



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 2020

This report provides an overview of quarterly performance under the 3 Strategic Objectives within the Health & Social Care Partnership Strategic Plan, with **latest available data at the end of June 2020**. Annual performance is included in our latest [Annual Performance Report 2018/19](#)

- +ve trend over 4 reporting periods
- compares well to Scotland average
- compares well against local target

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- -ve trend over 4 reporting periods
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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.

EMERGENCY HOSPITAL ADMISSIONS (BORDERS RESIDENTS, ALL AGES)	EMERGENCY HOSPITAL ADMISSIONS (BORDERS RESIDENTS AGE 75+)	ATTENDANCES AT A&E (ALL AGES)	£ ON EMERGENCY HOSPITAL STAYS
29.1 admissions per 1,000 population (Q3 - 2019/20)	101.2 admissions per 1,000 population Age 75+ (Q4 - 2019/20)	59.6 attendances per 1,000 population (Q4 - 2019/20)	19.1% of total health and care resource, for those Age 18+ was spent on emergency hospital stays (Q2 - 2019/20)
-ve trend over 4 periods Worse than Scotland (27.6 - Q3 2019/20) Worse than target (27.5)	-ve trend over 4 periods Worse than Scotland (94.4 - Q3 2019/20) Worse than target (90.0)	+ve trend over 4 periods Better than Scotland (62.0 - Q4 2019/20) Better than target (70.0)	+ve trend over 4 periods Better than Scotland (23.5% - 2018/19) Better than target (21.5%)

Main Challenges

The rate of emergency admissions over the long-term (3 year period) remains relatively positive. Quarterly performance does fluctuate; and Covid-19 will have an impact – although not reflected in the figures to date. Historically, the number of A&E attendances has fluctuated between 7,000-8,000 attendances per quarter (which is equivalent to approx. 60-70 per 1,000 population per quarter), generally better than the Scotland average and better than our local target. Again, Covid-19 will impact A&E attendances and may well impact the peoples use of A&E for a long time to come. In relation to the percentage of the budget spent on emergency hospital stays, Borders has consistently performed better than Scotland and can demonstrate a positive trend over time. The most recent figure of 19.1% is the lowest % of spend in the last 3 years but the data is once again pre-Covid. (note: as of December 2019, the denominator for this measure was updated to include Dental and Ophthalmic costs and, as a result, the % of Health Care spend has slightly reduced). As with all Health and Social Care Partnerships, there is an expectation to minimise the proportion of spend attributed to unscheduled stays in hospital.

Objective 1: Our plans for 2020/21

Our Strategic Implementation Plan (SIP) includes the development of our Localities (e.g.) building on 'What Matters' and Community Assistance Hubs to improve and facilitate early intervention, shared client cohorts, agile responses, close coordination of effort, all reducing admissions and avoiding or slowing progression to higher levels of care and health needs. Work continues to be progressed to improve patient flow, including; Frailty Front Door (admission avoidance), quicker discharge processes, trusted assessor models, new Intermediate Care and Reablement Services.



OBJECTIVE 2

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

A&E WAITING TIMES (TARGET = 95%) 86.2% of people seen within 4 hours (Mar 2020)	RATE OF OCCUPIED BED DAYS* FOR EMERGENCY ADMISSIONS (AGES 75+) 826 bed days per 1000 population Age 75+ (Q4 – 2019/20)	NUMBER OF DELAYED DISCHARGES ("SNAPSHOT" TAKEN 1 DAY EACH MONTH) 13 over 72 hours (May 2020)	RATE OF BED DAYS ASSOCIATED WITH DELAYED DISCHARGE 206 bed days per 1000 population Age 75+ (Q4 – 2019/20)	"TWO MINUTES OF YOUR TIME" SURVEY – CONDUCTED AT BGH AND COMMUNITY HOSPITALS 95.5% overall satisfaction rate (Q4 – 2019/20)
-ve trend over 4 periods Worse than Scotland (88.6% - Mar 2020) Worse than target (95%)	-ve trend over 4 periods Better than Scotland (1,108 - Q3 2019/20) Better than target (min 10% better than Scottish average)	+ve trend over 4 periods Better than target (23)	-ve trend over 4 periods Worse than Scotland (198 - 19/20 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

The latest A&E Waiting Time (Mar 2020) figure is under our 95% target and also below the Scotland average. This data pre-dates the Covid pandemic and it is likely that our next reporting will show waiting time performance improvement as a result of fewer people attending A&E. Occupied bed day rates for emergency admissions (age 75+) has seasonal fluctuations and again in future reporting will be impacted by Covid. Delayed discharge rates vary in regard to 'snapshot' data, but performance is positive and a target to reduce delayed discharges by 30% in 2019/20 has been achieved by the Health & Social Care Partnership if comparing snapshot data for May 2019 (26) with May 2020 (13). The percentage of patients satisfied with care, staff & information in BGH and Community Hospitals remains positive. The rate of Bed Days Associated with Delayed Discharge has an overall positive trend over the long term (3 years) but Q4 2019/20 shows a significant increase to 206 days, which is above the average and above our 180 day local target. Covid will impact on a number of measures, including delayed discharge, A&E attendances/waiting times, and emergency admissions.

Objective 2: Our plans for 2019/20

As part of our Strategic Implementation Plan (SIP), we will continue to work across the HSC Partnership and Public Health to initiate a number of events, campaigns and communications promoting personal responsibility and encouraging Borderers to remain safe and to be healthy in areas including diet, exercise and mental health. We will further develop community capacity and we will examine the bed-base mix across the care estate including the usage, role & function of Community Hospital beds. We will review our contracted and commissioned services and support our workforce to ensure that we have flexible staff with the skills, training and equipment required to deal with the impacts of Covid and any future pandemics.

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) 11.5 per 100 discharges from hospital were re-admitted within 28 days (Q3 – 2019/20)	END OF LIFE CARE 87.6% of people's last 6 months was spent at home or in a community setting (Q3 – 2019/20)	CARERS SUPPORT PLANS COMPLETED 82% of carer support plans offered that have been taken up and completed in the last quarter (Q4 – 2019/20)	SUPPORT FOR CARERS: change between baseline assessment and review. Improvements in self-assessment <table border="1"> <tr><td>Health and well-being</td></tr> <tr><td>Managing the caring role</td></tr> <tr><td>Feeling valued</td></tr> <tr><td>Planning for the future</td></tr> <tr><td>Finance & benefits</td></tr> </table> (Q4 – 2019/20)	Health and well-being	Managing the caring role	Feeling valued	Planning for the future	Finance & benefits
Health and well-being								
Managing the caring role								
Feeling valued								
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-ve trend over 4 Qtrs Worse than Scotland (10.4 – Q3 2019/20) Worse than target (10.5)	+ve trend over 4 Qtrs Worse than Scotland (88.1% - 2018/19) Worse than target (87.5%)	+ve trend over 4 Qtrs Better 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) peaked at 11.5% in Q3 2019/20 – the highest readmission rate in the last 3 years and increasing from a low of 10.0% in 2016/17. Borders data in relation to end of life care shows has improved but is still less than the Scotland average. The latest available data for Carers demonstrates positive outcomes as a result of completed Carer Support Plans.

Objective 3: Our plans for 2019/20

As part of our Strategic Implementation Plan (SIP), we will continue to support Carer services – the partnership has always recognised the essential work of carers, and even more so through the Pandemic. It is a precarious resource that requires support. We will continue trialling and implementing technology to improve health and care provision, workforce enablement, administration and processes. We will implement Joint Capital Development and Planning, including a Primary Care Capital Strategy, new Intermediate Care provision and an overarching Joint Capital Plan for the Border's Public Sector.