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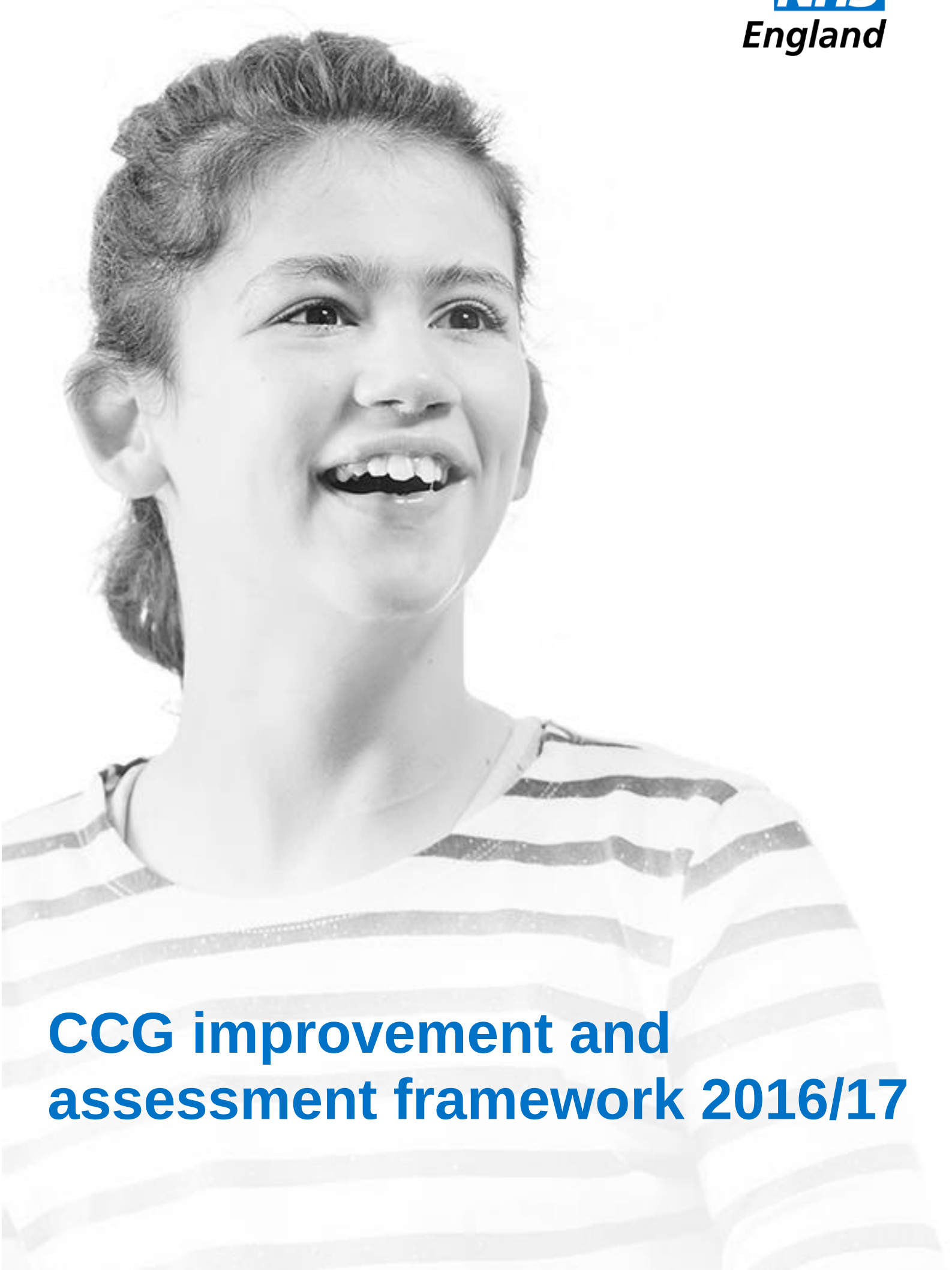

CCG improvement and assessment framework 2016/17

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Contact Details for further information	CCG Planning and Assessment NHS England england.ccgassurance@nhs.net

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CCG improvement and assessment framework

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Contents

1 Introduction

1. NHS England is introducing a new Improvement and Assessment Framework for CCGs (CCG IAF) from 2016/17 onwards, to replace both the existing CCG Assurance Framework and separate CCG performance dashboard. In the Government's Mandate to NHS England, this new framework takes an enhanced and more central place in the overall arrangements for public accountability of the NHS.

2. The *Five Year Forward View*[1], *NHS Planning Guidance*[2], and the Sustainability and Transformation Plans (STPs) for each area, are all driven by the pursuit of the "triple aim": (i) improving the health and wellbeing of the whole population; (ii) better quality for all patients, through care redesign; and (iii) better value for taxpayers in a financially sustainable system. The new framework aligns key objectives and priorities, including the way we assess and manage our day-to-day relationships with CCGs.

3. The CCG IAF has been designed to supply indicators for adoption in STPs as markers of success. In turn those plans will provide vision and local actions that will populate and enrich the local use of the CCG IAF.

4. The NHS can only deliver the *Forward View* through place-based partnerships spanning across NHS commissioners, local government, providers, patients, communities, the voluntary and independent sectors. To ask CCGs to focus solely on what resides exclusively within their own organisational locus would miss out what many are doing, and artificially limit their influence and relevance as local system leaders. In both the CCG IAF, and STPs, we give primacy to tasks-in-common over formal organisational boundaries.

2 Framework Design

5. The CCG IAF brings clarity, simplicity and balance to the conversation between NHS England and CCGs about what matters to both sides. It draws together in one place NHS Constitution and other core performance and finance indicators, outcome goals, and transformational challenges. In combination these provide a more accurate account of the real job description of CCGs. A summary of the indicators is given in Annex A.

6. At the same time, NHS England deliberately does not aspire to the framework being fully comprehensive. All organisations have finite capacity for change, and an excessive number of indicators would inevitably dilute the impact of the

[1] https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
[2] https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf

framework. The initial indicators provide a reasonable degree of balance in illuminating the future agenda. It does not mean that CCGs and NHS England will discard all supplementary indicators as irrelevant; on the contrary, performance against the high level indicators is likely to stimulate CCG interest in gaining additional insight into what is really going on.

7. The framework is a dynamic tool; in future we expect to retire indicators for assessment where CCGs have made the greatest strides and to add in new indicators, so that the assessment of CCGs continually focuses on what are the greatest emerging and actionable opportunities facing the NHS in future years. For example for the 2017/18 assessment, we will look at including an indicator to measure the role of CCGs in supporting patient safety, particularly in primary and community based services; and we will also work to develop a suitable indicator that can better measure how CCGs are focusing on patient and public engagement.

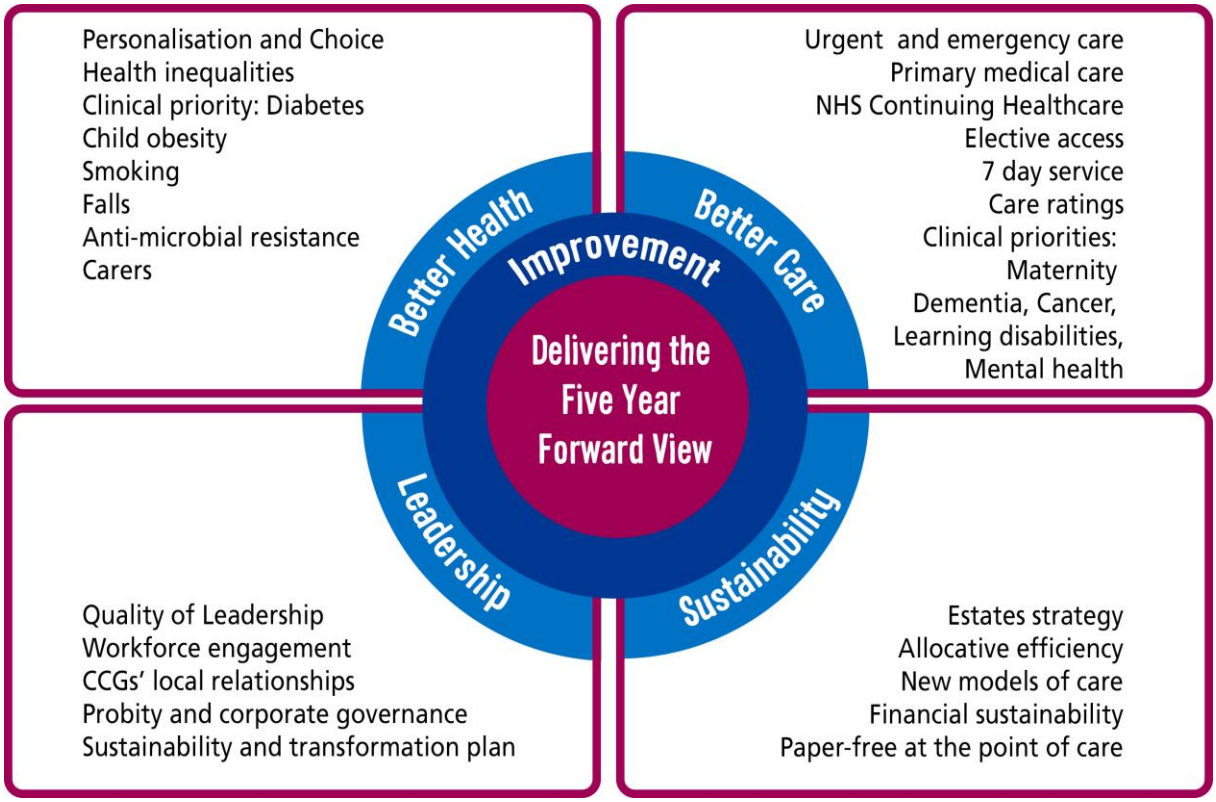
3 Components – four domains and six clinical priorities

8. Our regions and commissioning operations will increasingly be responsible for supporting and catalysing local system transformation through the STP process. Alongside these, NHS England's national programmes will help set out what good looks like, stimulate ambition, co-create replicable methods for care redesign, and provide insight and challenge - whether for example on cancer, learning disabilities, personalisation and choice, new care models, or RightCare.

9. For these reasons, we have constructed the new framework to cover indicators located in four domains:

- Better Health: this section looks at how the CCG is contributing towards improving the health and wellbeing of its population, and bending the demand curve;
- Better Care: this principally focuses on care redesign, performance of constitutional standards, and outcomes, including in important clinical areas;
- Sustainability: this section looks at how the CCG is remaining in financial balance, and is securing good value for patients and the public from the money it spends;
- Leadership: this domain assesses the quality of the CCG's leadership, the quality of its plans, how the CCG works with its partners, and the governance arrangements that the CCG has in place to ensure it acts with probity, for example in managing conflicts of interest.

10. The diagram below summarises the framework:



11. The Forward View and the planning guidance set out national ambitions for transformation in a number of vital clinical priorities such as mental health, dementia, learning disabilities, cancer, maternity and diabetes. To reinforce our collective efforts in these areas, NHS England is committed in the Government's Mandate to creating a separate clear rating for each of these six clinical areas, on a four point 'Ofsted-style' scale.

4 Independent panels in the clinical priority areas

12. The assessments in the clinical priority areas will be overseen by independent groups whose chairs are as follows:

- Mental health — Paul Farmer, Chief Executive of Mind;
- Dementia — Jeremy Hughes, Chief Executive of the Alzheimer's Society;
- Learning disabilities — Rob Webster, Chief Executive of the NHS Confederation and Gavin Harding, Learning Disability Advisor, NHS England (acting as co-chairs);
- Cancer — Sir Harpal Kumar, Chief Executive of Cancer Research UK;
- Diabetes — Chris Askew, Chief Executive of Diabetes UK;
- Maternity — Baroness Julia Cumberlege, Chair of National Maternity Review

13. The groups are likely to take the form of a bespoke meeting of each of the relevant national programme board, rather than a separate structure. A first assessment for each of these six areas will be published on *My*NHS by June 2016, derived solely from the indicators in the new framework looking at current baseline performance. This initial assessment is our "beta" release, and will offer a useful starting point for future assessments.

5 The operating process

14. The framework is intended as a focal point for joint work, support and dialogue between NHS England and CCGs. Data will be available at least quarterly for nearly all of the indicators, which will enable everyone to see, in-year, what is working well and what is off-track. NHS England's national and regional teams will work together to ensure that the breadth of the framework is discussed with all CCGs during the year, through a rolling programme of local conversations, drawing on expertise and insight from the national programme teams. This continues the risk-based, continuous approach introduced in 2015/16.

15. The framework indicators will form the main, but not the only, source of evidence to support the joint work between NHS England and CCGs. For example, NHS England will continue to conduct the nationally commissioned 360 degree CCG stakeholder survey. The CCG outcomes indicator set and RightCare's commissioning for value packs are examples of currently available resources that provide comparative information, helping CCGs to set priorities and make improvements.

16. An operating manual will accompany the high level framework document, providing the underpinning operational detail.

6 Support and ways of working

17. A critical factor in the success of the new framework will be the quality of the relationships between the NHS England local teams and CCGs. We are in it together - with joint responsibility for helping each other transform and sustain the NHS. The purpose of engendering mutual assistance and taking timely action where needed, should be as valuable as the formal act of annual assessment.

18. A different way of working is also required between NHS England's local and regional teams and the national expert teams. This will take into account how national teams might be involved in local conversations and how local teams co-ordinate identified support requirements.

19. We will develop operational support tools to support CCGs and NHS England's local teams throughout the year to identify trends, outliers and enable drill-down into the CCG IAF indicators. We will explore the potential use of online tools to bring greater transparency to the process and to provide a common understanding of the data.

20. A discussion of current and future CCG support requirements will be initiated in the early part of 2016/17, using existing data and the year-end assessment of 2015/16. This will be refined as reporting on the indicators becomes available.

7 CCG accountability and assessment

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

22. The annual assessment will be a judgement, reached by taking into account the CCG's performance in each of the indicator areas over the full year and balanced against the qualitative assessment of the leadership of the CCG. It is unrealistic to expect any CCG to perform well against each and every one of the indicators.

23. As described earlier in this document, the indicators do not only cover those things which are fully in the control of CCGs. This very much asks CCGs to focus on the strength and effectiveness of their system relationships, and to use all the levers and incentives available to them, to make progress. The annual assessment will take in to account how well CCGs, as individual organisations, have played into their local systems, and they will not be adversely assessed if their efforts are not initially reflected in the indicators. Over time CCGs' input as local systems leaders would be expected to contribute to measurable improvement. For its part, where NHS England is a local system commissioner, it must fully support the system partnership approach.

24. To ensure that the framework is being applied consistently, regional and national moderation will take place. NHS England's Commissioning Committee will oversee the process and sign off the ratings. The Committee will also track progress in-year.

25. Historically CCG assessments have not been highly visible. To aid transparency for the public, and CCG benchmarking against peers, we will present both the overall ratings and the relative performance on indicators through a range of channels, including publication on MyNHS.

8 Improvement in challenged CCGs

26. The intention of the CCG IAF is to empower CCGs to deliver the transformation necessary to achieve the Five Year Forward View. The focus is therefore on practical support, rather than assurance and monitoring. However, some CCGs operate in very challenging environments, are dealing with legacy issues, or indeed, need to address internal weaknesses.

27. A number of initiatives are in place such as success regimes, which aim to improve whole local health economies. NHS England introduced special measures for CCGs in 2015/16. Where NHS England has very grave concerns across to breadth of what a CCG does, this regime provides a structured approach for the CCG to improve its performance or capability, and to implement an intensive support package.

28. NHS England is supported by legislation in exercising formal powers of direction if it is satisfied that a CCG is (a) failing or (b) is at risk of failing to discharge its functions.

9 Governance

29. NHS England's Commissioning Committee will oversee the CCG IAF on behalf of the Board. It will track progress in year and sign off the annual assessment ratings. The Committee will also receive the independent panels' assessments of the six clinical priority areas.

30. The Committee will be underpinned by management's CCG improvement and assessment oversight group. This will take responsibility for operational oversight of the assessment process, including national moderation of assessments and applications to apply or lift directions, conditions of authorisation and special measures.

Annex A – Indicator summary

31. The CCG Improvement and Assessment Framework includes a set of 57 indicators across 29 areas. It is intended that the indicators will be reported quarterly. Not all indicators will be based on data available each quarter: some indicators will be refreshed quarterly, some will use moving averages to provide a more up to date view, and some will only be refreshed annually.

32. The Table below provides a one line summary of each of the 57 indicators. A detailed technical document that describes the definition, rationale, data source and construction of each of the indicators will be issued shortly to help CCGs understand the purpose and construction of the indicators in the Framework.

Area	**Indicator Name**
Better Health	
Smoking	Maternal smoking at delivery
Child obesity	Percentage of children aged 10-11 classified as overweight or obese
Diabetes	Diabetes patients that have achieved all the NICE-recommended treatment targets: Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children
	People with diabetes diagnosed less than a year who attend a structured education course
Falls	Injuries from falls in people aged 65 and over
Personalisation and choice	Utilisation of the NHS e-referral service to enable choice at first routine elective referral
	Personal health budgets
	Percentage of deaths which take place in hospital
	People with a long-term condition feeling supported to manage their condition(s)
Health inequalities	Inequality in avoidable emergency admissions
Anti-microbial resistance	Anti-microbial resistance: Appropriate prescribing of antibiotics in primary care
	Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in primary care

Carers	Quality of life of carers
Better Care	
Care ratings	Use of high quality providers
Cancer	Cancers diagnosed at early stage
	People with urgent GP referral having first definitive treatment for cancer within 62 days of referral
	One-year survival from all cancers
	Cancer patient experience
Mental Health	Improving Access to Psychological Therapies recovery rate
	People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral
	Children and young people's mental health services transformation
	Crisis care and liaison mental health services transformation
	Out of area placements for acute mental health inpatient care - transformation
Learning disability	Reliance on specialist inpatient care for people with a learning disability and/or autism
	Proportion of people with a learning disability on the GP register receiving an annual health check
Maternity	Neonatal mortality and stillbirths
	Women's experience of maternity services
	Choices in maternity services
Dementia	Estimated diagnosis rate for people with dementia
	Dementia care planning and post-diagnostic support
Urgent and emergency care	Achievement of milestones in the delivery of an integrated urgent care service
	Emergency admissions for urgent care sensitive conditions

	Percentage of patients admitted, transferred or discharged from A&E within 4 hours
	Ambulance waits
	Delayed transfers of care attributable to the NHS per 100,000 population
	Population use of hospital beds following emergency admission
Primary medical care	Management of long term conditions
	Patient experience of GP services
	Primary care access
	Primary care workforce
Elective access	Patients waiting 18 weeks or less from referral to hospital treatment
7 day services	Achievement of clinical standards in the delivery of 7 day services
NHS Continuing Healthcare	People eligible for standard NHS Continuing Healthcare
Sustainability	
Financial sustainability	Financial plan
	In-year financial performance
Allocative efficiency	Outcomes in areas with identified scope for improvement
	Expenditure in areas with identified scope for improvement
New models of care	Adoption of new models of care
Paper-free at the point of care	Local digital roadmap in place
	Digital interactions between primary and secondary care
Estates strategy	Local strategic estates plan (SEP) in place
Leadership	
Sustainability and Transformation Plan	Sustainability and Transformation Plan

Probity and corporate governance	Probity and corporate governance
Workforce engagement	Staff engagement index
	Progress against workforce race equality standard
CCGs' local relationships	Effectiveness of working relationships in the local system
Quality of leadership	Quality of CCG leadership