

Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 17 April 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: This report provides the Strategic Commissioning Board with a Health and Care performance report for comment.

This report provides the Strategic Commissioning Board (SCB) with a health and care performance update at April 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.

This is based on the latest published data (at the time of preparing the report). This is as at the end of January 2018.

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).

The following have been highlighted as exceptions:

- A&E Standards were failed at Tameside Hospital Foundation Trust;
- Diagnostics over 6 weeks;
- Referral To Treatment- 18 weeks
- Proportion of people using social care who receive self-directed support, and those receiving direct payments
- Total number of Learning Disability service users in paid employment

Attached is **Appendix 3** on Mental Health.

Recommendations:	<p>The Strategic Commissioning Board are asked:</p> <ul style="list-style-type: none"> • 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** – Mental Health in-focus report.

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



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1.0 BACKGROUND

1.1 This report provides the Strategic Commissioning Board (SCB) with a health & care performance update at April 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).

2.0 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
	3	Referral To Treatment-18 Weeks
	4	Diagnostics
	39	Direct Payments
	40	LD
ON WATCH (monitored)	2	DTOC
	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 January was 85.2% for Type 1 & 3 which is below the target of 95% nationally, and 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. T&G ICFT are ranked second in GM for the month of January 2018.

Diagnostics 6+ week waiters

2.4 This month the CCG failed to achieve the 1% standard with a 1.09% performance. Of the 51 breaches 33 occurred at Central Manchester (Colonoscopy, Gastroscopy, Cardiology, Audiology, Cystoscopy, Urodynamics and MRI), 13 at Salford Trust (MRI and Gastroscopy), 1 at Pennine Acute (MRI), 1 at Stockport (Cardiology) and 3 at Other

(Neurophysiology and CT). Central Manchester performance is due to an ongoing issue with endoscopy which GM 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.

18 Weeks Referral To Treatment

- 2.5 Performance for January is below the Standard for the Referral to Treatment 18 weeks (92%) achieving 91,96%. This is an improvement in performance compared to the previous month, December which also failed to achieve the standard at 91.5%. The national directive to cancel elective activity was expected to reduce performance in January. The impact for Tameside and Glossop was expected to be greatest at Manchester Foundation Trust (MFT) and the recovery plan submitted to GM reflected that fact that failure at MFT could mean Tameside and Glossop performance would be below the required standard. MFT is failing to achieve the RTT national standard. MFT (formerly University Hospital of South Manchester) revised its improvement trajectory and is currently on track. MFT (formerly Central Manchester FT) is slightly below target although there have been improvements in children's services. We will discuss with lead commissioners the need for comprehensive recovery plans.

Proportion of people using social care who receive self directed support, and those receiving Direct Payments

- 2.6 Performance for Q3 is below the threshold for total proportion of people using social care who receive self-directed support, and those receiving direct payments (28.1%) achieving 13.48%. This is a deterioration in performance compared to the previous quarter, which also failed to achieve the standard at 13.65%. Tameside performance in 2016/2017 was 12.47%, this is a decrease on 2015/2016 and is below the regional average of 23.8% for 2016/2017. Nationally the performance is 28.3% which is above the Tameside 2016/17 outturn. Additional Capacity to be provided within the Neighbourhood teams over a 12-18 month period to carry out an intensive piece of work to promote Direct Payments. This post will be funded from the Adult Social Care transformation funding. The project post was not successfully recruited too therefore in order to increase capacity a different approach has been implemented. We use to have 2 Direct Payment workers this has now been increased to 4 Direct Payment Workers, one in each neighbourhood. A publicity campaign will now be developed to increase numbers over the coming months

Total number of Learning Disability service users in paid employment

- 2.7 Performance for Q3 is below the threshold for total number of learning disability users in paid employment (5.8 %) achieving 4.39%. This is deterioration in performance compared to the previous quarter, which also failed to achieve the standard at 4.50%. Tameside performance in 2016/2017 was 4.95%, this is an increase on 2015/2016 and brings us above the regional average of 4.2% for 2016/2017. Nationally the performance is 5.7% which is still above the Tameside 2016/17 outturn. In order to improve performance, additional resource is required to increase capacity. An additional post has been funded through the Adult Social Care transformation funding and a vacant post that was held in the team has also been released to increase capacity in the team with an expectation that more people will be supported into paid employment. Work has been undertaken with Routes to Work to strengthen their recording of Supported Employment services and to clarify the links with this indicator.

3.0 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' - Influenza

- 3.2 The provisional January 2018 Tameside and Glossop CCG vaccine uptake for this period was 75.9% against a target of 75% meaning that the CCG has met the target set by NHS England (NHSE). There were 39 GP practices participating in the 2017-18 seasonal flu campaign. Of these, 24 GP practices (62%) either met or exceeded the target set by NHSE and 15 GP practices (38%) were below the target. We are currently performing better than GM and England averages and ranked 3rd amongst GM CCGs for data up to Week 52.

Children aged 2,3 &4

- 3.3 Performance in January 2018 has shown a remarkable increase in all preschool age groups compared to January last year. The CCG has achieved the 40% ambition in children aged 2, 3 and 4 year old. This has been a national and local focus of the 17/18 flu campaign.

For data up to Week 52 we have been performing better than GM and England averages; and are ranked against other GM CCGs as 4th for 2 year olds and 3rd for 3 year olds.

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

- 3.4 The national ambition is 55% for under 65s at risk. A downward trend is observed from last year's performance; however, the absolute number of patients vaccinated has increased during 17/18. To achieve the 75% target 6,934 people who would need to be vaccinated but it is important to note that if we vaccinated the current shortfall of 92 people we would achieve the 55% ambition.

We are ranked 2nd against other GM CCGs (week 52).

- 3.5 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.

NHS 111

- 3.6 The North West NHS 111 service performance has improved in all of the key KPIs for January but none of the KPIs achieved the performance standards:

- Calls Answered (95% in 60 seconds) = 72.14%
- Calls abandoned (<5%) = 9.05%
- Warm transfer (75%) = 33.63%
- Call back in 10 minutes (75%) = 41.09%

Average call pick up for the month was 2 minutes 27 seconds. Performance was particularly difficult to achieve over the weekend periods. There is a remedial action plan in place with Commissioners.

4.0 IN-FOCUS – Mental Health

- 4.1 The thematic in-focus area for this report is Mental Health. The key headlines from the in-focus are summarised below and the full report is attached at **Appendix 3**.

5.0 RECOMMENDATIONS

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