

Locality Performance, Improvement and Place Based Assurance Reporting

Report To (Meeting):	ONE Stockport Health and Care Board		
Report From (Executive Lead)	Philippa Johnson, Deputy Place Based Lead, NHS Greater Manchester (Stockport)		
Report From (Author):	Ben Aspinall Associate Director Delivery and Transformation, NHS Greater Manchester (Stockport)		
Date:	24/04/2024	Agenda Item No:	14
Previously Considered by:	This has not previously been considered by this, or other, boards.		

Decision		Assurance	X	Information	X
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Purpose of the report:
To provide March / April 2024 update on the roll out of GM performance reporting data and the GM Assurance process for Stockport Locality.
Key points (Executive Summary):
<ul style="list-style-type: none"> • This report includes an update on: <ul style="list-style-type: none"> ○ A process to develop a detailed performance report including three-steps from, “oversight”, to “sight”, to “Place-Based Assurance” reports for each GM locality. ○ Health and Care Intelligence Hub – Fairer Health for All Dashboards: An outline Programme plan, timeline, and the suggested data for inclusion. ○ Overview of preparations and planning for Place-Based Assurance meetings. ○ Key selected performance metrics.
Recommendation:
<p>The Board is asked to</p> <ul style="list-style-type: none"> • NOTE the report including the stages of the development of performance reporting. • NOTE the development of the Health and Care Intelligence Hub. • NOTE which measures the GM system is holding Locality Board to account for (oversight metrics) and which Locality Board should have sight of (because they impact on Stockport residents but are being managed by another part of the GM system). • NOTE The key lines of enquiry from a performance perspective. • NOTE the report on performance of key metrics.

Aims (please indicate x)		
Which integrated care aim(s) is / are supported by this report:	People are happier and healthier and inequalities are reduced	
	There are safe, high-quality services which make best use of the Stockport pound	X
	Everyone takes responsibility for their health with the right support	
	We support local social and economic development together	

Conflicts of Interests

Potential Conflicts of Interest: n/a

Risk and Assurance:

List all strategic and high-level risks relevant to this paper

The following risks may be considered:

- Current and continued lack of meaningful granular data currently does not support robust decision making. Roadmap to address this is outlined in the report.
- Current performance data (first iteration) is only health orientated. Using this as a sole reference would lead to decisions being made in isolation. Needs to be holistic to represent the Locality, its aims, ambitions and the performance against target of agreed deliverables in the One Health and Care Plan and the Locality Plan for 2024/25 – Use of phase two and phase three data will address this.

Consultation and Engagement:

Local People / Patient Engagement:

n/a

Workforce Engagement:

n/a

Potential Implications:**Financial Impact:**

Please note - All reports with a financial implication require detail of the level of funding, funding stream and comments from Finance.

Non-Recurrent Expenditure

£ n/a

Recurrent Expenditure (please state annual cost)

£ n/a

Funding stream

Yes

No

X

Included in the s75 Pooled Budget

GM ICB (Stockport) delegated budget

X

Other, please specify

n/a

Finance comments:

n/a

Performance Impact:

Report details key performance issues

Workforce Impact:

n/a

Quality and Safety Impact:*Report details quality issues***Compliance and/or Legal Impact:**

Report is focused on compliance with key NHS standards only

Equality and Diversity:

General Statement:



	Has an equality impact assessment been completed?	Yes		No		N/A	X
	If Not Applicable please explain why	This is a regular monthly report on PIA					
Environmental Impact:	General Statement:						
	Has an environmental impact assessment been completed?	Yes		No		N/A	X
	If Not Applicable please explain why	This is a regular monthly report on PIA					

PERFORMANCE IMPROVEMENT AND ASSURANCE (PIA) REPORTS

At the ONE Stockport Health and Care Board on the 20th December 2024, a first draft Executive Summary of a new locally produced Performance Improvement and Assurance report was presented for discussion. This was in the absence of a Greater Manchester (GM) single dashboard and product that could be used by all Localities. Stakeholder feedback from the Board was shared with the GM team.

Recognising that Localities still awaited a generic set of data on which to base performance, assurance and monitor improvement, on 2nd February 2024 the GM Strategy Planning and Peer Network received a presentation outlining the next steps that would provide Localities with: -

- a) performance information that will support ongoing assurance monitoring and
- b) provide a framework for Place Based Assurance discussions with GM Leadership.

Working with Locality stakeholders the meeting focused on what dashboard data Localities would require to build a comprehensive Locality Board Report.

Starting from a principle that there is a need to produce a standardised set of products that are easy to use and support the production of a Locality Board Report, the team suggested the dashboards would need to include:

1. National objectives associated with NHS services commissioned at place: key NHS indicators defined as oversight measures that link to the responsibilities set out in the GM Operating Model.

2. NHS services under the scope of place level planning and oversight of delivery: Primary Care, Community Services (including community nursing and care, Allied Health Professionals (AHPs), health visiting, school, family pediatrics, hospice care, individual placements — Continuing Healthcare (CHC) and intermediate care residential and home care), NHS community mental health and Learning Disability (including adult, Child and Adolescent Mental Health Services (CAMHS) and Improving Access to Psychological Therapies (IAPT)) and some public health services (including social prescribing, diabetes prevention, smoking cessation).

3. Integration of health and care system at place: provide information that gives Localities an appreciation of the status of the health and care system in place e.g.,



system demand, integration, and outcomes monitoring.

Having agreed this high-level framework, further discussion focused on more detail to be included in the dashboard for National objectives associated with NHS services commissioned at place namely:

From an Operating Model Place Oversight perspective

Primary Care

- GP appointments within 14 days,
- % describing experience of making appointment as good.

Community Services

- Urgent Care Community Response within 2 hours,
- proportion adult general and acute beds No Criteria to Reside,
- virtual ward beds occupied,
- antimicrobial resistance: appropriate prescribing, E-coli /bloodstream infections.

Mental Health, Learning Disability and Autism

- Perinatal access,
- children's access,
- access to Community Mental Health Team (CMHT) — adult and older adult,
- access to talking therapies,
- inpatient Length of Stay (LOS) 60 and 90 days,
- dementia diagnosis,
- Learning Disability health check.

Prevention and Long Term Conditions

- Cardiovascular Disease risk score higher than 20% on lipid lowering therapies to be in excess of 60%, Hypertension treated to nice guidance.

Secondary Care

- % cancers diagnosed at stages 1 and 2,
- 4-hour Urgent Care,
- Bed occupancy 92%.

Local Targets (PricewaterhouseCoopers) response set in early 2023)

- Advice & Guidance,
- A&E activity and admissions,
- Mental Health Out of Area Placements and Clinically Ready for Discharge.

From a Place Interest (Sight) perspective

Secondary Care

- Number of patients waiting over 65 and 52 weeks.

Diagnostics

- % within 6 weeks.



Cancer

- 62-day treatment, faster diagnosis standard.

Urgent and Emergency Care

- Category 2 Ambulance response rate.

Maternity and children

- Neonatal deaths, still births.

Primary Care

- Units of dental activity.

Learning Disability and autism

- Inpatient per head of population.

Screening, vaccination and immunisation

- Breast, bowel, cervical, MMR and seasonal Flu and Covid.

Having agreed in principle these sets of metrics and approach, the team advised on the status of National objectives associated with NHS services commissioned at place explaining that metrics and an interactive scorecard are available for all indicators within the national reporting frameworks e.g., Systems Oversight Framework and Constitutional Standards, and that GM Accredited Data Service Provider (gmtableau.nhs.uk) Trend and benchmarking information is available for each metric.

However, from an integration of health and care system at place perspective it was acknowledged that there was still more work to be done and that Localities would still need access to information that provides them with an appreciation of the demand and status of the health and care system. For example:

- Population need and inequalities monitoring
- Referral and activity information for all sectors — primary care, community health services, social care, secondary care and mental health.
- Health and care outcomes monitoring e.g., mortality, emergency admission and recovery rates.
- Integration measures e.g., avoidable admissions, length of stay, patient experience.

The GM product is in the early stages of development with the initial focus being on the 'Oversight' and 'Sight' metrics. These metrics have been prioritised as they will form a key part of the agenda for place assurance quarterly review meetings (referenced later in this report) with the GM team.

- Oversight: The locality is responsible for delivering (or plays a significant contribution to delivering).
- Sight: The wider system has the responsibility for delivery. However, delivery affects citizens within localities, and it is therefore appropriate to monitor on a locality footprint.

A draft partially populated example of the dashboard was shared with ICS executives in early April and feedback has largely mirrored that from the network meeting that



locality reps attended - there was an appreciation that the dashboard presented was a first iteration, and that the metrics would still need to include:

- More than health metrics,
- A comprehensive reflection of Place,
- and in the finalised version must include metrics each Place has chosen to give specific focus to. For Stockport this must include a golden thread approach that clearly links to the Stockport One Health and Care Plan and Stockport Locality Plan.

GM Integrated Care Board (ICB) have a roadmap in place. The plan is to start with national NHS objectives and work outwards, simplified and described in the 3 tranches below and they are linked to the responsibilities set out in the GM Operating Model. The Performance Network will come up with the proposed metrics, with Locality input being vital to maintain 360 feedback to their Localities.

- NHS services under the scope of place level planning and oversight of delivery (Primary Care, Community Services etc.).
- Integration of health and care system at place (status of the health and care system in place e.g., system demand, integration and outcomes monitoring).

In summary the three key milestones to achieve a GM performance dashboard will be:

National objectives associated with NHS services commissioned at place

Key NHS indicators (System Oversight Framework, Operating plan, constitution standards). These have been defined as oversight measures and link to the responsibilities set out in the GM Operating Model.

NHS services under the scope of place level planning and oversight of delivery

Primary care, community services (including community nursing and care, Allied Health Professionals, health visiting, school, family pediatrics, hospice care, individual placements – CHC and intermediate care – residential, home care), NHS community mental health and Learning Disability (including adult, CAMHS and IAPT) and some public health services (including social prescribing, diabetes prevention, smoking cessation. These will form phase two.

Integration of health and care system at place

Localities are charged with convening the partnership arrangements through the locality board. Working as partners delivering improved outcomes, integration, and prevention as a whole system. The locality board needs therefore a place-based oversight not only of NHS indicators but adult care, pop health, children's care. – this is consistent with the feedback we have received from our Locality Board. These will form phase three.

- Population needs and inequalities monitoring.
- Referral and activity information for all sectors — primary care, community health services, social care, secondary care and mental health.
- Health and care outcomes monitoring e.g., mortality, emergency admission and recovery rates.

- Integration measures e.g., avoidable admissions, length of stay, patient experience.

This element of report is in development through the fairer health for all programme as set out below

Fairer Health for All

Fairer Health for All is GM's response to 'Build Back Fairer' – a set of national and city-region ambitions and recommendations by the Institute of Health Equity and the Independent Equality Commission in the aftermath of Covid-19, to address root causes of ill health and inequalities, as well as advance equalities across our city-region.

The Fairer Health for All framework provides a shared approach and consensus of priority action across the system, to advance equity, inclusion, and sustainability and deliver health and care services that better meet the needs of communities.

Health and Care Intelligence Hub

The Health and Care Intelligence Hub is part of the Fairer Health for All approach to enable adaptive capability for population health management in relation to our people, systems and analysis. Hosting a range of web-based intelligence tools, the hub has been co-designed to powerfully consolidate data and insights from public and Voluntary, Community, Faith and Social Enterprise (VCFSE) sector partners across the cityregion into a single portal, enabling people and partners the opportunity to:

- Bring data to life, understanding how health inequalities and variations in care change throughout a person's life.
- Focus on 'names not numbers' by capturing the insight and stories of change from different communities.
- Share wisdom and learning about which interventions work and why.
- Deepen understanding which communities have fewer opportunities to live healthily and are more likely to develop poor health by exploring the interactions between individual, family, and community factors.
- Ensure resources are targeted where needed, so policies and programmes can super-serve prioritised communities.
- Proactively work with communities to offer more opportunities to stay well and find and treat illnesses early.
- Measure progress, evaluate outcome indicators for different communities across various clinical pathways, and combine service data with community insights to understand reasons for poor access, unmet needs, and hidden harm.
- Model the anticipated impact of policies/interventions on different communities, protected characteristics, and environmental sustainability as well as costs vs benefits.

Dashboards

The Health and Care Intelligence Hub Fairer Health for All dashboards are being developed to model trajectories against the long-term outcome targets and to monitor progress with annual output metrics:

- Phase 1 – Outcome Dashboard (see draft indicators below)
- Phase 2 Output dashboards (April – September)



- Marmot and Lancet indicators (Neighbourhood and Place level data) correlated with indicators on access, experience and outcomes of care (CORE20PLUS5).
- Anchor data on procurement, commissioning, estates and employment.
- Longitudinal Record development. Task and Finish Group stood up. To support CVD, Diabetes, CORE20PLUS5.

A series of draft indicators are outlined in the table below:

Draft indicators:

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PLACE BASED ASSURANCE PREPARATION AND MEETING

NHS GM is in the process of setting up a Place Assurance process agreed by the Board earlier in the year.

Place based assurance will enable the ICB to gain assurance of locality delivery against delegated responsibilities and appropriate mitigation and oversight against emerging risks. It forms part of the overall system oversight system for Greater Manchester.



The governance model will operate consistently with the GM Provider Oversight process, whereby a Place Assurance Group is established that will carry out a regular review for each GM locality, culminating in a summary outcome report to the ICB's Executive Committee.

The outcome reports will inform new quarterly place assurance meetings and will facilitate discussions at routine 1-1 meetings between Placed Leads and the Chief Executive.

The NHS GM Executive Committee will receive a quarterly report following each full review cycle. Any urgent issues will be escalated at the earliest opportunity.

On 15th April 2024 there was a preparation meeting and process discussion with GM Director of Performance and GM Deputy Chief Nursing Officer.

The preparatory meeting was framed to focus on the following key areas:

- Performance and NHS oversight framework
- Quality
- Finance
- Workforce

As part of the performance and NHS Oversight framework, Key Lines of Enquiry were discussed namely: -

- Urgent care – 4-hour performance and Adult General and Acute bed occupancy, the Trust level of assurance in delivering the 4-hour planning trajectory and achievement of 78% in 24/25, key risks, mitigations and work that is and will be done in locality to support the Emergency Department (ED).
- Total number of Elective care referrals made and any insight into the number of high referrals that are being received.
- Total number of cancers diagnosed at an early stage and locality improvement plans to support the national diagnosis ambition.
- The number of inappropriate adult mental health out of area bed placement days.
- Percentage of patients who are treated to target as per NICE guidance in Primary Care.
- Quality- statutory functions in place, any local quality issues.

Next steps:

- Place Assurance process to develop key lines of enquiry as above, and locality to prepare a response. Assurance meeting 16th May 2024.
- GM developing the data in three stages as described above during April and May 2024.

- Versions of the dashboard report will be shared with Stockport Integrated Care System (ICS) Executive, so that regular stakeholder feedback can be given to GM to iterate the product so that it appropriately supports the Performance, improvement and assurance programme for Stockport locality ICS.

