ITEM No …9……….

REPORT TO:	**PERFORMANCE & AUDIT COMMITTEE – 13 FEBRUARY 2018**
REPORT ON:	**MEASURING PERFORMANCE UNDER INTEGRATION - 2018/19 SUBMISSION**
REPORT BY:	**CHIEF FINANCE OFFICER**
REPORT NO:	**PAC6-2018**

1.0 PURPOSE OF REPORT

The purpose of this report is to inform the Performance & Audit Committee of the 2018/19 submission made by the Partnership to the Ministerial Strategic Group for Health and Community Care (MSG) as part of the Measuring Performance under Integration work stream.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

2.1 Notes the summary table of targets under each service delivery area (Appendix 1) and the 2018/19 submission to the MSG (Appendix 2).

2.2 Notes the methodology used to develop proposed targets for submission to the Ministerial Strategic Group (sections 4.2.3 and 4.2.4 and Appendix 3).

2.3 Notes that 2018/19 targets will remain in draft until such times as the Integration Joint Board budget for 2018/19 has been confirmed (section 4.2.5) and the submission has been approved by the Integration Joint Board at its meeting on 27 February 2018.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND

4.1 Measuring Performance under Integration – 2017/18 Request, Submission and Performance

4.1.1 In mid-January 2017 the Scottish Government and COSLA, on behalf of the MSG, wrote to all Health and Social Care Partnerships to invite them to set out local objectives, trajectories and performance targets for 2017/18 under the following six key service delivery areas:

- Unplanned admissions;
- Occupied bed days for unscheduled care;
- A&E performance;
- Delayed discharges;
- End of Life care: and,
- The balance of spend across institutional and community services.

4.1.2 In February 2017 the Dundee Partnership provided an initial response to the Scottish Government for consideration by the MSG. In each service area the response set out:

- What available data was telling us about local performance;
- What we had achieved to date through commissioning and delivery activity;
- What more we planned to do to impact on each area of service delivery; and,

- How we planned to measure improvement, including setting out trajectories and performance targets.

Report DIJB20-2017 (Measuring Performance Under Integration) provides detailed information regarding the request and response submitted. The submission from Dundee was identified by MSG as a particularly high quality submission.

4.1.3 During 2017/18 the Scottish Government, via National Services Scotland Information Service Division, has provided a quarterly Measuring Performance under Integration dataset to all Partnerships for each of the indicators within the MSG submission for which data is available. To date information has been provided up to October 2017.

4.1.4 At a local level performance against targets set out in the 2017/18 submission has been reported as part of the regular Quarterly Performance Reports submitted to PAC. Report PAC32-2017 (Dundee Health & Social Care Partnership Performance Report – Quarter 2) includes the position in Dundee at end of quarter 2, 2017/18. In summary, there has been positive performance against 2017/18 interim targets; three areas have exceeded interim targets for the period (unplanned admissions, occupied bed days for unscheduled care and A&E performance) and one area partially met the interim targets (delayed discharges). For two areas (end of life care and the balance of spend) data is not available monthly or quarterly to allow for performance monitoring. Delayed discharges due to complex reasons has consistently not met the interim target.

4.2 Measuring Performance under Integration – 2018/19 Request and Submission

4.2.1 In late November 2017 the Scottish Government and COSLA, on behalf of the MSG, sent an update to Partnerships regarding progress made in considering how best to provide regular updates to MSG (Appendix 4). This followed a broader stakeholder consultation event hosted by COSLA in 2017 at which the expectations of MSG were discussed alongside local performance management systems and resources, from which a working group of Chief Finance Officers, data analysts, Scottish Government representatives and Integration Managers was formed to develop a proposed framework for sharing progress under the six service delivery areas with MSG.

4.2.2 Whilst the details of the proposed framework are further considered and developed by MSG, supported by the working group, the Scottish Government and COSLA have agreed it would be helpful for MSG to have an updated overview of local objectives and ambitions in each of the six service delivery areas. To that end an invitation was extended to the Partnership to submit objectives, trajectories and targets for 2018/19 on a standardised format by 31 January 2018.

4.2.3 It should be noted that the 2017 Measuring Performance Under Integration submission to MSG included targets under each service delivery area for all ages. The guidance issued alongside the November 2017 letter recognises that local arrangements mean that not all Partnerships have delegated children's services functions and therefore their work does not directly impact on performance across all age groups. For the 2018 submission there is an option to submit targets for 18+ only; this is the approach that has been taken in Dundee in line with the scope of the IJB's delegated functions. This change of approach means that targets and data included in performance reports relating to Measuring Performance Under Integration until the 31 March 2018 will refer to data for all ages, whilst targets included in this report and in performance reports from 1 April 2018 will refer to data for 18+.

4.2.4 Targets agreed in the February 2017 response were applied to the data for aged 18+ and data was analysed. The following trends were assessed and used in preparation of the current submission:

- 15/16 baseline data;
- 15/16 based projections for 17/18 and 18/19;
- Trajectories / targets submitted in the February 2017 response for 17/18 and 18/19;
- Actual data from 1 April 2017 – 31 October 2017 and estimated data from 1 November 2017 – 31 March 2018 to estimate the 17/18 position; and
- 18/19 trajectories / targets based on the 17/18 estimated position.

Where special cause variation, for example improvement work to reduce delayed discharges or the flu epidemic, caused extraordinary data results, subsequent year targets were adjusted so that the same rate of increase or decrease was not expected in subsequent years. 18/19 targets for A+E attendances and delayed discharge bed days lost were adjusted for these reasons.

- Appendix 1 is a summary table of the 32 indicators which correspond to the six key service delivery areas.

  Appendix 2 contains the template provided by the Scottish Government. This has been completed and will form the entire Dundee submission.

  Appendix 3 was used in preparation of the submissions and has been included as supplementary information. Charts and methodologies have been provided.

4.2.5 An interim submission has been made to the Scottish Government to meet the 31 January 2018 deadline following consultation with the Chief Officer and Heads of Service. At this time it was highlighted that the submission would be subject to revision following the PAC on 13 February 2018 and the Integration Joint Board on 27 February 2018. In addition it was noted that the targets contained within the submission for 2018/19 cannot be confirmed until such times as the 2018/19 IJB budget has been finalised and an assessment made of the adequacy of resources to deliver planned improvement actions factored in to the calculation of targets.

4.2.6 Performance against targets (for both 2017/18 and 2018/19) will continue to be reported as part of the quarterly performance reports submitted to PAC. Targets will also be integrated into the Partnership's 2018/19 delivery plan, where the principles of the approach utilised for submissions will be expanded to encompass additional service delivery areas.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	The risk of not meeting targets against national indicators could affect outcomes for individuals and their carers and not make the best use of resources.
Risk Category	Financial, Governance, Political
Inherent Risk Level	15 – Extreme Risk
Mitigating Actions (including timescales and resources)	- Continue to develop a reporting framework which identifies performance against Measuring Performance under Integration targets. - Continue to report data quarterly to the PAC to highlight areas of poor performance. - Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as complex delayed discharges. - Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.
Residual Risk Level	9 – High Risk
Planned Risk Level	6 – Moderate Risk
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

The Chief Officer and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 22 January 2018

Appendix 1

			15/16 baseline	17/18 Projection (15/16 based)	17/18 Trajectory agreed Feb 17	17/18 Actual and Estimated	18/19 Trajectory agreed Jan 18	% Change (15/16 baseline to 18/19 trajectory
Unplanned admissions								
1.	Number of emergency admissions	submitted	14,125	15,168	15,153	15,122	15,464	+9.5%
2.	Number of emergency admissions from A+E	submitted	6,483	7,345	6,797	7,616	7,616	+17.5%
3.	A+E conversion rate (%)	to be developed						
Occupied bed days for unscheduled care								
4.	Number of emergency bed days	submitted	120,989	115,305	114,132	111,893	108,129	-10.6%
5.	Number of emergency bed days ; geriatric long stay	to be developed						
6.	Number of emergency bed days; mental health specialities	to be developed						
A+E Performance								
7.	Number of A+E attendances	submitted	23,437	23,336	22,686	26,562	26,562	+13.3%
8.	A+E % seen within 4 hours	to be developed						

			15/16 baseline	17/18 Projection (15/16 based)	17/18 Trajectory agreed Feb 17	17/18 Actual and Estimated	18/19 Trajectory agreed Jan 18	% Change (15/16 baseline to 18/19 trajectory)
Delayed Discharges								
9.	Number of bed days lost – standard and code 9	submitted	15,050	14,502	14,042	6,939	6,592	-56.2%
10.	Number of bed days lost – code 9	Not submitted						
11.	Number of bed days lost – Health and Social Care Reasons	No data provided from ISD						
12.	Number of bed days lost – Patients/Carer/Family related reasons	No data provided from ISD						
End of Life Care ***based on 16/17 deaths but will change in 17/18 and 18/19 as % proportions are applied to the total number of deaths in each year**								
13.	% of last 6 months of life in community	submitted	86.9%		88%		89%	+2.1%
14.	% of last 6 months of life in hospice / palliative care unit	submitted	1.4%		2%		3%	+1.6%
15.	% of last 6 months of life in community hospital	Not applicable						
16.	% of last 6 months of life in large hospital	submitted	11.7%		10%		8%	-3.5%
17.	Number of days of last 6 months of life in community	submitted	252,351		252,275*		255,143*	n/a as no. of deaths each year varies
18.	Number of days of last 6 months of life in hospice / palliative care unit	submitted	3,965		5,733*		8,600*	n/a as no. of deaths each year varies
19.	Number of days of last 6 months of life in community hospital	not applicable						
20.	Number of days of last 6 months of life in large hospital	submitted	34,042		28,668*		22,934*	n/a as no. of deaths each year varies

			15/16 baseline	17/18 Projection (15/16 based)	17/18 Trajectory agreed Feb 17	17/18 Actual and Estimated	18/19 Trajectory agreed Jan 18	% Change (15/16 baseline to 18/19 trajectory
Balance of Care								
21.	% of population living at home (unsupported) – All ages	submitted	97.7%		2			
22.	% of population living at home (supported) – All ages	submitted	1.3%		1.5%			
23.	% of population living in a care home – All ages	submitted	0.7%		0.5%			
24.	% of population living in hospice / palliative care unit – All ages	to be developed						
25.	% of population living in community hospital – All ages	submitted	0%		0%			
26.	% of population living in large hospital – All ages	submitted	0.4%		0.4%			
27.	% of population living at home (unsupported) – 75+	submitted	79.8%		80%			
28.	% of population living at home (supported) – 75+	submitted	11.3%		11.6%			
29.	% of population living in a care home – 75+	submitted	6.8%		6.7%			
30.	% of population living in hospice / palliative care unit – 75+	to be developed						
31.	% of population living in community hospital – 75+	submitted	0%		0%			
32.	% of population living in large hospital – 75+	submitted	2%		1.7%			

Appendix 2

Dundee	Unplanned admissions 18+	Unplanned bed days 18+	A&E attendances 18+	Delayed discharge bed days 18+	Last 6 months of life	Balance of Care
Baseline	2016/17 change from 2015/16:	2016/17 change from 2015/16:	2016/17 change from 2015/16:	2016/17 change from 2015/16: **All delays**	2016/17 change from 2015/16: **Last 6 months community (inc care homes)** 0.8% decrease (250,272) in number of days spent in the community for people who died between 15/16 and 16/17. **Last 6 months hospice palliative care unit** 10.8% decrease (3,537) in number of days spent in hospice / palliative care for people who died between 15/16 and 16/17. **Last 6 months large hospital** 3.4% decrease (32,868) in number of bed days for people who died in large hospital between 15/16 and 16/17.	2016/17 change from 2015/16: 2016/17 data not yet available
15/16 (baseline)	14,125	120,989	23,437 A+E attendances and 6,483 admissions from A+E	15,050		
16/17	14,500	117,304	23,388 A+E attendances and 6,936 admissions from A+E	14,627		
Difference	+375	-3,685	-49 A+E attendances and +453 admissions from A+E	-423		
% Difference	+2.5%	-3%	-0.2% A+E attendances and +7% admissions from A+E	-2.8%		
Objective	17/18 target **Increase by 4.3%** 17/18 target admissions – 15,122 17/18 target rate per 100,000 – 12,436 The 17/18 target rate is 0.4% lower than the expected 17/18 rate based on 15/16 projections. This is a reduction of 46 emergency admissions	17/18 target **Decrease by 4.6%** 17/18 target bed days – 111,893 17/18 target rate per 100,000 – 92,018 The 17/18 rate is 3% lower than the expected 17/18 rate based on 15/16 projections. This is a reduction of 3,412 emergency bed days compared with the 15/16 projection.	17/18 target **Increase in A+E attendances by 15%** 17/18 target A+E attendances – 26,562 The 17/18 rate is 14% higher than the expected 17/18 rate based on 15/16 projections. This is an increase of 3,225 A+E attendances compared with the 15/16 projection.	17/18 target **All delays** **Decrease bed days lost due to delayed discharges by 14.7%** 17/18 target bed days lost – 12,480 17/18 target rate per 100,000 – 103 The 17/18 rate is 13.9% lower than the expected 17/18 rate based on 15/16 projections. This is a decrease of 2,022 bed days lost due to delayed discharges	17/18 target Number of days of last 6 months of life spent in community - increase by 2% (255,277) Number of days of last 6 months of life spent in hospice / palliative care unit – increase by 2% (3,608) Number of Bed Days of Last 6 Months of Life Spent in Large Hospital – decrease by 13% (28,595)	16/17 Targets **Supported At Home** All Ages – 1.5% of the population supported at home. 75+ - 11.6% of the population supported at home **Unsupported At Home** All Ages – 97.6% of the population unsupported at home. 75+ - 80% of the population unsupported at home.

	compared with the 15/16 projection. 2018/19 target **Increase by 2.3%** 18/19 target admissions – 15,464 18/19 target rate per 100,000 – 12,710 The 18/19 target rate is 2.4% lower than the expected 18/19 rate based on 15/16 projections. This is a reduction of 363 emergency admissions compared with the 15/16 projection.	2018/19 target **Decrease by 3.4%** 18/19 target bed days – 108,129 18/19 target rate per 100,000 – 88,875 The 18/19 rate is 4.5% lower than the expected 18/19 rate based on 15/16 projections. This is a reduction of 4,957 emergency bed days compared with the 15/16 projection.	**Increase A+E admissions by 10%** 17/18 target A+E admissions – 7,616 17/18 target A+E admissions rate - 287 The 17/18 rate is 3.7% lower than the expected 17/18 rate based on 15/16 projections. This is a reduction of 271 A+E admissions compared with the 15/16 projection. 2018/19 target **Decrease A+E attendances by 0%** 18/19 target A+E attendances – 26,562 The 18/19 rate is 14% higher than the expected 18/19 rate based on 15/16 projections. This is an increase of 3,225 A+E attendances compared with the 15/16 projection. **Decrease A+E admissions by 2%** 18/19 target A+E admissions – 7,616 18/19 target A+E admissions rate – 281 The 18/19 rate is 16% lower than the expected 18/19 rate based on 15/16 projections. This is a reduction of 176 A+E	compared with the 15/16 projection. 2018/19 target Decrease bed days lost due to delayed discharges by 5% 18/19 target bed days lost – 11,856 18/19 target bed days lost rate - 97 The 18/19 rate is 18.2% lower than the expected 17/18 rate based on 15/16 projections. This is a decrease of 2,646 bed days lost due to delayed discharges compared with the 15/16 projection.	2018/19 change: Number of Bed Days of Last 6 Months of Life Spent in Community- increase by 2% (260,383) Number of Bed Days of Last 6 Months of Life Spent in Hospice / Palliative Care Unit – increase by 2% (3,680) Number of Bed Days of Last 6 Months of Life Spent in Large Hospital – decrease by 13% (24,878)	**Living in Care Homes** All Ages – 0.5% of the population living in care homes. 75+ - 6.7% of the population living in care homes. **Large Hospital** All Ages – 0.4% of the population in large hospital. 75+ - 1.7% of the population living in large hospital.

			admissions compared with the 15/16 projection.			
How will it be achieved	-Further development of Enhanced Community Support, including acute. - Implement 7 day targeted working (EA5-USC) - Increased awareness and use of anticipatory care plans for all Adults where a plan would be of benefit. - Implement an improvement plan relating to re-admission to hospital within 28 days of discharge analysis and improvement plan. - Implement the Tayside Falls Prevention and Management Framework (2017-20) and refresh DHSCP falls pathway. - Transformation of work with primary care and the implementation of the new GP contract. - Development of locality based out-patient clinics. Development of integrated care homes.	- Continue to review in patient models in line with community change. - Further implement planned date of discharge model. - Further develop discharge planning arrangements for adults with a learning disability and / or autism, mental ill-health, physical disability and acquired brain injury. - Increase investment in intermediate forms of care. - Co-locate the Learning Disability Acute Liaison Service within the Hospital Discharge Team base at Ninewells Hospital - Increase investment in resources which support assessment for 24 hour care taking place at home or home like settings. - Implement a pathway for people with substance misuse problems and who have multiple morbidities. - Hold Power of Attorney local campaigns. - Earlier identification of requirement for measures under Adults with Incapacity (Scotland) Act 2016. - Integrated pathways are being developed across care home teams, ortho geriatrics and older people psychiatry. - Remodel AHP services within acute settings to improve pathways. - Further remodel integrated discharge hubs which will improve joint working arrangements.	-Further development of Enhanced Community Support, including acute - Implement 7 day targeted working (EA5-USC) - Increased awareness and use of anticipatory care plans for all Adults where a plan would be of benefit. - Implement an improvement plan relating to re-admission to hospital within 28 days of discharge analysis and improvement plan. - Implement the Tayside Falls Prevention and Management Framework (2017-20) and refresh DHSCP falls pathway. - - Implement a pathway for people with substance misuse problems and who have multiple morbidities. - Transformation of work with primary care and the implementation of the new GP contract. - Remodelling of polypharmacy. - Further remodel integrated discharge hubs which will improve joint working arrangements.	-Increased investment in intermediate forms of care. - Remodel care at home services and provide more flexible responses. - Further invest in social care infrastructure, including consolidating current tests of change through third sector partnerships. - Further development of Community Rehabilitation. - Review discharge management procedures and guidance. - Develop a statement and pathway for involving carers in discharge planning process. - Extend the range of third sector supports for adults transitioning from hospital back to the community. - Develop a step down and assessment model for residential care. - Hold Power of Attorney local campaigns. - Earlier identification of requirement for measures under Adults with Incapacity (Scotland) Act 2016. - Establish an integrated model of support for people with a learning disability and / or autism who also have extremely complex health and care support needs. - Implement home and hospital discharge plan.	-PEOLC test site for dementia - Expand the use of Palliative Care Tool Bundle and Response Standards in use across community based health and social care services. -Fully implement the Macmillan Improving the Cancer Project. - PEOLC Managed Clinical Network in place, to focus on non-specialist palliative care. - Increased availability of Key Information Summaries and ACPs. - Learning disability community nursing team will work with MacMillan nurses to improve methods of communication.	-Further develop Enhanced Community Support, including acute. - Develop a model of support for carers in line with the Carers Act. - Continue to review in patient models in line with community change. -Increase investment in models that support adults within their own homes. - increase investment and improve capacity in social care. - Continue to develop step down to assess model. - Increase the range of accommodation with support for people with complex needs. - Increase social prescribing and improve self-care. - Further develop accommodation with support models in the community for adults. - Remodel the stroke pathway. - Further develop short breaks and respite opportunities.

Progress (updated by ISD)						
Notes			The attendance trajectories are a result of the flu virus epidemic which hit Tayside severely over the autumn / winter of 17/18 and also an increase in fractures due to adverse weather causing falls. The admission rates appear good due to the high number of attendances		Accidental deaths excluded	

Appendix 3

Measuring Performance Under Integration

Charts and Methodologies

Introduction

This report provides key information to assist with the interpretation of the Dundee submission to the Ministerial Strategic Group regarding 'Measuring Performance under Integration'.

Under each of the six high level service delivery areas is a chart which illustrates

- 'Projections submitted in Feb 17' which is the projection from the 2015/16 baseline year based on no further improvement being made. This projection was included as part of the February 2017 submission.

- 'Trajectories submitted in Feb 17' which is the projection plus / minus the target applied to each year. This illustrates the improvement which was intended from 205/16 onwards.

- 'Dundee Actual (Up to Oct 17) and Expected (Oct 17 to Mar 18)' illustrates the most current actual data available and an estimate for the remaining months up to March 18. This demonstrates actual performance and when compared against the projection (blue line), demonstrates the impact of the HSCP since the 15/16 baseline. This impact is positive when the grey broken line shows a more positive position than the blue line and this impact is negative when the grey broken line shows a less positive position that the blue line.

- 'Trajectories agreed in Jan 18 for 18/19' is the actual and expected data with the 18/19 target applied to this.

Emergency Admissions

Chart 1: Emergency Admissions 18+ as a Rate per 100,000 Population in Dundee

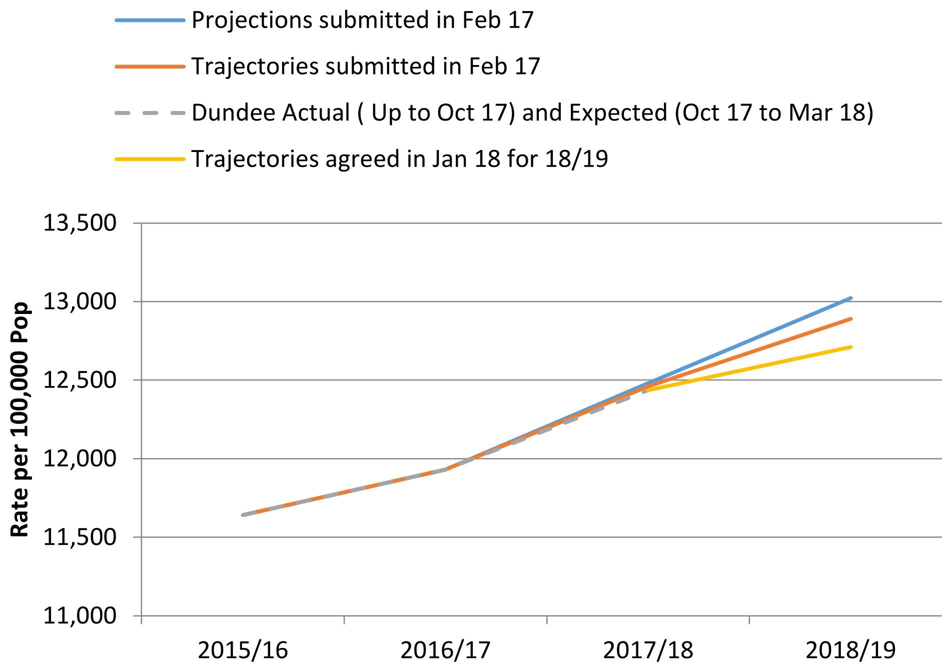
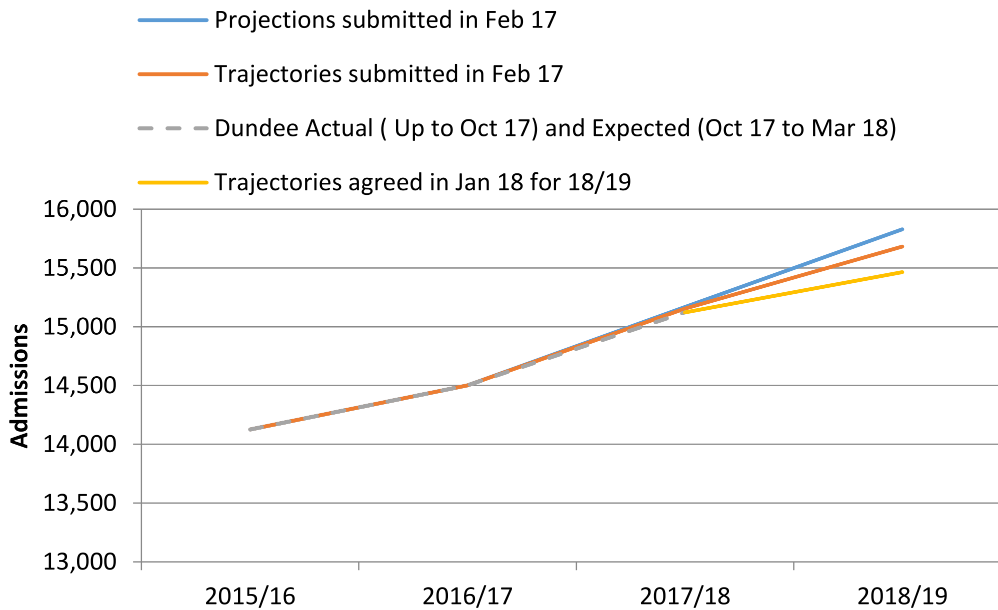


Chart 2: Emergency Admission Numbers 18+



What is the data telling us?

- 17/18 estimated and actual performance is better than the 15/16 based projection for 17/18 and the 17/18 trajectory (target) set in February 17.
- Emergency admissions were projected to increase in 17/18 (15,168 – 15/16 based projection) and the trajectory set in Feb 17 for 17/18 was for emergency admissions to increase at a slower rate than the projection (15,153).
- The actual and estimated data for 17/18 shows that Dundee is likely to perform even better and there will be approximately 15,122 emergency admissions.

How was the 18/19 target developed?

- The 15/16 based projection for 18/19 was that emergency admissions would increase from 15,168 in 17/18 to 15,827 in 18/19. The 18/19 trajectory submitted February 17 was to reduce the rate of this increase to 15,683.
- The 18/19 target is to further reduce emergency admissions from the 17/18 actual and estimate by 4.3% to 15,464 emergency admissions.

How will trajectories agreed in Jan 18 for 18/19 be achieved?

- Further development of Enhanced Community Support, including acute.
- Implement 7 day targeted working (EA5-USC)
- Increased awareness and use of anticipatory care plans for all Adults where a plan would be of benefit.
- Implement an improvement plan relating to re-admission to hospital within 28 days of discharge analysis and improvement plan.
- Implement the Tayside Falls Prevention and Management Framework (2017-20) and refresh DHSCP falls pathway.
- Transformation of work with primary care and the implementation of the new GP contract.
- Development of locality based out- patient clinics.
- Development of integrated care homes.

Emergency Bed Days

Chart 3: Emergency Bed Days 18+ as a Rate per 100,000 Population in Dundee

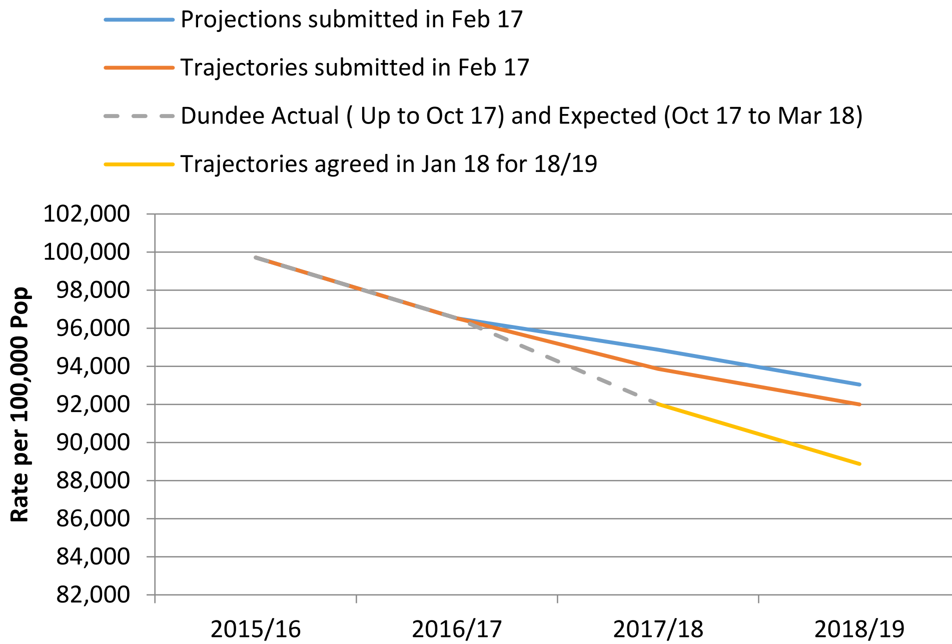
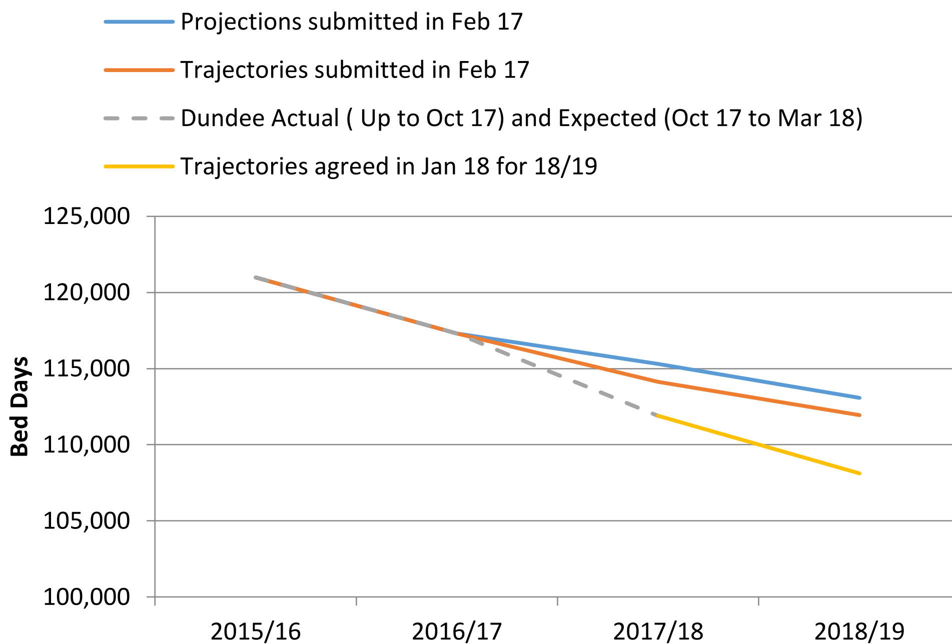


Chart 4: Emergency Bed Day Numbers 18+



What is the data telling us?

- 17/18 estimated and actual performance is better than the 15/16 based projection for 17/18 and the 17/18 trajectory (target) set in February 17.
- Emergency bed days were projected to decrease in 17/18 (115,305 – 15/16 based projection) and the trajectory set in Feb 17 for 17/18 was for emergency bed days to decrease further than the projection (114,132).
- The actual and estimated data for 17/18 shows that Dundee is likely to perform even better and there will be approximately 111,893 emergency bed days.

How was the 18/19 target developed?

- The 15/16 based projection for 18/19 was that emergency bed days would decrease from 115,305 in 17/18 to 113,085 in 18/19. The 18/19 trajectory submitted February 17 was for there to be a further decrease to 111,935 emergency bed days.
- The 18/19 target is to further reduce emergency admissions from the 17/18 actual and estimate by 3.4% to 108,129 emergency bed days.

How will trajectories agreed in Jan 18 for 18/19 be achieved?

- Continue to review in patient models in line with community change.
- Further implement planned date of discharge model.
- Further develop discharge planning arrangements for adults with a learning disability and / or autism, mental ill-health, physical disability and acquired brain injury.
- Increase investment in intermediate forms of care.
- Co-locate the Learning Disability Acute Liaison Service within the Hospital Discharge Team base at Ninewells Hospital
- Increase investment in resources which support assessment for 24 hour care taking place at home or home like settings.
- Implement a pathway for people with substance misuse problems and who have multiple morbidities.
- Hold Power of Attorney local campaigns.
- Earlier identification of requirement for measures under Adults with Incapacity (Scotland) Act 2016.
- Integrated pathways are being developed across care home teams, ortho geriatrics and older people psychiatry.
- Remodel AHP services within acute settings to improve pathways.
- Further remodel integrated discharge hubs which will improve joint working arrangements.

Chart 5: Number of Attendances at A+E

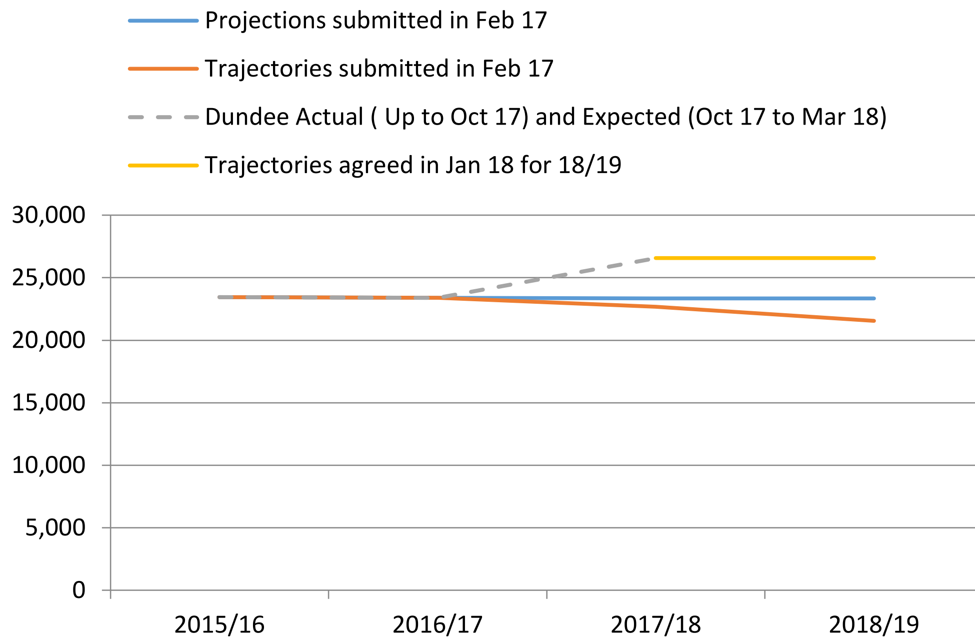


Chart 6: Number of 18+ Admissions from A+E

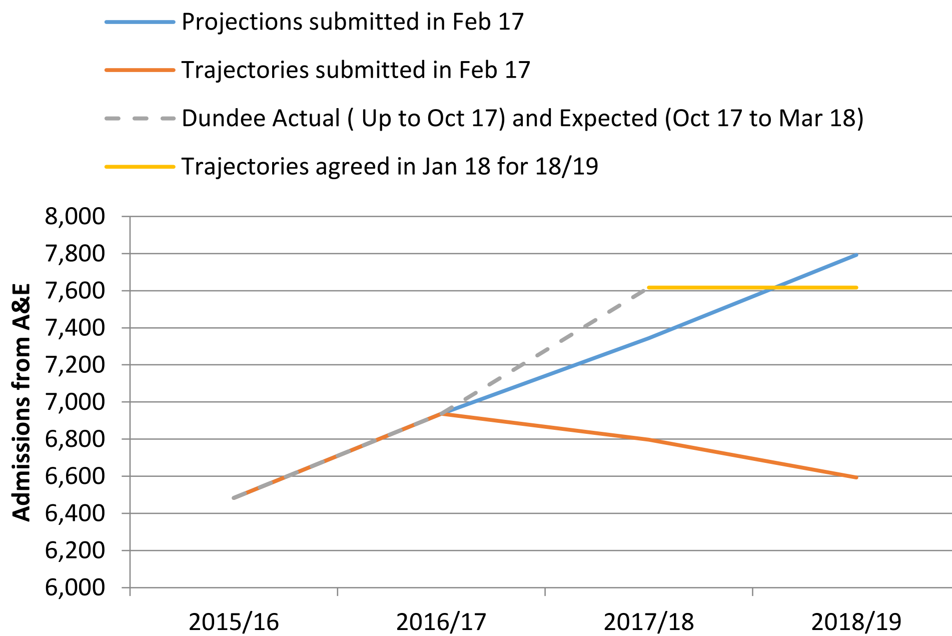
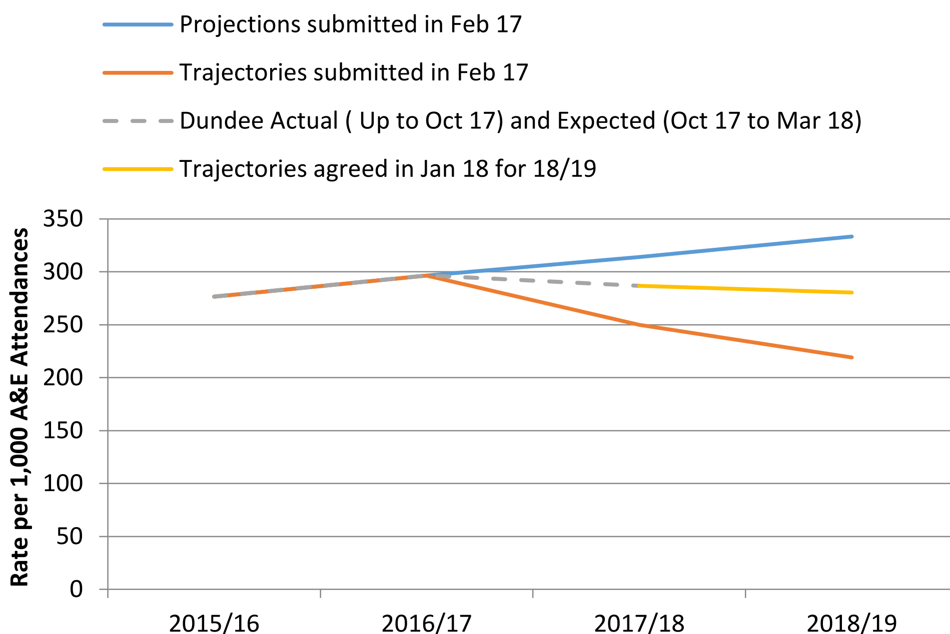


Chart 7: Admissions from A&E 18+ as a Rate per 1,000 Attendances



What is the data telling us?

- 17/18 estimated and actual performance is poorer than both the 15/16 based 17/18 projection for A+E attendances and better than the 15/16 based 17/18 projection and worse that the 17/18 trajectory (target) set in February 17 for A+E admissions.
- A+E attendances were projected to increase in 17/18 (23,336 – 15/16 based) and the trajectory set in Feb 17 for 17/18 was for A+E attendances to decrease further than the projection to 22,686, however the actual and estimated 17/18 data will be approximately 26,562.
- A+E admissions were projected to increase in 17/18 (7,345 – 15/16 based) and the trajectory set in Feb 17 for 17/18 was for A+E admissions to decrease further that the projection to 6,797, however the actual and estimated 17/18 data will be approximately 7,616.

How was the 18/19 target developed?

- The target for number of A+E attendances is to maintain the number at the same as 17/18 (26,562).
- The reasons for the number of A+E attendances in 17/18 being higher than the projection are mainly due to the higher than normal pressures on acute systems due to the flu epidemic and fractures cause by falls in the adverse weather.
- The 18/19 projection (15/16 based) was for there to be zero change from 17/18 and therefore this has been applied to the 18/19 trajectory agreed Jan 18.

How will trajectories agreed in Jan 18 for 18/19 be achieved?

- Further development of Enhanced Community Support, including acute
- Implement 7 day targeted working (EA5-USC)
- Increased awareness and use of anticipatory care plans for all Adults where a plan would be of benefit.
- Implement an improvement plan relating to re-admission to hospital within 28 days of discharge analysis and improvement plan.
- Implement the Tayside Falls Prevention and Management Framework (2017-20) and refresh DHSCP falls pathway.
- Implement a pathway for people with substance misuse problems and who have multiple morbidities.
- Transformation of work with primary care and the implementation of the new GP contract.
- Remodelling of polypharmacy.
- Further remodel integrated discharge hubs which will improve joint working arrangements.

Delayed Discharge

Chart 5: Bed Days Lost to Delayed Discharge 18+ as a Rate per 1,000 Population in Dundee

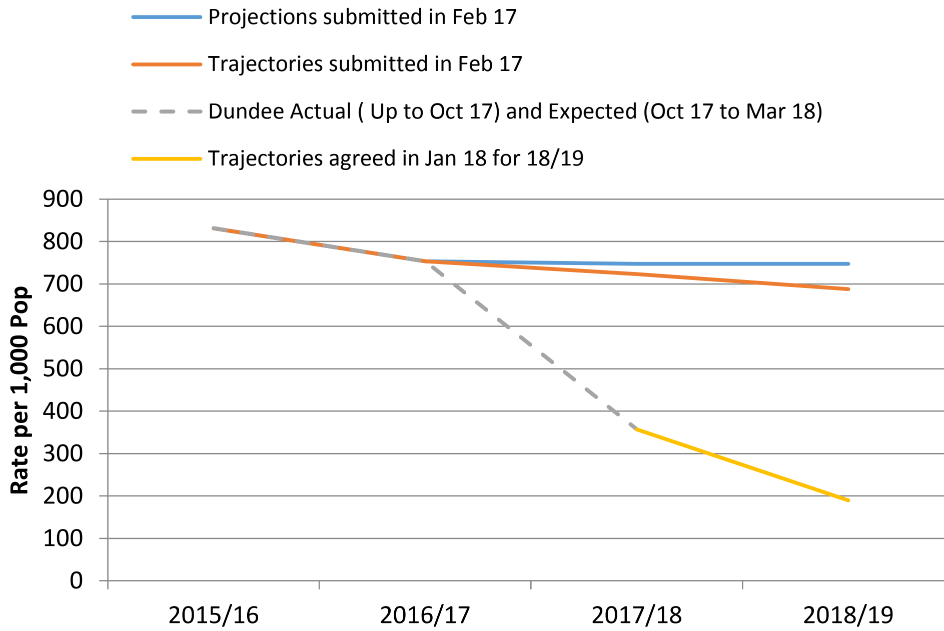
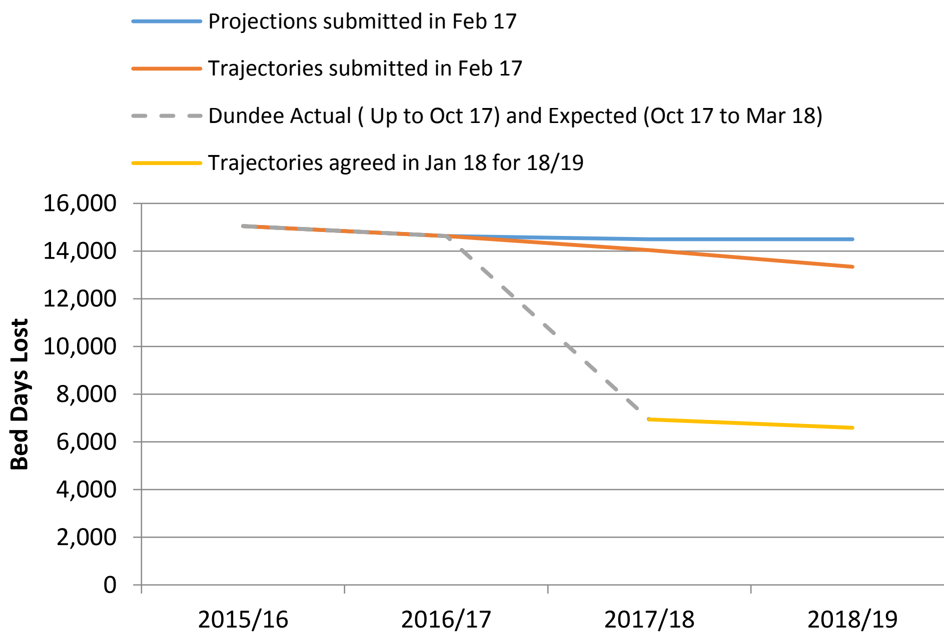


Chart 6: Number of Bed Days Lost to Delayed Discharges 18+



What is the data telling us?

- 17/18 estimated and actual performance is better than the 15/16 based projection for 17/18 and the 17/18 trajectory (target) set in February 17.
- Bed days lost to delayed discharge were projected to decrease in 17/18 to14,502 and the trajectory set in Feb 17 for 17/18 was for emergency bed days to decrease further than the projection (14,042).
- The actual and estimated data for 17/18 shows that Dundee is likely to perform even better and there will be approximately 6,939 bed days lost. This is a further improvement of 7,103 bed days compared with the 17/18 trajectory set in February 17.

How was the 18/19 target developed?

- The 15/16 based projection for 18/19 was that bed days lost would be maintained at the same number as 17/18 (14,502). The 18/19 trajectory submitted February 17 was for there to be a decrease to 13,340 bed days lost.
- The 18/19 target is to further reduce bed days lost from the 17/18 actual and estimate by 5% to 6,592 bed days lost.

How will trajectories agreed in Jan 18 for 18/19 be achieved?

- Increased investment in intermediate forms of care.
- Remodel care at home services and provide more flexible responses.
- Further invest in social care infrastructure, including consolidating current tests of change through third sector partnerships.
- Further development of Community Rehabilitation.
- Review discharge management procedures and guidance.
- Develop a statement and pathway for involving carers in discharge planning process.
- Extend the range of third sector supports for adults transitioning from hospital back to the community.
- Develop a step down and assessment model for residential care.
- Hold Power of Attorney local campaigns.
- Earlier identification of requirement for measures under Adults with Incapacity (Scotland) Act 2016.
- Establish an integrated model of support for people with a learning disability and / or autism who also have extremely complex health and care support needs.
- Implement home and hospital discharge plan.

Last 6 months of life

What is the data telling us?

The 16/17 target was to increase the number of days of the last 6 months of life spent in the community, increase the number of days in a hospice / palliative care by 2% and increase the number of days spent in a large hospital by 13%.

These targets were not met as between 15/16 and 16/17 the number of people who died in the community decreased by 0.8%, the number of people who died in a hospice / palliative care unit decreased by 10.8% and the number of people who died in a large hospital decreased by 3.4%.

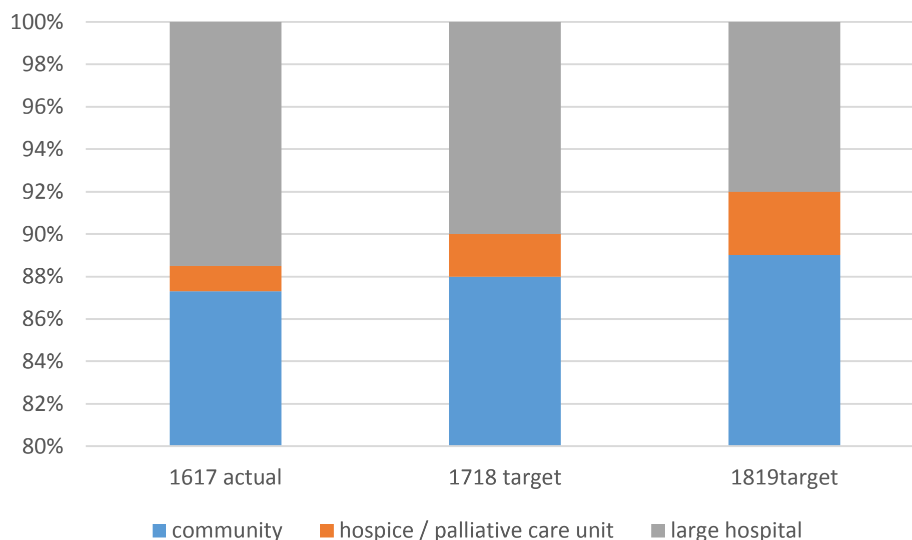
How was the 18/19 targets developed?

When interpreting this data it became apparent that the % change is determined by the total number of deaths in a year and if the number of deaths is less than the baseline year then targets may not be met. Common sense tells us that reduced numbers of deaths cannot be regarded as negative.

It has therefore been agreed that instead of % changes compared with the previous year that it would be more sensible to set ratio based targets.

Chart 7 illustrates the actual 16/17 ratio and the target ratios for 17/18 and 18/19

Chart 7: % of days spent in last 6 months of life by location



How will trajectories agreed in Jan 18 for 18/19 be achieved?

-PEOLC test site for dementia
- Expand the use of Palliative Care Tool Bundle and Response Standards in use across community based health and social care services.
-Fully implement the Macmillan Improving the Cancer Project.
- PEOLC Managed Clinical Network in place, to focus on non-specialist palliative care.
- Increased availability of Key Information Summaries and ACPs.
- Learning disability community nursing team will work with MacMillan nurses to improve methods of communication.

Balance of Care

Data to measure performance against the 16/17 targets is not currently available from NSS ISD therefore it is not currently possible to measure performance.

The targets set in the February 2017 submission were:

Supported At Home

All Ages – 1.5% of the population supported at home.

75+ - 11.6% of the population supported at home

Unsupported At Home

All Ages – 97.6% of the population unsupported at home.

75+ - 80% of the population unsupported at home.

Living in Care Homes

All Ages – 0.5% of the population living in care homes.

75+ - 6.7% of the population living in care homes.

Large Hospital

All Ages – 0.4% of the population in large hospital.

75+ - 1.7% of the population living in large hospital.

Health and Social Care Integration Directorate
Integration Division

T: 0131-244 5453

To: Chief Officers Integration Authorities

22 November 2017

Dear Colleagues

UNDERSTANDING PROGRESS UNDER INTEGRATION

We are writing to provide you with an update on our work to develop a plan for sharing progress updates on integration with the Ministerial Strategic Group for Health and Community Care (MSG).

We wanted firstly to thank you for sharing your local objectives on the initial six indicators in February. As you know, we used this information to provide MSG with a summary overview of Integration Authority ambitions around these indicators, progress to date and some of the challenges facing Integration Authorities in delivering on their objectives. MSG appreciated the time you took in developing and sharing your local objectives to support them in their role in providing political leadership for, and oversight of, integration.

Since then we have been considering how best to provide regular progress updates to MSG. With the agreement of the Chief Officer network, we established a small working group comprising lead officers for strategic commissioning and performance in Integration Authorities, Chief Finance Officers, data analysts and SG officials. The group has met three times to discuss possible approaches and suggested a potential framework for providing future updates to the MSG. This framework is outlined below.

During our discussions, we've reflected in some detail on a number of issues, for instance, 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. We've also shared experiences on setting local objectives.

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:

a) Quarterly data on the six indicators but in time building on these indicators for example to reflect the contribution of primary and social care.
b) Comparison between progress in Integration Authorities and projections set out in local plans, and also with the likely result had no changes been made
c) Overarching narrative summary, drawing out emerging themes from across Integration Authorities
d) Local illustrations, inviting individual Integration Authorities to contextualise their progress with a presentation to the group and opportunity for discussion. Over time we aim to involve a wide range of Integration Authorities depending on the purpose / theme of the MSG meeting.

Taking account of the proposed framework, we have agreed with the working group and Chief Officers that we will co-produce a paper providing an update on progress for the next MSG meeting on 13 December, drawing on the recent annual performance reports, and will invite one or two partnerships to present at the meeting.

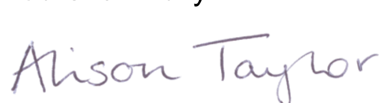
Beyond this meeting, we have agreed with the working group and Chief Officers that it would be helpful to provide MSG with an updated overview of local objectives and ambitions relating to the six indicators. We are aware that some Integration Authorities will have reviewed and updated their objectives since sharing them in February. You are therefore each invited to share your updated objectives for 2018/19 by 31 January 2018, following which we will provide an overview, with input and support from the working group and partnerships, for MSG for their meeting on 21 March 2018. We recognise that, as before, you will want to engage a range of partners in this process.

To support the process, we have developed draft guidance and a suggested format for sharing objectives with advice from the working group, ISD and others. This should help to simplify the task locally and will provide consistency across information shared. As before we would anticipate that there would be local support for developing objectives from the LIST team and other local analysts drawing on collective advice on best practice around developing objectives.

We will work with the working group and Chief Officers to expand the range of indicators used going forward. In view of the move to a single national social care dataset, we have agreed with the working group that we should feed in views around about the social care data collected to ensure that it provides intelligence which supports the planning and delivery of integrated services.

We would be grateful if you would provide your updated 2018/19 local objectives for MSG by 31 January 2018 to be sent to NSS.Source@nhs.net. We recognise that you will want to agree these objectives with your IJB, so if that is not possible within the timescale, we would be happy to accept interim objectives. We would welcome any feedback on this approach and the guidance – please contact my colleague Fee Hodgkiss fiona.hodgkiss@gov.scot or 0131 244 5429.

Yours faithfully



Alison Taylor	Paula McLeay
Deputy Director	Chief Officer Health and Social Care
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