

REPORT TO MARR AREA COMMITTEE – 20 AUGUST 2019

ABERDEENSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE AND OUTCOMES FRAMEWORK QUARTER 4 REPORTING – JANUARY TO MARCH 2019

1 Recommendations

The Committee is recommended to:

- 1.1 Note the content of the Integration Joint Board (IJB) Performance Q4 Report; and
- 1.2 Provide feedback and/or recommend actions to the IJB for their consideration.

2 Background / Discussion

- 2.1 The attached report (Appendix A) was approved at the Integration Joint Board on 19 June 2019 for circulation to all Area Committees for noting and recommending improvement actions as appropriate. An additional appendix containing the 'locality' performance against the Aberdeenshire-wide performance has been attached in Appendix B.
- 2.2 An annual performance report for the Marr Locality Plan has been attached as Appendix C. This provides an overview of some of the main areas of work that have been progressed over the last 12 months and information about next steps.
- 2.3 Development continues with the HSCP's performance framework to refine the performance information reported and ensure alignment with local and national priorities. Updates on the outcomes of these developments will be provided with future performance reports for area committees.
- 2.4 The financial consequences of delivering against performance indicators for the 2018/19 year have been reported in detail to the IJB at its June meeting.
- 2.5 The Head of Finance and Monitoring Officer within Business Services have been consulted in the preparation of this report and are satisfied that the report complies with the Scheme of Governance and relevant legislation.

3 Scheme of Governance

- 3.1 The Committee is able to consider this item in terms of Section B.1.2 of the List of Committee Powers in Part 2A of the Scheme of Governance, which allows the Area Committee to consider, comment on and make recommendations to any other appropriate Committee on any matter or policy which impacts their area.

- 3.2 This report provides relevant performance information to support the Area Committee in making recommendations to the IJB for improvements to the delivery of the Social Work service.
- 3.3 This report is for information only where it relates to the performance and delivery of services provided by NHS Grampian.

4 Implications and Risk

- 4.1 An equality impact assessment is not required for the Performance Framework because its purpose is to underpin the strategic direction for the service and there will be no differential impact, as a result of the report, on people with protected characteristics.
- 4.2 There are no staffing or financial implications.
- 4.3 The following Risks have been identified as relevant to this matter on a Corporate Level:
- ACORP 007 – Social Risk (e.g. population changes, demographic changes) – link to [Corporate Risk Register](#)

The following Risks have been identified as relevant to this matter on a Strategic Level:

- IJB risk 1 (Sufficiency and Affordability of Resource). Risk of failing to modernise services to improve outcomes.
 - IJB risk 8 (Risk of failure to deliver standards of care expected by the people of Aberdeenshire in the right place at the right time). Risk of failure to work closely cross-system to improve care for the people of Aberdeenshire.
- 4.4 Performance management reporting is a legislative requirement under section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014.

Iain Ramsay
Partnership Manager (South)
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Report prepared by:
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Aberdeenshire Health and Social Care Partnership
25 July 2019

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD - 19th JUNE 2019

ABERDEENSHIRE HSCP PERFORMANCE & OUTCOMES FRAMEWORK QUARTER 4 REPORTING – JANUARY TO MARCH 2019

1 Recommendation

It is recommended that the Integration Joint Board (IJB):

- 1.1 **Comment on the content of the IJB Performance Quarter 4 Report and performance against the Strategic Commissioning Plan by Exception (Appendices 1 and 2)**
- 1.2 **Endorse this Report for circulation to the Area Committees for their information and reflections and that any feedback from the Area Committees will be shared with IJB members to ensure there is an interactive process.**
- 1.3 **Advise on the future appropriate sequencing of Aberdeenshire HSCP performance reporting to the IJB and other relevant Committees.**

2 Risk

- 2.1 IJB risk 1 (Sufficiency and Affordability of Resource). Risk of failing to modernise services to improve outcomes.

IJB risk 8 (Risk of failure to deliver standards of care expected by the people of Aberdeenshire in the right place at the right time). Risk of failure to work closely cross-system to improve care for the people of Aberdeenshire.

- 2.2 Performance management reporting is a legislative requirement under section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014.

3 Background/Discussion

- 3.1 The purpose of this report is to ensure the Integration Joint Board (IJB) fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and on the programme of work as set out in the Strategic Plan.
- 3.2 This report presents the HSCP performance information reported against the strategic priorities for the period January to March 2019 (Quarter 4) for the Board's consideration (Appendix 1). It includes as an Exception Report those indicators which are currently a red status (not meeting local targets and out with tolerances) which can be seen in Appendix 2.
- 3.3 The performance information is to allow IJB scrutiny. The scale and breadth of improvement projects means it is difficult to align system information to any

single project as the major projects aim to hit multiple areas within the system in order to affect change.

- 3.4 The Quarter 4 Report will be subsequently submitted to the Area Committees, as part of the Performance and Outcomes Framework, for their information and comment.

Review of the HSCP Performance Framework

- 3.5 As part of ongoing developments with the performance framework, there will be a new thematic report encompassing community justice and substance misuse presented annually. The first of these reports has been scheduled for the December 2019 meeting of the IJB, along with Quarter 2 performance reports. This new report will include both data indicators and qualitative information to provide a broader overview of service performance.
- 3.6 Work continues on several other areas of the performance framework to refine the performance information reported and ensure alignment with local and national developments. This includes reporting of public health indicators and workforce performance data.
- 3.7 Updates on the outcomes of these developments to the Performance Framework will be provided with future performance reports for consideration by the IJB.

Reporting to Committees

- 3.8 Following the presentation of Quarter 4 reports to Area Committees, feedback has been received from one committee with regard to a lag between the timescale covered by the data and the timing of the committee meeting.
- 3.9 The sequencing of performance reports is based around a process of quarterly reporting to the IJB, followed by submission to the Communities Committee for Quarter 1 and Quarter 3 reports and to Area Committees for Quarter 2 and Quarter 4 reports. This has been designed to provide assurance to all relevant committees as to the HSCP's performance and means that the latest data available is presented to the IJB.
- 3.10 Changes to the reporting timetable to reflect a change to this sequencing could be explored by Officers if there is consensus amongst the IJB to do so.

Report Structure

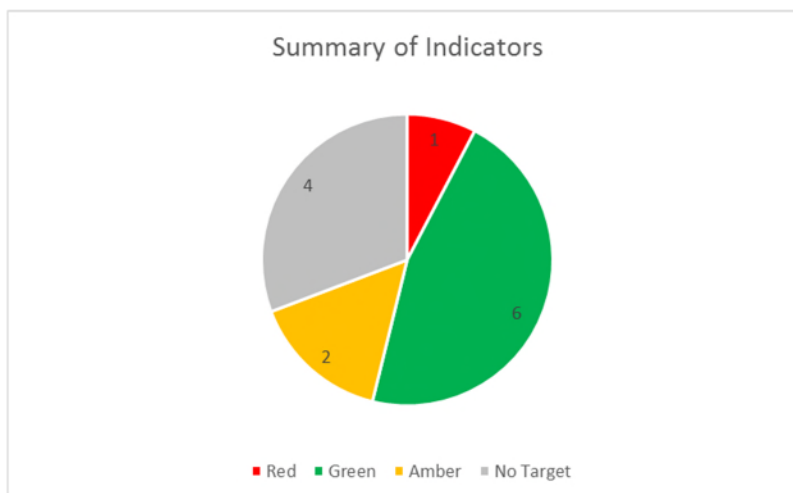
- 3.11 The front section of this report gives an overview of any national or service updates. Appendix 1 details all the local measures which are reported to management. Appendix 2 considers key exceptions for further focus. Appendix 3 provides a progress report for the locality plans.

Current Performance - Quarter 4 2018/19:

- 3.12 The Aberdeenshire HSCP local indicators have been given challenging targets to meet. To date, targets have been set using local trends and taking into consideration demographic projections. In due course further work will be

undertaken to ensure the targets set against each indicator remain appropriate moving forward.

- 3.13 We have 13 local indicators, with 1 indicator in Red Status which is outwith target tolerances detailed in Appendix 2, also detailing improvement actions currently being taken to address this performance. There are 2 in Amber Status: these are not meeting target but within agreed tolerances. 6 of the indicators are at Green Status. The remaining 4 indicators have no set target.



- 3.14 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officer within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.

4 Equalities, Staffing and Financial Implications

- 4.1 An Equality Impact Assessment is not required for the Performance Framework because its purpose is to underpin the strategic direction for the service and there will be no differential impact, as a result of the report, on people with protected characteristics.

- 4.2 There are no specific staffing implications arising from this report.

Mike Ogg
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Report prepared by: Angela MacLeod, Programme Manager, Katherine Regan, Strategic Development Officer and Caroline Morrison, Senior Information Officer
Aberdeenshire Health and Social Care Partnership

Date: 24/05/2019

Aberdeenshire Health and Social Care Partnership Performance Report - Quarter 4 (January - March 2019)

Aberdeenshire Indicators by Strategic Priority

APPENDIX A1

KEY					
Performance Against Target		No concern. Meeting target	Performance Against Previous Period	I	Improved on previous reporting period by more than 2%
		On Review. Not meeting target but within tolerance		S	+/- 2% on previous reporting period
		Of concern. Not meeting target, out with tolerance. Included in exception report		W	Worsened on previous reporting period by more than 2%

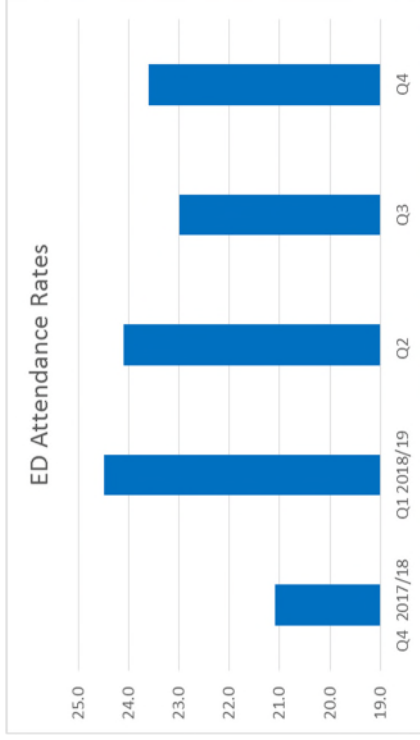
Aberdeenshire Strategic Priority	ID	Indicator Description	Source	Performance	Target	Previous Period	Against Last Period	Trend line	Trend Period	Current Period
1 Engagement	Performance measured through: b) National Outcome Indicators NI 1-9 based on data from the biennial Health and Care Experience Survey commissioned by the Scottish Government.									
2 Prevention and early intervention	LO1	Percentage of clients receiving alcohol treatment within 3 weeks of referral	NHS	85.8% (139)	90%	92.1% (117)	W		5 Quarters	Jan-Mar 19
	LO2	Percentage of clients receiving drug treatment within 3 weeks of referral	NHS	85.7% (120)	90%	86.4% (108)	S		5 Quarters	Jan-Mar 19
	LO3	Smoking cessation in 40% most deprived areas after 12 weeks (number of individuals)	NHS	No Target 67	-	92	W		5 Quarters	Oct-Dec 18
	LO4	Number of Alcohol Brief Interventions being delivered (includes ABIs in priority and wider settings only where data can be aligned to HSCP)	NHS	No Target 1026	-	860	I		4 Quarters	Jan-Mar 19
3 Tackling inequalities and public protection	LO5	Number of adult protection referrals	SW	No Target 79	-	66			5 Quarters	Jan-Mar 19
	LO6	Percentage of unpaid work orders instructed within seven days	SW	76.9%	75%	75.9%	S		4 Quarters	Jan-Mar 19
4 Re-shaping Care	LO7	Rate of emergency occupied bed days per 1,000 population over 65s	NHS	2227	2360	2229	S		5 Quarters	Jan-Mar 19
	LO8	Emergency Admission rate per 1,000 population over 65s	NHS	192	193	197	I		5 Quarters	Jan-Mar 19
	LO9	Number of people over 65 years admitted as an emergency in the previous 12 months per 1,000 population.	NHS	124	125	127	I		5 Quarters	Jan-Mar 19

Aberdeenshire Strategic Priority	ID	Indicator Description	Source	Performance	Target	Previous Period	Against Last Period	Trend line	Trend Period	Current Period
5 Effective use of resources	LO10	Number of bed days occupied by delayed discharges per quarter (inc code 9) per 1,000 18+ population	NHS/SW	No Target 17	-	24	I		5 Quarters	Jan-Mar 19
	LO11	Number of delayed discharges per quarter (inc code 9) (Census snapshot, monthly average for quarter)	NHS/SW	✓ 34	35	52	I		5 Quarters	Jan-Mar 19
	LO12	ED attendance rates per 1,000 population (all ages, based on ED attendances at ARI, Dr Grays and RACH)	NHS	✗ 24	19.3	23	W		5 Quarters	Jan-Mar 19
	LO13	Percentage of people seen within 4 hours within community hospital Minor Injury Units (all ages based on all attendances at MIUs in Grampian)	NHS	✓ 99.7% (8192)	98.0%	99.6% (7987)	S		5 Quarters	Jan-Mar 19

Appendix A2

LO12 - ED Attendance rates per 1000 Population (all ages)

Year	Count	Rate
Q4 2017/18	5538	21.1
Q1 2018/19	6412	24.5
Q2	6321	24.1
Q3	6028	23.0
Q4	6176	23.6



Key Points

This data is for attendances at ARI, Dr Grays and Royal Aberdeen Children’s Hospital by Aberdeenshire residents. The increase is reflective of a wider trend across Grampian. The peak in Q1 followed by a drop in Q2 and Q3 follows the same pattern as 2017/18, however there is a slight increase of 0.6 % or 148 attendances between Q3 and Q4 which is not in line with the trend for 2017/18. The greatest share of the increase over 2018/19 is due to attendances at ARI.

Improvement Actions

Work is being led by the Partnership Manager for South, the Partnership Manager for Strategy & Business Services and the HSCP’s Clinical Lead to explore reasons for the recent increases in ED attendance, in conjunction with current work around older people’s admissions to ARI via the ED.

Aberdeenshire Health and Social Care Partnership Performance Report - Quarter 4 (January - March 2019)

Locality Report: [Marr](#) Indicators by Strategic Priority

KEY	
Performance Against Previous Period	Improved on previous reporting period by more than 2%
	+/- 2% on previous reporting period
	Worsened on previous reporting period by more than 2%

Aberdeenshire Strategic Priority	ID	Indicator Description	Performance	Previous Period	Against Last Period	Trend line	Trend Period	Current Period
7 Public protection	LO3	Number of adult protection referrals	13	11	-		5 Quarters	Jan-Mar 19
10 The most appropriate and effective use of acute and community resources.	LO7	Number of bed days occupied by delayed discharges per quarter (inc code 9) per 1,000 18+ population	15	20	I		5 Quarters	Jan-Mar 19
	LO8	Number of delayed discharges per quarter (inc code 9) (Census snapshot, monthly average for quarter)	5	7	I		5 Quarters	Jan-Mar 19
	LO9	Rate of emergency occupied bed days per 1,000 population over 65s	846	804	W		5 Quarters	Jan-Mar 19
	LO10	Emergency Admission rate per 1,000 population over 65s	55	58	I		5 Quarters	Jan-Mar 19
	LO11	Number of people over 65 years admitted as an emergency in the previous 12 months per 1,000 population.	not available	not available	-			
LO13	Percentage of people seen within 4 hours within Marr community hospitals Minor Injury Units (Aboyne & Jubilee) (all ages based on all attendances at MIUs in Grampian)	99% (902)	99% (999)	S		5 Quarters	Jan-Mar 19	

Appendix C

Locality Plans – Thematic Performance Report 19 June 2019

1.0 Purpose

- 1.1 This report provides an update on progress with the Aberdeenshire Health and Social Care Partnership locality plans during 2018/19. This is the first progress report which has been provided to the IJB since the plans were endorsed in May 2018.
- 1.2 Performance in this area aligns with the following national and local strategic priorities and outcomes:

National Health and Wellbeing Outcomes

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.

Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Outcome 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services.

Aberdeenshire HSCP Strategic Priorities

- Engagement.
- Prevention and early intervention
- Re-shaping care

2.0 Background

- 2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires Health and Social Care Partnerships to define their localities and how they will lead service planning at this locality level.
- 2.2 Location Managers and area teams engaged at a local level in order to develop Locality Plans as a mechanism to lead service planning and meet the requirements of the legislation.

- 2.3 Comments and recommendations on the Locality Planning update reports submitted to the IJB (July 2017, December 2017 & March 2018) were actioned in advance of the endorsement of the plans by the IJB in May 2018.
- 2.4 The priorities in the Locality Plans have been mapped in relation to the Local Outcome Improvement (LOIP) Themes, the Aberdeenshire HSCP's programmes of work to identify and the relevant local Community Plan. The North plans were also mapped in relation to Locality Plans which have been developed by Community Planning as part of work focussed around areas of deprivation. The purpose of this mapping exercise was to identify links and synergies between plans to avoid duplication of work and identify opportunities for collaboration and shared learning across Aberdeenshire.

3.0 Progress and future development

- 3.1 A standard progress reporting format has been developed to provide an overview of key areas of progress and next steps for each Locality Plan.
- 3.2 The priorities in each Locality Plan were endorsed for three years from May 2018-May 2021. Each Locality Plan included an action plan with more detailed information about specific areas of work which would be carried out towards the delivery of each priority. These action plans were developed for implementation over 18 months. This report provides an overview of some of the key areas of progress during 2018/19, but is not an exhaustive list of every action that has been carried out.
- 3.4 Refreshed action plans will be developed for each Locality Plan, to come into effect from January 2020. Feedback from the public engagement activity for the Strategic Plan will be used to inform the process of refreshing the action plans, to ensure they reflect recent feedback from local communities.

4.0 Performance Monitoring Arrangements

- 4.1 Location Managers have been responsible for leading the delivery of the plan for their locality. Progress with the implementation of the locality plans is monitored locally at Area Management Meetings and at Community Planning Partnership meetings. Progress is also reported to the Aberdeenshire HSCP Strategic Planning Group on a six monthly basis. The report will be submitted to Area committees with the AHSCP Q4 performance reports.
- 4.2 Performance reporting for Locality Plans will continue on an annual basis.

Marr

Priority	Work to date	What's happening next?
Equality of access to health and social care services	Developing better access to information and information sharing for patients, for example through raising awareness of the new ALISS (A Local Information System for Scotland) online service.	Aberdeenshire Voluntary Action is supporting Aberdeenshire Library services to input information onto ALISS. Work ongoing around Action 15 funding and Community Link workers. The House of Care model is being developed with individual practices.
Equality of access to health and social care services	Input to ensure that community groups developing Community Action Plans consider local issues to do with health and social care. Community groups are active in most areas across Marr with action plans in place and key areas being highlighted and actioned locally with links to the HSCP. Common themes with work ongoing include transport, isolation, sharing information and carer support.	Ongoing development of groups, for example Cromar Transport, Braemar Care Initiative, Silver Circle Strathdon, Mid-Deeside Trust, Number One Banchory, Alford Car Transport service, Huntly Community Trust and Young at Heart Deeside.
Equality of access to health and social care services	Development of patient participation groups in Banchory and Torphins. Older peoples' forums in progress and Charter for Older People published.	Development of further Patient Participation Groups in other practices. Involvement with Third Sector forums four times a year.

<p>Improve access to alcohol & drugs services and support (particularly in rural settings)</p>	<p>Engagement/discussions have taken place with relevant groups to identify where this priority is aligned with work already underway within Marr and more widely across Aberdeenshire. For example, with the South Alcohol and Drugs Partnership forum, Aberdeen Substance use Support, Engagement and Treatment (ASSET), Alcohol and Drug Action (ADA) and Community Substance Misuse Services (CSMS).</p>	<p>Continued involvement with South ADP forum.</p>
<p>Improve access to alcohol & drugs services and support (particularly in rural settings)</p>	<p>Work is progressing to map current service provision and relevant events/activity.</p>	<p>Ongoing work to confirm service provision and any identified gaps, particularly in more rural areas.</p>
<p>Improve access to alcohol & drugs services and support (particularly in rural settings)</p>	<p>A Vulnerable Adults pilot has been carried out, involving staff from Banchory GP practice, CSMS, ADA, Citizens Advice Bureau, Community Mental Health team (CMHT), SAMH, Housing and the Employability service. It has been a test of a way of working, enabling a multi-agency approach to supporting vulnerable people. Substance use has been a presenting issue for many of the clients discussed at the meetings.</p>	<p>Vulnerable Adults pilot – evaluation of this way of working to be completed and report shared with partners.</p>