

Report

Report to:	South Lanarkshire Integration Joint Board
Date of Meeting:	17 August 2021
Report by:	Interim Chief Officer, Health and Social Care Partnership

Subject:	Performance Monitoring Report
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ advise the Integration Joint Board on performance against the key performance measures assigned to the integration of Health and Social Care
- ◆ highlight the effect of Covid safety restrictions on performance

2. Recommendation(s)

2.1. The Integration Joint Board is asked to approve the following recommendation(s):-

- (1) that the Integration Joint Board note and comment on the current performance trends.

3. Background

- 3.1. The Health and Social Care Delivery Plan and the work of the Ministerial Steering Group (MSG) in Health and Social Care have identified six key areas through which trends over time will be monitored, with a view to supporting improvement and learning within partnerships and across Scotland.
- 3.2. A key emphasis behind this work is realising the national ambition to shift the balance of care through strategic commissioning which shifts the focus from acute and residential settings to community based alternatives. This attached Appendix 1 gives a short overview of the South Lanarkshire position with regards to the following areas:
- ◆ unplanned admissions
 - ◆ occupied bed days for unscheduled care
 - ◆ A&E performance
 - ◆ Delayed Discharges
 - ◆ end of life care
 - ◆ the balance of spend across institutional and community services
- 3.3. There is a lag period associated with two indicators, unscheduled care admissions and unscheduled care bed days. This is due to completion of episodes of care, coding and subsequent processing via Public Health Scotland (PHS). The data in this report is for the period to April 2021, with 99% confidence regarding NHSL data completeness up to March 2021, admissions and bed days will therefore increase.

- 3.4. The Health and Social Care Partnership (HSCP) is identifying the impact of the ongoing Covid emergency on Health and Wellbeing outcomes and associated performance indicators and targets. Performance reporting continues across localities, with services and localities providing recovery trajectories. However, there are a number of factors which are preventing full recovery and affecting performance and the availability of some performance data.
- 3.5. It should be noted that there is still uncertainty concerning future demand and capacity. Complexities around reduced accommodation and restrictions on the numbers of people visiting facilities, due to Covid safety measures, are affecting performance for services which require more face-to-face appointments.
- 3.6. In addition to routine performance reporting, the Head of Commissioning and Performance has been asked to set up a Recovery group to co-ordinate a consistent approach to recovery across both HSCPs.

4. Proposals

- 4.1. None

5. Employee Implications

- 5.1. There are no employee implications associated with this report.

6. Financial Implications

- 6.1. There are no financial implications associated with this report.

7. Climate Change, Sustainability and Environmental Implications

- 7.1. There are no Climate change, sustainability or environmental implications associated with this report.

8. Other Implications

- 8.1. There are no risk implications associated with this report.
- 8.2. There are no other issues associated with this report.

9. Equality Impact Assessment and Consultation Arrangements

- 9.1. There are no Environmental implications arising directly from this report. There was no requirement to undertake an equality impact assessment.
- 9.2. No specific consultation was required for this report. User and public involvement is key to the development of the partnership and all significant proposals will be subject to an appropriate level of consultation.

10. Directions

- 10.1.

Direction to:	
1. No Direction required	<input checked="" type="checkbox"/>
2. South Lanarkshire Council	<input type="checkbox"/>
3. NHS Lanarkshire	<input type="checkbox"/>
4. South Lanarkshire Council and NHS Lanarkshire	<input type="checkbox"/>

Date created: 29 July 2021

Link(s) to National Health and Wellbeing Outcomes

People are able to look after and improve their own health and wellbeing and live in good health for longer	<input type="checkbox"/>
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home or in a homely setting in their community	<input type="checkbox"/>
People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected	<input type="checkbox"/>
Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services	<input type="checkbox"/>
Health and Social Care Services contribute to reducing health inequalities	<input type="checkbox"/>
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 wellbeing	<input type="checkbox"/>
People who use Health and Social Care Services are safe from harm	<input type="checkbox"/>
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	<input type="checkbox"/>
Resources are used effectively and efficiently in the provision of Health and Social Care Services	<input checked="" type="checkbox"/>

Previous References

◆ none

List of Background Papers

◆ none

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

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South Lanarkshire Health and Social Care Partnership Health and Social Care Delivery Plan Measures

Summary of the MSG indicators in South Lanarkshire for currently available data

1. Year on Year comparison April – March 2019/20 against 2020/21

- ◆ A&E attendances **up** 89%
- ◆ Emergency admission **up** 57%*
- ◆ Unscheduled care bed days, Acute specialties **up** 4%*
- ◆ Unscheduled Care (UC) Bed days Acute/Geriatric Long Stay (GLS)/Mental Health (MH) **up** by **0.04%** *
- ◆ Delayed discharge non-code nine bed days **down** by **15%**

*(It should be noted that emergency admissions and unscheduled care bed days will increase as episodes of care are completed.)

2. Performance against targets

Figure 1 shows performance April 2021/22 for attendances, emergency admission and unscheduled care bed days. In addition delayed discharges performance is shown for most recently published data April – May 2021/22.

2021/22	Target	Performance	Variance	% variance
A&E Attendances	9,661	8,386	-1,275	86.8%
Emergency Admissions	3,864	2,968	896	76.8%
UC Bed days - Acute	18,617	12,739	5,878	68.4%
UC Bed days - Acute/GLS/MH	26,167	16,609	9,558	63.5%
Delayed Discharge bed days	4,575	2,445	2,130	53.4%

Figure 1 Performance against targets

Taking into account data completeness Figure 2 shows performance April – March 2020/21 for emergency admissions and unscheduled care bed days.

	Target	Performance	Variance	% variance
Emergency Admissions	30,948	32,536	1,588	5.1%
UC Bed days - Acute	200,752	197,829	-2,923	-1.5%
UC Bed days - Acute/GLS/MH	26,167	16,609	-9,558	-36.5%

Figure 2: Performance against targets April – March 2020/21 - accounting for data completeness

3. A&E Attendances

Figure 3 shows performance against trajectory April 2021/22, with 1275 fewer attendances than expected, 8,386 against 9,661.

It should be noted that NHS Lanarkshire **management information** shows there has been a significant increase in A&E attendances May through to July 2021.

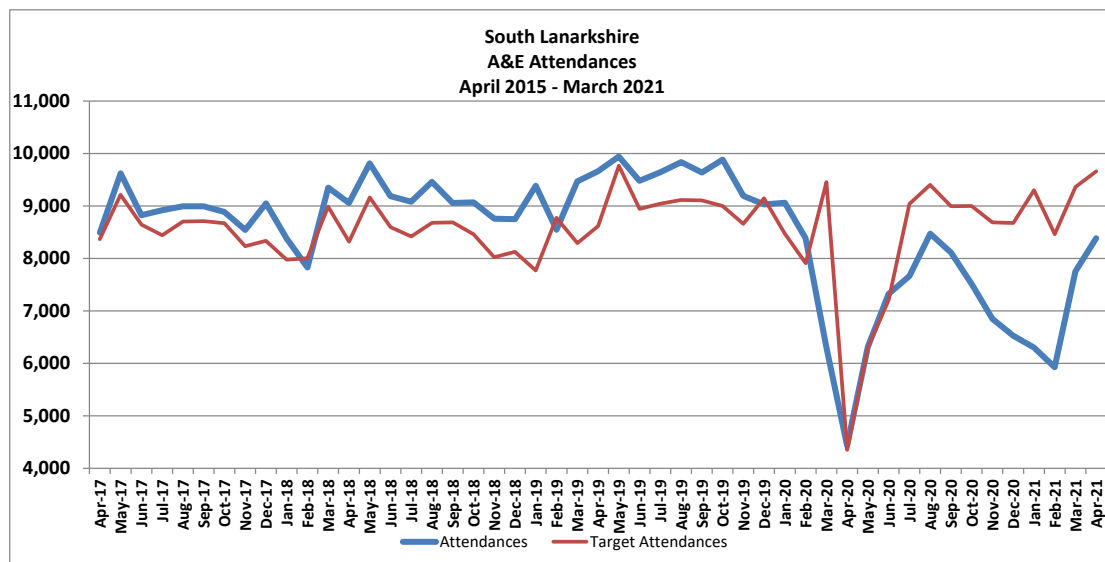


Figure 3 A&E Attendances

4. Emergency Admissions

Performance for emergency admissions (Figure 4) are below the expected level by 896 admissions, 2,986 against the target of 3,864.

Given the significant increase in A&E attendances the Partnership is expecting an increase in emergency admissions, trajectories for 2022 have taken this into account.

Admissions for this period **will** increase as episodes of care are completed.

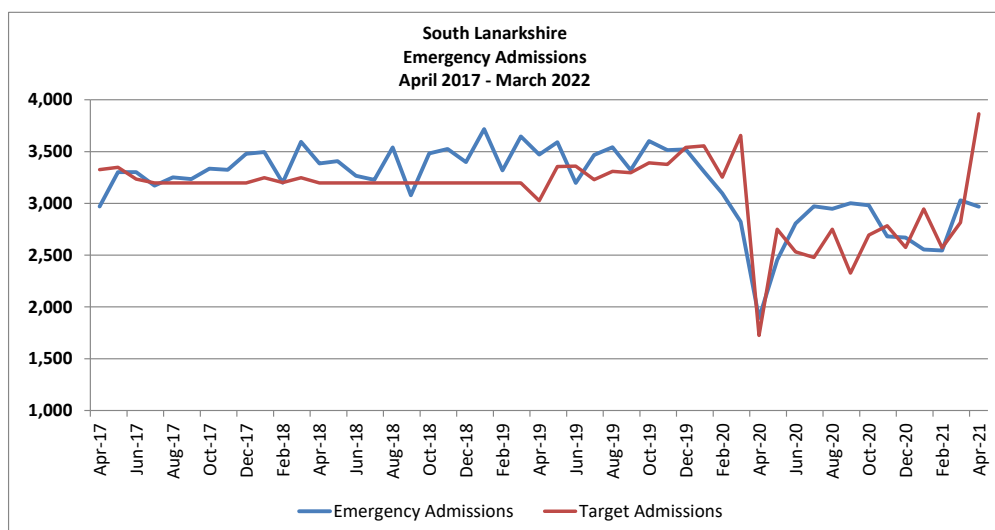


Figure 4 Emergency Admission against trajectories April 2021

5. Unscheduled Care Bed Days

Unscheduled Care Bed Day trajectories for 2021/22 include Acute, Geriatric Long Stay (GLS) and Mental Health (MH). For consistency the graph below (Figure 5) tracks the month-on-month performance longitudinally against the trajectory agreed for unscheduled bed days – Acute specialities. With the second graph (Figure 6) showing UC Bed days for Acute, GLS and MH. It should be noted that there is routinely a few months lag in terms of completed episodes of care and bed days for April 2021 **will** increase.

Unscheduled Bed Days – Acute.

April to January 2020/21 were 5,878 fewer bed days than anticipated, 12,739 against the target of 18,617 (Figure 5). This **will** increase over the next quarter.

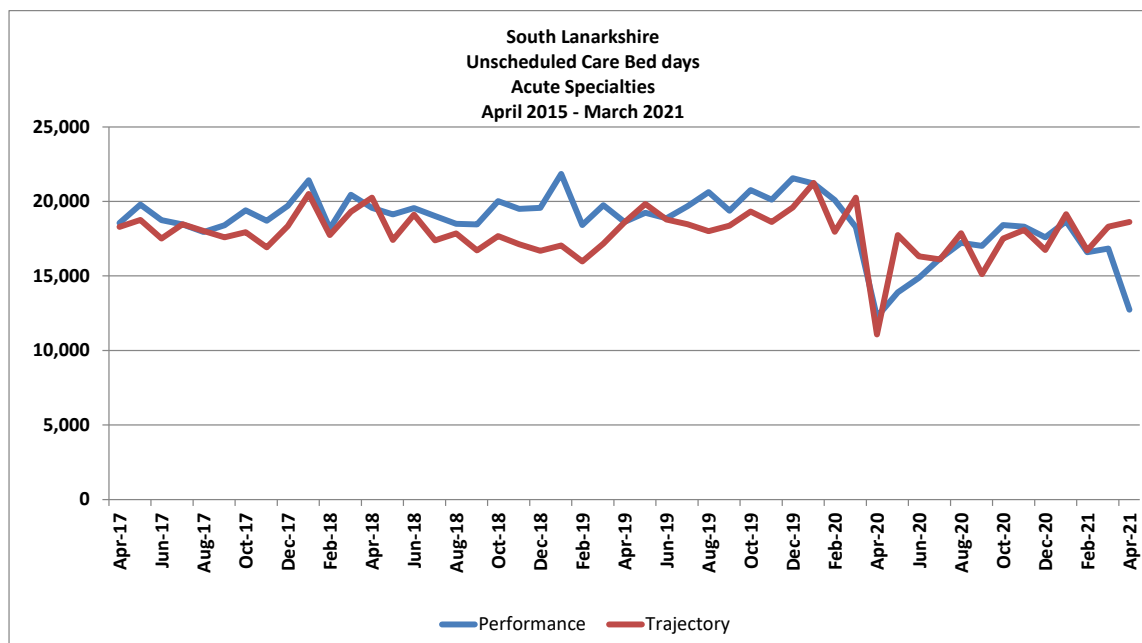


Figure 5 Unscheduled Bed Days - Acute Specialties

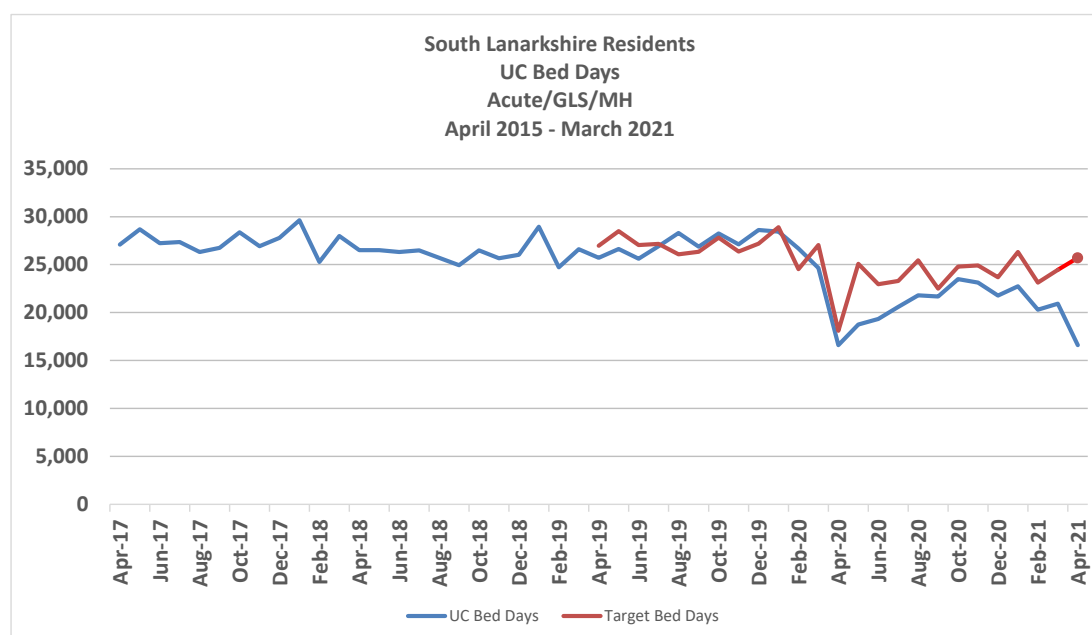


Figure 6 Unscheduled Care Bed Days - Acute/GLS/MH

UC Bed Days – Acute, GLS, MH.

April 2021 there were 9,558 **fewer** bed days than anticipated, 16,609 against the target of 26,167 (Figure 6). This **will** increase over the next quarter.

6. Delayed Discharge Bed Days

April – May 2021/22

As expected there has been a significant reduction in delayed discharge non-code 9 bed days from April (Figure 7), with the improved performance continuing through to February 2021 with 16,195 bed days against the target of 19,484.

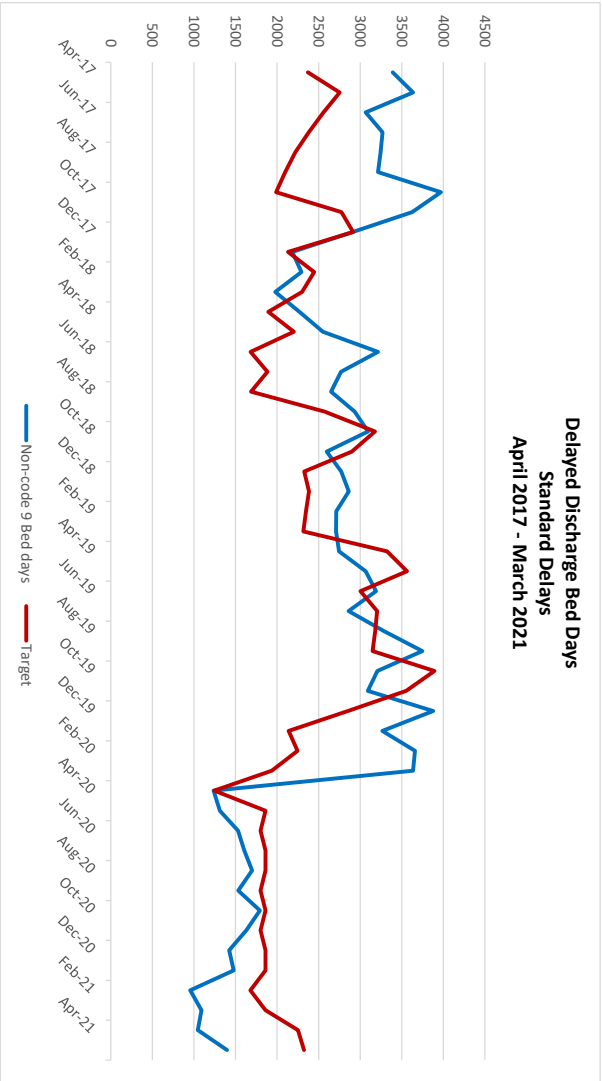


Figure 7 Delayed Discharge Bed Days - non-code 9

Figures 8 and 9 show **management information** for bed days and delays respectively on Mondays to 19th July 2021. This indicates that performance has deteriorate during June and July.

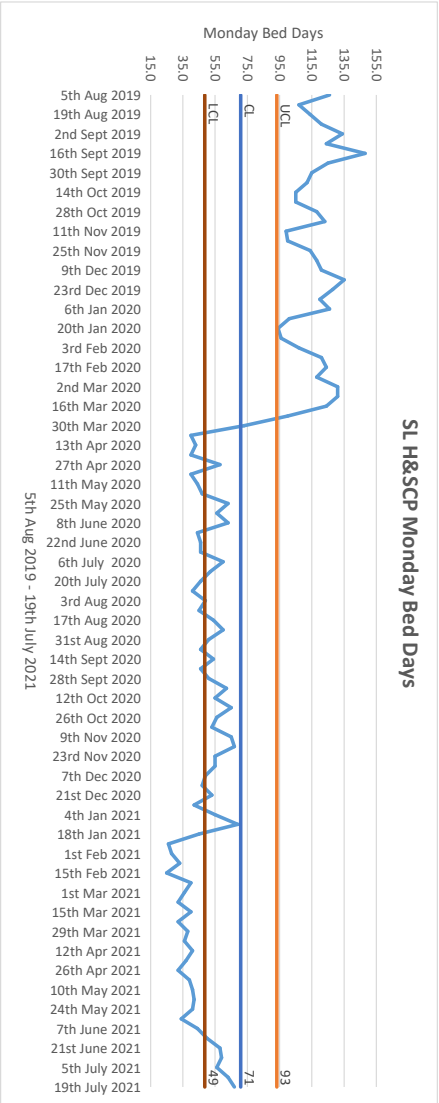


Figure 8 Monday Delay Bed Days

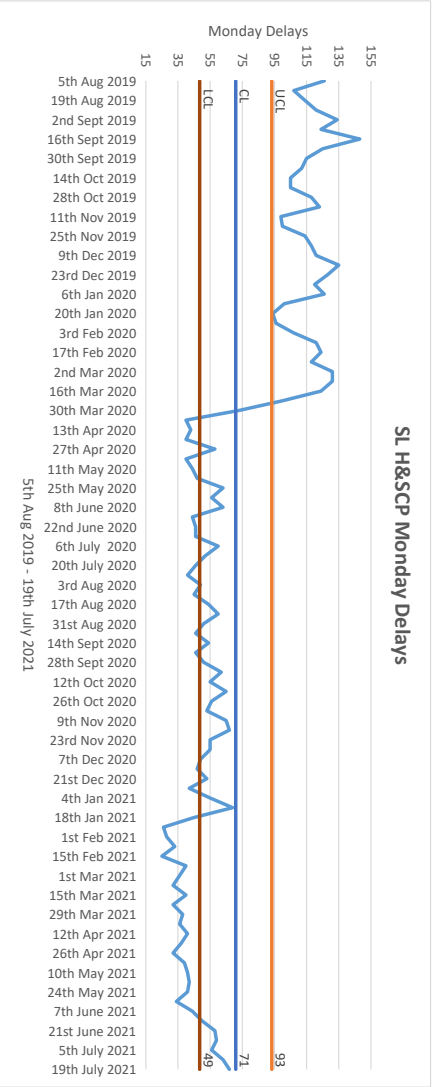


Figure 9 Monday delayed discharges

7. Last Six Months of Life by Setting

Percentage of people who spend their last six months in a community setting has steadily increased over the previous three years. As the range of services in the community setting increases, it is expected that the numbers of people who spend the last six months in the community will similarly increase.

The table below (Fig 11) confirms the Partnership is increasing the proportion of South Lanarkshire residents who spend the last six months of life in the community. The percentage of people who spend the last six months of life in a large hospital has fallen since 2013/14 to 10.1% during 2019/20, slightly above the target of 10.0%. Fewer people spend their last six months in either hospitals or hospice/palliative care units. It should be noted that the data provided is management information. Data for 2019/20 is provisional.

	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2019/20P
Community	84.8%	85.2%	85.3%	87.2%	87.6%	88.5%	88.3%
Community Target	84.2%	84.4%	84.9%	87.0%	86.6%	88.4%	87.1%
Large Hospital	11.8%	12.1%	12.1%	10.7%	10.2%	9.9%	10.2%
Large Hospital Target	12.4%	12.9%	12.4%	11.1%	10.7%	10.0%	10.0%

Figure 10 Percentage of last six months of life by setting

8. Balance of Care

Figure 12 shows the percentage of people over 75 who are not thought to be in any other setting, or receiving any Home Care, has increased since 2015/16, although reducing slightly 2019/20, this may change as data is provisional. Given the increase in the 75+ age group, the 2015/16 percentage remains the target through to 2019/20.

	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020P
Home (unsupported)	81.6%	82.1%	82.2%	82.5%	83.5%	82.9%	83.3%
Home (unsupported) Target	81.0%	81.8%	81.7%	82.0%	82.0%	82.0%	82.0%
Home Supported	9.6%	9.0%	9.0%	9.0%	9.0%	9.3%	9.1%
Home Support Target	9.6%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%

Figure 11 Balance of Care – 2019/20 data provisional

Balance of care improvement figures, shown above, were based on the over 75 population, generally those with the more complex needs. Currently the percentage of people over 75 who remain at home without support is above target by slightly below 1%.

It should be noted that this data is management information. This indicator is still under development nationally and may change in future reports. Data for 2019/20 is provisional.