



HEALTH OVERVIEW AND SCRUTINY COMMITTEE:
12 MARCH 2014

JOINT REPORT OF THE CHIEF EXECUTIVE AND DIRECTOR OF
PUBLIC HEALTH

PERFORMANCE REPORT

Purpose of report

1. The purpose of this report is to provide the Committee with an overview of the performance monitoring and assurance framework across the health and wellbeing sector relating to the County Council and its area, Clinical Commissioning Groups (CCGs), providers and partnership organisations. It also includes an overview of current performance. Any comments made by the Committee will be reported to the Health and Wellbeing Board.

Policy Framework and Previous Decisions

2. In response to the national Local Area Agreement (LAA) programme, performance was previously monitored by the Budget and Performance Monitoring Scrutiny Panel. However, the demise of the LAA and central targets in recent years meant that performance reporting at scrutiny level was included in the review of Scrutiny and Overview Committees conducted in 2013.
3. New arrangements including the abolition of the Budget and Performance Monitoring Scrutiny Panel were approved by the Constitution Committee on 12 June 2013. Performance of the County Council's Public Health Department and the Health and Wellbeing Board will now be reported on a quarterly basis to the Health Overview and Scrutiny Committee.
4. Following the Francis report, it has been identified that, as good practice, Health Overview and Scrutiny Committees should consider performance data on a regular basis as part of their overview role.

Current Performance Monitoring Arrangements.

5. Performance Monitoring is currently undertaken by the Health and Wellbeing Board on a quarterly basis. The performance report includes a section on the delivery of the Joint Health and Wellbeing Strategy and a summary of performance information from the dashboards relating to delivery of the priorities of the Joint Health and Wellbeing Strategy. A further dashboard is included that summarises performance relating to key providers and commissioners.

6. The Health and Wellbeing Board has a statutory requirement to produce a Joint Health and Wellbeing Strategy which is an overarching plan to improve the health and wellbeing of children and adults in the county and to reduce health inequalities. The Strategy has the following priorities:-
 - Getting it right from childhood
 - Managing the shift into early intervention and prevention
 - Supporting the ageing population
 - Improving mental health and wellbeing
7. Each priority has an action plan which details the projects that will contribute towards the delivery of the priorities. Accompanying the action plans for each priority is a dashboard which contains local indicators and relevant national indicators from the national outcomes frameworks.
8. It was agreed at the JSNA Steering Board meeting of the 18 February, 2014, that the dashboards for the Health and Wellbeing Board are split to provide a clearer summary of performance across the Joint Health and Wellbeing Strategy, CCG's and local providers. Performance against the Better Care Fund indicators will be included as soon as targets and baselines are agreed. Reporting will also be amended following any update to the Joint Health and Wellbeing Strategy (JHWS) and any changes to governance arrangements.
9. Assurance commentary against the Joint Health and Wellbeing Strategy remains on Appendix A to this report. Included as Appendix B is a section summarising the RAG status of indicators for each priority along with commentary against Red indicators (exception indicators) and any relevant commentary for any amber and green indicators as necessary.
10. Appendix C to this report is the final sheet of the dashboard that summarises key performance indicators of the three main providers of health care for Leicestershire, University Hospitals of Leicester NHS Trust (UHL), East Midlands Ambulance Service (EMAS) and Leicestershire Partnership NHS Trust (LPT). Again, the indicators are summarised and are highlighted on an exception basis and commentary is included where necessary.
11. Appendix C also includes indicators relating to specific CCG performance. These are indicators that appear in the NHS Outcomes Framework and local indicators specific to each CCG.
12. Where data is provided from the Greater East Midlands Commissioning Support Unit (GEM CSU) Performance Service (who also support CCG performance as well as various aspects of the wider health performance system) it corresponds to data within the CCG's performance reports for consistency.
13. A list of all dashboard indicators that are amber, green or not available (N/A) (where a RAG status is not relevant) are listed in Appendix D to this report for information.

14. The Public Health Performance update for quarter 3 includes a significant update to the Public Health Outcomes Framework. This was released in February 2014. The report is attached as Appendix E to this report and further details are below in the section entitled National Public Health Outcomes Update.

Delivery of the Joint Health and Wellbeing Strategy

Children and Young Peoples' Commissioning Board

15. The Children's and Young Peoples' data relating to the priority 'Getting It Right from Childhood' and commentary on quarter 3 performance and any areas of concern, is as follows:

Indicator	Commentary
<u>Health Visitor management report routine registration of all children to the Children's Centre programme. The Children's Centre programme report rates of community penetration of 80% as a minimum.</u>	Data provided by Research and Insight from the Capita system. Not all local information has fully migrated to Capita so actual figures are likely to be higher. Ofsted rate services as good if they have a registration figure of 80% and above.

Staying Healthy Board

16. The Staying Healthy data relating to the priority 'Early Intervention and Prevention' and commentary for quarter 3 performance and any areas of concern is as follows:

Indicator	Commentary
<u>PHOF 2.22ii: Percentage of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the financial year</u>	Invites remained stable for Q3 2013/14 but proportion of checks completed reflects a reduction compared to the previous quarter. This is likely to be a result of completing seasonal priorities in GP practices and for patients alike. Overall, 2.22ii has been recorded from Q1 in 2012/13 to Q4 in 2012/13 as showing an upward trend.
<u>PHOF: 3.02: Chlamydia diagnoses (15-24 year olds)</u>	This data relates to Q2 only. The diagnosis rate overall is low compared to England average however the rate for non-genitourinary (GU) settings is close to England Average. Since coverage is significantly higher than England average this suggests a low prevalence in Leicestershire.
<u>PHOF: 4.05 Mortality from cancer (NHSOF 1.4)</u>	A decrease in rate was recorded from 2008-10 data. Although the rate is above the set target the rate remains significantly lower than England average

	(108.1)
<u>PHOF 2.23iv: The percentage of respondents scoring 4-10 to the question "Overall, how anxious did you feel yesterday?"</u>	<p>Data is collected from the Annual Population Survey (APS) and is a mixed mode survey and uses both face-to-face and telephone interviews. This data is based on the percentage of respondents scoring 4-10 to the question "Overall, how anxious did you feel yesterday?". Public Health are currently commissioning/delivering or working in partnership on a range of mental health promotion/mental illness prevention initiatives in adults that will impact on this measure:</p> <ul style="list-style-type: none"> • MH awareness training for front line staff-police, probation worker, housing officers to help identify and signpost individuals with MH issues • Joint work on mental health stigma (with NHS and VS colleagues)-'Time to Change' campaign • Books on prescription • Reading Well • Better Care Together mental health workstream-looking at whole MH pathway • Culture Health and Wellbeing activities-Five Ways to Wellbeing • Recent involved in re-procurement of IAPT services in county

Integrated Commissioning Board

17. The Integrated Commissioning Board met on 21 February, 2014 and received data and commentary for quarter 3 relating to 'Supporting the Ageing Population'. Areas of concern are as follows:

Indicator	Commentary
<u>NHSOF 2.6 i Estimated diagnosis rate for people with dementia</u>	Definition: No. of people with dementia on the dementia registers as a % on the dementia toolkit (prevalence). Please note 13/14 Dementia data not available due to changes in GP systems - Implementation of Calculating Quality Reporting Service (CQRS) system means data will not be available until Spring 2014.
<u>ASCOF 1C Proportion of people using social services who receive self-directed support, and those receiving direct payments</u>	Different authorities count this indicator differently, some include reablement and equipment in the denominator whilst others do not, so not truly comparable. Recognised as a flawed indicator and definition will be changed with the new Zero Based Review returns which will divide provision into short and long term services which will better reflect local service performance.

Provider data and commentary

University Hospitals Leicester (UHL) – October-December 2013 Performance

18. The indicators within the dashboards are reported at CCG level. Data reported at provider level does differ, and delivery actions indicate where this is a risk.

Indicator	Commentary
<p><u>18 Weeks Referral to Treatment</u> (Data is at CCG level)</p> <p>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 should have been waiting no longer than 18 weeks</p>	<p>At October, 18 week targets for admitted patients was not achieved. WL CCG and ELR CCG were 89.6% against a target of 90%. A Formal Contract Query Notice was issued on 14 June 2013. UHL has submitted several Remedial Action Plans but to date nothing has been signed off, and the CCGs have issued a Failure to Agree notice. As a result 2% of the total monthly contract value is being withheld each month. CCGs and UHL have now agreed on the activity levels required and financial requirements to reduce the backlog and reach sustainable waiting lists recurrently. UHL confirmed on 28.1.14 that they are on track to deliver full trajectories and ophthalmology and Ear Nose and Throat (ENT) action plans by 31.1.14 and the general surgery T&O and trust-wide plan by 14.2.14. Clinical problem solving group held on 24.1.14 regarding ophthalmology letters backlog and sustainable demand management/left shift initiatives, which longer-term will impact on RTT demand and capacity as well as care closer to home.</p>
<p><u>A and E - 4 Hour Waiting Time</u></p>	<p>As at 14.01.14, Accident and Emergency was 88.45%, against a target of 95% for patients to be admitted, transferred or discharged within 4 hours. This shows a slight improvement on the October 2013 position of 86.91%.</p> <p>The first 2 weeks in January saw the super weekend initiatives that were to attempt to emulate weekday activity and actions over a weekend.</p> <p>There were significant actions taken by UHL and the wider Health economy to support this initiative. The outcomes of which were very positive and are being analysed to enable each health and social care team to focus on actions that had an impact. On the 3rd weekend some of the actions were retained (critical success factors) but toned to reflect a normalised approach with a view to sustaining a level of increased services for future weekends. Whilst not achieving the same level of performance as previous weekends it remains very positive despite an increase in activity and admissions. Discharge numbers over the weekend were higher than pre new year levels.</p>

<u>Ambulance Handovers</u>	At November 2013, 14% of handovers between ambulance and A and E took place in over 30 minutes against a zero tolerance. This position has remained the same as September 2013. To support ambulance flow, patient handover and communication, a Hospital Ambulance Liaison Office has been based at the hospital between the hours of 8am and 12am since the 23rd December and will continue until the end of March.
<u>Delayed Transfers of Care (DTCOC)</u>	Delays are being reported as the number of patients discharged as a percentage of occupied bed days. As at 02/01/14, 4.39% were delayed against a national target of 3.5%. Actions are focusing on earlier discharge, increase discharges by 11am to 15% and by 1pm to 30%. This is being considered for inclusion in the 2014/15 contract. Twice daily census calls with the medical wards at the LRI is identifying patients medically fit and enabling support for early discharge. Discharge work stream continues to support internal discharge process including the tracking of those patients deemed to be medically fit. Any patients medically fit and awaiting external agencies are escalated daily.
<u>Cancer 62 day waits</u> All patients should wait a maximum of 62 days from their urgent GP referral to the start of their appointment	At November 2013, WLCCG is achieving the 85% standard with ELR CCG reporting 83.5%. This is an improvement on August 2013 position. UHL have achieved 85% overall. A dedicated senior manager is in place at UHL. On-the-day booking for CT scans at UHL and the use of PET scan capacity through a third party has commenced. Further communication through tumour site clinical leads regarding correct use of process for Imaging in Cancer has resulted in performance in excess of 80% as at 28.1.14 for imaging turnaround within 7 days. Agreement in principle to include this in the 14-15 contract to ensure performance is sustained.
<u>Cancelled Operations</u>	At November 2013, 94.8% of patients were seen against a target of 95%. This is an improvement on August 2013 position. A contract query notice was issued on 18/10/13 on both 28 day re-booking standard on and on the day cancellations for non-clinical reasons. A contract management meeting held on 13 November 2013 with UHL. The recovery action plan (RAP) has now been received and has been reviewed and feedback to UHL. Revisions now received and further work required on the re-booking of patients within 28 days. The RAP cannot be signed off as there is no recovery trajectory. Agreed that this needs to link to the RTT work and final deadline will be 31.1.14 beyond which if no RAP is signed off, a Failure to Agree Notice will be issued.

<u>Never Events</u>	At December 13 there had been 2 Never Events reported. 1 was reported in September and 1 in August at UHL, Further assurances required following their report on 23 rd December.
<u>Safety Thermometer</u> The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and “harm free” care.	At December 2013, 94.6% of patients are harm free against a standard of 95%. There has been a slight improvement from August 2013 position. This is in-line with the national position.
<u>Pressure Ulcers</u> Healthcare professionals use several grading systems to describe the severity of pressure ulcers with 4 the worst grade.	At December there have been 55 avoidable pressure ulcers (Grade 3 and 4) against a zero tolerance and there have been 99 (Grade 2) against a zero tolerance. Contract query raised in light of UHL pressure ulcer performance against zero incidence standard. Remedial action plan received and discussed and revisions made. Monthly progress reports being received at the Care Quality Research Group (CQRG) and exception reports fed to the Contract Performance Meeting from September onwards. Agreement at Performance Collaborative regarding ‘sustained and significant’ progress against the zero tolerance ambition and financial consequences of breach.

East Midlands Ambulance Service (EMAS)

19. Areas of concern are detailed below.

<u>Ambulance Response Times</u>	<p>At December 2013, Category A (8 minutes) Red 1 for EMAS is 71.09% and Category A Red 2 is 77.1% against a target of 75% and Category A (19 minutes) EMAS is 93.46%.</p> <p>Red 1 and Red 2 position has deteriorated from August 2013 position. A follow up Risk Summit, to the initial one held on 24th October 2013, will now be held in March 2014 (specific date and chair to be confirmed) and will assess EMAS’s progress in improving the service it provides to the people of the East Midlands. Data is now available at CCG level. This is as follows for December 2013:</p> <ul style="list-style-type: none"> • Red 1 – WL 63.20% & ELR 60.77% (Target 75%) • Red 2 – WL 64.63% & ELR 59.54% (Target 75%) • Cat 19 – WL 92.17% & ELR 89.05% (Target 95%)
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Leicestershire Partnership Trust (LPT)

20. Areas of concern against 'Efficient Services' indicators are detailed below. Data and commentary are taken directly from the LPT published Board papers for January 2014.

<u>% Occupancy Rate – Community</u>	Performance has decreased for the month of December to 85.5% against the 93% or above target. Community wards with a decline in bed occupancy during the month were Ashby General Ward (72%), Charnwood Ward in Loughborough (76%) and Rutland Ward (74%). Current occupancy rates during the 1st week of January indicate an increase in occupancy across all community wards.
<u>Occupancy Rate – Mental Health</u>	Performance against this indicator has improved by 4.4% with Mental Health Bed Occupancy for the month of December at 86.1% against the trust target of 85% or below.
<u>% Delayed Patients (Community)</u>	Performance has decreased compared to November and reads as 4.06% for December 2013 against the commissioner target of 2.12% for the month.
<u>% Delayed Patients (MH)</u>	Performance against this indicator has decreased for the Month of December to 8.5% from 7.1% and falls below the Monitor 7.5% target. A significant increase in the number of patients being delayed during discharge for the month of December is the result of the following categories; waiting for suitable housing (44%), rehabilitation (11%), delays in receiving responses from Social Services (10%) and patients exercising a choice (10%). 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. Clinical Commissioning Groups had initially funded Out of County placements to speed up the discharge process and reduce patient delays however this has now stopped. LPT are to liaise with County Council representatives for possible future grants.
<u>Total number of Home Treatment episodes carried out by Crisis Resolution team (year to date)</u>	Current position as at December are 1409 episodes for the year against a pro-rata target of 1422 cases (99.1%). Forecasts based on last year's home treatment episodes shows the service expects an increase in the number of episodes and the trust is expected to meet its contractual target at the end of the financial year. Specific data analysis in relation to the Mental Health Single Point of Access (SPA) call centre is continuing to ensure operational efficiency and provision of commissioner assurance. The Trust Quality Improvement Programme (QIP) contains specific actions around performance monitoring and improvement in relation to the Crisis Resolution Home Treatment

	(CRHT) service.
<u>18 week maximum wait from referral to treatment (non-admitted, complete pathways)</u>	The 95% target has been achieved during December with performance at 100%.

21. Areas of concern against 'Quality – Safe Care' indicators are detailed below. Data and commentary are taken directly from the LPT published Board papers for January 2014.

<u>Compliance with hygiene code</u>	There has been a lack of safe systems of work in place on one of the Community Health Service (CHS) wards with regards to the disposal of body fluids. The current status of amber for the health code is the continuing work around compliance with the decontamination strategy for podiatry and the works required for the Mental Health Services for Older People (MHSOP) wards (as previous month). Health code assessment form continues to be populated and is currently under review to support assurance requirements
<u>Strategic Executive Information System (STEIS) – Serious Incident (SI) action plans implemented within timescales</u> STEIS is the system used to report serious untoward incidents	Performance against this indicator for the month of December is 79%, this is the result of 15 SI Plans implemented within timescale out of a total of 19. This indicator considers only those SI action plans that should have been completed by the latest month. SI's investigations must be closed within 60 working days. Only then are any action plans implemented, each SI action plan will have its own deadline. The year to date performance currently stands at 95.9%.

CCG Performance

22. A number of indicators in the NHS Outcomes Framework have been populated and are forecasting to be below the baseline (where low is good) or meeting the target for each CCG, these include:

Unplanned hospitalisation and emergency admission for:

- ambulatory care sensitive conditions
- asthma, diabetes and epilepsy in under 19s

Emergency admissions for:

- acute conditions that should not usually require admission
- children with lower respiratory tract infections

23. Areas of concern are highlighted below:

<u>Infection Control. Incidences of CDI/F and MRSA</u>	MRSA WL CCG 4 incidences against zero tolerance ELR CCG 3 incidences against zero tolerance
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<p>These have been reported for both WL & ELR :</p>	<p>Protocol in place for all MRSA Bloodstream Infections (BSI) cases- in line with NHS England requirements all cases undergo a period of infection review (PIR) with all relevant stakeholders to identify any learning and ensure actions are in place to reduce the risk of re-occurrence.</p> <p>CDIFF</p> <p>WLCCG: Forecast for 13/14 - 96 incidences against a nationally set objective of 88</p> <p>ELR CCG Forecast for 13/14 - 99 incidences against a national objective of 74</p> <p>Protocol in place for all C diff cases- all cases have an infection control review either by a provider (for inpatients) or by the CCG Infection control team (ICT) to ensure appropriate clinical management. When the CCG ICT liaise with the GPs they identify any learning to reduce the risks of reoccurrence in other patients.</p>
<p><u>WLCCG</u> <u>Reduction in Emergency Admissions from Care Homes</u></p>	<p>As at November 2013, there are 1394 admissions against a 645 baseline. The CCG has seen a reduction in emergency admissions from August 13, however this will not be significant enough to meet this target in 13/14.</p>

National Public Health Outcomes Update

24. The Public Health Outcomes Framework (PHOF) is the tool that Public Health England (PHE) use to assess the performance of the health and wellbeing of the population. It reviews indicators across 5 domains of health and wellbeing:
- Overarching indicators
 - Improving the wider determinants of health
 - Health improvement
 - Health protection
 - Healthcare public health and preventing premature mortality
25. A number of these indicators have been identified as part of the health and wellbeing strategy or as key indicators in the business plan for public health and these are reported on quarterly in the Health and Wellbeing dashboard, using locally available data and based on latest available local data. The local targets are based on the public health teams action plans.
26. Whilst there is some cross-over between the two sets of data it is important to review PHOF progress regularly as this gives a good indication of how the whole system is working together to deliver good health outcomes for the population.
27. This release (Attached as appendix E to this report) of the PHOF included 147 indicators. The overall findings are summarised in the report. Overall performance across Leicestershire County is significantly better than the England average for 77 of the indicators presented in the PHOF. Performance is significantly worse for 17 indicators and these indicators need to show

improvement. These indicators are listed in the report. Performance was similar to the England average or not tested for 53 indicators.

28. The PHOF data will be reviewed on a quarterly basis with updates published on lsr-online: http://www.lsr-online.org/reports/public_health_outcomes_framework_phof. Update reports will be presented to HOSC when there is a significant change to the data.

Background papers

Leicestershire Partnership Trust Board Papers can be found at the following link: <http://www.leicspart.nhs.uk/Aboutus-Trustboardmeetings2014-January2014.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/>

Further information on the health system can be found in a previous report to the Shadow Health and Wellbeing Board March 2013:

<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=961&MId=3727&Ver=4>

Recommendations

34. The Committee is asked to:
- a) note the progress made to date in developing the performance framework alongside reporting arrangements to support the Committee's role;
 - b) note the performance summary, issues identified this quarter and actions planned in response to improve performance; and
 - c) comment on any recommendations or other issues with regard to the report.

List of appendices

Appendix A - Health and Wellbeing Board Dashboard Quarter 3 JHWS assurance
 Appendix B – Health and Wellbeing Board Dashboard Quarter 3 Supporting Boards Dashboard Summary
 Appendix C – Health and Wellbeing Board Dashboard Quarter 3 Provider and CCG performance
 Appendix D - Public Health Outcomes Framework report 3, February 2014

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