

Jo Smithson  
Accountable Officer  
Norwich Clinical Commissioning Group  
City Hall, St Peters Street  
Norwich NR2 1NH

Dear Jo,

**Re: CCG Annual Assurance**

**Headline Assessment at Q4 2014/15: Assured with Support**

Many thanks for meeting with us on 30<sup>th</sup> June to discuss the annual assessment of Norwich CCG and establish the actions and development priorities for the coming year. This letter is a summary of the Assurance meetings that we have held over the last year and provides a synopsis of the improvements and ambitions for future development laid out against the assurance domains. This is the final review using the six domains. Subsequent assurance meetings will be held on the basis of the new assurance framework with its five components: well led organisation, delegated functions, performance & outcomes, financial management and planning.

I am grateful to you and your team for the work you did to prepare for the meeting and the open and transparent nature of our discussions which have led to productive discussions. This letter sets out the key points we covered in the discussion outlined above.

**Key Areas of Strength / Areas of Good Practice**

We would like to acknowledge the overall progress the CCG has made to date with the ongoing establishment of the organisation and getting to grips with the local agenda and challenges. There is a large agenda which is complex and challenging in terms of major strategic and service transformation and change, but there is evidence of developing CCG leadership and evolving positive relationships with key strategic partners who are all signed up to the ambitious vision which will see significant improvements to the provision of care to the local population. This is evidenced in the leadership provided to the Healthy Norwich group and strong participation in Your Norwich.

The Home Ward project will provide step up/step down treatment and care in the patient's home and prevent acute admissions.

The CCG continues to develop its role as a membership organisation and its strategic support for primary care quality and sustainability.

## **NHS Constitution standards**

A&E continues to prove a challenge locally with NNUH failing the 4 hour target for all 4 quarters of 1415. You will need to further develop your system leadership role in admissions avoidance to tackle this challenge, as the impact of the SRG on performance is still not secure.

Cancer standards have also been a challenge for NNUH, on several pathways and tumour sites, with performance declining across the year and a renewed focus will be required here.

The performance on RTT has declined throughout 1415 and a sizeable backlog remains - the change to incompletes only should improve the focus for patients waiting a long time and should see a return to compliance. No patients waited more than 52 weeks.

The CCG implemented a successful plan for IAPT access and I was very pleased to see the Q4 target exceeded and the good performance has continued. The local focus on Dementia diagnosis rates requires continued vigour to drive improvements and move towards delivering the national ambition in 1516.

## **Five Year Forward View**

The CCG has started work to adapt its local strategy to incorporate the Five Year Forward View into its work. Elements already in implementation, such as the Healthy Norwich initiative, long-term workforce planning in primary care and the focus on mental health demonstrate elements of alignment with the national vision.

## **NHS Statutory Duties**

Discussions throughout the year have demonstrated the focus and leadership taken within the CCG on addressing quality and patient safety across all providers, providing assurance that scrutiny is ongoing and rigorous.

The mental health planning and commissioning in the CCG is supporting the Parity of Esteem agenda. The CCG has worked to develop the commissioning strategy locally with partner CCGs and build longer term resilience in MH provision.

Patient and public involvement in Norwich has been wide-ranging and inclusive, using 'speed dating' at engagement events for OOH and 111 service re-procurements. Engagement with patients and the public continues to be actively developed.

## **Key Areas of Challenge**

The CCG is working with a particularly challenged acute trust. The most significant difficulties have been in both urgent and cancer care performance at NNUH and I recognise the investment of time the CCG has made in its support to SRG development. This will need to be sustained as cancer performance is included in the SRG remit for 1516, as the challenge to delivery remains. The mental health trust also has significant challenges.

It will be vital to keep the financial recovery on track and rigorous contract monitoring and enforcement will assist this delivery. The continued development of partnership work across the CCG is essential to longer term sustainable services.

## **Key Interdependencies and Associated Issues**

You are keen to progress the primary care agenda in order to support the vision that you have for transforming services over the next five years. As a supporting step from 1 April 2015 you have formed a joint committee with NHS England to oversee the commissioning of primary care and we will work with you to deliver this committee's work programme. We have also agreed that our Locality Director will regularly attend your change programme Board in order to further progress your strategic work. We will also explore with you additional support needs that you may need to deliver the ambitious programme you have detailed.

## **Development Needs and Agreed Actions**

We explored progress with continued organisational development in the CCG; you have developed strong relationships with member practices to ensure delivery of your plans.

The six domains of the outgoing assurance framework still provide a platform for continuing organisational development of the CCG and they also will inform the well led organisation component of the new assurance framework.

We looked at key actions against the five components of the new assurance framework including the need for a long term plan to implement the Five Year Forward View.

Overall we would like to congratulate you on the progress you have made over the last year particularly in relation to the stability of progress at a time of uncertainty and improvements now being seen in the capacity of the CCG clinical leadership.

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 the discussions and clearly indicates the next steps. We look forward to working with you on progressing work against the assurance components of the new framework outlined above.

Yours faithfully,

Ruth Derrett

**Locality Director**

**NHS England – Midlands and East (East)**

## **ANNEX 3 – ASSURANCE DOMAIN SUMMARIES**

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

The CCG consistently demonstrates a strong clinical and multi-professional focus which brings real added value, with quality at the heart of governance, decision-making and planning arrangements to commission safe, high quality and compassionate care for patients.

- Continuous monitoring of quality of commissioned services
- Community heart failure service investment and integration
- Risk stratification in primary care to identify target patients for admission avoidance

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

The CCG is developing active and meaningful engagement with patients, carers and their communities which is embedded in the way that the CCG works.

- Speed dating event for OOH and 11 consultation

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

The CCG is delivering improved outcomes in some areas but not all, supported by clear and credible plans which are in line with national requirements and local Joint Health and Wellbeing Strategies.

- Significant challenges delivering constitution targets for A&E and Cancer
- Clear operating, commissioning, BCF and QIPP plans
- Home ward programme

### Domain 4: Does the CCG have robust governance arrangements?

The CCG has effective and appropriate constitutional, corporate, clinical and information governance arrangements in place, with the capacity and capability to deliver all its duties and responsibilities, including financial control, as well as effectively commission all the services for which it is responsible.

- Robust governance arrangements developing
- Shared learning on never events and SIs

### Domain 5: Are CCGs working in partnership with others?

The CCG has developing collaborative arrangements in place for commissioning with other CCGs, local authorities and NHS England, the new Joint Committee with central Norfolk CCGs should continue to improve governance

- Development of a Joint Strategic Needs Assessment and Health and Wellbeing Strategy, Your Norwich and Healthy Norwich strategic initiatives
- Shared commissioning arrangements across central Norfolk CCGs

Domain 6: Does the CCG have strong and robust leadership?

The CCG now has in place senior leaders who individually and collectively make a real difference.

- Clinical involvement in service redesign and improvement