

April 2017

**Dr Phil Garnett Chair
Simon Cox Chief Operating Officer
Scarborough and Ryedale CCG**

Dear Phil and Simon,

RE: Improvement and Assessment Framework Checkpoint Meeting

Thank you for meeting with us on 24th February 2017 for your Quarter 3 CCG checkpoint meeting. The purpose of this letter is to provide a summary of our discussion, capturing the main issues and areas for improvement.

We began the meeting with me advising there would be an annual assessment with a number of elements, using both performance data and local judgements. Unfortunately the ratings and domains for the assessment had not been shared at that stage I was unable to share any further details with you but we envisaged intelligence obtained during our quarterly checkpoint meetings would be used to support the end of year assessment. I also advised that during our discussions we wanted to continue to focus on recognising the ongoing areas of good practice.

With regards to the Operational plan we noted that Shaun Jones had shared NHS England's feedback on your plan and agreed next steps. This included a final opportunity to submit your financial plan and activity figures before 12.00noon on 27th February 2017. With regards to activity the CCG planned for growth is in line with the STP, but then removed QIPP activity and is a significant outlier for RTT with growth in referrals being above plan. With regards to finance the CCG is not achieving 1% improvement due to Sparsity payment to the Trust. With regards to the contract you advised the CCG has agreed the documentation and Heads of Terms so just awaiting signature.

With regards to finance the forecast deficit is £3.59 million to plan, with a £2.74 million actual deficit. The current position at month 10 is £4.7 million to plan. Actions agreed to deliver the forecast position includes prescribing adjustments, contract challenges with main provider, reduction in referrals and non-recurrent measures which includes avoidance of spend. For QIPP, although schemes are not the same as York there are a number of schemes which the two CCGs are working on together for efficiency purposes.

For performance we discussed mental health, recognising that the CCG is achieving the IAPT standard but not IAPT recovery. For A&E, the standard continues not to be met and we discussed the reasons for this including the outcome of the utilisation management review. At the A&E Delivery Board workshop on 16th March 2017 a review of roles, responsibilities and remit of the Board was agreed, along with a single programme of work and commitment from YAS to be represented at future meeting of the Board. Our discussions also included our shared concerns regarding the number of 12 hour trolley beaches that have occurred since Christmas. We acknowledged the Boards plans to meet in March to refocus on its priorities and governance arrangement to support delivery of required actions. We discussed Scarborough being part of the smaller hospitals group and our collective concern with the Trusts drive to no longer be required to comply with the 4 hour target. I agreed to explore this wider across the North with other colleagues. We then discussed the RTT position which continues to decline as well as diagnostics. For diagnostics we discussed potential funding to be access and we agreed to share with you contact details for the lead in the North Region team so that the CCG could explore how to access available funding. With regards to cancer, referral rates continue to be high and there continues to be an issue with dermatology, with a dermatologist appointed and a further post still to be appointed to.

In terms of IAF indicators we discussed the CCGs monitoring and assurance processes, with clinical indicators being reported into the CCGs Quality and Performance Committee. Actions from within the CCGs action plans for cancer, dementia, diabetes, learning disabilities, maternity and mental health were also discussed.

You updated us on your joint commissioning of adult health and social care, the new model of care for the communities of Scarborough and Ryedale including the timeline for partial multispecialty community provider (MCP). In terms of the integrated support and assurance process (ISAP) I advised that I have been nominated to be the NHS England panel member in the North. As yet the process has not been defined for this but the national team is due to visit on 14th March 2017 to share further information on the process and you were waiting for this. Concern was raised with regards to timeframes, however it was felt as long as things moved quickly following the visit there was some flexibility in the timeline to accommodate this.

We concluded the meeting with a discussion on strategic commissioning and how we could support the CCG. In terms of the segmentation of PCU functions Scarborough is expected to take the lead for continuing health care, however nurse teams were expected to be aligned with CCGs but for contracting and performance to remain a central function and this would involve closer working with North Yorkshire County Council. The CCG will also assume responsibility for safeguarding adults along with children, which the CCG already had responsibility for. With regards to Mental Health this function would go to Harrogate CCG, with the exception of Vale of York CCG who will manage this function themselves. For children's services this function would be managed by Hambleton, Richmondshire and Whitby CCG.

I would like to, again, say thank you to you and your team your continued work to secure improvement in health services and outcomes for your population.

Please do not hesitate to contact me should you wish to discuss this letter, or require any further information.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Julie Warren', with a horizontal line underneath.

Julie Warren

Locality Director – NHS England North (Yorkshire and the Humber)