

Healthy Staffordshire Select Committee – 16 September 2019

CCGs Annual Assessments 2019

Recommendation/s

1. To consider the information provided and constructively challenge.

Report of the Clinical Commissioning Group

Stakeholder Briefing

NHS England has a statutory duty to conduct an annual performance assessment of every CCG. The assessment, using the Improvement and Assessment Framework (IAF), is a judgement, reached by considering the CCG's performance in each of the indicator areas over the full year balanced against the financial management and qualitative assessment of the leadership of the CCG.

In total the CCGs are assessed against 58 indicators in four categories defined as Better Health, Better Care, Sustainability and Leadership across the Integrated Care System. The details of each indicator can be found in appendix 1. Each CCG then receives an overall assessment that places their performance in one of four categories: outstanding, good, requires improvement, or inadequate.

Using the IAF, NHS England also assesses how effectively CCGs work with others (including their local Health and Wellbeing Boards) to improve quality and outcomes for patients as well as considering how they have contributed to the performance of their local systems as individual organisations.

2018/19 Annual Assessment

In the 2018/2019 annual assessment, five of the six CCGs in Staffordshire and Stoke-on-Trent have been given an overall rating of Inadequate with only East Staffordshire CCG rated as good.

Clinical Commissioning Group	Overall assessment
Cannock Chase CCG	Inadequate
East Staffordshire CCG	Good
North Staffordshire CCG	Inadequate
South East Staffordshire and Seisdon Peninsula CCG	Inadequate
Stafford and Surrounds CCG	Inadequate
Stoke-on-Trent CCG	Inadequate

The key area of concern for the CCGs rated as inadequate relate to the continued financial challenges they have faced during 2018/19. Although NHS England noted that Stafford and Surrounds CCG and Cannock Chase CCG met their deficit control total this year, there has been a significant deterioration in the financial position for North Staffordshire CCG and Stoke-on-Trent CCG and the underlying deficit across Staffordshire and Stoke-on-Trent has exceeded £100million.

Clinical Commissioning Group	Budget	Expenditure	Over/Under spend £'000
Cannock Chase CCG	£205,246	£203,784	£1,462
East Staffordshire CCG	£187,154	£182,099	£5,055
North Staffordshire CCG	£326,436	£348,122	-£21,686
South East Staffordshire and Seisdon Peninsula CCG	£294,478	£302,904	-£8,426
Stafford and Surrounds CCG	£240,772	£240,610	£162
Stoke-on-Trent CCG	£448,577	£478,123	-£29,546

NHS England did note however that they were encouraged that the system has embarked on a new contracting approach for 2019-20, working collaboratively across the system to identify and implement opportunities for transformational savings with a risk sharing agreement across provider and commissioner organisations.

Through the IFP, the distribution of the CCGs' allocation between partners has been agreed at the start of the year after considering baseline spend, investments and cost pressures, and saving trajectories. The distribution has been based on baseline spending levels in 2019/20 and the principle that each organisation bears the same proportion of the overall deficit in the system.

In addition, a system programme savings target has been agreed, which focuses on schemes that rely on partners working together across the health economy. Delivery of the programme savings will be risk managed across the system with progress and delivery being monitored on a monthly basis.

The IAF assessment also raised concerns about the CCGs' performance against some of the constitutional performance indicators such as dementia diagnosis, although it was noted that the CCGs have set out programmes of work to improve the national targets.

The CCGs will now continue to develop high impact improvement plans for each of the areas identified and will consider interim measures to provide assurance that demonstrable improvements are taking place.

Achievements

Despite the annual assessment ratings for 2018/19, NHS England has recognised that the CCGs in Staffordshire and Stoke-on-Trent have made significant achievements in the last 12 months.

They have prioritised patient safety and experience and have gained recognition for the way they involved patients with changes to local NHS services.

The results of the Patient and Community Engagement Indicator, which is a formal requirement of IAF, has rated all six CCGs as 'Green' after achieving either 'Good' or 'Outstanding' in the five assessment domains, which include Governance, Annual Reporting, Day-to-Day Practice, Feedback and Evaluation and Equalities and Health Inequalities.

The assessment confirms that each of the six CCGs has evidenced its implementation of the revised statutory guidance on patient and public participation in commissioning health care and their compliance in fulfilling statutory duties.

Other achievements recognised by NHS England in this year's assessment include:

- Good progress in improving our urgent and emergency care system, especially at the University Hospitals of North Midlands (UHNM), which is now one of the most improved in the country. Performance at the Royal Wolverhampton Trust (RWT) and the University Hospitals of Derby and Burton (UHDB) is also consistently good, which is helping to improve outcomes of patients
- Delayed Transfers of Care (DTOCs) have dramatically reduced. DTOCs relate to patients who don't need to be in hospital but are in a bed because the support they need to live at home is not available. Month-on-month they have declined by over 40 per cent across Staffordshire and Stoke-on-Trent
- UHNM is now one of the highest achieving trusts for cancer targets, which has resulted in Staffordshire receiving additional funding through the West Midlands Cancer Alliance and significant improvements have been made and maintained at UHDB
- Investment in mental health services has been increased and now meets the national standard across Staffordshire and Stoke-on-Trent
- All Staffordshire and Stoke-on-Trent GP practices are now members of a Primary Care Network which means they will collaboratively work at scale and are looking to offer more and better services to patients.

Marcus Warnes, Accountable Officer for the six CCGs in Staffordshire and Stoke-on-Trent, said: "Throughout the last 12 months we have prioritised patient safety, and this is and always will be our main concern. I will not compromise patient safety at the expense of financial challenges; however, this is clearly something that we still need to address, not just as individual CCGs but by working together across the local healthy economy.

"As commissioners, we have a clear understanding of how we need to address our financial issues and we are working closely with our providers to do that with things like an Intelligent Fixed Payment system that has been introduced. The Intelligent Fixed Payment System is a new contracting approach that moves the focus from cost shifting between partners to collaboration and system cost reduction.

"Despite the financial challenges however, during this period there have been some very significant achievements that we are rightly proud of, and the ratings do not reflect the services our patients receive or the hard work and commitment of our staff."

Ends

Appendix 1 - 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