Rationale for inclusion of measures in IJB performance reporting

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

Indicator	Why has this been included?
Rate of emergency admissions to hospital, per 1000 population (all ages)	Reducing emergency admissions in our population should demonstrate improved partnership working. It should represent a shift from a reliance on hospital care towards proactive and coordinated care and support in the community. It should demonstrate the effectiveness of anticipatory care, identifying people who are at risk of emergency hospital admission, supporting people to manage long term conditions and providing coordinated care and support at home, where safe and appropriate. Safe and suitable housing for people will also be important.
Rate of emergency admissions to hospital, per 1000 population (age 75+)	This is of particular concern and has historically been higher in the Scottish Borders than across Scotland as a whole. Existing work within the Borders to reduce emergency admission rates needs to continue and be built on.
Number of attendances at A&E	Whilst this focuses on the A&E Department, NHS Boards and Health and Social Care Partnerships are required to ensure that best practice is installed throughout the whole system, including health and social care, supporting joined up work to ultimately prevent people having to attend A&E
% of health and care resource spent on emergency hospital stays for persons 18+	Health and Social Care Integration should allow Health and Social Care Partnerships to commission changes in the health and social care pathway that will optimise (where appropriate) community based care. For example, through intermediate care, anticipatory and preventative care. This ensures that emergency/non elective resources (staff, beds, equipment) are used for those who need acute medical and trauma care. Under integration it is expected to see the proportion of emergency spend reduce.

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

Indicator	Why has this been included?
% of people seen within 4 hours at A&E	The national standard for Accident and Emergency (A&E) waiting times is that 95% of people arriving in an A&E Department in Scotland (including Minor Injuries Units) should be seen and then admitted, transferred or discharged within 4 hours. NHS Boards are to work towards achieving 98% performance.
Number of Occupied Bed Days for emergency Admissions, 75+	Once a hospital admission has been necessary in an emergency, it is important for people to get back home (or to another appropriate place) as soon as they are fit to be discharged, to avoid the risk of them losing their confidence and ability to live independently. Health and Social Care Partnerships have a central role in this by providing community-based treatment and support options, “step down” care and home care packages to enable people to leave hospital quickly once they are well enough. Additionally, care homes should where appropriate be able to support people with a wider range of physical and mental frailty and
Rate of Occupied Bed Days for	

Indicator	Why has this been included?
emergency admissions, per 1000 population (ages 75+)	needs. There is a continuing focus in the Borders on providing alternative supports for older adults, rather than keep them unnecessarily in hospital. The number and the rate have both been included to demonstrate the scale of the challenge as well as the change over time. **Note:** These measures reflect all bed days in a general/acute hospital (such as BGH) following emergency admission, including those for delayed discharges. They *do not*, however, reflect bed days in any of the Borders' Community Hospitals. This is because, in common with several others in this report, the measures are based on standard, Scotland-wide measures (to allow benchmarking), which excludes data on beds coded as "Geriatric Long Stay" (GLS). All beds in the Borders Community Hospitals are coded by NHS Borders as GLS and thus those bed days are not reflected in these measures.
Number of Delayed Discharges over 72 hours; and over 2 weeks	A delayed discharge (often referred to in the media as "Bed Blocking") occurs when a patient, clinically ready for discharge, cannot leave hospital because the other necessary care, support or accommodation for them is not readily accessible. A long delay increases the risk of the patient falling ill again, or losing vital life skills, independence or mobility. It could ultimately result in the patient having to be admitted to a care home due to the deterioration in their health and mobility. Delayed Discharges (DDs) over 2 weeks; over 72 hours are snapshots - taken on a census day each month - of the numbers of patients for whom the delay has exceeded the specified period of time.
Rate of Bed Days associated with delays, per 1,000 population aged 75+	This measure is included to provide a fuller picture (not just the monthly snapshot, above) of the impact of delays. Put simply, patients who are fit to leave hospital but are delayed (for a variety of reasons) take up beds that could be used for other patients who require urgent or planned care. Integration should ultimately see a reduction in this measure.
Summarised results for NHS Borders' "Two minutes of your time" survey (conducted on an ongoing basis at BGH and Community Hospitals)	NHS Borders has introduced a proactive patient feedback system '2 minutes of your time', which comprises a brief survey of 3 quick questions. Feedback boxes are located within acute hospital (the BGH), community hospital and mental health units. In addition patient feedback volunteers have been recruited and gather feedback from patients, carers and their relatives within clinical and public areas throughout the hospital. This enables us to look at changing the way in which we do things and ensuring our work has a more person centred approach.

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

Indicator	Why has this been included?
Rate of Emergency Readmissions within 28 days of discharge from	The readmission rate reflects several aspects of integrated health and care services, including discharge arrangements and co-ordination of follow up care, underpinned by good communication. It also reflects the quality and level of care being provided within the community.

Indicator	Why has this been included?
hospital (all ages), per 100 discharges	This is a bespoke measure produced by ISD LIST (part of NHS National Services Scotland) for Scottish Borders H&SCP and includes patients discharged from the Borders' Community Hospitals as well as from general/acute beds such as BGH.
% of last 6 months of life spent at home or in a homely setting	It is now possible to predict the progress of many diseases, enabling a planned approach to palliative and end of life care in ways which reflect best practice and which, as far as is practicable, in accordance with the needs and wishes of patients, carers and their families. Health and Social Care Partnerships are expected to be able to influence this by commissioning high quality end of life services, and working with communities, families and staff to enable discussion about planning for end of life. As more people have anticipatory care plans and as electronic palliative care summaries are rolled out throughout the country, then we should see a gradual increase in this measure in the medium to long term. This indicator should ideally represent the wishes and choices for patients and their carers and also demonstrate the effectiveness of having a planned approach to end of life care. For an individual, the preferred place of care can change as their condition and/or family circumstances change over time, making this very difficult to measure and track. The last six months of life was chosen as this is the period when most hospital admissions occur, and the period when clinicians would tend to plan end life care if the patient was not expected to live longer than 6 months.
Carers offered assessments /assessments complete	It is estimated that around 788,000 people are caring for a relative, friend or neighbour in Scotland (including around 44,000 people under the age of 18). A large percentage of these are currently not recognised as carers and are unpaid. Their contribution to caring within the community is substantial and could not be replaced. The Carers (Scotland) Act will commenced on April 1, 2018. There is a package of provisions within the Act designed to support carers' health and wellbeing. Local Authorities have a requirement to identify and support carers needs and personal outcomes. Any carer who appears to have a need for support should be offered an assessment. The assessment is provided regardless of the amount or type of care provided, financial means or level of need for support. Improving our methods of identifying and offering support to carers will ensure their contribution is recognised and complements the social care system currently in place.
Support for caring-change between baseline assessment and review	A Carers Assessment includes a baseline review of several key areas including health and wellbeing, managing the carer role and planning for the future. These areas are reviewed within a 3 month to 12 month period depending on the level of need and the indicators from the initial baseline. This information is collated to measure individual outcomes for Carers.