

Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 29 August 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 & care performance update at August 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 members from previous reports, any measures that are outside the 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.
- 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 June 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 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;
- Referral To Treatment- 18 weeks
- Cancer-62 day wait from referral to treatment
- 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 Adult Social Care.

Recommendations:

The Strategic Commissioning Board are asked to:

- 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

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 to 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 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:

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.

**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** – Adult Social Care 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 August 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 members from previous reports, any measures that are outside the 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;
 - 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 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 and 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
	11	Cancer 62 day wait from referral to treatment
	42	Direct Payments
	43	LD service users in paid employment
ON WATCH (monitored)	7	Cancer 31 day wait
	47	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 June was 93.25% for Type 1 and 3 which is below the target of 95% nationally, and above the GM 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 second in GM for the month of June 2018.

18 Weeks Referral To Treatment

- 2.4 Performance for June is below the Standard for the Referral to Treatment 18 weeks (92%) achieving 91.5%. This is a deterioration in performance compared to the previous month, May which also failed to achieve the standard at 91.8%. The national directive to cancel elective activity was expected to reduce performance from 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 UHSM) revised its improvement trajectory and is currently on track. MFT (formerly CMFT) is slightly below target although there have been improvements in children's services. Discussions are taking place with lead commissioners re the need for comprehensive recovery plans.

Cancer 62 day wait from Referral To Treatment

- 2.5 Performance for June is below the Standard for the cancer 62 day wait from referral to treatment (85%) achieving 82.1%. This is a deterioration in performance compared to the previous month, May which also failed to achieve the standard at 83.9%. The Reallocated position for NHS Tameside and Glossop CCG for quarter 1 is 85.9% (achieving the standard in April at 88.1% and May 87.7% but failed in June at 81.6%). This is an issue across Greater Manchester, with Greater Manchester failing Quarter 1 (81.75%) at provider level (as system) for the first time in six years. The Full Monty National media campaign in March 2018, resulted in a big growth in activity, with a big impact on 2 week wait referrals for breast and prostate suspected cancers. NHS Tameside and Glossop ICFT Cancer Board, of which NHS Tameside and Glossop CCG are members continue to provide assurances around cancer waiting times and have escalated this to the Quality Directorate and Finance to escalate through contract discussions. NHS Tameside and Glossop ICFT are anticipating a 2% drop in 62 day performance as a direct result of the new national policy for breach reallocation in quarter 3.

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

- 2.6 Performance for Quarter 1 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 12.84%. This is a deterioration in performance compared to the previous quarter, which also failed to achieve the standard at 13.19%. 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 was 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. The 2 Direct Payment workers 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. Programme now in place to start to promote Direct Payments for people entering services.

Total number of Learning Disability service users in paid employment

- 2.7 Performance for Quarter 1 is below the threshold for total number of learning disability users in paid employment (5.7 %) achieving 4.05%. This is deterioration in performance compared to the previous quarter, which also failed to achieve the standard at 4.17%. 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. The remaining Employment Support staff have been moved into the Employment and Skills corporate team to ensure a more focused approach to employment and access to wider resource and knowledge base. Work has been undertaken with Routes to Work to strengthen their recording of Supported Employment services and to clarify the links with this indicator.

The development of a new scheme focused on supporting people with pre-employment training and supporting people into paid employment including expansion of the Supported Internship Programme for 16-24 year olds. They are projecting 9 new job starts (Learning Disability/Autism and Mental Health) in 2018/19 from the Routes to Work Service.

The Routes to Work Service is also collating more data from external providers including Active Tameside and People First to ensure the borough submits returns that capture comprehensive information. Small grant has been awarded to People First to run an 'employment ready' programme with individuals to improve readiness for employment and create capacity in the Routes to Work team.

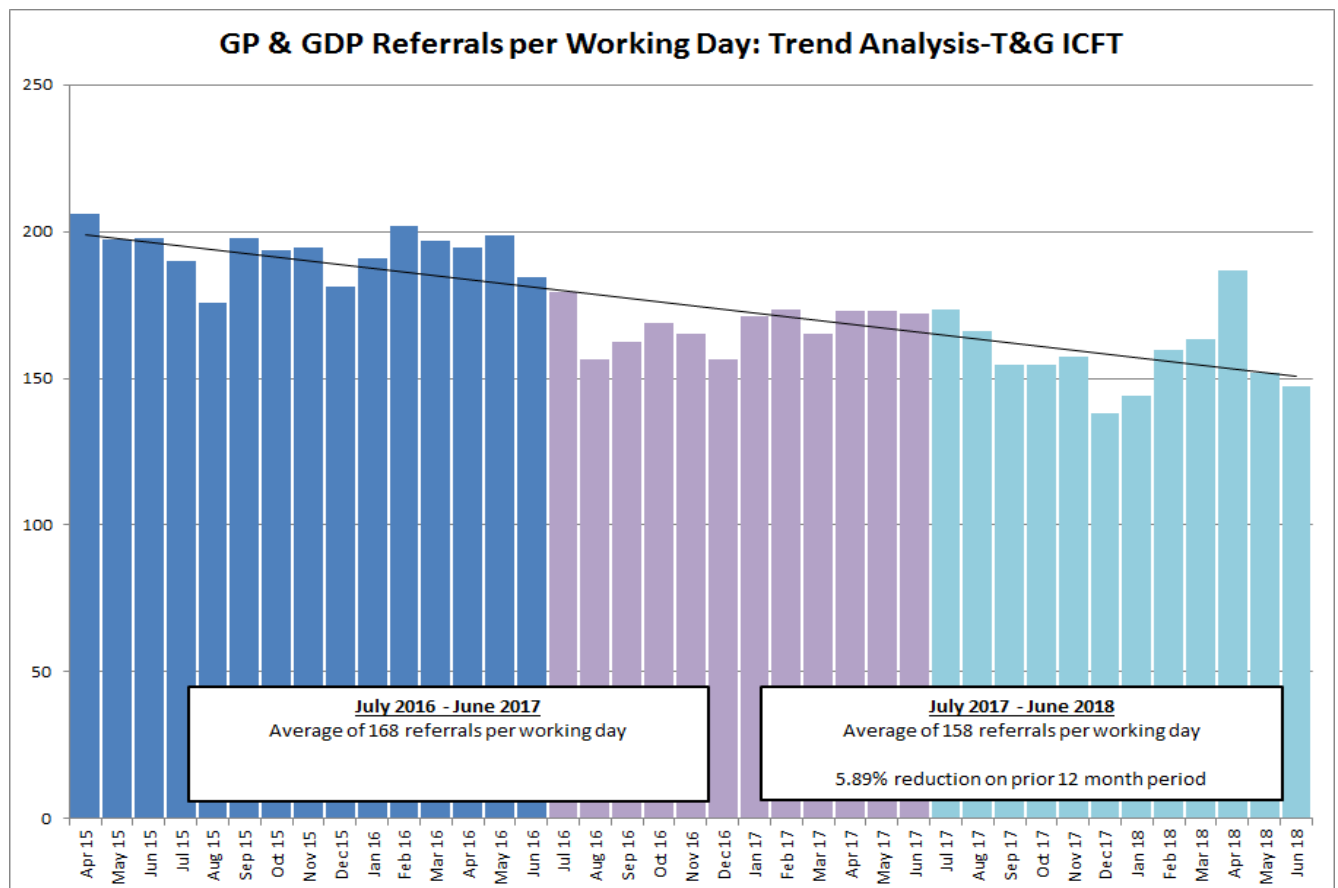
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All of the breaches have occurred at Manchester Foundation Trust and in the specialty of Plastic Surgery which has had capacity pressures. More recently there has been a further review of long waiters and investigation of the PAS system, identified further long waiters. Following a review of the longest waiting patients, and some subsequent investigation of our PAS system, they have identified that approximately 250 patients are waiting over 52 weeks for treatment, primarily in the specialties of General Surgery and ENT. These are in addition to the 30 DIEP plastic surgery patients. They recognise that these are clearly unacceptable delays for any patient, which is why we have been working intensely to investigate what happened and make the necessary changes and improvements. They have taken a number of immediate actions across all hospitals.

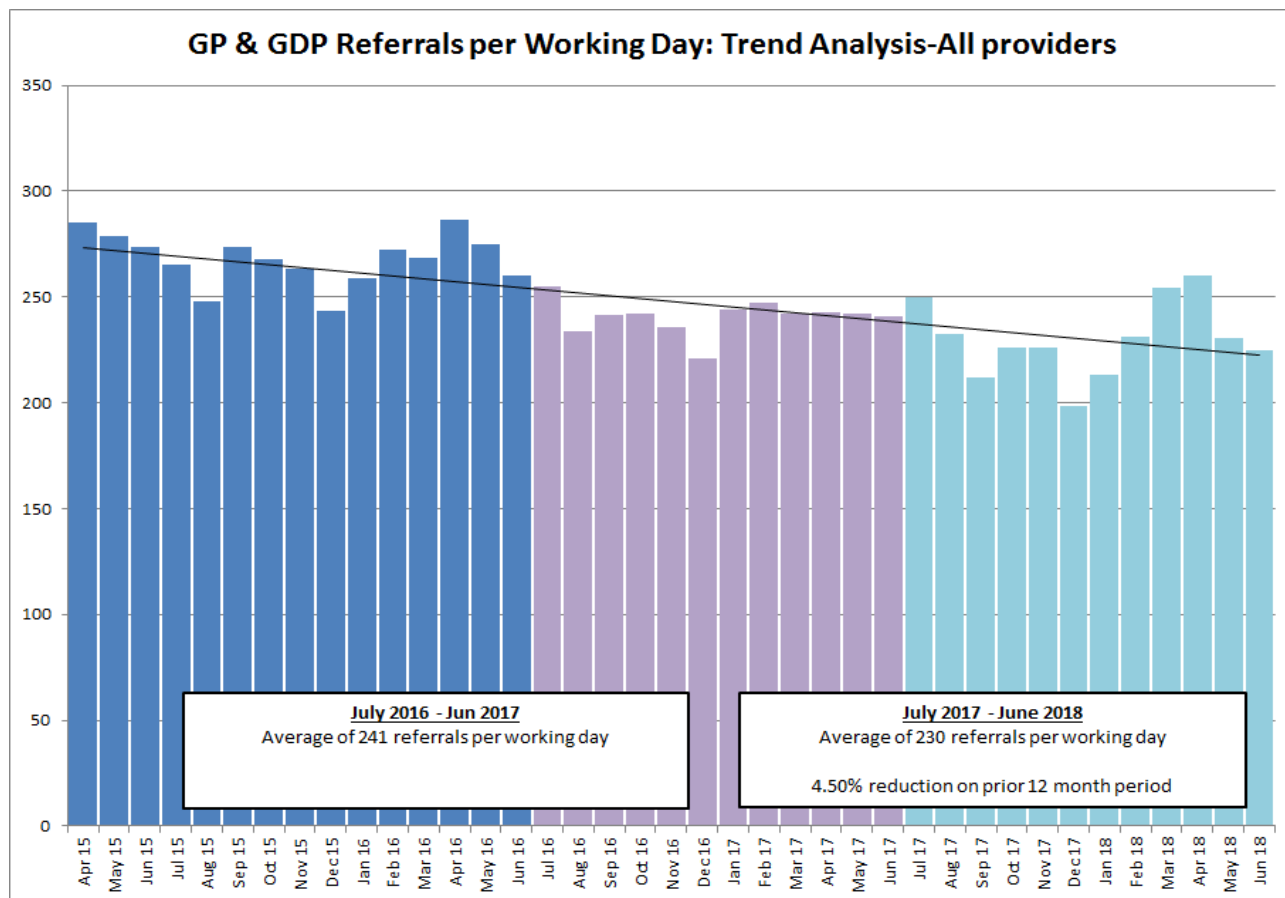
- 1) They have written to each patient identified as having waited more than 52 weeks for their treatment and apologised immediately.
- 2) Undertaken a clinical review of the patients – so far they have not identified any significant patient harm as a result of the delay.
- 3) Made plans to treat all the patients by the end of September.
- 4) A Task Force has been set up to oversee immediate treatment of patients but also to review the IT and operational processes – a detailed action plan is in place.
- 5) They are making plans to introduce a more modern version of the waiting list system although this will take up to two years to complete.
- 6) They have informed regulators, GM and the Board of the plan.

Referrals

- 3.4 The chart below shows the GP referrals trend for Tameside and Glossop CCG at the ICFT. This shows that there has been a 5.89% reduction on the prior 12 month period (July to June). The average number of referrals per working day was 158 over the last 12 months compared to 168 for the same period last year.



The chart below shows the GP referrals trend for the CCG at all providers. This shows that there has been a 4.50% reduction on the prior 12 month period (July to June). The average number of referrals per working day was 230 over the last 12 months compared to 241 for the same period last year.



NHS England IAF 2017/18 Assessment for Cancer and Maternity

- 3.5 NHS England has recently published assessments for cancer and maternity for each CCG in the country. It is important to note that the ratings from these assessments are not from onsite inspection activity. Rather the ratings are the result of a desktop exercise using 2017/18 year end data across four performance measures for each of the two categories. The outputs provide a snapshot of how Tameside and Glossop CCG performance compares with other CCGs.

<u>Clinical Priority area</u>	<u>Headline rating 2017/18</u>
Cancer	Good
Maternity	Requires Improvement

Tameside and Glossop CCG has been assessed as 'Good' for cancer and 'Requires Improvement' for maternity.

Cancer

- 3.6 Tameside and Glossop CCG is one six areas in Greater Manchester to get a rating of 'Good' or better for cancer. The remaining four areas have been given a rating of 'Requires Improvement' or 'Inadequate'. Although the CCG has received a 'Good' rating more recent data – since the end of 2017/18 – indicates a slight dip in performance. While not significant

nor a major cause for concern, it is important to keep a close eye on ongoing changes in performance. As such those cancer related measures are subject to exception reporting elsewhere in this report (paragraph 2.5 and **Appendix 2**)

Maternity

- 3.7 Tameside and Glossop CCG is one of eight areas in Greater Manchester to get a rating of 'Requires Improvement' for maternity. The only two areas to get a higher rating are Heywood, Middleton and Rochdale and Trafford.
- 3.8 A key measure of the effectiveness and quality of maternity services is performance regarding neonatal mortality and stillbirths. Tameside and Glossop CCG has the second lowest rate (best) in Greater Manchester (behind Trafford) and the third lowest (best) amongst peer areas.
- 3.9 Improving the quality and effectiveness of maternity services in Tameside and Glossop remains a priority for the CCG, ICFT and other partners. Below is a summary of some of the key actions.

Stillbirth and neonatal mortality rate

- 3.10 Tameside and Glossop ICFT actively participate in Saving Babies Lives (SBL) with a self-assessment evidencing compliance in ten areas of action, including all four elements of the SBL care bundle. A robust process re risk assessment and surveillance for fetal growth restriction is in place evidenced by ongoing audit. Regarding raising awareness of reduced fetal movements – personal maternity records embed an information leaflet, with prompts at each contact to discuss reduced foetal movements. All telephone consultations concerning reduced foetal movements are logged, prompting the use of the SBL care bundle checklist. Large banner stands are on display in antenatal clinic waiting areas. CTG Masterclasses and 'train the trainer' courses have been undertaken regarding effective fetal monitoring during labour. All staff providing intrapartum care have completed e-Learning for Health on-line competency assessment. For future recruits this will be completed as part of the induction programme. Since 2018 all perinatal deaths in the Trust are reviewed using the National Perinatal Mortality review Tool. The Trust has a stillbirth and neonatal mortality rate of 4 per 1000 births compared to 4.8 nationally (NHS England) – the second lowest (best) rate in Greater Manchester.

Women's experience of maternity services

- 3.11 The maternity service actively seek feedback from service users, including the national maternity survey, Patient Opinion, Friends and Family Test (FFT) and through our Maternity Service Liaison Committee which is making the transition into a Maternity Voices Partnership. NHS England cites an indicator value of 82.3 out of 100 for the Trust against a national mean of 83 out of 100. An action plan is in place to improve in areas which scored lower in the national survey. For the ninth month running, maternity exceeded the response rate target for maternity FFT, the latest monthly response rate being 45.8%. The positive response rate has also continued to exceed the 95% target.

Choices in maternity services

- 3.12 Better Births and NICE Clinical Guidance advocates women should have a choice regarding where they give birth – the choice of home, obstetric unit and midwifery led unit should be available. It is recognised choice has been limited at Tameside and Glossop ICFT to the obstetric unit or home. Whilst there is a very well-established midwifery led care model in place, the birth rooms for that model have been located on the Delivery Suite in the obstetric unit. The ICFT recently had a business case approved to open a co-located midwifery led unit. Plans have been developed and shared with service users. The building is anticipated to commence towards the end of 2018, with a view to the unit opening in Spring 2019.

Rate of maternal smoking at time of delivery (SATOD)

- 3.13 Tameside's maternity unit screens all women for Carbon Monoxide and has an opt-out referral system to Stop Smoking support. Women are referred to Be Well Tameside where 1-2-1 support is provided. Women who do not take up this offer of support (the majority) are referred to the Specialist Stop Smoking midwife. The stop smoking midwife offers support to women to make their home smoke-free and on-going support to achieve a 4 week quit. In 2017-18 the midwife-led service supported 102 women and 5 men to set a quit date - 53 women and 3 men achieved a 4 week quit (52%). 67 children benefited from the adoption of a smoke-free home environment. The female teenage smoking rate has a direct relationship to the levels of smoking in pregnancy. An evidenced based approach is being taken to de-normalise smoking for children and young people. In 2018-19 there are plans to invest significant financial resources to expand the midwife-led service and deliver the Greater Manchester tobacco strategy programmes of BabyClear and the incentive scheme to engage a higher proportion of women who smoke and support a higher proportion of 4 week quits. Latest Quarter 1 2018/19 figures have seen an encouraging reduction of SATOD to 14.4%

4.0 IN-FOCUS – Adult Social Care

- 4.1 The thematic in-focus area for this report is Adult Social Care. The full report is attached at **Appendix 3**.

5.0 RECOMMENDATIONS

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