



**England**

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Sent via Email (v0.2)

Mandy Ansell  
Acting Interim Accountable Officer  
NHS Thurrock CCG  
New Road  
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Essex RM17 6SL

13 October 2015

Dear Mandy,

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

### **Re: CCG Annual Assurance July 2015**

Many thanks for meeting with us on Friday 26<sup>th</sup> June 2015 to discuss the annual assessment of NHS Thurrock CCG (TCCG), 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 had done 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**

I 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

strong 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. Basildon and Thurrock University Hospital (BTUH) was removed from special measures and the Quality & Safety within the Trust has improved with respect to SHMI, VTE and FFT.

We recognise the achievement by the CCG around the decommissioning of the Thurrock WiC and the success of your public engagement.

### **NHS Constitution standards**

RTT at BTUH has underperformed for the majority of 14/15 in all three standards. Cancer waiting times have been sustained for 2ww and 31 day but the 62 day standard has not been achieved for most of 14/15.

A&E continues to prove a challenge locally with BTUH failing the 4 hour target for 3 out of the 4 quarters of the year.

14/15 performance for MSA was non-compliant most of Q2 to Q4.

All the above will need to remain a priority focus for the CCG into 15/16 to ensure sustained recovery and performance.

### **Five Year Forward View**

The CCG has started work to adapt its local strategy to incorporate the Five Year Forward View into its work.

### **NHS Statutory Duties**

At the end of the last year there were significant concerns with regards TCCG's FT and their position in relation to HCAI and constitutional standards; 14/15 saw significant breaching in C.diff and high MRSA breaches. You will need to ensure improvement continues in the coming year

Discussions throughout the year have demonstrated the focus and action taken within the CCG on addressing Parity of Esteem. I noted the challenges the CCG faced with a limited choice of IAPT providers locally and the steps being taken to improve both rates of access and recovery.

## **Key Areas of Challenge**

The CCG highlighted challenges with a top down approach to planning in health and the financial pressures on Thurrock Council particularly in relation to adult social care.

The CCG have established an Integrated Commissioning Executive to jointly plan the implementation of the BCF and wider transformation agenda including mental health and LD.

You recognised the need to have strength and depth to your assurance (jointly with B&BCCG) in the planning and delivery for Urgent Care, RTT, Cancer 62 day, Dementia, ambulance service, MRSA and C-diff. Additionally you have further work to do with NHS England on LD health checks.

IAPT access and recovery standards remain a challenge locally and I noted that a contract query has been raised to try to address the under-performance. You continue to work with the provider to ensure delivery of new waiting time standards. Your IAPT procurement, whilst proving challenging, has resulted in you having a new provider, set to commence service delivery from 01.10.15

You raised a concern around co-commissioning for you as a small CCG and we will work with you to try to identify solutions to the challenges faced.

The CCG has directions remaining from its authorisation and continues to work with the Director of Commissioning Operations Team to address the outstanding issues.

## **Key Interdependencies and Associated Issues**

You discussed your future plans for the direction of Primary Care and the CCG will provide NHS England with an outline plan by September 2015.

## **Development Needs and Agreed Actions**

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.

The CCG needs to deliver on constitutional standards (A&E), delivery for Urgent Care, RTT, Cancer 62 day, Dementia, ambulance service, MRSA and C-diff. Additionally further work with NHS England is required for LD health checks. You will need to continue your focus in these areas to ensure delivery in 15/16

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,



A handwritten signature in black ink, reading "Alastair McIntyre". The signature is written in a cursive style and is positioned above a single horizontal line that extends across the width of the signature.

Alastair McIntyre

**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.

- Evidence of continuous monitoring of quality of commissioned services
- Involvement in local Quality Surveillance Group
- Demonstration of strong clinical input

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

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

- Plans in place to promote self-management
- Development of Hub model for weekend opening
- Public engagement in consultation on future of Thurrock WiC

### **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
- Clear operating, commissioning, BCF and QIPP plans
- Developing its Long term plan to implement the Five Year Forward View

### **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 in place

- The CCG was recruiting additional capacity to strengthen financial planning

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

The CCG has strong collaborative arrangements in place for commissioning with other CCGs, local authorities and NHS England, as well as wider stakeholders including regulators.

- Development of a Joint Strategic Needs Assessment and Health and Wellbeing Strategy
- Agreements in place re safeguarding
- Joint working with B+B CCG on QiPP development

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

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

- The CCG has conditions and directions in place from Authorisation relating to governance and the appointment of a substantive AO.