NHS Tayside

A: Budget setting process

Performance budgeting

1. Which of the following performance frameworks has the most influence on your budget decisions:
   - National Performance Framework
   - Quality Measurement Framework (including HEAT targets)
   - Other (please specify)

   The greatest influence on budget decisions is around the Board's performance against the HEAT targets and standards which contribute to Scottish Government's Purpose and National Outcomes; and NHS Scotland's Quality Ambitions.

   In addition the Board has a range of local commitments through the Community Planning Partnerships to support the delivery of Single Outcome Agreements.

   The Board focuses on a range of priorities within the National Outcomes through targeting ring fenced allocations such as the Effective Health Prevention Bundle and Early Years funding against specific outcomes.

   The Board delivers the priorities through the Local Delivery Plan, Clinical Strategy, Workforce plan, Estates Strategy and Financial Strategy.

2. Please describe how information on performance influences your budget decisions:

   The ring fenced bundling approach allows resources to be prioritised and deployed flexibly within the bundle to improve outcomes in areas of Child & Adult Obesity, Blood Borne Virus Prevention and Hepatitis C and Tobacco.

   The Effective Prevention Bundle contributes to each of the three quality ambitions set out in the Healthcare Quality Strategy, but especially the person centred care and effective ambitions. The bundle helps realise the following Quality Outcomes

   - Everyone gets the best start in life, and is able to live a longer, healthier life;
   - Everyone has a positive experience of healthcare, and
   - The best use is made of available resources.

   Outcome frameworks for each of the programmes, e.g. Tobacco Control, BBV and Weight Management are monitored and reported as part of the HEAT targets where applicable to SG at both the mid and Annual Review.

   During 2014/15 the Board invested a further £3.0m in additional capacity to deal with Treatment Time guarantees and a further £0.3m to deal with a backlog of Child and Adolescent appointments.

   A further £1.4m in addition to LUCAP funding was also invested locally to deal with Unscheduled Care pressures.

3. Do you consider the performance framework(s) to reflect priorities in your area?

   Yes the performance framework provides guidance and is a sense check on how activity should be focussed

   NHS Tayside performance review system considers the 3 strands of Governance together. Clinical and Care Governance is given equal priority, and the 9 weekly performance reviews use data and self assessment to drive system improvement in all domains

4. Where allocations are made in relation to specific targets, are you able to spend this effectively in the required areas? (please provide examples where relevant)

   The allocation of c£6.0m for the Effective Prevention Bundle and Early Years Bundle to Tayside has given a degree of flexibility around the prioritisation of the funding within the bundle to deliver the outcomes frameworks within the letters

Integration of health and social care

5. Please set out, as per your integration plans/schemes with each of your partner local authorities, the method under which funding for the joint boards will be determined?

   The first stage of this process will be completion of the Due Diligence process which is now underway within each of the three local partnerships. The Due Diligence process is a derivative of existing Health Board and Local Authority plans and the Partnership's Strategic Plans.

6. What functions will be delegated via the integration plan/scheme? Please explain the rationale for these decisions

   Tayside Partnerships will be delegated functions consistent with Scottish Government directives. There may be some Tayside-wide services that are delivered using local hosting arrangements. Some "Large Hospital" services will be operationally devolved to partnerships – including Geriatric Medicine, Rehabilitation Medicine, Learning Disability, Palliative care, GP Beds in Community Hospitals, General Psychiatry and Psychiatry of Old Age.

7. How much is being allocated to the Integration Joint Board for 2015-16?
   a. by the health board
   b. by local authority partners?

   The figures contained in the following table are the indicative budgets for Health & Adult Social Care 2015/16 at this stage. The figures from Health include General Medical Services, Family Health Services, Prescribing and Large Hospital Set Asides. The values are indicative subject to further dialogue between partners and outcome of the due diligence process.

Partnership	Angus (£m)	Dundee (£m)	Perth (£m)
Health Board*	96	142	121
Local Authority	44	94	55
Total	140	236	176

8. Please provide any further comments on budgetary issues associated with integration:

   Dialogue continues between Health and its three Local authority partners in attempting to resolve the disaggregating of previous Tayside area services to delineated areas.

   NHS Tayside continues to work with Partners to develop collective views regarding Large Hospital Set Aside.

   The recent announcement from SG around extending the current Integrated Care fund into 2016/17 and 2017/18 is welcomed. This gives partnerships the resources to focus on early intervention as well as support for people with multiple and long term conditions.

Specific challenges

9. Please provide details of any specific challenges facing your board in 2015-16 in respect of your budget:

   The major challenge for the Board in 2015/16 is the 4.1% Cash Releasing savings target .Early communication to all Budget Managers in October 2014 when the Draft Planning assumptions were communicated by SG and at this stage 65% of the £27.0m target has been risk assessed as Low/Medium risk. The Health resource in the HSCI requires to deliver the 4.1% saving in 2015/16.

   Further challenges are around TTG with the Board establishing a further investment of c£2.0m in 2015/16. Prescribing pressures in both Primary & Secondary Care where in Primary Care Tayside is c5% above the Scottish Average per weighted patient with a Prescribing Action Plan through Practice Pharmacists to bring Tayside in line with other Scottish Health Boards.

B: Increase the proportion of babies with a healthy birth weight

Indicator measure: The proportion of new born babies with a weight appropriate for gestational age

1. How does performance in your area compare with the national performance?

	% of new born babies with a weight appropriate for gestational age	
	Board	**Scotland**
2009	90.3%	89.6%
2010	90.2%	90.0%
2011	91.0%	90.1%
2012	89.3%	89.9%
2013	90.8%	90.1%

Source: http://www.scotland.gov.uk/About/Performance/scotPerforms/indicator/birthweight

2. What factors can help to explain any observed differences in performance?

   Improving the number of babies who have a healthy birth weight is a complex process, involving multidisciplinary and multiagency working. At the core of this is robust evidence based maternity care, but central to this is the work we do with other disciplines and agencies to improve outcomes. Following on from Keeping Childbirth Normal & Dynamic (KCND), implementation of A Refreshed Maternity Framework for Maternity Care in Scotland, Reducing Antenatal Health Inequalities: Outcome Focused Evidence into Action Guidance' and, Maternal & Infant Nutrition: A Framework for Action' (MIN) has ensured a robust approach to improving birth outcomes.

   Robust maternity care planning which applies evidence based care and provides support to meet individual needs is ensured by implementation of NHS Tayside Maternity Services Pathways of Care. The pathways are designed to incorporate specific interventions that require to be delivered where a woman has been identified as being 'vulnerable'. Examples include flexible and longer appointment times for midwifery care, increasingly working with mental health services ensuring a multi-disciplinary response to care such as the mental health drug and alcohol team; and improving access to antenatal education for those groups who do not traditionally attend. The Scottish Government HEAT target of 'At least 80% of pregnant women in each Scottish Index of Multiple Deprivation (SIMD) quintile will have booked for antenatal care by the 12th week of gestation by March 2015 so as to

ensure improvements in breast feeding rates and other important health behaviours' has progressed satisfactorily .

Prevention of maternal obesity and clinical management of obese women preconceptually and antenatally are part of the NHS Tayside's MIN service improvement plan (SIP). The MIN SIP endeavours to apply the concept of best value through the application of Managed Clinical Network (MCN) principles and is based on five priorities including:

Maternal Obesity - The optiMum service (Weight Management in Pregnancy) which was developed and tested in 2010, has been integrated into core service provision at Ninewells Hospital, Dundee with 208 women attending between April 2013 and February 2014. A pilot programme began in Perth Royal Infirmary in April 2013 and since the start of the pilot, 155 women have come through the service. From a post-natal perspective (and therefore preconceptionally for some), following a successful pilot a second cohort of women who booked with a BMI ≥30 kg/m^2 (and delivered between January and October 2013) were offered the opportunity to attend a 12-week Weight Watchers© programme. NHS Tayside is in the process of implementing an adult weight management pathway and its applicability to antenatal/postnatal women will be considered in due course.

Healthy Start - Uptake of the Healthy Start scheme in Tayside 2013/14 ranged between 73-77%. All community pharmacies across Tayside have signed up to a national pilot programme to provide 'Healthy Start' vitamin supplements (started 6 May 2013). All community pharmacies in Tayside were contacted to identify current practice and offer support or resources as necessary. A communication plan is in place to promote the scheme throughout Tayside. DFP TV was commissioned to deliver three community road shows. Two 30-second films made with local women (Healthy Start & Breastfeeding) were shown at the road shows in the Wellgate and Overgate shopping centres in Dundee in February and March, and in Perth in April (>1,000 questionnaires completed).

Breastfeeding - All NHS Tayside Community Maternity Units (CMUs) and Ninewells Hospital continue to maintain UNICEF UK 'Baby Friendly' accreditation. Ninewells Hospital was reaccredited following reassessment in May 2014 and the CMUs were reaccredited in March 2015. Angus, Dundee and Perth & Kinross CHPs achieved Stage 3 UNICEF UK 'Baby Friendly' accreditation in March 2015). There are currently 24 breastfeeding volunteers active across Tayside. Breastfeeding support workers offer additional breastfeeding support, which varies across Tayside.

The overall annual breastfeeding rate at the 6-8 week review is 35.5%, which compares to the national rate of 36.5% for all NHS Boards in Scotland. Variation in the reduction in breastfeeding rates from birth to the 6-8 week review is evident between areas i.e. Dundee (22.3%), Angus (24.6%) and Perth & Kinross (30.4%), and is lowest where additional support is highest.

Family Food Skills – NHS Tayside continues to work with partners to facilitate the delivery of activities within disadvantaged communities across Tayside that enhance practical food skills, e.g. Healthy Start cafes in Angus, Helm in Dundee and Rio House in Perth.

Training – A comprehensive training programme is offered to NHS and non-NHS personnel.

Since July 2011 Family Nurse Partnership (FNP) has been operational within NHS Tayside and to date FNP has successfully enrolled over 540 young women onto the programme. FNP focuses on prevention and early intervention with a key goal to improve pregnancy outcomes by supporting young women to make positive health choices. FNP addresses healthy weight and healthy nutrition during pregnancy to assist in improving child health and development. FNP encourage and support young women to take their Healthy Start vitamin supplements during pregnancy.

FNP has three overarching aims to improve:-

- maternal health and birth outcomes
- child health and development
- economic self-sufficiency in the family

NHS Tayside health visiting services provide a high level of direct care and make a significant contribution to the health and wellbeing of individuals, children and families across NHS Tayside. Health visitors are key to identifying and assessing needs and working with other services to ensure prompt preventative care is provided. They contribute to improving health and reducing inequalities.

The health visiting service in NHS Tayside is provided to children under five and their families, including antenatal women. Health visitors provide support during the antenatal period by: discussing maternal wellbeing including nutrition, smoking, alcohol consumption, Healthy Start vitamin supplements, dental care, Healthy Start during pregnancy and reinforcing key messages provide by maternity services.

Targeting vulnerable antenatal women who require additional support is part of NHS Tayside Midwifery and Health Visiting pathway for all women during pregnancy.

NHS Tayside has embarked on a significant programme of transformational change and development of its health visiting services to implement the National Health Visitor Universal pathway. This local agenda reflects national work which is reported to the Scottish Government by the national Children and Young People Advisory Group.

3. How does performance against this indicator influence budget decisions?

   This performance indicator is part of the overall service delivery provided by FNP and health visiting services. The ring fenced allocation for MIN was £195K (14/15).

   In addition the ring fenced allocation for FNP the Board has invested further to bring the total earmark to £1.2m.

   The core purpose of maternity services is to improve care and outcomes for mother and baby. FNP and Health Visiting focus provides education and support preconceptually and antenatally. Budgetary spend reflects this, however current focus is on increasing the number of Health Visitors in order to deliver on national policy and deliver improved outcomes.

   The antenatal care HEAT target has improved outcomes, early access to antenatal care for all and, good maternal history taking.

   Continuity of carer

   Planned implementation of customised growth charts (GAP).
   Clear referral pathways to obstetric services for mothers with high BMI.

4. Do you consider this to be a useful performance indicator? (If not, what alternatives would you suggest?)

   All indicators useful if used to underpin evidence and drive forward improvements in health outcomes.

   Yes. This performance indicator is important and a significant factor which can have a positive impact on maternal and child health outcomes.

5. What programmes or services are specifically aimed at improving performance against this indicator? Please provide details for the **three** main areas of activity in the table below.

Programme/service area	**Expenditure 2014-15 £'000**	**Planned expenditure 2015-16 £'000**
Maternal and Infant Nutrition Framework	195	195
Family Nurse Partnership	1200	1200

6. What statutory partners or other partners (if any) contribute towards performance in this area?

- Health records, e-health early access/Ultrasound services (GAP implementation).
- All health and social care partnerships, voluntary sector, education
- National e-maternity records would be helpful in care planning and partnership working

A range of statutory and non-statutory partners deliver on the MIN agenda. For example Helm Training (local charity) provide practical food skills training and other associated activities to vulnerable women across Tayside and women attending optiMum clinic in Dundee. St Andrew's Project (local charity) provides young mother's in pregnancy with support, education and opportunities to learn how to prepare and cook healthy meals. In addition NHS Tayside's MIN programme is hugely supported by public volunteers such as breastfeeding volunteers, Mums and Babies facebook page, Breastfeeding Welcome scheme.

7. Please provide any further comments on this indicator e.g. other areas of activity that contribute to performance

All activities around relationship building including UNICEF new standards. compassionate connections, person centred care, strong integration with early years work and social care partners

FNP provide an intensive home visiting service targeted at first time pregnant young women aged 19 years or younger in their first pregnancy. It is recognised that this particular cohort of the population has specific needs. Research shows that,

- Children born to teenage are more likely to have poor outcomes
- Teenage mothers are less likely to gain adequate weight during their pregnancy, leading to low birth weight. Low birth weight is associated with several infant and childhood disorders and a higher rate of infant mortality.
- Teenage mothers have a higher rate of poor eating habits than older women and are less likely to take recommended daily prenatal multivitamins to maintain adequate nutrition during pregnancy. Teenagers are more likely to smoke cigarettes, drink alcohol, or take drugs during pregnancy, which can cause health problems for the baby.
- Teenage mothers receive regular antenatal care less often than older women Antenatal care is essential for monitoring the growth of the fetus and the health of the mother. Family Nurses provide information about good nutrition and about other ways to ensure a healthy pregnancy. Family Nurses support and encourage young women to attend all antenatal appointments.

C: Improve end of life care

Indicator measure: Percentage of the last 6 months of life which are spent at home or in a community setting

1. How does performance in your area compare with the national performance?

	% of last 6 months of life which are spent at home or in a community setting	
	Board	**Scotland**
2008-09	91.6%	90.4%
2009-10	91.9%	90.5%
2010-11	92.0%	90.7%
2011-12	92.3%	91.1%
2012-13	92.1%	91.2%

Source: http://www.scotland.gov.uk/About/Performance/scotPerforms/indicator/endoflifecare

NHS Tayside's performance is slightly better than the Scottish national performance. It is not clear if this difference, and the year by year variation, is statistically significant or not from the data provided.

2. What factors can help to explain any observed differences in performance?

- Well established multi- professional palliative care teams
- Comprehensive system approach for specialist palliative care – provided through NHS systems - with coverage of all settings.
- Well-developed partnership working between primary care, specialist palliative care and secondary care specialties (in particular A&E, acute medicine, oncology and renal)
- 24/7 access to specialist palliative care advice
- Shared education approach between primary and secondary care
- Adoption and promotion of Key Information Summary
- Engagement with Advanced Care Planning
- Roll out of Power of Attorney Campaign.

3. How does performance against this indicator influence budget decisions?

Palliative Care is an identified priority for NHS Tayside and together with charitable and third sector partners we are actively developing services and physical infrastructure. This is a feature component of our Steps to Better Healthcare improvement programme. Unlike a number of other areas specialist palliative care hospice services are directly provided by NHS Tayside.

The measure of percentage time spent at home during end of life will be one of a number of drivers for the joint strategic commissioning plans for health and social care integration. The intention would be to shift the balance of care to continue to support more people at home with life limiting conditions and at end of life.

The Board recently approved an investment of c£1.4 m for enhanced services in Angus.

4. Do you consider this to be a useful performance indicator? (If not, what alternatives would you suggest?)

   This indicator is not a useful one to measure quality of end of life as it assumes that in-patient care is a negative outcome and for some people will be preferred. Not being at home may be preferred as place of death or used as purposeful and effective short admissions which achieve prolongation of life and allow for subsequent, sustained discharge at home

   Many people may be diagnosed within the last 6 months of life and this could take place in hospital. Many treatments for cancers and long terms conditions remain very appropriate for those who may be in the last 6 months of life for improved quality of life and extension of life. Treatment of acute events in the population in the last 6 months of life often remains appropriate. Uncertainty of prognosis in all conditions makes prospective actions to achieve the QPI difficult.

   A QPI which sits at over 90% on baseline measurement without described confidence intervals may not be of great use to measure shift.

   Approximately 90% attainment of this QPI may be the right balance of panned end of life care and dealing with uncertain health events. 100% achievement of this QPI is likely to mean that significant numbers of individuals have not received appropriate treatments or have not been able to achieve preferred place of care.

   Location does not seem to be an adequate proxy for quality of life.

   Suggested alternatives would be as follows:-

   - Achieving preferred place of care.(if achieving choice is thought to be best measure) ensuring outcomes from Key Information Summary
   - Retrospective review of records to identify those with KIS, ACP, DNA CPR
   - Case reviews of expected deaths and standardised audit for quality outcomes reviewing End of life complaints.
   - Benchmarking with iPOS (integrated Palliative Outcome Scale)– awaiting validation in large study but does provide possible **patient** reported and patient-directed outcome measure. This covers all domains of traditional palliative care.
   - Qualitative measures of quality – Patient reported/proxy reported outcome measures

5. What programmes or services are specifically aimed at improving performance against this indicator? Please provide details for the **three** main areas of activity in the table below.

Programme/service area	**Expenditure 2014-15 £'000**	**Planned expenditure 2015-16 £'000**
Palliative Care Services	5,888	5,831
Steps to Better Healthcare Programme	90	105
Implementing Key Information Summary		

Note: Costs of "Implementing Key Information Summary" are not currently identifiable.

6. What statutory partners or other partners (if any) contribute towards performance in this area?

   - Community Nursing Teams
   - Macmillan Clinical Nurse Specialists
   - Social work depts and their subcontractors in the provision of personal care
   - Marie Curie Nursing Service
   - Macmillan Cancer Support
   - Primary health care teams
   - NHS Tayside Specialist Palliative Care Services

7. Please provide any further comments on this indicator e.g. other areas of activity that contribute to performance

   The rotational nursing posts between Ninewells Hospital Palliative Care Team and the Community Macmillan Team ensure both teams are cited on the needs of patients in the community and in-patient settings. This contributes to an increased understanding of the issues associated with delayed discharges and prevention of admission.

Palliative care and hospice funding

8. Please provide an estimate of spending on palliative care services (as defined by the Scottish Partnership for Palliative Care, here)

	Expenditure 2014-15 £'000	**Planned expenditure 2015-16 £'000**
Specialist palliative care services	5,978	5,936
General palliative care services		

Note: NHS Tayside has reviewed all identifiable Palliative Care costs, and these are viewed as Specialist Palliative Care. General Palliative Care Services, including those delivered in the community (e.g. by GPs) is not currently identifiable.

In May 2012, the Scottish Government published new guidance for NHS Boards and independent adult hospices on establishing long-term commissioning arrangements. It stated that funding of agreed specialist palliative and end-of-life care (PELC) should be reached by NHS Boards and independent adult hospices on a 50% calculation of agreed costs. Funding should be agreed for a 3 year period, though this could be longer if appropriate. In addition it indicated intent for NHS Boards and local authorities to jointly meet 25% of the running costs of the independent children's hospices which provide specialist palliative care and respite services for children with life-limiting conditions

9. Please provide details of funding agreed by your Board for hospices;

Amounts shown are for the whole of NHS Scotland (Note 1)	**2014-15**	**2015-16**
Agreed funding for running costs of independent children's hospices (including local authority funding where relevant) (Note 4)		
£000s (Note 3)	928	970
As % of total CHAS charitable activities (Note 2)	9.5	9.4

Notes

- There is only one independent children's hospice organisation in Scotland, Children's Hospice Association Scotland (CHAS). In order to avoid bureaucracy Health Boards agreed that NHS Tayside would be the lead funder of CHAS on behalf of NHS Scotland. The figures shown are, therefore, for the whole of NHS Scotland. CHAS operates two hospice facilities, Rachel House in Kinross and Robin House in Balloch.
- The requirement for Health Boards is to fund 12.5% of hospice running costs. It is not possible to clearly identify the running costs of the hospices themselves, on which the required funding level of 12.5% is calculated. In order to simplify matters and avoid bureaucracy an agreed funding baseline was established in 2009/10, which has been uplifted each year using Health Board percentage uplifts. CHAS management have been content with this pragmatic approach.
- CHAS has provided the total “charitable activities” amount from its accounts as follows:-

	2014-15	**2015-16**
	£000s	**£000s**
CHAS total charitable activities	9,739	10,336

- CHAS total charitable activities include not only hospice running costs, but also other charitable activities.
- The analysis of NHS funding paid and payable to CHAS is as follows:

Amounts shown are for the whole of NHS Scotland	**2014-15** **£000s**	**2015-16** **£000s**
Funding from Territorial Boards	672	691
Funding from Scottish Government (Diana nurse funding)	256	279
Total Funding Support	928	970

- Health Boards do not have knowledge of the funding provided by Local Authorities.

10. Please provide any further comments on palliative care / hospice funding that you consider to be relevant:

No further comments

D: Reduce emergency admissions

Indicator measure: Emergency admissions rate (per 100,000 population)

1. How does performance in your area compare with the national performance?

	Emergency admissions rate (per 100,000 population)	
	Board	**Scotland**
2009-10	10,061	9,849
2010-11	9,773	9,874
2011-12	9,609	10,090
2012-13	9,724	10,130
2013-14 (p)	9,750	10,188

Source: http://www.scotland.gov.uk/About/Performance/scotPerforms/indicator/admissions

NHS Tayside rate since 2010/11 has been consistently lower than the Scottish average.

2. What factors can help to explain any observed differences in performance?

Early recognition of growing demographic challenges led to consideration of whole system planning for pathways of care to support people to stay at home wherever possible.

Early adoption of services such as prevention of admission and early supported discharge, increasingly led by multidisciplinary teams has helped to ensure a level rate despite increasing frailty and complexity. Models such as see and treat, and prompt access to unscheduled care in the community with good links between in and out of hours care across both primary and secondary care allow for early advice and prompt decision making.

Anticipatory care planning and use of risk stratification data has been in place for a number of years, allowing earlier identification of people at risk of admission allowing more proactive measures aimed at prevention of admission.

Tayside is now rolling out locality based medicine for the elderly consultants, working with colleagues from general practice, the wider primary care team, local authorities and CHP's to support enhanced care at home.

There are good relationships across both acute and primary care and a dedicated acute assessment unit, offering both admission, and an assess to admit consultation by senior experienced medical staff.

Appropriate use of community hospitals for frail elderly patients by Primary care colleagues: Early planned admission to community hospitals and care provided by multidisciplinary team prevents unscheduled admissions. Involvement of Geriatric consultants/team for managing patients in Community hospitals and at home are good examples of excellent links between primary, social and tertiary care.

Pro-active Acute Medical Unit - focus on assessment rather than admission, front door MDT team assessment, well developed ambulatory area, direct mobile telephone access to Consultants for consultation to explore outpatient management option, and strong focus on medicine reconciliation and polypharmacy reducing medicine related admissions.

Urgent ambulatory access to CT Brain and CTPA - reducing admissions: Ethos is: More assessments than admissions

Primary care access to diagnostic services: Endoscopy, USG, CT, etc. Early diagnosis reduces unscheduled admissions.

There are many active and well supported local programmes to support people living with long term conditions, many of which are patient led. These aim to promote greater understanding and support for managing conditions, including excacerbations.

3. How does performance against this indicator influence budget decisions?

   The success of the Enhanced Care at Home pilot has enabled resource including staff and finance to follow the patient. The success of the project enabled a 17% reduction in unscheduled admissions, as well as significantly reduced lengths of stay. Funding from winter plan allocations were used to support this shift, and spread and sustainable long term resourcing is now a key strategic priority for both health and Integrated partnerships.

4. Do you consider this to be a useful performance indicator? (If not, what alternatives would you suggest?)

   Yes, although some stratification such as reasons for admission, age rate, average length of stay may allow for more meaningful comparison.

5. What programmes or services are specifically aimed at improving performance against this indicator? Please provide details for the **three** main areas of activity in the table below

Programme/service area	**Expenditure 2014-15 £'000**	**Planned expenditure 2015-16 £'000**
Enhance Community Care Model	609	1,510
Out of Hours service remodelling	-	500
LES Care home patient reviews	225	230

6. What statutory partners or other partners (if any) contribute towards performance in this area?

   - Each of the 3 local authority areas in Perth Angus and Dundee.
   - Third sector agencies such as carers support, voluntary action groups.

7. Please provide any further comments on this indicator e.g. other areas of activity that contribute to performance

   Proactive chronic disease management supported by a wide range of local enhanced services. delivered using primary care funding. These include areas such as enhanced care to nursing homes, polypharmacy reviews, chronic pain management, all with a focus on reducing unnecessary hospital admissions.