



APPENDIX 1

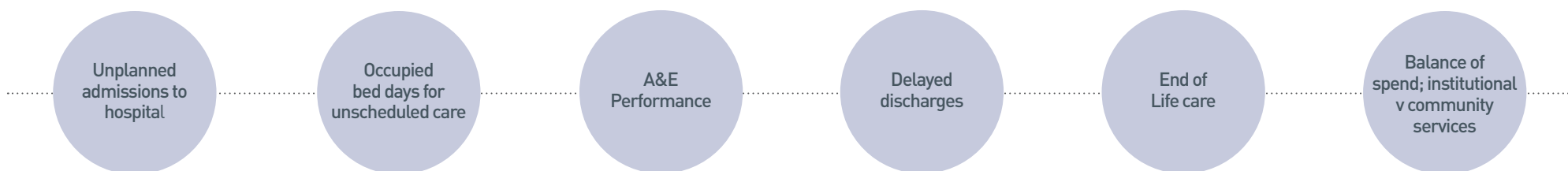
SCOTTISH BORDERS HEALTH AND SOCIAL CARE PARTNERSHIP

SUMMARY OF PERFORMANCE: PRODUCED MARCH 2018 (using data up to end Dec 2017)

HOW ARE WE DOING?

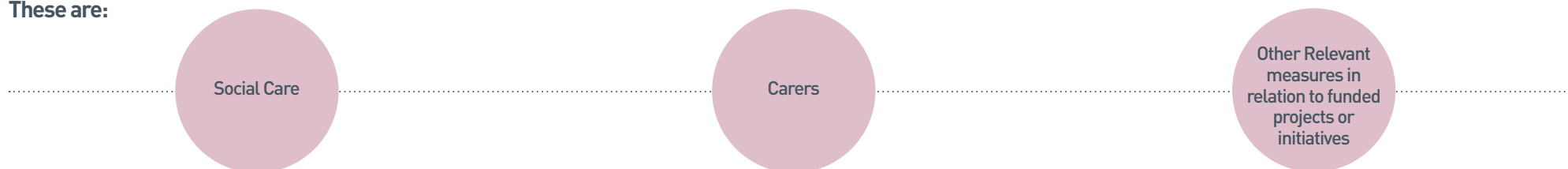
In 2016, we published our Health and Social Care **Strategic Plan 2016-19**, with 9 local objectives to work towards over a three year period. Underpinning these 9 objectives, Scottish Government Ministers have defined a range of themes that they wish to see all Integrated Joint Boards address and a range of performance indicators by which to monitor performance.

The themes are as follows:



We have also defined 3 themes that are important to the Scottish Borders that we wish to see performance monitored against.

These are:



This report provides an overview of performance under these themes **with latest available data at the end of December 2017**. Reviewing performance information regularly is a vital part of ensuring we stay focused on *“working together for the best possible health and well-being in our communities”*

KEY

Positive trend/compares well to previous period/to Scotland	SB Scottish Borders	RAA Rolling annual average, calculated over a 12 month period	18+ 65+ 75+ Age groups e.g. those over 75 years old	RATE PER 1000 Number calculated as a rate per 1000 population	“2 MINUTES OF YOUR TIME” NHS survey done monthly in Borders General and Community hospitals
Negative trend/some concern from previous period or when compared to Scotland					
Little change/difference over 4 periods					

WORKING TOGETHER FOR THE BEST POSSIBLE HEALTH AND WELL-BEING IN OUR COMMUNITIES

HOW ARE WE DOING?

Summary

% of total health and care spend in the Borders accounted for by community-based services has been consistently higher than Scotland for the last 2 years- it will be important that this is maintained / improved. % of Health & Social Care resources spent on emergency hospital stays in Borders has reduced since last year and is significantly lower than Scotland which is positive. Although many of the key indicators (below) show that our performance compares favourably to Scotland, there are some areas of challenge locally, where performance over the last 4 quarters is showing a negative trend and/or cause for concern:

Challenges

- Emergency admissions for falls for over 65s has risen over the last 4 quarters
- Emergency occupied bed days (75+) has increased over the last 4 quarters
- % of A&E attendances seen within 4 hrs, whilst higher than Scotland, has dropped sharply over the last 4 quarters.
- Delayed Discharge from hospital remains an ongoing challenge, fluctuating monthly and increased since last year. This remains a key strategic and operational focus for the partnership
- Bed days because of delayed discharge has increased steadily since 2015/16 and is now at its highest level since 14/15
- % of care users saying they feel safe has dropped since Q3 16/17. An alternative measure with a more stringent collection methodology is being sought.

Details of performance information and on what we are doing to improve or maintain performance can be found in **Appendix 2**

Financial Performance

SPEND

£276.3m

SB Total Spend 15/16

51.4%

on **community based care**

SB 14/15 51.2%

Scotland 15/16 46.5%

SPENT ON EMERGENCY HOSPITAL STAYS (18+)

17.8%

of **Health & Social Care resources** spent on **emergency hospital stays (18+)**

SB Q2 16/17 20.8%

Scotland 16/17 24.7%

Operational performance

EMERGENCY ADMISSIONS (75+) 91 per 1000 75+ (April - June 2017) Little change over 4 Qtrs Lower than Scotland	EMERGENCY RE-ADMISSIONS WITHIN 28 DAYS 10.6 per 100 discharges (April - June 2017) Trend over 4 Qtrs Similar to Scotland	A&E ATTENDANCES SEEN WITHIN 4 HRS 2624 88.4% (Dec 17) Trend over 4 months Higher than Scotland	BED DAYS BECAUSE OF DELAYS 222 per 1000 75+ (July - September 2017) Trend over 4 Qtrs Lower than Scotland	CARE USERS FEELING SAFE 81% (Oct - Dec 2017) Trend over 4 Qtrs No Scottish figure	2 minutes of your time (Oct-Dec 2017) 94.6% patients felt satisfied with care & treatment 96% felt staff understood what mattered 92.6% had the info they needed to make decisions (down from 98.1%, 98.1%, 94.3% in April - June 2017) Integrated Care Fund (ICF)- project example (More detail in Appendix 2) The Matching Unit is a team created to match a home care service to the assessed needs of clients. Prior to this service, Care Managers spent a significant amount of time sourcing care individually. Established in Hawick in April 2017 and rolled out to all locality teams during 2017, both staff and clients are already benefiting significantly from this new team.
EMERGENCY ADMISSIONS FOR FALLS (65 +) 6.2 per 1000 65+ (April - June 2017) Trend over 4 Qtrs Lower than Scotland	EMERGENCY OCCUPIED BED DAYS (75+) 931 per 1000 75+ (RAA) (April - June 2017) Trend over 4 Qtrs Lower than Scotland	DELAYS GETTING OUT OF HOSPITAL 16 < 2 weeks 32 < 72 hours (Dec17) Fluctuating over 4 months No Scottish figure	COMMUNITY SUPPORT 77% of adults 65+ receiving care in a community setting (Dec17) Little change over 4 months No Scottish figure	CARERS 49 assessments offered 20 (41%) completed (June17) No update since last report	