

Somerset Clinical Commissioning Group and update on finance and performance issues

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1. Summary

- 1.1. Somerset Clinical Commissioning Group (CCG), the NHS organisation responsible for the planning and funding of local health services, is addressing a number of challenging performance management issues relating to the CCG and wider health community. Somerset CCG has an annual budget of £720 million and commissions health services for a population of approximately 550,000.
- 1.2. On Friday 21 July 2017 NHS England published its 2016/17 Assurance Ratings for all of England's 211 clinical commissioning groups. Somerset Clinical Commissioning Group (CCG) was rated as 'inadequate'.
- 1.3. Somerset CCG's Assurance Rating highlighted poor performance three key areas. A rising budget deficit, slow progress towards developing the county's Sustainability and Transformation Plan (STP) and lack of progress addressing growing patient demand and longer waiting times for treatment.
- 1.4. Mr David Slack, Somerset CCG's former Managing Director, left the organisation after completing a period of notice. Mr Nick Robinson has been appointed Chief Accountable Officer for Somerset CCG and took up his post on Monday 15 August 2017.

2. Issues for consideration / recommendations

- 2.1. The performance of Somerset CCG and the county's Sustainability and Transformation Partnership (STP) is linked to the performance of the county's whole health and social care system.
- 2.2. Somerset CCG and partner NHS Foundation Trusts are working closely together to address the performance issues which led to NHS England's assurance rating. The CCG's priority is to use the opportunity offered through the county's Sustainability and Transformation Plan (STP) to work more effectively with our partners as a whole health care system.
- 2.3. The CCG has jointly addressed the need to reduce its financial deficit through the recent Capped Expenditure Process. The CCG is developing plans through the STP that will continue to improve service quality and better manage demand by focusing upon preventing ill health whilst delivering more health care in the community and in patients' own homes.

- 2.4. On the same day as NHS England published its CCG assurance ratings it also published a sustainability and transformation partnerships (STP) 'dashboard'. This rated Somerset STP at category three, 'making progress'.

The Committee are asked to consider and comment on the update report.

3. Background

- 3.1. NHS England's CCG Assurance Ratings bring together NHS Constitutional standards, such as hospital waiting times for routine diagnosis or treatment, with other performance and finance indicators. It is also used as a guide on how well a CCG is supporting the delivery of the national policy goals set out on NHS England's strategic health policy, the "Five Year Forward View".
- 3.2. NHS England's Assurance Rating for Somerset CCG was based upon the following key areas:-
- 3.3. **Finance:** The CCG ended the 2016/17 financial year with an overspend of £3m which represented a £9.5m variance from the CCG's planned end of year surplus. This overspend was primarily caused by a national increase in the fees for NHS funded nursing care. This cost Somerset CCG £4m. A significant increase in urgent care admissions within Somerset's district and community hospitals cost nearly £9m.
- 3.4. **Somerset Sustainability and Transformation Plan (STP):** NHS England's rating reflects the slow progress to date developing system-wide plans for creating a more joined up health and social care system across the county.
- 3.5. **Better Care:** There is also an expectation that tackling rising patient demand needs to be more effective. Waiting time standards for routine hospital treatment, as well as access to diagnostic tests, cancer and other urgent health care services need to be improved.
- 3.6. With regard to specific clinically commissioned services, NHS England gave Somerset CCG a rating in the following three areas (ratings for diabetes, learning disability and maternity services are expected to be included in next year's, 2017/18, assurance ratings):-
- 3.7. **Cancer services: Rated = 'Good'.**
(One year survival rates for Somerset patients from all cancers are significantly above the national benchmark)
- 3.8. **Mental health services: Rated = 'In need of Improvement'.**
(The indicators used show for 2016/17 a need for further improvement in transforming children and young people's mental health services and reducing adult out of area placements. The county's mental health provider received additional funding to recruit more staff during 2016/17 and has begun providing enhanced mental health services for children and young people from early in 2017/18)
- 3.9. **Dementia services: Rated = 'Inadequate'**
(The diagnosis of dementia in Somerset remains below the national standard – 67% of expected prevalence.

Post diagnostic support is also rated low but this is a reporting issue because the majority of Somerset GP practices no longer participate in the national Quality and Outcomes Framework (QOF). Independent evaluation of the Somerset Practice Quality Scheme has confirmed that there is no evidence of a reduction in the quality of care provided)

- 3.10.** Full details of all England's CCG Assurance Ratings for 2016/17 can be found on the NHS England web site at:

<https://www.england.nhs.uk/commissioning/ccg-assess/>

The data relating to the assurance rating is available on [MyNHS](https://www.nhs.uk/Service-Search/performance/search) at <https://www.nhs.uk/Service-Search/performance/search> with links for Cancer, Mental Health and Dementia.

- 3.11.** NHS England's sustainability and transformation partnerships (STP) dashboard gives a baseline view of STPs' work, showing the starting point from which they will drive improvements in care. It tracks the combined achievements of local services through 17 performance indicators across nine priority areas, each falling into three core themes of hospital performance, patient-focused change and transformation. See: <https://www.england.nhs.uk/publication/sustainability-and-transformation-partnerships-progress-dashboard-baseline-view/>

3.12. Somerset CCG and the 'Capped Expenditure Process' (CEP)

- 3.13.** The Somerset Sustainability and Transformation Plan / Partnership (STP) is required to participate in the Capped Expenditure Process along with another 11 STP areas where financial plans are more than 1.5% away from their permitted budget control totals.

- 3.14.** This NHS England programme is designed to ensure communities deliver to the control totals set in a managed and considered way. Somerset CCG had an annual budget of £724 million in 2016/17. It ended that financial year £3 million overspent.

- 3.15.** In this financial year (2017/18, Somerset CCG is still required to deliver a savings plan of £12.9m in order to deliver its control total of a £1.7m deficit. This is part of a system wide plan including Yeovil District Hospital NHS Foundation Trust, Taunton and Somerset NHS Foundation Trust, Somerset Partnership NHS Foundation Trust and Somerset County Council.

- 3.16.** The Somerset STP financial plan is currently a set of draft proposals and awaits further ratification through the appropriate governance structures for all health service partners.

- 3.17.** Plans are expected to be published when NHS England have reviewed them and confirmed their support. The draft savings plans propose to focus on the following areas:

- further savings in provider trusts through reducing locum and agency staff costs
- further savings in provider trusts and the Clinical Commissioning Group by reducing back office and management costs

- improving the flow of patients through hospital reducing their average length of stay particularly through less delays at the point of discharge. Reducing these delays will improve patient care and experience, and will only be done when patients are fit to go home and if necessary appropriate packages of support are in place
 - improving the consistency and responsiveness of assessment processes for continuing healthcare to ensure that packages remain appropriate for patient needs and funding decisions continue to be provided on a fair and consistent basis against national eligibility criteria
 - reducing demand for acute services by improving and investing in primary and community care and other out of hospital services. Building on the good work done in the Symphony project in South Somerset and elsewhere
 - reducing the volume of elective care procedures by ensuring that commissioning policies reflect evidence of which procedures are clinically effective and are consistently applied
- 3.18.** All parts of the Somerset health system are working to ensure they deliver the necessary cost efficiency savings, progress service ‘transformation’ and achieve a balanced financial position.
- 3.19.** Care Quality Commission’s Review into Vocare Ltd and Somerset’s NHS 111 and GP Out of Hours Urgent Care Service (known as Somerset Doctors Urgent Care.)
- 3.20.** On Friday 24 July 2017, the independent health service inspector, the Care Quality Commission (CQC), published its review conducted earlier this year into the standards of service and the management of Somerset’s NHS 111 24 hour health helpline and the county’s GP Out-of-Hours Urgent Care Service, known as Somerset Doctors Urgent Care.
- 3.21.** The CQC rated Somerset’s NHS 111 service as ‘in need of improvement’. Somerset Doctors Urgent Care, as ‘inadequate’ and subject to ‘special measures’.
- 3.22.** Areas identified by the CQC and in need of improvement within Vocare’s GP Out-of-Hours GP Urgent Care Service, included:
- Robust and effective systems and processes to monitor and improve the quality and safety of the services and mitigate risks relating to the health, safety and welfare of service users. This includes staff training, recruitment processes and management of medicines
 - Adequate staffing levels in place to provide timely access to the service for all patients including providing reassurance where there are long waits for a response
 - Complaints and significant events are dealt with consistently with clear explanations of actions taken and the identification of learning or sharing of learning

- Serious incidents, deaths or safeguarding referrals are subject to statutory notifications to the Care Quality Commission

3.23. Areas identified by the CQC and in need of improvement within Vocare's GP Out-of-Hours GP Urgent Care Service, included:

- Robust and effective systems and processes to monitor and improve the quality and safety of the services and mitigate risks relating to the health, safety and welfare of service users. This includes staff training, recruitment processes and management of medicines
- Adequate staffing levels in place to provide timely access to the service for all patients including providing reassurance where there are long waits for a response
- Complaints and significant events are dealt with consistently with clear explanations of actions taken and the identification of learning or sharing of learning
- Serious incidents, deaths or safeguarding referrals are subject to statutory notifications to the Care Quality Commission

3.24. Key areas identified for improvement with Vocare's 24 hour NHS 111 health helpline, included:

- Robust and effective systems and processes in place to assess, monitor and improve the quality and safety of the services provided and mitigate risks relating to the health, safety and welfare of service users
- Adequate professional employment checks for all staff before employment commences
- Accessible and organised system for oversight of risk assessments and safety checks and access to emergency equipment such as first aid and fire safety equipment
- Regular call auditing for staff, including clinician consultations, in line with Vocare policy

3.25. Ongoing NHS Somerset CCG Quality Assurance Process include:

- Fortnightly assurance meeting to review of CQC Action List led by the CCG with 'spot checks' on the evidence that actions are completed
- Additional Thematic Review evidence checks (along key themes of warning notices) to be undertaken by CCG Team (Helen Weldon, Alex Burn and Dr Geoff Sharp) 3 August 2017
- Call Reviews –weekly with SDUC via Urgent Care Team.
- Independent Care Review Audit to assess the extent to which short falls in system controls identified by CCG quality monitoring and CQC inspection are impacting on the delivery of patient care
- Monthly meetings with Vocare SDUC Safeguarding Leads. *Undertaken by CCG Designated Nurse for Safeguarding Children and Children Looked After and CCG Safeguarding Adults Lead*

- Participation in NHS England Information Sharing Calls
- Ongoing Information gathering via networks such as Director of Nurses Networks, CQRMs with other providers, healthcare professional feedback
- Ongoing monitoring at Monthly Contract Review and Quarterly Clinical Quality Review Meetings

3.26. Somerset Clinical Commissioning Group (CCG) is working closely with the Care Quality Commission, NHS England and Vocare Ltd to ensure Vocare deliver the operational improvements needed to their organisation's systems and in line with their agreed action plan.

3.27. CQC - Vocare Ltd - Wellington House - NHS 111 helpline service

Full report: http://www.cqc.org.uk/sites/default/files/new_reports/AAAG5939.pdf

CQC - Vocare Ltd - Wellington House - Somerset Doctors Urgent Care Service

Full report: http://www.cqc.org.uk/sites/default/files/new_reports/AAAG5806.pdf

4. Consultations undertaken

4.1. The performance management issues highlighted in this report have been shared with health and social care STP partners, NHS staff, Healthwatch Somerset, the county's GPs and primary care professionals, the Chairs of Patient Participation Groups and Somerset Local Medical Committee.

4.2. The issues are contributing to the patient and public discussions and engagement around the case for service change and joining up of health and social care services, in order to deliver more care in the community and patient's home.

5. Implications

5.1. Somerset Clinical Commissioning Group is required to fulfil its statutory obligations and this includes delivering national strategic policy objectives whilst balancing its budgets each year. Improved performance and assurance ratings will be dependent upon a commitment to close collaborative working throughout the whole Somerset health and social care system.