



AGENDA ITEM NO 11

REPORT NO IJB 19/24

ANGUS INTEGRATION JOINT BOARD

24 APRIL 2023

LOCAL PERFORMANCE INDICATORS

REPORT BY ALEXANDER BERRY, CHIEF FINANCE OFFICER

1. ABSTRACT

This report presents the updated draft Integration Joint Board's (IJB) local performance indicators to support the delivery of the Strategic Commissioning Plan (SCP) 2023 – 2026.

2. ALIGNMENT TO THE STRATEGIC PLAN

Each of the four strategic priorities has a series of local performance indicators aimed to demonstrate progress against a range of actions.

3. RECOMMENDATIONS

It is recommended that the Integration Joint Board: -

- (i) Note the content of this report; and
- (ii) Approve the updated local performance indicators to be included in IJB performance reports going forward.

4. BACKGROUND

The new SCP has been developed for the period of 2023/24 – 2025/26 in accordance with legislative requirements and national and local guidance. The SCP was approved by the IJB in April 2023 (Report 29/23).

Performance management is the process of ensuring that people's outcomes are met in an effective and efficient manner. Performance indicators reflect two important aspects of performance:

- Did we do what we set out to do?
- Did these actions have the effect we hoped for?

IJB performance reporting is focused mainly on outcomes, and the proposed local indicators have been selected to support the delivery of the nine National Health and Wellbeing Outcomes. Delivering the strategic commissioning intentions within the SCP contributes towards these outcomes.

Performance indicators are taken from a range of nationally available information relating to health and social care particularly the Core Suite of Integration Indicators. In addition, local indicators have been developed to evidence progress against the delivery of the priorities within the SCP. The local indicators detailed below will be included within future performance reports presented to the IJB. A range of additional measures will also be used operationally to inform our performance.

5. CURRENT POSITION

While we are presenting these updated local indicators to the IJB for approval for use in 2024/25, the IJB continues to review its local performance framework to ensure all measures reflect strategic and service requirements, and to ensure performance indicators are comprehensive, proportionate, and straightforward to interpret.

Updated local indicators by priority are detailed below.

Priority 1: Prevention and Proactive Care

% of residents in a care home who are offered the opportunity to complete a Future Care Plan
% of people with a decrease in their SPARRA (Scottish Patients at Risk of Readmission and Admission) risk score (Scottish Patients at Risk of Readmission and Admission to Hospital)
% increase in the number of people with a Power of Attorney
% increase in number of people with a Long-Term Condition who access the ANGUSalive 'Be Active – Live Well' Programme

Priority 1a: Optimising Medicine

% of people aged over 75 on 10 or more medicines who have had a polypharmacy review in the past 56 weeks
% of people living in a care home who have had a medication review carried out within the last 56 weeks
% of generic prescribing comparison across two financial years

Priority 2: Care Closer to Home

% of people aged 75+ living in their own home
% of people aged 85+ living in their own home
personal care hours rate per 1,000 18+
care home nights rate per 1,000 65+
Average age of placement to a care home
% of people who have an annual review of their care package
Number of hours of unmet need
Number of Carers offered a support plan

Priority 3: Mental Health and Substance Use Recovery

Work remains ongoing across Tayside to develop a comprehensive suite of whole system Mental Health and Learning Disability metrics for 2024/25 and these will be available for reporting in-year. The local mental health indicators are detailed below:

Rate of Mental Health Admissions: All & Emergency 18-64 & 65+
Number of people on waiting lists & average waiting time
% of discharged psychiatric in-patients followed up by CMHT services within 72 hours
Readmissions to mental health hospitals within 7 days and 28 days of discharge per 1000 discharges

Priority 4: Equity of access and public protection

% completion rate of mandatory equalities training for staff
% number of staff who have completed additional equalities training provided by AHSCP
% of initial case conferences that led to an adult protection plan being put into place
% of staff completing the Angus core roles and responsibilities in adult protection training
% of MIU attendances seen, treated and discharged within 1 hour
Number of conveyances to Ninewells ED (Emergency Department) Angus for 'minor' attendances
Number of Angus Out of Hours contacts for acute respiratory exacerbation

6. PROPOSALS

IJB members review and approve the updated local indicators to be included in IJB performance reports going forward.

7. FINANCIAL IMPLICATIONS

There are no direct financial implications arising from the recommendations of this report.

8. RISK MANAGEMENT

Regular performance management arrangements are critical to the delivery of the SCP.

The AHSCP Performance Management Group reviews progress on a regular basis and reports are provided to the IJB.

9. PUBLIC HEALTH IMPLICATIONS

The indicators are focused mainly on outcomes. As such they assist AHSCP to identify progress against a range of Public Health priorities to contribute to an increase in life expectancy and a reduction in the difference in life expectancy between the wealthiest and the poorest people getting smaller.

10. CLIMATE SUSTAINABILITY IMPLICATIONS

There are no direct climate sustainability implications arising from the recommendations of this report.

11. EQUALITY IMPACT ASSESSMENT, CHILDREN'S RIGHTS AND FAIRER SCOTLAND DUTY

A full EIA assessment is attached as Appendix 1 to the Report.

12. COMMUNICATION AND ENGAGEMENT

Heads of Service and Service Managers have contributed to the identification of the local performance indicators.

Angus HSCP's performance in relation to the national and local indicators will be shared within publicly available performance reports across a range of platforms and in different formats.

13. 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 AUTHOR:

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List of Appendices: Appendix 1- EQIA

EQUALITY IMPACT ASSESSMENT (EQIA) and FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)

1. INTRODUCTION

Title of policy, practice or project being assessed	Local performance indicators
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Type of policy, practice or project being assessed: (please mark with a (x) as appropriate)					
	New	Existing		New	Existing
Strategy			Policy		
Guidance			Procedure		
Operational Instruction			Budget Saving Proposal		
Service Development Proposal			Other (Please specify)	Local performance indicators	

2. GOVERNANCE

Lead Officer Responsible for assessment (Name, designation)	Sally Wilson, Service Manager, Integration
Date Assessment Started	3 April 2024

3. BACKGROUND INFORMATION

Provide a brief description of the policy, practice or project being assessed. (Include rationale, aims, objectives, actions, and processes)	Performance indicators are taken from a range of nationally available information relating to health and social care, particularly the Core Suite of Integration Indicators. In addition, local indicators have been developed to evidence progress against the delivery of the priorities within the Strategic Commissioning Plan (SCP) 2023-2026. Local performance indicators will be used to measure, demonstrate and report progress regarding the delivery of the SCP and the National Health and Wellbeing Outcomes.
What are the intended outcomes and who does this impact? (E.g. service users, unpaid carers or family, public, staff, partner agencies)	The national and local indicators will demonstrate progress to deliver the priorities of the SCP 2023-2026 which is focused on delivering good outcomes for all adults in Angus.

4. EQIA PROTECTED CHARACTERISTICS SCREENING

Impact on Service Users, Unpaid Carers or the Public								
Does the policy, practice or project have a potential to impact in ANY way on the service users and/or public holding any of the protected characteristics ? (Please mark as appropriate)								
	Yes	No		Yes	No		Yes	No
Age	X		Race	X		Gender Reassignment	X	
Disability	X		Pregnancy and Maternity	X		Marriage and Civil Partnership	X	
Sex	X		Religion or Belief	X		Sexual Orientation	X	

Impact on Staff or Volunteers								
Does the policy, practice or project have a potential to impact in ANY way on employees or volunteers holding any of the protected characteristics ? This includes employees and volunteers of NHS Tayside, Angus Council, 3rd Sector organisations or any other organisation contracted to carry out health or social care functions on behalf of the Angus Health and Social Care Partnership. (Please mark as appropriate)								
	Yes	No		Yes	No		Yes	No
Age	X		Race	X		Gender Reassignment	X	
Disability	X		Pregnancy and Maternity	X		Marriage and Civil Partnership	X	
Sex	X		Religion or Belief	X		Sexual Orientation	X	

PLEASE NOTE: If you have answered yes to any of the above protected characteristics in section 4 then please mark yes in the screening decision and proceed to a full EQIA below.

5. EQIA - SCREENING DECISION

Is a full EQIA required? (Please mark as appropriate)	YES - Proceed to full EQIA in section 6 below	NO – State the reason below and proceed to FSDA screening in section 10 and 11 then complete sections 14 and 15 to conclude.
	Yes	

FULL EQUALITY IMPACT ASSESSMENT (EQIA)

6. EVIDENCE

Evidence: Please provide detailed evidence (e.g. statistics, research, literature, consultation results, legislative requirements etc.) or any other relevant information that has influenced the policy, practice or project that this EQIA relates to.	
Quantitative evidence (numerical/statistical)	The IJB is legislatively required to report on performance in relation to the nine Health and Wellbeing Outcomes. Evidence includes the IJB Strategic Needs Assessment for patterns of population health. Scottish Government Core Suite of Integration Indicators
Qualitative evidence (narrative/exploratory)	AHSCP receive feedback from users of our services from a variety of sources e.g. complaints, compliments and via Care Opinion. This provides information about what is working well and areas for improvement.
Other evidence (please detail)	N/A
What gaps in evidence/research were identified?	None to date
Is any further evidence required? Yes or No (please provide reasoning)	None identified to date
Has best judgement been used in place of evidence/research? Yes or No (If yes, please state who made this judgement and what was this based on?)	Yes

7. ENGAGEMENT

Engagement: Please provide details on any engagement that has been conducted during the policy/practice or project.	
Has engagement taken place? Yes or No	Yes
If No, why not?	
If Yes, please answer the following questions:	
Who was the engagement with?	Chief Officer, Heads of Service and Service Leaders/Managers.
Have other relevant groups i.e. unpaid carers been included in the engagement? If No, why not?	No. Engagement has previously been carried out which has informed the creation of the Strategic Commissioning Plan
How was it carried out? (Survey, focus group, public event, Interviews, other (please specify) etc.)	
What were the results from the engagement?	
How did the engagement consider the protected characteristics of its intended cohort?	
Has the policy, practice or project been reviewed/changed as a result of the engagement? If YES, please explain.	
Is further engagement required? Yes or No (please provide reasoning)	Yes. The Annual Performance Report details the progress made against the national and local indicators. This is available to all staff and members of the public.

8. PROTECTED CHARACTERISTICS

This section looks at whether the policy, practice or project could disproportionately impact people who share characteristics protected by the Equality Act (2010). Please use the following link to find out more about the: [protected characteristics](#). Please specify whether impact is likely to be neutral, positive or negative and what actions will be taken to mitigate against any negative impacts or discrimination. When considering

impact, please consider impact on: health related behaviour; social environment; physical environment; and access to & quality of services of NHS Tayside, Angus Council, AHSCP or 3rd sector social justice.

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Age	X			<p>All indicators link back to the Strategic Commissioning Plan 2023 - 2026.</p> <p>A selection of indicators specifically focus on older adults.</p> <p>Transparency around service performance has a range of positive impacts for people of all ages and:</p> <ul style="list-style-type: none"> • provides an opportunity for people to be informed about services • enables people to scrutinise and challenge performance
Sex	X			The indicators have been created using inclusive language to ensure people of any sex feel represented
Disability	X			People with disabilities are more likely to have contact with health and social care services. The indicators will support improvements aimed to make a positive impact on those who use services.
Race	X			The indicators have been created using inclusive language to ensure people will feel represented.
Sexual Orientation	X			The indicators have been created using inclusive language to ensure people will feel represented.
Religion or Belief	X			The indicators have been created using inclusive language to ensure people will feel represented.
Gender Reassignment	X			The indicators have been created using inclusive language to ensure people will feel represented.
Pregnancy and	X			The indicators have been created using inclusive language to ensure people will feel

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Maternity				represented.
Marriage and Civil Partnership	X			The indicators have been created using inclusive language to ensure people will feel represented.
Any other relevant groups i.e. unpaid carers (please specify)	X			The indicators have been created using inclusive language to ensure people will feel represented.

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Age	X			The indicators have been created using inclusive language to ensure people will feel represented. Angus HSCP encourages a performance culture of identifying areas for improvement rather than holding people to account. Staff are encouraged to consider performance discussions as an opportunity to raise awareness of good practice as well as identify areas for improvement.
Sex	X			As above
Disability	X			As above
Race	X			As above
Sexual Orientation	X			As above

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Religion or Belief	X			As above
Gender Reassignment	X			As above
Pregnancy and Maternity	X			As above
Marriage and Civil Partnership	X			As above
Any other relevant groups i.e. unpaid carers (please specify)	X			As above

9. EQIA FINDINGS AND ACTIONS

Having completed the EQIA template, please select one option which best reflects the findings of the Equality Impact Assessment in relation to the impact on protected characteristic groups and provide reasoning.	
Option 1 - No major change required (where no impact or potential for improvement is found and no actions have been identified)	X
Option 2 - Adjust (where a potential negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)	
Option 3 - Continue (where it is not possible to remove all potential negative impact, but the policy, practice or project can continue without making changes)	
Option 4 - Stop and review (where a serious risk of negative impact is found, the policy, practice or project being assessed should be paused until these issues have been resolved)	

Actions – from the actions to mitigate against negative impact (section 8) and the findings option selected above in section 9 (options 2 or 4 only), please summarise the actions that will be taken forward.	Date for Completion	Who is responsible (initials)
Action 1 – The data to evidence the local performance indicators will be produced using inclusive language and imagery. The reports will aim to be provided across a range of platforms in different formats to support peop	June 2024	AB

10. FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)

The Fairer Scotland Duty (FSD) places a legal responsibility on particular public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socioeconomic disadvantage, when making strategic decisions. FSD assessments are only required for strategic, high-level decisions. There are clear links between socio-economic disadvantage and Equality considerations and the protected characteristics so you may find it beneficial to complete the FSD assessment regardless of whether your policy, practice or project is strategically important or not. In broad terms, 'socio-economic disadvantage' means living on a low income compared to others in Scotland, with little or no accumulated wealth, leading to greater material deprivation, restricting the ability to access basic goods and services. Socioeconomic disadvantage can be experienced in both places and communities of interest, leading to further negative outcomes such as social exclusion. To read more information please visit: [Fairer Scotland Duty Guidance - Scottish Government](#)

11. FSDA- SCREENING DECISION

Is your policy, practice or project strategically important? Yes or No?	YES - Proceed to section 12. Full Fairer Scotland Duty Assessment (FSDA) below	NO – Provide reasoning below and proceed to sections 13 onwards to conclude.
	Yes	

12. FULL FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)

Evidence				
What evidence do you have about socio-economic disadvantage and inequalities of outcome in relation to this strategic decision? Is it possible to gather new evidence, involving communities of interest?	The Strategic Needs Assessment contains information about socio-economic disadvantage and inequality of outcomes in Angus. Performance data linked to the local indicators will further inform future improvements that require to be made.			
Please state if there is a potentially positive, negative, neutral impact for each of the below groupings:				
	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence on your selection
Low and/or no income (those living in relative poverty.)		X		Aspects on inequality will be considered when analysing the data related to all local indicators.
Low and/or no wealth (those with enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future.)		X		As above
Material Deprivation (those unable to access basic goods		X		As above

and services e.g. repair/replace broken electrical goods, warm home, life insurance, leisure and hobbies.)				
Area Deprivation (where people live e.g. rural areas, or where they work e.g. accessibility of transport. Living in a deprived area can exacerbate negative outcomes for individuals and households already affected by issues of low income.)		X		As above
Socio-economic Background (social class including parents' education, people's employment and income)		X		As above
Unpaid Carers		X		As above
Homelessness, Addictions and Substance Use	X			There are no local indicators identified specifically for additions and substance use as all data is collected to inform national indicators.
Children, Family and Justice	X			There are no local indicators identified specifically for children, family and justice as all data is collected to inform national indicators.
Other (please specify)				

13. EVIDENCE OF DUE REGARD

Public Sector Equality Duty: The responsible officer should be satisfied that the group, service or organisation behind the policy, practice or project has given 'due regard' to the below duties. Please evidence which parts of the General Equality Duty have been considered. To 'have due regard' means that AHSCP have a duty to consciously consider the needs of the general equality duty: eliminate discrimination; advance equality of opportunity and foster good relations. How much regard is 'due' will depend on the circumstances and in particular on the relevance of the needs in the general equality duty to the decision or function in question in relation to any particular group. The greater the relevance and potential impact for any group, the greater the regard required by the duty.

Eliminate unlawful discrimination, victimisation and harassment.	Not applicable
Advance equality of opportunity	Not applicable
Foster good relations between any of the Protected Characteristic groups	The indicators have the potential to impact everyone with a protected characteristic in particular age and disability.

14. PUBLICATION

Is the corresponding IJB/Committee paper exempt from publication?	No
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15. SIGN OFF and CONTACT INFORMATION

Lead Officer Responsible	
Name:	Sally Wilson
Designation:	Service Manager, Integration
Date:	10 April 2024

Lead Equalities Officer Responsible		Service Leader Responsible	
I confirm that the EQIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties.		I confirm that the EQIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties.	
Name:	Morgan Low	Name:	Alexander Berry
Designation:	Strategy and Improvement Manager	Designation	Chief Finance Officer
Date:	15/04/2024	Date:	15/04/2024

For further information on this EQIA and FSDA, or if you require this assessment in an alternative format, please email: tay.angushscp@nhs.scot

16. EQIA REVIEW DATE

A review of the EQIA should be undertaken 6 months later to determine any changes. (Please state planned review date and Lead Reviewer Name)	1 October 2024
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17. EQIA 6 MONTHLY REVIEW SHEET

Title of policy, practice or project being reviewed	
Lead Officer responsible for review	
Date of this review	
Please detail activity undertaken and progress on actions highlighted in the original EQIA under section 9.	Status of action (with reasoning) <ul style="list-style-type: none"> • Complete • Outstanding • New • Discontinued etc.
Action 1 -	
Action 2 -	
Action 3 etc. -	