East Lothian Council

REPORT TO: Policy and Performance Review Committee

MEETING DATE: 14 December 2023

BY: Chief Officer, East Lothian Health and Social Care Partnership

SUBJECT: Health and Social Care Partnership Performance Indicators

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1 PURPOSE

1.1 To present a list of proposed East Lothian Health and Social Care Partnership (HSCP) performance indicators for future reporting to PPRC, along with contextual information and performance data in relation to these indicators for the most recent available reporting period.

2 RECOMMENDATIONS

2.1 Members are asked to approve the proposed HSCP indicators and note performance to date in relation to these indicators.

3 BACKGROUND

3.1 The East Lothian Integration Joint Board Annual Performance Report for 2022/23 provides a detailed narrative describing HSCP service development and delivery over the year, along with presenting performance data on a range of local and national indicators. The Annual Performance Report is reported to the June meeting of the IJB. It is proposed that future reports are also presented to the PPRC as a means of providing a detailed account of the performance of HSCP services across the full financial year.

3.2 In addition to the IJB Annual Performance Report, performance in relation to social work services also is reported in the following annual publications:

- East Lothian Chief Social Work Officer Annual Report
- East Lothian and Midlothian Public Protection Committee Annual Report

- East Lothian Justice Social Work Service Annual Report.

As with the IJB Annual Performance Report, there is an option to present these reports, in full or summary form, to the PPRC as required.

3.3 In addition to the annual reporting described above, more regular reporting to delivery partners, NHS Lothian and East Lothian Council, takes place throughout the year. This includes reporting to PPRC in relation to a number of performance indicators contained in the Council's performance framework. This report proposes a number of changes in relation to these indicators.

3.4 Due to the constraints resulting from PPRC's broad remit, it has been necessary to identify a number of key areas to focus on. These have been selected as areas of activity where Council services delegated to the IJB play a central role, albeit as part of integrated services / approaches.

3.5 Details of the recommended indicators are contained at Appendix 1, along with contextual information and a description of related HSCP activity. Data is also included for each indicator. For indicators where the data is available quarterly this is included up to the end of quarter 2 of the current year (September 2023). For indicators where data is available annually, figures for the most recent year are presented.

3.6 Targets are in place for existing HSCP indicators and will be identified for any new indicators in the next reporting cycle.

4 POLICY IMPLICATIONS

4.1 Reporting performance helps the Council demonstrate that it is achieving Best Value in regard to 'Commitment and Leadership', 'Sound Governance at a strategic, financial and operational level' and 'Accountability'.

4.2 The scrutiny of performance by Elected Members is part of 'Commitment and Leadership'. The Best Value Guidance explains that the scrutiny of performance means 'That members are involved in setting the strategic direction for Best Value and there is a mechanism for internal scrutiny by members of performance and service outcomes'. Reporting the performance indicators for each service every quarter is intended to aid this process.

5 INTEGRATED IMPACT ASSESSMENT

5.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy.

6 RESOURCE IMPLICATIONS

6.1 Financial – none.

6.2 Personnel – none.

6.3 Other – none.

7 BACKGROUND PAPERS

7.1 East Lothian Integration Joint Board Annual Performance Report 2022 to 2023.

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Appendix 1

East Lothian HSCP Services – Performance Indicators for PPRC

The indicators proposed below cover three broad areas of HSCP activity where East Lothian Council functions delegated to the IJB play a key role – these are:

1. Developing Intermediate Care.
2. Supporting Hospital Flow.
3. Reimagining Adult Social Work.

A table showing the full list of proposed indicators is included below.

Broader performance reporting on all East Lothian Health and Social Care Partnership (ELHSCP) services takes place via the East Lothian IJB Annual Performance Report which contains a detailed narrative on the development and delivery of services and includes performance data in relation to a range of indicators developed at both national and local level.

Performance data related to HSCP services is also included in the following annual publications:

- East Lothian Chief Social Work Officer Annual Report.
- East Lothian and Midlothian Public Protection Committee Annual Report.
- East Lothian Justice Social Work Service Annual Report.

East Lothian Health and Social Care Partnership Indicators for Reporting to PPRC

Performance Indicators	Reporting	New / Existing
Number of hours of Care at Home provided (by internal services / by external commissioned services)	Quarterly	New
Percentage of people with intensive care needs receiving personal care at home (total percentage / percentage of under 65s / percentage of over 65s)	Quarterly	Existing
Unmet need – number of people assessed and waiting for a package of care / number of hours of assessed need unfulfilled	Quarterly	New
Proportion of last 6 months of life spent at home or in a community setting	Annually (IJB Annual Performance Report)	Existing
Falls per 1,000 population aged 65+	Annually (IJB Annual Performance Report)	Existing
Number of Standard Delayed Discharges at census day each month	Quarterly	New
Occupied Bed Days for Standard Delayed Discharges attributed across the whole month for all Delayed Discharges in the month	Quarterly	New
Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	Annually (IJB Annual Performance Report)	Existing
Unplanned bed days – adults acute (18-64 age group / 65+ age group)	Annually (IJB Annual Performance Report)	New
Number of people waiting for a social care assessment to be carried out	Quarterly	New
Percentage of cases completed / allocated at Duty Social Work stage	Quarterly	New

1. Developing Intermediate Care

Proposed Indicators:

- Number of hours of Care at Home provided (by internal services / by external commissioned services).
- Percentage of people with intensive care needs receiving personal care at home (total percentage / percentage of under 65s / percentage of over 65s).
- Unmet need – number of people assessed and waiting for a package of care / number of hours of assessed need unfulfilled.
- Proportion of last 6 months of life spent at home or in a community setting.
- Falls per 1,000 population aged 65+.

Background / Related HSCP Activity:

Developing and investing in Intermediate Care services is central to the IJB's response to the challenge of meeting the health and social care needs of East Lothian's growing and ageing population. As well as delivering improved outcomes for individuals, Intermediate Care services make better use of resources, ensuring that services are more sustainable in the longer term. Intermediate Care services can enable people to remain at home when they are starting to find every day tasks more difficult, helping to avoid hospital admission or residential care. They can also support people recovering from a fall, illness, or operation, and allow patients to return home more quickly after a hospital stay.

Intermediate Care services delivered by the HSCP currently include Hospital to Home; Hospital at Home; Discharge to Assess; Care at Home; Falls Service; Emergency Care Service; and a range of other rehabilitation services delivered by the East Lothian Rehabilitation Service (ELRS). IJB Commissioned Services, including those delivered by third sector partners also play a role.

Care at home services in East Lothian are delivered by a combination of HSCP managed services (Homecare and Hospital to Home) and services delivered by external providers (social care companies / organisations). Significant challenges have been faced in relation to care at home in recent years. This is partly due to the increased complexity of care packages required, along with the fragility of external providers and issues in recruitment and retention of staff across all care at home services.

The HSCP has continued to grow the capacity of its Homecare and Hospital to Home services in response to the decline in external provision, significantly increasing the number of hours of care these services deliver over the past two years. Whilst significant, this additional capacity has not fully offset the loss of external hours and there is still an overall shortfall. Ongoing activity has focused on making the most effective use of available provision through the ongoing development of internal assessment and review processes. This has included bolstering of operational oversight arrangements with the introduction of Care at Home Huddles and a Care at Home Oversight Group. HSCP staff also continue to provide support to external providers and to intervene proactively as required.

A recent development in relation to internal care at home provision has been the integration of the Hospital to Home and Homecare teams, with the use of Shared Care Plans and introduction of the use of OnePlan across the new team. This development not only improves the experience of individuals by offering more seamless care but is also bringing efficiencies, strengthening the service's responsiveness, and building resilience.

Meeting the health and social care needs of a growing and ageing population will continue to be a significant challenge going forward, particularly in the context of the financial constraints impacting all public services. This is reflected in East Lothian IJB's strategic objective to 'develop services that are sustainable and proportionate to need'.

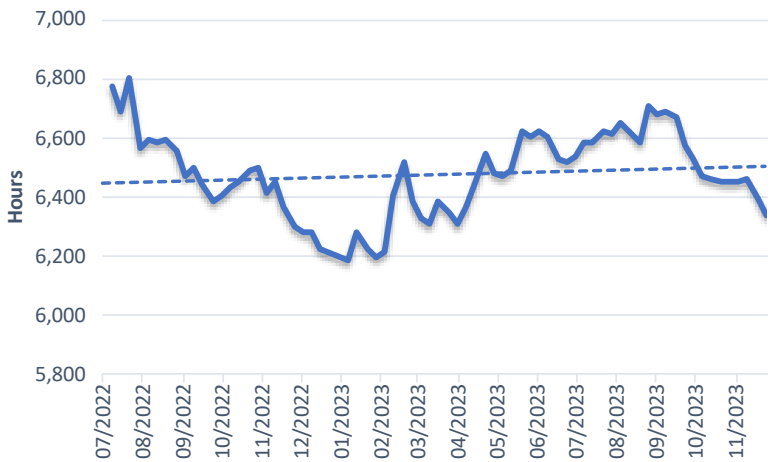
Strategic planning activity currently underway is focusing on the development of service provision options that continue to meet the needs of the East Lothian population but that are sustainable in the longer term. This activity includes:

- A Care at Home Transformation Programme, led by a newly established Change Board, began in early 2023. An initial report in spring 2023 presented an analysis of data on current care at home costs, supply, and demand. Work is currently ongoing to develop models of provision aimed at supporting sustainable service delivery in the longer term.

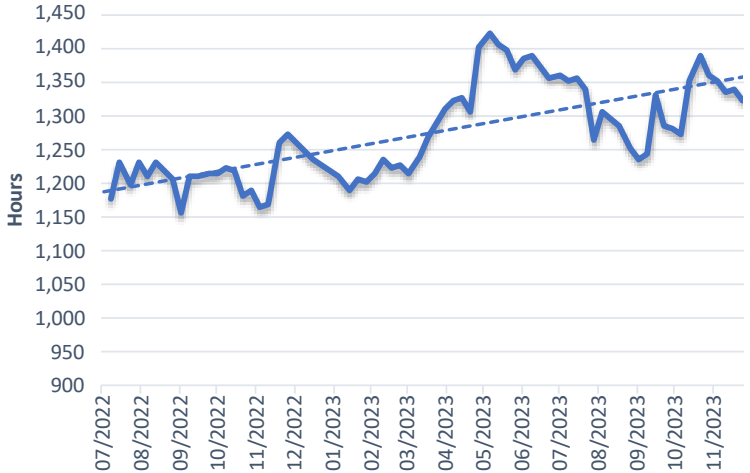
- The East Lothian Community Hospitals & Care Homes Provision Change Board presented its final report and recommendations to the Integration Joint Board in February 2023. Subsequent activity has focused on developing a range of service options for consideration and carrying out community engagement in relation to these. The first phase of community engagement has closed, and several further stages of refinement and engagement are planned before final recommendations are presented to the IJB in autumn 2024.

Intermediate Care

Graph 1 - Over 65 - External Care at Home Provision



Graph 2 - HSCP Internal Homecare Provision



What the data shows:

- Graphs 1 shows a decline in externally provided care at hours from around July 2022, with the number of hours provided droppi ng significantly into autumn / winter 2022/23. As noted above, the HSCP stepped up intervention and levels of support to providers at this point, helping to bring more stability in provision.
- Graph 2 shows the increase in internal provision by HSCP services over the same period.

Table 1 - % of people with intensive care needs receiving personal care at home

	2022/23 Q2	2022/23 Q3	2022/23 Q4	2023/24 Q1	2023/24 Q2
Aged 65+	56%	55%	56%	56%	56%
Aged <65	83%	83%	83%	82%	82%

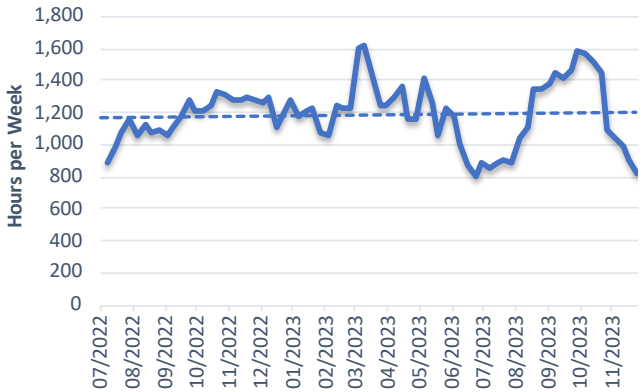
What the data shows:

- Table 1 shows the percentage of people with intensive care needs receiving personal care at home. This has remained at around the same level over the last 4 quarters.
- Given HSCP activity aimed at meeting more people's care needs at home, the anticipated direction of travel would be an increase in the proportion of over 65s with intensive care needs receiving personal care at home.
- The proportion of under 65s receiving personal care at home relates to smaller numbers and may be at an optimum currently.

Intermediate Care

Graph 3 - Number of People Assessed and Waiting for C@H Package

Graph 4 - Number of C@H hours not yet delivered



What the data shows:

- Graph 3 shows the number of people who have been assessed and are waiting for a package of care. Graph 4 shows the number of hours identified as needed, but that have not yet been fulfilled.
- Levels have fluctuated over the period shown, most recently with a rise in the level of unmet need during Q2 – this was due to a change in data recording, as well as summer pressures related to staff leave / vacancies in internal care at home services.
- The position had improved by November, with a shift to back to below the trend line and a reduction to around 1,000 unfulfilled hours and 100 people waiting.

Table 3 - Proportion of last 6 months of life spent at home or in a community setting (National Integration Indicator)

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022
East Lothian	86%	86%	87%	87%	89%	88%	88%
Scotland	87%	88%	88%	88%	90%	90%	89%

Table 4 - Falls rate per 1,000 population aged 65+ (National Integration Indicator)

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022
East Lothian	19	19	19	23	23	22	21
Scotland	21	22	23	23	22	23	22

What the data shows:

- Table 3 shows the proportion of last 6 months of life spent at home or in a community setting continuing to sit slightly below the Scottish average in 2022. HSCP activity in relation to intermediate care and end of life / palliative care aims to increase this percentage over time.
- Table 4 shows the falls rate per 1,000 population for over 65s sitting slightly below the Scottish average. Work of the East Lothian Falls Team and related activity aims to reduce this number over time. However, the growing more elderly cohort (75+) of this age group who are more vulnerable to falls may impact on this figure.

2. Supporting Hospital Flow

Proposed Indicators:

- Number of Standard Delayed Discharges at census day each month.
- Occupied Bed Days for Standard Delayed Discharges attributed across the whole month for all Delayed Discharges in the month.
- Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population).
- Unplanned bed days – adults acute (18-64 age group / 65+ age group).

Background / Related HSCP Activity:

East Lothian IJB has a strong performance record in preventing hospital admissions and maintaining low delayed discharge rates, which has continued in the first two quarters of 2023-24. This has been achieved through health and social care services working in an integrated way to prevent unnecessary admissions and to ensure that patients do not remain in hospital longer than medically necessary. Specific HSCP services contributing to this include the Intermediate Care services described above, as well as the Capacity and Flow (Discharge) and Care Broker teams and the multidisciplinary Integrated Care Allocation Team (ICAT).

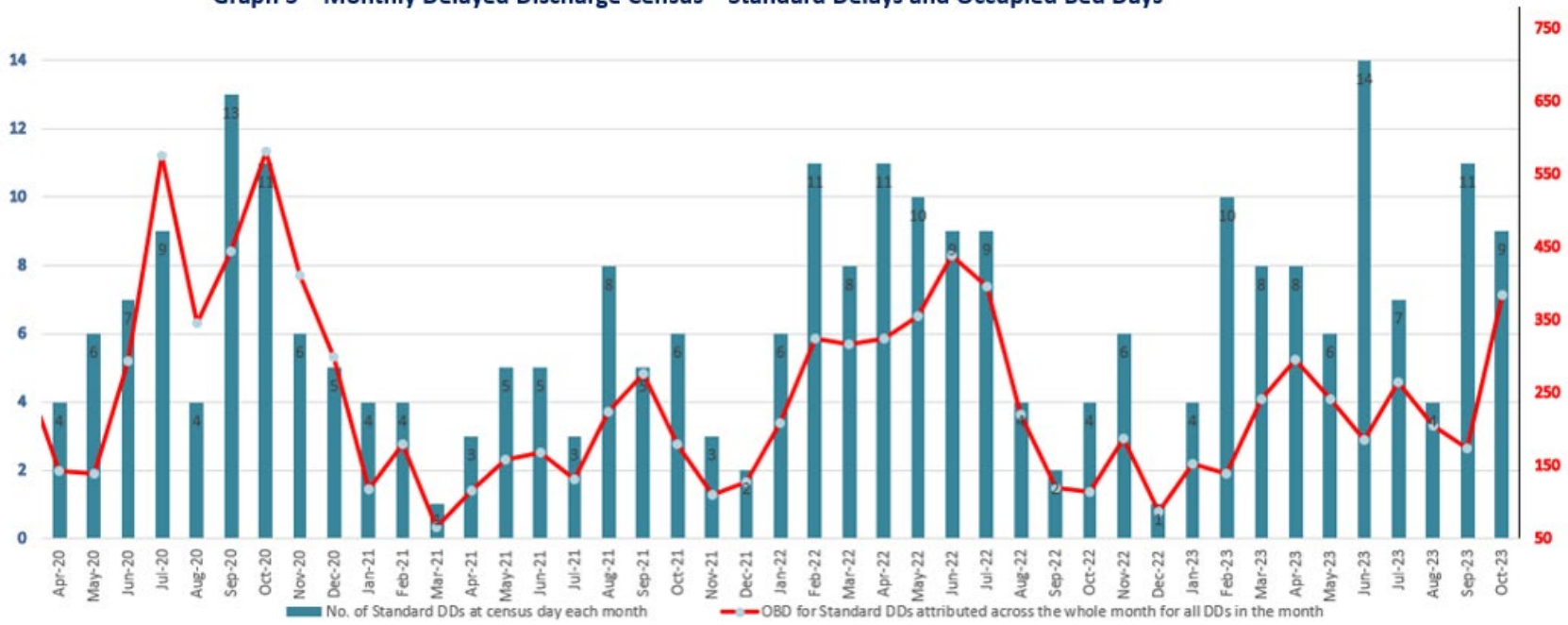
The HSCP's continued development of its operational approach to managing 'hospital flow' has also been key. This has included the introduction of a Daily Flow Huddle bringing together staff and managers from across HSCP services, with colleagues from acute hospital sites to monitor East Lothian patients across Lothian hospitals and plan their discharge.

The East Lothian Inreach Programme is also delivering positive results in relation to reducing patients' length of stay in acute hospitals. This initiative involves Allied Health Professionals (Physiotherapists / Occupational Therapists) from the East Lothian Rehabilitation Service working directly with East Lothian patients presenting at acute hospitals to help prevent admission or to reduce their length of stay and has been extended following a positively evaluated pilot phase.

Implementation of the NHS Lothian Discharge without Delay (DwD) Framework, launched in November 2023, will further strengthen collaborative working across health and social care services.

Hospital Flow

Graph 5 – Monthly Delayed Discharge Census – Standard Delays and Occupied Bed Days



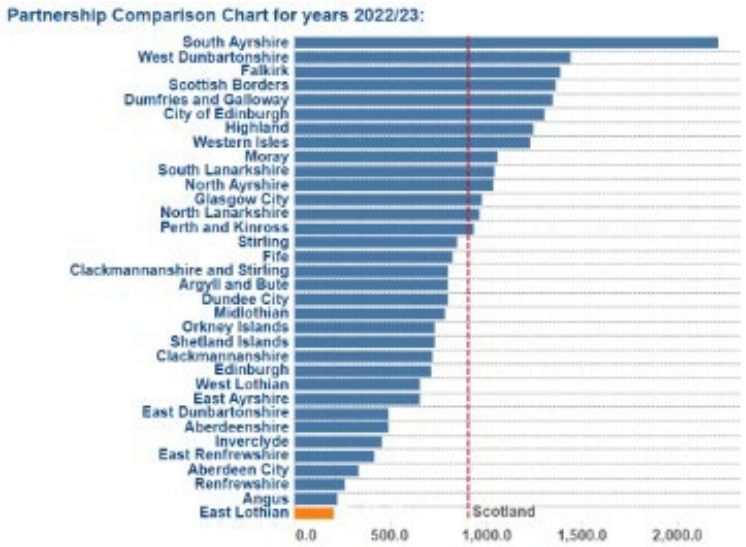
What the data shows:

- Graph 5 shows Standard Delayed Discharges at census day provides a snapshot of delays for each. For East Lothian, this has varied from a low of 1 in March 2021 to a high of 14 in October 2023. Given the relatively low numbers for East Lothian, this is prone to fluctuation. At the end of quarter 2 of 2022/23, the figure sat at 11 Standard Delayed Discharges.
- The Graph also shows Occupied Bed Days for Standard Delayed Discharges in relation to the whole month, providing a more detailed picture of the impact delays are having on bed availability. Delayed Discharge related Occupied Bed Days have ranged from a low of around 70 during April 2021 to a high of around 600 at two points in 2020. At the end of quarter 2 of 2022/23, the figure sat at around 400 OBDs.

Hospital Flow

Table 5 - Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)

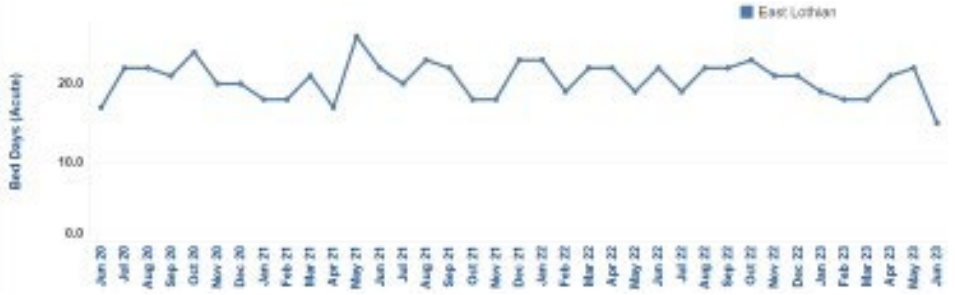
	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022
East Lothian	1,158	775	641	327	258	153	206
Scotland	841	762	793	774	484	748	919



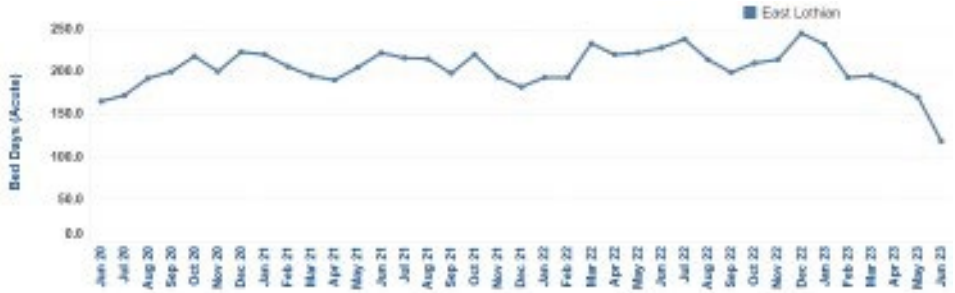
What the data shows:

- Table 5 shows National Indicator data for patients over 75 subject to delayed discharge. The East Lothian figure can be seen to have improved significantly since 2016/17.
- For 2022/23, the number of days sat at 206 compared to the Scottish average of 919.
- The comparison chart for 2022/23 demonstrates East Lothian's strong performance relative to other HSCP areas.

Graph 6 - Unplanned Bed Days – Acute – age 18-64 per 1,000 population (MSG Indicator)



Graph 7 - Unplanned Bed Days – Acute – age 65+ per 1,000 population (MSG Indicator)



What the data shows:

- Graphs 6 and 7 show the number of days spent in hospital for people admitted as unplanned / emergency admissions.
- HSCP activity to support hospital flow and to reduce the time people spend in hospitals has a direct impact on these figures.
- Data for adults aged 18 -64 show a high of 26 bed days in April 21, and a low of 15 bed days in the most recent available reporting quarter (Q1 of 2022/23)
- Data for adults 65+ shows a hight of 245 bed days in January 2023, and a low of 118 bed days in the most recent reporting quarter.

3. Reimagining Adult Social Work

Proposed Indicators:

- Number of people waiting for a social care assessment to be carried out.
- Percentage of cases completed / allocated at Duty Social Work stage.
- Number of people on the waiting list in relation to Mental Health Officer Team assessment for Adult Guardianship Orders.

Related HSCP Activity:

Delivery of the new operating model and supporting structures introduced by Adult Social Work in 2022 had reduced the waiting list for assessment to around zero by the end of 2022/23. This approach is designed to ensure that as many cases as possible are dealt with by the Duty system at the 'first point of contact', rather than people being added to a waiting list. This approach continued to maintain the waiting list for assessment at around zero during the first half of 2023/24.

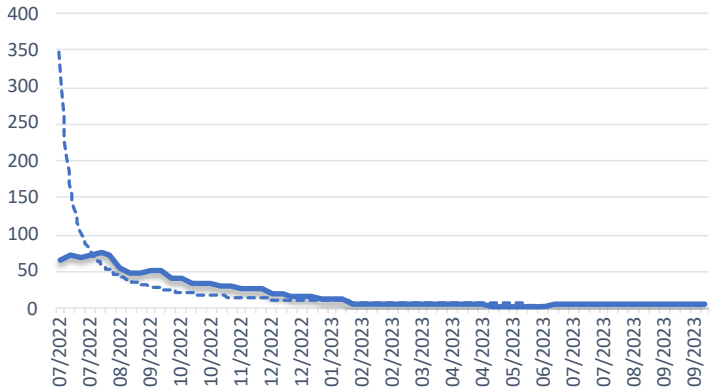
There has also been a continued trend into 2023/24 of allocating cases at the point of referral, ensuring intervention at the earliest opportunity, thus improving experiences and outcomes for service users, carers, and families.

Significant improvements were made in relation to the Mental Health Officer Team waiting list during the last financial year, with the waiting list for Adult Guardianship Orders reduced to a point where there were no outstanding MHO reports – previously a waiting time of 18 months was not uncommon.

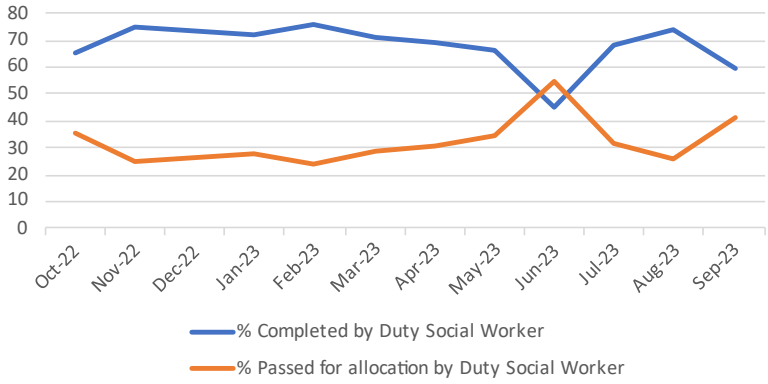
Work is ongoing to strengthen the focus on personal outcomes for people using adult social work services. This is reflected in development work taking place in relation to referral, assessment and support planning processes and documentation. Ongoing developments will ensure that personal outcomes are identified and recorded and that the impact of social work interventions in terms of achieving these outcomes can be measured. In the longer term, work will take place to develop performance indicators that reflect the impact of services on meeting personal outcomes.

Adult Social Work

Graph 8 - Number of People waiting for Social Care Assessment



Graph 9 - Percentage of cases completed / allocated by Duty Social Worker



What the data shows:

- Graph 8 illustrates strong performance in relation to Social Work assessment at the point of contact continued into Q2 of 2023/24, with number of people waiting for assessment at or around zero.
- As noted above, the absence of a waiting list for assessment means there is no 'hidden' need in East Lothian – i.e., there are no individuals waiting with care needs that have not been assessed / recorded by the service. This contrasts with many other local authority areas where there are significant waiting lists for assessment.
- Graphs 9 and 10 show the percentage of cases coming to Duty Social Work that are completed at this point of contact either by a Duty Social Worker or Duty Community Care Worker.
- Completion by a Duty Community Care Worker ranged from 78% to 91% across the year and sat at 86% at the end of Q2.
- Completion by a Duty Social Worker ranged from 45% to 76% and sat at 59% at the end of the year.

Graph 10 - Percentage of cases completed / allocated by Duty Community Care Worker