Meeting name:	WY ICB Kirklees Committee
Agenda item number:	11
Meeting date:	14th August 2024
Report title:	Performance Report against Key Performance Indicators for 2024/25
Report presented by:	Natalie Ackroyd Deputy Director of Planning & Performance
Report approved by:	Vicky Dutchburn Director Of Operational Delivery & Performance
Report prepared by:	Natalie Ackroyd Deputy Director of Planning and Performance

Purpose and Action:			
Assurance ☒	Decision ☐ (approve/recommend/ support/ratify)	Action ☐ (review/consider/comment/discuss/escalate	Information ☒

Previous considerations:

Executive summary and points for discussion:

This report provides the ICB Committee with an overview of the exceptions and the underperforming key performance indicators from the Performance report which was discussed at depth at the Finance and Performance subcommittee that took place on Wednesday 31st July 2024. The report takes the form of the Escalation and Assurance Report – Alert, Advise, Assure (AAA) report.

This report provides an overview of those measures underperforming at month 1, April 2024 against the System Oversight Framework (SOF).

With which purpose(s) of an Integrated Care System does this report align?

☒ Improve healthcare outcomes for residents in their system.
☐ Tackle inequalities in access, experience, and outcomes
☒ Enhance productivity and value for money.
☐ Support broader social and economic development

Recommendation(s):

The WY ICB Kirklees Committee are asked to: 1. Receive and note the Escalation and Assurance Report – Alert, Advise, Assure, based on the Performance report that was presented at the Finance and Performance Sub-Committee.
Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
PR1.3 Risk that patients acquire infections while in receipt of commissioned health services due to poor quality service delivery and inappropriate prescribing of antibiotics, resulting in harm to patients. PR2.3 Risk that the HCP implements health improvement plans without being able to demonstrate the benefits of these, due to not measuring improvement, resulting in inappropriate commissioning decisions.
Appendices:
N/A
Acronyms and abbreviations explained:
1. SOF- System Oversight Framework 2. CHFT- Calderdale and Huddersfield NHS Foundation Trust 3. MYTT – Mid Yorkshire Teaching Trust 4. RTT- Referral to Treatment Times 5. YAS- Yorkshire Ambulance Service 6. IAPT – Improving Access to Psychological Therapies 7. SWYPFT - South West Yorkshire Partnership Foundation Trust

What are the implications for:

Residents and Communities	Not directly
Quality and Safety	There may be a negative impact on the quality of services where there has been a breach of SOF standards
Equality, Diversity, and Inclusion	Not directly

Finances and Use of Resources	Any proposed changes or actions required to improve performance will be assessed for any financial implications
Regulation and Legal Requirements	The board will need to be aware of the impact of any breach in the SOF standards outlined in the report
Conflicts of Interest	Not directly
Data Protection	Not directly
Transformation and Innovation	Dependent on outcome and any decisions made following review and impact of the data presented in the report
Environmental and Climate Change	Not directly
Future Decisions and Policy Making	Not directly
Citizen and Stakeholder Engagement	Not directly

Key escalation and discussion points

Alert -

Kirklees Performance Report

There are several national issues relating to data availability and published data, as well as a move in some areas to reporting at West Yorkshire ICB level rather than Place level. Until such time as these issues are resolved we will be reporting on locally identified information as soon as the National reporting systems are fully functional the metrics will be updated to reflect the National view. There is therefore a risk that the reported performance in this report is subject to change if the data sources used are different to the ones utilised through available systems for reporting the Kirklees SOF metrics.

Efficiency & Recovery

- Kirklees ICB have a financial Efficiency & Recovery Plan of £9.6m.
- Schemes have been identified to the value of £6.4m and therefore leaving an unmitigated gap of £3.2m.
- At month 3, £1.4m has been delivered to date.
- There are potential risks to delivery of some of the schemes identified in table 1. The scheme leads continue to work through the validity of the efficiency schemes and the forecast outturn for year end.

A breakdown of the high-level schemes can be seen in table 1 below:

Kirklees ICB Efficiency & Recovery Schemes 2024/25

Business Area	Business Director	Scheme Name	Potential Savings 24/25 Cash Releasing
Community	Vicky Dutchburn	D2A Beds	£674,000
Primary Care	Catherine Wormstone	Ceasing/Reducing Primary Care Estate Subsidy Payments	£47,000
Primary Care	Catherine Wormstone	Frailty Scheme (Carers Part)	£117,000
Prescribing	Lindsay Greenhalgh	Meds Optimisation Team Savings	£3,080,000
Mental Health & LD	Vicky Dutchburn	SDF transactional	£1,000,000
Mental Health & LD	Vicky Dutchburn	Delayed Procurement MH	£60,000
Acute	Vicky Dutchburn	Elective Care	£450,000
Acute	Vicky Dutchburn	Urgent Care	£350,000
Acute	Vicky Dutchburn	Capacity Pot2	£600,000
		Unidentified GAP	£3,222,000
		Total	**£ 9,600,000**

Advise -

There are a number of key performance indicators that are not achieving the required national targets, the actions taken to improve performance were discussed with the Finance and Performance Committee in detail:

- The target for percentage of Learning Disability Patients to have received an annual health check is 75%. Kirklees have achieved **71.6% of checks**. **31 out of 64** practices are not achieving 75%.
- The target for People with Severe Mental Illness (SMI) receiving a full annual physical health check and follow up interventions is 75% for both the 6 and 9 health checks. In April 24 Kirklees achieved **76.1% of the 6 health checks and 47.7% of the 9 health checks**. For the 9 health checks, 54 out of 64 practices had not achieved 75%.

The Kirklees learning disabilities and Serious mental illness lead meets monthly with colleagues from the Mental Health Trust to review the Learning Disability and SMI health checks, ensuring that appropriate targeted support is offered to practices that may be performing lower than their counterparts. This way of working has proven to be successful for the Learning disability health checks in the past. It is anticipated that both these key performance metrics will be improved and will meet the required levels by year end.

Assure -

Systems and processes are in place to discuss any areas of underperformance in relation to underperforming national metrics and also in relation to underperforming efficiency schemes. Additional 1-1 meetings have been diarised for scheme leads to ensure that any risk to delivery is identified as early as possible. The Kirklees Efficiency and Recovery Meetings are now active monthly with deep dives into specific programmes and schemes diarised to ensure robust monitoring and identification of further opportunities.