



HEALTH OVERVIEW AND SCRUTINY COMMITTEE:
11 JUNE 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, CCGs, providers and partnership organisations. It also includes an overview of current performance of the schemes within the Better Care Fund (BCF). 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 is now 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 new performance framework now includes a section on the delivery of the Better Care Fund schemes, the health elements of the new Strategic Plan for the County Council and provider and CCG performance as before.

6. The BCF priorities have been aligned to the Joint Health and Wellbeing Strategy (JHWS) priorities. The JHWS is the 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. It was agreed at the JSNA Steering Board 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 healthcare system including CCG's and local providers. Performance against the Better Care Fund indicators are also included. Reporting will be amended following the scheduled update to the Joint Health and Wellbeing Strategy (JHWS) and any changes to governance arrangements.
8. Public Health England have revised the methodology for calculating rates for a number of the health targets that we report on. From now, all new data published will be calculated using the new methodology and all historical data back to 2001 will also be refreshed. As the new data is made available all targets and reporting will be updated to reflect this.

Integration Executive Dashboard Appendix A

9. Dashboard appendix A to this report shows accumulated performance against the schemes and metrics within the Better Care Fund.
10. The Integration Executive reviewed and agreed the draft dashboard at its meeting on the 27 May, with an exception dashboard that accumulates the data for Health Scrutiny and Health and Wellbeing Board level. As the schemes are at an early stage of development, the report highlights Ambers and Reds as exceptions.
11. The presentation of the framework has been updated specifically to allow a clear line of sight between each scheme and the associated metric(s) so that an overall confidence rating can be applied to delivery against each metric, as well as tracking delivery of individual schemes to their individual key performance indicators (KPIs), project milestones and financial plans. The dashboard now includes red, amber, green (RAG) ratings against three categories:
 - Overall delivery to plan milestones
 - Finance
 - Impact on metrics.
12. A set of guidelines are presented at the top of the dashboard. These have been proposed for each RAG rating including a definition for not applicable (N/A). Where appropriate these definitions include thresholds as to the variance from target.

13. There is also a summary of the 6 BCF metrics and current data against them. Data is not yet available for the metrics but provided in this section are the proposed targets and the baselines published. The trend charts are examples only and as data is published these will be used to show a view of whether the data is fluctuating or following a consistent upward or downward trend over a period of time. The direction of travel arrow will show at a glance whether the indicator has improved from the previous data set, worsened or remained the same.
14. Each project lead has provided an initial status report to populate the performance framework for the first time as at 27th May. This shows the current status of each scheme, with some already established, some at scoping stage and some not due for implementation until 2015/16. Commentary on an exception basis (i.e. all RED and AMBER items) is included in the exception commentary section of the dashboard.
15. The Operational Group of the Integration Executive agreed at their meeting of 15 May that, as individual project briefs and business cases are developed for each scheme (with scheme level KPIs), there will also need to be a clear line of sight between these scheme level KPIs and the national metrics where applicable.
16. There is a need for clear definitions for measuring impact against the national metrics so that for example “what constitutes an avoided emergency admission within the 2 hour crisis response service” is a transparent, jointly agreed definition between partners. These definitions will be brought to the Integration Executive for approval as business cases are developed and approved. Building on the impact assessment workshop held in March, a further workshop for the operational group may be planned to support this work in due course.
17. Some schemes may not be able definitively to measure direct impact from the outset but will support the overall BCF plan as enablers. Enablers are detailed on the dashboard as N/A against the impact on metrics RAG at this stage. The framework is a live working document, so when schemes are project scoped they may change from enablers to show where they will have a direct impact, the KPIs proposed and how the impact on metrics has been assessed.
18. A number of issues are highlighted below:

Project	Commentary
<u>Integrated Crisis Response Service</u>	<p>Action Plan Night time nursing off track. Revised deadline for phased implementation approach to be fully operational by September. Mitigations have been put in place for the delay.</p> <p>Finance This has led to a predicted underspend for the year of up to £250k.</p>
<u>Patient Transfer Minimum Data Set</u>	<p>Action Plan Workshops to clarify and confirm arrangements are now</p>

	being organised. Finance The level of underspend will be determined by the outcomes of the workshops. At this stage it is anticipated that any underspend will roll into 2015/16.
<u>Transitions</u>	Actions previously agreed by the Primary Care Trust (PCT) are now being renegotiated due to organisational change. Progress overall on action plan is good but further progress is needed.

Corporate Strategy Dashboard Appendix B

19. Appendix B to this report is a dashboard summarising the performance against Health targets in the Corporate Strategy for Leicestershire County Council.
20. The strategy sections include Better Public Health, Better Mental Health, Better Physical Health and Improving Children and Young People's Health.
21. The indicators included in each section are listed in the additional information box and any RED exceptions are highlighted with performance commentary against them.
22. A number of issues are highlighted below:

Indicator	Commentary
<u>% successful completion of drug treatment - non-opiate users (PHOF 2.15ii)</u>	Drugs and alcohol indicator trends are generally positive. In terms of treatment completion rates, there is still some way to go to achieve the top quartile range compared to similar areas, but if progress is maintained this should be an achievable in the near future. The performance of criminal justice treatment services is weaker than community treatment services, and significant improvement is needed to get into the top quartile range.
<u>Chlamydia diagnoses (rate per 100,000 15-24 year olds) (Leics) (PHOF 3.02ii)</u>	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>% mothers breastfeeding at 6-8 weeks</u>	The Breast Feeding 6-8 weeks prevalence target remains problematic particularly in the West of the County where breast feeding rates are lowest. A new Breast Feeding Peer Support project 'TLC' has been commissioned for Hinckley and Bosworth and North West Leicestershire districts to support mothers to breastfeed. The Peer supporters are working with maternity services, community midwives, health visitors, GPs and children centre staff to ensure the signposting and referral of mothers to the peer supporters for support. A breast feeding awareness week is planned for June 2014 the theme is 'Fake vs Real'. The Infant

	<p>Feeding page on the Leicestershire Partnership Trust (LPT) website continues to develop and the 'Meals on Heels' phone app which provides an interactive map of breast feeding support is now available for android phones.</p> <p>The assessment for Baby Friendly Initiative (BFI) Stage 3 for UHL Maternity services and for Community Services is booked for later this year.</p>
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Provider and CCG Dashboard Appendix C

23. This dashboard summarises information on provider and CCG performance in the same format as previous reports.

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

24. 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 February 2014, the 18 week target for admitted patients was not achieved. West Leicestershire (WL) CCG is reporting 87.7% and East Leicestershire and Rutland (ELR) CCG is at 88.4% against a target of 90%. The Planned Care Board has been set up to meet fortnightly and commenced on 21 April 2014. A suite of RTT reports are being developed looking to map all inter-related performance issues eg. Emergency pressures/cancelled operations, to provide "flash" reports and trend information. At subsequent meetings in May 2014, the Board was concerned with the level of slippage of the agreed remedial action plan (which focuses on specialty areas: ophthalmology; ENT, general surgery and orthopaedics) . The Board has received revised actions and trajectories, with UHL committed to achieving recovery of admitted in November 2014. Additionally CCGs are exploring other strategies to ensure patient choice of provider is promoted further and additional capacity is procured (especially for cataracts) ensuring CCGs deliver on their commitments to the NHS Constitution.</p>
<p><u>A and E - 4 Hour Waiting Time</u></p>	<p>As at 9 April 14, 88.77% of patients were seen within 4 hours in A&E against a target of 95%. Although there have been notable improvements in recovery rates ensuring that one day of poor performance is taking less than 2 days to recover, the overall performance has remains static since January 2014 position reported. There are significant numbers of patients waiting for beds each morning with slow discharges first thing and</p>

	chasing the flow throughout the day to keep pace with the volume coming in. This position does improve now towards the end of the week. The Urgent Care Working Group continues to meet weekly to review delivery against plan. In addition a weekly meeting with the NHS England Area Team, Trust Development Authority (TDA), CCGs, UHL and LPT is continuing focusing on high impact interventions which have a direct impact on flow delivery.
<u>Ambulance Handovers</u>	At March 2014, 12.9% of handovers between ambulance and A&E took place in less than 30 minutes against a zero tolerance. This position has improved from 14% reported last quarter. To support ambulance flow, patient handover and communication, a Hospital Ambulance Liaison Officer has been based at the hospital between the hours of 8am and 12am since December and continued until the end of March, which has improved the position.
<u>Delayed Transfers of Care (DTC)</u>	Delays are being reported as the number of patients discharged as a percentage of occupied bed days. As at 27/03/14, 4.43% were delayed against a national target of 3.5%. This position has remained static since reported last quarter. Actions continue to focus on earlier discharge, and have been included in the 2014/15 contract. Discharge is undertaken weekly and reported to the Urgent Care Working Group.
<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 February 2014, W LCCG is achieving the 85% standard with ELR CCG reporting 84.6%. UHL have achieved 85% overall. Actions in place are continuing including a dedicated senior manager at UHL and on-the-day booking for CT scans at UHL and the use of PET scan capacity through a third party.
<u>Cancelled Operations</u>	At February 2014, 95.3% of patients were seen against a target of 95%. This is an improvement since reported last quarter. At the Contract Performance Meeting with UHL on 3 rd April 2014, UHL requested to revisit trajectories. UHL are identifying non-bed capacity related reasons for cancellations which equate to approximately 40% of cancellations and are analysing reasons for breaches to be reported to Commissioners in May 2014.
<u>Never Events</u>	There have been a total of 3 Never Events reported by UHL for 2013/14. There was a 3 rd Never Event report in February and this is currently under investigation.
<u>Pressure Ulcers</u>	Monthly progress reports continue to be received through the Clinical Quality Review Group (CQRG). Revised thresholds agreed and UHL have been within their revised threshold since November 2013 with one exception in January 2014. The Contract Query Notice was closed in April 2014. Monitoring will continue on a monthly basis for 2014/15 against agreed thresholds.

	The end of year position will be reported during May 2014.
<u>Safety Thermometer</u> The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and “harm free” care.	UHL’s average for 2013/14 was at 94% against a target of 95% which remains in line with the national position

East Midlands Ambulance Service (EMAS)

25. Areas of concern are detailed below.

<u>Ambulance Response Times</u>	<p>At March 2014, Category A (8 minutes) Red 1 for EMAS is 71.26% and Category A Red 2 is 77.46% against a target of 75% and Category A (19 minutes) EMAS is 93.82%. These positions have deteriorated slightly since last reported. Progress against the action plans is being monitored weekly through the Better Patient Care Programme Board at EMAS. Formal monitoring continues on a monthly basis through an Oversight Group led by the TDA and includes the Care Qualirt Commission (CQC), Commissioners and EMAS. Data is now available at CCG level. This is as follows for March 2014:</p> <ul style="list-style-type: none"> • Red 1 – WL 63.49% & ELR 59.98% (Target 75%) • Red 2 – WL 64.84% & ELR 59.93% (Target 75%) • Cat 19 – WL 92.62% & ELR 89.48% (Target 95%)
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Leicestershire Partnership Trust (LPT)

26. Areas of concern against ‘Efficient Services’ indicators are detailed below. Data and commentary are taken directly from the LPT published Board papers for May 2014.

<u>% Occupancy Rate – Community</u>	Performance for the month of April stands at 86.6% against the 93% or above target. Community wards with significantly lower bed occupancy during the month were Ashby General Ward (77.5%), Coalville Snibston Ward (79.9%), Melton Dalglish Ward (87.6%) and Rutland Ward (87.8%).
<u>Occupancy Rate – Mental Health</u>	Performance against this indicator has increased by 3.5% with Mental Health Bed Occupancy for the month of April at 89.1% against the trust target of 85% or

	below. Performance for the divisions' stand at Adult Mental Health and Learning Disabilities (90.9%), Community Health Services (85.2%), and Families, Young People and Children (90.8%).
<u>% Delayed Patients (Community)</u>	Performance has increased compared to March and reads as 1.03% for April 2014 against the target of 2.12% for the month.
<u>% Delayed Patients (MH)</u>	Performance against this indicator has decreased for the month of April to 7.2% from 6.6% but stays within the Monitor 7.5% target.
<u>Total number of Home Treatment episodes carried out by Crisis Resolution team (year to date)</u>	Current position as at April is 117 episodes for the year against a pro-rata target of 141 cases (80.7%).
<u>Waiting times</u>	The Trust performance in relation to waiting times continues to be variable and further discussions are underway with Commissioners with regard to the targeting of funds to reduce key areas. Divisional Business Managers and Divisional Directors continue to scrutinise performance and data quality specifically in relation to these areas to ensure the most effective service delivery and reporting.

27. 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>	Podiatry services are currently negotiating a suitable timescale from Interserve for the appropriate works to be undertaken and all risks associated with this issue continue to be managed by the Podiatry manager. The building works on Welford and Kirby wards with regards to the facilities is under review to ensure suitable equipment is identified. The Senior Nurse Advisor for Infection Prevention and Control (IPC) is visiting the areas on 23 rd May to undertake a full assessment and develop a remedial action plan with timescales.
<u>Infection control – C Diff (MH and Community)</u>	Monitor target reflects the annual de minimus limit set at 12 cases as set out in the Monitor Risk Assurance Framework and is monitored each quarter. The Commissioner threshold is set provisionally at 9 cases and is reported monthly as per the Quality Schedule for 2014/15. There was 1 case for April on Dalgliesh Ward.
<u>Strategic Executive Information System (STEIS) – Serious Incident (SI) action plans implemented within timescales</u> STEIS is the system	Performance against this indicator for the month of April is 70.0% from 47.1% in March. 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. All divisions

used to report serious untoward incidents	performed at 100% except Adult Mental Health and Learning Disabilities (AMHLD), where performance has been hampered due to the volume of actions and investigations in progress.
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CCG Performance

28. There are a number of indicators in the NHS Outcomes Framework that relate to emergency admissions, and the majority are performing well based on February 2014 position. The exception is children with lower respiratory tract infections per 100,000 population. WL CCG is reporting an increase in admissions per 100,000 population of 166.3 in 2013/14 against the 2012/13 baseline of 143.40 and ELR CCG reporting 182.2 in 2013/14 against 2012/13 baseline of 181.66.
29. Areas of concern are highlighted below:

<u>Infection Control.</u> <u>Incidences of CDIIF</u> <u>and MRSA</u> These have been reported for both WL & EL&R :	MRSA WL CCG: 5 incidences against zero tolerance ELR CCG: 3 incidences against zero tolerance MRSA Actions - Protocol in place for all MRSA 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. CDIFF WLCCG: 87 incidences against a nationally set objective of 88 ELR CCG: 89 incidences against a national objective of 74 CDIIF Actions – following a multidisciplinary meeting in January 2014 which was facilitated by the Area Team it was agreed to develop a Whole Health Economy action plan that joins together both acute and community actions.
<u>WLCCG</u> <u>Reduction in Emergency Admissions from Care Homes</u>	As at February 2014 FOT, there are 1563 admissions against a 645 baseline. There are a number of actions in place, which will help to focus and target interventions. A Dashboard has been sent to GPs to identify homes that refer emergencies to the acute sector in order for them to target their work. The CCG will identify homes with higher admissions to the acute sector as a result to deploy commissioned resources.
<u>East Leicestershire CCG</u> <u>Increase in People Dying at Home</u>	As at February 2014, the target was not achieved. This has been chosen as a local priority in 2014/15 and a business case is being developed to work with Macmillan Cancer Services to provide GP mentorship and palliative care clinical nurse specialist support. The focus of primary care delivery will be around advance care planning. Choice regarding “place of death” will be included within the care plan, linked to dialogue with the

	individual and/or carer.
<u>East Leicestershire CCG</u> <u>Transient Ischaemic Attack - Increase in people who are scanned and treated in 24 hours</u>	As at March 2014, 67.1% against 70% target. Performance has improved significantly with fluctuations being due to small numbers.
<u>East Leicestershire CCG</u> <u>IAPT – Increase in People Moving to Recovery</u>	As at February 2014, 51.4% of people were moving to recovery against a target of 52%. This position has improved during the year, and is slightly below the target.

Background papers

Leicestershire Partnership Trust Board Papers can be found at the following link:
<http://www.leicspart.nhs.uk/Aboutus-Trustboardmeetings2014-May2014.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

30. 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

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