Health&Social Care
North Lanarkshire

REPORT

Item No: 7

SUBJECT:	Understanding Progress Under Integration
TO:	Performance, Finance & Audit Committee
Lead Officer for Report:	Head of Planning, Performance and Quality Assurance
Author of Report:	Performance Manager
DATE:	3 January 2018

1. PURPOSE OF REPORT

1.1 This paper is coming to the Performance, Finance & Audit Committee:

For approval	☐	For endorsement	☐	To note	☒

1.2 The purpose of the report is to provide an update to the Committee on work to develop a plan for sharing progress updates on integration with the Ministerial Strategic Group for Health and Community Care (MSG).

2. ROUTE TO THE BOARD

2.1 The paper was prepared by the Head of Planning, Performance and Quality Assurance

Prepared	☒	Reviewed	☐	Endorsed	☐

3. RECOMMENDATION

3.1 The Committee is asked to note the contents of the report and its appendix.

4. BACKGROUND/SUMMARY OF KEY ISSUES

4.1 In January 2017, the Scottish Government invited each Integration Authority to set improvement objectives for 2017/18 against each of the following indicators,:

(1) unplanned admissions;
(2) occupied bed days for unscheduled care;
(3) A&E performance;
(4) delayed discharges;
(5) end of life care; and
(6) the balance of spend across institutional and community services.

4.2 Board members will recall improvement objectives being set for each of the six indicators for North Lanarkshire and progress updates have since been reported to the Integration Joint Board and its Sub

Committee (Performance, Scrutiny & Assurance). The improvement objectives we set in North Lanarkshire extend to March 2019.

5. UNDERSTANDING PERFORMANCE UNDER INTEGRATION

5.1 Since this time, the Scottish Government has worked with Integration Managers and others to consider how best to improve the reporting process. A small group of officers and officials has considered how best to balance the presentation of a manageable number of common data points for all areas with more bespoke narrative insights that can help to draw out the richness of local variation; how to explore specific themes such as end of life care; how to explore the quality of service user experience; how best to recognise normal fluctuations in performance, particularly between frequent reporting dates.

5.2 Based on the these discussions, the working group has suggested the following outline framework for sharing regular progress updates with MSG based on four key elements:

- Quarterly data on the six indicators but in time building on these indicators for example to reflect the contribution of primary and social care.
- Comparison between progress in Integration Authorities and projections set out in local plans, and also with the likely result had no changes been made
- Overarching narrative summary, drawing out emerging themes from across Integration Authorities
- Local illustrations, inviting individual Integration Authorities to contextualise their progress with a presentation to the group and opportunity for discussion.

5.3 To support the process, the Scottish Government has developed draft guidance and a suggested format for sharing objectives with advice from the working group, ISD and others (attached as Appendix One). This should help to simplify the task locally and will provide consistency across information shared. It is anticipated there will be local support for developing objectives from the LIST team and other local analysts drawing on collective advice on best practice around developing objectives.

5.4 The Scottish Government has requested that each Integration Authority provide updated improvement objectives for each of the 6 indicators by 31 January 2018. The deadline will not allow for full endorsement of the 18/19 objectives by the Integration Joint Board so it is the intention to develop interim objectives and share with the Scottish Government subject to final approval by the Integration Joint Board.

6. IMPLICATIONS

6.1 NATIONAL OUTCOMES
Improvement objectives will impact on all 9 National Outcomes

6.2 ASSOCIATED MEASURE(S)
None

6.3 FINANCIAL
None

6.4 PEOPLE
None

6.5 INEQUALITIES
EQIA Completed:

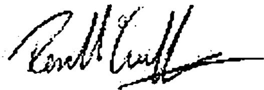
Yes	☐	No	☐	N/A	☒

7. BACKGROUND PAPERS

None

8. APPENDICES

Appendix One – MSG Objectives – Guidance & Format



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HEAD OF PLANNING, PERFORMANCE AND QUALITY ASSURANCE

Members seeking further information about any aspect of this report, please contact Graeme Cowan on telephone number 07946702861.

Guidance on preparing and sharing local objectives around six indicators for MSG

Introduction

This document provides guidance on preparing and sharing local objectives around the six indicators agreed with the Ministerial Strategic Group for Health and Community Care (MSG). We have developed this document with the advice of the MSG data working group comprising representatives from Partnerships. The objectives will be used to produce trajectories for each individual Partnership and returned by ISD on a quarterly basis alongside baseline figures and data submitted during the previous quarter e.g. SMR information.

As well as helping to illustrate the progress of Health and Social Care Integration, it is important that the indicators and the data outputs meet the needs of local areas and so feedback around this is welcomed. It is likely that, with consultation, further indicators will be included in the future but these six will allow initial analysis to be undertaken of expected future trends.

Assistance

Excel outputs containing figures for each of the indicators will continue to be sent by ISD on a monthly basis. The footnotes attached to these tables explain how the indicators have been defined. As before, and if desired, we would anticipate that there would be local support available from the LIST team and other local analysts, drawing on collective advice on best practice for developing objectives. These various forms of assistance may be of particular benefit to those Partnerships who did not provide objectives previously.

Format for sharing objectives

In order to help summarise planned objectives for each of the 6 main indicators, we have provided a suggested format in Appendix A for Partnerships to use to share their updated objectives. This should help to simplify the task locally and will provide consistency across information shared by Partnerships, as well as making it possible to create standard outputs for all Partnerships. The attached table provides a standard format for each Partnership to share key pieces of information but is intended to act as a summary only, with more detailed plans/objectives contained within the main body of the Partnership plan.

It is understood that some areas may set different objectives for adults (18+) and children and, where that is the case, two tables should be completed. Where all objectives are the same for both adults and children, only one table is required. If preferred, objectives can also be provided separately for 18-74 and 75+.

The information below contains guidance on how to complete each section of the table with an illustrative example available in Appendix B (this is not based on real data). This guidance does not provide an exhaustive list of ways in which the table should be completed but it does outline the type of information required to ensure accurate trajectories can be calculated. If there are no updates to plans/objectives previously provided then Partnerships can simply reattach these but they are asked to complete the table following the guidance provided in this document.

Indicator descriptions

Objectives should be returned for each of the following indicators:

1. Number of emergency admissions into Acute (SMR01) specialties.

2. Number of unscheduled hospital bed days, with separate objectives for Acute (SMR01), Geriatric Long Stay (SMR01E) and Mental Health (SMR04) specialties.

3. Number of A&E attendances **and** the percentage of patients seen within 4 hours.

4. Number of delayed discharge bed days. An objective can be provided to cover all reasons for delay or separate objectives for each reason type i.e. Health and Social Care, Patient/Carer/Family-related, Code 9.

5. Percentage of last 6 months of life spent in the community.

6. Percentage of population residing in non-hospital setting for all adults and 75+. A suggested further breakdown would be: care home, at home (supported) and at home (unsupported).

For details on how figures are derived for each of these indicators, please see the footnotes beneath the tables in the accompanying spreadsheet *Integration-performance-indicators-v0.9*. A further update to this spreadsheet will be made available at the end of November. For those Partnerships wishing to provide monthly projections, space will be made in that spreadsheet which can be returned along with the summary table in Appendix A.

Baseline

Within the baseline section, Partnerships should provide a brief summary of recent trends in the data; this should be based on the monthly Excel spreadsheets sent by ISD. It should take into account the last 1 to 3 years and will offer some context for the objectives provided in the next section. It is expected that the baseline for most Partnerships will be the year prior to Health and Social Care Integration (2015/16), but this may not be the case for all areas.

Objective

Each Partnership is requested to share details of how they expect activity to change in the future, focussing up until the end of 2018/19 as a minimum. In order to calculate meaningful trajectories, the following information is required:

1. **Expected change (increase/decrease/remain the same).** This could be a percentage change or an actual number e.g. reduce by 5%/reduce by 1,500, as long as the measure is clear

2. **The baseline period the change is based on.** For example, a 3% reduction in overall unscheduled bed day figures in 2017/18 *compared to 2015/16*. It is important to note whether the baseline refers to calendar or financial year and that the baseline and change measures are comparable

3. **Expected figures.** As a result of parts 1 and 2 above, this will be the final total figures expected during the period in question. For example, 310,000 unscheduled bed days are expected during 2018/19. Providing this figure will make it easier to see the expected final outcome.

Further examples of how this could be presented (including the change and the baseline it relates to) are:

- Month to month percentage changes in emergency admissions during 17/18 and 18/19 will match those seen during 15/16. Please see attached spreadsheet for monthly breakdowns.
- Compared to 2017 calendar year, gradually reduce overall delayed discharge bed days by 10% by 2019 calendar year's end.
- Gradually increase percentage of care delivered in community to 88.5% in 2019/20.

The more detail provided in this section should reduce the need to make assumptions and increase the accuracy of the planned trajectories. Please see Appendix B for further detailed examples.

Information on how objectives will be achieved

Each Partnership is asked to provide a brief summary of specific programmes, which are planned or have already been implemented that will help to achieve these objectives. It is expected that further detail will need to be included in the main body of the Partnership plan and, if helpful, hyperlinks can be added to these sections within the table.

Progress

This section will be completed by ISD/LIST analysts and returned to Partnerships on a quarterly basis. As much as possible, it will focus on the same baseline as the objective, highlighting how the data has changed over the course of the last quarter(s). It will also refer to the objective to assess whether or not the desired progress has been made. Presenting this information will be reliant on receiving objectives in the appropriate format, as described in the Objective section.

Notes

Please include any information or background notes which are important to highlight in relation to the objectives provided. This might be to offer some form of context to the objectives or to help explain some of the nuances around local data collection. The following list contains several specific examples but Partnerships are asked to provide any information they believe to be relevant:

- SMR completeness issues due to a new IT system being implemented which affect the baseline data between September-December 2016
- Step-up and step-down beds included within the bed days figures
- Ward attenders or patients attending Combined Assessment Units included within emergency admission figures

Again, if more detail is provided in the main body of the Partnership plan then hyperlinks can be provided to those sections and a simple summary included within the table.

Next steps

The next update to the Excel spreadsheets will be sent by ISD at the end of November and will contain data up to September 2017; this data should be used to help develop objectives. Please look at the "Completeness" tab for information around the completeness of SMR data within each Health Board.

We would be grateful if you could share your objectives by 31 January 2018. Please send to NSS.Source@nhs.net. If you have any questions about the process, please get in touch with your local LIST analyst or contact Martin McKenna in ISD NSS.Source@nhs.net

Appendix B – Example

MSG Improvement Objectives – summary of objectives for Adults and Children

Partnership A	Unplanned admissions	Unplanned bed days	A&E attendances	Delayed discharge bed days	Last 6 months of life	Balance of Care
Baseline	2016/17 change: 1% decrease in overall total compared to 2015/16	2016/17 change: 2% decrease in overall total compared to 2015/16	2016/17 change: 2% increase in overall total compared to 2015/16	H&SC reasons: 5% increase in 2016/17 compared to 2015/16 Patient/Carer/Family-related: 3% increase in 2016/17 compared to 2015/16 Code 9 reasons: 2% increase in 2016/17 compared to 2015/16	2016/17 change: Percentage of time spent in community in L6M increased from 86.1% in 2015/16 to 87.2% in 2016/17.	Proportion of people (all ages) living at home has gradually increased from 97.8% in 2013/14 to 99.1% in 2015/16. For the same time period for 75+, there has been an increase from 83.8% to 85.6%
Objective	2017/18 change: 4% reduction in overall total compared to 2015/16 Expected 2017/18 total: 16,320 admissions 2018/19 change:	2017/18 acute change: 6% reduction in acute total compared to 2015/16 Expected 2017/18 acute total: 291,400 bed days 2018/19 acute	2017/18 change: 4.5% reduction in overall total compared to 2015/16 Expected 2017/18 total: 31,990 attendances 2018/19 change:	All reasons, 2017/18: 10% reduction in total compared to 2015/16 Expected 2017/18 total: 85,500 bed days All reasons, 2018/19: 17% reduction in	Increase percentage of time spent in community in L6M to 89.5% by 2018/19.	Expect to maintain 2015/16 proportion of people living at home until 2018/19.

	7% reduction in overall total compared to 2015/16 Expected 2018/19 total: 15,810 admissions	change: 10% reduction in acute total compared to 2015/16 Expected 2018/19 acute total: 279,000 bed days Maintain number of bed days seen in GLS and Mental Health specialties in 2015/16 during 2017/18 and 2018/19 Expected 2017/18 GLS total: 8,000 bed days Expected 2018/19 GLS total: 8,000 bed days Expected 2017/18 Mental Health total: 52,000 bed days Expected 2018/19 Mental Health total: 52,000 bed days	6.5% reduction in overall total compared to 2015/16 Expected 2018/19 total: 30,980 attendances Maintain average A&E % seen within 4 hours (95.3%) in 2015/16 during 2017/18 and 2018/19	total compared to 2015/16 Expected 2018/19 total: 78,850 bed days		

How will it be achieved	Falls prevention, Care and Repair, Home Safe Initiative					
Progress (updated by ISD)	April to September 2017 update: 3% reduction in overall total compared to same period in 2015/16	April to September 2017 update: 6% reduction in acute total compared to same period in 2015/16 GLS and Mental Health figures similar to same quarter in 2015/16.	April to September 2017 update: 5% reduction in overall total compared to same period in 2015/16. Average A&E % seen within 4 hours similar to same quarter in 2015/16.	April to September 2017 update: 12% reduction in all delayed bed days, compared to same period in 2015/16	Information presented annually – update will be included once data for this period becomes available.	Information presented annually – update will be included once data for this period becomes available.
Notes	Ward attenders included within admissions	Step-up and step-down beds included within figures. See section 2.1 for details.				