

Integration Joint Board

Agenda item:

Date of Meeting: 25th September 2019

Title of Report: Financial Quarter 1 (2019/20) - Performance Exception Report

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

The Integration Joint Board/Committee is asked to:

- Note overall scorecard performance for the FQ1(19/20) reporting period
- Consider and Note the HSCP performance against National Health and Well Being Outcome Indicators and the Ministerial Steering Group measures of integration for the HSCP
- Note the performance commentary with regard to actions to address exceptions against all indicators

1. EXECUTIVE SUMMARY

For Financial Quarter 1 (FQ1- 19/20) there is a slight increase in overall performance when compared to the previous quarter. Measures reported 'on track' for Financial Quarter 1 (FQ1) were (39) compared to (37) for FQ4.

Latest data available for FQ1 performance for the Ministerial Steering Group (MSG) measures notes an improvement in performance with Unplanned Admissions reporting a reduction of (4.7%) from the previous quarter, A&E Attendances noting a (2.1%) reduction from the previous quarter and Delayed Discharges reporting a (22.9%) reduction. Countering this and Unplanned Bed days continues to show an increase in performance of 2.6% against the previous quarter.

Areas of success for FQ1 note:

- Percentage of patients waiting no longer than 4 hours in A&E
- Percentage of adult care users reporting they feel safe at assessment
- Percentage of children on Child Protection Register with no Change of Social Worker
- Percentage of patients who wait no longer than 18 weeks for Psychological therapies

2. INTRODUCTION

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 (NHWBOI's) and 23 sub-indicators and additional measures which form the foundation of the reporting requirement for the HSCP.

3. RELEVANT DATA AND INDICATORS

3.1 Overall Scorecard Performance for FQ1

Compared to FQ4 there is a slight increase in overall performance with FQ1 (39) measures reported as on-track against FQ4 which notes (37) on-track. For the first quarter of 19/20 the overall IJB scorecard performance is reporting a trend of red. It is worth noting that due to data lag nationally within the report -data used is the latest available at the time of reporting.

Integrated Joint Board [IJB] Scorecard		Success Measures	65	R
		On track	39	➡
Outcome 1 - People are able to improve their health	FQ1 19/20	No of indicators	14	A
		On track	8	➡
Outcome 2 - People are able to live in the community	FQ1 19/20	No of indicators	17	A
		On track	13	➡
Outcome 3 - People have positive service-user experiences	FQ1 19/20	No of indicators	6	A
		On track	4	➡
Outcome 4 - Services are centered on quality of life	FQ1 19/20	No of indicators	9	A
		On track	7	➡
Outcome 5 - Services reduce health inequalities	FQ1 19/20	No of indicators	2	R
		On track	0	➡
Outcome 6 - Unpaid carers are supported	FQ1 19/20	No of indicators	1	R
		On track	0	➡
Outcome 7 - Service users are safe from harm	FQ1 19/20	No of indicators	6	A
		On track	3	⬆
Outcome 8 - Health and social care workers are supported	FQ1 19/20	No of indicators	4	R
		On track	1	➡
Outcome 9 - Resources are used effectively in the provision of health and social care services, with	FQ1 19/20	No of indicators	6	A
		On track	3	➡

Key areas of improved reported performance for FQ1 are:

- Percentage of patients waiting no longer than 4 hours in A&E
- Percentage of adult care users reporting they feel safe at assessment
- Percentage of Children on Child Protection Register with no Change of Social Worker
- Percentage of patients who wait no longer than 18 weeks for Psychological therapies

Appendix 1 gives the detail of all the success measures for FQ1 and as requested by the Integration Joint Board (IJB) **Appendix 2** identifies the most recent SOURCE performance data with regards to Argyll & Bute HSCP, benchmarked partnership performance against comparable IJB's for the 9 Health & Wellbeing Outcome Indicator's.

3.2 Exceptions Report for all Performance Indicators (FQ1-19/20)

The table below summarises the exception report for all of the scorecard measures for FQ1(29/20) as red, the table below also includes performance narrative identifying key trends and where appropriate actions reported to improve performance.

Performance Indicators		Target	Latest (FQ1)	FQ4 Actual	Performance Narrative
1	AC1 - % of Older People receiving Care in the Community	86%	77.2% 	76.7%	Actions to Improve Performance: The trajectory for this indicator against target is improving and locally the focus remains on supporting people to live for longer at home or in their community setting.
1	AC15 - No waiting more than 12 weeks for homecare service - assessment authorised	6	9 	5	Actions to Improve Performance: H&L and B&C performance remains on target- work is ongoing in MAKI & OLI to improve performance. Previous performance for FQ3 & FQ4 18/19 was below target.
1	A&B - % of LD Service Users with a PCP	90%	88% 	89%	Actions to Improve Performance: Performance remains slightly below target - OLI and MAKI reduce overall performance with an average performance of 80%. Work is ongoing to ensure all clients have a person centred plan.
1	No of alcohol brief interventions in line with SIGN 74 guidelines	255	155 	156	Actions to Improve Performance: Performance in this measure is subject to the adoption of a different approach to the provision of brief interventions across Scotland. This has seen a substantial reduction in the overall number of brief interventions being done.
1	NHS-H7 - Proportion of new-born children breastfed - STANDARD	33.3%	31.9% 	31.9%	Actions to Improve Performance: This is annually reported and was a previous HEAT target- performance remains slightly below the target. Work is ongoing locally to improve the uptake of breastfeeding in new mothers.
1	No of ongoing waits >4 weeks for the 8 key diagnostic tests	0	275 	202	Actions to Improve Performance: Performance against this target is linked directly to an increase in the overall waiting times across the HSCP. Work is ongoing with NHS Highland and the Scottish Government to review and target additional resources at increased consultant time in clinics.
2	% of adults supported at home who agree they are supported to live as independently	81%	79% 	79%	Actions to Improve Performance: This is a national biennial postal survey and as such performance is directed affected by the number of questionnaires completed at this time. Performance against the national benchmark remains on target with the rest of Scotland, however is below our local target.
2	AC5 - Total No of Delayed Discharge Clients from A&B	12	24 	23	Actions to Improve Performance: Work is ongoing to address and reduce DD's across the HSCP- OLI and MAKI remain consistently higher compared to Helensburgh and B&C. Work is ongoing to focus on non-complex discharges and getting people back home within the 72hr target.
2	Falls rate per 1,000 population aged 65+	22	24 	24	Actions to Improve Performance: Work is ongoing to address falls both locally and nationally, performance remains just below target which is taken from the national average. Technology enabled care is being used to identify and prevent falls in the home.
2	CPC01.4.4 - % Waiting time from a patient's referral to treatment from CAMHS	90	89 	97	Actions to Improve Performance: Previous performance has been above target - this is the first quarter where there has been slight reduction (1%) below target. Trend analysis would suggest performance should improve for FQ2
3	No of patients with early diagnosis & management of dementia	890	803 	792	Actions to Improve Performance: Trend analysis notes that performance against this measure continues to improve

Performance Indicators		Target	Latest (FQ1)	FQ4 Actual	Performance Narrative
3	% of adults supported at home who agree that their health and care services seemed to be well co-ordinated	74%	72% 	72%	Actions to Improve Performance: This is a biennial postal survey and performance remains just below the Scottish average- work is ongoing to ensure that service delivery is seamless and well-coordinated for those using our services.
4	% of adults supported at home who agree their support had impact improving/maintaining quality of life	80%	74% 	74%	Actions to Improve Performance: This is a biennial postal survey and work is ongoing to ensure that people are involved in all elements of the care they receive and the focus remains on maintaining or improving their quality of life.
4	No of outpatient ongoing waits >12 weeks	0	508 	541	Actions to Improve Performance: Additional funding has been made available from the Scottish Government for additional consultant and clinic time and it is expected this will improve the number of ongoing waits >12 weeks. A National target for 2020/21 is zero
5	No of treatment time guarantee completed waits >12 weeks	0	12 	17	Actions to Improve Performance: Additional funding has been made available from the Scottish Government for additional consultant and clinic time and it is expected this will improve the number of ongoing waits >12 weeks. A National target for 2020/21 is zero
5	No of treatment time guarantee ongoing waits >12 weeks	0	12 	7	Actions to Improve Performance: Additional funding has been made available from the Scottish Government for additional consultant and clinic time and it is expected this will improve the number of ongoing waits >12 weeks. A National target for 2020/21 is zero
6	% of carers who feel supported to continue in their caring role	37%	33% 	33%	Actions to Improve Performance: Data for this measure is taken from the Biennial Health and Wellbeing Survey- performance remains below the Scottish average. Additional performance measures for carers will be reported 6 monthly via a national data return to the Scottish Government from our 4 carers centres. These new measures will be reported in the FQ2 scorecard
7	CP7 - % of Children on CPR with a current Risk Assessment	100%	54% 	53%	Actions to Improve Performance: Performance against this measure has been in part affected by reporting issues within local teams reporting into the CareFirst environment. However the general trend is a reduction in performance across the previous three quarters and work has been undertaken locally to support the administrative teams regarding their roles and responsibilities.
7	CP16 - % of Children on CPR with a completed CP plan	100%	79% 	85%	Actions to Improve Performance: Overall performance for this measure does note a reducing trend across the year. A data inputting error was corrected for FQ4 however there continues to be a reduction in performance against the target. Work is ongoing to ensure all children on the CPR have a completed care plan. New Carefirst admin protocols have been established locally to reduce data inputting lag and error in core data quality.
7	CP17 - % of CP investigations with IRTD within 24 hours	95%	76% 	67%	Actions to Improve Performance: There were 4 IRDs - relating to 2 sibling groups - where IRD s were delayed 2 related to allegations of historic abuse received on a Saturday. Out Of Hours inquiries confirmed that the children would not be having any contact with the alleged abuser and the IRD was delayed on a planned basis to the first working day to enable access to full interagency historic records. The other related to concerns received late on a Friday with protective arrangements confirmed over the weekend pending a full IRD first working day
8	Health & Social Care Partnership % of PRDs completed (SW only)	90%	64% 	52%	Actions to Improve Performance: Performance against the target has been achieved by the Strategic Planning & Performance Team- 100% and the Criminal Justice and Children and Families Team- 90%, poorer performance is seen with the Adult Care West Team (56%) and Adult Care East Team (27%)

Performance Indicators		Target	Latest (FQ1)	FQ4 Actual	Performance Narrative
8	Social Work staff attendance	3.78 days	5.0 Days 	5.7 Days	Actions to Improve Performance: Work is ongoing utilising current HR policies across the HSCP to reduce staff absence and support staff to return to work
8	% of NHS sickness absence	4%	5.27% 	5.87%	Actions to Improve Performance: Work is ongoing to reduce sickness absence across the HSCP- utilising key HR policies and procedures- performance against the target has noted a reducing trend from Jan 2019
9	SCRA43 - % of SCRA reports submitted on time	75%	63% 	79%	Actions to Improve Performance: Performance against target notes that both B&C and MAKI are showing (100%) with OLI (27%) and H&L (75%)- the general trend for FQ1 has seen a reduction in performance from FQ4
9	% of SMR1 returns received	95%	89% 	95%	Actions to Improve Performance: This data is reported as part of the NHSH scorecard and is by its nature subject to data lag in reporting which directly affects performance. Work is ongoing nationally with ISD to minimise data lag and maximise data completeness.
9	% of new outpatient appointments DNA rates	6.9%	9.9% 	9.4%	Actions to Improve Performance: Work is ongoing as part of the review of the overall waiting times performance to address the high rates of DNA's across all outpatient appointments offered. This work will look to modernise the current appointment booking system to a patient focussed booking system offering people more choice and control.
Please note that a period of 4/5 months data lag is in place with regards to reporting of FQ1 data Appendix 3 identifies the latest availability of data and it completeness at the time of this report. Longest data delays are due to data processing and validation from sources outside the HSCP Performance and Information Team.					

3.4 MSG Measures Performance Reporting

The Ministerial Steering Group (MSG) performance measures have been developed in addition to the National HWBOI's. The function of these performance measures is to examine macro performance activity trends relating to improved outcomes through the integration of service delivery across the HSCP. The data below notes the Argyll & Bute and Greater Glasgow & Clyde split with regards to the performance total against our four agreed target areas with MSG.

Quarterly overall MSG performance based on latest data available as at FQ1 notes:

- Unplanned Admissions: 8.2% off target, **down from 12.9%**
- Unplanned Bed Days: 13.3% off target, **an increase from 10.6%**
- A&E Attendance: 2.7% off target, **down from 4.8%**
- Delayed Discharges: 16.9% off target, **down from 39.8%**

MSG Indicator	Objective	Quarterly Target	Latest Actual	A&B Actual	A&B Target	GG&C Actual	GG&C Target
Unplanned Admissions	Expected FY target 8332 - based on 5% reduction in overall total	2083	2254 	1074 	1071	1204 	1012
Unplanned Bed Days	Expected FY target 56687 - based on 0.6% reduction in	14171	16677 	6634 	7069	9809 	7103

	overall total						
A& E Attendance	Expected FY target 16194 - based on sustained levels in overall total**	4048	4165 	1566 	1732	2451 	2316
Delayed Discharge Bed Days Occupied	Expected FY target 7037 - based on 10% reduction in overall total	1759	2057 	1556 	1475	501 	284

4. GOVERNANCE IMPLICATIONS

4.1 Financial Impact

There are a number of National Health & Wellbeing Outcome Indicators (NHWBOI's) which support the quality and financial performance of the HSCP including productivity, value for money and efficiency.

4.2 Staff Governance

A number of the National Health & Wellbeing Outcome Indicators (NHWBOI's) indicators under outcome 9 are pertinent for staff governance purposes

4.3 Clinical Governance

A number of the National Health & Wellbeing Outcome Indicators (NHWBOI's) support the assurance of health and care governance and should be considered alongside that report

5. EQUALITY & DIVERSITY IMPLICATIONS

The National Health & Wellbeing Outcome Indicators (NHWBOI's) help provide an indication on progress in addressing health inequalities

6. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

None

7. RISK ASSESSMENT

None

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

None

9. CONCLUSIONS

It is recommended that the Integration Joint Board/committee:

Note overall scorecard performance for the FQ1 reporting period with regards to the National Health and Well Being Outcome Indicators and the Ministerial Steering Group measures of integration for the HSCP

10. DIRECTIONS

Directions required to Council, NHS Board or both.	Directions to:	tick
	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

REPORT AUTHOR AND CONTACT

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Appendix 1- IJB Success Measures for FQ1-19/20

Outcome 1	R/G	Target	Actual
% of adults able to look after their health very well or quite well		93 %	93 %
Rate of emergency admissions per 100,000 population for adults		12183	11632
Rate of premature mortality per 100,000 population		425.0	380.0
CA15B - % Looked After & Accommodated Children in Family Placements		75 %	81%
CA17 - No of External Looked After & Accommodated Children		10	5
% of MMR1 uptake rates at 5 years old		95.0 %	98 %
% <18 type 1 Diabetics with an insulin pump		25 %	45 %
% >18 type 1 Diabetics with an insulin pump		12 %	12%
Outcome 2	R/G	Target	Actual
A&B - Number of people 65+ receiving homecare - Quarterly Stats		1,180	1,199
% of adults supported at home who agree they had a say in how their support was provided		76 %	76 %
Emergency Admissions bed day rate		123,035	102,022
Proportion of last 6 months of life spent at home or in a community setting		88 %	90 %
% of adults with intensive needs receiving care at home		61 %	67 %
AC14 - Total No. of Enhanced Telecare Packages		500	884
AC21 <=3 weeks wait between Substance Misuse referral & 1st treatment		90.0 %	94.9 %
% of patients wait no longer than 4 hours in A&E		95.0 %	98.6 %
% of patients who wait no longer than 18 weeks for Psychological therapies		90 %	94 %
No of days people spend in hospital when ready to be discharged, per 1,000 population		772 Days	652 Days
% of health & care resource spend on hospital stays, patient admitted in an emergency		22 %	22 %
Readmission to hospital within 28 days per 1,000 admissions		102	80
AC2 - % of MH Clients receiving Care in the Community		98%	99%
Outcome 3	R/G	Target	Actual
% of adults receiving any care or support who rate it as excellent or good		80 %	80 %
% of people with positive experience of their GP practice		83 %	85 %
AC16 - No of abbreviated customer service questionnaire sent to AC users- bi-monthly		5	5
% of SW care services graded 'good' '4' or better in Care Inspectorate inspections		83 %	84 %
Outcome 4	R/G	Target	Actual
CA34 - % of Care Leavers with a Pathway Plan		74 %	86 %
% of outpatients on the waiting lists with medical unavailability		0.1 %	0.1 %
% of outpatients on the waiting lists with social unavailability		4.0 %	0.8 %

% of patients on the admissions waiting lists with social unavailability		15.7 %	12.8 %
% of patients on the admissions waiting lists with medical unavailability		2.0%	1.1%
CA72 - % LAAC >1yr with a plan for permanence		81%	83%
AC11 - Average working days between Referral & Initial AP Case Conference		15 days	0 Days
Outcome 7	R/G	Target	Actual
% of adults supported at home who agree they felt safe		83 %	83 %
AC17 - % of AC users reporting they feel safe at assessment		70 %	78 %
CP15 - % of Children on Child Protection Register with no Change of Social Worker		80 %	86 %
Outcome 8	R/G	Target	Actual
% of staff who say they would recommend their workplace as a good place to work		67.0 %	71%
Outcome 9	R/G	Target	Actual
CJ61 - % Criminal Justice Social Work Reports submitted to Court on time		92 %	95 %
CJ63 - % Community Payback Orders cases seen without delay - 5 days		80.0 %	86.7 %
CJ65 - Average hrs per week taken to complete Community Payback Order Unpaid Work/CS Orders		6.0 Hours	7.3 Hours

Appendix 2- A&B HSCP Benchmark HWBOI Performance (FQ1-19/20)

The table below identifies the most recent SOURCE performance data with regards to Argyll & Bute HSCP, benchmarked partnership* performance, and the Scotland-wide performance against the 9 HWBOI's and their 23 sub-indicators.

Indicator	Title	Argyll & Bute	Angus	East Lothian	Highland	Midlothian	Moray	Scot Borders	Stirling	Scotland
NI - 1	Percentage of adults able to look after their health very well or quite well	93%	95%	94%	94%	92%	93%	94%	94%	93%
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	79%	76%	72%	86%	86%	83%	83%	84%	81%
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	76%	71%	68%	79%	80%	75%	74%	73%	76%
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	72%	71%	66%	76%	71%	73%	75%	76%	74%
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	80%	77%	75%	83%	71%	80%	83%	79%	80%
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	85%	78%	80%	87%	76%	80%	88%	86%	83%
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	74%	77%	75%	86%	73%	79%	80%	81%	80%
NI - 8	Total combined % carers who feel supported to continue in their caring role	33%	34%	36%	38%	32%	39%	36%	38%	37%
NI - 9	Percentage of adults supported at home who agreed they felt safe	83%	80%	81%	84%	79%	84%	86%	88%	83%
NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA	NA	NA	NA	NA	NA	NA	NA

Indicator**	Title	Argyll & Bute	Angus	East Lothian	Highland	Midlothian	Moray	Scot Borders	Stirling	Scotland
NI - 11	Premature mortality rate per 100,000 persons	380	384	372	373	389	372	324	360	425
NI - 12	Emergency admission rate (per 100,000 population)	11,632	10,951	10,035	10,413	11,129	8,842	12,297	7,757	11,492
NI - 13	Emergency bed day rate (per 100,000 population)	102,022	98,834	94,445	94,017	112,434	85,623	127,593	86,811	107,921
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	80	99	94	108	105	75	104	94	98
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	90%	91%	89%	91%	87%	90%	86%	90%	89%
NI - 16	Falls rate per 1,000 population aged 65+	24	25	19	15	18	15	19	17	22
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	84%	83%	84%	86%	82%	87%	79%	92%	82%
NI - 18	Percentage of adults with intensive care needs receiving care at home	67%	51%	64%	50%	70%	65%	62%	66%	61%
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	652	320	648	1,284	1,361	1,093	777	552	805
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	22%	23%	21%	20%	24%	19%	22%	19%	22%
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA	NA	NA	NA	NA	NA	NA	NA
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA	NA	NA	NA	NA	NA	NA	NA
NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA	NA	NA	NA	NA	NA	NA	NA

*Improvement Service Benchmarking Family Groupings for Children, Social Work and Housing Indicators

** Latest Data based on ISD Core Suite of Integration Indicators Standards as at Jun 2019 and may be impacted by data completeness.

Appendix 3- Data Lag & Latest Data Availability

IJB Reporting Dates	Data Lag	FQ Reports	Latest Data Availability & Completeness
Wednesday 25 th September 2019	4/5 months	FQ1 (April – June 2019)	IJB SC FQ1 19/20 MSG Measures FQ4 18/19 CSSI – FQ4 18/19