NHS Southwark Clinical Commissioning Group

Appendix 2

NHS Southwark CCG Operating Plan 2015/16

- Draft (v4) -

8 March 2015

Contents

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Introduction and context

Introduction to NHS Southwark CCG

NHS Southwark Clinical Commissioning Group

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 44 general practices is approximately 290,000 patients. The CCG operates with the strong clinical leadership of local practices to commission to improve local services.

Clinicians from member practices have been involved throughout the year in the development of the CCG's major programmes of transformational change. These programmes of transformation constitute the core components of this Operating Plan and have informed the development of a broader piece of strategic planning across health and social care in south east London. 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 develop the content of the Operating Plan.

The CCG is also committed to understanding the views of local people about the NHS in Southwark. We have a well-developed network of local people, who help us to better understanding prescient issues in health and social care. This network is based on practice-based Patient Participations Groups, which feed the views of members through locality groups and into the CCG's Governing Body. The CCG also runs a wide range of engagement events and operates web-based interactions with people in Southwark and other community organisations.

Our Population:

- 288,300 patients registered with Southwark practices.
- Young and ethnically diverse population.
- Significant disparities in levels of deprivation across the borough and health inequalities.

Key health issues in Southwark include:

- Premature cardiovascular mortality.
- Preventable respiratory mortality and morbidity.
- Diabetes management and under-detection.
- Liver disease and alcohol related illness.
- High prevalence of patients with mental health problems.
- Very high levels of childhood obesity.

Our organisation and local context

- 44 GP member practices.
- 4 geographically coherent neighbourhoods (Dulwich, Peckham and Camberwell, Bermondsey and Rotherhithe, Borough and Walworth) served by two locality groupings (north and south Southwark).
- 2 GP provider organisations (north and south) covering every practice holding population based contracts for services including integrated frail elderly care, access and population health.
- Vast majority of acute care provided locally by GSTT and King's College Hospital NHS FT (Denmark Hill) with even split between both.
- Community services provided from GSTT and acute and community mental health services by SLaM.

The health context in Southwark

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Since 2010 life expectancy has continued to rise for people living in Southwark and over the last few years there has been a trend towards diminishing inequality in health outcomes between different socio-economic groups within the borough. Progress has been made on improving health outcomes in a wide variety of areas, including reductions in infant mortality; better, more comprehensive care for people at the end of their live; and improved outcomes for people living with HIV.

However, in Southwark and across NHS there are a number of problems that we need to solve. And the longer we wait to respond to these challenges, the more difficult these problems become. In essence, we know that health outcomes here in Southwark are not as good as they could be:

- Too many people live with preventable ill health or die early
- The outcomes from care in our health services vary significantly and high quality care is not available all the time. People's experience of care is very variable and can be much better
- We don't treat people early enough to have the best results
- Patients tell us that their care is not joined up between different services
- The money to pay for the NHS is limited and need is continually increasing

These issues are challenges faced by health economies across London and the country. The response to these challenges is outlined in a number of regional and national strategic documents, which we need to reflect and implement where they are relevant for people in Southwark. We are an evidence-based commissioning organisation and as such work to accurately understand the health of our population and to ensure that solutions to key health issues reflect what works.

The local planning context

NHS Southwark Clinical Commissioning Group

This Operating Plan describes the actions the CCG will take in 2015/16 to deliver on our responsibilities and make progress in transforming the system to improve quality and outcomes. The context for this year's work is therefore important to note. The CCG's commissioning intentions, financial plans, and approach to performance, quality and safety in 2015/16 reflect the context and requirements of a number of national and local strategic frameworks.

Southwark CCG 5 Year Strategic Framework (draft, scheduled to be published Q1 2015/16)

The draft strategic framework is founded on the Southwark JSNA and Health and Wellbeing Strategy to identify the key health issues that contribute most to determining population-wide health outcomes in the borough. The strategy document will describe how the CCG plans to lead transformational change in health and social care so as to improve four key strategic health outcome areas over the course of the next five years:

- An increase in healthy life expectancy for people in Southwark
- A reduction in health inequalities in Southwark, with those on the lowest incomes achieving better health outcomes than they do now five years into the future.
- An increased level of 'patient activation', with more patients engaged in their healthcare.
- More patients reporting a better experience of healthcare services.

Five Year Strategic Plan for the NHS in South East London

The south east London strategy has been developed across the region by building on the common elements of CCG plans with a particular focus on those areas where improvement can only be delivered by collective action or where there is added value from working together.

The south east London plans seeks to respond to local needs and aspirations, to improve the health of people in south east London, to reduce health inequalities and to deliver a health care system which is clinically and financially sustainable. The south east London plan focuses on six priority pathways: Long term conditions (physical and mental health); Planned Care; Urgent and emergency care; Maternity; Children and Young People; Cancer.

A full description of the strategy can be found here: http://www.ourhealthiersel.nhs.uk

The regional and national planning context

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NHS Five Year Forward View

The NHS Five Year Forward View was published on 23 October 2014 and sets out a vision for the future of the NHS. The purpose of the Five Year Forward View is to articulate why change is needed, what that change might look like and how we can achieve it. It describes various models of care which could be provided in the future, defining the actions required at local and national level to support delivery. The Five Year Forward View starts the move towards a different NHS, recognising the challenges and outlining potential solutions to the big questions facing health and care services in England. It defines the framework for further detailed planning about how the NHS needs to evolve over the next five years. The Forward View argues for:

- A radical upgrade in prevention and public health focussing on smoking, alcohol and obesity.
- Patients taking more control over their care.
- Action to break down the barriers in how care is provided including new models established either as Multispecialty Community Provider or vertically integrated Acute and Primary Care Systems organisations.
- Improvements to urgent care systems; maternity services; care homes and smaller hospitals.

London Health Commission's Better Health for London Report

The Mayor of London established the London Health Commission in September 2013 to review the health of the capital, from the provision of services to what Londoners themselves can do to help make London the healthiest major global city. In November 2014 the commission published *Better Health for London*, which proposes a series of measures to improve Londoners' health. Together the proposals amount to the biggest public health drive in the world, with a strong focus on reducing harm from tobacco, alcohol, obesity and in promoting exercise and healthy living. The Better Health for London report contains over 60 recommendations and sets out 10 ambitions for the city. The full document is at: http://www.londonhealthcommission.org.uk/wp-content/uploads/Better-Health-for-London-report-revised-November-2014.pdf

The Mayor of London has now published his response supporting many of the recommendations and with a commitment to work with the NHS and London boroughs to reduce harm caused by poor health and to progress the ambitions in the report. The Mayor will chair a refocused London Health Board to oversee progress.

What is an Operating Plan?

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The Operating Plan is an assurance document, which sets out how the CCG plans to meet mandatory requirements set by NHS England in the annual operating framework planning guidance. The document sets out our locally-defined response to these requests. The Operating Plan is a declaration of the CCG's commitment to meet national requirements; establish the extent of our ambition for the improvement of certain performance and outcome indicators; and provide a view of the programmes of work underway and planned to ensure these targeted improvements happen. The Southwark Operating Plan 2015/16 describes the CCG's response to the requirement included in planning guidance published in December 2014: *The Forward View into Action: Planning for 2015/16* and *Supplementary information for commissioner planning, 2015/16*. The guidance sets out the first steps the NHS should take in 2015/16 towards implementation of the vision set out in the Forward View document.

Both the CCG Council of Members and NHS England are responsible for assuring and endorsing CCG plans and the CCG submits detailed planning templates to NHS England. These templates include the CCG's detailed financial plans; monthly activity and performance trajectories; quality and outcome indicator trajectories; and details of the borough's Better Care Fund Plan. This document summarises these detailed submissions and supplements this information with further description of the key actions and activities the CCG plans to complete in 2015/16 to deliver an improved NHS in Southwark.

Planning guidance stipulates that the 'fundamental elements' of CCG operating plans must address the following:

- An approach to improving outcomes as set out in the NHS Outcomes Framework.
- The CCG's approach to improving health and reducing health inequalities (linked to the local Health and Wellbeing Strategy).
- The CCG's approach to ensuring a 'parity of esteem' between physical and mental health commissioning.
- The CCG's approach to improving access to local services for everyone.
- Details of how the CCG will meet NHS Constitution standards and performance trajectories.
- Details of the CCG's response to the Francis, Berwick and Winterbourne View reports.
- The CCG's approach to safeguarding.
- Approach and improvement ambitions in relation to patients safety and patient experience.
- Planned progress towards seven day working.
- To understand staff satisfaction and workforce Compassion in Practice at commissioned providers and assure local improvement plans.
- To present financial plans that meet NHS business rules; deliver efficiency and clearly link to service and activity plans.

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Commissioning to improve outcomes and access and address health inequalities

Focussing on outcomes

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Southwark CCG has expressed a clear wish to modify the way the way that it commissions services by moving from an activity based model to an outcome based system. We recognise that activity based contracts can offer perverse incentives, and do not always promote joined up care. An unintended consequence of such contracts is that they address only the patient's immediate needs without seeking to prevent ill health or address the underlying health and social issues that the patient may be experiencing.

We are thus seeking to incentivise providers to work collaboratively to redesign care pathways that prioritise clinical and functional outcomes that are meaningful to patients, enhance patients experience of care and promote prevention, wellness and well bring in order to reduce the burden of disease and health inequalities. At a population-wide level we are specifically looking to make progress on 4 key domains over the next 5 years:

1. Healthy life expectancy
2. Reduction of health inequalities
3. Increased 'patient activation' so more people are engaged in their healthcare
4. More patients reporting a better experience of healthcare services

To support this we will look to change the way that we contract services with our providers, and move to alliance based contracts whereby a group of providers are collectively contracted to deliver agreed outcomes on a population and/or condition specific basis. As part of the transition, we will track a set of population outcome indicators in order to set benchmarks and track progress, These indicators are a composite list of the 15/16 National Outcomes Framework indicators, Public Health Outcomes Framework and Social Care Outcomes Framework. The purpose of drawing these three frameworks into one scorecard is to enable all commissioners across health and social care to have a joint frame of reference – a crucial step on our path to full joint commissioning of services over the next few years.

Focussing on outcomes

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Whilst it is helpful to establish population level measures we recognise that outcomes can usually only be successfully defined, measured and interpreted when applied to segments of the population which share similar needs – based on their condition, symptoms, or demography. In some areas this work has already commenced. For example, the Southwark and Lambeth Integrated Care team have worked with patients to develop a series of experiential outcomes for the frail elderly pathway that will begin to be tracked in the coming year. Further examples of areas for outcome development include diabetes, severe mental health problems, circulatory problems, or breathlessness. By identifying outcomes that are specific to the needs of particular groups of people in our population, we will contract with groups of providers in such a way that they come together around the needs of these groups of people – thus stimulating integration and innovation whilst also incentivising prevention.

As a result, during 2015/16 more work will be done to identify patient cohorts and establish appropriate outcome measures. This will be done in conjunction with clinicians and patients to ensure that we are capturing both clinical and experiential outcomes. Whilst we will develop these locally where necessary, we will also draw on evidence based research conducted by organisations such as the International Consortium for Health Outcomes Measurement (ICHOM). This dual approach will enable us to move expediently towards outcome based commissioning, but also ensure that we are using measures that enable us to benchmark ourselves against peer groups locally, nationally and internationally.

Setting the foundations for Local Care Networks

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A key mechanism through which we will drive the integration of services will be through our emerging Local Care Networks (LCNs). LCNs bring together all local providers from across the health and social care spectrum, including acute, community and mental health services, our GP Federations, the voluntary sector and patient groups, to deliver services based on local needs. LCNs have shared accountability for the whole population based around registered practice lists and are the local interpretation of the Multispecialty Community Provider as described in the Five Year Forward View.

LCNs seek to build on the work of the Southwark and Lambeth Integrated Care Programme (SLIC), and embed locally accountable bodies which have delegated responsibility (and budgets) to improve the health of the population they serve. The key priorities for the LCNs are to:

- improve health and wellbeing through effective prevention at all stages of the life-course, including strong interventions on risk factors such as alcohol, depression, smoking and obesity;
- support individuals and communities to feel well and be well, to identify their needs early and respond quickly, and to help people to better manage their health conditions, taking into account both mental and physical health needs and the important connections with other services, such as employment, housing and financial advice;
- significantly improve people's experience of care and ensure more consistent quality, reflecting the diverse needs of different groups in our population to ensure fair access, personalised care and choice;
- address the fierce operational and financial pressures the local system is under – delivering better value as well as better outcomes

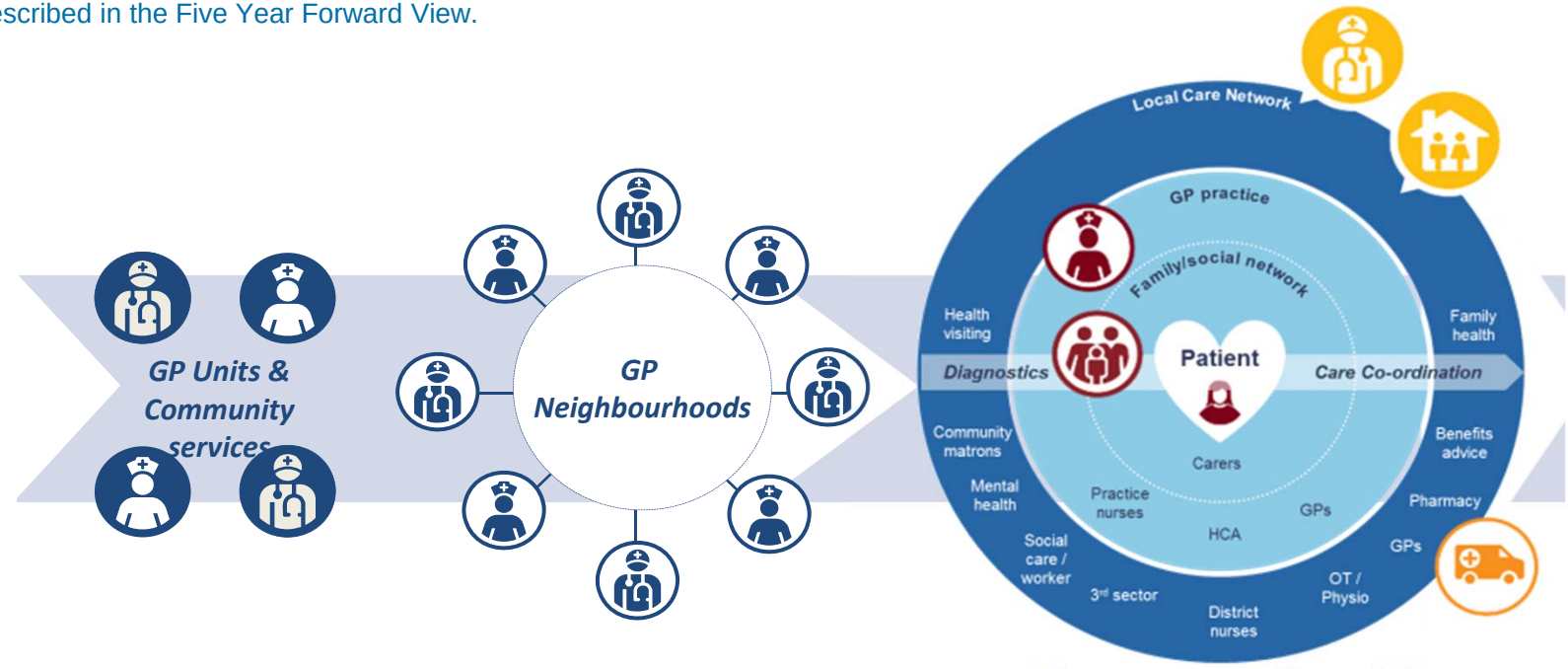
Setting the foundations for Local Care Networks

NHS Southwark Clinical Commissioning Group

Through our integrated care programme, we have already begun to make tangible progress:

- All GP Practices have now become part of Federations and are working together to deliver extended access and a greater range of integrated, community services.
- Our approach to diabetes addresses the medical, psychological, and social needs that a person has. 98% of our GP practices signed up in 2013/14. Independent evaluation shows that, over two years, our practices have seen a ten percentage point increase in detection and have moved from the bottom to the top of comparison groups for HbA1c control
- In 2014/15 we re-allocated funding from acute contracts to community-based services to deliver: risk-based holistic assessments, care management, community multi-disciplinary team review, a consultant-delivered A&E triage hotline, a rapid response nursing service and therapy/rehabilitation services with capacity of up to 200 places. We are beginning to see a real change: non-elective admissions for >65s have plateaued in Southwark and Lambeth compared to continued double-digit growth in other areas.

To help accelerate our progress further we have submitted a bid to NHS England to be a 'forerunner' site for the new models of care described in the Five Year Forward View.



Primary care working within LCNs

Collaborating on transformation

NHS Southwark Clinical Commissioning Group

London-wide Transformation Programmes

In August 2014 the Commissioning System Design Group (CSDG) was established with the remit to develop a proposal on future transformation in London; in particular to consider outline responses to the recommendations in the Better Health for London report, and the implications and context of the *NHS Five Year Forward View*. In developing these proposals the CSDG has sought to address many of the requirements of CCGs detailed in the 2015/16 planning guidance – The Forward View into Action: Planning for 2015/16 – including, for example, meeting the Seven Day Services clinical standards; implementing the national urgent and emergency care review; achieving parity for mental health; and developing fully interoperable digital records. The CSDG initially set out a six step process to define the future transformation requirements for London and the final output of this process demonstrates a clear vision and a robust, collaborative plan for whole system transformation and put London's commissioners in a strong position to draw on additional national resources signalled in the *NHS Five Year Forward View*.

Clinical and enabler programme areas have been agreed (as below) and the CCG has committed to an investment in 2015/16. The CCG Commissioning Strategy Committee received an business case in February 2015 and has endorsed the investment and governance structure of the programmes. CCG staff and clinicians are involved in the development and delivery of the London-wide programmes.

Clinical programmes

Urgent and emergency care
Children and young people
Mental health
Cancer
Prevention
Homeless healthcare services

Enabler programmes

Primary Care
Business Intelligence and Interoperability
Estates
Engagement and personalisation
Payments and funding
Specialised commissioning
Workforce

'Forerunner' bid

Southwark and Lambeth CCGs, in partnership with the two Local Authorities, King's Health Partners, general practice and citizen's forums have forwarded a submission to be considered for 'forerunner' status. Our bid seeks the support of national bodies in how we continue our approach to more preventative and integrated care, aimed at adding value through delivering improved health outcomes for people across the two boroughs. Our submission is now being considered as part of the national process to determine a small number of national 'forerunner' sites and we expect to hear the outcome of this during March 2015.

Commissioning through the Better Care Fund

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The Better Care Fund (BCF) was announced by the government in June 2013 with a purpose of driving the transformation of local services to ensure that people receive better and more integrated care and support. The fund is designed to be deployed on health and social care through pooled budget arrangements between local authorities and Clinical Commissioning Groups. In Southwark we have identified a pooled budget of £22m jointly governed with the council under a Section 75 agreement will be in place and progress on delivery will be monitored through the Health and Wellbeing Board.

The BCF will fund a wide range of community based health and care services with a view to ensuring these are operating in a more integrated, person focussed and preventative way. The effectiveness of the funding is linked to the key enablers of joint assessments, care co-ordination, MDT working and data sharing being pursued through our wider integration agenda, including Local Care Networks. The BCF provides a considerable level of support to social care, protecting key services of benefit to health, particularly around supporting discharge and preventing re-admission.

Preparatory work during 2014/15 has included the seed funding of a number of BCF schemes from winter resilience and other non-recurrent monies, helping ensure the BCF will make a stronger impact from April onwards. Work is also being undertaken to develop further options for pooling more budgets, and developing more joint commissioning arrangements. Southwark is fully on course to implement the Better Care Fund arrangements from 1st April 2015.

In line with the original national BCF guidance, the Southwark BCF contains a key target to reduce non-elective admissions by 3.5% which was supported by our providers. Southwark chose not to exercise the option of making a special case for a lower target, and this decision was recently confirmed as part of the current planning round. Whilst challenging, we believe this target to be realistic as BCF schemes and other initiatives begin to have further impact on avoidable admission rates for older people that are currently relatively high. High rates of avoidable admissions as evidenced by benchmarking suggests this scale of change is achievable, particularly given that the Southwark BCF and slippage/winter monies create genuine new investment in community services. An ambitious level of change was considered appropriate, and arguably necessary to achieve transformation and financial sustainability.

Southwark's BCF was one of only 6 nationally to receive full approval in the national assurance process directly after the September submission, indicating it is a robust plan.

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Key programmes and headline commissioning intentions for 2015/16

Embedding prevention and building community resilience

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Tobacco smoking prevention and cessation:

- Review primary care, GP practices and community pharmacies approaches and remodel services and approached across the system at Level 1, 2 and 3.
- Complete segmentation of the smoking population according to level of addiction and risk of relapse.
- Commission a neighbourhood stop smoking referral programme, with highly activated and trained nurses and other workers providing leadership and support to groups of practices.

Preventing and reducing obesity for adults and children in partnership with Southwark Council:

- Conduct a focused review and change in emphasis to strengthen level 1 and 2 obesity services in support improved management and contribute to a reduction in use of secondary care services in the medium term.
- Commission a level 3 service to deliver a targeted interventions for patients with high level needs

Preventing and reducing the use of alcohol:

- Developing approaches with our providers to influence employee behaviours and attitudes to the use of alcohol.
- Formally review the impact of prevention and treatment services for patients misusing alcohol.

Building community resilience:

- Systemise access to good information and advice.
- Developing the system workforce to signpost effectively.
- Develop ‘human resources’ in the community (champions/navigators/nodes) and social resilience ‘networks’ between people/public and volunteering and voluntary services/physical resources/community assets.
- Commission targeted interventions for schools and workplaces that focus on families as well as individuals.

Establishing a foundation for integrated care

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Work with partners to identity and implement commissioning approaches which enable outcomes based and integrated care models to invest in and develop Locality Care Networks (LCNs) which will be an enabler for the majority of our integrated care agenda. There has been good momentum in Southwark to develop locality based working at a neighbourhood level. This will inform and shape LCNs, which will build on a platform of general practices working together at scale. LCNs will be geographically coherent, serving natural communities, planned against a deep understanding of that population's need, and focused on prevention and a narrowing of health inequalities.

Establish locality models of clinical support & education for referral decisions & care management of patients in primary care as a long term sustainable service model by implementation of a Community Education Provider Network in partnership with Federations of Practices and other providers.

Review 7 day working and further implement across the whole health and care system. The objective is to enable admission prevention, reduce emergency re-admission, speed up hospital discharge and ensure everyone can leave within 24 hours of being "ready to go' by the extending 7 day working to all services focusing on the frail elderly. The CCG will work Lambeth and Lewisham Commissioners and community and acute providers to refine the integrated care pathways relating to paediatrics to prevent unnecessary demand for unplanned care and ensure that children are seen and treated in the right place at the right time.

Review the population based contracts and development plans with GP Federations against expected outcomes and investment in line with the Locality Care Networks and Populations Health Outcomes with Commissioner partners.

Guy's and St. Thomas' (GSTT) to complete a full review of the effectiveness, integration and impact of patient care resulting from admissions avoidance schemes in partnership with the commissioners and SLIC. This will include the development of patient outcome measures. In partnership with Southwark Council, Lambeth CCG and Lambeth Council, review 'beds' required in the community which reduces pressure on in-patient care when they can best be cared for at home. This will include consideration of rehabilitation and intermediate care services with delivery of quality patient outcomes enabling independence

Review of current community nursing service to promote equality of access, improved coverage over twilight / weekend hours and care closer to home best practice model in partnership and full cooperation of all relevant stakeholders including referrers and families.

Establishing a foundation for integrated care (contd.)

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Procure a software solution which will be integrated into the GP clinical systems enabling access check-lists, referral guidance, peer review and support to share learning and best practice.

Review pathways for patients with common health conditions for adults (notably respiratory illness, diabetes and MSK) and children (notable respiratory illness, diabetes and sickle cell) to improve community services and reduce hospital outpatient activity.

Ensure that commissioned providers review delivery and implement the pan-London Children's Standards; London Asthma Standards for children and Young People (when finalised) to include inclusion of a named lead for all organisations. Continue active engagement with on-going evaluative programmes such as Children's and Young Peoples Health Partnership and London Clinical Network.

Jointly implement Healthy Living Pharmacies with Southwark Council to enhance prevention services in the community and reduce variation in primary care service delivery.

Investing in mental health and achieving parity of esteem

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Implement CAMHS service development plans in 2015/16 to provide an increased focus on prevention, intervening early to reduce escalation of need and developing integrated care pathways to address holistic needs of individuals. Consideration is also being given local pooled budgets though Section 75 agreement for CAMHS in 2015/16. In addition a four borough CQUIN to develop innovative, community based practice to address demand and local waiting times is being adopted for 2015/16

Take forward plans to develop a community based specialist eating disorders service for children and young people as part of 2015/16 Service Development plans.

Make a £200k investment into Psychiatric Liaison during 2015/16 to support further enhance Psychiatric Liaison provision to ensure a sufficient and responsive single Liaison Psychiatry offer for all care groups appropriate to the size, acuity and specialty of the acute trusts locally responding to urgent and unplanned care demand and providing proactive in reach to acute inpatient wards in line with effective models of care.

Complete evaluation of 2014/15 winter pressures and additional local investment through the mental health urgent care subgroup to understand the impact on performance across emergency departments and support effective planning in 2015/16.

Run a procurement for IAPT services ensuring we improve access and outcomes for Southwark patients.

Commission a personalised accommodation-based support services and time limited transition service to support the review of people currently in the mental health rehabilitation care pathway.

Re-commission community based drug and alcohol infrastructure in partnership with Southwark Council to support improved outcomes in treatment and recovery for people with addictions

Commission assessment and treatment for people with Autism / Asperger's in line with the requirements of the Care Act 2014 and the Autism Act 2009 to enable independent living.

Commission additional specialist community-based crisis care capacity to intervene earlier in the escalation of mental ill health.

Invest in an expanded Family Nurse Partnership programme to promote positive parenting, good family health and improved well-being for vulnerable young mothers and their families.

Improving primary care and enabling transformation

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Review of the outcomes of year 1 of the Neighbourhood Development Plan as part of the development of GP practice federations and commissioning on a population outcomes basis ensuring that all contracts are embedded and fully delivered i.e. all new contracts commissioned from the GP federations. Part of this review will establish to maturity of the organisations to deliver further high quality population services.

Plan an approach to commissioners and providers can support the transition needed within the changing landscape of primary care; including the implementation of the primary care standards, shared learning and further developments across practices. This will include developing the neighbourhood development plan in year 2 to include cross partnership working with other organisation for the benefit of our population working across the 4 localities. This will include, amongst others, community pharmacies and voluntary organisations.

With our co-commissioners NHS England and Southwark Council align and prioritise joint incentives and service improvements areas for GP practices, community pharmacies and other stakeholders including the voluntary sector who contribute to the current identified priorities to deliver services which improve our population's health and wellbeing focusing on:

- Dementia identification and management. The CCG will ensure there is sufficient capacity within the diagnosis pathway and services to meet this increased demand
- Identification of appropriate patients for referral into IAPTs ensuring sufficient capacity exists in the system at the right level of intervention in partnership with SLAM
- Admission avoidance schemes including the national enhanced services and local SLIC initiatives
- Implementation of the primary care workforce plan.

Building the workforce plan will further develop GP practice staff to be able and willing to deliver high quality services commissioned by NHS England, CCG, the Council or other partners. This will include the development of Community Provider Education Network which will be support by the CCG in the first year to be handed over to providers to deliver a network that supports this outcome sustainably. This will encompass all providers including voluntary sector.

Improving primary care and enabling transformation (contd.)

NHS Southwark Clinical Commissioning Group

Implement the strategic commissioning framework for primary care transformation in London, working closely with NHS England and member practices. This will include the enablers, related funding streams and agreed prioritisation and sign off processes agreed i.e. estates, IT, workforce, contracting and financial implications.

Continue to commission for quality will be integral to our commissioning decisions and contracts. This will include developing provider quality leads, that communication and information which provides assurance to the CCG is available and timely, and the development of focused quality improvement plans in partnership with NHS England which compliments current planned work. Continue to use and develop within contracts to focus on quality improvements.

The CCG will review extended medical services contracts in homes with nursing beds in partnership with Lambeth CCG. This review will be comprehensive including the multidisciplinary team approach and how these work together to deliver a high quality services for our complex patients in nursing beds. This review will also consider what model might support residential homes in the future.

Lead the development of community pharmacy federations in line with established GP federations to deliver a robust quality infrastructure to commission population health services from in partnership with NHS England and Southwark Council.

Support Southwark Council to develop a procurement strategy to improve the reproduction and sexual health services offer in the primary care (pharmacies and GP practices) and community care which is accessible to our local population and reduces the impact and cost of Genito-Urinary Medicine (GUM) activity.

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Commissioning high performing services and securing patients' NHS Constitution rights and pledges

Meeting NHS Constitution standards

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Performance

The CCG is committed to meeting NHS Constitution and national performance standards over 2015/16. However the expected performance at the end of 2014/15 at King's College Hospital (KCH) related to RTT admitted patient care, diagnostic and A&E waits means that the Trust will to not be in a position of compliance for the whole 2015/16.

Discussions are currently taking place between NHS Southwark CCG, the Trust's Coordinating Commissioner, other CCG and NHSE commissioners and tripartite panel members to determine system performance expectations for KCH. These discussions have not yet concluded but it as anticipated that a time limited planned failure for part of 2015/16 will be agreed by commissioners and tripartite panel members for these targets, with recovery trajectory and action plans signed off by all parties and reflected in 2015/16 contracts with KCH. Planning assumptions in relation to the expected return to compliance by target are as follows:

- RTT Admitted - recovery by end Quarter One 2014/15 for each of the Denmark Hill and Princess Royal University Hospital (PRUH) sites and Trust wide. Full compliance with other RTT national standards.

- Diagnostic waits - recovery by end Quarter One 2014/15 for each of the Denmark Hill and PRUH sites and Trust wide.

- A&E - full compliance for A&E at Denmark Hill and recovery by end Quarter Two for the PRUH and Trust wide.

Southwark's CCG's performance against the above standards will be impacted by the KCH performance position. As a consequence of the KCH position, the CCG expects to breach some targets in line with the Trust performance breaches with a return to compliance from end Quarter One for RTT admitted patient care and diagnostics.

Important note: The current draft of the Operating Plan submission shows the CCG's as planning to meet all performance standards. This is a '**holding' position** pending the tripartite agreement of performance expectations in 2015/16.

Meeting NHS Constitution standards

NHS Southwark Clinical Commissioning Group

Operational Resilience

Our activity plans for 2015/16 are predicated on an assessment of expected demand and ensuring an alignment of demand and capacity across the whole system to support both activity and performance targets. Key to our planning for 2015/16 is a focus on winter resilience and ensuring that we have plans in place to support the flexing of capacity to support effective delivery over the period of peak winter demand.

The System Resilience Group has reviewed the impact of the 2014/15 winter initiatives to assess the extent to which any of the schemes implemented for winter might optimally be commissioned on a full year basis. Our 2015/16 contracts will include provision for the funding of a number of key schemes on this basis e.g. neurorehabilitation capacity, expansion of the Enhanced Rapid Response service, the development of the palliative care at home service.

Start contracts will also include a winter allocation with agreed contractual terms related to planned utilisation of these funds to secure enhanced capacity over the period December 2015 to March 2016. The System Resilience Group review of the 2014/15 winter initiatives will be utilised to inform the most effective utilisation of these funds, driven by an assessment of the extent to which the schemes had a demonstrable impact on improving flow, reducing acute demand and providing resilience. The allocation of winter funds in April 2015 up front in our start contract agreements, linked to strong whole system resilience planning, will enable the timely agreement and implementation of winter schemes for 2015/16.

In overall terms, whilst our planning has been robust, we are aware of specific services where there are problems in securing aligned demand and capacity, driven in the main by non local flows to local hospitals. We continue to work with our providers to refine demand and capacity plans at a granular level to ensure that we are flexing and ensuring the optimal utilisation of available capacity to secure demand and capacity balance wherever possible. CCG demand management initiatives will further support these processes.

Local health economy alignment

2015/16 Operating Plans and 2015/16 contracts reflect CCG strategic plans and commissioning intentions that have been shared with the CCG's key local providers, with whole system agreement to both the medium term strategic direction and 2015/16 implementation plans. 2015/16 activity and financial plans reflect a joint assessment of underlying demand and contracted activity and Trust business plans will reflect this assessment as well as the activity required to deliver and sustain national access targets. Contract negotiations with providers are progressing well and we do not anticipate at this point requiring either mediation or arbitration with a joint commissioner and provider commitment to securing a timely and robust signed contract for 2015/16.

Meeting NHS Constitution standards: A&E

NHS Southwark Clinical Commissioning Group

A principal role of the CCG is to act to ensure that the providers it commissions consistently deliver services in accordance with standards laid out in the NHS Constitution and associated national guidance. CCG clinical and management staff are involved in the performance management and oversight of providers. Together with colleagues at the South East Commissioning Support Unit, the CCG leads the planning, monitoring and in-year performance management of providers against NHS Constitution standards.

The following pages set out the activity and performance trajectories for Southwark CCG for the year 2015/16. Plans are forecast from actual performance in 2014/15 (year to date) and is aligned to provider plans; the CCG's financial and QIPP plans; the Southwark BCF plan and to the contracts in place with providers for 2015/16 (subject to final agreement).

Please note: current data is subject to revision pending final acute contract agreements. Trajectories for A&E; RTT admitted and diagnostics are provisional at this point in time.

A&E waiting times		Quarter 1	Quarter 2	Quarter 3	Quarter 4
2015-16 Plan	Number waiting > 4 hours	TBC	TBC	3,760	3,627
	Total Attendances	76,771	73,358	75,209	72,541
	% < 4 hours	TBC	TBC	95.0%	95.0%

Data is for all patients attending King's College Hospital emergency department (both at Denmark Hill and PRUH sites). Southwark CCG is the co-ordinating commissioner for King's and so is required to submit this trajectory. At the time of writing (February 2015), the tripartite panel and King's had yet to finalise a trust-wide performance trajectory for Q1 and Q2 2015/16.

Meeting NHS Constitution standards: RTT and diagnostics

NHS Southwark Clinical Commissioning Group

Diagnostic waiting times		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
2015/16 Plan	Number waiting > 6 weeks	TBC	TBC	TBC	42	38	40	39	41	37	40	40	40
	Total Number waiting	4,293	4,406	4,373	4,467	4,085	4,319	4,194	4,381	3,954	4,298	4,319	4,338
	%	TBC	TBC	TBC	0.9%	0.9%	0.9%	0.9%	0.9%	0.9%	0.9%	0.9%	0.9%

It is anticipated that trust-wide King's College Hospital will not meet diagnostic standards until the end of Q1 2015/16. The scale of this variance from target is greater at the PRUH site (with very few Southwark attendees) relative to patients attending Denmark Hill. The performance trajectory above is for Southwark patients receiving diagnostic tests at any hospital site. The CCG's final position will be determined following agreement of a trust-wide performance trajectory for Q1 2015/16 by the tripartite panel and King's.

RTT Admitted		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
2015/16 Plan	Completed pathways < 18 weeks	TBC	TBC	TBC	1,267	1,058	1,165	1,149	1,224	993	1,056	1,122	1,132
	Total Completed Pathways	1,295	1,147	1,343	1,407	1,175	1,294	1,276	1,360	1,103	1,173	1,246	1,257
	%	TBC	TBC	TBC	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.1%

It is anticipated that trust-wide King's College Hospital will not meet RTT admitted standards until the end of Q1 2015/16. The scale of this variance from target is forecast to be greater at the PRUH site (with very few Southwark attendees) relative to patients attending Denmark Hill. The performance trajectory above is for Southwark patients receiving elective care by all providers. The CCG's final position will be determined following agreement of a trust-wide performance trajectory for Q1 2015/16 by the tripartite panel and King's.

Meeting NHS Constitution standards: RTT

NHS Southwark Clinical Commissioning Group

Non-admitted RTT		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
2015/16 Plan	Completed pathways < 18 weeks	4,489	4,173	4,942	4,868	3,989	4,921	5,037	5,140	4,328	4,527	4,530	4,605
	Total Completed Pathways	4,724	4,392	5,201	5,124	4,198	5,179	5,301	5,410	4,555	4,765	4,768	4,847
	%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

The above trajectory refers to Southwark patients accessing services at all providers. The CCG is currently planning to meet this target for its patients throughout 2015/16.

Incomplete pathways		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
2015/16 Plan	Incomplete Pathways < 18 weeks	12,837	12,018	13,890	13,399	13,843	14,169	13,446	13,956	13,854	13,002	14,301	13,846
	Total Incomplete Pathways	13,952	13,062	15,096	14,562	15,045	15,399	14,614	15,168	15,058	14,132	15,544	15,050
	%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%

The above trajectory refers to Southwark patients accessing services at all providers. The CCG is currently planning to meet this target for its patients throughout 2015/16.

Meeting NHS Constitution standards: cancer

NHS Southwark Clinical Commissioning Group

Cancer - 2WW		Quarter 1	Quarter 2	Quarter 3	Quarter 4
2015/16 Plan	Number waiting < 2 weeks	1,662	1,713	1,764	1,815
	Total number waiting	1,787	1,841	1,896	1,951
	%	93.0%	93.0%	93.0%	93.0%

The above trajectory refers to Southwark patients accessing services at all providers. The CCG is currently planning to meet this target for its patients throughout 2015/16.

Cancer – 31 days		Quarter 1	Quarter 2	Quarter 3	Quarter 4
2015/16 Plan	Number waiting < 31 days	183	183	183	182
	Total number waiting	190	190	190	189
	%	96.0%	96.0%	96.0%	96.0%

The above trajectory refers to Southwark patients accessing services at all providers. The CCG is currently planning to meet this target for its patients throughout 2015/16.

Cancer – 62 days		Quarter 1	Quarter 2	Quarter 3	Quarter 4
2015/16 Plan	Number waiting < 62 days	89	90	91	92
	Total number waiting	104	105	107	108
	%	85.0%	85.0%	85.0%	85.0%

The above trajectory refers to Southwark patients accessing services at all providers. The CCG is currently planning to meet this target for its patients throughout 2015/16.

Meeting NHS Constitution standards: IAPT

NHS Southwark Clinical Commissioning Group

IAPT		Quarter 1	Quarter 2	Quarter 3	Quarter 4
2015-16 Plan	The number of people who receive psychological therapies	1,573	1,573	1,573	1,573
	The number of people who have depression and/or anxiety disorders (local estimate based on Adult Psychiatric Morbidity Survey 2000).	41,929	41,929	41,929	41,929
	% per quarter	3.75%	3.75%	3.75%	3.75%
2015-16 Plan	The number of people who completed treatment having attended at least two treatment contacts and are moving to recovery	350	350	350	350
	The number of people who finish treatment having attended at least two treatment contacts and coded as discharged) minus (The number of people who finish treatment not at clinical caseness at initial assessment)	700	700	700	700
	%	50.0%	50.0%	50.0%	50.0%

The CCG uses the results of the Psychological Morbidity Survey to estimate a prevalence of IAPT-eligible patients in the borough. We are required to commission services so that15% of these patients access IAPT services each year. To achieve this the CCG will have to commission capacity, which delivers 3.75% IAPT access in each quarter. The CCG is also expected to ensure that a minimum of 50% of patients receiving services record a 'recovery' following treatment. The above trajectory refers to Southwark patients accessing services at all providers. The CCG is currently planning to meet this target for its patients throughout 2015/16.

Meeting the new NHS Constitution standards for IAPT

NHS Southwark Clinical Commissioning Group

IAPT - Access		Quarter 1	Quarter 2	Quarter 3	Quarter 4
2015-16 Plan	The number of ended referrals that finish a course of treatment in the reporting period who received their first treatment appointment within 6 weeks of referral	638	638	638	638
	The number of ended referrals that finish a course of treatment in the reporting period.	850	850	850	850
	%	75.1%	75.1%	75.1%	75.1%
2015-16 Plan	The number of ended referrals that finish a course of treatment in the reporting period who received their first treatment appointment within 18 weeks of referral	808	808	808	808
	The number of ended referrals who finish a course of treatment in the reporting period.	850	850	850	850
	%	95.1%	95.1%	95.1%	95.1%

In October 2014, NHS England and the Department of Health jointly published Improving access to mental health services by 2020. This document outlined a first set of mental health access and waiting time standards for introduction during 2015/16 and set out an ambition, to introduce access and waiting time standards across all mental health services between 2016 and 2020. These commitments were reflected in the joint planning guidance for 2015/16, *Forward View into action 2015/16*.

As part of these new standards, CCGs are required to ensure that 75% of people referred to the Improved Access to Psychological Therapies programme will be treated within 6 weeks of referral, and 95% will be treated within 18 weeks of referral. This standard applies to adults. The above trajectory refers to Southwark patients accessing services at all providers. The CCG is currently planning to meet this target for its patients throughout 2015/16.

Meeting the new NHS Constitution standards for IAPT

NHS Southwark Clinical Commissioning Group

Delivering the new standards for commissioned mental health services

Introduction of new access and waiting time standards for IAPT and psychosis in 2015/16 and consistently achieved from April 2016:

IAPT Access

Additional investment of £400k to increase capacity across talking therapies provision to meet demand and achieve waiting times requirements

In year retendering of the Talking Therapies in 2015/16 with a view of the new service being up and running from February 2016 with an increased focus on improved access and responsiveness.

On-going monthly monitoring of IAPT performance data including forecasting and trajectories to ensure local delivery against national requirements

Started in 2014/15, the on going piloting of digital technologies to increase the options and range of services available within the IAPT provision is being made available. In addition the increase in self referral options and innovative delivery models for people with long term conditions and medically unexplained symptoms is being made available.

Psychosis Access

An additional £98k investment to provide evidence based interventions within 2 weeks of referrals (in line with the national requirements) in first onset psychosis services to , and a further £230k investment in prevention and early onset services to reduce escalation of need and demand on local services.

Full implementation of the Crisis Care Concordat

Southwark CCG have signed up to the Crisis Care Concordat and are developing, with our partners, a robust action plan to achieve the delivery against the best practice and national standards. The action plan and associated action addresses gaps in local provision including the development of a 24/7 crisis helpline going live from April 2015 and further enhancement of the Home Treatment Team to support more people in crisis in the community, reducing the demand on hospital based care

Meeting the NHS Constitution standards for dementia and *c.difficile*

NHS Southwark Clinical Commissioning Group

Dementia diagnosis		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
2015-16 Plan	Number of People diagnosed (65+)	988	988	988	988	988	988	988	988	988	988	988	988
	Estimated dementia prevalence (65+ Only (CFAS II))	1480	1480	1480	1480	1480	1480	1480	1480	1480	1480	1480	1480
	%	**66.76%**	**66.76%**	**66.76%**	**66.76%**	**66.76%**	**66.76%**	**66.76%**	**66.76%**	**66.76%**	**66.76%**	**66.76%**	**66.76%**

A national dementia tool provides the CCG and each general practice member with a predicted number of people on lists estimated to have dementia. The CCG is to commission sufficient capacity from specialist providers to see that a minimum of 66.76% of those thought to have dementia are referred for diagnosis, diagnosed, and then added to their registered practice's dementia register for on-going management and care planning. Building on strong performance and significant investment made in 2014/15, the CCG is aiming to meet this target in 2015/16.

c.difficile	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
2015-16 Plan	4	4	4	4	3	4	4	4	3	4	3	4	45

There is a national target for the number of c.difficile cases recorded for Southwark patients across all healthcare settings. In the previous two years we have worked with provider infection control and public health colleagues to monitor infections, complete post infection reviews and implement action plans following them. Southwark has recorded low rates of c.difficile in the years 2013-15 and plans to continue to meet the target of 45 next year.

NHS
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Commissioning high quality and safe services

Response to the Francis and Berwick reports

NHS Southwark Clinical Commissioning Group

In February 2013 the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry – known as the Francis Report – was published . The seminal review looked at the failings of the regulatory and supervisory infrastructure around the Mid Staffordshire Trust and set out a number of recommendations to be adopted by NHS and other arms-length organisations. The CCG has implemented a full response to the findings of the Francis Report - http://moderngov.southwark.gov.uk/documents/s41341/Francis%20report%20SCCG.pdf.

The key themes emerging in the report and others looking at care quality (Berwick Report, Winterbourne View, Clwyd and Hart Report and Bruce Keogh's review of acute quality and safety indicators) include the care of older people; the prevention of premature deaths; protection of vulnerable people; taking steps to listen to patients and carers and acting to ensure people have a positive experience of care.

The CCG recognises the particular importance of meeting our statutory responsibilities whilst retaining a full focus on ensuring commissioned providers deliver the highest quality of patient care. As part of the CCG's March 2013 response to the Francis Report, we set an over-arching recommendation to develops a 'Commissioning for Quality' Framework, as a set of standards and practices that the our organisation should have in place to ensure that all commissioned services consistently provide safe and clinically effective care and deliver good patient outcomes and experience.

The CCG's Quality Framework has been developed within the context of the national response to the above referenced events. It looks at how the CCG 'does quality' across all of its areas of work over the full course of the commissioning cycle, considers what the CCG does at present to commission for quality and also sets out what else the CCG could do to strengthen its approach. The framework has been developed into a clear CCG Quality Action Plan for 2014/15 and 2015/16, which is over seen by a dedicated Quality and Safety Programme Board, the Integrated Governance and Performance Committee and ultimately, the CCG's Governing Body.

The Quality Action Plan 2015/16 is appended to this document, and it describes the main pieces of work the CCG will complete in the timeframe. This includes the following:

- Further develop our channels of communication and engagement with people using the services we commission and therefore seek to significantly increase the number of local patients we hear from on a regular basis.
- Complete engagement and 'listening exercises' to develop our understanding of how patients experience pathways of care rather than experiences of particular episodes of care or particular NHS services.
- Adopt outcome-based performance indicators in new contracts with providers. Performance management should include regular review of improvement in outcome indicators and delivery of specified clinical standards of care.
- Take further steps to triangulate data it receives from providers with the feedback it receives from patients and increasingly use comparative benchmarking to appraise provider performance. The CCG should also regularly review provider staff survey data.
- Complete regular quality visits with SLaM, GSTT and KCH.

Delivering effective safeguarding

NHS Southwark Clinical Commissioning Group

Meeting the requirements of the Accountability and Assurance Framework for Protecting Vulnerable People

NHS Southwark CCG's Chief Officer has overall responsibility for safeguarding arrangements in the CCG. Safeguarding leadership is provided in the CCG through the Chief Officer, Director of Quality and Safety and the Head of Continuing Care and Safeguarding (Adults and Children). The CCG clinical lead and Governing Body member, who has the lead for safeguarding for both adults and children, provides clinical expertise in partnership with the Designated Doctor, Named GP and Designated Nurse. In addition there are commissioned designated professionals in respect of Looked After Children and Designated Paediatrician for unexpected child deaths

Safeguarding children is part of Southwark CCG's Business Plan and Operating Plan objectives and key areas of delivery to improve the quality and safety of local services. More widely Southwark CCG participates in the South London Quality Surveillance Group which looks more broadly at quality issues across the regional CCG and provider landscape and includes relevant safeguarding issues.

The CCG has a bi-monthly Safeguarding Children and Adult Executive Committee. Members include Clinical Leads, Accountable Officer, CCG Director, Local Authority, designated professionals and providers of NHS services. This group reports into the CCG Integrated Governance and Performance Committee for decisions and endorsement of relevant actions plans. The CCG Safeguarding Executive is well attended by all organisations and considers key documents from both the Southwark Safeguarding Children Board (SSCB) and the Adults Partnership Board

CCG Chief Officer, Director of Quality and Safety, Head of Continuing Care and Safeguarding (Adults and Children), CCG Clinical Lead and Governing Body member for Safeguarding and Designated Professions are members of the Southwark SSCB and Safeguarding Adult Boards.

Supporting quality improvement in application of the Mental Capacity Act

The CCG is working in partnership with the Local Authority to support quality improvement in the application of the MCA and have been successful is bidding for monies from NHSE to support his work. Key areas of work include:

- A conference for primary care, social care, community nursing and acute care on MCA
- Development of a MCA eLearning tool for primary and community care
- Development of bespoke training to be provided in primacy care building on the awareness raising at the conference
- Increase in best interest assessors across acute and community settings

Measuring the requirements to meet the standards in the prevent agenda

The CCG is working with its commissioned providers to support the implementation of the Prevent Agenda. Overall monitoring of compliance is through the CCG Safeguarding Executive Committee. The Prevent agenda is included in contract monitoring and Clinical Quality review Groups (CQRG) meetings and the CCG is raising awareness of the Prevent Agenda with commissioners through the implementation of an eLearning tool

Delivering the Winterbourne View Concordat

NHS Southwark Clinical Commissioning Group

The Winterbourne Concordant set a target for registers to be developed and reviews and personalised care planning to be in place for all clients meeting the Winterbourne View criteria by 1 June 2014. The Concordant also required that 'health care commissioners will review all current hospital placements and support everyone inappropriately placed in hospital (assessment & treatment) to move to community-based support as quickly as possible and no later than 1 June 2014'.

In October NHS England advised of a new combined target for London. This target requires 50% of individuals who were in assessment and treatment units as at 1 April 2014 are discharged to community placements by 31 March 2015.

By December 2014 Southwark CCG working with Southwark Local Authority (LA) developed registers for all clients with a learning disability. These registers include all learning disability clients in assessment and treatment funded both by the CCG and NHS England Specialist Commissioning, all clients funded by the CCG through continuing healthcare, all clients funded in out of borough placements funded by the LA. All clients were reviewed and have detailed care management plans in place.

Assessment & Treatment Reviews: Southwark CCG working jointly with Southwark LA community learning disability team reviewed all CCG funded learning disability clients in assessment & treatment settings.

Southwark CCG are compliant with reporting requirement s for Transforming Care for People with Learning Disabilities. At the end of January 2014 Southwark CCG reported on eleven clients meeting the reporting criteria i.e. people in in-patient beds for mental and/or behavioural healthcare who have either learning disability and/or autistic spectrum disorder (including Asperger's syndrome). This submission included one client admitted during January and one client discharged back to KCH. The submission includes the four clients who meet the criteria for the London Target (50% of individuals who were in assessment and treatment units in April 2014 need to be transferred by March 2015).

NHS England have established a London-wide target that 50% of patients meeting the concordat criteria in April 2014 should be supported to transfer to community accommodation before the end of March 2015. Southwark CCG have 4 clients who were in assessment and treatment on 1 April 2014 and therefore meet the criteria for the London target. Care Treatment reviews have been completed on three of these clients. The fourth CTR is scheduled for 9 March 2015. A report has been produced for each of the CTRs which includes an action plan with clear dates for completion. The Community Learning Disability Team is working with the provider MDTs, the clients and their families to implement these action plans and progress will be monitored by commissioning via the Southwark Winterbourne View Steering Group. The CTRs have confirmed that these three clients will not be discharged prior to 31 March 2015 but have indicated that the achievement of specific actions may achieve an earlier discharge date than was being predicted.

Improving patients' experience of primary care

NHS Southwark Clinical Commissioning Group

Satisfaction with the quality of consultation at GP practices			
The aggregated percentage of patients who gave positive answers to five selected questions in the GP survey about the quality of appointments at the GP practice	2015/16		395 (out of 500)
Satisfaction with the overall care received at the surgery			
The percentage of patients who gave positive answers to the GP survey question 'Overall, how would you describe your experience of your GP surgery?'	2015/16	Numerator - The number of patients who answered 'very good' or 'fairly good' to the question, 'Overall, how would you describe your experience of your GP surgery?'	3,629
		Denominator - The number of patients responding to the question 'Overall, how would you describe your experience of your GP surgery?'	4,377
		%	82.9%
Satisfaction with access to primary care			
The percentage of patients who gave positive answers to the GP survey question 'Overall, how would you describe your experience of making an appointment?'	2015/16	Numerator - The number of patients answering ''Very good' or 'Fairly Good' to the question 'Overall, how would you describe your experience of making an appointment?'	3,050
		Denominator - The number of patients responding to the question 'Overall, how would you describe your experience of making an appointment?	4,301
		%	70.9%

NHS
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Supporting financial sustainability, delivering value for money and investing to improve health outcomes

2015/16 financial plan

NHS Southwark Clinical Commissioning Group

Financial context

Southwark CCG has a good history of financial achievement, having achieved all of its financial duties in 2013/14 and forecasting to achieve the same again in 2014/15, including exceeding the requirement to achieve an increased surplus of £5.97m (increased by £2m in 2014/15).
Our current plans for 2015/16 include:

- maintaining a surplus of £7,141k (1.8% compared to the requirement of 1%);
- holding a contingency of £1,981k (meeting the 0.5% target); and
- holding a reserve for non-recurrent spend of £3,962k (meeting the 1% target)

Our historic record in QIPP delivery is equally robust, forecasting to deliver the full £15.5m QIPP programme for 14/15 and having delivered over 99% of the 13/14 programme. The strong history of financial and performance achievements have enable the CCG to be in a position where it is able to reduce the level of QIPP required to just under £8m for 2015/16. This is a reduction of over 50% of the 14/15 target.

Financial planning for 2015/16

In its original 5 year plan submitted at the beginning of 2014/15, the CCG had assumed an allocation increase of 2.78%. The revised allocation calculation resulted in an actual allocation increase of 3.61%. This change resulted in the CCG receiving circa £3m more than had originally been planned, but there were additional commitments tied into this increase, such as winter resilience funding. The increase has an implication for future years as well, as it means that the CCG will be almost 0.6% above target, and so is only expected to receive national average minimum growth beyond 2015/16.

We are continuing to work closely with providers in agreeing the assumptions to be included within 2015/16 contracts including baseline activity assumptions, seasonality & volume growth changes, service developments and the impact of KPI/ QIPP and transformation initiatives. The 2015/16 tariff decision and the resulting uncertainty is inevitably impacting on progress in negotiations. Budgets are based on 2014/15 forecast outturn, a tariff deflator assumption, population & incidence growth and QIPP plans. 2015/16 budgets are based on realistic planning assumptions are we are working closely with providers to jointly agree and manage transformation initiatives to manage activity levels.

The detailed financial plan has been submitted to NHS England and is appended to this document.

2015/16 financial plan

NHS Southwark Clinical Commissioning Group

Opening Budget Envelopes 2015-16 (£000s)	2014-15	2015-16
Acute services	207,663	209,724
Mental Health services	52,408	53,663
Community services	32,935	34,185
Primary care prescribing	31,200	32,485
Re-ablement with Local Authority	1,844	0
Continuing care and Free nursing care	16,944	15,650
Better Care Fund	0	20,478
Corporate costs and property costs	5,015	5,838
Total Budget envelopes	348,009	372,023
Reserves and Contingencies	14,458	10,331
Total Programme Budget excluding running costs, net of QIPP savings	**362,467**	**382,354**

The CCG is using the currently agreed national assumptions with regards to uplifts and efficiencies (net tariff has reduced by 0.8%), releasing resource to commissioners, this is a combination of inflation of 1.9%, increased clinical negligence premiums of 1.1%, and net of 3.8% efficiency savings. It is important to note that the national tariff has not been agreed by providers and on that basis, providers have been given 2 options to choose from. The results of this are as yet unknown and are likely to affect the assumptions just discussed. The CCG has included these in its plans a risk, but has enough mitigations in place to cover the worst case scenario. This is a national issue rather than an individual CCG issue.

We have included assumptions for acute growth, for 14-15 outturn, unwinding of non-recurrent funding, demographic growth and meeting Referral to Treatment targets (RTT), although there are still concerns about maintaining performance and of delivering sustained quality. Areas within mental health such as external placements continue to overspend. Significant service change is planned for 2015-16 and the CCG needs to continue its past good performance on achieving QIPP programmes. The CCG had identified substantial risks related to the transfer of specialised services such as renal dialysis and bariatric surgery, but this risk has abated with the deferral of this transfer until 2016/17.

The submitted financial plan templates demonstrate the link between activity and financial plans for the CCG's main acute contracts.

Investing to improve local services

NHS Southwark Clinical Commissioning Group

Investment in 2015/16	£'000
Adult mental health and IAPT Transformation	1,089
Dementia diagnosis and care	100
A&E transformation – Liaison Psychiatry	200
Mental health of older adults SLIC investment	81
Street Triage service	65
Early Intervention in Psychosis	336
Children's Community Team to deliver 7 day services	300
Early Start children's services	441
Children's nutrition and dietetics services	45
Adults dietetics redesign	40
Interpreting services for patients accessing GP services	45
Support Integrated neighbourhood models	500
Southwark group supporting primary care quality	173
Community pharmacy development	125
Enhanced incentives to GPs to improve prescribing	200
Data analyst/intelligence support officer to Medicines Optimisation Team	50
Creation of Better Care Fund- net effect	6,000
Total Investments	**9,790**

The CCG will increase investment in mental health services .The *NHS Five Year Forward View* requires CCG's to demonstrate that they are investing an amount equivalent to the growth in their allocation, which is 3.6% in Southwark, to ensure these services are not eroded in real terms. This can be shown in our work on IAPT and early intervention in psychosis, and in redesign of Adult Mental Health services-these total almost £1.9m, slightly exceeding this requirement.

For the coming year we will continue to invest in improving the quality of community and primary care services, and achieve safety and quality improvements in all our contracts.

We received the benefit of £1m non-recurrent Challenge Fund funds in 2014-15, and will have two Urgent Access centres in operation at the end of February 2015. These are dealing with patients referred from other practices in their neighbourhood, ensuring people get seen the same day, rather than using other parts of the health system. These are an investment of over £2m recurrently, offset by savings on the former Walk in Centre and other areas.

We are also continuing a programme of development with all member practices and in forming neighbourhood development plans. Two GP led neighbourhood companies have been set up, and are delivering services for population health and in the urgent access centres. We are also seeking to support practices in their proposals to look at mergers, and in evaluating their future plans.

Further detail of all CCG investments and also the key cost pressures for 2015/16 can be viewed in the detailed financial plan appended to this document.

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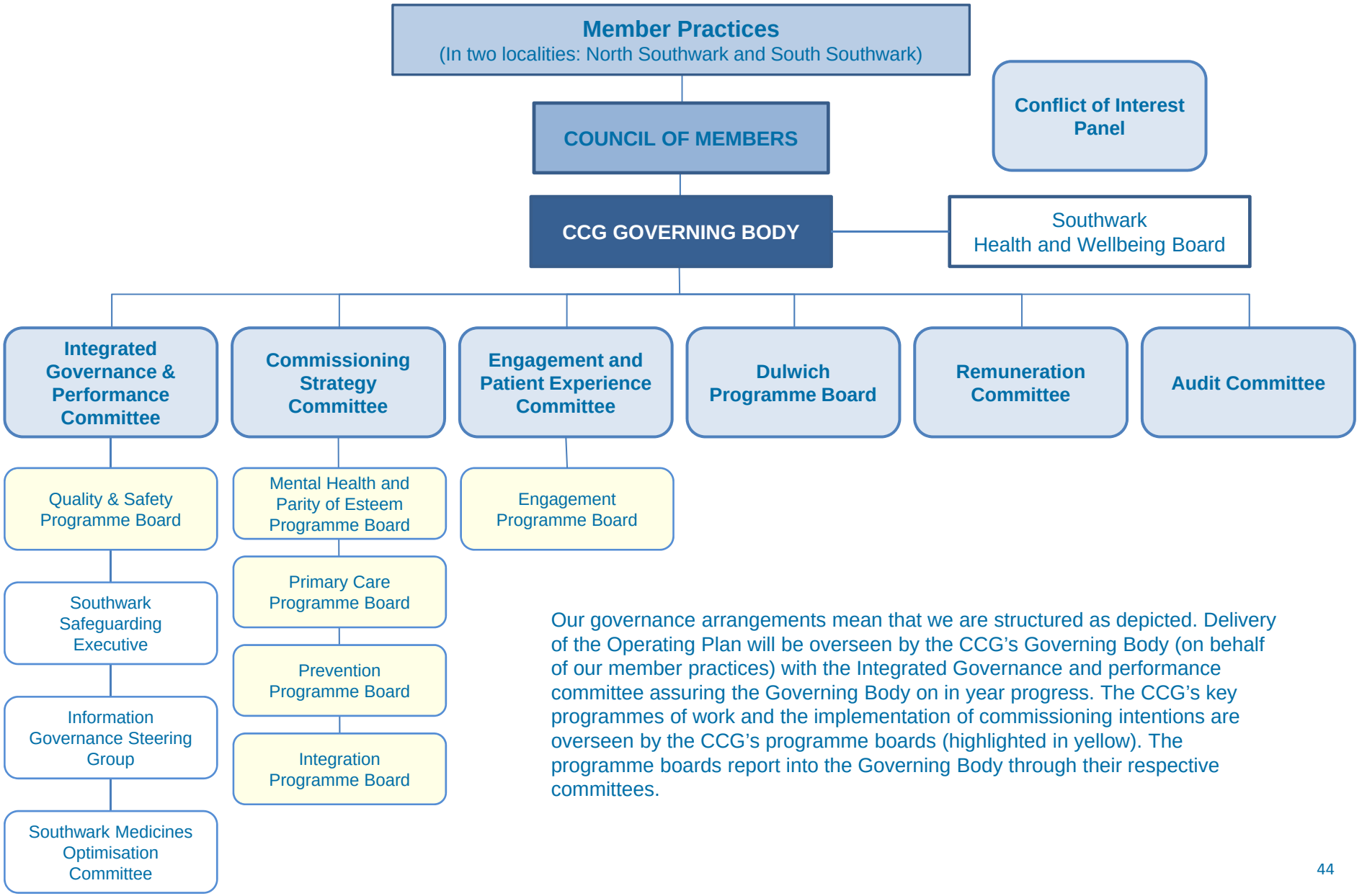
Delivering the Operating Plan: Governance and Risk

CCG governance structure for implementation

NHS Southwark Clinical Commissioning Group



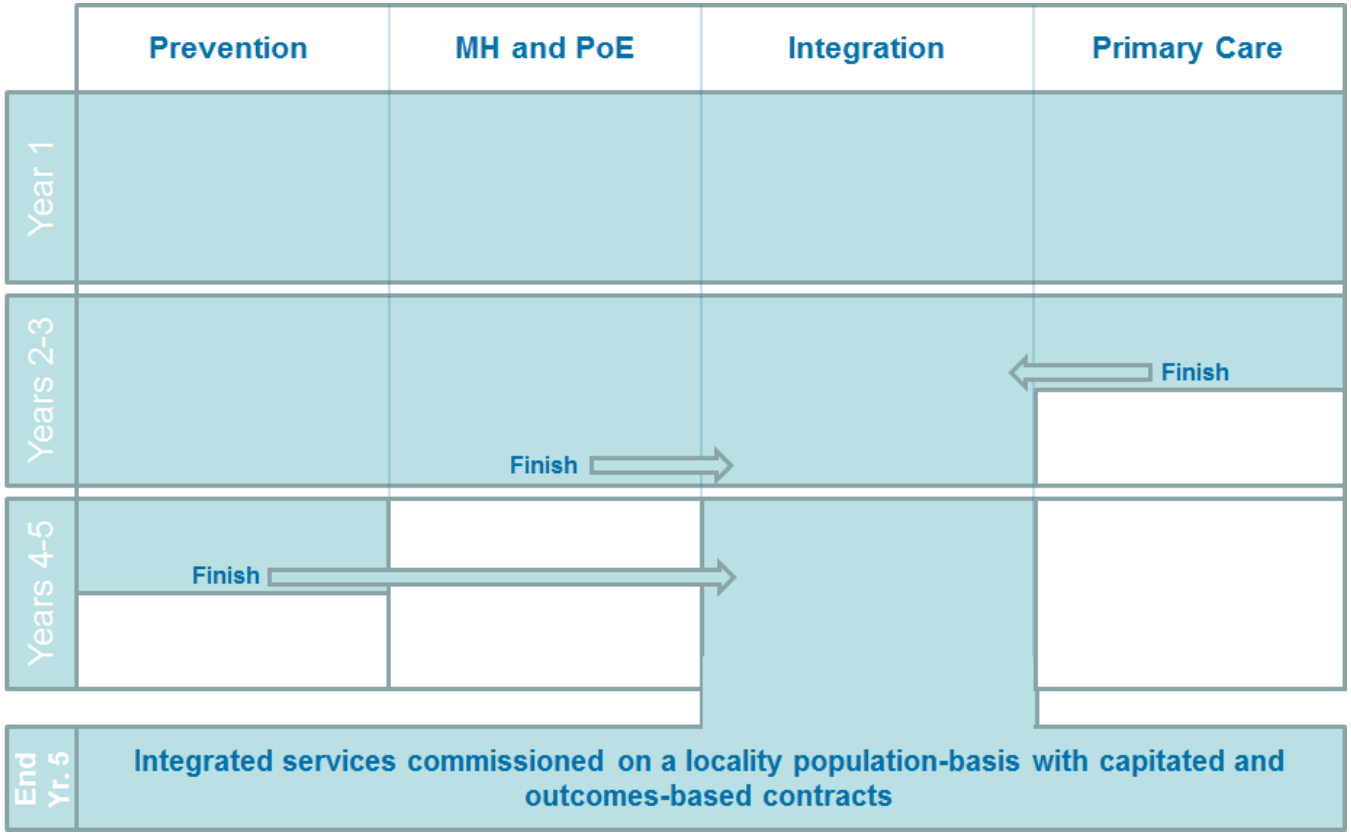
Our governance arrangements mean that we are structured as depicted. Delivery of the Operating Plan will be overseen by the CCG's Governing Body (on behalf of our member practices) with the Integrated Governance and performance committee assuring the Governing Body on in year progress. The CCG's key programmes of work and the implementation of commissioning intentions are overseen by the CCG's programme boards (highlighted in yellow). The programme boards report into the Governing Body through their respective committees.

Managing transformation in commissioning

NHS Southwark Clinical Commissioning Group

The CCG's programme boards have been established as multi-disciplinary commissioning groups with responsibility for leading the CCG's operational business. The Quality and Safety and Patient Engagement boards each offer an assurance and planning role to see that the CCG and commissioned providers are fulfilling obligations and making improvements in these areas. The remaining four programme boards are focussed on delivery of the CCG's main programmes of transformation.

The CCG's ambition is that these programme boards will work to implement the initial stages of commissioning transformation and lead the key programmes of work required to achieve this. The CCG's ultimate aim is that as we embed our transformed approach to commissioning (i.e. outcomes and population based, commissioned from alliances of providers) the role of the programme boards alter as we converge on a standard approach to all of our commissioning. This is depicted below.



Understanding and mitigating risk

NHS Southwark Clinical Commissioning Group

The CCG takes all reasonable steps to manage risks in order to protect the Southwark population, patients, staff and assets and to ensure appropriate protections are in place benefits realisation of appropriate risk-taking. The CCG's Governing Body sign-off a Risk Management Framework on an annual basis. The framework document describes the systems and processes in place to that enable the CCG to:

- Ensure all risks are identified and managed through a robust Board Assurance Framework and accompanying Risk Registers. These include corporate, strategic, operational, clinical, financial, information and reputational risks,
- Integrate risk management alongside quality and governance issues and established local risk reporting procedures to ensure an effective process flows throughout the CCG's activities and business,
- Ensure that the Governing Body and its delegated committees are kept care kept suitably informed of significant risks facing the organisation and associated mitigation plans.

The Governing Body is responsible for setting the strategic direction for risk and overseeing the integrated risk management arrangements across the organisation and the Integrated Governance Committee (IG&P) is responsible for the oversight of all risk and for implementing the strategic direction for risk within the organisation. The IG&P assists the Audit Committee in assuring the Governing Body in this respect.

NHS Southwark CCG has adopted the Australia/New Zealand (AS/NZS 4360/1999) standard which is internationally recognised standard providing a generic model for the identification, analysis, prioritisation, treatment, communication and monitoring of risks across clinical and non-clinical services and activities at local and corporate level.

The Board Assurance Framework consists of principal strategic and corporate risks directly affecting the corporate objectives as well as those risks escalated from CCG's Risk Register by the Governing Body, the Audit Committee, IGPC or other committees. Directorate Risk Registers capture operational risks are supported by individual team/project Risk Registers. Monthly risk reports from the Directorate Risk Register and quarterly review of the Board Assurance Framework (BAF) will be presented to the Integrated Governance & Performance Committee and also the CCG's Governing Body.