

Greater Manchester Health and Social Care Partnership

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Email to:

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Dear colleagues

2019/20 CCG annual assessment

NHS England and NHS Improvement have a legal requirement to undertake an annual assessment of CCG performance. As in previous years, the CCG annual assessment for 2019/20 provides each CCG with a headline assessment against the indicators in the NHS Oversight Framework.

Details of the methodology used to reach the overall assessment for 2019/20 can be found at **Annex A**. The categorisation of the headline rating is either Outstanding, Good, Requires Improvement or Inadequate.

The 2019/20 headline rating for Tameside & Glossop Borough CCG is **Outstanding**.

I would like to congratulate you personally and on behalf of the Greater Manchester Health & Social Care Partnership on this achievement for a second year. Please convey my sincere thanks to all the CCG staff whose efforts have contributed to the continued excellence demonstrated in Tameside & Glossop. It is particularly impressive given the challenges we have all faced over the last period.

Key Areas of Strength / Areas of Good Practice

As referenced in the latest Q2 data within the 2019/2020 NHS Oversight Framework the standards where the CCG's performance is in the best quartile in England are:

- Diabetes patients that have achieved all the NICE recommended treatment targets: three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children
- Provision of high quality care: primary medical services
- People with urgent GP referral having first definitive treatment for cancer within 62 days of referral

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- Improving Access to Psychological Therapies: recovery
- Estimated diagnosis rate for people with dementia
- Percentage of patients waiting 6 weeks or more for a diagnostic test
- Utilisation of the NHS e-referral service to enable choice at first routine elective referral

IAF Key Areas of Challenge

As referenced in the latest Q2 data within the 2019/2020 NHS Oversight Framework the standards where the CCG's performance is in the worst quartile in England are:

- Percentage of deaths with three or more emergency admissions in last three months of life
- Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions
- Improving Access to Psychological Therapies – access
- Ensuring the quality of mental health data submitted to NHS Digital is robust (DQMI)
- Percentage of people with a learning disability on the GP register receiving an annual health check
- Choices in maternity services
- Maternal smoking at delivery
- Emergency admissions for urgent care sensitive conditions
- Percentage of NHS Continuing Healthcare full assessments taking place in an acute hospital setting

Finance

Your End of Year final finance rating is **Green**

Quality of Leadership

Your End of Year final Quality of Leadership rating is **Green Star**

The 2019/20 annual assessment report will be published on the Commissioning Regulation pages of the NHS England website in September 2020. The Q4 Oversight and Assessment dashboard will also be updated with the year-end ratings.

I look forward to working with you and continuing to support your CCG in improving healthcare for your local population and system.

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I would ask that you please treat your headline rating in confidence until NHS England has published the annual assessment report on its website. This rating remains draft until formal release. Please let me know if there is anything in this letter that you would like to follow up on.

Yours sincerely,



Sarah Price

**Interim Chief Officer
Greater Manchester Health and Social Care Partnership**

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Annex A – Overall assessment methodology

NHS England’s annual performance assessment of CCGs 2019/20

1. The NHS Oversight Framework comprises of 50 indicators selected to track and assess variation across policy areas covering performance, delivery, outcomes, finance and leadership. Assessments have been derived using an algorithmic approach informed by statistical best practice; NHS England’s executives have applied operational judgement to determine the thresholds that place CCGs into one of four overall performance categories.

Step 1: indicator selection

2. A number of the indicators were included in the 2019/20 IAF on the basis that they were of high policy importance, but with a recognition that further development of data flows and indicator methodologies may be required during the year. This was complicated by the impact of COVID-19 on analytical resource across areas of NHSE/I. By the end of the year, there were ten indicators that were excluded as there was no data available.¹

Step 2: indicator banding

3. For each CCG, the remaining indicator values are calculated. For each indicator, the distance from a set point is calculated. This set point is either a national standard, where one exists for the indicator (for example in the NHS Constitution); or, where there is no standard, typically the CCG’s value is compared to the national average value.
4. Indicator values are converted to standardised scores (‘z-scores’), which allows us to assess each CCG’s deviation from expected values on a common basis. CCGs with outlying values (good and bad) can then be identified in a consistent way. This method is widely accepted as best practice in the derivation of

¹ Percentage of children aged 10-11 classified as overweight or obese; Percentage of deaths with three or more emergency admissions in last three months of life; CYP and eating disorders investment as a percentage of mental health spend; Percentage of patients admitted, transferred or discharged from A&E within 4 hours; Patient experience of getting an appropriate GP appointment Overall size of the waiting list; Patients waiting over 52 weeks for treatment; Achievement of clinical standards in the delivery of 7-day services; Evidence that sepsis awareness raising amongst healthcare professionals has been prioritised by the CCG; Effectiveness of working relationships in the local system

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assessment ratings and is adopted elsewhere in NHS England and by the CQC, among others.²

- Each indicator value for each CCG is assigned to a band, typically three bands of 0 (worst), 2 (best) or 1 (in between).³

Step 3: weighting

- Application of weightings allows the relatively greater importance of certain components (i.e. indicators) of the IAF to be recognised and for them to be given greater prominence in the rating calculation.
- Weightings have been determined by NHS England, in consultation with operational and finance leads from across the organisation, and signal the significance we place on good leadership and financial management to the commissioner system:
 - Performance and outcomes measures: 50%;
 - Quality of leadership: 25%; and,
 - Finance management: 25%
- These weightings are applied to the individual indicator bandings for each CCG to derive an overall weighted average score (out of 2).

Figure 1: Worked example

Anytown CCG has:

- Quality of leadership rating of “Green” (equivalent to a banded score of 1.33)
- Finance management rating of “Green” (equivalent to banded score of 2)
- For the remaining 53 indicators, the total score is 49.5.
- These scores are divided through by their denominator and weighted to produce an overall domain weighted score:

$$\left(\frac{1.33}{1}\right) \times 25\% + \left(\frac{2}{1}\right) \times 25\% + \left(\frac{49.5}{53}\right) \times 50\% = 1.3$$

² Spiegelhalter et al. (2012) *Statistical Methods for healthcare regulation: rating, screening and surveillance*

³ For a small number of indicators, more than 3 score levels are available, for example, the leadership indicator has four bands of assessment.

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Step 4: setting of rating thresholds

9. Each CCG's weighted score out of 2 is plotted in ascending order to show the relative distribution across CCGs. Scoring thresholds can then be set in order to assign CCGs to one of the four overall assessment categories.
10. If a CCG is performing relatively well overall, their weighted score would be expected to be greater than 1. If every indicator value for every CCG were within a mid-range of values, not significantly different from its set reference point, each indicator for that CCG would be scored as 1, resulting in an average (mean) weighted score of 1. This therefore represents an intuitive point around which to draw the line between 'good' and 'requires improvement'.
11. In examining the 2019/20 scoring distribution, there was a natural break at 1.5, and a perceptible change in the slope of the scores above this point. This therefore had face validity as a threshold and was selected as the break point between 'good' and 'outstanding'.
12. NHS England's executives have then applied operational judgement to determine the thresholds that place CCGs into the 'inadequate'. A CCG is rated as 'inadequate' if it has been rated red in both quality of leadership and financial management.
13. This model is also shown visually below:

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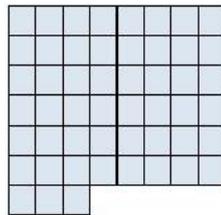
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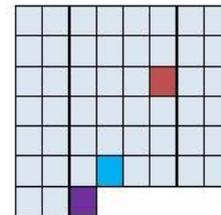
Deriving the CCG year-end assessment ratings

Step 1:
Indicators selected and calculated

The CCG Oversight Framework publishes data for a number of indicators...



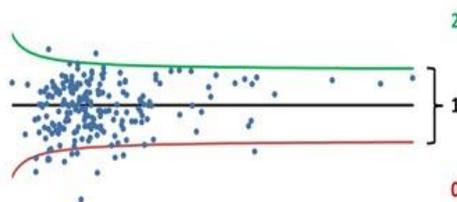
...which are then used to produce the end of year rating.



Values are derived for each CCG for each indicator. There is 1 indicator in the **Finance** domain and 1 for **Quality of leadership**.

Step 2:
Indicators banded

Measure of deviation ("z-score") calculated for each CCG value. Outlying CCGs assigned to bands with scores of 0 (worst) to 2 (best).



The process is repeated for all available indicators (example scores shown for **Anytown CCG**).

1	1	1	1	0	1	0	2
1	1	2	1	1	1	0	1
1	1	1	2	1	1	1	1
1	1	1	2	1	2	1	1
0	1	1	1	1	2	1	1
1	1	1	2	0	2	0	1
2	0	1					

Step 3:
Weights applied, average score calculated

Weightings set to:

- Finance: 25%
- Leadership: 25%
- The rest: 50%

Bandings for each domain are summed and divided by the count of indicators in that domain, then multiplied by the relevant weighting.

Worked example for Anytown CCG

Overall score calculated for CCG as sum of:

$$\begin{aligned}
 &[\text{Finance}] \quad 25\% * (2 / 1 \text{ indicator}) \\
 &+ \\
 &[\text{Leadership}] \quad 25\% * (1.333 / 1 \text{ indicator}) \\
 &+ \\
 &[\text{The rest}] \quad 50\% * (49.5 / 53 \text{ indicators})
 \end{aligned}$$

= score of 1.3
(out of a possible 2)

Step 4:
Scores plotted and rating thresholds set

The distribution of average scores (out of 2) is plotted for all CCGs. The threshold between "Requires Improvement" and "Good" is then set at the mid-point of 1; for "Outstanding" it is set at a natural break at the upper end of the distribution and for "Inadequate" an auto-rule is applied to include all CCGs whose Finance and Leadership ratings are both Red. In the example shown, there is a step change at 1.45 which forms the lower threshold for "Outstanding".

