ANGUS Health & Social Care Partnership

ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 10 JANUARY 2018

PERFORMANCE REPORT

REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

The purpose of this report is to update the Integration Joint Board (IJB) on the progress made in Quarter 2 of the performance report. The report demonstrates the level of improvement activity being delivered across the Partnership and shows that this is driving progress towards the delivery of the Partnership's visions, strategic aims and planned outcomes for the people of Angus. The report also includes an update on the strategic delivery plan in relation to areas scheduled to provide a quarter 2 update.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

(i)   approve the Quarter 2 2017/18 Performance Report for Angus (Appendix 1);

(ii) request the Chief Officer to ensure that updated performance reports are provided to the IJB quarterly.

2. THE QUARTER 2 PERFORMANCE REPORT

2.1   The Quarter 2 2017/18 summary performance report aims to address strategic level performance described in the partnership's performance framework. This includes the national core indicators which demonstrate progress against the national outcomes.

2.2   A number of additional indicators have been developed to show progress against the four strategic priorities:

Priority 1   Improving health wellbeing and independence
Priority 2   Supporting care needs at home
Priority 3   Developing integrated and enhanced primary care and community responses
Priority 4   Improving integrated care pathways for priorities in care

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8 December 2017

Appendices

Appendix 1 - Quarter 2 2017/18 Performance Report

ANGUS HEALTH AND SOCIAL CARE PARTNERSHIP

2017-18 Quarter 2 Strategic Progress and Performance Report

November 2017

Angus Health and Social Care Partnership

2017-18 Quarter 2 Performance

Introduction

The purpose of this Quarter 2 Performance Report is to show progress against the four priorities set out in the Angus Health and Social Care Partnership's strategic plan. These are:

Priority 1   Improving health, wellbeing and independence

Priority 2   Supporting care needs at home

Priority 3   Developing integrated and enhanced primary care and community responses

Priority 4   Improving integrated care pathways for priorities in care

The four priorities of our strategic plan aim to deliver the nine national health and wellbeing outcomes.

Data explanatory note: *where health information has been extracted from a different source other than the ISD Source team there are some minor discrepancies between the ISD published and non-ISD published health information. All non-published information, such as health information shown by localities, should therefore be treated with caution. Social care information has been extracted from Care First, there have been some data anomalies and data quality issues which are being addressed to improve the quality of the performance information. The national position for 2016/17 in relation to performance against the 23 national core indicators has not yet been published. We have however been able to provide an indication of performance against the Scottish average in Table 1.*

2017/18 quarter definitions:

Each quarter reflects the full year performance to the end of that quarter.

Quarter 1 – 1st July 2016 to 30th June 2017

Quarter 2 – 1st October 2016 to 30th September 2017

Quarter 3 – 1st January 2017 to 31st December 2017

Quarter 4 – 1st April 2017 to 31st March 2018

Angus Performance Summary

- Following the introduction of self-directed support, supported people have sought alternatives to traditional day care. This change in individual choice is one of the contributing factors to increases in personal care hours and the decline in short breaks hours. The number of people receiving short breaks (days) increased in 2016/17. The increasing level of short breaks (days) has continued into quarter 2 2017/18. The number of hours delivered has however decreased; this has also been sustained. This means that more people are receiving shorter or fewer day time breaks.

- There continues to be unexpected variation in the way that social care resources are consumed by localities. North East Angus has more community alarms, uses more personal care, more care home services and more respite than the Angus average. South East locality continues to use high levels of care home services and low levels of personal care with a typical personal care package in the South East being approximately 23% less than the Angus average.

- Admissions in an emergency in the adult population have been increasing year on year. In part this relates to the increasing proportion of older people in the population and the increasing complexity of need due to multi morbidity in adults. The increase in emergency admissions between 2016/17 and 2017/18 was 3.5%. In quarter 2 of 2017/18 there has been a decline in the number of admissions by around 0.7% from quarter 2 of 2016/17, driven by reductions in admissions predominately in the North West and South West localities. Admissions in the North East locality continue to rise. Admission from the South East locality are similar to the same period in 2016/17.

- Admissions in an emergency arising from a fall in people aged over 75 years account for a relatively small number of all emergency admissions. This indicator is used to identify the admissions into those with frailty in the older population. The number and proportion of the population over the age of 75 is increasing. The rate of admission to hospital in an emergency following a fall has risen year on year. In quarter 2 of 2017/18 compared to the same period in 2016/17, there has been a decrease in emergency admissions arising from a fall.

- Following the introduction of Enhanced Community Support (ECS) in the North East Locality, readmissions, bed days and average length of stay in hospital following an emergency have continued to decline. This follows the pattern established in the South West and South East localities following the introduction of ECS. Bed days and average length of stay continues to increase in the North West.

- There has been an increase in bed days lost this quarter to complex delays (graph 22). The main reason is the Guardianship process. The North West Locality has the largest bed days lost (2,016) with 80% of bed days lost.

Q2 2017/18 performance has improved by more than 3% against Q4 2016/17

Q2 2017/18 performance is similar to the Q4 2016/17 but may be improving (↓) or declining (↑)

Q2 2016/17 performance has declined more than 3% against Q4 2016/17

Table 1: Percentage change in Quarter 2 2017/18 against Quarter 2 2016/17 (these indicators are the only national indicators that can be made available quarterly)
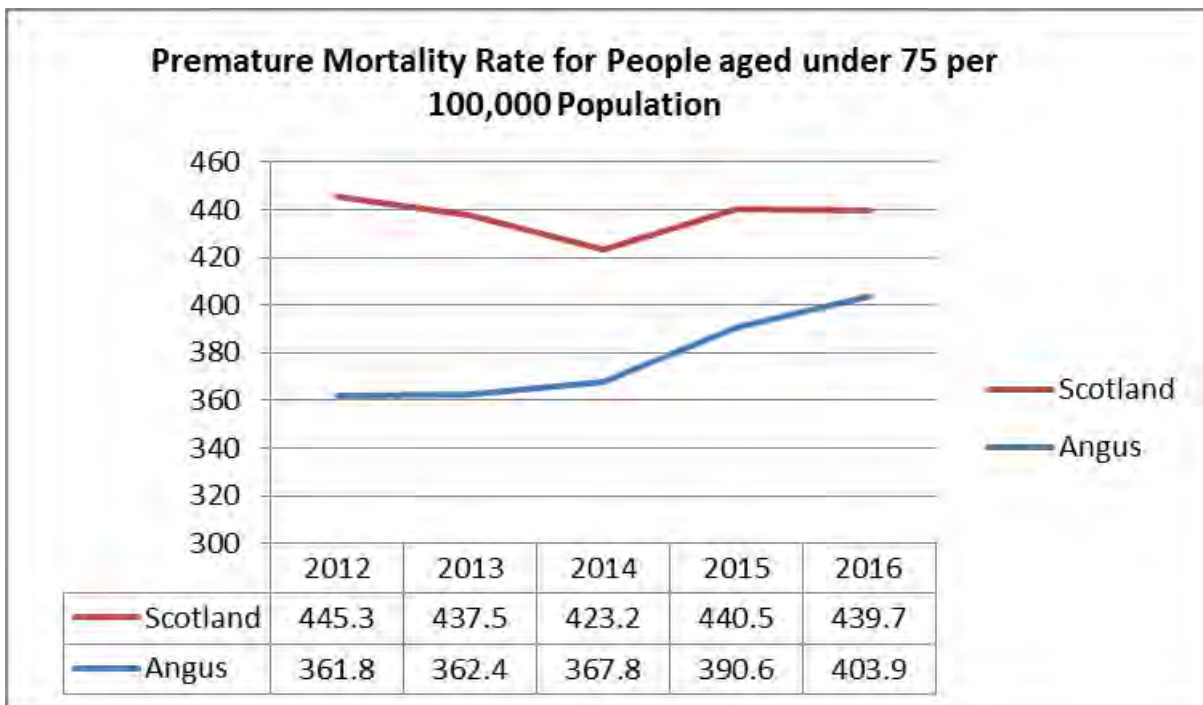
National Indicator (NI)	Angus	North East	North West	South East	South West	Angus performance in relation to 2016/17 Scottish average
NI 12. Emergency Admissions	↓0.7%	↑5.0%	↓3.8%	↑0.7%	↓4.6%	**G**
NI 13. Emergency Bed Days	↓0.26%	↓9.0%	↑6.0%	↑0.7%	↓4.6%	**G**
NI 14. Re-admissions after 28 days	↓7.7%	↓7.1%	No change	↓10.1%	↓16.1%	**R**
NI 16. Falls ending in admission	↓3.5%	↑7.8%	↓15.6%	↑2.2%	↓3.3%	**G**
NI 19. Delayed Discharges	↑21.8%	↑2.7%	↓1.5%	↑328[*]	↓38%	**G**

Notes below provide commentary on the percentage change above for each national indicator

NI 12 (Graph 15)   Emergency Admissions – There were 10,174 emergency admissions (including readmissions) in the year to the end of September 2017. This is a decrease of 215 admissions for the same period ending September 2016.

NI 13 (Graph16)   Bed Days Emergency - Admissions accounted for 106,254 bed days in the year to the end of September 2017. This was a decrease of 281 bed days on the year to the end of September 2016.

NI 14 (Graph18)   Readmissions - There were 1,880 readmissions in the year to the end of September 2017. This is a decrease of 156 readmissions on the year to the end of September 2016.

NI 16 (Graph 8)   Falls - There were 517 emergency admissions that resulted from a fall in the year to the end of September 2017. This is a decrease of 19 admissions on the year to the end of September 2016. Falls account for 5% of all emergency admissions.

NI 19 (Graph 21)   Delayed Discharges - There has been a decrease in the number of admissions, particularly readmissions and a decrease in the number of bed days, indicating that more people are being supported at home. It is noted that when people are delayed they experience a longer delay by an average of 0.7 days.
However, the number of people experiencing a delayed discharge account for 2.7% of admissions. There has been an increase of 40 more admissions in comparison to the same period last year. In the South East locality 2017/18, this equates to 789 days in comparison to 2016/17 184 days. The bed days lost are due to complex situations e.g. those delayed waiting guardianship processes.

Priority 1: Improving Health, Wellbeing and Independence

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Graph 1: Management Information: Premature Mortality Rate for People aged Under 75 per 100,000 Population *(The data is only available annually)*

Premature Mortality Rate for People aged under 75 per 100,000 Population

|	2012	2013	2014	2015	2016
Scotland	445.3	437.5	423.2	440.5	439.7
Angus	361.8	362.4	367.8	390.6	403.9

Source: National Records of Scotland

Graph 2: Management Information at Locality Level: Premature Mortality Rate for People aged Under 75 per 100,000 Population in 2015 *(The data is only available annually)*

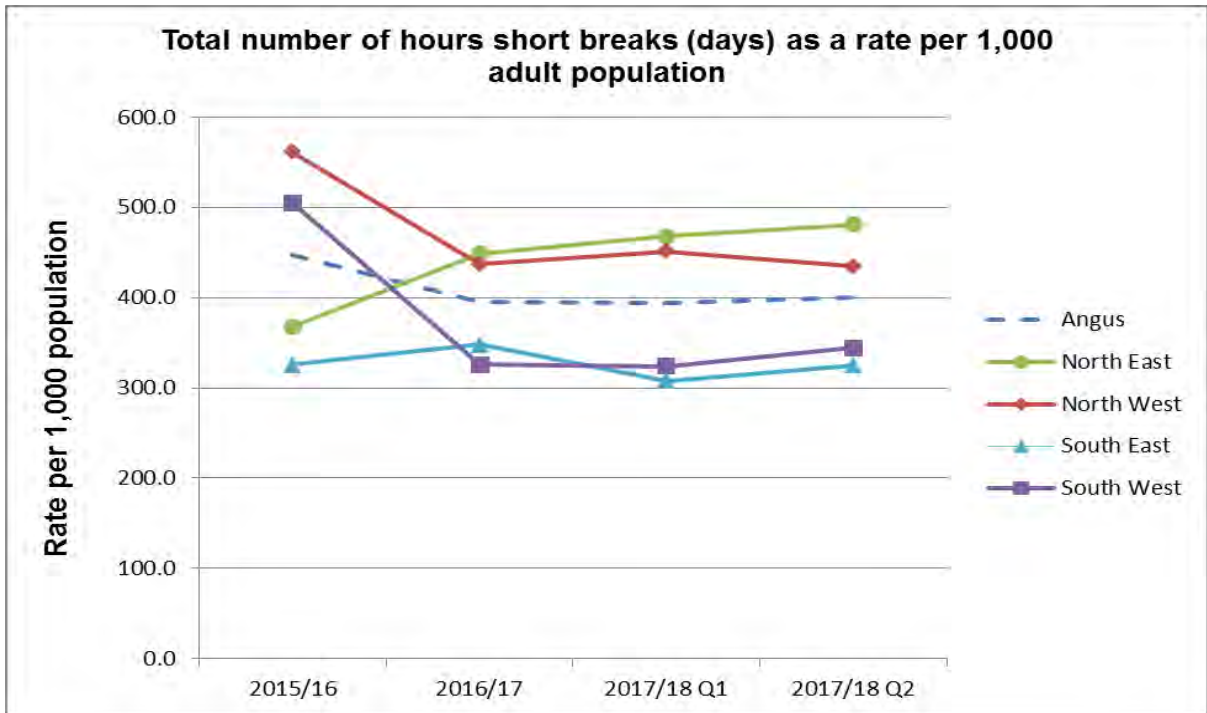## Premature Mortality Rate for People aged under 75 per 100,000 Population in 2016
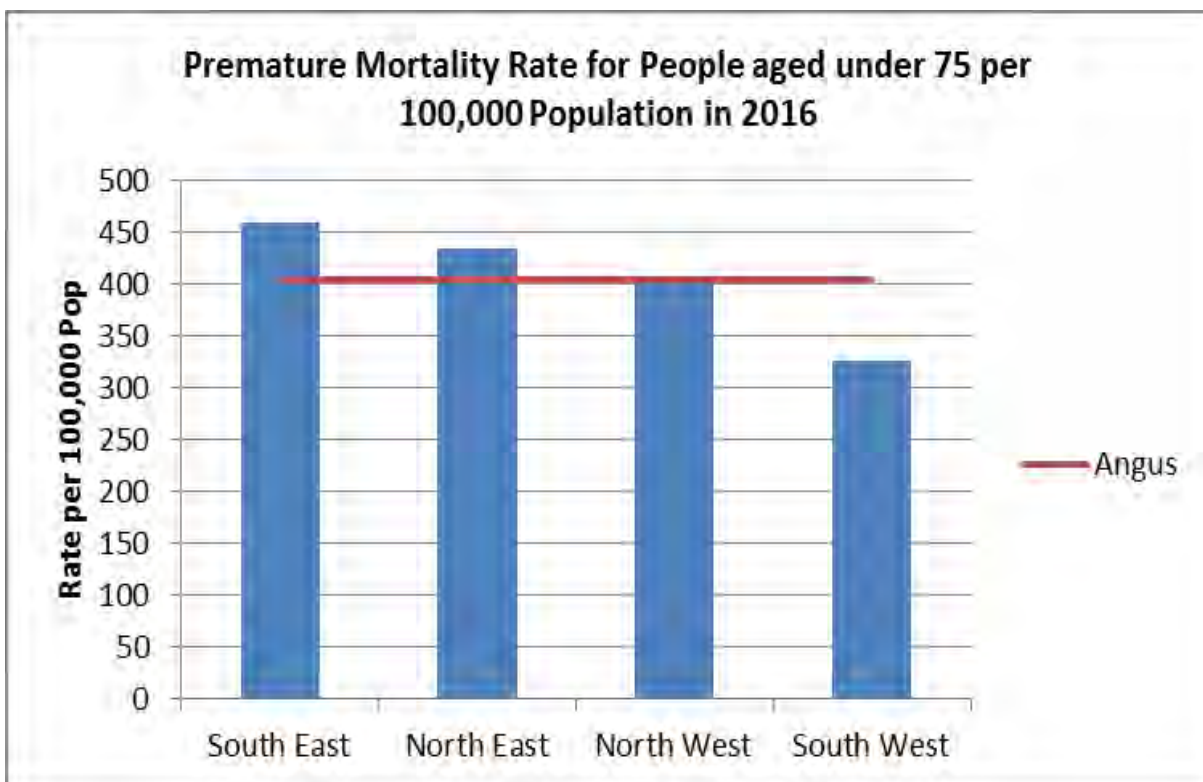
Source: ISD LIST (not official ISD statistics)

Graph 3: Management Information at Locality Level: Rate of people using short breaks
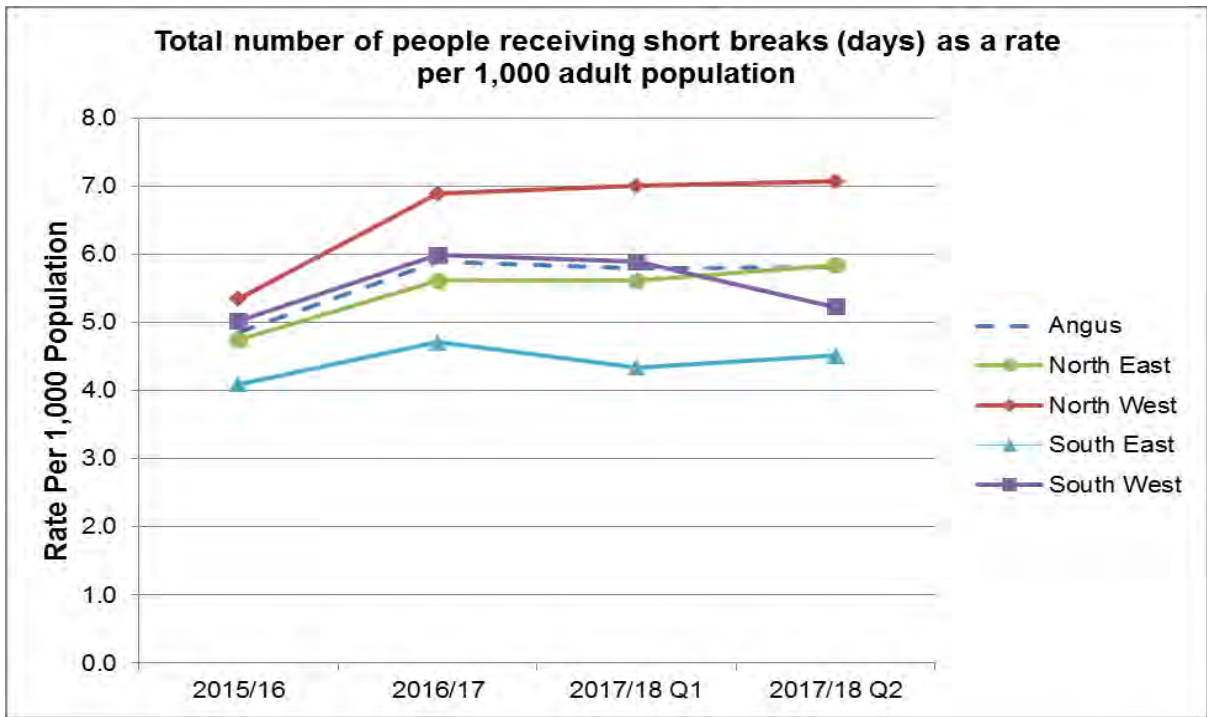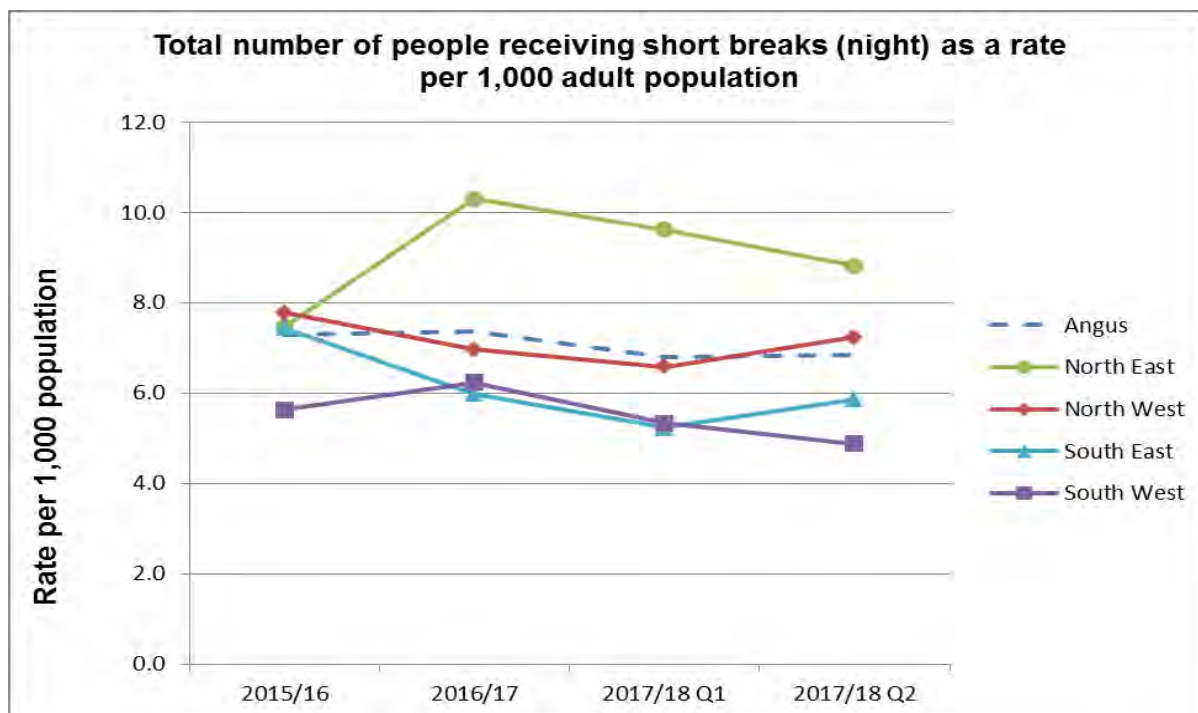
Source: Care First (Angus Council)

Graph 4: Management Information at Locality: Rate of short breaks (daytime hours)
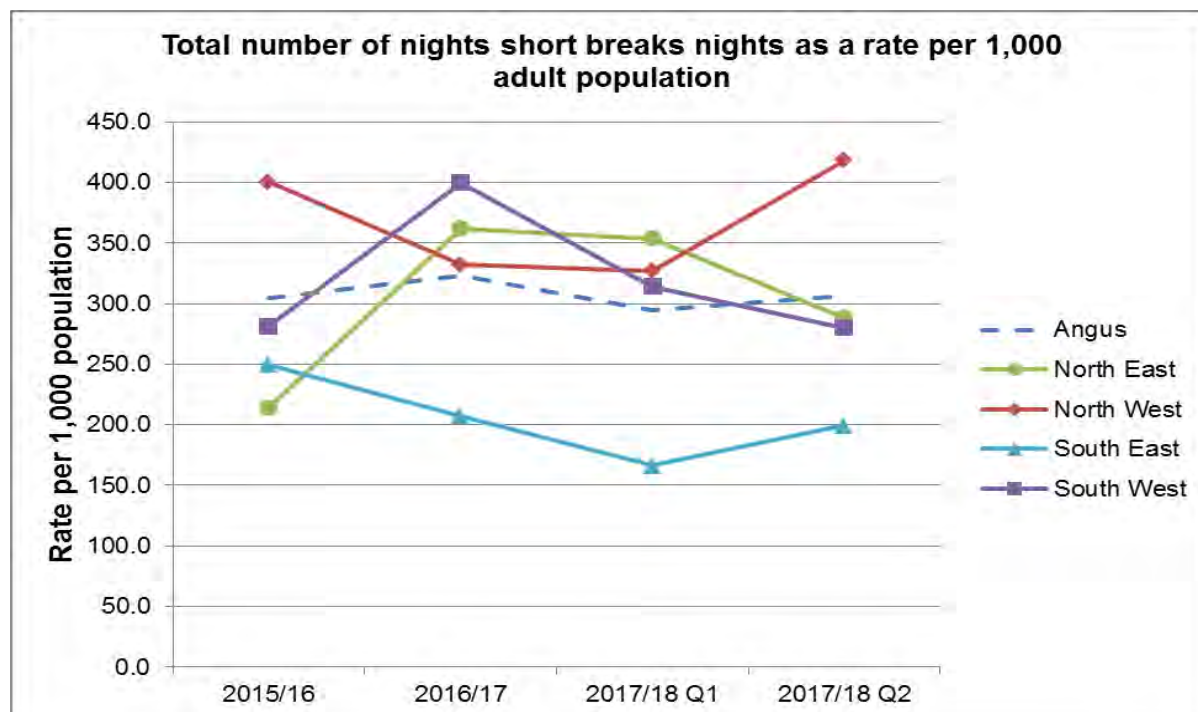

Source: Care First (Angus Council)

Graph 5: Management Information at Locality Level: Rate of people using short breaks (nights)
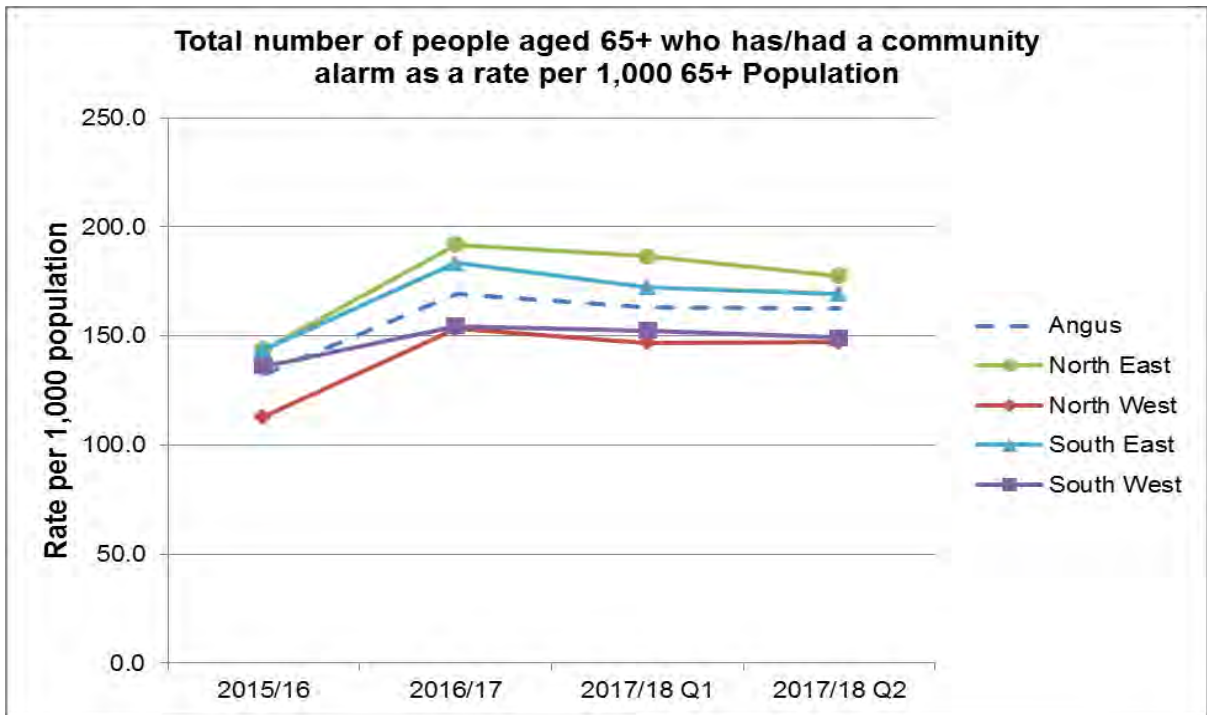

Source: Care First (Angus Council)

Graph 6: Management Information at Locality Level: Rate of short breaks nights
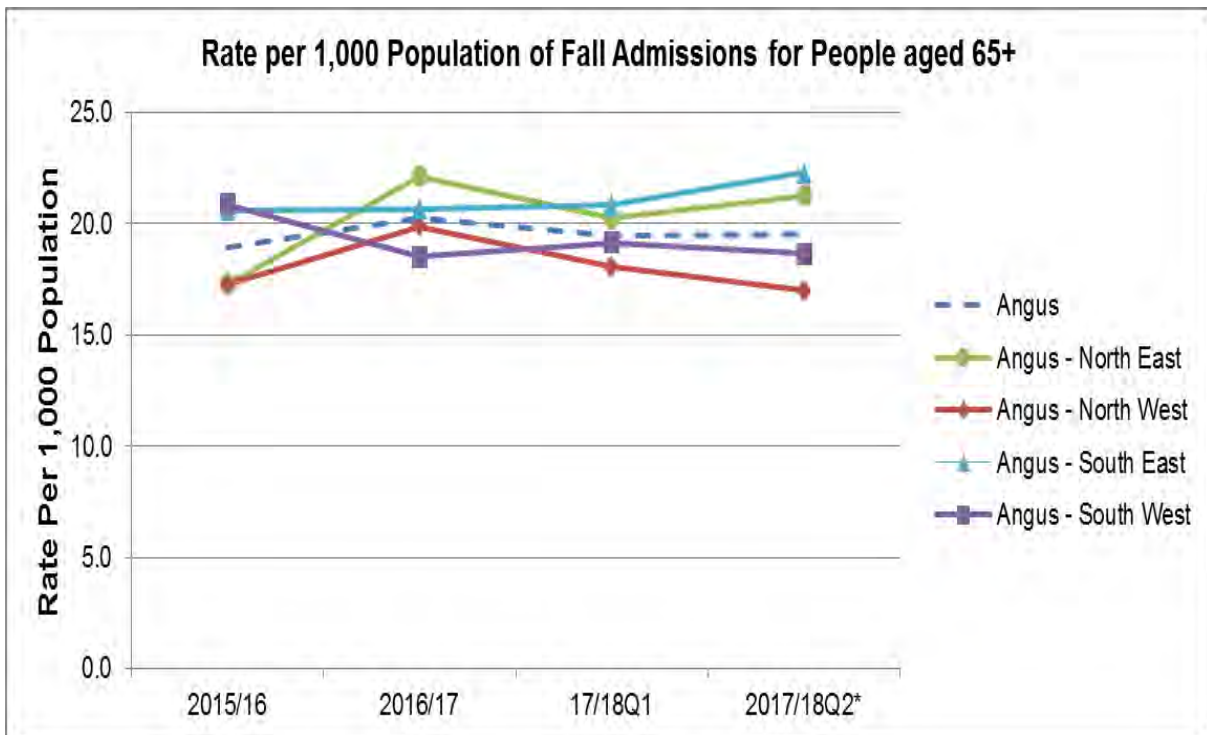

Source: Care First (Angus Council)

Graph 7: Management Information at Locality Level: Rate of community alarm use

Total number of people aged 65+ who has/had a community alarm as a rate per 1,000 65+ Population

Source: Care First (Angus Council)

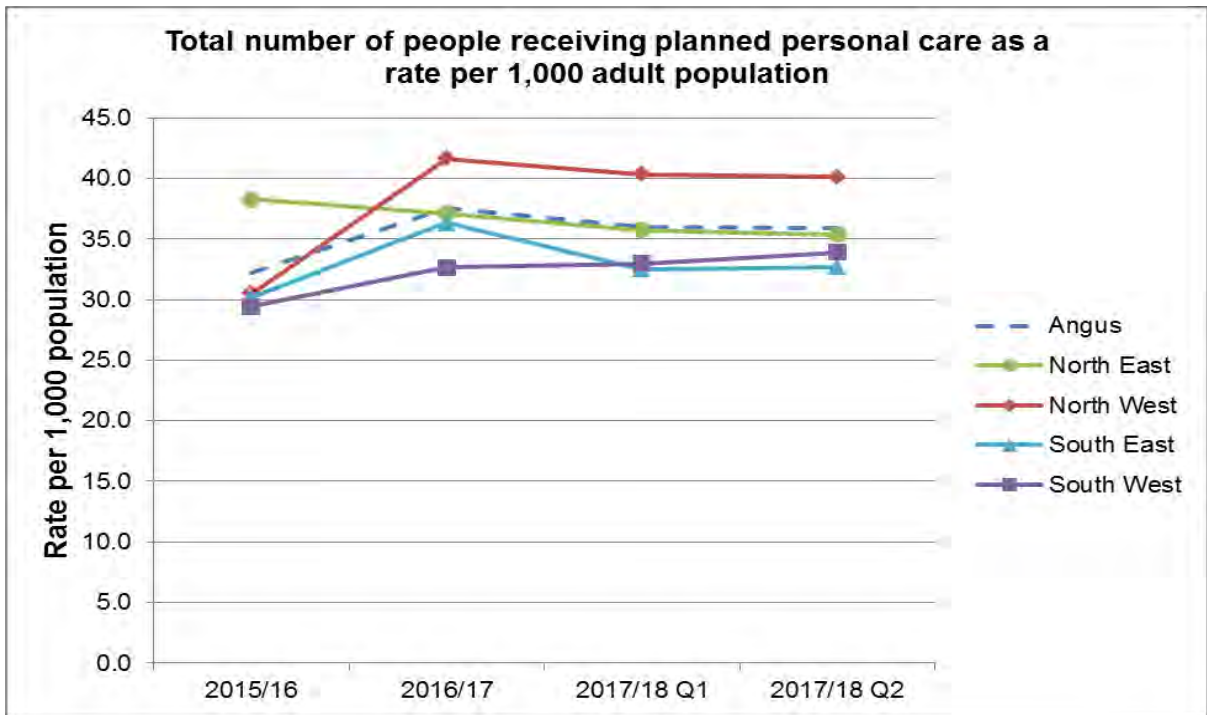**Graph 8: Management Information at Locality Level: Rate of fall admissions per 1,000 population for people aged 65+**

Rate per 1,000 Population of Fall Admissions for People aged 65+

Source: ISD LIST (not official ISD statistics)

Priority 2: Supporting care needs at Home

Graph 9: Management Information at Locality level: Rate of Personal Care Hours

Total number of people receiving planned personal care as a rate per 1,000 adult population

Source: Care First (Angus Council)

Graph 10: Management Information at Locality level: Rate of Personal Care Hours

Total number of people receiving planned personal care as a rate per 1,000 adult population
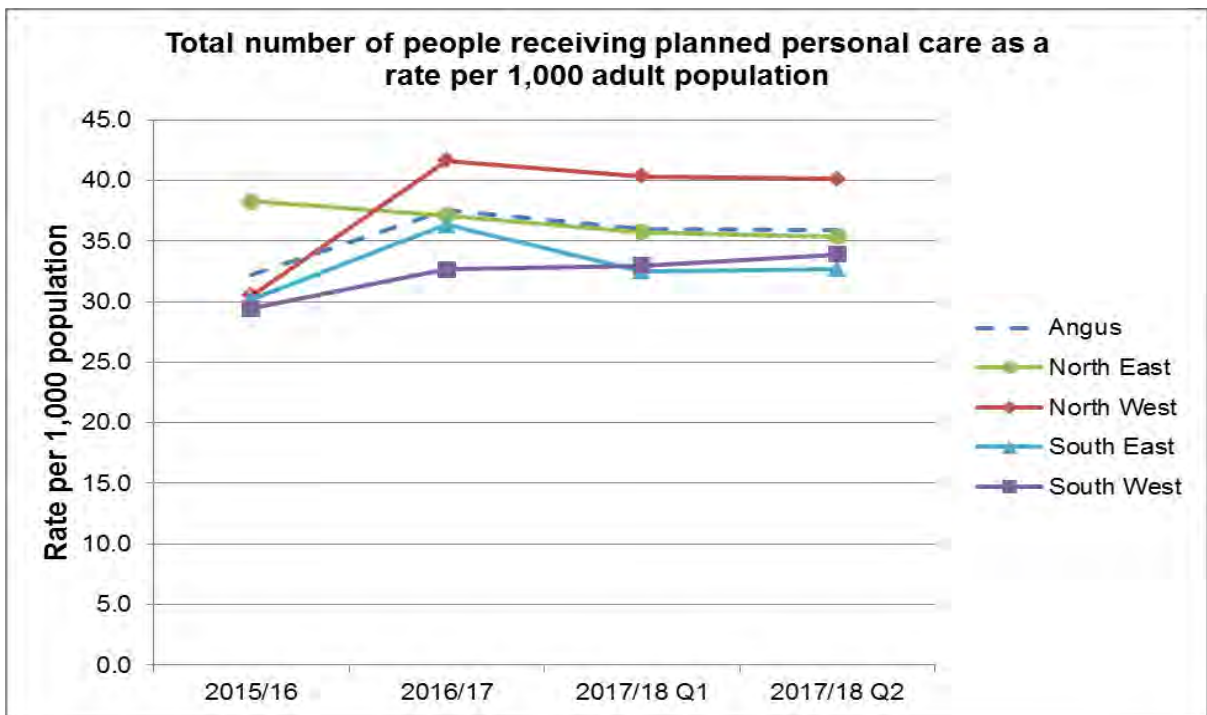
Source: Care First (Angus Council)

Graph 11: Management Information at Locality level: Personal care support package per week (Hours)

Median of Personal Care Hours for people over 65+
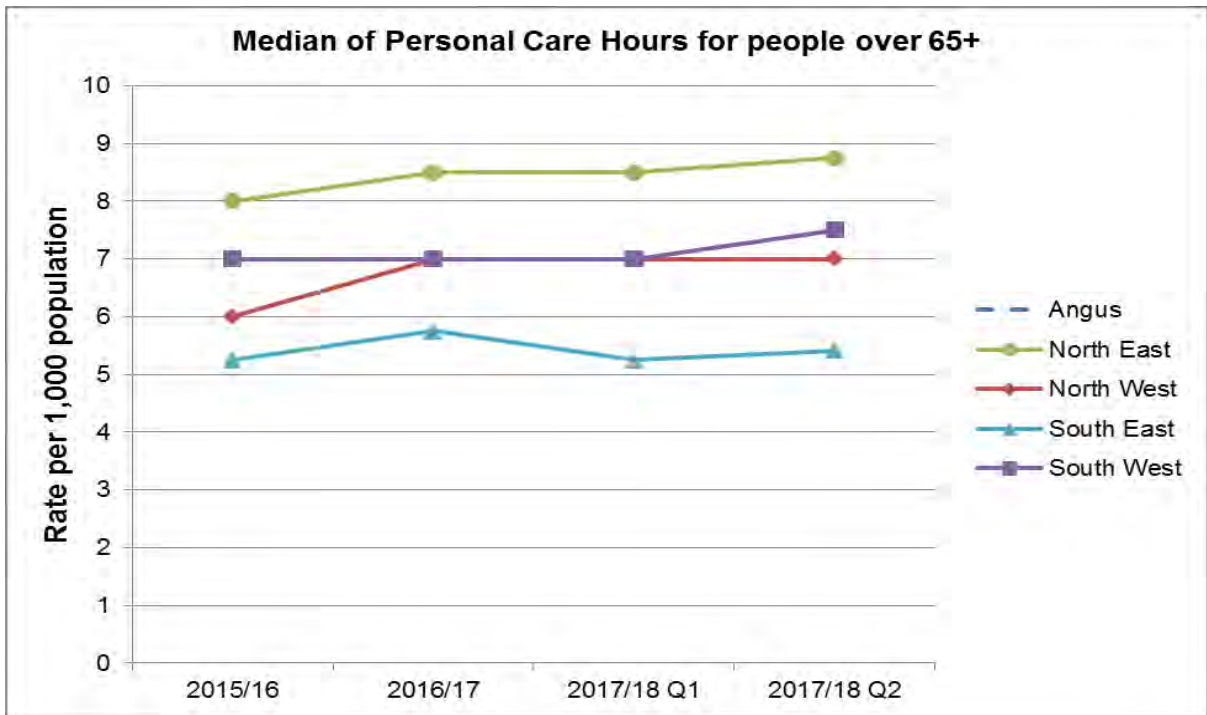
Graph 12: Management Information at Locality level: Rate of Community Meals Provision

Total number of people receiving community meals as a rate per 1,000 adult population
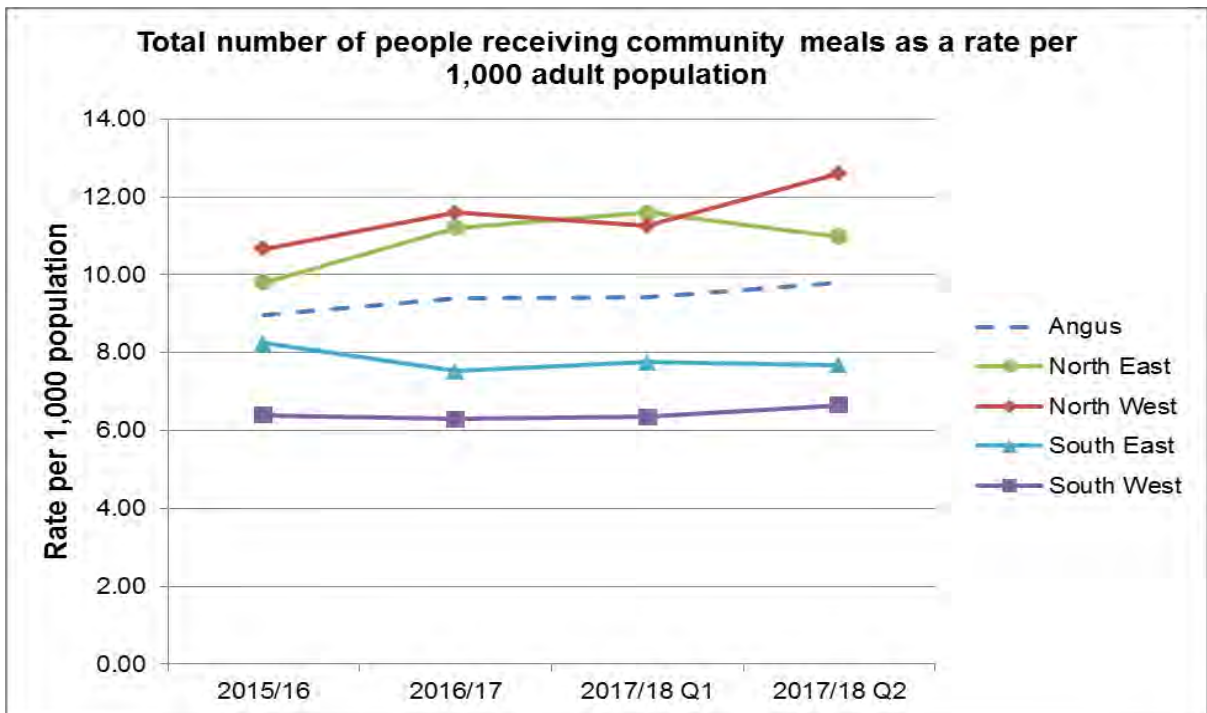
Graph 13: Management Information at locality level: Community Meals Delivered

Total number of community meals planned to be delivered
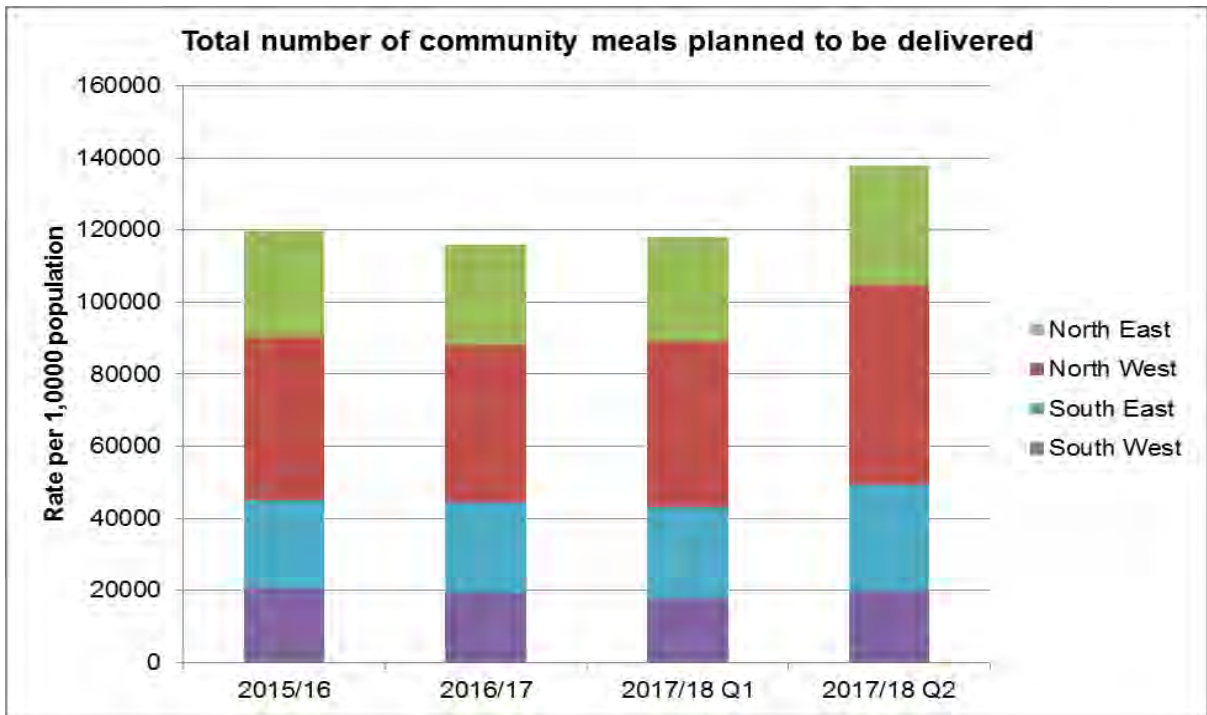
Source: Care First (Angus Council)

Graph 14: Management Information at Locality Level: Proportion of Last 6 Months spent at Home or in a Community Setting

Proportion of Last 6 Months of Life spent at Home or in a Community Setting

	2015/16	2016/17
Angus	90.5%	90.3%
Angus - North East	90.5%	89.3%
Angus - North West	88.6%	88.6%
Angus - South East	91.8%	92.2%
Angus - South West	91.7%	91.3%

Source: ISD LIST (not official ISD statistics)

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Graph 15: Management Information at Locality Level: Rate of Emergency Admissions for Adults

Rate per 100,000 Population of all Emergency Admissions for People aged 18+
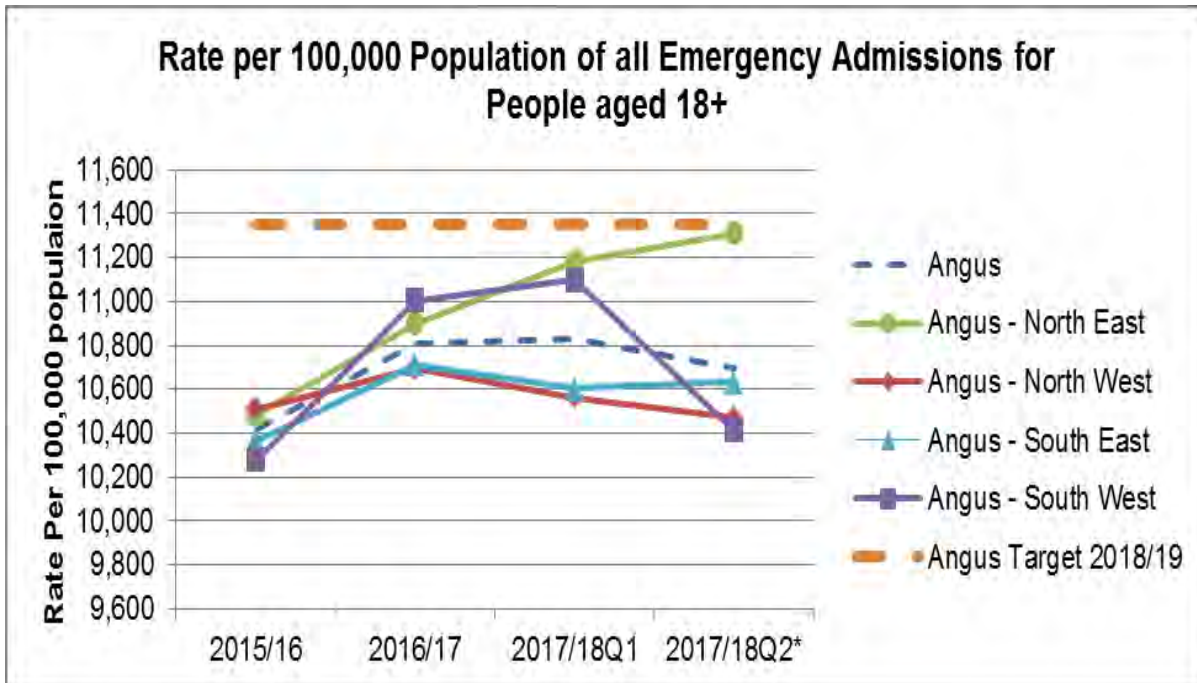
Source: ISD LIST (not official ISD statistics)

Graph 16: Management Information at Locality Level: Rate of Emergency Bed Days for Adults

Rate per 100,000 Population of all Emergency Bed Days for People aged 18+

Source: ISD LIST (not official ISD statistics)

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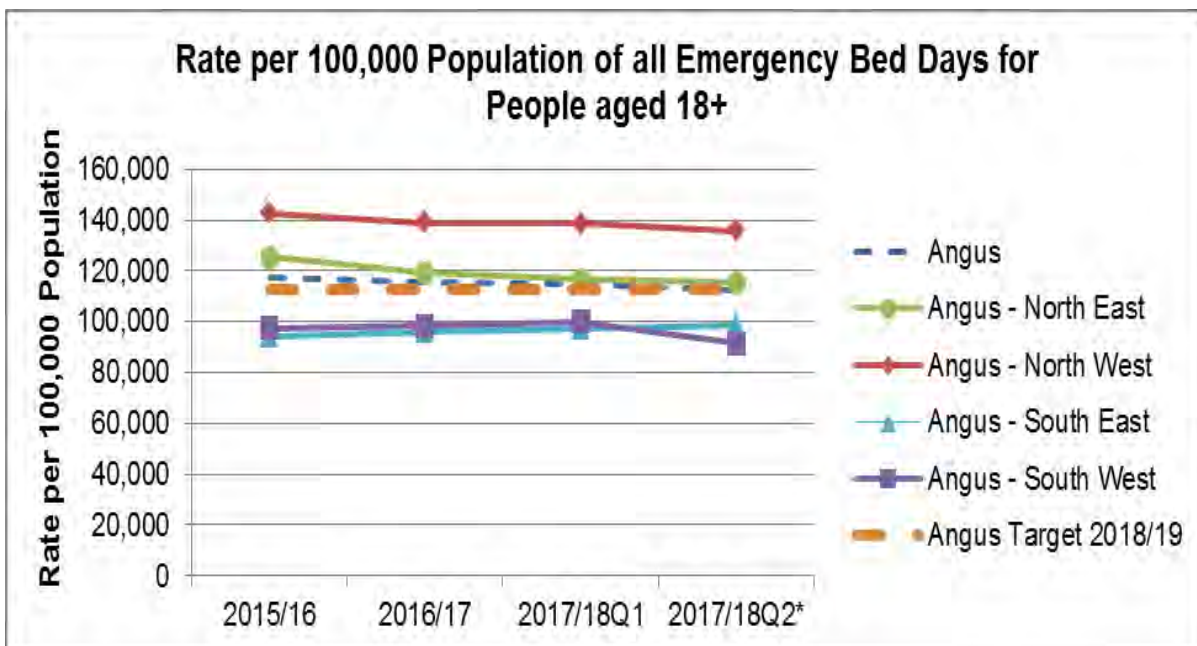
Graph 17: Management Information at Locality Level: Average Length of Stay for Emergency Admissions for Adults
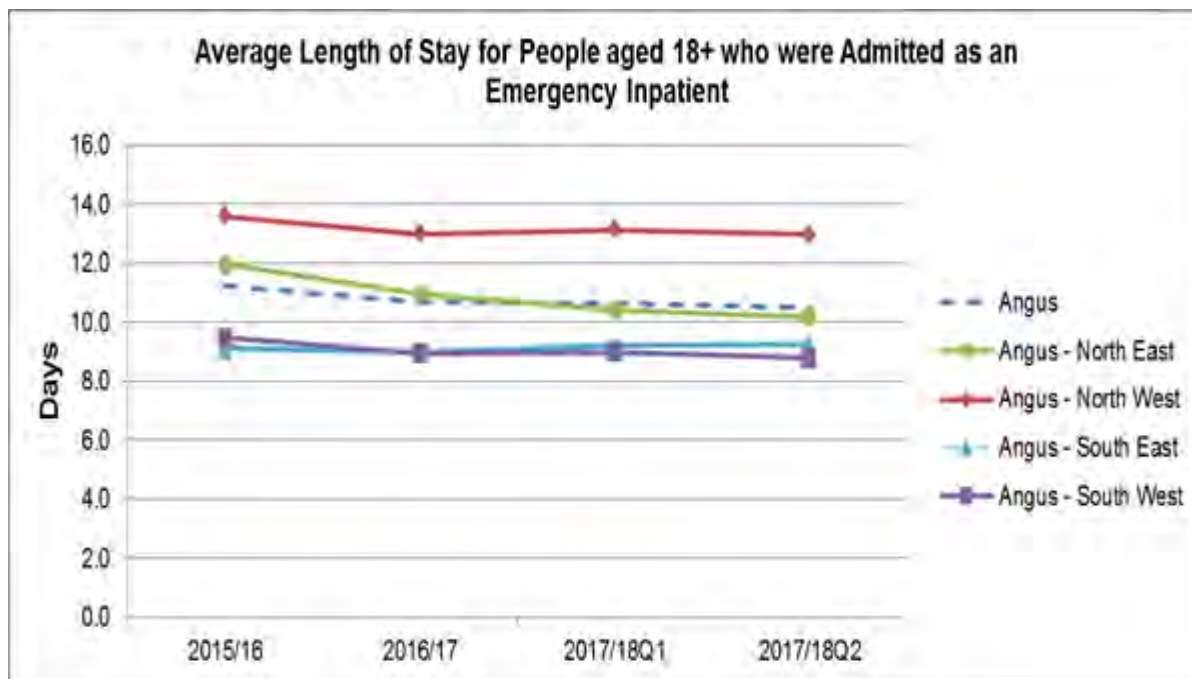
Source: ISD LIST (not official ISD statistics)

Graph 18: Management Information at Locality Level: Emergency Readmission Rates within 28 days
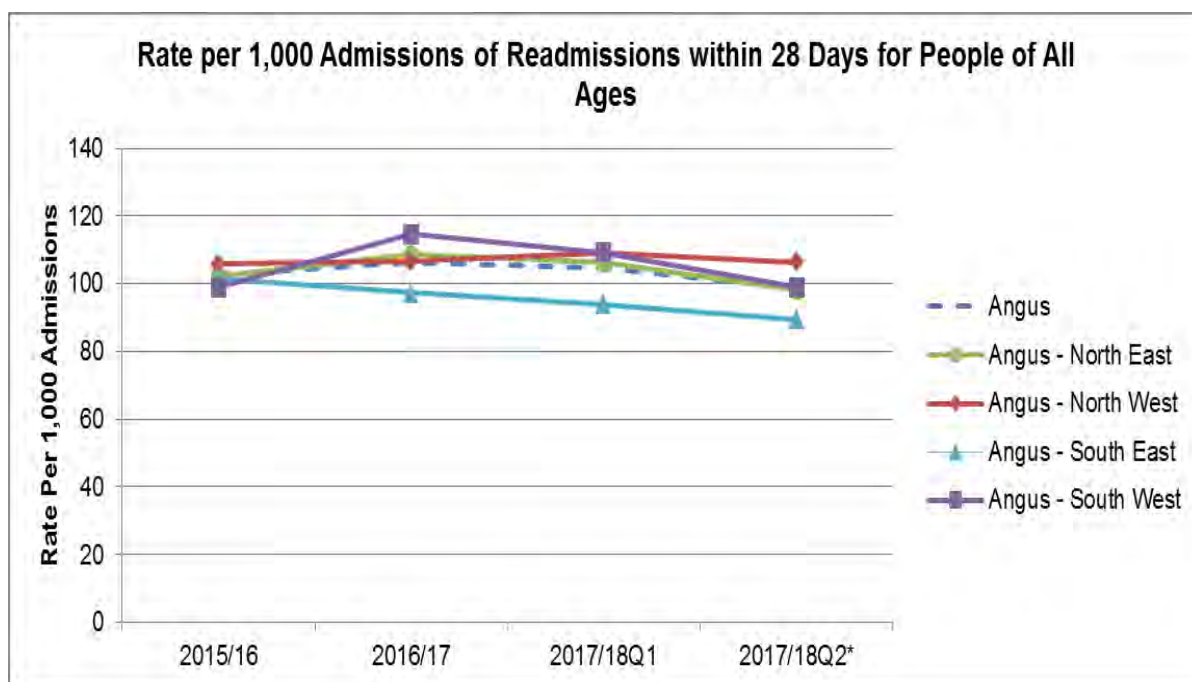
Source: ISD LIST (not official ISD statistics)

Graph 19: Management Information at Locality Level: Nursing Care Placement Rate

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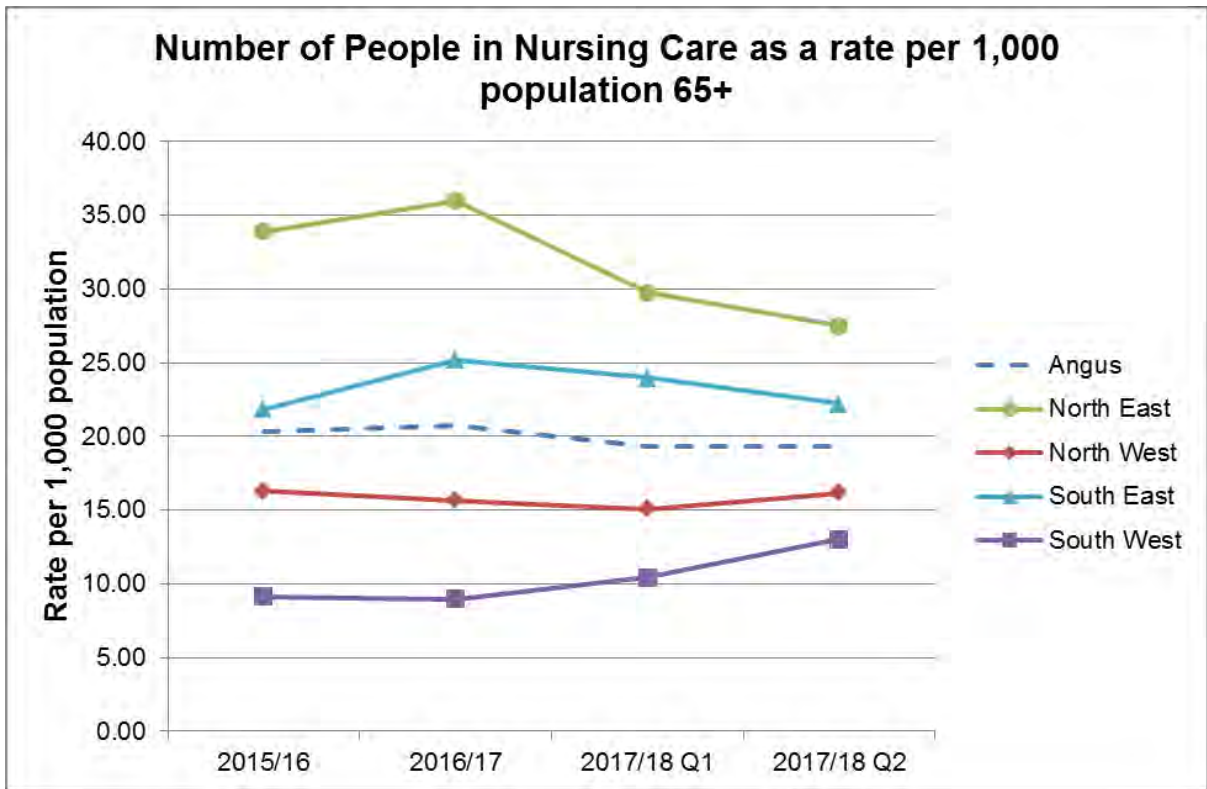
Source: Care First (Angus Council)

Graph 20: Management Information at Locality Level: Residential Care Placement Rate
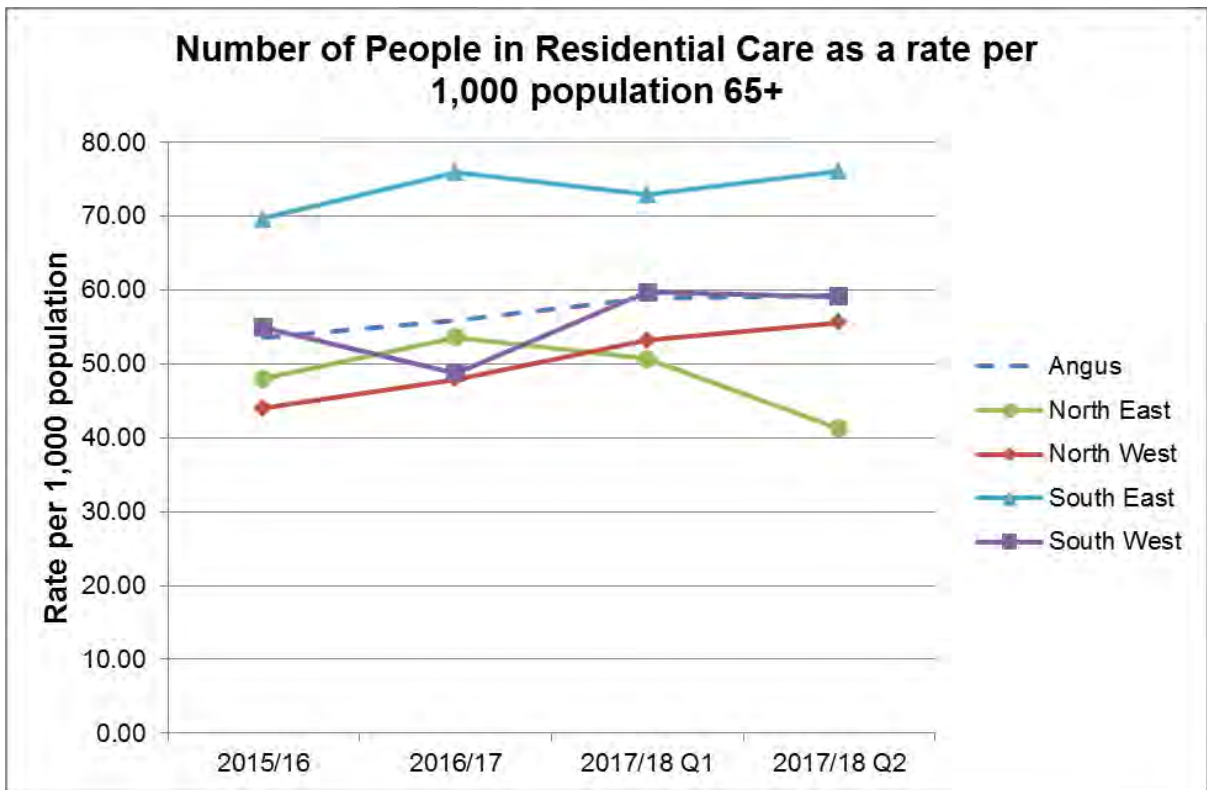
Source: Care First (Angus Council)

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Graph 21: Management Information at Locality Level: Bed days lost to delays in Discharge

Rate per 1,000 Population of the Number of Days People aged 75+ Spend in Hospital when they are Ready to be Discharged
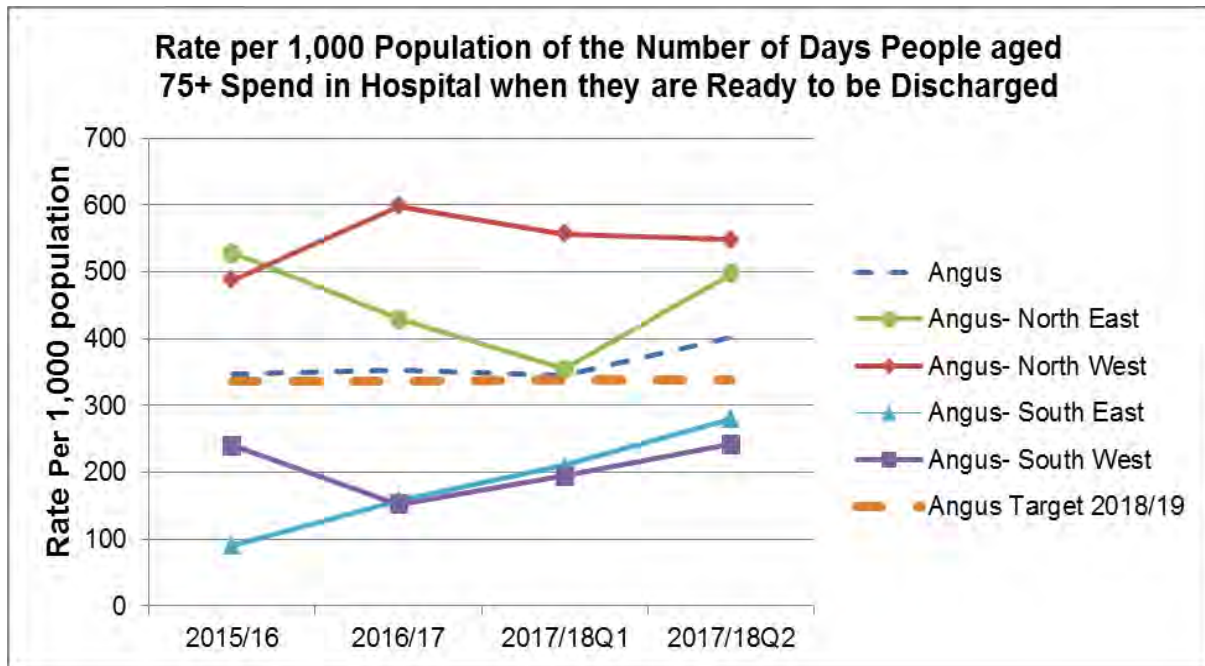
Source: ISD LIST (not official ISD statistics)

Graph 22: Management Information at Locality Level: Bed days lost to complex delays In discharge
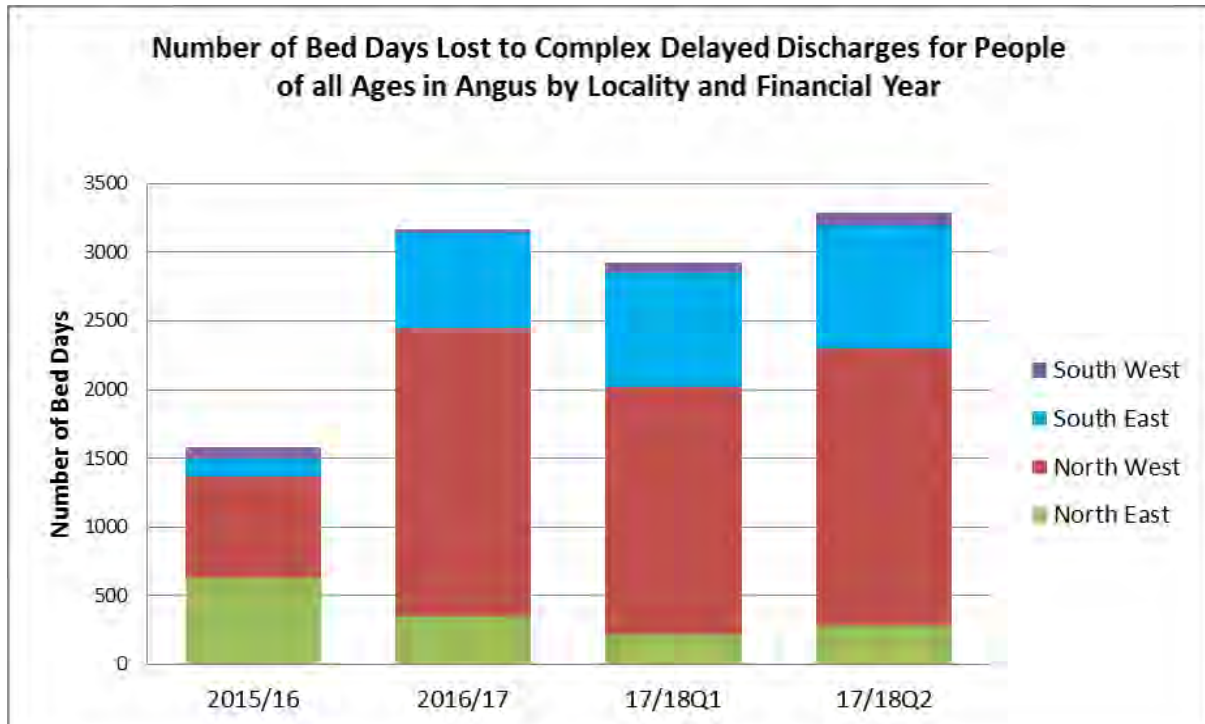
Number of Bed Days Lost to Complex Delayed Discharges for People of all Ages in Angus by Locality and Financial Year

Source: ISD LIST (not official ISD statistics)

Angus Health and Social Care Partnership is working to improve the comparability of the workforce data and present information in a consistent way.

5.1   What we have achieved to date

The AHSCP Corporate Risk Register notes   that 'due to changing demographics affecting our staff and people who use our services there is a risk that Angus HSCP will be unable to develop and sustain its workforce to meet its objectives.' We are mitigating this risk by:

1.   Carrying out a number of major strategic reviews e.g The Angus Care Model, Care at Home and Mental Health and Learning Disability which will redesign how we deliver services in hospital and the community. Workforce availability will be a key factor in identifying a future sustainable model. We expect to have an approved strategy by Spring 2018.

We have completed the first round of iMatter which is a Staff Experience Continuous Improvement Model. Data is used as the basis for development work at team, service and organisational level, to enhance staff and patient / service user experience. It also offers an opportunity to understand where teams are currently (a baseline) in moving forward as new working arrangements become embedded in the Partnership.

2.   We are sharing learning with other HSCPs, particularly in the North Region, to consider regional solutions to workforce planning.

5.2   What we plan to do next

We are developing a fully integrated workforce plan covering NHS Tayside, Angus Council, Third and Independent sector staff by February 2018. This will reflect national guidance. Scottish Government released the National Health and Social Care Workforce Plan Part 1 – a framework for improving workforce planning for the NHS in the autumn of 2017. This will be followed by Part 2 which will consider ways to address the challenges facing social care workforce planning post integration. Finally Part 3 of the Plan, expected in early 2018, will consider primary care.

In addition, we have formed multiagency partnerships with Tayside colleges and businesses i.e Developing the Young Workforce initiative. We are exploring how we encourage men into care, and develop apprenticeships within the care profession.

5.3   How we monitor progress

Quantitative Data regarding staff sickness and vacancies is now complemented by qualitative feedback from the iMatter team action plans. These are reviewed by the appropriate management groups. The progress of improvement plans is dependent on having the right staff in the right place. Risks will be monitored and reported to the Strategic Planning Group.

Angus as a good place to work

National Indicator 10 - Percentage of staff who say they would recommend their workplace as a good place to work is still under development locally and therefore cannot be reported.

Sickness Absence

The percentage of sickness absence in Angus NHS staff decreased by 0.33% from 2016/17 to Quarter 2 2017/18

The percentage of sickness absence in Angus Council staff working in Angus Health and Social Care Partnership has deteriorated between 2016/17 and quarter 2 2017/18 by 1.26% This is an improvement of 0.75% on the level of sickness absence when compared to Quarter 2 2016/17.

Table 4: Management Information - Percentage Staff sickness absence of staff working within Angus Health and Social Care Partnership

Angus Health and Social Care Partnership	2015/16	2016/17	2017/18 Q1	2017/18 Q2
NHS staff	5.02	4.78	5.38	4.45
Angus Council staff	6.28	7.46	9.22	8.72

Source: Angus Council and NHST epayroll

We know that our staff are delivering services and care in an increasingly complex environment and that stress related illness is amongst the main causes of absence across Angus. The emerging workforce plan will ensure that appropriate support systems continue to address sickness/absence.

Performance Area 2: Clinical, Care and Professional Governance

Clinical, Care and Professional Governance (CCPG) is overseen through the Angus CCPG (R2) Forum, established under the agreed Integrated Health and Social Care Partnerships Getting it Right for Everyone – A Clinical, Care and Professional Governance Framework which allows for multi-agency scrutiny and performance management systems across both Health and Social Care Services. Multiple R3 Service Groups within the Angus HSCP report into R2 through an exception reporting approach which reflects the 6 domains of assurance set out within the framework. A regular reporting calendar assures performance of current practice of services under the direct responsibility of the Angus IJB including hosted services, alongside voluntary reporting by the wider partnership members. The quality of performance is evaluated by regular production of performance data for consideration by the Forum. The risk register and any complaints are also scrutinised. Some arrangements in relation to improving data availability and quality have still to be addressed however progress is being made. Areas for development are highlighted in each domain below.

6.1   Domain 1 - Information Governance

An adult care information governance group has been established in order to develop an internal information governance plan which complies with Angus Council policy. Data sharing agreements exist between Angus Council, Dundee City Council, Perth and Kinross Council and NHS Tayside. A SASPI data sharing agreement has also been put in place to support work between Angus Council, NHS Tayside and ISD.

We are currently preparing for the General Data Protection Duty in relation to Social Care data and IJB data. There are a number of steps which we are addressing to ensure we are compliant with the requirements by May 2018. These include:

- Awareness raising

- Documenting what personal data is held

- Communication privacy information (before this can be achieved we have to ensure our privacy statements are accurate)

- Checking procedures to ensure they cover individual rights

- Updating procedures for subject access requests

- Consent

- Age verification process (for children)

- Updated procedures for data breaches

- Data protection design and data protection impact assessment

- Consideration of the need for formally designating a data protection officer

A work plan has been developed to progress the work required. This is supported by Angus Council legal services.

6.2   Domain 2 - Professional Regulation and Workforce Development

Professional registration and revalidation

Systems are in place to assure that Angus Council and NHS Tayside staff working within Angus Health and Social Care Partnership maintain appropriate and up to date registration and complete any required revalidation process. All social care staff that requires registration have the correct registration in place. No breaches in registration have been recorded in respect of health staff or social care staff working in the Partnership.

Since April 2016, all nurses and midwives in the U.K. are required to undertake a Revalidation process to maintain their registration with The Nursing and Midwifery Council (NMC). This

new process replaces the previous requirements, and all nurses and midwives will require to revalidate every three years to renew their registration.

Support, Supervision and Appraisal

It has been identified that stress related illness is a significant cause of absence within Angus. Ensuring good uptake of effective, high quality appraisal that discusses performance and identifies support and development opportunities for staff will ensure staff are better supported.

The R2 Forum has responsibility for professional governance and will be looking to develop adequate data on support, supervision and appraisal. There are also plans to seek staff feedback on appraisal with a view to ensuring that appraisal within Angus HSCP is of a high standard.

eKSF for Health staff is managed as a rolling programme. A snapshot of performance against this rolling programme is not a reliable measure of the quality and effectiveness of the appraisal and support arrangements that are in place.

Turas appraisal will be launched throughout NHS Scotland with effect from 1 April 2018.

Information on the proportion of adult care staff that have had an appraisal within the last 12 months is no longer collected centrally. New systems for collecting this information are being developed within services.

Risks

Two service risks in relation to staff availability are highlighted as red risks on the register. This includes the inability to maintain sufficient levels of band 6 and 7 nurses within community nursing and a lack of experienced staff within minor injury units. Both risks are being addressed through the workforce plan and service redesign (Performance area 1 Workforce).

6.3   Domain 3 - Patient, Service User and Staff Safety

Adult Protection

A full report on adult protection is published by the Angus Adult Protection Committee.

Adverse events

Adverse events are reported routinely by health staff and are typically anything that raises a concern. Approaches to care that encourage rehabilitation and enablement carry a greater risk of falls as greater mobilisation is part of the rehabilitation. This is likely to account for the higher levels of falls which are category 3 (green event/ negligible impact) and all falls in designated rehabilitation facilities. The available information does not include the number of falls attributable to or recorded against one individual. One person may account for multiple recorded falls. Given the number of individuals who pass through premises each year, the falls rate is low. All falls are investigated and any required action is taken.

6.4   Domain 4 - Patient, Service User and Staff Experience

The national core outcome indicators are detailed in Table 1 at the beginning of this report. Outcome indicators relate to people's perception of their experience in using services. Angus performs relatively well against the national picture. The latest national indicator information available is from 2015/16:

89% of adults supported at home agreed that they are supported to live as independently as possible

82% of Angus adults receiving any care or support rated it as excellent or good.

There is opportunity for improvement across all outcome indicators most notably in relation to:

- people's experience of care provided by GP practice

- carers feeling supported to continue with their caring role.

(Source: Biennial Health and Care Experience Survey 2015/16).

6.5   **Domain 5 - Regulation of Quality and Effectiveness of Care**

Quality of registered social care services

In 2015/16 the proportion of care services graded good or better in Care Inspectorate inspections in Angus is 90% which is above the Scottish rate of 83%. 2016/17 data was not available at the time of writing the annual performance report for 2016/17. This data is now available and performance of care services has declined to 78%. Care services include all registration categories: for example care home, day care, and care at home. The care Inspectorate have advised that this indicator is still developmental and we have raised concerns with the Inspectorate about how the indicator is calculated and what influence we have over services that are based in other local authority areas but may be providing small levels of services in Angus under option 1 or 2 where we have little involvement in care arrangements established by supported people themselves.

Service inspections – Care Inspectorate

Care Home Inspections 1.4.17 – 30.9.17.

During this period 20 Care Homes received at least one inspection. The table below shows the gradings achieved through those inspections related to the four inspection themes:

- Care
- Environment
- Staffing
- Leadership

Table 5 Grades for Inspection by Theme in Care Homes
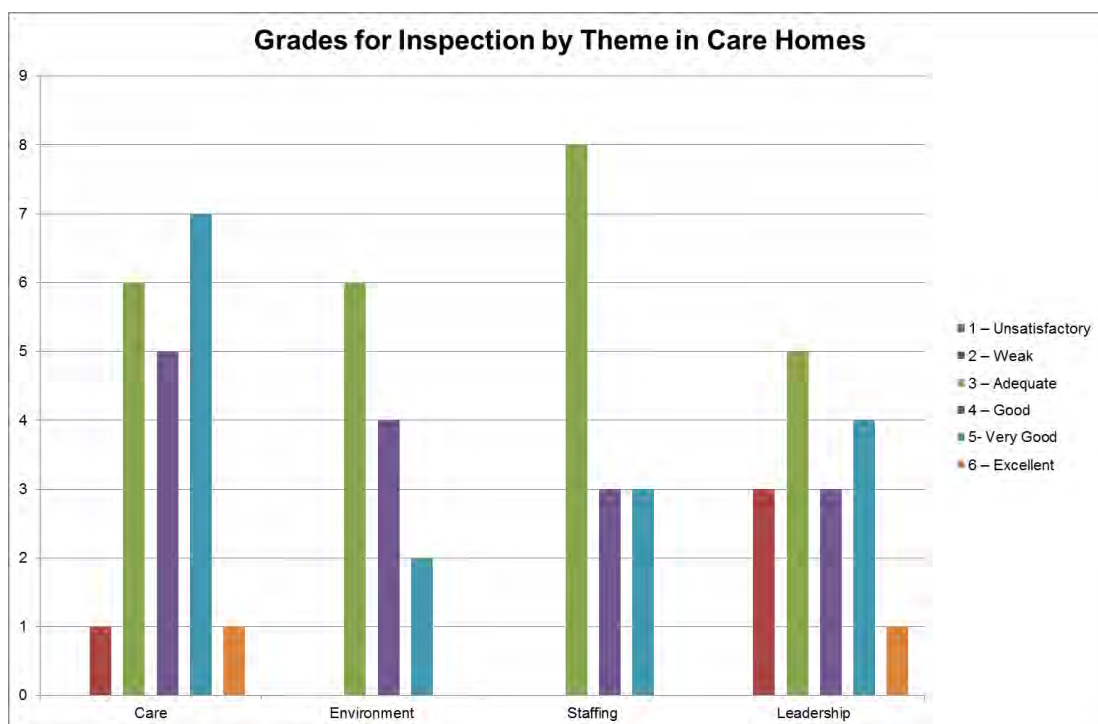
Explanatory Note:

The care inspectorate grades for all services are as follows

6 – Excellent
5 - Very Good

4 – Good
3 – Adequate
2 – Weak
1 – Unsatisfactory

Care and Support
All homes inspected were graded in this area. 70% of care homes achieved grade 4 or better (2016/17 72.4%). Three care homes grades fell in this category from their previous grading. Three homes increased their grading in this area.

Environment
12 homes were graded in this area. 50% of homes achieved grade 4 or better (2016/17 78.5%). Where inspected, three homes had a decrease in grades from previous inspection.

Staffing
14 homes were graded in this area. 42% of homes achieved grade 4 or better (2016/17 68.1%). Two homes increased their grades from previous inspection in this category. Three homes had a decrease in grades.

Leadership
16 homes were graded in this area. 50% of homes achieved grade 4 or better (2016/17 - 68.1%). Three homes increased their grades on previous inspection. Five homes had a decrease in grades in this category.

Overall 3 homes have been graded weak – one home in care and support, three homes in leadership. No homes were graded as unsatisfactory in any theme. In 2016/17 no homes were graded as weak or unsatisfactory.

Angus Support Services inspections carried out between 1.4.17 – 30.9.17.

During this time five services had inspections. All but one service graded at 4 and above. 9 recommendations were made across these services.

From inspection reports a number of issues are highlighted in requirements and recommendations including:

Requirement Issues
Care – schedules
Management – communication, improvement plans

Recommendation issues
Care – care plans, communication
Staffing – supervision
Management – audit, improvement plans

Enforcement
No enforcement was taken against a care support service in this period

Angus day care and resource centres
There are 13 such services in Angus. They are inspected every 3 years. Within the period 1/4/16 – 31/3/17 five services were inspected. All services received grades of 4 or over across all themes.

Explanatory note:

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

Requirements are made where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Overall there were 2 requirements involving 1 service.

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Service Inspections – Health services

A Mental Welfare Commission local visit was undertaken in May 2017 to Rowan and Willow Units, Susan Carnegie Centre, Stracathro Hospital. The inspection report was positive in relation to care, treatment, support and participation; rights and restrictions, activity and occupation; the physical environment. Two recommendations were made in the report:

1. Managers should ensure that life story information is recorded in files, and that families are encouraged to provide this information.

2. Managers should ensure that remedial work which has been identified as being necessary is completed as soon as possible.

Improvement plan available if required.

Montrose Royal Infirmary was also visited by the Mental Welfare Commission in August 2017 as part of a national themed visit to people with dementia in Community Hospitals.

In November 2017 there was a Healthcare Environmental Inspection (HEI) Healthcare Acquired Infection (HAI) Thematic inspection- catheter care undertaken across Ninewells, Perth Royal Infirmary and Stracathro Hospital. The report is due to be published on 24/01/18.

Complaints

During the period 01/04/17 to 30/09/17, 14 Stage 2 complaints were received in respect of health and social care services directed by the Angus Health and Social Care Partnership. The target is to respond to 68% of complaints within 20 working days. During the period 01/04/17 to 30/09/17 50% of complaints were responded to within 20 working days. Improvement in meeting response times to complaints is required by Social Care.

The Care Inspectorate upheld 3 complaints in this time period – involving 2 services. The issues raised in these complaints related to communication and choice.

6.6   **Domain 6 - Promotion of Equality and Social Justice**

The IJB approved a set of equality outcomes and mainstreaming report in May 2016. Indicators which show how services and outcomes vary between the most and least deprived communities in Angus are being developed. These are reported on separately.

Performance Area 3: Resources

One aim of our strategic plan is to evidence a shift in resources from health to social care provision and from institutional based care to community based services within our localities. We are working with Information Services Division (ISD) on the development of the Tableau health and social care dashboard. This is a system which matches health and social care data and generates information from spend on individuals to demonstrate the split between health and social care spend and between spend on institutional based care and community based services. We are working with ISD to improve the information we submit through their Source data collection system and working towards accessing the analysed data more quickly.

7.1   What we have achieved to date

- Introduced a new sheltered housing model.

- Developing community services including Enhance Community Support which support people to stay at home has resulted in less reliance on inpatient beds.

- Developing sustainable personal care through Help to Live at Home Programme.

- Undertaken first phase of review on minor injury and illness services.

- Delivered a series of operational, administrative and managerial efficiencies.

- The rate of use of care home beds has been reduced with commensurate improvements in the uptake and availability of care at home.

7.2   What we plan to do next

- Continue to move resources into the community through Enhanced Community Support as the roll out of our community based programmes become effective.

- Work with secondary care to better understand the higher costs in relation to emergency admissions and large hospital resources generally for Angus patients and to develop models of care which allow a shift in the balance of care with resource to the community.

- Further develop the Help to Live at Home Programme.

- Implement the changes to community nurse medicines administration.

- Progress the outcomes from the inpatient review.

- Further review minor injury and illness services.

- Seek to deliver a series of further operational, administrative and managerial efficiencies.

- We will work with Voluntary Action Angus to identify information on the contribution of the voluntary sector to our partnership.

- We will continue to work with the Source team at the Information Services Division (ISD) to improve the provision of social care information in order to develop measures relating to the balance of care between health and social care and the balance of care between community and institutional expenditure.

- Seek to develop locality reporting regarding resources.

7.3   How we monitor progress

Detailed reports on finance are submitted by the Chief Finance Officer separately. The IJB seeks to demonstrate best value through a comprehensive efficiency programme as described in Board papers and IJB financial monitoring reports.

Currently the availability of data within Tableau is dependent on our ability to upload our local data and on ISD's progress with the development of the dashboard. In respect of financial information the dashboard is currently providing information up to the year 2014/15. We do not see this as relevant to the performance of the Partnership and wait for improved information in Tableau as the system is further developed.

Spend on hospital stays following emergency admission

7.3.1   Angus has one of the biggest percentages of total health and care spend on hospital stays where the patient was admitted as an emergency, at 26% against a Scottish average of 23%. This is not directly in the control of the IJB as most admissions are of an acute nature and are to Ninewells Hospital.

AHSCP Strategic Delivery Plan 2017-2019

Progress report Quarter 2 2017-18

Priority	Project	Outcome	Action	2017/18 Q2	RAG	Commentary on Progress to end Q2 2017/18
1	Supporting Carers	To ensure that Angus HSCP is fully prepared for implementation of the legislation on 1st April 2018. The Act furthers the rights of unpaid carers to ensure they are better supported and able to continue to care, if they wish to, and have a life alongside their caring role. To ensure that carers and their representative organisations are fully consulted in the development of the legislation. To create a benchmark of current provision and outcomes met in order to measure the impact of the new Act and track any increase in demand for services.	Identification of the scope and membership of workstreams	√		The scope and membership of workstreams has now been confirmed and all workstream members were invited to an Implementation Workshop on 23.08.17. Initial meetings of some of the workstreams have now taken place – those looking at Local Eligibility Criteria, the Adult Carer Support Plan and Carer Population, Demographics and Profile have been prioritised. The Scottish Government has issued a readiness toolkit and guidance which provides a checklist for preparation for implementation. The work will be influenced by the findings of pilots underway nationally to test some provisions of the Act and draft statutory guidance as it is received.
			Collaboration and consultation with carers, their representative organisations and other stakeholders	√		Implementation is being co-ordinated by the Angus Carers Planning & Development Group which includes a range of carers and their representative organisations in addition to Angus HSCP and Angus Council Children's Services. This ensures that the views of parent carers and young carers are represented.

Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
				Q2	RAG	
						Angus Carers Voice Network is a forum which any carers registered with Angus Carers Centre can attend and the Network has been actively involved in planning for implementation over the year. At least one member of the Network is on each workstream as well as representatives from other stakeholder groups. Broader awareness-raising in relation to implementation is also underway via Locality Improvement Groups, the Providers Forum etc
			Develop new Adult Carer Support Plan, Young Carers Statement and support plan	√		The process of co-designing an Adult Carer Support Plan has been underway since the summer and the workstream will take forward a draft which was produced with input from the Carers Planning and Development Group and Angus Carers Voice Network. The workstream will ensure the draft reflects the draft guidance which has been issued and then look to test it in practice. The Young Carers Statement and support plan are being led by Children's Services and a similar co-production approach is being taken.
			Local Eligibility Criteria for carers			Workstream established and work underway

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Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
				Q2	RAG	
						based on the government's guidance.
			Planning and delivery of changes to information systems, operational guidance,			
			Staff training			
			Publish public information			
	Technology Enabled Care (TEC)	Increase in number of people feel empowered to have greater choice and control to manage their own health, care and wellbeing through greater use of TEC. Staff feel more informed and confident to advise service users about TEC options.	Appoint Telehealth Project Manager to oversee implementation and evaluation of Tayside wide pilot of Florence (telehealth system)	√		April 2017 64 people across Tayside registered with the Florence 'Flo' telehealth system which uses simple text messages to help people and their clinician monitor and/or manage their health and wellbeing more closely. Specialities taking part in the Tayside pilot of Flo are: • GPs to monitor blood pressure • Heart failure • Oral nutrition • Weight management

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Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
				Q2	RAG	
						• Smoke free pregnancy Recruitment ongoing.
			Appoint Telecare Development Officer to increase awareness and uptake of telecare in Angus	√		• Telecare Development Officer appointed. • January 16 – June 2017 additional 373 people supported with community alarm (14% increase).
			Move from having TEC projects to developments at scale so that TEC shifts from being a desirable option to a core necessity.			• Work continues to embed technology enabled care. For example core documentation for Post Diagnostic Dementia Team now includes reference to TEC so TEC always considered as part of assessment. • More work required to raise awareness amongst public of benefits to TEC.
	Falls prevention		Undertake a review of the falls pathway and identify further opportunity to improve falls prevention			
2	Self-directed Support	Deliver personalisation and improve choice and control in relation to social care services for supported people	Develop a Performance Framework	√	A	Performance Pack for Adult Care has been developed and SDS information is part of this. Steering Group to discuss on 24/11/17 what the pack contains and if further performance information is needed.

Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
				Q2	RAG	
			Develop a Finance Reporting Framework	√	A	Agreement on what financial information was required has been reached. A data quality clean up on Care First is required to allow accurate financial reporting. This work is being taken forward by the Data Quality Group.
			Undertake a self-evaluation in relation to SDS	√	A	This was put on hold due to an offer from the Care Inspectorate asking Angus to be a test site for the SDS Themed Inspection. This work is in its initial stages but will be completed by March 2018.
			Implement Phase 3 (2016-2018) National Action Plan			
			Implement Service Delivery 2016-2018 Project Plan			
			Implement Learning and Development Plan	√	A	Phase 1 Learning and Development Plan has been 80% achieved. The eLearning module has been delayed due to this becoming a Tayside resource and needed further input. This will be launched in January 2018. The Training Matrix will be completed as part of Phase 2.
2	Review of care Home provision in Angus	Care home provision in Angus that is fit for the future need and demand	Agree preferred option from appraisal of local authority care homes	√		The future for the local authority homes and recommendations for the future shape of the care home sector in Angus are included in a report to the IJB on the Angus Care Model.
			Agree future preferred option from	√		

| Priority | Project | Outcome | Action | 2017/18 | | Commentary on Progress to end Q2 2017/18 |
				Q2	RAG	
			appraisal of care home market shape			
			Publish market facilitation plan			
			Deliver intentions from market facilitation plan			
2	Help to Live at Home	To ensure that sufficient personal care and housing support is available in each locality and that supported people have choice and control over their support arrangements	Deliver Phase 2 development of new 'enablement services' including developing criteria and processes for the new service	√		
			Confirm the proposed changes to the service with the Care Inspectorate	√		
			Deliver new contract to replace existing personal care and housing support framework			
			Fully implement Care Monitoring			
2	Medicines administration		Implement option 3 of the review of medicines administration. Band 3 health care assistants undertaking medication administration duties instead of Band 5/6 trained nurses.			
3	Enhanced	Improve multidisciplinary working	Implement ECS model in North East	√		

Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
				Q2	RAG	
	Community support (ECS)	around GP practice to support timely discharge and support people at home when needs increase	Locality			
			Implement ECS model in North West			Test of change reported via Kirriemuir prior to locality wide roll-out.
3	Drug, alcohol and substance misuse services	Access to a single service, one pathway, one multidisciplinary team and ultimately a single budget. Reduced duplication, improved collaboration and integration of health and social care services	Integrated teams: Alcohol and Drug services - Angus Council Drug, Alcohol and Blood Borne Virus Team and Tayside Substance Misuse Service (Angus) will merge.	√	G	Services Integrated in April 2017 to form Angus Integrated Drug & Alcohol Recovery Service (AIDARS)
			Development of a lead referral and IT/ information structure/ system within AIDARS	√	A	Issues remain with developing a single information system within the service area. Service requires using two systems to meet statuary and clinical requirements. All staff have been trained in the use of MiDIS/ Carefirst, but having to duplicate information on two systems.
			Locality based teams based in North and South Localities	√	R	Issues remain with developing a single information system within the service area. Service requires using two systems to meet statuary and clinical requirements. All staff have been trained in the use of MiDIS/ Carefirst, but having to duplicate information on two systems.

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| Priority | Project | Outcome | Action | 2017/18 | | Commentary on Progress to end Q2 2017/18 |
				Q2	RAG	
3	Review of Care Management and District Nursing	To improve the effectiveness of care management and community nursing services. An improved understanding of how services are performing in a context of increasing complexity of care needs in the community & health and social care integration.	Produce a document for Executive Management Team (EMT) outlining the learning from the review process and recommendations for further action			Large scale engagement and information gathering activity completed. Analysis of information to be complete by early November, report to EMT by end November 2017.
3	Neighbourhood Care	Test approaches to integrated multi-service team in South Angus and at a later stage of potential for self -managing team	Project design revised in view of stakeholder feedback	√	A	Proposal paper agreed by steering group week ending 17 November 2017. Submission to EMT on 18 December. Meeting with staff teams - December 2017. Meeting with third and private sector reps – December 2017/January 2018. Implementation Plan – December 2017/January 2018.
			Establish first pathfinder team in South West			
3	Prescribing		Ongoing development, delivery and evaluation of Angus Prescribing Workplan.			

Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
				Q2	RAG	
			Enhanced outcome monitoring and reporting of current prescribing position and impact of programmes of activity within the Angus Prescribing Workplan			An area of ongoing development
			Further develop our understanding regionally and locally of warranted variation	√		
			Ongoing development and prioritisation of additional initiatives to further reduce the overspend on FHS Prescribing	√		
			Enhanced horizon scanning to predict impact of changes to clinical pathways of care on prescribing locally as well as nationally.			Prescribing Lead, Dr Jamieson, appointed to support this exercise locally in addition to ongoing regional activity.
			Ongoing collaboration across the local community to maintain and develop ownership of the Angus Prescribing Workplan and promote ongoing locally identified tests of change related to prescribing.	√		

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Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
				Q2	RAG	
3	Adult Mental Health Home Treatment Team	Focus More Attention Upstream: Promotion, Prevention and Effective Intervention, Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services (NHWO 4) People who use health and social care services are safe from harm (NHWO 7) Resources are used effectively and efficiently in the provision of health and social care services (NHWO 9)	Identify team manager who will then oversee recruitment staff for the new team	√	A	An identified named manager is in place. The implementation of Adult Mental Health Home Treatment Team is a proposal contained within the wider Tayside Mental Health Transformation Report. This is necessary as successful implementation is dependent upon nursing staff being released from inpatients services, which can only happen if acute admission inpatient services are delivered from a single site in Tayside i.e Dundee. We expect a final decision to be made on 26 January 2018. Following that, an implementation plan will be progressed. At this point, due to the significant number of variables, we are unable to predict when this new service will go live.
			Implementation of operational guidelines	√	G	Operational guidelines are in place.
3	Identify improvement opportunities from first year of statistical and performance analysis	Delivery of the Angus Health and Social Care Partnership vision	Review reason for increases in readmission rates and agree a further improvement plan within ECS and services			
			Review what social care packages were in place for people who experienced readmission and consider opportunities for improvement in social care packages			

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Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
				Q2	RAG	
3	Minor injury services		Complete review and agree future plan for service model to be delivered in Angus			
4	Effective Discharge Planning	Following an emergency people are supported to leave hospital in a timely manner (within 72 hours of being ready for discharge) . Carers are involved in the discharge planning process	Improve recording of delays in discharge	√		• Daily communication between NHS/Service Managers/Care Managers to expedite discharges. Teams are working collaboratively to ensure that whilst there is a need for an effective discharge pathway, there is still a clear focus on ensuring good person centred decision making. • Weekly audit of all delays from Angus Hospitals: June 2017 - 84% of patients discharged within 72 hours of clinically fit date.
			'Next steps to home' test of change to be delivered	√		• Decision made to delay next steps to home pilot and await outcome of Care Home Review.
			Understand and address reasons for increasing readmission rates	√		• Outcome of audit undertaken of people readmitted to Stracathro revealed that readmission had been appropriate and ACP in place. • All discharges from Stracathro who are subsequently readmitted to hospital or respite are discussed at MDT meeting using newly developed screening tool. • Further work required across Angus.
			Public information leaflet	√		• Discharge information sheet has been developed with input from staff, patients and

Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
				Q2	RAG	
						carers. Awaiting approval from R3 before being distributed across Angus
4	Review of Inpatient services	To ensure appropriate levels of inpatient beds to meet the needs of the Angus population	Complete review and agree plan for future service model	√		• PID developed, Programme Team formed. • Scope and vision agreed. • Work ongoing to develop options.
4	Delivering the Angus Autism strategy	To enable children, young people, and adults with Autism, and their families/carers, to receive the help they need.	Improving knowledge and understanding of autism by developing e-learning tool, other appropriate levels of staff training and promoting public awareness.			Complete Autism training has been undertaken in all Angus schools and materials on Autism shared for use post training. Records of those in LD Service who have received training/ had access to the Open University K124 "Understanding the Autism Spectrum" course is available but data still to be collated. For the second year running, teaching staff are being supported to achieve the PGCE in Autism at the University of Aberdeen, and for support staff at Dundee and Angus College. An ASN Parent Forum is being established in each of the localities and is attended by parents of children and young people with ASNs including Autism. Work is being undertaken with Tayside colleagues regarding the development and

| Priority | Project | Outcome | Action | 2017/18 | | Commentary on Progress to end Q2 2017/18 |
				Q2	RAG	
						sharing of an e-learning tool across Tayside. Support from ANS is being sought to ensure the e-learning tool reflects the levels within the NES training resource. General information on services is available on the Angus Council website. Specific information would automatically be available to anyone with an assessed need for the service and provision would be part of the induction process.
			Improving support for children and families and adults by developing Social opportunities and activities for children, young people and adults with Autism to be further developed where possible in the local community. Autism friendly environments within mainstream and specialist services for adults to be developed. The number of Autism accredited specialist services for adults in Angus to be increased.			Complete Three members of staff have been appointed as ASD teachers and will support children, young people and schools. A Visuals Policy is being developed for use in all Angus schools. The National Autistic Society has been consulted in the development of a new school build to ensure it is autism friendly at the planning stages and can achieve autism accreditation on completion. Riverview was registered 04.07.2016 and is

Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
				Q2	RAG	
						working towards accreditation.
						No internal services have currently achieved accreditation and the target is for all 3 resource centres to achieve this – funding support for this is actively being sought.
						ARK is the only external service which has achieved accreditation. Reassessment is due on 07.11.17.
						Further work needed on how accreditation can be promoted via the provider commissioning framework.
			Improving learning opportunities for young adults by Information regarding suitable post school courses and links to agencies such as Skills Development Scotland to be made available to young people/adults with Autism. Links to be made with local businesses and colleges and universities with a view to promoting Autism awareness and necessary supports.			Complete
						Young people in Angus have a Named Person to ensure transitions are explained and facilitated. Transition Conferences help to identify support needs at the earliest opportunity and ensure adult services are available as required.
						Career Information and Guidance (CIAG) services are provided to young people / adults with Autism. Partnership agreements are in place and young people with Autism are included in Skills Development Scotland's targeted approach.

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Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
				Q2	RAG	
						Dundee & Angus College have implemented the use of Transition Forms to help ensure young people moving into further education receive the supports required for a successful transition.

Partners have access to the Autism Directory and an awareness of post-school provision and the ability to signpost young people and their families.

Adults and young people who are not in education, training or employment are identified through the 'Opportunities For All Partnership' and other training and community learning providers in Angus and engagement is encouraged. It is hoped that training and support will be widely available and efforts made to raise awareness/knowledge of the needs of children/adults with Autism with all providers to ensure inclusion within mainstream learning programmes.

Opportunities for work experience with local businesses, including ongoing support to ensure positive experiences, continue to be promoted and as part of the Health & Safety visits to employers offering work experience. Information about Autism and other support needs are routinely offered. |

Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
				Q2	RAG	
			Supporting adults with autism to live independently by Supported accommodation and mainstream tenancy availability to be increased for people with Autism.			
4	Accommodation for people with learning disability	Adults with learning disability are supported to live independently.	Progress the replacement of the Gables Care Home			A Project Team has been established to take forward the Gables Replacement Project and oversee the development of the accommodation based on the requirements set out by the Learning Disability Service. RSLs have submitted proposals for the development. These have been assessed to ensure value for money, including the level of grant funding and any capital contribution required, and interviews with the RSLs have recently taken place to identify a preferred RSL. The Project includes authorisation of the proposed RSL to deliver the accommodation, establishment of a Development Agreement, and the transfer of land and delivery of the accommodation as per the Development Agreement.
			Develop supported accommodation in South West locality			A Prior Information Notice (PIN) has been posted on the Public Contract Scotland website inviting external providers to note an interest. Interested providers were invited to a forum held in October 2016 and discussions took place with

Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
				Q2	RAG	
						the 11 provider organisations who attended. Of these, 3 are interested in pursuing this opportunity further but all have difficulties identifying property within the area. A draft service specification / outcomes has been drafted and further discussions with Housing regarding land/property have been undertaken. Several suitable properties have been identified throughout 2017; however, there is currently no revenue funding source available to fund staffing costs for such a development. Until this funding can be sourced, no progress can be made with this priority.
			Complete the redesign of Lilywynd in Forfar to support discharge from Strathmartine			Angus Community Care Charitable Trust (ACCCT) commenced the redevelopment of a four person shared house in Forfar in order to create one two-person tenancy for existing tenants and two one-person tenancies for the two individuals who remained in hospital. Building Control are due to approve the building work; this will be finalised once the fire alarm system is functional and tested. This work is expected to be completed imminently.

Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
				Q2	RAG	
			Deliver replacement respite opportunities (interim)	√		Negotiations took place with Tus Nua Care Services who had a 4 bedded property in Holyrood Street, Carnoustie. Following completion of the refurbishment of this property there has been a delay in commencing the interim respite due to unforeseen issues regarding registration of the service with the Care Inspectorate. The provider's staff have been utilised to support service users to access alternative respite options at various locations across Angus until these registration issues can be resolved. Interim solutions have been identified to allow the Council to continue to meet its statutory obligation to provide carers with respite.

The provision at 23 Holyrood Street will not meet the needs of all service users who access respite. An Exemption Request was approved by the Strategic Director (People) to allow Angus Council to begin negotiations with HC One Ltd to commission one bed, on a block purchase basis, at Finavon Court, Forfar for up to a year. These negotiations have concluded and service users have commenced receiving respite at Finavon Court. |

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Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
				Q2	RAG	
			Source permanent residential respite provision (tender or exemption)			Due to commence in June 2018.
4	Palliative and end of life care		Develop an Angus Palliative Care Strategy in conjunction with Lippen Care			

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