# Agenda Item 8

## HEALTH AND WELLBEING SCRUTINY COMMITTEE
## 10 SEPTEMBER 2014

## REPORT OF COUNTY COUNCIL CHIEF EXECUTIVE AND GEM COMMISSIONING SUPPORT PERFORMANCE SERVICE

## PERFORMANCE REPORT AT END OF QUARTER 1 2014/15

### Purpose of Report

1.    To provide the Committee with an update on performance against current performance priorities set out in the Health and Wellbeing Board and Commissioner Performance Frameworks, based on data available at the end of quarter 1 2014/15.

### 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 Service. This report encompasses:

   a.  Performance against key metrics and priorities set out in the Better Care Fund plan and with progressing health and social care integration.
   b.  An update on key provider performance issues and performance priorities identified in Clinical Commissioning Group Plans.
   c.  An update on the impact of delivery of actions and priorities identified in the Joint Health and Wellbeing Strategy using a variety of related performance measures and targets. Also the impact on performance of service delivery with regard to key areas of adult social care, public health and children's health services.

### Performance Update

3.    Since the last meeting the main change to the Health and Wellbeing Performance Framework relates to the agreement by the County Council of a new Strategic Plan with supporting priorities, indicators and targets to 2018. These impact on certain elements of the health and wellbeing performance framework. There have also been some changes to the health performance system including a new 'Everyone Counts' dashboard updating parts of the NHS Constitution.

### Better Care Fund and Integration Projects - Integration Executive Dashboard – Appendix A

4.    The dashboard attached as Appendix A summarises performance against the current schemes within the Better Care Fund (BCF). As a number of the schemes are still at an early stage of development or delivery the report highlights Amber and Red issues on an exception basis.

5.    There is also a summary of the BCF Plan key metrics/targets and available current baseline data against them. Where data is not yet available for the

metrics and proposed targets the published baselines are shown. 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.

6.     However, nationally all Better Care Fund plans need to be resubmitted in the light of national changes to the BCF process. The templates and technical guidance for this were released on July 25th and the Plan will need to be submitted by 19th September.

7.     There is a new pay for performance scheme linked to a revised BCF metric which equates to a reduction of 3.5% in 'total emergency admissions' in 2015/16, rather than the current 'avoidable emergency admissions'. The baselines for all the metrics in the BCF guidance have been changed so that these are all now calculated in 2013/14. This means all the metrics and trajectories in each BCF plan have to be recalculated/ revalidated. Further work has therefore been completed during July/August to assess the data quality and data capture for all BCF schemes.

8.     The Integration Executive on 1st September will be considering the proposed survey questions to be used for the patient experience metric and whether the injuries due to falls should remain as a local metric.

9.     In Leicestershire our current performance in emergency admissions puts us in the lowest performing quartile nationally and performance during the first quarter shows more people being admitted than accounted for in NHS commissioning plans. The Leicester, Leicestershire and Rutland (LLR) wide 5 year plan sets a trajectory to reduce emergency admissions by 5% per year. 3.5% of the 5% is now subject to pay for performance.  However essentially we will have to make a reduction of 8% in emergency admissions in 2015/16 to achieve the 3.5% reduction per the 2013/14 baseline.  A meeting is planned for 3 September to discuss the 3.5% metric and consider if any local flexibility is required.

10.   National Better Care Fund resubmission templates require a much greater level of detail about the benefits of  each scheme linked to the metrics, and in particular the breakdown for total emergency admissions metrics. Work is underway to understand the impact of these changes. Analysis has been completed and for Leicestershire this would entail around 1,911 admissions to be avoided through BCF related interventions. It is anticipated that a number of the allocations may change in line with the BCF resubmission.

**Performance Against Current BCF Metrics**

11.    Within the current outcome metrics, there have been a number of issues highlighted:

| Metric | Commentary |
|---|---|
| Metric 3: No of days of delayed transfers of care from hospital per 100,000 population (average per month) | The Delayed Transfer of Care (DToC) data shows deterioration in performance.<br>This is a composite measure across settings of care (e.g. acute, community and mental health). University Hospitals Leicestershire (UHL) and partners through the Urgent Care Working Group are focusing on the changes needed to local discharge pathways, with a focus on tackling length of stay. There are a number of initiatives in place to improve the position. The Integration Executive have received assurance that the Leadership Group for Delayed Transfers of Care are working towards a single discharge process and a significant increase in reablement. See also paragraph 38. |
| Metric 5: Patient Experience | In terms of the metric to measure patient experience this will not now be prescribed nationally, so consideration is being given to using a relevant local metric. The approach to this for the BCF resubmission is being considered at the Integration Executive's September meeting. NHS England have confirmed that more than one question can be used. |
| **Local Metrics** | |
| Injuries due to falls in people aged 65 and over | It is being recommended that the local metric remains as falls due to injuries for the BCF Plan. |
| Length of Stay | Additional work is being undertaken on the length of stay (LOS) metric and this will be reported locally. It is anticipated that by October 2014 a trajectory for improving LOS performance will be agreed as part of the urgent care and frail older people workstreams of the five year plan. The discharge pathways from the acute trust will be simplified to five clear routes with system performance including (delayed discharges) measured against these routes, by setting of care. |

n.b. See also page 9 re emergency admissions performance.

12.    Within the current Better Care Fund scheme delivery progress updates, a number of issues have been noted.

| Scheme | Commentary |
|---|---|
| Carers Assessment | Included in Leicestershire's BCF allocation is £1.3m that has been identified by Government to implement aspects of the Care Act. Main areas include additional responsibilities for carers, new eligibility criteria, safeguarding and independent mental health advocacy.  At the time of the BCF Plan submission in April only £0.3m was included for carers assessments, however new guidance received for the September resubmission states that the |

| | |
|---|---|
| | BCF Plan needs to demonstrate how the full £1.3m has been allocated.  This will increase BCF commitments by £1m. |
| Assistive Technology: replacement equipment | The contract for Leicestershire's housing related support services has recently been awarded to a new provider.  As part of the transition process it was anticipated that there would be a need to replace old/incompatible equipment.  At the post tender stage the cost of this has been reduced by £494k.  The transition period commences in 2014/15 and will continue into the first half of 2015/16.  The new phasing of expenditure and reduced level of funding required will be reflected in the BCF resubmission. |
| Local Area Coordination | Anticipated underspend as the scheme is unlikely to be fully staffed until January 2015, although various options to mitigate this are being addressed. |
| Integrated Crisis Response Service | A £232k overspend for the Integrated Crisis Response Service relates to the night nursing element provided by Leicestershire Partnership NHS Trust (LPT).  Original financial modelling in 2013 has since been updated resulting in the additional cost as the service delivery model was developed. |
| Patient Transfer Minimum Data Set | There have been some delays affecting the decision on which tool should be implemented for the minimum data set. This was due to be addressed at meeting arranged between the Chief Nurse at University Hospitals of Leicester and the project group  which devised the minimum safe transfer data set to identify a way forward. |

13.    Recommendations on the patient experience metrics and baselines and targets will be considered as part of the revised Better Care Fund Plan resubmission process.

**Better Care -  Adult Social Care Outcomes Framework Performance**

14.    The Better Care Fund process recognises that tackling pressure on the acute hospital sector needs supporting and integrated adult social and community care services. The Adult Social Care Outcomes Framework (ASCOF) is designed to highlight aspects of performance in adult social care services, some elements of which Better Care Fund Plan projects can potentially support.

15.    New ASCOF comparative figures have recently been updated for 2013 -14 by the Health and Social Care Information Centre and will be considered in detail by the Adults and Communities Scrutiny Committee in September. In summary they show a mixed comparative picture with good performance around safeguarding but room for improvement in relation to indicators in the domains of enhancing quality of life for people with care and support needs, delaying and reducing the need for care and support and ensuring people have a positive experience of care. Comments on Domain 2 are set out below.

*ASFOF Domain 2: Delaying and Reducing the Need for Care and Support*

*The number of permanent admissions to residential or nursing care is the over-arching metric for this domain and for people aged 18-64 during 2013/14 was slightly lower than the national average and in the second quartile i.e. it is better to have a lower number of admissions. For those aged 65 or over however performance on the comparable indicator was slightly above average and in the third quartile.*

*Two key measures in the ASCOF relate to reducing delayed transfers of care from hospital. The first of these focuses on all delays regardless of which agency the delay is attributable to. In Leicestershire these are higher than the national average and in the third quartile. The number of delays attributable to either Adult Social Care specifically or jointly with the NHS are significantly lower than 'all delays' i.e. they don't include those attributable to the NHS only. Nevertheless a rise in numbers through the year has meant an increase above the national average into the third quartile. The BCF performance reporting will in future cover the impact of care/health services in terms of reducing emergency hospital admissions.*

16.    In total 8 of the 19 ASCOF indicators are improving and 9 deteriorating. The County Council has identified 'Better Care' as one of the priorities in its Strategic Plan. This is supported by a programme of activity and variety of projects within the Council's transformation programme as well as the projects in the Better Care Fund.

## Health and Wellbeing Strategic Priorities Dashboard - Appendix B

17.    Appendix B to this report is a dashboard summarising the performance against key strategic health and wellbeing priorities. The priorities include Better Public Health, Better Mental Health, Better Physical Health and improving Children and Young People's Health.

18.    The indicators included in each section are listed in the additional information box and any RED exceptions are highlighted with performance commentary against them. A number of issues are highlighted below.

## Public Health Performance

19.    Public health performance nationally is looked at in terms of the Public Health Outcomes Framework (PHOF). In August Public Health England produced an update to PHOF figures. Overall the picture for Leicestershire shows good comparative performance with just two areas flagged as below average – fuel poverty and chlamydia diagnosis (covered at the last meeting). Public Health England also pulls together a range of data into a health summary – an updated version of the summary was released in July. The summary shows a largely positive picture of health in Leicestershire with just three health/care issues flagged – incidence of malignant melanoma, diabetes and excess winter deaths.

20.    The County Council has identified a number of targeted areas for performance improvement including health inequalities and life expectancy, premature

mortality, cancer mortality, healthy weight adults, substance misuse, sexual health and tobacco control/smoking.  These are a focus for a variety of public health contracts and interventions. There are no significant performance issues flagged for these areas at present.

### Children's Health

21.    Child health indicator data provided by Public Health England is generally positive. Of the 32 indicators with national comparisons, only 3 child health ones are below average – level of development at the end of reception year, children with decayed,  missing or filled teeth, and breastfeeding prevalence at 6-8 weeks. Provisional Leicestershire figures for the % of children with a good level of development have seen a good increase this year by around 11.7% to 58%. Breastfeeding prevalence and actions to improve this were reported at the last meeting.

22.    The Harborough cluster of Children's Centres was recently inspected and judged to be 'Good'. Five of the six clusters in Leicestershire have now been inspected with all receiving a 'good' rating from Ofsted. The 2014 Children's Centres Satisfaction Survey took place between April and May 2014. A county headline summary report has been produced showing analyses of the 1,769 parents who responded. Initial results have found that 91% would recommend their centre.

23.    The percentage of Looked After Children having health checks increased by 0.9% 2013 to 2014 and is now 74.2%. The percentage of Looked After Children having dental checks increased by 0.2% from 2013 to 2014 and is now 73.5%. The percentage of Looked After Children up to date with immunisations increased by 5.9% from 2013 to 2014 and is now 86.4%.

### Mental Health

24.    The Health and Wellbeing Board has identified mental health as an important priority in the Health and Wellbeing Strategy. The County Council has also updated its priorities and targets including reducing unhappiness and anxiety scores, reducing excess under 75 mortality in adults with a mental illness, reducing wait times for assessment/treatment and good emotional health of children in care.   Performance reporting on these areas is still being developed and will be reported to future meetings.

25.    Performance in relation to access to psychological therapies (IAPT) is covered in the provider dashboard.  At June 2014, patients accessing IAPT for both West Leicestershire Clinic Commissioning Group (WLCCG) and East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG) have not achieved Q1 trajectory.  WLCCG is at 12.4% and ELRCCG is at 12.8% against a 16% target. The provider of the service, Nottingham Healthcare NHS Trust, expects to achieve the national target at the end of Q2.  This is due to early disruption in the service due to the transition from the previous provider.  A number of other initiatives will begin to take affect which will improve the position.  These include did not attend text reminders and pilots of self- referrals.

26. The following mental health related performance indicators have been updated from LPT Board reports.

| Occupancy Rate – Mental Health | Performance against this indicator has decreased with mental health bed occupancy for the month of June at 91.3% against the trust target of 85% or below. Performance for the divisions stands at adult mental health and learning disability (91.3%) community health services (91.7%) and families, children and young people (89.5%) |
|---|---|
| % Delayed Patients (MH) | Performance against this indicator has increased for the month of June to 4.6% from 6.2% and stays within the Monitor 7.5% target. |
| Total number of Home Treatment episodes carried out by Crisis Resolution team (year to date) | Performance against this indicator has improved significantly since June, with the current position being 97% |
| Suicides | With regard to LPT 7 suicides have been reported in the year to date. Below the amount projected at 12. There have also been 2 attempted suicides by inpatients and 7 by outpatients in the year to date. |
| Child and Adolescent Mental Health Services | The average wait time for routine referrals was 9.1 weeks in 2013/14. In Q1 2014/15 this has reduced to 8.7 weeks. Urgent referrals have minimal wait times. |

## Provider and CCG Dashboard - Appendix C

27. Attached as Appendix C is a dashboard that summarises information on provider and CCG performance updated to reflect changes through 'Everyone Counts'. The Everyone Counts Dashboard replaces the NHS Constitution, and sets the rights and pledges that patients are entitled to through the NHS.

28. 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.

EMAS - Ambulance Response Times

29. At June 2014, all ambulance response times in the east midlands regionally achieved the national standards, which is an improvement on the 2013/14 position. Data at CCG level for June 2014 is reported as follows:

- Cat A (8 mins)       Red 1 WL 66.79% and ELR 57.69% (Target 75%)
- Cat A (8 mins)       Red 2 WL 68.49% and ELR 63.76% (Target 75%)
- Cat A (19 mins)      WL 94.15% and ELR 91.45% (Target 95%)

30. There has been a significant increase in activity from NHS 111 of approximately 20-25%. ELRCCG are working collaboratively with EMAS and NHS 111 provider

to ensure delivery actions are in place. LLR Quality Commissioners are developing a process for local reporting, providing local quality assurance and information to improve Key Performance Indicator performance. Although recruitment is continuing, and productivity will improve by the beginning of Q3, the current requirements to achieve LLR targets by July 2014 are not expected to be achieved.

18 Weeks Referral to Treatment (Data is at CCG level)

31.    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.

32.    At May 2014, the 18 week target for admitted patients was not achieved. WLCCG is reporting 84.8% and EL&R CCG is at 82.4% against a target of 90%. Overall the performance against the Remedial Action Plan (RAP) is monitored by the RTT Working Group with the Joint RTT Board establishing an oversight role involving NHS England and the Trust Development Authority (TDA). LLR CCG strategic plans are in place which complement contract management and include; level of commissioned activity; data integrity; identification and management of risk; commissioner delivery plans and sustainability. Operationally UHL Patient Tracking List (PTL) meetings are in place providing assurance of the internal management processes and alignment with the RTT Board, with focus on all specialties ensuring sustainability.

Accident and Emergency - 4 Hour Waiting Time

33.    As at 20 July 2014, 87.95% of patients were seen within 4 hours in A and E against a target of 95%. The UHL Contract for 2014/15 was signed on 30 June 2014. This includes a newly agreed Remedial Action Plan (RAP) and trajectories that were agreed at the Escalation Meeting with NHS England and the Trust Development Authority (TDA) on 01 July 2014. Performance showed improvement during June 2014, with the month end position at 91.02%, and a year to date position of 87.04%. The work that an external consultant is undertaking with UHL and the wider system through clinical engagement appears to be having an impact. Work on inflow and discharge continues to support system change, with breaches being predominantly due to bed availability or Emergency Department process. A reduction in the number of patients waiting for a bed in the morning has impacted positively on flow.

Cancer Waits – 2 Week Waits, 2 Week Waits for Breast Symptoms, 31 Day Wait and 31 Day Waits for Surgery

34.    At May 2014, there have been breaches of a number of cancer wait standards for WLCCG and ELRCCG. There has been an increase in cancer referrals between February and April 2014, with a high proportion being confirmed as breast cancer. An additional consultant and an extra theatre have been resourced at Glenfield. A cancer action group has been formed to assess patient trigger points, and potential breaches. Reviews of breaches are also being undertaken.

Mixed Sex Accommodation

35.    At June 2014, there were 3 breaches for ELRCCG at UHL.  The provider is taking actions to mitigate the risk, and the actions have been reviewed via the UHL Executive Quality Board and the CCG Clinical Quality Review Group.  As a result of a Root Cause Analysis, staff education has been put in place.

Cancelled Operations – Non Readmitted within 28 Days

36.    At May 2014, 92.9% of patients were seen against a target of 100%.  This is deterioration since reported last quarter.  A new standard to contact the patient within 48 hours of cancellation and rebook a "To Come In" date within 21 days has been initiated with associated escalation processes.  A daily cancelled operations patient level report will be emailed via an automated route to service and operational mangers, highlighting the 21 day re-book date. 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.

Ambulance Handovers

37.    At June 2014, 17.2% of handovers between ambulance and Accident and Emergency took place in over 30 minutes against a zero tolerance.  This position has deteriorated from 12.9% reported last quarter.  EMAS is currently assessing issues with performance, and is undertaking further recruitment.

Delayed Transfers of Care (DTOC)

38.    Delays are being reported as the number of patients discharged as a percentage of occupied bed days.  As at 3 July, 4.45% were delayed against a national target of 3.5%.  This position has remained static since reported last quarter.  Actions in place include daily calls with all partners chaired by the CCGs; the Discharge Steering Group is in place to oversee the redesign of the discharge process, and a project plan is in place with LLR partner engagement.  An analysis of discharges is undertaken weekly and report to the Urgent Care Working Group. Delayed discharge performance continues to fluctuate due to staff capacity.

Safety Thermometer

39.    The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and "harm free" care. At May 2014, UHL is reporting 94.66% against a target of 95% which remains in line with the national position.

40.    CCGs, LPT and UHL have published a quality review into previous patient cases in order to understand lessons which could be learnt and what improvements can be made. The quality review focused on healthcare to patients between March

2012 and June 2013 and looked at care before admission, during the stay in hospital, after discharge and care from the local GP and social care services. The reviewers found significant lessons to learn for all healthcare partners.

## Clinical Commissioning Group Performance

Emergency Admissions

41. There are a number of indicators in the NHS Outcomes Framework that relate to emergency admissions. At May 2014, at WLCCG, unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) and emergency admissions for acute conditions that should not usually require hospital admission activity is above the local target. Reduction of emergency admissions is being picked up as part of the QIPP (Quality, Innovation, Productivity and Prevention) process with providers through contractual arrangements. For WLCCG this is also reported at locality level. Local schemes are in place within the CCGs, and will be reported for the next quarter when more activity data is available.

MRSA

42. At June 2014, there was 1 MRSA incidence reported for WLCCG. Following arbitration, an incidence reported in May 2014 was removed from WL and assigned to a third party. The case in June has also been sent to arbitration, the result of this should be made available during August 2014.

**Leicestershire Partnership Trust (LPT)**

43. Performance issues against 'Efficient Services' indicators are detailed below. Data and commentary are taken directly from the LPT Board Papers for May 2014.

| % Occupancy Rate - Community | Performance for the month of June stands at 80.4% against the 93% or above target. Community wards with significantly lower bed occupancy during the month were Ashby General Ward, Melton Dalgleish Ward and Rutland Ward. |
|---|---|
| % Delayed Patients (Community ) | Performance has increased compared to May at 2.20% for June against the target of 2.12% |
| Waiting times | The clinical divisions have provided assurance that there are no patients waiting longer than 52 weeks. Additional waiting times funding has had the expected effect on waiting times performance. |

44. Performance issues against 'Quality – Safe Care' indicators are detailed below. Data and commentary are taken directly from the LPT Board papers for January 2014.

| Compliance with hygiene code | Podiatry services negotiating suitable timescale for appropriate works to be undertaken. Building works on Welford and |
|---|---|

| | Kirby wards re facilities under review to ensure suitable equipment identified. |
|---|---|
| Infection control – C Diff (MH and Community) | Monitor targets reflect the annual de minimis limit set at 12 cases p.a. There have been no cases of CDiff for June which keeps the year to date position at 1 case. |
| Strategic Executive Information System (STEIS) – Serious Incident (SI) action plans implemented within timescales *STEIS is the system used to report serious untoward incidents* | Performance against this indicator for the month of June is 100% form 87.5% in May. |

## Background papers

Leicestershire Partnership Trust Board Papers can be found at the following link:
http://www.leicspart.nhs.uk/_Aboutus-Trustboardmeetings2014-July2014.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

45.    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 - Integration Executive Summary Dashboard
Appendix B - Health and Wellbeing Strategic Priorities Summary Dashboard
Appendix C - Provider and CCG Performance Summary Dashboard

## Officers to Contact

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