

Scottish Borders Health & Social Care  
Integration Joint Board

Meeting Date: 22<sup>nd</sup> Oct 2018



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**QUARTERLY PERFORMANCE REPORT, AUGUST 2018  
(DATA AVAILABLE AT END SEPTEMBER 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 September 2018. The report focuses on demonstrating progress towards the Health and Social Care Partnership's Revised Strategic Plan 2018 -2021
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<b>Recommendations:</b>	Health & Social Care Integration Joint Board is asked to:  a) Note and approve any changes to performance reporting; b) Note the key challenges highlighted.
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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 For the last IJB meeting in August 2018, the Integration Performance and Finance Group (IPFG) took the opportunity to revisit the structure and content of performance reporting for the IJB, and provided the IJB with a paper that explained the rationale for the inclusions of indicators under the 3 objectives in the revised plan:
  - 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)
- 1.2 Although the proposals were accepted by the IJB, it was noted that the measures are very “hospital” focussed, something that the IPFG is aware of. The measures selected however, are from robust, reliable data sources, and can (in most cases) be compared nationally which is of benefit to both the IJB and to services. Ultimately, whether or not people end up in hospital, how quickly they get out of hospital and whether or not they get re-admitted to hospital is a reflection of how effective the *totality* of services within the Health and Social Care Partnership are integrated and focussed on improving outcomes for individuals.
- 1.3 NHS National Services Scotland’s Information Services Division (ISD) is currently working with all Local Authorities (LA) across Scotland to develop consolidated, consistent and robust reporting in relation to Social Care, through what is called the “Source” return. Initial submissions were made by LAs in July 2018, for the period January to March 2018, and data is currently being reviewed and refined. The Source return will be further developed during 2018/19 with a view to quarterly submissions being made by LAs around a range of measures relating to social care. The IPFG will ensure that any relevant measures, as they develop (with the capacity to benchmark), are proposed to the IJB for inclusion in this report.
- 1.4 In addition to the Source return, there are opportunities for the Borders to contribute (further) to progress the development of other national “non acute” NHS data sets, from which it should ultimately be possible to derive additional measures around service use, for example, the Community Health Activity Dataset (CHAD).
- 1.5 The IJB’s Strategic Planning Group expressed concern about the lack of population health measures, to support Objective 1. Scottish Borders Council (SBC) is currently undertaking a Household Survey, which closes in late September. Although the survey is being conducted on-line, it has also been made available in paper format and promoted extensively through local media. A number of questions have been asked about people’s general health and will provide a good baseline for future survey work, supporting Objective 1 in the Strategic Plan. SBC intends to undertake the survey every two years but has also taken the opportunity, during the survey process, to recruit to and re-establish a People’s Panel that can be used for more focussed work between surveys e.g. around specific topics pertaining to health and social care.
- 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 national Ministerial Steering Group (MSG) requires performance information but that services are able to be managed effectively and focused on continuous improvement.

- 1.7 The IPFG is 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 two appendices to this report:

**Appendix 1** provides a very high level, “at a glance” summary for EMT and the IJB aligned with the revised Strategic Plan;

**Appendix 2** provides further details for each of the measures presented in Appendix 1, including performance trends and analysis.

## Summary of Performance

- 2.1 Borders has demonstrated a positive trajectory in relation to A&E waiting times over the last few months (now sitting at almost 92% at end June), although the 95% target has not been met during 2018 (which is also the case for Scotland), and has worked hard over the last quarter to maintain performance in some challenging areas e.g. rate of bed days associated with delayed discharge.
- 2.2 Although rate of emergency admissions has fluctuated over the last 4 quarters, it is showing a downward (+ve) trend over the longer term. The rate of emergency admissions *for Scottish Borders residents aged 75+* has generally been decreasing over the longer term but there has been an increase over the last 4 quarters. In relation to spend on emergency hospital stays, Borders has consistently performed slightly better than Scotland. However, there has been a gradual increase since 2014/15. As with other Health and Social Care Partnerships, we are expected to work to reduce the relative proportion of spend attributed to unscheduled stays in hospital.
- 2.3 Quarterly occupied bed day rates for emergency admissions in Scottish Borders *residents age 75+* have fluctuated over time but are lower than the Scottish averages (however, occupied Bed Days in Borders is only in general/acute hospital beds such as Borders General Hospital and does not include bed days in the four Borders’ community hospitals). Quarterly rate of bed days associated with delayed discharges came back down to 204 in Q1 2018/19 (after rising to 273 during Q2

2017/18). % of patients satisfied with care, staff & information in BGH and Community hospitals remains high, taken from the “2 minutes of your time” survey done at BGH and community hospitals.

- 2.4 Quarterly rate of emergency readmissions within 28 days of discharge for Scottish Borders residents has fluctuated over the longer term, but has remained under 11 per 100 discharges from hospital, slightly higher than the Scottish average. The gap has now narrowed, due in part to improvements in the accuracy of NHS Borders' data coding. Scottish Borders quarterly data has been provided in relation to end of life care and is showing an improvement over the longer term, with Borders now comparable to Scotland. Latest available data from Carers Centre shows an increase in completed Carer Support Plans, and improvements in how carers are coping as a result of having a plan in place (assessed using a questionnaire with carers, pre and post plan).
- 2.5 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.
- 2.6 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.