

# NHS Rotherham - Clinical Commissioning Group Governing Body August 2013

## Chief Officer's Report

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### **Purpose**

This report informs the Governing Body about national/local developments in the past month.

### **CCG Assurance**

NHS England will publish a balanced scorecard on the CCGs performance each quarter and hold an assurance meeting with the CCG soon after. The CCG is required to upload self certification information for the quality domain of this score card and this must be approved by the CCG Governing Body. First quarter self certification is required on 5 August. The balanced score card will be published on 23 August and the assurance meeting will be held on 2 September.

In view of the timescales the Governing body is asked to **delegate** the task of self assurance to officers for approval at the September Governing Body.

### **Health Settlement 2014/15**

The spending round headlines show that NHS funding will grow in real terms but high levels of efficiencies (c3-4%) are required in order to maintain current services. There will be a pool of c£3.8bn of funds for investment in the integration of health and social care (Integration Transformation Fund).

This fund is intended to give NHS and Social Care Commissioners greater influence over funding in the future to support local integration of health and care services. The pooled funding will formally sit with local authorities but will be subject to plans being agreed by local Health and Wellbeing Boards (H&WBs) and signed off by CCGs and Council Leaders.

As part of the wider 2014/15 planning round, it is envisaged that plans will be developed this year, signed-off and assured over the winter and implemented from 2014/15. Plans and assurance need to satisfy nationally prescribed conditions, including:

- Protection for social care services (rather than spending) with the definition determined locally;
- Seven day working in social care to support patients being discharged and prevent unnecessary admissions at weekends;
- Better data sharing between health and social care, based on the NHS Number;
- Plans and targets for reducing A&E attendances and emergency admissions;
- Risk sharing principles and contingency plans for if targets are not being met;
- Agreement on consequential impacts of changes in the acute sector

The overall impact of the settlement on CCGs will be confirmed in allocations expected in December. It is expected that two year allocations will be issued.

For Rotherham, the establishment of the integration fund means that £10m of allocated funding will be transferred to the pooled budget which presents a financial risk to the CCG.

### **Strategic Clinical Executive (SCE) Recruitment Process**

Interviews are now completed and we have re-appointed Dr Richard Cullen and also appointed Dr Avanti Gunasekera.

## **Right Care, First Time Consultation**

Formal public consultation on the proposals for Urgent Care ended on 26 July 2013. The consultation concluded over 18 months of engagement which took the form of a series of discussions, focus groups, market research and briefings. Work with local stakeholders, including patient and community groups, initially helped the CCG to understand the use and perceptions of NHS services and how these could be improved and developed to meet patient needs. Formal consultation sought views on the proposal to bring together services for patients who need urgent care into one place, at a new Urgent Care Centre.

### **The consultation process**

Formal public consultation took place between 6 May and 26 July 2013.

It was undertaken in line with Government guidance on consultation and service changes. In particular the CCG sought to ensure that the proposal has:

- commitment and support from clinicians;
- a clear clinical evidence base;
- Clear benefits for patients in terms of quality of care and availability of services.

The comments and suggestions submitted as part of the pre-consultation and formal consultation will be taken fully into account in arriving at the final decision.

A range of consultation channels were used including:

- Distribution of the consultation document, including an easy-read version, to over 500 individuals, groups and local networks;
- posters and flyers, also widely distributed, primarily to promote the public meetings;
- articles in the local and regional media and in NHS staff and stakeholder publications targeted at staff;
- online consultation pages on the CCG website and an online response form;
- public meetings and attendance at scheduled user group meetings during the consultation period;
- one-to-one meetings with stakeholders;
- Social media.

### **Consultation responses**

The consultation results are now being analysed. The consultation asked for feedback in the form of comments and issues about the proposal, which means that there is much qualitative analysis to be completed. From the initial analysis, there is broad support for the proposal from statutory stakeholders and from public meetings.

98 responses from individuals/groups have been received through a combination of online, email and paper responses. There is an equal split between those who either agree or strongly agree with the proposal and those who disagree or strongly disagree. 11% of responders were neutral. Amongst individuals and some of the patient/community groups the main issues raised include:

1. Car parking at RFT (availability, convenience, cost, proximity to Urgent Care Centre)
2. Quality of Care (ie the desire to see quality at least maintained or improved overall as well as the opportunities closer working with A&E will bring)
3. Convenience of Walk in Centre location (this covers both its physical location and the convenience of the services it offers)

There are also a large number of comments making suggestions about the physical accessibility of the proposed building and how the design and planning of the new service could improve the patient and carer experience.

A full report on the consultation will be available during August and will form part of the consideration of the full business case for the Urgent Care Centre.

## **NHS CCG Draft Code of Governance**

The aim of the 'code of good governance', specifically created for clinical commissioning groups, is to develop a concise document that outlines governance principles that will support clinicians, and those that work with them, to perform their new commissioning activities and help to maintain public trust in clinicians and the NHS. Operational Executive considered the draft and supported the principles detailed in the document. ([Appendix 1](#))

## **Refreshing the NHS Mandate**

The Government's Mandate was published in November 2012 and sets the objectives for NHS England for the period April 2013 to March 2015. It is now due for annual refresh for 2014-15 and Department of Health has launched a 12 week consultation on the proposed changes to the Mandate, with an aim to publish the final Mandate by mid/late October in time for the planning round. ([Appendix 2](#))

## **Monitor Consultations**

RCCG responded to two Monitor Consultations in July.

The National Tariff 2014/15 Engagement Document and Enforcement Guidance invited responses around the principles for setting prices next year, options for local variations and proposals for enforcement by Monitor.

The NHS Procurement, Patient Choice and Competition Enforcement Guidance invited responses around the proposals for enforcement by Monitor. One of Monitor's new responsibilities is to enforce the NHS Procurement, Patient Choice and Competition Regulations 2013. These replace the existing administration rules governing the procurement of NHS funded services.

A summary of the final guidance and rules will be provided to Governing Body when it is published by Monitor.

## **Keogh Mortality Review**

This review examined the quality of care and treatment provided by 14 hospital trusts in England that were persistent outliers on mortality indicators. A national overview report 'Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report' outlines all key findings and recommendations. In addition, there are final reports for each individual hospital trust. Although the review found pockets of excellent practice in all 14 of the trusts, it also found significant scope for improvement, with each hospital needing to address an urgent set of actions in order to raise standards of care. A 4 page summary of the review is attached ([Appendix 3](#))

The full published report can be found at <http://www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/outcomes/keogh-review-final-report.pdf>

## **Academic Health Science Networks (AHSN)**

AHSNs present a unique opportunity to pull together the adoption and spread of innovation with clinical research and trials, informatics, education, and healthcare delivery. They will develop solutions to healthcare problems and get existing solutions spread more quickly by building strong relationships with their regional scientific and academic communities and industry.

Yorkshire and Humber AHSN has been authorised by NHS England.

The steering group is currently considering proposals for establishing a more representative interim Board/steering group (in advance of the formation of the limited company). Representation would be regionally based and the current proposal includes places for three

CCG reps – one from each area within Yorkshire & Humber. Sheffield CCG currently attends this meeting on our behalf.

### **Liverpool Care Pathway**

In light of the current national publicity, Rotherham CCG will review its pathways within the 'End of Life' pilot currently being implemented.

### **Developing Shared Customer Service Standards**

The H&WBB have instigated a number of workstreams prioritised within the Health & Wellbeing Strategy. One of these is around expectations and aspirations. Part of the workstream is the development of shared customer service standards; the H&WBB has already agreed that this work go ahead across partner organisations. ([Appendix 4](#))

The priorities below are those that appear most relevant to the CCG.

#### **Easy Access**

- We will ask how you prefer to be contacted, and use this method where we are able.
- We will provide information in other formats and languages upon request
- We will provide four main ways for you to obtain services – by website, telephone, in person or by email/letter.

#### **On Time**

- We will tell you how long it will take to deal with your service request.
- If we need to make an appointment to meet you, we will offer times which are convenient for you.
- We will complete outstanding work within a reasonable timescale, which is agreed with you.

#### **Right Result**

- We will provide you with information that is easy to understand.
- We will give you an explanation for our decisions.
- Our staff will be honest; if we can't help you, we will tell you who can.

#### **Treated as a valued customer**

- We will treat people fairly and with dignity.
- We will ask for your feedback, and act upon it
- We will tell you how we are performing against our service standards.

The Governing Body is asked that agreement in principal is given to adopting the standards once a final version is agreed.

### **Making Every Contact Count (MECC)**

Making Every Contact Count encourages conversations based on behaviour change methodologies (ranging from brief advice, to more advanced behaviour change techniques), empowering healthier lifestyle choices and exploring the wider social determinants that influence people's health.

The Health & Wellbeing Board considered a presentation from Public Health and discussed the contents of RMBC's document entitled "Making Every Contact Count – Applying the Prevention and Lifestyle Behaviour Change Competence Framework". To further explore the opportunity of developing "Making Every Contact Count" in Rotherham, a workshop will take place on Monday 16<sup>th</sup> September 2013 at the Town hall.

## Healthwatch Rotherham

Healthwatch is the new independent consumer champion created to gather and represent the views of the public. Healthwatch will play a role at both national and local level and will make sure that the views of the public and people who use services are taken into account. The Rotherham office is situated at 33 High Street, Rotherham, S60 1AP. Tel: 01709 717130. Their website is: [www.healthwatchrotherham.org.uk](http://www.healthwatchrotherham.org.uk)

A 'drop in' to meet the team was recently organised and very well attended. Attached is their first newsletter ([Appendix 5](#))

## Connect to Support

'Connect to Support' is a new website for people needing support in Rotherham. The public can find everything they need to help them with local to national products and services, plus information and advice.

<https://www.connecttosupport.org/s4s/WhereILive/Council?pageld=152>

## Communications Report

- A story about the opening of the new maternity ward at the hospital was covered in the Rotherham Advertiser, including positive comments in the editor's column. The story resulted from a joint press release with The Rotherham NHS Foundation Trust, which included a quote from Dr David Polkinghorn. The maternity unit opening - redesigned following feedback we received from patients – was also used in the Trust's publications.
- In the run up to the close of the Urgent Care Review consultation, a live interview with Toby Foster on Radio Sheffield and a pre-recorded one with Rother FM were undertaken. This was supported by a press release, which was published in the Rotherham Advertiser with comments from a local councillor.
- We are currently reviewing our brand identity which will be reflected in all our publications and website. The website is being updated and redesigned to better reflect the values and behaviours of our organisation.
- A radio campaign has been developed with Rother FM to encourage people not to waste medicines. This coincides with national coverage about medicine wastage and local PR work will be supported by a Rotherham MP.
- NHS 111 – The lead commissioner has issued the following statement that *...NHS Direct is not a service provider in the Yorkshire and Humber area, the NHS 111 contractor for this area is Yorkshire Ambulance Service. The new non-emergency 111 service for Yorkshire and the Humber is provided by Yorkshire Ambulance Service NHS Trust. It is a relatively new service and the 23 service commissioners - which are the Clinical Commissioning Groups and Yorkshire Ambulance Service are working collaboratively to develop the service in this region. Our priority is to ensure that patients get the most appropriate advice and help and we are committed to continuous improvement so that local people have confidence in the NHS 111 service when they need urgent medical advice.*

## Governing Body Arrangements for the 4<sup>th</sup> September 2013

- Annual Commissioning Plan 2014/15 - 11.00am-12.30pm (for SCE, Governing Body and CCG Officers). Papers will be circulated prior to the meeting.
- Governing Body (public followed by Confidential) - 1.00pm–3.30pm
- RCCG/TRFT Board to Board Meeting - 3.30pm–5.00pm