

Annual Performance Report

Summary 2020-21

This is the fifth statutory Annual Performance Report of the Dundee Integration Joint Board (IJB), established on April 1st 2016 to plan, oversee and deliver adult health and social care services through the Dundee Health and Social Care Partnership. (“The Partnership”)



Each citizen of Dundee will have access to the information and support that they need to live a fulfilled life.



The Dundee Health and Social Care Partnership consists of Dundee City Council, NHS Tayside and partners from the third sector and independent providers of health and social care services. The Partnership is responsible for planning and delivering a wide range of adult social work and social care services, and primary and community health services for adults. The Partnership is also responsible for some acute hospital care services.

At March 2021 there had been 203,555 confirmed cases of COVID-19 in Scotland; 13,358 of which were in Tayside and 6,407 of which were in Dundee.

The impact of the COVID-19 pandemic on the health and social care needs of the population, how we deliver supports and services, on health inequalities and on the health and wellbeing of our workforce and of unpaid carers has been substantial and wide ranging.

Partnership services have not only supported efforts to rapidly increase the availability of beds in the acute sector to respond to COVID-19 positive patients requiring hospital admission, but have also been integral to providing responses to COVID-19 positive people in the community, both within their own homes and within residential settings such as care homes.

This summary annual report therefore reflects the range of work undertaken by the Partnership over 2020-21 to respond to the COVID-19 pandemic, as well as our ongoing workstreams to deliver the strategic priorities set out in our Strategic and Commissioning Plan 2019-22.

Our biggest achievements



Progress continues to be made in relation to more efficient and effective prescribing which has seen GP prescribing expenditure for Dundee reduce to below the Scottish average per weighted patient.



Continued to embed the personalisation of social work and social care supports, increasing the number of people receiving a Self Directed Support Direct payment by 17%.



Continued to address the health inequalities gap in Dundee by using local data, listening to citizens and providing services which support people living with deprivation and also harder to reach groups. Examples include Keep Well, Health and Homeless Outreach, MARAC Independent Advocacy, Get on Track Course and the ASPEN project.



Established the innovative Independent Living Review Team to promote independence, enablement and supported self-management, reduce carer support required and contribute to reductions in delayed discharge. Over the last year the service has supported over 200 referrals and generated a reduction of over 50,000 carer hours required by individuals to support them back to independent living.



As part of local partnership arrangements we have to date, supported the administration of COVID-19 vaccinations to 87,043 people (71% of the 18+ population) and 188,211 PCR tests through the establishment of COVID-19 Vaccination Centres and Community Testing facilities.



Maintained lifeline social care services to 3186 people during the COVID-19 pandemic, including the scheduling of 1,146k hours of homecare.

Where we have made progress



Published our Equalities Mainstreaming Report which includes a planned programme of work to progress equalities mainstreaming and implement the Partnership's equality outcomes.



Continued to develop and redesign services to support safe discharge from hospital, including the successful 'Discharge to Assess' model which promotes discharge prior to major assessment decisions being made. The aim of this is to improve experiences of discharge for both patients and carers and to reduce the numbers of patients moving directly to a care home from hospital, therefore reducing the demand for guardianship applications under the Adults with Incapacity legislation.



Continued to work towards actions in the Primary Care Improvement Plan and increased the support to General Practices by providing community supports such as Community Care and Treatment Services, First Contact Physiotherapy, Social Prescribing, improved diagnostic pathway for adults with autism, follow up service for people discharged back to GP care by the Community Mental Health discharge hub, the Advanced Practitioner role across Community Mental Health Teams to assess and prescribe and the Community Health Online Directory. We have also made improvements to urgent care referral routes and pathways and developed cluster Home First teams.



Continued to progress actions from the Dundee Drug Commission, including establishing and evaluating the multi-agency Non Fatal Overdose Response Team, extending the availability and reach of Take Home Naloxone with more organisations issuing Naloxone to individuals, establishing the Peer Support programme and the Lived Experience Framework and progressing an anti-stigma and language matters campaign.



Positive Steps Assertive Outreach service has been especially successful in targeting overdose prevention interventions towards a "hidden" population of individuals at significant risk of drug related death. The service proactively identifies high risk individuals by conducting visits to street begging sites and homeless accommodation, as well as working with Dundee Drug and Alcohol Recovery Service to re-engage individuals who have recently stopped attending their service.

Where we have made progress



Continued to investigate and understand the high rate of hospital readmissions and worked with partners to standardise our coding and reporting to enable more accurate benchmarking across Partnerships.



Through the Gendered Services project members of the lived experience group have worked with the project to discuss the barriers they have experienced when trying to engage with services, and to talk about what would make a service more accessible. The input from the group members has been incorporated into a self-assessment tool which will be used with services to identify gaps in service delivery and any gaps in knowledge for staff. The Gendered Services group developed a directory of services for women in Dundee and this includes specialist services such as Women's Aid but also other services which have women-only elements
<https://www.dvawp.co.uk/adult-experiencing-VAW/Specialist-Supportdundee>



Reduced the length of hospital stays by fully embedding frailty assessments within the Surgical and Orthopaedic inpatient pathways.



The MARAC Independent Advocacy Service has provided a single point of access for service users who may have multiple needs that are best met by accessing a number of different services, including: housing security; assistance with benefits; parenting groups; counselling and health services, and other mainstream community resources. They have provided information about services that are relevant to meet their needs, enabling them to make informed decisions and have assisted people to access services and co-work with other agencies as required, for example, joint work with substance misuse services.



Improved clinical pathways for diagnostic tests including pathways to allow swift access to CT scans.

How we adapted our services during the pandemic

During the pandemic we have developed innovative and creative services for people, utilising open spaces and further developed the use of digital technology in order to provide safe and city-wide services. Examples include:



Community Care and Treatment Service adapted their clinic based services to visit shielding patients at home to deliver wound care and phlebotomy services.



The Mental Health and Learning Disability Allied Health Professionals used MS Teams to communicate with individuals in lieu of 'face to face' appointments. For example Speech and Language Therapy utilised MS Teams to provide an Augmentative & Alternative Communication (AAC) therapy group for people with a range of learning disabilities and associated physical issues which would otherwise not have been able to meet due to COVID-19 related restrictions. This method of communication has also provided peer support for both service users and carers which might normally have been hard to achieve.



The First Contact Physiotherapy (FCP) Service continued to be accessed directly by GPs. However the pandemic changed how the service is delivered, with initial contact by phone, supported by video or face to face consultations, and from more centralised venues.



Wellgate Day Support introduced a timetable of COVID-19 friendly initiatives including remote music therapy sessions, speech and language therapy video sessions and outreach work. Makaton packs and various games and outdoor large games were shared with service users to support activities in their own home, a guitar from Wellgate was delivered to a service user to support music activity and a "Wellgate box of tricks" was delivered. These were individualised packs including pots to decorate and a competition to grow a sunflower, including seeds, craft packs, embroidery, knitting, face masks, word search books, postcards/decoration items to design a card to send to a friend, time capsule and a keep in touch leaflet.



A collaborative project between our music therapist and our physiotherapy support and recreation staff saw the creation of a series of YouTube based exercise to music sessions. These sessions were aimed at a range of individuals supported by the learning disability and mental health teams and became a vital means of support to a large number of individuals. Family carers whose loved ones were unable to leave home due to the COVID-19 related closure of their day service supports, found this to be an invaluable respite in their daily routines.



The 'Positive Notes' Learning Disability choir, led by our OT service positively embraced the move onto an online platform as a means of continuing to sing together.



Occupational Therapists, who were unable to carry on all their group work with people with learning disabilities, created a range of art and craft based resources which they delivered on a weekly basis to individuals in their home environments. This provided vital practical opportunities for individuals to maintain their activity and cognitive engagement levels whilst also providing 'mask to mask' contact between therapists, support workers and family or paid care staff.



The CARES service (COVID-Related Advice on Rehabilitation, Enablement and Support) has been a rapid development in direct response to emerging need. This remote access service offers direct access for anyone experiencing symptoms which are common after COVID-19.

How we adapted our services during the pandemic (continued)



The community learning disability nurses also adapted their service during the pandemic by providing nursing cover on public holidays and offering garden visits and 1:1 sessions instead of group work, where people did not wish to communicate using Near Me.



The Corner provides holistic, person-centred, services to young people, including sexual and emotional health support, counselling and crisis support. The development of the new website www.thecorner.co.uk offers young people several new platforms including an up to date range of information, a live chat function, online booking system and live Near Me video chat link. In a year when young people have been more isolated and limited than ever this has allowed us to offer our full range of services using online and telephone platforms. During recovery we are now working on integrating our face to face services and our online presence to continue to offer young people a diverse and responsive service.



Further developed and strengthened our support to third and independent sector providers to support them to continue to operate safely throughout the pandemic and to support ongoing sustainability through national financial support arrangements.



Developed a Partnership staff wellbeing framework and worked with partners in Dundee City Council and NHS Tayside to develop a range of supports and responses to respond to workforce health and wellbeing needs arising from the experience of working through the pandemic.



Continued to support victims of domestic abuse and understand the effects lockdown and the pandemic has had on families. This includes a range of activities in partnership with Neighbourhood and Children and Families Services to enhance mainstream services responses to women, children and young people.



Ensured that people in vulnerable care groups are supported when they attend their appointment for a COVID-19 vaccination by supporting the organisation and development of the local vaccination centres and community testing facilities. For example, the Community Learning Disability Nurse organised a secluded area to support the needs of some people with a learning disability.



In order to ensure key messages reached the community during the pandemic; leaflets with key protection messages for women who are involved in commercial sexual exploitation were developed and an accessible, symbolised version of public communication around domestic abuse was produced.



Continued to support unpaid carers via the virtual hub, launch of the e-learning portal Carers of Dundee, the introduction of shopping cards and the provision of safe and innovative forms of respite. How we support carers continues to be informed by the Engagement Surveys and Focus Groups which carers were invited to contribute to.

Challenges faced over the last year

The need to rethink and plan how we deliver services and communicate in order to maximise safety during the pandemic, including the use of outdoor space and digital methods of communication. The closure, suspension and moving on-line of many services meant that they were less accessible to some people who under usual circumstances would have been able to benefit in a number of ways, such as improving social connections and tackling loneliness.

The increased frailty and reduced mobility of many citizens caused by isolation and reduced opportunities to socialise and take part in activities away from the home has increased the demand for support and services.

The increased need to self isolate within staff groups, particularly within social care teams has increased pressure on staff resources and our ability to maintain supports and services to individuals.

The increased requirement to support staff at a time when stress levels and workload was heightened and office bases were closed and home working was expected.

COVID-19 restrictions and lockdown have had a significant impact on service users, who have been at increased risk of 'hidden harm' and there has been increased difficulty in reaching already 'hard to reach' groups due to pandemic restrictions. For example, restrictions on face to face peer support/ self help and lived experience work had to be mostly postponed or conducted virtually.

Continuing to focus on long-term strategic priorities and improvement activities at the same time as delivering a reactive response to the pandemic.

What you have told us



My 85 year mother received great service from the Dundee Enhanced Community Support Acute Team. The nurses / doctor were all very friendly and helpful could not fault them they made a big difference to my mother just a pity it had to stop. 10 out of 10 thank you very much.

.....

I would like to thank you, on behalf of my mother, for having the steps and hand rail installed for her. What a difference it has made to her already. The communication and service was excellent and work completed quicker than expected.

.....

During this dreadful pandemic and even previous years your staff (Supported Living Team) should be highly commended for their caring extended to our family member and indeed the family members.

.....

You are the go to person to ensure anything that I say to the client they understand. You are able to see if they understand and how you speak to them they can understand.

- Compliment received by the Community Learning Disability Nurse from another professional

.....

The Corner staff at their core, are kind and they listen non-judgmentally. Empathy and care build the foundation of their work, not to mention the huge breadth of skills, knowledge and expertise that the staff have. Online interviews, one-to-ones and counselling have the same warmth and inclusion of face to face and the video platform is easy to understand. Everything comes with a few technical difficulties, however, they are quick to solve and ever improving.





Hello, everyone at The Corner Dundee. I just want to drop a line to say thank you so much for my daughter's 'you got this' box. It means so much to receive an act of thoughtfulness and kindness in these trying times. Your wonderful service hasn't gone unnoticed.



Have to say that this team (Urgent Care Service) went over and above their duty of care more than I could have expected. All necessary tests were carried out at home and they were just a phone call away if needed!



The lead nurse practitioner... was excellent in keeping in touch with family and explaining everything she was putting in place. Thanks to (the nurse practitioner) and the team he was able to spend his last days at home surrounded by family.



The team showed not only great care and kindness to my father but to the family. Having the DECSA team in our home instead of a clinical environment helped to make the situation a lot less stressful.



I feel you (Aberlour) really made sense. I felt listened to and respected. We were really happy with how the assessment was done and felt if we weren't sure, we could ask you. I feel like you really did help us.



As this has been a new situation to all of us I feel everyone has been very supportive and worked together.

- Staff Feedback regarding the Supported Living Team



Working in localities



- We are working to develop cluster focused urgent care teams – bringing together Dundee Enhanced Community Support Acute (DECSA), Enhanced Community Support (ECS) nursing teams, Care Home Urgent Care Teams, Primary Care Urgent Care, care co-ordination, Allied Health Professionals and pharmacy services under the banner of “Home First”. We have developed a single point of referral for ECS and DECSA and are working to develop an Urgent Care Triage tool and common assessment documentation.
- Non-medical prescribing nurses, based with Children & Families Teams, were appointed: this approach supports the focus on the health and wellbeing of families and ensures parents can access fast and well supported treatment for drug use. This approach also increased the joint working between the specialist adult substance use service (DDARS) and children’s services.
- The test of change to develop and increase provision of independent advocacy to vulnerable individuals and families affected by substance use. Close working relationship with DDARS are already forming and independent advocates are helping individuals and families maintain engagement with the service.
- Test of change in the Lochee surgery to develop a shared-care approach between Primary Care and Dundee Drug and Alcohol Recovery Service (DDARS) which has resulted in the appointment of GPs who will work directly with the DDARS.
- The Carers Centre is working in all eight localities and has established locality teams and has worked with carers and workers to develop locality plans.
<https://dundecarerscentre.org.uk/services/locality-work/>
- In partnership with Tayside Council on Alcohol and a host of agencies, the Safe Zone bus returned to Dundee’s streets in May 2020. The bus offers support outwith normal hours to anyone in need. As well as general welfare there is access to harm reduction including Naloxone. Crisis work can be supported and there is an established pathway for the staff and volunteers on the bus to refer into specialist agencies.
- We Are With You (WAWY) and Hillcrest are now following locality working when delivering substance use services. Each organisation is now located in a different part of the city (East and West) and attached to a specific locality team within DDARS. Hillcrest provided local drop-ins (including a women only one) at various locations in City Centre and West Dundee. They also had a regular presence in Lochee High Street to support people attending local pharmacies and provided emotional and practical support including lunch bags (social Byte) and injection equipment provision and Naloxone.
- Care at Home services continued to be provided in localities and care workers frequently make community connections with service users and share information about local initiatives and activities.
- Within each household of the Chinese community there are laminated sheets from the Social Care Response (SCRS) service with symbols in Chinese and English, with numbers attached to each possible answer. SCRS staff have the same sheets in the control room but in reverse (Chinese to English). These sheets are used to overcome language barriers and communicate with the service user by referring to symbols and numbers to represent the type of support required.

Where we need to improve

CONTINUE

to develop our approach to locality working and enhance the collation, analysis and reporting of performance information at a locality and neighbourhood level.

STRENGTHEN

Clinical, Care and Professional Governance reporting arrangements for hosted services through governance systems and for Primary Governance Groups.

CONTINUE

to work with partners across the Dundee Partnership to streamline and add structure to our engagement with local communities.

CONTINUE

to implement the Primary Care Improvement Plan, including testing new models of community based service delivery and building on and further developing our new initiatives in response to COVID-19.

RESPOND

to the findings from the review processes currently being undertaken by the Tayside Mental Health Inquiry and Dundee Drugs Commission by working closely with partners, including people with lived experience to fully implement existing action plans and consider any emerging challenges.

INCREASE

the pace of improvement in relation to key performance challenges including falls, complex delayed discharges and unscheduled care.

ACTION

the areas for improvement identified by the Best Value self-evaluation for Dundee City Council and respond to any subsequent recommendations in their Best Value Audit report.

REFRESH

our arrangements for responding to concerns about vulnerable adults who do not meet the adult protection three-point test.

ACTION

the areas for improvement and priorities agreed following the Carers consultation surveys and focus groups and continue to consider Carers needs in our recovery and remobilisation plans.

CONTINUE

to progress the actions in the Mainstreaming Equality report and use national modelling and intelligence to mitigate and reduce the impact of health and social inequalities which have been worsened by the pandemic.

CONTINUE

to implement the COVID-19 Recovery Plan; maximising resources to deliver prioritised care, services and supports to as much of the target population as possible; where necessary we will continue to separate care / service pathways into COVID-19 and non-COVID-19 and we will maintain a focus on pathway development, re-design and innovation where this contributes to long term transformational goals.

LEARN

from national and local research about the short and long term impact of COVID-19 and use this to plan supports and services which address the needs of the population.

How we have spent our resources



Dundee Integration Joint Board spent £292.62 million on integrated health and social care services during 2020-21

The actual expenditure profile for Integrated Health & Social Care Services was:

	2016/17 (M)	2017/18 (M)	2018/19 (M)	2019/20 (M)	2020/21 (M)
Total Spend	£254.5	£257.5	£263.1	£276.10	£292.6
Health Service - Hospital In-Patient	£44.7	£40.4	£42.1	£43.6	£43.1
Other Social Care Services	£64.4	£71.1	£72.6	£76.4	£79.4
Other Health Care Services	£116.2	£115.2	£117.5	£123.2	£116.6
Care Home and Adult Placement Social Care Services	£28.0	£29.5	£29.5	£31.5	£34.20
Supporting Unpaid Carers	£1.2	£1.3	£1.4	£1.4	£1.4

The COVID-19 pandemic had a significant impact on Health and Social Care services throughout the year, with some services having to temporarily stop due to national guidelines and others needing to be enhanced or developed to support local residents, patients, service users and providers in different ways. The financial impact to support the additional remobilisation and recovery work amounted to £10,271k of additional expenditure, and this has been funded from additional Scottish Government non-recurring allocations during 2020-21.

The overall financial performance consisted of an underlying overspend of £1,387k in Social Care budgets (overspend of £6,073k in 2019-20) and an underlying underspend of £3,482k in NHS budgets (underspend of £266k in 2019-20) resulting in a net surplus of £2,094k.

Complaints



In 2020-21 a total of 141 complaints were received regarding health and social care services provided by the Partnership. This year 39% of complaints were resolved at the first stage of the complaint process, frontline resolution. Complaints related to a number of different aspects of health and social care provision. Following investigation, 61% of complaints were upheld or partially upheld.

Complaints related to a number of different aspects of health and social care provision and the top 3 from each of the Local Authority and NHS Tayside Complaints Processes are

Services hosted by Dundee City Council

1. Treatment by, or attitude of, a member of staff
2. Delay in responding to enquiries and requests
3. Failure to meet our service standards

Services hosted by NHS Tayside

1. Attitude & behaviour
2. Communication (oral)
3. Competence

When complaints are upheld or partially upheld we investigate and make improvements. Complaint – regarding how a Support Worker was dealing with financial matters on behalf of a service user.

Outcome – partially upheld

Improvement – Protocols for supporting service users with money matters was completed and provided to the team, as well as direct discussions with support workers and the relevance to their role.

Quality of our services



Advice from Directors of Public Health in Scotland was that Care Inspectorate inspection visits would present a real risk of introducing and spreading COVID-19 in Scotland's care homes. Therefore, to limit the spread of COVID-19, and with agreement from Scottish Government the Care Inspectorate restricted their presence in services unless necessary. This approach resulted in the majority of services not being graded as normal and retaining the grades they had last received. Instead the Care Inspectorate intensified oversight using a range of remote and virtual approaches to ensure services were supported and operating well throughout the pandemic.

Of the services that were inspected, gradings were focussed around care and support during the COVID-19 pandemic.

In 2020-21, 13 services for adults registered with the Care Inspectorate in Dundee were inspected. Of the services that were inspected, 9 of the 13 received no requirements for improvement.

No enforcement notices were issued however two care homes received Letters of Serious Concern from The Care Inspectorate.

Gradings measured services on 3 themes

- People's health and well-being are supported and safeguarded during the COVID-19 pandemic
- Infection control practices support a safe environment for people experiencing care and staff
- Staffing arrangements are responsive to the changing needs of people experiencing care

None of the services provided directly by the Partnership were inspected during 2020-21 and 3 of the 13 services in Dundee which were subject to a Care Inspectorate inspection last year received grades of 'good', 'very good' or 'excellent'.

Of the 10 services which received grades of 'adequate' or below; staffing was the reason for this grading for 1 service, infection control was the reason for 5 services and in 4 services there were adequate or below adequate gradings across 2 or more themes.

Healthcare Improvement Scotland (HIS) undertook an unannounced inspection of Royal Victoria Hospital during July 2020. 6 requirements were made regarding 2 outcomes:

- People's health and well-being are supported and safeguarded during the COVID-19 pandemic
- Infection control practices support a safe environment for both people experiencing care and staff

An improvement action plan has been developed regarding these. 3 areas of good practice were also identified.

Awards












Source: The Courier and Advertiser, 12 May 2021

Services provided by the Partnership strive for quality and excellence. Examples of some of our latest achievements are:

Karen Laing from the Community Learning Disability Nursing Team has become a Queens Nursing Institute Scotland 'QNIS' Nurse. This was commended in an article in pages 14&15, the Dundee Courier on 12/05/21 to mark International Nurses Day.

The Positive Steps Assertive Outreach Service was shortlisted as part of the non-fatal overdose response team for a NHS Tayside Star Award for innovation.

If you have any questions about the information contained in this document please email: dundeehscp@dundeecity.gov.uk or phone 01382 434000

National Indicator Source: Core Suite of Integration Indicators	2015-16 Dundee	2015-16 Scotland	2017-18 Dundee	2017-18 Scotland	2019-20 Dundee	2019-20 Scotland	Comparison with Scotland 2019-20
1. Percentage of adults able to look after their health very well or quite well	93%	94%	93%	93%	92%	93%	
2. Percentage of adults supported at home who agreed that they are supported to live as independently as possible	88%	84%	84%	81%	79%	75%	
3. Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	79%	79%	78%	76%	73%	75%	
4. Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	76%	75%	81%	74%	72%	74%	
5. Percentage of adults receiving any care or support who rate it as excellent or good	84%	81%	82%	80%	75%	80%	
6. Percentage of people with positive experience of care at their GP practice	90%	87%	84%	83%	79%	79%	
7. Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	88%	84%	85%	80%	77%	80%	
8. Percentage of carers who feel supported to continue in their caring role	44%	41%	38%	37%	35%	34%	
9. Percentage of adults supported at home who agreed they felt safe	85%	84%	87%	83%	82%	83%	

National Indicator Source: Core Suite of Integration Indicators	2015-16 Dundee (Scotland)	2016-17 Dundee (Scotland)	2017-18 Dundee (Scotland)	2018-19 Dundee (Scotland)	2019-20 Dundee (Scotland)	2020 Dundee (Scotland)	Comparison with Scotland 2020
11. Premature mortality rate (per 100,000 people aged under 75)	546 (441)	572 (441)	554 (425)	539 (432)	542* (426)*	604* (457)*	↓
12. Emergency admission rate (per 100,000 people aged 18+)	12,168 (12,281)	12,425 (12,215)	12,815 (12,192)	12,703 (12,195)	12,463 (12,522)	11,823* (11,100)*	↓
13. Emergency bed day rate (per 100,000 people aged 18+)	146,192 (128,630)	141,439 (126,945)	135,284 (115,518)	125,377 (116,485)	114,566 (118,288)	97,449* (101,852)*	↑
14. Readmission to acute hospital within 28 days of discharge rate (per 1,000 population)	122 (98)	127 (101)	127 (103)	129 (103)	128 (105)	146* (114)*	↓
15. Proportion of last 6 months of life spent at home or in a community setting	87% (87%)	87% (87%)	89% (88%)	89% (88%)	89% (88%)	92%* (90%)*	↑
16. Falls rate per 1,000 population aged 65+	25 (22)	26 (22)	29 (23)	31 (22)	31 (23)	31* (22)*	↓
17. Proportion of care services graded 'good'(4) or better in Care Inspectorate inspections	88% (83%)	86% (84%)	85% (85%)	86% (82%)	80% (82%)	80%** (83%)**	↓
18. Percentage of adults with intensive care needs receiving care at home	50.0%* (61.2%)*	54.0%* (61.6%)*	54.4%* (60.7%)*	58.7%* (62.1%)*	57.8%* (63.0%)*	59.5%* (62.9%)*	↓
19. Percentage of days people spend in hospital when they are ready to be discharged, per 1,000 population	832 (915)	754 (841)	349 (762)	372 (793)	443 (774)	324** (488)**	↑
20. Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	28% (24%)	27% (24%)	27% (25%)	26% (24%)	23% (24%)	20%* (21%)*	↑

* Calendar year data. The primary source of data for these indicators are Scottish Morbidity Records (SMRs) which are nationally collected discharge-based hospital records. In accordance with recommendations made by Public Health Scotland (PHS) and communicated to all Health and Social Care Partnerships, the most recent reporting period available is calendar year 2020; this ensures that these indicators are based on the most complete and robust data currently available. Please note that figures presented will not take into account the full impact of COVID-19 during 2020/21.

** 2020-21 Financial Year Data

National data for Indicators 10, 21-23 are not available.

↑ Better than Scotland ↓ Worse than Scotland ↔ Same as Scotland

Improved since 2015/16
Worsened since 2015/16