



INTEGRATED HEALTH & WELLBEING SYSTEM PERFORMANCE SCORECARD DECEMBER 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

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. A new Dementia Advisor Service has just been procured with a role to work closely with primary care and GPs, which will be much more visible than the previous service. This will help with diagnosis rates as GPs will have services to work with them to support people through diagnosis and afterwards. This will start in April 2018

Referral to treatment - Percentage seen within 18 weeks

Nationally the NHS has acknowledged that the 18-week referral to treatment standard is not being met or likely to be met in 2017/18. The national mandate to temporarily stop all elective surgery during the period of heightened activity as a result of the flu outbreak has also had an impact on performance. Locally we have tried to maintain throughput in the hospital and have focused the stopping of elective surgeries on routine operations whilst prioritising Cancer treatments.

In hospital falls with harm

This is expressed as a % of the total patients surveyed as part of the NHS safety thermometer. There are on average around 800-900 surveyed each month in Plymouth Hospitals NHS Trust. December's figure of 0.36% would equate to three patients having fallen in hospital and experienced harm as a result of that fall. Plymouth Hospitals NHS Trust has consistently had a lower rate of falls with harm compared to the national average for the last two years.

CHILDREN AND YOUNG PEOPLE

Timeliness of Children's single assessments

Single assessment performance is now showing a positive direction following decline over previous months. The backlog of assessments over 45 working days has now been addressed and new assessments performance is reported at 90% within quarter four. Forecasted performance is to finish the year at over 70%.

Number of Children in Care

Children in care numbers have increased by 8 to 411 which, at a rate per 10,000 (78) is below the statistical family group but above England.

COMMUNITY

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

In quarter three the daily bed delay attributable to ASC rate is at 22.7/100,000 so remains off target, but is an improvement on the rate for quarter two (26.0). The rate of these delays that are attributable to Adult Social Care is also improving, during quarter three the rate is 10.50 compared to 11.90 in quarter two.

Our system remains challenged with an increase in the number and proportion of patients who are complex need, impacted on by winter pressures. The continued improvement programme in place includes the appointment of an Interim Director of Integrated Urgent Care, the development of an Acute Assessment Unit to assist in preventing unnecessary admissions. This is also being supported by the review of the current Discharge to Assess (D2A) offer which includes a single Trusted Assessor being in post and the recruitment of additional social workers dedicated to support hospital discharges.

Accident and Emergency 4 hour wait

Plymouth Hospitals NHS Trust is not achieving the 4hr wait in A&E target. This is linked to an increase in demand over the last year as both the number of A&E attendances and emergency admissions have increased. The recent flu outbreak has also contributed to a winter surge that has been much greater than seen in recent years. This has resulted in a high bed occupancy which has restricted flow through the A&E department. A number of schemes are in place to reduce the level of A&E attendances/ emergency admissions and to reduce the bed pressure by reducing the level of delayed transfers.

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+. This is linked to the operational pressures in PHNT. The ageing population will be contributing to this increase but a number of other causes are at play including the pressures on primary care.

Improving Access to Psychological Therapies (IAPT) – Access rates

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.

Average number of households in B&B

Increasing demand means that there continues to be a pressure regarding households accessing B&B temporary accommodation. The average number of B&B stays for the whole of quarter three was 57, an increase from 53 for quarter two. In December the monthly average fell to 50 which is positive, although it is noted that the Christmas period often has a positive impact on numbers in temporary accommodation.

People helped to live in their own home through the provision of Major Adaptation

By providing major adaptations through a DFG (Disabled Facilities Grant) we are helping people with disabilities to live at home. Interventions including a pilot to install stair lifts at the request of Occupation Therapists have helped increase the number of home adaptations provided during quarter three, thus increasing the number of people helped to live at home. The gap between actual performance and the department's target has closed meaning progress against target has improved, we are now on a trajectory to provide a similar number of major adaptations to that provided in 2016/17 and considerably more than in 2014/15 and 2015/16.

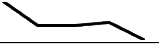
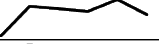

ENHANCED AND SPECIALIST

Percentage of CQC providers with a CQC rating of good or outstanding






At the end of quarter three the percentage of residential and nursing homes that are rated by CQC as good or outstanding has fallen from 79% (end of Q2) to 73%. Within this the number rated as outstanding has increased from one to four, however the number rated as good has fallen from 76 (end of Q2) to 68 at the end of quarter three. The number of homes requiring improvement increased from 17 to 21 and number inadequate remains unchanged.

In recognition of the higher percentage of homes with a rating of Requires Improvement commissioners are working with the CQC towards a more collaborative approach between the CQC and commissioners. The QAIT (Quality Assurance and Improvement Team) are undertaking a specific project to target these providers (along with those rated as Inadequate) in the form of supportive workshops over the next 12 months. If necessary these workshops will be ongoing with learning shared across the whole care home sector. The team continue to request and monitor action plans from homes that have been rated as Requires Improvement or Inadequate and provide support visits and advice and information.

6. WELLBEING

Indicator	Measure	Most Recent Period	Benchmark	First Value of Graph	Graph	Last Value of Graph	Trend	Comments
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 seen within 18 weeks on incomplete pathway (%))	Percentage	Dec-17	N/A	84.8%		81.3%	 	High is good
NHSOF Estimated diagnosis rates for Dementia	Percentage	Dec-17	N/A	59.6%		60.1%	 	High is good
In hospital Falls with harm	Percentage	Dec-17	N/A	0.24		0.36	 	Low is good




7. CHILDREN AND YOUNG PEOPLE

Indicator	Measure	Most Recent Period	Benchmark	First Value of Graph	Graph	Last Value of Graph	Trend	Comments
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 Q3	 	33.5		28.2	 	Low is good
Number of children subject to a Child Protection plan	Count	2017/18 Q3	 	371		338	 	Low is good
Number of Children in Care	Count	2017/18 Q3	 	406		411	 	Low is good
Number of Children in Care - Residential	Count	2017/18 Q3	N/A	27.0		39.0	 	Low is good
Timing of Children's Single Assessments (% completed within 45 working days)	Percentage	2017/18 Q3	 	94.9		69.0	 	High is good

8. COMMUNITY

Indicator	Measure	Most Recent Period	Benchmark	First Value of Graph	Graph	Last Value of Graph	Trend	Comments
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								
Number of households prevented from becoming homeless	Count	2017/18 - Q3	N/A	299		175	High is good	High is good
Average number of households in B&B per month	Count	2017/18 - Q3	N/A	32.0		57.0	Low is good	Low is good
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 - Q3	N/A	88.0		84.0	High is good	High is good
Improving Access to Psychological Therapies Monthly Access rate	Percentage	Dec-17	N/A	1.17		0.90	High is good	High is good
Improving Access to Psychological Therapies Recovery rate rate	Percentage	Dec-17	N/A	35.80		47.40	High is good	High is good
A&E four hour wait	Percentage	Dec-17	N/A	84.36%		79.29%	High is good	High is good
Emergency Admissions to hospital (over 65s)	Count	Dec-17	N/A	1,387		1,371	Low is good	Low is good
Discharges at weekends and bank holidays	Percentage	Dec-17	N/A	18.22%		19.09%	High is good	High is good
Rate of Delayed transfers of care per day, per 100,000 population	Rate per 100,000	2017/18 - Q3	Low is good	16.4		22.7	Low is good	Low is good
Rate of Delayed transfers of care per day, per 100,000 population, attributable to Adult Social Care	Rate per 100,000	2017/18 - Q3	Low is good	7.9		11.9	Low is good	Low is good
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 - Q3	N/A	59		77	High is good	High is good
Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (aged 65+)	Rate per 100,000	2017/18 - Q3	Low is good	125.9		116.7	Low is good	Low is good
Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (aged 18-64)	Rate per 100,000	2017/18 - Q3	Low is good	1.8		2.4	Low is good	Low is good

9. ENHANCED AND SPECIALIST

Indicator	Measure	Most Recent Period	Benchmark	First Value of Graph	Graph	Last Value of Graph	Trend	Comments
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 - Q3		84.0		73.0		High is good