

INTEGRATED HEALTH & WELLBEING SYSTEM PERFORMANCE SCORECARD

SEPTEMBER 2016





1. INTRODUCTION

Public Sector organisations across the country are facing unprecedented challenges and pressures due to changes in demography, increasing complexity of need and the requirement to deliver better services with less public resource. Plymouth and Devon also face a particular financial challenge because of the local demography, the historic pattern of provision and pockets of deprivation and entrenched health inequalities.

On the 1st April 2015 Plymouth City Council (PCC) and the Northern, Eastern and Western Devon Clinical Commissioning Group (CCG) pooled their wellbeing, health and social care budgets and formed an integrated commissioning function. Four Integrated Commissioning Strategies were developed to drive activity across the wellbeing health and social care system.

The primary driver of this is to streamline service delivery and provision with the aim of improving outcomes both for individuals and value for money. Integrated commissioning must deliver integrated wellbeing.

The four strategies describe the current picture and the integrated commissioning response across the health and wellbeing 'system' in Plymouth, specifically covering

- Wellbeing
- Children and young people
- Community
- Enhanced and specialist

To monitor progress of the Integrated Commissioning activity an Integrated System Performance Scorecard has been developed. The scorecard will be updated on a quarterly basis and will capture and understand the impact of integration across the system, and inform future commissioning decisions.

2. COLOUR SCHEME – BENCHMARK COLUMN

For indicators taken from either the Public Health Outcomes Framework or the Children and Young People's Health Benchmarking Tool:

- Indicators highlighted green show where Plymouth is significantly better than the England average.
- Indicators highlighted amber show where Plymouth is not significantly different to the England average.
- Indicators highlighted red show where Plymouth is significantly worse than the England average.
- Indicators highlighted white show where no significance test was performed, or where no local data or no national data were available.

For the rest of the indicators:

- Indicators highlighted green show where Plymouth 15% better than England's average.
- Indicators highlighted amber show where Plymouth within 15% of England's average.
- Indicators highlighted red show where Plymouth 15% worse than England's average.
- Indicators highlighted white or N/A show where no local data or no national data were available.

3. TREND GRAPHS

Each indicator is accompanied by a trend graph showing where possible the latest six values. Caution is required when interpreting the graphs as there is no Y axis displayed and as such the significance or flow of the change is difficult to interpret.

4. COLOUR SCHEME - TREND COLUMN (RAG)

- Indicators highlighted dark green show where there the latest 3 values are improving.
- Indicators highlighted green show where there the latest 1 or 2 values are improving.
- Indicators highlighted amber show where the latest value is between plus and minus 2.5% of the previous value.
- Indicators highlighted red show where there the latest 1 or 2 values are deteriorating.
- Indicators highlighted dark red show where there the latest 3 values are deteriorating.
- Indicators not highlighted have no trend data

5. PERFORMANCE BY EXCEPTION

WELLBEING

Smoking Prevalence in adults - current smokers (Annual Population Survey) – Reducing trend

The smoking prevalence in adults has been reducing nationally, with Plymouth following this trend, and recently in Plymouth it is dropping at a faster rate than the England average. We remain around 4% above England average. Smoking is one of the behaviours that are being addressed in Thrive Plymouth through Initiatives such as the commissioning of a targeted Stop Smoking Service to help those who want to quit smoking, Tackling cheap and illegal tobacco through seizure and follow up action by our Trading Standards Team, Restricting access through working to secure compliance among retailers with age of sale law, Targeted provision of a school based peer support programme to prevent the uptake among children and Local support for national marketing campaigns such as One You and Stoptober.

Self-reported well-being: % of people with a low happiness score – Increasing trend

Data collected via Annual Population Survey in 2015 shows that the percentage of people with a low happiness score has increased for the first time in 3 years (the previous 3 years Plymouth has seen a reduction).

Social Isolation: percentage of adult carers who have as much social contact as they would like/ The proportion of people who use services and carers who find it easy to find information about support - Carer element

Reducing trend

These two outcome indicators provide an insight into how carers view their social isolation and their views on how easy it is for them to access information.

Data for these indicators is collected bi-annually via survey. Indicators show that performance is below both the regional and national averages. We will survey our carers at the end of this calendar years and expect see our performance improve as a result of a comprehensive carer's service implemented by the carer's hub since the last survey was carried out.

Under 18 Conceptions – Decreasing trend

The under 18 conception rate (aged 15-17) has seen a large decrease from 57.5 per 1,000 in 2005 to 29.6 per 1,000 in 2014, narrowing of the gap between the Plymouth and England rate.

Estimated diagnosis rates for dementia - Increasing trend

There has been an increase in the dementia diagnosis rate within Plymouth and a number of improvement plans are in place to continue improvement and to achieve the national target of 66.7%.

Chlamydia detection rate (15-24 year olds) - Reducing trend

Public Health England (PHE) recommends that local authorities should be working towards achieving a detection rate of at least 2,300 per 100,000 population aged 15-24

In Plymouth chlamydia detection is 2,529 per 100,000 above the recommended rate but below that of previous years.

CHILDREN AND YOUNG PEOPLE

First time entrants to the youth justice system - Reducing trend

Plymouths rate of first time entrants to the youth justice system has decreased over the last 4 years from a rate of 266 per 100,000 10-17 year olds in 2010 to 113 in 2014; this has led to decrease of the gap between Plymouth and England.

16-18 year olds not in education employment or training - Reducing trend

Over the last 4 years Plymouth has seen a reduction in 16-18 year olds not in education, employment or training this has followed the national trend.

Children in low income families - Reducing trend

There has been a reduction in the percentage of children in low income families from 21.1% in 2006 to 19.4% in 2013. This indicator is often seen as one of the proxy measures for child poverty and is driven through the Child Poverty Action Plan.

Breastfeeding - Breastfeeding prevalence at 6-8 weeks after birth - Increasing trend

Breastfeeding prevalence has seen an increase in the last couple of years (in 2010/11 it was 35% and in 2014/15 it is 38.2%) this is the opposite of what is seen nationally (England was 46.1 in 2010/11 and is 43.8 in 2014/15).

Public Health are currently working with commissioned services to enhance our community offer with a focus on developing voluntary and peer (mother to mother) support to families residing in our most deprived neighbourhoods.

Child excess weight in 4-5 year olds - Static trend

The proportion of children aged 4-5 that are classified as overweight or obese is 24.6% in 2014/16 which is worse than England's value, but the proportion of children classified as either overweight or obese has remained fairly static over the last couple of years. The Maternity and Early Years System Optimisation Group (MEYSOG) have prioritised the prevention of excess weight in the early years as a key work stream. Activity so far has focussed on the development of an early year's pathway for healthy weight, designed in partnership with stakeholders and service users. Outcomes will be utilised to influence future commissioning intentions.

Children Social Care Re-referrals - Reducing trend

Repeat referrals decreased to 33.0% in August. It is anticipated that this and the early intervention and step down processes being embedded will contribute to an improvement in the number of re-referrals in the early part of 2017.

Hospital admissions as a result of self-harm (10-24 years) - no trend

The number of admissions episodes to hospital because of self-harm is 254 episodes which equates to rate of 473.6 per 100,000 aged 10-24, out of the three data points that exists there is no consistent trend emerging.

Hospital admissions due to alcohol specific conditions - Reducing trend

Plymouth's rate has halved since 2008/09 where it was 108.5 and has narrowed the gap between Plymouth and England, but is still worse than England.

Number of children subject to a Child Protection plan - Reducing trend

The overall number of Child Protection plans increased in August by 5 to 377. However the figure is 8% lower than the same period in the previous year. Multiagency partnership work for the Plymouth Safeguarding Children's Board has been completed and service managers will use the key messages within this document to inform next steps.

Number of looked after children - Increasing trend

Children in care increased in August by 1 to 407 which is still just below statistical family group but above the England rate. The continued increase (5% over the last 12 months) is in line with the regional and national evidence that children in care numbers are increasing.

COMMUNITY

Successful completion of drug treatment – Reducing trend

The percentage of non-opiate drug users that left treatment successfully and do not re-present to treatment 6 months later for Plymouth is 24.6% which is below the England average.

Delayed Transfers of Care – Increasing trend

Nationally, since August 2010, the number of delayed transfers of care has been increasing, however recently the local trend is an improving one. A comprehensive action plan is in place and is overseen by the Urgent Care Partnership. Key initiatives includes establishment of an Integrated Hospital Discharge Team and scaling up of Discharged to Assess.

Preventing Homelessness – Reducing trend

Levels of homelessness (as well as demand for specialist casework interventions to prevent homelessness) have continued to rise steadily – the first quarter of this year again saw statutory homeless approaches rise 20% compared to last year's quarterly average. The biggest rises relate to single homeless people with vulnerabilities – with a number of them having extremely complex needs.

A number of actions have been taken to combat this, including changes to culture and practice within the Council housing casework team which has resulted in increased levels of homelessness prevention achieved.

Reporting Domestic Abuse – Reducing trend

The level of all Domestic Abuse incidents being reported has decreased over the last couple of years, a reduction linked to changes in recording processes within Devon and Cornwall Police. The number of reports resulting in a recorded crime has increased and partnership work continues to raise awareness of service for victims.

ENHANCED AND SPECIALISED

Referral to treatment waiting times - Reducing trend

Performance against the 18-week referral to treatment waiting has decreased. A comprehensive action plan is in place overseen by the Western Delivery Group. Key measures centre around reducing demand and increasing system wide capacity.

CQC providers with a CQC rating of good or outstanding – Increasing trend

At the end of June 2016 84% of active providers of Adult Social Care have been rated as good or outstanding by the Care Quality Commission, this is an improvement on the previous quarter and is better than the England average.

6. WELLBEING

Source	Indicator	Measure	Most Recent Period	Benchmark England	First Value of Graph	Graph	Last Value of Graph	Trend
Sustain the impre	evernent in healthy life expectancy and health inequality and reduce both all-age all-cause deaths and deat	hs due to cancer, st	roke, heart disease	and respira	tory disease			
PHOF	2.12 - Excess Weight in Adults	Percentage	2012 - 14		62.4		62.4	
PHOF	2.13i - Percentage of physically active and inactive adults - active adults	Percentage	2015		59.2		56.2	
PHOF	2.13ii - Percentage of physically active and inactive adults - inactive adults	Percentage	2015		27.6		30.2	
PHOF	2.14 - Smoking Prevalence in adults - current smokers (APS)	Percentage	2015		24.1		20.6	
Commission only	from providers who have a clear and proactive approach to health improvement, prevention of ill health,	whole person wellb	eing and working	with the wide	er community	y in which they operate		
ONS	Self-reported well-being: % of people with a low satisfaction score	Percentage	2014/15		6.2		5.4	
ONS	Self-reported well-being: % of people with a low worthwhile score	Percentage	2014/15		5.5		4.2	
ONS	Self-reported well-being: % of people with a low happiness score	Percentage	2014/15		12.8		12.6	
ONS	Self-reported well-being: % of people with a high anxiety score	Percentage	2014/15		22.7		19.5	
ASCOF	Social Isolation: percentage of adult social care users who have as much social contact as they would like	Percentage	2015/16		43.8		47.0	
ASCOF	Social Isolation: percentage of adult carers who have as much social contact as they would like	Percentage	2013/14		33.2	•	33.2	No Trend Data
Local - Carefirst	Number of carers receiving a statutory Carers Assessment	Count	2016/17 - QI	N/A	71.0		273.0	
Local - Safer Plymouth	Percentage of people who feel safe after dark	Percentage	2014	N/A	59.5		62.3	
Local - Safer Plymouth	Percentage of people who feel safe during the day	Percentage	2014	N/A	89.3		88.3	
Local – Housing Options	Total Category I hazards removed CATI	2016/17 - QI	2016/17 - QI	N/A	89.0		78.0	
ASCOF	The proportion of people who use services and carers who find it easy to find information about support - Client element	Percentage	2015/16		80.8		75.0	
ASCOF	The proportion of people who use services and carers who find it easy to find information about support - Carer element	Percentage	2014/15		58.3		43.2	

Source	Indicator	Measure	Most Recent Period	England	First Value of Graph	Graph	Last Value Trend
I	provement and the prevention of ill health at the core of our planned care system; demonstrably reducing health in Plymouth	the demand for urgen	t and complex in	terventions a	and yielding i	mprovements in health	and the behavioural
PHOF	2.04 - Under 18 conceptions	Rate per 1,000	2014		46.0		29.6
PHOF	3.02 - Chlamydia detection rate (15-24 year olds)	Rate per 100,000 population	2015		2,490.7	/	2,529.0
PHOF	3.04 - HIV late diagnosis	Percentage	2012 - 14		42.3		38.5
CCGOF	CCGOF Referral to Treatment waiting times (patients waiting over 18 weeks on incomplete pathway (%) (PHNT)	Percentage	2015/16		92.8		84.9
CCGOF	CCGOF Total health gain as assessed by patients for elective procedures - Hip replacement Primary	EQ-5D [™] index	2015/16		0.42	\	0.41
CCGOF	CCGOF Total health gain as assessed by patients for elective procedures - Knee replacements - primary	EQ-5D [™] index	2015/16		0.32		0.33
CCGOF	CCGOF Total health gain as assessed by patients for elective procedures - Varicose veins	EQ-5D [™] index	2015/16		0.04		0.07
CCGOF	CCGOF Incidence of healthcare associated infection (HCAI) - MRSA	Count	2015/16		4		2
CCGOF	CCGOF Incidence of healthcare associated infection (HCAI) - C-Difficile	Count	2015/16		32	/~/	42
CCGOF	CCGOF Incidence of healthcare associated infection (HCAI) - Cat 2,3 & 4 new pressure ulcers	Count	2015/16		174		51
www.primarycare.nhs	NHSOF Estimated diagnosis rates for Dementia (Percentage)	Percentage	2015/16		48.5		60.2
CCGOF	In hospital Falls with harm	Count	2015/16		190		53

7. CHILDREN AND YOUNG PEOPLE

Source	Indicator	Measure	Most Recent Period	Benchmark England	First Value of Graph	Graph	Last Value of Graph	Trend
Raise aspirations:	ensure that all children and young people are provided with opportunities that inspire them to learn and de	velop skills for fut	ure employment					
Local - PCC	Overall School attendance(absence sessions against the total available attendance sessions, includes authorised and unauthorised absence)	Percentage	2014/15		6.0		4.5	
PHOF	1.04 - First time entrants to the youth justice system	Rate per 100,000	2014		1,171.3		525.2	
PHOF	1.05 - 16-18 year olds not in education employment or training	Percentage	2015		8.4		5.6	
Deliver Prevention	on and Early Help: intervene early to meet the needs of children, young people and their families who are 'vul	nerable' to poor	life outcomes					
PHE C&YP	Child mortality rate (I-17 years)	Rate per 100,000	2012 - 14		11.6		6.2	
PHOF	1.01i - Children in low income families (all dependent children under 20)	Percentage	2013		21.3		19.4	
PHOF	4.01 - Infant mortality	Rate per 1,000	2012 - 14		5.0		4.6	
PHOF	2.02ii - Breastfeeding - Breastfeeding prevalence at 6-8 weeks after birth	Percentage	2014/15		35.0		38.2	
PHOF	1.02i - School Readiness: The percentage of children achieving a good level of development at the end of reception	Percentage	2014/15		57.3		62.6	
PHOF	2.06i - Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds	Percentage	2014/15		22.8	<u> </u>	24.6	
PHE C&YP	A&E attendances (0-4 years)	Rate per 1,000	2014/15		338.9		450.4	
Keep our Childre	n and Young People Safe: ensure effective safeguarding and provide excellent services for children in care							
Local - PCC	Referrals carried out within 12 months of a previous referral (Re-referrals)	Percentage	2016/17 Q1		33.5		34.5	
Local - PCC	Reduction in the number of children with a "Child in Need" Status (As at 31st March)	Count	2015/16		1,776		2,118	
PHE C&YP	Hospital admissions as a result of self-harm (10-24 years)	Rate per 100,000	2014/15		425.5	<u> </u>	473.6	
PHE C&YP	Hospital admissions due to alcohol specific conditions	Rate per 100,000	2012/13 - 14/15		92.5		53.9	
PHE C&YP	Hospital admissions due to substance misuse (15-24 years)	Rate per 100,000	2012/13 - 14/15		49.7		80.5	
PHE C&YP	Hospital admissions for mental health conditions	Rate per 100,000	2014/15		140.7		100.6	
Local - PCC	Number of children subject to a Child Protection plan	Count	2016/17 Q1		408		372	
Local - PCC	Number of looked after children	Count	2016/17 Q1		392		410	
Local - PCC	Number of Children in Care - Residential	Count	2016/17 Q1	N/A	22.0		24.0	
PHOF	2.08i - Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March	Percentage	2014/15		16.1		15.7	

8. COMMUNITY

Source	Indicator	Measure	Most Recent Period	Benchmark England	First Value of Graph	Graph	Last Value of Graph	Trend	
Provide integrated services that meet the whole needs of the person by developing: • Single, integrated points of access • Integrated support services & system performance management • Integrated records									
PHOF	2.18 - Admission episodes for alcohol-related conditions - narrow definition	Rate per 100,000	2014/15		688.4		671.0		
PHOF	2.15i - Successful completion of drug treatment - opiate users	Percentage	2014		5.8		8.2		
PHOF	2.15ii - Successful completion of drug treatment - non-opiate users	Percentage	2014		23.6		24.6		
Housing	Number of households prevented from becoming homeless	Number	2016/17 - QI	N/A	200		214		
PHOF	1.13i - Re-offending levels - percentage of offenders who re-offend	Percentage	2013		28.8		27.1		
ASCOF	The proportion of adults in contact with secondary mental health services living independently, with or without support	Percentage	2015/16		53.0		59.3		
Reduce unnecessary emergency admissions to hospital across all ages by: • Responding quickly in a crisis • Focusing on timely discharge • Providing advice and guidance, recovery and reablement									
ASCOF	Proportion of people still at home 91 days after discharge from hospital into reablement/ rehabilitation services	Percentage	2016/17 - QI	N/A	85.0	\sim	92.0		
NHSOF	IAPT Access Rate (PCH)	Percentage	2015/16	.,	6.1		12.0		
NHSOF	IAPT Recovery Rate (PCH)	Percentage	2015/16		34.7		34.3		
NHS quality premium	Discharges at weekends and bank holidays	Percentage	2015/16		17.9		16.8		
ASCOF	Delayed transfers of care from hospital, per 100,000 population	Rate per 100,000	2016/17 - QI		15.2		12.3		
ASCOF	Delayed transfers of care from hospital, per 100,000 population, attributable to Adult Social Care	Rate per 100,000	2016/17 - QI		6.2		6.8		
·	entred, flexible and enabling services for people who need on-going support to help them to live independently range services that offer quality & choice in a safe environment • Further integrating health and social care	by: Supporting p	eople to manag	e their own	nealth and ca	re needs within suitable	housing • Sup	pport the	
Housing	People helped to live in their own home through the provision of Major Adaptation	Number	2016/17 - QI	N/A	47		68		
ASCOF	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	Rate per 100,000	2016/17 - QI	N/A	60.7		130.4		
ASCOF	Permanent admissions of younger people (aged 18-64) to residential and nursing care homes	Rate per 100,000	2016/17 - QI		0.6		3.7		
PHOF	1.08ii - Gap in the employment rate between those with a learning disability and the overall employment rate	Percentage Point	2014/15		65.6		66.8		
PHOF	1.08iii - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	Percentage Point	2014/15		62.9		67.6		
PHOF	Self-reported well-being: % of people with a low satisfaction score	Percentage	2014/15		6.2		5.4		
ASCOF	Proportion of people who use services who have control over their daily life	Percentage	2015/16		74.7		79.0		
ASCOF	The proportion of carers who report that they have been included or consulted in discussions about the person they care for	Percentage	2014/15		74.6		67.3		
Safer Plymouth	Number of reported domestic abuse incidents	Number	2016/17 - QI	N/A	1,444.0		1,196.0		
Safer Plymouth	Number of reported domestic abuse crimes	Number	2016/17 - QI	N/A	553.0		531.0		
Safer Plymouth	Number of Reported Sexual Offences (inc Rape)	Number	2016/17 - QI	N/A	153.0		126.0		

9. ENHANCED AND SPECIALIST

Source	Indicator	Measure	Most Recent Period	Benchmark England	First Value of Graph	Graph	Last Value of Graph	Trend
Create Centres	of Excellence for enhanced and specialist services	·						
CCGOF	CCGOF Incidence of healthcare associated infection (HCAI) - MRSA	Count	2015/16		4	<u></u>	2	
CCGOF	CCGOF Incidence of healthcare associated infection (HCAI) - C-Difficile	Count	2015/16		32	/~/	42	
CCGOF	CCGOF Incidence of healthcare associated infection (HCAI) - Cat 2,3 & 4 new pressure ulcers	Count	2015/16		174		51	
CCGOF	In hospital Falls with harm	Count	2015/16		190		53	
Ensure people a	are able to access care as close to their preferred network of support as possible	·				_		
NHSOF	Health-related quality of life for people with long-term conditions	EQ-5D™	2015/16		0.70		0.71	
EOL Profile	DiUPR, Persons, All Ages (%)	Percentage	2014		44.96		52.11	
Provide high qu	ality, safe and effective care, preventing people from escalating to, or requiring, urgent or unplanned c	are						
PHOF	2.24i - Injuries due to falls in people aged 65 and over	Rate per 100,000	2014/15		2,233.8	~	1,960.7	
	Emergency Admissions from care homes							
CCGOF	CCGOF Referral to Treatment waiting times (patients waiting over 18 weeks on incomplete pathway (%) (PHNT)	Percentage	2015/16		92.8		84.9	
Local - PCC	Percentage of CQC providers with a CQC rating of good or outstanding	Percentage	2016/17 - QI		82.0		84.0	
Local - PCC	Satisfaction among Adult Social Care clients resident in Residential/ Care homes	Percentage	2015/16	N/A	77.0		81.0	