



PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE 21 JUNE 2021

KEY STRATEGIC PERFORMANCE INDICATOR REPORT FOR THE PERIOD TO DECEMBER 2020: QUARTER 3 OF 2020/21

Report by the Chief Officer (Report No. G/21/71)

PURPOSE OF REPORT

The purpose of this report is to update the Audit & Performance Committee in respect to Health and Social Care Partnership performance. This report focuses on Quarter 3 and reflects our performance against the National Indicators, including those relating to the Ministerial Strategic Group.

1. RECOMMENDATION(S)

It is recommended that the IJB Audit & Performance Committee:

- Notes the Health and Social Care Partnership's (HSCP) performance for the period to December 2020.
- Notes the update provided in respect to performance on readmissions.

2. SITUATION / BACKGROUND / MAIN ISSUES

On the 15th February 2021 the Audit and Performance Committee considered a partnership performance reporting covering quarter 2, the period to September 2020. We continue to progress our ambition to bring forward quarterly performance reports to the Audit and Performance Committee and in doing so this report covers quarter 3. Appendix 1 sets out performance against the National and Ministerial Strategic Group indicators for this period.

Following this report, we intend to provide the full Annual Performance Report covering the period to 31st March 2021. This will be provided to the IJB at its meeting on 2 August 2021 and will provide an opportunity to present in more detail the activities of Health and Social Care Services during the Pandemic which have contributed to Strategic Commissioning Plan objectives and the national health and well-being outcomes.

Noting the statutory deadline for the publication of the APR, 31st July 2021, the short delay in publication is nonetheless permitted under the extended terms of Coronavirus (Scotland) Act 2020.

3. OVERVIEW

In the year to date (December 2020) partnership performance needs to be considered in the context of the Covid-19 pandemic. Our response required prioritisation of service delivery in order to support those which are most critical. Further to this, this meant that activity flowing in and out of services was severely affected throughout the year.

These complex factors have impacted on demand, activity and capacity to deliver. Bearing these factors in mind, performance is good over the reporting period. In line with the previous report, there are two indicators against which performance appears to be less positive:

- NI 14 rate of readmissions within 28 days: We have worked with Public Health Scotland to assist in the investigation of our readmissions performance. Appendix 2 to this report contains a briefing note which explains the manner in which this indicator is calculated and then examines the raw data in order to provide a fair comparison.

It appears that the primary reason for variance relates to recording practices within NHS Tayside and how this differs from much of the rest of Scotland. When these factors are excluded it can be seen that the readmissions performance compares favourably with Scotland as a whole (Figure 2 of appendix 2).

In respect to comparisons against historical performance it can be seen that there is an apparent increasing trend in readmissions over time from a low in 2017/18 (Figure 3 of appendix 2). However, when the nature of the population is taken into account it can be seen that this apparent increase is not out with that which could be expected (Figure 4 of appendix 2).

- NI 16 rate of falls in the 65+ age group: It can be seen that there has been no further movement in this rate from quarter 2 to quarter 3 with a 0.81% marginal decline in performance from that achieved in 2019/20. Performance when compared to Scotland however appears to have declined slightly from last quarter to this with a movement from 5.8% to 6.8% below the rate for Scotland.

The reason for this relative decline is not fully understood but work is continuing with colleagues across, NHS Tayside, Perth and Kinross Council and Public Health Scotland to analyse the relevant data, and to link those data sets together across statutory partner boundaries. This will create the opportunity for a better understanding of where falls are occurring (at home or elsewhere), whether they are repeated falls and critically whether those people that have had a fall are known to our services or not.

Notwithstanding the need to continue this research, it's is recognised that the demography of Perth and Kinross may be a significant contributing factor. We have a proportionately higher number of over 75's compared to much of the rest of Scotland.

The variance in the demographic structure of the population in Perth and Kinross from that of Scotland can make comparisons difficult. Developing a target based approach, combined with alignment to areas with similar demography will assist in contextualising relative performance.

4. CONCLUSION

The Covid-19 pandemic has had a complex and multifaceted impact on the delivery of Health and Social Care Services throughout this period. In some instances this has reduced the range of services that could be delivered with staff being mobilised to support our most critical services.

Bearing this complex landscape in mind, including the impact that the pandemic has had on individuals, communities and our services, performance has improved significantly from previous reporting periods and compares well against Scotland as a whole.

Author(s)

Name	Designation	Contact Details
Chris Jolly	Service Manager (Business Planning and Performance)	christopher.jolly@nhs.scot

APPENDICES

1. Perth and Kinross Health and Social Care Partnership, Key Strategic Performance Indicator Report covering the period to December 2020 (Quarter 3)
2. Public Health Scotland, Briefing Note: P&K Readmissions Study