

**HEALTH OVERVIEW AND SCRUTINY COMMITTEE**  
**20 JANUARY 2016**

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

**HEALTH PERFORMANCE UPDATE**

**Purpose of Report**

1. The purpose of the report is to provide the Health Overview and Scrutiny Committee with an update on performance against current performance priorities set out in the Health and Wellbeing Strategy, Better Care Fund (BCF) Plan and Commissioner Performance Frameworks, based on the latest available data.

**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;
  - (b) An update on key provider performance issues and performance priorities identified in Clinical Commissioning Group Plans; and
  - (c) Latest public health outcomes framework data (PHOF).

**Better Care Fund and Integration Projects**

3. The dashboard attached as Appendix A summarises current performance against the indicators and targets within the 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. Latest figures forecast that there will be 625.8 permanent admissions to either residential or nursing care of people aged 65 and over per 100,000 population this year, as compared to 710.5 at the 2014/15 year end. This is forecast to meet the BCF target of 670.39.

## Older People at Home 91 Days After Discharge

5. A key measure in the BCF is the Adult Social Care Outcomes Framework (ASCOF) metric which demonstrates the proportion of people discharged from hospital via reablement services that are still living at home 91 days later. For those people discharged between June 2015 and August 2015 the figure was 82% against the BCF target of 82.1% and is currently rated Green, with just one person short of the target. The 2014/15 year end figure of 83.5% was above the BCF target.

## Delayed Transfers of Care (DToC)

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 Q3 of 2015/16 is 350.79 delayed days per 100,000 population. The number of days delayed was significantly down in October compared to other months in 2015/16 and is currently meeting the third quarter target. An alternative method of monitoring DToCs is a snapshot of people delayed on the last Thursday of each month. This is the method used in the national ASCOF. For Adult Social Care a target has been agreed that the average of these snapshots across the 12 months should not be higher than 8.6. Based on the final Thursday of October there was only one delay attributable to Adult Social Care, a similar position to September and within the target.

## Emergency Admissions

7. Data for the period January to October 2015 shows an increase from a rate of 735 non-elective admissions per 100,000 population in September to 770 in October. Against a target to reduce non-elective admissions to 56,273 by December 2015, the health and social care economy in Leicestershire is forecast to underperform by 2,662. The total of 58,935 non-elective admissions will be made by patients residing in Leicestershire, despite a variety of actions, including the introduction of four emergency admissions avoidance schemes.
8. Appendix A shows the total number of avoided admissions that the four BCF emergency admission avoidance schemes have achieved against the performance target so far. In the last month, it has been realised that figures for one of the admissions avoidance schemes (the Single Point of Assessment (SPA) rapid response falls service provided by LPT) have been overstated.
9. The action plan to improve performance against the four emergency admissions schemes has been comprehensively reviewed and revised and is actively being implemented. In addition, a review of the planned trajectories for 2016 is currently underway and proposed revised trajectories (such as the impact of recent changes to seven day working in primary care schemes) are being considered as part of the refresh of the BCF plan.

## 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 aggregated data for July to September 2014 and January to March 2015 shows that 61.6% respondents to the survey, reported they have received enough support from local services/organisations to help manage their long-term condition(s). This is a drop in performance from 64.2% in 2013/14. Delivery of the improvement is therefore rated Amber at this stage.

## Emergency Admissions and Injuries Due To Falls

11. The methodology used by Public Health England to calculate the published version of this metric has now been established and local figures since April 2015 have been calculated. Since then the crude rate has varied from 120 per 100,000 to 171 per 100,000. The figure for October is 157 per 100,000. The target for March 2016 is 140.47 and this area is therefore rated Red at this stage.

## Integration Project Delivery

12. Within the current BCF scheme delivery progress updates a number of issues have been noted and these are set out below.

<b>Scheme</b>	<b>Commentary</b>
Integrating Leicestershire, Leicester and Rutland (LLR) points of access	Following project mobilisation work has now started on the business case for potential access point integration. The project governance is currently being aligned to the urgent care vanguard to ensure that clarity regarding the scope and reporting of both projects is in place.
New services	Enhanced Clinical Care at the Loughborough Urgent Care Centre and Frailty Tracker Nurses are now operational. Data is yet to flow correctly but work is on-going to rectify that.
Care and Health Trak	The vanguard project is concerned with improving the way that patients access urgent care across LLR. The data that we have incorporated into the new Care and Health Trak system to date does not contain all of the information that is needed to do this effectively. It is proposed that the project is expanded to include NHS 111 and out of hours data. Pi Ltd have proposed that they will incorporate these two datasets for free in 2015/16, with an ongoing small charge thereafter.

## Provider and Clinical Commissioning Groups (CCGs) Dashboard - Appendix B

13. Attached as Appendix B is a dashboard that summarises information on provider and CCGs 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 CCGs 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.

#### University Hospitals of Leicester (UHL) Emergency Department 4 Hour Waiting Time

14. 4 hour performance was recorded at 85% in December, and 89% for the full year to date. The national target being 95%. This is primarily driven by record Emergency Department attendances and emergency admissions, but has also been contributed to by staffing issues. Work has started on building a larger Emergency Department to meet demand. This is due to be completed by December 2016. A full action plan on this issue is being monitored by the Urgent Care Board.

#### Ambulance Response Times, Handovers between UHL Emergency Department and Ambulance and Ambulance Crew Clear

15. An eight-week action plan has been agreed to speed up (reduce) the time it takes for East Midlands Ambulance Service (EMAS) crews to pass patients to Accident and Emergency staff at Leicester Royal Infirmary (LRI). Difficulties continue in accessing beds from the Emergency Department leading to congestion in the assessment area and delays in ambulance handover. Proposals include:
- Improving processes at Accident and Emergency (A&E) and in the assessment bays;
  - Improving the flow of patients through the hospital and making every effort to reduce numbers attending A&E;
  - Attempting to speed up discharge processes; and
  - Continued work to tell patients the importance of getting medical help before their condition worsens and ends up being an emergency.

#### Cancelled Operations - Non Re-admitted in 28 Days

16. This issue was highlighted as a risk for November due to the increased emergency pressures. List over-runs form a significant risk to 'On the Day' performance. There is on-going work to address paediatric ward bed unavailability due to staff shortages and reduced elective activity. The availability of beds is monitored daily and interventions made where necessary. A review of staffing for Intensive Therapy Unit (ITU) is taking place to ensure that there is best use of staff to maintain beds.

#### Pressure Ulcers (Grade 2)

17. There was a high number of avoidable Grade 2 pressure ulcers in August and September but improvement was seen in October. The overall number is within the trajectory collectively, as the trend is down for Grade 3 ulcers. This is attributed to earlier detection contributing to the increased number of Grade 2 ulcers, which is positive.

## Never Events

18. A patient suffering post-operative delirium managed to manoeuvre out of a top opening window at Leicester General Hospital falling onto a hard surface and sustaining fractures. A full survey of windows across UHL has been commissioned. This will enable the trust to identify where further modification to reduce risk may be required. Clinical colleagues are being asked to further advise where patients at risk of post-operative delirium may be located.

## 52 Week Waiters (incomplete at UHL) - Orthodontic Patients - Service Commissioned by NHS England.

19. The service is now closed to new referrals with some clinical exceptions. Funding has been secured from NHS England for two full time equivalent locums to clear the backlog. So far recruitment attempts have been unsuccessful. Recommendations from the Serious Untoward Incident (SUI) report included a clearly defined Standard Operating Procedure to be put in place for the administration of planned waiting lists and that all administrative and clinical staff running outpatient clinics should have referral to treatment e-learning training. UHL are exploring capacity for Orthodontic patients within both community and acute providers within the local area. A small number of patients have agreed to transfer their care to Northampton General Hospital or local community providers.

## Diagnostic Waiting Times

20. The Trust is working with a number of Independent Sector providers to obtain extra capacity. The Trust will also be part of an initiative around securing extra capacity within the Independent Sector and other NHS Trusts for endoscopy. UHL has submitted its requirements for this process but so far has obtained no extra capacity via this route. The extra capacity is complemented by a robust action plan aimed at addressing general performance issues in Gastroenterology, with particular focus on ensuring that all lists are fully booked and efforts to improve Cancer performance via access to Endoscopy tests.

## Cancer

21. *2 Week Wait* - UHL is working intensively with the Endoscopy Department to address the current underperformance. More broadly the Trust is working with CCGs to improve the quality of 2 week wait referrals, specifically in relation to the correct process, use of appropriate clinical criteria, and preparation of patients for the urgency of appointments.
22. *31 day wait* - the Cancer Action Plan aims to address the step-down of patients from Intensive Care in order to pull cancer patients through the system more quickly. It also includes significant investment in more clinical staff, including a nurse specialist in urology and consultants in head and neck and dermatology. This additional capacity will impact positively on performance; however while the recruitment processes are underway staff recruitment has been problematic with a shortage of appropriate candidates.

23. *62 day wait* - efforts to improve 31 day and 2 week wait performance will help to improve the 62 day position. Improvements in endoscopy will significantly help performance in lower/upper gastrointestinal (GI). Additionally the appointment of three service managers with responsibility for managing cancer pathways in UHL's worst performing tumour sites will provide the key focus required; all are now in post.

#### Improved Access to Psychological Therapies

24. West Leicestershire Clinical Commissioning Group (WLCCG) has now achieved the year to date performance target of 15% for access to psychological therapies. This will continue to be monitored to ensure it remains on track. East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG) performance has improved too, although remains under the national target. Actions to improve performance include a pathway review being undertaken to ensure appropriate patients are referred to the service and patients are discharged in a timely manner. The take-up of self-referrals should increase as a result of engagement with GPs, community venues and adult social services. Waiting times continue to be under target, however there has been some improvement in recent months, as a result of the service now being fully staffed.

#### Unplanned Hospitalisation and Emergency Re-Admissions

25. UHL's readmission rate has increased during 2015/16 and when compared with other Trusts. A Readmissions Review has now been completed. This highlighted a need for better identification of patients at risk of readmission in order to inform discharge planning and community follow up and support. Work is underway to confirm which 'tool' would be most appropriate for UHL to use and how this would link with the Integrated Community Response Service (ICRS).

#### Estimated Diagnosis Rate of People with Dementia

26. The national toolkit has been run in the top ten practices in West Leicestershire based on list size and the number of allocated Care Homes. A GP newsletter article is to be published highlighting the Dementia Quality Toolkit and other hints and tips to help support practices to increase dementia diagnosis. For East Leicestershire and Rutland actions include regular dementia communications to practice dementia leads, and included in the GP Bulletin a Care Planning workshop facilitated by Sir Alistair Burns, and Dementia Education for primary care clinicians and practice staff.

#### Incidence of Health Associated Infection Clostridium Difficile (C.DIFF) – West Leicestershire Only

27. A review of the community and acute positive C.DIFF cases is undertaken to support best practice and identify lapses in care. This includes a discussion relating to different treatment options and a review of current medication. Issues identified are discussed with the GP at the time. Any lessons learnt from these reviews are fed back and discussed with the prescribing lead and medicines management team on a monthly basis. Themes from UHL cases are fed back to the Quality Contracting team for discussion through the contract review process,

as appropriate. All GP prescribers have agreed to undertake an antibiotic/Proton Pump Inhibitor (PPI) prescribing audit as one of their quality audits for 2015/16.

### **Public Health and Prevention Priorities Dashboard - Appendix C**

28. Appendix C to this report is a dashboard summarising performance against key strategic health and wellbeing priorities. The priorities include Better Public Health, Better Physical Health, and improving Children and Young People's Health. Data has been updated for a number of indicators, the following provides an overview by exception.

#### **Child Obesity**

29. Results show that for excess weight for children in reception, the overall prevalence in England was 21.9% and 20.2 % in Leicestershire. For year six excess weight, the prevalence in England was 33.2% and 29.9% in Leicestershire. For the County these results are a small improvement compared to 2013/14. The County remains in the top performing quartile of all authorities.

30. The work commissioned by the Public Health Department to encourage children to move more and to encourage healthy eating, as well as the support we offer families through programmes such as our Family Lifestyle Clubs seems to be paying off. As well as helping children to be healthier now, this will also pay dividends in the future in reduced health care costs for the NHS. However continuing improvement in this area is still a priority.

#### **Child Oral Health**

31. 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 year 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 actions to tackle this has been presented to the Committee on 9 September 2015.

### **Recommendations**

32. 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 – Public Health Summary Dashboard

### **Background papers**

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

<http://ow.ly/WKdpb>

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

<http://ow.ly/WKdsw>

Oral Health of Five Year Olds can be found at the following link: <http://ow.ly/WUdmR>

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