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Dear CCG Accountable Officer and Clinical Lead,

2017/18 Clinical Commissioning Group assessments for mental health, dementia, learning disabilities and diabetes

We are writing to you about the assessments that have recently been undertaken by independent panels for the above clinical priority areas for your CCG, and would like to thank you for all your work in these vital areas of care.

The assessments are based on the relevant clinical indicators used in the overall CCG IAF, and are in addition to the headline assessment of your CCG for 2017/18 that was published in July 2018. They provide a snapshot of your CCG's performance in these clinical priority areas compared with other CCGs, and, where relevant, whether your CCG is meeting national ambitions. To make the assessments as meaningful and accurate as possible, they use the latest available data for 2017/18 (most of which has become available this autumn).

Annex A sets out the assessment for your CCG in 2017/18 for each of the four clinical priority areas. Each CCG is provided with one of four ratings, described as: 'outstanding'; 'good'; 'requires improvement'; and, 'inadequate'.

The 2017/18 ratings for mental health, dementia, learning disabilities and diabetes for your CCG should not be released by the CCG until they are published on **17 January 2019** on the NHS England [website](#).

CCGs' scores for the **individual indicators** that contribute to each assessment are available in **Annex A**. This information should help to identify where CCGs may be able to learn from each other and drive improvement. Results will also be used to inform the support offered to CCGs and their partners by the national programmes. For further information on improvement support, please visit the clinical priority area pages on the NHS England [website](#).

The methodology used by each of the panels to derive their assessments can be found at **Annex B**. For each clinical priority area, the panels have also prepared commentaries on the 2017/18 ratings, which provide an overview on progress since the previous assessment and highlight areas for improvement. The methodology and commentary for each clinical priority area will be available on the NHS England [website](#) on 17 January 2019 alongside all the CCG clinical priority area assessment results.

We look forward to working with you and your partners to make future improvements.

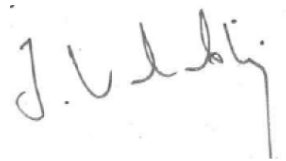
Yours sincerely,

A handwritten signature in black ink, appearing to read 'C. Murdoch'.

Claire Murdoch,
National Director for Mental Health and Dementia, NHS England

A handwritten signature in blue ink, appearing to read 'Ray James'.

Ray James,
National Learning Disability Director, NHS England

A handwritten signature in black ink, appearing to read 'J. Valabhji'.

Jonathan Valabhji,
National Clinical Director for Obesity and Diabetes, NHS England

ANNEX A:

2017/18 assessment ratings and indicator values for mental health, dementia, learning disabilities and diabetes

Detailed indicator specifications are available in the [2017-18 CCG IAF Technical Annex](#).

Mental Health

Assessment rating and underlying indicator performance for mental health

NHS City and Hackney CCG	
<u>Headline rating 2017/18</u>	Good
Improving access to psychological therapies recovery rate	58% of people who finished treatment moving to recovery
Improving Access to Psychological Therapies – access	4.39% of people who have depression and/or anxiety disorders who have started treatment
Early intervention in psychosis waiting times	90% of people with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral
Crisis resolution and home treatment (CRHT) services provision	80% achievement of milestones towards the delivery of comprehensive crisis care
Inappropriate out of area placement bed days	12.0 bed-days per 100,000 population aged 18+

Distribution of ratings for mental health

Assessment rating	Mental Health assessment
	Number of CCGs
Outstanding	3
Good	98
Requires improvement	105
Inadequate	1

Dementia

Assessment rating and underlying indicator performance for dementia

NHS City and Hackney CCG	
<u>Headline rating 2017/18</u>	Outstanding
Dementia Diagnosis Rate	70.2% of the estimated number of people with dementia have a recorded diagnosis
Care planning and post-diagnostic support	83.6% of patients with dementia whose care plan has been reviewed in the preceding 12 months

Distribution of ratings for dementia

Assessment rating	Dementia assessment
	Number of CCGs
Outstanding	57
Good	52
Requires improvement	73
Inadequate	21
Insufficient validated data	4

Learning Disabilities

Assessment rating and underlying indicator performance for learning disabilities

NHS City and Hackney CCG	
<u>Headline rating 2017/18</u>	Requires Improvement
Reliance on specialist inpatient care for people with a learning disability and/or autism.	28 per million registered population
Proportion of people with a learning disability on the GP register receiving an annual health check	53.5% of people on a GP learning disability register received an annual health check during 2017/18
Proportion of the population on a GP learning disability register	0.38% of the population (all ages) are included on a GP learning disability register

Distribution of ratings for learning disabilities

Assessment rating	Learning Disabilities assessment
	Number of CCGs
Outstanding	0
Good	38
Requires improvement	162
Inadequate	7

Diabetes

Assessment rating and underlying indicator performance for diabetes

NHS City and Hackney CCG	
<u>Headline rating 2017/18</u>	Good
Achievement of NICE treatment targets	42.5% of diabetes patients achieved all the NICE recommended treatment targets
Structured education attendance	8.8% of people with diabetes diagnosed less than a year attend a structured education course

Distribution of ratings for diabetes

Assessment rating	Diabetes assessment
	Number of CCGs
Outstanding	44
Good	45
Requires improvement	100
Inadequate	18

ANNEX B: Methodologies

Mental Health

Each CCG is assigned one of four ratings based on their performance against five indicators:

1. Improving Access to Psychological Therapies (IAPT) – recovery
2. Improving Access to Psychological Therapies – access
3. Early intervention in psychosis (EIP) - People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral
4. Inappropriate out of area placement (OAP) bed days
5. Crisis resolution and home treatment (CRHT) services provision

A further indicator for improving access to children and young people's mental health services was included within this year's framework but has not been used in the rating calculation because the available data is not currently considered sufficiently robust to accurately reflect CCG performance.

A CCG is given a score of between 0 and 2 for each indicator based on their compliance with expected levels of performance and comparison to other CCGs. Indicators were scored using one of three different approaches depending on the statistical properties of that indicator.

IAPT recovery rate & EIP waits indicators

For the IAPT recovery and EIP indicators, the score is based on whether the CGG is above or below the current performance standard (50%) and whether this is a statistically significant difference. Scores are assigned as shown in table 1a:

Table 1a. Mental health indicator banding method for IAPT and Early Intervention in Psychosis indicators

Indicator (Time period used)	Indicator scores	Benchmark
Improving access to psychological therapies recovery rate (Dec-17 – Feb-18)	Significantly below the national standard = 0 Below the national standard = 0.75 Above the national standard = 1.25 Significantly above the national standard = 2	National standard (50%)
Early intervention in psychosis waiting times (Apr-17 – Mar-18)	Significantly below the national standard = 0 Below the national standard = 0.75 Above the national standard = 1.25 Significantly above the national standard = 2	National standard (50%)

For the IAPT access rate indicator, the score is based on whether the CGG is significantly above or below the national mean performance. Scores are assigned as shown in table 1b:

Table 1b. Mental health indicator banding method for IAPT access rate

Indicator (Time period used)	Indicator scores	Benchmark
Improving access to psychological therapies access rate (Dec-17 – Feb-18)	Significantly below the national average = 0 Similar to the national average = 1 Significantly above the national average = 2	National average (3.95%)

The inappropriate out of area placement bed day and crisis resolution and home treatment team indicators do not allow statistical significance testing to be performed, the score for these indicators is based on whether the CGG is above or below defined thresholds. Scores are assigned as shown in table 1c:

Table 1c. Mental health indicator banding method for inappropriate out of area Placements and crisis team provision

Indicator (Time period used)	Indicator scores
Inappropriate out of area placement bed days (2017/18 Q4)	Indicator value above 200 per 100,000 population = 2 Indicator value equal to or above 10 and below 200 per 100,000 population = 1 Indicator value below 10 per 100,000 population = 0
Crisis resolution and home treatment services provision (2017/18 Q4)	Indicator value below 40% = 0 Indicator value equal to or above 40% and below 80% = 0.75 Indicator value equal to or above 80% and below 100% = 1.25 Indicator value equal to 100% = 2

A mean score is then taken across the five indicators and CGGs are assigned a rating using the thresholds in table 2:

Table 2. Mental health assessment thresholds

Rating	Score range
Outstanding	Above or equal to 1.7
Good	Above or equal to 1.2 and below 1.7
Requires Improvement	Above or equal to 0.5 and below 1.2
Inadequate	Below 0.5

Dementia

The 2017/18 rating for dementia considers two indicators: dementia diagnosis rates and care plan reviews for people with dementia.

Diagnosis rates are calculated using the number of people on the dementia register, the number of people registered with a GP and Cognitive Function and Ageing Studies (CFAS) II prevalence estimates. Care plan reviews are calculated using the number of people who have had a care plan review and the number of people on the dementia register. The indicator on the percentage of patients diagnosed with dementia who have had a face to face review of their care plan within the last 12 months is intended as a proxy measure of broader support post-diagnosis of dementia.

Each dementia indicator is assigned a band based on the thresholds shown in table 3. For the diagnosis rate indicator, the national ambition of 66.7% (two thirds) was used as the threshold for good performance. For the care plan review indicator, the thresholds used were the quartiles based on the data used in the initial assessment.

Table 3. Dementia indicator banding method

Indicator (Time period used)	Indicator banding category thresholds (1 = best performing, 4 = poorest performing)	Benchmark
Dementia Diagnosis Rate (March 2018)	Indicator value below or equal to 56.7% = Band 4 Indicator value above 56.7% and below or equal to 66.7% = Band 3 Indicator value above 66.7% and below or equal to 76.7% = Band 2 Indicator value above 76.7% = Band 1	National Standard (66.7%) and thresholds set for the 2015/16 and 2016/17 assessments
Care planning and post-diagnostic support (2017/18)	Indicator value below or equal to 75.6% = Band 4 Indicator value above 75.6% and below or equal to 77.6 % = Band 3 Indicator value above 77.6% and below or equal to 79.4 % = Band 2 Indicator value above 79.4% = Band 1	2014/15 quartiles

To note: The thresholds for the dementia diagnosis rate and care plan reviews indicator in table 5 have been rounded to 1 decimal place. The exact thresholds for the dementia diagnosis rate indicator are based around achieving the national ambition for a national ambition two thirds standard. Hence to 6 decimal places Band 4 = 56.666667%, Band 3 = 66.666667%, Band 2 = 76.666667%. The upper thresholds on which banding is based on for the care plan indicator are: Band 4 = 75.587062%, Band 3 = 77.553084%, Band 2 = 79.447005%

The overall rating for dementia is based on the CCG band for each of the dementia indicators as illustrated in table 4:

Table 4. Dementia assessment rating

		Diagnosis rate band			
		1 (Best performing)	2	3	4 (Poorest performing)
Care plan review band	1 (Best performing)	Outstanding	Outstanding	Good	Requires improvement
	2	Outstanding	Good	Requires improvement	Requires Improvement
	3	Good	Requires improvement	Requires improvement	Inadequate
	4 (Poorest performing)	Requires improvement	Requires improvement	Inadequate	Inadequate

Learning Disabilities

The 2017/18 rating for Learning disabilities considers three indicators:

- Reliance on specialist inpatient care for people with a learning disability and/or autism. This indicator is reported at Transforming Care Partnership (TCP) level
- Proportion of people with a learning disability on the GP register receiving an annual health check.
- Proportion of the population on a GP learning disability register (New for 2017/18)

The proportion of the population on a GP learning disability register was introduced for the 2017/18 to complement the Annual Health Check indicator by further incentivising the accurate reporting of numbers of people on the learning disability register.

For each CCG, each of the three LD indicator indicators is given a score derived using a statistical control limit approach, with limits set at 2 standard deviations (equivalent to a 95% confidence level). The banding method and benchmark used to assign a score are shown in table 5. For the reliance on specialist inpatient care indicator, each CCG is assessed based on the performance of its parent TCP against the TCPs planning trajectory. For the other two indicators, the bands were derived based on deviation from the national average (mean).

Table 5. Learning Disabilities indicator banding method

Indicator (Time period used)	Indicator scores	Benchmark
Reliance on specialist inpatient care for people with a learning disability and/or autism. (2017-18 Q4)	Significantly above the benchmark = 0 Above the benchmark but not significantly = 0.75 Below the benchmark but not significantly = 1.25 Significantly below the benchmark = 2	2017-18 Quarter 4 TCP plan trajectory
Proportion of people with a learning disability on the GP register receiving an annual health check. (2017-18)	Significantly below the national benchmark = 0 Not significantly above or below the national benchmark = 1. Significantly above the national benchmark = 2	2017-18 National average (mean) (51.4%)
Proportion of the population on a GP learning disability register (2017-18)	Significantly below the national benchmark = 0 Not significantly above or below the national benchmark = 1. Significantly above the national benchmark = 2	2017-18 National average (mean) (0.49%)

The indicator scores are weighted according to the weightings in table 6 below.
This weighting accounts for the complementary nature of the Annual Health Check indicator and the indicator of the completeness of the LD register:

Table 6. Learning Disabilities Indicator weighting

Learning Disabilities indicator	Weighting
Reliance on specialist inpatient care for people with a learning disability and/or autism.	50%
Proportion of people with a learning disability on the GP register receiving an annual health check.	25%
Proportion of the population on a GP learning disability register	25%

The weighted average of the individual indicator scores is calculated to give each CCG an overall score of a potential minimum of 0 and a potential maximum of 2. The thresholds shown in table 7 are applied on CCGs overall scores to give assessment rating for Learning Disabilities.

Table 7. Learning Disabilities assessment rating thresholds

Rating	Score range
Outstanding	Above or equal to 1.625
Good	Above or equal to 1 and below 1.625
Requires Improvement	Above 0.25 and below 1
Inadequate	0.25 or below

Diabetes

The 2017/18 rating for diabetes considers two indicators:

- Diabetes patients that have achieved all the NICE-recommended treatment targets (HbA1c, blood pressure and cholesterol for adults and HbA1c for children)
- People with diabetes diagnosed less than a year who attend a structured education course.

The two indicators have each been calculated using 2017-18 National Diabetes Audit (NDA) data.

Each diabetes indicator is assigned a band based on the thresholds shown in table 8. In order to allow meaningful comparisons with the 2016/17 ratings we have continued to use the benchmarks from 2016/17. For the treatment targets indicator, the national median was used as the threshold for good performance. For the structured education indicator, the bands were derived based on deviation from the national mean average.

Table 8. Diabetes indicator banding method

Indicator (Time period used)	Indicator banding category thresholds (1 = best performing, 3 = poorest performing)	Benchmark
Treatment targets (2017-18)	<ul style="list-style-type: none"> - Indicator value upper confidence interval less than 37.9% = Band 3 - Indicator value upper confidence interval greater than or equal to 37.9% and less than 40.0% = Band 2 - Indicator value upper confidence interval greater than or equal to 40.0% = Band 1 	National median (40.0%); and 25 th percentile (37.9%)
Structured Education (2016 cohort)	<ul style="list-style-type: none"> Indicator value significantly lower than national average = Band 3 Indicator value not significantly different to national average = Band 2 Indicator value significantly higher than national average = Band 1 	National average (7.3%)

To note: The thresholds for the treatment targets rate and structured education indicator in table 1 have been rounded to 1 decimal place. The exact thresholds on which bandings are based for the treatment targets indicator are 39.972% (upper) and 37.891% (lower). The exact threshold on which banding is based for the Structured Education indicator is 7.298%

The overall rating for diabetes is based on the CCG band for each of the diabetes indicators as illustrated in table 9:

Table 9. Overall diabetes assessment rating

		Treatment targets		
		1 (Best performing)	2	3 (Poorest performing)
Structured education band	1 (Best performing)	Outstanding	Good	Requires improvement
	2	Good	Requires improvement	Requires Improvement
	3 (Poorest performing)	Requires improvement	Requires improvement	Inadequate