

A Guide to Data to Support Health & Social Care Partnerships in Joint Strategic Commissioning and Joint Strategic Needs Assessment

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ISD Scotland

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Introduction

This document is designed to be an easy to use reference to the main national data resources and information tools that are currently available to support health and social care partnerships in understanding the current, and future, health and care needs of their local populations and in commissioning and delivering services to meet those needs.

It should be read alongside Population Needs Assessment for Health and Social Care Partnerships: guidance on the use of data sources, which has also been produced by ISD Scotland.

Background

[The Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) provides the legislative framework for the integration of health and social care in Scotland. The legislation requires health boards and local authorities to delegate functions and resources to Integration Authorities for adult health and social care. New integrated health and social care partnerships will oversee the development and delivery of strategic (commissioning) plans that focus on preventative and anticipatory care, within the context of local needs and the agreed national outcomes for health and wellbeing.

The (DRAFT) nine national health and wellbeing outcomes (defined in legislation) are:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of service users.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.
7. People who use health and social care services are safe from harm.
8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.
9. Resources are used effectively in the provision of health and social care services, without waste.

Guide Purpose and How to Use

In order for health and social care partnerships to commission and deliver services that best meet the needs of local communities (and to intervene at an early stage to address health problems), they will require a clear understanding of the health and care needs of their population, from both the perspective of the NHS and local authorities. Joint strategic needs assessment (JSNA) also needs to take account of wider health determinants such as deprivation, employment, housing and environment. This data guide highlights data resources available to address these information needs.

The guide is split into six main topic areas/chapters (as well as two short chapters highlighting other useful resources and known data gaps, at national level). For each topic area, we have identified the main data sources currently available, as well as data resources currently in development. There is a description of what each data resource provides, supporting information to assist in using the data, and a signposting/weblinks to where to find the data (and further guidance). Please note that this data guide is best accessed electronically, rather than on paper, to make use of the interactive weblinks.

This document focuses on data resources available nationally. Sometimes, more up-to-date information will be available from local information systems.

The data resources presented here will be most useful when interpreted with the benefit of local knowledge. Support for Integration Authorities in the analysis and interpretation of this data is available from local analytical, research and Public Health Departments in Local Authorities and Health Boards. Analytical support is also available from ISD on request.

Target Audience

The intended target audience for this data guide are those developing the Integration Authority's strategic plans. This will include members of the Strategic Planning Groups, and staff working within health and social care partnerships (in NHS, local authority and third & independent sector services) including: managers, clinicians, commissioners, planners, information analysts and researchers.

It may also be of interest to service users and carers involved in the development of services and support, and represented on local Strategic Planning Groups (SPGs).

Future Update of this Guide

To ensure that this data guide remains relevant and up-to-date, a revised version will be published periodically. For further information please contact nss.hscdiip@nhs.net .

1. Demographic Data

1.1 National Records of Scotland (NRS) website

On 14th August 2014, the National Records of Scotland (NRS) published '[Scotland's Population 2013 – the Registrar General's Annual Review of Demographic Trends](#)'. This compendium brings together key demographic information from a range of publications produced by NRS.

The report contains a number of statistics for council areas, including:

- percentage population change 2012-2013;
- life expectancy at birth 2010-2012 (males and females);
- net migration as percentage of population 2012-2013;
- household projections 2012-2037;
- minority ethnic groups (2011 Census);
- highest level of qualification of people aged 16 + (2011 Census);
- method of travel to work of people aged 16-74 (2011 Census);
- estimated population, births, stillbirths and deaths, 2013.

The report also signposts to other useful resources on the NRS, and other, websites.

[The Statistics section of the NRS website](#) provides access to the full range of statistics that NRS have produced. This includes a [Population Statistics webpage](#) (for mid-year population estimates and population projections).

Available also from the Statistics section of the site are [Council Area Profiles](#). These demographic factsheets have been produced for each of the 32 council areas in Scotland. They contain statistics on: population; births; deaths; migration; life expectancy; marriages and civil partnerships; population projections; households & dwellings and; household projections.

1.2 Deprivation and disadvantage

The Scottish Government (SG) produces the **Scottish Index of Multiple Deprivation (SIMD)** to define small-area concentrations of deprivation (based on data zones) across all of Scotland. The index is based on 38 indicators in seven fields – income, employment, health, education, skills and training, housing, geographic access and crime. See [the SIMD pages on the SG website](#) for further detail and access to the SIMD data.

In January 2014, ISD/ScotPHO published a paper exploring the limitations of such an area-based measure of deprivation, particularly in rural areas, as well as potential alternatives: '[Identifying 'deprived' individuals: are there better alternatives to the Scottish Index of Multiple Deprivation \(SIMD\)?](#)'.

The Scottish Public Health Observatory (ScotPHO) website's [income and economy webpages](#) present a range of data for council areas in Scotland. These are: the Jobseekers Allowance claimant unemployment rate; estimates of 'real' unemployment; adults in receipt of income support or pension credit; individuals unable to work due to illness/disability; households reporting financial concerns and percentage of population income deprived/employment deprived. The web pages also signpost to key data sources such as: the Department for Work and Pensions (DWP) web pages; 2011 Census; The Scottish Observatory for Work & Health 'Incapacity Benefit (IB) Claimant Profiles'; the Scottish Neighbourhood Statistics (SNS) website and; the ScotPHO profiles (which include economic, housing and environmental indicators). Please note that the ScotPHO profiles are described in more detail in section 2.1.

1.3 Urban and rural areas

In recognition of the fact that circumstances, and needs, may differ between urban areas, small towns and rural and remote areas, the Scottish Government has developed a standard Urban Rural Classification system. The classification system uses two key criteria: settlement size and drive time to major settlements. The classification is updated every two years to incorporate the most recent small area population estimates (sape) produced by the National Records of Scotland (NRS) and Royal Mail postcode address file (paf). The classification is available in various forms, ranging from a two-fold classification (urban areas and rural areas) up to the most detailed eight-fold classification (ranging from large urban areas to very remote rural areas) depending on needs.

Further detail on the Urban Rural classification and access to data (e.g. percentage of population in each urban/rural category, by local authority), and maps, are available from the [Scottish Government Urban Rural Classification webpages](#).

Section 1.2 refers to the Scottish Index of Multiple Deprivation (SIMD). This is based on 38 indicators across seven domains, one of which is geographic access. The 'number and percentage of total population living in the 15% most 'access deprived' areas (data zones) in Scotland' is one of the indicators included in the 2014 ScotPHO health and wellbeing profiles.

1.4 2011 Census statistics

Note: please see also section 1.1. The Census collects information about the population every ten years. The 2011 Census results are held on the [Scotland's Census website](#). The [Census Data Explorer](#) provides access to results from the 2011 Census using a topic-based approach. The seven topics areas are:

- Population and Households
- Ethnicity, Identity, Language and Religion

- Labour Market
- Housing and Accommodation
- Education
- Health
- Transport

There is a wide range of information available within each topic, from simple (single variable) counts to complex cross-tabulations of variables. The information is provided in four main formats.

- Area Profiles – users can view interesting snapshots of Census results, comparing up to three areas at once.
- Maps and Charts – interactive visual representations of Census results.
- Standard Outputs – a wide range of ‘pre-canned’ statistical tables for users to run against 16 different levels of geography.
- Data Warehouse - enables users to download all published Standard Output tables for all geographies in csv format.

Statistical Bulletin 2. [2011 Census: Key Results from Releases 2A to 2D](#) presents key findings across the seven Census topics, for Scotland and for Council areas. Chapter 9. ‘Health’ has the following sections: general health; long-term activity-limiting health problem or disability, type of long-term condition and provision of unpaid care.

2. Health Status/Disease Prevalence/Health Behaviours

2.1 Scottish Public Health Observatory (ScotPHO) Profiles

The Scottish Public Health Observatory (ScotPHO) collaboration is co-led by ISD Scotland and NHS Health Scotland, and includes the Glasgow Centre for Population Health, National Records of Scotland and Health Protection Scotland. The aim of the ScotPHO collaboration is to provide a clear picture of the health of the Scottish population and the factors that affect it.

One of ScotPHO’s principal products is its **health and wellbeing profiles**.

The 2014 health and wellbeing profiles present data on 59 indicators of health and wider health determinants for local authorities and health boards in Scotland. These indicators cover nine domains: life expectancy and mortality; behaviours; ill health and injury; mental health; social care and housing; education; economy; crime; environment; women and children’s health and immunisations and screening.

ScotPHO's older people profiles (65+) bring together data for 26 indicators, covering seven domains: demography; social and economic circumstances; health related behaviours; health status; use of health services-secondary care; use of social care and continuing health care services and; carers and caring. In August 2014, **further older people profiles (75+ and 85+)** were published.

There are also: alcohol profiles; drugs profiles; tobacco profiles and diabetes profiles.

Forthcoming profiles include:

- National profiles 2014 - small area data (Intermediate zone) and CHP.

ScotPHO have developed an interactive [Online Profiles Tool \(OPT\)](#), which provides access to the various ScotPHO profiles. The tool allows you to produce a spine chart for your 'area' of choice. The spine chart gives a snapshot overview of health and wider wellbeing in this area and enables comparison with the Scottish average/other areas. Within the spine chart, you can click on any of the profile indicators to access trend and rank charts for that indicator. Further detail is available in the profiles [User Guide](#) along with the Technical reports accompanying each set of profiles.

2.2 Glasgow Centre for Population Health – Glasgow neighbourhood profiles

In addition to the ScotPHO profiles, which cover all Scotland, The Glasgow Centre for Population Health (GCPH) have produced data profiles for Glasgow. A new set of health and wellbeing profiles were published in June 2014, on the [Understanding Glasgow website](#). There are 60 profiles in total (Glasgow, the three CHP areas in Glasgow and 56 neighbourhoods across the city). Each profile has 27 indicators covering: population, cultural factors, environment and transport, socio-economic factors, poverty and health.

2.3 Scottish Public Health Observatory (ScotPHO) website

The [ScotPHO website](#) provides access to a wide range of data. Examples of the topics covered on the ScotPHO web pages are:

- behaviours (e.g. alcohol, drugs);
- clinical risk factors (e.g. obesity, high blood pressure);
- life circumstances (e.g. community wellbeing, deprivation);
- population groups (e.g. ethnic minorities, older people, prisoners);
- comparative health (e.g. excess mortality in Scotland and Glasgow, profiles)
- population dynamics (e.g. deaths, healthy life expectancy, population estimates and projections);
- health, wellbeing and disease (e.g. cancer, stroke, mental health) and
- publications (e.g. overview of key data sources).

Please note that within each topic section there is a summary of the dimensions and geographies for which data are presented/available.

2.4 Life expectancy and healthy life expectancy

The [Life Expectancy section of the NRS website](#) contains a variety of statistics on life expectancy (LE), or the estimated average number of additional years a person could expect to live for, including data for council areas.

A useful extension of life expectancy estimates is information on healthy life expectancy (HLE), which is published by ISD. HLE is defined as the number of years people can expect to live in good health. The difference between HLE and LE indicates the length of time people can expect to spend in poor health. More information on HLE in Scotland is available on the [Scottish Public Health Observatory \(ScotPHO\) website](#) .

2.5 Mortality – all causes and specific causes/conditions

[The Vital Events - Deaths](#) page on the NRS website provides access to a number of publications on various causes of death, including Drug-related, Alcohol-related, MRSA, C.diff and Probable Suicides. It also contains a publication on Winter Mortality. Statistics are available for Scotland, NHS boards and local authorities.

The NRS website also signposts to death statistics which are available from other websites. These include the [Scottish Neighbourhood Statistics \(SNS\) Website](#) which has sub-local authority level data (deaths for each data zone, by sex). SNS also has: deaths aged under 75 (all causes); deaths aged under 75 from coronary heart disease; deaths aged under 75 from cancer; deaths aged under 75 from Strokes. In most cases, these data are available for local authorities, Scottish parliament constituencies and wards.

[The Scottish Public Health Observatory \(ScotPHO\) profiles](#) also include the following deaths data: overall mortality; 'early' deaths (i.e. deaths aged under 75) from heart disease, from cancer, and from stroke; alcohol-related deaths and; deaths from suicide. NB: these figures are based on ScotPHO's definitions (which are set out in a document available from that web site), which may differ from those which are used by NRS. Please refer to section 2.1 for more detail on the ScotPHO profiles.

2.6 Data available from the 2011 Census - self-reported health

Summarised below are the health related questions which were included in the 2011 Census. Section 1.4 '2011 Census Statistics' provides more detailed guidance on the data available from the 2011 Census, via the [Scotland's Census website](#).

Respondents to the 2011 Census were asked to assess their **general state of health** on a five-point scale: very good, good, fair, bad or very bad. The 2011 Census questionnaire

asked people if their day-to-day activities were limited because of a **health problem or disability** which had lasted, or was expected to last, at least 12 months, including those related to age. A new question added in 2011 asked respondents to specify, if relevant, all the **types of long-term health conditions** which they had, which had lasted, or were expected to last, at least 12 months, regardless of whether these limited their day-to-day activities. Data are also available from the 2011 Census on **provision of unpaid care**. In the Census, a person is described as a provider of unpaid care if he or she looks after or gives help or support to a family member, friend, neighbour or other person because of long-term physical or mental ill health or disability, or problems related to old age.

2.7 Scottish Health Survey (SHeS)

The Scottish Health Survey (SHeS) provides a detailed picture of the health of the Scottish population in private households and makes a major contribution to the monitoring of health in Scotland. The survey is primarily designed to provide results at national level. It does though produce results for health boards and boards have the option to boost their samples. Further detail is available from the [Scottish Health Survey pages](#) on the SG website.

2.8 Scottish Household Survey (SHS)

The Scottish Household Survey is a continuous survey based on a sample of the general population in private residences in Scotland. It provides information on the composition, characteristics and behaviour of Scottish households, both nationally and at a sub-national level. In particular, it provides data to support the work of the Scottish Government's transport, communities and local government policy areas.

The survey started in 1999 and up to 2011 followed a fairly consistent survey design. From 2012 onwards, the survey was substantially redesigned to include elements of the Scottish House Condition Survey (SHCS) including the follow-up Physical Survey component. Under the new survey design, it is now possible to produce some results at local authority level on an annual basis.

All annual reports and publications are available from the [SHS website](#). The two main releases are the Annual Report and the Local Authority Tables. The Annual Report is the first release of the data and this contains key analysis from the survey at Scotland level. The Local Authority tables reproduce the tables and charts from the Annual Report at Local Authority level.

The latest SHS Local Authority Tables were published in December 2013. The next local authority tables are due to be published by October 2014.

Indicators sourced from the SHS are also published in a number of other web resources, including the following:

- [Scottish Neighbourhood Statistics](#) (SNS).
- [Scotland Performs](#).
- [Equality Evidence Finder](#).
- [Local Outcome Indicators](#) (Improvement Service).
- [Scottish Public Health Observatory \(ScotPHO\) Profiles](#).

2.9 Disease prevalence data from GP practices

The Quality & Outcomes Framework (QOF) measures the achievement of General Practices against a set of evidence-based indicators designed to promote good practice. Payments are made to each General Practice on the basis of their level of achievement against these indicators. Data on the prevalence of specific diseases or health conditions are an important element of the QOF. Prevalence data within the QOF are collected in the form of practice 'registers'. Prevalence is a measure of the frequency of a disease or health condition in a defined population at a particular point in time (for example, the number of people living in Scotland on the 1st April 2012 who have diabetes). Caution is needed, however, in the use of QOF registers to measure absolute prevalence in the population. QOF prevalence rates are crude because they are not adjusted to take account of age distribution or other factors that may differ between general practices. Also, although registers may be restricted (e.g. to include only patients over a particular age) the QOF prevalence rate is based on the total number of people registered with the practice (the practice list size) at any one point in time. More detailed warnings on the use of QOF prevalence data are available from the following [Information for Users of QOF Register and Prevalence Data ISD webpage](#). Prevalence data for a total of 22 health conditions/diseases are produced at Scotland/NHS board, CHP (Community Health Partnership), in future H&SCP (Health and Social Care Partnership), and GP Practice level and are available, along with further data guidance, from the [QOF Data Prevalence pages](#) on the ISD website.

Future development – a new method of collecting prevalence data from GP practices is under development which has the potential for providing a much richer dataset on disease prevalence and incidence among GP registered populations (see SPIRE in section 4.3).

2.10 Risk prediction

Scottish Patients at Risk of Readmission and Admission (SPARRA) is a risk prediction tool developed by ISD which predicts an individual's risk of being admitted to hospital as an emergency inpatient within the next year. SPARRA data can help health and care professionals to prioritise patients with complex care needs who are likely to benefit most from anticipatory health care. SPARRA data can also be used in a service planning

capacity by locating groups of patients who would benefit from specific interventions or services.

The latest version of the SPARRA tool (Version 3) provides data for three sub-cohorts of the SPARRA population: frail elderly; long-term conditions and; younger emergency department. These sub-cohorts each have their own specific set of risk factors tailored to the characteristics of these particular populations.

Further detail on the SPARRA tool, including case studies of how the tool has been used in local areas, are available from the [SPARRA webpages on the ISD website](#).

2.11 The Indicator of Relative Need (IoRN)

The IoRN is a nationally standardised measure of functional dependency, using concise information collected by front-line staff. IoRN data are useful to both individual staff and, when aggregated, to organisations. It was designed in Scotland using the expertise of health and social care professionals and information specialists. It is a universal tool that can support partnership working in Scotland.

It is important for individual people, but it is also important when aggregated as:

- It can contribute to the evidence on what works well or less well.
- It can inform strategic decisions on future care and support as part of Reshaping Care for Older People or for people with multi-morbidities.
- It allows the overall population to be stratified (or segmented) by IoRN values.
- At a strategic level the information may contribute to the understanding of the longer term care and support of people, e.g. as part of joint strategic commissioning plans.

Further detail is available from the [Joint Improvement Team \(JIT\) website](#).

2.12 Additional cancer related data

As noted in section 2.3, the ScotPHO website provides access to data on a range of topics and includes a section on health, wellbeing and disease (e.g. cancer, stroke, mental health).

The following [Cancer Statistics webpage](#), on the ISD website, provides access to projections of cancer incidence. This webpage also provides links to prevalence data, for each major cancer type, as well as [data on place of death from cancer](#).

3. User Views and Personal Outcomes

A key driver in the development of health and social care partnerships has been the focus on outcomes for people in Scotland. One of the principles of the new legislation is to improve health and wellbeing by taking into account the needs and expectations of service users. Planning for services therefore needs to take into account user's desired outcomes. The involvement of users and carers in developing joint strategic plans will be critical to their success.

3.1 Personal Outcomes

An outcomes approach to assessment, planning & review aims to shift engagement with people who use services away from service-led approaches. The philosophy of this approach is one that emphasises the strengths, capacity and resilience of individuals, builds upon natural support systems and includes consideration of wider community based resources.

Although there are no national data sources as yet on Personal Outcomes, data may be available locally to be drawn upon to inform service planning.

Personal outcomes should primarily be understood as what matters to the person. The Talking Points: Personal outcomes approach (Cook and Miller) offers a starting point for understanding what matters to individuals and what can be done to maximise outcomes. A personal outcomes approach engages with individuals and carers about:

- what they want to achieve in life
- the assets, strengths and abilities they and others bring that can help them achieve this
- the contribution of services and support to help them achieve this
- the extent to which outcomes are achieved, what has helped and what has hindered

Information on personal outcomes is primarily gathered through conversations/ interactions with individuals themselves and is recorded qualitatively. Information on personal outcomes can be used for a range of purposes. The rich and detailed nature of the information gathered means it is particularly valuable for improvement purposes. Specifically through the qualitative analysis of information captured during assessment and review about personal outcomes, local partnerships can develop an understanding of what is important to people and how this is supported or otherwise by services. This can usefully contribute to understanding progress in relation to key outcomes for integration. Further information is available at <http://meaningfulandmeasurable.wordpress.com/> and <http://personaloutcomescollaboration.org/>.

4. Service Use –Integrated Health and Social Care

4.1 The Health and Social Care Data Integration and Intelligence Project

To support the better use of information to inform Strategic Planning, the Scottish Government commissioned NHS National Services Scotland (NHS NSS-ISD) to work in partnership with the Scottish Government, NHS Boards, Local Authorities and others to develop linked individual level longitudinal health and social care datasets for all Integration Authorities. These datasets will be provided via a secure storage solution.

The project is known as the Health and Social Care Data Integration and Intelligence Project (HSCDIIP) and incorporates an existing strand of work called the Integrated Resource Framework (IRF).

Key benefits of the Health and Social Care Data Integration and Intelligence project include:

- A secure data collection, storage, linkage, standard routine reporting facility and data visualisation tool for each Integration Authority.
- Each Integration Authority will be provided with linked health and social care information, which can be accessed locally within each partnership and used for analysis in locality and strategic planning.
- Datasets will be sufficiently flexible to accommodate the different mix of health and social care services that will be delegated by each Integration Authority.
- Integration Authorities will receive nationally linked multiple longitudinal data sources across adult health and social care.
- Anonymised datasets can be analysed at individual level and aggregate level by geography (e.g. locality) and care group.
- Datasets will be flexible enough to allow subsequent development to accommodate other sectors and potentially a total place dataset to support community planning.
- Integration Authorities will have direct access to data locally as well as access to a standard reporting functionality (including dashboard technology) across Scotland.
- Integration Authorities will have access to a suite of standard analyses and reports to support Strategic Planning.

It is important that, where possible, HSCDIIP aligns with existing data collection/projects to minimise the data collection burden on Local Authorities and NHS Boards.

Within health, HSCDIIP will make linkages with existing and developing health data collections already undertaken/led by NHS NSS-ISD (so there will be no specific requirement from HSCDIIP to develop additional health related datasets). These datasets are described within this Chapter (sections 4.3 to 4.12).

Within social care, the HSCDIIP has worked with Local Authorities and key stakeholders to agree a core minimum dataset. From April 2015, all partnerships can, if they wish, submit client level social care data to ISD. The dataset contains data on:

- Care plans
- Self directed support (SDS)
- Reablement
- Home care and housing support
- Meals
- Community alarms and tele-care
- Care homes
- Day care services
- Respite care.

These data will be CHI seeded and linked to the above health datasets to provide one overall comprehensive Health & Social Care dataset. Additionally it will also be possible, where relevant, to link these data to those datasets outlined in sections 4.13 to 4.15.

The HSCDIIP will also allow partnerships to link local data, where available at an individual service user level, to those contained within the HSCDIIP IT platform.

By April 2015, the HSCDIIP IT analytical platform will be available for all health & social care partnerships. This will contain some standard reports on activity and resource use within the partnership and also the ability to analyse the datasets in more depth.

Support for Integration Authorities to provide analysis for Strategic Planning is also available from ISD, and includes:

- Work with Integration Authorities to interpret the supporting analytical outputs available via the HSCDIIP analytical platform.
- Development of summary reports to identify areas of opportunity for service change.
- Development of pathway analysis to better understand the client's journey across health and social care settings.
- Linkage to local datasets to further explore the client's journey.
- Service change impact and change fund evaluation analysis.
- Partnership specific cohort analysis to understand resource utilisation.
- Development of local predictive modelling, and scenario planning.
- Partnership specific bespoke analysis.
- General analytical advice.

These analyses will be incorporated into the suite of standard reports available to partnerships via the HSCDIIP analytical platform.

Further information on this project (and advice on how to access data, via the secure web pages) is available from the ISD Scotland website's [Health and Social Care Data Integration web-pages](#).

4.2 Integrated Resource Framework (IRF)

The Integrated Resource Framework is one of the foundations for health and social care integration and has helped partnerships to evaluate services as well as providing evidence for change. The IRF analysis provides an overview of health and social care resource used by local populations and supports an understanding of historical service patterns as a basis for strategic planning. The IRF analysis includes:

- Total expenditure across health and social care sectors for each partnership to understand the resource use in their population.
- An anonymous individual level costing system for healthcare activity; a much more sophisticated approach to understanding costs.
- Combined information with local authority expenditure to build an accurate picture of combined health and social care spending.

Integrated Resource Framework analysis also provides information at an individual level. This means that, rather than just looking at activity across traditional budget lines, partnerships can review services across populations. This has allowed partnerships to review:

- Disease specific groups such as diabetes or dementia.
- Demographic groups (e.g. older adults and deprived households).
- Practice or geographical population (e.g. community planning partnerships).

The individual level linked information has also been used by partnerships to create a picture of how individuals move from one service to another. Understanding these pathways is crucial in determining the needs of the local population and developing new integrated approaches to care delivery that leads to better outcomes with greater efficiency.

The linked dataset currently contains all record level activity plus costs for the following service areas:

- Inpatients - episode level
- Day cases - episode level
- Outpatient - Consultant new attendances only - DNAs included
- A & E attendances
- GP Prescribing - Number of prescribed items
- Deaths - dates and cause of death if applicable (NRS death records)

Where applicable, activity contains additional variables available on ISD centrally held datasets. These include: diagnoses, procedure codes, admission type, specialty and significant facility. Every activity item also contains patient demographics such as age, sex, deprivation quintile (SIMD), post code and location of treatment.

All current IRF analysis will be incorporated into the HSCDIIP analytical platform (see section 4.1).

4.3 GP consultations

There is currently no nationally available dataset covering patient activity in general practice. A new national GP information system known as the **Scottish Primary Care Information Resource (SPIRE)** is currently in development and aims to be up and running by the end of 2014/15. The SPIRE project is a collaboration between the SG and NHS National Services Scotland (NHS NSS). SPIRE will simplify and standardise the process for extracting data from GP practice systems for a number of purposes e.g. audit, disease surveillance, benchmarking, planning, research and QOF payments. For more information on SPIRE please refer to the [SPIRE website](#).

Up until August 2013, ISD collected information about patient consultations with their GP from a sample of 6% of GP practices across Scotland, through the Practice Team Information (PTI) programme. Although the PTI practices are spread across Scotland, there are not enough of them for the sample to be regarded as representative of the population mix for any area smaller than the whole of Scotland.

Further detail, and PTI published data for 2012/13 are available from [the PTI webpages on the ISD website](#).

Please see also section 4.71 for details of the GP Out of Hours Information Project, which is currently under development.

4.4 Community Prescribing data

Data on medicines prescribed within NHSScotland (in the community and in hospitals) are available from ISD Scotland. ISD prescribing data can be obtained via routine publications, bespoke analyses and online tools.

The implementation of the ePharmacy programme across NHSScotland has led to improvements in the range of prescribing data available for analysis and enhanced potential to develop specific population-based analyses of medicines data. These include:

- the Community Health Index (CHI) unique person identifier, allowing linking of prescriptions and other health data for the same individual and;

- additional demographic data on individuals e.g. age, gender, location, care home marker and;

The PRISMS and PIS datamarts offer information on all prescriptions dispensed in the community. Users of these online tools are able to interrogate prescribing data at an individual patient, individual prescriber, practice, locality, Community Health Partnership, NHS Board and Scotland level. There are a range of standard reports made available through these systems that enable users to view comparative or trend data on specific topics such as the [National Therapeutic Indicators \(NTIs\)](#) and prevalence of [polypharmacy](#). Further details are available on the [Prescribing and Medicines webpages on the ISD website](#).

4.5 Under development – Community Health Activity Data Project

ISD have been tasked to oversee the delivery of a reliable national dataset for community health activity and costs. Phase one of this project is now underway and concentrates on district nursing team activity.

A district nursing team activity and cost dataset will contribute to improved population health through consistent data gathering. It will also enable more efficient workforce planning, which in turn will enhance patients' care pathway experience.

There are future plans to link the data items captured through the district nursing team activity dataset to the data available within the Nursing and Midwifery Workload and Workforce Planning tool (see section 4.12), to provide an enhanced activity and costs dataset. It is also hoped to link to other available data, such as prescribing and SMR admissions/ discharges.

Phase two of the Community Health Activity Data project will look at community mental health.

Further detail is available on the [Community Health Activity Data Project webpages](#).

4.6 Secondary Care

The [Hospital Care webpages on the ISD Scotland website](#) bring together information on different aspects of acute hospital care, sourced from hospital administrative systems across Scotland. They present data on: outpatient activity; inpatient and day case activity; the number of NHS beds and; hospital diagnoses and operations/ procedures. Please note that 'acute' hospital care excludes obstetric, psychiatric and long stay care services (these are covered elsewhere on the website).

The 'inpatient and day case activity' page includes summary statistics on the number of planned, emergency and transfer admissions by specialty and NHS Board of

Treatment/Residence. It also has detailed statistics on **emergency admissions/ multiple emergency admissions** and data in support of the HEAT target 'To reduce the rate of emergency inpatient bed days for people aged 75 and over per 1,000 population by at least 12% between 2009/10 and 2014/15'.

4.7 Unscheduled care/emergency care services

ISD's [Emergency Care webpages](#) provide access to statistics on A & E waiting times and activity, including NHS board performance against the 4 hour waiting time standard and the target to reduce attendances at Emergency Departments.

Past decades have seen a long-term increase in attendances at accident and emergency departments and in emergency admissions to hospital. Analyses have shown that this rise in emergency admissions may reflect the way the system of care operates, rather than an inherent need for care.

ISD, working with partner organisations NHS 24 and the Scottish Ambulance Service (SAS) have developed a process whereby their patient level data are routinely linked to A&E attendances, emergency hospital admission data and National Records of Scotland (NRS) deaths data. This allows analyses of how people enter, travel through and exit their unscheduled care journey and can inform service provision to be less reactive and more proactive.

ISD are currently rolling out/implementing the release of a series of standard reports to NHS Boards, due to be completed by March 2015. In addition, an information request service is available to all customers, subject to approval from the partner organisations. There are plans too to incorporate data on out of hours services, acute assessment units and SPARRA scores. Please refer to the [emergency care-patient pathways ISD webpages](#) for more detail.

4.71 Under development - GP Out of Hours Information Project

From April 2015, a datamart will be rolled out to all Health Boards which will include information on attendances at GP Out of Hours Services. From April 2014, ISD introduced a contingency data collection plan which means that patient level data from GP Out of Hours services is now submitted to ISD who produce analyses and reports (at NHS Board level only at present) to Health Board OoH staff, on a monthly basis. The reports include monthly trend information showing the number of contacts and attendances at OoH services, referral information and the outcome of contact with the Out of Hours service. The reports also inform how a service is fairing against the Healthcare Improvement Scotland GP OoH indicators which can be used to make improvements in services. Additional analyses are provided to the monthly National Out of Hours Operations Group which includes OoH Health Board Clinicians, Service Managers as well as representatives from NHS24 and

SAS. These analyses include benchmarking information across all Boards and at a Scotland level. ISD are working with OoH colleagues to further develop standard reports for services. For more information contact nss.isdunscheduledcare@nhs.net .

4.8 Delayed discharges

A delayed discharge occurs when a patient, clinically ready for discharge, cannot leave hospital because the other necessary care, support or accommodation for them is not readily accessible and/or funding is not available e.g. to purchase a care home place. The current national target, which came into effect in April 2013, stated that no patient should wait more than 4 weeks from when they are clinically ready for discharge and, subsequently, by April 2015, no patient should wait more than 2 weeks as a delayed discharge.

Data, from the quarterly census of delayed discharges, is published on the ISD [Delayed Discharges webpages](#). Data are available for the following geographical areas: Scotland, NHS Board (of treatment) and local authority. In addition to the census data, information has been gathered on the number of bed days occupied by all patients experiencing a delay.

More detailed information on Delayed Discharges is available locally for each area using the Edison system.

4.9 The NHS Continuing Care Census

The Balance of Care/NHS Continuing Care Census was introduced in 2008 to identify all patients who were receiving NHS care that was on-going, non-acute care, delivered as an inpatient, and often over an extended period, either in hospital, in a hospice or in a care home. The census covers all patients whom clinicians have assessed to meet the criteria for NHS Continuing Health Care (Category A) and certain other patients who did not meet the criteria for NHS Continuing Health Care but have been in hospital for over 1 year and for whom no estimated date of discharge has been set (Category B).

In June 2013, in response to concerns raised in the media regarding the application of the guidance contained in CEL 6(2008) by Health Boards in Scotland, the Cabinet Secretary for Health and Wellbeing commissioned an independent panel to review the delivery, monitoring and governance of NHS Continuing Healthcare in Scotland. In May 2014, the [Independent Review of NHS Continuing Healthcare](#) was published and makes a number of recommendations about how this type of care is provided including recommendations about the data collection method. The Scottish Government have accepted the recommendations and committed to review the current guidance in time for implementation from April 2015. ISD will work with the Scottish Government on the best method to measure Continuing Care under the revised guidance.

Much of the concern of the review was in relation to the interpretation and implementation of the guidance by NHS Boards and their varying data collection methods. Whilst acknowledging the findings of the review it is ISD's opinion that it is of value to release these data under National Statistics protocols since, as for previous year's publications, they give the only nationally available picture of how Boards are interpreting the current guidance, albeit at a single census point within the year.

Further updates, detail, and access to the census publications, are available on the ISD [NHS Continuing Care webpage](#).

4.10 End of Life Care (Palliative Care)

It is now possible to predict the progress of many diseases, enabling a planned approach to palliative and end of life care in ways which reflect best practice and, as far as is practicable, are in accordance with the needs and wishes of patients, carers and their families.

The percentage of last six months of life spent at home or in a community setting is one of the 50 national indicators in the National Performance Framework (NPF). It links also to the national action plan for palliative and end of life care, 'Living & Dying Well', launched in October 2008. An increase in this measure will reflect both quality and value through more effective, person centred and efficient end of life care with people being better able to be cared for at home or closer to home with a planned approach to end of life care resulting in less time in an acute hospital setting.

ISD Scotland publishes data on an annual basis, at health board, local authority and CHP level, on the percentage of last six months of life spent at home or in a community setting. Access to these statistics and further guidance on the use of these data are available from the ISD website's [End of Life Care webpage](#).

4.11 Workforce data – NHS Scotland employees

The [Workforce section of the ISD website](#) provides access to a variety of information on staff employed in NHS Scotland. The main source of workforce information is SWISS (Scottish Workforce Information Standard System) which holds individual level data for all staff. Workforce information is published on a quarterly basis in May, August, November and February. Each quarter published relates to data extracted from SWISS, as at 31st March, 30th June, 30th September and 31st December respectively.

A core set of workforce information is published each quarter:

- Staff in post by various categories, such as: staff group (e.g. nursing and midwifery, allied health professions), age, gender, Agenda for Change band.

- Vacancies for nursing and midwifery staff, allied health professional staff and consultants.
- Turnover

The latest National Statistics publication of Workforce Information, for data as at 30th June 2014, was released on the 26th August 2014 and includes data tables for NHS boards.

Note: data for general practitioners is available from the [ISD GP Workforce page](#).

4.12 Nursing and midwifery workload and workforce planning tools

ISD Scotland, alongside the Scottish Government Health and Social Care Directorates, have been working with NHS Scotland for several years to deliver a suite of nursing and midwifery workload and workforce planning tools. These tools will help to ensure the most efficient and effective use of nursing and midwifery resources.

The tools are used to determine the number of nurses or midwives needed for particular clinical areas through measurement of actual workload, as part of a broader approach that incorporates nurses' professional judgment and quality measures.

The workload tools enable evidence-based decision making on workforce and establishments. The tools do not simply count numbers of patients, but contain formulae - based on rigorous statistical analysis developed in collaboration with Dr Keith Hurst, to calculate the workload attributed to the individual patient. This in turn calculates the recommended Whole Time Equivalent (rWTE) staffing requirement for that workload.

There are 12 electronic workload tools which are hosted on the Scottish Standard Time System (SSTS). For more detailed information regarding the nursing and midwifery workload tools please visit the [NHS Education for Scotland \(NES\) website](#).

4.13 Under development - Intermediate Care Information Project

Intermediate care is a collection of services aimed at helping people stay in their own home, or care home instead of going into hospital, or that help people get home after a hospital stay.

At present there is no data collected on intermediate care at a national level, and mixed data collected at a local level where intermediate care is implemented. Without robust data it is impossible for local partnerships and the Scottish Government to understand the delivery and impact of such care.

The Intermediate Care Information Project is a joint project between the Scottish Government, NHS, NHS NSS-ISD, Community Care Benchmarking and Local Authority Partnerships to develop a minimum data collection for Intermediate Care in Scotland.

The benefit of these data will not only accelerate being able to provide an evidence base around intermediate care, but will also allow partnerships to evaluate the impact of such care and what additional information would be useful to capture.

In the first instance, from January 2015, the dataset will be piloted with willing partnerships. Future plans, if supported, are to link the Intermediate Care dataset to those datasets available within HSCDIIP.

4.14 The Scottish Social Care Survey

The Social Care Survey was introduced in its current form in 2013 and collects information on everyone who receives services provided or purchased by Local Authority Social Work Departments in Scotland. In particular it asks about:

- Home Care Services, including personal care services
- Housing Support Services
- Meals Services
- Telecare / Community Alarm services

The Social Care Survey also collects information on everyone who receives a direct payment to purchase services and respite care services.

Prior to 2013, this information was collected through three separate surveys:

- Home Care Survey
- Self-Directed Support (Direct Payments) Survey
- Short Breaks (Respite Care) Survey

The 2013 publication, published in November 2013, is available from the SG's [Health and Community Care – Datasets](#) webpage, along with an Excel Data Spreadsheet, containing annual Social Care trend information, for each local authority from 1998 onwards.

4.15 The Scottish Care Home Census

The Scottish Care Home Census provides information on the number of care home residents and care home places, by client group, at local authority level as well as the number of admissions and discharges throughout the year. It also provides more detailed information on long stay residents, such as length of stay, gender, age group, resident characteristics and average weekly charges.

The latest Scottish Care Home Census publication is available annually from the following [ISD publications](#) webpage.

5. Service Use - Social Care/Local Authority

5.1 Individuals in receipt of, & expenditure on, free personal and nursing care

Free personal and nursing care (FPNC) was introduced in Scotland on 1 July 2002. The following [Free Personal and Nursing Care data page](#) on the SG's website provides further background information on FPNC. It also provides access to statistics on the number of people benefiting from free personal care and free nursing care in Scotland and how much local Authorities spend on personal care services.

An annual publication provides statistics for Scotland and to accompany this is an Excel data spreadsheet which has data for Scotland and local authorities, annually from 2003/4.

5.2 Local authority respite care provision (and data on unpaid carers)

The SG website's [Carers data page](#) includes an excel data spreadsheet showing **respite care provision** in Scotland from 2007/08 to 2012/13 by local authority, age band and weeks provided.

Note: the definition of respite care is 'a service intended to benefit a carer and the person he or she cares for by providing a short break from caring tasks'. From 2007/08 to 2008/09 the data were collected by Audit Scotland as one of the Statutory Performance Indicators (SPIs) for local authorities in Scotland. From 2009/10 the SG is responsible for the collection of respite care data, following Audit Scotland's decision to discontinue the collection of the SPI data for respite care.

The SG website's Carers data page also signposts to the following information resources, for data on **unpaid carers in Scotland**: the 2011 Census, Scottish Household Survey (SHS) and the Scottish Health Survey (SHeS). Please refer to Chapters 1 and 2 for further detail on these three data resources.

The Scottish Government published a research report on unpaid carers in 2010 entitled "[Caring in Scotland: Analysis of Existing Data Sources on Unpaid Carers in Scotland](#)". A new statistics/research report on unpaid carers in Scotland is planned for February 2015.

5.3 Housing for older people, those with disabilities and with supported tenancies

Statistics on the provision of very sheltered/sheltered/medium dependency housing/dwellings with a community alarm (for older people) as well as wheelchair adapted/ambulant disabled/other adapted housing (for people with physical disabilities) are available from the following webpage: '[Housing for Older People, those with Disabilities and those with Supported Tenancies](#)'. Scotland and local authority [Summary tables](#)

[\(incorporating data to end March 2013, local authority and housing association stock\)](#) were published in August 2014.

5.4 Scottish Government Local Authority Quarterly Survey – social care

The Scottish Government (SG) undertook a [quarterly survey of local authorities asking for information on eligibility criteria and waiting times](#) up until June 2014. The survey is now conducted annually for the Jan-Mar quarter. Prior to April 2012 the return also collected data on free personal and nursing care, care homes and home care, however this additional data collection has been discontinued.

Contents include:

- Number of new clients and rate per 1,000 population - clients recorded as new to social work services who received a community care assessment in the quarter.
- Number of new personal care (pc) clients and rate per 1,000 population -clients recorded as receiving a new service within the quarter.
- Data on time interval from first contact to completion of assessment and from completion of assessment to service delivery, by client eligibility category.
- Individual local authority data on recorded time intervals from completion of assessment to service delivery, by client eligibility category.

5.5 Workforce data – social care

On 30th September 2014, the Scottish Social Services Council (SSSC) published the [Scottish Social Services Sector: Report on 2013 Workforce Data](#).

This report presents information on the number of social service workers in Scotland and a breakdown of the number of people working in all sub-sectors (i.e. the different types of social services) and across employer types (public, private, voluntary) within individual local authorities.

On 24th September 2014, the SSSC published their [Mental Health Officers \(Scotland\) Report 2013](#). This report presents information on the number of practising mental health officers (MHOs) in Scotland, in post at 2 December 2013, (including local authority breakdowns) and the workload carried out by these MHOs.

5.6 Social care expenditure – new publication

A new publication on Expenditure on Adult Social Care Services in Scotland is due to be published by the Scottish Government in March 2015. The publication will be based on the local authority level expenditure information returned through the LFR03 proforma. The SG undertook a consultation on this proposed new official statistics publication in June/July

2014. A summary of the consultation responses and the SG's response are available on their [ScotStat web pages](#).

5.7 Adults with Learning Disability

The [Scottish Consortium for Learning Disability](#) is the Official Statistics producer of national statistics on adults with learning disability in Scotland.

They conduct an [annual survey](#) of all adults with learning disabilities and autism who are known to local authorities in Scotland.

Their [latest publication](#) presents detailed information on age, gender, living arrangements, employment, further education, day opportunities for adults with learning disabilities and more.

The SCLD website also contains infographics for each of the following topics:

- [People known to local authorities.](#)
- [People on the Autism Spectrum.](#)
- [People who live with a family carer.](#)
- [People with learning disabilities who live in the same accommodation.](#)
- [Accommodation type.](#)
- [Local Area Co-ordination \(LAC\) use.](#)
- [Personal Life Plan \(PLP\)](#)
- [Employment opportunities.](#)
- [Day services.](#)
- [Further Education](#)

6. Performance and Benchmarking

6.1 Scottish Health and Care Experience Survey

The Health and Care Experience Survey 2013/14 (formerly the GP and Local NHS Services Survey), was a postal survey sent to a random sample of patients registered with a GP in Scotland, in November 2013. The survey asked people about their experience of accessing and using GP practice and out-of-hours services and their outcomes from NHS treatments. It also included questions for those requiring help and support with everyday living and their carers. There were over 100,000 responses received. Survey results are available for: Scotland, NHS boards, CHPs/local authorities and GP practices. Please note that information from the social care element of the Scottish Health and Care Experience Survey does not distinguish between services arranged by/provided by local authorities and those purchased directly from the independent sector.

Further detail on the 2013/14 survey and access to the August 2014 survey reports (as well as results from previous surveys) are available from the [Health and Care Experience Survey 2013/14 webpages](#) .

6.2 Scottish Inpatient Patient Experience Survey

The Scottish Inpatient Survey is a postal survey, first conducted in early 2010, with the aim of establishing the experience of a sample of people aged 16 years and over who had a recent overnight hospital stay. The survey covers six specific areas of inpatient experience: admission to hospital; the hospital and ward; care and treatment; hospital staff; arrangements for leaving hospital; and care and support services after leaving hospital.

The latest Inpatient Survey was sent out in January 2014 to a random sample of people aged 16 years or older who had an overnight hospital stay between April and September 2013. There were over 21,000 responses received.

Further detail on the survey and access to the latest (August 2014) national report and reports for NHS boards and for individual hospitals (as well as results from previous surveys) are available from the [Scottish Inpatient Patient Experience Survey webpages](#).

6.3 Scotland's National Performance Framework (NPF)

[Scotland Performs](#) is the Scottish Government's online tool for reporting on progress on overall delivery of its Purpose and National Outcomes.

The [Scotland Performs - NHSScotland webpages](#) provide information about NHSScotland performance against the HEAT targets and standards which contribute towards delivery of the Scottish Government's Purpose and National Outcomes; and NHSScotland's Quality Ambitions.

The [SG's Community Planning webpages](#) and [Improvement Service Community Planning and Single Outcome Agreements webpages](#) also provide information on how CPPs will work towards improving outcomes for their local community in a way that reflects local circumstances and priorities, within the context of the NPF.

The Scottish Government in partnership with a range of other bodies is developing guidance on future performance monitoring of the National Health & Social Care Outcomes. Measures and indicators are under development to provide a means to monitor progress towards desired outcomes. Once these are developed, defined and agreed, they will be added to future editions of this document.

Each Integration Authority will also be required to publish information on its performance. Guidance on these performance reports is currently under development.

6.4 Local Government Benchmarking Framework

[The Scottish Local Government Benchmarking site](#) draws together a wide range of data on how Scottish councils perform in delivering better services to local communities, including the cost of services and how satisfied citizens are with them.

In relation to **Adult Social Care**, the following four indicators that have been selected to measure council performance:

- Home care costs per hour for people aged 65 or over;
- Self-directed support spend on people aged 18 or over as a % of total social work spend on adults;
- Percentage of people aged 65 or over with intensive care needs receiving care at home and;
- Percentage of adults satisfied with social care or social work services.

[A Benchmarking Dashboard tool](#) has been developed which allows the user to generate simple bar charts for each council and for each indicator within the benchmarking framework. These charts show: the range and average for each indicator and the performance in relation to each individual council over a three year time period.

Note: in addition to the Adult Social Care indicators there are indicators covering a range of other topics/services including: environment, economic development and housing. Please note also that Local Government Benchmarking Framework data should be used with caution as each local authority may calculate figures slightly differently and include services which are delivered in different ways.

6.5 Audit Scotland – Performance Information

The Accounts Commission has a statutory responsibility to specify information that councils must publish about their performance, in the form of statutory performance indicators (SPIs). The information is collected and published locally by each council. The Commission then publishes information about the comparative performance of councils across Scotland.

In relation to Adult Social Work, the following [Statutory Performance Indicator \(SPIs\) for 2012/13, for each council](#), are published on the Audit Scotland website (as at September 2014):

- Total population aged 65+
- Number of people aged 65+ receiving homecare
- Total number of homecare hours provided

- Total number of homecare hours provided as a rate per 1,000 population 65+
- Number of homecare clients receiving personal care
- Percentage of homecare clients receiving personal care
- Number of homecare clients receiving a service during evening/ overnight
- Percentage of homecare clients receiving a service during evening/ overnight
- Number of homecare clients receiving a service at weekends
- Percentage of homecare clients receiving a service at weekends

6.6 Under Development – NSS Discovery (Benchmarking Service)

From April 2015, individual National Benchmarking projects such as the [National Efficiency and Productivity Scorecard](#) and [Better Quality Better Value](#) as well as the [Navigator](#) tool will be replaced by a single web-based information system. NSS Discovery is a collaboration between NHS Scotland, the Scottish Government and NHS National Services Scotland (NHS NSS). It aims to deliver a new service which will provide accurate and timely benchmarking information to enable health professionals to evaluate the effectiveness and quality of services they provide to their patients. In the future, its use will be extended to non-health staff working in health and social care partnerships who need comparative and benchmarking information to underpin service planning and delivery.

Discovery will be secure, responsive and intuitive to use. It will be built using a modern graphical interface and available in formats that can facilitate access to information using new media such as smart phones and tablets. The system will be complemented by information consultancy, to support bespoke and further investigations. For more detail see: [Discovery](#).

6.7 ISD National Benchmarking Project – Adult Mental Health Benchmarking

The Adult Mental Health Benchmarking Project aims to improve mental health services by using benchmarking to understand and compare services and their outcomes and to promote best practice through:

- assessment of the availability and use of Mental Health Information
- developing a common set of Mental Health Service definitions
- developing a balanced scorecard approach to performance
- evaluation of current mental health information system implementations
- evaluation of the role of information in joint mental health planning

A **Mental Health Benchmarking Toolkit** has been developed to support improvement in mental health services in Scotland by using a range of comparative information (at NHS board level) to compare key aspects of performance, identify gaps, identify opportunities for improvement and monitor progress. The latest release of the toolkit contains information up to the end of March 2013.

Access to the Toolkit, an Interactive Dashboard which has been developed to support the information available in the toolkit and further background information are all available from the [Adult Mental Health Benchmarking webpage](#).

The [National Benchmarking Project webpage](#) provides details of all the National Benchmarking projects currently in development:

6.8 Health and Social Care Information – data spreadsheet (May 2014)

The SG's Health Analytical Services Division (ASD) have developed a [Health and Social Care data from multiple national data collections – DATA SPREADSHEET](#).

The data spreadsheet (last updated May 2014) presents the latest data from a number of ISD and SG publications that show different trends and features of services for older people. Its purpose is to review what can be evidenced from routine national data to support decisions about the use of the Change Fund.

The data in the spreadsheet are presented at: health board, local authority and community health partnership (CHP) levels, dependent on data availability, and allow for trend comparisons at Scotland level or to other areas.

All data has been previously published. Links to original source data are available for the information presented and it is recommended that the background notes for each of the data sources are referred to, when interpreting the data presented.

Data used are based on latest available at the time of producing the spreadsheet.

Dashboard – Health and Social Care Targets - Summary of high level targets from HEAT, National Performance Framework (NPF) and change fund measures that relate to the health and care information available within the spreadsheet. Note: it is possible to present data for up to six areas and compare performance changes over time in either tables or line charts:

- Projected population changes, 65+ pop'n, 2010-2035.
- QOF Condition/Disease Prevalence, including QOF Data for HEAT Dementia Standard, 2010/11 to 2012/13.
- Emergency admissions data, all ages, 65+ pop'n and 75+, 2004/5 to 2012/13.
- Number of delayed discharges, by length of delay, July 2007 to July 2013.
- Percentage of last 6 months of life spent at home or in a community setting, 2007/08 to 2011/12.
- Individuals aged 65+ in receipt of 10 + hrs of home care, 2013.
- Percentage of individuals aged 18+ receiving personal care at home, rather than in a care home or hospital.

- Number of home care clients, by age group, March 2005 to March 2013, and hours of care received for population 65+.
- Number of care home residents, March 2004 to March 2013.
- Number of clients aged 75+ receiving a telecare service at home, 2013.
- Provision of respite care for unpaid carers (clients 65+), 2007/8 to 2012/13.
- Clients in receipt of free personal nursing care (in care homes) and free personal care (at home), 2003/4 to 2012/13.

7. Other useful resources

[Glasgow Centre for Population Health website](#) – The Glasgow Centre for Population Health (GCPH) was established in 2004 as a resource to generate insights and evidence to create new solutions and provide leadership for action to improve health and tackle inequality. GCPH are also part of the ScotPHO collaboration.

[NHS Health Scotland - Community Planning Partnership webpages](#) – These webpages are designed to help partnerships: improve their understanding of the causes of inequalities; plan the right balance of action to reduce inequalities and; understand the needs of places, communities and individuals.

[Healthcare Improvement Scotland website](#) – Healthcare Improvement Scotland (HIS) publish a range of resources (from evidence based reports to best practice and improvement guides) that are designed to support healthcare improvement.

[The Care Inspectorate website](#) – As the independent regulator of social care and social work services across Scotland, the Care Inspectorate collect a range of information on registered care services. They are also an official statistics producer.

[The Institute for Research and Innovation in Social Services \(IRISS\) website](#) – IRISS's vision is of a high quality, continually improving social services sector, renowned for its effective use of knowledge and research-based innovation. To this end, they have produced a wide range of resources, in different forms, that can be accessed from their website.

[The Improvement Service website](#) – The Improvement Service works with councils and their partners to help improve the efficiency, quality and accountability of local public services in Scotland, by providing advice, consultancy and support.

8. Known (National) Data Gaps

There remain considerable gaps in health and social care data, especially at national level. As noted in the above sections, work is underway to fill many of these gaps e.g. in relation to community health data, GP data and client level social care data. Some of these projects will result in new data resources in 2015/16.

Discussion is also underway to develop further data sources e.g. in relation to Housing, Telehealth/Telecare and Intermediate Care. Linking of local datasets to national data will be supported through the HSCDIIP programme and there may be scope to include data from third & independent sector partners.