

Report to:	STRATEGIC COMMISSIONING BOARD
Date:	20 February 2018
Officer of Strategic Commissioning Board	Sarah Dobson, Assistant Director Policy, Performance and Communications.
Subject:	DELIVERING EXCELLENCE, COMPASSIONATE, COST EFFECTIVE CARE – PERFORMANCE UPDATE
Report Summary:	<p>This report provides the Strategic Commissioning Board with a Health and Care performance report for comment.</p> <p>This report provides the Strategic Commissioning Board (SCB) with a health & care performance update at February 2018 using the new approach agreed in November 2017. The report covers:</p> <ul style="list-style-type: none"> • <u>Health & Care Dashboard</u> – including exception reporting for measures which are areas of concern, i.e. performance is declining and/or off target • <u>Other intelligence / horizon scanning</u> – including updates on issues raised by Strategic Commissioning Board (SCB) members from previous reports, any measures that are outside the dashboard but which Strategic Commissioning Board (SCB) are asked to note, and any other data or performance issues that Strategic Commissioning Board (SCB) need to be made aware. • <u>In-focus</u> – a more detailed review of performance across a number of measures in a thematic area. <p>This is based on the latest published data (at the time of preparing the report). This is as at the end of November 2017.</p> <p>The content of the report is based on ongoing analysis of a broader basket of measures and wider datasets, and looks to give the Strategic Commissioning Board (SCB) the key information they need to know in an accessible and added-value manner. The approach and dashboard are aligned with both Greater Manchester and national frameworks. The development of the report is supported by the Quality and Performance Assurance Group (QPAG).</p> <p>The following have been highlighted as exceptions:</p> <ul style="list-style-type: none"> • A&E Standards were failed at Tameside Hospital Foundation Trust; • Diagnostics over 6 weeks; • Early Intervention in psychosis treated within two weeks of referral. <p>Attached is Appendix 4 on Primary Care.</p>
Recommendations:	The Strategic Commissioning Board are asked:

- Note the contents of the report, in particular those areas of performance that are currently off track and the need for appropriate action to be taken by provider organisations which should be monitored by the relevant lead commissioner
- Support ongoing development of the new approach to monitoring and reporting performance and quality across the Tameside & Glossop health and care economy

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.
<i>Recommendations / views of the Professional Reference Group:</i>	This section is not applicable as this report is not received by the professional reference group.
Public and Patient Implications:	Patients' views are not specifically sought as part of this monthly report, but it is recognised that many of these targets such as waiting times are a priority for patients. The performance is monitored to ensure there is no impact relating to patient care.
Quality Implications:	As above.
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)	As the system restructures and the constituent parts are required to discharge statutory duties, assurance and quality monitoring will be key to managing the system and holding all part sot account and understanding best where to focus resources and oversight. This report and framework needs to be developed expediently to achieve this. It must include quality and this would include complaints and other indicators of quality.
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 2017/18

Access to Information :

- **Appendix 1** – Health & Care Dashboard;
- **Appendix 2** – Exception reports;
- **Appendix 3** – Impact of cancelled elective activity-Jan 2018;
- **Appendix 4** – Primary care in-focus report.

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



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1. BACKGROUND

1.1 This report provides the Strategic Commissioning Board (SCB) with a health & care performance update at February 2018 using the new approach agreed in November 2017. The report covers:

- Health & Care Dashboard – including exception reporting for measures which are areas of concern, i.e. performance is declining and/or off target;
- Other intelligence / horizon scanning – including updates on issues raised by Strategic Commissioning Board (SCB) members from previous reports, any measures that are outside the dashboard but which Strategic Commissioning Board (SCB) are asked to note, and any other data or performance issues that Strategic Commissioning Board (SCB) need to be made aware;
- In-focus – a more detailed review of performance across a number of measures in a thematic area.

1.2 The content of the report is based on ongoing analysis of a broader basket of measures and wider datasets, and looks to give the Strategic Commissioning Board (SCB) the key information they need to know in an accessible and added-value manner. The approach and dashboard are aligned with both Greater Manchester and national frameworks. The development of the report is supported by the Quality and Performance Assurance Group (QPAG).

2. HEALTH & CARE DASHBOARD

2.1 The Health & Care Dashboard is attached at **Appendix 1**, and the table below highlights which measures are for exception reporting and which are on watch.

EXCEPTIONS (areas of concern)	1	A&E 4 hour wait
	4	Diagnostics
	21	Psychosis 2 weeks
ON WATCH (monitored)	2	DTOC
	39	Direct Payments
	40	LD
	44	65+ at home 91days

2.2 Further detail on the measures for exception reporting is given below and at **Appendix 2**.

A&E waits Total Time with 4 Hours at Tameside and Glossop Integrated Care Foundation Trust (ICFT)

2.3 The A&E performance for November was 90.22% for Type 1 & 3 which is below the target of 95% nationally, and above the 90% target. The key issue is medical bed capacity which not only cause breaches due to waiting for beds but the congestion in A&E then delays first assessment. There is still medical cover and specialty delays when teams are in Theatres. The trust reports acuity is high which can lead to people needing more than 4 hours for a decision to be reached on their care need. Tameside and Glossop ICFT are ranked first in Greater Manchester for the month of November 2017.

Diagnostics 6+ week waiters

2.4 This month the Clinical Commissioning Group failed to achieve the 1% standard with a 1.36% performance. Of the 53 breaches 27 occurred at Central Manchester (Colonoscopy, Gastroscopy, Cardiology and MRI), 2 at North West CATS Inhealth (MRI & CT), 3 at Pennine Acute (Colonoscopy and Gastroscopy), 13 at Salford Trust (MRI), 1 at Tameside and Glossop ICFT (Cardiology) and 7 at Other (Neurophysiology, MRI and NOUS). Central Manchester performance is due to an ongoing issue with endoscopy which Greater

Manchester are aware of. Salford Trust have had increased demand for MRI causing a pressure. The trust has implemented a recovery plan and trajectory to get back on track. Expect to be back on track April 2018. Future report will feedback on recovery plan and impact.

Early intervention in psychosis-treated within 2 weeks of referral

- 2.5 Performance for October is below the Standard for the Early Intervention In Psychosis-Treated within 2 weeks of referral (50%) achieving 25%. This is deterioration in performance compared to the previous month, September which also failed to achieve the standard at 33.3%. High numbers of referrals and inadequate staffing levels to deal with the demand impacting on performance. Business case submitted for approval. This is requesting additional investment to meet the national standard.
- 2.6 Dementia diagnosis (16) is noted as a positive exception this month. Tameside and Glossop Clinical Commissioning Group have consistently performed well against the 66.7% standard for estimated diagnosis rate for people with dementia, achieving the standard for a number of months. Compared to Greater Manchester we are the third best performer for the month of November 2017.

3. OTHER INTELLIGENCE / HORIZON SCANNING

- 3.1 Below are updates on issues raised by Strategic Commissioning Board members from previous presented reports, any measures that are outside the Health and Care Dashboard but which Strategic Commissioning Board are asked to note, and any other data or performance issues that Strategic Commissioning Board need to be made aware.

'Winter crisis'

A&E

- 3.2 As you will be aware has been challenging across the economy in recent months and in particular the winter period. Tameside and Glossop ICFT has been the best performer for 4hr waits across GM for most months and performing better than the previous year with higher attendances. The trust has seen a 0.9% increase in attendances year to date compared to last year. The GM increase has been 0.3% in comparison. Tameside and Glossop ICFT has not cancelled any more than the average operations during December (7) compared to the GM average of 79. The average North West Ambulance Service ambulance arrival to clear time for Tameside and Glossop ICFT is 00.35:13 compared to the GM average of 00.39:15, which is second best in GM for December.

Influenza

- 3.3 The provisional December 2017 Tameside and Glossop CCG vaccine uptake for this period was 74.3% against a target of 75% meaning that the CCG has NOT yet met the target set by NHS England (NHSE). There were 39 GP practices participating in the 2017-18 seasonal flu campaign. Of these, 17 GP practices (44%) either met or exceeded the target set by NHSE and 22 GP practices (56%) were below the target.

Children aged 2,3 &4

- 3.4 Performance in December 2017 has shown an increase in all age groups compared to December last year. The CCG has achieved the 40% target in the Aged 2 and 3 age groups.

Under 65 (at risk only), Pregnant Women and Carers

- 3.5 The CCG has historically under- performed against these measures. In the 2016-17 campaign the final achievement against these indicators was 55.8%, 54.4% and 51.8%. Not one practice has achieved the 75% target in the December 17 figures.

- 3.6 The latest flu surveillance report for influenza like illness at upper tier local authority level shows that there is an increasing trend in Tameside over the last 10 weeks. Currently ranked sixth in GM for the rate per 100,000 population.

Impact of cancelled elective activity

- 3.7 NHS England has issued guidance encouraging hospitals to cancel "non-urgent inpatient elective care" between mid now and mid-January. This Guidance was issued mid to late December 2017. Attached as **Appendix 3** is a summary report for info.

Digital Health Centre / Community Response Service

- 3.8 Patient and staff feedback of the service has been positive and indicative financial benefits have been significant. In the six months following the pilot of the project and during the roll out in April to September 2017 the service avoided 494 A&E attendances and 265 admissions, saving in the region of 795 hospital bed days which is equivalent to four beds, saving near £120, 000.
- 3.9 190 calls came from the Community Response Service, 95 have avoided Emergency Department attendance (50%) and 43 have avoided GP involvement. From the Community Response Service alone this means a saving of £47,500.
- 3.10 Furthermore, the Community Response Service has its own lifting equipment. Consequently, the 1,200 falls occurring from April to September 2017 led to only 93 ambulance call-outs, equating to a saving of around £500,000.
- 3.11 There are now 40 homes connected to the service. In early November the Digital Health Centre at the hospital celebrated their 1000th call. By the end of the November our Digital Health Centre had received 1300 calls, avoiding 907 unnecessary A+E attendances, 510 GP call outs, over 350 nursing call outs and saved approximately 1452 hospital bed days or 6.8 beds. The total indicative savings for these equate to £366,000 April-November 2017 meaning that the cost benefit of the scheme (planned in the Cost Benefit Analysis over a 3 year period) has been realised within the first year.
- 3.12 We have integrated management of urgent GP calls into the Digital Health Centre and have in place to transfer Telehealth monitoring for Long Term Conditions into the service in 2018. We are also in conversation with North West Ambulance Service to identify opportunities for the service to support them. We have also shared our learning from the Digital Health Centre project with other health economies.

Moderately / severely frail with personalised care plan

- 3.13 Moderately frail with personalised care plan/Severely frail with personalised care plan was queried by Dr Alison Lea at the last Strategic Commissioning Board. We have looked into this and there is no full dataset yet as the measure and data feed is under development. This is an emerging dataset and we will look to include relevant indicators in future dashboards as this evolves. This will be brought to Board for insight and consideration.

NHS 111

- 3.14 The North West NHS 111 service performance has improved in all of the key KPIs for November although only abandoned calls performance was achieved:
- Calls Answered (95% in 60 seconds) = 83.8%
 - Calls abandoned (<5%) = 4.1%
 - Warm transfer (75%) = 42.2%
 - Call back in 10 minutes (75%) = 41.4%

Average call pick up for the month was 58 seconds. Performance was particularly difficult to achieve over the weekend periods. There is a remedial action plan in place with Commissioners.

4. IN-FOCUS – PRIMARY CARE

- 4.1 The thematic in-focus area for this report is primary care. The key headlines from the in-focus are summarised below and the full report is attached at **Appendix 4**.
- 4.2 The subject of the In Focus report this month is Primary Care with a specific focus on five key areas, the selection of which reflects either their current national topical nature or seasonal relevance, these are:
- Core Hours
 - CQC
 - GP Patient Survey
 - Seasonal Flu Campaign
 - GP Referrals
- 4.3 The report also sets out the detail of the performance dashboard used to monitor our 39 practices and future plans and developments to extend and enhance to the reporting functionality and presentation of our local data to provide that holistic view of practices. This will give us the assurance, across the system, as to the extent to which the reasonable needs of each practice population are being met and also allow for aggregated data for each neighbourhood to be produced.
- 4.4 An effective information set will provide the Strategic Commission with the assurance framework by which we can demonstrate the improvement in, and experience of, primary medical services both for patients and our practice staff.

5. RECOMMENDATIONS

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

6. APPENDICES

- 6.1 The following appendices are attached.