



AGENDA ITEM NO 13

REPORT NO IJB 39/22

**ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 22 JUNE 2022
ANNUAL PERFORMANCE REPORT
REPORT BY GAIL SMITH, CHIEF OFFICER**

ABSTRACT

The purpose of this report is to update the Integration Joint Board (IJB) on the effect of our activity on performance during 2021/22. This report builds on previous performance reports presented to the IJB. The report demonstrates the impact of some of the improvements being made across the partnership and 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) Notes the current performance within Angus HSCP for 2021/2022.
- (ii) Requires the Chief Officer to provide a performance dashboard to the IJB biannually.
- (iii) Notes work to progress further improvement where the targets have not been achieved continue to be captured within existing improvement/action plan.

2. BACKGROUND

The requirement to produce an Annual Performance Report (APR) are set out in the regulations. The APR is aimed at the general public and is required to be published 4 months after the ending of the reporting year. However, the Scottish Government moved legislation to extend the Coronavirus Scotland Act (2020) through to the 30th September 2022 which extends the date of publication of APRs through to November 2022. Angus HSCP will publish their APR by November 2022. The APR will be made available on Angus HSCP website.

As required, a performance dashboard for the IJB has been produced which includes some key measures for 2021/22 (Appendix 1). This sets out the Partnership's annual performance and is used to monitor progress against the Strategic Commissioning Plan 2019-22.

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

The IJB has agreed previous reports related to the development of the Partnership's performance framework and this report includes an annual review of performance for April 21 – March 22

3. CURRENT POSITION

The aim of the Angus Health and Social Care Partnership (AHSCP) Strategic Commissioning Plan 2019-23 is to progress approaches that support individuals to live longer and healthier lives. This includes having access to information and support within communities. The focus for Angus HSCP's 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

Falls

There has been a slight increase in the number of people aged over 65 admitted to hospital following a fall. In the year to the end of March 2022 we saw 636 people aged over 65 admitted following a fall an increase of 16 admissions on 20/21. During this same period there were 10,103 unplanned admissions for all adults (18+). There is a falls improvement plan in place which is currently being reviewed and updated in light of COVID and the current position.

Prescribing

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. The impact of COVID can be seen when referencing the prescribing performance in terms of those prescribed medicines for hypertension, diabetes and or anxiety and depression. Studies by the ONS have shown that during the pandemic the number of adults in Great Britain that experienced some form of depression increased, with a high of 21%. Improving access to evidence-based alternatives such as social prescribing and linking with Angus Alive to provide access to evidence-based exercise programs remains a strong focus in Angus acknowledging the benefit this has to the health of the patient.

Telecare

Angus HSCP's Interim Annual Performance report 2019/20 noted that the use of telecare equipment (e.g. fall detectors, bed exit monitors etc), offered in addition to community alarm, has declined from 19% to 13% of community alarm users. 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. On 5 April 2021, the standard rate charge for all CA unit installations increased from £5.05 to £5.20 per week for all Community Alarm (CA) unit installations. In an effort to encourage uptake of telecare people can now trial a range of telecare equipment for up to eight weeks before they commit to a weekly additional charge of £1. Based on the first 4 months of 2021, it is estimated that the projected annual telecare referral figure for 2021 will be approximately 300 which would indicate an overall increase in uptake in comparison to the previous 2 years.

Respite

Supporting Care needs at home

There has been a reduction in performance against the measure for individuals accessing Alcohol and Drug services and treated within three weeks. With the combination of increase in alcohol referrals after lockdown, staffing issues within AIDARS and TCA (who provide support) due to COVID-19 over the reporting period, plus some team vacancies this impacted on the reduced performance.

488,497 hours of personal care were delivered to people aged over 65 in 2021/22, this was an increase of 13% on 2020/21. In addition, 341,649 hours of care and support (non-personal home care) were delivered in 2021/22.

Developing Integrated and Enhanced Primary Care and Community Responses

There were 10,103 unplanned admissions in 2021/22, this was an increase of 12% on 2020/21. Admissions accounted for 105,303 hospital bed days an increase of 23% on 2020/21. The average length of stay in hospital following an emergency however has increased. This is likely to reflect the increase we have seen in delays in timely discharge. Data from the Scottish Ambulance Service (SAS) showed a 7% increase in attendances at incidents between 2020/21 and 2021/22. The number of incidents which then resulted in conveyance to hospital was 64.2% compared to 62.5% in 2020/21. Work is planned to review reasons for admissions to inform future work to support care closer to home where clinically appropriate.

Improving Integrated Care Pathways for Priorities in Care

Delayed Discharges >75's

Number of people delayed in hospital over the age of 75 has decreased but the length of stay has increased. This is linked with the increase in number of people receiving care at home and over the period of the peak waves of the COVID 19 pandemic both our Enablement Response Team and private providers had limited capacity to manage the increase in demand, often resulting in delays.

Complex Delays

Complex delays have increased mainly as a result of where guardianship applications have been slowed due to closure of the courts during the COVID 19 pandemic and although work has progressed to deal with the backlog of Guardianship applications, processing was slow. There are also some psychiatry of old age patients whose discharge is delayed due to the lack of availability of appropriate community accommodation and support solutions and work is ongoing with Angus Council Procurement Team with a view to commissioning an appropriate care home within Angus.

4. PROPOSALS

The Angus Integration Joint Board approves the content of the Annual Performance Dashboard and that the associated improvement actions will form part of the workplan for the newly formed Performance Steering Group, progress will also be monitored through this forum. It should be noted that a number of actions have been delayed as a result of the HSCPs response to and recovery from the COVID 19 Pandemic.

5. FINANCIAL IMPLICATIONS

There are no financial implications arising directly from this report.

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.

7. OTHER IMPLICATIONS

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 – 2021/22 Performance Dashboard