



South West
 Jenner House
 Avon Way
 Langley Park
 Chippenham
 SN15 1GG

Tel: 01138 251 500

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Julia Ross
 Accountable Officer,
 Bristol, North Somerset, South
 Gloucestershire CCG
 South Plaza
 Marlborough Street
 Bristol
 BS1 3NX

Dear Julia,

CCG Quality of Leadership Annual Review

Thank you to your team for your comprehensive preparations to support the Year-end Improvement and Assessment Framework (IAF) Quality of Leadership (QoL) assessment.

Our discussions at the meeting on 9 April 2019 highlighted many good examples of your leadership, both as a commissioning organisation and within the wider STP. Examples discussed included:

- Strong engagement with patients and partners in developing the Mental Health Strategy, due to be published in May 2019
- Increasing capacity for the Healthy Weston programme, with the appointment of a Programme Director, as well as a prompt response to the Clinical Senate feedback in December
- Successful move to delegated commissioning for primary care, with work underway to develop Primary Care Networks (PCNs) in line with the locality structures
- Improvement in the 52 week wait position at North Bristol Trust (NBT), and positive system working, facilitated by the CCG, to minimise risk of breaches in 2019/20 and to move to 0 breaches at the earliest opportunity.

Annual IAF Ratings

Better Health	Better Care	Sustainability	Quality of Leadership (QoL)	
GOOD	REQUIRES IMPROVEMENT	INADEQUATE	GOOD	
			<i>Comprising:</i>	
			Capability and capacity	G
			Quality	A
			Governance	G
			Transformation	G
			Financial Performance	G

Better Care remains amber given the ongoing challenges around in-year delivery of improved outcomes, including urgent care (4 hour standard and Long Length of Stay), 52 week waits, cancer 62-day access, diagnostics, IAPT access and recovery, and the

proportion of people on GP severe mental illness register receiving physical health checks in primary care.

As we discussed at the meeting, we felt that a compelling case was made for Quality of Leadership to remain Good overall. We will advocate for this outcome through the regional and national moderation processes. We discussed the dynamic around matching capacity to ambitions, noting the breadth of transformational priorities that BNSSG is delivering on and the responsiveness of the CCG in bringing in expertise as needed. We highlighted a cautionary note around regional and national perceptions of BNSSG within the cohort of the few CCGs/systems that have not yet closed down on balanced 2019-20 Operating Plans, and the likely challenge we will face through the moderation process. Your work on options around closing the financial gap and articulating the choices and consequences around resultant gaps in either care or health outcomes, will be vital in enabling us to make the case for more time for addressing the BNSSG system structural challenges.

The quality sub-element of QoL is at Amber pending the recruitment to your Director of Nursing post. In the meantime, we recognise that there is good visibility and engagement from the interim post-holder. Work is underway to develop the effectiveness of the nursing and quality team in response to historic and emerging quality challenges in BNSSG.

As you are aware, we are unable to award any other rating than Inadequate for the Sustainability element. This is because:

- The CCG is in receipt of CSF
- QIPP FOT achievement remains below the 85% threshold, and
- There are significant signs of financial distress.

Please be assured that this is not a reflection on the CCG's financial leadership, governance and grip, which we continue to assess as Green within the QoL. Rather, this recognises that the BNSSG system faces significant financial challenge, and we know that conversations continue at a local level to close the gap as soon as possible.

We are cognisant that a Sustainability assessment of Inadequate may ultimately result in the CCG's overall rating moving to Requires Improvement. We will let you know the outcome of these regional and national discussions at the earliest opportunity.

Expectations for delivery in Quarter 1

In order to maintain the QOL rating into the next quarter, we would like to see progress in the following areas:

- Development and agreement of a system recovery plan for urgent care performance, bringing together new and ongoing initiatives to improve performance, linking to the work on >21 day length of stay, particularly focused on reducing growth in non-elective admissions with early evidence of improvement
- Closedown of the planning and contracting round for 2019/20, including clear articulation of actions to close the gap, working with regulators and partners as appropriate, including:
 - Description of potential impacts on health and care that open up as a result of any initiatives to close the financial gap, including implications for delivery of constitutional standards or planning requirements
 - Outputs of the prioritisation work including clarification of which deliverables are not being pursued, including mental health requirements.
- Development and publication of the all age Mental Health strategy as planned in May 2019, including clear read-across to the BANES, Swindon and Wiltshire plan where

- there is a case to work collaboratively
- Development and publication of the BNSSG Elective Care Strategy in June 2019, with underpinning delivery plans for key areas of work
 - Robust mobilisation plan developed for launch of the new IAPT service in the autumn, noting the additional pressure due to the one-month delay linked to robust evaluation.

In addition to the above, at our meeting in July, we would like to discuss the CCG's action plan in response to the 2018/19 stakeholder survey feedback and the outcomes of the population health management work we briefly discussed in April.

Support request for Quarter One

We briefly discussed areas where NHS England and NHS Improvement could provide support, as follows:

- Facilitating peer-to-peer sharing of what has worked around maximising the use of NHS capacity for planned care. We have introduced you to colleagues in West Berkshire. Gloucestershire CCG are also keen to work in partnership and we understand will be in touch to understand how best to work together.
- Aligned support to providers around closing the financial gap, including responsiveness of acute providers to alternatives to 0 day Length of Stay admissions where these have limited therapeutic benefit
- Support to SWASFT improvement actions around alternatives to conveyances, both within the provider and across the community of commissioners
- Programme management resource to accelerate transformational change
- Exploration of opportunities to access NHS England programme resources to scale up primary care initiatives across CCG and to support any PCNs that might be less developed at this stage.

IAF Assurance Meetings

We will continue to hold monthly IAF assurance meetings, which will cover thematic areas of the IAF as well as performance by exception.

We look forward to our next BNSSG STP System Oversight meeting on 29 July 2019. In the meantime, please let us know if there are any improvement initiatives you have identified where support would be valued from local, regional or national NHS England and NHS Improvement colleagues or where we can help initiate peer support.

Yours sincerely,



Rachel Pearce
Director of Commissioning Operations
NHS England South – South West North

cc.
DCO Senior Leadership Team