



**CCG improvement and
assessment framework
2017/18**

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Cross Reference	CCG improvement and assessment framework 2017/18; CCG IAF Technical annex 2017/18; Five Year Forward View; NHS planning guidance; STP guidance
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Contact Details for further information	CCG Assessment team NHS England england.ccgiaf@nhs.net

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1 Introduction

1. The *Five Year Forward View*¹, *NHS Operational Planning and Contracting Guidance*², and Sustainability and Transformation Partnerships (STPs), 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.
2. NHS England’s CCG improvement and assessment framework (IAF) was introduced in 2016/17 and aligns key objectives and priorities, and informs the way we manage our relationships with CCGs. It has been designed to supply indicators for adoption in STPs as markers of success. As STPs develop, the process becomes two-way with careful attention being given to the alignment of STP metrics and the CCG IAF.

2 Context

3. The *Next Steps* can only be delivered through place-based partnerships spanning across NHS commissioners, local government, providers, patients, communities, the voluntary and independent sectors. Whilst legislation requires an assessment of each CCG, commissioning and other arrangements, including assurance, increasingly take place at a multi-organisational level. The framework reflects a CCG’s fitness to operate successfully in this environment and indicators do not only report on data that is solely within a CCG’s control.
4. The framework is intended as a focal point for joint work, support and dialogue between NHS England, CCGs, and STPs. Data is available at least quarterly for nearly all of the indicators, which enables everyone to see, in-year, what is working well and what is off-track. NHS England’s national and regional teams are working 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.
5. Whilst striving to maintain a high degree of continuity from 2016/17, we must acknowledge the rapidly changing environment required to transform the health and care system to meet its challenges. Continued delivery of the *Five Year Forward View* is focused by the *Next Steps* document, and new organisational forms are starting to coalesce. The framework will also need to adapt to maintain its relevance and alignment to the highest priorities for CCGs and their partners.
6. For 2017/18, a small number of indicators have been added. A number of updates have been made to existing indicators, and some indicators have been removed. A complete list of indicators can be found within the annex.

¹ <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

² <https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf>

3 Working in partnership

7. NHS England will continue to conduct the nationally commissioned 360 degree CCG stakeholder survey to enable CCGs to continue to improve quality and outcomes for patients, through building stronger relationships with their stakeholders.

4 CCG accountability and assessment

8. NHS England has a statutory duty to conduct an annual performance assessment of every CCG.
9. 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 financial management and 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. From year to year, different priorities may be assigned higher priority than others and given more weighting in the annual performance assessment.
10. As described earlier in this document, the indicators do not only cover those issues which are fully in the control of CCGs. CCGs are expected 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 into account how well CCGs, as individual organisations, have played into their local systems. These efforts are not necessarily to be quickly reflected in performance against the indicators. However, over time, CCGs' input as local system leaders would be expected to contribute to measurable improvement.
11. To ensure that the framework is being applied consistently, regional and national moderation takes place.
12. To aid transparency for the public, and CCG benchmarking against peers, NHS England now presents both the overall ratings and the relative performance on indicators through a range of channels, including publication on the MyNHS website.

5 Improvement in challenged CCGs

13. The intention of the framework 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 may need to address internal weaknesses.
14. 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.

Formal intervention action would be proposed as laid out in section 14Z21 of the NHS Act 2006 (as amended).³

15. NHS England will also continue to work closely with NHS Improvement and other Arm's Length Bodies, as appropriate, to drive improvement across local health systems. One such initiative was the introduction in 2016 of financial special measures for providers and, within NHS England, a more intensive special measures improvement approach for CCGs.

³ <http://www.legislation.gov.uk/ukpga/2012/7/section/26/enacted>

Annex - CCG improvement and assessment framework 2017/18: list of indicators

Note: New indicators are highlighted in **bold**.

Area	Indicator Name
Better Health	
Child obesity	1. Percentage of children aged 10-11 classified as overweight or obese
Diabetes	2. Diabetes patients that have achieved all the NICE-recommended treatment targets: Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children
	3. People with diabetes diagnosed less than a year who attend a structured education course
Falls	4. Injuries from falls in people aged 65 and over
Personalisation and choice	5. Personal health budgets
Health inequalities	6. Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions
Antimicrobial resistance	7. Appropriate prescribing of antibiotics in primary care
	8. Appropriate prescribing of broad spectrum antibiotics in primary care
Carers	9. The proportion of carers with a long term condition who feel supported to manage their condition
Better Care	
Provision of high quality care	10. Hospital
	11. Primary medical services
	12. Adult social care
Cancer	13. Cancers diagnosed at early stage
	14. People with urgent GP referral having first definitive treatment for cancer within 62 days of referral
	15. One-year survival from all cancers
	16. Cancer patient experience

Mental Health	17. Improving Access to Psychological Therapies – recovery
	18. Improving Access to Psychological Therapies – access
	19. People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral
	20. Children and young people (CYP) receiving treatment from NHS funded community services as a proportion of the CYP population with a diagnosable mental health disorder
	21. Mental health out of area placements
	22. Mental health crisis team provision
Learning disability	23. Reliance on specialist inpatient care for people with a learning disability and/or autism
	24. Proportion of people with a learning disability on the GP register receiving an annual health check
	25. Completeness of the GP learning disability register
Maternity	26. Maternal smoking at delivery
	27. Neonatal mortality and stillbirths
	28. Women’s experience of maternity services
	29. Choices in maternity services
Dementia	30. Estimated diagnosis rate for people with dementia
	31. Dementia care planning and post-diagnostic support
Urgent and emergency care	32. Emergency admissions for urgent care sensitive conditions
	33. Percentage of patients admitted, transferred or discharged from A&E within 4 hours
	34. Delayed transfers of care attributable to the NHS per 100,000 population
	35. Population use of hospital beds following emergency admission

End of life care	36. Percentage of deaths with three or more emergency admissions in last three months of life
Primary care	37. Patient experience of GP services
	38. Primary care access - percentage of registered population offered full extended access
	39. Primary care workforce
Elective access	40. Patients waiting 18 weeks or less from referral to hospital treatment
7 day services	41. Achievement of clinical standards in the delivery of 7 day services
NHS Continuing Healthcare	42. Percentage of NHS Continuing Healthcare full assessments taking place in an acute hospital setting
Patient Safety	43. Evidence that sepsis awareness raising amongst healthcare professionals has been prioritised by the CCG
Sustainability	
Financial sustainability	44. In-year financial performance
Paper-free at the point of care	45. Utilisation of the NHS e-referral service to enable choice at first routine elective referral
Leadership	
Probity and corporate governance	46. Probity and corporate governance
Workforce engagement	47. Staff engagement index
	48. Progress against the Workforce Race Equality Standard
CCGs' local relationships	49. Effectiveness of working relationships in the local system
Patient and community engagement	50. Compliance with statutory guidance on patient and public participation in commissioning health and care
Quality of leadership	51. Quality of CCG leadership