

Scottish Borders Health & Social Care  
Integration Joint Board



Meeting Date: 20<sup>th</sup> August 2018

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**QUARTERLY PERFORMANCE REPORT, AUGUST 2018  
(DATA AVAILABLE AT END JUNE 2018)**

<b>Purpose of Report:</b>	To provide a high level summary of quarterly performance for Integration Joint Board (IJB) members, using latest data available, at the end of June 2018. The report also proposed changes to the quarterly performance report to support the IJB's revised Strategic Plan 2018 -2021
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<b>Recommendations:</b>	Health & Social Care Integration Joint Board is asked to: <ul style="list-style-type: none"> <li>a) Note and approve the changes to performance reporting;</li> <li>b) Note the key challenges highlighted.</li> </ul>
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Personnel:	<i>n/a</i>
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Carers:	<i>n/a</i>
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Equalities:	A comprehensive Equality Impact Assessment was completed as part of the strategic planning process. Performance information supports the strategic plan.
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Financial:	<i>n/a</i>
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Legal:	<i>n/a</i>
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Risk Implications:	<i>n/a</i>
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## Background

- 1.1 Now that the Scottish Borders Health and Social Care Partnership's Strategic Plan has been revised, members of the Integration Performance and Finance Group (IPFG) have taken the opportunity to revisit the structure and content of performance reporting for the IJB. Previously, the performance report was developed around the six themes defined by the Ministerial Strategy Group (MSG) for Health and Community Care (shown below) as well as a range of additional measures to reflect other areas important to the partnership, such as social care and carers.

### MSG Themes:

1. unplanned admissions;
  2. occupied bed days for unscheduled care;
  3. A&E performance;
  4. delayed discharges;
  5. end of life care;
  6. balance of spend between institutional and community care.
- 1.2 The inclusion of new, additional indicators under each theme each quarter meant that the performance report for the IJB has become progressively larger over the last 18 months and the opportunity has now been taken to refocus reporting down to key performance indicators (KPIs) that should provide IJB members with a sense of how effectively the partnership is addressing the 3 strategic objectives within the revised plan. Within the revised Strategic Plan, a section titled "*What will success look like?*" has been included for each of the 3 objectives and provided the starting point for the selection of the most relevant high-level KPIs.
- 1.3 Building on the experience of producing the last 3 quarterly reports for the IJB and using the expertise of LIST colleagues from NHS National Services Scotland (NSS), (who have been supporting the Partnership for the last 3.5 years), all currently reported data has been reviewed for its usefulness, relevance, and regular availability. By way of aligning performance reporting to the revised Strategic Plan, it is proposed that high level performance reporting for the IJB now be structured around the 3 objectives in the revised plan. Indicators chosen under each objective aim to demonstrate the impact that the work of the partnership is having on:
- keeping people healthy and out of hospital (Objective 1)
  - getting people out of hospital as quickly as possible (Objective 2)
  - building capacity within Scottish Borders communities (Objective 3)
- 1.4 It is therefore proposed that the IJB be provided with the following information quarterly, under each of the 3 objectives:

### **Objective 1: we will improve health of the population and reduce the number of hospital admissions**

- Rate of emergency admissions to hospital, per 1,000 population (all ages);
- Rate of emergency admissions to hospital, per 1,000 population (ages 75+);
- Number of attendances at A&E;
- % of health and care resource spent on emergency hospital stays for persons aged 18+.

## **Objective 2: We will improve the flow of patients into, through and out of hospital**

- % of people seen within 4 hours at A&E;
- Number of Occupied Bed Days for emergency Admissions, ages 75+;
- Rate of Occupied Bed Days\* for emergency admissions, per 1,000 population (ages 75+);
- Number of Delayed Discharges over 72 hours; and over 2 weeks;
- Rate of Bed Days\* associated with delayed discharges, per 1,000 population aged 75+;
- Summarised results for NHS Borders' "Two minutes of your time" survey (conducted on an ongoing basis at BGH and Community Hospitals).

*\*looking at the rate of bed days per 1000 population (aged 75 and over) is necessary if we want to compare Scottish Borders performance against Scotland, and monitor trends over the longer term. For example, between October and December 2017, there were **10,587 bed days** following emergency admissions for people aged 75+. That equated to a rate of 883 bed days per 1000 people aged 75 and over. The rate of occupied bed days will also reflect the fact that some people will spend a very short time in hospital, whilst for others it will be much longer.*

## **Objective 3: we will improve the capacity within the community for people who have been in receipt of health and social care services to manage their own conditions and support those who care for them**

- Rate of Emergency Readmissions within 28 days of discharge from hospital (all ages), per 100 discharges;
- % of last 6 months of life spent at home or in a community setting;
- Carers offered assessments/assessments completed;
- Support for caring - change between baseline assessment and review in relation to: Health and well-being; managing the caring role; feeling valued; planning for the future; finance & benefits.

1.5 In addition to the quarterly measures outlined above, a number of annual measures will be included in either the quarterly report or the Annual Performance Report as and when updates become available (which can sometimes be mid-way through the year) and will give IJB members a sense of whether or not objectives are being achieved over the longer term. These are presented below:

- Premature mortality rate per 100,000 population
- % of adults who say they can look after their health very or quite well
- Balance of spend: % of total health and social care expenditure on community-based care;
- % of people satisfied with the care services they receive at home
- % of people who have a positive experience of the care provided by their GP
- % of care services in receipt of grade "good or better" in Care Inspectorate inspections
- % of last 6 months of life spent at home or in a homely setting (by setting e.g. Community; Hospice/Palliative Care Unit; Community Hospital; and Large Hospital)

The 2017/18 Annual Report has just been [published](#), where members of the IJB can find these indicators updated, along with trend information and Scottish

comparators (2017/18 data has been summarised at the end of this report for convenience).

- 1.6 In addition to the indicators that are presented to the IJB on a quarterly basis, a broader range of indicators are collected and reviewed on a regular basis within services, at relevant partnership groups and at the Health and Social Care Leadership Group. Indicators within the IJB report, and the various “layers” that sit underneath, ensure that not only the national requirements for data and information are met e.g. when the MSG requires performance information but that services are able to be managed effectively and focused on continuous improvement.
- 1.7 The IPFG is currently developing its Performance Management Framework that will articulate the various reporting “layers” and should provide IJB members with the assurance that data and performance information is being used to inform continuous improvement across the wide breadth of services that sit within the Health and Social Care Partnership. Given this breadth, it would be impossible to cover all service areas in the high level IJB reporting but the IPFG will ensure that areas of strategic focus are covered as effectively as possible and this may involve the addition or amendment of indicators over time.
- 1.8 The IPFG will always endeavour to present the latest available data and for some measures, there may be a significant lag whilst data is checked, cleansed and then released publicly, which increases robustness and allows for national comparators. Work is ongoing within the group to improve the timeliness of data where possible and to explore the pros and cons of using unverified but timelier local data.
- 1.9 There are 3 appendices to this report:

**Appendix 1** provides a very high level, “at a glance” summary for EMT and the IJB (for future reports, this summary will be designed to align with the revised Strategic Plan which, at the time of papers being produced, was not finished);

**Appendix 2** provides the rationale for the inclusion of indicators in the summary;

**Appendix 3** provides further details for each of the measures presented in Appendix 1, including performance trends and analysis.

## Summary of Performance

- 2.1 In a number of areas, Borders is demonstrating good performance over time and when compared to Scotland, including rate of hospital admissions, % of Health & Social Care resources spent on emergency hospital stays, attendance at A&E, and rate of occupied bed days for emergency admissions (age 75+).
- 2.2 However, whilst the rate of emergency admissions to hospital is stable / improving, there are still around 3000 people being admitted each quarter, with a third of them over 75 years old, which places significant pressure on our hospital services. The winter period saw a slight increase in the proportion of people waiting more than 4 hours in A&E, and although Borders compares well to Scotland, achievement has been under the 95% standard for the last 5 months reported. Key challenges remain in relation to bed days associated with people being delayed in hospital and although the rate of bed days associated with delayed discharge (age 75+) has

come down during Q4 (to 189.9 bed days per 1000 population age 75+), the *annual* rate for Borders is now 869 bed days per 1000 population age 75+, compared to 772 for Scotland)- Borders has been lower than Scotland in previous years. Quarterly end of life care measure fluctuates considerably and should be treated on a “provisional” basis. Challenges remain around support for carers and completing assessments and Borders Carers Centre continue to be commissioned to undertake assesem4rnt, as part of the revised strategic plan.

- 2.3 The revised Strategic Plan 2018 -21 and its Implementation plan provide more details on actions and timescales, many of which go beyond 2018 due to their transformational nature.
- 2.4 Given the many elements of integrated care, the wide range of services delegated to the Health and Social Care Partnership, and national changes in policy and direction, it is anticipated that performance reporting to the IJB will further develop over time. Performance reporting will increasingly align to and support the revised Strategic Plan and will be overseen by the IPFG.

### Updated annual figures

<b>Indicator</b>	<b>Scottish Borders</b>	<b>Scotland</b>
Premature mortality rate per 100,000 population	<b>324 in 2017</b>	425
% of adults who say they can look after their health very or quite well	<b>94% in 2017/18</b>	93%
Balance of spend: % of total health and social care expenditure on community-based care	<b>51.4% in 2015/16</b>	46.5%
% of people satisfied with the care services they receive at home	<b>83% in 2017/18</b>	81%
% of people who have a positive experience of the care provided by their GP	<b>88% in 2017/18</b>	83%
% of care services in receipt of grade “good or better” in Care Inspectorate inspections	<b>80.7% in 2017/18</b>	85.4%
% of last 6 months of life spent at home or in a homely setting (by setting e.g. Community; Hospice/Palliative Care Unit; Community Hospital; and Large Hospital)	<b>87.2 for 2017/18</b>	88.3%