INTEGRATED HEALTH & WELLBEING
SYSTEM PERFORMANCE SCORECARD
DECEMBER 2018

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

Referral to treatment (RTT) – Percentage seen within 18 weeks

Nationally it has been agreed that RTT position at the end of March 2019 should be no worse than the March 2018 position and the focus should be on reducing the number of long waiters, specifically those waiting over 52 weeks. An improvement trajectory has been agreed to reduce the number of people waiting 52 weeks or more by March 2018.

Estimated diagnosis rates for dementia
In November the dementia diagnosis rate improved to 57.5%, up from 55.8% in October, the NEW Devon CCGs dementia diagnosis rate does remain 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

University Hospitals Plymouth is 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.

Provisional data suggests there was an average of 285 attendances per day during December, this increase on the November figure of 281 and is greater than December 2017 (270). Following a successful hard reset which resulted in an improvement in performance; a second hard reset was repeated in October and a number of actions put in place to improve performance including: dedicated medical leadership; embedding internal professional standards; establishing a full capacity protocol; establishing a paediatric escalation protocol; implementing Front Loaded Initial Care Assessments, embedding fit to sit; creating physical capacity by moving minors to fracture clinics and expanding paediatric space.

Emergency admissions aged 65 and over

Emergency admissions aged 65+ continue to increase. The increase in emergency admissions over winter 17/18 was especially for older people. This was due to the level of respiratory admissions linked to the flu and the cold weather. There was also an increase in the Summer which has been shown to correlate with the hot weather. Whilst admissions fell slightly during Autumn 2018, numbers have begun to increase although levels in December 2018 were not has high as the previous year.

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

Following the Care Quality Commission (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 (DTOC). Our progress on delivering this action plan has been shared with the CQC as part of a monitoring exercise into areas that were the subject of a review.

A number of actions have been in place with a view to improve performance in length of stay and DTOC. 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.

Performance for the whole of quarter three is not yet available. Performance has however improved again in October and November 2018, the average number of delayed days across these two months is 849, this compares to the monthly averages of 1,081 in quarter two and 1,269 in quarter one. We have continued to reduce the number of delays attributable to adult social care, improving our national ranking from 142nd (of 152) at the end of 2017/18 to 83rd at the end of October 2018, current performance is better than the national average.

Long term admissions to Residential Care and Nursing Care

We continue to have fewer long term admissions than local authorities in our comparator groups, this despite long term admissions to residential and nursing care for older people (65+) increasing in 2018/19. Last year (2017/18) there were 261 long term admissions in the whole year, equating to a rate of 547.3/100,000. Between April and December 2018 there have been 238 long term admissions for older people meaning we are on a trajectory to have approximately 80 more admissions this year than last. The Hard resets at Derriford Hospital have 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 three the percentage of residential and nursing homes that are rated by CQC as good or outstanding remains steady at 80%. The number of homes that are outstanding rose from seven to eight (7% to 8%), the number of homes that are good fell from 72 to 70 (74% to 72%). At the end of quarter three there are two care homes with a CQC rating of inadequate, this was zero at the end of quarter two.

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.
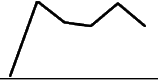
6. WELLBEING

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	
CCGOF Referral to Treatment waiting times (patients seen within 18 weeks on incomplete pathway (%)	Percentage	Nov-18	N/A	79.5%		79.9%	
NHSOF Estimated diagnosis rates for Dementia	Percentage	Nov-18	N/A	58.9%		57.5%	
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
2.15i - Successful completion of drug treatment - opiate users	Percentage	2017		7.0		5.3	
2.15ii - Successful completion of drug treatment - non-opiate users	Percentage	2017		30.8		26.3	
Proportion of people still at home 91 days after discharge from hospital into reablement/ rehabilitation services	Percentage	2018/19 - Q3		82.0		83.3	
Improving Access to Psychological Therapies Monthly Access rate	Percentage	Nov-18		1.50		1.77	
Improving Access to Psychological Therapies Recovery rate rate	Percentage	Nov-18		35.40		52.30	
A&E four hour wait	Percentage	Dec-18		84.30%		84.20%	
Emergency Admissions to hospital (over 65s)	Count	Dec-18	N/A	1,313		1,361	
Rate of Delayed transfers of care per day, per 100,000 population	Rate per 100,000	2018/19 - Q3		26.0		10.5	
Rate of Delayed transfers of care per day, per 100,000 population, attributable to Adult Social Care	Rate per 100,000	2018/19 - Q3		11.9		2.4	
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 - Q3		138.0		140.1	
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 - Q3		2.4		1.8	
Proportion of people who use services who have control over their daily life	Percentage	2017/18		83.4		80.0	

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	Nov-18		0.24		0.48	
Percentage of CQC providers with a CQC rating of good or outstanding	Percentage	2018/19 - Q3		79.0		80.0	