



INTEGRATED HEALTH & WELLBEING SYSTEM PERFORMANCE SCORECARD SEPTEMBER 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

Estimated diagnosis rates for dementia – Increasing trend

NEW Devon CCGs dementia diagnosis rate remains below the national target. The CCG has raised concerns with NHSE 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

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

Plymouth Hospitals NHS Trust is 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 have eased some of the pressure but the target is not expected to be achieved in 2017/18. However, the aim is to ensure that no patients wait over 52 weeks by March 2018.

Accident and Emergency 4 hour wait

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. Plans are in place to achieve the target by Q4 2017/18. There was an improvement in performance from Aug 17 which is due to the performance of the MIUs now being recorded against Plymouth Hospitals NHS Trust.

Emergency admissions aged 65+

There has been a 10.8% increase in emergency admissions in 2017/18 across the Western Locality for patients aged 65+. There are a number of causes for this including the ageing population and pressures on primary care.

CHILDREN AND YOUNG PEOPLE

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

Assessment completion timeliness has decreased and stands at 71.1% 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. Whilst completion of assessment timeliness has been impacted, close monitoring is in place to ensure children are being visited in a timely way.

The overall number of plans decreased in September to 373. There is a continued focus on plans ensure timeliness and effectiveness of practice. The CSWS Service Manager is meeting with the Safeguarding Service Manager on a monthly basis to review the cohort and consider the implications of repeat CP plans, thresholds, and right plan for the child etc.

COMMUNITY

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

It was announced that there would be 20 reviews of Health and Social Care Systems by the Care Quality Commission (CQC), particularly where there are challenges 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. During Quarter two the average number of delayed days per month was 1,691, this compares to 1,877 in quarter one so the reducing trajectory is positive. However there is still recognition that too many people are having to wait too long to be discharged from hospital. As such there is a focus on increasing the number of home first discharges, streamlining the assessment process and more joined up working between Livewell Southwest and the Trust.

Discharge at the weekend – Reducing trend

Weekend discharges have remained relatively stable at between 18%-20% of the total weekly discharges. This would be relatively low when compared to other areas. Performance of 28.5% would mean that there is the same number of discharges at the weekend as during the week.

Improving Access to Psychological Therapies (IAPT) – Access rates – Static trend

Livewell Southwest achieved the IAPT access rate in 2016/17 and is on track to achieve it again in 2017/18. However, monthly performance does remain variable.

Improving Access to Psychological Therapies (IAPT) – Recovery rates – Increasing trend

Livewell Southwest have reported an improvement in the recovery rate from Sept 16. However, the target is not being achieved on a sustainable basis. Work is ongoing to improve the recovery rate but it is acknowledged that there may be a reduction in performance as those patients that have waited more than 12 weeks are seen.

6. WELLBEING

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	2016/17		5.3		3.8	Green
Self-reported well-being: % of people with a low worthwhile score	Percentage	2016/17		5.1		5.9	Red
Self-reported well-being: % of people with a low happiness score	Percentage	2016/17		11.5		9.5	Yellow
Self-reported well-being: % of people with a high anxiety score	Percentage	2016/17		22.9		21.7	Green
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							
CCGOF Referral to Treatment waiting times (patients waiting over 18 weeks on incomplete pathway (%) (PHNT)	Percentage	Aug-17	N/A	85.70%		83.80%	Yellow
A&E 4hr wait	Percentage	Sep-17	N/A	83.60%		88.18%	Yellow
NHSOF Estimated diagnosis rates for Dementia (Percentage)	Percentage	Aug-17	N/A	59.3		60.3	Green
Emergency Admissions to hospital (over 65s)	Count	Sep-17	N/A	1,388.0		1,434.0	Yellow
In hospital Falls with harm	Percentage	Aug-17	N/A	0.23		0.50	Red

7. CHILDREN AND YOUNG PEOPLE

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 Q2	N/A	34.5		27.7	Green
Number of children subject to a Child Protection plan	Count	2017/18 Q2		372		373	Yellow
Number of looked after children	Count	2017/18 Q2		410		400	Yellow
Number of Children in Care - Residential	Count	2017/18 Q2	N/A	24.0		32.0	Red
Timing of Children's Single Assessments (45 working days)	Percentage	2017/18 Q2		95.1		71.1	Red

8. COMMUNITY

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 - Q2	N/A	92.0		82.0	
IAPT Access Rate (PCH)	Percentage	Aug-17	N/A	1.36		1.22	
IAPT Recovery Rate (PCH)	Percentage	Aug-17	N/A	50.60		39.50	
Discharges at weekends and bank holidays	Percentage	Sep-17	N/A	0.19		0.18	
Rate of Delayed transfers of care per day, per 100,000 population	Rate per 100,000	2017/18 - Q2		14.0		26.0	
Rate of Delayed transfers of care per day, per 100,000 population, attributable to Adult Social Care	Rate per 100,000	2017/18 - Q2		6.6		11.9	
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	Count	2017/18 - Q2	N/A	68		49	
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	Rate per 100,000	2017/18 - Q2		139.4		99.8	
Permanent admissions of younger people (aged 18-64) to residential and nursing care homes	Rate per 100,000	2017/18 - Q2		3.7		1.8	

9. ENHANCED AND SPECIALIST

Create Centres of Excellence for enhanced and specialist services							
In hospital Falls with harm	Percentage	Aug-17	N/A	0.2		0.5	
Provide high quality, safe and effective care, preventing people from escalating to, or requiring, urgent or unplanned care							
Percentage of CQC providers with a CQC rating of good or outstanding	Percentage	2017/18 - Q2		84.0		79.0	