



INTEGRATED HEALTH & WELLBEING SYSTEM PERFORMANCE SCORECARD

JULY 2017



Northern, Eastern and Western Devon
Clinical Commissioning Group



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. The latest Public Health outcomes figures have been released for 2016, smoking prevalence in adults in Plymouth fell further to 17.2%, down from 24.1% in 2015.

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 –

Decreasing trend

Data collected via Annual Population Survey in 2016 shows that the percentage of people with a low happiness score has decreased for the fourth time in 5 years. This would suggest that the increase in 2015 was a blip and the longer term reducing trend is continuing.

Under 18 Conceptions – Decreasing trend

The latest release of conception data shows that the under 18 conception rate within Plymouth has fallen again, latest figures show a rate of 23.9/100,000 compared to 29.6/100,000 in 2015. The gap between the Plymouth and England rate continues to close.

Estimated diagnosis rates for dementia – Increasing trend

There has been a further 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%. At the end of quarter one the diagnosis rate is up to 60.3%, an increase from 60.1% at the end of quarter two.

Referral to treatment - Percentage seen within 18 weeks - Incomplete pathways

Plymouth Hospitals NHS Trust are not achieving the 18-week referral to treatment standard. There has been capacity issues in a number of specialties in Plymouth Hospitals NHS Trust and referral reductions haven't been a large as planned. Some additional capacity has been made available in recent months which has eased some of the pressure but the target is not expected to be achieved in 2017/18.

In June 2017 85.6% of patients were seen within 18 weeks, this a very slight drop compared to the 2016/17 outturn of 85.7%.

Accident and Emergency 4 hour wait

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

CHILDREN AND YOUNG PEOPLE

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

The proportion of children aged 4-5 that are classified as overweight (including obese) is unchanged in most recent release of figures, 24.6 in 2015/16. This 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.

Timeliness of Children's single assessments/ Number of children on a child protection plan

The Children Young People and Families service has been reinforcing practice standards within the Plymouth Referrals and Assessment Service. It was anticipated that this may have an impact on performance as workers adapt to the new ways of working and focus on quality of practice. There was a reduction in assessment completion timeliness from 94% in Q4 (16/17) to 81.7% at the end of Q1 (17/18) against a target of 88%. The situation is being closely monitored and the Service Manager is supporting workers to enhance ways of working which will ultimately deliver an improvement in both timeliness and quality of assessment. The number of children with child protection plans is 368 for June 2017, an increase of 31 on the May figure.

COMMUNITY

Delayed transfers of care from hospital per 100,000 population, whole system (delayed days per day)

It was announced that there would be 20 reviews of Health and Social Care Systems by the Care Quality Commission (CQC) where there are challenges particularly in relation to Delayed Transfers of Care (DToC). Plymouth City Council has been selected as one of the first 12 areas to be reviewed. A set of metrics exist to assess performance of patient flow across the NHS and social care interface including DToC.

In Plymouth we have been asked to reduce the rate of delayed transfers of care in the system by two thirds, which is a significant performance challenge. This means that in Plymouth we must;

- Reduce the total daily DToC delayed day rate from 31.7/100,000 adults to 14/100,000 adults by the end of the year. This equates to reducing the number of daily delayed days from 67 to 24.
- Reduce NHS attributable daily DToC delayed day rate from 20.78/100,000 adults to 10.4/100,000 adults. This equates to reducing the number of daily NHS attributable delayed days from 44 to 17.
- Reduce Adult Social Care attributable daily DToC delayed day rate from 10.7/100,000 adults to 3.7/100,000 adults. This equates to reducing the number of daily NHS attributable delayed days from 23 to 8.

A work group is in place to help understand and tackle these performance challenges, a group that will draw on expertise from the City Council, NEW Devon CCG, Plymouth Hospitals NHS Trust and Livewell South West.

Improving Access to Psychological Therapies (IAPT) – Access rates

Livewell South West achieved the IAPT access rate in 2016/17 and are on track to achieve it again in 2017/18.

Improving Access to Psychological Therapies (IAPT) – Recovery rates

Livewell South West have reported an improvement in the recovery rate from September 2016. However, the target is not being achieved on a sustainable basis but performance improved in June 2017 following a drop in May 2017. Work is ongoing to improve the recovery rate but it is acknowledged that there may be some inconsistencies in performance in the short term.

6. WELLBEING

Indicator	Measure	Most Recent Period	Benchmark England	First Value of Graph	Graph	Last Value of Graph	Trend
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							
2.13i - Percentage of physically active and inactive adults - active adults	Percentage	2015		59.2		56.2	
2.13ii - Percentage of physically active and inactive adults - inactive adults	Percentage	2015		27.6		30.2	
2.14 - Smoking Prevalence in adults - current smokers (APS)	Percentage	2016		24.1		17.2	
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.							
Self-reported well-being: % of people with a low satisfaction score	Percentage	2015/16		5.3		4.2	
Self-reported well-being: % of people with a low worthwhile score	Percentage	2015/16		5.1		5.6	
Self-reported well-being: % of people with a low happiness score	Percentage	2015/16		11.5		9.4	
Self-reported well-being: % of people with a high anxiety score	Percentage	2015/16		22.9		22.4	
Social Isolation: percentage of adult social care users who have as much social contact as they would like	Percentage	2016/17		43.8		46.0	
The proportion of people who use services and carers who find it easy to find information about support - Client element	Percentage	2016/17		80.8		77.0	
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							
2.04 - Under 18 conceptions	Rate per 1,000	2015		44.1		23.9	
CCGOF Referral to Treatment waiting times (patients waiting over 18 weeks on incomplete pathway (%) (PHNT)	Percentage	Jun-17	N/A	83.90%		85.60%	
A&E 4hr wait	Percentage	Jun-17	N/A	78.90%		86.80%	
NHSOF Estimated diagnosis rates for Dementia (Percentage)	Percentage	Jun-17	N/A	59.3		60.3	
In hospital Falls with harm	Percentage	Jun-17	N/A	0.23		0.12	

7. CHILDREN AND YOUNG PEOPLE

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 develop skills for future employment							
1.05 - 16-18 year olds not in education employment or training	Percentage	2015		8.4		5.6	
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							
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	
2.06i - Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds	Percentage	2015/16		25.1		24.6	
Keep our Children and Young People Safe: ensure effective safeguarding and provide excellent services for children in care							
Referrals carried out within 12 months of a previous referral (Re-referrals)	Percentage	2017/18 Q1		37.4		31.2	
Hospital admissions as a result of self-harm (10-24 years)	Rate per 100,000	2015/16		481.0		617.2	
Hospital admissions due to substance misuse (15-24 years)	Rate per 100,000	2013/14 - 15/16		49.7		94.8	
Hospital admissions for mental health conditions	Rate per 100,000	2015/16		140.7		109.7	
Number of children subject to a Child Protection plan	Count	2017/18 Q1		351		368	
Number of looked after children	Count	2017/18 Q1		402		397	
Number of Children in Care - Residential	Count	2017/18 Q1	N/A	25.0		27.0	
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

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							
2.18 - Admission episodes for alcohol-related conditions - narrow definition	Rate per 100,000	2015/16		712.4		678.0	
Number of households prevented from becoming homeless	Number	2017/18 - Q1	N/A	330		198	
Average number of households in B&B per month	Number	2017/18 - Q1	N/A	21.0		59.0	
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							
Proportion of people still at home 91 days after discharge from hospital into reablement/ rehabilitation services	Percentage	2017/18 - Q1	N/A	85.0		86.5	
IAPT Access Rate (PCH)	Percentage	Jun-17	N/A	1.20		1.59	
IAPT Recovery Rate (PCH)	Percentage	Jun-17	N/A	48.10		46.90	
Discharges at weekends and bank holidays	Percentage	Mar-17	N/A	0.22		0.19	
Rate of Delayed transfers of care per day, per 100,000 population	Rate per 100,000	2017/18 - Q1		14.0		29.2	
Rate of Delayed transfers of care per day, per 100,000 population, attributable to Adult Social Care	Rate per 100,000	2016/17 - Q3		6.6		10.4	
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 & choice in a safe environment • Further integrating health and social care							
People helped to live in their own home through the provision of Major Adaptation	Number	2017/18 - Q1	N/A	48		64	
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	Rate per 100,000	2017/18 - Q1		114.6		103.4	
Permanent admissions of younger people (aged 18-64) to residential and nursing care homes	Rate per 100,000	2017/18 - Q1		1.8		2.4	
Self-reported well-being: % of people with a low satisfaction score	Percentage	2015/16		5.3		4.2	
Proportion of people who use services who have control over their daily life	Percentage	2016/17		82.5		81.0	

9. ENHANCED AND SPECIALIST

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 Incidence of healthcare associated infection (HCAI) - MRSA	Count	2015/16	N/A	4		2	Red
CCGOF Incidence of healthcare associated infection (HCAI) - C-Difficile	Count	2015/16	N/A	32		42	Red
CCGOF Incidence of healthcare associated infection (HCAI) - Cat 2,3 & 4 new pressure ulcers	Count	2015/16	N/A	174		51	Green
In hospital Falls with harm	Percentage	Jun-17	N/A	0.2		0.1	Green
Ensure people are able to access care as close to their preferred network of support as possible							
DiUPR (%), Persons, All Ages.	Percentage	2015		46.07		52.78	Yellow
Provide high quality, safe and effective care, preventing people from escalating to, or requiring, urgent or unplanned care							
2.24i - Emergency hospital admissions due to falls in people aged 65 and over	Rate per 100,000	2015/16		2,337.3		1,924.3	Green
Percentage of CQC providers with a CQC rating of good or outstanding	Percentage	2017/18 - Q1		82.0		79.0	Red
Satisfaction among Adult Social Care clients resident in Residential/ Care homes	Percentage	2016/17	N/A	77.0		84.0	Green