

15 June 2018

TITLE OF REPORT: Performance Report for the Health & Care System

Purpose of the Report

1. This paper provides an update on performance within health and social care to enable the Health and Wellbeing Board to gain an overview of the current system and to provide appropriate scrutiny.

Background

2. An initial Performance Report was considered by the Board on 17 July 2015. That report proposed a suite of indicators to form the basis for a Performance Management Framework for consideration by the Health and Wellbeing Board on a regular basis.
3. The report focused on metrics and did not consider other aspects such as financial performance or monitoring of action plans as these are addressed through other processes. The Health and Wellbeing Board considered the suggested indicators to be appropriate and a reporting schedule was agreed.

Update

4. Because of the diverse range of indicators included in the Framework, the frequency with which metrics are updated varies. The latest available data for each indicator is reported.
5. Agency performance leads have highlighted metrics that are worth further consideration by the Board. This could be because they represent a cross cutting issue or have been identified as an area of significant improvement or key risk.

Overview of Current performance

6. Tables providing fuller details of performance are provided as appendix 1 to 7. Indicators highlighted for this report are:

Gateshead Local Authority Public Health Strategic Indicators (appendix 1)

7. For most of the Public Health Strategic Indicators, Gateshead is currently considered to be significantly worse than the England averages. However, some improvements have been achieved.
8. Stabilising the rate of Hospital Admissions, per 100,000 for Alcohol related harm (LW13) has improved from 1015 per 100,000 in 2015/16 to 990 per 100,000 in 2016/17. Despite this improvement Gateshead is still significantly worse than the England and North-East rates. This is now confirmed as the final published rate for 2016/17, there are currently no 2017/18 figures available.
9. The Gap in employment rate between those with a learning disability and the overall employment rate (LW15) has improved from 62.9% in 2015/16 to 62.3% in 2016/17. As a result of this decrease Gateshead has continued to be considered significantly better than the England average of 68.7% and not significantly different to the North-East average of 64.5%.
10. The Gap in employment rate between those in contact with a secondary Mental health service and the overall employment rate (LW17) has improved from 69.2% in 2015/16 to 65.8% in 2016/17. As a result of this improvement, Gateshead is considered statistically similar to the England average of 67.4% (and is now actually lower than the England rate), however we are still significantly higher than the North-East average of 61.8% and have the third highest rate in the North East.
11. Hospital admissions for self-harm (LW16), as a rate per 100,000 for 10-24-year olds has decreased from 544.9 2015/16 to 422.7 in 2016/17. Gateshead is still considered to be significantly worse than both the England average of 404.6 per 100,000 and the North-East average of 425.3 per 100,000. This rate equates to 147 admissions for 2016/17 compared to 189 for 2015/16, it should be noted that this relates to episodes of admission and not individual persons.
12. Healthy Life expectancy at birth (Male & Female) have both improved since the previous report. LW20 (Male) has increased from 57.0 years in 2013-15 to 59.1 years in 2014-16. LW20 is still significantly worse than the England rate of 63.3 years but is not significantly different to the North-East rate of 59.7 years. LW21 (Female) has increased from 59.1 years in 2013-15 to 60.6 years 2014-16, this is also still significantly worse than the England rate (63.9 years) and not significantly different to the North-East rate of 60.6 years. Both indicators have seen the largest increases in Healthy Life expectancy for Gateshead in the last 6 periods of data.
13. The Gap in life expectancy at birth between Gateshead and England for females (LW23) has worsened from -1.7 years for the 2013-15 period to -1.9 years for the 2014-16 period. For the same period LW22 (Males) has also worsened from -1.8 years in 2013-15 to -2.0 in 2014-16.

14. LW24, Reduce the inequalities in life expectancy across Gateshead (a Slope Index of Inequality in Years for males) has improved going from 9.9 years for the 2013-15 period to 9.6 years for the 2014-16 period. Due to the calculation method for this indicator it is not directly comparable with either the North East or England rates. However, when compared to the values from the 16 comparable CIPFA local authorities Gateshead has the 5th lowest Slope Index of Inequality.
15. LW25, Reduce the inequalities in life expectancy across Gateshead (a Slope Index of Inequality in Years for females) has worsened from the previous period. This has increased from 8.7 years in 2013-15 to 8.8 years in 2014-16. Due to the calculation methods for this indicator it is not directly comparable with either the North East or England rates. When compared to the 16 CIPFA local authorities Gateshead has the 5th highest SII in years.
16. Reducing child poverty rates for those under 20 (PG20) has improved from 22.2% in 2014 to 19.4% in 2015. Gateshead is still significantly worse than the England rate of 16.6% but is considered significantly better than the North-East rate of 21.5% and we currently have the 4th lowest rate for child poverty under 20 when compared with the 16 other CIPFA LA's. (Please note 2015 is the latest published data)
17. Indicators LL4, LW2, LW4, LW18, and LW19 have not changed since the previous report. These will be updated as and when the new data sets are released.

Gateshead Better Care Fund (appendix 2)

18. Non Elective admissions year to date to Quarter 3 are circa 8.3% below planned levels. Combined with the latest January and February data, performance is expected to be maintained at circa 7% below target levels cumulatively to the end of Quarter 4.
19. During April 2017 to March 2018, there were 279 permanent admissions of older people to residential or nursing care (719.8 per 100k population) compared to a plan of 370 admissions (950.5 per 100k population) for all of 2017/18. Performance is below target and we have seen fewer admissions compared to the same period in 2016/17 (328 admissions).
20. 80.9% of older people were still at home 91 days after hospital discharge who received a reablement service. The value is based on people discharged from hospital during October to December 2017 and followed up 91 days later. Performance has remained the same compared to the same time last year (80.8%) but has not achieved the planned target of 85.6%.
21. The average number of delays per day, per 100,000 population for March 2018 is 6.59, for delays attributable to Social care and NHS. This works out at 11 people on average delayed per day. Gateshead has achieved the stretching target of 8.2 per 100k (13 people) and has shown a significant improvement compared to the same point last year, where the equivalent rate was 9.6 per 100k.
 - a. 3.9 per 100k population were delayed on average per day (6 people) where the NHS was attributable, which is better than the target of 5.5. This is also an improved position compared to the same time last year (4.2 per 100k).
 - b. The average number of social care delays per day for March 2018 was 2.7 per 100k (4 people). This is just outside of the target of 2.6 per 100k population but performance shows significant improvement compared to the same time last year (5.4 per 100k).
22. Gateshead have significantly reduced the number of delayed days throughout the 2017/18 period compared to the previous year (3949 compared to 6381) and have achieved the Q4 BCF planned trajectory. There were 926 delayed days in Q4 compared to a Q4 trajectory of 1016. Q4 performance represents a significant reduction from Q1 when there were 1376 delayed days. Q3 seen the best performance during the year, with only 568 delayed days.
23. DTOC expectations for the 2018/19 period have been set to very challenging level, with further improvements upon our already improved performance required. Targets have been set at a national level by NHS England and are based on 2017/18 Q3 performance (Gateshead's best performing quarter). The overall target is 6.2 per 100k, with the NHS target set at 4.4 and Social Care set at 1.8 per 100k.

CCG Assurance - CCG Improvement and Assessment Framework (appendix 3)

24. NHS England has introduced a new Improvement and Assessment Framework for CCGs (CCG IAF) from 2016/17 onwards. The *Five Year Forward View*, and the Sustainability and Transformation Plans (STPs) for each area, have the “triple aim”: (i) improving the health and wellbeing of the whole population; (ii) better quality for all patients; and (iii) better value in a financially sustainable system. The new framework aligns key objectives and priorities and has been designed to supply indicators for adoption in STPs as markers of success.
25. The Framework covers indicators in 4 domains: Better Health, Better Care, Sustainability and Leadership.
26. The Forward View and the planning guidance set out national ambitions for transformation in a number of vital clinical priorities such as mental health, dementia, learning disabilities, cancer, maternity and diabetes. CCGs are to be given annual “Ofsted style” ratings for each of these areas using a selection of indicators taken from the CCG IAF.
27. Ratings have been published for the dementia, diabetes, mental health and cancer clinical priorities, and Newcastle Gateshead CCG has maintained its “Outstanding” rating for dementia and Diabetes and improved to a “good” rating for both cancer and mental health, compared to the previous assessment. These ratings compare favourably to other local CCGs in the area. The indicators highlighted in red within appendix 3 are where the CCG falls below the national target. Appendix 3 compares the CCG (blue dot) to the national (red line). An action plan has been developed for all areas detailing, where appropriate, more up to date actions and data. The ratings for learning disabilities, diabetes and maternity have not yet been published in 2017/18.
28. Despite continued good quality services and leadership, the CCG has been awarded an overall rating of “Needs Improvement”, in 2016/17, a rating largely due to the financial performance where a surplus of £10.7m was delivered against an expectation of £15.2m. the publication of the 2017/18 overall rating is expected in July 2018

Newcastle Gateshead CCG Quality Premium (appendix 4)

29. The Newcastle Gateshead CCG quality premium (QP) is intended to reward CCGs for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reductions in inequalities in access and in health outcomes.
30. The 2017/18 quality premium is based on a set of measures that cover a combination of national and local priorities as detailed in appendix 4. Areas which are currently at risk are as follows and appropriate actions are being implemented:
- IAPT Moving to recovery for BAME and IAPT access for 65+
 - Gram negative Bloodstream infections reduction

NHS Constitution (appendix 5)

31. The NHS constitution establishes the principles and values of the NHS and sets out the rights for patients and the public including the rights patients have to access services.

Key constitution indicators have been outlined in appendix 5 and the risks at the end of 2017/18 Feb were as follows:

- Diagnostics has been a national pressure and from Q2 2017/18 onwards we have experienced pressures at Newcastle Upon Tyne Hospitals (NUTH) NUH FT (MRI and radiology). National workforce pressures are being experienced at NUTH in MRI and Radiology which have put CCG performance at risk. Recovery actions are in place.
- A&E performance was marginally below the 95% standard at Gateshead Health NHS FT for March year to date at 94%. A&E performance was marginally below the 95% standard at Newcastle upon Tyne Hospitals at 93.9% in the year to March 2018. The 95% standard was met for Q2 at both Trusts however moving into the winter period, pressures were being experienced and the A&E improvement plans continue to be implemented at both Trusts, along with the plans to reduce Delayed Transfers of Care (DToC).

Children's Strategic Outcome Indicators (appendix 6)

32. It is only possible to report updated performance across 5 of the 8 outcome indicators reported in appendix 6, however the information is provisional at this time pending submission of annual government returns. Indicators PG21 and PG23 are based on academic year with the latest available values being 2016/17, which were reported in the previous update. Indicator PG24 is no longer reported. Out of the 5 updated indicators 2 have shown an improvement on the same time last year.
33. The numbers of referrals received by Children Social Care has decreased compared to the previous year, but remains slightly higher than the target of 450 per 10k population. The numbers of children subject to a child protection plan and who are Looked After remain higher than national averages, however are more in line with statistical and regional neighbours.
34. At the end of March 2018, 295 children were the subject of a child protection plan (a rate of 73.8 per 10k population) - a reduction from 313 at the same time last year. While the number of children subject to a child protection plan has reduced the number of LAC has increased. At the end of March 2018 there were 391 looked after children in Gateshead (a rate of 97.8 per 10k), an increase from 375 last year. This is higher than the England (62), North East (92) and Statistical Neighbour (89.2) rates per 10,000.
35. The percentage of children who experienced becoming the subject of a second or subsequent child protection plan increased from 16.4% last year to 18.4%. This is outside of the target of less than or equal to 15%. The placement stability of LAC being in the same placement for 2 or more years was 82.5% has seen a slight reduction compared to the same time last year, however remains well above the current target of 78%.

Adult Social Care Strategic Outcome Indicators (appendix 7)

36. The adult social care indicators are provisional pending submission of annual government returns at the time of writing and have 4 out of 9 adult social care indicators have shown improvement compared to the same time last year. Please also see the Better Care Fund section which contains further ASC Outcome Indicators.
37. The proportion of Clients receiving self- directed support has achieved the 2017/18 target of 95%, with 95.3% and is an improvement on same time last year. The proportion of carers receiving self-directed support, however, has shown a slight decrease compared to the previous year.
38. The proportion of clients in receipt of Direct Payments has improved from 21% as at the end of March 2017 to 22.2%, and has also achieved the target of 22% for the period. For carers, 32.1% have received direct payments, which is an improvement in performance compared to 2016/17 (24.2%) and the yearend target of 25% has been achieved.
39. The proportion of adults with learning disabilities in paid employment has increased (10.8%) compared to the same time last year (9.1%). Whilst this is an improvement in performance, the challenging target of 12% has not been achieved. The proportion of adults with learning disabilities living in their own home (64.8%) is lower than the yearend target of 76% and lower than the same time in 2016/17 (73.3%).
40. There were 13.9 permanent admissions for people aged 18 to 64 per 100,000 population during April to March 2017 (17 people). This is significantly higher than the 6.5 reported in 2016/17 (8 people). The sharp increase can be attributed to several individuals recorded as Short-Term Care but should in fact have been recorded as permanent. Measures have been put in place to ensure that this does not happen in the future.
41. The latest data available for adults in touch with secondary mental health services in paid employment (ASCOF 1F) and living independently (ASCOF 1H) covers the period April to February 2017/18. The proportion in paid employment is 5.4% which is lower than February 2017 (6.5%), and lower than the target of 6.7%. For those in settled accommodation performance of 48.6% is also lower than February 2017 (49%), and is currently below target (50.0%).

Recommendations

42. The Health and Wellbeing Board is asked to consider current performance and comment on any amendments required for future reports.

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Appendix 1: Gateshead Local Authority Public Health Strategic Indicators (Compared to England Value)

Significantly better than the England Average ●
 Not significantly different to the England Average ●
 Significantly worse than the England Average ●
 Significance is not calculated for this ○
 North East Average ◆

Indicator	Data Period	Count	Gateshead Value	N/E Average	England Average	England Worst	England Range	England Best
LL4. Decrease the Percentage of People who are Dissatisfied with Life (%)	2016/17	-	4.9%	5.1%	4.5%	8.5%		2.8%
LW2. Prevention of ill Health: Prenatal Outcomes (% of mothers smoking at time of delivery)	2016/17	312	14.5%	16.1%	10.7%	28.1%		2.3%
LW4. Reduce Excess Weight in 4-5 and 10-11 year olds (4-5 yo) (%)	2016/17	435	22.0%	24.5%	22.6%	28.2%		15.0%
LW4. Reduce Excess Weight in 4-5 and 10-11 year olds (10-11 yo) (%)	2016/17	727	38.5%	37.3%	34.2%	43.9%		25.3%
LW13. Stabilise the Rate of Hospital Admissions, per 100,000 for Alcohol Related Harm	2016/17	1966	990	866	636	1151		388
LW15. Gap in the employment rate between those with a learning disability and the overall employment rate (% point)	2016/17	-	62.3 (% points)	64.5 (% points)	68.7 (% points)	81.3 (% points)		48.2 (% points)
LW16. Equalities Objective - Hospital Admissions for self harm, rate per 100,000 (10-24 yo)	2016/17	147	422.7		404.6	603.3		275.8
LW17. Gap in employment rate for those in contact with secondary mental health services and the overall employment rate (% point)	2016/17	-	65.8 (% points)	61.8 (% points)	67.4 (% points)	80.0 (% points)		53.4 (% points)
LW18. Excess under 75 mortality rate in adults with serious mental illness (Indirectly Standardised Ratio)	2016/17	-	397.3	461.2	370.0	570.4		164.8
LW19. Reduce Mortality From Causes Considered Preventable (Rate per 100,000)	2014-16	1386	239.1	228.3	182.8	330.0		129.7
LW20. Healthy Life Expectancy at Birth (Male) (Years)	2014-16	-	59.1 years	59.7 years	63.3 years	54.3 years		69.9 years
LW21. Healthy Life Expectancy at Birth (Female) (Years)	2014-16	-	60.6 years	60.6 years	63.9 years	54.6 years		71.1 years
(LW22. Gap in Life Expectancy at Birth Between each Local Authority and England as a whole (Male) (Years)	2014-16	-	-2.0 years	-1.7 years	0.0	-5.3 years		4.1 years
LW23. Gap in Life Expectancy at Birth Between each Local Authority and England as a whole (Female) (Years)	2014-16	-	-1.9 years	-1.6 years	0.0	-3.7 years		3.6 years
LW24 Health Inequalities - Reduce the Inequalities in Life Expectancy across Gateshead (Male) (SII Years)	2014-16	-	9.6 years	-	-	14.9 years		3.2 years
LW25 Health Inequalities - Reduce the Inequalities in Life Expectancy across Gateshead (Female) (SII Years)	2014-16	-	8.8 years	-	-	13.9 years		1.1 years
PG20. Reduce the % of children in low income families (formerly children in poverty) (2013)	2015	7720	19.4%	21.5%	16.6%	30.6%		6.0%

Appendix 2: Gateshead Better Care Fund National Metrics

Indicator	CCG / Provider / LA	Latest Data Period	Month Actual	Actual to Date	Target to Date	2017/18 Target	Risk to Year End
Non-Elective Admissions (average per month)	Gateshead Local Authority	2017/18 Q3	N/A	15655	17064	22561	No risk
Permanent admissions of older people (65+) to residential and nursing care homes, per 100,000 population	Gateshead Local Authority	2017/18 Q4	N/A	719.8	954.6	954.6	No risk
Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Gateshead Local Authority	2017/18 Q4	N/A	80.9%	85.6%	85.6%	Risk
Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month) NHS and Social Care Attributed delays	Gateshead Local Authority	2017/18 Q4	N/A	926 days (Q4)	8.2 per 100k	6.6 / 1014 days (Q4)	No risk

Appendix 3: Improvement and Assessment Framework Clinical Priorities Ratings assessment 2017/18

Clinical Priority	Overall Rating	Metric	Current Value		Trend	Target
			Value	Change		
Dementia	Outstanding	126a	Dementia diagnosis rate	74.4%	↑	76.0%
		126b	Dementia post diagnostic support	80.7%	↓	80.7%
Cancer	Good	122a	Cancers diagnosed at early stage	49.4%	↓	52.3%
		122b	Cancer 62 days of referral to treatment (based on 16-17 Q1 to Q4)	86.6%	↓	90.5%
		122c	One-year survival from all cancers	69.1%	↑	69.1%
		122d	Cancer patient experience	8.9	○	8.9
Mental Health	Good	123a	IAPT recovery rate	49.8%	↑	52.7%
		123b	EIP 2 week referral	74.3%	↓	75.1%
		123c	MH - CYP mental health	95.0%	↑	95.0%
		123d	MH - Crisis care and liaison	85.0%	↑	85.0%
123e	MH - OAP	100%	↔	100%		

Appendix 4: Newcastle Gateshead CCG Quality Premium 2017/18

Indicator	CCG / Provider / LA	Latest Data Period	Month Actual	2017/18 Target	Risk to Year End
Cancers diagnosed at early stage	NHS Newcastle Gateshead CCG	2015	49.4%	4% improvement on 2016	National data not yet available
Overall experience of making a GP appointment	NHS Newcastle Gateshead CCG	July 2017	74.4%	77.4%	National data not yet available
Continuing Health Care (80% of Cases with a positive checklists where the eligibility decision is made by the CCG within 28 days)	NHS Newcastle Gateshead CCG	Q4 2017	84.7%	80%	No Risk
IAPT Access for older people and Recovery rate for BME Community	NHS Newcastle Gateshead CCG	Sep 2017	No improvement	Improvement on 2016/17 level	Risk
Bloodstream infections reduction	NHS Newcastle Gateshead CCG	March 2018	486 (Ecoli infections)	376 (Ecoli infections)	Risk
65% applicable patients go to a stroke unit within 4 hours	NHS Newcastle Gateshead CCG	April 17 to July 17	77.1%	65%	No Risk

Appendix 5: NHS Constitution

Indicator	CCG / Provider / LA	Latest Data Period	Performance	2017/18 Target	Risk to Year End
18 Week Referral to Treatment (Incomplete Pathways)	Newcastle Gateshead CCG	Feb-18	93.9%	92%	No current risk
RTT 52 weeks for treatment	Newcastle Gateshead CCG	Feb-18	0	0	No current risk
A&E 4 Hour Waits	NuTH	March -18	93.9% (Mar YTD)	95%	Risk
	GHNT	March -18	94.6% (Mar YTD)	95%	Risk
62 days Referral to treatment for suspected Cancer	Newcastle Gateshead CCG	March 18	86.6%	85.0%	No current risk
Ambulance response times	<ul style="list-style-type: none"> July 2017 – New set of NHSE performance standards for the English ambulance services through the national Ambulance Response Programme (ARP). No national reporting of Ambulance response times until April 2018. 				
< 6 weeks for the 15 diagnostics tests	Newcastle Gateshead CCG	March 18	98.9%	99%	Risk
	GHNT	March-18	99.5%	99%	No current risk
	NuTH	March-18	98%	99%	Risk

Appendix 6: Children's Strategic Outcome Indicators

Indicator Description	Current month previous year (Apr-Mar 2016/17)	Performance Apr-Mar 2017/18	Year End Target	Traffic Light	Trend (Compared to same period last year)
PG21 - Readiness for school: Children achieving a good level of development at age 5 (Early Year Foundation Stage scores) – New Definition	69.9%	Not available	Awaiting government guidance on future of this indicator		-
PG23 - Increase the % of children attaining the expected standard at the end of KS2 (<i>New - used from summer 2016</i>)	68% (academic year 2016/17)	Not available	85% (2020 target)	-	-
PG24 - Achievement of 5 or more A*- C grades at GCSE or equivalent including English and Maths (<i>final year was 2016 with 2017 first year of the new 1-9 grade</i>)	N/A	N/A	This indicator is no longer reported or produced		-
Rate of children's services referrals per 10,000 (cumulative indicator)	462.3	455.8	450	Not met target	Improved
LW6 - Number of Children with a Child Protection Plan per 10,000	78.3 (313 CYP)	73.8 (295 CYP)	58 per 10,000	Not Met Target	Improved
Children who are subject to a second or subsequent child protection plan	16.4%	18.4%	Less than 15%	Not Met Target	Decreased
Number of looked after children per 10,000	93.3 (375 CYP)	97.8 (391 CYP)	Less than 84.9 per 10,000	Not Met Target	Decreased
% of Looked After Children living continuously in the same placement for 2 years	88.8%	82.5%	78%	Met Target	Decreased

Appendix 7: Adult Social Care Strategic Outcome Indicators

Indicator Description	Current month previous year (Apr-Mar 2016/17)	Performance Apr-Mar 2017/18	Year End Target	Traffic Light	Trend (Compared to same period last year)
ASCOF 1C (part 1A) Proportion of Clients receiving self-directed support	91.9%	95.3%	95.0%	Met target	Improved
ASCOF 1C (part 1B) Carers receiving self-directed support	87.4%	86.7%	95.0%	Not Met Target	Decreased
ASCOF 1C (part 2A) Proportion of clients receiving direct payments	21.0%	22.2%	22.0%	Met target	Improved
ASCOF 1C (part 2B) Proportion of carers receiving direct payments	24.2%	32.1%	25.0%	Met target	Improved
ASCOF 1E Proportion of adults with learning disabilities in paid employment	9.5%	10.8%	12%	Not Met Target	Improved
ASCOF 1F Proportion of adults in contact with secondary mental health services in paid employment	6.5% (Feb 2017)	5.4% (Feb 2018)	6.7%	Not Met Target	Decreased
ASCOF 1G Proportion of adults with learning disabilities living in their own home or family	73.3%	64.8%	76%	Not Met Target	Decreased
ASCOF 1H Proportion of adults in contact with secondary mental health services living independently, with or without support	49% (Feb 2017)	48.6% (Feb 2018)	50%	Not Met Target	Decreased
ASCOF 2A(i) 18-64 Permanent admissions to residential & nursing care homes (rate per 100,000 population)	6.5 per 100k	13.9 per 100k	4.1	Not Met Target	Decreased