



# INTEGRATED HEALTH & WELLBEING SYSTEM PERFORMANCE SCORECARD SEPTEMBER 2018



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**

University Hospitals Plymouth (UHP) is not achieving the 18-week referral to treatment national standard, which is set at 92%. There have been capacity issues in a number of specialties in UHP and referral reductions haven't been as large as planned, as a result it has been agreed that the position at the end of March 2019 should be no worse than the position at the end of March 2018, which was 80.1%. An improvement trajectory has been agreed towards achieving this, a number of actions are in place, and with monitoring of theatre capacity we would start seeing an improvement in performance.

##### **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 and achieve the national target of 66.7% by March 2019.

##### **Excess Weight in Adults, 4-5 year olds and 10-11 year olds**

The most recent data (2016/17) saw a slight increase in the percentage of children aged 10-11 that are classed as overweight (31.7%), this is however significantly lower than the England average (34.2%). We continue to worry about the percentage of children aged 4-5 who are classed as overweight, latest data shows that Plymouth is significantly worse. This is also the case for Adults classed as overweight, in Plymouth the latest data shows Plymouth has 67% of adults who are overweight or obese, this compares to the England figure of 61.3%.

We are working to tackle this by giving children the best start in life (e.g. breast feeding, weaning and parenting advice), making schools health-promoting environments (e.g. Healthy School Quality Mark), managing the area around schools through fast food planning policy, and working with partners to raise awareness of the risk factors of unhealthy diets and physical inactivity (Thrive Plymouth). Since 2006/07 when the National Child Measurement Programme (NCMP) began, Plymouth has consistently exceeded the target of taking valid measurements from 85% of eligible children.

## **COMMUNITY**

### **Health and Social Care System**

The Health and Social Care system remains challenged with an increase in the number of older patients who are more likely to require onward care due to the complexity of their needs.

#### **Accident and Emergency four hour wait**

UHP are not achieving the four hour wait in Accident & Emergency (A&E) target. This is due to demand pressures including an increase in A&E attendances. There was a significant improvement in performance in May, an upturn in performance that can be associated with the "hard reset" exercise.

During the summer months UHP experienced a high level of A&E attendances with the number of attendances in July the highest numbers on record. This has contributed to a decline in four hour wait performance that returned to the levels achieved prior to the hard reset. A specific work plan is in place to improve performance and a further "hard reset" exercise is planned for October 2018.

#### **Emergency admissions aged 65 and over**

Total emergency admissions aged 65 increased by around 6% in 2017/18 compared to 2016/17. The increase in emergency admissions over the last winter was very high especially for older people. This is due to the level of respiratory admissions linked to the flu and the cold weather. The increase in admissions has also continued through into the spring, although over the past three months these numbers have begun to fall.

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

Following the CQC review of the health and social care system we have been delivering against a CQC action plan, an outcome of which was to reduce Delayed Transfers of Care (DTC). In June 2018 the NHS signalled its ambition to reduce the number of long stays in hospital by 25%, resulting in a focus on reducing the number of people in hospital for more than 21 days, known as 'extended length of stay'. A number of actions have been in place with a view to improve performance in length of stay and DTC. Actions include the establishing of executive lead escalation arrangements across health and social care systems and the daily review of long stay patients by integrated discharge teams.

During quarter two the average number of delayed days per month was 1,081, which compares to 1,269 in quarter one and 2,073 in quarter four of 2017/18. We have continued to reduce the number of delays attributable to adult social care, improving our national ranking from 142<sup>nd</sup> (of 152) at the end of 2017/18 to 74<sup>th</sup> at the end of August 2018.

## Long term admissions to Residential Care and Nursing Care

Long term admissions to residential and nursing care for older people continue to increase, in 2017/18 there were 261 long term admissions, equating to a rate of 554/100,000. Between April and September there have been 150 long term admissions for older people meaning we are on a trajectory to have approximately 40 more admissions this year than last. The Hard reset at Derriford Hospital has contributed to an increase in people going through the discharge to assess process with an outcome of going into residential care.

## **ENHANCED AND SPECIALIST**

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

At the end of quarter two the percentage of residential and nursing homes that are rated by CQC as good or outstanding has increased, from 75% (end of quarter one) to 81%. The number of homes that are outstanding rose from four to seven (4% to 7%), the number of homes that are good rose from 68 to 72 (71% to 74%). At the end of quarter two there were no homes rated by CQC as inadequate.

The QAIT (Quality Assurance and Improvement Team) are undertaking a specific project to target providers requiring improvement 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 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
2.12 - Percentage of adults (aged 18+) classified as overweight or obese	Percentage	2016/17		66.5		67.0	
Child excess weight in 10-11 year olds	Percentage	2016/17		34.4		31.7	
Child excess weight in 4-5 year olds	Percentage	2016/17		24.0		26.3	
2.14 - Smoking Prevalence in adults - current smokers (APS)	Percentage	2017		24.1		18.4	
Social Isolation: percentage of adult social care users who have as much social contact as they would like	Percentage	2017/18		43.8		50.0	
CCGOF Referral to Treatment waiting times (patients seen within 18 weeks on incomplete pathway (%))	Percentage	Aug-18	N/A	79.7%		79.9%	
NHSOF Estimated diagnosis rates for Dementia	Percentage	Aug-18	N/A	59.2%		58.8%	
In hospital Falls with harm	Percentage	Aug-18	N/A	0.23		0.26	
The proportion of people who use services who feel safe	Percentage	2017/18		73.4		72.0	
The proportion of people who use services who say that those services make them feel safe and secure	Percentage	2017/18		93.3		90.0	
Overall satisfaction of people who use services, with their care and support	Percentage	2017/18		65.6		73.0	

## 7. COMMUNITY

Indicator	Measure	Most Recent Period	Benchmark	First Value of Graph	Graph	Last Value of Graph	Trend
Proportion of people still at home 91 days after discharge from hospital into reablement/ rehabilitation services	Percentage	2018/19 - Q2		86.5		85.0	
Improving Access to Psychological Therapies Monthly Access rate	Percentage	Aug-18	N/A	1.60		1.40	
Improving Access to Psychological Therapies Recovery rate rate	Percentage	Aug-18	N/A	41.90		53.40	
A&E four hour wait	Percentage	Aug-18	N/A	75.80%		80.70%	
Emergency Admissions to hospital (over 65s)	Count	Aug-18	N/A	1,353		1,161	
Discharges at weekends and bank holidays	Percentage	Aug-18	N/A	16.80%		14.60%	
Rate of Delayed transfers of care per day, per 100,000 population	Rate per 100,000	2018/19 - Q2		29.2		16.6	
Rate of Delayed transfers of care per day, per 100,000 population, attributable to Adult Social Care	Rate per 100,000	2018/19 - Q2		10.4		2.3	
Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (aged 65+)	Rate per 100,000	2018/19 - Q2		135.8		167.7	
Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (aged 18-64)	Rate per 100,000	2018/19 - Q2		3.6		2.4	

## 8. ENHANCED AND SPECIALIST

Indicator	Measure	Most Recent Period	Benchmark	First Value of Graph	Graph	Last Value of Graph	Trend
In hospital Falls with harm	Percentage	Aug-18	N/A	0.2		0.3	
Percentage of CQC providers with a CQC rating of good or outstanding	Percentage	2018/19 - Q2		79.0		81.0	