



ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 23 FEBRUARY 2022
PERFORMANCE UPDATE
GAIL SMITH, CHIEF OFFICER

ABSTRACT

The purpose of this report is to update the Integration Joint Board (IJB) on the progress made towards delivering the outcomes of the national indicators and support the delivery of the strategic plan. The report demonstrates performance against Key Performance Indicators (KPI) for Q1 and Q2 for 2021/22 and describes impact of some of the improvements being made across the partnership; how progress is being made towards delivering the vision, strategic shifts and planned improved outcomes for the people of Angus.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

- (i) Note the current performance within Angus HSCP for Q1 & Q2 of 2021/2022.
- (ii) Note the HSCP will work to progress further improvement where the targets have not been achieved.
- (iii) Note where the targets for local indicators are to be reviewed for Annual Report.

2. BACKGROUND

2.1 The requirements to produce an Annual Performance Report are set out in the regulations. The report is aimed at the general public; however the Scottish Government, through legislation and engagement with Partnerships, has agreed that Annual Performance Reports from IJB's are available from June each year onwards. It should be noted that due to the national COVID-19 pandemic performance reports for 20/21 has been delayed. Angus HSCP presented an interim Annual Performance Report in June 2021 to the IJB, which was welcomed given the ongoing pandemic. The full annual report has been delayed due to the ongoing pressures of the COVID-19 Pandemic however is now almost complete and the data will be uploaded directly to the Angus Health and Social Care Partnership (HSCP) website.

2.2 The four priorities of the Angus HSCP Strategic Commissioning Plan aim to deliver on the nine National Health and Wellbeing Outcomes

- 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

3. CURRENT POSITION

3.1 The IJB has agreed previous reports related to the development of the Partnership's Performance Framework and this report includes a mid-year review of 21/22 performance for April 21 - Sept 21.

3.2 Improving Health, Wellbeing and Independence

Falls - Q2 data shows a slight improvement in the number of people over 65 admitted to hospital following a fall. This has been achieved through continuing to assess and support people at home including working with Scottish Ambulance Service with new pathways. Angus HSCP has a falls improvement plan to support further improvements across Angus.

3.3 Prescribing

Diabetes - Q2 data demonstrates a worsening position in relation to the number of people on medication for diabetes and the number of people on 3 or more drugs for diabetes. There are improved drug choices and more people needing treated or requiring a higher level of treatment for diabetes.

3.4 Anxiety and Depression - Like diabetes, Q2 data shows an increase in prescribing for anxiety and depression which is likely related to increase in mental health problems as a result of COVID with some interventions less accessible including face-to-face appointments with peer support. Plans are in place to remobilise these and increase access to interventions including extensive availability to computerised CBT. The mental health lead GP is now in post and is working with the Community Mental Health Team on the roll-out of the successful Links model for mental health in Montrose as a priority.

The data for the above indicators demonstrates our real need to focus on the early intervention and prevention aspects of our strategic plan as identified as a key risk with Angus.

3.5 Supporting Care Needs at Home

Access to Drug and Alcohol Treatment - Q2 data highlights a slight reduction in performance in percentage of people using alcohol and drug services treated within 3 weeks of referral. This is as a result of increased demands on the service and a direct result of COVID. Although there has been a reduction in the percentage, it should be noted that the actual numbers of patients who have not commenced treatment within 3 weeks is small.

3.6 Personal Care at Home -The IJB has previously been made aware of the increase demand for care at home services however of note from the data it does demonstrate the age of first requiring care remains static, approx 82yo. This increase indicates again the impact of COVID on physical health and again our need to focus on early intervention and prevention and moving the life curve, especially if we are going to manage the increasing elderly demographic in a sustainable way considering our financial and workforce risks also. There is also a correlation between the increase in care at home provision and the reduction of care home beds required, including less uptake of respite care, which has also been impacted upon by COVID.

3.7 Developing Integrated and Enhanced Primary Care and Community Responses - The data highlights a slight increase in emergency admissions; however this is still within the target limit and below the Scottish average. This increase could be attributed to a variety of reasons including COVID, de-conditioning, and increased waiting times for routine secondary care appointments and support for chronic disease management (all impacted upon as a direct result of COVID). Thus the increase in admissions may reflect a loss of emphasis on planned care, and links with planned care board in NHS Tayside will be key. Readmissions are down on target, this again is good news and shows the ongoing work to develop integrated pathways is progressing well.

3.8 Improving Integrated Care Pathways for Priorities in Care - Delayed discharges including complex delays remain a challenge and include a number of COVID related challenges in relation to AWI and guardianship court application delays as well as access to care at home services to support hospital discharges.

4. PROPOSALS

The Integration Joint Board approves the content of the Q1 & Q2 performance update report.

5. FINANCIAL IMPLICATIONS

There are no financial implications arising directly from this report however it should be noted Angus HSCP has been working through the additional funding allocated from Scottish Government to support Care at Home and Multidisciplinary working to ensure this is targeted at the right services and areas to support the whole population of Angus

6. RISK

There are no direct risks resulting from this report however it should be noted that there are links with the performance data to our key risks in the partnership and our need to keep focussing on early intervention/prevention despite all the noise in the system.

7. OTHER IMPLICATIONS (IF APPLICABLE)

N/A

8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment is not required.

9. DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Angus Council and NHS Tayside.

Direction Required to Angus Council, NHS Tayside or Both	Direction to:	
	No Direction Required	x
	Angus Council	
	NHS Tayside	
	Angus Council and NHS Tayside	

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List of Appendices:

Appendix 1 Performance dashboard Q1 & Q2 April 2021 – September 2021