

Adult Social Care and Health Overview & Scrutiny Committee

26 September 2018

Performance Monitoring –Clinical Commissioning Groups April 2017-March 2018

Recommendation

That the Overview and Scrutiny Committee:

- (i) Receives and considers the report on performance monitoring by the three Clinical Commissioning Groups for the County.
- (ii) Agrees to receive six monthly reports on CCG performance.

1. Introduction

- 1.1 This report provides information on the performance monitoring by the three Clinical Commissioning Groups (CCGs) that deliver NHS services to Warwickshire residents. The information is derived from published reports which have been considered by the Governing Boards of the CCGs.
- 1.2 The Committee is asked to note that the Warwickshire Health and Wellbeing Board considered the Commissioning intentions of the CCGs, Public Health and Social Care at its 18th September 2018 meeting.

2. CCG Performance Reporting

2.1 The three CCGs serving Warwickshire provide regular reports to their respective Governing Boards on their performance. Table 1 below provides some key facts on the CCGs. This data is extracted from the reports submitted to the CCG Boards and links to these are provided under section 3 below.

Table 1: CCG Key Facts

	South Warwickshire CCG	Warwickshire North CCG	Coventry & Rugby CCG
Population	287,000	190,250	Coventry- 345,000 Rugby-103,443
Budget	£379 million	£238m	£669m
GP Members	34	27	73 (Rugby-12)
CCG Quality Assurance Framework-annual assessment 2017/18	Requires Improvement (previously Good)	Requires Improvement (previously good)	Good
Key organisational facts		Joint shared team across the two CCGs	
Quality innovation, productivity, prevention savings	£15.6m achieved (£16.2m Target)	Achieved	Achieved

2.2 CCG's are required to meet the national NHS Constitution targets and therefore report performance against these measures which have a nationally set target. Table 2 provides data on the NHS constitution measures for the 3 CCGs; data is drawn from CCG Governing Body reports.

Table 2: 2017/18 performance of NHS Constitution Measures.

NHS Constitution Targets	SW CCG 2017/18 (Target)	WN CCG 2017/18 YTD (Target)	C & R CCG 2017/18 YTD (Target)
A & E Waits			
A & E 4 Hour waits-patients should be admitted, transferred or discharged within 4 hours of their arrival at an A & E department	91.5% (95)	87.7% (95%)	82.0% (95%)
A & E- 12 hour trolley waits	2 (0)	60 (0)	0 (0)
Referral to Treatment Times (RTT)			
Patients on incomplete non-emergency pathways waiting no more than 18 weeks from referral	90.4% (92%)	83.7% (92%)	85.3% (92%)
RTT>52 weeks breaches-Incomplete pathways	111 (0)	105 (0)	198 (0)
Diagnostic tests -patients waiting no longer than 6 weeks from referral	98.7% (99%)	99.4% (99%)	99.5% (99%)
Cancer waits			
Maximum 2 week wait for first outpatient appointments for patients referred urgently with suspected cancer by a GP	95.8% (93%)	96.8% (93%)	95.5% (93%)
Maximum 2 week wait for first outpatient appointments for patients referred urgently with breast symptoms	97.5% (93%)	96.9% (93%)	97.4% (93%)
One month (31 day) wait from diagnosis to first definitive treatment for all cancers.	98.4% (96%)	96.9% (96%)	99.1% (96%)

NHS Constitution Targets	SW CCG 2017/18 Performance (Target)	WN CCG 2017/18 YTD (Target)	C & NW CCG 2017/18 YTD (Target)
Maximum 31-day wait for subsequent treatment where that treatment is surgery	95.6% (94%)	98.5% (94%)	98.0% (94%)
Max 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	100% (98%)	100% (98%)	100% (98%)
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	97.7% (94%)	95.9% (94%)	96.2% (94%)
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	81.9% (85%)	82% (85%)	87.8% (85%)
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	92.9% (90%)	96.2% (90%)	96.5% (90%)
Maximum 62-day wait for first definitive treatment following a consultants decision to upgrade the priority of the patient	92.7% (85%)	88.9% (85%)	92.1% (85%)
Mixed Sex Accommodation			
Mixed sex accommodation breaches	24 (0)	8 (0)	13 (0)
Cancelled Operations			
Cancelled operations rebooked within 28 days	18 (0)	3 (0)	194 (0)
Number of operations cancelled for a second time	0 (0)	0 (0)	0 (0)

NHS Constitution Targets	SW CCG 2017/18 Performance (Target)	WN CCG 2017/18 Performance (Target)	C & NW CCG 201/18 Performance (Target)
Mental Wellbeing			
The % of people under adult mental illness specialties on Care Programme Approach who were followed up within 7 days of discharge from psychiatric in-patient care.	97.7% (95%)	97.1% (95%)	97.6% (95%)
Improving Access to Psychological Therapies (IAPT) Access – (annualised)	16.7%* (15%)	n/a (15%)	17.3% (15%)
Improving Access to Psychological Therapies (IAPT) Recovery –	50.7%* (50%)	n/a (50%)	50.5% (50%)
People starting Treatment for Early intervention in Psychosis (EIP) within two weeks.	n/a (50%)	64.7% (50%)	55.6% (50%)
	*Projected year end position at January 2018		

2.3 All three CCG's commissioned Coventry and Warwickshire Partnership Trust (CWPT) to provide mental health and learning disability services for children, adults and older adults. South Warwickshire NHS Foundation Trust (SWFT) provided a range of community services including district nursing, health visiting, school nursing, occupational therapy, podiatry, rehabilitation services and speech and language therapy.

2.4 **South Warwickshire CCG- overview (extract from 2017/18 Annual Report)**

The CCG continues to perform very well on the key performance indicators including Cancer 2 week and 31 day access times from GP referral to first appointment and also for Mental Health IAPT Access and Recovery Rates. We continue to face a number of performance challenges. The A&E four hour target has been particularly challenging during 2017/18 with additional demand

placed upon the urgent care system at South Warwickshire NHS Foundation Trust (SWFT). Whilst this has resulted in the target being missed, South Warwickshire remains amongst the top performing areas for A&E delivery. The CCG is committed to working with the relevant emergency and urgent care providers to deliver improvement in these services.

2.5 **Warwickshire North CCG-overview (extract from 2017/18 Annual Report)**

During 2017/18, we have made good progress against a range of local and national targets to improve the health of people living in the area. We had planned to meet all national planning standards in 2017/18; we met 9 of the 12 NHS Constitution Standards; although service providers have made progress they still struggle to consistently achieve 3 of the waiting time targets.

During the year, the key risks to achieving our objectives have been:

- Achieving the financial control total agreed with NHS England
- Achievement of the NHS Constitutional targets in Referral to Treatment, A&E and achievement of the 62 day wait from urgent GP referral to first definitive treatment to cancer.

2.6 **Coventry and Rugby CCG-overview (extract from 2017/18 Annual Report)**

In September 2016, the CCG was placed in financial special measures and from this time operated under legal directions from NHS England. We made progress so that the financial special measures were lifted at the end of March 2017 however the CCG continued to operate under legal direction until January 2018, when NHS England confirmed the CCG had made sufficient progress and the directions were lifted.

During the year, the key risks to achieving our objectives have been:

- Achieving the financial control total agreed with NHS England. At the start of the year, the CCG agreed with NHS England a control total that would breach its statutory duty to break even. The CCG has continuously sought to improve on the control total position during the financial year but is unable to meet the statutory duty.
- Achievement of the NHS Constitutional targets in A&E and Referral to Treatment. Actions taken to mitigate this risk during the year are outline below however we expect this to continue to be a challenge in 2018/19:

- A&E: Contract Performance Notice issued. The CCG maintained a continued focus on promoting timely discharge and reducing Delayed Transfers of Care, working with care home providers to improve responsiveness to assess/accept new patients
- Referral to Treatment: Performance notice issued, actions plans developed jointly with UHCW and the CCG with the involvement of the intensive support team at NHS

3. Supporting Papers

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

South Warwickshire: [Annual Report 2017/18](#)

CR and NW CCGS: [Integrated Quality, Safety and Performance Report July 2018](#)

Warwickshire North CCG: [Annual Report](#); Coventry & Rugby CCG: [Annual Report 2017-18](#)

Authors:	Sushma Soni -Performance & Improvement Officer (Policy Lead) sushmasoni@warwickshire.gov.uk ; Tel 01926 41 2753
	John Linnane, Director of Public Health & Head of Strategic Commissioning: johnlinnane@warwickshire.gov.uk
	Tricia Morrison – Performance and ICT Services; triciamorrison@warwickshire.gov.uk
Strategic Directors	David Carter, Joint Managing Director; davidcarter@warwickshire.gov.uk
	Nigel Minns, Strategic Director, People Group nigelminns@warwickshire.gov.uk
Portfolio Holders	Cllr Les Caborn-Adult Social Care & Health; cllrcaborn@warwickshire.gov.uk