



CCG Improvement and Assessment Framework 2018/19

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1 Introduction

1. The *Five Year Forward View, Refreshing NHS Plans for 2018/19*, Sustainability and Transformation Partnerships (STPs) and their more advanced form, Integrated Care Systems (ICSs), are all driven by the pursuit of improving the health and wellbeing of the whole population; reducing health inequalities; delivering better quality for all patients; and, securing better value for taxpayers in a financially sustainable system.
2. NHS England's *CCG Improvement and Assessment Framework* was introduced in March 2016. It aligned key objectives and priorities, and informed the way NHS England managed its relationships with CCGs. It was designed to supply indicators for adoption in healthcare systems as markers of success.
3. The ambition described in *Next Steps on the Five Year Forward View* can only be delivered through place-based partnerships spanning commissioners, local government, providers, patients, communities, and the voluntary and independent sectors. Whilst legislation requires an annual assessment of each CCG, commissioning and other arrangements, including assurance, increasingly take place at a multi-organisational level.
4. *Next Steps* committed NHS England and NHS Improvement to develop an integrated oversight framework to assess how well a healthcare system is performing. As STPs/ICSs develop, careful attention is being given to the alignment of metrics and the oversight arrangements for CCGs and those arrangements for STPs/ICSs that NHS England and NHS Improvement are jointly developing.
5. NHS England and NHS Improvement are working together to develop an integrated oversight framework that will provide a consistent means of assessing system-level performance, i.e. looking at quality, access to care and health outcomes from the point of view of patients and local communities.

2 Context

6. This document outlines the metrics that will inform NHS England's assessment of CCGs in 2018/19. This is complemented by NHS Improvement's *Single Oversight Framework* which captures and assesses trusts' organisational performance.
7. The *Improvement and Assessment Framework* is designed to assess both individual CCGs' fitness to operate successfully in this environment, and the indicators within it do not only report on data that is solely within a CCG's control. 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.
8. The framework is intended as a focal point for joint work, support and dialogue between NHS England, NHS Improvement, CCGs, providers and STPs/ICSs. Data is updated regularly, with the most recent data for each metric published each quarter, enabling 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 the leaders of CCGs during the year, through a targeted programme of local conversations, drawing on expertise and insight from the national programme teams.

9. Whilst striving to maintain a high degree of continuity from previous years, we must acknowledge the rapidly changing environment in terms of the new care models and partnerships that are emerging to transform health and care services. The framework also needs to be flexible to maintain its relevance and alignment to the highest local priorities for CCGs and their partners in STPs/ICSs.
10. For 2018/19, a small number of indicators have been added and a number of updates have been made to existing indicators.
11. A complete list of indicators can be found within the annex.

3 CCG accountability and assessment

12. NHS England has a statutory duty to conduct an annual performance assessment of every CCG. 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. From year to year, different elements may be assigned higher priority than others and given more weighting in the annual performance assessment.
13. Using the *Improvement and Assessment Framework*, NHS England will continue to assess how effectively CCGs work with others (including their local Health and Wellbeing Boards) to improve quality and outcomes for patients.
14. CCGs are expected to focus on the strength and effectiveness of their system relationships, and using 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 contributed to the performance of their local systems and to measurable improvement.
15. To aid transparency for the public, and CCG benchmarking against peers, NHS England presents both the overall ratings and the performance against individual indicators through a range of channels, including publication on 'MyNHS', part of the NHS website.

4 Improvement in challenged CCGs

16. The intention of the framework is to empower CCGs to work with their partners to deliver the transformation set out in the *Five Year Forward View*. The focus is therefore on practical support, rather than assurance and monitoring.

17. However, some CCGs operate in very challenging environments and may need to address internal weaknesses. In some circumstances, as laid out in [s.14Z21 of the NHS Act 2006 \(as amended\)](#), NHS England has the ability to exercise statutory powers of direction where it is satisfied that (a) a CCG is failing or (b) is at risk of failing to discharge its functions. The decision to apply statutory powers of direction to a CCG requires the approval of the relevant Regional Director, and designated executive and non-executive NHS England Board members.
18. Since January 2018, NHS England has been running a commissioning capability programme. The initial focus of this has been to address areas for development identified via the *Improvement and Assessment Framework*, in particular leadership, financial planning and governance, by providing tailored, place-based support to those CCGs placed in special measures or rated 'requires improvement'.
19. 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.

5 Future development

20. NHS England and NHS Improvement are developing with STPs/ICSs a set of principles that will underpin oversight:
 - NHS England and NHS Improvement speaking with one voice, setting consistent expectations for local health systems;
 - greater focus on the performance of the local healthcare system as a whole, alongside the performance of individual providers and commissioners; and,
 - working with and through the STP/ICS leadership, wherever possible, to tackle problems in individual organisations or localities, rather than making uncoordinated national interventions. This will thereby stimulate the further growth of self-governing systems.
21. This will be informed by a new integrated oversight framework that will form a key part of the regular performance discussions between NHS England, NHS Improvement and STPs/ICSs. Alongside this, NHS England, NHS Improvement and STPs/ICSs will continue to review trust-level data – and CCG-level data – to help agree when individual organisations need support or intervention and who should provide that support or intervention.
22. We envisage that this new framework will evolve to reflect a population-based approach to improving health outcomes and reducing health inequalities. Development of this framework will be informed by the long-term plan for the NHS, due to be issued in the autumn, to ensure that the ambition described for the NHS is captured in the metrics that we use to assess and oversee CCGs and healthcare systems in the future.

Annex – CCG Improvement and Assessment Framework indicators for 2018/19

Key:

- New indicators in the *CCG Improvement and Assessment Framework 2018/19* are highlighted in *italics*.

Better Health		
1	Child obesity	Percentage of children aged 10-11 classified as overweight or obese
2	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
3		People with diabetes diagnosed less than a year who attend a structured education course
4	Falls	Injuries from falls in people aged 65 and over
5	Personalisation and choice	Personal health budgets
6	Health inequalities	Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions
7	Antimicrobial resistance	Antimicrobial resistance: appropriate prescribing of antibiotics in primary care
8		Antimicrobial resistance: appropriate prescribing of broad spectrum antibiotics in primary care
9	Carers	The proportion of carers with a long term condition who feel supported to manage their condition
Better Care		
10	Provision of high quality care	Provision of high quality care: hospitals
11		Provision of high quality care: primary medical services
12		Provision of high quality care: adult social care
13	Cancer	Cancers diagnosed at an 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
17	Mental health	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 two weeks of referral
20		Children and young people’s mental health services transformation
21		Mental health out of area placements
22		Mental health crisis team provision
23		<i>Proportion of people on GP severe mental illness register receiving physical health checks in primary care</i>
24		<i>Cardio-metabolic assessment in mental health environments</i>
25		<i>Delivery of the mental health investment standard</i>
26		<i>Quality of mental health data submitted to NHS Digital (DQMI)</i>
27	Learning disability	Reliance on specialist inpatient care for people with a learning disability and/or autism
28		Proportion of people with a learning disability on the GP register receiving an annual health check
29		Completeness of the GP learning disability register
30	Maternity	Maternal smoking at delivery
31		Neonatal mortality and stillbirths
32		Women’s experience of maternity services
33		Choices in maternity services
34	Dementia	Estimated diagnosis rate for people with dementia
35		Dementia care planning and post-diagnostic support

36	Urgent and emergency care	Emergency admissions for urgent care sensitive conditions
37		Percentage of patients admitted, transferred or discharged from A&E within four hours
38		Delayed transfers of care per 100,000 population
39		Population use of hospital beds following emergency admission
40	End of life care	Percentage of deaths with three or more emergency admissions in last three months of life
41	Primary care	Patient experience of GP services
42		Primary care access – proportion of population benefitting from extended access services
43		Primary care workforce
44		<i>Count of the total investment in primary care transformation made by CCGs compared with the £3 head commitment made in the General Practice Forward View</i>
45	Elective access	Patients waiting 18 weeks or less from referral to hospital treatment
46	7 day services	Achievement of clinical standards in the delivery of 7 day services
47	NHS Continuing Healthcare	Percentage of NHS Continuing Healthcare full assessments taking place in an acute hospital setting
48	Patient safety	Evidence that sepsis awareness raising amongst healthcare professionals has been prioritised by CCGs
49	Diagnostics	<i>Patients waiting six weeks or more for a diagnostic test</i>
Sustainability		
50	Financial sustainability	CCG in-year financial performance
51	Paper-free at the point of care	Utilisation of the NHS e-referral service to enable choice at first routine elective referral
52	<i>Demand management</i>	<i>Expenditure in areas with identified scope for improvement</i>

Leadership across the ICS		
53	Probity and corporate governance	Probity and corporate governance
54	Workforce engagement	Staff engagement index
55		Progress against the Workforce Race Equality Standard
56	Local relationships	Effectiveness of working relationships in the local system
57	Patient and community engagement	Compliance with statutory guidance on patient and public participation in commissioning health and care
58	Quality of leadership	Quality of CCG leadership