NHS Rotherham CCG Governing Body – February 2015

CHIEF OFFICER'S REPORT

Lead Director:	**Chris Edwards**	Lead Officer:	n/a
Job Title:	**CCG Chief Officer**	Job Title:	n/a

Purpose

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

Better Care Fund Update

NHS England has approved Rotherham's plans following the publication of the 2015/16 Mandate. The plan has undergone a recent assurance process and has been classified as **'Approved'**. NHS England has stated that our plan is strong and robust and they are confident that we will be able to deliver against it. (***App 1***)

Governing Body Appointments Update

- **Lay Member – Primary Care**
  Interviews are scheduled to take place on the Friday 30th January 2015. A verbal update will be given at the Governing Body meeting.

- **Additional GP for Governing Body**
  Applications have been requested from the GP community. Interviews are taking place on Monday 9th February 2015.

- **Secondary Care Consultant**
  Advertised – closing date 16th February 2015

Primary Care Co-Commissioning Update

A verbal update on the NHSE approval process will be given at the meeting.

Quarter 2 Assurance Letter

Following the meeting between NHS England and Rotherham CCG on 11th December 2014 the CCG has received the attached letter summarising discussions. (***App 2***)

Letters to NHS Bodies on Drugs for Age Related Macular Degeneration

The CCG has co-signed letters to Jeremy Hunt, NICE, the GMC and Simon Stevens drafted by NHS Clinical Commissioner on the treatment of Age Related Macular Degeneration. The letters propose a common approach by CCGs to the use of Bevacizumab for wet macular degeneration.

Communications Update

- BBC Look North (Yorkshire) broadcast a story about our Social Prescribing Scheme on Tuesday 20th January. They filmed some patients at session in Maltby and interviewed Sarah Whittle, who spoke about the scheme and its benefits.
- The CCG is working Rotherham College to develop an interactive, electronic health information platform for children and young people, which will help them to access services.
- The 'choose the right care, first time' campaign continues to be rolled out across Rotherham, with GP Practices displaying pull up stands and handing out leaflets to patients who could have received advice from the pharmacy first scheme. The voluntary sector is encouraging residents to

use the right health service for their symptoms, should they become ill, in targeted areas across Rotherham.

- The Rotherham Advertiser and Weekender are publishing a story about GP practices struggling to cope with demand and increasing workforce issues following a similar article in the Sheffield Star featuring Dr Krishna Kasaraneni from Crown Street Surgery, Swinton. The CCG has provided a statement for the story.

Recommendation

The Governing Body is asked to ***note*** the Chief Officer's Report.

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Rotherham Health and Wellbeing Board
NHS Rotherham CCG

Copy to:
Rotherham Metropolitan Borough Council

21 January 2015

Dear colleague,

Thank you for submitting further evidence to clear the conditions on your Better Care Fund (BCF) plan. We know that the BCF is an ambitious programme and preparing the plans at pace has proved an immensely challenging task. However, your plan is now part of an ongoing process to transform local services and improve the lives of people in your community.

It is clear that your team and partners have worked very hard over the last few months, making valuable changes to your plan in order to improve people's care.

NHS England is now able to approve plans following the publication of the 2015/16 Mandate. As a result I am delighted to let you know that, following the recent assurance process, your resubmitted plan has been classified as **'Approved'**. Appended to this letter is your NCAR Outcome Report for your information. Essentially, your plan is strong and robust and we have every confidence that you will be able to deliver against it. This puts you in a strong position for delivering the change outlined above.

Your BCF funding will be made available to you subject to the following standard conditions which apply to all BCF plans:

- The Fund being used in accordance with your final approved plan and through a section 75 agreement;
- The full value of the element of the Fund linked to non-elective admissions reduction target will be paid over to CCGs at the start of the financial year. However, CCGs may only release the full value of this funding into the pool if the admissions reduction target is met as detailed in the BCF Technical Guidance[1]. If the target is not met, the CCG(s) may only release into the pool a part of that funding proportionate to the partial achievement of the target. Any part of this funding that is not released into the pool due to the target not being met must be dealt with in accordance with NHS England requirements. Full details are set out in the BCF Technical Guidance

The conditions are being imposed through NHS England's powers under sections 223G and 223GA of the NHS Act 2006 (as amended by the Care Act 2014). These allow NHS England to make payment of the BCF allocation subject to conditions. If the conditions are not complied with, NHS England is able to withhold or recover funding, or direct the CCG that it be spent in a particular way.

We are confident that there are no areas of high risk in your plan and as such you should progress with your plans for implementation.

Any ongoing oversight of your BCF plan will be led by your NHS England Regional/Area Team along with your Local Government Regional peer rather than the BCF Taskforce from this point onwards.

Non-elective (general and acute) admissions reductions ambition

We recognise that some areas may want to revisit their ambitions for the level of reduction of non-elective admissions, in light of their experience of actual performance over the winter, and as they become more confident of the 2014/15 outturn, and firm-up their plans to inform the 2015/16 contracting round. Any such review should include appropriate involvement from local authorities and be approved by HWBs. NHS England will assess the extent to which any proposed change has been locally agreed in line with BCF requirements, as well as the risk to delivery of the ambition, as part of its assurance of CCGs' operational plans.

Once again, thank you for your work and we look forward to the next stage.

Yours sincerely,

Dame Barbara Hakin
National Director: Commissioning Operations
NHS England

[1] http://www.england.nhs.uk/wp-content/uploads/2014/08/bcf-technical-guidance-v2.pdf

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Date: 16 January 2015

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Dr Julie Kitlowski, Chair
and Chris Edwards, Accountable Officer
Rotherham CCG

Dear Julie and Chris

Thank you to you and your CCG colleagues for meeting with us on 11 December 2014 for your quarter 2 assurance meeting. I apologise for the delay in writing to summarise our discussion.

You advised that Julie had wanted to attend the meeting but due to the rescheduling of the initial planned assurance meeting by NHS England (South Yorkshire and Bassetlaw) had been unable to attend the revised date.

We stated that this meeting would be the last South Yorkshire and Bassetlaw Area Team assurance meeting with the CCG as going forward the quarter 3 discussions would be as part of the new Yorkshire and Humber geographical footprint. You confirmed that you had welcomed the meetings.

We briefly discussed the position statement we had received from yourself in relation to the six assurance framework domains and recognised that you were able to clearly evidence ongoing progress against each domain.

Similar to the quarter 1 assurance meeting, we identified that there continues to be a greater focus nationally on performance delivery and resilience. With this in mind we worked through the issues of particular challenge identified by the CCG.

A&E 4 Hour Waiting Standard

Despite the 4 hour A&E wait standard being achieved during quarter 2, quarter 3 has seen deterioration against the standard. You confirmed that key initiatives as part of the system resilience funding had been implemented and that the CCG had invested additional money over and above the nationally allocated funding. All bids identified from the Rotherham organisations were funded.

It was noted that one of the reasons for the significant pressure being experienced by The Rotherham Foundation Trust (TRFT) was the lack of middle grade doctors. Advanced medical practitioners and GPs have been introduced in to A&E but it was recognised that the GP is not being fully utilised, TRFT are reviewing this. TRFT have also worked closely with the national ECIST and have held the perfect week and month to understand if there are any further actions that they can implement. In relation to the utilisation of the GP in A&E, we stated that this model is working in Barnsley and suggested that it may be useful to see what makes this model work. You confirmed that you will have a conversation with Care UK in relation to this.

TRFT has recently appointed a new Chief Operating Officer who has identified a number of process issues that when addressed will improve the situation. Action is being taken to improve the level of delayed transfers of care, 6 additional intermediate care beds have been commissioned and the care co-ordination centre has been funded to operate 24/7 over the winter period.

You advised that TRFT will not achieve the A&E standard during quarter 3 and you are unable to give full assurance that the standard will be achieved overall for the 2014/15 period.

You explained that Board to Board discussions are being held with TRFT and work is taking place to re-prioritise the system resilience funding schemes to look at those schemes that will have the greatest impact on improving the urgent care system. We recognised the additional funding the CCG has invested along with the way in which the CCG as lead commissioner is driving the work. You explained that the new long term model for urgent care will address the staffing and process issues in the long term and a new staffing model is being considered which places less reliance on middle grade doctors. It was noted that the new Emergency Centre is officially planned to open in 2017.

The system resilience group is working to develop communication messages to the public. Primary care is also experiencing pressure, with the Walk in Centre seeing an unprecedented number of patients, a significant number of these patients are from Barnsley and Sheffield. An enhanced out of hours service has been commissioned and implemented and at the current time, approximately half of the Rotherham practices have agreed to implement this, with some practices considering a locality approach.

You explained that clinically led visits to TRFT are undertaken by the CCG and from next week, the CCG chair will be carrying out 'ward – rounds'with the new TRFT Chief Operating Officer.

Ambulance Response Times

Ambulance response times continue to be of concern for the CCG, with 2 of the 3 standards not being achieved during quarter 2. You stated that the current response times for the category A (urgent) calls are unacceptable, however, you advised that you have received assurance from the Yorkshire Ambulance Service (YAS) medical director that no harm has been caused to patients. Discussions continue to be held with Sheffield and Wakefield CCGs as lead commissioners of the ambulance service. The Good Governance Institute report is now available and remedial actions have been agreed with YAS. To help manage demand with YAS, you stated that the CCG is piloting a scheme in relation to GP urgent requests.

There has been an increase in the number of patients requiring an ambulance and you queried whether the 111 service is triaging more patients as urgent. We confirmed that this is an issue which is trying to be understood nationally.

You stated that you would like support from NHS England regarding ambulance service poor performance.

Healthcare Acquired Infections

C-Difficile
The latest information shows that there have been slightly more cases of c-difficile being reported than the identified trajectory for the CCG but that there have been fewer cases than trajectory for TRFT. You confirmed that a thorough root cause analysis is undertaken against each case of which both the CCG and public health are involved in and a monthly report is discussed at the Governing Body. We agreed that the assurance process is robust.

You stated that there is no specific pattern to the cases being reported and they do not appear to be related to each other. Communication in relation to cases has improved and organisations are working together better.

MRSA
No cases of MRSA have been assigned to Rotherham CCG during 2014/15.

Improving Access to Psychological Therapies (IAPT)
At the end of quarter 2 the CCG was not achieving the access IAPT trajectory. You explained that there are issues with the IAPT data but that improvements are being seen and you are aiming to over achieve against this measure. You confirmed you would share updated data.

Performance against the IAPT recovery measure is progressing as expected and is meeting the trajectory.

You confirmed that considerable work has recently been undertaken to improve the waiting times for the service which has resulted in waiting times reducing from 12 weeks to 8 weeks and in addition, a psychotherapist has been funded.

Activity
We discussed those areas where variance is greatest against the activity trajectory and in particular we discussed emergency admissions and GP referrals. Regarding emergency admissions, you stated that an audit of patients >70 years had been undertaken and that a contract query has been raised. Discussions have been held to understand the key issues and actions to improve the position, these include admission prevention, safer levels of care, use of the care co-ordination centre and 7 day working in particular looking at the frailty pathway. You confirmed that the CCG has invested recurrently in weekend working for pharmacy, diagnostics, advanced medical practitioners and community nurses.

In relation to GP referrals you stated that there appears to be an issue regarding ophthalmology follow up appointments and the feasibility of restricting access is being considered. You confirmed that the CCG is working with TRFT to address the first to follow up ratio.

We reiterated the importance of ensuring that the planned trajectories are accurate for 2015/16 as it is expected that there will be a greater level of scrutiny.

Diagnostic Waiting Times
You explained that at the end of quarter 2 the diagnostic waiting times standard was achieved by TRFT.

Cancer
At the end of quarter 2, all cancer standards were achieved. You confirmed that the GP cancer lead in the CCG has undertaken an audit to review individual breaches, no specific trends have been identified and the majority of two week wait breaches are as a result of patient choice.

- **Parity of Esteem**

You stated that the CCG has developed a mental health plan which includes a number of planned schemes to improve mental health care. A two year pilot is being implemented to reduce admissions and length of stay, mental health liaison is now located in the TRFT A&E department, a new dementia care pathway is due to be finalised within the next couple of months and social prescribing with the voluntary sector is due to be implemented from April 2015. When each of these schemes is implemented it is expected that the mental health concordat and parity of esteem will be delivered. It is anticipated that the CCG will increase the level of investment for mental health services.

In relation to dementia services, there has been a reduction in the length of wait for the memory service. You are focusing on maintaining this momentum over the winter period and you advised that the overall system management of dementia services will be improved. You explained that the case management approach being implemented by the CCG, which is mandatory for all people aged over 75 years and people in care / residential homes should also improve care for people with dementia.

- **Transforming Care / Winterbourne View**

You advised that you are completing the weekly returns and that at this time there remain 3 people on the list but that there are plans to discharge these patients. You confirmed that there are no specific obstacles for patients and that you are working with NHS England (South Yorkshire and Bassetlaw) in relation to step down care. We explained that the number of specialised patients on the NHS England (South Yorkshire and Bassetlaw) list is large and we will ensure that there is continued engagement with the CCG in relation to these patients, where they originate from Rotherham. .

- **Quality Premium**

We considered the provisional 2013/14 assessment and you stated that there were no issues in terms of financial planning for the CCG. We confirmed that the final 2013/14 quality premium was due to be published during December.

We reviewed the progress against the 2014/15 quality premium and overall you explained that this year is more challenging as a result of delivery issues linked specifically to c-difficile and ambulance response times. We discussed the issue of the expectation of how the quality premium monies should be spent.

- **Co-commissioning**

Primary Care
We discussed the co-commissioning timescales and you confirmed that the CCG is proposing to submit an application to be level 3, full delegation for primary care medical services. You explained that you have appointed a senior manager who will be the link person for co-commissioning and who is due to commence in post from January 2015. It

was also noted that the CCG is recruiting a third lay member specifically for primary care commissioning to address any conflicts of interest. We discussed the steps and processes that have been determined to ensure that the deadline of 09 January 2015 to submit the application is achieved.

Specialised
We stated that the draft guidance is due out imminently which will identify the scale and footprint for co commissioning. You stated that a further discussion regarding specialised commissioning is required so that the CCG can understand the likely consequences.

- **Finance**

You advised that the only QIPP area that is currently not being achieved is in relation to non-elective activity. You expressed concern regarding the section 117 guidance and suggested that this could potentially compromise patient care and could cause financial instability. It was noted that this has been raised with auditors and we confirmed that this should also be included on the NHS England risk register.

- **Planning**

System Resilience Group (SRG) / Operational Resilience and Capacity Plan
It was recognised that the system resilience group is functioning well with clear involvement from each organisation. As reported earlier, the CCG has made significant additional investment for schemes to help the system over the winter period.

Better Care Fund
You confirmed that the CCG / Local Authority was due to resubmit the revised Better Care Fund plan today and that initial informal feedback from the national advisor had been positive.

Five Year Forward View
We stated that the Five Year Forward View has been published and that we expect the planning guidance to be published on the 23 December 2014. It was noted that NHS England (South Yorkshire and Bassetlaw) had shared in advance a copy of the operational measures that would be included in the guidance. We confirmed that the 2015/16 funding allocation will also be published on the 23 December 2014.

- **Next Steps**

We mentioned that as part of the assurance framework process we are required to complete a CCG headline assessment and summary report. It was agreed that we would share this information with you prior to submission to the regional team.

A regional moderation panel would then be convened during December to discuss the report before national consideration.

In summary
It was recognised that the CCG has done much to invest and look at different ways of working to ensure system resilience. It is important now that the CCG gets a real understanding of the impact of such investment on delivery.

We recognise that the issues associated with the ambulance response times are wider than Rotherham and that you have asked for support from NHS England to address these.

The CCG shared with us the positive work it is undertaking to improve mental health services and the continued focus on improving dementia care.

Financially the CCG is in a strong position, however, we recognise the need to understand and escalate the section 117 risks.

NHS England (South Yorkshire and Bassetlaw) will continue to support the CCG in relation to the co-commissioning agenda.

We recognise the impact of Child Sexual Exploitation in Rotherham and agreed that a further discussion be held at the quarter 3 assurance meeting following the publication of the Casey report. It is clearly evident that the CCG is aware of the issues in the system and is actively trying to address these.

It was disappointing that the BCF plan for Rotherham was supported with conditions but it was encouraging that the CCG has proactively worked to address these conditions in a timely way.

In the meantime, I thank you and your team again for the openness, honesty and challenge during our discussions. I wish the CCG well for the future, as the responsibility for CCG assurance transfers to the new NHS England team in Yorkshire and the Humber.

Yours sincerely

Eleri de Gilbert
Director South Yorkshire and Bassetlaw