

WEST LOTHIAN STRATEGIC PLANNING GROUP

Date: October 2016

Agenda Item:

PERFORMANCE REPORT

REPORT BY DIRECTOR

A PURPOSE OF REPORT

The purpose of this report is to provide the current performance report to the Strategic Planning Group on the indicators supporting the National Health and Wellbeing Outcomes

B RECOMMENDATION

. The Strategic Planning Group is asked to

- 1. Note the contents of the report*
- 2. Note the current performance report for the National Health and Wellbeing Outcomes*
- 3. Discuss the usefulness of the indicators to report progress and in identifying areas for improvement*
- 4. Discuss the data requirements to support local performance and to provide a broader picture and context for West Lothian which will support the development of the Annual Report*

C TERMS OF REPORT

The national health and wellbeing outcomes apply across all integrated health and social care services, ensuring that Health Boards, Local Authorities and Integration Authorities are clear about their shared priorities by bringing together responsibility and accountability for their delivery.

The National Health and Well Being Framework states health and social care services should focus on the needs of the individual to promote their health and wellbeing, and in particular, to enable people to live healthier lives in their community.

Key to this is that people's experience of health and social care services and their impact is positive; that they are able to shape the care and support that they receive; and that people using services, whether health or social care, can expect a quality service regardless of where they live.

Each Integration Authority will be required to publish an annual performance Report, which will set out how the national health and wellbeing outcomes are being improved. This will include reports on a core suite of indicators and measures, identified by the integration authority in line with guidance from the Scottish Government, and contextualising data to provide a broader picture and a rationale of local performance.

The core suite of indicators developed to support integration of health and social care has been designed to allow comparison between areas and to look at improvement over time. They are based on both administrative data and survey feedback. Although the indicators will not be subject to national set targets it is anticipated that improvement aims will be set at a local level where appropriate.

The current West Lothian performance is summarised in Appendix 1. The performance as reported is currently provisional as some of the datasets are still in development and will improve over time and that some of them still require data development. It is also noted that there is variance in the hospital admission and end of life care information from that previously published which is due to the inclusion of mental health data.

Whilst there has been a lot of work in agreeing the current set of indicators nationally consideration needs to be given to how useful they are for reporting progress and identifying areas for improvement to support strategic planning.

As outlined in the Strategic Plan the framework for our strategic measurement and management system will be based on a balanced scorecard approach. The scorecard will measure organisational performance across four balanced perspectives:

- Financial & Business: effective resource use
- Customer: Positive experiences and outcomes; carers are supported
- Internal Processes: Healthier Living; Independent living; Services are safe
- Learning and Growth: Engaged and developed workforce

Consideration needs to be given to the additional local measures which will form the basis of the scorecard.

Benchmarking is an important aspect of monitoring performance and defining improvement activity. In line with the current Local Government Benchmarking Network it is proposed that the IJB adopt the same benchmarking family of Clackmannan; Dumfries & Galloway; Falkirk; Fife; Renfrewshire; South Ayrshire and South Lanarkshire.

Better data sharing across health and social care will play a key role in the integration agenda. As an IJB we will need to be able to assess and forecast need, link investment to outcomes, consider options for alternative interventions and plan for the range, nature and quality of future services. Work is underway with the Local Intelligence Support Team to complete detailed analysis and assessment of current service impacts and to forecast future needs which will in turn help to inform both the locality and strategic plans.

Areas for Improvement

The results from the Health and Care Experience Survey 2015 suggest areas for improvement with regard to:

- Experience of care provided by General Practice,
- Impact of services and support on improving or maintaining quality of life
- Support for carers to continue in their caring role.

Further analysis of the survey results is in progress to provide a better understanding of the issues and where interventions should be targeted to improve on these outcomes.

Whilst the provisional data demonstrates that West Lothian is on par or better than Scottish average there are known challenges with regards to unscheduled care and reducing delayed discharge for which there is focussed improvement work in progress.

D CONSULTATION

The core suite of indicators are defined against the National Health and Wellbeing Outcomes

The indicators have been discussed and agreed with the Lothian Dataset Group with representation from the four Lothian IJBs.

E REFERENCES/BACKGROUND

- Public Bodies (Joint Working) (Scotland) Act 2014, and related statutory instruments and guidance
- Scottish Government Guidance and Advice - National Health and Wellbeing Outcomes: A framework for improving the planning and delivery of integrated health and social care services (February 2015)
- [West Lothian IJB Strategic Plan 2016-2026](#)

F APPENDICES

1. Summary Performance National Health and Wellbeing Indicators September 2016

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, equality impact assessment has not been conducted.
National Health and Wellbeing Outcomes	All National Health and Well Being Outcomes
Strategic Plan Outcomes	Underpins all Strategic Plan Outcomes
Single Outcome Agreement	We live longer healthier lives and have reduced health inequalities Older people are able to live independently in the community with an improved quality of life
Impact on other Lothian IJBs	Development of core Lothian Dataset
Resource/finance	Within available resources
Policy/Legal	Public Bodies (Joint Working) (Scotland) Act 2014 and statutory regulations and guidance
Risk	None

H CONTACT

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28th September 2016

Appendix 1: Health and Social Care Integration - Core Suite of Integration Indicators

Outcome Indicators

	Indicator	Title	Current score	Scotland
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well (Health and Care experience Survey 2015)	94%	94%
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible (Health and Care experience Survey 2015)	85%	84%
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided (Health and Care experience Survey 2015)	79%	79%
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated (Health and Care experience Survey 2015)	81%	76%
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good (Health and Care experience Survey 2015)	83%	82%
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice (Health and Care experience Survey 2015)	80%	87%
	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 (Health and Care experience Survey 2015)	80%	85%
	NI - 8	Total combined % carers who feel supported to continue in their caring role (Health and Care experience Survey 2015)	38%	43%
	NI - 9	Percentage of adults supported at home who agreed they felt safe (Health and Care experience Survey 2015)	85%	85%
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA

The results from the Health and Care Experience Survey 2015 suggest areas for improvement with regard to:

- Experience of care provided by General Practice,
- Impact of services and support on improving or maintaining quality of life
- Support for carers to continue in their caring role.

Further analysis of the survey results is in progress to provide a better understanding of the issues and where interventions should be targeted to improve on these outcomes.

Indicator 10 is in development and local staff surveys will now incorporate this question.

Data Indicators: Provisional

Data indicators	NI - 11	Premature mortality rate per 100,000 persons	402	441
	NI - 12	Emergency admission rate (per 100,000 population)	11,712	11,865
	NI - 13	Emergency bed day rate (per 100,000 population)	89,283	112,091
	NI - 14	Readmission to hospital within 28 days (per 1,000 population)	93	94
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	86%	86%
	NI - 16	Falls rate per 1,000 population aged 65+	21	20
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (WLC Information)	100%	NA
	NI - 18	Percentage of adults with intensive care needs receiving care at home	70%	61%
	NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	624	1,044
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	20%	22%
	NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA
	NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA
	NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA

- Mortality data is up to calendar year ending 31 December 2015.
- Hospital data is up to 2014/15.
- Care Inspectorate data is local information only

Time lines for future data releases include

- Hospital based data for 2015/16 and will be available by the end of November 2016.
- Quarterly data for 2016/17 will be available from January/February 2017 this will present the first quarter only, for hospital based data.

Outputs will be produced with information at locality level in due course.