

Our ref: CMCDRC531

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Dear Fiona

Re: CCG Annual Assurance 2015/16

Thank you for meeting with us on 19th April 2016 to discuss the CCG Assurance Annual Assessment for 2015/16. I am grateful to you and your team for the work you have done to prepare for the meeting and for the open and transparent nature of our discussions.

The enclosed document (**Annex A**) provides a brief summative assessment of the assurance meetings held over the last year against the assurance components in the 2015/16 CCG Assurance Framework, which informed the CCG's 2015/16 annual headline rating. We have also summarised areas of strength and where improvement is needed. These will be used to inform how CCG support available in 2016/17 will be tailored to individual CCG needs.

A number of principles have been applied to the five component assessments to reach the annual headline assessments for 2015/16. It has also been agreed to describe the headline ratings in the 2016/17 language of outstanding, good, requires improvement and inadequate.

Therefore, the headline rating for NHS South Sefton CCG is **Requires Improvement**. The principles used to reach this assessment are:

- outstanding is applied where at least one component is outstanding and the others are all good.
- good is applied if:
 - all components are good; or,
 - at least four components are rated as good (or good and outstanding) and one component is requires improvement, unless requires improvement is in the finance or planning components.
- the headline is requires improvement if:

- four components are rated as good (or good and outstanding) and the finance or planning component is assessed as requires improvement or inadequate;
- there is more than one requires improvement component rating; and
- no more than one component is assessed as inadequate.
- the headline is inadequate overall if:
 - more than one component is rated as inadequate;
 - it already has Directions (under section 14.z.21) in force.

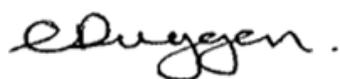
For CCGs that are assessed as inadequate, NHS England will apply its legal powers of direction to ensure these CCGs take action to support an improving position.

These assessments were ratified by NHS England's Commissioning Committee when they met on 29 June. The 2015/16 annual assessment will be published on the CCG Assessment page of the NHS England website in mid-July. This year the headline assessment will be shown along with the five component assessments. At the same time the headline assessments **only** will be published on the MyNHS section of the NHS Choices website. I would ask that you please treat your assessments in confidence until NHS England has published the annual assessment report.

As you will be aware, NHS England has introduced a new Improvement and Assessment Framework for 2016/17. In mid-July, we expect *circa* 43 out of the 60 indicators in the framework to be uploaded to the myNHS website. Shortly thereafter over the summer, the baseline ratings of the clinical priority areas will be published on the myNHS website. You will be notified in advance of your CCGs rating, the methodology that has been applied, and the support offers for improvement.

Thank you again to you and your team for meeting with us and for the open and constructive dialogue, I hope this letter provides an accurate summary of our discussions and clearly outlines the next steps.

Yours sincerely



Clare Duggan
Director of Commissioning Operations
NHS England, Cheshire & Merseyside

ANNEX A – ASSURANCE SUMMARY 2015/16

Throughout the year, we have identified the following areas of strength, areas of challenge and improvement and considered the key actions required against the five components of the 2015/16 framework. This includes: The need for a long term plan to implement the Five Year Forward View; Confirmation of an agreed service development and improvement plan to implement the new mental health access standards; and clarification of the CCG's progress on delegated primary care commissioning arrangements with NHS England.

Key Areas of Strength / Areas of Good Practice

- The financial performance of the CCG in meeting the 2015-16 Business Rules;
- The CCG achieved the RTT Waiting Time Standard throughout the year;
- The CCG did not exceed the ceiling on CDiff cases for the year.

Key Areas of Challenge

- The CCG recognises that the financial position remains a challenge and that steps will have to be taken during 2016/17 to ensure a more stable position in the future;
- Primary Care workforce is a significant challenge facing the CCG due to GP retirements and the area being under-doctored.

Key Areas for Improvement

- The performance of the local acute Trust in relation to Diagnostic Waiting Times and 62 Day Cancer Waiting Times;
- The 360 Degree Stakeholder Survey showed a need for greater engagement with stakeholders.

Development Needs and Agreed Actions

- The CCG should consider the information in the 2016 360 Degree Stakeholder Feedback Survey and refine its Organisational Development Plan, particularly with regard to the engagement of member GP Practices, patients groups and health providers;
- The CCG must ensure that there is a focus upon Mental Health. In particular there needs to be a sustained improvement in performance against the IAPT and Dementia metrics;
- Given the increase in the number of Mental Health Metrics in 2016/17, the CCG should consider approaching other CCGs to create a virtual team to enable the commissioning of mental health on a larger footprint.

ASSURANCE COMPONENTS

Well Led Organisation (Assured as Good)

Under this component of assurance the key areas for enquiry are strong and robust leadership; robust governance arrangements; actively involves and engages patients and the public and works in partnership with others, including other CCGs. We have also looked at how the CCG secures the range of skills and capabilities it requires to deliver all of its commissioning functions, including effective use of support functions and getting the best value for money.

As part of the assessment of the CCG's compliance with its statutory duties within the well led component we have also considered the six statutory functions which NHS England has required a more detailed focus on in 2015/16 because of the complexity of the issues or the degree of risk involved. These are:

- i. NHS Continuing Healthcare
- ii. Safeguarding of Vulnerable Patients
- iii. Equality and health inequalities
- iv. Learning disability
- v. Use of research
- vi. Special Educational Needs and Disabilities

CCG Compliance of Statutory Duties:

Safeguarding:

- The CCG has confirmed that a Safeguarding report to be submitted to NHS England was signed off by the CCG Quality Committee week. NHS England is sited on all Safeguarding issues and the CCG has confirmed that a substantive vulnerable patient lead is in post.

Performance for Transforming Care:

- It was reported that there were no significant concerns.

Continuing Health Care (Previously Unassessed Periods of Care):

- The plan is currently on trajectory and there are no significant issues.

Equality and Health Inequality:

- It was confirmed following the annual assurance meeting that the CCG is fully compliant with EDS2 requirements.

360 Degree Stakeholder Feedback Survey:

- The survey showed a reduction in the proportion of respondents indicating that they agree/tend to agree that the "CCG has taken on board their suggestions". However, 88% did indicate that they "have been engaged by the CCG over the past 12 months to some degree";
- There has been a 20% reduction in the proportion of stakeholders agreeing that "the CCG effectively communicates its commissioning decisions with their stakeholders" against 2015;
- Although a significant proportion of stakeholders (85%) believe that the "leadership of the CCG has the necessary blend of skills and experience", only 55% reported that "when I have commented on the CCG's plans and priorities I feel that my comments have been taken on board";
- A significant (67%) percent of stakeholders indicated that "there has been no improvement in their relationship with the CCG in the previous 12 months". In addition 36% of stakeholders did not consider that the arrangements are for member participation in decision-making in CCG were effective;
- Over half of all respondents (57%), did not consider they were "able to influence the CCG's decision-making process";
- None of the 3 NHS providers who responded claimed they felt that the CCG understood the challenges they faced as a provider organisation
- 67% of respondent did not agree that "quality of services is a key focus of your contracts with the CCG";

- 100% of respondents considered that the CCG and local authority were not working together to deliver shared plans for integrated commissioning.

Delegated Functions (Assured as Good)

Specific additional assurances have been required from CCGs with responsibility for delegated functions in 2015/16. This is in addition to the assurances needed for out-of-hours Primary Medical Services.

- No material issues had been noted on the Delegated Functions Self-Certifications that had been received to date.

Finance (Assured as Good)

We have monitored the CCG's financial management and performance throughout the year, including looking at the quality of financial data submitted and how the CCG has managed its financial problems.

- The CCG met the Business Rules in 2015/16. However, it was acknowledged that there are significant challenges to the current financial position and that actions to improve the financial position need to be implemented as soon as possible.

The assessment was in line with the following nationally accepted criteria, as advised during the Regional Moderation process:

Performance category	Assurance Rating
Achieving or exceeding plan and 1% underspend	Assured as Good
Achieving or exceeding plan and < 1% underspend	Limited Assurance Requires improvement
Not achieving plan with underspend > 1%	Limited Assurance Requires improvement
Not achieving plan with underspend < 1% or breakeven	Inadequate
Achieving or over-performing against a deficit plan and reporting a deficit	Limited Assurance Requires improvement
Failing to deliver an underspend or breakeven plan and in deficit	Inadequate
Failing to deliver a deficit plan	Inadequate

Performance (Assured as Good)

We have reviewed how well the CCG has delivered improved services, maintained and improved quality, and ensured better outcomes for patients, including progress in delivering key Mandate requirements, NHS Constitution standards.

Diagnostics:

- The CCG has breached the Diagnostics Waiting Time in the last 4 months of the year. These were all driven by performance at the local acute trust.

52 Week Waiting Times:

- The CCG breached the Standard in 3 months of the year, although none of the breaches occurred at the local acute Trust.

62 Day Cancer:

- The CCG breached the Waiting Time Standard in 5 months of the year.

MRSA:

- The CCG had 2 breaches of the Standard.

CDiff:

- The CCG did not exceed the ceiling on CDiff cases for the year.

RTT:

- The CCG achieved the RTT Waiting Time Standard throughout the year.

Dementia:

- The CCG was not achieving the Ambition at the end of Quarter 3.

Improving Access to Psychological Therapies (IAPT):

- The CCG was not achieving the Access Ambition as at the end of Quarter 3.
- The CCG was not achieving the Recovery Ambition as at the end of Quarter 3.

Care Programme Approach:

- The CCG achieved the Standard throughout the year.

Mixed Sex Accommodation:

- The CCG had 6 breaches of the Standard during the year.

Aintree University Hospitals NHS Foundation Trust has experienced some improvement in the overall performance against the 4hr A&E Waiting Time Standard however the 95% Standard for Type 1 Services will not be achieved during 2015/16. Following some significant ambulance turnaround delays throughout the winter, some improvements have been made in this area and turnaround times have been reduced.

Planning (Assured as Requires Improvement)

Assurance of CCG plans is a continuous process, covering annual operational plans and related plans such as those relating to System Resilience Groups, the Better Care Fund, and longer term strategic plans including progress in implementing the Five Year Forward View. This component also considers progress in moving providers from paper-based to digital processes and the extent to which NHS number and discharge summaries are being transferred digitally across care settings to meet the ambition for a paperless NHS.

- The CCG has submitted an 16/17 Activity Operational Plan, in accordance with the National Expectations. However, the CCG Operational Plan lacked detail regarding delivery of ambitions.
- The CCG did not achieve the planned activity growth in 15/16;
- The Better Care Fund Plan is currently Not Approved;
- The System Resilience Group Winter Plan was Not Assured.