

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 27 August 2015

BY: Chief Officer

SUBJECT: Developing an IJB Performance Framework

1 PURPOSE

- 1.1 The purpose of this report is to describe high level recommendations on the development of effective information and performance management arrangements for the Integration Joint Board. The report should be read in conjunction with the report on Financial Arrangements for the IJB.
- 1.2 Any member wishing additional information should contact the author of the report in advance of the meeting.

2 RECOMMENDATIONS

- 2.1 To note that a comprehensive performance framework for the IJB is currently under development.
- 2.2 To note that effective implementation of the framework depends on clear roles, responsibilities and ownership of performance across the organisation.
- 2.3 To agree the adoption of three high level local Shifting the Balance of Care measures in addition to the suite of national measures.
- 2.4 To agree the recommendation that the Enterprise Strategic Change Programme has performance as a key element of its remit and reports directly to the IJB.
- 2.5 To recognise that the development of the framework and its operation will require dedicated resources.

BACKGROUND

- 3.1 The integration of health and social care has two key objectives which are mutually reinforcing - securing better outcomes and experiences for individuals and communities and obtaining better use of resources across health, care and support systems at national and local levels.

- 3.2 The National Health and Wellbeing Outcomes provide a strategic framework for the planning and delivery of health and social care services. They focus on the experiences and quality of services for people using those services, carers and their families. The nine outcomes and related core suite of indicators is attached as Appendix 1. More information about the outcomes is available at: <http://www.gov.scot/Publications/2015/02/9966/downloads>
- 3.3 The National Health and Wellbeing Outcomes focus on the experiences and quality of services for people using those services, carers and their families. They have been developed from national data sources so that the measurement approach is consistent across all areas and they can be grouped into two types of complementary measures - outcome indicators based on national survey feedback to emphasise the key role of user feedback in improving quality and a core suite of quantitative indicators. The national survey is currently conducted every two years and will be completed again in April 2016 to provide a baseline.
- 3.4 The Public Bodies (Joint Working)(Scotland) Act requires the IJB to publish an annual performance report which must include information about:
- Service planning (performance against the national outcomes, the integration principles and strategic planning)
 - Financial planning and performance
 - How the IJB has secured best value
 - Performance in respect of localities
 - Details of the outcomes of any inspections by a scrutiny body
 - The outcome of any review of the Strategic Plan
- 3.5 The overall performance framework for the IJB therefore needs to reflect these objectives and help to monitor:
- Progress on the delivery of national outcomes and indicators
 - How the strategic planning arrangements have contributed to delivering services which reflect the integration principles
 - Transformation of individual outcomes and experience
 - Transformation of local health, care and support systems
 - Change in local process including:
 - effective engagement of housing and other services including the third and independent sectors
 - in care models
 - in whole systems planning and investment
 - evidence based models of care.
 - Financial governance
- 3.6 The audiences for performance information are wide ranging and with differing needs; the principal challenge is to present information to the IJB and its Strategic Planning Group which provides a robust strategic perspective and oversight of a range of health and social care service

provision across different dimensions of quality and where there are significant gaps in available information.

- 3.7 Performance reporting and scrutiny is already undertaken routinely at joint management team and service levels and provides assurance and an overview of activity. These systems are, however, in separate services, fragmented and do not, in general, give a system wide picture which drives change.
- 3.8 Given the many elements of integrated care and the wide range of services delegated to the IJB it will be important to ensure our performance framework is embedded throughout the system at all levels and addresses as many of the key local dimensions as possible, including specific sub-sets of indicators for particular groups of service users. Further work is required within the joint management team to develop this at service and operational levels but an overall schematic of the range of required reporting is attached as Appendix 3.
- 3.9 An integration dataset is being created by a group from NHS Lothian and all local authorities within the Health Board area for all Integration Joint Boards. This dataset will allow consistency and benchmarking and will include information on the data gathering, reporting requirements and accountability for each of these. For technical reasons this dataset currently only includes hospital activity data. Social work and community healthcare information will need to be captured separately, locally, and merged into the IJB performance report.
- 3.10 The Integration Joint Board will need to be provided with assurance that the Partnership's objectives are being met. The IJB also have a role in holding the Joint Management Team to account. As such
It is proposed that the IJB receives a quarterly report containing:
- Strategic "weathervane" performance indicators: a standard report containing a core suite of indicators which provide an overview of system performance at both Partnership and locality levels. This draft suite based on the ongoing work outlined in 3.9 is attached as Appendix 2
 - Strategic Plan implementation progress
 - Business performance. The detailed proposal is outlined in the accompanying report on Financial Arrangements
 - Additional "deep dive" reports and analyses commissioned or timetabled as required or requested. Examples of such reports could include high resource user groups, delayed discharges, primary care performance, health inequalities or service user experience.
- 3.10 Implementing the Strategic Plan needs to result in real change. The IJB therefore need to consider and adopt wider impact measures to demonstrate a genuine shift in the balance of care over time. In order to provide a focus and to demonstrate this shift it is proposed that the IJB consider 3 high level Shifting the Balance of Care measures which will be reported on annually:

- % over 65s living safely at home: this measure will be an amalgamated indicator of unscheduled bed days, including delayed discharges, care home utilisation and care at home hours.
 - % spend of integrated budget on institutional care vs community.
 - Additional years of life in conditions amenable to healthcare reported at locality level to provide an indicator of health improvement and shift in the health inequality gradient.
- 3.11 The draft Strategic Plan outlines 3 key strategic change programme boards to be led by a senior manager, one of which (Enterprise) relates to efficiency, effectiveness and best value. The IJB are asked to consider a proposal which recognises this group as a programme board which considers performance in its widest sense as a key element of its remit, enabling a focused approach which aligns monitoring with strategic priorities – i.e what is measured matters and how it is reported guides action and change. This programme board would report directly to the IJB.
- 3.12 The Act delegates research and performance to the IJB to support the development of an understanding of the whole system health and social care needs of the population, analysing datasets and examining trend activity. Consideration now needs to be given to how the performance framework and wider data and intelligence capacity is clearly identified, resourced and prioritised to support this activity.

4 POLICY IMPLICATIONS

- 4.1 The implementation of recommendations made in this report will ensure that the IJB complies with all legal requirements.

5 EQUALITIES IMPLICATIONS

- 5.1 There are no equalities issues arising from any decisions made on this report.

6 RESOURCE IMPLICATIONS

- 6.1 There are no financial implications arising from the consideration of this report.

7 BACKGROUND PAPERS

- 7.1 [Public Bodies \(Joint Working\) \(Scotland\) Bill](#)
- 7.2 <http://www.gov.scot/Publications/2015/02/9966/downloads>

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Appendix 1

National Health and Wellbeing Outcomes

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
7. People who use health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

B. Related to these outcomes is a suite of core indicators.

1. Percentage of adults able to look after their health very well or quite well.
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
5. Percentage of adults receiving any care or support who rate it as excellent or good
6. Percentage of people with positive experience of care at their GP practice.
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
8. Percentage of carers who feel supported to continue in their caring role.
9. Percentage of adults supported at home who agree they felt safe.
10. Percentage of staff who say they would recommend their workplace as a good place to work.
11. Premature mortality rate.
12. Rate of emergency admissions for adults.
13. Rate of emergency bed days for adults.
14. Readmissions to hospital within 28 days of discharge.
15. Proportion of last 6 months of life spent at home or in community setting.
16. Falls rate per 1,000 population in over 65s.
17. Proportion of care services graded 'good' (4) or better in Care

Inspectorate Inspections.

18. Percentage of adults with intensive needs receiving care at home.
19. Number of days people spend in hospital when they are ready to be discharged.
20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.
21. Percentage of people admitted from home to hospital during the year, who are discharged to a care home.
22. Percentage of people who are discharged from hospital within 72 hours of being ready
23. Expenditure on end of life care

Appendix 2

Current (draft) Hospital Information and Indicators from Lothian Integration Dataset.

All indicators relate to IJB patients and are in addition to the core suite of national indicators which will be reported

Acute hospitals:

Number of patients >75 in hospital with unscheduled admission and related occupied bed days

Number of patients (adults) in hospital with unscheduled admission and related occupied bed days

Time of admission (in hours / out of hours)

Readmission rate within 7 days

Readmission rate within 28 days

Delayed Discharge

Number of patients waiting over 2 days on census

Number of occupied bed days lost from delayed discharges over 2 days

Number of patients waiting over 2 weeks on census

Number of admissions from care homes

Accident and emergency activity (number and rate per 100,000)

A&E attendance converted to admission

Alternatives to hospital admission activity:

ELSIE prevention of admission

Referrals per month

Potentially preventable admissions (based on ISD data from ambulatory care sensitive conditions)

Work is ongoing to agree the core measures of social care and community activity to add to this.

Appendix 3

