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Private & Confidential

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Dear Helen, Akram and Julie

Thank you for meeting with us on 3 April 2017 for your Annual Review Meeting. 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 2016/17 Annual Performance Assessment.

As you will be aware, NHS England has a statutory duty to conduct an annual performance assessment of each CCG. The Government's Mandate to NHS England specifies the four 'Ofsted-style' headline categories to be used: Outstanding; Good; Requires Improvement and Inadequate.

Each CCG will get seven ratings this year. One will be the overall rating generated by the CCG IAF indicators and the other six will be one each for the six clinical priority areas (cancer, diabetes, dementia, learning disabilities, maternity and mental health). The six clinical ratings do not go towards arriving at the CCG's overall rating although the clinical panels will be drawing on the relevant clinical ratings in the CCG IAF. There is currently a proposal to use the similar terminology as last year for the six panels, rather than the Ofsted terminology. The Ofsted terminology will still be used for the CCG's overall rating. As yet we are unable to provide you with an outcome of the proposal or the final decision on the weighting of the indicators that will then provide the CCG to with its overall rating.

For getting to the overall score, it is proposed to band and score each indicator in order to derive an overall score for each CCG. The finance and leadership indicators will jointly make up 50% of the overall weighting (20% and 30% respectively). Out of the 60 indicators, 46 indicators will be included in the assessment; the following 14 indicators will be excluded from the overall assessment. They will however still get published on the MyNHS website:

1. Utilisation of the NHS e-referral service to enable choice at first routine elective referral
2. Personal Health Budgets
3. Percentage of deaths which take place in hospital
4. Provision of high quality care – Primary Medical Services
5. Provision of high quality care – Adult Social Care
6. Ambulance waits
7. Achievement of clinical standards in the delivery of 7 day services
8. People eligible for standard NHS Continuing Healthcare
9. Outcomes in areas with identified scope for improvement
10. Expenditure in areas with identified scope for improvement
11. Adoption of new models of care
12. Digital interactions between primary and secondary care
13. Sustainability and Transformation Plan
14. Progress against workforce race equality standard

Your formal annual letter is currently in draft form for comments and we will write to you again once the CCGs ratings have been confirmed.

It was recognised that the CCG serves a deprived population and the impact on the ranking against the six clinical areas of the CCG assurance framework does not take into account the innovative work discussed during the review meeting and being undertaken. The CCG was very interested in thoughts from the panels on what more they could do locally to further improve their position and requested feedback should it be possible to get it as part of the process. It was agreed that NHS England would include elements of the clinical work undertaken by the CCG in the Quality of Leadership Assessment.

Key points and actions

We discussed the following areas:

1. CCG key achievements and issues from 2016/17

I congratulated the CCG in demonstrating strong leadership firstly with your integration with Airedale, Wharfedale and Craven CCG and with commencing a Bradford and Airedale Acute services review. The CCG has maintained a sound financial position and will be making changes in 17/18 around how you record QIPP savings. We agreed the importance of demonstrating delivery against the QIPP plan.

You indicated the changes you were making with your community hospital providers to enable them to develop a new model in year and ultimately move to an alliance model through a single contract.

You are confident that the GP streaming model you have been developing with the Trust would be further enhanced through changes to provision of services at Hillside Bridge and the use of resources to underpin the front door of the Emergency Department.

During the past year the CCG has changed how it commissions IAPT services and has implemented MyWell Wellbeing College, an innovative approach that has improved how younger people are supported and provides access to the relevant services. You have also received national recognition for your Mental Health strategy. You have undertaken considerable work on the whole diabetes pathway and were now moving forward with plans around Bradford Breathing Better scheme.

2. Operational and financial plans for 2017-19

As previously mentioned you have maintained a strong financial position over the past year and are looking to change the way outcomes of your QIPP schemes are recorded in 17/18 due to the perceived under reporting last year. You are confident that with these changes the plans in place for 17/18 will be achieved.

3. CCG “place strategy”

I commended you on the leadership shown in maintaining separate CCGs and in recognising the differences between each place, not only between Bradford and Airedale but also between the City and the Districts.

You have developed strong relationships with the GP Federations. The CCG are ahead of a significant number of other CCGs in these relationships.

4. Wider STP implementation.

I thanked you for your significant participant in the STP and for providing the support and leadership to a number of areas of work within the West Yorkshire and wider Yorkshire and Humber patch

5. Transforming Care

Finally we discussed the number of patients you are working with to transform their care. You are working to consider collectively commissioning beds with Leeds and are confident you will deliver a transformed service for this patient cohort.

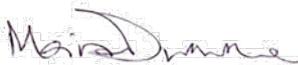
Next Steps

The final output of the end of year review will not be available until the full CCG IAF process has been undertaken nationally. For this reason we are only able to provide, at this time, an interim statement of the CCGs progress in 2016/17 and not the final rating.

The next IAF meeting for checkpoint 1 will be scheduled in due course. We look forward to working with you throughout 2017/18.

Thank you again for meeting with us.

Yours sincerely



Moira Dumma
Director of Commissioning Operations
NHS England – North (Y&H)