

Meeting of Governing Body

Date: Tuesday 5 February 2019

Time: 1.30pm – 5.30pm

Location: The Royal Hotel, 1 S Parade, Weston super Mare, BS23 1JP

Agenda number: 9.2

Report title: 2017/18 Clinical Commissioning Group assessments for mental health, dementia, learning disabilities and diabetes

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Report Sponsor: Peter Brindle, Medical Director – Clinical Effectiveness

1. Purpose

To inform the Governing Body of:

- The recent NHS England Independent Clinical Panels' assessment of CCG performance in the clinical priority areas of Mental Health, Dementia, Learning Disabilities and Diabetes
- Bristol, North Somerset and South Gloucestershire CCG's (BNSSG CCG) current performance against the Panel's indicators and the reasons for this performance where known
- The actions that BNSSG CCG is taking to improve performance where it is below the Panel's standard
- BNSSG CCG's longer term ambitions for the indicators used in the assessment

2. Recommendations

To note the performance of the former CCGs as assessed by NHS England's Independent Clinical Panels for Mental Health, Dementia, Learning Disabilities and Diabetes and the work to improve performance where appropriate for BNSSG CCG.

3. Executive Summary

The assessments were conducted by an Independent Clinical Panel for each clinical priority area and use indicators within the CCG Improvement and Assessment Framework (IAF). The assessments have been done for each of the three former CCG's (Bristol CCG, North Somerset CCG and South Gloucestershire CCG). The assessments use the latest available data for 2017/18 (most of which became available in Autumn 2018). **They are in addition to the**

standard national metrics used to assess CCG performance against the IAF. The table below summaries the overall assessment ratings for each clinical priority area.

CCG	Mental Health	Dementia	Learning Disabilities	Diabetes
Bristol	Requires Improvement	Outstanding	Requires Improvement	Requires Improvement
North Somerset	Requires Improvement	Inadequate	Requires Improvement	Requires Improvement
South Gloucestershire	Requires Improvement	Inadequate	Requires Improvement	Inadequate

4. Financial resource implications

There are no financial resource implications in the paper. The actions to address below standard performance or to achieve our longer term ambitions will require their own individual commissioning decisions.

5. Legal implications

There are not legal implications.

6. Risk implications

None

7. Implications for health inequalities

The information used to assess performance is not analysed by nor compared with inequalities in health outcomes within the clinical priority area. This needs to be understood more fully to understand health inequalities implications.

8. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

It is unclear whether an assessment of the NHS England designed IAF process and the indicators used has been conducted in relation to protected characteristics.

9. Implications for Public Involvement

Where actions to address performance involve changes to the way that services are commissioned and delivered, the CCG expects those leading the change to make an assessment of the level of consultation, engagement and public involvement that is needed to ensure that changes have the greatest chance of being successful.

Agenda item: 9.2

Report title:

2017/18 Clinical Commissioning Group assessments for mental health, dementia, learning disabilities and diabetes

1. Background

NHS England has recently undertaken assessments in the following clinical priority areas:

- Mental health
- Dementia
- Learning disabilities
- Diabetes

These assessments were conducted by an Independent Clinical Panel for each clinical priority area and use indicators within the CCG Improvement and Assessment Framework (IAF). The assessments have been done for each of the three former CCGs (Bristol CCG, North Somerset CCG and South Gloucestershire CCG). **They are in addition to the standard national metrics used to assess CCG performance against the IAF.**

The main differences between the headline assessment published in July 2018 and these more recent assessments are:

- The recent assessments use the latest available data for 2017/18 (most of which became available in Autumn 2018)
- They provide a snapshot of the former CCG's performance in these clinical priority areas compared with other CCGs and, where relevant, whether the CCGs are meeting national ambitions.
- They do not always use all of the routine NHS England indicators for the clinical priority areas. This is particularly the case with Mental Health.
- For some indicators, the expected level of performance defined and used by the Independent Clinical Panel to assess the CCGs is different from the target used in NHS England's routine performance management (the IAF). The indicators that this applies to and how they differ are indicated by footnotes.

Sections 2, 3 and 4 of this paper describe:

- The NHS England's Independent Clinical Panels' assessment rating for each of the clinical priority areas for each of the three former CCGs
- and for each clinical priority area:
- Bristol, North Somerset and South Gloucestershire (BNSSG) CCG's current performance. The methodology used by NHS England to arrive at the assessment ratings is not described in enough detail for us to estimate the rating we would be given based on current performance.

The definitions of each indicator can be found at <https://www.england.nhs.uk/wp-content/uploads/2018/11/Technical-annex-1819.pdf>

- The reason for our current performance
- Where our current performance is below the NHS England standard, the actions that we are taking and what we anticipate the result of those actions to be
- Our longer term ambitions in the clinical priority areas

2. Mental Health assessment for Bristol CCG, North Somerset CCG and South Gloucestershire CCG

Table 1

	NHS England expected level of performance used by their Independent Clinical Panel	Bristol CCG performance	North Somerset CCG performance	South Gloucestershire CCG performance
Overall assessment rating		Requires Improvement	Requires Improvement	Requires Improvement
Improving access to psychological therapies recovery rate (% of people who finished treatment moving to recovery, Dec 2017 – Feb 2018)	National standard 50%	Assessed at 47%	Assessed at 51%	Assessed at 45%
		Current BNSSG performance (Q2 2018/19) 45.71%		
Improving access to psychological therapies – access rate (% of people who have depression and/or anxiety disorders who have started treatment, Dec 2017 – Feb 2018)	National average of 3.95%	Assessed at 3.21%	Assessed at 3.4%	Assessed at 3.62%
		Current BNSSG performance (Q2 2018/19) 3.75%		
Early intervention in psychosis waiting times (% of people with 1 st episode of psychosis starting treatment with a NICE-recommended package of care within 2 weeks of referral, Apr 2017 – March 2018)	National standard 50%	Assessed at 85%	Assessed at 75%	Assessed at 68%
		Current BNSSG performance (AWP Q3 2018/19 data) 90%		



	NHS England expected level of performance used by their Independent Clinical Panel	Bristol CCG performance	North Somerset CCG performance	South Gloucestershire CCG performance
Crisis resolution and home treatment services provision (% achievement of milestones towards the delivery of comprehensive crisis care, 2017/18 Q4) ¹	Defined thresholds where below 40% is worst and 100% is best	Assessed at 60% Current	Assessed at 60% Current	Assessed at 60% Current
		Current BNSSG performance (Q1 2018/19) – We do not yet measure performance in this area using the Independent Clinical Panel’s method		
Inappropriate out of area placement bed days (bed-days per 100,000 population ages 18+, 2017/18 Q4)	Defined thresholds Below 10 per 100,000 per population is best Above 200 per 100,000 per population is worst	Assessed at 84.1 Current	Assessed at 48.1 Current	Assessed at 28.1 Current
		Current BNSSG performance - 51.9 based on a rolling 12 months up to October 2018		

¹ The routine NHS England indicator is “Proportion of crisis resolution and home treatment (CRHT) services in the STP area able to meet selected core functions. % score to be derived from assessment against the following core services:

- 24/7 crisis assessment
- 24/7 home visits
- Open referral
- Staffing levels”



The Independent Clinical Panel has highlighted that the three CCGs who were rated as 'outstanding' this year were Stoke on Trent CCG, Calderdale CCG and Cambridgeshire and Peterborough CCG.

Improving recovery to psychological therapies (IAPT) recovery rate

BNSSG CCG as a whole has not achieved the national standard during the year to date. Performance in each of the former CCG areas has fluctuated and none of them has consistently achieved the standard during 2018/19. BNSSG CCG is procuring a BNSSG-wide IAPT service which will have a 10 year contract and a service start date of September 2019. The new service model has been designed to improve upon the current services and the new service will have a set of key performance indicators that includes recovery rates.

Improving access to psychological therapies (IAPT) access rate

BNSSG CCG as a whole has been below the quarterly national average during 2018/19. The reasons for this performance include a gap in capacity caused by staff leaving one of the services in South Gloucestershire and this is being addressed by staff being asked to work additional hours. All IAPT service managers continue to forecast the number of assessments required to take place in order to meet the access target. The reason for the performance in Bristol is unclear and therefore to understand this a deep dive session between commissioners, service leads and CCG business intelligence will take place within the next month to identify issues and areas for service improvement. In terms of longer term ambitions, the Five Year Forward View for Mental Health states that IAPT access rates must reach 25% by 2020/2021. Based on modelling using the new BNSSG-wide IAPT service model, prevalence and resources, the new provider will be required to achieve the following access targets:

- From September 2019 achieve 17% access rate
- By September 2022 achieve 20% access rate

These local targets were agreed by Governing Body as part of the procurement approval process. The new contract represents an investment of £2m per year and it is recognised nationally that achievement of the Five Year Forward View target will be challenging for CCGs and the providers they commission.

Early Intervention in Psychosis waiting times

BNSSG CCG is exceeding the national standard of 50% with current performance at 90%.

Crisis resolution and home treatment services provision

The NHS England Independent Clinical Panel has used the percentage achievement of milestones towards the delivery of comprehensive crisis care as the indicator. The CCG does not measure performance in this area in the same way and therefore it is difficult to establish how we are performing as assessed by the Independent Clinical Panel. Further work needs to be done to assess our performance in this way.

Inappropriate out of area placement bed days

We have had a significant increase in the number of out of area placements since June 2018. Our current performance is due that fact that we have patients deemed to be suitable for rehabilitation but who are unable to access beds within BNSSG. The actions to address the performance include:

- Establishing out of area placements as a work plan priority
- Reviewing the care pathway
- Assess average length of stay in our current beds; numbers going through and; bed occupancy
- Develop a stranded process for reviewing mental health patients based on Avon and Wiltshire Mental Health Partnership's (AWP) standard operating procedure to give oversight of all patients with an extended length of stay
- Rolling out the AWP pilot "Red 2 Green" process and monitor how this will support flow
- CCG performance team to review AWP's out of area placement bed management and out of area placement authorisation standard operating procedure.

Our CCG's ambition is that by 2020/21 we have no inappropriate out of area placement bed days for the 18 years and over population and this is in line with NHS England's ambition.

3. Dementia assessment for Bristol CCG, North Somerset CCG and South Gloucestershire CCG

Table 2

	NHS England expected level of performance used by their Independent Clinical Panel	Bristol CCG performance	North Somerset CCG performance	South Gloucestershire CCG performance
Overall assessment rating		Outstanding (performing well against both indicators)	Inadequate (needs to make significant improvements against both indicators)	Inadequate (needs to make significant improvements against both indicators)
Dementia diagnosis rate (% of the estimated number of people with dementia having a recorded diagnosis, March 2018)	National standard 66.7%	Assessed at 74.3%	Assessed at 64.7%	Assessed at 61.9%
		Current BNSSG performance (December 2018) 67.7%		
Care planning and post-diagnostic support (% of patients with dementia whose care plan has been reviewed in the preceding 12 months, 2017/18)	2014/15 quartiles	Assessed at 80.1%	Assessed at 75.4%	Assessed at 74.9%
		Current BNSSG performance (Q1 2018/19) 78%		



Dementia diagnosis rate and Care planning and post-diagnostic support

Our diagnosis rate current performance is just above the national target. The North Somerset and South Gloucestershire dementia diagnosis models have been different to the enhanced service model in Bristol. The Independent Clinical Panel has stated that the care plan review performance continues to be tightly grouped around the maximum Quality Outcomes Framework (QOF) pay-out point, which they state means that very small changes in performance can lead to a change in the CCG's dementia rating.

From 1 April 2019 a new three year Local Enhanced Service (LES) - Recognition and Management of People with Dementia and their Family/Carers in General Practice - will be in place (subject to Governing Body and Primary Care Commissioning Committee approval). The requirements of this LES mean that performance across BNSSG will increase, assuming that most GP practices sign up to the LES.

The Independent Clinical Panel has stated that those CCGs assessed as outstanding should strive to maintain this level of achievement as a minimum and are encouraged to share best practice and learning with other CCGs.

4. Learning Disabilities assessment for Bristol CCG, North Somerset CCG and South Gloucestershire CCG

Table 3

	NHS England expected level of performance used by their Independent Clinical Panel	Bristol CCG performance	North Somerset CCG performance	South Gloucestershire CCG performance
Overall assessment rating		Requires Improvement	Requires Improvement	Requires Improvement
Reliance on specialist inpatient care for people with a learning disability and/or autism (2017/18 Q4)	Benchmark against 2017/18 Q4 Transforming Care Partnership (TCP) plan trajectory	Assessed at 50 per million registered population	Assessed at 50 per million registered population	Assessed at 50 per million registered population
		Current BNSSG performance (Q1 2018/19) 54 per million registered population		
Proportion of people with a learning disability on the GP register receiving an annual health check (% of people on a GP learning disability register received an annual health check during 2017/18)	National average (mean) 51.4%	Assessed at 52.7%	Assessed at 56.3%	Assessed at 62.7%
		Current BNSSG performance (Q1 2018/19) 51.9% BNSSG performance at Q3 2018/19 is 20% and historically performance improves significantly during Q4		
Proportion of the population on a GP	National average (mean) 0.49%	Assessed at 0.49%	Assessed at 0.46%	Assessed at 0.38%



	NHS England expected level of performance used by their Independent Clinical Panel	Bristol CCG performance	North Somerset CCG performance	South Gloucestershire CCG performance
learning disability register (% of the population (all ages) included on a GP learning disability register 2017/18)		Current BNSSG performance (Q1 2018/19) 0.46%		



Reliance on specialist inpatient care for people with a learning disability and/or autism

Actions to address current performance have been focussed on:

- Discharge of people who have been in long term inpatient beds and we are on trajectory to achieve improvements by April 2019.
- Admission prevention - supporting people to be maintained in the community for as long as possible. There is a commissioner led multidisciplinary team meeting to support this work

People with a learning disability on the GP register receiving an annual health check

The new community services specification has been designed to provide support to GP practices to do these annual health check which we anticipate will improve the proportion of people with learning disabilities having them.

Proportion of the population on a GP learning disability register

This is an area that needs further work with people with learning disabilities and our partners in the health and care system in order to understand why some of the eligible population are not on a GP learning register and what we can do to ensure that people with a learning disability are registered so that appropriate adjustments to their health care can be delivered and that they can benefit from targeted interventions.

5. Diabetes assessment for Bristol CCG, North Somerset CCG and South Gloucestershire CCG

Table 4

	NHS England expected level of performance used by their Independent Clinical Panel	Bristol CCG performance	North Somerset CCG performance	South Gloucestershire CCG performance
Overall assessment rating		Requires Improvement	Requires Improvement	Inadequate
Achievement of NICE treatment targets (% of diabetes patients achieved all the NICE recommended treatment targets, 2017/18)	National median (40%) and 25 th percentile (37.9%)	Assessed at 32.7%	Assessed at 36%	Assessed at 35.9%
		Current BNSSG performance extracted March 2018 35.8%		
Structured education attendance (% of people with diabetes diagnosed less than a year attend a structured education course (2016 cohort))	National average (7.3%)	Assessed at 6.3%	Assessed at 15.7%	Assessed at 1.4%
		Current BNSSG performance (November 2018) 2% This figure has come from the NHS England CCG IAF dashboard and we need to investigate this figure further.		



NICE treatment targets

We are currently refining searches in EMIS (GP practice patient record IT system) Search and Report to enable us to provide real time data for our population rather than relying on the National Diabetes Audit data which is used to assess performance and which has a time lag. We hope to start running the searches in March 2019 on a monthly basis.

The NHS England funded BNSSG CCG treatment targets project is designed to improve the proportion of people with diabetes who achieve the NICE treatment targets. We now have 72% of GP practices signed up to the project and are trying to engage with the remaining ones. The project consists of the following elements:

- EMIS web searches and pop ups installed in GP practices. The searches help identify people with diabetes who have measurements outside of range. This will support their clinical care. The pop ups are reminders for the clinicians that a person might need a blood test or medication review.
- Dietetic and psychological support. This is a 6 month pilot for those people identified as needing additional dietetic or psychological support to help them achieve their treatment targets
- Multidisciplinary virtual clinics. These clinics consists of a consultant, diabetes specialist nurse, GP and practice nurse and discuss particular patients identified by the GP practice. They support shared learning that can be replicated outside of the virtual clinic.

The results of the project will inform commissioning decisions that will help achieve a sustainable approach to embedding the treatment targets model across BNSSG beyond Quarter 1 of 2019/20 which is when the NHS England funds cease.

Structured education

The data used to assess performance is taken from the National Diabetes Audit. There is an historic challenge locally with recording attendance at structured education because the providers offer structured education to people with diabetes and then inform the person's GP practice that the person has attended. The provider asks the GP practice to code the person's GP record (EMIS) accordingly as in order to be visible to the National Diabetes Audit it needs to be in EMIS because that is where the extract comes from. Our understanding is that a significant proportion of attendance is not recorded in EMIS and we do not therefore have an accurate understanding of our performance. We have tried to address this with extra administration support to do the inputting but this is not sustainable and we are continuing to work with providers and practices to get an accurate record of attendance.

The previous three CCG's commissioned structured education in different ways and the services worked in different ways. In order to have a consistent structured education service across BNSSG which we think will contribute to improved attendance, a new service specification has been written and was approved by Commissioning Executive in January 2019. The CCG's contracting team are now working with the providers to make the necessary adjustments to contracts to support implementation. The CCG is continuing to work with providers to help set ambitions for the future.

6. Financial resource implications

There are no financial resource implications in this paper. The actions to address below standard performance or to achieve our longer term ambitions will require their own individual commissioning decisions.

7. Legal implications

There are no legal implications.

8. Risk implications

None

9. Implications for health inequalities

The information that is used to assess performance is not analysed by nor compared with inequalities in health outcomes within the clinical priority area. We should expect each clinical priority area described in this paper to understand any inequalities in outcome that can be described using the characteristics of our population. Where appropriate, actions to address performance could become more targeted and contribute to reduction in health inequalities.

10. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

The IAF process and the indicators that are used have been designed by NHS England and it is unclear whether an assessment of the implications in relation to protected characteristics has been conducted.

11. Consultation and Communication including Public Involvement

Where actions to address performance involve changes to the way that services are commissioned and delivered, the CCG expects those leading the change to make an assessment of the level of consultation, engagement and public involvement that is needed to ensure that changes have the greatest chance of being successful.

12. Recommendations

To note the performance of the former CCGs as assessed by NHS England's Independent Clinical Panels for Mental Health, Dementia, Learning Disabilities and Diabetes and the work to improve performance where appropriate for BNSSG CCG.

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Report Sponsor: Peter Brindle, Medical Director – Clinical Effectiveness

Glossary of terms and abbreviations

CCG Improvement and Assessment Framework	A set of measurements used by NHS England to assess a CCG's performance each year.
Quality Outcomes Framework (QOF)	A voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results.
Local Enhanced Service (LES)	Services provided by GPs, over and above the core (essential and additional) services to their patients and contracted locally rather than nationally