

<b>Subject:</b>	<b>Paper 10 Integrated Performance Management Report</b>
<b>Officer Contact Details:</b>	<b>Wiltshire CCG Communications Department Wccg.info@nhs.net</b>
<b>Weblink:</b>	<b><a href="http://www.wiltshireccg.nhs.uk/our-governing-body/governing-body-meetings-in-public/governing-body-meeting-25-november-2014">http://www.wiltshireccg.nhs.uk/our-governing-body/governing-body-meetings-in-public/governing-body-meeting-25-november-2014</a></b>
<b>Further details available:</b>	<b>David Noyes, Director of Planning, Performance and Corporate Services</b>

## Executive Overview

Pressure remains higher than anticipated across the system, which continues to present both an operational and financial challenge system wide. This is most evident regarding acute services and the number of cases attending A&E, which is presenting a challenge to the achievement of the 4 hour wait target. Some, but by no means all of this, may be attributable to increased referrals arising from NHS111; this risk is identified (and features amongst the CCG top 10 risks) and work is in hand with our provider to try and safely/appropriately manage the figures down. However, planned care is also running ahead of planned levels. The under delivery of planned activity levels and the consequent impact on the CCG's financial position feature high on the list of top 10 risks. While the CCG remains on track to deliver against budget and financial targets, doing so will require extremely taut management in the coming months. Across the CCG, in very close partnership with our colleagues in our major providers and individual practices, work is ongoing to identify ways to better manage the pressures. At a whole system level, it has been identified that gastroenterology is currently generating over performance and so a system wide review will be conducted. As previously reported, we remain concerned regarding the recurrent impact of the combination of high activity levels and the under delivery of some of our change projects, and this represents the highest risk to the CCG moving forward.

The CCG performance on the 18 week Referral to Treatment (RTT) standards for admitted care and non-admitted care are now at the national target levels in advance of the deadline of December 2014 as a result of a second tranche of additional non recurrent activity taking place. Additionally, the over 52 week waiters have been treated at all but one provider where there is a known specific issue which is being managed across a wider geography. There has been a 7% growth in the waiting list below 16 weeks which is partially explained by the continued focus on longer waiters, but which will require ongoing attention through local providers' weekly operational meetings.

Some additional investment has become available in order to underpin our Operational Resilience and Capacity Plans, which will be further reviewed at the System Resilience Group on 18 November 2014. The CCG has received additional funding to support season pressures with the local health and social care economy; from the national allocation of circa £700m Wiltshire will receive £4.297m. The CCG is making all of this funding available to support a number of service redesign schemes aimed at preventing inappropriate admission to hospitals and supporting earlier discharge when people have attended their local Emergency Department. The CCG Governing Body is regularly briefed in detail

and remains committed to the delivery of change across our system outlined in our 5 year strategy. Our Clinical Leaders are convinced that the direction of travel we have established is the best way forward and will ultimately deliver the improved outcomes we seek in an affordable manner.

In the last month we have been delighted to work alongside our close partners in Wiltshire Council, participating in a most successful peer to peer review process of health and wellbeing. Although we await the final report, all the early indications of the outcome of this work are both positive and encouraging.

Working very closely with our partners in Wiltshire Council, some early indications of priority areas to focus upon are becoming clear from the 100 day challenge, which was an internal initiative aimed at galvanising action within our Better Care Plan. These include system wide 7 day working, improved collaboration within community teams and consistent Discharge planning. Elsewhere, and as previously reported, encouraging progress is being made in our 3 demonstrator sites who are piloting the development of integrated teams in Calne, Bradford on Avon/Melksham and Salisbury. We aspire to the creation of 20 such teams across the County, and notwithstanding the 3 pilot sites, the remaining 17 areas are also starting to come together. Pleasingly, our partners in GWH are starting to deliver the additional workforce required to bring much of this to life. Equally, work continues as we take forward key programmes of work regarding the re-procurement of community services, which will form the foundation stone for the delivery of our strategic vision. We have also made good progress with validating the plans for utilising the Transforming Care of Older people funding, to deliver enhanced capacity and capability for the care of our older people in community settings, at or close to their own homes. Working closely with Wiltshire Council, we have now launched a public consultation on the future of specialist dementia hospital care. The outcome of which will help to mitigate the sixth risk in the CCG risk register top ten.

The CCG's Commissioning Intentions for next year are complete, and they have been sent to our providers, with a copy also posted on our web site. We are now well into our detailed operational planning for next year, and have had a valuable meeting with colleagues from NHS England whose support as we continue our journey should be invaluable. Equally, we are making early preparations for the contracting round which will commence early in the New Year.