



HEALTH OVERVIEW AND SCRUTINY COMMITTEE -
12 NOVEMBER 2014

REPORT OF THE CHIEF EXECUTIVE AND GEM COMMISSIONING
SUPPORT PERFORMANCE SERVICE

PERFORMANCE UPDATE AT END OF QUARTER 2 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 Strategy and Commissioner Performance Frameworks, based on data available at the end of quarter 2 2014/15.

Background

2. The Board 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 delivery of priorities identified in the Joint Health and Wellbeing Strategy and key areas of adult social care, public health and children's health services, using a variety of related performance measures and targets.

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

3. 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.
4. There is also a summary of the BCF Plan key metrics/targets and available current data against them. Where data is not yet available for the metrics and proposed targets the published baselines are shown. The plans were submitted to NHS England on 19th September. Regional and national assurance has now been completed and the Plan has been categorised as "approved with support", which is a positive outcome given current pressures

in the local health economy. This means progress on delivery can now be accelerated without any conditions/restrictions.

5. The Integration Executive dashboard has been revised to reflect the new BCF plan which includes adjusting the finance section with the updated spending plan, this has therefore adjusted the ratings for a number of schemes. KPIs for the individual schemes are being developed. An implementation plan is being drawn up for the process and will be overseen by the Operational Group with the first stage to develop KPIs for the urgent response schemes, which contribute towards the emergency admissions (pay by performance) metric.

Performance Against Current BCF Metrics

6. New data for metric 1 (admissions to care/nursing homes – aged 65 and over) and metric 2 (older people at home 91 days after discharge to reablement/rehabilitation) are now available and some commentary is set out below. Metric 3 (Delayed transfers of care) is also covered below.

Admissions to Care/Nursing Homes

7. Avoiding permanent placements in residential care homes is a good indication of delaying dependency; research suggests where possible people prefer to stay in their own home rather than move into residential care. During the six-month period April to September 2014 there were 27 permanent admissions to either residential or nursing care of people aged 18-64. This is comparable to 26 permanent admissions during the equivalent period last year. For people aged 65 or over there were 414 permanent admissions to either residential or nursing care during the same six-month period. With the aim to reduce permanent admissions, this is a 5% reduction on the comparable period last year (434 admissions). The equivalent BCF metric also currently shows a positive forecast position.
8. Services that promote independence are a key priority of adult social care and at the forefront of this is the in-house Home Care Assessment and Reablement Team (HART). Recent adjustment to the service to focus on people with most need has resulted in a 2% increase in people discharged from hospital starting with HART. However, overall numbers using the service have fallen slightly, partly due to the team holding on to cases for longer as they await transfer to the independent sector which is currently close to capacity.

Older People At Home 91 Days After Discharge

9. A key measure in the Better Care Fund (BCF) is the Adult Social Care Outcomes Framework (ASCOF) metric that measures the proportion of people discharged from hospital via reablement services and are still living at home 91 days later. For those people discharged between April and June 2014, the proportion was 83%, better than the BCF target of 80%.

Delayed Transfers of Care (DTOC)

Metric	Commentary
<p>Metric 3: No of days of delayed transfers of care from hospital per 100,000 population (average per month)</p>	<p>The BCF DTOC data shows slight deterioration in performance when compared to the average monthly rate up to July. This is a composite measure across settings of care (e.g. acute, community and mental health).</p> <p>University Hospitals of Leicester (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. A trajectory for improving length of stay performance will be agreed as part of the urgent care and frail older people work streams of the 5 year plan. The discharge pathways from the acute trust will be simplified to 5 clear routes with system performance including delayed discharges measured against these routes, by setting of care.</p>

10. UHL also report delays of the number of patients discharged as a percentage of occupied bed days. As at August 2014, 4.54% of patients were delayed against a national target of 3.5%. This position continues to remain static. 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 partner engagement. Pilots for changes to pathways are being implemented and a second will commence in October 2014. There remain internal challenges within UHL linked to capacity within the discharge team to support the current assessment process.
11. In addition two key measures in the ASCOF also relate to delayed transfers of care from hospital and are reported a month in arrears. These are calculated by taking an average of the number of delays on the last Thursday of each month and presenting the figure as a rate per 100,000 of the local population. The first part of the measure relates to all delays, i.e. those attributable to both the NHS and adult social care. These increased at the start of the year and have remained high throughout the first five months of the year.
12. The second part of monitoring delayed transfers of care relates to only those delays which involve adult social care. As such numbers are a lot lower than the first part of the measure. However, the general trend is similar with an increase during the first five months of the year; to 3.4 per 100,000 population, higher than preferred. Over half the delays attributable to adult social care are due to patients awaiting a package of care in their own home, primarily due to capacity issues. The Adults and Communities Department is working with the Urgent Care Board and UHL and Clinical Commissioning Group (CCG) staff to put in place actions that accurately record delays and will enable timely and speedy transfer of people from hospital. These include:
 - a. Adult Social Care team based at the Leicester Royal Infirmary;
 - b. Dedicated staff to Emergency Medical Unit assessment wards;
 - c. Daily case conference calls and a bed census;

- d. Early review to free up capacity in independent sector;
- e. An Accident and Emergency based social worker in order to prevent admissions to acute care;
- f. Direct access to reablement services over weekends and bank holidays;
- g. Seven day working over winter;
- h. Working with hospital based staff to ensure the right messages and assessments at the right time;
- i. Dedicated continuing health care social care posts;
- j. An audit of those cases waiting in the system to identify blockages and reduce waiting times.

Emergency Admissions and Injuries Due To Falls

13. Work continues to obtain updates for BCF metrics 4 (non-elective admissions) and metric 6 (injuries due to falls). In the meantime there are a number of indicators in the NHS Outcomes Framework that relate to emergency admissions. At August 2014, for both West Leicestershire CCG and East Leicestershire and Rutland CCG emergency admissions for acute conditions that should not usually require hospital admission is above the local baseline. All other indicators related to emergency avoidable admissions are being achieved and this is an improvement on the last position reported. Reduction of emergency admissions is being picked up as part of the Quality Improvement and Productivity Process with providers through contractual arrangements. There is currently an Activity Query Notice in place with UHL with regards to emergency admissions as the levels of activity are significantly higher than expected, and an action plan is being developed. Local schemes are in place within the CCGs.

Patient Experience

14. The Integration Executive considered the proposed survey questions to be used for the patient experience metric (metric 5) and agreed to use the results of the national GP Patient survey with a focus on responses to the question "In the last 6 months, have you had enough support from local services or organisations to help manage long-term health condition(s)? Please think about all organisations and services, not just health". Results/progress will be reported to future meetings.

Integration Project Delivery

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

Scheme	Commentary
Local Area Coordination (LAC)	<p>Action Plan</p> <p>The process is going well but there is a slight delay with the project, in particular to recruitment. It is predicted that the earliest that the LAC manager will be in post is January 2015 but this may be delayed depending on notice period. This is being monitored by the LAC leadership group.</p>

<p>Integrated Residential Reablement</p>	<p>Action Plan The County Council is currently in the process of reviewing the practice guidance, eligibility and service users that have been through the residential reablement scheme. There is some concern that some of the outcomes may not be as good as they could be. This scheme, which was introduced in January 2013, is an interim measure and will continue whilst the intermediate bed care solutions work is being developed. This is being led by the Urgent Care Group.</p> <p>Finance Expenditure on the residential reablement service is likely to be less than budgeted as activity has not reached expected levels. Further work is being done to quantify the actual value of underspend over the coming weeks.</p>
<p>Minimum Safe Data Set</p>	<p>Action Plan There are ongoing delays affecting the decision on which tool should be implemented for the minimum data set. An options appraisal document has been produced and is being considered by the Integration Executive.</p> <p>Finance The level of underspend will be determined by the outcomes from the discussions. At this stage it is anticipated that any underspend will roll into 2015/16.</p>

Provider and CCG Dashboard - Appendix B

16. Attached as Appendix B 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. 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.

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

17. 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 (incompletes) should have been waiting no longer than 18 weeks.
18. At August 2014, the 18 week target for admitted patients was not achieved. West Leicestershire CCG is reporting 85.1% and East Leicestershire and Rutland CCG is at 83.2% against a target of 90%. This is showing a small improvement from the June 2014 position previously reported. The 18 week standard for non-admitted patients and incompletes has been achieved.

Specialty level performance is being closely monitored for all services with a focus on incompletes and clearance times to sustain performance. Performance has deteriorated significantly in September as UHL focuses on reducing the backlog. Increased referrals to direct access diagnostics, particularly MRI are of concern as there is limited capacity which is causing delays in the system. The admitted trajectory has now been set to achieve by the end of November 2014 at bottom line.

Accident and Emergency (A&E) - 4 Hour Waiting Time

19. As at 21/09/14, 89.29% of patients were seen within 4 hours in A&E against a target of 95%. Year to date performance has improved slightly from the June 2014 position. Discussions with the provider on re-investing penalty monies are likely to be based on the achievement of 3 or more key outcome measures. Nationally there is focus on Accident and Emergency and RTT as a system. A single resilience plan was submitted and has been assured with support by the Trust Development Authority and Area Team for NHS England. Key areas of work include; inflow, ambulatory pathways, discharge, UHL internal actions, surge and capacity. Locally there will be a single set of metrics to performance manage the system holding UHL to account. Evaluation of the impact of winter monies could be problematic due to the new way of working.

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

20. At July 2014, there have been breaches of a number of cancer wait standards for West Leicestershire CCG and East Leicestershire and Rutland CCG. Performance issues with cancer waits are due to the increase in referrals for 2 week waits and the knock on impact on 2 week wait - 31 day and 62 day performance. An activity query notice has been raised by UHL and the CCGs have responded. It has been agreed that the next steps regarding the performance concerns is to form a Clinical Problem Solving Group which will address both the Activity Query Notice lines of enquiry, as well as focusing on tumour sites recovery. The group will be established in October 2014.

Cancelled Operations – Non Readmitted within 28 Days

21. At July 2014, 96% of patients were seen against a target of 100%. This is an improvement since reported last quarter. Various actions are in place to improve the service as reported previously. Breaches of the standard are being monitored on a monthly basis. Commissioners have discussed reasonable notice and lessons learnt from the July position and a first exception notice will be issued.

Mixed Sex Accommodation

22. At August 2014, there were seven breaches at UHL. This equates to two occasions during Q1. These were subject to Root Cause Analysis investigation and UHL have taken actions to educate staff.

Safety Thermometer

23. 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 94.5% against a target of 95%, which remains in line with the national position.

East Midlands Ambulance Service (EMAS)Ambulance Response Times

24. At August 2014, all ambulance response times have deteriorated from the position reported in June 2014. Red 1 is at 73.2% and Red 2 is at 74% against a standard of 75%. Category A (19 minutes) is at 94.6% against a standard of 95%. Data at CCG level for August 2014 is reported as follows:

- Cat A (8 minutes) Red 1 WL 63.8% and ELR 57.22% (Target 75%)
- Cat A (8 minutes) Red 2 WL 67%% and ELR 61.47% (Target 75%)
- Cat A (19 minutes) WL 93.1% and ELR 94.23% (Target 95%)

Ambulance Handovers

25. Ambulance handovers continue to be a major issue. At August 2014, 16% of handovers between ambulance and A&E took place in over 30 minutes against a zero tolerance. This position has improved slightly from 17.2% reported in Quarter 1. However, UHL and EMAS are working together to address issues that are having an impact. EMAS has also advised that there has been a general increase across the system in relation to call volumes reflected by their escalation status. Recruitment at EMAS to assist with handover performance is underway. There is also a major recruitment programme which will impact on ambulance response times in Quarter 3. Contract levers are being applied as per contract provisions. Commissioners, East Midlands Ambulance Service and UHL have focused on the responsibilities of the providers through the “journey”, and assessing the impact of actions agreed.

Outcomes Framework - Clinical Commissioning Group Performance

26. The NHS Outcomes Framework covers 5 domains and a set of indicators within each one on which CCGs are nationally accountable to NHS England to ensure improvement. Data for a number of indicators have now been published, and the following provides an overview by exception.

Dementia Diagnosis

27. This indicator is to improve the number of people who have a clinical diagnosis of dementia; it measures the number of people with a diagnosis of dementia as a proportion of the number estimated to have the condition. At August 2014, there were 51.1% of patients diagnosed with dementia for West

Leicestershire CCG and 45.5% diagnosed for East Leicestershire and Rutland CCG against a national standard of 67%. A Direct Enhanced Service (DES) is monitored contractually by the Area Team, and is a CCG priority within their plans. The National Audit Office advocated the need for “investment in improved and expanded dementia care management, incorporating earlier diagnosis”. West Leicestershire CCG are in the process of recruiting a clinical lead with responsibility for dementia. One of their key tasks will be working with practices and providers to support the diagnosis of dementia. Practices are being issued with regional best practice that will have a positive impact on achieving the diagnosis rate.

Employment of people with Long Term Conditions (LTC) and Employment of people with Mental Illness (MI).

28. These indicators are to show the improvement in employment rates for people with Long Term Conditions (LTC) and Mental Illness (MI). It measures the percentage point difference between the proportion of people in the general working population who are in employment and the proportion of people of working age with a LTC or MI who are in employment. Reported data for these indicators are showing deterioration from July 2013 – Sept 2013 to Jan 2014 – March 2014 for Leicestershire, as the percentage point difference has increased.

- LTC – 10.1% percentage point difference has increased to 14.8%
- MI – 29% percentage point difference has increased to 40.8%

29. Leicestershire and Leicester Enterprise Partnership (LLEP) is carrying out a range of activities to increase employment and support job creation. Nationally the EU Structural and Investment Fund Strategy will provide monies towards a new employment and skills hub which aims to meet the needs of those furthest from the labour market.

NHS Dental Services

30. This indicator is to improve patient’s experience of NHS Dental Services. It measures the weighted percentage of people who report their overall experience of NHS dental services as “very good” or “fairly good”. Latest reporting period for July 2013 – March 2014 shows West Leicestershire CCG at 91.9% and East Leicestershire and Rutland CCG at 86% of patients reporting good experience of dental services which is deterioration on Jan – Sept 2013 of 94% and 92% respectively. Commissioning of the service is undertaken by the Area Team, and its clinically led Dental Local Network (LPN) is focusing on patient pathways and quality of service provision. They have engaged Healthwatch and the Patient Liaison Service (PALS) to advise on patient and public engagement for commissioning of services. Actions to improve service quality include assessment and addressing of patient complaints, an oral needs assessment which will be completed in the Autumn and a Dental Assurance Framework for providers.

Access to GP Services

31. This indicator is to improve patient's experience of access to GP Services. It measures the weighted percentage of people who report their experience of making a GP appointment as "very good" or "fairly good". Latest reporting period for July 2013 – March 2014 shows West Leicestershire CCG at 75.4% and East Leicestershire and Rutland CCG at 71.98% of patients reporting good experience of access to GP Services, a deterioration on Jan – Sept 2013 of 77% for both West Leicestershire CCG and East Leicestershire and Rutland CCG. The analysis of data will form part of the annual quality and performance visits taking place in Quarter 3/4.

MRSA

32. At August 2014, there were no reported incidences of MRSA. Following arbitration, cases were assigned to a third party

Leicestershire Partnership Trust (LPT)

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

% Occupancy Rate - Community	Performance for the month of August stands at 88.9% against the 93% or above target. Community wards with lower bed occupancy than the whole during the month were Fielding Palmer General Ward (89.1%), Hinckley S'Side East Ward (83.6%), and Rutland Ward (81.8%).
% Delayed Patients (Community)	Performance has improved compared to June and reads as 2.08% for August 2014 against the target of 2.12% for the month.
Average Length of Stay (Community hospital rehab wards)	The average length of stay at August was 17.3, an improvement on the June figure of 19.

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

Never Events	The Never Event occurred at Hinckley Hospital North Ward. It was a never event concerning medication and a particular drug used in the treatment of cancer that should only be prescribed and administered once a week but was administered on 2 consecutive days with a near miss on the 3 rd day. It is subject to a Serious Incident (SI) investigation and is notifiable to the National Patient Safety Agency as a never event. The SI is being investigated
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	by a panel and the report is due at the end of October.
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 August is 84.2%, with FYPC implementing 0 out of 3 action plans within timescales. This indicator considers only those SI action plans that should have been completed by the latest month. SI investigations must be closed within 60 working days. Only then are any action plans implemented, each SI action plan will have its own deadline.
Infection control – C Diff (MH and Community)	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 nine cases and is reported monthly as per the Quality Schedule for 2014/15. There have been two cases of C Diff for August which takes the year to date position at four cases. Both cases were on St Luke's Ward 3, but after review, the cases are not linked in either time or place and are treated as separate.
Compliance with hygiene code	The current status of amber for the health code is the continuing work around compliance with the decontamination strategy for podiatry, the works required for the Mental Health Services for Older People wards have now been completed. Health code assessment form continues to be populated and is currently under review to support assurance requirements.

Health and Wellbeing Strategic Priorities Dashboard - Appendix C

35. Appendix C to this report is a dashboard summarising the performance against key strategic health and wellbeing priorities. The priorities include Better Public Health, Better Physical Health, improving Children and Young People's Health and Better Mental Health.
36. 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 highlighted include take up of NHS health checks. The Health Check Service is being re-procured along with efforts to encourage pharmacies and GPs to improve Health Check take up. Smoking cessation services, where reduced results are attributable to increased use of e-cigarettes. The stop smoking service is also being re-procured. Child dental health is set out in the paragraphs below as is mental health.

Child Oral Health

37. A survey of the oral health of five year olds was conducted in 2012 and published in autumn 2013. This identifies the prevalence and severity of dental decay by measuring the number of decayed, missing and filled teeth. Data from the survey shows that the prevalence and severity of tooth decay in some districts of Leicestershire is higher than the England average. The data is being used to develop an oral health promotion plan, including training frontline staff to deliver basic oral health promotion advice and developing a range of information materials to offer families for different stages in their child's oral development. In addition it will include training for staff in pre-school settings to undertake supervised tooth brushing with children in their care. A major factor in tooth decay is the frequent intake of refined sugar, which also contributes to other health problems such as obesity. Work underway to improve the diet of families with young children will therefore also contribute to the improvement of oral health more widely.

Mental Health

38. 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.
39. Performance in relation to access to psychological therapies (IAPT) is covered in the provider dashboard. At August 2014, patients accessing IAPT for both WL CCG and ELR CCG have not achieved the trajectory. West Leicestershire CCG is at 13.2% and East Leicestershire and Rutland CCG is at 13.5% against a 16% target. Performance has improved for July and August and a number of initiatives are in place. DNA text reminders have been implemented and two pilot self-referrals have started in Melton Mowbray. Additional initiatives are to be brought forward to develop the service further and to aid in the number of referrals being generated in order to achieve the target. These include increased clinical time to absorb demand; a telephone triage system to be in place by November 2014 and a self-referral service in place for older people via Age Concern in quarter 3. Opportunities are also being investigated with Community Leicester Arthritis Group (Clash), Dementia Carers Group and "Breathe Easy".
40. The following mental health related performance indicators have been updated from LPT Board reports.

Occupancy Rate – Mental Health	Performance against this indicator has increased with Mental Health Bed Occupancy for the month of August at 88.3% against the trust target of 85% or below. Performance for the divisions' stand at Adult Mental Health and Learning Disabilities (89.9%), Community Health Services (86.7%), and Families,
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	Young People and Children (81.4%).
% Delayed Patients (MH)	Performance against this indicator has improved for the month of August to 3.7% from 4.6% reported at June and stays within the Monitor 7.5% target.
Total number of Home Treatment episodes carried out by Crisis Resolution team (year to date)	The year to date performance as of August was 667 home treatment episodes carried out, this is 93.4% against a pro-rata target of 725. This is expected to be a seasonal blip and based on last year lower performance is expected in Aug/Sep, performance should be recovered in Oct/Nov
Early intervention in Psychosis - % newly diagnosed cases against commissioner contract	The performance at August was 54.6% and is the result of six newly diagnosed cases against a provisional monthly commissioner target of 11, however, the YTD position is at 121.8% and therefore achieving the 95% target. Small numbers involved in the denominator for calculation of this indicator can equate to significant swings in performance month on month.

Background papers

Leicestershire Partnership Trust Board Papers can be found at the following link:
<http://www.leicspart.nhs.uk/Aboutus-Trustboardmeetings2014-September2014.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/>

Recommendations

41. 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 - Provider and CCG Performance Summary Dashboard
 Appendix C - Health and Wellbeing Strategic Priorities Summary Dashboard

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