ANGUS HEALTH AND SOCIAL CARE PARTNERSHIP

PERFORMANCE REPORT

BASELINE REPORT 2015-2016

Angus Health and Social Care Partnership

Performance Report 2015/16

Introduction

The purpose of this performance report is to set the baseline performance from 2015-16 against the four priorities set out in our strategic plan. We are working with primary data providers including NHS Tayside business unit, Angus Council and nationally with Information Services Division (ISD) to develop data that reflects performance across Angus and within each of our localities.

Development of validated data and information provided by ISD has not yet achieved locality based information across all services and is not being provided in a timely manner. Locally operational health data and information is not available to the boundaries of the partnership or localities. Social care operational data and information has been provided based around teams, this will continue, new scripts are being written to extract locality based data. Much of this development work is not within the direct control of Angus Health and Social Care Partnership. The challenges with ISD validated data exist for all partnerships across Scotland

This baseline report will be updated to reflect improvements in the availability of baseline performance data covering 2015/16 as it becomes available. This will include data that better reflects the boundaries of Angus Health and Social Care Partnership rather than Angus CHP and data that reflects performance in each of the four localities. Data at this level will enable us to address variation in performance across Angus.

The Scottish Government are running a series of workshops aimed at providing additional support for Health and Social Care Partnerships in a number of key data and information areas. The first of these will take place throughout October and will cover performance reporting, with a particular focus providing support and sharing best practice around the development of the annual performance reports, and communicating performance data to the public. This performance report will be updated following the events to reflect best practice.

Section 1 Performance against Strategic Priorities

Priority 1: Improving Health, Wellbeing and Independence

The aim of the AHSCP strategic plan is to progress approaches that support individuals to live longer and healthier lives. This includes having access to information and natural supports within communities. AHSCP's focus is on health improvement and disease prevention including addressing health inequalities; building capacity within our communities; supporting carers and supporting the self-management of long term conditions.

1.11 There are health inequalities in some areas of Angus; these were identified in the Joint Strategic Needs Assessment. We are working with public health to determine appropriate measures which provide evidence in relation to health equity and the impact of services across Angus. This will include ensuring that data available from primary providers is available based on intermediate

geographies so that we can see performance in the most and least deprived areas of Angus against the Angus average performance. Addressing performance variation will go some way to begin to address health inequalities.

1.12 Angus continues to have high levels of volunteering. Voluntary Action Angus are supporting the development of voluntary organisations and volunteering across Angus. The capacity of communities to care is a focus of the work. In 2015/16 there were 902 voluntary organisations working and supporting communities in Angus. There were 6,017 adults volunteering in Angus, a volunteering rate of 65.5 adults per 1,000 adult populations. As yet this cannot be benchmarked nationally. AHSCP is supporting the development of the voluntary sector and volunteering through integration care fund resources.

1.13 The Scottish Government have identified a set of national core indicators. The Information Services Division (ISD) of the Scottish Government has reported on the national indicators in respect of The Angus performance against the national indicators for 2013/14 is set out in appendix 1. Angus performed well or very well across most national indicators.

1.14 Locally, 2015/16 performance against the national indicators has been established where possible. These indicators will be updated with validated data once this is available from ISD.

Table 1 National core indicators relevant to Strategic Priority 1

Code	Indicator	2015/16	RAG
		Value	
HSCP_0001	Percentage of adults able to look after their health very well or quite well	95.2%	
HSCP_0006	Percentage of people with positive experience of the care provided by their GP practice	83.1%	
HSCP_0008	Percentage of carers who feel supported to continue in their caring role	39.1%	
HSCP_0011	Premature mortality rate per 100,000 (2014)	375	
HSCP_0016	Falls rate per 1,000 population aged 65+	33	

Angus continues to perform well (above the Scottish average) in relation to the proportion of individuals who are able to look after their own health. In relation to the positive experience of care provided by GP's Angus performs at the Scottish average level.

1.14 AHSCP is working with Angus Carers to continue to address support for carers, Angus performance in relation to carers feeling supported to continue their caring role is marginally less than the Scottish average. There is an improving picture of the number of carers that have been identified in Angus and the number of carers support plans that have been put in place. In 2015/16, Angus carers:

- provided 1,621 carers with one to one support,

- developed 178 new carers support plans with carers over 50 years old and 81 reviews
- achieved a total of 363 support plans in place with cares over 50 years

AHSCP has invested a significant amount of the integration care fund to ensure that accessible support for carers in available in each locality.

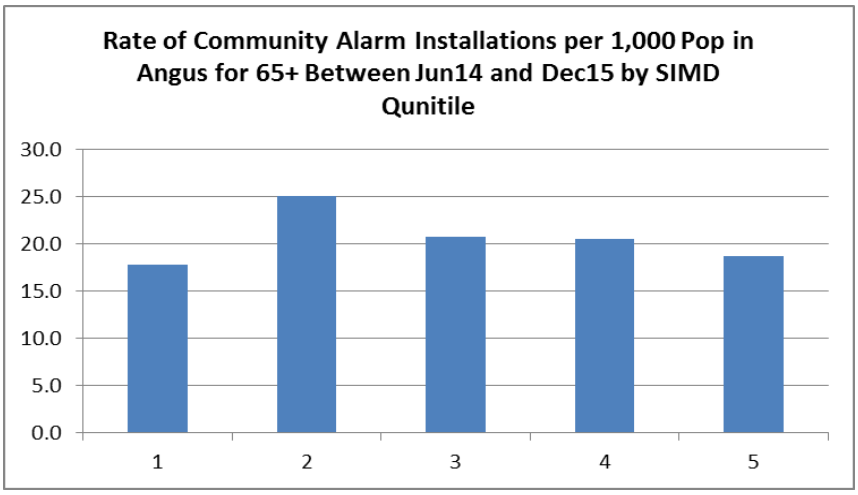
The Carers (Scotland) Act 2016 comes into force in 2017, we are currently assessing our performance against the provisions of the Act. This will be included in future performance reports. We are working with Angus Carers Centre to develop performance information at locality level.

Respite –data to be inserted

1.15 Services all aim to enable individuals to be as independent as possible. Community alarm services contribute significantly towards supporting individuals to feel safe. National Indicator 9 (see appendix 1 NI 9) identifies that Angus outperforms all partnership areas and Scotland as a whole in supporting adults to feel safe.

433 community alarms were installed between Jun 2014 and December 2015. Table 1 Community alarm installations. There was little difference in the uptake of community alarm between our most deprived populations (Quintile 1) and least deprived populations (Quintile 5) (graph 1)

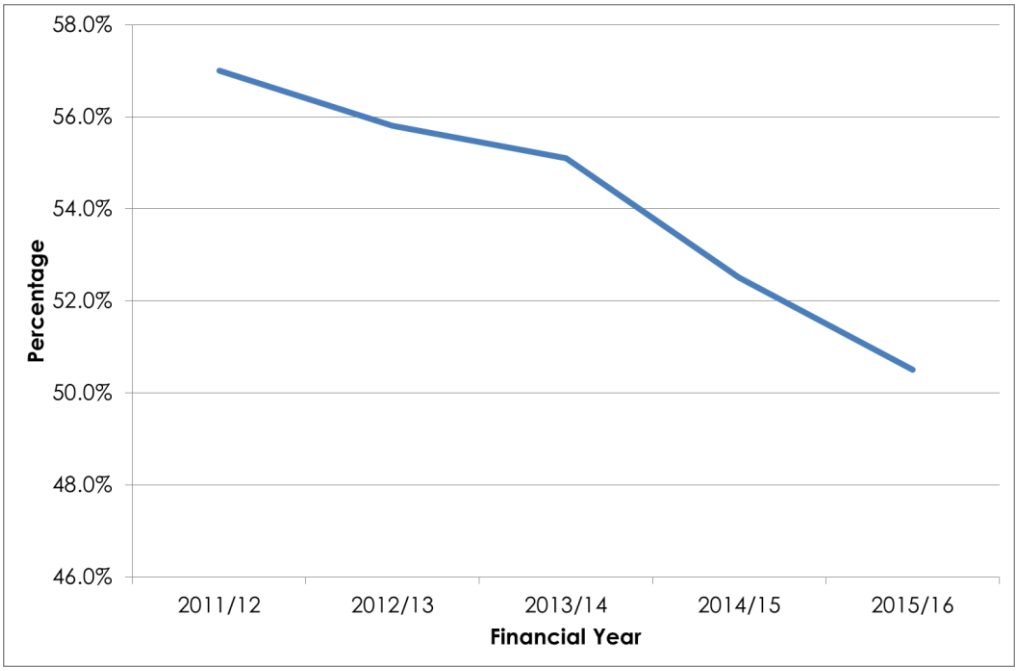
Graph 1 rate of community alarm installations by deprivation



Source: Community Alarm.

1.16 All new referrals for a social care service where eligible needs exist are supported by a period of enablement lasting between four and six weeks. Enablement services have been successful in returning individuals to full independence. Currently 52% people per 1,000 who are over 65 years require no further services following a period of enablement. The success rate has however reduced over the past 3 years (graph 2). Partly this is due to a second enablement referral. Individuals using enablement in 2015/16 are much more likely to have had previous successful enablement contacts. Further there are people who require ongoing services but cannot be discharged from enablement due to a shortage of long term personal care services in all localities. This is being addressed through the help to live at home programme.

Graph 2 percentage of individuals requiring no services following a period of enablement



Priority 2: Supporting care needs at Home

The population of Angus has been changing. The Joint Strategic Needs assessment identifies that this change will continue and that in the years to come there will be an even greater proportion of people over 65 in our population and a significant increase in those aged over 85. This change in demographics will place a significant demand on services if they continue to be delivered in the same way. The strategic plan aims to address demographic change by changing the way that services are provided. The focus of the strategic plan is to support care needs at home by enhancing opportunities for technology enabled care; further progressing self-directed support, and; delivering change in care at home services through the help to live at home programme.

1.21 The Scottish Government have identified a set of national core indicators that are considered relevant to this strategic priority. The Information Services Division (ISD) of the Scottish Government will be providing the values in relation to the national core indicators. These have yet to be reported by ISD. Research suggests the values set out in Table 2 in relation to the core indicators relevant to this priority.

Table 2 National Core Indicators (to be updated following the provision of validated data by ISD)

Code	Indicator	2015/16	RAG
		Value	
HSCP_0002	Percentage of adults supported at home who agree that they are supported to live as independently as possible	80.9%	
HSCP_0003	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.	80.6%	
HSCP_	Percentage of adults supported at home who agree that their	92.5%	

Code	Indicator	2015/16	RAG
		Value	
0004	health and care services seemed to be well co-ordinated		
HSCP_0007	Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	83.5%	
HSCP_0009	Percentage of adults supported at home who agree they felt safe	86.1%	
HSCP_0015	Proportion of last 6 months of life spent at home or in a community setting	Not available	
HSCP_0018	Percentage of adults with intensive care needs receiving care at home	49.6%	

1.22 A range of local indicators to identify and monitor performance in relation to supporting care needs at home are being developed . These indicators will also be used to provide locality information in order to monitor variance across the partnership.

Table 3 Local Indicators

Code	Indicator	2015/16
		Value
HSCP_0027	Percentage of people who access SDS (Option 1)	4%
HSCP_0028	Percentage of people who access SDS (Option 2)	13%
HSCP_0029	Percentage of people who access SDS (Option 3)	79%
HSCP_0030	Percentage of people who access SDS (Option 4)	4%
HSCP_0031	Percentage of homecare service users receiving personal care	42.6%
HSCP_0032	Personal Care - Planned Hours per 1000 adult population	3212
HSCP_0033	Personal Care - Actual Number of Service Users	1247
HSCP_0034	Personal Care - Rate per 1000 population receiving personal care	148.15
HSCP_0035	Personal Care - Planned Hours	298,767

There has been very little change in the uptake of direct payments (option 1) following the introduction of the Social Care (Self-directed) Support (Scotland) Act 2014. Option 2 was not available before the introduction of the Act and has therefore seen a significant rise. The vast majority of supported people continue to ask social work staff to organise care on their behalf. There is very little shift from traditional models of support provision with most resources continuing to be spent on personal care. There appears to be some reduction in uptake of day care services. It is not currently possible to benchmark these indicators nationally. These indicators will be used to provide trend based

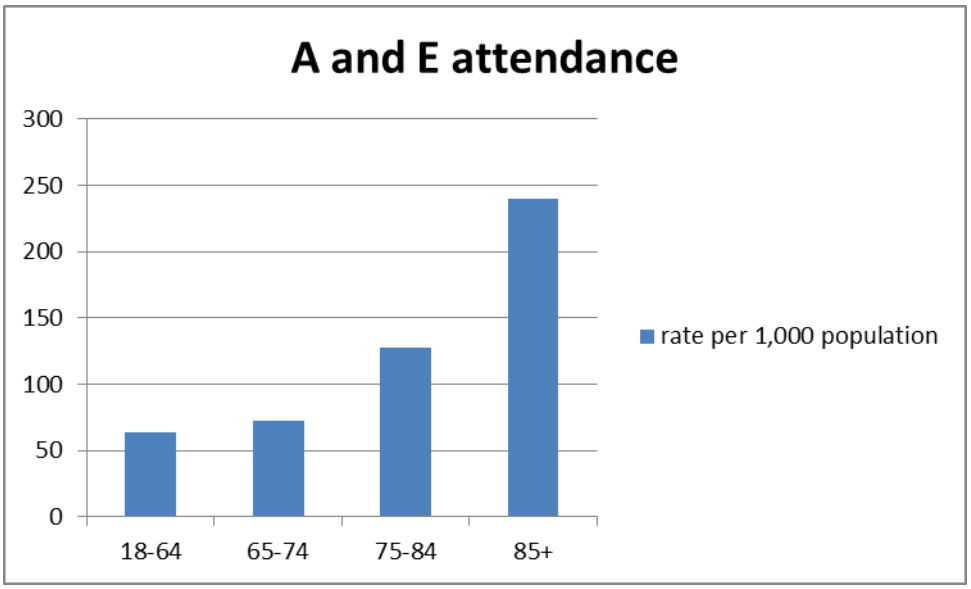
information to show improvements locally in line with the aspirations of the strategic plan.

Priority 3: Developing integrated and enhanced primary care and community responses

Over the next three years AHSCP aims to deliver approaches that meet the aspirations of Angus communities, that is to be supported to stay at home when unwell and to only go to hospital when appropriate. When hospital admission is necessary then a timely discharge with the right support available at home or in our localities is important. Priority 2 of the strategic plan sets out our plans for improvement in relation to support at home. Here we are considering the impact of those improvements on the unplanned use of hospital beds

1.31 Understanding A and E attendance will help identify prevention strategies. Most A and E attendances are made by people aged 18-64 (graph 3) however when you consider this in the context of the population size older people are much more likely to use A and E services

Graph 3 Rate of A and E attendances at Ninewells by Angus residents 2015-16

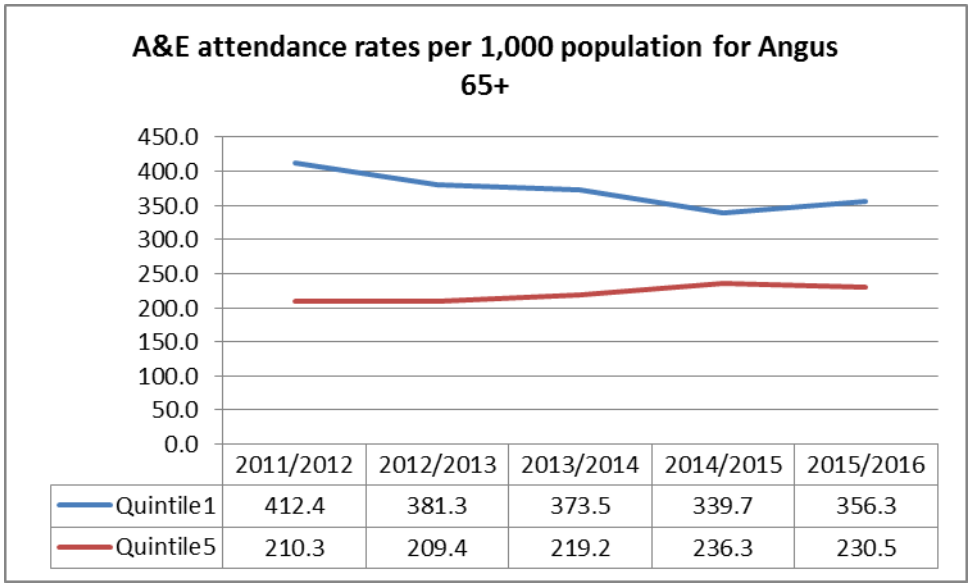


Source: ISD

The majority of attendance at A and E in Angus is by older people. The top 3 reasons for attendance at A and E are closed fracture, soft tissue injury and chest pain.

There is a significant difference in attendance rates when considered in relation to deprivation (graph 4). With rates for attendance for older people significantly greater in the most deprived areas of Angus.

Graph 4 A&E attendance rates for older people in most and least deprived areas of Angus.



Source: ISD

1.32 The Scottish Government have identified a set of national core indicators that are considered relevant to this strategic priority. The Information Services Division (ISD) of the Scottish Government will be providing the values in relation to the national core indicators. These have yet to be reported by ISD. Research suggests the values set out in Table 4 in relation to the core indicators relevant to this priority.

Table 4 National Core Indicators

Code	Indicator	2015/16
		Value
HSCP_0012	Emergency admission rate (per 1,000 population)	140
	Bed day rate following emergency admission (per 1,000 population)	
HSCP_0014	Readmission to hospital within 28 days	129.2
HSCP_0019	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population	
HSCP_0021	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	Indicator in development

1.33 A range of local indicators to identify and monitor performance in relation to supporting care needs at home are being developed . These indicators will also be used to provide locality information in order to monitor variance across the partnership.

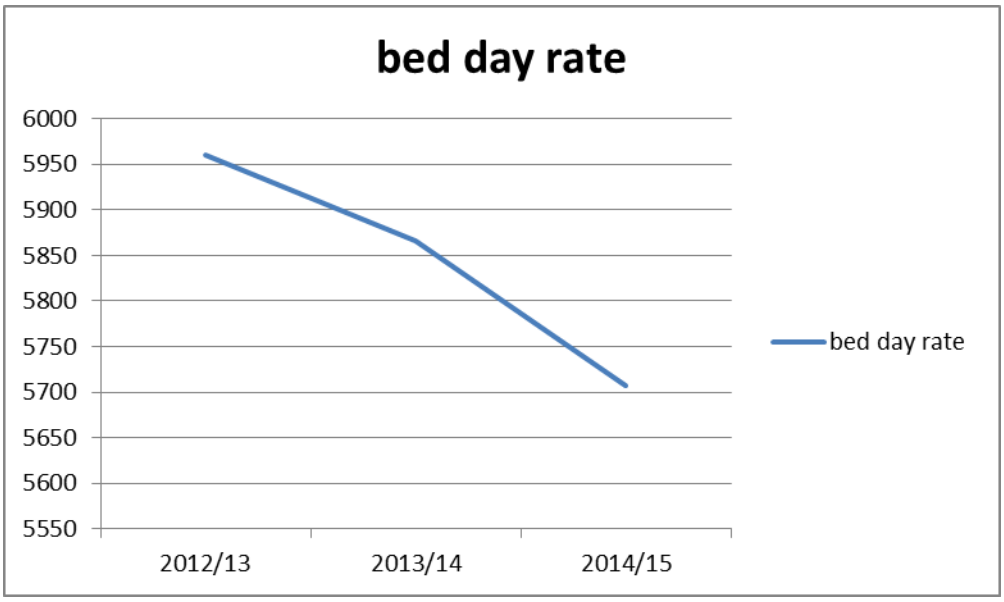
Table 5 Local Indicators

Code	Indicator	2015/16
		Value
HSCP_0022	Percentage of people who are discharged from hospital within 72 hours of being ready	TBC
HSCP_0037	Bed Days Lost to Delayed Discharge (All Adults)	4,290
HSCP_0038	Bed Days Lost to Delayed Discharge (Code)	TBC
HSCP_0039	Readmissions rates per 1,000 discharges at 7 days	TBC
HSCP_0040	Readmissions rates per 1,000 discharges at 14 days	TBC
HSCP_0041	Number of people delayed in hospital more than 14 days	16

1.34 Emergency admission rates fluctuate month on month. There has been an upward trend over the past 10 years. This correlates to the increase in the older population. The admission rate for 15/16 was 7.8/1,000 population over 15 from Angus GP practices

1.35 The unplanned use of hospital beds arising from emergency admissions has however been declining over the past few years (graph 5) despite the increasing trend in admissions. This has been more marked in the areas which have adopted the Enhanced Community Support Approach that has been developed over the past 3 years. Angus has the lowest bed day rate of the three partnerships in Tayside. This is also lower than the Scottish average.

Graph 5 Bed day rate all adults 2012/13-2015/16



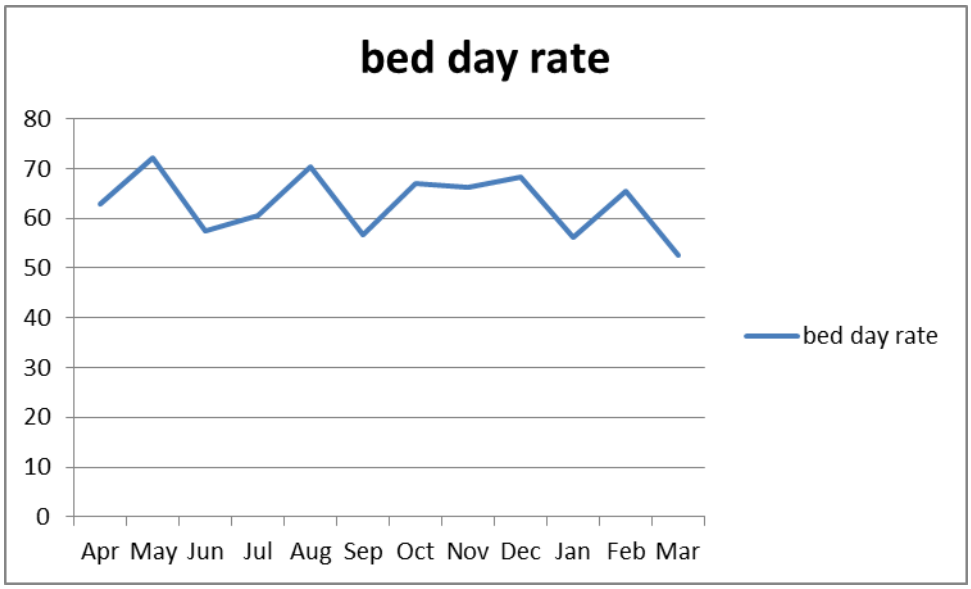
Source: ISD

1.36 The development of arrangements to ensure timely discharge have also led to a more than 50% reduction in bed days lost due to delayed discharge

between 2010/11 to 2015/16 and a near 60% reduction in the number of people delayed over 14 days between 21014/15 (59 people) and 2015/16

1.37 Unplanned bed days in Angus use continues to decline as ECS is rolled out. Graph 5 shows a downward trend over the year in 15/16.

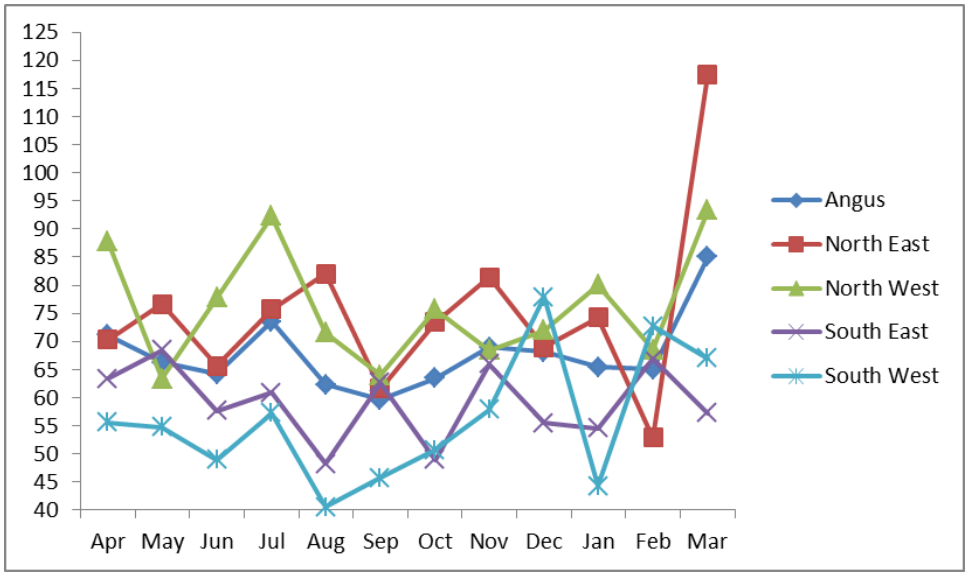
Graph 5 Bed day rate 2015/16 by month



Source: ISD

1.38 The use of bed days by localities varies from month to month but more bed days are used in both North localities (graph 6). The South West uses the least hospital bed days. The South West was the first locality to adopt the Enhanced Community Support (ECS) model

Graph 6 bed day rate per 1,000 population, all adults 15/16 by locality

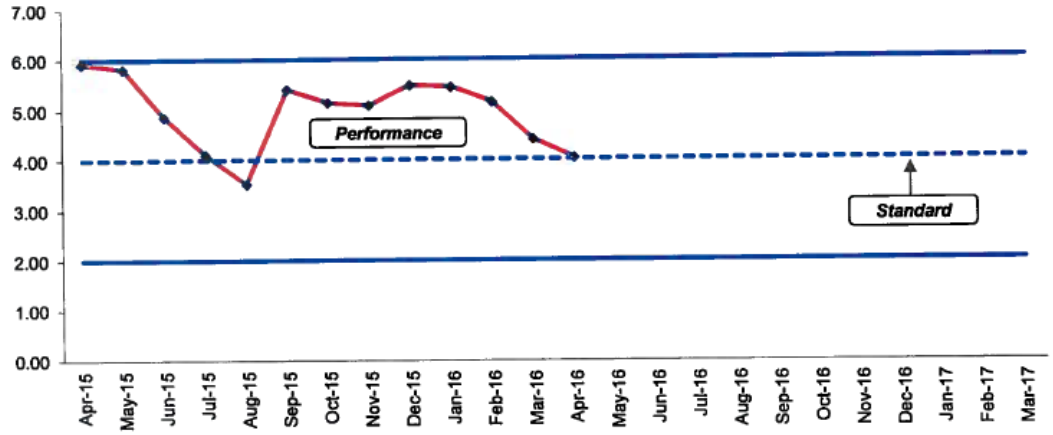


Source ISD

AHSCP is working with housing, learning disability, adult mental health and other services to identify appropriate measures

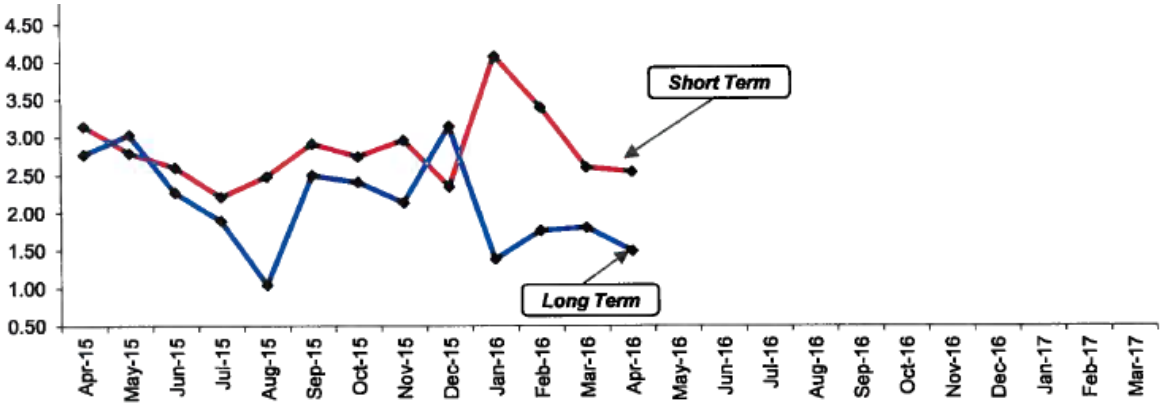
Section 2 Workforce

2.1 Graph 7 Overall absence trends Angus Health staff



Source : NHST

Graph 8 Long and short term absence trends – Angus health staff



Source: NHST

2.2 Table 6 Sickness absence - social care staff 15/16

Team	Sickness absence %
Homelessness	1.54
Volunteer Services	0.90
Alcohol, Drugs & BBV	7.17
Adult Mental Health	7.41
Learning Disabilities	7.03
Physical Disabilities	0.44
Older People Augmented	4.77

Older People Accommodation	8.05
Home Care	8.54
Departmental average	6.80

Source: Angus Council

Section 3 Clinical and Care Governance

There are 6 domains of assurance in the clinical and care governance framework. AHSCP is working on the development of local indicators to provide assurance across all the domains.

3.1 Domain 1 - Information Governance

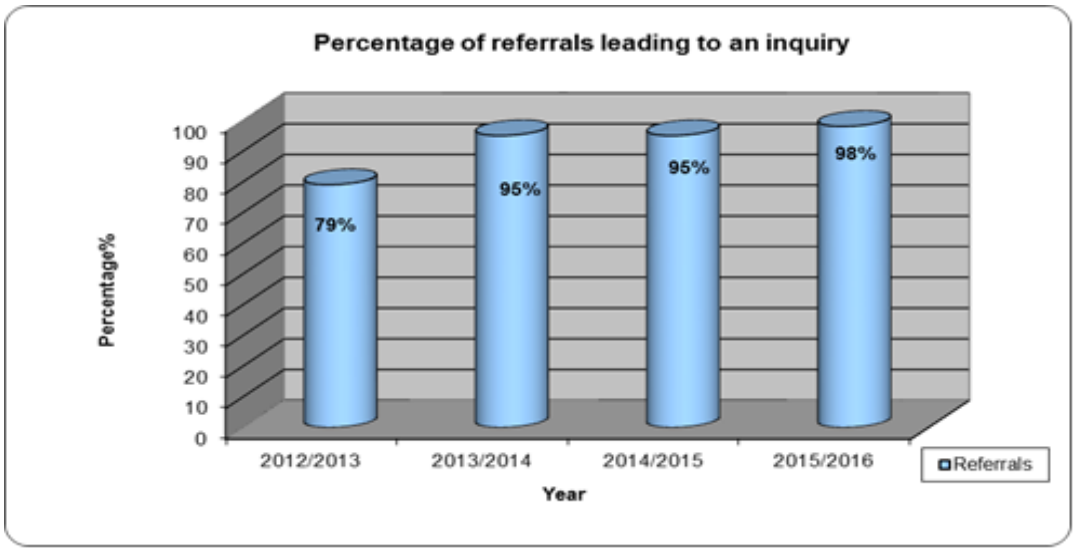
Three breaches to information security in Angus health services were recorded on DATIX system from 1st April to 9th August 2016. No breaches were recorded in Adult Social Care.

3.2 Domain 2 - Professional Regulation and Workforce Development

3.3 Domain 3 - Patient, Service User and Staff Safety

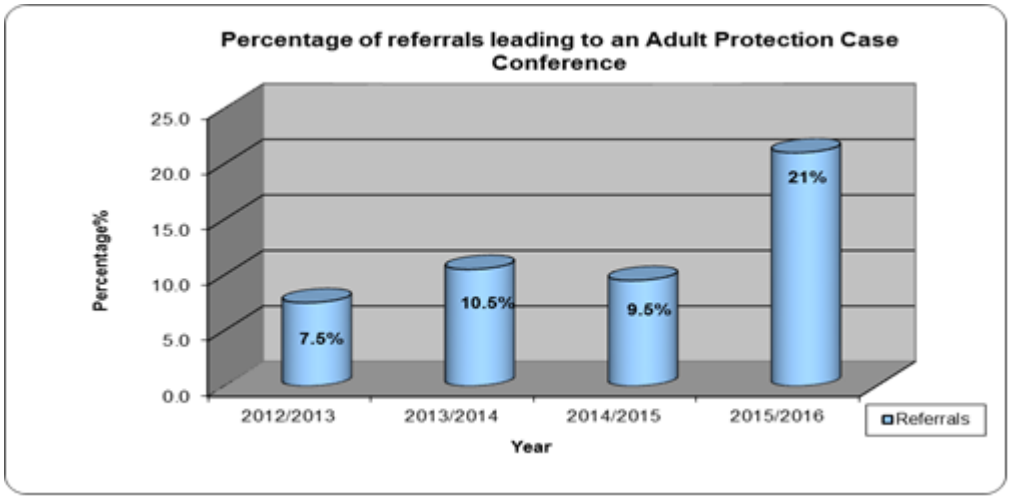
The number of adult protection referrals has been decreasing year on year. In 2015/16 there were 232 referrals; the proportion of referrals leading to an inquiry and those leading to a case conference have increased. This suggests that appropriate referrals are being made.

Graph 9 Adult protection referrals



Source: AHSCP

Graph 10 Adult protection case conferences

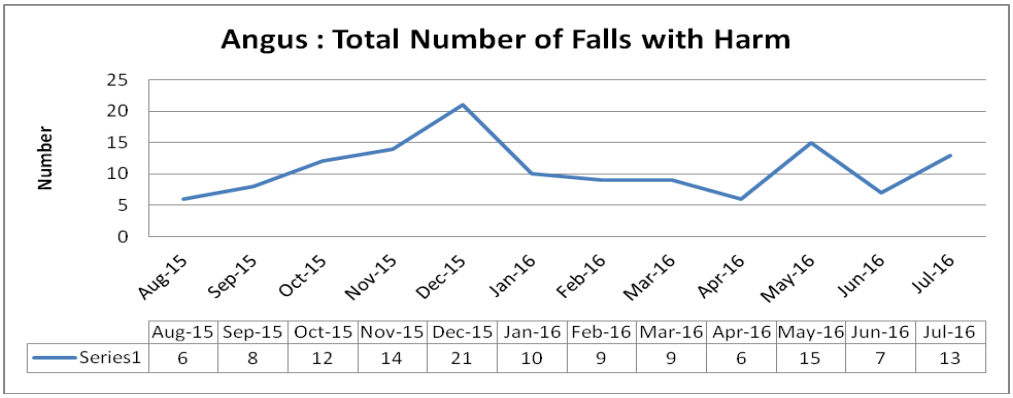


Source:AHSCP

Adverse events

In the period 01.08.14 to 31.07.16 a total of 894 adverse events related to falls were reported. The graph below shows the total number of falls in that period.

Graph 11 Falls with harm on NHS premises



Source:NHST

Approaches to care that encourage rehabilitation and enablement carry a greater risk of falls as greater mobilisation is part of the rehabilitation. This likely accounts for the higher levels of falls which are category 3 (green event/ negligible impact)) and all falls in designated rehab facilities. The available information does not include the number of individuals who have fallen. One person may account for multiple recorded falls. Given the number of individuals who pass through premises each year, the falls rate is low. All falls are investigated and any required action is taken.

Table 7 Location and impact of falls

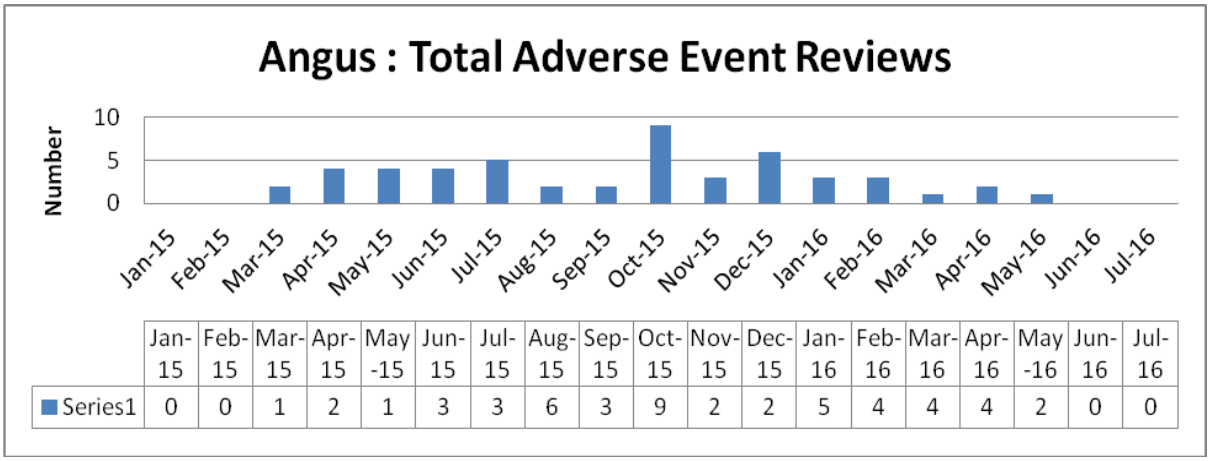
	Minor (Category 2) (Yellow Adverse Event)	Moderate (Category 2 (Amber Adverse Event)	Negligible (Category 3) (Green Adverse Event)	Total

CLOVA WHCCC ANGUS	2	0	7	9
GP WARD, MONTROSE INFIRMARY	1	0	0	1
INCHCAPE UNIT, ARBROATH INFIRMARY	3	0	5	8
ISLA WHCCC ANGUS	2	0	2	4
MEDICAL UNIT 2/3 ARBROATH INFIRMARY	0	0	2	2
PROSEN WHCCC ANGUS	3	0	7	10
SUSAN CARNEGIE CENTRE - ROWAN UNIT STRACATHRO HOSPITAL	1	0	1	2
SUSAN CARNEGIE CENTRE - WILLOW UNIT STRACATHRO HOSPITAL	1	0	10	11
WARD 2 REHAB UNIT STRACATHRO HOSPITAL	7	1	1	9
WARD 7 STROKE UNIT STRACATHRO HOSPITAL	0	1	0	1

Local NHS Adverse Event Reviews or Incident reviews

There have been 2 Significant Clinical Event Analysis (SCEA) reviews undertaken during 2016 (Psychiatry of Old Age and Children & Family Services).

Graph 12 Total number of local NHS adverse event reviews carried out in Angus 2015 / 2016



	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16
Series1	0	0	1	2	1	3	3	6	3	9	2	2	5	4	4	4	2	0	0

Infection Control

In 15/16 there have been one occurrences clostridium difficile (C diff) on November 2015; 1 occurrence of mrsa (methicillin resistant staphylococcus aureus) in August 2015 and one in April 2016; and no incidences staphylococcus aureus bacteraemia (SAB). This shows a positive picture of infection control across wards in Angus.

3.4 Domain 4 - Patient, Service User and Staff Experience

As at 2013/14, 89% of Angus adults care/support users rates their care as excellent or good. (Source: Biennial Health and Care Experience Survey 2013/14)

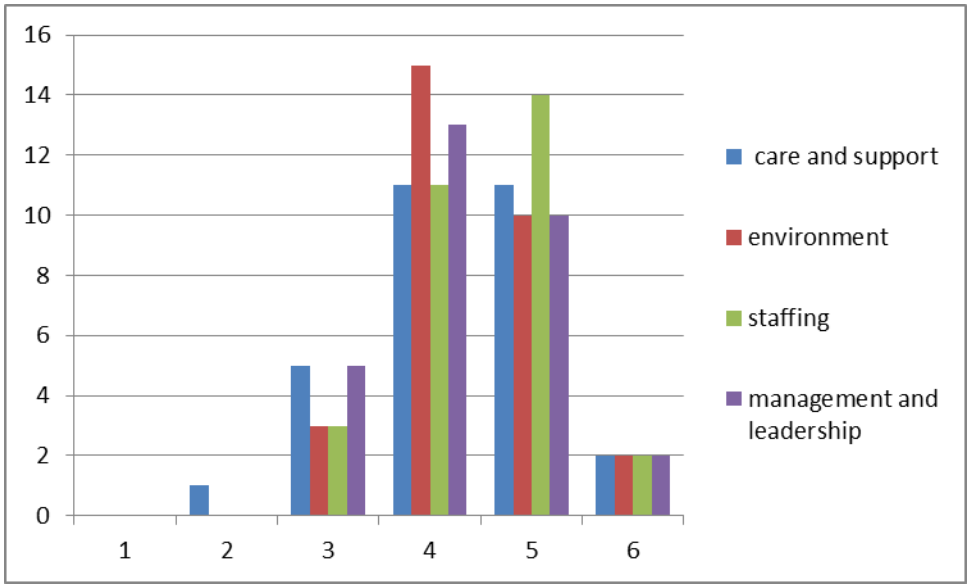
3.5 Domain 5 - Regulation of Quality and Effectiveness of Care

Care Homes

All care homes in Angus achieve average quality scores that are above the national average across all four themes.

There are 16 providers providing care home services through 30 homes in the Angus. 15 providers have care homes that achieve scores of 3 (adequate) or more across all themes, with 12 achieving scores of 4 (good) or more across all themes. One care home has yet to be inspected by the Care Inspectorate, after having re-registered the service in 2015

Graph 13 Care Inspectorate Grades for Angus Care Homes

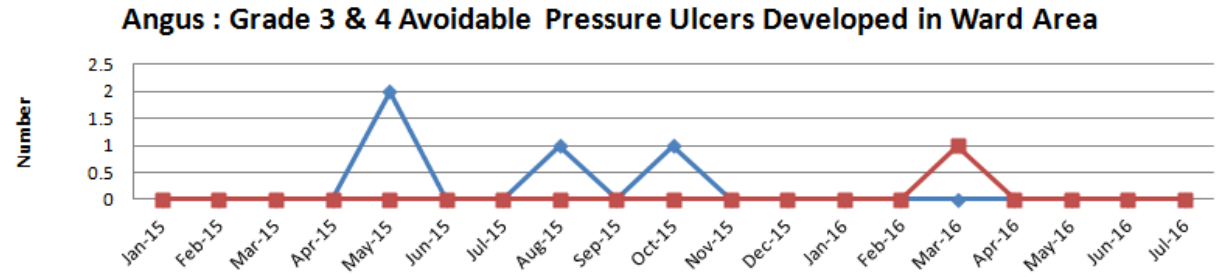


One care home was assessed as weak (2) in one area of performance at its last inspection in July 2015. An action plan was put in place and has been implemented

Pressure Sores

The development of pressure sores gives an indication of poor mobility and poor nutrition. Every incident of an avoidable pressure sore of grade 3 and above is investigated with lessons learned being shared to improve practice. In 2015 there were 4 grade 3 pressure sores that were developed in hospital. So far in 2016 there has only been one grade 4 pressure sore which was already visible at admission.

Graph 14 Number of grade 3 or 4 avoidable pressure ulcers per month in hospitals and home



	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16
Grade 3	0	0	0	0	2	0	0	1	0	1	0	0	0	0	0	0	0	0	0
Grade 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0

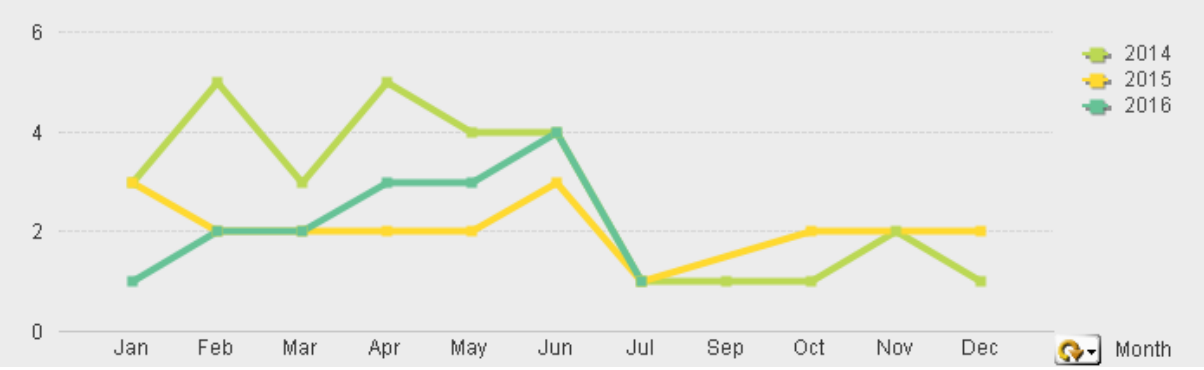
Source: NHST

The one reported grade 4 pressure sore was developed at home.

Complaints

Monitoring complaints and the themes of complaints ensures that action can be taken to address poor practice. Themes can result in operational procedures being updated to improve practice across services. The aim is to resolve any complaints where they first arise.

Graph 15 Number of complaints – Angus Health Services 2014-2016



Source: NHST Principal Themes of complaints

Table 8 Principal Themes 2016

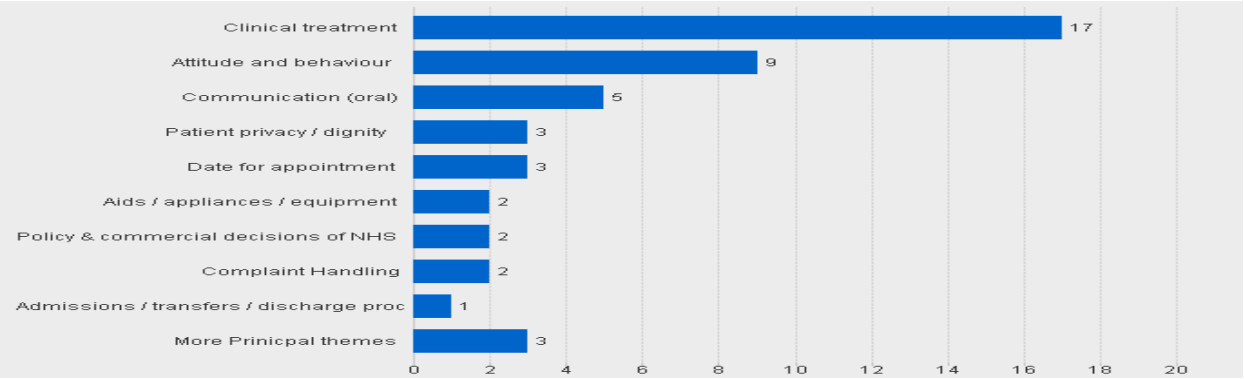


Table 9 Principal Themes 2015

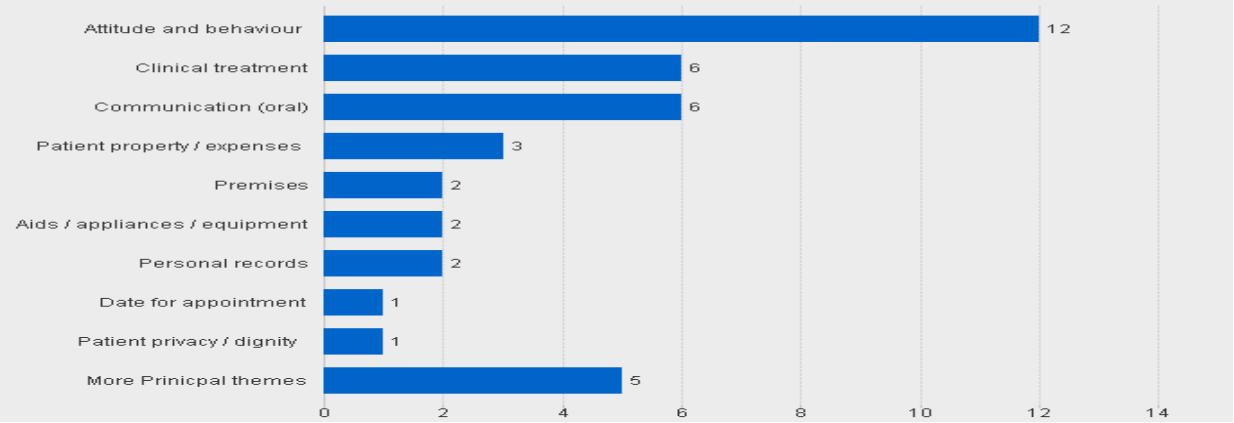
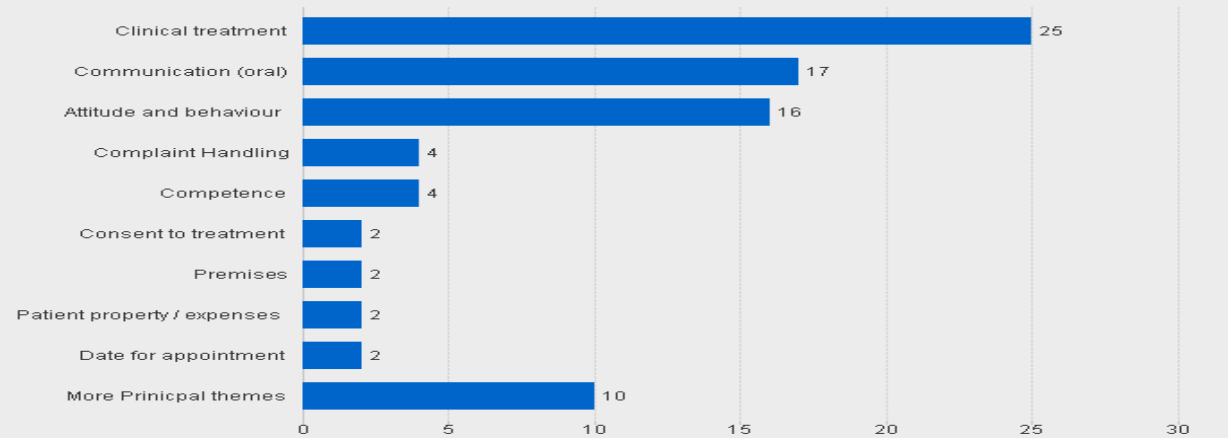
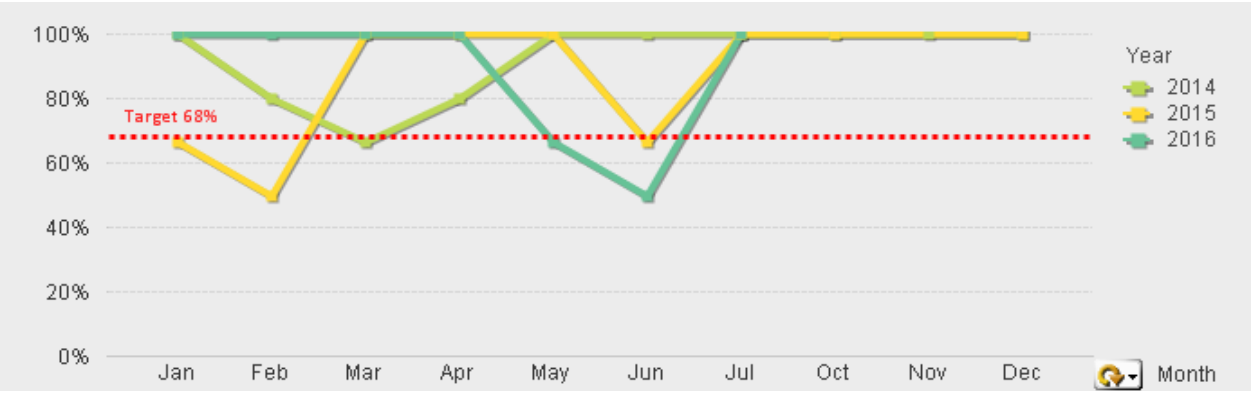


Table 10 Principal Themes 2014



Complaint Response within timeframes

Graph 16 Response rate within 20 working days



Unintentional weight loss

Food, fluid and nutrition standards apply in NHS settings. One of the key indicators of poor compliance with the standards is where there is unintentional weight loss of more than 10%. There are no reported case/s of unintentional weight loss between 5-10% or over 10%.

3.6 Domain 6 - Promotion of Equality and Social Justice

The IJB have agreed a set of equality outcomes and mainstreaming report in May 2016. During 15/16 no equality impact assessments were undertaken in respect of IJB reports.

Examples of how deprivation impacts on service uptake and usage are provided in other areas of the report where such information is available

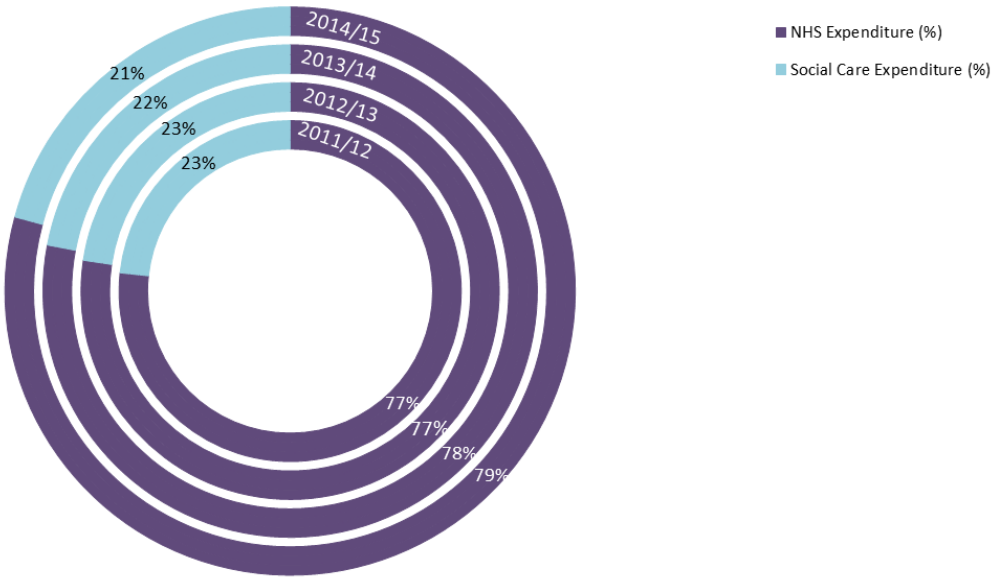
Section 4 Resources

Detailed reports on finance are submitted by the Chief Finance Officer. The aim of our strategic plan is to see a shift in resources from health to social care provision and from institutional based care to community based support within our localities.. We are working with ISD on the development of Source, this is a system which matches health and social care data and generates information from spend on individuals to demonstrate the split between health and social care spend and between spend on institutions and community based services. We are working with ISD to improve the information we submit to the source project and to work towards accessing the analysed data more quickly.

4.1 For Scotland as a whole, between 2011 and 2015, the balance of spend on social care decreased from 25.4% to 24.4% with a commensurate increase from 75.6% to 76.6 on healthcare. During this period the total expenditure for Scotland as a whole increased both for social care and for health care.

In Angus the proportion of expenditure on social care has declined at a faster rate than in Scotland as a whole. During this period in Angus there has been no increase in expenditure on social care whilst there has been an increase in health care expenditure.

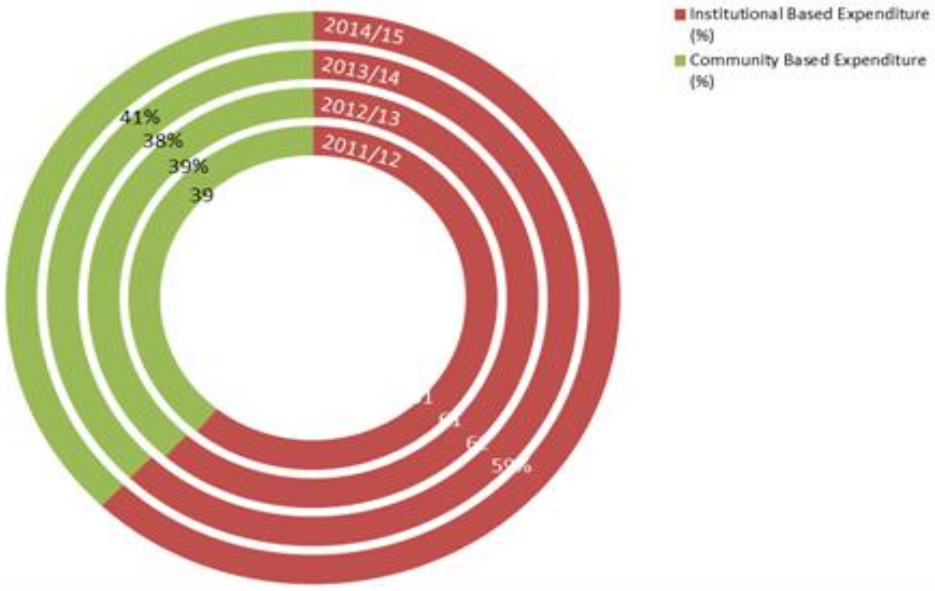
Graph 17 Balance of spend 2011-2015 -Health versus social care expenditure



Source ISD

4.2 For Scotland the proportion of expenditure on community based services increased between 2001 and 2015 from 43.7% to 46.4% and declined from 56.3% to 53.6% expenditure on institutional based services. Although the balance of expenditure between community and institutional expenditure also improved from 39% to 41% on community expenditure this shift in the balance of expenditure is not as fast as Scotland as a whole. Angus continues to have a worse picture in relation to the balance of expenditure than Scotland as a whole.

Graph 18 Balance of spend 2011-2015 -Community versus institutional expenditure

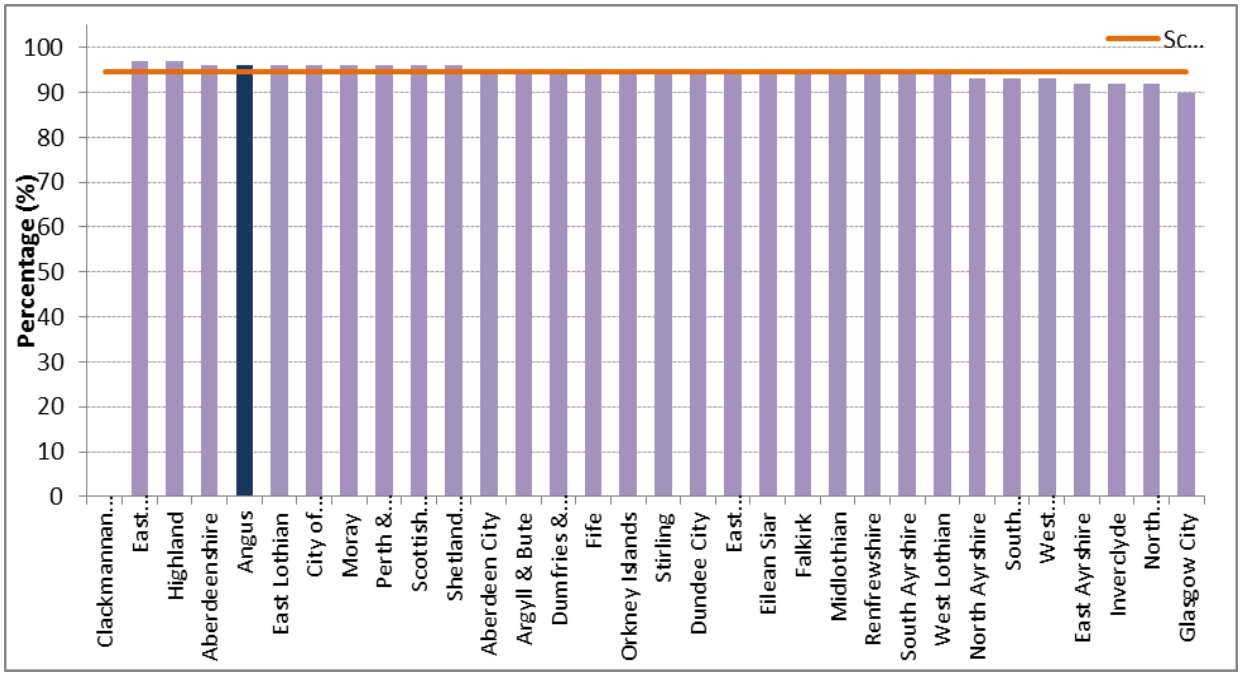


Source ISD

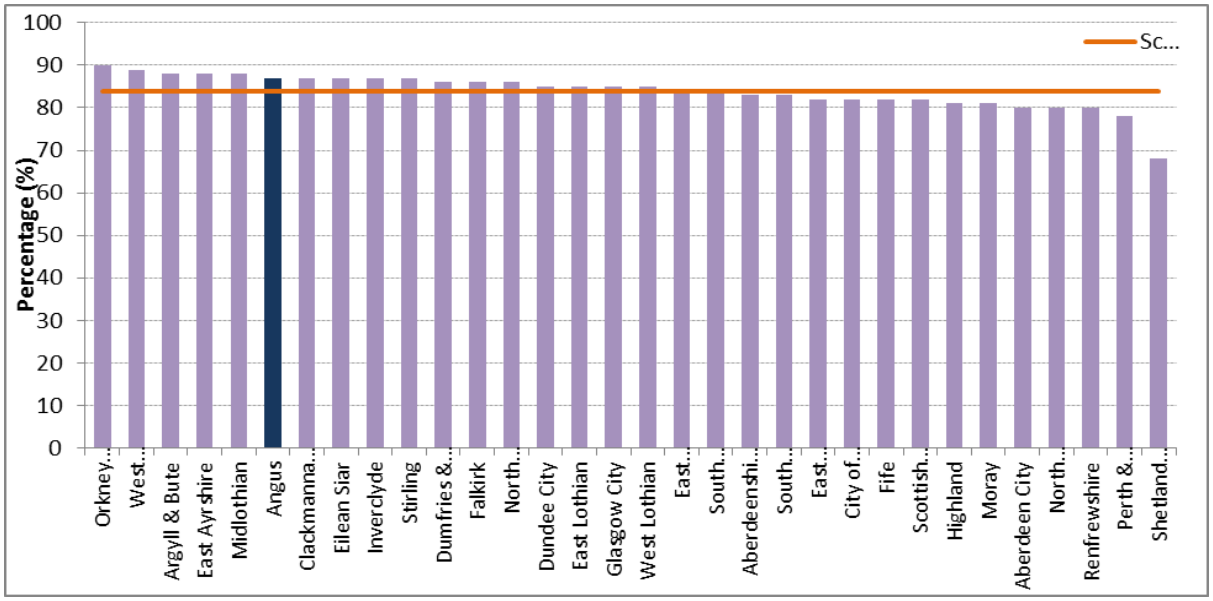
Performance against national core indicators 13/14

Source:ISD

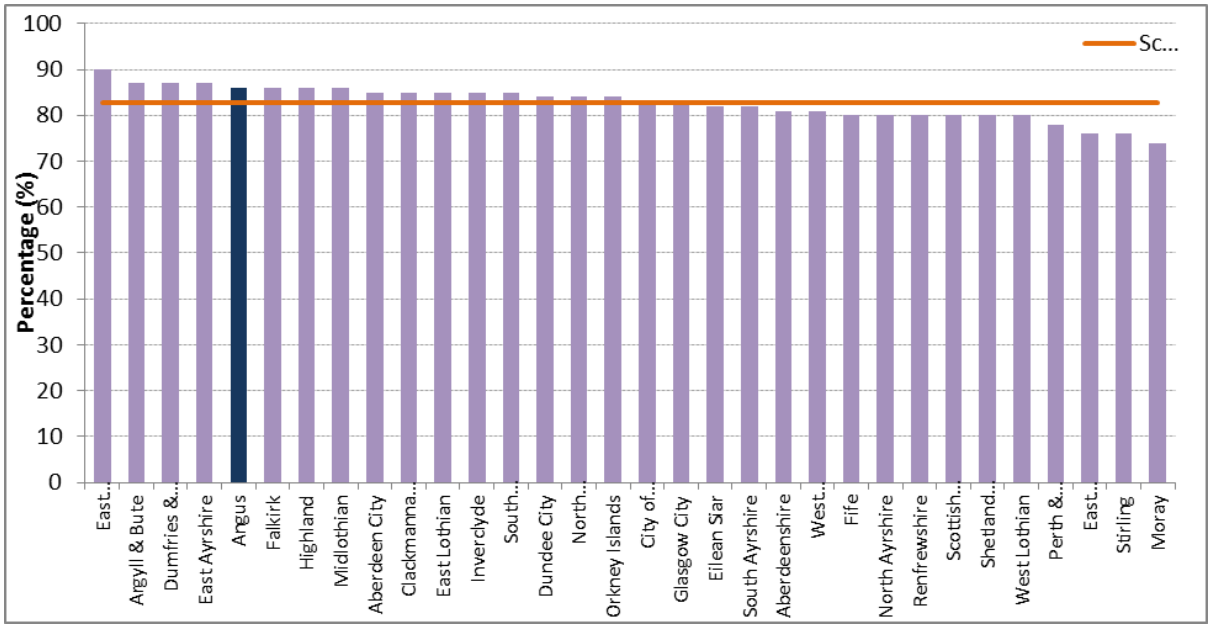
NI 1 Percentage of adults able to look after their health well or quite well



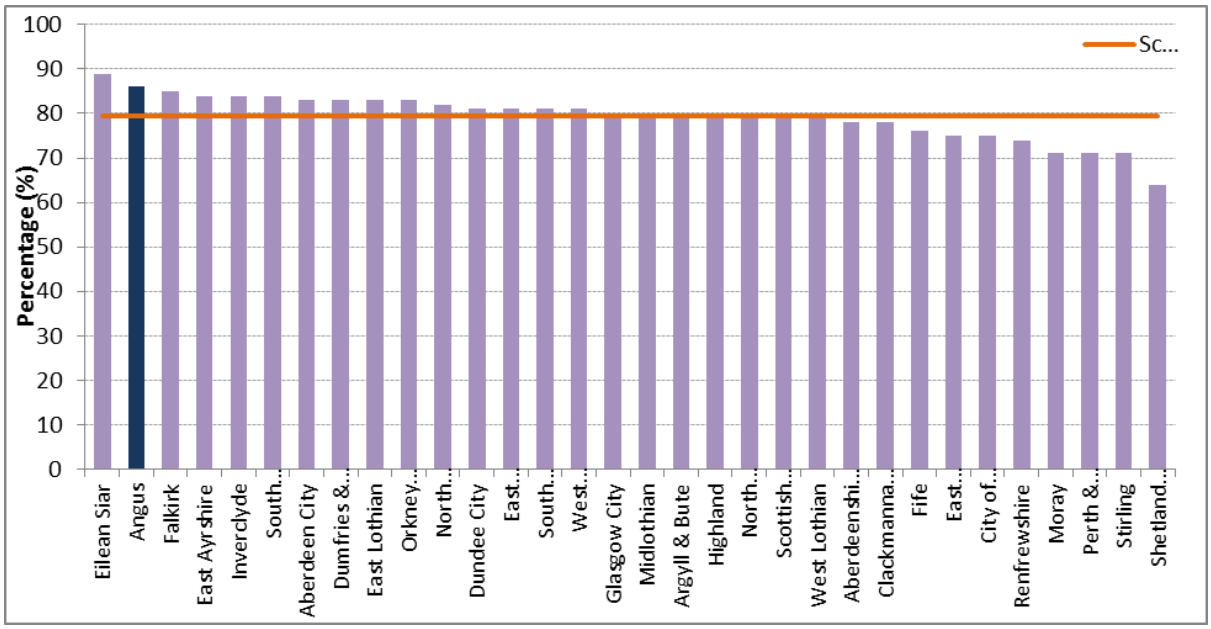
NI 2 Percentage of adults at home who agree that they are supported to live as independently as possible



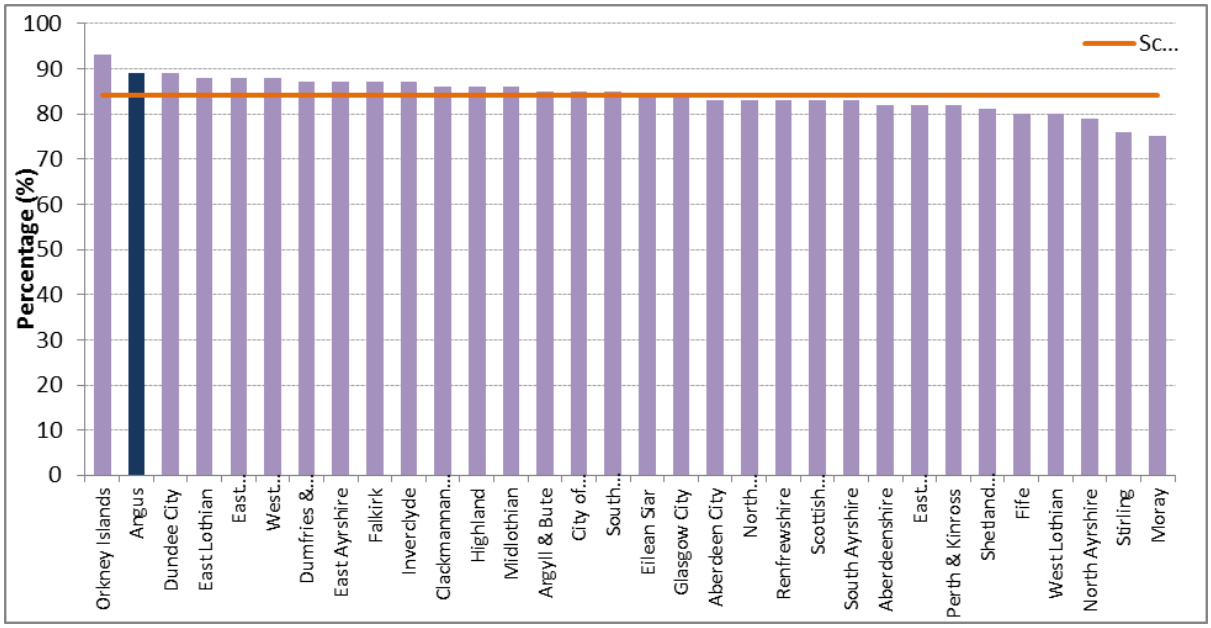
NI 3 Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided



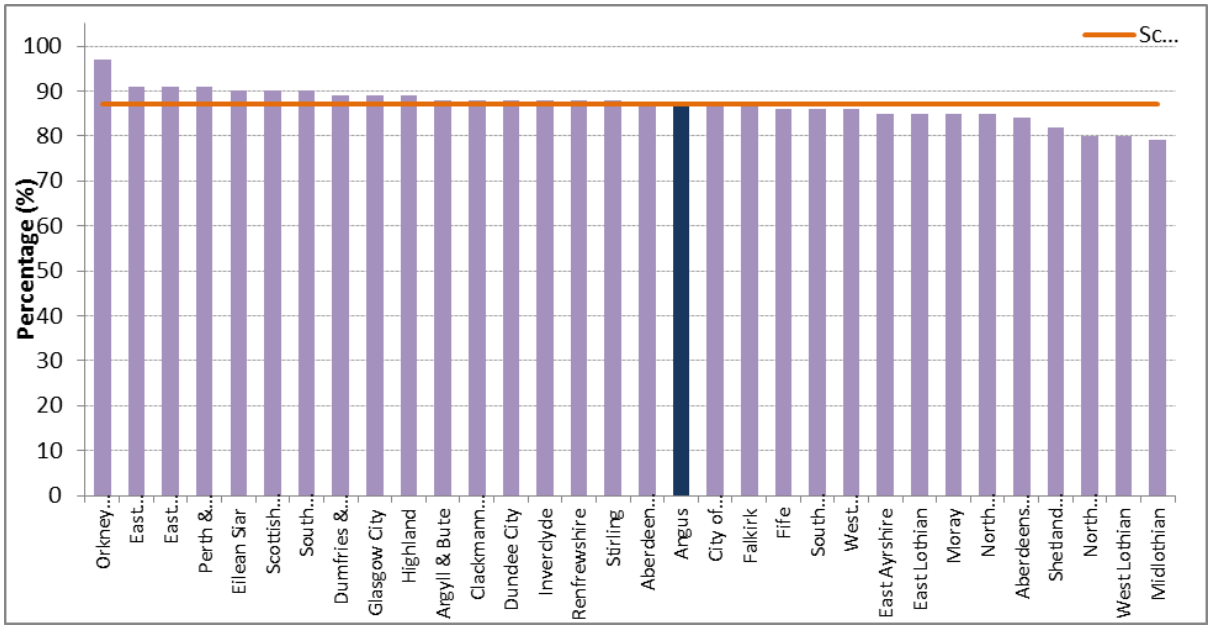
NI 4 Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated



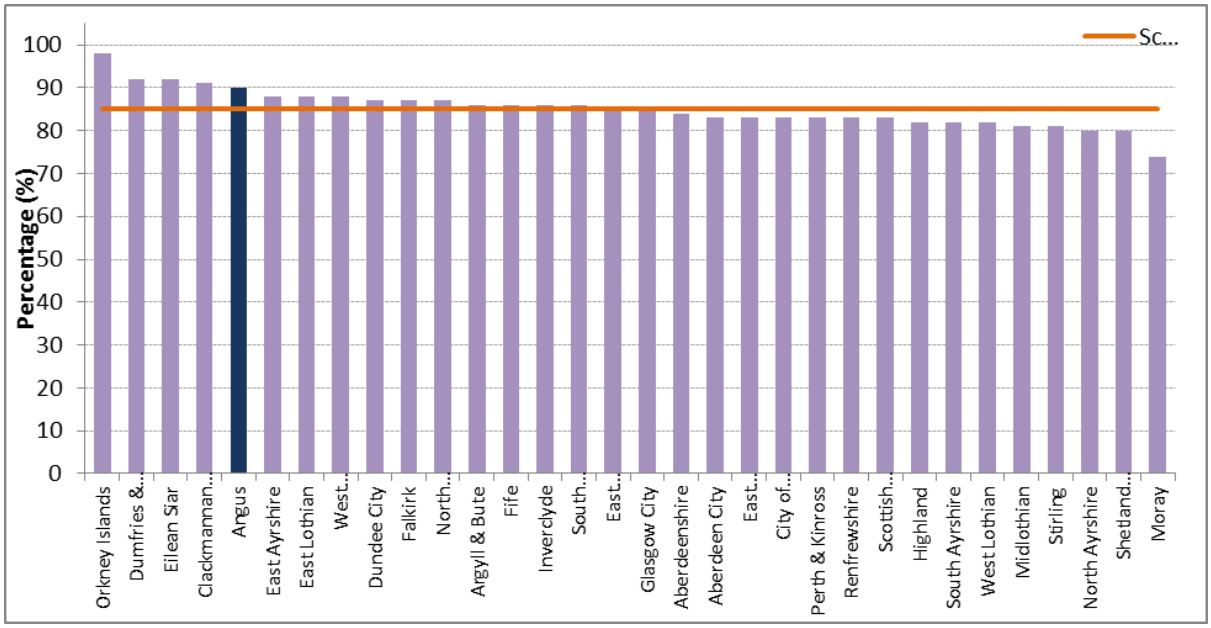
NI 5 Total % of adults receiving any care or support who rated it as excellent or good



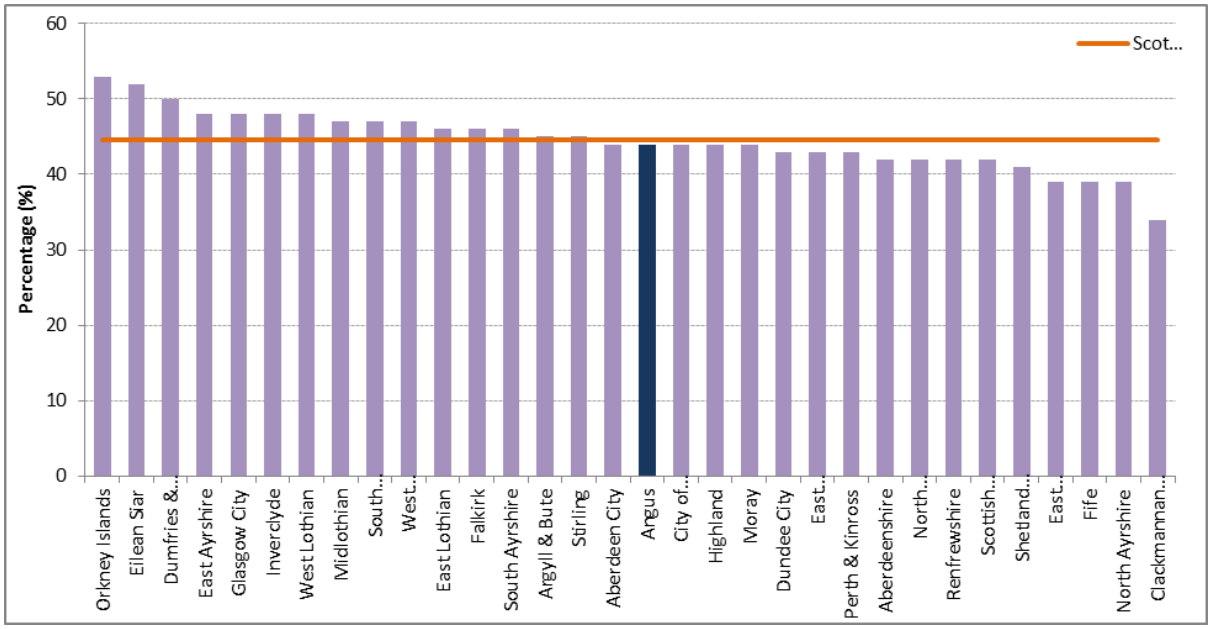
NI 6 Percentage of people with positive experience of the care provided by their GP practice



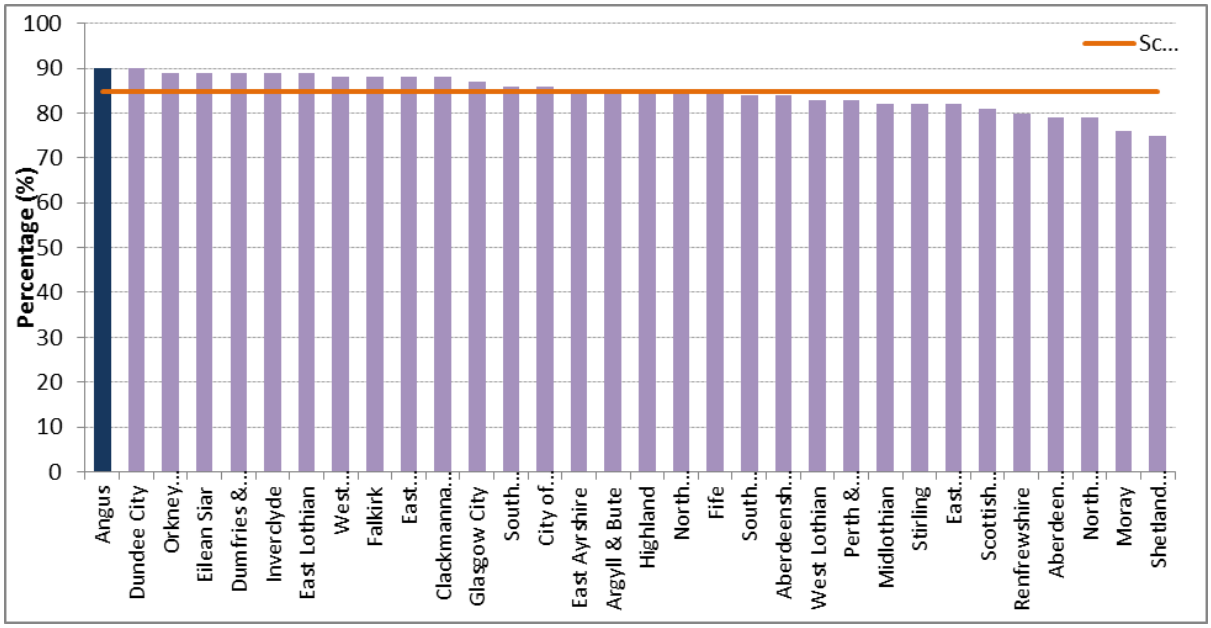
NI 7 Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life



NI 8 Total combined % carers who feel supported to continue in their caring role



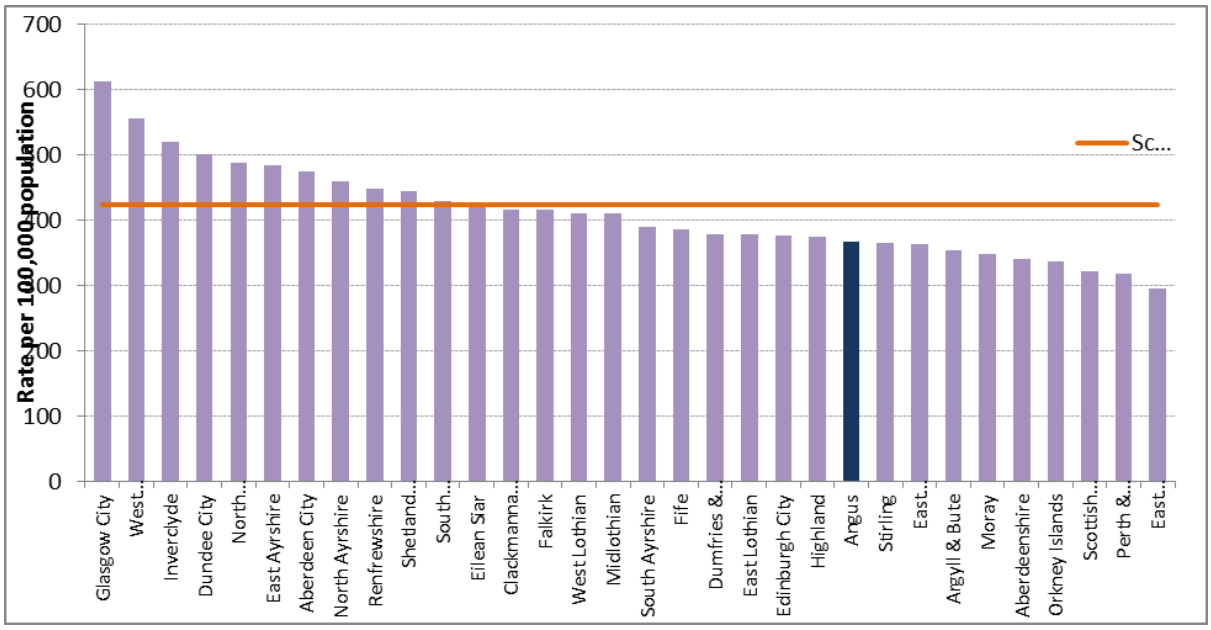
NI 9 Percentage of adults supported at home who agreed they felt safe



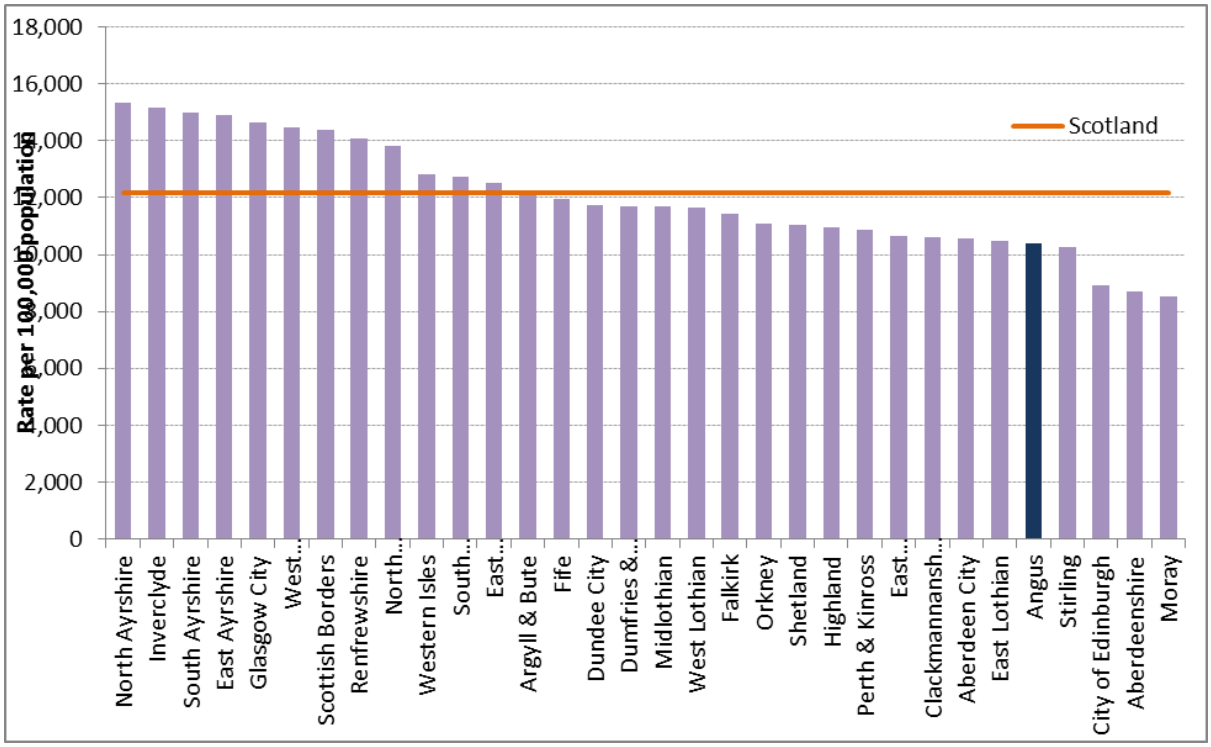
NI 10 Percentage of staff who say they would recommend their workplace as a good place to work

indicator under development

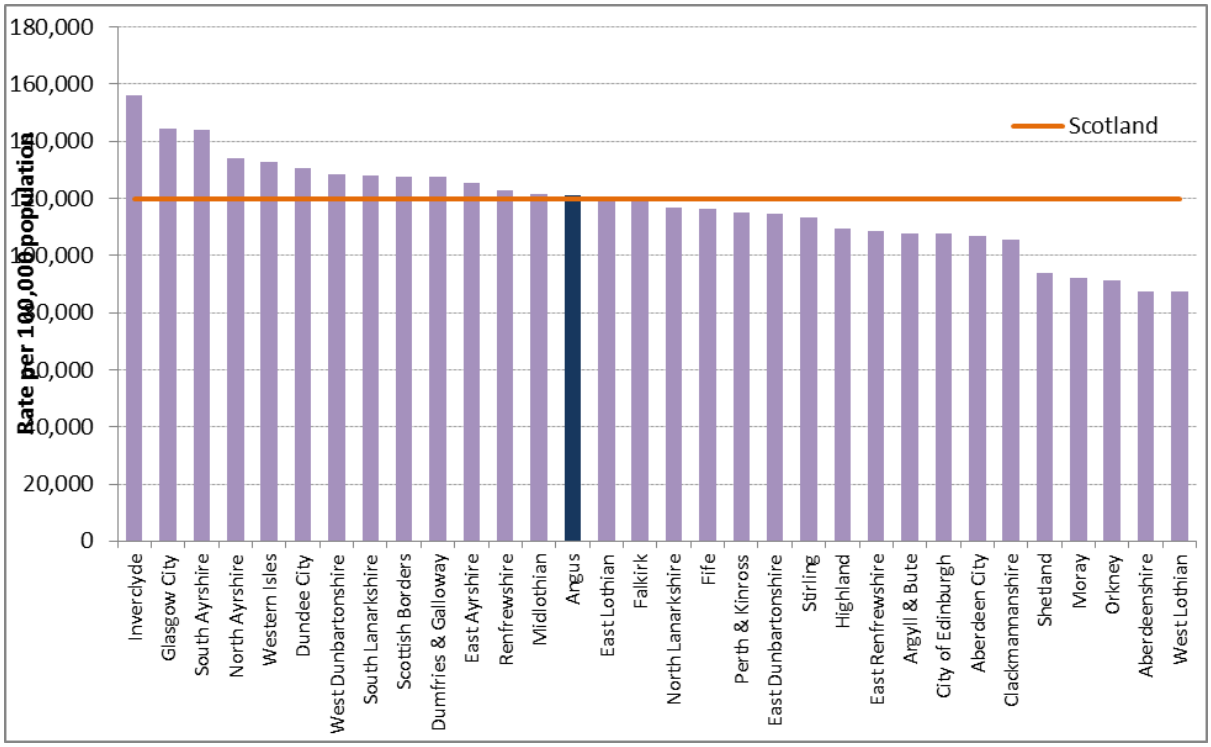
NI 11 Premature mortality rate per 100,000 persons 2014



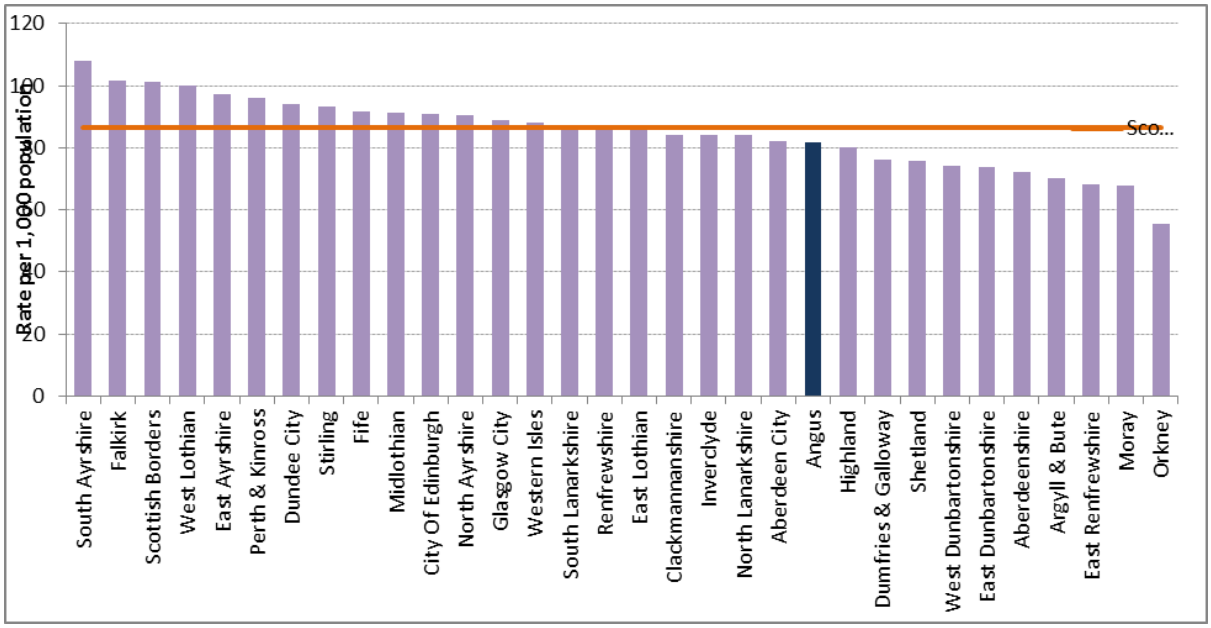
NI 12 Emergency admission rate per 100,000



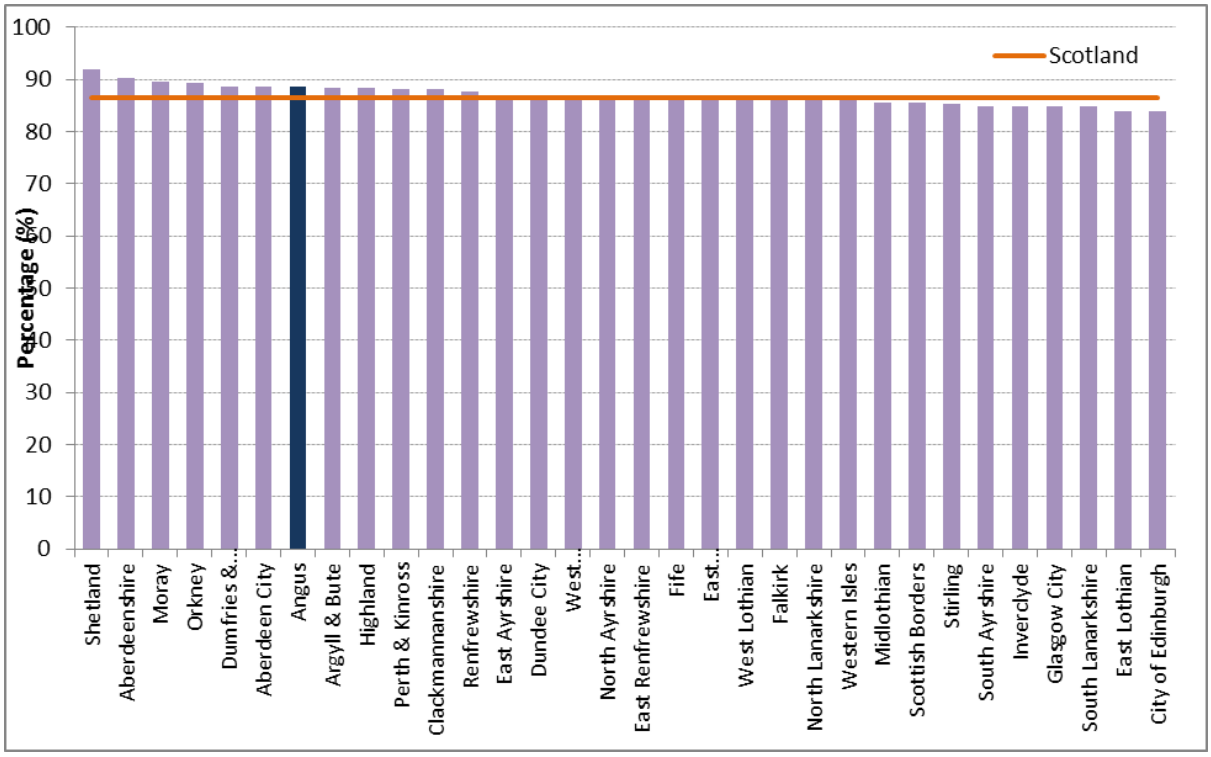
NI 13 Emergency bed day rate



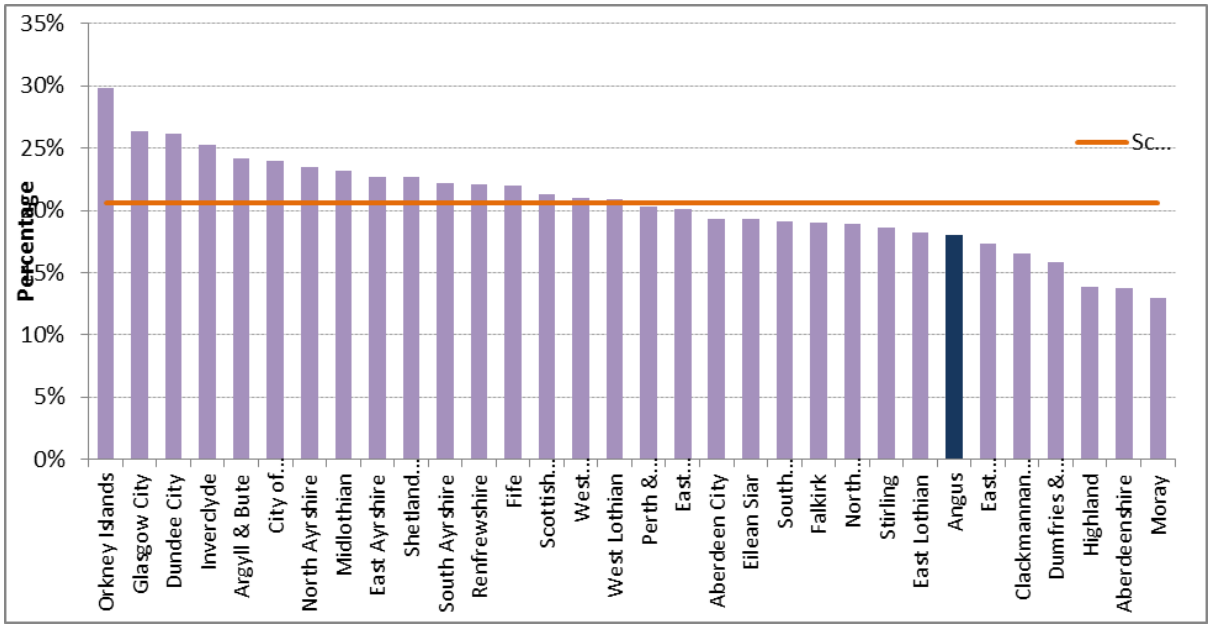
NI 14 Readmission to hospital within 28 days



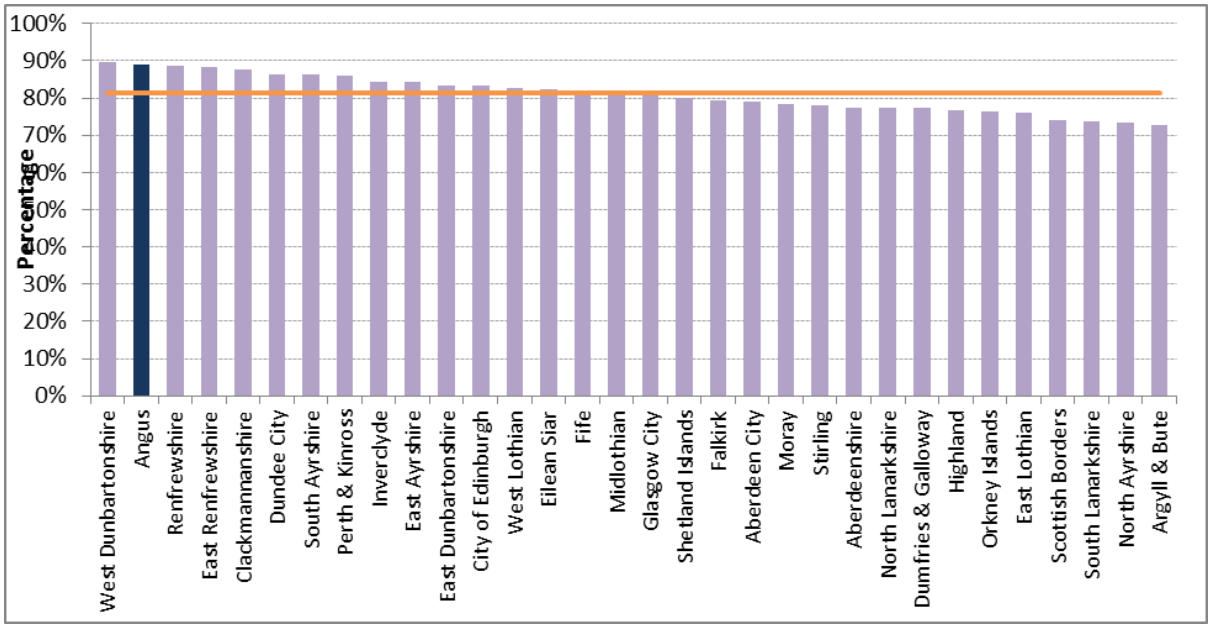
NI 15 Proportion of last 6 months of life spent at home or in a community setting



NI 16 Falls rate per 1,000 population aged 65+

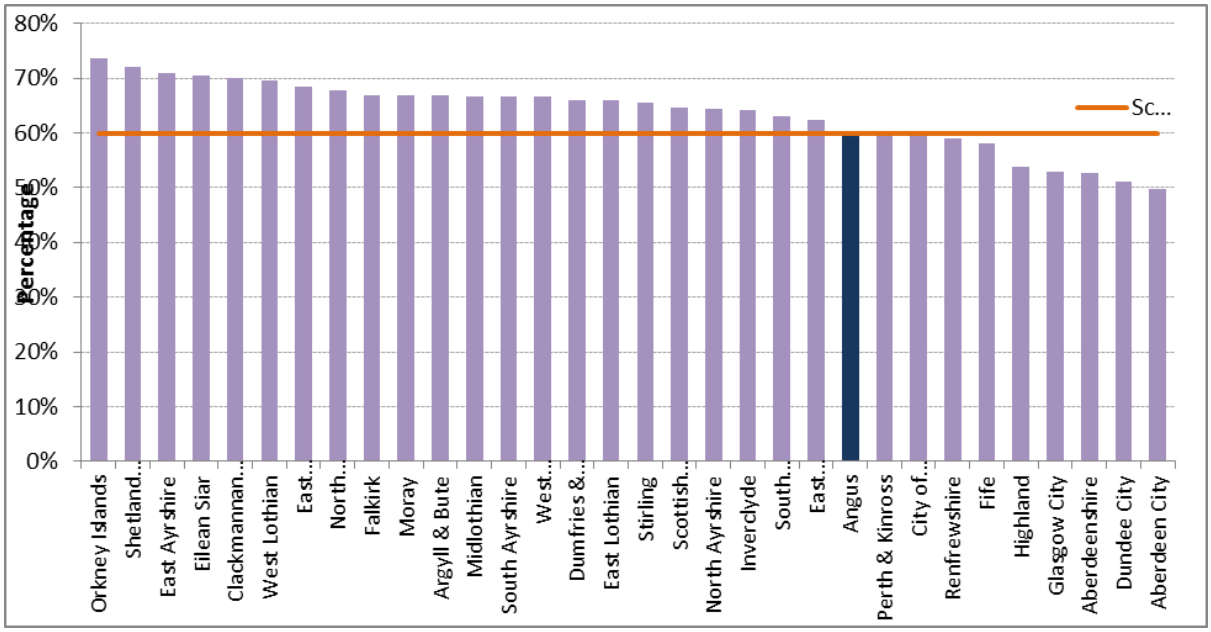


NI 17 Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections*

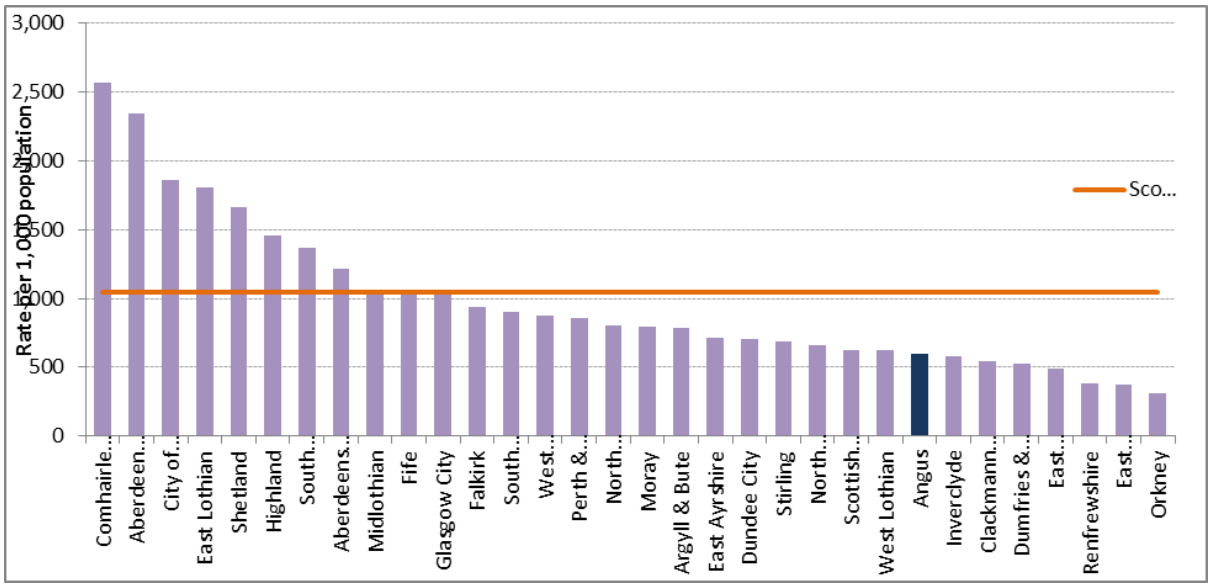


Note: *the Care Inspectorate have advised that this indicator is developmental

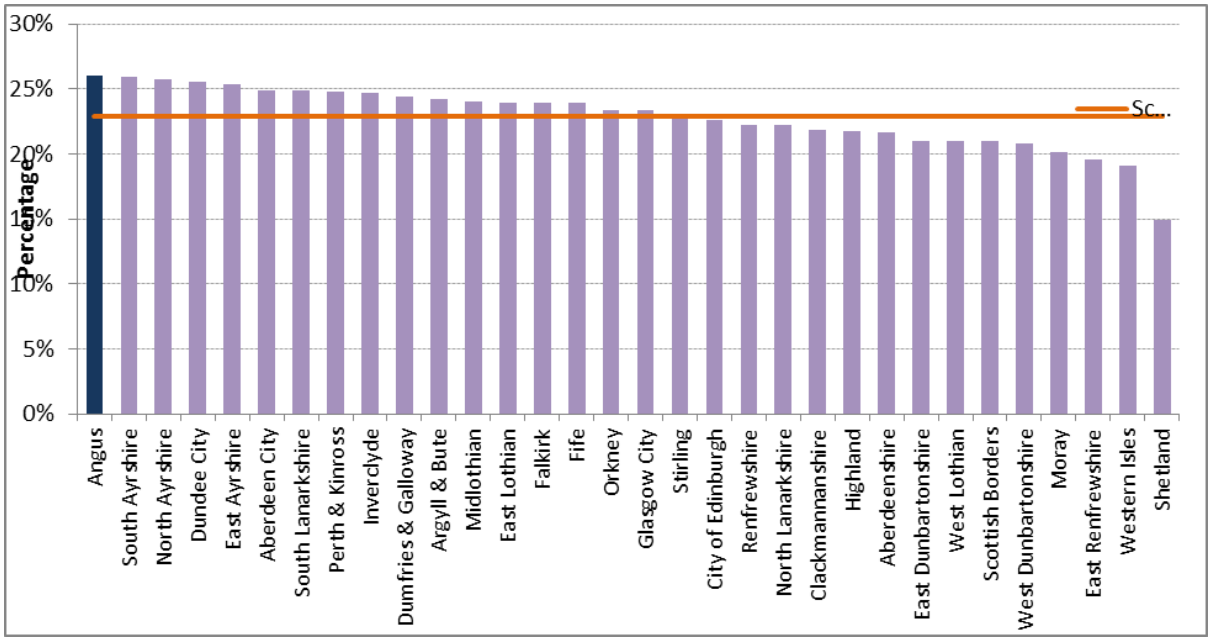
NI 18 Percentage of adults with intensive care needs receiving care at home



NI 19 Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population



NI 20 Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency*



Note: * cost of emergency bed days for adults

NI 21 Percentage of people admitted to hospital from home during the year, who are discharged to a care home

Indicator under development.-

NI 22Percentage of people who are discharged from hospital within 72 hours of being ready

Indicator under development.

NI 23Expenditure on end of life care, cost in last 6 months per death

Indicator under development.