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To: Chris Edwards, CCG Accountable Officer
NHS Rotherham CCG
Cc: Eleri De Gilbert, Area Director

Dear Chris

Non-recurrent funding for operational resilience and referral to treatment 2014/15

Today we have published a framework to support planning for operational resilience during 2014/15 which covers both urgent and planned care.

We have written to all accountable officers across the NHS and local authority chief executives setting out our expectations of how the system will work together to develop robust plans for managing operational resilience through 2014/15.

This moves beyond planning for urgent care over winter, bringing this together with planned care to system wide, year round resilience. This wider remit is partly informed by the recent pressures that have been seen in delivery of the referral to treatment (RTT) standard, but is primarily driven by the principle of good local healthcare planning being equally focussed and resilient across planned and urgent care.

The guidance sets out best practice requirements across planned and urgent and emergency care that each local system should reflect in their local plan, and the evolution of Urgent Care Working Groups into System Resilience Groups (SRGs) We expect CCGs to play a full role in leading these groups, ensuring that all partners across health and social care are included, whether commissioners or providers.

Non recurrent funding for 2014/15 will be made available to support the successful delivery of these plans. Quality, access and financial balance are equally important. It is therefore essential that SRGs assure themselves that overall plans are affordable and do not lead to a deterioration in the financial position of member organisations.

Urgent care funding will be allocated to CCGs on a fair-shares basis to be shared amongst local systems through the SRGs in the same way as in 2013/14. Your CCG will receive £1,811,665.00.

Monies will be made available upon successful assurance of plans. These plans must build on the good work undertaken throughout last year. In particular they must include the use of primary care, community and mental health services as well as social services to support patients with urgent care needs or to help avoid such urgent episodes altogether. Particular attention should be paid to ensuring that all patients who have mental health needs receive improved and swifter care.

We have also calculated the incremental funding allocations by NHS England Area Team to support the delivery of additional elective activity to improve performance on RTT standards, clear backlog and reduce the number of long wait patients. This money is being allocated to Area Teams who will then agree its use with CCGs and local providers.

As the main commissioners of high-quality services for patients, CCGs have a key role to play within local systems to ensure that we have the appropriate system-wide operational resilience plans in place and that we take a coordinated approach to the delivery of high-quality services for patients throughout the year.



Barbara Hakin
Chief Operating Officer