

Briefing Note Template

Elected Member Briefing – Performance – Core Suite of Integration Indicators

Elected Member Briefing Note Ref. No. 2025-04

About this Briefing Note

Briefing by: *Pam Shead, Planning, Performance and Projects Officer, NHS Shetland*

Date: 4/9/25 (relating to seminar 29/8/2025)

Subject: Performance – Core Suite of Integration Indicators

Public / ~~Exempt~~ / ~~Confidential~~

if exempt or confidential explain risks and consequences.

Purpose

This briefing note is to provide a summary of *a presentation about Shetland HSCP performance for 2024/25 as per the Core Suite of Integration Indicators.*

Background

Integration authorities are subject to performance monitoring against a core set of indicators which were drawn together during the formation of integration authorities in 2014/15. These indicators are publically available from Public Health Scotland: [Core suite of integration indicators 1 July 2025 - Core suite of integration indicators - Publications - Public Health Scotland](#)

Key points

The indicators comprise a set of data based on the [Health and Care Experience Survey](#) and a set of indicators related to service activity. This seminar focussed on the service related data, and explored connections between data – for example admission rates, and bed days; readmissions and care quality. The presentation noted that while some correlations have an evidence base, connections between indicators should be interpreted with caution and with the broader picture of whole system functioning in mind – it is important to consider how success in one area impacts other services, and be mindful of the impact on service demand, service pressure, and families and carers. The presentation looked at Shetland’s performance alongside comparable IJB areas, and also compare to Scotland, and compared over time.

Areas of strength highlighted were:

- NI-12 Emergency Admission Rate – Low, suggests good preventative care and community support

- NI-13 Emergency Bed Day Rate - Low, indicating efficient hospital use and shorter stays
- NI-14 Emergency Readmissions (28 days) – Low readmission rate implies effective discharge planning and follow-up care
- NI-15 Last 6 Months of Life at Home – High, shows strong community and palliative care
- NI-18 Intensive Care Needs Met at Home – High, indicates good support for high-need individuals in home settings

Some challenges highlighted were:

- Care service ratings – look to maintain good levels and improve where required
- Delayed discharges from hospital – maintain good MDT working to ensure best outcomes
- Falls prevention among older adults - look to reduce pressure and ensure wellbeing

Overview

The data supports that there is efficient hospital use, evidenced by low admissions, short stays, and fewer readmissions. There is good care at home and end-of-life support, as evidenced by the high proportion of time spent at home or in community setting, and intensive social care needs delivered at home. There are some pressures and challenges, particularly care service ratings, delayed discharges and fall prevention.

Members are encouraged to explore relevant data, and consider whole system impact of changes and performance.

Last modified on: *Date*

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