

## **NHS Sunderland CCG**

# **CCG Improvement and Assessment Framework Update**

**28th November 2018**



# 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](http://www.nhs.uk/mynhs)
- 2016/17 and 2017/18 Sunderland CCG rated as **Outstanding**, one of only a few regionally and nationally



# Framework

## Risk assessment against the new improvement and assessment framework



# National comparison

- Better health (9 indicators)
  - Best quartile in England for 2 indicators
    - Quality of life for carers
    - Personal health budgets
  - Bottom quartile in England for 3 indicators
    - Childhood obesity
    - Emergency admissions for ambulatory care sensitive conditions
    - Appropriate prescribing for antibiotics
- 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 (34 indicators)
  - Best quartile in England for 11 indicators
    - Cancer treatment and patient experience
    - Mental health out of area placements and early intervention psychosis (EIP)
    - Delayed transfers of care
    - Neonatal mortality and still births
    - Referral to treatment (RTT)
    - Continuing healthcare assessments carried out in an acute setting
  - 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
    - Dementia health checks carried out in general practice
    - End of life care (emergency admissions in last 3 months of life)
    - Primary care workforce
- 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 (regional performance historically better in the North East)
  - 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
    - Significant transformation plan across the system including primary care streaming from ED, development of an Urgent Treatment Centre (UTC – national must do), extended access and delivery of actions from the Emergency Care Improvement Programme (ECIP)
    - New Integrated Urgent Care service (111)





# Indicators of national and regional interest

- Volume of patients on a waiting list
  - Definition
    - National expectation that waiting lists and waiting times do not increase in 2018/19 set out in the national planning guidance
  - Current pressures
    - Increased demand into a number of key pressure areas such as orthopaedics, rheumatology and dermatology
    - Lack of capacity and consultant availability to increase activity
  - Recovery/action plan
    - Implementation of a single point of access for musculoskeletal (MSK) GP referrals to reduce unnecessary secondary care activity
    - Dermatology transformation programme implementing new pathways and enhancing the community service in Sunderland
    - Additional discussions with CHS NHSFT around actions that can be taken to increase activity to reduce the number of patients on a waiting list



# 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

- New Integrated Urgent Care service (111) which is also provided by NEAS
    - Urgent care transformation programme with key actions around ambulance handover
    - NEAS transformation plan with increased funding for crews and vehicles



# Summary

- Sunderland CCG rated as outstanding for the last two years performing well in a number of key areas
  - Elective access, mental health, cancer, personalisation and choice, continuing healthcare, sustainability and leadership
- Work still to be done in key areas such as childhood obesity, diabetes management and smoking at time of delivery linked to wider determinants of health; and
- Reduction in the use of the hospital sector particularly the urgent care system
- 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.

