

**PERFORMANCE MANAGEMENT 2021/22 - QUARTER 2
HEALTH AND SOCIAL CARE**

Report by Nick Fayers, Chief Officer - Health and Social Care

PURPOSE

- 1.1 The purpose of the Report is to present an overview of the performance of the Health and Social Care system and related Comhairle services for the second quarter of 2021/22.

EXECUTIVE SUMMARY

- 2.1 The Integration Joint Board has responsibility for defining the strategic direction for the devolved services within the Health and Social Care Partnership within which directions are issued to Comhairle and Health Board in respect of the delivery of health and social care services. The Integration Joint Board is required to set targets in relation to six nationally prescribed indicators and performance in these areas is described in Section 6 of the Report. In addition, each service area collates information against KPIs and this will be aggregated and reported at future Committee series.
- 2.2 The key areas to highlight are included in the main body of the Report, together with the action proposed to address any performance issues.
- 2.3 Operational Risk within the Department is monitored and reported through corporate processes. Existing departmental risks are described at Section 7.
- 2.4 The financial position of the IJB at month 6 is showing £865k balance with a year-end breakeven position achieved through reserves and anticipated winter pressure funding. Further detail is outlined in the main body of the Report at Section 8.
- 2.5 The service has received 3 complaints in the period from July to September 2021. Two complaints were partially upheld, one complaint was upheld.

RECOMMENDATION

- 3.1 It is recommended that the IJB Audit Committee notes the Performance Report.

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Appendix 1:	System Performance	
Appendix 2:	Quality Inspection Framework Evaluation	
Background Papers:	None	

IMPLICATIONS

- 4.1 The following implications are applicable in terms of the Report:

Resource Implications	Implications/None
Financial	Financial performance is detailed at section 8
Legal	None
Staffing	Workforce risk is detailed at section 9
Assets and Property	None
Strategic Implications	Implications/None
Risk	Operational risk is detailed at section 7
Equalities	None
Corporate Strategy	None
Environmental Impact	None
Consultation	None

BACKGROUND AND NATIONAL CONTEXT

- 5.1 The Public Bodies (Joint Working) (Scotland) Act 2014 provides the legislative framework for the integration of health and social care services in Scotland. It requires Local Authorities and Health Boards to integrate adult health and social care services – including developed health services (both acute and community).
- 5.2 It is to be noted that the Scottish Government recently launched a consultation on ‘A National Care Service for Scotland’. The consultation closed on 2 November 2021. It is predicated on The Independent Review of Adult Social Care (chaired by Derek Feeley) and first published on 3 February 2021. Scottish Government’s ambition is to go beyond the initial recommendations of the Review and see the formation of local delivery boards to plan, commission and deliver the care people need across Scotland.

It is to be anticipated that early legislation will emerge in the spring of 2022 predicated on the outcome of the public consultation. The Health and Social Care Partnership submitted a letter of response with regard to the main principles outlined in the consultation.

The Chief Officer engaged in a number of national conversations regarding the consultation notably with senior Scottish Government colleagues regarding the unique perspective of Island communities.

- 5.3 The current legislation requires Health Boards and Local Authorities to establish formal partnership arrangements to oversee the integration of services. Like the majority of partnership areas (30 of total 31), this has been done in the Western Isles through the creation of an Integration Joint Board (IJB), which is a partnership body designed to take decisions about how to invest resources and deliver services.
- 5.4 The IJB is not an organisation which employs members of staff but it does have the authority to direct the two parent bodies – the Health Board and Local Authority – about how it wants integrated services to be delivered. Each IJB must produce a strategic plan for services and budgets under its control. A new plan is currently under development for 2022-2025.
- 5.5 The legislation also requires a Chief Officer to be appointed by the IJB to provide a single point of management for the integrated budget and integrated service delivery. The Chief Officer has a direct line of accountability to the Chief Executives of the Health Board and Local Authority for the operational delivery of integrated services.

- 5.6 The main aim of the Act is to improve the wellbeing of people who use health and social care services. It does this by requiring local partners to:
- create a single system for health and social care services
 - develop more informal community resources and supports
 - put the emphasis on prevention and early intervention
 - improve the quality and consistency of services
 - provide seamless, high quality, health and social care services
 - ensure that resources are used effectively and efficiently.
- 5.7 Once the IJB determines how it wants services to be delivered, it issues directions to the Comhairle or Health Board as to the implementation of delegated functions. Typically, these directions will describe how basic statutory duties should be fulfilled within a defined budget. In the case of the Comhairle, these directions relate specifically to residential care, home care, social work, criminal justice, housing support, and adult care and support. The Chief Executive of the Comhairle will normally delegate implementation to the Chief Officer and Heads of Service.
- 5.8 Within this context, business planning processes link high-level strategic priorities with more specific objectives for services, teams and individuals. This is often referred to as the 'golden thread'. Within a social work/social care context, we ask teams to be able to describe service objectives and monitor financial performance, human resources (including vacancies), customer satisfaction (where appropriate), care governance, inspection reports, and complaints. This information will be aggregated for the purposes of reporting to Committee.

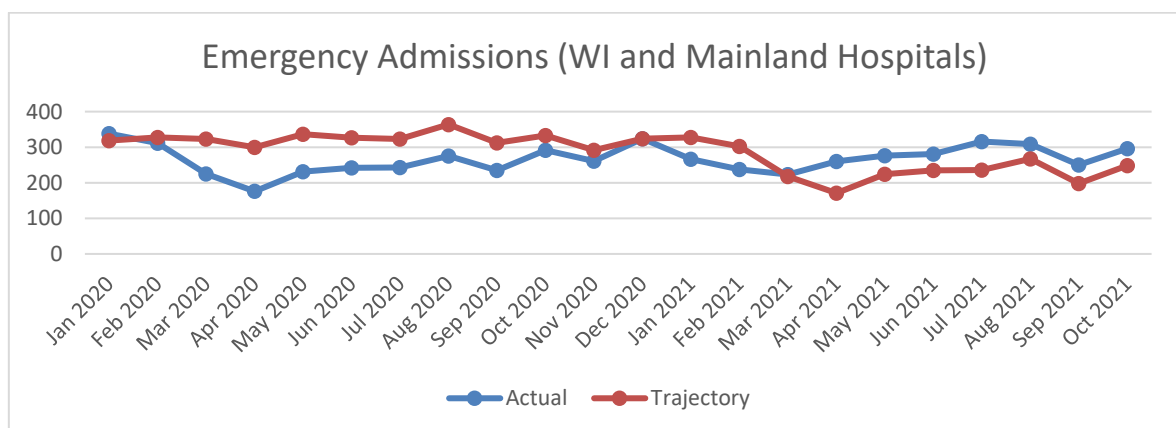
SYSTEM PERFORMANCE

- 6.1 Currently the IJB is required to report on a range of national Performance Indicators (PIs) as required by Scottish Government via the Ministerial Strategic Group for Health and Community Care (MSG). These are intended to provide a view of how Partnerships are progressing against a range of whole system level measures. Partnerships were requested to set objectives, targets and trajectories for these system level PIs which would not form part of public performance reporting but provide management information on progress in health and social care integrated systems across Scotland to the MSG and Partnerships. These PIs are largely based on hospital sector data due to routine availability of national data but are intended to measure the impacts of social care and community approaches on hospital services. The MSG PIs include:
- Number of Emergency Admissions
 - Admissions from A&E
 - A&E Conversion Rate
 - Unscheduled Hospital Bed Days
 - A&E Attendances
 - A&E 4-Hour Waiting Time Performance
 - Delayed Discharges Hospital Bed Days
 - Last 6 Months of Life Care by Setting (Acute, Community Hospital, Hospice/Palliative, Community)
- 6.2 Nationally there is a growing recognition of the importance of whole system data in order to understand system-wide challenges, whilst at the same time being able to predict the impact of changes at a service level on the wider Health and Social Care System locally. The Chief Officer is currently co-chairing strategic work with partners across Scotland to deliver against this agenda. Public Health Scotland are currently developing a whole system modelling dashboard with local Health Intelligence and hospital operational teams while there is a local whole system Performance Dashboard available to IJB officers for monthly measurement of PIs (Extracts from this are shown in Appendix 1)

- 6.3 The Red/Amber/Green (RAG) position at August 2021 indicated that in broad terms our system was performing outwith trajectories with the majority showing Red RAG status to varying degrees (6 of 9 MSG PIs - see Performance Dials summary in Appendix 1) and the remainder in amber threshold (3 of 9 MSG PIs). This is a deterioration on overall RAG status in previously reported position for July 2021 where 6 of 9 measures were showing Red RAG status and others Green. In general performance terms there appears to be greatest challenges around emergency beds both in terms of admissions and bed stays which may in part be impacting on delayed discharge performance. A&E performance appears more favourable in recent months with levels around the trajectory or slightly over in the case of the 4-Hour access target.
- 6.4 However the performance against trajectory often involves narrow margins and hence RAG status may fluctuate month to month while the trajectories are currently based on previous year activity and are in need of resetting particularly in light of covid impacts.
- 6.5 Therefore, analysis of PIs across time is helpful in assessing whether there are particular trends of note. Generally all hospital metrics including emergency beds, A&E and delayed discharge levels show a fairly consistent picture over time of fairly rapid falls in activity from the start of COVID-19 pandemic in early 2020 with steady rises as part of hospital services remobilisation from mid-2020 onwards. During 2021 there appears some evidence of pressures on the system in the earlier part of year perhaps arising from pent up demand in the population, with some reductions in service demand occurring again in latest months.
- 6.6 Further latest service level data to October 2021, on key areas of emergency hospital beds, A&E and delayed discharges are shown below.

6.6.1 Emergency hospital beds:

During 2021 trends in emergency beds (admissions and stays) have seen rising levels in the early part of the year but latest data shows some reductions from a peak in July 2021, particularly in bed days.



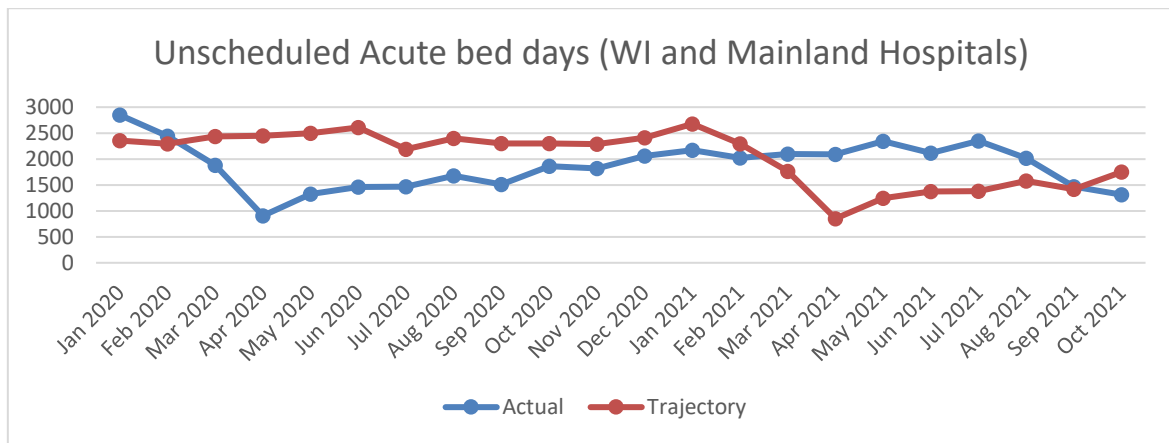
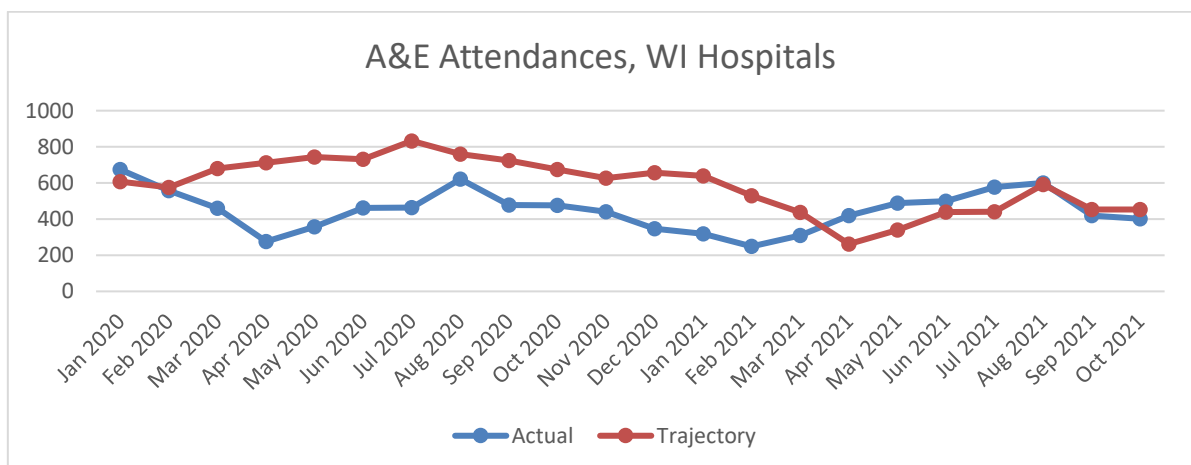


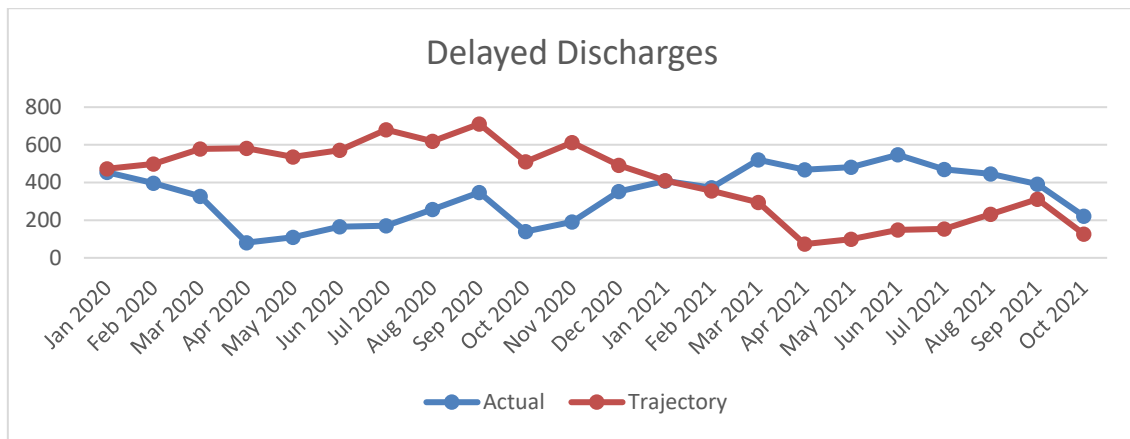
Table of latest monthly data trend for emergency bed activity shown below:

Month	Emergency Admissions	Acute Unscheduled Bed Days
Jan 2021	266	2171
Feb 2021	238	2021
Mar 2021	223	2098
Apr 2021	260	2088
May 2021	276	2346
Jun 2021	281	2117
Jul 2021	316	2350
Aug 2021	309	2019
Sep 2021	250	1465
Oct 2021	296	1316

6.6.2 A&E activity: Latest service data to October 2021 show similar rising activity in early part of 2021 but latest months have reduced to be at or below trajectory.



6.6.3 Delayed Discharges: This indicator of Delayed discharges bed days occupied has continued to increase in 2021 following rises during remobilisation last year but there have been signs of reductions in the latter part of the year to almost reach levels last seen during lockdowns in early 2020. The latest data for September and October indicate such patients are now occupying 391 and 222 bed days compared to the earlier peak in June at 547 bed days.



6.7 Further detailed run charts using the statistical process control method are provided in Appendix 1 for selected measures which provide a visual signal over time where service areas are showing outliers or variation from expected trend. This helps inform service and quality improvement initiatives, that in turn aid performance.

6.8 In respect of core performance indicators across the relevant Comhairle services, performance can be seen in the following areas:

- Home Care Waiting Times. As a snapshot of the service from November, there are a total of 288 service users receiving services from Care at Home. There are 44 service users awaiting a full care package, and a further 13 on the waiting list awaiting a partial service (where Care at Home are able to deliver some of the points of care but not all).
- In Q2 there were 18 ASP referrals (compared to 24 in Q1). There was also screening of Police 'Vulnerable Person' referral forms weekly throughout the period by the Lead Officer, Mental Health and Police colleagues with 82 referrals screened within the reporting period.

6.9 Granular performance data across November is provided below to help illustrate the current position:

- 44 individuals awaiting Care at Home (increase of 2 over the previous snapshot from Q1)
- 12 individuals awaiting Care Home bed (decrease of 8 of the snapshot from last reporting period)

In addition, the number of individuals currently awaiting assessment following referral is 13 (the same as the previous period – a breakdown of 6 awaiting assessment currently in hospital, and 7 awaiting assessment within the community).

6.10 With reference to the pressures across the system (which is not dissimilar to that nationally) Scottish Government has announced additional funding to the value of £248k for Interim Care and £384k for additional capacity in Care at Home. More information relating to this funding will be discussed in section 8 of the Report.

RISK MANAGEMENT

7.1 The Integration Joint Board manages risk in respect of its statutory obligations and for Quarter 2 the risk register has been refreshed. Three risks have been evaluated at extreme, namely workforce, delayed discharge and finance. The Delayed Discharge risk after a period of improvement has now been reviewed and due to workforce challenges the risk is increased. Workforce and Finance risks have been subject to consideration by the Integration Joint Board with approval to implement the recommendations presented by the Chief Officer and Chief Finance Officer. Delayed discharge performance is subject to oversight by corporate management teams.

- 7.2 A new high-level risk has been captured in relation to the proposal to establish a National Care Service. The Integration Joint Board has participated in a seminar to discuss and capture the fundamental issues to be included in the Board's formal response. This follows a similar exercise undertaken by the Comhairle and NHS Western Isles to enable briefings on the spectrum of issues to be shared and priority areas for emphasis in terms of a response agreed.
- 7.3 The Departmental Risk Register captures the key actions being undertaken to mitigate these risks, with workforce, finance and the proposed National Care Service also subject to action and management at the strategic level. As noted earlier in this Report, the formation of NCS and the governance arrangements surrounding this now sit with Scottish Government following the closure of the consultation process. It is to be anticipated that there will be a transitional period. More information will follow in subsequent reports as this becomes available.

FINANCIAL PERFORMANCE

	Year To Date Month 6			Full Year Projection		
	Budget	Actual	Variance	Budget	Projection	Variance
	Under/(over)			Under/(over)		
	£'000	£'000	£'000	£'000	£'000	£'000
NHS	21,408	21,261	147	44,704	45,394	(690)
NHS Pay Award not yet allocated	0	0	0	0	(30)	30
Anticipated Winter Pressure Monies	0	0	0	0	(300)	300
CnES	10,653	9,935	718	21,246	22,243	(997)
General Reserves	0	0	0	0	(991)	991
Earmarked Reserves	0	0	0	0	(366)	366
	32,061	31,196	865	65,950	65,950	0

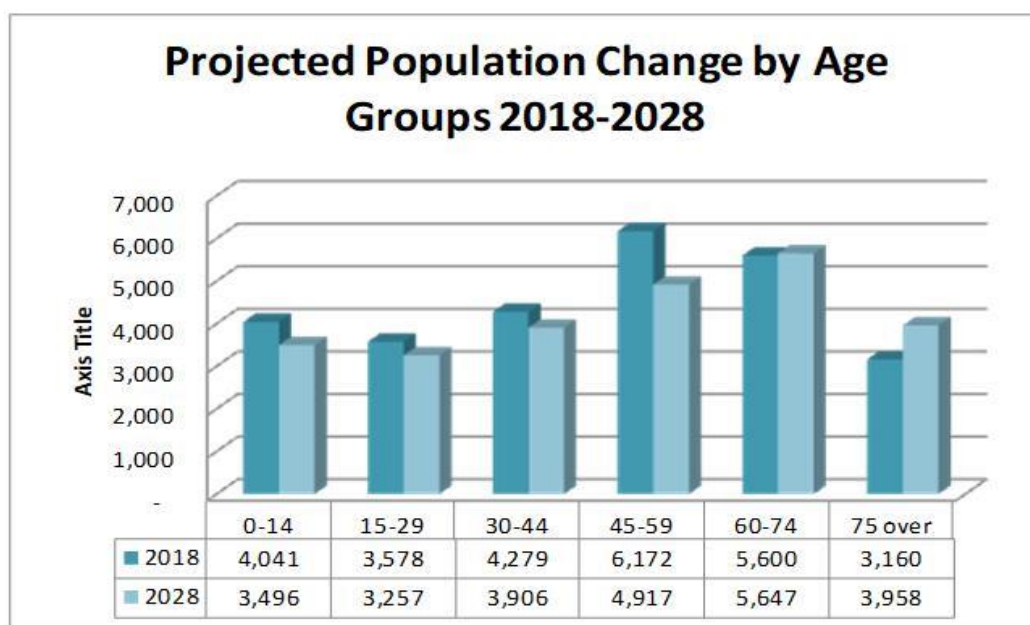
- 8.1 At 30 September 2021 the Integration Joint Board is showing a budget of £865k in comparison with an overspend of (£2439k) at the close of Q1. This is an improved position in comparison to month 3 but is only possible through anticipated winter pressures funding, allocation of NHS pay award and the draw down on reserves in year.
- 8.2 There are a number of areas of concern at month 6 (included within outturn position) and further review is being undertaken to clarify figures which will be reported back at month 8 to the IJB. The Scottish Government have provided the pay rise for NHS in full.
- 8.3 The IJB has an underlying £2m deficit and with the 4th year of flat cash from Comhairle, severe shortages of home carers and aging workforce in residential services, there is a high risk of the IJB overspending. This as outlined above can be met through reserves but this is not a sustainable position.
- 8.4 The IJB workforce continues to be under great pressures with high vacancies, high levels of retirements due in the next two years, high percentage of over 55s within the workforce and increased levels of sickness.
- 8.5 There are a number of high-level variances which are summarised below:
- There is a projected overspend of £311k given the national challenges of recruiting to the 2nd Mental Health Consultant and the high cost locums to cover the post. In addition, NHS Western Isles has had to recruit a second locum to cover sickness in the service. Work has begun with Scottish Government/Mainland board to develop options to strengthen the resilience of the on-call element and reduce costs.

- There is a projected underspend of **£217k** in the home care services. This is mostly due to the level of vacancies held, net underspend of £614k, offset by projected agency costs of £342k. The budget already assumed a £250k saving from vacancy (currently at 13%) so the underspend in staffing is actually £864k less the agency cost. A number of proposals are being developed to improve the resilience and capacity of the service.
- There is a projected overspend of **£182k** in community hospitals due to the use of agency staff and bank to cover vacancies and sickness. The staffing costs will be reviewed to ensure there are no vaccination costs that need to be transferred to COVID-19 funds.

8.6 As outlined earlier in the Report additional monies have been made available from Scottish Government to improve system resilience (specifically Adult Social Care). Funding for Western Isles Health and Social Care Partnership is **£632k**. The focus of this funding is to support interim care home placements in addition to increasing capacity in the Care at Home Service

WORKFORCE

9.1 The earlier report for Q1 outlined the significant challenges faced by the workforce across the Health and Social Care Partnership. The overall position has not changed significantly in terms of risk. Short-term risks are specifically in recruitment, retention in Care at Home, capacity within Social Work Services (level of resource) and an escalating level of acuity of need across the Islands with the associated increase in demand for community nursing and urgent care (hospital). This sits alongside general depopulation across the islands, and a shrinking working age population.



9.2 In terms of the short-term high-level risks, colleagues are asked to note the following progress regarding mitigations:

- Positive early recruitment progress in Adult Social Care as outlined in the table below:

Row labels	WTE
Adult Services	4.19
Day Services	1.41
Home Care and Reablement	3.75
Residential Care	1.95
Assessment and Care Management	1.46

- This is against a current vacancy gap as below

Row Labels	Sum of FTE
Community Resources	44.3
Adult Care & SS/Day Care	1.3
Adult Care & SS/Home Care	25.6
Adult Care & SS/Housing Support	1.6
Adult Care & SS/Learning Disabilities	5.2
Adult Care & SS/Residential	10.7
Social & Partnership Services	1.0
Strategic Commissioning & Partnership Services	1.0
Grand Total	45.3

A range of options are under development to further support retention and recruitment. These include but are not restricted to:

- An uplift of grade for Care at Home workforce to recognise the pivotal importance of the work and aid recruitment/retention. This is a viable financial option within the existing vacancy gap.
- The development and early recruitment plan of Health and Social Care key workers with a developed role across Health and Social Care (employed under AfC T&C).
- An independent commissioned review of Adult Social Care and associated Community services to support the development of a future strategy/options appraisal.

COMPLAINTS

- 10.1 The service has received three complaints in the period from July to September 2021. Two complaints were partially upheld, one was in relation to communication and one in relation to care and support within a care service. One complaint was upheld; this was in relation to adult support and protection.

SUMMARY OF INSPECTIONS

- 11.1 Appendix 2 to the Report outlines the details of the inspection reports. Overall, services continue to provide a high quality of care. There are plans in place regarding some of the estate works required to update facilities in the southern isles. Regulatory monitoring has been checked against Care Inspectorate gradings based on each service's latest published inspection report. The services are inspected and regulated against the quality frameworks relevant to each service type and there are subtle differences between each. There were very few changes made since the last regulatory

monitoring report. However, care inspectors have been monitoring services without publicly reporting.

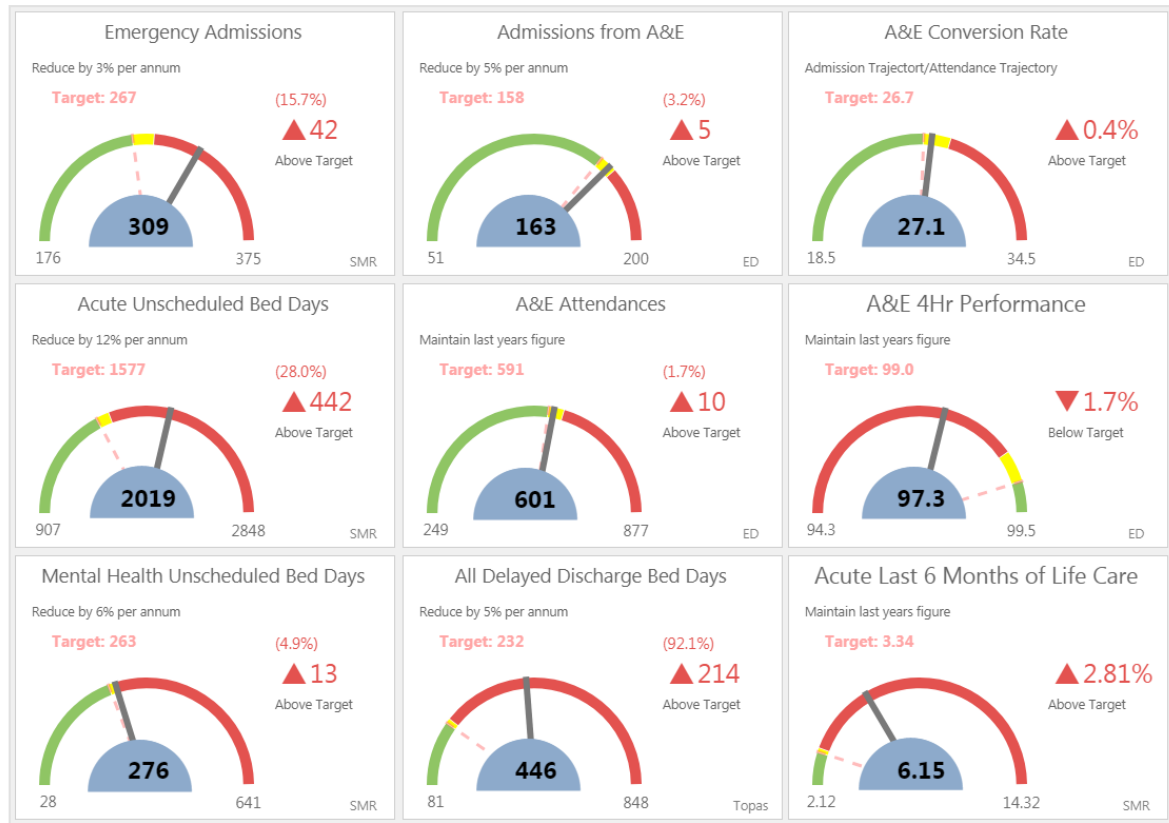
KEY HIGHLIGHTS / AREAS OF CONCERN

- 12.1 The Partnership continues to work in a challenging environment during Quarter 2, notably the challenge of remobilising NHS services because of COVID-19 and seeking to maintain core Comhairle services, in particular mainstream social care services.
- 12.2 The Partnership continues to work in a challenging environment during Quarter 2, notably the challenge of sustaining the remobilising of services when the workforce challenges are acute. This work has continued alongside the many and significant conversations to shape response to the National Care Service both locally and nationally, most importantly to ensure that the Island's perspective is clear.
- 12.3 The Chief Officer has engaged with HHP to begin exploratory conversations alongside Scottish Government on the possibilities of building a unique and attractive offer to support inward migration and recruitment.

APPENDIX 1 – SYSTEM PERFORMANCE



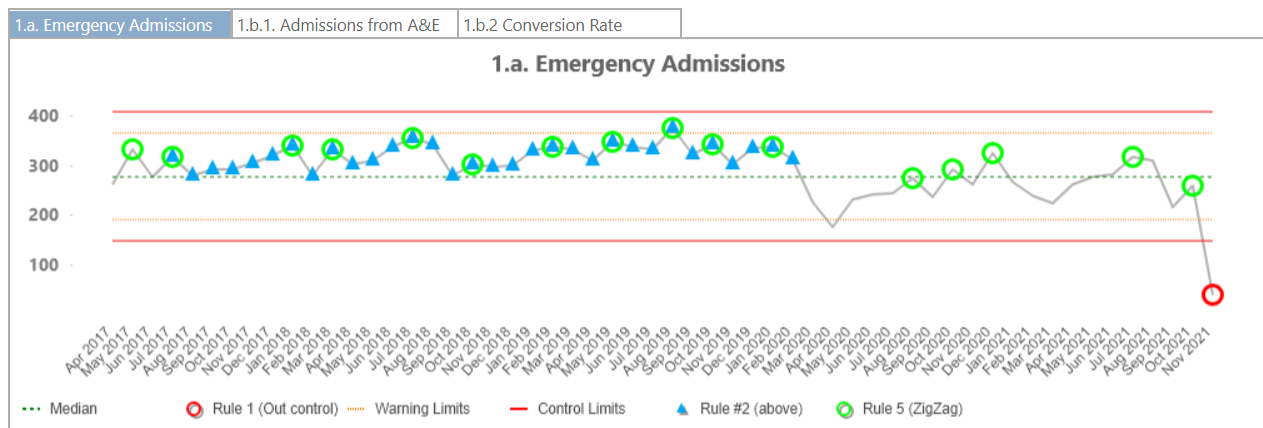
IJB Integration Indicator Dashboard : Overview Aug 2021



Run Charts of performance over time (SPC – Statistical Process Control)

Below are selected SPC charts for Key measures that are intended to show where significant trends occur over time that may inform service of quality improvement activity.

Emergency Admissions SPC:



SMR Data until Aug 2021 then Topas data from Sep 2021 onwards

Data may be incomplete for latest months

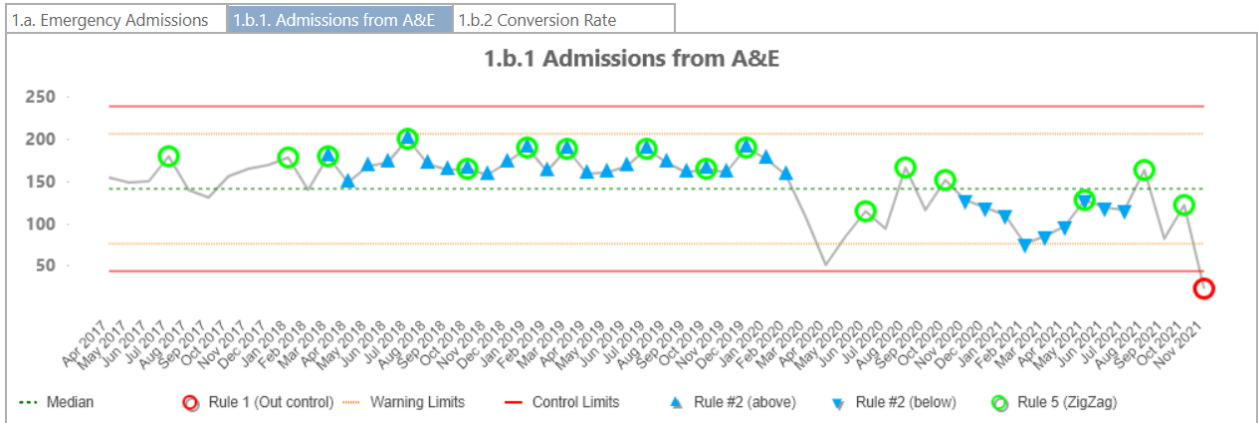
Select a rule to show only those points on the chart

Rule	Rule Description
1	Any point outside of the control limits
2	Shift - A run of X points above or below the centre line
3	Trend - A run of X increasing or decreasing points
4	Outliers - Either one point above UCL or two consecutive above UWL
5	ZigZag - run of X points where alternating increasing then decreasing



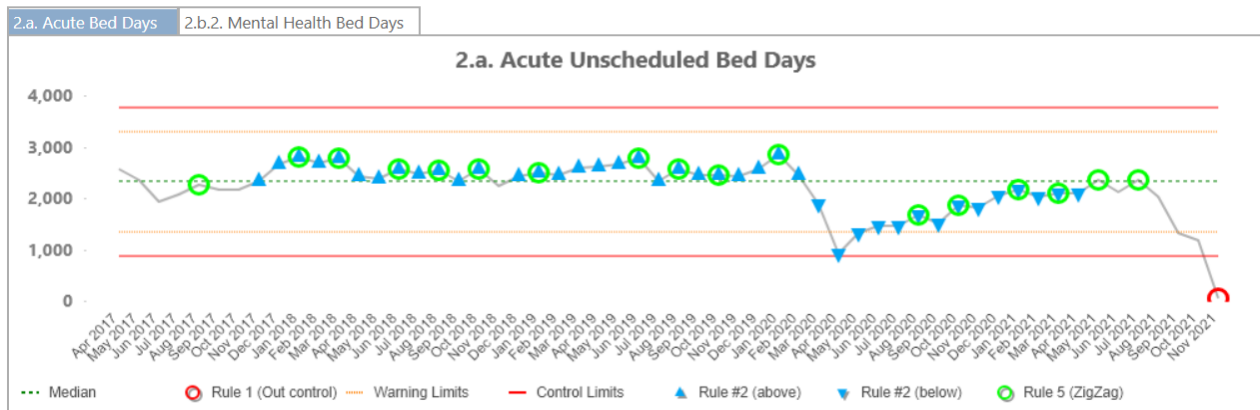
Select how many points you would like to use for the rules.

Admissions from A&E:

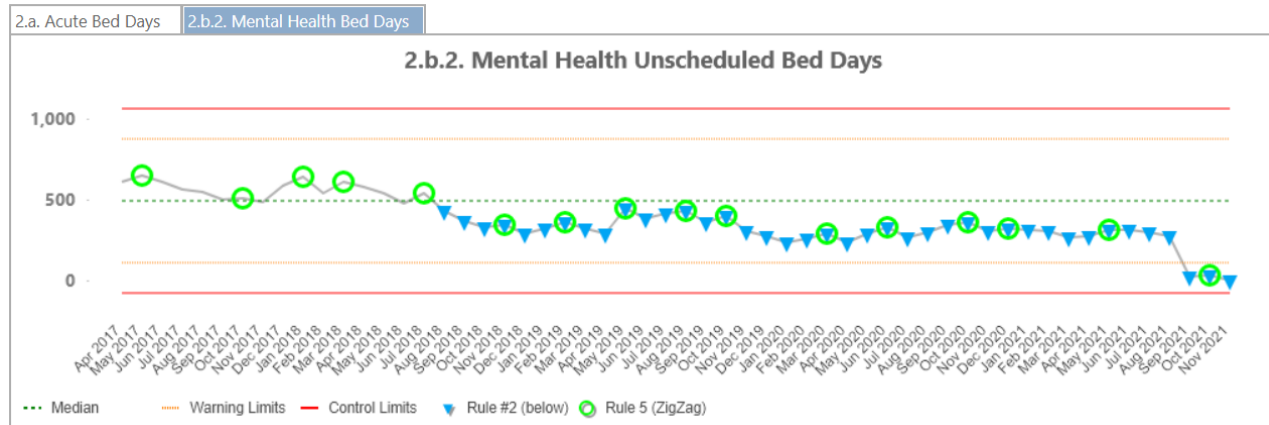


Data may be incomplete for latest months

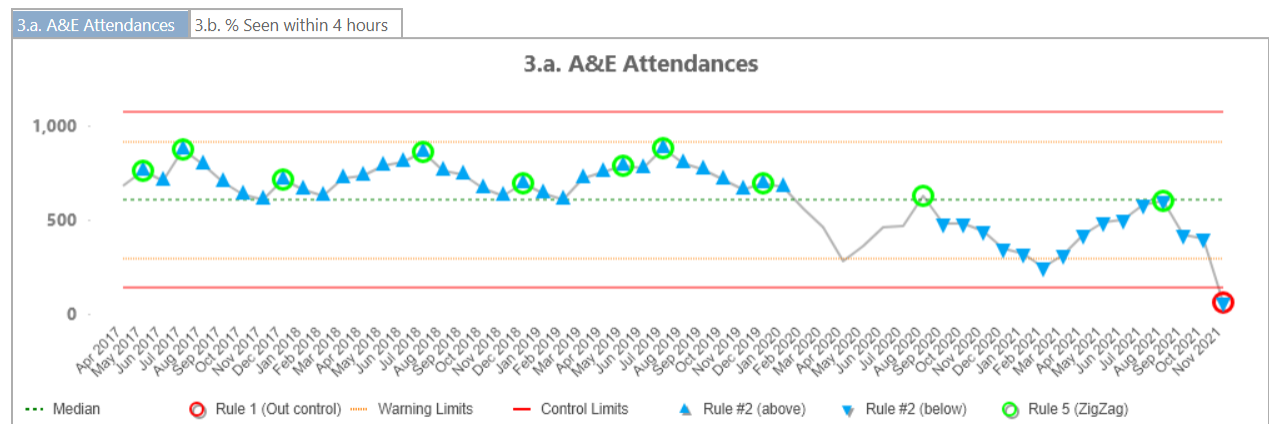
Acute unscheduled bed days:



Mental Health unscheduled bed days:

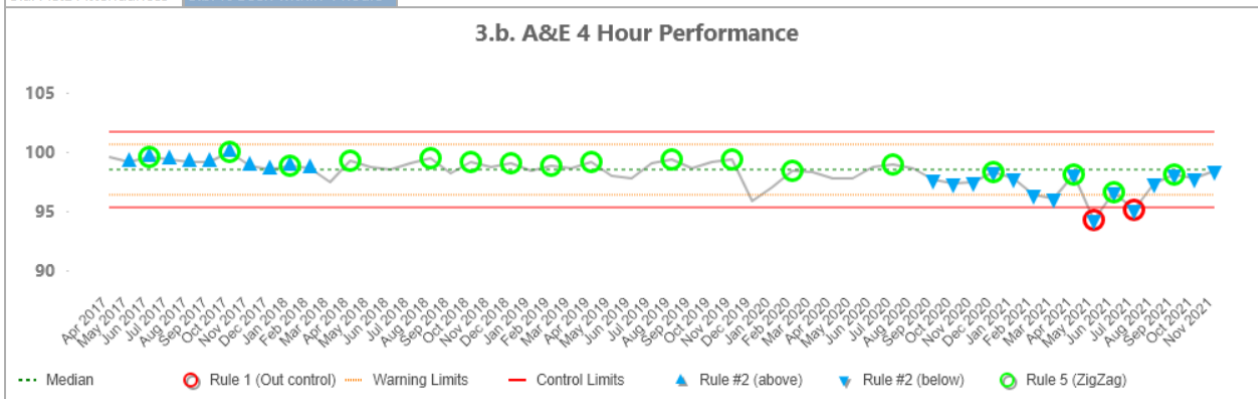


A&E Attendances:



A&E Seen within 4 Hours:

3.a. A&E Attendances 3.b. % Seen within 4 hours

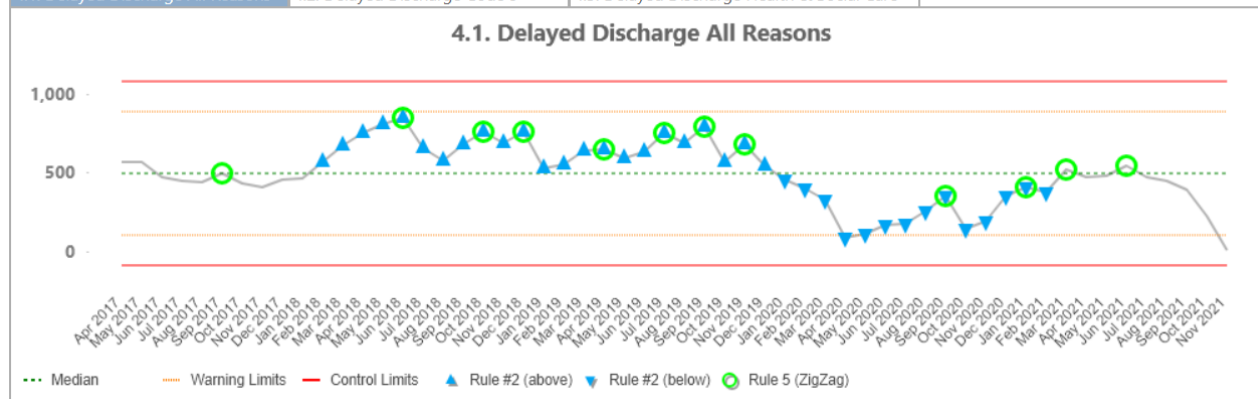


Delayed Discharges:

4.1. Delayed Discharge All Reasons

4.2. Delayed Discharge Code 9

4.3. Delayed Discharge Health & Social Care



Persons dying in Acute Hospital during last 6 months of life:

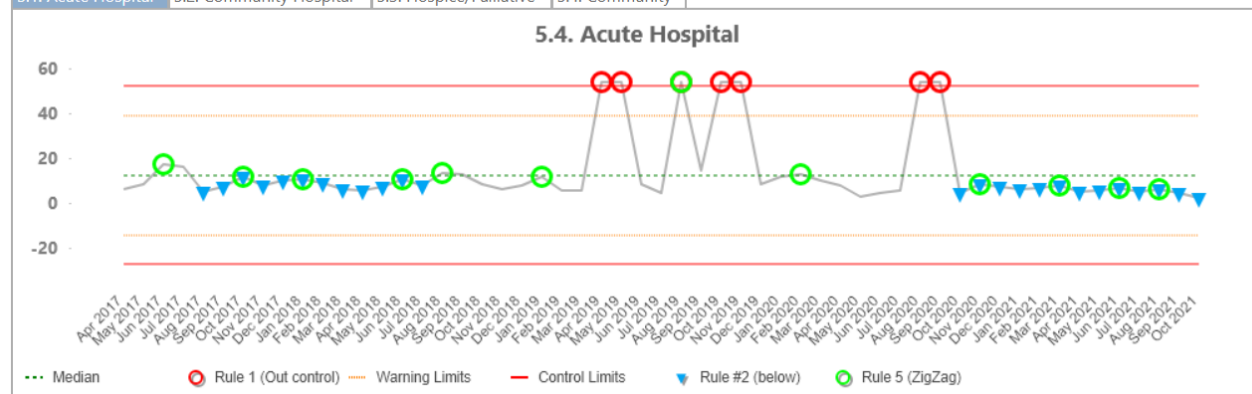
5.1. Acute Hospital

5.2. Community Hospital

5.3. Hospice/Palliative

5.4. Community

N %



APPENDIX 2 - QUALITY INSPECTION FRAMEWORK EVALUATION

SERVICE	DATE OF INSPECTION	How well do we support people's well-being?	How good is our Leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?	How good is our care and support during Covid-19 pandemic?
DUN BERISAY CARE HOME	30 APRIL 2019	4	-	4	-	3	-
DUN EISDEAN CARE HOME	1 AUGUST 2019 17 NOVEMBER 2020	4	3	3	4	3	4
HARRIS HOUSE CARE HOME	9 MAY 2019	5	-	-	-	4	
TAIGH A'CHRIDHE UILE NAOMH CARE HOME	4 SEPTEMBER 2019 7 MAY 2021	3	3	3	4	2	3
TRIANAID CARE HOME	21 NOVEMBER 2019	4	-	-	-	5	
GENERIC CARE AT HOME UIST AND BARRA	28 JUNE 2021	4	-	-	-	-	4
ELLEN MHOR CARE HOME - DANSHELL	21 JUNE 2019 10 JUNE 2021	3	4	4	4	4	4
LINLITHGOW CARE HOME – HC-ONE	20 SEPTEMBER 2019 15 JULY 2021	5	-	-	-	5	3
BLAR BUIDHE CARE HOME – HC-ONE	10 June 2021 26 OCTOBER 2021	4	3	4	3	4	4
BETHESDA CARE HOME	30 OCTOBER 2019	5	-	-	-	5	
LEVERBURGH CARE HOME	8 OCTOBER 2019	5	-	3	-	4	
MEALLMORE LODGE	18 JUNE 2021	4	4	4	4	3	4
DALDORCH ADULT SERVICE	NEWLY REGISTERED SO NO REPORT						
DALDORCH SHORT BREAKS	3 SEPTEMBER 2019	5	-	-	-	4	
ARK PERTH AND KINROSS (TAYSIDE)	10 JANUARY 2020	6	6	-	-	-	
THE MANOR CARE CENTRE	24 JANUARY 2020	4	4	4	-	5	

EXISTING REGULATORY FRAMEWORK

Date	Care Service	Care and Support	Environment	Staffing	Management
19 NOVEMBER 2019	Trianaid C@H/HSS	5			5
22 NOVEMBER 17	Taigh a'Chridhe Uile Naomh SS	5			4
06 DECEMBER 18	Grianan Day Care Centre	4			4
13 NOVEMBER 2019	Generic C@H L&H	4		4	4
18 OCTOBER 2019	L&H Community Living	4			3
01 MAY 2019	Ardseileach Care Home	4			3
28 NOVEMBER 2019	Barra Day Centre	6		5	
01 DECEMBER 17	Craigard Centre	5		5	4
29 JANUARY 2018	Penumbra Western Isles	6			6
10 JULY 2019	Ark Western Isles	5	-	-	4
23 JANUARY 2020	Ark Angus	5	-		5
25 JULY 2017	Solas Day Centre, Alzheimer Scotland	6		5	5
22 NOVEMBER 2019	Tagsa Uibhist Support Service	5			5
18 NOVEMBER 2019	Newton Dee Housing Support	5			5
27 NOVEMBER 2019	Cobhair Bharraigh	5		5	
19 JUNE 2019	Cantraybridge	6		5	
NO REPORT AS THEY HAVE RE-REGISTERED	Crossroads Harris Care Attendant Scheme NEW NAME IS Crossroads Care Harris	-	-	-	-
20 JANUARY 2020	Crossroads Lewis Care Attendant Scheme	5		5	
13 JANUARY 2020	Gateway Highland Homeless Trust	5			5

Since the last report two services have deregistered – Trianaid Support Service and Harris House Support Service
Crossroads Harris Care Attendant Scheme has re-registered as Crossroads Care Harris

In addition, we have one service user who uses **Richmond Court, Hall Lane, Willington, County Durham** which was scored under the English regulatory system – The Care Quality Commission as follows on 30 May 2018. The service was reviewed by the CQC on 5th August 2021 and the following noted on the website:

“We carried out a review of the data available to us about Richmond Court on 5 August 2021. We have not found evidence that we need to carry out an inspection or reassess our rating at this stage”

Is the service safe?	Is the service effective?	Is the service caring?	Is the service responsive?	Is the service well led?
Good	Good	Good	Good	Good

END