

# **Adult Health and Wellbeing Performance Assurance Report**

## **High level summary for Month 5**

### **1. Strategic Performance**

#### **Introduction**

This summary report gives details of month 5, year to date performance for 2011 – 2012 and contains details of performance against the local and national indicators for this year.

A large number of performance indicators for health, social care and housing are monitored each month, for the purposes of formal performance monitoring there are a prioritised range of indicators for each strategic objective against key national objectives, where performance is likely to be challenging and actions are being prioritised. These exceptions in performance are reported in the performance scorecard attached at Annex One and a summary of these is set out in section 2 operational performance – Overview for August (Month Five).

#### **QIPP**

The QIPP scorecard is included at Annex 1A. Key issues relating to Quality and Contracting are summarised in section 3, and finance in section 4.

### **2. Operational Performance**

#### **Overview of operational performance for August 2011 (Month 5)**

At the end of August we are able to see which areas are performing well against targets and which ones require actions for improvement. Performance against targets in the new Operational and Outcome Frameworks are being monitored, with the exceptions reported in the individual reports in the main report. Summaries of the reports are detailed below:

The data for the indicators within Public Health are mainly reported quarterly or annually and there will be a full report in November for Quarter Two. The monthly smoking target was narrowly missed in August. Final quarter two data is not available until December but we are confident that the target will be met. There is also an update on Chlamydia screening which remains under target at 10.3% of the eligible population against a 25% end of year challenging target. There is also an update on the NHS Health Check programme. Despite a delay in starting the programme we are on track to offer 18% of the eligible population (9540 offers) a NHS Health Check during 2011/12.

In Primary Care additional dental access capacity has been tendered in the Paulton locality where the provider is able to take on more NHS patients with immediate effect. There has also been a review of the out of hour dental access and its proposed move to a new location in Bristol. All programmes for QIPP in

Primary Care 2011-12 are on track and have been given a green rating in a recent external review of the QIPP programme.

In Medicines Management, primary care prescribing is performing well and there has been an improvement in the High Cost Drugs performance. There has been a review of Controlled Drugs Assurance.

With Unplanned Care, performance on delayed transfers of care has improved in July and August at the RUH and the year to date performance is currently 3.6% which is amber against a national target of 3.5%. However, performance is not being met against the local stretch targets shown on the attached performance scorecard (appendix 1). Performance continues to be monitored closely by the Bath Urgent Care Network, particularly as the winter approaches. The stroke performance has continued to improve and the target for people who have had a stroke spending at least 90% of their time on a stroke unit was met in August with performance for B&NES patients at 93.3% against an 80% target. The response time targets for the ambulance service has continued to be met in August. We are also pleased to report that all of the A&E Quality Indicators have been met in August.

For social care, the proportion of older people who were still at home 91 days after discharge from hospital into re-ablement services has dipped in August to 92% against a 95% target. This target is a more challenging target from the 90% set in 2010/11 but has been set to reflect the investment in this area. The target for carers receiving a service or advice and information as an outcome of an assessment or review is improving each month and is forecast to be met at year end. Performance has been affected by the increase in the number of social care users with the timeliness of social care assessment indicator which is 84.3% against a 90% target although this is still an improvement on last year which was 79.3%. The AWP data has not been provided for the timeliness of social care packages, enquiries are being made into the reasons for this. The proportion of people who use social care who receive self directed support and those receiving direct payments target is on target to be met at year end with YTD performance in August at 52.6% against a year end target of 60%.

In Planned Care, performance against all the cancer targets remains good. The position with Referral to Treatment Times (RTT) is improving and was met in August for both admitted and non admitted patients. The Cancelled Operations not rebooked within 28 days target is still not being achieved with performance at 15% against a less than 5% target. The RUH have action plans in place and have given their assurance that performance will improve in this area.

Within Mental Health month 5 performance shows some improvement locally but remains a concern across AWP for associate commissioners. Whole trust trajectories for improvement by Quarter 3 on 10 agreed targets have now been agreed by commissioners and steps will be taken to serve an improvement notice if these targets are not achieved. The key PCT/LA operating plan commissioning targets are being met by AWP although we are currently slightly under performing on service users being in settled employment which is at 17% on target of 18%

(amber). This is a difference of 8 clients and is not a cause of concern at this stage.

The Substance Misuse performance data is reported quarterly and an update on Q2 will be given in next months quarterly report. Performance improved across most performance areas during Q1 and it is anticipated that these will show continued improvements. As anticipated there was some deterioration in some areas (planned exits, waiting times, Hepatitis B vaccinations and TOP) during the commissioning period of consolidating providers from three to two. An action plan is in place to support Public Health commissioners' work on the B&NES alcohol strategy and also the actions that are being taken to improve performance with the uptake of Hep C testing and vaccination against Hepatitis B.

The Learning Disabilities Teams are narrowly missing the trajectory for people with a learning disability in paid employment which is 7.3% against a 7.6% target. There has been a significant increase in the number of adults recorded as living in settled accommodation, which has been the result of data cleansing rather than a real increase/change in number of people. This figure now more accurately reflects the true picture and is 62% against a trajectory of 54%. The number of adults with learning difficulties with a Personal Budget (PB) is significantly under target, 55.5% against a 100% target, detailed analysis is currently being undertaken to understand the reasons behind this. There has been a continuous improvement in this area since the beginning of the financial year, with the overall number of adults in receipt of a PB rising from a recorded figure of 112 in April 2011 to 136 at the end of September 2011. Please see the full report for details of the Pooled Budget arrangements for 2011/12.

The procedural timescale performance in Safeguarding with CHSCS now Sirona Care and Health C.I.C, continues to improve or remain the same with 95% of timescale events being carried out on time, with the exception of indicator 2b (Percentage of strategy meetings/discussions held with 8 working days from date of referral). For AWP, with the exception of indicator 1 (Percentage of decisions made in 48 working hours from the time of referral), AWP are performing well and achieving procedural timescales with 94% of event being carried out according to the procedure. Transition to a New Safeguarding Procedure (non delegated responsibilities) was implemented from 1st Oct 2011.

Housing Services has 27 performance indicators for 2011/12. There are no changes or areas for concern with performance this month. A significant number of indicators are for quarterly reporting and an update for quarter 2 will be given next month.

### **3. Contracts and Quality**

#### **Quality in Commissioning**

##### **Dignity and nutrition for older people: CQC Report published October 2011**

CQC carried out unannounced inspections at 100 NHS acute hospitals in England. CQC checked two 'outcomes' during each inspection: Outcome 1, which is 'respecting and involving people who use services,' and Outcome 5, 'meeting nutritional needs'.

Of the 100 hospitals inspected, CQC found overall that:

- 45 hospitals met both standards (they were 'fully compliant').
- 35 met both standards but needed to improve in one or both (they were 'fully compliant, with improvements suggested').
- 20 hospitals did not meet one or both standards (they were 'non-compliant, with improvements required').

Neither the RUH nor RNHRD were inspected on this occasion, the only trusts that were selected from services that commission from elsewhere were United Hospitals Bristol (UHB) and North Bristol Trust (NBT) where remedial actions were required. For further details on the outcome of these please see the full report.

#### **Local Assurance for Privacy and Nutrition**

NHS B&NES has a programme of quality assurance visits for all providers; within these visits we ask patients questions about privacy and nutrition. Two quality assurance visits have been carried out since the last report, these were to the Rheumatology ward at RNHRD and Marlborough Ward (Older persons short stay ward) at the RUH. No issues were highlighted at these visits by patients or staff relating to privacy or nutrition. We also have a number of requirements for privacy and nutrition in the contract which we review at least on a quarterly basis. The Assistant Director for Performance and Quality has also carried out 2 Eliminating Mixed Sex Accommodation (EMSA) visits to RNHRD and the RUH since the last report. Both organisations are on schedule to complete actions in their Privacy and Dignity plans for 2011-12.

#### **Infection Control**

We are pleased to report that performance against the infection indicators is on target with all our providers.

#### **Investigation training**

The PCT hosted a day for staff from all providers across the health community including GPs, there were 29 attendees and the training focused on how to carry out a Root Cause Analysis on serious incidents and how to write a report. The importance of sharing learning across the health community was discussed.

## **Contract Update**

### **RUH**

The Month 5 contract position for the RUH shows a year to date adverse variance of £798K against plan, compared to £883K in M4. However, this is understated as the migration to Millennium has resulted in a number of unreported spells and OP attendances being excluded from the M5 finance and activity report.

### **RNHRD**

An over spend continues to be reported for RNHRD at month 6 mainly due to anti-TNF prescribing expenditure for Rheumatoid Arthritis. QIPP has been installed to reduce anti-TNF spend and is expected to be delivered in year but outweighed by growth in overall prescribing.

### **Sirona Care & Health C.I.C. (CHSCS)**

Community health and social care services successfully transferred to Sirona Care & Health C.I.C on 1<sup>st</sup> October 2011.

### **UHB**

The Month 5 contract position for UHB shows a year to date overspend of £116K which represents a 2% increase above plan.

### **NBT**

The Month 5 contract position for NBT shows a year to date overspend of £239K which represents an 11% increase above plan.

### **ISTC**

The ISTC contract for 2011/12 has been set at £2.6M, 83.5% of the originally agreed anticipated position. Under the terms of the ISTC contract B&NES must pay a Guaranteed Fixed Value (GFV) and any under utilisation against this equates to a cost pressure. UKSH have recently confirmed that all activity previously undertaken under the wave 1 contract at Shepton Mallet Treatment centre will from 1<sup>st</sup> April 2011 be counted against the wave 2 contract and so reduced the underperformance of GFV being reported. The latest reported position by the DoH identifies an 11/12 YTD under spend of £210k against the GFV.

## 4 Finance Summary

The overall forecast income and expenditure position for the Partnership as at the end of September 2011 is summarised in the table below.

	Annual Budget £000	Forecast Actual £000	Variance £000
Health Commissioning	287,846	285,161	(2,685)
Health Provider Performance	0	0	0
<b>Total Health</b>	<b>287,846</b>	<b>285,161</b>	<b>(2,685)</b>
Social Care & Housing Commissioning	39,581	38,580	0
Social Care & Housing Service Delivery	17,593	17,593	0
<b>Total Social Care &amp; Housing</b>	<b>57,174</b>	<b>56,173</b>	<b>(1,001)</b>
<b>Total Partnership</b>	<b>345,020</b>	<b>341,334</b>	<b>(3,686)</b>
<b>Memorandum - commissioning</b>			
Health Commissioning	287,846	285,161	(2,685)
Social Care & Housing Commissioning	39,581	38,580	(1,001)
<b>Total Commissioning</b>	<b>327,427</b>	<b>323,741</b>	<b>(3,686)</b>
<b>Memorandum – service delivery</b>			
Health Provider	24,478	24,478	0
Social Care & Housing Service Delivery	17,593	17,593	0
<b>Total Service Delivery</b>	<b>42,071</b>	<b>42,071</b>	<b>0</b>

*Note: Health reporting requires the cost of services commissioned from PCT's own provider to be included in commissioning spend and shown separately on a memorandum basis*

The forecast for the Partnership is for an underspend of £3,686k, which represents an underspend of £1,001k for Social Care and Housing and the achievement of the required £2,685k surplus for the PCT.

For further information on the financial position please refer to the full report.