



**HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 2 NOVEMBER  
2016**

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

**PERFORMANCE UPDATE AT END OF QUARTER 2 2016/17**

**Purpose of Report**

1. The purpose of the report is to provide the Committee with an update on health performance issues based on the available data at the end of quarter 2 of 2016/17.

**Background**

2. The Committee 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 particular report encompasses:
  - a. Performance against key metrics and priorities set out in the Better Care Fund plan;
  - b. An update on key Clinical Commissioning Group (CCG) and provider performance issues including mental health performance; and
  - c. An update on wider public health metrics and performance.

**Better Care Fund and Integration Projects – Appendix 1**

3. The following section of the report summarises performance against the targets within the Better Care Fund (BCF) plan. Appendix 1 contains the BCF Plan indicators and targets applying from April 2016. These are all 2016/17 targets and were revised in July 2016 in light of new population projections released by the Office for National Statistics in May 2016.
  1. Metric 1 – Residential and nursing home admissions – 606.4 per 100k a year
  2. Metric 2 – Reablement – 84.2% for each rolling 3 month period
  3. Metric 3 – Delayed Transfers of Care (DTC) quarterly targets - 236.66, 231.91, 214.66, 312.19 per 100k
  4. Metric 4 – Non-elective admissions – 724.37 per 100K per month
  5. Metric 5 – Patient experience – 63.5%
  6. Metric 6 – Falls – 139.76 per 100K per month

### **Metric 1 – Residential and Nursing Homes**

4. In relation to residential and nursing home admissions - permanent admissions to care for those aged 65+ per 100k - the forecast is 605.4 (826 admissions) against a target of 606.4 (827 admissions). The indicator is therefore currently rated green. Performance in 2015/16 was 860 admissions (642.3)

### **Metric 2 - Reablement**

5. In relation to reablement, the latest data on the percentage living at home 91 days after hospital discharge and reablement is 90.3% (364 out of 403). Performance continues to improve and meets the BCF target of 84.2%. Data published for 2015/16 puts Leicestershire above the national average. In relation to the percentage of people who had no need for ongoing services following reablement this is 79.7% (1275 out of 1600) against a target of 76%. 2015/16 data shows Leicestershire performance is above the average.

### **Metric 3 – Delayed Transfers of Care**

6. In relation to delayed transfers of care (DToC) a meeting of the DToC task and finish group of the Discharge Steering Group met to discuss the reporting of this data across all partners. For July and August there have been 3,769 days delayed for Leicestershire residents. 2,342 (62%) were in the acute sector and 1,445 (38%) in the non-acute sector. Therefore the non-acute target is being achieved but the acute target is not.
7. 1,567 (41%) were at UHL, and 1,415 (37%) at LPT. The remainder are at out of county providers of which the biggest contributor is Burton Hospital with 188 days (5% of the total). In quarter 1 the biggest out of county contributor was Kettering General (11% of total).
8. While 'DII\_nursing\_home' is the most common reason for a delay, the number of delays due to 'B\_public\_funding' has been increasing since May, with more of these being reported in July and August. Most of the 'B\_public\_funding' delays are due to pressures in the NHS. It is likely that most of these are due to delays arranging Continuing Health Care. However this analysis should be regarded with caution. There are opportunities for providers to correct and update data they have submitted, so this analysis could change and members will be updated should that be the case.

### **Metric 4 - Non-Elective Admissions**

9. Work undertaken since the last meeting has resulted in it becoming clear that the East Leicestershire and Rutland CCG's weekend AVS scheme is Better Care Fund funded. Avoided admissions from this scheme and a trajectory for it have not been included in previous reports. The target for avoided admissions in 2016/17 is 1,517. This has been aligned with CCG operating plans.
10. Work undertaken since the last meeting to understand the re-design of a number of schemes has led to a number of changes:

- East Leicestershire and Rutland CCG's GP-led 7 day services scheme has ended due to lower performance in the pilot period. The trajectory has been set to zero per month from August
- West Leicestershire CCG's weekday AVS scheme will be extending its opening hours to 8pm Mon-Fri.
- A draft increased trajectory for Loughborough Urgent Care Centre Extra Care Pathways has been included but ongoing re-procurement has limited capacity to engage with the data issues and provide assurance that the increased trajectory is realistic.
- A trajectory for the winter pilot of the Glenfield CDU ambulatory care scheme is not included because the commissioning intentions are not clear at the time of writing

### *BCF Schemes Action Plan Exception Report*

Within the scheme updates, a number of issues have been highlighted as follows:-

<b>Scheme</b>	<b>Commentary</b>
West Leicestershire CCG 7 day services	The service achieved 83 avoided admissions in September against a trajectory of 115
Extra care pathways at Loughborough Urgent Care Centre	Activity continues to be low but this service will be redesigned as part of the Charnwood testbed project. A re-procurement for this service is ongoing.

### **Metric 5 – Patient Experience**

11. In relation to patient experience and patients satisfied with long term support to manage long term health conditions the latest data shows a figure of 63.6% against a target of 62.2%

### **Metric 6 – Falls**

12. In relation to emergency admissions for injuries due to falls in people aged 65+ the latest figure is 125.39 (171 falls) against a target of 139.76. The indicator is currently rated green.

### **CCG and Provider Dashboards - Appendix 2**

13. In March 2016 NHS England published a new Improvement and Assessment Framework (IAF) for CCGs. From 2016/17 this replaced the existing CCG Assurance Framework. The Framework includes a set of 57 indicators across 29 areas. In the Government's Mandate to NHS England the new framework takes an enhanced and more central place in the overall arrangements for public accountability of the NHS. The IAF has been designed to supply indicators for adoption in Sustainability and Transformation Plans as markers of success.

14. This report looks to include relevant indicators from the new Framework, taking into account contents of the local Sustainability and Transformation Plan. The performance report is the vehicle to ensure that an appropriate governance and assurance process is in place for CCGs. The report focuses on a dashboard covering;

- Better Health - this looks at how the CCG is contributing towards improving the health and wellbeing of its population; and
- Better Care - this principally focuses on care redesign, performance of constitutional standards and outcomes, including important clinical areas.

15. Attached as Appendix 2 is the dashboard that summarises information on CCG and provider performance using the above Framework. 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 following provides narrative of those areas currently 'at risk' and actions in place to support improving performance.

### **Electronic Referrals**

16. A joint improvement approach has been agreed with the CCGs and University Hospitals of Leicester (UHL) and a number of actions agreed. For CCGs the overarching actions were to promote the Electronic Referral System (ERS) to GPs and provide reassurance of system compatibility; improvements to the login process are being developed and that work is being carried out at UHL to reduce Appointment Slot Issues. UHL have provided a list of specialties on ERS and will identify which specialties currently on ERS are not being referred to. Making sure any triage/referral management clinics/hubs can refer on via ERS.

### **Antibiotic prescribing**

17. The CCG Medicine Management Team monitors GP prescribing of antibiotics and there are a number of actions being undertaken locally by GP practices. These include self-assessment checklists, review of "Treating your Infection" leaflets and actions as a result, nomination of an antibiotic champion, participation in an awareness day, take up of the e-learning model and revision of antibiotic prescribing guidelines.

### **Cancer Waiting Times**

18. 62 day waits – lower GI, lung and urology remain the most pressured tumour sites. Monthly performance meetings and ad-hoc weekly meetings are taking place to support tumour sites as appropriate with the Cancer Management Team. 2 week waits – both 2 week indicators were achieved in July and August. Additional activity continues to be arranged to support delivery within head and neck (ENT) and skin services. Patient choice is a key factor in underperformance for gynaecology. 31 day first treatment - urology has a known shortage of theatre capacity at UHL. Additional long term capacity is in the process of being identified with extra sessions and weekend working. Additional High Dependency Unit (HDU) capacity opened in July 2016 which enabled the services to treat patients who had previously had their appointments cancelled.

### **Cancer Experience**

19. The National Cancer Patient Experience Survey 2015 is the fifth iteration of the survey first undertaken in 2010. The survey was overseen by a national Cancer Patient Experience Advisory Group and commissioned and managed by NHS

England. There are several areas where Leicestershire is below nationally expected scores and they are as follows:

- hospital staff gave the family or someone close to the patient all the information needed to help with care at home;
- the length of time for attending clinics and appointments was right;
- hospital staff gave information about the impact cancer could have on day to day activities;
- hospital staff gave information about support groups and the patient was able to discuss worries or fears with staff during the visit.

### **Improved Access to Psychological Therapies (IAPT)**

20. No performance data is available due to national issues with extracting data however using local data performance shows no improvement in recent months. There is ongoing recruitment of Mental Health Facilitators and PWP workers. Low intensity workers returned to the service in June/July which increases the number of workers above establishment. Progress is being made on the development of Community Health Services to promote IAPT with their service users and aid in referrals. A request has been made to the service to profile monthly cohorts of patients and average time to completed treatments in order to predict future waiting times reporting

### **Specialist inpatient care for people with a learning disability and/or autism**

21. There are a number of delays at the Agnes Unit which relate to; waiting for a step-up low secure placement since April, awaiting the outcome of Court of Protection, specific accommodation required upon discharge. Two patients were recently diagnosed with Asperger's at the Bradgate Unit, which have been added to the CCG list of patients. 18 patients are classed as specialist commissioning (NHS England commissioned). 4 new Child and Adolescent Mental Health Services (CAMHs) hospital placements were made since April.

### **Estimated diagnosis rate of people with dementia**

22. With regard to East Leicestershire and Rutland CCG actions - the Clinical Dementia lead sends diagnosis rates and services/schemes to support practice diagnosis to practices on a monthly basis and through the GP Bulletin. Protected Learning sessions have focused on dementia and care planning. Nurses have also had awareness training. The GP SIP in 2016/17 has ensured that there is a named clinical lead for each practice responsible for improving dementia prevalence and prevalence figures are being audited on a monthly basis. The Better Care Together Dementia Delivery is chaired by CCG's GP Clinical Lead, including refresh of LLR dementia strategy; capacity in memory assessment clinics and movement of patients for treatment in primary care. Practice CQUINs are in place with incentive in place for completed dementia assessments; including investigations and referral; identification of carers, with review offered and signposting to dementia support services

23. With regard to West Leicestershire CCG actions - July's national position was used to revise the 67% target delivery trajectory to February 2017. This was

forwarded for September reporting. The action plan focusses upon use of data, locality and practice engagement, pathway improvements with providers and promotion, education and upskilling.

### **Maternity**

24. Indicators are monitored through Leicester City CCG as the lead commissioner of maternity services. Women's experience of maternity services has been populated at CCG level and is rated red against the England average for East Leicestershire and Rutland only. Joint working on patient experience is being undertaken by Healthwatch, the CCGs and UHL with a survey which ended in September 2016.

### **University Hospitals of Leicester (UHL) Emergency Department (ED). Waiting Time < 4 Hours**

25. Key UHL actions for October include continued work on improvements to the ambulatory pathways and use of the yellow zone; a focus on non-admitted/out of hours breaches; focus on streaming/treating and redirection of patients from the Emergency Department front door and roll out of SAFER placement and reopening of the discharge lounge.

### **Ambulance Response Times, Handovers between UHL ED and Ambulance Staff and Ambulance Crew Clear**

26. With regard to Ambulance Response Times whilst performance across Leicestershire is still below national standards there has been an improvement, albeit a small one, across all categories in August. An EMAS Deep Dive Report was presented in September. A Joint Investigation will look at internal and external factors such as conveyance rates, acuity, handover delays and pathway changes and will determine whether the Contract Performance Notice (CPN) should be withdrawn or a Remedial Action Plan implemented. An agreed action plan will be shared no later than 3rd. October. EMAS are in financial turnaround and to obtain a better understanding of the root causes commissioners have commissioned a Strategic Demand, Capacity and Price Review which is due to report in January 2017.
27. Ambulance Handovers/Crew Clear - a new structure for the LLR Emergency Care Programme rolled out in September. The focus is to deliver five interventions this winter:- streaming at the front door to ambulatory and primary care; NHS 111 – increasing the number of calls transferred for clinical advice; Ambulances – decrease in conveyance and an increase in 'hear and treat' and 'see and treat' to divert patients away from the Emergency Department. Improved flow – must do's that each Trust should implement to enhance patient flow; and Discharge – mandating 'Discharge to Assess' and 'trusted assessor' type models.

### **Delayed Transfers of Care attributable to the NHS per 100,000 population**

28. Delayed transfers of care performance has declined as at September 2016 against the outturn position for 2015/16 and is being closely monitored. Actions are being picked up through the accident and emergency recovery plan.

## **52 Week waiters at UHL**

29. Orthodontics - the number of waits over 52 weeks has reduced significantly. With NHS Improvement and NHS England, UHL have identified treatment opportunities from across the regional health economy for the majority of the patients on the orthodontics waiting list. The service team are in the process of transferring patients to these providers.
30. Ear Nose and Throat (ENT) – delays can be attributed to administrative errors; however this has been exacerbated by the mismatch between capacity and demand in ENT. The Referral to Treatment Team delivered a bespoke education and training course for the ENT administrative team and continues to provide support. Extra capacity has been identified for both outpatients and inpatients via Medinet weekend clinics and theatre lists.

## **Cancelled Operations - non re-admitted in 28 days**

31. The number of cancellations due to ward bed availability has deteriorated during August, a reflection of emergency pressures across the Trust. The ring fencing of ASU/Ward 7 for surgical patients continues. HDU bed cancellation is significantly down on last month. A dedicated member of staff is now in place to ensure data quality with regard to cancellations.

## **UHL QUALITY DASHBOARD**

32. A dashboard relating to quality metrics at UHL has been included in Appendix 2. There have been 2 mixed sex accommodation breaches at UHL in August with a patient transferred from an inpatient ward for treatment in the Day Case Unit and another patient in Intensive Care Unit who stepped down from level 3/2.
33. There have been a significant number of Category 2 pressure ulcers at UHL in August (13). The main cause of avoidable pressure ulcers grade 2 is associated with device related harm. Particularly in hot weather, moisture caused by sweating can rapidly cause skin damage and more frequent observation is required. UHL will monitor areas in next month's validation to ensure that themes are not recurring and take action to put in target support from the Pressure Ulcer team if required. They will also raise awareness across nursing teams of the importance of checking skin more frequently in hot weather.

## **Mental Health Dashboard – Appendix 3**

34. A new Mental Health dashboard has been developed which includes more detail on the mental health, learning disabilities and dementia CCG Improvement and Assessment Framework 2016/17 metrics. Actions to address those 'at risk' indicators have been included in the relevant sections above. A selection of Public Health Outcomes Framework indicators which identifies self-harm, suicide and anxiety levels across Leicestershire have also been reported. For each of these areas, levels of improvement have been seen from previous reports. These are all based on nationally published data.

## **Public Health Outcomes Performance – Appendix 4**

35. Appendix 4 sets out current performance against targets set in the performance framework for public health. Public Health England have published an update to the public health outcomes framework (PHOF). In terms of high level outcomes 14 indicators are presented and Leicestershire is better than the England average for six of these. No indicators perform significantly worse than the England average.
36. A number of the PHOF indicators were updated in a data release in 2016 and Appendix 4 summarises the latest position. A number of issues flagged include take up of the NHS Health Check Programme, completions of drug treatment - non-opiate users and mental health – excess mortality and suicide rates
37. In September Public Health England published health profiles for all local authorities in England. The profiles summarise the health of the population using 31 indicators across a range of themes. In relation to Leicestershire 19 of the indicators are significantly better than the England average, 7 the same, with just one – recorded diabetes – significantly worse than the England average.
38. Further consideration will be given to actions to tackle these areas as part of the new Health and Wellbeing Strategy and public health service plan development process.

## **Recommendations**

39. The Committee is asked to:
- a) note the performance summary and 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 1– Better Care Fund Dashboard
- Appendix 2 – CCG and Provider Performance Dashboards
- Appendix 3 – Mental Health Dashboard
- Appendix 4 – Public Health Performance Dashboard.

## **Background papers**

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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