

# NHS Southwark CCG Operating Plan 2016/17

– FINAL DRAFT –

Southwark Health & Wellbeing Board

31 March 2016



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# 1. Introduction and context



# What is an Operating Plan?

The Operating Plan is an assurance document, which sets out how through the commissioning process, the CCG plans to improve the health and wellbeing of people living in our borough. The plan also sets out how the CCG will meet mandatory requirements set by NHS England in the annual planning guidance. The document sets out our locally-defined response to national requests and as such the Operating Plan can be read as 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 improvements happen.

The Southwark Operating Plan 2016/17 describes the CCG's response to the requirement included in planning guidance published in December 2015: *Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21*.

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 2016/17 to deliver an improved NHS in Southwark.

Planning guidance stipulates nine 'must dos', which CCG operating plans should address. These are:

1. Develop a high quality, agreed Sustainability and Transformation Plan, achieving key identified milestones for accelerating progress in 2016/17 towards achieving the triple aim as set out in the Forward View.
2. Return the system to aggregate financial balance.
3. Develop a local plan to address the sustainability and quality of general practice.
4. Meet standards for A&E and ambulance waits.
5. RTT: that more than 92% of patients on non-emergency pathways wait no more than 18 weeks.
6. Deliver the 62 day cancer waiting standard and improve one year survival rates.
7. Achieve the two new mental health access standards (50 % of people experiencing first episode of psychosis to access treatment within two weeks; and 75% of people with relevant conditions to access talking therapies in six weeks; 95% in 18 weeks).
8. Transform care for people with learning disabilities, improving community provision.
9. Improve quality and implement an affordable plan for organisations in special measures.

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 and 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 a core component 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 extended primary care access; 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

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 life; and improved outcomes for people living with HIV.

However, according to the JSNA 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 are things that work.

## Southwark JSNA: Key Health Issues

Southwark people are more likely to die prematurely from cardiovascular disease than people living in similar parts of London.

Chronic obstructive pulmonary disease (COPD) and lung cancer cause relatively high numbers of preventable early deaths and ill health in Southwark.

There is significant variation in the management of patients with diabetes in Southwark and a high number of people are living with undiagnosed diabetes.

Rates of preventable early deaths from liver disease and alcohol-related hospital admissions are significantly higher in Southwark than they are in similar London boroughs.

Southwark has a high prevalence and comparatively poor outcomes for people with low and medium-level mental ill-health. There is significant unmet need too.

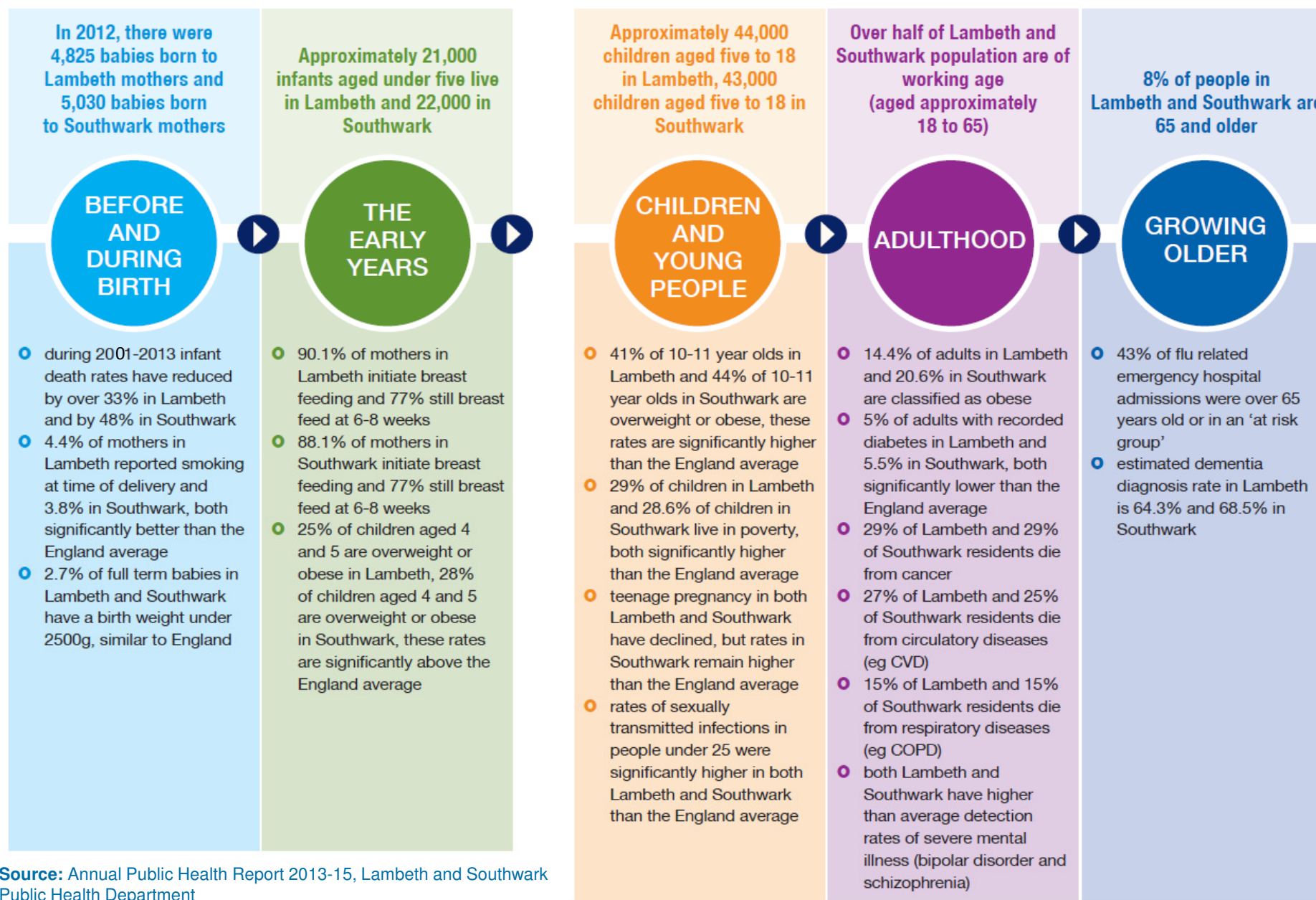
Childhood obesity levels in the borough amongst the highest in England. Adult obesity is also higher than the London average.

Only about half of the predicted numbers of patients with dementia are diagnosed. Effective management of patients is highly variable.

Admission rates and health related quality of life for older people is higher than in similar areas of London with rates of falls-related admissions particularly high.

Patients and members of the public consistently tell us that they often find it hard to get an appointment with their GP.

# The local public health context



## ***Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21***

NHS England, NHS Improvement (the new body which brings together Monitor and the NHS Trust Development Authority), the Care Quality Commission, Public Health England, Health Education England and NICE published the national *NHS Five Year Forward View* on 23 October 2014. The *Forward View* set out a vision for the future of the NHS.

In December 2015 the same national health and care bodies in England published [Delivering the Forward View: NHS Shared Planning Guidance 2016/17 – 2020/21](#), setting out the steps to help local organisations deliver a sustainable, transformed health service and improve the quality of care, wellbeing and NHS finances. The planning guidance is backed up by increased NHS funding, including a new Sustainability and Transformation Fund which will aim to support the NHS achieve financial balance, the delivery of the Five Year Forward View, and enable new investment in key priorities, such as 7 day working and IT integration.

As part of the planning process, all NHS organisations are asked to produce two separate but interconnected plans: 1) a local health and care system ‘Sustainability and Transformation Plan (SPT)’, which will cover the period October 2016 to March 2021; and, 2) a plan by organisation for 2016/17, which needs to reflect the emerging Sustainability and Transformation Plan. This document constitutes the second of these requirements.

The operating plan process is overseen by NHS England. CCGs are required to make a number of detailed planning submissions (Excel templates, rather than narrative) over the time period from February to April 2016.

CCGs are each required to set clear and credible plans, forecasts and trajectories for levels of commissioned activity; performance standards; and finance. NHS England complete assurance of these submissions, reviewing assumptions against historic data, national expectations and plans submitted by provider trusts.

The first draft of Southwark CCG’s Operating Plan was submitted to NHS England on 8 February 2016, with further submissions made on the 2 March 2016. A final submission of the CCG’s Operating Plan templates is due on the 11 April 2016, at which stage it is expected that the plan should be fully aligned with signed provider contracts.

This document summarises the templates submitted to NHS England by the CCG. It provides further descriptions of the transformation work that the CCG will undertake in 2016-17 in order to improve local services, and it addresses the ‘9 must do’ requirements required of CCG’s under the planning guidance this year.

## **NHS Southwark CCG Five Year Forward View**

Southwark commissioners across health and social care are committed to improving the health and wellbeing of Southwark people. The experiences of people who use services, and their families and carers, shows that existing arrangements do not always deliver the best outcomes for people, and there can be significant improvements if we work together using new approaches. Improving the system requires fundamental changes in how we all work.

Building on the national Five Year Forward View, the CCG and Southwark Council have developed a local strategy to transform local NHS and care services in the borough. Both the CCG and Council together with local stakeholders agree that we should be working toward establishing a health and care system that works to improve health and social care outcomes for Southwark people, instead of simply focusing on maintaining current service arrangements.

Our local ambition is to create a much stronger emphasis on prevention and early action as well as deeper integration across health and social care, and wider council services (including education).

To support this change we will increasingly join together commissioning budgets and contracting arrangements to incentivise system-wide improvement. We will focus on specific populations, including particularly vulnerable groups. We will put ever greater emphasis on the outcomes achieved in addition to the quantity of activity delivered.

This means moving away from a system with lots of separate contracts and instead moving towards inclusive contracts for defined segments of the population which cover all of the various physical health, mental health and social care needs of people within that group. These contracts will be available to providers who can bring together the skills required to meet these needs.

Our aim is to empower the development of multi-specialty community providers serving populations of 100,000-150,000 people, with access to excellent specialist networks when required.

We are confident we can enable this scale of system-wide transformation

Southwark Council and NHS Southwark CCG have been working on this agenda for several years with partners across Southwark, Lambeth and south east London. As a result there are exciting examples that demonstrate new ways of working between providers of services and with the wider community of service users, families, carers and local residents. There is also a growing sense of system leadership and a recognition of the scale of change required across all parts of the health and social care system.

We will develop an action plan and highlight the investment necessary to deliver the ambitions set out in this local Five Year Forward View. We will publish this detailed plan in March 2016.

## **Lambeth and Southwark Strategic Partnership**

We have committed to developing a strong local partnership to oversee and govern system-wide transformation. Working within the mission and constitutions of the CCG and Council, we will seek to enable the realisation of our plan by establishing a strategic partnership with citizens, commissioners and providers of health and social care services. This partnership will work together to develop, practically support, and oversee a programme to transform how care is commissioned and provided. In practice this means:

- Bringing together partners with a common vision and a desire to work together
- Aligning partners' individual strategic intents to develop a shared partnership strategy for system-wide transformation in Southwark and Lambeth, changing the way we manage risks and coordinate various activities so that they happen in concert and are mutually reinforcing and collectively identifiable as a common programme
- Supporting and resourcing changes in the practice of commissioning and the practice of service delivery, including but not limited to leadership development, stakeholder engagement and 'on the ground' help to try new ways of working
- Holding each partner to account for doing what we said we would do
- Assuring ourselves that our collective actions are improving care for our local population.

Our general expectation is that this strategic partnership will, first and foremost, practically support the development of Local Care Networks (LCNs) within Southwark. In this model, LCNs will represent both a locus of activity and of accountability, and transformation investment will be made available where LCNs can demonstrate a joint-commitment to deliver on specific priorities.

## **Our Healthier South East London (OHSEL)**

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; and cancer. The CCG is committed to support the implementation of the south east London strategy within the borough of Southwark.

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

## Children's and Young People's Health Partnership

The [Children and Young People's Health Partnership \(CYPHP\)](#) is a large scale initiative to improve the quality of care and physical and mental wellbeing of children and young people in Lambeth and Southwark. This programme has a true partnership approach, based on the understanding that no single organisation is able to address all the issues needed to improve the health and wellbeing of children and young people. The programme was initiated, and has been strongly led, by clinician and public health professionals. Children, young people and families have been involved in all of the work through focus groups, advisory groups and surveys. The partnership is made up of Southwark and Lambeth clinical commissioning groups and councils; the Evelina London Children's Hospital; Guy's and St Thomas' NHS Foundation Trust; King's College Hospital NHS Foundation Trust; King's College London; South London and Maudsley NHS Foundation Trust; children, young people and families from Lambeth and Southwark.

The first phase of the programme involved identifying the needs of children and young people in Lambeth and Southwark through an 18-month programme of data gathering and discussions with stakeholders. In January 2016 the CCG's Commissioning Strategy Committee endorsed the CYPHP's bid to secure funding sources for the next phase of the programme. This phase will develop and test new models of care, redesigning services to improve the treatment of acute illnesses, promoting health and wellbeing, and managing long-term conditions more effectively.

## Healthy London Partnership

Early in 2015 NHS England and London's 32 Clinical Commissioning Groups (CCGs) launched a plan to make London the world's healthiest global city. This followed on from the work of the London Health Commission, which was an independent review of health established by the Mayor, Boris Johnson and led by Professor the Lord Darzi. The Commission's report [Better Health for London](#) contained 10 aspirations for London and over 64 recommendations on how to make London the world's healthiest city.

The NHS is currently working with partner organisations to ensure improvements are made through the London Health Board. The Board is made up of Public Health England, NHS England, 32 CCGs, London Councils and the Mayor of London.

The work of Healthy London Partnership is focused on 13 transformation programmes. Each programme aims to solve a different health and care challenge faced by the capital. All aim to make prevention of ill health and care more consistent across the city.

NHS Southwark CCG has been a contributing partner in the Healthy London Partnership. Further information about the work of the HLP is included here - <https://www.myhealth.london.nhs.uk/healthy-london/about-healthy-london-partnership>.

## 2. Delivering the CCG's *Forward View into Action 2016-17*



## Summary: strategic vision, challenges and response

- 1 Addressing fragmented commissioning & contracting
- 2 Addressing fragmented organisations and professions
- 3 Empowering residents and service users
- 4 Establishing a local Strategic Partnership

# Our strategy is to maximize the value of health and care for Southwark people, ensuring our services exhibit positive attributes of care

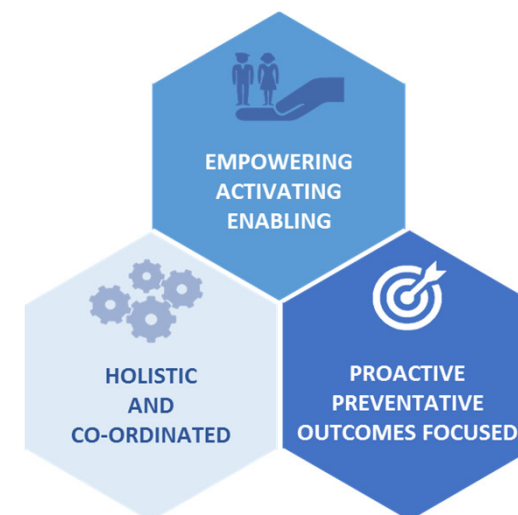
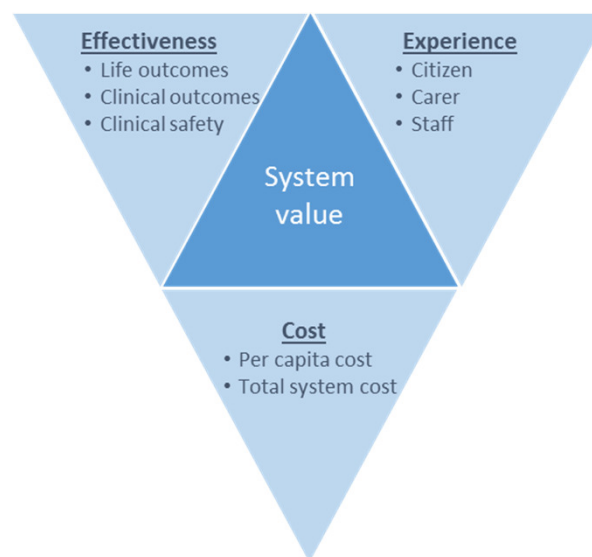
## Strategic vision

We are changing the way we work and the ways that we commission services so that we:

Emphasize populations rather than providers

Focus on total system value rather than individual contract prices

Focus on the 'how' as well as the 'what'



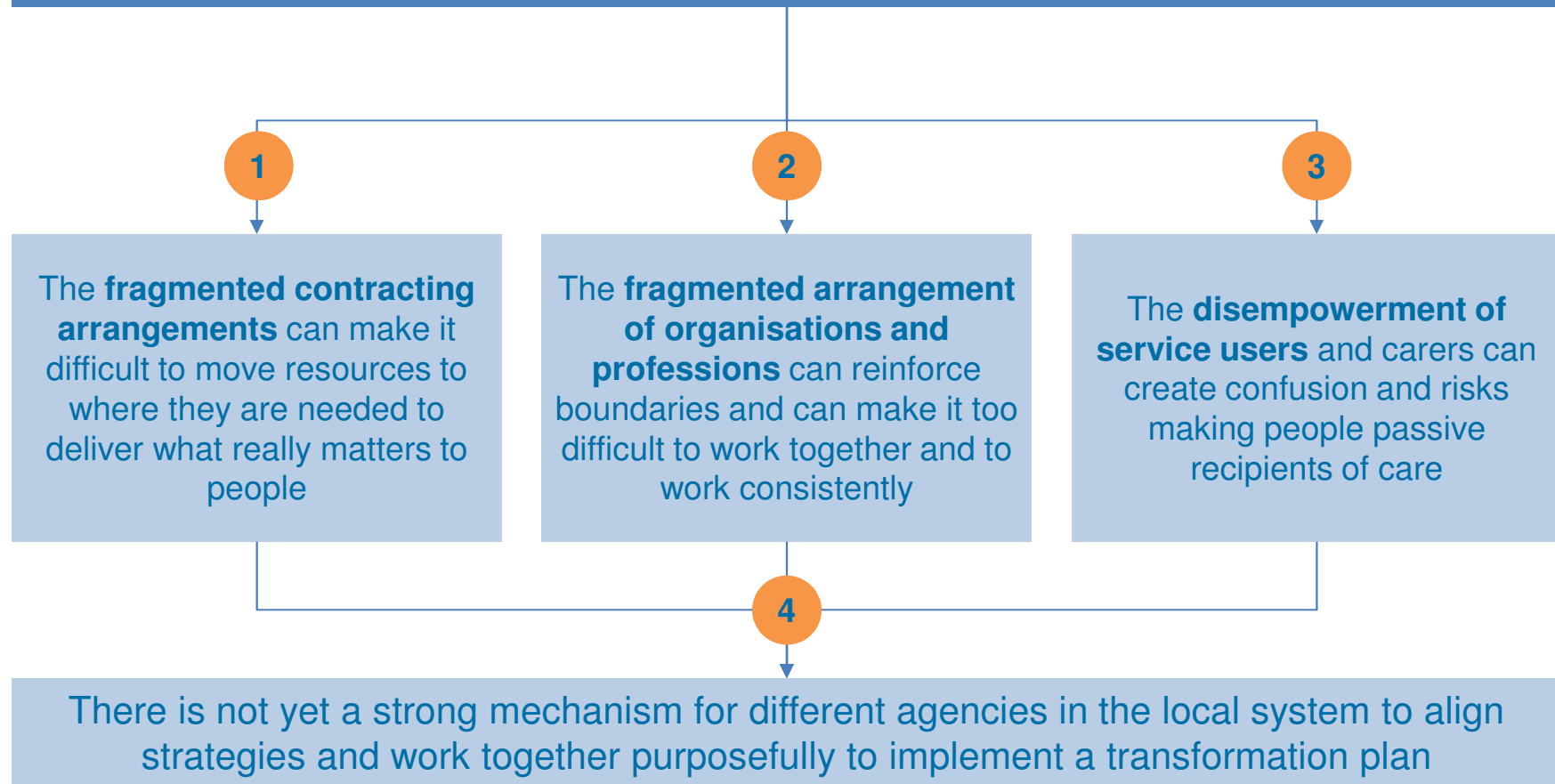
Arranging networks of services around geographically coherent local communities

Moving away from lots of separate contracts and towards population-based contracts that maximize quality outcomes (effectiveness and experience) for the available resources

Focusing on commissioning services that are characterized by these attributes of care, taking into account people's hierarchy of needs

# To fulfil our strategy we must address fragmentation in provision and contracting, and reverse the disempowerment of service users

In order to maximize the value of health and care for Southwark people, whilst ensuring commissioned services exhibit positive attributes of care, we will need to address four root causes of complexity within the current system



# We are planning a variety of practical activities to put our strategy for change into action

## Strategic responses

In order to maximize the value of health and care for Southwark people, whilst ensuring commissioned services exhibit positive attributes of care, we will need to address four root causes of complexity within the current system

1

Addressing fragmented commissioning & contracting

- a) Restructuring our internal programme boards
- b) Creating a joint commissioning resource with the Council through the BCF
- c) Creating a joint Commissioning Partnerships Team with the Council
- d) Creating a formal alignment of all contracts through a system-wide shared incentive to develop and deliver coordinated care

2

Addressing fragmented organisations and professions

- e) Supporting the development of multi-specialty models of service delivery through Local Care Networks
- f) Supporting the development of at scale working in general practice
- g) Supporting the development of new pathways and delivery models across South East London

3

Empowering residents and service users

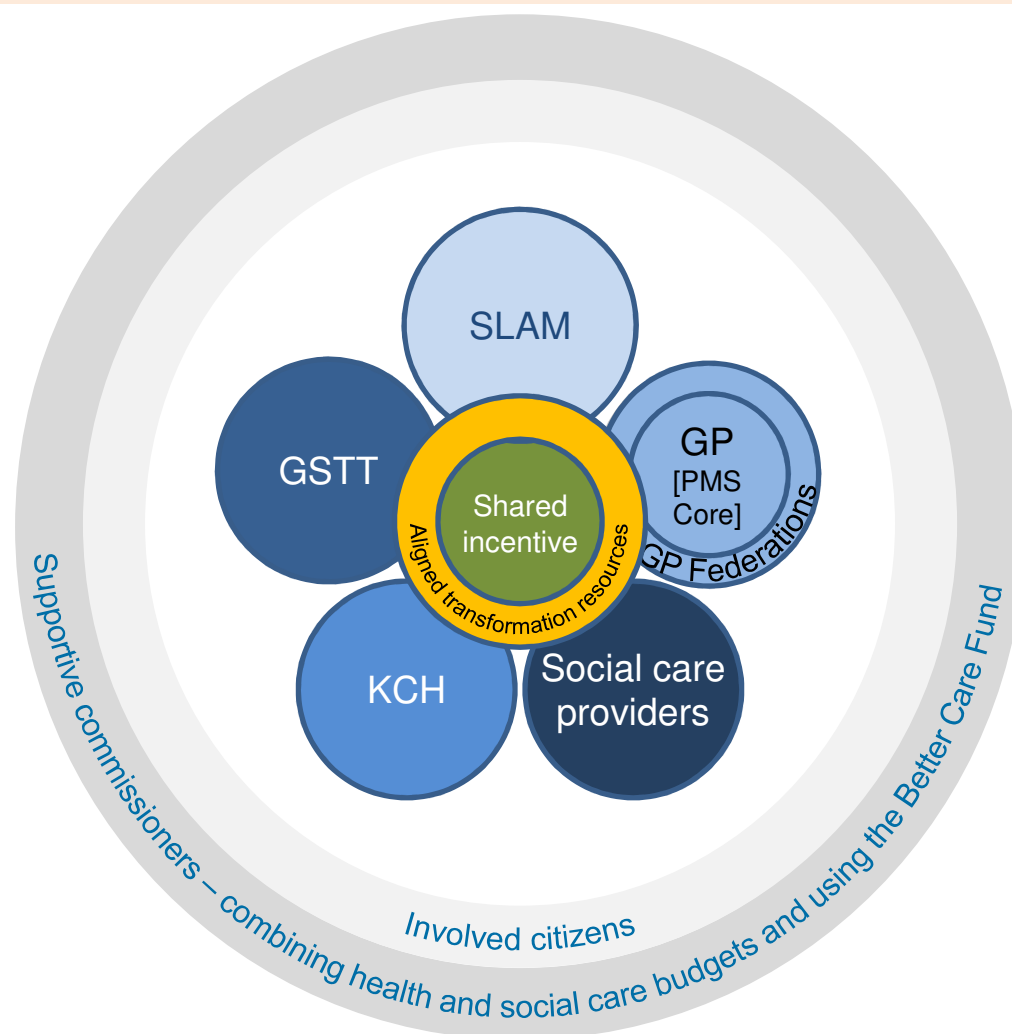
- h) Increasing the involvement of residents within the formation of commissioning intentions
- i) Continuing to invest in self-management support
- j) Ensuring that our commissioning requires providers to involve people in care planning and self-management

4

Establishing a local Strategic Partnership of commissioners, statutory providers and residents to ensure alignment of strategies and to coordinate and enable the delivery of our shared transformation programme

# Addressing these challenges will move us towards a system which acts together to maximise the use of our shared resources

Overall this means working towards a future where we act as one system with one budget



Summary: strategic vision, challenges and response

1

**Addressing fragmented commissioning & contracting**

2

Addressing fragmented organisations and professions

3

Empowering residents and service users

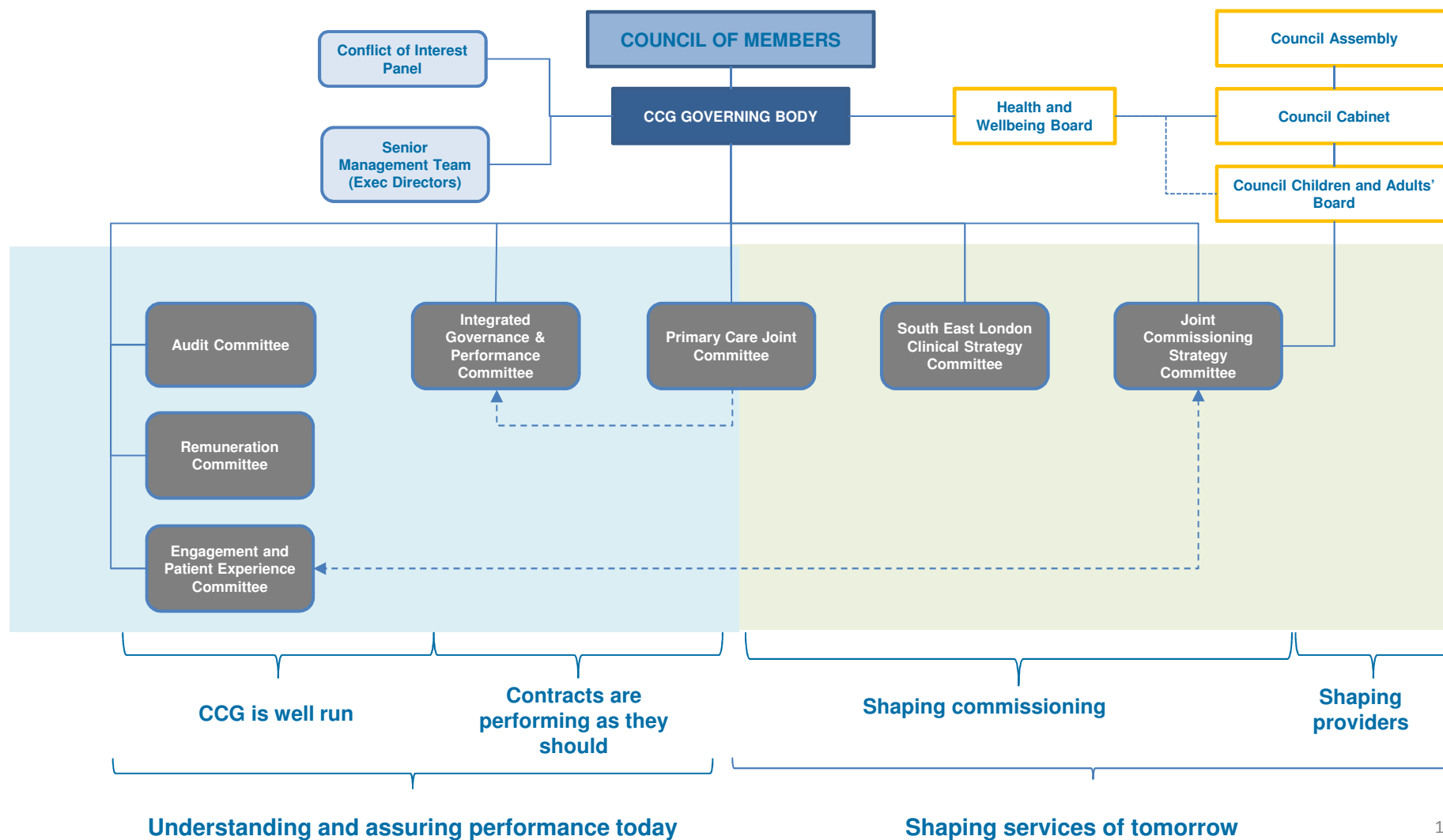
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Establishing a local Strategic Partnership

# To ensure we can deliver our vision we have undertaken a structured review of our internal assurance and commissioning arrangements...

## 1 Commissioning & contracting

### a) Restructuring our internal programme boards



# ...we have made changes to support population-based commissioning and to emphasise the importance of the attributes of care

		Where do decisions get made and by whom?	How are ideas developed in advance of decision-making?
Understanding and assuring performance today	Are we set up properly and do we run a good organisation?	<ul style="list-style-type: none"> <li>IG&amp;P remains the place where the CCG's overall budget is monitored and any in-year variance agreed</li> <li>Audit and Remuneration committees continue unchanged</li> <li>EPEC continues to provide assurance about the CCGs approach to engagement and inequalities</li> </ul>	<ul style="list-style-type: none"> <li>Reporting into IG&amp;P is provided by the CCG corporate teams, and additional preparation is coordinated in advance of NHSE assurance meetings</li> <li>The Quality Board reporting into IG&amp;P should change so that its focus is on all aspects of quality including safety, effectiveness and patient experience</li> </ul>
	Do the services we contract for perform as we expect them to?	<ul style="list-style-type: none"> <li>In-year performance of all of the CCG's contracts should be reported into the IG&amp;P, covering quality, activity and operational standards, and financial performance. This should include primary care.</li> <li>IG&amp;P should receive updates on the performance of the Better Care Fund. This would require reports to be shared back with IG&amp;P from the H&amp;SC Partnership Board</li> <li>IG&amp;P should receive updates on the application of any funding to federations based on business plan objectives</li> </ul>	<ul style="list-style-type: none"> <li>Integrated performance reports should continue to be provided by the CSU to cover relevant aspects of the performance of acute and community contracts</li> <li>The Health &amp; Social Care Partnership Board should also formally report into IG&amp;P as the nominated committee to track in-year contracting performance</li> <li>A provider development programme board should be established to oversee the federation business plans and other relevant work (e.g. HLP/OHSEL provider development tasks)</li> </ul>
Shaping services of tomorrow	Do we know where we need to focus our commissioning resources in future?	<ul style="list-style-type: none"> <li>We should continue to have a prime committee to receive proposed commissioning intentions, but this should be changed to become a joint-committee with the Council. It would not make final decisions but it would agree shared recommendations to the GB and the Council's equivalent decision-making forum.</li> <li>Both the CCG and Council would wish to see Part 2 meetings to receive proposals that affect each organisation individually and in isolation from the other</li> </ul>	<ul style="list-style-type: none"> <li>The development of commissioning intentions should happen within given timeframes set out within our commissioning cycle; this task should be undertaken by designated Commissioning Development Groups based on three population groups (CYP, adults, SMI)</li> <li>CDGs should be collaborative groups led by the JCU commissioning manager, but including representation from nominated clinical leads, public health, transformation, Healthwatch, other council depts. As a consequence of this, existing partnership groups (e.g. for LTCs and EoL) should be rolled into the commissioning development groups</li> </ul>
	Have we supported the development of providers who can respond to our future commissioning intentions?	<ul style="list-style-type: none"> <li>Most of the provider development work will be based on agreed investment plans (e.g. federation business plans or HLP programme plans). As such oversight of their delivery should be by the IG&amp;P committee</li> </ul>	<ul style="list-style-type: none"> <li>A Provider Development Group should be established to oversee execution of the federation business plans (and other similar plans). This should replace the Primary Care Development Board</li> <li>Executive directors from this group would participate in a quarterly board-to-board meeting with each federation</li> <li>Monthly operational update meetings between the transformation team and federation teams will also be arranged</li> </ul>

# We will use the Better Care Fund to invest health and social care commissioning resources in services that offer the best value

## b) Creating a joint commissioning resource with the Council through the BCF

- In the first round of the Better Care Fund Southwark was one of only six boroughs nationally to have our plans approved without amendments
- We will continue to use the BCF as a strategic vehicle to align health and social care resources to invest in services that can support better community-based care and to reduce the demand on acute services
- In 2016/17 our BCF investment will be £21.8m. The main themes of investment will continue to be:
  - Schemes that support the timely transfer of people after acute illness, for example investment in adult social care, hospital discharge teams, intermediate care packages and home ward services (@home)
  - Schemes that support the reduction of avoidable admissions, for example through the Enhanced Rapid Response and Night Owls services
  - Schemes to strengthen multi-disciplinary working in the community to prevent crisis admissions related to mental health
- For the CCG, the oversight of the BCF will be through the Health and Social Care Partnership Board, reporting into the Integrated Governance & Performance Committee

# We will formalise joint working arrangements with the Council by establishing a Commissioning Partnerships Team

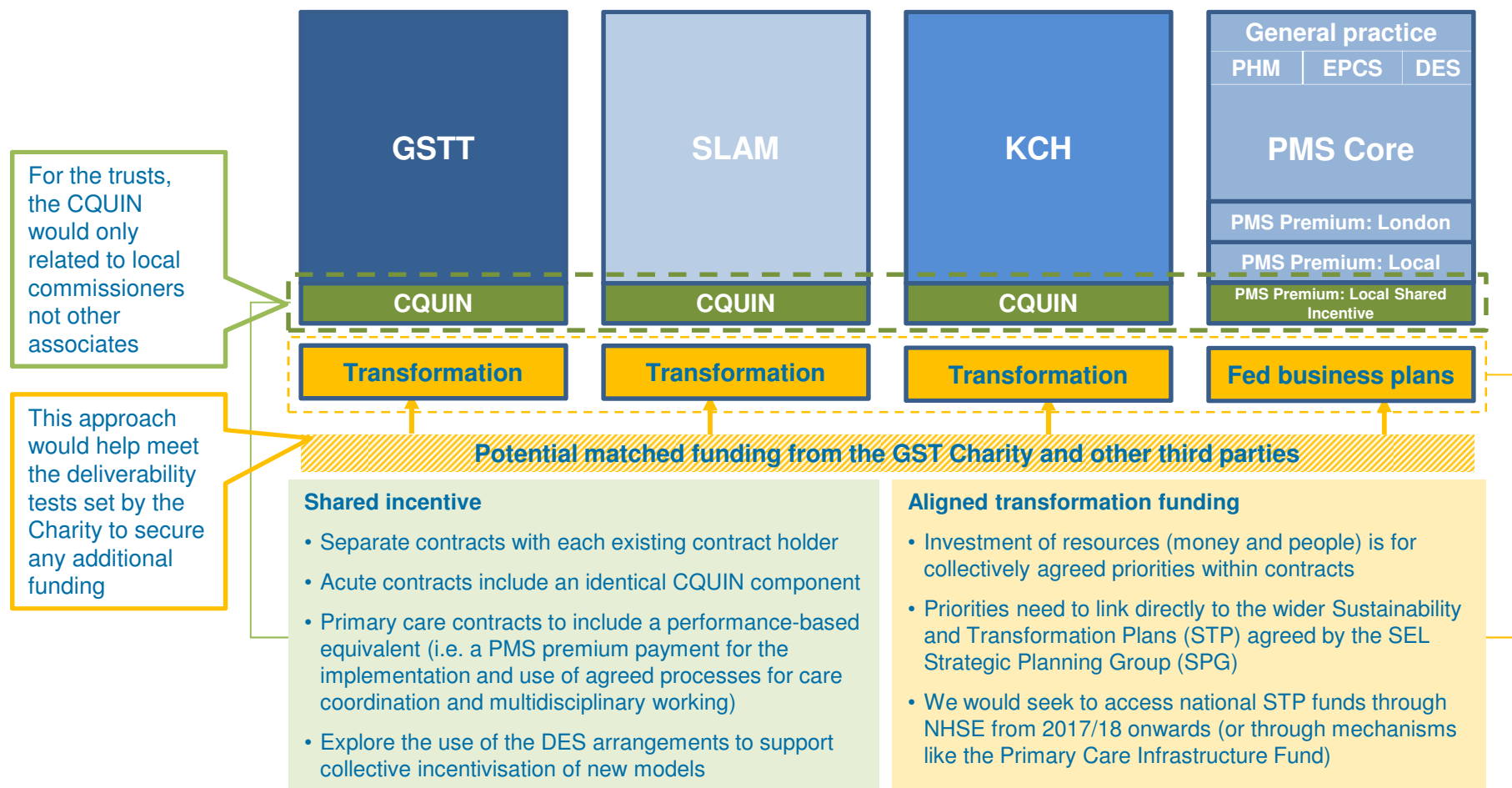
## c) Creating a joint Commissioning Partnerships Team with the Council

- To support the transformation described in this *Southwark Five Year Forward View*, the Council and the CCG will establish a Commissioning Partnership Team.
- Over time, and with a jointly agreed remit, this team will become the vehicle for developing and delivering joint strategic intentions across health and social care with strong links to education, public safety and public health.
- This development will help us to achieve greater equity and better outcomes for Southwark people by addressing the social as well as the physical determinants of health and wellbeing.
- The Commissioning Partnerships Team will support the pooling of resources and the alignment of decision-making so that we achieve progressively more integrated health and social care commissioning, and the development of increasingly population-based provider contracts.
- Planning for the unit is well underway, and the post of Head of Joint Commissioning will shortly be recruited to, with the Unit being formally established in Q3 2016/17. Its starting points will be commissioning for Mental Health, Older People and Children & Young People Services.
- Both the Council and CCG will retain other areas of commissioning, some of which may be included within this Joint Commissioning arrangement at a later date.
- A Joint Reference Group has been established oversee the design and delivery of the Joint Commissioning Unit to ensure that a Project Implementation Plan is initiated and followed and fully meets the responsibilities both organisations bear in relation to due diligence, formal staff consultation and all necessary governance and approvals.
- This new team will begin work in 2016/17.

# In 2016/17 we will continue to contract with separate organisations but we will create clear alignment between these contracts...

## 1 Commissioning & contracting

d) Creating a formal alignment of all contracts through a system-wide shared incentive to develop and deliver coordinated care



# ...a shared incentive will, in a phased transition, support multiple providers to develop and deliver an agreed model of coordinated care

1

Commissioning & contracting

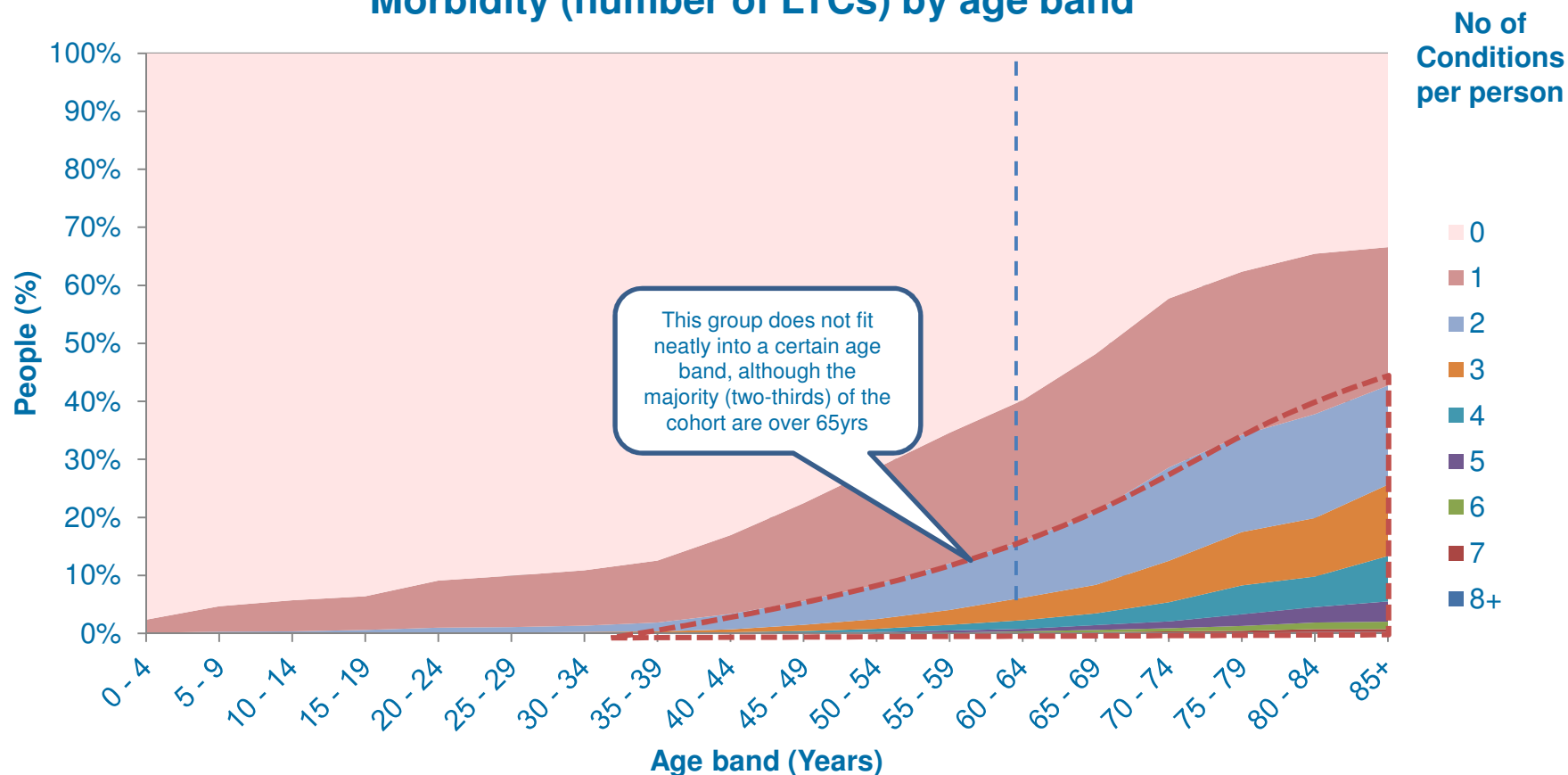
## d) Creating a formal alignment of all contracts through a system-wide shared incentive to develop and deliver coordinated care

2016/17		2017/18
April-December	January-March	April-March
Payment for completion of defined project	Payment for delivering agreed processes and measurement	Payment for process with a proportion for achieving improvement in actual outcomes
<p>Each LCN undertake a review to agree 'core operating model'. This should be set out in a business plan with an agreed approach to implement:</p> <ul style="list-style-type: none"> <li>• Case finding: specifying the finalised cohort definition</li> <li>• Named professional</li> <li>• Care planning</li> <li>• Self-management</li> <li>• Multidisciplinary working</li> </ul> <p>And propose an appropriate outcome measure to track</p>	<p>By the end of this period each partner in an LCN should be able to demonstrate that an agreed proportion (TBD) of the target cohort (defined in phase 1) are actually in receipt of the services proposed within the operating model</p> <p>Throughout this period each LCN should have been developing a baseline of the proposed outcome measure</p>	<p>In the second year the predominant focus (e.g. 90%) of the incentive would be on increasing the proportion of the target cohort in receipt of agreed services. However, a proportion of the payment (e.g. 10%) will be based upon an agreed improvement against the baseline of the proposed outcome measurement [KPI thresholds to be agreed as part of 2017/18 discussions]</p> <p><b><u>Illustrative examples of outcome measures</u></b> – (for target cohort):</p> <ul style="list-style-type: none"> <li>• 5% increase in aggregate Patient Activation Scores</li> <li>• 5% increase in patient reported 'I' statement measure</li> <li>• 10% increase in time spent at home</li> <li>• 3-5% reduction in the number of emergency bed days (mental health and physical health);</li> <li>• 10-15% reduction in OP appointments</li> </ul>

# In the first instance our priority will be to support the development of coordinated care services for people with complex needs...

d) Creating a formal alignment of all contracts through a system-wide shared incentive to develop and deliver coordinated care

## Morbidity (number of LTCs) by age band



Base: People registered at practices that allow PHMCC access  
Source: LTCs from acute inpatient data (11/12) & PHMCC

# ...we will work with clinicians to define the specific markers of complexity that will identify someone for care coordination services

1

Commissioning & contracting

## d) Creating a formal alignment of all contracts through a system-wide shared incentive to develop and deliver coordinated care

A joint scoping group proposed approach to identifying complexity that focuses on:

- knowing your whole population (e.g. have a shared list of all people with 3+ LTCs) as a basis to think about care gaps and opportunities for early action
- supplement analysis of the wider 3+ LTC population with routine reviews using markers of 'at-risk' residents within that population (to be defined but likely to include):

- ☐ particular combinations of diagnoses (particularly comorbidities of physical and mental health)
- ☐ 5+ LTCs of any sort
- ☐ people in receipt of social care services or who have housing needs
- ☐ people with low patient activation scores
- ☐ systems for spotting and acting on other groups, for example
  - (i) anyone who is escalating rapidly in terms of need (e.g. signalled by a sudden increase in GP consultations, outpatient appointments, A&E attendances, or inpatient admission) and
  - (ii) anyone who requires specific follow-up actions, for example following discharge from hospital or re-ablement care (e.g. as indicated by a high Risk Score using a risk stratification algorithm).

Of the annual £8bn NHS spend on diabetes, £1.8bn is directly attributable to untreated comorbid mental health conditions

The precise approach will be co-developed with providers in the first six months of 2016/17

Summary: strategic vision, challenges and response

1

Addressing fragmented commissioning & contracting

2

**Addressing fragmented organisations and professions**

3

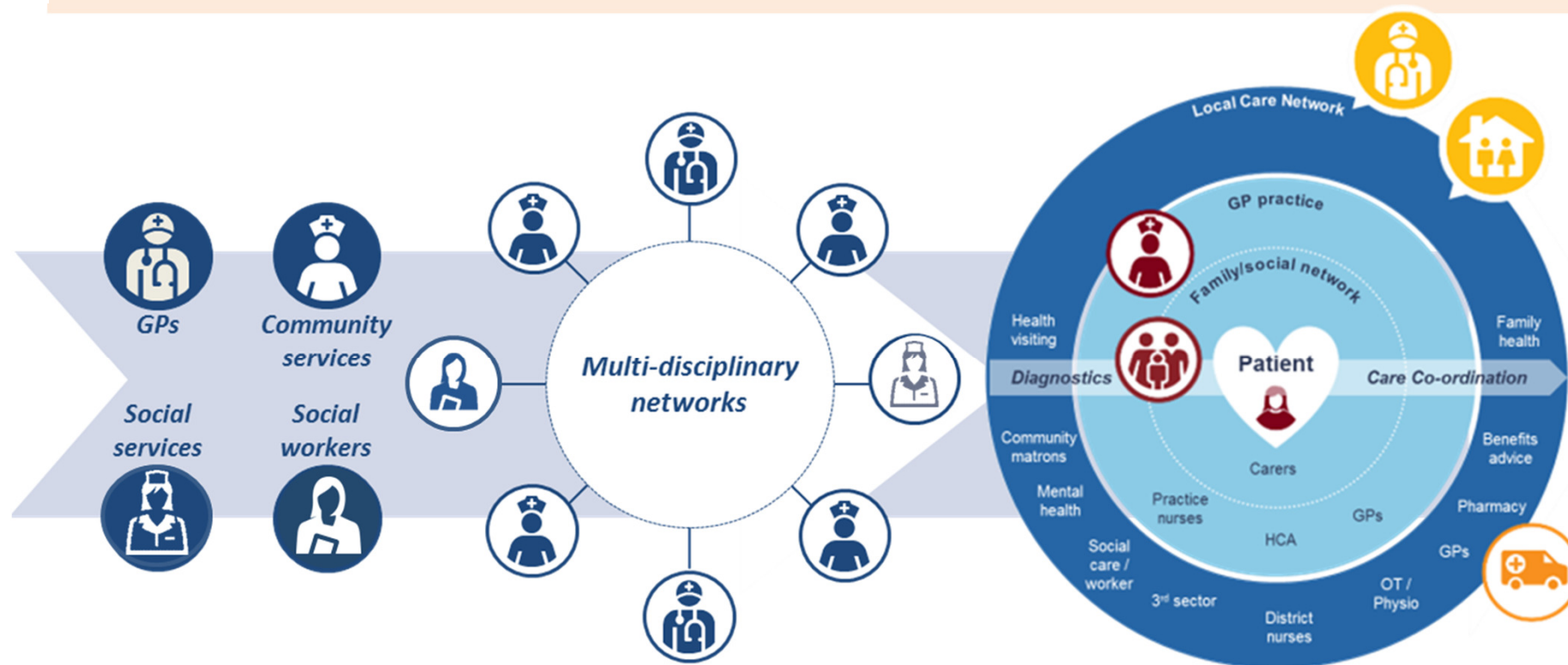
Empowering residents and service users

4

Establishing a local Strategic Partnership

# We are developing better ways to work together at scale. LCNs will be multispecialty provider collaborations covering natural communities

## e) Supporting the development of multi-specialty models of service delivery through Local Care Networks



We think that Local Care Networks will only emerge if we prioritise a task that requires providers to work together, and which is in the interests of local residents and each provider organisation. Our shared system-wide incentive creates this and focuses local providers on working as part of a LCN to develop and deliver coordinated care services to people with complex needs.

## A foundation of an LCN is sustainable general practice. We will invest in additional capacity and development support for local general practice

### f) Supporting the development of at scale working in general practice

- Through our Primary Care Development work with member practices we have heard from general practitioners just how hard it is to work within the existing model. Through discussion and co-development we have heard from practices that they see a route to sustainability by working together more formally within federations of practices.
- To support this new model of working within general practice the CCG has invested in the development of two new local GP federations that include all Southwark practices. Quay Health Solutions (QHS) and Improving Health Ltd (IHL) are now fully incorporated with CQC licenses.
- We will continue to invest in the federation to provide additional capacity in the system through the Extended Primary Care Service (EPCS). This £2.5m annual investment in two EPCS hubs will increase access for residents and it should free time within general practice to develop new ways of working (for example developing a standard approach to care coordination for people with complex needs).
- We will continue to work with federations and practices to develop new workforce roles, for example introducing clinical pharmacists in practice, and continuing our investment in three Population Health Management Fellows.
- We will make specific non-recurrent investment available to federations to support their practices to develop and mobilize the new care coordination service. This complements the investment already made through the Admissions Avoidance Direct Enhanced Service (DES), and in Holistic Assessments, care planning and CMDT working which is funded through our Population Health Management contracts.

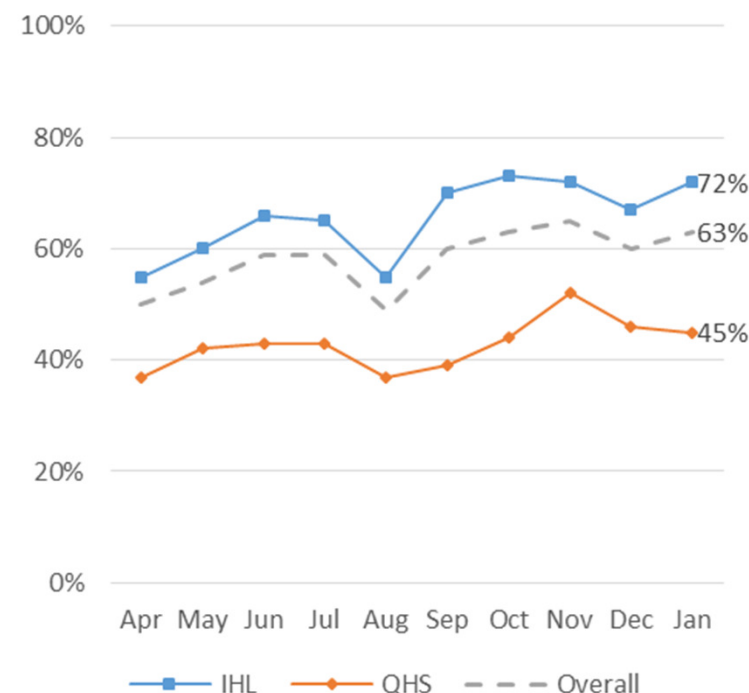
# At scale working in general practice can increase access for patients and also free up resources within individual practices

## f) Supporting the development of at scale working in general practice

### Challenge Fund and 8am-8pm 7 Day Primary Care Access

- The Extended Primary Care Service (EPCS) improves access to general practice by delivering healthcare treatment and advice 8am – 8pm, 7 days a week.
- From April 2015 to January 2016, a total of 36,294 additional appointments have been offered through the two Extended Primary Care Access hubs, which operate from Bermondsey Spa Medical Centre in the north of the borough, and the Lister Primary Care Centre in the south.
- The south service is fully operational, while the north service is operating a reduced service on Mondays (12 – 8pm).
- Utilisation rates for both services have increased over the year. In January, utilisation rates for the north and south services were 45% and 72% respectively (% utilisation of appointments booked vs. offered).
- As the utilisation rates increase practices resources will be freed to focus on other tasks, for example on developing and then delivering new models of coordinated care for people with complex needs.

Utilisation of the EPCS Services (North, South and Overall)

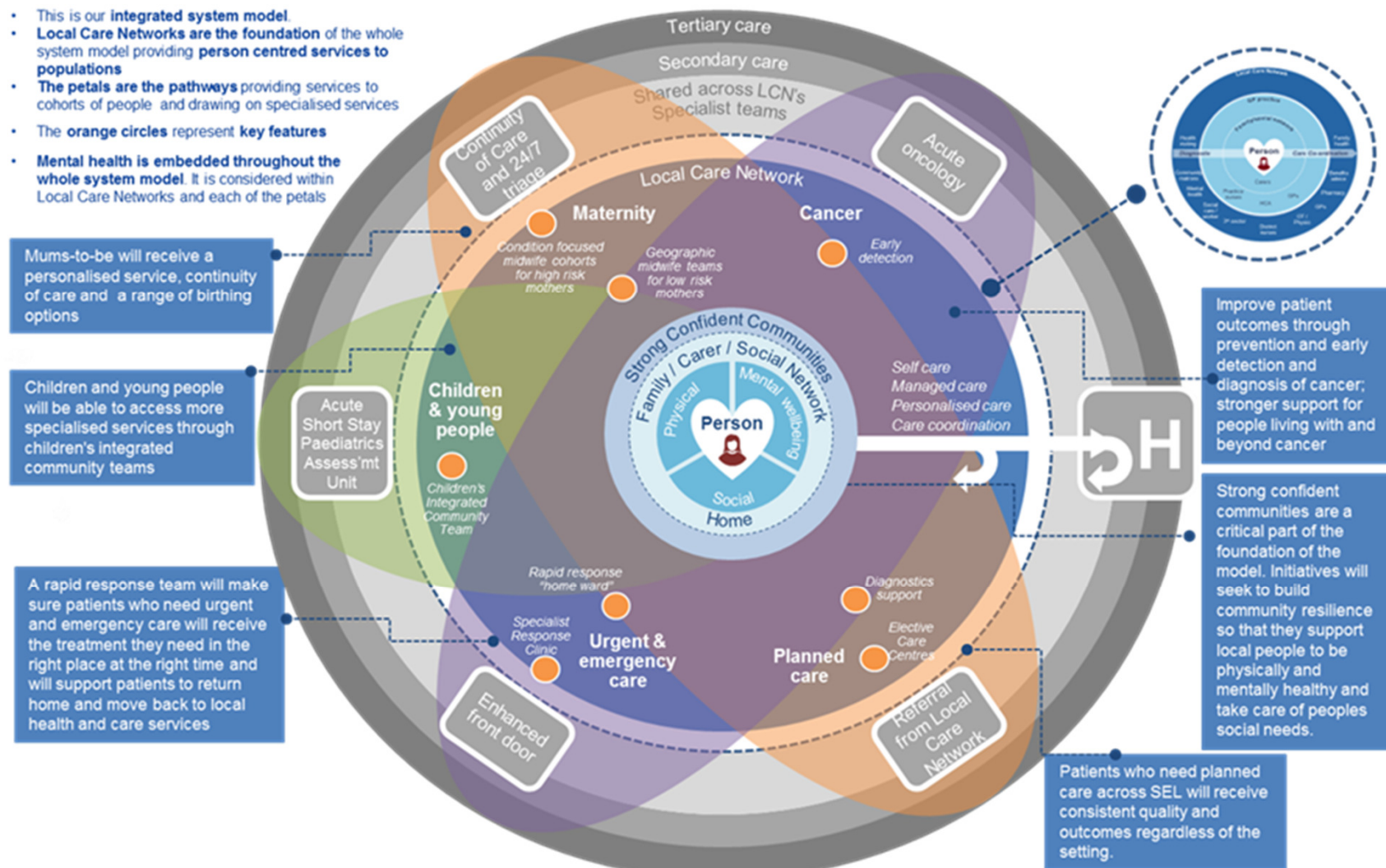


# The LCNs will also need to ensure they can make best use of the improved patient pathways being developed across South East London

## 2 Organisations & professions

### g) Supporting the development of new pathways and delivery models across South East London

- This is our **integrated system model**.
- **Local Care Networks** are the foundation of the whole system model providing **person centred services to populations**
- The **petals** are the **pathways** providing services to cohorts of people and drawing on specialised services
- The **orange circles** represent **key features**
- **Mental health is embedded throughout the whole system model**. It is considered within Local Care Networks and each of the petals



Summary: strategic vision, challenges and response

1

Addressing fragmented commissioning & contracting

2

Addressing fragmented organisations and professions

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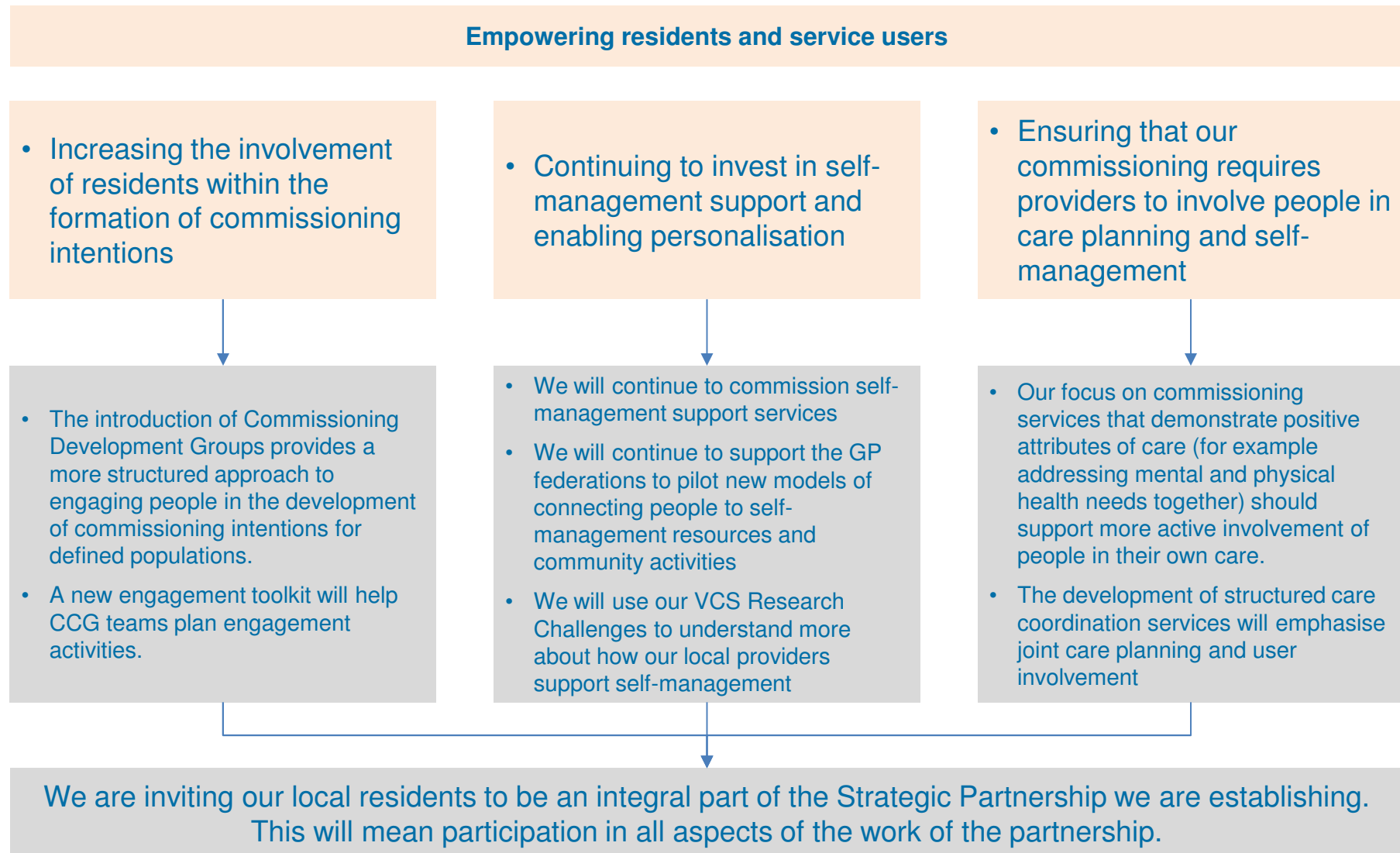
**Empowering residents and service users**

4

Establishing a local Strategic Partnership

# We will work to involve residents in the work of the CCG, and to commission services that work with and actively empower people

3 Empowering residents & users



Summary: strategic vision, challenges and response

1

Addressing fragmented commissioning & contracting

2

Addressing fragmented organisations and professions

3

Empowering residents and service users

4

**Establishing a local Strategic Partnership**

# We need to work in partnership if we are to be successful in making the system-wide change we have described

## Establishing a new strategic partnership of commissioners, providers and residents across Southwark and Lambeth

We began a journey towards greater integration of services and system-wide working several years ago. The SLIC programme supported us all to develop new ways of working together as organisations across Lambeth and Southwark. This has enabled us to deepen our understanding of how we can most effectively work together to improve outcomes for local people. However, it has become clear that, if we are to deliver the kind of radical system-wide transformation that is necessary to integrate care and improve system value, we will all need to commit to change in our individual organisations and as a partnership. We need to make a clear commitment to each other and the population we serve and we need to hold each other more effectively to account for delivering on our pledge. Each individual organisation will need to play its part, and invest in the development of our own staff to make lasting change.

The new Strategic Partnership represents an important transition towards a more formal, system-wide, programme-oriented and accountable way of working that will help build on the new models of care and network of relationships that have been developed through SLIC. Over the last few years we have learnt a lot about the things that need to be in place to genuinely transform the local health and social care system across Southwark and Lambeth. The Strategic Partnership we have created will provide the explicit commitment, direction and energy needed to enable change in the way we all work because:

- **Identity:** We will be clear in all of our communications that the Strategic Partnership means us, all of us, and not a separate programme of work. It will become a part of what we do, as commissioners and providers of care in Lambeth and Southwark. It is something that we all have to be involved in and take ownership of if it is to be a success.
- **Sovereignty:** This does not mean that partners will not continue to have their own individual identity and commitments. The Partnership is a group of sovereign organisations and decisions will, therefore, need to be approved by each individual board. This means that the commitment partners make to one another will be demonstrated in part through the alignment of our own organisational plans. It also means that partners will be able to be clearer with one another about the commitments we are not able to make. In this way our collective efforts will be invested in areas where we all agree progress can be made, and where staff have the internal organisational authority to participate.
- **Accountability:** We will make sure that where there is agreement across the partnership to work together, we have corresponding plans within each partner to mobilise our own staff (giving them time, space and a mandate to act). In this way our staff can feel ownership and clear responsibility for delivery, and remain accountable to our individual boards (as well as across the partnership).
- **Priorities:** We will set up a limited number of specific system wide programmes of work, and agree to follow them through. These commitments will, in some instances, be enshrined in our current contracts so that staff within our organisations and partners know that we are prioritising these programmes of work as part of our day jobs.
- **Sustainability:** We will ground our approach to change in Local Care Network programme boards that are led by our staff and our citizens so that people at the front line feel involved. This approach will ensure that our resources are spent on developing our workforce across Southwark and Lambeth, to develop new roles and relationships that lead to more effective services, more fulfilling and motivating careers and more sustainable change.

## We have developed the outline arrangements and identified a common programme in order to establish a formal Strategic Partnership

### Establishing a new strategic partnership of commissioners, providers and residents across Southwark and Lambeth

Working within the mission and constitutions of the CCG and Council, we will seek to enable the realization of our plans by establishing a strategic partnership with local residents, commissioners and providers of health and social care services.

The Strategic Partnership's shared vision is to increase the value of care for the people of Lambeth and Southwark by

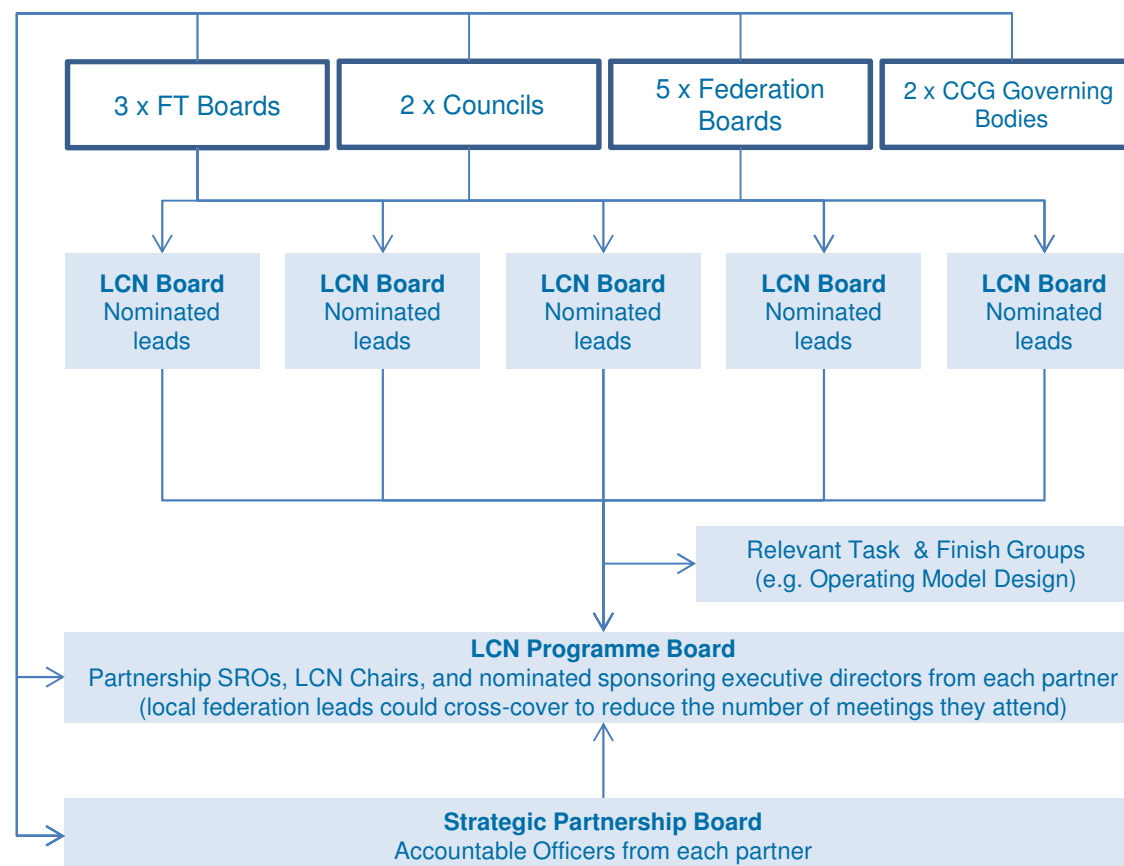
- **improving health and wellbeing** through effective prevention at all stages of life, including strong interventions on risk factors such as alcohol, depression, smoking and obesity;
- **enabling individuals and communities** to feel well and be well, to identify their aims and needs early and respond quickly, and to enable people to manage their health, both mental and physical and taking into account important connections with other services, such as employment, housing and financial advice;
- **significantly improving people's experience of care** and ensure more consistent quality, reflecting the diversity of different groups in our population to ensure fair access, personalised care and choice; and
- **living within resources available**, which will mean addressing the fierce operational and financial pressures in the local system

The specific purpose of the partnership is to align the respective strategies of members and to provide shared strategic oversight for projects across Southwark and Lambeth that promote and enable the shared vision of integrated care for people of Southwark and Lambeth. We will achieve this by:

- Building a shared vision of integrated care that is focused on people and populations.
- Sharing key strategies and plans for health and social care across Southwark and Lambeth.
- Sharing strategic learning and best practice across all of our workforce, paid and unpaid.
- Ensuring we listen to the voice of people using or working in health and social care services in Southwark and Lambeth on matters of cross-borough relevance.
- Overseeing at a strategic level significant transformation projects that the strategic partners wish to include in the partnership on a voluntary basis.

# The development of LCNs and coordinated care will be a major priority of the Strategic Partnership

- In the Strategic Partnership organisational boards remain sovereign. Partners make clear commitments to develop and implement coordinated care, underpinned by organisational contracts that are aligned around a system-wide incentive
- Boards hold their own executive to account for fulfilment of commitments to develop LCNs. They nominate appropriate representatives to be part of a Local Care Network Board to deliver against these shared organisational commitments
- LCN Boards act as the main point of local co-ordination, planning and implementation. In addition there is the ability to run shared task & finish projects where that is agreed to be useful (e.g. to coordinate design of a shared core 'operating model')
- Through the Strategic Partnership Board our accountable officers will nominate one or two CEO-level SRO(s) to establish an LCN Programme Board. LCN Chairs and sponsoring exec directors from each organisation should attend that board to coordinate LCN activity and provide a means of escalation to resolve difficult issues

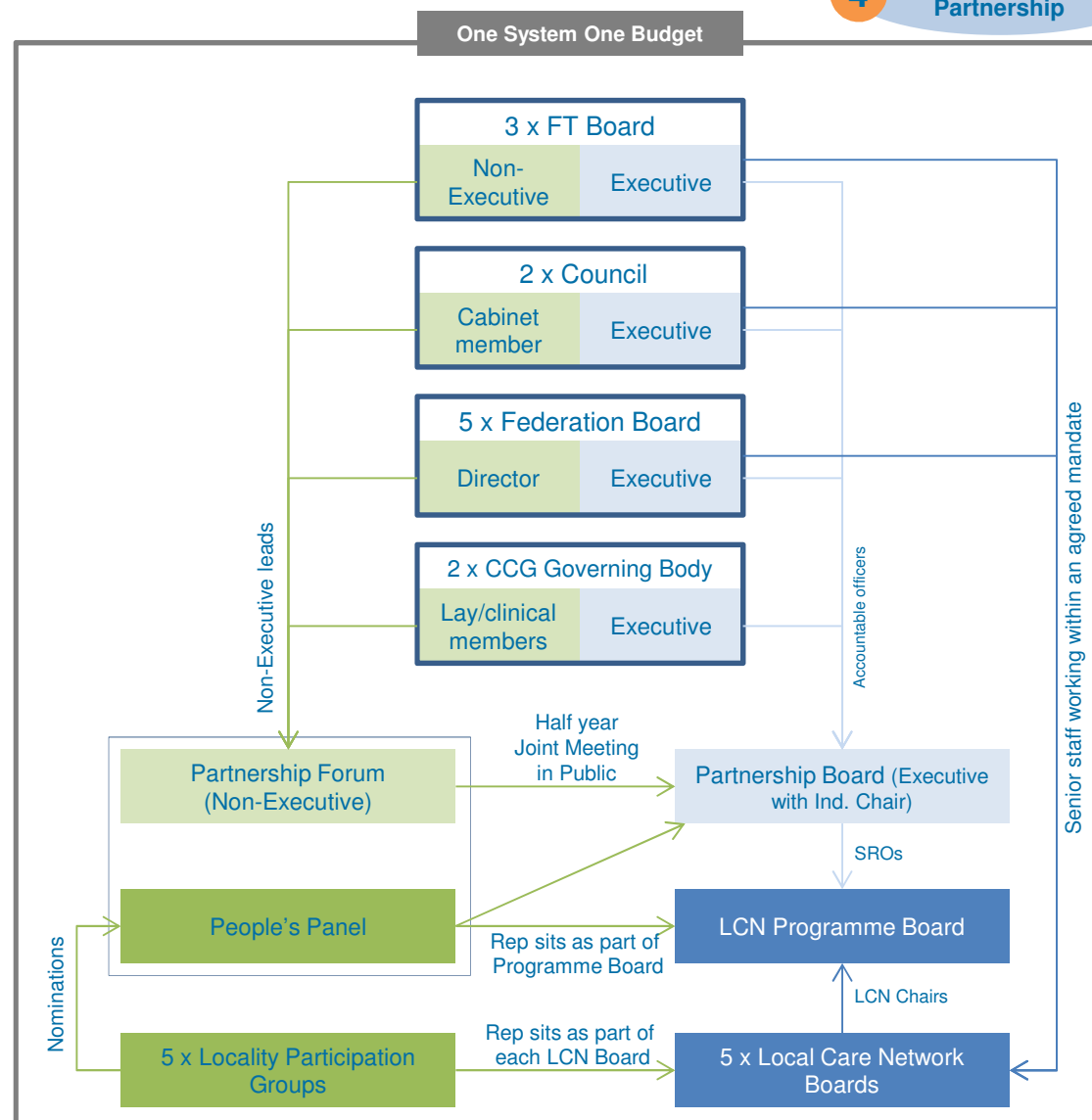


# Accountability will be exercised through sovereign boards whilst enabling collaboration, transparency and citizen involvement

4

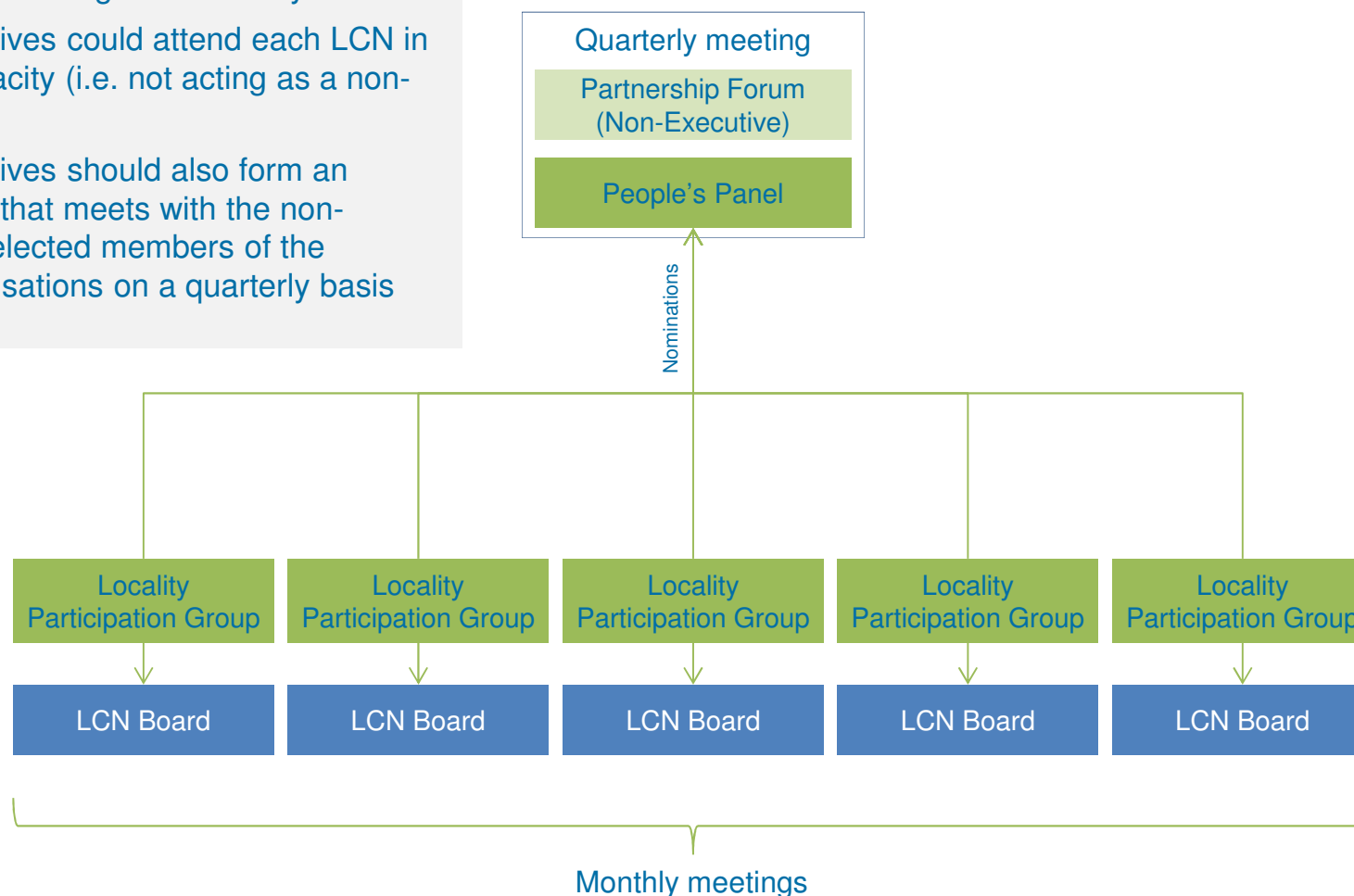
Strategic  
Partnership

- Partners make mutual commitments to align their strategies and policies in agreed work areas, and then coordinate and resolve issues through a Partnership Board
- Organisational boards remain sovereign. They hold their own executive to account for fulfilment of organisational strategies and commitments
- Non-executives from each sovereign organisation convene with a local 'People's Panel' who are themselves nominated from their locality participation groups to get a 'bottom up' understanding of progress, successes and challenges



## Structures will support elected representatives and non-executives to create organisational accountability, informed by citizen participation

- In each locality we should establish a Locality Participation Group (built around the existing PPG networks), meeting on a monthly basis.
- LPG representatives could attend each LCN in an advisory capacity (i.e. not acting as a non-executive)
- LPG representatives should also form an 'People's Panel' that meets with the non-executives and elected members of the sovereign organisations on a quarterly basis



## These arrangements will support the Partnership Forum and a ‘People’s Panel’ to engage with and update a wider group of local residents

- Quarterly events could seek to engage the wider residents of Southwark and Lambeth, including:
  - general citizens and service users
  - the local FT membership
  - members of FT Council of Governors
  - the local ward councillors
  - CCG member practices
- This should be seen as part of the existing public engagement activities of the statutory organisations and draw resources from those teams



**All CCGs have been tasked with the development of Strategic Estates Plans by the end of March 2016. This is work set in the context of the London-wide estates programme and the delivery of a south east London estates strategy, which would form part of the local Sustainability and Transformation Plan.**

In Southwark this is being developed through the Southwark Strategic Estates Group, which has representation from the CCG - at both officer and clinical lead level, NHS England (London), all the local provider trusts, the GP Federations, the LMC, OHSEL, the two NHS property companies – CHP and NHS Property Services, the local authority – public health, regeneration and service delivery and HUDU.

The strategy development process is currently looking at each of the four localities in turn, reviewing the analysis of the current estate across all providers, and considering the current capacity against future need. At the end of January 2016 the group reviewed Borough and Walworth. At the next two meetings the other three localities will be reviewed.

In support of this process NHS England (London) are funding survey work in GP premises – considering two or possibly three facets of the usual six facet survey – building condition, utilisation and quality – which includes consideration of the potential for expansion and reconfiguration.

## **Dulwich**

The Dulwich Project is a major development of a health centre on the site of the old Dulwich Hospital. This has been the subject of a detailed engagement and consultation process and is now at the design stage. This will form one of the Community Hubs referred to in the Primary and Community Care Strategy, and will be able to accommodate primary and community services, some more specialist services for people with long term conditions, some diagnostics and the reprovision of the renal dialysis unit.

The health centre development process is being overseen by the Dulwich Programme Board, which is accountable through to the Governing Body. Planning applications for both the health centre and the school which is to be located on the rest of the site are scheduled to be submitted in June 2016.

This will be a LIFT building, and as such the delivery of the new centre will be led by Community Health Partnerships. The CCG is leading on the development of the business case, and the Stage 1 case is being drafted. This will be submitted to NHS England for approval at much the same time as the planning application is submitted to the Council.

The design team has been appointed and two workshops have been held with patient and clinician users to discuss and steer the development of the inside configuration of the building. Wider public meetings to consider the early ideas on the exact location of the health centre building on its plot of land and what the outside might look like are also being planned.

## **Aylesbury**

The regeneration of the Aylesbury Estate will not only result in a significant increase in the population, but also the demolition of Taplow House, which accommodates the Aylesbury Medical Practice and the Aylesbury Health Centre. The council are reproviding these services in an enlarged health centre building which will accommodate services for the expanded population as well as allowing a wider range of primary and community health services to be delivered.

The building is being delivered by Notting Hill Housing Trust on behalf of the council, and the future occupants (the practice and GSTT) and the CCG are members of the steering group.

## **Albion Street**

The regeneration of the Surrey Docks area will result in 10-12,000 additional residents. The new Surrey Docks health centre was sized to be able to accommodate an additional 5000. The Albion Street Practice is working with the local council on a project which would reprovide and expand its existing services. It is in the process of working up a business case for submission to the CCG and NHS England.

## **Next steps**

1. The completion of the Strategic Estates Plan is a priority, as this will provide the criteria and strategic direction for investment.
2. The 'significant projects' identified above already have clear cases for change, and both the Dulwich and Aylesbury projects have had Project Initiation Documents approved by the IGP and NHS England. In the case of Dulwich there have been other documents also approved.
3. The CCG is preparing to submit bids in April 2016 to the Primary Care Transformation Fund, which will be available for the next 3 years. Successful bids will need to meet the criteria set out in the guidance with an emphasis on projects which support integration and are truly transformational.

# 3. Delivering the nine 'must do' standards in 2016/17



# 1: Developing a Sustainability and Transformation Plan (STP)

One of the core asks included in NHS planning guidance is that organisations come together in a local area and develop a 'blueprint' for accelerating implementation of the *NHS Five Year Forward View*. Areas are required to develop a Sustainability and Transformation Plan (STP) to cover all areas of CCG and NHS England commissioned activity including: specialised services, primary medical care, better integration with local authority services, prevention and social care. The STP must also cover better integration with local authority services, including, but not limited to, prevention and social care, reflecting local agreed health and wellbeing strategies. In Q4 of 2015/16 local systems were first asked to focus on creating an overall local vision, thinking about three overarching questions:

1. How will you close the health and wellbeing gap?
2. How will you drive transformation to close the care and quality gap?
3. How will you close the finance and efficiency gap?

In January 2016 local health and care systems then made proposals on the geographic scope of their STP. 'Footprints' were to be locally defined, based on existing working relationships, patient flows and taking account of the scale needed to deliver the services, transformation and public health programmes required. The 'footprint' for Southwark is south east London, consistent with the geography for *Our Healthier South East London* (OHSEL).

South -East London CCGs and providers are well placed to develop and submit the STP plan as a result of the work that has been done to develop the *Our Healthier South East London* strategy and the governance structure and the financial modelling that supports it – see <http://www.ourhealthiersel.nhs.uk/>

The principle of subsidiarity that underpins the OHSEL strategy will continue. That is, the governing authority from commissioners derives from clinically-led CCGs and work is only undertaken at a south east London level where it makes more sense for patients to do so. All parties recognise that a complex health and social care system needs to operate at multiple levels, across a variety of geographies. There is recognition within the STP context of the importance of flows from other parts of London and Kent and partners across south east London will work with other STP footprints to account for this. Each of the CCGs in SEL will continue to work in partnership as a whole health and social care community with partners in social care, local government, residents, patients and other stakeholders.

The OHSEL strategy and governance processes map onto the STP and the programme's resources will be utilised to develop the STP. The development of the STP will proceed over Q1 and Q2 of 2016-17, with the CCG Commissioning Strategy Committee and Governing Body regularly appraised of progress.

## 2: Returning the system to financial balance in 2016-17

The CCG is entering its fourth year, and faces a tough financial scenario for 2016-17 and future years. The CCG anticipates closing its accounts for 2015-16 having achieved its 1.9% surplus target, equivalent to c. £7.5m.

For 2016-17 NHS England is setting up a sustainability fund of £2.1bn, of which £1.8bn will be targeted at failing trusts who can demonstrate their plans to return to recurrent balance. Currently nearly all local trusts are in deficit, with King's being in the most severe position. The sustainability fund replaces the funding which was previously available via the Department of Health to trusts. There will be a clear process with NHS Improvement to access these funds and the CCG will work with King's to support this. The CCG endorsed the King's Five Year Recovery and Sustainability Plan.

The CCG is finalising its plans to invest more in mental health services. The *Five Year Forward View* requires CCGs to demonstrate that they are investing an amount equivalent to the growth in their allocation (3% in Southwark). This can be shown in our work on IAPT and early intervention in psychosis, and in year 2 of our redesign of Adult Mental Health services, and investment in CAMHS services. These total over £2m in 2016-17.

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 are working closely with our local GP Federations, and also in negotiating a PMS review jointly with NHS England, to deliver improved quality and consistency of services to all residents on a population basis.

We have had two Urgent Access 8am-8pm centres in operation for the past year. These are dealing with patients referred from other practices in their patch, and ensuring people get seen the same day, rather than using other parts of the health system. These are an investment of over £2.5m recurrently.

## 2: Returning the system to financial balance in 2016-17

The CCG has had significant cost pressures to deal with in the past few years, most significantly the growth in acute activity. The current envelopes include an assumption of funds being set aside for acute growth, for 2015-16 outturn, unwinding non recurrent funding, and demographic growth, and meeting Referral to Treatment targets (RTT). The CCG has determined that it will need a net QIPP saving programme of circa £7m in the year comprising both new schemes, and the full year effect of some mental health schemes from 2015-16.

The CCG will therefore maintain a significant level of contingency and earmarked reserves. At this stage of negotiations, some of these may need to be utilised to reach better contract agreements that reduce our in year risk exposure. The outcome of this will not be known until March, when all contracts are agreed, or whether we will need to find further QIPP to mitigate these calls on reserves.

Financial balance and the delivery of the CCG's planned financial position is a core priority and a statutory requirement for NHS Southwark CCG.

The financial position is reviewed regularly by CCG's Governing Body and the Integrated Governance & Performance Committee (IG&P). The committee is accountable for: overseeing a robust organisation-wide system of financial management, including QIPP delivery; ensuring that budgets are set in an appropriate and timely manner and that the Governing Body is fully aware of any financial risks which may materialise throughout the year. The annual budget and operating plan are approved by the Council of Members in March, and they receive updates throughout the year.

The CCG has a key role as the lead commissioner of King's NHS Foundation Trust, in working with partners, and the Trust, on the delivery of their Financial Recovery Plan. This involves regular discussions and agreement of targets for the recovery plan with all parties, including NHS Improvement.

## 2: Returning the system to financial balance

The three largest contracts for Southwark remain Guy's and St.Thomas', King's, and SLAM, which between them account for over 60% of our resources. We are working with approximate contract values at this time, and aiming to sign contracts by the national late March deadline.

Negotiations are being held regularly with all major Trusts and offers have been received from the Trusts. The CCG's have made a contract offer to mental health Trusts, and are evaluating the offers received from Guy's and King's NHS Foundation Trusts.

In addition the CCG has an important role, in signing off the internal Cost Improvement Programmes (CIPs), for the Trusts, and the commissioner led QIPP programmes as well, to ensure quality of services is not compromised by the changes made to stay within available resources. As we have a lead commissioner role for King's, we will undertake this for the whole of London CCGs, and also be part of a joint 4 CCG lead commissioner group for SLAM. Lambeth CCG will lead this work with Guy's and St.Thomas'.

We are working closely with King's, NHSE, and the NHS Improvement, to take forward the recovery plan for King's Foundation Trust.

The table sets out the high level opening budget envelopes for NHS Southwark CCG for 2016-17.

The CCG's full financial plans are set out in [NHS Southwark CCG Budgetary Framework 2016-17](#).

Budget area	2015-16	2016-17
Acute services	209,724	219,145
Mental Health services	53,663	55,313
Community services, primary care and transformation	34,185	35,786
Primary care prescribing	32,485	34,063
Continuing Care / FNC	15,650	17,115
Better Care Fund	20,478	20,682
Corporate costs and property costs	5,838	6,193
Total Budget envelopes	372,023	388,297
Reserves and Contingencies	10,331	8,370
<b>Total Programme Budget excluding running costs, net of QIPP savings</b>	<b>382,354</b>	<b>396,667</b>

## 2: Returning the system to financial balance in 2016-17

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, IGP 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.

The CCG Board Assurance Framework for 2016/17 will be developed ahead of April 2016 following sign-off of the CCG's Corporate Objectives and Business Plan 2016/17, which happened at the CCG's Integrated Governance & Performance Committee, 25 February 2016. The Board Assurance Framework will be published monthly on the CCG's website as part of the Governing Body meeting papers - <http://www.southwarkccg.nhs.uk/news-and-publications/meeting-papers/governing-body/Pages/default.aspx>.

### 3: Develop a local plan to address the sustainability and quality of general practice.

This is described in full on slides 29 and 30 of the Operating Plan and is summarised below:

- Invested in the development of two new local GP federations that include all Southwark practices. Quay Health Solutions (QHS) and Improving Health Ltd (IHL) are now fully incorporated with CQC licenses.
- The Extended Primary Care Service (EPCS) improves access to general practice by delivering healthcare treatment and advice 8am – 8pm, 7 days a week.
- Commission additional capacity in the system through the EPCS and work with federations and practices to develop new workforce roles, (e.g. introducing clinical pharmacists in practice).
- Work with practices and King's College Hospital to increase the utilisation of EPCS capacity, freeing capacity at Denmark Hill A&E / UCC and freeing GPs to focus resource on other priority patient cohorts (e.g. proactively managing patients with multiple LTCs).
- Specific non-recurrent investment available to federations to support their practices to develop and mobilize the new care coordination service.

## 4: Meet standards for A&E and ambulance waits.

The following pages set out the activity and performance trajectories for Southwark CCG for the year 2016/17. Plans are forecast from actual performance in 2015/16 (forecast year end) 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 2016/17 (subject to final agreement). Please note: current data are subject to revision and are pending final acute contract agreements.

		Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2016/17 Plan	Number waiting > 4 hours	2255	2098	1967	1843	1538	1495	1390	1267	1297	1199	1113	1241
	Total Attendances	25056	26222	26232	26331	23663	24914	25266	25353	25940	23992	22264	24824
	% < 4 hours	91.0%	92.0%	92.5%	93.0%	93.5%	94.0%	94.5%	95.0%	95.0%	95.0%	95.0%	95.0%

The above 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. The CCG will take action to support improved A&E performance in 2016-17 by undertaking the following actions.

- In partnership with South East London CCGs, procure an integrated urgent care service delivering high quality clinical assessment, advice, (formerly 111) and treatment (including Out of Hours GP services).
- Ensure local commissioned urgent care services are achieving the London Quality Standards and meeting to the pan-London Facilities Specifications for Urgent & Emergency Care System.
- Deliver of provider recovery plans and Southwark's Out of Hospital plan to improve performance against NHS operational standard of 95% of patients seen and discharged by A&E within 4 hours.
- Review access pathways for unscheduled care including Primary Care Access, Extended Primary Care Access, and Primary Care streaming in emergency departments.
- Re-specify Urgent Care Centre at Denmark Hill with King's College Hospital.

## 5: Meeting NHS Constitution standards for RTT

Diagnostic waiting times		Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2016/17 Plan	Number waiting > 6 weeks	73	55	46	39	45	41	39	39	41	39	37	45
	Total Number waiting	4163	4163	4361	3965	4559	4163	3965	3965	4163	3965	3766	4559
	%	1.8%	1.3%	1.1%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%

The performance trajectory above is for Southwark patients receiving diagnostic tests at any hospital site. The above trajectory shows achievement of 1% target from the end of June for King's College Hospital and from the end of July for GSTT. This has fed through into CCG position showing achievement from July onwards for Southwark CCG.

Incomplete pathways		Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2016/17 Plan	Incomplete Pathways < 18 weeks	8968	8968	9395	8541	9821	8968	8541	8541	8968	8541	8114	9821
	Total Incomplete Pathways	9747	9747	10211	9283	10675	9747	9283	9283	9747	9283	8819	10675
	%	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 the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period. It relates to Southwark CCG patients accessing services at all providers. The CCG is currently planning to meet this target for its patients throughout 2016/17.

## 6: Deliver the 62 day cancer waiting standard and improve one year survival rates.

		Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2016/17 Plan	Number waiting < 2 weeks	617	617	646	587	675	617	587	587	617	587	558	675
	Total number waiting	663	663	694	631	725	663	631	631	663	631	600	725
	%	93.1%	93.1%	93.1%	93.0%	93.1%	93.1%	93.0%	93.0%	93.1%	93.0%	93.0%	93.1%

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 2016/17.

		Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2016/17 Plan	Number waiting < 31 days	67	67	70	63	72	67	63	63	67	63	59	72
	Total number waiting	69	69	72	65	75	69	65	65	69	65	61	75
	%	97.1%	97.1%	97.2%	96.9%	96.0%	97.1%	96.9%	96.9%	97.1%	96.9%	96.7%	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 2016/17.

## 6: Deliver the 62 day cancer waiting standard and improve one year survival rates.

		Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2016/17 Plan	Number waiting < 62 days	28	28	29	27	31	28	27	27	28	27	26	31
	Total number waiting	34	34	35	32	37	34	32	32	34	32	31	37
	%	82.4%	82.4%	82.9%	84.4%	83.8%	82.4%	84.4%	84.4%	82.4%	84.4%	83.9%	83.8%

The CCG is working with local trusts to secure improvement in the cancer waiting times of local trusts. 85% target assumed to be met for Southwark patients by all providers for all months, apart from GSTT. For GST, the trust wide performance of 83.1% is assumed for all months in 16/17. This is inline with the local recovery trajectory and the 83.1% trajectory position at March 2016. The GSTT under-performance has meant that CCG performance is below the target in all months and is variable throughout the year.

The CCG will also take further action locally to support the delivery of trusts' improvement trajectories, The CCG will commission early diagnosis for cancer and increasing rates of screening and detection of cancer in Primary Care. Ensure that NICE guidance for 2 week wait pathways are implemented, including equitable provision of imaging and endoscopy services.

## 7: Achieve the two new mental health access standards

IAPT - Access		Quarter 1	Quarter 2	Quarter 3	Quarter 4
2016-17 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	820	820	820	820
	The number of ended referrals that finish a course of treatment in the reporting period.	980	980	980	980
	%	83.7%	83.7%	83.7%	83.7%
2016-17 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	950	950	950	950
	The number of ended referrals who finish a course of treatment in the reporting period.	980	980	980	980
	%	96.9%	96.9%	96.9%	96.9%

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 2016/17.

## 7: Achieve the two new mental health access standards

IAPT		Quarter 1	Quarter 2	Quarter 3	Quarter 4
2016-17 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%
2016-17 Plan	The number of people who completed treatment having attended at least two treatment contacts and are moving to recovery	300	300	300	300
	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)	750	750	750	750
	%	40.0%	45.2%	47.4%	50.3%

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 that 15% of these patients access IAPT services each year. The above trajectory refers to Southwark patients accessing services at all providers. The CCG is currently planning to meet the access target for its patients throughout 2016/17.

The CCG has identified the recovery rate of current IAPT as high risk in 2016-17 and is planning to achieve the recovery rate target by Q4 2016/17. Commissioners and the provider (South London and Maudsley NHS Foundation Trust) reviewed the current pathway and have implemented an in-year action plan from Q3 2015-16.

The CCG completed a procurement of IAPT services this year, with the new service model being delivered from April 2016. The new service model is designed to improve recovery rates for patients by changing service access, capacity and clinical skill mix to enable: a shorter waiting time from assessment and subsequent treatments; a higher mean number of sessions per patient; a reduced attrition rate from refining referral pathways.

## 7: Achieve the dementia access standards

Dementia diagnosis		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
2016-17 Plan	Number of People diagnosed (65+)	1,170	1,170	1,170	1,170	1,170	1,170	1,170	1,170	1,170	1,170	1,170	1,170
	Estimated dementia prevalence (65+ Only (CFAS II))	1,499	1,499	1,499	1,499	1,499	1,499	1,499	1,499	1,499	1,499	1,499	1,499
	%	78.05%	78.05%	78.05%	78.05%	78.05%	78.05%	78.05%	78.05%	78.05%	78.05%	78.05%	78.05%

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 and again in 2015/16, the CCG is aiming to meet this target again in 2016/17.

## 8: Transform care for people with learning disabilities, improving community provision.

NHS Southwark CCG will continue to work with partner organisations to implement NHS England's Transforming Care Programme. This will include:

1. Minimising inappropriate admissions to inpatient services but ensuring:
  - pre-admission Care Treatment Reviews are implemented as soon as a client becomes at risk of an admission
  - Risk registers in place to identify both adults and children and young people at risk of an admission or readmission
2. Timely discharging of those patients who are clinically ready to move from an inpatient setting, achieved by ensuring:
  - Robust case management
  - 2 weekly reviews and reporting of all inpatients
  - Care Treatment Reviews for all inpatients within 2 weeks of admission and monitoring of resulting action plans
3. NHS England's recent publication 'Building Better Support' sets out three key changes to support the shift to from inpatient to community based care:
  - local councils and NHS bodies will join together to deliver better and more co-ordinated services
  - budgets will be shared between the NHS and local councils to ensure the right care is provided in the right place
  - National guidelines will set out what support people and families can expect, wherever they live.
4. NHS Southwark CCG will continue to work with CCGs and local authorities across south east London to develop its Transforming Care Partnership programme which will include:
  - a. setting up joint commissioning arrangements, to enable commissioning and planning of services for people with complex LD/ autism across South East London
  - b. working with local areas to develop community-based support
  - c. working with providers of inpatient services to improve the quality of those services, including training and support for the workforce
  - d. working with health justice and criminal justice systems to ensure that their workforce has a better understanding of LD/ autism and that appropriate services are commissioned for people with LD/ autism who are involved with the criminal justice system.

## 9: Implement an affordable plan to improve quality

CCGs have a statutory duty to deliver safe, effective services for its residents. One of the ways Southwark CCG will ensure this happens is via a comprehensive quality work plan, with oversight from the CCG's Quality and Safety sub-Committee, and an allocated Governing Body Clinical Lead for quality.

To assure quality the CCG will continue to meet monthly with the medical and nursing directors, and senior teams at each provider to review the quality of care delivered in the services we have contracted. This will be supported by information from the programme of clinical site visits we run to improve knowledge of services, better understand patient experience and safety aspects of care, and from tracking quality alerts received from practices. The information from all areas is used to liaise with providers and achieve sustainable systemic change. The CCG also agrees quality priorities with each provider Trust via Quality Accounts.

### **Time-limited projects**

In addition to its annual responsibilities the CCG will lead some quality projects which are time-limited. This includes implementing initiatives such as "Ban the Fax" to improve the reliability of data flows between hospitals and GP practices and consequently the patient's safety and experience, holding providers to account for delivery of their CQC Action Plans (resulting from CQC visits in 2015), identifying and contributing to thematic reviews on safety topics such as maternal deaths, misplaced naso-gastric tubes, and supporting GP practices to prepare for and improve following CQC inspections in order to gain assurance that the practice is safe, effective, caring and well-led

The CCG also plans to deliver "Achievement" status of the Mayor of London's Healthy Workplace Charter for its own staff, based on the premise that the organisation must promote health and well-being for its employees to enable them to deliver for patients and residents.

### **New areas of work**

In early 2016/17 Southwark CCG will host a Quality Summit for stakeholders and patients in Lambeth and Southwark, jointly with Lambeth CCG and Healthwatch, focused on improving discharge experiences for patients.

Linked to and following this, Southwark CCG will also launch a new clinical network to advise and inform future CCG plans. The network will provide better connection for clinicians working on CCG projects, important to our aspiration of distributed leadership, and of extending clinical leadership beyond the Governing Body.