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9<sup>th</sup> July 2019

Dear Ed

### **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.

The 2018/19 headline rating for Ipswich & East Suffolk CCG is Outstanding.

NHS England recognise the work undertaken to achieve your overall rating in 2018/19, especially your and your team's strong leadership; your CCG's approach to working in partnership with other organisations to support performance improvement and deliver innovation; and for the work to date in developing a leading-edge Mental Health and Emotional Wellbeing strategy.



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. We 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.

On a personal note, thank you, it has a pleasure working with such a strong, focussed and determined team and I wish you all the best in the future.

Yours sincerely

A handwritten signature in cursive script, appearing to read 'C Theobald'.

Carole Theobald  
**Locality Director (Great Yarmouth & Waveney, Ipswich & East Suffolk, North East Essex and West Suffolk)**

**NHS England and NHS Improvement - East of England**

## **Annex A – 2018/19 Summary**

### **Key Areas of Strength / Areas of Good Practice**

- Strong leadership and ethos providing clear direction and proactive interventions that has supported service improvement and transformation
- Driving forward transformation through an Alliance (integrated) approach and creative use of funding, including significant development of Suffolk primary care services and use of digital technology
- Excellent financial management, which also supported the national position and notable positive impact of using a GIC
- Strong system working, evidenced in a positive 360 stakeholder report – 85 % overall response rate, with 96% positively rating the CCGs working relationships and 89% positively rating the CCG as an effective system leader
- Mental Health and Emotional Wellbeing strategy – noting the work to date and commitment to developing a more sustainable model which better meets the needs of local people
- Exemplary work in primary care particularly regarding improving access, practice level support, development of PCN and collaborative ways of working
- Exemplary Organisational Development and staff engagement
- Development of the ICS and Alliance, including robust governance arrangements
- Excellent clinical and public engagement, which has been endorsed by the CCGs Lay Member – “integration at its best”, particularly around the use of the voluntary sector
- Population health management and accessing those hard to reach geographical areas
- Good progress with safeguarding, including recruitment and the multi-agency approach to embedding safeguarding and ensuring alignment of priorities.
- Launch of one clinical community

### **Key Areas of Challenge**

We recognise that the CCG experienced challenges throughout the year, which we expect to be a key focus in 2019/20. These include:

- Mental Health provision – with an emphasis on dementia services and mental health transformation
- Workforce particularly primary care
- Key quality areas i.e. learning opportunities from LD mortality reviews and SEND
- Delivery of urgent care across all organisations, including EEAST, NHS 111 and acute.
- Delivery of cancer standards.

### **Key Areas for Improvement**

Recognising the challenges that the CCG faces, areas that we would like to follow-up with you throughout 2019/20:

- Mental Health service access, provision and transformation - all ages (noting progress to date)
- Workforce capacity, with emphasis on primary care and the ambulance service (EEAST)
- Continued focus on key quality areas i.e. learning opportunities from LD mortality reviews (LeDeR) and SEND
- Meeting the constitutional standards - in particular A&E performance and patient handover delays at ESNEFT (Ipswich site) and Cancer pathways
- The prescribing of Antimicrobials

### **Development Needs and Agreed Actions**

1. Further development of the Primary Care Networks; supported by 'One Clinical Community'
2. Roll out of Mental Health Strategy and service transformation at an Alliance level
3. Proactive quality assurance programme for Norfolk and Suffolk FT, linking to SEND improvement
4. Building on the co-production of the ESNEFT clinical strategy
5. Locally led system escalation all year round to sustain improvement in urgent care performance
6. Sustained delivery of the RTT, A&E and cancer 62-day standards
7. Supporting ongoing improvement of the Ambulance trust (EEAST) to ensure delivery of the ambulance response programme standards.
8. Developing Alliance governance to support system transformation and management of risk

### **Summary**

Overall, your CCG has made excellent progress over the last year, particularly in relation to the responsiveness of the CCG in proactively managing challenges within your system, alongside ensuring ongoing service improvement, innovation and transformation for the local population.

## **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. <sup>1</sup>
5. Each indicator value for each CCG is assigned to a band, typically three bands of 0 (worst), 2 (best) or 1 (in between).<sup>2</sup>

#### **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 significance we place on good leadership and financial management to the commissioner system:

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<sup>1</sup> Spiegelhalter et al. (2012) *Statistical Methods for healthcare regulation: rating, screening and surveillance*

<sup>2</sup> For a small number of indicators, more than 3 score levels are available, for example, the leadership indicator has four bands of assessment.

- 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:

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

#### **Step 4: setting of rating thresholds**

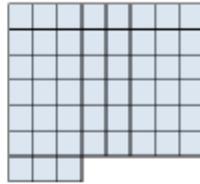
- Each CCG’s weighted score out of 2 is plotted in ascending order to show the relative distribution across CCGs. Scoring thresholds can then be set in order to assign CCGs to one of the four overall assessment categories.
- If a CCG is performing relatively well overall, their weighted score would be 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’.
- 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’.
- 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.
- This model is also shown visually below:

## Deriving the CCG IAF assessment ratings

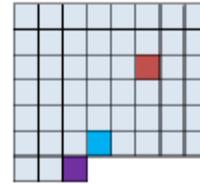
### Step 1:

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.

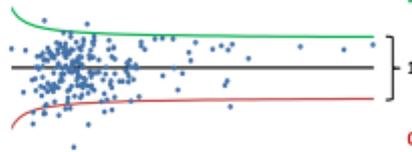


Values are derived for each CCG for each indicator. There is 1 indicator in the Finance domain and 1 for Quality of leadership.

### 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	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".

