

## **Item: 7**

**Orkney Health and Care Committee: 12 September 2019.**

**Integration Joint Board - Annual Performance Report.**

**Report by Chief Officer/Executive Director, Orkney Health and Care.**

### **1. Purpose of Report**

To present the Integration Authority's performance report for the period 1 April 2018 to 31 March 2019.

### **2. Recommendations**

The Committee is invited to scrutinise:

#### **2.1.**

The Integration Joint Board's Annual Performance Report 2018 to 2019, attached as Appendix 1 to this report.

### **3. Background**

#### **3.1.**

Each Integration Authority, which in Orkney's case is the Integration Joint Board known as Orkney Health and Care, must prepare a performance report for each reporting year, publish it before the expiry of four months from the end of the reporting year, and provide a copy of it to each constituent authority, in this case NHS Orkney and Orkney Islands Council.

#### **3.2.**

The Integration Joint Board receives and reviews regular performance reports throughout the year. This information is also provided to the Orkney Health and Care Committee for the service delivery elements that relate to services the Integration Joint Board commissions from the Council.

#### **3.3.**

In the performance reporting Orkney is compared to six 'peer group' areas and the other partnerships in Scotland. The peer group includes:

- Aberdeenshire.
- Argyll and Bute.
- Highland.
- Moray.

- Na h-Eileanan Siar.
- Shetland Islands.

## **4. Summary of Performance**

### **4.1.**

The performance report, attached as Appendix 1 to this report, is based on the national data collected by the Scottish Government's Information Services Department, to highlight the performance of Orkney Health and Care in respect of both the National Suite of Indicators and the Ministerial Strategic Group Indicators. Appendix 2 gives a glossary of 'data definitions'.

### **4.2.**

Orkney Health and Care needs to develop local measures to understand its effectiveness and to plan services going forward. Development of further local measures is highlighted in Section 8 of the attached Performance Report.

### **4.3.**

Orkney Health and Care's performance in respect of the core suite of indicators, which includes the 9 National Health and Wellbeing Outcomes, is positive.

### **4.4.**

Orkney Health and Care outranked every other Health and Social Care Partnership in 8 of these 9 outcomes.

### **4.5.**

Only in indicator 3 – Adults who are supported at home agreed they had a say in how their help, care or support was provided – was Orkney ranked third in Scotland. However, only one of the 'peer group' bettered local performance. It is also of note that, in 2013 to 2014, Orkney's performance was at 88%, which dipped dramatically in 2015 to 2016 but has risen substantially to 83% in this last year. As the Scottish average is 76% and the peer group average is 77%, officers need to understand fully how this increase was achieved to build on the success further. The values within the new Strategic Plan include 'person centred' so this is a critical indicator to monitor performance.

### **4.6.**

Health and Wellbeing indicator 8 needs to be highlighted. Although Orkney is again ranked first, it is in fact not a good news story. This indicator relates to how well carers feel supported to continue in their caring role. Only 49% of carers are reporting to feel that they are supported. With the newly developed Carers' Strategy, it is important that ways are found to measure the effectiveness of this strategy. There is a high risk of putting carers' health and well-being at risk and if this vital part of the workforce is lost, then greater demand on already stretched services will be experienced.

#### **4.7.**

Through information collated to measure performance in respect of the Ministerial Strategic Group indicators, it is known that the local population is growing.

#### **4.8.**

Emergency admissions have increased but this is in line with the same trend in the peer group. However, Orkney is still below the peer group and Scottish average. Time requires to be spent analysing this increase to see how a non-admission could be supported. Officers have recently completed a national survey on development of 'Hospital at Home' services and a bid has been made to Scottish Government to help look at how this development is supported. It is also anticipated that development of tech-enabled health care will have an impact on emergency admissions. If individuals have greater use of technology to understand what might be happening with their long-term health condition and have the ability to share data from home to hospital, this will undoubtedly support a decrease in emergency admissions.

#### **4.9.**

It is disappointing to see that Orkney is ranked 29th in respect of care services being graded as 'good' or better in Care Inspectorate Inspections. 78% of such services are graded at this level, but that means that 22% is at 'adequate' or lower. Over this next year, improvement is required to provide assurance that those using services are experiencing good quality care and support.

#### **4.10.**

Orkney continues to perform highly on its ability to support people to be discharged from hospital when they are medically fit to do so. It is vital that the Hospital at Home model is developed to support ongoing performance in this area. Hospital at Home is not just about preventing someone having to be admitted to hospital but to safely support their discharge earlier, allowing them to continue their recovery and treatment at home or in a homely setting.

#### **4.11.**

Unscheduled care has fluctuated but was lower in 2018 to 2019 than previous years and this was particularly true for those individuals experiencing an unscheduled admission due to mental illness. This is obviously good news but this will be tracked closely with development of the Mental Health strategy. Continuing to lower unscheduled admissions due to mental illness would obviously be a good indicator that the strategy was proving effective.

#### **4.12.**

The year that this performance report relates to, was a year of significant change for Orkney Health and Care, having significant changes both on the Integration Joint Board and within Orkney Health and Care senior management team. The changes, certainly those within the senior management team, have led to capacity issues over the year and indeed is an ongoing issue. However, to achieve this level of

performance under such pressures, is testimony of the dedication and hard work of all. These changes over the past year have led to some challenges in pulling a useful report together that tells the right story. The Chief Officer spoke about these difficulties with Scottish Government.

#### **4.13.**

The discussions with Scottish Government, has led to the Information Services Department team pulling together some critical data to analyse and utilise in the performance report. How the performance report will be presented in future years was also discussed and, despite capacity issues, the performance report will become a dynamic report that is developed across the year, with the Strategic Strategy Group owning this.

### **5. Corporate Governance**

This report relates to the Council complying with governance and scrutiny processes and procedures and therefore does not directly support and contribute to improved outcomes for communities as outlined in the Council Plan and the Local Outcomes Improvement Plan.

### **6. Financial Implications**

There are no financial implications directly arising from this report.

### **7. Legal Aspects**

Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires an Integration Authority to publish, within four months of the end of the reporting period, a performance report, and to provide a copy of that report to each constituent authority, in this case NHS Orkney and Orkney Islands Council.

### **8. Contact Officer**

Sally Shaw, Chief Officer / Executive Director, Orkney Health and Care, extension 2601, Email [sally.shaw@orkney.gov.uk](mailto:sally.shaw@orkney.gov.uk).

### **9. Appendices**

Appendix 1: Integration Joint Board Annual Performance Report 2018 – 2019.

Appendix 2: Data Definitions.



# **Annual Performance Report 2018/19**

**Integration Joint Board**

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## Foreword

### Integration Joint Board Chair Forward



I welcome the publication of this Annual Report which sets out our performance in the third year of the Integration Joint Board (IJB). My personal tenure of the role has been relatively short, having taken over from a fellow Board member, Jeremy Richardson, in August 2018 and will be passing the role over to Councillor King in the early summer.

This last year has been one that has seen many changes and changes to key roles including the Chief Officer role. We went through the first half of the year without a Chief Officer.

Caroline Sinclair who had undertaken the role of Chief Officer left her post in April 2018. On behalf of the Board I would like to take the opportunity in this report to thank Caroline for her hard work and contribution to getting the partnership where it is, at this early stage of the integration of health and social care here in Orkney.

At the later end of the year we have seen some early shoots of changing approaches to how we do our work; the two main initiatives being around the use of technology in health and social care and a differing approach in Community Led Support. It will be interesting to see how these are reported on in twelve months' time, hopefully seeing a real move forward in tackling some of our challenges in the sector.

### Chief Officer Forward

I would like to start by saying how privileged I feel to have been offered the role of Chief Officer / Executive Director for Orkney Health and Care. We have lots of good news in this report in terms of our performance, but I have also set out how I want to see our performance being monitored going forward.

The report tells a story of us outranking every other partnership in 8 of the 9 national performance indicators, however there is still more to do. Definitely more to do in respect of showing our value and support to those family members and neighbours who take on the role of caring for somebody, including young carers. Although ranked 1st – with less than 50% of carers saying they felt supported to continue in this role, there is no pride at all in this ranking. We need to address this and address it rapidly. This is not only to safeguard against further increased demand on our services but to safeguard the health and well-being of this ever growing group of individuals, who work tirelessly supporting their loved ones, friends and neighbours.



However, in the main we can have a high level of pride in our performance. Good and sustained performance does not happen by chance, it is the hard work and dedication of all our staff and volunteers who work across the health, social care, third and housing sectors that makes this happen. I have seen such talent in Orkney and look forward to this next year.

Coming to Orkney, as the Chief Officer, truly was my dream job and it has not been a disappointment!

## 1. The Integration Joint Board Members

The voting members of the Integration Joint Board are David Drever (NHS Orkney and Chair); Councillor Rachael King (Orkney Islands Council and Vice Chair); Issy Grieve (NHS Orkney); Davie Campbell (NHS Orkney), Councillor Steve Sankey (Orkney Islands Council) and Councillor John Richards (Orkney Islands Council).



Back row (left to right): Davie Campbell; Issy Grieve; Councillor John Richards. Front row (left to right): Councillor Rachael King (Vice Chair); David Drever (Chair); Councillor Steve Sankey.

In this period we have had a change of membership with the previous Chair, Jeremy Richardson, leaving the post in August 2018 and fellow Board member, Rognvald Johnson, leaving the post in June 2018. We'd like to take this opportunity to thank them for all their work.

In addition to the voting members, the Integration Joint Board also has a range of professional advisors and stakeholder representatives including professional representatives of health and care services, and other relevant services such as housing, a representative of third sector services, a service user representative, a carer representative and union representatives.

Orkney has experienced significant change during 2018/2019. The first change being that Caroline Sinclair, who had undertaken the role of Chief Officer, left her post on April 2018.

Other key post holders have also either been absent, moved to different post or retired throughout the year, with recruitment to these post in the main proving



difficult. This has led to the partnership having significantly reduced capacity to undertake key pieces of work and progress them to where we would ideally like to be.

Sally Shaw took up post on 3 September 2018 and much work has been undertaken to review and refresh our ways of working and priorities moving forward.

Despite all these changes and challenges, exciting work has been undertaken and new initiatives commenced in Orkney are at the early stages of taking place.

Given the changes in key personnel and the capacity challenges this has presented, the refresh of the Strategic Plan is delayed, but progressing well. The Strategic Plan is out for consultation until 9 August 2019. To maximise feedback and comments, we are utilising all available avenues of consultation, including:

- BBC Radio Orkney.
- Orcadian.
- Attending all agricultural shows over the summer.
- Attending Stromness Shopping Week.
- Attending a meeting of each of the Community Councils.
- Available in all services across Orkney.
- Presence in local supermarkets.
- Other local events.

## **2. National Health and Wellbeing Outcomes**

The Scottish Government has set out nine national health and wellbeing outcomes to explain what health and social care partnerships such as Orkney Health and Care are attempting to achieve through their Strategic Commissioning Plans, as follows.

**Outcome 1:** People are able to look after and improve their own health and wellbeing and live in good health for longer.

**Outcome 2:** People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

**Outcome 3:** People who use health and social care services have positive experiences of those services, and have their dignity respected.

**Outcome 4:** Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

**Outcome 5:** Health and social care services contribute to reducing health inequalities.

**Outcome 6:** People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

**Outcome 7:** People using health and social care services are safe from harm.

**Outcome 8:** People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

**Outcome 9:** Resources are used effectively and efficiently in the provision of health and social care services.

These outcomes will be aligned to our priorities identified in our Strategic Plan and will continue to be part of our suite of performance measurements. Performance in respect of these 9 indicators can be found later in this report.

### **3. Orkney's Localities**

The legislation requires that, in addition to establishing an Integration Joint Board, we are also required to establish at least two 'localities' for planning services at a local level.

The Integration Joint Board agreed from the outset that Orkney will have two localities: the Mainland, which will be subdivided into the West and East Mainland, and the Isles.

Developing our localities and how they are supported is still work that is ongoing. We are challenging our initial thoughts on just having two localities and having refreshed conversations with our outer island communities as well as our mainland communities.

As stated we have lost some key staff through a variety of reasons and experienced some significant difficulties in being able to recruit like for like. So, this has led to a review of the structure and portfolios of key significant posts. Moving forward with this new structure we will consider where locality management will sit.

We will ensure that in the new structure there will be clear responsibility for a senior manager to lead the respective locality groups and that they will act as the liaison between the locality groups and the Strategic Planning Group, which has the overall planning function for the Integration Joint Board. The ways in which localities function and plan will be shaped to suit their specific geography, populations and other local characteristics.

It is still considered that future engagement in relation to locality planning should be via the local GP surgery and the Community Council. This approach acknowledges the role of the GP surgeries and community councils as community leaders and deploys their local knowledge of how best to engage with the island / parish.

### **4. The Strategic Planning Group**

The Strategic Planning Group has had a wide membership, which although positive in some perspectives has proven difficult to move things forward on another. The Strategic Planning Group will obviously remain to function, but with revised membership and input into three Programme Boards:

- Community First.
- Tech First.
- Strategic Commissioning.

These boards have all had Terms of Reference and memberships identified. They will meet monthly and feed into an Executive Programme Board, who will have full oversight of all programmes being taken forward by each Board.

The role of the programme boards will be to steer, drive and enable progress at pace. They will consider 'deep dives' into programmes of work to provide assurance of progress.

## 5. Financial Performance

The Integration Joint Board receives funding from both Orkney Islands Council and NHS Orkney with which to commission health and social care services.

The Strategic Commissioning Plan Refresh 2018 – 2019 indicated an opening budget of:

<b>Partner Organisation</b>	<b>£000</b>
Orkney Islands Council	17,917
NHS Orkney	23,129
<b>Total</b>	<b>41,046</b>

Following the addition of in-year allocations and final adjustments the actual operating budget of the Integration Joint Board for the year 2018 – 2019 and performance against that budget was as follows:

	<b>Spend</b>	<b>Budget</b>	<b>Over/Under</b>	
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>%</b>
Social Care	19,389	19,088	301	101.6
NHS	24,258	24,375	(117)	99.5
<b>Total</b>	<b>43,647</b>	<b>43,463</b>	<b>184</b>	<b>100.0</b>

Additional funds of £301,000 received from Orkney Islands Council's corporate contingency was received to cover the shortfall.

The underspend of £117,000 within NHS Orkney was in relation to funding received for specific services which was not fully utilised and therefore will be held within earmarked reserves. The split is as follows:

<b>Service</b>	<b>Spend</b>
	<b>£000</b>
Primary Care Improvement Fund	69
Alcohol and Drug Partnership	48
<b>Total</b>	<b>117</b>

Within the Public Bodies (Joint Working) (Scotland) Act 2014 and regulations there is a requirement that the budget for hospital services used by the partnership population is included within the scope of the Strategic Plan. In regard to financial year 2018/19 these budgets were not formally delegated to the Orkney IJB.

Further work must be carried out in relation to unscheduled care in financial year 2019/20 to determine the breakdown of resources to be delegated to the Orkney IJB.

The net spend for unscheduled care for 2018/19 was £7,871,000.

## **6. Performance in Relation to the Core Suite of Indicators**

Out of the nine Core Suite Indicators, derived from the Scottish Health and Care Experience Survey (2017/18), Orkney outranked every other Health and Social Care Partnership (HSCP) area throughout Scotland in eight. In the remaining indicator, relating to the percentage of adults supported at home who agree they had a say in how their help, care or support was provided, Orkney ranked third in Scotland and was bettered by only one of its six 'Peer Group' HSCP areas.

In Indicator 11, the premature mortality rate per 100,000 of the population, Orkney ranked 24th with a higher rate of deaths in people aged below 75 than each of their HSCP Peer Groups. This was based on 2017 calendar year figures. The proportion of all deaths that occur in people aged under 75 was the same in Orkney and in Scotland. Indicator 17, measuring the proportion of care services graded at 'Good' or better by the Care Inspectorate, Orkney ranked 29th with a score of 78% in 2018/19.

In the remaining eight indicators, Orkney ranked 5th or higher in five, all based on 2018/19 figures. Orkney ranked 2nd for Emergency Bed Days rate for adults (Indicator 13) and for the Number of days people aged 75+ spend in hospital when they are ready to be discharged (Indicator 19). Indicator 15 measures the proportion of the last six months of life a person spends at home or in a community setting. Orkney recorded a figure of 90.4%, bettered by only three HSCPs in Scotland, two of whom were in their Peer Group. Orkney ranked 5th in Scotland for both the rate of Readmissions to hospital within 28 days of discharge (Indicator 14), and in Indicator 16 which measures the rate of Falls in people aged over 65.

Indicator 20 measures the total health care spending on hospital stays where the patient was admitted as an emergency. In 2018/19, Orkney ranked 9th across Scotland and in the same period ranked 13th for the Rate of emergency admissions for adults (Indicator 12). Figures for Indicator 18, which measured the percentage of adults with intensive needs receiving care at home was last made available for the calendar year 2017, when Orkney ranked 16<sup>th</sup>. Comparing 2018/19 performance against 2017/18 for Orkney, of the eight indicators where 2018/19 data is available, there have been improvements in three indicators and little or no change in two. For the nine survey-based indicators, six showed an improvement between 2015/16 and 2017/18, with two showing no change. Typically those indicators showing improvement were questions on care at home, and showed considerable change.

The following three pages show performance figures at a glance. Respective rankings are based on Orkney figures compared to Scotland as a whole in the most recent year statistics where available. Due to a current data embargo, figures for 2018/19 relating to the Orkney Islands Peer Group and Scotland have been redacted, with the exception of Indicators 15 and 19.

Performance indicator 8 shows that Orkney ranks 1st in being able to support carers to continue in their caring role. However, there is little pride in this ranking given that less than 50% of respondents reported this level of support. Our new Strategic Plan has 'supporting and valuing carers' as one of its 5 priority areas over the next three years, so we need to set ambitious targets in this performance indicator.

Our Performance at a Glance:

<b>96%</b>	1. Adults are able to look after their health very well or quite well	17/18 Rank: 1 <sup>st</sup>	13/14	15/16	17/18
		Orkney Islands	97%	96%	96%
		Peer Group	96%	96%	94%
		Scotland	94%	95%	93%
<b>100%</b>	2. Adults supported at home agreed that they are supported to live as independently as possible	17/18 Rank: 1 <sup>st</sup>	13/14	15/16	17/18
		Orkney Islands	89%	87%	100%
		Peer Group	83%	81%	84%
		Scotland	83%	83%	81%
<b>83%</b>	3. Adults supported at home agreed they had a say in how their help care or support was provided	17/18 Rank: 3 <sup>rd</sup>	13/14	15/16	17/18
		Orkney Islands	88%	74%	83%
		Peer Group	82%	76%	77%
		Scotland	83%	79%	76%
<b>91%</b>	4. Adults supported at home agreed that their health and social care services seemed to be well coordinated	17/18 Rank: 1 <sup>st</sup>	13/14	15/16	17/18
		Orkney Islands	83%	71%	91%
		Peer Group	77%	72%	74%
		Scotland	78%	75%	74%
<b>95%</b>	5. Adults receiving any care or support rated it as excellent or good	17/18 Rank: 1 <sup>st</sup>	13/14	15/16	17/18
		Orkney Islands	92%	82%	95%
		Peer Group	84%	80%	85%
		Scotland	83%	81%	80%
<b>94%</b>	6. Adults had a positive experience of the care provided by their GP practice	17/18 Rank: 1 <sup>st</sup>	13/14	15/16	17/18
		Orkney Islands	96%	98%	94%
		Peer Group	87%	89%	85%
		Scotland	85%	85%	83%
<b>96%</b>	7. Adults supported at home agreed their services and support had an impact on improving or maintaining their quality of life	17/18 Rank: 1 <sup>st</sup>	13/14	15/16	17/18
		Orkney Islands	98%	87%	96%
		Peer Group	87%	85%	82%
		Scotland	85%	83%	80%

<b>49%</b>	8. Carers feel supported to continue in their caring role	17/18 Rank: 1 <sup>st</sup>	13/14	15/16	17/18
		Orkney Islands	51%	49%	49%
		Peer Group	46%	44%	40%
		Scotland	43%	40%	37%

<b>97%</b>	9. Adults supported at home agreed they felt safe	17/18 Rank: 1 <sup>st</sup>	13/14	15/16	17/18
		Orkney Islands	89%	82%	97%
		Peer Group	84%	81%	86%
		Scotland	85%	83%	83%

<b>432 per 100,000</b>	11. Premature mortality rate	2017 Rank: 24 <sup>th</sup>	2013	2014	2015	2016	2017
		Orkney Islands	346	337	379	285	432
		Peer Group	365	374	394	360	374
		Scotland	438	423	441	440	425

<b>10,611 per 100,000</b>	12. Emergency admission rate	18/19 Rank: 13 <sup>th</sup>	14/15	15/16	16/17	17/18	18/19
		Orkney Islands	11,445	11,049	9,515	9,951	10,611
		Peer Group	10,735	10,791	10,473	10,934	-
		Scotland	12,026	12,281	12,215	12,192	-

<b>82,511 per 100,000</b>	13. Emergency bed day rate	18/19 Rank: 2 <sup>nd</sup>	14/15	15/16	16/17	17/18	18/19
		Orkney Islands	91,237	93,278	88,223	85,217	82,511
		Peer Group	110,687	107,306	106,517	100,505	-
		Scotland	128,596	128,630	126,945	123,160	-

<b>77 per 1,000</b>	14. Readmission rate to hospital within 28 days	18/19 Rank: 5 <sup>th</sup>	14/15	15/16	16/17	17/18	18/19
		Orkney Islands	86	79	78	80	77
		Peer Group	82	81	81	88	-
		Scotland	97	98	101	103	-

<b>90%</b>	15. Of the last 6 months of life is spent at home or in a community setting	18/19 Rank: 4 <sup>th</sup>	14/15	15/16	16/17	17/18	18/19
		Orkney Islands	89%	92%	92%	91%	90%
		Peer Group	89%	90%	90%	90%	91%
		Scotland	86%	87%	87%	88%	89%

<b>16 per 1,000</b>	16. Falls rate (65+)	18/19 Rank: 5 <sup>th</sup>	14/15	15/16	16/17	17/18	18/19
		Orkney Islands	23	22	21	17	16
		Peer Group	19	19	20	19	-
		Scotland	21	22	22	23	-

<b>78%</b>	17. Care services graded GOOD (4) or better in Care Inspectorate inspections	18/19 Rank: 29 <sup>th</sup>	14/15	15/16	16/17	17/18	18/19
		Orkney Islands	76%	74%	74%	84%	78%
		Peer Group	78%	78%	82%	85%	-
		Scotland	81%	83%	84%	85%	-

<b>64%</b>	18. Adults with intensive care needs are receiving care at home	2017 Rank: 16 <sup>th</sup>	2013	2014	2015	2016	2017
		Orkney Islands	69%	73%	73%	70%	64%
		Peer Group	65%	65%	66%	65%	-
		Scotland	62%	61%	61%	62%	-

<b>116 per 1,000</b>	19. The number of days people spend in hospital when they are ready to be discharged	18/19 Rank: 2 <sup>nd</sup>	14/15	15/16	16/17	17/18	18/19
		Orkney Islands	310	382	434	381	116
		Peer Group	1,256	1,074	1,015	842	889
		Scotland	1,044	915	841	762	805

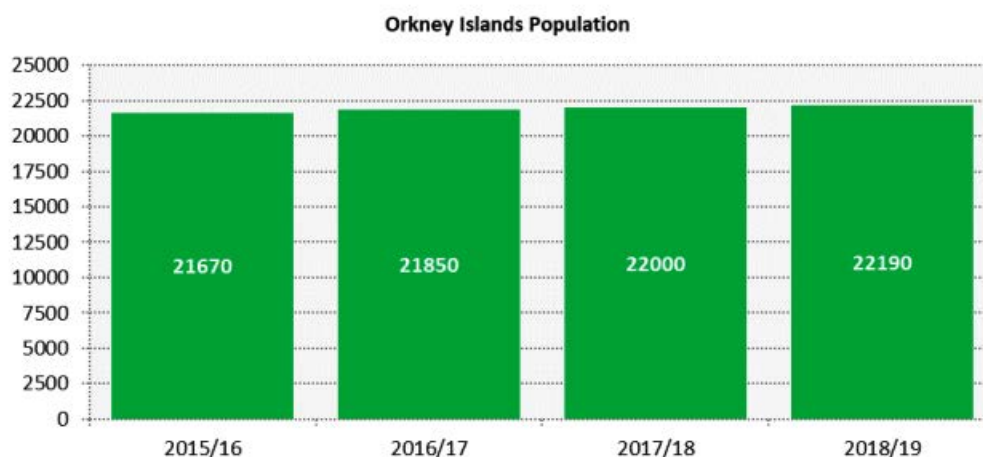
<b>20%</b>	20. Health and care resource spent on hospital stays where patient was admitted as an emergency	18/19 Rank: 9 <sup>th</sup>	14/15	15/16	16/17	17/18	18/19
		Orkney Islands	22%	21%	21%	20%	20%
		Peer Group	22%	21%	21%	21%	-
		Scotland	24%	24%	24%	25%	-

Note: Information for Indicators 10, 21, 22 and 23 is not yet nationally available.

## Orkney MSG Indicator Analysis

### Population

Mid-year population estimates for Orkney Islands rose from 21,670 in 2015 to 22,190 in 2018, an increase of 2.4%.



Source: National Records of Scotland.

### Peer Comparison

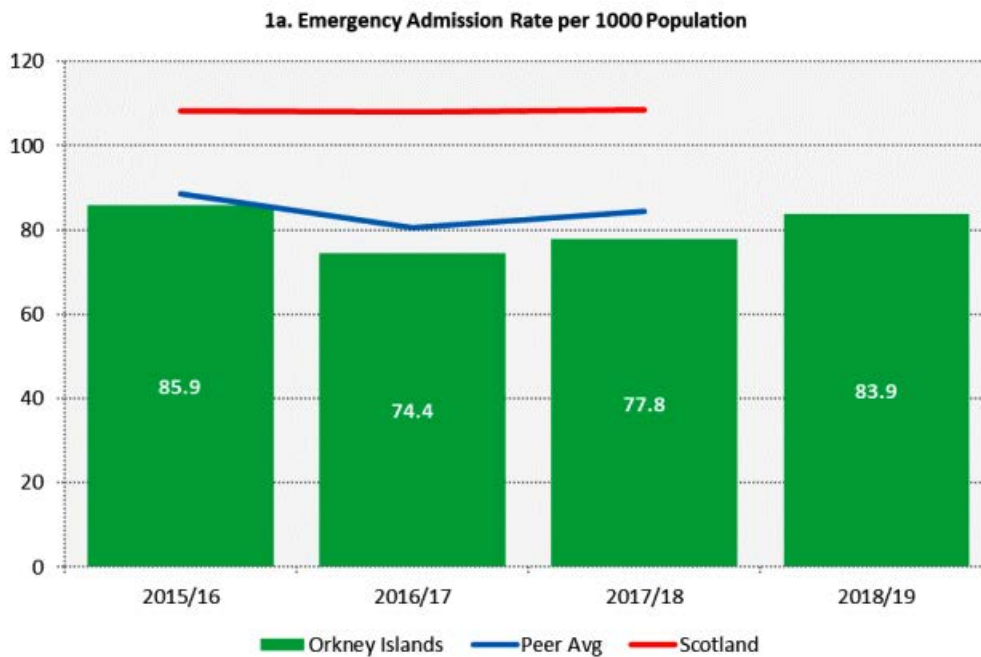
Aggregated data from Aberdeenshire, Argyll and Bute, Highland, Moray, Orkney, Islands, Shetland and Western Isles have been used to produce a peer-group comparator and from all 32 HSCPs to produce a Scotland comparator. Comparison between Orkney Islands, peer group and Scotland has been achieved either by use



of crude rates per 1,000 population or existing metrics, e.g. A and E performance. As MSG data at Scotland-level for 2018/19 has not yet been published the comparisons up to 2017/18 only have been included.

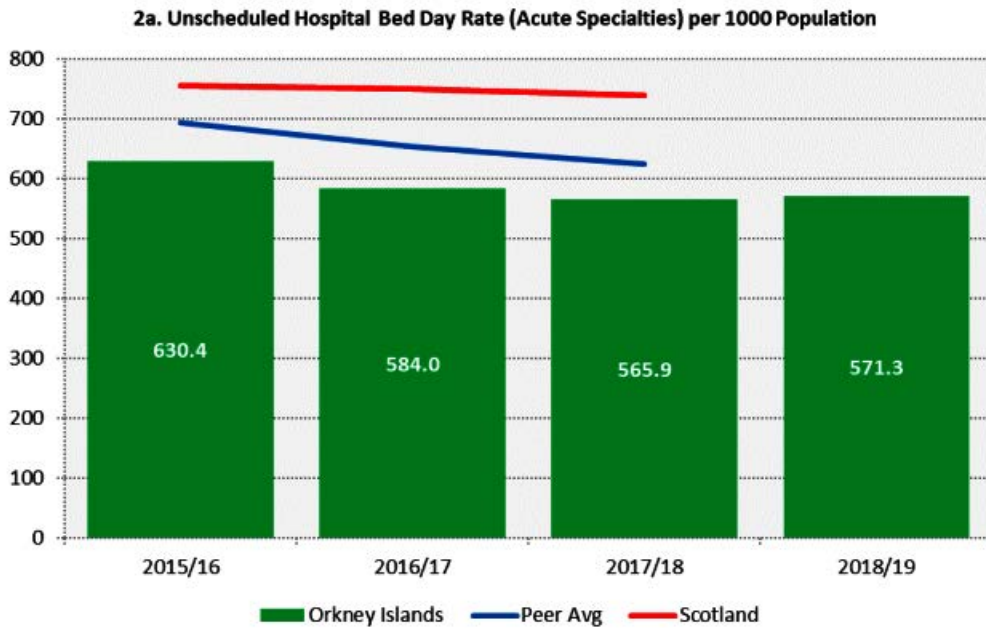
## 1. Number of Emergency Admissions

Following a decrease from 2015/16 the emergency admission rate for Orkney Islands rose from 74.4 per 1,000 population in 2016/17 to 83.9 in 2018/19 (n=1,626 to 1,861). Likewise the peer aggregate showed an increase between 2016/17 and 2017/18 following a decrease from 2015/16 whilst the Scotland aggregate has remained broadly the same.

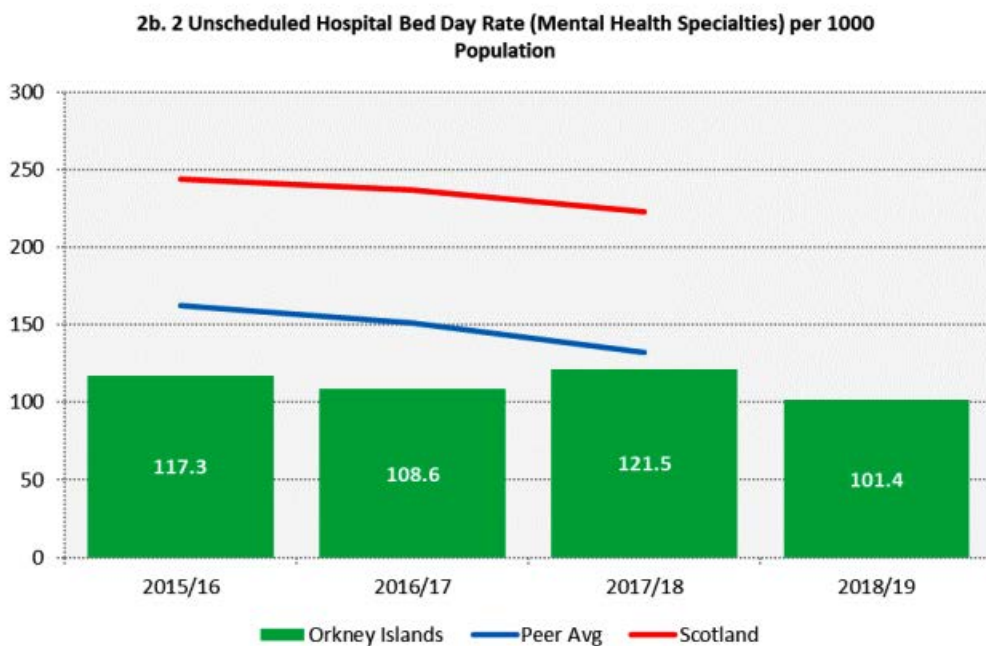


## 2. Unscheduled Bed Days

Unscheduled bed days in acute specialties decreased between 2015/16 and 2017/18 before increasing in 2018/19. The peer and Scotland aggregates also decreased during the period 2015/16 to 2017/18.



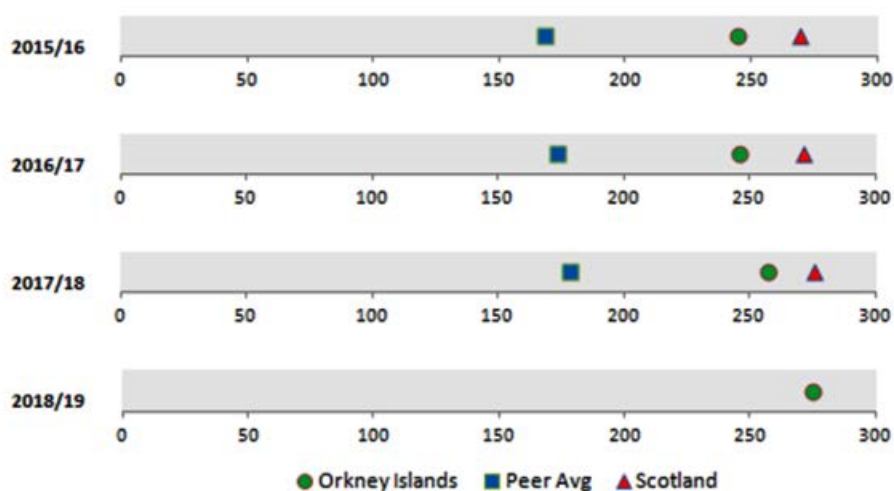
Unscheduled bed days in mental-health specialties have fluctuated between 2015/16 and 2018/19 with a high in 2017/18 and low in 2018/19. A decrease for both peer and Scotland aggregates occurred during 2015/16 to 2017/18.



### 3. A and E Attendances

A and E attendances in Orkney Islands increased year on year between 2015/16 and 2018/19 from 244.7 per 1,000 population to 247.9 remaining above the peer aggregate and below the Scotland aggregate. This represents a 15% increase in attendances from 5,303 in 2015/16 to 6,099 in 2018/19. This upward trend is reflected in the peer and Scotland aggregates.

3a. A&E Attendance Rate per 1000 Population



A and E performance decreased in Orkney Islands from 98.1% to 95.6% between 2015/16 and 2018/19 but remained higher than both peer and Scotland aggregates which showed similar declines in performance during the period 2015/16 to 2017/18.

3b. A&E Performance Against 4-Hour Target

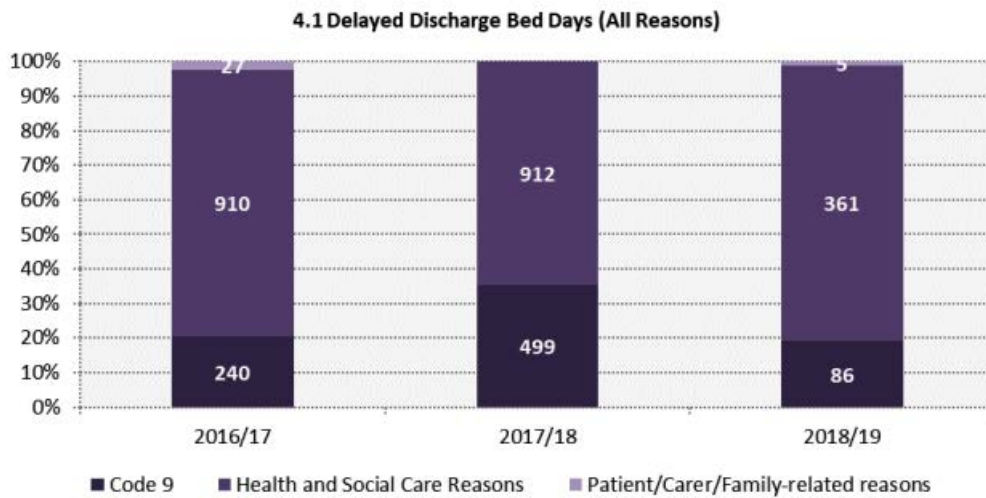


#### 4. Delayed Discharges

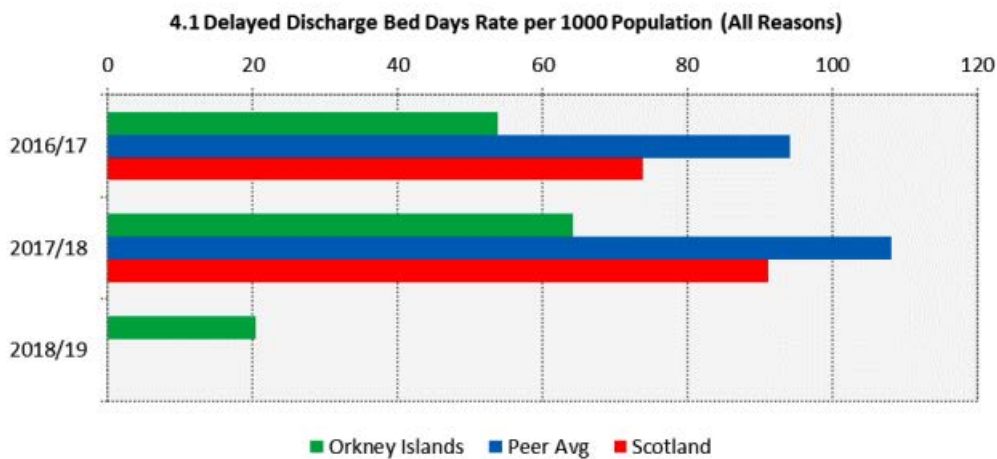
Delayed discharge data in the context of MSG is available for a partial year for 2016/17 (July-March) onwards. Delayed discharges in Orkney Islands are predominantly attributed to 'Health and Social Care Reasons' with 'Code 9' forming the remainder and minimal numbers recorded under 'Patient/Carer/Family-related reasons'.

Orkney Islands appear to have a substantially reduced number of delayed discharge bed days in 2018/19 in comparison to 2017/18. This has been queried with

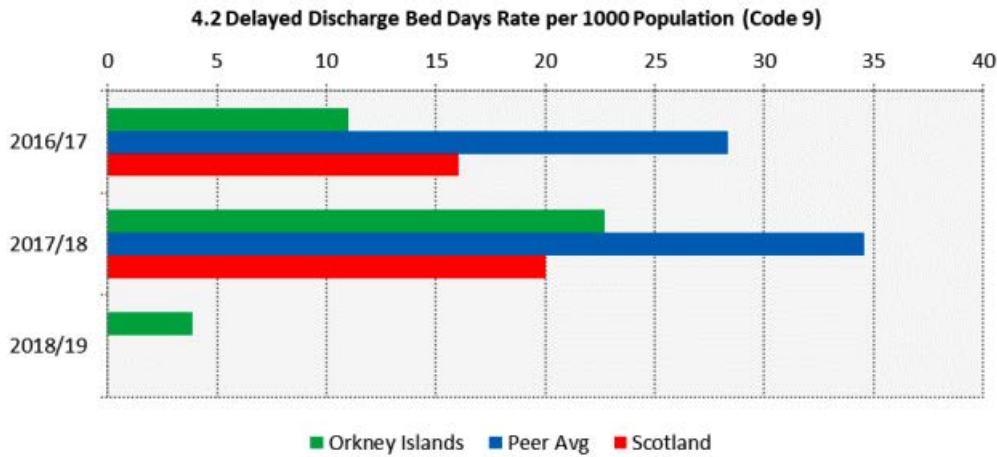
Information Services Division's Source team with no apparent data quality issues being identified.



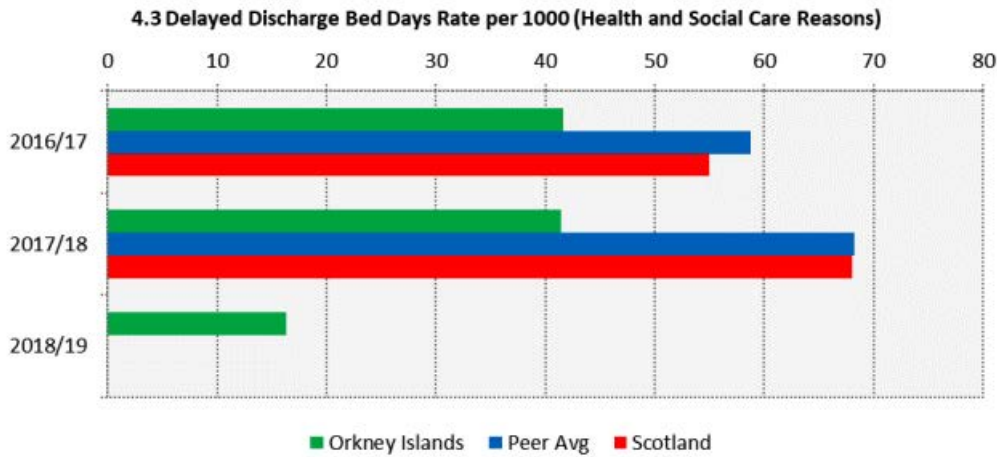
The overall rate of delayed discharge bed days per 1,000 population was substantially lower for Orkney Islands than the peer and Scotland aggregates in 2017/18 (chart 4.1).



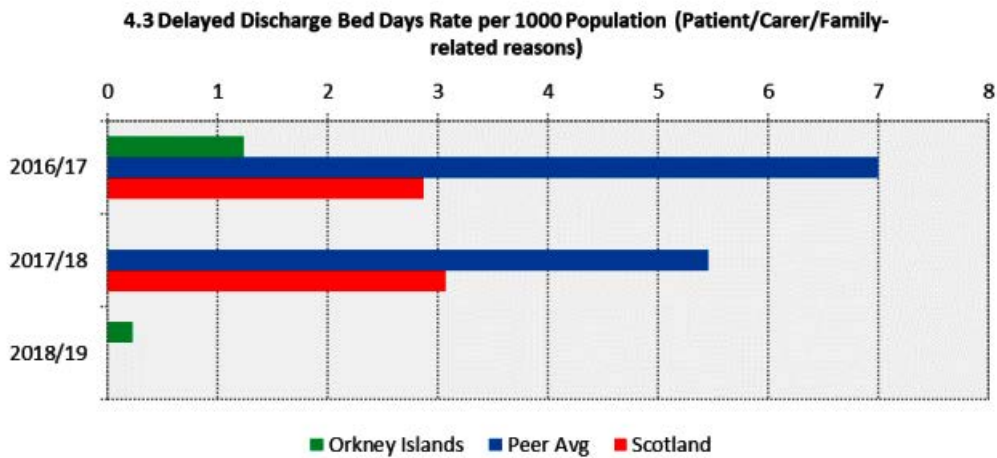
The 'Code 9' delayed discharge rate for Orkney Islands in 2017/18 was higher than the peer aggregate but lower than Scotland (chart 4.2).



The 'Health and Social Care Reasons' delayed discharge rate for Orkney Islands in 2017/18 was lower than both peer and Scotland aggregates (chart 4.3).



No delayed discharges were recorded under 'Patient/Carer/Family-related reasons' by Orkney Islands in 2017/18 (chart 4.4).

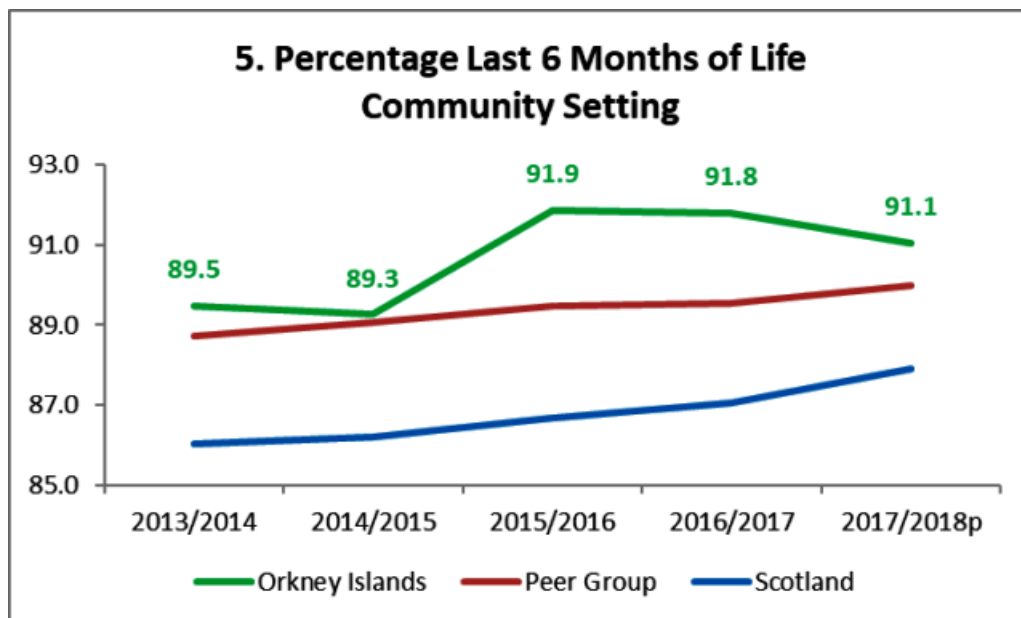


## 5. Percentage of last six months of life by setting

For the five financial years from 2013/14, Orkney has recorded a higher percentage of people living the final six months of life in a community setting than its peer group

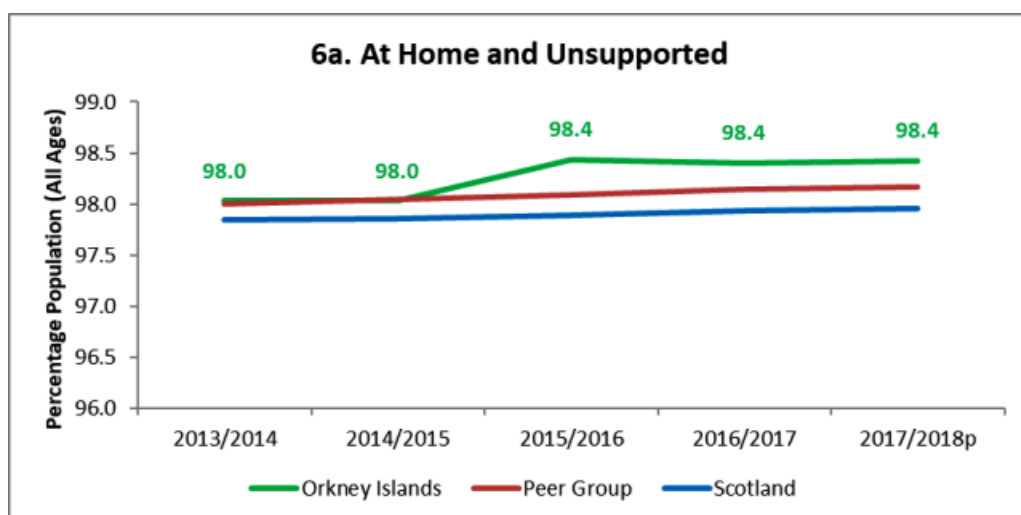
and Scotland. Orkney's provisional 2017/18 figure of 91.1% is above its 5 Year Average.

In 2017/18, the next highest proportion of the last six months of life on Orkney (8.7%) was spent in a large hospital. The average for the same period amongst the peer group was 7.3%.



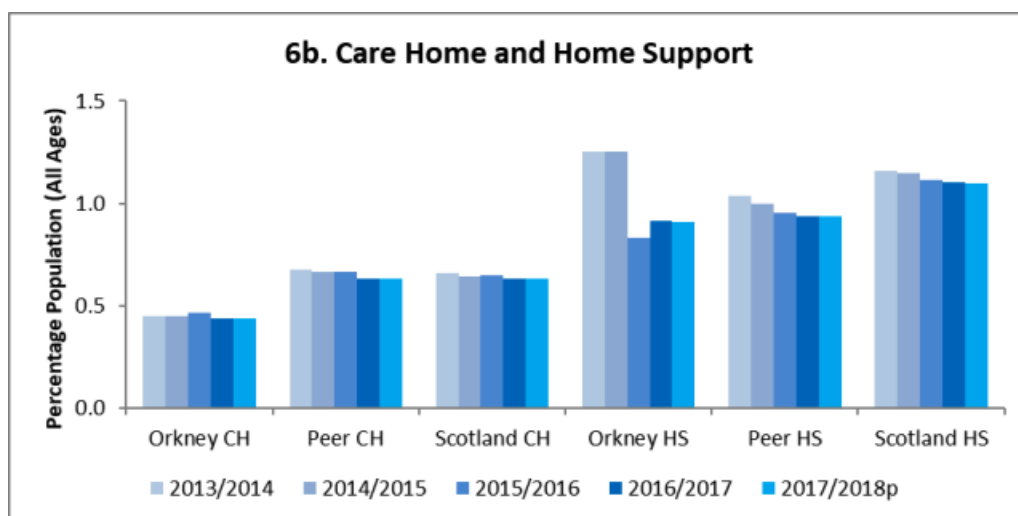
## 6. Balance of care: Percentage of population in community or institutional settings

Across all ages and the five financial years from 2013/14, Orkney has recorded a similar or slightly higher proportion of the population living at home and unsupported than its peer group average or Scotland.

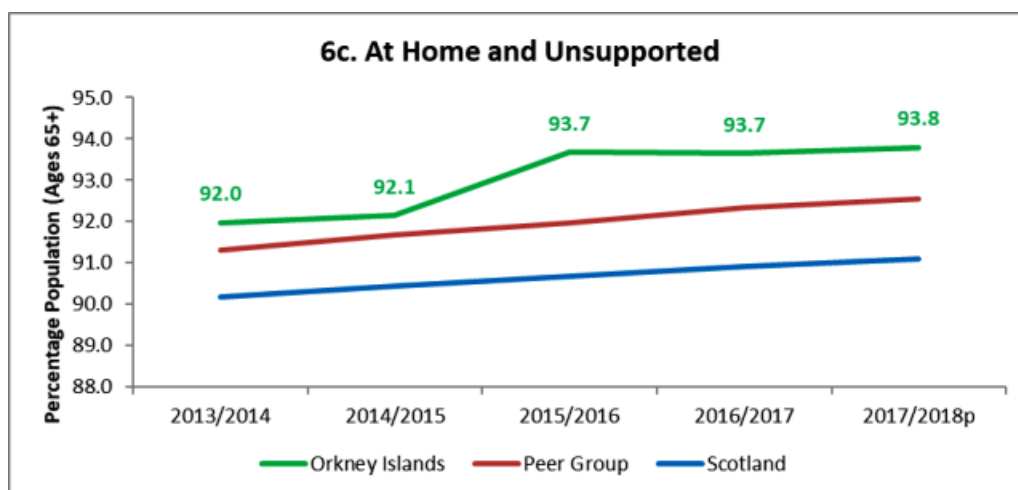


Across all ages, and for the five financial years from 2013/14, the percentage of the Orkney population residing in a Care Home has been consistently below 0.5%; lower than its peer group average and the respective proportion across Scotland. From having had a higher proportion of the total population (1.3%) supported at home in 2013/14 and 2014/15, the proportion in the last three available financial years has fallen below the peer group and Scotland, and consistently lower than 1%.

N.B. In the chart below 'CH' denotes Care Home population share and 'HS' the proportion receiving support at home.

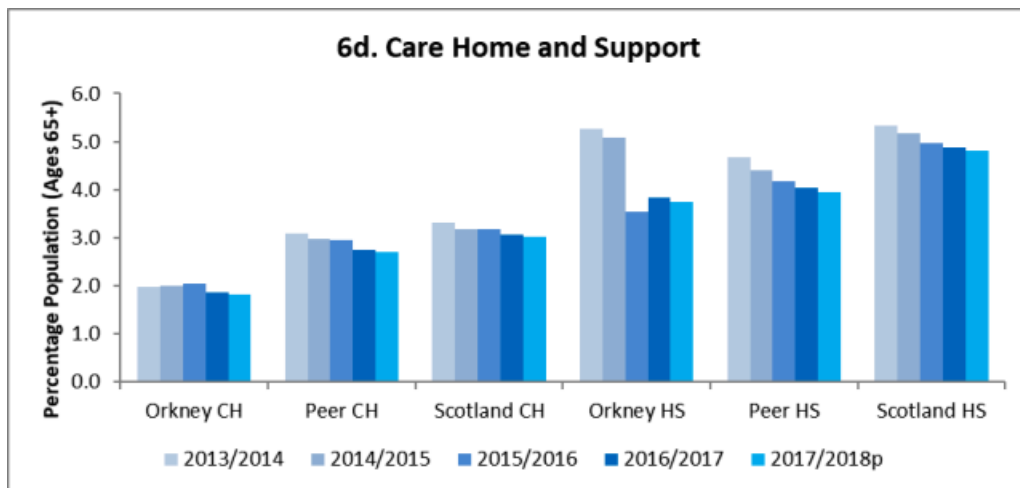


In the population aged 65+, as with all ages, Orkney has a higher proportion of residents at home and unsupported compared to its peer group and the national average, across the five financial years from 2013/14.



Across the five financial years since 2013/14, the average proportion of the Orkney population aged 65+ resident in a Care Home was 1.9%; compared to peer group and national averages of 2.9% and 3.1% respectively. In the three most recent financial years with available data, Orkney has recorded a lower proportion of the population aged 65+ receiving support at home compared to peer group and national averages.

N.B. In the chart below 'CH' denotes Care Home population share and 'HS' the proportion supported at home.



Note: please see associated ISD email, 'MSG Integration Indicators: Updated data' 28/05/19, for definitions and data sources.

## 7. Complaints and compliments

The Integration Joint Board is required to have a complaints procedure to enable people to make complaints about the specific responsibilities and actions of the Board itself. No complaints of this nature were received during this reporting period.

The Integration Joint Board is also required to collect information in relation to complaints made about services delegated to it for planning purposes. We also collate data on compliments. Please note that the Complaints received in 2018-2019 are from both Orkney Islands Council and NHS Orkney delegated services.

Regular reviews of complaints and compliments are carried out and through the course of the year there were no significant themes relating to specific issues. Learning from complaints is disseminated through service areas to ensure continuous improvement is informed by service user experience.

	Six months ending 31 March 2018.	Six months ending 30 September 2018.	Six months ending 31 March 2019	Total
<b>Complaints</b>	6 (stage 2) 3 (stage 1)	9 (stage 2) 15 (stage 1)	5 (stage 2) 17 (stage 1)	20 (stage 2) 35 (stage 1)
<b>Compliments</b>	15	20	2	37

## 8. The Future

It has to be noted that this year's report has not been easy to write, given all the changes in the year and some other contributing factors. However, the report is showing some real successes that we need to be very proud of.

As mentioned in this report we are taking a different approach to how we organise ourselves and are about to embark on implementing a new management structure and a review of portfolios held by managers.



We have started to look at undertaking our work under a programme approach and these meetings have been set up throughout the year.

We have reviewed the Strategic Plan – we have changed how this looks considerably, wanting it to be easily understood by all. The plan is simplified and clearly outlines our vision, values, aims and priorities over the next three years.

We have secured the position of our Chief Finance Officer as a full time post as of 1 April 2019. The Chief Finance Officer has now written a Medium-Term Financial Plan and alongside this will be a Strategic Commissioning Implementation Plan. The Medium-Term Financial Plan will look at how we currently use financial and other resources and how we will change those commissioning habits and behaviours moving forward over the next three years. These two documents are vital in ensuring we design and deliver services that enhance prevention and early intervention, meet current need and are sustainable and valued.

We have introduced the concept of 3 new approaches to how we do things in Orkney, these being:

- Realistic Conversations.
- Community Led Support.
- Tech Enabled Care.

**Realistic Conversations** is fully based on Realistic Medicine. We have called it conversation, as we want it to be at the heart of all our health and social care interactions.

**Community Led Support (CLS)** is about working with communities and individuals, making sure they are at the heart of everything we do. We have committed to look at developing CLS and have been successful in securing match funding via the Scottish Government to pursue this opportunity with the support of both the Healthcare Improvement Scotland iHub and the National Development Team for Inclusion (NDTi).

**Our tech enabled care approach** fully adopts the Scottish digital health and care strategy. Again we have been successful in being identified as a Named Partner with Scottish Government and we recently attended the launch of the Tech Enabled Care Pathfinders. We will be working closely with colleagues in East Ayrshire developing a Think Tech First approach to all that we do.

We have five newly refreshed priorities set out within our Strategic Plan and these are:

- Developing Localities and community hubs.
- Mental Health.
- Value and support for carers.
- Promotion and support self-management.
- Revisiting models of care and support.

We are not fully content with the format and presentation of this year's report but will address this over the coming year in preparation for next year's report. We will be basing our performance on the following:

- The national suite of indicators.
- MSG performance indicators.
- The 7 principles of Community Led Support.
- The measures identified around the 5 strategic priorities.
- Compliments and complaints.
- Workforce measures to include sickness/absence, recruitment and retention and staff surveys.

In respect to staff surveys, Orkney Health and Care will be moving to the use of iMatters across all staff groups within the partnership.

## Appendix 2 – Data Definitions

Original data analyses undertaken by ISD based on data as at end-May 2019.

Indicator.	Definition/Information/Source.
1 – 9.	Scottish Health and Social Care Survey: <a href="http://www.gov.scot/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey">http://www.gov.scot/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey</a> .
10 – Staff who recommend workplace.	Not yet available.
11 – Premature Mortality Rate.	European age-standardised death rates for under 75's, per 100,000 population - from National Records of Scotland (NRS) data.
12 and 13 – Rate of emergency admissions/bed days.	Rates are crude rates per 100,000 population and are based on the mid-year population estimates. Data for both NHS Lothian and Scotland have been revised and are expected to be more accurate than previously published figures. Dental Hospital and GLS excluded.
14 – Readmission.	<p>Emergency readmission is defined as any emergency admission to a hospital occurring within 28 days of discharge from a previous hospital spell for the same patient. The initial spell may not have started with an emergency admission. The clinical specialty may not be the same in both the initial spell and the subsequent readmission.</p> <p>Cases are excluded from the analysis (for both admissions and readmissions) where the patient has received treatment for certain conditions that are associated with high readmission rates. The following ICD10 codes are excluded: C81-C96, D46, D47, I12.0 and N17-N19. This data is still management information and should not be published.</p> <p>Rate is age-sex standardised.</p>
15 – Care or home setting.	Not yet available.

16 – Falls.	Admission type code 33-35 and ICD10 codes W00-W19. These statistics are derived from data collected on discharges from non-obstetric and non-psychiatric acute hospitals (SMR01) in Scotland. Rate is crude rate per 1,000 population for ages 65+.
17 – Inspection.	Not yet available.
18 – Care at home.	Presents the latest data for Free Personal and Nursing Care provided in care homes and Free Personal Care provided at home. Percentage of all 18 plus patients with intensive care needs who receive care at home.
19 – Delayed Discharge.	<p>The number of bed days occupied is gathered for all patients (aged 18 years and over) who have met the criteria for a delayed discharge for each month. Rate is crude rate per 1,000 total population.</p> <p>In order to ensure consistency, a 'midnight bed count' approach is applied to each delay episode to determine which particular days should contribute to the bed day count. The 'ready for discharge' date (RDD) is not counted, as the first midnight occurring in the delay episode is attributable to the day after the RDD. The discharge date (the date the delay ended) is counted as the assumption is that the patient was delayed at 00:00 on that day.</p>
20 – Total Spend.	Emergency admissions taken from 'non elective' inpatients spend, compared to total of Health and Social Care spend. Figures shown are not adjusted for inflation, but that is available. Total for all ages. From IRF data.
21 – 23.	Not yet available.