

NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting
AGENDA ITEM NO:9.....
Date of Meeting:13th September 2019.....

TITLE OF REPORT:	CCG Corporate Performance Report	
AUTHOR:	Melissa Maguinness – Director of Transformation (Commissioning) Francesca Dean – Programme Manager Mike Robinson – Associate Director Integrated Governance & Policy Victoria Preston – Lead Information Analyst for Planned Care	
PRESENTED BY:	Dr Barry Silvert – Clinical Director of Commissioning	
PURPOSE OF PAPER: (Linking to Strategic Objectives)	The purpose of the attached report is to highlight performance against all the key delivery priorities for the CCG in 2019/20 against which NHS Bolton Clinical Commissioning Group is nationally measured.	
LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):	Deliver the outcomes in the Bolton Joint Health and Care Plan	
	Ensure compliance with the NHS statutory duties and NHS Constitution.	X
	Deliver financial balance.	
	Regulatory Requirement.	
	Standing Item.	X
RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting)	Members are requested to note the content of the report and actions being taken, where required, to improve performance.	
COMMITTEES/GROUPS PREVIOUSLY CONSULTED:	Performance is reported to: CCG Executive Contract Performance Group Quality and Safety Committee	
REVIEW OF CONFLICTS OF INTEREST:	N/A	
VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:	Patients' views are not specifically sought as part of this monthly report, but it is recognised that many of these targets, such as waiting times, are a priority for patients.	
OUTCOME OF EQUALITY IMPACT ASSESSMENT (EIA) AND ANY ASSOCIATED RISKS:	N/A	



Better Bolton.

Corporate Performance Report

Months 3&4 2019/20

Performance Summary

Key issues in June/July

- Elective care remains an area of concern, specifically in relation to the number of patients on the waiting list which grew by 15 patients between June and July. The main provider which has seen the greatest rise is Bolton FT. However, BMI Beaumont, WWL & MFT have also seen increases in the number of Bolton CCG patients on the waiting list since April 2019, these providers have been contacted got an update on actions being taken to resolve the issues.
- The BFT breast service presented progress against the remedial action plan for 2 week wait performance at the September Quality and Performance Group. Assurance was given around actions being taken and the CCG was assured that delays (in the non suspected cancer referrals) were not having a negative impact on patients clinical outcomes.
- 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers was achieved with performance of 91.7% in June. However, there has been deterioration in performance of the 62 day cancer standard from referral to first definitive treatment which failed in June with performance of 81.4% (against the 85% target).
- The 4 hour A&E standard has not been achieved in 2019/20, with performance of 86.1% in July (unvalidated data shows that this has improved to over 88% in August), however Bolton continues to perform well in comparison to other Greater Manchester Trusts.
- The significant increases which had been seen in A&E activity have eased, with attendances having now returned to within normal range for seasonality.

Improvement and Assessment Framework (IAF)

Annual Assessment

- The CCG annual assessment for 2018/19 provides each CCG with a headline assessment against the indicators in the CCG Improvement and Assessment Framework (CCG IAF). The headline assessments have been confirmed by NHS England's Statutory Committee.
- The 2018/19 headline rating for NHS Bolton CCG is **Outstanding**
- The End of Year final finance rating is **Green**
- The End of Year final Quality of Leadership rating is **Green Star**
- These ratings reflect the exceptional standards and efforts made by member Practices, CCG staff and the significant progress made with integration with Bolton Council and collaborative approach with other partners across the system, such as NHS Bolton Foundation Trust.

IAF Key Areas of Strength / Areas of Good Practice

Standards where the CCG's performance is in the best quartile in England are;

- Injuries from falls in people aged 65 and over
- AMR: appropriate prescribing of broad spectrum antibiotics in primary care
- Provision of high quality care: hospital
- Provision of high quality care: primary medical services
- People with urgent GP referral having first definitive treatment for cancer within 62 days of referral
- Cancer patient experience
- Proportion of people with a learning disability on the GP register receiving an annual health check
- Estimated diagnosis rate for people with dementia
- Dementia care planning and post-diagnostic support
- Primary care access – proportion of population benefitting from extended access services
- Utilisation of the NHS e-referral service to enable choice at first routine elective referral
- Staff engagement index

IAF Key Areas of Challenge Part 1

Standards where the CCG's performance is in the worst quartile in England are;

People with diabetes diagnosed less than a year who attend a structured education course:

This is being addressed through the new diabetes service specification with Bolton FT whereby a new structured education programme has been jointly designed.

AMR: appropriate prescribing of antibiotics in primary care:

Prescribing rate (prescriptions per patient) have reduced by 6% over the last 2 quarters. This follows our prescribing education event focusing on antibiotic prescribing at the end of 2018. If this trend continues we aspire to achieve the national target level by the end of this financial year.

Outlier practices are being audited for the last quarters prescribing and will get support visits to discuss practice specific challenges from our Prescribing Lead GPs to further reinforce appropriate stewardship of this vital resource.

People with first episode of psychosis starting treatment with a NICE recommended package of care treated within 2 weeks of referral:

The team have exceeded the target of 56% each month across quarter one with a YTD figure of 65.9%. Further support has been put in place around social prescribing and capacity has been further freed up to enable increased assessment time. Longer term capacity and caseload issues are being considered with a business case expected from GMMH in September to ensure outcome measures are met and sufficient capacity is available to continue to meet national targets.

IAF Key Areas of Challenge Part 2

Standards where the CCG's performance is in the worst quartile in England are;

Neonatal mortality and stillbirths:

Through the implementation of Saving Babies Lives(1&2) in addition to the Clinical Negligence Scheme for Trusts (CNST) Incentive Scheme, Bolton's full compliance with the requirements demonstrates positively low figures for June for both Still Births and Early Neonatal Deaths. June 2019 reports a total of 1 Still Birth with a YTD figure of 8. For Early Neonatal Deaths (Bolton Births only), a total of 1 is reported for June with a YTD figure of 3.

Maternal smoking at delivery: this is being addressed through a redesign of the smoking cessation service in maternity at Bolton FT:

Bolton has seen a rise in SATOD figures from 14.4 Q4 17/18 to 15.7 Q4 18/19, this maybe due to the introduction of the GM Smokefree Pregnancy programme, following the introduction of carbon monoxide monitoring for all women at the time of booking, this has seen an increase in women being identified at smoking at the time of booking. A maternity based Stop Smoking service has been introduced in September and women are referred by an opt-out pathway to the specialist MSW service.

The maternity support workers are engaging with all women referred and we have seen an increase in referral rates to the service by 150% and 4 week quit rates of an unprecedented 83% (national 25%), thus expecting the future rates of SATOD to fall. To increase engagement we have introduced the Risk Perception Intervention (RPI) – motivation interview following the woman's booking scan, to engage with those women who have not yet quit, all accompanied by a Financial Incentive scheme to support those who would find it hardest to quit.

Progress against the Workforce Race Equality Standard:

A staff survey was undertaken to further inform the 2019 submission of the WRES. This has now been submitted to NHS ENGLAND as per the statutory requirements. Feedback from the staff survey was hugely positive and results will be shared with board members in the coming weeks.

Performance by Commissioning Area: Elective Care

Planned Care	Target	Current Month	Current Month	YTD	Change since last month	Performance on Trajectory
Patients on an Incomplete pathway % (92% of patients should be less than 18 weeks from referral)	92% (GM 90%)	Jul	86.3%	86.5%	↑	●
Waiting list - number of patients waiting to be seen	<22,640	Jul	24,552	24,552	↓	●
Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	1%	Jul	1.91%	2.23%	↔	●
Number of patients on the waiting list should not have been waiting more than 52 weeks	0	Jul	4	19	↑	●

Key in month highlights:

- RTT Performance for Bolton patients remains a challenge and is underperforming against the GM target of 90%. The performance in July 2019 saw a slight improvement in comparison to June 2019. The specialties that remain a challenge are Trauma & Orthopaedics, General Surgery and Ophthalmology.
- The waiting list position has slightly increased in July 2019 by 15 patients, compared to the list size in June 2019, there are still significant concerns around achievement of the waiting list target with a YTD position of 24,552 against a target of <22,640; Work is ongoing to reduce this further through additional validation and capacity and demand exercises. Bolton FT have developed a PTL recovery plan which is currently being scrutinised by commissioners.
- The percentage of patients waiting less than 6 weeks from referral for a diagnostic test has remained static in July 2019 compared to June 2019. Work continues to identifying challenges in achieving this target. For example, the rise in MRI demand is contributing in part to the underperformance for this indicator. The CCG has commissioned additional MRI activity with Bolton FT in recognition of this increase
- 4, 52 week breaches have been reported in July 2019, these are all attributable to Bolton FT. This is an improvement from June 2019. These breaches are being followed up with providers to ensure that RCAs are completed and learning is shared. Commissioners are working closely with Bolton FT as part of the Elective Care management plan to ensure further breaches are prevented.

Performance by Commissioning Area: Cancer Care

Cancer Care	Target	Current Month	Current Month	YTD	Change since last month	Performance on Trajectory
Percentage achieving maximum 2 week wait for first outpatient appointment, urgently referred with suspected cancer via GP	93%	Jun	96.7%	97.5%	↓	●
Percentage achieving maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	Jun	45.2%	42.3%	↓	●
Percentage achieving maximum wait from diagnosis to first definitive treatment to be within 31 for all cancers	96%	Jun	100.0%	98.8%	↑	●
Percentage achieving maximum 31 day wait for subsequent treatment where that treatment is surgery	94%	Jun	100.0%	96.7%	↑	●
Percentage achieving maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	98%	Jun	100.0%	100.0%	↔	●
Percentage achieving maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	Jun	100.0%	100.0%	↔	●
Percentage achieving maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85%	Jun	81.4%	83.2%	↑	●
Percentage achieving maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	Jun	91.7%	87.5%	↑	●
Percentage achieving maximum 62 day wait for first definitive treatment following a consultants decision to upgrade the priority of the patients (all cancers)	No Target	Jun	69.6%	74.3%	↓	●

Performance by Commissioning Area: **Cancer Care**

Key in month highlights:

- Percentage achieving maximum 31 day wait for subsequent treatment where that treatment is surgery has improved to achieve 100% in June19.
- 62 day wait from urgent GP referral is still below the target of 85% this month but has improved slightly to 81.4%.
- 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers has improved by 10% since May and was achieved in June (91.7%)
- The CCG continues to work with Bolton FT to improve the performance for Breast symptomatic. The breast service attended the CCG Quality & Performance group in August to update on progress against the remedial action plan. The CCG is supporting the service to manage demand appropriately with the development of new breast pain guidance for GPs and further education and support.
- The CCG Clinical lead for Gynecology has carried out an audit of suspected cancer referrals to identify the reasons for the increase in demand. The audit findings have highlighted a good standard of appropriate referrals, however, some recommendations have been proposed which the commissioning team will work with the provider to develop, including the development of new pathways are use of the appropriate sub-specialty clinics.

Performance by Commissioning Area: Urgent and Emergency Care

Urgent Care	Target	Current Month	Current Month	YTD	Change since last month	Performance on Trajectory
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department - Bolton FT	95%	Jul	86.10%	85.50%	↓	●
NWAS CCG position: Category 1 response times - Mean	<=7 mins	Jun	07:02	06:45	↓	●
NWAS CCG position: Category 1 response times - 90th Percentile	<=15 mins	Jun	10:58	10:41	↓	●
NWAS CCG position: Category 2 response times - Mean	<=18 mins	Jun	29:18	28:40	↓	●
All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >30 mins<59 mins) Bolton FT	No target	Jul	78	324	↓	●
All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >60 mins) Bolton FT	less than 40 per month (Local target)	Jul	27	113	↑	●
Delayed Transfers of Care (DTOC) as a percentage of occupied bed base - Bolton FT position	3.3%	Jul	3.0%	3.0%	↓	●
Non Elective Length of Stay	<4.61	Jun	4.7	4.7	↑	●

Key in month highlights:

- A&E performance is below the agreed trajectory of 90%, showing a slight deficit on June from 86.30% to 86.10%. The position has improved in August 2019 with the unvalidated month end position at 88.20%.
- In August, A&E attendances have returned to within normal range for seasonality compared to the large increase seen since April, with an average of 321 attendances per day compared with 354 in June and 365 in July.
- Category 1 Ambulance performance is strong YTD, marginally missing the mean target of 7 minutes in June. However, Category 2 continues to fail against target and the CCG is working with lead commissioners to monitor.
- Some improvement has been seen in June, with reduction in Non Elective LOS, in addition to the ongoing operational processes to manage LOS further assurance is being built in with the introduction of a system wide LOS MDT process in September 2019.
- Urgent and Emergency Care Board continue to monitor and track system wide actions to improve the Urgent Care system in Bolton and Winter Preparations have begun with a scheduled peer review taking place on the 16th September.

Performance by Commissioning Area: Mental Health

Mental Health Care	Target	Current Month	Current Month	YTD	Change since last month	Performance on Trajectory
Improving Access to Psychological Therapies (IAPT) Access rate - (Prime Provider model)	Currently 19%, 22.5% by March 2020 (National -	Jun	24.8%	24.1%	↓	●
Improving Access to Psychological Therapies (IAPT) Recovery rate - (Prime Provider model)	50.0%	Jun	46.7%	49.5%	↓	●
Improving Access to Psychological Therapies (IAPT) - percentage treated within 6 weeks of referral	75.0%	Jun	76.0%	72.7%	↓	●
Improving Access to Psychological Therapies (IAPT) - percentage treated within 18 weeks of referral	95.0%	Jun	98.8%	99.6%	↓	●
56% of early Intervention Psychosis (EIP) referrals to start treatment within 2 weeks	56.0%	Jun	66.7%	65.9%	↑	●
Mental Health Liaison Service (formally RAID) -percentage of AE Emergency referrals assessed within 1hr	75.0%	Jun	62.0%	71.9%	↓	●
Number of new Out of Area placements	0	Jun	2	6	↑	●

Performance by Commissioning Area: **Mental Health**

Key in Month highlights:

- The IAPT Access Rate dropped very slightly from prevalence of 25.4% in May to 24.8% in June, however, it must be noted this is still significantly ahead of the planned trajectory to achieve 22% by the end of March 2020 and 25% by March 2021. The service is mindful of the importance of ensuring waiting times between first and second appointments are minimised; further work continues around this, prioritising capacity to address this whilst maintaining the relevant targets).
- Recovery rates have dropped from 52.8% in May to 46.7% in June. This is thought to be due to a combination of the increased activity above and high numbers of people accessing support via the Silverwellbeing service; which has been extremely successful in offering increased choice, wider access routes and positive client experience. Due to the nature of this patient groups complexity they may experience lower recovery scores on exit interview (but still experience reliable recovery). Improvement is expected over the next few months.
- The 6 week referral to treatment target continues to be achieved at 76% in month, against the 75% target, but YTD remains under target at 72.9% due to issues noted in previous reports around RTT on entry and RTT on exit. GMMH have provided assurance that this will continue to improve over the next few months.
- The Mental Health Liaison Service fell short of the target at 62%. GMMH have undertaken a full data analysis which identified themes around long term sickness, additional pressure on the team (at least 70 extra presentations seen this month) and incorrect timings being recorded due to pressures on staff between assessments; which reflects more poorly than the reality of response times. The core 24 investment agreed will see additional resource going in to the team over the next few months, which should have a positive impact on staffing and response times; the latter having already improved significantly in July and August.
- Acute OAPs are still relatively low in number with 6 YTD and 2 in June against the target of zero by 2021. Further work continues around alternatives to admission.

Performance by Commissioning Area: Children's and Maternity

Childrens & Maternity Care	Target	Current Month	Current Month	YTD	Change since last month	Performance on Trajectory
% Completed maternity bookings by 12+6 weeks (bolton CCG at Bolton FT)	90%	Jun	88.90%	89.10%	↑	●
CAMHS % of young people accessing treatment	34%	Jun	38.00%	46.00%	↓	●
CAMHS % of young people 10 point improvement on Childrens Global Assessment Scale (CGAS)	50%	Jun	42.90%	34.10%	↑	●

Key in month highlights:

- An in depth analysis on the two CAMHS indicators can be found further into the report.
- The 12+6 booking performance continues to be a key area of focus for maternity services. YTD position is 89.1% against a target of 90%. Performance has increased from May (87.4%) to June (88.9%).
- The Outpatient Matron meets weekly with Team Leaders and has developed a late booker template to closely monitor each Team's achievement/areas of improvement.
- Out of Area Bookers have been identified as a key priority for Bolton FT and improvements are required with the referral system & increasing capacity for these women to book at weekend.
- Work is ongoing to develop a SPOA for women to have an online referral system.
- It has been identified that other Trusts are constantly achieving the 12+6 target as their business intelligence allows them to take off scan changes dates but Bolton FT are unable to do this.

Quality and Safety Targets and Standards

Quality and Safety	Target	Current Month	Current Month	YTD	Change since last month	Performance on Trajectory
Zero tolerance mixed sex accommodation (MSA) breaches (Bolton FT)	0	Jul	10	45	↓	●
CDIFF-Post 72 hrs (Hospital)	32	Jul	4	12	↓	●
MRSA-Post 48 hrs (Hospital)	0	Jul	1	1	↓	●
Serious Incidents	0	Jul	3	8	↓	●
Never Events	0	Jul	0	2	↑	●
Falls with at least moderate harm - Moderate	0	Jul	2	3	↓	●
Falls with at least moderate harm - Severe	0	Jul	0	2	↑	●
Pressure Ulcers in the Community	Reduce	Jul	5	44	↑	●
Pressure Ulcers in Acute	Reduce	Jul	1	23	↑	●
Medication Incidents at Bolton FT	<100	Jul	152	638	↑	●

Key in month highlights:

- The FT has an objective not to exceed 32 hospital onset hospital associated (HOHA) cases and community onset hospital associated (COHA) cases in 19/20. To the end of June there have been 12 HOHA and COHA cases. These undergo a full RCA with learning shared via the FT's IPCC.
- There has been one reported pre 48 hour MRSA which will undergo a full RCA and be shared at IPCC.
- There were 10 MSA breaches in July and a total of 45 YTD. The FT has advised that plans to address the estate constraints are now scheduled for 20/21.

Activity Performance

The table below illustrates our year to date activity position for **June19**, year on year by point of delivery:

Point of delivery	Last Year Actual	This Year Actual	Variance to last year	This year plan	Variance to plan	Annual Plan
Referrals - Total	28,059	26,306	-6.2%	27,937	-5.8%	108,335
1st Outpatients	23,218	22,399	-3.5%	22,796	-1.7%	90,878
Follow Up Outpatients	45,342	44,453	-2.0%	43,553	2.1%	176,635
Ordinary Elective + Daycas	8,590	8,620	0.3%	9,086	-5.1%	35,318
All A&E Attendances	25,802	27,718	7.4%	25,712	7.8%	103,150
Non-Elective Spells (Total)	8,070	8,128	0.7%	7,804	4.2%	32,306

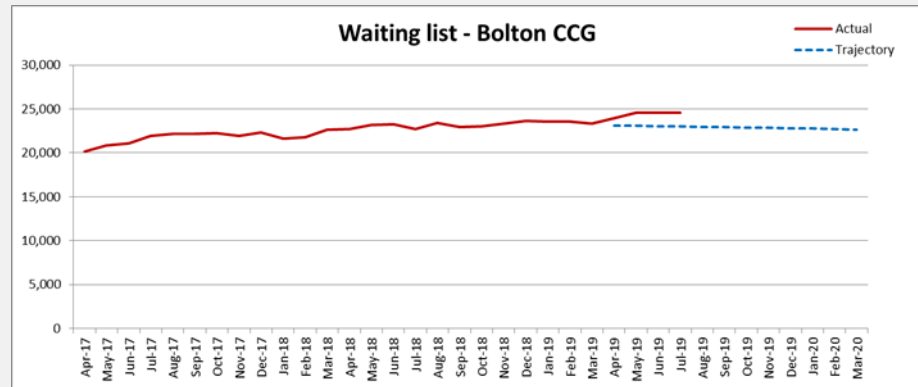
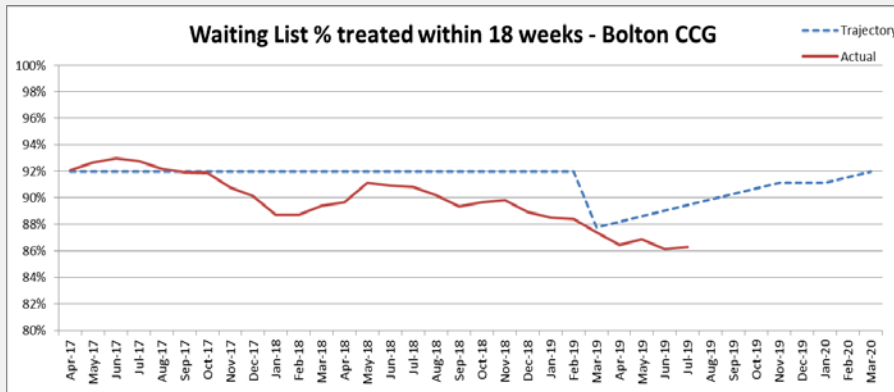
- Referrals are still tracking below last year.
- There has been an increase in outpatient follow up activity in June. However, elective and day case are over 5% under plan. This is being closely monitored by the CCG at provider and specialty level to understand the reasons for the decreases and the remedial actions required.
- A&E attendances are significantly above plan to end June. These have returned to normal levels from July. Data analysis has identified that the rise is in walk-in attendances and within the age category for patients between the age of 20 & 39. Engagement activities have been taking pace throughout July to gain some insight into why patients are choosing A&E over other more appropriate alternative services so that a targeted communication and engagement programme can be designed.
- There has been a further increase in non elective activity in June, specifically in General Surgery and Gynaecology.



Trajectory Action Plan – By exception

Elective Care

- Trajectories set as part of the Deep Dive into Elective in July 2019 are being monitored, the following charts show performance for the 2 areas that are not making progress towards meeting the trajectory set.

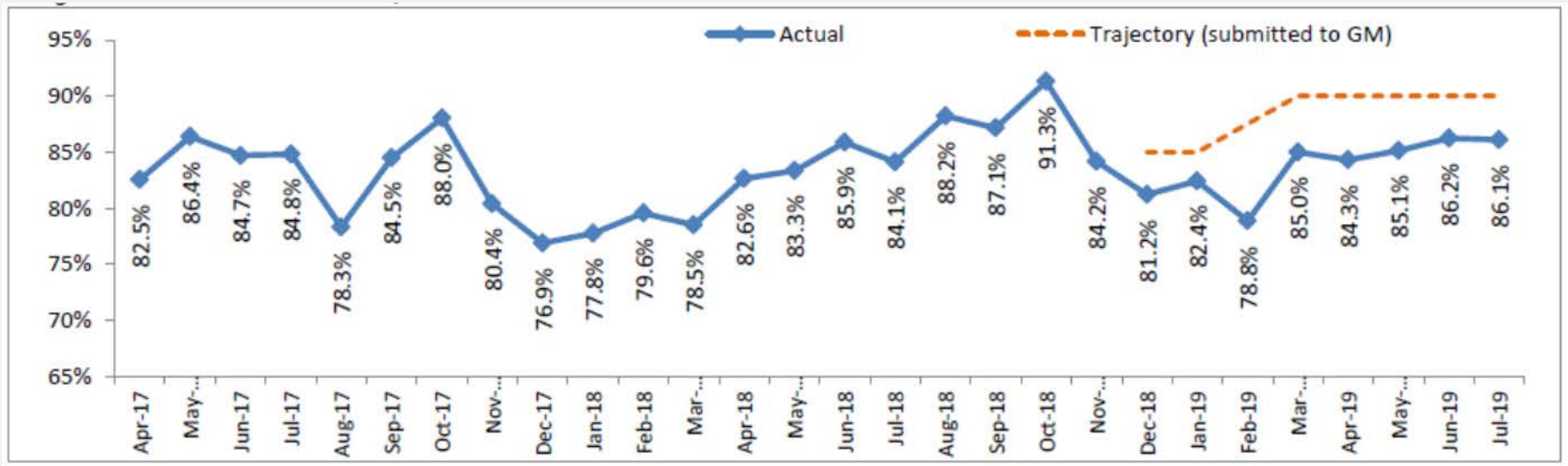


- Detailed work is ongoing with providers to manage the performance of these standards and work towards an improved position. A recovery plan has been developed by Bolton FT, which highlights opportunities by specialty to carry out additional activity to improve the position, particularly for the waiting list standard. Referral analysis continues to ensure appropriateness of demand, particularly in specialties that have seen the most significant growth in the waiting list, including breast services and gynaecology.

Trajectory Action Plan – By exception

Urgent Care

- A trajectory for A&E performance is tracked by the system through Urgent & Emergency Care Board. The chart below shows the performance against the set trajectory. There are a number of critical factors that contribute to achieving A&E performance, it is commonly agreed that the key factors are timely decision making in A&E when deciding to admit a patients, the number of “stranded patients” (patients who have been in hospital for 7 days or more) and volumes of patients in A&E (Number of A&E attendances).
- There are a number of actions that are in place and tracked to support the improvement of these factors in turn supporting the improvement of A&E performance.
- Although performance is off trajectory, the performance in July has improved since the beginning of the calendar year and is better that July 2018.



Underperformance Analysis

Children and Young People's Mental Health Access Rates

The Five Year Forward View for Mental Health states that by 2020/21, at least 70,000 additional children and young people each year will receive evidence-based treatment. This represents an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions.

Estimated 2004 prevalence of diagnosable mental health problems in CYP aged 5-16 at 9.6%

- Prevalence varies between CCGs according to age, sex and socio-economic classification
- This is applied to CCG populations as at April 2014 (NHS Digital data)
- Updated prevalence information will be available October 2019

CYP Mental Health Access rates are published nationally and only display Provider data streamed directly through to the Mental Health Services Data Set (MHSDS). Due to a range of Providers not yet streaming data directly through to MHSDS, locality access figures often do not represent a true picture of mental health treatment across all providers.

We know in Bolton that this % access rate does not accurately reflect total number of CYP receiving treatment.

For 2018/19 the MHSDS reported figure did not include:

Thrive Alliance Partners – Fortalice, Bolton Lads and Girls Club, Zacs, Bolton YMCA and Headspace CIC
Kooth – Any CYP in Bolton benefitting from 1:1 online counselling
Paediatrics – Any CYP seen by Community Paediatrics for neurodevelopmental assessment/treatment
Young Carers Service

This issue has been raised locally, regionally and nationally by CCGs and an interim measure to mitigate the inaccurate reporting is a national one off data submission takes place each year.

2018/19 Reviewed One Off Submission Performance

New CYP Access % based on national one off submission

CCG Total	deduplication % applied to CYP submitted data
2,862	96.6

Required to achieve the 32% target	
2a - Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded
2862	44.1%
2b - Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	
6484	

CCG ODS Code	Provider Name	MHSDS generated/CYP generated number	Number to be published (to be validated)	MHSDS or CYPMH Refresh
RWX	BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	*	*	MHSDS
RXA	CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST	*	*	MHSDS
RXX	SURREY AND BORDERS PARTNERSHIP NHS FOUNDATION TRUST	*	*	CYP
RXV	GREATER MANCHESTER MENTAL HEALTH NHS FOUNDATION TRUST	1669	1669	MHSDS
DUM102	BOLTON LADS AND GIRLS CLUB	299	289	CYP
8KA78	THE SYCAMORE PROJECT - ZACS YOUTH BARS	244	236	CYP
DFC	XENZONE LIMITED	168	162	CYP
8KA79	Bolton YMCA	135	130	CYP
8K994	FORTALICE	119	115	CYP
DUM109	HEADSPACE BOLTON CIC	74	72	CYP
RTV	NORTH WEST BOROUGH'S HEALTHCARE NHS FOUNDATION TRUST	75	72	CYP
R0A	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	69	67	CYP
RT2	PENNINE CARE NHS FOUNDATION TRUST	24	23	CYP
RNK	TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST	17	16	CYP
RGD	LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST	5	5	MHSDS

1,182 of the CYP will not have been counted in the initial MHSDS submission. A duplication figure of 96.6% has been applied to account for CYP who may have accessed support through more than 1 Provider

Tracker - CYP Mental Health Access

Month	2019/20 Plan	MHSDS 2019/20	Kooth	2019/20 Total
April	377	360	135	495
May	309	250	141	391
June	227	170	179	349
July	183			
August	130			
September	152			
October	152			
November	159			
December	108			
January	139			
February	128			
March	141			
YTD	912	780	455	1235

- Bolton CCG have processes in place to monitor the CYP Mental Health Access Data against the 2019/20 Plan. Bolton's 2019/20 plan accounts for trends and variation of referrals/contacts.
- The table demonstrates that Bolton is currently above plan and overachieving the against the 34% access target when including the Kooth data.
- The full year performance is predicted to over achieve against the plan of 912 with an expected outturn of 1235

Children's Global Assessment Scale (CGAS)

Target – 50% of CYP with a 10 point CGAS improvement

What is it?

A single score between 1 and 100 is given based on a clinician's assessment of a range of aspects related to a child's psychological and social functioning. The score will put them in one of ten categories that range from 'extremely impaired' (1-10) to 'doing very well' (91-100).

Analysis of Underperformance

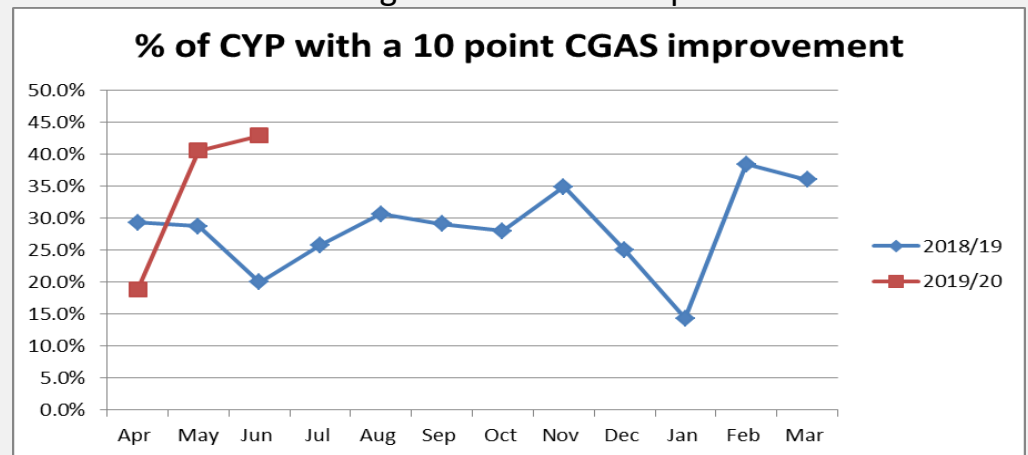
The CGAS is set on meaningful change within a six month time frame. Currently, most CYP have either only just been seen or are still waiting at the stage that the second CGAS should be completed. The impact of this being there has been little or no time to start a process of change with the young person. The main challenge the service is seeing at the moment is the waiting time taking up the majority of the 6 month change period the only way to address this is to reduce waiting times there are recovery plans in place for the service in relation to recruitment.

Actions to improve performance

The reduction in scores is being targeted by a focus on increasing staffing through the work force recovery plan and embedding the new service model into practice.

Completion rates are also monitored monthly for all those CYP's that are eligible for CGAS completion and shared with the relevant members of the CAMHS team.

Performance has significantly improved in May and June and is expected to achieve the 50% target by the end of September



Remedial Action Plan - Waiting List Initiatives

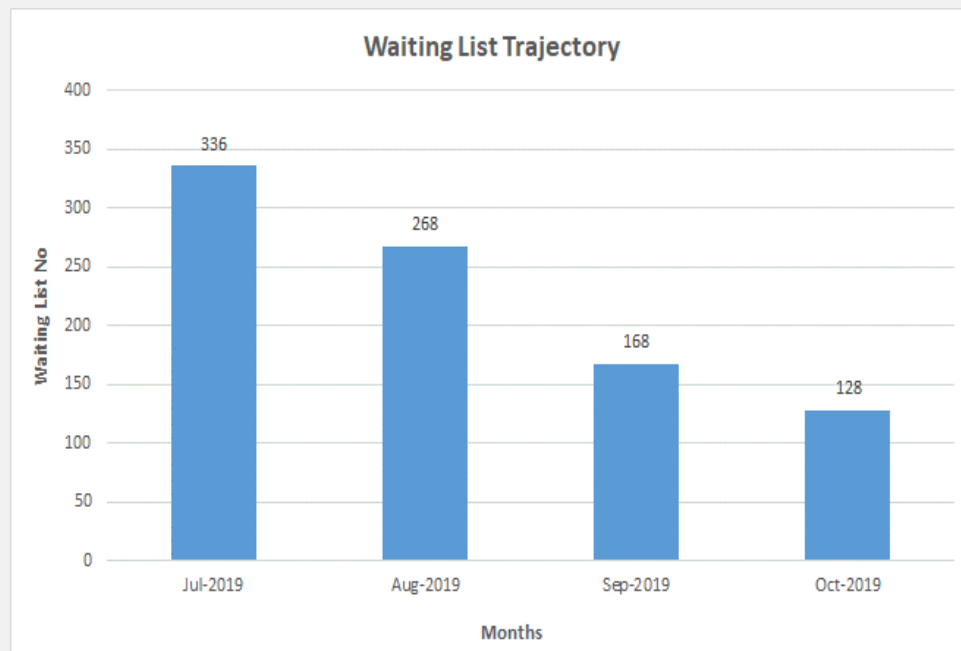
A full review of the 336 children and young people (CYP) on the CAMHS waiting list is being undertaken to ensure accuracy and appropriateness.

As of August 2019, a total of 199 CYP have been contacted (59%), of which, 121 have received direct communication (61%).

From the 121 that Bolton CAMHS have been able to speak to, a total of 28 CYP have been discharged from the service (23%). There is an expectation that a proportion of the 78 CYP who have not been in contact with the service will also be discharged.

The key reason for being discharged from the service was that clinical advice and effective signposting given over the phone to parents/carers was sufficient enough to not require an appointment with CAMHS.

A Single Point of Access (SPoA) meeting has taken place on Wednesday 28th August to discuss referral pathways between CAMHS and Bolton's Thrive Alliance Partners : Fortalice, Bolton Lads and Girls Club, YMCA, Zacs & Headspace.



Remedial Action Plan - Waiting List Initiatives

Waiting List Trajectory

Month	Waiting list Reduction	Action
31-Jul-19	336	Initial waiting list
31-Aug-19	268	Reduction from data cleanse – estimated 20% reduction based on previous waiting list initiatives
30-Sep-19	168	4 new members of staff coming into post in August and September
31-Oct-19	128	Additional 40 CYP waiters removed from waiting list in October. Reduce waiting list to 128.
30-Nov-19	TBC	Figures to be added following further enhancements to the clinical model, once scoping complete at end of September.
31-Dec-19		
31-Jan-20		

