

**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 22 MAY 2024

**REPORT ON:** DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2023-24 QUARTER 3

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC15-2024

## **1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to update the Performance and Audit Committee on 2023-24 Quarter 3 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators. Data is also provided in relation to Social Care – Demand for Care at Home services.

## **2.0 RECOMMENDATIONS**

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

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

## **3.0 FINANCIAL IMPLICATIONS**

3.1 None.

## **4.0 BACKGROUND INFORMATION**

4.1 The Quarterly Performance Report analyses performance against the National Health and Wellbeing Indicators. 5 of the 23 National Health and Wellbeing Indicators are monitored quarterly (emergency admissions, emergency bed days, readmissions, falls admissions and delayed discharge bed days lost). The quarterly performance report also summarises performance against indicators in the Measuring Performance Under Integration (MPUI) suite of indicators for four out of six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency and delayed discharges, end of life and balance of care. Further information regarding these indicators and the methodology used to report these indicators can be found in Appendix 3.

4.2 The Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations and guidance prescribes that Partnerships must compare performance information between the current reporting

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

## 5.0 QUARTER 3 PERFORMANCE 2023-24 – KEY ANALYTICAL MESSAGES

5.1 Key analytical messages for the Quarter 3 2023-24 period are:

- Significant variation by Local Community Planning Partnership (LCPP) is still apparent, with poorest performance for many of the National Indicators in the most deprived LCPPs.
- Performance is poorer than the 2018-19 baseline for rate of emergency admissions 18+, rate of hospital admissions due to a fall 65+, emergency admission numbers from A+E 18+, emergency admissions as a rate of all A+E attendances 18+, 28 day readmissions rate, % care services graded good, and rate of standard bed days lost to delayed discharges 75+.
- The performance for number of A+E attendances 18+, rate of emergency bed days and rate of complex bed days lost to delayed discharges 75+ was lower than the 2018-19 baseline which is an improvement for each indicator.
- Rate of emergency bed days per 100,000 18+ population decreased by 3.2% when compared with the 2018-19 baseline, which is an improvement. 5 LCPPs saw a decrease in rate of emergency bed days (Coldside -9.9%, East End -0.6%, North East -18%, Strathmartine -14.8% and West End -6.3%).
- Rate of emergency admissions per 100,000 18+ population increased by 13.2% compared with the 2018-19 baseline and there was an increase across every LCPP. This is deterioration in performance.
- Rate of emergency readmission within 28 days of any admission increased by 7.1% between 2018-19 baseline and Q3 2023-24. There was a decrease in 1 LCPP (East End by 7%) and Maryfield was the same in Q3 23-24 as 2018-19.
- Rate of hospital admissions due to a fall increased by 16% between 2018-19 baseline and Q3 2023-24. There was a decrease in 1 LCPP (Coldside by 15%) and Strathmartine was the same in Q3 23-24 as 2018-19.
- 90.3% of the last 6 months of life was spent at home or in a community setting; this is higher than the 2018-19 baseline of 89.1% (improvement). Although performance across Scotland is similar, Dundee is best out of the 8 family group partnerships and is 2nd out of the 3 Tayside partnerships.
- % care services graded 'good' (4) or better in Care Inspectorate inspections has deteriorated since the 2018-19 baseline from 86.2% in 2018-19 to 75.2% in 22/23. Report PAC27-2023 Article VIII of the minute of meeting of this Committee of 27<sup>th</sup> September 2023 refers provided a detailed analysis of gradings awarded in 2022-23.
- Rate of bed days lost to standard delayed discharge for people aged 75+ is 57% more than the 2018-19 baseline and performance deteriorated across all but 1 LCPPs (there was a reduction in North East by 18% which is an improvement). At Q3 the LCPP with the highest rate was Coldside (609 bed days lost per 1,000 people aged 75+) and the LCPP with the lowest rate was North East (207 bed days lost per 1,000 people aged 75+).
- Rate of bed days lost to complex (code 9) delayed discharge for people aged 75+ decreased by 3% between the 2018-19 baseline and Q3 2023-24, which is an improvement. There were increases across 4 of the 8 LCPPs. Increases ranged from 12% in Maryfield to 314% in East End.

5.2 Public Health Scotland publishes a report on the number of people who are waiting for Social Care and Care at Home service provided by the Health and Social Care Partnerships. The information, contained in Appendix 2, shows the number of people waiting for an assessment for a package of care to allow them to live at home or in the community and the number of hours of care that has been assessed but not yet delivered. The information is presented by people waiting in hospital or waiting at home / in the community for the care at home service to be delivered. Data published from 15 January 2024 onwards reflect improved definitions and therefore caution should be taken when comparing with figures prior to this date.

In Dundee, as at 25 March 2024:

- 0 people waited in hospital and 150 people waited in the community for a social care assessment. 0 people have waited in hospital each week since 17 October 2022.
- 20 people were assessed and waiting for a care at home package in hospital (314 hours yet to be provided).
- 25 people were assessed and waiting for a care at home package in the community (110 hours yet to be provided).
- For those already in receipt of a care at home package 110 additional hours were required and not provided.

## **6.0 POLICY IMPLICATIONS**

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

## 7.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	Poor performance against national indicators could affect outcomes for individuals and their carers, spend associated with poor performance and the ability of the IJB to deliver fully commitments set out in the Strategic and Commissioning Plan.
<b>Risk Category</b>	Financial, Governance, Political
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level)
<b>Mitigating Actions</b> (including timescales and resources )	<ul style="list-style-type: none"> <li>- Continue to develop a reporting framework which identifies performance against national and local indicators.</li> <li>- Continue to report data quarterly to the PAC to highlight areas of exceptional performance (poor and excellent).</li> <li>- 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.</li> <li>- 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.</li> <li>- Work with operational managers to identify areas of poor performance that result in operational risk and undertake additional analysis as required.</li> </ul>
<b>Residual Risk Level</b>	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Level)
<b>Planned Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
<b>Approval recommendation</b>	Given the moderate level of planned risk, this risk is deemed to be manageable.

## 8.0 CONSULTATIONS

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

## 9.0 BACKGROUND PAPERS

9.1 None.

Christine Jones  
Acting Chief Finance Officer

**DATE:** 17 April 2024

Lynsey Webster  
Senior Officer, Strategy and Performance

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Senior Officer, Strategy and Performance

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Strategy and Performance Assistant

## APPENDIX 1 – Performance Summary

Table 1: Performance in Dundee’s LCPPs - % change in Q3 2023-24 against baseline year 2018/19



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	+13.2%	+12.1%	+4.1%	+7.0%	+11.4%	+21.6%	+14%	+19.9%	+15.8%
Emer Bed Days rate per 100,000 18+	-3.2%	+8.8%	-0.6%	-9.9%	-18%	-14.8%	+4.8%	-6.3%	+3.5%
28 Day Readmissions rate per 1,000 Admissions 18+	+7.1%	+11%	-7%	+16%	+7%	+1%	0%	+20%	+18%
Hospital admissions due to falls rate per 1,000 65+	+16%	+84%	+16%	-15%	+43%	0%	+39%	+3%	+3%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	+57%	+1%	+42%	+190%	-18%	+17%	+50%	+48%	+127%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-3%	-48%	+314%	-80%	-51%	+19%	+12%	+213%	-100%

Source: NHS Tayside BSU

Note: This table shows the Dundee position alongside the position for the 8 LCPPs. Where the LCPP position is poorer than Dundee this is coded as red (worse than Dundee) and where the LCPP position is better than Dundee this is coded as green.

Key:  Improved/Better  Stayed the same  Declined/Worse

**Table 2: Performance in Dundee's LCPPs - LCPP Performance in Q3 2023-24 compared to Dundee**



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	14,316	16,954	17,516	15,848	13,877	16,089	12,156	10,763	12,523
Emer Bed days rate per 100,000 18+	123,900	144,090	148,503	160,790	106,433	137,647	98,839	87,033	114,955
28 Day Readmissions rate per 1,000 Admissions 18+	150	157	153	149	138	155	149	159	140
Hospital admissions due to falls rate per 1,000 65+	35	46	38	34	27	30	36	41	32
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	435	456	437	609	207	264	394	488	465
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	89	75	352	43	43	107	159	47	0

Source: NHS Tayside BSU

Note: This table shows the Dundee position alongside the position for the 8 LCPPs. Where the LCPP position is poorer than Dundee this is coded as red (worse than Dundee) and where the LCPP position is better than Dundee this is coded as green.

\*There have been no code 9 bed days lost for The Ferry between Jan to Dec 2023. Prior to this there were code 9 bed days lost in The Ferry in Oct and Dec 2022.

Key:  Improved/Better  Stayed the same  Declined/Worse

**Table 3: Performance in Dundee's LCPPs - LCPP Performance in Q3 2023-24 compared to Dundee**

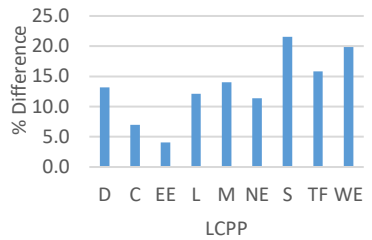
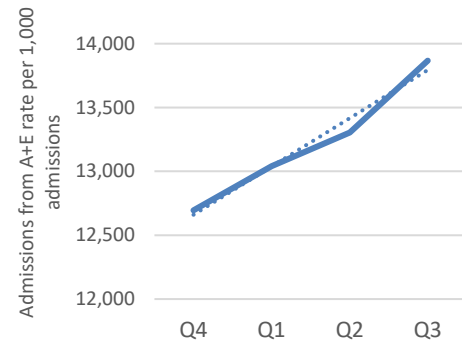
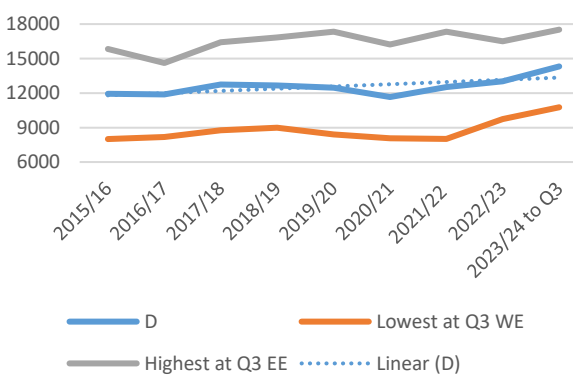
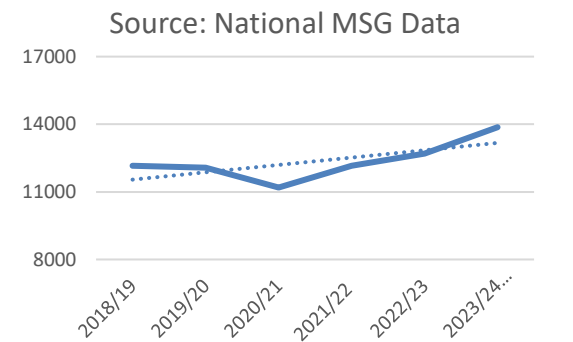
Dundee = D	East End = EE	Coldside = C	West End = WE
Strathmartine = S	North East = NE	Lochee = L	The Ferry = TF

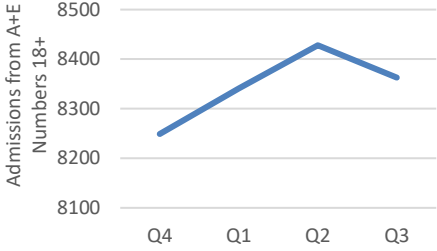
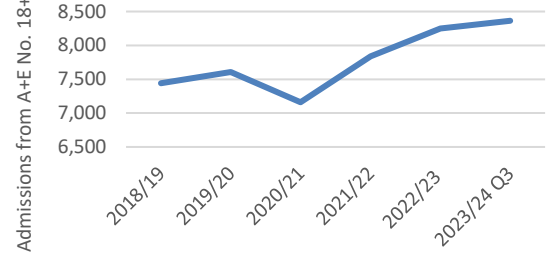
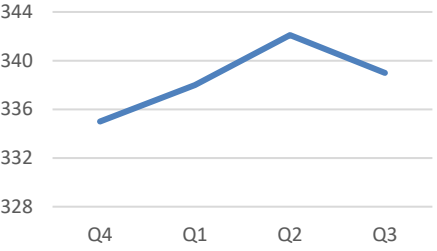
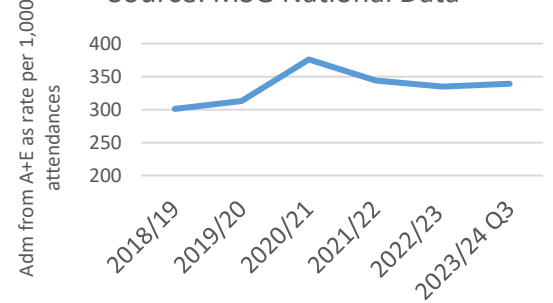
Please note that indicators 1-9 are reported from a biennial national survey – therefore short-term trends are not available. Longitudinal trends are also not available due to changes in survey methodology since 2015/16.

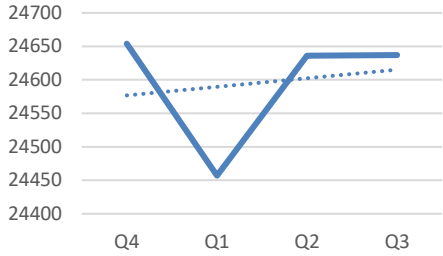
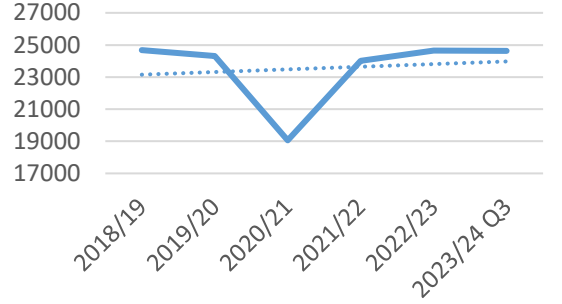
National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
1.% of adults able to look after their health very well or quite well*	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

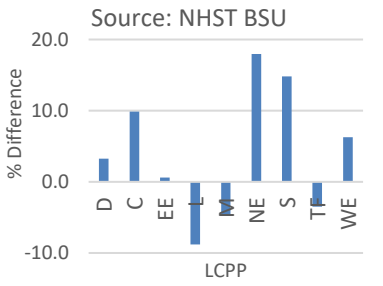
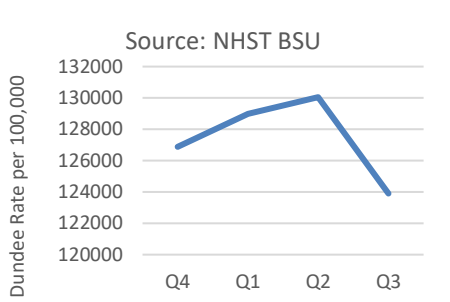
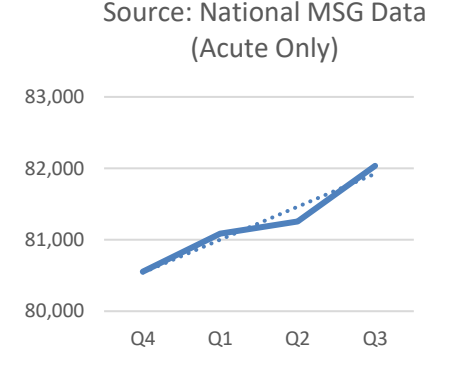
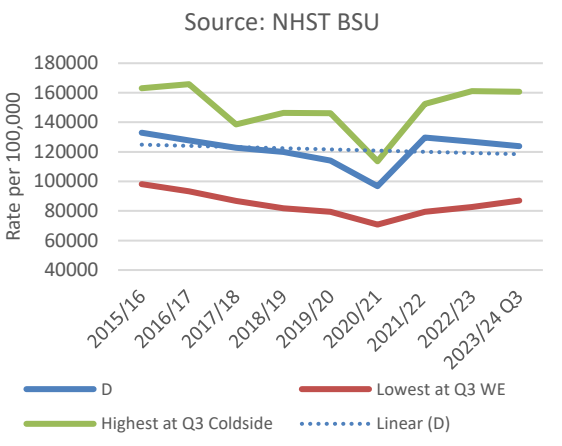
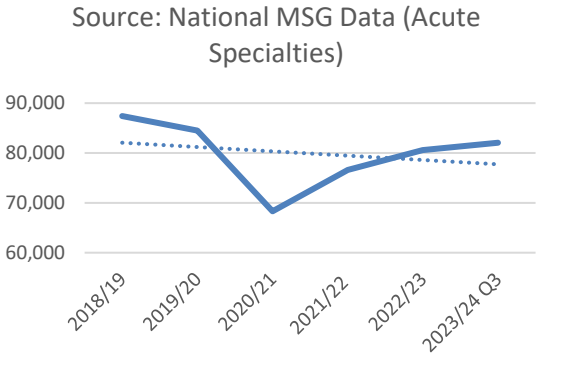
National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst																					
7.% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life*				29th	8 <sup>th</sup> (72%)	3rd																					
8.% of carers who feel supported to continue in their caring role*				26th	7 <sup>th</sup> (27%)	3rd																					
9.% of adults supported at home who agreed they felt safe*				20th	7 <sup>th</sup> (77%)	3rd																					
10. % staff who say they would recommend their workplace as a good place to work	Not Available Nationally	Not Available Nationally	Not Available Nationally																								
11. Premature mortality rate per 100,000 persons	6% more in 2021 than 2016 (deterioration)	Not Available	<p>Source: PHS</p>  <table border="1"> <caption>Premature Mortality Rate per 100,000 Persons (2016-2021)</caption> <thead> <tr> <th>Year</th> <th>Dundee City</th> <th>Scotland</th> </tr> </thead> <tbody> <tr> <td>2016</td> <td>580</td> <td>450</td> </tr> <tr> <td>2017</td> <td>530</td> <td>420</td> </tr> <tr> <td>2018</td> <td>530</td> <td>420</td> </tr> <tr> <td>2019</td> <td>530</td> <td>420</td> </tr> <tr> <td>2020</td> <td>600</td> <td>480</td> </tr> <tr> <td>2021</td> <td>600</td> <td>480</td> </tr> </tbody> </table> <p>2021 is latest available published data</p>	Year	Dundee City	Scotland	2016	580	450	2017	530	420	2018	530	420	2019	530	420	2020	600	480	2021	600	480	29th	7 <sup>th</sup>	3rd
Year	Dundee City	Scotland																									
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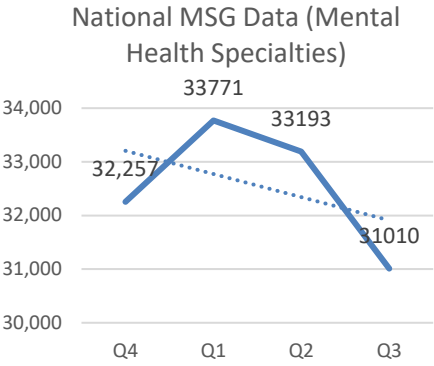
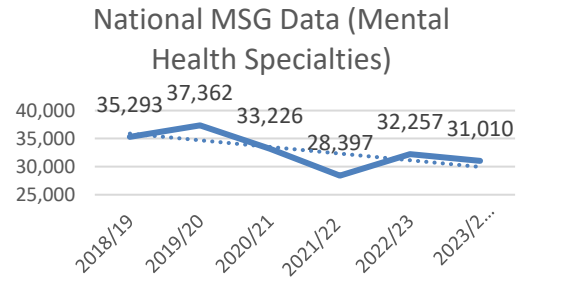
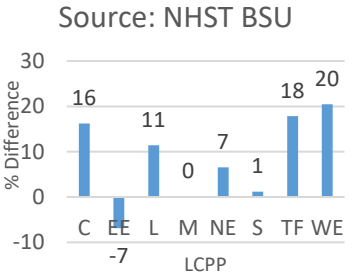
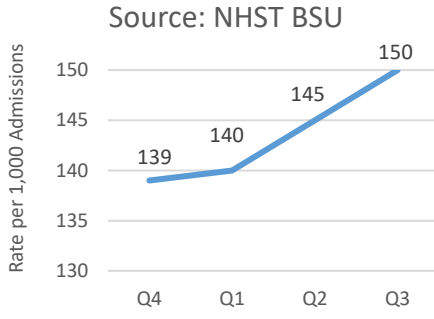
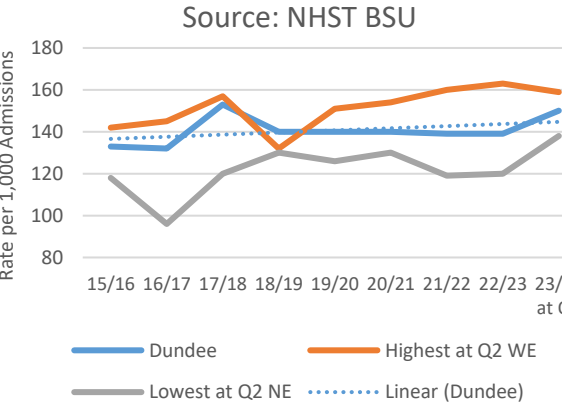


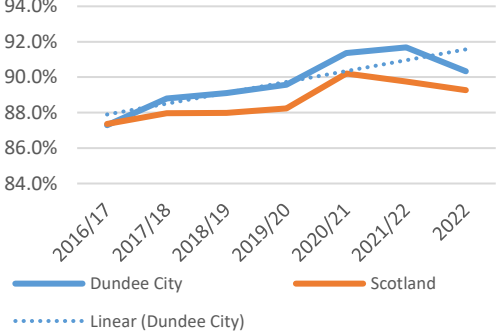
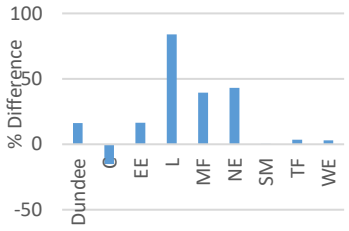
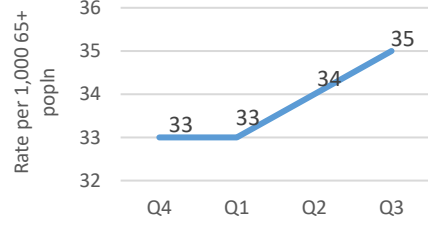
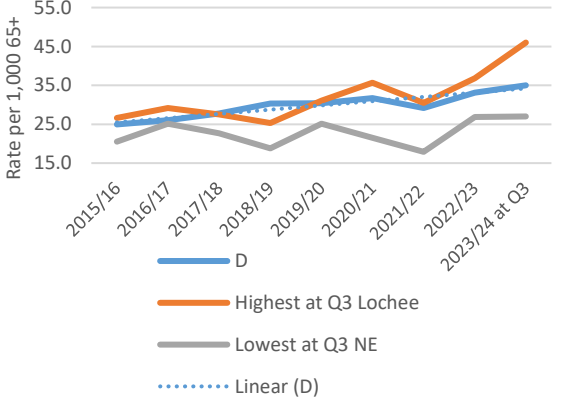
National Indicator	Difference From 18/19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<p><b>12. Emer Admissions rate per 100,000 18+</b></p>	<p>Source: NHST BSU</p>  <p>There was an increase in the emergency admissions rate by 13.2% between 2018-19 and Q3 23-24. This equates to an increase of 1,918 emergency admissions (deterioration). (source: NHST BSU)</p>	<p>Source: MSG National Data</p>  <p>Increasing trend over the last 4 quarters</p>	<p>Source: NHST BSU</p>  <p>Note - Linear (D) is the trendline for Dundee</p> <p>Source: National MSG Data</p> 	24th	4th	3rd

National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Emergency Admissions Numbers from A&E (MSG)	923 more emergency admissions from A+E in Q3 23/24 than 2018/19.	<p>Source: MSG National Data</p>  <p>A decrease from last quarter</p>	<p>Source: MSG National Data</p>  <p>Increase since 2020/21</p>	NA as number and not rate	NA as number and not rate	NA as number and not rate
Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances (MSG)	Rate is 38(13%) higher at Q3 2023/24 than 2018/19.	<p>Source : MSG National Data</p>  <p>A decrease from last quarter</p>	<p>Source: MSG National Data</p>  <p>Stable trend since 2021/22, despite emergency admissions numbers from A+E increasing. This is because the number of A+E attendances also increased albeit at a slower rate.</p>	Not Avail	Not Avail	Not Avail

National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Accident & Emergency Attendances (MSG)	43 less A+E attendances in Q3 2023/24 than 2018/19 (improvement)	<p>Source: MSG National Data</p>  <p>No change in attendances between Q2 and Q3</p>	<p>Source: MSG National Data</p> 	NA as number and not rate	NA as number and not rate	NA as number and not rate

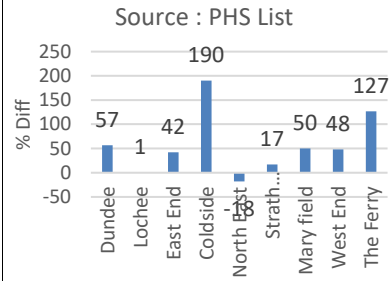
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<p>13. Emer Bed days rate per 100,000 18+</p>	<p>Source: NHST BSU</p>  <p>There was a decrease in the emergency bed days rate by 3.2% between 2018-19 and Q3 23-24. This equates to an decrease of 3,727 emergency bed days (improvement). (source: NHST BSU)</p>	<p>Source: NHST BSU</p>  <p>The rate increased consistently between Q4 and Q2 with a significant decrease in Q3. *TrakCare data cleansing has taken place which has contributed to the Q3 decrease</p> <p>Source: National MSG Data (Acute Only)</p> 	<p>Source: NHST BSU</p>  <p>Source: National MSG Data (Acute Specialties)</p> 	10th	1st	2nd

	<p>4,283 (12%) less mental health bed days in Q3 2023-24 than 2018-19 (improvement) (source: MSG)</p>	<p>National MSG Data (Mental Health Specialties)</p>  <p>A decrease in the rate of mental health emergency bed days since Q1 (improvement)</p>	<p>National MSG Data (Mental Health Specialties)</p>  <p>An overall decrease in the rate of mental health emergency bed days since 2018/19 (improvement)</p>			
<p><b>National Indicator</b></p>	<p><b>Difference From 18-19 Baseline</b></p>	<p><b>Dundee Short Term Trend (last 4 quarters)</b></p>	<p><b>Long Term Trend</b></p>	<p><b>Scotland Position</b> 1= best, 32 = worst</p>	<p><b>Family Group Position</b> 1= best, 8 = worst</p>	<p><b>Tayside Group Position</b> 1= best, 3 = worst</p>
<p><b>14. Readmissions rate per 1,000 Admissions 18+</b></p>	<p>Source: NHST BSU</p>  <p>The rate is 7% higher at Q3 2023-24 than 2018-19. This equates to 108 readmissions. The actual number of readmissions (numerator) increased by 633 readmissions between 2018-19 and Q3 2023-24</p>	<p>Source: NHST BSU</p>  <p>Increase in the rate over the last 4 quarters. (deterioration)</p>	<p>Source: NHST BSU</p> 	<p>30<sup>th</sup></p>	<p>8<sup>th</sup></p>	<p>3<sup>rd</sup></p>

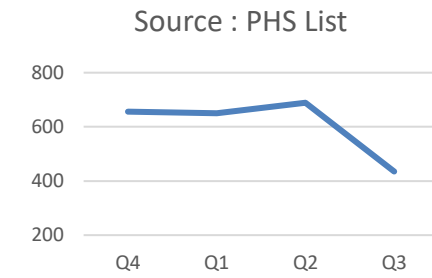
National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<b>15. % of last 6 months of life spent at home or in a community setting</b>	Up from 88.8% in 2017/18 to 90.3% in 2022 (improvement)	Not Available		9th	1st	2nd
<b>16. Hospital admissions due to falls rate per 1,000 65+</b>	<p>Source: NHST BSU</p>  <p>The rate of admissions is 16% higher in Q3 23-24 than the 2018-19 baseline. This equates to an increase of 137 falls related hospital admissions. The greatest increase (deterioration) in the number of falls was in Lochee with an 84% increase (71 fall related admissions) (deterioration).</p>	<p>Source: NHST BSU</p>  <p>Increase in the rate over the last 3 quarters</p>	<p>Source: NHST BSU</p> 	31st	8th	3rd

National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst																								
<b>17. % care services graded 'good' (4) or better in Care Inspectorate inspections</b>	Dropped from 84.5% in 2017/18 to 75.2% in 2022/23 (deterioration)	Not Available	<p>Source: Public Health Scotland</p> <table border="1"> <caption>Percentage of care services graded 'good' or better</caption> <thead> <tr> <th>Year</th> <th>Dundee City (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr><td>2016/17</td><td>85.5</td><td>83.5</td></tr> <tr><td>2017/18</td><td>84.5</td><td>84.5</td></tr> <tr><td>2018/19</td><td>85.5</td><td>81.5</td></tr> <tr><td>2019/20</td><td>80.0</td><td>81.5</td></tr> <tr><td>2020/21</td><td>80.0</td><td>82.0</td></tr> <tr><td>2021/22</td><td>74.0</td><td>76.0</td></tr> <tr><td>2022/23</td><td>75.2</td><td>75.2</td></tr> </tbody> </table>	Year	Dundee City (%)	Scotland (%)	2016/17	85.5	83.5	2017/18	84.5	84.5	2018/19	85.5	81.5	2019/20	80.0	81.5	2020/21	80.0	82.0	2021/22	74.0	76.0	2022/23	75.2	75.2	21st	7th	1st
Year	Dundee City (%)	Scotland (%)																												
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2022/23	75.2	75.2																												
<b>18. % adults with intensive care needs receiving care at home</b>	6.5% (130 people) more in 2022 than 2017 (improvement) (note calendar year)	Not Available	<p>Source: Public Health Scotland</p> <table border="1"> <caption>Percentage of adults with intensive care needs receiving care at home</caption> <thead> <tr> <th>Year</th> <th>Dundee City (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr><td>2016</td><td>54.5</td><td>61.5</td></tr> <tr><td>2017</td><td>54.5</td><td>61.0</td></tr> <tr><td>2018</td><td>58.5</td><td>62.5</td></tr> <tr><td>2019</td><td>57.5</td><td>63.5</td></tr> <tr><td>2020</td><td>59.0</td><td>63.0</td></tr> <tr><td>2021</td><td>63.0</td><td>64.5</td></tr> <tr><td>2022</td><td>60.5</td><td>63.5</td></tr> </tbody> </table>	Year	Dundee City (%)	Scotland (%)	2016	54.5	61.5	2017	54.5	61.0	2018	58.5	62.5	2019	57.5	63.5	2020	59.0	63.0	2021	63.0	64.5	2022	60.5	63.5	28th	8th	2nd
Year	Dundee City (%)	Scotland (%)																												
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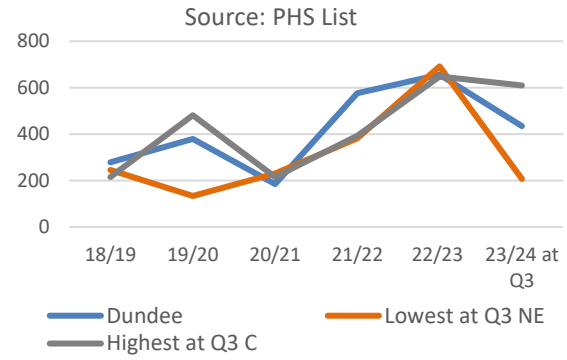
**19.1 Delayed Discharge bed days lost rate per 1,000 75+ (standard)**



57% increase (deterioration) since 2018/19.



Improving trend in the last quarter



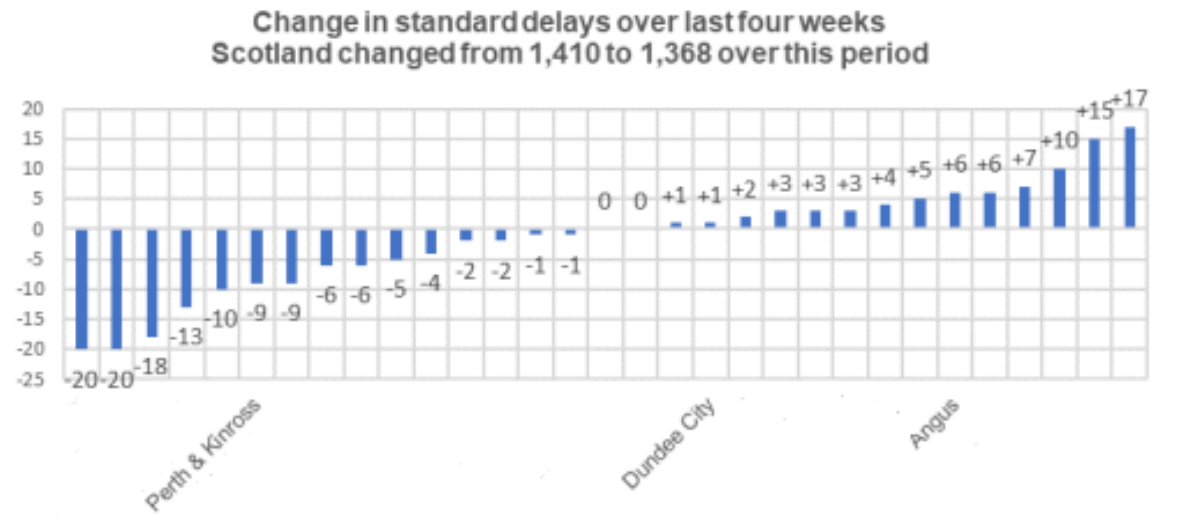
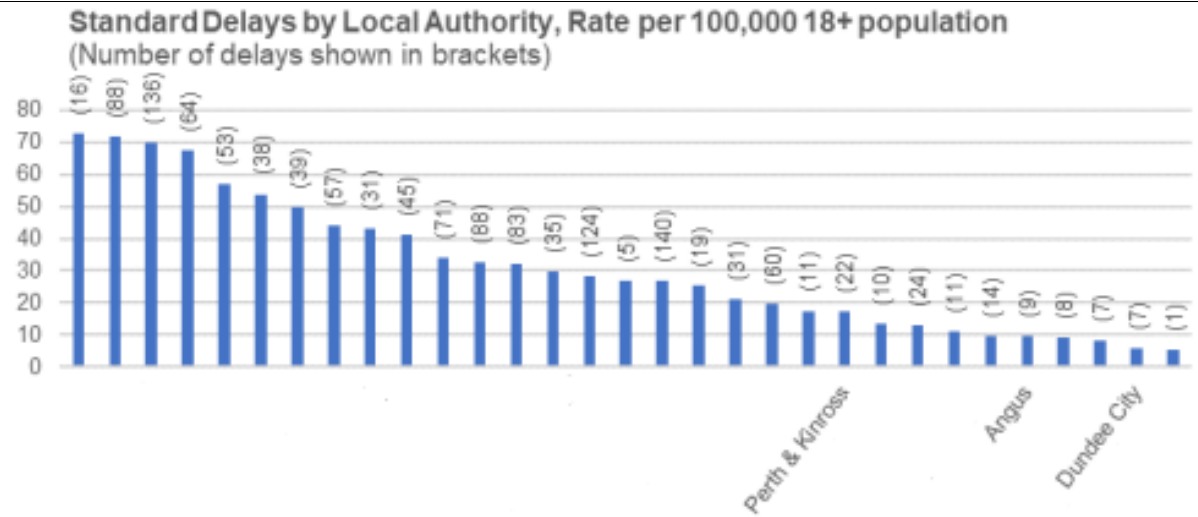
NA

NA

NA

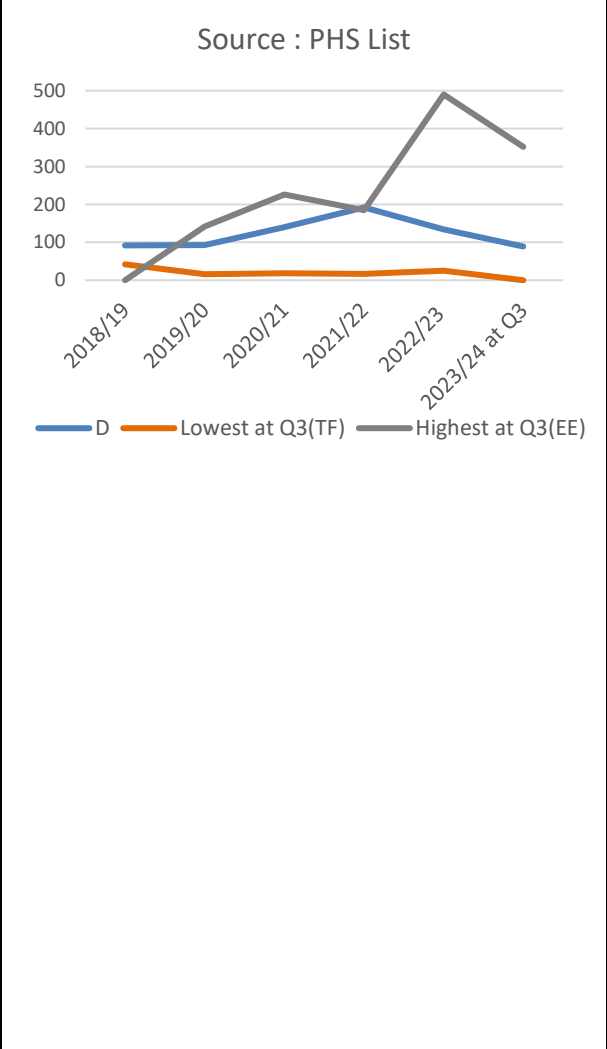
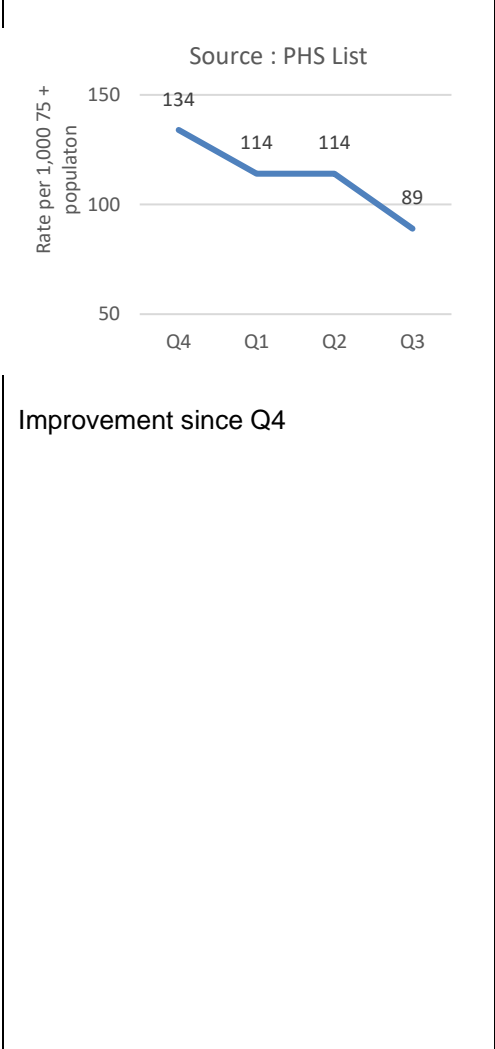
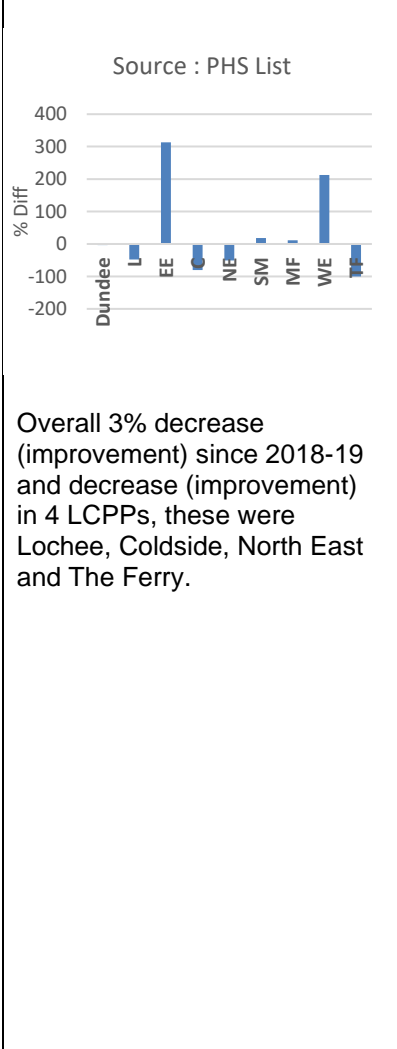


Standard Delays by Local Authority at 18 March 2024 (most recent at time of report production)



National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
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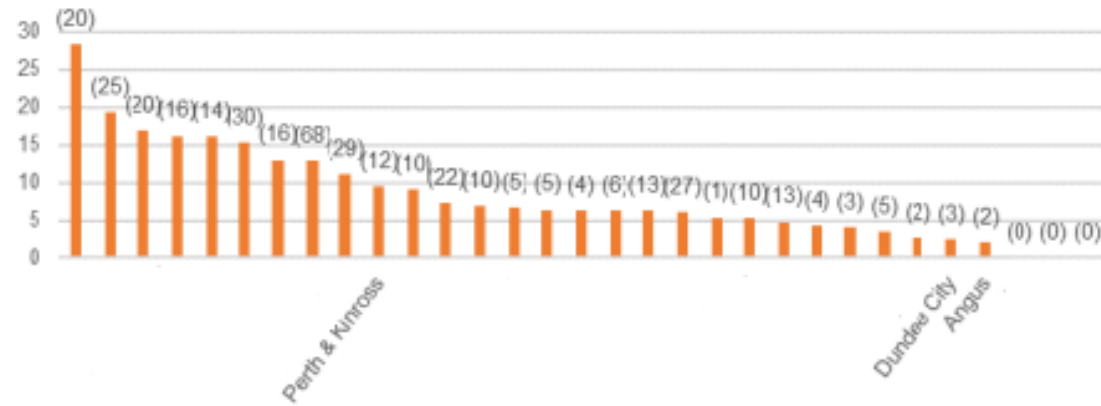
**19.2 Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)**



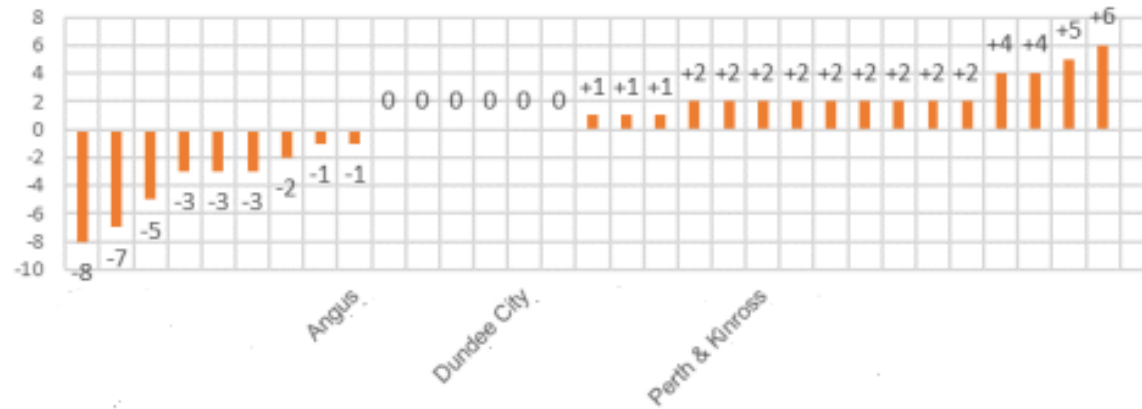
Scotland Position: NA  
 Family Group Position: NA  
 Tayside Group Position: NA

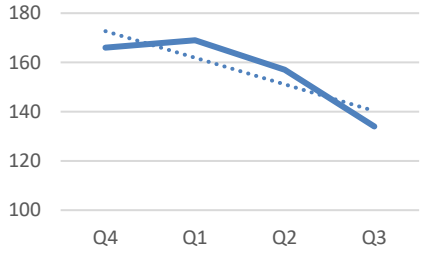
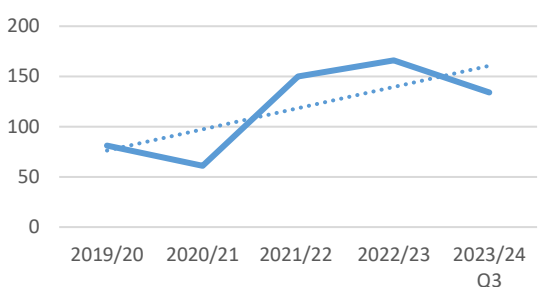
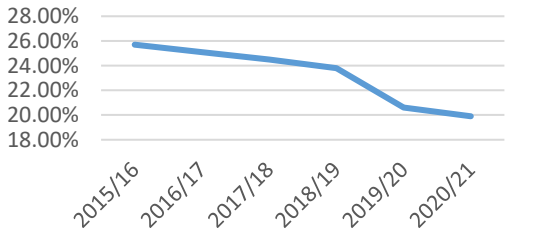
Adults with Incapacity (AWI) Delays by Local Authority at 18 March 2024 (most recent at time of report production)

AWI Delays by Local Authority, Rate per 100,000 18+ population  
(Number of delays shown in brackets)



Change in AWI delays over last four weeks  
Scotland changed from 390 to 395 over this period



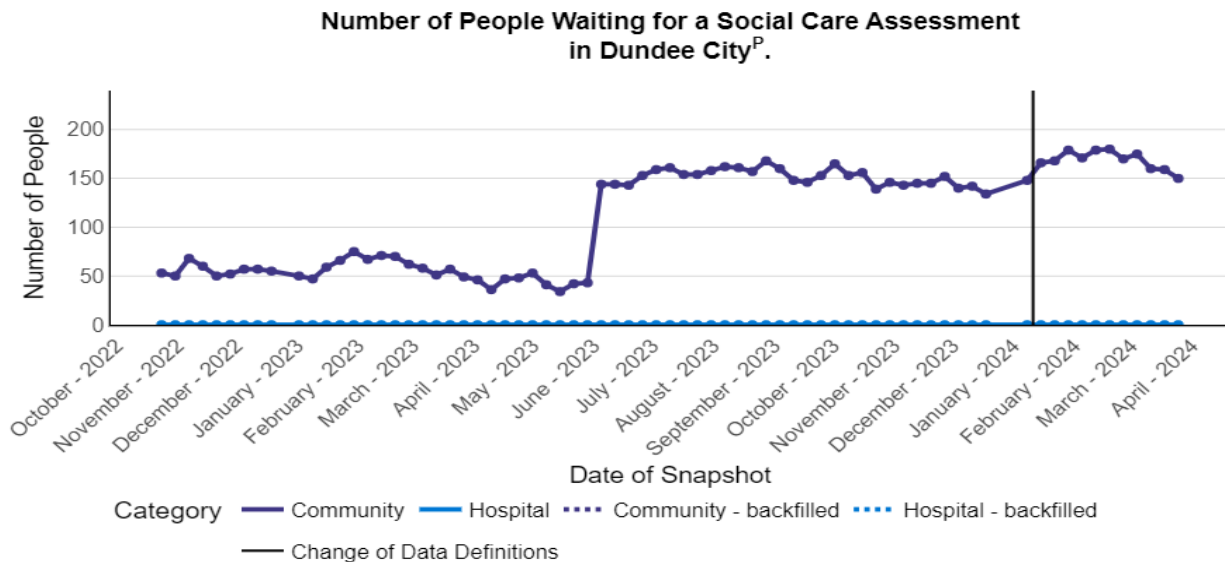
National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<b>Delayed Discharge bed days lost rate per 1,000 18+ (All Reasons) (MSG)</b>	<p>Bed days have almost doubled since 2019-20 (2018-19 data not provided by PHS). This is a deterioration.</p> <p>In 2019-20 there were 9,861 bed days lost and this increased to 16,236 at Q3 2023-24.</p>	<p>Source: MSG National Data</p>  <p>Reduction (improvement) since Q1.</p>	<p>Source: MSG National Data</p>  <p>Overall increase since 2019-20, although decrease over the last 3 quarters.</p>	NA	NA	NA
<b>20. % of health and social care resource spent on hospital stays where the patient was admitted as an emergency</b>	<p>5.8% less in 2020/21* than 2015/16 (improvement)</p> <p>*latest data available</p>	Not Available	<p>Source: PHS</p> 	18th	3rd	3rd

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

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

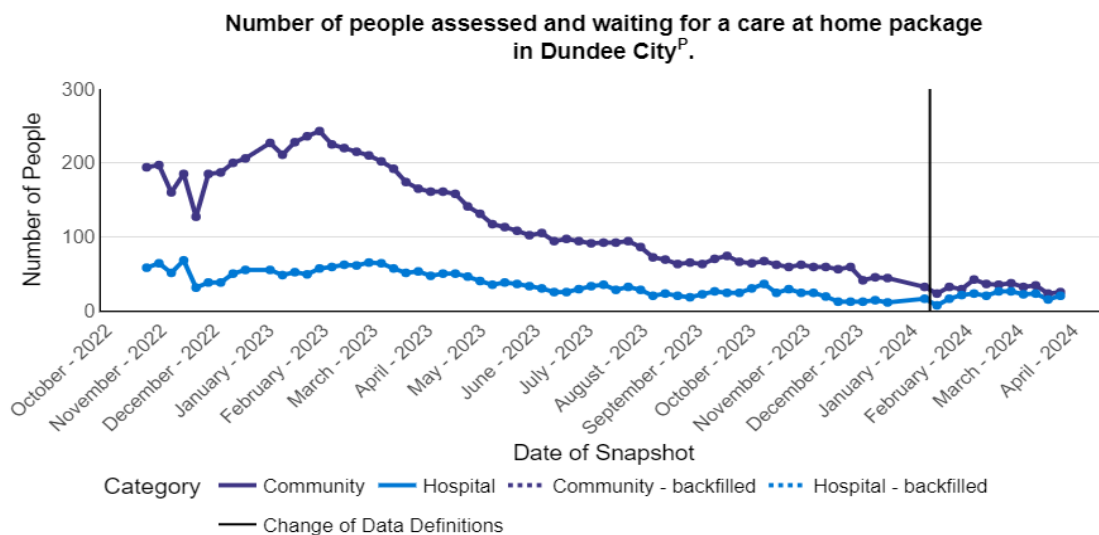
The data items submitted from 15 January 2024 onwards reflect improved definitions and therefore comparability of figures before this date should be done with caution.

### Chart 1



#### In Dundee as at 25<sup>th</sup> March 2024:

- 0 people waited in hospital and 150 people waited in the community for a social care assessment.
- 0 people have waited in hospital each week since 17 October 2022.

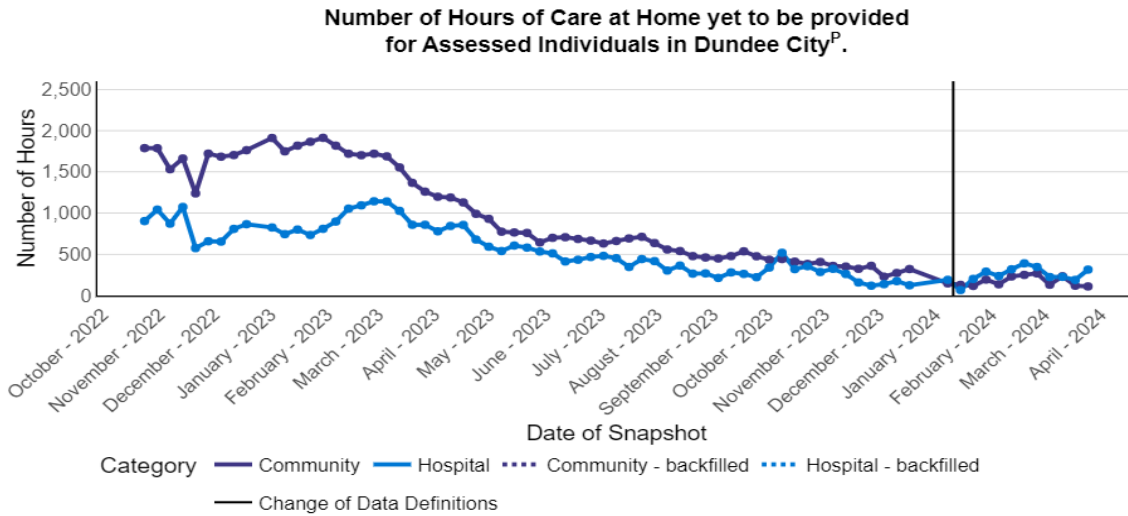


### Chart 2

#### In Dundee as at 25<sup>th</sup> March 2024:

- 20 people were assessed and were waiting in hospital for a care at home package.
- 25 people were assessed and were waiting in the community for a care at home package.

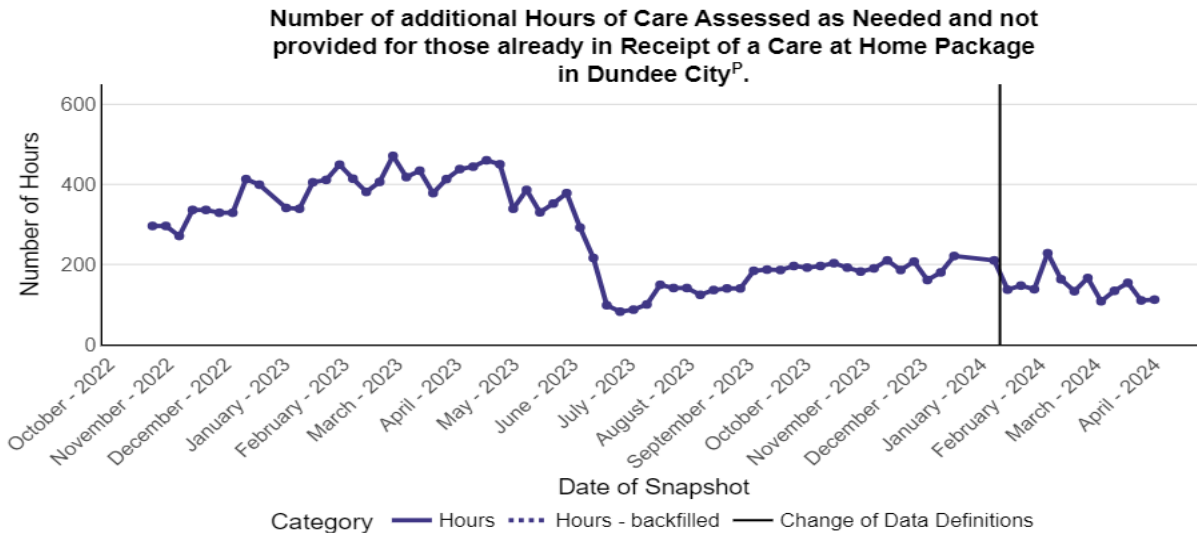
**Chart 3**



**In Dundee as at 25<sup>th</sup> March 2024:**

- 20 people were assessed and waiting for a care at home package in hospital (314 hours yet to be provided).
- 25 people were assessed and waiting for a care at home package in the community (110 hours yet to be provided).

**Chart 4**



**In Dundee as at 25<sup>th</sup> March 2024:**

- For those already in receipt of a care at home package 110 additional hours were required and not provided.

## APPENDIX 3 – DATA SOURCES USED FOR MEASURING PERFORMANCE

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

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

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

National data is provided to all partnerships, by Public Health Scotland. This data shows rolling<sup>1</sup> monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously Public Health Scotland were only able to provide data for all ages, however following feedback from Dundee and other Partnerships they have now provided data for people age 18+.

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

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

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<sup>1</sup> Rolling data is used so that quarterly data can be compared with financial years. This means that data for Quarter 3 shows the previous 12 months of data including the current quarter. Therefore, Quarter 3 data includes data from 1 January 2023 – 31 December 2023.