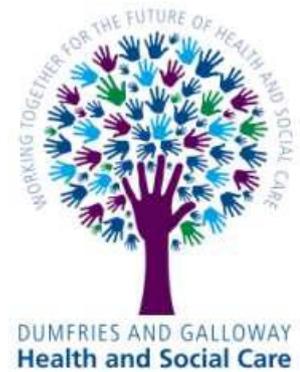


Dumfries and Galloway Integration Joint Board



Health and Social Care Interim Performance Report 2020/21

Version 0.5

04 March 2021

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Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) ([here](#)) set a legal framework for integrating health and social care in Scotland. This legislation says that each health board and council **must** delegate some of their functions to new integration authorities with additional health and social care services that **may** be delegated should health boards or local authorities choose to do so.

The Integration Authority in this area came into existence in the form of Dumfries and Galloway Integration Joint Board (IJB) on 1 April 2016. Responsibility for the planning and delivery of the majority of adult health and social care services was delegated from the Local Authority and NHS to this new body. This created a single integrated system for planning and delivering some health and social care services locally.

The Scottish Government has set out 9 National Health and Wellbeing Outcomes. These outcomes set the direction for health and social care partnerships and their localities, and are the benchmark against which progress is measured. These outcomes have been adopted by the IJB in its Strategic Plan¹.

To ensure that performance is open and accountable, section 42 of the Act obliges partnerships to publish an annual performance report setting out an assessment of performance with regard to the planning and carrying out of the integration functions for which they are responsible. In addition, in November 2018 the IJB agreed a revised performance framework for the Partnership. This framework requires an Interim Performance Report to be produced after 6 months of each financial year.

Due to the impacts of the COVID-19 pandemic on the services and supports that we provide, and on the staff and partners providing them, there has been limited capacity to produce and publish the interim performance report to the usual timescale. Therefore, the publication of this report was postponed to the end of March 2021.

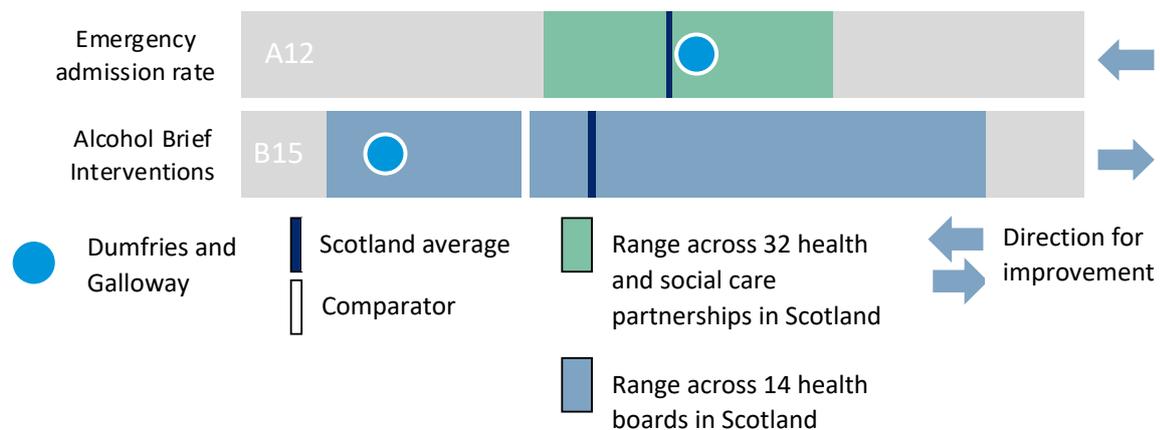
In this interim report, we discuss the progress of the Partnership against the 9 National Health and Wellbeing Outcomes and the commitments contained within the Strategic Plan. The report focuses on how the performance in Dumfries and Galloway compares to the rest of Scotland (benchmarking) and the different areas of work being undertaken to drive improvement.

¹ Strategic Plan 2018- 2021
<http://dghscp.co.uk/wp-content/uploads/2018/12/Strategic-Plan-2018-2021.pdf> (last accessed 03 December 2020)

The symbols we use

How we compare to Scotland

The process of comparing the performance of Dumfries and Galloway to the rest of Scotland is called 'benchmarking'. Benchmarking requires data to be collected and processed in a consistent way across Scotland so that comparisons between areas are fair and objective. Consequently, this is only possible for indicators that are reported through Official Statistics publications by Scottish Government or by Public Health Scotland. Official Statistics must meet a high level of quality assurance and undergo a rigorous validation process. This means that often there is a substantial interval between the collection of data and the publication of benchmarking figures. For the benchmarking in this report we have used:



These charts show how the figures for Dumfries and Galloway compare to the rest of Scotland. Reading the benchmarking bar form left to right:

- The white codes show the reference numbers used consistently throughout our reporting.
- The pale grey bar shows the whole range (often 0 to 100%)
- The pale green bar shows the range for all 32 health and social care partnerships in Scotland. These bars indicate how similar the activity in other areas is. Some indicators do not have results available at partnership level. Instead, information is published at health board level. In these instances, a pale blue bar shows the range for all 14 health boards in Scotland.
- The blue dot shows where Dumfries and Galloway sits within the range.
- The dark vertical bar shows the average for Scotland.
- The white vertical bar shows the target or standard we aim for (if any).
- The arrow at the end of the bar indicates which direction we wish to travel towards.

For example, in the chart shown above for B15, the delivery of Alcohol Brief Interventions, we would like to be moving towards the right to improve. The range across health boards in Scotland is quite wide, indicating a wide range of practice across the country. The Dumfries and Galloway figure is not the lowest in the country, but it is below the target and below the Scottish average.

The 9 National Health and Wellbeing Outcomes

The Scottish Government has set out 9 national health and wellbeing outcomes for people.

People are able to look after and improve their own health and wellbeing and live in good health for longer	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably, practicable, independently and at home or in a homely setting in their community	People who use health and social care services have positive experiences of those services, and have their dignity respected
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services	Health and social care services contribute to reducing health inequalities	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing
People using health and social care services are safe from harm	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide	Resources are used effectively and efficiently in the provision of health and social care services

The 9 national health and wellbeing outcomes set the direction of travel for delivering services in the Health and Social Care Partnership and are the benchmark against which progress is measured.

1. What we are doing to improve

1.1 The COVID-19 Pandemic

The past year has presented unprecedented challenges for health and social care across Dumfries and Galloway.

The first 2 cases of COVID-19 in the UK were confirmed by 31 January 2020. The first positive cases in Dumfries and Galloway were identified on 16 March 2020.

Following direction from the Scottish Government, in March 2020 Dumfries and Galloway Health and Social Care Partnership started their emergency response to the pandemic. Hospital wards were emptied and some cottage hospitals temporarily closed. Many planned services were stopped whilst others changed their delivery model. Many staff were redeployed to assist with anticipated high levels of demand across the Partnership.

There were many issues that had to be addressed including:

- the supply and distribution of Personal Protective Equipment (PPE) across the Health and Social Care system
- over 500 people's regular care and support 'packages' were readjusted to respond to the needs presented by COVID-19
- our relationships with care homes changed significantly
- we quickly kitted out a site that could be used as a temporary cottage hospital in Dumfries

During the period of June to October 2020, the Partnership focused on adapting services to reflect the heightened infection prevention and control measures needed to combat COVID-19 and rapidly expanding COVID-19 testing capacity across the region. We rolled out training and technology to enable many more video and telephone consultations. We had to rethink how people could access our premises, with additional cleaning and social distancing to keep people safe. Our clinical staff reviewed waiting lists that were likely to be impacted by necessary delays and identified ways to support people who had the most urgent needs.

Some services remained very much face to face, community nursing in particular, and whilst many services saw a cessation or reduction in activity many did not. Adult Support and Protection activity continued throughout COVID-19.

The Test and Protect Team was established to support people who had tested positive for COVID-19 and to enable people's close contacts to be identified and tested. The contact tracing done by Test and Protect is one of the most effective ways to keep the spread of the disease under control. The Test and Protect team have contacted and supported thousands of people across the region.

In December 2020 a new, more contagious variant of COVID-19 brought new challenges. Services that were trying to restart and remobilise had to once again prioritise managing the impacts of COVID-19. Staff were redeployed to support services that were hardest hit.

The COVID-19 vaccination programme in Dumfries and Galloway started on 8 December 2020. In line with Scottish Government advice, the first groups of people to be vaccinated included care home residents and staff, health and social care front line staff and people aged 80 years and older. Since then, the vaccination programme has broadened rapidly to include all people in the priority groups 1 to 5. This includes all people aged 65 and older, Carers and people at high risk due to existing health conditions. At the time of writing, over 50,000 doses of COVID-19 vaccine have been delivered in Dumfries and Galloway.

The complexity and impact of the COVID-19 lockdown is still being experienced by our population and this has affected people in different ways. It is anticipated this will be the situation for the foreseeable future.

1.2 Delivering a modernisation programme to sustain local services

The Sustainability and Modernisation Programme (SAM) was established in 2019 in response to the significant financial challenges faced by the Partnership. The initial priorities identified for modernisation by the SAM programme are:

- Community health and social care
- Urgent Care
- Planned care

The second Remobilisation Plan, submitted to the Scottish Government in July 2020, confirmed these priorities.

Prior to the wave of COVID-19 experienced in Dumfries and Galloway from December 2020 to February 2021, significant progress had been made in developing and delivering innovation and modernisation in a number of key service areas.

1.2.1 Community Health and Social Care

Single Access Point

We have joined together our community health Single Point of Contact for Nithsdale with our Social Work Contact Centre and our community alarm team, Care Call, to form a Single Access Point for health and social care services across Dumfries and Galloway.

Work is now underway to fully integrate these teams and ensure they have the capacity, capability and professional support to receive, screen and appropriately direct calls from local people and our health and social care professionals.

This will reduce unnecessary bureaucracy and ensure local people can access the right person, at the right time and in the right place based on an initial assessment of their needs. We anticipate this development, when aligned with our Home Teams, will ensure people benefit from more timely care and support in their own homes and, through prevention, reduce the times people are admitted to hospital.

Home Teams

During 2020, pilot Home Teams were established in each locality. (In January 2021, 8 new Home Teams were established covering all of Dumfries and Galloway). Initially, the Home Teams are focused on supporting improvements in moving people from hospital to their own home or a homely setting. However, we are looking to rapidly develop the Home Teams into integrated, empowered teams that will assess, plan, treat, care for and support people in their own homes.

Our Home Teams will work with others involved in a person's care to assess people in their own homes, identify changes in their health and wellbeing and rapidly respond accordingly. This will ensure that the collective skills and experience of the team are used to their best effect. The Home Teams will provide short and longer term care and support, rehabilitation, reablement, as well as palliative and end of life care.

When someone needs to be admitted to hospital, the Home Team will work with colleagues in the hospital to ensure that the reason for admission is clear, that the treatment will support the person's personal outcomes, and that plans are in place to support the person to return home as soon as possible.

The Home Teams will also use a 'Discharge to Assess' approach where a person is assessed in their own home to identify what their care and support needs are. This approach will help the Home Teams to better understand each person's needs, strengths and resources, as well as providing an opportunity to introduce assistive and inclusive technology into people's care plans at an early stage. This will support people to live as independently as possible in their own homes, or in a homely setting, for longer.

Care at Home Capacity

In December 2020 almost £550,000 of additional funding was allocated to the Partnership's in-house Care And Support Service (CASS) to address pressures in providing care at home support in the Dumfries town area. CASS will recruit to 24 new posts and offer an additional 440 hours per week of care at home.

This will benefit people who have been assessed for care and support at home and who are currently waiting. Care at home support can help prevent people needing more intensive, hospital based treatment and support at a later date. This investment in CASS will also support people to move from hospital back home in a timely way.

1.2.2 Urgent Care

Flow Navigation Centre

In Dumfries and Galloway, the main focus of the national Reshaping Urgent Care Programme has been on developing and implementing our Flow Navigation Centre. The Flow Navigation Centre receives pre-assessed calls from NHS24 for people needing urgent care. This approach has been designed to ensure that people calling, who need to, can access a senior clinical decision maker and enable the safe scheduling of appointments in our Emergency Departments to support effective social distancing.

This approach aims to make the arrival of people and activity in the Emergency Departments more even throughout the day. There was substantial planning activity to develop the Flow Navigation Centre to offer local clinical triage, telephone advice and, where necessary, schedule access to multi disciplinary team assessments for clearly defined reasons. In this way, the Flow Navigation Centre will be contributing to ensuring that people across Dumfries and Galloway receive the right care or treatment, in the right place, at the right time.

1.2.3 Planned Care

Planned care typically refers to hospital based services such as inpatient and day case treatments and procedures, diagnostic tests and outpatient clinics. There are a number of improvement projects being undertaken to support the sustainability and modernisation of planned care:

- **Ophthalmology** – A new shared care approach between NHS Dumfries and Galloway and optometrists in practices in people's local communities to support people with stable glaucoma is currently being evaluated. This new approach will offer 1,200 community based review appointments to ensure people receive the right treatment in a timely way and to minimise their clinical risk.
- **Orthopaedics** – The modernisation of orthopaedics will build on learning from other health board areas and include optimising opportunities for people to manage their own conditions and offer direct referrals to x-ray.
- **Dementia Care** – We are creating a single point of contact that people with dementia, their families and Carers can refer themselves to. People will be supported to manage their own condition, access comprehensive assessments and, in a timely way, onward referrals for specialist care and support.
- **Virtual Consultations** - Building on the success of delivering virtual consultations during the Covid-19 pandemic, we are working to establish systems and processes to ensure this method of service delivery is embedded, sustained and used widely across our health and social care partnership.
- **Community Based Testing** – We are working with our GP practices to develop a new approach to diagnostic tests so that people will be able to access blood and urine tests and electrocardiograms (ECGs) closer to home. Together with virtual consultations, this will help reduce the need for people to travel long distances for services.

2. How we are getting on

We monitor many different aspects of health and social care to ensure that services are person centred, safe, effective, efficient, equitable and timely.

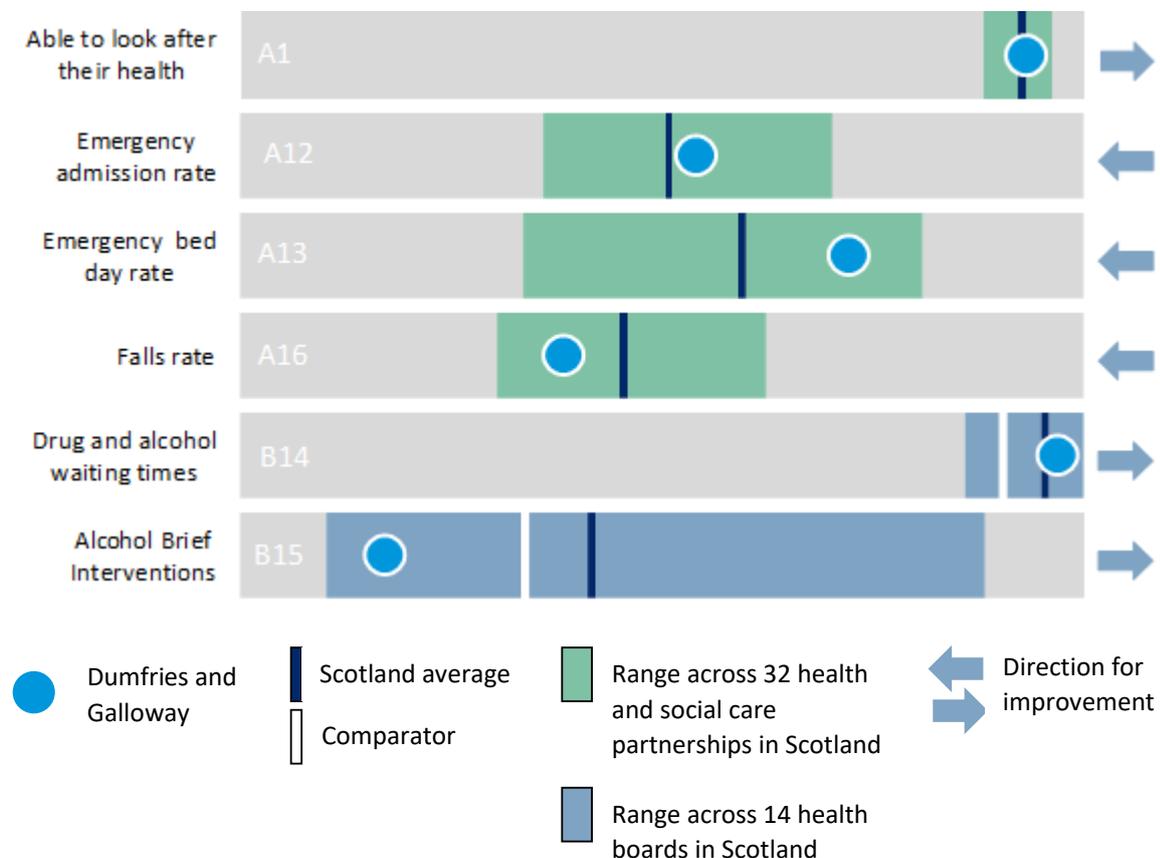
Some of the indicators we monitor come from the Health and Care Experience (HACE) survey. (These are indicators coded A1 to A9.) This is a postal survey carried out every 2 years by the Scottish Government. This survey asks people about what happened to them and how they felt when they last used health and social care services.

Between September 2019 and December 2019, across Dumfries and Galloway, a random sample of 14,884 adults were invited to take part in the survey and 5,308 people responded. The results were published by Public Health Scotland in October 2020.

For all of the other indicators noted in this report, we have used the most recent figures available published up to 31 December 2020. The specific dates for each indicator are noted in the tables in Appendix 1 and 2.

2.1 Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer

Early intervention and prevention are key to enabling people to maintain good health and wellbeing and in supporting people to manage existing long term conditions.



According to the Health and Care Experience Survey, 93% of Dumfries and Galloway residents who responded to the survey felt that they are able to look after their own health. This is slightly higher than for Scotland as a whole (92%).

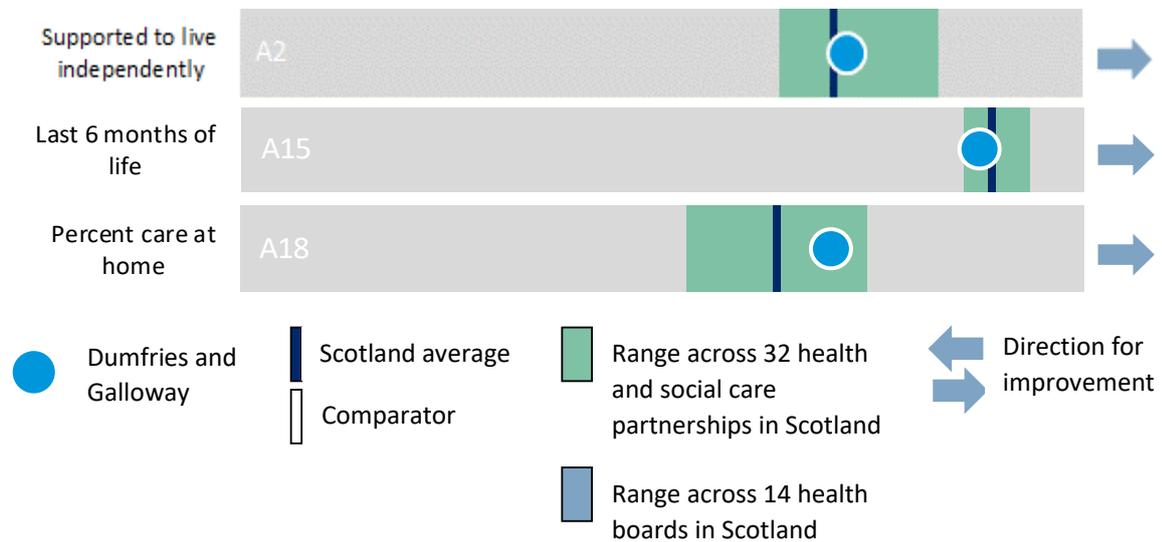
In Dumfries and Galloway, the rate of emergency admissions and the associated number of bed days spent in hospital by people admitted as an emergency are higher than the average for Scotland. During 2019 in Dumfries and Galloway the rate of emergency admissions was 13,525 admissions per 100,000 population compared to the average for Scotland, which was 12,616 admissions per 100,000 population.

Compared to Scotland, there are fewer falls amongst older people. The most recent figures published by Public Health Scotland (PHS) show that at the end of December 2019, the rate of falls amongst adults aged 65 and over in Dumfries and Galloway was 19.2 falls per 1,000 population compared to 22.5 falls per 1,000 population across Scotland as a whole.

Dumfries and Galloway is amongst the best performing boards with respect to drug and alcohol treatment waiting times. At the end of June 2020, 96.5% of people referred for drug and alcohol treatment in Dumfries and Galloway started treatment with 3 weeks of being referred. The figure for the whole of Scotland was 95.3%. However, Dumfries and Galloway did not meet the target for the number of Alcohol Brief Interventions (ABIs) delivered. There were 896 ABIs delivered in Dumfries and Galloway during 2019/20. The target was 1,743 ABIs. Across Scotland the number of ABIs delivered was 75,616, exceeding the national target of 61,081.

2.2 Outcome 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

In the future, people’s care needs will be increasingly met in the home or in a homely setting in the community. Therefore, the way that care and support services are planned and delivered needs to reflect this shift.



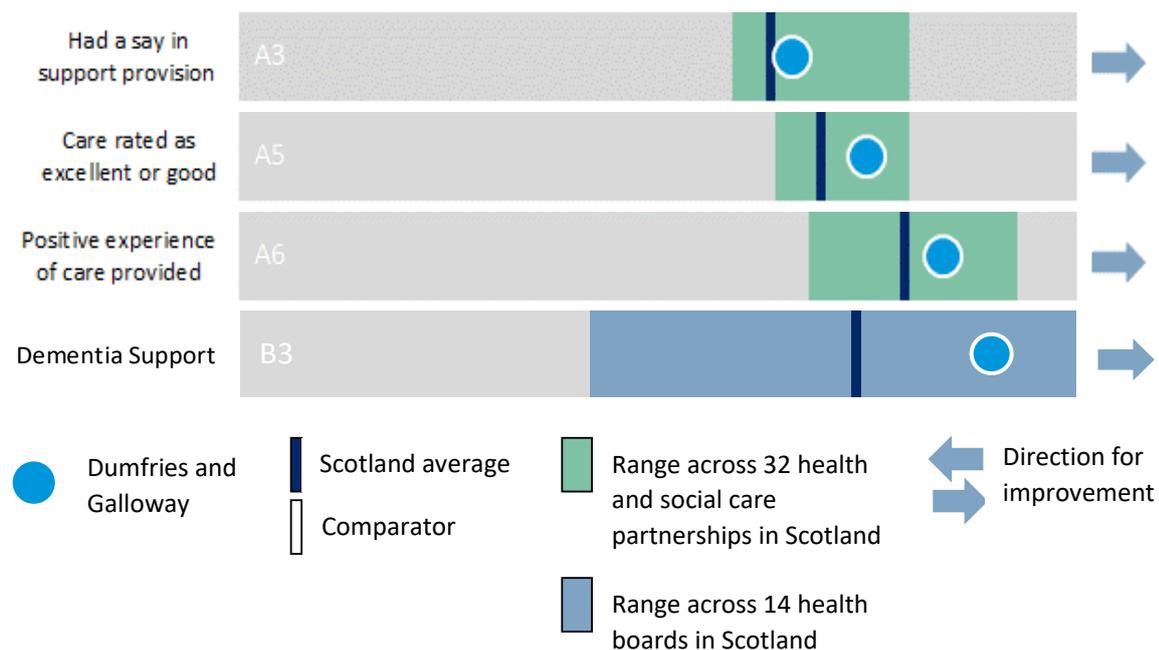
The percentage of adults supported at home who felt that they were supported to live as independently as possible was 72% in Dumfries and Galloway, which is slightly higher than Scotland overall (70%).

The proportion of the last 6 months of life spent at home or in a community setting in 2019 was slightly lower in Dumfries and Galloway (87.7%) than in Scotland (88.6%). However, the percentage of adults with intensive care needs who received care at home in 2019 was higher in Dumfries and Galloway (70.0%) than in Scotland (63.0%).

2.3 Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected

There is a range of ways that people are able to give feedback about their experiences of health and social care. Feedback may come in the form of comments, public engagement, consultations and complaints. The Partnership uses this feedback to continually improve services and help those providing health and social care to understand and respect the views of the people they support.

Benchmarking is available in relation to people’s opinions about the care and support they receive, at partnership level, however Dementia support can only be benchmarked at Health board Level (blue bar below).



For people supported at home in Dumfries and Galloway, a higher proportion felt that they had a say in how their support was provided than the Scottish average (66% for Dumfries and Galloway, 63% for Scotland). For people receiving any health or social care, a higher proportion rated the care as excellent or good in Dumfries and Galloway in comparison to the Scottish average (75% for Dumfries and Galloway, 69% for Scotland).

A higher proportion of people have a positive experience of the care provided by their GP practice in Dumfries and Galloway in comparison to the Scottish average (84% for Dumfries and Galloway, 79% for Scotland).

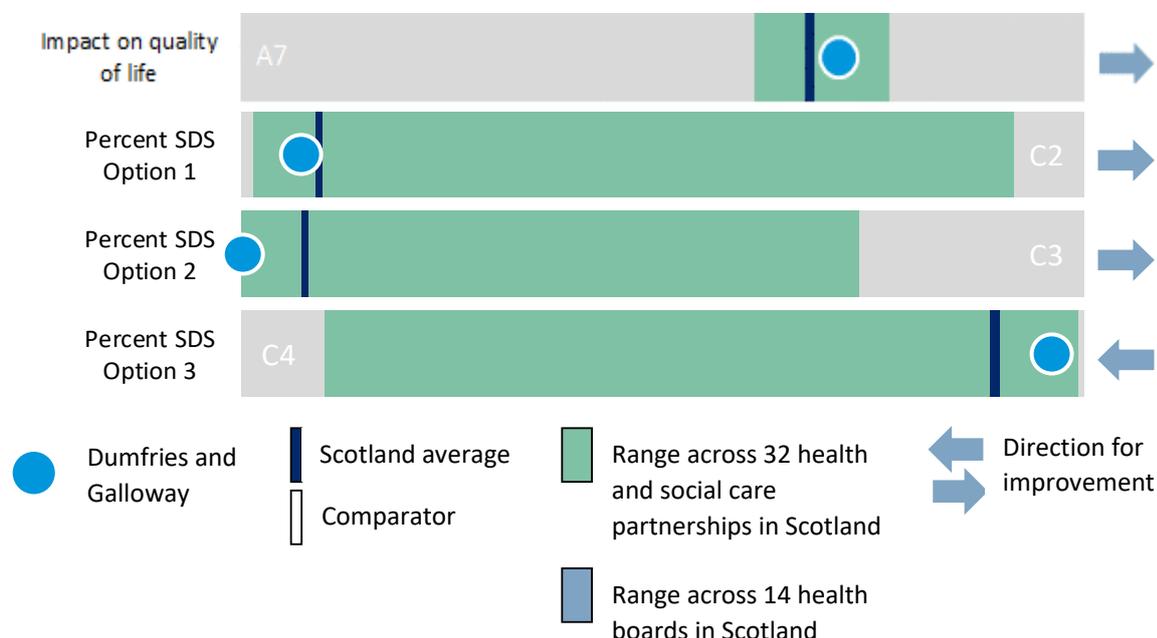
A higher proportion of people diagnosed with dementia in Dumfries and Galloway received appropriate dementia support in the subsequent year than the average across Scotland in 2017/18 however, this was below the national standard of 100%.

2.4 Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

The way that we work with people from Dumfries and Galloway, designing and delivering their care and support, fundamentally focuses on maintaining independence and quality of life. Often people can be supported by signposting to local groups and third and independent sector services in their community without needing formal support from adult social work services. For people who need support from adult social work services we apply a personalised approach (Self Directed Support) in all cases. There are different options for support that vary the levels of control for the person:

- SDS Option 1 - people choose to take control of purchasing and managing their own care and Support
- SDS Option 2 – People choose an approved organisation they want to be supported by and the Partnership transfers funds to that organisation, for care and support to be arranged in line with the personal plan
- SDS Option 3 – people choose for social work services to arrange and purchase their care and support from approved third and independent sector providers or from the Partnership’s Care and Support Service (CASS)
- SDS Option 4 – people choose more than one of the above options

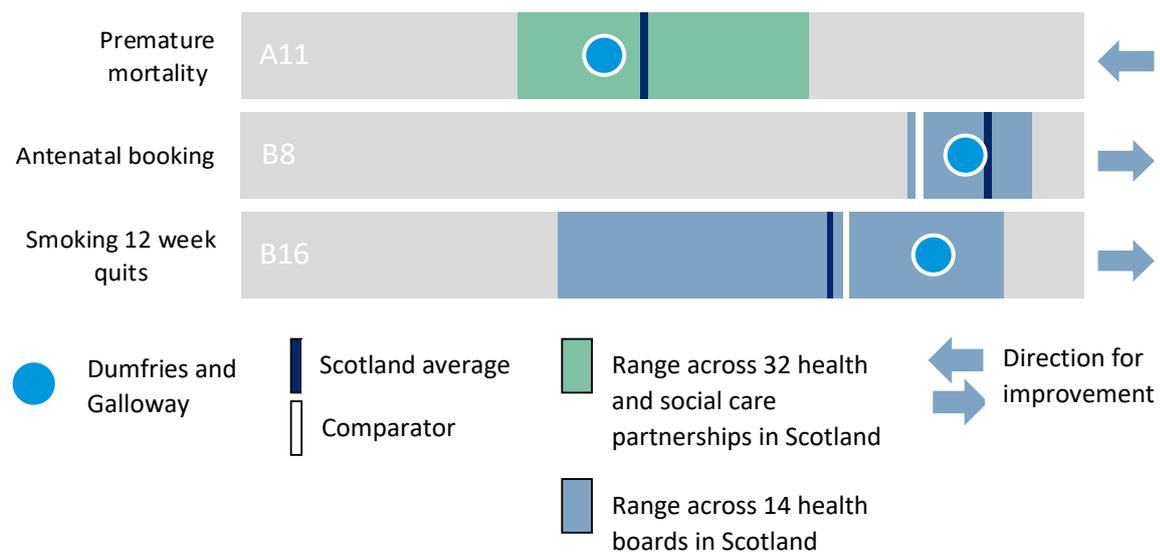
For people supported at home in Dumfries and Galloway, 71% felt that their services and support had an impact of improving or maintaining their quality of life. This was higher than the Scottish average of 67%.



The charts above show that there are a broad range of approaches towards implementing SDS across Scotland. The pattern in Dumfries and Galloway is similar to the average pattern across Scotland where there are fewer people supported through SDS Option 1 and many more people supported through SDS Option 3. However, there were various problems with data quality across Scotland noted in the most recent publication report, so some caution should be applied to comparisons between partnerships and against Scotland.

2.5 Outcome 5: Health and social care services contribute to reducing health inequalities

Health inequalities are the result of wider inequalities which are experienced by people in their daily lives. These inequalities can arise from the circumstances in which people live and the opportunities available to them. Reducing inequalities requires action on the broader social issues that can affect a person's health and wellbeing including; education, employment status, income and poverty, housing and loneliness and isolation. People from minority communities or with protected characteristics (religion or belief, race, disability, sex, gender reassignment, sexual orientation, marriage and civil partnership, age and pregnancy and maternity) are known to be more likely to experience health inequalities.



Overall, Dumfries and Galloway has a lower premature mortality rate compared to the rate for the whole of Scotland. The most recent figures with benchmarking available are for 2019 when across Dumfries and Galloway the premature mortality rate for people aged under 75 was 388.8 deaths per 100,000 population compared to a rate of 425.8 deaths per 100,000 for Scotland.

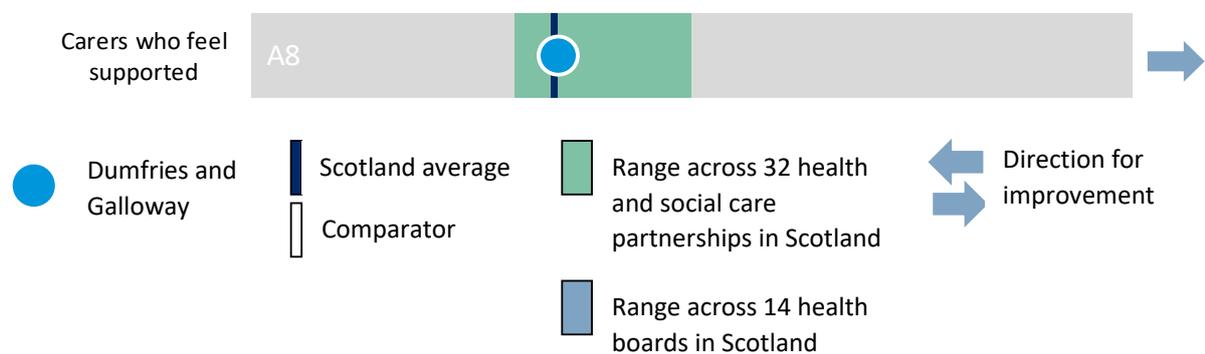
The proportion of pregnant women from deprived communities in Dumfries and Galloway who had their antenatal booking completed by the 12 week of gestation was 85% during 2019/20. This was higher than the target (80%) and similar to the average for deprived communities across Scotland (88%).

In Dumfries and Galloway, the number of people from deprived communities who successfully quit smoking for at least 12 weeks exceeded the target whereas, on average, across Scotland the target was not met. During 2019/20, 185 eligible people from Dumfries and Galloway successfully quit smoking for 12 weeks, exceeding the target of 161 successful quits by 15%. Across Scotland, 6,828 successful quits were achieved, 2.8% below the target of 7,026 successful quits.

2.6 Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing

Unpaid Carers are the largest group of care providers in Scotland, providing more care than health and social care services combined. Providing support to Carers is an increasing local and national priority.

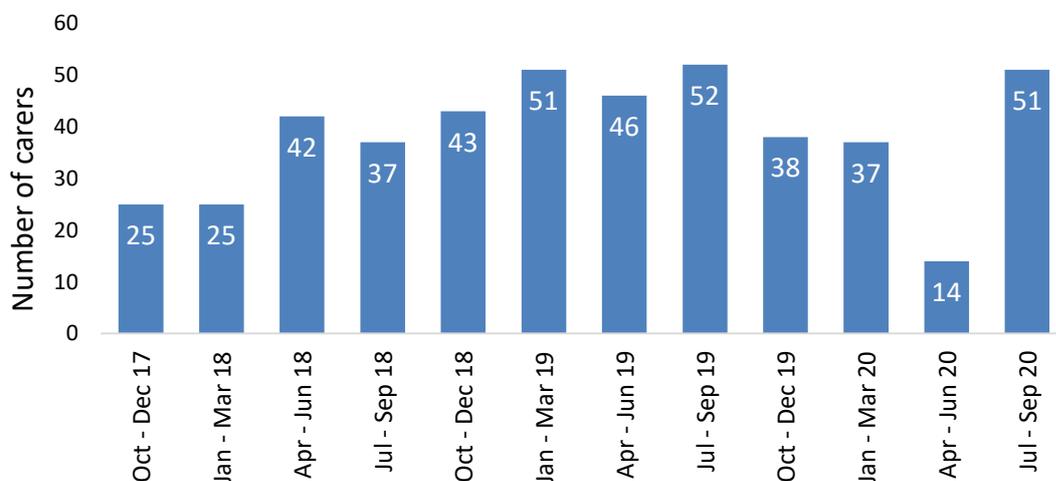
A Carer is generally defined as a person of any age who provides unpaid help and support to someone who cannot manage to live independently without the Carer’s help due to frailty, illness, disability or addiction. The term Adult Carer refers to anyone over the age of 16, but within this group those aged 16-24 are identified as Young Adult Carers.



From the HACE survey, 35% of Carers in Dumfries and Galloway gave a positive response to the statement ‘I feel supported to continue caring’. This is slightly higher than the Scottish average of 34% but is lower than the 2017/18 figure for Dumfries and Galloway of 40%. However, the percentage of negative responses to the statement reduced from 21% to 19% over the same period.

Local data shows that on average, since April 2018, each quarter, 41 Carers are supported to complete an Adult Carers Support Plan (ACSP). There was a large decrease in the quarter April – June 2020, which was at the start of the COVID-19 pandemic.

Number of Carers supported to complete an Adult Carers Support Plan by financial quarter; Dumfries and Galloway; October 2017 – September 2020



2.7 Outcome 7: People who use health and social care services are safe from harm

Making sure people are safe from harm is about maintaining safe, high quality care and protecting vulnerable people. In some instances, activities focus on protecting people already identified as vulnerable such as Adult Support and Protection. Other activities are focussed on aiming to reduce the risk of harm to all people, such as:

- improving the safety of services, for example the Care Assurance programme
- improving population health, such as vaccinations and infection control



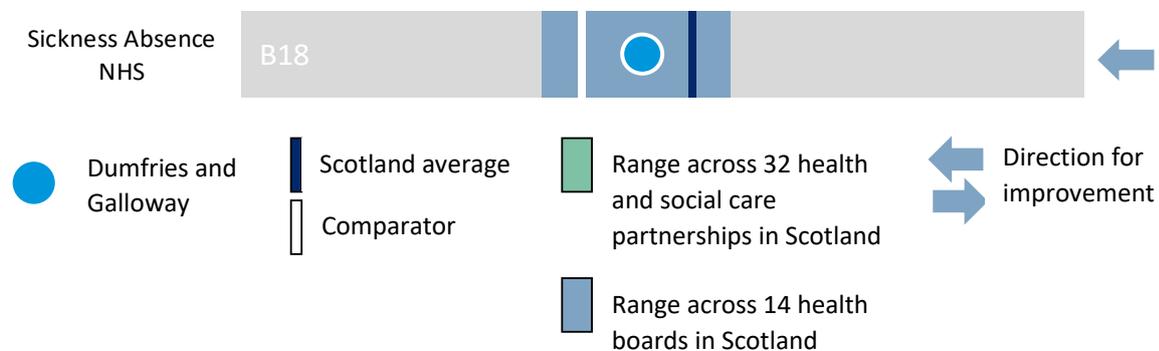
From the HACE survey, 74% of adults supported at home in Dumfries and Galloway gave a positive response to the statement 'I felt safe'. This is slightly higher than the Scottish average of 73%.

The rates of infection in healthcare settings across Dumfries and Galloway are low. Data over time shows that the rate of infection in healthcare settings has been stable. However, in Dumfries and Galloway the rates of SAB (staphylococcus aureus bacteraemia infections) acquired in the community are higher than the average for Scotland.

2.8 Outcome 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

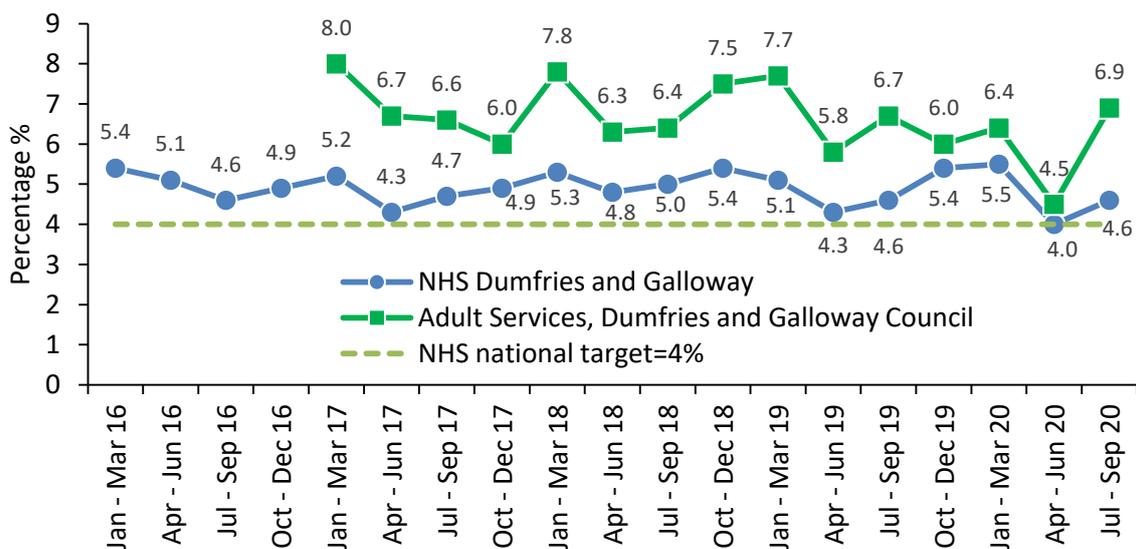
It is important to acknowledge that different workplace cultures exist across the Partnership. Acknowledging the diversity of these different cultures will lead to understanding and respecting each other's values and beliefs and bring new and different opportunities. However, diversity also brings challenges that can act as barriers to integrated ways of working. The Partnership is supporting staff to learn together and develop leadership skills to enable us to move towards a shared positive culture.

Sickness absence for NHS employees is the only indicator where comparable benchmarking data is available across Scotland. The figures show that the sickness absence rate for employees of NHS Dumfries and Galloway was 4.7% for 2019/20, lower than the average for Scotland 5.3%, but higher than the target 4%. Only NHS Shetland has met the 4% target.



Local data for sickness absence shows that in the 3-month period July to September 2020, the sickness absence rate amongst social care adult service employees was 6.9%.

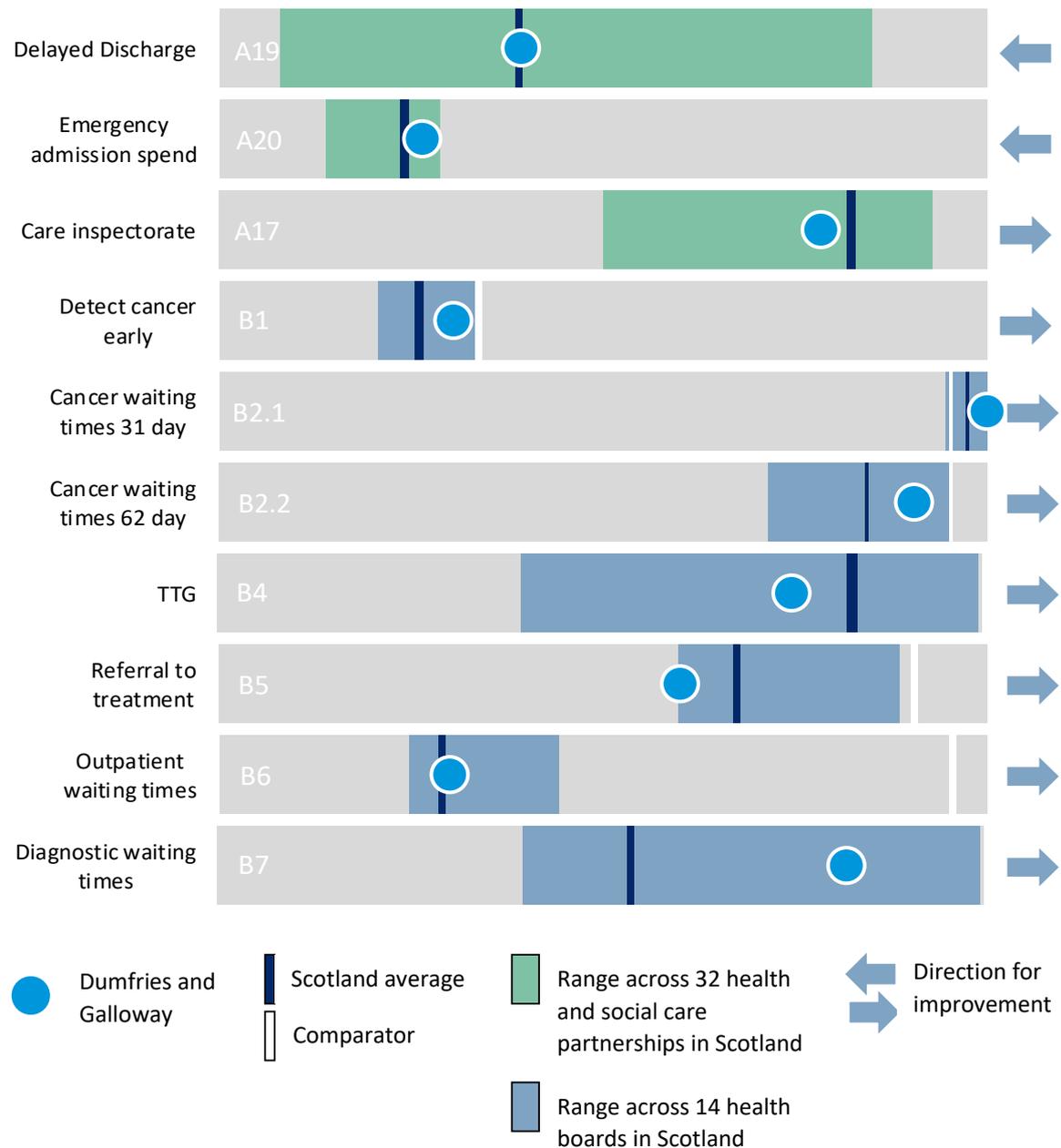
Rate of sickness absence amongst employees of NHS Dumfries and Galloway and Adult Services, Dumfries and Galloway Council; 2016 – 2020

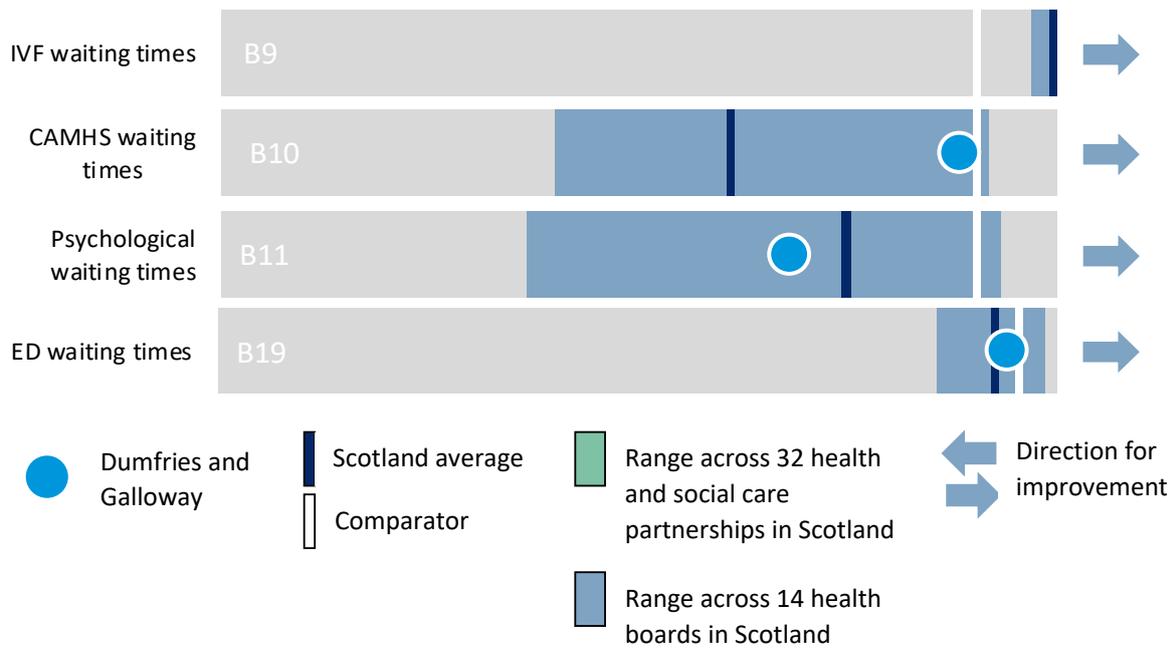


2.9 Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services

Across Dumfries and Galloway, we experienced a higher rate of spend emergency admissions compared to the average across Scotland, up to the end of 2019, which is the latest comparable data available for this indicator.

A number of the waiting times indicators shown below cover the period up to September 2020 and show the effect of COVID-19 restrictions on performance. In particular, the referral to treatment and outpatient waiting times are below the standard set for most health boards in Scotland.





Dumfries and Galloway is meeting or exceeding the national standard for waiting times for cancer at 31 days and Child and Adolescent Mental Health Services (CAMHS)

Dumfries and Galloway is above the Scottish average for detect cancer early, cancer at 31 and 62 days, outpatient waiting times, diagnostic waiting times and emergency department waiting times.

Appendix 1: National Core Indicators

Indicator	2015/16		2017/18		2019/20		
	Scotland	Dumfries and Galloway	Scotland	Dumfries and Galloway	Scotland	Dumfries and Galloway	
A1	Percentage of adults able to look after their health very well or quite well	95%	95%	93%	93%	92%	93%
A2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	83%	85%	81%	85%	70%	72%
A3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	79%	83%	76%	80%	63%	66%
A4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	75%	82%	74%	83%	62%	66%
A5	Total % of adults receiving any care or support who rated it as excellent or good	81%	86%	80%	95%	69%	75%
A6	Percentage of people with positive experience of the care provided by their GP practice	85%	90%	83%	86%	79%	84%
A7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	83%	85%	80%	86%	67%	71%
A8	Total combined % carers who feel supported to continue in their caring role	40%	48%	37%	40%	34%	35%
A9	Percentage of adults supported at home who agreed they felt safe	83%	85%	83%	87%	73%	74%

Source: Public Health Scotland, Health and Care Experience Survey 2019/20 dashboard



We are meeting or exceeding the target or number we compare against



We are within 3% of meeting the target or numbers we compare against



We are more than 3% away from meeting the target or numbers we compare against

Indicator	Year 1			Year 2			Year 3			Year 4			
	Time Period	Scotland	Dumfries and Galloway	Time Period	Scotland	Dumfries and Galloway	Time Period	Scotland	Dumfries and Galloway	Time Period	Scotland	Dumfries and Galloway	
A10	Percentage of staff who say they would recommend their workplace as a good place to work	Under Development			Under Development			Under Development			Under Development		
A11	Premature mortality rate per 100,000 persons	2016	440	388	2017	425	381	2018	432	378	2019	426	389
A12	Emergency admission rate (per 100,000 population) - Adults	2016/17	12,229	12,608	2017/18	12,210	13,075	2018/19	12,277	13,180	2019	12,616	13,525
A13	Emergency bed day rate (per 100,000 population) - Adults	2016/17	125,948	131,850	2017/18	122,388	133,818	2018/19	119,656	137,029	2019	118,127	144,489
A14	Readmission to hospital within 28 days (per 1,000 admissions)	2016/17	101	87	2017/18	103	95	2018/19	103	91	2019	105	94
A15/E5	Proportion of last 6 months of life spent at home or in a community setting	2016/17	87%	88%	2017/18	88%	88%	2018/19	88%	88%	2019	89%	88%
A16	Falls rate per 1,000 population aged 65+	2016/17	21.4	16.6	2017/18	22.2	18.7	2018/19	22.5	18.1	2019	22.5	19.2
A17	Proportion of care services graded good (4) or better in Care Inspectorate inspections	2016/17	84%	84%	2017/18	85%	87%	2018/19	82%	81%	2019/20	82%	78%
A18	Percentage of adults with intensive care needs receiving care at home	2016	62%	65%	2017	61%	63%	2018	62%	62%	2019	63%	70%
A19	Number of days people aged 75 or older spent in hospital when they are ready to be discharged (per 1,000 population)	2016/17	841	591	2017/18	762	554	2018/19	793	608	2019/20	774	787
A20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	2016/17	23%	22%	2017/18	24%	24%	2018/19	24%	25%	2019	24%	27%
A21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	Under Development			Under Development			Under Development			Under Development		
A22	Percentage of people who are discharged from hospital within 72 hours of being ready	Under Development			Under Development			Under Development			Under Development		
A23	Expenditure on end of life care, cost in last 6 months of life	Under Development			Under Development			Under Development			Under Development		

Appendix 2: Indicators regularly monitored by the Partnership

Indicator	Target	Year 1			Year 2			Year 3			Year 4			
		Time Period	Scotland	Dumfries and Galloway	Time Period	Scotland	Dumfries and Galloway	Time Period	Scotland	Dumfries and Galloway	Time Period	Scotland	Dumfries and Galloway	
B1	Detect Cancer Early	33%	2015 - 2016	25.4%	22.4%	2016 - 2017	25.3%	26.9%	2017 - 2018	25.5%	31.7%	2018 - 2019	25.6%	30.4%
B2.1	The percentage of all people diagnosed with cancer who begin treatment within 31 days of the decision to treat	95%	Apr - Jun 2017	95%	99%	Apr - Jun 2018	95%	98%	Apr - Jun 2019	95%	100%	Apr - Jun 2020	97%	100%
B2.2	The percentage of people diagnosed with cancer who were referred urgently with a suspicion of cancer who began treatment within 62 days of receipt of referral	95%	Apr - Jun 2017	87%	96%	Apr - Jun 2018	85%	95%	Apr - Jun 2019	82%	90%	Apr - Jun 2020	84%	90%
B3	The number of people newly diagnosed with dementia who have a minimum of 1 years post diagnostic support	100%	2014/15	85%	92%	2015/16	83%	97%	2016/17	76%	95%	2017/18	73%	89%
B4	People wait no longer than 12 weeks from agreeing treatment with the hospital to receiving treatment as an inpatient or day case (Treatment Time Guarantee (TTG))	100%	Jul - Sep 2017	80%	89%	Jul - Sep 2018	74%	84%	Jul - Sep 2019	71%	87%			
B5	The percentage of planned/elective patients that start treatment within 18 weeks of referral	90%	Sept 2017	82%	90%	Sept 2018	82%	90%	Sept 2019	78%	86%	Sept 2020	67%	60%
B6	The percentage of people who wait no longer than 12 weeks from referral to first outpatient appointment	95%	Sept 2017	70%	85%	Sept 2018	70%	93%	Sept 2019	73%	90%	June 2020	29%	30%

Source: Public Health Scotland



We are meeting or exceeding the target or number we compare against



We are within 3% of meeting the target or numbers we compare against



We are more than 3% away from meeting the target or numbers we compare against

Indicator	Target	Year 1			Year 2			Year 3			Year 4			
		Time Period	Scotland	Dumfries and Galloway	Time Period	Scotland	Dumfries and Galloway	Time Period	Scotland	Dumfries and Galloway	Time Period	Scotland	Dumfries and Galloway	
B7	The percentage of people who waited no longer than 6 weeks for diagnostic tests and investigations	100%	Jul - Sep 2017	82%	99%	Jul - Sep 2018	78%	99%	Jul - Sep 2019	82%	95%	Jul - Sep 2020	53%	82%
B8	The percentage of pregnant women in each Scottish Index of Multiple (SIMD) quintile that are booked for antenatal care by the 12th week of gestation	80%	2016/17	87%	86%	2017/18	84%	85%	2018/19	88%	86%	2019/20	88%	85%
B9	The percentage of eligible people who commence IVF treatment within 12 months of referral	100%	Jul - Sep 2017	100%	100%	Jul - Sep 2018	100%	100%	Jul - Sep 2019	100%	100%	Jul - Sep 2020	99%	-
B10	The percentage of young people who start treatment for specialist Child and Adolescent Mental Health Services (CAMHS) within 18 weeks of referral	90%	Jul - Sep 2017	73%	75%	Jul - Sep 2018	76%	82%	Jul - Sep 2019	65%	94%	Jul - Sep 2020	61%	88%
B11	The percentage of people who start psychological therapy based treatment within 18 weeks of referral	90%	Apr - Jun 2017	72%	70%	Apr - Jun 2018	74%	72%	Apr - Jun 2019	79%	61%	Apr - Jun 2020	74%	68%
B12.1	The rate of Clostridium Difficile infections in healthcare settings	TBC	Apr - Jun 2017	15.4	16.1	Apr - Jun 2018	16	16.5	Apr - Jun 2019	12.3	13.1	Apr - Jun 2020	15.4	11.1
B12.2	The rate of Clostridium Difficile infections in community settings	TBC	Apr - Jun 2017	7.4	32.3	Apr - Jun 2018	7.5	13.5	Apr - Jun 2019	4.8	10.8	Apr - Jun 2020	5.9	5.4
B13.1	The rate of Staphylococcus Aureus Bacteraemias (MRSA/MSSA) in healthcare settings	TBC	Apr - Jun 2017	16.0	11.5	Apr - Jun 2018	17.3	9.4	Apr - Jun 2019	16.7	6.6	Apr - Jun 2020	20.3	14.8
B13.2	The rate of Staphylococcus Aureus Bacteraemias (MRSA/MSSA) in community settings	TBC	Apr - Jun 2017	9.3	13.4	Apr - Jun 2018	9.1	13.5	Apr - Jun 2019	9.8	16.2	Apr - Jun 2020	9.7	10.8

Indicator	Target	Year 1			Year 2			Year 3			Year 4			
		Time Period	Scotland	Dumfries and Galloway	Time Period	Scotland	Dumfries and Galloway	Time Period	Scotland	Dumfries and Galloway	Time Period	Scotland	Dumfries and Galloway	
B14	The percentage of people who wait no longer than 3 weeks from when a referral is received to when they receive appropriate drug or alcohol treatment that supports their recovery	90%	Apr - Jun 2017	95%	96%	Apr - Jun 2018	94%	96%	Apr - Jun 2019	93%	99%	Apr - Jun 2020	95%	97%
B15	Number of alcohol brief interventions delivered in three priority settings (primary care, accident and emergency and antenatal care)	(Target)	2016/17	86,560 (61,081)	691 (1,743)	2017/18	81,177 (61,081)	1,105 (1,743)	2018/19	80,575 (61,081)	1,978 (1,743)	2019/20	75,616 (61,081)	896 (1,743)
B16	Number of successful smoking quits at 12 weeks amongst people from deprived communities	(Target)	2016/17	7,842 (9,404)	172 (230)	2017/18	7,632 (9,404)	165 (230)	2018/19	7,258 (7,568)	200 (175)	2019/20	6,828 (7,026)	185 (161)
B17	GP practices provide 48 hour access or advance booking to an appropriate member of the GP team for at least 90 per cent of people	90%	2015/16	84%	89%	2017/18	93%	96%	2019/20	92%	95%			
B18	Sickness absence rate for NHS employees	4%	2016/17	5.2%	5.1%	2017/18	5.4%	4.9%	2018/19	5.4%	5.2%	2019/20	5.3%	4.8%
B18 (add)	Sickness absence rate for adult social work employees		Jan - Mar 2017		8.0%	Jan - Mar 2018		7.8%	Jan - Mar 2019		7.7%	Jan - Mar 2020		6.4%
B19	The percentage of people who wait no longer than 4 hours from arriving in accident and emergency to admission, discharge or transfer for treatment	95%	Sept 2017	94%	92%	Sept 2018	91%	92%	Sept 2019	89%	92%	Sept 2020	92%	94%
B20	The NHS Board operates within their Revenue Resource Limit (RRL), their Capital Resource Limit (CRL) and meet their Cash Requirement	100%	2016/17		100%	2017/18		100%	2018/19		100%	2019/20		

Indicator	Target	Year 1		Year 2		Year 3		Year 4		
		Time Period	Scotland	Dumfries and Galloway	Time Period	Scotland	Dumfries and Galloway	Time Period	Scotland	Dumfries and Galloway
C1	Adults accessing telecare as a percentage of the total number of adults supported to live at home	73%	June 2017	82%	June 2018	72%	June 2019	74%	June 2020	75%
C2	The number of adults accessing Self Directed Support (SDS) Option 1		June 2017	331	June 2018	324	June 2019	360	June 2020	
C3	The number of adults accessing Self Directed Support (SDS) Option 2					June 2019	13	June 2020		
C4	The number of adults accessing Self Directed Support (SDS) Option 3		June 2017	2,463	June 2018	2,425	June 2019	2,425	June 2020	
C5	The number of Carers being supported				2017/18	112	2018/19	173	2019/20	173
C6	Proportion of people aged 65 and over receiving care at home (via Option 3) with intensive needs (10 hours or more)		March 2017	46%	March 2018	50%	March 2019	46%	March 2020	45%
C7	The number of adults under 65 receiving personal care at home (via Option 3)		March 2017	588	March 2018	616	March 2019	650	March 2020	
C8	Total number of care at home hours provided as a rate per 1,000 population aged 65 and over		March 2017	602	March 2018	635	March 2019	568	March 2020	

Source: Public Health Scotland

-  We are meeting or exceeding the target or number we compare against
-  We are within 3% of meeting the target or numbers we compare against
-  We are more than 3% away from meeting the target or numbers we compare against

Indicator	Target	Year 1		Year 2		Year 3		Year 4		
		Time Period	Scotland	Dumfries and Galloway	Time Period	Scotland	Dumfries and Galloway	Time Period	Scotland	Dumfries and Galloway
C9	Percentage of referrers receiving feedback on actions within 5 days of receipt of referral	75%	Jul - Sep 2017	64%	Jul - Sep 2018	73%	Jul - Sep 2019	39%	Apr - Jun 2020	62%
E1.1	The number of emergency admissions per month for people aged 18 and over	(Target)	March 2017	1,287	March 2018	1,329	March 2019	1,315 (1,266)	March 2020	1,266 (1,266)
E1.2	The number of emergency admissions per month for people aged under 18	(Target)	March 2017	212	March 2018	250	March 2019	247 (211)	March 2020	178 (216)
E2.1	The number of unscheduled hospital bed days for acute specialities per month for people aged 18 and over	(Target)	March 2017	11,697	March 2018	11,993	March 2019	12,057 (10,763)	March 2020	11,183 (10,535)
E2.2	The number of unscheduled hospital bed days for acute specialities per month for people aged under 18	(Target)	March 2017	245	March 2018	387	March 2019	444 (323)	March 2020	287 (312)
E3.1	The number of people attending the emergency department per month aged 18 and over	(Target)	June 2017	3,091	June 2018	2,981	June 2019	3,033 (3,130)	March 2020	2,368 (3,052)
E3.2	The number of people attending the emergency department per month aged under 18	(Target)	June 2017	849	June 2018	924	June 2019	870 (800)	March 2020	583 (800)
E4	The number of bed days occupied by all people experiencing a delay in their discharge from hospital, per month, people aged 18 and older	(Target)	June 2017	749	June 2018	959 (1,027)	June 2019	1,690 (1,145)	June 2020	458 (1,066)
E6	The number of person-years spent in institutional settings	1,570	2015/16	1,592	2016/17	1,585	2017/18	1,589	2018/19	1,591