



Southwark

Clinical Commissioning Group

Introduction to NHS Southwark CCG

Healthy Communities Scrutiny Sub-Committee

June 2014



Section	Page
Southwark CCG's role in the local NHS	3
The CCG membership organisation	4-5
The CCG mission, vision and values	6-7
CCG responsibilities	8-10
CCG governance structure	11
CCG Governing Body and management structure	12-13
CCG financial position and budget for 2014/15	14-15
CCG Performance	16
Appendix A: CCG Priorities and Partnerships	17-23

Commissioning

The money used to pay for NHS services is managed by commissioning organisations, which act to procure health services from provider organisations like hospitals or nursing homes. Since April 2013 Southwark CCG has been responsible for planning, procuring and managing the contracts of NHS and other providers delivering services to patients for:

- Most non-specialist hospital care (e.g. routine operations)
- Urgent and emergency care
- Rehabilitation care (e.g. physiotherapy services)
- Most community health services (e.g. district and school nursing)
- Mental health services and services for people with significant physical and learning disability

Quality Assurance

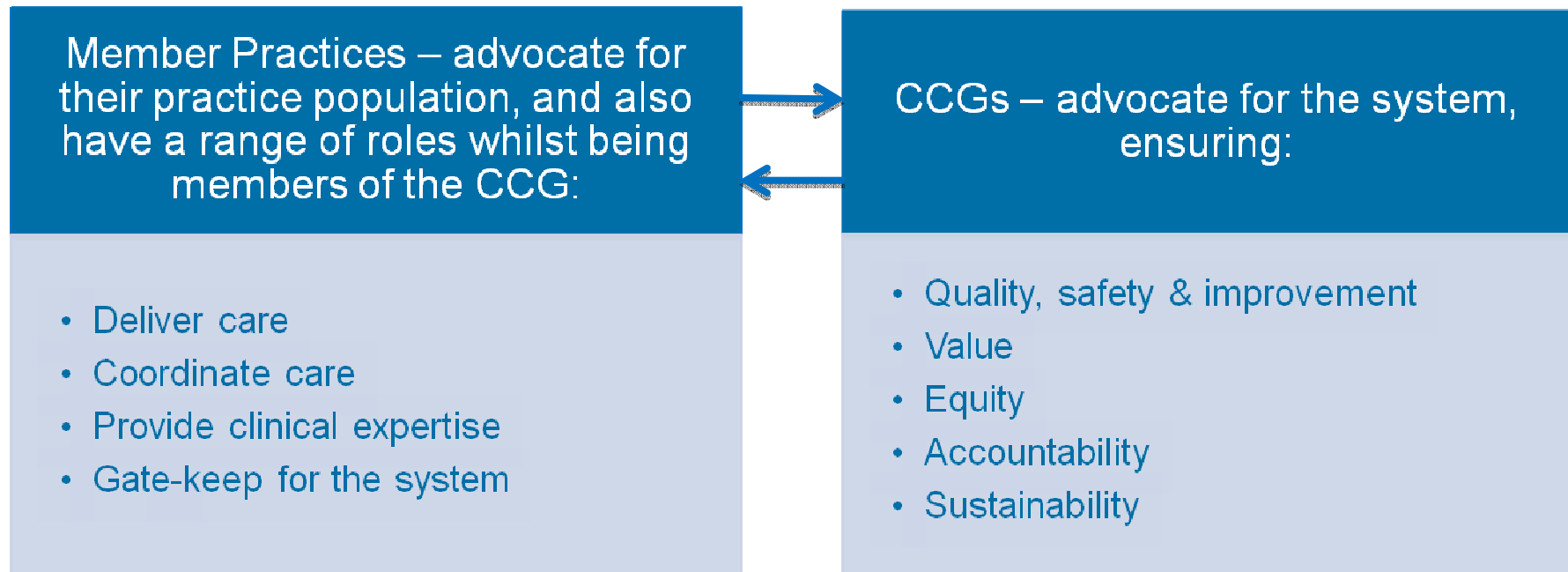
The central part of our role is to manage NHS contracts with the providers who treat patients in order to ensure that they are offering safe and high quality services. As an organisation made up of GPs and other health professionals, we are using our clinical expertise to ensure that the health services we pay for are available to patients without undue delay. In addition, we will work with NHS providers to see that patients using local services are achieving the best possible clinical outcomes.

Service Improvement

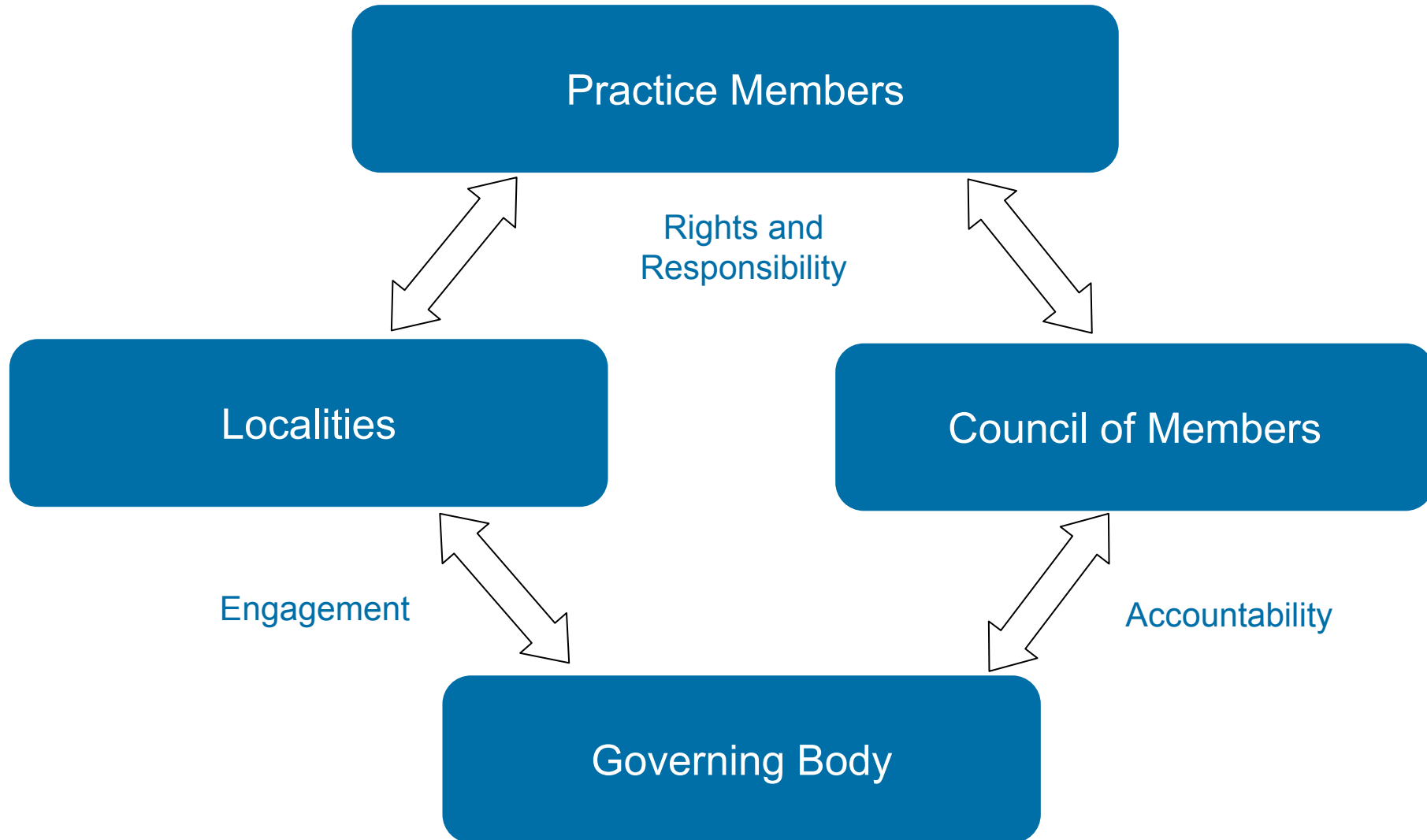
Where we learn that the NHS could be better we will work with providers of services to ensure improvements are made. We also work to redesign care pathways (the route from one service to another for patients with certain illnesses) so that they work effectively. We have planned a number of service improvements and redesign pathways for our first year and these are detailed in on the following pages.

The CCG is a membership organisation

- The CCG is a membership organisation made up of the 45 GP practices in Southwark.
- The CCG works as an organisation that is clinically-led and situated close to patients and our communities.
- CCG member practices play a role to achieve the best possible health outcomes for their practice population and through their contribution to the work of the CCG, for the population of Southwark as a whole.



Structure of the membership organisation



The CCG mission and vision

Mission: The CCG's mission – or overarching purpose – is to commission high quality services that improve the physical and mental health and wellbeing of Southwark residents and result in a reduction in health inequalities. The CCG will ensure commissioning for our population will be:

- Evidence-based
- Focused on clinical outcomes and high quality standards of care
- Led by local frontline healthcare professionals
- Determined by local need
- Informed by genuine patient and public engagement
- Result in more information and choice for patients

Vision: The CCG will work to achieve the best possible health outcomes for Southwark people. The vision for services commissioned on behalf of Southwark's population is that they function to ensure:

- People live longer, healthier, happier lives no matter what their situation in life
- The gap in life expectancy between the richest and the poorest in our population continues to narrow
- The care local people receive is high quality, safe and accessible
- The services we commission are responsive and comprehensive, integrated and innovative, and delivered in a thriving and financially viable local health economy
- We make effective use of the resources available to us and always act to secure the best deal for Southwark

Values

- Guided by the founding principle of the NHS: good healthcare available, free at the point of delivery
- Places patients, health improvement and quality at the heart of everything we do
- Is honest and open about the actions and decisions we take
- Remains accountable to the public and recognise our responsibility to act in their best interests
- Ensures our decisions are evidence based, fair and make best use of the resources we have available
- Acts responsibly as a public sector organisation and remain committed to working in partnership.

CCG responsibilities – a summary

What the CCG must do (with examples)

- 1. Statutory responsibilities (e.g.)**
 - Ensure that all commissioned services are safe and of high quality
 - Safeguarding children, adults and people with learning disabilities
- 2. NHS Constitution standards (e.g.)**
 - A&E 4 hour standard; 18 weeks RTT, cancer waiting times, IAPT coverage and outcomes
- 3. NHS Operating Framework (e.g.)**
 - Ensure commissioned providers meet specific national standards (e.g. rates of *c.difficile* and MRSA infection; rates of dementia diagnosis)
 - Act to improve a number of mandated population-wide outcome indicators (e.g. rate of emergency admissions).

What the CCG has chosen to do (with examples)

- 1. Southwark Primary and Community Care Strategy and neighbourhood development model.**
- 2. Work with partners and stakeholder to commission integrated care pathways to enhance admission avoidance and improved hospital discharge (e.g. SLIC)**
- 3. Commission pathways for patients referred with common health conditions (e.g. diabetes; respiratory illness; CVD)**
- 4. Re-procurement of psychological therapies pathway to deliver effective holistic services to patients.**

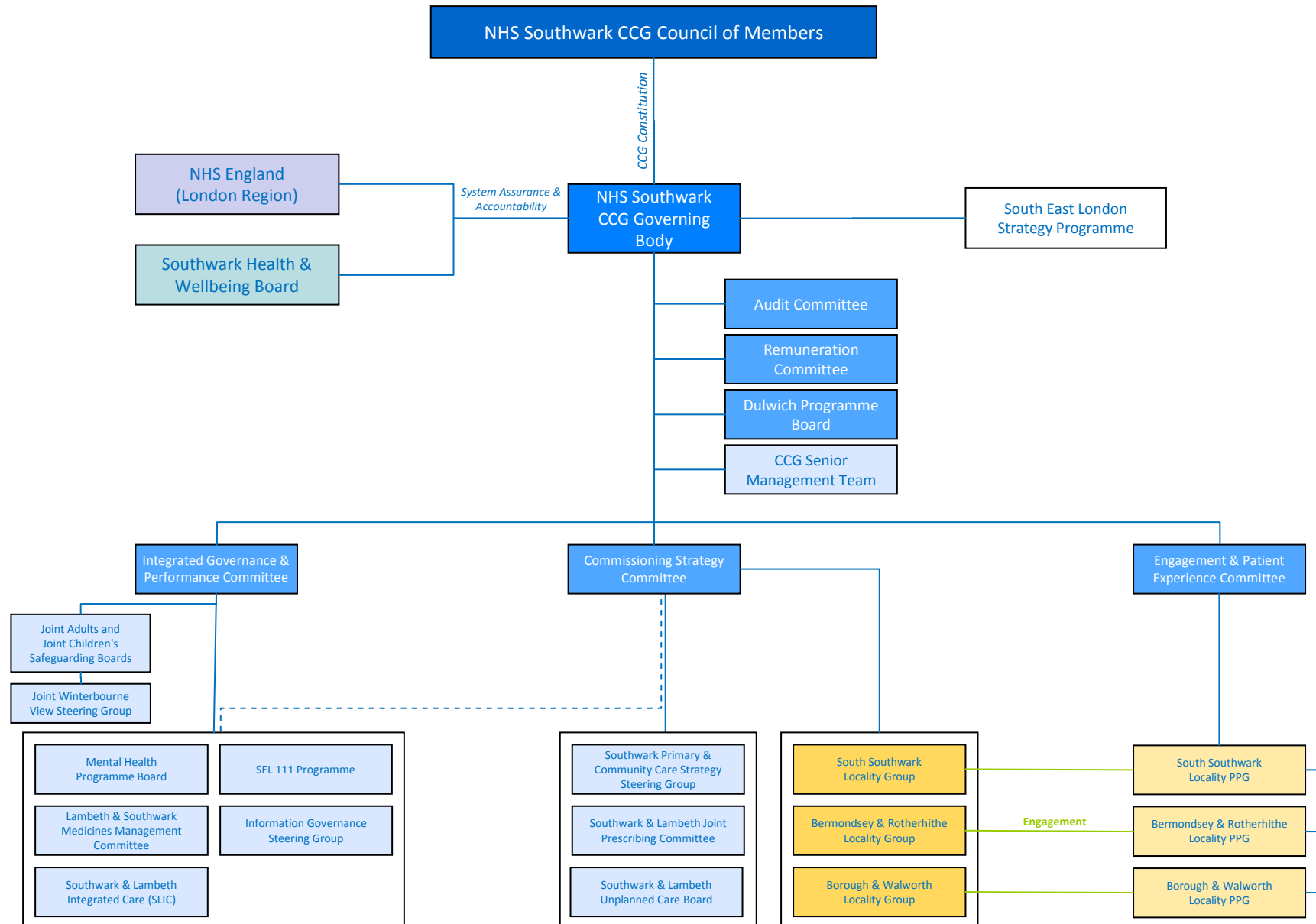
What the CCG must do

- CCGs must secure 'continuous improvement in the quality of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness' (Health & Social Care Act, 2012: 14R).
- Act as the lead commissioning organisation for King's College Hospital NHS Foundation trust; and as co-commissioner for Guy's & St. Thomas' and South London and Maudsley FTs.
- Support NHS England to enhance the quality of primary and community care services.
- Ensure that all commissioned services meet quality and safety standards (e.g. rates of c.difficile and MRSA infection; rates of dementia diagnosis).
- Securing NHS Constitution standards on behalf of Southwark patients (e.g. A&E 4 hour standard; 18 weeks RTT, cancer waiting times, IAPT coverage and outcomes).
- Achieve financial balance.
- Ensuring commissioned providers and the CCG act to improve a number of mandated population-wide outcome indicators (e.g. potential years of life lost to causes amenable to healthcare; rate of emergency admissions; patient experience of GP services; % of patients with LTCs who feel supported to manage their health).
- Establish a clear forecast of anticipated levels of commissioned activity at all hospital providers accessed by our patients.
- Identifying incidence of and learning from Never Events, serious incidents; healthcare acquired infections.
- Safeguarding children, adults and people with learning disabilities.

What the CCG has chosen to do

- Together with Southwark Local Authority, commit to making the integration of services a primary aim of service transformation. We are a partner organisation in Southwark and Lambeth Integrated Care (SLIC) programme.
- 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. Oversee extension of '@home' admission avoidance programme including full roll-out across Southwark and integration with supported discharge.
- Prioritise the development of future-focused primary care models of care in the borough, delivered through the implementation of the Southwark Primary and Community Care Strategy and neighbourhood development model. The local authority is a key stakeholder in this programme.
- Continued implementation of the service model for the Dulwich locality and implementation of community hub model across the borough.
- Commission extended access to primary care across the borough – Prime Minister's Challenge Fund.
- 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.
- Commission pathways for patients referred with common health conditions (e.g. diabetes; respiratory illness; gynaecology) to specialist services provided in community facilities in different locations of the borough.
- Re-procurement of psychological therapies pathway, to deliver effective and high quality services that treat people holistically, taking account of their mental health, physical health and social needs.

CCG governance structure



The CCG Governing Body

Clinicians – voting

8 GP clinical leads

(includes 1 job share)

2 nurse members:

1 practice nurse

1 external nurse
(statutory requirement)

1 external secondary care doctor

(statutory requirement)

1 public health doctor

TOTAL = 12

Non-clinical - voting

3 Lay members

1 Chief Officer

1 Chief Financial Officer

1 Healthwatch Representative

(All above are statutory requirements)

TOTAL = 6

Non-clinical – non voting

1 Director of Service Redesign

1 Director of Client Group Commissioning

1 LMC Representative

1 Local Authority Representative

1 Local Secondary Care Doctor

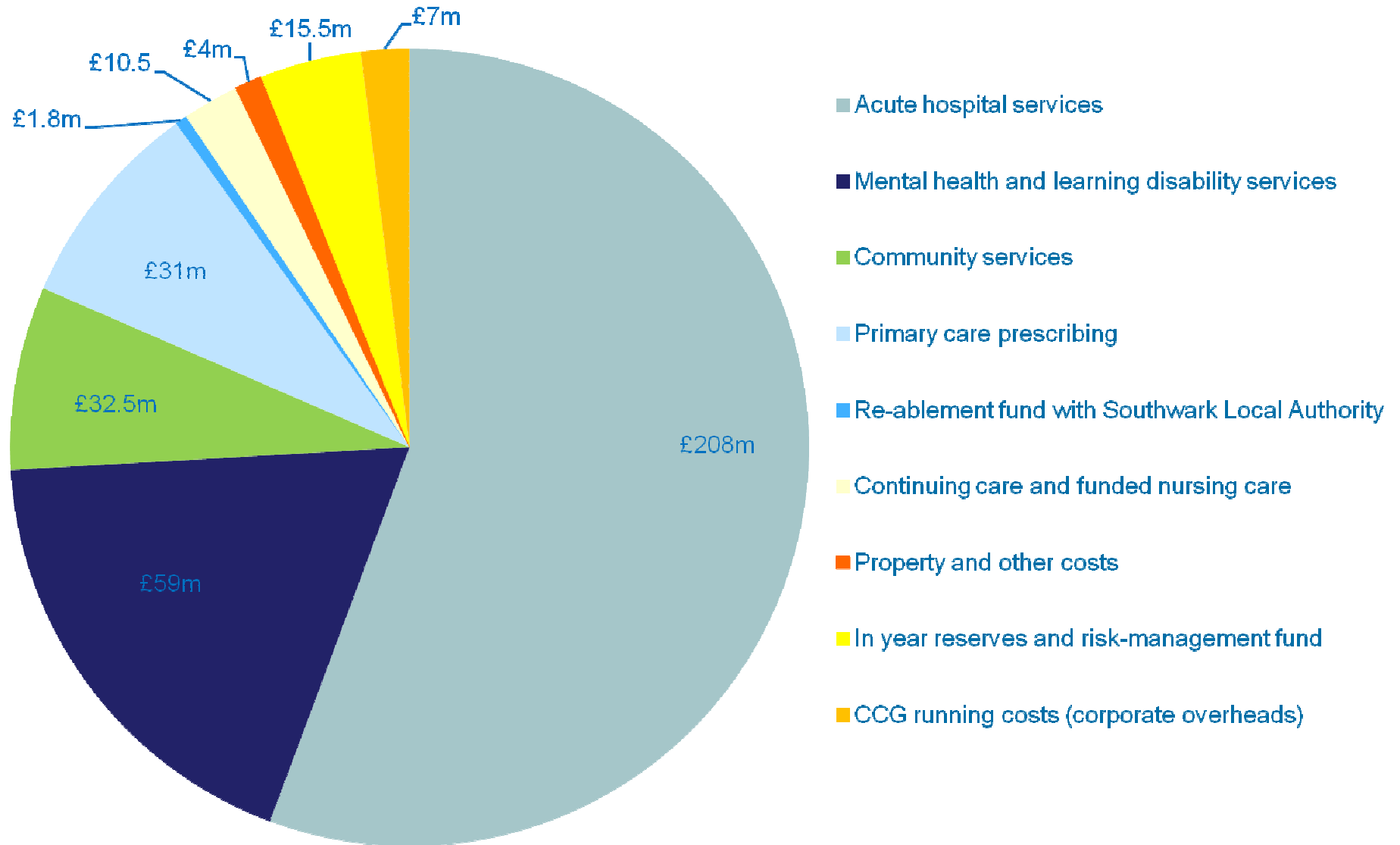
CCG management structure

Finance and Membership	Integrated Commissioning	Quality and Performance
Approx. 10 WTE	Approx. 15 WTE	Approx. 15 WTE
Finance Corporate Administration Corporate Governance CSU Contract Management Patient and Public Engagement Membership Engagement SIRO / Information Governance Procurement EPRR	Acute Care Primary and Community Care Mental Health Cancer Maternity Children's Analytics	Quality and Clinical Governance Provider Performance Combined Safeguarding Continuing Care Caldicott Guardian Infection control Organisational Development Medicines Management

CCG Financial Position for 2014-15

- Against this the CCG faces significant acute contract cost pressures from increased demand, population growth, and increased mental health pressures.
- Inflation is predicted to increase in the future and beyond 2015-16 it is likely that the CCG will only receive an annual increase of less than 2% per year.
- Our local population is growing at 1.7% or more per year, which will increase the demand for services across all services.
- The CCG will receive an increase of 3.5%, just over £12m in 2014-15 and a further 2.7% in 2015-16.
- There are a range of identified investment proposals to be considered by the CCG Governing Body in 2014/15.
- The CCG has an efficiency target of approximately £15m for 2014-15. This is to be delivered together with commissioned providers, through a range of programmes of service change and productivity improvement initiatives.

The CCG Budget 2014/15



Total = £369m

Performance Improvements

1. All cancer waiting times targets achieved for Southwark patients in 2013/14.
2. Rate of dementia diagnosis improved in 2013/14 compared to previous year and national target achieved. Performance has continued to improve in 2014/15.
3. The number of Southwark patients in mixed sex hospital wards is zero to date in 2014/15.
4. Attendances and admissions of Southwark patients at King's reduced/stabilised in the face of growth elsewhere
5. More people with severe mental health conditions with better coordinated care under the Care Programme Approach. National target achieved for 2013/14.
6. CCG *c.difficile* infection rate standards delivered in 2013/14.
7. An increased proportion of patients on COPD registers have been supported to quit smoking.
8. Improved outcomes for Southwark patients with diabetes through work with the Diabetes Modernisation Initiative.
9. More patients on end of life care pathways are registered on 'Coordinate My Care' system and supported by their GP to ensure they benefit from good care and are supported to die in accordance with their preferences.

Current Performance Challenges

1. King's is currently exceeding national standards for elective waiting times. The target is that 90% of patients should wait no longer than 18 weeks from the date of their referral to the beginning of their elective treatment. The CCG has agreed a detailed action plan with the trust to address this area of performance.
2. King's A&E department at Denmark Hill is not consistently achieving the requisite 4 hour standard that 95% of patients are admitted or discharged within four hours of arrival at A&E. The CCG and other stakeholders have agreed a detailed action plan with the trust to address this area of performance.
3. The CCG did not consistently achieve the national access to psychological therapies standard in 2013/14 for patients referred with anxiety and/or depression. The target is that 12.5% of patients predicted to have these conditions are seen by appropriate services each year. The CCG has made significant investment in this area in 2014/15.

Appendix A

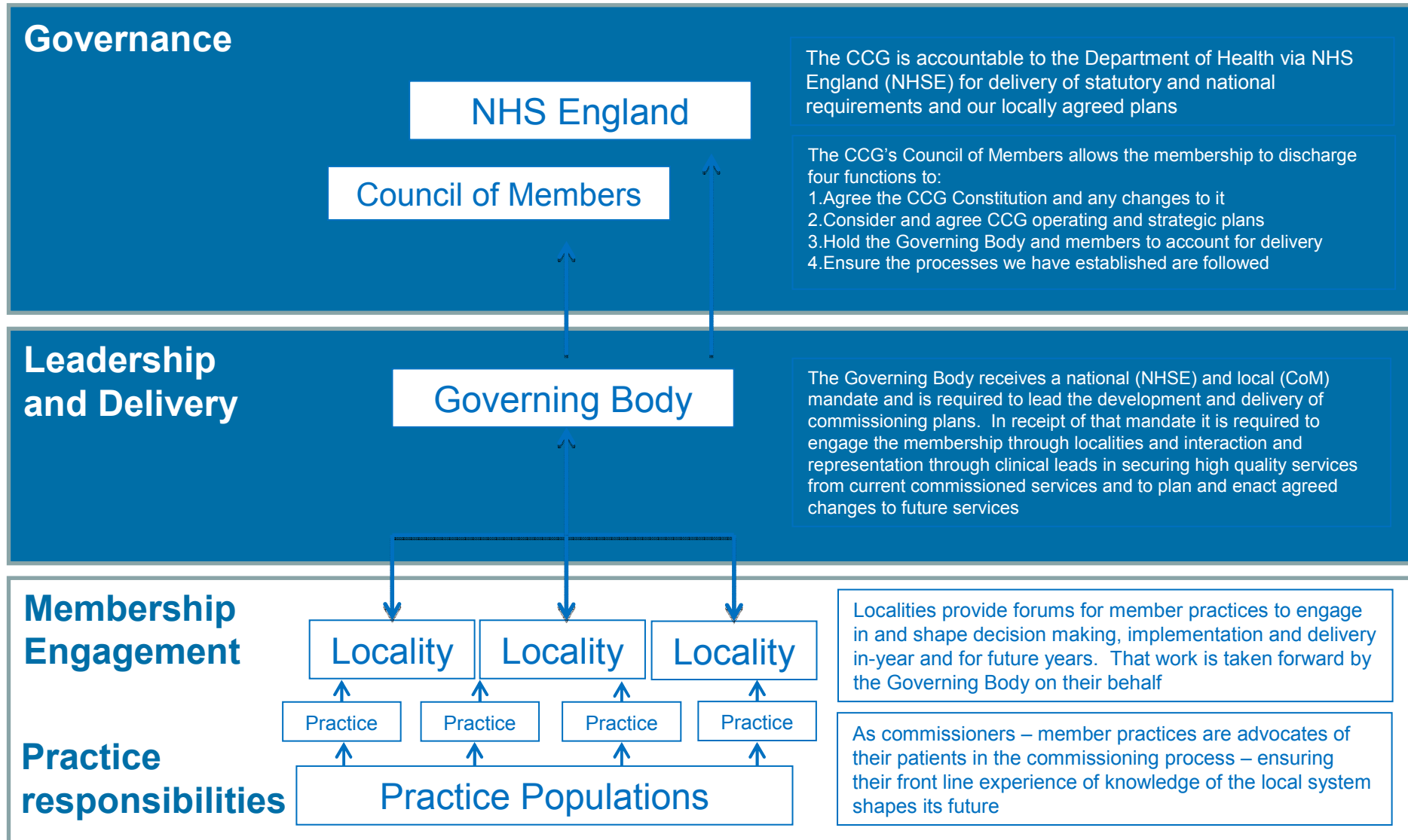
CCG Priorities and Partnerships



Member practices	Patients and the public	Partners
<ul style="list-style-type: none"> • The CCG is its membership and the member practices are the CCG. • Practices are advocates of their local population with a focus on improving care quality and outcomes. • Dispersed leadership model. • Localities forums to engage in and shape decision-making, implementation and delivery. • The CCG established the Council of Members. 	<ul style="list-style-type: none"> • Network of Patient Participation Groups (PPGs) across all practices in Southwark to capture patient views on the quality of local services. • Locality patient participation groups with representatives on Engagement & Patient Experience Committee (EPEC), which feeds into the Governing Body. • Other engagement through <i>Call to Action</i>; community meetings; online community forums; borough-wide workshops. 	<ul style="list-style-type: none"> • With CCG, provider and social care organisations on the Southwark & Lambeth Integrated Care Programme. • With Southwark Council on Southwark Health & Wellbeing Strategy; Better Care Fund; Primary & Community Care Strategy. • With NHS England on the improvement of primary care quality, specialised commissioning and pan-London programmes of development. • Partner organisations in health and social care across south east London to deliver the Five Year Strategic Plan for South East London. • With <i>Healthwatch Southwark</i>, the patient and public voice champion for Southwark.

- The CCG is its membership and the member practices are the CCG.
- Practices recognised as best advocates of their patients and the population of Southwark.
- Dispersed leadership, with decision making and delivering for patients effectively delegated and devolved to ensure the local commissioning of services is effective.
- Primary role of member practices in relation to the CCG is to ensure that the system delivers the best possible health outcomes for their practice population.
- Practice Localities provide forums for member practices to engage in and shape decision making, implementation and delivery in-year and for future years. That work is taken forward by the Governing Body on their behalf.
- The CCG established the Council of Members to allows the membership to:
 - Hold the Governing Body and members to account for delivery
 - Agree the CCG Constitution and any changes to it
 - Consider and agree CCG operating and strategic plans
 - Ensure the processes we have established are followed

Membership Governance, Leadership & Engagement



- CCG has 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.
- Practice patient representatives 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 feeds into the Governing Body.
- 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.

Key messages from recent patient and public feedback:

- More services located in community neighbourhood settings and 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
- 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

To successfully deliver our plans the CCG needs to act with partners and stakeholders. The CCG works as a partner in the following programmes and areas of business:

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 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.
4. Partner organisations in health and social care across south east London to deliver the 5 Year Strategic Plan for South East London.
5. Healthwatch Southwark, the patient and public voice champion for Southwark, also sits on the Governing Body and a number of committees including the Commissioning Strategy Committee & the Integrated Performance and Governance Committee.

Planning and securing local alignment

