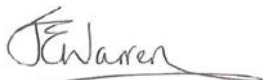


Date:	9 th August 2018
Meeting:	Governing Body
Item Number:	Item 10.1
Public/Private:	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

Author: <i>(Name, Title)</i>	Emma Sayner Chief Finance Officer
GB Lead: <i>(Name, Title)</i>	Julie Warren Chief Operating Officer
Director approval <i>(Name)</i>	Julie Warren Chief Operating Officer
Director Signature	

Report Title:	2017/18 Improvement Assessment Framework Update
Decisions to be made:	No specific decisions identified but actions specified in the recommendations.

Link to a Strategic Objective?	<input checked="" type="checkbox"/>	The IAF covers all strategic objectives.
Link to a Strategic Risk	<input checked="" type="checkbox"/>	All risks should be attributable to the strategic risks of the organisation.

Continue to improve the quality of services	<input checked="" type="checkbox"/>	Improve patient experience	<input checked="" type="checkbox"/>		
Reduced unwarranted variations in services	<input checked="" type="checkbox"/>	Reduce the inequalities gap in North Lincolnshire	<input checked="" type="checkbox"/>		
Deliver the best outcomes for every patient	<input checked="" type="checkbox"/>	Statutory/Regulatory	<input checked="" type="checkbox"/>		
Purpose (tick one only)	Approval <input type="checkbox"/>	Information <input checked="" type="checkbox"/>	To note <input type="checkbox"/>	Decision <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>

Executive Summary (Question, Options, Recommendations):	
<p>Annual Improvement Assessment Framework ratings have been published for all CCG's across the country. This report sets out the summary position for North Lincolnshire CCG including areas where there has been improvement but also those for significant improvement.</p> <p>It is incredibly reassuring to report that the CCG has increased its overall rating from inadequate in 2016/17 to "requires improvement" in 2017/18.</p>	
Recommendations	<p>1 The Governing Body are asked to discuss and note the overall IAF rating for North Lincolnshire CCG in 2017/18</p>

	2 The Governing Body are asked to consider the areas identified for improvement and ensure these are prioritised over the coming year.	
Report history		
Equality Impact	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Sustainability	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	The IAF ratings include an assessment of sustainability implicitly.
Risk	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	The IAF ratings drive areas to focus on from a risk perspective.
Legal	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
Finance	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	THE IAF ratings include specific assurance around financial governance, planning and management.

<i>Patient, Public, Clinical and Stakeholder Engagement to date</i>									
	<i>N/A</i>	<i>Y</i>	<i>N</i>	<i>Date</i>		<i>N/A</i>	<i>Y</i>	<i>N</i>	<i>Date</i>
Patient:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Clinical:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Public:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2017/18 Improvement Assessment Framework Update

NHS England publishes Annual Improvement Assessment Framework ratings for all CCG's across the country. This update report to the Governing Body sets out the summary position for North Lincolnshire CCG including areas where there has been improvement but also sets out those indicators for which further significant improvement is required.

It is incredibly reassuring to report that the CCG has increased its overall rating from inadequate in 2016/17 to "requires improvement" in 2017/18.

During 2017/18 there has been a significant amount of change for the CCG and specifically from a leadership perspective (clinical and managerial) and yet despite this the CCG has managed to increase its overall position. This has been down to the dedication and hard work of the entire CCG team at all levels and across all disciplines.

Included as enclosures to this brief update are the following:

Appendix A - Letter received from NHS England

Appendix B - CCG Summary Dashboard

It is important that we both celebrate where we are doing well in the commissioning of care for our population but also to make sure that where we can do better that we identify these; the actions required for making the improvements; and adjusting our commissioning/financial plans accordingly.

As we develop and refresh the Commissioning Strategy for the CCG the areas for improvement should be incorporated and monitored through the routine reporting mechanisms of the organisation.

RECOMMENDATIONS

- 1 The Governing Body are asked to discuss and note the overall IAF rating for North Lincolnshire CCG in 2017/18
- 2 The Governing Body are asked to consider the areas identified for improvement and ensure these are prioritised over the coming year.

Dr Faisal Baig, Chair
Emma Latimer, Interim Accountable Officer
North Lincolnshire CCG
Health Place
Wrawby Road
Brigg
DN20 8GS

Moira Dumma
Director of Commissioning Operations
NHS England North (Yorkshire & Humber)
Leeds City Office Park
Meadow Lane
Leeds
LS11 5BD

9 July 2018

Dear Faisal and Emma,

2017/18 CCG annual assessments

The CCG annual assessment for 2017/18 provides each CCG with a headline assessment against the indicators in the CCG improvement and assessment framework (CCG IAF). The IAF aligns key objectives and priorities as part of our aim to deliver the *Five Year Forward View*. The headline assessment has been confirmed by NHS England's Commissioning Committee.

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

Detail of the methodology used to reach the overall assessment for 2017/18 can be found at **Annex B**. The categorisation of the headline rating is either Outstanding, Good, Requires Improvement or Inadequate.

The final draft headline rating for 2017/18 for North Lincolnshire CCG is **Requires Improvement**. This is a positive headline rating compared to the Inadequate rating given for 2016/17, and reflects the considerable progress that has been made in the

past 12 months, albeit recognising that the CCG is working through many other challenges, both in terms of its own organisation and the wider system.

In terms of your Legal Directions, the positive direction of travel achieved by the CCG in the past year means that the CCG will exit Legal Directions in August 2018. Your Special Measures status will continue throughout 2018/19, with an indicative exit timescale of the end of March 2019, subject to ongoing review.

The 2017/18 annual assessments will be published on the CCG Improvement and Assessment page 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 dashboard with the data will be issued with year-end ratings in July.

Thank you for your CCG's contribution to delivering the *Five Year Forward View*, and your focus on making improvements for local people. I look forward to working with you and your colleagues during 2017/18, including following up on the annual assessment.

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,

A handwritten signature in blue ink that reads "Moira Dumma".

Moira Dumma
Director of Commissioning Operations
NHS England

CCG Summary Dashboard

Summary of performance for a selected CCG.

[Print to PDF](#)

1. Select region:
2. Select type:
3. Select STP:
4. Select CCG:

North
STP
Humber, Coast and Vale
NHS North Lincolnshire CCG

NHS North Lincolnshire CCG

2017/18 Year End Rating:

Requires improvement

Better Health	Period	CCG	Peers	England	Trend
R 102a % 10-11 classified overweight	2014/15 to 2016/17	35.1%	↓ 8/11	131/207	
R 103a Diabetes patients who achieve	2016-17	43.6%	↑ 3/11	17/207	
R 103b Attendance of structured education	2016-17 (2015 cohort)	7.5%	↓ 3/11	74/207	
R 104a Injuries from falls in people	6 17-18 Q3	1,402	↑ 1/11	17/207	
R 105b Personal health budgets	17-18 Q4	16.77	↑ 5/11	88/207	
R 106a Inequality Chronic - ACS & UC	17-18 Q3	2,259	↑ 4/11	120/207	
R 107a AMR: appropriate prescribing	2018 01	1.146	↑ 8/11	160/207	
R 107b AMR: Broad spectrum prescri	2018 01	9.9%	↓ 11/11	151/207	
R 108a Quality of life of carers	2017	0.63	○ 7/11	129/207	

Sustainability	Period	CCG	Peers	England	Trend
R 141b In-year financial performance	17-18 Q4	Red	↔		
R 144a Utilisation of the NHS e-referr	2018 02	35.0%	↑ 9/11	187/207	

Leadership	Period	CCG	Peers	England	Trend
R 162a Probity and corporate govern:17-18 Q4	Fully Compliant	○			
R 163a Staff engagement index	2017	3.58	↓ 11/11	206/207	
R 163b Progress against WRES	2017	0.07	↓ 2/11	18/207	
R 164a Working relationship effective	17-18	57.99	↓ 11/11	186/207	
R 166a CCG compliance with standar	2017	Amber	○		
R 165a Quality of CCG leadership	17-18 Q4	Amber	↑		

Key
Worst quartile in England
Best quartile in England
Interquartile range

* Patients diagnosed in 2015; #Patients diagnosed in 2014

Better Care	Period	CCG	Peers	England	Trend
R 121a High quality care - acute	17-18 Q4	57	↔ 7/11	164/207	
R 121b High quality care - primary ca	17-18 Q4	64	↔ 11/11	173/207	
R 121c High quality care - adult socia	17-18 Q4	64	↔ 1/11	18/207	
R 122a Cancers diagnosed at early st	2016	52.4%	↓ 6/11	106/207	
R 122b Cancer 62 days of referral to t	17-18 Q4	72.4%	↓ 10/11	197/207	
R 122c One-year survival from all can	2015	72.2%	↑ 6/11	91/207	
R 122d Cancer patient experience	2016	8.6	↓ 8/11	160/207	
R 123a IAPT recovery rate	2018 02	53.4%	↑ 8/11	64/207	
R 123b IAPT Access	2018 02	4.8%	↓ 3/11	24/207	
R 123c EIP 2 week referral	2018 03	82.2%	↓ 5/11	73/207	
R 123d - CYP mental health (not available)					
R 123f MH - OAP	2018 02	118.2	○ 8/11	142/207	
R 123e MH - Crisis care and liaison (not available)					
R 125a LD - reliance on specialist IP c	17-18 Q4	68	↓ 6/11	173/207	
R 124b LD - annual health check	2016-17	52.7%	↑ 6/11	70/207	
R 124c Completeness of the GP learn	2016-17	0.43%	○ 9/11	126/207	
R 125d Maternal smoking at delivery	17-18 Q3	17.5%	↓ 9/11	187/207	
R 125a Neonatal mortality and stillbi	2016	6.8	↑ 9/11	191/207	
R 125b Experience of maternity servic	2017	85.6	○ 5/11	47/207	
R 125c Choices in maternity services	2017	65.9	○ 5/11	26/207	
R 126a Dementia diagnosis rate	2018 03	64.6%	↓ 7/11	142/207	
R 126b Dementia post diagnostic sup	2016-17	77.2%	↑ 8/11	154/207	
R 127b Emergency admissions for UC	17-18 Q3	2,360	↑ 5/11	112/207	
R 127c A&E admission, transfer, disc	2018 03	79.3%	↓ 6/11	146/207	
R 127e Delayed transfers of care per	2018 03	4.7	↓ 1/11	16/207	
R 127f Hospital bed use following em	17-18 Q3	486.9	↓ 7/11	104/207	
R 105c % of deaths with 3+ emergent	2017	7.73%	↓ 11/11	197/207	
R 128b Patient experience of GP servi	2017	83.1%	↓ 11/11	146/207	
R 128c Primary care access	2018 01	3.0%	○		
R 128d Primary care workforce	2017 09	1.15	↓ 2/11	30/207	
R 129a 18 week RTT	2018 03	71.2%	↓ 11/11	207/207	
R 130a 7 DS - achievement of standar	2017	1	○		
R 131a % NHS CHC assessments taki	17-18 Q4	3.1%	↓ 2/11	58/207	
R 132a Sepsis awareness	2017	Amber	○		

Appendix B

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