



AGENDA ITEM NO 13

REPORT NO IJB 10/23

ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 22 FEBRUARY 2023
PERFORMANCE REPORT – MID YEAR UPDATE
REPORT BY 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 2022/23 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) Acknowledge the content of the Q1 & Q2 performance update report and notes that as part of our current review of the Strategic Commissioning Plan, our priorities, key performance indicators and targets will be reviewed and a new dashboard developed from April 2023.
- (ii) Accept the HSCP will work to progress further improvement where the targets have not been achieved.
- (iii) Acknowledge where the targets for local indicators are to be reviewed for the Annual Report.

2. BACKGROUND

2.1 The requirements to produce an Annual Performance Report are set out in the regulations. While that report is shared with the IJB (see report 39/22), the IJB also receives a half-yearly update regarding performance information.

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 22/23 performance for Oct 21 - Sept 22.

3.2 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 September 2022 675 people aged over 65 were admitted to hospital following a fall. This is an increase of 39 admissions from 21/22. This may reflect a de-conditioning of people who took less exercise and an increased alcohol intake of many during the COVID-19 pandemic. The falls pathways will be considered within the Angus urgent care programme of work. Falls prevention is the key focus of work for the prevention and proactive care workstream which is supported within the Getting it Right for Everyone Framework. There is particular focus being given to 'better balance' classes which have a strong evidence base.

Prescribing - Performance against the measures of number of people prescribed medication for hypertension, diabetes, and anxiety & depression, have slightly increased compared to their target performance set out in the Strategic Commissioning Plan 2019-22. During the COVID-19 pandemic, it has not been possible to progress preventative programmes of work which are now being prioritised by the Angus Strategic Planning Group. National therapeutic indicators are now available which are likely to replace previous measures within the future Angus Strategic Commissioning Plan. Polypharmacy reviews, evidence-based interventions which focus on prevention and a focus on mental health are priorities of the partnership.

Telecare - There has been a continued decrease in the usage of community alarm compared to 2021/22. Angus HSCP's Annual Performance report 2021/22 noted that the use of telecare equipment (e.g. fall detectors, bed exit monitors etc), offered in addition to community alarm, has decreased. Whilst it is recognised that people are moving to digital alternatives that they can source themselves e.g. mobile phones and digital devices such as 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 2022, the standard rate charge for all Community Alarm (CA) unit installations increased from £5.20 to £5.35 per week. In an effort to encourage uptake of telecare, a range of telecare equipment can be trialled for up to eight weeks before committing to a weekly additional charge of £1.

Respite - In 2022/23 Q2 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.

3.3 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) this has impacted on the reduced performance.

Personal Care - 466,552 hours of personal care were delivered to people aged over 65 in 2022/23 Q2, this is a slight decrease of 4% on 2021/22. In addition, 344,094 hours of care and support (non-personal home care) were delivered in 2022/23 Q2. The cause for the slight decrease in personal care hours is likely to be due to the following factors; limited capacity of providers to pick up new services due to the continued challenges with the Sector in terms of recruitment and retention of staff; the increase in personal care and support hours delivered to adults who are under 65 (particularly adults with physical disabilities); increase in staff absences.

3.4 Developing Integrated and Enhanced Primary Care and Community Responses

There were 11,588 unplanned admissions in 2022/23 Q2, this was an increase of 8% on 2021/22. This is likely to reflect a combination of increased acuity and a reduction in social care and community rehabilitation resulting in less options for keeping people at home rather than hospital. Admissions accounted for 95,588 hospital bed days a decrease of 14% on 2021/22.

The average length of stay in hospital following an emergency has decreased and this is likely due to improvements in discharge without delay.

Data from Scottish Ambulance Service (SAS) showed a 1% increase in attendances at incidents between 2021/22 and 2022/23 Q2. The number of incidents which then resulted in conveyance to hospital was 63.4% compared to 60.8% in 2020/21. This suggests increased acuity in the community reflected in the conveyance rate.

3.5 Improving Integrated Care Pathways for Priorities in Care

Performance in relation to bed days lost to delays in discharge for people aged over 75 and complex delays has declined over the past year.

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 was mostly due delays in the latter part of 2022 for people awaiting care packages and guardianship. In the month of February 2023 Angus has the second lowest delay rate for over 75's (Shetland being the lowest). During December and January Angus regularly scored as amber in the context of our commitment to supporting the difficulties experienced by acute services in NHS Tayside in February this has improved to Green. This is an improving picture although the increase in number of people being assessed for a care at home package continues to challenge the capacity of both our internal and external care provision and is being actively monitored and reviewed within the service. Angus now has a committed hospital discharge team for older people's health services which we believe has contributed to establishing effective discharge planning across all areas and has led to improvements in our delay figures.

Complex Delays

Complex delays have increased mainly as a result of the lack of specialist care accommodation for people under 65, with three of these complex delays accounting for over one year each. Guardianship applications also account for lengthy delays and although work has progressed to deal with the backlog of Guardianship applications, processing through the court system can delay people for longer than we would like. There can at times be some psychiatry of old age patients with complex mental health needs whose discharge is delayed due to the lack of availability of appropriate community accommodation although we have no such delays at this time, we continue to work on support solutions with Angus Council Procurement Team.

4. PROPOSALS

The Integration Joint Board acknowledge the content of the Q1 & Q2 performance update report and notes that as part of our current review of the Strategic Commissioning Plan our priorities, key performance indicators and targets will be reviewed and a new dashboard developed from April 2023.

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.

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	

REPORT AUTHORS: Eunice McLennan, Head of Community Health and Care Services
EMAIL DETAILS: tay.angushscp@nhs.scot

List of Appendices:

Appendix 1 – 2022/23 Mid-Year Summary Performance Dashboard