NHS Southwark Clinical Commissioning Group

NHS Southwark CCG

Operating Plan

2014/15 & 2015/16

DRAFT

The best possible health outcomes for **Southwark people**

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1. Introduction from the Chair, NHS Southwark CCG

I am pleased to introduce the NHS Southwark Clinical Commissioning Group (CCG) Operating Plan 2014/15 & 2015/16. The document sets out how the CCG will deliver our key responsibilities and achieve the transformational improvement of local health services over the course of the next two years and beyond.

The CCG has five key responsibilities to deliver for our patients in this year and the next:

1. To act to **assure, and work to improve, the quality and safety** of the healthcare services we commission.

2. To see that the rights and pledges set out to patients in the ***NHS Constitution*** are consistently delivered by commissioned providers of NHS services and that these providers contribute to our planned **improvement against a number of important population-wide outcome measures**.

3. To establish a **foundation for the delivery of our transformational five year strategic plan** across both Southwark and south east London, and to establish an approach to integration of health and social care services with the local authority, partners, providers and patients.

4. To ensure that in the services we commission and the developments we lead, we act to **reduce health inequalities** and as a result begin to see those vulnerable people in our community get better care, better services and better outcomes. As part of this we must also ensure we operate with a **parity of esteem**, which means we keep the same focus on improving mental health as we do on physical health.

5. To act prudently as custodians of public money, **using resources effectively** to achieve the ambitions we aspire to. We must continue to operate **within our resource allocation.**

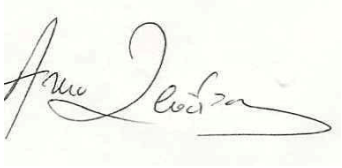
My clinical colleagues and I are enthusiastic about the plans we have put in place to improve the local NHS, but we also know that we must deliver these plans in a challenging financial environment.

Our annual Operating Plan has been developed to reflect the first two years of the emerging five year strategic plan for both Southwark and south east London and is aligned to the work and priorities of the Southwark Health and Wellbeing Board. As with our emerging strategic plan, our ambition over the next two years remains to improve the lives of our residents by working to make local health services the best they can be. To make this ambition a reality, we will work to achieve our goals by working closely with commissioned providers; partner CCGs and NHS England; Southwark Council, the Southwark practices that constitute our membership organisation and patients.

The *Southwark Primary & Community Care Strategy*; our approach to deploying the Better Care Fund; the leadership role we play in collaborative local planning; and significant programmes of service redesign – including that taken forward through the Southwark & Lambeth Integrated Care Programme – are major innovations in the way we will do business over the next two years. We are confident that working

together with local people and our partners as a clinically-led organisation we can make real

improvements to local services and enhance the lives of people in Southwark.



Dr Amr Zeineldine
Chair, NHS Southwark Clinical Commissioning Group

2. Introduction to the Operating Plan 2014/15 & 2015/16

NHS Southwark Clinical Commissioning Group (CCG) is a membership organisation of all general practices serving people in the London Borough of Southwark. The combined registered population of Southwark's 45 general practices is approximately 304,000 patients. Building on a strong track record of local clinical commissioning in Southwark, the CCG has now run for under a year as a fully authorised CCG with the full range of statutory responsibility for commissioning health services for our patients.

NHS Southwark CCG is led by our member practices who work through three locality groups. Each locality has elected clinical leads on the CCG's Governing Body. Clinicians from member practices have been involved throughout the year in the development of the CCG's commissioning intentions on which the Operating Plan is based. The CCG has run borough-wide clinical engagement events; monthly locality member practice meetings; the CCG's Council of Members as well as targeted multi-disciplinary focus groups to set this plan.

The list below is a short chronology of the **clinical and stakeholder engagement** completed by the CCG in order to develop our commissioning intentions for 2014/15 & 2015/16:

February-to-May 2013 – Consultation on improving health services in Dulwich & the surrounding areas

April 2013 – Stakeholder engagement event on Primary & Community Care Strategy (PCCS)

May 2013 – Stakeholder engagement event on review of Urgent Care Centre

July 2013 – Mental health stakeholder event

Spring & summer 2013 – Locality meetings/ PPGs on Dulwich and Primary & Community Care Strategy

September 2013 – Member practice engagement event on Primary & Community Care Strategy

September 2013 – Patient engagement event on manual therapies

Autumn 2013 – Locality meetings on commissioning intentions; CQuINS; PCCS

October 2013 – Council of Members roundtable on commissioning intentions

October 2013 – Call to Action stakeholder event looking at planning priorities for 2014/15 and beyond

October 2013 – Governing Body workshop exploring key areas of service development.

November 2013 – Member practice survey on review of Lister Walk in Centre.

November 2013 – Commissioning intentions focus groups with CCG practices; partners & clinical leads

November 2013 – Primary care engagement meetings on primary care counselling

November 2013 – Urgent primary care access stakeholder engagement event

November 2013 – *Big Health Check Day* for people with learning disabilities

December 2013 – Planning briefing to Southwark Health & Wellbeing Board

December 2013 – Joint Lambeth and Southwark practice event on Primary & Community Care Strategy

December 2013 – Joint Lambeth & Southwark GB workshop on joint programmes of work

2.1. What is an Operating Plan?

This document sets how the CCG will meet the full range of its responsibilities and achieve its priorities for improvement over the course of the coming two years. The CCG Operating Plan is a requirement of and written in response to *Everyone Counts* CCG Planning Guidance 2014/15 & 2015/16 (the national Operating Framework) published by NHS England on 19 December 2013.

The planning guidance requires CCGs to set an operational plan to include the key operational metrics needed to support the assurance of, and measure performance against, strategic plans. The Operating Plan is to be structured around four key themes: a) outcomes; b) NHS Constitution; c) planned activity; and d) Better Care Fund (BCF). The below table indicate the detail of these requirements:

Segment	Covering:
Outcomes	Improvement against the measures to support the seven outcome ambitions: Trajectory for *Clostridium difficile* reduction. Trajectory for dementia diagnosis. Trajectory for Improved Access to Psychological Therapies (IAPT) coverage and recovery. Trajectory for seven outcome ambition measures*. Trajectory for Quality Premium measures**.
NHS Constitution	The delivery of all NHS Constitution rights and pledges (through self certification in the context of CCG planned actions).
Activity	Trajectories for: Elective First Finished Consultant Episodes (FFCEs). Non elective FFCEs. Outpatient attendances. A&E attendances. Referrals
Better Care Fund	Improvement against the agreed BCF measures.

* 1: Securing additional years of life for the people of England with treatable mental and physical health conditions. 2: Improving the health related quality of life of the 15 million+ people with one or more long-term condition, including mental health conditions. 3: Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital. 4: Increasing the proportion of older people living independently at home following discharge from hospital. 5: Increasing the number of people having a positive experience of hospital care. 6: Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community. 7: Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care.

** 1: Reducing potential years of lives lost through causes considered amenable to healthcare and addressing locally agreed priorities for reducing premature mortality. 2: Improving access to psychological therapies. 3: Reducing avoidable emergency admissions. 4: Addressing issues identified in the 2013/14 Friends and Family Test (FFT), supporting roll out of FFT in 2014/15 and showing improvement in a locally selected patient experience indicator. 5: Improving the reporting of medication-related safety incidents based on a locally selected measure. 6: A further local measure that should be based on local priorities such as those identified in joint health and wellbeing strategies.

CCG operational plans must also demonstrate that the strategic plan is the driving force behind transformational change and as such, should contain outcomes and relevant local metrics which show our journey towards the tangible achievement of the overarching strategy. The commissioning intentions and trajectories for the above requirements included in this Operating Plan therefore covers the initial two years of a five year strategic planning period and describes what it is the CCG will do in the initial phase of the strategic period to enable system-wide transformation to be in years 3-5.

The full five year strategy for the CCG is currently under development and will be considered by the Governing Body and the Council of Members ahead of publication on 20 June 2014.

3. The Case for Change

The pressures facing the NHS at present are significant. The population continues to age, living longer with chronic illness, whilst the impact of other conditions such as obesity is forecast to significantly increase the demand for health and care services in the near future. At the same time the finance made available to the NHS and local authorities remains restricted. To respond to this challenge, NHS Southwark CCG will need to transform the way it commissions the services used by our patients.

The below table summarises the case for change affecting Southwark. Further detail is included as part of the draft South East London Five Year Strategic Plan and Southwark Joint Strategic Needs Assessment.

Aspect of Case-for-Change	Drivers
Health challenges	Mortality from bronchitis and emphysema and COPD under 75 is high compared to similar CCG populations and national benchmarks. Mortality from liver disease under the age of 75 is high compared to similar CCG populations and national benchmarks. % school children in Year 6 (age 10-11) classified as obese is one of the highest rates in the country. The rate of premature death attributable to cardiovascular disease; stroke; and cancer (all tumour types) are notably higher than the London average. Smoking rates and mortality caused by smoking remain higher than average. Differential life expectancy – 9.5 years for men and 6.9 years for women from most and least deprived parts of the borough.

Variations in the quality of care	There is broad variation amongst hospitals in south east London, with no individual hospital meeting all of the London quality standards at present. In primary care, some patients find it hard to get an appointment with their GP and the services available are inconsistent, with lower patient satisfaction scores compared to other parts of England. There are wide variations in quality and outcomes measures between different practices. The CCG has made significant progress in the implementation of its response to the Francis Report on Mid-Staffordshire NHS Trust; response to Berwick review of patient safety and the joint response with Southwark Local Authority to the Winterbourne View report. We need to continue with this approach to ensuring commissioned care is safe and high quality in the future health economy.
National context and approach to planning and delivering services	The national emphasis has shifted to firmly focus on commissioners' role of facilitating the integration of services. This includes planning jointly with the local authority to maximise impact of the *Better Care Fund*. Commissioners should ensure a 'parity of esteem' between services that address patients' physical and mental health needs. Effective integration is a fundamental to achieving this. National planning guidance requires CCGs to develop their strategic approach to transformational change in collaboration with partner organisations and with providers to deliver change at scale. The CCG is not currently performing within the top quartile of performance for a number of population health outcome indicators included in the NHS Outcomes Framework; CCG Outcomes Indicator Set and seven outcomes ambitions included in *Everyone Counts* guidance. There is recognition that effective models of primary and community care necessitate wider primary care, provided at scale with better access and outcomes for patients.

Patient experience of services	The CCG has an aspiration to hear from more patients about the experience of their care as a way of assuring the quality of commissioned services. The CCG also must act to ensure citizens are fully involved in all aspects of service design and feel sufficiently empowered in their own care. Patient satisfaction data tells us that improvements are required in some key areas including primary care; some specialist services such as cancer care at local trusts. An extended range of patient experience data is becoming available to the CCG and we must ensure we are able to properly interpret and effectively respond to what this tells us. Patients, their families and carers consistently tell us that they want more care commissioned which allows for self-management and is personalised to their particular needs. The Clywd-Hart Report and NHS Southwark CCG's own 'deep-dive' review into patient complaints highlighted discrepancies in the way providers handled, responded to and learnt lessons from patients complaints. The CCG has set out a set of recommendations to ensure this improves and must see that these changes happen.
Financial sustainability	Demographic growth of 1.7% and additional 2% annual inflationary pressures exert a demand on scarce resources. The CCG's financial allocations remain challenging and tighten further in years 3-5 of the strategic planning period. The CCG faces a significant net Quality, Improvement, Productivity and Prevention (QIPP) challenge of £15.5m in 2014/15 and approximately £13m in 2015/16 with limited scope for transactional efficiencies following a number of years of successful QIPP delivery.
Shared challenges	The constrained financial environment has a significant impact on commissioners and providers alike. To support an effective NHS we have a collective responsibility to ensure system-wide sustainability and, as part of this, must consider and respond to the impact of social care financial pressures on the NHS and *vice versa*. A similarly coordinated approach is required for us to commission well integrated services both between hospital, community and primary care settings and across health and social care services. Our services must increasingly address patients' physical and mental health needs. Information management and workforce development across a suitable scale is a crucial factor in achieving this aim. Emergency care and referral-to-treatment time pressures have remained a challenge for some local providers throughout 2013/14. The CCG has committed to ensuring these NHS Constitution standards are met consistently and will work closely with our commissioned providers and NHS England to achieve this.

4. CCG Commissioning Intentions 2014/15 – 2015/16

This section sets out the main commissioning intentions the CCG will deliver over the course of the next two years. The CCG has established three strategic ambitions, all of which contribute to an over-arching ambition of establishing the effective integration of services to deliver better quality care and improved patient outcomes. These ambitions are:

1. **Commission services to ensure local people can easily navigate and access appropriate care when they need it. Services will support the prevention of ill health and focus on improving patient wellbeing.**
2. **Commission effective and efficient pathways of care.**
3. **Commission services that are proactive and provide care which is personalised and supports people to maintain their independence.**

To deliver these ambitions the CCG has identified a series of transformation programmes within which we will work to deliver our key pieces of service redesign and integration. Both the structure of our transformation programme areas and the detail of the commissioning intention or work programme within each area, is designed to intersect with the priorities included within Southwark's Health & Wellbeing Strategy; our plan for the Better Care Fund in Southwark and also with the emerging opportunities outlined in the south east London five year strategic plan case for change. A more detailed description of strategic alignment is included in section 5, below.

The following part of this section outlines the CCG's key commissioning intentions for 2014/15 & 2015/16, split by transformation programme area. Further detailed business cases, Project Initiation Documents, project and programme plans have been developed for each area.

4.1. Integrated Care

- We will continue to work with the Southwark and Lambeth Integrated Care (SLIC) programme to develop infrastructure to support integrated care and an integrated Commissioning Framework with the Local Authority and partners in Lambeth including using innovative ways of incentivising the provision of integrated care and better outcomes. Through the SLIC programme we will also work on the key enablers of integration, including information sharing and workforce development.
- Implement a prevention strategy to contract for: *'every contact counts*' health advice interventions; delivery of alcohol and smoking brief interventions; hospital providers implementation of NICE smoking cessation guidance.
- Implement Joint Dementia Strategy to commission new community intervention services for people with dementia including a medicines optimisation programme; and specialist services for people with challenging behaviour.
- Programme of IT development to implement a system that will allow primary; community & hospital clinicians to view patients' test and diagnostic results and enable communication across primary and secondary care.

- Develop a primary care model of early diagnosis and integrated care for children with autism.
- Commission enhanced early detection; case-finding; care-coordination & risk management in primary care.
- Develop a sustainable and integrated model of psychological support for people living with Long term conditions and complex needs.
- Oversee extension of admission avoidance programme including full roll-out of @Home across Southwark, and further integration with other community admission avoidance services.
- Commission a model of community-based integrated service provision structured on a neighbourhood geography to improve outcomes for elderly patients and people with one or more long term conditions (including mental health). This will include an integrated approach to self-management, collaborative care planning and care co-ordination.
- Commission enhanced primary care support to Southwark care homes operating as part of a specialist multi-disciplinary model of care for patients living in residential accommodation in the borough.
- Commission for services 7-days-a-week in collaboration with Southwark local authority and NHS England commissioners to support admission avoidance and to improve discharge from hospital.

4.2. Planned Care

- Remodelling of psychological therapies pathway.
- Work with providers to drive secondary care productivity and efficiency through maximising non face to face contacts and removal of unnecessary follow ups and onward referrals.
- Strengthen system for referral review against agreed clinical protocols and enhance use of Choose & Book across the health economy.
- Develop a consistent model of out of hospital care in community hubs where this is clinically appropriate, cost effective and supports better patient experience and access. Redesign and or decommission appropriate hospital outpatient pathways to reflect this change of provision
- Review access policies including south east London Treatment Access Policy and consider management protocols and support pathways for people who require non-urgent elective admission.

4.3. Primary Care & Community Care

- Implementation of the CCG primary and community care neighbourhood development plan and broader CCG Primary and Community Care Strategy, focussing on reducing variation in primary care and enhancing patient access to an extended range of services out of hospital.
- Commission enhanced diagnostic capacity in primary and community care settings.

- Design and deliver a comprehensive primary care workforce development programme.
- Contribute to shaping Southwark Council's approach to commission enhanced community support services (home help and domiciliary services), linking to other integrated community services.
- Continued implementation of the service model for the Dulwich locality and programme of community hub development across the borough.

4.4. Urgent Care

- Review of urgent care pathway including A&E front-end; UCCs and WICs and commission a model of care to enhance access; quality; % appropriate attendances.
- Commission A&E 'front-end' assessment for patients with mental health conditions.
- Complete procurement for provision of NHS 111 service from April 2015.
- Commission London Ambulance Service to safely and effectively increase the proportion of calls treated 'on site' to reduce A&E conveyance rates.
- With social care services, commission new services targeted at people 'in-crisis'. This will be initially focussed on people with mental health, alcohol misuse issues and on those who are homeless.
- Deliver a programme of communication with local people on how to access the most appropriate service for their needs, including support for self-care and promoting use of pharmacies.

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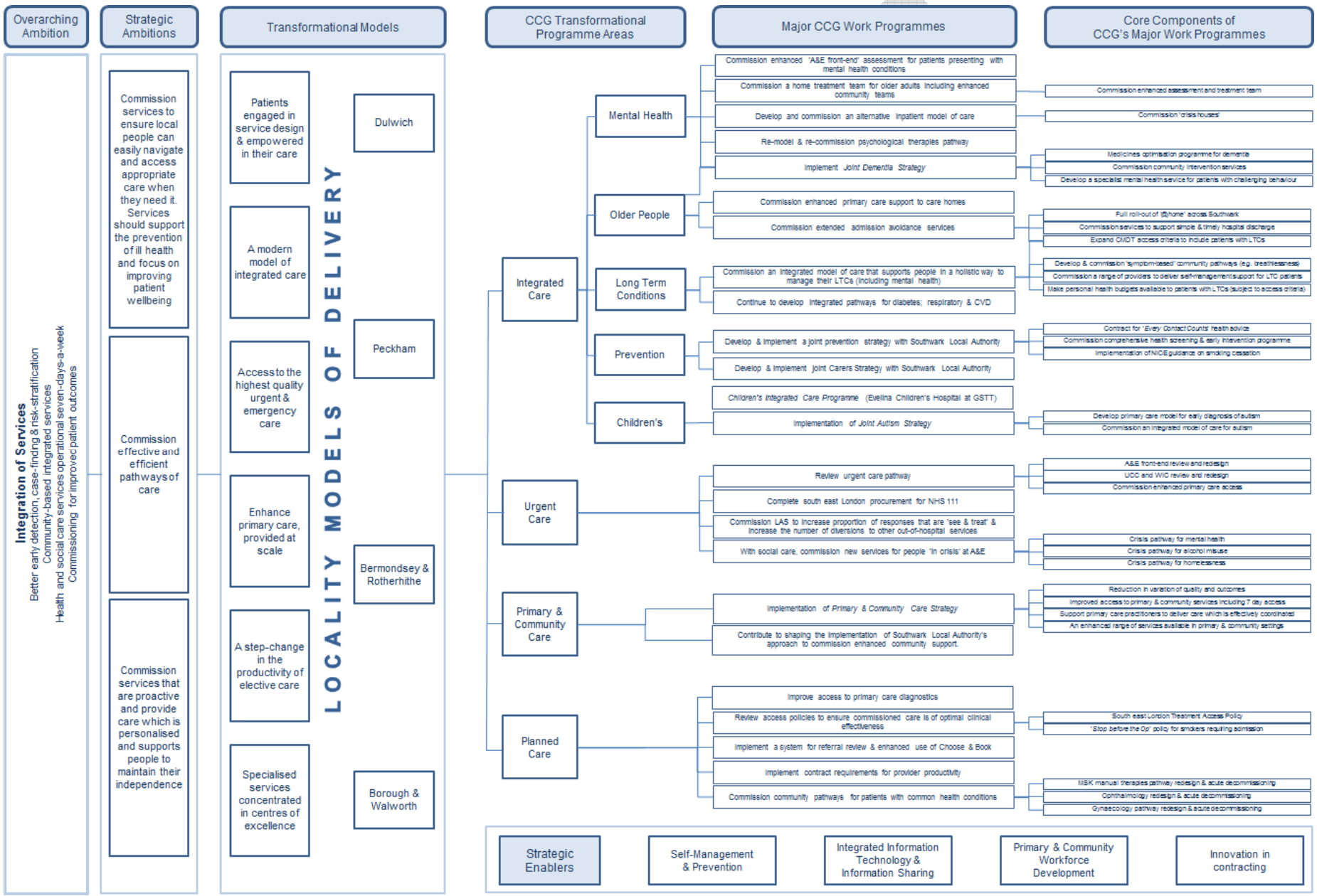
4.5. CCG Commissioning Intentions & Work Programmes: Plan-on-a-Page (Larger print in Appendix A)



5. Strategic Alignment

This section sets out in further detail how the transformational work planned for delivery by the CCG over the course of the next two years aligns with other key local operational and strategic drivers of change that will affect residents in Southwark.

5.1. Five Year Strategic Plan for Southwark and south east London

The south east London five year strategy sets out the collective objectives for the south east London health economy whilst 'framing and underpinning' the system objectives that have been developed at CCG level for each borough. Together with plans for NHS England Direct Commissioning, this approach to planning has been established across the broader area in order that we are situated to effectively address the scale of the challenge identified in respective borough cases-for-change.

The strategic programme, in the CCG and across south east London, has identified emerging priorities and opportunities for collective action at south east London level as well as local system priorities that we have identified within Southwark (see commissioning intentions, above). The collective opportunities across south east London were identified in December 2013 and have since formed the basis for detailed system design work with partners throughout Q4 in 2013/14.

The strategic planning work across south east London has identified seven collective opportunities for transformation:

- Transforming primary care
- Delivering integrated care for physical and mental health
- Transforming urgent and emergency care services to drive quality, experience and sustainability
- Transforming maternity and paediatrics pathways to drive quality, experience and sustainability
- Transforming cancer services
- Achieving compliance with the London Quality Standards and broader standards of quality
- Improving productivity and value for money across all services

These collective opportunities intersect with Southwark CCG's strategic ambitions and all contribute to the CCG's over-arching ambition of establishing the effective integration of services to deliver better quality care and improved patient outcomes.

The system objectives set out in CCG and south east London strategies will be supported by key commissioning intentions or 'improvement interventions' as they are named in the south east London plan (i.e. programmes of work, service improvement and redesign). These interventions will deliver outcomes which in turn will achieve the system objectives both within the borough and across south east London.

5.2. Southwark Health & Wellbeing Strategy

In July 2013 the Southwark Health & Wellbeing Board published its J*oint Health & Wellbeing Strategy 2013/14*. The strategy was developed by the borough's new Health and Wellbeing board, brings together the borough's key agencies – the council, the CCG, NHS trusts, the police, voluntary sector, and

Healthwatch, which represents local people's voice, with the aim of improving the health and wellbeing of the residents of our borough.

The *Health & Wellbeing Strategy* in Southwark built on the learning and achievements from the previous year (the shadow year of operation); findings from the *Joint Strategic Needs Assessment*; and what communities and partners have told us already, to identify three strategic priority objectives. The Health & Wellbeing Board committed itself to further develop these priorities over the course of 2013/14 in order to set a clear plan of improvement over the next planning period.

Health & Wellbeing Board priorities are:

1. **Giving every child and young person the best start in life** by working to improve maternal and child health outcomes; supporting educational achievement and quality; promoting healthier lifestyles; reducing youth unemployment and addressing teenage conceptions, young peoples' involvement in sport.

2. **Building healthier and more resilient communities and tackling the root causes of ill health** so that we reduce premature deaths and morbidity; improve screening and early diagnosis; improving mental health and emotional wellbeing.

3. **Improving the experience and outcomes for our most vulnerable residents and enabling them to live more independent lives** by reducing admissions to hospital and residential care homes; enhancing access to re-ablement service post discharge from hospital; early identification and management of dementia; personalised support available to those with high need support packages.

The CCG has reflected the Board's priorities into its Operational Plan for the years from 2014/15 & 2015/16 and will continue as an active participant in the Health & Wellbeing Board to develop clear programmes of work and a refreshed monitoring framework. This will be a keystone of the CCG's five year plan.

The Southwark Health & Wellbeing Strategy 2013/14 can be found here:
http://www.southwark.gov.uk/downloads/download/3570/joint_health_and_wellbeing_strategy_2013-14

5.3. Better Care Fund

The CCG, local authority in Southwark, providers and stakeholders have identified a vision for integrated care in our borough. The vision is for people to stay healthier at home for longer by doing more to prevent ill health, by supporting people to manage their own heath and well-being and by providing more services in people's homes and in the community. Both organisations want to see that people feel in control of their lives and their care, with the services they receive co-ordinated and planned with them around their individual needs.

The CCG, local authority and our providers and partners will build upon our existing work to integrate services around people's needs, but recognise that we now need to transform the way we work together across health and care to really achieve this. Our key aspirations for integrated care in Southwark are to deliver:

- More care in people's homes and in their local neighbourhoods
- Person-centred care, organised in collaboration with the individual and their carers
- Better experience of care for people and their carers
- Population-based care that is proactive and preventative, rather than reactive and episodic
- Better value care and support at home, with less reliance on care homes and hospital care
- Less duplication and 'hand-offs' and a more efficient system overall
- Improvements to key outcomes for people's health and wellbeing
- Stronger, more resilient communities
- Southwark as a great place to live and work

The CCG and Southwark Council are committed to using our joint resources to achieve our shared vision. The way that services are currently commissioned and organised does not always achieve these aims, and there are differential incentives that work against our vision of services working together to support better health and more independence.

We will use our resources differently to remove organisational impediments to the provision of person-centred care and financially incentivising prevention, earlier intervention, recovery and re-ablement with our providers. Our plans, if successful, will mean less reliance on care in hospital or care homes, and more care in people's home or delivered in community based settings. We will work with partners in Southwark & Lambeth Integrated Care Programme (SLIC) and the acute sector to enable this shift of resources to happen.

The main schemes and changes under the Better Care Fund that will deliver our objectives are as follows:

In 2014/15: The CCG and Council will roll forward the funding for the existing portfolio of services that are provided by the council with funding transferred from the NHS under section 256 arrangements. We will review the application of this funding and identify the most cost effective way of using this resource in the context of the wider Better Care Fund plans for 2015/16. This funding of £5.835m currently covers a range of services aimed at supporting discharge, preventing the need for higher levels of support, and protecting social care services of benefit to health. In addition, existing council spend on re-ablement currently funded from NHS grant of £1.8m will be rolled forward in to the scheme.

Southwark has been allocated an additional £1.3m in 2014/15 under the Better Care Fund in order to prepare for the full introduction of the Fund in 2015/16 and make early progress on goals. This resource will be used to pick up the funding of a range of current council services aimed at reducing demand on the acute sector that were originally funded under "winter pressures" funding that was withdrawn in 2013/14.

This will support development of the following:

- Discharge support and move towards 7 day working
- Specific investment in psychiatric liaison services to reduce pressures on A&E
- Investment made in infrastructure costs for developing integrated neighbourhood services
- In addition in 2014/15 the CCG and Local Authority will be applying resources from outside the Better Care Fund to pump prime schemes in advance of 2015/16, including telecare, homecare, carers and mental health.

In 2015/16: the services described above will be reviewed during 2014/15 to ensure they provide value for money and support the integration agenda, and will be rolled forward into the 2015/16 Better Care Fund. In addition, as the minimum value of the Better Care Fund increases to £21.9m the following services will be covered by the fund:

- Admissions avoidance service and the @Home service
- Discharge support and enhanced 7 day working across primary care and integrated community health and social care services
- Home care quality improvement, capacity and capability to support integrated care
- Self management : expert patient programme for people with long term conditions and building a community asset approach to keeping well
- Telecare expansion
- Voluntary and community sector prevention, particularly aimed at addressing issues around social isolation in older people
- Mental health transformation and crisis response services
- End of life care
- Protecting social services - maintaining access and eligibility levels in the face of central government funding reductions
- Joint Carers Strategy

The Impact of the Better Care Fund in Southwark: In making the above investments through the Better Care Fund, the CCG and local authority anticipates the following impact over the next two years:

- Increases in the numbers of people benefitting from the community multi disciplinary team approach, and enhanced activity levels in the BCF funded services such as home ward, admissions avoidance and re-ablement.
- Reductions in the rate of avoidable emergency admissions
- Shifting the balance of care away from care homes, including reduced admissions
- Impact of re-ablement in reducing the care needs of clients using the service
- Delayed transfers of care being maintained at a high level of performance
- A reduction in length of stay in hospital and emergency bed days for older people.

A key underlying aim of our BCF plan, and the SLIC programme, is for integrated care to help achieve financial sustainability for the whole health and social care system, as well as to improve population health, improving key health and life outcomes. The success of this will be evaluated with reference to the financial position of all commissioners and providers.

The CCG has jointly led the development of the Better Care Fund plan together with colleagues in Southwark Council having engaged providers and patients along the way. The CCG has developed our commissioning intentions together with the same partners and has worked to ensure a close alignment between those areas of transformation we will lead together through the Better Care Fund and those which are led primarily by the CCG.

The aims and objectives of the Better Care Fund are set out in above and will be measured as per the metrics included in the table below:

Better Care Fund Metrics		Current Baseline	Performance for October 2015	Performance for April 2016	Notes
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	**Metric Value**	**770.8**	**N/A**	**697.8**	
	Numerator	177	N/A	167	
	Denominator	22965	N/A	23933	
	Data Period	Apr 2012–Mar 2013		Apr 2014–Mar 2015	
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into re-ablement / rehabilitation services	**Metric Value**	**77.20%**	**N/A**	**85%**	
	Numerator	112	N/A	136	
	Denominator	145	N/A	160	
	Data Period	Apr 2012–Mar 2013		Apr 2014–Mar 2015	
Delayed transfers of care from hospital per 100,000 population (average per month)	**Metric Value**	**87**	**86**	**85**	Delayed transfers currently optimal (22nd best nationally) - further significant reduction not desirable or achievable without risking excessive early discharge
	Numerator	212			
	Denominator	243,670	249,971	255,836	
	Data Period		April - Dec 2014	Jan - June 2015	
Avoidable emergency admissions (composite measure)	***Metric Value***	**152**	**144**	**144**	Rate per 100,000 per month
	Numerator	461	449	449	Average number per month
	Denominator	303,859	310,830	310,830	
	Data Period	*12 mnths to Sep 13*	April – Sept 2014	Oct 2014 - Mar 2015	
Local metric - NHSOF 2.1: Proportion of people feeling supported to manage their long term conditions	***Metric Value***	**58.30%**	**N/A**	**60%**	Data from Annual GP Patient Survey
	Data Period	GPPS 2013		GPPS 2014	

6. Delivering the CCG's Commitments & Responsibilities

The CCG will act to ensure all commissioned providers deliver the rights and pledges as set out in the NHS Constitution. Throughout 2014/15 and 15/16 the CCG Integrated Governance & Performance Committee will be run in alignment with provider Clinical Quality Review Groups and contract monitoring meetings to oversee and assure the CCG that issues of performance, quality, safety and patient outcomes are identified, addressed and resolved with expediency. This section summarises the CCG's requirements and responsibilities over the next two years and sets the trajectory to be achieved.

6.1. Summary of Southwark CCG Performance in 2013/14

The table below sets out the CCG's performance against the requirements of the NHS Constitution to January 2013/14 (YTD at the time of writing). The table shows the performance position for each constitutional requirement for the CCG (Southwark patients); King's College Hospital & Guy's & St. Thomas' Hospital (all patients).

		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
RTT admitted (90%)	SCCG	90.6%	88.0%	90.7%	89.3%	88.4%	87.3%	86.0%	87.3%	89.0%
	GST	92.1%	92.0%	92.7%	92.4%	92.8%	90.7%	90.7%	90.4%	93.3%
	KCH	88.8%	88.2%	89.7%	88.1%	87.1%	88.7%	88.1%	87.8%	87.8%
RTT non-admitted (95%)	SCCG	97.1%	97.6%	97.1%	97.5%	97.7%	96.7%	96.9%	97.2%	97.2%
	GST	96.5%	96.6%	97.2%	96.6%	96.8%	95.9%	95.8%	95.4%	96.0%
	KCH	96.8%	97.3%	97.2%	97.0%	97.4%	96.3%	96.1%	96.3%	96.6%
RTT incomplete pathway (92%)	SCCG	93.5%	93.8%	93.7%	93.8%	93.5%	93.5%	93.8%	93.7%	93.1%
	GST	93.2%	93.8%	93.7%	93.8%	93.5%	93.4%	93.2%	93.5%	93.0%
	KCH	92.1%	92.3%	92.3%	92.6%	92.7%	92.4%	92.6%	92.2%	92.0%
Diagnostic waits > 6 weeks (99%)	SCCG	1.86%	1.95%	1.85%	2.63%	2.41%	2.48%	1.52%	1.71%	2.02%
	GST	2.00%	2.10%	3.08%	3.83%	5.13%	4.44%	2.17%	2.46%	3.17%
	KCH (Denmark Hill)	3.00%	4.20%	2.77%	2.57%	1.23%	0.94%	0.87%	1.40%	1.6%
A&E waits (95%)	GST	94.6%	96.5%	96.7%	94.5%	95.8%	96.9%	96.9%	96.8%	96.6%
	KCH (Denmark Hill)	96.3%	96.4%	96.3%	94.5%	95.2%	95.4%	94.5%	94.5%	93.6%
	KCH							89.7%	90.4%	87.9%
Cancer 2 weeks (GP referral) (93%)	SCCG	96.7%	98.2%	95.8%	97.5%	93.7%	95.9%	95.2%	94.7%	96.0%
	GST	94.4%	96.7%	95.4%	96.0%	94.1%	93.3%	95.7%	94.8%	94.2%
	KCH	96.9%	98.6%	96.6%	97.2%	95.3%	97.8%	97.1%	98.6%	97.8%
Cancer 2 weeks (breast symptoms) (93%)	SCCG	97.6%	97.1%	96.8%	97.4%	94.0%	97.9%	96.9%	93.7%	97.2%
	GST	92.3%	92.0%	95.1%	97.4%	96.8%	96.0%	94.4%	93.0%	93.3%
	KCH	99.1%	98.9%	98.8%	96.9%	96.1%	100%	100%	100%	100%
Cancer 31 days (first definitive) (96%)	SCCG	97.1%	98.7%	95.9%	100.0%	98.4%	96.8%	94.5%	95.9%	95.8%
	GST	98.3%	97.9%	96.5%	98.4%	96.9%	97.7%	95.5%	93.3%	96.0%
	KCH	100%	99.0%	97.9%	99.1%	97.8%	99.1%	97.9%	99.2%	97.3%
Cancer 31 days (subsequent treatment - surgery) (94%)	SCCG	100%	94.4%	93.3%	100.0%	100.0%	94.4%	93.8%	100.0%	100.0%
	GST	97.7%	96.3%	98.7%	97.6%	98.7%	91.8%	94.9%	84.4%	89.7%
	KCH	97.9%	97.9%	98.3%	97.4%	100%	100%	98.3%	92.5%	97.8%
Cancer 31 days (subsequent treatment - drug) (98%)	SCCG	97.4%	100%	94.6%	97.6%	100%	100%	100%	100%	100%
	GST	99.3%	98.8%	97.2%	98.9%	99.3%	99.4%	99.4%	99.2%	98.5%
	KCH	96.0%	100%	100%	100%	100%	100%	100%	100%	100%
Cancer 31 days (subsequent treatment - radiotherapy) (94%)	SCCG	96.2%	84.6%	100%	96.0%	95.8%	97.1%	100%	95.5%	100%
	GST	96.6%	94.8%	99.1%	95.7%	94.0%	96.1%	97.9%	98.2%	97.7%
	KCH									
Cancer 62 days (GP referral) (85%)	SCCG	83.3%	90.2%	82.4%	96.3%	83.3%	81.1%	78.4%	94.4%	86.4%
	GST	68.6%	80.5%	76.7%	77.9%	80.0%	70.1%	71.0%	78.0%	74.0%
	KCH	93.3%	87.9%	79.7%	97.2%	83.1%	92.5%	86.2%	84.0%	93.9%
Cancer 62 days (referral NHS screening) (90%)	SCCG	80.0%	100%	100%	100%	100%	100%			100%
	GST	83.3%	88.9%	100%	80.0%	71.4%	100%	100%	80.0%	88.9%
	KCH	95.5%	100%	100%	97.1%	86.1%	95.2%	95.3%	93.0%	91.9%
Cancer 62 days (first definitive - Consultant) (85%)	SCCG	85.7%	100%	66.7%	83.3%	100%		100%		100%
	GST	90.9%	94.9%	89.7%	90.2%		93.3%	75.0%	90.0%	61.5%
	KCH	100%	86.7%	80.0%	75.0%		100%	100%	100%	100%
Amb. Resp 8 mins (75%) Red 1	SEL Cluster	77.6%	78.1%	77.5%	77.4%	76.5%	72.4%	75.0%	74.2%	74.8%
Amb. Resp 8 mins (75%) Red 2	SEL Cluster	75.8%	77.7%	75.9%	73.3%	74.1%	70.8%	69.8%	70.9%	70.8%
Amb. Resp 19 mins (95%)	SEL Cluster	98.0%	98.5%	98.2%	97.7%	98.0%	97.2%	97.1%	97.5%	97.2%
Mixed-sex accommodation	SCCG	12	6	7	11	1	0	25	36	32
	GST	5	4	0	0	0	0	0	0	0
	KCH	49	19	29	40	16	0	27	99	85
52 weeks waiters (0)	SCCG	3	5	7	3	8	8	10	6	14
	GST	9	5	1	1	0	0	0	0	0
	KCH	49	44	31	24	28	29	33	27	78
		Q1 2013/14			Q2 2013/14			Q3 2013/14		
Cancelled ops 28 days	GST	1			8			9		
	KCH	9			6			45		
CPA 7 day follow up	SCCG	97.7%			94.0%			98.0%		

6.2. Ensuring commissioned providers deliver NHS Constitution standards

CCGs are required to ensure that the performance standards in the NHS Constitution will be delivered throughout 2014/15 and 2015/16. NHS Southwark CCG is fully committed to the delivery of the NHS Constitution performance standards. The CCG's expectation is that these rights will be met with the exception of patients waiting for treatment at King's College Hospital, a number of whom will wait in excess of RTT standards whilst the Trust's waiting list backlog continues to be cleared. The CCG is additionally committed to eliminating the number of patients waiting in excess of 52 weeks for treatment and we will be working with King's to finalise the performance improvement action plan and trajectory to ensure full compliance with this performance standard to the shortest feasible timescale in 2014/15. This agreement will be secured in the 2014/15 contract with King's.

6.3. Ensuring provider cost improvement programmes (CIPs) are deliverable without impacting on the quality and safety of patient care

The CCG together with the acute multidisciplinary team at the South London Commissioning Support Unit have in place a system of assurance around the impact of provider Cost Improvement Programmes and QIPP. CCG clinical and management leaders have worked with the CCG's major commissioned providers throughout the contracting round to ensure that CIPs will not adversely impact the quality of care and that there are effective governance arrangements – both within the provider and between provider and commissioner – to monitor the impact of provider COP through the contract management and quality assurance process over the course of the period.

The CCG's mental health team has undertaken the same assurance with South London & Maudsley (SLaM) as part of the contracting round for 2014/15.

6.4. Managing HCAIs so our patients have no cases of MRSA in 2014-15 and 2015-16?

The CCG has recorded MRSA breaches in 2013/14 and the below table shows MRSA cases assigned to the CCG following Post Infection Review (PIR). A case is deemed to be CCG assigned where the completed PIR indicates that a CCG is the organisation best placed to ensure that any lessons learned are implemented.

MRSA	Q1	Q2	Q3	YTD
Southwark CCG	1	0	2	3

MRSA rates at King's have generally been in-line with comparable providers nationally. However, in both November and December 2013 King's had been assigned three MRSA cases against an annual target of zero. GSTT has had four MRSA cases assigned to it so far in 2013/14. Post Infection Reviews of MRSA bacteraemias are producing information on the detail of local cases and learning. Most cases are very complex with numerous healthcare contacts.

Infection control is assured at both King's and GSTT through the Lambeth, Southwark and Lewisham Infection Control Committee (LSLICC). At King's and GSTT the CCG clinical, quality and contracting leads

review the trusts' performance against all infection control indicators at the respective Clinical Quality Review Group (CQRG) meetings. Both Trusts have been engaging well in multiagency working and have set development plans – shared with local CCGs and LSLICC, which includes actions to reduce rates of MRSA and other healthcare acquired infections.

These arrangements together with planned improvement actions give the CCG confidence that we will meet the standard for MRSA over the planning period.

6.5. Number of *c.difficile* infections in 2014/15

The CCG has remained within its *c.difficile* target as of January 2014, with most assigned *c.difficile* being identified in non-acute care settings. The target for 2013/14 is 49.

C.difficile infections 2013/14	Q1	Q2	Q3	YTD
Southwark CCG patients	**2**	**15**	**14**	**31**
Breakdown by care setting:				
Non - Acute	0	10	4	14
GSTT	1	2	5	8
King's	1	3	5	9

Clostridium difficile (CDI) cases are discussed at the monthly Clinical Quality Review meetings at King's and GSTT. These meetings are chaired by CCG Clinical Leads in Southwark and Lambeth. King's and GSTT undertake a Root Cause Analysis (RCA) on all *CDI* cases attributed in their organisation.

Following a local *CDI* summit in Q2 2013/14, a multiagency *CDI* Task and Finish Group is addressing surveillance, raising awareness, antibiotic prescribing and care pathway development. Southwark CCG completed a 'deep-dive' review of Infection Control within its local acute and community providers, which included a series of recommendations to be discussed and then taken forward with provider trusts.

The CCG's provisional trajectory for CDI infections for 2014/15 is set out below and we will commission on the basis that this is achieved by providers caring for Southwark patients. The recommendations of the 'deep-dive' review will be taken forward with local providers in Q4 of 2013/14 to further safeguard achievement of this standard.

2014/15	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Number of *c.difficile* infections	3	3	3	3	3	3	4	4	4	4	4	4	**42**

6.6. IAPT access and recovery rates planned in 2014/15 and 2015/16?

The CCG is planning to meet the national requirement of 15% of the population with depression/anxiety receiving IAPT services over each of the next two years. The CCG's IAPT performance in 2013/14 fell below our 12.5% target over the first two quarters of the year, but additional investment in autumn of 2013 has led to improved performance in quarters 3 and 4 of the year.

The CCG will take forward a redesign and procurement of IAPT provision in the borough over the course of the next year to ensure that capacity is sufficient to meet demand for this service and that patients in receipt of IAPT care achieve improved outcomes following their discharge from the IAPT programme.

Southwark CCG is committed to ensuring that the key principles in Talking Therapies are at the heart of delivery: The re-design of the new IAPT provision will provide:

- Better access to services;
- Clinical improvement and recovery;
- Improved social and economic participation, including employment for working-age people;
- Increased patient choice and satisfaction;

These objectives will be delivered by:

- Improved access, choice and movement across the stepped - care pathway for users via a single point of entry to services - more people of all ages are improving their mental health and wellbeing by accessing NICE-approved psychological therapies.
- New ways of working and innovative practice in the approach to treatment of common mental illnesses and to improve mental well-being.
- A strong focus on the common mental illnesses associated with having long term physical health conditions by early identification, self management and treatment - more people with long-term physical health conditions, medically unexplained symptoms or mild to severe mental illness are routinely offered evidence-based psychological treatments when appropriate, as part of personalised care planning;
- Better outcomes for users of services in terms of prevention of mental illness, early identification and least intensive intervention and good recovery rates - more people from the whole community, with lived experience of these situations, are involved in leading the changes this plan seeks to secure.
- Built in employment and vocational support for all users of services - more people are able to resume or start normal working lives after coming off sick pay or benefits linked to their depression or anxiety disorder.
- Delivery of equitable services across the borough of Southwark reflected by:
    - Increased numbers entering services

- Take up of services by the diverse groups of people represented in the borough as highlighted by the nine (9) protected characteristics of **Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex and Sexual Orientation**

	The number of people who receive psychological therapies	The number of people who have depression and/or anxiety disorders*	Proportion	IAPT Recovery Rate	Main commissioning intentions or CCG work programmes that will contribute to an improvement in outcome.
Q1 2014/15	1,395	41,928	3.3%	50%	• Remodelling of psychological therapies pathway. • Enhance the 'front-end' assessment and triage functions for patients with mental health conditions.
Q2 2014/15	1,395	41,928	3.3%		
Q3 2014/15	1,749	41,928	4.2%		
Q4 2014/15	1,750	41,928	4.2%		
2015/16	6,289	41,928	15.0%		

* *local estimate based on National Adult Psychiatric Morbidity Survey(2000)*

6.7. Dementia diagnosis in 2014/15 and 2015/16

The CCG is planning to meet an enhanced standard of 67% diagnosis in 2014/15 and 70% the year following. This builds upon the achievement of the 65% target delivered by commissioned services in Southwark in the first three quarters of 2013/14.

The CCG has prioritised Dementia and Care of Older People in its work plans. The CCG is working collaboratively with SLIC, SLaM, local acute trusts, GPs, the Local Authority and third sector to deliver changes that will provide better outcomes and quality of life.

- Mental Health Services and Integrated Care: Mental Health Liaison teams are already in place and the Memory Service has been enhanced to carry out more assessment and support GPs and other primary care health professionals to support people in the community.
- A specialist challenging behaviour team have also been commissioned through the SLIC Older People's Programme to work collaboratively with the community mental health teams, care homes, day services and extra care to support clients with Dementia.
- A shared care protocol for prescribing of Memantine and other Dementia drugs has been developed and agreed with SLaM, King's, GSTT and Primary Care to support the discharge of patients back to the care of the GP where appropriate so creating additional capacity within the memory service.

E.A.S.1	Number of people diagnosed	Prevalence of dementia	% diagnosis rate	Main commissioning intentions or CCG work programmes that will contribute to an improvement in outcome.
2014/15	1,115	1,664	67%	• Commission new community intervention services for people with dementia including a medicines optimisation programme. • Commission better primary care early detection; case-finding; care-coordination & risk management. • Commission a model of community-based integrated service provision structured on a locality/neighbourhood geography to improve outcomes for patients with one or more long term conditions.
2015/16	1,166	1,665	70%	

6.8. Quality Premium Local Measure

In January 2013 the CCG completed a broad engagement exercise to identify three key outcome indicators to adopt for the Quality Premium in 2013/14. CCG member clinicians, local patients and stakeholders identified a shortlist of suitable indicators. The CCG identified a scheme of principles to act as a framework to aid the choosing of the top three indicators. The CCG then further engaged with member practices through the CCG locality group structure and also patients through the CCG's Patient Participation Group (PPG) pyramid in order to confirm the indicators.

As the structure of the Quality Premium has changed into 2014/15, the CCG has agreed to continue to focus on achieving improvement against the following locally-defined indicator. This was felt to align well with our local priorities and with those included in the Better Care Fund in Southwark.

% of end of life patients on Southwark Gold Patient Register/CMC with a known preferred place of death

2012/13 baseline (projected from current position): 87/498 = 17.5%

2013/14 annual target: 293/836 = 35%

2014/15 annual target: 427/854 = 50%

Indicator Definition	Numerator	Denominator	Measure	Main commissioning intentions or CCG work programmes that will contribute to an improvement in outcome.
% of end of life patients on Southwark Gold Patient Register/CMC with a known preferred place of death.	427	854	50%	• Commission enhanced primary care support to Southwark care homes operating as part of a specialist multi-disciplinary model of care for patients living in residential accommodation in the borough. • Commission for services 7-days-a-week in collaboration with Southwark local authority and NHS England commissioners to support admission avoidance and to improve discharge from hospital. • Roll out @Home model, and strengthen integration with other community based services

6.9. Securing additional years of life from conditions considered amenable to healthcare

The CCG will target a 3.2% reduction in the measure of potential years of life lost (PYLL) to causes amenable to healthcare. Southwark performed well compared to a group of the most comparable CCGs and is in the top quartile for the baseline year of 2012/13. Southwark's PYLL indicator has been successfully reduced by 4% from 2010/11 to 2011/12 and then again by a further 11% from 2011/12 to 2012/13. The CCG was established a trajectory of five years continual improvement in rates of PYLL at 3.2% improvement year-on-year.

E.A.1	PYLL (Rate per 100,000 population)	Main commissioning intentions or CCG work programmes that will contribute to an improvement in outcome.
Baseline	2,171	• Commission a model of community-based integrated service provision structured on a neighbourhood geography to improve outcomes for elderly patients and people with one or more long term conditions (including mental health). This will include an integrated approach to self-management, collaborative care planning and care co-ordination. • Review of urgent care pathway including A&E front-end; UCCs and WICs and commission a model of care to enhance access; quality; % appropriate attendances. • With social care services, commission new services targeted at people 'in-crisis'. This will be initially focussed on people with mental health, alcohol misuse issues and on those who are homeless. • Implementation of the CCG primary and community care locality development plan and broader primary and community care strategy. • Develop a consistent model of out of hospital care in community hubs where this is clinically appropriate, cost effective and supports better patient experience and access.
2014/15	2,100	
2015/16	2,035	
2016/17	1,970	
2017/18	1,907	
2018/19	1,846	

6.10. Improving quality of life for people with long-term conditions

The CCG's baseline position for this outcome indicator shows Southwark to be in the top half of performers when compared to its comparator cohort of CCGs. The CCG has planned to continue to build upon our improved performance of 0.27% between 2011/12 and 2012/13 in the next two years of the planning period. The CCG has set an ambition to achieve a score of 75.4, which would bring the CCG within the top decile on the current baseline. The CCG has a significant number of work programmes underway and to be delivered within the next two years.

E.A.2	Average EQ-5D score for people reporting having one or more long-term condition	Main commissioning intentions or CCG work programmes that will contribute to an improvement in outcome.
Baseline	73.90	• Commission better early detection; case-finding; care-coordination & risk management in primary care. • Commission a model of community-based integrated service provision structured on a neighbourhood geography to improve outcomes for elderly patients and people with one or more long term conditions (including mental health). This will include an integrated approach to self-management, collaborative care planning and care co-ordination • Implementation of the CCG primary and community care locality development plan and broader primary and community care strategy. • Commission enhanced diagnostic capacity in primary and community care settings.
2014/15	74.10	
2015/16	74.30	
2016/17	74.60	
2017/18	74.90	
2018/19	75.40	

6.11. Reducing emergency admissions

The CCG's baseline is an average of monthly composite indicator data over the period April 2012 – March 2013. Southwark CCG is currently in the third quartile compared to its group of comparable CCGs and so has targeted an improvement in the rate of admissions for our patients. The implementation of the Better Care Fund with Southwark Local Authority over the next two years, together with significant work programmes in urgent care access and redesign; community admission avoidance and the Southwark and Lambeth Integrated Care Programme, has meant that the CCG has set an ambitious target for reduced admissions. The CCG expects emergency admissions will reduce by 5% in 2014/15; a further 2.5% in 2015/16 and 1% every year thereafter. If we deliver this change in the rate of admissions we will achieve a score of 134.0 in 2018/19, which would put the CCG within the top half compared to our comparator cohort of CCGs.

E.A.4	Emergency admissions composite indicator	Main commissioning intentions or CCG work programmes that will contribute to an improvement in outcome.
Baseline	149.2	• Oversee extension of admission avoidance programme including full roll-out of @Home across Southwark, and further integration with other community admission avoidance services • Commission enhanced primary care support to Southwark care homes operating as part of a specialist multi-disciplinary model of care for patients living in residential accommodation in the borough. • Commission for services 7-days-a-week in collaboration with Southwark local authority and NHS England commissioners to support admission avoidance and to improve discharge from hospital. • Complete inner south east London procurement for provision of NHS 111 service from April 2015. • Commission London Ambulance Service to safely and effectively increase the proportion of calls treated 'on site' to reduce A&E conveyance rates. • With social care services, commission new services targeted at people 'in-crisis'. This will be initially focussed on people with mental health, alcohol misuse issues and on those who are homeless. • Enhance the 'front-end' assessment and triage functions for patients with mental health conditions presenting at A&E.
2014/15	141.7	
2015/16	138.2	
2016/17	136.8	
2017/18	135.4	
2018/19	134.0	

6.12. Increasing the proportion of people having a positive experience of hospital care

Baseline data shows Southwark CCG to be the top performer compared to it's cohort of comparable CCGs. Lambeth CCG are second with a score of 138 in 2012. This broadly reflects good general levels of satisfaction with inpatient services experienced by patients using both King's College Hospital and Guy's & St. Thomas' NHS foundation trusts. The CCG will work with providers to maintain this strong level of performance over the course of the next five years and our plans reflect a further stretch target over this time period by the way of required performance.

E.A.5	The proportion of people reporting poor patient experience of inpatient care	Main commissioning intentions or CCG work programmes that will contribute to an improvement in outcome.
Baseline	137.0	• Commission for services 7-days-a-week in collaboration with Southwark Council and NHS England commissioners to support admission avoidance and to improve discharge from hospital. • Programme of IT development to implement a system that will allow primary; community & hospital clinicians to view patients' test and diagnostics results. • Commission better early detection; case-finding; care-coordination & risk management in primary care. • Enhance the 'front-end' assessment and triage functions for patients with mental health conditions presenting at A&E. • Ensure delivery of constitutional standards relating to waiting times and access • Strengthen system for referral review against agreed clinical protocols and enhance use of Choose & Book across the health economy.
2014/15	137.0	
2015/16	137.0	
2016/17	137.0	
2017/18	136.0	
2018/19	136.0	

6.13. Increasing the proportion of people having a positive experience of care in general practice and the community

The CCG performs within the top half when baseline data is compared to it's cohort of comparable CCGs. However, patients' experience of primary care services in Southwark remains sub-optimal when compared to the wider picture in London and nationally. Further to this it is an area that our patients regularly tell the CCG should be improved. The CCG will plan to achieve a score against this indicator of 6.7 by 2018/19 so as to place it in the top quartile of it's cohort of comparable CCGs. We anticipate consistent progress over the next two years but then a sharp enhancement in satisfaction from 2016/17 as the CCG having delivered its Primary & Community Care Strategy operates with primary care provided at scale on a locality basis.

E.A.7	The proportion of people reporting poor experience of General Practice and Out-of-Ours Services	Main commissioning intentions or CCG work programmes that will contribute to an improvement in outcome.
Baseline	7.50	• Implementation of the CCG primary and community care locality development plan and broader primary and community care strategy, focussing on reducing variation in primary care and enhancing patient access to an extended range of services out of hospital including neighbourhood development plans focussed on quality improvement in primary care. • Commission extended access arrangements in primary care neighbourhoods. • Commission enhanced diagnostic capacity in primary and community care settings. • Design and deliver a comprehensive primary care workforce development programme. • Continued implementation of the service model for the Dulwich locality and other community hubs across the borough. • Programme of IT development to implement a system that will allow primary; community & hospital clinicians to view patients' test and diagnostics result. • Commission better early detection; case-finding; care-coordination & risk management in primary care.
2014/15	7.40	
2015/16	7.30	
2016/17	7.20	
2017/18	7.00	
2018/19	6.70	

6.14. Planned change in CCG commissioned activity by point of delivery (all providers, Southwark CCG patients only)

The CCG's commissioning intentions, programmes of service redesign, financial plans and QIPP schemes will impact acute activity over the planning period. The impact of this is shown in the table below.

		Elective Admissions - Ordinary Admissions	Total Elective Admissions - Day Cases (FFCEs)	GP Written Referrals (General & Acute)	Other referrals (General & Acute)	Non-elective First Episodes	All First Outpatient Attendances	First Outpatient Attendances - following GP Referral	First Outpatient Attendances - following GP Referral	A&E Attendances - All types
2014-15	Growth /Increase	2.4%	2.4%	1.7%	1.7%	0.0%	1.7%	1.7%	0.0%	1.7%
	Planned QIPP Reduction	0.3%	0.5%	4.0%	5.5%	5.0%	4.5%	4.8%	-10.0%	-3.8%
	NET EFFECT	2.1%	1.9%	-2.3%	-3.8%	-5.0%	-2.8%	-3.1%	-10.0%	-2.1%
2015-16	Growth /Increase	2.4%	2.4%	1.7%	1.7%	0.0%	1.7%	1.7%	0.0%	1.7%
	Planned QIPP Reduction	0.3%	1.0%	4.0%	5.5%	2.5%	4.5%	4.8%	-10.0%	-3.9%
	NET EFFECT	2.1%	1.4%	-2.3%	-3.8%	-2.5%	-2.8%	-3.1%	-10.0%	-2.2%

7. The Financial Context

7.1. Introduction

The CCG faces a challenging financial scenario for 2014/15, 2015/16 and in future years. Like all commissioning organisations the CCG faces continuing growth in the demand for and cost of services, driven by demographic changes and expansion of available health technologies. There is also an increased expectation of the quality and extent of health service delivery. At the same time the rate of increase of funding for the NHS has considerably slowed down. This means that there will be an underlying recurrent deficit if no action is taken.

The NHS England revenue allocations were announced last December, covering a two year period for 2014-15 and 2015-16. For Southwark, this means that we are deemed circa 3.3% below target spend at present, (old formula was 6% under target), so we will receive a greater growth rate than some CCGs. Southwark will receive 3.54% in 2014-15 and 2.78% in 2015-16. This is a higher uplift than our neighbouring CCGs, who are closer to target.

The assumptions used here are consistent with the NHS England (London region) and national planning guidance issued up until 24 January 2014.

Planning Assumptions – The Likely Case	2013/14	2014/15	2015/16
Recurrent uplift	2.30	3.54	2.78
Demographic growth	1.30	1.7	1.7
Non-demographic growth	2.00	2.00	2.00
Prescribing growth	5.00	4.0	4.0
Tariff inflation and other tariff uplift	2.90	2.60	2.90
Tariff efficiency assumption/ price efficiency applied	(4.00)	(4.00)	(4.00)

7.2. Opening Resources 2014-15

In the new financial year the CCG will receive two allocations, one for commissioned (programme) services and one for its running costs, which are limited to £24.73 per capita, based on the latest population estimate, updated from the 2011 census, of 291,750.

Opening Resources 2014-15 £'000	2013-14	2014-15
Recurrent Allocation	350,720	359,553
Anticipated adjustments	-488	2,953
"Programme resources"	**350,232**	**362,506**
Running Costs allocation	7,220	7,215
Total Resources 14-15	**357,452**	**369,721**

In 2015-16 this programme allocation will grow by 2.78% to £379.7m, but our running costs will be reduced by £645k, as part of a national 10% efficiency.

7.3. Opening Budget Envelopes and Financial Targets for 2014-15

At this stage appropriate budget negotiating envelopes have been drawn up locally, including input from our CSU acute contracting team, to enable the meetings with NHS trusts to go ahead. Despite the changes, the three largest contracts for Southwark remain Guys and St. Thomas', King's, and South London & Maudsley (SLaM), which between them account for 60% of our resources. We are working with approximate contract values at this time, and aiming to sign contracts by the national 28th February deadline.

There have been further changes to the acute Payments by Results tariff, and for this year the net tariff has reduced by 1.4%, releasing resource to commissioners. This is a combination of inflation of 2.6%, and net of 4% efficiency requirement savings.

We will still be required to make a 1% surplus in year, met from a carry forward agreed with the Treasury from 2012/13 and in order to achieve this and a balanced budget position, the CCG currently needs a net QIPP programme of c. £15.5m in total. This figure may still need to increase depending on the outcome of contract negotiations, and on the final level of reserves we deem necessary, and can afford to manage in year risk.

Opening Budget Envelopes 2014-15 £'000	**2013-14**	**2014-15**
Acute services	196,094	207,863
Mental Health services	62,974	58,987
Community services	28,612	32,581
Primary care prescribing	31,617	31,200
Re-ablement with Local Authority	1,813	1,844
Continuing care and Free nursing care	9,906	10,413
Corporate costs and property costs	4,078	4,021
Total Budget envelopes	**335,094**	**346,909**
Reserves and Contingencies	15,138	15,597
Total Programme Budget excluding running costs, net of QIPP savings	**350,232**	**362,506**

Additionally, the negotiations include agreement to the CQUIN quality improvement measures, which represent an addition of 2.5% to NHS Contract. New measures are being applied locally, alongside some national measures.

It should be noted that the Local Authority has received an increase in 2014-15, under the new "Better Care Fund " – which comes fully into being in 2015-16. This is an increase of £1.3m in 2014-15, with a much bigger increase of a further £10M funded from CCG baseline budgets in 2015-16, to give a total fund of £20.5m in that year. The plans to spend this money will have to be approved by the Health and

Wellbeing Board in March 2014. See also the section on the Better Care Fund (above) for further detail of the application on funds in Southwark.

7.4. Investment in 2014-15

For the coming year we want to invest in improved quality of community and primary care services, and achieve safety and quality improvements in all our contracts. Investments will be linked to QIPP programmes and quality outcomes for patients.

The CCG's investment plans are summarised below. In total we are aiming to invest £19.5m, to deal with cost pressures- such as outturn on contracts, and pick up of non recurrent funding. We are also investing in new and improved services, a total of £3m in acute community and primary care services, and £1.5m in mental health, continuing care and safeguarding.

These will be reassessed as the contracts are agreed and the overall position becomes firm.

Investment Area	£m
Primary care quality improvement scheme	0.4
Extended primary care access	0.6
Pulmonary rehab	0.06
Primary and Community Care Strategy implementation	0.8
Patient Referral Service	0.35
Home Ward (full year effect)	0.6
Care homes and residential care contracts	0.2
Diabetes Community Service	0.1
IT support / systems	0.2
Enhanced assessment and treatment team	0.3
Minor Ailment Pilot	0.1
Child and Adolescent Mental Health Services early intervention	0.1
Enhancing psychological therapies services	0.3
Specialist mental health intervention team	0.2
Personal health budget plans	0.05
Liaison post	0.04
Young Physical Disability consultant cover	0.08
Safeguarding training	0.03
Therapy centre of excellence	0.1
Health & wellbeing training workshops	0.05
Autism strategy	0.1
Safeguarding hub	0.05
Carers register	0.05
Total	**4.86**

7.5. QIPP Programme for 2014 -2015

The CCG has determined that it will need a net QIPP saving programme of circa £15.5m in the year, comprising both new schemes, and full year effect of some mental health schemes from 2013-14. This is after risk rating by the senior management team, and means that the gross programme, is significantly larger. The programme has been derived through examining areas where we feel confident that the CCG can achieve savings, and is linked to our service redesign programme.

The Financial Case for Change	2014/15	2015/16
QIPP net savings requirement	15,500	13,200

Net QIPP Programme 2014/15 £'000	2014-15
Acute services	10,000
Community services	500
Mental health /client groups	2,500
Corporate services	100
Continuing Care	200
Prescribing	2,200
Total net QIPP Programme	**15,500**

7.6. Reserves and Risk Mitigation

The CCG has had significant cost pressures to deal with in the past few years, most significantly the growth in acute activity. The current envelopes include an assumption of £14.7m being set aside for acute growth, for 12-13 outturn, unwinding non recurrent funding, and demographic growth, and meeting Referral to Treatment targets (RTT). Mental Health and client group contracts are over-performing, with an increase particularly in the use of acute MH beds and PICU facilities- costing circa £1.2m in 2013-14. Significant service change is planned for 2014-15, and to deliver the QIPP savings.

All CCGs have again been instructed to keep aside 2.5% of budget as a reserve to meet non recurrent pressures in year. In SEL, we have already effectively committed part of this, to implementing the SEL Community Based Care Strategy (CBC) as part of the redesign of services, supporting the realignment of Trusts. In addition we have set aside a ½% contingency fund, and funds to meet in year activity pressures.

Overall planned level of reserves for 2014-15	2013-14	2014-15
Set aside for Non recurrent pressures, Inc. Provisions	3,500	5,500
Set aside for Transformation fund / CBC implementation	3,514	3,700
Other reserves and risk pools		
General contingency ½ %	1,750	1,900
Activity pressures	2,634	1,547
General risk reserve	1,990	
Collaborative SEL risk pool ½%	1,750	1,900
MFF effect of Kings / PRU merging	n/a	1,050
Total	**15,138**	**15,597**

7.7. The financial context in 2015-2016 and beyond

We need to maintain our record of delivery of improving services, and delivering QIPP savings, to enable transformation and integration to take place, through revised models of Neighbourhood working.

The Operating Framework for 2014-2015 onwards was published in December 2013. This states the expectation that CCG's will maintain a 1% annual surplus each year, from 2014-15 onwards. The current 1% surplus is carried forward from year to year under Treasury rules. This is subject to the current rules remaining in place. We will receive smaller increases to our allocation, from 2016-17, and the pressures are expected to remain high, with possible increases in inflation, meaning that as commissioners their will be reduced benefit from tariff changes year to year. The CCG therefore is predicting a total QIPP of over £67m for the five years to 2018-19.

We are now implementing our Primary and Community Care strategy, developing our Business case for Dulwich, and developing integration, and regeneration opportunities jointly with the Council, NHSE and NHS Property Services. The CBC implementation is a four year programme, to support the return of all organisations in SEL to recurrent financial balance by 2018, Southwark expects to continue to pump prime investment and redesign, through its investments and non recurrent reserves, over this period.

Taken together, these issues represent an increased level of risk to achieve targets in 14-15, and it is expected hat the level of QIPP required will increase as a consequence. If the outcome of 2014-15 contract negotiations is favourable, then the CCG will consider making an increased surplus in 2014-15, to carry forward and assist with the scenarios for 2015-16 onwards, including the impact of the Better Care Fund on resources.

8. Delivering through our members and patients

In order to make our operational and strategic plans a reality, the CCG will need to work as a participative membership organisation with both our member practices and Southwark patients.

8.1. Delivering through member practices

CCG member practices have ultimate responsibility for assuring the quality of the services commissioned for Southwark patients and seeing that this operating plan is delivered. Clinicians from CCG member practices are engaged on and develop the main commissioning intentions the CCG Operating Plan and will convene on 24 March 2014 to consider and agree this plan and the CCG's Budgetary Framework at the CCG Council of Members ahead of the beginning of the new financial year. Responsibility for commissioning quality services is discharged through the governance structure of the CCG, via its member practice and committee structure, with the CCG Governing Body being operationally accountable for delivery of the plan.

Member practices also support the delivery of the CCG's assurance role by flagging issues and concerns through the CCG's Quality Alerts process. GP practices can raise quality issues relating to commissioned services and the CCG, through its contracting arrangements, ensures that these Quality Alerts are investigated and that the relevant provider gives an appropriate response, including remedial actions backed up with contracting changes as required. The CCG is able to review the Quality Alerts and monitor the emerging trends/themes so these can be fed into a broader commissioning process.

8.2. Delivering with our patients and communities

To engage with our patients and local communities the CCG as established a network of Patient Participation Groups (PPGs) across all practices in Southwark. The role of the PPGs is to capture patient views on the quality of local services. Each practice has one or two patient representatives who attend one of four locality patient participation groups. Each of these groups then nominates two representatives to sit on the Engagement & Patient Experience Committee (EPEC) which is one of three Committees of the Southwark Clinical Commissioning Group Governing Body. EPEC includes representatives from *Healthwatch Southwark*, the voluntary sector via Community Action Southwark and the Forum for Equality and Human Rights in Southwark to enable a wider dialogue between clinical leads and the wider community in Southwark.

Engagement through the PPG engagement structure; the CCG's flagship Call to Action event on 22 October 2013, attendance at community meetings; via online community forums; and through

borough-wide workshops has allowed the CCG to identify a consensus on a number of priority areas that

patients want to be addressed as part of Southwark's operational plans. These include:

- More services located in community neighbourhood settings including at GP practices and pharmacies, with services to be accessible both in terms of when they are open and where they are located;

- Support for enhanced self-management programmes and information;
- Further actions to deliver a programme of preventative care to support people to stay healthy and live in healthier communities and environments;
- Better interface and communication between primary and secondary care, including smoother system for discharge from hospital;
- Better alternative services to A&E for people in crisis;
- A greater focus on physical health for people with mental health conditions.

Patients recognised that underpinning many of the issues is the need for better communication between different parts of the system and particularly between secondary and primary care. We have resolved to address patients' improvement priorities as part of our plans.

Throughout the course of the operational planning period the CCG is developing a number of initiatives to broaden out its engagement in order to hear from a wider range of patients and local communities. This work will include developing training for patient representatives and those supporting PPGs, establishing a patient member database to enable more targeted communication and engagement, as well as exploring the use of social media to engage with younger people.

Full details of the ways the CCG's will engage with and listening to the views of patients is included in the NHS Southwark CCG Communication & Engagement Strategy: http://www.southwarkccg.nhs.uk/NewsPublications/Policies/Policies/Forms/AllItems.aspx.

8.3. Delivering with our partners and stakeholders

The CCG recognises that in order to successfully deliver our plans as detailed in this document, we will need to act with partners and stakeholders. The CCG is committed to working in close collaboration with our partners and stakeholders and has developed this Operating Plan in close alignment with our commitments to a number of key intra-organisational plans and programmes.

As such the CCG will continue to work as a partner in the following programmes for change over the course of the planning period:

1. With King's Health Partners; Southwark Council; Lambeth Council; Lambeth CCG; local primary care providers and other associated organisations on the development of models of care as part of the the Southwark & Lambeth Integrated Care Programme.
2. With Southwark Council to deliver improved outcomes for local residents through delivery of the Southwark Health & Wellbeing Strategy; Better Care Fund; Primary & Community Care Strategy key joint transformational programmes of work such as the Joint Carers Strategy.
3. With NHS England on the improvement of Primary Care quality, specialised commissioning and pan-London programmes of development.

9. Summary of Risk

The below table provides a summary of the main risks associated with delivery of the CCG Operating Plan in 2014/15 and 2015/16. A further detailed appraisal of future risk is included as part of the CCG Board Assurance Framework and monthly Risk Report.

	Risk	RAG	Mitigation
1	CCG does not achieve full delivery of key QIPP programmes, which poses a risk to the financial sustainability of the CCG.		Effective programme management and oversight. QIPP 'Plan B' schemes developed at an early stage.
2	The CCG does not ensure providers deliver all NHS Constitution standards throughout the planning period		Performance management of providers through contract monitoring and CQRG process to deliver established recovery plans with these providers.
3	Service quality and safety is maintained and improved throughout the period of service change.		Monitor through CCG's Integrated Governance & Performance Group working in close proximity to CQRG groups, which have been established for all commissioned providers.
4	Transformation, the CCG's approach to integration and service changes does not balance provision at the right stages of patient pathways. A risk that for periods of time there exists either excess or insufficient capacity to meet demand for services.		Effective programme management and governance.
5	The CCG does not achieve the stated level of outcome ambition for population-wide indicators included within this plan.		Consistent focus on headline outcomes in CCG's operational contract monitoring process. CCG seeks to work with social services and through the Health & Wellbeing Board to promote a share approach to population health.
6	Risk associated with establishment of IT and workforce changes needed to support effective integration.		Engagement with LETB and procurement of effective IT expertise.

10. Appendix A – CCG Commissioning Intentions & Work Programmes: Plan-on-a-Page