



Meeting of East Renfrewshire Integration Joint Board	Performance and Audit Committee
Held on	18 December 2015
Agenda Item	9
Title	Update on Development of Performance Measures
<p>Summary</p> <p>This report provides Performance and Audit Committee with an update on the development of performance measures to be taken into account when preparing the Strategic Plan.</p>	
Presented by	Candy Millard, Head of Strategic Services
<p>Action Required</p> <p>The Performance and Audit committee is requested to note progress on the development of performance measures to be taken into account when preparing the Strategic Plan and comment on the suggested suite of performance measures from NHSGGC.</p>	

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE & AUDIT COMMITTEE

18 December 2015

Report by Chief Officer

UPDATE ON DEVELOPMENT OF PERFORMANCE MEASURES

PURPOSE OF REPORT

1. The purpose of this report is to provide Performance and Audit Committee with an update on the development of performance measures to be taken into account when preparing the Strategic Plan.

RECOMMENDATION

2. The Performance and Audit committee is requested to note progress on the development of performance measures to be taken into account when preparing the Strategic Plan and comment on the suggested suite of performance measures from NHSGGC

BACKGROUND

3. Under the Public Bodies legislation Integration Authorities are responsible for planning and delivering a wide range of health and social care services, and will be accountable for delivering the National Health and Wellbeing Outcomes. Each Integration Authority will be required to publish an annual performance report, which will set out how they are improving the National Health and Wellbeing Outcomes. These reports will all need to include information about the core suite of indicators, supported by local measures and contextualising data to provide a broader picture of local performance.
4. The Strategic Plan noted that many of the HSCP actions to improve health and wellbeing for 2015-16 flow from commitments to East Renfrewshire's Outcome Delivery Plan and NHCGGC Local Delivery Plan. These are in their final year of completion having been areas of development for the Community Health and Care Partnership in previous years. The Strategic Plan stated that progress and performance in these areas will be reported for 2015-16 through the Organisational Performance Report. A mid-year report was taken to the last meeting of the Integration Joint Board.
5. 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. A list of indicators and measures which relate to integration functions will be collated along with information on the data gathering and reporting requirements for performance targets and improvement measures in a performance directory. The Parties will share all performance information, targets and indicators and the directory with the Integration Joint Board.
6. This report gives an update on progress in developing the performance measures for 2016- 17.

REPORT

National Outcome Performance Measures

7. A set of national outcome performance indicators have been developed in consultation with a wide range of stakeholders including significant input from COSLA, and have been agreed by the Ministerial Steering Group. They remain to be tested in practice with partnerships to understand their usefulness both for reporting progress and identifying areas for improvement to help with strategic planning. It should be noted that the indicators will develop and improve over time, and that some of them still require data development.
8. These outcome indicators fall into two categories. The first 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. While national user feedback will only be available every 2 years, it is expected that Integration Authorities' performance reports will be supplemented each year with related information that is collected more often. The second set of indicators are derived from organisational/system data primarily collected for other reasons. These indicators will be available annually or more often. Appendix 1 sets out the national outcome performance indicators.

East Renfrewshire Council Performance Measure Development

9. East Renfrewshire Council is currently updating its Outcome Delivery Plan which details the Council contribution to the Single Outcome Agreement. The Council is taking a new approach to the development the Outcome Delivery for 2016-17 and beyond. This new approach is intended to deliver a plan which is more strategic, logical, visual, and measurable. Officers are being asked to prepare simple diagrams to support the strategic planning process for the ODP. These 'ODP diagrams' will illustrate the main outcomes the Council is focused on, and identify useful indicators, which will allow the Council to monitor and report on progress in a meaningful way.
10. Officers from the HSCP have been involved in workshops to develop driver diagrams for a number of Single Outcome Agreement areas where the Health and Social Care Partnership makes a significant contribution. The draft driver diagrams are due for submitted by the end of December with a view to the Outcome Delivery Plan being finalised in March 2015. This will be the main source of performance measure requirements for East Renfrewshire Council.
11. In addition the Chief Social Work Officer's Report contains a number of nationally agreed areas for performance reporting on social work services following a template produced by Scottish Government and Social Work Scotland. This report will be taken to Council on an annual basis and will provide an overview of social work service activity, performance and key achievements for the past year. It will provide Council with information on the statutory responsibilities of the Chief Social Work Officer on behalf of East Renfrewshire Council

NHSGGC Performance Measure Development

12. The purpose of this paper is to outline a single set of health related performance measures, targets and reporting arrangements to reflect the health functions and responsibilities that have been delegated by NHS Greater Glasgow and Clyde to the six Integration Joint Boards (IJBs).

13. Appendix 2 provides a list of the high level performance indicators that have been developed to reflect the range of health functions delegated to Integration Joint Boards. The list also contains measures for those IJBs that have incorporated some of the non-delegated functions as part of their Integration Schemes. Each of the measures listed are in line with NHS Greater Glasgow and Clyde's 2015-16 Strategic Direction; Local Delivery Plan and based on national and local priorities. The list also contains a number of measures relating to the statutory governance responsibilities, relating to clinical quality and safety, staff and employment, equalities and finance.
14. These performance measures will be used to enable:-
 - scrutiny by the Chief Officer and the IJB,
 - scrutiny by the Board Chief Executive in his line management capacity;
 - aggregation to enable the full NHS Board to have the overview of governance required to discharge its responsibilities.
15. Specific measures and targets relating to specialist learning disability hosted services within East Renfrewshire Health and Social Care Partnership will be developed in conjunction with the Chief Officers of the other five Integrated Joint Boards.

CONCLUSIONS

16. A set of national outcome indicators have been agreed with Scottish Government. Progress is underway to develop and agree performance measures for 2016-17 and beyond with East Renfrewshire Council and NHSGGC. It is anticipated that there will be some overlap and duplication in these indicators and measures. The draft measures will be brought together into a single list to be brought to the next meeting of the Performance and Audit Committee, along with some recommendations about frequency of reporting. This process is expected to be completed by 1st April 2016 and will be subject to a regular review process thereafter.

RECOMMENDATIONS

17. The Performance and Audit committee is requested to note progress on the development of performance measures to be taken into account when preparing the Strategic Plan and comment on the suggested suite of performance measures from NHSGGC

REPORT AUTHOR AND PERSON TO CONTACT

Chief Officer, HSCP: Julie Murray

Candy Millard, Head of Strategic Services
candy.millard@eastrenfrewshire.gov.uk
0141 577 3376

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KEY WORDS

Outcomes; performance; reporting

National Health and Wellbeing Outcomes Performance Indicators

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. While national user feedback will only be available every 2 years, it is expected that Integration Authorities' performance reports will be supplemented each year with related information that is collected more often.

1. Percentage of adults able to look after their health very well or quite well.
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
5. Percentage of adults receiving any care or support who rate it as excellent or good
6. Percentage of people with positive experience of care at their GP practice.
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
8. Percentage of carers who feel supported to continue in their caring role.
9. Percentage of adults supported at home who agree they felt safe.
10. Percentage of staff who say they would recommend their workplace as a good place to work.*

Indicators derived from organisational/system data primarily collected for other reasons. These indicators will be available annually or more often.

11. Premature mortality rate.
12. Rate of emergency admissions for adults.*
13. Rate of emergency bed days for adults.*
14. Readmissions to hospital within 28 days of discharge.*
15. Proportion of last 6 months of life spent at home or in community setting.
16. Falls rate per 1,000 population in over 65s.*
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.
18. Percentage of adults with intensive needs receiving care at home.
19. Number of days people spend in hospital when they are ready to be discharged.
20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.
21. Percentage of people admitted from home to hospital during the year, who are discharged to a care home.*
22. Percentage of people who are discharged from hospital within 72 hours of being ready.*
23. Expenditure on end of life care.*

APPENDIX 1 - LIST OF PERFORMANCE INDICATORS

The list of indicators is work in progress and in need of further development with IJB Chief Officers and the Medical and Nursing Directors to ensure they reflect key high level measures and frameworks around patient safety and clinical quality, infection control, patient engagement and rights. All of the indicators have been grouped under NHS Greater Glasgow & Clyde's 5 Strategic priorities outlined in the 2015-16 Strategic Direction / Local Delivery Plan.

Strategic Priority 1: Early Intervention and Preventing Ill Health

Ref	Type	Performance Indicators	2015-16 Target	2016-17 Target
1	LKPI	Primary Care Mental Health Team Waits		
		% of patients referred to 1 st appointment offered > 4 weeks	100%	100%
		% of patients referred to 1 st treatment appointment offered > 9 weeks	100%	100%
2	LDPS	Access Psychological Therapies - % of patients who started treatment within 18 weeks of referral	95%	TBC
3	LDPS	Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks	90%	TBC
4	LDPS	Drugs and Alcohol Referral To Treatment - % of patients seen < 3 weeks	91.5%	TBC
5	LKPI	Smoking in Pregnancy	20%	20%
6	LKPI	30 month assessment		
		% of children receiving their 30 month assessment	TBC	TBC
		% of children reaching their 27 - 30 month assessment milestones	TBC	TBC
7		Uptake of MMR		
		24 months	95%	95%
		5 years	97%	97%
8		Dental Registration		
		0 – 2 years	60%	TBC
		3 – 5 years	85%	TBC
9	LKPI	Cancer Screening:		
		% uptake of Bowel screening	60%	60%
		% uptake of Breast screening	70%	70%
		% uptake of Cervical screening	80%	80%
10	LDPS	Smoking Cessation (quits at 3 months)	1,328	TBC
11	LDPS	Alcohol Brief Interventions	14,595	TBC

Strategic Priority 2 & 3: Shifting The Balance Of Care and Reshaping Care for Older People

Ref	Type	Performance Indicators	2015-16 Target	2016-17 Target
1	HSCI	Rate of emergency admissions for adults	TBC	TBC
2	HSCI	Rate of emergency bed days for adults	TBC	TBC
3	LKPI	Number of A&E presentations per 100,000 popu	TBC	TBC
4	LKPI	Number of non elective inpatient episodes/spells	TBC	TBC
5	LDPS	Delayed Discharge:		
		> 14 days	0	0
6	HSCI	< 72 hours	TBC	TBC
7	LKPI	Number of bed days lost to delayed discharge for patients aged 65 years+	47,933	23,967
	LKPI	Number of delayed discharges of AWI patients aged 65 years+	50% reduction on 2009/10 baseline	50% reduction on 2009/10 baseline
8	LKPI	Deaths in acute hospitals:		
		Patients aged 65 years+	TBC	TBC
		Patients aged 75 years+	TBC	TBC
9	LKPI	Number of patients on dementia register	8,629	TBC
10	LDPS	People newly diagnosed with dementia will have a minimum of 1 years post diagnostic support	100%	100%
11	LKPI	Number of people aged 65 years+ with an anticipatory care plan in place	TBC	TBC

Strategic Priority 4: Improving Quality, Efficiency and effectiveness

The indicators relating to clinical quality and safety, staff and employment, equalities and finance will require further discussion and development.

Ref	Type	Performance Indicators	2015-16 Target	2016-17 Target
1	LDPS	GP Access		
		GP 48 hour access	90%	90%
		GP advance booking	90%	90%
2		Annualised cost per weighted patient	Board Average	Board Average
3		Number of GP practices participating in LES medicines management	90%	
4		Compliance with Formulary Preferred List	78%	78%
5	LKPI	Waiting Times (in weeks) for an appointment to:		
		Physiotherapy	TBC	TBC
		Podiatry	TBC	TBC
		Dietetics	TBC	TBC
		Speech and Language	TBC	TBC
		Continence Service	TBC	TBC
6	LKPI	% of complaints responded to within 20 days	70%	70%
7	LKPI	% of freedom of information requests responded to within 20 days	90%	90%
8	LKPI	Staff sickness absence rate	4%	4%
		Short Term	1.3%	
		Long Term	2.7%	
9	LKPI	% of staff with completed e-KSF/PDP	80%	80%
10	LKPI	Induction Completion rates		
		% of healthcare support worker staff with mandatory induction completed within the deadline	100%	100%
		% of healthcare support worker staff with standard induction completed within the deadline	100%	100%
11	LKPI	Community Nursing Standards Compliance:		
		Record Keeping	100%	100%
		Medication	100%	100%
		Hand Hygiene	100%	100%
12	LKPI	Significant Clinical Incidents	TBC	TBC
13	LDPS	Financial balance	(breakeven)	(breakeven)

Strategic Priority 5: Tackling Inequalities

The indicators relating to tackling inequality will require further discussion.

Ref	Type	Performance Indicators	2015-16 Target	2016-17 Target
1	LKPI	Number of Routine Sensitive Inquiry's carried out	TBC	TBC
		Number of referrals made as a result of the routine sensitive inquiry being carried out	TBC	TBC
2	LKPI	% of staff trained in Gender Based Violence	TBC	TBC
3	LKPI	% of staff trained in Equality and Diversity Training	TBC	TBC
4	LKPI	Number of referrals to financial inclusion and employability services	TBC	TBC
5	HSCI	Premature mortality	TBC	TBC