

NHS Sunderland CCG

CCG Improvement and Assessment Framework Update

4th September 2019



Agenda

- CCG Improvement and Assessment Framework (IAF)
- National comparison
- Indicators of national and regional interest
 - Based on national and regional priorities and expectations of regulators
- Questions



Background to CCG Assurance

- The CCG Improvement and Assessment Framework (IAF) became effective from 1st April 2016, replacing the existing 2015/16 CCG Assurance Framework
- The CCG IAF mirrors the Five Year Forward View aims:
 - Better health for their local populations
 - Better care for patients
 - Better value for the tax payer
 - (and adds a focus on leadership)
- The new CCG IAF has four domains, including the triple aim from the Five Year Forward View and STPs:
 - Better Health
 - Better Care
 - Sustainability
 - Leadership
- Annual refreshes with changes to indicators based on national policy changes

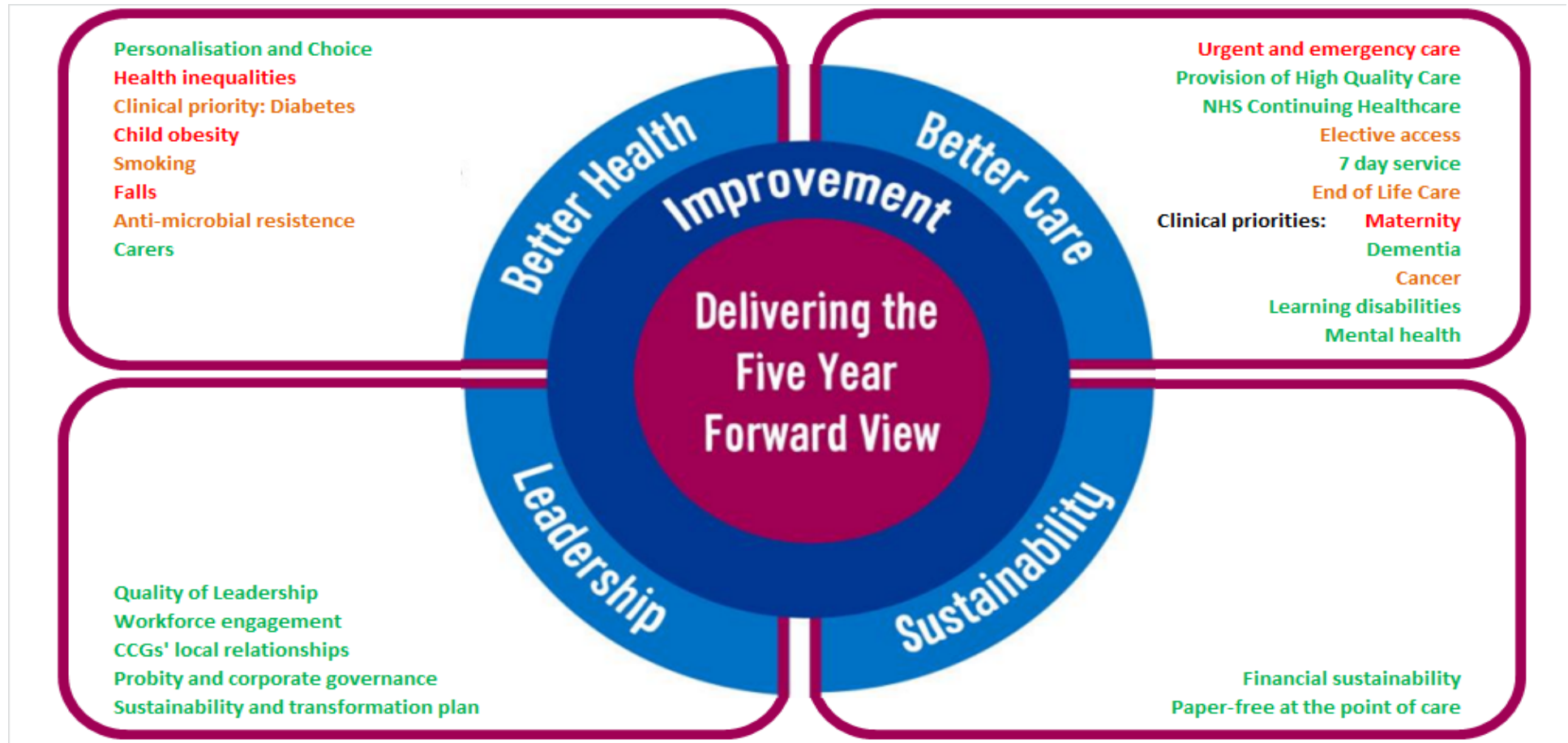


Background to CCG Assurance

- No in-year overall or domain ratings: overall rating at year end
- Overall Ofsted style ratings at the end of each year
 - Outstanding
 - Good
 - Requires improvement
 - Inadequate
- Overall rating derived from:
 - Performance against each standard/indicator in the domains, ratings in the six clinical priority areas and regional team view
 - Results of 60+ CCG IAF indicators published quarterly on MyNHS: www.nhs.uk/mynhs
- 2018/19 SCCG rated **Outstanding** overall for the third year running



SCCG IAF Risk Assessment



National comparison

- Better health (9 indicators)
 - Best quartile in England for 1 indicator
 - Personal health budgets
 - Bottom quartile in England for 4 indicators
 - Childhood obesity
 - Emergency admissions for ambulatory care sensitive conditions
 - Appropriate prescribing for antibiotics
 - Diabetes structured education course
- Sustainability (2 indicators)
 - In year financial performance and use of the NHS e-Referrals Service (previously choose and book). Both rated good.
- Leadership (6 indicators)
 - Comparable national performance for all indicators and fully compliant for probity and corporate governance and quality of CCG leadership



National comparison

- Better care (35 indicators)
 - Best quartile in England for 10 indicators
 - Cancer patient experience
 - Mental health early intervention psychosis (EIP)
 - Delayed transfers of care
 - Neonatal mortality and still births & experience of maternity services
 - Referral to treatment (RTT)
 - Primary care access and provision of high quality care (hospital)
 - Completeness of GP learning disabilities register
 - Achievement of clinical standards (7 day services)
 - Bottom quartile in England for 10 indicators
 - Cancer diagnosis at early stage and one year survival from cancer
 - Smoking at time of delivery and choice in maternity
 - Emergency admissions for urgent sensitive conditions
 - End of life care (emergency admissions in last 3 months of life)
 - Learning disability specialist inpatient care and annual health check
 - Mental health data robustness and IAPT recovery
- Remaining indicators comparable to England



Indicators of national and regional interest

- Accident and emergency (A&E) four hour wait
 - Definition
 - National standard **95%** of patients to be seen, treated and discharged from A&E (and other urgent care facilities within **four** hours)
 - Sunderland system performance better than national performance but one of the lowest in the region
 - Current pressures
 - Volume of minor illness patients self presenting into Sunderland Royal Hospital (SRH) and increased ambulance arrivals into SRH
 - Hospital use of other dispositions and streaming e.g. extended access
 - Recovery/action plan
 - Urgent care transformation programme led by ATB programme 4
 - Increased provision of GP extended access at UTC Dec 1st
 - Multi agency system wide action plan from the “perfect system” project



Indicators of national and regional interest

- Referral to Treatment (RTT) and volume of patients on a waiting list

- Definition

- Locally agreed expectation that waiting lists and waiting times do not increase in 2019/20 (agreed with NHS England/Improvement)

- Current pressures

- Increased demand into a number of key pressure areas such as orthopaedics, rheumatology and dermatology
- Lack of capacity and consultant availability due to workforce pressures and changes in consultant pensions

- Recovery/action plan

- Implementation of a single point of access for musculoskeletal (MSK) GP Dermatology transformation programme implementing new pathways and enhancing the community service in Sunderland
- Additional capacity sourced from the Independent Sector
- expected to be commence October'19



Indicators of national and regional interest

- Ambulance Response Times

- Definition

- Four categories of response ranging from life threatening to less urgent calls
 - North East Ambulance Service (NEAS) a good performer overall nationally BUT at a local level, significant variation in performance with Sunderland one of the lowest in the region

- Current pressures

- Volume of 999 calls in the Sunderland patch increasing
 - Ambulance handover delays at SRH which impacts on vehicles responding to incidents

- Recovery/action plan

- National work around hospital handovers commissioned and led by the Emergency Care Improvement Team (ECIP)
 - NEAS transformation plan with increased funding for crews and vehicles which also includes improvements to rostering
 - Specific actions from the “perfect system” for NEAS



Summary

- Sunderland CCG rated as outstanding for 2018/19, third succeed year
 - A lot of areas of good practice/strength e.g. dementia, learning disabilities and mental health
- A number of pressures consistent with previous years and system pressures e.g. use of urgent care system, childhood obesity
- Key action plans are in place to help mitigate the risks and overarching ICS plan being developed to the deliver the LTP requirements
- Key transformation programmes in place to **improve outcomes** for patients and **deliver** national standards such as urgent care, pathway development, engagement with general practice, providers and other stakeholders.

