

NHS Rotherham CCG Governing Body – February 2020

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.

Letter from NHSE/I re: Better Care Fund 2019/20

I am pleased to report I received a letter from NHSE/I in January confirming, following regional assurance processes our Better Care Fund (BCF) plan had been classified as 'Approved', and therefore the CCG BCF funding can now be formally released. Please see full letter at Appendix A

Rotherham Quarter 3 Place Review

Sir Andrew Cash wrote to me following the Quarter 3 Place review meeting which was held in December. We discussed the following areas:

- Urgent and Emergency Care
- Referral to Treatment
- Cancer
- Financial Position
- Care Quality Commissioning
- Partnership Strategy and PCNs

Sire Andrew commented he was hugely encouraged to hear how we were developing services for the people of Rotherham. The full letter is attached at Appendix B.

Extension of Listening Service (Amparo) for those affected by suicide.

The evidence is clear that people bereaved by suicide are a vulnerable population, this group experience a debilitating impact on their health and wellbeing and day to day functioning. How this differs in severity or nature from other bereaved or traumatised groups is less clear. The aims of supporting those bereaved by suicide are generally considered to be reducing the risk of further suicide and reducing the debilitating effects of the bereavement on mental and physical health. It's important therefore to ask how well wider suicide prevention activities and bereavement support can achieve these goals, or whether dedicated postvention support is known to be more effective.

Rotherham CCG have for the last 9 months commissioned Amparo Listening support service, which is offered to individuals affected by suicide. Rotherham CCG intends to award a further contract for a period of 12 months this will allow a full evaluation of this provision and inform our future commissioning arrangements.

South Yorkshire & Bassetlaw Integrated Care System CEO Report.

Attached as appendix C is the December CEO Report from Sir Andrew Cash to the Health Executive Group (HEG), SY&B ICS. The report includes updates on:

- ICS Leaders Update
- Health Oversight and Health Executive Group
- NHS Long Term Plan
- The performance scorecard for Oct and Nov 2019

Communications Update

- A quote was provided, from Dr Jason Page, to Rother FM who covered a story on Rotherham's cervical screening rates and how we are encouraging more uptake of the screening. This story was part of their coverage of Cervical Cancer Prevention Week (20th to 26th January).
- The 'Be the One' campaign and the Rotherham health app continue to receive positive coverage in the local media. Personal stories from local people have been key features of the stories.
- Mental health support for victims of CSE in Rotherham was part of a wider article in the Rotherham Advertiser covering one person's current experience of life after CSE. A response was provided by health services that included information on the Trauma Resilience Service and support groups available in Rotherham.

NHS England
Skipton House
80 London Road
London
SE1 6LH

neil.permain1@nhs.net

08 January 2020

To: *(by email)*

Councillor David Roche
Christopher Edwards
Ian Atkinson
Sharon Kemp

Chair, Rotherham Health and Wellbeing Board
Clinical Commissioning Group Accountable Officer (Lead)
Additional Clinical Commissioning Group(s) Accountable Officers
Local Authority Chief Executive

Dear Colleagues

BETTER CARE FUND 2019-20

Thank you for submitting your Better Care Fund (BCF) plan for regional assurance and approval. We recognise that the BCF has again presented challenges in preparing plans at a late stage and at pace and we are grateful for your commitment in providing your agreed plan.

I am pleased to let you know that, following the regional assurance process, your plan has been classified as '**Approved**'. The Clinical Commissioning Group (CCG) BCF funding can therefore now be formally released subject to the funding being used in accordance with your final approved plan, and the conditions set out in the BCF policy framework for 2019-20 and the BCF planning guidance for 2019-20, including transfer of funds into a pooling arrangement governed by a Section 75 agreement. Your Section 75 agreement should aim to be confirmed by the end of January 2020.

These conditions have been imposed through the NHS Act 2006 (as amended by the Care Act 2014). If the conditions are not complied with, NHS England is able to direct the CCG(s) in your Health and Wellbeing Board area as to the use of the funding.

The Disabled Facilities Grant (DFG), the improved Better Care Fund (iBCF) and the Winter Pressures grant are also pooled along-side the CCG allocations. The DFG, iBCF and Winter Pressures grants are paid directly to local authorities via a Section 31 grant from the Ministry of Housing, Communities and Local Government. These



grants are subject to grant conditions set out in their respective grant determinations made under Section 31 of the Local Government Act 2003, as specified in the BCF Planning Requirements.

Ongoing support and oversight will continue to be led by your local Better Care Manager (BCM). Following the assurance process, we are asking all BCMs to feedback identified areas for improvement in your plan and share where systems may benefit from conversations with other areas.

Once again, thank you for your work and best wishes with implementation and ongoing delivery.

Yours sincerely,



Neil Permain
Director of NHS Operations and Delivery and SRO for the Better Care Fund

NHS England and Improvement

Copy (by email) to:

Anne Marie Lubanski Nathan Atkinson Judith Badger	Local Authority Director of Adult Social Services (or equivalent) Better Care Fund Lead Official LA Section 151 Officer
Richard Barker Warren Brown	Regional Director of Delivery, NHS England North East and Yorkshire Region Director of Performance & Improvement
Rosie Seymour Jenny Sleight	Programme Director, Better Care Support Team, NHS England Better Care Manager, North East and Yorkshire



South Yorkshire & Bassetlaw Integrated Care System
722 Prince of Wales Road
Sheffield
S9 4EU
Programme Office: 0114 3051905

27 December 2019

Letter to:

Louise Barnett, Chief Executive Officer, TRFT
Chris Edwards, Accountable Officer, Rotherham CCG
Kathryn Singh, Chief Executive Officer, RDaSH
Sharon Kemp, CEO RMBC
Dr Gok Muthoo, MD, CHRoCIC

Dear Colleague,

ROTHERHAM QUARTER 3 PLACE REVIEW

Thank you for joining us on 16 December, for our third quarterly place review of this year. It was very helpful to hear about the development work being undertaken, and to discuss collective actions to secure improvement in key areas of performance.

Urgent & Emergency Care

We discussed the significant pressure that the Trust has been experiencing over the last few weeks resulting in a high volume of ambulance handover delays and eight patients waiting more than 12 hours from decision to admission on the 8/9 December.

We all concurred that 12 hour breaches are a “never event” and should be treated with utmost concern. The Trust is completing a root cause analysis for each of the eight breaches.

We discussed the circumstances surrounding the eight breaches on 8 / 9 December including the high volume of patients requiring isolation and the number of surge beds that the Trust opened. The Trust worked hard to care for patients under very difficult circumstances but needs to ensure that clinical areas are always staffed appropriately and that escalation processes are followed, including to chief executive level where required. We agreed that Alison Knowles would discuss the SYB approach to escalation with all Chief Operating Officers before the holiday period.

In terms of handover delays, the Trust plans to introduce a liaison officer post (jointly with YAS) and to extend its Rapid Assessment Capacity into the ED review area. This area is used routinely for patients who are waiting admission following ED assessment so will compromise the flow from the department into the wider hospital. We agreed to ask the relevant regional leads within NHSEI to review this plan prior to its implementation.

Referral to Treatment

The Trust has a strong track record of delivering on the national RTT standard and is determined to maintain this position. However, over the last year, performance has deteriorated to just above 92% and the volume of patients waiting has increased by ca 2400 patients (+20%). These two factors, combined with emergency pressures, raises a concern that the Trust will not be able to maintain delivery of the standard in quarter 4 and into 2020/21.

The Trust has lost theatre capacity in recent weeks due to estate issues. It has introduced a process of validation and is aiming to remove ca. 300 patients from the list. In addition, there may be an opportunity to re-base the waiting list given some service shifts from other providers.

We discussed the risk that emergency pressures will mean that the Trust is not able to re-open elective capacity in January. We agreed that the CCG and the Trust will provide a recovery plan for the next 3 months and then the following 12 months, setting out the proposed impact from validation and re-basing and the capacity plan to deliver both the RTT target and the required reduction in the number of patients waiting.

Alongside the RTT position, the Trust has maintained strong performance on the diagnostic waiting time target. We discussed, the exemplar work on plain film x-ray and agreed that this should be shared across SYB and with colleagues in the region. Alison Knowles will liaise with the Trust on this opportunity.

Cancer

George Briggs has led the work on recovery of cancer targets within the Trust and with the local GP lead, Jason Page. The work on improving polling for 2-week wait pathways and on the Faster Diagnostic standard has resulted in:

- Confidence that the 2-week wait target will be delivered from November 2019 onwards;
- Improved capacity in the breast 2-week wait pathway so that the Trust is predicting consistent delivery from end quarter 4, onwards;
- Maintenance of the 31-day target; and

-
- A reduction in the 62-day PTL from 1000 to 600 patients.

We discussed the inter-provider transfer target where Rotherham is not making as much progress as other providers in SYB. You are confident that the improvements outlined above will secure 85% delivery from the end January 2020.

IAPT Access

RDASH and the CCG are producing a recovery plan to secure delivery of the access target in quarter 4. This will cover capacity, staffing and reporting requirements.

We discussed the new digital service which is being introduced in Rotherham and the opportunity this presents for the other three places in SYB where the target is not secured.

Financial Position

Both providers and the CCG confirmed that they will meet their financial plans for 2019/20.

The place has a gap in its Long Term Plan of £2.4M in 2020/21, assuming that drawdown of £3M is available. The CFOs met with Cathy Kennedy and Jeremy Cooke on 9 December to review the plan and to consider any opportunities for improvement.

The expectation is that a balanced plan will be developed for 2020/21 and that some progress will have been made towards this before 24 December.

Care Quality Commission

We noted that the report on the UEC review for TRFT would be published on 19 December and that RDASH were expecting the draft report from their well-led inspection which took place within Q3.

Partnership Strategy and PCNs

Sharon Kemp joined the meeting for this part of the agenda.

The work on governance within Rotherham place continues with support from Robert McGough. Importantly, you have tested this governance through tackling some difficult issues and are confident that you are well-placed to take full advantage of the anticipated legislative changes in the coming year.

We discussed how the newly-formed PCNs are integrating into this place-based way of working. The PCNs are formally represented in the place-partnership by the Rotherham Primary Care Federation and that the CCG had amended the membership of its Members Committee so that the six PCN clinical directors were now the core

members. This provides an important opportunity for them to influence and decide the CCG's strategy going forward.

The PCNS and place partners will continue to use the existing locality structure to shape strategy and service provision across all providers. We noted that Rotherham has strong locality working which has been show-cased in a LGA case study.

Thank you again for participating in the quarterly place review. It is hugely encouraging to hear from you how you are developing services for the people of Rotherham. I am keen that we continue to work together over the coming months to support you as you address the areas of challenge.

Yours sincerely,



Sir Andrew Cash
Chief Executive System Leader
South Yorkshire & Bassetlaw Integrated Care System



South Yorkshire and Bassetlaw Integrated Care System CEO Report

SOUTH YORKSHIRE AND BASSETLAW
INTEGRATED CARE SYSTEM

HEALTH EXECUTIVE GROUP

14 January 2020

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 a summary update on the work of the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) for the month of December 2019.			
Recommendations			
The SYB Collaborative Partnership Board (CPB) and SYB ICS Health Executive Group (HEG) 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

14 January 2020

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 for the month of December 2019.

2. Summary update for activity during December 2019

2.1 ICS Leaders Update

The North East and Yorkshire STP/ICS Leaders meeting took place on Wednesday December 4th. Discussions covered the soon to be published People Plan, workforce plans across the region, the publication of local responses to the NHS Long Term Plan, performance over winter and feedback from the National team.

2.2 Health Oversight Board and Health Executive Group

The meetings of the Health Oversight Board (HOB) and Health Executive Group (HEG) coincided on December 16th, allowing members of both groups to meet and have discussion informally. Feedback from the opportunity to share views and ideas in this way was very positive and we will look to bring the members together more frequently as a result.

2.3 NHS Long Term Plan

Following the outcome of the General Election, a new Conservative-led Government is now in place and will take forward its mandate for health and care. This includes enshrining in law the NHS Long Term Plan which is expected within the coming months. The September 2019 NHS England and Improvement document 'The NHS's recommendations to Government and Parliament for an NHS Bill' outlines in the detail the recommendations for a Bill and includes promoting collaboration, increasing flexibility of national payment systems, integrated service provision, managing resources effectively, getting better value for the NHS, every part of the NHS working together, shared responsibility and planning services together.

2.3 Performance Scorecard

The attached scorecards show our collective position at December 2019 (using predominantly October and November 2019 data) as compared with other areas in the North of England and also with the other nine advanced ICSs in the country.

As in December's report, we continue to be green in six of the ten constitutional standards: six week diagnostics, two week cancer waits, two week cancer breast waits and 31 day cancer waits, Early Intervention in Psychosis (EIP) and IAPT recovery. Our overall performance as a System, while still below the constitutional standard in four areas, remains one of the best in the country. We outperform other ICS in the North and also those that are First Wave.

At month 8 the Year to Date position is £2 million ahead of plan. Three provider organisations continue to report positions that are adverse to plan. All other organisations are forecasting to achieve plan. Assurances on achieving forecast outturn are being sought alongside routine monitoring and managing of risks, with escalation procedures in place if needed.

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

Date 7 January 2020

How are we doing? An overview



Key performance report: December 2019 (using predominantly Oct/Nov data)



At month 8, the Year to Date position is £2m ahead of Plan. Three provider organisations continue to report positions that are adverse to plan. All other organisations are forecasting to achieve plan. Assurances on achieving forecast outturn are being sought alongside routine monitoring and managing of risks, with escalation procedures in place if needed.

How are we doing? An overview

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