



IJB Strategic Commissioning Plan 2022 – 2025 Performance Management Framework

1. Introduction

- 1.1. Dumfries and Galloway Integration Joint Board (IJB) has developed a new Strategic Commissioning Plan for 2022 – 2025 (SCP).
- 1.2. This Performance Management Framework (PMF) supports the delivery of the SCP. The PMF is a strategic tool that sets out arrangements for how the IJB and the Health and Social Care Partnership will measure, demonstrate and report progress regarding the delivery of the SCP and the national Health and Wellbeing Outcomes.

2. Scope and Function of the PMF

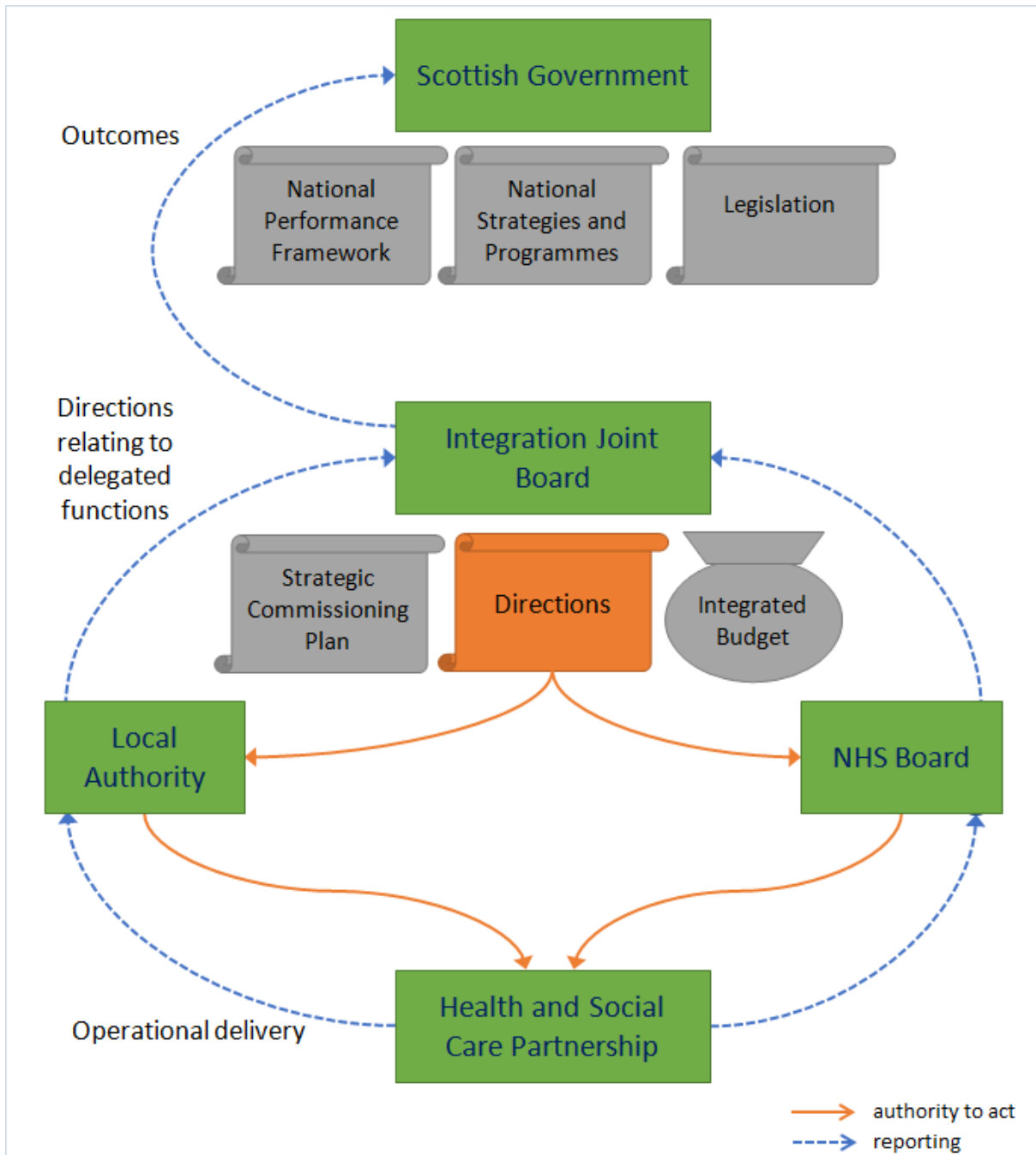
- 2.1. The scope of the PMF relates to the performance role of the IJB and the statutory partners of the Health and Social Care Partnership. It specifically concerns delivery of the SCP.
- 2.2. The function of the PMF is to lay out the mechanism for reporting performance information that meets the requirements of the relevant legislation and guidance that defines the performance obligations for each stakeholder group.
- 2.3. The IJB has 3 key tools to deliver health and social care:

- The Strategic Commissioning Plan – the IJB sets out the vision and intentions in relation to the model of health and social care
 - The integrated budget – the IJB makes commissioning decisions about the services they wish the partners to deliver
 - Directions - the legally binding instructions to the Health Board and Local Authority of what is to be delivered using the integrated budget
- 2.4. The IJB has oversight of the delivery of these three tools through a range of feedback mechanisms.
- 2.5. The delivery of the SCP is monitored through
- longer term population outcomes
 - the view of the Strategic Planning Group on the effectiveness of integration arrangements
 - assurances from NHS Dumfries & Galloway in relation to the operational delivery of health services
 - assurances from Dumfries and Galloway Council in relation to the operational delivery of adult social care
 - feedback from people who use and deliver health and social care
- 2.6. The delivery of the integrated budget is observed through
- regular reporting in relation to the financial performance of the Partnership in respect of the delegated functions and associated budgets
 - self assessment in relation to Best Value
 - scrutiny by external auditors
- 2.7. The delivery of Directions is observed through regular reporting from the statutory partners on the progress of Directions, in line with agreed monitoring arrangements.

3. Roles and Responsibilities

- 3.1. The governance and performance arrangements for the IJB are set out in the Integration Scheme between NHS Dumfries and Galloway and Dumfries and Galloway Council. This includes the range of delegated services the IJB is responsible for planning, commissioning and performance monitoring ([here](#)).
- 3.2. The following diagram illustrates the governance pathways for health and social care in Dumfries and Galloway.

3.3. Pathways of authority to act and performance reporting



4. Directions

- 4.1. Directions are the legally binding mechanism by which the IJB tells the constituent authorities (the Health Board and Local Authority) what to deliver using the integrated budget. NHS Dumfries and Galloway and Dumfries and Galloway Council are responsible for complying with and implementing all directions issued them by the IJB.
- 4.2. Directions are issued to either the Chief Executive of NHS Dumfries and Galloway or the Chief Executive of Dumfries and Galloway Council or both. The

IJB then seeks assurances from both the Health Board and the Local Authority regarding the implementation of the Directions.

4.3. The content of each direction is required to include the

- budget allocated from the integrated budget by the IJB to carry out the direction
- desired outcomes
- performance monitoring arrangements

4.4. A direction will remain in place until it is varied, revoked or superseded by a later direction in respect of the same functions. The Dumfries and Galloway IJB Directions Policy sets out the governance of the direction process in more detail.

4.5. Both NHS Dumfries and Galloway and Dumfries and Galloway Council, as the delivery partners, have internal mechanisms to implement and report back on directions issued to them.

5. Operational delivery

5.1. The Health Board and Local Authority give authority to deliver services to the Health and Social Care Partnership, which includes people working in the statutory sector, the third sector and the independent sector.

5.2. The teams delivering health and social care and support relating to those functions delegated to the IJB, report their operational performance back to the Partnership's Health and Social Care Governance and Performance Group.

5.3. The Health and Social Care Governance and Performance Group report tactical level performance information relating to health to the NHS Board, which may be delegated to

- the NHS Clinical Governance Committee
- NHS Performance and Resources Committee or
- NHS Public Health Committee

5.4. The Health and Social Care Governance and Performance Group report tactical level performance information relating to adult social care to the Social Work Committee which may be delegated to

- the Area Committees

5.5. Note: This description is correct as at 01 March, 2022. The 2022 Scottish local elections are scheduled be held on Thursday 5 May 2022, in all 32 local

authorities across Scotland. Following these elections, the local authority administration will review all committee structures and the Council Plan ([here](#)). Therefore these arrangements are subject to change.

- 5.6. This provides the Health Board and Local Authority with assurances in relation to the quality, safety and efficiency of the health and adult social care and support being delivered. It also provides an opportunity for scrutiny of this information and the service areas it relates to.
- 5.7. The NHS Board and the Social Work Committee report strategic performance back to the IJB and give assurances that the Directions received from the IJB have been implemented.
- 5.8. The IJB has commissioned the oversight and delivery of some functions from other local partnerships. This enables an integrated approach towards delivering services. These partnerships will regularly report back to the IJB. These include:
 - **Adult Support and Protection** activity in Dumfries and Galloway is overseen by the multi-agency Dumfries and Galloway Public Protection Partnership. This Partnership has responsibility for strategic leadership and oversight of delivery of services and improved outcomes. The Public Protection Committee (PPC) led by an Independent Chair, reports to Chief Officers and is the local strategic partnership responsible for the overview of policy and practice in relation to adult protection, child protection and violence against women and girls. The PPC Strategic Plan is available [here](#).
 - **Dumfries and Galloway Alcohol and Drug Partnership (ADP)** is a body made up of representatives from a wide range of partners across the region. This includes input from Health, Social Work, Housing, Police, Procurator Fiscal Service and the Voluntary sector. The ADP is responsible for planning and joining up the various initiatives across the region to tackle alcohol and drugs misuse, and to try and prevent it becoming a problem for people.
 - The **Children's Services Executive Group (CSEG)** is responsible for leading the planning and delivery of services for children and young people. CSEG has members from Health, Social Work, Education, the Police and the Scottish Children's Reporters Administration. CSEG agrees joint priorities for services for children and young people in our region. The Children's Services Plan is available [here](#).

6. Other ways of assessing performance

6.1. Scrutiny by external auditors

- The **Care Inspectorate** is a scrutiny body which supports improvement in registered care services. Inspectors talk to people using the service, staff and managers. Where they find that improvement is needed, they support services to make positive changes. Inspection reports care can be found [here](#).
- **Healthcare Improvement Scotland** undertakes announced and unannounced inspections of healthcare services. Inspections have a focus on safety and cleanliness and care of older people in hospital. These involve a physical inspection of the clinical areas, and discussions with staff. Inspection reports can be found [here](#).
- The outcomes of inspections are reported to the IJB.
- Non registered care services are supported through the contract monitoring process.

6.2. **Strategic Planning Group (SPG)**

- 6.3. Integration Authorities are legislated to have an SPG. It is the role of this group to take a view on the effectiveness of the integration arrangements during proposed changes or updates to the Strategic Commissioning Plan. The SPG is supported to undertake this role by being provided with the information on progress measured against the statutory outcomes for health and wellbeing, and associated indicators.

6.4. **Community Planning Partnership (CPP)**

- 6.5. The Community Empowerment (Scotland) Act 2015 Part 2 (6) requires Dumfries and Galloway CPP to prepare and publish a Local Outcomes Improvement Plan (LOIP) that sets out what we want to achieve for the people of our region. More information about the Dumfries and Galloway CPP can be found [here](#).
- 6.6. The IJB Strategic Commissioning Plan is one of the 12 key Plans and Strategies that contributes to the LOIP and as such, performance on the SCP is reported to the CPP Board on a quarterly basis.

7. Performance Reporting Requirements

7.1. Legislation

7.2. The IJB is legislatively required to report on performance. Under Section 42 of the 2014 Public Bodies (Joint Working) (Scotland) Act ([here](#)), the IJB has a statutory duty to prepare an Annual Performance Report for the public. An integration authority must publish each performance report before the expiry of the period of 4 months beginning with the end of the reporting year; that is, no later than the end of July of the relevant year.

7.3. The Annual Performance Report must reflect the following (see guidance note [here](#))

- Reporting on both the year which the report covers, and the 5 preceding years, or for all previous reporting years, if this is less than 5 years
- Assessing performance in relation to the National Health and Wellbeing Outcomes
- Financial Performance and Best Value
- Reporting on localities; the arrangements made in relation to consulting and involving localities, an assessment of how these arrangements have contributed to the provision of services and the proportion of the Partnership's total budget that was spent in relation to each locality
- Inspection of services
- Any review of the Strategic Commissioning Plan
- Significant Decisions (as defined in the legislation)
- The Core Suite of Integration Indicators ([here](#))
- The Ministerial Strategic Group for Health and Social Care Indicators ([here](#))

7.4. Supporting Equality

7.5. The IJB commits to publishing the Annual Performance Report in Easy Read and also produce a video with British Sign Language (BSL), as a minimum each year. All IJB papers are available in other languages on request.

7.6. The IJB will look for new sources of evidence that support our understanding of how different people's outcomes have been achieved, and take these under consideration at each review of the PMF.

8. How and when performance is reported (minimum reporting)

8.1. The IJB produces the following reports and shares them with relevant partners

Report	Timeframe	Shared with
Annual Performance Report	Annual (end of July)	The Public, Full council, NHS Board, Scottish Government
Quarterly CPP Performance update	Quarterly	Community Planning Partnership
Financial Report	Quarterly to IJB Performance and Finance Committee	The Public
Ministerial Strategic Group Report	Quarterly to IJB Performance and Finance Committee	The Public, Ministerial Strategic Group

8.2. The IJB (or one of its committees) have oversight of the performance of the delivery partners by scrutinising the following

Report	Timeframe	Author
Chief Social Work Officer's Annual Report	Annual	Chief Social Work Officer
Progress against directions	Annual	NHS Board, Local Authority
Progress of the Sustainability and Modernisation Programme	Quarterly	Health and Social Care Partnership
Update on adult social care inspections	Twice Yearly	Local Authority
Update on health care inspections	As inspections occur	NHS Board
Update on adult protection	Annual	Public Protection Committee
Update on work of the ADP	Annual	Alcohol and Drug Partnership
Update on child health as part of the Dumfries and	Annual	Children's Services

Galloway Children's Services Plan		Executive Group
Patient and Service User Feedback Annual Reports	Annual	NHS Board and Local Authority
Operational delivery performance	Twice yearly	Health and Social Care Partnership on behalf of the NHS Board and Local Authority

9. Escalating Performance Issues

9.1. The IJB may ask the delivery partners for reports more frequently where further assurances are required.

10. Reviewing the PMF

10.1. Information about the measures identified to indicate performance outcomes is laid out in the IJB Performance Handbook ([here](#)). This information includes the source of the data and the technical information of how it is calculated.

10.2. The IJB or statutory partners may be asked to report new information to best reflect the national strategic priorities. The PMF will be reviewed each year to ensure that the measures are still appropriate and fit for purpose. Any indicators that are added or retired will be clearly recorded in the IJB Performance Handbook.

10.3. Measures that have been suggested for development will be considered during the annual review of the PMF and will be incorporated if

- the information is sufficiently high quality
- they meet the SMART criteria (specific, measurable, achievable, relevant and timely) and
- the information brings a new or additional perspective to the delivery of the SCP

11. Performance Indicators

11.1. Performance management is the process of ensuring that people's outcomes are met in an effective and efficient manner. Performance indicators reflect 2 important aspects of performance:

- Did we do what we set out to do?
- Did these actions have the effect we hoped for?

11.2. The first aspect is assessed through measuring different parts of the delivery of services such as how many people were seen and in what time frame. These are often split into **inputs** (such as money and people), **processes** (such as operations or assessments) and **outputs** (people seen).



11.3. The **outcome** for the person is the result of interacting with people who deliver services. It is not enough to have been seen, the engagement with services should be of value to the person. Because what is valued by each person can be different for everyone, measuring outcomes for a whole service is very complicated.

11.4. IJB performance reporting is focussed mainly on outcomes, while the delivery partners' performance reporting focuses mainly on effective service delivery. The IJB outcomes are the 9 National Health and Wellbeing Outcomes. Delivering the Strategic Commissioning Intentions in the SCP contributes towards these outcomes.

11.5. Performance measures are taken from a range of nationally available information relating to health and social care. Sources of information include the following:

- Core Suite of Integration Indicators ([here](#))
- NHS Local Delivery Plan (LDP) Standards ([here](#))
- Ministerial Strategic Group (MSG) for Health and Social Care Indicators ([here](#))
- Scottish Local Government Benchmarking Framework (LGBF) ([here](#))
- Scotland's National Performance Framework (NPF) ([here](#)), which in turn is based on the United Nations Sustainable Development Goals ([here](#))
- Other indicators identified as supporting the delivery of the SCP that reflect national strategies, the public health priorities and remobilisation plans

11.6. These measures are subject to change over time and may be supplemented or retired through the lifetime of the SCP. Some measures may reflect the delivery of more than one outcome, but are listed here only once.

11.7. Appendix 1, 2 and 3 are the same set of proposed indicators, sorted first by indicator source, the 9 National Health and Wellbeing Outcomes (HWBO) and by the Strategic Commissioning Intentions (SCI).

11.8. Appendix 4 is a table of these indicators with up to 5 years of historic data to set the baseline.

12. Glossary

12.1. All acronyms must be set out in full the first time they appear in a paper with the acronym following in brackets.

ASP	Adult Support Protection
CPP	Community Planning Partnership
CRES	Cash Releasing Efficiency Savings
EQIA	Equalities Impact Assessment
IJB	Integration Joint Board
LDP	Local Delivery Plan
LGBF	Local Government Benchmarking Framework
LOIP	Local Outcomes Improvement Plan
MASH	Multi Agency Safeguarding Hub
MSG	Ministerial Strategic Group
NPF	National Performance Framework
PMF	Performance Management Framework
PPC	Public Protection Committee
SCI	Strategic Commissioning Intentions
SCP	Strategic Commissioning Plan
SIMD	Scottish Index of Multiple Deprivation
SMART	specific, measurable, achievable, relevant and timely

Appendix 1: Proposed Measures sorted by indicator source

All integration authorities are required to report the core suite of integration indicators

Core Suite of Integration Indicators				
Code	O/P	Indicator	9HWO	SCI
A1	O	Percentage of adults able to look after their health very well or quite well	1	3
A2	O	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	2	1
A3	O	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	3	3
A4	O	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	3	4
A5	O	Total % of adults receiving any care or support who rated it as excellent or good	3	4
A6	O	Percentage of people with positive experience of the care provided by their GP practice	3	4
A7	O	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	4	3
A8	O	Total combined % Carers who feel supported to continue in their caring role	6	6
A9	O	Percentage of adults supported at home who agreed they felt safe	7	5
A11	O	Premature mortality rate per 100,000 persons	5	2
A12	P	Emergency admission rate (per 100,000 population) – Adults	9	1
A13	P	Emergency bed day rate (per 100,000 population) – Adults	9	1
A14	P	Readmission to hospital within 28 days (per 1,000 admissions)	4	5
A15 / E5	P	Proportion of last 6 months of life spent at home or in a community setting	2	1
A16	P	Falls rate per 1,000 population aged 65+	7	1
A17	O	Proportion of care services graded good (4) or better in Care Inspectorate inspections	3	4
A18	P	Percentage of adults with intensive care needs receiving care at home	2	1
A19	O	Number of days people aged 75 or older spend in hospital when they are ready to be discharged (per 1,000 population)	7	4
A20	P	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	9	7

O/P = Outcome Measure or Process Measure

Excluded: Core suite indicators 10, 21, 22 and 23 have not been developed. We will include these as they are developed.

Core Suite of Integration Indicators				
Code	O/P	Indicator	9HWO	SCI
A10	O	Percentage of staff who say they would recommend their workplace as a good place to work		
A21	P	Percentage of people admitted to hospital from home during the year, who are discharged to a care home		
A22	P	Percentage of people who are discharged from hospital within 72 hours of being ready		
A23	P	Expenditure on end of life care, cost in last 6 months per death		

All integration authorities are required to report the indicators selected by the Ministerial Strategic Group for Health and Community Care. These mostly relate to processes rather than outcomes that evidence the delivery of the SCP.

Ministerial Strategic Group Indicators				
Code	O/P	Indicator	9HWO	SCI
E1	P	The number of emergency admissions per month for people of all ages	n/a	n/a
E1.1	P	The number of emergency admissions per month for people aged under 18 years	n/a	n/a
E1.2	P	The number of emergency admissions per month for people aged 18 years and older	n/a	n/a
E2	P	The number of unscheduled hospital bed days for acute specialties per month for all people	n/a	n/a
E2.1	P	The number of unscheduled hospital bed days for acute specialties per month for people aged under 18 years	n/a	n/a
E2.2	P	The number of unscheduled hospital bed days for acute specialties per month for people aged 18 years and older	n/a	n/a
E2.3	P	The number of unscheduled hospital bed days for mental health per month for people aged under 18 years	n/a	n/a
E2.4	P	The number of unscheduled hospital bed days for mental health per month for people aged 18 years and older	n/a	n/a
E3	P	The number of people attending the emergency department per month	n/a	n/a
E4	O	The number of bed days occupied by all people experiencing a delay in their discharge from hospital, per month, people aged 18 and older	n/a	n/a
E5/A15	O	The percentage of last six months of life spent in the community	2	1
E6	P	The percentage of population aged 65 or older in community settings (supported or unsupported)	n/a	n/a

A small selection of operational delivery measures from the NHS and Local Authority performance frameworks have been included.

NHS Local Delivery Plan (LDP) Indicators (selected)				
Code	O/P	Indicator	9HWO	SCI
B1	P	Detect cancer early (Target: 33.3%)	1	4
B5	P	The percentage of planned/elective patients that start treatment within 18 weeks of referral (Target: 90%)	4	4
B8	P	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 (Target: 80%)	5	2
B11	P	The percentage of people who start psychological therapy based treatment within 18 weeks of referral (Target: 90%)	5	5
B18	P	Sickness absence rate for NHS employees (Target: 4%)	8	6
B19	O	The percentage of people who wait no longer than 4 hours from arriving in accident and emergency to admission, discharge or transfer for treatment (Target: 95%)	7	5

Local Government Benchmarking Framework (selected)				
Code	O/P	Indicator	9HWO	SCI
SW1	P	How much does my council spend on providing care to support older people to live at home (£ per hour)?	9	7
SW2	P	What proportion of social care funding is allocated using direct payments or personalised managed budgets?	3	3
SW3	O	How many older people with long-term needs are supported by my council so that they can remain at home?	2	1
SW5	P	How much does my council spend on providing residential care for older people (per person, per week)?	9	7
CLIM2	P	CO2 emissions area wide: emissions within scope of LA per capita	9	5

A small selection of outcome measures from Scotland's national performance framework have been included.

Scotland's National Performance Framework (selected)				
Code	O/P	Indicator	9HWO	SCI
N2	O	Percentage of adults who report feeling lonely "some, most, almost all or all of the time" in the last week.	4	3
N8m	O	Healthy life expectancy (male): The estimated average number of years that a new born baby could be expected to live in 'good' or 'very good' health based on how individuals perceive their general health.	1	2
N8f	O	Healthy life expectancy (female): The estimated average number of years that a new born baby could be expected to live in 'good' or 'very good' health based on how individuals perceive their general health.	1	2
N9	O	Mental wellbeing: Average score on Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS).	4	3
N11	P	Health risk behaviour: Percentage of adults meeting physical activity recommendations	1	2

A range of additional outcome measures that support evidence of the delivery of the SCP have also been included.

Additional local indicators				
Code	O/P	Indicator	9HWO	SCI
B18(S)	P	Sickness absence rate for adult social work employees (Target: n/a)	8	6
C1	P	Adults accessing telecare as a percentage of the total number of adults supported to live at home (Target: 73%)	2	1
C5	P	The number of Carers being supported using an Adult Carers Support Plan	6	6
new	P	Emergency Admission Rates by Scottish Index of Multiple Deprivation (SIMD)	5	2
new	O	The difference between average life expectancy in the highest and lowest areas across D&G	5	2
new	P	Inequalities in smoking during pregnancy by Scottish Index of Multiple Deprivation (SIMD)	5	2
new	P	The proportion of people admitted as an emergency with complex unscheduled care pathways (5 or more steps)	4	5
new	O	Proportion of Carers who agree they have a good balance between caring and other things in their lives	6	6
new	O	Staff engagement: Employee Engagement Index Score (EEI) reported through iMatter	8	6

New = Indicators that have not yet been assigned a reference code

Note that outcome measures indicated in the SCP consultation that could not be developed prior to the start of the SCP relevant period (01 April 2022) and measures that are already reported through other routes, such as the Alcohol and Drugs Partnership (ADP) or the Public Protection Committee have been excluded in the first year of reporting.

Appendix 2: Proposed Measures sorted by the 9 National Health and Wellbeing Outcomes

Source:

1 = Core Suite of Integration Indicators

2 = NHS Local Delivery Plan Standards

3 = Scottish Local Government Benchmarking Framework

4 = Scotland's National Performance Framework

5 = Locally selected indicators

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer				
Code	O/P	Indicator	Source	SCI
A1	O	Percentage of adults able to look after their health very well or quite well	1	3
B1	P	Detect cancer early (Target: 33.3%)	2	4
N8m	O	Healthy life expectancy (male): The estimated average number of years that a new born baby could be expected to live in 'good' or 'very good' health based on how individuals perceive their general health.	4	2
N8f	O	Healthy life expectancy (female): The estimated average number of years that a new born baby could be expected to live in 'good' or 'very good' health based on how individuals perceive their general health.	4	2
N11	P	Health risk behaviour: Percentage of adults meeting physical activity recommendations	4	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				
Code	O/P	Indicator	Source	SCI
A2	O	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	1	1
A15 / E5	P	Proportion of last 6 months of life spent at home or in a community setting	1	1
A18	P	Percentage of adults with intensive care needs receiving care at home	1	1
SW3	O	How many older people with long-term needs are supported by my council so that they can remain at home?	3	1
C1	P	Adults accessing telecare as a percentage of the total number of adults supported to live at home (Target: 73%)	5	1

Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected				
Code	O/P	Indicator	Source	SCI
A3	O	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	1	3
A4	O	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	1	4
A5	O	Total % of adults receiving any care or support who rated it as excellent or good	1	4
A6	O	Percentage of people with positive experience of the care provided by their GP practice	1	4
A17	O	Proportion of care services graded good (4) or better in Care Inspectorate inspections	1	4
SW2	P	What proportion of social care funding is allocated using direct payments or personalised managed budgets?	3	3

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				
Code	O/P	Indicator	Source	SCI
A7	O	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	1	3
A14	P	Readmission to hospital within 28 days (per 1,000 admissions)	1	5
B5	P	The percentage of planned/elective patients that start treatment within 18 weeks of referral (Target: 90%)	2	4
N2	O	Percentage of adults who report feeling lonely "some, most, almost all or all of the time" in the last week.	4	3
N9	O	Mental wellbeing: Average score on Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS).	4	3
new	P	The proportion of people admitted as an emergency with complex unscheduled care pathways (5 or more steps)	5	5

Outcome 5: Health and social care services contribute to reducing health inequalities				
Code	O/P	Indicator	Source	SCI
A11	O	Premature mortality rate per 100,000 persons	1	2
B8	P	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 (Target: 80%)	2	2
B11	P	The percentage of people who start psychological therapy based treatment within 18 weeks of referral (Target: 90%)	2	5
new	P	Inequalities in Emergency Admission Rates by Scottish Index of Multiple Deprivation (SIMD)	5	2
newm	O	The difference between average life expectancy in the highest and lowest areas across D&G (male)	5	2
newf	O	The difference between average life expectancy in the highest and lowest areas across D&G (female)	5	2
new	P	Inequalities (SII) in smoking during pregnancy by Scottish Index of Multiple Deprivation (SIMD)	5	2

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 well-being

Code	O/P	Indicator	Source	SCI
A8	O	Total combined % Carers who feel supported to continue in their caring role	1	6
C5	P	The number of Carers being supported using an Adult Carers Support Plan	5	6
new	O	Proportion of Carers who agree they have a good balance between caring and other things in their lives	5	6

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

Code	O/P	Indicator	Source	SCI
A9	O	Percentage of adults supported at home who agreed they felt safe	1	5
A16	P	Falls rate per 1,000 population aged 65+	1	1
A19	O	Number of days people aged 75 or older spend in hospital when they are ready to be discharged (per 1,000 population)	1	4
B19	O	The percentage of people who wait no longer than 4 hours from arriving in accident and emergency to admission, discharge or transfer for treatment (Target: 95%)	2	5

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

Code	O/P	Indicator	Source	SCI
B18	P	Sickness absence rate for NHS employees (Target: 4%)	2	6
B18(S)	P	Sickness absence rate for adult social work employees (Target: n/a)	5	6
new	O	Staff engagement: Employee Engagement Index Score (EEI) reported through iMatter	5	6

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

Code	O/P	Indicator	Source	SCI
A12	P	Emergency admission rate (per 100,000 population) – Adults	1	1
A13	P	Emergency bed day rate (per 100,000 population) – Adults	1	1
A20	P	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	1	7
SW1	P	How much does my council spend on providing care to support older people to live at home (£ per hour)?	3	7
SW5	P	How much does my council spend on providing residential care for older people (per person, per week)?	3	7
CLIM2	P	CO2 emissions area wide: emissions within scope of LA per capita	3	5

Appendix 3: Proposed Measures sorted by SCP Strategic Commissioning Intention

Source:

1 = Core Suite of Integration Indicators

2 = NHS Local Delivery Plan Standards

3 = Scottish Local Government Benchmarking Framework

4 = Scotland's National Performance Framework

5 = Locally selected indicators

SCI 1: People are supported to live independently at home and avoid crisis				
Code	O/P	Indicator	Source	9HWO
A2	O	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	1	2
A12	P	Emergency admission rate (per 100,000 population) – Adults	1	9
A13	P	Emergency bed day rate (per 100,000 population) – Adults	1	9
A15 / E5	P	Proportion of last 6 months of life spent at home or in a community setting	1	2
A16	P	Falls rate per 1,000 population aged 65+	1	7
A18	P	Percentage of adults with intensive care needs receiving care at home	1	2
SW3	O	How many older people with long-term needs are supported by my council so that they can remain at home?	3	2
C1	P	Adults accessing telecare as a percentage of the total number of adults supported to live at home (Target: 73%)	5	2

SCI 2: Fewer people experience health and social care inequalities				
Code	O/P	Indicator	Source	9HWO
A11	O	Premature mortality rate per 100,000 persons	1	5
B8	P	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 (Target: 80%)	2	5
N8m	O	Healthy life expectancy (male): The estimated average number of years that a new born baby could be expected to live in 'good' or 'very good' health based on how individuals perceive their general health.	4	1
N8f	O	Healthy life expectancy (female): The estimated average number of years that a new born baby could be expected to live in 'good' or 'very good' health based on how individuals perceive their general health.	4	1
N11	P	Health risk behaviour: Percentage of adults meeting physical activity recommendations	4	1
new	P	Inequalities in Emergency Admission Rates by Scottish Index of Multiple Deprivation (SIMD)	5	5

newm	O	The difference between average life expectancy in the highest and lowest areas across D&G (male)	5	5
newf	O	The difference between average life expectancy in the highest and lowest areas across D&G (female)	5	5
new	P	Inequalities (SII) in smoking during pregnancy by Scottish Index of Multiple Deprivation (SIMD)	5	5

SCI 3: People and communities are enabled to self manage and supported to be more resilient				
Code	O/P	Indicator	Source	9HWO
A1	O	Percentage of adults able to look after their health very well or quite well	1	1
A3	O	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	1	3
A7	O	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	1	4
SW2	P	What proportion of social care funding is allocated using direct payments or personalised managed budgets?	3	3
N2	O	Percentage of adults who report feeling lonely "some, most, almost all or all of the time" in the last week.	4	4
N9	O	Mental wellbeing: Average score on Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS).	4	4

SCI 4: People have access to the care and support they need				
Code	O/P	Indicator	Source	9HWO
A4	O	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	1	3
A5	O	Total % of adults receiving any care or support who rated it as excellent or good	1	3
A6	O	Percentage of people with positive experience of the care provided by their GP practice	1	3
A17	O	Proportion of care services graded good (4) or better in Care Inspectorate inspections	1	3
A19	O	Number of days people aged 75 or older spend in hospital when they are ready to be discharged (per 1,000 population)	1	7
B5	P	The percentage of planned/elective patients that start treatment within 18 weeks of referral (Target: 90%)	2	4

SCI 5: People's care and support is safe, effective and sustainable				
Code	O/P	Indicator	Source	9HWO
A9	O	Percentage of adults supported at home who agreed they felt safe	1	7
A14	P	Readmission to hospital within 28 days (per 1,000 admissions)	1	4
B11	P	The percentage of people who start psychological therapy based treatment within 18 weeks of referral (Target: 90%)	2	5
B19	O	The percentage of people who wait no longer than 4 hours from arriving in accident and emergency to admission, discharge or transfer for treatment (Target: 95%)	2	7
CLIM2	P	CO2 emissions area wide: emissions within scope of LA per capita	3	9
new	P	The proportion of people admitted as an emergency with complex unscheduled care pathways (5 or more steps)	5	4




SCI 6: People who deliver care and support, including Carers and volunteers, feel valued, are supported to maintain their wellbeing and enabled to achieve their potential				
Code	O/P	Indicator	Source	9HWO
A8	O	Total combined % Carers who feel supported to continue in their caring role	1	6
B18	P	Sickness absence rate for NHS employees (Target: 4%)	2	8
B18(S)	P	Sickness absence rate for adult social work employees (Target: n/a)	5	8
new	O	Proportion of Carers who agree they have a good balance between caring and other things in their lives	5	6
new	O	Staff engagement: Employee Engagement Index Score (EEI) reported through iMatter	5	8
C5	P	The number of Carers being supported using an Adult Carers Support Plan	5	6

SCI 7: People's chosen outcomes are improved through available financial resources being allocated in line with the model of care and delivering best value				
Code	O/P	Indicator	Source	9HWO
A20	P	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	1	9
SW1	P	How much does my council spend on providing care to support older people to live at home (£ per hour)?	3	9
SW5	P	How much does my council spend on providing residential care for older people (per person, per week)?	3	9

Appendix 4: Indicators with Historic Data

National Core Indicators		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%	80%	81%
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%	85%	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 (PHS) (formally ISD Scotland), Health and Care Experience (HACE) survey Dashboard

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

National Core Indicators		Year 1			Year 2			Year 3			Year 4			Year 5		
		Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G
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	16/17	12,215	12,609	17/18	12,192	13,066	18/19	12,279	13,180	19/20	12,522	13,424	2020	11,100	11,846
A13	Emergency bed day rate (per 100,000 population) – Adults	16/17	125,948	131,850	17/18	122,388	133,818	18/19	120,155	137,218	19/20	118,288	145,275	2020	101,852	117,649
A14	Readmission to hospital within 28 days (per 1,000 admissions)	16/17	101	87	17/18	103	95	18/19	103	91	19/20	105	94	2020	114	103
A15 / E5	Proportion of last 6 months of life spent at home or in a community setting	16/17	87.3%	87.5%	17/18	88.0%	88.3%	18/19	88.0%	88.0%	19/20	88.4%	87.3%	2020	90.1%	89.4%
A16	Falls rate per 1,000 population aged 65+	16/17	21.4	16.6	17/18	22.2	18.7	18/19	22.5	18.1	19/20	22.8	21.0	2020	21.7	20.0
A17	Proportion of care services graded good (4) or better in Care Inspectorate inspections	16/17	84%	84%	17/18	85%	87%	18/19	82%	81%	19/20	82%	78%	20/21	82%	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 spend in hospital when they are ready to be discharged (per 1,000 population)	16/17	841	591	17/18	762	554	18/19	793	608	19/20	774	787	20/21	488	262
A20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	16/17	23%	22%	17/18	24%	24%	18/19	24%	25%	19/20	24%	26%	2020	21%	22%

National Core Indicators		Year 1			Year 2			Year 3			Year 4			Year 5		
		Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G
A10	Percentage of staff who say they would recommend their workplace as a good place to work	Excluded: Awaiting National Development														
A21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	Excluded: Awaiting National Development														
A22	Percentage of people who are discharged from hospital within 72 hours of being ready	Excluded: Awaiting National Development														
A23	Expenditure on end of life care, cost in last 6 months per death	Excluded: Awaiting National Development														

NHS LDP Indicators		Year 1			Year 2			Year 3			Year 4			Year 5		
		Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G
B1	Detect cancer early (Target: 33.3%)	2014 - 2015	25.3%	26.1%	2015 - 2016	25.4%	22.4%	2016 - 2017	25.3%	22.6%	2017 - 2018	25.5%	31.7%	2018-2019	25.6%	30.4%
B5	The percentage of planned/elective patients that start treatment within 18 weeks of referral (Target: 90%)	Mar 2017	83%	90%	Mar 2018	81%	84%	Mar 2019	77%	88%	Mar 2020	80.2%	86.0%	Mar 2021	74.9%	73.1%
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 (Target: 80%)	2015/16	86%	82%	2016/17	87%	86%	2017/18	87%	85%	2018/19	87.6%	85.8%	2019/20	88.3%	85.0%
B11	The percentage of people who start psychological therapy based treatment within 18 weeks of referral (Target: 90%)	Jan - Mar 2017	74%	70%	Jan - Mar 2018	78%	78%	Jan - Mar 2019	77%	74%	Jan - Mar 2020	77.6%	67.4%	Jan - Mar 2021	80.4%	74.3%
B18	Sickness absence rate for NHS employees (Target: 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%

Source: Public Health Scotland (PHS) (formerly ISD Scotland)

LGBF Indicators		Year 1			Year 2			Year 3			Year 4			Year 5		
		Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G
SW1	How much does my council spend on providing care to support older people to live at home (£ per hour)?	2015 /16 Real	£23.16	£20.58	2016 /17 Real	£24.14	£16.76	2017 /18 Real	£24.92	£16.72	2018 /19 Real	£25.31	£18.69	2019 /20 Real	£25.99	£16.49
SW2	What proportion of social care funding is allocated using direct payments or personalised managed budgets?	2015 /16	6.7	5.1	2016 /17	6.36	5.74	2017 /18	6.80	5.68	2018 /19	7.25	6.07	2019 /20	7.77	6.54
SW3	How many older people with long-term needs are supported by my council so that they can remain at home?	2015 /16	60.7	61.7	2016 /17	60.12	59.26	2017 /18	61.75	59.59	2018 /19	61.02	63.14	2019 /20	61.65	63.73
SW5	How much does my council spend on providing residential care for older people (per person, per week)?	2015 /16 Real	£398	£187	2016 /17 Real	£397	£198	2017 /18 Real	£390	£205	2018 /19 Real	£396	£199	2019 /20 Real	£401	£200
CLIM 2	CO2 emissions area wide: emissions within scope of LA per capita	2015 /16	5.46	7.52	2016 /17	5.19	7.31	2017 /18	5.01	7.20	2018 /19	4.91	6.99	2019 /20	dna	dna

Source: Local Government Benchmarking Framework

NPF Indicators		Year 1			Year 2			Year 3			Year 4			Year 5		
		Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G
N2	Percentage of adults who report feeling lonely "some, most, almost all or all of the time" in the last week.													2018	21.1	21.3
N8m	Healthy life expectancy: The estimated average number of years that a new born baby could be expected to live in 'good' or 'very good' health based on how individuals perceive their general health.							2015-2017	62.3	64.4	2016-2018	61.9	64.2	2017-2019	61.7	62.4
N8f	Healthy life expectancy: The estimated average number of years that a new born baby could be expected to live in 'good' or 'very good' health based on how individuals perceive their general health.							2015-2017	62.6	63.8	2016-2018	62.2	64.3	2017-2019	61.9	62.5
N9	Mental wellbeing: Average score on Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS).										2014-2017	49.9	49.3	2016-2019	49.7	49.5
N11	Health risk behaviour: Percentage of adults meeting physical activity recommendations	2015	63	60	2016	64	60	2017	65	62	2018	66	65	2019	66	66

Source: Scotland's National Performance Framework

Local Indicators		Year 1			Year 2			Year 3			Year 4			Year 5		
		Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G
B18 (S)	Sickness absence rate for adult social work employees (Target: n/a)	Jan - Mar 2017		8.0%	Jan - Mar 2018		7.8%	Jan - Mar 2019		7.7%	Jan - Mar 2020		6.4%	Jan - Mar 2021		6.3%
C1	Adults accessing telecare as a percentage of the total number of adults supported to live at home (Target: 73%)	Mar-17		77%	Mar-18		70%	Mar-19		74%	Mar-20		75%	Mar-21		75%
C5	The number of Carers being supported using an Adult Carers Support Plan				2017/18		112	2018/19		198	2019/20		173	2020/21		147
new	Inequalities in Emergency Admission Rates by Scottish Index of Multiple Deprivation (SIMD)							2018	75.8	69.7	2019	79.1	76.1	2020	64.8	61.7
new m	The difference between average life expectancy in the highest and lowest areas across D&G							2014-2018		11.4	2015-2019		11.3	2016-2020		11.9
newf	The difference between average life expectancy in the highest and lowest areas across D&G							2014-2018		11.6	2015-2019		11.3	2016-2020		13.8
new	Inequalities (SII) in smoking during pregnancy by Scottish Index of Multiple Deprivation (SIMD)	2013/14 to 2015/16	32.4	31.3	2014/15 to 2016/17	31.6	31.9	2015/16 to 2017/18	30.5	28.8	2016/17 to 2018/19	30.6	29.3	2017/18 to 2019/20	30.7	28.2
new	The proportion of people admitted as an emergency with complex unscheduled care pathways (5 or more steps)							2018	3.2%	3.2%	2019	3.1%	3.4%	2020	5.0%	4.0%

Local Indicators		Year 1			Year 2			Year 3			Year 4			Year 5		
		Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G
new	Proportion of Carers who agree they have a good balance between caring and other things in their lives	2015-16	70%	68%	2017-18	70%	65%				2019-20	68%	64%			
new	Staff engagement: Employee Engagement Index Score (EEI) reported through iMatter	2017	81	75	2018	81	no rep	2019	81	74	2020	no rep	no rep	2021	tbc	72

Source: Local Information Systems, Health and Care Experience (HACE) survey Dashboard, Public Health Scotland (PHS) (formerly ISD Scotland), SCOTPHO profiles, NSS Discovery

Ministerial Strategic Group Indicators		Year 1		Year 2		Year 3		Year 4		Year 5	
		Time period	D&G	Time period	D&G	Time period	D&G	Time period	D&G	Time period	D&G
E1.1	The number of emergency admissions per month for people aged under 18 years (Target)							Dec 2019	287 (216)	Dec 2020	132 (216)
E1.2	The number of emergency admissions per month for people aged 18 years and older (Target)							Dec 2019	1,422 (1,266)	Dec 2020	1,242 (1,266)
E2.1	The number of unscheduled hospital bed days for acute specialties per month for people aged under 18 years (Target)							Dec 2019	418 (312)	Dec 2020	168 (312)
E2.2	The number of unscheduled hospital bed days for acute specialties per month for people aged 18 years and older (Target)							Dec 2019	12,638 (10,706)	Dec 2020	9,134 (10,706)
E2.3	The number of unscheduled hospital bed days for mental health per month for people aged under 18 years (Target)					Dec 2018	213 (166)	Dec 2019	112 (166)	Dec 2020	107 (166)
E2.4	The number of unscheduled hospital bed days for mental health per month for people aged 18 years and older (Target)					Dec 2018	8,273 (6,559)	Dec 2019	8,026 (6,559)	Dec 2020	8,239 (6,559)
E3	The number of people attending the emergency department per month (Target)	Mar 2017	3,983 (3,832)	Mar 2018	3,732 (3,851)	Mar 2019	3,693 (3,880)	Mar 2020	2,962 (3,953)	Mar 2021	2,566 (3,953)
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)	Mar 2017	702	Mar 2018	1,176 (998)	Mar 2019	1,648 (1,019)	Mar 2020	1,345 (1,019)	Mar 2021	854 (1,019)
E5	The percentage of last six months of life spent in the community	2016/17	87.5%	2017/18	88.3%	2018/19	88.0%	2019/20	87.3% (88.8%)	2000	89.4% (88.8%)
E6	The percentage of population aged 65 or older in community settings (supported or unsupported)	2016/17	96.32%	2017/18	96.40%	2018/19	96.46%	2019/20	96.42% (96.4%)	Not updated	