



# INTEGRATED HEALTH & WELLBEING SYSTEM PERFORMANCE SCORECARD

APRIL 2017



Northern, Eastern and Western Devon  
Clinical Commissioning Group



## 1. INTRODUCTION

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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 1<sup>st</sup> 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

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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**

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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)**

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- 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

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### **WELLBEING**

#### **Referral to treatment – Percentage seen within 18 weeks - Incomplete pathways – Increasing trend**

Performance against the 18-week referral to treatment waiting has improved in quarter 3 (84.5% in December compared to 83.6% in September). Plymouth Hospitals NHS Trust is not achieving the 18-week referral to treatment standard. There have been capacity issues in a number of specialties in Plymouth Hospitals NHS Trust and referral reductions haven't been as large as planned. Additional capacity has been made available in recent months which should ease the pressure but the target is not expected to be achieved in 2017/18.

#### **Accident and Emergency – 4 hour wait – Decreasing trend**

Plymouth Hospitals NHS Trust is not achieving the 4hr wait in A&E target. This is mainly due to demand pressures including an increase in A&E attendances of 3.8% compared to the previous year. Plans are in place to achieve the target by Q4 2017/18.

#### **Estimated diagnosis rates for dementia – Static trend**

At the end of January 2017 the dementia diagnosis rate remains relatively static at 59%, compared to 60% at the end of quarter 3. The dementia diagnosis rate remains below the national target. The CCG (Clinical Commissioning Group) has raised concerns with NHS England with the expected number of people with dementia in our population (this may affect the calculated diagnosis rate). However, the CCG is also looking to work more closely with primary care to improve the pathway.

#### **Number of carers receiving a statutory Carers Assessment – Reducing trend**

The number of carers assessments completed fell in quarters 3 and 4 (193 and 191 respectively down from 293). This reduction is due to an increase in the number of carer 'reviews' undertaken, as large numbers of carers are now due a review having previously received an assessment. In quarter 3 107 carer reviews were done, meaning that overall work undertaken to support carers actually increased.

The biannual adult carer's survey has now ended and achieved the desired response rate of 35%. The final response was 41%, results will now be analysed and reported to committee when complete.

#### **Annual Population Survey**

The annual population survey gives us an estimated insight into how people feel about their own wellbeing in the city, it is a national survey run by the Office for National Statistics. It gives us our performance against the following indicators; Self-reported wellbeing - people with a low satisfaction score, people with a low worthwhile score, people with a low happiness score and people with a high anxiety score. The most recent results provide a mixed picture, with reductions in the percentage of respondents who report low satisfaction and low happiness. However, there has been an increase in the percentage of respondents with a feeling of low worthiness and high anxiety.

## **CHILDREN AND YOUNG PEOPLE**

### **Children Social Care Re-referrals – Reducing trend**

There were 1,209 referrals in quarter 4. It is anticipated that the early intervention and step down processes being embedded will contribute to an improvement in the number of re-referrals in 2017. Repeat referrals have continued a slight downward trend since October and as of the end of March 2017 stand at 31.7% against a target of 30%.

### **Number of children subject to a Child Protection plan – Reducing trend**

The overall number of child protection plans has been decreasing, at the end of quarter 4 there were 306 children subject to a child protection plan, down from 343 at the end of quarter 3. The percentage of children on multiple plans has increased slightly and stands at 29.6% at the end of March 2017. 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.

## **COMMUNITY**

### **Delayed Transfers of Care – Increasing trend**

Nationally, since August 2010, the number of delayed transfers of care has been increasing. Locally, performance is of concern with on average 18 people delayed at the end of each month between April 2016 and February 2017 (based on an end of month snapshot and delays attributable to Social Care only).

Since December recording changes have had an adverse effect on numbers of delays from Derriford hospital. In order to tackle the number of DTOCs, actions included in a plan being overseen by the Urgent Care Partnership include; Integrated Discharge Teams interpreting data and understanding reasons for delays with an aim to reduce length of stay, agreement on a new complex discharge pathway and additional social work capacity in the Integrated Hospital Discharge Team, the roll out of seven day working and additional step down beds.

A new whole system target has been agreed, which is to reduce the percentage of occupied hospital beds subject to delay to 3.5% during 2017/18. This target is in relation to all delays, not just those attributable to social care.

### **Preventing Homelessness – Decreasing trend**

Between April 2016 and the end of December 2016 the number of households prevented from becoming homeless is 711, by the end of the year it is forecast that approximately 948 households would have been prevented from becoming homeless. This number is below the annual target, actions to improve performance include the review of initial point of contact procedures and the establishment of new community connections department, including locality working.

## **ENHANCED AND SPECIALISED**

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

At the end of quarter 3 81% of active providers of Adult Social Care have been rated as good or outstanding by the Care Quality Commission, this is a reduction on the previous quarter's performance and is better than the England average. At the end of quarter two there were 4 providers rated as inadequate.

## 6. WELLBEING

Source	Indicator	Measure	Most Recent Period	Benchmark England	First Value of Graph	Graph	Last Value of Graph	Trend
<b>Sustain the improvement in healthy life expectancy and health inequality and reduce both all-age all-cause deaths and deaths due to cancer, stroke, heart disease and respiratory disease</b>								
PHOF	2.12 - Excess Weight in Adults	Percentage	2013 - 15		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	
<b>Commission only from providers who have a clear and proactive approach to health improvement, prevention of ill health, whole person wellbeing and working with the wider community in which they operate.</b>								
ONS	Self-reported well-being: % of people with a low satisfaction score	Percentage	2015/16		5.3		4.2	
ONS	Self-reported well-being: % of people with a low worthwhile score	Percentage	2015/16		5.1		5.6	
ONS	Self-reported well-being: % of people with a low happiness score	Percentage	2015/16		11.5		9.4	
ONS	Self-reported well-being: % of people with a high anxiety score	Percentage	2015/16		22.9		22.4	
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	2014/15		33.2		33.2	N/A
Local - Carefirst	Number of carers receiving a statutory Carers Assessment	Count	2016/17 - Q4	N/A	247.0		191.0	
Local - Housing Options	Total Category I hazards removed CAT I	Number	2016/17 - Q3	N/A	63.0		94.0	
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	Benchmark England	First Value of Graph	Graph	Last Value of Graph	Trend
<b>Place health improvement and the prevention of ill health at the core of our planned care system; demonstrably reducing the demand for urgent and complex interventions and yielding improvements in health and the behavioural determinants of health in Plymouth</b>								
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	2013 - 15		43.4		33.3	
CCGOF	CCGOF Referral to Treatment waiting times (patients waiting over 18 weeks on incomplete pathway (%)) (PHNT)	Percentage	Jan-17	N/A	83.90%		84.90%	
PHNT	A&E 4hr wait	Percentage	Jan-17	N/A	86.90%		78.90%	
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 - Groin hernia	EQ-5D™ index	2015/16				No Data	
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	N/A	4		2	
CCGOF	CCGOF Incidence of healthcare associated infection (HCAI) - C-Difficile	Count	2015/16	N/A	32		42	
CCGOF	CCGOF Incidence of healthcare associated infection (HCAI) - Cat 2,3 & 4 new pressure ulcers	Count	2015/16	N/A	174		51	
www.primarycare.nhs.uk	NHSOF Estimated diagnosis rates for Dementia (Percentage)	Percentage	Jan-17	N/A	59.4		59.3	
CCGOF	In hospital Falls with harm	Percentage	Jan-17	N/A	0.1		0.2	



## 7. CHILDREN AND YOUNG PEOPLE

Source	Indicator	Measure	Most Recent Period	Benchmark England	First Value of Graph	Graph	Last Value of Graph	Trend
<b>Raise aspirations: ensure that all children and young people are provided with opportunities that inspire them to learn and develop skills for future employment</b>								
Local - PCC	Overall School attendance( absence sessions against the total available attendance sessions, includes authorised and unauthorised absence)	Percentage	2014/15	N/A	6.0		4.5	
PHOF	1.04 - First time entrants to the youth justice system	Rate per 100,000	2015		1,171.3		431.0	
<b>Deliver Prevention and Early Help: intervene early to meet the needs of children, young people and their families who are 'vulnerable' to poor life outcomes</b>								
PHE C&YP	Child mortality rate (1-17 years)	Rate per 100,000	2013 - 15		11.6		7.4	
PHOF	1.01i - Children in low income families (all dependent children under 20)	Percentage	2014		22.1		21.0	
PHOF	4.01 - Infant mortality	Rate per 1,000	2013 - 15		5.0		4.5	
PHOF	2.02ii - Breastfeeding - breastfeeding prevalence at 6-8 weeks after birth - current method*	Percentage	2015/16		36.7		36.7	No Trend Data
PHOF	1.02i - School Readiness: The percentage of children achieving a good level of development at the end of reception	Percentage	2015/16		57.3		64.0	
PHOF	2.06i - Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds	Percentage	2015/16		25.1		24.6	
PHE C&YP	A&E attendances (0-4 years)	Rate per 1,000	2015/16		338.9		487.5	
<b>Keep our Children and Young People Safe: ensure effective safeguarding and provide excellent services for children in care</b>								
Local - PCC	Referrals carried out within 12 months of a previous referral (Re-referrals)	Percentage	2016/17 Q4		37.4		31.7	
PHE C&YP	Hospital admissions as a result of self-harm (10-24 years)	Rate per 100,000	2015/16		481.0		617.2	#N/A
PHE C&YP	Persons under 18 admitted to hospital for 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	2013/14 - 15/16		49.7		94.8	
PHE C&YP	Hospital admissions for mental health conditions	Rate per 100,000	2015/16		140.7		109.7	
Local - PCC	Number of children subject to a Child Protection plan	Count	2016/17 Q4		346		306	
Local - PCC	Number of looked after children	Count	2016/17 Q4		393		397	
Local - PCC	Number of Children in Care - Residential	Count	2016/17 Q4	N/A	23.0		28.0	
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	2015/16		16.1		15.4	

## 8. COMMUNITY

Source	Indicator	Measure	Most Recent Period	Benchmark England	First Value of Graph	Graph	Last Value of Graph	Trend
<b>Provide integrated services that meet the whole needs of the person by developing: • Single, integrated points of access • Integrated support services &amp; system performance management • Integrated records</b>								
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	2015		5.8		6.4	
PHOF	2.15ii - Successful completion of drug treatment - non-opiate users	Percentage	2015		23.2		38.5	
Housing	Number of households prevented from becoming homeless	Number	2016/17 - Q3	N/A	233		198	
Housing	Average number of households in B&B per month	Number	2016/17 - Q3	N/A	26.0		39.0	
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	
<b>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</b>								
ASCOF	Proportion of people still at home 91 days after discharge from hospital into reablement/ rehabilitation services	Percentage	2016/17 - Q3	N/A	84.0		90.0	
NHSOF	IAPT Access Rate (PCH)	Percentage	Jan-17	N/A	1.2		1.2	
NHSOF	IAPT Recovery Rate (PCH)	Percentage	Jan-17	N/A	35.1		48.1	
ASCOF	Delayed transfers of care from hospital, per 100,000 population	Rate per 100,000	2016/17 - Q3		16.2		18.3	
ASCOF	Delayed transfers of care from hospital, per 100,000 population, attributable to Adult Social Care	Rate per 100,000	2016/17 - Q3		9.4		8.4	
<b>Provide person centred, flexible and enabling services for people who need on-going support to help them to live independently by: • Supporting people to manage their own health and care needs within suitable housing • Support the development of a range services that offer quality &amp; choice in a safe environment • Further integrating health and social care</b>								
Housing	People helped to live in their own home through the provision of Major Adaptation	Number	2016/17 - Q3	N/A	47		60	
ASCOF	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	Rate per 100,000	2016/17 - Q4		175.3		74.2	
ASCOF	Permanent admissions of younger people (aged 18-64) to residential and nursing care homes	Rate per 100,000	2016/17 - Q4		1.8		1.8	
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	2015/16		5.3		4.2	
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	

## 9. ENHANCED AND SPECIALIST

Source	Indicator	Measure	Most Recent Period	Benchmark England	First Value of Graph	Graph	Last Value of Graph	Trend
<b>Create Centres of Excellence for enhanced and specialist services</b>								
CCGOF	CCGOF Incidence of healthcare associated infection (HCAI) - MRSA	Count	2015/16	N/A	4		2	Red
CCGOF	CCGOF Incidence of healthcare associated infection (HCAI) - C-Difficile	Count	2015/16	N/A	32		42	Red
CCGOF	CCGOF Incidence of healthcare associated infection (HCAI) - Cat 2,3 & 4 new pressure ulcers	Count	2015/16	N/A	174		51	Green
CCGOF	In hospital Falls with harm	Percentage	Jan-17	N/A	0.1		0.2	Green
<b>Ensure people are able to access care as close to their preferred network of support as possible</b>								
NHSOF	Health-related quality of life for people with long-term conditions	EQ-5D™	2015/16	Yellow	0.70		0.71	Yellow
EOL Profile	DiUPR (%), Persons, All Ages.	Percentage	2015	Green	46.07		52.78	Yellow
<b>Provide high quality, safe and effective care, preventing people from escalating to, or requiring, urgent or unplanned care</b>								
PHOF	2.24i - Injuries due to falls in people aged 65 and over	Rate per 100,000	2014/15	Green	2,233.8		1,960.7	Green
Local - PCC	Percentage of CQC providers with a CQC rating of good or outstanding	Percentage	2016/17 - Q4	Green	82.0		81.0	Yellow
Local - PCC	Satisfaction among Adult Social Care clients resident in Residential/ Care homes	Percentage	2015/16	N/A	77.0		81.0	Yellow