

Date: 15 July 2016

Ref: 16/233

NHS Cumbria Clinical Commissioning Group
Lonsdale Unit, Penrith Hospital, Bridge Lane
Penrith, Cumbria, CA11 8HX

tel. 01768 245 486

email. enquiries@cumbriaccg.nhs.uk

web. www.cumbriaccg.nhs.uk

Tim Rideout
Director of Commissioning Operations
Waterfront 4
Goldcrest Way
Newburn
Newcastle –Upon- Tyne
NE15 8NY

By e-mail only

Dear Tim

Cumbria CCG 2015/16 Annual Assessment

Thank you for your recent letter outlining the result of our CCG 2015/16 Annual Assessment. I think it is important that NHS Cumbria CCG provides a formal response to the letter.

Overall Assessment

NHS Cumbria CCG is extremely disappointed to be rated as inadequate in two of the five domains (Performance and Planning), and to receive an overall judgement of inadequate.

You and I agree the health and social care systems in West, North and East Cumbria and Morecambe Bay face protracted, deep rooted and complex challenges in relation to quality, finance, and sustainability, and I fully accept that NHS Cumbria CCG needs to play a major role in seeking to resolve those challenges. However, I do not accept that the CCG is inadequate, and do not believe this rating to be an accurate reflection of all of the work that the CCG has undertaken on behalf of the local population and the CCG member practices.

Performance and Planning Domains

The Performance domain considers how well the CCG has maintained and improved quality in commissioned services and ensured better outcomes for patients. Your letter outlines the challenges we face regarding service quality across Cumbria. In 2015/16 the people of Cumbria did not receive the standards of care expected in many of the areas of the NHS Mandate and Constitution, and this is unacceptable. As such we fully accept the inadequate rating in this domain.

The CCG has agreed, in partnership with NHS Improvement and NHS England, improvement trajectories against the NHS Constitution Standards with each of our three main NHS Trusts, and we will continue to work with all parties to enable these trajectories to be delivered. Encouragingly over the first few months of the current year we have seen an improvement in the NHS Mandate and Constitutional standards across Cumbria, in line with the improvement trajectories agreed in our 2016/17 operational plan.



The Planning domain covers the annual operational plan and related plans including the Better Care Fund plan. It also covers longer term strategic plans including progress in implementing the Five Year Forward View. I believe that NHS Cumbria CCG has made comprehensive progress in this domain, including:

- the Better Care Together programme in the south of the county which was awarded national Vanguard status in 2015;
- the full role played by the CCG in the Success Regime planning process in WNE Cumbria, which has formed the basis of our STP work. The progress we have made with the STP has been recognised as one of the most advanced in the North of England;
- a fully assured Better Care Fund Plan;
- adherence to the planning requirements for System Resilience Groups, which in both North Cumbria and Morecambe Bay have included NHS England membership;
- leading comprehensive work with our partners to address the sustainability of maternity services, following the Royal College of Obstetrics and Gynaecology review NHS Cumbria CCG and NHS Lancashire North CCG commissioned in 2014/15, and the publication of the Morecambe Bay Investigation led by Sir Bill Kirkup.

I acknowledge that the CCG's operational plan for 2016/17 does not meet all of the key national planning requirements, and compliance with NHS England business rules, in relation to the financial position of the CCG. However, given the breadth of the Planning domain, as described in your letter, I do not recognise or accept the 'inadequate' rating for our CCG in this domain.

Areas for Improvement

Your letter highlights three key areas for focused work. The first relates to our financial recovery plan. NHS Cumbria CCG is establishing a rigorous programme management approach to deliver a planned financial recovery of £22 million in 2016/17, and we fully accept our responsibility to manage our resources to an agreed control total with NHS England, and to ensure best value for the public we serve from that resource. As we have set out in formal communications on a number of occasions, the CCG does not accept the rationale for the need to deliver a £36m cost improvement in 2016/17. Again as we have previously set out, we are concerned that as the vast majority of our expenditure is with local providers, there is a very real risk that if we were to meet the additional cost improvements you describe we will simply move financial pressures around the two local health economies. This will run completely counter to the system wide approach we are taking to financial recovery in both WNE Cumbria and Morecambe Bay. I believe the real challenge is to achieve financial balance across these two health systems and the CCG is fully committed to working with our partners to achieve this.

The second area you raise is the Success Regime in WNE Cumbria, which is now approaching a critical point. The CCG has a vital leadership role to play in this process. As you acknowledge this process, and the WNE Cumbria STP development and implementation, requires the positive engagement and support of all local and national partners, and 'success' is certainly not entirely within the gift of the CCG. A similar challenge exists for the CCG in working with partners in Morecambe Bay in the Better Care Together Programme, and within the Lancashire and South Cumbria STP process.

The third area you highlight is the challenge to the CCG, and in particular to our senior leadership, resulting from the operating environment described above. I fully accept that there are areas the CCG needs to address with urgency, and the CCG has provided to NHS England a proposed action plan following the Organisational Development Review which was completed in May. As you are aware the CCG has also been taking action to strengthen our senior leadership team.

NHS England Support

Your letter records several areas of support provided to NHS Cumbria CCG by NHS England. I would like to record my appreciation for the support that you and your broader team continue to provide. In particular the practical and financial support you have offered regarding our Boundary Change proposals, which will represent a significant area of additional work for our CCG and Lancashire North CCG.

However, I would like to clarify the CCG position in relation to two areas where you describe the CCG has received 'support and direction'. Firstly, in late 2015 we raised specific concerns about the fragility of the medical workforce in paediatrics in West Cumbria and one of the resulting actions was the establishment of the stakeholder Quality Improvement Board for North Cumbria – an approach that was agreed jointly with yourselves and not in any sense occurring under the direction of NHS England.

Secondly, following the retirement of the CCG Lead Nurse in March, the CCG has made the permanent appointment of an experienced Director of Nursing. This was not in any way under the direction of NHS England, though the CCG appreciated the support from the Cumbria and North East Director of Nursing by working with us through the recruitment process, and for providing interim support to the CCG through the short term secondment of your Assistant Director of Nursing.

I note that you will be writing separately with a series of legal directions to be set for the CCG, and I welcome your commitment to work with us to identify the additional support we will need to ensure the directions are implemented.

Conclusion

I wish to assure you that I fully recognise the significant improvements the CCG needs to make, both internally and through working with our partners, and look forward to the ongoing support from NHS England during the next year.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Hugh Reeve'. The signature is written in a cursive style with a large initial 'H' and 'R'.

Hugh Reeve
Interim Chief Clinical Officer