

HEALTH AND WELLBEING BOARD: 16 JULY 2015

REPORT OF THE CHIEF EXECUTIVE AND HEALTH COMMISSIONING SUPPORT PERFORMANCE SERVICE

PERFORMANCE UPDATE AT END OF QUARTER 4 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 as set out in the Health and Wellbeing Strategy and Commissioner Performance Frameworks, based on data available at the end of quarter 4 2014/15.

Background

2. The Board currently receives a joint report on performance from the County Council's Chief Executive's Department and the Arden/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

3. The following section of the report summarises current performance against the schemes within the Better Care Fund (BCF) plan. 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 – BCF Dashboard – Appendix A

4. New data for metric 1 (permanent admissions to care/nursing homes – aged 65 and over), metric 2 (older people at home 91 days after discharge to reablement/rehabilitation) and metric 3 (delayed transfers of care) are now available and some commentary is set out below. Metric 4 (non-elective admissions into hospital) 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. There were 710.5 permanent admissions to either residential or nursing care of people aged 65 and over per 100,000 population at the 2014/15 year end. The current data shows an estimate of the full year figure for 2015/16. At 524.8 admissions per 100,000, this is forecast to meet the BCF target. *(N.B. Current issues with the statutory report for 2015/16 means an alternative source data set has been used for the current forecast.*

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 December '14 and February '15 and accommodation location between March and May '15 was 91.5% against the BCF target of 82% and is currently rated 'green'. The 2014/15 year end figure of 83.5% also exceeded the BCF target.

Delayed Transfers of Care (DToC)

7. The BCF metric is based on delayed days through the month and cumulatively for each quarter against a set of quarterly targets. The quarterly BCF target for Q1 of 2015/16 is 275.6 delayed days per 100,000 population. The position in April was slightly higher at 289.2 although this is somewhat lower than the position at the end of Q4, 2014/15 (364.7).
8. An alternative method of monitoring delayed transfers of care is a snapshot position on the last Thursday of each month. This is the method used in the national Adults Social Care Outcomes Framework (ASCOF). In April the data shows that for ASC-only delays the number rose slightly from 9 in March to 11 in April. The NHS delays however saw a further drop, down to 37 in April compared to a peak of 75 in the autumn
9. UHL also report DToC delays based on the number of patients discharged as a percentage of occupied bed days. There was very good progress with DToCs in the second half of the year, reaching a record low of 1.8% in March 2015. The overall rate for the year was 3.9% compared to 4.1% in 2013/14 against a national target of 3.5%.

Emergency Admissions

10. This is provisional data and subject to change. NHSE have confirmed they will use the central Monthly Activity Return (MAR) to determine performance for each Health and Wellbeing Board against the pay for performance target. However, in line with the intent by NHSE to align the MAR and Secondary Uses Service (SUS) during 2015/16, work has been undertaken using the

available SUS data to estimate overall performance against the pay for performance metric.

11. Data for the period January – April 2015 shows the health and care economy in Leicestershire County continues to have a higher than targeted level of total emergency admissions, despite the introduction of four emergency admissions avoidance schemes.
12. However the tables below show the total number of avoided admissions that the four emergency admission avoidance schemes achieved against the pay for performance target.

Monthly Performance

	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15
Monthly Target	166	166	166	168	168	168	172	172	172	174	174	175
Actual avoided admissions	149	139	137	156	157							
Monthly variance against target	-17	-27	-29	-12	-11							

Total Performance

	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15
Cumulative Target	166	332	498	666	834	1,002	1,174	1,346	1,518	1,692	1,866	2,041
Cumulative actual avoided admissions	149	288	425	581	738							
Cumulative variance against target	-17	-44	-73	-85	-96							

13. There are a number of indicators in the NHS Outcomes Framework that relate to avoidable emergency admissions. During 2014/15, for both West Leicestershire CCG and East Leicestershire and Rutland CCG, admissions were higher than in 2013/14. Reduction of emergency admissions is being picked up as part of the Quality Improvement and Productivity Process (QIPP) with providers through contractual arrangements.
14. An audit was carried out by CAPITA in UHL. The first part of the audit was around unplanned admissions and the second around a review of complex coding. Feedback has been received from CAPITA that there are no major concerns with regards to coding. UHL have a good process in place and are following the pathways and identified some areas of good practice.

Emergency Admissions from Injuries Due to Falls

15. Work continues to obtain actual data updates fully in line with the BCF definition for 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.

Patient/Service User Experience

16. 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

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

Scheme	Commentary
Assistive Technology (AT)	Integration of AT within CRS and HART is already complete and further integration with Leicestershire partners for a joint AT offer is underway with the Unified Prevention Board (UPB) who were running a workshop in June to look at the prospect for joint interventions. An action plan for this will follow the workshop.
Glenfield Hospital Admission Avoidance	This scheme was put on hold in September due to a review of a number of projects in UHL. A meeting is now being arranged to take this project forward.
Bed Based Reablement	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. Additional work has taken place including the Oak Court and the Catherine Dalley pilots.
Safe Minimum Transfer Data Set	After a delayed start, the project continues to progress. Due to progress being made, this scheme has been amended to amber.

Provider and CCG Dashboard - Appendix B

18. Attached as Appendix B is a dashboard that summarises information on provider and CCG performance. 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

19. 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.
20. The year-end targets for non-admitted and incompletes was achieved in 2014/15, but admitted was not. Specialty level performance is being closely monitored for all services with a focus on incompletes and clearance times to sustain performance.
21. Backlog volume increased during April (in part due to reduced capacity over Easter and disruption in ENT capacity). Admitted performance is anticipated to recover at aggregate level in May 2015. UHL are in the upper quartile of provider trusts nationally for incomplete pathways. The majority of specialties are delivering recovery plans as agreed, Orthopaedics, ENT and "Other" (paediatric sub-specialties) are the exceptions and remain a risk for UHL.

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

22. Across 2014/15, 88.7% of patients were seen within 4 hours in A&E against a target of 95%. Activity remains on average at the same level, despite daily fluctuations, however overall admissions have increased and are currently 12% above the 2013/14 position.
23. 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. This was reviewed with the NHS regional team. The Urgent Care Board meets fortnightly with the 4 work streams each reporting once a month. A revised improvement plan is focusing on actions required over the next 12 months but with a specific focus on 5 actions within each workstream.

Cancer Waits – 2 Week Waits, 31 Day Waits, 31 Day Waits for Surgery, 62 day waits from GP referral, screening services and consultant upgrade

24. During 2014/15, 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 include an increase in referrals and the knock-on impact on 2 week waits, 31 day and 62 day performance.
25. Cancer performance remains a concern for 31 days, 62 days and the 62 days backlog. Performance continues to be monitored via the joint Cancer and RTT Board. The 62 day performance recovery trajectories, although previously agreed, are now being refreshed and discussed at the June Cancer RTT Board. Recovery of the 62 day standard is likely to slip to September 2015. Concern on the backlog in 62 day waits, especially Lung and Lower GI, mean the Intensive Support Team will provide additional targeted cancer support

and are due to visit UHL in August 2015. The Cancer Board has now merged with the RTT Board, this Board will continue to have executive level oversight and meet on a monthly basis.

Cancelled Operations – Non Readmitted within 28 Days (UHL)

26. In 2014/15, 95.9% of patients were seen against a target of 100%. This equates to 44 patients across UHL and Alliance. UHL cancelled operations continue to breach targets with one reported for March 2015. Though UHL expect recovery in full against their action plan by the end of April 2015.
27. Actions now in place include to review the booking process for any elective stay requiring an Intensive Therapy Unit (ITU) bed in an attempt to negate cancellations on the day. Causes of On-The-Day cancellations in March were due to paediatric bed pressures and emergency/high priority admissions.

Mixed Sex Accommodation

28. During 2014/15, there were 13 breaches at UHL. This equates to 4 episodes in April, May, November and January. The January breach relates to a patient on the High Dependency Unit (HDU) at Glenfield Hospital.

Safety Thermometer

29. The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and “harm free” care. At March 2015, UHL is reporting 94.1% against a target of 95% which remains in line with the national position.

East Midlands Ambulance Service (EMAS)

Ambulance Response Times

30. EMAS did not meet any of the 3 national ambulance response times by the year-end 2014/15. Data at CCG level for 2014/15 is reported as follows:
 - Cat A Red 1 (8 minutes) – WL 63% and ELR 53.8% (Target 75%)
 - Cat A Red 2 (8 minutes) – WL 63% and ELR 56.5% (Target 75%)
 - Cat A (19 minutes) – WL 91.2% and ELR 86.3% (Target 95%)

Leicester, Leicestershire and Rutland County level performance for Red 1 & 2 and A19 was not achieved for April 2015, but Red 2 & A19 all improved at County level, whilst Red 1 did not meet the standard. There is now a monthly Better Patient Care Transformation Board which will focus on the next stages of development for EMAS and will support development and delivery of a range of initiatives designed to transform service delivery across the region.

Ambulance Handovers

31. In 2014/15, 19.9% of handovers between ambulance and A&E took place in over 30 minutes against a zero tolerance, and 5.3% took over an hour. The 2015/16 contract now requires agreement of improvement across the local percentiles at CCG level. Actions during periods of peak demand are being undertaken to ensure patient safety. These are subject to a Quality Impact Assessment which is clinically reviewed by the EMAS Director of Nursing and Quality and the new Medical Director. EMAS are to develop a clinical risk matrix to monitor this.

Leicestershire Partnership Trust (LPT)

32. The following community and quality and safe care related performance indicators, updated from LPT Board reports, are reported on an exception basis.

% Admissions Gate Kept	March 2015 performance is at 83.1%, the 2014/15 performance is at 86.4% against a target of 95%. Although it is a significant performance increase from previous months, performance is still below the 95% threshold required for compliance. It should be noted that LPT performance relating to gate keeping in March 2015 was a result of system migration and is not a reflection of actual practice within the Crisis Resolution Service. Actions have been taken to remedy the data issue and we expect to see a further increase in reported performance next month.
STEIS – SI action plans implemented within timescales	Community Health Services (100.0%) and AMHLD division (100.0%) met the 95% threshold. Families, Young Persons and Children’s achieved (66.7%) and fell below threshold. FYPC’s under performance was due to:- Actions 1 and 4 (out of 6 recommendations) were not evidenced. Action 1: The office accommodation will not allow the team to be co-located. Additional information to evidence that additional support and communication is taking place was not provided (i.e. weekly allocation meeting and communications between teams). Action 4: Evidence of spot checking of record keeping for appointment types had not been provided. Completion of this action plan has now been finalised.

Clostridium Difficile (C Diff) cases	The Monitor target reflects the annual de minimus limit set at 12 cases as set out in the Monitor Risk Assurance Framework 2014/15 and is monitored each quarter. The Commissioner threshold is set provisionally at 9 cases and is reported monthly as per the Quality Schedule for 2014/15. The total number of Clostridium Difficile cases for LPT to date is 11. Patients which may have been included in previous month's figures have been validated, with the year to date figure amended subsequently. All cases undergo a full RCA, and lessons learnt identified and actioned for the staff to take forward. Two of the cases are resamples from patients previously known to be Clostridium difficile positive. These samples were taken on the advice of Microbiology so considered to be appropriate.
Never Events	There is 1 never event for the 2014/15, this was concerning the administering of medication.

Outcomes Framework - Clinical Commissioning Group (CCG) Performance – Appendix C

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

Dementia Diagnosis

34. 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 March 2015, there were 60.3% of patients diagnosed with dementia for West Leicestershire CCG and 54% diagnosed for East Leicestershire and Rutland (ELR) CCG against a national standard of 67%. Work continues with practices to increase Dementia Diagnosis Rates. Dementia workshops were held on 18th June as part of the Sharing Best Practice Protected Learning Time Event in West Leicestershire. ELR are also pursuing with LPT the use of nursing input for care homes and exploring with the NHSE Regional team the possibility of GP training.

Increase the quality of life for people with long term conditions

35. 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

36. 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 and East Leicestershire and Rutland score of 6.9). This has been rated as amber.

MRSA

37. During 2014/15 there were no reported incidences of MRSA assigned to West Leicestershire or East Leicestershire and Rutland CCGs. There have however been 6 cases at UHL during 2014/15.

Public Health and Prevention Priorities Dashboard - Appendix D

38. Appendix D to this report is a dashboard summarising 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. Data has been updated for a number of indicators, the following provides an overview by exception.
39. In June Public Health England produced its summary health profile for 2015 for Leicestershire. Whilst most areas show above average performance the profile suggests just two areas significantly worse than the England average – incidence of malignant melanoma and recorded diabetes.

Drug Treatment

40. Indicators showing the successful completion of drug treatment for opiate users and non-opiate users have both declined slightly between quarters 2 and 3 this year. However successful completions fluctuate quarter on quarter and opiates performance remains within the top quartile range and significantly above national performance.

Smoking Cessation

41. 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, commenced in April 2015. As of 10th May 2015 we know that, compared to this time last year, Quit 51 already have more smokers engaging the service and more quit dates set. This is a very encouraging start as we would have expected a dip in quarter 1 with a new provider.

Adult Obesity/Physical Activity

42. Leicestershire is continuing to develop a comprehensive strategy to reduce inactivity and overweight adults and started a whole systems transformation review of physical activity in May 2015 in order to develop a system wide response to the problem. The Physical Activity outcomes shown are well within reasonable expectations and reflect the current “state of play” with regard to what is a growing societal problem of increasing inactivity and obesity.

Child Obesity

43. 2014 data regarding excess weight for 4-5 year olds and 10-11 year olds shows that Leicestershire figures are very similar to 2013 and the county remains in the top performing quartile of all authorities.

Breastfeeding

44. The percentage of mothers initiating breastfeeding has reduced from 74.2% (2012/13) to 68.7% (2013/14). However, breastfeeding prevalence at 6-8 weeks has increased from 45.2% during 2013/14 to 45.5% during 14/15 showing an increasing trend for the last 2 years.

Child Oral Health

45. 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.

NHS Health Checks

46. The take up of NHS health checks by those eligible has reduced slightly during quarter 4 to 44.1% against a long term target of 61%, however the cumulative result is currently at 46.6%.

Mental Health

47. As per NHS England's Improving Access to Psychological Therapies (IAPT) team, nationally published data only is now used to assess performance against the Access target. Neither East Leicestershire and Rutland CCG nor West Leicestershire CCG achieved the national 15% target. Work continues with the provider and developments include:
 - establishing links with local companies in order to provide group therapy for staff.

- establishing regular meetings with LPT interface teams to better manage patients not appropriate for the service.
 - increasing the number of telephone assessments being undertaken.
 - an ongoing increase in the number of rolling stress control groups.
 - linking in with County Adult Social Care services to promote the service and to explore opportunities to offer self-referrals. e.g.carer assessments in Q2 2015/16.
 - establishing pathways focusing on insomnia (an indicator of anxiety and depression), the intention is to provide self-referral leaflets with repeat prescriptions of hypnotics which will result in lower dependency on hypnotic drugs.
 - potential NHS England funding may be allocated to CCG's to address waiting times, is being investigated.
 - recruitment of 5 additional clinical workers is underway.
48. Child and Adolescent Mental Health Service (CAMHS) improvements were identified as a priority area by the Health and Wellbeing Board at previous meetings. The LPT data for patients receiving treatment within 13 weeks (routine) has shown a slight improvement on the previous reported data to 83% at March 2015 against a target of 95%. A comprehensive plan has now been formed within the organisation to change the way these services are accessed and delivered and is currently in its implementation phase.
49. Excess under 75 mortality rate in adults with serious mental illness has declined from 362.6 in 2011/12 to 384.5 in 2012/13.
50. The suicide rate has also declined from the previous reported data to 8.8 per 100,000 population, this equates to 169 people for the period 2011-13.
51. The following mental health related performance indicators have been updated from LPT Board reports

% Delayed Patients (Mental Health)	The 2014/15 result is 5.9%, below the 7.5% target. For the month of March 15 the performance was at 8.7%. Patients being delayed during discharge for the month of March were the result of the following categories; Housing (19.2%), Rehabilitation (15.1%), NHS (12.3%), Exercising choice (9.6%) and other (43.8%). 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	The 2014/15 figure is 118.2% against a target of 95%. Small numbers involved in the denominator for calculation of this indicator can equate to significant swings in performance month on month; 163.6% for the month of March is the result of 18 newly diagnosed cases against the provisional monthly commissioner target of 11. The service is dependent on the number of referrals received into the service and the appropriateness of the referral.

Recommendations

52. 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.

List of Appendices

Appendix A – Better Care Fund Summary Dashboard

Appendix B – Provider and CCG Performance Summary Dashboard

Appendix C – Outcome Framework CCG Performance Summary Dashboard

Appendix D – Public Health and Prevention 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>

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/>

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