

Meeting of South Ayrshire Health and Social Care Partnership	Performance & Audit Committee
Held on:	20th February 2024
Agenda Item:	8
Title:	Community Health and Care Services 6 monthly Performance Report
Summary:	
<p>The purpose of this report is to submit for consideration the Partnership Performance Report for Community Health and Care Services, comprising of both baseline information and, where available, information for the period up to end of December 2023.</p>	
Author:	Billy McClean, Head of Community Health and Care
Recommendations:	
<p>It is recommended that the Performance and Audit Committee</p> <p>i. Considers and notes the performance data detailed in Appendix 1.</p>	
Route to meeting:	
<p>Performance report submitted to the Performance and Audit Committee on a six-monthly basis.</p>	
Implications:	
Financial	<input type="checkbox"/>
HR	<input type="checkbox"/>
Legal	<input type="checkbox"/>
Equalities	<input type="checkbox"/>
Sustainability	<input type="checkbox"/>
Policy	<input type="checkbox"/>
ICT	<input type="checkbox"/>

COMMUNITY HEALTH AND CARE PERFORMANCE REPORT

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide an update to the Performance and Audit Committee on the Community Health and Care 6 monthly performance report.

2. RECOMMENDATION

2.1 **It is recommended that the Performance and Audit Committee**

- i. **Considers and notes the performance data detailed in Appendix 1.**

3. BACKGROUND INFORMATION

- 3.1 Performance information detailed in Appendix 1 is provided up to the 31st December 2023 where available, or alternatively the most recently published data is provided. Performance information was previously reported every six months to the Performance and Audit Committee, prior to the Covid Pandemic, and the next report will cover the period to 30th June 2024.

4. REPORT




- 4.1 It is proposed that the Performance and Audit Committee considers the progress that has been made against the performance measures in the attached report.

- 4.2 This is a revised version of the previous 6 monthly report following a review of the existing measures and a realignment of the measures against the SAHSCP Strategic Plan Objectives. The report no longer includes Public Health Measures, ADP Measures and Adult Support and Protection Measures as these are already reported to other governance panels and committees as part of existing reporting mechanisms. The revised report includes the following new measures:

- 1.3 Healthy Life Expectancy and Life Expectancy by Locality.
- 2.2 % of Carers who are supported to continue in their caring role.
- 3.8 Rate of Mental Health Bed Days aged 18+
- 3.10 Proportion of people who are able to spend the last 6 months of life at Home or in a community setting
- 3.11 % of adults supported to live as independently as possible
- 4.1 % of adults supported at home who agree they feel safe
- 5.1 Joint Adult Inspection Report Gradings
- 5.2 No. of staff who have undertaken Quality Improvement Modules
- 5.3 Proportion of care services graded "good" or better in Care Inspectorate Inspections
- 5.4 % of staff with completed Annual PDR's
- 5.5 Absence rates across Community Health and Care
- 6.4 Care Opinion Results
- 6.5 I-Matter Results
- 6.6 % of Adults who agree that they had a say in how their help, care or support was provided
- 6.7 Increase in the number of service users with Future Care Plans
- 6.8 Learning Disability Social Work Satisfaction Survey Results
- 7.1 Increase in referrals from the HSCP to the Information and Advice Hub

for Income Generation

- 4.3 A summary position is provided in the table below to show the numbers of indicators highlighted with red, amber or green status across the indicators within the report.

Indicator Status		Number (%) of Indicators at each Status Level
	No concerns	19 (61%)
	Some concerns	9 (29%)
	Major concerns	1 (3%)
	Data under development	2 (6%)
TOTAL		31

4.4 Remedial Action for Measures with Major Concerns.

4.5 Rate of Delayed Discharges aged 18+

4.6 The rate of delayed discharges aged 18+ rose markedly during the autumn and winter of 2022. The numbers peaked in December 2022 when there were 152 patients delayed. There was a reduction between January and March 2023 when the figures reduced to 81. After a further peak in July to 42.1 the rate then reduced to 33.1 in September 2023.

4.7 The rise in the numbers of delayed transfers of care is largely due to workforce and recruitment issues within the care at home sector during this period. A number of workstreams and initiatives have been established to address these issues including:

- **Recruitment.** A dedicated recruitment officer specifically for care at home.
- **Demand and Capacity.** Contracted a Business Intelligence analyst to support the work of the partnership to understand demand, capacity and queue.
- **Racecourse Road Intermediate Care Unit** The unit offers an intensive period of reablement with a view to reducing the demand on mainstream care at home services on discharge.

5. STRATEGIC CONTEXT

5.1 The report links the performance measures to the IJB Strategic Plan Strategic objectives:

1. We focus on prevention and tackling inequality.
2. We nurture and are part of communities that care for each other.
3. We work together to give you the right care in the right place.
4. We help to build communities where people are safe.
5. We are an ambitious and effective Partnership.
6. We are transparent and listen to you.
7. We make a positive impact beyond the services we deliver.

6. IMPLICATIONS

6.1 Financial Implications

6.1.1 There are no specific financial implications arising directly from the consideration of this report.

6.2 Human Resource Implications

6.2.1 There are no specific human resource implications arising directly from the consideration of this report.

6.3 Legal Implications

6.3.1 There are no specific legal implications arising directly from the consideration of this report.

6.4 Equalities implications

6.4.1 There are no specific equality implications arising directly from the consideration of this report.

6.5 Sustainability implications

6.5.1 There are no sustainability implications arising directly from the consideration of this report.

6.6 Clinical/professional assessment

6.6.1 There is no requirement for a clinical/professional assessment.

7. CONSULTATION AND PARTNERSHIP WORKING

7.1 This report has been prepared in consultation with relevant officers.

8. RISK ASSESSMENT

8.1 There are no immediate risks associated with the approval of this report.

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BACKGROUND PAPERS

None

07.02.2024