

**Chief Officer's Report**

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**Purpose**

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

**Commissioning Support Unit Developments**

West and South Yorkshire CSU is now a single organisation with a single senior management. The organisation has 17 main customers, 15 CCGs and 2 area teams of NHS England. The Managing Director is Alison Hughes. All 4 other Directors are all now in place. The CSU has a budget of £55m and 700 staff. These units are advised and developed by the national Business Development Unit of NHS England. NHS England will shortly publish its strategy for the next steps in commissioning support arrangements. These will include the thresholds for CSU's to pass the next national checkpoint (checkpoint 5) and the timetable for externalisation (CSU's becoming non NHS organisations).

Rotherham CCG holds West & South Yorkshire CSU to account for delivery against the 13/14 Service Level Agreement (SLA) through monthly meetings. The CCG will start to consider its commissioning intentions for commissioning support for 2014/15 this September.

The 5 SY CCGs also hold a monthly leadership forum with the CSU which is attended by CCG Chief Officers or Deputy Chief Officers, plus the Clinical Chair of Doncaster CCG who feeds back to other CCG GPs via CCGCOM. The leadership forum is developing its work programme to include: joint discussions of integration between West Yorkshire and South Yorkshire; the development of the DMIC (Data Management and Integration Centre); as well as joint understanding of CSU service line costs and the costs of alternative providers; CSU assurance and governance processes (financial, clinical and IG); evolving national requirements for commissioning support; and the impact of individual CCG commissioning decisions on services provided for other CCGs.

WY & SY CSU is carrying out a review of clinical service commissioning support. For Rotherham CCG this directly affects continuing care and individual funding requests. The review will be completed by the end of July. Rotherham CCG will ensure that there is appropriate CCG involvement in the review process. The options generated by the review will inform the CCG's discussions about commissioning intentions for 2014/15.

**A&E Performance**

A&E performance in April has been well below the 95% 4 hour target across the region during the first two weeks in April.

The reason for this is still being investigated and the CCG has been liaising closely with NHS England Area Team. If this performance continues it will adversely affect the CCGs ability to achieve its quality premium. Governing Body will receive a more detailed report in June.

**Confirmation of CCG Becoming Fully Operational**

The attached letter from Dame Barbara Hakin, National Director: Commissioning Development sets out the functions of a CCG (Appendix 1).

## **CCG Governing Body - Self Assessment**

The Governing Board has recently undertaken a self assessment of its effectiveness. Results are very encouraging. The responses to all the questions are either Strongly agree or agree including comments and suggestions for improvement. (Appendix 2)

## **Health & Wellbeing Board Presentation - Not in Employment, Education or Training (NEET)**

What is the Issue?

- No real improvement in unemployment rate (NEET) for 16-18 year olds
- Vulnerable groups were 3 times more likely to be NEET than the wider cohort
- The NEET group are from poorer socio-economic backgrounds and had worse GCSE attainment.

What is the current position?

- 1 in 8 of all 18-24 year olds were unemployed
- 719 young people academic age 16-18 were NEET 7.2%
- Much worse picture for vulnerable 16-19 year olds NEET
- 13% of people with learning difficulties
- 29% of care leavers
- 74% of teenage mothers
- 50% of young offenders in the criminal justice systems

What are we trying to achieve?

- Improving percentage of young people overall and those on FSM achieving good GCSE including Maths and English
- Achieving zero NEET for all 16 year olds by 2013
- All young people in learning until their 18<sup>th</sup> birthday by 2015
- Improving percentage of young people achieving level 2 and level 3 qualifications at 19

What can the CCG offer to help?

- Offer input to the delivery of learning programmes for Care leavers – Presentation on working within the NHS to inform career choice.
- We can consider offering work experience for one Young Person at a time through a structured programme.
- We can ask for volunteers to offer mentoring to one or two young people.

## **First Anniversary of the 'Rotherham Less Lonely Campaign'**

In Rotherham over 4,000 older people feel lonely every single day of their lives. As a result of this, their quality of life and health and well being suffers and they are often left feeling isolated and depressed and unable to cope with living independently. This has a consequent effect on increasing the demand for public services locally.

The CCG was represented at the first anniversary of the less lonely campaign held in the Town Hall on 19th April 2013

The Campaign aims to promote a 'whole community' response to addressing this issue by:

- Raising awareness of the issue, its scale and its impact on the quality of life and health of older people in Rotherham;
- Encouraging people in the Rotherham community to help combat this issue and its effects

The CCG has had the opportunity to renew its pledge to continue the second year of the Social prescribing pilot which is managed by Voluntary Action Rotherham and has a impact on lonely people.

## **Information Governance Issues connected with CCG Establishment**

As reported at the last Governing body there have been national Information Governance issues relating to CCG's establishment. Initially the national Confidentiality Advisory Group did not agree for CCGs and CSUs to be authorised users of personally identifiable information via SUS (secondary users system) under section 251 of the NHS Act 2006. For 2012/13 data, required for year end reconciliation, agreement has now been reached and the CCG has agreed to the necessary safeguards to enable this information to be used. We are expecting a similar agreement to ensure future use of SUS by the CSU on our behalf for 13/14 data and will examine the implications and requirements when guidance is issued.

As a linked issue the CCG has been taking advice on existing uses of personally identifiable information. The sharing of personally identifiable information (NHS number) of patients who have had clinical problems at The Rotherham Foundation Trust (TRFT), in particular those caused by EPR implementation, are being shared by GPs to TRFT. This sharing is justified in the patient and broader public interest. At the request of TRFT, the CCG is processing this data on their behalf. The NHS numbers are notified to SCE GPs, who then pass these on to the relevant people at TRFT. It was agreed that GP to GP reporting arrangements would optimise the number of incidents reported, which is in the public interest. The CCG will formalise this arrangement by agreeing a protocol with TRFT, which will clarify that this processing is undertaken at TRFT's request and that this is the sole use to which the information will be used.

## **Communications Update**

- The launch of the CCG as a statutory body received positive coverage in the local media, including a full page article in the Rotherham Advertiser describing the changes to the local health system. Dr Dave Tooth also carried out a pre-recorded interview with Rother FM for their news bulletins.
- A meeting has been arranged with the editor of the Rotherham Advertiser to discuss how we can work together to provide positive proactive stories for the people of Rotherham.
- 'Choose Well' advertising will take place over the two May bank holiday weekends to encourage residents to get the right treatment in the right place, encouraging people to use services other than A&E.
- A range of communications activity will be undertaken from May to promote the Urgent Care Review consultation. The main activity will utilise our existing communications channels, including local press, the CCG website and via public information points across the borough e.g. libraries and GP practices. We will also look to communicate with the public and stakeholders using social media channels.

**Key Words:** CSU Development, Self Assessment, NEET, CCG fully operational, A&E performance, Information Governance, Less lonely campaign, Communications