

Item No.	Classification: Open	Date: July 2nd 2009	Meeting: Health and Social Care Board
Report title:		Integrated Health and Social Care Performance Report Quarter 4 2008/09	
Ward(s) or groups affected:		All	
From:		Adrian Ward, Acting Director of Performance, Southwark Health and Social Care	

1. Recommendation to the Board

1.1 That this report is noted.

2. Background/ context

2.1 This report sets out the performance position for Quarter 4, 2008/09 and draft full year outturn in accordance with the integrated performance management framework of Southwark Primary Care Trust (PCT) and Southwark Council's Adult Social Care services. The table in **Appendix A** sets out the full scorecard of indicators.

3. Key issues for consideration

3.1 **Local Area Agreement (LAA) targets:** See separate report on the agenda.

3.2 **Adult Social Care indicators:** as previously reported to the Board, problems with the system for recording client information have become apparent this year, creating difficulties with in-year performance monitoring. In addition, the finalisation of 2008/09 performance indicators for social care has highlighted a number of important areas of concern. These are:

- **Timeliness of social care assessment** (period from initial contact to completion within 28 days): provisional performance is 64.5% is disappointing compared to performance on the equivalent PI last year 86%, (although the PI has been subject to some technical changes and is not strictly comparable). Further analysis is being undertaken to check the accuracy of end-date recording, and qualitative work is underway to identify the sorts of issues causing delays. The key factor identified so far is around Occupational Therapy capacity, accounting for around half of the longer waits. This is an issue around which there have been some initiatives this year, and has been linked to the high volume of referrals arising from the high levels of social housing. There are also practice issues around holding assessments open longer than required which can be resolved with relative ease. The target will be the subject of an improvement plan taking these findings into account.
- **Timeliness of care packages** (period from completion of assessment to care package being put in place within 28 days): 85% of service users had their service in place within 28 days, a slight decline from 87% last year. However this had been an area for improvement with a local target of 95%. Again the reasons behind this will be analysed further and subject to an improvement plan.

- **Delayed transfers of care:** performance was within target and remains comparatively strong, but there was an upward trend in the year, which needs examining. There has been a 3.5% increase in acute admissions during the year which is clearly a factor.
- **Admissions of older people to care homes:** The rate of admissions of older people to care homes has increased slightly during the year, with 207 admissions compared to 197 last year. This runs contrary to the strategic direction we are seeking but is not out of line with the growing levels of need arising from the increased over 85 year old population in particular. **Admissions of younger adults to care homes** have declined, although the completeness of this data is being checked.
- **Reviews of clients:** although no longer a National Indicator, the % of clients reviewed during the year is an important local measure which fell from 77% to 69% on the latest data. Further work is being undertaken to establish the extent to which this may be a recording issue. Qualitative work is underway to identify more effective ways of ensuring that clients are reviewed, and this will be built into improvement plans.
- **Carers whose needs were assessed or reviewed by the council in the year who received a specific carers' service, or advice and information:** Headline performance has dropped significantly, although underlying performance has not. In previous years Southwark had included self assessment undertaken by known Carers which enabled them to fix breaks or respite funded by the Carers Grant, an approach that is in line with personalisation i.e. self determination of support and care requirements. Southwark has continued to allocate funds at a significant level, but in the calculation stricter criteria have been applied to the definition of what constitutes a carer's needs assessment, which is a pre-requisite for the service to be counted in this PI. This year the stricter definition that there must be a more formal carer's community care assessment undertaken was applied. These are relatively few in number compared to the 1775 carers' service users, so headline performance has reduced. Applying the old criteria performance would not have been so significantly reduced.
- **Self-directed support:** there has been some improvement from 159 to 219 users of direct payments but this is significantly below the target. See LAA report on this agenda for further analysis.

Good performance was maintained in the following adults social care areas:

- **Achieving independence through rehabilitation and intermediate care:** this new National Indicator measures the proportion of older people discharged from hospital to their own home or to a rehabilitation service, with a clear intention that they will move on/back to their own home who are at home three months after their discharge from hospital. Although benchmarking data is not available the Southwark result of 93% appears to be a good outcome.
- **Intensive homecare PIs:** good rates of intensive homecare continue to be recorded.
- **Community equipment:** delivery within timescales further improved during 2008/09, from 91.8% to 94.8%, which is strong performance.
- **Homecare user survey:** Although national benchmarking data is not available to assess performance, the key PI arising from this survey for Southwark is encouraging in that there is an 83.9% net satisfaction rate. Within this, out of 458 service users replying to the question "**Overall, how satisfied are you with the help from Social Services that you receive in your own home?**" 15.5% were

extremely satisfied, 34.1% very satisfied, 34.3% quite satisfied, 8.7% neither satisfied or dissatisfied, 4.8% quite dissatisfied, 0.9% very dissatisfied and 1.7% extremely dissatisfied.

3.3 World Class Commissioning Outcomes

There are 10 key outcomes on which Southwark PCT will be assessed as part of the world class commissioning process. Good performance is considered to be achieved when the rate of improvement on the baseline exceeds comparable rates of improvement. The next assessment will be in 2010. For this first year the following summary of results is as follows:

- **Deprivation indices:** Southwark's 2007 position is 25th most deprived borough nationally (up from 17th in 2004) and 8th in London (6th in London). This is not likely to be subject to a refresh until national data is released in 2010/11.
- **Life expectancy:** Southwark 2005-07 rates show that the targets set centrally to contribute to the health inequalities target have been exceeded by a comfortable margin. Male life expectancy has increased to 77 years, 0.9 years below the London average. Female life expectancy has increased to 82 years, in line with the London average.
- **Infant mortality:** data released for 2007 shows a significant increase after a period of steady decline and the 3 year pooled rate for 2005-07, on which the outcome measure is based, has increased from 6.0 to 6.4 (deaths of children under 1 year per 1000 live births). Southwark's relative position has worsened as a result and has increased to 2nd highest in London. Although this data relates to a period before the World Class Commissioning process commenced it is likely to have an adverse impact on the next assessment.
- **Healthy weight in Children:** as previously reported on in detail the 2008/09 results confirmed that rates remain amongst the highest in the country, despite an improvement in the Year 6 rate in line with targets to 26%, and 14.4% in reception. The 2009/10 heights and weights survey results should be available in October to assess if there has been any improvement.
- **CVD mortality rates:** as previously reported the operating plan targets met for 2005-07
- **Cancer mortality rates:** as previously reported the operating plan reported operating plan targets met for 2005-07.
- **Patient survey:** results not published at time of drafting this report
- **Diabetes:** latest performance (2007/08) on this measure relating to blood sugar monitoring of registered diabetics is in line with target. 2008/09 is being confirmed.
- **Increased Access to Psychological Therapies:** the numbers accessing the new service are beginning to build up as the number and capacity of those in post gains momentum, staff training is completed and the first users complete treatment. As a result performance is currently under the initial trajectory at this stage, as would be expected, and it is too early to assess whether longer term trajectories will be met.
- **Substance misuse numbers in effective treatment:** the problems with this target are discussed in the separate report on LAA targets on this agenda.

3.4 **Quality and Outcomes Rating Qtr 4 and Annual Health Check forecast**

It has been a target for the PCT to deliver on its Operating Plan targets sufficiently for the Annual Health Check quality rating to move from Fair to Good. At present it is not possible to accurately predict the final results as some PIs have not been finalised and there is uncertainty about the threshold the Care Quality Commission (CQC) will apply to mark certain indicators. However there are some notable achievements that will contribute towards this as follows:

Targets expected to be met (subject to final CQC ratification) include:

- C.Difficile rates
- 18 weeks referral to treatment (acute sector – but not audiology, see below)
- Stroke care
- Existing cancer wait targets (Mar-Dec 08)
- Mortality rates (all ages all causes)
- CVD mortality
- Cancer mortality
- Smoking quitters (the first time the target has been achieved)
- Early access to maternity services
- Breastfeeding continuation
- Chlamydia screening
- Staff satisfaction
- Dental access
- A&E 4 hour waits
- Delayed transfers of care
- Ambulance response times (Category A - urgent)
- Diabetic retinopathy screening
- Early intervention in psychosis and Crisis resolution (mental health)
- Data quality on ethnic group

Targets not expected to fully met are:

- 18 weeks – data quality check paediatric audiology
- New cancer wait targets (January – March 09)
- Teenage conception rate (see also LAA report)
- Substance mis-use (see also LAA report)
- Ambulance (Cat B – non –urgent)

- Immunisation (although it should be noted that there has been progress in the year, in particular for MMR for 2 year olds for which the target of 75% was achieved)

There are also 2 patient survey PIs yet to be published which may have an adverse impact on the overall rating.

Overall it is not possible to make a firm prediction on the Fair/Good rating. Much depends on how the Care Quality Commission set the amber/red thresholds on those targets that have not been met, which is not yet known.

The chances of achieving "Good" overall have been greatly improved by achieving the targets in the previously identified risk areas of smoking cessation, maternity services access and breastfeeding continuation.

3.5 **Detailed indicator table** – the full table of performance indicators in the integrated framework is attached in appendix B with a commentary in Appendix A. Specific additional issues of interest in the table are:

- Mortality from suicide and undetermined injury (outcome 1): continued decline evident from 2005-7 data
- Mortality rate from causes considered amenable to healthcare (outcome 6): apparent gradual increase to be investigated further.
- Smoking in Pregnancy (outcome 7): apparent gradual increase needs considering
- Cervical screening and Breast screening (outcome 9): rates largely unchanged and below target.
- 'Flu' vaccinations (outcome 10): the 2008/09 campaign was much more effective than previous years, with a 5% increase in uptake to 69.8% (just short of the national target). This makes Southwark's performance more mainstream but there is still scope for improvement by addressing poor performing GP practice areas.
- Outpatients waiting over 13 weeks (outcome 25): 12 breaches bring us close to the amber threshold which would have impacted on the annual health check. These relate mostly to Barts' hospital where there was a considerable waiting list problem.
- GP practices offering extended opening: target of 50% met
- Productivity PIs: recent PIs suggest improvements can be made in GP referral rates and length of stay in hospital.

4. **Risk implications and Actions Taken (to include financial, legal and human resources)**

4.1 The key performance risks identified in this report are subject to action plans to improve performance.

5. Impact statements (Public and User involvement and implications and Equality and Diversity implications)

- 5.1 A large number of the new Vital Signs are classified as 'Health improvement and reducing health inequalities', and as a Spearhead Group PCT many of our Vital Signs focus on reducing inequality between different groups in the community. For example, aside from reducing the all age all cause mortality rate, the target also incorporates a reduction in the inequality between male and female mortality in Southwark.
- 5.2 For a number of Vital Signs, data may be broken down into groups (e.g. gender, ethnicity) and this will be monitored as part of our assessment of outcomes for different groups.

6. Appendices

- 6.1 The following appendices are attached to this report:
Appendix A: Health & Social Care Performance Indicators – Quarter 4 (2008/ 9)

