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**Dr Nick Balac, Chair  
and Mark Wilkinson, Accountable Officer  
Barnsley CCG**

Dear Nick and Mark

Thank you to you and your CCG colleagues for meeting with us on 11 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.

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 stated that the improving access to psychological therapies trajectory was achieved during 2013/14. In relation to dementia diagnosis you confirmed that the stretch target has been exceeded and that South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) will be presenting at the Patient Safety Care awards regarding the Bridging the gap: dementia programme, which is good news.

The Atrial Fibrillation Local Enhanced Service screening target was also exceeded during 2013/14.

***A&E 4 Hour Waiting Standard***

It was agreed that there has been considerable improvement at the start of 2014/15 against the A&E 4 hour wait standard when compared to performance throughout 2013/14. You explained that the Barnsley Hospital NHS Foundation Trust (BHNFT) chief executive has appointed a director of operations who has restructured A&E and who is also addressing the internal hospital flow issues. In addition you mentioned that several other staffing appointments and a restructure of the BHNFT staffing structure, which has been presented to the Governing Body, is contributing to improved A&E performance delivery.

You stated that the CCG undertook an unannounced visit to the A&E department and you identified a number of positive areas as a result including team work, patient flow and feedback from patients. The visit also found good evidence of patients being cared for.

The staffing changes also coincide with previous PCT decisions in relation to A&E which are also having a positive impact on performance.

Work is currently taking place to redesign the BHNFT A&E front door to include primary care.

This position was welcomed, with a recognition that the new managerial and clinical leadership within the Trust was having the required impact. Sustainability will now be key.

### ***6 Week Diagnostic Waits***

You identified that although improvements are being made in relation to the diagnostic waiting times there remains an issue in relation to ultrasound.

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

You stated that the CCG is focused on the Yorkshire Ambulance Service (YAS) response times due to issues relating to response times for Barnsley patients in 2013/14. YAS have attended the CCG Governing Body and local targets have been identified. A joint action plan is being developed, aligned to the Barnsley unplanned care board. In addition the Urgent Care Working Group has funded a scheme related to frequent callers and the business case regarding this is currently being refreshed.

The 2014/15 contractual arrangements include response times specific to Barnsley with the commitment from YAS that the standards will be achieved by April 2015. You confirmed that contractual arrangements are difficult to influence but that you are continuing to have separate conversations with YAS.

I shared that other CCGs had raised similar concerns and that as a result YAS response times and contracting arrangements will be held at the CCG Collaborative network.

### ***Healthcare Acquired Infections – MRSA***

You stated that the newly formed Health Protection Board had reviewed the 3 cases of MRSA and it was identified that 2 cases had occurred in independent care homes. A common theme of hygiene had been found which had triggered actions. You explained that the Chair of the Health Protection Board is seeking assurance from the Chair of the Safeguarding Board in relation to the care homes.

### ***Pressure Ulcers***

Work is being undertaken Barnsley borough wide to develop solutions to pressure damage prevention and providers are being held to account.

### ***Upper GI Peer Review***

You confirmed that this is being raised through the quality leads and that a resolution is being actively pursued, particularly relating to oncology input. It was identified that the issues relate to Sheffield Teaching Hospitals Foundation Trust recruitment difficulties and the impact on outlying Trusts.

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

You identified that as part of the development of the CCG commissioning plan you held an engagement event in partnership with HealthWatch, this in turn has led to further

engagement with the Deaf Forum. You explained that you are also undertaking a 'You said, we did' approach to the commissioning plan.

An engagement hub is also being developed by the CCG which is being supported by the Health and Wellbeing Board. This hub is an engagement map for each organisation to contribute to.

The recently published 360° survey results showed that 70% of stakeholders felt engaged and that there is a positive working relationship with the CCG. However, we discussed that although the results showed positive engagement, stakeholders didn't necessarily feel that they could influence the work of the CCG. You confirmed that you have identified this and are developing an action plan in relation to the results.

The CCG has held a commissioner engagement event with member practices and a further event to consider provider practice development is due to be held. This event will look at supporting providers to respond to commissioners and will also aim to get practices think how they can work together.

I congratulated you around the range of engagement work in place.

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

You explained that the CCG operated within its financial resources during 2013/14 and that the plan is to continue to do so in 2014/15 to deliver the commissioning plan priorities.

We discussed the current financial position at BHNFT. It was identified that a 2 year financial recovery plan is being developed which will be discussed at the BHNFT Trust Board on the 19 June followed by a conversation with the CCG thereafter. You stated that BHNFT are not expecting any additional resources from the CCG. The need to monitor BHNFTs cost improvement programme and activity during 2014/15 was recognised.

It was identified that the contract between the CCG and BHNFT had yet to be agreed and signed. I emphasised that the national timescale is for all contracts to be signed no later than the end of June. You confirmed that the list of outstanding issues have been agreed, none of which are significant, however, you stated that it would be a challenge to meet the national deadline due to the recovery plan not going to the Governing Body meeting until July. It was acknowledged that neither organisation wants to be forced into escalation due to the contract not being signed and therefore I encouraged the CCG to look at bringing forward sign off.

You explained that financial irregularities were only reported towards the end of March and BHNFT has worked hard to address these with Monitor. We agreed to have a conversation with Monitor to discuss the importance of contract agreement by the end of June.

In relation to the 2013/14 Commissioning Plan you confirmed that through the programme board multi agency, clinically led arrangements, the Governing Body is seeing progress against the priorities.

### ***Hospital Standardised Mortality Rate (HSMR)***

You mentioned that the draft report has been received from AQUA in relation to the HSMR review. Key recommendations included in the report include recruiting to the AMU and 7 day working.

## **Health Outcomes**

We mutually agreed it would 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) have had a conversation with Public Health England colleagues and the Knowledge Intelligence Team to discuss how we can work better in relation to outcomes information.

You confirmed that the CCG is also looking at outcomes information with the aim to revise the CCG Integrated Performance Report to incorporate outcomes.

You also explained that the CCG plans to undertake further work to look at how the commissioning plan will impact on the 5 year outcome ambitions.

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

It was noted that the CCG signed off the annual accounts at the Governing Body and submitted the annual 2013/14 financial accounts and annual report. It was identified that this was a good learning process with each member of the audit committee presenting elements of the annual report to the Governing Body.

It has been agreed that each member of the CCG Governing Body will receive basic NHS finance module training by August 2014.

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

You explained that you have developed strong partnership working both with the Local Authority and through the Working Together programme.

A Health and Wellbeing Board medium term financial strategy has been developed and you are trying to develop a single Health and Wellbeing Strategy which will be the unit of place plan. The CCG has taken a system leader approach to develop the strategy and this was felt to have open conversations. In addition work is being undertaken to develop a system wide economic model.

You have developed a local clinical senate which includes secondary care clinicians. Terms of reference have been produced and agreed. One activity the senate is looking to deliver is to join IT systems between different providers. IT leads have attended one of the meetings to identify what actions need to be undertaken, this has resulted in a 12 point IT plan. A medium term action is to obtain consent from patients when attending their GP practice for all providers. It was recognised that public engagement is key to this being achievable. You confirmed that representatives from the regional and national teams are engaged in this work and a temporary project manager has been appointed to progress this.

You explained that the Integrated Care Pioneer work has not progressed as quickly as you would have liked and further work is required in relation to what this means for Barnsley. A project manager has been appointed and there is support from NHS IQ along with funding to undertake evaluation and measures of success.

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

The CCG has continued to focus on Governing Body development with personal development reviews being completed for each Governing Body member.

The 360° survey results were positive in relation to leadership.

It was identified that the Health and Wellbeing Board is a potential area for further development. We discussed the possibility of commissioning the LGA review team to undertake a review of the Health and Wellbeing Board.

We discussed the risks associated with Marks departure from the CCG Chief Officer role. I confirmed that Nick was in discussion with me to ensure that due process was followed and that there is support for the approach being taken by the CCG.

- **Collaborative Commissioning**

- ***Primary Care Co-Commissioning***

We agreed the importance of working together to deliver the priorities identified in the Barnsley unit of place strategic plan. Following the practice provider development event, we discussed the possibility that this could be an opportunity to aide future discussions between the CCG and NHS England (South Yorkshire and Bassetlaw) as it is hoped that the event will identify what providers are aspiring to.

You stated that you would welcome support from NHS England (South Yorkshire and Bassetlaw) in relation to the redistribution of funding. We confirmed that we are currently in the process of writing to practices regarding PMS, we agreed to share this information with the CCG. The need to move towards an equitable funding model across all practices in Barnsley along with practices in the South Yorkshire and Bassetlaw area was identified.

We discussed the representation of Barnsley LMC at the South Yorkshire and Bassetlaw LMC meeting and stated that the Barnsley voice is not always being heard. Capacity issues were acknowledged.

- **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, although it was evident that Barnsley were ambitious to develop a single strategy / plan from the outset. We stated that we are developing our direct commissioning strategic plan information which can be incorporated into the Barnsley 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. You confirmed that the economic modelling which the CCG had undertaken had not factored in the NHS England (South Yorkshire and Bassetlaw) element.

You stated that it would be helpful if the message to develop a unit of place plan could be communicated to other organisations, one such way could be through discussions at the Health and Wellbeing Board.

### ***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.

### ***Winter Funding***

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

### ***Urgent and Emergency Care Review***

You queried whether there was any update in relation to the Keith Willets urgent and emergency care review. We stated that a number of events are being organised nationally during August and September to discuss phase 2 of the review.

### **Other CCG Successes**

You stated that a strong team has been developed at the CCG, which the new interim will benefit from. Nick put on record his thanks to Mark for support and in particular his contribution to the development of the programme boards.

### **CCG Risks**

You identified the top 3 risks for the CCG in 2014/15, these are:

- Provider engagement and the ability to work with and influence providers
- Member engagement, this is crucial for developing primary care and co-commissioning
- Sustaining the pace of delivery through the programme boards.

You confirmed that the Governing Body is focussed on each of these 3 risks.

### **Development / Support**

We discussed the current development / support opportunities available to CCGs and we agreed to share a copy of the development prospectus with the CCG.

### **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. The CCG has had a good year in relation to the delivery of a number of metrics, the key now is ensuring sustainability. Positive engagement work has been undertaken and in particular the work with the deaf forum in relation to the strategic plan. The CCG should also be commended on the work with the Local Authority to develop a joint Health and Wellbeing Strategy and it is now timely to support a review of the Health and Wellbeing Boards effectiveness. The challenge remains in progressing the Integrated Care Pioneer work. I also stressed the need to maintain a close overview relating to the financial position at BHNFT to ensure that the focus on quality was not overlooked.

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

Yours sincerely

A rectangular box containing a handwritten signature in black ink. The signature is cursive and appears to read "Eleri de Gilbert".

**Eleri de Gilbert**  
**Director South Yorkshire and Bassetlaw**