

October 2020

IJB Improvement Goal Progress

Item number: 5.8

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 that many of the Improvement Indicators had goals to be achieved during 2020.
 - Note that the Improvement Indicators use data provided by Public Health Scotland with a lag time of three months, so further information is included in Appendix One which shows hospital activity for Midlothian residents up to the week beginning 7th September.
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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 that many of the Improvement Indicators had goals to be achieved during 2020.
 - Note that the Improvement Indicators use data provided by Public Health Scotland with a lag time of three months, so further information is included in Appendix One which shows hospital activity for Midlothian residents up to the week beginning 7th September.

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. However, there is always at least a three-month lag time from the most recent available performance data. To help address this further information is available in Appendix One which shows more recent performance for Midlothian residents for some of the MSG indicator areas – Emergency Department attendance, Unscheduled hospital occupied bed days and Delayed Discharges.
- 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 September 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. Consequently, it is difficult to measure performance against the Indicator Goals.
- The following section summarises performance against the goals set by the IJB.

Improvement Goals On Track/Achieved

- Geriatric Long-Stay Occupied Bed Days (Chart 3)
- Mental Health Occupied Bed Days (Chart 4)
- Reduce time spent in a larger hospital in the last six-months of life (Chart 7)
- Increase proportion of people over 65 who are living at home (supported and unsupported) (Chart 8)

Improvement Goal progress uncertain due to COVID19

- Unscheduled Occupied Bed Days (Chart 2)
- Emergency Department Attendances (Chart 5)
- Occupied Bed Days caused by a Delayed Discharge (Chart 6)

Improvement Goals Not On Track/Not Achieved

- Unscheduled Admissions into hospital (Chart 1)

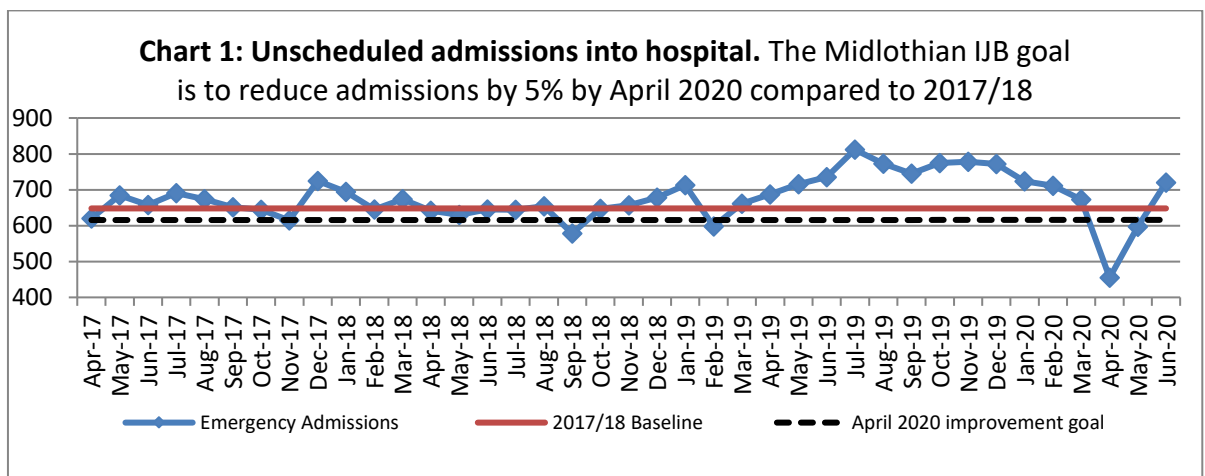
3.6 Unscheduled Admissions into Hospital

- 3.6.1 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.

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.

The response to COVID19 from March onwards has significantly reduced unscheduled care hospital activity. The data now shows a return to a level of activity from prior to March 2020. The information in appendix one further confirms a return to pre-March levels. It should be assumed therefore that this Midlothian IJB goal was not achieved from the planned interventions described in section 3.6.2.



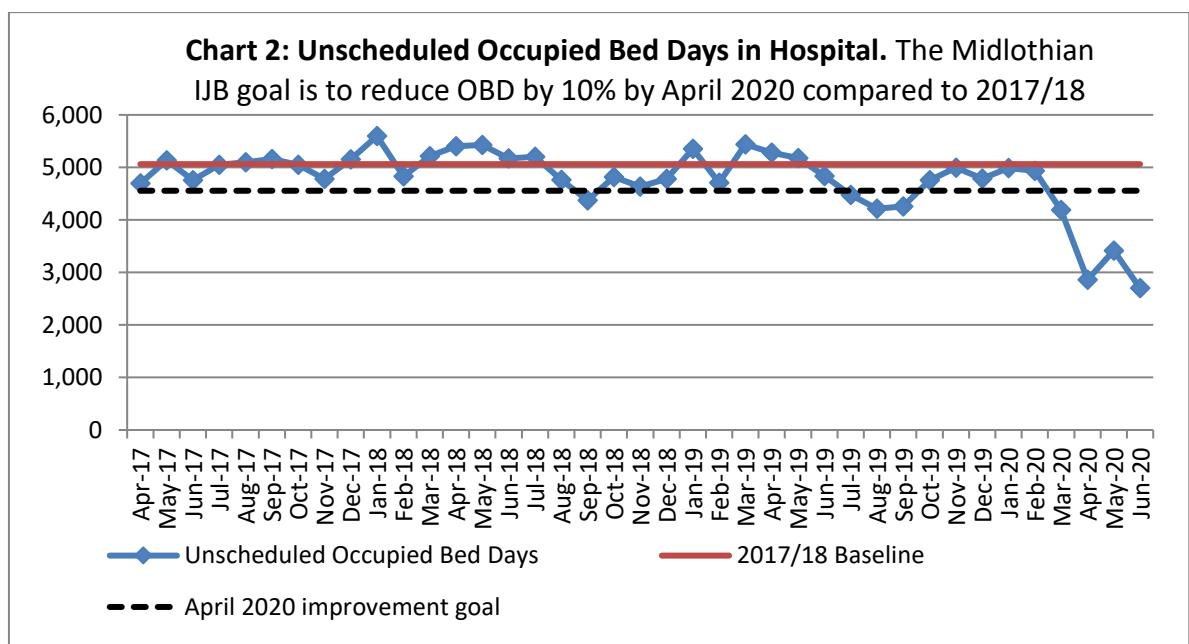
- 3.6.2 The HSCP has identified the following work that will contribute to achieving this goal:

- 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.

3.7 Unscheduled Hospital Occupied Bed Days

- 3.7.1 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 (excluding Long Stay Geriatric and Mental Health beds). 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.
- 3.7.2 The data from the most recent three months in the graph should be treated as provisional as it is subject to update by Public Health 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.
- 3.7.3 NHS Lothian Management data (not included in this report) also shows a return to close to the level of activity experienced during the summer months in 2019.



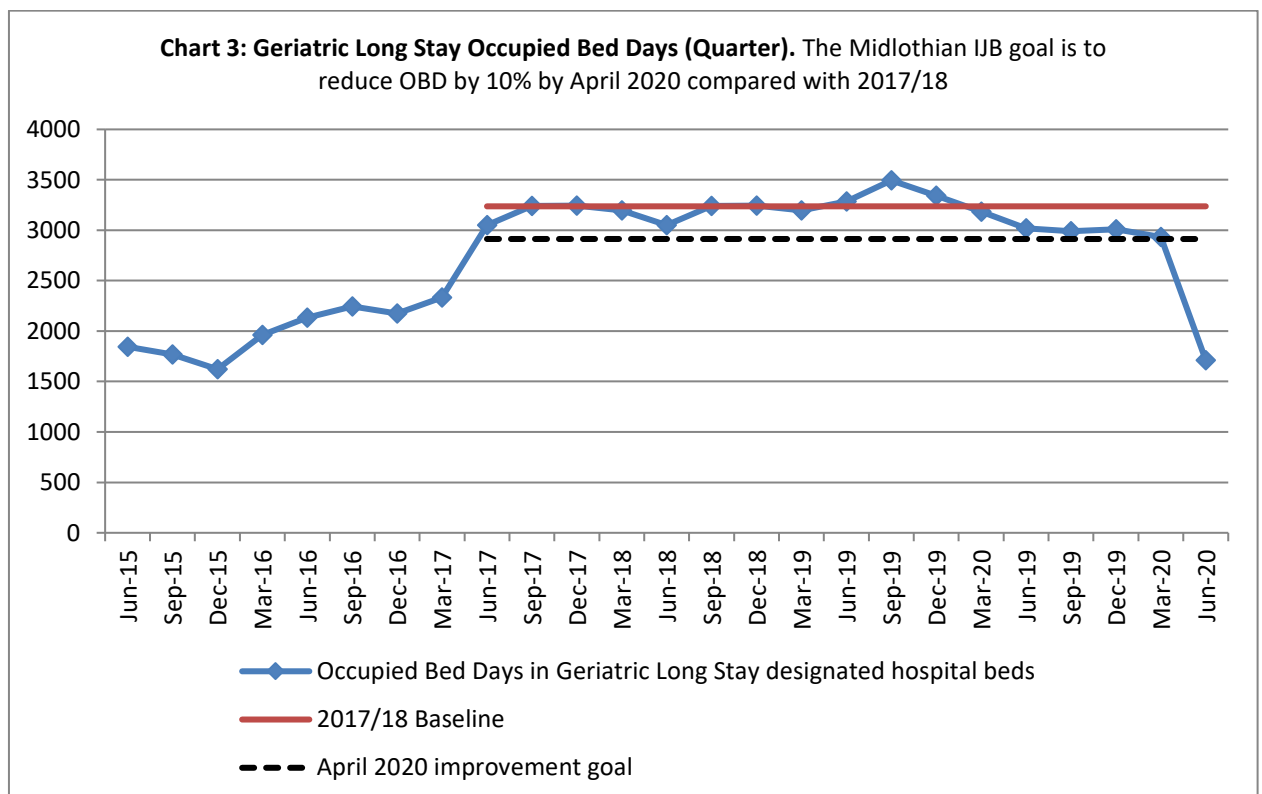
- 3.7.4 The HSCP has identified the following work that will contribute to achieving this goal:

- 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

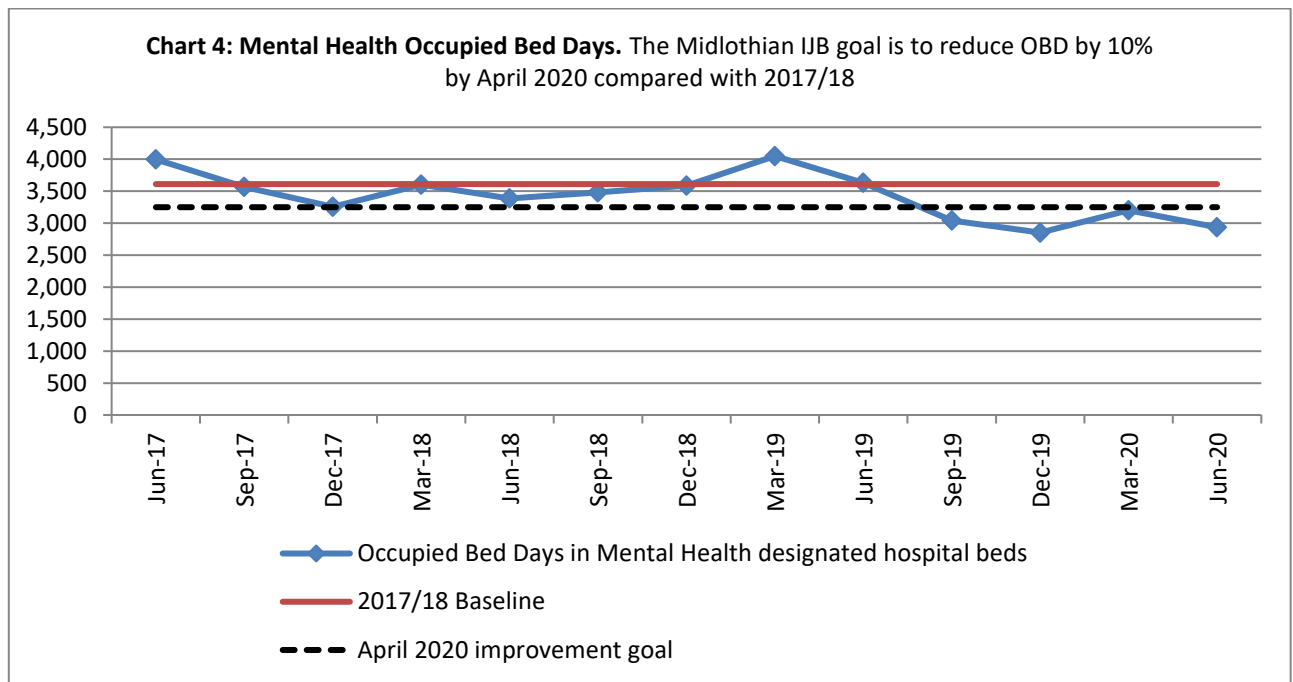
Geriatric Long-Stay Occupied Bed Days

3.7.5 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.



3.8 Mental Health Occupied Bed Days

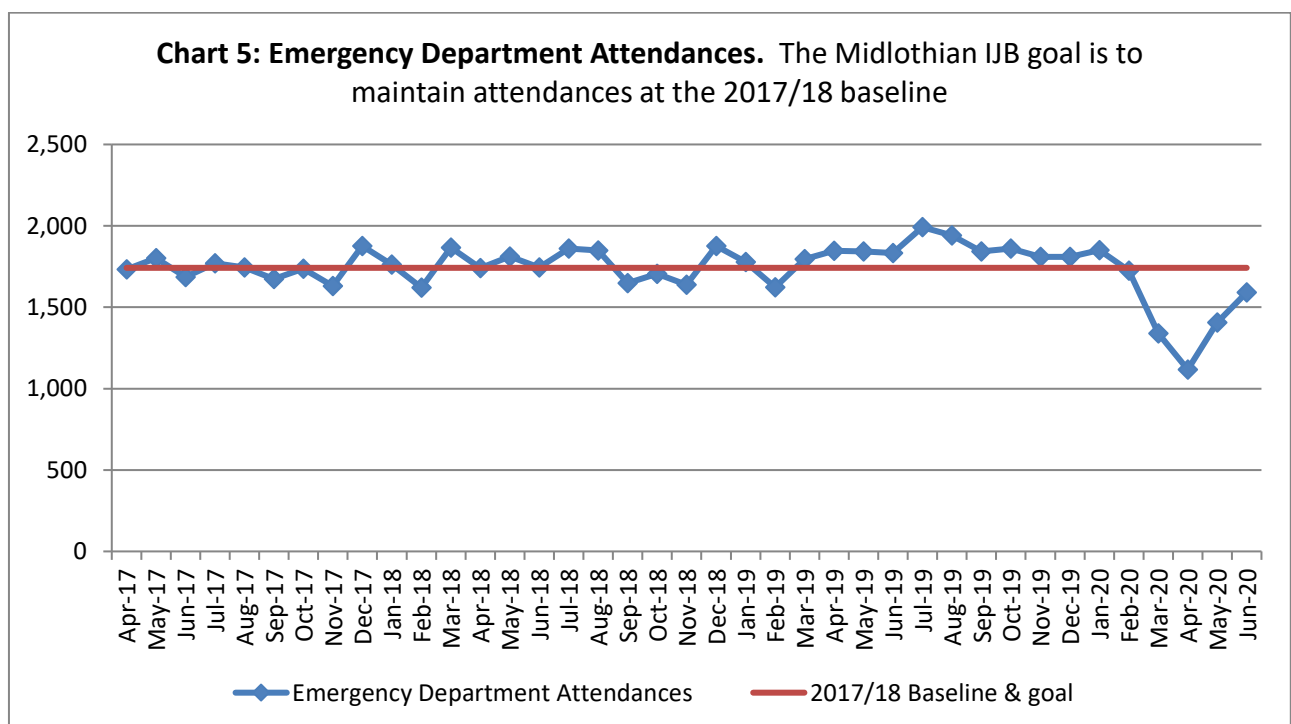
3.8.1 To support the goal to reduce OBD by 10% there will be an expected decrease in the use of mental health beds by people from Midlothian. Chart 4 provides a summary of use of these types of beds by quarter.



3.9 Emergency Department Attendances

3.9.1 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. Chart 5 demonstrates the reduction in ED activity from March 2020 onwards. Further information in appendix one shows a return to pre-March activity.

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

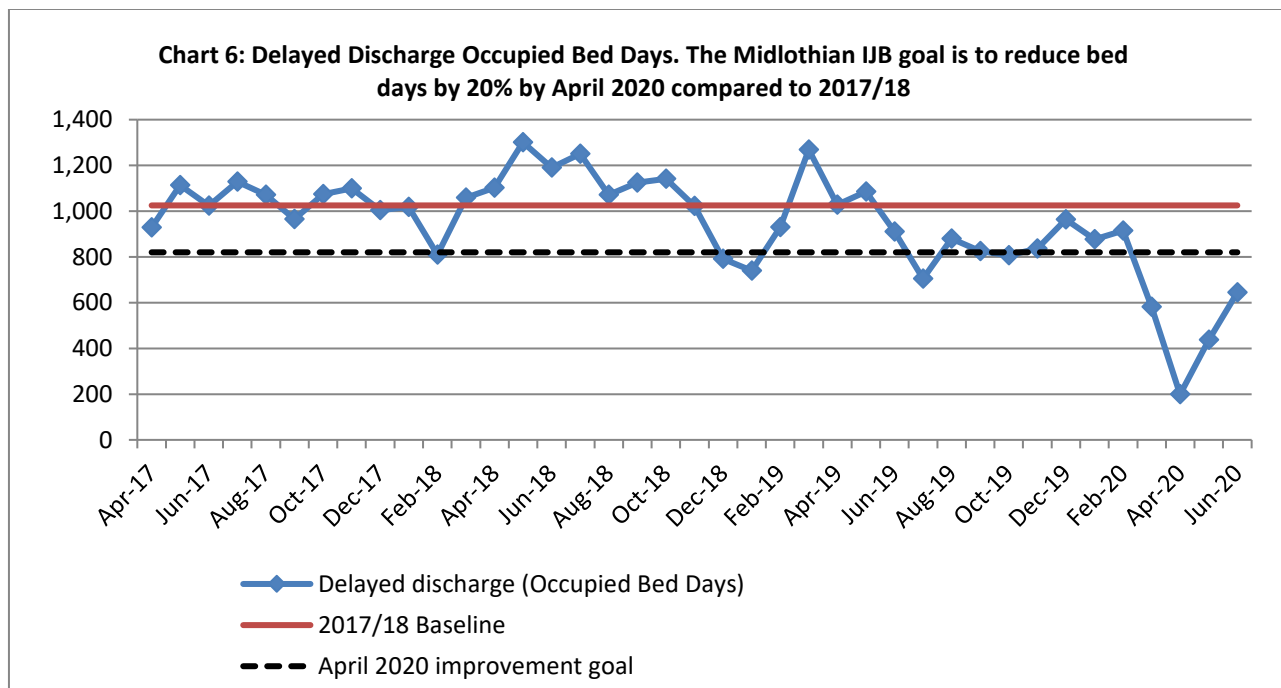


3.9.3 The HSCP has identified the following work that will contribute to achieving this goal:

- 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

3.10 Occupied Bed Days resulting from a Delayed Discharge from hospital

3.10.1 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 and demonstrates a significant reduction in Delayed Discharges from March onwards. Further information in Appendix One shows more recent performance with the number of people with a delayed discharge at 21 in early September.



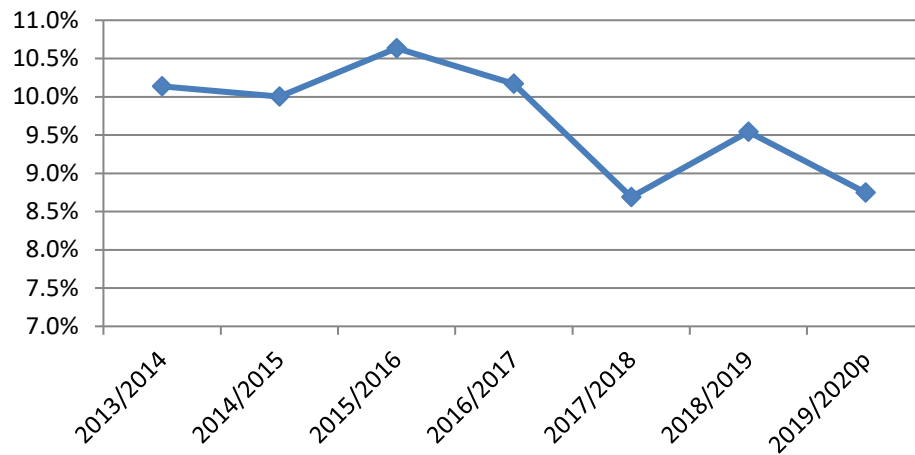
3.10.2 The HSCP has identified the following work that will contribute to achieving this goal:

- 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.

3.11 End of Life Care

3.11.1 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



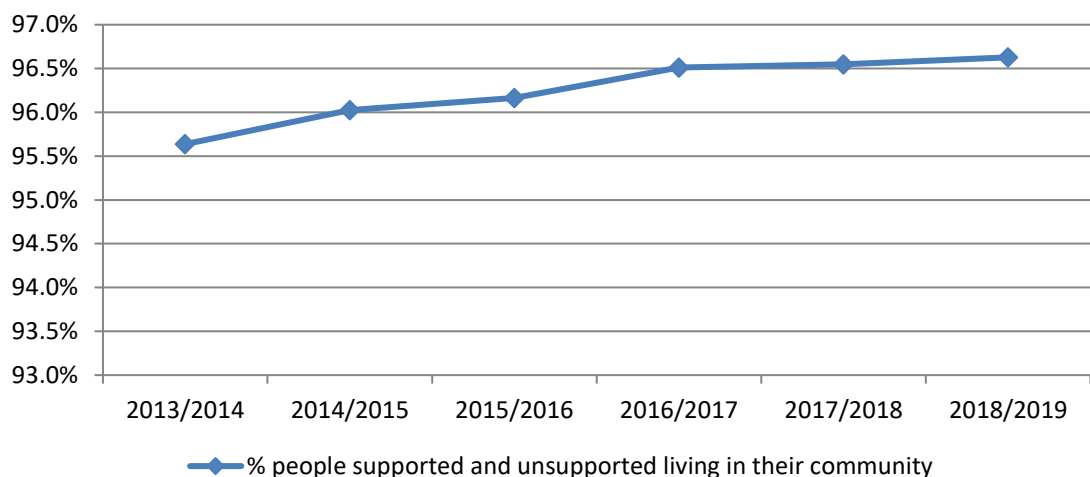
3.11.2 The HSCP has identified the following work that will contribute to achieving this goal:

- 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.

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

3.12.1 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



3.12.2 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

AUTHOR'S NAME	Jamie Megaw
DESIGNATION	Strategic Programme Manager
CONTACT INFO	Jamie.megaw@nhslothian.scot.nhs.uk
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Appendices:

Appendix One: Further Information on Hospital Performance