

Meeting of South Ayrshire Health and Social Care Partnership	Performance & Audit Committee	
Held on:	30 June 2022	
Agenda Item:	7	
Title:	Community Health and Care 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 comprising both baseline information and where available information for the period up to end of March 2022.</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 March 2022 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 31st October 2022.


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.

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. 35% (n=10) of indicators present **no concerns**, 41% (n=12) present **some concerns**, and 17% (n=5) present a **higher level of concern**, with 7% (n=2) **not applicable**.

Indicator Status		Number of Indicators at each Status Level
	No concerns	10
	Some concerns	12
	Major concerns	5
N/A	Not Applicable	2
TOTAL		29

5.1. Remedial Action Being Taken Against Measures Noted as Major Concerns for Community Health and Care

Status	Indicator Description	Indicator No.
	Readmissions to an acute hospital within 28 days of discharge.	1.5

●	Delayed discharge bed days all reasons rates per 1000	2.1
●	Delayed discharges of more than 2 weeks	2.2
●	% of ASP Investigations completed within 8 working days from referral	7.3
●	Rate of drug related hospital stays per 100,000 population	9.1

5.1.1. Readmissions to an acute hospital within 28 days of discharge.

Readmission rates in South Ayrshire have been a problem for many years and continue to be a problem. Investment in reablement, support around care homes, enhanced intermediate care and teams around the practice during 2020/21 were aimed at strengthening community supports. System pressures due to COVID during 2020/21 had a negative impact on this measure across Scotland. During 2022/23 SA HSCP is working with NHS A&A to implement a Hospital at Home team to provide an alternative to acute admission.

It should be noted that South Ayrshire has a very high proportion of Older People and a high dependency ratio which will have an impact on admissions to hospital due to the large numbers of people living with frailty.

5.1.2. Delayed discharge bed days all reasons, rates per 1000

The bed day rate per 1000 population has continued to increase since August 2021. Ongoing issues around recruitment to Care at Home and Care Home closures due to COVID led to a significant increase in delayed discharges during this period. However more recent local data shows a marked reduction in delays over the past couple of months from 95 in April 2022 to 58 in June 2022.

Referral numbers for care at home remain very high with South Ayrshire being an outlier in Scotland for the numbers of people requiring care at home and the large care packages required to support people to return home. The highest rate of bed days by locality is in Troon. There have been particular issues in sourcing Care at Home in this locality which has resulted delayed transfers of care and higher bed day rates.

5.1.3. Delayed discharges of more than 2 weeks

The number of delayed transfers of care by over two weeks has shown a general increase over the past 2 years with a reduction during spring of 2021. The senior team within South Ayrshire meet weekly to focus on those patients delayed for over 10 days as the operational teams work to identify actions to ascertain capacity across the system. The system remains challenged due to a number of factors and the HSCP remains in a position where demand continues to outstrip capacity.

The following are some of the issues impacting on delayed discharges:

- 80% of current Home care capacity in South Ayrshire is provided by Private providers who are struggling with staff shortages, sickness, annual leave and recruitment.
- The lack of external Care at Home (CAH) capacity impacts on the Reablement service who are unable to transfer those people who require an ongoing mainstream care service, thus reducing the numbers who can be discharged from hospital and supported to return to previous levels of independence.
- Recruitment into our internal Home Care services and our community CAH partners remains challenging due to a lack of applicants to these roles. We are currently exploring the use of funding related to these unfilled posts to recruit to roles where we know there are a high number of suitable applicants looking for work.
- The potential for private providers to hand back care remains high. The in-house CAH teams are working to support providers through this difficult period.
- Due to the focus of services on reducing delayed discharges from the hospitals, the number of people waiting for home care in the community continues to rise. We are currently exploring a Test of Change for the development of a small team of Occupational Therapy Assistants to provide support and address specifically the unmet needs we have.

5.1.4. % of ASP Investigations completed within 8 working days from referral

Discussions with Social Work Team Leaders have identified a number of factors which have contributed to Investigations not being completed within the target timescale. These include the time taken for partners to respond to requests for information (particularly with respect to financial harm and formal Section 10 requests), the amount of time required to establish contact with individuals whose lives are affected by alcohol and or drugs and may also be reluctant to engage with Social Work, and the availability of Council Officers within the Team due to staff absence.

It is recommended that the Adult Support and Protection Committee consider whether the current target timescales for Inquiries and Investigations are purposeful and continue to reflect the nature and complexity of Adult Support and Protection practice.

5.1.5. Rate of drug related hospital stays per 100,000 population

The ADP is exploring the possibility of further analysis of the data to gain an increased understanding of people being admitted to hospital and interventions which could be put in place to support individuals and reduce

hospital stays. This increase is comparable to the increase in drug related deaths both locally and nationally.

6. 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.

7. 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.

8. CONSULTATION AND PARTNERSHIP WORKING

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

9. RISK ASSESSMENT

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



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BACKGROUND PAPERS

None

23.06.2022