



HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 1 MARCH 2017

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

PERFORMANCE UPDATE AT END OF QUARTER 3 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 3 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 – Permanent Admissions to 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 621.8 (848 admissions) against a target of 606.4 (827 admissions). The indicator is therefore currently rated **red**. 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 87%. 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 for 2015/16 data shows Leicestershire performance is above the average. The metric is therefore rated **green**.

Metric 3 – Delayed Transfers of Care

6. In relation to delayed transfers of care (DToC) for Oct-Dec (Q3) there were 6, 211 days delayed for Leicestershire residents. 382.35 days delayed per 100k aged 18+. December saw the highest number of days delayed this financial year. The indicator is therefore rated **red**. The main reason for delay this quarter were completions of assessments and patient/family choice.
7. 46% were in the acute sector and 54% in the non-acute sector. Both acute and non-acute targets are being missed, although the non-acute situation is considerably worse. For Q3 53% of the days delayed were at LPT and 33% at UHL. The remainder are out of county providers, of which the biggest contributor is Kettering Hospital with 4% of the total. A completion assessment is now the most common reason for a delay in 2016/17 and in Q3. In December the number of days attributed to this cause almost doubled from November's figures.

Metric 4 - Non-Elective Admissions

8. For the period April to December there have been 45,939 non-elective admissions, against a target of 44,190 – a variance of 1749. Furthermore, the forecast for the end of the 2016/17 financial year is that there could be 61,424 admissions, against a target of 59,030. The current RAG rating is therefore **amber**. All these figures include estimated LPT admissions from September to December due to a data issue which LPT and NHS Digital are working to repair.
9. The tables below show the total number of avoided admissions achieved by the five original emergency admission schemes and East Leicestershire and Rutland CCG's weekend Acute Visiting Service schemes. The target for avoided admissions in 2016/17 is 1,517 and has been aligned with CCG operating plans. By the end of December 2138 admissions had been avoided.

	Apr 16	May	June	July	Aug	Sep	Oct	Nov	Dec
Actual avoided	232	281	279	269	260	227	208	219	163
Cumulative avoided	232	513	792	1061	1321	1548	1756	1975	2138

Metric 5 – Patient Experience

10. 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% for March 2016. The metric is therefore rated **green**.

Metric 6 – Falls

11. In relation to emergency admissions for injuries due to falls in people aged 65+ the latest figure is 122.45 (167 falls) against a target of 139.76. The indicator is currently rated **green**.

CCG and Provider Dashboards - Appendix 2

12. 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.

13. 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.

14. 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

15. Work continues with local providers and practices to support usage of the Electronic Referral System (ERS). A joint improvement approach was agreed between UHL and the Leicestershire CCGs with various actions in place including;
- all practices compatible with the ERS system, with referral advice and guidance, and a list of specialties provided by UHL;
 - review of all specialties to increase slots available to 100%
 - CCGs working to reduce appointment slot issues, with capacity alerts for specific services.

Emergency admissions for acute conditions that should not usually require hospital admission and emergency admissions for urgent care sensitive conditions

16. CCGs continue to monitor and drive weekend and other services aimed at avoiding un-necessary admissions, and services are included in the Integrated Urgent Care lot procurement.

Antibiotic prescribing

17. Performance is monitored by the CCG Medicines Optimisation Teams. The practice position against targets was circulated to GP practices and reports were presented at locality meetings. Practice packs were issued to all GP practices containing a page of “top tips to ensure appropriate antibiotic prescribing” detailing actions and objectives practices could undertake. The formation of an LLR Antimicrobial Resistance Strategy Group has been progressed.

Cancer Waiting Times

18. The majority of the 62 day backlog sits within Lower GI, Lung, Urology and Gynaecology at UHL. The main reasons for 62 day breaches remain theatre capacity constraints, patient complexity, patient delays, diagnostic delays and patients being unfit. Recruitment is underway for a number of additional consultant staff in a number of services. The Remedial Action Plan (RAP) has been refreshed and continues to be updated regularly and the thematic findings from the root cause analysis process that is in place for all patients who breach the 62 day standard are fed into the RAP. Cancelled operations as a result of emergency pressures continue to affect the 62 day performance.

Improved Access to Psychological Therapies (IAPT)

19. Referral initiatives for IAPT include: promoting the service in practices via surgery televisions; promotion of the service to carers including children’s carers and older people; follow up of contacts made at CCG Annual General Meetings; discussions regarding mail drops of leaflets within certain high prevalence areas; radio campaign on Heritage FM Radio. Detailed analysis of the performance of waiting times has been undertaken and a number of administration process issues have been resolved. This has shown significant improvement in unvalidated (local) December data.

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

20. December 2016 national data was recently released. This shows an overall decrease in patients of 3 across LLR in the period from September to December. Figures will always be volatile when dealing with people with acute mental illness, but the plan is to reduce the numbers over all.

Proportion of people with a learning disability on the GP register receiving an annual health check

21. National data is only reported annually and is based on data from the NHS Digital General Practice Extraction Service (GPES) and Quality and Outcomes Framework (QOF) and is the position that NHS England will monitor the CCG on. Locally data is available in line with the quarterly Primary Care Liaison Nurse meetings, with the next meeting taking place in March.

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

22. UHL has been on high escalation levels for Emergency Department (ED) performance for much of the 2016 calendar year, due to occupancy and acuity within ED, the Trust's ability to manage the volume of attendances with the current physical constraints and staffing skill mix, as well as flow within the department and across the trust. The system-wide Accident and Emergency Delivery Board has agreed a Recovery Action Plan focusing on 5 key intervention areas. Presentations at the Emergency Department continue to exceed the expected levels (circa 5% real-terms year on year growth). In addition, the Midlands and East Region have launched Cohort Two of their Emergency Care Improvement Programme, which will provide additional support to UHL to improve performance. The new Emergency Department Floor is due to open in Spring 2017, which will provide an integrated Emergency Department service which is expected to address some of the physical and pathway constraints currently impacting negatively on performance.

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

23. High occupancy in the Emergency Department and bed pressures across the Trust in Quarter 2 to Quarter 4 have led to congestion in the assessment bay, resulting in longer waits for ambulance handovers. System-wide actions are underway to decrease conveyance to Leicester Royal Infirmary, and to increase the volume of "see and treat" and "hear and treat" clinical encounters to divert patients away from the Emergency Department. Ambulance handovers featured in the Escalation Meeting with NHS England and NHS Improvement on 6 January 2017 and further recovery actions are under development as a result. These will include increased use of cohorting, as well as actions to reduce the conveyance rates.

24. A trial of a joint response vehicle containing a GP and an EMAS Paramedic – specifically responding to Nursing Home/Care Home referrals in the week prior to Christmas is being reviewed. Early findings have suggested a significant number

of admissions have been avoided for this patient cohort. Frailty training to EMAS staff to reduce conveyance and cohorting policy is in place for patients awaiting beds.

Delayed Transfers of care (DTC) attributable to the NHS per 100,000 population – Leicestershire Partnership Trust

25. The reasons behind the increase in delays are being investigated. A contract performance notice has been issued which will convert to a Service Development Improvement Plan (SDIP) 2017/18. A remedial action plan is in progress and multi-agency DTC housing group established. Although Mental Health Services for Older People DTCs have shown slight improvement these are still being monitored.

52 Week waiters at UHL

26. At end of December there were 32 patients across UHL who breached 52 weeks. 30 within Musculoskeletal and Specialist Surgery (MSS) (including 15 Orthodontics), five patients have now had treatment, eight patients have a treatment date and two from Cancer, Haematology, Urology, Gastroenterology and General Surgery (CHUGGS) have both been treated.

Cancelled Operations - non re-admitted in 28 days and No patient has to tolerate an urgent operation being cancelled for the second time - UHL only

27. Weekly winter bed meetings occur to forward plan elective capacity to match predicted bed availability. At LRI the Trust is initiating the 'Red 2 Green' process to reduce patient length of stay and improve flow, reducing the risk of patient cancellations due to bed pressures.

UHL Quality Dashboard

Mixed Sex Accommodation (MSA) Breaches

28. A dashboard relating to quality metrics at UHL has been included in Appendix 2. There were 14 mixed sex accommodation breaches in December at UHL. Two patients were affected in neurology and surgical specialty, they were both due to lack of bed capacity. In Ophthalmology there were four breaches with 12 patients affected. The Ophthalmology Suite is situated within a very small clinical environment which meets the needs of large numbers of patients each day. Due to activity within the Suite 4 breaches occurred for patients undergoing day case eye surgery.

Leicestershire Mental Health Dashboard – Appendix 3

29. A 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 has been reported and an update provided where possible.

Public Health Outcomes Performance – Appendix 4

30. Appendix 4 sets out current performance against targets set in the performance framework for public health. Public Health England has 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.
31. A number of the PHOF indicators were updated in a data release in 2017 and Appendix 4 summarises the latest position. Overall to date 17 metrics are rated green, four amber and six red. In addition two further metrics are rated higher than comparators and one lower than comparators.
32. In relation to the 17 green indicators the following have shown improvement and are on track to meet targets – life expectancy males, chlamydia detection rates, under 75 mortality for cardiovascular disease, cancer, liver disease and respiratory disease, breastfeeding initiation, smoking at time of delivery, under 18 conceptions, child excess weight (11 year olds), excess weight (adults), active adults, inactive adults, completion of drug treatment (non-opiates), and breast cancer and cervical cancer screening coverage.
34. Health inequalities (females) is lower than comparators. Health inequalities (males) and excess under 75 mortality for people with a serious mental illness is higher than comparators. Amber indicators include – life expectancy (females), suicide rates, child excess weight 4-5 year olds and smoking prevalence in adults.
35. Red indicators include – HIV late diagnosis, infant mortality, child dental decay, drug treatment (opiates), admissions for alcohol related conditions, take up of NHS health checks. Further work is underway to progress improvement across the range of indicator areas.
36. 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, seven the same, with just one – recorded diabetes – significantly worse than the England average.
37. Further consideration will be given to actions to tackle these areas as part of the implementation of the Health and Wellbeing Strategy and the public health service plan development process. In addition work has commenced on a new Single Outcomes Framework which will feed into a revised set of priority outcomes and metrics for public health following the County Council election in May 2017.

Recommendations

38. 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 A– Better Care Fund Dashboard

Appendix B – CCG and Provider Performance Dashboards

Appendix C – Mental Health Dashboard

Appendix D – 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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