

Community Services Committee

Date of Meeting: 6 March 2025

Title of Report: Health & Social Care Partnership - Performance Report – FQ2 2024/25 (Jul – Sep)

Presented by: Charlotte Craig Interim Head of Strategic Planning, Performance & Technology

The Committee is asked to:

- Acknowledge performance for FQ2 2024/25 (July - September)
- Acknowledge performance update on the National Health & Wellbeing Outcomes and Ministerial Steering Group Integration Indicators (**Appendix 1**)
- Note Delayed Discharge Sitrep as of 30 September 2024 (**Appendix 2**)

EXECUTIVE SUMMARY

This report details performance for Financial Quarter (FQ) 2 2024/25 (July - September), the performance outputs are taken from the Integrated Performance Management Framework (IPMF) Reporting Dashboard with the focus on twelve key service areas. Overall performance for FQ2 notes 51 of 84 measures reporting as on target (61%). The report details performance against each of the service areas and the 84 supporting Key Performance Indicators. Analysis of the KPI's is supported by performance commentary from the Heads of Service and Service Leads. National Health & Wellbeing Indicators performance is included alongside latest performance from the National Delayed Discharge Sitrep. 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.

2. RECOMENDATIONS

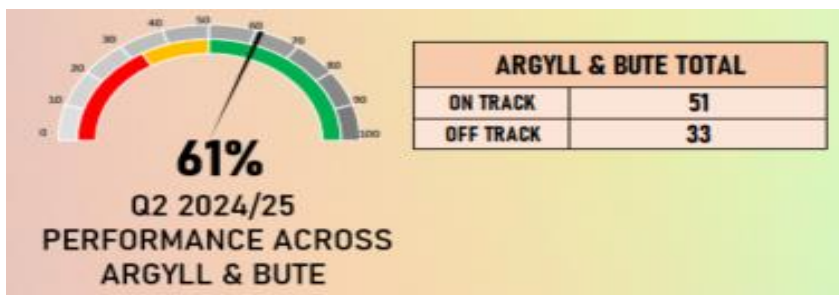
The Committee are asked to acknowledge current FQ2 24/25 performance.

3. DETAIL OF REPORT

The report details the HSCP (Health and Social Care Partnership) performance for FQ 2 2024/25 (July - September) highlighting key performance trends across the 84 KPIs (Key Performance Indicators). In addition, the report includes performance updates from Heads of Service and Service Leads across the twelve service areas. The latest performance against the National Health and Wellbeing Outcomes Indicators is reported (Appendix 1). Also included is the latest national update on Delayed Discharges (Appendix 2).

4. RELEVANT DATA & INDICATORS

4.1 FQ2 2024/25 (July - September) Performance Summary



Overall performance for FQ2 notes that 84 KPI's are scoring against target, with 51 (61%) reporting as on-track. This is an increase of 11% from FQ1 position, where 42 KPI were on track (50%). 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 HSCP's total performance for each of the twelve services and 84 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.

4.2 Analysis of Key Performance

This analysis identifies performance across the 12 service reporting categories within the Integrated Performance Management Framework (IPMF).

4.2.1 Children & Families

Performance across 7 Key Performance Indicators (KPIs) for Children & Families & Justice shows 4 KPIs (57%) on track, with 3 KPIs (43%) reported as off track against the targets set in FQ2 24/25. Performance on track reports an increase of 28 % from the reported FQ1 24/25 position (29%)

Performance on or above target:

- The percentage of Child Protection Register (CPR) cases that have an allocated Social Worker remains at 100% for FQ2.
- The number of teams that have delivered 75% or more of the Universal Health Visiting Pathway (UHVP) reports 78% for FQ2, up from 61% FQ1.
- The number of statutory individual Health Assessments commenced within four weeks of coming into care in FQ2 again reports 100%.
- The numbers of Public Sector staff who have received at least basic training in how to identify and respond to women and children affected by Violence Against Women & Girls reports 122 against target of 6.

Performance below target & areas for improvement:

- The percentage of Child Protection Planning Meetings (CPPM's) held within 28 days of the initial referral reports 17% in FQ2 against 90% target, an increase from 0% reported in FQ1.
- Children & Adolescent Mental Health Services (CAMHS) children and young people seen within 18 weeks of referral reports 73% FQ2 up from 60% FQ1.
- Percentage of Criminal Justice social work reports submitted by 12 noon, 2 days before court reports is noted at 82% in FQ2, against 90% target and down slightly from 87% reported in FQ1.

4.2.2 Telecare and Digital

Performance across 13 Key Performance Indicators (KPIs) for Strategic Planning, Performance & Technology Services shows 5 KPIs (38%) on track, with 8 KPIs (62%) reported as off track against the targets set for FQ2 24/25. Performance on track reports an increase of 7% from the reported FQ1 24/25 position (31%)

It should be acknowledged that nationally waiting time breaches are measured against a zero target. Local targets have been set to monitor progress and improvements to reduce the number of patients on waiting lists across varied health specialties.

Performance on or above target:

- FQ2 reported 219 Telecare clients starting a new service, an increase of 10% from the previous quarter (198) and above target of 200.
- There has been a 2% increase in the digitalisation of telecare device equipment, with FQ2 showing 54% and achieving the 54% rolling performance target set for FQ2.
- Implementation of Just Checking activity monitoring equipment has been successfully carried out in nine homes during FQ2, up 33% from 6 in FQ1.
- Usage of digital blood pressure monitoring in Primary Care has seen a significant rise, increasing from 40 users in FQ1 to 79 users in FQ2 against a target of 40.

Performance below target & areas for improvement:

- E-health reported resolving 99% of support requests in FQ2, narrowly missing 100% target
- Consultations delivered via Near Me fell slightly from FQ1 (1014), with 999 noted in FQ2 against target of 1025.
- The number of telecare clients overdue for their annual review has decreased significantly to 52%, missing the 50% target (and work is continuing to improve data quality around this measure).
- Silvercloud referrals performance remains stable with an increase of 1 from 57 in FQ1 to 58 in FQ2 against the target noted, against a target of 60 per quarter.
- Percentage of telecare clients with an enhanced package, FQ2 performance remains unchanged at 42%, below the desired target of 45% (work is ongoing to improve data quality around this measure).
- FQ2 performance for Waiting Times for Cancer Appointments at 31 & 62 Days reports 12 against target of zero, an increase from 1 reported as at FQ1.
- New Outpatient Waiting Times breaches over 12 weeks have reduced from 50% in FQ1 to 49% in FQ2 against a 46% target.
- Outpatient Long waiting over 52 weeks also noted a reduction from 3.8% at FQ1 to 3.3% against a 2.8% target.

4.2.3 Primary Care

Performance across 10 Key Performance Indicators (KPIs) for Primary Care shows 7 KPIs (70%) on track, with 3 KPIs (30%) reported as off track against the targets set for FQ2 24/25. Performance on track reports an increase/decrease of 10% from the reported FQ1 24/25 position (60%)

Performance on or above target:

- FQ2 noted 81% of children who received Fluoride Varnish treatment did not require be referred for further dental treatment, an increase from 80% in FQ1.

- FQ2 performance notes 4% of eligible residents have so far received their Winter Covid 19 booster. This is 1% higher than the national average.
- FQ2 notes zero GP practices were returned to HSCP Control during FQ2, against a zero target.
- GP practices remained at level zero during FQ2 resulting in no reduction in services provided.
- 4.5% of consultations by GPs and other HSCP within the primary care setting were done digitally in FQ2 down slightly from 4.7% in FQ1 however remains on the target of 4.5%.
- Primary Care Out-of-Hours Services covered 46% of all recorded out of hour consultations during Q1 exceeding their 45% target.
- 96% of children at 12 months of age received their 6 in 1 vaccination achieving the 95% national target (*data for this indicator is 1 quarter behind due to availability of statistics).

Performance below target & areas for improvement:

- HSCP-run practices did not meet their target of 14 by recording 55 instances of practices operating under contingency measures, up from 7 in FQ1.
- The Oral Health Improvement Team noted delivery of 95% of their planned activity, against 100% target.
- FQ2 performance notes HSCP Dental services utilised 48% of clinic appointments, missing their 90% target and falling from 52% reported at FQ1.

4.2.4 Public Health

Performance across 5 Key Performance Indicators (KPIs) for Public Health shows 5 KPIs (100%) on track against the targets set for FQ2 24/25. Performance on track reports an increase of 20% from the reported FQ1 24/25 position (80%)

Performance on or above target:

- Increase the monthly number of quit dates set, supported by NHS smoking cessation advisors or jointly through shared care with pharmacy, by people in the most deprived 40% areas in Argyll. Performance this quarter has significantly exceeded the target, with 29 quit dates achieved against a target of 10. This represents a 164% increase compared to FQ1. This success is due to a change in the methodology for counting measure.
- Increase the number of engagement activities delivered in communities and supported through Living Well Networks. Performance continues to be above target, with an actual of 26 against a target of 20.
- Increase the number of people in Argyll and Bute attending training in the following areas, Money Counts, Behaviour Change, Mental Health and Suicide Prevention. The rolling target from 23/24 continues into 24/25, with the expectation of 17 additional clients each quarter. In FQ2 we successfully exceeded our target with 111 attendances, against a target of 102.
- Increase the number of referrals to community link workers supported by "We Are with You". Performance this quarter achieved approximately 110% above the target, with an actual performance of 212 against a target of 101.
- Number of instances working with Scottish Government or National Agencies on National Strategy and Policy Development. This is a new measure for 24/25 with a target initially set as 1. FQ2 noted 14 instances of working with Scottish Government or National Agencies on National Strategy and Policy development.

Performance below target & areas for improvement:

None noted this quarter.

4.2.5 Finance

Performance across 6 Key Performance Indicators (KPIs) for Finance shows 5 KPIs (83%) on track, with 1 KPIs (14%) reported as off track against the targets set for FQ2 24/25. Performance on track reports an increase/decrease of 33% from the reported FQ1 24/25 position (50%)

Performance on or above target:

- Costs for Hospital Delayed Discharges actual spend reports £306,500 against a target of £317,000, noted as 3.3 % under target, and 25% reduction from FQ1 position.
- Agency and Locum staffing expenditure with actual spend (6%) being 4% under target of 10% and a reduction from 14% noted at FQ1.
- Older People Internal Residential actual spend being under projected target by 17%, from projected overspend of 21% noted at FQ1.
- Older People External Residential actual spend reports being 28% below projected target, an increase of 10% from the reported FQ1 position.
- Older People Homecare actual spend reports being 8% below projected target, an improvement from the 2% noted at FQ1.

Performance below target & areas for improvement:

- GP prescribing expenditure with actual spend being 2% over the projected FQ2 spend target. This is a percentage terms increase of 2% from the FQ1 position.

4.2.6 Carers

Performance across 4 Key Performance Indicators (KPIs) for Carers shows 3 KPIs (75%) on track, with 1 KPI (25%) reported as off track against the targets set for FQ2 24/25.

Performance on track reports a decrease of 25% from the reported FQ1 24/25 position (100%).

Performance on or above target:

- The number of Unpaid Carers Supported across A&B's Carers Centres continues to be over the target of 3000 per quarter, with a slight increase to 3359 (2%) noted from previous FQ1.
- The ACSP reviews, which now include welfare contacts, are well above target of 700 per quarter with 1396 achieved in FQ2 compared to 913 in FQ1.
- Young Carer Statements completed in FQ2 notes 35, is up from 26 recorded in FQ1 and remains above the target of 4.

Performance below target & areas for improvement:

- The number of Adult Carer Support Plans completed have decreased this quarter (-17%), with 114 reported against target of 133.

4.2.7 Allied Health Professionals

Performance across 7 Key Performance Indicators (KPIs) for Allied Health Professionals shows 5 KPIs (71%) on track, with 2 KPIs (29%) reported as off track against the targets set for FQ2 24/25.

Performance on track reports an increase of 14% from the reported FQ1 24/25 position (57%).

It should be acknowledged that nationally waiting time breaches are measured against a zero target. Local targets have been set to monitor progress and improvements to reduce the number of patients on waiting lists across varied health specialties

Performance on or above target:

- MSK Outpatient Referral waits breaching >4 weeks are again significantly down in FQ2 to 967 (-14%) and meeting target of 1120.
- AHP Priority 1&2 referrals breaching > 4 weeks in FQ2 reported 46 against a target of 48
- AHP Outpatient Completed Waits continue to increase in FQ2 (+6%) with 1033 reported against the target of 945.
- Community Patient Discharges continue to increase in FQ2 (+8%) to 2034, against the target of 1632.
- The percentage of New versus Return Outpatient Physio AHP Referrals remains above the 30% target, with 33% noted in FQ2.

Performance below target & areas for improvement:

- Outpatients waiting over 12 weeks for AHP services have continued to trend downwards in FQ2 – with a reported total of 504 against the target of 500.
- Priority 3 and 4 Community Patient Referrals breaching over 12 weeks have increased quarter on quarter, with FQ2 reporting 571 against a target of 400, up 2% from 558 noted in FQ1.

4.2.8 Delayed Discharges

Performance across 6 Key Performance Indicators (KPIs) for Delayed Discharges shows 5 KPI (83%) on track, with 1 KPIs (17%) reported as off track against the targets set for FQ2 24/25. Performance on track reports an increase/decrease of 66% from the reported FQ1 24/25 position (17%).

For FY 2024/25 Delayed Discharges KPIs, we use a count at the end of quarter census point instead of full month data, as this aligns better with national reporting. It should be acknowledged nationally Delayed Discharges are measured against a zero target. Local targets have been set to monitor progress and improvements to reduce the number of patients showing as a Delayed Discharge.

Performance on or above target:

- The number of overall people delayed in hospital at Monthly Census Point as at the end of Q2 was 31, against target of 31. This reflects a fall of 21% compared to FQ1 position (39). The target was set based on the average over the last four quarters of 23/24, where client numbers ranged between 29 and 34.
- At the end of Q2 census point, the overall length of stay in a hospital (Delayed Discharge Bed Days) at Monthly Census Point was 613 against the target of 634. This represents a decrease of 25% with 820 recorded in FQ1. The target was set based on the average bed days over the past four quarters of 23/24, which ranged from 598 to 695.

- Reduce the Number of people delayed in hospital with AWI code at Monthly Census Point. Performance was above target having achieved actual of 2 against a maximum target of 6. In this quarter, the number of people delayed with AWI code recorded fell from 5 in July to 3 in August and to 2 in September.
- The number of people delayed awaiting a Care Home Placement was 1, compared to a target of 4. This is a noted reduction (88%) from FQ1 where 8 were recorded. The target was set based on the average from the previous four quarters of 23/24, which ranged from 0-5.
- At the end of Q2, the number of people delayed in hospital awaiting assessment (Codes 11A and 11B) was 7, which is 23% of census clients, against a target of 10. The target was based on the average from the previous four quarters of 23/24, which ranged 9 to 11. This is a noted reduction of 46% from FQ 1 position with 13 reported.

Performance below target & areas for improvement:

- At the end of Q2, the number of people delayed in hospital awaiting care at home availability was 20, representing 65% of census clients, compared to a target of 12. The target was based on the average of the last four quarters of 23/24, which ranged from 8 to 14. This has increased by 25% compared to FQ1 position (16).

4.2.9 Adult Social Care

Performance across 4 Key Performance Indicators (KPIs) for Adult Social Care shows 2 KPIs (50%) on track, with 2 KPI (50%) reported as off track against the targets set for FQ2 24/25. Performance on track is consistent with the reported FQ1 24/25 position.

Performance on or above target:

- The number of Unplanned Admissions to A&B hospitals directly from a care home in FQ2 was reported at 16, below the target of 36, and an improvement from 45 reported in FQ1.
- Increasing the occupancy rates across A&B Care Homes was above target, achieving 96% occupancy against a target of 95% in FQ2, consistent with. This KPI is now measured against available places (previously all empty beds).

Performance below target & areas for improvement:

- Increasing the % of Older People who had their homecare monitoring review completed within 6 months was noted at 37% for FQ2, against a target of 49%. This represents a 6% improvement from FQ1 to FQ2, increasing from 31%.
- The FQ2 performance looking to reduce the value of assessed unmet need for care at home was £16,679.04, which is £5,269.32 (46%) above the target. Target is set at previous quarter's value.

4.2.10 Community Hospitals

Performance across 5 Key Performance Indicators (KPIs) for Community Hospitals shows 4 KPIs (80%) on track, with 1 KPIs (20%) reported as off track against the targets set for FQ2 24/25. Performance on track reports an increase/decrease of 40% from the reported FQ1 24/25 position (40%)

Performance on or above target:

- The average length of stay for inpatients in A&B Community Hospitals was reduced to 7.7 days across the quarter, against the target of 7.8 days. This represents an 11% improvement compared to FQ1, where the average length of stay was 8.7 days.
- A&E attendances meeting the 4 hrs wait target reached 97.1%, exceeding the 95% target by 2.1%. This is a slight improvement from FQ1, where performance was noted as 97%.
- Maintain A&B Community Hospitals Bed occupancy rates below 80% target. Bed occupancy rates remained well below target at 69.3% for FQ2, marking a 4% reduction from 73.6% in FQ1.
- Reduce the number of falls being reported in a Community Hospital setting in A&B. In FQ2, we reported 37 falls, well below the FQ1 total of 63 and the target of 54.

Performance below target & areas for improvement:

- Reduce the rate of unplanned admissions to Community Hospitals for 65+ population. This KPI reported 487 admissions, 8% above the target of 452 for FQ2. This represents a 2% increase compared to FQ1.

4.2.11 Adults with Long Term Conditions / Adult Support & Protection / Alcohol Drugs Partnership

Performance across 8 Key Performance Indicators (KPIs) for Adults with Long Term Conditions/ ASP/ADP shows 2 KPIs (25%) on track, with 6 KPIs (75%) reported as off track against the targets set for FQ1 24/25. Performance on track reports a decrease of 13% from the reported FQ1 24/25 position (38%)

It should be acknowledged that nationally waiting time breaches for New Mental Health Outpatients (12 weeks) and Psychological Therapy (18 Weeks) are measured against a zero target. Local targets have been set to monitor progress and improvements to reduce the number of patients on waiting lists across varied health specialties

Performance on or above target:

- 12 Adults were reported on the dynamic support register with a category red or amber status, in line with FQ target and no change from the FQ1 position.
- 135 Adults are waiting for a psychological therapy service achieving the target of 175 or fewer.

Performance below target & areas for improvement:

- FQ2 noted 7% of 18-64 people with a Learning Disability were reported as overdue an Adult Review against 3% target, no change from the FQ1 position.
- 446 Adults are waiting for a Mental Health outpatient service, this is over the target of 390 or less, and an increase of 16% from 383 noted in FQ1.
- 30% of Adult Support and Protection 'duty to inquire' procedures were completed within the 5 working day target of 70%, and down from 56% in FQ1.
- 55% of Adult Support and Protection inquiries requiring investigative powers were completed within the 15 working day target of 70%, and down from 65% reported in FQ1.
- 53% of Case Conferences began within 20 days of referral or within 12 weeks of the initial conference for review, a drop from 70% noted last quarter.
- 89.6% of individuals referred to Alcohol and Drug treatment services were seen within the target waiting period, against 90% target, which is an increase from 79.7% noted in FQ1.

4.2.12 Rural General Hospitals (Lorn & Island Hospital)

Performance across 9 Key Performance Indicators (KPIs) for Rural General Hospitals (LIH) shows 4 KPIs (44%) on track, with 5 KPIs (56%) reported as off track against the targets set for FQ2 24/25. Performance on track reports an increase/decrease of 23% from the reported FQ1 24/25 position (67%)

Performance on or above target:

- Reduce the total number of unplanned bed days in LIH. The actual number of unplanned bed days reported was 2969, 354 below the target of 3323, based on the 23/24 average
- Reduce the Average Length of Stay for inpatients in LIH. FQ2 Performance noted we achieved an actual rate of 4.2, against the target of 4.8. This is up slightly from 4.0 noted in FQ1.
- Maintain LIH Bed Occupancy Rates below 90% target. FQ2 performance noted an actual rate of 85.8%, a 4% increase from 81.8% noted at FQ1.
- Reduce the number of medication errors in LIH. Quarterly indicative target was set at no more than 6 per reporting period, 6 based on 23/24 average. In FQ 2 we achieved an actual of 5, and a slight increase from 3 noted in FQ1.

Performance below target & areas for improvement:

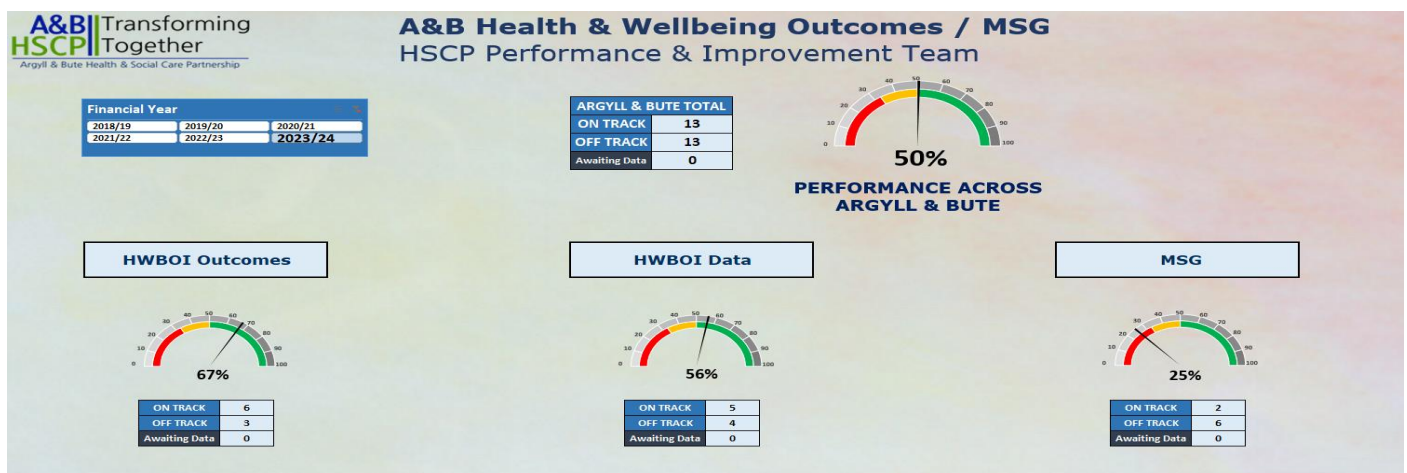
- Reduce the rate of unplanned admissions to LIH 65+ population. FQ2 performance noted the actual number of unplanned admissions was 383, up 12% from 341 in FQ1 and missing the target set of 345.
- Our FQ2 target is for 95% of A&E attendances to meet the 4-hour target. Actual FQ2 performance noted 92.9%, down slightly from 93.8% noted at FQ1.
- Reduce the number of falls being reported in a hospital setting in LIH. FQ2 target was to reduce reported falls to no more than 26 per quarter, however the actual recorded was 33. This reflects a 27% reduction of 12 from FQ1, where 45 Falls were reported.

- Reduce number of instances of tissue viability in Lorn & Islands Hospital. The target was to reduce the number of tissue viability instances to no more than 4. However, FQ2 performance on actual instances was 9, increasing from 5 reported in FQ1.
- Reduce the number of LIH A&E Attendances that result in an unplanned admission. The FQ 2 performance for reducing unplanned admission from A&E attendances was 19.8% against a target of 19.2%. This is an increase of 2% from FQ1, where the rate was 17.9%.

4.2.13 National Health & Wellbeing Outcome Indicators & Ministerial Steering Group 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 serves 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 50% on track, with 13 on track and 13 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 remain 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. The development of the IPMF is focussed on moving away from previous traditional styles of reporting to a fully collaborative approach with Head of Service and Service Lead commentary.

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.

8.1 PROTECTED CHARACTERISTICS

Performance detailed within this report acknowledges the rights of the Child (UNCRC), Islands, Fairer Scotland, Socio-economic Duty, Equalities - protected characteristics.

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.

10.1 STRATEGIC, OPERATIONAL OR CLIMATE RISK

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 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 committee is asked to consider and acknowledge FQ2 2024/25 (July - September) performance as detailed in the IPMF Dashboard noting this was presented to the Integration Joint Board.

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	

14. PREVIOUS REVIEW OF THE REPORT

Meeting	Title of report	Date	Output (if relevant)

REPORT AUTHOR AND CONTACT

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Appendix 1 – HWBOI & MSG Integration Indicators.

Core Suite of Integration Indicators

STATUS at 2023/24									
ON TRACK	6								
OFF TRACK	3								
AWAITING DATA	0								
				2023/24					
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	90.7%	92.0%	G			
2	HWBOI Outcomes	2	% of adults supported at home who agree they are supported to live as independently	72.4%	73.0%	G			
3	HWBOI Outcomes	3	% of adults supported at home who agree they had a say in how their support was provided	59.6%	53.0%	R			
4	HWBOI Outcomes	4	% of adults supported at home who agree that their health & care services seemed to be well co-ordinated	54.0%	59.0%	G			
5	HWBOI Outcomes	5	% of adults receiving any care or support who rate it as excellent or good	70.0%	74.0%	G			
6	HWBOI Outcomes	6	% of people with positive experience of their GP practice	68.5%	84.0%	G			
7	HWBOI Outcomes	7	% of adults supported at home who agree their support had impact improving/maintaining quality of life	69.8%	67.0%	R			
8	HWBOI Outcomes	8	% of carers who feel supported to continue in their caring role	31.2%	38.0%	G			
9	HWBOI Outcomes	9	% of adults supported at home who agree they felt safe	72.7%	67.0%	R			

Data notes 67% (6 of 9) HWBOI Outcomes measures reporting as above the national Scotland Rate. It is worth noting that performance will be influenced and vary in line with the total number of respondents participating in this voluntary survey. As such, caution should be noted with regards to previous comparison and trends

HWBOI - Performance

STATUS at 2023/24	
ON TRACK	5
OFF TRACK	4
AWAITING DATA	0

National Indicator No.	Measure Type	No	Measure Detail	2023/24		
11	HWBOI Data	1	Rate of premature mortality per 100,000 population	442	3.98	G
12	HWBOI Data	2	Rate of emergency admissions per 100,000 population for adults	11707	12204	R
13	HWBOI Data	3	Emergency Admissions bed day rate	112883	120888	R
14	HWBOI Data	4	Readmission to hospital within 28 days per 1,000 admissions	104	85	G
15	HWBOI Data	5	Proportion of last 6 months of life spent at home or in a community setting	89.1%	89.7%	G
16	HWBOI Data	6	Falls rate per 1,000 population aged 65+	23	28.4	R
17	HWBOI Data	7	% of SW care services graded 'good' '4' or better in Care Inspectorate inspections	77.0%	77.3%	G
18	HWBOI Data	8	% of adults with intensive needs receiving care at home	64.8%	68.3%	G
19	HWBOI Data	9	No of days people [75+] spent in hospital when ready to be discharged, per 1,000 population	902	912	R

Data notes 55.5% (5 of 9) HWBOI Performance measures reporting as above the national Scotland Rate. *Indicators 12, 13, 14, 15, 16, 18 Calendar year 2023 is used here as a proxy for 2023/24 due to the national data for 2023/24 being incomplete. This is in line with guidance issued by Public Health Scotland which was communicated to all Health and Social Care Partnerships. Using more complete calendar year data for 2023 should improve the consistency of reporting between Health and Social Care Partnerships.

Ministerial Steering Group Integration Indicators

STATUS at 2023/24	
ON TRACK	2
OFF TRACK	6
AWAITING DATA	0

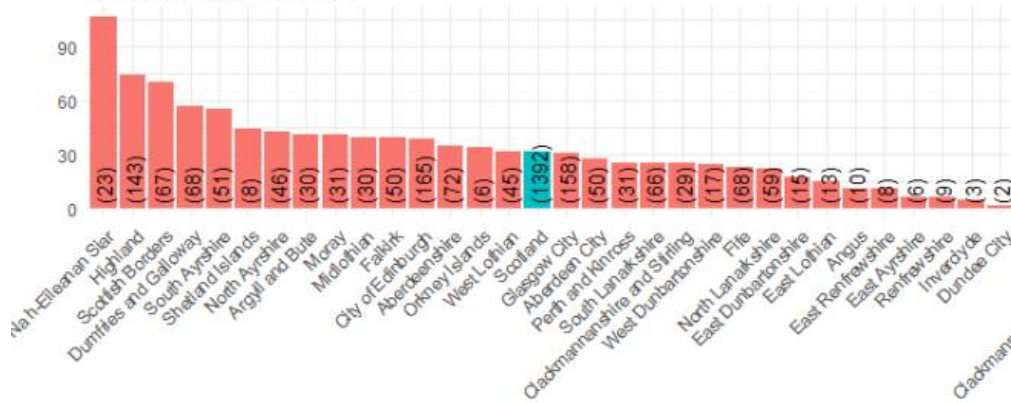
National Indicator No.	Measure Type	No	Measure Detail	2023/24		
19	MSG	1.1	Number of emergency admissions - A&B	8505	8933	R
20	MSG	2.1	Number of unplanned bed days acute specialties - A&B	63655	77882	R
21	MSG	2.2	Number of unplanned bed days MH specialties - A&B	12475	11575	G
22	MSG	3.1	Number of A&E attendances - A&B	16120	17740	R
23	MSG	3.2	% A&E attendances seen within 4 hours - A&B	95.0%	83.0%	R
24	MSG	4.1	Number of DD bed days occupied - A&B	7528	12757	R
25	MSG	5.1	% of last six months of life by setting community & hospital - A&B	89.8%	89.6%	R
26	MSG	6.1	% of 65+ population at Home (unsupported) - A&B	92.3%	93.2%	G

Data notes 25% (2of 8) MSG Indicators reporting as above the national Scotland rate. MSG Indicators data notes that all MSG measures have increased in the last reporting year. Activity around Emergency Admissions, Unplanned Bed Days, A&E attendances and Delayed Discharge Bed Days all noted performance exceeding pre –Covid levels. This highlights the necessity to consider approaches to alleviate systems pressures around Urgent and Unscheduled Care and expedite hospital flow.

Delayed Discharges SitRep - Local authority comparisons - 30 September 2024

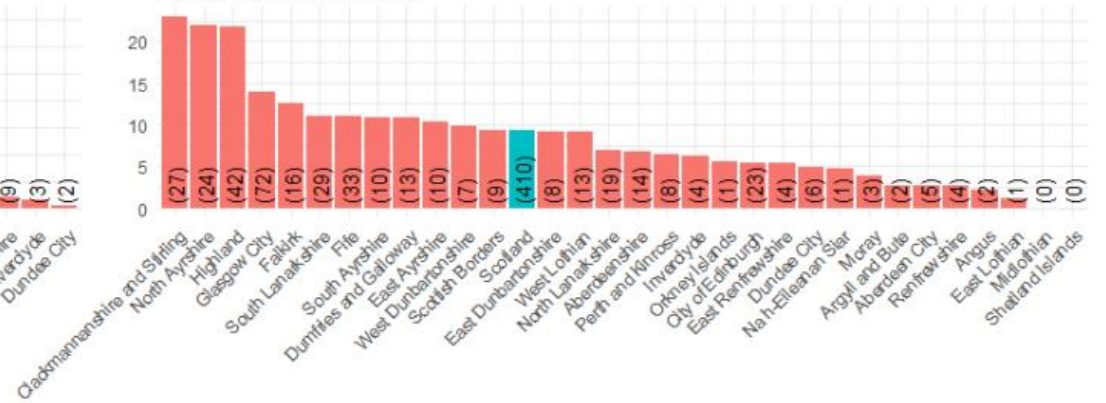
Standard delays per 100,000 18+ population, 30 Sep 2024

number of delays in brackets

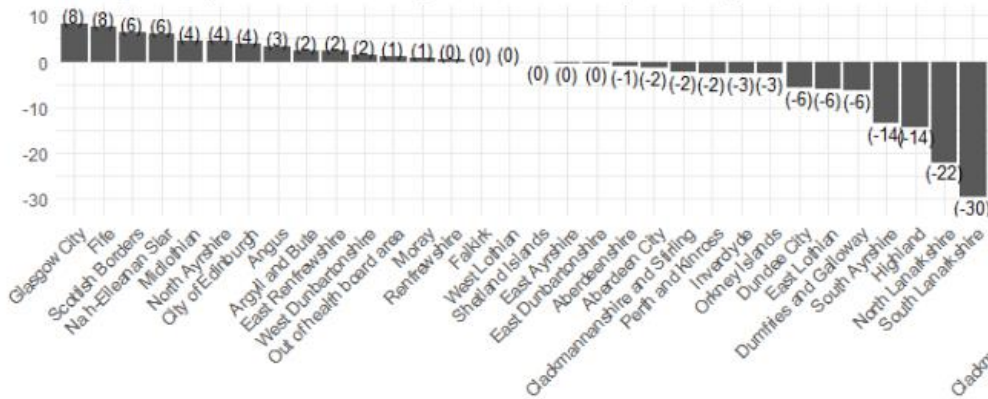


AWI delays per 100,000 18+ population, 30 Sep 2024

number of delays in brackets



Change from previous 4w average - standard delays, 30 Sep 2024



Change from previous 4w average - AWI delays, 30 Sep 2024

