Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	25 August 2021
Executive Member:	Councillor Eleanor Wills – Executive Member (Adult Social Care and Health)
Clinical Lead:	Dr Ashwin Ramachandra – CCG Co-Chair
Reporting Officer:	Jessica Williams – Director of Commissioning
Subject:	**NHS SYSTEM OVERSIGHT FRAMEWORK**
Report Summary:	The report sets out NHS England and NHS Improvement's approach to oversight for 2021/22, one that reinforces system-led delivery of integrated care. This reflects the vision set out in the NHS Long Term Plan, Integrating care: Next steps to building strong and effective integrated care systems across England, the White Paper Integration and innovation: Working together to improve health and social care for all, and aligns with the priorities set out in the 2021/22 Operational Planning Guidance It describes the methodology that will be used to identify where ICSs and NHS organisations may benefit from or require support to meet the standards required of them in a sustainable way and describes an objective basis for decisions about when and how NHS England and NHS Improvement will intervene in cases where there are serious problems or risks to the quality of care.
Recommendations:	That Strategic Commissioning Board be recommended to note NHS England and NHS Improvement's approach to oversight of the CCG for 2021/22.

Financial Implications:

(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

Budget Allocation (if Investment Decision)	
CCG or TMBC Budget Allocation	
Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	
Decision Body – SCB Executive Cabinet, CCG Governing Body	
Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark	

Additional Comments

As this is a report outlining the NHS System Oversight Framework, there are no financial comments at this time. We are still awaiting formal NHS England guidance relating to the new finance regime and until that is received, we are unable to comment on any financial implications arising therein.

Legal Implications:
(Authorised by the Borough Solicitor)

On 24 June 2021 NHS England published the NHS Improvement's approach to oversight of Integrated Care Systems (ICSs), CCGs and trusts for 2021/22. Further information on the New System Oversight Framework can be

	found here. NHS England » NHS System Oversight Framework 2021/22
How do proposals align with Health & Wellbeing Strategy?	This is an update of a National Oversight Framework that will be used to assure the local system and has no direct impact on the strategy however Preventing ill health and reducing inequalities is one of the themes in the framework. The relationship between the CCG and Health & Wellbeing Board is included in the CCG assessment.
How do proposals align with Locality Plan?	The themes and metrics align with the Locality Plan
How do proposals align with the Commissioning Strategy?	The National Oversight Framework sets out the expectations of a Locality and will be used to provide assurance that the CCG along with the system are delivering to national expectations. The 80 metrics in the five oversight themes reflect the NHS Long Term Plan/People Plan and 2021/22 Planning guidance.
Recommendations / views of the Health and Care Advisory Group:	Not applicable
Public and Patient Implications:	How the CCG involves and consults with the public is one of the Key lines of Enquiry in the CCG self-assessment.
Quality Implications:	Quality is a key theme of the framework. How the CCG works with others (including the local health and wellbeing board(s)) to improve quality and outcomes for patients is a Key Line of Enquiry in the CCG self-assessment.
How do the proposals help to reduce health inequalities?	The engagement of the CCG with deprived communities, ethnic minority communities, inclusion of health populations and people with disabilities (people with learning disabilities, autism or both, people experiencing mental ill-health and people experiencing frailty) and the full diversity of the local population is part of the CCG self-assessment and METE
What are the Equality and Diversity implications?	None
What are the safeguarding implications?	None
What are the Information Governance implications? Has a privacy impact assessment been conducted?	None
Risk Management:	None
Access to Information:	The background papers relating to this report can be inspected by contacting the report writer Elaine Richardson Telephone: 07855469931 e-mail: Elaine.richardson@nhs.net

1. INTRODUCTION

1.1 NHS England has a legal duty to assess annually the performance of each CCG against its duties to improve the quality of services; reduce health inequalities; obtain appropriate advice; involve and consult the public; and comply with financial duties.

1.2 Since 2019/20 the NHS Oversight Framework provided an approach whereby CCG performance was assessed in key areas that covered leadership, financial management and performance in priority areas. Based on this performance, NHS England provided each CCG with an overall assessment rating using the CQC rating terminology of 'Outstanding', 'Good', 'Requires Improvement' and 'Inadequate'. A simplified approach focused on CCGs' contributions to local delivery of the overall system recovery plan operated in 2020/21. A narrative assessment, based on performance, leadership and finance, replacing the ratings system.

1.3 Tameside and Glossop CCG received feedback on 14 July (**Appendix 1** refers) this confirmed our significant record of achievement and focus throughout the year. Given the "light touch" and the Greater Manchester Health and Social Care Partnership (GM HSCP) have not made any changes to our current assessment, which in 2019/20 was Outstanding. Comments of particular note include:

(a) Recognition that the work done in previous years to build a resilient infrastructure strong relationships and collaborative culture underpinned the effectiveness of our COVID response and puts the CCG is in a strong position for recovery.
(b) Acknowledgment that Tameside & Glossop as a local economy is supportive of the GM agenda and directly influences and assists that agenda through its own leadership locally and in GM wide efforts.
(c) The quality of the relationships in Primary Care setting have strong foundations for future working and to resilient and effective models of provision today.
(d) Being at the forefront of innovation.
(e) Local leaders keen to ensure that within the new systems there is a built-in culture to support colleagues to be more innovative and creative and find reasons why you should rather than why you cannot.

1.4 In March 2021 NHS England and NHS Improvement launched a consultation on the proposed new approach to NHS system oversight. The consultation included a webinar on 27 April and Elaine Richardson attended on behalf of NHS Tameside and Glossop CCG.

1.5 The proposals reinforced the importance of system working and collaboration and were based on the principles of:

- working with and through ICSs, wherever possible, to tackle problems
- a greater emphasis on system performance and outcomes

1.6 There was a single NHS monitoring framework for ICSs, commissioners and providers with flexibility recognising significant differences in local delivery and governance arrangements across the country as well as different local challenges. The Provider quality and financial special measures guidance would be replaced with single approach across organisations and systems with support and intervention co-ordinated through a single Recovery Support Programme. The approach to annual CCG performance assessment would be simplified.

1.7 The intention was to implement the proposals from Q2 subject to outcome of the consultation and board approval.

1.8 In June 2021, the final version of the NHS System Oversight Framework 2021/22 (Appendix 2) was published. It aims to provide clarity to integrated care systems (ICSs), trusts and commissioners on how NHS England and NHS Improvement will monitor performance; set expectations on working together to maintain and improve the quality of care; and describe

how identified support needs to improve standards and outcomes will be co-ordinated and delivered. It will guide NHS England and NHS Improvement's oversight of ICSs at system, place-based and organisation level as well as decisions about the level and nature of delivery support they may require. It also describes how they will work with the Care Quality Commission (CQC) and other partners at national, regional and local level. Finally, it introduces a new integrated and system focused Recovery Support Programme (RSP) that replaces the previously separate quality and finance 'special measures' regimes for provider trusts.

2. NHS SYSTEM OVERSIGHT FRAMEWORK 2021/22

2.1 The approach to 2021/22 oversight is characterised by the following key principles:

(a) working **with and through ICSs**, wherever possible, to tackle problems

(b) a greater emphasis on **system performance and quality of care outcomes**, alongside the contributions of individual healthcare providers and commissioners to system goals

(c) matching **accountability for results** with improvement support, as appropriate

(d) **greater autonomy** for ICSs and NHS organisations with evidence of collective working and a track record of successful delivery of NHS priorities, including tackling inequality, health outcomes and access

(e) **compassionate leadership behaviours** that underpin all oversight interactions.

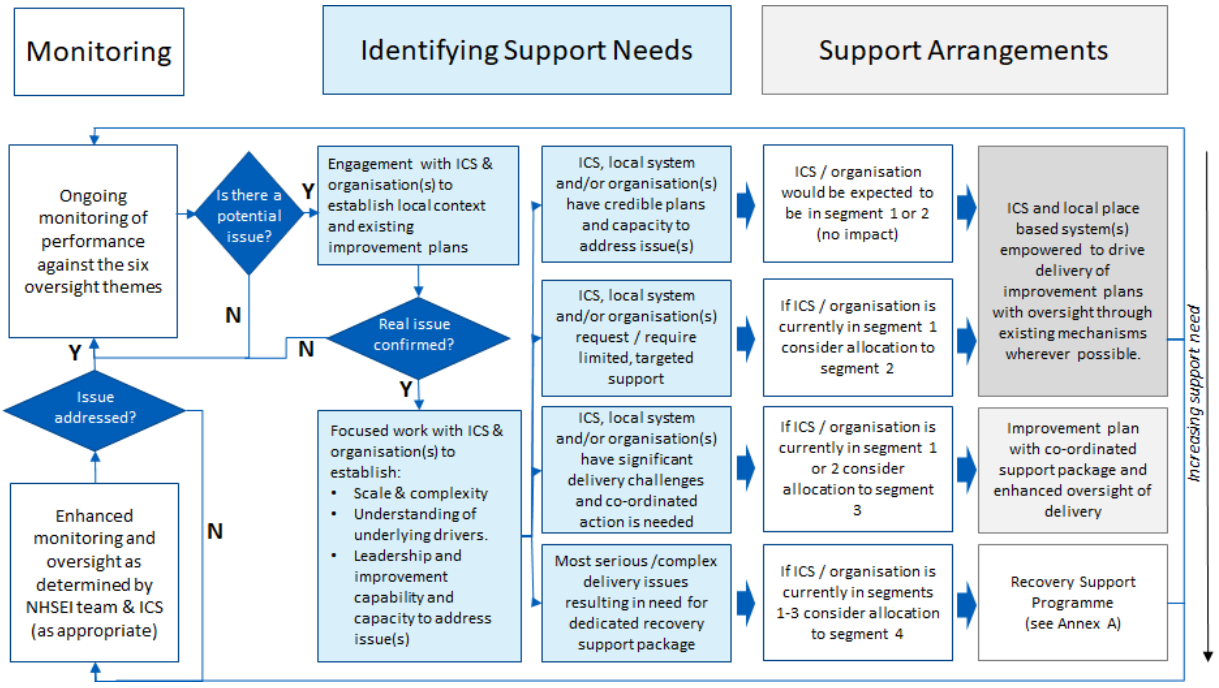
2.2 In reality, the GM HSCP have been involved in oversight locally from the start and we have followed a whole system approach in Tameside and Glossop since being a CCG so it unlikely the approach will feel different.

2.3 The framework has five national themes that reflect the ambitions of the NHS Long Term Plan with a single set of 80 metrics plus a sixth theme based on local strategic priorities that complement the national NHS priorities set out in the 2021/22 Operational Planning Guidance and align to the four fundamental purposes of an ICS. (Figure 1). Oversight conversations will reflect a balanced approach across the six oversight themes, including leadership and culture at organisation and system level.

Figure 1: Scope of the NHS System Oversight Framework for 2021/22

2.4 The process has three stages as shown in figure 2.

Figure 2: Oversight, diagnosis and support and intervention process



2.5 NHS England and NHS Improvement will monitor and gather insights about performance across each of the themes of the framework. Information will include annual plans and reports, regular financial and operational information; quality insight, risks and issues; and other exceptional or significant data, including relevant third-party material. Depending on the type of information, the collection and review of data may be monthly, quarterly or annual or by exception.

2.6 Regional teams will work with ICSs to ensure that oversight arrangements at ICS, place (including PCNs) and organisation level and the level of involvement of the ICS depends on their relative level of development and governance arrangements. Given the maturity of GM it is hoped that the ICS will lead the oversight of place based systems and individual organisations and co-ordinate any support and intervention carried out by NHS England and NHS Improvement, other than in exceptional circumstances and there will be the least number of formal assurance meetings possible.

2.7 There are four 'segments' as described in Table1 that ICSs, trusts and CCGs could be allocated to. Primary Care providers and PCNs will not be allocated to segments; however, the overall quality of Primary Care will inform ICS and CCG segmentation decisions.

Table 1: Support segments: description and nature of support needs

	Segment Decision			Support Needs
	ICS	**CCG**	**Trust**	
1	Consistently high performing across the six oversight themes. Capability and capacity required to deliver the ICS four fundamental purposes is well developed	Consistently high performing across the six oversight themes. Streamlined commissioning arrangements are in place or on track to be achieved	Consistently high performing across the five national oversight themes and playing an active leadership role in supporting and driving key local place-based and overall ICS priorities.	No specific support needs identified. Trusts encouraged to offer peer support. Systems are empowered to direct improvement resources to support places and organisations, or invited to partner in the co-design of support packages for more challenged organisations.
2	On a development journey, but demonstrate many of	Plans that have the support of system	Plans that have the support of system	Flexible support delivered through peer support, clinical

	Segment Decision			Support Needs
	ICS	CCG	Trust	
	the characteristics of an effective, self-standing ICS. Plans that have the support of system partners in place to address areas of challenge	partners in place to address areas of challenge. Targeted support may be required to address specific identified issues	partners in place to address areas of challenge. Targeted support may be required to address specific identified issues	networks, the NHS England and NHS Improvement universal support offer (eg GIRFT, RightCare, pathway redesign, NHS Retention Programme) or a bespoke support package via one of the regional improvement hubs.
3	Significant support needs against one or more of the six oversight themes. Significant gaps in building the capability and capacity required to deliver on the ICS four fundamental purposes	Significant support needs against one or more of the six oversight themes. No agreed plans to achieve streamlined commissioning arrangements by April 2022	Significant support needs against one or more of the five national oversight themes and in actual or suspected breach of the licence (or equivalent for NHS trusts)	Bespoke mandated support through a regional improvement hub, drawing on system and national expertise as required.
4	Very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support.	Very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support.	In actual or suspected breach of the licence (or equivalent) with very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support.	Mandated intensive support delivered through the Recovery Support Programme.

2.8 By default, all ICSs, trusts and CCGs will be allocated to segment 2 unless they meet the criteria for moving into segment 1, 3 or 4 as in Table 2 below.

Table 2: Support segments: Criteria for Segments 1, 3 and 4

Segment	**Objective, measurable eligibility** based on performance against the oversight themes using the relevant metrics	**Additional considerations** focused on the assessment of system leadership and behaviours, and improvement capability and capacity
1	Performance against the oversight themes typically in the top quartile nationally based on the relevant oversight metrics **And** On agreed financial plan and forecasting delivery against full year envelope **And** CQC 'Good' or 'Outstanding' overall and for well-led (trusts)	***For ICSs and/or CCGs*** - Success in tackling variation across the system and reducing health inequalities Whether the ICS consistently demonstrates that it has built the capability and capacity required to deliver on the four fundamental purposes of an ICS Whether the CCG has achieved streamlined commissioning arrangements aligned to the ICS boundary, or is on track to fully achieve these against an agreed plan. ***For trusts***: - Evidence of established improvement capability and capacity The degree to which the trust plays a strong, active leadership role in supporting and driving place-based priorities, provider collaboration and overall ICS priorities.
3	Performance against multiple oversight themes in the bottom quartile nationally based on the relevant oversight metrics **Or** A dramatic drop in performance, or sustained very poor (bottom decile) performance against one or more areas **Or** An underlying deficit that is in the bottom quartile nationally and/or a negative	***For All:*** - Existence of other material concerns about a system's and/or organisation's governance, leadership, performance and improvement capability arising from intelligence gathered by or provided to NHS England and NHS Improvement (eg delivery against the national and local transformation agenda) Evidence of capability and capacity to address the issues without additional support, eg where there is clarity on key issues with an existing improvement plan and a recent track record of delivery against plan and/or of agreed recovery actions

Segment	**Objective, measurable eligibility** based on performance against the oversight themes using the relevant metrics	**Additional considerations** focused on the assessment of system leadership and behaviours, and improvement capability and capacity
	variance against the financial plan and/or not forecasting to meet plan at year end **Or** A CQC rating of 'Requires Improvement' overall and for well-led (trusts) **Or** No agreed plans to achieve streamlined commissioning arrangements aligned to ICS boundaries by April 2022 (CCGs)	There are other exceptional mitigating circumstances. **For ICSs:** -Evidence of collaborative and inclusive system leadership across the ICS, eg where the system is not in financial balance, whether it has been able to collectively agree credible plans for meeting the system envelope Clarity and coherence of system ways of working and governance arrangements **For trusts**: - Whether the trust is working effectively with system partners to address the problems
4	In addition to the segment 3 criteria: - Longstanding and/or complex issues that are preventing agreed levels of improvement for ICSs, trusts or CCGs in SOF segment 3 **Or** A catastrophic failure in leadership or governance that risks damaging the reputation of the NHS **Or** A significant underlying deficit and/or significant actual or forecast gap to the financial plan **Or** CQC recommendation (trust)	

2.9 In line with the principle of earned autonomy those in segment 1 will benefit from the lightest oversight arrangements and greater autonomy. Specifically: a. ICSs will be able to request devolution of programme funding and greater control over the deployment of improvement resources made available through regional improvement hubs b. trusts and CCGs will be able to request access to funding to provide peer support to other organisations, and benefit from streamlined business case approval.

2.10 Those in segment 3 or 4 will be subject to enhanced direct oversight by NHS England and NHS Improvement (in the case of individual organisations this will happen in partnership with the ICS) and, depending on the nature of the problem(s) identified, additional reporting requirements and financial controls. For systems, trusts and CCGs allocated to segment 4, the new national Recovery Support Programme (RSP) will provide focused and integrated support, working in a co-ordinated way across the system, regional and national NHS England and NHS Improvement teams.

2.11 The CCG annual assessment will include a mid-year self-assessment with an end-of-year meeting between the CCG leaders and the NHS England and NHS Improvement regional team. It focuses on the six key lines of enquiry in figure 3 below - five of which are the themes in the oversight with the sixth a focus on engagement, performance against the oversight metrics and an assessment of how the CCG works with others (including the local health and wellbeing board(s)) to improve quality and outcomes for patients.

Figure 3: Key Lines of Enquiry for CCG Assessment 2021/22

Quality of care, access and outcomes
How has the CCG contributed to ensuring delivery of health services in the priority areas set out in the 2021/22 Operational Planning Guidance?
How has the CCG monitored oversight of quality and patient experience?
How has the CCG supported the system to respond to emergency demands and manage winter pressures?
Preventing ill-health and reducing inequalities
How has the CCG supported actions to address inequalities in NHS provision and outcomes?
Does the CCG have effective systems and processes for monitoring, analysing and acting on a range of information about quality, performance and finance, from a variety of sources, including patient feedback, analyses of access to services and experiences of service users, so that it can identify early warnings of a failing service?

How has the CCG taken account of lessons from managing COVID-19, in a way that locks in beneficial changes and explicitly tackles fundamental challenges, including support for staff, and action on inequalities and prevention?
People
How can the CCG evidence that it has supported the health and wellbeing of its workforce?
How has the CCG contributed to the delivery of the priorities for the NHS workforce set out in the NHS People Plan and 2021/22 Operational Planning Guidance, and the implementation of Our NHS People Promise?
Leadership
Has the CCG demonstrated effective system leadership and progressed partnership working, underpinned by governance arrangements and information-sharing processes, including evidence of multi-professional leadership?
Finance and use of resources
Evidence that the CCG has delivered its break-even target in-year and contributed to the reduction of system deficits. Evidence that the CCG has delivered the Mental Health Investment Standard.
Involve and consult with the public
How does the CCG identify and engage with deprived communities, ethnic minority communities, inclusion health populations and people with disabilities (people with learning disabilities, autism or both, people experiencing mental ill-health and people experiencing frailty) and the full diversity of the local population?

2.12 The final narrative assessment will identify areas of good and/or outstanding performance, areas of improvement, as well as areas of particular challenge across: quality (including reducing health inequalities), leadership, and finance and use of resources.

3. METRICS

3.1 The 81 metrics in the five oversight themes reflect the NHS Long Term Plan/People Plan and 2021/22 Planning guidance (Appendix 3). They are system wide with 63 being specifically associated with the CCG.

3.2 They cover a range of areas including access, service delivery, safety, vaccination and workforce. The metrics against each theme and the area they cover are shown in Tables 3 to 7 below. Many are metrics that systems have been working to before e.g. 62 day and 52week waiters; some are ones that are already part of recovery and COVID expectations e.g. elective activity levels and % of COVID vaccinations and others are not yet fully defined e.g. aggregate score for NHS Staff Survey questions that measure perception of leadership culture and Health and Well being index.

Table 3: Quality, Access and Outcome Metrics

Primary Care	Access to general practice - number of available appointments
	Proportion of the population with access to online GP consultations
	Patient experience of GP services
	Dental Activity
Urgent & Emergency	2-hour urgent response activity
	Discharges by 5pm
	Delayed transfers of care per 100,000 population
	Ambulance response times
	30-minute ambulance breaches

	UEC performance measure
	% of patients referred to an emergency department by NHS 111
	% of patients referred to an emergency department by NHS 111 that receive a booked time slot to attend
	% of zero-day length of stay admissions (as a proportion of total)
	% of unheralded patients attending EDs
Elective & Cancer	Elective activity levels
	Overall size of the waiting list
	Patients waiting more than 52 weeks to start consultant-led treatment
	Advice and guidance and patient initiated follow-up activity levels
	Cancer referral treatment levels
	People waiting longer than 62 days
	% meeting faster diagnosis standard
	Diagnostic activity levels
	Proportion of cancers diagnosed at stages 1 or 2
Maternal Health	% women on continuity of care pathway
	Number of stillbirths per 1,000 total births
	% of all outpatient activity delivered remotely via telephone or video consultation
	Number of neonatal deaths per 1,000 live births
Mental Health and LD	Deliver the mental health ambitions
	NHS Long Term Plan metrics for mental health
	Reliance on specialist inpatient care for adults/children with a learning disability and/or autism
	Number of people with a learning disability on the GP register receiving an annual health check
Personalisation	Number of personalised care interventions
	Personal health budgets
	Social prescribing unique patient referrals
Safety	Summary hospital-level mortality indicator
	Overall CQC rating (provision of high-quality care)
	Acting to improve safety (safety culture theme in NHS Staff survey)
	Potential under-reporting of patient safety incidents
	National Patient Safety Alerts not completed by deadline
	Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia infection rate
	Clostridium difficile infection rate
	E. coli bloodstream infections
	Venous thromboembolism (VTE) risk assessment
	Antimicrobial resistance: appropriate prescribing of antibiotics and broad-spectrum antibiotics in primary care

Table 4: Preventing Ill Health and Reducing Inequalities Metrics

Vaccination	% of adults vaccinated - First COVID-19 vaccination dose offered to all adults by the end of July
	Population vaccination coverage – MMR for two doses (5 year olds) to reach the optimal standard nationally (95%)

	COVID-19 vaccination uptake for black and minority ethnic groups and the most deprived quintile compared to the national average
	Number of people receiving flu vaccination
Screening	Bowel screening coverage, aged 60–74, screened in last 30 months
	Breast screening coverage, females aged 50–70, screened in last 36 months
	Cervical screening coverage, females aged 25-64, attending screening within target period
Long Term Conditions	Number of people supported through the NHS Diabetes Prevention programme
	Diabetes patients that have achieved all the NICE-recommended treatment targets (adults and children)
	Number of people with CVD treated for cardiac high risk conditions
	Number of people receiving mechanical thrombectomy
	Number of referrals to NHS digital weight management services
Ethnicity	Ethnicity and most deprived quintile proportions across service restoration and NHS Long Term Plan metrics
	Proportions of patient activities with an ethnicity code

Table 5: People Metrics

Experience	People promise index
	Health and wellbeing index
	Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from (a) managers, (b) other colleagues, (c) patients/ service users, their relatives or other members of the public in the last 12 months
	Proportion of people who report that in the last three months they have come to work despite not feeling well enough to perform their duties
	Percentage of staff who say they are satisfied or very satisfied with the opportunities for flexible working patterns
	% of jobs advertised as flexible
	Staff retention rate (all staff)
	Sickness absence (working days lost to sickness)
	Proportion of staff who say they have a positive experience of engagement
Vaccination	Number of people working in the NHS who have had a ‘flu vaccination
Workforce	Proportion of staff in senior leadership roles who are (a) from a BME background, (b) women
	Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age
	Number of registered nurses employed by the NHS (WTE)
	Number of doctors working in general practice (WTE)
	Additional primary care WTE through ARRS
	Number of healthcare support workers employed by the NHS
	Mental health workforce growth

Table 6: Finance and Use of Resources Metrics

Performance against financial plan
Underlying financial position
Run rate expenditure

Overall trend in reported financial position

Table 7: Leadership and Capability Metrics

Quality of leadership
Aggregate score for NHS Staff Survey questions that measure perception of leadership culture

4. CONCLUSION

4.1 Tameside and Glossop Locality should see minimal difference in the methodology used in the Oversight Framework and are in a strong position for many themes. Whilst some of the metrics may continue to be a challenge, if progress continues we may be moved from the default of Segment 2 into Segment 1.

5. RECOMMENDATIONS

5.1 As set out at the front of the report.