

REPORT TO COMMUNITIES COMMITTEE – 6 JUNE 2019

ABERDEENSHIRE HSCP PERFORMANCE & OUTCOMES FRAMEWORK QUARTER 3 REPORTING – October - December 2018

1 Recommendations

The Committee is recommended to:

- 1.1 Acknowledge the content of the IJB Performance Q3 Report
- 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 (IJB) on 20 March 2019 for circulation to the Communities Committee for noting and recommending improvement actions as appropriate.
- 2.2 The Head of Finance and Monitoring Officer within Business Services have been consulted in the preparation of this report and had no comments to make, 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 D.1.1a of the List of Committee Powers in Part 2A of the Scheme of Governance, which allows the monitoring of the Integration Joint Board.
- 3.2 This report provides relevant performance information to support the Communities Committee in making recommendations to the IJB for improvements to the delivery of Social Work services.
- 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 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.

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

Adam Coldwells
Chief Officer
Aberdeenshire Health and Social Care Partnership

Report prepared by Caroline Morrison, Senior Information Officer
Aberdeenshire Health and Social Care Partnership

6 May 2019

APPENDIX A

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 20th MARCH 2019

ABERDEENSHIRE HSCP PERFORMANCE & OUTCOMES FRAMEWORK QUARTER 3 REPORTING – OCTOBER TO DECEMBER 2018

1 Recommendation

It is recommended that the IJB:-

- 1.1 **Comment on the content of the IJB Performance Q3 Report and performance against the Strategic Commissioning Plan by Exception (Appendices 1 and 2)**
- 1.2 **Endorse this Report for circulation to the Communities Committee for their information and reflections and that any feedback from the Communities Committee will be shared with IJB members to ensure there is an interactive process.**

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 October to December 2018 (Q3) for the Board's consideration. 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 3 Report will be subsequently submitted to the Communities Committee as part of the Performance and Outcomes Framework, for their information and comment.

Review of the HSCP Performance Framework

- 3.5 Development of the performance framework is continuing. As described in the Quarter 2 reports, Area Committee performance reports have been streamlined to focus upon performance indicators for which there is area-level data. Partnership Managers and Location Managers will continue to engage with their Area Committees to ensure that performance reports enable elected members to understand and scrutinise the performance of the HSCP in their area.
- 3.6 In relation to other areas of development, current areas of focus are public health, community justice and substance misuse, and workforce. Developments with the Adult Social Work and Clinical Governance Committee will inform future reporting of complaints to the IJB.

The request for additional performance information in relation to workforce has been raised, following the IJB's development session in January. Currently, the performance framework includes an annual thematic report covering the HSCP's iMatter results and workforce plan. National guidance is awaited on the development of integrated workforce plans for health and social care partnerships. This is likely to significantly influence the future shape and focus of our next Workforce Plan, and as such the performance information reported to the IJB. It is anticipated that future workforce performance reporting will be increased to every six months, and will include integrated workforce data which will enable the IJB to discuss strategic workforce issues which impact upon the HSCP's ability to deliver its programmes of work and make progress towards the five strategic priorities.

- 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.
- 3.8 Further engagement will take place with IJB members to continue to refine and develop a shared understanding of IJB performance information requirements, including desired content, format and frequency of reporting.

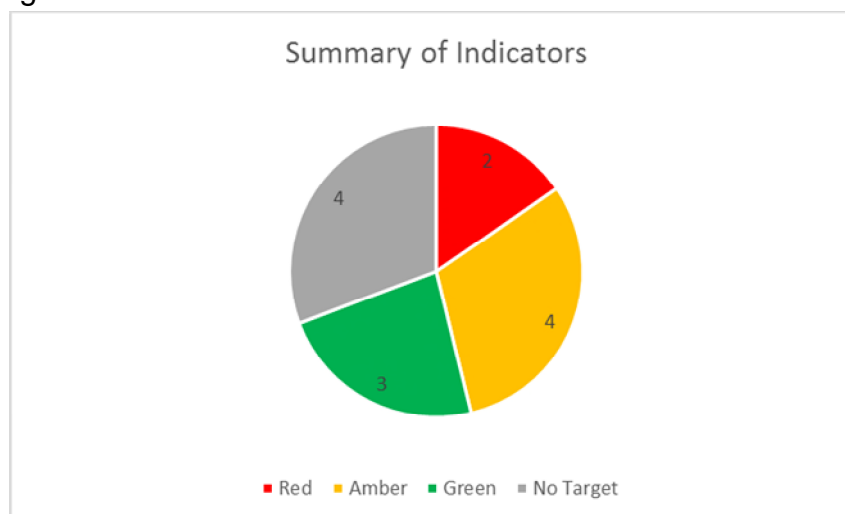
Report Structure

3.9 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.

Current Performance - Quarter 3 2018/19:

3.10 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.

3.11 We have 13 local indicators, with 2 indicators in Red Status which are outwith target tolerances detailed in Appendix 2, also detailing improvement actions currently being taken to address this performance. There are 4 in Amber Status: these are not meeting target but within agreed tolerances. 3 of the indicators are at Green Status. The remaining 4 indicators have no set target.



3.12 L03 – The smoking cessation figures are likely to increase due to a lag in provision of final data from ISD. The current figures are slightly below those in the same period in the past two years, however there will be a significant number of quits in Q3 that have not yet reached their 12 week quit target and are not yet included in the Q3 report. When this data is available the Q3 figure will be updated.

By way of additional context, the smoking cessation target is for Grampian as a whole, there are no targets for individual HSCPs. The Grampian target is 919 twelve week quits from the 40% most deprived communities. For Q1, services achieved 24% of the LDP standard for 2018/19 (21.8%



achieved for Scotland). Grampian smoking cessation services also have a higher success rate of 29.3% compared to the national rate of 20.8%.

- 3.12 LO5 - The number of Adult Protection Referrals reported this quarter has increased due to changes made to the recording of Adult Protection referrals from 1st November 2018. Previously, only the Adult Protection Stage 1 Inquiries carried out were reported and did not include any referrals where a duty service was provided (advice and guidance). These changes in recording were made following the Joint ASP Inspection. This increase does not, however, indicate that more Adult Protection concerns are being reported to the Council.
- 3.13 LO6 – Whilst the figure for unpaid work orders remains within target tolerances, there has been a reduction this quarter in the number of orders instructed within 7 days. There are a number of reasons for this, including (1) late notifications from either court or from the local authority transferring the order to our area, (2) unavailability of the offender due to work, illness, custody or moving to another area, and (3) some offenders failing to attend their induction appointment.
- 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
Partnership Manager
Aberdeenshire Health and Social Care Partnership

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





Date: 01/03/2019

Aberdeenshire Health and Social Care Partnership Performance Report - Quarter 3 (October - December 2018)

Aberdeenshire Indicators by Strategic Priority

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%

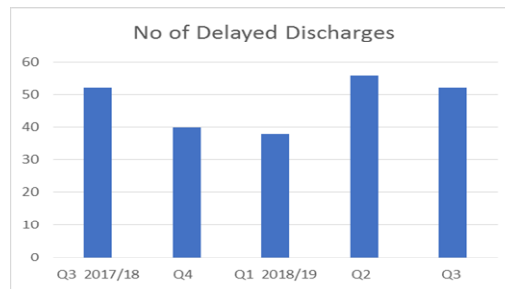
Aberdeenshire Strategic Priority	ID	Indicator Description	Source	Performance	Target	Previous Period	Against Last Period	Trend line	Trend Period	Current Period
1 Engagement	Performance measured through: b) National Outcome Indicators NI 1-9 based on data from the biennial Health and Care Experience Survey commissioned by the Scottish Government.									
2 Prevention and early intervention	LO1	Percentage of clients receiving alcohol treatment within 3 weeks of referral	NHS	✔ 92.1% (117)	90%	91.9% (136)	S		5 Quarters	Oct-Dec 18
	LO2	Percentage of clients receiving drug treatment within 3 weeks of referral	NHS	! 86.4% (108)	90%	89% (154)	W		5 Quarters	Oct-Dec 18
	LO3	Smoking cessation in 40% most deprived areas after 12 weeks (number of individuals)	NHS	No Target 89	-	114	W		5 Quarters	Jul-Sep 18
	LO4	Number of Alcohol Brief Interventions being delivered (both in priority and in wider settings)	NHS	No Target 838	-	857	S		3 Quarters	Oct-Dec 18
3 Tackling inequalities and public protection	LO5	Number of adult protection referrals	SW	No Target 66	-	44			5 Quarters	Oct-Dec 18
	LO6	Percentage of unpaid work orders instructed within seven days	SW	! 71.8% (94)	75%	73.9% (65)	S		2 Quarters	Oct-Dec 18
4 Re-shaping Care	LO7	Rate of emergency occupied bed days per 1,000 population over 65s	NHS	✔ 2229	2360	2278	S		5 Quarters	Oct-Dec 18
	LO8	Emergency Admission rate per 1,000 population over 65s	NHS	! 197	193	197	S		5 Quarters	Oct-Dec 18
	LO9	Number of people over 65 years admitted as an emergency in the previous 12 months per 1,000 population.	NHS	! 127	125	126	S		5 Quarters	Oct-Dec 18

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 24	-	23	S		5 Quarters	Oct-Dec 18
	LO11	Number of delayed discharges per quarter (inc code 9) (Census snapshot, monthly average for quarter)	NHS/SW	✗ 52	35	56	I		5 Quarters	Oct-Dec 18
	LO12	ED attendance rates per 1,000 population (all ages , based on ED attendances at ARI, Dr Grays and RACH)	NHS	✗ 22.5	19.3	24.1	I		5 Quarters	Oct-Dec 18
	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	✓ 99.6% (7987)	98.0%	99.8% (9081)	S		5 Quarters	Oct-Dec 18

Appendix 2
Aberdeenshire Health and Social Care Partnership
Exception Report - Q3 October to December 2018

**LO11 - Number of Delayed Discharges inc Code 9
(Census snapshot, monthly average for quarter)**

Year	Number
Q3 2017/18	52
Q4	40
Q1 2018/19	38
Q2	56
Q3	52



Key Points

The closure of a Care Home in August 2018 resulted in a spike in the number of delayed discharges in Q2. This closure had a subsequent effect on the number of people delayed in hospital over the following months. Besides the loss of care home capacity and use of community hospital beds, there was a substantial role for a large number of multi-disciplinary team practitioners in facilitating the safe and well-managed closure of the care home. This led to a number of practitioners being redeployed from their normal duties, which resulted in the delay of assessments and other aspects of care planning for people in hospital. Other factors which have contributed to an increase in people delayed in hospital, including availability of care home placements, particularly in North Aberdeenshire, and an increase in delays in ARI and Royal Cornhill Hospital.

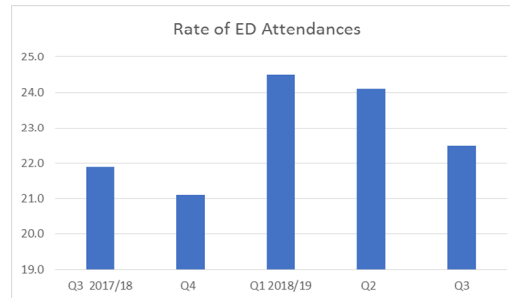
Improvement Actions

At time of reporting, performance data indicates that delayed discharge is returning to a position of relative stability. Over the last two quarters, Partnership Managers have overseen the consistent adherence to discharge procedures, to ensure current practice is in line with national policy. A one-day rapid improvement event has taken place with staff representing every discipline involved with the discharge process. The event reviewed current challenges and opportunities for improvement action, which will be taken forward during 2019/20.

Appendix 2
Aberdeenshire Health and Social Care Partnership
Exception Report - Q3 October to December 2018

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

Year	Count	Rate
Q3 2017/18	5748	21.9
Q4	5538	21.1
Q1 2018/19	6412	24.5
Q2	6321	24.1
Q3	5882	22.5



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. The table shows that ED attendances were higher across Grampian during Q1 and Q2 of this year compared to the same periods in 2017/18. However, there was a decrease of 1.4% (91) between Q1 and Q2 of this year, and a further decrease of 6.9% (439) between Q2 and Q3. This peak in Q1 followed by a drop in Q2 and Q3 follows the same pattern as 2017/18.

	ARI		DGH		RACH		All Sites		All Sites
	Under 18	18+	Under 18	18+	Under 18	18+	Under 18	18+	All Ages
	Number								
Oct-18	74	1404	10	43	384	0	468	1447	1915
Nov-18	65	1365	6	64	415	0	486	1429	1915
Dec-18	55	1535	10	65	387	0	452	1600	2052
Total Q3	194	4304	26	172	1186	0	1406	4476	5882

Improvement Actions

Work will be led by the Partnership Manager for South and the Partnership Manager for Strategy & Business Services 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.

Red	2
Green	5
Amber	2
No Target	4
	13

