Appendix 1

ANGUS
Health & Social Care
Partnership

ANNUAL PEFORMANCE DASHBOARD

2021-2022

Produced June 2022

Contents

1. Introduction

This annual performance report, summary version demonstrates the progress made in 2021/22 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 November 2022.

A full report in line with SSI 2014/326 The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 will therefore be available in November 2022.

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 2021/22 in relation to some indicators are not available yet. Where this is the case full year data to the end of December 2021 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

- **2 out of 7 measures are within 5% tolerance of target/trajectory**
- **2 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)

20/21		21/22	Target
22.5	—	**22.7**	***n/a***

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

20/21		21/22	Target 2022	
138	—	**140**	***140.5***	

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

20/21		21/22	Target 2022	
50	—	**54**	***49***	

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

20/21		21/22	Target 2022	
211	▼	**220**	***207***	

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

20/21		21/22	Target 2022	
5.2	▼	**5.0**	***9.0***	

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

20/21		21/22	Target
3.8	▲	**3.9**	***n/a***

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

20/21		21/22	Target
380.7	▲	**417**	***n/a***

Supporting Care Needs at Home

- **2 out of 5 measures are on track**
- **2 out of 5 measures are within 5% tolerance of target/trajectory**
- **1 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

20/21		21/22	Target	
97%	▼	**84.3%**	***90%***	

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

20/21		21/22	Target 2022	
19.7	—	**19.6**	***15.4***	

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

20/21		21/22	Target
6,246	▲	**6,963**	***n/a***

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

20/21		21/22	Target 2022	
82.73	—	**82.26**	***≥ 83.41***	

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

20/21		21/22	Target 2020	
15,869	▲	**17,420**	***11,088***	

Developing Integrated and Enhanced Primary Care and Community Responses

- **2 out of 6 measures are on track**
- **4 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)**			
20/21		21/22	*Target 2022*	20/21		21/22	*Target 2022*	20/21		21/22	*Target 2022*
94	▼	**107**	***103***	**995**	▼	**1115**	***948***	**113**	▼	**165**	***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**			
20/21		21/22	*Target2022*	20/21		21/22	*Target 2022*	20/21		21/22	*Target 2022*
8.9	▼	**10.4**	***≤ 7.6***	**9,255**	▲	**9,098**	***9,630***	**40.8**	—	**40.4**	***48.7***
Percentage of Total Incidents attended by SAS conveyed to hospital				**Percentage of Total Incidents attended by SAS coded as a Ground Level Fall which happened in a person's home who were conveyed to hospital**							
20/21		21/22	*Target*	20/21		21/22	*Target*				
62.5%	▼	**64.2%**	***n/a***	**62.5%**	▲	**60.8%**	***n/a***				

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)**							
20/21		21/22 Q3	*Target 2022*	20/21		21/22 Q3	*Target 2022*				
246	▲	**205**	***-5%***	**2,331**	▼	**2,340**	***-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

- **2 out of 7 measures are within 5% tolerance of target/trajectory**
- **2 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)

20/21		21/22	Target
22.5	—	**22.7**	***n/a***

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

20/21		21/22	Target 2022	
138	—	**140**	***140.5***	

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

20/21		21/22	Target 2022	
50	—	**54**	***49***	

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

20/21		21/22	Target 2022	
211	▼	**220**	***207***	

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

20/21		21/22	Target 2022	
5.2	▼	**5.0**	***9.0***	

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

20/21		21/22	Target
3.8	▲	**3.9**	***n/a***

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

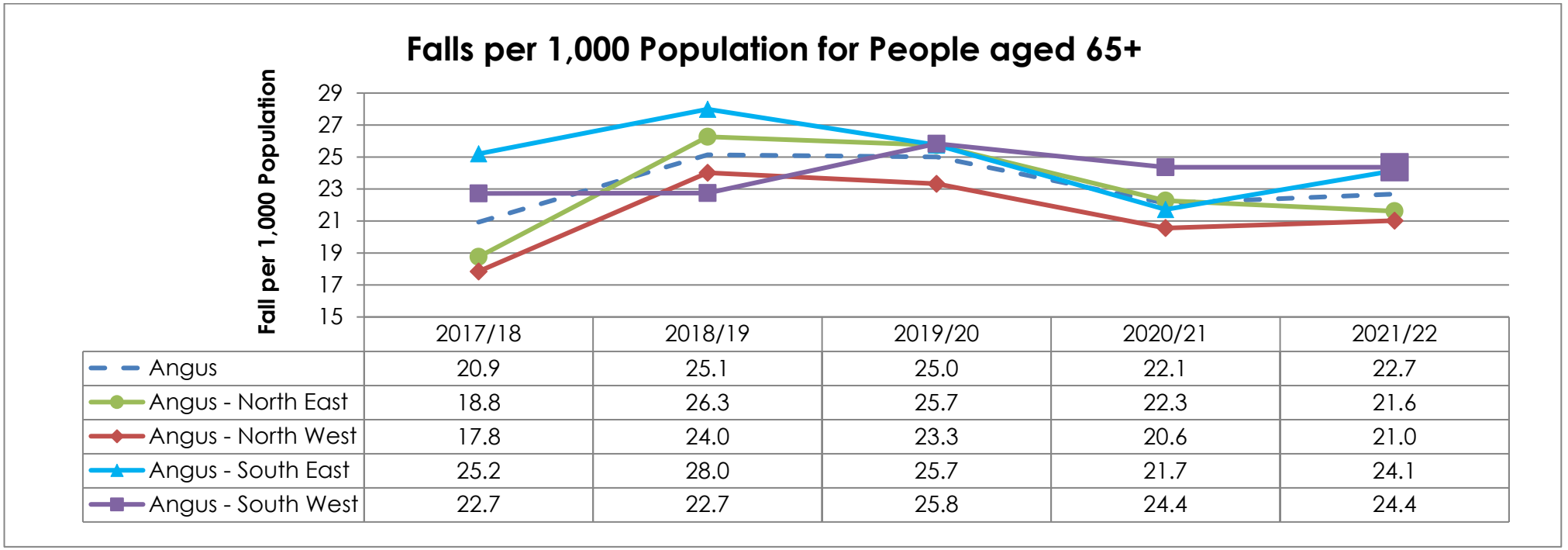
20/21		21/22	Target
380.7	▲	**417**	***n/a***

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+). Unplanned admissions are continuing to rise. We have seen a reduction in referrals to the fall's 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.

Admissions due to a fall represented 7% of all unplanned admissions.

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



	2017/18	2018/19	2019/20	2020/21	2021/22
Angus	20.9	25.1	25.0	22.1	22.7
Angus - North East	18.8	26.3	25.7	22.3	21.6
Angus - North West	17.8	24.0	23.3	20.6	21.0
Angus - South East	25.2	28.0	25.7	21.7	24.1
Angus - South West	22.7	22.7	25.8	24.4	24.4

Community Health and Wellbeing

Performance against the measures of number of people prescribed medication for hypertension, diabetes, and anxiety & depression are proxy measures aimed at identifying improvements in the health and wellbeing of the community. 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%. The rates remained high for several months compared to pre pandemic levels of 10%. There is a link to deteriorating physical health for those patients suffering from depression, which coupled with COVID restrictions has led to more sedentary lifestyles, increasing diabetes and high blood pressure diagnosis.

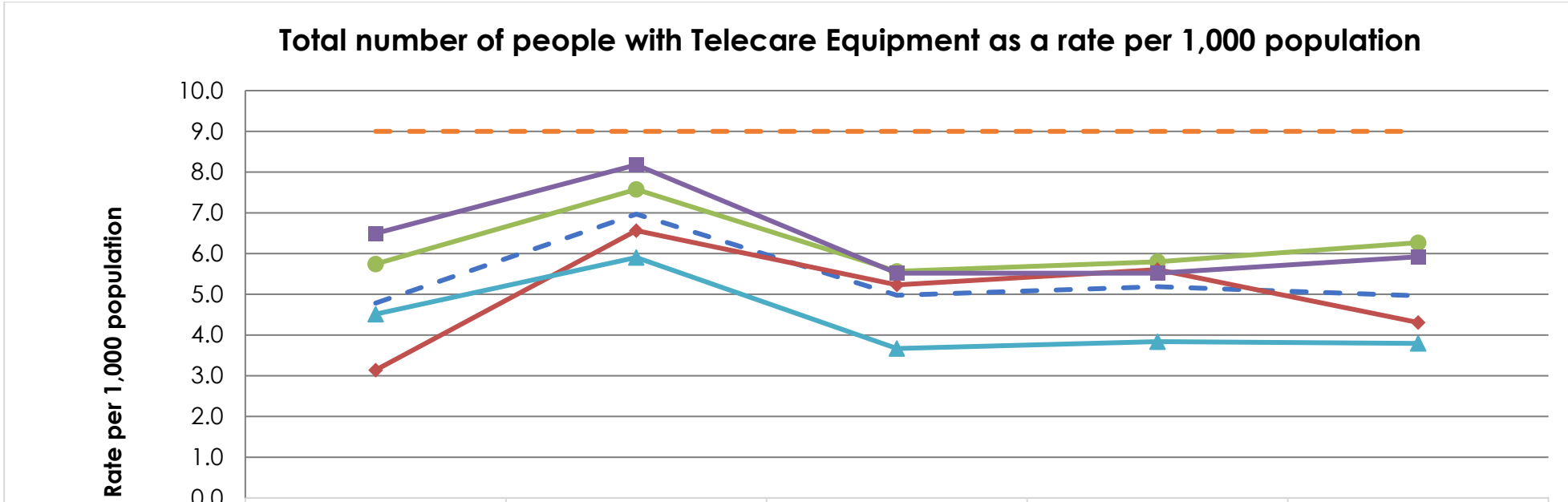
Improving access to evidence-based alternatives such as social prescribing and linking with Angus Alive to provide access to evidence-based exercise programs remains a strong focus in Angus acknowledging the benefit this has to the health of the patient.

Development of decision aids for common conditions such as chronic pain, mental health conditions, hypertension and pre-diabetes remain a top priority.

Telecare

3,529 people used a community alarm during 2021/22, this is a 2% decrease on the previous year but still a 12% increase on 2015/16 baseline, 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 2018/19 to 13.3% of community alarm users in 2021/22 a 0.5% increase on 2019/20. Whilst it is recognised that people are moving to digital alternatives that they can source themselves, the decline in telecare still follows the introduction of a charge of £1/week in addition to the charge for community alarm.

The graph below demonstrates the use of telecare since 2017/18.

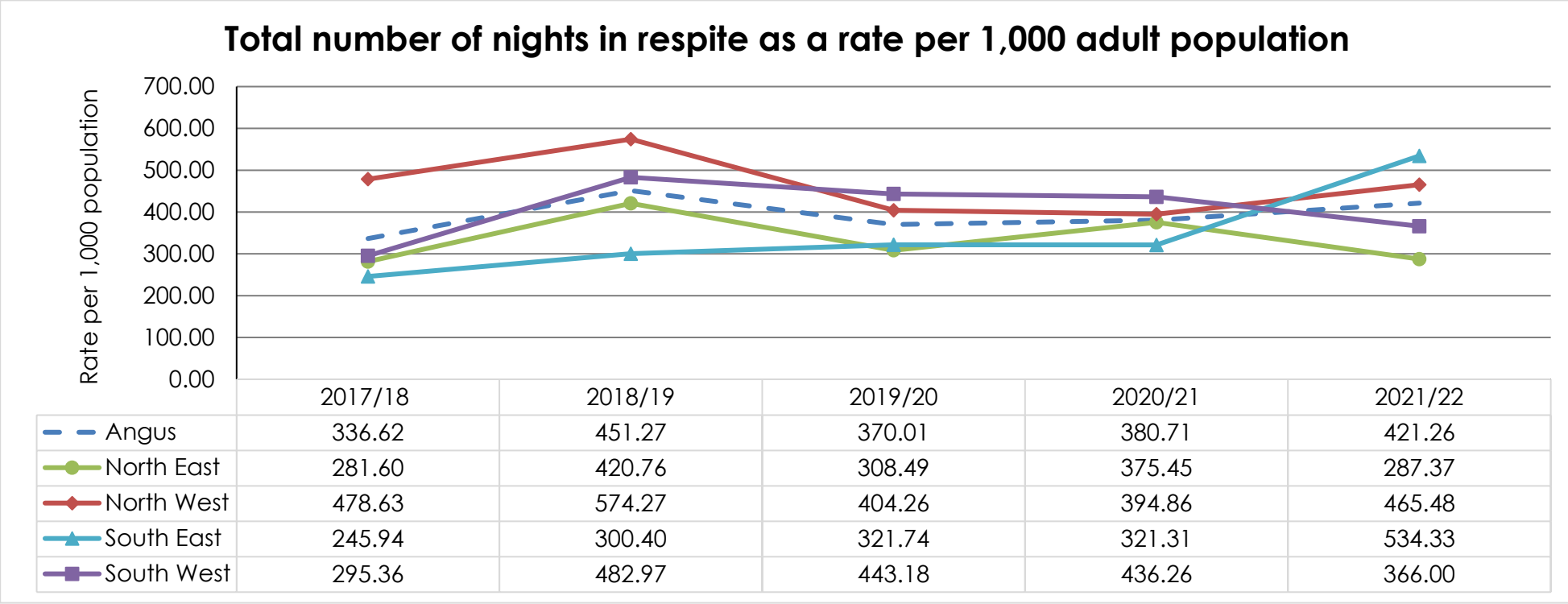


	2017/18	2018/19	2019/20	2020/21	2021/22
Angus	4.8	7.0	5.0	5.2	5.0
North East	5.7	7.6	5.6	5.8	6.3
North West	3.1	6.6	5.2	5.6	4.3
South East	4.5	5.9	3.7	3.8	3.8
South West	6.5	8.2	5.5	5.5	5.9
Target 2022	9	9	9	9	9

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 related to the pandemic but also attributed to an increase in personal care. In 2021/22 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. Access to residential respite in care homes continued to be a challenge for most of the year. In 2021/22, 457 people accessed 39,767 nights of residential respite. This is a 5% increase in the number of people accessing residential respite with a further 10% increase in the number of nights provided. It is likely this increase in nights has also been driven by the isolation requirements on entering a care home during 2021/22.

The graph below shows the use of respite nights since 2017/18.



	2017/18	2018/19	2019/20	2020/21	2021/22
Angus	336.62	451.27	370.01	380.71	421.26
North East	281.60	420.76	308.49	375.45	287.37
North West	478.63	574.27	404.26	394.86	465.48
South East	245.94	300.40	321.74	321.31	534.33
South West	295.36	482.97	443.18	436.26	366.00

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

- **2 out of 5 measures are on track**
- **2 out of 5 measures are within 5% tolerance of target/trajectory**
- **1 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 20/21 **97%** ▼ 21/22 **84.3%** *Target* **90%**	**Number of people receiving personal care as a rate per 1,000 population** 20/21 **19.7** — 21/22 **19.6** *Target 2022* ***15.4****	**Number of personal care hours as a rate per 1,000 adult population** 20/21 **6,246** ▲ 21/22 **6,963** *Target* ***n/a***
Average age that someone over 65 is likely to require personal care 20/21 **82.73** — 21/22 **82.26** *Target 2022* ***≥ 83.41***	**Number of personal care hours for people aged over 65 as a rate of the population aged over 65** 20/21 **15,869** ▲ 21/22 **17,420** *Target 2020* ***11,088****	

Alcohol and Drugs Services

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.

Although the performance is lower, the numbers of new waits for brand new treatments are relatively small compared to other disciplines, in the latest quarter (2021/22 Q4) only 17 out of 108 waits missed the target. 10 were for alcohol treatment 5 for drug treatment and 2 for co-dependent clients.

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. 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.

This has exceeded the target for 2021/22 by 8%. The approaches aimed at mitigation against growth are still required to deliver in 2022/23 in order for further growth to remain in target for the planning period ending in 2023.

Overall, 657,331 hours of personal care were delivered in 2021/22 this was an increase of 12% in 2020/21 showing that most of the growth is attributable to older people services. 1854 people use personal care services in 2020/21.

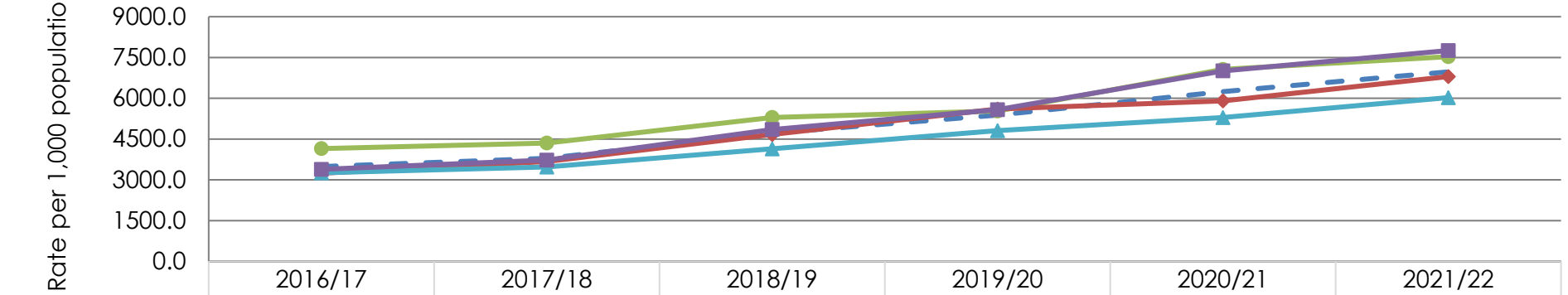
In addition, 341,649 hours of care and support (non-personal home care) were delivered in 2021/22. This was a reduction of 12% on 2020/21.

Independent providers of personal care have worked hard to address demand and it is possible that greater availability will continue to address a previously hidden demand. 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.

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. By 31 March 2022, 620 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 home services will be associated with carers support plans and may be reducing the demand for emergency respite.

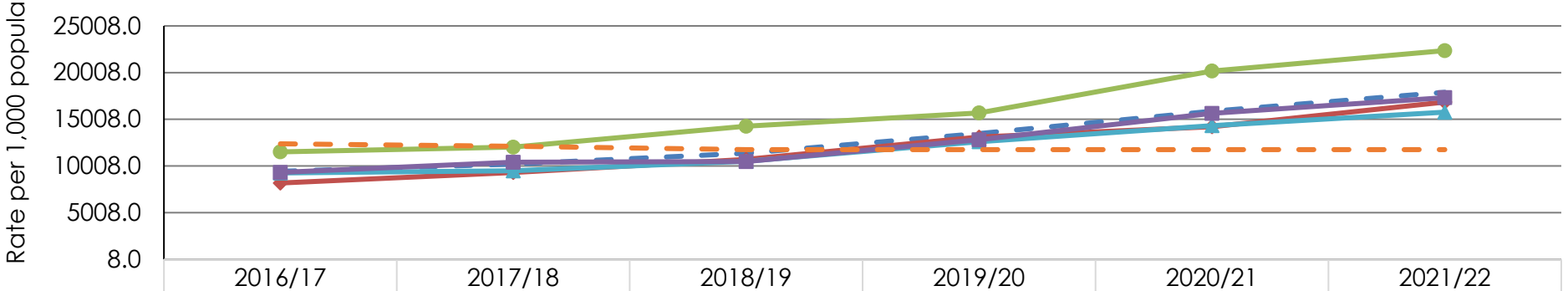
The graphs below show the changes in personal care hours planned from 2016/17.

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	2021/22
Angus	3489.0	3790.9	4715.9	5382.5	6245.6	6972.0
North East	4148.8	4352.3	5294.8	5531.7	7061.8	7529.8
North West	3242.9	3674.9	4668.6	5604.5	5903.8	6798.2
South East	3257.9	3473.3	4139.8	4809.0	5291.9	6024.6
South West	3385.0	3725.7	4849.6	5578.7	7006.2	7755.8

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	2021/22
Angus	9437.3	10208.3	11379.2	13480.3	15868.8	17901.5
North East	11519.5	12030.4	14262.8	15691.6	20179.4	22364.6
North West	8184.5	9310.6	10716.2	13105.5	14212.5	16851.7
South East	9261.3	9490.0	10509.1	12611.8	14330.0	15772.2
South West	9320.7	10411.6	10483.4	12818.2	15640.9	17325.0
Target	12383.3	12115.8	11760.2	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

- **2 out of 6 measures are on track**
- **4 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) 20/21 **94** ▼ 21/22 **107** *Target 2022* ***103***	**Emergency bed days for adults as a rate per 1,000 population (National Indicator)** 20/21 **995** ▼ 21/22 **1115** *Target 2022* ***948***	**Emergency readmissions within 28 days of discharge as a rate of all emergency admissions (National Indicator)** 20/21 **113** ▼ 21/22 **165** *Target 2022* ***100***
Average length of stay for adults following an emergency admission 20/21 **8.9** ▼ 21/22 **10.4** *Target2022* **≤ 7.6**	**Number of care home nights as a rate per 1,000 population over 65** 20/21 **9,255** ▲ 21/22 **9,098** *Target 2022* ***9,630****	**Number of people aged over 65 placed in a care home as a rate per 1,000 population** 20/21 **40.8** — 21/22 **40.4** *Target 2022* ***48.7***
Percentage of Total Incidents attended by SAS conveyed to hospital 20/21 **62.5%** ▼ 21/22 **64.2%** *Target* ***n/a***	**Percentage of Total Incidents attended by SAS coded as a Ground Level Fall which happened in a person's home who were conveyed to hospital** 20/21 **62.5%** ▲ 21/22 **60.8%** *Target* ***n/a***	

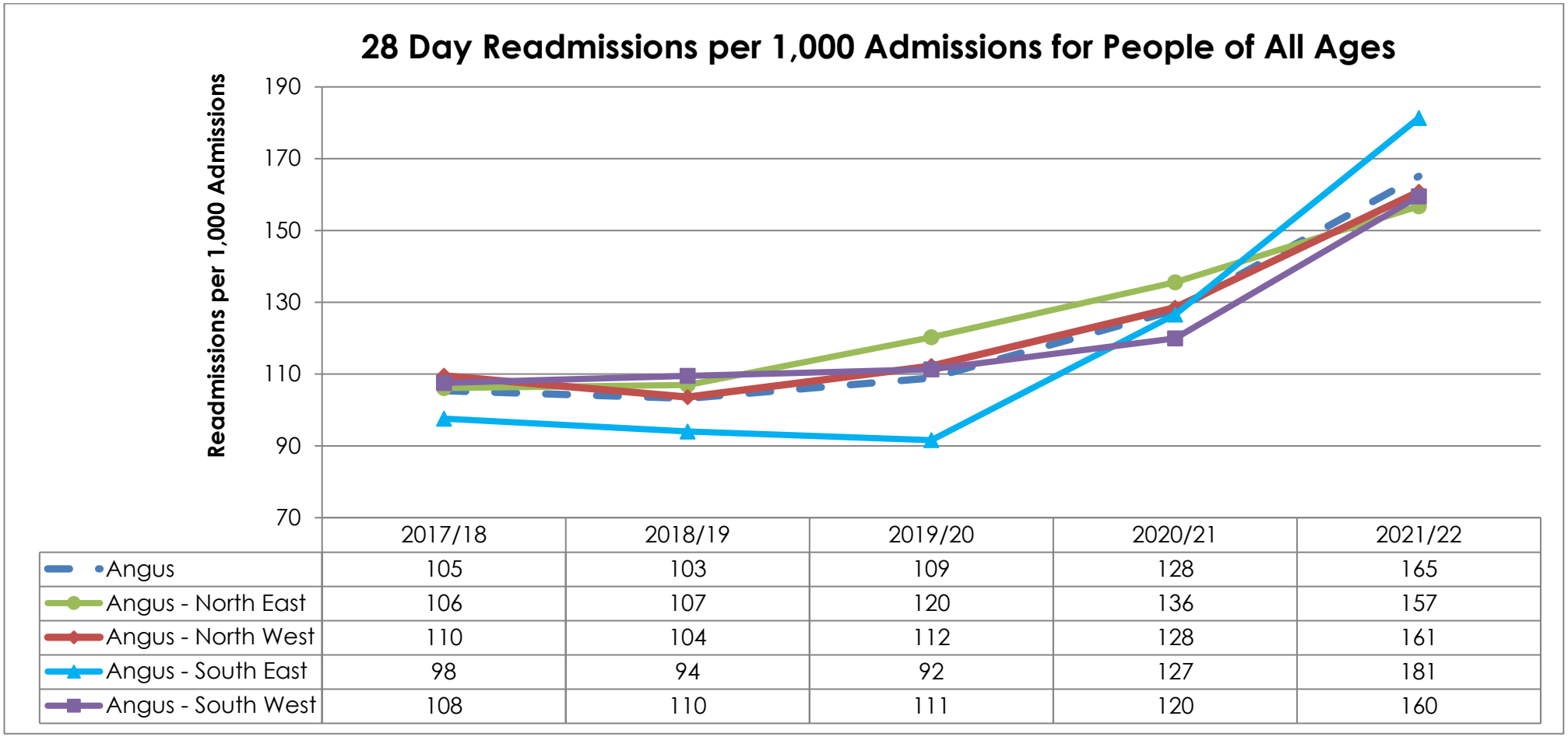
AHSCP now has Enhanced Community Support (ECS) model embedded throughout all four localities which is reflected in the performance of the above outcome measures. Work is still progressing to improve unscheduled care pathways and emergency admissions from Angus. AHSCP continues to contribute to an integrated whole system approach including the development of an integrated care service for Mental Health based in Links Health Centre.

Data from 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.

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. Unplanned admissions include both physical and mental health. 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 2021 accounted for 3% of hospital bed days.

There has been a continued decrease 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 including mental health. At this time, we have no specific data about the level of planned admissions. Planned admissions in 2021/22 declined 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, 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 2017/18.



	2017/18	2018/19	2019/20	2020/21	2021/22
Angus	105	103	109	128	165
Angus - North East	106	107	120	136	157
Angus - North West	110	104	112	128	161
Angus - South East	98	94	92	127	181
Angus - South West	108	110	111	120	160

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)**	

20/21		21/22 Q3	*Target 2022*		20/21		21/22 Q3	*Target 2022*	
246	▲	**205**	***-5%***		**2,331**	▼	**2,340**	***-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. 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 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.

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 within this summary report but will be part of the full annual performance report: -

- 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)