North East and Yorkshire
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10 July 2019

Private and Confidential

Helen Hirst, Chief Officer
Dr Akram Khan, Clinical Chair
NHS Bradford City CCG

Dear Helen and Andy

2018/19 CCG annual assessments

The CCG annual assessment for 2018/19 provides each CCG with a headline assessment against the indicators in the CCG Improvement and Assessment Framework (CCG IAF). The headline assessments have been confirmed by NHS England's Statutory Committee.

This letter provides your annual assessment, as well as a summary of any areas of strength and where improvement is needed as discussed at our year-end review (Annex A).

Detail of the methodology used to reach the overall assessment for 2018/19 can be found at Annex B. The categorisation of the headline rating is either Outstanding, Good, Requires Improvement or Inadequate.

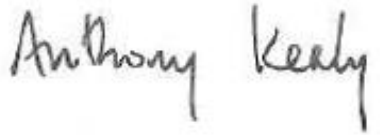
I am delighted to confirm that the 2018/19 headline rating for Bradford City CCG has been maintained as **Outstanding**. This reflects the good progress the CCG has continued to make on a wide range of issues, through effective leadership and strong partnership working

The 2018/19 annual assessments will be published on the Commissioning Regulation pages of the NHS England website in July. At the same time they will be published on the MyNHS section of the NHS Choices website. The Q4 IAF dashboard will be issued with year-end ratings in July.

2019/20 will be a transitional year for commissioner and provider oversight arrangements, although the CCG annual assessment process remains a familiar one. I look forward to working with you and continuing to support your CCG in improving healthcare for your local population and system.

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



Anthony Kealy

Locality Director,
West Yorkshire and Harrogate

Annex A – 2018/19 summary

NHS England & NHS Improvement

North East and Yorkshire

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Helen Hirst, Chief Officer
Dr Andy Withers, Clinical Chair
Bradford Districts CCG

15 May 2019

Dear Helen and Andy

NHS AIREDALE, WHARFEDALE & CRAVEN CCG, NHS BRADFORD CITY CCG, AND NHS BRADFORD DISTRICTS CCG, 2018/19 YEAR END REVIEW

Thank you for joining us on 3 April 2019 for your Annual Review Meeting chaired, for the first time, by Rob Webster as West Yorkshire and Harrogate ICS lead.

NHS England has a statutory duty to conduct an annual performance assessment of each CCG. Rob's role in chairing these meetings has been to provide a contribution to NHS England's assessment, taking into account how well CCGs, as individual organisations, have contributed to the performance of the wider system and engaged with the ICS.

The purpose of this letter is to provide feedback on the key issues we discussed, and to confirm next steps for the publication of the 2018/19 Annual Performance Assessment.

The Government's Mandate to NHS England specifies the four 'Ofsted-style' headline categories to be used: Outstanding; Good; Requires Improvement and Inadequate. The methodology for the calculation of the 2018/19 Annual Performance Assessment has not yet been finalised but, as in previous years, is likely to be made up of three elements: Quality of Leadership; a finance assessment; and the wider CCG IAF indicator set.

We will write to you again in June / July with your finalised Annual Assessment Results.

Key achievements and issues from 2018/19

In primary care you achieved 100% coverage of extended access and you have made substantial progress with the development of community partnerships, supported by the Bradford Care Alliance in Bradford, Wharfedale, Airedale and Craven Alliance (WACA) and Modality in Airedale, Wharfedale and Craven. In the large they are coherent entities working in integrated care teams and flexing the workforce through 'intuitive commissioning'. They are now being challenged by different perceptions of the GP contract implementation guidance for Primary Care

Networks (PCNs) which conflates primary care at scale with integrated working at a community level. It is clear that you have a strategy for the development of the partnerships that responds to the needs of the local population and we will be interested to share in the learning from this integrated approach as it develops further in 2019/20.

Bradford Healthy Hearts is well established and the adoption of this model across WY&H has been a key achievement in 2018/19. It is important to hear how the adoption across the three CCGs has had a clear impact on strokes and heart attacks. The establishment of a single stroke service across ANHSFT and BTHFT is also having a positive impact on outcomes.

The Ambulatory Care Experience team has developed a pathway for wheezy kids. The outcomes are impressive with hospital attendances and admissions prevented for some 83 of the children treated. It would be good to share this learning across the ICS as the evaluation of the new pathway is completed.

Following significant access issues to Dermatology services you have worked with community providers and GPwSI which has really helped to improve access times. You have shared the learning from this with partners experiencing similar pressures across WY&H and this forms the basis of the new WYAAT/CCG dermatology programme of work.

The 'Better Together' initiative is providing enhanced support for care home providers of concern and involves looking at the issues facing them, sharing of best practices and making improvements to the way we do things together. This is an example of practice we would also like to share more widely across the ICS.

Place Strategy

The system has a well-established shared vision owned and led by the Health and Wellbeing Board and the Integration and Change Board. This is delivered through two Health and Care Partnership Boards who in turn work through the 13 community partnerships.

The operating model is based on strong asset based community development within the 13 community partnerships. You believe that to be a good strategic commissioner you need to get it right on the ground and that your role is to facilitate change that impacts on whole populations. You shared with us a number of good examples of how this is working well in communities.

Urgent Care and Winter

Neither of the two acute Trusts have been able to deliver the A&E standard, as a result of increased demand and high acuity. You described a range of actions that are being taken to mitigate risk over winter and bring performance back on track. This is important given the continuing fluctuations in performance post winter for not only this but other constitutional standards particularly within BTHFT. It was good to hear that you have refreshed the Urgent and Emergency Care Strategy to bring it into line with rapidly emerging national priorities. A&E performance at BTHFT and

flow within the hospital has remained an issue throughout Winter. ECIST have been helpful in identifying areas to work on including how GP streaming and community based pathways are better utilised. It is important that you get some pace behind this work and conclude the implementation to any pathway changes before winter.

In response to the support from ECIST you have identified a number of pathways to focus on and will be doing some intensive work over the next six months through specific task and finish groups. You are also developing an options appraisal on whether an UTC would be effective in your patch. We offered to help support you in sharing information on established UTCs should this be helpful and would be interested in learning more about the work streams as they develop.

Cancer

Performance at BTHFT against the 18 weeks referral (RTT) and cancer wait time targets, whilst still a significant concern, continues to show signs of improvement, with plans in place to achieve the cancer standards and deliver 88-89% performance against the RTT standard by March. The challenge and responsibility for Bradford is to better cope with increased demand and to ensure that pathways into Leeds are better managed. This will form a priority for next year.

Elective Care

Both Trusts have failed the six-week diagnostic performance target in December with ongoing pressures in Endoscopy at BTHFT and Echocardiography at AHFT. Additional internal capacity and outsourcing is being used by both Trusts to meet demand. Going forward, further work is needed to develop a sustainable solution.

Mental Health and Learning Disabilities

Performance against the Early Intervention in Psychosis standard was above target in December as the impact of the investment in additional staffing starts to have effect.

IAPT performance remains a concern, particularly as you continue to fail the 19% access target for 2018/19 but have a requirement to increase to 22% by the end of 2019/20. You are in discussion with BDCFT regarding additional funding for the service. It would be good to understand how the revision of the strategy following the Healthy Minds Summit in January will help to support your approach to this.

CQC Reviews

The Care Quality Commission (CQC) local system review focused on the experience of care and outcomes achieved for over 65s as they move through the health and care system. The CQC review report was published in May 2018 and was positive about the care and services provided in Bradford. It highlighted some areas for improvement which are in the process of being implemented.

The CQC conducted a review of health services for looked after children and safeguarding in Bradford district from 25 February to 1 March 2019, with a focus on the effectiveness of safeguarding arrangements for all children in the area. The

experiences and outcomes for children, young people and their families who received health care were also evaluated. The CQC review report will be shared in mid-April 2019 for factual accuracy and initial feedback suggests some strengths and some areas for improvement which are in the process of being implemented.

Wider ICS implementation

The CCG has played a significant leadership role across the WY&H, including leading a number of forums, programmes of work and participating in national meetings on behalf of the ICS. Investing in WY&H ICS system is important to you.

Financial position

Congratulations on achieving financial balance in 2018/19 and agreeing what we recognise to be a challenging financial plan for 2019/20. It is clear that you have developed a stronger system partnership approach to financial balance this year that felt different in the planning review meetings. This will be underpinned by your new governance arrangements in place across the system and will be aided by the fixed income contracts agreed across the system to mitigate risk. You have agreed to manage financial challenge as a system and the fixed term contract has clear principles around how it operates in year. You have now agreed with the ICS and NHS England a net-neutral adjustment of control totals across CCGs.

All plans provide additional investment into mental health, community services and primary care and meet the required Mental Health investment standard; Community services investment standard; and GP contract investment (£2.1m above allocation). There is also the £8m reducing inequalities reserve in City CCG which will be carefully managed through a RIC group to agree the spending plan

Some QIPP is still unidentified across Bradford Districts CCG and AWC CCG and we would recommend that you develop plans early in the year to address this.

Running costs and merger plans

The requirement for the three CCGs is to save 22% of running costs by 2020/21 which has an impact of £2.9m. To do this you are operating a vacancy freeze and have already delivered £0.7m in 2018/19. The potential to merge would provide savings of over £1m and discussions are underway across the three CCGs. Further savings have been identified in 2019/20 of approximately £0.3m and next steps to reach the full requirement are being worked through.

We offered to arrange a meeting with the regional lead taking forward applications across the patch to talk through the timetable and process should you wish to find out more information on the process.

IT Issues

In 2018 you experienced a significant issue with IT across the CCGs when the server failed. You commissioned an independent review of the incident. The learning from this has been taken to strengthen business continuity plans. The CCGs have updated plans and have worked to support individual practices in their continuity. A second data centre is being put in place and early testing has commenced.

Changes to the Electronic Patient Record at BTHFT have resulted in data reporting issues in year which we are pleased to hear are now resolved. The implementation of SystemOne at BDCFT has also been bumpy.

Succession Planning

You updated us on the role of the CCG and other partners in the appointment process for the new chief executive post at BTHFT and your input to the appointment process for the chairperson.

Next Steps

In conclusion, we commended you on the range of improvements the three CCGs have delivered in 2018/19 and the wider achievements we discussed. The innovation you have championed and the plans for further improvement you have put in place for 2019/20 have only been achievable through the strong leadership and talent of your teams.

This is a good platform from which you now need to build. Performance on IAPT, elective, cancer and emergency constitutional standards will need to improve this year.

We recognise that there are still financial and performance risks but you are clearly in a much better position in terms of system solutions and improved relationships.

Finally, we committed to pick up common themes and actions from across the review meetings and take them back to the system leadership executive for consideration particularly for items that needed whole system support.

Thank you for a very productive meeting.

Yours sincerely

Rob Webster
Lead Chief Executive
West Yorkshire and Harrogate
Health and Care Partnership

Anthony Kealy
Locality Director,
West Yorkshire and Harrogate

Copied to:

Dr Akram Khan, Dr James Thomas, Julie Lawreniuk, Vicki Wallace, Michelle Turner, Steve Gascoyne

Lou Auger, Kathryn Giles, Gillian Lawrence, Phyllis Cole, Kathryn Giles, Neil Blakeman

Annex B – Overall assessment methodology
NHS England's annual performance assessment of CCGs 2018/19

1. The CCG IAF comprises 58 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 2018/19 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. By the end of the year, there were three indicators that were excluded as there was no data available for the measures: Percentage of deaths with three or more emergency admissions in last three months of life, Cardiometabolic assessment in mental health environments and Children and young people's mental health services transformation.

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 assessment ratings, and is adopted elsewhere in NHS England and by the CQC, among others. [1]

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

Step 3: weighting

6. 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.

7. Weightings have been determined by NHS England, in consultation with operational and finance leads from across the organisation, and signal the

[1] Spiegelhalter et al. (2012) *Statistical Methods for healthcare regulation: rating, screening and surveillance*
[2] For a small number of indicators, more than 3 score levels are available, for example, the leadership indicator has four bands of assessment.

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%

8. 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:

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

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 2018/19 scoring distribution, there was a natural break at 1.45, 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'.

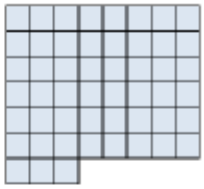
12. NHS England's executives have then applied operational judgement to determine the thresholds that place CCGs into the 'inadequate'. A CCG is rated as 'inadequate' if it has been rated red in both quality of leadership and financial management.

13. This model is also shown visually below:

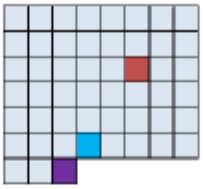
Deriving the CCG IAF assessment ratings

Step 1: Indicators selected and calculated

The CCG IAF publishes data for a number of indicators...



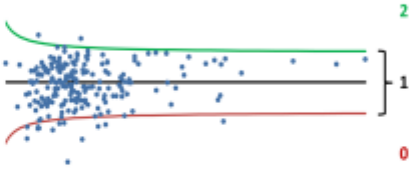
...which are then used to produce the end of year rating.



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	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:

[Finance]	25% * (2	/ 1 indicator)
+		
[Leadership]	25% * (1.333	/ 1 indicator)
+		
[The rest]	50% * (49.5	/ 53 indicators)

= 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".