

Argyll & Bute Council Area Committee

Date of Meeting: December

Title of Report: Health & Social Care Partnership- Performance Report- FQ1 (April - June 2023/24)

Presented by: as noted at area committee

The Area Committee is asked to:

- Note performance for FQ1 (April - June 2023/24)
- Note the summary overview of the Heads of Service Performance update
- Note performance update on the National Health & Wellbeing Outcomes and Ministerial Steering Group Integration Indicators (**Appendix 1**)
- Note System Pressure Report for August 2023 (**Appendix 2**)
- Note Delayed Discharge Sitrep for August 2023 (**Appendix 3**)

EXECUTIVE SUMMARY

This report details performance for FQ1 (April – June) 2023/24, the performance outputs are taken from the new Integrated Performance Management Framework (IPMF) reporting Dashboard with the focus on the eight key service areas. This is the first full quarter of validated data for the new framework.

The report details performance against each of the service areas and the 93 supporting Key Performance Indicators. Alongside this is an update from Heads of Service giving a wider context and identifying risks and mitigations. The Head of Service reporting is still under development with reports from Children & Families, Health and Community Care and Primary Care, these were discussed at the August meeting of the Clinical & Care Governance Committee.

National Health & Wellbeing Indicators performance updates have been included referencing previous reporting and in addition there is a performance and trend overview with regards to System Pressures and the National Delayed Discharge Sitrep, detailing benchmarked performance against other partnerships.

The IPMF Dashboard and data for each of the KPI's is accessible via SharePoint and offers users full drill-down capability on all data indicators and associated trends. Performance reporting using the new dashboard and IPMF structure is part of the new performance reporting culture associated with the IPMF.

The collaborative development of the IPMF means that this report marks the start of a new style of performance reporting. It is expected that the new IPMF Dashboard will evolve through the course of this year and the performance team will be providing

support for Heads of Service and Service Leads with regards to understanding and developing their Key Performance Indicators.

The use of the new performance Dashboard within SharePoint is designed to offer a more focussed approach to the access and analysis of data, offering scope for self-service. Reporting and use of the Dashboard for this year 2023/24 has already seen the inclusion of the previous Health & Wellbeing Outcome Indicators and Ministerial Steering Group- Integration performance measures.

This means that previous reported performance is still available but reported within the new digital IPMF framework, the future of these older indicators is under scrutiny as more direct and selective performance reporting is being developed by the Scottish Government, an example of this is seen with daily and weekly Delayed Discharge and Unmet Need.

1. INTRODUCTION

The Integrated Performance Management Framework and associated Performance Dashboard has been collaboratively developed with the Strategic Leadership Team.

The format of the IPMF Performance Dashboard covers all the areas previously reported to both the Clinical & Care Governance Committee and Integration Joint Board but recognises the need to ensure that local performance and improvement activity is reported within the new digital dashboard. This report includes an overview of the previous Health & Wellbeing Outcome Indicators and Ministerial Steering Group-Integration measures.

2. DETAIL OF REPORT

The report details the HSCP performance for Financial Quarter 1 (April - June 2023/24) highlighting key performance trends across the 93 Key Performance Indicators. In addition the report includes performance and risk update from Heads of Service and an update with regards to System Pressures (Appendix 2) and Delayed Discharges (Appendix 3).

3. RELEVANT DATA & INDICATORS

3.1 FQ1 23/24 Performance Summary

ARGYLL & BUTE TOTAL	
ON TRACK	41
OFF TRACK	52
Awaiting Data	0



Performance across the Dashboard Key Performance Indicators (93) notes that 41 of KPI's are scoring against target as on track with 52 scoring off track, the average percentage across all the eight services notes 44% on track. The KPI's report performance against the target and include the target, actual and variance and is a mix of both quantitative and qualitative indicators. The use of the green, amber and red graphics within the Dashboard is used to give an overview of the total performance for

each of the eight services and 93 KPI's. The use of only green and red for the KPI's is used to focus delivery with regards to sustaining performance on or above target.

3.2 Analysis of Key Performance

This analysis identifies performance across the 8 service reporting categories within the Integrated Performance Management Framework (IPMF) dashboard as noted below.

Children & Families

Performance on or above target:

- Increasing the number of care experienced children placed at home or in Kinship or Fostering Care is on track, noting 11% above target performance.

Targeted areas for Improvement:

- Performance with regards to the number of children seen within 18 weeks for Child & Adolescent Mental Health Services remains off track, with FQ1 noting 62% against a 90% target.
- Performance around reducing numbers of care experience children looked after away from home has declined due to noted 9% increase this quarter.

Telecare and Digital

Performance on or above target:

- New referrals to Telecare services noted a quarterly increase for the 4th consecutive quarter, with the average number of referrals at (185) per quarter.
- In addition there has also been an increase in the number of Telecare Users with a digital device, meeting the 11.5% target.
- Performance with regards to the 20 days target response for Freedom of Information Requests notes a 100% for FQ1.

Targeted areas for Improvement:

- Q1 noted a slight reduction to 861 (10%) in patients seen by 'Near Me' clinics.

Public Health and Primary Care

Performance on or above target:

- The enrolment of 100% of nurseries in the ChildSmile Daily Tooth-brushing programme notes an sustained increase against target
- With regards to the number of people attending training in Money Counts, Behaviour Matters, performance notes a 34% increase against target for FQ1 2023/24

Targeted areas for Improvement:

- The qualitative KPI on establishing Community Link Workers within Primary Care settings within areas with the highest level of deprivation in A&B remains slightly off track (60%) below the target milestone.
- Performance with regards to increasing the monthly smoking quit dates set for the most deprived areas in A&B notes performance below target.

Hospital Care & Delayed Discharge

Performance on or above target:

- Occupied bed days for people delayed as a result of Adults with Incapacity (AWI) legislation notes on-track performance in Q1 with this measure shown 10% under target levels.
- Reported occupied bed days for people awaiting a care home placement notes a (26%) reduction in trend across the quarters, suggesting less people in hospital and less bed occupation.

Targeted areas for Improvement:

- The overall number of people delayed in hospital Q1 performance notes a slight reduction (15%) compared to previous quarter.
- Unplanned admissions to hospital for 65+ remains slightly over target (3%). Consistently high levels across this measure in the spring/summer period are of concern, as this may be early indication of systems pressures in the coming winter periods.
- Reducing total New Out Patient Waiting Times breaches at 12 weeks notes increase in numbers above target, with Q1 54% above target and peaking at 907 as at Jun 2023.
- Reducing total New Outpatient Waits Long Waits >52 weeks has also noted an increase against target, with low numbers low across recent quarters.

Finance

Performance on or above target:

- A reduction in the hours of assessed unmet care at home resulted in a slight reduction on previous quarter performance for second consecutive quarter. On average the cost for this quarter is £8961, a 29% reduction on previous quarter average.

Targeted areas for Improvement:

- With regards to reducing the indicative cost associated with delayed discharge stay in hospital, Q1 data notes a reduction (14%) which represents the measure is 4.7% off target.

Carers & Allied Health Professionals (AHP's)

Performance on or above target:

- Number of Community Patient Discharges reporting on track performance with targets met consistently across previous 3 quarters. Q1 notes performance 30% above target. This measure indicates outcomes and patient flow to free up capacity to meet new patient referral demands.

Targeted areas for Improvement:

- Increasing support to Unpaid Carers across the Carers Centres notes reduced performance with 1701 actively supported 12.3% below target and a 28% reduction from peak noted in the previous quarter. This performance has been affected directly by changes made to how the data is collected to allow focussed recording of Carers 'actively supported', as opposed to the previous count methodology of 'registered carers', and is in response to deriving data more aligned to the Scottish Government National Carers Census. This change was effective covering the

Financial Quarter 1 23/24 period and the monthly submissions across April – Jun 23. To date, 3 of the 5 Carers centres have been able to revise their data submission and report on ‘actively supported’ carers in the period. However 2 of the 5 Carer’s Centres have been unable to do this and continue to report ‘registered carers’. Work is ongoing with these Carers Centres to ensure that they are able to submit the refined data for the next FQ2 data submission.

- With regards to AHP services, the data for FQ1 notes a consistent increase in the number of new outpatient breaching at 12 weeks, with this measure reporting 39% off target.

Care at Home and Care Home

Performance on or above target:

- With regards to reducing unplanned admission to hospital from a Care Home, performance against target notes a 40% reduction

Targeted areas for Improvement:

- Percentage of Older People receiving >15 hours Care at Home per week (2%), and also increasing the Percentage of Older People receiving nursing care home service (9%), indicating performance against these measures is close to meeting the set targets.
- Increasing the Percentage Priority Referrals completed in time (6%) and Increasing Older People with Care at Home assessed at 6 week point (31%) performance around both measures is expected to improve with the recent migration to Eclipse Care Management System

Learning Disability & Mental Health

Performance on or above target:

- The percentage of adults supported and in receipt of Option 1 Self Directed Support, notes sustained improvement across recent quarters.
- Adult Support and Protection Investigations completed within 15 working days notes an ongoing and sustained improving trend across recent quarters, with Q1 (5%) above target.
- The KPI on Reduce number of MHO Detentions has seen a 48% fall in numbers compared to previous quarter and is meeting the Q1 target.
- With regards to reducing the numbers of people waiting for psychological services more than 18 weeks, Q1 notes a slight increase from the previous quarter, but remains on track at 12.5% below the performance target.
- All 6 Alcohol & Drug Partnership Medication Assisted Treatment standards pilot milestone measures are reported as on track.

Targeted areas for Improvement:

- Adults with Learning Disabilities 6 monthly reviews- remains off track however there is a notable increase of 34% on previous quarter’s performance.

3.3 Head of Service Update Report

The summary below identifies a snapshot of commentary given by Heads of Service with regards to Children & Families, Health & Community Care and Primary Care. Full reports were presented and discussed at the Clinical & Care Governance Committee on 3rd August 2023. Following agreement these reports will be expanded to include all areas of service going forward.

Children & Families

- We are striving to mitigate risks by implementing a learning and development framework for all social work staff. Recent discussion with Social Work Team Managers has been around developed a standard curriculum of learning to include a theory base consisting of Resilience, Attachment, Trauma Awareness and Solution Focus. Technical skills such as the compilation of chronologies would be included
- In common with other social work specialisms we are considering the developmental journey or golden thread from unqualified to newly qualified to enhanced qualifications to management & leadership training and finally onto the Chief Social Work Officers award. Offering a sense of career progression and a commitment to development at all levels
- We have increased the size of the Fostering & Adoption team within the last year to allow it to become involved in the recruitment and assessment of kinship carers. This not only fits within the ethos of 'The Promise' but could offer a solution to pressures elsewhere in the system
- The Child Protection Advisor has had a positive impact on supporting teams and providing CP supervision - risk has been removed from risk register. However, she is covering a large geographical area risking work being reactive rather than proactive.
- There has been ongoing discussion regarding neurodevelopment diagnostic pathway within CAMHS and associated interface with colleagues in paediatrics. We are developing an integrated multi-agency model.

Health & Community Care

- Workforce challenges remain the highest level of risk, currently and in the future. There are specific gaps within professions, services and within localities. There are a range of groups and functions to address these challenges.
- The National Care Home Contract (NCHC) was agreed across Scotland in June 2023, bringing some national stability to the sector
- Care at Home unmet need is monitored and escalated weekly. The care at home contract tender contract is being developed.

Primary Care

- Work ongoing around procedures to ensure a good standard of locums. Work ongoing around Terms & Conditions/pay of staff transferred by TUPE over to Board employment
- Work ongoing to maximise available standards and improved quality through standardisation of processes across the department. Previously managed as ten

discrete sites. There is a focus on Standard Operating Procedures, encouraging staff engagement and definition of roles and responsibilities within the department.

- A&B group now convened to have oversight of issues relating to Out of Hours.
- Vaccine delivery near or over Scottish average for Spring/Summer campaign. The transfer of vaccination responsibility is now complete.

4. NATIONAL HEALTH & WELLBEING OUTCOMES (HWBOI) and MINISTERIAL STEERING GROUP (MSG) INTEGRATION INDICATORS

The National Health and Wellbeing Outcomes provide a strategic framework for the planning and delivery of health and social care services. This suite of outcomes serve to focus on improving the experiences and quality of services for people using those services, carers and their families. These indicators form the basis of the annual reporting requirement for Health and Social Care Partnerships across Scotland.

The national indicators will be updated and reported within A&B HSCP's Integrated Performance Management Framework to provide the national performance position alongside the local service Key Performance Indicators suite.

The latest data in relation to 26 HWBOI and MSG Indicators reports 46% on track, with 12 on track and 14 off track. An overview of A&B HSCP's latest performance against the 26 measures is reported in Appendix 1. It should be noted that reporting periods vary across the suite of national indicator measures, with some measures reported quarterly affected by national reporting data lag.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

The monitoring and reporting against Key Performance Indicators using the Integrated Performance Management Framework and Dashboard ensures the HSCP is able to deliver against key strategic priorities. This in turn is aligned with the Strategic Plan and key objectives.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

Financial performance is evidenced within the IPMF Dashboard ensuring best value as well as evidencing the impact and performance against organisational budget savings.

6.2 Staff Governance

Key performance indicators within the IPMF ensure that staff governance requirements continue to be progressed and developed include health and safety, wellbeing and new service redesign and working practices.

6.3 Care and Clinical Governance

Clinical Governance and patient safety remains at the core of prioritised service delivery against the new IPMF Dashboard and National Health & Wellbeing Outcomes Indicators. The new governance structure supporting the IPMF ensures that the Clinical & Care Governance Committee remain central to performance improvement.

7. PROFESSIONAL ADVISORY

Data used within the performance dashboard is fully accessible in SharePoint with data trends and forecasting are identified to give wider strategic context. This provides the HSCP professional advisors with self –service performance information to inform their role in maintaining professional standards and outcomes.

8. EQUALITY & DIVERSITY IMPLICATIONS

The Integrated Performance Management Framework captures relevant indicators used to inform the HSCP E&D work.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Data use and sharing within this report and IPMF performance dashboard is covered within the Argyll and Bute Council & NHS Highland Data Sharing Agreement

10. RISK ASSESSMENT

Risks and mitigations associated with performance data sources and reporting are managed and identified within the monthly Performance & Improvement Team- Work Plan. Performance reports are used by operational management to identify service delivery risk and to inform mitigation action accordingly.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Performance reporting is available for the public is via Argyll and Bute Council and NHS Highland websites. The IPMF dashboard utilises SharePoint to support manager and staff access across the HSCP.

12. CONCLUSION

The Area Committee is asked to note Quarter 1 2023/24 performance as detailed as the first validated dataset of the new Integrated Performance Management Framework Dashboard.

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	

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Appendix 1 – HWBOI & MSG Integration Indicators – Latest Available (as at 30 Jun 2023)

National Indicator No.	Measure Type	No	Measure Detail	Target	Actual	Status
1	HWBOI Outcomes	1	% of adults able to look after their health very well or quite well	90.9%	90.8%	R
2	HWBOI Outcomes	2	% of adults supported at home who agree they are supported to live as independently	78.8%	75.0%	R
3	HWBOI Outcomes	3	% of adults supported at home who agree they had a say in how their support was provided	70.6%	66.9%	R
4	HWBOI Outcomes	4	% of adults supported at home who agree that their health & care services seemed to be well co-ordinated	66.4%	66.0%	R
5	HWBOI Outcomes	5	% of adults receiving any care or support who rate it as excellent or good	75.3%	68.6%	R
6	HWBOI Outcomes	6	% of people with positive experience of their GP practice	66.5%	77.6%	G
7	HWBOI Outcomes	7	% of adults supported at home who agree their support had impact improving/maintaining quality of life	78.1%	76.7%	R
8	HWBOI Outcomes	8	% of carers who feel supported to continue in their caring role	29.7%	38.0%	G
9	HWBOI Outcomes	9	% of adults supported at home who agree they felt safe	79.7%	76.4%	R
National Indicator No.	Measure Type	No	Measure Detail	Target	Actual	Status
11	HWBOI Data	1	Rate of premature mortality per 100,000 population	466	386	G
12	HWBOI Data	2	Rate of emergency admissions per 100,000 population for adults	11629	11916	R
13	HWBOI Data	3	Emergency Admissions bed day rate	112637	112371	G
14	HWBOI Data	4	Readmission to hospital within 28 days per 1,000 admissions	107	91	G
15	HWBOI Data	5	Proportion of last 6 months of life spent at home or in a community setting	89.8%	92.6%	G

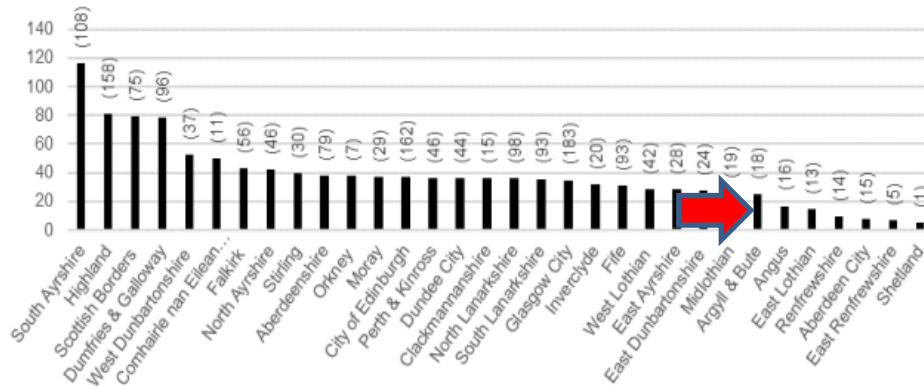
16	HWBOI Data	6	Falls rate per 1,000 population aged 65+	22.6	30	R
17	HWBOI Data	7	% of SW care services graded 'good' '4' or better in Care Inspectorate inspections	75.8%	80.0%	G
18	HWBOI Data	8	% of adults with intensive needs receiving care at home	64.6%	72.2%	G
19	HWBOI Data	9	No of days people [75+] spent in hospital when ready to be discharged, per 1,000 population	748	764	R
National Indicator No.	Measure Type	No	Measure Detail	Target	Actual	Status
19	MSG	1.1	Number of emergency admissions - A&B	8505	8386	G
20	MSG	2.1	Number of unplanned bed days acute specialties - A&B	63655	70189	R
21	MSG	2.2	Number of unplanned bed days MH specialties - A&B	12475	9344	G
22	MSG	3.1	Number of A&E attendances - A&B	16120	20285	R
23	MSG	3.2	% A&E attendances seen within 4 hours - A&B	95.0%	83.3%	R
24	MSG	4.1	Number of DD bed days occupied - A&B	7528	11098	R
25	MSG	5.1	% of last six months of life by setting community & hospital - A&B	89.8%	90.8%	G
26	MSG	6.1	% of 65+ population at Home (unsupported) - A&B	92.3%	92.6%	G

Appendix 2- System Pressures Reporting- July 2023

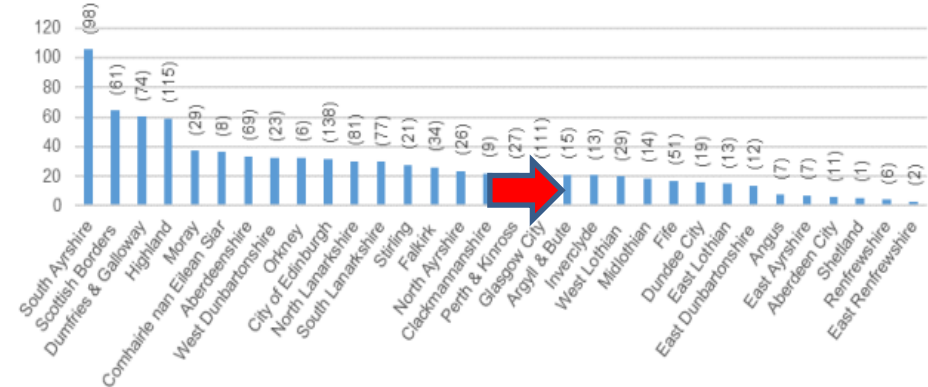
Argyll and Bute SYSTEMS PRESSURES REPORT – Jul 2023 Update										
Key Metric	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Latest @7/8	Trend	Analysis
Overall Emergency Admissions to A&E (LIH)	645	595	721	718	750	846	821	254		LIH: A&E New and Unplanned during the month. Latest as at 10 August 2023
Hospital Stays – bed occupancy	87	99	111	99	106	86	112			As at month snapshot
Hospital Stays – bed occupancy %	68%	75%	83%	75%	80.9%	67.7%	84%			
DWD – Inpatients with Planned Date of Discharge (PDD) Breaches	68.5%	52.8%	76.9%	72.9%	64.6%	70.0%	65.3%			A&B NHS Highland data A&B GGC data may be available due to new submission process Jul 23 Last week of month
Number of Inpatients with PDD recorded	108	125	130	129	127	90	124			
DWD - Inpatients Discharged without Delay	93	88	106	83	89	75	91			A&B NHS Highland data A&B GGC data may be available due to new submission process Jul 23. Last week of month
DWD- Inpatients discharged from Delay	8	9	4	5	8	5	5			
DWD – Inpatients added to Delays	7	5	5	4	8	1	2			
Delayed Discharges – Total Delays	47	36	27	29	39	35	40	36		As at monthly Census Point – Latest as at weekly Census Point 10 Aug 2023.
Delayed Discharges – Total Bed Days Lost	1663	1613	1074	956	1340	1560	1966	2119		
Care Home – Bed Occupancy	81%	82%	83%	82%	81%	81%	81%	81%		% occupancy static, impacted more when vacant CH beds unavailable
Care Home Bed Vacancies Available	33	31	20	24	34	39	29	29		
Unmet Need – People Assessed and Waiting	70	63	45	42	43	49	53	55		Stabilising as per normal seasonal profile, but unmet hours <u>avg</u> 16% down on 2022
Unmet Need – hours of care	716	639	507	370	344	338	460	420		

Delayed Discharge SitRep – Local Authority Comparisons – 26 June 2023

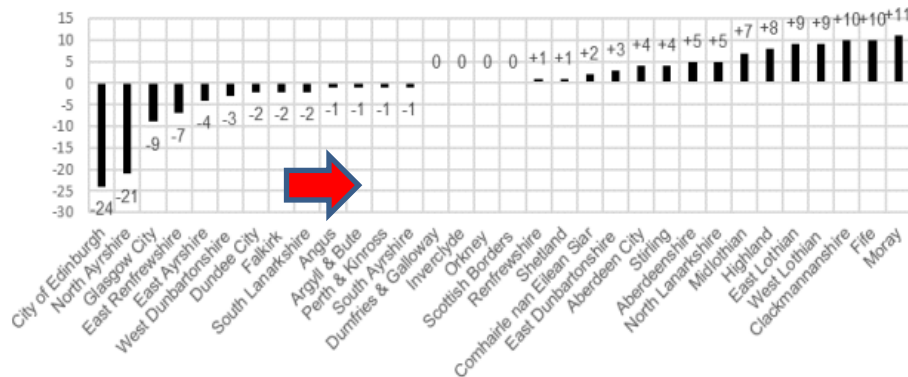
Total Delays by Local Authority, Rate per 100,000 18+ population,
(Number of delays shown in brackets)



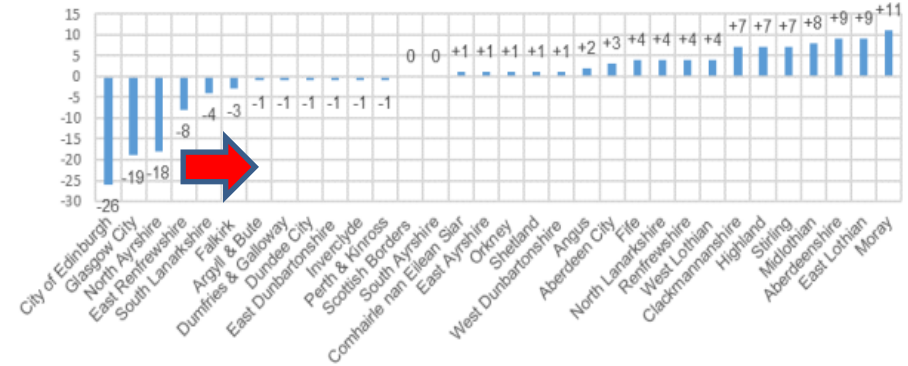
Standard Delays by Local Authority, Rate per 100,000 18+ population,
(Number of delays shown in brackets)



Change in total delays over last four weeks
Scotland changed from 1,670 to 1,681 over this period



Change in standard delays over last four weeks
Scotland changed from 1,207 to 1,207 over this period



4 week period runs from 29 May to 26 June 2023