

27th August 2020

IJB Improvement Goal Progress

Item number: 5.4

Executive summary

This report's purpose is to provide a summary of the progress towards achieving the IJB's Improvement Goals.

Board members are asked to:

- Review performance across the indicators
 - Note further information is included about performance in Midlothian against the Core Suite of Indicators
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IJB Improvement Goal Progress

1 Purpose

- 1.1 To share information with the IJB on progress towards achieving the IJB's improvement goals

2 Recommendations

- 2.1 As a result of this report what are Members being asked to:-
- Review performance across the indicators
 - Note further information is included about performance in Midlothian against the Core Suite of Indicators

3 Background and main report

- 3.1 The IJB has identified improvement goals to monitor progress implementing the Strategic Plan. The improvement goals focus on reducing unscheduled hospital and institutional care. They are based on goals recommended by the Scottish Government Ministerial Strategic Group for Health and Community Care.
- 3.2 The IJB has reviewed its improvement goals and endorsed the recommendations from the HSCP to amend the goals. The Improvement Goals reported in this report were agreed by the IJB in February 2019.
- 3.3 The data source used has changed. Previously, data was collated from local and national sources. The data used now is provided by the Health and Social Care team at ISD Scotland. The benefit to using this data source is that the data is validated by ISD and is the primary data source used by most IJBs in Scotland.
- 3.4 The data used for in this report was extracted from Version 1.32 of the MSG Integration Indicators provided by ISD Scotland. This was circulated to HSCPs in August 2020.

3.5 Summary of Midlothian MSG Indicator Performance

- COVID19 has had significant impact on the performance indicators in this report with a reduction in hospital activity in 2020.

3.6 Core Suite of Indicators

- 3.6.1 The IJB members have requested more information to compare performance in Midlothian against other IJBs in Scotland. Information is routinely shared with HSCPs to show performance against 23 Core Indicators. The table below describes performance for the **most recent financial year**. This will vary between indicators. Figures in red are subject to change following further data validation by ISD Scotland.

	Indicator	Title	Partnership rate	Scotland rate	Year of latest data
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	91.7%	93.0%	2017/18
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	86.3%	81.0%	
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	79.7%	76.0%	
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	70.8%	74.0%	
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	71.3%	80.0%	
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	75.8%	83.0%	
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	73.1%	80.0%	
	NI - 8	Total combined % carers who feel supported to continue in their caring role	32.1%	37.0%	
	NI - 9	Percentage of adults supported at home who agreed they felt safe	79.5%	83.0%	
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA	NA

Data indicators	NI - 11	Premature mortality rate per 100,000 persons	409	432	2018
	NI - 12	Emergency admission rate (per 100,000 population)	12,561	12,602	2019
	NI - 13	Emergency bed day rate (per 100,000 population)	115,308	117,478	2019
	NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	108	104	2019
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	86.1%	88.6%	2019
	NI - 16	Falls rate per 1,000 population aged 65+	22.2	22.7	2019
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	83.3%	81.8%	2019/20
	NI - 18	Percentage of adults with intensive care needs receiving care at home	67.7%	62.1%	2018
	NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	1,002	793	2019/20
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	22.3%	23.2%	2019
	NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA	NA

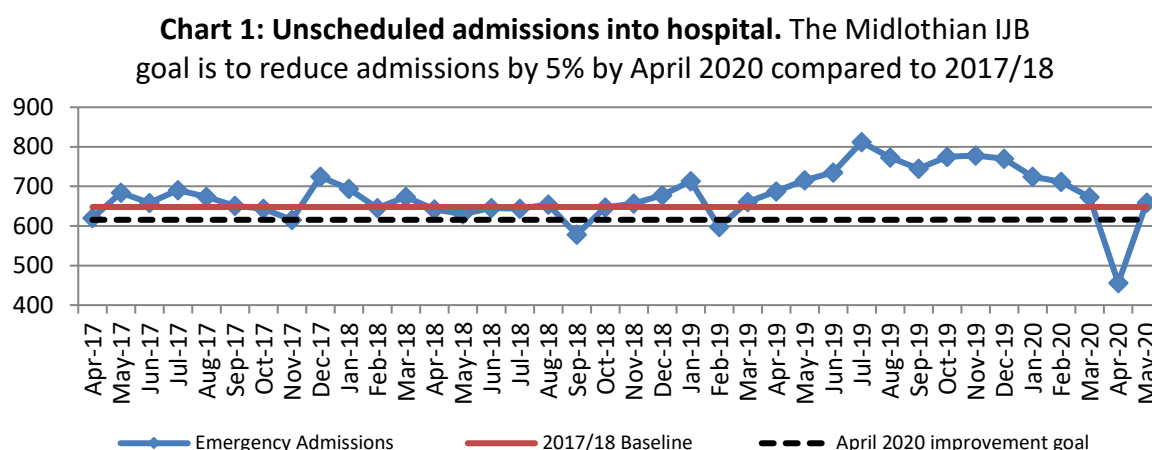
	NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA	NA
	NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA	NA

3.7 Unscheduled Admissions into Hospital

- 3.7.1 The IJB improvement goal is to reduce unscheduled admissions into hospital from Midlothian by 5% by April 2020 compared to the average admissions during 2017/18. Chart 1 provides a summary of the monthly unscheduled admissions. Data from February 2020 is provisional and may be subject to change.

From May 2019 an increase in admission numbers at RIE has been identified following the introduction of ambulatory care facilities at the site, advice has been sought from ISD to ensure that this activity is being appropriately recorded.

Admission data for several months in 2019 included people who have been transferred to an Emergency and Observation Unit in the Royal Infirmary. This unit is intended to reduce emergency admissions into hospital for people but was coded on Hospital TRAK (the hospital's patient record system) as an 'admission' into hospital.

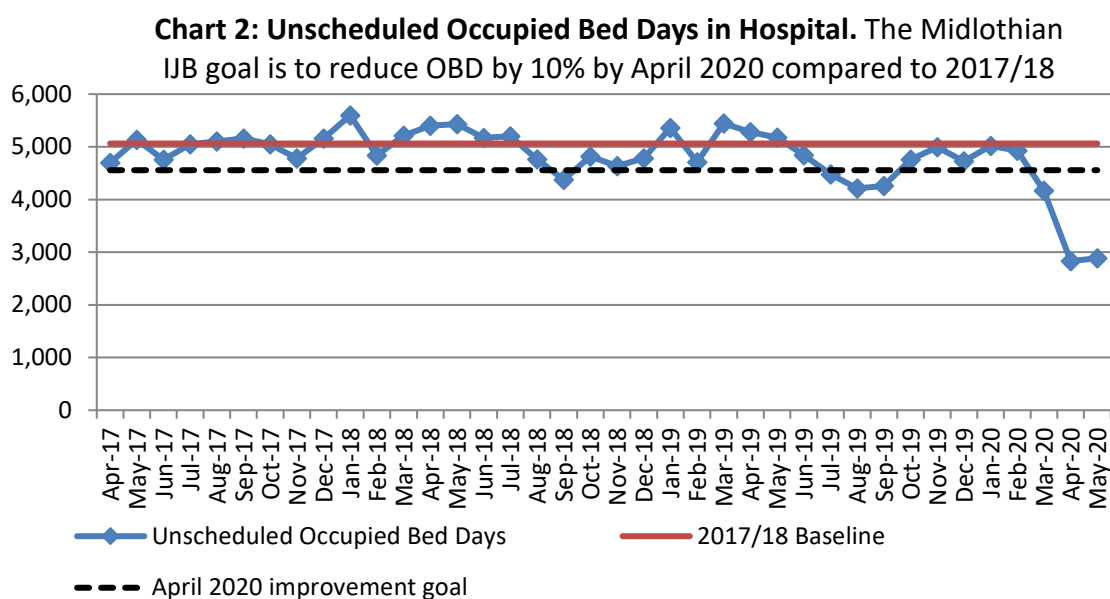


- 3.7.2 The HSCP has identified the following work that will contribute to achieving this goal:

- Reducing admissions from care homes through the new Care Home Support Team
- Establish a Midlothian Falls Prevention programme
- Review all preventable admissions (e.g. flu) and develop actions to address these.
- Apply a population health management approach to COPD and Frailty to understand service utilisation and use data identify improvements across the system.

3.8 Unscheduled Hospital Occupied Bed Days

- 3.8.1 The IJB expects a reduction of 10% in unscheduled occupied bed days by April 2020 compared to the average OBD during 2017/18. Chart 2 provides a summary of the monthly unscheduled OBD. It is important to note that previous reports to the IJB excluded OBD in Midlothian Community Hospital because during that reporting period it was a strategic intention to increase the use of MCH by people from Midlothian and reduce the use of hospitals outwith Midlothian. That strategic goal has been realised with inpatient services in Liberton Hospital no longer used by people from Midlothian.
- 3.8.2 The data from February 2020 should be treated as provisional as it is subject to update by ISD Scotland. The main reason for this is that people may be in hospital who have not been discharged and will not have their OBD included.



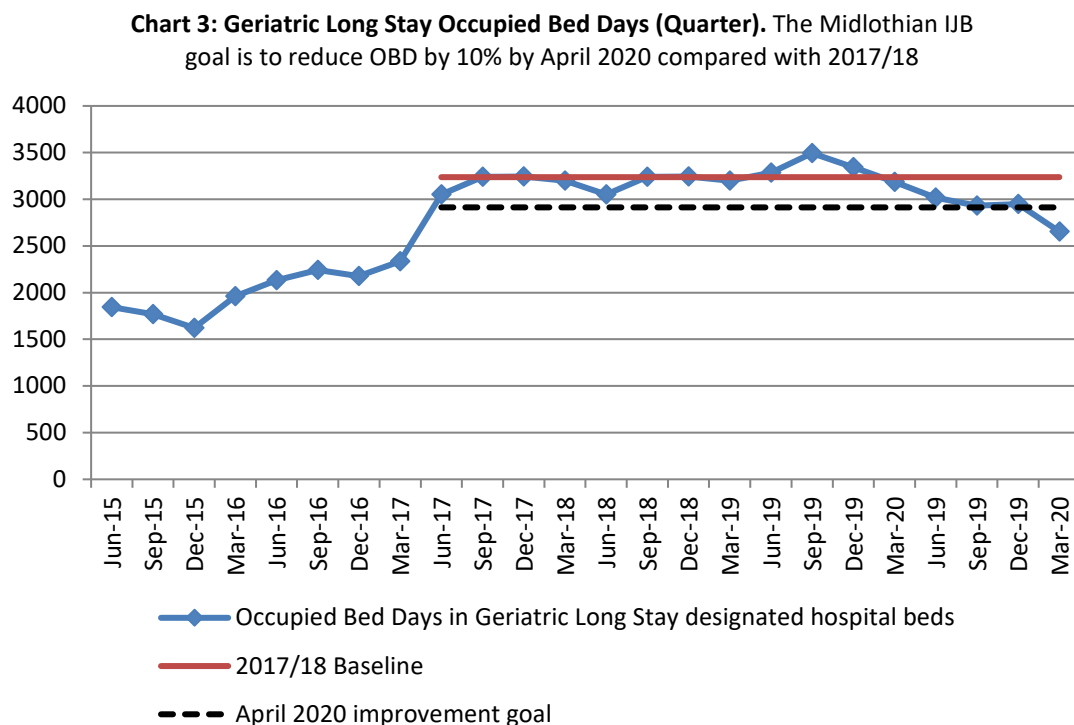
- 3.8.3 The HSCP has identified the following work that will contribute to achieving this goal:

- Activities described in paragraph 3.7.2
- Continue to increase care at home capacity.
- Implement the new Discharge to Assess service within the local Flow Hub
- Strengthen the Hospital to Home service
- Strengthen the In Reach (Assessment) service
- Review the role and referral criteria for Hospital at Home
- Promote Power of Attorney
- Assess the feasibility of an overnight social care service
- Accelerate the rehabilitation approach in Community Hospital
- Assess opportunity to increase capacity in Midlothian Community Hospital by providing more care for people with dementia in the community
- Extend reablement by OTs reaching in to acute hospitals

Geriatric Long-Stay Occupied Bed Days

- 3.8.4 To support the goal to reduce OBD by 10% there will be an expected decrease in the use of geriatric long-stay beds by people from Midlothian. Chart 3 provides a summary of use of these types of beds by quarter.

Data from September 2019 has not been formally published by ISD Scotland and may be affected by completeness issues.

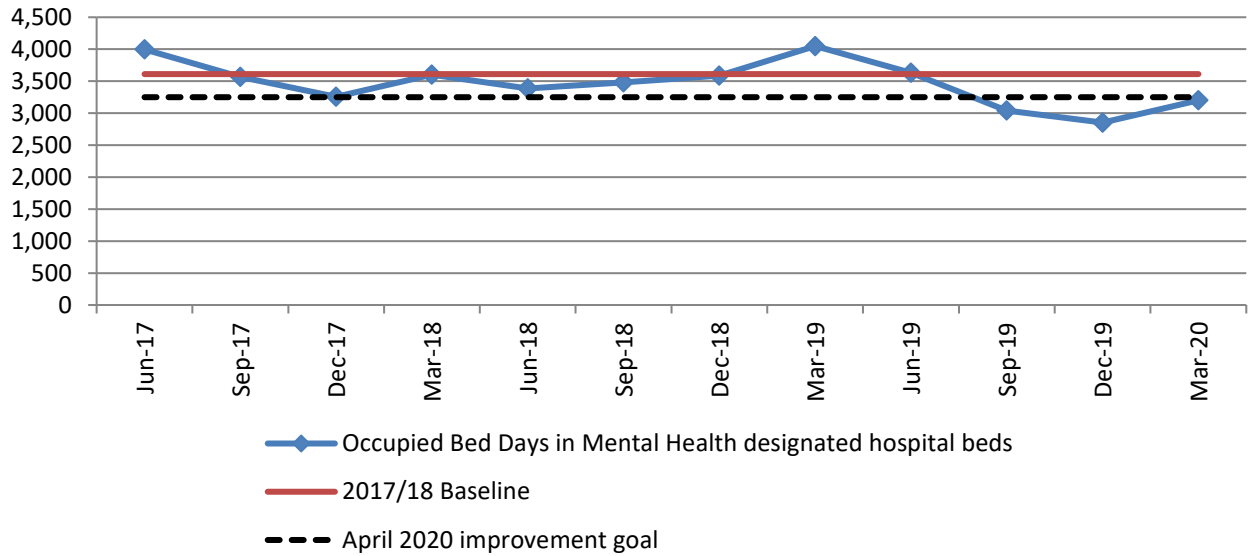


3.9 Mental Health Occupied Bed Days

- 3.9.1 To support the goal to reduce OBD by 10% there will be an expected decrease in the use of mental health beds by people from Midlothian. Chart 4 provides a summary of use of these types of beds by quarter.

Data from September 2019 has not been formally published by ISD Scotland and may be affected by completeness issues.

Chart 4: Mental Health Occupied Bed Days. The Midlothian IJB goal is to reduce OBD by 10% by April 2020 compared with 2017/18

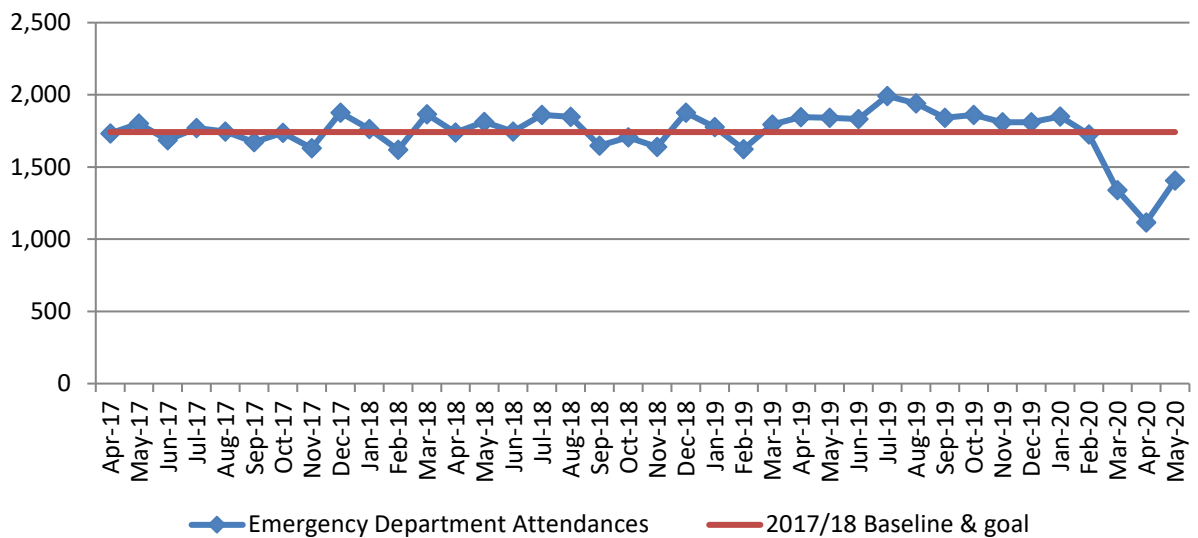


3.10 Emergency Department Attendances

3.10.1 The goal in Midlothian is to maintain ED attendance numbers at the level experienced in 2017/18 because currently the use of ED is increasing year-on-year.

3.10.2 Chart 5 provides a summary of ED activity by people living in Midlothian.

Chart 5: Emergency Department Attendances. The Midlothian IJB goal is to maintain attendances at the 2017/18 baseline

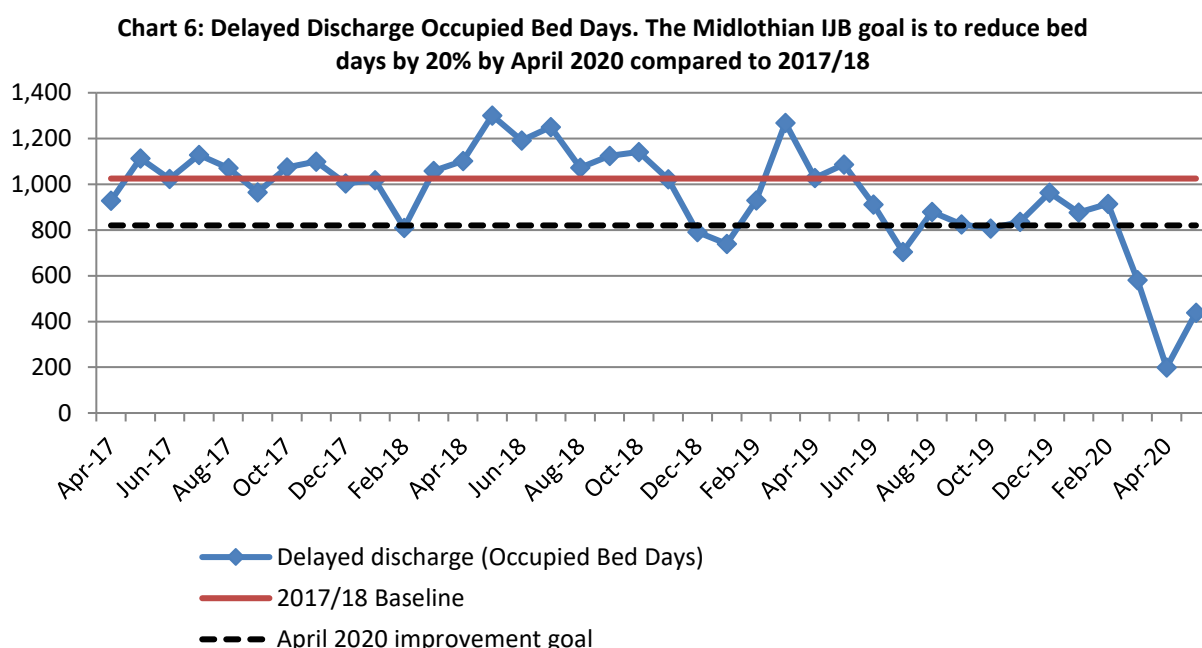


3.10.3 The HSCP has identified the following work that will contribute to achieving this goal:

- Activities described in paragraph 3.7.2
- Full analysis of ED activity from Midlothian
- Establish multidisciplinary team review of people who are accessing ED frequently
- Review services for people under the age of 65 to strength the community system of care

3.11 Occupied Bed Days resulting from a Delayed Discharge from hospital

3.11.1 The goal in Midlothian is to reduce OBD as a result of a delayed discharge by 20% compared to performance in 2017/18. Chart 6 shows progress towards this goal.



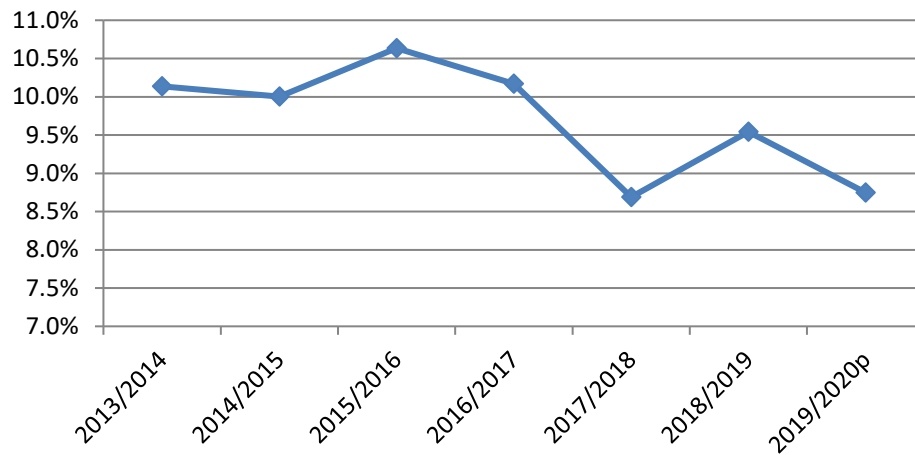
3.11.2 The HSCP has identified the following work that will contribute to achieving this goal:

- Activities described in paragraph 3.6.3
- Increase the capacity of care homes to provide care for people living with dementia
- Improve local 'positive behaviour support' to maintain no-one in hospital living with a learning disability.

3.12 End of Life Care

3.12.1 The IJB's ambition is to increase the proportion of time that is spent in their community during a person's last six months of life. To monitor progress the IJB has agreed the improvement goals in Chart 7.

Chart 7: The Midlothian IJB goal is to reduce the percentage of time people spend in a large hospital in their last six months of life



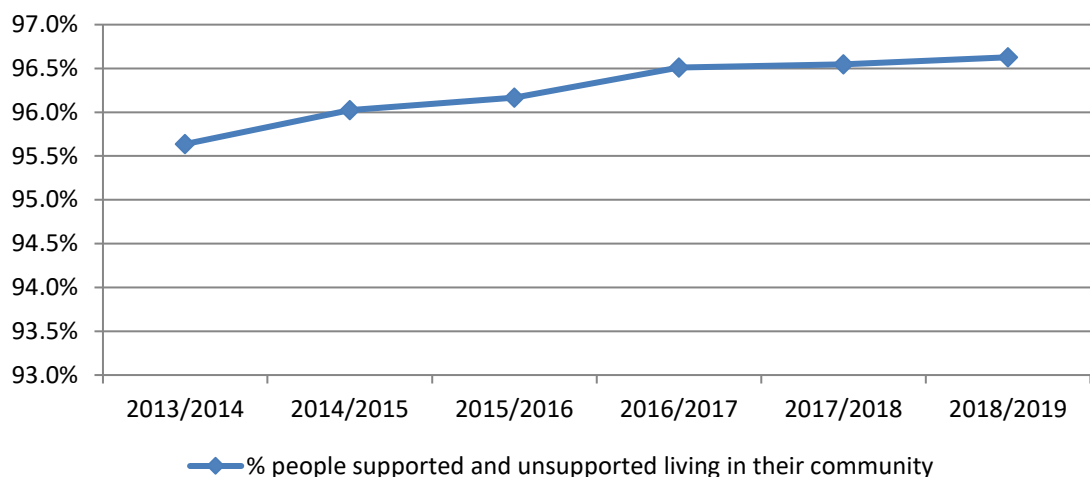
3.12.2 The HSCP has identified the following work that will contribute to achieving this goal:

- Improve the use and quality of Anticipatory Care Planning
- Review the role of MERRIT in supporting people needing palliative care
- Improve multidisciplinary working across localities building on the Penicuik Collaborative Leadership Programme.

3.13 Proportion of people over 65 who are living at home (supported and unsupported)

3.13.1 The IJB's ambition is to increase the proportion of people over 65 who are living at home. To monitor progress the IJB has agreed the improvement goals in Chart 8.

Chart 8: The Midlothian IJB goal is to increase the proportion of people over the age of 65 who are living in the community



3.13.2 The HSCP has identified the following work that will contribute to achieving this goal:

- Expand access to Extra Care Housing in Gorebridge and Dalkeith
- Increase the contribution of non-statutory services through Voluntary Sector Summits and stronger collaborative working between front line staff

- Review the options for community support for people currently resident in Midlothian Community Hospital
- Improve use of technology to support people to live in their homes
- Applying a population health management approach to frailty to improve understanding of how services are used and use this to make improvement.

4 Policy Implications

- 4.1 Using these improvement goals to monitor change across the system of health and social care will support the implementation of the IJB Strategic Plan.

5 Directions

- 5.1 There are no implications on the Directions.

6 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.

7 Resource Implications

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

8 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

9 Involving people

- 9.1 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.

10 Background Papers

- 10.1 None

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