Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

# CCG Improvement and Assessment Framework 2016/17

**Governing Body meeting** N

**7 July 2016**

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| **Sponsor** | Peter Moore - Integrated Commissioning Programme Director |

**Is your report for Approval / Consideration / Noting**

Consideration and endorsement

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

No

**Audit Requirement**

## CCG Objectives

The CCG Improvement and Assessment Framework for 201/17 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) will be published nationally, for patients and the public on MyNHS website.

| Recommendations |
| --- |
| The Governing Body is asked to endorse the approach and actions being taken to Sheffield CCG implementation of the CCG IAF requirements – as set out at point 8 of the briefing note. |

NHS
Sheffield
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# CCG Improvement and Assessment Framework 2016/17

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### 1. Introduction / Background

Each year NHS England undertake an assessment of how well each CCG is fulfilling its function of commissioning safe, good quality, sustainable services and compassionate care. For 2016/17 a new assurance framework, the CCG Improvement and Assessment Framework (CCG IAF), has been introduced.

The purpose of this paper is to

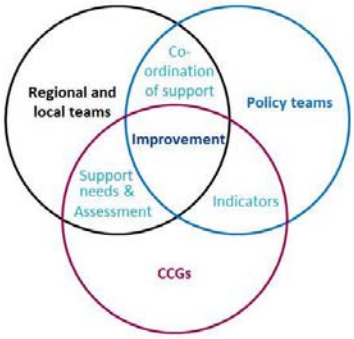
- brief Governing Body on the process for CCG Assurance during 2016/17
- provide an initial assessment of the CCG position against the new framework
- seek Governing Body endorsement of the proposed process for management of CCG and provider / partner performance against the framework.

### 2. The CCG Improvement and Assessment Framework

The CCG IAF became effective from the beginning of April 2016, replacing the existing CCG Assurance Framework and separate CCG performance dashboard. Appendix A shows the NHS England timeline for key stages in implementation of the new framework.

The CCG IAF is intended to embed the 'triple aim' of the Five Year Forward View: better health for their local populations, better care for patients and better value for the taxpayer. It is intended to fit with the Sustainability and Transformation Plan (STP) approach, recognising that the NHS can only deliver the Five Year Forward View through place-based partnerships.

NHS England intend the new framework to have a greater focus on supporting and empowering CCGs to deliver improvement alongside the statutory assessment element, with overlapping roles for regional and local teams and national policy teams in and CCGs in achieving this – as depicted below:




### 3. Assessment Process

NHS England has a statutory duty to conduct an annual performance assessment of every CCG.

CCGs will be assessed in relation to four domains – representing four key areas of their functions and responsibilities. These four domains are:

- **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

Each domain comprises a number of indicators (60 indicators in total). These include elements outside direct CCG control and dependent on system partnerships (e.g. Child Obesity, Maternal Smoking). A summary of the 60 indicators is set out in Appendix B.

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.
  The six clinical priorities will have independent assessment & moderation (by groups linked to the relevant national programme boards for these areas) to agree an annual summative assessment.

NHS England intends that a rolling programme of local assessment conversations will take place with CCGs during the year. Therefore, it is expected that, as in 2015/16, there will be quarterly 'checkpoint' assessment meetings.

## 4. Assessment Categories & Publication of Outcomes

Overall Rating

The CCG annual assessment categories mirror those used for CQC and OfSted assessments: *Outstanding; Good; Requires Improvement; Inadequate.*

The overall rating for 2016/17 and metrics will be published on the MyNHS website.
An initial baseline assessment for CCGs is expected to be published in early July, and shared with CCGs prior to publication.

Six clinical priority domains

Annual assessment of the six clinical priority domains will use a different set of categories as follows: *Top Performing; Performing Well; Needs Improvement; Greatest Need for Improvement.*

An initial 'beta' rating for the six clinical priority areas is expected to be provided to CCGs in early July, and will then be made publically available.

## 5. Assessment Thresholds, Ratings

Further detailed information is awaited from NHS England on how the individual elements contributing to our overall assessment will be rated. Current high-level guidance is set out in the table below.

| Assessment Area | Rating Approach |
|---|---|
| **60 specific indicators – which make up the four assessment domains** | Performance is expected to be rated against a national standard, a simple quartile rating, or a threshold.<br><br>Thresholds' for performance will not be set except where such thresholds already exist – e.g. A&E Waiting times. |
| **6 clinical priority areas** | Initial baseline data is expected to be provided by NHS England in early July. This is expected to be used as the starting point from which to assess improvement in year. |
| **Qualitative assessments e.g. of CCG Leadership** | RAG rating (Red, Amber, Green) approach. |

The NHS England Key Lines of Enquiry (KLOEs) expected to underpin Quarterly and Annual assessment of the Quality of Leadership domain are shown in Appendix D.

## 6. Key differences from 2015/16

A comparison (by NHS England) of the 15/16 and 16/17 assurance approaches, is included at Appendix C. Particular elements to note are:

6.1. Removal of

- Delegated Functions element. Previously part of 2015/16 CCG Assurance, for 2016/17 this will form part of the Primary Care Co-commissioning assessment and is not part of the CCG IAF framework.

6.2. Addition of

- specific indicators within each assessment domain, in contrast to what could be described as a broader, more qualitative approach in 2015/16. Approx 50% of these 60 indicators being new indicators and 50% existing national requirements.
- The assessment of elements of improvement which are outside direct CCG control and dependent on system partnerships (e.g. Child Obesity, Maternal Smoking).
- assessment against the 6 clinical priority areas of cancer, dementia, maternity, mental health, learning disabilities and diabetes
- focus on patient and public participation – as part of the key lines of enquiry in the Leadership domain.

## 7. Initial Review of Sheffield CCG Starting Position

An initial, internal review of the CCG position against each of the 60 indicators in the 4 CCG IAF domains has been undertaken, using the latest available data as at the end

of 2015/16, in comparison to national thresholds or national average performance, as appropriate.

This is subject to further work and refinement with the relevant CCG Clinical Portfolio and Directorate Team Leads

For some of the areas where published data shows the CCG to be below national average, there will be other local intelligence that needs to be incorporated to provide a more nuanced assessment.

| Domain | Total indicators | Above national average / meets requirement | Below national average or required threshold | New metric / more info awaited |
|---|---|---|---|---|
| **Better Care** | 32 | 5 | 6 | 21 |
| **Better Health** | 14 | 3 | 6 | 5 |
| **Sustainability** | 8 | 2 | 2 | 4 |
| **Leadership** | 6 | 1 | 0 | 5 |

## 8. Sheffield CCG implementation of the CCG IAF requirements

To ensure effective management of CCG and provider / partner performance against CCG IAF, the following action is being taken:

- CCG IAF indicators will be incorporated into CCG delivery and assurance processes e.g. via Integrated Performance and Delivery Group, Contract Management discussions, and potentially Health and Wellbeing Board / associated delivery groups.
- For each CCG IAF indicator/ group of indicators, relevant leads have been identified to oversee and report on progress and any mitigating action if required, in line with CCG delivery and assurance processes.
- Reporting on progress and any required mitigating action, will be included in the Governing Body Quality & Outcomes report and in CCG Portfolio packs.
- Delivery and assurance processes for the elements not directly within CCG control are being established through discussion with relevant CCG portfolio leads and system partners, specifically Sheffield City Council, Public Health colleagues and Transforming Sheffield programme leads.

## 9. Recommendations

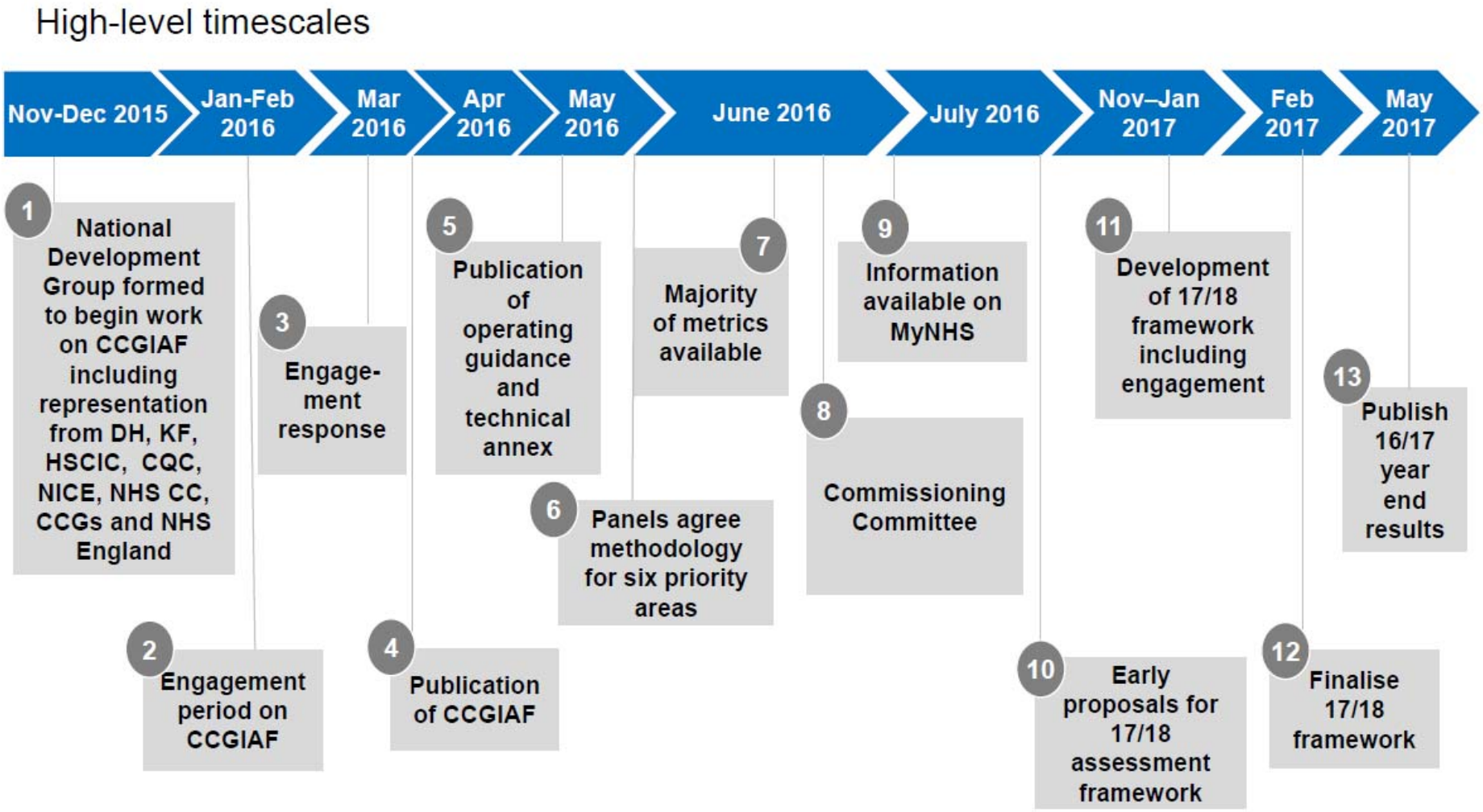
The Governing Body is requested to endorse the above actions.

Paper prepared by Julie Glossop, Head of Development and Delivery

On behalf of Peter Moore - Integrated Commissioning Programme Director

June 2016

**APPENDIX A: Developing & Implementing the CCG Improvement and Assessment Framework (from NHSCC update webinar, 13/6/16)**



**APPENDIX B: Data Supporting the CCG Improvement and Assessment Framework (NHSCC webinar, 13/6/16)**

The 2016/17 CCG IAF will report on 60 indicators in 29 areas. An internal dashboard, with a greater level of detail, will enable data to be viewed by CCGs. Dashboard data will be updated as often as it is reported and refreshed monthly. The table below shows timescales for the availability and frequency of release of data on MyNHS.

| Area | Ref | Indicator | Available for Release on MyNHS | Frequency |
|---|---|---|---|---|
| Smoking | 101a | Maternal smoking at delivery | Jun-16 | Quarterly |
| Child obesity | 102a | Percentage of children aged 10-11 classified as overweight or obese | Jun-16 | Annually |
| Diabetes | 103a | Diabetes patients that have achieved all the NICE-recommended treatment targets: Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children | Jun-16 | Annually |
| | 103b | People with diabetes diagnosed less than a year who attend a structured education course | Jun-16 | Annually |
| Falls | 104a | Injuries from falls in people aged 65 and over | Jun-16 | Quarterly |
| Personalisation and choice | 105a | Utilisation of the NHS e-referral service to enable choice at first routine elective referral | Jun-16 | Quarterly |
| | 105b | Personal health budgets | Jun-16 | Quarterly |
| | 105c | Percentage of deaths which take place in hospital | Jun-16 | Quarterly |
| | 105d | People with a long-term condition feeling supported to manage their condition(s) | Jun-16 | Annually |
| Health inequalities | 106a | Inequality in avoidable emergency admissions | Jun-16 | Quarterly |
| Anti-microbial resistance | 107a | Anti-microbial resistance: Appropriate prescribing of antibiotics in primary care | Jun-16 | Quarterly |
| | 107b | Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in primary care | Jun-16 | Quarterly |
| Carers | 108a | Quality of life of carers | Jun-16 | Annually |
| Care ratings | 121a | Use of high quality providers | Late 16/17 | TBC |
| Cancer | 122a | Cancers diagnosed at early stage | Jun-16 | Quarterly |
| | 122b | People with urgent GP referral having first definitive treatment for cancer within 62 days of referral | Jun-16 | Quarterly |
| | 122c | One-year survival from all cancers | Jun-16 | Annually |
| | 122d | Cancer patient experience | Jun-16 | Annually |
| Mental Health | 123a | Improving Access to Psychological Therapies recovery rate | Jun-16 | Quarterly |
| | 123b | People with first episode of psychosis starting treament with a NICE-recommended package of care treated within 2 weeks of referral | Jun-16 | Quarterly |
| | 123c | Children and young people's mental health services transformation | Sep-16 | Quarterly |
| | 123d | Crisis care and liaison mental health services transformation | Sep-16 | Quarterly |
| | 123e | Out of area placements for acute mental health inpatient care - transformation | Sep-16 | Quarterly |

| | | | | |
|---|---|---|---|---|
| | 124a | Reliance on specialist inpatient care for people with a learning disability and/or autism | Jun-16 | Quarterly |
| Learning disability | 124b | Proportion of people with a learning disability on the GP register receiving an annual health check | Jun-16 | Annually |
| | 125a | Neonatal mortality and stillbirths | Jun-16 | Annually |
| | 125b | Women's experience of maternity services | Jun-16 | 3 yearly |
| Maternity | 125c | Choices in maternity services | Jun-16 | 3 yearly |
| | 126a | Estimated diagnosis rate for people with dementia | Jun-16 | Quarterly |
| Dementia | 126b | Dementia care planning and post-diagnostic support | Sep-16 | Quarterly |
| | 127a | Achievement of milestones in the delivery of an integrated urgent care service | Sep-16 | Quarterly |
| | 127b | Emergency admissions for urgent care sensitive conditions | Jun-16 | Quarterly |
| | 127c | Percentage of patients admitted, transferred or discharged from A&E within 4 hours | Jun-16 | Quarterly |
| | 127d | Ambulance waits | Jun-16 | Quarterly |
| | 127e | Delayed transfers of care attributable to the NHS per 100,000 population | Jun-16 | Quarterly |
| Urgent and emergency care | 127f | Population use of hospital beds following emergency admission | Jun-16 | Quarterly |
| Primary medical care | 128a | Management of long term conditions | Jun-16 | Quarterly |
| | 128b | Patient experience of GP services | Jun-16 | 6 monthly |
| | 128c | Primary care access | Nov-16 | Bi-annual |
| | 128d | Primary care workforce | Jun-16 | TBC |
| Elective access | 129a | Patients waiting 18 weeks or less from referral to hospital treatment | Jun-16 | Quarterly |
| 7 day services | 130a | Achievement of clinical standards in the delivery of 7 day services | Sep-16 | 6 monthly |
| NHS Continuing Healthcare | 131a | People eligible for standard NHS Continuing Healthcare | Jun-16 | Quarterly |
| | 141a | Financial plan | Jun-16 | Annually |
| Financial sustainability | 141b | In year financial performance | Sep-16 | Quarterly |
| | 142a | Outcomes in areas with identified scope for improvement | Sep-16 | Quarterly |
| Allocative efficiency | 142b | Expenditure in areas with identified scope for improvement | Sep-16 | Quarterly |
| New models of care | 143a | Adoption of new models of care | Sep-16 | Annually |
| | 144a | Local digital roadmap in place | Sep-16 | Annually |
| Paper-free at the point of care | 144b | Digital interactions between primary and secondary care | Jun-16 | Quarterly |
| Estates strategy | 145a | Local strategic estates plan (SEP) in place | Jun-16 | Annual |
| Sustainability and | 161a | Sustainability and Transformation Plan | Jun-17 | 6 monthly |
| Probity and corporate governance | 162a | Probity and corporate governance | Dec-16 | Quarterly |
| | 163a | Staff engagement index | Jun-16 | Annually |
| Workforce engagement | 163b | Progress against workforce race equality standard | Jun-16 | Annually |
| CCGs' local relationships | 164a | Effectiveness of working relationships in the local system | Jun-16 | Annually |
| Quality of leadership | 165a | Quality of CCG leadership | Jun-16 | Quarterly |

**APPENDIX C: Frameworks Compared** (extract of NHS England presentation to Delivery Directors Network)

| | 15/16 CCG Assurance Framework | 16/17 Improvement & Assessment Framework |
|---|---|---|
| **Approach** | • CCG focused;<br>• Differentiated, flexible method of meeting<br>• Responding to a range of inputs<br>• Monthly data-packs to DCO teams to support on-going dialogue and inform ratings | • Framework aligned to Five Year Forward View<br>• More of a focus on CCGs as system enablers for wider change / sustainability<br>• Differentiated, flexible method of meeting<br>• Responding to a range of inputs<br>• Monthly receipt / review of data packs; less linked to ratings |
| **Frequency** | • Continuous assessment; risk based approach; flexibility on meeting frequency<br>• Ability for reviews to be triggered in response to changes e.g. data; leadership Statutory obligation for annual assessment | • Ongoing process; continuous improvement; flexibility<br>• Will need quarterly/six-monthly/annual assessment for some non-data indicator/s (e.g. Quality of CCG leadership)<br>• Statutory obligation for annual assessment |
| **Focus** | Components:<br>• Well led organisation<br>• Delegated functions<br>• Finance<br>• Performance<br>• Planning | • Domains: Better Health, Better Care, Sustainability, Leadership<br>• 29 areas supported by 60 indicators that can be tracked back to the domains<br>• Of the 60, there are 51 data indicators, 9 non-data indicators<br>• Six clinical priority areas: diabetes, dementia, mental health, learning disabilities, cancer and maternity |
| **Response** | • Support via DCO teams<br>• Advice, signposting; facilitating support; specialist support – e.g. financial recovery<br>• Special Measures and/or directions linked to in year assurance rating | • Emphasis on relationships and support for CCGs to improve<br>• Initial / main support via DCO teams<br>  • Forward-looking (link to year-end, planning process)<br>  • Facilitative (address emerging issues)<br>  • Bespoke support (addressing specific concerns)<br>• More focus on national expert support – what/how TBC<br>• National 'Pinboard' and Learning Directory<br>• Directions not linked to in year rating (? Special Measures) |
| **Ratings** | • Not Assured<br>• Limited Assurance<br>• Assured as Good<br>• Assured as Outstanding | (NB: Overall and priority areas use these but IAF Indicators mostly use three RAG rating)<br>• Inadequate<br>• Requires Improvement<br>• Good<br>• Outstanding |

**APPENDIX D:** **Quality of CCG Leadership - Key Lines of Enquiry** (extract of NHS England presentation to Delivery Directors Network)

# Quality of CCG Leadership: Quarterly KLOEs

**Quality**

· There is a focus on quality at governing body level with frequent and regular reports to the governing body and discussions focusing on driving improvements in quality, safety, outcomes and delivery of Constitutional standards.

· The CCG has effective systems and processes for monitoring and acting on a range of information about quality, from a variety of sources, including patient feedback, so that the CCG is able to identify early warnings of a failing service.

**Governance**

· The governance framework ensures that responsibilities are clear, regular review is built in, and that quality, performance (including against NHS Constitution), and finance risks are understood and managed.

· The CCG has effective arrangements in place to obtain appropriate advice for enabling it effectively to discharge its functions, in line with its statutory duty under section 14W of the NHS Act 2006 (as amended).

· The CCG matches the characteristics of an organisation with strong financial leadership

# Quality of CCG Leadership: Annual KLOEs

**Robust culture and leadership sustainability**

· The clinical and non-clinical leadership, and all levels of the organisation, demonstrate a shared understanding of the CCG's values and operate with openness and transparency.

· The leadership actively promotes and develops strong relationships within its local system to ensure that its population is getting the best health and care outcomes. In particular, the CCG contributes fully to its STP.

· The CCG has an OD plan that focuses on talent management and which will develop clinical and non-clinical leaders to meet current and future operating challenges. Succession planning takes in to account the risk of turnover in senior roles, and includes a focus on financial leadership.

**Engagement and involvement**

· The CCG has governance processes which embed participation throughout the organisation and across the commissioning cycle. It can evidence how decisions taken by the Governing Body (and any relevant sub-committees) are informed by engagement with – and the views of – patients and the public.

· The CCG has built, and continues to build, robust relationships with their local communities. It supports strong partnerships with voluntary and community organisations, local Healthwatch, and patient groups.

· The CCG can demonstrate how it has identified and engaged with 'seldom heard' groups, and the full diversity of the local population.

· Prior to commencing engagement activity, the CCG considers and uses existing sources of insight about patient and public views and experiences.

· The CCG holds its providers to account for how they involve patients in their own governance, decision-making and quality improvement activities.

· The CCG "closes the loop" whenever it seeks the views of patients and the public by feeding back the results of consultation and engagement activities and explaining how views have been considered and had an impact on decisions.