

## Improvement and Assessment Framework Q1 performance and six clinical priority areas

<b>Agenda item 16 Paper 10</b>	
<b>Summariser:</b>	Steve Hams, Director of Clinical Performance
<b>Authors and contributors:</b>	Steve Hams, Director of Clinical Performance
<b>Executive Lead(s):</b>	Steve Hams, Director of Clinical Performance
<b>Relevant Committees or forums that have already reviewed this issue:</b>	Quality Committee Finance and Performance Committee
<b>Action required:</b>	For discussion
<b>Attached:</b>	Presentation
<b>CCG principal objectives relevant to this paper:</b>	P2) Take responsibility, with other partners in the footprint, for the Surrey Heartlands Sustainability and Transformation Plan (STP) and ensure that this contributes significantly to the creation of a sustainable health economy;
<b>CCG Operating plan objectives relevant to this paper:</b>	OP1) Implement the quality improvement strategy; OP2) Implement pathway programmes; OP3) Enabling work programmes; OP4) Delivery of constitutional performance requirements;
<b>CCG core functions relevant to this paper:</b>	CSF1 Commissioning of services, including patient choice; CSF2 Meeting required national and local performance standards; CSF3 Improving quality, including research; CSF4 Compliance with standards including patient safety; CSF5 Reducing inequalities; CSF6 Patient and Public CSF21 Supporting Health and Wellbeing
<b>Risk</b>	None identified
<b>Compliance observations:</b>	<b>Finance:</b> None
	<b>Engagement:</b> None

**Quality impact:** Improved performance will deliver improved outcomes for our responsible population.

**Equality impact:** None

**Privacy impact:** None

**Legal:** None

## **EXECUTIVE SUMMARY**

In the Government's mandate to NHS England, a new CCG Improvement and Assessment Framework (IAF) takes an enhanced and more central place in the overall arrangements for public accountability of the NHS.

The framework is intended to bring clarity, simplicity and balance to discussions between NHS England and CCGs. It draws together in one place NHS Constitution and other core performance and finance metrics, outcome goals and transformational challenges.

The attached presentation brings together 42 of the 60 indicators currently available.

The areas where we are in the lowest performance quartile are (note anomalies in the quartile representation):

- Personal health budgets per 100,000 population (absolute number in brackets)
- Cancers diagnosed at early stage (note: quartile 3)
- Emergency admissions for urgent care sensitive conditions per 100,000 population (note: quartile 3)
- Financial plan
- Staff engagement index (note: in best quartile)

The Government mandate to the NHS commits to separate assessments of CCGs in each clinical priority area: cancer, dementia, diabetes, and learning disabilities, maternity and mental health.

The six clinical areas have defined its approach to combining the individual indicators in the framework to reach a composite banding for each priority area.

An initial assessment has been undertaken for each of these six clinical areas, on a four-point scale. The assessments are described as: top performing; performing well; needs improvement; and, greatest need for improvement. The baseline assessments for NHS Surrey Downs CCG are provided in the attached presentation.

**Date of paper**

20 September 2016

**For further information contact:**

steve.hams@surreydownsccg.nhs.uk



**Surrey Downs  
Clinical Commissioning Group**

# Improvement and Assessment Framework Q1 and six clinical priority areas

Steve Hams, Interim Director of Clinical Performance and Delivery

September 2016



# Introduction

- In the Government's mandate to NHS England, a new CCG Improvement and Assessment Framework (IAF) takes an enhanced and more central place in the overall arrangements for public accountability of the NHS.
- The framework is intended to bring clarity, simplicity and balance to discussions between NHS England and CCGs. It draws together in one place NHS Constitution and other core performance and finance metrics, outcome goals and transformational challenges.
- This dashboard draws together 42 of the 60 indicators currently available.
- Data is available at CCG, DCO (sub region) and STP level, where possible the data will be refreshed to show the latest position.

# About the IAF

- NHS England's national programmes will help to stimulate ambition, co-create replicable methods for care redesign, and provide insight and challenge - whether for example on cancer, learning disabilities, personalisation and choice.
- Indicators are grouped into four areas:
  - Better Health
  - Better Care
  - Sustainability
  - Leadership

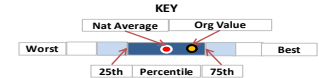
[Technical annex](#)

# Q1 performance

**Please Note:** If indicator is highlighted in GREY, this indicator will be available at a later date

If indicator is highlighted in BLUE, this value is in the lowest performance quartile nationally.

**KEY**  
H = Higher  
L = Lower  
↔ = N/A

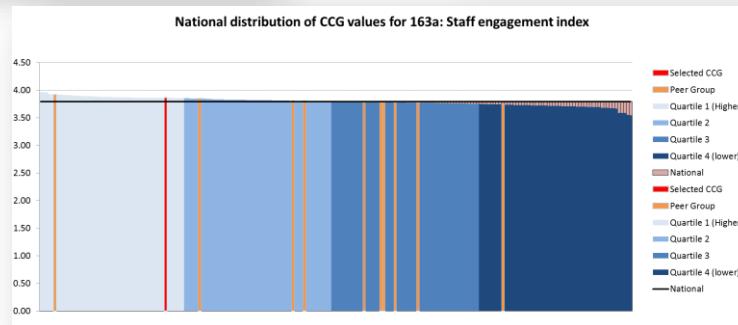
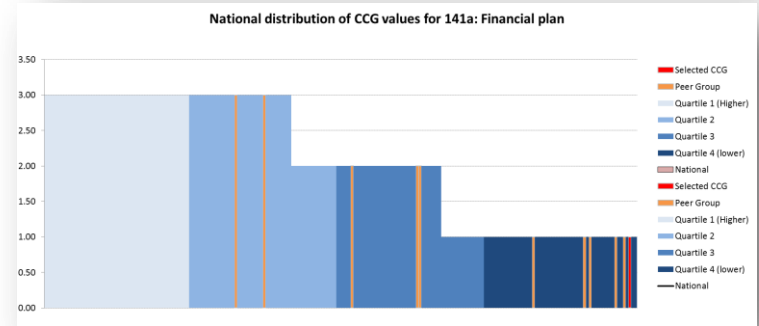
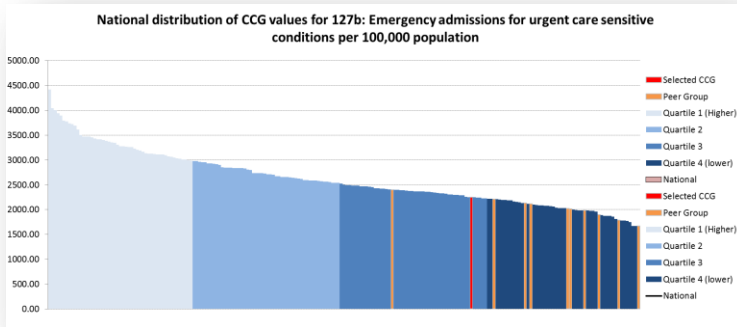
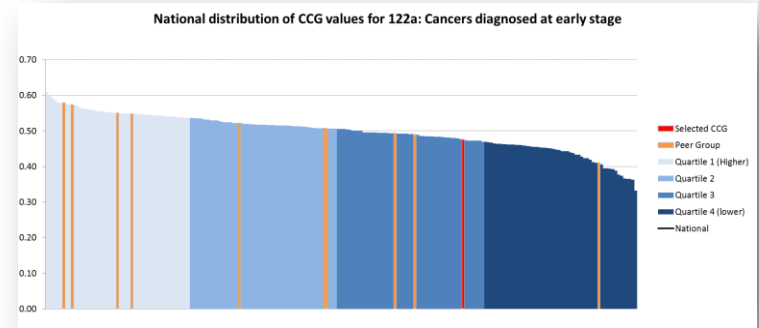
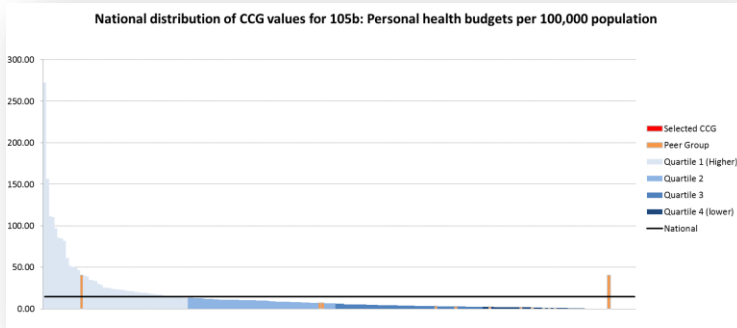


Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...	Range
<b>Better Health</b>						
Maternal smoking at delivery	15-16 Q3	4.2%	10.6%		L	
% children aged 10-11 classified as overweight or obese	2014-15	24.6%	33.2%		L	
Diabetes patients that have achieved all three of the NICE-recommended treatment targets	2014-15	39.6%	39.8%		H	
People with diabetes diagnosed less than a year who attend a structured education course	2014-15	5.7%	5.7%		H	
Injuries from falls in people aged 65 and over per 100,000 population	Nov-15	1,797	2,027		L	
People offered choice of provider and team when referred for a 1st elective appointment	Feb-16	0.31	0.5		H	
Personal health budgets per 100,000 population (absolute number in brackets)	15-16 Q4	0.99	14.45		H	
% deaths which take place in hospital	15-16 Q3	48.5%	46.9%		L	
People with a long-term condition feeling supported to manage their condition	2015	66.7%	64.4%		H	
Inequality in avoidable emergency admissions	15-16 Q2	599			L	
Inequality in emergency admissions for urgent care sensitive conditions	15-16 Q2	2,322			L	
Anti-microbial resistance: Appropriate prescribing of antibiotics in primary care	15-16 Q4	1.0 (1.2)			L	
Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in primary care	15-16 Q4	11.1 (11.1)			L	
Quality of life of carers - health status score (EQ5D)	2015	0.80			H	
<b>Better Care</b>						
Cancers diagnosed at early stage	2014	47.6%			H	
People with urgent GP referral having 1st definitive treatment for cancer within 62 days of referral	15-16 Q4	90.6%	81.9%		H	
One-year survival from all cancers	2013	72.1%	70.2%		H	
Cancer patient experience	2014	92.3%	89.0%		H	
Improving Access to Psychological Therapies recovery rate	Feb-16	45.7%	47.6%		H	
People with 1st episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	Mar-16	75.0%	62.9%		H	
People with a learning disability and/or autism receiving specialist inpatient care per million population	Mar-16	25	58		L	
Proportion of people with a learning disability on the GP register receiving an annual health check	2014-15	39.0%	47.0%		H	
Neonatal mortality and stillbirths per 1,000 births	2014-15	6.40	7.10		L	
Women's experience of maternity services	2015	79.97			H	
Choices in maternity services	2015	0.65			H	
Estimated diagnosis rate for people with dementia	Apr-16	61.0%	66.4%		H	
Emergency admissions for urgent care sensitive conditions per 100,000 population	15-16 Q2	2,246			L	
% patients admitted, transferred or discharged from A&E within 4 hours	Apr-16	93.9%	89.0%		H	
Delayed transfers of care attributable to the NHS and Social Care per 100,000 population	Apr-16	8.57	13.04		L	
Emergency bed days per 1,000 population	15-16 Q2	0.67			L	
Emergency admissions for chronic ambulatory care sensitive conditions per 100,000 population	2014-15	509.00	811.80		L	
Patient experience of GP services	Jan-16	84.8%	84.9%		H	
Primary care workforce - GPs and practice nurses per 1,000 population	2015	0.91			H	
Patients waiting 18 weeks or less from referral to hospital treatment	Apr-16	94.2%	91.7%		H	
People eligible for standard NHS Continuing Healthcare per 50,000 population	15-16 Q3	41	48		H	
<b>Sustainability</b>						
Financial plan	2016	Red			H	
Digital interactions between primary and secondary care	15-16 Q4	63.8%			H	
Local strategic estates plan (SEP) in place	2016-17	Yes			H	
<b>Well Led</b>						
Staff engagement index	2015	3.9	3.8		H	
Progress against Workforce Race Equality Standard	Jul-05	0.2	0.2		H	
Effectiveness of working relationships in the local system	2015-16	70.14			H	
Quality of CCG leadership	2016-17	Green			H	

# Lowest performance quartile nationally

- Personal health budgets per 100,000 population (absolute number in brackets)
- Cancers diagnosed at early stage (note: quartile 3)
- Emergency admissions for urgent care sensitive conditions per 100,000 population (note: quartile 3)
- Financial plan
- Staff engagement index (note: in best quartile)

# National distribution of CCGs








# Other areas to note
















- People offered choice of provider and team when referred for a 1st elective appointment
- Estimated diagnosis rate for people with dementia
- Delayed transfers of care attributable to the NHS and Social Care per 100,000 population

# Six clinical priority areas

- The Government mandate to the NHS commits to separate assessments of CCGs in each clinical priority area: cancer, dementia, diabetes, learning disabilities, maternity and mental health.
- These six areas feature in the new [2016/17 CCG Improvement and Assessment Framework](#)
- The six clinical areas has defined its approach to combining the individual indicators in the framework to reach a composite banding for each priority area.
- An initial assessment has been undertaken for each of these six clinical areas, on a four-point scale.
- The assessments are described as: top performing; performing well; needs improvement; and, greatest need for improvement. The baseline assessments for NHS Surrey Downs CCG is provided in this presentation.

# Baseline assessment

-  Quartile 1
-  Quartile 2
-  Quartile 3
-  Quartile 4

NHS Surrey Downs CCG					
Clinical Priority Area	Overall Rating	Indicator Ratings			
Cancer	Needs Improvement	47.6% 	90.6% 	72.1% 	92.3% 
		New cases of cancer diagnosed at stage 1 and 2 as a proportion of all new cases of cancer diagnosed	Of people with an urgent GP referral having first definitive treatment for cancer within 62 days of referral	of adults diagnosed with any type of cancer in a year who are still alive one year after diagnosis.	of responses which were positive to the question "Overall, how would you rate your care?"
Dementia	Needs improvement	62.9% 		75.7%	
		Estimated diagnosis rate for people with dementia	of patients diagnosed with dementia whose care plan has been received a face-to-face review in the preceding 12 months		
Diabetes	Performing well	39.6% 	5.7% 	97.0% 	
		of diabetes patients have achieved all the NICE-recommended treatment targets	of people with diabetes diagnosed for less than a year who attended a structured education course	of GP practices that participated in the National Diabetes Audit	
Learning Disabilities	Needs improvement	25		39% 	
		Rate of inpatients per million GP registered adult population for each Transforming Care Partnership. CCGs are then assigned the score of the TCP they belong to	of people with a learning disability who are on the GP register and receiving an annual health check during the year. Measured as a percentage of the CCG's registered learning disability population		
Maternity	Needs improvement	80.0 	64.8 	6.4 	4.2% 
		The score out of 100 for women's experience of maternity services based on the 2015 CQC National Maternity Services Survey	The score out of 100 for choices offered to women in maternity services based on the National Maternity Services Survey	The rate of stillbirths and deaths within 28 days of birth per 1,000 live births and stillbirths, reported at CCG of residence level by calendar year.	of women who were smokers at the time of delivery
Mental Health	Performing well	45.7% 		75.0% 	
		of people who were initially assessed as "at caseness", attended at least two treatment contacts, are coded as discharged, and are assessed as moving to recovery		of people with first episode of psychosis starting treatment with a NICE-recommended package of care and treated within 2 weeks of referral	

# Next steps

- Share and review with Clinical Directors, Heads of Service
- Assurance review by Quality Committee and Finance and Performance Committee
- Ensure existing transformation plans are sighted on performance – revise where necessary
- Review performance against Quality Improvement Strategy delivery plan
- Embed within commissioning intentions for 2017/18