



Agenda item: 5.5

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Date of Meeting: 30 November 2016

Title of Report: Argyll & Bute HSCP - Performance Report National Health

and Well Being Outcome indicators

Presented by: Stephen Whiston, Head of Strategic Planning & Performance

The Integration Joint Board is asked to:

Note the performance against Outcome 3 and 4 for Quarter 2

- Note the progress in with regard to the HSCP performance against Outcome 3 and 4
- Note the action identified to address deficiencies in performance as detailed in the exception reports

1. Background

The national health and wellbeing outcomes provide a strategic framework for the planning and delivery of health and social care services. These suites of outcomes, together, focus on improving the experiences and quality of services for people using those services, carers and their families. These outcomes focus on improving how services are provided, as well as, the difference that integrated health and social care services should make, for individuals.

Currently there are 9 key National Health and Wellbeing Outcomes (NHWBO) and 23 sub-indicators which form the basis of the reporting requirement for the HSCP.

2. HSCP Performance against the NHWB outcomes for Financial Quarter 2 16/17

Table 1 below provides a Pyramid summary, noting the 101 scorecard success measures and of these 60 are currently reported as being on track for FQ2

Table 1

Integrated Joint Board [IJB] Scorecard	Success Measures On track	101 60	R ⇒	Outcome 5 - Services reduce health inequalities FQ2 16/17	No of indicators On track	5	A
Outcome 1 - People are able to improve thei health FQ2 16/	0.1	14	R		No of indicators On track	1	R
Outcome 2 - People are able to live in the community FQ2 16/	No of indicators On track	18	Д	Outcome 7 - Service users are safe from harm FQ2 16/17	No of indicators On track	12	R
Outcome 3 - People have positive service-usexperiences	On small	11 10	∆	Outcome 8 - Health and social care workers are supported FQ2 16/17	No of indicators On track	2	RI
Outcome 4 - Services are centered on quality of life FQ2 16/	0	15		Outcome 9 - Resources are used effectively in the provision of health and social care services, with FQZ 16/17	No of indicators On track	12 7	A
	r Services			No of 9 A			

Members should note that due to the recent national release of missing data (e.g. annual returns) and new indicators supplied by the Scottish Government the number of indicators has increased from 93 to 101 which has resulted in a number of amendments to outcome measures. These changes have also had an impact on performance, the outcome measures are:

Outcome	Indicator						
Outcome 1	Premature Mortality rate						
	 Rate of emergency admissions per 100,000 population for adults. 						
Outcome 2	 Emergency Admissions bed day rate (per 100,000 population) Readmissions to hospital within 28 days of discharge (per 1000 population). Proportion of last 6 months of life spent at home or in a community setting Falls rate per 1,000 population aged 65+ % of adults with intensive needs receiving care at home % of health and care resource spend on hospital stays where the patient admitted in an emergency 						
Outcome 3	 % Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated % Percentage of adults receiving any care or support who rate it as excellent or good 						
Outcome 4	 % Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life 						
Outcome 6	% of carers who feel supported to continue in their caring role						
Outcome 7	% of adults supported at home who agree they felt safe						

3 Detailed Performance Report Outcome Indicators 3 and 4

Outcome 3 - People are able to look after and improve their own health and wellbeing and live in good health for longer.

There are 11 indicators being measured against this outcome, 10 are on track, 1 is off track and red flagged.

No of patients with early diagnosis & management of dementia

The exception report attached provides the detail of the performance against this indicator and the action in hand to rectify performance.

Outcome 4 - 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.

There are 15 indicators being measured against this outcome, 9 are on track and 6 are off track and red flagged.

The report attached provides the detail of the indicators and the exception report for those indicators red flagged which are listed below:

- Falls rate per 1,000 population aged 65+-
- Rate of emergency admissions per 100,000 population for adults
- % of health & care resource spend on hospital stays, patient admitted in an emergency
- No of outpatient ongoing waits >12 wks
- % of patients on the admissions waiting lists with social unavailability
- % of patients on the admissions waiting lists with medical unavailability

4 Governance Implications

4.1 Contribution to IJB Objectives

The PPMF is in line with the IJB objectives as detailed in its strategic plan.

4.2 Financial

There are a number of NHWBO indicators which support the quality and financial performance of the HSCP including productivity, value for money and efficiency.

4.3 Staff Governance

A number of indicators under outcome 8 are pertinent for staff governance purposes

4.4 Planning for Fairness:

The NHWBO indictors help provide an indication on progress in addressing health inequalities.

4.5 Risk

Ensuring timely and accurate performance information is essential to mitigate any risk to the IJB governance, performance management and accountability.

4.6 Clinical and Care Governance

A number of the NHWBO indicators support the assurance of health and care governance and should be considered alongside that report

4.7 Public Engagement and Communication

A number of the NHWBO indicators support user and patient experience/assessment of the HSCP services and planning processes