

NHS Rotherham CCG Governing Body – June 2018

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.

Annual Review Feedback

Our annual review with NHS England took place on the 12th April and the feedback letter is attached as appendix A. This was a good meeting and we hope for a positive result of the annual assessment.

Chair and Vice Chair of the CCG Strategic Clinical Executive (SCE)

At the SCE meeting on the 11th April 2018, I am pleased to report SCE members voted to retain Dr Richard Cullen as Chair of the SCE and Dr Jason Page as Vice Chair of the SCE, for a further 12 months.

Governance Structure for Meetings

Our meeting governance structure has undergone a review and refresh, to take into account the changes in partnership working and meetings we support. The new structure is attached as appendix B

2017-18 CCG IAF patient and community engagement indicator - "Compliance with statutory guidance on patient and public participation in commissioning health and care" – final score

The CCG Improvement and Assessment Framework (IAF) was updated for 2017/18. Building on the IAF introduced in April 2016, which replaced both the existing CCG assurance framework and CCG performance dashboard, it was designed to provide a greater focus on assisting improvement, alongside our statutory assessment function.

The attached letter (appendix C) presents Rotherham CCG's final results for the 2017-18 CCG IAF engagement indicator and assessment, and provides further information.

The IAF aligns with NHS England's Mandate and planning guidance, with the aim of unlocking change and improvement in a number of key areas. This approach aims to reach beyond CCGs, enabling local health systems and communities to assess their own progress from ratings published online.

The framework is intended as a focal point for joint work and support between NHS England and CCGs. It draws together the NHS Constitution, performance and finance metrics and transformational challenges and plays an important part in the delivery of the [Five Year Forward View](#).

NHS England and NHS Improvement Closer Working.

NHS England and NHS Improvement have held their first public board meeting in common. The

attached letter (appendix D) gives an update and outlines a new way of working.

Governing Body Forward Planner

For your information there will not be a Governing Body development session in June and there will be no Governing Body meeting in August, reports will be emailed to members. Professor Chris Welsh, Yorkshire & Humber Clinical Senate Chair and leader of the Hospital Services Review will be attending our July GB to lead a session on the Hospital Services Review. The September development session will be on QIPP/Safeguarding.

Communications Update

- During Mental Health Awareness Week (14th – 20th May), we launched - with Rotherham Council and local NHS partners - the new Five Ways to Wellbeing campaign to help people look after their mental health and wellbeing and get the most out of life. The CCG are using the campaign to promote mental health amongst staff. More information can be found at www.rotherham.gov.uk/health
- A campaign has recently been launched to promote the Rotherham Health Record. Leaflets have been distributed to all GP practices and other public locations across health and social care partners. Communications and engagement activity will continue throughout 2018/19, including information on how patients can opt out.
- Communications activity is taking place in the lead up to the NHS 70th birthday, including case studies on people's experience of the NHS over the years. The CCG will celebrate the birthday at an event on Wednesday 4th July looking at memories of the NHS in Rotherham, as well engaging local people on their aspirations for health services in the future.
- A South Yorkshire and Bassetlaw wide over-the-counter medicines campaign has been procured and will be implemented over the next few months. This builds upon the work undertaken by NHS Rotherham CCG with local people over the last year.



Dr Richard Cullen, Chair
Chris Edwards, Accountable
Officer

Rotherham CCG

NHS England – North
(Yorkshire & the Humber)
3 Leeds City Office Park
Meadow Lane
Leeds
LS11 5BD
11th May 2018

0113 8247511

Dear Richard and Chris,

RE: CCG 2017/18 ANNUAL REVIEW

Thank you for meeting with us on 12 April 2018 for your Annual Review Meeting. The purpose of this letter is to provide feedback on the key issues we discussed, and to confirm next steps for the publication of the 2017/18 Annual Performance Assessment.

As you will be aware, NHS England has a statutory duty to conduct an annual performance assessment of each CCG. The Government's Mandate to NHS England specifies the four 'Ofsted-style' headline categories to be used: Outstanding; Good; Requires Improvement and Inadequate.

Whilst the methodology for the calculation of the 2017/18 Annual Performance Assessment has not yet been finalised, as a guide, it is likely that the Quality of Leadership (QoL) indicator will be significantly weighted, and will account for 25% of the overall judgement alongside 25% for the finance indicator and the remaining 50% will be made up of the remaining indicator set.

CCG key achievements and issues from 2017/18

We discussed the CCG's key achievements in 2017/18 and particularly the focus the CCG has on improving outcomes for the population of Rotherham. We acknowledged the success of the CCG's leadership team, which presents a coherent plan for the CCG, but also undertakes a leadership role across Rotherham at place, and across the wider SYB ICS footprint.

You presented a number of key achievements and we discussed in detail the CCG's

work on: primary care and the federation development, MSK triage, quality contract, Waverly development, mental health, medicines management, positive 360 results, clinical thresholds and social prescribing. These have not only had an impact in Rotherham, but in some cases have also been adopted across the CCGs in South Yorkshire and Bassetlaw.

We acknowledged the CCG's continued good performance and the examples of good practice provided including the Ferns Dementia Ward and Operation Stovewood pre and post-trial support. We congratulated the CCG on the reaccreditation of the Investors in Excellence award.

We discussed the areas of delivery challenge mainly around Cancer 62 days and the UEC standard. For cancer, there is a need to focus with Rotherham Hospital on effective PTL management to minimise long waits and ensure timely transfers onto Sheffield. We noted the establishment of the Rotherham Cancer Board and will want to work with you in year to understand how it is tracking and improving delivery.

We acknowledged the continuing issues around ED and the Urgent Care Centre. The new model of care has been implemented but there is now a requirement for your winter plan to consider how you will staff the service resiliently, given the rota gaps throughout this winter.

Operational and Financial Plans for 2018-19

The CCG's operational and financial plans are due to be submitted, finally, on 30 April. Your draft financial plan achieves all business rules and includes challenging, but realistic efficiency savings.

All contracts were agreed by the March 2018 deadline and activity trajectories are agreed, and in the main, are aligned to contracts.

You described the robust approach undertaken to QIPP planning which is fully aligned to delivery plans and the delivery of schemes predominantly around clinical thresholds and care home prescribing schemes. The recent Deloitte's Review of QIPP plans in South Yorkshire did highlight some areas of improvement for you to consider.

We discussed the key risks with TRFT and their financial sustainability, and we acknowledged that the Trust's control total has not yet been agreed. We expect you to lead the work on developing a system recovery plan so that your residents receive high quality, sustainable care within the resources available to the CCG. We will continue to work with NHS Improvement in supporting and reviewing this work.

Nursing and Quality – Transforming Care

We discussed the challenge around the Transforming Care Partnership and the need for continued focus on case management and working with specialised commissioning to transfer patients into the community which you confirmed plans are in place for.

Working with SYB ICS

We discussed the importance of wider system working and the need to continue to work collaboratively with the other 4 CCGs and the ICS, which will, in part, assist in improving financial sustainability for Rotherham. You confirmed the work of the CCG in leading on 3 of the ICS workstreams namely digital, estates and maternity.

We discussed the wider ICS implementation and in particular, the Sustainable Hospitals Review. It will be important to ensure that you realise the opportunities from this review to enable you to commission high quality, sustainable care for your residents within the resources available to Rotherham.

We discussed the development of the Rotherham ICP and you confirmed that it had met in public for the first time in April. You confirmed that an agreement has been made which is not legally binding but is enough to ensure delivery organisations act to deliver the place based plan. You confirmed that the place plan is currently under review.

It is clear from our discussions that the CCG continues to deliver well through your leadership and the hard work of the organisation. The coming year will be challenging for the CCG and Rotherham as a local place given the financial issues which have emerged in 2017-18.

You praised NHS England on the positive yet constructive relationship it holds with the CCG and this was acknowledged.

I will write to you again in June / July with your finalised Annual Assessment Results. In the meantime, please do not hesitate to contact myself or Mark Janvier should you require any further information.

Yours sincerely,

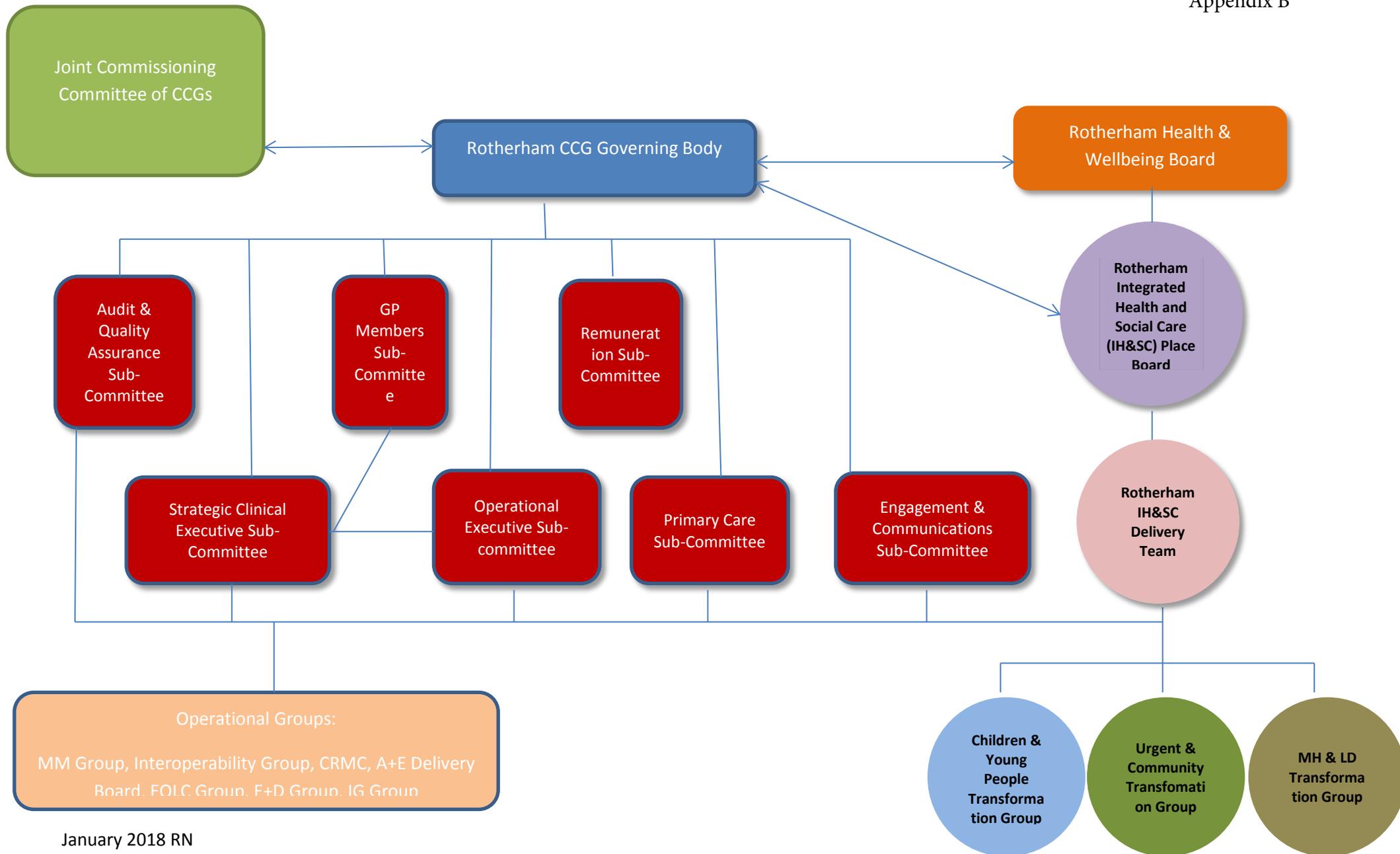


Alison Knowles

Locality Director – NHS England North (Yorkshire & the Humber)

NHS Rotherham Clinical Commissioning Group – Meeting Governance Structure

Appendix B



January 2018 RN

16th May 2018

Dear Colleague,

2017-18 CCG IAF patient and community engagement indicator - “Compliance with statutory guidance on patient and public participation in commissioning health and care” – final score

Please find below your CCG’s final score and RAGG* rating for this indicator, including a breakdown of your scores by domain.

NHS ROTHERHAM CCG

Domain A	Domain B	Domain C	Domain D	Domain E	Final Score	Final RAGG*
3	2	3	2	2	12	GREEN

If you **did not** submit further evidence for review, your scores have not changed from the Interim Scores that were sent to you in November 2017, and this letter simply confirms the details that will be published on [MyNHS](#) in July (date to be confirmed) and updates you on some next steps in 2018-19.

If you **did** submit evidence for review, your scores may have changed from the Interim Scores that were sent to you November 2017. Full details of the review process can be found in appendix 1.

In a few cases, CCGs submitted evidence but **did not meet the requirements for review** (for example, if evidence submitted was new and only published after the review period). If this applies to you, you will find the words ‘review not allowed’ by your table above, and we will also be in touch with you separately.

Please note that the scores and RAGG* ratings confirmed in this letter are final and will be published will be on [MyNHS](#) in July 2018 as part of the formal publication of the 2017-18 CCG IAF results. There is no further appeal process.

CCG IAF engagement assessment in 2018-19

Indications to date are that the CCG IAF in 2018-19 will continue to include the patient and community engagement indicator. For further information about the CCG IAF in 2018-19 see <https://www.england.nhs.uk/commissioning/regulation/ccg-assess/iaf/>.

We recognise that many CCGs are now undertaking engagement as part of an ICS/STP. However, the statutory duties relating to patient and public participation in commissioning remain with CCGs and NHS England also retains its statutory responsibility to assure CCGs' patient and public participation. **We will therefore continue to assess participation at CCG level in 2018-19, using broadly the same approach**, although we are giving careful thought to how both assessment and feedback can also be made meaningful at ICS/STP level.

Improving the patient and community engagement indicator assessment process

We are likely to refine the assessment process for 2018-19 although the overall approach will remain broadly the same. Approximately 90 CCGs have already taken part in online webinars and discussion, testing ideas, answering some key questions and giving feedback about how the patient and community engagement assessment process for the IAF could be improved.

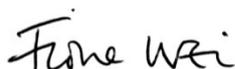
If your CCG has not already taken part in one of these webinars, you may like to join the final one, which will take place on 4th June, 10:30-12:00pm. Please [click here to register](#).

Following this process review, the NHS England Public Participation team and our Patient and Community Engagement Indicator Advisory Group will finalise the process for the assessment of the engagement indicator in 2018-19. We can already anticipate some possible changes, including that all CCGs could submit their own evidence, and that assessment may take place closer to the end of 2018-19.

We intend to publish full details of the 2018-19 indicator 50 assessment process by autumn 2018, well ahead of assessment.

If you have any questions, please email them to england.nhs.participation@nhs.net. We will compile and share a set of Frequently Asked Questions later in the summer.

Yours faithfully,

A handwritten signature in black ink that reads 'Fiona Weir'.

Fiona Weir

Participation Strategy Lead
Public Participation Team
NHS England

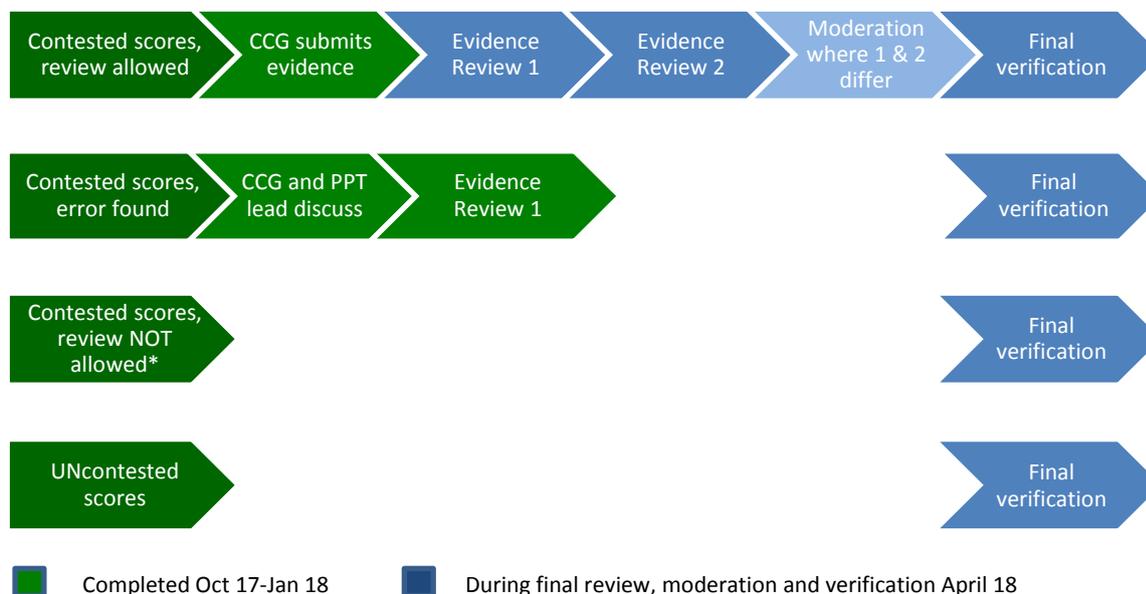
Appendix 1: 2017-18 CCG IAF Patient and Community Engagement Indicator Arrangements for the final review, moderation and verification of results

Overview:

This document describes the arrangements for final review, moderation and verification of assessment scores for the Patient and Community Engagement of the 2017-18 IAF. Final scores at the end of this process formed data for the 'Patient and Community Engagement' Indicator in the 2017-18 CCG IAF which will be published in summer 2018.

Final review process:

(NB: All results were internally moderated before interim scores were given. The process steps below apply to the final review, moderation and verification to convert interim scores to final scores).



*NB: Review was not allowed: where CCGs provided new evidence uploaded after the assessment period July-October 2017; where CCGs were unable to confirm that evidence was available during the assessment period July-October 2017; or for CCGs already rated good/outstanding, unless a technical error was identified.

Final review, moderation and verification team:

Members of the final review team were drawn from the NHS England Public Participation Team and the project Advisory Group, including NHS England regional leads and officers, CCGs, Healthwatch England representative, lay members as follows, plus others to be confirmed:

- **Evidence review team 1:** members of NHS England Public Participation Team (PPT) and NHS England Participation, Insight and Equalities Division
- **Evidence review team 2:** Advisory Group members excluding PPT, i.e. NHS England Regional leads and officers, CCG representatives, lay members

- **Moderation panel:** NHS England Public Participation Team Accountable Officer (chair), Healthwatch England representative, NHS England CCGIAF team representative, lay member
- **Final verification:** all of the above

Scope:

- **All:** to ensure a robust and transparent process that finalises scores for the 2017-18 CCGIAF engagement indicator;
- **All:** to agree on cases where review is not allowed;
- **Evidence review team 1:** to review evidence submitted by CCGs against the indicator criteria, independent of previous assessment;
- **Evidence review team 2:** to provide external review of evidence submitted by CCGs against the indicator criteria, independent of previous assessment;
- **Moderation panel:** to resolve differences between review team scores and agree final score for verification; NHS England chair to have casting vote;
- **Final verification:** to agree all final scores; chair to have casting vote.

Review parameters:

CCGs submitted evidence for review using a standardised framework, where they provided web links to information that they believe demonstrates they meet specified criteria. Each review must answer 'yes' to **all** the following questions to award points for contested criteria:

- Has the CCG signed the self-declaration? I.e. was it available during the original assessment period (July-October 2017)? (If not, no further evidence will be reviewed – review not allowed)
- Is the evidence available? (Using due diligence to check possibly broken web links)
- Does it fully (not partially) meet the specified criteria?

Final review, moderation and verification outline arrangements:

- Introduction, declarations of interest
- Induction/training
- Reviews (teams 1 and 2 working in parallel)
- Moderation where needed, in parallel where possible
- Verification/finalisation of all scores

Summary terms of reference:

Confidentiality: all discussion stays in the room

Managing potential conflicts of interest: no individual shall be involved in reviewing evidence from any region in which they work or have relationships. The moderation panel members are identified to have national rather than local relationships.

Ensuring quality and enabling open challenge: in addition to the confidentiality agreement, members in the room agree to create 'safe' space for discussion where all questions are welcome. The same people are involved throughout. Common induction and training is provided for all members.



Full terms of reference for the Advisory Group apply and are provided to reviewers.

CCGIAF engagement indicator – Arrangements for final review, moderation and verification
Fiona Weir, Public Participation Team, NHS England, May 2018 v4FINAL PUBLIC

24/05/2018

To:

- Provider chief executives and chairs
- CCG accountable officers
- STP leads

Dear colleague

Creating coherent system leadership: next steps on NHS England and NHS Improvement closer working

The National Health Service is turning 70 on 5 July 2018. Over the last seven decades the NHS has helped transform the health and wellbeing of the nation and in turn has earned the enduring support of the British people. Through a process of continuous evolution and modernisation it has delivered huge medical advances, improvements in population health and innovations in patient care.

Today was the first public Board meeting in common for NHS England and NHS Improvement where we discussed three sets of proposals. We considered how local NHS services can better work together, building care around patients rather than institutions. We discussed the NHS' 2018/19 operating plan covering both trusts and CCGs. Finally, we agreed a new way of working – which you can find [here](#) – outlining a detailed set of proposals about how NHS England and NHS Improvement are going to work closer together as system leaders for the health service.

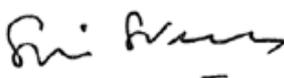
Since we last updated you in March, we have been exploring how we can change our culture, systems and ways of working to provide coherent system leadership, working within an environment where we can all perform at our best for patients.

The next steps outlined in the Board paper explain how the majority of our national functions will move to single integrated teams reporting to both organisations, or as hosted teams, working in one organisation on behalf of both. You can also find in the paper the final proposals for the North and Midlands and East regional geographies.

We will keep you updated as we continue to develop our new approach.

If you have any questions or feedback, please do get in touch.

Yours sincerely

**Ian Dalton**Chief Executive
NHS Improvement**Simon Stevens**Chief Executive
NHS England