Changing Health & Social Care for You

Working with communities in the Scottish Borders for the best possible health and wellbeing

Summary of Performance for Integration Joint Board: AUGUST 2018

This report provides an overview of quarterly performance under the 3 strategic objectives within the revised Strategic Plan, with **latest available data at the end of June 2018**. A number of annual measures that have been updated recently are included in the Annual Performance Report 2017/18

KEY					
	+ve trend/SB compares well to previous period/to Scotland		-ve trend/some concern from previous period or when compared to Scotland		Little change/little difference over time/to Scotland

How are we doing?

Objective 1: We will improve health of the population and reduce the number of hospital admissions

Emergency Hospital Admissions (Borders residents, all ages)	Emergency Hospital Admissions (Borders residents age 75+)	Attendances at A&E	£ on emergency hospital stays
27 admissions per 1,000 population	**84.2** admissions per 1,000 population Age 75+	**7,051** attendances	**20.8%** of total health and care resource, for those Age 18+ was spent on emergency hospital stays
(Jan - March 2018)	(Jan – March 2018)	(Jan - March 2018)	(Oct – Dec 2017)
Little change over 4 Qtrs	+ve trend over 4 Qtrs	+ve trend over 4 Qtrs	Little change over 4 Qtrs
Similar to Scotland	Lower than Scotland	Trend similar to Scotland	Lower than Scotland

Main challenges:

Whilst the *rate* of emergency admissions to hospital amongst the Borders population is stable / improving as shown above, there are still over **3000** emergency admissions each quarter, with a third of them people aged 75 and over. This places significant pressure on our hospital services (particularly on BGH, but also on other hospitals to which Borders' residents can be admitted, such as Edinburgh Royal Infirmary).

Our plans during 2018 to support this objective:

Develop Local Area Co-ordination; redesign day services; Continue Community Link Worker pilot in Central and Berwickshire areas; develop the role of community pharmacist; extend scope of the Matching Unit; Use Buurtzorg model of care to plan and deliver service by locality; increase use of telecare and telehealth; delivery of Post Diagnostic Support for people with dementia, and continued focus on referral process for dementia

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

A&E waiting times (Target = **95%**)	No. of Occupied Bed Days* for emergency admissions (ages 75+)	Rate of Occupied Bed Days* for Emergency admissions (ages 75+)	Number of delayed discharges ("snapshot" taken 1 day each month)	Rate of bed days associated with delayed discharge
89% of people seen within 4 hours (March 2018)	**10,587** bed days for admissions of people aged 75+ (Oct - Dec 2017)	**883** bed days per 1000 population Age 75+ (Oct – Dec 2017)	**19** over 72 hours **19** over 2 weeks (April 2018)	**189.8** bed days per 1,000 population Aged 75+ (Jan - March 2018)
-ve trend over 4 Qtrs	+ve trend over 4 Qtrs	Little change over 4 Qtrs	-ve trend over 4 Qtrs	-ve trend over 4 Qtrs
Higher than Scotland		Lower than Scotland		Higher than Scotland

*Occupied Bed Days in general/acute hospital beds such as Borders General Hospital. This does not include bed days in the four Borders' community hospitals.

"**Two minutes of your time**" survey, conducted at BGH and Community Hospitals (Jan – March 2018)

Satisfaction with care and treatment	Staff understanding of what mattered	Patients had info and support needed
97.1%	**93.8%**	**93.5%**
Little change over 4 Qtrs	-ve trend over 4 Qtrs (although high)	Little change over 4 Qtrs

Main challenges:

The winter period saw a reduction in the percentages of people seen within 4 hours in A&E, and although Borders compares relatively well to Scotland, nonetheless 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.

Our plans during 2018 to support this objective:

Support a range of "Hospital to Home" and "Discharge to assess" models to reduce delays (for adults who are medically fit for discharge); develop "step-up" facilities to prevent hospital admissions and increase opportunities for short-term placements; as well as a range of longer term transformation programmes aimed at shifting resources and redesigning services

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

Emergency readmissions within 28 days (all ages)	End of Life Care	Carers offered assessments/assessments complete	Support for carers: change between baseline assessment and review. Improvements in self-assessment:
10.3 per 100 discharges from hospital were re-admitted within 28 days (Oct – Dec 2017)	**88.2%** of people's last 6 months was spend at home or in a community setting (Oct – Dec 2017)	**187** Offered **36** Completed (Jan – March 2018)	Health and well-being Managing the caring role Feeling valued Planning for the future Finance & benefits (Jan – March 2018)
Little change over 4 Qtrs	-ve Trend over 4 Qtrs	Little change over 4 Qtrs	n/a (data from Q4 17/18)
Similar to Scotland	Lower than Scotland		

Main challenges:

Quarterly "end of life care" measure fluctuates considerably and should be treated on a "provisional" basis and could be influenced by seasonal factors such as variations in hospital activity. Measure may subsequently be replaced with one that better distinguishes time spent in the Margaret Kerr Unit as distinct from time spent on general/acute hospital wards. Challenges remain around support for carers

Our plans during 2018 to support the objective:

Further development of "What Matters" hubs; Support for Transitional Care as a model of service delivery for people 50+; redesign of care at home services to focus on re-ablement; increase provision of Extra Care Housing; roll out of Transforming Care after Treatment programme (commencing with Eildon); ongoing commissioning of Borders Carers Centre to undertake assessments.