

NHS Southwark CCG Operating Plan 2017-19

March 2017



Operating Plan 2016-17: contents

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Introduction and context



What is an Operating Plan?

The **Operating Plan is an assurance document which sets out how the CCG plans to improve the health and wellbeing of people living in our borough by meeting mandatory requirements set by NHS England**. The requirements set for CCGs originate from the government's annual Mandate to NHS England.

This Operating Plan sets out our locally-defined response to national requests. It 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 2017-19 describes the CCG's response to the requirements included in planning guidance published in October 2016: *NHS Operational Planning and Contracting Guidance, 2017-19*. The requirements set out how the NHS operational planning and contracting processes support Sustainability and Transformation Plans (STPs) and the 'financial reset' that was outlined earlier this year in: *Strengthening Financial Performance & Accountability in 2016/17*. The document emphasises the same national priorities as 2016/17 – the nine 'must dos' for the NHS – and sets out the financial and business rules for both 2017/18 and 2018/19.

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 detailed submissions agreed with NHS England on 27 February 2017 and supplements this information with some further description of the key actions and activities the CCG plans to complete in 2017/18 and 2018/19 to deliver an improved NHS in Southwark.

The over-arching purpose of operating plans is for the NHS in aggregate (through commissioner, provider and STP plans) to set out a clear trajectory to implement the Five Year Forward View to drive improvements in health and care; restore and maintain financial balance; and deliver core access and quality standards.

National and regional planning and strategic context

The *NHS Five Year Forward View* set out a vision for how the health service in England needs to change over the next five years if it is to close the widening gaps in the health of the population, the quality of care and the funding of services. Work continues to develop our separate, but connected, plans as follows;

- **A five year Sustainability and Transformation Plan (STP)**, which is a place-based plan to address the Five Year Forward View has been developed in partnership with NHS commissioners, providers and local authorities across south east London. The first iteration of the South East London STP progress document was submitted to NHS England to meet the deadline of 30 June 2016, with regular updates being reported to the CCG's Governing Body. The South East London STP builds upon the work undertaken by south east London partners to develop the *Our Healthier South East London* strategy over the past two years. The STP was submitted to NHS England for assurance on 21 October 2016 and subsequently published in November 2016.
- **Operational and contracting planning** guidance to guide local NHS organisations in their strategic planning was published by NHS England and NHS Improvement on 22 September 2016. For the first time, the planning guidance covers two financial years 2017-19, with the intention of providing greater stability and to support transformation. This is to be underpinned by a two-year tariff and two-year NHS Standard Contract. The document also updates the national improvement priorities for 2017/18 and 2018/19, together with the longer term financial outlook for local systems. **This Operating Plan addresses the requirements of national planning guidance for the two year period.**

Delivering the national *NHS Five Year Forward View*

The nine 'must dos'

In the 2016/17 operating plan guidance nine 'must do' priorities were described. These remain the priorities for 2017/18 and 2018/19. These national priorities and other local priorities will need to be delivered within the financial resources available in each year. They are summarised below (and will be expanded upon in section 3 of the operating plan):

1. Implement agreed STP milestones and achieve agreed trajectories
2. Deliver individual CCG and NHS provider organisational control totals
3. Implement the General Practice Forward View
4. Deliver the four hour A&E standard, and standards for ambulance response times including through implementing the five elements of the A&E Improvement Plan
5. Deliver the NHS Constitution standard that more than 92% for RTT and utilise e-referrals to deliver patient choice at first outpatient appointment
6. Implement the cancer taskforce report and deliver the 62 day cancer standard
7. Deliver in full the implementation plan for the Mental Health Five Year Forward View for all ages
8. Deliver Transforming Care Partnership plans with local government partners, enhancing community provision for people with learning disabilities and/or autism
9. Implement plans to improve quality of care

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.

In 2015, building on the national Five Year Forward View, the CCG and Southwark Council 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 have increasingly joined 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.

The progress we have made in 2016/17

We are trying to maximize the total value of health and care for Southwark people, ensuring that commissioned services exhibit positive attributes of care (services respond to a person's mental and physical health needs; they are proactive, preventative, and empowering; and they are well coordinated)

1

We have begun to address the fragmented arrangements of commissioning & contracting, by:

- a) Establishing joint population-based commissioning development groups (CDGs) and a Joint Committee
- b) Creating fully assured BCF plans
- c) Recruiting to an Assistant Director for Joint Commissioning, and launching consultation on the joint commissioning team structure
- d) Establishing a shared system incentive (with alternative arrangements for general practice)
- e) Starting formal options appraisal and engagement to determine if we will submit an application for delegation

2

We have begun to address the fragmented arrangement of organisations and professions, by:

- f) Establishing two Local Care Network Boards in Southwark, with consistent multi-agency representation, and funded LCN chairs – additional resources are being agreed to support further development
- g) Putting into practice two 'at scale' Extended Access Hubs, developing GP federations, and orienting adult social care around neighbourhood and LCN geographies
- h) Agreeing our local Sustainability and Transformation Plan (STP) and launching a consultation on an elective orthopaedic centre model

3

We have begun to address the need to empowering residents and service users, by

- i) Holding public meetings about our GP contracts (the PMS Review), and involving local residents in the development of a new pathway of care for people with complex needs (through ethnographic research, patient stories and experience-based co-design)
- j) Successfully bidding to be a pilot site to embed Patient Activation Measures in our local services
- k) Requiring providers to include collaborative care planning and self-management in the pathways for people with chronic conditions

4

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

The progress we plan to make in 2017-19

We are trying to maximize the total value of health and care for Southwark people, ensuring that commissioned services exhibit positive attributes of care (services respond to a person's mental and physical health needs; they are proactive, preventative, and empowering; and they are well coordinated)

1

We will continue to address the fragmented arrangements of commissioning & contracting, by:

- a) Using our CDGs to develop plans that support population-based and outcomes-focused contracting for CYP, adults and SMI groups
- b) Fully utilising BCF opportunities, moving towards a thematic approach to H&SC funding within the scheme
- c) Deepening our joint working with the Council by fully embedding the Partnerships Commissioning Team
- d) Making the most of our commissioning opportunities to simplify GP contracting and support collaboration with the wider health and care system

2

We continue to address the fragmented arrangement of organisations and professions, by:

- f) Building greater capacity and purpose within our Local Care Networks – investing in an 'engine room' to drive a wider programme of activity (covering aspects of coordinated care, planned care, and urgent care)
- g) Implementing the GPFV, and increasing the scope of our Extended Access Hubs to meet the London Access Specification (including offering routine pre-bookable appointments)
- h) Beginning to deliver projects within our local STP, including sharing corporate functions and the further development of the Local Care Record and analytics

3

We continue to address the need to empowering residents and service users, by

- i) Holding public meetings to inform our approach to local contracting (including creating a local outcomes framework)
- j) Involving local residents in the development of a new pathway of care (through ethnographic research, patient stories and experience-based co-design)
- k) Building on the PAM pilots so that self-management is more effectively supported in Southwark; and that service users and staff to make the most of collaborative care planning
- l) Exploring approaches to develop flourishing communities

4

We will continue to work within our local Strategic Partnership of commissioners, statutory providers and residents to ensure alignment of organisational strategies and to coordinate and enable the delivery of our shared transformation programme

Delivering the nine 'must do' standards in 2017/18 and 2018/19



1: Sustainability and Transformation Plans (STP)

One of the core asks included in NHS planning guidance for 2016/17 was for organisations to come together in a local area and develop a 'blueprint' for accelerating implementation of the *NHS Five Year Forward View*.

Areas were 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. STPs 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.

Following the sharing of initial thoughts on the three to five critical issues in the area in July 2016, the South east London STP was agreed and submitted on 21 October 2016. The full and summary STP can be viewed [here](#). The STP is an important plan which is designed to achieve tangible benefits for local people, including:

- **Better community based care including:** extra £7.5 million a year to ensure that people in south east London can book a GP at a time that suits them – including more evening and weekend slots
- **No closures of any A&E and maternity departments** – we want to make sure they all meet high standards of care in the future
- **Better maternity care** – dedicated midwives supporting mothers throughout pregnancy, better advice and choice on birth options

1: Sustainability and Transformation Plans (contd.)

- **Developing world-class orthopaedic services** – fewer cancelled operations, shorter waiting times and more procedures carried out
- **All the different parts of local health and care services working together** to use available money and resources in the best way possible - helping us avoid a £1bn overspend by 2021
- **Faster cancer diagnosis** – new £160 million purpose built cancer centres at Guy's Hospital and £30 million centre at Queen Mary's Sidcup, launch of dedicated oncology support phone line, dedicated clinical nurse specialists for all patients
- **All the different parts of local health and care services working together** to use available money and resources in the best way possible - helping us avoid a £1bn overspend by 2021

The core asks included in the NHS planning guidance for 2017-19 for STPs are to implement agreed STP milestones, so that we are on track for full achievement by 2020/21. In addition, the aim is to achieve agreed trajectories against the STP core metrics set for 2017-19

South east London CCGs, local authorities and providers are well placed to deliver against these plan as a result of the collaborative work completed to date to complete the STP as well as the develop the Our Healthier South East London strategy and the governance structure and the financial modelling that supports it.

The Southwark CCG Operating Plan, and associated trajectories, fully supports the overarching STP plans

The CCG faces a tough financial scenario for 2017-18 and future years. The CCG anticipates closing its accounts for 2016-17 having achieved a 2% surplus, equivalent to c. £7.8m.

The CCG is continuing 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 (2.5% in Southwark). The current planned growth for Mental Health for 2017/18 is 3.2%, driven by planned investment in Community Mental Health, Learning Disability, Children & Young Peoples Mental Health and Early Intervention in Psychosis, as well as IAPT. This investment totals an additional £1.96m

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, to deliver improved quality and consistency of services to all residents on a population basis.

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 the acute sector, for 2016-17 outturn, new tariffs, forecast future growth and other pressures such as the LAS with regard to standards not being met.

2: Deliver individual CCG and NHS provider organisational control totals

The CCG has determined that it will need a net QIPP saving programme of circa £12m in the year comprising a gross saving of £13.1m enabled by a small investment of £862k. This level of QIPP is far higher than has been set in previous years and reflects a national requirement to plan for at least a 3% QIPP programme (net of investment to achieve QIPP)

As a result of the known pressures and the QIPP requirement, the CCG is unable to maintain contingency and earmarked reserves at the same level as previous years. The CCG has planned in line with national business rules and has set aside reserves for non-recurrent pressures (£2,017k), General contingency 0.5% (£2,049k) and other reserves of £1.1m.

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: Deliver individual CCG and NHS provider organisational control totals

Opening Resources 2017-19 (£'000)	2016-17	2017-18	2018-19
Recurrent Allocation	393,667	403,327	413,452
NHSE transformation funds- NR	2,000	2,000	0
Access funds		950	950
Running Costs allocation	6,457	6,496	6,533
Total Resources	402,124	412,773	420,935
Target surplus for the year	7,673	7,873	7,873

The CCG is facing a tougher period over the next two years with lower allocation increases and on-going pressures in the provider sector. The CCG 2017-19 plan maintains the CCG surplus at £7,873k in both 2017/18 and 2018/19, which is above the 1% surplus requirement.

2: Deliver individual CCG and NHS provider organisational control totals

Net QIPP programme 2017-18 and 2018-19 £'000	2016-17	2017-18	2018-19
Acute services and Community services	5,520	6,355	10,533
Mental health /client groups	1,200	3,045	2,500
Corporate services	0	155	100
Continuing Care/ transformation	0	2,000	250
Prescribing	424	1,700	1,085
Running costs	115		
Total gross savings	7,259	13,255	14,468
Investment to achieve QIPP in acute /MH	600	862	1,845
Total QIPP programme- net of investment	6,659	12,393	12,623
	1.7%	3%	3%

QIPP planning is based on a 3% saving in both years, which totals £12,393k in 2017/18 and £12,622k in 2018/19. This compares to a QIPP saving value of £6,659k (1.7%) in 2016/17.

Such a level of QIPP will inevitably be challenging and will need close monitoring of both planning and implementation to ensure it is successful.

2: Deliver individual CCG and NHS provider organisational control totals

Overall planned level of reserves 2016-19	2016-17	2017-18	2018-19
Set aside for Non recurrent pressures	4,050	2,017	2,068
Healthy London Partnership contribution	605	In budgets	
Deferred investments	1,075	In budgets or deleted	
General contingency ½ %	2,015	2,049	2,105
Continuing Care Retrospective Risk Pool 700k reduced to c.300k in 16-17	Inc. in 1% NR above	0	0
General risk reserve	939	1,182	736
Return of non-recurrent resource from NHSE	2,000	2,000	0
Total Reserves available	10,684	7,248	4,909
% of total budget	2.5	1.8	1.2

The financial plan meets all national business rules with regard to holding a 0.5% contingency, planning for a 1% non-recurrent requirement and ensuring 50% of that remains uncommitted to create the national risk pool

3: Implement the General Practice Forward View

The CCG is committed to work collaboratively with partners to ensure the sustainability of general practice locally by implementing the *General Practice Forward View*, including the plans for Practice Transformational Support, and the ten high impact changes.

Developing primary care providers to deliver high quality sustainable general practice services and the registered list is at the heart of:

- Southwark Five Year Forward View
- Transforming Primary Care in London: Strategic Commissioning Framework
- STP Community Based Care Plan (SEL approach)
- General Practice Forward View – access and provider resilience plans

On 14 February 2017, the CCG received notification that its application for delegation of general practice commissioning had been successful and that NHS Southwark CCG has been approved to take forward these new arrangements from 1 April 2017, subject to signing of the delegation agreement. Local primary care commissioning intentions align to the delivery of the London primary care strategic commissioning framework and with the implementation of the General Practice Forward View which includes requirements in the following areas:

3: Implement the General Practice Forward View

Access (including extended access and on-line consultations):

- Both federations have service improvement plans to implement the London Access Specification including: pre-bookable and routine appointments, direct booking from 111, online and emergency departments
- Full realisation of patient online services including appointments booking and prescription ordering
- Identification and implementation of suitable system for online consultations.

Extended access (evening and weekends) at GP services		Months 1-6	Months 7-12
2017/18 Plan	Number of practices within a CCG which meet the definition of offering full extended access; that is where patients have the option of accessing pre-bookable appointments outside of standard working hours either through their practice or through their group. The criteria of 'Full extended access' are: <ul style="list-style-type: none"> • Provision of pre-bookable appointments on Saturdays through the group or practice AND • Provision of pre-bookable appointments on Sundays through the group or practice AND • Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice 	41	41
	Total number of practices within the CCG.	41	41
	Percentage	100.0%	100.0%
2018/19 Plan	Number of practices within a CCG which meet the definition of offering full extended access; that is where patients have the option of accessing pre-bookable appointments outside of standard working hours either through their practice or through their group. The criteria of 'Full extended access' are: <ul style="list-style-type: none"> • Provision of pre-bookable appointments on Saturdays through the group or practice AND • Provision of pre-bookable appointments on Sundays through the group or practice AND • Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice 	41	41
	Total number of practices within the CCG.	41	41
	Percentage	100.0%	100.0%

3: Implement the General Practice Forward View (contd.)

Provider Development

- The resilience plan outlines how national resources will be utilised to support general practice. The plan covers three areas: Sustainable Practice Programme (8 practices); support for 'at scale' models of working (e.g. Merger support); and Quality Improvement initiatives
- Admin and clerical training will focus on embedding care navigation; and there will be practice manager training and development
- Plans will be implemented to embed the clinical pharmacists in general practice programme
- Non-recurrent funding will be available to support the development of at scale GP services

Key to delivering this will be valuing and utilising the strengths of general practice as well as addressing the weaknesses and pressures in the existing model.

As in previous years, we will continue to invest in general practice (and the people who work in it) in a way which encourages collaborative and collective working with consistent systems and processes freeing up time and resources to devote to improving care for patients.

In line with the *Transforming Primary Care Strategic Commissioning Framework*, our commissioning intentions focus on the three specific areas of: improved access; improved prevention; and improved care coordination. Over time we will use these three priorities to simplify and consolidate the existing fragmented contracts and incentives. This will enable practices to more confidently focus on fewer, more relevant and more valuable indicators of quality and outcomes.

4: Urgent and emergency care

The following pages set out the activity and performance trajectories for Southwark CCG for the years 2017/18 and 2018/19. Plans are forecast from actual performance in 2016/17 (forecast year end) and have been developed with reference to the South East London STP, provider plans; the CCG's financial and QIPP plans; the Southwark BCF plan and to the contracts agreed with providers for 2017-19 (subject to final agreement).

A&E waits at KCH		Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2017/18 Plan	Number waiting > 4 hours	3,302	3,426	2,893	2,355	2,510	2,404	1,666	1,455	2,099	1,666	1,200	1,251
	Total Attendances	20,778	22,142	21,784	22,643	20,831	21,459	23,096	23,975	23,030	24,219	23,412	25,387
	% < 4 hours	84.1%	84.5%	86.7%	89.6%	88.0%	88.8%	92.8%	93.9%	90.9%	93.1%	94.9%	95.1%
2018/19 Plan	Number waiting > 4 hours	1,036	1,080	1,078	1,076	1,021	1,030	1,092	1,088	1,077	1,119	1,042	1,138
	Total Attendances	20,722	21,608	21,560	21,511	20,419	20,592	21,832	21,758	21,536	22,382	20,843	22,763
	% < 4 hours	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 core deliverable for urgent and emergency care in the 2017-19 planning guidance are:

- Deliver the four hour A&E standard, and standards for ambulance response times including through implementing the five elements of the A&E Improvement Plan.
- By November 2017, meet the four priority standards for seven-day hospital services for all urgent network specialist services. Southwark has agreed a trajectory to achieve this by March 2018.
- Implement the Urgent and Emergency Care Review, ensuring a 24/7 integrated care service for physical and mental health is implemented by March 2020 in each STP footprint, including a clinical hub that supports NHS 111, 999 and out-of-hours calls.
- Deliver a reduction in the proportion of ambulance 999 calls that result in avoidable transportation to an A&E department.
- Initiate cross-system approach to prepare for forthcoming waiting time standard for urgent care for those in a mental health crisis.

4: Urgent and emergency care (contd.)

The above data is for all patients attending King's College Hospital (KCH) emergency department (both at Denmark Hill and PRUH sites). Southwark CCG is the coordinating commissioner for King's and so is required to submit this trajectory. The CCG is committed to work with the trust to implement at a local level the commitments made as part of the STP:

- **Improving access to primary care:** The CCG will be further improving access to primary care alternatives. This includes work to further develop the Extended Primary Care Services and pathways with A&E to maximise the utilisation of this additional primary care capacity to reduce pressure on the rest of the system, and ensure that people are seen in the most appropriate setting.
- **Establish an integrated urgent care system,** in partnership with South East London CCGs, including a reprocured 111 service (which will go live in June 2017). This will include a single out of hours number and access to a clinical hub, and will promote the use of alternative services in the community, including district nurses and community pharmacy.
- **Improving mental health interfaces:** The CCG is committed to continuing to work with SLaM and other partners to improve access to urgent mental health advice and support, reduce waiting times for admission to mental health beds, further develop the home treatment team and redesign the Place of Safety to reduce waits for assessments under the Mental Health Act.
- **Admission avoidance services:** In 2016/17 the pal@home and LAS@home services were mainstreamed with a comprehensive @home and Enhanced Rapid Response service now in place across both Boroughs. We will also be investing in health input to the Council's high volume service user support team, noting these clients also tend to be high users of acute health services.
- **In hospital emergency pathways:** Continue to work with KCH in supporting the development of the Trust's vision for the development of the Denmark Hill emergency care pathway as a result of the clean sheet redesign programme.
- **Discharge:** Timely discharge is crucial to securing flow through the hospital and we are committed to working with KCH to support improvements to discharge processes and the out of hospital care support required to expedite timely discharge. This will include further development of Discharge To Assess, Trusted Assessor and Transfer of Care models, alongside increased morning and weekend discharges, to maximise bed availability and flow and reduce Delayed Transfers of Care and Medically Fit for Discharge numbers to as low a level as possible.

5: Referral to treatment times and elective care

Diagnostic waiting times		Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2017/18 Plan	Number waiting > 6 weeks	45	52	55	52	55	52	55	55	47	55	50	52
	Total Number waiting	4,540	5,297	5,548	5,297	5,548	5,297	5,548	5,548	4,792	5,548	5,045	5,297
	Percentage	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
2018/19 Plan	Number waiting > 6 weeks	50	52	52	55	55	50	54	55	47	55	50	52
	Total Number waiting	5,005	5,255	5,255	5,505	5,505	5,005	5,756	5,505	4,755	5,505	5,005	5,255
	Percentage	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	0.9%	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 consistently in both years.

Incomplete pathways		Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2017/18 Plan	Incomplete Pathways < 18 weeks	16,821	19,667	20,635	19,737	20,688	19,771	20,746	20,770	17,992	20,833	19,021	20,019
	Total Incomplete Pathways	20,322	23,709	24,838	23,709	24,838	23,709	24,838	24,838	21,451	24,838	22,580	23,709
	Percentage	82.8%	83.0%	83.1%	83.2%	83.3%	83.4%	83.5%	83.6%	83.9%	83.9%	84.2%	84.4%
2018/19 Plan	Incomplete Pathways < 18 weeks	18,988	20,032	20,127	21,124	21,149	19,263	22,181	21,240	18,366	21,279	19,357	20,349
	Total Incomplete Pathways	22,398	23,518	23,518	24,638	24,638	22,398	25,759	24,638	21,278	24,638	22,398	23,518
	Percentage	84.8%	85.2%	85.6%	85.7%	85.8%	86.0%	86.1%	86.2%	86.3%	86.4%	86.4%	86.5%

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.

5: Referral to treatment times and elective care (contd.)

E-referral coverage		Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2017/18 Plan	Total number of patients referred to 1st Outpatient Services via e-RS	2,107	2,529	2,950	3,793	4,636	5,479	6,743	6,743	6,743	6,743	6,743	6,743
	Overall number of patients referred to 1st Outpatient Services	8,429	8,429	8,429	8,429	8,429	8,429	8,429	8,429	8,429	8,429	8,429	8,429
	%	25.0%	30.0%	35.0%	45.0%	55.0%	65.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%
2018/19 Plan	Total number of patients referred to 1st Outpatient Services via e-RS	6,878	6,878	6,878	6,878	6,878	6,878	8,598	8,598	8,598	8,598	8,598	8,598
	Overall number of patients referred to 1st Outpatient Services	8,598	8,598	8,598	8,598	8,598	8,598	8,598	8,598	8,598	8,598	8,598	8,598
	%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The performance trajectory above is for Southwark patients referred to any provider outpatient service (including two-week-waits). It shows the CCG meeting the national requirements of 80% and 100% by October 2017 and September 2018 (respectively)

5: Referral to treatment times and elective care (contd.)

Approaches to address referral to treatment and elective care in collaboration with local providers.

Key areas of focus for addressing referral to treatment times and elective care are summarised below:

- Promoting and supporting self-care
- Supporting primary care to reduce variation in referrals through peer review, education, advice and guidance, electronic pathways and decision support software
- Moving to e-referral in line with national guidance over the next two years
- More effective use of diagnostics, including work to review the point at which diagnostic testing might most appropriately be carried out, exploring direct to test diagnostic pathways. Southwark CCG is keen to consider moving diagnostics to primary care/community based settings for example for ECG
- The development of new approaches to outpatient service delivery. This includes developing the use of technology and the Local Care Record to support new models of care such as virtual patient review, advice and guidance, non face to face contact with patients, the establishment of virtual MDM clinics to undertake referral review and gateway clinics. In addition to this there will be further development of 'one stop' services for those patients who need to be seen face to face and the changing of outpatient follow up practice to discharge patients in a timely manner and shift the management of patients with on going or chronic conditions to non acute settings supported by easy access to acute specialist advice and guidance where necessary.
- Reinforced approaches to the management of internal and external consultant-to-consultant referrals.

6: Cancer

Cancer waiting times: 2 week wait		Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2017/18 Plan	Number waiting < 2 weeks	612	715	748	715	748	715	748	748	647	748	680	715
	Total number waiting	658	768	804	768	804	768	804	804	695	804	731	768
	Percentage	93.0%	93.1%	93.0%	93.1%	93.0%	93.1%	93.0%	93.0%	93.1%	93.0%	93.0%	93.1%
2018/19 Plan	Number waiting < 2 weeks	676	709	709	743	743	676	777	743	641	743	676	709
	Total number waiting	726	762	762	798	798	726	835	798	689	798	726	762
	Percentage	93.1%	93.0%	93.0%	93.1%	93.1%	93.1%	93.1%	93.1%	93.0%	93.1%	93.1%	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 2017-19.

Cancer waiting times: 31 day first treatment		Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2017/18 Plan	Number waiting < 31 days	59	69	72	69	72	69	72	72	63	72	66	69
	Total number waiting	61	71	75	71	75	71	75	75	65	75	68	71
	Percentage	96.7%	97.2%	96.0%	97.2%	96.0%	97.2%	96.0%	96.0%	96.9%	96.0%	97.1%	97.2%
2018/19 Plan	Number waiting < 31 days	66	69	69	72	72	66	75	72	62	72	66	69
	Total number waiting	68	71	71	74	74	68	78	74	64	74	68	71
	Percentage	97.1%	97.2%	97.2%	97.3%	97.3%	97.1%	96.2%	97.3%	96.9%	97.3%	97.1%	97.2%

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 2017-19.

6: Cancer (contd.)

Cancer waiting times: 62 day GP referral		Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2017/18 Plan	Number waiting < 62 days	24	29	30	29	30	29	30	30	27	30	28	29
	Total number waiting	28	34	35	34	35	34	35	35	31	35	32	34
	Percentage	85.7%	85.3%	85.7%	85.3%	85.7%	85.3%	85.7%	85.7%	87.1%	85.7%	87.5%	85.3%
2018/19 Plan	Number waiting < 62 days	27	29	29	30	30	27	31	30	26	30	27	29
	Total number waiting	31	34	34	35	35	31	36	35	30	35	31	34
	Percentage	87.1%	85.3%	85.3%	85.7%	85.7%	87.1%	86.1%	85.7%	86.7%	85.7%	87.1%	85.3%

6: Cancer (contd.)

The CCG is working with the trusts, the Accountable Cancer Network and Transforming Cancer Services Team to promote earlier identification of and treatment for cancer. We will work with Trusts to review referrals for cancer under 2WW to ensure compliance with NICE guidelines.

The CCG is currently working with GSTT on piloting a multi-disciplinary center pathway for vague symptoms which will be fully rolled out during 2017/18 and we will use the learning from this and the national pilots to determine a future model. We will continue to work with providers on other areas that will support improved cancer performance and outcomes, including:

- Primary care training and education
- Patient choice
- Diagnostic pathways including direct to test NICE recommendations.
- Improving access to screening, with an initial focus on bowel screening.
- Support to the delivery of timed pathways and the required supporting infrastructure across SEL to ensure the delivery of cancer access pathways particularly 62-day waits.

In addition to the trajectories included above, the CCG is planning to deliver all national Cancer Waiting Times targets for treatment-specific pathways and for patients referred via national screening programmes.

7: Mental Health: IAPT Access and Quality Standards

IAPT – Waiting times		Quarter 1	Quarter 2	Quarter 3	Quarter 4
2017-18 Plan	The number of ended referrals that finish a course of treatment in the reporting period.	891	891	891	891
	Percentage who received their first treatment appointment within 6 weeks of referral	75.1%	75.1%	75.1%	75.1%
	Percentage who received their first treatment appointment within 18 weeks of referral	95.1%	95.1%	95.1%	95.1%
2018/19 Plan	The number of ended referrals that finish a course of treatment in the reporting period.	996	996	996	996
	Percentage who received their first treatment appointment within 6 weeks of referral	75.0%	75.0%	75.0%	75.0%
	Percentage who received their first treatment appointment within 18 weeks of referral	95.1%	95.1%	95.1%	95.1%

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 2017-19.

IAPT – Recovery Rate		Quarter 1	Quarter 2	Quarter 3	Quarter 4
2017-18 Plan	The number of people who completed treatment having attended at least two treatment contacts and are moving to recovery	446	446	446	446
	The number of people who finish treatment having attended at least two treatment contacts, excluding those not at clinical caseness at initial assessment	891	891	891	891
	Percentage	50.1%	50.1%	50.1%	50.1%
2018-19 Plan	The number of people who completed treatment having attended at least two treatment contacts and are moving to recovery	498	498	498	498
	The number of people who finish treatment having attended at least two treatment contacts, excluding those not at clinical caseness at initial assessment	996	996	996	996
	Percentage	50.0%	50.0%	50.0%	50.0%

CCGs are required to ensure that at least 50% of people completing treatment are moving to recovery. 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 2017-19.

7: Mental Health: IAPT Access and quality standards (contd.)

IAPT – Roll-out		Quarter 1	Quarter 2	Quarter 3	Quarter 4
2017-18 Plan	Number of people who receive psychological therapies	1,761	1,761	1,761	1,762
	Number of people who have depression and/or anxiety disorders	41,930	41,930	41,930	41,930
	Percentage	4.2%	4.2%	4.2%	4.2%
2018/19 Plan	Number of people who receive psychological therapies	1,991	1,991	1,991	1,992
	Number of people who have depression and/or anxiety disorders	41,930	41,930	41,930	41,930
	Percentage	4.7%	4.7%	4.7%	4.8%

The above table shows the trajectory for expansion of IAPT services in line with the Mental Health Five Year Forward View so that at least 19% of people with anxiety and depression access treatment, with the majority of the increase from the baseline of 15% to be integrated with primary care.

The CCG completed a procurement of IAPT services in 2015/16, 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.

Collaborative work during 2016/17 between the CCG and provider (South London and Maudsley NHS Foundation Trust) has focussed on improving the recovery rate while meeting access standards. The trajectory is for the recovery rate to be above 50% by March 2016, with this being maintained throughout subsequent years.

7: Mental Health: early intervention psychosis

EIP – Psychosis treated with a NICE approved care package within 2 weeks of referral		Quarter 1	Quarter 2	Quarter 3	Quarter 4
2017-18 Plan	Number of referrals to and within the Trust with suspected first episode psychosis or at 'risk mental state' that start a NICE-recommended package care package in the reporting period within 2 weeks of referral.	10	10	10	10
	Number of referrals to and within the Trust with suspected first episode psychosis or at 'risk mental state' that start a NICE-recommended care package	20	20	20	20
	Percentage that start a NICE-recommended package care package in the reporting period within 2 weeks of referral.	50.0%	50.0%	50.0%	50.0%
2018/19 Plan	Number of referrals to and within the Trust with suspected first episode psychosis or at 'risk mental state' that start a NICE-recommended package care package in the reporting period within 2 weeks of referral.	11	11	11	11
	Number of referrals to and within the Trust with suspected first episode psychosis or at 'risk mental state' that start a NICE-recommended care package	20	20	20	20
	Percentage that start a NICE-recommended package care package in the reporting period within 2 weeks of referral.	55.0%	55.0%	55.0%	55.0%

The above table shows the trajectory for expansion of EIP services in line with the Mental Health Five Year Forward View so that more than 53% of people experiencing a first episode of psychosis begin treatment with a NICE-recommended package of care within two weeks of referral

7: Mental Health: community eating disorder teams

Children accessing eating target - routine		Quarter 1	Quarter 2	Quarter 3	Quarter 4
2017-18 Plan	Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	5	5	5	5
	Number of CYP with a suspected ED (routine cases) that start treatment	5	5	5	5
	Percentage starting within 4 weeks of referral	100.0%	100.0%	100.0%	100.0%
2018/19 Plan	Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	5	5	5	5
	Number of CYP with a suspected ED (routine cases) that start treatment	5	5	5	5
	Percentage starting within 4 weeks of referral	100.0%	100.0%	100.0%	100.0%
Children accessing eating target - urgent		Quarter 1	Quarter 2	Quarter 3	Quarter 4
2017-18 Plan	Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	1	1	1	1
	Number of CYP with a suspected ED (urgent cases) that start treatment	1	1	1	1
	Percentage starting within 4 weeks of referral	100.0%	100.0%	100.0%	100.0%
2018/19 Plan	Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	1	1	1	1
	Number of CYP with a suspected ED (urgent cases) that start treatment	1	1	1	1
	Percentage starting within 4 weeks of referral	100.0%	100.0%	100.0%	100.0%

7: Mental Health: children services

CCGs are required to commission community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine cases and one week for urgent cases. The trajectories above show the CCG meeting urgent and routine case targets.

Evidence based eating disorder services are effectively provided locally and cited in the guidance. As the main provider of services in South East London, South London and Maudsley NHS Foundation Trust have developed a seven borough proposal. This includes how local community eating disorders services will be enhanced in line with new guidance to meet waiting and access standards for eating disorder services for children and young people.

We have supported further the development of the already established community-based eating disorder service, by enhancing existing provision and opening the service to self- referrals and online resources for early assessment.

7: Mental Health: children services

Children accessing rate – roll out		16/17 CCG Revised Estimate*	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Annual 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Annual 18/19
2017-18 Plan	Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	1,305	465	465	465	465	1,860	496	496	496	496	1,984
	Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	6,196					6,196					6,196
	Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	21.1%					30.0%					32.0%

CCGs are required to ensure there are more high-quality mental health services for children and young people, so that at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of Children and Young People Improving Access to Psychological Therapies (CYP IAPT) by 2018. The trajectory above shows this target being met throughout 2018/19.

7: Achieve the dementia access standards

Dementia diagnosis		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
2017-18 Plan	Number of People diagnosed (65+)	1,010	1,010	1,010	1,010	1,010	1,010	1,010	1,010	1,010	1,010	1,010	1,010
	Estimated dementia prevalence (65+ Only (CFAS II))	1,514	1,514	1,514	1,514	1,514	1,514	1,514	1,514	1,514	1,514	1,514	1,514
	%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%
2018-19 Plan	Number of People diagnosed (65+)	1,026	1,026	1,026	1,026	1,026	1,026	1,026	1,026	1,026	1,026	1,026	1,026
	Estimated dementia prevalence (65+ Only (CFAS II))	1,537	1,537	1,537	1,537	1,537	1,537	1,537	1,537	1,537	1,537	1,537	1,537
	%	66.8%	66.8%	66.8%	66.8%	66.8%	66.8%	66.8%	66.8%	66.8%	66.8%	66.8%	66.8%

A national dementia tool provides the CCG and each general practice member with a predicted number of people on registered lists estimated to have dementia. CCGs are required to maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence, so that 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 over the previous three years, the trajectories above show this being met throughout 2017/18 and 2018/19.

The forthcoming NHS guidance on dementia will focus on post-diagnostic care and support.

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

Reliance on inpatient care for people with LD or Autism		Quarter 1	Quarter 2	Quarter 3	Quarter 4
2017-18 Plan	NHS England commissioned inpatients	59	55	52	48
	Inpatient Rate per Million GP Registered Adult Population NHS England commissioned	40	37	35	32
	CCG commissioned inpatients	37	36	34	32
	Inpatient Rate per Million GP Registered Adult Population CCG commissioned	25	24	23	22
	Total No. of Inpatients with learning disabilities and/or autism (TCP level; and by TCP of origin)	96	91	86	80
	Total Inpatient Rate per Million GP Registered Population	65	61	58	54
2018-19 Plan	NHS England commissioned inpatients	45	42	39	36
	Inpatient Rate per Million GP Registered Adult Population NHS England commissioned	30	28	26	24
	CCG commissioned inpatients	30	28	24	22
	Inpatient Rate per Million GP Registered Adult Population CCG commissioned	20	19	16	15
	Total No. of Inpatients with learning disabilities and/or autism (TCP level; and by TCP of origin)	75	70	63	58
	Total Inpatient Rate per Million GP Registered Population	50	47	42	39

CCGs are required to reduce inpatient bed capacity by March 2019 to 10-15 in CCG-commissioned beds per million population, and 20-25 in NHS England-commissioned beds per million population.

The trajectory above shows this being delivered across South East London Transforming Care Partnership (TCP) by March 2019

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

NHS Southwark CCG, as part of the South East London Transforming Care Partnership, will continue to work with partners to deliver NHS England's Transforming Care Programme. The partnership will jointly deliver the three programme outcomes in their sub-regional areas:

1. Reduced reliance on inpatient services (closing hospital services and strengthening support in the community)
2. Improved quality of life for people in inpatient and community settings
3. Improved quality of care for people in inpatient and community settings

The SEL Transforming Care Programme will achieve this by:

1. Minimising inappropriate admissions to inpatient services by ensuring:
 - Pre-admission Care Treatment Reviews are implemented as soon as a client becomes at risk of an admission
 - 'At Risk of Admissions Registers' are in place to identify both adults and children and young people at risk of an admission or readmission
2. Timely discharge of those patients who are clinically ready to move from an inpatient setting, achieved by ensuring:
 - Robust case management
 - Two weekly reviews and reporting of all inpatients
 - Care Treatment Reviews for all inpatients within 2 weeks of admission and monitoring of resulting action plans

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

3. Delivering against a number of work streams including:
 - Establishing commissioning arrangements to enable commissioning and planning of services for people with complex LD / autism across south east London
 - Working with local areas to develop intensive community-based support
 - Working with providers of inpatient services to improve the quality of those services, including training and support for the workforce
 - 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.
 - Work with people with lived experience to implement the Transforming Care agenda
 - Developing a south east London wide approach to responding to multi-agency failure of health and care for people with LD.

Improving access to health care for people with Learning Disabilities

Significant progress has been made during 2016/17 to increase the number of people with a learning disability accessing an annual health check. Four practices are developing and piloting models to achieve a significant improvements. The learning from this, together with CCG-wide approaches and clinical engagement, will be rolled out through 2017/18.

9: Implement an affordable plan to improve quality

CCGs have a statutory duty to deliver safe, effective services for its residents. 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.

In 2017/18 the Quality Team will work with primary care to support the reporting incidents in GP practices via The National Reporting and Learning System (NRLS). It is an established tool widely used in the NHS since 2003. The data can be shared with the CCG and analysed to identify hazards, risks and opportunities to improve the safety of patient care and can be shared to help practices across Southwark.

In 2017/18 Lambeth and Southwark CCGs and Local Authorities will undertake a review the local Infection prevention control (IPC) functions across both boroughs to provide assurance that the setting, process and governance are up to date with the changes in national policies, roles and responsibilities, as well as the evolving infectious risks. The review will make recommendations to ensure a borough specific IPC function fit for purpose and complying with the requirements of the Health & Social Care Act 2012 and providing assurance to local authorities that their residents are safe from infectious risks. The review will consider IPC from prevention prevention to reactive response across the life course.

9: Implement an affordable plan to improve quality

A Directors of Quality Group has been established across SE London CCGs. This group will support joint working around quality issues, opportunities for shared learning and benchmarking across the sector.

The CCG quality team in partnership with each of the head of service has developed a quality work plan which is jointly owned by each of the directorates within the CCG. The quality work plan is the vehicle where heads of service identified quality issues, primary care and provider quality themes and quality alerts themes are captured and monitored. The Quality team will also be focussing more specifically on surfacing, with providers, the quality of the patient experience and using learning to make improvements. Oversight of the work plan is provided by the CCG's Quality and Safety Sub-Committee which is chaired by the Governing body Lead for quality.

The CCG has reviewed its approach to quality in partnership with the CCG Governing Body and agreed to adopt a system-wide learning approach. This will ensure that learning from incidents and quality alerts is shared more widely than single organisations to include a wider look at events leading up to incidents occurring in other parts of the health or social care system. The focus of the monthly CCG Quality & Safety Sub-Committee will rotate around system wide learning, quality improvement and quality assurance.

A thematic review has been completed of all the CQC Primary Care inspection reports in the borough and identified areas of good practice as well as areas of development which can be shared. In 2017/18 this thematic analysis will be used to support the improvement of quality across general practice.

The Quality team is developing a learning resource for primary care which provides resources to support improvement in each area of the thematic review.