

**NHS HEREFORDSHIRE (PRIMARY CARE TRUST)**

**PCT Board**

**22 October 2009**

<b>Subject:</b>	PCT Vital Signs Performance Report
<b>Presented By:</b>	Dr. Ian Williams, Director of Integrated Commissioning

**PURPOSE OF THE REPORT:**

To inform the PCT Board performance against the Vital Signs in 2008-9.

**KEY POINTS:**

- The Care Quality Commission's view of Herefordshire PCT's performance against the Vital Signs in 2008-9 recognises that we are performing in the "as expected" or "better than expected" for most of the indicators.

**RECOMMENDATIONS:**

- For note that the PCT will publicise the results at the end of September.

**CONTEXT & IMPLICATIONS:**

<b>Financial:</b>	IT and potential manpower resources
<b>Legal &amp; Risk Implications:</b> <small>(Risk Register – inclusion or review)</small>	
<b>HR/Personnel:</b>	Manpower resource implications
<b>Healthcare/National Policy:</b>	n/a
<b>Sub-Committees and Boards:</b>	
<b>Other:</b>	

# NHS HEREFORDSHIRE

## Vital Signs Performance Report - 2008-09

### 1. Introduction

The purpose of this report is to inform the PCT Board on our performance against Vital Signs for 2008-09 as initially viewed by the Care Quality Commission (CQC). The PCT is required to publish this report in the public domain before the end of September 2009.

It should be noted that this is a separate exercise to the release of the Annual Health Check results in mid-October.

### 2. Herefordshire Overview Report – Vital Signs 2008-09 (*Appendix 1*)

**Appendix 1** is the report showing how Herefordshire has performed against the national average, based on the CQC's initial findings from the ratification process. It also shows how Herefordshire's performance has been viewed by the CQC e.g. below expected, as expected or above expected at each tier – levels 1-3.

### 3. How the CQC Report has been produced

The CQC's method of analysis is designed to measure the difference between the observed result and an expected level of performance. For each item of information, they assess whether the result observed for a particular trust is in line with what they would expect. The CQC set their expectations for NHS Trusts as the average performance of a group of other NHS organisations with similar local circumstances (usually referred to as the comparator group).

The analysis method takes account of the possibility that NHS Trusts results may be affected by chance variation, and considers the amount of general variability in the dataset when calculating the range of values we might expect for each trust. If the NHS Trust's observed value falls outside this range (between 1.2 and -1.2), they are shown as either performing above or below the group expectation.

The thresholds have been chosen to stimulate discussion about a Trust's relative performance. Performance outside the expected range but does not necessarily imply any statistical significance.

### 4. Herefordshire PCT Performance Compared with the West Midlands Region

Overall the PCT's performance against the Vital Signs indicators was within the expected range. We will be examining our overall performance and have already put in place plans (recognising they relate to performance in 2008/09) to address those areas where we are performing less well than expected.

- in 7 areas the PCT did better than expected
- in 24 areas where we performed in the expected range

- only 6 areas less well than expected.

Overall Herefordshire's performance against all 3 tiers was as follows

Tier 1 – 86% achieved as or above expected

Tier 2 – 94% achieved as or above expected

Tier 3 – 67% achieved as or above expected

Below is a table comparing the performance of all PCTs across the West Midlands.

### West Midlands Summary by tier

Trust	Tier 1			□	Tier 2			□	Tier 3		
	Below	As	Above		Below	As	Above		Below	As	Above
Birmingham East And North Primary Care Trust	14%	71%	14%	□	6%	56%	39%	□	17%	58%	25%
Coventry Teaching Primary Care Trust	29%	57%	14%	□	24%	71%	6%	□	8%	75%	17%
Dudley Primary Care Trust	0%	86%	14%	□	11%	89%	0%	□	0%	100%	0%
Heart of Birmingham Teaching Primary Care Trust	43%	14%	43%	□	0%	89%	11%	□	25%	67%	8%
<b>Herefordshire Primary Care Trust</b>	<b>14%</b>	<b>57%</b>	<b>29%</b>	<b>□</b>	<b>6%</b>	<b>78%</b>	<b>17%</b>	<b>□</b>	<b>33%</b>	<b>50%</b>	<b>17%</b>
North Staffordshire Primary Care Trust	0%	71%	29%	□	12%	76%	12%	□	33%	67%	0%
Sandwell Primary Care Trust	29%	29%	43%	□	19%	75%	6%	□	8%	83%	8%
Shropshire County Primary Care Trust	14%	86%	0%	□	12%	53%	35%	□	0%	83%	17%
Solihull Care Trust	0%	71%	29%	□	19%	75%	6%	□	17%	75%	8%
South Birmingham Primary Care Trust	14%	71%	14%	□	0%	94%	6%	□	17%	75%	8%
South Staffordshire Primary Care Trust	0%	86%	14%	□	13%	81%	6%	□	17%	83%	0%
Stoke On Trent Primary Care Trust	0%	57%	43%	□	13%	75%	13%	□	42%	50%	8%
Telford and Wrekin Primary Care Trust	29%	57%	14%	□	17%	67%	17%	□	0%	####	0%
Walsall Teaching Primary Care Trust	29%	57%	14%	□	6%	83%	11%	□	17%	75%	8%
Warwickshire Primary Care Trust	0%	100%	0%	□	11%	83%	6%	□	0%	75%	25%
Wolverhampton City Primary Care Trust	14%	71%	14%	□	0%	88%	12%	□	17%	75%	8%
Worcestershire Primary Care Trust	29%	43%	29%	□	0%	94%	6%	□	25%	67%	8%

## 5. Areas of Success and Continued Improvement for Herefordshire

In light of the Care Quality Commission's view of our performance against the Vital Signs indicators, below is information relating to

- planned improvements where we have performed below expected

- plans to continue successful achievement of national and local priorities.

## **5.1 - Existing Services**

### *Access to Primary Care Dental Services*

Additional access to primary care NHS dental services is being commissioned to improve the current level of dental access in Herefordshire. A procurement process is currently underway to secure an additional 18,000 UDAs (Units of Dental Activity), and non-recurrent funding is being used to increase access to both routine and orthodontic care. Access will also be increased in 2009/10 through contract monitoring and by improving information for the public and patients on how to access dental services. Public health advice into the process of commissioning dental services is now being provided by the new Consultant in Dental Public Health. The consultant is collating a dental health needs assessment to inform targeted commissioning.

### *Sexual Health*

We have developed a comprehensive Sexual Health Needs Assessment which reviews areas of high service demand. It also considers current service provision and areas of high deprivation which will further define our future commissioning intentions. The increase in funding will focus on “community” development with the purpose of improving access and choice to all sexual health services within a community or primary care setting. The PCT has recently met with NHS West Midlands to review local actions.

## **5.2 - National Priorities**

### *Stroke care*

Regular meetings are held of the Improving Stroke Service group, formed by the Primary Care Trust (PCT) and Herefordshire Hospital Trust (HHT) to develop the care pathway and capacity to support achievement of the standards in the National Stroke Strategy. Although current performance remains below target in Vital Signs indicator target several schemes are being developed and piloted to improve stroke care.

Hereford Hospital NHS Trust are piloting a new scheme where patients arriving at A&E who are diagnosed with circulatory problems are admitted straight to a dedicated stroke unit. Initial figures show that there has been a significant improvement in the number of patients spending 90% of their inpatient time on a stroke unit.

The Herefordshire Public Services provider arm has been formally requested to respond to a PCT specification to provide a centralised stroke rehabilitation service. This includes an increase in the community rehab element this year and recommendations for the single site of inpatient rehab within a month and substantial establishment of the whole service (inpatient and community) in the next financial year.

Developing a programme of vascular checks for adults, with onward referral to those at high risk of stroke or cardiac disease, is a national requirement. This is being led in Herefordshire by the Public Health Department. One GP cluster has agreed to pilot this in 2009/10. Countywide, arrangements are being discussed with primary providers for the provision of Locally Enhanced Service (LES). This is also being discussed with the Local Medical Committee (L.M.C.), and GP practices when, shortly, the software will be available to identify “at risk” residents.

### *Cancer Screening Services*

We will continue to develop robust capacity planning and monitoring of targets for going further on cancer waits in line with national expectations. As part of the ongoing work strategically, the Three Counties Cancer Network continues to implement the agreed network Cancer Reform Action Plan. Extra capacity has been arranged in line with the expansion of the national breast screening requirements.

### *Bowel cancer screening*

The roll out of the national programme is being phased over 3 years beginning in April 2006 with the intention that the whole eligible population will be covered by 2009. The programme will begin by inviting men and women aged 60 – 69 every two years using a faecal occult blood test (FOBt). Following the Cancer Reform Strategy December 2008 the age range will be extended up to 75 from 2010.

### Current Service Provision

- It is jointly commissioned service with Worcestershire PCT with Rugby as programme hub.
- The local bowel cancer screening programme has started in September 2009.
- Campaign launch to inform eligible population that bowel cancer screening is available in Herefordshire. This will include focus advertising in target locations, distribution of promotional materials in key areas, and raising awareness and understanding of the screening programme within the NHS. All communications have to be passed by the NHS Cancer Screening Programmes National Office.
- Monitoring – the launch plan will need to be reviewed and its effectiveness monitored by the Herefordshire and Worcestershire Bowel Screening Board.

## **5.3 - Local Priorities**

### *Change Champions Transformation Programme*

Herefordshire PCT and Council have recently launched a programme to improve performance across a range of indicators that are important to Herefordshire Public Services. The programme is known as the Change Champions Transformation Programme is designed to run for a period of eight weeks.

There are sixteen champions' groups, each made up of a range of Council and PCT staff with the responsibility for looking to improve delivery in relation to a given performance indicator, with the aim of driving better outcomes for the citizens of Herefordshire. The aim of each group is to review their allocated performance indicator and identify key actions and or models of best practice that will help improve performance.

### *Maternity Services*

Herefordshire has established a multi-agency maternity services re-design group including local authority, service user, commissioner, provider and third sector representation to finalise a maternity care pathway. The vision is to review and re-design services to provide safe, high quality care for all women, children and their families as a whole. We want to offer parents and families world class care and facilities based around their specific needs. To achieve this we need to organise services differently, with easier access to midwives in the community and more choice of where to give birth. Some of the key priorities for 2009/10 are

- **Work with the Council's Children and Young People's Directorate to develop Children's Centres** to accommodate improved provision of education and advice for parents to improve parenting skills and their relationships with their new babies.
- **Improve Access** to community midwifery care and reducing health inequalities will both be addressed by increasing involvement of midwives in Children's Centres, Community Hospitals and other community settings.
- **Ensure Choice of Birth Place, Ante and Postnatal Care by the End of 2009** – we will work with providers to allow greater informed choice for women of ante-natal care and lead health professional. Women will be given a choice of post-natal venues, including Children's Centres.
- **Ensuring Quality of Care and Safe Services** - we will continue to embed a robust and pro-active risk management culture which seeks to improve quality of care and safety of mothers and babies. We will support the implementation of the UNICEF baby friendly initiative.
- **Continuity of Care** - we will ensure women understand the care they can expect, the parameters of this and how each member of the maternity service contributes to this overall package of care.

### **5.4 - Communities**

The PCT intends to ensure delivery of the "High Quality for All" agenda and has taken this into account when planning for service developments, particularly in Alcohol, Dementia, End of Life Care and Mental Health services. We will also work with partners to support efforts to

enable vulnerable people to be fit for work.

The LAA has within it a number of health related targets related to obesity, smoking and alcohol consumption. While the PCT were instrumental in ensuring these targets were included within the LAA a much closer working relationship needs to develop across the wider partnership if the LAA targets are to be met and benefits gained for the local community. The emerging Health and Wellbeing Partnership will form a key part of the Herefordshire Partnership governance structure, ensuring that the delivery of the targets benefits from a multi agency approach, with roles and responsibilities clearly defined.

### *Safeguarding*

The definition of safeguarding has developed over the last 5 years when services saw safeguarding as commensurate with child protection. Since then there has been a shift to a wider view of safeguarding and of the role of Health and other agencies in promoting the welfare of children and young people by early intervention and support.

A whole systems organisational approach to safeguarding and promoting the welfare of children is required. The remit is now much wider than child protection and it involves all directorates, commissioned and contracted services. The PCT contributes both financially and with personnel to the Herefordshire Safeguarding Children Board which is responsible for co-ordinating and ensuring the effectiveness of the safeguarding activities undertaken by agencies within Herefordshire. The Herefordshire PCT Board ensures that safeguarding is an integral part of the governance system.

### *Obesity*

Herefordshire has an adult obesity rate significantly above the English average at 26.8%. The rate of obesity in primary school age children is in line with the English average at 8.9% for Reception Year and 16.2% for Year 6. Herefordshire has a three year multi-agency obesity plan to address this issue focusing on a number of recognised programmes both locally and nationally. The range of programmes covers the peer support programme for breastfeeding through to healthy eating and lifestyles.

### *Reducing Health Inequalities*

Staying healthy is a particular challenge for people living in the most deprived part of the county. Herefordshire has a four year life expectancy gap between its most and least deprived quartiles. This can best be addressed by challenging the behaviours which are most significantly linked with poor health outcomes and which have a clear correlation with social deprivation. These are smoking, eating too much, exercising too little, and drinking too much. It is important to target our preventative services in the areas of highest socio-economic need, and to ensure that they are personalized to reflect the realities of people's lives. There are some key ways of doing this, by:

- making sure preventative services are delivered locally so people for whom travel

- is difficult are not disadvantaged
- ensuring services are delivered by people who understand the realities of the lives of people living in the most deprived areas
- ensuring people receive support to making changes to their lives, for as long as it is needed

To achieve this there is a need to establish flexible responsive services across the Herefordshire community. In further developing these services we will consider the needs of specific groups of residents such as migrant workers and vulnerable adults. The overall development will include the promotion of the healthy lifestyles options database and targeted community support of the Change 4 Life programme.

## **6. Development of Services for Disabled Children**

Herefordshire has an integrated Community Child Health service led by a Consultant Paediatrician providing coordinated, holistic care to children and young people with complex problems throughout Herefordshire. The team provides long term care in the community for children with disabilities and life limiting conditions. This team also provides a shared care service with Child Psychiatry and a Named Doctor within the remit of Children's Safeguarding and Children in Care. Advice, support and information is provided to parents and the education department to enable positive planning for the special education needs of children as a result of their long term condition or specific medical needs.

### *Short Breaks*

Herefordshire Council has undertaken work to improve its engagement and consultation with carers as part of the ongoing development of The Carers Hub. The Hub has been contracted to work with carers of adults and children with agencies to raise awareness and ensure that support is available and accessible. Following a consultation with carers, the short breaks services was re-commissioned in October 2008 with providers selected on the basis of their ability to focus on the needs of the carer and to consider innovative approaches. The review of the Hub has seen the implementation of the following;

- Dedicated social workers for carers
- Concise and relevant information packs for carers including a listing contact details for all third party providers
- Extra support for carers where required

Respite care is also available at Acorns Childrens Hospice. Access to this service is by referral and is co-ordinated by the lead health worker involved with the child, young person or family. Once referral has been made and the service accepted planned periods of respite care are made, there is always availability of an emergency/end of life care bed with direct access via the senior manager on call at Acorns.

### *Community Equipment*

Community equipment for children and young people is provided through Herefordshire's Integrated Community Equipment Service (ICES). The Integrated Community Equipment

Service is a jointly commissioned service between Herefordshire Council and the PCT operated for both adults and children. The proportion allocated for children and young people is significantly greater than the identified CYP budget contribution. The board intends to maintain the current level of service and respond to needs.

The service provides equipment for children for use in the home or school. The provision of equipment for children follows an assessment by paediatric physiotherapists who are part of the PCT provider service.

The equipment falls into 2 types:-

- Equipment provided for all ages e.g. grab rails, bath boards, perching stools and
- Equipment used only by children, often bespoke to a particular child, and focussed on school e.g. standing frame, seating support.

ICES has consistently achieved its target of delivering equipment within 7 days of agreement to provide.

#### *Wheelchairs*

HPCT has continued to invest in wheel chair services to ensure better access, waiting times for the service have been reduced over the past year.

Considerable investment has been made in a contract for planned preventative maintenance of both powered and non-powered wheelchairs to mitigate risks to wheelchair users and to ensure that children using powered chairs have these available at all times.

#### *Children's Palliative care*

The Herefordshire Children and Young Peoples Palliative Care Network is engaged with parents and carers to gain their views about palliative care needs, services currently available and potential areas for development. A group of life limited young people involved with the Acorns Childrens Hospice have also agreed to contribute to our understanding of local need and current service delivery via a young person's group facilitated by the YP worker at the Hospice.

On a regional basis the Childrens Commissioning Leads have met to develop a framework and shared understanding regarding the commissioning and provision of Children's palliative care services. Including consideration of;

- Joint pathway development
- Sharing best practice (Palliative Care Mapping)
- Collaborative commissioning with providers across a range of areas where appropriate (eg Children's end of life care)
- Data management/collection/analysis

- Contracting with Children's hospices
- Market management/stimulation
- Joint work with all providers

Herefordshire has established a Children's and Young People's Palliative Care Network in order to ensure an integrated, multi-agency approach where palliative care is seen not in isolation but as part of wider developments.

We are working towards the availability of 24 hr nursing support and symptom management, currently additional services are made available on a case by case basis to support the needs of children approaching end of life. Anticipatory prescribing is made use of to support medication needs and there are close links with the out of hours GP service to support effective medical intervention.

## **7. Recommendation**

***The PCT Board is asked to note the contents of this report***

***Greg Barriscale/Yvonne Clowsley  
Integrated Commissioning - Performance***

***22 October 2009***