

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD - 17 JANUARY 2018

UNDERSTANDING PROGRESS UNDER INTEGRATION – ABERDEENSHIRE HSCP RESPONSE TO MINISTERIAL STRATEGIC GROUP FOR HEALTH AND COMMUNITY CARE

1 Recommendation

It is recommended that the IJB:

- 1.1 Note the content of the proposed Aberdeenshire HSCP response (Appendix 1)**
- 1.2 Comment on proposed local objectives against the 6 indicators.**

2 Risk

- 2.1 IJB risk 10 (Service Standards). To monitor service performance against an agreed set of performance measures.
IJB risk 7 (Effective Leadership of IJB). To ensure appropriate information is presented to IJB to allow it to deliver this function.
- 2.2 Performance management reporting is a legislative requirement under section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014.

3 Background

- 3.1 The purpose of this report is to inform the Integration Joint Board (IJB) of the proposed Aberdeenshire response to the request for information on behalf of the Ministerial Strategic Group for Health and Community Care (MSG).
- 3.2 The Integration Division of the Scottish Government and COSLA have written jointly to all Integration Authorities (as of 22 November 2017) providing an update on their work to develop a plan to share progress updates with the MSG around the 6 previously agreed indicators of:
 1. Number of emergency admissions into Acute (SMR01) specialties.
 2. Number of unscheduled hospital bed days.
 3. Number of A&E attendances and the percentage of patients seen within 4 hours.
 4. Number of delayed discharge bed days.
 5. Percentage of last 6 months of life spent in the community.
 6. Percentage of population residing in non-hospital setting for all adults and 75+.



- 3.3 Additionally all Integration Authorities have been asked to provide an updated overview of our local objectives against each of the 6 indicators by 31 January 2018. Appendix 1 provides Aberdeenshire's proposed objectives against the 6 indicators in the template format requested (see attached).
- 3.4 Within Aberdeenshire HSCP we have been actively reviewing our activity and taking a strategic approach to reducing admissions and emergency occupied bed days for several years. The attached response proposes to continue to measure our performance for unplanned admissions and unplanned bed days using the original dataset produced for the HEAT target (T12). This is felt to provide us with more up to date data, a significant amount of trend data and a level of quality assurance given our consistent use of this dataset over several years.
- 3.5 It is anticipated that our gains against our performance objectives may be more marginal in future not least because our population of 65+ years is growing so significantly. Accordingly, in terms of objectives it is proposed that a reasonable and indeed challenging target will be to maintain the baseline position against projected population growth.
- 3.6 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 response 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.

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Appendix 1

6 Integration Targets Template

Aberdeenshire HSCP	Unplanned admissions	Unplanned bed days	A&E attendances	Delayed discharge bed days	Last 6 months of life	Balance of Care
Baseline	5,900 (number of people, yearly average over rolling 12 month period)	112,000 (average no. of beds per annum using last 6 x 12mth periods)	33,400 (annual average)	18,200	89.5% (2016/17 source: ISD, un-validated figure)	83.6% (2015/16 source: ISD)
Objective	Maintain the number of people with unplanned admissions at 5,900 against the growth in the 65+ population. Admission Rate Target of 118 by 2020.	Maintain the number of Unplanned Bed Days against the growth in the 65+ Population. Bed Day Rate Target of 2,238.7 by 2020. ¹	Maintain number against population growth.	Reduce the number of bed days lost to 18,200 against the projected growth in the 65+ population.	Maintain a figure above the Scottish average of 86% (Marie Curie - Dying to Care)	Maintain current percentage of population in community setting against projected population growth.
How will it be achieved	<ul style="list-style-type: none"> • Implementation of New Community Hospital Strategy and ACP Strategy. • Early Implementation of Lets Think Ahead. • Implementation of Reshaping Care at Home programme. 	<ul style="list-style-type: none"> • Implementation of New Community Hospital Strategy and ACP Strategy. • Early Implementation of Lets Think Ahead. • Implementation of Reshaping Care at Home programme. 	<p>Out with HSCP Control until Inverurie A&E is open. Plain x-ray service will start to allow influence over service.</p>	<ul style="list-style-type: none"> • Implementation of New Community Hospital Strategy and ACP Strategy. • Early Lets Think Ahead and continued micro management of Delayed Discharges. • Implementation of Reshaping Care at Home Programme. 	<ul style="list-style-type: none"> • Implementation of New Community Hospital Strategy and ACP Strategy. • Early Implementation of Lets Think Ahead • Implementation of Enabling Health and Wellbeing programme – 'Improving the experience of end of life care' project 	<ul style="list-style-type: none"> • Implementation of Reshaping Care at Home programme.

¹ No separate measure of GLS and Mental Health as we do not have these beds. Psychiatric assessment beds are currently managed by community psychiatrists.

Understanding Progress under Integration – Ministerial Strategic Group for Health and Community Care

<p>Progress (updated by ISD)</p>	<p>Number of emergency admissions (Acute Specialities): 2015/16 - 19,996 2016/17 - 19,868 2017/18 - (to Sep 17) 9,654</p> <ul style="list-style-type: none"> 1% reduction in emergency admission from 2015/16 to 2016/17 	<p>Number of unscheduled hospital bed days for Acute Specialities, excluding Geriatric Long Stay and Mental Health: 2015/16 - 149,811 2016/17 - 152,809 2017/18 - (to Sep 17) 64,669.</p> <ul style="list-style-type: none"> 2% increase in number of unscheduled hospital bed days from 2015/16 to 2016/17. 	<p>Number of A&E attendances: 2015/16 - 26,893 2016/17 - 27,321 2017/18 - (to Sep 17) 14,169.</p> <ul style="list-style-type: none"> 2% increase in number of A&E attendances from 2015/16 to 2016/17 Percentage of attendances seen within 4 hours has remained constant at 94% in 2015/16, 2016/17 and 2017/18 (to Sep 17). 	<p>Number of Delayed Discharge bed days (all delays standard and code 9's): 2015/16 - 28,293 2016/17 - 18,176 2017/18 - (to Sep 17) 7,635</p> <ul style="list-style-type: none"> 56% reduction in number of bed days occupied by delayed discharges 2015/16 to 2016/17. 	<p>Percentage of last 6 months of life spent in the community: 2015/16 - 89% 2016/17 - 89%</p> <ul style="list-style-type: none"> A higher percentage of individuals spend their last 6 months of life in a community setting, with 89% in the last 4 financial years. 	<p>Percentage of population aged 75+ in community setting (including care home): 2013/14 - 98.6%, 2014/15 - 98.5%, 2015/16 - 98.7%.</p> <p>In 2015/16: 83.6% aged 75+ were at Home (Unsupported); 8.0% at Home (Supported); 7.1% in a Care Home; 0.0% in a Hospice/Palliative Care Unit; 0.07% in a Community Hospital; 0.7% in a Large Hospital.</p>
<p>Notes</p>	<p>T12 Data Oct 2017 5,926</p>	<p>T12 Data Oct 2017 112,005 467 GLS Beds ISD include 37,400 unscheduled MH Beds</p>	<p>No local Data</p>	<p>Census Report Jul 2017 – 16,915</p>	<p>No local Data</p>	<p>No Local Data</p>