

Thursday 8 April 2021, 2.00pm

Update to the IJB Improvement Goals

Item number: 5.9

Executive summary

This report's purpose is to update the IJB on progress towards achieving the current IJB performance goals, highlight that the target deadline is now historic for several goals, and recommend changes to the IJB Improvement Goals.

Board members are asked to:

- Note that several of the IJB Improvement Goals had milestone targets during 2020 and whilst several were achieved or demonstrate improvements this was in part due to the system response to the COVID19 pandemic.
 - Consider the recommendation to amend specific Improvement Goals which consider the progress made towards the goals and the ability of the system to achieve the new goals during recovery from the COVID19 Response.
 - Consider the proposal that further detail is presented to the IJB on specific goals which will assist with monitoring progress towards the goal.
 - Agree to the recommended changes to the goals described in this paper.
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Update to the IJB Improvement Goals

1 Purpose

- 1.1 This report's purpose is to update the IJB on progress towards achieving the current IJB performance goals, highlight that the target deadline is now historic for several goals, and recommend changes to the IJB Improvement Goals.

2 Recommendations

- 2.1 As a result of this report what are Members being asked to:-
- Note that several of the IJB Improvement Goals had milestone targets during 2020 and whilst several were achieved or demonstrate improvements this was in part due to the system response to the COVID19 pandemic.
 - Consider the recommendation to amend specific Improvement Goals which consider the progress made towards the goals and the ability of the system to achieve the new goals during recovery from the COVID19 Response.
 - Consider the proposal that further detail is presented to the IJB on specific goals which will assist with monitoring progress towards the goal.
 - Agree to the recommended changes to the goals described in this paper.

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 current improvement goals were agreed by the IJB in February 2019. The data used to monitor progress was provided by the Health and Social Care team at Public Health Scotland (PHS). The benefit to using this data source was that the data is validated by PHS and is comparable with other IJBs in Scotland. The drawbacks are limitations with the data for further scrutiny (e.g. by age or hospital) and, due to PHS quality assurance processes, a gap in recent performance with the most recent available performance being between four and five months previous.
- 3.3 Several of the current IJB performance goals had a milestone target of April 2020 and consequently need review. The proposed changes and progress towards the milestones are described in the next section. In appendix one there are examples of the increased level of information that will be shared with the IJB in future performance reports. To

report at this level requires the HSCP to use data directly available from NHS Lothian. This is the same data source as used by Public Health Scotland but does not include the PHS quality assurance process.

3.4 The following issues were identified in the current IJB Performance Goals which will be addressed with the proposed amendments:

- **Reporting Delay.** The most recent cohort that can be reported from the PHS dataset is at least four months old. This hampers the ability of IJB members to see the impact that recent strategic or tactical interventions have made. Using NHS Lothian data directly allows reporting for metrics up to the previous quarter. There are some goals that will need to continue to use the PHS dataset (for example the proportion to time spent in a large hospital in the last six months of life) which require PHS to compile.
- **Sensitivity of the data.** Reporting on the current metrics is not segmented by age or hospital site and consequently the overall performance goal can mask a specific improvement. For example, reducing activity in large acute hospitals is an improvement but can be masked when all hospital activity is considered. If further information on age cohorts or hospital sites is incorporated into the revised performance goals this assist with identifying specific improvement that contributes to the overall goal.
- **Population growth.** The Midlothian population is changing with more people moving into the Local Authority area and more people who are older than 65 or 75 years of age. Between 2017/18 and 2020/21 there was a 5% increase in the total population registered with a Midlothian practice, a 7% increase in the number over 65 years of age and a 10% increase in the number over the age of 75. The rate of admission will be included for some Improvement Goals which will help demonstrate progress.

3.5 The proposed changes to the IJB goals are described below:

Current: Reduce Unscheduled Admissions into hospital by 5% by April 2020 compared to 2017/18

The current data source is Public Health Scotland. The data relates to acute specialists and excludes geriatric long stay.

Proposed: Reduce Unscheduled Admissions into hospital by 5% by April 2022 compared to 2017/18

Between April and October 2020 there were almost 5% fewer admissions compared to the same period in 2017/18. If all unplanned admissions are considered the reduction from April 20 to March 21 was 8% lower than the same period in 2017/18. The COVID response is a significant driver for this performance.

The rationale to retain the goal to 5% and extend the target to April 2022 is because of uncertainty of the pace of readjustment to the health and care system during recovery from the COVID19 response and the impact the COVID response directly had on performance in 2020.

The data source will change to NHS Lothian. This will provide more recent data to the IJB and allow further information on performance at different hospital sites and with different population cohorts. The following will be reported to the IJB:

- Emergency Admissions per Quarter (All Ages, 65+, 75+)
- Emergency Admissions per Year (All ages, 65+, 75+)
- Rate of admissions each year per 1000 population (All ages, 65+, 75+)

Appendix One shows how this metric will be reported.

Current: Reduce Unplanned Occupied Bed Days by 10% by April 2020 compared to 2017/18

Proposed: Reduce Unplanned Occupied Bed Days by 10% by April 2022 compared to 2017/18

Between April and October 2020 there were almost 15% fewer unplanned OBD compared to the same period in 2017/18. If all unplanned OBD are considered the reduction from April to December 2020 was 19% lower than the same period in 2017/18. The COVID response is a significant driver for this performance.

The rationale to retain the goal to 10% and extend the target to April 2022 is because of uncertainty of the pace of readjustment to the health and care system during recovery from the COVID19 response and the impact the COVID response directly had on performance in 2020.

The data source will change to NHS Lothian. This will provide more recent data to the IJB and allow further information on performance at different hospital sites and with different population cohorts. The following will be regularly reported to the IJB:

- Unplanned OBD per Quarter (All Ages, 65+, 75+),(All Hospitals, RIE&WGH only)
- Unplanned OBD per Year (All ages, 65+, 75+), (All Hospitals, RIE&WGH only)
- Rate of Unplanned OBD each year per 1000 population (All ages, 65+, 75+),(All Hospitals, RIE&WGH only)

Appendix One shows how this metric will be reported.

Current: Reduce Geriatric Long Stay Occupied Bed Days by 10% by April 2020 compared with 2017/18

Proposed: Reduce Geriatric Long Stay Occupied Bed Days by 10% by April 2022 compared with 2017/18

This goal will continue to use the Public Health Scotland dataset due to difficulty accessing the data in NHS Lothian and will be reported quarterly.

Current: Reduce Mental Health Long Stay Occupied Bed Days by 10% by April 2020 compared with 2017/18

Proposed: Maintain Mental Health Long Stay Occupied Bed Days below 10% of the 2017/18 activity

This Improvement Goal has been achieved and the recommendation is that the goal shifts to maintaining this improvement.

This goal will continue to use the Public Health Scotland dataset due to difficulty accessing the data in NHS Lothian and will be reported quarterly.

Current: Maintain Emergency Department attendances at the level of 2017/18

Proposed: Keep the same

After several years of rising activity at ED there was a marked reduction of almost 17% in 2020/21 compared to 2017/18. The system and societal response to the COVID19 pandemic is a primary driver for this change but further developments in the system may sustain lower ED activity. Until the impact of these developments is clear the proposal is for this goal to remain the same. The data source will change to NHS Lothian.

Current: Reduce Delayed Discharge Occupied Bed Days by 20% by April 2020 compared to 2017/18

Proposed: Maintain Delayed Discharge Occupied Bed Days below 40% of the 2017/18 activity

NHS Lothian data shows that Occupied Bed Days for patients with a delayed discharge fell over 44% when performance in 2020/21 is compared to 2017/18, a reduction from 13,400 to 7,500 OBD in each year.

The recommendation is for this goal to be increased to maintain delayed discharge OBD below 40% of the 2017/18 activity.

The data source will change to NHS Lothian. This will provide more recent data to the IJB and allow further information on performance at different hospital sites. The following will be regularly reported to the IJB:

- Delayed Discharge OBD per Quarter (All Hospitals, RIE&WGH only)
- Delayed Discharge OBD per Year (All Hospitals, RIE&WGH only)

Current: Reduce the percentage of time people spend in a large hospital in their last six months of life.

Proposed: Keep the Same

Performance against this goal has improved from over 10% up to 2017/18 and then a reduction to 8.7% in 2019/20. The recommendation is that goal is not changed. This goal will continue to use the Public Health Scotland dataset due to difficulty accessing the data in NHS Lothian and will be reported annually.

Current: Increase the proportion of people over the age of 65 who are living in the community

Proposed: Maintain the proportion of people over the age of 65 who are living in the community at 97% or higher

Performance against this goal has improved and is now at 96.6%. The recommendation is that this goal is set at 97%. This goal will continue to use the Public Health Scotland dataset due to difficulty accessing the data in NHS Lothian and will be reported annually.

4 Directions

- 4.1 There are no implications on the Directions.

5 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.

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.

6 Resource Implications

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

7 Risk

- 7.1 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

8 Involving people

- 8.1 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.

9 Background Papers

- 9.1 None

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DATE	01/04/2021

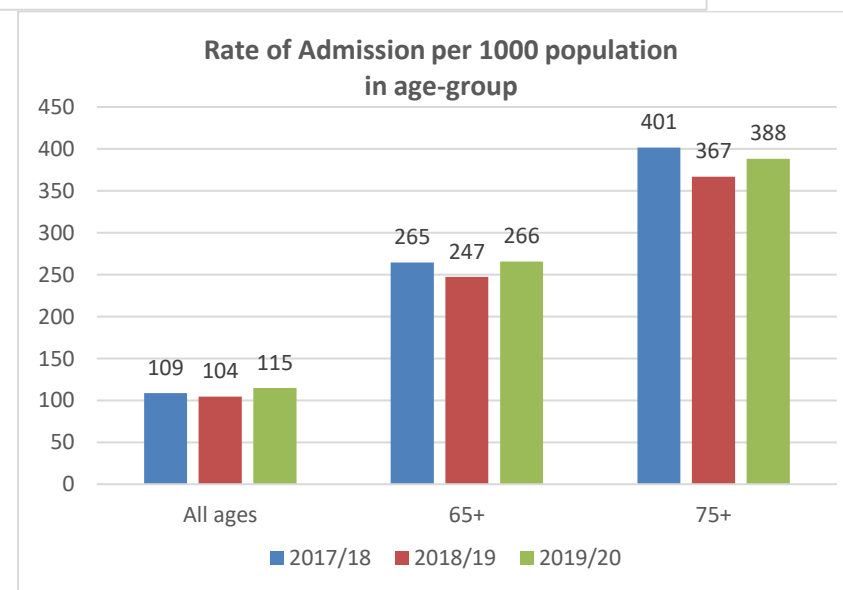
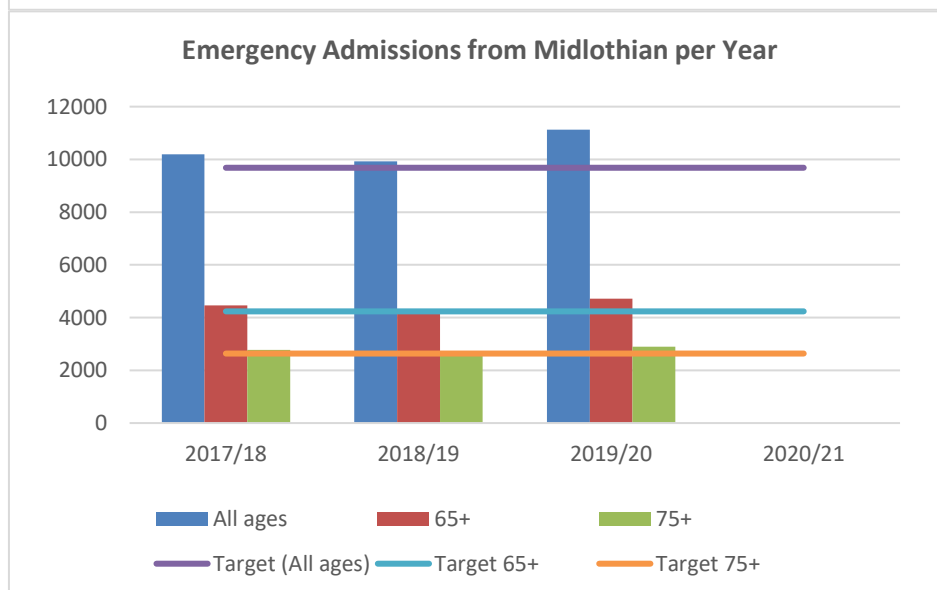
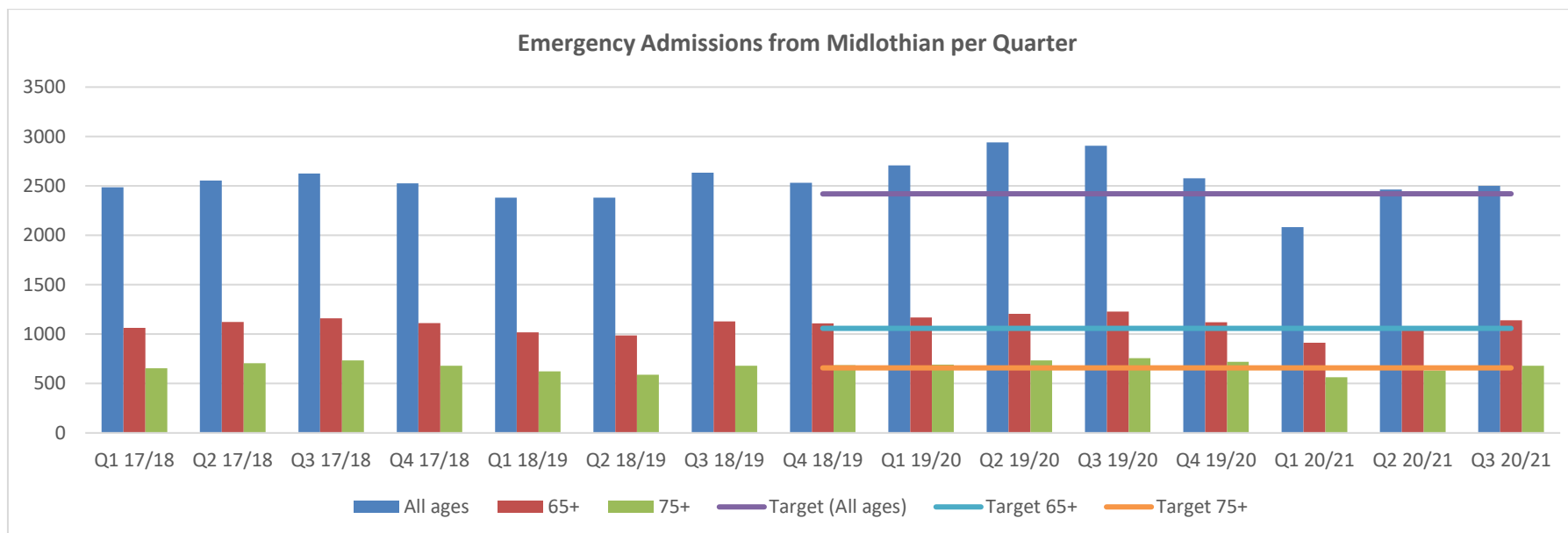
Appendix One, Examples of visualisation of Improvement Goal:

The following graphs show how performance against the Improvement Goal will be presented to the IJB in future reports. Instead of reporting on monthly performance the data will be reported quarterly and will allow comparison against the target. This is intended to simplify the information displayed. Performance will also be reported for full financial years.

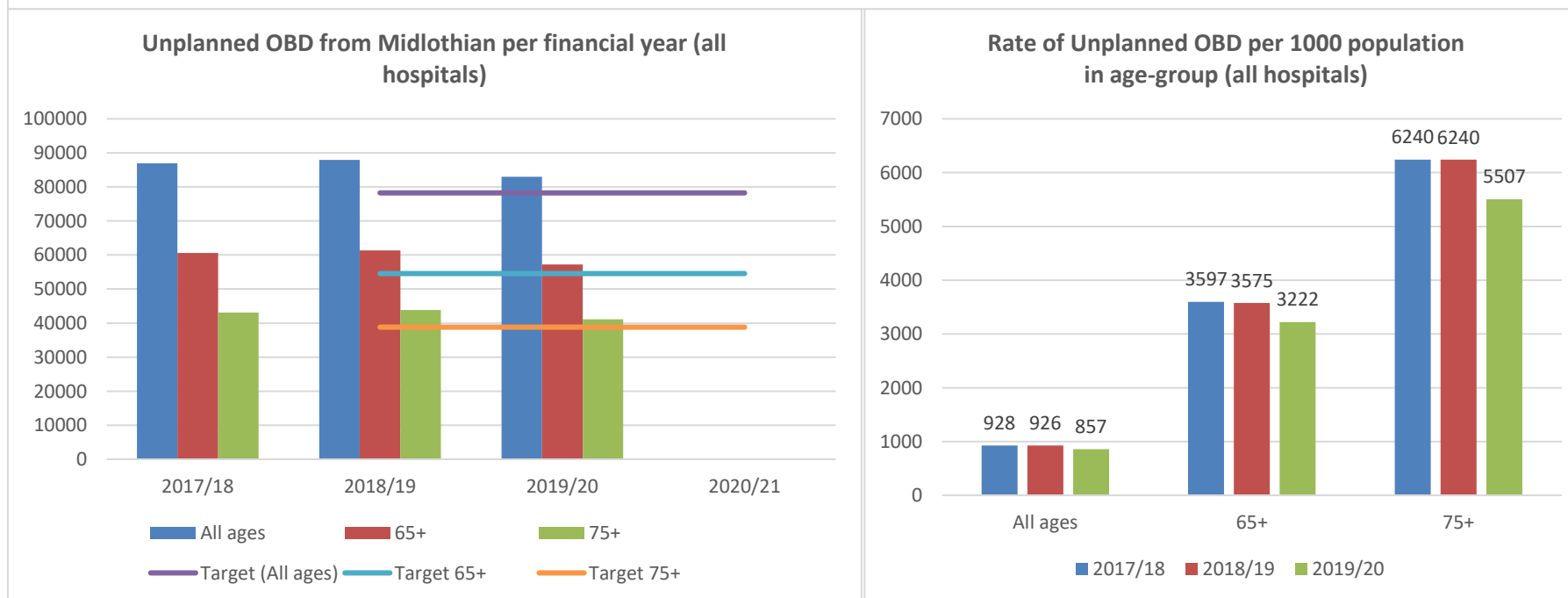
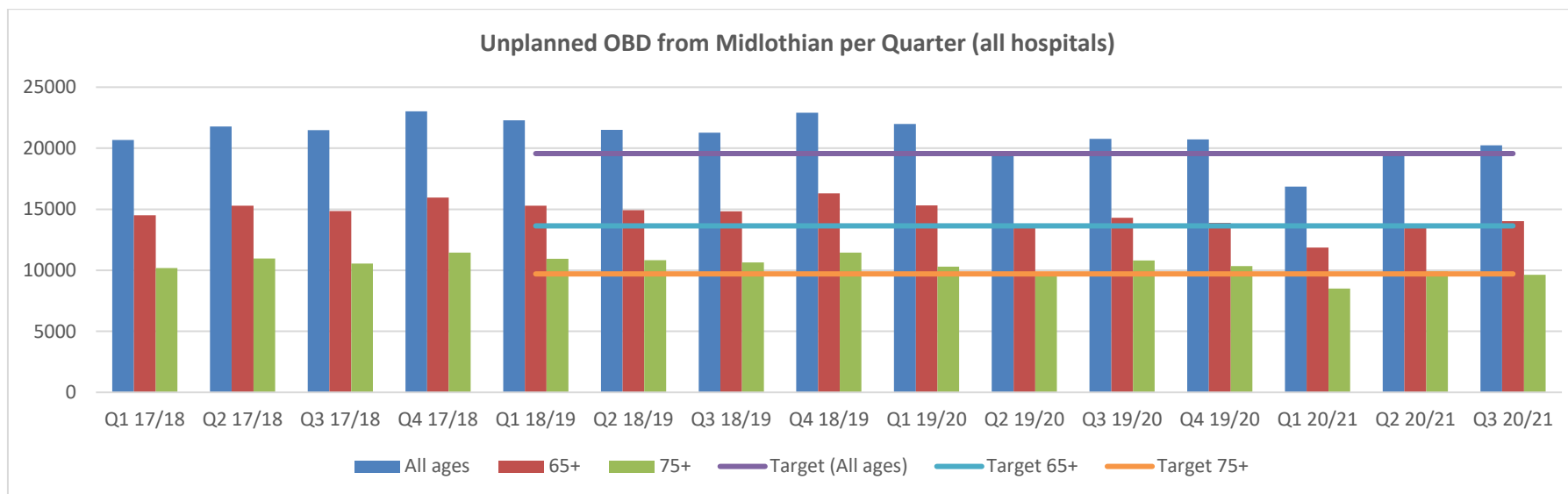
The rate of admission for each age cohort will also be reported. This show the number of admissions or occupied bed days per 1000 population. The population denominator is based on mid-year practice registrations. As an example, a figure of 6,240 OBD per 1000 population can also be expressed as 6.24 OBD per person ($6240/1000 = 6.24$).



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



Reduce Unplanned Occupied Bed Days in hospital by 10% by April 2022 compared to 2017/18 (all hospitals)



Reduce Unplanned Occupied Bed Days in hospital by 10% by April 2022 compared to 2017/18 (RIE and WGH only)

