



Meeting of East Renfrewshire Integration Joint Board	Performance and Audit Committee
Held on	27 September 2017
Agenda Item	10
Title	Performance Reporting Update 2016/17 and 2017/18
Summary	
	and Audit Committee with an update on the for East Renfrewshire Health and Social Care
Presented by	Candy Millard, Head of Strategic Services
•	nittee is requested to:- formance information and comparison measures for and Social Care Partnership



### EAST RENFREWSHIRE INTEGRATION JOINT BOARD

### PERFORMANCE & AUDIT COMMITTEE

### 29 September 2017

### Report by Candy Millard, Head of Strategic Services

### PERFORMANCE REPORTING UPDATE 2016/17and 2017/18

### PURPOSE OF REPORT

1. This report provides Performance and Audit Committee with an update on the performance reporting framework for East Renfrewshire Health and Social Care Partnership Strategic Plan.

#### RECOMMENDATION

- 2. The Performance and Audit committee is requested to
  - Note and comment on performance information and comparison measures for East Renfrewshire Health and Social Care Partnership

### BACKGROUND

- 3. Under the Public Bodies legislation Integration Authorities are accountable for delivering the National Health and Wellbeing Outcomes. Each Integration Authority is required to publish an annual performance report, which sets out how they are improving the National Health and Wellbeing Outcomes and performance on the National Indicators for health and social care. A copy of the first annual report was presented to the Performance and Audit committee and Integrated Joint Board on 29 June 2017. This report compared performance to national benchmarks and local targets but did not give trends over time.
- 4. The Integration Scheme states that East Renfrewshire Council and NHS Greater Glasgow and Clyde will identify a core set of indicators that relate to Services from publicly accountable and national indicators and targets that they currently report against. These form part of the Outcome Delivery Plan for East Renfrewshire Council and the Local Delivery Plan for NHSGGGC.
- 5. This report provides comparison with national performance measures for 2014/15 and those measures agreed with East Renfrewshire Council and NHSGGC for 2016/17, along with targets for 2017/18. It is set out in line with the Implementation Plan agreed by the Integration Joint Board at its meeting of 28 June 2017. A copy of the Implementation Plan is attached as Appendix 1.
- 6. If these measures are acceptable to the Performance and Audit Committee a full midyear update will be presented to its November meeting.

### REPORT

#### National Outcome Performance Measures

7. These outcome indicators fall into two categories. The first category is outcome indicators based on survey feedback, to emphasise the importance of a personal outcomes approach and the key role of user feedback in improving quality. These surveys are carried out on a two yearly basis so comparison data is available for 2013/14 and 2015/16. The second category of indicators is derived from organisational/system data primarily collected for other reasons. These indicators are available for 2015/16 and 2016/17.

#### East Renfrewshire Council Performance Measure Development

8. The data for East Renfrewshire Council agreed performance measures is taken from its report on the draft Outcome Delivery Plan 2017- 20, 27 June 2017. However rather than set out HSCP measures under the Single Outcome Agreement headings this report links them to the National Health and Wellbeing Outcomes, in line with our Implementation Plan.

#### NHSGGC Performance Measure Development

9. HSCPs across Glasgow have agreed a set of 25 high level performance indicators to reflect the range of health functions delegated to Integration Joint Boards. Each of the measures listed are in line with Local Delivery Plan (LDP) requirements and national and local priorities. The move to EMIS systems has delayed local reporting for some measures. Updates will be given as soon as possible.

### CONCLUSION

10. This report provides an update on HSCP performance measures with comparisons over time and with benchmarks where available. Performance and Audit Committee will receive an update on available 2017/18 data at its next meeting with exception reporting for areas where the HSCP is at risk of not achieving the target.

### RECOMMENDATIONS

- 11. The Performance and Audit committee is requested to
  - Note and comment on performance information and comparison measures for East Renfrewshire Health and Social Care Partnership

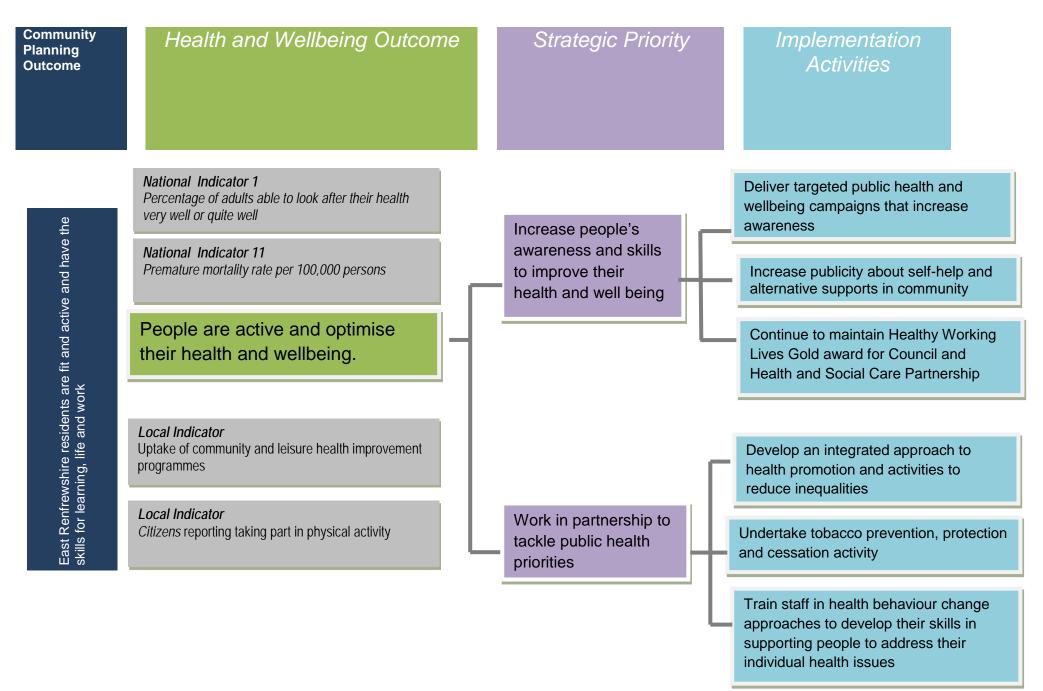
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### **KEY WORDS**

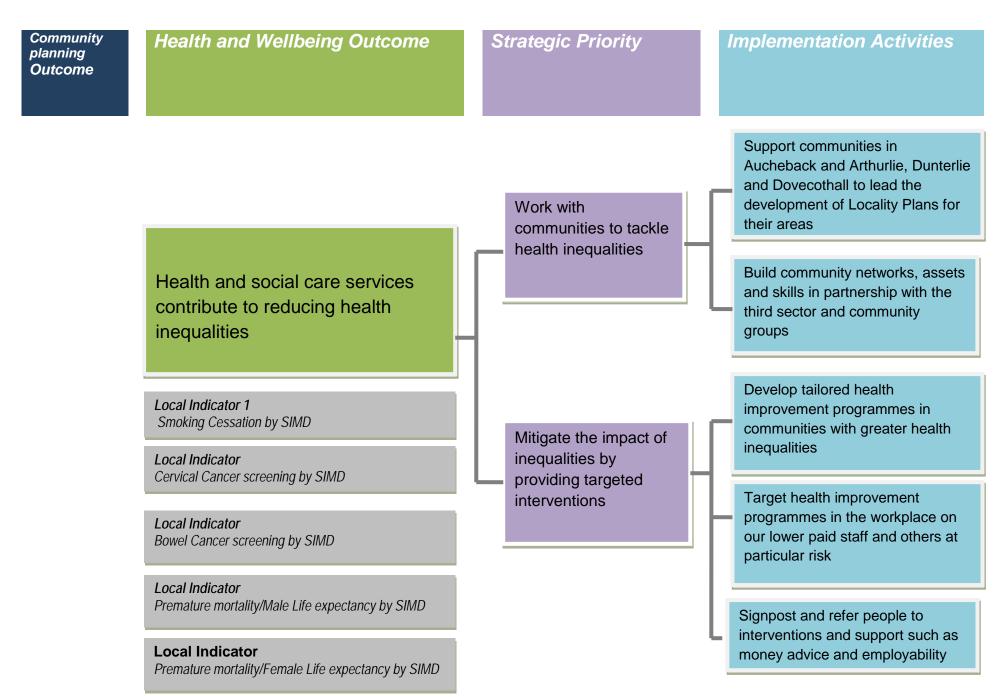
Outcomes; performance; reporting; scrutiny;

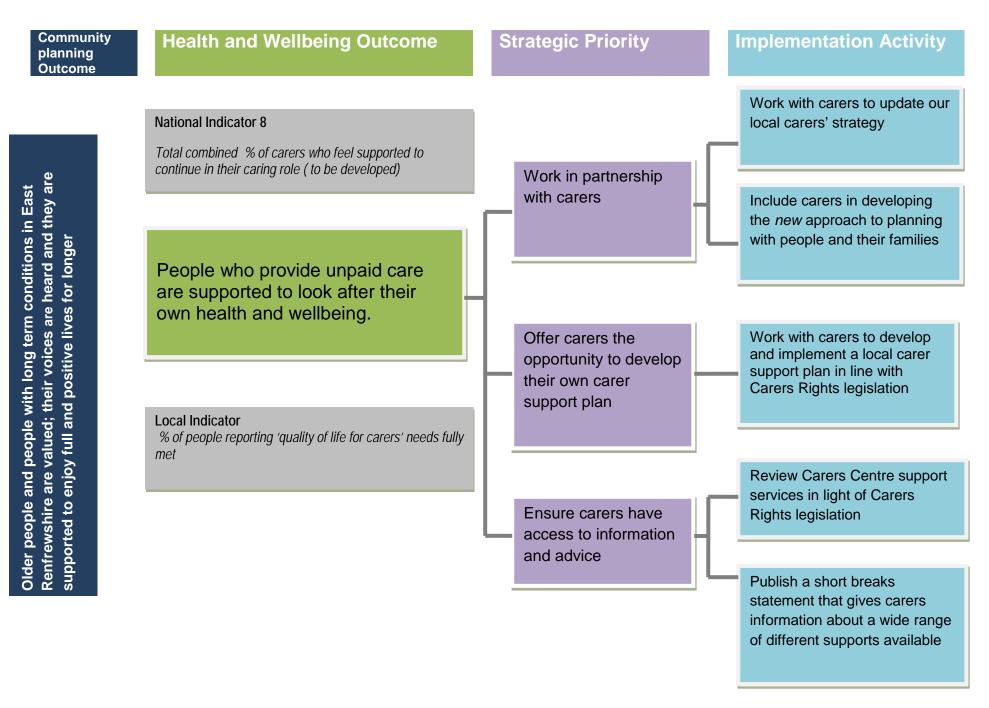


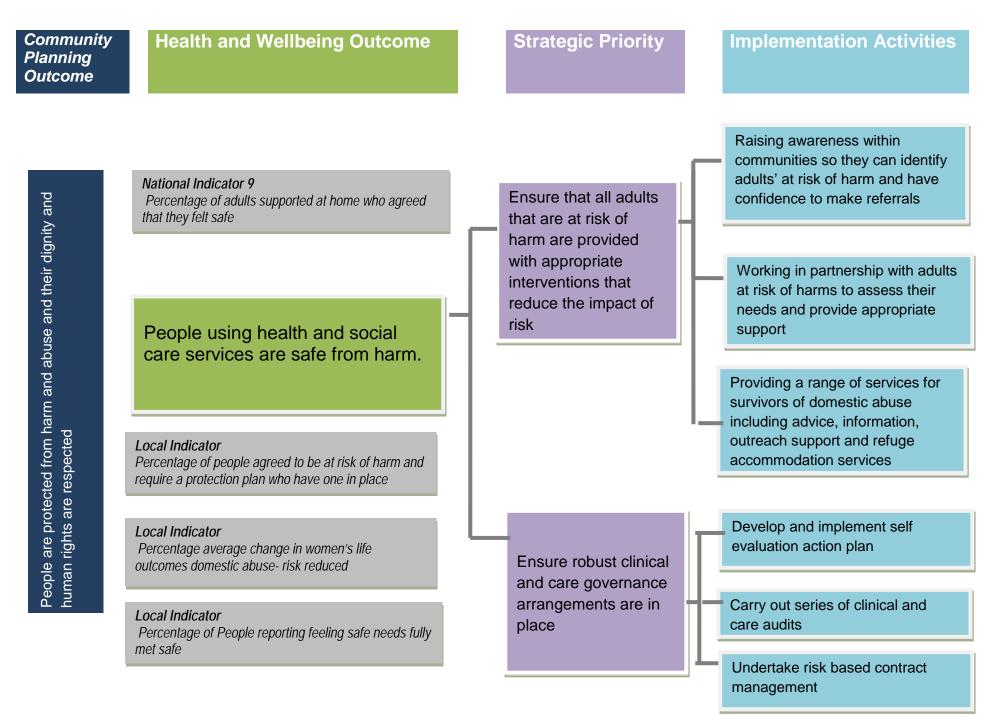
Community Planning	Health and Wellbeing Outcome		Strategic Priority		Implementation Activities
vshire full Ontcome	National Indicator 2 % of people supported at home who agree that they are supported to live as independently as possible National Indicator 3 % of people supported at home who agree that they had a say in how their help, care or support was provided		Working with people early to help them stay		Improve people's first contact with health and social care by providing the right information, advice and support.
East Renfrewshire ted to enjoy full	National Indicator 12 Emergency admission rate National Indicator 13		independent and avoid reaching a crisis	H	Work with people to plan ahead for changes in their long term condition
ditions in E re support	Emergency bed day rate National Indicator 14 Readmission to hospital within 28 National Indicator 15				Maximise use of telehealth and telecare to support people at home
Older people and people with long term conditions in East Renfrewshi are valued; their voices are heard and they are supported to enjoy full and positive lives for longer.	Proportion of last 6 months of life spent at home or in a community setting National Indicator 18 Percentage of adults with intensive care needs receiving care at home		Develop a new way of planning with people who		Implement new assessment process to support planning with people and their families
people with lon oices are hearc for longer.	National Indicator 19 Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) (age 75+)		need support so that they have choice and control		Implement learning from pilot of My Life My Way self-directed support
e and peop heir voices lives for lo	People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably		over their life.		Promote Power of Attorney, offering support though Carers Centre
lder people e valued; t nd positive	practicable, independently and at home or in a homely setting in their community	1	Improve pathways for people going into and coming		Coordinate work of community staff in hospital to get people home quicker and with the right support
	Local Indicator s Percentage of people reporting 'living where you want to live' needs fully met. Self-Directed Support spend on adults as percentage of total social care spend on adults	L	home from hospital		Identify people at risk of re- admission and plan better supports including people in care homes
I	Percentage of people aged 65+ who live in housing rather than a care home or hospital Delayed discharge over 72 hours				Improve access to care outwith normal working hours

Community Planning Outcome	Strategic P	Priorities Implementation Activities
<b>National Indicator 4</b> Percentage of adults supported at home who agreed that their services seemed to be well coordinated	Ensure peop	
<i>National Indicator 5</i> <i>Percentage of adults receiving any care or support who rated it as excellent as good</i>	positive first of with HSCP	Monitor who is engaging with us, identify those that have yet to participate and work to better
<i>National Indicator 6</i> <i>Percentage of people with positive experience of the care provided in their</i> <i>GP practice</i>		include them
<b>National Indicator 17</b> Proportion of care services graded good or better in Care Inspectorate inspections	Ensure dign valuing what people	
People who use health and social care services		Test new community led support what matters approach in three localities
have positive experiences of those services, and have their dignity respected	Create engage and feedback	k Sk
Local Indicator People reporting being respected needs fully met	opportunities on suggestio complaints	
<i>Local Indicator</i> <i>Citizen panel percentage of service users rating health and social care</i> <i>services as very good/good</i>		Develop new ways of feeding back on what has been said, the changes we are making and the difference people's involvement has made

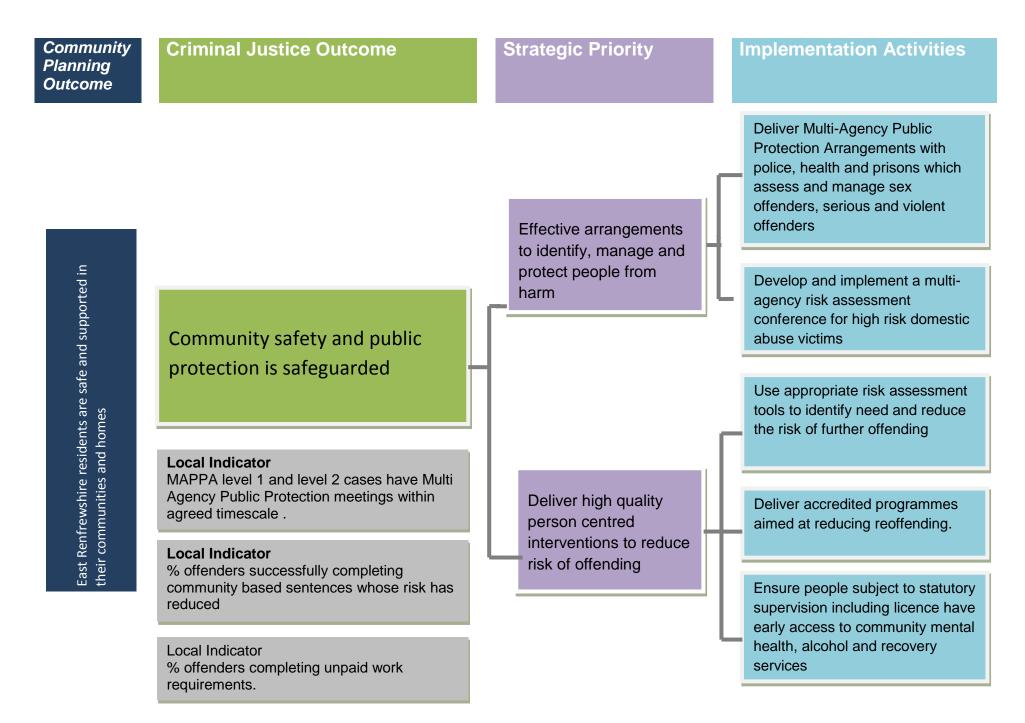
Community Planning Outcome	Health and Wellbeing Outcome	Strategic Priority	Implementation Activity
Older people and people with long term conditions in East Renfrewshire are valued; their voices are heard and they are supported to enjoy full and positive lives for <b>longer</b> .	<ul> <li>National Indicator 7</li> <li>Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life</li> <li>National Indicator 16</li> <li>Falls rate per 100 population aged 65+</li> <li>Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.</li> <li>Local Indicators</li> <li>Percentage of those whose care need has reduced following re-ablement.</li> <li>Local Indicator</li> <li>Percentage of people reporting having things to do' needs fully met</li> <li>NHSGGC Indicators</li> <li>18 week referral to treatment for psychological therapies</li> </ul>	Improve access to a comprehensive range of rehabilitation, self management and recovery services for older adults and people with long term conditions	Implement home care redesign including re-ablement Increase the use of technology as part of care and support planning Change mental health service delivery to have a greater focus on supporting people with their recovery and quality of life Implement the new alcohol and drug Recovery Outcome Web Tool which helps people plan for their recovery and charts their progress. Develop access to wider range of volunteering work and leisure activities for people with a learning disability
	Clients will wait no more than 3 weeks for appropriate drug and alcohol treatment that supports their recovery People newly diagnosed with dementia will have a minimum of 1 years post diagnostic support Primary care mental health team waits (apt, treatment)	positive contribution to their communities	Develop access to wider range of social, community and leisure activities for older people and people with long term conditions







Vision and values	Health and Wellbeing Outcome		Strategic Priority		Implementation Activities
סס	National Indicator 10 % of staff who say they would recommend		Staff are well informed		Staff are engaged in services changes and redesign and have the opportunity to influence the outcomes.
ners in developin wledge, skills an	Staff feel engaged with the work they do and are supported		and involved		Ensure iMatter is rolled out within the HSCP during 2017 and managers are encouraged to develop team action plans based on questionnaire feedback.
<b><i>our staff</i></b> as parti valuing their kno I social care.	to continuously improve the information, support, care and treatment they provide.		Staff are appropriately trained	ŀſ	All staff joining the HSCP receive an orientation awareness to the organisation and have full access to resources to support the delivery of quality services
<i>Working together With our staff</i> as partners in developing and delivering our vision, valuing their knowledge, skills and commitment to health and social care.	Local Indicator % of staff who report feeling engaged in staff survey Local Indicator % Staff who report "I am clear about my duties and responsibilities" ' in iMatter Staff Survey			L	Ensure managers are supported to ensure every staff member will have a PRD / KSF review with clear key objectives and a personal development plan
<i>Workin</i> g and deliv commitn	<b>Local Indicator</b> % Staff who report "I am given the time and resources to support my learning	L	Staff are provided with a safe working environment		Ensure lone working policy is place and staff support protection systems are monitored
	growth" in iMatter Staff Survey				Provide support to managers to help them ensure employees health and well being and maintain attendance



Natio	onal Health and Wellbeing Outcome 1 - People are active and optimise the	eir health and wellb	being		
		2013-14	2015-16	2013-14	2015-16
Natio	onal Health and Wellbeing Indicator	ERHSCP	ERHSCP	National	National
		Value	Value	Benchmark	Benchmark
1	Percentage of adults able to look after their health very well or quite well	94%	96%	94%	94%
		2014	2015	2014	2015
		ERHSCP	ERHSCP	National	National
		Value	Value	Benchmark	Benchmark
11	Premature mortality rate per 100,000 persons	364	297	423	441
Loca	I Indicator	2015-16 Value	2016-17 Value	2016-17 Target	2017-18 Target
ODP					
2.4	Uptake of community health improvement programmes	405	462	500	500
	Citizens reporting taking part in physical activity				

		2013-14	2015-16	2013-14	2015-16
Natio	nal Health and Wellbeing Indicator	Value	Value	National	National
				Benchmark	Benchmark
2	% of people supported at home who agree that they are supported to live as				
	independently as possible	84	83	84	84
3	% of people supported at home who agree that they had a say in how their				
	help, care or support was provided	90	78	83	79
		2015-16	2016-17	2015-16	2016-17
		ERHSCP	ERHSCP	National	National
		Value	Value	Benchmark	Benchmark
12	Rate of emergency admissions per 100,000 population for adults.	11,349	11,284	12,138	12,037
13	Rate of emergency bed day per 100,000 population for adults.	105,749	111,568	122,713	119,649
14	Readmission to hospital within 28 days rate per 100,000 population	78	79	96	95
15	Proportion of last 6 months of life spent at home or in a community setting	86	86	87	88
18	Percentage of adults with intensive care needs receiving care at home	61	58	61%	62%
19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) (age 75+)	209	228	915	842
		2015-16	2016-17	2016-17	2017-18
Local	Indicator	Value	Value	Target	Target
ODP	Percentage of people reporting 'living where you want to live' needs fully	77.6%	78.2%	80%	81%
5.2	met.				
	Self-Directed Support spend on adults as percentage of total social care spend on adults		5.3%	6.7	
ODP 5.2	Percentage of people aged 65+ who live in housing rather than a care home or hospital	97.5%	97.55%	97.5%	97.5%
	Delayed discharge over 72 hours	-	5	5	1

Nati	onal Health and Wellbeing Indicator	2013-14 Value	2015-16 Value	2013-14 National Benchmark	2015-16 National Benchmark
4	Percentage of adults supported at home who agreed that their services seemed to be well coordinated	81	69	79	75
5	Percentage of adults receiving any care or support who rated it as excellent as good	88	83	84	81
6 Percentage of people with positive e. GP practice	Percentage of people with positive experience of the care provided in their GP practice	91	89	87	87
		2015-16 ERHSCP Value	2016-17 ERHSCP Value	2015-16 National Benchmark	2016-17 National Benchmark
17	Proportion of care services graded good or better in Care Inspectorate inspections	88	86	81	83
Loca	al HSCP Indicator	2015-16 Value	2016-17 Value	2016-17 Target	2017-18 Target
	People reporting being respected needs fully met	95.8%	95.5%	94.0%	
	Citizen panel percentage of service users rating health and social care services as very good/good	92%	92%	92%	

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Natio	onal Health and Wellbeing Indicator	2013-14 Value	2015-16 Value	2013-14 National Benchmark	2015-16 National Benchmark
7	Percentage of adults supported at home who agree that their services and	05	22	05	
	support had an impact on improving or maintaining their quality of life	85	82	85	84
		2015-16	2016-17	2015-16	2016-17
		ERHSCP Value	ERHSCP Value	National Benchmark	National Benchmark
16	Falls rate per 100 population aged 65+	21	21	21	21
10		2015-16	2016-17	2016-17	2017-18
	I ODP Indicator	Value	Value	Target	Target
5.1	Percentage of those whose care need has reduced following re-ablement.	70%	70%	70%	70%
5.1	Percentage of people reporting having things to do' needs fully met	61.7%	61.7%	61.7%	61.7%
	Percentage of people reporting 'staying as well as you can' needs fully met at review	76.9%	76.4%	77.0%	
4.4	Percentage of individuals moving from alcohol & drug treatment to recovery	12.7%	9%	9%	10%
4.4	Percentage change individual Recovery Outcome Score	N/A	16.9%	-	17%
NHS	GGC Indicators				
	18 week referral to treatment for psychological therapies				
	Clients will wait no more than 3 weeks for appropriate drug and alcohol treatment that supports their recovery	-	98.2%	95%	
	People newly diagnosed with dementia will have a minimum of 1 years post diagnostic support				
					1

Primary care mental health team waits (apt, treatment)

		2016-17 Value	2016-17 Target	2017-18 Target
The number of smokers in our most deprived areas (SIMD1) supported to successfully stop smoking at 12 weeks post quit date		27	28	
NHSGGC Indicators	2015 ERHSCP Value		2015 NHSGGC Benchmark	
Cervical Cancer screening take up in our most serviced communities	65.9%		70.1%	
Bowel Cancer Screening take up in most deprived communities	43.8%		44.4%.	
Male life expectancy at birth in 15 per cent most deprived communities	71.9			
Female life expectancy at birth in 15 per cent most deprived communities	78.8			

Natio	nal Health and Wellbeing Outcome 6 - People who provide unpaid care are	1.1			Ÿ
		2013-14	2015-16	2013-14	2015-16
Natio	nal Health and Wellbeing Indicator	Value	Value	National	National
	°			Benchmark	Benchmark
8	Total combined % of carers who feel supported to continue in their caring				
	role ( to be developed)	85	82	85	84
		2015-16	2016-17	2016-17	2017-18
Loca	I ODP Indicator	Value	Value	Target	Target
5.3	% of people reporting 'quality of life for carers' needs fully met	68.9%	70.9%	70%	72%
2.1	Increase number of identified young carers	-	-	48	53
2.1	By 2020 all young carers known to services will have a Young Carers	-	-	-	20%
	Statement				

Natio	onal Health and Wellbeing Indicator	2013-14 Value	2015-16 Value	2013-14 National Benchmark	2015-16 National Benchmark
9	Percentage of adults supported at home who agreed that they felt safe	88	84	85	84
		2015-16	2016-17	2016-17	2017-18
Loca	I ODP Indicator	Value	Value	Target	Target
4.2	Percentage of people agreed to be at risk of harm and require a protection plan who have one in place	N/A	N/A	100%	100%
4.2	Percentage average change in women's life outcomes domestic abuse- risk reduced	N/A	66%	65%	70%
	Percentage of People reporting feeling safe needs fully met safe				

Local ODP Indicator	2015-16 Value	2016-17 Value	2016-17 Target	2017-18 Target
MAPPA level 1 and level 2 cases have Multi Agency Public Protection meetings within agreed timescale	N/A	N/A	100%	100%
% offenders successfully completing community based sentences whose risk has reduced	N/A	66%	65%	70%
% offenders completing unpaid work requirements.	N/A	95.6%	80%	80%