



NHS Confederation response to the NHS Oversight Framework 2019/20 August 2019

This briefing is to give NHS Confederation members and system leaders a summary of the NHS Oversight Framework 2019/20, published in August 2019, by NHS England and NHS Improvement.

The NHS Oversight Framework sets out a “new approach to oversight including how regional teams review performance and identify support needs across sustainability and transformation partnerships (STPs) and integrated care systems (ICSs). The framework summarises how this new approach to oversight will work from 2019/20 and the work that will be done during 2019/20 for a new integrated approach from 2020/21”.

The purpose of this briefing is to:

- summarise the key themes, key changes, timelines of the NHS Oversight Framework
- provide the NHS Confederation’s response and recommendations.

Summary of the NHS Oversight Framework

The NHS Oversight Framework (NHSOF) gives an account of how NHS England and NHS Improvement (NHSEI) are aligning their operating models to support system working.

The NHSOF has two distinct timescales, wherein 2019/20 is defined as a transitional year, where regional teams will come together to support local systems and will also work in partnership to develop a new approach to oversight for 2020/21 onwards.

The framework defines how changes to oversight will be characterised by five key principles:

- NHS England and NHS Improvement teams speaking with a single voice, setting consistent expectations of systems and their constituent organisations
- a greater emphasis on system performance, alongside the contribution of individual healthcare providers and commissioners to system goals
- working with and through system leaders, wherever possible, to tackle problems
- matching accountability for results with improvement support, as appropriate
- greater autonomy for systems with evidenced capability for collective working and track record of successful delivery of NHS priorities.

The oversight process in 2019/2020

During 2019/20, the existing statutory roles and responsibilities of NHSEI in relation to providers and commissioners remain unchanged and the NHSOF will serve to identify and address both:

- performance issues in organisations directly affecting system delivery
- development issues which may, if not addressed, threaten future performance.

In addition, leadership and culture at organisations and systems will form a core part of oversight conversations.

Regional directors and their teams will lead on system oversight, working closely with organisations and systems and drawing on the expertise and advice of national colleagues. Existing tools such as breach of license and special measures will continue to be used.

They are supporting ICSs to take on greater collaborative responsibility for use of NHS resources, quality of care and population health.

In line with the move to greater autonomy for better performing local systems, oversight arrangements will reflect both the performance and relative maturity of ICSs. In 2019/20 it will be for regional teams to determine the level of oversight that best meets their assurance needs.

The specific dataset for 2019/20 broadly reflects existing provider and commissioner oversight and assessment priorities. There were previously 59 oversight metrics spanning clinical commissioning groups (CCGs) and providers.

This Oversight Framework incorporates these metrics and creates a further six metrics, all of which 'belong' to CCGs:

- evidence-based interventions
- learning disabilities mortality review: the percentage of reviews completed within six months of notification
- overall size of the planned care waiting list
- patients waiting over 52 weeks for planned care
- children and young people and eating disorders investment as a percentage of total mental health spend
- reducing the rate of low priority prescribing.

Identifying support needs and organisation segmentation

Regional teams will use metrics data as well as local information and insight to identify where commissioners and providers may need support. The four segments and levels of intervention are consistent for both CCGs and providers. Where a CCG and/or provider is triggering a concern and a potential support need is identified, the regional team will consider why the trigger has arisen and whether a support need exists. The regional team will involve system leads in this process – both to identify the factors behind the issues and whether local support is available and appropriate.

From 2019/20, ICSs and emerging ICSs will be increasingly involved in the oversight process and support of organisations in their system.

Based on this assessment, teams will identify whether a CCG and/or provider has a support need and, if so, what level of support is required.

It is up to regional teams to allocate them to a support 'segment' or category which includes:

- maximum autonomy in which CCGs and/or providers receive a universal level of support
- targeted support in which CCGs and/or providers receive the universal level of support plus targeted support
- mandated support in which CCGs and/or providers receive universal, targeted and mandated support
- special measures for providers and legal directions for CCGs.

These segments do not necessarily mirror or replace the annual assessment for CCGs. NHS Clinical Commissioners is seeking more clarity on how these will complement the annual assessment.

For ICSs, support decisions should be taken having regard to the views of system leadership governance.

The oversight process 2020/21

The 2019/20 framework is a transitional arrangement while proposals are developed for a more integrated framework from 2020/21.

The Oversight Framework states that partners will be involved at key stages of the design work for 2020/21 which will consider:

- the purpose of the framework – what it is to be used for and the relative roles of performance management and sector development
- the scope of the framework and the approach to oversight at organisational and/or system level
- standard and transparent methodologies for monitoring, escalation and taking formal or informal action with organisations.

Metrics introduced in 2020/21, (including system metrics), will include the headline measures described in the NHS Long Term Plan Implementation Framework against which the success of the NHS will be assessed. These Long Term Plan measures will be used as the cornerstone of the mandate and planning guidance for the NHS for the next five years.

Within the context of the Interim People Plan, the oversight framework suggests the development of a 'leadership compact.' This compact will be an important component of future oversight and will set out how the regional, national and local teams commit to 'behave' towards each other. Providers should also note the addition of metrics regarding staff survey results including bullying and harassment, and teamwork and inclusivity which will provide the NHS regional teams with key indicators of overall organisational performance.

NHS Confederation view

The NHS Confederation welcomes the emphasis on system oversight and working in partnership with system leaders to develop an integrated framework for 2020/21.

We also welcome the emphasis on oversight of leadership and culture, to support the commitment to the NHS being a better place to work.

We support the overall approach to oversight that will reflect the autonomy and relative maturity of ICSs.

It is positive to see that the six additional metrics included in this document will be aligned to the Long Term Plan Implementation Framework, which is supported by the NHS Confederation.

The Mental Health Network welcomes the indicator to increase children and young people (CYP) and eating disorders investment as a percentage of total mental health spend, but there is need for the system to improve and better standardise the data collection in CYP spend.

The MHN also broadly welcome the indicator relating to learning disabilities mortality review: the percentage of reviews completed within six months of notification. To ensure that the reviews are completed to the highest quality, increasing the workforce within learning disability services must be prioritised and staff in the wider system must receive better training around learning disabilities.

Recommendations

1. Given that we are half way through 2019, our main concern is to ensure that sufficient time and due process is given to consultation and engagement with system leaders (including local government) and representative bodies to input into the design process for the 2020/21. NHSEI should set out a clear methodology and timescale for stakeholders in the development of the framework for 2020/21.
2. Based on feedback from our engagement with system leaders they are looking for a less centralised relationship with NHSEI, and this framework does not yet fully describe the nature of this. We recommend that NHSEI does not lose sight of the desire of system leaders to identify and address local needs as the oversight framework for 2020/21 is developed.
3. As we identified in our report [\[2\] Letting local systems lead](#), local leaders said: “We need to ensure that regional teams do not become the mechanism by which national clinical teams direct and performance manage the activities of ICS partnerships”.
4. One of the challenges is how NHSEI regional teams simultaneously manage both the organisational performance, the system performance and at the same time empower leaders to develop their own shared approaches to system accountability.
5. We would welcome more detail regarding how the metrics are likely to be aggregated across organisations and systems and how the purpose-built metrics will be designed in collaboration with systems.

About the NHS Confederation

The NHS Confederation is the membership body that brings together and speaks on behalf of all organisations that plan, commission and provide NHS services.

Our members are drawn from every part of the health and care system and join 560+ organisations connected to the NHS Confederation

We have three roles:

- to be an influential system leader
- to represent our members with politicians, national bodies, the unions and in Europe
- and to support our members to continually improve care for patients and the public.

All of our work is underpinned and driven by our vision of an empowered, healthy population supported by world-class health and care services; and our values of voice, openness, integrity, challenge, empowerment.



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