Health & Wellbeing Strategy

Performance Management Framework

Monitoring the indicators of the Health and Wellbeing Strategy for presentation to the Health and Wellbeing Board

AGEING WELL COMMENTARY REPORT: Quarter 3 2014/15

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AGEING WELL COMMENTARY REPORT: Quarter 3 2014/15

KEY CHANGES FROM THE PREVIOUS AGEING WELL REPORT:

1. *New release for injuries due to falls in the over 65s makes Bolton the best performing of our statistical neighbours;*
2. *We are below the new CMO target for flu vaccinations in the over 65s. The North West average achieves the target, suggesting this is also possible locally - especially given our high performance for the younger immunisation programmes;*
3. *Latest calculation shows Bolton has now identified 60% of those with dementia (via the QOF Register). Just above our peer average – Sandwell is the highest with over 70%;*
4. *Stroke admissions in the elderly have increased again, making us significantly the worst performing area of our peer group.*

AGEING WELL COMMENTARY REPORT: Quarter 3 2014/15

Although many older people live active lives and make a positive contribution to their community there are increased risks of poor health, deprivation, and isolation as age increases.

1.0 HELPING PEOPLE STAY WELL

1.1 PRIORITIES

- Ensure delivery of Ageing Well programme - Deliver the Affordable Warmth campaign;
- Ensure flu vaccination for older people and other priority groups including staff and carers;
- Deliver programme of health improvement brief intervention training in care homes.

1.2 OUTCOMES

Injuries due to falls: over 65s

Nationally, about a third of all people aged over 65 fall each year; the majority of hospital and social care activity for hip fractures is due to falls.

For the new indicator as described in the Public Health Outcomes Framework there are now three points in time published for this trend. Bolton's performance shows little change over the trend but this latest release places us as the best performing of our statistical neighbours (those areas most similar to Bolton) as well as being comfortably below the England average. The new figure (2012/13) shows 617 injuries due to falls occur in Bolton over the financial year, which is both consistent and low. Finally, Bolton performs significantly better than England across all the key breakdowns of this indicator: persons (65+), male (65+), female (65+), persons (65-79), and persons (80+).

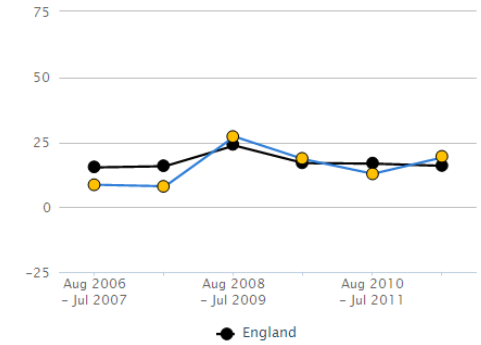
However, looking ahead we can estimate a 13% increase in the number of people aged 75+ admitted to hospital as a result of a fall by 2018.

Excess winter deaths

Peaks of mortality typically occur in winter, most commonly the result of factors such as cold snaps and increased circulation of respiratory viruses, in particular influenza.

The Excess Winter Deaths Index is the excess winter deaths measured as the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths. The latest three-year pooled figure for Bolton is 16.3; by single year the latest ratio for Bolton is 19.2 which is higher than both the North West and England, but not significantly so. Also, as illustrated below the local trend largely follows the national trend. The ratio for those aged 85 years and over in Bolton is slightly higher at 22.7, but this is consistent with both the national (22.9) and regional (21.8) picture.

4.15i - Excess Winter Deaths Index (Single year, all ages) Bolton Ratio



Period	Sig	Count	Value	Lower CI	Upper CI	North West	England
Aug 2006 - Jul 2007		75	8.6	0.3	17.6	15.9	15.6
Aug 2007 - Jul 2008		67	8.0	-0.4	17.2	15.0	16.0
Aug 2008 - Jul 2009		212	27.3	17.6	37.9	23.3	24.0
Aug 2009 - Jul 2010		143	18.5	9.2	28.6	17.2	17.2
Aug 2010 - Jul 2011		103	12.9	4.0	22.4	16.1	17.0
Aug 2011 - Jul 2012		151	19.2	9.9	29.3	15.2	16.1

Source: Annual Public Health Mortality File provided by ONS

Flu vaccinations: over 65s

A key priority nationally is to ensure people aged 65 and over are vaccinated against flu to ensure they do not develop flu complications and more serious illnesses such as bronchitis and pneumonia, which could result in hospitalisation. Following a notable period of increase, flu vaccination coverage has now stabilised into something of a plateau and we are consistently around the average for our peers.

The Chief Medical Officer has said that she wants to see 75% of the 65 years and older group vaccinated – this is an increase from the previous target of 70%. This means Bolton is now below the new target with coverage of 73.3% in the eligible population. Furthermore, the average 65+ flu vaccine uptake across our region is higher at 75.8%, suggesting that it is possible to improve local flu immunisation rates in this cohort. Bolton performs exceptionally well regarding vaccination coverage and immunisation in the younger population, making this difference more marked given such comparative high performance.

More positively however, Bolton has a higher than average uptake of flu vaccination in people with long-term conditions such as coronary heart disease, stroke, diabetes, and COPD. Though below the Chief Medical Officer's target for this cohort (65%), we do perform higher than England and more consistently with our region. Nevertheless, locally as well as nationally, there is still more work to be done to encourage pregnant women and frontline health care staff to take up the offer of the vaccine in order to protect themselves and prevent onward transmission of the disease to the wider population.

1.3 PROGRESS ON TASKS

Affordable Warmth is ongoing and the profile will be further raised at the end of October as an integral part of Bolton's 'Get Ready for Winter' campaign. Final discussions are taking place to replicate the previous success of the Hug in the Box and Winter Kit Bags. Winter planning is fully underway via the CCG Systems Resilience Group, the Health Economy Resilience Group and the Bolton Risk & Resilience Group. Most recently the CCG has tested its Incident Plans (including its Winter Plan) via a multi-agency exercise known as Skylark.

The Age UK Public Health programme has been reviewed and there are plans to align future activity to add value to the range of health improvement interventions being delivered as a result of the Staying Well programme.

The annual flu campaign is underway, particularly targeting over 65s, people with chronic health problems, pregnant women, and children. The national campaign is led by NHS England Local Area Team in partnership with Public Health England. Locally, NHS England, Bolton Council, Bolton CCG and Bolton NHS Foundation Trust have collaborated to devise programmes aimed at ensuring front-line health and social care staff have access to free flu vaccinations. Bolton Council is currently offering all staff free flu vaccinations via pharmacies or on-site delivery as part of the overall Council resilience and business continuity plans.

Regarding health improvement brief intervention training in care homes, early discussions are now taking place to link future activity into health and social care integration developments.

2.0 IDENTIFYING AND DEALING WITH PROBLEMS EARLY

2.1 PRIORITIES

- Pilot prevention and early intervention programme and evaluate (Staying Well);
- Ensure that services that are designed to support people to remain independent and in their own home are targeted at those who will benefit the most (Staying Well);
- Ensure early identification and effective management of dementia;
- Promote early symptom recognition of stroke.

2.2 OUTCOMES

Permanent admissions to residential and nursing care homes (65+)

Avoiding permanent placements in residential and nursing care homes is a good indication of delaying dependency; and research suggests that where possible people prefer to stay in their own home rather than move into residential care.

For 2013/14 Bolton has seen 858.4 (per 100,000) permanent admissions to care homes in people aged 65 and over. This is higher than England (668.4), the North West (776.6), and our statistical neighbours (721.5).

Reported vs. expected prevalence on GP dementia registers

Latest data shows that in Bolton 60.0% of those expected to have dementia are now on the dementia register. Since monitoring began, Bolton - along with many areas - has consistently increased its dementia register and our latest position pushes us above our peer group average. For context, Sandwell is our highest performing peer with a 71.4% diagnosis rate. There are currently 1,814 Bolton residents on the dementia register from an estimated local prevalence of 3,021.

Looking ahead, we can expect an 11% increase in the total number of people aged 65+ with dementia by 2018 (3,346 people, including 1,439 people aged 85+).

2.3 PROGRESS ON TASKS

Success of the pro-active Staying Well pilot and the potential for significant impact through scaling up investment in prevention and early intervention to reduce health and social care need has

informed the development of a more comprehensive, Borough-wide Staying Well model, incorporating three strands - proactive Staying Well, reactive Staying Well, and community capacity building. A more detailed update on this work is being delivered to the October meeting of the Health and Wellbeing Board.

CCG continue to monitor both Bolton Foundation Trust and Greater Manchester West regarding dementia diagnosis. There is ongoing work to ensure targets are met; there is no remedial work with organisations ongoing currently. In terms of integration there is ongoing work alongside service redesign and monitoring of training.

3.0 TAKING GOOD CARE OF THOSE WITH HEALTH AND SOCIAL CARE NEEDS

3.1 PRIORITIES

- Ensure a positive experience for older people by making sure that care, support, and treatment is of high quality, equitable, and accessible whilst ensuring value for money;
- Improve outcomes for stroke patients;
- Improve services for the management of dementia;
- Improve medicines management for older people;
- Better coordinate services for older people with long term conditions;
- Promote self-care by supporting people to manage their health conditions more effectively;
- Redesign urgent care services and ensure integration between health and social care.

3.2 OUTCOMES

Satisfaction of people who use social services with their care and support (65+)

This measures the satisfaction with services of people using adult social care, which is directly linked to a positive experience of care and support. Analysis of surveys suggests that the question used is a good predictor of the overall experience of services and quality.

In Bolton we perform slightly higher than our statistical neighbours with 65.6% of people satisfied compared to 64.8% across the peer group as a whole, while also performing above the England average (64.9%). However, none of these differences are statistically significant.

In August 2014, a generic questionnaire was developed to capture service user experience across the breadth of social care services for adults. This survey has been piloted through September in Laburnum Lodge to ensure that it is simple to complete and that it provides meaningful data for the service. Albeit the survey was piloted with a small sample of service users, the results were as follows:

- 91% very satisfied with the service they received;
- 90% either agreed or strongly agreed that they felt involved in planning their own support;
- 100% of respondents felt safe whilst receiving services;
- 90% indicated that they had all of the information that they needed;
- 100% of respondents felt listened to and that there comments were taken into consideration;

- All service users indicated that they would recommend the service to a friend;
- Over 90% of service users responding indicated that they were happy with catering and cleanliness;
- 91% identified that staff encouraged independence;
- The question around timing and variety of activities was only answered by three out of the 11 survey respondents and two of these were happy with the services they received.

Over the next couple of months, the Department will be planning the roll out of this survey to all in house social care services for adults.

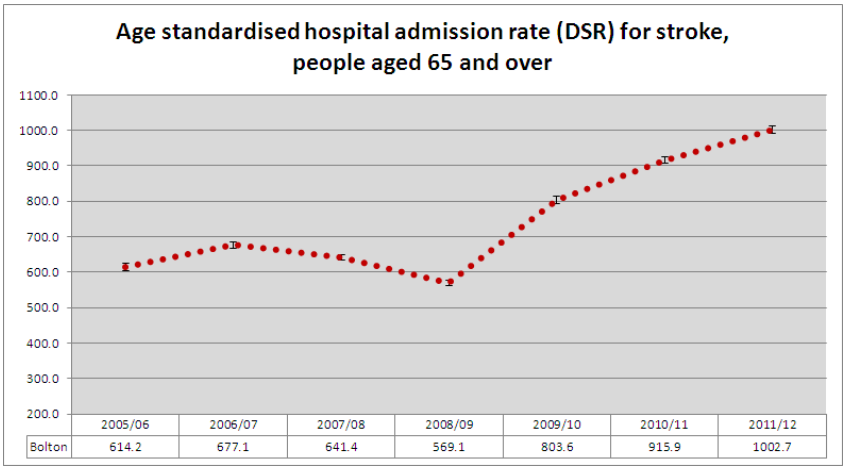
Older people (65+) still at home 91 days after discharge from hospital

This measures the benefit to individuals from re-ablement, intermediate care, and rehabilitation following a hospital episode by determining whether an individual remains living at home 91 days following discharge – the key outcome for many people using re-ablement services. It captures the joint work of social services and health staff and services commissioned by joint teams, as well as adult social care re-ablement.

For 2013/14 Bolton is slightly lower than its peer group for this indicator at 78.5% of people (compared to 82.5%). However, Bolton has a higher proportion of older people receiving re-ablement services after leaving hospital (6.2% compared to 3.3% in England and our peer group). Given the higher coverage of re-ablement services on offer in Bolton, that a similar proportion to England/peers are still at home 91 days after discharge is much more positive that first appears.

Rate of stroke admissions (65+)

Stroke admissions in Bolton for the older population have begun to increase significantly over the last few years and we are now considerably above all our statistical neighbours - this difference is notable, where Bolton has an admission rate of 1002.7 per 100,000 compared to 774.0 for our peer group, making us the worst performing of our group. This latest data was released February 2014 but refers to admissions made during 2011/12.



For context, Bolton also has a very high rate of premature mortality from heart disease and stroke. 'Longer Lives' ranks Bolton as having the second highest such mortality rate of our fifteen peer areas (107.8 per 100,000).

Looking ahead we can expect a 9% increase by 2018 in the number of older people in Bolton living with a longstanding health condition as a result of having had a stroke from 1,073 today to 1,170 by 2018 – an extra 100 older people.

3.3 PROGRESS ON TASKS

Regarding work to ensure a positive experience of care for older people, in general the quality of services appears to be improving and there are no specifics which need flagging up to Board at present. If this were to be the case we would have sight of any issue and escalate in a timely manner.

The CCG hold providers to account against any number of KPIs to enable action when performance measures are not met. Regarding Ageing Well, these KPIs are generally not age specific but clearly with performance in certain categories there is a link to age e.g. early diagnosis of dementia, memory assessment clinics, management of hip fractures, harm free care, and infection control in care homes, etc. Furthermore, the incident reporting system in primary care enables GPs to play a monitoring role on behalf of their patients - notifying the CCG as an early warning system of any issues that may be arising within commissioned services. This also serves to improve the quality and safety of General Practice as practices share internal incidents for learning across the health economy.

Work is ongoing to encourage the rational use of medicines in at-risk groups of patients including polypharmacy medication reviews. Work is also ongoing to ensure appropriate prescribing of antibiotics within GP practices, out of hours service, and domiciliary setting. Progress in assessed against a reduction of clinically inappropriate items prescribed for cohort of patients measured against overall growth of prescribing; formulary adherence measured via epact data. This is monitored monthly.

There are a number performance indicators within the Adult Services performance framework which relate to the Health and Wellbeing Strategy priority: 'Ensure a positive experience for older people by making sure that care, support and treatment is of high quality, equitable, accessible whilst ensuring value for money'. Under the outcome 'Improve Service Quality', ASCOF measure 3A looks at the overall satisfaction of people who use services with their care and support, and is derived from the annual Adult Social Care Survey. Bolton was able to report on this year's survey in August of this year; and this showed that Bolton's performance has improved on this measure, up to 65.6% from 64.3% last year with the direction of travel going up and Bolton ranking 11 out of 23 in the North West region. Another important element of this priority involves the breadth of services delivered across the health and social care landscape, particularly across domestic, residential and hospital settings, with a focus on those services supporting older people when they return home from hospital and vice-versa. As such, indicators concerned with re-ablement are an important and developing part of this will feature within Domain 2 of the ASCOF, 'Delaying and reducing the need for care and support'. Bolton has maintained strong performance on (ASCOF 2B (2)) 'Proportion of older people (aged 65 or over) who were offered re-ablement services following discharge from hospital'. A number of regional neighbours are improving on this indicator but Bolton is still ranked 3rd out of 23 areas in the North West and our performance is twice as good as the regional and national average. This indicator is paired with 2B (1): 'Proportion of older people (65 and over) who

were still at home 91 days after discharge from hospital into re-ablement services', which is also part of the NHS Outcomes Framework. This is a challenging indicator where performance can be rather changeable and Bolton's North West ranking has fallen to 17th out of the 23 areas, with performance a little below the regional and national averages.

Furthermore, we are developing a range of methods for capturing customer experience. This includes a revised complaints process, a common customer satisfaction survey across all Adult Social Care services, use of the Friends and Families Test question, service quality customer reference groups, use of social media, and comment cards etc. All of which emphasise learning and continual service improvement. Much of this will be ready for roll-out towards the end of this year.

The increase in stroke admissions could be related to 'coding changes' as a result of stroke service re-configurations which are still taking place. However, the CCG and Bolton Foundation Trust are focusing on the stroke pathway and improving the experience of patients who suffer a stroke, as well as some detailed pathway work on TIA to prevent future strokes. In addition, a pulse checking programme began during 2011/12 and since then GP practices are regularly reminded during education events the importance of carrying out pulse checks. Pulse checking screens for irregular heartbeats (atrial fibrillation) as this is a major risk factor for stroke, particularly in the elderly and those at risk of a second stroke. Bolton's atrial fibrillation register has increased each year, suggesting improved diagnosis (especially as our diagnosis gap to England is reducing); this means improved monitoring and control of this risk factor in the population. NHS Health Checks also includes pulse checks and we have very good local coverage.

The CCG continues to monitor Bolton Foundation Trust KPI as part of the NHS Constitution. Year to date performance against a target of 80% of persons spending 90% of time on the Stroke Unit is currently 82.1%. The CCG Board regularly receives performance updates. In terms of TIA, Year To Date is below the 60% target at 55.9%. Work is commencing in Autumn 2014/15 to review the patient pathway to increase performance, but more importantly improve patient experience.

4.0 ADDRESSING THE NEEDS OF THE VULNERABLE AND COMPLEX

4.1 PRIORITIES

- Safeguard the vulnerable and ensure dignity.

4.2 OUTCOMES

Proportion of people who use services who say that those services have made them feel safe and secure (65+)

Safety is fundamental to the wellbeing and independence of older people using social care. Though a reduction from the previous release, Bolton shows a comparable performance to our peer group in 2013/14 – 75.5% of older people in Bolton feel safe using services compared to an average of 76.9%. We currently perform just below the regional and national averages, but not significantly so.

Emergency readmissions (75+)

Following a recent peak in our readmission rate the trend has now reversed and we are now the best performing of our comparator group with a readmission rate of 13.5% for this age group, compared to an average 16.3% and a maximum 18.6%. For context the England readmission rate is 15.3%.

4.3 PROGRESS ON TASKS

The CCG and Bolton Foundation Trust are in discussions regarding the redesign of urgent care services for all patients in order to assess the 'right model' for patients. In terms of developments relating to Ageing Well, a new Frailty Unit opened in February 2014, providing dedicated ambulatory and a bedded unit managed by the Elderly Care Consultants in partnership with a multi-disciplinary team to proactively meet the needs of elderly patients. The unit is a focal point for hospital and community services for the elderly and aims to limit length of stay to approximately 72 hours and discharge back to normal residency rather than to extend length of stay on a complex care Ward. The Unit has Consultant input seven days a week with daily MDT meetings.

Furthermore, establishing an alternative pathway for the frail elderly patient who meets the admission criteria for an Acute Frailty Unit will ensure that patients are in the right place on the first move. The focus is on early, multi-professional assessment, intervention and supported discharge. It is envisaged that this pathway will decrease length of stay for these patients and return to their preferred place of stay.

Once the service user questionnaire (mentioned previously) is rolled out, it will be possible to report back against the measure of 'I felt safe whilst receiving my care' for service users accessing Local Authority run adult social care services. The Local Authority is currently overseeing the statutory Carers Survey 2014/15. As part of this survey carers are asked how they feel about their personal safety. The final results of this survey are due in 2015, but any responses indicating that there is a safeguarding issue for carers is logged and reported through to social care as the survey is returned.

The measures of success within this priority cover three ASCOF user experience measures, also derived from the Adult Social Care Survey. Measure 4A is determined by establishing the percentage of those responding to the Adult Social Care Survey who state they "feel as safe as they want". 4B is then drawn from a follow-up question which measures the proportion of people who use services who say that those services have made them feel safe and secure. Bolton's performance on 4A has improved slightly when compared to 2013, but both indicators are performing below the North West and national averages. Bolton performs better on indicator 4B, within the middle 50% in the region, which suggests services are effective in reassuring service users, but this year's result has declined slightly when compared to last year. The third measure, 4C, is currently under development and is looking at the proportion of completed safeguarding referrals where people report they feel safe.

In addition, the Department is now monitoring the regional indicator measuring the number of completed safeguarding referrals in the year, per 100,000 population. Bolton currently ranks 21 out of 23 authorities in the region for this figure and this can be partly explained by an issue with previous systems for recording local safeguarding activity. The position as an outlier is

acknowledged by the Safeguarding Board and this area has been prioritised for further work and improvement as a key outcome for 2014/15. The Quality and Performance Sub Group of the Board are picking up these issues going forward and it is expected that the resolution of local data quality issues and improvements in data sharing arrangements with partner agencies will improve this figure.