, Political
Inherent Risk Level	15 – Extreme Risk
Mitigating Actions (including timescales and resources)	- Continue to develop a reporting framework which identifies performance against national and local indicators. - Continue to report data quarterly to the PAC to highlight areas of poor performance. - Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as around readmissions to hospital and falls related hospital admissions. - Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.
Residual Risk Level	9 – High Risk
Planned Risk Level	6 – Moderate Risk
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

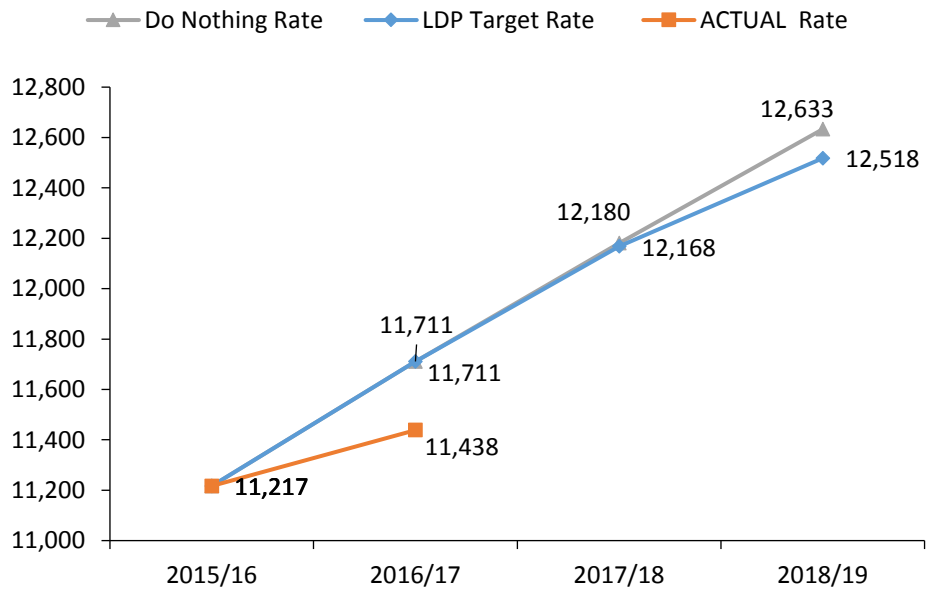
DATE: 18 January 2018

APPENDIX 1

Measuring Performance under Integration Update

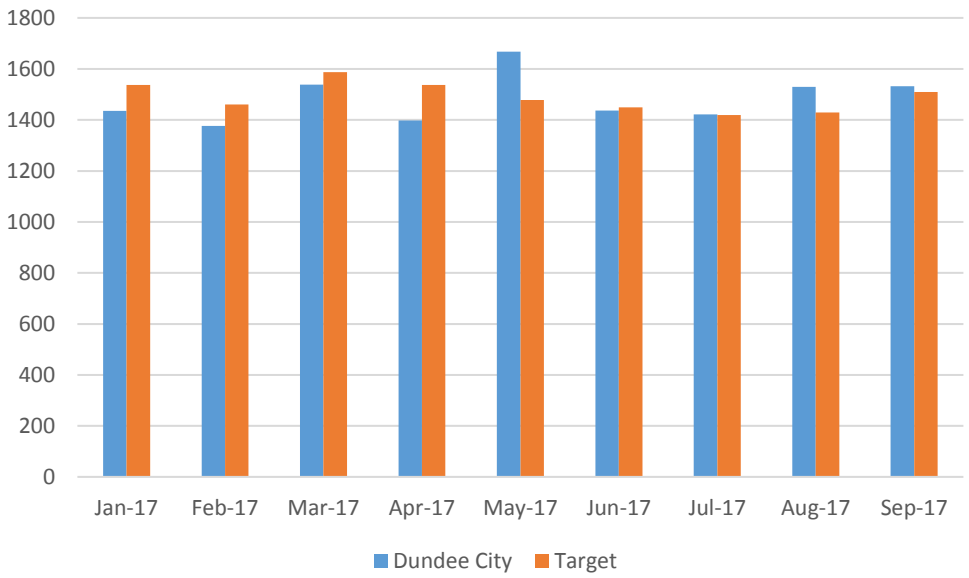
Service Delivery Area - Emergency Admissions

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



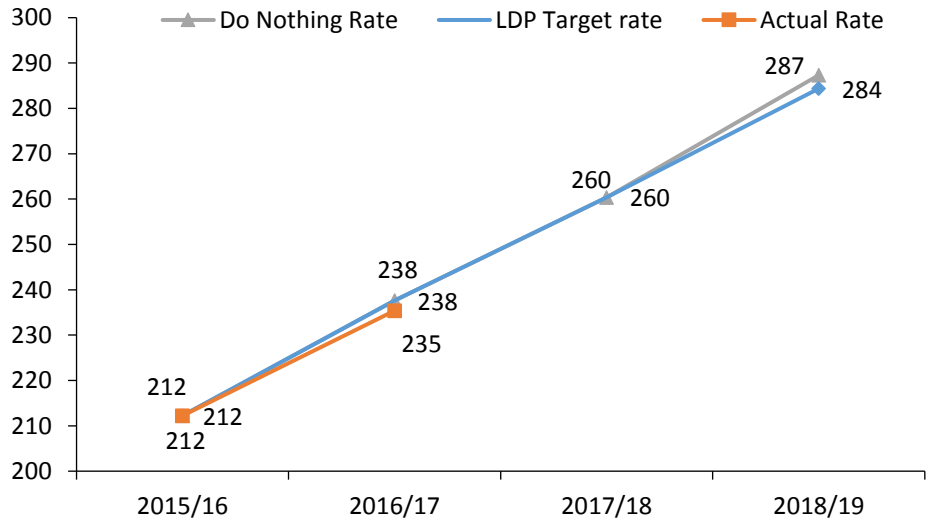
- Expected increase by 4.97% from 16,781 in 2015/16 to 17,614 in 2016/17.
- The actual increase was 3.12% (17,304 emergency admissions per 100,000 population).
- Local Delivery Plan (LDP) target was exceeded in 2016/17.

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



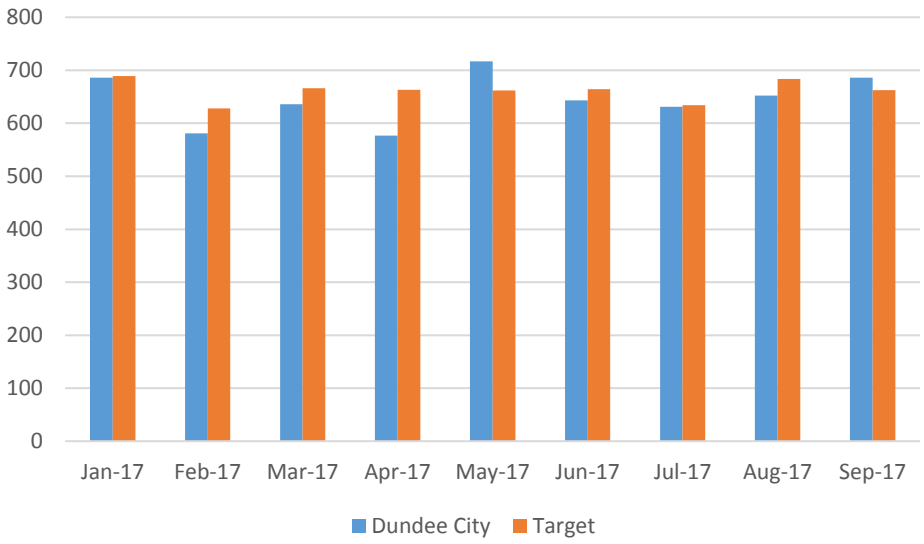
- Between April and September 2017 there were 13,336 emergency admissions. This is 0.5 % less than the target of 13,408 admissions.
- In the 9 months between January and September 2017, the target was exceeded in 5 months however the target was not met in May, July, August or September 2017.
- It is anticipated that performance against interim targets in quarter 3 will be affected by seasonal fluctuations, including significant increases in fractures and influenza and other respiratory infections.

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



- Expected increase in the number of emergency admissions from A+E by 8.04% from 7,126 in 2015/16 to 7,699 in 2016/17.
- The actual increase was 7.03% (7,627 emergency admissions from A+E).
- LDP target was exceeded in 2016/17.
-

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

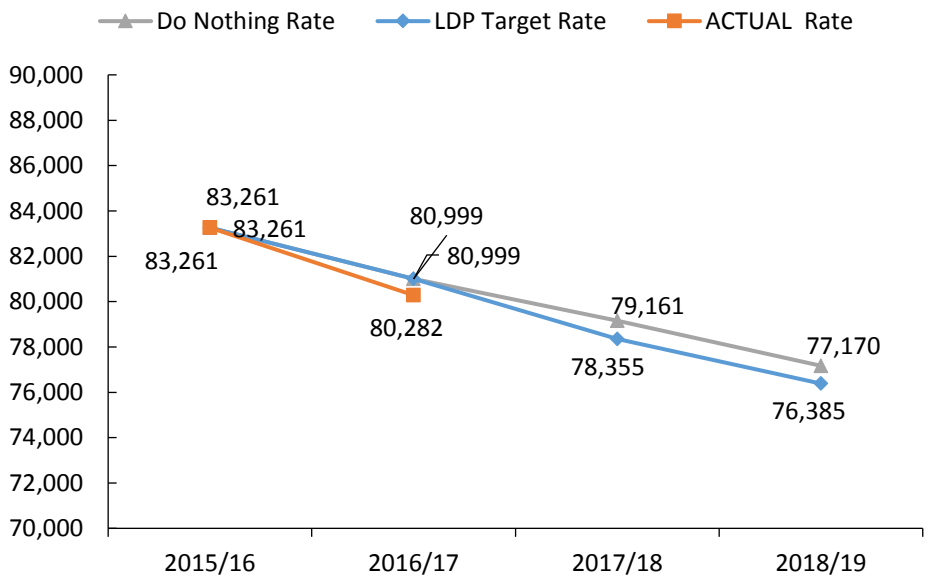


- Between April and September 2017 there were 5809 emergency admissions from accident and emergency. This is 2.5% less than the target of 2,952 admissions.

- In the 9 months between January and September 2017, the target was exceeded in 7 months however the target was not met in May and September 2017.
- It is anticipated that performance against interim targets in quarter 3 will be affected by seasonal fluctuations, including significant increases in fractures and influenza and other respiratory infections.

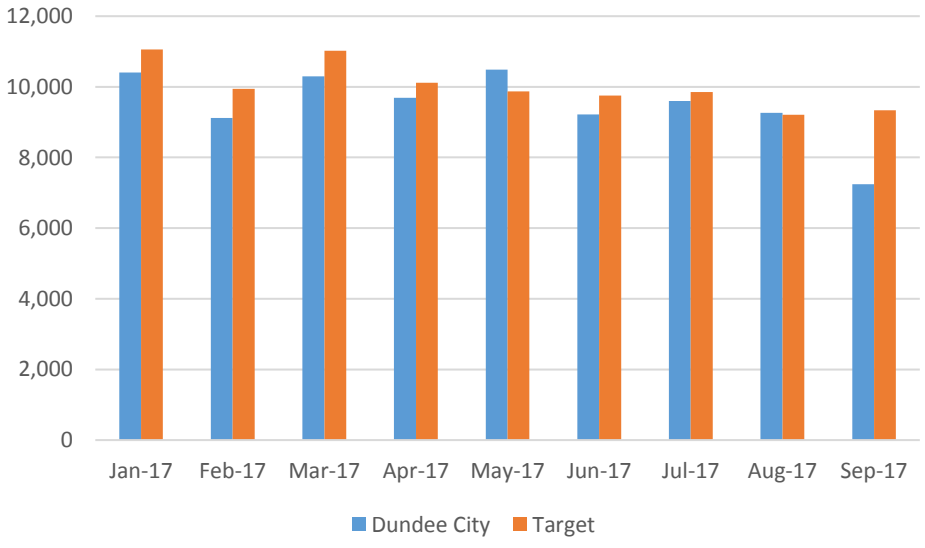
Service delivery area – Emergency Bed Days

Chart 5: Emergency Bed Day Rate per 100,000 Population (All ages) – Annual



- Expected decrease by 2.19% from 124,563 in 2015/16 to 121,830 in 2016/17.
- The actual decrease was 3.06% (120,751 emergency bed days per 100,000 population).
- Further iterations will include an analysis of Mental Health and Geriatric Long Stay bed days and targets will be agreed for these.

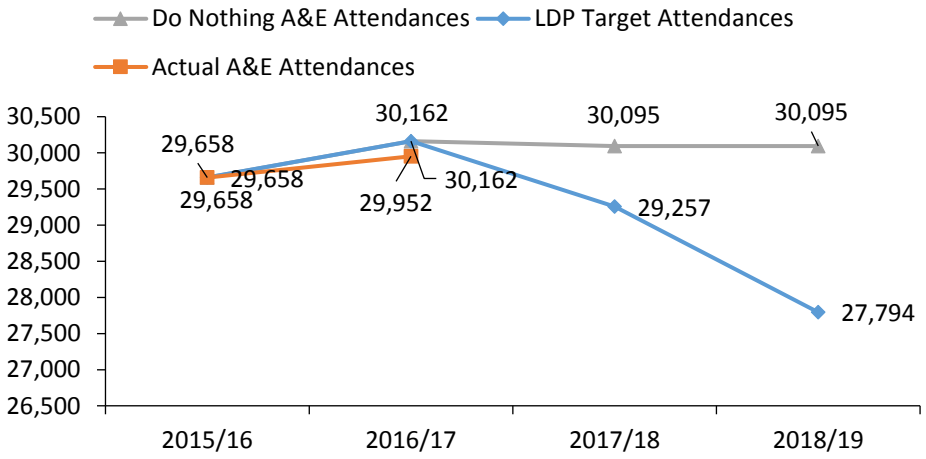
Chart 6: Emergency Bed Days (All Ages), April – September 2017



- Between April and September 2017, 33,178 emergency bed days were used. This is 16% less than the target of 39,594 bed days.
- In the 9 months between January and September 2017, the target was exceeded in 7 months however the target was not met in May and August 2017.
- It is anticipated that performance against interim targets in quarter 3 will be affected by seasonal fluctuations, including significant increases in fractures and influenza and other respiratory infections.

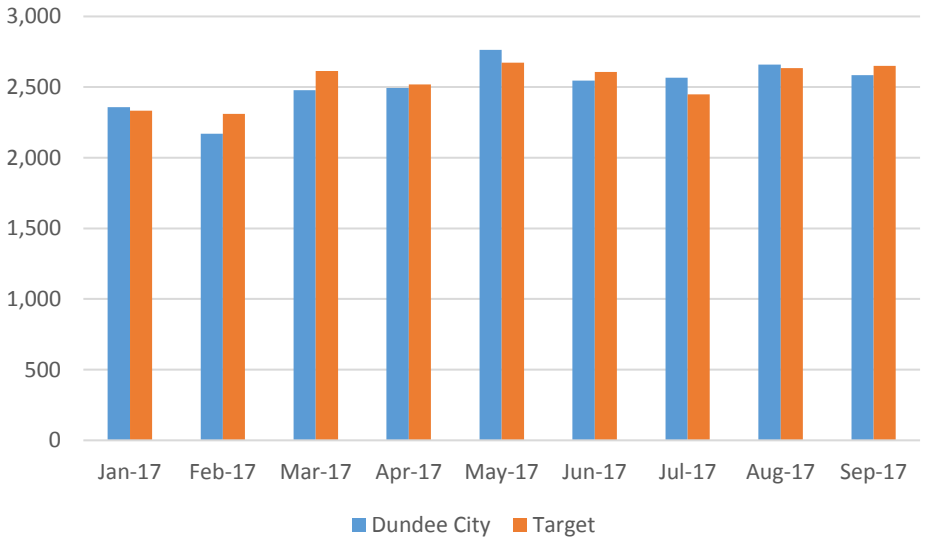
Service delivery area – Accident and Emergency

Chart 7: Accident and Emergency Attendances - Annual



- Expected increase by 1.69% from 29,658 in 2015/16 to 30,162 in 2016/17.
- The actual increase was 1.00% (29,952 accident and emergency attendances).

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

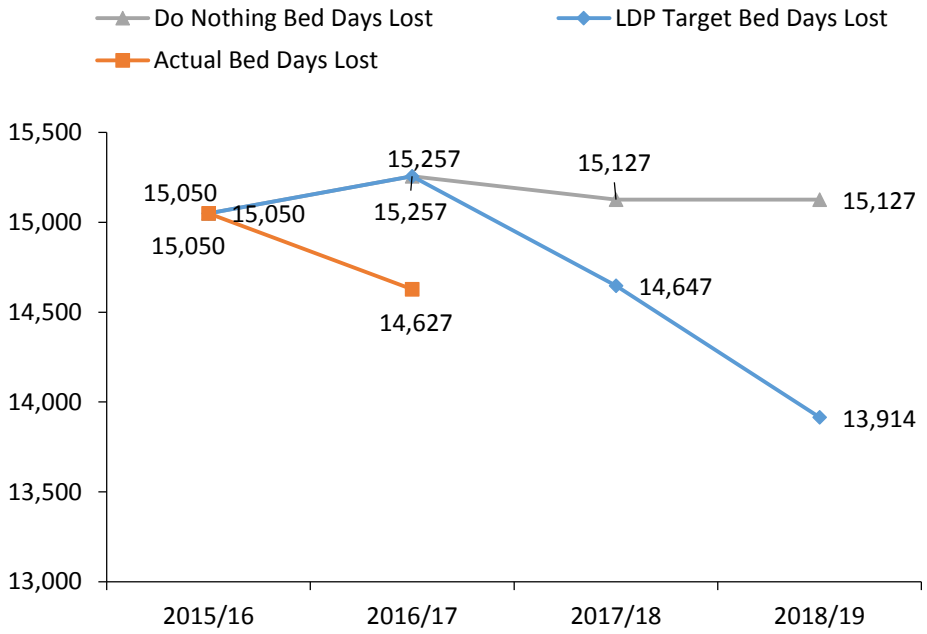


- Between April and September 2017, there were 22,620 attendances at A+E. This is 0.7% less than the target of 22,787 attendances.
- In the 9 months between January and September 2017, the target was exceeded in 5 months however the target was not met in January, May, July and August 2017.

- It is anticipated that performance against interim targets in quarter 3 will be affected by seasonal fluctuations, including significant increases in fractures and influenza and other respiratory infections.

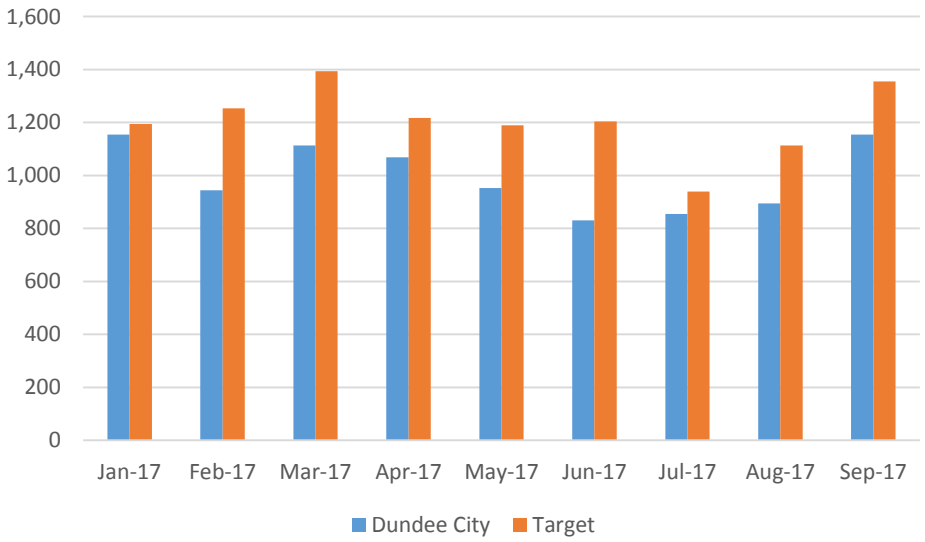
Service delivery area – Delayed Discharges

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



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

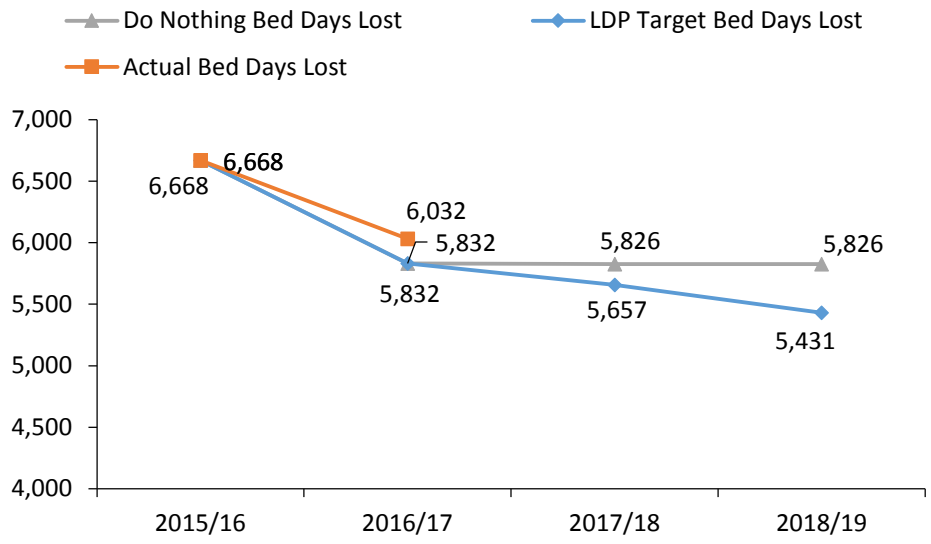
Chart 10: Bed Days Lost Delayed Discharge (All reasons) 75+, April – September 2017



- Between April and September 2017, there were 8,965 bed days lost to delayed discharge. This is 21.1% less than the target of 10,860 bed days lost to delayed discharge.

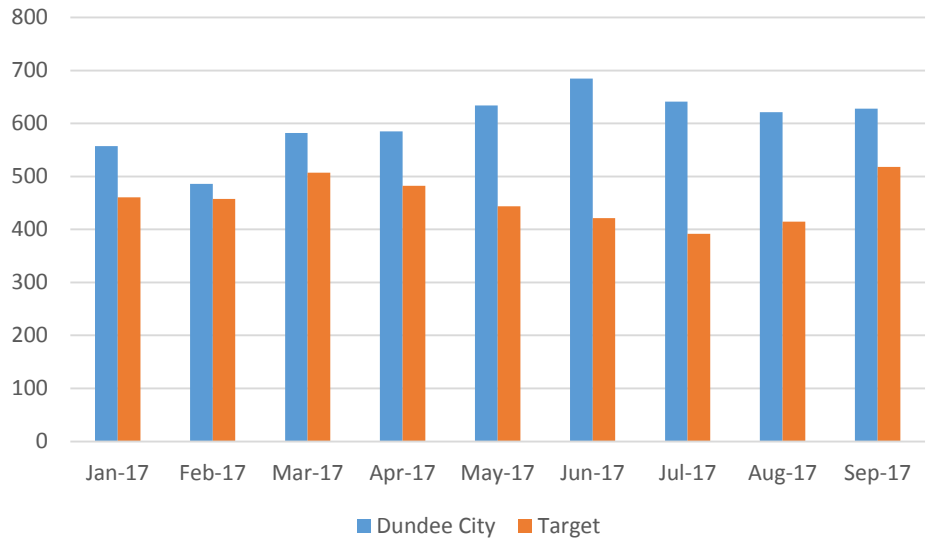
- In the 9 months between January and September 2017, the target was exceeded in every month.

Chart 11: Projected Bed Days Lost to Delayed Discharges Code 9s for Dundee



- Expected decrease by 12.54% from 6,668 in 2015/16 to 5,832 in 2016/17.
- There was actually a decrease of 9.5% (6,032 bed days lost in 2016/17).
- Target not met in 2016/17, nor was met in any month between January 2017 and May 2017.

Chart 12: Bed Days Lost (Code 9) 75+



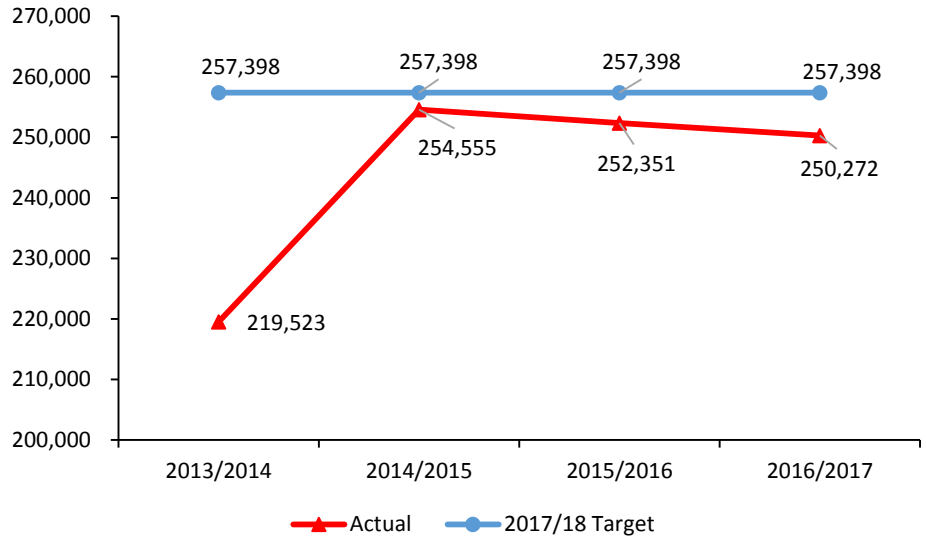
- Between April and September 2017, there were 5,419 bed days lost to complex (code 9) delayed discharge. This is 24.4% more than the target of 4,097 bed days lost to complex (code 9) delayed discharge.
- In the 9 months between January and September 2017, the target was not met in any month.
- A report regarding delayed discharges including complex reasons analysis has been submitted to the PAC (PAC39-2017 - Delayed Discharge Management Performance Update).

Service Delivery Area - End of Life

The target for the end of life indicators is for 2017/18, a 2016/17 target was not developed due to producing the targets towards the end 2016/17.

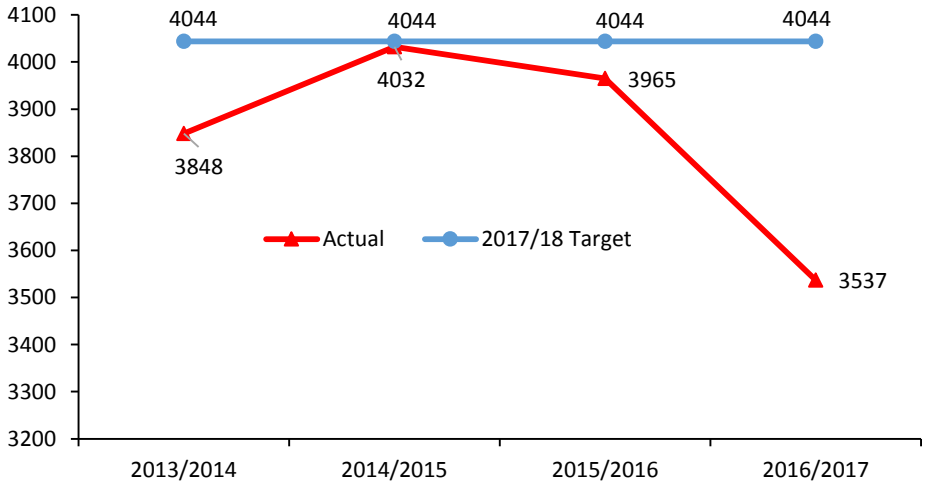
In charts 13 – 15 2016/17 data has been presented alongside the 2017/18 target to illustrate direction of travel. Monthly or quarterly data is not received for these indicators as part of the measuring Performance Under Integration data set provided by NSS ISD.

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



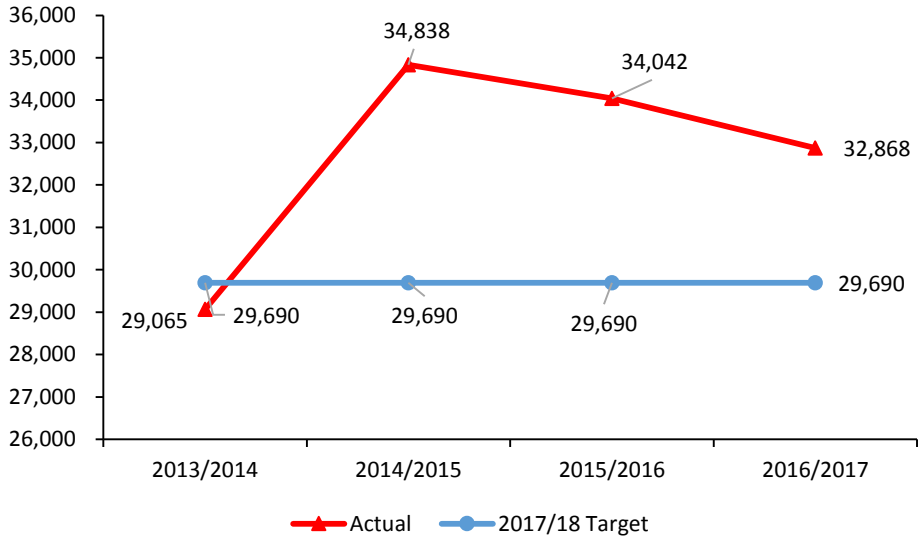
- Target not yet met and the number of days spent in the community during the last 6 months of life has reduced since 2014/15.

Chart 14: Number of days spent in a hospice / palliative care unit (increase)



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

Chart 15: Number of days spent in a large hospital (decrease)



- Target not yet met, although the number of days spent in a large hospital during the last 6 months of life has reduced since 2014/15.

Balance of Care

National data is not yet available for 2016/17.

APPENDIX 2

Dundee LCPP Performance Report 2017/18 Q3

Executive Summary

- The quarter 3 performance report assesses performance against 5 national health and wellbeing performance indicators (emergency admissions, emergency bed days, readmissions, falls admissions and delayed discharge bed days lost). It also provides a benchmarking analysis against other Partnerships, including Family Groups and assesses performance against the 6 Measuring Performance Under Integration interim targets.

- In order for quarterly data to be compared with financial years rolling quarterly data is presented for each quarter. This means that data for quarter 3 shows the previous 12 months of data including the current quarter. Quarter 3 data therefore includes data from 1 January 2017 to 31 December 2017.

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

- This report should be assessed with regard to the demographic and socio economic context of Dundee; high rates of deprivation, an ageing population, frailty and age associated conditions being diagnosed earlier in life than in more affluent Partnerships and deprivation associated mental health illnesses and substance misuse problems which impact on concentrations of people in particular neighbourhoods across the city.

- Between the baseline year 2015/16 and 2017/18 Q3 there was an improvement in the rate of bed days lost to delayed discharges for people aged 75+, readmission rate within 28 days for people aged 18+ and also the emergency bed day rate for people aged 18+.

- Emergency bed day rates since 2015/16 have decreased by 9% for Dundee, which is an improvement. Every LCPP showed an improvement in Q3 compared with 2015/16 and the biggest improvements were seen in East End, Coldside and West End, all of which showed a greater than 10% decrease in bed day rates.

- The rate of bed days lost to delayed discharges for people aged 75+ has decreased by 48% in Dundee since 2015/16, which is an improvement. In Q3 there were decreases across all LCPP areas and the decrease in the rate ranged from 30% in Lochee to 60% in Maryfield.

- The rate of readmissions has decreased by 0.2% since 2015/16, which is a slight improvement. The rate increased in two LCPPs (Lochee and The Ferry), stayed the same in Coldside and decreased in five LCPPs (North East, Maryfield, North East, West End and Strathmartine). The biggest decrease was in Maryfied (12% decrease) and the greatest increase was in Lochee (18% increase).

- Emergency admission rates have increased by 6% for Dundee since 2015/16 and there were increases in every LCPP. The lowest increase was in East End (0.5% increase) and the highest increase was in Lochee (14% increase).

- The rate of hospital admissions as a result of a fall for people aged 65+ has increased by 11% since 2015/16, which is a deterioration. The biggest increases were in East End and West End (29% increases). The rate increased in seven LCPPs and only decreased in Strathmartine. The PAC received a separate analysis of falls data at its meeting held on 12 September 2017 (Article X of the minute of the meeting refers).

Dundee's Ranked Performance between 2012/13 and 2017/18 Q2

Where 1st is the best performing partnership and 32nd is the worst performing partnership

Dundee is better than the average Scottish performance

Dundee is performing similar to the average Scottish performance

Dundee is below the average Scottish performance

Table 1: Dundee Ranked Performance as between 2012/13 and 2017/18 Q2

National Indicators	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18 Q2
11.Premature Mortality	28th	29th	30th	30th	N/A	N/A
12. Admissions	20th	17th	21st	19th	21st	21st
13. Bed Days	28th	27th	28th	28th	26th	27th
14. Re-admissions	31st	30th	31st	32nd	32nd	32nd
15. Last 6 months	12th	19th	17th	15th	14th	N/A
16. Falls	29th	30th	30th	31st	31st	31st
17. Care Inspectorate	N/A	N/A	6th	6th	6th	N/A
18. Intensive Needs	32nd	32nd	31st	31st	N/A	N/A
19. Delayed Discharges	18th	15th	13th	19th	17th	13th
20. Spend on emergencies	30th	29th	29th	29th	30th	N/A

Performance in Dundee's LCPPs

Improved

Stayed the same

Declined

Table 2: **Performance in 2017/18 Q3 and comparison between performance in LCPPs and the Dundee average**

Deprivation Scale

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strath martine	Mary field	West End	The Ferry
Admissions rate per 100,000 18+	12,680	15,713	15,898	14,213	13,138	13,506	10,194	8,609	11,766
Bed days rate per 100,000 18+	121,431	163,203	145,545	140,547	105,833	117,580	97,633	85,456	123,569
Readmissions rate per 1,000 18+	111	123	121	114	105	104	107	100	110
Falls rate per 1,000 18+	28	27	35	31	23	21	29	36	23
Delayed Discharge bed days lost rate per 1,000 75+	278	433	366	270	241	238	238	305	171

Table 3: **% change in 2017/18 Q3 against baseline year 2015/16**

National Indicator	Dundee	Lochee	East End	Cold side	North East	Strathm artine	Mary field	West End	The Ferry
Admissions rate per 100,000 18+	+6%	+14%	+0.5%	+4%	+13%	+3%	+3%	+8%	+7%
Bed days rate per 100,000 18+	-9%	-1%	-20%	-14%	-6%	-5%	-8%	-13%	-2%
Readmissions rate per 1,000 18+	-0.2%	+18%	-2%	0%	-5%	-10%	-12%	-3%	+12%
Falls rate per 1,000 18+	+11%	+4%	+29%	+4%	+12%	-15%	+23%	+29%	+14%
Delayed Discharge bed days lost rate per 1,000 75+	-48%	-30%	-44%	-51%	-49%	-55%	-60%	-55%	-45%

Emergency Admissions Benchmarking

Chart 1 Emergency admission rate per 100,000 Population Q1

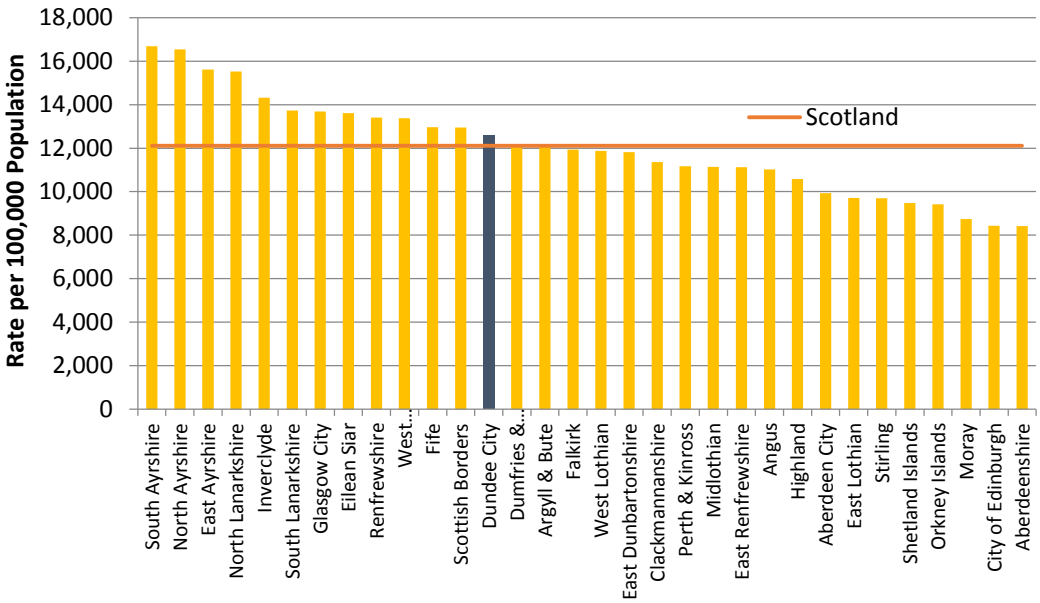
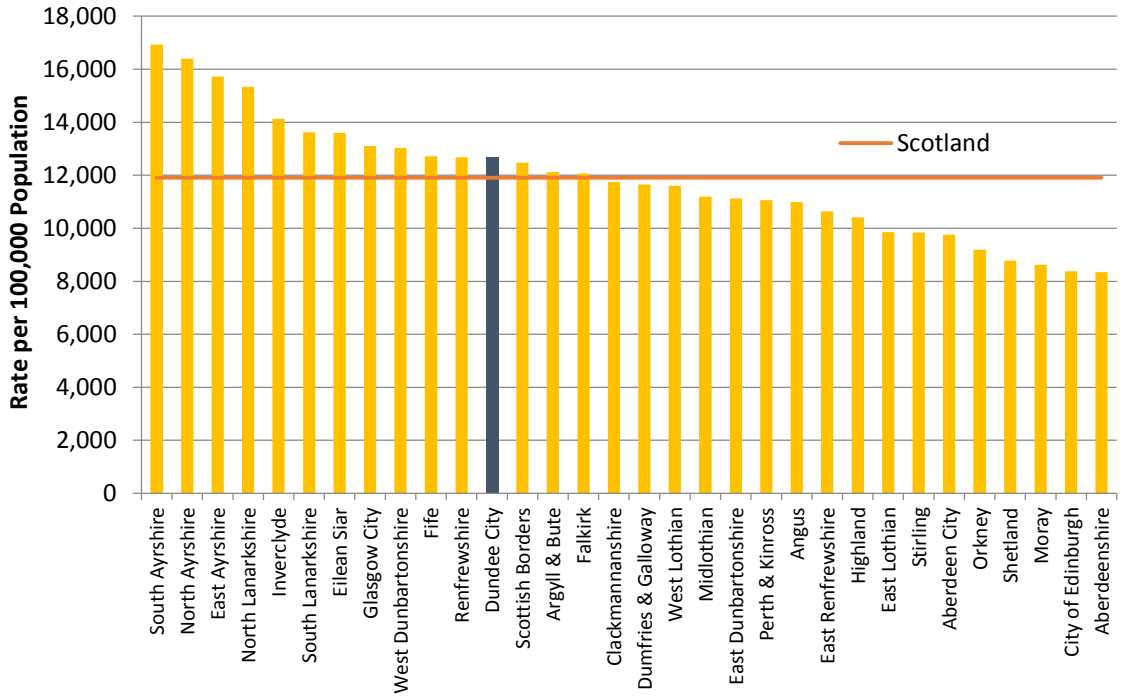
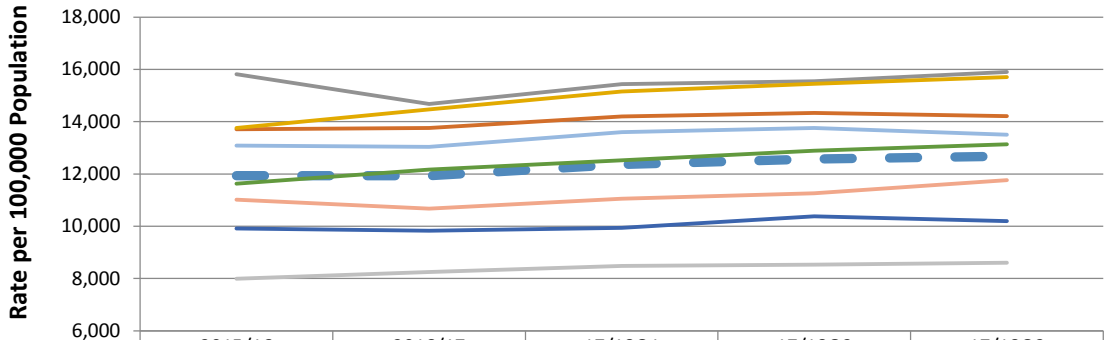


Chart 2 Emergency admission rate per 100,000 Population Q2



- The rate of emergency admissions was higher than the Scottish rate in both quarters 1 and 2.
- The Dundee rate increased from 12,583 in Q1 to 12,671 in Q2.
- Dundee dropped a rank in Q2, from 13th highest in Q1 to 12th highest in Q2.
- Dundee performed better than all other family group Partnerships (North Lanarkshire, Glasgow, East Ayrshire, North Ayrshire, Inverclyde, West Dunbartonshire and Western Isles).

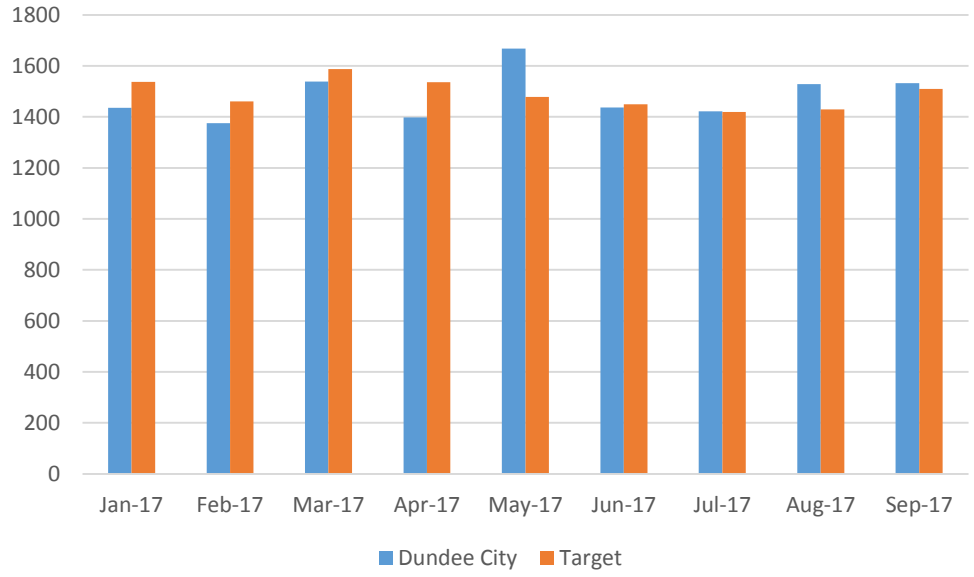
Chart 3: Rate per 100,000 Population of All Emergency Admissions for People Aged 18+ by Locality and Financial Year



	2015/16	2016/17	17/18Q1	17/18Q2	17/18Q3
Dundee	11,937	11,934	12,365	12,578	12,680
Coldside	13,713	13,758	14,201	14,334	14,213
East End	15,822	14,682	15,439	15,552	15,898
Lochee	13,760	14,466	15,151	15,445	15,713
Maryfield	9,914	9,827	9,945	10,380	10,194
North East	11,632	12,171	12,524	12,886	13,138
Strathmartine	13,091	13,041	13,605	13,755	13,506
The Ferry	11,022	10,674	11,058	11,268	11,766
West End	7,999	8,249	8,487	8,532	8,609

Source: NHS Tayside BSU

Chart 4: Performance against Local Delivery Plan Target – Emergency Admission Numbers (All Ages)



Source: NSS ISD

Q3 17/18 Analysis

- The rate for Dundee has generally been increasing from 11,937 per 100,000 in 2015/16 to 12,680 per 100,000 in 2017/08 Q3.
- West End had the lowest rate with 8,609 emergency admissions per 100,000 people in 2017/18 Q3, followed by Maryfield and The Ferry. The West End rate was approximately 85% less than the East End rate.
- In Q3 17/18 East End had the highest rate with a rate of 15,898.
- All 8 LCPPs have seen increases in their rates since the 2015/16 baseline year. The lowest increase was in East End (0.5% increase) and the highest increase was in Lochee (14% increase)
- Performance exceeded the LDP target between April and September 2017, however the number of emergency admissions was higher than the target in May, July, August and September 2017.

What we have achieved to date:

A three tiered system of support exists in Dundee which ensures that services and supports are delivered at the point of need.

Highest Tier – Caring for people with frailty / complex needs at home

- Integration of care home teams.
- Commencement of Delphi process to look at pathway improvements.
- Start of Dundee Enhanced Community Support Acute (DECSA) pilot.
- Acute Frailty Team is now a 7 day service.
- Ongoing development of joint medicine for the elderly / psychiatry of old age work.
- The Care home Liaison team.
- Significant shifts in the balance of care have been achieved in Medicine for the Elderly and Psychiatry of Old Age services which has resulted in the closure of acute beds and the planned closure of an entire ward by the end of 2017.
- Introduced medication reviews for people in care homes, and employed pharmacy technicians as part of the social care enablement teams.

Middle Tier – Rehabilitation

- Development of range of step down options.
- Development of assessment at home service.
- Development of a respite development worker post.
- Supported and rehabilitative transitions from the Centre for Brain Injury Rehabilitation into the community is being provided by the Mackinnon Centre.
- Successful delivery of Post Diagnostic Support for people diagnosed with dementia across Dundee.

Lowest Tier – Prevention

- Expansion of community companion project.
- The *Reshaping Care Capacity Building Programme* is led by Voluntary Gateway Dundee and aims to build the capacity of communities to ensure people are able to look after and improve their own health and wellbeing and live in good health for longer.
- Building on existing Equally Well training sessions (including positive sensitive practice and Mind Yer Heid Plus) the new Dundee Partnership Prevention framework includes a useful toolkit for staff to assess the extent to which they are using social prescribing as a route to improving service user outcomes and help them consider what more they could be doing to provide early interventions for those most at risk.
- Developments within Keep Well to increase the partnership working, particularly with the Carers Centre, to support carers health needs are having a positive impact with an increasing number of people engaging with the Keep Well team
- Dundee Healthy Living Initiatives (DHLI) work with individuals living in deprived areas of the city to identify issues impacting on their health and supports communities to develop and implement interventions to address these.

- The Listening Service “Do You Need To Talk?” was developed in 2012 in two sites in Dundee. In 2017 it received additional funding and is now available at over 18 sites in the City. The service is provided within local general practices, and uses an asset based approach, building individual resilience and supporting a sense of well being.

What we plan to do:

- Further development of Enhanced Community Support, including acute.
- Implement 7 day targeted working (EA5-USC).
- Increased awareness and use of anticipatory care plans for all adults where a plan would be of benefit.
- Undertake analysis and Implement an improvement plan relating to re-admission to hospital within 28 days of discharge.
- Implement the Tayside Falls Prevention and Management Framework (2017-20) and refresh DHSCP falls pathway.
- Implement a pathway for people with substance misuse problems and who have multiple morbidities.
- Develop a respiratory pathway.
- Implement transformation of primary care and the new GP contract.
- Development of locality based out- patient clinics.
- Development of integrated care homes approach.

Emergency Bed Days Benchmarking

Chart 5 Emergency bed day rate per 100,000 Population Q1

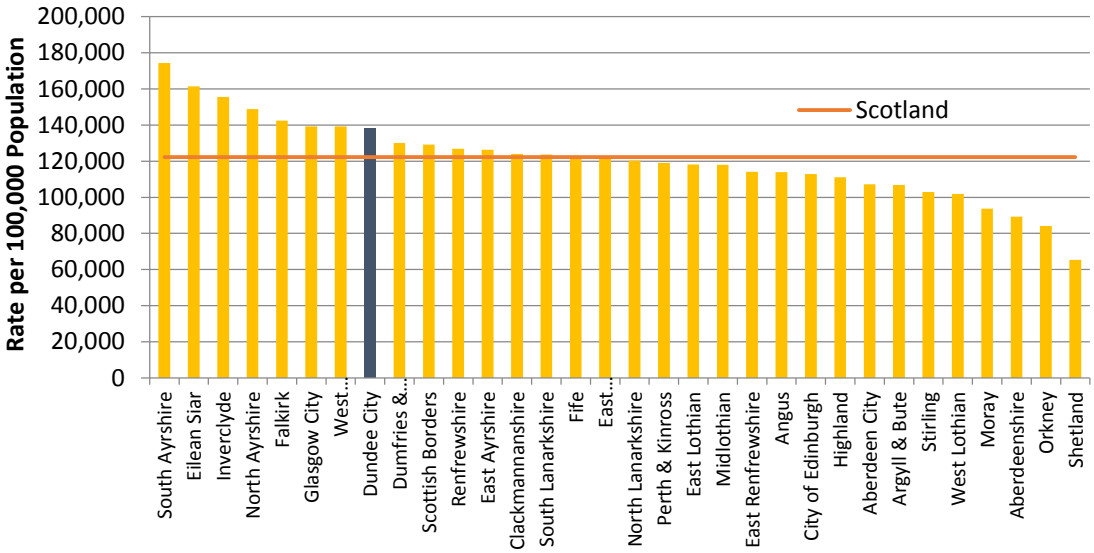
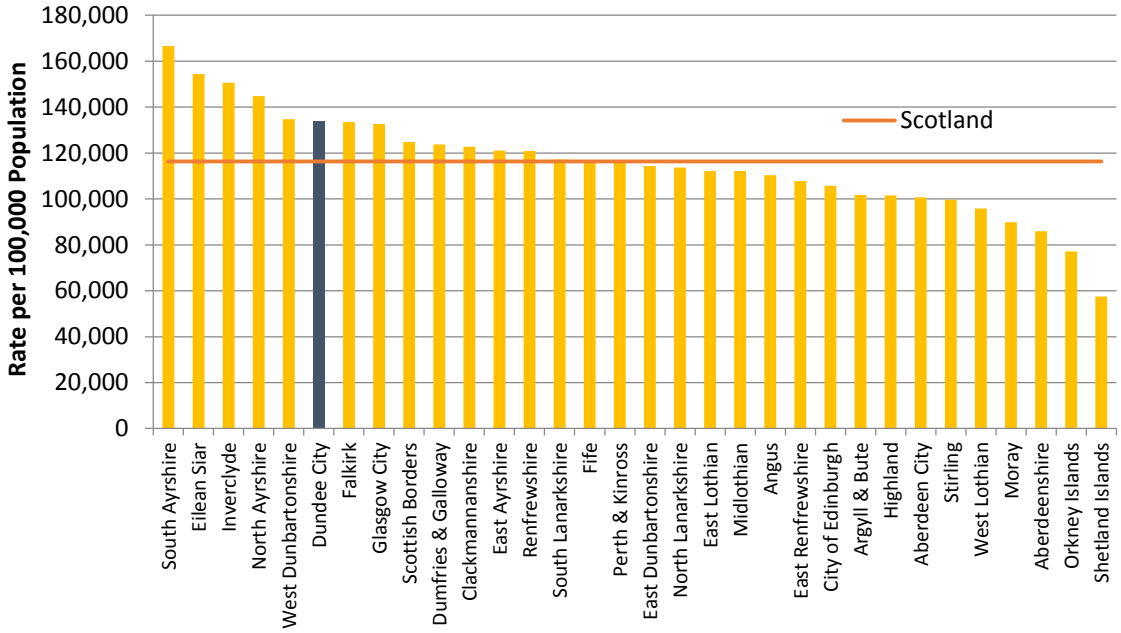
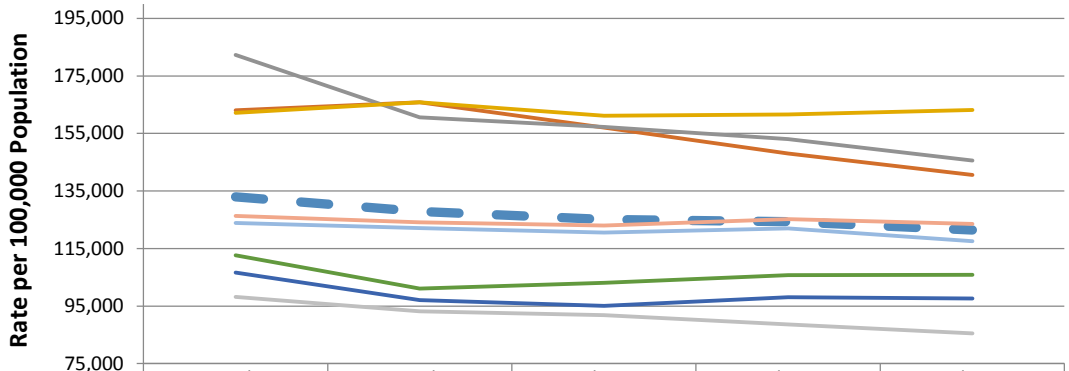


Chart 6 Emergency bed day rate per 100,000 Population Q2



- The rate of emergency admissions was higher than the Scottish rate in both quarters 1 and 2.
- The Dundee rate decreased from 138,206 in Q1 to 133,953 in Q2.
- Despite this decrease Dundee dropped two positions in Q2, from 8th highest in Q1 to 6th highest in Q2.
- Dundee performed better than all other family group Partnerships, except for East Ayrshire in both quarters and Glasgow in Q2. Dundee performed better than North Lanarkshire, North Ayrshire, Inverclyde, West Dunbartonshire and Western Isles in both quarters.

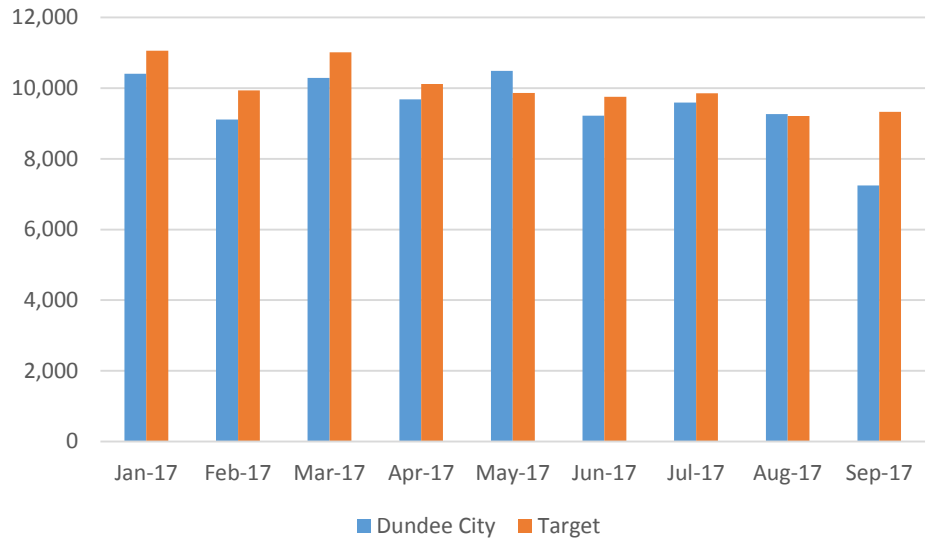
Chart 7: Rate per 100,000 Population of All Emergency Bed Days for People Aged 18+ by Locality and Financial Year



	2015/16	2016/17	17/18Q1	17/18Q2	17/18Q3
Dundee	132,959	127,834	125,136	124,277	121,431
Coldside	162,998	165,823	156,987	147,998	140,547
East End	182,267	160,621	157,289	153,047	145,545
Lochee	162,113	165,775	161,140	161,584	163,203
Maryfield	106,639	97,080	95,080	98,099	97,633
North East	112,671	101,067	103,018	105,733	105,833
Strathmartine	123,877	122,113	120,574	122,015	117,580
The Ferry	126,326	124,067	122,987	125,255	123,569
West End	98,143	93,207	91,800	88,645	85,456

Source: NHS Tayside BSU

Chart 8: Performance against Local Delivery Plan Target – Emergency Bed Days (All Ages)



Source: NSS ISD

Q3 17/18 Analysis

- The emergency bed day rate for people aged 18+ has reduced steadily since the 15/16 baseline year and was at a rate of 121,434 bed days per 100,000 emergency admissions in Q3 17/18.
- The rate for Dundee decreased from 132,959 per 100,000 in the baseline year 15/16 to 121,431 per 100,000 in 17/18 Q3.

- In Q3 17/18 Lochee had the highest bed day rate (163,203) and the West End has the lowest bed day rate (83,456). Six LCPPs have seen a decrease in the last quarter. There were increases in two LCPPs between Q2 1718 and Q3 1718 (Lochee and North East)
- Performance against the LDP target was exceeded in each month between January and September, except for May and August.

What we have achieved to date:

- We intend to pilot Enhanced Community Support in Lochee.

What we plan to do:

- Continue to review in patient models in line with community change.
- Further implement planned date of discharge model.
- Further develop discharge planning arrangements for adults with a learning disability and / or autism, mental ill-health, physical disability and acquired brain injury.
- Increase investment in intermediate forms of care.
- Co-locate the Learning Disability Acute Liaison Service within the Hospital Discharge Team base at Ninewells Hospital
- Increase investment in resources which support assessment for 24 hour care taking place at home or home like settings.
- Implement a pathway for people with substance misuse problems and who have multiple morbidities.
- Hold Power of Attorney local campaigns.
- Earlier identification of requirement for measures under Adults with Incapacity (Scotland) Act 2016.
- Integrated pathways are being developed across care home teams, orthogeriatrics and older people psychiatry.
- Remodel AHP services within acute settings to improve pathways.
- Further remodel integrated discharge hubs which will improve joint working.

Readmissions Benchmarking

Chart 9 Readmission to hospital within 28 days per 1,000 admissions Q1 benchmarking

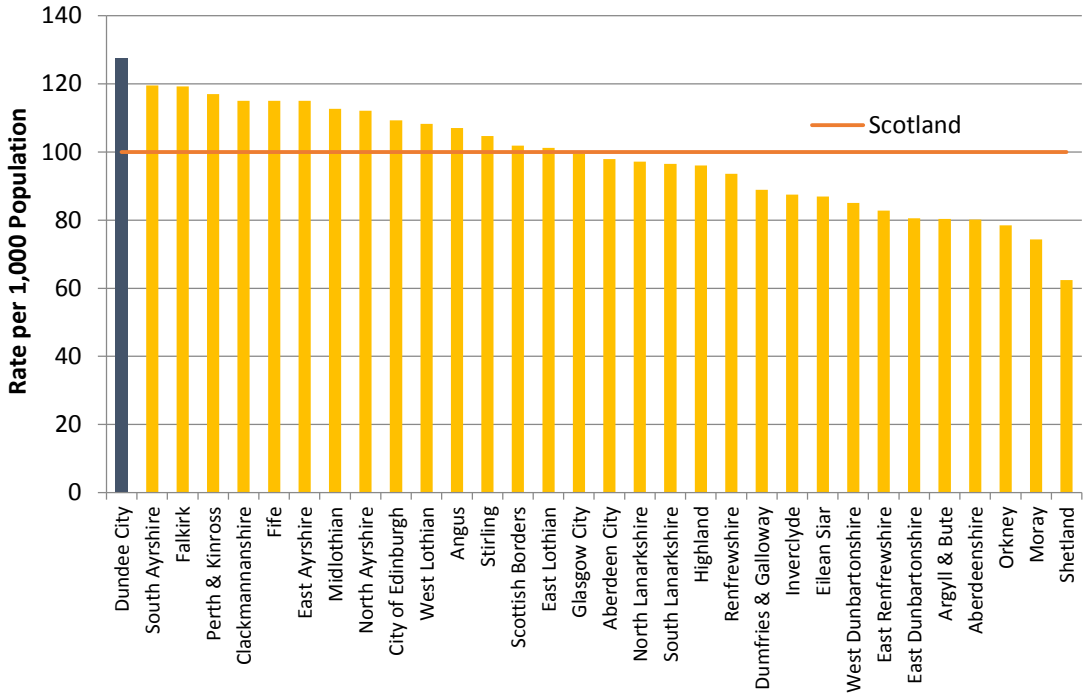
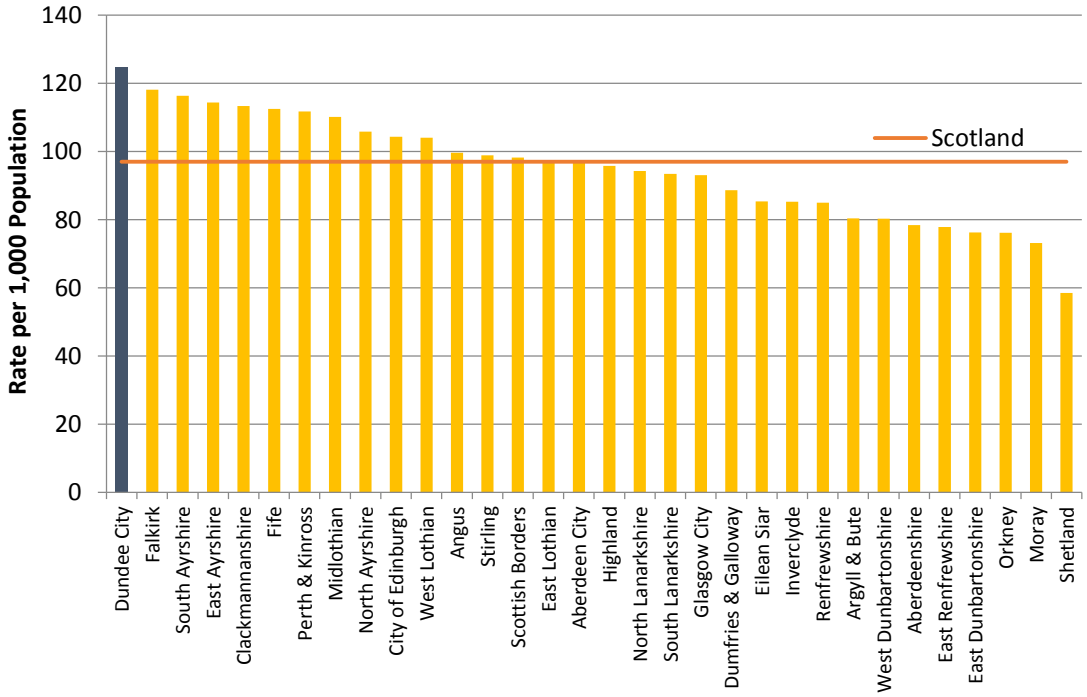
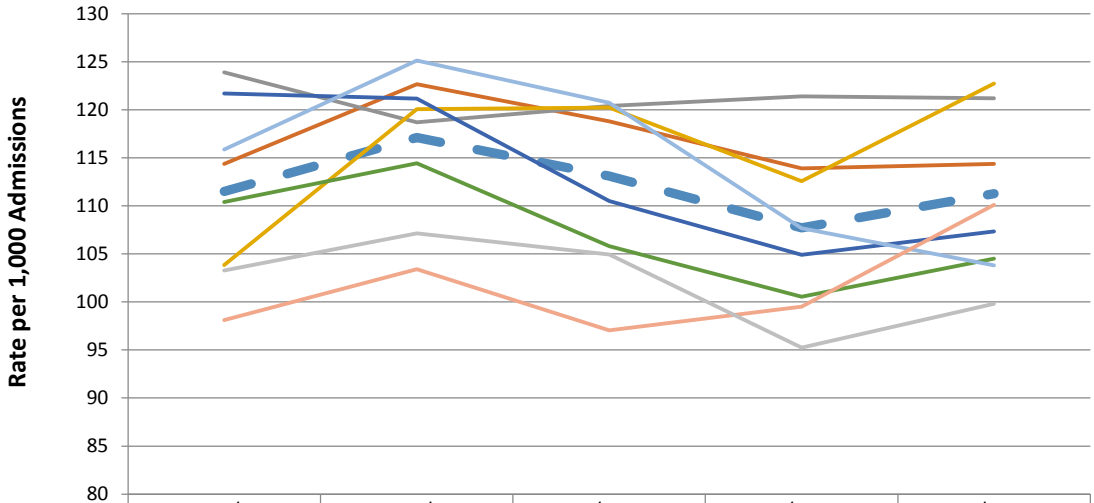


Chart 10 Readmission to hospital within 28 days per 1,000 admissions Q2 benchmarking



- Dundee performed more poorly than the Scotland rate in both Q1 and Q2 and was the poorest performing partnership.
- The gap between Dundee and the 2nd poorest performing partnership closed slightly from 9 readmissions per 1,000 admissions in Q1 to 7 readmissions per 1,000 admissions in Q2.

Chart 11: Readmissions within 28 days as a rate per 1,000 admissions, all ages by LCPP



	2015/16	2016/17	17/18Q1	17/18Q2	17/18Q3
Dundee	112	117	113	108	111
Coldside	114	123	119	114	114
East End	124	119	120	121	121
Lochee	104	120	120	113	123
Maryfield	122	121	110	105	107
North East	110	114	106	101	105
Strathmartine	116	125	121	108	104
The Ferry	98	103	97	100	110
West End	103	107	105	95	100

Source: NHS Tayside BSU

Q3 17/18 Analysis

- The rate of readmissions within 28 days has fluctuated since 2015/16 however has been lower than the 15/16 baseline year since Q2 17/18. At Q3 17/18 it was 111.
- The highest readmission rate was in Lochee (123) and the lowest was West End (100).
- Over the last quarter the rate increased from 108 to 111 with rates decreasing in 1 LCPP (Strathmartine), staying the same in 2 LCPPs (Coldside and East End) and increasing in 5 LCPPs (Lochee, Maryfield, North East, The Ferry and West End).
- Between the baseline year 15/16 and Q3 17/18 the rate decreased in 5 LCPPs (East End, North East, Strathmartine, Maryfield and West End), stayed the same in Coldside and increased in 2 LCPPs (Lochee by 18% and The Ferry by 12%).

What we have achieved to date:

This issue has been identified as a priority by the Tayside Unscheduled Care Board. Further work will be carried out during this financial year and this, added to local analysis, will lead to agreed improvement actions across Tayside.

What we plan to do:

- Further analysis of reasons for readmission. We are about to do a Delphi process which will give a better understanding of pathways. This involves a survey which is completed by health and social care professionals to gather information regarding critical processes in a pathway. This is used to improve outcomes for people and also system efficiencies.
- Support more people to be assessed at home rather than in hospital by completing and evaluating the 'Moving Assessment into the Community' project for older people and resource the proposed change.

- Expand the 'Moving Assessment into the Community' project to specialist areas and test pathways.
- Further develop discharge planning arrangements for adults with mental ill-health, physical disability and acquired brain injury.

Falls Benchmarking

Chart 12: Falls rate per 1,000 population aged 65+ Q1 benchmarking

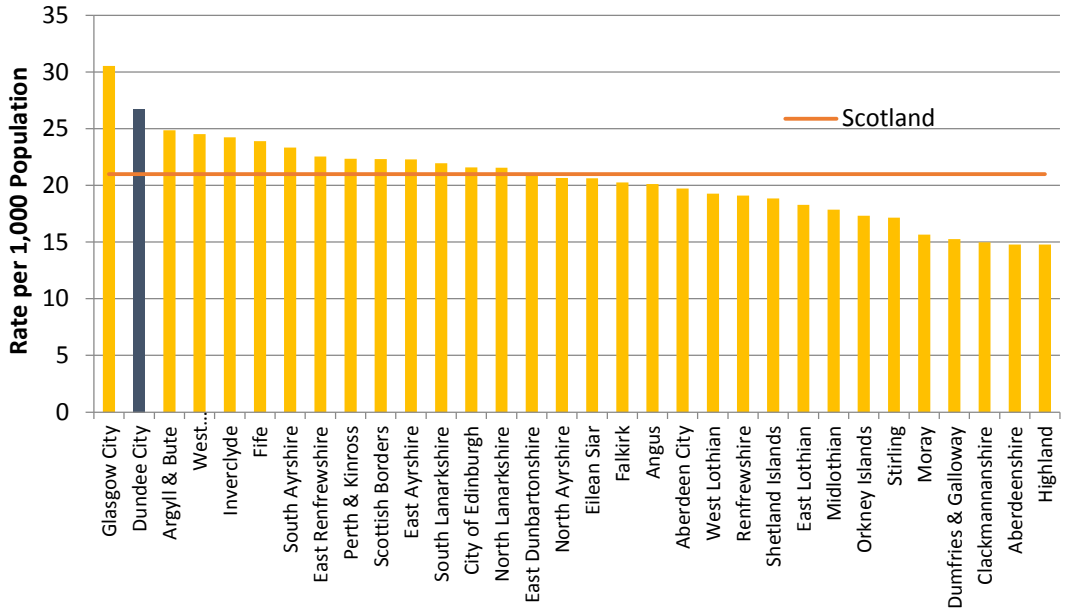
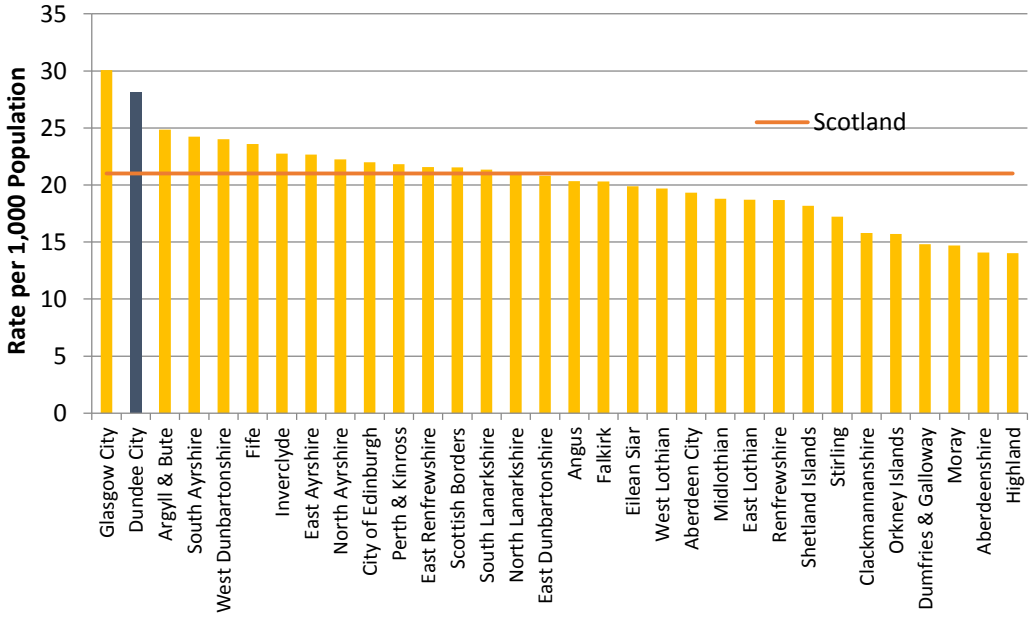
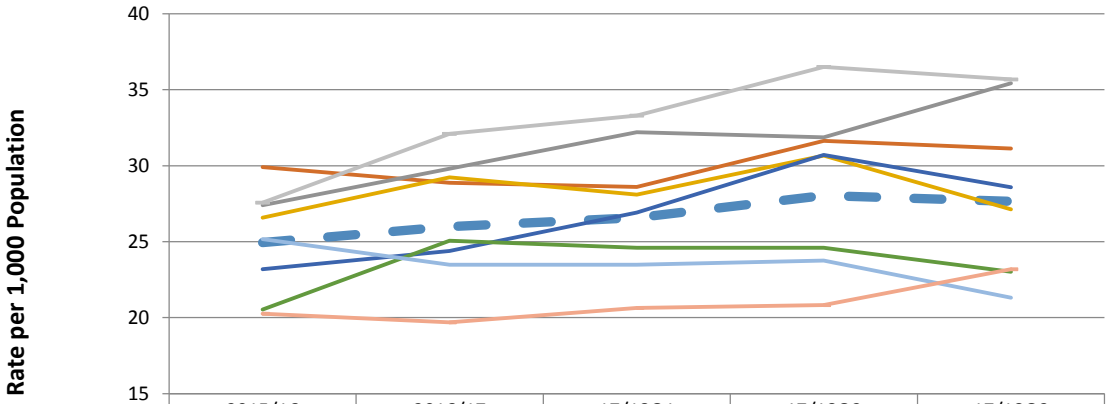


Chart 13: Falls rate per 1,000 population aged 65+ Q2 benchmarking



- Dundee performed more poorly than the Scotland rate in both Q1 and Q2 and was the 2nd poorest performing partnership behind Glasgow.
- The gap between Dundee and the 2nd poorest performing partnership closed slightly from 4 admissions per 1,000 admissions in Q1 to 2 admissions per 1,000 admissions in Q2.

Chart 14: Rate per 1,000 Population of Fall Admissions for People aged 65+



	2015/16	2016/17	17/18Q1	17/18Q2	17/18Q3
Dundee	24.9	26.0	26.6	28.0	27.7
Coldside	29.9	28.9	28.6	31.6	31.1
East End	27.4	29.8	32.2	31.9	35.4
Lochee	26.6	29.2	28.1	30.7	27.1
Maryfield	23.2	24.4	26.9	30.7	28.6
North East	20.5	25.1	24.6	24.6	23.0
Strathmartine	25.2	23.5	23.5	23.8	21.3
The Ferry	20.3	19.7	20.6	20.8	23.2
West End	27.6	32.1	33.3	36.5	35.7

Source: NSS ISD

Note: Due to incompleteness of 2017/18 Q2 data, the SMR01 data was extrapolated for the month of December 2017 using an ARIMA model. 2017/18 Q3 should be treated provisionally until such time that SMR01 returns from NHS Tayside are 99%- 100% complete. This level of completeness is expected 6-8 weeks after 31st December 2017.

Q3 17/18 Analysis

- West End had the highest rate of falls in Dundee with 35.7 falls related hospital admissions per 1,000 population. Strathmartine had the lowest rate with 21.3 falls related hospital admissions per 1,000 population.
- The rate of falls related hospital admissions decreased in six LCPPs between Q2 17/18 and Q3 17/18 (North East, Coldside, Lochee, Maryfield. Strathmartine and West End). The rate in two LCPPs increased between Q2 17/18 and Q3 17/18 (East End and The Ferry).
- Since the baseline year 2015/16 the rate has increased from 24.9 to 27.7. There have been increases in seven LCPPs (Lochee, East End, North East, Maryfield, Coldside, The Ferry and West End) and a decrease in Strathmartine (by 15%). The highest increases were in East End and West End (both 29% increases)

What we have achieved to date:

- Developed a draft equipment prescribers learning framework supported by e-learning and a mentoring programme. Piloted an e-learning module.
- Expanded on the falls service to ensure Patients aged over 65 years are routinely screened by AHP staff if presenting with a fall and follow up interventions put in place; offered a single point of referral, triage takes place and information shared.
- Introduced falls prevention care home education resulting in a reduction in falls in care homes.
- Otago falls classes now well established in community venues showing clear improvements in clinical outcomes. Introduced self-referrals to CRT to improve access.
- Dundee and Angus Health and Social Care Partnerships launched a new shared community equipment loan service for people with disabilities living in the areas. The new venture is based at the Dundee Independent Living and Community Equipment Centre in Dundee and

provides, delivers, installs, repairs, maintains and recycles a range of equipment to help people of all ages living in Dundee to live independently. It also provides a technical advice service and carries out risk assessments with medical and care professionals, both in-store and in people's homes.

What we plan to do:

- Rolling classes with an educational component. This will prevent patients from waiting too long before they start a class and hopefully help to prevent as many drop outs.
- In discussions with Dundee College to start a project were students are trained in Otago and then with Community Rehab Team support are able to implement it within care homes.
- Home based Otago project following the Otago research for patients that are unable to come to the class.
- In development of an Otago based maintenance class within the community to try and prevent re-referrals and re current falls. Based on the pulmonary rehab model.

Delayed Discharge Benchmarking

Chart 15 Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population Q1 benchmarking

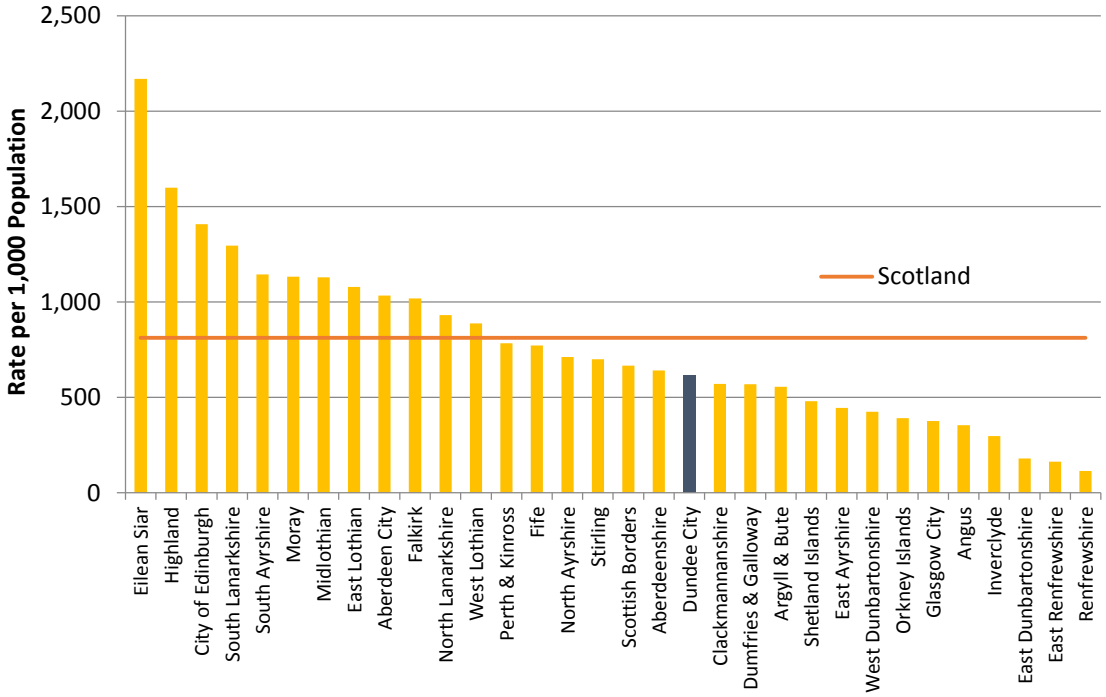
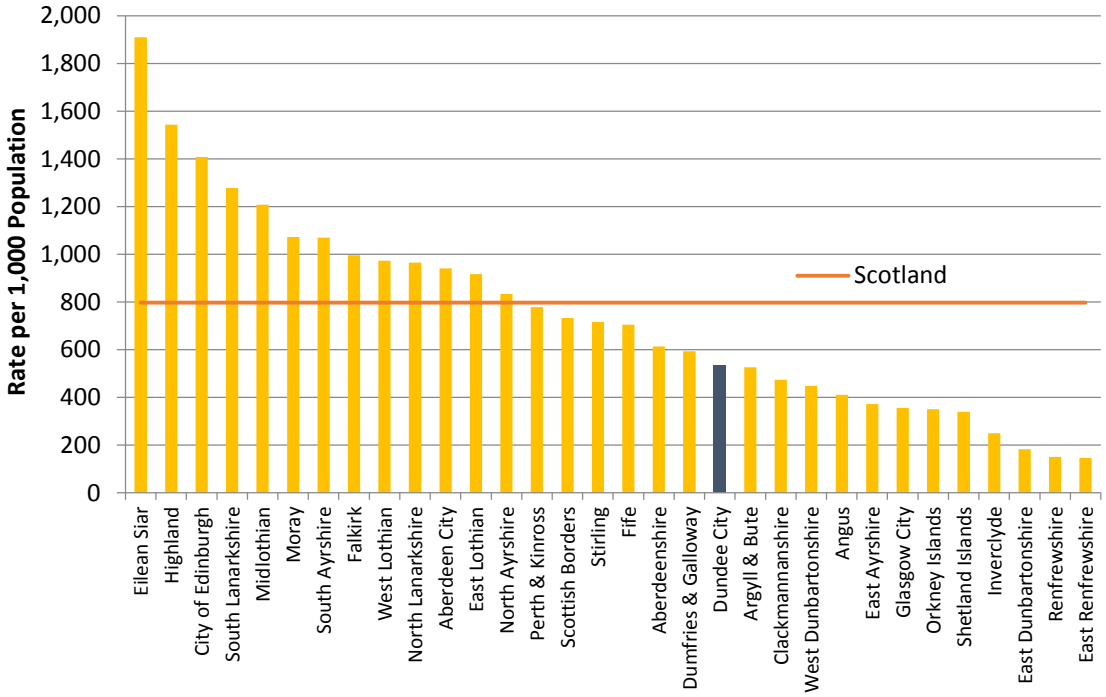
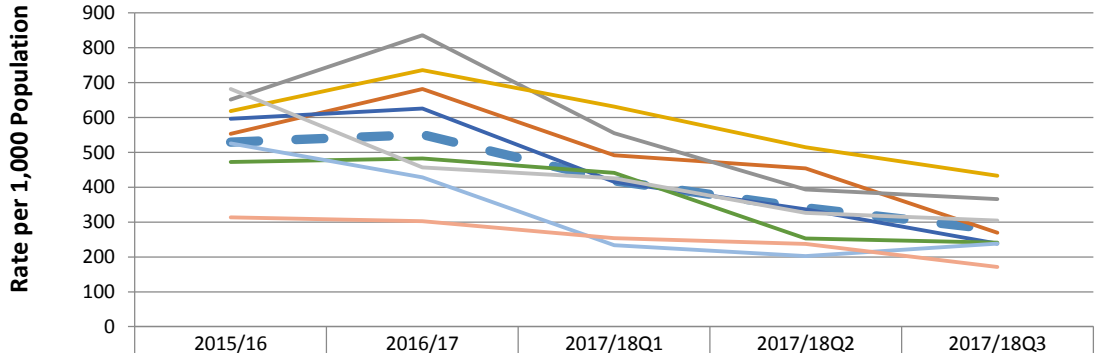


Chart 16 Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population Q2 benchmarking



- The rate of emergency admissions was lower than the Scottish rate in both quarters 1 and 2.
- The Dundee rate decreased from 617 in Q1 to 536 in Q2.
- Dundee performed better than 3 of the other 7 family group Partnerships. Dundee Performed better than North Lanarkshire, North Ayrshire, and Western Isles in both quarters and worse than Inverclyde, Glasgow, East Ayrshire and West Dunbartonshire in both quarters.

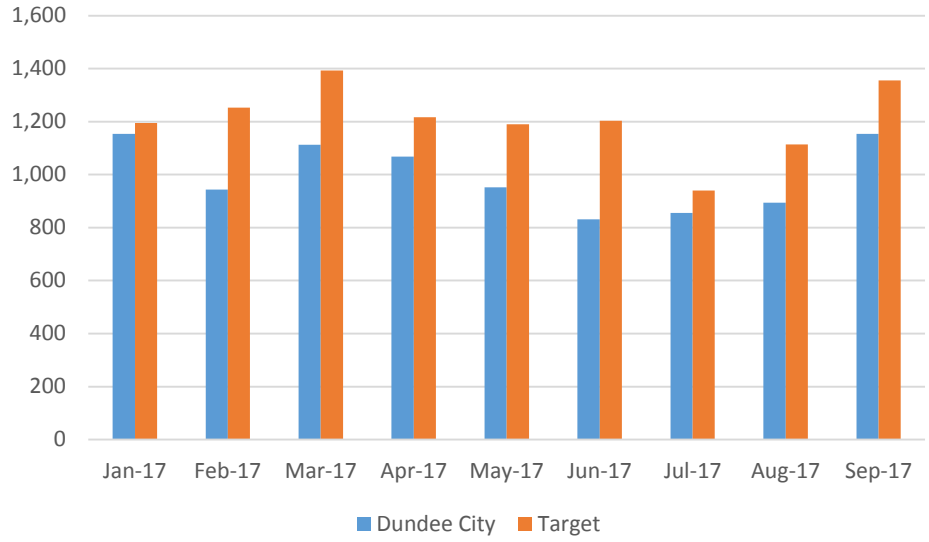
Chart 17: Number of Days People Aged 75+ Spend in Hospital when they are ready to be Discharged as a Rate per 1,000 Population by LCPP Areas



	2015/16	2016/17	2017/18Q1	2017/18Q2	2017/18Q3
Dundee	529.6	550.7	418.1	341.2	277.5
Coldside	553.2	681.1	491.8	453.5	269.7
East End	651.0	836.2	555.2	392.9	365.5
Lochee	618.5	735.7	631.3	514.5	433.1
Maryfield	596.3	625.6	415.2	336.4	238.2
North East	472.5	482.1	441.3	252.6	241.1
Strathmartine	525.5	428.0	233.9	202.6	238.4
The Ferry	313.2	302.5	254.2	237.1	171.4
West End	681.4	456.7	425.5	326.1	304.5

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

Chart 18: Performance against Local Delivery Plan Target – Bed Days Lost to Delayed Discharges 75+



Q3 17/18 Analysis

- The rate of bed days lost to delayed discharge for people aged 75+ dropped considerably in Q3 17/18.
- The rate is now the lowest it has been in over 5 years, having dropped from 530 in 15/16 to 278 in Q3 17/18
- The rate in all LCPPs decreased between Q2 17/18 and Q3 17/18.
- The East End was consistently one of the poorest performing LCPP areas for this indicator although the Q3 figure shows a considerable improvement since the baseline year in 2015/16 from 651 in 15/16 to 366 in Q3 17/18. The rate in the East End and Lochee is more than double the rate in The Ferry which has the lowest rate of 171.
- Performance against the LDP was exceeded in each month between April and September 2017.

What we have achieved to date:

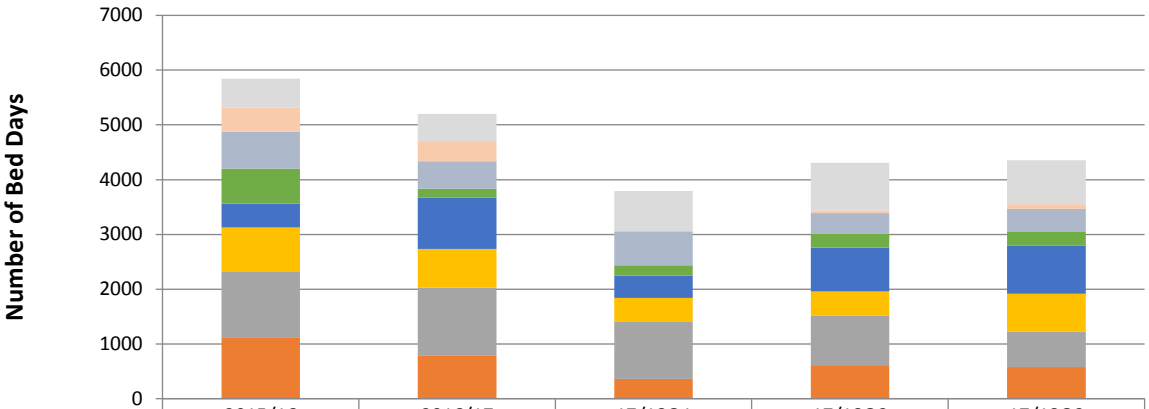
- There are currently two step down housing options which are working very well. An example of this is a 'Smart Flat' which uses a range of Technology Enabled Care to support people who are waiting for housing adaptations of a new home and who are delayed in hospital. A third step down housing option will be introduced during 2016/17.
- The capacity within the Mental Health Officer team has been enhanced and Dundee City has joined a Power of Attorney Campaign to support the discharge of people who are delayed in hospital as a result of a legal issue around guardianships.
- Pathways from hospital have been reviewed and assessment services have been aligned to more locality based working.
- We have mainstreamed a number of Reshaping Care for Older People projects and fully embedded them into models of working. An example is the development of a community pharmacy technician within the enablement service. This post supports people to be discharged from hospital by dealing with medicine complications which would otherwise have caused delays.

What we plan to do:

- Increased investment in intermediate forms of care.
- Remodel care at home services and provide more flexible responses.
- Further invest in social care infrastructure, including consolidating current tests of change through third sector partnerships.
- Further development of Community Rehabilitation.
- Review discharge management procedures and guidance.

- Develop a statement and pathway for involving carers in discharge planning process.
- Extend the range of third sector supports for adults transitioning from hospital back to the community.
- Develop a step down and assessment model for residential care.
- Hold Power of Attorney local campaigns.
- Earlier identification of requirement for measures under Adults with Incapacity (Scotland) Act 2016.
- Establish an integrated model of support for people with a learning disability and / or autism who also have extremely complex health and care support needs.
- Implement home and hospital discharge plan.

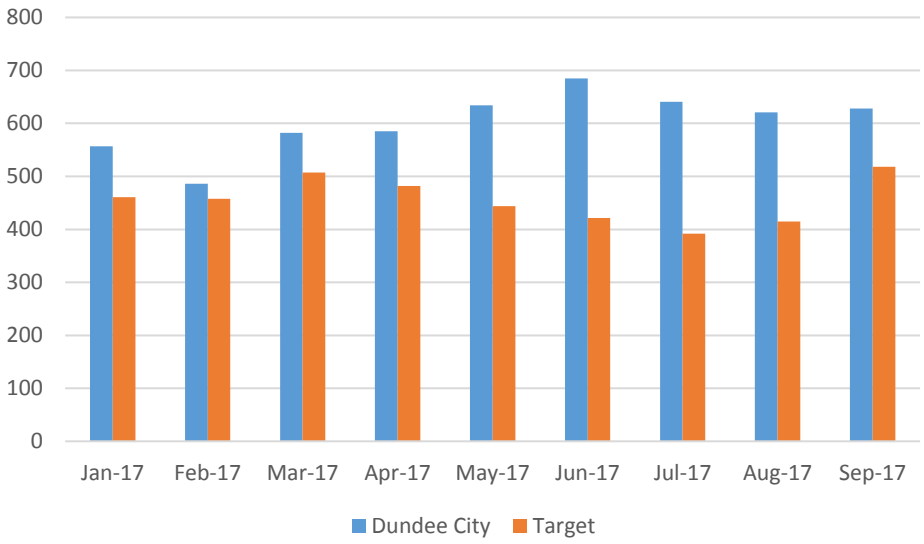
Chart 19: Number of Bed Days Lost to Complex Delayed Discharges for People of all Ages in Dundee by LCPP and Financial Year



	2015/16	2016/17	17/18Q1	17/18Q2	17/18Q3
West End	529	500	728	870	800
The Ferry	440	365	7	50	87
Strathmartine	675	507	618	376	421
North East	638	164	188	254	250
Maryfield	438	933	409	801	882
Lochee	809	708	438	442	689
East End	1204	1246	1040	901	648
Coldside	1112	780	364	614	577

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

Chart 20: Performance against Local Delivery Plan Target - Bed Days Lost (Code 9) 75+



Q3 17/18 analysis

- The number of bed days lost to a delayed discharges for complex reasons has decreased since 2015/16 from 3,620 to 1,514 in Q3 17/18.
- The number of bed days lost to delayed discharges for complex reasons increased in two of the eight LCPPs between Q2 17/18 and Q3 (The Ferry and Lochee). The number of bed days lost decreased in six LCPPS (Strathmartine, Coldside, East End, Maryfield, North East and West End).
- The LDP target was not met in any month between April and September 2017.

What we plan to do:

- Introduction of a daily huddle to start from 4th December 2017 as a test of change in mental health settings. The aims of the daily huddle are to achieve smoother transitions of care, ownership of decision making, shared awareness of key information which supports discharge planning and increased patient safety through planned and team based processes,
- Further development of step down options so that there is an increase in available resource by April 2018 to enable patients with a complexity of circumstances to have a period of intermediate care and rehabilitation,
- Establishment of an early intervention multi-disciplinary model and test of change which aims to prevent admission to hospital for adults with a complexity of circumstances who are experiencing distress,
- Planned development of specialist accommodation through the Strategic Housing Investment Plan and Mental Health and Learning Disability Strategic Commissioning Groups to enable adults who have a mental disorder to be able to leave hospital when they are well. These developments will be realised from 2018 onwards.
- Implementation of two additional Mental Health Officers in June 2017. This was following a successful test of change during the period 2016/17 in which an MHO was located at Ninewells Hospital and at the same time a review of guardianship and legal processes was undertaken. This test of change and the review has supported reduction in bed days lost due to Adult with Incapacity reasons,
- Ongoing promotion of Power of Attorney through local and Tayside wide campaign as a means of reducing requirement for Guardianship. Initial data suggests that the campaign is beginning to realise an increase in Power Of Attorney across Dundee and Tayside,
- Continue to build upon the work of the acute liaison service to support people with a learning disability and/or autism who experience an admission to Ninewells Hospital,
- Weekly monitoring of discharges and delays where Adults have a complexity of circumstances so that this informs improvement actions in response to the delays.

ITEM No …8……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 13 FEBRUARY 2018**

REPORT ON: **2017/18 MID YEAR PERFORMANCE SUMMARY**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC5-2018**

1.0 PURPOSE OF REPORT

The purpose of this report is to provide the Performance & Audit Committee with a summary of performance against key areas of service delivery reflected in the national health and wellbeing outcomes and indicators and Measuring Performance under Integration targets in the first six months of 2017/18.

2.0 RECOMMENDATIONS

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

2.1 Notes the performance in each service delivery area from 1 April 2017 to 30 September 2017 (Appendix 1).

2.2 Notes the performance achieved by the Partnership in comparison to the pre-integration position (2015/16) (as at section 4.2).

2.3 Notes the variation in performance between Local Community Planning Partnerships (LCPPs) in comparison to the pre-integration position (as at section 4.3 and Appendix 2).

2.4 Notes planned improvement actions and timescales and planned investment in relation to areas of service delivery where performance has not been improving (as at sections 4.6 - 4.8).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND

4.1 In September 2017 the PAC requested a mid-year performance summary be submitted to:

- provide a summary of Partnership performance over the period 1 April 2017 – 30 September 2017;
- highlight areas of improving performance and those where further improvement focus is required;
- highlight issues of variation in performance between localities;
- summarise the key challenges for the Partnership moving forward; and,
- suggest how this information should influence decisions regarding the future allocation of resources within the Partnership.

This mid-year performance summary is attached in appendix 1.

4.2 Overall performance has improved from the 2015/16 baseline (the pre-integration position) in two areas: emergency bed days and delayed discharge. Emergency admissions performance has been maintained in-line with the 2015/16 baseline position. However, performance has declined in relation to readmissions and falls related hospital admissions. The pattern of

performance is the same when a comparison is made with the first six months of 2016/17, with the exception of emergency bed days where performance has declined in 2017/18.

4.3 Locality variation in performance continues to be a feature across all service delivery areas for which data is available; for example, the falls related hospital admissions rate (18+) has increased by 46.7% in Lochee since the 2015/16 baseline, but has decreased by 2.9% in Strathmartine and Maryfield in the same period. However, the overall variation gap has narrowed between the 2015/16 baseline and quarter 2 - 2017/18 for emergency bed days, delayed discharge and readmissions. For emergency admissions and falls the variation gap between LCPPs has been widening.

4.4 When benchmarking against other Partnerships within Dundee's family group (those with similar socio-demographic characteristics) Dundee has improved its position for emergency bed days and delayed discharges; this means that performance is improving at a faster pace than comparable Partnerships. For emergency admissions Dundee has maintained its position as the best performing in the family group, meaning that despite an overall decline in performance in this service delivery area the Dundee Partnership is managing performance more effectively than comparable Partnerships. For readmissions and falls the family group rank has fallen, meaning that other comparable partnerships are managing performance in these areas more effectively than Dundee.

4.5 The Dundee Partnership continues to face significant challenges across the range of service delivery areas. For emergency bed days and delayed discharge, where performance has improved from the 2015/16 baseline, this has been reflected in improvements in the Dundee benchmarked position; meaning that the Partnership is improving performance at a greater rate than at least some other Partnerships across Scotland. For emergency admissions the national benchmarked position has fallen by two ranks and for readmissions and falls Dundee has remained the most poorly and second most poorly performing Partnership in Scotland.

4.6 The Unscheduled Care Board (Tayside) identified readmissions was a particular issue across all Tayside partnerships and gave a commitment to focus on this area of work as part of its work-plan. Resources were initially identified to explore both the qualitative and quantitative data available within health systems. The aim was to clarify how both the current pathways and systems contribute to the performance. This work would be aligned to any locality/partnership research with a view to developing local understanding, a clear action plan to address any areas of improvement and to review transitional pathways around between inpatient speciality services and community. Unfortunately this work has not yet commenced due to a change in staffing availability. The Unscheduled Care Board will relook at this work during 2018. We will continue to develop our local approaches through the analysis of local data and the progression of current service redesign work such as Dundee Enhanced Community Support (Acute).

4.7 While the Tayside Falls Strategy set the ambitions for the reduction of falls across Tayside, we understand that this performance can be linked to the demographics of Dundee, we recognise that a more targeted approach at a Dundee level is required to improve our performance. This targeted approach should map out the current resources, ensure access to a range of preventative services, agree a pathway for people who fall but are uninjured and refresh the pathway for people who fall and are injured or who access Accident and Emergency Services. To develop this Dundee Strategy we are reconvening a falls strategy group with a view to producing the strategy by autumn this year. As above, we will continue to develop our local approaches.

4.8 During 2017/18 Dundee Health & Social Care Partnership invested around £1.1m of extra resource into increasing social care capacity. This capacity has greatly increased the scale of community based response to reducing delayed discharges where a planned return home is the best option for the individual. Further investment in community based tests of change has continued through Integrated Care Fund, building capacity and alternative supports designed to meet the priorities of early intervention and prevention which continue to impact on the number of emergency beds days and admissions to hospital. Through the ongoing budget setting process and development of the Transformation Programme, the Partnership will consider the prioritisation of resources to support improvement in re-admissions and falls, as well as reducing variation in performance between LCPPs across all service delivery areas.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	The risk of not meeting targets against national indicators could affect outcomes for individuals and their carers and not make the best use of resources.
Risk Category	Financial, Governance, Political
Inherent Risk Level	15 – Extreme Risk
Mitigating Actions (including timescales and resources)	- Continue to develop a reporting framework which identifies performance against Measuring Performance under Integration targets. - Continue to report data quarterly to the PAC to highlight areas of poor performance. - Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as complex delayed discharges. - Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.
Residual Risk Level	9 – High Risk
Planned Risk Level	6 – Moderate Risk
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 22 January 2018

Appendix 1

2017/18 Mid-Year Performance Summary

Introduction

This report summarises performance in the Dundee Health and Social Care Partnership from 1 April 2017 - 30 September 2017.

For each of the national performance indicators, where data is available, comparison has been made between:

- the 15/16 baseline year and the first 6 months of 17/18, Dundee level;
- the 15/16 baseline year and the first 6 months of 17/18, showing whether the variation gap between LCPPs has been widening or narrowing;
- the first 6 months to 16/17 and the first 6 months of 17/18;
- between other partnerships performance during the first 6 months of 17/18; and
- between other family group partnerships during the first 6 months of 17/18.

Table 1: Dundee's Performance between 2015/16 and 2017/18 Q2

Improving performance / Better than comparator group average
Maintained performance / Similar to comparator group average
Declining performance / Poorer than comparator group average

	Areas of improvement from 2015/16 baseline		Areas of maintained performance from 2015/16 baseline	Areas of decline from 2015/16 baseline	
	Emergency Bed Days (18+)	Delayed Discharge Bed Days Lost (rate per 1,000, 75+)	Emergency Admissions (18+)	Readmission (rate per 1,000, 18+)	Falls related hospital admissions (rate per 1,000, 18+)
2015/16 baseline	7.9% decrease	40.6% decrease (17% decrease for 18+)	1.6% increase	3.6% increase	9.6% increase
LCPP Variation since 2015/16	narrowing	narrowing	widening	narrowing	widening
2016/17 mid-year position	2,846 increase	3,510 decrease	37 increase	262 increase	81 increase
All partnerships 2017/18 mid-positon	Better than 5 Poorer than 26	Better than 19 Poorer than 12	Better than 11 Poorer than 20	Poorer than all other partnerships	Better than 1 Poorer than 30
Family group partnerships 2017/18 mid-year position	Better than 6 Poorer than 1	Better than 3 Poorer than 4	Best in group	Poorer than all other partnerships	Better than 1 Poorer than 6

Table 2: All Partnerships Benchmarking 2015/16 to 2017/18 Q2

Improving rank

Maintained rank

Declining rank

	Emergency Bed Days (18+)	Delayed Discharge Bed Days Lost (rate per 1,000, 75+)	Emergency Admissions (18+)	Readmission (rate per 1,000, 18+)	Falls related hospital admissions (rate per 1,000, 18+)
2015/16 end of year rank	28	19	19	32	31
2016/17 end of year rank (Q2)	26 (27)	17 (20)	21 (21)	32 (32)	31 (31)
2017/18 end of Q2 rank	27	13	21	32	31
Overall change since 2015/16	+1	+6	-2	No change	No change

Table 3: Family Group Partnerships Benchmarking 2015/16 to 2017/18 Q2

Improving rank

Maintained rank

Declining rank

	Emergency Bed Days (18+)	Delayed Discharge Bed Days Lost (rate per 1,000, 75+)	Emergency Admissions (18+)	Readmission (rate per 1,000, 18+)	Falls related hospital admissions (rate per 1,000, 18+)
2015/16 end of year rank	5	6	1	8	7
2016/17 end of year rank	4	5	1	8	7
2017/18 end of Q2 rank	2	4	1	8	7
Overall change since 2015/16	+3	+2	No change	No change	No change

Where our performance has improved from 2015/16 baseline

Emergency Bed Days 18+

- During the first 6 months of 17/18, the rate of emergency bed days decreased from the 15/16 baseline year by 7.9% and exceeded the projected decrease. (Estimated decrease by 7.5% by the end of 17/18).
- Compared with the 15/16 baseline year there was variation in performance across LCPPs ranging from an increase of 2.5% in The Ferry to a decrease of 13.8% in West End. Overall the variation gap for emergency bed days has been narrowing since 15/16.
- Compared with the first 6 months of 16/17 there were 2,846 more emergency bed days during the first 6 months of 17/18. (159,844 up to 162,690)
- During the first 6 months of 17/18, compared with other partnerships, Dundee performed better than five partnerships and worse than 26.
- Dundee performed better than all other family group Partnerships, except for Glasgow. Dundee performed better than North Lanarkshire, North Ayrshire, East Ayrshire, Inverclyde, West Dunbartonshire and Western Isles.

Delayed Discharge bed days lost rate per 1,000 75+

- During the first 6 months of 17/18, the rate of bed days lost to delayed discharges decreased from the 15/16 baseline year by 40.6%.
- Projections calculated for 'Measuring Performance under Integration' were for age 18+ the projection was a decrease of 17%.
- Compared with the 15/16 baseline year there was variation in performance across LCPPs ranging from a decrease of 18.7% in The Ferry to a decrease of 72.7% in Strathmartine. Overall the variation gap for delayed discharges has been narrowing since 15/16.
- Compared with the first 6 months of 16/17 there were 3,510 less delayed discharge bed days during the first 6 months of 17/18. (9,561 down to 6,051)
- Compared with other partnerships, Dundee performed better than 19 partnerships and worse than 12.
- Dundee performed better than 3 of the other 7 family group Partnerships. Dundee Performed better than North Lanarkshire, North Ayrshire, and Western Isles and worse than Inverclyde, Glasgow, East Ayrshire and West Dunbartonshire.

Where our performance has been maintained in line with 2015/16 baseline

Emergency Admissions 18+

- During the first 6 months of 17/18, the rate of emergency admissions increased from the 15/16 baseline year by 1.6%, however this has increased at a lower rate than projected. (Estimated increase by 7.1% by the end of 17/18).
- Compared with the 15/16 baseline year, there was variation in performance across LCPPs ranging from an increase of 8.7% in North East and Lochee to a decrease of 1.5% in Coldside. Overall the variation gap for emergency admissions has been widening since 15/16.
- Compared with the first 6 months of 16/17 there were 37 more emergency admissions in the first 6 months of 17/18 (up from 14,873 to 14,913)
- Compared with other partnerships, Dundee performed better than 11 and worse than 20.
- Dundee performed better than all other family group Partnerships (North Lanarkshire, Glasgow, East Ayrshire, North Ayrshire, Inverclyde, West Dunbartonshire, Western Isles.)

Where our performance has declined from 2015/16 baseline

Readmission Rate per 1,000 18+

- During the first 6 months of 17/18, the rate of readmissions increased from the 15/16 baseline year by 3.6%.
- Compared with the 15/16 baseline year, there was variation in performance across LCPPs ranging from an increase of 16.7% in Lochee to a decrease of 2.9% in Strathmartine and Maryfield. Overall the variation gap for readmissions has been narrowing since 15/16.
- Compared with the first 6 months of 16/17 there were 262 more readmissions in the first 6 months of 17/18 (up from 2,905 to 3,167)
- Compared with all other partnerships, Dundee performed the poorest.

Falls related hospital admissions per 1,000 18+

- During the first 6 months of 17/18, the rate of hospital admissions due to falls has increase from the 15/16 baseline year by 9.6%.
- Compared with the 15/16 baseline year, there was variation in performance across LCPPs ranging from an increase of 46.7% in Maryfield to a decrease of 8.1% in Strathmartine. Overall the variation gap for falls has been widening since 15/16.
- Compared with the first 6 months of 16/17 there were 81 more falls admissions in the first 6 months of 17/18 (up from 630 to 711)
- Compared with other partnerships, Dundee performed worse than 30 partnerships and better than one partnership.

Appendix 2

Have we closed the variation gap between LCPPS?

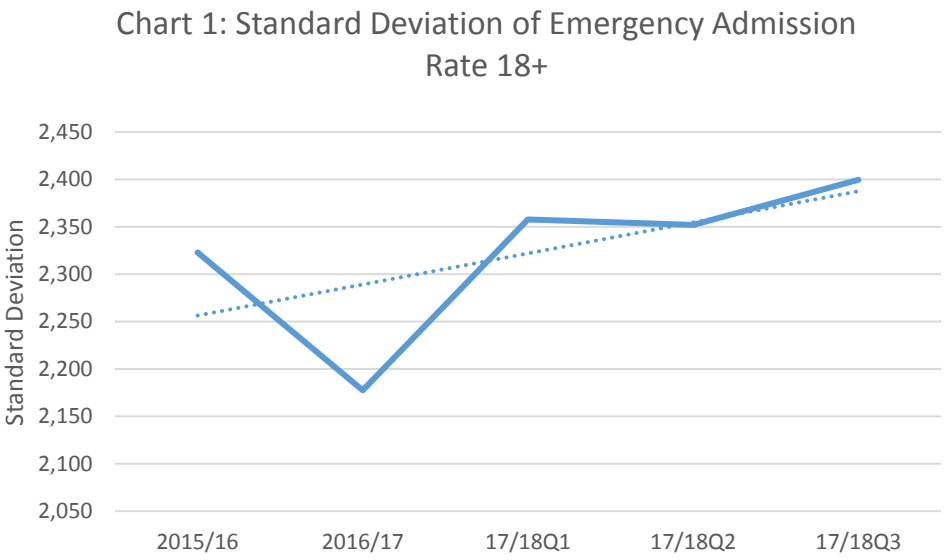
Methodology

Standard Deviation was used to determine if we have closed the variation gap between LCPPs for the national health and wellbeing indicators since 2015/16. Standard Deviation is a statistical calculation which measures the dispersion of a group of data (LCPP values) from the mean (Average for Dundee). The lower the standard deviation value, the lower the variation between the performance in each LCPP and the mean (average) for Dundee.

Note: the lower the standard deviation, the lower the variation is between performance in individual LCPPs.

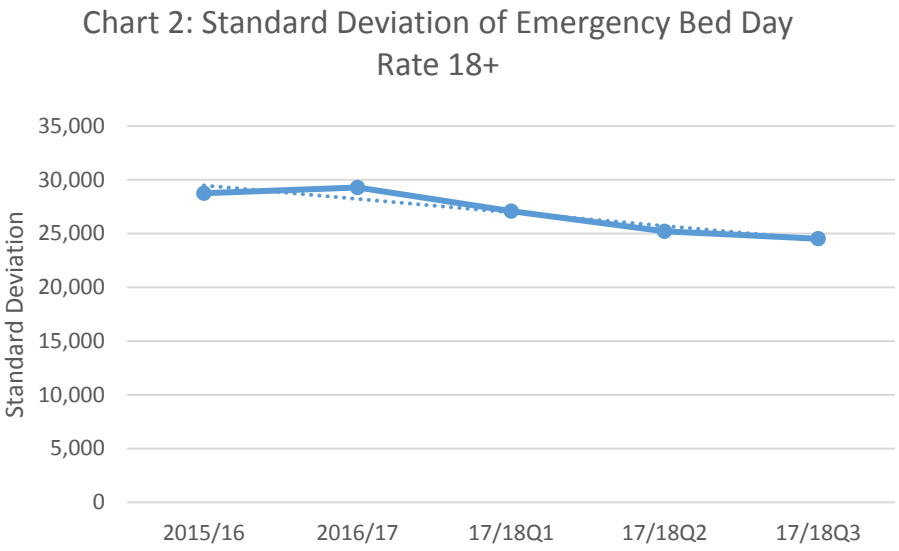
Note: the dotted line on the charts below is the trend line.

Emergency Admission Rate (18+)



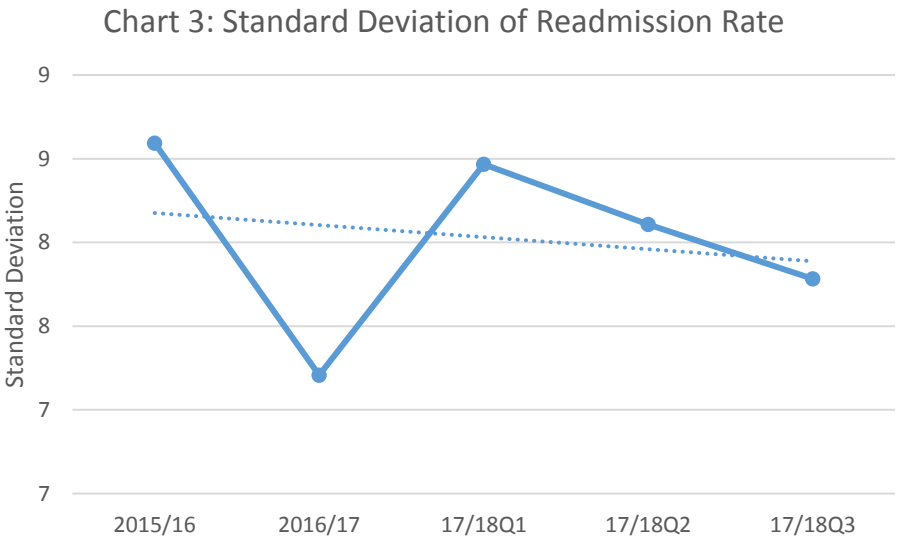
The variation between LCPPs is INCREASING.

Emergency Bed Day Rate (18+)



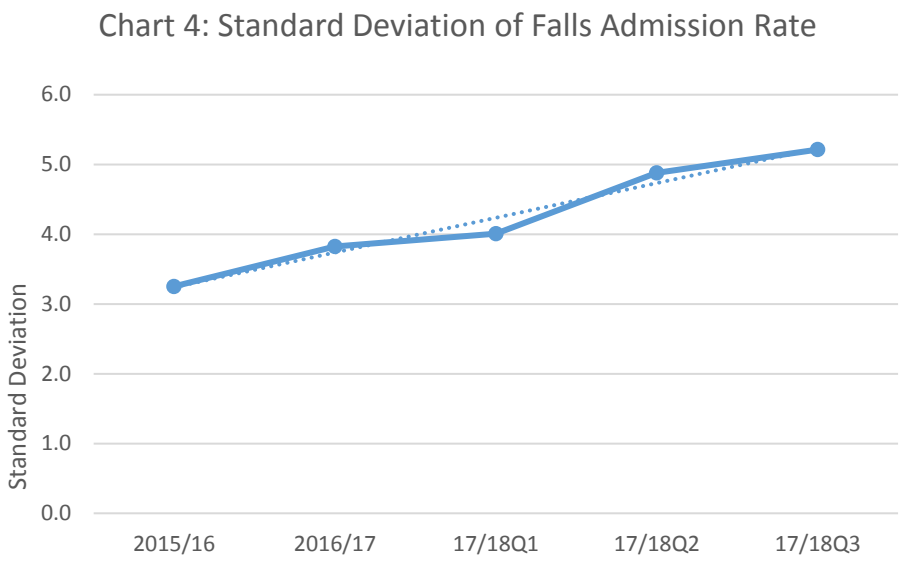
The variation between LCPPs is DECREASING.

Readmission Rate (rate per 1,000, 18+)



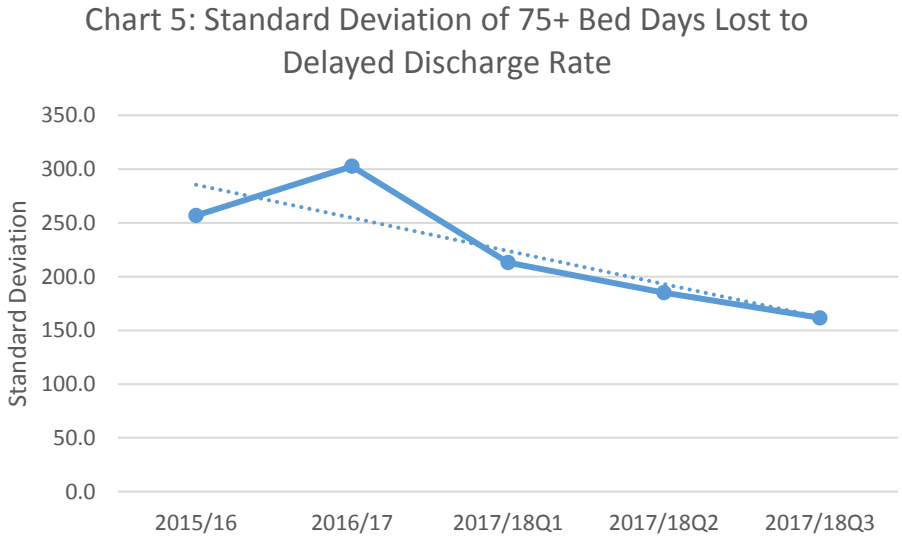
The variation between LCPPs is DECREASING.

Falls related hospital admissions (rate per 1,000, 18+)



The variation between LCPPs is INCREASING.

Delayed Discharge Bed Days Lost (rate per 1,000, 75+)



The variation between LCPPs is DECREASING.

ITEM No …9……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 13 FEBRUARY 2018**

REPORT ON: **MEASURING PERFORMANCE UNDER INTEGRATION - 2018/19 SUBMISSION**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC6-2018**

1.0 PURPOSE OF REPORT

The purpose of this report is to inform the Performance & Audit Committee of the 2018/19 submission made by the Partnership to the Ministerial Strategic Group for Health and Community Care (MSG) as part of the Measuring Performance under Integration work stream.

2.0 RECOMMENDATIONS

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

2.1 Notes the summary table of targets under each service delivery area (Appendix 1) and the 2018/19 submission to the MSG (Appendix 2).

2.2 Notes the methodology used to develop proposed targets for submission to the Ministerial Strategic Group (sections 4.2.3 and 4.2.4 and Appendix 3).

2.3 Notes that 2018/19 targets will remain in draft until such times as the Integration Joint Board budget for 2018/19 has been confirmed (section 4.2.5) and the submission has been approved by the Integration Joint Board at its meeting on 27 February 2018.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND

4.1 Measuring Performance under Integration – 2017/18 Request, Submission and Performance

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, trajectories and performance targets 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.

4.1.2 In February 2017 the Dundee Partnership provided an initial response to the Scottish Government for consideration by the MSG. In each service area the response set out:

- What available data was telling us about local performance;
- What we had achieved to date through commissioning and delivery activity;
- What more we planned to do to impact on each area of service delivery; and,

- How we planned to measure improvement, including setting out trajectories and performance targets.

Report DIJB20-2017 (Measuring Performance Under Integration) provides detailed information regarding the request and response submitted. The submission from Dundee was identified by MSG as a particularly high quality submission.

4.1.3 During 2017/18 the Scottish Government, via National Services Scotland Information Service Division, has provided a quarterly Measuring Performance under Integration dataset to all Partnerships for each of the indicators within the MSG submission for which data is available. To date information has been provided up to October 2017.

4.1.4 At a local level performance against targets set out in the 2017/18 submission has been reported as part of the regular Quarterly Performance Reports submitted to PAC. Report PAC32-2017 (Dundee Health & Social Care Partnership Performance Report – Quarter 2) includes the position in Dundee at end of quarter 2, 2017/18. In summary, there has been positive performance against 2017/18 interim targets; three areas have exceeded interim targets for the period (unplanned admissions, occupied bed days for unscheduled care and A&E performance) and one area partially met the interim targets (delayed discharges). For two areas (end of life care and the balance of spend) data is not available monthly or quarterly to allow for performance monitoring. Delayed discharges due to complex reasons has consistently not met the interim target.

4.2 Measuring Performance under Integration – 2018/19 Request and Submission

4.2.1 In late November 2017 the Scottish Government and COSLA, on behalf of the MSG, sent an update to Partnerships regarding progress made in considering how best to provide regular updates to MSG (Appendix 4). This followed a broader stakeholder consultation event hosted by COSLA in 2017 at which the expectations of MSG were discussed alongside local performance management systems and resources, from which a working group of Chief Finance Officers, data analysts, Scottish Government representatives and Integration Managers was formed to develop a proposed framework for sharing progress under the six service delivery areas with MSG.

4.2.2 Whilst the details of the proposed framework are further considered and developed by MSG, supported by the working group, the Scottish Government and COSLA have agreed it would be helpful for MSG to have an updated overview of local objectives and ambitions in each of the six service delivery areas. To that end an invitation was extended to the Partnership to submit objectives, trajectories and targets for 2018/19 on a standardised format by 31 January 2018.

4.2.3 It should be noted that the 2017 Measuring Performance Under Integration submission to MSG included targets under each service delivery area for all ages. The guidance issued alongside the November 2017 letter recognises that local arrangements mean that not all Partnerships have delegated children's services functions and therefore their work does not directly impact on performance across all age groups. For the 2018 submission there is an option to submit targets for 18+ only; this is the approach that has been taken in Dundee in line with the scope of the IJB's delegated functions. This change of approach means that targets and data included in performance reports relating to Measuring Performance Under Integration until the 31 March 2018 will refer to data for all ages, whilst targets included in this report and in performance reports from 1 April 2018 will refer to data for 18+.

4.2.4 Targets agreed in the February 2017 response were applied to the data for aged 18+ and data was analysed. The following trends were assessed and used in preparation of the current submission:

- 15/16 baseline data;
- 15/16 based projections for 17/18 and 18/19;
- Trajectories / targets submitted in the February 2017 response for 17/18 and 18/19;
- Actual data from 1 April 2017 – 31 October 2017 and estimated data from 1 November 2017 – 31 March 2018 to estimate the 17/18 position; and
- 18/19 trajectories / targets based on the 17/18 estimated position.

Where special cause variation, for example improvement work to reduce delayed discharges or the flu epidemic, caused extraordinary data results, subsequent year targets were adjusted so that the same rate of increase or decrease was not expected in subsequent years. 18/19 targets for A+E attendances and delayed discharge bed days lost were adjusted for these reasons.

- Appendix 1 is a summary table of the 32 indicators which correspond to the six key service delivery areas.

  Appendix 2 contains the template provided by the Scottish Government. This has been completed and will form the entire Dundee submission.

  Appendix 3 was used in preparation of the submissions and has been included as supplementary information. Charts and methodologies have been provided.

4.2.5 An interim submission has been made to the Scottish Government to meet the 31 January 2018 deadline following consultation with the Chief Officer and Heads of Service. At this time it was highlighted that the submission would be subject to revision following the PAC on 13 February 2018 and the Integration Joint Board on 27 February 2018. In addition it was noted that the targets contained within the submission for 2018/19 cannot be confirmed until such times as the 2018/19 IJB budget has been finalised and an assessment made of the adequacy of resources to deliver planned improvement actions factored in to the calculation of targets.

4.2.6 Performance against targets (for both 2017/18 and 2018/19) will continue to be reported as part of the quarterly performance reports submitted to PAC. Targets will also be integrated into the Partnership's 2018/19 delivery plan, where the principles of the approach utilised for submissions will be expanded to encompass additional service delivery areas.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	The risk of not meeting targets against national indicators could affect outcomes for individuals and their carers and not make the best use of resources.
Risk Category	Financial, Governance, Political
Inherent Risk Level	15 – Extreme Risk
Mitigating Actions (including timescales and resources)	- Continue to develop a reporting framework which identifies performance against Measuring Performance under Integration targets. - Continue to report data quarterly to the PAC to highlight areas of poor performance. - Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as complex delayed discharges. - Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.
Residual Risk Level	9 – High Risk
Planned Risk Level	6 – Moderate Risk
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 22 January 2018

Appendix 1

			15/16 baseline	17/18 Projection (15/16 based)	17/18 Trajectory agreed Feb 17	17/18 Actual and Estimated	18/19 Trajectory agreed Jan 18	% Change (15/16 baseline to 18/19 trajectory
Unplanned admissions								
1.	Number of emergency admissions	submitted	14,125	15,168	15,153	15,122	15,464	+9.5%
2.	Number of emergency admissions from A+E	submitted	6,483	7,345	6,797	7,616	7,616	+17.5%
3.	A+E conversion rate (%)	to be developed						
Occupied bed days for unscheduled care								
4.	Number of emergency bed days	submitted	120,989	115,305	114,132	111,893	108,129	-10.6%
5.	Number of emergency bed days ; geriatric long stay	to be developed						
6.	Number of emergency bed days; mental health specialities	to be developed						
A+E Performance								
7.	Number of A+E attendances	submitted	23,437	23,336	22,686	26,562	26,562	+13.3%
8.	A+E % seen within 4 hours	to be developed						

			15/16 baseline	17/18 Projection (15/16 based)	17/18 Trajectory agreed Feb 17	17/18 Actual and Estimated	18/19 Trajectory agreed Jan 18	% Change (15/16 baseline to 18/19 trajectory
Delayed Discharges								
9.	Number of bed days lost – standard and code 9	submitted	15,050	14,502	14,042	6,939	6,592	-56.2%
10.	Number of bed days lost – code 9	Not submitted						
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 ***based on 16/17 deaths but will change in 17/18 and 18/19 as % proportions are applied to the total number of deaths in each year**								
13.	% of last 6 months of life in community	submitted	86.9%		88%		89%	+2.1%
14.	% of last 6 months of life in hospice / palliative care unit	submitted	1.4%		2%		3%	+1.6%
15.	% of last 6 months of life in community hospital	Not applicable						
16.	% of last 6 months of life in large hospital	submitted	11.7%		10%		8%	-3.5%
17.	Number of days of last 6 months of life in community	submitted	252,351		252,275*		255,143*	n/a as no. of deaths each year varies
18.	Number of days of last 6 months of life in hospice / palliative care unit	submitted	3,965		5,733*		8,600*	n/a as no. of deaths each year varies
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		28,668*		22,934*	n/a as no. of deaths each year varies

			15/16 baseline	17/18 Projection (15/16 based)	17/18 Trajectory agreed Feb 17	17/18 Actual and Estimated	18/19 Trajectory agreed Jan 18	% Change (15/16 baseline to 18/19 trajectory
Balance of Care								
21.	% of population living at home (unsupported) – All ages	submitted	97.7%		2			
22.	% of population living at home (supported) – All ages	submitted	1.3%		1.5%			
23.	% of population living in a care home – All ages	submitted	0.7%		0.5%			
24.	% of population living in hospice / palliative care unit – All ages	to be developed						
25.	% of population living in community hospital – All ages	submitted	0%		0%			
26.	% of population living in large hospital – All ages	submitted	0.4%		0.4%			
27.	% of population living at home (unsupported) – 75+	submitted	79.8%		80%			
28.	% of population living at home (supported) – 75+	submitted	11.3%		11.6%			
29.	% of population living in a care home – 75+	submitted	6.8%		6.7%			
30.	% of population living in hospice / palliative care unit – 75+	to be developed						
31.	% of population living in community hospital – 75+	submitted	0%		0%			
32.	% of population living in large hospital – 75+	submitted	2%		1.7%			

Appendix 2

Dundee	Unplanned admissions 18+	Unplanned bed days 18+	A&E attendances 18+	Delayed discharge bed days 18+	Last 6 months of life	Balance of Care
Baseline	2016/17 change from 2015/16:	2016/17 change from 2015/16:	2016/17 change from 2015/16:	2016/17 change from 2015/16: **All delays**	2016/17 change from 2015/16: **Last 6 months community (inc care homes)**	2016/17 change from 2015/16: 2016/17 data not yet available
15/16 (baseline)	14,125	120,989	23,437 A+E attendances and 6,483 admissions from A+E	15,050	0.8% decrease (250,272) in number of days spent in the community for people who died between 15/16 and 16/17.	
16/17	14,500	117,304	23,388 A+E attendances and 6,936 admissions from A+E	14,627	**Last 6 months hospice palliative care unit** 10.8% decrease (3,537) in number of days spent in hospice / palliative care for people who died between 15/16 and 16/17.	
Difference	+375	-3,685	-49 A+E attendances and +453 admissions from A+E	-423		
% Difference	+2.5%	-3%	-0.2% A+E attendances and +7% admissions from A+E	-2.8%	**Last 6 months large hospital** 3.4% decrease (32,868) in number of bed days for people who died in large hospital between 15/16 and 16/17.	
Objective	17/18 target **Increase by 4.3%** 17/18 target admissions – 15,122 17/18 target rate per 100,000 – 12,436 The 17/18 target rate is 0.4% lower than the expected 17/18 rate based on 15/16 projections. This is a reduction of 46 emergency admissions	17/18 target **Decrease by 4.6%** 17/18 target bed days – 111,893 17/18 target rate per 100,000 – 92,018 The 17/18 rate is 3% lower than the expected 17/18 rate based on 15/16 projections. This is a reduction of 3,412 emergency bed days compared with the 15/16 projection.	17/18 target **Increase in A+E attendances by 15%** 17/18 target A+E attendances – 26,562 The 17/18 rate is 14% higher than the expected 17/18 rate based on 15/16 projections. This is an increase of 3,225 A+E attendances compared with the 15/16 projection.	17/18 target **All delays** **Decrease bed days lost due to delayed discharges by 14.7%** 17/18 target bed days lost – 12,480 17/18 target rate per 100,000 – 103 The 17/18 rate is 13.9% lower than the expected 17/18 rate based on 15/16 projections. This is a decrease of 2,022 bed days lost due to delayed discharges	17/18 target Number of days of last 6 months of life spent in community - increase by **2% (255,277)** Number of days of last 6 months of life spent in hospice / palliative care unit – increase by **2% (3,608)** Number of Bed Days of Last 6 Months of Life Spent in Large Hospital – decrease by **13% (28,595)**	16/17 Targets **Supported At Home** All Ages – 1.5% of the population supported at home. 75+ - 11.6% of the population supported at home **Unsupported At Home** All Ages – 97.6% of the population unsupported at home. 75+ - 80% of the population unsupported at home.

	compared with the 15/16 projection. 2018/19 target **Increase by 2.3%** 18/19 target admissions – 15,464 18/19 target rate per 100,000 – 12,710 The 18/19 target rate is 2.4% lower than the expected 18/19 rate based on 15/16 projections. This is a reduction of 363 emergency admissions compared with the 15/16 projection.	2018/19 target **Decrease by 3.4%** 18/19 target bed days – 108,129 18/19 target rate per 100,000 – 88,875 The 18/19 rate is 4.5% lower than the expected 18/19 rate based on 15/16 projections. This is a reduction of 4,957 emergency bed days compared with the 15/16 projection.	**Increase A+E admissions by 10%** 17/18 target A+E admissions – 7,616 17/18 target A+E admissions rate - 287 The 17/18 rate is 3.7% lower than the expected 17/18 rate based on 15/16 projections. This is a reduction of 271 A+E admissions compared with the 15/16 projection. 2018/19 target **Decrease A+E attendances by 0%** 18/19 target A+E attendances – 26,562 The 18/19 rate is 14% higher than the expected 18/19 rate based on 15/16 projections. This is an increase of 3,225 A+E attendances compared with the 15/16 projection. **Decrease A+E admissions by 2%** 18/19 target A+E admissions – 7,616 18/19 target A+E admissions rate – 281 The 18/19 rate is 16% lower than the expected 18/19 rate based on 15/16 projections. This is a reduction of 176 A+E	compared with the 15/16 projection. 2018/19 target Decrease bed days lost due to delayed discharges by 5% 18/19 target bed days lost – 11,856 18/19 target bed days lost rate - 97 The 18/19 rate is 18.2% lower than the expected 17/18 rate based on 15/16 projections. This is a decrease of 2,646 bed days lost due to delayed discharges compared with the 15/16 projection.	2018/19 change: Number of Bed Days of Last 6 Months of Life Spent in Community- increase by **2% (260,383)** Number of Bed Days of Last 6 Months of Life Spent in Hospice / Palliative Care Unit – increase by **2% (3,680)** Number of Bed Days of Last 6 Months of Life Spent in Large Hospital – decrease by **13% (24,878)**	**Living in Care Homes** All Ages – 0.5% of the population living in care homes. 75+ - 6.7% of the population living in care homes. **Large Hospital** All Ages – 0.4% of the population in large hospital. 75+ - 1.7% of the population living in large hospital.

			admissions compared with the 15/16 projection.			
How will it be achieved	-Further development of Enhanced Community Support, including acute. - Implement 7 day targeted working (EA5-USC) - Increased awareness and use of anticipatory care plans for all Adults where a plan would be of benefit. - Implement an improvement plan relating to re-admission to hospital within 28 days of discharge analysis and improvement plan. - Implement the Tayside Falls Prevention and Management Framework (2017-20) and refresh DHSCP falls pathway. - Transformation of work with primary care and the implementation of the new GP contract. - Development of locality based out-patient clinics. Development of integrated care homes.	- Continue to review in patient models in line with community change. - Further implement planned date of discharge model. - Further develop discharge planning arrangements for adults with a learning disability and / or autism, mental ill-health, physical disability and acquired brain injury. - Increase investment in intermediate forms of care. - Co-locate the Learning Disability Acute Liaison Service within the Hospital Discharge Team base at Ninewells Hospital - Increase investment in resources which support assessment for 24 hour care taking place at home or home like settings. - Implement a pathway for people with substance misuse problems and who have multiple morbidities. - Hold Power of Attorney local campaigns. - Earlier identification of requirement for measures under Adults with Incapacity (Scotland) Act 2016. - Integrated pathways are being developed across care home teams, ortho geriatrics and older people psychiatry. - Remodel AHP services within acute settings to improve pathways. - Further remodel integrated discharge hubs which will improve joint working arrangements.	-Further development of Enhanced Community Support, including acute - Implement 7 day targeted working (EA5-USC) - Increased awareness and use of anticipatory care plans for all Adults where a plan would be of benefit. - Implement an improvement plan relating to re-admission to hospital within 28 days of discharge analysis and improvement plan. - Implement the Tayside Falls Prevention and Management Framework (2017-20) and refresh DHSCP falls pathway. - - Implement a pathway for people with substance misuse problems and who have multiple morbidities. - Transformation of work with primary care and the implementation of the new GP contract. - Remodelling of polypharmacy. - Further remodel integrated discharge hubs which will improve joint working arrangements.	-Increased investment in intermediate forms of care. - Remodel care at home services and provide more flexible responses. - Further invest in social care infrastructure, including consolidating current tests of change through third sector partnerships. - Further development of Community Rehabilitation. - Review discharge management procedures and guidance. - Develop a statement and pathway for involving carers in discharge planning process. - Extend the range of third sector supports for adults transitioning from hospital back to the community. - Develop a step down and assessment model for residential care. - Hold Power of Attorney local campaigns. - Earlier identification of requirement for measures under Adults with Incapacity (Scotland) Act 2016. - Establish an integrated model of support for people with a learning disability and / or autism who also have extremely complex health and care support needs. - Implement home and hospital discharge plan.	-PEOLC test site for dementia - Expand the use of Palliative Care Tool Bundle and Response Standards in use across community based health and social care services. -Fully implement the Macmillan Improving the Cancer Project. - PEOLC Managed Clinical Network in place, to focus on non-specialist palliative care. - Increased availability of Key Information Summaries and ACPs. - Learning disability community nursing team will work with MacMillan nurses to improve methods of communication.	-Further develop Enhanced Community Support, including acute. - Develop a model of support for carers in line with the Carers Act. - Continue to review in patient models in line with community change. -Increase investment in models that support adults within their own homes. - increase investment and improve capacity in social care. - Continue to develop step down to assess model. - Increase the range of accommodation with support for people with complex needs. - Increase social prescribing and improve self-care. - Further develop accommodation with support models in the community for adults. - Remodel the stroke pathway. - Further develop short breaks and respite opportunities.

Progress (updated by ISD)						
Notes			The attendance trajectories are a result of the flu virus epidemic which hit Tayside severely over the autumn / winter of 17/18 and also an increase in fractures due to adverse weather causing falls. The admission rates appear good due to the high number of attendances		Accidental deaths excluded	

Appendix 3

Measuring Performance Under Integration

Charts and Methodologies

Introduction

This report provides key information to assist with the interpretation of the Dundee submission to the Ministerial Strategic Group regarding 'Measuring Performance under Integration'.

Under each of the six high level service delivery areas is a chart which illustrates

- 'Projections submitted in Feb 17' which is the projection from the 2015/16 baseline year based on no further improvement being made. This projection was included as part of the February 2017 submission.

- 'Trajectories submitted in Feb 17' which is the projection plus / minus the target applied to each year. This illustrates the improvement which was intended from 205/16 onwards.

- 'Dundee Actual (Up to Oct 17) and Expected (Oct 17 to Mar 18)' illustrates the most current actual data available and an estimate for the remaining months up to March 18. This demonstrates actual performance and when compared against the projection (blue line), demonstrates the impact of the HSCP since the 15/16 baseline. This impact is positive when the grey broken line shows a more positive position than the blue line and this impact is negative when the grey broken line shows a less positive position that the blue line.

- 'Trajectories agreed in Jan 18 for 18/19' is the actual and expected data with the 18/19 target applied to this.

Emergency Admissions

Chart 1: Emergency Admissions 18+ as a Rate per 100,000 Population in Dundee

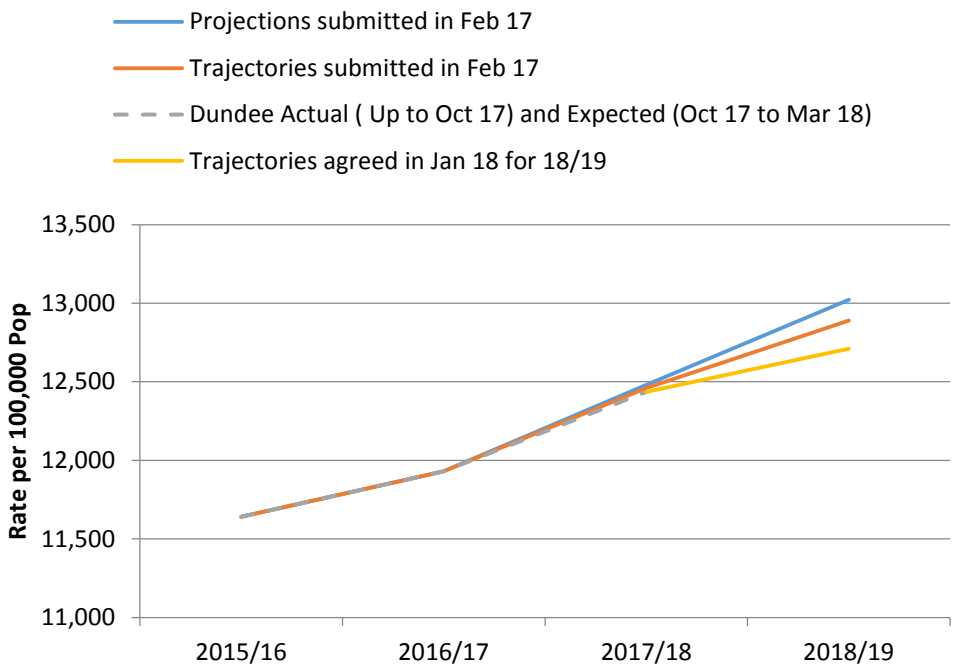
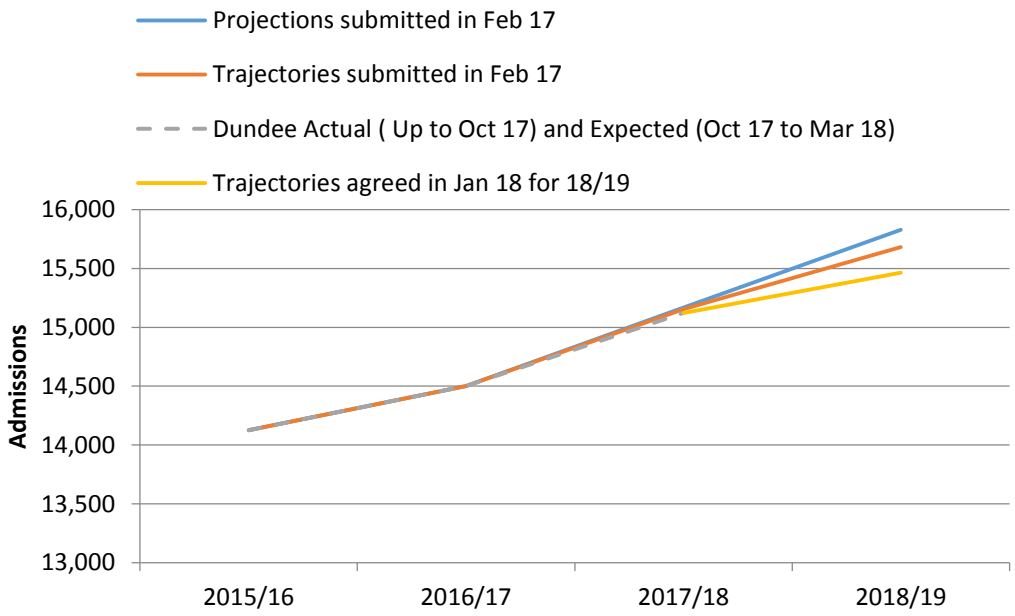


Chart 2: Emergency Admission Numbers 18+



What is the data telling us?

- 17/18 estimated and actual performance is better than the 15/16 based projection for 17/18 and the 17/18 trajectory (target) set in February 17.
- Emergency admissions were projected to increase in 17/18 (15,168 – 15/16 based projection) and the trajectory set in Feb 17 for 17/18 was for emergency admissions to increase at a slower rate than the projection (15,153).
- The actual and estimated data for 17/18 shows that Dundee is likely to perform even better and there will be approximately 15,122 emergency admissions.

How was the 18/19 target developed?

- The 15/16 based projection for 18/19 was that emergency admissions would increase from 15,168 in 17/18 to 15,827 in 18/19. The 18/19 trajectory submitted February 17 was to reduce the rate of this increase to 15,683.
- The 18/19 target is to further reduce emergency admissions from the 17/18 actual and estimate by 4.3% to 15,464 emergency admissions.

How will trajectories agreed in Jan 18 for 18/19 be achieved?

- Further development of Enhanced Community Support, including acute.
- Implement 7 day targeted working (EA5-USC)
- Increased awareness and use of anticipatory care plans for all Adults where a plan would be of benefit.
- Implement an improvement plan relating to re-admission to hospital within 28 days of discharge analysis and improvement plan.
- Implement the Tayside Falls Prevention and Management Framework (2017-20) and refresh DHSCP falls pathway.
- Transformation of work with primary care and the implementation of the new GP contract.
- Development of locality based out- patient clinics.
- Development of integrated care homes.

Emergency Bed Days

Chart 3: Emergency Bed Days 18+ as a Rate per 100,000 Population in Dundee

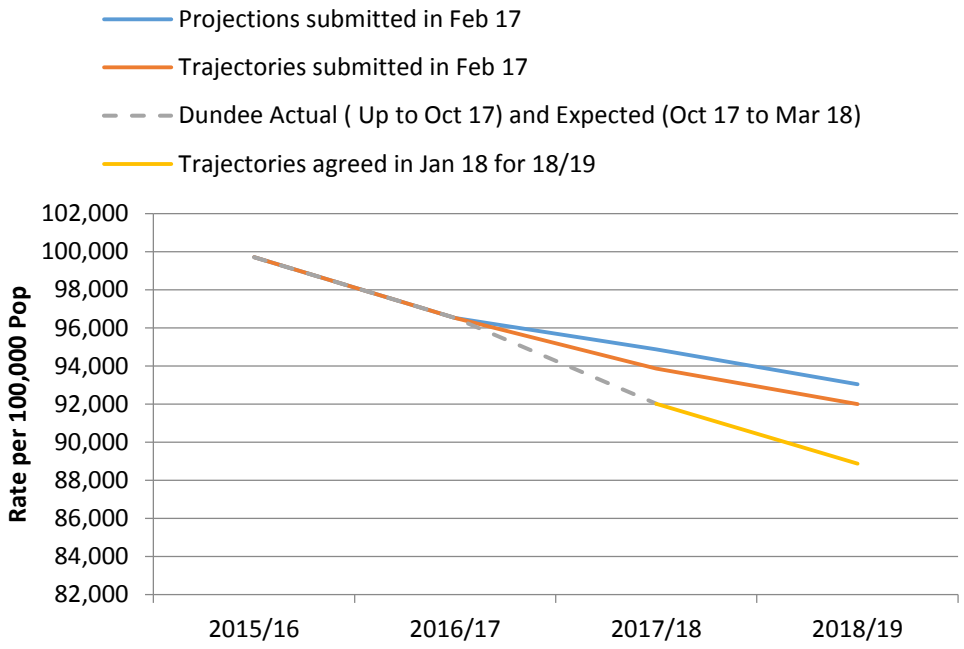
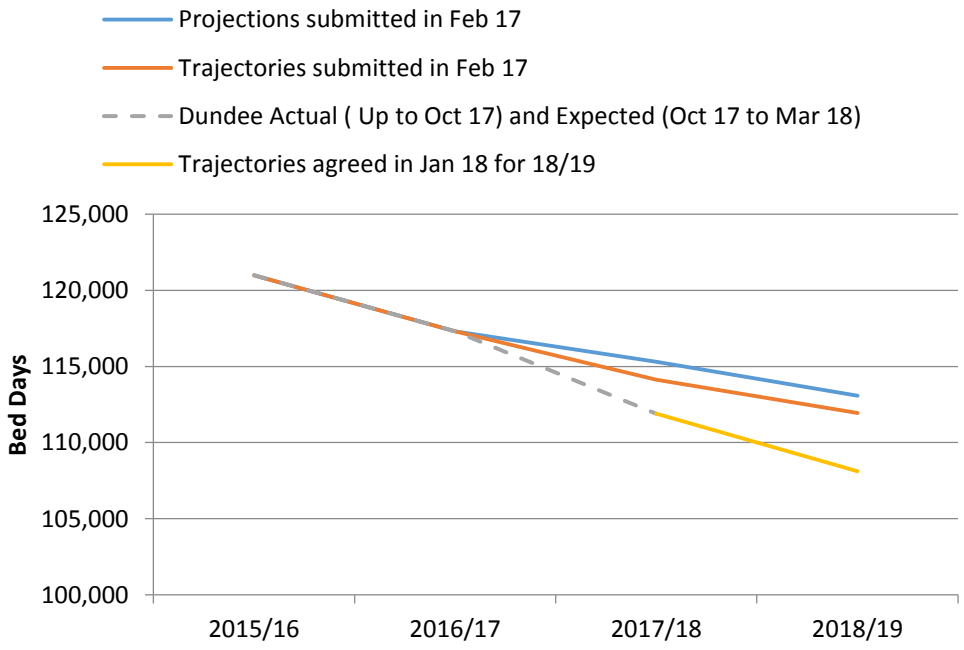


Chart 4: Emergency Bed Day Numbers 18+



What is the data telling us?

- 17/18 estimated and actual performance is better than the 15/16 based projection for 17/18 and the 17/18 trajectory (target) set in February 17.
- Emergency bed days were projected to decrease in 17/18 (115,305 – 15/16 based projection) and the trajectory set in Feb 17 for 17/18 was for emergency bed days to decrease further than the projection (114,132).
- The actual and estimated data for 17/18 shows that Dundee is likely to perform even better and there will be approximately 111,893 emergency bed days.

How was the 18/19 target developed?

- The 15/16 based projection for 18/19 was that emergency bed days would decrease from 115,305 in 17/18 to 113,085 in 18/19. The 18/19 trajectory submitted February 17 was for there to be a further decrease to 111,935 emergency bed days.
- The 18/19 target is to further reduce emergency admissions from the 17/18 actual and estimate by 3.4% to 108,129 emergency bed days.

How will trajectories agreed in Jan 18 for 18/19 be achieved?

- Continue to review in patient models in line with community change.
- Further implement planned date of discharge model.
- Further develop discharge planning arrangements for adults with a learning disability and / or autism, mental ill-health, physical disability and acquired brain injury.
- Increase investment in intermediate forms of care.
- Co-locate the Learning Disability Acute Liaison Service within the Hospital Discharge Team base at Ninewells Hospital
- Increase investment in resources which support assessment for 24 hour care taking place at home or home like settings.
- Implement a pathway for people with substance misuse problems and who have multiple morbidities.
- Hold Power of Attorney local campaigns.
- Earlier identification of requirement for measures under Adults with Incapacity (Scotland) Act 2016.
- Integrated pathways are being developed across care home teams, ortho geriatrics and older people psychiatry.
- Remodel AHP services within acute settings to improve pathways.
- Further remodel integrated discharge hubs which will improve joint working arrangements.

Chart 5: Number of Attendances at A+E

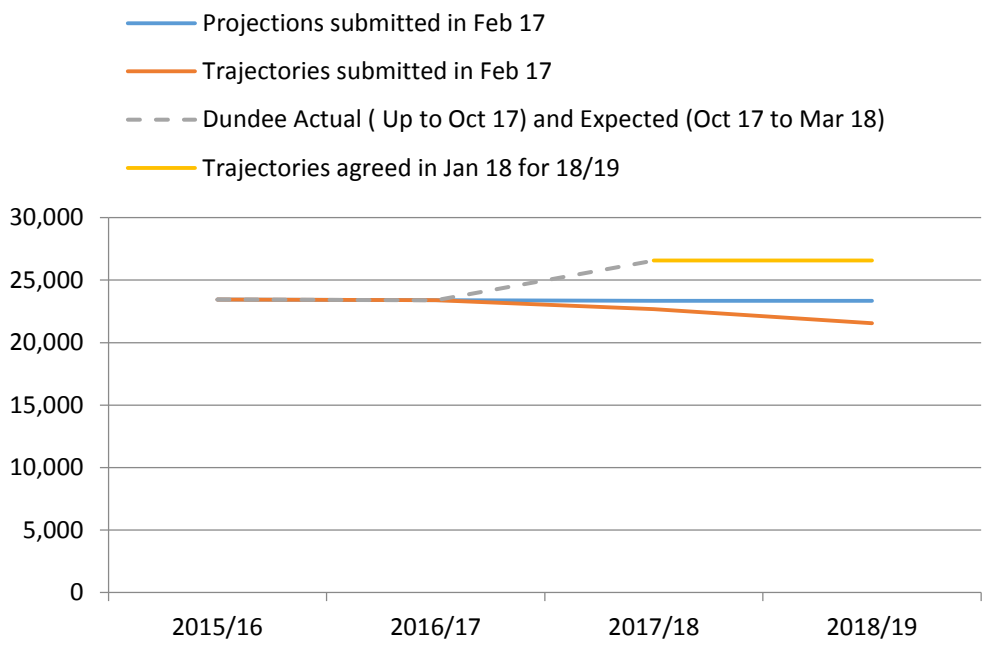


Chart 6: Number of 18+ Admissions from A+E

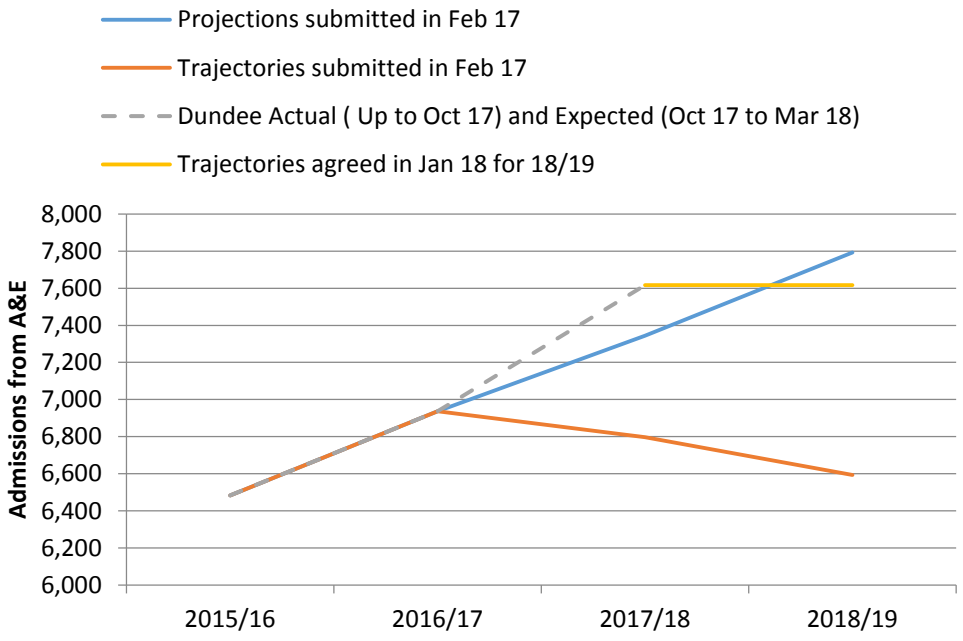
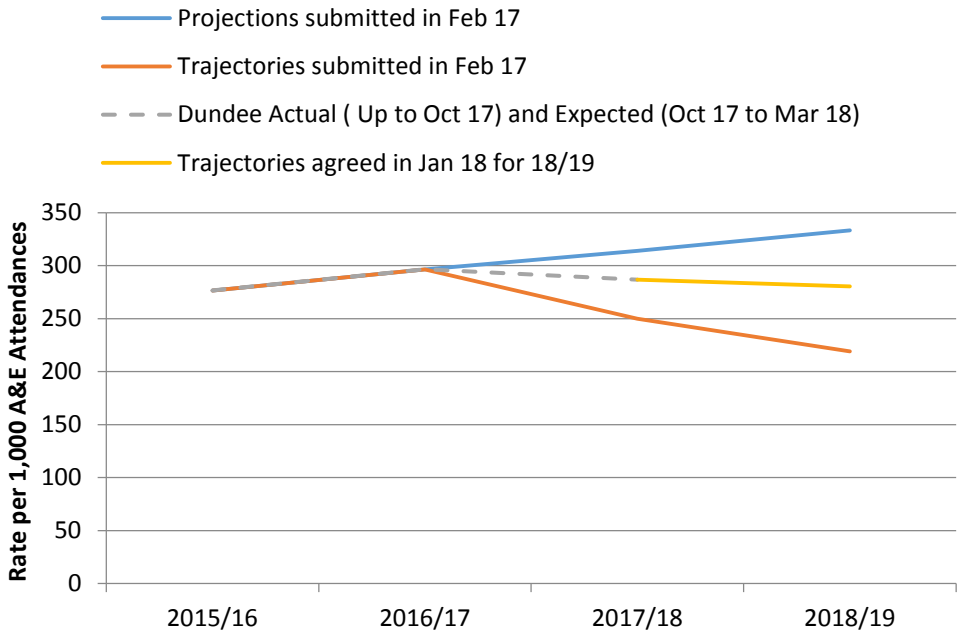


Chart 7: Admissions from A&E 18+ as a Rate per 1,000 Attendances



What is the data telling us?

- 17/18 estimated and actual performance is poorer than both the 15/16 based 17/18 projection for A+E attendances and better than the 15/16 based 17/18 projection and worse that the 17/18 trajectory (target) set in February 17 for A+E admissions.
- A+E attendances were projected to increase in 17/18 (23,336 – 15/16 based) and the trajectory set in Feb 17 for 17/18 was for A+E attendances to decrease further than the projection to 22,686, however the actual and estimated 17/18 data will be approximately 26,562.
- A+E admissions were projected to increase in 17/18 (7,345 – 15/16 based) and the trajectory set in Feb 17 for 17/18 was for A+E admissions to decrease further that the projection to 6,797, however the actual and estimated 17/18 data will be approximately 7,616.

How was the 18/19 target developed?

- The target for number of A+E attendances is to maintain the number at the same as 17/18 (26,562).
- The reasons for the number of A+E attendances in 17/18 being higher than the projection are mainly due to the higher than normal pressures on acute systems due to the flu epidemic and fractures cause by falls in the adverse weather.
- The 18/19 projection (15/16 based) was for there to be zero change from 17/18 and therefore this has been applied to the 18/19 trajectory agreed Jan 18.

How will trajectories agreed in Jan 18 for 18/19 be achieved?

- Further development of Enhanced Community Support, including acute
- Implement 7 day targeted working (EA5-USC)
- Increased awareness and use of anticipatory care plans for all Adults where a plan would be of benefit.
- Implement an improvement plan relating to re-admission to hospital within 28 days of discharge analysis and improvement plan.
- Implement the Tayside Falls Prevention and Management Framework (2017-20) and refresh DHSCP falls pathway.
- Implement a pathway for people with substance misuse problems and who have multiple morbidities.
- Transformation of work with primary care and the implementation of the new GP contract.
- Remodelling of polypharmacy.
- Further remodel integrated discharge hubs which will improve joint working arrangements.

Delayed Discharge

Chart 5: Bed Days Lost to Delayed Discharge 18+ as a Rate per 1,000 Population in Dundee

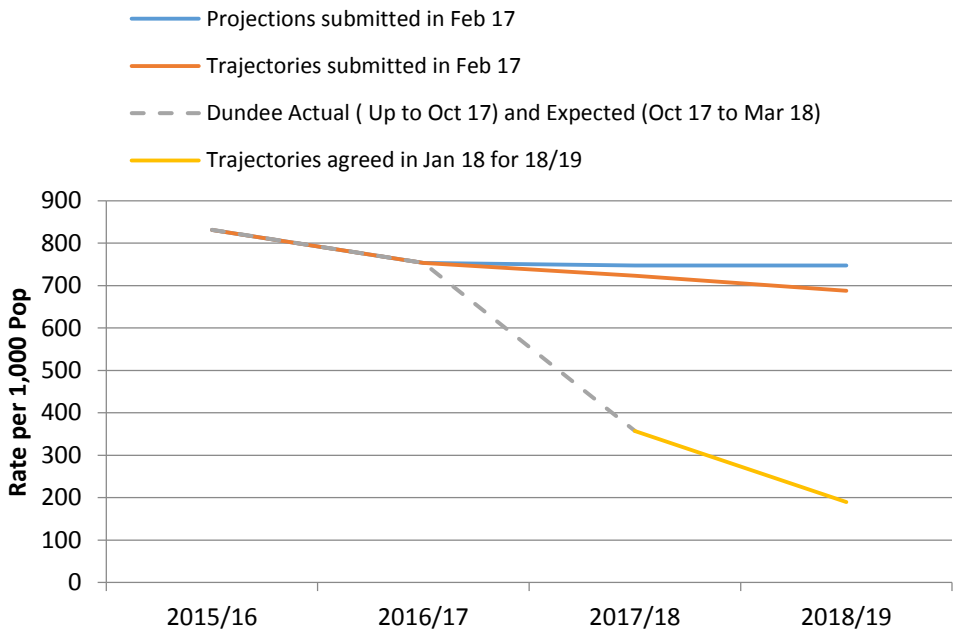
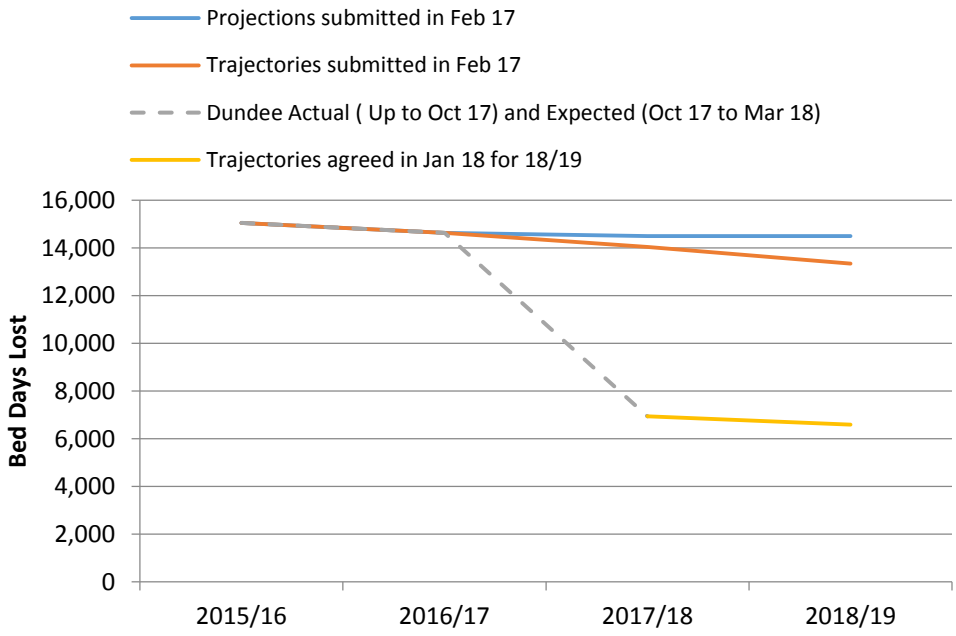


Chart 6: Number of Bed Days Lost to Delayed Discharges 18+



What is the data telling us?

- 17/18 estimated and actual performance is better than the 15/16 based projection for 17/18 and the 17/18 trajectory (target) set in February 17.
- Bed days lost to delayed discharge were projected to decrease in 17/18 to14,502 and the trajectory set in Feb 17 for 17/18 was for emergency bed days to decrease further than the projection (14,042).
- The actual and estimated data for 17/18 shows that Dundee is likely to perform even better and there will be approximately 6,939 bed days lost. This is a further improvement of 7,103 bed days compared with the 17/18 trajectory set in February 17.

How was the 18/19 target developed?

- The 15/16 based projection for 18/19 was that bed days lost would be maintained at the same number as 17/18 (14,502). The 18/19 trajectory submitted February 17 was for there to be a decrease to 13,340 bed days lost.
- The 18/19 target is to further reduce bed days lost from the 17/18 actual and estimate by 5% to 6,592 bed days lost.

How will trajectories agreed in Jan 18 for 18/19 be achieved?

- Increased investment in intermediate forms of care.
- Remodel care at home services and provide more flexible responses.
- Further invest in social care infrastructure, including consolidating current tests of change through third sector partnerships.
- Further development of Community Rehabilitation.
- Review discharge management procedures and guidance.
- Develop a statement and pathway for involving carers in discharge planning process.
- Extend the range of third sector supports for adults transitioning from hospital back to the community.
- Develop a step down and assessment model for residential care.
- Hold Power of Attorney local campaigns.
- Earlier identification of requirement for measures under Adults with Incapacity (Scotland) Act 2016.
- Establish an integrated model of support for people with a learning disability and / or autism who also have extremely complex health and care support needs.
- Implement home and hospital discharge plan.

Last 6 months of life

What is the data telling us?

The 16/17 target was to increase the number of days of the last 6 months of life spent in the community, increase the number of days in a hospice / palliative care by 2% and increase the number of days spent in a large hospital by 13%.

These targets were not met as between 15/16 and 16/17 the number of people who died in the community decreased by 0.8%, the number of people who died in a hospice / palliative care unit decreased by 10.8% and the number of people who died in a large hospital decreased by 3.4%.

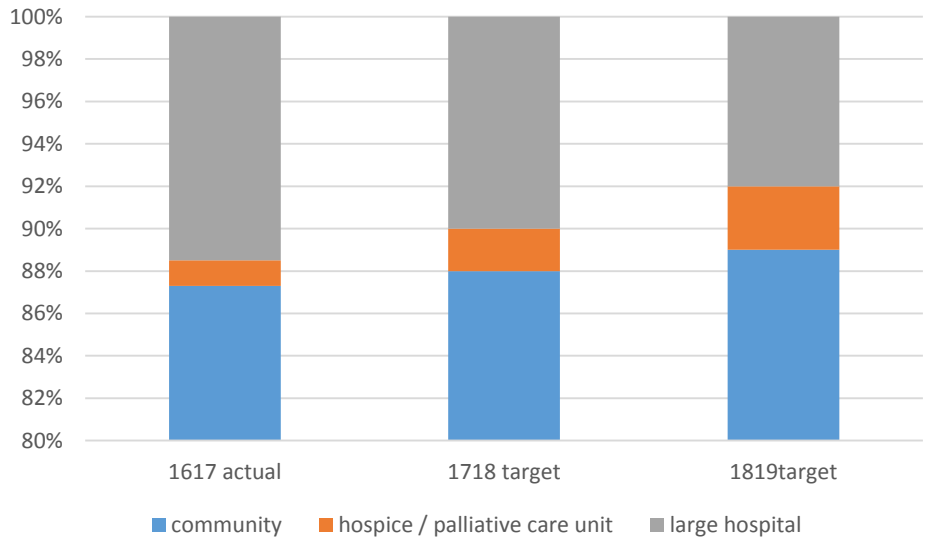
How was the 18/19 targets developed?

When interpreting this data it became apparent that the % change is determined by the total number of deaths in a year and if the number of deaths is less than the baseline year then targets may not be met. Common sense tells us that reduced numbers of deaths cannot be regarded as negative.

It has therefore been agreed that instead of % changes compared with the previous year that it would be more sensible to set ratio based targets.

Chart 7 illustrates the actual 16/17 ratio and the target ratios for 17/18 and 18/19

Chart 7: % of days spent in last 6 months of life by location



How will trajectories agreed in Jan 18 for 18/19 be achieved?

-PEOLC test site for dementia
- Expand the use of Palliative Care Tool Bundle and Response Standards in use across community based health and social care services.
-Fully implement the Macmillan Improving the Cancer Project.
- PEOLC Managed Clinical Network in place, to focus on non-specialist palliative care.
- Increased availability of Key Information Summaries and ACPs.
- Learning disability community nursing team will work with MacMillan nurses to improve methods of communication.

Balance of Care

Data to measure performance against the 16/17 targets is not currently available from NSS ISD therefore it is not currently possible to measure performance.

The targets set in the February 2017 submission were:

Supported At Home

All Ages – 1.5% of the population supported at home.

75+ - 11.6% of the population supported at home

Unsupported At Home

All Ages – 97.6% of the population unsupported at home.

75+ - 80% of the population unsupported at home.

Living in Care Homes

All Ages – 0.5% of the population living in care homes.

75+ - 6.7% of the population living in care homes.

Large Hospital

All Ages – 0.4% of the population in large hospital.

75+ - 1.7% of the population living in large hospital.

Health and Social Care Integration Directorate
Integration Division

Scottish Government
Riaghaltas na h-Alba
gov.scot

T: 0131-244 5453

COSLA

To: Chief Officers Integration Authorities

22 November 2017

Dear Colleagues

UNDERSTANDING PROGRESS UNDER INTEGRATION

We are writing to provide you with an update on our work to develop a plan for sharing progress updates on integration with the Ministerial Strategic Group for Health and Community Care (MSG).

We wanted firstly to thank you for sharing your local objectives on the initial six indicators in February. As you know, we used this information to provide MSG with a summary overview of Integration Authority ambitions around these indicators, progress to date and some of the challenges facing Integration Authorities in delivering on their objectives. MSG appreciated the time you took in developing and sharing your local objectives to support them in their role in providing political leadership for, and oversight of, integration.

Since then we have been considering how best to provide regular progress updates to MSG. With the agreement of the Chief Officer network, we established a small working group comprising lead officers for strategic commissioning and performance in Integration Authorities, Chief Finance Officers, data analysts and SG officials. The group has met three times to discuss possible approaches and suggested a potential framework for providing future updates to the MSG. This framework is outlined below.

During our discussions, we've reflected in some detail on a number of issues, for instance, how best to balance the presentation of a manageable number of common data points for all areas with more bespoke narrative insights that can help to draw out the richness of local variation; how to explore specific themes such as end of life care; how to explore the quality of service user experience; how best to recognise normal fluctuations in performance, particularly between frequent reporting dates. We've also shared experiences on setting local objectives.

Based on the these discussions, the working group has suggested the following outline framework for sharing regular progress updates with MSG based on four key elements:

a) Quarterly data on the six indicators but in time building on these indicators for example to reflect the contribution of primary and social care.
b) Comparison between progress in Integration Authorities and projections set out in local plans, and also with the likely result had no changes been made
c) Overarching narrative summary, drawing out emerging themes from across Integration Authorities
d) Local illustrations, inviting individual Integration Authorities to contextualise their progress with a presentation to the group and opportunity for discussion. Over time we aim to involve a wide range of Integration Authorities depending on the purpose / theme of the MSG meeting.

Taking account of the proposed framework, we have agreed with the working group and Chief Officers that we will co-produce a paper providing an update on progress for the next MSG meeting on 13 December, drawing on the recent annual performance reports, and will invite one or two partnerships to present at the meeting.

Beyond this meeting, we have agreed with the working group and Chief Officers that it would be helpful to provide MSG with an updated overview of local objectives and ambitions relating to the six indicators. We are aware that some Integration Authorities will have reviewed and updated their objectives since sharing them in February. You are therefore each invited to share your updated objectives for 2018/19 by 31 January 2018, following which we will provide an overview, with input and support from the working group and partnerships, for MSG for their meeting on 21 March 2018. We recognise that, as before, you will want to engage a range of partners in this process.

To support the process, we have developed draft guidance and a suggested format for sharing objectives with advice from the working group, ISD and others. This should help to simplify the task locally and will provide consistency across information shared. As before we would anticipate that there would be local support for developing objectives from the LIST team and other local analysts drawing on collective advice on best practice around developing objectives.

We will work with the working group and Chief Officers to expand the range of indicators used going forward. In view of the move to a single national social care dataset, we have agreed with the working group that we should feed in views around about the social care data collected to ensure that it provides intelligence which supports the planning and delivery of integrated services.

We would be grateful if you would provide your updated 2018/19 local objectives for MSG by 31 January 2018 to be sent to NSS.Source@nhs.net. We recognise that you will want to agree these objectives with your IJB, so if that is not possible within the timescale, we would be happy to accept interim objectives. We would welcome any feedback on this approach and the guidance – please contact my colleague Fee Hodgkiss fiona.hodgkiss@gov.scot or 0131 244 5429.

Yours faithfully

Alison Taylor Paula McLeay

Alison Taylor
Deputy Director
Integration Division

Paula McLeay
Chief Officer Health and Social Care
COSLA

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 13 FEBRUARY 2018**

REPORT ON: **DUNDEE INTEGRATION JOINT BOARD HIGH LEVEL RISK REGISTER UPDATE**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC10-2018**

1.0 PURPOSE OF REPORT

The purpose of this report is to note the status of the risks identified within Dundee Integration Joint Board's (IJB) High Level Risk Register.

2.0 RECOMMENDATIONS

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

2.1 Notes the status of the risks identified within Dundee IJB's High Level Risk Register as reflected in Appendix 1 to this report.

2.2 Instructs the Chief Finance Officer to continue to monitor and update these and other emerging strategic risks and present the risk position to the PAC on a regular basis.

2.3 Instructs the Chief Finance Officer to bring forward an annual Risk Management report to the PAC on 29 May 2018, covering the year to 31 March 2018.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 The Integrated Resources Advisory Group Finance guidance, developed to support financial governance around health and social care integration, states that "*The Chief Officer will be responsible for establishing the Integration Joint Board's risk strategy and profile and developing the risk reporting arrangements. There should be regular reporting on risk management to the Integration Joint Board'*. The Performance and Audit Committee's terms of reference includes the responsibility to "Review risk management arrangements, receive regular reports on risk management and an annual Risk Management report".

4.2 Dundee Health and Social Care Partnership's (DHSCP) High Level Risk Register was initially approved by the Integration Joint Board at its meeting of the 30 August 2016 (Report DIJB35-2016) with an update provided to the first meeting of the Performance and Audit Committee held on 17 January 2017 (PAC6-2017).

4.3 Since then, DHSCP has further developed its approach to identifying and assessing risk with the inclusion of a comprehensive risk assessment section within each of its IJB and PAC reports which enables members of either committee to consider the extent of the risks associated with any decisions they are being asked to make, and to accept these risks or otherwise. These risks are then reflected in the risk register where appropriate, whether in the operational element of the risk register or the high level element.

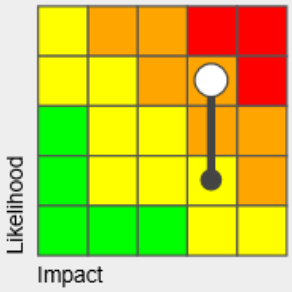
4.4 A further development is to move the recording and monitoring of high level risks from a spreadsheet based approach to a performance management system based approach (Pentana) which is widely used by Dundee City Council. This enables real time updating and production of tailored reports. Reference is also made to NHS Tayside's DATIX system of risk monitoring. The high level risk register update set out in Appendix 1 to this report reflects the summary reporting from the Pentana system. Risks identified from PAC and IJB reports are also in the process of being uploaded to this system.

4.5 Within the three main high level risk areas of Financial, Workforce and Governance, there are only two areas of change in the current risk position following an updated assessment of the risk position with both of these a deterioration and reflect the actual experience of integration two years after establishment rather than the potential position as per the original assessment. These are highlighted as follows:

Financial
Risks within the financial category remain the same.

Workforce
Within the workforce category only one risk has increased. This is the risk around staff resources.

Staff resource - The volume of staff resource required to develop effective integrated arrangements while continuing to undertake existing roles / responsibilities / workload of key individuals may impact on organisational priorities and operational delivery.

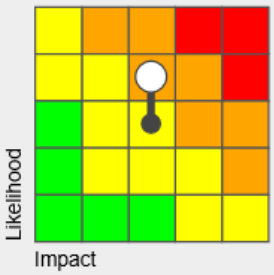


Date Reviewed	Score	Assessment
09 Jan 2018	1	**4x4** Major - Likely
31 Dec 2016	1	**4x2** Major - Unlikely

Reason for change following re-assessment: Staffing pressures are being experienced across various sections within the DHSCP. Internal audit report acknowledges some evidence of lack of corporate support.

Governance
In the governance category one risk has increased, this is the risk around increased bureaucracy.

Increased bureaucracy - Revised governance mechanisms between the IJB and partners could lead to increased bureaucracy in order to satisfy the arrangements required to be put in place.



Date Reviewed	Score	Assessment
09 Jan 2018	1	**3x4** Moderate - Likely
31 Dec 2016	1	**3x3** Moderate - Possible

Reason for change following re-assessment: There have been considerable statutory bureaucratic procedures to comply with. These place increased workflow on specific areas of the DHSCP that prevent further transformational work from taking priority.

A fourth high level risk identified previously around legislative change impacting on health and social care integration has been suspended at this time given the low level of risk this currently presents. Should there be concerns around this in future, this will be re-activated.

4.6 The mitigating actions continue to be reviewed as part of the risk assessment process with a view to move the risk levels toward the target risk levels.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

This report has not been subject to a risk assessment as it a status update and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

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

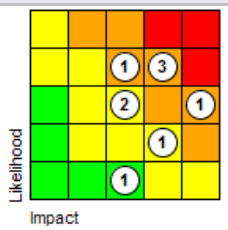
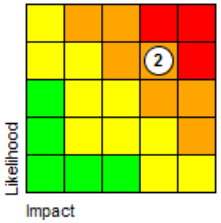
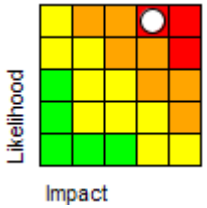
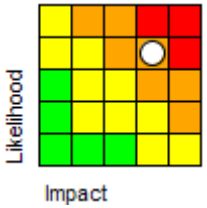
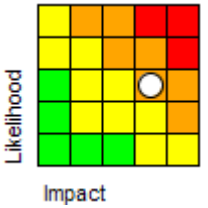
8.0 BACKGROUND PAPERS

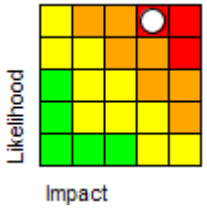
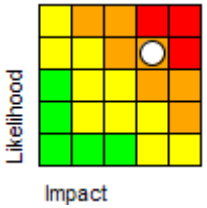
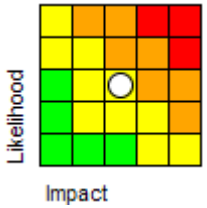
None.

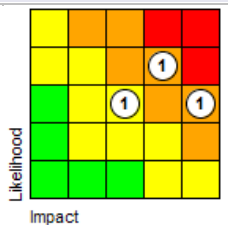
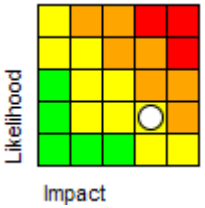
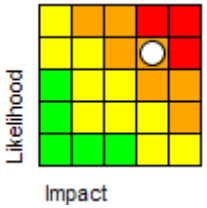
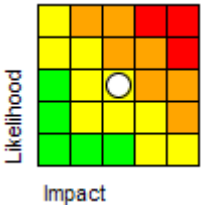
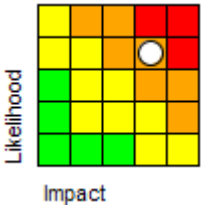
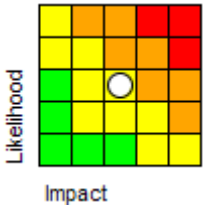
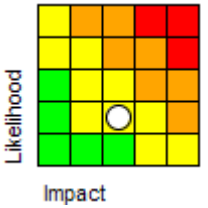
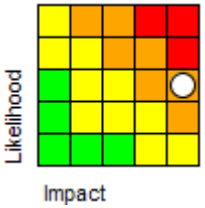
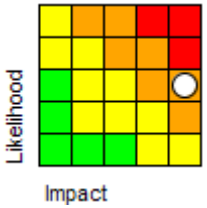
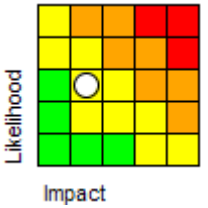
Dave Berry **Date:** 22 January 2018
Chief Finance Officer

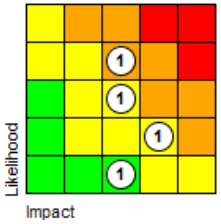
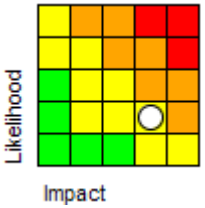
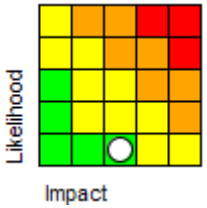
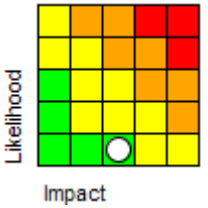
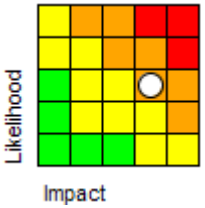
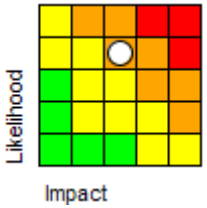
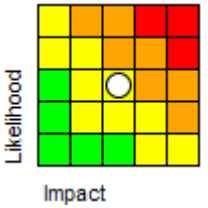
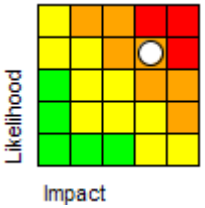
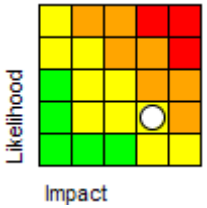
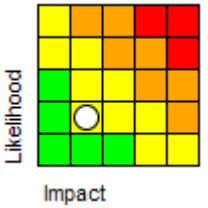
Dept RR - Health and Social Care

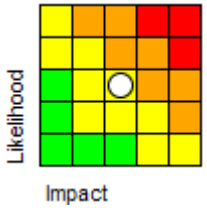
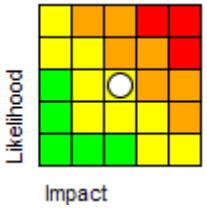
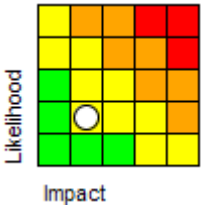
Report Type: Risks Report
Report Author: Dave Berry
Generated on: 23 January 2018

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
Dundee Health and Social Care Partnership High Level Risk Register						
Financial						
Restrictions on Public Sector Funding	Continuing restrictions on public sector funding will impact on Local Authority and NHS budget settlements in the medium term impacting on the ability to provide sufficient		Scottish Government's Finance Settlement highlights further investment in Health and Social Care Partnerships for 2017/18 although a number of pre-determined commitments are set			Current mitigating actions being taken as detailed in transformation programme will significantly affect the IJB's financial position.

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
	funding required to support services delivered by the IJB. This could lead to the IJB failing to meet its aims within anticipated timescales as set out in its Strategic and Commissioning Plan.		against this such as the full year effect of the delivery of the Living Wage for adult social care staff. The settlement sets out parameters for the scale of efficiency savings the Council and NHS can set against delegated budgets however, the detail of this is yet to be determined and therefore no adjustment has been made to the risk scoring. In addition a risk sharing agreement is in place with partner bodies for years 1 and 2.			
Unable to maintain IJB Spend	IJB is unable to maintain spend within allocated resources which could lead to being unable to deliver on the Strategic & Commissioning Plan.		As per latest Financial Monitoring report presented to the IJB, a net overspend is anticipated however, these mainly relate to areas highlighted in the Due Diligence process and are subject to the risk sharing arrangement with Dundee City Council and NHS Tayside. These do not at this stage impact on the partnership's ability to deliver on the Strategic and Commissioning Plan.			Current year spend continues to be within budget with the exception of the prescribing budget and impact of services hosted elsewhere. These areas will continue to be funded by NHS Tayside under the risk sharing arrangement.

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
Workforce						
Staff Resource	The volume of staff resource required to develop effective integrated arrangements while continuing to undertake existing roles / responsibilities / workload of key individuals may impact on organisational priorities and operational delivery.		Recruitment of key posts including Locality Managers will see a further transition of services and the workforce into integrated services and thereby continuing to reduce this risk over time. Internal Audit to undertake a review of the level of corporate support.			Staffing pressures are being experienced across various sections within the DHSCP. Internal audit report acknowledges some evidence of lack of corporate support.
Staff Perception of Integration	Negative staff perception of integration due to historical experiences and lack of communication will lead to an adverse effect on engagement / buy-in to new partnership.		As with (3) above this risk is likely to continue to reduce over time as services become more integrated.			Staff perception of integration may be adversely affected due to workforce pressures. Tools such as Staff surveys and IMatters will assist in identifying what actions need to be taken to reduce this risk.
Employment Terms	Differing employment terms could expose the partnership to equality claims and impact on staff morale.		Continue control measures as noted previously.			Separate terms and conditions remains an issue nationally however locally, all new recruitment is being carried out jointly with the option for many

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
						posts to choose which employer to work for.
Governance						
Stakeholders not included/consulted	Relevant stakeholders have not been included and adequately consulted with during the development and subsequent implementation of the Strategic & Commissioning Plan which may lead to adverse political and/or reputational impact.		Current version of Strategic and Commissioning Plan now published with low risk however, recommendation to continue on the risk register for future/updated versions of the plan.			Ongoing consultation activities with stakeholders are still ongoing and are carried out across the DHSCP.
Increased Bureaucracy	Revised governance mechanisms between the IJB and partners could lead to increased bureaucracy in order to satisfy the arrangements required to be put in place.		Continue control measures as noted previously – governance scenario workshops not yet in place.			There have been considerable statutory bureaucratic procedures to comply . These place increased workflow on specific areas of the DHSCP that prevent further transformational work from taking priority.
Governance arrangements being established fail to discharge duties	Clinical, Care & Professional Governance arrangements being established fail to discharge the duties required.		Continue control measures as noted previously – governance scenario workshops not yet in place.			Internal and external audit assessment of IJB Governance arrangements as part of the 2016/17 annual accounts process indicated that there are no major issues in relation to

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
						governance arrangements.
Uncertainty around future service delivery models	Uncertainty around future service delivery models may lead to resistance, delay or compromise resulting in any necessary developments or potential opportunities for improvement not being fulfilled.		Continue control measures as noted previously.			The IJB continues to form and develop the vision and strategic intentions around service change. This is communicated to its stakeholders. Recent events to demonstrate this include the Celebrating Success event held in November 2017. The publication of the Market Facilitation Strategy in 2017 also supported this.

128

ITEM No …12……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 13 FEBRUARY 2018**

REPORT ON: **DUNDEE INTEGRATION JOINT BOARD CLINICAL, CARE AND PROFESSIONAL GOVERNANCE INTERNAL AUDIT REVIEW**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC9-2018**

1.0 PURPOSE OF REPORT

The purpose of this report is to note the findings of the Clinical, Care and Professional Governance Internal Audit Review and note the management response and associated action plan.

2.0 RECOMMENDATIONS

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

2.1 Notes the findings of the Clinical, Care and Professional Governance Internal Audit Review, attached as Appendix 1 to this report.

2.2 Notes the management response to the review and associated action plan and instructs the Chief Officer to progress the action plan accordingly.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Dundee Integration Joint Board's (IJB) High Level Risk Register reflects a strategic risk for Clinical, Care and Professional Governance and the PAC agreed as part of the 2016/17 Internal Audit Plan presented to its meeting of the 17 January 2017 (Internal Audit Plan 2016/17 - PAC2-2017) that given the potential level of risk involved this would be an area for Internal Audit review. This review is now complete and the full report is set out in Appendix 1 to this report.

4.2 The responsibilities and lines of accountability in relation to Clinical, Care and Professional Governance are set out in the Dundee IJB Integration Scheme and expanded within 'Getting it Right for Everyone (GIRFE)' which was approved by the Dundee Health & Social Care Integration Shadow Board on 24 March 2015. These arrangements are set out in more detail on pages 2 & 3 of Appendix 1.

4.3 The objective of the audit was to evaluate whether appropriate systems in relation to Clinical, Care and Professional Governance were in place and operating effectively to mitigate the risks to the IJB in its obligations to deliver good quality and safe health and social care services.

4.4 The risk areas considered as being within the scope of the audit were:

- Responsibilities and lines of accountability between the parties and the IJB may not be clear, particularly in relation to hosted services;
- There may not be a clear, fully resourced plan to implement the Clinical, Care & Professional Governance Framework;
- Care Governance processes and procedures may not be sufficient to deliver the required levels of assurance;
- Clinical, Care & Professional Governance processes may not be adequately aligned to performance and risk management.

4.5 The outcome of this review is that the audit opinion reflects a view that there is an adequate and effective system of risk management, control and governance to address risks to the achievement of objectives, although minor weaknesses are present (Category B – Broadly Satisfactory).

4.6 The audit recommendations and management response with associated actions and timescales are set out as an action plan within this report. It is recommended that the Chief Officer makes arrangements to progress these actions accordingly and reflected in future Internal Audit progress reports to be provided to the PAC.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

This report has not been subject to a risk assessment as it a status update and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None

Dave Berry **Date:** 22 January 2018
Chief Finance Officer

Appendix 1

FINAL REPORT

NHS TAYSIDE
INTERNAL AUDIT SERVICE

CLINICAL, CARE AND PROFESSIONAL GOVERNANCE

REPORT NO. D07/17

Issued To: D Lynch, Chief Officer
D Berry Chief Finance Officer

Dr D Shaw, Clinical Director
D McCulloch, Head of Service, Health and Community Care
M Kendall, Interim Head of Allied Health Professions
K Russell, Associate Nurse Director - Mental Health and Learning Disabilities

P Redpath, Senior Manager- Internal Audit, Dundee City Council
Audit Committee
External Audit

Date: 12 January 2018

INTRODUCTION & SCOPE

1. The final sealed draft 'Getting it Right for Everyone – a Clinical, Care and Professional Governance Framework' was endorsed by the Dundee Health and Social Care Integration Shadow Board in March 2015.

2. 'Getting it Right for Everyone' (GIRFE) states in its introduction *'The framework has been developed to ensure that there are explicit and effective lines of accountability from care settings to each authority's IJB, the NHS Tayside Board and the three local authority's Chief Executives and elected members. The proposed framework recognises that such accountability is essential to assure high standards of care and professionalism in the services provided by each Integration Authority and the Board of NHS Tayside with the aim of achieving the best possible outcomes for service users in line with the National Outcomes Framework'.*

3. The Dundee IJB Risk Register presented to the January 2017 Performance & Audit Committee includes a strategic risk for Clinical, Care and Professional Governance: '*Clinical, Care & Professional Governance arrangements being established fail to discharge the duties required*' with control actions being '*Review of processes established'* and '*Double running' of existing arrangements while revised structures are established – development and testing of a range of governance scenarios to provide clarity over responsibilities*.'

OBJECTIVES

4. Our audit work was designed to evaluate whether appropriate systems were in place and operating effectively to mitigate risks to the achievement of the objective identified below.

5. The service objective relevant to the review was: '*It is recognised that the establishment and continuous review of the arrangements for clinical, care and professional governance for all services which are 'in scope' are essential to the delivery in Tayside of each Integration Authority's obligations and quality ambitions. The arrangements described in the Tayside Clinical, Care and Professional Governance Framework are designed to assure Tayside's three IJBs, NHS Tayside and the area's three Local Authorities of the quality and safety of service delivered by its staff, and the difference services are making to the lives and outcomes of the people of Tayside who need them.*'

RISKS

6. The following risks could prevent the achievement of the above objectives and were identified as within scope for this audit.

   ◊ Responsibilities and lines of accountability between the parties and the IJB may not be clear, particularly in relation to hosted services;

   ◊ There may not be a clear, fully resourced plan to implement the Clinical, Care & Professional Governance Framework;

   ◊ Care Governance processes and procedures may not be sufficient to deliver the required levels of assurance;

◊ Clinical, Care & Professional Governance processes may not be adequately aligned to performance and risk management.

AUDIT OPINION AND FINDINGS

7. The audit opinion is **Category B** – Broadly satisfactory – There is an adequate and effective system of risk management, control and governance to address risks to the achievement of objectives, although minor weaknesses are present. A description of all audit opinion categories is given in the final section of this report.

8. The following chart shows where the grade lies within the B band:

A	B	C	D	E	F
	X				

9. Our review found that in addition to the high level assurance updates to the IJB, the following groups play a role in clinical and care governance at Dundee IJB level:

   ◊ The Performance and Audit Committee (PAC)

   ◊ The Local Partnership Clinical Forum (R2 group). This group is described in GIRFE as responsible for the implementation of the Framework and who hold accountability to the membership of R1 for outcomes.

   ◊ The Clinical Governance and Risk Management Forum (the Forum)

10. Overall, whilst we found that the level of assurance is sufficient, there is a lack of clarity around the roles of each of these groups and at these relatively early stages, there is still duplication of effort which may be unavoidable in the short term.

11. We have appended a series of Clinical and Care Governance principles which may be helpful in clarifying and formalising future arrangements (See Appendix A).

Responsibilities and lines of accountability between the parties and the IJB may not be clear, particularly in relation to hosted services

12. Responsibilities and lines of accountability are set out in the Dundee IJB Integration Scheme and expanded within '*Getting It Right For Everyone'* (GIRFE), which was approved by the Dundee Health And Social Care Integration Shadow Board on 24 March 2015. Appendix B shows the structure as set out in GIRFE.

13. In relation to Clinical and Care Governance, the Integration Scheme includes the following:

   ◊ The IJB will receive Clinical & Care Governance reports to be assured of the delivery of safe and effective services.

   ◊ NHS Tayside Board is accountable for Clinical and Care Governance. Professional governance responsibilities are carried out by the professional leads through to the health professional regulatory bodies.

   ◊ The Chief Social Work Officer in Dundee holds professional accountability for social work and social care services. The Chief Social Work Officer reports

directly to the Chief Executive and elected members of Dundee City Council in respect of professional social work matters. He/she is responsible for ensuring that social work and social care services are delivered in accordance with relevant legislation and that these services and staff delivering these services do so in accordance with the requirements of the Scottish Social Services Council.

- ◊ The six domains of quality will be underpinned by mechanisms to measure quality, clinical and service effectiveness and sustainability
- ◊ The Integration Joint Board is responsible for embedding mechanisms for continuous improvement of all services through application of a Clinical and Care Governance and Professional Governance Framework.
- ◊ Provision for the establishment of a Tayside Joint Forum (R1) and a Local Joint Forum (R2) to provide oversight, advice, guidance and assurance to the Chief Officer and the Integration Joint Board in respect of clinical care and professional governance for health and social care services.
- ◊ Establishment of an operational and professional forum for Dundee consisting of a range of professionals and managers within three months of the establishment of the Integration Joint Board to provide oversight, advice, guidance and assurance to the Chief Officer and the Integration Joint Board on issues relevant to the population of Dundee.

14. GIRFE provides a definition of Clinical, Care and Professional Governance and stresses the importance of scrutiny and self-evaluation through the Performance Improvement Model. GIRFE also sets out Accountability for Clinical, Care and Professional Governance, stating that the Chief Executive officers of the three Councils and Tayside NHS Board hold ultimate accountability for the delivery of Clinical and Care Governance as well as setting out the role and authority of the IJB Chief Officer.

15. Within the Performance and Audit Committee (PAC) remit is the requirement to '*support the IJB in delivering and expecting co-operation in seeking assurance that hosted services run by partners are working effectively in order to allow Dundee IJB to sign off on its accountabilities for its resident population.'* However, the Committee has not received any direct and overt reports or assurance on the quality of hosted services.

16. In addition, the PAC remit also includes oversight of Information Governance arrangements, which are also included within the scope of Clinical and Care Governance. The PAC has also received copies of Care Commission reviews of Care Homes. Given the strong links to Clinical and Care Governance, both of these areas would appear to align more naturally with the role of the R2 group or the Forum.

17. The R2 group does not have a formal remit but was established in order to undertake the duties set out within GIRFE. However, GIRFE does not set out detailed terms of reference for R2 groups and there is a requirement to establish clear duties and reporting lines for the R2 group. In particular the relationship with the Clinical Governance and Risk Management Forum and the PAC need to be clarified.

18. In addition, there is a Clinical Governance and Risk Management Forum, a sub-committee of the NHS Tayside Clinical Quality Forum, whose draft remit states '*The purpose and scope of the forum is to provide assurance to the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group by bringing together the consideration, assessment, and mitigation of safety, clinical governance and risk issues around all clinical and care areas of operation, including quality performance, risk and safety. It will establish, implement and monitor the arrangements of all Dundee Health and Social Care Partnership (HSCP) services in respect of clinical, care and professional governance, the management of risk and link with the Clinical, Care and Professional Governance Framework. The forum will have responsibility for managing clinical governance and risk management within Dundee HSCP. This will provide assurance to the Dundee HSCP Clinical, Care and Professional Governance Group, service users, staff and the wider public. The Forum will work with the Dundee Health and Safety committee to ensure all aspects of health and safety and risk are assured. The Forum will also work with the Mental Health and Learning Disabilities Clinical Care and Professional Governance Specialty Group to ensure a consistent approach to governance of mental health services across Tayside*. '

19. The draft remit appears reasonable but needs to be assessed in the context of an established remit for the R2 group and should be accompanied by a workplan to be approved by the R2 group. In addition, the Forum's work on risk needs to be considered in conjunction with the PAC's responsibilities in that regard. We would also highlight that the draft remit does not appear to include the receipt of Care Commission reports, thus prohibiting triangulation.

20. GIRFE required the establishment of an R1 group as follows: '*The Tayside Clinical and Care Governance and Professional Governance Forum is a professional reference group, bringing together senior professional leaders across Tayside. This group, chaired by one of its members, will oversee the delivery of integrated care and support along with change and innovation to ensure the delivery of safe and effective person-centred care within Tayside. This group will ensure that the responsibilities for Clinical and Care Governance and Professional Governance, which remain with NHS Tayside and the Council relate to the activity of the Board. The group will provide oversight and advice and guidance to the Strategic Planning Groups, to each Integration Authority's CO and to the IJBs in respect of clinical and care and professional governance for the delivery of health and social care services across the localities identified in their strategic plans*.'

21. The R1 as originally described within the GIRFE was not established. However, the September 2017 NHS Tayside Clinical Quality Forum received its updated terms of reference which now state includes that '*There will be three meetings per year* [of the CQF] *which will focus on Clinical and Care Governance assurances and learning from the three HSCPs'*. The paper also sets out future arrangements including a requirement to *'Seek assurance through performance reports from the three HSCPs that the Getting it Right for Everyone, Clinical and Care Framework is implemented across all HSCPs*.' Currently, minutes of all three Tayside IJB R2 groups are reported here.

22. It is not clear that this proposed arrangement for an R1 through the CQF entirely fulfils all of the requirements of GIRFE and the Integration Scheme and it is recommended that any new arrangements be considered and approved by the IJB or a nominated Committee/group.

23. Overall, we would recommend that the relationship between the PAC, the R2 and the Forum be clarified and delineated, clear reporting lines established and a particular focus given to the level and nature of data to be provided at each level and responsibility for risk, Information Governance and Care Commission reports clearly allocated. The role of the R2 Group will require particular attention as the Forum is undertaking much of the detailed activity and the PAC appears to have a key locus in terms of both risk and performance.

There may not be a clear, fully resourced plan to implement the Clinical, Care & Professional Governance Framework;

24. Whilst there is not currently a formal workplan for the R2 group or the Forum, there is evidence of structured activity and reporting which demonstrates a clear momentum and the reports to the IJB provide assurance that the Framework is being implemented.

Clinical and Care Governance processes and procedures may not be sufficient to deliver the required levels of assurance;

25. The February 2017 IJB meeting received information on progress in implementing GIRFE with further assurance on Clinical, Care and Professional Governance provided to the June 2017 IJB and the July 2017 PAC. The PAC has agreed that exception reports on this topic will be presented at each meeting with biannual assurance provided to the IJB.

26. As noted above, the R1 group, which was intended to be a key element of assurance and advice, has not met as intended. However, local arrangements will be sufficient to provide appropriate assurance, albeit, as noted above, we have highlighted areas for clarification and improvement.

27. We would highlight the work undertaken to map out the assurance routes for the key domains being undertaken by the Interim Head of Allied Health Professions. In the fullness of time, this work could be further augmented by a mapping to the functions set out in the Appendix to the Integration Scheme setting out all delegated functions, with priority given to the areas of highest importance/risk. Within this context, we would also highlight the need to apply a consistent assurance appetite to all aspects of IJB activity; whilst there are different assurance sources for different activities, there may be benefit in ensuring that the level of assurance received is consistent e.g. an understanding of falls might be equally appropriate in both hospital and community care settings and the level of assurance should be commensurate with the level of risk as highlighted in the governance principles appended to this report.

Clinical, Care & Professional Governance processes may not be adequately aligned to performance and risk management.

28. As noted above, GIRFE sets out clear linkages between performance management and Clinical, Care and Professional Governance. Reports to the R2 Group as well as the Forum show that these are being translated into meaningful performance reports but we would highlight the need to align these to the role and remit of the PAC in order to maximise the potential for triangulation and clear assurance lines.

29. Whilst risks are considered by the Forum and the PAC, we would recommend overt consideration of risk in both performance reports and Clinical Care and Professional governance reports with specific reference to recorded operational and strategic risks. We would also recommend regular consideration of relevant operational risks by the Forum with clear routes for escalation.

ACTION

30. An action plan has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.

ACKNOWLEDGEMENT

31. We would like to thank all members of staff for the help and co-operation received during the course of the audit.

A Gaskin BSc. ACA
Chief Internal Auditor

Action Plan

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
1.	Whilst the R2 group was established in order to undertake the duties set out within GIRFE, it does not have a formal remit. In addition, the reporting we reviewed across the PAC, R2 and the Forum shows that reports relevant to Clinical and Care Governance are reported to all three. There is currently a lack of clarity regarding the relationship between these groups. .	A review should be undertaken to establish or update the remits of the PAC, R2 and Forum in relation to clinical and care governance. The remits should set out reporting lines and be translated into annual workplans for each group. This should ensure reports both for the purpose of assurance as well as for implementation or delivery go to the most appropriate group.	**2**	Undertake review as outlined in the audit recommendations setting out the remits of the PAC, R2 and Forum, and the reporting lines between all three. This process should also be followed for the Mental Health Governance Group to ensure appropriate lines of communication into the DHSCP governance processes.	Interim Head of Allied Health Professions (Forum) Clinical Director (R2) Chief Finance Officer (PAC) Associate Nurse Director - Mental Health and Learning Disabilities 31 March 2018
		A particular focus should be given to the level and nature of data to be provided at each level. This should include consideration of the fact that groups may need related information to provide context and allow triangulation.		Produce (review) Terms of Reference to define the governance arrangements including clear reporting between each group.	Interim Head of Allied Health Professions / Head of Service, Health and Community Care 31 March 2018

Action Plan

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
		In addition to the 6 domains of clinical and care governance across delegated services, this review of remits needs to give consideration to: ◊ Hosted services ◊ Information Governance ◊ Care Commission reports ◊ Risk		Clarify and agree datasets and information to be presented at each group and associated timescales to ensure coordination of governance process. Annual workplans to be developed for each group.	Interim Head of Allied Health Professions / Head of Service, Health and Community Care 30 June 2018 Interim Head of Allied Health Professions (Forum) Head of Service, Health and Community Care (R2) Chief Finance Officer (PAC) 30 June 2018

Dundee IJB
Clinical, Care & Professional Governance - Report No. D07/17

Action Plan

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
2.	The R1 as originally described within the GIRFE was not established. However, the September 2017 NHS Tayside Clinical Quality Forum received its updated terms of reference which now state includes that '*There will be three meetings per year* [of the CQF] *which will focus on Clinical and Care Governance assurances and learning from the three HSCPs'*. The paper also sets out future arrangements including a requirement to *'Seek assurance through performance reports from the three HSCPs that the Getting it Right for Everyone, Clinical and Care Framework is implemented across all HSCPs*.' Currently, minutes of all three Tayside IJB R2 groups are reported here. It is not clear that this proposed arrangement for an R1 through the CQF entirely fulfils all of the requirements of GIRFE and the Integration Scheme and it is recommended that any new arrangements be considered and approved by the IJB or a nominated Committee/group.	It is recommended that any new arrangements be considered and approved by the IJB or a nominated Committee/group.	**2**	The IJB will formally request that the Chair of the R1 Group advise the IJB of performance of R1 and any new arrangements to be implemented. Chief Officer of DIJB to clarify reporting arrangements between R1 and IJB. Regular representation at the R1 and CQF will be provided from the R2 Group.	Chief officer Chief Officer Interim Head of Allied Health Professions / Head of Service, Health and Community Care 31 July 2018 (To allow time for R1 meetings to run)

Dundee IJB
Clinical, Care & Professional Governance - Report No. D07/17

Action Plan

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
3.	Work has been undertaken to map out the assurance routes for the key domains.	This work should be further augmented by a mapping to the functions set out in the Appendix to the Integration Scheme setting out all delegated functions, with priority given to the areas of highest importance/risk.	**2**	Integration scheme delegated functions will be mapped to ensure forum membership reflects the breadth of delegated functions. Service reports and performance data will reflect the breadth of the delegated functions ensuring that reports to the IJB also reflect the breadth of the delegated functions.	Interim Head of Allied Health Professions / Head of Service, Health and Community Care 30 April 2018

Action Plan

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
4.	Different sources of information and therefore assurances currently exist for various aspects of both clinical and care assurance across the key domains of all delegated services, often based on previous reporting processes. This does not necessarily provide a consistent approach and provide those charged with governance the information they need to discharge their duties.	Work should be undertaken on establishing a consistent assurance appetite to ensure that the level of assurance received is consistent across all clinical and care governance domains across all services commensurate with the level of risk each represents. (E.g. an understanding of falls might be equally appropriate in both hospital and community care settings.) Agreed levels of reporting should be reviewed against the governance principles appended to this report. .	**2**	Review work of R2 and Forum reporting arrangements and risk management against governance principles (Appendix A) and amend and adopt new approaches as required. Further work will be done with the reporting templates to refine areas of common risk across the HSCP to support identification and mitigation of identified risks.	Interim Head of Allied Health Professions / Head of Service, Health and Community Care 30 June 2018

DEFINITION OF ASSURANCE CATEGORIES AND RECOMMENDATION PRIORITIES

Categories of Assurance:

A	Good	There is an adequate and effective system of risk management, control and governance to address risks to the achievement of objectives.
B	Broadly Satisfactory	There is an adequate and effective system of risk management, control and governance to address risks to the achievement of objectives, although minor weaknesses are present.
C	Adequate	Business objectives are likely to be achieved. However, improvements are required to enhance the adequacy/ effectiveness of risk management, control and governance.
D	Inadequate	There is increased risk that objectives may not be achieved. Improvements are required to enhance the adequacy and/or effectiveness of risk management, control and governance.
E	Unsatisfactory	There is considerable risk that the system will fail to meet its objectives. Significant improvements are required to improve the adequacy and effectiveness of risk management, control and governance and to place reliance on the system for corporate governance assurance.
F	Unacceptable	The system has failed or there is a real and substantial risk that the system will fail to meet its objectives. Immediate action is required to improve the adequacy and effectiveness of risk management, control and governance.

The priorities relating to Internal Audit recommendations are defined as follows:

Priority 1 recommendations relate to critical issues, which will feature in our evaluation of the Governance Statement. These are significant matters relating to factors critical to the success of the organisation. The weakness may also give rise to material loss or error or seriously impact on the reputation of the organisation and require urgent attention by a Director.

Priority 2 recommendations relate to important issues that require the attention of senior management and may also give rise to material financial loss or error.

Priority 1 and 2 recommendations are highlighted to the Audit Committee and included in the main body of the report within the Audit Opinion and Findings

Priority 3 recommendations are usually matters that can be corrected through line management action or improvements to the efficiency and effectiveness of controls.

Priority 4 recommendations are recommendations that improve the efficiency and effectiveness of controls operated mainly at supervisory level. The weaknesses highlighted do not affect the ability of the controls to meet their objectives in any significant way.

Appendix A - Clinical and Care Governance Principles

The Integration schemes state that 'NHS Tayside Board is accountable for Clinical and Care Governance in relation to services provided by NHS Tayside.' This reinforces the view that the Health Board (and presumably, by extension the Council) are still ultimately responsible for these services and therefore require to receive the necessary assurances. This has profound implications, not only for Clinical Governance but also Risk Management.

The national guidance and therefore also the Integration Schemes provide guidance on both professional accountability and clinical governance. Whilst the two are closely linked, they are separate and the key issue for all bodies is assurance over the overall health and well-being of the population, of the safety and effectiveness of care provided and of the adequacy and effectiveness of the systems and governance structures which provide that assurance.

Professional accountability appears to be well-covered within the Integration Schemes although the provision of professional advice through the Tayside Clinical and Care Governance and Professional Governance group is not yet fully evident. Due to the complexity of the issues involved, further work will inevitably be required in relation to assurance.

The following principles will apply to assurance:

i) Consistency of care and clinical governance as far as possible i.e. the level and quality of assurance should be determined consistently (see below) whether in delegated or non-delegated healthcare functions or within social care activities whether delivered in-house or purchased. This will be particularly important as the boundaries between health and social care blur; there is no reason why assurance around the safety and effectiveness of care should change as an individual transitions between one part of the system to another, or if service provision changes. For example the local authority equivalents to SAERs, aggregated incident reports, HAI reports etc. should be reported in parallel and in aggregate with the Health equivalents within IJB reporting proportionate to risks in each area (see below).

ii) Proportionality; assurance should be inextricably and overtly linked with risk and the extent to which key controls manage that risk

iii) There must be a distinction between professional lines of accountability and governance assurance

iv) Independent oversight is a fundamental component of clinical governance assurance; this includes oversight from independent non-executives/councillors/voting members at an appropriate level based on robust, relevant and reliable data

v) Clear linkages to performance data, including operational, financial and quality performance; the ideal is a holistic system which integrates performance, clinical and other data level so that performance is measured once, used often.

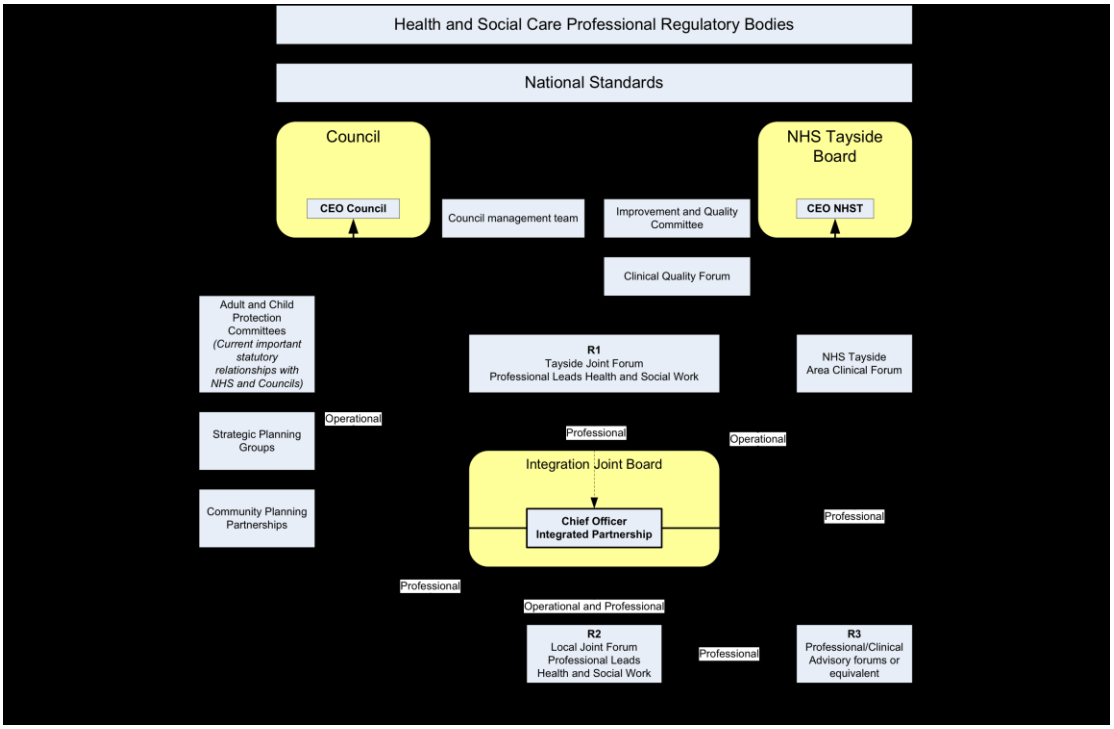
vi) Where assurances are not deemed sufficient or they highlight significant unmitigated risks, there must be clarity around which body will take the

decision on the appropriate action to be taken and how they will provide assurance to other parties on the implementation and effectiveness of those actions.

vii) All systems should distinguish between pro-active and reactive, internal and external assurance and develop effective triangulation to ensure that each assurance component contributes to an overall assessment of governance. For example, the key information to be taken from an external review is not about the specific circumstances found but whether they are consistent with assurances received from internal systems. Wherever practicable, the emphasis should be on internal systems which provide advance warning of any issues.

viii) The provisions in the Integration Scheme for seeking professional advice should be reviewed to ensure that they are functioning as intended.

Appendix B –Clinical, Care and Professional Governance Assurance Structure



ITEM No …13……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 13 FEBRUARY 2018**

REPORT ON: **DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC12-2018**

1.0 PURPOSE OF REPORT

The purpose of this report is to provide the Performance and Audit Committee with a progress update in relation to the current Internal Audit Plan.

2.0 RECOMMENDATIONS

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

2.1 Notes the progress of the current Internal Audit Plan as outlined in this report.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Dundee Integration Joint Board's current Internal Audit Plan incorporates outstanding reviews from the 2016/17 plan as approved by the Performance and Audit Committee (PAC) at its meeting held on the 17 January 2017 (PAC2-2017) and the planned internal audit activity as part of the 2017/18 Internal Audit Plan as approved by the PAC at its meeting of the 28 November 2017 PAC37-2017).

4.2 In relation to the remaining items from the 2016/17 Audit plan, the Clinical, Care and Professional Governance review (D07-17) is presented for consideration as item 12 on this PAC meeting agenda. The Workforce review (D06-17) will be presented at the March PAC meeting thereby concluding the 2016/17 audit reviews.

4.3 In relation to the substantive reviews as part of the 2017/18 plan, Risk Management and Transformation and Redesign, the Risk Management review is underway with the planning and scoping of the Transformation and Redesign also in progress. The findings of these are scheduled to be presented to the March PAC meeting.

4.2 As per Audit Scotland's recommendation and subsequent agreed action following the Dundee IJB External Audit Annual Report 2016/17, presented to the September 2017 Performance and Audit Committee (PAC21-2017), progress of the Internal Audit Plan is now a standing item on Performance and Audit Committee agendas.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

This report has not been subject to a risk assessment as it a status update and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

Date: 22 January 2018

Appendix 1

	Audit	Indicative Scope	Target Audit Committee	Planning Commenced	Work in Progress	Draft Issued	Completed	Grade
D01-18	Audit Planning	Agreeing audit universe and preparation of strategic plan	August 2017	Complete	Complete	Complete	Complete	N/A
D02-18	Audit Management	Liaison with managers and Directors and attendance at Audit Committee	Ongoing	Ongoing				
D03-18	Annual Internal Audit Report	Chief Internal Auditor's annual assurance statement to the IJB and review of governance self-assessment	June 2018	Complete	Complete	Complete	Complete	N/A
D04-18	Risk Management	Review of systems of risk management, assessment of risk maturity and consideration of assurance mechanisms for key controls	March 2018	Complete	In progress			
D05-18	Transformation & Service Redesign	Addresses Corporate Risks - 2/9/10: Review of system for prioritisation of service redesign options, financial impact and link to savings plans, stakeholder engagement and project management	March 2018	In progress				

	Audit	Indicative Scope	Target Audit Committee	Planning Commenced	Work in Progress	Draft Issued	Completed	Grade
D01-17	Audit Planning	Agreeing audit universe and preparation of audit plan and mapping of Governance and Assurance arrangements within the IJB		Complete	Complete	Complete	Complete	N/A
D02-17	Audit Management	Liaison with managers and Directors and attendance at Performance and Audit Committee		Complete	Complete	Complete	Complete	N/A
D03-17	Annual Internal Audit Report	Chief Internal Auditor's annual assurance statement to the IJB and review of governance self-assessment		Complete	Complete	Complete	Complete	N/A
D04-17	Governance & Assurance	Ongoing support and advice on further development of governance and assurance structures, including issues identified as part of the annual report process		Complete	Complete	Complete	Complete	N/A
D05-17	Due Diligence	Review/validation of IJB post-implementation review		No longer relevant – no added value				
D06-17	Workforce	Review of arrangements established to control and mitigate Risk 3 from the high level risk register – staff resource to develop sufficient integrated arrangements To include a review of corporate support functions		Complete	Complete	Complete	In progress	
D07-17	Clinical, Care & Professional Governance	Review of arrangements established to control and mitigate Risk 8 from the high level risk register – Clinical, Care & Professional Governance		Complete	Complete	Complete	Complete	B