



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	30 <sup>th</sup> August 2022
<b>Report Title</b>	ACHSCP Annual Performance Report
<b>Report Number</b>	HSCP22.070
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<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	a. Annual Performance Report 2021-22

### 1. Purpose of the Report

- 1.1. The purpose of this report is to seek approval from the Integration Joint Board (IJB) to publish the Annual Performance Report (APR) for 2021-22 (attached as Appendix A) and also to instruct the Chief Officer to present this to both Aberdeen City Council and NHS Grampian for their information.

### 2. Recommendations

- 2.1. It is recommended that the IJB:

- a) Note the performance that has been achieved in 2021/22, the final year of the last Strategic Plan.
- b) Approve the publication of the Annual Performance Report 2021-22 (as attached at Appendix A) on the Aberdeen City Health and Social Care Partnership's (ACHSCP) website.
- c) Instruct the Chief Officer to present the approved Annual Performance Report to both Aberdeen City Council and NHS Grampian Board.



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### 3. Summary of Key Information

- 3.1. Under the terms of the Public Bodies (Joint Working) Act 2014, the APR must outline a description of the extent to which the arrangements set out in the Strategic Plan have been achieved, or have contributed to achieving, the national health and wellbeing outcomes.
- 3.2. Neither the legislation nor accompanying guidance prescribes a specific template to be used for the APR. Each partnership can design its own format to best explain and illustrate its performance. The design of this year's report is based mainly on the very visual and easy read format which was well received for the previous two years APR's.
- 3.3. Last year's report devoted a section to Covid-19 and Aberdeen City Health and Social Care Partnership's response to this. This year, we have resumed our format of detailing our progress under each strategic aim whilst also making reference to the ongoing impact which Covid-19 has had on our staff, our services, and our remobilisation efforts.
- 3.4. The IJB are asked to note the significant progress made despite the challenging environment staff were working in. The delivery of the Covid Vaccination Programme; progress against our Primary Care Improvement Plan; the ongoing work of our Link Practitioners and our Stay Well Stay Connected Programme; and the significant contribution of the Rosewell House facility supported by Bon Accord Care, our Hospital at Home Team, and the new Care at Home arrangements delivered by the Granite Care Consortium assisted in keeping people safe at home and enabling timely discharges. These all helped to reduce the intense level of pressure on hospitals and the Scottish Ambulance Service, particularly in recent months.
- 3.5. As in previous years, and in agreement with colleagues nationally, we have produced two appendices (found within the APR) which indicate our performance against the national and Ministerial Steering Group (MSG) indicators. These enable nationwide benchmarking. Whilst performance against many of the indicators, particularly the subjective ones around patient and client experience, has deteriorated this is likely to be as a result of the Covid-19 pandemic conditions and is largely replicated in the Scottish average. The results from the Health and Care Experience Survey will be



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reviewed alongside our primary care colleagues and discussed within our Clinical and Care Governance Groups.

- 3.6.** In terms of the national indicators, the following are worthy of note: -
- 3.6.1. The number of carers who feel supported to continue in their caring role was on a par with the Scottish average last year and although it has dipped this year it has not dipped as far as the Scottish average.
  - 3.6.2. The **percentage of adults who agreed they felt safe at home** fell by nine percent, but the Scottish average only fell 3 percent. This is an area of focus in our new Strategic Plan with significant activity planned around rehabilitation and complex care.
  - 3.6.3. Our **premature mortality rate** increased by double the rate of the Scottish average (6% against 3%). Whilst this needs further investigation in relation to any specific areas of concern, we have committed to a significant programme of work around Prevention in our new Strategic Plan.
  - 3.6.4. Our **Emergency Admission Rate** increased by 1.4% however the Scottish average increased by 4.8% which perhaps demonstrates the intense focus of staff efforts around diverting emergency admissions.
  - 3.6.5. Our **Emergency Bed Day Rate** increased by 3.2% and the Scottish average increased by 4.8%.
  - 3.6.6. Our **readmission rate** reduced from our previous rate which is encouraging as this has been an area of poor performance in the past. Whilst the Scottish average also improved that improvement was at a rate of 14.2% whereas our improvement was 16.5% which makes our performance in this area all the more impressive.
  - 3.6.7. Our **falls rate** reduced slightly whereas the Scottish average stayed the same.
  - 3.6.8. The **proportion of our care services which were graded good or better** by the Care Inspectorate fell significantly by 13%. Whilst the



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Scottish average also fell this was only by 6%. It should be remembered that Aberdeen City commission almost 100% of our social care services from external providers. These providers faced significant challenges throughout the Covid-19 pandemic. We have retained the Care Home Oversight Group whose role it is to work with providers to improve the quality of service provided.

- 3.6.9. The **number of days people spent in hospital when they are ready to be discharged** increased by 17% however the Scottish average increased by 57.2%. This significant differential from the Scottish average performance is a result of the intense focus and effort of our teams to achieve safe and timely discharges and as a result of the IJB's support in transforming services particularly around the implementation of the Granit Care Consortium Care at home Contract, the redesign of Rosewell House and the increased resourcing of Hospital at Home.
- 3.7. The MSG indicators show a mixed set of results with the number of **emergency admissions** and **A&E Attendances**, both increasing from the 2020/21 figures but both being below the 2019/2020 level. **Delayed Discharge Bed Days** increased on the 2020/21 figure but are 40% lower than the 2019/20 figure. **Unscheduled bed days for Geriatric Long Stay** have reduced significantly with the current figure being 24.7% below the average over the last three years. Again, all of these are testimony to the efforts of staff and the support of the IJB in transforming service delivery.



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### 4. Implications for IJB

#### 4.1. Equalities, Fairer Scotland and Health Inequality

The APR demonstrates our performance in general across services delivered to the whole population dependent on need, including those with protected characteristics such as age and disability and people experiencing inequality. It helps us identify areas for improvement.

#### 4.2. Financial

There are no direct financial implications arising from the recommendations of this report. All services are delivered within existing agreed budgets.

#### 4.3. Workforce

There are no direct workforce implications arising from the recommendations of this report. All services are delivered by existing workforce under the terms and conditions of the employing organisation.

#### 4.4. Legal

Under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014, we have a statutory obligation to publish an Annual Performance Report. As in other years, due to governance arrangements, we are unable to publish a final report within the stipulated timescale (4 months after the end of the financial year (i.e. 31st July 2022)). This is due to the necessary inclusion of budgetary information and the need to report on national health and wellbeing outcomes which are unavailable in time for the June IJB reporting cycle. This is similar to many Partnerships and there is an acceptance at Scottish Government level that this is the case. Particularly in these last two years, leeway has been given to the publication timescale extending it as far as November 2022. If the APR was not to be approved and published, we would be in breach of our legal obligation which would damage the reputation of the IJB and give rise to uncertainty around its performance.



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### 4.5. Covid-19

There are no direct Covid-19 implications in relation to the APR. The report itself discusses the continued response to Covid and the vaccination programme.

### 4.6. Unpaid Carers

There are no direct implications for Carers in relation to the APR. The report discusses ongoing work with unpaid carers, and it is anticipated that the impact of the refresh of the Carers Strategy will feature in next year's APR.

### 4.7. Other

None

## 5. Links to ACHSCP Strategic Plan

- 5.1. The APR demonstrates the progress made in the final year of the ACHSCP's Strategic Plan 2019-2022.

## 6. Management of Risk

### 6.1. Identified risks(s)

There is a risk that we breach our legal obligation under the Public Bodies (Joint Working) (Scotland) Act 2014 (as described at 4.4 above) and also that we are not transparent and open about our performance.

### 6.2. Link to risks on strategic or operational risk register:

This report links to Strategic Risk 5

Cause: Performance standards/outcomes are set by national and regulatory bodies and those locally determined performance standards are set by the board itself.



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Event: There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory and local standards.

Consequence: This may result in harm or risk of harm to people.

This risk is currently sitting at High.

**6.3. How might the content of this report impact or mitigate these risks:**

This report gives the IJB assurance on the areas where we are performing well and highlights areas where performance could be improved allowing remedial activity to be directed where required.

	Sandra Macleod (Chief Officer)
	Paul Mitchell (Chief Finance Officer)