

Report

Publication of Annual Performance Report

Edinburgh Integration Joint Board

Friday 15 June 2018



Executive Summary

1. The Public Bodies (Joint Working) (Scotland) Act requires integration authorities to publish an annual performance report for the period April to March, by the 31st July in the year in which the performance period ends. The purpose of this report is to provide the Integration Joint Board with an update on progress in producing the report and seek approval for the proposed process for the report being signed off prior to publication.

Recommendations

2. The Integration Joint Board is asked to:
 - i. note the proposed approach to the structure of the annual performance report for 2017/18 and the progress made in developing the report
 - ii. agree the proposed approach to ensure that the annual performance report is approved and published by 31st July 2018 as set out in paragraph 9.

Background

3. The annual performance report must provide an assessment of performance in respect of planning and carrying out the integration functions for which the integration authority is responsible. The intended audience is the integration authority and the communities for which it provides services. However, the report will be of interest to a wider range of stakeholders.
4. No national template has been set for the annual performance report, although the minimum requirement is that it includes an assessment of performance against the 23 Core Integration Indicators to support an assessment of performance in respect of the National Health and Wellbeing Outcomes.
5. There is also a requirement that the annual performance report will:

- be written in the context of the integration authorities' strategic plan and financial statement
- provide an analysis of performance at locality level, give details of allocation to, or spend by locality and including a description of how consulting and involving localities has contributed to the provision of services
- provide an analysis of spend by delegated function, including any under and overspends and an explanation for these
- assess whether best value has been achieved in terms of the planning and delivery of services
- provide details of any inspections carried out including any recommendations made and the integration authorities response
- details of any review of the strategic plan that has taken place in the reporting period and the reason for this

Main report

6. Edinburgh along with some but not all integration authorities structured their annual performance report for 2016/17 around the nine National Health and Wellbeing Outcomes. In practice this approach proved to be somewhat cumbersome as there is a degree of overlap between the nine Outcomes and each of the 23 Core Indicators has been linked to more than one of the Outcomes and vice versa.
7. It is therefore proposed that the annual performance report for 2017/18 is structured around the six key priorities within the strategic plan linked to the nine National Health and Wellbeing Outcomes and the 23 core indicators, as set out in Appendix 1. This will provide clear linkages back to the strategic plan whilst evidencing performance in respect of the National Health and Wellbeing Outcomes.
8. The 2016/17 annual performance report identified a number of priorities to be taken forward in 2017/18, reference to the progress made against these priorities will be included in the 2017/18 report.
9. A final draft of the annual performance report for 2017/18 will be available at the end of June, well ahead of the deadline for publication of 31st July 2018. However, the Integration Joint Board does not have a meeting scheduled for July, it is therefore proposed that the draft report is circulated to Board members during the last week of June with a two-week window for comments. Once any

comments have been taken into account the report could be approved by the Chair and Vice-Chair to allow publication to take place by 31st July.

Key risks

10. As the annual performance report will not be completed until the end of June and the Integration Joint Board does not meet in July, there is a risk that the report will not be published by the statutory deadline of 31st July 2018. However, the proposals set out in paragraph 10 above minimise this risk by providing an opportunity for Board members to consider the report prior to approval by the Chair and Vice-Chair.
11. There is a risk that the assessment of performance set out in the annual performance report is not reflected in the findings of the Joint Inspectors when they assess progress against the recommendations from the Joint Inspection of Services for Older People published in May 2017. To minimise this risk officers producing the annual performance report will work closely with those collating evidence for the inspectors in order to present a consistent picture.

Financial implications

12. The annual performance report will detail the financial performance of the Integration Joint Board for the financial year 2017/18, however, there are no direct financial implications arising from this report.

Implications for Directions

13. There are no implications for Directions arising from this report.

Equalities implications

14. There are no implications for equalities arising from this report.

Sustainability implications

15. There are no sustainability implications arising from this report.

Involving people

16. The proposals for the development of the annual performance report have been shared with stakeholder members of the Performance and Quality Sub-group.

Impact on plans of other parties

17. The content of this report has no impact on other parties.

Background reading/references

None

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Appendices

Appendix 1

Edinburgh Integration Joint Board Annual Performance Report 2017/18 proposed approach - Linkages between Strategic Plan Priorities, National Health and Wellbeing Outcomes and Core Indicators

Appendix 1

Edinburgh Integration Joint Board Annual Performance Report 2017/18 proposed approach

Linkages between Strategic Plan Priorities, National Health and Wellbeing Outcomes and Core Indicators

Key priorities in the strategic plan	Health and wellbeing outcomes	Core indicators
<p>Tackling inequalities</p> <p>by working with our partners to address the root causes, as well as supporting those groups whose health is at greatest risk from current levels of inequality:</p> <ul style="list-style-type: none"> • supporting individuals to maximise their capabilities and have control over their lives • creating healthy and sustainable communities that can resist the effects of inequality on health and wellbeing • ensuring that core health and social care services are delivered in such a way as to reduce and not exacerbate health inequality • recognising that some sections of the population need targeted 	<p>1 People are able to look after and improve their own health and wellbeing and live in good health for longer.</p> <p>4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.</p> <p>5 Health and Social Care Services contribute to reducing health inequalities.</p>	<p>1 Percentage of adults able to look after their health very well or quite well</p> <p>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</p> <p>11 Premature mortality rate</p>

Key priorities in the strategic plan	Health and wellbeing outcomes	Core indicators
support in order to address the cause and effect of inequalities		
<p>Prevention and early intervention</p> <p>Preventing poor health and wellbeing outcomes by supporting and encouraging people to:</p> <ul style="list-style-type: none"> • achieve their full potential, stay resilient and take more responsibility for their own health and wellbeing; • make choices that increase their chances of staying healthy for as long as possible • utilising recovery and self-management approaches if they do experience ill health 	<p>1 People are able to look after and improve their own health and wellbeing and live in good health for longer.</p> <p>2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.</p> <p>4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.</p> <p>6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.</p>	<p>12 Emergency admission rate</p> <p>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</p> <p>16 Falls rate per 1,000 population aged 65+</p>
Person centred care	2 People, including those with disabilities or long-term conditions,	2 Percentage of adults supported at home who agree that they are

Key priorities in the strategic plan	Health and wellbeing outcomes	Core indicators
<p>Practicing person centred care by placing 'good conversations' at the centre of our engagement with citizens so that they are actively involved in decisions about how their health and social care needs should be addressed.</p>	<p>or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.</p> <p>3 People who use health and social care services have positive experiences of those services, and have their dignity respected.</p>	<p>supported to live as independently as possible</p> <p>3 Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided</p> <p>15 Proportion of last 6 months of life spent at home or in a community setting</p> <p>5 Percentage of adults receiving any care or support who rate it as excellent or good</p> <p>6 Percentage of people with positive experience of the care provided by their GP practice</p> <p>17 Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections</p>
<p>Right care, right place, right time</p> <p>Delivering the right care in the right place at the right time for each individual, so that people:</p>	<p>2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable,</p>	<p>13 Emergency bed day rate</p> <p>14 Readmission to hospital within 28 days</p>

Key priorities in the strategic plan	Health and wellbeing outcomes	Core indicators
<ul style="list-style-type: none"> • are assessed, treated and supported at home and within the community wherever possible and are admitted to hospital only when clinically necessary • are discharged from hospital as soon as possible with support to recover and regain their independence at home and in the community • experience smooth transitions between services, including from childrens' to adult services • have their care and support reviewed regularly to ensure these remain appropriate • are safe and protected 	<p>independently and at home or in a homely setting in their community.</p> <p>4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.</p> <p>7 People who use health and social care services are safe from harm.</p>	<p>18 Percentage of adults with intensive care needs receiving care at home</p> <p>19 Number of days people spend in hospital when they are ready to be discharged, per 1,000 population</p> <p>21 Percentage of people admitted to hospital from home during the year, who are discharged to a care home</p> <p>22 Percentage of people who are discharged from hospital within 72 hours of being ready</p> <p>9 Percentage of adults supported at home who agree they felt safe</p>
<p>Best use of capacity</p> <p>Developing and making best use of the capacity available within the city by working collaboratively with individual citizens, unpaid carers, communities, the statutory third, independent and housing sectors to deliver timely and appropriate care and support to people with health</p>	<p>6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.</p> <p>8 People who work in health and social care services feel engaged with the</p>	<p>4 Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated</p> <p>8 Percentage of carers who feel supported to continue in their caring role</p>

Key priorities in the strategic plan	Health and wellbeing outcomes	Core indicators
and social care needs, including frail older people, those with long-term conditions and people with complex needs.	work they do and are supported to continuously improve the information, support, care and treatment they provide.	10 Percentage of staff who say they would recommend their workplace as a good place to work
<p>Best use of resources</p> <p>Making the best use of our shared resources (e.g. people, buildings, technology, information and procurement approaches) to deliver high quality, integrated and personalised services, that improve the health and wellbeing of citizens whilst managing the financial challenge.</p>	9 Resources are used effectively and efficiently in the provision of health and social care services.	<p>20 Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency</p> <p>23 Expenditure on end of life care</p>