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Date: 21 July 2014

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Dr Julie Kitlowski, Chair
Chris Edwards, Chief Officer
Rotherham CCG

Dear Julie and Chris

Thank you to you and your CCG colleagues for meeting with us on 2 June 2014 for your quarter 4 assurance meeting.

We recognised that the meeting was an important milestone as it is the end of the first year since the CCG became fully authorised. We discussed the fact that the quarterly assurance meeting was an opportunity for us to reflect on the successes and challenges of 2013/14 as well as those specific to just quarter 4.

We initially discussed the progress against the quarter 3 plan and it was agreed that a number of the issues identified in quarter 3 continued to be a challenge in quarter 4. These are reflected in this letter under the domain sections. Nevertheless progress is being made in most of those areas to deliver sustainable improvements for the future.

We then went on to discuss the Assurance Framework Domains in some detail:-

Clearly we have also received the position statement from yourself which included evidence regarding the progress made against the domains, the NHS Constitution and the CCG Statutory duties, which was referred to during our discussions.

Domain 1 – Are patients receiving clinically commissioned, high quality services?

During 2013/14 The Rotherham Foundation Trust achieved the standard of at least 95% of patients spending less than four hours in A&E during 2013/14. Across Rotherham A&E continues to face challenges for 2014/15 with the national issue of middle grade recruitment and vacancies within the senior management team. You confirmed that that the Trust have prioritised waiting times in A&E and plan a ‘perfect week’ during June and a perfect month in the autumn to move this forward. We understand that you are supporting them to do this. We stressed the importance of this delivery standard and the need for sustainability.

You informed us that you have commissioned ATTAIN to undertake a fundamental review of mental health services to improve quality and deliver the parity of esteem agenda, and that an initial report would be available shortly.

You expressed concern that the frequency of practice level reports on dementia diagnosis is not sufficient to drive forward local improvements. We discussed the availability of quarterly information at CCG level which may be useful in bridging this gap and agreed to signpost you to this information.

We offered the support of the Dementia Strategic Clinical Network to take this forward as they are embedded within the area team.

- **Ambulance response times**

We discussed Rotherham's position in terms of ambulance response times and your concerns that these are still behind the overall YAS performance. You advised us that this remains a discussion point at contract meetings and YAS have reviewed local dispatch points as a result. Sanctions have now been added to the 2014/15 contracts and the CCG is confident that this will ensure that the importance of performance will be acknowledged by YAS's board.

- **Cancer**

We discussed cancer waiting times and noted that statistics show the CCG as an outlier in some areas of cancer care. You advised us that your cancer lead (Dr Richard Cullen) is confident that the clinical pathways which are in place are effective and that you are working with GPs to improve this. Particular concerns surround waiting times for suspected breast cancer and progress against the two week wait standard. You advised us that this does not appear to be a result of capacity issues within the provider but is due to patient choice. Work is currently underway looking at patients who have chosen to wait longer than two weeks to be seen.

Domain 2 – Are patients and the public actively engaged and involved?

We recognised the positive work the CCG has undertaken during 2013/14 in relation to engagement and involvement of stakeholders.

You noted that the CCGs Patient Participation Network Group have been consulted on your commissioning plans and that CCG staff are actively promoting patient feedback when possible. A further example of engagement was the CCG's mapping exercise which specifically identifies the activities carried out in relation to each of your commissioning areas and future plans to further develop engagement.

I confirmed that the CCG continues to deliver strong public engagement and congratulated you on this.

Domain 3 – Are CCG plans delivering better outcomes for patients?

We discussed mortality related outcome measures and you noted that your improved position in relation to mortality, potential years of life lost (PYLL) and non-elective admissions is in part due to improved accuracy of recording and is also a result of the impact of current initiatives becoming apparent. We agreed that, given the levels of deprivation within Rotherham, this was encouraging.

You explained that there are now four QIPP groups which are included within the clinical management committee which meet every two weeks and focus on areas for improvement. One of these groups has a specific focus on pneumonia which will address premature mortality from respiratory disease.

We mutually agreed it was be useful to have a detailed conversation linked to outcomes measures at a future assurance meeting and that we are meeting Public Health England to assist us in working on this.

Domain 4 – Does the CCG have robust governance arrangements?
You noted that the CCG has recently undergone an extensive review of its systems and processes as part of its application for the "Investors in Excellence" award. You explained that this had provided a useful opportunity to review arrangements following the first year of operation. Following our meeting it was confirmed that Rotherham CCG is the first NHS commissioning organisation in Britain to achieve the Investors in Excellence Standard. This is fantastic news and is evidence of the good business processes in place within the CCG. Well done!

- **C Difficile**

In order to improve Rotherham's C Difficile position we (NHS England and the CCG) have worked together to undertake a full route cause analysis on every reported C-Difficile case. This has resulted in the introduction of 3 key messages reiterated at the beginning and end of each shift and the need to ensure evidence based training is available for all levels of staff.

- **Pressure Ulcers**

The NHS Safety thermometer shows The Rotherham Foundation Trust as a negative outlier for pressure ulcers rates. We noted that the Rotherham Foundation Trust engaged the Area Team's Director of Nursing to undertake a review of the local position which did not uncovered any major concerns. As a result of the review several actions, such as the production of a summary of all major SUI's have been put in place.

The reporting of pressure ulcers is currently being reviewed by Chief Nurses as there are inconsistencies in how this is reported across South Yorkshire and Bassetlaw, within Rotherham pressure ulcers are reported separately for community and acute providers.

- **Staffing Levels**

You explained that there were some concerns with workforce recruitment issues affecting staffing levels within The Rotherham NHS Foundation Trust and that this was being followed up in contract quality meeting and via direct discussion with the Trust. You are also confident that your Community Transformation project will address some of these issues.

The Area Team Director of Nursing noted that we have found TRFTs transparency in this area helpful and expect that these issues are likely to arise in other areas.

Domain 5 – Are CCGs working in partnership with others?
We discussed the visibility of the CCG chair outside of Rotherham and you updated us with your plans to address this. We welcomed the CCG Chair's intention to attend CCG Com in the future

We discussed the recently published 360^{o} degree survey and noted those areas where the CCG had received positive feedback from its stakeholders. You explained that you are working with your members committee to understand and address those areas where less positive feedback was received such as engagement and communication. You explained that the survey results may be partly due to the bedding in of roles and responsibilities following the first of April's organisational changes.

You explained that whilst CCG Com and SYCOM were both functioning well Rotherham's Health and Wellbeing Board is currently under review by the LGA, The review will take place between June and September 2014 and will provide an action plan to improve practice and further develop the group.

We confirmed that we were changing our representative on the Rotherham HWB to enable more frequent attendance due to diary clashes. Our new representative will be Carol Stubley, Director of Finance.

Domain 6 – Does the CCG have strong and robust leadership?
As identified under domain 4, we recognised the achievement of Rotherham CCG in relation to its Investors in Excellence application.

We discussed the engagement of Rotherham GPs with your Senior Executive Committee and the positive distributed culture and clinical leadership across the CCG.

We confirmed that we do not have any concerns in relation to this domain.

Collaborative work, co-commissioning, areas of joint interest and development:

- **GP Practice Workforce Development**

We discussed a range of options to develop the primary care workforce across the CCG, Area Team and the Yorkshire and the Humber LETB footprints and you outlined conversations you have had with the LETB in relation to this.

We updated you with our intention to work with the LETB to develop a solution which will deliver bespoke solutions for individual CCGs which are in line with a regionally consistent approach.

It was noted that Health Education England has an approach to practice workforce development and they are responsive to discussions with CCGs, however any agreement needs to be consistent and joint across all three partners and give consideration to the additional challenges within deprived communities.

You expressed an interest in identifying a single practice within the CCG to be a pilot site and to undergo an external review. The results of this review would then be disseminated across the remaining Rotherham practices to in order to share good practice and identify areas for change. Richard noted that the there are other areas which could be included within this pilot.
We agreed that the Chris Edwards and Richard Armstrong would meet separately to discuss this.

We discussed the sub-regional LETB group for South Yorkshire and the need to ensure South Yorkshire and Bassetlaw CCGs and Area Team are appropriately represented. We agreed that this group is appropriately placed to take forward this agenda.

- **General practice and specialist commissioning, to include the CCG Risk Register on GP risk**

You informed us that Rotherham GPs are concerned about the effectiveness of current commissioning arrangements for primary care and have asked for this to be placed upon the CCG risk register.

We welcome further discussions about co – commissioning of primary care but have concerns that NHS England's approach to co-commissioning primary care and specialised commissioning may incur additional financial risks to the CCG as a whole. We discussed the current tensions which relate to achieving financial balance in primary care and specialised commissioning. We advised you that we are committed to greater transparency in relation to our commissioning and running costs.

We discussed the need to maintain effective communication and a firm understanding of the roles and responsibilities of colleagues working within Primary care commissioning and agreed that an agenda for joint working would be beneficial. We agreed that where information is available we will share this with you via the Responsible Officers and Finance Directors groups.

Planning

- **Strategic Plan**

We confirmed that we had provided feedback to the CCG based on the strategic plan submitted on the 4th April and that a strategic plan review event had also been held on 14th May. We noted that that feedback on the Rotherham plan was positive.

We agreed that the challenge between now and the end of the summer is to develop the CCG strategic plan into a unit of place plan. We stated that we are developing our direct commissioning, public health and primary care strategic plan information which can be incorporated into the Rotherham plan.

We agreed that the information would be available to the CCG in advance of the 20th June deadline to ensure that this can be appended to the current plan.

We agreed to work with each other over the summer to further develop the plan and also to test the finance and activity assumptions.

You expressed your concerns that the autumn revision should not constitute a complete re-write of the plan and we agreed that this would not be appropriate.

You stated that you understand the rationale for developing a unit of place plan but that the ability to do this effectively will be dependent upon the transparency of partner organisations.

- **Better Care Fund**

We explained that we are awaiting further details on the next steps in relation to the Better Care Fund and will share any information with you as soon as it is received.

You stated that you feel that national communication of Better Care Fund requirements would have been more effective if they had been aligned between health and local government channels of communication.

Successes and Challenges

- **OOH Assurance of primary medical care services**

We queried how the CCG gains assurance of the quality of the Out of Hours service. You confirmed that assurance is obtained through contracting arrangements and the inclusion of this service in within the standard CCG reports and complaints processes.

You noted that you feel that Rotherham is positioned well in terms of primary medical out of hour's services with the provision of the 8am – 10pm walk in centre seven days a week.

- **Urgent Care Centre**

You updated us on the timescales of this project and noted a delay in the construction of the building. The delay, caused by the location of a gas pipe on the site will delay the delivery of the building until July 2016.

You have advised us that you will move forward with the implementation of new clinical pathways in order to embed behaviours and processes required and to this end the walk in centre contract has been extended for an additional two years. It is important that there is transparency around your business plan due to its impact on associated primary care services which we commission.

We discussed the impact of these delays upon the primary care services which we commission at the Chantry Bridge site. The Area Team representative on the Rotherham Urgent Care Board will be kept up to date with progress and you agreed to arrange a meeting between yourselves, the Area Team and contractor Care.UK if required.

- **Community Transformation Project**

You advised us that from April 2015 the CCG will invest £900,000 in this project to deliver multidisciplinary teams facilitating patient discharge from the Trust and providing community support.

You advised us that The Rotherham Foundation Trust is signed up to this project and that key to the project's success is retraining, recruitment of local clinicians and finance.

The model, which features multi-disciplinary teams aligned to practices, factors in sustainability, out of hours care and seven day working. You explained that you feel the ability for these teams to flex both across practice teams and between the acute trust and practices will be fundamental to its success.

We thanked you for your invitation to interested Directors to attend the project meeting in June if they wished to know more.

- **End of Life Care**

You advised us that following the implementation of local initiatives you have seen an increase in the percentage of deaths which occur in the place of a patient's choice from 40

to 50%. This work has involved the hospice and has been supported by the Community Transformation Project.

Development / Support
You confirmed that you would like to take forward actions for the development and support of general practice.

We confirmed that support was available from the Strategic Clinical Networks in relation to Dementia if required.

Inclusion of independent scrutiny in the 2014/15 assurance process.
We discussed the requirement to introduce independent scrutiny into the assurance process during 2014/15.

You advised us that you wish to include a lay member on the attendance list for 2014/15 assurance meetings and we confirmed that this would be an appropriate addition.

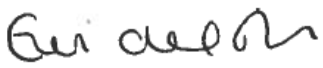
Next Steps
We mentioned that as part of the assurance framework process we are required to complete a CCG headline assessment and summary report. It was agreed that we would share this information with you prior to submission to the regional team.

A regional moderation panel would then be convened mid-June to discuss the report before national consideration.

It is clear that the CCG has had a positive first year and should be proud of what it has achieved. The CCG has demonstrated evidence against the six assurance domains. Good relationships have been developed with trusts and sustainability of improvements against a number of measures are now beginning to be realised. The challenge remains in relation to how to address overall health improvement through tackling the determinants of outcomes through the Health and Wellbeing Board.

In the meantime, I thank you and your team again for the openness, honesty and challenge during our discussions.

Yours sincerely



Eleri de Gilbert
Director (South Yorkshire and Bassetlaw)