



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 APRIL 2019

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 March 2019**. A number of annual measures that have been updated recently are included in the [Annual Performance Report 2017/18](#)

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KEY

HOW ARE WE DOING?

OBJECTIVE 1

We will improve health of the population and reduce the number of hospital admissions.

<p>EMERGENCY HOSPITAL ADMISSIONS (BORDERS RESIDENTS, ALL AGES)</p> <p>29.0 admissions per 1,000 population</p> <p>(Oct to Dec 2018)</p> <p>-ve trend over 4 periods Worse than Scotland (26.4 - Q2 18/19) Worse than target (27.5)</p>	<p>EMERGENCY HOSPITAL ADMISSIONS (BORDERS RESIDENTS AGE 75+)</p> <p>92.5 admissions per 1,000 population Age 75+</p> <p>(Oct to Dec 2018)</p> <p>-ve trend over 4 periods Worse than Scotland (92.2 - Q1 2018/19) Worse than target (90.0)</p>	<p>ATTENDANCES AT A&E</p> <p>60.5 attendances per 1,000 population</p> <p>(Oct to Dec 2018)</p> <p>+ve trend over 4 periods Better than Scotland (69.6 - Q3 2018/19) Better than target (70)</p>	<p>£ ON EMERGENCY HOSPITAL STAYS</p> <p>20.6% of total health and care resource, for those Age 18+ was spent on emergency hospital stays</p> <p>(Oct to Dec 2018)</p> <p>+ve trend over 4 periods Better than Scotland (24.6% - 2017/18) Better than target (21.5%)</p>
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Main Challenges

The rate of emergency admissions has fluctuated over the last 4 quarters and over the long-term (3 year period) it does show an improving trend. However performance over the last 4 quarters has declined. Similarly, the rate of emergency admissions for those residents aged 75+ has shown an improving trend over the long-term, but performance has declined over the 4 quarters. The number of A&E attendances has generally fluctuated between 7,000-8,000 per quarter (equivalent to approx. 60-70 per 1,000 population per quarter). It is better than the Scotland average but follows a similar seasonal trend to Scotland. In relation to the percentage of the budget spent on emergency hospital stays, Borders has consistently performed better than Scotland and can also demonstrate a positive trend over the last 4 quarters. As with all Health and Social Care Partnerships, we are expected to minimise the proportion of spend attributed to unscheduled stays in hospital.

Our plans during 2019 to support this objective

We are continuing to develop Local Area Co-ordination; redesigning of day service provision; Community Link Worker pilot in Central and Berwickshire areas; expanded remit of the Matching Unit; expansion of Hospital to Home - to enable timely hospital discharge and support for frail elderly patients in their own homes. Changes have been made to the unscheduled care model to ensure that more health service needs can be met outside hospitals through providing treatment alternatives to hospital admission. Continued development of the Distress Brief Interventions Service to reduce re attendance of people in mental distress at A&E.



OBJECTIVE 2

We will improve the flow of patients into, through and out of hospital.

A&E WAITING TIMES (TARGET = 95%) 94.1% of people seen within 4 hours (Dec 2018)	RATE OF OCCUPIED BED DAYS* FOR EMERGENCY ADMISSIONS (AGES 75+) 868 bed days per 1000 population Age 75+ (Oct - Dec 2018)	NUMBER OF DELAYED DISCHARGES ("SNAPSHOT" TAKEN 1 DAY EACH MONTH) 21 over 72 hours (Jan 2019)	RATE OF BED DAYS ASSOCIATED WITH DELAYED DISCHARGE 227 bed days per 1000 population Age 75+ (Oct - Dec 2018)	"TWO MINUTES OF YOUR TIME" SURVEY – CONDUCTED AT BGH AND COMMUNITY HOSPITALS 97.6% overall satisfaction rate (Oct - Dec 2018)
Flat trend over 4 periods Better than Scotland (89.8 %) Close to target (95%)	+ve trend over 4 periods Better than Scotland (1172 - Q1 2018/19) Better than target (min 10% better than Scottish average)	+ve trend over 4 periods Within target (23)	-ve trend over 4 periods Worse than Scotland (193 - 17/18 average) Worse than target (180)	+ve trend over 4 periods Better than target (95%)

*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.

Main Challenges

Over the long-term (3 years) there has been an improving trend in regard to A&E waiting times. Short-term trend is flat, but performance is currently close to target (95%) and better than the Scottish average. Occupied bed day rates for emergency admissions (age 75+) has seasonal fluctuations but performance trend is positive – both long-term (over 3-years) and short-term (over 4 quarters) – and we perform better than the Scottish average (although see note above*). Delayed discharge rates vary and are erratic for 'snapshot' data, but the quarterly bed day rate associated with delayed discharges is currently 227 and is showing declining performance. As a result, a target (for 2019/20) to reduce delayed discharges by 30% has been set. The percentage of patients satisfied with care, staff & information in BGH and Community Hospitals remains high.

Our plans during 2019 to support this objective

We are continuing to support a 'Discharge' programme of work, including Hospital to Home and Transitional Care projects, aimed at reducing delays for adults who are clinically fit for discharge. There is continuing development of "step-up" facilities to prevent hospital admissions and to increase opportunities for short-term placements, as well as a range of transformation programmes to shift resources and re-design services. There is continuing use of the Matching Unit to match care provision to assessed need; commissioning of specialist dementia places; increased use of technology enabled care to improve patient flow; and development of Community Outreach Team to support early discharge and admission prevention.

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) 11.1 per 100 discharges from hospital were re-admitted within 28 days (Oct - Dec 2018)	END OF LIFE CARE 87.9% of people's last 6 months was spend at home or in a community setting (Oct - Dec 2018)	CARERS SUPPORT PLANS COMPLETED 31% of carer support plans offered that have been taken up and completed (Oct - Dec 2018)	SUPPORT FOR CARERS: change between baseline assessment and review. Improvements in self-assessment Health and well-being Managing the caring role Feeling valued Planning for the future Finance & benefits (July - Sep 2018)
-ve trend over 4 Qtrs Worse than Scotland (10.2 - Q4 2017/18) Worse than target (10.5)	-ve trend over 4 Qtr Similar to Scotland (87.9% - 17/18) Better than target (87.5%)	Little change over 4 Qtrs Worse than target (40%)	+ve impact No Scotland comparison No local target

Main Challenges

The quarterly rate of emergency readmissions within 28 days of discharge (all ages) is now 11.1 per 100 discharges and has increased from just under 10 during 2016/17. This is worse than the Scottish average and below target for this measure. Borders data in relation to end of life care shows relatively static performance but compares well to Scotland and is above target. The latest available data for Carers demonstrates positive outcomes as a result of completed Carer Support Plans.

Our plans during 2019 to support this objective

Mainstreaming of Community Led Support ("What Matters" hubs); redesign of homecare services to focus on re-ablement; increase provision of Extra Care Housing; roll-out of Transforming Care after Treatment programme; ongoing commissioning of Borders Carers Centre to undertake Carer Support Plans. The remit of the Matching Unit has been expanded to cover end of life care. Continued development of a Hospice to Home team and of the Marie Curie Nursing Service.