Midlothian Integration Joint Board

Midlothian Health & Social Care Partnership

August 2021

IJB Improvement Goals

Item number:	**Agenda number: 5.6**

Executive summary

The purpose of this report is to update the IJB on progress towards achieving the current IJB performance goals and using OutNav to improve understanding of system impact on outcomes.

Board members are asked to:

- Note the performance against the IJB performance goals
- Note progress to establish an outcomes-focused performance approach in the HSCP

Report

Update to the IJB Improvement Goals

1 Purpose

The purpose of this report is to update the IJB on progress towards achieving the current IJB performance goals and using OutNav to improve understanding of system impact on outcomes.

Board members are asked to:

2 Recommendations

2.1 As a result of this report what are Members being asked to:-

- Note the performance against the IJB performance goals

- Note progress to establish an outcomes-focused performance approach in the HSCP

3 Background and main report

3.1 The IJB has previously identified improvement goals to monitor progress implementing the Strategic Plan. The improvement goals focus on reducing unscheduled hospital activity and use of institutional care. They are based on goals recommended by the Scottish Government Ministerial Strategic Group for Health and Community Care.

3.2 The IJB approved the following revised improvement goals at the IJB meeting in April 2021:

- Reduce Unscheduled Admissions into hospital by 5% by April 2022 compared to 2017/18
- Reduce Unplanned Occupied Bed Days (OBD) by 10% by April 2022 compared to 2017/18
- Maintain Emergency Department attendances at the level of 2017/18
- Maintain Delayed Discharge Occupied Bed Days below 40% of the 2017/18 activity
- Reduce the percentage of time people spend in a large hospital in their last six months of life.
- Maintain the proportion of people over the age of 65 who are living in the community at 97% or higher.

3.3 Progress against each indicator is included in this paper in Section 5. Further information on unscheduled activity is included in this report as a rate per 1,000 population in the cohort. There are more people living in Midlothian each subsequent year and more people who are over 65 or 75 years of age. Rate helps to demonstrate progress towards the goal considering population change.

4 Developing an Outcomes-Focussed approach for Performance Management

4.1 There has been considerable progress made in recent years in gathering and analysing data regarding the efficiency and effectiveness of the Partnership. Improvements in data visualisation using Tableau, is supporting management teams to have a more accessible way of routinely monitoring performance against key indicators. However, there remain weaknesses in our approach to performance management.

4.2 One key area for improvement is the need to complement quantitative data with information that helps measure the impact our services have on service users; for example how do we know if services helping to bring about an improvement in such personal outcomes as being in better health or feeling safer? For the past 10-12 years, there has been a gradual shift in Health and Social Care towards the delivery of more person-centred and outcome-focussed services. Policies such as *Self-Directed Support* in social care and *Realistic Medicine* in health care have helped to reinforce this philosophy. However, our performance management systems have struggled to find ways of measuring progress with outcomes.

4.3 The second challenge is that improvement in outcomes is seldom the result of the work of one service alone. Performance management systems must find ways of evaluating the **contribution** made by individual programmes and services. For example, an effective discharge of a patient from hospital is likely to depend on contributions by the hospital team, the primary care team, occupational therapy, care at home and unpaid carers. The limitations in being able to assess the contribution of individual services restricts the ability to make informed decisions regarding investment/disinvestment.

4.4 On 11 February 2021, the IJB considered a report on the Outcomes Approach to Performance Management. This report highlighted this need to develop ways of measuring and reporting more effectively the outcomes achieved through the delivery of health and social work services. The approach now being taken by the Partnership involves the development of Outcome Maps at each level of the organisation. A new software programme, *OutNav*, makes it possible to capture and link a wide range of evidence for evaluating progress with each of the stepping-stones in these maps.

4.5 Good progress has been made over the past few months in developing outcome maps for the frailty system of care and the service delivered at Number 11 (joint mental health, drugs and alcohol, and criminal justice services). The third area of activity has been the development of an outcome map for the Partnership at a strategic level. As the IJB agrees its strategic goals for 2022-25 these will need to be reflected in this strategic outcome map.

4.6 The process of outcome mapping at a strategic level will become increasingly robust as the mapping work on individual services expands across the Partnership thereby providing evidence of progress at a strategic level. For example, for the Partnership to assess its progress in developing **integrated** services, the outcome map will need to draw upon progress with integration at a service level; this could include partnership working in Number 11, in Primary Care and in intermediate care services. The intention is to complete the three initial areas of mapping work by mid-September and then move on to the development of outcome maps for pathways in and out of acute services, and for unpaid carers.

4.7 Identifying and measuring contributions of individual services is complex and cannot rely on one or two key performance indicators. Our third-party partner, *Matter of Focus*, has developed software, referred to as **OutNav**, that enables a wide range of relevant information to be captured and linked, including service user and staff feedback, individual patient stories as well as hard performance data such as numbers of people delayed in hospital. A major benefit of this system is that it provides real-time reports across all the organisation's activities using a wide range of evidence. The system offers the facility to pull in data gathered routinely by the third and independent sectors, relevant to measuring improvement in outcomes, crucial given how much social care is outsourced but, as yet, is not fully utilised in measuring our performance as a Partnership.

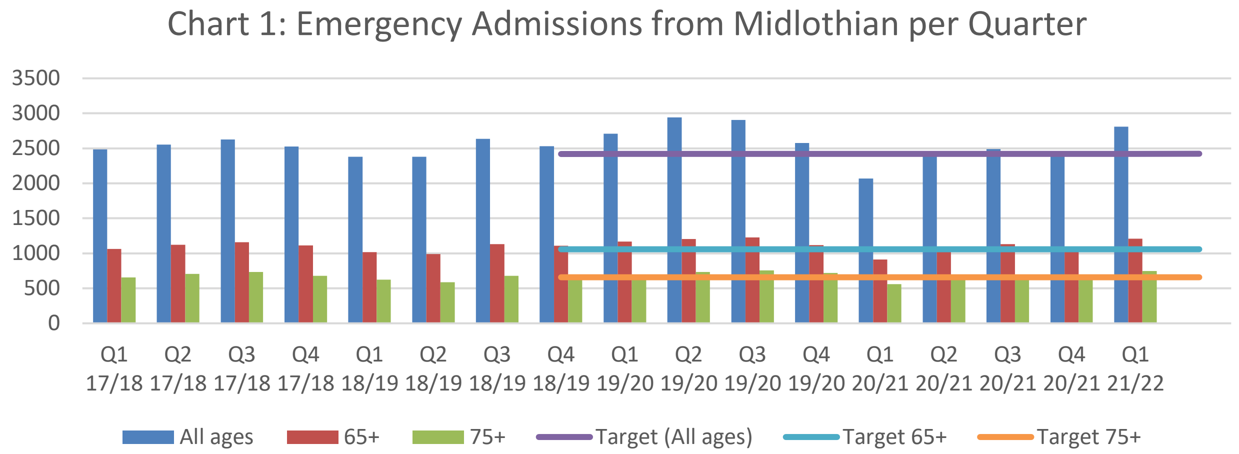
4.8 The approach will not only provide an accessible yet comprehensive approach to measuring performance, it will also enable the Partnership to maintain a real-time approach to self-assessment. The Care Inspectorate link inspector is working with us to capitalise upon this added benefit of the approach. An enhanced capacity to measure outcomes is consistent with the priority now being given to outcomes by the inspection agencies. The implementation of this new approach will enable the Partnership to provide, more effectively, the evidence that the Care Inspectorate and Health Care Improvement Scotland will seek during any future inspections.

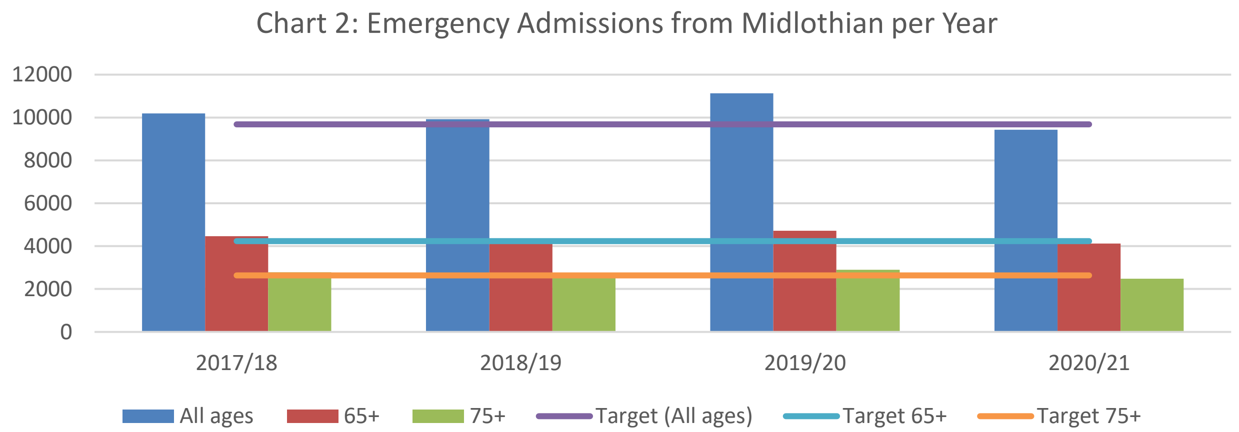
4.9 As with any new approach, it will be critical that mechanisms are put in place to ensure it is maintained on an ongoing basis. This will require clear allocation of responsibilities and a quality assurance system, such as regular reporting on service outcome maps to the Finance and Performance Group. The system will also require increased analytical support and the recent approval given to the creation of a new Strategic Programme Manager for Performance Management will help provide such support and leadership.

5 **Progress against the 2021 IJB Performance Goals**

<u>Reduce Unscheduled Admissions into hospital by 5% by April 2022 compared to 2017/18</u>

- **Chart 2** shows that unscheduled admissions across all age groups in 2020/21 were below the 2017/18 performance but this is attributable to the COVID response that year. Chart 1 shows that in Q1 21/22 (April-June 21) activity was above that in 2017/18.
- **Rate of Admission** (Chart 3) shows that admissions for all people who are 75 years or older has fallen as a rate since 2017/18. This trend is not seen across the other age cohorts.





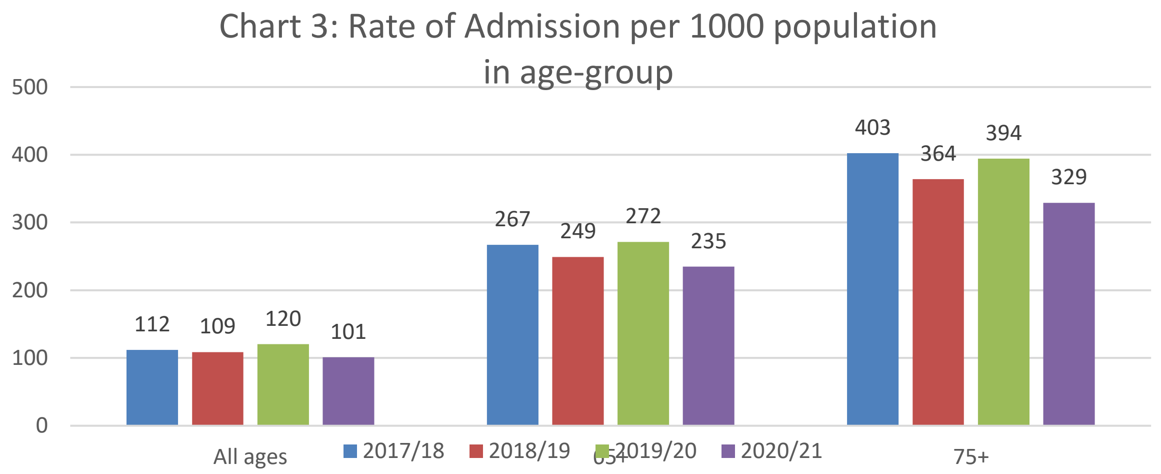
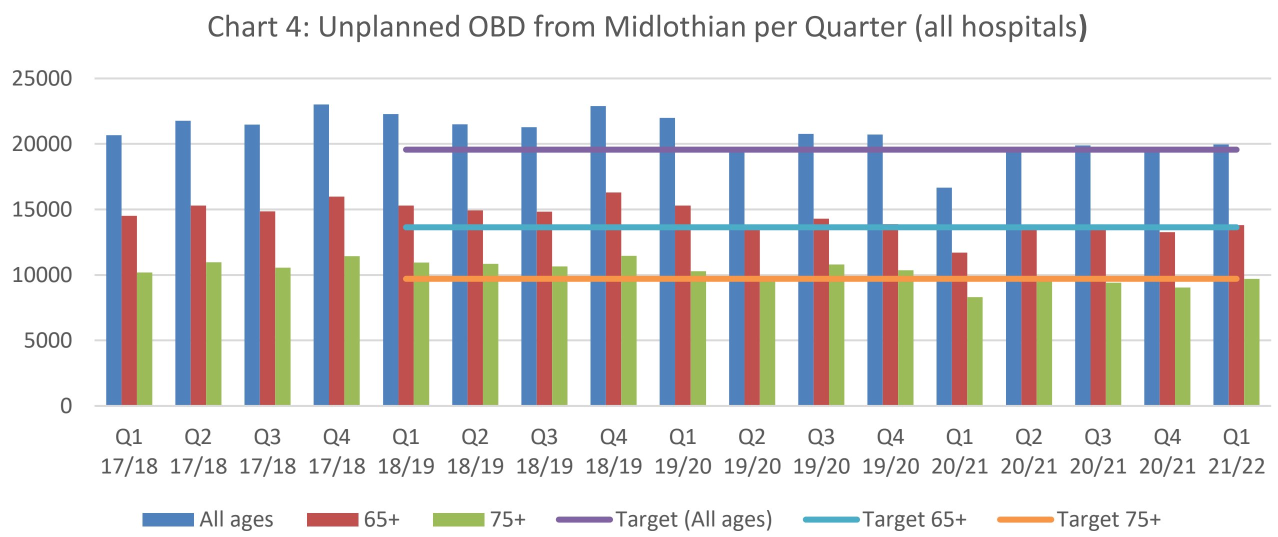
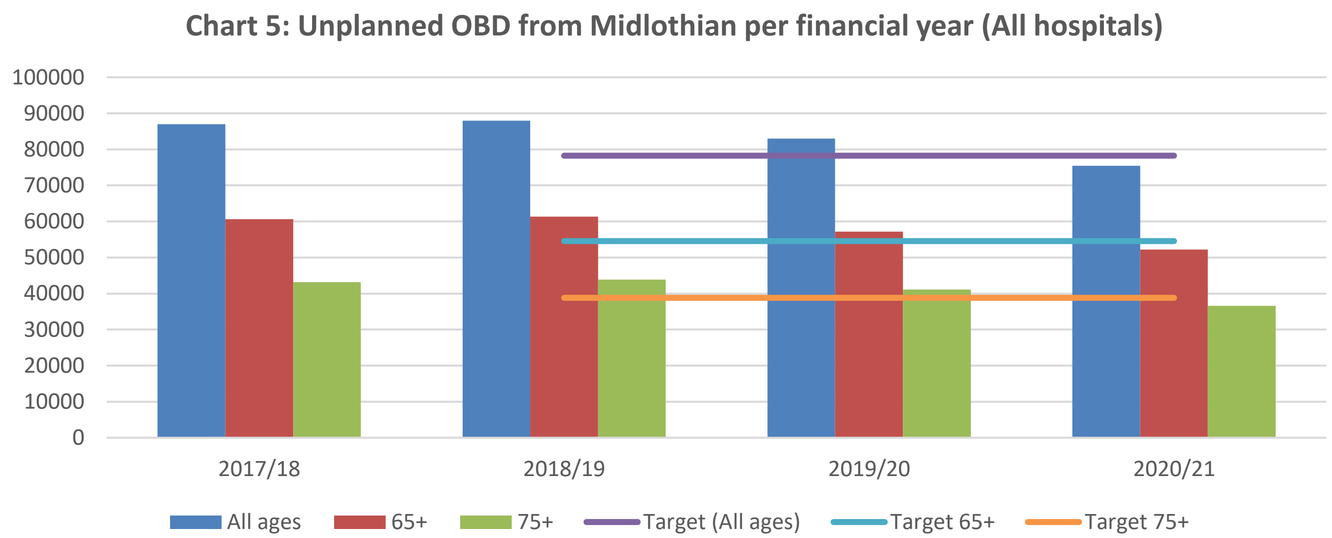


Chart 3: Rate of Admission per 1000 population in age-group
500
400
300
200
100
0
112
109
120
101
267
249
272
235
403
364
394
329
All ages
75+
2017/18
2018/19
2019/20
2020/21

<u>Reduce Unplanned Occupied Bed Days (OBD) by 10% by April 2022 compared to 2017/18</u>

- **Chart 5** shows that unscheduled OBD across all age groups in 2020/21 were below the 2017/18 performance but this is attributable to the COVID response that year. Chart 4 shows that in Q1 21/22 (April-June 21) activity was above that in 2017/18.
- **Rate of admission (Chart 6)** shows reduction in the rate over time across all reported age cohorts. This is most marked in the 75+ cohort.





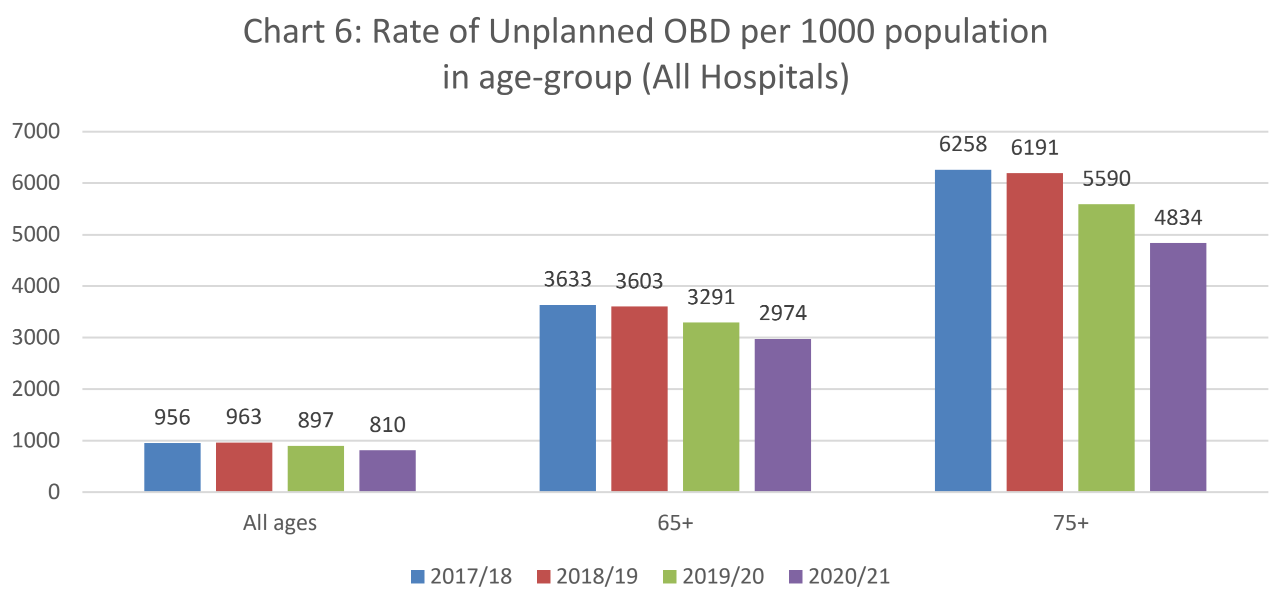


Chart 6: Rate of Unplanned OBD per 1000 population in age-group (All Hospitals)
7000
6000
5000
4000
3000
2000
1000
0
956
963
897
810
3633
3603
3291
2974
6258
6191
5590
4834
All ages
65+
75+
2017/18
2018/19
2019/20
2020/21

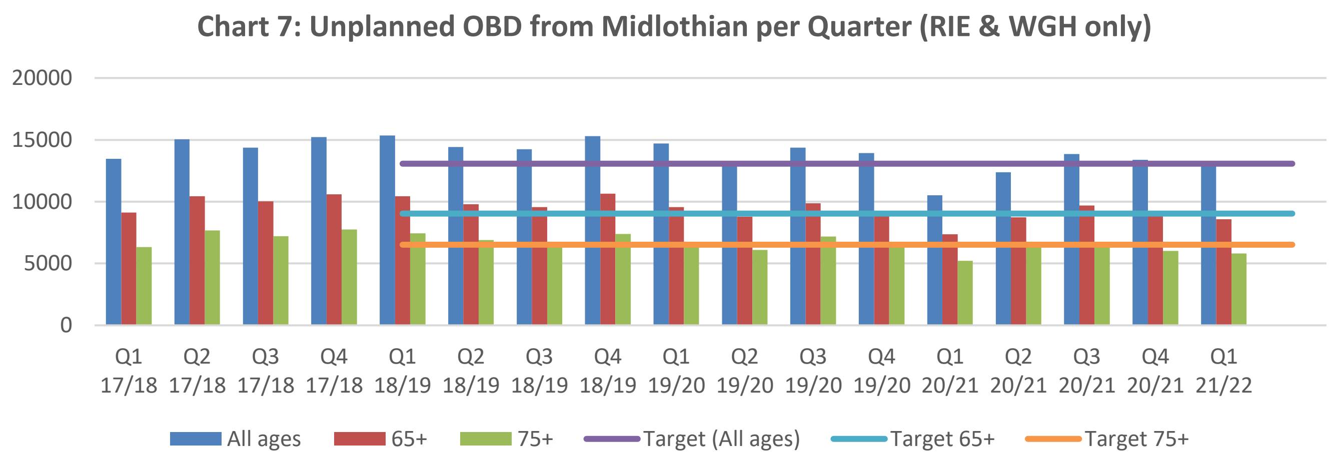


Chart 7: Unplanned OBD from Midlothian per Quarter (RIE & WGH only)
20000
15000
10000
5000
0
Q1 17/18
Q2 17/18
Q3 17/18
Q4 17/18
Q1 18/19
Q2 18/19
Q3 18/19
Q4 18/19
Q1 19/20
Q2 19/20
Q3 19/20
Q4 19/20
Q1 20/21
Q2 20/21
Q3 20/21
Q4 20/21
Q1 21/22
All ages
65+
75+
Target (All ages)
Target 65+
Target 75+

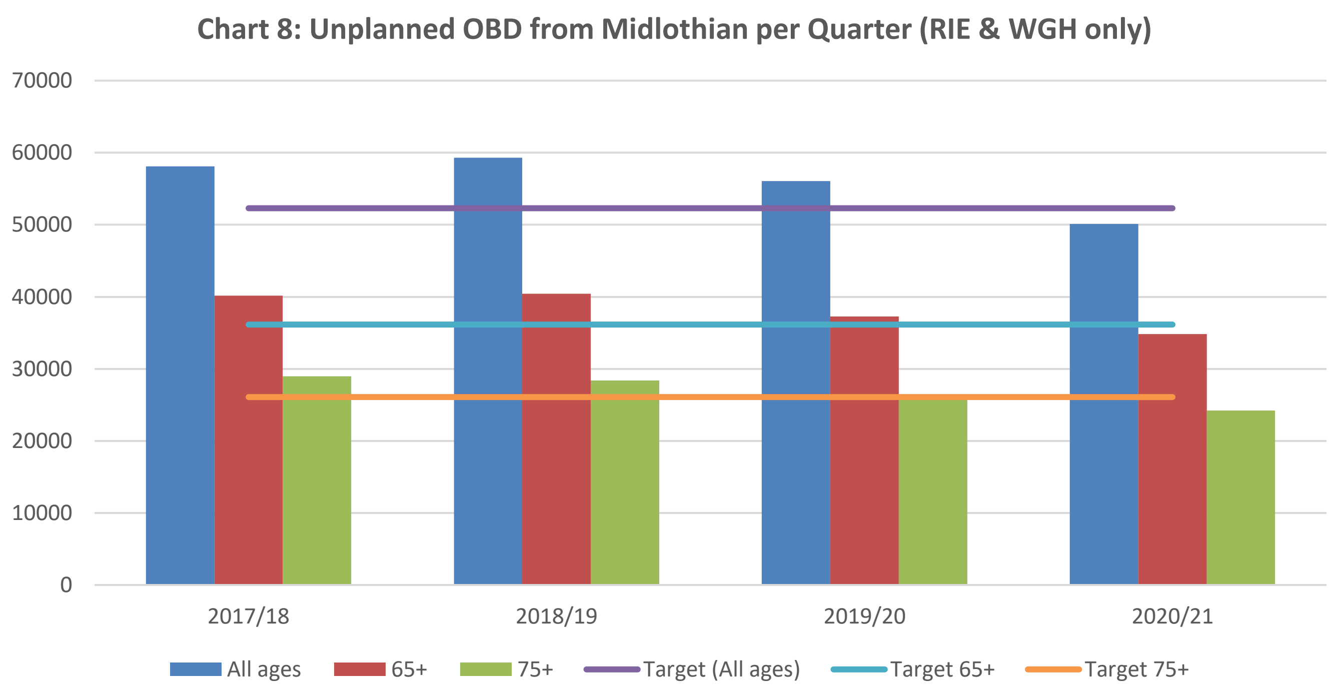
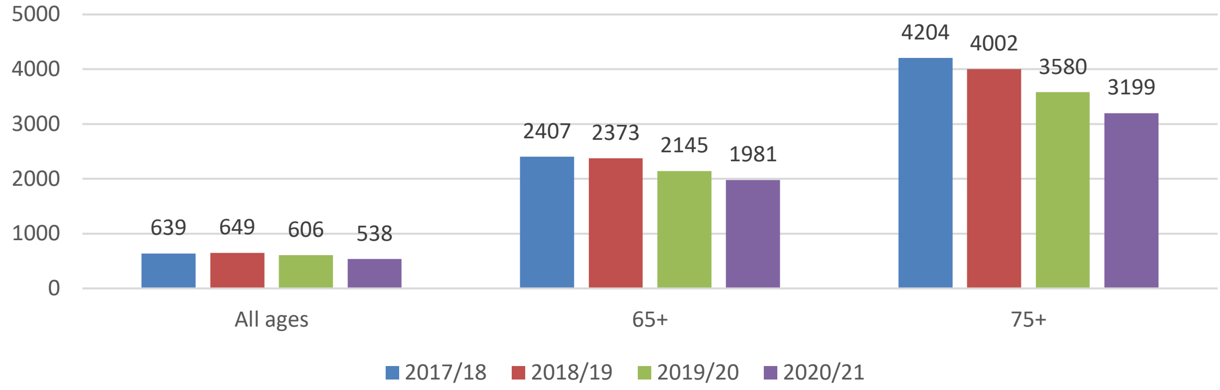


Chart 8: Unplanned OBD from Midlothian per Quarter (RIE & WGH only)
70000
60000
50000
40000
30000
20000
10000
0
2017/18
2018/19
2019/20
2020/21
All ages
65+
75+
Target (All ages)
Target 65+
Target 75+

Chart 9: Unplanned OBD per 1000 population in age-group (RIE & WGH only)



Maintain Emergency Department attendances at the level of 2017/18

- The impact from the COVID response can be seen in Chart 10 most noticeable in Q1 2020/21. Except for 2020/21 the rate across the reported age cohorts remains broadly constant.

Chart 10: Emergency Department Attendances (RIE/WGH/STJ only)

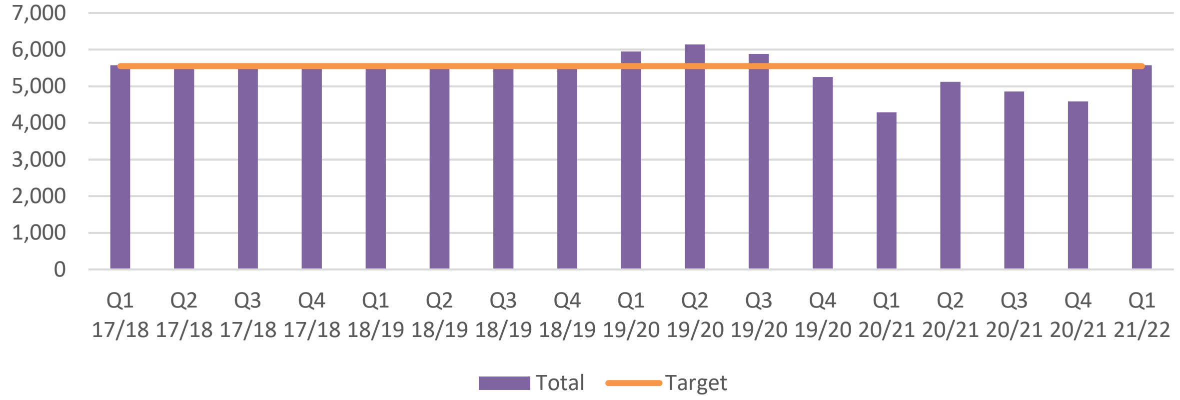
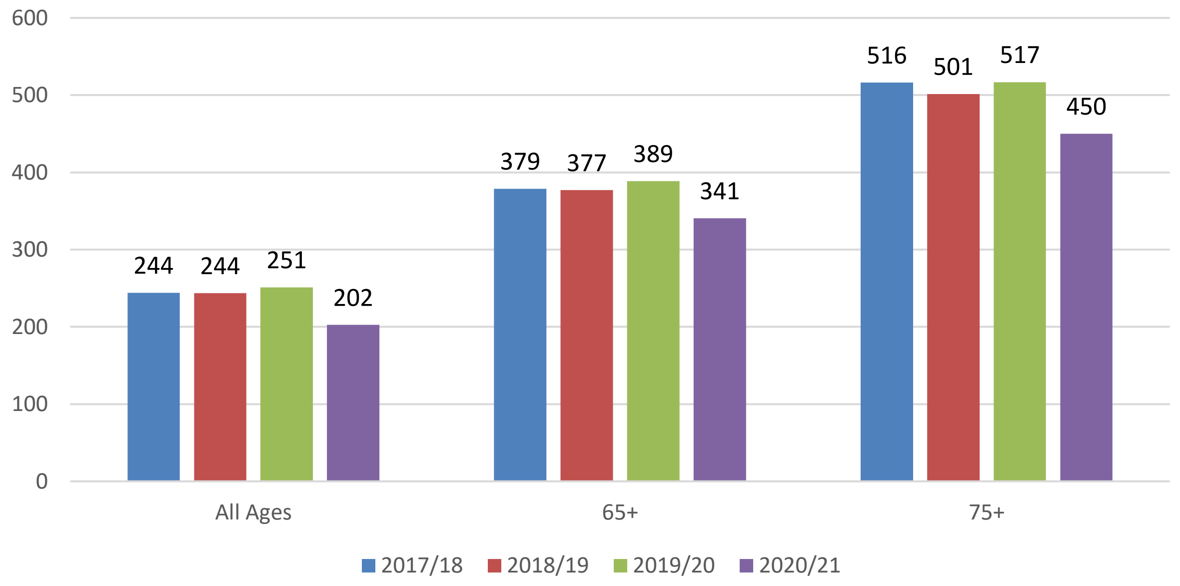
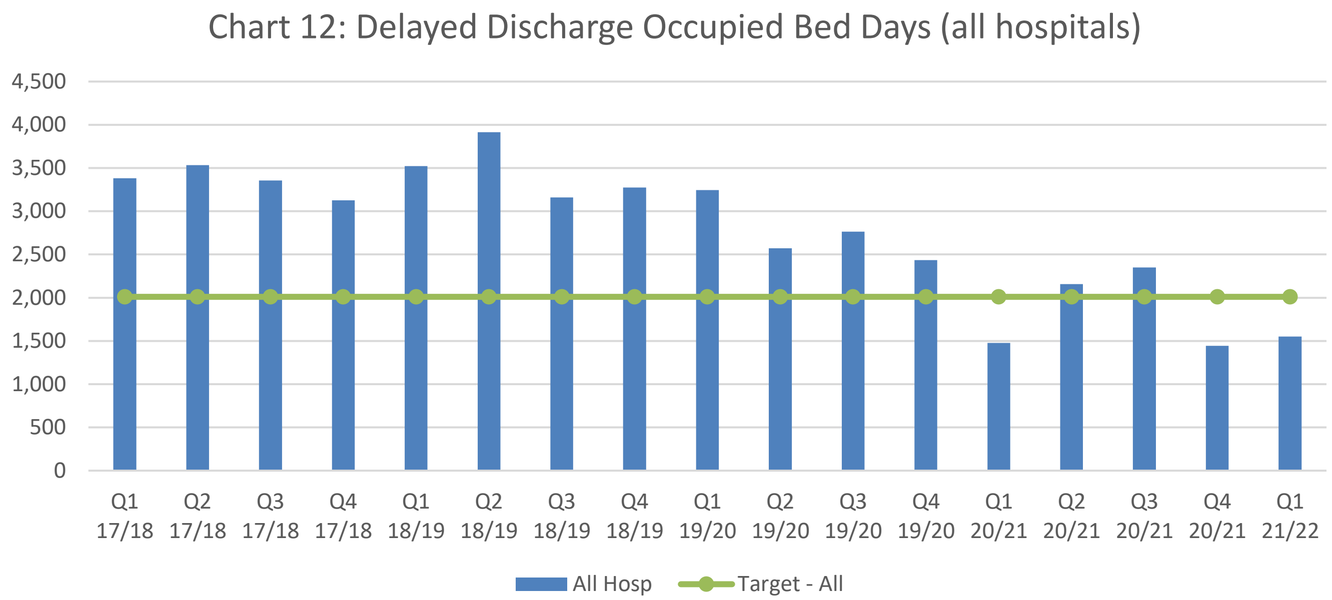
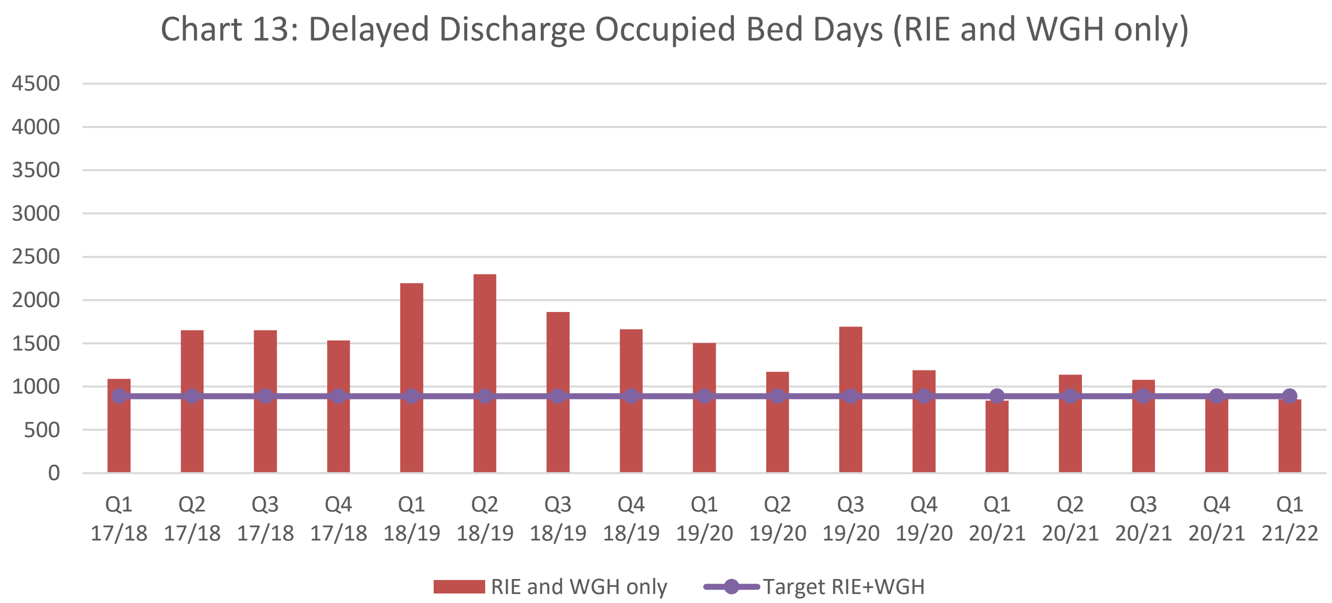


Chart 11: Rate of ED Attendances Per 1000 population (RIE/WGH/STJ)

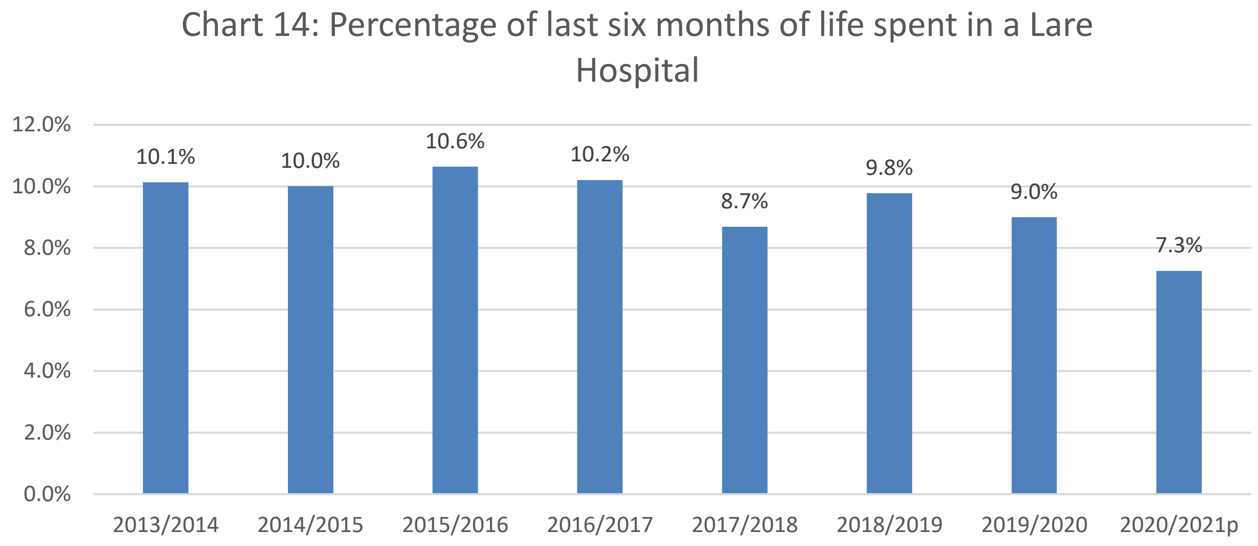


<u>Maintain Delayed Discharge Occupied Bed Days below 40% of the 2017/18 activity</u>



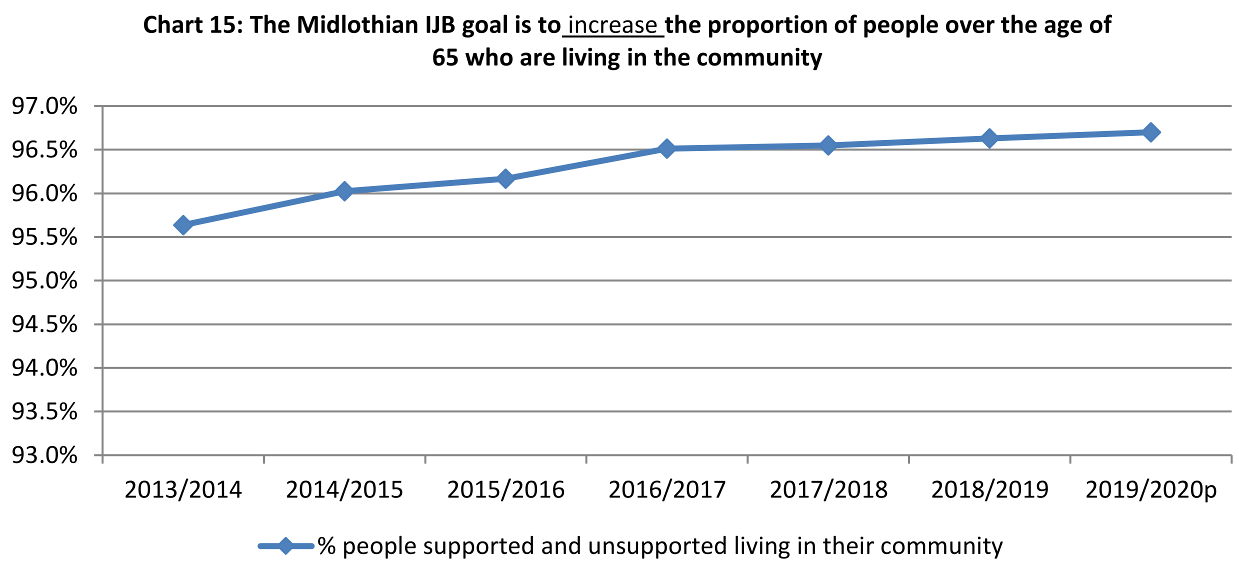


<u>Reduce the percentage of time people spend in a large hospital in their last six months of life.</u>



<u>Maintain the proportion of people over the age of 65 who are living in the community at 97% or higher.</u>

- This goal remains on trajectory with an increase in each subsequent year of the proportion of people living in the community.
- Data for 2019/20 is



6 Directions

5.1 There are no implications on the Directions.

7 Equalities Implications

6.1 There are no equality implications from focussing on these goals but there may be implications in the actions that result from work to achieve them.

The focus of most of the goals is on reducing hospital activity and hospitals are not used equally by the population. There are population groups that make more use of hospitals than other groups – for example older people or people living in areas of deprivation.

8 Resource Implications

7.1 There will be resource implications resulting from further action to achieve these improvement goals

9 Risk

8.1 The main risk is that the IJB fails to set a suitable ambitious pace of change across the health and care system to reduce hospital utilisation and respond to the changing demographics

10 Involving people

10.1 The Strategic Planning Group was consulted in 2017 to agree the first set of Local Improvement Goals. The revised improvement goals in this paper were discussed at the April 2019 SPG meeting.

11 Background Papers

10.1 None

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