

Salford Health & Social Care Scrutiny Committee

1 March 2023

7 Integrated Care System Update (including latest performance data)

Item for: Decision/**Assurance**/Information (Please bold/underline as appropriate)

Report of:	Associate Director of Delivery & Transformation	
Date of Paper:	13 February 2023	
In case of query, please contact:	Harry.golby@nhs.net	
Strategic Priorities: (Please tick as appropriate)	Quality, Safety, Innovation and Research	X
	Adult Services	X
	Children's and Maternity Services	X
	All Age Mental Health	X
	Primary Care	X
	Enabling Transformation	X
Purpose of Paper:	<p>This paper provides the Salford Health & Care Scrutiny Committee with an update on the establishment of NHS Greater Manchester Integrated Care System.</p> <p>Salford's Health & Social Care Scrutiny Committee requested a particular focus on performance so this paper draws heavily on the Strategic Performance Report that was presented to Salford's Locality Board in January 2023. This report will develop over time, in tandem with the development of the Greater Manchester Integrated Care System's approach to Performance, Assurance and Improvement and the Salford Locality's developing approach.</p>	

Further information

How will this benefit the health and wellbeing of Salford residents, or the ICS?	This report provides a high level summary of Salford's latest position in relation to current performance against national strategic indicators. Further detail has been provided in relevant appendices (referenced in this report) for areas of underperformance.
How does this paper address health inequalities and promote inclusion?	n/a
What risks may arise as a result of this paper and how will they be mitigated?	n/a
Does this address any existing high risks facing the organisation and how does it reduce them?	Areas where the standards are not being achieved have been summarised within this report. Detailed performance and service updates are included in appendices as appropriate.
Are there any possible conflicts of interest associated with this paper?	n/a
Will any current services or roles be affected by issues within this paper and what are they?	Any issues are described within the paper

Note: Where appropriate, please ensure detail is provided.

Document Development

Has there been Public Engagement?	n/a
Has there been Clinical Engagement?	n/a
Has the impact on Salford socially, economically and environmentally been considered?	n/a
Has there been an analysis of any impacts on equality?	No
Has legal advice been obtained?	No
Has this been to any groups or committees for engagement, comments, or approval?	Salford Locality Board and the Salford Locality Team's Performance meeting.

Note: Where relevant, please provide detail and ensure that it is clear how and when particular stakeholders were involved in this work, that there is clarity of what the key message/decision was, and whether amendments were requested about any part of the work.



Integrated Care System Update (including latest performance data)

1. Executive Summary

The Greater Manchester ICS operating model is being established. New governance is coming to effect, with some responsibilities being delegated to localities, and provider collaboratives having a key role at both Greater Manchester and Locality level. The Function Transformation Programme continues with most senior leadership roles now filled, a Mutually Agreed Resignation scheme is underway and the next phase of staff consultation / engagement due to commence in March.

Greater Manchester System Boards for Elective, Urgent and Emergency Care, Cancer, Mental Health, Primary Care, Sustainable Services, Clinical Support Services have been established with a line of accountability through the Joint Planning and Delivery Committee, to the Integrated Care Board. Salford's City Mayor attends the Integrated Care Board. A Greater Manchester Integrated Care Quality & Performance committee has also been established. The system boards are tasked with leadership and direction for the areas where they have responsibility and this includes performance. The majority of NHS standards referred to in this report will therefore be scrutinised, and improvement plans developed and agreed, through this Greater Manchester governance.

Delegations to localities, through the Salford Place Based Lead (Council Chief Executive) and Locality Board, have been agreed. However whilst the Salford Locality Board will not be directly accountable for most performance indicators, as that accountability will be via the Greater Manchester governance described above, the Locality Board will need to be aware of the context surrounding its decisions, so a Salford data dashboard and performance reporting structure is under development.

The latest performance information (November and December) is included in Section 3 of this report for the main NHS constitutional standards with the full dashboard included at Appendix 1.

Detailed updates and service improvement plans are included in Appendices 2a to 2e for Urgent Care, diagnostics, waiting lists, cancer and mental health respectively.

The paper also updates on the work of function redesign taking place by NHS GM Integrated Care to develop GM-wide performance and quality arrangements, which localities will feed in to and out from.

2. Performance Overview

- 2.1. Existing performance standards have remained in place for 2022/23. It is acknowledged nationally that the way these are managed has changed. The performance regime has now become more reactive to post pandemic recovery. Reported within this paper is data that illustrates the plans being implemented to recover back to pre-COVID-19 levels.
- 2.2. New performance indicators have been introduced through the national planning guidance for 2023/24.



- 2.2 There are data quality and performance data omissions, which are impacting on performance minoring and reporting of all patients referred and seen at Manchester Foundation Trust (MFT). MFT went live with a new Electronic Patient Record on the 8th September 2022 known as Hive. The implementation is a major clinical transformation programme that was envisaged to impact on MFT's performance and activity reporting. MFT requested a ceasing to their submission of key statutory performance reports and activity datasets to NHS Digital between September 2022 and March 2023.

The local provision of performance and quality data with external partners should mitigate the suspension of the statutory performance and quality returns. However, the continued non submissions continue to have a major impact on localities being able to track and monitor performance. The performance areas impacted are detailed below in section 3 of this paper and in summary impacts can be seen with the following performance areas:

- Diagnostic Waiting Times
- Referral To Treatment
- Waiting Lists
- Cancer two week wait Breast Symptomatic
- Children and Young People Improving Access targets
- Women's smoking status at time of delivery

3. Performance update and current issues

- 3.1 Reported below is the latest performance position against the main NHS Constitutional Standards. **Appendix 1** reports performance against all the other constitutional indicators where information is available.
- 3.2 **Urgent Emergency Care: A&E:** Performance at Salford Care Organisation (SCO) Emergency Department shows a continued underperformance against the 4-hour target of 95% of patients to be seen, treated, and admitted or discharged, with November performance at 54.8%. Performance was 57.3% for all Salford patients at all sites, for all attendance types. The total number of people attending A&E has remained at, if not slightly below, expected numbers; however, with the workforce challenges impacting on service delivery in acute, community and social care services, A&E performance, especially the 12 hour waits and patient flow is being significantly impacted. Further detail and progress updates are provided in **Appendix 2a**.
- 3.3 **Urgent Emergency Care Ambulance:** As can be seen from the data included in Appendix 1, the North West Ambulance Service (NWAS) continues to struggle to meet the majority of their Key Performance Indicators. NWAS is receiving call volumes higher than pre COVID-19 levels and additional funding was awarded to ambulance trusts to increase workforce capacity to deal with the pressures during winter. NWAS continues to focus on patient safety during this challenging time with a particular emphasis on long waits to try and ensure avoidance of patient harm.

Ambulance services provided by NWAS are commissioned on a regional footprint and NHS Blackpool CCG were the lead commissioner on behalf of the region. Blackpool locality, NHS England (NHSE) Regional colleagues and NHS GM

colleagues are working together with NWS to monitor and manage performance on behalf of all Greater Manchester localities. Greater Manchester (GM) receives assurance on patient safety and these harm reviews through the NWS updates and the GM Safety Siren reports.

Ambulance handover time, which is part of the 6 priority areas shows a promising picture for Salford whereby performance is being maintained at SCO; in September 2022 SCO achieved an average of 31 minutes (the target is a 30-minute handover - this relates to the ambulance arriving at the hospital and the ambulance crew being released) versus the GM and North-West average of 54 minutes. This performance is the best in GM and is an important part of enabling ambulance crews to get back on the road to respond to emergency calls.

NWS continue to implement their Industrial Action Communications Protocol, which provides an agreed approach to industrial action communications handling across all partner organisations within the Greater Manchester integrated care system. It is designed for use by communications colleagues to support communications in relation to this issue. Operational instructions and information will be shared separately via EPRR routes. The aims are to:

- Provide reassurance to the public and stakeholders
- Maintain public trust and confidence
- Ensure effective communications with patients, staff and stakeholders who may be impacted by industrial action

3.4 **Diagnostics:** The September nationally published dataset is the most recent complete dataset that can be reported on. October and November data for Salford Care Organisation is not a complete picture. The proportion of waiters at MFT are around 23% of Salford's total activity. The diagnostic tests that continue to be under the most significant pressure are Echocardiography at Salford Care Organisation (SCO) and Magnetic Resonance Imaging (MRI) patients at MFT. Further detail and progress updates are provided in **Appendix 2b**.

3.5 **Cancer Waiting Times:** Cancer waiting times are a key performance measure and many aspects of the cancer pathway are currently covered by a number of different national standards set out in the NHS constitution. It is recognised that achievement of these standards was a challenge for Salford prior to the COVID-19 pandemic. Referrals into cancer services have recovered back to pre-COVID-19 levels for Salford, which is encouraging, for most tumour groups. However, there are significant challenges in waits for treatment longer than the national standard. Due to an omission of data from Manchester Foundation Trust September performance is unable to be reported on. **Appendix 2d** expands on the August performance picture and current mitigating actions being undertaken.

One of the key focus areas for the recovery phase was to ensure those patients on the cancer pathway receive timely treatment with a commitment to ensure that no patient has waited longer than 104 days from referral to treatment. A detailed analysis of patients on the cancer pathway is included in **Appendix 2d**.



3.6 Referral to Treatment (RTT) for planned/non-emergency treatment: Salford GP referrals, which is in line with the national picture continue to increase month on month.

The range of secondary care specialties experiencing sustained waiting list pressures continues to include Ear, Nose and Throat (ENT), Gynaecology, Gastroenterology, General Surgery, Urology, and Trauma & Orthopaedics.

As well as the total number of patients waiting increasing, there are more patients waiting longer for treatment. The previous national ambition was to ensure no patient is waiting over 104 weeks by the end of June 2022. The initial target was met, however there are currently 4 patients waiting over 104 weeks as at 17th January 2023. This includes patients who are choosing to wait or are clinically complex. All patients on the waiting list in any category are regularly clinically reviewed to assess if their condition is changing and in need of re-prioritising.

Across Greater Manchester the overall waiting list size has grown over the last few months but has recently started to fall. Waiting times, including 52 week waiters and capacity to achieve zero 78 week waits by March 2023, are considered risks, with winter pressures and no reason to reside an additional challenge to elective activity. Further detailed analysis on Salford waiting lists, referral to treatment, reprioritisation categories and long waiters is included in **Appendix 2c**.

3.7 Mental Health: Improving Access to Psychological Therapies (IAPT): The latest published data is October 2022, due to data quality and constraint issues, and local data for November 2022. The picture on performance remains challenging in sustaining waiting list targets and patients moving to recovery. **Appendix 2e** highlights the latest performance information which highlights the steps taken to support progress towards recovery.

3.8 People with a severe mental illness (SMI) receiving a full annual physical health check and follow-up interventions: The national target for people with SMI receiving all six of the required physical health checks in the preceding 12 months is 60%. Current Salford performance for Q2 September 2022 is 43.6%. This is still below target but an improvement on Q1 performance which was 41.1%.

The following actions are being undertaken:

- A GM led workstream relating to Physical Health and SMI has resulted in Community Engagement resource via Mind being allocated to each locality to take forward a piece of work in partnership with GMMH. The aim of this resource is to support primary care practices to deliver the physical health checks for the SMI population, with a view to ensuring that those individuals who may be harder to engage are the core focus of the work. The initial phase of the work will be focused on Swinton, with Eccles and Irlam planned for subsequent phases.
- Point of Care testing is now live in Salford and being tested with one PCN.
- Work is ongoing to explore the potential for inclusion of work relating to Physical Health and SMI in the Salford Standard.
- Work undertaken on the Tableau site to share insights for physical health and SMI performance by health check and by GP practice.

- 3.9 **Continuing Health Care (CHC):** The current performance for quarter 3 (October to December) is 70% of patients who have had their NHS CHC eligibility decision made by Salford Locality within 28 days from the receipt of the Checklist (excluding fast track), against a target of 80%.

Historically this measure achieved the 80% level prior to the pandemic. Discharge assessment arrangements and workforce challenges in health and care services related to the pandemic have impacted on performance and steps are underway to improve and streamline current CHC processes. It is anticipated that performance will be back on track following a review of the current recovery plans and associated steps out in place.

Despite rigorous use of the Escalation Policy, due to the vacancy factor in Adult Social Care the locality team are still experiencing significant delays in respect of receiving a social work assessment and subsequent representation at various multi-disciplinary team (MDT) meetings.

- 3.10 **Clostridium difficile and MRSA:** as reported in Appendix 1; there has been a further increase in reported cases. Further detailed analysis and associated actions are reported within the 'Quality of Health and Care Services' paper on an exception basis.

4. National Operational Planning Round

- 4.1 The 2023/24 NHSE Planning guidance, which incorporates the annual Priorities and Operational Planning Guidance has been published. The aim of planning is to aid and provide certainty for local health and care teams. ICBs are asked to work with system partners to develop plans to meet the objectives set out in this guidance before the end of March 2023. <https://www.england.nhs.uk/publication/2023-24-priorities-and-operational-planning-guidance/>

- 4.2 The 2023/24 planning guidance sets out three core priorities informed by three underlying principles:

Recovering our core services and improving productivity	Make progress in delivering the key NHS Long Term Plan ambitions	Continue transforming the NHS for the future
Smaller number of national objectives which matter most to the public and patients		
More empowered and accountable local systems		
NHSE guidance focused on the "why" and "what", not the "how"		

- 4.3 There are several strands to the planning process, which span from Operational Planning, Strategic, Finance and any associated locality level planning. This paper will report and update on the Operating planning Round, whereby the plans for activity and performance are derived.
- 4.4 GM ICB are in the process of establishing a number of strategic and operational working groups to meet the deadlines and phased planning approach. A summary of the planning aims is articulated further within the paper 6f. Planning Update

5. Recommendations

- 5.1 Salford Health and Social Care Scrutiny Committee is asked to note this update.



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- Appendix 1** CCG Delivery Dashboard 2020-21
- Appendix 2a** Performance and Service update: A&E
- Appendix 2b** Performance and Service update: Diagnostics
- Appendix 2c** Performance and Service update: Waiting List and Referral to Treatment
- Appendix 2d** Performance and Service update: Cancer
- Appendix 2e** Performance and Service update: IAPT