

Integration Joint Board

Agenda item:

Date of Meeting: 5th August 2020

Title of Report: HSCP Performance Exception Report - Financial Quarter 3 and 4 (2019/20)

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

The Integration Joint Board is asked to:

- Note the National Health and Well Being scorecard performance for the FQ4 (19/20) reporting period
- Note the considerable impact COVID-19 restriction had with regards to available data
- Consider the COVID-19 reflection on performance for FQ1 and 2 2020
- Approve the revised Annual Performance Report 2019/20 production process

1. EXECUTIVE SUMMARY

Reporting for FQ4 has been substantially affected by the Covid19 pandemic impact of escalating health and social care services to an emergency response. This included the suspension of “normal” performance reporting and a focus on Covid19 performance needs from the beginning of March 2020.

Consequently the performance of the HSCP against a variety of its outcome indicators and performance targets have been adversely affected.

This report therefore summarises the HSCP performance for FQ4 using available data, some of which has only been released in June 2020 and other elements are incomplete.

In summary as at the end of March 2020, 27 of the 44 measures are reporting as on target or better, with 16 reported as being off target and 1 measure still under development and data for 1 measure unavailable.

Key areas of success against target for FQ4 (19/20) are:

- Percentage of Total Telecare Service Users with Enhanced Telecare Packages (**Target-** 31% **Actual-** 45.2%)
- Percentage of Social Work care services graded ‘good’ ‘4’ or better in Care Inspectorate inspections (**Target-** 83% **Actual-** 84.1%)
- Percentage of Children on Child Protection Register with a completed Child Protection plan (**Target-**100% **Actual-** 100%)

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.

In addition the scorecard details progress against the Ministerial Steering Group (MSG) measures for monitoring the progress of integrated service delivery across the HSCP.

3. RELEVANT DATA AND INDICATORS

3.1 Overall Scorecard Performance for FQ4 (19/20)

Performance for FQ4 19/20 notes 27 of the new 44 measures are reporting as on target or better , with 16 reported as being off target and 1 measure still under development and data unavailable for 1 measure.

Key areas of success against target for FQ4 (19/20) are:

- Percentage of Total Telecare Service Users with Enhanced Telecare Packages **Target-** 31% **Actual-** 45.2%
- Percentage of SW care services graded 'good' '4' or better in Care Inspectorate inspections **Target-** 83% **Actual-** 84.1%
- Percentage of Children on CPR with a completed CP plan **Target-**100% **Actual-** 100%

Appendix 1 identifies the most recent (June 2020) 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 Scorecard Performance Exceptions for (FQ2-19/20)

The table below report the exceptions for FQ4 (19/20), identifying trends and the senior responsible officer to take forward actions to improve performance against targets.

Outcome 1 - People are able to improve their health	Status	Target	Actual	Owner
NI-4 - % of adults supported at home who agree that their health & care services seemed to be well co-ordinated	●	74.0 %	FQ4 72.0 %	Caroline Cherry
Outcome 2 - People are able to live in the community	Status	Target	Actual	Owner
MSG 1.1 - Number of emergency admissions – Argyll & Bute	●	2,142	FQ3 2,331	Elizabeth Higgins
MSG 2.1 - Number of unplanned bed days acute specialties - Argyll & Bute	●	14,172	FQ3 15,360	Caroline Cherry
MSG 2.2 - Number of unplanned bed days MH specialties - Argyll & Bute	●	3,974	FQ3 6,636	Caroline Cherry
MSG 3.1 - Number of A&E attendances - Argyll & Bute	●	4,240	FQ3 4,407	Elizabeth Higgins
MSG 6.1 - % of population in community or institutional settings - Argyll & Bute	●	2.0 %	FQ3 2.1 %	Caroline Cherry
Argyll & Bute - % of LAC who are looked after at home or in a community setting	●	90.0 %	FQ4 83.3%	Alex Taylor
Outcome 3 - People have positive service-user experiences	Status	Target	Actual	Owner
NI-2 - % of adults supported at home who agree they are supported to live as independently	●	81.0 %	FQ4 79.0 %	Julie Lusk
MSG 3.2 - % A&E attendances seen within 4 hours – Argyll & Bute	●	95.0 %	FQ3 89.6 %	Elizabeth Higgins
CA72 - % LAAC >1yr with a plan for permanence	●	81.0 %	FQ4 68.9 %	Alex Taylor
Outcome 4 - Services are centred on quality of life	Status	Target	Actual	Owner
NI-7 - % of adults supported at home who agree their support had impact improving/maintaining quality of life	●	80.0 %	FQ4 74.0 %	Julie Lusk
Outcome 6 - Unpaid carers are supported	Status	Target	Actual	Owner
NI-8 - % of carers who feel supported to continue in their caring role	●	37.0 %	FQ4 33.0 %	Julie Lusk
Outcome 7 - Service users are safe from harm	Status	Target	Actual	Owner
Argyll & Bute - % of Adult Protection referrals completed within 5 days	●	80.0 %	FQ4 42.2 %	Julie Lusk
Outcome 8 - Health and social care workers are supported	Status	Target	Actual	Owner
Health & Social Care Partnership % of PRDs completed	●	90 %	FQ4 30 %	Jane Fowler
SW only - HSCP Attendance	●	3.78 Days	FQ4 4.89 Days	Jane Fowler

4. Waiting Times Performance - FQ4 (19/20)

Due to COVID-19 restrictions and the Scottish Government suspension of all routine activity there is currently no validated performance data available for Outpatient and Inpatient waiting times and treatment times targets to be reported to the IJB.

5. COVID-19 Impact and look forward Q1 and Q2 2020

The IJB is asked to note that the consequence of the health and care service moving onto an emergency footing in response to the pandemic for the 1st quarter of 2020 resulted in a suspension of all “normal performance management indicators and targets.

The Scottish Government 4 phase route map will see the gradual resumption of health and care services from June through to September 2020 onwards. Consequently the normal suite of performance indicators will only come back on line later this year.

In the interim a number of re-mobilisation performance targets have been developed and agreed with the SGHD notably resumption of 60% by June and 80% of routine activity by July 2020 as per the phases in the Scottish Government route map across all health and care services.

This is a complex performance picture with for example in phase 2 Dental services resuming urgent care service but not aerosol generating procedures, essential Optometry and ophthalmology services recommencing, triage and prioritise referrals to secondary care, expand provision of GP services.

This is all within the context that Covid-19 pandemic is now under various degrees of control in essence:

- Lockdown – High viral transmission
- Phase 1 – Virus not contained
- Phase 2 – Risk of spread remains
- Phase 3 – Viral risk controlled
- Phase 4 – Virus at very low levels

Further the lessons learned supporting the new/accelerated methods of delivery of services within what is our Covid19 new normal i.e. digital first and remote consultation will require review and revision of performance measures and outcomes. It is expected this will not be ready until 2020/21.

6. Annual Performance Report (APR) 2019/20

The IJB should note the suspension of all non-critical work included the production of the HSCP annual report. The SGHD in discussion with HSCPs has agreed that APRs can be deferred to September 2020 and will be a slimmed down report reflecting the pandemic context and the re-mobilisation priorities and availability of validated data.

The normal process to produce the report will therefore be amended and a draft report will be taken to the Strategic Planning Group in August 2020 for review.

7. GOVERNANCE IMPLICATIONS

7.1 Financial Impact

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

7.2 Staff Governance

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

7.3 Clinical Governance

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

8. EQUALITY & DIVERSITY IMPLICATIONS

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

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

None

10. RISK ASSESSMENT

None

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

None

12. CONCLUSIONS

It is recommended that the Integration Joint Board consider and note the HSCP overall performance for the FQ4 19/20 reporting period within the caveats detailed due to the pandemic crisis.

Approve the revised production arrangements for the HSCP Annual Performance Report

13.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- ARGYLL & BUTE HSCP Annual Benchmark HWBOI Performance (FQ3 - 19/20 Latest Data Available)

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		Angus	East Lothian	Highland	Midlothian	Moray	Scot Borders	Stirling	Scotland
NI - 11	Premature mortality rate per 100,000 persons	393	350	333	402	409	394	388	353	432
NI - 12	Emergency admission rate (per 100,000 population)	12,755	11,075	10,061	10,871	11,0726	8,972	12,425	9,693	12,264
NI - 13	Emergency bed day rate (per 100,000 population)	114,559	101,543	99,613	109,356	120,653	91,286	132,121	101,924	119,654
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	84	104	99	113	109	77	109	104	103
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	90%	91%	88%	90%	87%	90%	86%	89%	88%
NI - 16	Falls rate per 1,000 population aged 65+	26	25	19	15	18	15	19	22	23
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	74%	83%	84%	86%	87%	82%	79%	92%	82%
NI - 18	Percentage of adults with intensive care needs receiving care at home	68%	56%	61%	55%	68%	68%	62%	64%	62%
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	640	314	641	1,248	1,323	1,063	761	540	793
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	24%	23%	21%	21%	23%	20%	21%	23%	24%
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