



Integration Joint Board
Performance and Finance Committee

21st October 2019

This Report relates to
Item 9 on the Agenda

Ministerial Strategic Group Improvement Objectives September 2019

(Paper presented by Vicky Freeman)

For Discussion and Noting

Approved for Submission by	Viv Gration, Deputy Head of Strategic Planning
Author	Ananda Allan, Performance and Intelligence Manager
List of Background Papers	<ul style="list-style-type: none"> • Integration Joint Board Paper “<i>Performance Management</i>” 22nd September 2016 • Performance and Finance Committee Paper “<i>Measuring Performance Under Integration</i>” March 2017 • Performance and Finance Committee Paper “<i>Ministerial Strategic Group Integration Indicators Performance Update</i>” 23rd February 2018 • Review of Integration Joint Board Performance Framework 14 January 2019
Appendices	Appendix 1 - MSG Improvement Objectives Report September 2019

SECTION 1: REPORT CONTENT

Title/Subject:	Ministerial Strategic Group Improvement Objectives September 2019
Meeting:	Integration Joint Board
Date:	21 st October 2019
Submitted By:	Ananda Allan
Action:	For Discussion and Noting

1. Introduction

- 1.1 This report provides an update on the performance of a range of indicators against targets agreed by the Integration Joint Board annually. Due to the timeliness of the data, some areas are still reporting against 2018/19 targets, whilst others are reporting against 2019/20 targets.
- 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. This group is a key forum for taking forward the Convention of Scottish Local Authorities (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.
- 1.4 Trajectories for these indicators were agreed by the Integration Joint Board (IJB) in March 2017. These trajectories took into account past performance, National Delivery Plan targets and knowledge of local performance in the target areas. The IJB is asked to submit the information to MSG using a reporting template provided by them.
- 1.5 The IJB agreed new trajectories for the integration indicators for 2019/20 in January 2019.
- 1.6 The Source team at the Information and Statistics Division (ISD) of National Services Scotland (NSS) provide a spreadsheet of data for the 6 key areas on a monthly basis. Not all indicators are updated monthly.
- 1.7 This MSG performance update template is based on integration performance indicators v1.21, released by ISD in September 2019 containing SMR01 data up to March 2019.
- 1.8 **Appendix 1** provides information against the agreed targets.

2. Recommendations

2.1 The IJB Performance and Finance Committee is asked to:

- **Discuss and note performance against the MSG suite of indicators at September 2019.**

3. Main Body of the Report

3.1 **Unplanned admissions** – the 12 month average at March 2019 was 1,479 admissions. This is 5.6% above the desired trajectory of 1,400. Agreed trajectories for 2019/20 appear to be in line with current performance.

3.2 **Unplanned bed days (acute)** - the 12 month average at March 2019 was 11,163 bed days. This is on track with the desired reduction trajectory of 11,185. Agreed trajectories for 2019/20 appear to be in line with current performance.

3.3 **Unplanned bed days (mental health)** - the 12 month average at June 2019 was 7,914 (against a target of 6,558) for adults and 200 (against a target of 166) for children.

3.4 **Emergency Department attendances** - 12 month rolling average at June 2019 was 2,944 (against a target of 3,119) for adults and 810 (against a target of 800) for children. Children's attendances appear to be stable, whilst adult attendances are falling.

3.5 **Delayed discharge bed days** - 12 month rolling average at June 2019 was 1,745 bed days against a target of 1,019. The substantial rise between June 2018 (959 bed days) and June 2019 (1,690 - a rise of 76%) is a priority area for the Sustainability and Modernisation Programme.

3.6 **Last 6 months of life** – following a review of the hospital classification system, these figures have been revised. In 2018/19, people spent 8.5% of their last 6 months of life in an acute hospital setting and 88.2% of time in a community setting. These figures have not changed substantially from the previous year, but are moving in the opposite direction of the desired balance of care.

3.7 **Balance of Care for people aged 65 or older** - following a review of the hospital classification system, these figures have been revised. In 2018/19, people aged 65 or older spent 3.54% of their time in an institutional setting and 96.46% of time in a home setting. These figures have not changed substantially from the previous year, but are moving in the desired direction of the balance of care.

4. Conclusions

- 4.1 The IJB Performance and Finance Committee is asked to note and discuss the Ministerial Strategic Group Improvement Objectives September 2019 report.
- 4.2 Submitting this report fulfils the reporting requirements of the IJB to the Ministerial Strategic Group.

The Dumfries and Galloway Health and Social Care Partnership has contributed to the multi-agency work with the Centre for Excellence for Children's Care and Protection (CELCIS) to be a pilot site for the national minimum core dataset for Child Protection in Scotland.

This work has highlighted that including scrutiny questions in performance reports is good practice. Please see below a selection of draft scrutiny questions for consideration.

Draft Strategic Scrutiny Questions

- How well are we performing against each indicator?
- Are we delivering the Strategic Plan Priority Areas of Focus?
- Are we delivering the 9 National Health and Wellbeing Outcomes?
- Do we need to consider a different strategic approach?
- Do we need to issue a Direction in relation to this?

SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS

5. Resource Implications

5.1 No resource implications are identified within this Report.

6. Impact on Integration Joint Board Outcomes, Priorities and Policy

6.1 The Integration Joint Board is required to have oversight of operational delivery of delegated services.

7. Legal & Risk Implications

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

8. Consultation

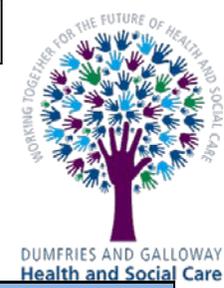
8.1 The Chair, Vice Chair, Chief Officer and Governance Officer have discussed the content of this paper at the IJB pre meet.

9. Equality and Human Rights Impact Assessment

9.1 An Impact Assessment is not required at this time.

10. Glossary

CELCIS	Centre for Excellence for Children's Care and Protection
COSLA	Convention of Scottish Local Authorities
DGHSCP	Dumfries and Galloway Health and Social Care Partnership
IJB	Integration Joint Board
ISD	Information and Statistics Division
MSG	Ministerial Strategic Group for Health and Community Care
NHS	National Health Service
NSS	National Services Scotland
SMR01	Scottish Morbidity Recording Scheme 01



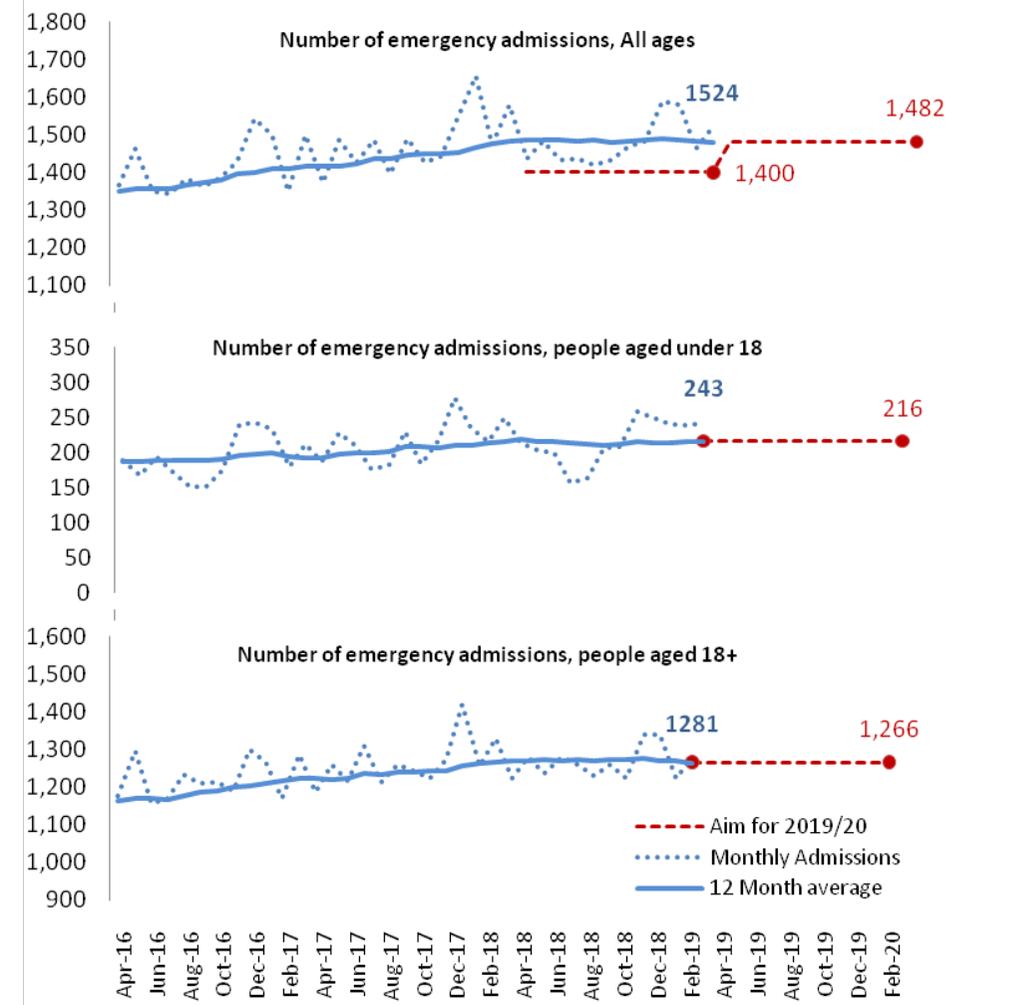
MSG Improvement Objectives – Quarterly Report

Based on ISD data v1.21

September 2019

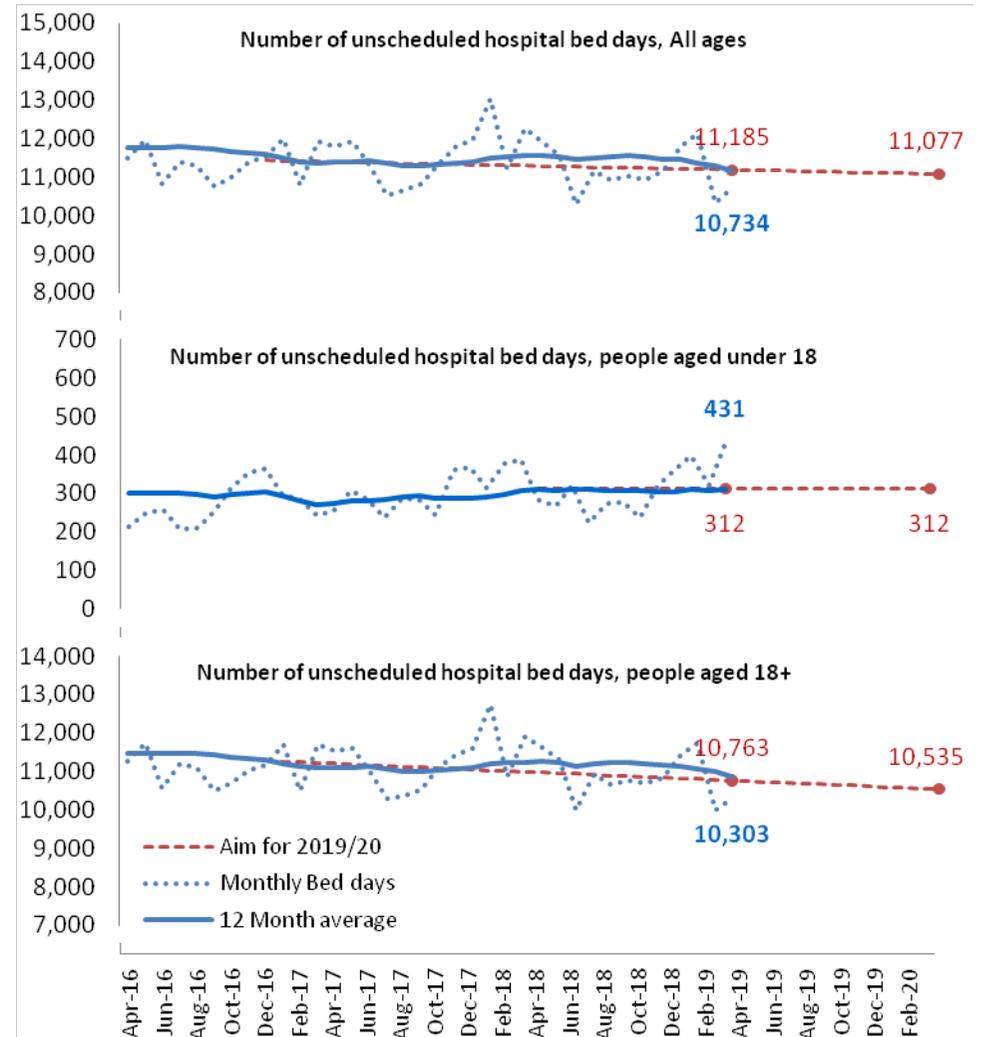
1. Unscheduled admissions; (continuous inpatient stays)

Objective	<i>Jan 19(p)</i>	<i>Feb 19(p)</i>	<i>Mar 19(p)</i>	<i>Aim</i>
	All People (2018/19)			
	1,580	1,462	1,524	1,400
	People aged under 18 (2019/20)			
	240	239	243	216
	People aged 18 or older(2019/20)			
	1,340	1,223	1,281	1,266
How will it be achieved	There is a wide range of initiatives underway and it is felt that the full impact of these has not yet been realised. Examples include: Emergency Department referring to STARS to prevent admission, Nithsdale in Partnership community referrals, Rapid assessment test of change (by ANPs) in combined assessment unit, trolleys to chairs to combat 'pj paralysis', Frailty at the Front Door programme, New IT allowing CAU to flex to accommodate ED pressures, Anticipatory Care Planning Partnership working to prevent social admissions, new community respiratory nurse, the Frailty Collaborative and the Sustainability and Modernisation Programme.			
Notes	The 12 month rolling average, which smoothes out seasonal variation, shows that emergency admissions have levelled off in the past 12 months. This follows several years of increased admissions. At the point of writing, ISD has figures beyond December 2018 still marked as provisional.			



2a. Unscheduled bed days; acute specialties (continuous inpatient stays – including cottage hospital)

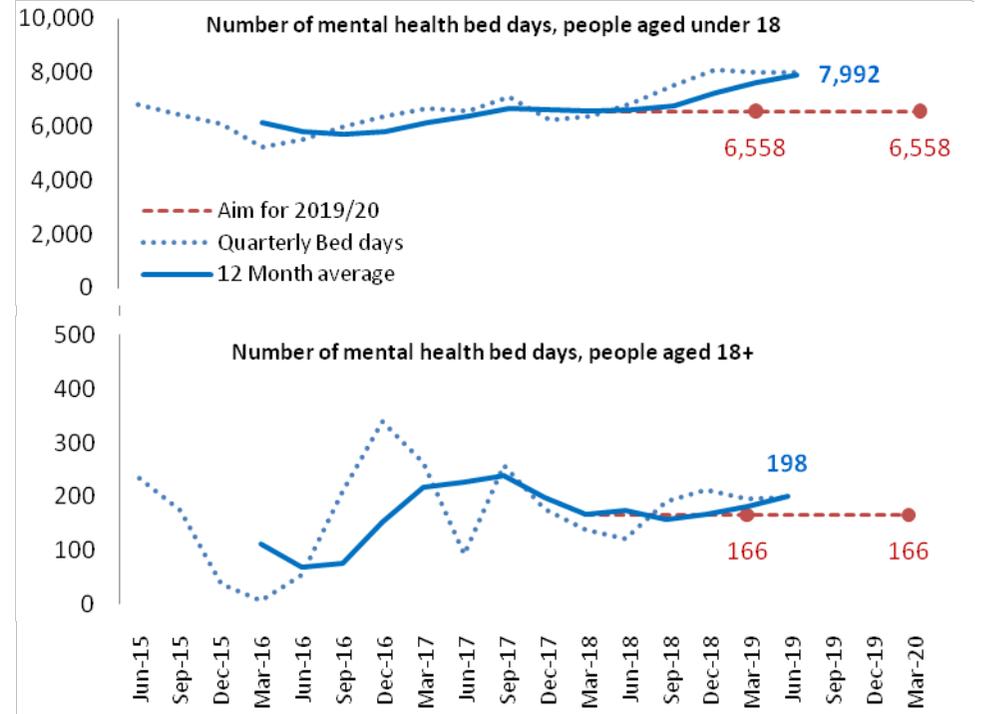
Objective	Jan 19(p)	Feb 19(p)	Mar 19(p)	Aim
	All People (2018/19)			
	12,119	10,323	10,734	11,185
	People aged under 18 (2019/20)			
	398	322	431	312
	People aged 18 or older(2019/20)			
	11,721	10,001	10,303	10,763
How will it be achieved	There are a wide range of improvement programmes based primarily within the hospital setting to improve flow such as: Dynamic Daily Discharge, Locality Flow coordinators, Day of Care audits, Week of Care in Cottage Hospitals, Improved middle grade staffing rotas, 6 Essential Actions programme, Frailty at the Front Door programme.			
	There are also community initiatives which will impact not only on unscheduled admissions but on overall lengths of stay such as: STARS and Nithsdale in Partnership re-abling in the community and Anticipatory Care Planning.			
Notes	The 12 month rolling average, which smoothes out seasonal variation, shows that emergency bed days rose above the reduction trajectory in the past 12 months. For people aged under 18, this appears to have levelled off. At the point of writing, ISD has figures beyond December 2018 still marked as provisional.			



2b. Unscheduled bed days; geriatric long stay [NOT APPLICABLE]

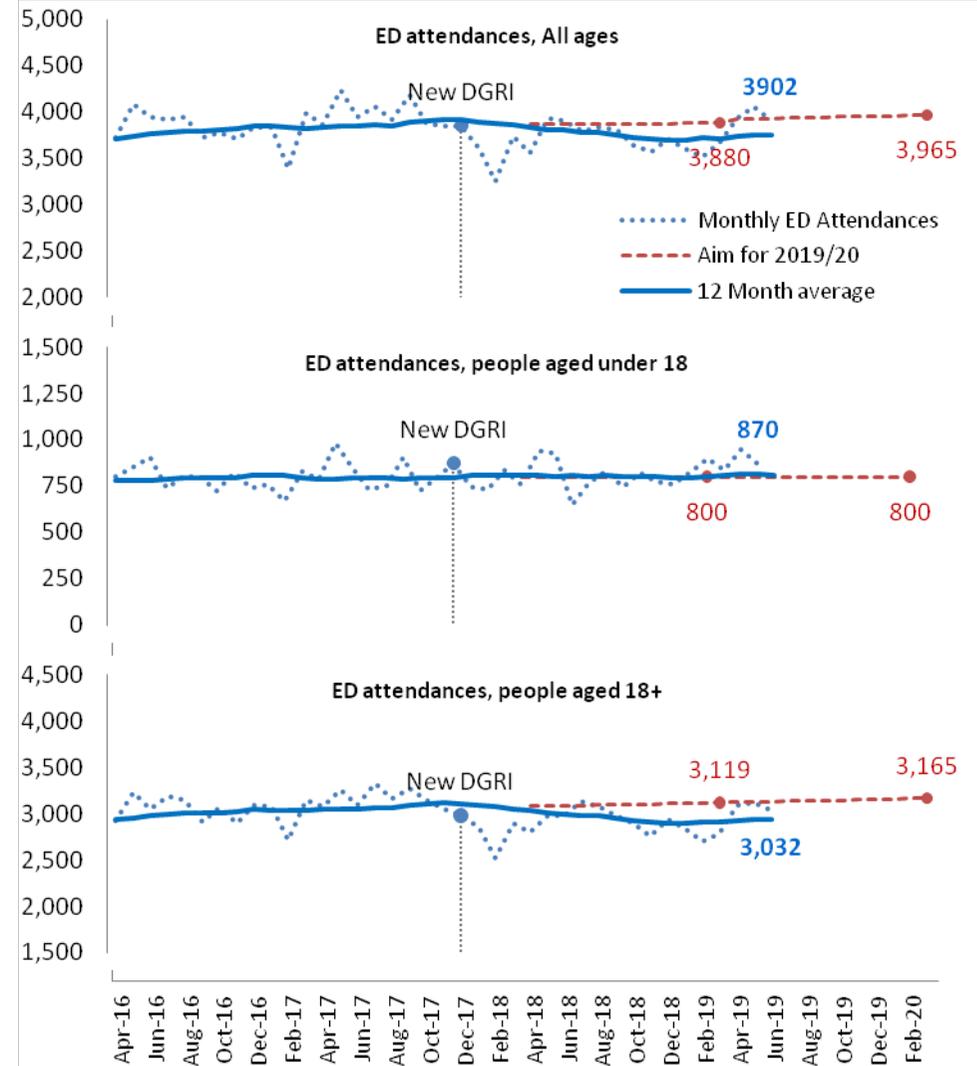
2c. Unscheduled bed days; mental health specialties *NEW*

Objective	<i>Dec 18(p)</i>	<i>Mar 19(p)</i>	<i>Jun 19(p)</i>	<i>Aim</i>
	People aged under 18			
	213	195	198	166
	People aged 18 or older			
	8,117	8,010	7,992	6,558
How will it be achieved	Service reviews have suggested that unscheduled bed days in mental health are influenced by clinical decisions made in both community and inpatient settings. Bed remodelling is being undertaken at Midpark Hospital to improve efficiency and flow. Earlier intervention services are being developed in community settings in addition to developments of crisis services.			
Notes	Dumfries and Galloway has not previously set an objective for unscheduled mental health bed days. Unscheduled bed days for people aged 18 or older have been rising over time. Emergency admissions for people aged under 18 are less common, and the bed days associated with these admissions are more variable. At the point of writing, ISD has figures beyond the quarter ending June 2018 were still marked as provisional.			



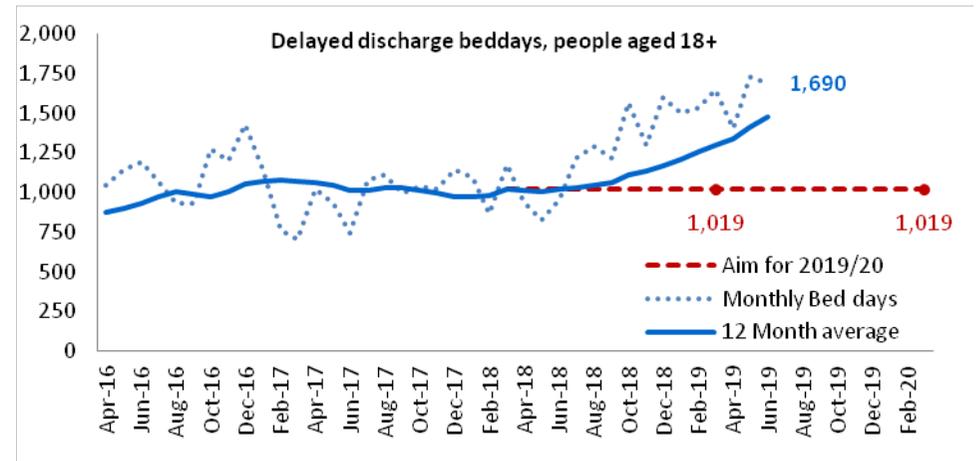
3. Emergency Department Attendances

Objective	Apr 19	May 19	Jun 19	Aim
	All People (2018/19)			
	3,933	4,062	3,902	3,930
	People aged under 18 (2019/20)			
	837	947	870	800
	People aged 18 or older (2019/20)			
	3,096	3,115	3,032	3,130
How will it be achieved	Extended GP practice support teams including ANPs, Mental Health, Prescribing Support and enhanced roles for AHPs. Review of Out of Hours services. Meet ED campaign, and social media about ED pressures. Anticipatory Care Planning, Flu vaccine programme, Community infection control support, Vital Signs training in nursing homes, Frailty at the front door initiative. Nithsdale Rapid Response team.			
Notes	Over the last 6 months, emergency department attendances have been below the trajectory for people aged 18 and over, and rising modestly for people aged under 18. Despite this, the volume of attendances remains a challenge, when managed in conjunction with direct GP admission referrals. This is particularly the case at the Dumfries and Galloway Royal Infirmary.			



4. Delayed discharge bed days (Aged 18+ only)

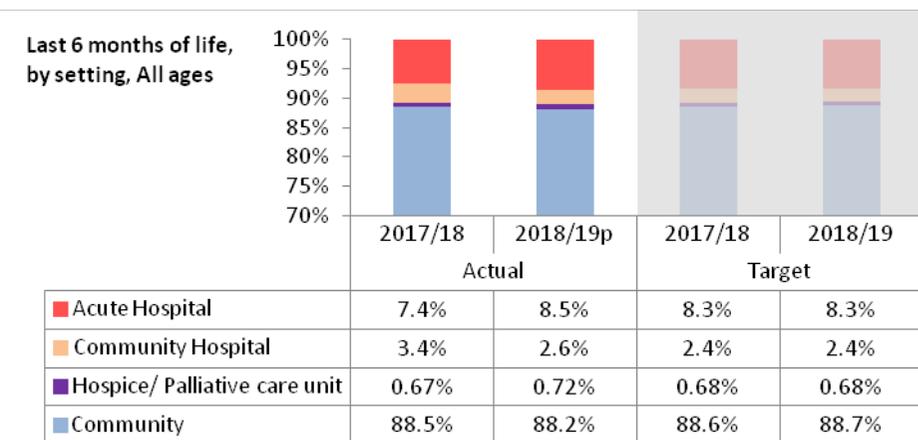
Objective	<i>Apr 19</i>	<i>May 19</i>	<i>Jun 19</i>	<i>Aim</i>
	All People aged 18 or older			
	1,407	1,732	1,690	1,019
How will it be achieved	<p>There are a wide range improvement programmes based primarily within the acute setting to improve flow such as: Dynamic Daily Discharge, Locality Flow coordinators, Day of Care audits, Week of Care in Cottage Hospitals, Improved middle grade staffing rotas, testing new discharge lounge model, 6 Essential Actions programme, Frailty at the Front Door programme.</p> <p>There are also community initiatives which will impact not only on unscheduled admissions but on overall lengths of stay such as: STARS and Nithsdale in Partnership re-abling in the community and Anticipatory Care Planning and promotion of guardianship and power of attorney.</p> <p>Delayed discharges is a priority area for the Sustainability and Modernisation Programme (SAM).</p>			
Notes	<p>The Integration Joint Board previously agreed to set a stretch target for delayed bed days, following a sustained period of meeting the previous target. However, there are known issues in the community setting that have had a knock-on effect on timely discharge from hospital.</p> <p>The September 2019 day of care audit showed that the proportion of people not meeting the criteria for their location: had risen to 25% in DGRI, had fallen to 21% in Galloway Community Hospital and had risen to 54% in cottage hospitals.</p>			



--	--

5. Percentage of last six months of life by setting (all ages)

Objective	<i>2017/18</i>	<i>2018/19(p)</i>	<i>Target 2017/18</i>	<i>Target 2018/19</i>
	Community setting			
	88.5%	88.2%	88.6%	88.7%
	Acute hospital setting			
	7.4%	8.5%	8.3%	8.3%
How will it be achieved	Reducing delayed discharges through the Sustainability and Modernisation programme (SAM). Individual pieces of work include: developing a new palliative care strategy, 23 month scoping project in partnership with Macmillan cancer support, roll out of Anticipatory Care Planning and the promotion of guardianship and power of attorney.			
Notes	<p>The partnership is interested not only in the time people spend in the last 6 months of life in community settings. We are also interested in the amount of time spent in large acute hospital settings. ISD has recently reviewed the classification system for hospitals and identified that 2 cottage hospitals had been wrongly identified as acute settings. The amendment resulted in a rise of <1% in the community hospital figures and a matched decrease in time spent in an acute hospital setting.</p> <p>The provisional figures for 2018/19 show that time spent in the community in the last 6 months of life were lower than anticipated. Time spent in an acute setting was 0.2% higher than anticipated.</p>			



6. Balance of care: Percentage of population in community or institutional settings (Aged 65+)

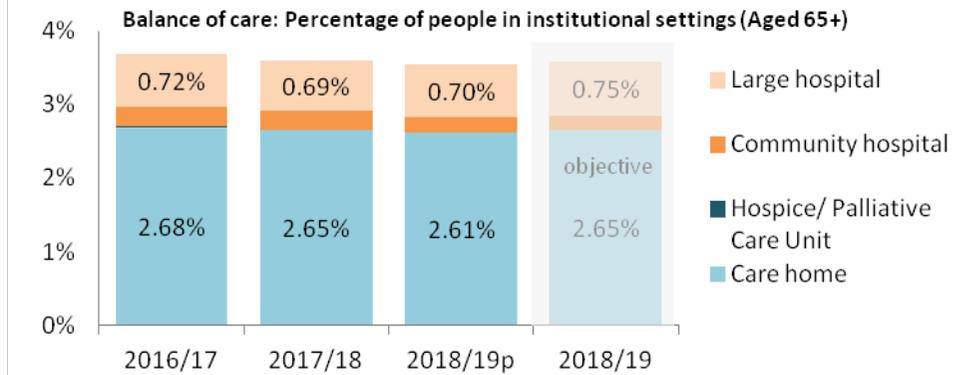
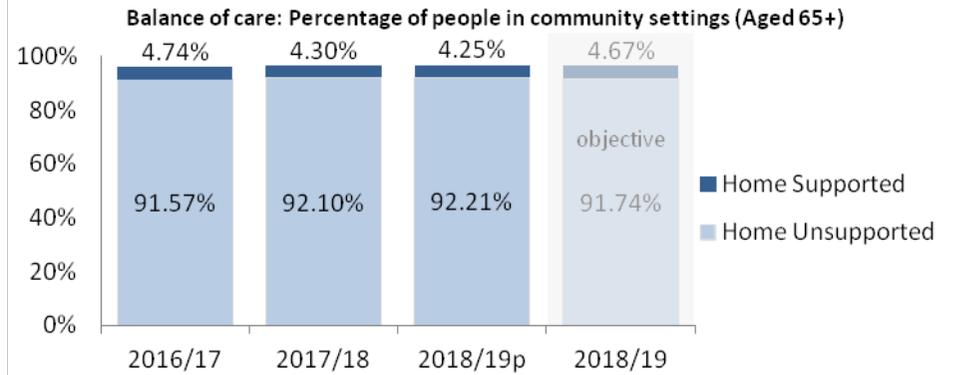
Objective

2016/17

2017/18

2018/19(p)

Target
2018/19



Note that 1,000 people = approximately 3% of the population aged 65 or older