

## **HEALTH AND WELLBEING BOARD - 12 MARCH 2015**

### **REPORT OF THE CHIEF EXECUTIVE AND GEM COMMISSIONING SUPPORT PERFORMANCE SERVICE**

#### **PERFORMANCE UPDATE AT END OF QUARTER 3 2014/15**

##### **Purpose of Report**

1. The purpose of the report is to provide the Board with an update on performance against current performance priorities set out in the Health and Wellbeing Strategy and Commissioner Performance Frameworks, based on data available at the end of quarter 3 2014/15.

##### **Background**

2. The Board currently receives a joint report on performance from the County Council's Chief Executive's Department and the Greater East Midlands (GEM) Commissioning Support Performance Service. This report encompasses:
  - a. Performance against key metrics and priorities set out in the Better Care Fund plan and with progressing health and social care integration.
  - b. An update on key provider performance issues and performance priorities identified in Clinical Commissioning Group Plans.
  - c. An update on the delivery of priorities identified in the Joint Health and Wellbeing Strategy and key areas of adult social care, public health and children's health services, using a variety of related performance measures and targets.

##### **Better Care Fund and Integration Projects - Integration Executive Dashboard – Appendix A**

3. The dashboard attached as Appendix A summarises current performance against the schemes within the Better Care Fund (BCF) plan. As a number of the schemes are still at an early stage in terms of delivery and impact the report highlights Amber and Red issues on an exception basis. There is also a summary of the BCF Plan key indicators and progress against delivering on the BCF targets. Where data is not yet available for the metrics and proposed targets the published baselines are shown.

##### **Performance Against Current BCF Metrics**

4. New data for metric 1 (admissions to care/nursing homes – aged 65 and over) and metric 2 (older people at home 91 days after discharge to reablement/rehabilitation) are now available and some commentary is set out below. Metric 3 (Delayed transfers of care) is also covered below.

## Admissions to Care and Nursing Homes

5. Avoiding permanent placements in residential care homes is a good indication of delaying dependency; research suggests where possible people prefer to stay in their own home rather than move into residential care. During the nine-month period April to December 2014 there were 654 permanent admissions to either residential or nursing care of people aged 65 or over, coincidentally the same as the comparable period last year. This metric is currently on track to meet the BCF target. *(N.B. Figures are currently estimated due to the comprehensive change to computer systems and statutory reporting to the Health and Social Care Information Centre)*. Good progress is also being made on developing new extra care housing provision across the County as an alternative to residential care.

## Older People At Home 91 Days After Discharge

6. A key measure in the Better Care Fund (BCF) is the Adult Social Care Outcomes Framework (ASCOF) metric that measures the proportion of people discharged from hospital via reablement services that are still living at home 91 days later. For those people discharged between July and September 2014, the proportion was 79.9% against the BCF target of 82% and is currently rated 'amber.' Services that promote independence are a key priority for adult social care and at the forefront of this is the Home Care Assessment and Reablement Team (HART). The proportion of outcomes from HART that are 'no further needs' is 47% and remains above the target of 44%.

## Delayed Transfers of Care (DTC)

<b>Metric</b>	<b>Commentary</b>
Metric 3: No of <b>days of delayed transfers of care from hospital</b> per 100,000 population (average per month)	Previous reports have highlighted increases in delayed transfers of care both nationally and locally and the BCF reduction metric has continued to be rated red as a result. The number of delays on the snapshot day in December attributable to Adult Social Care (ASC) only was 11 – this is the fourth month in a row there has been a small reduction. Although this remains higher than last year's monthly average of 5.6. In addition, the number of 'joint' delays has dropped to 9 in December from a peak of 21 in October. NHS delays in December were also down from a regular monthly position in the mid-70s to mid-60s. However, this remains higher than the monthly average last year of 47.1. The number of delays in December for all three attributable aspects was below the respective year-to-date averages. (Also see paragraph 7 below).

7. UHL also report DTC delays based on the number of patients discharged as a percentage of occupied bed days. As at January 15, 5.51% of patients were delayed against a national target of 3.5%. There have been some improvements within UHL 'fill rates', but delays within LPT have a knock on affect with regards to availability of non-acute beds. Key challenges identified by UHL include availability of packages of care within the County. Social care

services continue to undertake a 2 week review of all packages of care with external agencies. Actions taken as part of hospital to home initiatives are also reducing the wait lists and packages of care availability. Daily DTOC calls continue to enable a focus on blocks within the system. UHL internal discharge calls have been established and all partner organisations are supporting this. Actions to improve the DTOC position have been covered in previous reports and include plans to improve help for individuals to live at home and capacity in the home care market.

### Emergency Admissions and Injuries Due To Falls

8. Work continues to obtain actual data updates fully in line with the BCF metric definitions for metric 4 (non-elective admissions) and metric 6 (injuries due to falls). In the meantime there are a number of other proxy indicators in the NHS Outcomes Framework that relate to emergency admissions.

### Performance against Total Non-Elective Admissions

The table below shows the monthly performance to the end of December 2014 with respect to each of the BCF schemes which aim to support delivery against the Total Emergency Admissions metric. The figures show admissions avoided.

<b>SCHEME</b>	<b>Actual Performance (to Dec-14)</b>	<b>Target (to Dec-14)</b>
Integrated Health & Care Crisis Response (ICRS)	112	99
Rapid Assessment for Older Person's Unit	71	58
Rapid Response Falls Service	162	0
7 days services in Primary Care	35	34
<b>TOTAL</b>	<b>380</b>	<b>191</b>

9. At November 2014, for both West Leicestershire CCG and East Leicestershire and Rutland CCG emergency admissions for acute conditions that should not usually require hospital admissions is above the local baseline. Reduction of emergency admissions is being picked up as part of the Quality Improvement and Productivity Process (QIPP) with providers through contractual arrangements. There is currently an Activity Query Notice in place with UHL with regards to emergency admissions, as the levels of activity are significantly higher than expected, and an action plan is being developed. Local schemes are in place within the CCGs.

### Patient Experience

10. The BCF metric covering patient/service user experience is derived from a GP survey asking patients whether they have sufficient support from local services/agencies to help manage their long term condition. The most recent data, published in January 2015, shows 62% agreement, down slightly from

the baseline of 64.2%. Delivery of the improvement is therefore rated amber at this stage.

### Integration Project Delivery

11. Within the current Better Care Fund scheme delivery progress updates, a number of issues have been noted and these are set out below.

<b>Scheme</b>	<b>Commentary</b>
<b>Local Area Coordination</b>	The process is going well but there is a slight delay with the project recruitment. The LAC Project Manager post has been selected with a start date of 16 <sup>th</sup> February. The action plan will be reviewed when the Project Manager is in post. The delay in recruitment has led to a predicted underspend on the budget.
<b>Assistive Technology (AT)</b>	There are two aspects of underspend against this scheme. £100k relates to the core AT Team where there have been vacancies where recruitment has either been delayed or not taken place. In addition to this, transition costs relating to the service transfer to the new supplier are coming in at less than originally expected and will result in an underspend of £250k. Further work is needed to assess whether some/all of this underspend needs to be carried forward to 2015/16.
<b>Rapid Assessment for Older Persons Unit</b>	Costs relating to this service for 2014/15 are currently being finalised, however estimated usage of the service ELRCCG is £150k compared to an allocation of £430k.
<b>Rapid Response Falls Service</b>	This funding is no longer required as the scheme is now funded from CCG winter planning monies.
<b>Glenfield Hospital Admission Avoidance</b>	Due to the large number of schemes being worked on both in UHL and in Primary Care, it has been decided to put this project on hold until a review of the different schemes occurring across LLR has been completed. This is to prevent repetition, and ensure UHL prioritise where best to focus their time and expertise. It is anticipated that there will be no expenditure during 2014/15. This will not have an impact on the emergency admissions target. The scheme was not factored into the BCF plan's 3.5% calculations due to the scheme being in scoping stage at the time of the submission.
<b>Bed Based Reablement</b>	A review of the original residential reablement service is required to ensure that outcomes are being delivered in line with the scheme's original expectations. The review will need to consider other options that are available.
<b>Safe Minimum Transfer Data Set</b>	The recommendations of the Nerve Centre have been accepted and next steps have been drawn up. Confirmation agreed in principle with UHL to proceed with the supply and installation of the Minimum Data Set agreed solution. Project kick off meeting was held on 14th January 2015 with stakeholders and suppliers. Due to progress being made, this scheme has been amended to amber.
<b>Integrated, Proactive Care</b>	Due to staff turnover in the Long Term Conditions team in the East, there is a predicted underspend of £105k.

## **Provider and CCG Dashboard - Appendix B**

12. Attached as Appendix B is a dashboard that summarises information on provider and CCG performance, updated to reflect changes through 'Everyone Counts'. The Everyone Counts Dashboard sets out the rights and pledges that patients are entitled to through the NHS. The indicators within the dashboard are reported at CCG level. Data reported at provider level does differ, and delivery actions indicate where this is a risk.

### **18 Weeks Referral to Treatment (Data is at CCG level)**

13. The referral to treatment (RTT) operational standards are 90% of admitted (to hospital) and 95% of non-admitted patients (out-patients) should start consultant-led treatment within 18 weeks of referral. In order to sustain delivery of these standards 92% of patients who have not yet started treatment (incompletes) should have been waiting no longer than 18 weeks.
14. At December 2014, the 18 week target for admitted patients was not achieved. West Leicestershire CCG is reporting 85.6% and East Leicestershire and Rutland CCG is at 84.5% against a target of 90%. This is showing an improvement from the September position previously reported. The 18 week standard for non-admitted patients and incompletes has been achieved. Specialty level performance is being closely monitored for all services with focus on incompletes and clearance times to sustain performance.
15. UHL has indicated that admitted aggregate performance will not be achieved in January and February 2015, but can be delivered by March 2015. Non-admitted aggregate performance has been delivered since November 2014, but UHL have been challenged on their expectation of sustaining this due to increased backlog activity planned for January 2015.

### **Accident and Emergency (A&E) - 4 Hour Waiting Time (UHL)**

16. As at 3/2/15, 88.7% of patients were seen within 4 hours in A&E against a target of 95%. Recent performance in January has improved and achieved the target. Though recovery of the full year 95% target has not yet been met. The Urgent Care Board is meeting weekly and the Urgent Care Action Plan has been updated to reflect actions to be delivered over the next 3 months focusing on admission avoidance, UHL and LPT flow and discharge. The Plan has been reviewed with the NHS regional team. Daily hospital episode escalation calls are in place and all partners are engaged in response to the actions required. The actions and pace of response are monitored daily.

### **Cancer Waits – 2 Week Waits, 31 Day Wait, 31 Day Waits for Surgery, 62 day waits from GP referral, screening services and consultant upgrade (all providers at CCG level)**

17. At November 2014, there have been breaches of a number of cancer wait standards for West Leicestershire CCG and East Leicestershire and Rutland CCG. Performance issues with cancer waits are due to an increase in referrals and the knock-on impact on 2 week waits, 31 day and 62 day

performance. In response the Clinical Problem Solving Group main actions include reviewing roles and responsibilities of CCG cancer leads, improving data quality on referrals, referral templates to be added, options for advice and guidance to be added, improved practices to use choose and book and improved patient education/communications to reduce those that do not attend.

18. A contract Query Notice was issued w/c 24 November 2014 and meeting held with UHL Director of Performance and Cancer lead on 15.1.15. The follow-up Clinical Problem Solving Group has been arranged for February 2015 and discussions are due to take place with UHL regarding subcontracting and capacity planning for 2015-16.

#### Cancelled Operations – Non Readmitted within 28 Days

19. At November 2014, 96% of patients were seen against a target of 100%. This is an improvement since reported last quarter. Various actions are in place to improve the service including:
- Escalation of all 'at risk' patients re 28 day cancellation to the Clinical Management Group (CMG).
  - Ongoing work with IBM to develop IT based scheduling.
  - A dedicated project manager now in post, with UHL providing further quality related details including how many patients have care cancelled for a 2nd/3rd time, complaints arising from cancellations, how Critical Care, Theatres, Anaesthesia, Pain and Sleep (ITAPS) Clinical Management Group monitors patient experience and total time waiting for those patients breaching the standard.

#### Mixed Sex Accommodation

20. At December 2014, there were six breaches at UHL. This equates to two occasions during Quarter 1. These were subject to Root Cause Analysis investigation and UHL have taken actions to educate the relevant staff. There were no breaches in December.

#### Safety Thermometer

21. The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and "harm free" care. At December 2014, UHL is reporting 94.9% against a target of 95% which remains in line with the national position.

### **East Midlands Ambulance Service (EMAS)**

#### Ambulance Response Times

22. At December 2014, all ambulance response times have deteriorated from the position reported in September 2014. Data at CCG level for December 2014 is reported as follows:
- Cat A (8 minutes) Red 1 – WL 62.9% and ELR 53.72% (Target 75%)
  - Cat A (8 minutes) Red 2 – WL 64% and ELR 57.19% (Target 75%)
  - Cat A (19 minutes) WL 91.2% and ELR 86.77% (Target 95%)

There are a number of workstreams in place to support improvement of performance. These include work to develop a new Quality Schedule and to develop 2015/16 Commissioning for Quality and Innovation (CQUINs), revised specifications for inter-hospital transfers, revised critical care transfer guidelines ensuring linkages to the various networks in the East Midlands, and the roll out of the EMAS data portal to Commissioners. 2015/16 proposals being considered include increasing the usage of the Urgent Care Centres, a further increase in Hear and Treat and See and Treat, and provision of Hospital Ambulance Liaison Officers.

### Ambulance Handovers

23. At December 2014, 19.1% of handovers between ambulance and A&E took place in over 30 minutes against a zero tolerance. The Emergency Department team have been auditing all handovers on specific dates in order to assess data quality concerns. The UHL senior team have been assessing which system to use going forward. A working group involving UHL, EMAS, and East and City contracts team met in December and January to take stock of data quality issues and opportunities to improve performance. An action plan is being developed in response. Proposals to move to a new data capture system from April 2015 have been developed by EMAS and supported by CCGs and are being considered by UHL.

### Outcomes Framework - Clinical Commissioning Group (CCG) Performance

24. The NHS Outcomes Framework covers 5 domains and a set of indicators within each one on which CCGs are nationally accountable to NHS England to ensure improvement. Data for a number of indicators have now been published, and the following provides an overview by exception.

### Dementia Diagnosis

25. This indicator is to improve the number of people who have a clinical diagnosis of dementia; it measures the number of people with a diagnosis of dementia as a proportion of the number estimated to have the condition (prevalence). At December 2014, there were 56.2% of patients diagnosed with dementia for West Leicestershire CCG and 49.4% diagnosed for East Leicestershire and Rutland CCG against a national standard to achieve 67%.

### Increase the quality of life for people with long term conditions

26. Data was released in January, relating to the quality of life for those people with a long term condition. This is for 2013/14 only and is calculated from the GP Patient surveys. West Leicestershire and East Leicestershire and Rutland have not achieved their target score, however the target set is required to be met in 2014/15. Therefore these indicators have been RAG rated as amber. West Leicestershire and East Leicestershire and Rutland have a higher score than the England average (England - 73.0, West Leicestershire – 75.1, East Leicestershire and Rutland – 75.5).

### Composite indicator comprised of (i) GP Services and (ii) GP Out of Hours

27. This indicator relates to reducing the number of 'poor' responses to the patient surveys for GP and Out of Hours services. The target set for 2014/15 was to achieve fewer 'poor' responses. West Leicestershire and East Leicestershire and Rutland have fewer 'poor' responses than the England average (England score of 7.0, West Leicestershire & East Leicestershire and Rutland score of 6.9). This has been rated as amber.

### MRSA

28. At December 2014, there were no reported incidences of MRSA assigned to West Leicestershire or East Leicestershire and Rutland CCGs. There have however been 4 cases at UHL during 14/15.

### Health and Wellbeing Strategic Priorities Dashboard - Appendix C

29. Appendix C to this report is a dashboard summarising the performance against key strategic health and wellbeing priorities. The priorities include Better Public Health, Better Physical Health, improving Children and Young People's Health and Better Mental Health.
30. The indicators included in each section are listed in the additional information box and any RED exceptions are highlighted with performance commentary against them.

### Drug Treatment

31. Indicators showing the successful completion of drug treatment for opiate users and non-opiate users have both declined slightly between quarters 1 and 2 this year.

### Smoking Cessation

32. Smoking cessation services have recently had reduced results, which are attributed to increased use of e-cigarettes. The stop smoking service has been re-procured and the new provider, Quit 51, commences from April 2015.

### Child Obesity

33. 2014 data regarding excess weight for 4-5 year olds and 10-11 year olds has been published. The Leicestershire figures are very similar to 2013 and the county remains in the top performing quartile of all authorities.

### Breastfeeding

34. The % of mothers initiating breastfeeding has reduced from 74.2% at quarter 2 to 68.7% at quarter 3. However, breastfeeding prevalence at 6-8 weeks increased slightly over the same period.



## Child Oral Health

35. A survey of the oral health of five year olds was conducted in 2012 and published in Autumn 2013. This identifies the prevalence and severity of dental decay by measuring the number of decayed, missing and filled teeth, this report identified the oral health of 5 years olds as an issue. Data from the more recent Oral Survey of 3 year olds shows Leicestershire children to have a significantly higher percentage of decayed, missing or filled teeth compared to the national average. The figure in Leicestershire is 18.6% compared to 12% nationally.

## Mental Health

36. The Health and Wellbeing Board has identified mental health as an important priority in the Health and Wellbeing Strategy. The County Council has also updated its priorities and targets including reducing unhappiness and anxiety scores, reducing excess under 75 mortality in adults with a mental illness and reducing wait times for assessment/treatment.
37. In accordance with NHS England's Improving Access to Psychological Therapies (IAPT) team, nationally published data only is now used for calculating the Access target. East Leicestershire and Rutland are currently now meeting the national 15% target. West Leicestershire is close to achievement. Developments include - self-referrals implemented, GP aided self-referrals implemented, referrals through IAPT web portals implemented, continued roll out of 'Silver Cloud' a social media based IAPT tool, final recruitment to vacancies has taken place after the phasing out of agency staff and building works are nearing completion which will offer a greater level of telephone triage.
38. Child and Adolescent Mental Health Service (CAMHS) improvements was identified as a priority area by the Health and Wellbeing Board in November. Waiting times from referral to treatment have improved based on recent data.
39. The following mental health related performance indicators have been updated from LPT Board reports

% Delayed Patients (Mental Health)	Patients being delayed during discharge for the month of December is the result of the following categories; Housing (22%), Availability of place (no suitable alternative) (18%), Internal/ward delay (14%). Divisional representatives are continuing to meet with Housing Leads and Social Care representatives from both City and County Councils and are supportive of housing options.
Early intervention in Psychosis - % newly diagnosed cases against commissioner contract	Small numbers involved in the denominator for calculation of this indicator can equate to significant swings in performance month on month. 109.1% for the month of December is the result of 12 newly diagnosed cases against a provisional target of 11, the YTD position is at 116.2%.The service is dependent on the number of referrals received into the service and the appropriateness of the referral.

## **Recommendations**

40. The Board is asked to:
- a) note the performance summary, issues identified this quarter and actions planned in response to improve performance; and
  - b) comment on any recommendations or other issues with regard to the report.

## **Appendices**

Appendix A - Better Care Fund - Integration Executive Summary Dashboard

Appendix B - Provider and CCG Performance Summary Dashboard

Appendix C - Health and Wellbeing Strategic Priorities Summary Dashboard

## **Background papers**

Leicestershire Partnership Trust Board Papers can be found at the following link:

[http://www.leicspart.nhs.uk/\\_Aboutus-Trustboardmeetings2015.aspx](http://www.leicspart.nhs.uk/_Aboutus-Trustboardmeetings2015.aspx)

University Hospitals Leicester Trust Board meetings can be found at the following link:

<http://www.leicestershospitals.nhs.uk/aboutus/our-structure-and-people/board-of-directors/board-meeting-dates/>

## **Officers to Contact**

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