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# World Class Commissioning Panel Report

## NHS Rotherham

May 2010

# Overview

The panel thanks Rotherham PCT for participating in this round of assessments for World Class Commissioning, and for making us so welcome on the panel day and engaging with the panel in an open and constructive way.

The panel asks the PCT to accept this report in the spirit in which it is intended: a support tool on the journey to world class commissioning and as a considered perception of the organisation's strengths and weaknesses based on the insight the PCT itself gave the panel into its commissioning approach.

During our review of Rotherham PCT, the panel developed an overall impression of the organisation, which is that the PCT is a strong organisation, well positioned for success, that the PCT has two areas to address to improve its chances for success and that there are 4 areas for the PCT to consider to move it to the next level

The panel identified 3 main recommendations that the PCT will need to consider as the PCT positions itself to drive the transformation of health and healthcare in Rotherham. These are set out at the beginning of this report. The report also contains a commentary on the PCT's potential for improvement, panel scorecard, scores and ratings for governance, observations and recommendations on outcomes, and the scores/ratings and recommendations for the 11 competencies.

# Commentary

**The panel identifies 3 major areas for consideration by the PCT at this stage on its journey**

1. **Headline:** A strong organisation, well positioned for success
**Observation:** The panel believes the PCT is well placed to address the needs of Rotherham. The panel was very impressed with the PCT's impact on health outcomes in Rotherham to date and would encourage the PCT to continue to address these areas head on. The panel noted a number of strengths: (1) a track record of delivery over the last 18 months, a coherent strategy, balancing a strategic focus with delivery, clear alignment of the entire board and the partners behind this strategy, a common set of values that are clearly owned to improve the health and well being of the population of Rotherham, a focus on building effective and productive relationships with clinicians, the LA, and providers, and robust processes which underpin the delivery of the strategy

2. **Headline:** Areas to address to improve the PCT's chances of success
**Observation:** The panel noted two areas for the PCT to address:
(A) The PCT has developed a strong, balanced relationship with GPs which ensures strong commissioning of primary care, while retaining good working relationships through PBC. The panel recognises that relationships are improving with a broader range of clinicians including secondary care, and would encourage the PCT to continue to work on this area to ensure provider partnerships are strong at all levels
(B) The panel noted that the PCT has not yet had to prioritise its initiatives given its financial stability and past good financial management. Going forward the financial environment will be significantly more challenging
**Recommendations:**
(1) The PCT should ensure the strengthening and deepening of its clinical relationships to ensure that the clinical community is positioned for success with the confidence to continue delivery of health outcomes through future changes and pressures
(2) The PCT needs to develop its prioritisation process in order to continue delivering on its strategy, given the explicit financial and capacity challenges ahead.

3. **Headline:** Areas for consideration
**Observation:** The panel noted three areas that it would encourage the PCT to focus on to take the organisation to the next level:
(A) A system wide communications strategy to support the transition to the future vision for the care system. Without that, there is a risk that any future adverse events may undermine the public and clinical confidence in its transformational change programme
(B) The panel encourages the PCT to revisit the balance of its savings plans over time to see if the level of efficiency savings and the pace of delivery is optimal given the current and likely future health challenges
(C) The PCT is improving the health and well being of the population of Rotherham and is staged to be a truly World Class Commissioner. This transition is vital for the population of Rotherham as the health inequalities and levels of deprivation require unsurpassed care and behaviour change.
**Recommendations:**
(3) The PCT should lead the development of a system wide communications strategy.

# Potential for Improvement

NHS Rotherham has made great strides this past eighteen months to address some of the reflections from the last WCC process, particularly around practice based commissioning. It has consolidated its strong foundations and continued to stretch its ambition for the population of Rotherham.

The board is well aligned, with a clear focus on delivery. It has grasped the challenge posed by the economic context, and developed a shared and far-reaching vision with its partners for a sustainable care system. It not only has the capabilities to deliver this vision, but the humility to keep learning and reflecting on the journey. It will need to be relentless in its pursuit of health gain and value for money over the coming years.

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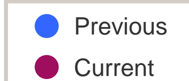
# Panel scorecard




NHS Rotherham — Health outcomes and quality

Outcomes Selection Date: 2009/10

National median · 0 – 100 th percentile

| | Strategic priority | Worst value | Best value | PCT Rate of Change | | Current Time Period |
|---|---|---|---|---|---|---|
| National | 1. Health inequalities (Males) & Health inequalities (Females) | M:15.6 | M:4.0 | 2.2 | M | 01/01/2004 - 31/12/2008 |
| | | F:10.7 | F:1.4 | 4.0 | F | |
| | 2. Life expectancy (Males) & Life expectancy (Females) | M:73.2 | M:83.7 | 0.5 | M | 01/01/2005 - 31/12/2007 |
| | | F:78.1 | F:87.8 | 0.5 | F | |
| Local | 3. Infants breastfed (information not available) | n/a | n/a | n/a | | 01/01/2009 - 31/03/2009 |
| | 4. Proportion of children who complete DTP immunisation by their 5th Birthday | 0.21 | 0.95 | 7.6 | | 01/04/2008 - 31/03/2009 |
| | 5. Smoking quitters | 241.9 | 1573.4 | 27.5 | | 01/04/2008 - 31/03/2009 |
| | 6. Clostridium Difficile infection rate | 171.7 | 20.3 | -38.6 | | 01/04/2008 - 31/03/2009 |
| | 7. CVD mortality | 131.6 | 51.0 | -8.8 | | 01/01/2005 - 31/12/2007 |
| | 8. Deaths not in hospital (SHA to complete from PCT provided data[1]) | n/a | n/a | n/a | | n/a |
| | 9. Rate of admissions for Ambulatory Care Sensitive Diagnoses per 100,000 population (SHA to complete from PCT provided data[1]) | n/a | n/a | n/a | | n/a |
| | 10. n/a (n/a) | | | | | n/a |

## COMPETENCIES

Level 1 – Level 4

- Local leader of NHS
- Collaborates with partners
- Patient and public engagement
- Clinical leadership
- Assess needs
- Prioritisation
- Stimulates provision
- Innovation
- Procurement and contracting
- Performance management
- Ensuring efficiency and effectiveness of spend

## GOVERNANCE

| Area | Rating |
|---|---|
| Strategy | G |
| Finance | G |
| Board | G |

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# Governance – Panel assessment on Strategy

● Last year's rating  ☐ This year's self-rating  ✓ Panel Assessment

| Assessment | Measure | Red | Amber | Green |
|---|---|---|---|---|
| G | 1. Vision and goals | | | Self-rating; Panel Assessment; Last year's rating |
| | 2. Initiatives to ensure delivery of strategic goals and the PCT's programme of change | | Last year's rating | Self-rating; Panel Assessment |
| | 3. Consistency of financial plan with the strategy | | | Self-rating; Panel Assessment; Last year's rating |
| | 4. Board challenge, ownership and monitoring of strategic plan delivery | | | Self-rating; Panel Assessment; Last year's rating |
| | 5. Achievement of milestones to date | | | Self-rating; Panel Assessment; Last year's rating |

## Rationale for scoring

- 1:The vision is clearly grounded in the PCT context, making explicit links between priority health needs and the implications for the vision. he PCT evidenced during the panel day how the QIPP agenda is firmly embedded into the PCT's vision. The PCT also detailed the link between analytical research into the health priorities. The vision for health outcome improvements is ambitious and realistic, with measurable improvement commitments and the pyramid structure is well articulated in the vision. The PCT appear well placed to deliver on most local and national and the PCT's top strategic priorities.
- 2: The PCT evidenced during the panel day, a clear set of initiatives to address the PCT's overall vision such as allocated resources to areas of greatest need e.g. GP and Dental access. The PCT articulated during the panel day their approach to investments and disinvestments in multiple financial scenarios e.g. in the downside scenarios investment will not change and the PCT will push for initiatives to realise benefits quicker. The impact of initiatives on health inequalities is explicit , realistic and measureable with metrics listed and timelines are credible and realistic with clear milestones. External risks have been identified for each initiative and PCT evidenced during the panel day, robust mitigating actions against these. Stakeholder engagement has been full and on-going.
- 3: The link between overall areas of spend and health outcomes is clear. The PCT gave some examples during the panel day, to evidence how the impact of initiatives will be achieved e.g. detailed plan for year 1 of Strategic Efficiency Programme etc. Timelines for investment are clear and the PCT evidenced during the panel day bottlenecks have been identified e.g. driving clinical efficiencies through the system). Surpluses appear to be reinvested against strategic investment.
- 4: The PCT evidenced, engagement in strategic development with regular and robust challenge. The board further evidenced alignment on the PCT's vision, goals and initiatives and the use of the performance dashboards from the Performance Plus system to challenge against the PCT's strategic goals and initiatives e.g. Yorkshire Ambulance service, chlamydia screening, teenage pregnancy and smoking cessation etc.
- 5: The PCT has had some successes in delivery and as such appears to have a history of setting appropriate milestones and achieving them. The PCT has thoroughly reviewed past performance against milestones, and in some cases identified the causes of non-delivery. Delivery plans to achieve future milestones are implicit in the overall strategy. The PCT has articulated the impact of achieving milestones for each one of its initiatives.

# Governance – Panel assessment on Finance

Last year's rating | This year's self-rating | Panel Assessment

| Assessment | Measure | Red | Amber | Green |
|---|---|---|---|---|
| G | 1. Historical financial management | | | Last year's rating; This year's self-rating; Panel Assessment |
| | 2. Robust financial management | | | This year's self-rating; Panel Assessment |
| | 3. Robustness of planning assumptions | | | Last year's rating; This year's self-rating; Panel Assessment |
| | 4. Sustainable financial position as 'base case' | | | Last year's rating; This year's self-rating; Panel Assessment |
| | 5. Sustainable financial position under different financial scenarios | | Panel Assessment | This year's self-rating |

## Rationale for scoring

- 1: The PCT's end-of-year outturn was a surplus of £1.6m in 2008/09, within 0.5% of SHA expectations and had £23.7m invested in in the Strategic Investment Fund. For 06/07 and 07/08, the PCT's end-of-year outturn was also within 0.5% of SHA expectations, with a surplus reported in both the years.
- 2: The PCT has highlighted the use of monthly finance and contracting reports to detail financial performance against key metrics and the PCT outlined to the panel how the board challenges key finance metrics at each board meeting. The PCT demonstrated to the panel that it has robust processes for invoice auditing and debt and asset management.
- 3: The PCT's assumptions for activity and inflation align to SHA assumptions, barring exceptions, and the PCT explained on panel day why some activity assumptions were higher, e.g. because of unmet need. Financial scenarios align with SHA guidelines. The PCT outlined to the panel where its contingency sits, and the panel is satisfied that these are set at appropriate levels. The PCT has identified £78m worth of savings opportunities, with c.75% covered through provider efficiency. On the panel day the PCT shared the delivery plans, including benchmarks and timelines, behind these identified savings. Activity projections are based on overall demand and initiatives to address and this is then aligned to contracted provider capacity, e.g. palliative care.
- 4: The PCT is projecting in every year over the next 5-year period a surplus and a position that is less than 0.5% different from SHA expectations. The PCT has worked through the risks and worked through contingencies as needed. Risks are identified to the board and mitigation plans are developed.
- 5: The PCT is projecting a surplus every year for the next 5 years, which is less than 0.5% different from SHA expectations, under all financial scenarios. The PCT has outlined where it will make changes to its financial plan under a downside scenario. The panel recognised that the PCT is in a strong financial position and in the outlined downside case has limited work to do around disinvestment. However, given the volatility of the economic environment, the panel would encourage the PCT to further think about how it will slow or reduce investment and how savings could be increased and captured faster, ensuring that it is in a position to have this discussion with partners if necessary .

# Governance – Panel assessment on Board

Last year's rating | This year's self-rating | Panel Assessment

| Assessment | Measure | Red | Amber | Green |
|---|---|---|---|---|
| G | 1. Organisation | | | Last year's rating; This year's self-rating; Panel Assessment |
| | 2. Risk | | | Last year's rating; This year's self-rating; Panel Assessment |
| | 3. Information | | | Last year's rating; This year's self-rating; Panel Assessment |
| | 4. Performance | | | Last year's rating; This year's self-rating; Panel Assessment |
| | 5. Delegation | | Last year's rating | This year's self-rating; Panel Assessment |
| | 6. Board interaction | | Panel Assessment | Last year's rating; This year's self-rating |

## Rationale for scoring

- 1: The PCT clearly lays out its organisational structure in the OD plan . The PCT has outlined capacity and capability gaps and evidenced during the panel day a clear plan of how these gaps have been addressed e.g. talent management, transformation leadership, aligning training to skills required to deliver strategic priorities and have demonstrated improvements e.g. academy evaluation, evaluation of OD strategy, career progression. The PCT has clearly described and communicated its values, including to stakeholders.
- 2: The PCT evidenced during the panel day, actively being involved in prioritising and identifying mitigating actions for major risks . A Clinical Board has been established with clinicians from primary care and secondary care. The PCT evidenced to the panel how the board has reviewed the effectiveness of the PEC e.g. changed architecture of PEC to include PBC and secondary care clinicians, further built relationship with PBC, work with Rotherham Clinic Board and counterpart FTs etc.
- 3: The PCT receive monthly board reports which cover provider performance, quality, progress on initiatives, etc. These are of an actionable nature and are also reviewed in partnership with the PEC.
- 4: The PCT is clearly tracking performance of its providers on a monthly basis. The primary care reports reviewed by the panel demonstrate coverage of quality, clinical and operational performance matters. The PCT has a clear performance assessment process which ensures that performance issues are appropriately escalated. The board provided multiple examples on panel day of how it acts to address disparities in performance.
- 5. The PCT's role and responsibilities and clear lines of accountability for joint commissioning are clearly explained and several examples from the board minutes demonstrate that the board reviews performance in joint commissioning at every board meeting. The PCT evidenced during the panel day monitoring metrics on a frequent basis.
- 6: Board minutes evidence discussion around strategy and investment opportunities. While the panel recognises the board's positive input in these areas and the strong board grip generally, the board has not played an active role in making investment trade-offs and this will be the next stage for the board in a downside scenario.

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# Outcomes

| Legend | | |
|---|---|---|
| X (green) Top quartile rate of improvement | Upper Quartile | ★ Newly Selected |
| X (red) Bottom quartile rate of improvement | Lower Quartile | ● Previous |
| | | ● Current |

NHS Rotherham health outcomes and quality

Outcomes Selection Date: 2009/10

| | Strategic priority | PCT | | National | ONS cluster | Top decile [4] | PCT aspiration (CAGR) |
|---|---|---|---|---|---|---|---|
| | | 3 year historic rate of improvement (CAGR, %) [1] | | | | | |
| National | 1. Health inequalities (Males) & Health inequalities (Females) | 2.2 | M | 0.8 | 1.1 | -3.9 | 0.0 |
| | | 4.0 | F | 1.2 | 5.4 | -9.4 | 0.0 |
| | 2. Life expectancy (Males) & Life expectancy (Females) | 0.5 | M | 0.4 | 0.4 | 0.8 | 0.4 |
| | | 0.5 | F | 0.3 | 0.4 | 0.6 | 0.3 |
| Local | 3. Infants breastfed | n/a | | n/a | n/a | n/a | 5.7 |
| | 4. Proportion of children who complete DTP immunisation by their 5th Birthday | 7.6 | | 0.7 | 0.5 | 10.0 | 0.8 |
| | 5. Smoking quitters | 27.5 | | 3.0 | 12.5 | 22.1 | 0.0 |
| | 6. Clostridium Difficile infection rate | -38.6 | | -35.5 | -34.5 | -65.3 | 0.0 |
| | 7. CVD mortality | -8.8 | | -7.1 | -8.9 | -9.9 | -8.3 |
| | 8. Deaths not in hospital | n/a | | n/a | n/a | n/a | 1.6 |
| | 9. Rate of admissions for Ambulatory Care Sensitive Diagnoses per 100,000 population | n/a | | n/a | n/a | n/a | -2.5 |
| | 10. n/a | | | | | | |

**Changes in outcomes from last year**

- No changes

**Performance over last year :**

- Improvement on the following metrics: #2, 4, 5, 6, 7, 8 and 9
- Performance is improving although at a slower rate relative to national peer performance: #2
- Poorer performance on: #1

**Aspirations:**

- **The panel has confidence in the level of aspiration for 5 outcomes:**
  - #1, 2, 4, 6, 7 and 9
- **The panel believes that aspirations for following outcomes might be more aggressive:**
  - #8 and 5

[1] 3 year period where available – please see appendix for variations where applicable for some indicators

[4] Top decile defined as the PCTs with the largest rate of improvement

SOURCE: Team analysis

# Overview – Competencies

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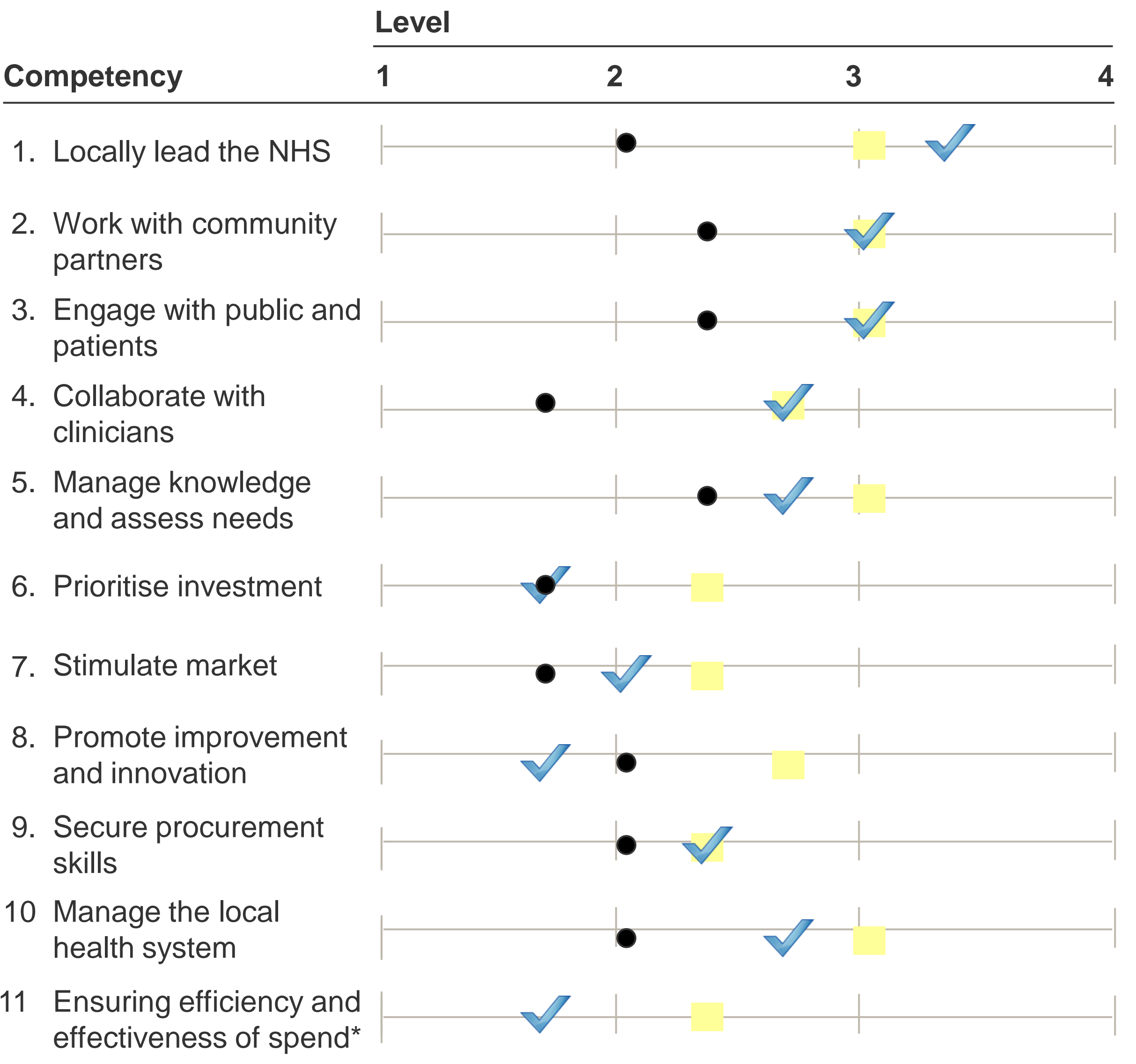


**Topline introduction**

- For all competencies the PCT's scores have met or improved compared to previously assessed competencies
- The panel agreed with the PCT's self-assessment in 24 out of 33 sub-competencies

1 Competency added this year, hence last year's rating not available

# Competency 1 – Panel assessment

Panel Assessment ● Last year's rating □ This year's self-rating

| Competency | Measure | Level 1 | Level 2 | Level 3 | Level 4 |
|---|---|---|---|---|---|
| Are recognised as the local leader of the NHS | • Reputation as the local leader of the NHS | | ● | □ ✓ | |
| | • Reputation as a change leader for local organisations | | ● | □ ✓ | |
| | • Position as an employer of choice | | ● | □ | ✓ |

## Rationale for scoring

- A: The PCT has scored above SHA average on the feedback question "We recognise the PCT as the local leader of the NHS" with 5.30 vs. SHA average of 5.14. The PCT actively participates and leads the local health agenda: the CEO is a member of the LAA partnership board, and the PCT is named as the lead partner on most health targets in the LAA. 70.7% of patients agree that the PCT is improving local health services. The PCT evidenced during the panel day understanding and acting on patient reputation levels .e.g. commissioning review led by NEDs to examine patient feedback, walk in centre hand held/touch pads. Whilst the PCT did not attain level 4 survey scores, the panel noted that the PCT evidenced some level 4 criteria.

- B: Key stakeholders agree that the PCT significantly influences their decisions and actions (survey score 5.22 compared to SHA average of 4.93). The PCT evidenced during the panel day leading and influencing change and influencing other commissioners e.g. neonatal services – identified serious problems and put action plans in place. The "Shaping the Future" work has been influential on thinking beyond Rotherham.

- C: The PCT is a strong performer in staff satisfaction ratings. 70 commissioning staff have been developed through a PCT run "WCC Academy" to develop their commissioning capabilities and hence foster an environment of development. Survey scores suggest that there is a very high level of commissioning staff satisfaction with 82.2% stating they have an interesting job (higher than national (78.6%) averages). The PCT highlighted during the panel day not having any difficulty in recruiting staff, promoting internal staff to senior positions and levels of interest of people wanting to train at the PCT etc. The panel was struck by the overall performance of the team as a coherent corporate body absolutely focused on a clear vision, underscored by common values.

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# Competency 2 – Panel assessment

Legend: ✓ Panel Assessment; ● Last year's rating; □ This year's self-rating

| Competency | Measure | Level 1 | Level 2 | Level 3 | Level 4 |
|---|---|---|---|---|---|
| Work collaboratively with community partners to commission services that optimise health gains and reduce health inequalities and deliver increased productivity | Creation of Local Area Agreement based on joint needs | | | Panel Assessment ✓; Last year's rating ●; This year's self-rating □ | |
| | Ability to conduct constructive partnerships | | Last year's rating ● | Panel Assessment ✓; This year's self-rating □ | |
| | Reputation as an active and effective partner' | | Last year's rating ● | Panel Assessment ✓; This year's self-rating □ | |

**Rationale for scoring**

- A: The PCT evidenced during the panel day, working together with the local strategic partners to agree LAA priorities which are regularly reconfirmed. LAA priorities e.g. COPD, align to those assessed in the JSNA. LAA shows evidence of the PCT and the local authority being jointly accountable for LAA targets and the LAA has been formulated with the involvement of a wide range of organisations and agencies via the five "theme" 11s of the Local Strategic Partnership. The PCT gave some evidence during the Panel day that it has had broad clinical engagement in reconfirming LAA priorities (e.g. involvement through PE, clinical representation on children and adult partnership boards, practice level data linked to LAA). The PCT evidenced during the panel day reconfirming priorities with the LA for 2009.
- B: Stakeholders scored the PCT 4.73 for engaging their organisation on planning, redesign and use of resources, compared to SHA average of 4.45. The JSNA appears to have identified the health needs of the population and the PCT further evidenced during the panel day that the JSNA was refreshed in 2009. and also evaluates partnership effectiveness. The OD plan shows evidence of shared posts with joint responsibility. The PCT demonstrated during the panel day taking ownership of the specialised commissioning agenda with other local commissioners.
- C: Stakeholders scored the PCT 5.17 as an effective partner in delivering health and well-being improvements for the local population, compared to SHA average score of 4.90. The PCT evidenced during the panel day, setting out clear milestones with partners, on key initiatives and has a track record of delivery e.g. collaborating with LA on services for children with mental health needs. PBC governance arrangements and Rotherham GP Quality accounts shows evidence of PCT working with leads of other local commissioners to agree commissioning plans, priorities and ensure delivery. The PCT evidenced during the panel day, clear success stories of delivery through partnerships e.g. MALTBY project, children and MH, Memory clinic, Nursing homes reducing admissions figures by 10%.

# Competency 3 – Panel assessment

Panel Assessment ● Last year's rating □ This year's self-rating

| Competency | Measure | Level 1 | Level 2 | Level 3 | Level 4 |
|---|---|---|---|---|---|
| Proactively build continuous and meaningful engagement with the public and patients to shape services and improve health | • Influence on local health opinions and aspirations | | | ✓ ● □ | |
| | • Public and patient engagement | | ● | ✓ □ | |
| | • Improvement in patient experience | | ● | ✓ □ | |

## Rationale for scoring

- A: Stakeholders scored the PCT 4.69 for shaping health opinions compared to SHA average of 4.48. The PCT has undertaken some positive social marketing programmes e.g. S-word to increase sexual health issues amongst young people, Be a Star to address national breast feeding programme and evidenced clear success stories that have been delivered through these initiatives e.g. teenage pregnancy (Links), medicine management scheme, the work of the Citizen's Jury and subsequent decision to accelerate a memory clinic for Dementia.

- B: The dementia care pathway illustrated that the PCT ensures public and patient involvement to improved health and service experience. The strategic plan shows evidence of PCT formally and regularly involving patients and the public, in review of services e.g. use of a PET tracker. The PCT has developed relationships with patients and the public through the interface with a diverse range of local community and voluntary groups including health networks, LINks and Rotherham Older People's Experience of Services and evidenced during the panel day, how this has affected commissioning plans e.g. dentistry, hospice care. 72.2% of patients agree that the PCT listens to their views and acts in their interests, compared to the SHA average of 72.0%.

- C: The PCT has strategies in place to seek and address patient feedback on a regular basis and evidenced during the panel day that these are effectively followed e.g. memory clinic for dementia. The PCT evidenced that patient feedback has systematically driven commissioning decisions and led to improvements in quality of care e.g. QOF, practice extended hours, practice access, carers etc.

# Competency 4 – Panel assessment

✓ Panel Assessment ● Last year's rating □ This year's self-rating

| Competency | Measure | Level 1 | Level 2 | Level 3 | Level 4 |
|---|---|---|---|---|---|
| Lead continuous and meaningful engagement of a broad range of clinicians to inform strategy and drive quality, service design, and efficient and effective use of resources | • Clinical engagement | | Last year's rating | Panel Assessment; This year's self-rating | |
| | • Dissemination of information to support clinical decision making | Last year's rating | | Panel Assessment; This year's self-rating | |
| | • Reputation as leader of clinical engagement | | Last year's rating; Panel Assessment; This year's self-rating | | |

## Rationale for scoring

- A: The PCT evidenced clinical involvement in service and system re-design initiatives, and further demonstrated during the panel day, how it ensures clinical leadership across the PCT agenda e.g. professional executive includes secondary care clinicians – psychiatrist, paediatrician and occupational health representative. Rotherham GP Quality accounts show evidence of local quality and efficiency improvement being supported by relevant clinicians. The PCT has highlighted that expanding PE to include secondary care clinicians.

- B: Quality of care information is regularly shared through use of quality reports. Example of FT quality reports including quantitative and qualitative information, including triangulation of information from SUIs. There is evidence that the PCT disseminates status updates and quality improvement ideas from a broad range of clinicians on a regular basis. PBCs rate the PCT 'Fairly Good' in the information they receive and fully agree that they receive relevant information. The use of performance plus shows evidence of quality reports being produced routinely and the PCT evidenced during the panel day taking steps to reduce unacceptable clinical variations e.g. decommissioned 3 practices, MRI scanning and prostate cancer follow up.

- C: Stakeholders scored the PCT 4.78 for proactively engaging clinicians, compared to 4.64 SHA average. The PCT has provided evidence of where they have implemented initiatives to redesign care. PBC governance arrangements show evidence of PCT having processes in place to ensure business cases are communicated within 8 weeks and perceived conflict of interest issues are addressed. The panel was unable to see examples of a clear track record of clinicians leading initiatives to improve quality and productivity as the panel heard that much of the improvement in clinical engagement had taken place more recently.

# Competency 5 – Panel assessment

✓ Panel Assessment ● Last year's rating □ This year's self-rating

| Competency | Measure | Level 1 | Level 2 | Level 3 | Level 4 |
|---|---|---|---|---|---|
| Manage knowledge and undertake robust and regular needs assessments that establish a full understanding of current and future local health needs and requirements | Analytical skills and insights | | Last year's rating | Panel Assessment; This year's self-rating | |
| | Understanding of health needs trends | | | Panel Assessment; Last year's rating; This year's self-rating | |
| | Use of health needs benchmarks | | Panel Assessment; Last year's rating | This year's self-rating | |

## Rationale for scoring

- A: There is clear evidence that the PCT working in partnership with the Local Authority, conducts regular needs assessments demonstrating clear outputs and conclusions. The JSNA shows evidence of the PCT using consistent methodology to identify gaps in care, including health inequalities e.g. research project to tackle health inequalities relating to infant mortality. The JSNA provides evidence to show the PCT prioritises major health needs for its local population e.g. COPD. The PCT has highlighted, its understanding of unmet needs through their strategic intelligence review and evidenced to the panel areas of unmet need e.g. diabetes. The PCT highlighted the use of Performance Plus to assess progress with all its ambitions, priorities and initiatives and the JSNA/SIR to attain a clear, robust segmentation of population by healthcare needs. The PCT further evidenced during the panel day using a validated methodology for contributing to the JSNA, using data and transferring into knowledge, benchmarks to compare against peers, quality built into number of initiatives and quality reports, clinical guardian on each of the contracts, looking at GP quality issues, and the annual commissioning review led by NEDs.
- B: The PCT evidenced during the panel day, having a view of unmet needs for its local population that can disaggregate to locality/ward level and super output area e.g. diabetes, hypertension. The LAA performance report shows evidence of the PCT analysing progress and identifying any gaps towards achieving improvement targets.
- C: The PCT evidenced during the panel day, benchmarking itself against peer PCTs on local health needs status and priority health outcomes e.g. ONS cluster group, close links with Barnsley, Doncaster and Sheffield PCTs. However the panel did not get a clear view that this was done regularly and systematically . The PCT has highlighted examples to demonstrate plans to improve its performance e.g. NHS productivity metrics and outcome data including CQUINS and Dr Foster real time data to benchmark acute trust performance including at unit and HRG level. The SP shows evidence of the PCT effectively disseminating reports to providers, partners e.g. use of Performance Plus.

## Recommendations going forward

- The PCT should consider undertaking broader benchmarking from PCTs outside of South Yorkshire.

# Competency 6 – Panel assessment

Panel Assessment · Last year's rating · This year's self-rating

| Competency | Measure | Level 1 | Level 2 | Level 3 | Level 4 |
|---|---|---|---|---|---|
| Prioritise investment of all spend in line with different financial scenarios and according to local needs, service requirements and the values of the NHS | • Predictive modelling skills and insights to understand impact of changing needs on demand | | | | |
| | • Prioritisation of investment and disinvestment to improve population's health | | | | |
| | • Incorporation of priorities into strategic investment plan to reflect different financial scenarios | | | | |

## Rationale for scoring

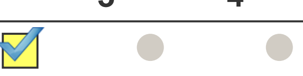
- A: The PCT has demonstrated scenario planning along finance, activity and quality, including by specialty level, e.g. COPD, CVD, diabetes, dementia. The PCT can alter inputs into its scenario analysis, e.g. putting local intelligence into the forecasting tool to address patient quality. There was not sufficient evidence that the PCT models scenarios on an individual or case basis, although some examples were given, e.g. frequent fliers in ambulance. The panel noted that progressing this will include modelling high risk/use groups and understanding what impact these groups may have on service provision.

- B: The PCT has defined criteria for evaluating and prioritising investment, although there is not a robust process for using this to make trade-offs as discussed on the panel day. Investment and disinvestment initiatives are generated through insights from the PPE, local needs, clinical evidence, and programme budgeting. Initiatives contain predicted impacts on health outcomes (often at locality level), e.g. disinvestment in beds, Breathing Space, and there is evidence of the PCT evaluating impact on these initiatives. The PCT consults with a wide range of PCT clinicians (through the Professional Executive), GPs (through PBC) and other key stakeholders when evaluating initiatives.

- C: The PCT systematically reviews current investments and processes, e.g. primary care investment. Whilst all initiatives go through the prioritisation criteria as a screen, initiatives have not been reprioritised in different scenarios as PCT has not had to do this given its financial context. The PCT needs to do further work to identify which investments would drop off in the downside scenario.

# Competency 7 – Panel assessment

Panel Assessment · Last year's rating · This year's self-rating

| Competency | Measure | Level 1 2 3 4 |
|---|---|---|
| Effectively stimulate the market to meet demand and secure required clinical and health and wellbeing outcomes | • Knowledge of current and future provider capacity and capability |  |
| | • Alignment of provider capacity with health needs projections | |
| | • Creation of effective choices for patients | |

## Rationale for scoring

- A: The PCT has developed a robust market analysis on all segments of the market e.g. acute, GP, mental health, specialist, community)which also identifies future providers, e.g. in obesity and intermediate care. The PCT has assessed the relative quality of its providers, e.g. GP practices as well as relative cost and patient feedback.

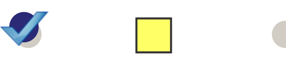
- B: The PCT has used demand management projections by speciality and matched this with capacity commissioned, e.g. dentistry, end of life care and obesity. The PCT has identified gaps in the market, e.g. stretched provider capacity as a threat to delivery, hospice, end of life care, and developed mitigation plans for these risks. The PCT has used different forms of market management, e.g. competitive procurement, "Shaping The Future" around community services.

- C: The PCT has carefully considered its current provider landscape and the choices patients have. The PCT outlined on the panel day its strategy for creating patient choice, e.g. moving towards a situation with case managers and personalisation of services. The PCT has worked with GP practices to promote and facilitate the use of choose and book. Through choose and book the PCT offers a variety of choices of care. The PCT has successfully used citizens' juries to help inform strategic commissioning, and a new website has been set up to capture patient feedback on this area. The PCT also cited end of life shared decision making with clients. The PCT is fulfilling its legal responsibility for choice of elective care.

# Competency 8 – Panel assessment

Panel Assessment | Last year's rating | This year's self-rating

| Competency | Measure | Level 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| Promote and specify continuous improvements in quality (e.g. CQUIN, IQI) and outcomes through clinical and provider innovation and configuration | • Identification of improvement opportunities | | | | |
| | • Implementation of improvement initiatives | | | | |
| | • Collection of quality and outcome information | | | | |



## Rationale for scoring

- A: The PCT has benchmarked itself on outcomes related to NSR pathways and the pathways submitted as evidence referenced NICE, or other examples of best practice. Specific interventions are listed in each of the 3 pathways submitted. All three pathways submitted reference patient engagement during the pathway design process. On the panel day, the written evidence was underscored by the stories the panel heard of improvement in many areas.

- B: The panel was unable to see evidence of a clear model of quality improvement which is well understood by staff. It is not clear that the PCT has understood the implications on provider quality when service redesign has been implemented, or worked with providers across the local health economy to mitigate against these risks.

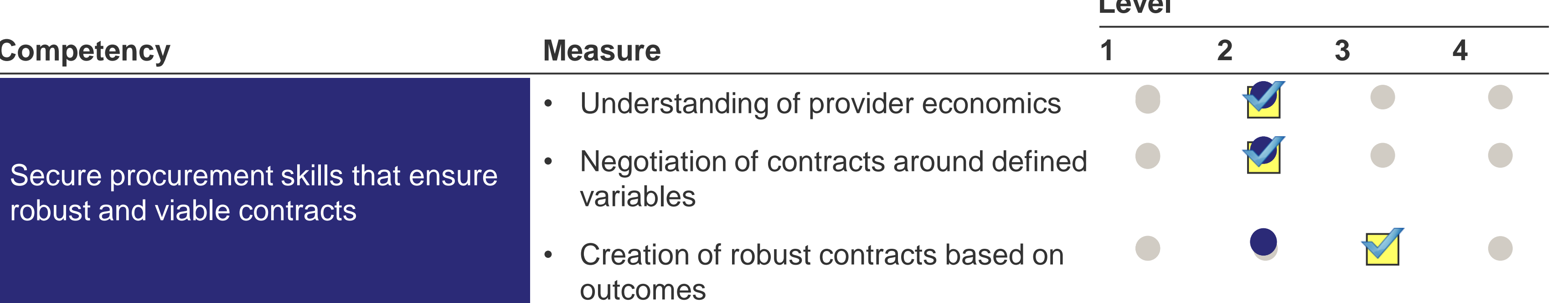
- C: A wide and appropriate range of metrics are collected and provide sufficient detail to identify drivers of performance and quality including benchmarks. The panel did not see clear evidence of the PCT having real time monitoring in place on measures where the PCT could act to influence problems as they arise and how information collected links quality and efficiency.

## Recommendations going forward

- The PCT should develop a consistent approach to quality improvement, e.g. through development of a quality improvement approach or a quality improvement team.

# Competency 9 – Panel assessment

Panel Assessment · Last year's rating · This year's self-rating



| Competency | Measure | Level 1 | Level 2 | Level 3 | Level 4 |
|---|---|---|---|---|---|
| Secure procurement skills that ensure robust and viable contracts | • Understanding of provider economics | | Panel assessment / Last year's rating / This year's self-rating | | |
| | • Negotiation of contracts around defined variables | | Panel assessment / Last year's rating / This year's self-rating | | |
| | • Creation of robust contracts based on outcomes | | Last year's rating | Panel assessment / This year's self-rating | |

## Rationale for scoring

- A: The PCT has an understanding of provider economics for acute, primary, community, mental health and other areas of commissioning spend, in part through its provider analysis undertaken with other Yorkshire and Humber PCTs (this work has also been progressed by the PCT); the PCT has also outlined market dynamics for provider areas, e.g. intermediate care. The panel noted that the PCT is demonstrating some level 3 behaviour as shown through the example around care homes on the panel day.
- B: On the panel day the PCT clearly laid out its approach to contract negotiation, including use of commissioning initiatives (around service specifications and price), BATNAs, and negotiation strategy with team roles. The panel had some concerns around the PCT's range of voluntary sector contracts and the terms of these contracts. The panel noted that the PCT is demonstrating some level 3 behaviour as shown through how it is thinking about structuring tariff with its acute provider.
- C: PCT contracts include defined outcome, quality and service targets and improvements to patient pathways. The PCT has included outcome, service, quality and patient experience metrics in all contract forms. On the panel day, the PCT shared how clinical leadership is involved in the review of finalisation of contracts, through a clinical contract "guardian" who takes part in contract discussions and in monthly quality meetings. All contracts submitted include references to termination of contracts linked to quality variables.

# Competency 10 – Panel assessment

✓ Panel Assessment ● Last year's rating □ This year's self-rating

| Competency | Measure | Level 1 | Level 2 | Level 3 | Level 4 |
|---|---|---|---|---|---|
| Effectively manage systems and work in partnership with providers to ensure contract compliance and continuous improvement in quality and outcomes and value for money | • Use of performance information | | ● | □ ✓ | |
| | • Implementation of regular provider performance discussions | | ● | □ ✓ | |
| | • Resolution of ongoing contractual issues | | ● ✓ | □ | |

## Rationale for scoring

- A: Performance data is collected and is expected monthly for each provider and there is a formal process for having this information submitted on time. Providers discuss their performance each month with the PCT. Performance information is widely available to view on the P+ system, published reports are available on their website and GP quality accounts system. Real time monitoring is used for A&E where timely data on bed capacity and demand management can make a difference . The panel noted that the PCT received a level 2 in this area from the Audit Commission but feels that the PCT evidenced level 3 performance based on WCC criteria on the panel day.

- B: The PCT generates scorecards and reports for each area within performance. These are reviewed by the External assessment team and the board monthly. Monthly performance discussions are had and risks are addressed as part of the monthly contract management process. Improvements to performance are discussed with providers for all and performance scorecards are tracked by the PCT monthly. The PCT provided examples on panel day of how root causes are worked through with providers in order to sustain improvements, e.g. A&E, dentistry. The panel noted that the PCT received a level 2 in this area from the Audit Commission.

- C: The PCT has pro-active contract management in place, tailored to major providers in each sector. Each contract has a specific group in place (e.g. Service Review Group, Care UK) to review contracts periodically with set processes in place to discuss and resolve disputes. Each contract has set out a formal process for resolving any issues with clear timescales for response and turnaround (The panel did not see evidence of how improvement plans are agreed and by whom. The panel noted that the PCT received a level 2 in this area from the Audit Commission.

# Competency 11 – Panel assessment

✓ Panel Assessment ● Last year's rating □ This year's self-rating

| Competency | Measure | Level 1 | Level 2 | Level 3 | Level 4 |
|---|---|---|---|---|---|
| Ensuring efficiency and effectiveness of spend | • Measuring and understanding efficiency and effectiveness of spend | ✓ | | □ | |
| | • Identifying opportunities to maximise efficiency and effectiveness of spend | | ✓ □ | | |
| | • Delivering sustainable efficiency and effectiveness of spend | | ✓ □ | | |

## Rationale for scoring

- A: The PCT demonstrated, through examples, how they analyse outputs (Interqual), spend levels (benchmarking), output efficiencies (GP quality counts) and outcomes. The panel had concerns that these areas were not systematically analysed for all pathways, e.g. adult community care. The PCT demonstrated how it has utilised neighbouring organisations and national benchmarks to inform pathway redesign, e.g. learning disabilities. The PCT have a good understanding of the service improvements needed to meet their needs in the future. The panel did not feel that the PCT fully understood the optimal economics of its main providers but is clearly working this through.

- B: The PCT identified opportunities in pathways relating to priority outcomes to: improve efficiency and effectiveness of spend (learning disabilities), maximise impact into target populations (intermediate care pathway), minimise duplicate interventions, and ensure provision efficiencies (primary care). The PCT has identified efficiency opportunities within its own cost base, including: operational (backroom functions, other opportunities with partners), capital (joint service centre in Rawmarsh), and spend.

- C: The PCT outlined transformational initiatives and efficiency programmes. . There is evidence of delivering sustainable efficiency spend including 20% improvement in access for modest investment with GPs ,and minimising ineffective prescriptions of which the PCT is amongst the best nationally. The PCT performance manages providers through the P+ performance system and at General Practice level through their single assessment process. The panel is confident that the PCT meets all requirements for level 2 criteria around delivering efficiency and effectiveness initiative based on the clear structure presented to manage the PCT's 29 initiatives and 5 savings areas.