

Health and Sport Committee

Pre-Budget Scrutiny 2020-2021

Submission from Aberdeen City Integration Joint Board

Introduction

This paper is submitted by Aberdeen City Integration Joint Board in support of evidence to be presented at the meeting of the Health and Sport Committee on 4th June 2019. The focus of the submission is specifically on performance data in relation to delayed discharge and unscheduled hospital admissions as outlines in the invitation to attend.

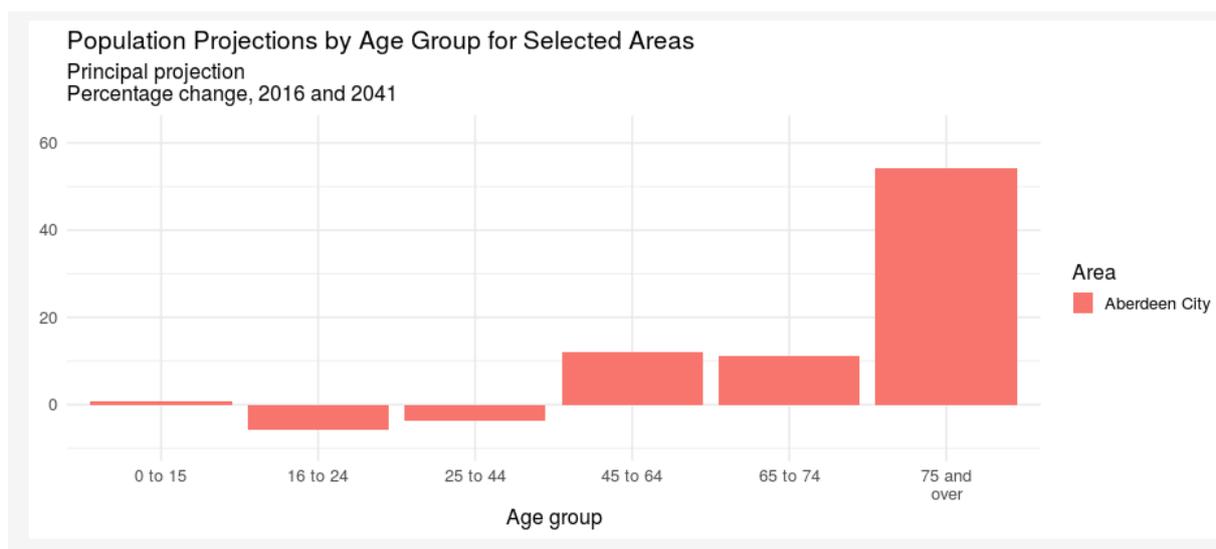
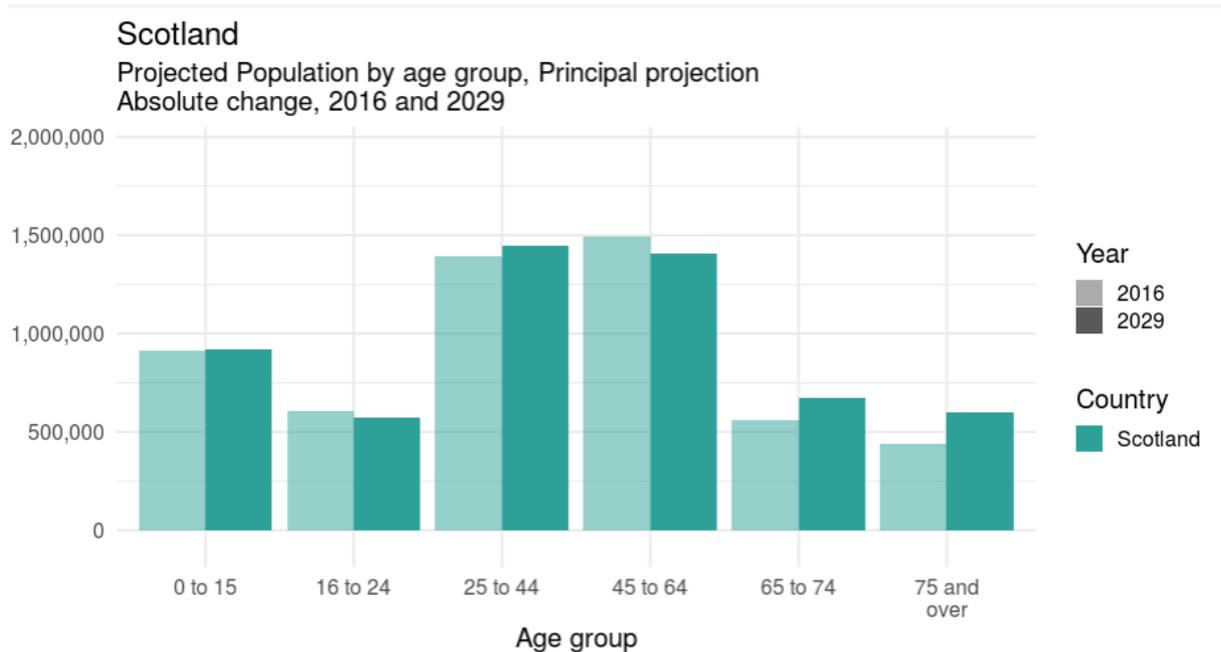
Aberdeen City Context

Following an 11-year period of year-on-year increases, the population of Aberdeen has decreased in recent years and is currently at 228,800 (2017) – a drop of 1,550 since 2015. The decrease in population has been driven by a combination of increased net outmigration (mainly from Aberdeen City to other parts of Scotland) combined with reduced net in migration from overseas, resulting in overall negative net migration to the City (-2,385 between 2015 and 2017). However, the effect of this was mitigated by positive natural change in the City (i.e. there were more births than deaths) of 794. The recent decreases in population notwithstanding, population levels are still relatively high with an overall increase of 5.3% (11,500 people) since 1997.

Compared to Scotland, Aberdeen has a relatively young population. The median age in Aberdeen is 36 years compared to 42 years for Scotland. Comparison of broad age structures shows that Aberdeen has a higher proportion of working age people (69% compared to 64%) and a lower proportion of under 16 year-olds (15% compared to 17%) and people of pensionable age (16% compared to 19%) than does Scotland.

By 2026 the population of Aberdeen is projected to increase by 3.2% to 237,169, with the largest projected increase in the 75+ years age group (15.5%). In terms of size, however, the 25-44 year age group is projected to remain the largest age group and the 75+ years group the smallest. These estimates are based on the principle projection. Variant projections are also produced. Of these, the 'low migration' variant most closely matches our current situation. This projects that the population of Aberdeen City will fall by 0.3% between 2016 and 2026 giving an estimated population of 229,172. (1)

1. Aberdeen City Population needs assessment 2018
<https://communityplanningaberdeen.org.uk/wp-content/uploads/2018/08/PNA-DRAFT-V3-1.pdf>
2. <https://www.aberdeencity.gov.uk/sites/default/files/2018-03/2016-based%20population%20projections%20%281%29.pdf>



While Life Expectancy (LE) counts total years of expected life regardless of level of health, Healthy Life Expectancy (HLE) represents the number of years that an individual can expect to live in good health. Information on HLE at local authority level uses self-assessed health from the Census and is therefore not available on a frequent basis. The most recent HLE estimates for Aberdeen are for the 5-year period 2009-2013.

For the period 2009-2013, **males** in Aberdeen City had a LE at birth of 76.9 years and a HLE of 65.0 years, giving an expected period of **'not healthy' health of 11.9 years**. For **females** in Aberdeen City, life expectancy at birth was 81.2 years and healthy life expectancy was 67.4 years, giving an expected period of **'not healthy' health of 13.8 years**. So, while women have a higher life expectancy, they also experience a longer time in 'not healthy' health than men. This pattern is consistent with Scotland as a whole – although both LE and HLE are slightly higher in

Aberdeen City than in Scotland for both males and females. In Scotland men have an expected period of 'not healthy' health of 13.5 years. For women the figure is 15.6 years [11]

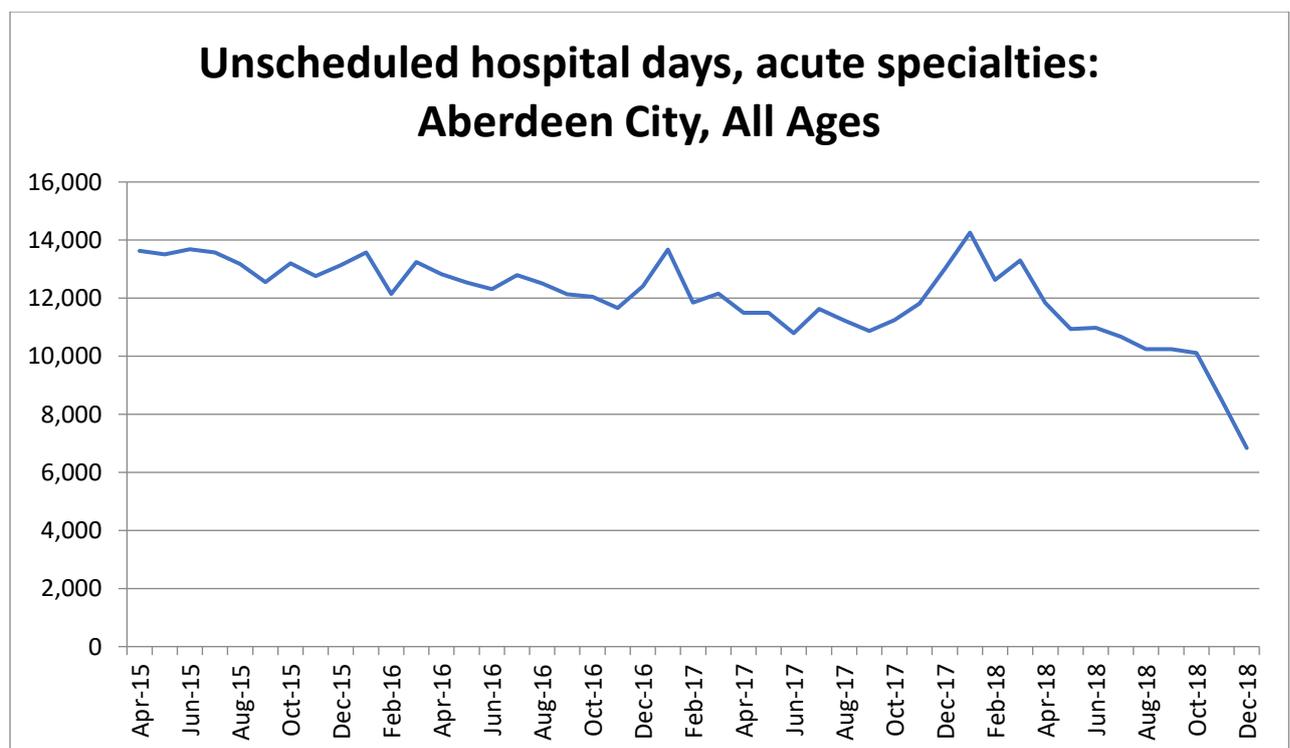
As with life expectancy, healthy life expectancy is strongly associated with deprivation. While no data is available at local authority level, in Scotland, the expected period of 'not healthy' health increased with increasing deprivation. For males the estimated period of 'not healthy' health ranged from 9.9 years in the least deprived quintile to 17.7 years in the most deprived quintile. The length of time a female could expect to spend in 'not healthy' health ranged from 11.3 years for a woman in the least deprived quintile to 21.0 years in the most deprived quintile. Another way of saying this is that a woman born in the least deprived quintile could expect to live 13% of her life in 'not healthy' health compared to a woman in the most deprived quintile who could expect to live over a quarter (27%) of her life in 'not healthy' health

Emergency Admission Rates

A&E attendances across Aberdeen City have shown an increase in 65+ age range, while all ages remains fairly static.

Emergency admission across Aberdeen City have fluctuated across arrange of 1801-1740 from April 2015 to December 2018. This reflects a fluctuating picture across a small range.

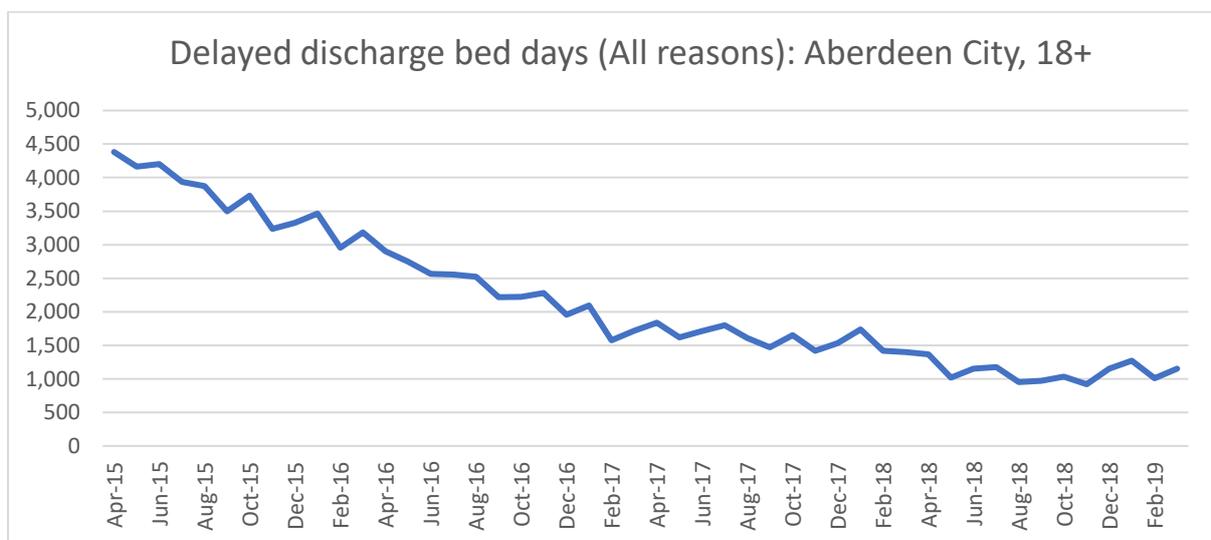
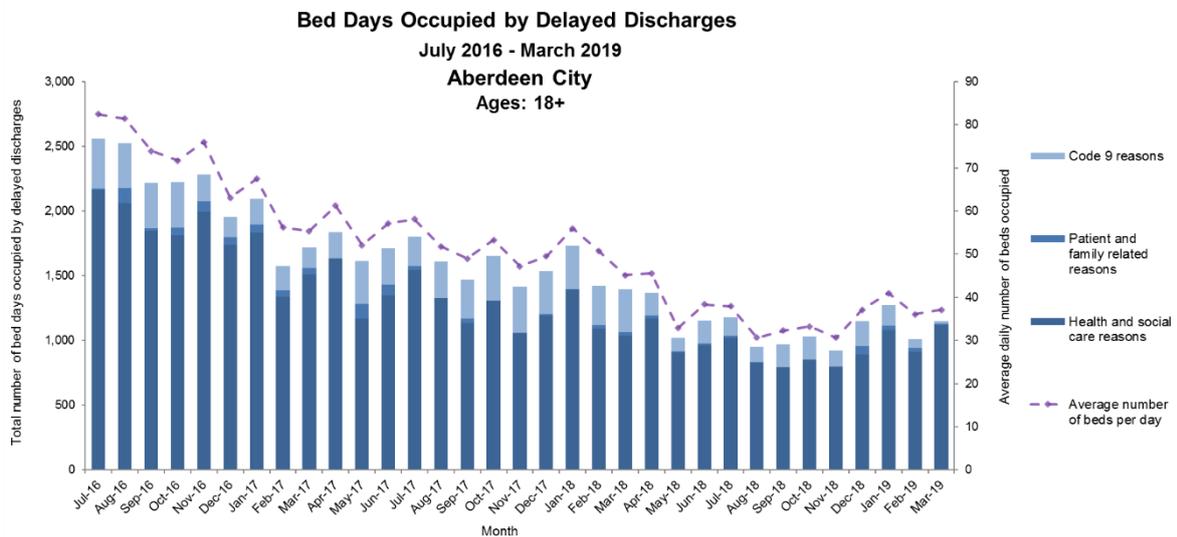
Unscheduled bed days has reduced significantly with 18+ showing a drop of 49% and 65+ a drop of 47% in actual unscheduled bed days.



Delayed Discharge – Aberdeen City

Aberdeen City Health and Social Care Partnership has shown sustained improvement in its delayed discharge performance since 2015 (where, at that time, the Partnership was ranked as one of the worst performing in Scotland). Through a programme of dedicated work focussing on delays (alongside wider prevention workstreams), year on year decreases have been achieved. Comparing the total number of bed days lost to delayed discharges in year 2015/16 to the bed days lost in the most recent full year, 2018/19, there has been a 70% decrease recorded.

Aberdeen City’s key ongoing areas of pressure relating to delayed discharges are primarily in the social care sector, with delays continuing to occur due to both care home place supply and a lack of care at home provision. These are being addressed as part of wider work within the Partnership relating to its strategic commissioning within the social care sector.



Improvement Activity

Unscheduled Care and Acute Care at Home

In Aberdeen City we are bringing together the different teams undertaking elements of Unscheduled Care. Services like Acute Care at Home and the City Visiting service which completed home visits on behalf of GPs are being aligned. The longer-term vision is that advanced practice unscheduled care approaches become deliverable through existing community teams using a multi-disciplinary approach. This will see a whole-system **stepped care approach** delivered within localities where local teams will be able to step-up and step-down care (including care at home) in an agile, flexible and responsive manner.

Acute Care at Home (AC@H) is a new model of care delivery developed over the last 12 months within Aberdeen City to provide initial assessment, care and treatment for older adults, particularly those living with frailty. The service, delivered by a multi-professional team (Nursing and AHP) including Advanced Clinical Practitioners, supports active recovery on discharge from hospital and admission avoidance. The average length of stay is 6 days with an average of 20 admissions per month which continues to rise. It is a 7-day service which has established links to existing community health and social care services to support streamlined provision of health and social care. As a key service to support unscheduled care in the community, AC@H has strong links with the new City Visiting service from which referrals are received. The figures below show key service data for the AC@H service.

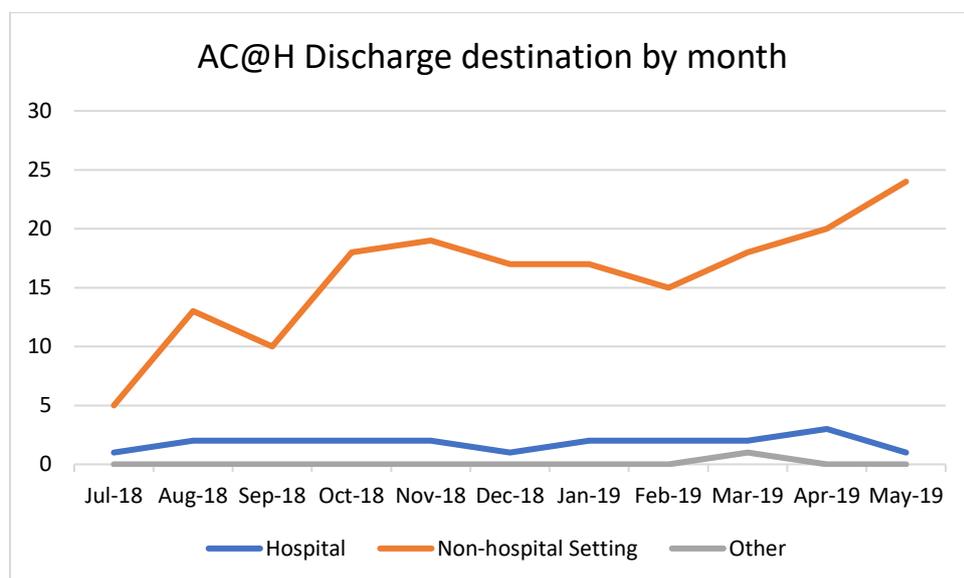


Figure 1 - AC@H Discharge Destination by month

