

NHS Rotherham CCG Governing Body – February 2019

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.

South Yorkshire & Bassetlaw Integrated Care System Chief Executive Officer Update Report

Attached are 3 documents, sent from Sir Andrew Cash, as an update from the ICS. The update covers the following areas:

- ICS Focus Meeting with NHS England and NHS Improvement
- Performance Scorecard
- Governance Approach
- Commissioning Review
- Clinical Engagement Event
- Administration costs
- The NHS Long Term Plan

Procurement of Integrated Urgent Care (IUC) Services for Yorkshire and Humber

As reported to members previously Yorkshire Ambulance Service has been awarded the contract for NHS111 Telephone, Call Handling and Core Clinical Advice Service (IUC) in Yorkshire and the Humber. Please see enclosure 4 for the confirmation letter. It is expected the new service will commence on 1 April 2019.

Future Commissioning of Minor Eye Conditions

The CCG intends to commission a Minor Eye Conditions Service; patients with low risk eye conditions will be navigated away from primary and secondary care and redirected to a local community optometrist service. For conditions which required an urgent service, the expectations are that the patient would be seen within 24 hours of referral. Over 60% of CCGs nationally have commissioned a Minor Eye Conditions (MEC) service Evaluation of the more established services demonstrates that there are significant benefits, including increased patient satisfaction, freeing up primary care capacity and a reduction in acute activity. It is expected that the community based model will be delivered across 3 hubs to allow improved access and population coverage. It is expected that the service will be procured from July 2019.

The NHS Ten Year Plan

In January NHS England published the 10 year plan for the NHS, the CCG is working with Place Partners to reflect how our current plans align with the 10 year plan. The Plan can be accessed via the link below:

www.longtermplan.nhs.uk/

2019/20 Planning Guidance and CCG Financial Allocation

In January NHS England released the final planning guidance for 2019/20 and CCG draft financial allocations. These documents can be accessed via the link below:

www.england.nhs.uk/operational-planning-and-contracting/

www.england.nhs.uk/allocations/

Communications Update

- The NHS Long Term Plan has recently received coverage in the Rotherham Advertiser, looking at what it will mean for Rotherham. The article included a view from the local MPs and Chris Edwards on behalf of the Rotherham Integrated Care Partnership.
- A communications plan has been developed for the implementation of the Trailblazer pilot in Rotherham, which will provide additional mental health support to 16,000 children and young people in schools. The communications materials will be co-produced with children and young people in participating schools to ensure they are clear and meaningful.
- A suicide prevention campaign, aimed mainly at males over 40, is currently being developed. The Rotherham focused campaign, which will work with key local groups and stakeholders, will be launched in early Spring.
- Work continues with health and social care partners to encourage the appropriate use of health services over the winter period. Local people are being advised to self-care where possible and then seek advice and guidance from a local pharmacist or NHS 111.

South Yorkshire and Bassetlaw Integrated Care System CEO Report

SOUTH YORKSHIRE AND BASSETLAW
INTEGRATED CARE SYSTEM

January 2019

Author(s)	Andrew Cash, Chief Executive, South Yorkshire and Bassetlaw Integrated Care System		
Sponsor			
Is your report for Approval / Consideration / Noting			
For noting and discussion			
Links to the STP (please tick)			
<input checked="" type="checkbox"/> Reduce inequalities	<input checked="" type="checkbox"/> Join up health and care	<input checked="" type="checkbox"/> Invest and grow primary and community care	<input checked="" type="checkbox"/> Treat the whole person, mental and physical
<input checked="" type="checkbox"/> Standardise acute hospital care	<input checked="" type="checkbox"/> Simplify urgent and emergency care	<input checked="" type="checkbox"/> Develop our workforce	<input checked="" type="checkbox"/> Use the best technology
<input checked="" type="checkbox"/> Create financial sustainability	<input checked="" type="checkbox"/> Work with patients and the public to do this		
Are there any resource implications (including Financial, Staffing etc)?			
N/A			
Summary of key issues			
This monthly paper from the South Yorkshire and Bassetlaw Chief Executive provides an update on the work of the South Yorkshire and Bassetlaw Integrated Care System over the last month.			
Recommendations			
The Collaborative Partnership Board partners are asked to note the update and Chief Executives and Accountable Officers are asked to share the paper with their individual Boards, Governing Bodies and Committees.			

South Yorkshire and Bassetlaw Integrated Care System CEO Report

SOUTH YORKSHIRE AND BASSETLAW INTEGRATED CARE SYSTEM

January 2019

1. Purpose

This paper from the South Yorkshire and Bassetlaw Integrated Care System Chief Executive provides an update on the work of the South Yorkshire and Bassetlaw Integrated Care System over the last month.

2. Report – January 2019

2.1 ICS Focus Meeting with NHS England and NHS Improvement

The quarterly South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) Focus meeting with NHS England and NHS Improvement took place on 26 November 2018 and covered areas such as leadership and governance, working with the new regions and meeting the strategic challenges.

Discussions also centred around how the ICS is approaching the challenges and opportunities within care, health and wellbeing, the workforce and finance. We highlighted our work on population health management and the service improvement and efficiency workstreams as ways in which we are collectively tackling some of the issues.

We expressed our disappointment at not having secured national capital investment in the most recent round. This was acknowledged as a serious factor in our forward planning with different scenarios now needing to be planned. We acknowledged how we had obtained almost £20 million of capital funding in the previous round which included funding for the additional CT scanner at Doncaster and Bassetlaw Hospitals (£4.8m); the new hub for Yorkshire Ambulance Services in Doncaster (£7m); the co-location of the children's emergency department and assessment unit at Barnsley Hospital (£2.5m); and improvements to the configuration of the hyper acute stroke unit at Sheffield Teaching Hospitals (£4.6).

Performance and operational management were also covered, recognising the importance of ensuring all constitutional standards are delivered in order to free up time to concentrate on our transformation priorities.

In summary, the SYB ICS was acknowledged as one of the most advanced systems nationally and with a strong focus on delivery. Whilst there are risks and challenges still to address – for example in improving A&E performance, reducing activity and extended length of stay, and delivering cancer Transforming Care and financial targets - we continue to have a sound approach to improvement.

2.2 Performance Scorecard

The attached scorecards show our collective position at December 2018 (using October 2018 data) as compared with other areas in the North of England and also with the other nine advanced ICSs in the country.

Within the context of the pressures on the system, we are doing well on our NHS Constitution commitments. For example, within the North and across the first wave ICSs, our collective A&E performance at 91.3 is one of the best in the country. Nonetheless, this is still below the national

standard and we must strive together to ensure we are performing to the levels our patients expect. We know we can do this and since my last report we have improved our position on diagnostics within 6 weeks and also two week waits. However, given our strong history of delivery in cancer, we still have disappointing performance on both the 31 day and 62 day cancer standards. We are determined to improve this and this month the chief executives will meet to agree an action plan to deliver an improved position by the end of March 2019 so that we can continue our strong performance from Quarter One in 2019.

The ICS financial position is reporting a year to date favourable variance against plan of £3.6m excluding Provider Sustainability Funding (PSF); all organisations are currently forecasting break even against plan before PSF. Some organisations have agreed favourable changes to their control totals with regulators in order to access incentive payments. However, there are some emerging risks in South Yorkshire and Bassetlaw providers which are currently being discussed with organisations, systems and regulators which need to be managed to ensure delivery of the overall ICS system improvement plan value by the end of the financial year.

2.3 Governance Approach

With thanks to the support of all ICS partners and independent experts, Browne Jacobson, we have made good progress in our system wide review of governance and all partners are agreed on many aspects of what future governance should look like.

However, before we can finalise new arrangements, there are a number of developments that we should incorporate into our thinking. First and foremost, we have been engaging with local authority partners to shape the proposal for partnership working between health and local authority partners which will culminate at a workshop in February. We also need to consider the alignment of NHS England and NHS Improvement and what this means for the ICS. We also need to take into account the many implications of the NHS Long Term Plan published on 7 January 2019.

I am therefore proposing some interim arrangements while we work this through. I will be sharing and discussing these with leadership groups in the coming weeks.

2.4 Commissioning Review

Following a review of the commissioning opportunities in SYB, a set of priority areas have been identified for collaborative commissioning where there is an opportunity for standardization, financial efficiency and improved population outcomes.

The CCG Governing Bodies will discuss the priorities for 2019/20 in January, incorporate any amendments and additions from the Long Term Plan and these will then be approved by Governing Bodies in February.

The 2019/20 strategic commissioning priorities include services and contracting for 999/111, tariff and payment reform, the QUIT in hospital scheme, developing quality outcomes incentives based contracting, perinatal mental health, among others, They also include medicines optimization in some primary care standard policies, commissioning policies and commonality of quality standards and outcomes and some service transformation.

A Collaborative Commissioning Agreement (CCA) is also being developed to ensure clear and robust arrangements are in place for strategic commissioning which will set out how the 5 CCGs will work together to commission once with clarity on roles, responsibilities, expectations and communication and engagement processes between CCGs, GBs, CCG memberships and the ICS and wider partners across the system.

2.5 Clinical Engagement Event

In conjunction with NHS England, we are running a clinical engagement event on January 15th, so that we can build on the leadership development and engagement needs of our clinical colleagues. Themes from the pre-event survey highlighted the good work that's already been taking place and a strong appetite for more and better involvement at a system and emerging partnership level.

Led by our Medical Director, Professor Des Breen, the event will hear from Dr Claire Fuller from Surrey Heartlands Health and Care Partnership, highlight the emerging themes and then gather feedback from facilitated discussion which will then inform an action plan for the coming year.

2.6 Administration costs

Following the commitment from NHS England and NHS Improvement of a further targeted reduction of administration costs limit of 20% by 2020/21, CCGs have now been asked to deliver the same. Nationally this is expected to free up a total of more than £320 million a year, compared to 2017/18, and which will be reinvested in improving patient care and supporting transformation of services as part of the long term plan.

Details of expected running cost reductions at individual CCG level, in the form of resource allocation changes, will be published in the annual planning guidance and our CCGs will be working within their emerging partnerships and together to deliver the ask.

2.6 The NHS Long Term Plan

The NHS Long Term Plan was published on 7 January 2019.

The Plan is clear that ICSs will play a central in the delivery of the commitments while bringing together organisations to redesign care and improve population health and deliver integration across primary and specialist care, mental and physical health services and health with social care.

The NHS Long Term Plan also describes the actions that will need to be taken at local, regional and national level to make this ambitious vision a reality.

1. **Joining up the NHS so patients don't fall through the cracks**, such as by breaking down the barriers between GP services and those in the community.
2. **Helping individuals and families to help themselves**, by taking a more active role in preventing ill-health, such as offering dedicated support to people to stop smoking, lose weight and cut down on alcohol.
3. **Tackling health inequalities** by working with specific groups who are vulnerable to poor health, with targeted support to help homeless people, black and minority ethnic (BAME) groups, and those with mental illnesses or learning disabilities.
4. **Backing our workforce by increasing the number of people working in the NHS**, particularly in mental health, primary care and community services. We will also create a better working environment by offering better training, support and career progression and we'll crack down on bullying and violence at all levels.
5. **Bringing the NHS into the digital age**, rolling out technology such as new digital GP services that will improve access and help patients make appointments, manage prescriptions and view health records on-line.

6. **Spending this extra investment wisely, making sure money goes where it matters most.** The NHS will continue to reduce waste, tackle variations and improve the effectiveness of treatments.

It specifically sets out how every ICS will have:

- A partnership board, drawn from and representing commissioners, trusts, primary care networks, and local authorities, the voluntary and community sector and other partners
- A non-executive chair (locally appointed, but subject to approval by NHS England and NHS Improvement) and arrangements for involving non-executive members of boards/ governing bodies
- Sufficient clinical and management capacity drawn from across constituent organisations to enable the implementation of agreed system-wide changes
- Full engagement with primary care, including through a named accountable Clinical Director of each primary care network
- A greater emphasis by the Care Quality Commission (CQC) on partnership working and system-wide quality in its regulatory activity, so that providers are held to account for what they are doing to improve quality across their local area
- All providers within an ICS contributing to ICS goals and performance, backed up by a) potential new licence conditions (subject to consultation) supporting NHS providers to take responsibility, with system partners, for wider objectives in relation to use of NHS resources and population health; and b) longer-term NHS contracts with all providers, that include clear requirements to collaborate in support of system objectives
- Clinical leadership aligned around ICSs to create clear accountability to the ICS. Cancer Alliances will be made coterminous with one or more ICS, as will Clinical Senates and other clinical advisory bodies. ICSs and Health and Wellbeing Boards will also work closely together

Now the Plan has been published, we need to decide how best to take the ambitions it contains and turn them into real improvements in services over the next few years, building on the progress we have already made in recent years by working more closely together. We will now be producing our South Yorkshire and Bassetlaw five year plan in response by Autumn 2019.

And just as the national plan was developed in partnership with patients, staff, local councils and others, so will our own local plan.

More details about opportunities to help shape those plans will be shared shortly. In the meantime, to read a copy of the national plan and find out more, visit www.longtermplan.nhs.uk

3. Recommendation

The Collaborative Partnership Board partners are asked to note the update and Chief Executives and Accountable Officers are asked to share the paper with their individual Boards, Governing Bodies and Committees.

Andrew Cash
Chief Executive, South Yorkshire and Bassetlaw Integrated Care System

Date 11 January 2019

How are we doing? An overview

Key performance report: December 2018 (October data)

Enclosure 2



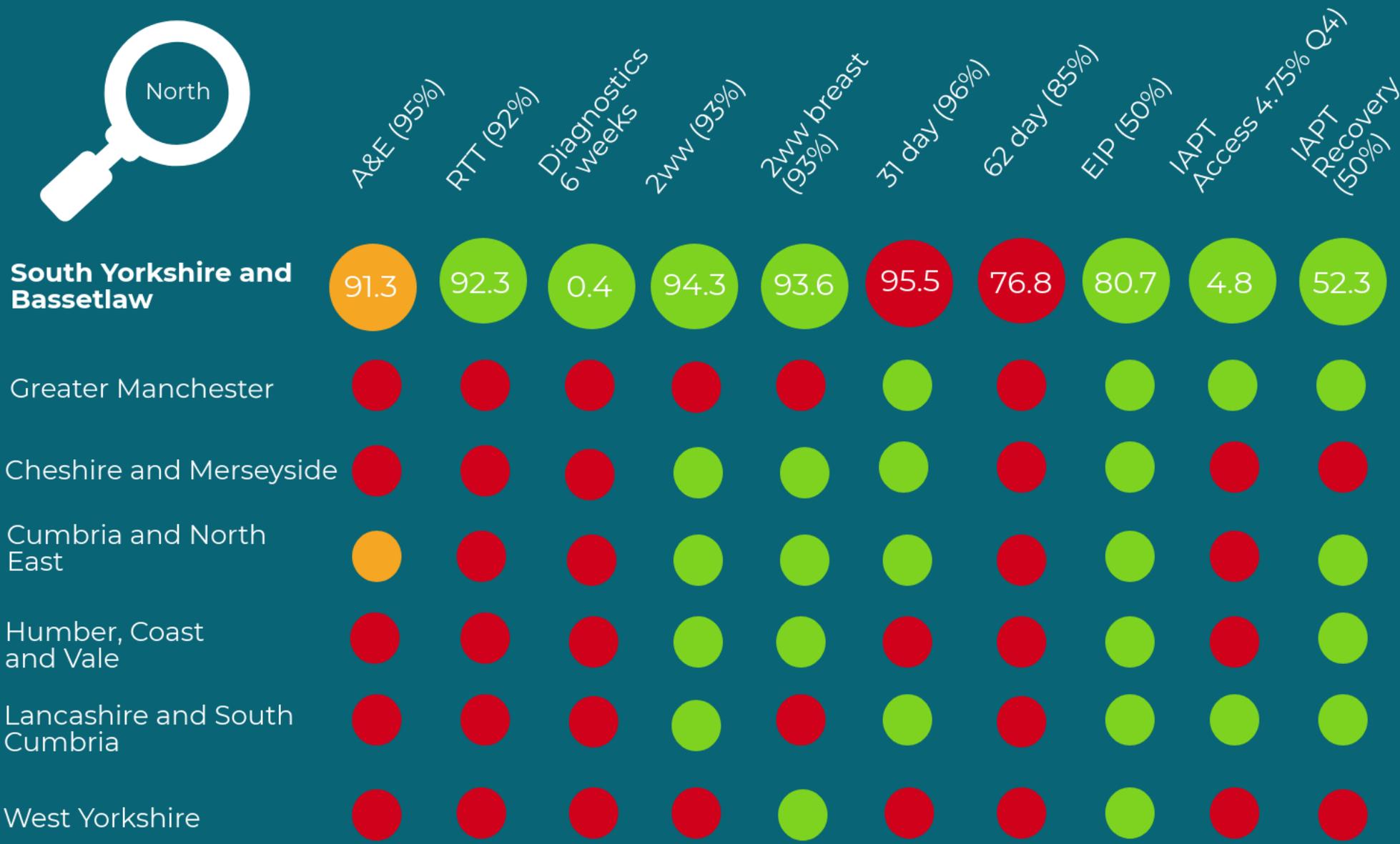
	A&E (95%)	RTT (92%)	Diagnostics 6 weeks	2www (93%)	2www breast (93%)	31 day (96%)	62 day (85%)	EIP (50%)	IAPT Access 4.75% Q4	IAPT Recovery (50%)
South Yorkshire and Bassetlaw	91.3	92.3	0.4	94.3	93.6	95.5	76.8	80.7	4.8	52.3
Greater Manchester										
Bucks, Oxfordshire and Berkshire West										
Frimley Health										
Dorset										
Nottinghamshire										
Blackpool & Fyde - Lancashire and S.Cumbria										
Milton Keynes, Bedfordshire & Luton										
Gloucestershire										
Suffolk and NE Essex										



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How are we doing? An overview

Key performance report: December 2018 (October data)



The ICS financial position is reporting a year to date favourable variance against plan of £3.6m excluding PSF; all organisations are currently forecasting break even against plan before PSF.



Greater Huddersfield Clinical Commissioning Group

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Dear Colleagues

Procurement of Integrated Urgent Care (IUC) Services for Yorkshire and Humber

I am pleased to confirm that Yorkshire Ambulance Service NHS Trust (YAS) has been awarded the contract for NHS 111 telephony, Call Handling and Core Clinical Advice Service (referred to as Integrated Urgent Care) in Yorkshire and the Humber.

For the first time, agencies have worked together to jointly commission Integrated Urgent Care services for the entire Yorkshire and Humber region, covering approximately 5.4 million people and an area of nearly 16,000 km². The contract, which is worth £18.5 million in 2019/20, has been awarded for an initial five year term with an option to extend for a further two years.

In April 2018, our 21 Clinical Commissioning Groups (CCGs) together with NHS England North Region - Yorkshire and the Humber, set up a Procurement Steering Group to oversee the nine month process. A competitive dialogue procurement was used as this process is particularly well suited to complex contracts where discussions with potential providers can achieve better results.

A preferred bidder was identified towards the end of last year and subsequently the recommendation to award the contract was made to commissioners. All commissioners across Yorkshire and the Humber confirmed their support for the award through their own governance arrangements. Following this, and in its role as the lead commissioning organisation/purchasing authority, NHS Greater Huddersfield CCG agreed to award the contract at a meeting of its Governing Body on 12 December 2018.

The contract is now the process of being finalised and will shortly be signed. Commissioners and YAS are working on the mobilisation of the new service which will commence on 1 April 2019.

I have every confidence that by working together with YAS, which is the current provider of the NHS111 service in Yorkshire and Humber, we will be in a strong position to meet the ongoing and developing requirements in respect of Integrated Urgent Care. With the completion of the procurement stage, the focus of the programme is now mobilisation of the new service with the commissioners and YAS working in partnership. The Procurement Steering Group will now transition into the Mobilisation Steering Group.

I would like to thank everyone who has been involved in and supported the process to this point and look forward to working together with you during the next stage of the programme.



Martin Pursey
Chair Y&H IUC Procurement Steering Group

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