

Report to: **SINGLE COMMISSIONING BOARD**

Date: 17 January 2017

Reporting Member / Officer of Single Commissioning Board Angela Hardman – Director of Public Health and Performance

Subject: **DELIVERING EXCELLENCE, COMPASSIONATE, COST EFFECTIVE CARE – PERFORMANCE UPDATE**

Report Summary: This report provides the Single Commissioning Board with a draft quality and performance report for comment. Assurance is provided for the NHS Constitutional indicators. In addition CCG information on a range of other indicators are included to capture the local health economy position. This is based on the latest published data (at the time of preparing the report). This is as at the end of October 2016.

The format of this report will include elements on quality from the Nursing and Quality directorate. As this report evolves.

It is also anticipated that the format of the report will also include elements of the Single Outcomes Framework, and an update on the progress with the Framework is included with this report.

The following have been highlighted as exceptions:

- Cancer standards were achieved in October. Quarter 2 performance achieved apart from 62 day consultant upgrade.
- Diagnostic standard improving but still failing the standard. Endoscopy is no longer a challenge in diagnostics at Central Manchester.
- A&E Standards were failed at THFT.
- The number of Delayed Transfers of Care (DTC) recorded remains higher than plan.
- Ambulance response times were not met at a local or at North West level.
- Number of patients waiting over 52 weeks.
- Improving Access To Psychological Therapies (IAPT) performance for Access and Recovery remain a challenge.
- 111 Performance against KPIs.
- MRSA.

Attached for info is the Draft GM Partnership dashboard and the latest NHS England Improvement And Assessment Framework (IAF) Dashboard.

Recommendations: The Single Commissioning Board are asked:

- To note the contents of the performance and quality report, and comment on the revised format.
- To note the update on the System Wide Outcomes Framework, endorse the structure, content and next steps.

Financial Implications:
**(Authorised by the statutory
Section 151 Officer & Chief
Finance Officer)**

The updated performance information in this report is presented for information and as such does not have any direct and immediate financial implications. However it must be noted that performance against the data reported here could potentially impact upon achievement of CQUIN and QPP targets, which would indirectly impact upon the financial position. It will be important that whole system delivers and performs within the allocated reducing budgets. Monitoring performance and obtaining system assurance particularly around budgets will be key to ensuring aggregate financial balance.

Legal Implications:
**(Authorised by the Borough
Solicitor)**

The performance / assurance and quality data and its presentation needs to be kept under review to ensure that it provides the necessary information in a readable format to ensure that actions are taken expediently to deal with any concerns.

**How do proposals align with
Health & Wellbeing Strategy?**

Should provide check & balance and assurances as to whether meeting strategy.

**How do proposals align with
Locality Plan?**

Should provide check & balance and assurances as to whether meeting plan.

**How do proposals align with
the Commissioning Strategy?**

Should provide check & balance and assurances as to whether meeting strategy.

**Recommendations / views of
the Professional Reference
Group:**

This section is not applicable as this report is not received by the professional reference group.

Public and Patient Implications:

The performance is monitored to ensure there is no impact relating to patient care.

Quality Implications:

As above.

**How do the proposals help to
reduce health inequalities?**

This will help us to understand the impact we are making to reduce health inequalities. This report will be further developed to help us understand the impact.

**What are the Equality and
Diversity implications?**

None.

**What are the safeguarding
implications?**

None reported related to the performance as described in report.

**What are the Information
Governance implications? Has
a privacy impact assessment
been conducted?**

There are no Information Governance implications. No privacy impact assessment has been conducted.

Risk Management:

Delivery of NHS Tameside and Glossop's Operating Framework commitments 2016/17

Access to Information :

The background papers relating to this report can be inspected by contacting Ali Rehman:



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1. INTRODUCTION

- 1.1 The purpose of this report is to provide the Board with a draft quality and performance report for comment and an update on the System Wide Outcomes Framework. The new quality and performance report format aims to provide a dashboard view of indicators and provide exception reporting as appropriate. This evolving report will align with the Systems Outcomes Framework, other Greater Manchester and National dashboard reports.
- 1.2 The format of this report will include further elements on quality from the Nursing and Quality Directorate as this report evolves.
- 1.3 It is also anticipated that the format of the report will also include elements of the Single Outcomes Framework, and an update on the progress with the Framework is included with this report.
- 1.4 It should be noted that providers can refresh their data in accordance with national guidelines and this may result in changes to the historic data in this report.

2. UPDATE ON THE SYSTEM WIDE OUTCOMES FRAMEWORK

- 2.1 Attached to this report as Appendix 1 is the conclusion of a piece of work that has taken place over the past months to develop a system wide outcome framework. The framework is split into three themes:
 - Population Health – Describing the shift we need to make to realise ambitions around life expectancy and healthy life expectancy, including wider determinants of health;
 - Empowering People and Communities – Describing the paradigm shift that needs to take place between the system and the public, the public and their own health and the role communities play in the health and wellbeing of the population;
 - System Performance and Sustainability – Describing the changes that need to take place within the health and care system in order to have a clinically and financially sustainable health economy. This section of the framework will also create space to encapsulate indicators linked to both the Greater Manchester emerging Frameworks and Investment Agreement, National ‘must dos’ and the Quality and Performance Report.
- 2.2 Under each theme, the framework identifies a set of outcomes and ‘baskets’ of metrics that create a picture of progress against achieving the outcome.
- 2.3 In developing the framework we have cross referenced with emerging wider Greater Manchester work and other frameworks and approaches that we should be cognisant of as a health and care economy in order to seek to ensure that our approach is as all-encompassing as possible.
- 2.4 The framework should first and foremost be viewed as a transformational approach. In order to deliver the sort of changes in health and care required to meet the challenges we face we need to think differently about the way services are designed, commissioned and provided. In having a single commissioner and an integrated provider we have the organisational structures to support this transition and it is now important that we challenge our entire system to move towards an outcomes orientated approach.
- 2.5 If adopted and fully implemented the framework will:
 - Provide an economy wide view of a successful health and care economy, providing insight and intelligence to inform our strategies and approaches. Significantly it will

traverse all organisations with data being drawn from a variety of sources. The reports arising from the framework will be applied to key governance points throughout the system, including the Health and Wellbeing Board, Single Commissioning Board (SCB) and governance of the Tameside and Glossop Integrated Care Foundation Trust (T&GICFT).

- Change commissioning behaviour. The framework shouldn't be viewed as a blunt contracting instrument (although elements of it may be included in contracts). The framework should provide context to commissioners and affect the way we work. For example, when commissioning services for people with a learning disability a learning disability outcomes framework should be developed with service users and stakeholders using the overarching framework as context;
- Change practice amongst providers. We need to ensure that an outcomes focused approach permeates at every level of the system. Practitioners need to understand the impact of their intervention on the lives of the people they are working with and in the context of what is important to them;

2.6 The Leadership and development of the outcomes framework sits with the Collaborative Intelligence Function which draws on expertise and capacity from across the Single Commissioner and T&GICFT. Operationally an Outcomes Framework Management Group has been established sitting as a sub-group of the Collaborative Intelligence Group. The health and wellbeing outcomes within the framework apply across all integrated health and social care services. There is an opportunity to report on the outcomes framework at the Health and Wellbeing Board to promote shared priorities by bringing together responsibility and accountability for their delivery.

2.7 Following SCB endorsement of the approach, structure and content of the framework the following is planned:

- Brief phase of engagement with key staff and stakeholders to comment on the framework, its content and to identify any omissions (Jan/Feb 2017);
- Development of reporting approach and dashboards to provide effective reporting of the framework. This development should be aligned with other reporting approaches to avoid duplication; (Feb 2017);
- Formal publication of the framework along with accompanying narrative for the workforce across the SCF, T&GICFT and Local Authority (April 2017);
- Series of briefing sessions for staff (April/May 2017).

3. CONTENTS – QUALITY AND PERFORMANCE REPORT

3.1 NHS Tameside & Glossop CCG: NHS Constitution Indicators (October 2016).

3.2 Exception Report - the following have been highlighted as exceptions:

- Cancer standards were achieved in October. Quarter 2 performance achieved apart from 62 day consultant upgrade.
- Diagnostic standard improving but still failing the standard. Endoscopy is no longer a challenge in diagnostics at Central Manchester.
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- 3.3 Greater Manchester Combined Authority (GMCA)/NHS Greater Manchester (NHSGM) Performance Report:
- Better Health;
 - Better Care;
 - Sustainability;
 - Well Led.

- 3.4 NHS England Improvement and Assessment Framework (IAF) dashboard.

4. RECOMMENDATIONS

- 4.1 As set out on the front of the report.