Report

Ministerial Strategic Group indicators – performance and objectives update Edinburgh Integration Joint Board

2 March 2018

Executive Summary

1. The purpose of this report is to update the Integration Joint Board on:
    - current performance in relation to the MSG indicators
    - the objectives set for each indicator for 2018/19
    - The action plans associated with each target
2. The key points and headline issues are summarised below:
    1. Realistic objectives have been set for each of the MSG indicators for 2018/19
    2. A high level action plan has been established alongside these indicators for the return to the Scottish Government
    3. This high level action plan will be followed by a more detailed action plan, which will include the indicated links to other plans and streams of work

Recommendations

3. The Integration Joint Board is asked to:
    i. Agree the suggested targets relating to the MSG indicators
    ii. Agree the direction of travel of the associated action plan
    iii. Note the progress update for the MSG indicators

Background

4. In January 2017, 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

5. In November 2017, the Scottish Government and Cosla wrote to Chief Officers to request an overview of local objectives and ambitions relating to the six indicators for 2018/19 by 31 January 2018.

6. A standard template was provided for making the return and a range of partners have been involved in completing this template, which includes objectives and associated actions.

7. The IJB is in the process of appointing a new, permanent, management team, reviewing its performance management arrangements, and developing its Strategic Commissioning Plans. With this in mind, the submission to the Ministerial Strategic Group should be considered an interim submission, with a further submission recommended for later in the year once the new Chief Officer and team have greater clarity on progress and the targets the IJB wishes to prioritise

Main report

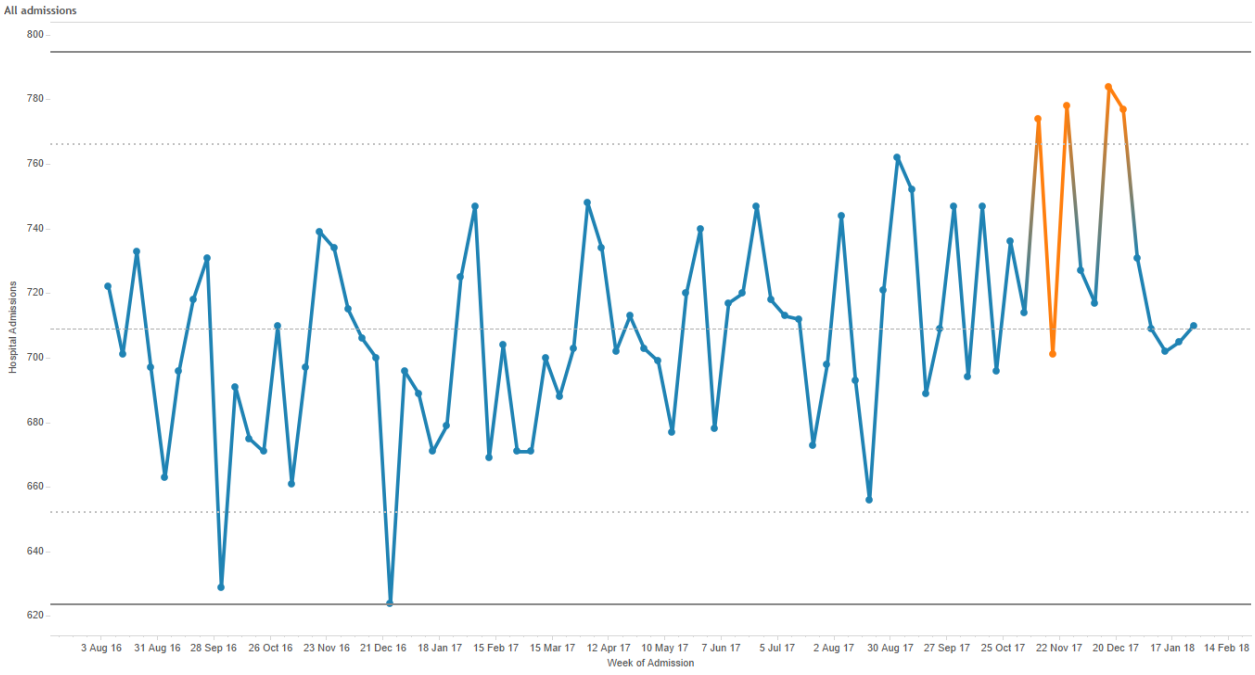
8. The main report outlines the performance against each of the six indicators as well as the realistic targets which are proposed for 2018/19. These objectives are underpinned by key actions, which are detailed in the table in Appendix 1.

9. The high level action plan has been produced in the tabular format to meet the requirements of the Scottish Government. This will be followed by a more detailed action plan which will link to existing work steams and clearly articulate any new work required to meet the suggested objectives.

Indicator 1 – Unplanned Admissions

2017/18 Objective	Proposed 2018/19 Objective
Maintain mean level for 2016 which was 3,206	The objective is to maintain current levels (as performance is comparatively good).

Current Performance:



Notes:

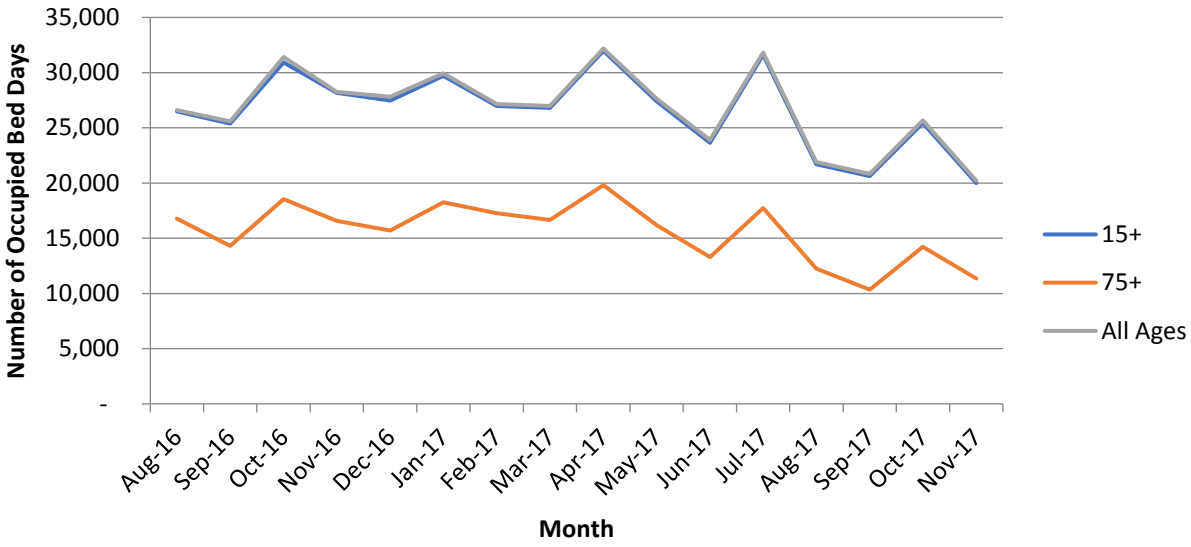
There has been some improvement in unplanned admissions since the last report in December 2017. Longer term plans for improvement are detailed in Appendix 1.

Indicator 2 – Unplanned Bed Days

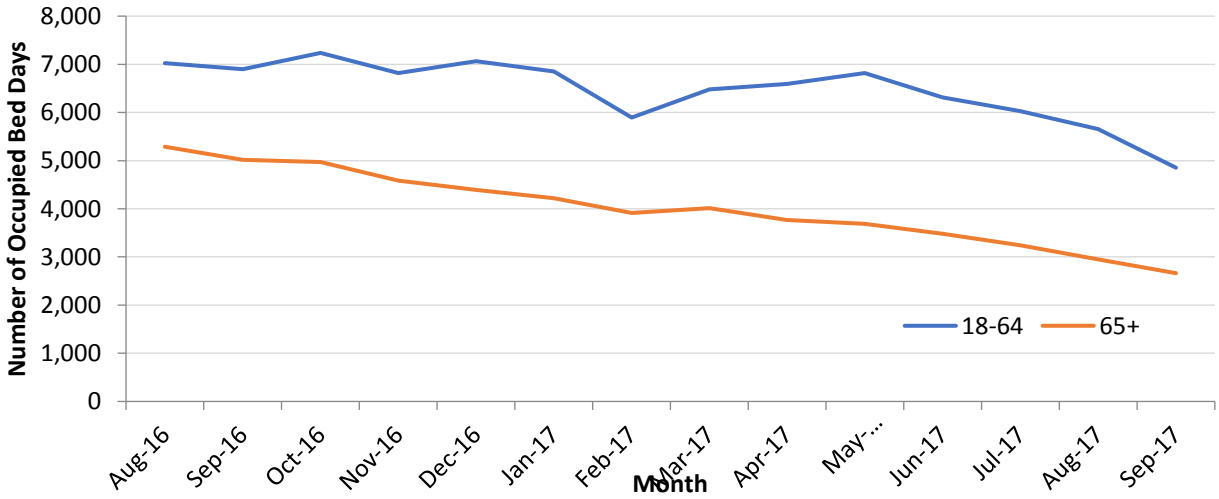
2017/18 Objective	Proposed 2018/19 Objective
Reduce occupied bed days by 10% for 2018 compared to 2017. This is a Scotland-wide target.	a) Acute: 1% reduction (equates to 289 ~10 beds) b) MH: 1% reduction (equates to 360/quarter ~ 4 beds c) GLS: 1% reduction (equates to 112 bed days/quarter ~ 1 bed

Current Performance:

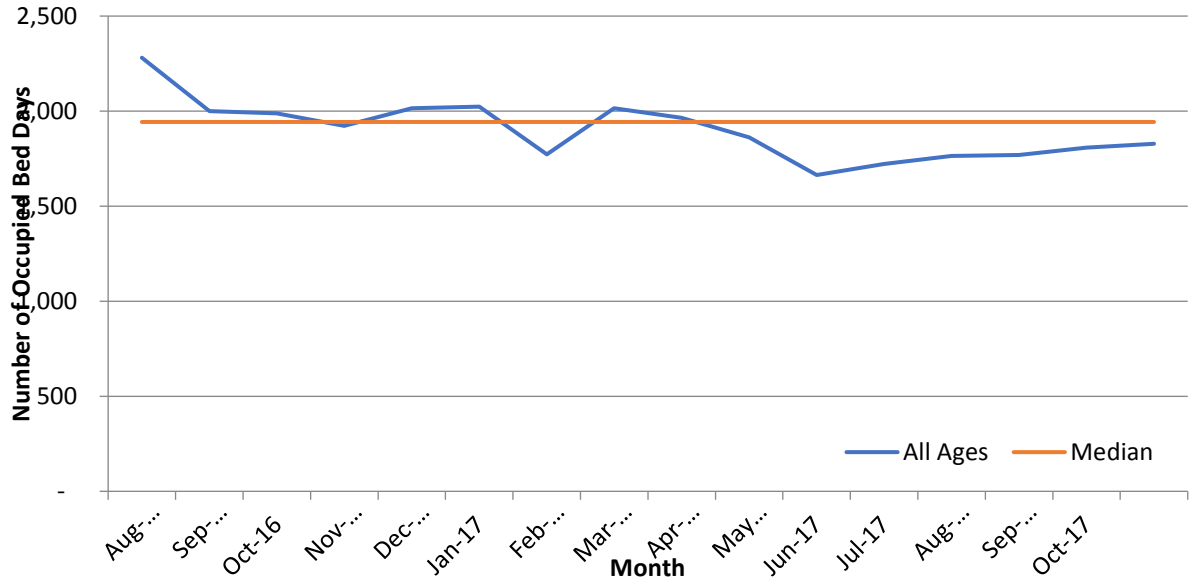
Number of Occupied Bed Days within Acute for patients aged 15+, 75+ and All Ages



Number of Occupied Beds Days within Mental Health for patients aged 18 - 64 and 65 +



Number of Unplanned Occupied Beds Days within Geriatric Long Stay



Notes:

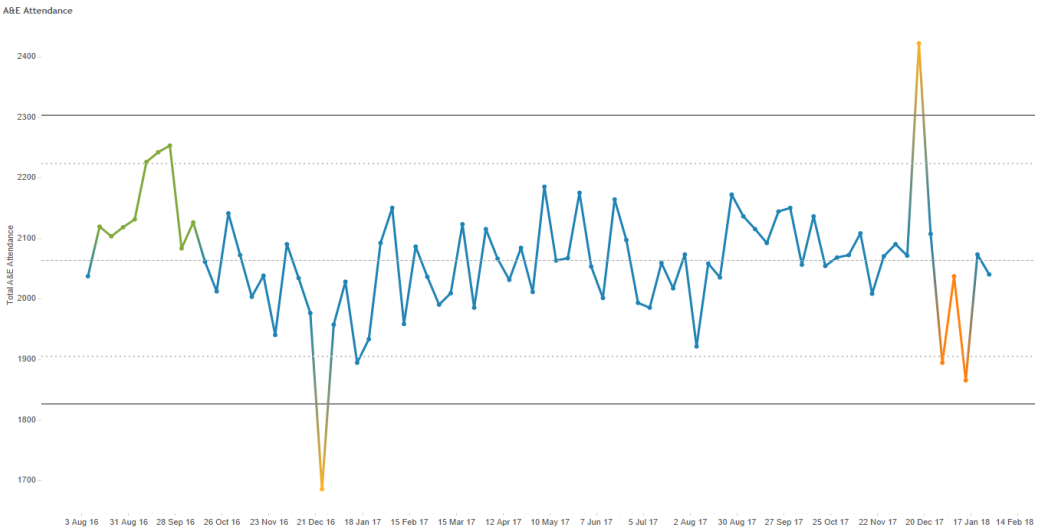
There is a positive, downward trend in the number of occupied bed days within acute. Plans for further improvement are detailed in Appendix 1.

Indicator 3 – A&E Attendances, and performance towards 4 hour target

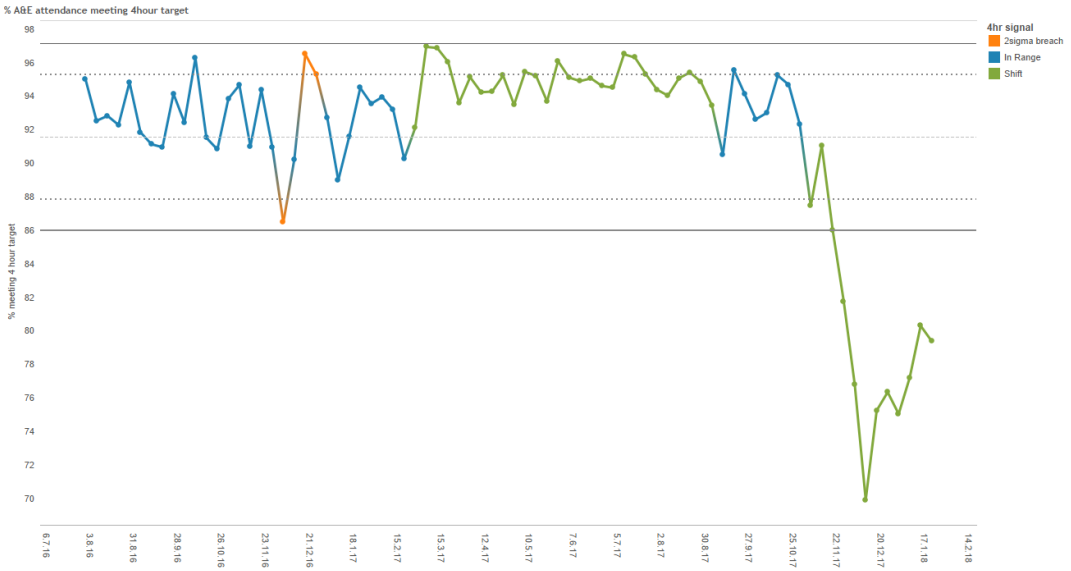
2017/18 Objective	Proposed 2018/19 Objective
95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment. This is a Scotland-wide target	Reduce attendance level by 1% (116 per month) to support pressure of staff and improve performance against 4 hour target

Current Performance:

A&E Attendances:



Compliance with 4 Hour Target:



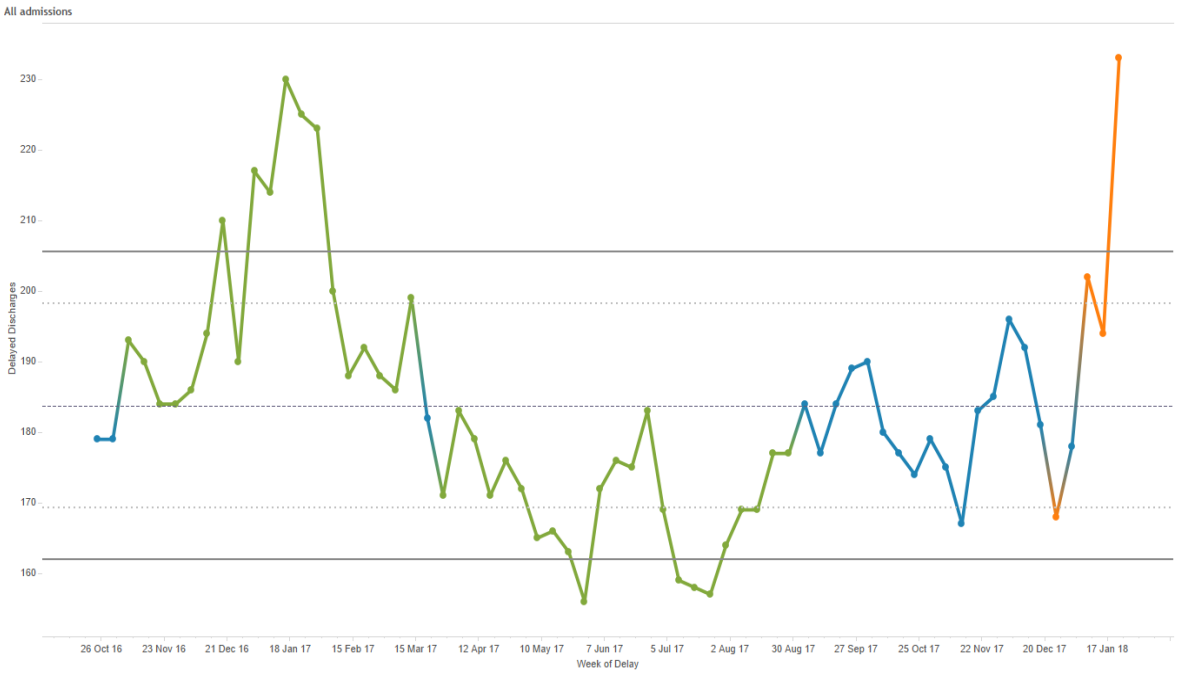
Notes:

Attendances at A&E have returned to a steady level after peaking in December. Compliance with the 4 hour target has improved since the last report. Longer term plans for improvement are detailed in Appendix 1.

Indicator 4 – Delayed Discharges

2017/18 Objective	Proposed 2018/19 Objective
a) Non-complex codes (i.e. excluding code 9): - 50% reduction in bed days occupied in July to December 2017 compared with July to December 2016 - reduction in the number of people delayed by December 2017 to 50 b) Code 9 - 20% reduction in bed days occupied in July to December 2017 compared with July to December 2016 - 20% reduction in the number of people delayed by December 2017 compared with December 2016	Reduced reportable delayed discharge bed days by 5%. This equates to 261 bed days per month, which would free up 8.7 beds.

Current Performance:



Notes:

The number of people delayed in hospital has increased since the last report. Factors influencing this are an increase in hospital attendances over winter, pressures on packages of care in the community and pressures on the availability of care home placements for those waiting in hospital.

Indicator 5 – Last 6 months of life (% in a large hospital)

2017/18 Objective	Proposed 2018/19 Objective
No more than 10.5% of the last six months of life was spent in a large hospital; which was the Scottish median for 2015-16.	Reduce the percentage of time in the last 6 months of life in a large hospital from 13.5% to 12.5% This is the equivalent to a reduction of circa 7,500 (7,484) Bed Days Saved

Current Performance:

Financial Year	2013/14	2014/15	2015/16	2016/17 (provisional)
Last 6 months of life spent in a large hospital (%)	15.5%	15.0%	14.4%	13.8%
Last 6 months of life spent in a large hospital number of bed days)	108,568	109,610	104,616	100,715

Notes:

Annual data indicates an improvement in the number of people spending less time in a large hospital setting in their last months of life. Plans for further improvement are detailed in Appendix 1.

Indicator 6 – Balance of Care (% in a large hospital)

2017/18 Objective	Proposed 2018/19 Objective
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%.	Progress towards Scottish median level: 1.6% for 2015-16

Current Performance:

Financial Year	2013/14	2014/15	2015/16	2016/17 (provisional)
Balance of Care (all ages, in a large hospital)	0.3%	0.3%	0.3%	0.3%
Balance of Care (patients aged 75+ in a large hospital)	2.1%	2.1%	2.2%	2.1%

Notes:

Annual data indicates that the balance of care between community and large hospital settings has remained static over the last four years. Plans for improvement are detailed in Appendix 1.

Key risks

10. The performance data suggests an increase in delayed discharges and unscheduled bed days. Robust action plans should be established and action taken to ensure performance improves.

Financial implications

11. There is a high level of unmet need in hospital and in the community, which has significant cost implications not reflected in current financial forecasts and savings programmes.

Implications for Directions

12. Directions 1 (locality working), 3 (key processes), 5 (older people) and 18 (engagement with key stakeholders) are of relevance to MSG objectives and performance. Any new Direction arising from the Health and Social Care Improvement Programme, another agenda item for this meeting, will be relevant here too.

Equalities implications

13. Performance against the MSG indicators may impact on inequalities; this should be addressed in the partnership's strategic commissioning plans.

Sustainability implications

14. None.

Involving people

15. As the Locality Hubs and Clusters become operational, there will be further engagement with local communities to develop the action plans further.

16. Work to develop the Strategic Commissioning plans will extensively involve third sector and independent partners, as well as staff within the partnership. The impact of these plans will be measured partly by the MSG indicators.

17. Action plans will be communicated to staff. Some actions will sit within other plans, and will therefore be communicated through them.

Impact on plans of other parties

18. Partners are kept informed of progress towards objectives by the Interim Chief Officer through the Integration Joint Board Chief Officers Acute Interface Group. Plans of other parties, such as the strategic planning group, will have an impact on performance, therefore, effective two way communication between planning groups and MSG performance will be essential.

Background reading/references

19. None.

Report author

Michelle Miller

Interim Chief Officer, Edinburgh Health and Social Care Partnership

Contact: Eleanor Cunningham and Nickola Paul

E-mail: Eleanor.cunningham@edinburgh.gov.uk | Tel: 0131 553 8220

Nickola.paul@nhslothian.scot.nhs.uk | Tel: 0131 441 8617

Appendices

Appendix 1	MSG Objectives and Action Plan

Appendix 1 – Objectives and Action Plan Table

MSG Improvement Objectives – summary of objectives for Adults and Children

Source of all baseline data: SOURCE (November 2017 update – see footnote for location)

<insert Partnership name>	Unplanned admissions	Unplanned bed days[1]	A&E attendances	Delayed discharge bed days	Last 6 months of life (% in a large hospital)	Balance of Care (% in a large hospital)
Baseline for EH&SCP	All ages via SOURCE data (Q1 2015-16 onwards), Edinburgh ranks consistently among the lowest (i.e. best performing) 3 Partnerships Scotland	Median for 2016-17 a) Acute: 28,890 per month b) MH: 35, 987per quarter c) GLS: 5,609 per quarter	Median for 2016-17: 11,663 per month	Median for 2017/18 – 5,985 per month (based on data from April – December 2017)	13.5%	**2015-16** 2% large hospital
Objective	**For 2018-19** The objective is to maintain current levels (as performance is comparatively good).	**For 2018-19** a) Acute: 1% reduction (equates to 289 ~10 beds) b) MH: 1% reduction (equates to 360/quarter ~ 4 beds c) GLS: 1%	**For 2018-19** Reduce attendance level by 1% (116 per month) to support pressure on staff and improve performance against 4 hour target	**For 2018-19** Reduced reportable delayed discharge bed days by 5%. This equates to 261 bed days per month, which would free up 8.7 beds.	**For 2018-19** Reduce the percentage of time in the last 6 months of life in a large hospital from 13.5% to 12.5% This is the	**For 2018-19** Progress towards Scottish median level: 1.6% for 2015-16

[1] G:\HSC\HSC-HQ\H&SC File Plan\Strategic Policy & Perf\R&I - Team\Information & Reporting\Joint Performance Reporting\Integration Local Improvement Plans 2017-18\Phase 2 Jan 2018 on\MSG Targets LIST Jan 18

		reduction (equates to 112 bed days/quarter ~ 1 bed			equivalent to a reduction of circa 7,500 (7,484) Bed Days Saved	
How will it be achieved	Due to population increase, a number of actions will be taken to ensure the unscheduled admission rate remains at current levels: a) Locality Hubs will identify people at risk of admission to hospital and provide short-term intensive support at home b) The Partnership will continue to support the Integrated Older People's Service (Hospital at Home) to	a) Community respiratory team (winter initiative) b) Development of intermediate care facilities and provision in Edinburgh City c) Increase in grade 4 and 5 provision by 2020 (Mental Health draft outline strategic commissioning plan, Jan 2018) d) Alignment of care home capacity with demand, which will include a supply and	a) Extend Pan-Lothian Admission Avoidance Network which is being tested in two GP clusters in North Edinburgh b) Continue to support a range of multi disciplinary preventative services and initiatives – explored in Locality Improvement plans c) Continue to support preventative initiatives	a) Increase the capacity of care home places in the city by flexibly using resources as they are available. This additional capacity could be used to provide respite or emergency placements as an alternative to hospital admission, or as interim care home placements. b) Review of the Care at Home contract for older people to ensure it is able to meet	a) Working with City of Edinburgh Council and NHS Lothian, EH&SCP will produce a local palliative care strategy in response to the National Framework and Commitments. b) EH&SCP will also liaise with Mid, East and West Lothian Partnerships primarily through the Lothian Palliative Care MCN in support of this work c) We are also	a) Support the development and implementation of the Older People's Strategic Commissioning Plan b) Support the development and implementation of the Mental Health Strategic Commissioning Plan c) Prevention of illness, addressing inequalities despite increase in population, ageing

	prevent emergency admissions c) Winter range of initiatives including: - enhanced community respiratory team - enhanced Hub activity via weekend support; Extending hospital at home to NE; care home liaison d) GP initiatives such as anticipatory care planning and workforce modelling e) The partnership will support hospital based initiatives to	demand analysis e) The range of actions to support the reduction of delayed discharges will contribute f) Mental Health – support the development and implementation of the Mental Health Strategic Commissioning Plan g) Older people – support the development and implementation of the Older People's Strategic Commissioning Plan	outlined in the Edinburgh Health and Social Care Improvement Plan. Including the expansion of the Telecare programme. d) Exploration of opportunities to work with SAS and GPs by looking at admission rate of those who have arrived by ambulance e) Continuation of the development of the falls service f) Support the development and implementation of the Older People's Strategic	demand c) Continued embedding of the Service Matching Unit in localities to work flexibly with providers to meet demand d) Ensure that conversations take place on wards that means that patients and families are aware of the choices they are making that they are realistic, risk appropriate, consider Self Directed Support options and include moving on policy conversations.	working with ISD/ LIST colleagues to get a better appreciation of the data (and data collection processes) in order to better understand where the most impact may lie and the extend to how any improvement can be best captured. This should support more robust actions and plans going forward.	population and increasing co morbidity

	support more planned admissions such as rapid access respiratory clinics		Commissioning Plan	e) Support the development and implementation of the Older People's Strategic Commissioning Plan		
Progress (updated by ISD)						
Notes						