

Direct Dial: (0113) 8253375  
Our ref: EdG/KB

Date: 18 July 2014

Oak House  
Moorhead Way  
Bramley  
Rotherham  
South Yorkshire

S66 1YY

**Dr Tim Moorhead, Chair  
and Ian Atkinson, Accountable Officer  
Sheffield CCG**

Dear Tim and Ian

Thank you to you and your CCG colleagues for attending the quarter 4 assurance meeting with us on 09 June 2014. I am sorry you were unable to join us, Tim but the clinical voice was evident through Dr Trish Edney's attendance.

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.

You began the meeting by sharing some internal reflection you had undertaken within the CCG. You summarised that 2013/14 had been financially well managed and overall the CCG was proud of its ability to deliver against member practice aspirations. You mentioned that in hindsight CCG could have shown more ambition at the start of 2013/14 but stressed that the 2014/15 plans were more ambitious. It was noted where you had shown a level of ambition, positive results have been realised, for example, the relationship with the Local Authority and the shared vision for the Sheffield population through the Better Care Fund.

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.

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?**

You explained that you have achieved the majority of the NHS Constitution measures.

#### ***A&E 4 Hour Wait Standard***

In particular you noted that there was significant improvement against the A&E 4 hour wait measure in quarter 4, this was possibly as a result of the winter plan and extensive Urgent Care Working Group action plan. It was recognised that A&E flow through the hospital is critical and remains a challenge.

### ***Cancer Waiting Times***

You mentioned that performance against the cancer measures is excellent with each standard being achieved. The CCG is working with Sheffield Teaching Hospital Foundation Trust (STHFT) to manage issues relating to timeliness of tertiary referrals. This issue is also being discussed as part of the Working Together provider project and also at the cancer network. A previously agreed set of principles are being relooked at. In addition, it was noted that STHFT will be writing a letter outlining the concerns of tertiary referral timeliness.

### ***Healthcare Acquired Infections – C-Difficile***

Although the annual trajectory for c-difficile was not achieved in 2013/14 it was recognised that there was a significant improvement in the number of cases being reported towards the latter part of the year. This was as a result of the implementation of action plans. You stated that a stretch target has been negotiated with STHFT for 2014/15.

### ***Mixed Sex Accommodation***

No cases of mixed sex accommodation breaches were reported during 2013/14 for the Sheffield CCG registered population.

You stated that the CCG achieved the majority of the quality premium measures.

### ***Ambulance Response Times***

It was noted that the ambulance response times continue to be a challenge and you explained that you are working with other commissioners in respect of this to ensure future delivery.

### ***18 Week Referral to Treatment (RTT) Waiting Times***

You identified that the area that is of greatest challenge is the delivery of the referral to treatment waiting times, due to a combination of factors including significant increases in emergency activity and the theatre closure during the year which impacted on trauma and orthopaedic specialties.

You stated that there has been a delay in the recovery of achieving the waiting times standards. An exercise has been undertaken to review each specialty and the CCG will be writing out to GP practices asking them to consider the possibility of referring to alternative providers other than STHFT. However, it was recognised that the vast majority of Sheffield patients may want to be seen in Sheffield.

You explained that a recovery plan has been developed, which you agreed to share with NHS England (South Yorkshire and Bassetlaw), the aim is to ensure that the waiting times standards will be achieved by the end of quarter 2. You stated that all reasonable actions are being taken to improve the current waiting times including the outsourcing of activity. We discussed the issues of workforce recruitment particularly in relation to sonographers, which has been raised by other CCGs and as such it was agreed that a discussion with Health Education England would be useful.

You mentioned that you have asked quality leads at STHFT to identify the impact of the waiting times delays on quality.

We had a discussion in relation to staffing in general and you explained that there are also recruitment difficulties in relation to practice nurses. You stated that Sheffield CCG currently attends the South Yorkshire and Bassetlaw Local Education and Training Board

(LETB) group and you would welcome other CCG / NHS England colleagues to also attend this meeting. It was agreed that a meeting would be arranged with the LETB for CCGs to discuss GP recruitment. You confirmed you would be keen to be involved in these discussions as you were concerned that actions to improve recruitment in other areas could impact on Sheffield, who historically were able to recruit.

You explained that during 2013/14 an external review of never events at STHFT has been undertaken. The final report is due imminently and an action plan will be developed by the end of June. It was noted that the review will raise a number of areas for NHS England to also consider.

A review of Learning Disability services has been undertaken by the Sheffield Health and Social Care Trust. The CCG and the Governing Body will shortly be reviewing the report. In relation to Winterbourne you expressed concern about the number of templates that are required to be completed by NHS England.

As a result of quality issues you stated that the CCG has led to two care homes closing in Sheffield. It was felt that this is an important message that quality is a key priority of Sheffield City Council and the CCG, who work together in this area

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

You explained that patient engagement has been increasing and that a number of the Governing Body members have an interest in engagement. A current campaign that the CCG is undertaking is to increase patient involvement, to date 640 patients have signed up to this campaign. This will provide patients with the opportunity to comment on documents or receive information. In addition patients are actively involved in a range of meetings.

You mentioned that the CCG Governing Body meetings are public meetings and that you are increasingly working closely with the Local Authority through partnership working.

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

As reported in domain 1, you advised that Sheffield CCG delivered the majority of Quality Premium measures.

You stated that the CCG has an understanding of the key health outcome issues in Sheffield but that there is a time delay in the ability of actions to have an impact on improving outcomes. We discussed the possibility of this being a potential opportunity in relation to co-commissioning.

We mutually agreed it was be useful to have a detailed conversation linked to outcomes measures at a future assurance meeting. We stated that NHS England (South Yorkshire and Bassetlaw) is due to have a conversation with Public Health England colleagues to discuss how we can work better in relation to outcomes information and to assist us in having the information to support an informed discussion around health outcomes at future assurance sessions.

#### **Domain 4 – Does the CCG have robust governance arrangements?**

The CCG completed a successful authorisation process and was fully authorised from April 2013. In line with national timescales you stated that amendments to the CCG constitution have been made and submitted to NHS England.

You confirmed that a recent internal / external audit around the CCGs governance arrangements had given significant assurance. Following the completion of a CCG survey undertaken in December further improvements are being made to the Governing Body and CCG committees.

The CCG has reviewed its assurance framework and the Governing Body has signed off the annual report and final accounts for 2013/14.

In addition, you also mentioned that the 360° survey results have been received by the CCG and these are being discussed at the Governing Body.

#### **Domain 5 – Are CCGs working in partnership with others?**

You stated that the CCG has continued involvement in the core cities work and that you are actively building and leading partnership working. However, the recent 360° survey results showed some areas of partnership working as an area for improvement. You identified that you are undertaking further analysis of the survey results and that there will be a further discussion at the Governing Body. You stated that there was a lower response rate compared to the previous year and that it is possible that people feel that there are too many surveys.

Given the size of the CCG you confirmed that you are considering ways in which to improve engagement particularly in relation to engagement of GP practices.

#### **Domain 6 – Does the CCG have strong and robust leadership?**

We confirmed that NHS England has no concerns regarding leadership within the CCG and that there is good evidence of distributed leadership.

- **Collaborative Work, Co-commissioning, areas of joint interest and development**

##### ***Specialised Commissioning***

We stated that the national specialised commissioning position is challenging with contract negotiations for 2014/15 still being finalised. We shared with you some of the issues with the Sheffield Hospitals which we were still negotiating, relating to CQUIN. We confirmed that we have submitted a financial plan but that this is not without risk and that NHS England (South Yorkshire and Bassetlaw) is working to address the funding gap by making efficiencies through improved contract management and the application of a wide range of QIPP schemes.

We explained that a rigorous process to monitor the financial plan has been implemented and that all Area Teams responsible for specialised commissioning are now subject to monthly performance monitoring meetings with the national team.

It was noted that the national specialised commissioning review which is currently underway is due to be finalised at the end of July. It was recognised that NHS England will have to work closely with the CCG in relation to the output from the national review work. We stated that we are currently working with NHS England (West Yorkshire) and West Yorkshire CCGs to consider what co-commissioning will look like in Leeds. It was noted that this model once developed could possibly be rolled out to other CCGs.

It was agreed that joint solutions need to be identified for 2015/16 and that it is important that early conversations are held. You stated that it is important to understand any caps on specialised commissioned activity which may impact on CCGs.

We discussed that it is important to be clear how in year risks will be managed and to ensure that there is transparency. We agreed that NHS England (South Yorkshire and Bassetlaw) would be in a position to provide share information at the Sheffield Health and Wellbeing Board.

### ***Progress on Screening responsibilities***

You stated that the CCG would like a finalised position regarding funding arrangements and in particular which organisation is responsible for funding screening for Hepatitis B. We confirmed that NHS England and Public Health England had both received similar legal advice that CCGs are responsible. We recognised that you had received different advice and need to see what NHS England has received, and we agreed to share this with you. We also recognised that the CCG had funded this service for the Roma Slovak population because you felt that whilst the issue of responsibility was unclear, the patient need was quite clear and needed addressing and that therefore you had felt you should fund it at least as an interim position.

### ***Progress on Roma Slovak***

You stated that the Roma Slovak population in Sheffield remains a significant pressure on practices and you agreed to share a copy of the issue summary which has been developed. It was identified that a model has been developed in Sheffield which is working. It was suggested that this is a possible area for co-commissioning and it was agreed that a further conversation be held between the CCG and NHS England (South Yorkshire and Bassetlaw) to discuss this.

### ***Co-commissioning of Primary Care***

You confirmed that the CCG would be expressing an interest of co-commissioning primary care by the deadline of the 20 June and that the CCG will develop further detail after this timescale. You stated that you are keen for there to be the ability to move at pace with flexibility.

You explained that the CCG would like an indication of which practices will be affected by MPIG / PMS. We confirmed that we are currently in the process of compiling this information and we agreed to share MPIG/PMS data with the CCG and have a conversation to discuss primary care co commissioning opportunities.

### ***Winter Funding and Urgent Care***

You queried whether there was any clarification regarding future winter monies. We confirmed that we are awaiting a letter outlining funding arrangements, but that we expected monies to be announced shortly for both winter and referral to treatment waiting times.

### ***Primary Care Estate***

We agreed that this is linked to the co-commissioning discussions and that conversations regarding the primary care estate would be held. You expressed concern that a number of conversations continue between NHS England (South Yorkshire and Bassetlaw) and GP practices without the CCG being involved. . We agreed to address this as part of the co commissioning discussions.

### ***CAMHS Tier 3 and Tier 4***

You stated that greater communication is required between the CCG and NHS England (South Yorkshire and Bassetlaw) in relation to CAMHS tier 3 and tier 4 commissioning. You explained that it would be useful to understand how many patients are in receipt of tier 4 services as there is the possibility this will impact on tier 3 services. It was identified that there is an issue with the provision of tier 3 services in Sheffield and in particular you mentioned handover and transition. We mutually agreed that we need to work together to develop a joint solution to address the current CAMHS issues.

- **Planning**

#### ***Strategic Plan***

We confirmed that we had provided feedback to the CCG based on the strategic plan submitted on the 04 April and that a strategic plan review event had also been held on 14 May.

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 strategic plan information which can be incorporated into the Sheffield plan. The public health information is currently available at CCG level and can be included, primary care information will be linked to the co-commissioning agenda and specialised commissioning is being developed. We agreed that the information would be available to the CCG in advance of the 20 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.

#### ***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.

- **Development / Support**

You confirmed that you have expressed an interest in being involved in the accelerated learning network and that a site visit is being organised to discuss the CCGs proposed project of co-commissioning of primary care.

- **Independent Scrutiny**

We discussed independent scrutiny of the assurance process and in particular how both organisations assure themselves. We confirmed that we are awaiting further guidance for 2014/15, which we agreed to share with the CCG, this would possibly clarify the expectation regarding independent scrutiny. It was agreed that we would have a further discussion.

- **Next Steps**

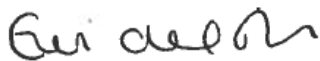
We mentioned that as part of the assurance framework process we are required to complete a CCG headline assessment and summary report. It was agreed that we would share this information with you prior to submission to the regional team.

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 and has delivered the majority of the NHS Constitution measures. The challenge remains in relation to the sustainability of the referral to treatment waiting times along with 2014/15 and 2015/16 financial position.

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)**