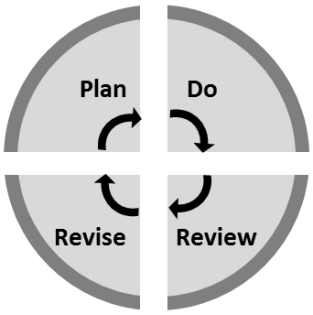
How are we doing?

A **Performance Management Framework** focused on continuous improvement across the Scottish Borders Health and Social Care Partnership

Scottish Borders
Health and Social Care
PARTNERSHIP



January 2019

Contents

Executive Summary

Creating a high performance culture focused on continuous improvement is critical when demand for services is growing and resources are tightening.

All public sector agencies, and the partners with whom they work and commission services from, have a duty to demonstrate "Best Value" - ensuring that there is good governance and effective management of resources, with a focus on improvement, to deliver the best possible outcomes for the public. National legislation makes this duty clear for both NHS Borders and Scottish Borders Council, as well as for Integration Joint Boards (IJB) and the Health and Social Care Partnerships whose work they oversee and direct.

The Scottish Borders Health and Social Care Partnership approved a revised Strategic Plan (Changing Health & Social Care for You) in August 2018. To ensure that the IJB and other key stakeholders (including the general public) can assess how effectively the partnership is working towards its objectives, it is necessary to take a structured approach to managing and reporting performance across the Scottish Borders Health and Social Care Partnership (HSCP).

As part of its governance arrangements (and defined within the Code of Corporate Governance), the IJB is required to develop and approve a Performance Management Framework (PMF), developed by both NHS Borders and Scottish Borders Council. The Code recognises that high level performance information will enable the IJB to:

- assess the effectiveness of the work it commissions (including key transformation programmes and projects) *and*
- direct future work.

More detailed performance information within services across the Partnership allows those services that are accountable to the IJB to ensure a focus on continuous improvement and take corrective action where appropriate.

Robust, comprehensive performance reporting at all levels within the HSCP will not only enable better management of services, but will satisfy statutory obligations to stakeholders including the tax-payer and allow us to demonstrate Best Value. It should also provide assurance to the IJB that the necessary reporting and scrutiny is in place through the partnership.

This PMF sets out the current strategic context and performance reporting arrangements for the HSCP to increase transparency and enable closer scrutiny of performance, for services across the partnership. It replaces and builds on a previous PMF developed to support the last Health and Social Care Strategic Plan.

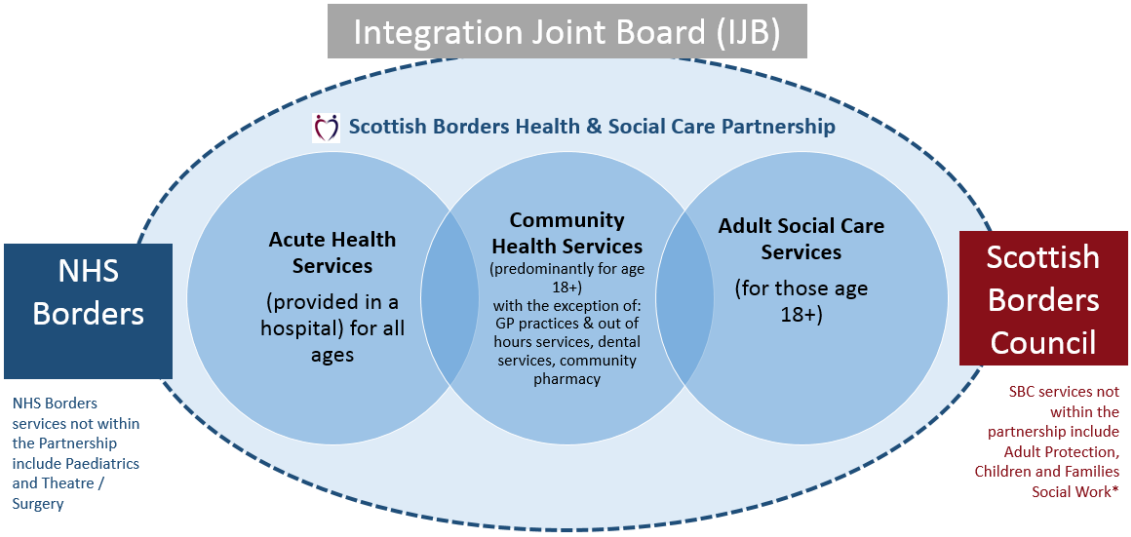
1. Introduction

This Performance Management Framework (PMF) is for the period 2018 to 2021 and will support the IJB to assess the effectiveness of the Health & Social Care Partnership in working towards the achievement of the strategic objectives in the revised Health and Social Care Strategic Plan.

As resources increasingly tighten, and demand for the services delivered or commissioned by the partnership increases, a focus on driving improvement and in demonstrating value for money is critical. The Partnership's governing body (the IJB) must be able to assess the effectiveness of the range of services that have been integrated (shown in **Figure 1** below) as well as the impact and effectiveness of transformation and change programmes that aim to either:

- keep people out of hospital and in their community (e.g. development of Community Link Workers, currently being piloted in Central Borders and Berwickshire) *or*
- get them out of hospital as quickly as possible (e.g. a range of "Hospital to Home" and "Discharge to assess" models to reduce delays (for adults who are medically fit for discharge)

Figure 1: Service that are integrated and directed by the IJB



More details of the services covered by integration are provided in **Appendix 1**

2. Why do we need a performance management framework?

2.1 To focus on continuous improvement

The HSCP aspires to be one of the "best in class", and seeks to promote a culture of continuous improvement to deliver better outcomes for individuals and communities. A PMF provides the structure by which the partnership can make informed decisions on future priorities, using performance information to identify and drive improvement work. It can also be used to assess the effectiveness of transformation and change projects e.g. has a piece of process improvement work led to a reduction in delayed discharges from hospital.

A PMF should help to build a culture of continuous improvement by setting out a logical approach to driving performance improvement, shown in the diagram below:

Figure 2:

Source: Adapted from Audit Scotland

This cycle has influenced the approach taken within this PMF around both performance management within services, and performance reporting for the IJB on a quarterly basis and annual basis, for example:

PLAN	The vision and the 3 objectives are set out in our Strategic Plan

DO	Integrated services are tasked with ensuring that these objectives are addressed and developed using appropriate change programmes and projects
REVIEW	Quarterly and annual reports provide a high level overview of performance against objectives, assessing whether or not the working being undertaken is improving performance
REVISE	The IJB directs future work based on an assessment of performance information

2.2 To meet legislative requirements

Under the Public Bodies (Joint Working) (Scotland) Act 2014, Integration Joint Boards are required to provide services in a way which "*makes the best use of the available facilities, people and other resources*" (this is one of a number of integration planning principles specified in the Act) – this can only be demonstrated if the various services that form part of the Health and Social Care Partnership have arrangements in place to both manage and report performance at all levels, on a regular basis.

The Act requires that IJBs produce a strategic plan, review the plan, and produce an annual performance report "*setting out an assessment of performance during the reporting year to which it relates in planning and carrying out the integration functions*". However, to really focus on driving continuous improvement, the Local Code of Corporate Governance states that the Chief Officer will provide regular reports to the Integration Joint Board for "*members to scrutinise performance and impact against planned outcomes and commissioning priorities*".

2.3 To set expectations around accountability

The PMF sets out what the IJB can expect on a quarterly basis, and the rationale for the indicators currently contained within the report. As more robust indicators become available through "Source" (more details are provided in **Section 7** of this document), and through the development of indicators in relation to NHS non-acute services e.g. primary care, the selection of indicators presented under each of the 3 objectives may be changed and revised, with approval from the IJB.

A PMF also allows others to assess the impact of the Health and Social Care Partnership, informing stakeholders (including the public) of progress towards delivering objectives and will ensure that we meet legislative requirements around public reporting and transparency.

Within the Local Code of Conduct, it states that the IJB should "*seek and have regard to the views of its Strategic Planning Group* on— (i) the effectiveness of the arrangements for the carrying out of the integration functions in the area of the local authority*". Clear and regular performance updates to the SPG will ensure that the IJB fulfils this requirement.

*The SPG acts as an advisory committee to the IJB. The role of the SPG is to identify and raise issues that may impact on the delivery of the local objectives set out in the Strategic Plan and against the agreed national outcomes. The group provides a forum for initial consultation and community engagement.

3. Current Strategic Context- what we're aiming to achieve

In 2017, the Scottish Government set out its aspirations in a National Performance Framework after asking the public, practitioners and experts what kind of Scotland they would like to live in. Within the framework, it has developed a purpose statement and values, eleven National Performance Outcomes and a range of high level indicators to assist in assessing whether or not collectively, public sector resources are being used to improve the wellbeing and quality of life of the people of Scotland.

The National Health and Wellbeing Outcomes are different to the National Performance Outcomes. The wellbeing outcomes are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care. By working with individuals and local communities, Integration Authorities will support people to achieve the following outcomes:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer

2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

3. People who use health and social care services have positive experiences of those services, and have their dignity respected

4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

5. Health and social care services contribute to reducing health inequalities

6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being

7. People using health and social care services are safe from harm

8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

9. Resources are used effectively and efficiently in the provision of health and social care services

Here in Scottish Borders, the outcomes that we want to achieve for individuals and communities are set out in the Scottish Borders Community Plan 2018 (a requirement under the Community Empowerment (Scotland) Act 2015). Our outcomes, which were consulted on widely, can only be achieved through closer partnership working right across the Scottish Borders – partnerships between public, private community and voluntary sector organisations, working and thinking differently to address persistent issues. There are **15 outcomes** in total in the community plan, and a number of which relate to health and social care, with three in particular:

- More people in good health and leading an active lifestyle at every age and stage of life
- More people in good mental health at every age and stage of life
- Improved support and care for older people

The Health and Social Care Partnership is therefore a critical part of CPP arrangements in Scottish Borders. The Health & Social Care Strategic Plan (2018 -2021) describes some of the actions that will be taken to contribute to the community plan outcomes, as well as what needs done to make the shift towards more sustainable, integrated and community-based Health and Social Care services.

Because not everything that NHS Borders and Scottish Borders Council do is covered by the Health and Social Care Strategic Plan, each organisation has its own Strategic Plan that set out what it wants to achieve. Increasingly however, the need to integrate the services that relate to caring for and supporting people is growing, due to tightening resources and increasing demand but also because, from a service user's perspective, it makes sense.

Our strategic context and the relationship between the partnership strategic plans is shown below and more detail is provided on the following pages:

Figure 3: Our Strategic Context

3.1 Scottish Borders Community Plan

The Community Planning Partnership works together, and with local communities and businesses, to effectively tackle challenges and improve outcomes, with a particular focus on reducing inequalities.

Community planning is the process by which Councils and other public bodies work with local communities, businesses and community groups to plan and deliver better services and improve the lives of people who live in our area. The Scottish Borders Community Planning Partnership leads on this in the Borders. A range of key partners are represented on the partnership including SBC, NHS Borders, Police Scotland, Scottish Enterprise and Scottish Fire and Rescue Service. A range of other statutory and non-statutory partners are also represented.

The Community Plan (known under the Community Empowerment Act as a "Local Outcomes Improvement Plan") is based around 4 themes:

1. Our Economy, Skills and Learning: "How do we build and improve our economy, skills and learning?"
2. Our Health, Care & Wellbeing: "How do we promote and improve our health, care and wellbeing?"
3. Our Quality of Life: "How do we protect and improve our quality of life?"
4. Our Place: "How do we develop and improve our place?"

Under each theme a series of desired "Outcomes" are set out, along with high level indicators, key actions and owners (i.e.) strategic leads.

3.2 Scottish Borders Health & Social Care Partnership Strategic Plan (2018-2021)

The Plan articulates what the Health and Social Care Partnership wants to achieve in regard to improved health and well-being in the Borders through integrating health and social care services and by working with communities.

This high-level Plan is supported by the implementation of Strategies related to specific themes (such as Dementia, Mental Health etc.).

The plan has 3 strategic objectives:

- We will improve the health of the population and reduce the number of hospital admissions;
- We will improve patient flow within and out with hospital;
- We will improve the capacity within the community for people to better manage their own health conditions and support those who care for them.

The decisions taken within all of the services that are integrated are set against these 3 strategic objectives. This in turn contributes to the CPP outcomes and the delivery of improved outcomes for people in the Scottish Borders.

3.3 Scottish Borders Council's Corporate Plan 2018-2023

The Corporate Plan ("OUR PLAN for 2018-2023 and your part in it") sets a direction for SBC for the period 2018 to 2023 in order to:

- Make the most of the opportunities we now have
- Tackle the challenges we face
- Take account of what our Councillors want to achieve for the Scottish Borders
- Ensure we respond to national policies and other statutory requirements.

The plan is based around 4 themes and sets out the high level actions that SBC is committed to, as well as the part that individuals, communities, families and businesses can play to help keep the Scottish Borders thriving. The 4 themes are:

a. Our Services For You
b. Independent Achieving People
c. A Thriving Economy, With Opportunities For Everyone
d. Empowered, Vibrant Communities

Each quarter, SBC's Executive Committee receives a performance report allowing stakeholders to assess the impact that SBC is having. To support the Corporate Plan, SBC has in place its own **Performance Management Framework** (approved in August 2018) that sets out the layers of reporting that is underneath the high level reporting to Executive Committee.

3.4 NHS Borders Clinical Strategy 2017 -2020

The Clinical Strategy underpins the strategic direction for NHS Borders and provides the service framework for supporting strategies to deliver clinical services in the future. It forms the basis on which the Board will deliver outcomes and focus resources.

The vision for the Clinical Strategy is to:

"Provide personalised, evidence based care as close to home as possible. Working with people to define treatment goals and optimise outcomes. Supporting people to stay well; treat illness and manage crises."

The strategic aims are:

- To deliver the national vision for health and social care in Scotland, as set out in the Scottish Health & Social Care Delivery Plan (December 2016).
- To provide clarity for staff, the public and partners on the direction and key priorities for staff in NHS Borders, focusing on the delivery of safe and sustainable services and ensuring the best possible patient experience and health outcomes.
- To have a clear response to how we will maximise opportunities and adequately manage current and future predicted challenges facing the NHS (and other partner organisations), such as increasing population needs, advances in technology, workforce and financial challenges.
- To support future decision making and guide how we best use our limited resources.
- To set out how collaborative working with partners will be supported to meet the needs of the East of Scotland populations and ensure sustainability of health and social care services.

Given the current challenging context, NHS Borders is consulting widely on a new strategic plan to define a vision for the future of care delivery, with the aim of having a revised strategic plan complete by March 2020. Because of the increasing need to integrate services, the IJB will be a key stakeholder in the development of this plan and on what services will look like in the future.

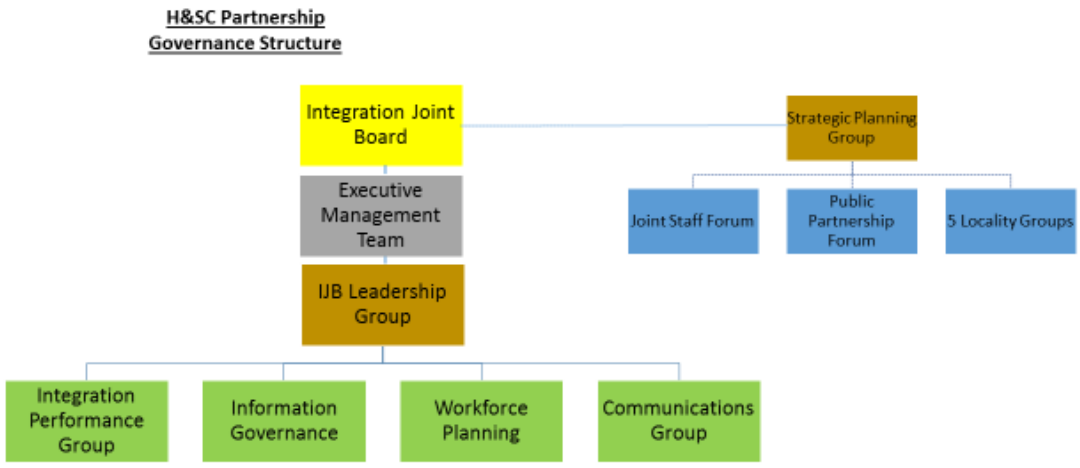
Like SBC, NHS Borders has in place its own **Performance Management Framework** (updated in June 2018) which defines 6 levels of performance reporting as:

Level	Body/report	Frequency
Level 1	Service Performance Scorecards	As required and determined within Service
Level 2	Clinical Board Scorecards	Monthly
Level 3	Clinical Board Quarterly Scorecards (inc financial data)	Quarterly
Level 4	Clinical Executive Operational Group, NHS Board (Public and Strategy & Performance Committee) Performance Report	Quarterly
Level 5	Quarterly Clinical Board Performance Reviews- using relevant Clinical Board Scorecards. An action tracker is produced based on discussion at each review	Quarterly
Level 6	A mid-year and annual Managing Our Performance report	6 monthly

4. Responsibility for Performance reporting across the HSCP

The HSCP high level governance structure is presented below. The Integration Performance Group is responsible for developing the IJB's Performance Management Framework and for ensuring that robust performance management and reporting arrangements exist across the HSCP, for both IJB and other performance reporting requirements.

Figure 4: H&SC Governance Sturtcture



Many of the service areas that are integrated (presented in **Appendix 1**) are accountable to either:

- Clinical Boards within NHS Borders. For example, Mental Health, Learning Disabilities and Physical Disabilities services report to its own Clinical Board. All Clinical Boards then report to the Clinical Executive Operational Group where they are held to account for their performance. These arrangements are detailed within the NHS Borders PMF (June 2018)

- Service Directorates within SBC, with arrangement detailed within SBC's PMF (August 2018)

The Integration Performance Group is working with the IJB Leadership Group on an ongoing basis to ensure that high quality performance information is developed and used appropriately across all integrated service areas.

From time to time, the Integration Performance Group will request, from either Clinical Boards or SBC services that managers prepare to present "measures under the spotlight". This will be undertaken when there is either concern in particular area, or good practice identified.

5. Quarterly reporting to the IJB

In order that the IJB can assess how effectively the HSCP is working towards its strategic objectives, a range of high level indicators have been selected for each of the three strategic objectives in the Strategic Plan and are presented to IJB on a quarterly basis in a range of formats:

- Covering report, using the standard IJB template (If changes or additions are proposed to the indicators, the IJB will always be asked to approve this, with information included in this covering report);

- Infographic summary- an "at a glance summary" presenting indicators under the 3 strategic objectives;

- Detailed presentation of indicators showing trends over time and comparisons with national figures and trends where available, and using appropriate Statistical Process Control (SPC) techniques to enhance and improve robustness of reporting;

- Commentary from the IJB Leadership Team on what we are doing to improve or maintain performance;

- Information in these reports is made available on SBC's website

The Integration Performance Group (IPG) will always endeavour to present the latest available data on a quarterly basis. For some measures, there may be a significant lag whilst data is checked 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.

The indicators selected and the rationale for the current selection of the indicators is set out in **Appendix 2** *(note – this appendix will be updated as and when any agreed changes are made to the suite of indicators).*

As part of its business planning process, the IJB will define the meetings at which it wishes to review performance on a quarterly basis and the Integration Perform Group will prepare reports accordingly.

5.1 Reporting on transformation and change programmes

In order to meet the challenges of increasing demand and tightening resources, AND to achieve the objectives set out in the Strategic Plan, the IJB will be required to regularly direct and oversee a range of transformation and change programmes that should lead to improvements in performance.

Over the last 2 years, various reports have been presented to the IJB on the range of projects funded through what was the Integrated Change Fund (ICF) – this funding is now part of the baseline IJB budget. Transformation and change work goes beyond ICF projects and will impact on all areas of integrated services.

SBC and NHS Borders are currently working jointly to consolidate reporting across the ranges of change programmes that relate to health and social care across both NHS Borders and SBC, and the Integration Performance Group will work with Programme Managers in both organisations to provide the IJB with more robust and regular reporting during 2019.

6. Annual reporting to the IJB

Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 states that "*each integration authority must prepare a performance report for the reporting year. A performance report is a report setting out an assessment of performance during the reporting year to which it relates in planning and carrying out the integration functions for the area of the local authority*".

This annual performance report must be published by the H&SCP no later than 31st July each year. The Integration Performance Group will compile this report and provide a range of information including:

- The year at a glance
- Performance against key priorities (including progress against the 23 "Core Suite" indicators- described in Section 7, below)
- Key partnership decisions taken within the year
- A spotlight on key programmes or projects
- Governance and accountability
- Progress against local objectives including key achievements during the year and key challenges
- Information on inspection of services undertaken within year
- Summary of Financial Performance and Best Value
- Priorities for the coming year

7. Additional performance reporting within the H&SCP

Additional measures, over and above the measures currently selected for quarterly reporting to IJB, also require to be monitored within the H&SCP to reflect either local direction/priorities or national initiatives. The Integration Performance Group will ensure that this reporting is undertaken as required. The 2 main requirements have been outlined below, but the group will address new/additional requirements as they emerge.

7.1 Ministerial Strategic Group (MSG) for Health and Social Care

The Scottish Government's Ministerial Strategic Group (MSG) for Health and Social Care, which has overall responsibility for policy matters that cross the local government/NHS Scotland interface asks that all Integration Authorities set trajectories against a suite of Integration Indicators and report regular progress to the MSG.

A framework to provide quarterly progress updates to MSG has been developed covering six agreed priorities that support the ambitions set out in the Scottish Government's Health and Social Care Delivery Plan, and are presented below:

1. Number of emergency admissions into Acute specialties
2. Number of unscheduled hospital bed days, with separate objectives for Acute, Geriatric Long Stay and Mental Health specialties
3. Number of A&E attendances and the number of patients seen within 4 hours

4. Number of delayed discharge bed days
5. Percentage of last six months of life spent in the community
6. Percentage of population residing in non-hospital setting for all adults and people aged 75+.

Integration Authorities (IAs) shared their improvement objectives against these priorities for the first time in Spring 2017, and are now asked to do so at the end of each calendar year.

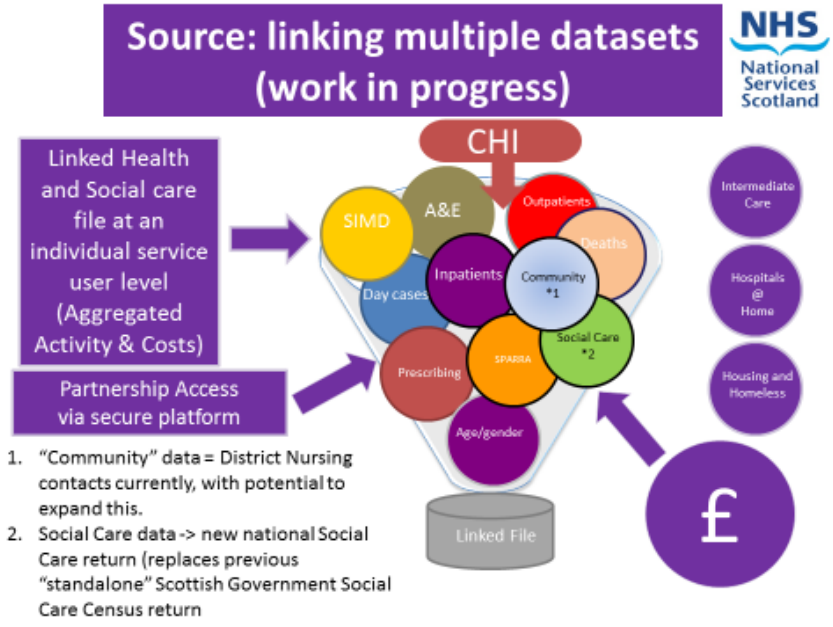
7.2 National Core Suite Indicators

Scottish Government, in partnership with NHS Scotland, COSLA and the third and independent sectors, established a set of 23 measures for all health and social care partnerships. Known as the "Core Suite", these were developed from national data sources so that the measurement approach is consistent across all health and social care partnership areas. This set of core indicators underpin the nine National Health and Wellbeing Outcomes.

The majority of the Core Suite indicators can only be updated annually and are therefore required to be included in the Annual Performance Reports.

8. Future Development of Social Care and other indicators

ISD Scotland is leading work on data to support better care, known as "Source". Source aims to link multiple, currently fragmented data sets to facilitate better decision making, as demonstrated in the diagram below:



Given that the National annual spend on social care is around **£3bn**, there is a real need to build a stronger understanding of the impact of this spend.

All Health and Social Care Partnerships were asked in 2018 to submit data on Self Directed Support, Home Care/Reablement, Telecare/alarms, Care Homes, Day care and Meals, as well as demographic data.

Partnerships will be asked to make further submissions with the aspiration that this will be done on a quarterly basis, allowing a variety of analyses and linkages to be made to assess impact and assist decision making.

Work is also being done with other non-acute service areas within NHS Borders e.g. primary care to look at measures that would be appropriate to include in reporting.

The Integration Performance Group will make recommendations on appropriate Source and other measures to report to IJB as they become available.

APPENDIX 1

ADULT SOCIAL CARE SERVICES*

- Social Work Services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental Health Services
- Drug and Alcohol Services
- Adult protection and domestic abuse
- Carers support services
- Community Care Assessment Teams
- Care Home Services
- Adult Placement Services
- Health Improvement Services
- Reablement Services, equipment and telecare
- Aspects of housing support including aids and adaptations
- Day Services
- Local Area Co-ordination
- Respite Provision
- Occupational therapy services

ACUTE HEALTH SERVICES (PROVIDED IN A HOSPITAL)*

- Accident and Emergency;
- Inpatient hospital services in these specialties:
  - General Medicine;
  - Geriatric Medicine;
  - Rehabilitation Medicine;
  - Respiratory Medicine;
  - Psychiatry of Learning Disability;
- Palliative Care Services provided in a hospital;
- Inpatient hospital services provided by GPs;
- Services provided in a hospital in relation to an addiction or dependence on any substance;
- Mental health services provided in a hospital, except secure forensic mental health services.

COMMUNITY HEALTH SERVICES*

- District Nursing
- Primary Medical Services (GP practices)*
- Out of Hours Primary Medical Services*
- Public Dental Services*
- General Dental Services*
- Ophthalmic Services*
- Community Pharmacy Services*
- Community Geriatric Services
- Community Learning Disability Services
- Mental Health Services
- Continence Services
- Kidney Dialysis outwith the hospital
- Services provided by health professionals that aim to promote public health
- Community Addiction Services
- Community Palliative Care
- Allied Health Professional Services

*Adult Social Care Services for adults aged 18 and over.
*Acute Health Services for all ages – adults and children.
*Community Health Services for adults aged 18 and over, excepting those marked with an asterisk (*), which also include services for children.

APPENDIX 2

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 1,000 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+	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.

Objective 2: We will improve the flow of patient into, through and out of hospital	
Indicator	Why has this been included?
Rate of Occupied Bed Days for emergency admissions, per 1000 population (ages 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 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	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

Objective 2: We will improve the flow of patient into, through and out of hospital	
Indicator	Why has this been included?
(conducted on an ongoing basis at BGH and Community Hospitals)	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 hospital (all ages), per 100 discharges	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. 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.

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?
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.

For more information on anything within this framework, contact
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In addition, contact the address below for information on language translations, additional copies, or to arrange for an officer to meet with you to explain any areas of the publication that you would like clarified.

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