CCG Improvement and Assessment 2016/17- Aiming for 'Outstanding'

Governing Body

Item 1d

3 November 2016

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Is your report for Approval / Consideration / Noting

Noting

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

No

Audit Requirement

CCG Objectives

The CCG Improvement and Assessment Framework for 2016/17 is the vehicle by which 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 Sheffield 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, published data and initial assessment of the CCG position; • Note the actions already being undertaken by portfolio and directorate leads in the areas requiring greatest improvement as indicated in the initial assessment against published CCG IAF indicators and six clinical priority areas.

NHS
Sheffield
Clinical Commissioning Group

Briefing Note: CCG Improvement and Assessment - Aiming for 'Outstanding'

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1. Background

1.1. The CCG Improvement and Assessment Framework (IAF)

The CCG IAF became effective from the beginning of April 2016, replacing the CCG Assurance Framework. During July, the first phase of data against the new framework was published on MyNHS – an overview of this is at Appendix A.

The annual CCG IAF assessment will take into account:

- CCG performance in each of the 60 CCG IAF 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 priorities in the Five-Year Forward View: mental health; dementia; learning disabilities; cancer; maternity; diabetes.

1.2. Annual Assessment - Aiming for 'Outstanding'

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.

As an ambitious CCG, the Senior Executive Team has indicated its desire to strive for an 'outstanding' assessment.

The methodology to be used in determining the assessment category for each CCG is still unknown, hence it is not possible to make a completely accurate assessment of what specific actions the CCG can take to secure an overall rating of 'outstanding'.

However, it is possible to identify the areas which have opportunity for improvement (based information published to date against the CCG IAF indicators and clinical priority areas) and aim to maximise in-year achievement.

2. Purpose of this Briefing

To provide an update to the Governing Body (following discussions with the relevant clinical and managerial leads for each CCG portfolio) on:

- Areas of the CCG IAF and clinical priority areas identified as having most opportunity for improvement, following the publication of initial baseline data;
- The proposed actions to put the CCG in the best possible place for the year-end assessment.

3. Scope and scale of opportunity for improvement

The opportunity for improvement falls broadly into two categories:

- CCG IAF indicators (and associated Clinical Priority areas) where Sheffield CCG performance is below England average;
- Potential for further improvement in areas on a par with England average.

3.1. CCG IAF indicators where CCG is below England average

An initial review of Sheffield CCG position against the 42 published indicators and six clinical priority areas was shared with Governing Body last month.

The majority of the individual indicators where Sheffield is below England average align with the clinical priority areas identified (by NHS England) as those where improvement is needed, specifically, Maternity, Learning Disability, Mental Health. In addition, there are 5 indicators in the domains of Better Care and Better Health but not within the clinical priority areas, where Sheffield is below England average; and 2 key areas for improvement in the domains of Leadership and Sustainability.

3.1.1. Better Care and Better Health Indicators & Clinical Priority Areas

Discussion with CCG Clinical Portfolios has confirmed that portfolios 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.

An overview of the actions being undertaken in each of the identified indicator areas is set out in Appendix B.

3.1.2. Leadership and Sustainability

In these two domains, the key areas for improvement are set out below, along with an overview of the work already underway:

- Financial planning and in year financial performance;
  The financial plan for 2016/17 submitted to (and accepted by) NHS England did not fully meet the NHS England business rules for a 1% planned surplus. The CCG continues to focus on delivery of QIPP, as well as strong management of the overall financial position;

- Effectiveness of working relationships in the local system (as measured by the annual CCG Stakeholder 360 Survey). The CCG continues to work on establishing excellent relationships with all local stakeholders – taking proactive steps to address areas for improvement from the 15/16 review. This includes ensuring effective engagement of stakeholders in the annual 360 degree survey in order that improvements made in year are seen in the results of the survey.

3.2. Potential for any further improvement in areas above/ on par with England average

Three specific areas of the CCG IAF where the Sheffield is slightly above or on a par with the England average performance are:

- **Cancer - 62 day max. waiting time from GP referral to treatment**
  The Sheffield position is above England average but currently below the required national standard;

- **A&E – % of patients admitted, transferred or discharged within 4 hours**
  Again, although above England average the Sheffield position is below the required national standard;

- **Referral to treatment - Patients waiting 18 weeks or less from referral**
  Whilst meeting the national standard overall, there is scope for improvement at individual speciality level.

Each of the above are NHS Constitution pledges, thus are significant in the assessment of how well a CCG is fulfilling its statutory responsibilities, and our ability to achieve an assessment of 'Outstanding'. There is already focussed work underway with Sheffield Teaching Hospitals FT to secure further improvement in each of these areas and ensure required National Standards are met in-year.

3.3. Successfully evidencing the impact of CCG actions for CCG IAF Assessment

For some indicators, action taken to improve performance can be expected to translate into improved performance in year against the CCG IAF indicators.

However, in those areas in which actions have a longer-term focus and where performance measures are often only published annually, the impact of actions will not be visible via quarterly reported performance against CCG IAF indicators. In these areas there is a specific need (as included in Appendix B) to ensure the CCG presents compelling evidence of the action being taken and its impact.

Therefore, collating and providing this evidence will be an essential element of the CCG's approach to quarterly CCG IAF assessment discussions with NHS England.

4. 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, published data and initial assessment of the CCG position;
- Note the actions already being undertaken by portfolio and directorate leads in the areas requiring greatest improvement;
- Note the scope and proposed approach to evidence achievement in year against the areas identified for improvement – as set out in Appendix B.

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28 October 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 - Action being taken in areas for improvement

Clinical Priority Area **- Maternity**	**Action being taken**	**Scope & approach to evidence achievement in year**
• Maternal smoking at delivery	Service (commissioned from the Local Authority) has been re-specified to make the required outcomes clearer; LA Public Health Lead for Smoking is actively working to improve effectiveness of the service.	Over and above the CCG IAF published quarterly data, trend data is needed from Public Health to show how the position has improved over time and evidence the work being implemented to improve outcomes.
• Neonatal mortality and stillbirths per 1,000 births	The CCG is actively working on issues which are contributing factors. For example - safe sleep, consanguinity, obesity, poor blood sugar control in diabetic expectant mothers. Strategy for prevention of neo-natal deaths is being refreshed.	This is an annual measure – so no opportunity to demonstrate in-year change via CCG IAF published measures. Thus, focus needs to be on clearly evidencing the robust work being implemented to address the known contributing factors.
• Women's experience of maternity services • Choices in maternity services	The CCG is working with STH on how they are responding to issues identified in the national Maternity Services Review. A local survey of women's experience is being commissioned and the CCG has funded work on patient voice in Maternity services.	Performance is derived from annual national surveys – so no opportunity to demonstrate in-year change via CCG IAF published measures. Focus needs to be on clearly evidencing the robust work being implemented by the CCG with partners.

Clinical Priority – **Learning Disability (LD)**	**Action being taken**	**Scope to evidence achievement in year**
• People with a learning disability and/or autism receiving specialist inpatient care per million population	Work with the Local Authority on market stimulation to create more local services in this sector. Work with Sheffield Health & Social Care NHS FT to explore possible use of current community bedded provision for this group of patients.	Quarterly update of CCG IAF indicator is at the level of the regional Transforming Care Partnership footprint – so progress at Sheffield level needs to be evidenced using local data and narrative.
• Proportion of people with a learning disability on the GP register receiving an annual health check (AHC)	Training sessions and new training materials for GP Practices on our GP Web portal. Targeted work with GP Practices which did not take up the DES.	It is crucial to ensure recognition of the high level of completeness and accuracy of the Sheffield LD Case Register– showing that our 50% of registered population recorded as having an AHC is, in real terms, a more significant achievement than the data suggests

Clinical Priority – **Mental Health**	**Action being taken**	**Scope to evidence achievement in year**
• Improving Access to Psychological Therapies recovery rate	Sheffield IAPT service has an 'inclusive' approach and will often work with complex individuals who (according to national IAPT definition) may, technically speaking, never recover, and with individuals whose needs would not normally require IAPT. The CCG is working proactively with the Trust to ensure that only those patients who fulfil the IAPT criteria are included in the measure, (so that reported performance becomes comparable with other IAPT services).	Additionally, supplementary local data and narrative demonstrating the inclusivity, associated impact of the IAPT service in Sheffield will be important to provide to NHS England as part of CCG IAF assessments.
• People with 1st episode of psychosis starting NICE-recommended treatment within 2 weeks of referral	The CCG is working with SHSC FT to maintain the 50% standard despite a level of demand almost double that predicted in the national guidance and epidemiology. Actions include a skill mix review of the service team to ensure level of skills and experience to offer the most effective service possible within existing resource.	The published quarterly CCG IAF data, alongside the monthly data published nationally through other routes will enable improvement in year to be demonstrated.

Better Care & Better Health	**Action being taken**	**Scope to evidence achievement in year**
Delayed transfers of care attributable to the NHS and Social Care per 100,000 population	A system wide action plan to tackle delayed transfers of care is in place, supported by Director level conversations between STHFT, the CCG and Sheffield City Council. The monthly average number of delays has seen a decrease during June – August.	The published quarterly CCG IAF data, alongside monthly data published nationally through other routes will enable improvement in year to be demonstrated, along with narrative providing evidence of the system wide approach the CCG is leading to address the underlying issues.
Emergency bed days per 1,000 population (Length of stay following emergency admission)	Work is underway with STHFT as part of the CCG Urgent Care Strategy to progress implementation of more pro-active and effective discharge approaches.	The published quarterly CCG IAF data, alongside the monthly data published nationally through other routes will enable improvement in year to be demonstrated.
Emergency admissions for chronic ambulatory care sensitive conditions per 100,000 population	Work is underway as part of the CCG Urgent Care Strategy. Equally, this indicator will be positively impacted by work on Care planning for people with Long-term conditions, and work with system partners on Neighbourhoods, Keeping People Well.	The published quarterly CCG IAF data will enable improvement in year to be demonstrated.

Better Care & Better Health	Action being taken	Scope to evidence achievement in year
% deaths which take place in hospital	The CCG IAF indicator is not felt to enable a true reflection of the Sheffield position. This is as a result of the location of the Macmillan Unit on an STHFT site and attribution of deaths in the unit as deaths 'in hospital'.	It is important to ensure recognition of the issues in how Sheffield's position for this indicator is being assessed and to provide additional narrative to demonstrate the real achievements being made.
Utilisation of the NHS e-referral service to enable choice at first routine elective referral	From August 2016 all GP routine referrals in the 7 CASES specialities will be required to be made via e-referral as part of the Locally Commissioned with GP practices. This is expected to produce in-year increase in e-referral use from that point.	The published quarterly CCG IAF data, alongside the monthly data published nationally through other routes will enable improvement in year to be demonstrated.