

Meeting of South Ayrshire Health and Social Care Partnership	Performance and Audit Committee														
Held on	1st August 2023														
Agenda Item:	4														
Title:	Community Health and Care Services 6 monthly Performance Report														
<p>Summary: The purpose of this report is to submit for consideration the Performance Report for Community Health and Care Services, comprising of both baseline information and, where available, information for the period up to end of June 2023.</p> <p>The report has been revised during 2022-23 and will undergo more radical revision during the next reporting period with the aim of delivering on the outcomes of the recent IJB Self-Evaluation Workshop (March 2023):</p> <ul style="list-style-type: none"> - Providing greater focus on a smaller number of measures. - Ensuring performance measures align to the Strategic Plan. - Providing measures and progress updates across three domains; 1) National measures that must be reported 2) Locally agreed measures aligning performance to the objectives within the IJB Strategic Plan 3) Service level measures to demonstrate progress against service level improvement plans (Learning Disabilities, Mental Health and Older People). 															
Author:	Rachael Graham, Coordinator Planning & Performance														
<p>Recommendations:</p> <p>It is recommended that the Performance and Audit Committee</p> <p>i. Considers and notes the performance data detailed in Appendix 1.</p>															
<p>Route to meeting: Performance report submitted to the Performance and Audit Committee on a six monthly basis.</p>															
<p>Implications:</p> <table border="0"> <tr> <td>Financial</td> <td><input type="checkbox"/></td> </tr> <tr> <td>HR</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Legal</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Equalities</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Sustainability</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Policy</td> <td><input type="checkbox"/></td> </tr> <tr> <td>ICT</td> <td><input type="checkbox"/></td> </tr> </table>		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"/>
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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 1st June 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 31st December 2023.

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.

Indicator Status		Number (%) of Indicators at each Status Level
	No concerns	17 (61%)
	Some concerns	9 (32%)
	Major concerns	2 (7%)
TOTAL		28

4.2 Key Improvements

Despite the very challenging pressures across the health and care system over recent years there have been some key improvements in performance for South Ayrshire:

- 4.2.1 Rate of Emergency Department Admissions reduced from over 8 per 1000 in 2017 to 5 per 1000 in 2023.
- 4.2.2 Emergency Department conversion rate reduced from over 30 per 1000 in 2019 to 25 per 1000 in 2023

- 4.2.3 The rate of Acute Bed Days in South Ayrshire peaked at 121.6 in May 2022 and has since reduced to 83.5 in March 2023, the lowest reached since June 2020.
- 4.2.4 Readmissions to an Acute Hospital within 28 days of discharge reduced from a peak of 128 in 2020/21 to 101 in 2022. This is the lowest rate in South Ayrshire since reporting began against this measure.
- 4.2.5 A number of key challenges are reported throughout the report in Appendix 1 and are summarised below.

4.2 Delayed discharge bed days all reasons, rates per 1000

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. 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 who has led on a range of recruitment activity.
- **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.
- **Reablement Unmet Need Assessment Team (RUNAT)** have reviewed 207 people who were awaiting care in the community. 96% required no further care.

4.3 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 and summer 2022. 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 the factors outlined at 2.1 above. Analysis of local more recent data demonstrates some improvement with the Average length of stay (Median) reducing from 7.2 weeks in January to 5.7 weeks in July 2023. The median has also reduced from 5.3 to 3.9.

4.4 Percentage of ASP Inquiries completed within 5 working days.

The performance for 2022/23 was 74% which is significantly below the within target completion rate for 2021/22 of 84%. Although the most recent annual performance compared to the previous year had declined there is evidence of improvement in the most recent quarterly reporting period with 85% being completed within the target timescales. There were some issues with staffing challenges during 2022/23 which will have impacted on the extent to which Inquiries were completed within target timescales. These completion rates are being closely scrutinised by the Management team and Adult Protection Committee.

4.5 Rate of drug related hospital stays per 100,000

Drug related hospital stays in South Ayrshire peaked in 2018/19 at 375.63 per 100,000 population. The rate of stays in South Ayrshire is significantly higher than the national average. There has been improvement over the past 3 years with the rates decreasing from 359.75 in 2020/21 to 340.74 in 2021/22.

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.

4.6 Rate of alcohol related acute hospital stays per 100,000

The rate of alcohol related hospital stays decreased between 2017/18 and 2021/22 from 829 to 750, however the rate in South Ayrshire has been consistently higher than the national average which was 650 in 2021/22.

During 2022-23 the Alcohol and Drug Partnership (ADP) concluded their independent three phase learning review and published their new [Change Story](#) on the 4 November 2022. The ADP had been adapting and flexing its services and support in the light of Covid-19 and this impacted on how the ADP worked with young people, carers and families, their work on reducing alcohol and drug related deaths, prevention and early intervention, strength in recovery and transitions work.

4.7 Premature mortality rate per 100,000

The death rates for South Ayrshire residents aged under 75 increased from 380 in 2019 to 451 in 2021. This is lower than the National Average of 466. South Ayrshire has the 14th highest premature mortality rate out of the 32 partnership areas. Glasgow City has the highest rate at 661 and East Dunbartonshire has the lowest at 289. East and North Ayrshire both have a higher than national average rate at 556 and 568 respectively. Updated figures will be published later in 2023.

We recognise the importance of prevention and early intervention approaches in improving opportunities and life chances for everyone in South Ayrshire. We believe that our prevention and early intervention approaches should be embedded across the life course, from pre-birth and parenting support to ensure our youngest children achieve their developmental milestones, to supporting our older population who may be socially isolated and turn to substances as coping mechanisms.

We believe that everyone has a role to play in prevention and helping to address the social causes of poor health and inequality. We are committed to working in partnership to reduce the gap in outcomes for individuals living in the most and least deprived areas within our communities.

4.8 Proposed Revisions to This Report

The report has been revised during 2022-23 and will undergo more radical revision during the next reporting period with the aim of delivering on the outcomes of the recent IJB Self-Evaluation Workshop (March 2023):

- **Providing greater focus on a smaller number of measures.** It is proposed that the ASP measures are removed as these are reported through Adult Protection Committee and Chief Officers Group. It is proposed that the Alcohol and Drug Partnership (ADP) measures are removed and that these are reported separately by the ADP. It is proposed that the public health measures are removed as these are monitored and reported through public health.
- **Ensure performance measures align to the strategic plan.** It is proposed that 1-2 measures per objective are identified and reported for Adult Services.
- **Ensure focus on key National Measures.** There are some measures that must be reported.
- **Agree service level measures to demonstrate progress against service level improvement plans (Learning Disabilities, Mental Health and Older People).** These may change every 6-12 months depending on the area of focus for improvement. PAC may prefer to receive these as separate updates for each service level plan.

A workshop will be held 4th September to review the performance dashboard that will shape the future of this report. A revised draft report will be brought to PAC in January 2024.

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 The 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

28.07.2023