

Final

Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 25th September 2019

Executive Member: Councillor Eleanor Wills – Executive Member (Adult Social Care and Health)

Clinical Lead: Ashwin Ramachandra – CCG Chair

Reporting Officer: 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 June 2019. 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 June 2019.

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 4 Hour Standard
- Referral To Treatment- 18 weeks
- IAPT- Access Rate
- IAPT- Recovery rate
- Proportion of people using social care who receive self-directed support, and those receiving Direct

Payments

- Proportion of older people (65+) who are still at home 91 days after discharge from hospital.

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.

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.

**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

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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 2018/19

Access to Information :

- **Appendix 1** – Health & Care Dashboard;
- **Appendix 2** – Exception reports;

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 with a health & care performance update at September 2019 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 & 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 Standard
	3	Referral To Treatment-18 Weeks
	17	IAPT-Access Rate
	18	IAPT –Recovery Rate
	52	Direct Payments
	58	65+ at home 91 Days

ON WATCH (monitored)	4	Diagnostic tests waiting times
	7	Cancer 31 day wait
	11	Cancer 62 day wait from referral to treatment
	31	CYP First Treatment for Eating Disorders within 1 week (Urgent)
	32	CYP First Treatment for Eating Disorders within 4 weeks (Routine)
	41	LD service users in paid employment

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 July 2019 was 85.6% for Type 1 & 3 which is below the target of 95% nationally. Underlying demand continues to grow, a consequence of increased acuity (including the beginning of a seasonal effect), and increased bed occupancy. It should be noted that this performance meant that the Trust was ranked 4th in Greater Manchester.

18 Weeks Referral to Treatment

- 2.4 The RTT 18 weeks performance for June was 90% which is below the National Standard of 92%.

T&G ICFT as a provider are achieving the standard for our patients. However, the performance at MFT at 82.1% is the key reason for the failure in June 2019 with 729 people breaching across 12 specialities. Stockport, Salford, Pennine Acute Trusts and BMI – The Alexandra also contributed to the failure accounting for a further 347 breaches.

Trauma & Orthopaedics continues to be a challenge across most providers. As of June 2019, Trauma & Orthopaedics had the highest number of people waiting over 18 weeks at 452 people.

MFT have advised the following.

- RTT task force is meeting weekly
- Review of referral variation by practice and consider any implications by referrer type and specialty
- MFT to outsource where possible with existing contracts in place with a number of providers including BMI, Spire, HCA and MSS
- Support is to be provided from NHSI IST

Waiting List

T&G CCG waiting list at June 2019 is 11.9% above the expected baseline (March 2018 position for providers with the exception of MFT, which is March 2019 position). NHS England expects CCGs to have zero percent growth from the baseline by March 2020.

Greater Manchester Health & Social Care Partnership and MFT re-adjusted waiting list figures following the formation of MFT and a refresh of patient waiting list data.

InHealth have advised us that unplanned absence due to sickness in addition to planned annual leave throughout July and August will lead to a reduction in capacity and growth in the waiting list and will extend their waiting times to approx. 6 weeks. Additional capacity is being planned September onwards to address the backlog and bring waiting times back to the typical four weeks.

Improving Access to Psychological Therapies-Access Rate

- 2.5 Performance for April is below the Standard for Improving Access to Psychological Therapies-Access Rate (4.75%) achieving 3.18%. This is a deterioration on the previous month, March where performance was 3.37%. The focus on reducing secondary waits and lower referral rates have impacted on prevalence. Joint action plan is in place and prevalence is rising. Business case in development to reach 22%. Anticipated to be meeting prevalence target by Quarter 2 2019/20.

Improving Access to Psychological Therapies-Recovery Rate

- 2.6 The Improving Access to Psychological Therapies recovery rate for April was 47.7% which is below the National Standard of 50%. This is an improvement on the previous month where performance was 47.2%.

Recovery has been affected due to waiting list initiatives. Plan to improve includes review of supervision and therapeutic doses of intervention. Case note audits and increased use of anxiety disorder specific measures. Anticipated to achieve 50% rate in Q1 2019/20.

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

2.7 Performance for Q4 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 13.51%. This is a deterioration in performance compared to the previous quarter, which also failed to achieve the standard at 13.56%. 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. A review of the Direct Payment (DP) Service is underway.

A Working Group with Social Care Managers, Audit, Client Finance and legal to review and update the DP contract / agreement imminently. Development of a Tameside DP Policy and Factsheets. Including DPs as part of social work practice guidance. Visiting other good performing authorities to learn and improve Updating leaflets and website, outreach and engagement in community spaces to engage with local people (i.e. in Tameside One downstairs). Having a DP Officer in each neighbourhood team to work closely with staff to quickly put a DP in place one people have chosen to take up, and to work with staff to encourage them to offer DPs as a choice of personal budget.

Proportion of older people (65+) who were still at home 91 days after discharge from hospital

2.8 Performance for Q4 is below the threshold for the proportion of older people (65+) who were still at home 91 days after discharge from hospital (82.7 %) achieving 77.9%. This is a deterioration in performance compared to the previous quarter, which also failed to achieve the standard at 79.9%. Tameside performance in 2016/2017 was 81.8%, this is a decrease on 2015/2016 and is below the regional average of 82.8% for 2016/2017. Nationally the performance is 82.5% which is still above the Tameside 2016/17 outturn. Reablement criteria has been relaunched to ensure suitable referrals come through, and we continue to raise awareness of this. This indicator is currently being monitored more frequently. In conjunction with colleagues in Performance, a 'deep dive' into the data has already been completed to better understand what the issues are. The majority of cases are due to the ongoing health needs of individuals. Furthermore, the team have committed to visiting other good performing authorities locally to compare and establish any good practice to learn from.

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 are asked to note, and any other data or performance issues that Strategic Commissioning Board need to be made aware.

Diagnostics Issues MRI

3.2 MRI

Salford Royal Foundation Trust (SRFT) has seen a significant rise in demand for MRI in the months between January and May 2019. Demand for MRI has increased between 8% and 20% over this period. Along with the increase in demand there have been issues around capacity linked to the national shortage of radiographers.

The CCG has not seen a particular increase in MRI demand, however, CCG patients have been impacted by longer waits.

SRFT are actively sourcing additional capacity and investigating the sources of increased demand to inform their recovery plans.

Stockport Breast Services

- 3.3 Stockport CCG have informed co-commissioning CCGs it is not a viable option for Stockport NHS Foundation Trust to re-open access to the Breast Service in Stockport; this is due to the shortage of specialist staff required to deliver a safe and sustainable service. Breast services will therefore be commissioned from neighbouring NHS Trusts on a permanent basis. A plan has been developed by the Trust for the safe transfer and management of existing patients. This builds on the arrangements that have been in place since referrals to Stockport's Breast service were suspended in May 2019. A Communications and Engagement Plan has been developed jointly to ensure that existing and new patients and key stakeholders are engaged in this change of service.

4.0 RECOMMENDATIONS

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