REPORT TO:	PERFORMANCE & AUDIT COMMITTEE –29 JANUARY 2025
REPORT ON:	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2024-25 QUARTER 2
REPORT BY:	CHIEF FINANCE OFFICER
REPORT NO:	PAC4-2025

1.0   PURPOSE OF REPORT

1.1   The purpose of this report is to update the Performance and Audit Committee on 2024-25 Quarter 2 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. For Q2 2024-25, quarterly performance reports performance is measured against the 2019-20 baseline year and because 2019-20 performance was affected by the Covid-19 Pandemic, 2018-19 data has also been provided for all indicators as a supplementary baseline.

5.0 QUARTER 2 PERFORMANCE 2024-25 – KEY ANALYTICAL MESSAGES

5.1 Key analytical messages for the Quarter 2 2024-25 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 2019-20 baseline and poorer than the 2018-19 baseline for rate of emergency admissions 18+, 28 day readmissions rate 18+, emergency admissions as a rate of all A+E attendances 18+ and rate of hospital admissions due to a fall 65+.

- There was a slightly deterioration in performance compared with the 2019-20 baseline (increase of 0.6%) for the emergency bed day rate 18+, however there was an improvement when compared to the 2018-19 baseline (decrease by 4.4%). This is a positive trend which reflects local improvements in community care to support earlier discharge. 4 LCPPs (West End, Maryfield, Coldside and Lochee) saw a decrease in the rate of emergency bed days against both baseline years.

- The rate of emergency admissions per 100,000 18+ population increased by 17.2% compared with the 2019-20 baseline and increased by 15.5% compared with the 2018-19 baseline and there was an increase across every LCPP. This is a deterioration in performance. The greatest increase compared with both the 2018-19 and 2019-20 baselines was in The Ferry.

- The rate of emergency readmissions within 28 days of any admission increased by 6% between both the 2019-20 and 2018-19 baselines and Q2 2024-25. There was a decrease in East End between both the 2018-19 and the 2019-20 baselines. There was a decrease in the West End between the 2019-20 baseline and Q2 2024-25.

- The rate of hospital admissions due to a fall increased between both the 2018-19 and 2019-20 baselines and Q2 2024-25. Coldside was the only LCPP to show an improvement at Q2 2024-25 compared with the 2019-20 baseline (decrease in the rate by 12%) and Coldside and West End were the only two LCPPs to show an improvement at Q2 2024-25 compared with the 2018-19 baseline (decrease in the rates by 15% and 14% respectively).

- Rate of bed days lost to standard delayed discharge for people aged 75+ is 43% less than the 2019-20 baseline and improved in all LCPP except one, or 23% less than the 2018-19 baseline and improved in 5 LCPPs. At Q2 the LCPP with the highest rate was Mayfield (332 bed days lost per 1,000 people aged 75+) followed by West End and the LCPP with the lowest rate was North East (88 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 30% between the 2019-20 baseline or by 52% against 2018-19 baseline and Q2 2024-25, which is an improvement. There were increases in 5 out of the 8 LCPPs against both baseline years. Lochee had the highest rate, 90 per 1,000 75+(code 9 delays) and Maryfield with the lowest rate, 0 per 1,000 75+.

5.2 Public Health Scotland publishes a report on the number of people who are waiting for a 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 reflects improved definitions and therefore caution should be taken when comparing with figures prior to this date.

In Dundee, as at 02 December 2024:

- 0 people waited in hospital and 118 people waited in the community for a social care assessment. 0 people have waited in hospital each week since 17 October 2022.

- 11 people were assessed and waiting for a care at home package in hospital (163 hours yet to be provided).

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

- For those already in receipt of a care at home package 2 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

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

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DATE: 20 December 2024

APPENDIX 1 – Performance Summary

Table 1a: Performance in Dundee's LCPPs - % change in Q2 2024-25 against baseline year 2019-20

Most Deprived → Least

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Mary field	West End	The Ferry
Emer Admissions rate per 100,000 18+	+17.2%	+18.0%	+10.2%	+16.6%	+12.2%	+20.8%	+19.1%	+10.3%	+31%
Emer Bed Days rate per 100,000 18+	+0.6%	-1.2%	+8.6%	-8.2%	+26.8%	+4.6%	-8.1%	-9.8%	+4.6%
28 Day Readmissions rate per 1,000 Admissions 18+	+6%	+9%	-7%	+10%	+6%	+9%	+13%	-1%	+15%
Hospital admissions due to falls rate per 1,000 65+	+13%	+19%	+33%	-12%	+20%	+7%	+62%	+1%	+12%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-43%	-40%	-46%	-47%	-34%	-69%	+83%	-56%	-37%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-30%	-16%	+192%	-71%	-97%	+136%	-100%	-57%	+217%

Source: NHS Tayside BSU and PHS (delayed discharge data)

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 1b: Performance in Dundee's LCPPs - % change in Q2 2024-25 against baseline year 2018-19

Most Deprived ← ... Least

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	+15.5%	+14.2%	+13.5%	+10.6%	+10.7%	+23.5%	+22.7%	+3.3%	+25.9%
Emer Bed Days rate per 100,000 18+	-4.4%	-11.8%	-0.5%	-8.4%	+19.8%	+2.6%	-14.2%	-12.6%	+1.5%
28 Day Readmissions rate per 1,000 Admissions 18+	+6%	+13%	-11%	+20%	+3%	+5%	+7%	+13%	+8%
Hospital admissions due to falls rate per 1,000 65+	+14%	+47%	+13%	-15%	+61%	+9%	+67%	-14%	+9%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-23%	-47%	-51%	22%	-65%	-47%	+27%	-15%	8%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-52%	-38%	+192%	-71%	-97%	+136%	-100%	-57%	+217%

Source: NHS Tayside BSU and PHS (delayed discharge data)

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 Q2 2024-25 compared to Dundee

Most Deprived ← ————————————————————————— **Least**

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strath martine	Mary field	West End	The Ferry
Emer Admissions rate per 100,000 18+	14,607	17,277	19,100	16,338	13,800	16,346	13,078	9,280	13,609
Emer Bed days rate per 100,000 18+	114,732	139,423	146,902	134,080	108,088	123,015	89,008	71,596	120,879
28 Day Readmissions rate per 1,000 Admissions 18+	149	159	147	153	134	160	159	149	128
Hospital admissions due to falls rate per 1,000 65+	35	37	37	34	30	32	43	31	33
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	213	239	152	257	88	119	332	279	221
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	44	90	67	36	2	50	0	17	51

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.
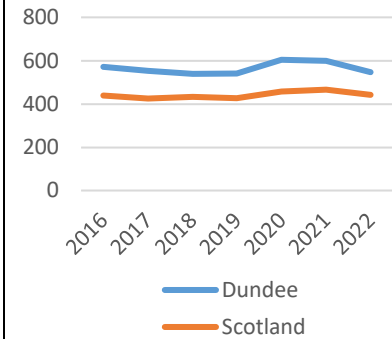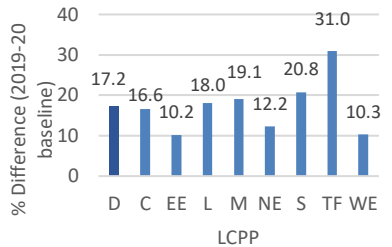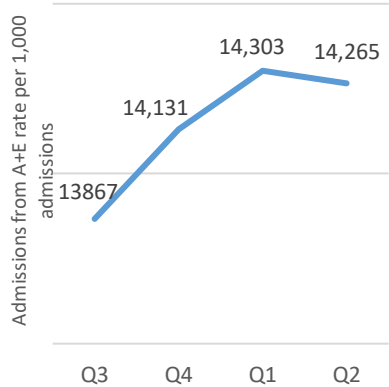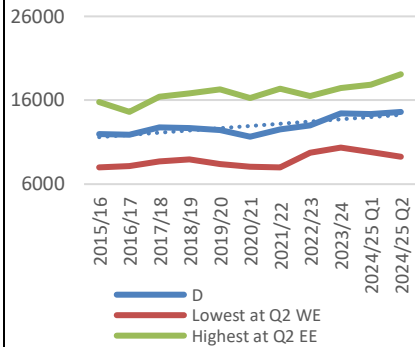
Key: ■ Improved/Better   ■ Stayed the same   ■ Declined/Worse
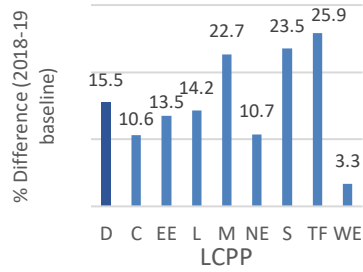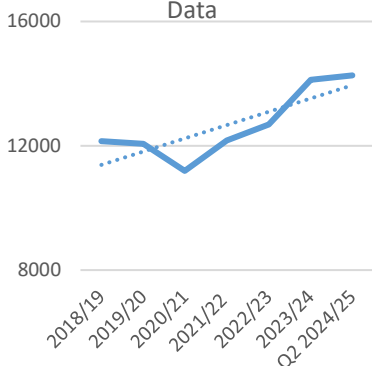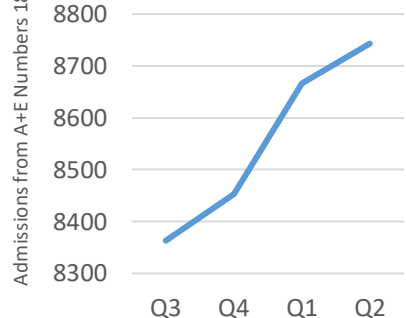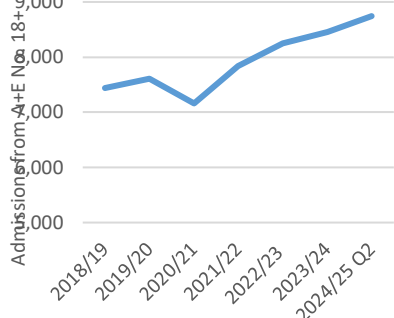
Table 3: Performance in Dundee's LCPPs - LCPP Performance in Q2 2024-25 compared to Dundee
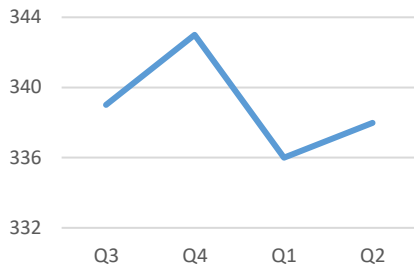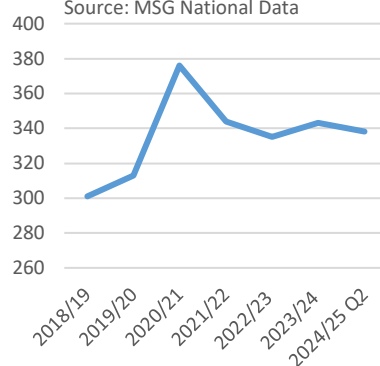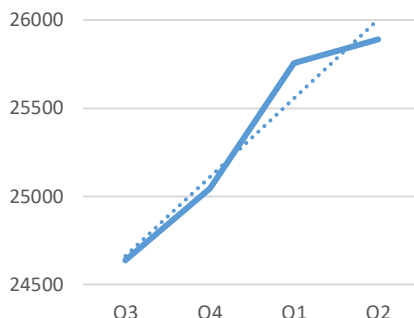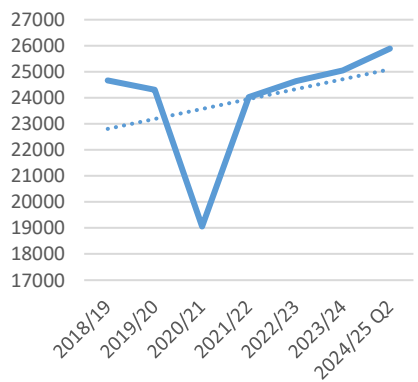
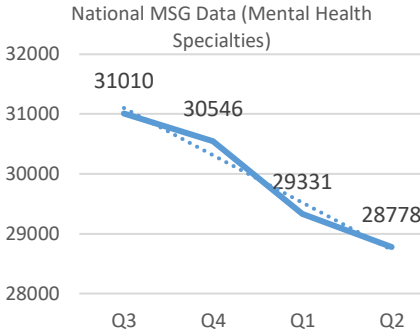| Dundee	= D	East End	= EE	Coldside	= C	West End	= WE
Strathmartine	= S	North East	= NE	Lochee	= L	The Ferry	= TF

National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = 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*				29th	5th (88%)	3rd
2.% of adults supported at home who agreed that they are supported to live as independently as possible*				10th	3rd (77%)	1st
3.% of adults supported at home who agreed that they had a say in how their help, care, or support was provided*				10th	4th (65%)	2nd
4. % of adults supported at home who agree that their health and social care services seem to be well co-ordinated*				13th	4th (64%)	1st
5.% of adults receiving any care or support who rate it as excellent or good*				22nd	5th (68%)	2nd
6.% of people with positive experience of care at their GP practice*				14th	3rd (71%)	2nd

National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = 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*				14th	3rd (71%)	2nd
8.% of carers who feel supported to continue in their caring role*				8th	3rd (34%)	1st
9.% of adults supported at home who agreed they felt safe*				11th	1st (77%)	2nd
10. % staff who say they would recommend their workplace as a good place to work	Not Available Nationally iMatter is used to gather feedback from DHSCP staff. For the 2024 survey the response rate was 54%. 76% of staff reported that they would recommend their organisation as a good place to work.	Not Available Nationally	Not Available Nationally			

National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
11. Premature mortality rate per 100,000 persons	4.5% less in 2022 than 2016 (improvement) 2022 is latest available published data	Not Available	Source : PHS 800 600 400 200 0 2016 2017 2018 2019 2020 2021 2022 —— Dundee —— Scotland	29th	6th	3rd
12. Emer Admissions rate per 100,000 18+	Source: NHST BSU 31.0 17.2 16.6 18.0 19.1 20.8 12.2 10.2 10.3 D C EE L M NE S TF WE LCPP There was an increase in emergency admissions rate by 17.2% in Q2 2024-25 compared with the 2019-20 baseline. This equates to an increase of 2,147 emergency admissions (deterioration).	Source : MSG National Data 14,303 14,265 14,131 13867 Q3 Q4 Q1 Q2 A slight decrease from 14,303 in Q1 to 14,262 in Q2 2024/25	Source: NHST BSU 26000 16000 6000 2015/16 2016/17 2017/18 2018/19 2019/20 2020/21 2021/22 2022/23 2023/24 2024/25 Q1 2024/25 Q2 —— D —— Lowest at Q2 WE —— Highest at Q2 EE Note - Linear (D) is the trendline for Dundee	28th	7th	3rd

	Source: NHST BSU There was an increase in the emergency admissions rate by 15.5% in Q2 2024-25 compared with the 2018-19 baseline. This equates to an increase of 1,959 emergency admissions (deterioration).		Source: National MSG Data Increase since 2020/21 as we moved out of the Pandemic emergency response.			
Emergency Admissions Numbers from A&E (MSG)	1,138 more emergency admissions from A+E in Q2 2024/25 compared with the 2019/20 baseline. 1,303 more emergency admissions from A+E in Q2 24/25 compared with the 2018/19 baseline.	Source: MSG National Data An increasing trend since Q3 2023/24	Source: MSG National Data Increase since 2020/21	NA as number and not rate	NA as number and not rate	NA as number and not rate

National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Emergency Admissions as a Rate per 1,000 of all Accident &Emergency Attendances (MSG)	Rate has increased by 25, from 313 at the 2019/20 baseline to 338 at Q2 2024/25. This is an increase of 8%. Rate has increased by 37, from 301 at the 2018/19 baseline to 338 at Q2 2024/25. This is an increase of 12%.	Rate increased from 336 at Q1 24/25 to 338 at Q2 24/25, which is a deterioration although the Q2 rate is lower than is was at Q3 and Q4 2023/24.	A small decrease in Q2 2024/25 compared with 2023/24.	Not Avail	Not Avail	Not Avail
Number of Accident & Emergency Attendances (MSG)	1572 (6% increase) more A&E attendances in Q2 2024/25 than the 2019/20 baseline. 1210 (5% increase) more A&E attendances in Q2 2024/25 than the 2018/19 baseline.	Increase in attendance since Q3		NA as number and not rate	NA as number and not rate	NA as number and not rate

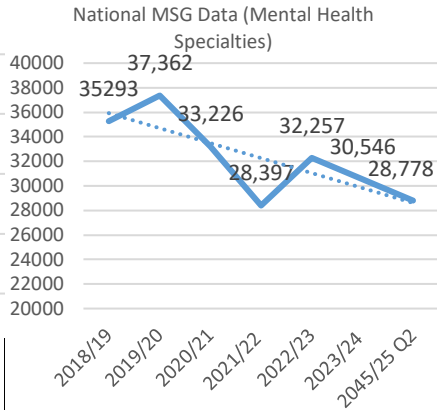| National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
13.Emer Bed days rate per 100,000 18+	Source: NHST BSU There was an increase in the emergency bed days rate by 0.6% between the 2019-20 baseline and Q2 2024-25. This equates to an increase of 870 emergency bed days (slight deterioration). Source: NHST BSU There was a decrease in the emergency bed days rate by 4.4% between the 2018-19 baseline and	Source: NHST BSU The emergency bed days rate is showing a consistently decreasing trend over the past 4 quarters. National MSG Data (Acute Only)	Source: NHST BSU Source: National MSG Data (Acute Specialties)	15th	1st	2nd

Q2 2024-25. This equates to a decrease of 6,359 emergency bed days (improvement).

6515 (18%) less mental health bed days in Q2 2024-25 compared with the 2018-19 baseline (improvement) (source: MSG)

8584 (23%) less mental health bed days in Q2 2024-25 compared with the 2019-20 baseline (improvement) (source: MSG)
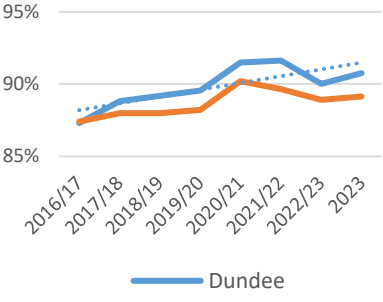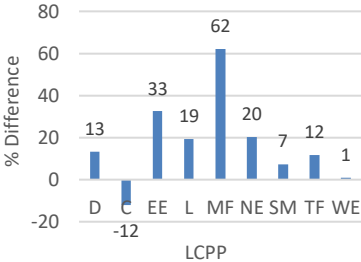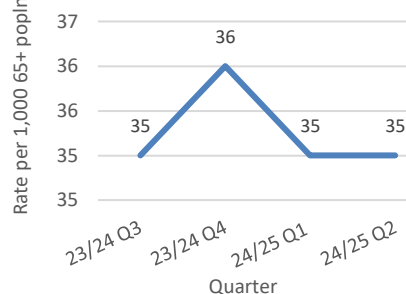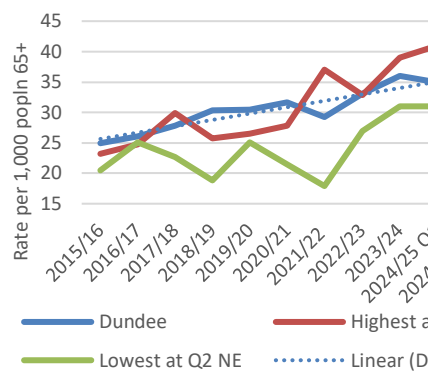
National MSG Data (Mental Health Specialties)

32000
31000
30000
29000
28000

31010
30546
29331
28778

Q3   Q4   Q1   Q2

A decrease in the rate of mental health emergency bed days since Q3 (improvement)

National MSG Data (Mental Health Specialties)

40000
38000
36000
34000
32000
30000
28000
26000
24000
22000
20000

37,362
35293
33,226
32,257
30,546
28,397
28,778

2018/19 2019/20 2020/21 2021/22 2022/23 2023/24 2045/25 Q2

An overall decrease in the rate of mental health emergency bed days since 2022-23 (improvement)

National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
14. Emergency Readmissions rate per 1,000 Admissions 18+	Source: NHST BSU The rate is 6% higher at Q2 2024-25 than 2019-20. The number of readmissions (numerator) increased by 879 readmissions between the 2019-20 baseline and Q2 2024-25. Source: NHST BSU The rate is 6% higher at Q2 2024-25 compared with the 2018-19 baseline. The number of readmissions (numerator) increased by 896 readmissions between the 2018-19 baseline and Q2 2024-25.	Source: NHST BSU There has been a slight decrease from Q4 2023-24 and Q2 2024-25.	Source: NHST BSU 	31st	8th	3rd

National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
15. % of last 6 months of life spent at home or in a community setting	Up from 89.2% in 2018/19 to 90.7% in 2023 (improvement)	Not Available		5th	2nd	2nd
16. Hospital admissions due to falls rate per 1,000 65+ population	 The rate of admissions has increased by 13% in Q2 24-25 from the 2019-20 baseline. This equates to an increase of 138 fall related hospital admissions. The greatest increase (deterioration) in the number of falls was in Maryfield with a 62% increase (43 fall related admissions) (deterioration).	 The rate has remained consistent at 35 per 1,000 population with a slight increase in 2023-24 Q4.		31st	8th	3rd

Maryfield was 2nd lowest LCPP in 2019/20.

Source: NHST BSU
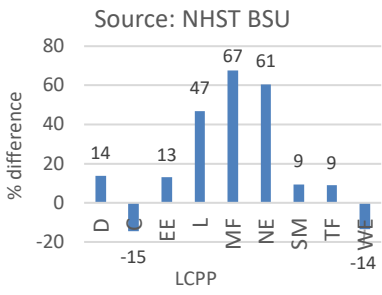
The rate of admissions has increased by 14% in Q2 24-25 from the 2018-19 baseline. This equates to an increase of 141 fall related hospital admissions. The greatest increase (deterioration) in the number of falls was in Maryfield with a 67% increase (43 fall related admissions) (deterioration). Maryfield was 3rd lowest LCPP in 2018/19.

National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
17. % care services graded 'good' (4) or better in Care Inspectorate inspections	Dropped against 2018-19 and 2019-20 baselines, 86.2 in 2018-19 and 80 in 2019-20, 77.5% in 2023/24 (deterioration)	Not Available		19th	7th	1st
18. % adults with intensive care needs receiving care at home	Increasing trend in the number of adults receiving intensive care at home. In 2023, 62% received intensive care at home, anincrease of 3.9% against 2019 and 3% against 2018.	Not Available		24th	6th	3rd

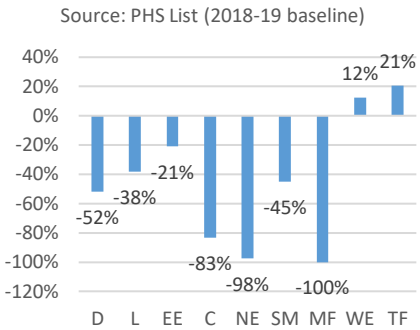| National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
19.1 Delayed Discharge bed days lost rate per 1,000 75+ (standard)	Source: PHS List (2019-20 baseline) 83% at MF; -43%, -40%, -46%, -47%, -34%, -69%, -56%, -37% (D, L, EE, C, NE, SM, WE, TF) 43% decrease (improvement) since the 2019/20 baseline. Source: PHS List (2018-19 baseline) 22% at C, 27% at MF, 8% at TF; -23%, -47%, -51%, -65%, -47%, -15% (D, L, EE, NE, SM, WE) 23% decrease (improvement) since the 2018/19 baseline.	Source: PHS List 435 (Q3), 353 (Q4), 316 (Q1), 213 (Q2) Decline (Improving trend) in the last 4 quarters	Source: PHS List Dundee, Lowest at Q2 NE, Highest at Q2 MF (19/20 to 24/25 Q2) Decline in standard delays since 2022/23. This is an improving trend..	NA	NA	NA

19.2 Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)				NA	NA	NA

19.2 Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)

Source: PHS List (2019-20 baseline)

300%
192%
217%
200%
136%
100%
0%
-100%
-30% -16%
-71% -57%
-97%
-100%
-200%

D   L   EE   C   NE SM MF WE TF

30% decrease (improvement) since 2019-20 and decrease (improvement) in 5 LCPPs.

Source: PHS List (2018-19 baseline)

40%
21%
20%
12%
0%
-20%
-40%
-21%
-52%
-60%
-38%
-45%
-80%
-100%
-83%
-120%
-98%
-100%

D   L   EE   C   NE SM MF WE TF

52% decrease (improvement) since 2018-19 and decrease (improvement) in 6 LCPPs.

Source: PHS List

100
89
80
69
60
52
44
40
20
0
Q3   Q4   Q1   Q2
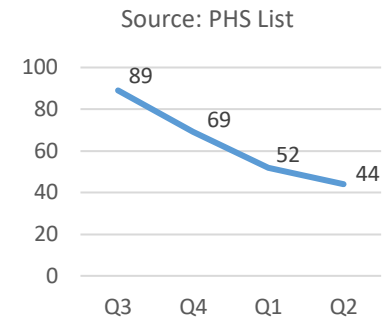
Downward trend for delayed discharges

Source: PHS List

500
400
300
200
100
0
2019/20 2020/21 2021/22 2022/23 2023/24 2024/25 Q2

— Dundee
— Lowest at Q2 MF
— Highest at Q2 L
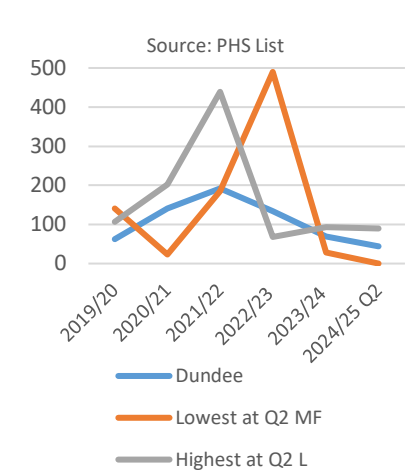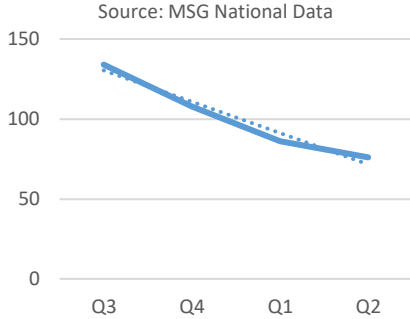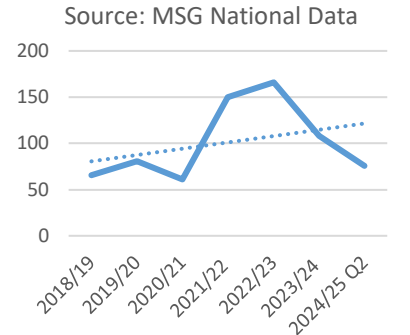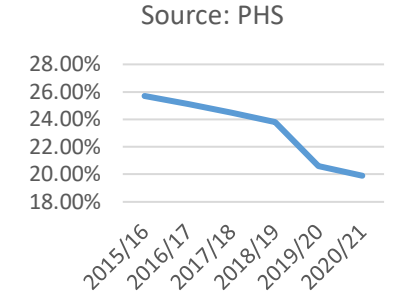
Downward trend since 2021/22, an improvement in performance.

National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Delayed Discharge bed days lost rate per 1,000 18+ (All Reasons) (MSG)	Bed days have decreased since the 2019-20 baseline. In 2019-20 there were 9,861 bed days lost and this decreased to 9,219 at Q2 2024-25. Bed days have decreased since the 2018-19 baseline. In 2018-19 there were 9,376 bed days lost and this decreased to 9,219 at Q2 2024-25.	 Reduction (improvement) since Q3.	 A decrease in bed days lost rate since 2022/23.	NA	NA	NA
20. % of health and social care resource spent on hospital stays where the patient was admitted as an emergency	5.8% less in 2020/21* than 2015/16 (improvement) *latest data available	Not Available		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 services to be delivered.

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

Chart 1
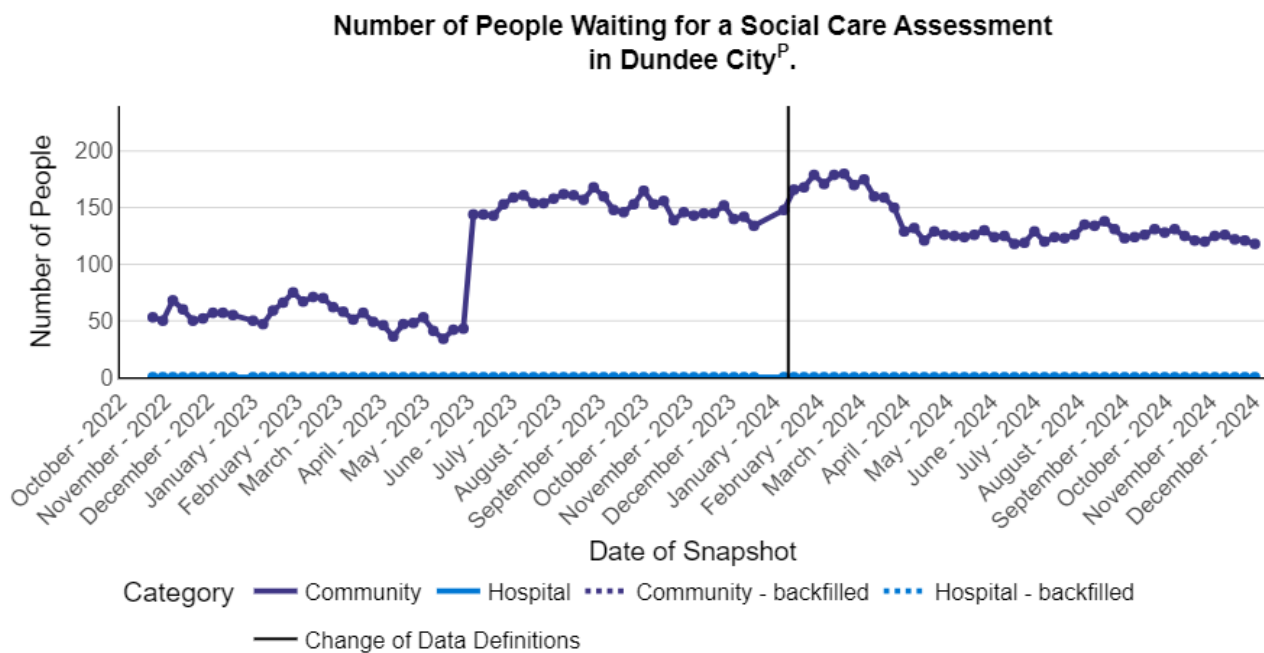
Number of People Waiting for a Social Care Assessment in Dundee City[P].

In Dundee as at 02 December 2024:

- 0 people waited in hospital and 118 people waited in the community for a social care assessment.
- 0 people have waited in hospital each week since 17 October 2022.

Chart 2

Number of people assessed and waiting for a care at home package in Dundee City[P].
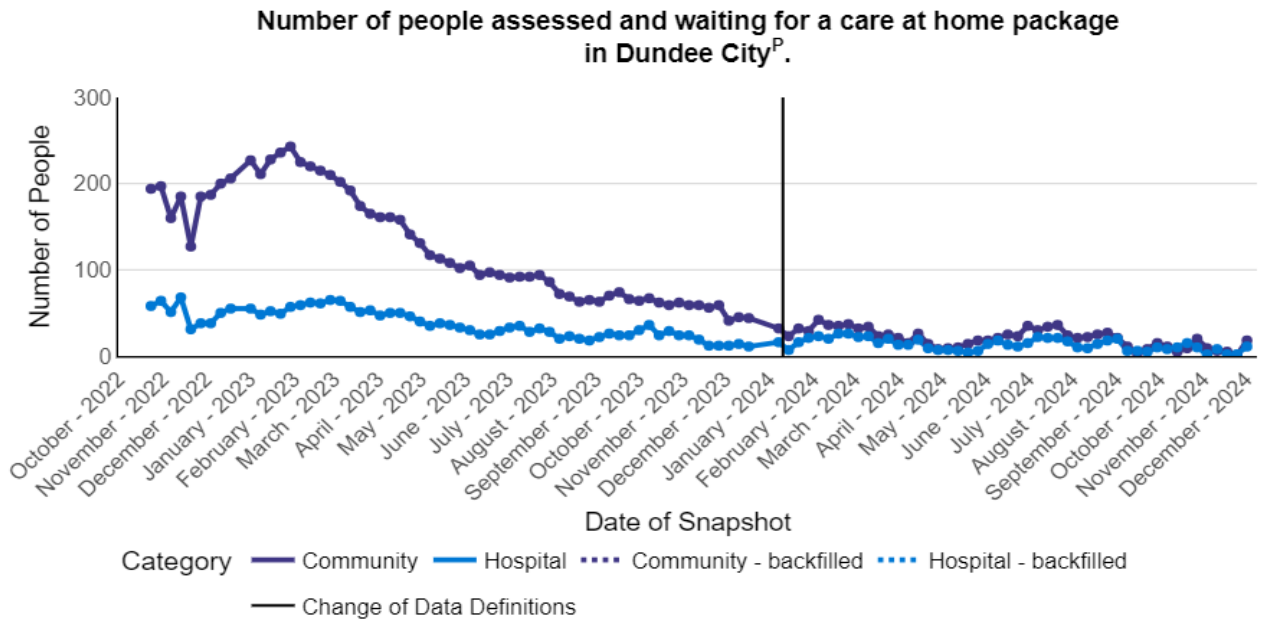
In Dundee as at 02 December 2024:

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

Chart 3
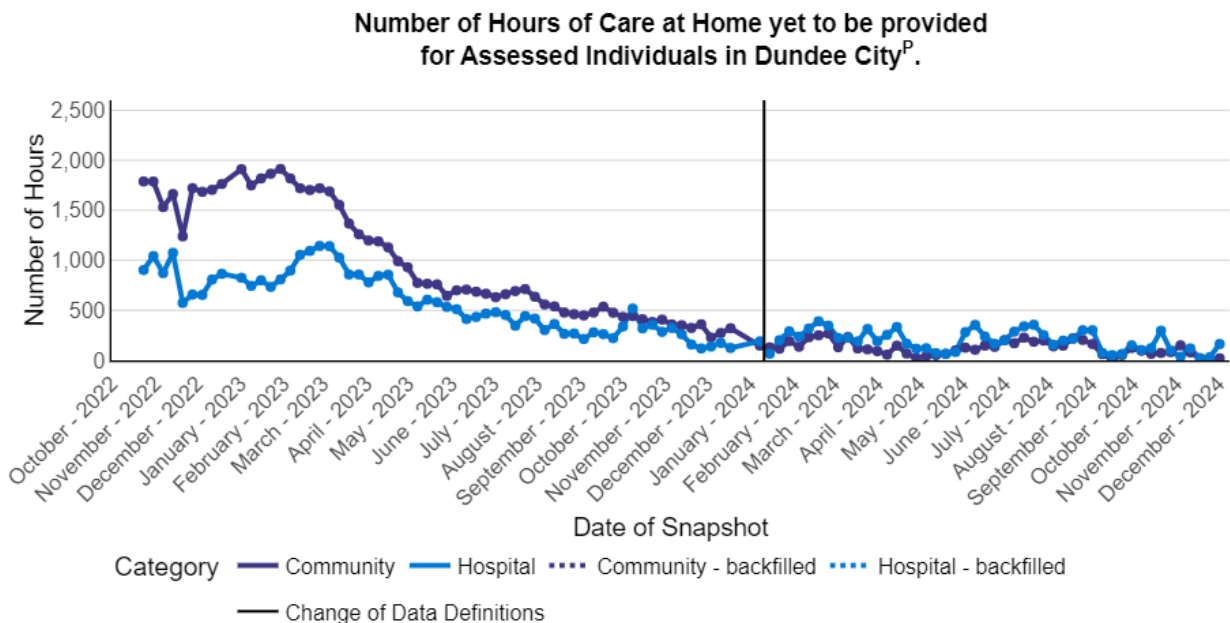
Number of Hours of Care at Home yet to be provided for Assessed Individuals in Dundee City[P].

In Dundee as at 02 December 2024:

- 11 people were assessed and waiting for a care at home package in hospital (163 hours yet to be provided).
- 18 people were assessed and waiting for a care at home package in the community (20 hours yet to be provided).

Chart 4

Number of additional Hours of Care Assessed as Needed and not provided for those already in Receipt of a Care at Home Package in Dundee City[P].
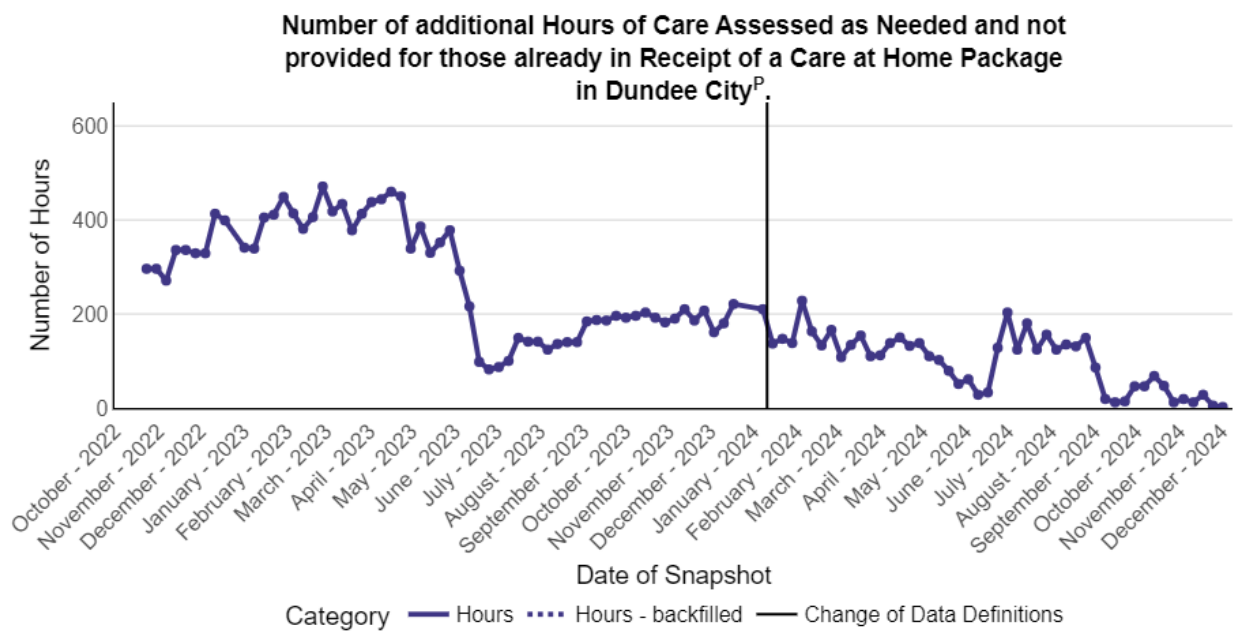
In Dundee as at 02 December 2024:

- For those already in receipt of a care at home package 2 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[1] 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.

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

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[1] For Q2 the data is for the period October 2023 to September 2024