Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	CCG Assurance, Improvement and Assessment Framework
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The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- ☐ Priority 1: Early help for vulnerable people
- ☐ Priority 2: Improved identification and support for people with dementia
- ☐ Priority 3: Earlier detection of cancer
- ☐ Priority 4: Tackling obesity
- ☐ Priority 5: Better integrated care for the 'frail elderly' population
- ☐ Priority 6: Better integrated care for vulnerable children
- ☐ Priority 7: Reducing avoidable hospital admissions
- ☒ Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

Clinical commissioning groups (CCGs) are rated annually by their regulator NHS England (NHSE). Havering CCG had generally been receiving 'good' ratings, but due to the referral to treatment (RTT) delays at Barking Havering and Redbridge University Hospitals Trust (BHRUT), Directions were applied against the CCG, which led to an 'Inadequate' rating and the downgrading of previous scores for 2015/16. The process for rating CCGs in 2016/17 is changing this financial year, with indicative ratings due in the next few months.

RECOMMENDATIONS

To note the contents of the report

REPORT DETAIL

1.0 Introduction

1.1 This paper explains the process by which CCGs are assessed, the current rating and planned approach for 2016/17.

1.2 CCGs) are regulated by NHSE and are assessed annually. NHSE consider the CCG's progress and performance within a number of domains and rate accordingly. Havering and the fellow CCGs in the Barking and Dagenham, Havering and Redbridge (BHR) collaborative have generally secured 'good' ratings. However, the most recent rating has been negatively impacted by the RTT issue.

2.0 2015/16 Assurance Framework and rating.

2.1 Havering CCG was recently issued with Directions in respect of elective care performance at BHRUT. The imposition of Directions impacts on a CCG's rating, and in this case has led to a rating of 'Inadequate'. There were positive areas cited within the assessment, including: 'significant improvements' in urgent and emergency care, excellent understanding of local health priorities, delegated primary care commissioning, patient engagement and good management of our finances.

2.2 The CCG had on balance been receiving good ratings throughout the year. However once the extent of the referral to treatment (RTT) delays to patients became clearer, further action was required to ensure that the CCG as a responsible commissioner focussed on ensuring that BHRUT, as well as the CCG, deliver their respective elements of a joint CCG/Trust recovery plan – due in September 2016. NHSE decided to apply for Directions and this also led to some elements of the previous assessments being downgraded.

2.3 The CCG is working closely with regulators and the Trust to address the serious issue of the unacceptably long waits that patients have experienced. Havering CCG is making good progress and will work to provide NHS England with the necessary assurance leading to the ultimate lifting of the Directions. A briefing is attached at Appendix 1 summarising the issue and positive progress to date.

2.4 The CCG is working closely with NHS England and is clear about what needs to be done to improve the assurance rating. The CCG will work hard over the coming year to make the necessary improvements, in the interests of all people who use health services in Havering.

3.0 New assessment framework 2016/17

3.1 In March 2016 NHSE introduced a new CCG Improvement and Assessment Framework[1] (IAF) to replace both the existing CCG assurance framework and CCG performance dashboard. The approach aims to reach beyond CCGs, enabling local health systems and communities to assess their own progress from ratings published online.

3.2 The *Five Year Forward View*, *NHS Planning Guidance*, and the Sustainability and Transformation Plans (STPs) for each area, are all driven by the pursuit of the "triple aim": (i) improving the health and wellbeing of the whole population; (ii) better quality for all patients, through care redesign; and (iii) better value for taxpayers in a financially sustainable system. The new framework aligns key objectives and priorities, including the way that CCGs are assessed.

3.3 The IAF makes clear that the NHS can only deliver the *Forward View* through place-based partnerships spanning across NHS commissioners, local government, providers, patients, communities, the voluntary and independent sectors. In the IAF guidance NHSE gives primacy to tasks-in-common over formal organisational boundaries and expects CCGs to act as local system leaders, rather than focus solely on what resides exclusively within their own organisational locus.

3.4 There are some delays from NHSE for the initial ratings, which are expected to provide an indicative view (but not formal assessment) on CCG performance for 2016/17, however a limited number of scores for three areas have been issued. These cover dementia, learning difficulties and diabetes, with initial assessments of 'performing well, needs improvement and greatest need' for improvement respectively. Progress has been made in a number of areas which we expect to see reflected in the final end of year assessment ratings. The Committee will be updated once there is further detail.

IMPLICATIONS AND RISKS

[1] https://www.england.nhs.uk/commissioning/ccg-auth/

Financial implications and risks: Not applicable. Item is for information only.

Legal implications and risks: Not applicable. Item is for information only.

Human Resources implications and risks: Not applicable. Item is for information only.

Equalities implications and risks: Not applicable. Item is for information only.

Appendix 1

Referral to treatment (RTT) and directions

The NHS Constitution gives patients the right to access services within 18 weeks following a GP referral. BHRUT suspended formal reporting of its Referral to Treatment (RTT) performance in February 2014 due to a lack of confidence in its ability to reliably report the numbers of patients waiting.

BHR CCGs and BHRUT were subsequently tasked by NHS England (NHSE) and the Trust Development Agency (TDA), now NHS Improvement (NHSI), to develop and deliver an RTT recovery and improvement plan.

In March the Trust revealed it had more than 1,000 patients waiting over 52 weeks. Since April, the main focus of the CCGs has been the RTT issue and the efforts to tackle these significant and unacceptable delays for local patients.

In June, Havering CCG received specific Directions from NHS England (NHSE) in relation to RTT. Directions are a way of formally highlighting areas where regulators feel they need more assurance that CCGs are able to effectively deliver their plans – including those developed with local partners. The Directions were issued against Havering CCG only, because it leads on the BHRUT contract for all three BHR CCGs.

We are, of course, disappointed that NHS England has applied legal Directions to the CCG but it wasn't a surprise and we welcome the extra support that this gives to the system to continue our focus on resolving the issue.

BHRUT does not have sufficient capacity to address all of the issues currently, so commissioners and the Trust have agreed a joint response that includes:

- Redirection of waiting patients to alternative providers by GPs
- Demand management including use of alternative providers, (including additional community provider clinics)
- Clinically led Pathway review across 10 specialty areas by CCG and BHRUT clinicians
- Improving patient pathways to reduce delays and duplication
- Trust looking to increase capacity through staff recruitment
- Trust looking to increase activity through its operating theatres.

As of 12 September, GPs across BHR had managed to redirect 6,747 patients to alternative providers with a 40% reduction in referrals overall, thus reducing the pressure on BHRUT and helping patients get the treatment they need more quickly. For their part, the Trust had cut the 52 week waits list to 319.

The CCG is clear that addressing the RTT challenge remains our absolute priority. Pathway redesign is progressing well and additional provision from current and new providers is being sourced. The aim of this is to help ease the pressure on

BHRUT and enable them to focus in particular on those who have been waiting for over 52 weeks.

Clinicians from BHRUT and the CCGs continue to meet on a monthly basis through our joint clinical reference group to agree new pathways, while the CCGs have a weekly internal RTT programme meeting – attended by the Havering CCG Chair - to monitor progress on delivering against our demand management plan.

Our GP members receive weekly updates from their CCG Chair outlining developments with new providers and referral routes, as well as the latest in terms of patient numbers.

Our recovery plan must be finalised for September 2016 and draft plans have already been produced. Progress on this is monitored through the joint RTT Programme Board.

Patient safety is of paramount importance and the Trust has agreed a clinical harm process drawing on good practice developed elsewhere. This is being implemented with both an internal and external harm review panel meeting to review progress and outcomes.

It is anticipated that the earliest recovery of the 18 week standard will be March 2017; however there remains substantial risk to achieving this due to the volume of patients who have already breached their 18 week wait. Priority is given to any patient that has waited over 52 weeks to make sure that they are treated as soon as possible. Focus is also being given to patients waiting above 18, but below 52, weeks to ensure that the over 52 week waiting list does not increase.

We expect our demand management schemes, hospital outsourcing arrangements and pathway redesign work to deliver even better results in the coming months and for our patients to be getting the safe, high quality care that they are entitled to.

We will work to provide NHS England with the necessary assurance of these improvements, leading to the ultimate lifting of the Directions against Havering CCG as soon as possible.