Item 5.9

Report

Performance and Quality Subgroup
Edinburgh Integration Joint Board

18 November 2016

Executive Summary

This paper provides an overview of the activity of the Performance and Quality Sub group and the main topics for forthcoming meetings.

Recommendations

1. It is recommended that the Integration Joint Board:

- Notes the progress being made by the Performance and Quality Sub group
- Considers the final draft of the annual performance report at an IJB Development Session prior to being presented for approval at a formal meeting.

Background

2. As described in earlier papers to the Edinburgh Integration Joint Board, the performance framework for integration is designed to address the limitations of earlier approaches to performance, which lacked effectiveness and impact, relying heavily on scorecards with little perceived relevance to current pressures and priorities and failing to generate effective action.

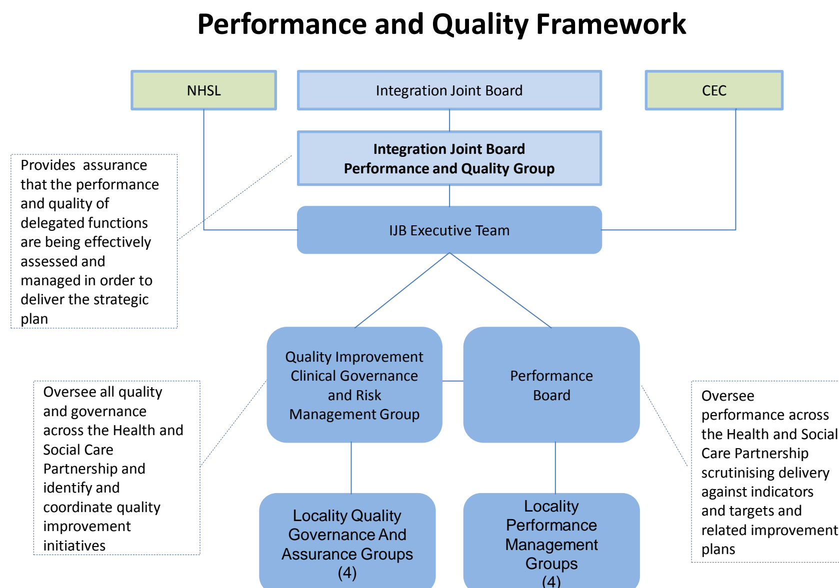
3. The Performance and Quality Subgroup has a key role in the integrated performance framework. It provides assurance that the performance and quality of delegated functions are being effectively assessed and managed in order to deliver the strategic plan. Its remit includes using evidence on performance and quality in delivery of the strategic plan to support learning and improvement and focusing on outcomes for people.

4. The subgroup forms part of the wider governance of performance and quality for the Edinburgh Health and Social Care Partnership as illustrated below. Two other key groups are:

- The Quality Improvement Clinical Governance and Risk Management Group with the remit of overseeing all quality and governance across the Health and Social Care Partnership and identify and coordinate quality improvement initiatives

- The Performance Board which oversees performance across the Health and Social Care Partnership scrutinising delivery against indicators and targets and related improvement plans

5. The structure of the performance and quality framework is illustrated below.



6. This paper describes the activity of the group and gives a description of the requirements of the annual performance report, a requirement of the Public Bodies (Joint Working) (Scotland) Act, 2014.

Overview of activity

7. The main activities carried out since the last update report in July 2016 have been continued development and testing of the rubrics approach and consideration of Edinburgh's performance on the core suite of integration indicators. These are described in detail below.

8. In addition, a number of presentations have been made to the group on key topics and resources. These include an overview of quality assurance and governance arrangements and a demonstration of the SOURCE dashboard. The latter provides an overview of patterns of spend and activity for health and social care, which will be used to update resource-use patterns for the next Joint Strategic Needs Assessment.

Rubrics

9. The Performance and Quality Sub group are testing the use of rubrics as a way of evaluating the implementation and impact of the strategic plan.

10. A rubric sets out clear criteria and standards for assessing performance. For example, in relation to the use of a personal outcomes approach in working with individuals, the rubric would set out what “excellent”, “acceptable” and “poor” would look like:

Excellent	Acceptable	Poor
Personal outcomes are identified by the individual and recorded by all relevant professionals	Personal outcomes are identified and recorded only by some key professionals	The use of personal outcomes is infrequent; recording is not done or is poor

11. This approach is most effective when the criteria and standards are developed in collaboration with stakeholders, and when a wide range of evidence is used to support assessments of progress.

12. The Performance and Quality Subgroup is testing the approach on five areas of the strategic plan between September and January 2017. Leads have been identified for each of the five areas and they will present their assessment to the subgroup (the schedule is given in section 37).

13. The role of the subgroup will be to respond to these presentations with constructive challenge of the assessment, the evidence used and proposed actions, and to consider the suitability of the approach for future use.

14. To date, the subgroup has considered the application of rubrics to the inequalities-related actions in the strategic plan. The identification of the categories, standards and criteria (i.e. the rubrics) was done by staff from Health and Social Care, EVOC and the NHS, and considered by the Health Inequalities Standing Group.

15. Key points from the presentation and the subsequent discussion:

- The rubrics approach was agreed to be useful but the focus on the specific actions was of limited value. It was agreed that the rubrics would be recast to be outcomes rather than process focused i.e. progress/outcomes of actions to address inequalities over the medium term

- There is a need for clarity and consolidation of services to address inequalities, including the potential for link workers to be located in GP surgeries to provide ready access to advice.

16. A presentation on the method for evaluating the impact of health inequalities grants will be given at the November meeting of the group.

17. Long term conditions is the next strategic plan topic for which rubrics is being developed. The development work has been undertaken by a working group including a range of staff from the Council, the third sector and the NHS

(including a public health consultant, GP, IMPACT Team nurse manager and community pharmacy representation and the long term conditions programme manger). A presentation was made at the Thistle Foundation to broaden engagement, including people with lived experience of long term conditions.

18. In recognition that the key aspects of the support for people with long term conditions identified by the working group are closely aligned to those of the House of Care model being developed within Lothian, the approaches have been aligned. Among the components is a focus on personal outcomes and working in partnership with the person.

19. Progress on testing the use of rubrics on the long term conditions priority will be presented to the Performance and Quality Subgroup on 26 October.

20. In summary, the work on rubrics so far has encompassed stakeholder engagement and personal outcomes, through the long term conditions work, in line with the remit of the Performance and Quality Subgroup.

Core suite of integration indicators

21. The group has also considered the most recent results of the national health and wellbeing indicators, comparing Edinburgh's performance with that of urban peer authorities[1] and the whole of Scotland. The analysis was provided by LIST colleagues (the Local Intelligence Support Team from ISD). A summary of key findings is given below.

22. Edinburgh compared favourably with other areas of Scotland for:

- Premature mortality rate – which is decreasing overtime
- Rate of emergency admissions for people aged 65+ - which has been relatively stable over time
- Rate of emergency bed days for adults – which has been consistently lower over several years
- Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency - Edinburgh's comparative position has remained consistent over the period 2010-11 to 2013-14, the latest available data

23. In contrast, Edinburgh's performance was comparatively poor for the following indicators:

- Days lost to delayed discharge – a consistent pattern over several years
- Readmissions to hospital within 28 days of discharge

[1] The peer group (as defined by Audit Scotland, is: Edinburgh. Aberdeen, Dundee, East Dunbartonshire, East Renfrewshire, Glasgow, Inverclyde, North Lanarkshire, Renfrewshire and West Dunbartonshire

- Falls rate per 1,000 population in over 65s – Edinburgh's relatively high level of falls has been consistent over several years

24. Finally, Edinburgh was close to the national average for:

- Percentage of adults with intensive needs receiving care at home – although until recently, Edinburgh was below the peer group average

25. The health and care experience survey for 2015-16 (which provides the data for national health and wellbeing indicators 1-9) showed that for most of these indicators, Edinburgh was below the peer and Scottish averages. For two of the indicators, the difference between Edinburgh and Scotland was statistically significant:

- *I was aware of the help, care and support options available to me*
- *My health and care services seemed to be well co-ordinated.*

26. (2013-14 and 2015-16), satisfaction levels had reduced and for the following indicators, the difference was statistically significant:

- *I had a say in how my help, care or support was provided*
- *Percentage of adults receiving any care or support who rate it as excellent or good*
- *Local services are well coordinated for the person(s) I look after*
- *I feel supported to continue caring.*

27. Further analysis at locality level showed significantly lower levels of agreement with the statement "I feel supported to continue caring" in South East Edinburgh.

28. The group was informed that the Performance Improvement Meeting has commissioned work to identify reasons for these low levels of satisfaction.

29. Members of the group were informed of the work which is underway to address performance concerns raised above. These are being overseen by the Performance Improvement Meeting and the Flow Programme Board. Members will be provided with updates on progress at the December meeting.

30. An overview of results is shown in appendix 1.

Annual performance report

31. A requirement of the Joint Working Act (section 42) is that Health and Social Care Partnerships must produce an annual performance report. The first report will cover the period April 2016 to March 2017 and must be published by the end of July 2017.

32. Scottish Government Guidance states that reports are to be produced for the benefit of Partnerships and their communities.

33. Minimum content is specified, as follows:

- Assessing performance in relation to the national health and wellbeing outcomes – this will include reporting on performance against the national indicators
- Service planning
- Financial planning and performance
- Best value in planning and carrying out integration functions
- Performance re localities
- Inspection of services
- Review of the strategic plan
- Integration joint monitoring committee recommendations

34. A meeting of key senior mangers is scheduled for early November to develop a work plan for production of this first report. This will be taken to the Performance and Quality Subgroup for agreement.

35. It is recommended that the final draft of the annual performance report will be considered at an IJB Development Session prior to being presented for approval at a formal meeting.

Forthcoming agenda items

36. An overview of future agenda items for the group is given below:

	Strategic Plan Priority (rubrics approach):	Topic 2	Topic 3
October 2016	Supporting people with long term conditions (Lead: Angela Lindsay)	Overview of how performance is being monitored and managed	Overview of annual performance report requirements
November 2016	Establishing locality hubs (Lead: Nikki Conway)	Method for evaluating the impact of health inequalities grants	JSNA update – health needs among ethnic groups
December 2016	Establishing local collaborative working arrangements (Lead: Marna Green)	Development of stakeholder engagement	Overview of the commissioning and contracting process
January 2017	Primary Care (Leads: David White, Maria Wilson		

Key risks

37. The main risk to the implementation of the performance framework for integration is that senior managers and analytical staff will not have sufficient time available to implement the approach as envisaged, given other demands.

Financial implications

38. There are no direct financial implications.

Involving people

39. As noted above, the engagement of a wide range of stakeholders is a core principle of the group and ways of broadening engagement are being considered.

40. As reported to the IJB in May 2016, the sub group had considered a case study, "Jenny's story" at its April 2016 meeting. This was intended to provide an opportunity for learning and improvement. Group discussions were held to:

41. Consider what can we learn from this that will make integration really work

42. Develop a group pledge to Jenny and explain how her contribution will help us to learn and improve

43. Generate ideas on how we could gather other examples / case studies / people experiences (positive and negative) and share them at future meetings.

44. Ways to enhance the links between the other IJB subgroups are being considered to ensure, for example, that through the Professional Advisory Group, the views and contributions of key professionals can be used effectively in the work of the performance and quality subgroup

Impact on plans of other parties

45. The work of this subgroup is intended to support the work of the Strategic Planning Group, by playing a key role in assessing progress and impact of the implementation of the plan.

Shulah Allan
Chair of the IJB Performance and Quality Subgroup
21 October 2016

The scatter plots to the right of the table illustrate where Edinburgh City (the blue dot) lies in relation to both the Peer Group (red cross) average and the Scotland (purple triangle) values.

INDICATOR & Year of data shown	Edinburgh City	*Peer Group Average*	*Scotland*
1. Percentage of adults able to look after their health very well or quite well - 2015/16	96.0%	*93.0%*	*94.0%*
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible - 2015/16	82.0%	*85.0%*	*84.0%*
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided - 2015/16	76.0%	*81.0%*	*79.0%*
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated - 2015/16	71.0%	*75.0%*	*75.0%*
5. Percentage of adults receiving any care or support who rate it as excellent or good - 2015/16	77.0%	*82.0%*	*81.0%*
6. Percentage of people with positive experience of care at their GP practice - 2015/16	87.0%	*88.0%*	*87.0%*
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life - 2015/16	82.0%	*84.0%*	*84.0%*
8. Percentage of carers who feel supported to continue in their caring role - 2015/16	37.0%	*42.0%*	*41.0%*
9. Percentage of adults supported at home who agree they felt safe - 2015/16	82.0%	*85.0%*	*84.0%*
*10. Percentage of staff who say they would recommend their workplace as a good place to work.**	*Not yet available.*		
11. Premature mortality rate (per 100,000 population) - 2014	376.50	463.88	423.20
12. Rate of emergency admissions for adults - data shown for all ages per 100,000 total population - 2014/15	7,897	10,994	10,436
13. Rate of emergency bed days for adults - data shown for all ages per 100,000 total population - 2014/15	65,349	76,201	73,597
14. Readmissions to hospital within 28 days of discharge - 2014/15	9.0	8.5	8.5
15. Proportion of last 6 months of life spent at home or in community setting - 2014/15	90.5	89.9	90.8
16. Falls rate per 1,000 population in over 65s - 2013/14	24.0	21.7	20.1
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.	Not yet available.		
18. Percentage of adults with intensive needs receiving care at home - 2015	61.9%	60.9%	61.1%
19. Number of days people spend in hospital when they are ready to be discharged. (per 1,000 pop) - 2014/15	191.1	99.6	116.6
20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency - 2013/14	20.6%	21.5%	21.9%
*21. Percentage of people admitted from home to hospital during the year, who are discharged to a care home.**	*Not yet available.*		
*22. Percentage of people who are discharged from hospital within 72 hours of being ready.**	*Not yet available.*		
*23. Expenditure on end of life care.**	*Not yet available.*		