



HEALTH OVERVIEW AND SCRUTINY COMMITTEE -
9 SEPTEMBER 2015

REPORT OF THE CHIEF EXECUTIVE AND GEM COMMISSIONING
SUPPORT PERFORMANCE SERVICE

PERFORMANCE UPDATE AT END OF QUARTER 1 2015/16

Purpose of Report

1. The purpose of the report is to provide the Committee 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 1 2015/16.

Background

2. The Committee 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

3. The dashboard attached as Appendix A summarises current performance against the indicators and targets within the Better Care Fund (BCF) plan and the impacts of the supporting projects, particularly related to avoiding emergency admissions.

Admissions to Care and Nursing Homes

4. 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 589.3 admissions per 100,000, this is forecast to meet the BCF target.

Older People at Home 91 Days After Discharge

5. 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 February '15 and April '15 and accommodation location between May and July '15 the figure was 83% 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 (DTC)

6. 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 number of days delayed has fallen significantly and performance in quarter 1 has met the target at 238.74, this is also somewhat lower than the position at the end of Q4, 2014/15 (364.7). An alternative method of monitoring delayed transfers of care is a snapshot of people delayed on the last Thursday of each month. This is the method used in the national Adults Social Care Outcomes Framework (ASCOF). For ASC a target has been agreed that the average of these snapshots across the 12 months should be no higher than 8.6. Based on the last Thursday of April, May and June, the average was 7.7 and therefore meeting the target.
7. UHL also reports DTC delays based on the number of patients discharged as a percentage of occupied bed days. There was very good progress with DTCs reaching a low of 1.2% for Q1 2015/16 against a national target of 3.5%.

Emergency Admissions

8. NHS England (NHSE) have confirmed they will use a central Monthly Activity Return (MAR) to determine performance for each Health and Wellbeing Board against the pay for performance target on emergency admissions. During 2015/16, work has been undertaken using the available data to estimate overall performance against this pay for performance metric. This is provisional data and subject to change.
9. Data for the period January – July 2015 shows the health and care economy in Leicestershire County continues to have a higher than targeted level of total emergency admissions, despite a variety of actions including the introduction of four emergency admissions avoidance schemes.
10. The tables below show the total number of avoided admissions that the four BCF emergency admission avoidance schemes have achieved against the pay for performance target so far.

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 | 136 | 156 | 157 | 157 | 153 | | | | | |
| Monthly variance against target | -17 | -27 | -30 | -12 | -11 | -11 | -19 | | | | | |

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 | 424 | 580 | 737 | 894 | 1047 | | | | | |
| Cumulative variance against target | -17 | -44 | -74 | -86 | -97 | -108 | -127 | | | | | |

11. Further work has now been completed by the Step Up/Step Down Programme Board to increase the number of appropriate referrals to the schemes. A number of actions are being implemented within the schemes to increase referrals, including:
- Direct referrals to the Older Persons Unit (OPU) from key nursing homes started at the beginning of July.
 - ED professionals can make next day referrals to the Integrated Crisis Response Service and OPU services. Further work to promote this service continues. Clinical representatives from the OPU and ICRS service attended the Primary Care Coordinators team meeting to discuss the referral routes further.
 - Data is being monitored to identify if referrals are being received via the new routes and the suitability of the referrals.
 - The GP 7 day pilot services have been reviewed and are currently being reshaped by both CCGs. The trajectories for both schemes will be reviewed as part of this process.
12. There are a number of indicators in the NHS Outcomes Framework that relate to unplanned hospitalisation and emergency admissions. The urgent care action plan has been updated to reflect actions to be delivered over the next 3 months focusing on admission avoidance, and UHL and LPT (Leicestershire Partnership Trust) flow and discharge. This has been reviewed with the NHS Regional Team.

Patient Experience

13. 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 July 2015, shows 61.6% agreement, down slightly from the baseline of 64.2%. Delivery of the improvement is therefore rated amber at this stage.

Emergency Admissions and Injuries Due To Falls

14. 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.

Integration Project Delivery

15. 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 |
|--|--|
| Glenfield Hospital Admission Avoidance | This scheme was put on hold last year due to a review of a number of projects in UHL. A meeting was held on 29 June to now start taking this project forward. A business case is being developed for the scheme. |
| 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. The opening of Oak Court has been delayed by a further month due to ongoing building works. It is now anticipated that Oak Court will open at the beginning of September. |
| Safe Minimum Transfer Data Set | The minimum data set system has experienced some delays as a result of IT resource constraints. The system is to be hosted by UHL. Further to an IT stakeholder meeting held in June, UHL have been revisiting the schedule and resource availability. A revised timeline has been proposed with a new provisional go live date in November put forward. November is still subject to confirmation and will be confirmed shortly. Once confirmation has been received, project plans will be updated and revised schedules shared. |

Provider and CCG Dashboard - Appendix B

16. 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. The report highlights Amber and Red issues on an exception basis.

18 Weeks Referral to Treatment (RTT)

17. RTT admitted, non-admitted and incomplete targets remain compliant at UHL in June. The persistent effort by all involved has delivered aggregate compliance in the 3 RTT standards as well as showing significant improvements across several specialties. The systematic approach taken should now provide a solid foundation for consistency of delivery; however achieving this consistency will remain a challenge.

Diagnostic Waiting Times

18. Problems in endoscopy have had a big impact on diagnostics 6 week wait performance which is not expected to regain compliance until September. In order to address long patient waits in endoscopy, UHL are working to put on weekend lists, providing 60-90 additional scopes per weekend.

52 Week Waiters (incompletes at UHL)

19. The majority of the 52 week breaches have occurred as a result of a Trust-wide review of planned waiting lists at specialty level. Therefore the following actions will be taken Trust-wide:
 - Communication around planned waiting list management to all relevant staff
 - System review of all waiting list codes
 - All General Managers and Heads of Service to sign a letter confirming review and assurance of all waiting lists
 - Weekly review at Head of Operations meeting for assurance.

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

20. Performance of the 4 hour wait target at UHL's Accident and Emergency department continues to slowly improve with required levels being met on some days - with the emphasis being on sustainable improvement via work streams overseen by the Urgent Care Board. More significant changes are now underway on the new A and E Department aimed at future improvements.

Cancer Waits – 2 Week Waits, 31 Day Waits, 31 Day Waits for Surgery, 62 Day Waits

21. There is concern around the backlog in the 62 day waits especially Lung and Lower Gastrointestinal. The 62 day target is now predicted to recover in October 2015.
22. An Intensive Support Team are to provide additional targeted cancer support and are due to visit UHL in August 2015. Other actions being undertaken include:
 - Translation of the 2 week wait (2ww) patient communication into 8 languages.
 - CCG Clinical Leads developed an action plan for Primary Care in preparing patients who will need to attend for an endoscopy.
 - Regular meetings between UHL Cancer Leads, NHS England, CCG Contracting and Quality.
 - Updated patient communication disseminated to practices to help minimise DNAs (Did Not Attends) and maximise patient engagement for those patients on 2ww pathway.

Cancelled Operations – Non Readmitted within 28 Days (UHL)

23. The cancelled operations metric was compliant in May 2015 at UHL as all patients who had an operation cancelled were re-admitted within 28 days. There were two 28 day breaches in June; one each from UHL and Alliance. The UHL patient was a paediatric case awaiting complex surgery. The surgeons were not available to perform the operations within 28 days of the first cancellation. The Alliance cancellation is being investigated.

Pressure Ulcers (Grade 2)

24. There were 10 pressure ulcer cases in April 15, with an improvement made in May and June to 8 per month. An action plan was developed in April for approval at the nursing and midwifery executive. An alert was raised to ensure that the matter of mattress delays was urgently reviewed.

Never Events

25. There was one Never Event in May at UHL – the incorrect dosage of insulin was administered, which resulted in no harm.

East Midlands Ambulance Service (EMAS)

Ambulance Response Times, Handovers and Ambulance Crew Clear

26. For EMAS as a whole organisation the national Red 1 target (arrival within 8 minutes for immediately life threatening incidents) was achieved at a regional level, but not at Leicestershire level.

27. The Better Patient Care Transformation Board focuses on the next stages of development for EMAS and will support the delivery of a range of initiatives designed to transform service delivery across the region.
28. As a result of the position a Contract Performance Notice was issued and a meeting has taken place between EMAS and NHS Erewash/Hardwick CCG's. A Remedial Action Plan (RAP) is in the process of being agreed and will focus on the actions being undertaken to improve performance.
29. The 2015/16 contract now requires agreement of improvement across the CCG level. Actions during periods of peak demand are being undertaken to ensure patient safety.

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

30. 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.

Dental Patient Experience

31. Across ELR specifically there has been a deterioration in positive responses to patients responding to their overall experience and access to NHS Dental Services. Narrative below is provided by NHS England.
32. There has been no increase in direct patient calls or complaints, to explain the decline in the overall experience. Additional patient satisfaction information is also received from NHS Business Services Authority Dental Services, to the end of June for Leicestershire and Lincolnshire, and was above the overall England position. This is a separate survey to that carried out to the GP survey. At this stage it is not proposed to undertake an additional survey in the ELR area unless the experience continues to fall again in the next survey results, in 6 months' time.
33. In terms of access, additional activity has been commissioned across Leicestershire and Lincolnshire to maintain access, this included Practices in ELR but a number did struggle to deliver the additional activity due to the timeframe from approval to the end of March. Additional activity will be allocated in September, there has been significant interest to date and a number of ELR practices have expressed an interest so this should result in access increasing in the next two quarters of 2015/16. A separate report on the agenda deals with a review of the Dental Health Service.

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. There is currently no 2015/16 data available, the data is due to be published in September and will be based on the Cognitive Function and Ageing Study II (CFASII) methodology.

Increase the quality of life for people with long term conditions

35. Data was released in January in relation to 2013/14, relating to the quality of life for those people with a long term condition. 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) though West Leicestershire and East Leicestershire and Rutland did not achieve their target score. A target has been set for 2014/15 and the indicators have been RAG rated as amber with the data expected to be published in September 2015.

Employment of people with mental illness (difference between England population and people with mental illness)

36. This quarterly reported data outlines the gap between overall employment, and employment of those people with a mental illness. This figure fluctuates between quarters significantly. In the past 12 months there has been an overall increase in the employment rate of people with mental illness from 42% to 47% across Leicestershire.

Public Health and Prevention Priorities Dashboard - Appendix D

37. 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.
38. 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. The wide range of public health data is being assessed in the context of an updated Joint Strategic Needs Assessment, which will be available shortly. The JSNA will inform a future refresh of the Health and Wellbeing Strategy priorities.

Drug Treatment

39. Indicators showing the successful completion of drug treatment for opiate users and non-opiate users have both improved slightly between quarters 3 and 4 of 2014/15. Successful completions fluctuate quarter on quarter and opiates performance remains within the top quartile range and significantly

above national performance. A separate report on the agenda deals with Substance Misuse Provision.

Smoking Cessation

40. LPT as the previous provider did not expect to hit target and did not hit the target. There are likely many reasons for this including greater prominence of the use e-cigarettes and by the end of the contract (certainly Q4) one of those reasons was the transition into a new service for half the LPT LSSS staff and transfer to the City Council for the other half. The transition for LCR staff into the new provider, Quit 51, went and continues to go smoothly and the service has started out well already. Access and quit dates set are up compared to the same time last year for each of the first three months of Q1 2015/16. It is also worth noting that the "lag time" for data is already much improved and we should continue to see data reported in closer to "real time" as we move forward.

Adult Obesity/Physical Activity

41. 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

42. 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. However continuing improvement in this area is still a priority.

Breastfeeding

43. 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 46.5% during 14/15 showing an increasing trend for the last 2 years.

Child Oral Health

44. 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. A separate report on the agenda deals with this issue in more detail.

Infant Mortality

45. The Infant mortality rate remains the same as the 2010-12 data for 2011-13 at 3.6 per 1,000 live births, we are currently in the second quartile, a rate of 3.1 or less would be required to reach the top quartile.

NHS Health Checks

46. The take up of NHS health checks by those eligible has increased during quarter 1 to 47.6% against a long term target of 61%, however the cumulative result is currently at 46.7%.

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. Current actions include:
- Rolling recruitment of additional staff, including increasing the establishment to 25.4 wte (whole time equivalent) from 20.4 wte.
 - County Council Adult Social Care services promoting the service and exploring opportunities to offer self-referrals.
 - A waiting time data validation exercise will take place in August.
 - 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 in Quarter 2.
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 decline on the previous reported data to 77.4% at May 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. The 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. 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.
50. % people with a low satisfaction score is currently at the same level as the England average at 5.6%. This positions Leicestershire in the 2nd quartile and currently missing the top quartile target. The % of people with a high anxiety score has declined slightly in 2013/14 and Leicestershire is now in the 3rd quartile.

51. Mental Health related data has been updated for a number of indicators from the LPT Board reports, the following provides an overview by exception.

| | |
|--------------------------------|--|
| Occupancy Rate – Mental Health | The YTD to June 15 result is 88.8%, above the <=85% target. The Trust figure does not consider that certain services have different targets, e.g., MHSOP has a 90% target; Specialist Services represents Eating Disorders with a 80% target and INCLUDES patients on leave; CAMHS INCLUDES patients on leave; Adult represents Adult Acute only and LD represents the Agnes Unit with a target of 95% for the 4 new Intensive Support beds but 85% otherwise. |
|--------------------------------|--|

Recommendations

52. The Committee 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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