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

ISD Scotland, April 2018
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Introduction
This document is designed to be a reference guide 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 can be used alongside a companion document, “Population Needs Assessment for Health and Social Care Partnerships: guidance on the use of data sources”, which has also been published on ISD Scotland’s Health and Social Care Integration web pages.

This guide does not attempt to document additional relevant sources of data available locally.

Background
The Public Bodies (Joint Working) (Scotland) Act 2014 provides the legislative framework for the integration of health and social care in Scotland. Integration Authorities (commonly referred to as Health and Social Care Partnerships) are responsible for the development and delivery of Strategic (commissioning) Plans that must:

- “set out the arrangements for carrying out the integration functions in the Local Authority area over the period of the plan. The area must be divided into a minimum of two localities for this purpose, and the arrangements for each locality must be set out separately.”
- “set out the way in which the arrangements for carrying out the functions are intended to achieve or contribute towards achieving the national health and wellbeing outcomes.”
The **9 National Health and Wellbeing Outcomes** are

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<table>
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<tr>
<td>1</td>
<td>People are able to look after and improve their own health and wellbeing and live in good health for longer.</td>
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<tr>
<td>2</td>
<td>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.</td>
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<td>3</td>
<td>People who use health and social care services have positive experiences of those services, and have their dignity respected.</td>
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<td>4</td>
<td>Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.</td>
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<td>5</td>
<td>Health and social care services contribute to reducing health inequalities.</td>
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<td>6</td>
<td>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.</td>
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<td>7</td>
<td>People using health and social care services are safe from harm.</td>
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<td>8</td>
<td>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.</td>
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<tr>
<td>9</td>
<td>Resources are used effectively and efficiently in the provision of health and social care services.</td>
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The **Strategic Commissioning Plans Guidance** published by the Scottish Government in 2015 states that Strategic Plans must be revised at least every three years. It sets out an expectation that developing and updating Strategic Plans should be part of an iterative, cyclical process, supported by analysis of available data. A key requirement as relevant to this paper is that: “The Integration Authority should oversee the production of Joint Strategic Needs Assessments (JSNAs) to analyse the needs of local populations and to inform and guide the commissioning of health, wellbeing and social care services within their area. As indicated above, the main goal of a JSNA is to accurately assess the care needs of a local population in order to improve the physical and mental health and wellbeing of individuals and communities.”
**Purpose of this Guide and how to use it**

In order for health and social care partnerships to commission and deliver services that best meet the needs of local communities (and to intervene to address health problems), they will require a clear understanding of the health and care needs of their population. 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 a number of topic areas. For each topic area, we have identified the main data sources currently available, and in some cases made brief reference to data resources in development. There is a description of what each data resource provides, supporting information to assist in using the data, and a signposting/web links 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 web links.

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 in some cases available from local analytical, research and Public Health Departments in Local Authorities and Health Boards. Analytical support for Health and Social Care Partnerships is also available from ISD, for example via our Local Intelligence Support Team (LIST).

**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 as well as other local groups.

**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.LIST@nhs.net.
1 Demographic Data

1.1 Population and other data published by National Records of Scotland (NRS).
The NRS Publications by Topic page provides signposting to a wide range of statistics including population, life expectancy, births, deaths (mortality), households, and 2011 Census results. Important data for Needs Assessment work include:

- Mid-year population estimates (by sex and age) for geographies including Scotland, NHS Boards, Council areas and Data Zones. Availability of population estimates at Data Zone level offers analysts the opportunity to aggregate the data in a “best fit” way to suit local requirements, such as to present data for Integration localities.

- Population projections (by sex and age) for geographies including Scotland, NHS Boards and Council areas.

In addition to detailed data tables on specific topics, NRS also publish compendia of “statistics at glance” in the form of Council Area Profiles and the Registrar General’s Annual Review of Demographic trends. Both of these give further insights into the nature of NRS data available for use in Needs Assessments where felt to be locally relevant and useful.

1.2 Scottish Index of Multiple Deprivation (SIMD)
The Scottish Index of Multiple Deprivation (SIMD) is the Scottish Government’s official tool to identify small areas (data zones) of multiple deprivation in Scotland. The SIMD is updated every couple of years. As at late 2017, the SIMD 2016 is the newest version of the index, and is based on a combination of 38 indicators in seven “domains” – employment, income, crime, housing, health, education, access. The SIMD web pages provide introductory material, technical details and the SIMD data, whilst the Scottish Public Health Observatory (ScotPHO) website’s deprivation section gives additional contextual information. SIMD can be used “alone” as part of profiles of local populations, and also supports analysis such as local variations by deprivation in the use of health and social care services.

1.3 Urban and rural areas
In recognition of the fact that circumstances, and needs, may differ between urban areas, small towns, rural and remote areas, the Scottish Government developed a standard Urban Rural Classification system. The classification system uses two key criteria: settlement size and drive time to major settlements. Each data zone is then assigned to an urban/rural category (there are 2, 3, 6 and 8-fold versions of the classification, depending on user preference and need). The Scottish Government Urban/Rural Classification web pages give access to the data as well as more detail on methodology.
1.4 2011 Census statistics

The Census collects information about the population every ten years. The 2011 Census results are held on the Scotland's Census website. Within this site, 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 (includes provision of unpaid care)
- 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 snapshots of Census results, with potential to compare two areas at once.
- Maps and Charts – interactive visual representations of Census results.
- Standard Outputs – a wide range of “pre-canned” statistical tables available to run at various levels of geography including Council Area and 2011 Data Zones. Not all data are available down to Data Zone level; generally the simpler/univariate tables are but cross-tabulations/multivariate are not due to the increasingly small numbers involved.
- Data Warehouse – enables download of all published Standard Output tables in .csv format.

There is a range of reference information on the Census website to help users, including:

- A guide to the Census Geographies including Data Zones (which in many Health and Social Care Partnership areas means users can aggregate Census data to Integration Locality level).
- The Scotland's Census Tables Index, which lists what 'standard', 'additional' and 'commissioned' tables have been published (although it can be.
- Guidance on using the standard outputs is available. If seeking to download outputs at small area level, e.g. 2011 Data Zone, you will find that on first doing this you will need to manually select all the areas of interest (e.g. on an interactive map) and save this list of areas so you can upload it to save time when requesting other data for the same set areas.

Also published are a series of Statistical Bulletins. For example 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. Additionally, there are a series of Analytical Reports on themes such as learning disabilities and equalities results.
1.5 Scottish Household Survey (SHS)
The Scottish Household Survey (SHS) – commissioned by the Scottish Government - is a continuous survey based on a sample of the general population in private residences in Scotland. Questions are asked face-to-face by an interviewer in homes all over Scotland. It provides information on the composition, characteristics and behaviour of Scottish households, both nationally and at Local Authority level.

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 news page. 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 data tables are released after the Annual Report. As at February 2018, Local Authority tables for 2016 are published, including information on:–

- The Composition and Characteristics of Household Members, Adults and Households;
- Housing;
- Neighbourhoods and Communities;
- Economic Activity;
- Finance;
- Transport (driving license held/access to a car or van);
- Internet (access to and usage of);
- Sport and Exercise (participation in, and satisfaction with local services);
- Local Services (satisfaction with);
- Environment;
- Volunteering;
- Culture and Heritage.

Indicators sourced from the SHS are also published in a number of other web resources, including the Scottish Government’s Equality Evidence Finder.
1.6 Equalities data reported via the Scottish Surveys Core Questions (SSCQ)

Amongst the data sources signposted in the Scottish Government's Equality Evidence Finder, and providing more recent data in supplement to the 2011 Census results, are data from the Scottish Surveys Core Questions (SSCQ).

The SSCQ gathers survey responses from identical questions in the Scottish Crime and Justice Survey, the Scottish Health Survey and the Scottish Household Survey into one output. The pooling of Core Questions results in an annual sample of around 21,000 respondents across Scotland. This sample size enables the detailed and reliable analysis of key national estimates by country of birth, ethnicity, sexual orientation, religion, age and sex and marital status (as well as other measures - education level, economic activity, housing tenure, car access and household type).

As at February 2018, the latest available SSCQ results for 2015 include statistics on equalities characteristics for geographical areas including Local Authorities.

1.7 Other sources of data on environmental and life circumstances

The ScotPHO website’s Life Circumstances web pages provide signposting to data at Council level on themes including Crime, Education, Household income, Community Wellbeing and Social Environment (Lone pensioner households, Lone parent households, Rating of neighbourhood, Civic participation, Providers of unpaid care, Volunteering).
2 Health Status/Disease Prevalence/Health Behaviours

This section includes signposts to data on the population prevalence of some health conditions and behaviours where it is available. The availability of data at national/sub-national/small area level varies by condition/behaviour. In some cases, especially where figures of total population-based prevalence or incidence are not available, alternative data are often used, such as measures of service use associated with a particular type of disease.

2.1 Scottish Public Health Observatory (ScotPHO) Profiles and Website

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, Health Protection Scotland and the MRC/CSO Social and Public Health Sciences Unit. ScotPHO’s aim is to provide a clear picture of the health of the Scottish population and the factors that affect it. Their website is a rich source of information, including provision of:

- Direct access to statistics at NHS Board and Local Authority Level (and in some cases 2011 Intermediate Zone) via their Online Profiles tool.
- A series of one-off reports looking at particular conditions, themes, or topics in more depth.
- Signposting to a wide variety of other websites/publications about health conditions, risk factors, behaviours and wider health determinants.

The ScotPHO Online Profiles tool presents a range of indicators to give an overview of health and its wider determinants. The profiles give a snapshot of health for each area and highlight variation through spine charts, rank charts and time trends. There are several profiles available, under the headings of Alcohol, Children and Young People, Deprivation, Drugs, Health and Wellbeing, Mental Health, Older People 65+, Older People 75+, Older People 85+, and Tobacco Control. Some indicators are part of more than one profile and the data for indicators within a profile can become available at different times; therefore the profiles are updated on an indicator-by-indicator basis. Published documentation includes the planned update timetable and last update for all the indicators in the profiles, as well as detailed information on the source(s) and method for each indicator.

Meanwhile other pages on the ScotPHO website provide commentary on and signposting to a wide range of data, under the following topic headings:-

- Behaviours (e.g. alcohol, diet and nutrition, drugs, physical activity, tobacco use);
- 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. Burden of Disease study, Health Inequalities)
- 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).
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 sub-sectors in Glasgow and 56 neighbourhoods across the city). Each profile has indicators covering population, cultural factors, environment and transport, socio-economic factors, poverty and health.

2.3 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 years a person could expect to live for. Geographies for which these statistics are available include Council areas, (overall and split by deprivation). Additionally, ScotPHO publish LE statistics at Intermediate Geography (also known as Intermediate Zone) level via their Online Profiles Tool.

A useful extension of life expectancy estimates is information on healthy life expectancy (HLE). 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) HLE web pages. A range of HLE statistics are available, such as by Council Area and Gender (HLE estimates are not available for very small areas).

2.4 Mortality – all causes and specific causes/conditions
The Vital Events - Deaths page on the NRS website provides access to a range of statistics on deaths in Scotland, overall and by age/gender. Statistics are available for Scotland, NHS Boards and Local Authorities. There are also publications on various causes of death, including Drug-related, Alcohol-related, MRSA, C.diff and Probable Suicides, as well as on a group of potentially “Avoidable” deaths.

NRS does not publish the numbers of deaths for geographical areas which are smaller than Local Authorities. However, some such information is available from other official web sites, which present information on deaths (produced from data which NRS supplied to those bodies) alongside other statistics for areas within Scotland. The NRS website signposts to these, including to the ScotPHO Online Profiles Tool, which include all-ages death rates, deaths aged 15-44, and “early” deaths (aged <75) from cancer or Coronary Heart Disease.

Another resource being developed by the Scottish Government is the statistics.gov.scot Open Data platform. This has replaced the previous “Scottish Neighbourhood Statistics” (SNS) repository, which is no longer being updated. Some small-area mortality data are currently (as at February 2018) available from statistics.gov.scot but based on 2001 Census geographies and not yet on 2011-based geographies.
2.5 Scotland’s Census: self-reported health status

Summarised below are the health related questions which were included in the 2011 Census. Section 1.4 of this document on 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.

For years since the 2011 Census, statistics on self-reported health status are also available for a sample of people in each Local Authority Area. These data are collected as part of the Scottish Health Survey (see section 2.7 below) and are additionally available via the Scottish Surveys Core Questions (see section 1.6 above).

2.6 Provision of unpaid care

Data are 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.

Building on the results from the 2011 Census, the Scottish Government’s March 2015 report on “Scotland’s Carers” provides further analysis of data on provision of unpaid care, using results from the 2011 Census and the Scottish Health Survey. The Carers (Scotland) Act 2016 (which takes effect on 1 April 2018) extends and enhances the rights of Carers. The new legislation will help ensure better and more consistent support for both adult Carers and young Carers so that they can continue to care, if they so wish, in better health and to have a life alongside caring. More key information is available at http://www.gov.scot/Topics/Health/Support-Social-Care/Unpaid-Carers.

For years since the 2011 Census, statistics on self-reported Carer status are also available for a sample of people in each Local Authority Area. These data are collected as part of the Scottish Health Survey (see section 2.7 below) and are additionally available via the Scottish Surveys Core Questions (see section 1.6 above).
2.7 Scottish Health Survey (SHeS)

The Scottish Health Survey (SHeS) - commissioned by the Scottish Government - 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 however produce selected indicators at NHS Board and Local Authority level (which are not available for smaller geographies due to the results being based on a sample of Scottish residents). For example, in October 2017 statistics were released for 2013-16 combined on the following themes:

- Self-assessed general health;
- WEMWBS mean scores (WEMWBS = Warwick-Edinburgh Mental Health and Wellbeing Score);
- General Health Questionnaire (GHQ-12) scores;
- Long-term illness;
- Alcohol consumption- weekly drinking guidelines;
- Alcohol consumption- mean weekly units;
- Smoking behavior;
- Overweight;
- Obesity;
- Fruit and vegetable consumption- by category;
- Fruit and vegetable consumption- mean daily portions;
- Physical activity;
- Cardiovascular (CVD) conditions.
2.8 National Burden of Disease, Injuries and Risk Factors study

The Scottish Burden of Disease (SBoD) study team has (from 2017) been starting to publish new analysis which shows the extent to which different diseases affect Scotland's health and life expectancy. The analysis used an internationally recognised approach, referred to as ‘Burden of Disease’, to quantify the difference between the ideal of living to old age in good health and the situation where healthy life is shortened by illness, injury, disability and early death. Burden of disease studies use a single composite measure which combines the years lost because of early death (years of life lost - YLL) and years lost because people are living in less than ideal health (years lived with disability - YLD). The measure used to describe the overall burden of disease is called the disability-adjusted life year (DALY).

The SBoD project is an ongoing ScotPHO collaboration between Health Scotland (who are leading the project) and a team from ISD’s Consultancy Service.

As at February 2018 the following have been published:-

- An overview report which contains comprehensive burden of disease estimates for Scotland, focusing on the most common causes of the disease burden in Scotland in 2015.
- An age and gender report which explores how the disease burden in Scotland, in 2015, varied by gender and age for the leading causes of disease burden in Scotland.
- Disease and Injury technical overviews which combine technical detail on the methods adopted for calculating the burden for each particular disease, with comprehensive results including a breakdown of the fatal and non-fatal components of the disease DALY. 25 leading causes of burden are covered, including Ischaemic heart disease, Depression, COPD, Stroke, Alzheimer's and other dementias, Diabetes, Falls and Osteoarthritis.
- A package of excel files containing detailed results for SBoD 2015. These files contain information on the YLL, YLD and DALYs for all 132 diseases covering the Scottish population.
- A technical report detailing the methods used to calculate YLL in SBoD.

In March 2018 the SBoD team plan to publish more detailed estimates:-

- Of the disease burden in Scotland by levels of deprivation;
- Of the disease burden in Local Authority areas (this will not be stratified by deprivation).

There are also plans – but dates are to be confirmed – to provide projections of the disease burden up to 2025; estimate the burden of obesity, alcohol, tobacco, and multi-morbidity; and to look at the potential impact of a range of policies and interventions.

2.9 Dementia

Scotland’s National Dementia Strategy 2017-2020, co-produced by the Scottish Government, COSLA and Alzheimer Scotland, gives estimates of the prevalence of dementia in Scotland. It also links to more detailed data such as Estimated and Projected Diagnosis Rates for Dementia in Scotland 2014-2020 which also include estimates and projections for each NHS Board area. Additionally, Alzheimer Scotland publish Estimates of Prevalence at Local Authority level. The Scottish Burden of Disease study (see Section 2.8) have also included dementia in the list of health conditions that they have reported on.
2.10 Diabetes
The [Scottish Diabetes Survey](#) is recognized as the best source of data on the population prevalence of diabetes in Scotland. Published survey results include prevalence data for each NHS Board area, although not broken down further to Health and Social Care Partnership area. The [Scottish Burden of Disease study](#) (see Section 2.8) has also included diabetes in the list of health conditions that it has reported on.

2.11 Cancer
By virtue of the Scottish Cancer Registry, statistics are available on cancer incidence (newly diagnosed cases) and mortality, as well as to lesser extent on prevalence and survival. The [Cancer Statistics](#) page on the ISD website provides access to interactive dashboards of incidence and mortality at NHS Board level. If desired, it would be possible to request equivalent data for individual Health and Social Care Partnership areas from the Cancer Statistics team.

2.12 Data on disease prevalence / incidence in GP practice patients
The Quality & Outcomes Framework (QOF), which was part of the General Medical Services (GMS) contract from 2004/15 to 2015/16, measured the achievement of General Practices against a set of evidence-based indicators designed to promote good practice. Data on the prevalence of specific diseases or health conditions was an important element of the QOF. Prevalence data within the QOF were collected in the form of practice ‘registers’, which measured the numbers of patients registered to GP practices that were known to their practice as having a particular disease or health condition at a particular point in time. 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 [Information for Users of QOF Register and Prevalence Data](#) ISD web page. Prevalence data for all the QOF registers are published for Scotland, NHS Boards, Health and Social Care Partnerships and GP practices along with further data guidance at the [QOF Prevalence Data](#) pages.

Although the QOF has now been discontinued, some equivalent disease register data for time periods beyond 2015/16 is available to authorized users in GP practices and NHS National Services Scotland (NSS) via the Primary Care Information (PCI) dashboards developed by ISD to support GP Practice Transitional Quality Arrangements (TQA) in 2016/17 and GP Cluster work going forward. The dashboards show comparisons at Scotland, NHS Board and Health & Social Care Partnership level. More information on the dashboards and how to apply for a username and password is available on [ISD’s Primary Care Information (PCI) web pages](#).
There are also some historical national estimates (available up to 2012/13 only) of consultation rates in general practices overall and for a selected range of conditions. These are based on data collected from approximately 60 GP practices across Scotland that participated in the Practice Team Information (PTI) scheme up to 2012/13. The PTI practice populations collectively were broadly representative of the Scottish population profile in terms of age, deprivation and urban/rural mix. However, they were not necessarily representative at individual NHS Board level, and this and the small size of the overall PTI sample meant it was not used for generating estimates below national level.

2.13 The Indicator of Relative Need (IoRN)
The Indicator of Relative Need (IoRN) is a practice/clinical tool available to people delivering and planning care and support services. The IoRN provides a summary of a person's functional needs and/or their degree of dependence/independence and as such can be used to inform strategic decisions on care and support service provision. It can also be used to show the outcome of interventions such as during reablement or intermediate care, thus can contribute to evidence on works well or less well. Originally developed in 2003; a newer version, IoRN2, was launched in 2015 and brings greater sensitivity and benefits over the original IoRN. Different versions of the tool are available for use in different settings (e.g. care homes, community, hospital).

Not all Health and Social Care Partnerships/Local Authorities use IoRN or IoRN2; some use alternative tools to measure dependency/need. However, where IoRN data are available locally they could be used (in conjunction with national guidance and other information available on ISD’s Measuring Function/Dependency web pages) as part of a wider Strategic Needs Assessment.

2.14 SPARRA (Scottish Patients at Risk of Re-admission or Admission)
Scottish Patients at Risk of Re-admission or 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 in the next year. Scores are calculated for around 4.2 million patients and details of patients whose score indicates they may be at increased risk are made available to authorized users in NHS Boards, Partnerships and GP Practices via SPARRA Online (a Business Objects tool, for which a username and password is required).

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 web pages](#) on the ISD website.

### 2.15 High Health Gain Potential tool

In April 2017, ISD were asked by the Scottish Government to create the potential for High Health Gain (pHHG) tool in collaboration with Healthcare Improvement Scotland. This had been negotiated into the Transitional Quality Arrangements for GP practices. This was previously referred to as the ‘High Resource Individuals’ (HRI) tool.

The tool identifies patients who are predicted over the next year to be high intensive care uses. The intention is that these are those patients who are vulnerable and/or have complex needs and are most likely to benefit from Anticipatory Care Planning to improve their quality of life. GP Practices are asked to review their patient lists and consider whether patients would benefit from an Anticipatory Care Planning approach and also consider which individuals would benefit from additional support, multidisciplinary discussion and/or review.

List of patients (up to 5% of a practice’s population) with potential for High Health Gain are generated by this tool and issued quarterly to GP practices.

The pHHG tool has been informed by the inclusion of a range of factors, for example morbidity and prescribing information, emergency admissions, length of stay and outpatient appointments. It is intended that community and primary care factors will be included into this model in future when this information becomes available. A risk score between 20 and 99 (with 99 being the greatest) is attributed to each patient and compared across Scotland.

These data are currently provided in Excel format via e-mail and practices will receive their practice’s data via their NHS Board. This is a temporary arrangement. This information will be made available via the [Primary Care Information (PCI) dashboard](#) in early 2018, access to which is controlled via the User Access System (UAS).

It is important to note that the potential for High Health Gain model differs from the SPARRA model. The SPARRA model predicts the risk of a patient being admitted or re-admitted to hospital in the next twelve months as an emergency patient, whilst the High Health Gain model is a predictive tool which identifies high intensity use patients, including those who are vulnerable and / or have complex needs, who may benefit from Anticipatory Care Planning. The latest SPARRA score of a patient is provided within the HHG tool, for information. Access to the pHHG data for a particular NHS Board can be made available to ISD LIST analysts for further analysis – please contact [NSS.HighHealthGain@nhs.net](mailto:NSS.HighHealthGain@nhs.net) for further information.
3 Use of Health and Social Care Services

3.1 The Health and Social Care Data Integration and Intelligence Project, now referred to as Source. [PLEASE NOTE WE ARE AWAITING AN UPDATE ON THIS AND WILL AMEND AS SOON AS THIS IS RECEIVED]

The link to the current website pages is here.

3.2 Integrated Resource Framework (IRF) [NOW PART OF SOURCE - AS PER SECTION ABOVE THIS IS DUE FOR UPDATE AND WILL BE INSERTED AS SOON AS IT IS RECEIVED].

3.3 GP Practice Consultations

In Hours. There is currently no nationally available dataset covering patient activity in general practices (GP surgeries) during practice opening hours. Section 2.12 above provides an overview of some historical data available.

Out of Hours. There is, as part of a developing Primary Care Out of Hours (OOH) national data mart, some information on Out of Hours service activity. Section 3.7 below provides an overview of this.

3.4 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, open data, 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 such as age, gender, location, care home marker.

The PRISMS and PIS data marts 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, Health and Social Care 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), prevalence of polypharmacy and Prescribing costs. Further details are available on the Prescribing and Medicines web pages on the ISD website.
The Prescribing Costs per Treated Patient (CpTP) dashboard is an accessible and useful tool for comparing practice and performance with peers. Cost per treated patient measures are seen as particularly valuable as they minimise the effects of differences in disease prevalence that could skew more general population based measures. Data visualisations make information readily available to those with neither the appropriate skills nor time to analyse often complex datasets. This enables the rapid identification of themes and issues and, in turn, the formulation of better questions for more detailed analysis. Data are presented by NHS Board, Health & Social Care Partnership, GP cluster and GP practice level to allow ready comparison and identification of variation. Staff wishing to access the reports in the CpTP dashboard should contact the ISD prescribing team at nss.isdprescribing@nhs.net to request access (subject to approval by local Prescribing Advisors).
3.5 Community Health Activity Data (CHAD) – under development

ISD have been tasked to oversee the delivery of a reliable national dataset for community health activity and costs. This project has developed data sets for District Nursing, Community Mental Health and Health Visitor activity, with data for some NHS Board areas currently available for District Nursing and Community Mental Health. Collection of Health Visitor data is intended to be business as usual by 1st April 2018.

Data for District Nursing have been collected since 1st April 2015. At December 2017, data are available for the following NHS Board areas (albeit with some gaps and/or other quality issues):
Borders, Forth Valley, Greater Glasgow & Clyde, Highland, Lanarkshire, Lothian, Tayside.

Submissions are made quarterly to the District Nursing datamart. The District Nursing datamart is accessed through the NHS Scotland Corporate Data Warehouse and can be queried using a Business Objects universe. A number of District Nursing dashboards are also available via Tableau dashboards. Either/both of these data products are accessible to staff authorized via the User Access System.

Data for Community Mental Health have been collected since 1st April 2016. At December 2017, data are available for the following NHS Board areas (albeit with some gaps and/or other quality issues):
Dumfries & Galloway, Grampian, Lanarkshire, Lothian, Tayside.

The Community Mental Health datamart will be accessed through the NHS Scotland Corporate Data Warehouse and be queried using a Business Objects universe. Further information on requesting access will be available in early 2018.

Further detail is available on ISD’s Community Health Activity Data webpages.
3.6 Secondary Care (Hospital activity)

The Hospital Care section on the ISD Scotland website provides information relating to acute hospital care. Sourced from hospital administrative systems across Scotland, the data provided includes: outpatient activity, inpatient and day case activity, number of NHS beds and hospital diagnoses and operations/procedures. It is important to note that ‘acute’ hospital care excludes obstetric, psychiatric and long stay care services (these are covered elsewhere on the website).

Currently published reports present information on the following statistics:

- Annual trends in available beds, by NHS Board, hospital and specialty
- Annual trends in outpatient activity
- Annual trends in Accident & Emergency activity
- Average length of stay, by specialty
- Cross-boundary flow; patients treated in boards outwith their own
- Trends in diagnoses, by NHS Board and council area
- Trends in emergency hospital admissions and multiple emergency admissions
- Procedures carried out in hospitals
- Trends in inpatient and day case activity (Including Psychiatric Hospital activity)

Moreover, the Hospital Care web pages also include information relating to NHS Scotland performance against Local Delivery Plan (LDP) standards relating to hospital care. These standards are agreed between the Scottish Government and NHS Boards and replace what was previously known as HEAT targets. An example of an agreed LDP standard is for “95 per cent of patients to wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment (measured on month end Census). Boards to work towards 100 per cent”. More information on LDP standards can be found on the Scottish Government’s Scotland Performs web pages.

3.7 Unscheduled care/emergency care services

ISD’s Emergency Care web pages pull together information relating to:

- Accident and Emergency (A&E) waiting times and activity including performance against the 4 hour waiting time standard and the target to reduce attendances at Emergency Departments.
- Hospital admissions and deaths from unintentional injuries and assaults, sourced from hospital administrative systems across Scotland and the National Records of Scotland.
- The System Watch tool which monitors and predicts activity and bed occupancy to support emergency healthcare service planning and management in NHS Scotland.
- The ongoing work to link unscheduled care data from different sources.
A range of published statistics are available via these web pages, including A&E attendances and waiting times, and admissions to hospital due to unintentional injuries (including falls). There are also periodic releases relating to developmental work, such as collection of primary care Out of Hours (OOH) activity.

The published statistics are drawn from a range of Data Marts maintained by ISD, including the A&E datamart, the Primary Care OOH data mart, and the broader Unscheduled Care Data Mart. Authorised NHS Board staff can apply for usernames and passwords to access these datamarts to run reports that have been pre-built by ISD. See their Access to Data Marts pages for more information. In addition (as with other ISD teams) an information request service is available from the Unscheduled Care Team.

An overview of two of the data marts is given below.

**Primary Care (GP) OOH data mart.** Across Scotland, NHS Boards provide Primary Care Out of Hours (OOH) services for patients when their registered GP practice is closed. Historically, there was no national reporting of Primary Care OOH activity, all information was maintained in the NHS Board level systems with significant variation in the recording of OOH data across areas. In 2014, the Scottish Government commissioned ISD to develop and introduce a dataset to collect nationally consistent information on Primary Care OOH patients (known as the Primary Care Out of Hours Data mart). This was introduced in April 2015. The OOH data mart supports understanding of the activity, demand and capacity at a national level for OOH services and it is hoped that it will be used as a valuable tool to help plan, monitor, develop and improve unscheduled care services.

The **Unscheduled Care Data Mart (UCD) was developed by ISD in conjunction with NHS 24 and the Scottish Ambulance Service (SAS).** The data contained in the UCD data mart includes information on A&E attendances, Acute Emergency Inpatients admissions, NHS 24 calls, Primary Care OOH Services, SAS incidents, and Deaths. The broad aims of the UCD include:

- To allow comparison of patient flows between different geographic areas.
- To provide a breakdown of where unscheduled care is delivered at various geographic levels.
- To provide evidence to help identify areas where there is potential for service improvement.

For all the data sources contained in the UCD (except Primary Care OOH), data is included from the 1st of January 2011 to the present period. Primary Care OOH data is available from the 1st of April 2014.
3.8 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, for example care home place. Timely discharge from hospital is an important indicator of quality and is a marker for person-centred, effective, integrated and harm free care. ISD provide data on both monthly and annual delayed discharge information which can be found in detailed tables on the Delayed Discharges webpages.

Data are produced at Scotland, NHS Board of treatment and local authority of residence level. Figures are presented by length and reason for delay, age grouping and relevant time periods for the number of delayed discharge patients at the census point and also the number of bed days occupied by delayed discharge patients within the calendar month.

3.9 Hospital Based Complex Clinical Care

Hospital Based Complex Clinical Care was previously known as NHS Continuing Healthcare. The Scottish Government gathers and publishes information on all patients receiving HBCCC in NHS Hospitals in Scotland. Results from the Hospital Based Complex Clinical Care (HBCCC) & Long Stay Census, which was carried out by the Scottish Government and NHS Boards in March 2017 is available here. The data was collected as part of the Inpatient Census. Data is presented for all HBCCC and Long Stay patients from all three parts of the Census. This includes patients within NHS Scotland facilities (e.g. acute general hospitals, community hospitals, psychiatric hospitals) as well as those patients funded by NHS Scotland but treated in non-NHS Scotland facilities.

Prior to the introduction of Hospital Based Complex Clinical Care, ISD gathered and published census information on NHS Continuing Healthcare. Further updates, detail, and access to the census publications (2008-2015), are available on ISD’s NHS Continuing Care webpage.
3.10 End of Life Care (Palliative Care)

End of life care (palliative care) is an important, integral aspect of the health care provided to those living with and dying from any advanced or progressive and life-threatening condition. It is now possible to predict the progress of many of these conditions, enabling a planned approach to end of life care in ways which reflect, as far as possible, the needs and wishes of patients, carers and their families.

The percentage of last 6 months of life spent at home or in a community setting is one of the 50 national indicators in the National Performance Framework (NPF) and it’s one of the Core Suite Integration Indicators set by the Scottish Government in 2015 and updated quarterly by the ISD source team (Quality Outcome Measure 10 -QOM10). It is envisaged that 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.

Data is published annually at Scotland, health board and health and social care partnership levels with further demographic breaks on gender, age, deprivation and rurality. 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.

3.11 The Scottish Social Care Survey

The Scottish Government’s annual Social Care Survey was introduced in its current form in 2013 and collects information on Social Care services provided or purchased by Local Authorities in Scotland. Published reports present information on the following services:

- Home Care
- Community Alarms / Telecare
- Direct payments – now Self-Directed Support (SDS) Option 1 (see below).
- Housing Support
- Meals Services

Each annual survey presents data for the previous year April-March. Some of the statistics are annual totals, and some are based on a survey census period in March so provide a snapshot. The published report includes commentary and notes to help understand the statistics, and is accompanied by Excel spreadsheets of data at Local Authority level.

The nature and availability of data on social care support has been changing in recent years, as a consequence of national policy such as the introduction of Self-Directed Support (SDS). SDS gives people control over an individual budget and allows them to choose how that money is spent on the support and services they need to meet their agreed health and social
care outcomes. (see http://www.selfdirectedsupportscotland.org.uk for details). Over time all Social Care and support is transitioning to being focused on achieving personal outcomes. This presents challenges for the reporting and comparability of Social Care data, as increasing numbers of people will be directing their own support rather than services being provided directly for them. It is expected that in future social care publications will become more focused on Social Care clients, what their needs are, their individual budget and the options that they choose.

It is also expected that the 2016/17 Social Care Survey will be the last published by the Scottish Government. Work is in progress for ISD to collect a revised national social care dataset as part of the “Source” database development (see section 3.1) and that from autumn 2018 onwards social care activity statistics will be published by ISD.

3.12 Self Directed Support (SDS) statistics
In addition to the high level SDS statistics, further development statistics on SDS in Scotland 2015/16 were published by the Scottish Government in summer 2017. Included in this publication are some statistics at Local Authority level, so whilst not as up to date as more detailed data available locally, this national publication offers an opportunity for comparisons to be made between areas.
3.13 The Scottish Care Home Census
ISD publish on an annual basis, data from the Scottish Adult Care Home Census which takes place on 31 March each year. The Scottish Adult Care Home Census includes information on the number of care homes, the number of registered places in the care homes, and the number of adults (long stay, short stay, and respite care) aged 18+ occupying the care homes, on 31 March of each year. The number of admissions, discharges and deaths occurring throughout the whole financial year are also presented. For long stay residents only, the health characteristics (such as dementia), sex, age group, mean and median length of stay, average gross weekly charge, and source of funding are presented. Most data are split by main client group (older adults aged 65+, adults with physical disabilities, adults with mental health problems, adults with learning disabilities, other vulnerable adults), by sector (NHS/local authority, private, voluntary), and by the local authority in which the care homes are located. All adult care homes registered with the Care Inspectorate are asked to submit their data via eForms (an electronic system managed by the Care Inspectorate).

The Scottish Adult Care Home Census publications are available annually. More information about them, and links to the statistics, can be found on ISD's Care Home Census web pages.

3.14 Individuals in receipt of, and expenditure on, free personal and nursing care
Free personal care is available for everyone aged 65 and over in Scotland who have been assessed by the local authority as needing it. Free nursing care is available for people of any age who have been assessed as requiring nursing care services.

Free personal and nursing care (FPNC) was introduced in Scotland on 1 July 2002. The Free Personal and Nursing Care data page on the Scottish Government website provides further background information on FPNC. It also provides access to annual statistics, derived from a variety of sources, 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.

3.15 Local authority respite care provision (data up to 2014/15 only)
The Scottish Government's Carers data web page includes links to historical publications on respite care services provided or purchased by Local Authorities in Scotland. 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.

Collecting data on respite care provided or purchased by Local Authorities in Scotland is challenging for Local Authorities, and involves some degree of subjectivity in determining whether a service can be considered as respite care or not. The Scottish Government have agreed with Local Authorities and National Carers Organisations that future publications will no longer report on a count of respite weeks, but will aim to look at support for Carers more generally.
3.16 Housing for older people, those with disabilities and with supported tenancies
Housing for older people, those with disabilities and those with supported tenancies is provided by both public authorities and housing associations. 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 at local authority level and published on the Scottish Government's Housing for Older People / People with Disabilities web pages.

3.17 Scottish Government Quarterly Survey – social care assessments and waiting times
The Scottish Government carries out a survey each year of social care assessments for new social care clients, and the waiting times for assessments. The data are collected for the quarter January to March of each year, and are published by local authority on the Scottish Government's Quarterly Survey web pages.

3.18 Social care expenditure 2003/04 to 2013/14
In March 2015, the Scottish Government published official statistics on Expenditure on Adult Social Care Services in Scotland 2003/04 to 2013/14. The stated purpose of the publication was to provide baseline analysis of expenditure on social care services over the decade prior to Health and Social Care Integration in Scotland. More recent information on social care expenditure is available via the Integrated Resource Framework (IRF) and Source – see section 3.1 above.

3.19 Adults with Learning Disability
The Scottish Commission for Learning Disability is the producer of official 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.

In 2017, 32 local authorities provided data on adults with learning disabilities known to them as per the data guidance. Learning Disability Statistics Scotland changed collection methodology in the current collection to align with that of other national social care datasets. The data reported in this release relate to a single year reporting period from April 2016 to March 2017, compared to the three year reporting period used in previous collections. Their 2017 publication presents detailed information on age, gender, living arrangements, employment, further education, day opportunities for adults with learning disabilities and more.
4 Workforce Data

4.1 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. The information collected and presented within this section is used by ISD and NHS Boards to support local, regional and national workforce planning, and will only be used and disclosed in connection with these purposes. The National Statistics publication of Workforce contains information on:

- Trend data for all staff in post across all job families incorporating indicators such as age, gender, contract type, agenda for change, band, grade, and specialty where applicable
- Vacancy numbers for nursing and midwifery, allied health professions, consultants and pharmacy
- Nursing and midwifery student intakes, students in training and progression rates
- Number of clinical nurse specialists split by age, gender, contract type and specialty
- Consultant contract detail including information on signed off job plans and programmed activities
- Number of NHS dentists split by age, gender and Scottish Index of Multiple Deprivation

Data for general practitioners (GPs) is no longer included in this publication. You can find the latest GP data in Section 4.2.

4.2 GPs and GP practice staff

ISD holds a range of data relating to general practices in Scotland. It provides information about both the number of GPs (including other staff in post) & GP practices in Scotland and number of patients registered at these practices. List of GP’s in post and their practice contact details are updated quarterly while more detailed statistics with age and genders are updated annually. GP practice population data including age and gender are updated quarterly. For more detailed information on GP Practices and available data please visit the ISD GP Workforce & Practice Populations page.
4.3 Nursing and midwifery workload and workforce planning tools

NHS Scotland and the Scottish Government Health and Social Care Directorate, have been working together since 2004 to deliver a suite of nursing and midwifery workload and workforce planning tools. There are currently 12 workload tools available for use which covers 98% of nursing and midwifery service areas.

These 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 professional judgment and quality measures. This information can then be used to support decision making on staffing levels.

The workload tools are available on an IT platform hosted on the Scottish Standard Time System (SSTS) which is accessible to all NHS sites in Scotland and available for use by registered users.

More detailed information on the tools is available on the ISD Scotland website.

4.4 Workforce data – social care

On 14th September 2017, the Scottish Social Services Council (SSSC) published the Scottish Social Services Sector: Report on 2016 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 29th August 2017, the SSSC published their Mental Health Officers (Scotland) Report 2016. This report presents information on the number of practicing mental health officers (MHOs) in Scotland, in post at 5 December 2016, (including local authority breakdowns) and the workload carried out by these MHOs.
Performance and Benchmarking
The data sources signposted to in sections 2, 3 and 4 of this document include many which allow comparison between different areas of Scotland and/or the situation in a local area versus the Scottish total or average. In this section we signpost to additional sources of data on performance and benchmarking.

5.1 National Health and Wellbeing Outcomes / Core Suite Integration Indicators
As part of statutory guidance and advice in relation to Health and Social Care Integration, the Scottish Government set Nine National Health and Wellbeing Outcomes. These outcomes are high-level statements of what health and social care partners are expected to achieve through integration and ultimately through the pursuit of quality improvement across health and social care.

Underpinning these nine outcomes, the Scottish Government developed a “Core Suite” of integration indicators, each of which maps to one or more of the nine outcomes. Each Integration Authority (Health and Social Care Partnership) is required to publish an annual performance report, to set out how they are improving the nine national Health and Wellbeing Outcomes. These reports are required include information about the core suite of indicators, supported by local measures and contextualising data to provide a broader picture of local performance. The Core Suite indicators may also be used as part of in-year performance reporting within the H&SCP (for example in quarterly or other regular performance reports to their Integration Joint Board).

Contextual information and descriptions of the Core Suite Integration Indicators can be found on the Scottish Government website. Links to specific documents are as follows:

- List of the Core Suite Indicators and context for them.
- Associated Outcomes Information Framework linking each indicator to the relevant National Health and Wellbeing Outcome(s).

ISD provides regular data updates (quarterly, where possible) to Health and Social Care Partnerships on performance against the core suite integration indicators via two routes.

1. At H&SCP level, as Excel workbooks (updates to which are notified via email from nss.Source@nhs.net).
2. At H&SCP level and locality level (where possible), to authorised NHS and Local Authority Staff in the “Source” Tableau reporting (see section 3.1).

As noted above, Integration Authorities are then expected to publish their performance against these indicators in annual and other performance reporting.
5.2 Scotland Performs – NHS Scotland
Outcomes, standards and targets as applicable to Health and Social Care Integration overlap with, and add to, existing performance requirements for NHS Boards. The Scottish Government’s [Scotland Performs: NHS Scotland web pages](#) provide information about NHS Scotland performance against the Local Delivery Plan (LDP) Standards for NHS Boards. LDP Standards are priorities that are set and agreed between the Scottish Government and NHS Boards to provide assurance on NHSScotland performance. The LDP standards contribute towards delivery of the Scottish Government’s [Purpose and National Outcomes](#) and [NHS Scotland's Quality Ambitions](#).

The LDP Standards have replaced the previous system of HEAT targets and Standards, although the majority of LDP Standards are former HEAT targets.

The current standards (as at February 2018) are:
- Detect Cancer Early
- Cancer Waiting Times
- Dementia Post Diagnostic Support
- Treatment Time Guarantee
- 18 Weeks Referral to Treatment (RTT)
- 12 Weeks First Outpatient Appointment
- Early Access to Antenatal Services
- IVF (In Vitro Fertilisation) Waiting Times
- CAMHS (Child and Adolescent Mental Health Services) Waiting Times
- Psychological Therapies Waiting Times
- Clostridium Difficile Infections
- SAB (MRSA/MSSA) (Healthcare Associated Infections)
- Drug and Alcohol Treatment Waiting Times
- Alcohol Brief Interventions
- Smoking Cessation
- GP Access
- Sickness Absence
- Accident and Emergency Waiting Times
- Financial Performance
- Ambulance Response Times (a standard for the Scottish Ambulance Service specifically).
5.3 Local Government Benchmarking Framework
Outcomes, standards and targets as applicable to Health and Social Care Integration overlap with, and add to, existing performance requirements for Scottish Local Authorities. The [Local Government Benchmarking Framework (LGBF)](https://www.lgbf.co.uk) is a high level benchmarking tool designed to help councils compare their performance against a suite of efficiency, output and outcome indicators that cover all areas of local government activity. Publication of the LGBF, which is updated on an annual basis, forms part of each council’s statutory requirements for public performance reporting. The LGBF indicators contribute towards delivery of the Scottish Government's [Purpose and National Outcomes](https).

In relation to **Adult Social Care** the LGBF reports on the following indicators by Local Authority:-

- SW1: Home care costs per hour for people aged 65 or over.
- SW2: SDS spend on adults 18+ as a % of total social work spend on adults 18+.
- SW3: Percentage of people aged 65 or over with intensive needs receiving care at home.
- SW4a: Percentage of adults receiving any care or support who rate it as excellent or good.
- SW4b: Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
- SW5: Residential costs per week per resident for people aged 65 or over.

The LGBF is co-ordinated by the Improvement Service and more detail on the indicators as well as access to the data is available on their [Local Government Benchmarking Framework](https://www.lgbf.co.uk) web pages.

5.4 Community Planning Outcomes Profile
The work of [Community Planning Partnerships (CPPs)](https) overlaps with that of Health and Social Care Partnerships, and as such there is an overlap in the statistics that these Partnerships are likely to find of interest and use. The [Community Planning Outcomes Profile](https) developed and published by the Improvement Service offers another mechanism by which CPPs and others can access relevant statistics locally. The statistics are predominantly at Intermediate Zone level and are drawn from a variety of sources referenced elsewhere in this document, including the ScotPHO profiles (see section 2.1 above).
5.5 NSS Discovery (Benchmarking Service)
NSS Discovery is an information system that provides approved users with access to a range of comparative healthcare information to support performance and quality improvement in Health Boards across Scotland. It is an ongoing collaboration between NHS Boards, the Scottish Government, and NHS National Services Scotland.

NSS Discovery contains over 50 indicators across 20 Dashboards and this number is growing. The following health topics are also included in NSS Discovery: Drugs & Alcohol, Health & Social Care, Home Countries, Hospital Care, Maternity & Child Health, Prescribing, Unscheduled Care, Waiting Times to aid user navigation.

The system provides a range of users (including managers, analysts, accountants and clinicians) with comparative and benchmarking information to underpin service planning and delivery. Sitting alongside this is a customer focused support service to enable users to realise the full potential of Discovery. The NSS Discovery Wraparound Service can provide tailored training to groups and bespoke analytical support.

NSS Discovery is only available to authorised users who have registered for a username and password. Further Information is available via the NSS Discovery website.
5.6 National Benchmarking projects
The purpose of the National Benchmarking Project is:
- to help the Service achieve greater productivity and efficiency;
- and to support the implementation of change and improvement.

Following are National Benchmarking projects.

**Better Quality Better Value**: The purpose of the Better Quality Better Value (BQBV) tools is to highlight productive opportunities based on variation in clinical productivity at NHS Board and Hospital level. There are four separate components to the BQBV toolkit, each focused on reducing variation and, therefore, identifying productive opportunities, for a wide range of process and clinical measures.

**Dementia**: To support the commitments outlined in the [Scottish Government's Dementia Strategy](https://www.gov.scot/publications/dementia-strategy-scotland-2012-2015/), the Dementia Benchmarking toolkit provides a mechanism for monitoring and tracking change and improvement over time in respect of dementia services in Scotland.

**Child and Adolescent Mental Health**: The main objective of the CAMHS Benchmarking Balanced Scorecard is to support efforts aimed at closing the gap between stakeholder aspirations and the outputs of specialist CAMH providers across Scotland. It will act as a lever, as a barometer of success and as a mechanism for ensuring enhanced quality, accountability and transparency. It is also a key component of the Scottish Government's commitment to Child and Adult Mental Health as outlined in the [Mental Health Strategy for Scotland: 2012-2015](https://www.gov.scot/publications/mental-health-strategy-scotland-2012-2015/)

**National Theatres Project**: The National Theatres Project Final Report was published in November 2006. The main objective of the project was to appropriately treat more patients by using resources more productively and efficiently, with the aim of increasing efficiency in theatres. To achieve this goal, the main recommendations in the report were that NHS Boards were to produce a balanced scorecard and to adopt the detailed data definitions to provide a comparison of theatre performance across Boards in NHS Scotland.

Please note the National Efficiency and Productivity Scorecard is no longer produced as it has been superseded by Discovery. More information on this survey can be found on the [National Benchmarking Project webpage](https://www.nhsinform.scot/).
5.7 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 2016.

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.
5.8 Scottish Health and Care Experience Survey

The Scottish Government’s Health & Care Experience Survey asks about people’s experiences of:

- accessing and using their GP practice and Out of Hours services;
- aspects of care and support provided by local authorities and other organisations; and
- caring responsibilities and related support.

This postal survey is conducted every two years (since 2009), and is sent to a random sample of people (aged 16 and over) registered with each Scottish GP practice.

The 2017/18 Survey results (for Scotland, NHS Board areas, Health and Social Care Partnership Areas and GP practices) are due to be published in April 2018 – on the Scottish Government Website and also via online tools available to authorised users in GP practices, NHS Boards and Local Authorities. Some of the survey questions are also the data source for nine of the Core Suite Integration Indicators (see section 5.1 above) and will be reported via that route also.

Prior to April 2018, the most recent survey results available are those for 2015/16. They are based on responses from 111,611 people across Scotland. More information on this survey can be found on the Scottish Government’s Health and Care Experience Survey web pages.

5.9 Scottish Inpatient Experience Survey

The Inpatient Experience Survey is a postal survey with the aim of establishing the experience of a sample of adults 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 survey aims to help us understand more about the quality of services, and what needs to be improved.

This postal survey is conducted every two years (since 2010). Fieldwork for the 2018 survey is underway at February 2018, with results expected to be published in late summer or autumn 2018.

Currently (at February 2018) the most recent survey results available are those for 2016. They are based on responses from 17,767 people across Scotland. Results are published by the Scottish Government for Scotland, NHS Boards and individual Hospitals.

More information on this survey can be found on the Scottish Government’s Inpatient Experience Survey web pages.
6 Other useful resources

The Scottish Government’s statistics.scot.gov web pages provide open data access to a range of official statistics across a wide range of themes and geographical areas (collating material from a range of sources, many of which are individually referenced in this document). The site is being developed on an ongoing basis.

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 is also part of the ScotPHO collaboration.

NHS Health Scotland is a national Health Board working to reduce health inequalities and improve health. Their main role is to:
- Provide evidence of what works to reduce health inequalities.
- Work across all sectors in Scotland to put evidence into action.
- Support national and local policy makers to design and evaluate interventions that help build fairer, healthier Scotland.

Healthcare Improvement Scotland (HIS) was set up by the Public Services Reform (Scotland) Act 2010 and took over the functions of NHS Quality Improvement Scotland and the regulatory functions of the Care Commission in relation to independent healthcare services. The HIS work programme supports Scottish Government priorities, in particular the Healthcare Quality Strategy for NHSScotland. They:
- Develop evidence-based advice, guidance and standards for effective clinical practice.
- Drive and supporting improvement of healthcare practice.
- Provide assurance about the quality and safety of healthcare through scrutiny and reporting on performance.

HIS publish a range of resources (from evidence based reports to best practice and improvement guides) that are designed to support healthcare improvement.

Health Protection Scotland (HPS) was established by the Scottish Government in 2005 to strengthen and co-ordinate health protection in Scotland. They plan and deliver effective and specialist national services which co-ordinate, strengthen and support activities aimed at protecting all the people of Scotland from infectious and environmental hazards.

The Care Inspectorate was formed under the Public Services Reform (Scotland) Act 2010. It is the independent regulator of social care and social work services across Scotland. They collect a range of information on registered care services and produce official statistics.
The Institute for Research and Innovation in Social Services (IRISS) aims to enhance the capacity and capability of the Scottish social services workforce to access and make use of knowledge and research for service innovation and improvement. 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 is the national improvement service for local government in Scotland. It 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. Details of some of their benchmarking products and services can be found here.

The 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. 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. 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.

ISD’s resource commitment was limited to completing the pilot data collection and analysis. This work was more focused on small scale service improvements within intermediate care teams. The results of the pilot data collection exercise were presented at an iHub event in March 2017. Resources from the event could be accessed here: http://knowledge.scot.nhs.uk/livingwell/events/past-events/intermediate-care-and-reablement.aspx. To date, there aren’t any future plans for further development of this dataset. However, 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.
7 User Views and Personal Outcomes

The term 'Outcome' is now in common use in health and social care. Personal Outcomes are defined as what matters to people using services, as well as the end result or impact of activities, and can be used to both determine and evaluate activity. One of the principles of the legislation is to improve health and wellbeing by taking into account the needs, expectations and desired outcomes of service users and Carers when planning and developing services, and evaluating their impact.

Although there are no national data sources on Personal Outcomes, there are nationally available resources/guidance on personal outcomes approaches. Data may be collected and available locally to be drawn upon to inform service planning.

More information is available on the following websites:

- The Personal Outcomes Collaboration
- The Improvement Hub (iHub) personal outcomes pages
8 Known (National) Data Gaps

There remain considerable gaps in health and social care data, especially at national level. 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 over time.

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 (now Source) and there may be scope to include data from third & independent sector partners.