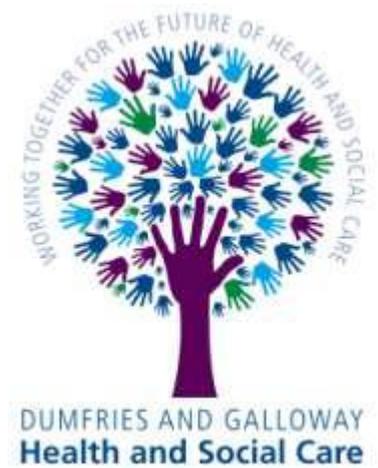


DUMFRIES AND GALLOWAY  
INTEGRATION JOINT BOARD

# HEALTH AND SOCIAL CARE INTERIM PERFORMANCE REPORT

**2021/22**



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## For further information

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## Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014<sup>1</sup> (the Act) ([here](#)) set a legal framework for integrating (combining) health and social care in Scotland. This legislation says that each health board and council must delegate (transfer) some of its functions to new integration authorities. By doing this, a single system for planning and delivering health and social care services is created locally.

On 1st April 2016 responsibility for the planning and delivery of health and adult social care services transferred from the Local Authority and NHS to the Dumfries and Galloway Integration Joint Board (IJB).

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. .

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 that applies to any activities up to and including March 31, 2022. This framework requires an Interim Performance Report to be produced reflecting back on the mid-point of each financial year.

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 2018-21 Strategic Commissioning Plan (SCP). The report focuses on how the performance in Dumfries and Galloway compared to the rest of Scotland (benchmarking) and the different areas of work being undertaken to drive improvement.

In March 2022, the IJB published a new Strategic Commissioning Plan<sup>2</sup> and Performance Management Framework<sup>3</sup> therefore this is the last Interim Performance Report relating to 2018-21, completing the performance cycle for the old SCP.

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<sup>1</sup> Public Bodies (Joint Working) (Scotland) Act 2014

<https://www.legislation.gov.uk/asp/2014/9/contents/enacted> (last accessed 03 December 2020)

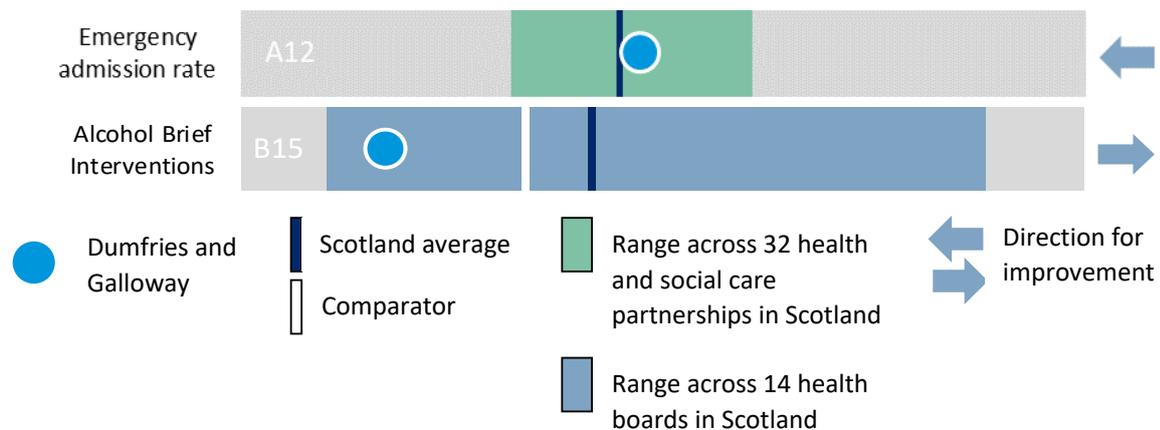
<sup>2</sup> <https://dghscp.co.uk/wp-content/uploads/2022/03/IJB-Strategic-Commissioning-Plan-2022-2025.pdf>

<sup>3</sup> <https://dghscp.co.uk/wp-content/uploads/2022/03/Agenda-Item-9-Appendix-1-Draft-Performance-Management-Framework.pdf>

# 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 the following diagram:



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 letter-number 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.



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 impact of COVID-19 on health and social care

Health and social care across Dumfries and Galloway continues to face extraordinary challenges as a result of the COVID-19 pandemic.

Dumfries and Galloway has experienced 4 waves of the COVID-19 pandemic. However, compared to the earlier pandemic waves, lately there have been fewer people requiring care and treatment in hospital for COVID-19. This is a direct consequence of older people and people in vulnerable groups being prioritised for COVID-19 vaccines. By the beginning of December 2021, 97% of all adults had received their first COVID-19 vaccine, 93% had received their second vaccine and 55% had received their booster or third dose.

Throughout the pandemic waves, a level of activity was maintained to ensure that people experiencing emergency, clinically urgent and cancer needs were still seen in hospital. This occurred across all specialties and diagnostic services. However, we haven't managed to consistently maintain a non COVID surgical stream due to surge pressures.

Teams have also undertaken Active Clinical Referral Triage, going back through the lists and reviewing people to ensure those who most needed to be seen were managed within the available reduced capacity. If people were not urgent, teams have worked to find other ways to help people manage while they wait or redirected people to more appropriate services.

Our GP practices were also still seeing the most critically ill people and continued to do home visits throughout the lockdowns. The example practice we worked with saw only 2.5% reduction in consultations during the first pandemic wave. Despite the wide range of communication to people, feedback from the public was that they had the perception that GP practices were closed, so we recognise that communication about what was going on behind closed doors could have been improved.

The care home sector has worked in an extremely pressurised environment over the past year, caring for some of our most vulnerable people in an environment of heightened physical and emotional pressures. Keeping care homes safely staffed whilst also managing increased infection controls, swiftly changing guidance and enhanced reporting has been a challenge. During this period we had a Care Home Oversight Group and a Care at Home Oversight Group which each deploy a tactical team to support these sectors with issues including infection control advice, Personal Protective Equipment (PPE), staff COVID-19 testing and emergency staffing challenges.

Our partnership way of working already includes leads from both health and social care, but during the most difficult periods, the whole Community Planning Partnership (CPP) as well as the Third Sector and the Independent Sector came together to provide urgent support to those in need. Our Chief Officer chaired the Tactical Local Resilience Partnership (LRP), which has helped us develop the relationships necessary to support people in innovative ways. For example our Police and Fire Rescue colleagues during the lockdown delivered vital controlled medications and are now offering Welfare or Home Safety Checks to support people being discharged from hospital.

Health and social care services across the Partnership are now experiencing an increase in demand for non COVID-19 related reasons. In some services, this demand is markedly higher than it was before the pandemic started. For example, amongst older people, who have been one of the most restricted groups, there has been an increase in people being treated for hip fractures. The full extent the COVID-19 pandemic and lockdown has impacted on the deterioration of people's health is not yet known, but there are early signs that many people accessing services are frailer than before.

The challenges of the pandemic have resulted in increased numbers of Carer referrals to the Carers Centre and other Carer support organizations. During 2020/21, the Carers Centre had over 10,000 support contacts with around 1,000 being video calls.

Managers are reporting that staff are extremely fatigued by the last 24 months, and this is a significant concern in a system which remains under extreme pressure. An in house Staff Support Service overseen by Psychology Services was set up during the pandemic. This was funded from the NHS Endowments Charity with additional funding from Scottish Government. The Staff Support Service has been offered to care home and care at home staff. Group or team sessions have also being offered as way of encouraging people to engage with services if they need to.

Another re-emerging challenge across the Partnership is recruiting and retaining staff. Recruitment issues were challenging prior to the pandemic. As restrictions have eased and different economic sectors remobilise, there is increased competition for the available workforce in Dumfries and Galloway. The current high fuel costs are likely to impact on the workforce as well.

The complexity and impact of the COVID-19 pandemic is still being experienced by our population and this has affected people in different ways. Currently there is minimal evidence of how this will impact on health and wellbeing and demand on health and social care services. As evidence emerges, this will inform our planning.

## **1.2 Remobilising, Recovering and Redesigning**

Many services across health and social care that were reduced during the pandemic waves have remobilised and have started to address backlogs built up during their suspension. All services continue to implement the necessary additional COVID-19 infection prevention and control measures. At times, these measures can add extra steps to people's experience of treatment, care and support, and mean that people may be seen at a slower pace than happened before the pandemic. It is anticipated this will be the situation for the foreseeable future.

To support the remobilising, recovery and redesign of health and social care the Partnership has re-established 5 programme boards to manage and ensure we are working to transform how health and social care services meet the needs of people across Dumfries and Galloway. The 5 programme boards include:

### **1.2.1 Unscheduled Care and Redesign of Urgent Care Programme Board**

The remit of this programme board is to support the delivery of the 4 hour Emergency Access Target, reduce attendances, safely reduce admission rates and improve people's experience in emergency settings. Projects being overseen by this board include:

- Flow Navigation Centre
- developing community based pathways that offer alternatives to scheduled Emergency Department appointments
- new multi disciplinary team based model of GP Out of Hours
- developing localised ways of working for Interface Care and Discharge Without Delay

### **1.2.2 Community Transformation Programme Board**

This programme board is responsible for ensuring we are working to transform community services by we are working to transform Community Services by:

- adopting integrated teams in the heart of communities across the region to optimise flow and reduce unnecessary admissions

- using assistive inclusive technology to enable people to live safely and self-manage in their own home for longer
- delivering the Dumfries and Galloway Model of Health and Social Care and Support (Model of Care)

Delivery of this model is underpinned and supported by good conversations, relationships, technologies, innovation and integrated ways of working..

### **1.2.3 Planned Care (including Cancer) Programme Board**

The Planned Care (including Cancer) Programme Board is responsible for ensuring we are working to co-ordinate and support effective management of Scheduled Care across all Directorates, ensuring a focus on modernising our services to support delivery of the trajectories set within our Remobilisation Plans

Based on a review of current waiting time and waiting list data and intelligence on service pressures from the operational teams, the following areas have been identified as initial priorities for action:

- cancer pathways
- cardiology
- chronic pain
- drug and alcohol services
- general surgery
- neonatal services
- ophthalmology
- orthopaedics
- physiotherapy

### **1.2.4 Primary Care Transformation Programme Board**

The Primary Care Transformation Board is responsible for ensuring we are working to transform primary care services so we can better meet changing needs and demands.

The purpose of the Programme Board is to ensure the development of a sustainable model of care and to have oversight of all Primary Care Contracted Groups which encompasses the following:

- Dentistry
- Optometry
- Pharmacy
- General Practice including the contract to transform Primary Care Services as set out in the Memorandum of Understanding (MoU)<sup>2</sup>. This includes Vaccination Programme, Community Treatment and Care (CTAC) Service, Pharmacotherapy, Multi-Disciplinary Teams and the Medical Generalist Role.

### **1.2.5 Complex Care Programme Board**

This programme board is responsible for the modernisation and transformation of local models of care and support that will offer choice and control to those local people with the most complex needs over how they are supported to achieve the outcomes they have specified in line with their stated preferences.

In establishing the Complex Care Programme Board, direction has been set by the Health and Social Care Governance and Performance Group to focus, in the first instance on

developing a modern, fit for purpose model of care and support for people with a Learning Disability.

The board will also develop an ambitious but realistic schedule for similar modernisation efforts that will improve the support available for other people with complex needs including, but not limited to:

- mental health needs
- physical disabilities
- autism
- neurodevelopmental conditions

This board will ensure that the voices of those living with these conditions in Dumfries and Galloway are central to the design of care and support that offer choice and control.

## 2. How we are getting on

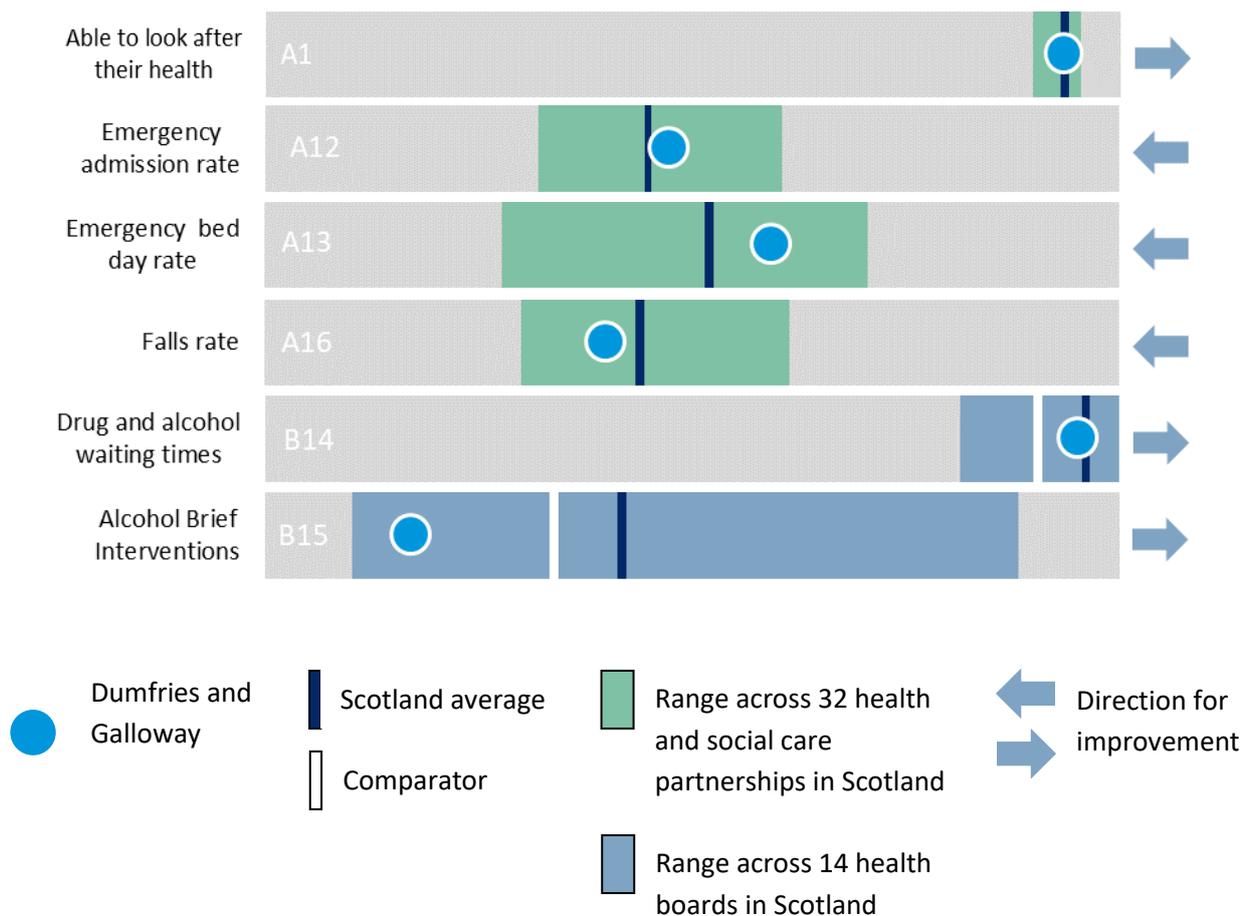
We monitor many different aspects of health and social care to ensure that services are person centred, safe, effective, efficient, equitable and timely.

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.

### 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.



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 2020 in Dumfries and Galloway the rate of emergency admissions was 11,843 admissions per

100,000 population compared to the average for Scotland, which was 11,111 admissions per 100,000 population.

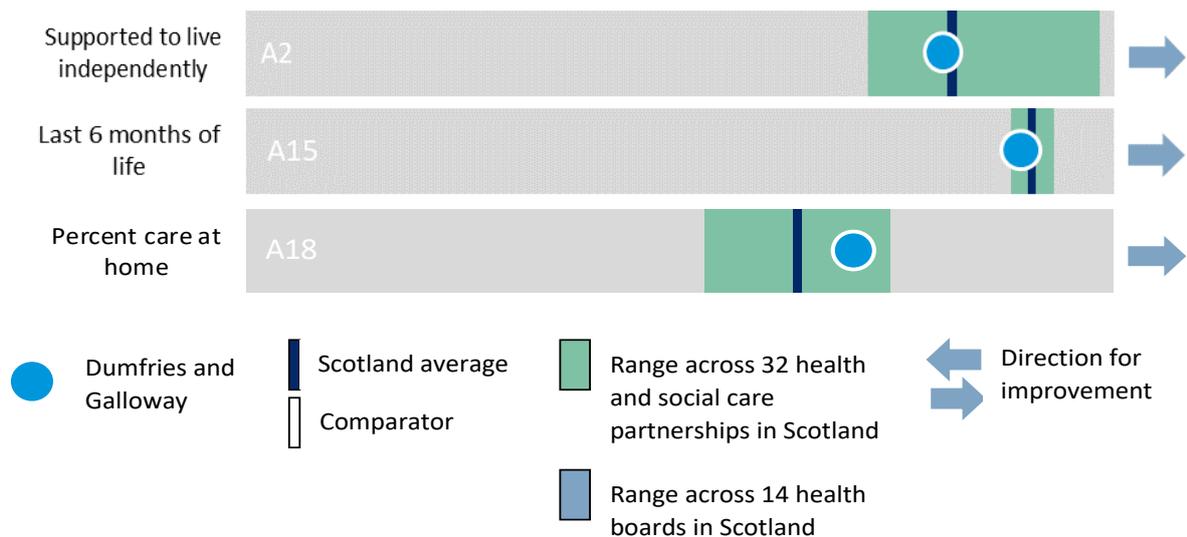
Compared to Scotland, there are fewer falls amongst older people. The most recent figures published by Public Health Scotland (PHS) show that at the end of December 2021, the rate of falls amongst adults aged 65 and over in Dumfries and Galloway was 20.0 falls per 1,000 population compared to 21.7 falls per 1,000 population across Scotland as a whole.

Dumfries and Galloway met the target with respect to drug and alcohol treatment waiting times. At the end of March 2021, 95.3% 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 95.6%. However, Dumfries and Galloway did not meet the target for the number of Alcohol Brief Interventions (ABIs) delivered for the latest available time period. 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. (Note that due to COVID-19 pressures since 2020, this indicator is on hold indefinitely at a national level.)

According to the Health and Care Experience Survey, 93.4% 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 (92.9%).

## 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.

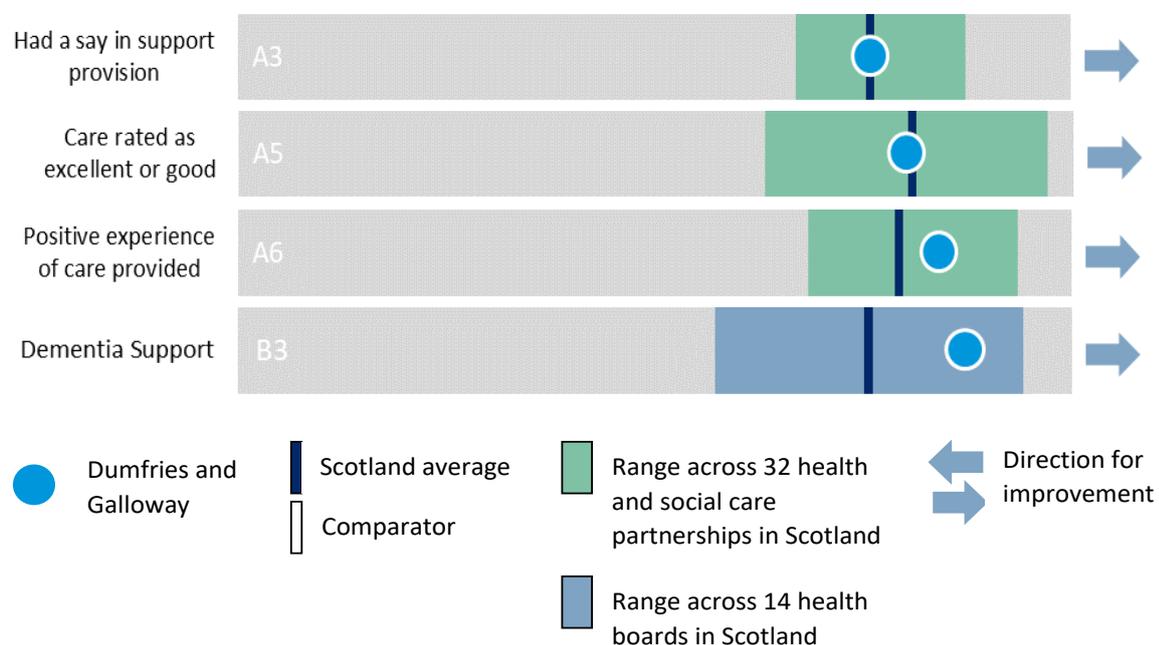


The proportion of the last 6 months of life spent at home or in a community setting in 2020-21 was slightly lower in Dumfries and Galloway (89.7%) than in Scotland (90.0%). The latest available data on the percentage of adults with intensive care needs who received care at home is for 2019/20. The figure was higher in Dumfries and Galloway (70.0%) than in Scotland (63.0%) for that measure.

The percentage of adults supported at home who felt that they were supported to live as independently as possible was 80% in Dumfries and Galloway, which is slightly lower than Scotland overall (81%).

### 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.



For people supported at home in Dumfries and Galloway, a slightly higher proportion felt that they had a say in how their support was provided than the Scottish average (76% for Dumfries and Galloway, 75% for Scotland). For people receiving any care, proportion who rated the care as excellent or good in Dumfries and Galloway was the same as the Scottish average (80%).

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 than the average across Scotland in 2018/19 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

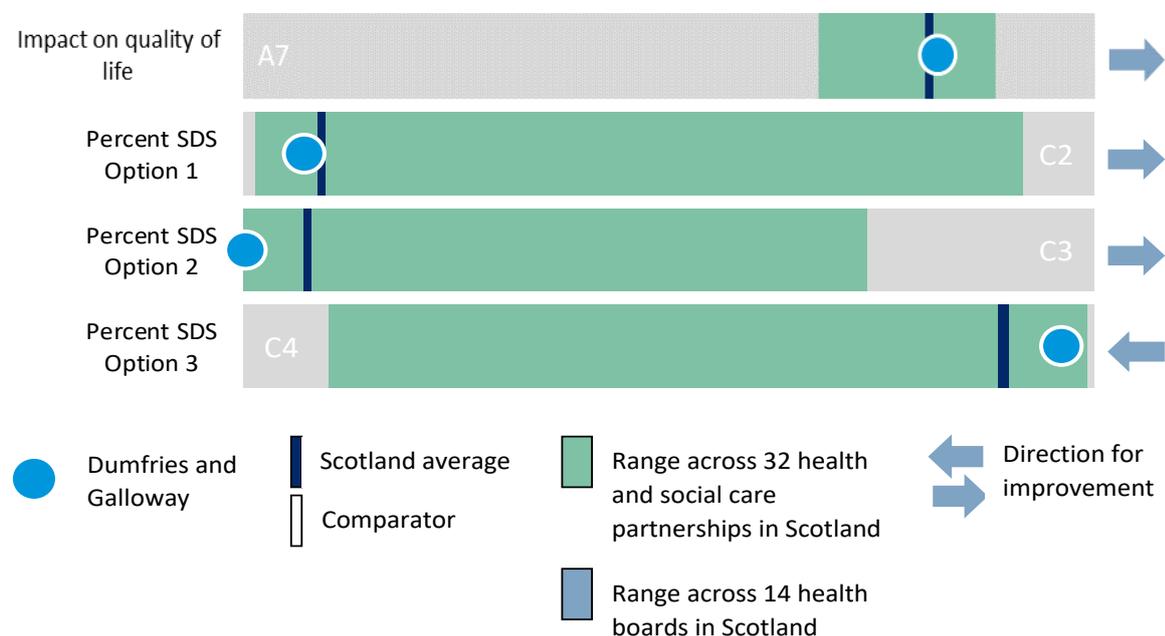
The way that we work with people from Dumfries and Galloway, designing and delivering their care and support, fundamentally focuses on maintaining independence and quality of life. Often people can be supported by signposting to local groups and third and independent sector services in their community without needing formal support from adult social work services. For people who need 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, 82% 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 80%.

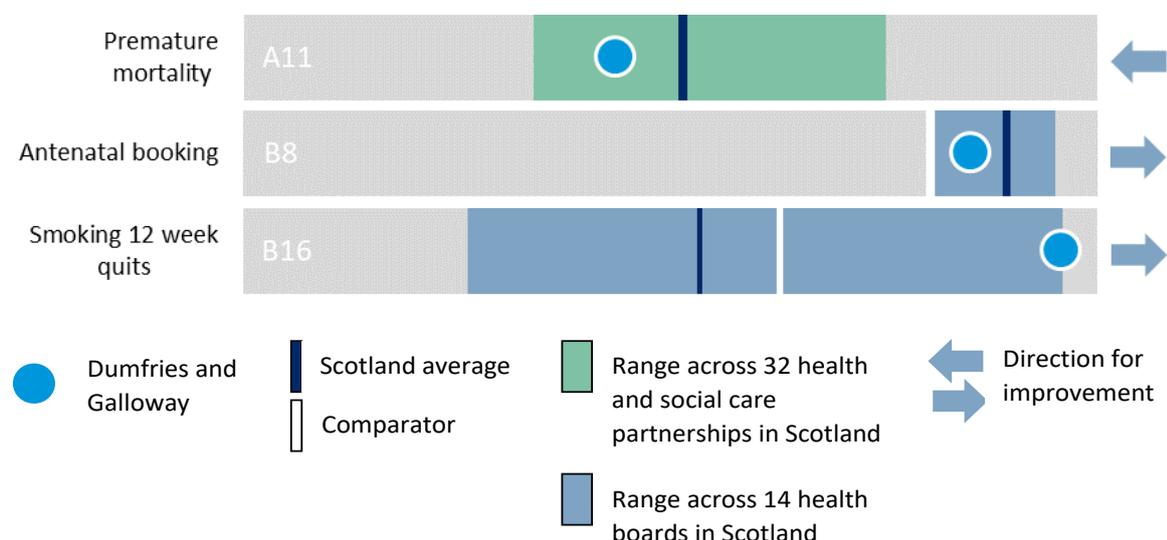
The charts above show that there are a broad range of approaches towards implementing SDS across Scotland. The pattern in Dumfries and Galloway is similar to the average pattern across Scotland where there are fewer people supported through SDS Option 1 and more people supported

through SDS Option 3. However, there were various problems with data quality across Scotland noted in the most recent publication report in September 2020, 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.

The Strategic Plan highlights that inequalities must be considered in the planning stages of services and programmes to make the most of the potential for contributing to reducing 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 2020-21 when across Dumfries and Galloway the premature mortality rate for people aged under 75 was 392.1 deaths per 100,000 population compared to a rate of 457.4 deaths per 100,000 for Scotland.

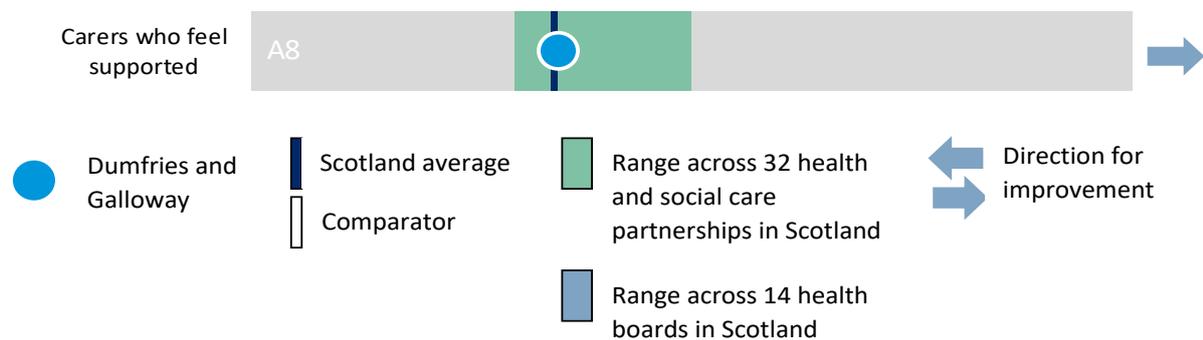
In Dumfries and Galloway, the number of people from deprived communities who successfully quit smoking for at least 12 weeks exceeded the target whereas, on average, across Scotland the target was not met. During 2020/21, 247 eligible people from Dumfries and Galloway successfully quit smoking for 12 weeks, exceeding the target of 161 successful quits by 53.4%. Across Scotland, 5,978 successful quits were achieved, 14.9% below the target of 7,026 successful quits.

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 2020/21. This was higher than the target (80%) and similar to the average for deprived communities across Scotland (88%).

## 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.

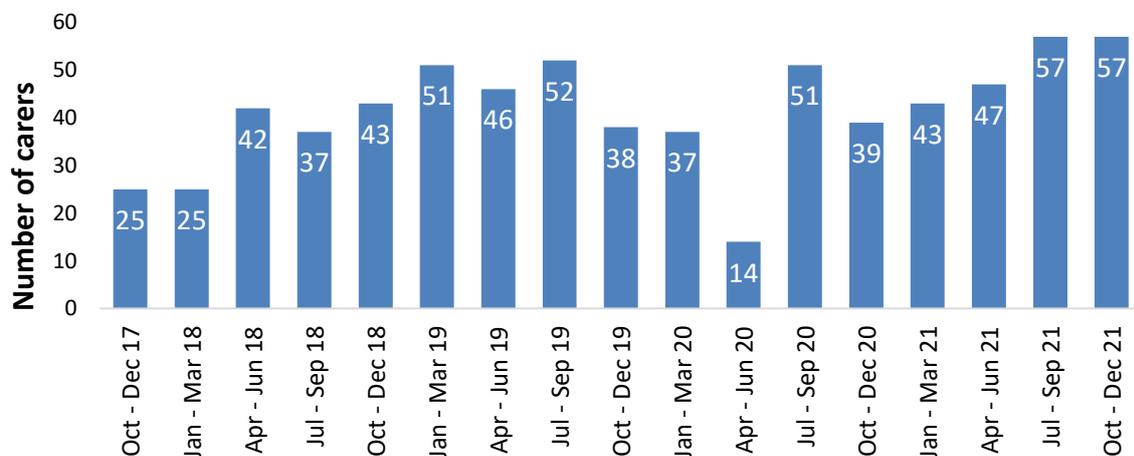
A Carer is generally defined as a person of any age who provides unpaid help and support to someone who cannot manage to live independently without the Carer's help due to frailty, illness, disability or addiction. The term Adult Carer refers to anyone over the age of 16, but within this group those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



From the most recent Health and Care Experience Survey covering 2019/20, 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, 44 Carers are supported to complete an Adult Carers Support Plan (ACSP). Following the large decrease in April – June 2020, numbers have increased again and are now at the highest since July – September 2019.

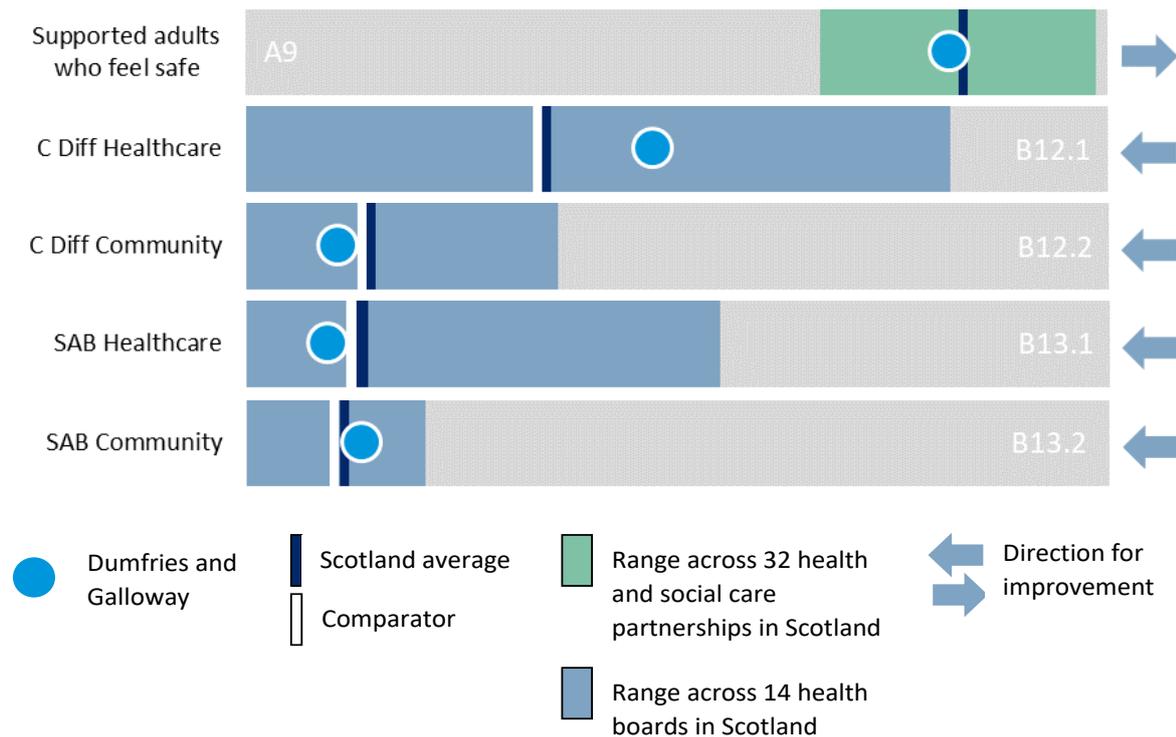
Number of Carers supported to complete an Adult Carers Support Plan by financial quarter; Dumfries and Galloway; October 2017 – December 2021



## 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

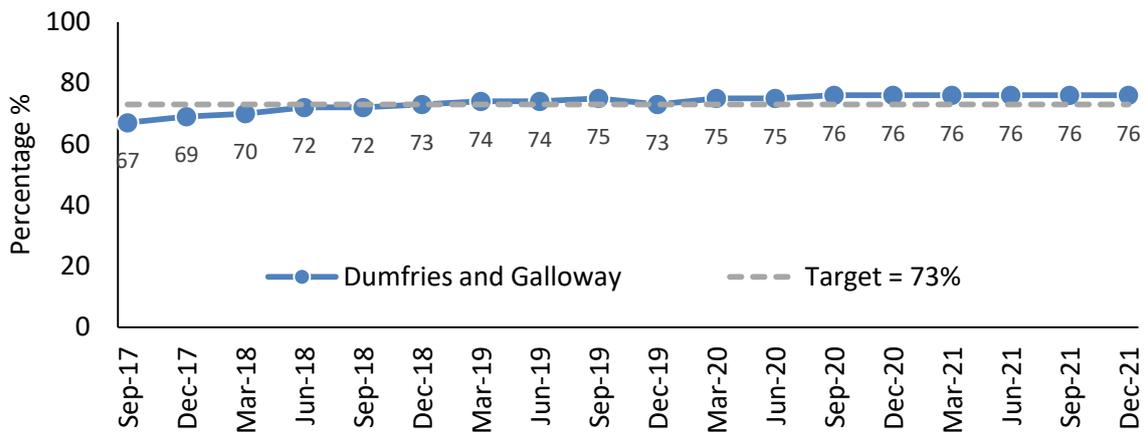


The rates of infection in healthcare settings across Dumfries and Galloway are low. Data over time shows that the rate of infection in healthcare settings has been stable. In the period July to September 2021, Dumfries and Galloway had higher rates for *Clostridioides difficile* (C. Diff) acquired in healthcare settings and for SAB (*staphylococcus aureus* bacteraemia infections) acquired in the community than the average for Scotland. However, both of these rates were not statistically significantly different from the Scottish rates.

From the most recent Health and Care Experience Survey covering 2019/20, 82% of supported adults in Dumfries and Galloway gave a positive response to the statement 'I felt safe'. This is slightly lower than the Scottish average of 83%.

The Partnership aims to support people to be safe through the use of technology. Telecare uses a range of emergency alerts to provide support and assistance that enables people to continue to live independently. These alerts are monitored 24 hours a day, 365 days a year by a team in Dumfries and Galloway. Local data from December 2021 shows that 76% of people supported through Self Directed Support are using telecare. (Use of Telecare used to be benchmarked by Scottish Government, but there is no data available more recent than 2017.)

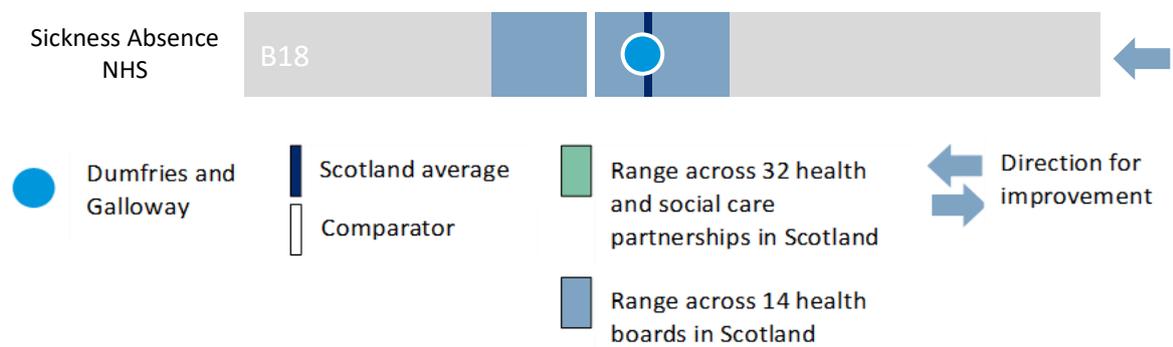
Number of adults accessing telecare as a percentage of the total number of adults supported to live at home; Dumfries and Galloway; September 2017 - December 2021



**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**

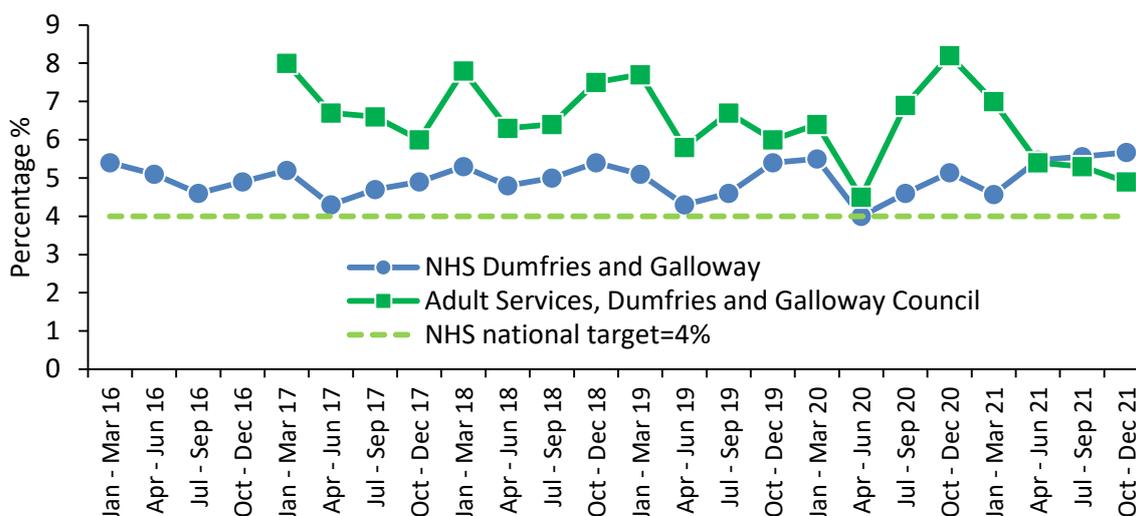
It is important to acknowledge that different workplace cultures exist across the Partnership. Acknowledging the diversity of these different cultures will lead to understanding and respecting each other's values and beliefs and bring new and different opportunities. However, diversity also brings challenges 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 2020/21, the same as the average for Scotland but higher than the target 4%. Only 3 NHS boards met the 4% target in 2020/21. It should be noted that these figures do not include absences relating to COVID-19 as these were reported separately using a different system.



Local data for sickness absence shows that in the 3-month period October to December 2021, the sickness absence rate amongst social work service employees was 4.9%.

Rate of sickness absence amongst employees of NHS Dumfries and Galloway and Adult Services, Dumfries and Galloway Council; 2016 – 2021



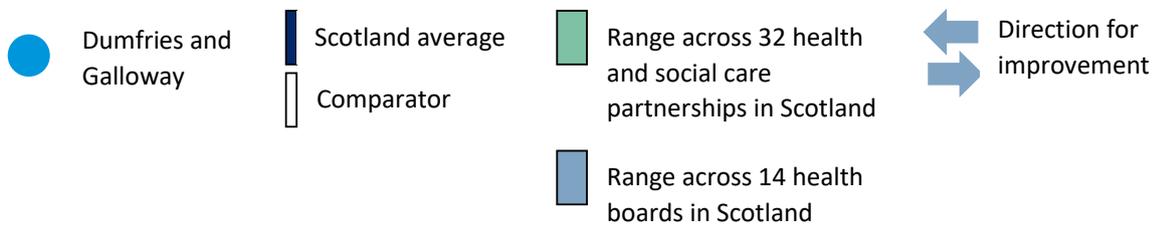
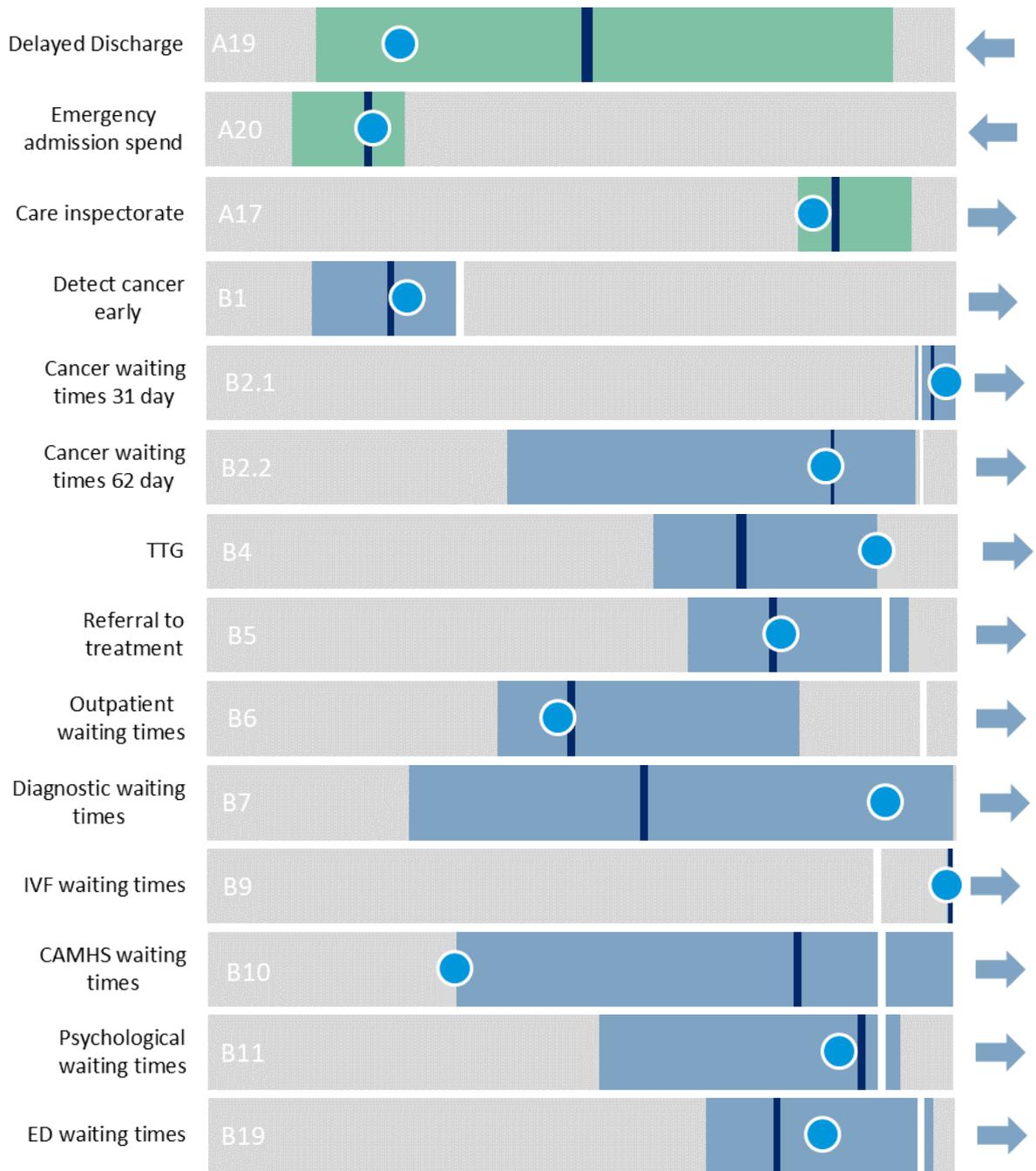
**2.9 Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services**

There are various ways that the Partnership is seeking to ensure that resources are used effectively and efficiently. We are improving quality and efficiency by making the best use of technology and trying new ways of working to improve consistency and remove duplication. The Partnership is also committed to using its buildings and land in the most efficient and effective way.

The indicators in this section cover periods within 2020/21 and the first half of 2021/22 and will show the effect of COVID-19 restrictions on performance. For instance, a number of the waiting times indicators shown below cover the period up to September 2021. In particular, the referral to treatment, outpatient and Child and Adolescent Mental Health Services (CAMHS) waiting times are well below the standard set for most health boards in Scotland. More recent local data from December 2021 to February 2022 shows that CAMHS activity has recovered in Dumfries and Galloway. The number of children and young people being seen each month is now exceeding the target trajectory agreed with the Scottish Government as part of the remobilisation plan. 50 children and young people were seen for the first time in February 2022 compared to an agreed target trajectory of 30.

Dumfries and Galloway is meeting the national standard for waiting times for cancer at 31 days and for in vitro fertilisation (IVF).

Dumfries and Galloway is above the Scottish average for detect cancer early, cancer at 31 days, outpatient waiting times, treatment time guarantee (TTG), referral to treatment, 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%	93%	93%
A2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	83%	85%	81%	85%	81%	80%
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%	75%	76%
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%	74%	76%
A5	Total % of adults receiving any care or support who rated it as excellent or good	81%	86%	80%	95%	80%	80%
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%	80%	82%
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%	83%	82%

Source: Public Health Scotland, Core Suite of Integration Indicators (September 2021 release)



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

Indicator		Year 1			Year 2			Year 3			Year 4			Year 5		
		Time Period	Scotland	Dumfries and Galloway	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														
A11	Premature mortality rate per 100,000 persons	2016	440	388	2017	425	381	2018	432	378	2019	426	389	2020	457	392
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	2020	11,111	11,843
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	2020	102,961	118,790
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	2020	115	103
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%	2020	90%	89%
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	2020	21.7	20.0
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%	2020/21	83%	81%
A18	Percentage of adults with intensive care needs receiving care at home	2016	62%	65%	2017	61%	63%	2018	62%	62%	2019	63%	70%	2020	63%	71%
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	2020/21	488	262
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%	2020	21%	23%
A21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	Under Development														
A22	Percentage of people who are discharged from hospital within 72 hours of being ready	Under Development														
A23	Expenditure on end of life care, cost in last 6 months of life	Under Development														

## Appendix 2: Indicators regularly monitored by the Partnership

Indicator	Target	Year 1		Year 2		Year 3		Year 4		Year 5							
		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%	2019 - 2020	24.1%	26.9%
B2.1	The percentage of all people diagnosed with cancer who begin treatment within 31 days of the decision to treat	95%	Jul - Sep 2017	95%	97%	Jul - Sep 2018	95%	95%	Jul - Sep 2019	96%	98%	Jul - Sep 2020	98%	100%	Jul - Sep 2021	97%	99%
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%	Jul - Sep 2017	87%	96%	Jul - Sep 2018	81%	86%	Jul - Sep 2019	83%	94%	Jul - Sep 2020	87%	98%	Jul - Sep 2021	83%	82.6%
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%	2018/19	75%	87.3%
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%	82%	Jul - Sep 2020	56%	41%	Jul - Sep 2021	70%	88.8%
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%	Sept 2021	75%	76.6%
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%	Sept 2020	47%	59%	Sept 2021	48%	46.9%

Source: Public Health Scotland



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Indicator	Target	Year 1			Year 2			Year 3			Year 4			Year 5			
		Time Period	Scotland	Dumfries and Galloway	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%	Jul - Sep 2021	58%	91%
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%	2020/21	89%	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%	-	Jul - Sep 2021	100%	100%
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%	Jul - Sep 2021	79%	33%
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%	Apr - Jun 2021	87%	85%
B12.1	The rate of Clostridium Difficile infections in healthcare settings	TBC	Jul - Sep 2017	18.7	31.4	Jul - Sep 2018	16.9	30.2	Jul - Sep 2019	13.7	15.2	Jul - Sep 2020	17.4	27.2	Jul - Sep 2021	16.7	23.7
B12.2	The rate of Clostridium Difficile infections in community settings	TBC	Jul - Sep 2017	7.5	10.6	Jul - Sep 2018	6.7	8	Jul - Sep 2019	5.2	13.3	Jul - Sep 2020	6.6	16.1	Jul - Sep 2021	6.5	5.4
B13.1	The rate of Staphylococcus Aureus Bacteraemias (MRSA/MSSA) in healthcare settings	TBC	Jul - Sep 2017	18.1	9.7	Jul - Sep 2018	16.7	7	Jul - Sep 2019	17.5	8.7	Jul - Sep 2020	17.2	16.3	Jul - Sep 2021	18.3	14.2
B13.2	The rate of Staphylococcus Aureus Bacteraemias (MRSA/MSSA) in community settings	TBC	Jul - Sep 2017	9.3	8	Jul - Sep 2018	9.6	10.7	Jul - Sep 2019	7.4	8	Jul - Sep 2020	10.8	8	Jul - Sep 2021	9.6	13.4

Indicator	Target	Year 1			Year 2			Year 3			Year 4			Year 5			
		Time Period	Scotland	Dumfries and Galloway	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%	Jan - Mar 2017	95%	97%	Jan - Mar 2018	94%	96%	Jan - Mar 2019	93%	95%	Jan - Mar 2020	94%	92%	Jan - Mar 2021	96%	95%
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)	2020/21	5,978 (7,026)	247 (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%	2020/21	4.7%	4.7%
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%	Jan-Mar 2021		7.0%
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%	Dec 2017	85%	87%	Dec 2018	90%	90%	Dec 2019	84%	86%	Dec 2020	86%	88%	Dec 2021	76%	83%
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		100%	2020/21		100%

Indicator	Target	Year 1		Year 2		Year 3		Year 4		Year 5		
		Time Period	Scotland	Dumfries and Galloway	Time Period	Scotland	Dumfries and Galloway	Time Period	Scotland	Dumfries and Galloway	Time Period	Scotland
C1	Adults accessing telecare as a percentage of the total number of adults supported to live at home	73%	Dec 2017	69%	Dec 2018	73%	Dec 2019	73%	Dec 2020	76%	Dec 2021	76%
C2	The number of adults accessing Self Directed Support (SDS) Option 1		June 2017	331	June 2018	324	Dec 2019	347	Dec 2020	373	Dec 2021	447
C3	The number of adults accessing Self Directed Support (SDS) Option 2						Dec 2019	12	Dec 2020	17	Dec 2021	28
C4	The number of adults accessing Self Directed Support (SDS) Option 3		June 2017	2,463	June 2018	2,425	Dec 2019	2,456	Dec 2020	2,499	Dec 2021	2,045
C5	The number of Carers being supported				2017/18	112	2018/19	173	2019/20	173	2020/21	147
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%	March 2021	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	662	March 2021	662
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	541	March 2021	541

Source: Public Health Scotland



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Indicator		Target	Year 1			Year 2			Year 3			Year 4			Year 5		
			Time Period	Scotland	Dumfries and Galloway	Time Period	Scotland	Dumfries and Galloway	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%	Oct-Dec 2017		66%	Oct-Dec 2018		69%	Oct-Dec 2019		53%	Oct-Dec 2020		35%	Oct-Dec 2021		12%
E1.1	The number of emergency admissions per month for people aged 18 and over	(Target)	March 2017		1,287	Dec 2018		1,335	Dec 2019		1,418	Dec 2020		1,287	Dec 2021		1,126
E1.2	The number of emergency admissions per month for people aged under 18	(Target)	March 2017		212	Dec 2018		253	Dec 2019		287	Dec 2020		132	Dec 2021		213
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	Sep 2018		11,053	Sep 2019		11,789	Sep 2020		9,699	Sep 2021		9,661
E2.2	The number of unscheduled hospital bed days for acute specialities per month for people aged under 18	(Target)	March 2017		245	Sep 2018		276	Sep 2019		292	Sep 2020		236	Sep 2021		343
E3.1	The number of people attending the emergency department per month aged 18 and over	(Target)	June 2017		3,091	Dec 2018		2,943	Dec 2019		3,145	Dec 2020		2,176	Dec 2021		2,415
E3.2	The number of people attending the emergency department per month aged under 18	(Target)	June 2017		849	Dec 2018		781	Dec 2019		932	Dec 2020		380	Dec 2021		586
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	Dec 2018		1,598	Dec 2019		1,504	Dec 2020		1,083	Dec 2021		1,986
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	2019/20		1,610

### Appendix 3: Completeness of core health data returns to Public Health Scotland

Data collection		Financial Year	Quarters	
		2020/21	Apr-Jun 2021	Jul-Sep 2021
SMR00 New	New outpatient appointments	89%	92%	89%
SMR00 Return	Return outpatient appointments	92%	90%	93%
SMR01	Acute inpatient and day case data (including geriatric long stay data SMR01_1E)	99%	99%	94%
SMR02	Maternity inpatient and day case data	100%	100%	100%
SMR04	Mental Health inpatient and day case data	100%	100%	100%

Source: Public Health Scotland ([www.opendata.nhs.scot/dataset/scottish-morbidity-record-completeness](http://www.opendata.nhs.scot/dataset/scottish-morbidity-record-completeness))