Midlothian Integration Joint Board

Thursday 20th April 2017 at 2.00pm

Measuring Performance Under Integration

Item number:	5.5

Executive summary

The purpose of this report is to recommend that the IJB agree to the local improvement goals for the indicators agreed by the Ministerial Strategic Group for Health and Community Care in December 2016.

Board members are asked to:

- **Approve the IJB performance goals for five of the six indicators agreed by Scottish Government.**

- **Agree whether the performance goal to reduce Occupied Bed Days should be 15% or 10% by April 2019**

- **Note the sixth proposed goal and that further information is required in Midlothian before the IJB can agree to it.**

Measuring Performance Under Integration

1   Purpose

1.1 The purpose of this report is to recommend that the IJB agree to the local improvement goals for the indicators agreed by the Ministerial Strategic Group for Health and Community Care in December 2016.

2   Recommendations

2.1   The IJB is asked to:

2.2   Agree to following local improvement goals:

- o   Reduce unscheduled admissions by 5% by September 2018

- o   By April 2018 over 95% of patients attending A&E via GP referral or Ambulance are treated within 4 hours by April 2018

- o   By April 2018 over 87% of patients who are subsequently admitted into hospital are treated in A&E within 4 hours.

- o   Maintain the current number of patients using A&E (ongoing).

- o   Reduce the delayed discharge occupied bed days by 30% by April 2018

- o   No patients in the RIE or WGH with a delayed discharge over 72 hours by April 2018

- o   Reduce by 10% by April 2018 the number of OBD in the RIE/WGH during the last six months of life

2.3   Decide whether the goal to reduce unscheduled hospital occupied bed days should be 10% or 15% by April 2019.

2.4   Note that the following proposed local improvement goal requires further information before it can be approved by the IJB:

- •   Reduce the percentage of patients over 75 who are in a large hospital from 1.9% to 1.6% and in a care home from 6.8% to 6.6% by *date to be determined.*

Agree to receive an update on progress on a quarterly-basis and the Midlothian Health and Social Care Partnership (MLH&SC partnership) will receive a monthly update at their Joint Management Team (JMT) meeting.
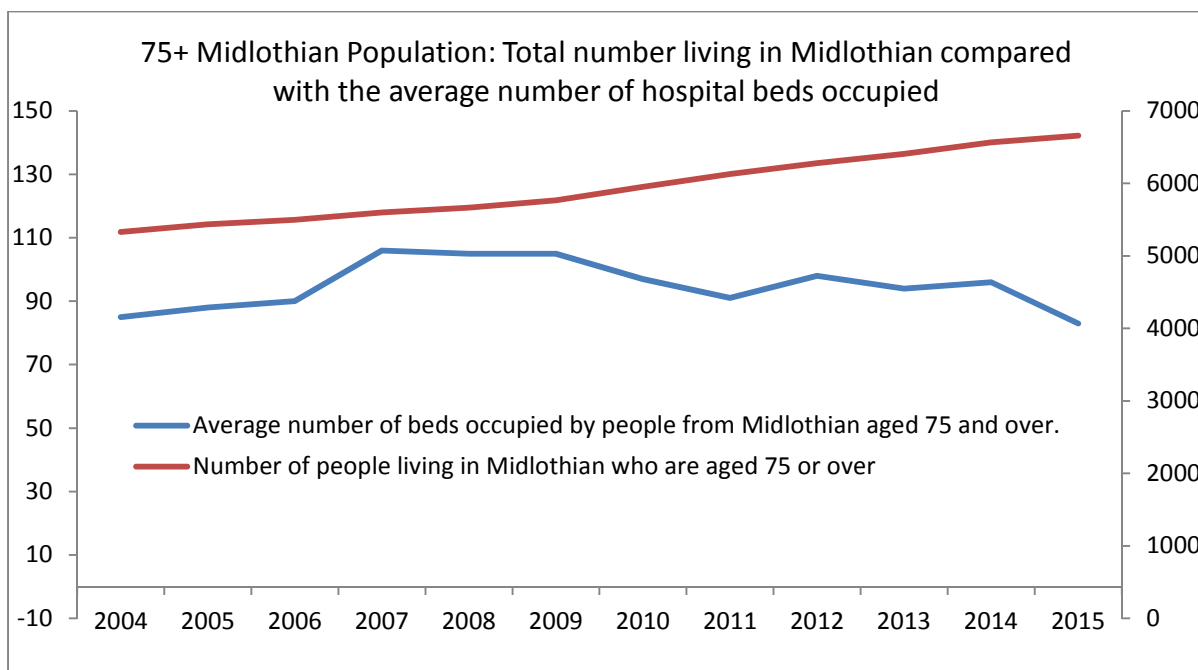
3　Background and main report

3.1　The Ministerial Strategic Group for Health and Community Care has agreed that IJB performance will be tracked across: unplanned admissions; occupied bed days for unscheduled care; A%E performance; delayed discharges; end of life care; and the balance of spend across institutional and community services.

3.2　Scottish Government has invited all IJBs to set local goals for each of the indicators. The context for the improvement objectives is the IJB Strategic Commissioning Plan and the IJB's Directions that are issued to NHS Lothian and Midlothian Council. The three products are interdependent – the Strategic Commission Plan sets the vision for change in Midlothian, the Directions describe the actions to work towards this vision and the indicators will demonstrate progress of the actions and towards the vision.

3.3　The purpose of the integration of health and social care and the establishment of Integration Joint Boards is to drive forward the changes required that have not been possible to achieve under previous governance and organisation configurations.

3.4　The IJB must be ambitious in the scale and pace of change it demands across the system. The rapid demographic change and the current overreliance on hospital-based care are incompatible. The IJB must provide strong leadership through its vision and directions. The performance improvement goals quantify the scale and pace that the IJB requires Midlothian Council and NHS Lothian to deliver.

3.5　The proposed local improvement goals for Midlothian have been discussed with the H&SCP Joint Management Team and the IJB Strategic Planning Group and have attempted to strike an appropriate balance between caution and ambition.

4　Setting the local performance indicators

4.1　The goals will each express a percentage change and the timeframe for when this is expected to be achieved. A baseline will be used to measure the percentage change. For most goals the baseline will be set using the last two years of complete data.

4.2　Information will come from several sources. ISD Scotland will provide most of the information required for the IJB's indicators but supplementary information will be required locally from NHS Lothian and Midlothian Council.

4.3　The baselines used in this report may change because work is underway to ensure a consistency across IJBs to allow for comparison. In some circumstances the systems used to extract the data are established but still require quality assurance and local data.

5 Setting the Targets

5.1   The IJB will set its local improvement goals. To assist with this advice has been sought from the H&SCP JMT members on appropriate goals based on the collective knowledge of the local health and care system and the impact that different actions may have on each goal.

5.2   There is a risk that using historical data to set a benchmark to set a future goal will fail to take into account the significant demographic change driving particularly by an ageing population and increasing prevalence of multiple long term conditions. However there is not a direct correlation between the demographic change and hospital utilisation as the following graph demonstrates.

75+ Midlothian Population: Total number living in Midlothian compared with the average number of hospital beds occupied

- Average number of beds occupied by people from Midlothian aged 75 and over.
- Number of people living in Midlothian who are aged 75 or over

6 Prioritising Action

6.1   The IJB will receive quarterly reports on progress to achieve the local improvement goals. This information will be presented at a Midlothian-level with supplementary detail as when requested or required. To achieve the objectives it is necessary to understand in more detail the characteristics of the patients using hospitals and care homes (the two parts of the health and care system that the performance goals are focussed). There will be several actions focussed on specific patient groups that will collectively contribute towards each improvement objective.

6.2   It is expected that the following characteristics of patients will be analysed to help identify the actions that change how Midlothian people use hospitals and care homes:
- Deprivation
- General Practice where patient is registered
- Patient Age

- Reason for admission
- The frailty of the patient
- Patient Community (physical geographical communities and communities of need)

7 Draft Local Improvement Goals

7.1 It is up to the Integration Joint Board to determine its improvement goals for the six indicators identified by Ministerial Strategic Group for Health and Community Care. This means that there is scope for the IJB to agree the percentage change expected within the indicator and the timeframe for this to happen.

7.2 The following improvement goals have been discussed within the Midlothian H&SCP and are based on an assessment of the impact of expected interventions over the next two years. All are a challenge to achieve but are also realistic.

7.3 In all goals the baseline used requires review by the analytical support provided to the H&SCP by ISD Scotland. Further work is then required by the H&SCP to determine the trajectory to achieving each goal.

7.4 Reduce unscheduled admissions by 5% by September 2018

There are circa 700 unscheduled admissions per month into hospital of Midlothian residents. A 5% reduction equals 35 fewer admissions. It is expected that improvement can be made with fewer admissions from care homes, from patients admitted with potentially preventable admission (i.e COPD or diabetes) and admissions relating to a fall. The expansion of the MERRIT hospital at home service is an example of one action that will reduce admissions.

7.5 Reduce unscheduled occupied bed days by <u>10% or 15%</u> by April 2019

There are circa 5,200 occupied bed days (OBD) per month used by Midlothian residents. This is equal to 170 beds per day. A 10% reduction equals 520 fewer OBD per month or 17 fewer beds per day. A 15% reduction equals 25 fewer beds per day.

There is not a consensus within the H&SCP JMT about this goal. There is one view that 10% is a more realistic goal. There is another view that the IJB should be more ambitious in reducing hospital activity and this goal should be set at 15%.

This issue will be discussed at the Strategic Planning Group on the 10th April and the outcome of this discussion will be reported verbally to the IJB.

The IJB voting members are required to make a decision about this goal.

7.6 By April 2018 over 95% of patients attending A&E via GP referral or Ambulance are treated within 4 hours by April 2018

7.7 **By April 2018 over 87% of patients who are subsequently admitted into hospital are treated in A&E within 4 hours (currently performance for this group is 82%)**

7.8 **Maintain the current number of patients using A&E (ongoing). Currently A&E activity is increasing, particularly among the patients who have self-referred to A&E.**

There is a single performance target where all patients are treated within 4 hours. It is expected that most other IJB areas in Scotland will adopt this and it is possible that Midlothian IJB is the only one that does not because it is a well established HEAT target.

The rationale for not including an overall target for all A&E activity is because there is a risk that focusing on this target is counterproductive to the ambition of the IJB: There are people in Midlothian who are choosing to use A&E for reasons that a GP is better placed to treat. It is not completely understood why this is happening but it will include a combination of reasons including real and perceived issues of accessing a GP and the potential convenience of attending A&E instead of waiting for a GP appointment.

The IJB should encourage action to reduce inappropriate use of A&E and therefore focus attention on the patients who need to attend. This is difficult to do and a proxy for this is to focus on GP referrals to A&E (which research at the RIE A&E department has identified are appropriate), patients admitted by Ambulance (because they have been a clinical assessment by the ambulance team, and patients who were subsequently admitted (who were clinical assessed and identified as requiring hospital care).

7.9 **Reduce the delayed discharge occupied bed days by 30% by April 2018**

The worked planned in Midlothian to reduce the impact of delayed discharges on patients and large hospitals includes: the development of the hospital in-reach team; the reprovision of post acute rehabilitation care from Liberton to the Midlothian Community Hospital; and the development of the reablement service.

7.10 **No patients in the RIE or WGH with a delayed discharge over 72 hours by April 2018**

There are circa 762 OBD per month by Midlothian residents with a delayed discharge. This equates to 25 beds each day. A 30% reduction equals 228 fewer OBD or 7 fewer beds each day. There will be an interim goal of a 12% reduction in OBD by September 2017.

7.11 **Reduce by 10% by April 2018 the number of OBD in the RIE/WGH during the last six months of life**

There are circa 872 OBD per month or 28 beds per day used by a patient within their last six months of life. A 10% reduction equals 87 fewer OBD per month or just under 3 beds per day.

7.12 Reduce the percentage of patients over 75 who are in a large hospital from 1.9% to 1.6% and in a care home from 6.8% to 6.6% by TBD

Further work is required on this improvement goal to confirm the level of change that can be achieved within Midlothian. The data source is under review and target will be set once data verified. The percentage goals included are the average across Scotland and Midlothian is currently above average.

8 Policy Implications

8.1 The performance improvement goals will support the implementation of the IJB Strategic Plan.

9 Equalities Implications

5.1 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.

5.2 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.

5.3 There has not been an EQIA undertaken for the establishment. Specific actions resulting from work to achieve this goals will have an EQIA completed as part of the establishment and evaluation of the action.

10 Resource Implications

10.1 There are no immediate resource implications as a result of the recommendations in this paper

11 Risk

11.1 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

12 Involving people

12.1 The Strategic Planning Group has been consulted.

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