



PERTH & KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

13 March 2023

KEY STRATEGIC PERFORMANCE INDICATOR REPORT

**Report by Chief Officer
(Report No. G/23/20)**

PURPOSE OF REPORT

This report provides the Audit & Performance Committee with an update on strategic performance against the core set of integration indicators and includes key performance updates in respect to Community Mental Health and Wellbeing and Learning Disability and Autism.

1. RECOMMENDATION(S)

- 1.1 The Audit & Performance Committee is asked to:
- (i) Note the Health and Social Care Partnership's performance to date against key integration indicators.
 - (ii) Note progress made in respect to the delivery of Strategic Delivery Plan outcomes.

2. BACKGROUND

- 2.1 This report provides the Committee with an overview of performance against the key strategic performance indicators (KPIs) in 2022/23, when compared to 2021/22, our peer group of similar HSCPs and Scotland overall.

These measures, designated by the Scottish Government for performance reporting annually, are provided routinely to the Committee for consideration. This report continues our approach of regular reporting and follows the publication of our Six-Monthly Performance Update in November 2022.

Appendix 1 sets out a detailed data table covering all KPIs for which data is available.

When reviewing this data, it is important to recognise that it is provided at an early stage and ahead of publication by Public Health Scotland. In this respect the data is useful for management purposes but may be incomplete and will be subject to change throughout future validation processes. Our practice nonetheless is to provide the Committee with the best and most up to date data available.

The committee will be aware that the IJB reviewed strategic progress in respect to Community Mental Health and Wellbeing in December 2022 and Learning Disability and Autism in February 2023. This report also contains at Appendices 3 and 4, KPI reports for these Care Group strategies. These reports set out the approved outcomes which are sought in the delivery of these plans and demonstrates, through a range of measures, progress towards those outcomes. Bringing these reports forward continues our development of a more outcomes focussed approach to performance management and reporting.

It is our intention that we will bring forward to the Audit and Performance Committee a key performance indicator report for each Care Group Strategic Delivery Plan throughout the course of the coming year. In addition to that which will be contained in the Annual Performance Report, this reporting sequence will provide the Committee with an overview of performance against each approved Strategic Delivery Plan once per year.

3. OVERVIEW

National Indicators – overall

- 3.1 Compared to 2021/22 our performance is mixed with 3 indicators within the target range, 1 indicator greater than 3% from the target and 3 greater than 6% from the target.

When comparing KPI performance to that reported in November 2022, 1 indicator (NI-13) has improved from an Amber RAG status and is now on target. However, over this period 2 indicators (NI-16 and MSG-3) have declined from Amber to Red.

Compared to Scotland overall, in-year performance is also mixed with 4 indicators within the target range, and 3 indicators greater than 6% from the target. A slight improvement on that reported in November 2022.

Performance against the peer group does not compare favourably, with 2 indicators within the target range and 5 indicators greater than 6% beyond the target range. This position is unchanged since that reported in November 2022.

Performance varies from target most in respect to indicators relating to emergency admissions, the rate of emergency bed days, readmissions to hospital (although recording practices are different across Scotland), the rate of falls resulting in admission and delayed discharges. In contrast the rate of accident and emergency attendances and the proportion of last six months of

life spent at home or in a community setting, compare favourably to the comparator groups.

These indicators which vary from target are strongly linked to older people's services. Within this care group an underspend has been reported which relates to significant challenges in recruitment and retention of staff. This is likely to be having a corresponding impact on performance.

National Indicator - breakdown

- 3.2 NI 12 – “Emergency admissions per 100,000 population”: Further analysis of the data that underpins performance against this indicator shows that 49% of emergency admissions occur within the over 65 age group (Appendix 2, Chart 1). This is above the 47% and 44% reported for the peer comparison group and Scotland overall (Appendix 2, Chart 2). It is accepted that an older and frailer population places greater demands on services. The characteristics of the Perth & Kinross' population, with 24% of the population over 65, compared to 20% for Scotland overall ([NRS 2021](#)), increases demand for services.

NI 14 – “Readmissions within 28 days of discharge per 1,000 discharges 18+”: As outlined in previous reports, this indicator cannot be meaningfully compared to Scotland nor the peer group as recording practices in Tayside vary from those elsewhere. Comparisons can however be made to Tayside overall and in this respect, performance is broadly in line with that seen across Tayside, for both readmissions within 7 days and between 8 to 28 days from discharge (Appendix 2, Chart 3).

Further investigation of readmissions data also indicates that while the overall rate for readmissions remains within the target range, readmissions within 7 days of discharge have increased by 12%, and readmissions within 8 to 28 days have reduced by 10% (Appendix 2, Chart 4).

NI-19 “Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population” has increased by 45% when compared to 2021/22.

This increase in the rate of delays follows a period when delayed discharges in Perth & Kinross were significantly lower than Scotland and compared well to the Peer group. In this respect, despite this significant increase, the rate in Perth & Kinross remains below the overall rate for Scotland. A further breakdown of the data confirms that patients over 65 were consistently discharged without delay in 96% of cases over the same period.

MSG 3 – “A&E attendances per 100,000 population”: A&E attendances have increased overall by 7.12% when compared to 2021/22. Within the 65+ age group however, A&E attendances have actually declined since pre-pandemic levels by 14.0% to date. This is a significant reduction particularly when considering the peer group, which has seen a 16.5% increase across the same period (Appendix 2, Chart 5). This suggests that community-based

services are intervening in a preventative manner impacting on A&E presentations in the 65+ age group.

4. CARE GROUP PERFORMANCE

4.1 The IJB recently reviewed strategic progress reports in respect to the approved strategies for Community Mental Health and Wellbeing and Learning Disability and Autism. Appendices 3 and 4 provide detailed KPI reports which set out the measures used to assess progress towards the achievement of approved outcomes.

5. CONCLUSION

5.1 Performance against the national indicator set to date is mixed when compared to the previous reporting year and against Scotland overall and does not compare favourably to the peer group.
A breakdown of these indicators however reveals that despite increases in service demand, progress is being made in supporting older people.
The implementation of the approved Strategic Delivery Plans remains vital for mitigating these challenges and ensuring progress towards the achievement of local, and national health and wellbeing outcomes.

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Appendices

Appendix 1 – Key Strategic Performance Indicator Table

Appendix 2 – National Indicator – Breakdown Charts

Appendix 3 – Community Mental Health and Wellbeing: Performance Management Framework Key Performance Indicator

Appendix 4 – Autism and Learning Disability: Performance Management Framework Key Performance Indicator