Appendix to Report 257/21

ANGUS
Health & Social Care
Partnership

INTERIM ANNUAL PEFORMANCE REPORT

Report 2020-2021

June 2021

Contents

1. Introduction

This is a condensed annual performance report which demonstrates the progress made in 2020/21 towards delivery of the Angus Health and Social Care Partnership's Strategic Commissioning Plan for 2019-22, against a reduced set of measures. The Scottish Government, through legislation and engagement with Partnerships, agreed that publication of Annual Performance Reports from IJB's can be delayed until October 2021. The aim of this was to allow staff to concentrate on the delivery of the response to and recovery from the COVID-19 pandemic.

A full report in line with SSI 2014/326The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 will therefore be available in October 2021.

This report focuses on key indicators in relation to the four priorities of the Strategic Commissioning Plan:

- Improving health, wellbeing, and independence
- Supporting care needs at home
- Developing integrated and enhanced primary care and community responses
- Improving integrated care pathways for priorities in care

These four priorities of our Strategic Commissioning Plan aim to deliver on the nine National Health and Wellbeing Outcomes

The final year data for 2020/21 in relation to some indicators are not available yet. Where this is the case full year data to the end of December 2020 has been used. This is highlighted in the dashboards using black rather than blue text for the indicator.

2. Summary Performance Dashboard

Improving Health and Wellbeing

- **3 out of 7 measures are on track**
- **1 out of 7 measures are greater than 5% variance against the target/trajectory**

Number of people aged over 65 admitted to hospital following a fall as a rate per 1,000 population (National Indicator)

19/20		20/21	Target
25.1	↑	**22.5**	***n/a***

Number of people that were prescribed items for hypertension in Angus as a crude rate per 1,000

18/19		20/21 Q3	Target 2022	
142	↑	**137**	***140.5***	

Number of people prescribed items for diabetes in Angus as crude rate per 1,000

18/19		20/21 Q3	Target 2022	
49	→	**49**	***49***	

Number of people prescribed items for anxiety and depression in Angus as a crude rate per 1,000

18/19		20/21 Q3	Target 2022	
336	→	**312**	***336***	

Number of people in Angus using Telecare items as a rate per 1,000 population

19/20		20/21	Target 2022	
5.0	↑	**5.2**	***9.0***	

Number of people using short breaks as a rate of 1,000 population

19/20		20/21	Target
4.2	↓	**3.8**	***n/a***

Number of respite nights for people aged over 65 as a rate of 1,000 population

19/20		20/21	Target
370.1	↑	**380.7**	***n/a***

Supporting Care Needs at Home

- **2 out of 5 measures are on track**
- **2 out of 5 measures are greater than 5% variance against the target/trajectory**

Percentage of people using alcohol and drug services treated within 3 weeks of referral

19/20		20/21 Q3	Target	
95%	↑	**98%**	***90%***	

Number of people receiving personal care as a rate per 1,000 population

19/20		20/21	Target 2022	
18.2	↑	**19.7**	***15.4***	

Number of personal care hours as a rate per 1,000 adult population

19/20		20/21	Target
5,386	↑	**6,246**	***n/a***

Average age that someone over 65 is likely to require personal care

19/20		20/21	Target 2022	
82.31	↑	**82.73**	***≥ 83.41***	

Number of personal care hours for people aged over 65 as a rate of the population aged over 65

19/20		20/21	Target 2020	
13,480	↑	**15,869**	***11,088***	

Developing Integrated and Enhanced Primary Care and Community Responses

- **3 out of 6 measures are on track**
- **3 out of 6 measures are greater than 5% variance against the target/trajectory**

Emergency admissions for adults as a rate per 1,000 population (National Indicator)				Emergency bed days for adults as a rate per 1,000 population (National Indicator)				Emergency readmissions within 28 days of discharge as a rate of all emergency admissions (National Indicator)			
19/20	20/21	*Target2022*		19/20	20/21	*Target2022*		19/20	20/21	*Target 2022*	
108	**94**	***103***		**957**	**995**	***948***		**106**	**113**	***100***	
Average length of stay for adults following an emergency admission				**Number of care home nights as a rate per 1,000 population over 65**				**Number of people aged over 65 placed in a care home as a rate per 1,000 population**			
19/20	20/21	*Target2022*		19/20	20/21	*Target 2022*		19/20	20/21	*Target 2022*	
8.8	**8.9**	***≤ 7.6***		**9,663**	**9,255**	***9,630***		**46.7**	**40.8**	***48.7***	

Improving Integrated Care Pathways for Priorities in Care

Bed days lost to delays in discharge for people aged over 75 as a rate per 1,000 population				Bed days lost to complex delays (all ages) (MSG indicator)			
19/20	20/21	*Target 2022*		19/20	20/21	*Target 2022*	
312	Q3 **246**	***-5%***		**1,256**	Q3 **2331**	***-10%***	

Key: all data derived from local management information not national statistics.			
↑	Improved performance		Meeting Target/Trajectory
↔	Static performance		Within 5% tolerance of Target/Trajectory
↓	Decline in performance		Greater than 5% tolerance from Target/Trajectory

3. Improving Health, Wellbeing, and Independence

The aim of the Angus Health and Social Care Partnership (AHSCP) Strategic Commissioning Plan 2019-22 is to progress approaches that support individuals to live longer and healthier lives. This includes having access to information and support within communities. AHSCP's focus is on health improvement and disease prevention including addressing health inequalities; building capacity within our communities; supporting carers and supporting the self-management of long-term conditions.

Improving Health and Wellbeing

- **3 out of 5 measures are on track**
- **2 out of 5 measures are greater than 5% variance against the target/trajectory**

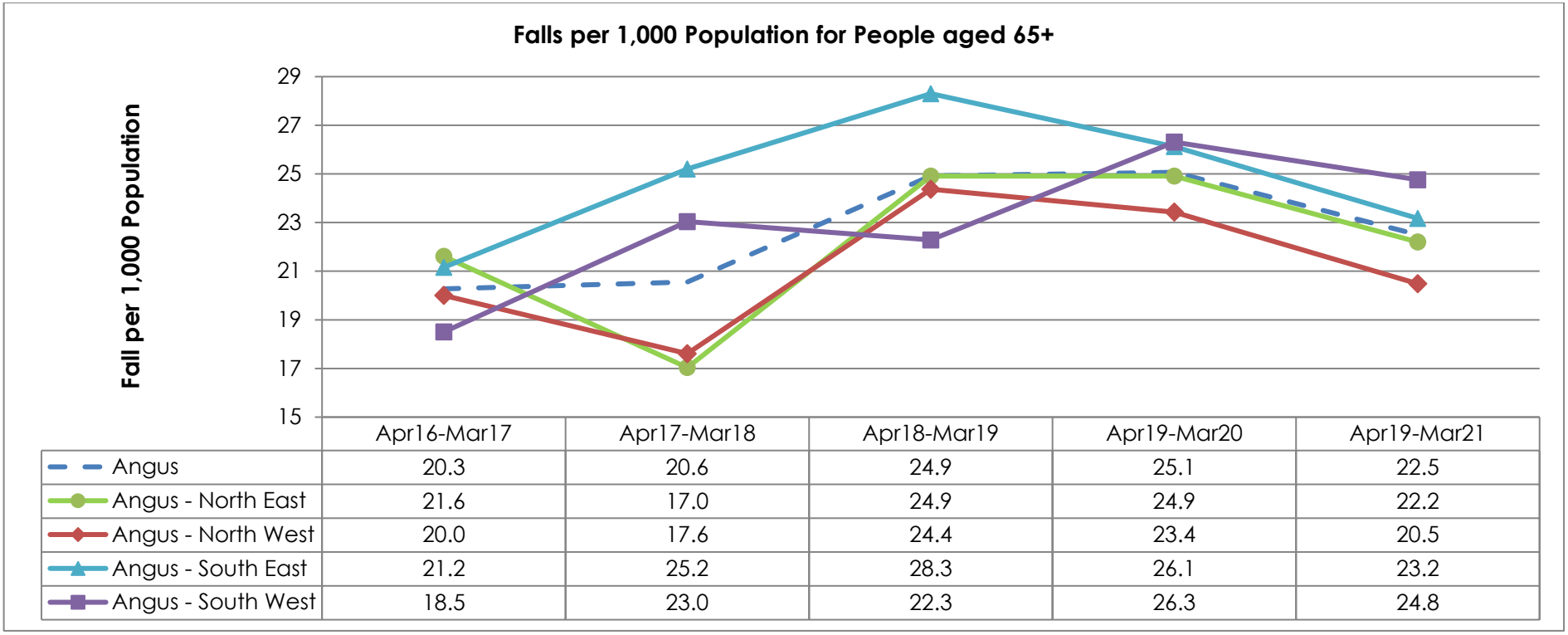
Number of people aged over 65 admitted to hospital following a fall as a rate per 1,000 population (National Indicator) 19/20 **25.1** ↑ 20/21 **22.5** *Target* ***n/a***		
Number of people that were prescribed items for hypertension in Angus as a crude rate per 1,000 18/19 **142** ↑ 20/21 Q3 **137** *Target 2022* ***140.5***	**Number of people prescribed items for diabetes in Angus as crude rate per 1,000** 18/19 **49** ⇔ 20/21 Q3 **49** *Target 2022* ***49***	**Number of people prescribed items for anxiety and depression in Angus as a crude rate per 1,000** 18/19 **336** ⇔ 20/21 Q3 **312** *Target 2022* **336**
Number of people in Angus using Telecare items as a rate per 1,000 population 19/20 **5.0** ↑ 20/21 **5.2** *Target 2022* ***9.0***	**Number of people using short breaks as a rate of 1,000 population** 19/20 **4.2** ↓ 20/21 **3.8** *Target* ***n/a***	**Number of respite nights for people aged over 65 as a rate of 1,000 population** 19/20 **370.1** ↑ 20/21 **380.7** *Target* ***n/a***

Falls

There has been a continued reduction in the number of people aged over 65 admitted to hospital following a fall and a reduction in referrals to the falls pathway. It is assumed this, in part, can be attributed to elderly people remaining indoors during winter period and shielding as a result of the COVID-19 pandemic. Parallel to this there has been:

- an increase in home safety advice by ERT, Fire & Rescue and care providers,
- better balance classes were reintroduced, and
- ERT are using the LifeCurve so providing exercise advice to improve mobility from independent living Angus

The graph below shows the improvement in falls per 1,000 population for people aged 65+.



	Apr16-Mar17	Apr17-Mar18	Apr18-Mar19	Apr19-Mar20	Apr19-Mar21
Angus	20.3	20.6	24.9	25.1	22.5
Angus - North East	21.6	17.0	24.9	24.9	22.2
Angus - North West	20.0	17.6	24.4	23.4	20.5
Angus - South East	21.2	25.2	28.3	26.1	23.2
Angus - South West	18.5	23.0	22.3	26.3	24.8

Community Health and Wellbeing

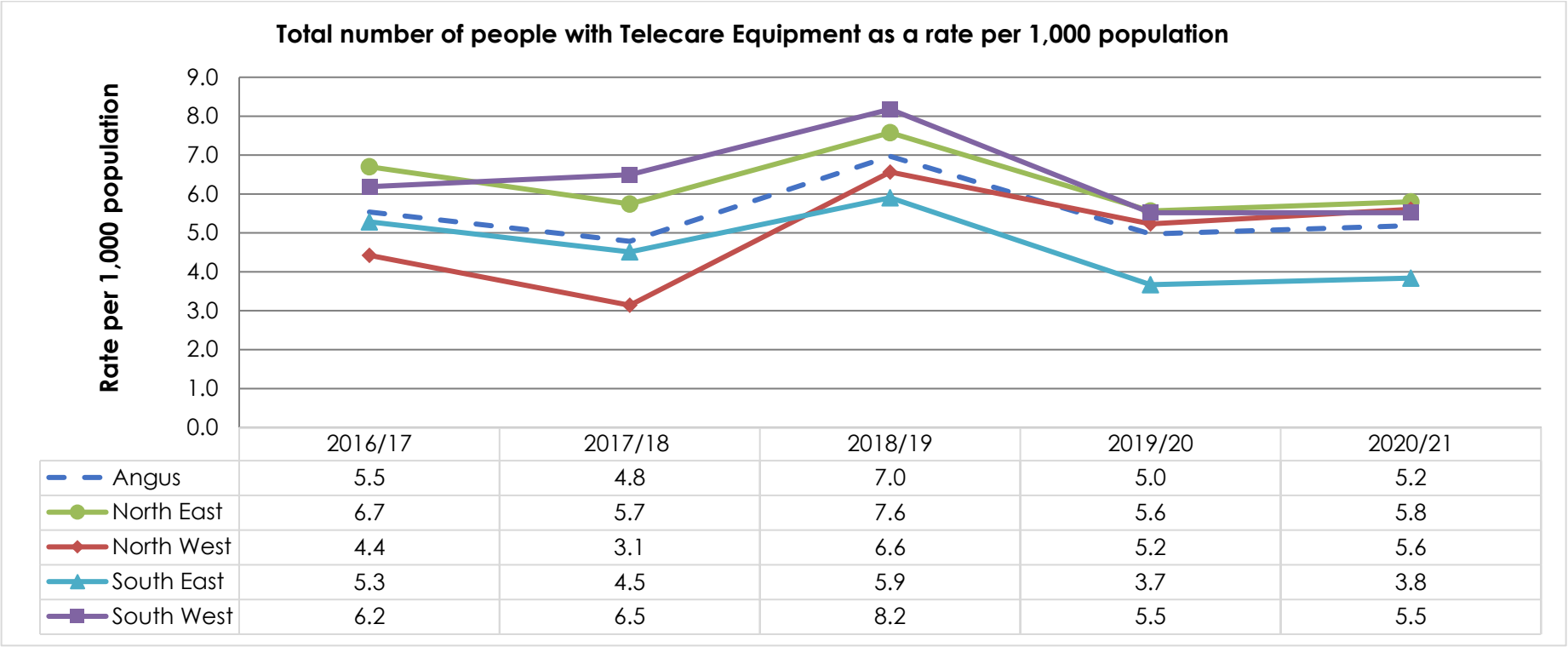
Performance against the measures of number of people prescribed medication for hypertension, diabetes, and anxiety & depression, have been maintained or reduced in line with target performance set out in the Strategic Commissioning Plan 2019-22. These measures are proxy measures aimed at identifying improvements in the health and wellbeing of the community. Improvement in these measures is driven by the introduction of social prescribing, the delivery of more mental health and wellbeing practitioner services in GP practice and the focus on weight loss as a means of addressing diabetes.

The reductions in prescribing for anxiety and depression are particularly welcome given the widely reported impact of COVID-19 restrictions on people's mental wellbeing more generally.

Telecare

3613 people used a community alarm during 2020/21, this is a 1% increase on the previous year and a 15% increase on 2015/16, the year prior to formation of the Integration Joint Board(IJB). Use of Telecare equipment offered in addition to community alarm has declined from a peak of 19% in 2019/20 to 13.5% of community alarm users in 2020/21 a 0.5% increase on 2019/20. Whilst it is recognised that people are moving to digital alternatives that they can source themselves e.g. mobile phones and digital devices like Alexa, the decline in telecare use appears to follow the introduction of a charge of £1/week in June 2019 for telecare equipment in addition to the charge for community alarm.

The graph below demonstrates the use of telecare since 2016/17.



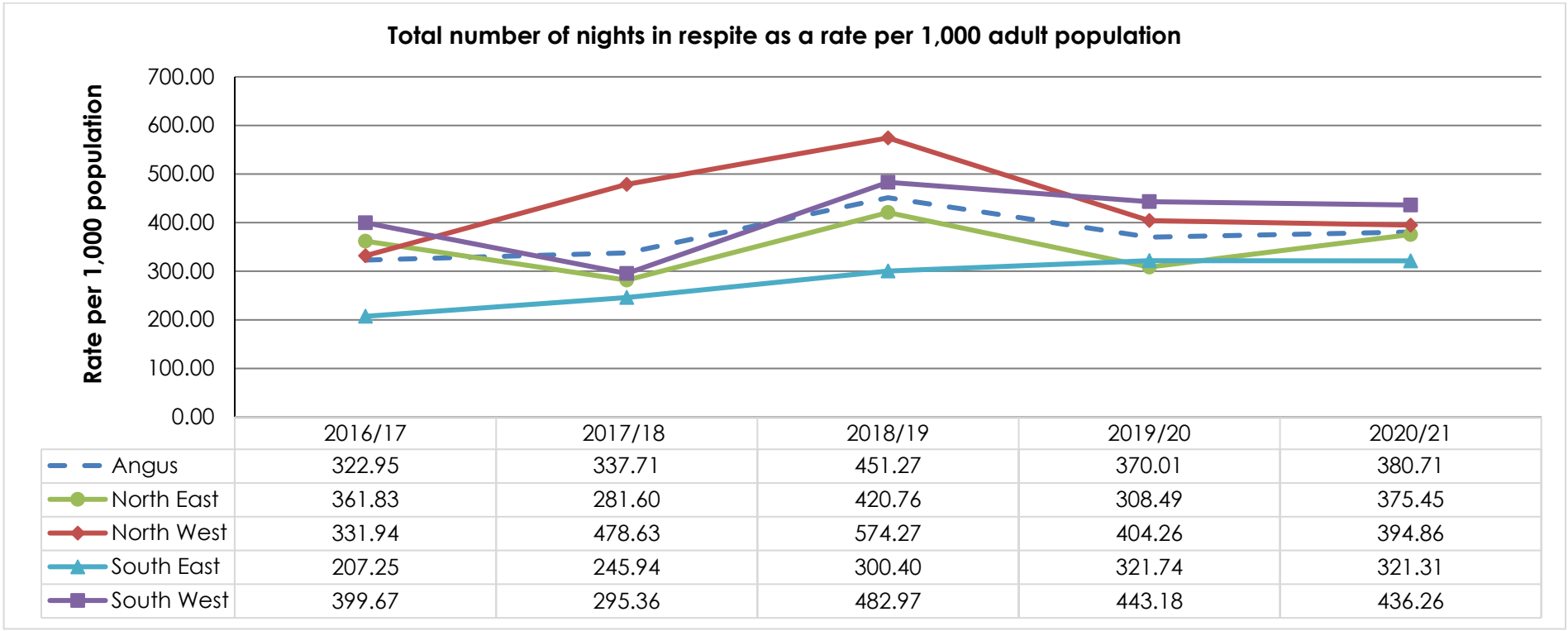
	2016/17	2017/18	2018/19	2019/20	2020/21
Angus	5.5	4.8	7.0	5.0	5.2
North East	6.7	5.7	7.6	5.6	5.8
North West	4.4	3.1	6.6	5.2	5.6
South East	5.3	4.5	5.9	3.7	3.8
South West	6.2	6.5	8.2	5.5	5.5

Respite

Demand for respite is variable, planned respite is offered following the development of a carers support plan to proactively ensure that carers are supported in this role. Respite can also be offered in an emergency where the carers circumstances have changed rapidly and carers are no longer available to provide care. The volume of emergency

respite offered is one reason why respite varies from year to year. In 2019/20 the use of both planned and emergency respite reduced, this was in part be attributed to an increase in personal care and the further role out of Enhanced Community Support (ECS). In 2020/21 there has continued to be growth in the availability of care at home (both personal care and care and support). There has also been growth in the number of carers with a support plan in place supported by access to resources through self-directed support to deliver that support plan. Cancellation of all respite from 16 March 2020 was part of the response to the COVID-19 pandemic and will also have impacted upon the data. Some emergency respite was reintroduced at Seaton Grove by the end of March 2020. Access to residential respite in care homes continued to be a challenge for most of the year. IN 2020/21 435 people accessed 35,894 nights of residential respite. Whilst this was a reduction of 15% in the number of people accessing residential respite there was an increase of nearly 3% in the number of nights provided. It is likely this increase in nights has been driven, I par, by the isolation requirements on entering a care home during 2020/21.

The graph below shows the use of respite nights since 2015/16.



	2016/17	2017/18	2018/19	2019/20	2020/21
Angus	322.95	337.71	451.27	370.01	380.71
North East	361.83	281.60	420.76	308.49	375.45
North West	331.94	478.63	574.27	404.26	394.86
South East	207.25	245.94	300.40	321.74	321.31
South West	399.67	295.36	482.97	443.18	436.26

4. Supporting Care Needs at Home

The population of Angus is growing older and this will continue for the next 20 years. This change in demographics will place a further increase in demand on services. The focus of Angus HSCP is to support care needs at home by enhancing technology enabled care; further progress self-directed support; and deliver change in care at home services.

Supporting Care Needs at Home

- **3 out of 5 measures are on track**
- **2 out of 5 measures are greater than 5% variance against the target/trajectory**

Percentage of people using alcohol and drug services treated within 3 weeks of referral				Number of people receiving personal care as a rate per 1,000 population				Number of personal care hours as a rate per 1,000 adult population			
19/20	20/21		*Target*	19/20	20/21		*Target*	19/20	20/21		*Target*
95%	↑		**90%**	**18.2**	↑	**19.7**	**2022**	**5,386**	↑	**6,246**	***n/a***
		Q3 **98%**					***15.4***				
Average age that someone over 65 is likely to require personal care				**Number of personal care hours for people aged over 65 as a rate of the population aged over 65**							
19/20	20/21		*Target*	19/20	20/21		*Target*				
82.31	↑	**82.73**	**2022**	**13,480**	↑	**15,869**	**2022**				
			≥ 83.41				***16,578***				

Alcohol and Drugs Services

There has been an improvement in performance against the measure for individuals accessing Alcohol and Drug services and treated within three weeks. This follows significant work to integrate the NHS and Local Authority Drug and Alcohol teams in AIDARS (Angus Integrated Drug and Alcohol Recovery Service). This has resulted in improvements in both resource use and in the pathway for service users.

Personal Care

Whilst there is no target for personal care hours for all adults; there is a specific target for personal care for people aged over 65. This was agreed in IJB Report no 77/19 and subsequently revised in IJB report no 3/21. These reports focused on the impact of demographic change of services for older people, addressed the service cost base and also identified a number of approaches aimed at mitigating against continued growth. 433027 hours of personal care were delivered to people aged over 65 in 2020/21, this was an increase of 18% on 2019/20. This has exceeded the target for 2020/21 by 5%.

The approaches aimed at mitigation against growth will require to deliver in 2021/22 in order for further growth to remain in target for eh planning period ending in 2022.

Overall, 588844 hours of personal care were delivered in 2020/21 this was an increase of 16% in 2019/20 showing that most of the growth is attributable to older people services. 1856 people use personal care services in 2020/21 and increase of 8%.

In addition, 391,282 hours of care and support (non-personal home care) were delivered in 2019/20. This was a reduction of 4% on 2019/20.

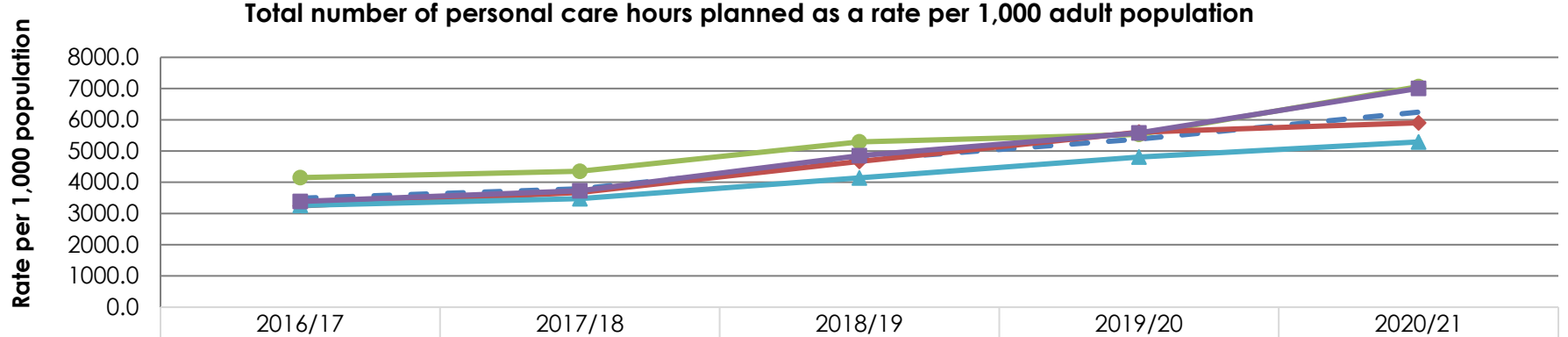
Independent providers of personal are have worked hard to address demand and it is possible that greater availability will continue to address a previously hidden demand. It is also possible the provision of greater levels of regular personal care is impacting on demand for emergency respite where we have seen a decrease in provision. The increase in all personal care is largely driven by increased demand by people aged over 65. The actions previously agreed to mitigate against further increases in demand from people aged over 65 have to be further developed in order to address the increase. The other measures demonstrate a decline in performance and upward trend from previous year where there has been an increase in the number of people receiving personal care.

Support for eligible carers has been subject to self-directed support since the implementation of the Social Care (Self-directed Support) (Scotland) Act 2013. Prior to the implementation of the Act in 2014, 198 carers had a calculated budget, with a weekly average budget of approximately £36 per week. Following the introduction of the Carers (Scotland) Act 2016 (the Act), and the implementation of new eligibility criteria for carers, both the number of carers being assessed, and the value of the support provided have increased. By 2019/20, there were 988 carers who had an assessment or adult support plan in place; 874 had either an adult care support plan or young carers statement in place. 520 carers who met eligibility thresholds had a calculated budget of, on average, approximately £76 per week. By 31 March 2021 604 carers had been assessed as eligible for support and had a calculated budget. The purpose of the budget is in part to provide replacement care so that carers can achieve the outcomes agreed in their support plan. A proportion of the increase in care at hoe services will be associated with carers support plans and may be reducing the demand for emergency respite.

It is possible that reductions in use of telecare has impacted on increases in use of personal care for people aged over 65 as well as reductions in care home placements. Care home placements for people aged over 65 have reduced by 4% and the overall use of care home nights has also reduce by 4.5%. This could account for as much as 50% of the growth in personal care hours in 2019/20 for people aged over 65.

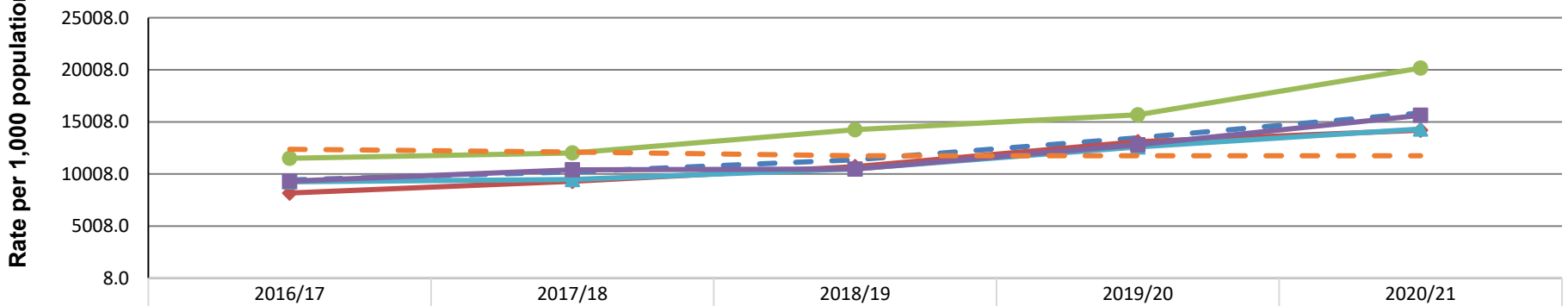
The graphs below show the changes in personal care hours planned from 2016/17.

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



	2016/17	2017/18	2018/19	2019/20	2020/21
Angus	3489.0	3790.9	4715.9	5382.5	6245.6
North East	4148.8	4352.3	5294.8	5531.7	7061.8
North West	3242.9	3674.9	4668.6	5604.5	5903.8
South East	3257.9	3473.3	4139.8	4809.0	5291.9
South West	3385.0	3725.7	4849.6	5578.7	7006.2

Total number of personal care hours planned for people aged 65+ as a rate per 1,000 population



	2016/17	2017/18	2018/19	2019/20	2020/21
Angus	9437.3	10208.3	11379.2	13480.3	15868.8
North East	11519.5	12030.4	14262.8	15691.6	20179.4
North West	8184.5	9310.1	10716.2	13105.5	14212.5
South East	9261.3	9489.8	10509.1	12611.8	14330.0
South West	9320.7	10410.9	10483.4	12818.2	15640.9
Target	12383.3	12115.8	11760.2	11760.2	11760.2

5. Developing Integrated and Enhanced Primary Care and Community Responses

AHSCP aims to support individuals to stay at home for as long as possible when it is safe to do so. If a hospital admission is necessary, then ensuring a timely discharge plan with relevant support available at home or in localities is important.

Developing Integrated and Enhanced Primary Care and Community Responses

- **3 out of 6 measures are on track**
- **3 out of 6 measures are greater than 5% variance against the target/trajectory**

Emergency admissions for adults as a rate per 1,000 population (National Indicator)				Emergency bed days for adults as a rate per 1,000 population (National Indicator)				Emergency readmissions within 28 days of discharge as a rate of all emergency admissions (National Indicator)			
19/20	20/21	*Target2022*		19/20	20/21	*Target2022*		19/20	20/21	*Target 2022*	
108	↑	**94**	***103***	**957**	↓	**995**	***948***	**106**	↓	**113**	***100***
Average length of stay for adults following an emergency admission				**Number of care home nights as a rate per 1,000 population over 65**				**Number of people aged over 65 placed in a care home as a rate per 1,000 population**			
19/20	20/21	*Target2022*		19/20	20/21	*Target 2022*		19/20	20/21	*Target 2022*	
8.8	↓	**8.9**	**≤ 7.6**	**9,663**	↑	**9,255**	***9,630***	**46.7**	↑	**40.8**	***48.7***

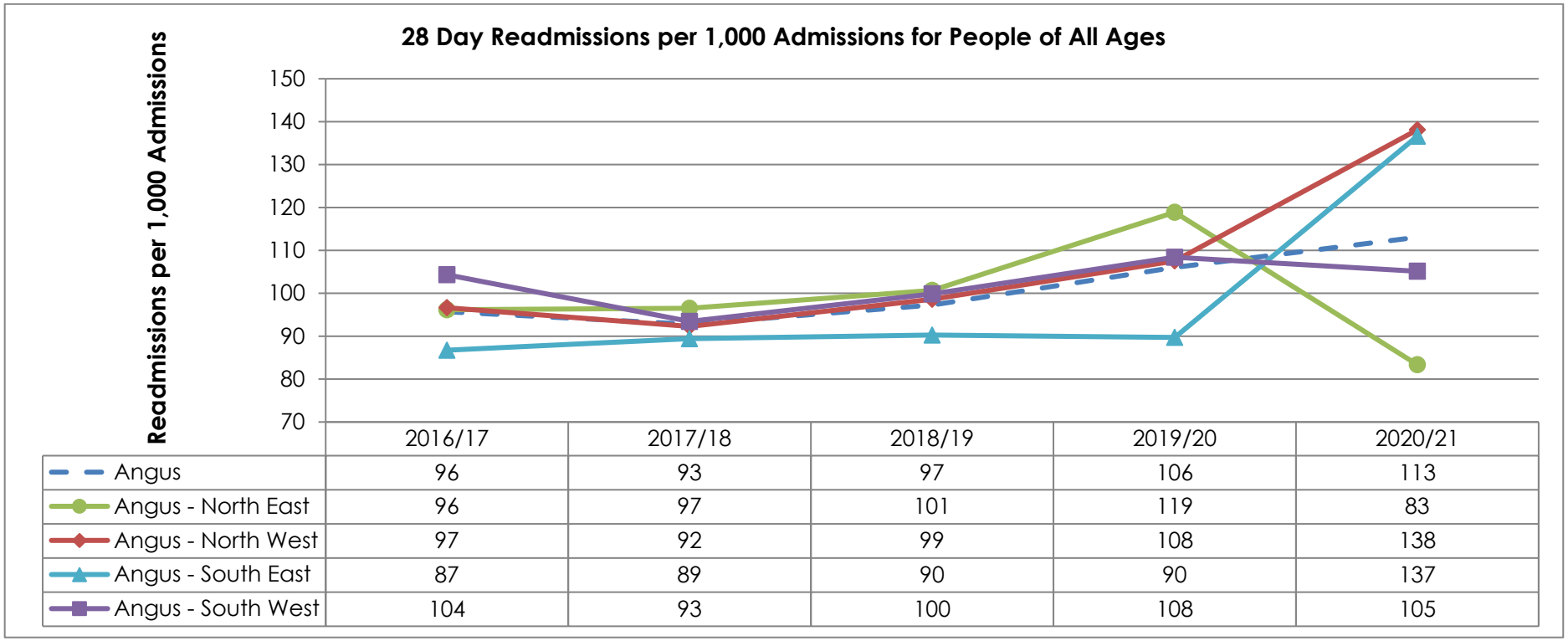
AHSCP now has Enhanced Community Support (ECS) model embedded throughout all four localities which is reflected in the performance of the above outcome measures. Work has been progressing to improve unscheduled care pathways and emergency admissions from Angus. AHSCP continues to contribute to an integrated whole system approach. The benefits of this work can be seen in the data for the measures where there is an improved performance compared to 18/19 and on target to achieve the target or trajectory by 2022 with the exception of emergency readmissions.

There were 2073 unplanned admissions in 2020/21, this was a decreased of 6% on 2019/20. 43% of those admissions were for COVID-19. Admissions accounted for 21,899 hospital bed days an increase of 4% on 2019/20. 27% of those days were attributable to admissions for COVID-19. There was also an increase in delays due to complex reasons and whilst the final figures for 2020/21 are not yet available, delays up to the end of December 2020 accounted for 10% of hospital bed days.

There has been a decline in performance in relation to emergency readmissions within 28 days of discharge (as a rate of all emergency admissions). This measure is a national indicator, but its definition is for both planned and unplanned admissions to hospital, whilst unplanned admissions have reduced, at this time we have no specific data about the level of planned admissions. Planned admissions in 2020/21 did decline due to cancellation of procedures in preparation for the NHS response to COVID-19. This reduction will have had an impact on this indicator and the apparent increase in readmissions is

likely attributable to this reduction in planned admissions. Other factors which may be contributing to the increased rate of readmissions include increasing frailty in the community, due to an ageing population, management in the community rather than care homes and an increase in age in Angus of entry to care homes, along with the availability of emergency respite or other forms of care in the community at short notice.

The graph below demonstrates the 28-day readmissions per 1000 admissions from 2016/17.



	2016/17	2017/18	2018/19	2019/20	2020/21
Angus	96	93	97	106	113
Angus - North East	96	97	101	119	83
Angus - North West	97	92	99	108	138
Angus - South East	87	89	90	90	137
Angus - South West	104	93	100	108	105

6. Improving Integrated Care Pathways for Priorities in Care

Health and Social Care services are available to support all adults in need. There are some more complex needs where additional support may be required. Improvement in specific pathways including pathways in and out of acute services.

Improving Integrated Care Pathways for Priorities in Care											
Bed days lost to delays in discharge for people aged over 75 as a rate per 1,000 population					**Bed days lost to complex delays (all ages) (MSG indicator)**						
19/20 **312**	↑	20/21 Q3 **246**	*Target* *2022* ***-5%***		19/20 **1,256**	↓	20/21 Q3 **2331**	*Target* *2022* ***-10%***			

The final year data for these indicators is not available yet. ECS model of care and the increased availability of personal care has also improved performance in relation to the timely discharge of older people. Proactive care around the individual allows the anticipation of needs and the prevention of hospital admission. Where hospital admission is required, the discharge process is improved by the appropriate support mechanisms being available in the community through the ECS teams. Monifieth Integrated Care has seen the amalgamation of the Care Management and District Nursing teams. This has been positively evaluated with plans to roll out in order to support other Angus localities.

Complex delays have been significantly impacted by the closure of the Court system during the COVID-19 pandemic. Applications for guardianship have not been dealt with in a timely manner by the courts and account for the increase in bed days lost due to complex delays.

7. Conclusion

The data described in this report demonstrates that the AHSCP is making progress against the ambitions set out in its Strategic Commissioning Plan 2019-22. Some indicators have been impacted by COVID-19, particularly those related to hospital admissions. There are areas that require further work to be progressed to improve performance and work towards achieving the target or trajectory, in particular personal care provision. Improvement plans have been developed to address the areas of declining performance.

8. Other Measures for the Annual Report

The following measures are not included but are under development either nationally (NI) or locally to meet annual reporting requirements:

- Percentage of adults able to look after their health very well or quite well. (NI)
- Percentage of carers who feel supported to continue in their caring role. (NI)
- Premature mortality rate. (NI)
- Percentage of adults supported at home who agree that they are supported to live as independently as possible. (NI)
- Number of volunteers and community groups.
- Number of Carers known to Angus Carers.
- Number of people completing suicide as a rate of the population.
- Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided. (NI)
- Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life. (NI)
- Percentage of adults supported at home who agree they felt safe.
- Percentage of adults with intensive needs receiving care at home. (NI)
- Proportion of last 6 months of life spent at home or in community setting. (NI)
- Percentage of people admitted to hospital from home during the year, who are discharged to a care home.
- Percentage of people who access SDS - Option 1.
- Percentage of people who access SDS - Option 2.
- Percentage of people who access SDS - Option 3.
- Percentage of people who access SDS - Option 4.
- Care Inspection Reports – an analysis of service user experience responses.
- Percentage people who spent the last 6 months of life at home or in the community. (NI)
- Number of days people spend in hospital when they are ready to be discharged. (NI)
- Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency. (NI)
- Rate of potentially preventable admissions to hospital.
- Percentage of staff who say they would recommend their workplace as a good place to work. (NI)
- Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated. (NI)
- Percentage of adults receiving any care or support who rate it as excellent or good. (NI)
- Percentage of people with positive experience of care at their G.P. practice. (NI)
- Proportion of care services graded ‘good’ (4) or better in Care Inspectorate Inspections. (NI)