REPORT TO:	**PERFORMANCE & AUDIT COMMITTEE – 24 NOVEMBER 2020**
REPORT ON:	**MEASURING PERFORMANCE UNDER INTEGRATION 2020/21**
REPORT BY:	**CHIEF FINANCE OFFICER**
REPORT NO:	**PAC32-2020**

1.0   PURPOSE OF REPORT

1.1   The purpose of this report is to seek approval of an interim approach to assessing and reporting performance against Measuring Performance under Integration indicators set by the Ministerial Strategic Group for Health and Community Care (MSG) during 2020/21.

2.0   RECOMMENDATIONS

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

2.1   Note the content of the report, including the need to agree a formal position in relation to the reporting of performance against Measuring Performance under Integration indicators for 2020/21 (section 4.2.3).

2.2   Agree the proposal that Measuring Performance under Integration targets are not set for 2020/21 but that data continues to be integrated into the Quarterly Performance Reports submitted to PAC (section 4.2.6).

3.0   FINANCIAL IMPLICATIONS

3.1   None.

4.0   BACKGROUND

4.1   Measuring Performance under Integration Submissions

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.

A full list of indicators in the current dataset is provided in appendix 1.

4.1.2   In February 2017 the Dundee Partnership provided an initial response to the Scottish Government for consideration by the MSG, setting out targets in each service delivery area for 2017/18. In January 2018 a further submission was made to the Scottish Government setting targets in the six service delivery areas for 2018/19. At this time the Scottish Government amended its approach to allow Partnerships who have not been delegated children's services functions to submit targets for indicators for the 18+ age group only. In February 2019 a

submission was made to the Scottish Government for 2019/20 (Article IV of the minute of the meeting of the Dundee PAC held on 12 February 2019 refers).

4.1.3 At a local level performance against targets set for Measuring Performance Under Integration Indicators has been reported as part of the regular Quarterly Performance Reports submitted to PAC. The position at the end of Quarter 4 2019/20 was that performance exceeded targets for emergency admission (numbers and rate), emergency bed day numbers for mental health specialties, number of A+E attendances and rate of bed days lost to code 9 delayed discharges. Emergency admissions as a rate per 1,000 of all A+E attendances, emergency admission numbers from A+E, emergency bed days (rate and numbers) for acute specialties, bed days lost to delayed discharges per 1,000 population (all reasons) (numbers and rate) were **not** met.

4.2 Measuring Performance under Integration – 2020/21

4.2.1 Due to the onset of the COVID-19 pandemic there has been no request to the Partnership from the Scottish Government to set and submit targets for 2020/21. At this time there is no indication that such a request will be forthcoming this financial year, however Public Health Scotland will continue to produce and publish MSG indicator data for the foreseeable future.

4.2.2 It is known that there are ongoing discussions between Scottish Government and COSLA regarding future arrangements for Joint Accountability (NHS / LA) for integration, supported by a suite of performance indicators. This work has been delayed by the pandemic but one possible outcome is that the current MSG suite of indicators will be revised or replaced.

4.2.3 Given these circumstances the 2020/21 Quarter 1 Performance Report applied the targets set for 2019/20 against the Quarter 1 2020/21 data. However, a formal position requires to be adopted for the remainder of the financial year.

4.2.4 In normal circumstances proposed Measuring Performance under Integration targets are developed by the Health and Community Care Operational Management Team with close support from the Strategy and Performance Team. This process takes account of a range of information sources, including: 2015/16 baseline data; 2015/16 based projections for subsequent financial years; trajectories / targets previously submitted to the MSG; actual / estimated data from the previous financial year; and, trajectories / targets based on that estimated position (at city wide and, for some indicators, LCPP level).

Where special cause variation exists, for example focused improvement work to reduce delayed discharges resulting in significant improvements in performance in a single year, subsequent year targets are adjusted so that the same rate of increase or decrease is not expected in subsequent years.

4.2.5 2020/21 has been an exceptional year for the health and social care system, with significant impacts in normal operation of services and supports due to the COVID-19 pandemic. Projections utilised within the target setting methodology outlined at section 4.2.4 will therefore not provide a robust basis for target setting. Advice has been sought from Public Health Scotland LIST analysts embedded within the Partnership and it has been identified that there is no predictive model available for use that can adequately account for the impact of COVID-19 on performance.

4.2.6 Given the unreliability of predictive modelling in the current circumstances and lack of any formal request from the MSG to set targets it is recommended that the Partnership does not set targets for 2020/21 but continues to monitor Measuring Performance under Integration data as part of Quarterly Performance Reports submitted to PAC. This reflects the fact that data continues to be made available to the Partnership and MSG and forms part of the wider evidence base that the Partnership relies on in meeting statutory obligations to demonstrate progress towards the National Health and Wellbeing Outcomes and Indicators as part of the statutory Annual Performance report.

5.0 POLICY IMPLICATIONS

5.1 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 absence of targets against Measuring Performance under Integration indicators may inadvertently contribute to poorer performance than might otherwise have been achieved had targets been in place.
Risk Category	Operational
Inherent Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
Mitigating Actions (including timescales and resources)	• Performance against all indicators that are reportable will continue to be reported to and scrutinised by PAC as part of the Partnership's Quarterly Performance Reports. • Monthly data against all indicators that are reportable will be provided to relevant operational managers, the operational management team and senior management team to enable ongoing monitoring and scrutiny. • Statutory requirement remains in place to monitor performance against the National Health and Wellbeing Indicators that have significant overlap with the Measuring Performance under Integration indicators. • Other factors, largely related to the COVID-19 pandemic, are likely to have a much greater impact on performance during 2020/21 than the possible impact of not setting targets; Partnership resource will be focused on identifying and mitigating these factors.
Residual Risk Level	Likelihood 1 x Impact 3 = Risk Scoring 3 (Low Risk)
Planned Risk Level	Likelihood 1 x Impact 3 = Risk Scoring 3 (Low Risk)
Approval recommendation	Given the low level of planned risk, this risk is deemed to be manageable.

7.0   CONSULTATIONS

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

8.0   BACKGROUND PAPERS

8.1   None.

Dave Berry   **DATE**: 14 October 2020
Chief Finance Officer

Measuring Performance under Integration Indicators 2019/20

Unplanned admissions		
1	Number of emergency admissions	Data available
2	Number of emergency admissions from A&E	Data available
3	A&E Conversion rate	
Occupied bed days for unscheduled care		
4	Number of emergency bed days	Data available
5	Number of emergency bed days - geriatric long stay	
6	Number of emergency bed days - mental health specialities	
A&E		
7	Number of A&E attendances	
8	A&E % seen within 4 hours	
Delayed discharge		
9	Number of bed days lost – standard and code 9	Data available
10	Number of bed days lost – code 9	Data available
11	Number of bed days lost – health and social care reasons	
12	Number of bed days lost – patient / carer / family related reasons	
End of life care		
13	% of last 6 months of life in community	Data available
14	% of last 6 months of life in hospice / palliative care unit	Data available
15	% of last 6 months of life in community hospital	
16	% of last 6 months of life in large hospital	Data available
17	Number of days of last 6 months of life in community	
18	Number of days of last 6 months of life in hospice / palliative care unit	
19	Number of days of last 6 months of life in community hospital	
20	Number of days of last 6 months of life in large hospital	
Balance of care		
21	% of population living at home (unsupported) – All ages	
22	% of population living at home (supported) – all ages	
23	% of population living in a care home – all ages	
24	% of population living in hospice / palliative care unit – all ages	
25	% of population living in community hospital – all ages	
26	% of population living in large hospital – all ages	
27	% of population living at home (unsupported) – 75+	
28	% of population living at home (supported) – 75+	
29	% of population living in a care home – 75+	
30	% of population living in hospice / palliative care unit – 75+	
31	% of population living in community hospital – 75+	
32	% of population living in large hospital – 75+	