

## REPORT TO COMMUNITIES COMMITTEE – 20 FEBRUARY 2020

### ABERDEENSHIRE HSCP PERFORMANCE & OUTCOMES FRAMEWORK QUARTER 1 REPORTING – April to June 2019

#### 1 Reason for Report

- 1.1 The attached report (Appendix A) presents the Health & Social Care Partnership's performance information reported against the strategic priorities for the period April to June 2019 (Q1).

#### 2 Recommendations

The Committee is recommended to:

- 2.1 **Acknowledge the content of the IJB Performance Q1 Report**
- 2.2 **Provide feedback and/or recommend actions to the IJB for their consideration.**

#### 3 Purpose and Decision-Making Route

- 3.1 The purpose of the report is to provide relevant performance information to support the Communities Committee in making recommendations to the IJB for improvements to the delivery of Social Work services. It is for information only where it relates to the performance and delivery of services provided by NHS Grampian.

#### 4 Discussion

- 4.1 The attached report (Appendix A) was approved at the Integration Joint Board (IJB) on 30 October 2019 for circulation to the Communities Committee for noting and recommending improvement actions as appropriate.

#### 5 Council Priorities, Implications and Risk

- 5.1 This report helps deliver Council Priority 7 - Support the delivery of the Health and Social Care Strategic Plan.
- 5.2 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed.

Subject	Yes	No	N/A
Financial		X	
Staffing		X	
Equalities		X	
Fairer Scotland Duty		X	
Town Centre First		X	
Sustainability		X	
Children and Young People's Rights and Wellbeing		X	

5.3 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.

5.4 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.

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

## 6 Scheme of Governance

6.1 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.

6.2 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.

**Angie Woods**  
**Chief Officer**  
**Aberdeenshire Health and Social Care Partnership**

Report prepared by Caroline Morrison, Senior Information Officer  
Aberdeenshire Health and Social Care Partnership  
1 December 2019

**REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD  
31<sup>st</sup> OCTOBER 2019**

**ABERDEENSHIRE HSCP PERFORMANCE & OUTCOMES FRAMEWORK  
QUARTER 1 REPORTING – APRIL TO JUNE 2019**

**1 Recommendation**

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

- 1.1 **Comment on the content of the IJB Performance Quarter 1 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 April to June 2019 (Quarter 1) 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 1 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 The Performance Framework monitors the HSCP's progress against a suite of local and national performance measures, augmented by qualitative thematic reports where relevant, with a particular focus on the HSCP's progress towards integration.
- 3.6 The ongoing development of the HSCP's performance framework has included the introduction of formal reports to the IJB from each of the four Programme Boards (Reshaping Care; Enabling Health and Wellbeing; Safe, Effective and Sustainable; and Engagement). The Programme Boards oversee a range of projects implementing the operational service change required to deliver models of care fit for the future in line with the IJB's strategic priorities.
- 3.7 The content of the Programme Board performance reports have been reviewed alongside the topics of thematic performance reports. To avoid duplication, and to reflect interdependencies and links with other areas of work within the relevant Programme Board, the topics covered by two thematic reports will be included within the appropriate Programme Board report to the IJB as of the next formal meeting (December 2019).
- 3.8 Information about the iMatter staff survey will now be included in the annual report to the IJB from the Engagement Programme Board. iMatter is the annual survey and team planning/development tool involving all HSCP staff which aims to help improve understanding of staff's experience at work at individual, team and organizational levels and enable staff to influence change and improvement. This report is scheduled for the meeting of the IJB in December. Information about substance misuse and criminal justice will be included within the annual report to the IJB from the Safe, Effective & Sustainable Programme Board. This report will be scheduled for an IJB meeting in Quarter 4 of 2019/20.
- 3.9 Work continues on several other areas of the performance framework to refine the performance information reported and ensure alignment with local and national developments.
- 3.10 Updates on the outcomes of further developments to the Performance Framework will be provided with future performance reports for consideration by the IJB.

## Report Structure

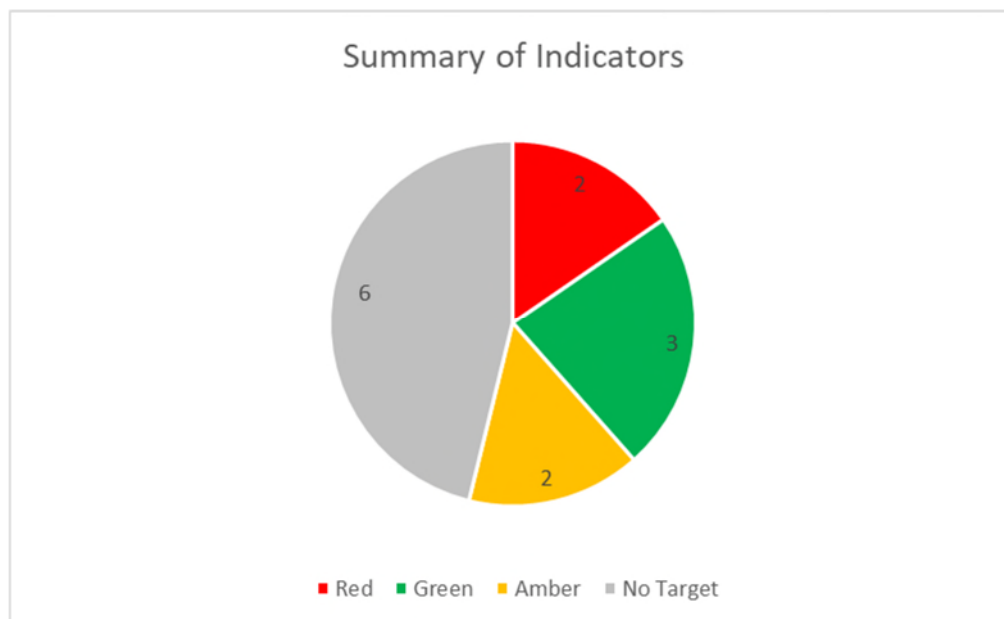
3.11 The following report gives an overview of any national or service updates relevant to the HSCP's performance in Quarter 1. Appendix 1 details all the local measures which are reported to management. Appendix 2 considers key exceptions for further focus.

### Current Performance - Quarter 1 2019/20:

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 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 2 in Amber Status: these are not meeting target but within agreed tolerances. 3 of the indicators are at Green Status. The remaining 6 indicators have no set target.

3.14 Please note that indicators L07 Rate of Emergency Occupied Bed Days and L08 Emergency Admission Rates were previously reported as 12-month rolling averages but are now reported as rates per 1000 population aged 65+. This takes these indicators into line with the other measures but it means that the previous target is no longer relevant and therefore these measures have no set target for this quarter. The targets will be reset in time for the next quarterly report.



- 3.15 Ongoing measurement against this suite of indicators provides an indication of how the HSCP is making progress towards the key objectives of integration, in particular how health and social care services support people to live well and independently in their communities for as long as possible, and how we are ensuring we make best use of available resources. It is nonetheless recognized that the factors influencing changes in performance can be various and complex. Performance monitoring arrangements continue to be refined and developed in particular through the Programme Boards and at locality levels to ensure appropriate scrutiny and ownership of the factors and issues affecting performance.
- 3.16 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 MacLeod, Programme Manager, Katherine Regan, Strategic Development Officer and Caroline Morrison, Senior Information Officer  
Aberdeenshire Health and Social Care Partnership




Date: 12/09/2019

# Aberdeenshire Health and Social Care Partnership Performance Report - Quarter 1 (April - June 2019)

## Aberdeenshire Indicators by Strategic Priority

KEY		
Performance Against Target	✓	No concern. Meeting target
	!	On Review. Not meeting target but within tolerance
	✗	Of concern. Not meeting target, out-with tolerance. Included in exception report

Aberdeenshire Strategic Priority	ID	Indicator Description	Current Performance	Performance Against Target	Target	Previous 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	<b>97.0% (130)</b>	✓	90%	86.1% (143)		5 Quarters	Apr - Jun 19
	LO2	Percentage of clients receiving drug treatment within 3 weeks of referral	<b>89.8% (123)</b>	!	90%	86.3% (132)		5 Quarters	Apr - Jun 19
	LO3	Smoking cessation in 40% most deprived areas after 12 weeks (number of individuals)	<b>120</b>	No Target	-	103		5 Quarters	Jan - Mar 19
	LO4	Number of Alcohol Brief Interventions being delivered (includes ABIs in priority and wider settings only where data can be aligned to HSCP)	<b>955</b>	No Target	-	810		5 Quarters	Jan - Mar 19
3 Tackling inequalities and public protection	LO5	Number of adult protection referrals	<b>44</b>	No Target	-	78		5 Quarters	Apr - Jun 19
	LO6	Percentage of unpaid work orders instructed within seven days	<b>75%</b>	✓	75%	76.9%		4 Quarters	Apr - Jun 19
4 Re-shaping Care	LO7	Rate of emergency occupied bed days per 1,000 population over 65s	<b>500.19</b> (24,909 bed days)	No Target	-	517.06 (25,749 bed days)		5 Quarters	Apr - Jun 19
	LO8	Emergency Admission rate per 1,000 population over 65s	<b>48.5</b> (2,416 admissions)	No Target	-	48.8 (2,434 admissions)		5 Quarters	Apr - Jun 19
	LO9	Number of people over 65 years admitted as an emergency in the previous 12 months per 1,000 population.	<b>127</b> (6,142 people)	No Target	-	125.8 (6,051 people)		4 Quarters	12 months to Jun 2019
5 Effective use of resources	LO10	Number of bed days occupied by delayed discharges per quarter (inc code 9) per 1,000 18+ population	<b>20</b>	!	19.7	17		5 Quarters	Apr - Jun 19

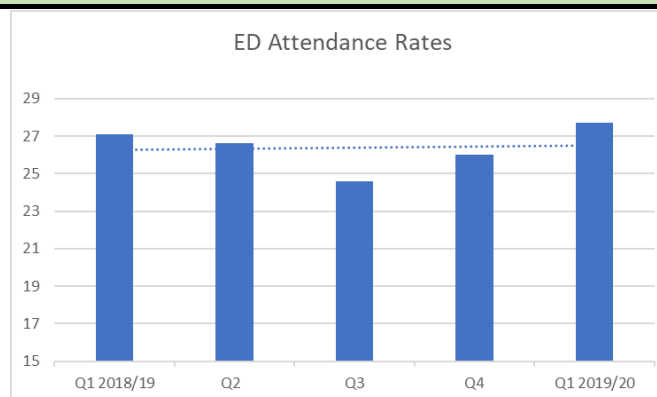
Aberdeenshire Strategic Priority	ID	Indicator Description	Current Performance	Performance Against Target	Target	Previous Period	Trend line	Trend Period	Current Period
	LO11	Quarterly average of number of delayed discharges as at monthly census points	44	✘	35	34		5 Quarters	Apr - Jun 19
	LO12	ED attendance rates per 1,000 population (all ages , based on ED attendances at ARI, Dr Grays and RACH)	27.7 (7,244)	✘	19.3	26.0 (6,805)		5 Quarters	Apr - Jun 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 )	99.6% (8,780)	✔	98.0%	99.7% (8,192)		5 Quarters	Apr - Jun 19



Appendix 2  
Aberdeenshire Health and Social Care Partnership  
Exception Report - Q1 - April to June 2019

**LO12 - Emergency Department Attendance rates per 1000 Population (all ages)**

Year	Rate
Q1 2018/19	27.09
Q2	26.62
Q3	24.6
Q4	26
Q1 2019/20	27.7



**Key Points**

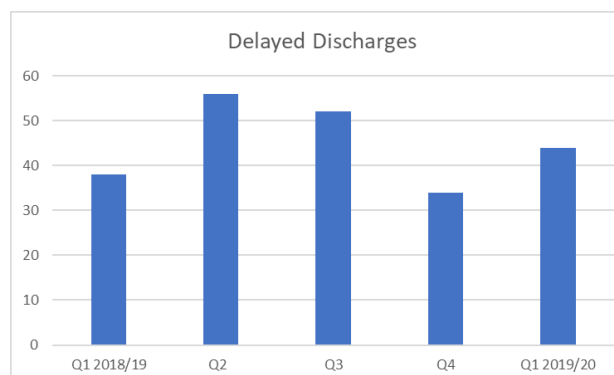
This data is for attendances at ARI, Dr Grays and Royal Aberdeen Childrens Hospital by Aberdeenshire residents. The increase in emergency department attendance by Aberdeenshire is reflective of wider regional and national trends. Attendances at Minor Injury Units are not included within this performance indicator, however recent analysis carried out by Health Intelligence at NHS Grampian has shown that attendances at MIUs have shown very little change over the last few years.

**Improvement Actions**

In response to the regional trend in increasing ED attendances, Health Intelligence at NHS Grampian have recently completed a review of Grampian-wide ED attendance data. This has provided further detailed analysis of ED attendance trends and patterns at Aberdeenshire HSCP level. Work is underway to review this information, which will inform local improvement action. Further updates will be provided with the Quarter 2 performance reports at the December meeting of the IJB.

**LO11 - Quarterly Average of number of Delayed discharges as at monthly census points**

Year	Number
Q1 2018/19	38
Q2	56
Q3	52
Q4	34
Q1 2019/20	44



**Key Points**

Broadly the trend over the last number of years has been a reducing number of people delayed in hospital, however delays in the availability of long-term care (Care Home and Nursing Home places) and care at home services continue to cause the majority of delayed discharge cases in Aberdeenshire. Whilst the number of delayed discharge cases does remain above our target we continue to prioritise the facilitation of discharge and a programme of improvement work is being implemented.

**Improvement Actions**

A full report on action against the Delayed Discharge action plan has been submitted for the 30 October meeting of the IJB. Key areas of progress over the last period have included increased care management capacity in the ARI Discharge Hub to enable early screening of patients and effective communication between ARI and community teams around discharge planning; the development of a new discharge pathway utilising care at home services from the Aberdeenshire responder service (ARCH), which is now being piloted at Fraserburgh hospital; and improved utilisation of the intermediate care beds in Burnside and Bennachie View which has shown that 75% of patients have achieved functional improvement as a result of rehabilitation support, resulting in reduced need for care at home services on discharge.

Red	2
Green	3
Amber	2
No Target	6
	13

