

# Report

## Integration Indicators

### Edinburgh Integration Joint Board

16 June 2017



## Executive Summary

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1. In December 2016, the Ministerial Strategic Group for Health and Community Care invited Integration Authorities to set out local objectives against a set of six areas of activity, as a means of measuring progress under integration. This paper sets out the proposed indicators and targets recommended for adoption by the Edinburgh Integration Joint Board (EIJB).

## Recommendations

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2. The Edinburgh Integration Joint Board is asked to approve the indicators and targets set out in section 5 below, for adoption as a means of measuring progress under integration, in response to the invitation from the Ministerial Strategic Group for Health and Community Care.

## Background

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3. In December 2016, the Ministerial Strategic Group for Health and Community Care (MSG) agreed to proposals to consider quarterly updates on key indicators across health and social care to allow them to track progress under integration in the following areas:
  - Unplanned admissions
  - Occupied bed days for unscheduled care
  - Accident and Emergency Performance
  - Delayed discharges
  - End of life care
  - The balance of spend across institutional and community services

Chief Officers were invited to set their local objectives for each of the indicators for 2017/18.

4. A key indicator was selected for each of the six areas, using data provided by the Information Services Division (ISD) of NHS Scotland. The selection was made through discussion with colleagues in NHS Lothian and the other Lothian Health and Social Care Partnerships, with the intention of taking a consistent approach, where possible.

## Main report

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5. The table below sets out each of the proposed indicators and targets along with information about the scale of change required to deliver the targets and current performance in Edinburgh compared with other Health and Social Care Partnerships.

<b>Unscheduled Admissions (all ages) (rate per 1,000 total population)</b>	
<b>Target:</b>	Maintain mean level for 2016 which was 3,206
<b>Scale of change required:</b>	Maintain current performance
<b>Recent comparative performance:</b>	Based upon the average (mean) performance for the period July to December 2017, Edinburgh ranked 3rd lowest out of 32 Partnerships (where low is good).

<b>Occupied Bed Days Unscheduled Care (all ages, acute specialities) (rate per 1,000 total population)</b>	
<b>Target and rationale:</b>	Reduce occupied bed days by 10% for 2018 compared to 2017. This is a Scotland-wide target.
<b>Scale of change needed:</b>	Reduction from a median of 27,915 (November 2014 to Oct 2016) to 25,124. This equates to a saving of 2,792 days per month (the equivalent of 92 beds) which is a significant challenge.
<b>Recent comparative performance</b>	Based upon the six-monthly rolling average (mean) for July to December 2016, Edinburgh was ranked 22nd highest out of 32 (where low is good).

<b>Accident and Emergency Performance: compliance with the four-hour standard</b>	
<b>Target and rationale:</b>	95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment. This is a Scotland-wide target.
<b>Scale of change needed:</b>	Increase the number of patients waiting less than 4 hours.
<b>Recent comparative performance</b>	In February 2017, Edinburgh was ranked 19 <sup>th</sup> highest out of 32 with 92.3%

<b>Delayed Discharge Bed Days (including code 9s) (rate per 1,000 total population)</b>	
<b>Targets:</b>	<p>a) Non-complex codes (i.e. excluding code 9):</p> <ul style="list-style-type: none"> <li>- 50% reduction in bed days occupied in July to December 2017 compared with July to December 2016</li> <li>- reduction in the number of people delayed by December 2017 to 50</li> </ul> <p>b) Code 9</p> <ul style="list-style-type: none"> <li>- 20% reduction in bed days occupied in July to December 2017 compared with July to December 2016</li> <li>- 20% reduction in the number of people delayed by December 2017 compared with December 2016</li> </ul>
<b>Scale of change needed:</b>	<p>a) From baseline (July to December 2016) for non-complex codes, reduce from 32,476 to 16,238 bed days; and from 177 to 50 people</p> <p>b) From baseline (December 2016) for code 9s: reduce from 4,250 to 3,400 bed days and from 18 to 14 people</p>
<b>Recent comparative performance for bed days only:</b>	<p>For the baseline period (July to December 2016):</p> <ol style="list-style-type: none"> <li>6. Non-complex: codes Edinburgh was ranked 4<sup>th</sup> highest (where low is good).</li> <li>7. Complex codes: Edinburgh ranked 20<sup>th</sup> highest (where low is good).</li> </ol>

End of Life Care – proportion of the last 6 months of life spent in a large hospital	
<b>Target and rationale:</b>	No more than 10.5% of the last six months of life was spent in a large hospital.
<b>Scale of change needed:</b>	Reduction from baseline performance of 13.3%
<b>Recent comparative performance:</b>	Edinburgh is currently ranked 5 <sup>th</sup> highest (where low is good).

Balance of care: percentage of the population aged 75+ who are in a community setting rather than in a large hospital	
<b>Target and rationale:</b>	Increase the proportion of the population aged 75+ who are in community settings (i.e. at home or in a care home) rather than in a large hospital to 98.2%.
<b>Scale of change required:</b>	In 2015-16 (which is the most recent year for which data is available): 8. 6.4% of people aged 75+ lived in a care home 9. 7.9% lived at home with support 10. 2.0% lived in a large hospital 11. 83.6% lived at home without support
<b>Recent comparative performance:</b>	For 2015-16 Edinburgh was ranked 29 <sup>th</sup> highest out of 32

12. The statistics contained in the tables above have not been officially published by ISD. These figures are provisional and have been released for management purposes only.
13. Lead officers have been identified to own each of the six indicators and take forward programmes of work to support achievement of the targets. Performance is monitored through the Health and Social Care Partnership Performance Board and will be reported to the EIJB Performance and Quality Group on a six-monthly basis.
14. The proposed indicators were discussed by the Performance and Quality Group on 29 May 2017; following which the Group agreed to support the

recommendation of both the indicators and targets for adoption by the EIJB. The Flow Programme Board is also supportive of the indicators and targets being adopted by the EIJB.

15. Whilst important, the six integration indicators are a subset of the national and local indicators against which performance of the Health and Social Care Partnership is measured. More detail on the wider range of indicators will be included in the Annual Performance Report that will be presented to the Board for approval in July.

## Key risks

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16. Whilst reducing the number and length of delayed discharges remains a significant challenge steady progress has been made in reducing the number of delays over the last few weeks. The most significant challenge in the proposed indicators and targets is the target to reduce occupied bed days by 2,792 days per month, which is a target set for the whole of Scotland. As with the other indicators trajectories are being developed to support incremental improvement alongside clear action plans.

## Financial implications

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17. It is anticipated that achievement of the targets set out in relation to each indicator will result in efficiencies in some parts of the system but may incur additional costs elsewhere. Financial implications will be identified during the development of detailed action plans.

## Involving people

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18. The indicators and targets proposed for adoption in this report have been discussed with the Performance and Quality Group the membership of which includes a number of stakeholders including citizens and the third and independent sectors.

## Impact on plans of other parties

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19. The indicators and targets have been developed through discussions with NHS Lothian and the other three Health and Social Care Partnerships in Lothian.

## Background reading/references

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None

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