

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



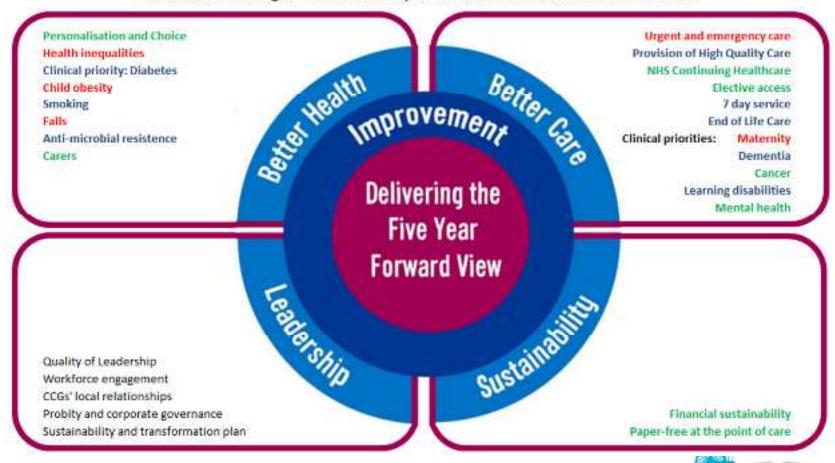


- No in-year overall or domain ratings: overall rating at year end
- Overall Ofsted style ratings at the end of each year
 - Outstanding
 - Good
 - Requires improvement
 - Inadequate
- Overall rating derived from:
 - Performance against each standard/indicator in the domains, ratings in the six clinical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

