



Integration Joint Board

30<sup>th</sup> January 2019

This Report relates to  
Item 10 on the Agenda

# **Ministerial Strategic Group Improvement Objectives Draft Proposal for 2019/20**

*(Paper presented by Ananda Allan)*

*For Approval*

<b>Approved for Submission by</b>	Vicky Freeman, Head of Strategic Planning
<b>Author</b>	Ananda Allan, Performance and Intelligence Manager
<b>List of Background Papers</b>	The Public Bodies (Joint Working) (Scotland) Act 2014  The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014  Health and Social Care Integration Public Bodies (Joint

	<p>Working) Scotland Act 2014 – Core Suite of Integration Indicators</p> <p>Scottish Government Guidance for Health and Social Care Integration Partnership Performance Reports</p> <p>Integration Scheme between NHS Dumfries And Galloway and Dumfries and Galloway Council</p> <p>Dumfries and Galloway IJB Health and Social Care Strategic Plan (including Locality Plans – Annandale &amp; Eskdale; Nithsdale; Stewartry and Wigtownshire)</p> <p>Integration Joint Board Paper “<i>Performance Management Arrangements for the Integration Joint Board</i>” 14<sup>th</sup> July 2016</p> <p>Integration Joint Board Paper “<i>Performance Management</i>” 22<sup>nd</sup> September 2016</p> <p>Performance and Finance Committee Paper “<i>Measuring Performance Under Integration</i>” March 2017</p> <p>Performance and Finance Committee Paper “<i>Ministerial Strategic Group Integration Indicators Performance Update</i>” 23<sup>rd</sup> February 2018</p>
<b>Appendices</b>	<b>Appendix 1</b> – MSG Improvement Objectives Draft Proposal for 2019/20

## SECTION 1: REPORT CONTENT

**Title/Subject:** Ministerial Strategic Group Improvement Objectives Draft Proposal for 2019/20

**Meeting:** Integration Joint Board

**Date:** 30<sup>th</sup> January 2019

**Submitted By:** Vicky Freeman, Head of Strategic Planning

**Action:** For Approval

### 1. Introduction

- 1.1 Section 42 of the 2014 Public Bodies (Joint Working) (Scotland) Act requires that Performance Reports be prepared by the Partnership.
- 1.2 The Ministerial Strategic Group for Health and Community Care (MSG) has overall responsibility for policy matters that cross the local government / NHS Scotland interface and is a key forum for taking forward COSLA and the Scottish Government's joint political leadership of health and social care integration.
- 1.3 Integration Authorities have been asked to set trajectories against a suite of integration indicators and report regular (quarterly) progress to the MSG.

### 2. Recommendations

#### 2.1 The Integration Joint Board is asked to:

- **Discuss and agree the proposed MSG Objectives for 2019/20.**

### 3. Background

- 3.1 In February 2017 the Ministerial Strategic Group (MSG) asked Integration Authorities to set trajectories for progress against 6 key areas of health and social care. The 6 key areas are:
  - Number of emergency admissions into acute specialties (all ages)
  - Number of unscheduled hospital bed days, in acute specialities (all ages)
  - Number of A&E attendances and the percentage of patients seen within 4 hours
  - Number of delayed discharge bed days (ages 18 and over)
  - Percentage of last 6 months of life spent in the community and other settings

- Percentage of population residing in non-hospital setting for all adults and people aged 75 and over.

3.2 Trajectories against the 6 key areas were agreed by the IJB in March 2017. These trajectories took into account past performance, National Delivery Plan targets and knowledge of local performance in the target areas.

3.3 The MSG has established a small working group that considers how Integration Authorities can best provide regular progress updates. The working group has developed a reporting template for providing new trajectories for 2019/20 to the MSG.

3.4 These MSG performance objectives are based on Integration Performance indicators version 1.12, released by ISD in December 2018 containing SMR01 data up to June 2018.

#### 4. Main Body of the Report

4.1 Partnerships have been requested to set their improvement objectives for 2019/20. Please see Appendix One.

4.2 Progress against the existing 2018/19 improvement objectives are as follows, based on data released November 2018:

Unplanned admissions	12 month rolling average 1,486 (May 18) is higher than both prediction and desired trajectory.
Unplanned bed days - Acute	12 month rolling average 11,385 (May 18) is following target objective.
Unplanned bed days - Geriatric Long Stay	Not currently reported
Unplanned bed days - Mental Health	Not currently reported
A&E attendances	12 month rolling average 3,779 (Aug 18) is lower than the desired objective.
Delayed discharge bed days	12 month rolling average 1,047 (Aug 18) is higher than the new desired objective.
Last 6 months of life	8.2% spent in acute hospital setting (17/18p) is lower than the target of 8.4%
Balance of Care	Large hospital activity has increased from 446 to 450 (2017/18p). Community hospital activity has decreased from 75 to 69 (2017/18p). Palliative care unit activity has remained the same at 7 (2017/18p).

4.3 The MSG has asked that Partnerships now agree trajectories for 2019/20.

4.3.1 The MSG request that people aged under 18 and 18 and over are reported separately, to enable the overall picture for Scotland to be collated more easily.

4.4 Details for each indicator is as follows (see Appendix One):

4.4.1 **1. Unscheduled admissions; (continuous inpatient stays) (p.1)** – The previous objective was a zero percent increase in unscheduled admissions from December 2016. The objective was not met and the current trajectory is rising. The new proposed objective is a zero percent increase in unscheduled admissions from March 2018, for both adults and children.

4.4.2 **2a. Unscheduled bed days; acute specialties (continuous inpatient stays) (p.2)** – The current objective for adults is on track, while for people aged under 18 has risen modestly. The proposed objective for adults is to extend the previously agreed reduction of 2% per year. For children the proposal is to maintain or improve unscheduled bed days observed in 2017/18.

4.4.3 **2b. Unscheduled bed days; geriatric long stay** – Dumfries and Galloway has a very small number of geriatric long stay unscheduled bed days; less than 100 in the past two years. Therefore, this aspect is not reported.

4.4.4 **2c. Unscheduled bed days; mental health specialties (p.3)** – A new objective for unscheduled mental health bed days is proposed for both children and adults; to maintain or improve unscheduled bed days observed in 2017/18.

4.4.5 **3. Emergency Department Attendances (p.4)** – Due to the challenges of predicting ED attendances from the new model at DGRI, the proposal is maintain or reduce the observed level of attendances in 2017/18 for both adults and children.

4.4.6 **4. Delayed discharge bed days (Aged 18+ only) (p.5)** - The stretch reduction aim was not met as at August 2018. There are known issues in the community setting that are anticipated to have a knock-on effect on timely discharge from hospital. Therefore the proposed objective for 2019/20 is to maintain or improve the number of bed days observed in 2017/18.

4.4.7 **5. Percentage of last six months of life by setting (all ages) (p.6)** – The Partnerships are asked to propose a trajectory for greater time spent in a community setting. We also propose that **less** time should be spent in the acute hospital setting.

4.4.8 **6. Balance of care: Percentage of population in community or institutional settings (Aged 65+) (p.7)** – Previous figures were reported for all ages and people aged 75 or older. The MSG now asks for this to be reported for people aged 65 or older. The Partnerships have been asked to propose a trajectory for greater time spent in a community setting. We also propose that less time should be spent in the acute hospital setting.

## **5. Conclusions**

- 5.1 The proposed MSG objectives for 2019/20 follow on from previous trajectories set for 2018/19.
- 5.2 Agreeing improvement objectives for 2019/20 will fulfil the Partnership's reporting obligation to MSG.

## **SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS**

### **6. Resource Implications**

- 6.1 None for reporting the Performance objectives, however there is substantial investment throughout the organisation towards improving performance in these areas.

### **7. Impact on Integration Joint Board Outcomes, Priorities and Policy**

- 7.1 Robust performance management arrangements are critical to the delivery of the Strategic Commissioning Plan.

### **8. Legal & Risk Implications**

- 8.1 Regular performance reporting by the Integration Joint Board is a legislative requirement.

### **9. Consultation**

- 9.1 MSG: IJB Performance Committee March 2017  
9.2 MSG: IJB Performance Committee February 2018

### **10. Equality and Human Rights Impact Assessment**

- 10.1 None

### **11. Glossary**

A&E	Accident and Emergency
CAU	Combined Assessment Unit
COSLA	Convention of Scottish Local Authorities
DGHSCP	Dumfries and Galloway Health and Social Care Partnership
ED	Emergency Department
IJB	Integration Joint Board
ISD	Information and Statistics Division
MSG	Ministerial Strategic Group
NHS	National Health Service
NSS	National Services Scotland
SMR01	Scottish Morbidity Recording Scheme 01