

Adult and Wellbeing Overview & Scrutiny Committee

2 March 2020

Performance Monitoring – NHS Herefordshire Clinical Commissioning Group

Recommendation

That the Adult and Wellbeing Scrutiny Committee:

- (i) Receives and considers the updated report on performance monitoring by NHS Herefordshire Clinical Commissioning Group.
- (ii) Receives the One Herefordshire priorities and outcome measures.

1. Introduction

1.1 This report provides information on the performance monitoring by NHS Herefordshire Clinical Commissioning Group (HCCG) that commissions NHS services to Herefordshire residents.

1.2 This report provides a twelve-month update on CCG performance measured by the NHS Constitution Measures, now reflecting performance up to December 2019 (latest validated published information).

1.3 This report also provides an update to the Committee of the One Herefordshire priorities and the associated outcomes measures, following a presentation to the Committee on the work of One Herefordshire in October 2019.

2. Background

Clinical Commissioning Groups (CCGs) are clinically-led statutory NHS bodies responsible for planning, buying (commissioning) and monitoring health care services in their local area. Commissioning is about getting the best possible health outcomes for the local population, by assessing local health needs, deciding priorities and strategies, and then securing services on behalf of the population from a range of organisations including hospitals, general practices and community health bodies. CCGs are responsible for the health of their entire population and their performance is measured by how much they improve outcomes.

3. CCG Performance Reporting

3.1 NHS Herefordshire CCG provide regular monthly reports to its Governing Body on their performance. The performance information is contained within the dashboard in Appendix 1.

3.2 Clinical Commissioning Groups are required to meet the national NHS Constitution targets and therefore report performance against these measures which have a nationally set target. Table 1 provides data on the NHS constitution measures for the CCG.

Table 1. NHS Constitution Targets

| NHS Constitutional Access Standards | Target | NHS Constitutional Access Standard | Target |
|-------------------------------------|--------|--|--------|
| A&E 4 Hour Waits | 95% | Cancer 2-week waits | 93% |
| RTT Incomplete Pathway | 92% | Breast Symptomatic Cancer 2ww | 93% |
| Patients waiting +52wks | zero | 31 Day Cancer (First definitive treatment) | 96% |

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|---|-----|---|-----|
| 62 Day Cancer Waits (Patients receiving 1st definitive treatment) | 85% | 31 days subsequent treatment surgery | 94% |
| 62 Day Screening | 90% | 31 days subsequent treatment radiotherapy | 94% |

3.3 The NHS Constitution sets out a number of standards which have been translated into a range of targets for waiting times and patient care.

Accident & Emergency (A&E) 4 hour wait

Ensuring we have a robust urgent care system also continues to be a challenge across the health and care system with performance against the 4-hour A&E access target remaining below the national 95% standard. Ambulance conveyances have been growing to high numbers every day.

Agencies in Herefordshire have been working together to understand the demand for ambulances in the county. Improvements to sharing information, communication and enhanced community services are being explored.

Health and Care agencies have worked together to support as many people to return to their normal place of residency following a period of acute care. New ways of working are supporting people to move from the acute hospital more quickly which is releasing bed capacity for the increased number of patients arriving at ED requiring admission.

18 weeks Referral to Treatment (RTT)

The NHS Constitution sets out that patients should wait no longer than 18 weeks from GP referral to treatment (RTT). However, delivery of the target has been challenging as a result of increased demand and capacity issues across the local system. Despite this performance in 19/20 has improved when compared to 18/19.

Cancer Waits

The performance on cancer waiting times has improved during 2019/20, as the NHS is addressing the care pathways for identification, diagnosis and treatment. This has included working across Herefordshire and Worcestershire, bringing in others such as the West Midlands Quality Review Network to identify improvements. Please note that some of the cancer indicators affect small number of people.

Mental Health

Growing services for people with low to moderate mental ill-health, such as depression and anxiety, has been difficult due to the ability to secure staffing with the appropriate skills. As a result, the CCG has funded trainee placements and the service has 'grown' its own workforce. In 2019/20, the provision had sufficient staffing to reach more people than in previous years.

The performance of dementia diagnosis has constantly been below the national target, despite good levels of diagnosis. Local investigations have demonstrated the net impact that people moving out-of-the county and the death rate is having on the total number of people with a dementia diagnosis.

The indicator on children and young people's mental health is new for 2019/20 and does not capture all of the CCG commissioned activity. Work is underway to capture all of the activity by March 2020.

4. One Herefordshire Outcomes Measures

4.1 NHS Long Term Plan and Framework for 2020/21

The NHS Long Term Plan has revised the indicators for 2020/21. The approach is also changing with a greater emphasis on system oversight. This will integrate the Single Oversight Framework for Providers and the Improvement and Assessment Framework (IAF) for CCGs.

Oversight will be characterised by five key principles:

- NHS England and NHS Improvement teams speaking with a **single voice**, setting consistent expectations of systems and their constituent organisations;
- A greater emphasis on **system performance**, alongside the contribution of individual healthcare providers and commissioners to system goals;

- Working with and through **system leaders**, wherever possible, to tackle problems;
- Matching **accountability for results** with improvement support, as appropriate; and
- **Greater autonomy** for systems with evidenced capability for collective working and
- track record of successful delivery of NHS priorities

Although individual organisations have a statutory responsibility for their own performance, to enable a more collaborative approach to managing issues across Herefordshire, we are working more closely as system partners to ensure that provider and commissioner plans are aligned in terms of finance, activity, workforce and outcome metrics. It is envisaged therefore that future performance reports to the HOSC will reflect this wider system working and will be presented as an integrated performance report.

With the CCG merger, oversight and comparison of performance within Herefordshire will continue at both a provider and system level. Performance oversight will continue as normal with all providers through the current contractual arrangements. System oversight will continue through the current One Herefordshire arrangements, through the CCG formal committee structure and via regulators.

4.2 Draft Local Outcome Measures

The proposed outcomes framework is structured around our Long term plan and the NHS quintuple aim. Each aim has up to three ambitions, system level outcomes and associated measures. These are currently in draft.

Aims 1 & 2: Improve health and wellbeing outcomes and reducing health and care inequalities

- Our children and young people have the best start in life
- Our citizens and communities are resilient and have good health and wellbeing
- Our citizens live healthier, longer lives
- Our citizens will enjoy healthy and independent ageing in their usual place of residency for longer

Aim 3: Improve quality and performance enhancing the experience of care

- Our citizens will have equitable access to the right care at the right time in the right place
- Our services meet the needs of our citizens in a positive way
- Our citizens with care and support needs and their carers have good quality of life

Aim 4: Improve productivity and efficiency returning the system to financial sustainability

- Our system is financially sustainable and achieves maximum benefit against investment
- Our system has a sustainable infrastructure
- Our care is digitally enabled at all levels

Aim 5: Sustain, develop and engage our workforce

- Our teams work in a positive, supportive environment and have the skills, confidence and resources to deliver high quality care and support to our population.

Appendix 2 contains the proposed measures associated with the draft outcomes framework.

5. Supporting Papers

Full copies of the CCG's Annual Reports and Performance Reports can be viewed through the following links:

<https://www.herefordshireccg.nhs.uk/library/governing-body-papers/governing-body-papers-2020>