Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

CCG Improvement and Assessment Framework 2016/17

Governing Body meeting

6 October 2016

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Is your report for Approval / Consideration / Noting

Noting and Approval

Are there any Resource Implications (including Financial, Staffing etc)?

Yes – staffing, additional workload to be incorporated into business as usual and existing capacity.

Audit Requirement

CCG Objectives

The CCG Improvement and Assessment Framework for 2016/17 is how NHS England will assess how well each CCG is fulfilling its function of commissioning safe, good quality, sustainable services and compassionate care. This has relevance to delivery of all the CCG's objectives:

1. To improve patient experience and access to care
2. To improve the quality and equality of healthcare in Sheffield
3. To work with Sheffield City Council to continue to reduce health inequalities in Sheffield
4. To ensure there is a sustainable, affordable healthcare system in Sheffield.
5. Organisational development to ensure CCG meets organisational health and capability requirements.

Equality impact assessment

Have you carried out an Equality Impact Assessment and is it attached? *No*

If not, why not? None necessary

PPE Activity

How does your paper support involving patients, carers and the public?
Does not directly support involvement but assessment of CCGs (via the CCG Improvement and Assessment Framework) is published nationally, for patients and the public on MyNHS website.

Recommendations
The Governing Body is asked to: • Note the content of the paper and the latest position relating to the CCG IAF process and published data. • Note the initial assessment (and the basis on which this has been undertaken) of the initial published CCG IAF indicators has been undertaken and the actions already taken – section 4 • Note the published baseline assessment for 3 of the 6 clinical areas – section 5 • Agree the recommended future actions - section 7

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1. Background

The CCG Improvement and Assessment Framework (IAF) became effective from the beginning of April 2016, replacing the CCG Assurance Framework.

The annual assessment against the four domains of the CCG IAF will take into account:

- CCG performance in each of the 60 indicators over the year
- How well CCGs have played into their local systems, using the system relationships, and the levers and incentives available to them
- Assessment against the 6 clinical priority areas in the Five Year Forward View: mental health; dementia; learning disabilities; cancer; maternity; diabetes.

Further to the briefing provided to CET and Governing Body during July, the first phase of data against the new framework has now been published and is available on MyNHS.

2. Purpose of this Briefing

To provide an update to the Governing Body (following publication of this first phase of CCG IAF data) on:

- the latest position against the published baseline assessments in three of the six clinical areas
- update on data published on 42 of the 60 metrics and an initial SCCG assessment of these based on what we know regarding methodology
- what is currently known about the methodology for assessing the CCG and what is yet to be clarified.

3. Publication of data

60 CCG IAF Indicators

Data has been published on MyNHS.net for 42 of the 60 CCG IAF indicators which make up the four CCG IAF assessment domains of:

- **Better Health** – how the CCG is contributing towards improving the health and wellbeing of its population and "bending the demand curve"
- **Better Care** – care redesign, NHS constitutional standards, NHS outcomes
- **Sustainability** – financial balance and securing good value for patients
- **Leadership** - quality of CCG leadership, quality of plans, work with partners, CCG governance arrangements

The 18 indicators for which data has not yet been published are those for which clarification of the definition and/or data sources is to be finalised, and/or where they

are not driven by data and will be subject to self-assessment/moderation (9 out of the 60) – for example, digital maturity, compliance with conflict of interest guidance .
Publication of data on MyNHS.net is intended to provide the public with information on how well CCGs are performing their functions.
Additionally, a more detailed dashboard is in development for NHS England and CCG use as part of quarterly CCG IAF discussions. A first draft of this dashboard has been used to inform the initial assessment of the CCG position.

4. Initial Review of Sheffield CCG Starting Position

The CCG position against the 42 published indicators can be categorised as follows:

4.1 For the Domains of Sustainability and Leadership (previous Well-led Organisation):

Sustainability	**Sheffield CCG**	**England Average**
Financial plan	Red	N/A
Digital interactions between primary and secondary care	50.3%	N/A Sheffield CCG is lowest amongst 10 Commissioning for Value comparator CCGs
Local strategic estates plan in place	Yes	N/A

Leadership (Well-Led Organisation)	**Sheffield CCG**	**England Average**
Staff engagement index (from NHS Staff Survey)	3.7	3.8
Progress against Workforce Race Equality Standard (by our providers) **Higher score is better.**	0.5	0.2
Effectiveness of working relationships in the local system (from annual CCG Stakeholder 360 Survey)	63.31	N/A Sheffield CCG is 3rd lowest amongst 10 Commissioning for Value comparator CCGs
Quality of CCG leadership	Green	N/A

4.2 For the Domains of Better Care and Better Health:

Domain	**Published**	**At or above England average**	**Below England average**	**No comparison to avge**
Better Care	21	9	7	5
Better Health	14	6	4	4

The areas in **Better Care and Better Health** below England average are:

Better Health
Maternal smoking at delivery
People offered choice of provider and team when referred for a 1st elective appointment
% deaths which take place in hospital
Quality of life of carers - health status score (EQ5D)
Better Care
Improving Access to Psychological Therapies recovery rate

People with 1st episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral
People with a learning disability and/or autism receiving specialist inpatient care per million population
Neonatal mortality and stillbirths per 1,000 births
Delayed transfers of care attributable to the NHS and Social Care per 100,000 population
Emergency bed days per 1,000 population
Emergency admissions for chronic ambulatory care sensitive conditions per 100,000 population

The full details of these published indicators are included at Appendix A. It is proposed that these highlighted in the Quality and outcomes report from November onwards, where they are not already included.

4.3 Resulting Actions

Discussion with CCG Clinical Portfolios has confirmed that portfolios

- are sighted on the areas where the CCG is reported as below England average
- understand the underlying issues and, where appropriate, are taking remedial action, noting that in some cases the reported position is a result of how services are organised in Sheffield rather than a fundamental performance issue.

Information on underlying issues and actions being taken is being collated for triangulation with other aspects of CCG and provider performance and quality via the CCG Integrated Performance and Delivery Board.

5. Six Clinical Priority Areas

The NHS Mandate commits to assess CCG's in the 6 clinical areas of; Maternity, Dementia, Diabetes, Mental Health, Learning Disability and Cancer. Independent panels have been established and each has defined its approach to combining individual CCG indicators to reach a composite banding. They link to the 2016/17 Planning Guidance and national priorities set for the NHS as a whole. A summary of the methodology for assessment of these clinical priority areas is attached at appendix B. The full methodology has been published by NHS England.

This early assessment provides a snapshot of CCGs' performance in the areas measured by the specific indicators in the framework and is a useful starting point for future assessments. As a result, the assessments are described as: top performing; performing well; needs improvement; and, greatest need for improvement.

To date, NHS England recently published the baseline assessments for 3 of the six clinical areas on MyNHS.net. The outcome of these is listed below;

Dementia	**Diabetes**	**Learning Disability**
Top Performing	Performing Well	Needs Improvement

The publication date for the remaining 3 clinical areas is not yet known, however, using the approach adopted in section 4, our initial local assessment for these is as follows:

Cancer	**Maternity**	**Mental Health**
At England Average	Below England Average	Below England Average

NB: Please note these are **NOT** official assessments from the independent panels, as these are still to be published, but provide an indication of where we have benchmarked on the metrics used in these areas against the England average.

6. Criteria for annual assessment

An annual overall rating will be made for each CCG based on the Ofsted / Care Quality Commission style categories of “Outstanding”, “Good”, “Requires Improvement” and “Inadequate”, in June 2017. The methodology, by which NHS England will use to assess CCGs at the end of the year, has not yet been published. It is therefore not yet possible to make a definitive assessment on our baseline or in-year position against the categories. In-year assessments will not be made by NHS England this year, but our dialogue with the local NHS England team will continue on a monthly basis to review areas of under-performance, with emphasis on the NHS constitution measures. Quarterly ‘check point’ meetings will take place with the CCG’s Executive team.
The full methodology for assessment is currently being finalised and at this stage it is not known whether weightings will be applied to any of the 60 indicators, the four domains or the clinical priority areas. NHS England have committed to publishing this methodology in December 2016.

7. Aiming for ‘Outstanding’ – key actions

As an ambitious CCG, the executive team have indicated our desire to strive for an ‘outstanding’ assessment. However, due to the fact that the methodology to be used is still unknown, it is not possible to make an accurately informed assessment of what actions the CCG can take to secure an overall rating of ‘outstanding’. Despite this, it is possible to identify the areas which have opportunity for improvement based on the comparative information for the 42 published metrics. With this in mind, the following actions are proposed to assess the scope and scale of opportunity for improvement and to put the CCG in the best possible place for the year-end assessment.

1. Develop and establish excellent relationships with our local stakeholders which will be assessed through the annual 360 degree survey (to be issued in January) – taking proactive steps to address areas for improvement from the 15/16 review.
2. Assess with each clinical portfolio & business function (for example – sustainability domain) the areas which fall below national average or peer comparator position to assess the opportunity for improvement and develop action plans as required.
3. Use the baseline assessment in the 3 clinical areas assessed as ‘needs improvement or greatest need for improvement’ to develop specific action plans targeting those areas where impact can be achieved in 16/17.
4. Share the outcome of these assessments and resulting action plans with the Senior Management Team and/or at the Clinical Commissioning Committee and present for approval at the Governing Body meeting in November 2016.
5. To incorporate the published CCG IAF data into monthly portfolio reporting packs.
6. Incorporate updates to 60 indicators in the Quality & Outcomes Governing Body report as published.
7. Revisit assessment and actions following the publication of the methodology once published in December 2016

8. Action Requested from Governing Body

Governing body is asked to;

- Note the content of the paper and the latest position relating to the CCG IAF process and published data.
- Note the initial assessment (and the basis on which this has been undertaken) of the initial published CCG IAF indicators has been undertaken and the actions already taken – section 4
- Note the published baseline assessment for 3 of the 6 clinical areas – section 5
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Paper prepared by: Julie Glossop, Head of Development and Rachel Gillott, Deputy Director of Delivery and Performance

22 August 2016 and updated 26 September 2016

APPENDIX A: 42 Indicators for which initial data has been published (published July 2016)

Improvement and Assessment Indicators	Latest Period	CCG	England	Better is...
Better Health				
Maternal smoking at delivery	15-16 Q3	14.3%	10.6%	L
% children aged 10-11 classified as overweight or obese	2014-15	34.1%	33.2%	L
Diabetes patients that have achieved all three of the NICE-recommended treatment targets	2014-15	39.2%	39.8%	H
People with diabetes diagnosed less than a year who attend a structured education course	2014-15	8.9%	5.7%	H
Injuries from falls in people aged 65 and over per 100,000 population	Nov-15	1,847	2,027	L
People offered choice of provider and team when referred for a 1st elective appointment	Feb-16	0.42	0.5	H
Personal health budgets per 100,000 population (absolute number in brackets)	15-16 Q4	34	14	H
% deaths which take place in hospital	15-16 Q3	50.5%	46.9%	<>
People with a long-term condition feeling supported to manage their condition	2015	64.6%	64.4%	H
Inequality in avoidable emergency admissions	15-16 Q2	945		L
Inequality in emergency admissions for urgent care sensitive conditions	15-16 Q2	1,802		L
Anti-microbial resistance: Appropriate prescribing of antibiotics in primary care	15-16 Q4	1.1 (1.2)		<>
Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in primary care	15-16 Q4	12.0 (12.0)		<>
Quality of life of carers - health status score (EQ5D)	2015	0.77		H
Better Care				
Cancers diagnosed at early stage	2014	49.3%		H
People with urgent GP referral having 1st definitive treatment for cancer within 62 days of referral	15-16 Q4	87.1%	81.9%	H
One-year survival from all cancers	2013	70.2%	70.2%	H
Cancer patient experience	2014	89.2%	89.0%	H
Improving Access to Psychological Therapies recovery rate	Feb-16	41.1%	47.6%	H
People with 1st episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	Mar-16	48.2%	62.9%	H
People with a learning disability and/or autism receiving specialist inpatient care per million population	Mar-16	78	58	L
Proportion of people with a learning disability on the GP register receiving an annual health check	2014-15	50.0%	47.0%	H
Neonatal mortality and stillbirths per 1,000 births	2014-15	8.16	7.10	L
Women's experience of maternity services	2015	77.05		H
Choices in maternity services	2015	0.62		H
Estimated diagnosis rate for people with dementia	Apr-16	80.4%	66.4%	H
Emergency admissions for urgent care sensitive conditions per 100,000 population	15-16 Q2	2,353		L
% patients admitted, transferred or discharged from A&E within 4 hours	Apr-16	95.6%	89.0%	H
Delayed transfers of care attributable to the NHS and Social Care per 100,000 population	Apr-16	27.18	13.04	L
Emergency bed days per 1,000 population	15-16 Q2	0.85		L
Emergency admissions for chronic ambulatory care sensitive conditions per 100,000 population	2014-15	944.30	811.80	L
Patient experience of GP services	Jan-16	83.9%	84.9%	H
Primary care workforce - GPs and practice nurses per 1,000 population	2015	1.00		H
Patients waiting 18 weeks or less from referral to hospital treatment	Apr-16	92.9%	91.7%	H
People eligible for standard NHS Continuing Healthcare per 50,000 population	15-16 Q3	62	48	H

Sustainability				
Financial plan	2016	Red		H
Digital interactions between primary and secondary care	15-16 Q4	50.3%		H
Local strategic estates plan (SEP) in place	2016-17	Yes		H
Well Led				
Staff engagement index	2015	3.7	3.8	H
Progress against Workforce Race Equality Standard	Jul-05	0.5	0.2	H
Effectiveness of working relationships in the local system	2015-16	63.31		H
Quality of CCG leadership	2016-17	Green		H

Appendix B

Overview of the methodology for assessing the six clinical priority areas

1. Introduction

NHS England issued guidance on the 2 September 2016 regarding how performance in the six clinical priority areas will be assessed (Gateway reference 05499). This is a detailed technical document. We have been informed by the local South Yorkshire and Bassetlaw team for NHS England that the full methodology for how these six priority areas will feed into our overall assessment will not be known until later on the year.
The following paragraphs are an extract from the guidance, which provides an overview of the methodology.

2. Overview of baseline assessment criteria for clinical priority areas

"CCGs will receive an overall rating for each of the six clinical priority areas, on a four point scale. The following four point scale descriptors have been used for the banding of the six clinical priority areas:

1. Top performing;
2. Performing well;
3. Needs improvement; and,
4. Greatest need for improvement.

The overall rating is arrived at by looking at the scores of CCGs on individual indicators from the CCGIAF. Indicator scores are compared against the national average, a national standard, in relation to an existing ambition or the distribution is split into quartiles. The approach used depends on the availability of standards for the indicator to be compared against. The specific approaches are set out in the body of this document.

The methods used to band individual CCG IAF indicators against these benchmarks varied depending on technical characteristics of the data such as the distribution and precision of indicator values.

In cases where small numbers were considered an issue, such as survey based indicators where there may be a small number of respondents, statistical significance tests were applied to ensure that ratings were based on significant difference from the benchmark. In other cases, where panels deemed that the data did not lend itself to statistical significance tests, an approach based on the median and quartiles was applied. The specific approaches are set out in the full guidance.

The overall rating provides only a snapshot, based on using the most recent data available for the CCGIAF indicators as at the end of June 2016. It is a snapshot of whether CCGs are meeting national ambitions where relevant, or how their performance in other respects compares with other CCGs. Many are directly relevant to clinical outcomes, such as cancer early diagnosis.

At this stage it is likely that the greatest value in supporting CCGs to drive improvements in care and support is to be derived by considering the results of each individual measure. It should help identify where CCGs might be able to learn from each other and help drive improvements."