

SCOTTISH BORDERS HEALTH & SOCIAL CARE PARTNERSHIP **PROPOSED INTEGRATED PERFORMANCE MANAGEMENT FRAMEWORK** **DRAFT AT 7TH APRIL 2016**

Purpose

- 1.1 The integration of health and social care has two key objectives which are mutually reinforcing - securing better outcomes and experiences for individuals and communities and obtaining better use of resources across health, care and support systems at national and local levels.
- 1.2 The National Health and Wellbeing Outcomes provide a strategic framework for the planning and delivery of health and social care services. They are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care.
- 1.3 The IJB will be responsible for planning and ensuring the delivery of a wide range of health and social care services, and will be accountable for delivering the National Health and Wellbeing Outcomes. The IJB are also required to publish an annual performance report which will set out how we are improving the National Health and Wellbeing Outcomes. These reports will include information about the core suite of integration indicators as set by the Scottish Government, supported by local measures and contextualising data to provide a broader picture of local performance.
- 1.4 An integrated Performance Management Framework therefore needs to be developed and agreed.
- 1.5 This paper therefore sets out a draft proposed framework and outlines the work which is required in order to develop this further.

Background

- 2.1 NHS Borders and Scottish Borders Council both have organisational performance frameworks already in place and therefore it is important that we join these up as appropriate to avoid duplication. A “Core Suite” set of 23 Integration Indicators has been set by the Scottish Government, developed from national data sources so that the measurement approach is consistent across all Health and Social Care Partnership areas. This set of core indicators underpin the 9 National Health and Wellbeing Outcomes.
- 2.2 It is proposed that the initial performance framework is based on current and existing measures including the National Health and Wellbeing Outcomes. A framework consisting of 3 reporting levels therefore may be a sensible way forward as outlined in the diagram below.

Level 1**National Health & Wellbeing (H&W) Outcomes**

Healthier Living	Independent living	Positive experiences of service users	Quality of life of service users	Reducing health inequalities
Carers are supported	Safety of service users	Supported and engaged workforce	Resources are used effectively	

The nine national Health and Wellbeing Outcomes are high-level statements of what the Health and Social Care Partnership is attempting to achieve through integration. These outcomes and indicators will rely on nationally gathered data to ensure consistency of definition and collection methodology.

Level 2**Publicly Accountable Indicators and Targets**

23 Health and Social Care “Core Suite” Indicators have been set by the Scottish Government, against which every Health and Social Care Partnership is required to publicly report on. These measures need to be monitored to allow performance management and improvement to take place within the partnership. These Indicators each map to one or more of the 9 National Health and Wellbeing Outcomes. **Appendix 1** incorporates the 23 Core indicators in the draft performance matrix.

Existing targets/standards (such as HEAT) as set by Scottish Government for NHS / Local Authorities also need to be reviewed and if applicable, to Integrated Services, to be added to the matrix.

Level 3**Local Management Information**

Locally agreed Partnership specific measures	Locally agreed locality specific measures	Care group specific measures	Workforce specific measures	Financial performance	Corporate Performance
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Level 3 will require further discussion and development to determine local measures, as whilst the Core Suite of Integration Indicators set by the Scottish Government will provide an indication of progress, they will not provide the full picture. As a Partnership we will need to collect and understand a wide range of data and feedback that helps understand the system at locality level, and manage and improve services.

Key Issues

- 3.1 The overall performance framework for the IJB therefore needs to reflect objectives and help to monitor:
- Progress on the delivery of national outcomes and indicators
 - How the strategic planning arrangements have contributed to delivering services which reflect the integration principles
 - Transformation of individual outcomes and experience
 - Transformation of local health, care and support systems
 - Change in local process including:
 - Effective engagement of housing and other services including the third sector and independent sector
 - in care models
 - in whole systems planning and investment
 - evidence based models of care.
- 3.2 Given the many elements of integrated care and the wide range of services delegated to Health and Social Care Partnerships it will be important to ensure our performance framework addresses as many of the key local dimensions as possible, including specific sub-sets of indicators for particular groups of service users and also information at a locality level. This wider dataset needs developed as commissioning matures through the IJB.

Recommendation

- 4.1 It is therefore proposed performance for the first 12 months to the IJB includes only level 1 and level 2 measures as per appendix 1.

Priority measures for 2016/17

- 5.1 Over the three years of the Strategic Plan, performance will be measured by progress in relation to all of the indicators included in our developing Performance Management Framework. In year 1 of the Plan (i.e. 2016/17) we are focusing on key target areas – supporting people at home and the wellbeing of our staff. Therefore, we will be prioritising work that will contribute to improving performance against the following seven indicators:-
- Percentage of people who are discharged from hospital within 72 hours of being ready (Health & Wellbeing Outcomes 2, 3 and 9);
 - Number of bed days people spend in hospital when they are ready to be discharged (H&W Outcomes 2, 3, 4 and 9);
 - Overall Rates of emergency hospital admissions in adults (H&W Outcomes 1, 2, 4, 5 and 7);
 - Readmissions to hospital within 28 days of discharge (H&W Outcomes 2,3 , 7 and 9);
 - Admissions to hospital in the over 65s as a result of falls (H&W Outcomes 2, 4, 7 and 9);
 - Percentage of adults with intensive care needs receiving care at home (H&W Outcomes 2 and 6);
 - Proportion of employees who would recommend their workplace as a good place to work (H&W Outcome 8).

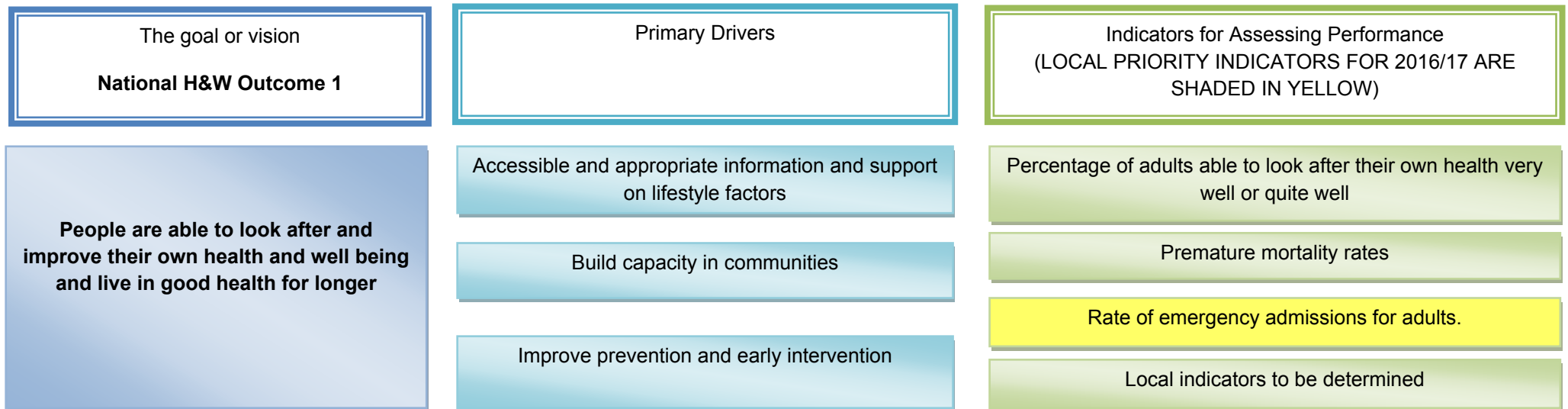
How this will be managed

- 5.2 The corporate services functions in both NHS Borders and Scottish Borders councils will together collate data on the indicators included in the Performance Monitoring Framework. These will be regularly reviewed by the Chief Officer for the Health and Social Care Partnership and the Health and Social Care Management Team. In turn, reports will be provided to the IJB at intervals to be mutually agreed.

Appendix 1 Draft Performance Management measures against National Outcomes

Notes:

1. Individual performance measures often map to more than one of the National Health and Wellbeing Outcomes, therefore some indicators appear more than once in the matrix below. In some cases, indicators map to a greater number of Outcomes than shown here, but the full one-to-many relationship is not always shown here (typically in the case of indicators that map to more than two of the National Outcomes).
2. More information on the Core Suite of Integration Indicators for Health and Social Care Partnerships is published at <http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Outcomes/Indicators>.



The goal or vision
National H&W Outcome 2

People, including those with disabilities, long term conditions, or who are frail are able to live, as far as reasonably practicable independently at home or in a homely setting in their community

Primary Drivers

Accessible and appropriate information on self care and services available

Increase the use of technology enabled care

Provision of appropriate housing/adaptations/equipment

Planning and delivery of service to ensure they are accessible e.g. transport links

Build Community Capacity

Indicators for Assessing Performance
(LOCAL PRIORITY INDICATORS FOR 2016/17 ARE SHADED IN YELLOW)

% of adults supported at home who agree that they are supported to live as independently as possible

Rate of emergency admissions for adults.

% of adults with intensive needs receiving care at home

Proportion of last 6 months of life spent at home or in community setting

No of days people spend in hospital when they are ready to be discharged.

% of people admitted from home to hospital during the year, who are discharged to a care home

% of people who are discharged from hospital within 72 hours of being ready

Local indicators to be determined

The goal or vision
National H&W Outcome 3

Primary Drivers

Indicators for Assessing Performance
 (LOCAL PRIORITY INDICATORS FOR 2016/17 ARE
 SHADED IN YELLOW)

People who use Health and Social Care Services have positive experiences and have their dignity respected

Appropriate opportunities to gather information from service user before, during and after health and care services has been delivered

Appropriate, accessible and consistent information

Coordinated Care across health and social services

% of adults supported at home who agree that their health and care services seemed to be well co-ordinated.

% of adults receiving any care or support who rate it as excellent or good

% of adults supported at home who agree that they had a say in how their help, care or support was provided.

% of people with positive experience of care at their GP practice

Proportion of last 6 months of life spent at home or in community setting

Proportion of care services graded 'good' or better in Care Inspectorate inspections

% of people who are discharged from hospital within 72 hours of being ready

Local indicators to be determined

The goal or vision
National H&W Outcome 4

Health and Social Care Services are centred on helping to maintain or improve the quality of life of service users

Primary Drivers

Build Community Capacity

Prevention and early intervention/anticipatory care

Accessible information

Indicators for Assessing Performance
 (LOCAL PRIORITY INDICATORS FOR 2016/17 ARE SHADED IN YELLOW)

% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life

Rate of emergency admissions for adults

Rate of emergency bed days per 100,000 population for adults.

No of days people spend in hospital when they are ready to be discharged

Local indicators to be determined

The goal or vision
National H&W Outcome 5

Health and Social Care Services contribute to reducing health inequalities

Primary Drivers

Build Community Capacity

Prevention and early intervention/anticipatory care

Accessible information

Targeted support for vulnerable groups

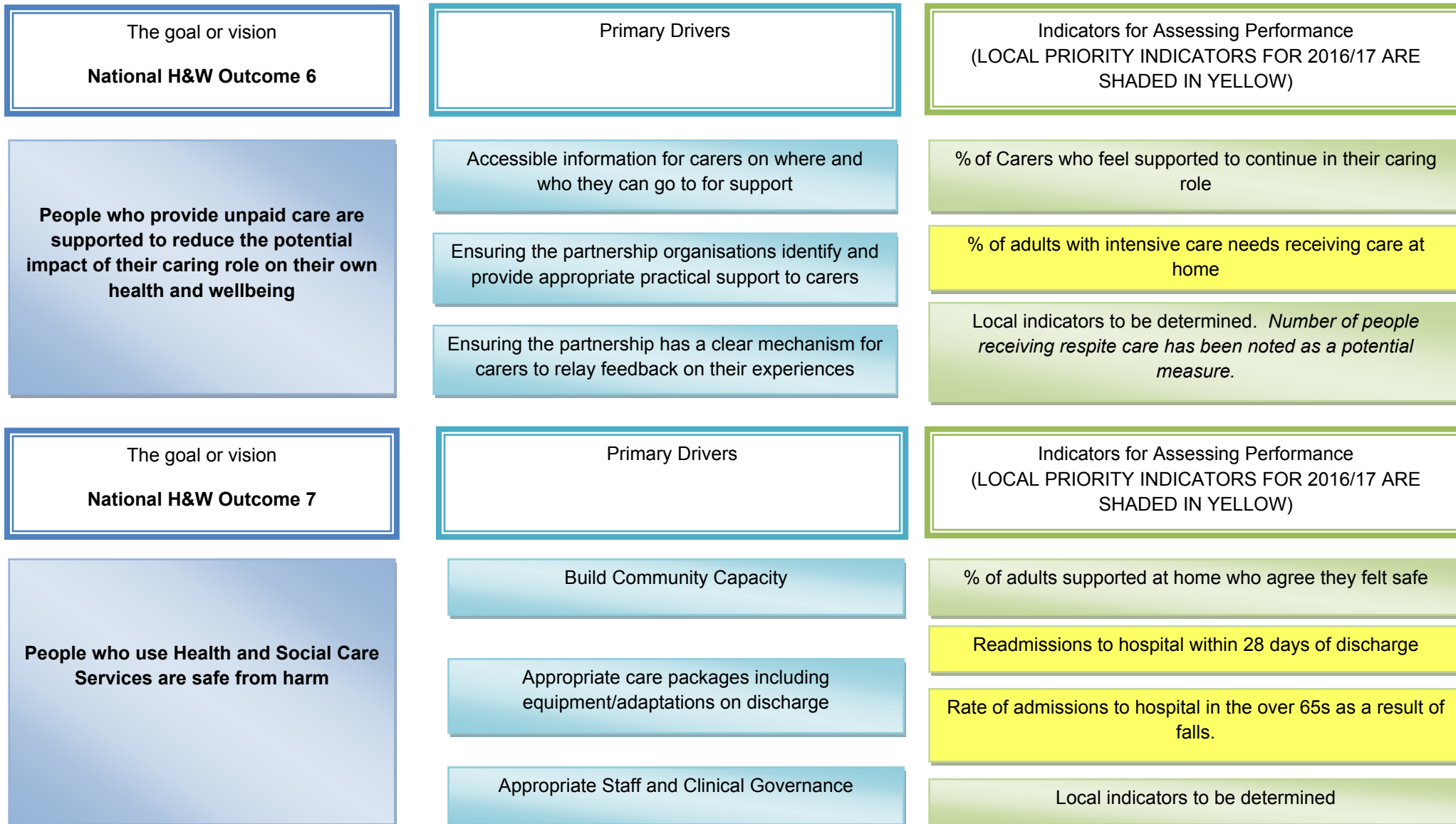
Targeted interventions

Indicators for Assessing Performance
 (LOCAL PRIORITY INDICATORS FOR 2016/17 ARE SHADED IN YELLOW)

Premature mortality rate

Rate of emergency admissions for adults

Local indicators to be determined



The goal or vision
National H&W Outcome 8

People who work in Health and Social Care Services are supported to continuously improve the information, support, care and treatment they provide, and feel engaged with the work they do

Primary Drivers

Engaged workforce

Appropriate training, support and development

Appropriate workload and prioritisation

Indicators for Assessing Performance
(LOCAL PRIORITY INDICATORS FOR 2016/17 ARE SHADED IN YELLOW)

% of staff who say they would recommend their workplace as a good place to work

Local indicators to be determined

The goal or vision
National H&W Outcome 9

Resources are used effectively and efficiently in the provision of Health and Social Care Services without waste

Primary Drivers

Robust discharge planning

Prevention and early Intervention

Shared Services/processes

Indicators for Assessing Performance
(LOCAL PRIORITY INDICATORS FOR 2016/17 ARE SHADED IN YELLOW)

Readmissions to hospital within 28 days of discharge

No of days people spend in hospital when they are ready to be discharged

% of total health and care spend on hospital stays where the patient was admitted in an emergency

Proportion of last 6 months of life spent at home or in community setting

Expenditure on end of life care.

Local indicators to be determined