

CCG Update: Progress and Priorities

16 July 2018

1. 2017-18 CCG Assessment: Outstanding

I am very pleased to report that for 2017/18 Southwark CCG received an overall rating of 'Outstanding'. This marks an improvement on the previous two years' results when Southwark received a rating of "Good" and places Southwark as one of only three CCGs in London and twenty of over 200 CCGs nationally to receive the highest possible rating.

These ratings cover the financial year 2017-18. CCG assessment ratings are derived from CCGs' financial performance, an assessment of the quality of CCG leadership and a CCG's performance against 48 IAF indicators related to the NHS Constitution; other core performance, health outcome and transform objectives

This is a great achievement and a clear reflection of the excellent work of our staff, members and partners to improve services for Southwark people.

2. Taking forward system-wide transformation in Southwark

2.1. Southwark Bridges to Health and Wellbeing

The CCG and Southwark Council have been developing an integrated approach to outcome-based-commissioning, adapting the "Bridges to Health and Wellbeing" population segmentation model (which has been operating in 'trailblazer' areas for integration such as Stockport) to reflect the unique demographics of Southwark – and ensuring that the model is an holistic rather than clinical model, in a way that factors in the wider determinants of health and wellbeing. The key features of the approach are that it:

- Is focussed on delivering agreed outcomes for the people of Southwark by meeting the "whole needs" of key population segments, rather than separate agencies trying to meet different needs in an often uncoordinated way
- Has a particular focus on improving outcomes for those with the worst outcomes whom traditional service approaches have had insufficient impact
- Combines commissioning resources and incentivises different providers who are working with the same population segments to collaborate and shift the focus towards prevention, early intervention and better integrated community based care
- Improves impact, quality, value for money and whole system sustainability by spending the "Southwark pound" in a co-ordinated way between different agencies
- Improves people's experience as different services are more user focused and better co-ordinated to meet people's needs and deliver their outcomes.

After careful development of the agreed model we are now moving to implementation. The model is a whole population approach, but we have selected two key population segments to test the methodology in phase 1:

- Frailty, Dementia and End of Life
- Maternity (including children up to two years), children with universal needs (two to five years) with focus on keeping families together and prevention of the need for children to be looked after.

Over Quarter Two we will be bringing together providers, member practices, service users and other stakeholders associated with these populations into the discussion to give key stakeholders the opportunity to shape and inform the implementation phase.

2.2 Southwark Community Based Care Programme

From June, we have mobilised new arrangements for how we work together with partners to transform how community based care is delivered in Southwark. This is in recognition of a need for broadened scope and scale for our Local Care Networks, more formalised collaborative arrangements between providers and commissioners, and the move to commissioning based on populations and outcomes.

The Southwark Community Based Care Programme will bring together:

- **‘Commissioning development’** workstreams that support Council and CCG commissioners moving towards commissioning for populations and outcomes based on our Southwark Bridges to Health and Wellbeing segmentation model
- **‘System development’** workstreams to enable service re-design and delivery within effective provider partnerships and accountability arrangements.

Focus over the next quarter will be to coproduce a set of priorities that form the basis of new collaborative arrangements for community based care. These will be encapsulated in commissioning intentions shared with providers at the end of September 2018.

During Q3 and Q4 work will focus on detailed planning for these arrangements, and working with providers and system partners to ensure as a system are ready for these to go live from April 2019.

2.3 Our Healthier South East London

The overarching objective of south east London’s Sustainability and Transformation Partnership (STP) is to enable the six CCGs, five provider organisations and six local authorities can work together to make health and social care financially and clinically sustainable. This is being delivered through a series of Clinical Leadership Groups (CLGs), a provider productivity programme and a series of enabling workstreams (financial sustainability, workforce, digital and estates).

All clinical programmes in OHSEL have agreed priorities for 2018/19 building on 2017/18 activities and achievements and aligned with NHS planning guidance.

There has been significant recent progress in transforming cancer care across South East London:

- An out of hours helpline is now available to all cancer patients across the area;
- Following a successful pilot in Lambeth and Southwark, the Rapid Access Diagnostic Clinic based at Guy's Hospital has extended its service to patients from Bexley, Bromley, Greenwich and Lewisham.
- A training programme for GP surgeries in Southwark to increase the uptake of bowel cancer screening is being piloted.

Other recent highlights include:

- A year-long pilot to help people recovering from mental health illness and addictions back in to work has received funding for another year.
- The SEL Orthopaedic Clinical Network are talking to people who have had hip and knee replacements to ensure their views are captured and reflected as part of our understanding the current service at each site. This engagement is being taken forward with the OHSEL PPAG and with provider trust public engagement groups.
- OHSEL are the only STP to have been selected by the Mayor of London to take part in his Civic Innovation Challenge. The team is looking forward to working with a small business or start up to improve dementia treatment and support for people from black and minority ethnic communities.

3. System Resilience

3.1 Accident and Emergency Four Hour Standard

Performance for both GSTT and KCH - Denmark Hill have remained below the 95% national standard for patients being treated, admitted, transferred or discharged within 4 hours.

GSTT achieved 86.1% for May against the four hour performance target for all types which is a slight decline on April performance of 86.5%. The Trust reported that the day to day variation in performance is mainly driven by the volume of attendances where they have seen an increase of over 8%. The Trust also experienced some staffing gaps across medics and nurses largely due to sickness. High volume of mental health patients on a number of medical wards also impacted flow and staff availability. The Trust has now agreed their planned trajectory for 2018/19 with the Trust aiming to achieve 90% by September 2018 and 95% by March 2019. GSTT has revised and amended their Emergency Performance Improvement action plan, which now covers nine key areas including: ambulatory care, diagnostics, UCC performance, redirection out of hours, mental health pathway, staffing distribution, speciality pathways, flow and high intensity users.

KCH - Denmark Hill A&E performance for April was 78.9% for all types, which was an improvement on March performance of 71.9%. Improvements are still being seen compared to prior months with beds being available each morning on the Denmark Hill site. The Trust also held another Multi Agency Discharge Event the week after the last bank holiday to help create flow throughout the hospital. Despite the bed capacity, the Emergency Department continues to be challenged with high spikes of activity in the evenings that is hard for the Department to manage. As a result, the site is still seeing high numbers of breaches on a daily basis. Based on the new NHS England requirements, the UCC improvement team has developed a new plan to meet the target of zero UCC breaches. The Trust has also agreed their trajectory for 2018/19 with A&E performance planned to improve steadily during the course of the upcoming year. The Trust aims to achieve 90% by September 2018 and 95% by March 2019.

Besides weekly telephone conferences with KCH for weekend planning, senior management from the CCG continue to attend regular meetings at Denmark Hill to help escalate any issues quickly. The KCH Emergency Pathway Board continues to meet with regular attendance by the CCG, ICDDT, Transformation Nours and NHS Improvement to help facilitate improvements on site.

3.2 London Ambulance Service

As of the 01 November 2017, LAS implemented a new Ambulance Response Programme (ARP) which changed the categories and response times for all calls. Shortly after the launch, the Department of Health imposed a national embargo on performance data at the CCG level. The embargo was lifted in April 2018 and Southwark CCG is now receiving monthly reporting on LAS performance.

For both April 2018 and May 2018, LAS is meeting all ARP performance targets for all four categories in Southwark.

3.3 Integrated Urgent Care (previously NHS 111)

SEL CCGs published an Invitation to Tender for provision of the new SEL Integrated Urgent Care service in February 2018. Two bids were received for the new service and are still being evaluated. A meeting will be held the first week of July for final sign off by NHS England to award the contract. The new service is intended to be in place by the end of October 2018.

The new specification will move the current referral 111 service to a 'consult and complete' model. The service will have pharmacists, advanced nurse practitioners and GPs working in the service with the ability to prescribe and direct book primary care appointments in-hours and out-of-hours. The service will also link with mental health providers in South East London. The new service intends to increase calls closed with self-care advice from trusted

healthcare professionals, decrease callers referred to A&Es, refer patients to the most appropriate service for their needs and improve the patient experience.

3.4 Referral to Treatment (RTT) Standard

RTT performance for Southwark CCG did not meet the trajectory of 85.8% for April 2018, reaching 85.1%. However, this was an improvement from 84.1% in March 2018. The compliant specialties were General Medicine, Geriatric Medicine, Neurology, Thoracic Medicine and Rheumatology. All other specialties did not meet the 18 week standard.

RTT performance for Southwark CCG at KCH in April 2018 was 79.4%; the compliant specialties were Cardiology, General Medicine, Geriatric Medicine and Thoracic Medicine. This is an improvement from 79.1% in March 2018 and the overall performance for KCH at Southwark CCG has improved since April 2017. The Trust has implemented a new RTT governance structure with an RTT Delivery Group meeting weekly with each of the DH and PRUH teams. The Trust has also extended the contract with 18 Weeks support to provide additional outpatient and day case activity through in-sourcing mainly in Ophthalmology and Dermatology for 2018/19.

RTT performance for Southwark CCG at GSTT in April 2018 was 89.2%; this was an improvement in performance from 87.8% in March 2018. The specialties that were compliant were the same as those for Southwark CCG overall with the addition of Dermatology, Ophthalmology and Urology. Challenged specialties are revising their trajectories and now have recovery plans in place; and demand and capacity plans for each service have also been revised to focus on RTT recovery.

The number of patients waiting over 52 weeks for Southwark CCG in April 2018 was 73; this was an increase from 61 in March 2018. Specialties with the longest waits were General Surgery (22), Trauma & Orthopaedics (28) and Other (17); all breaches occurred in KCH.

To further support performance and reduce waiting times, we are pleased to announce that the CCG has launched VisualDx which is now available to all GPs. VisualDx is a diagnostic support tool for all clinical conditions and it includes a medical library of over 40,000 images and provides concise, actionable clinical information that spans 3,000 conditions. Due to the system's large library of images, it is particularly useful for specialties like Dermatology where an image can help the GP confirm a diagnosis. The tool was trialled at the end of 2017 and the majority of GPs reported that it supported them in their decision making; improved their confidence to diagnose conditions and helped them to assure patients about their diagnosis.

3.5 Cancer Waits

Southwark CCG met the national Two Week Wait standard and trajectory of 93.0% in April 2018, achieving 94.8% for all cancers. This was a slight decrease in performance compared to 96.8% in March 2018. Southwark CCG just missed the trajectory of 84.6% for Cancer 62

Day performance in April 2018, reaching 84.3%. This was a slight drop in performance compared to 88.7% in March 2018. The main performance drivers in the SEL system are: staff capacity issues across a range of staff groups; challenges with multidisciplinary meeting co-ordinators and tracking resource; diagnostics capacity - issues with a shortfall across CT/MRI and endoscopy; and increase in two-week wait referrals.

From 01 April 2018 the Transforming Cancer Services Team (TCST) in London is no longer able to access the free text patient level breach reasons, which the analysis of breaches has been based on. TCST is expected to access coded breach information in the new cancer waits system but this isn't expected until July 2018 activity. TCST will report on this as soon as it is available. SEL acute providers submitted revised Cancer Recovery Plans together with revised trajectories for 2018/19. The plans outline how the SEL sector will return to the 85% standard by November 2018.

As part of the SEL cancer delivery plan, additional funding was provided to support performance improvements. These include additional diagnostic capacity, implementation of Straight to Test, training radiographers in reporting and multidisciplinary team co-ordinators to track patients on the pathways. A new standard operating procedure for inter-Trust transfers has also been implemented across SEL. There is a current focus on improving median waits and ensuring that there are consistent straight to test models across the sector.

3.6 Electronic Referral System (e-RS)

Southwark CCG's e-RS utilisation in May 2018 was 66% - this ranks Southwark 14 out of the 32 CCGs in London.

GSTT and KCH have made good progress in their paper switch-off programmes, and both trusts are on track to meet the national deadline for all consultant-led first outpatient appointments to be made via e-RS from 1 October 2018. GSTT completed their paper switch-off programme on 1 April. The switch-off has been successful with few issues reported. KCH - Denmark Hill have completed phases 1 and 2 of their paper switch-off programme and are in the process of completing phase 3. Phase 4 will include 2 Week Wait services at KCH - Denmark Hill. The CCG will work closely with the trust to ensure the programme continues to deliver on time and ensure timely communications are shared with primary care colleagues.

In Primary Care, there are a number of GP IT Facilitators who are available to provide e-RS training to practices. Practice level information is being used to identify and target GP practices which may benefit from additional training. Resources for GPs (including training guides developed by the GP IT Facilitators) are available on the Members and Staff Zone and regular updates are provided in the Planned Care Newsletter.

4. Mental Health

4.1. Launch of joint mental health and wellbeing strategy in Southwark

I am pleased to report on work mobilise Southwark's Joint Mental Health and Wellbeing Strategy, following joint agreement by NHS Southwark CCG and Southwark Council during Q4 2017-18. This vision was shaped following engagement with, and feedback from, patients, carers, health care professionals, and special interest groups, during winter 2016 and autumn 2017.

The Strategy sets out how mental health services will be delivered in the borough in the coming years. It includes clear commitments to remove stigma surrounding mental illness and shift emphasis onto prevention, early help, and excellent care and support closer to home, and away from hospitals or other institutional environments.

Work is now underway to mobilise workstreams focusing on the following five priorities:

- Prevention of mental ill health and promotion of wellbeing
- Increased care and support in the local community
- Better clinical and care services
- Supporting recovery
- Improved outcomes for patients.

The full strategy will be published on the Council and the CCG websites. Initial delivery progress has included a joint CCG and Council review of local CAMHS services, due to conclude during July.

4.2. Multi Agency Discharge Event (MADE)

There is a national drive for Mental Health Trusts to undertake regular MADE events bringing together CCGs, Local Authorities, Housing Agencies, GPs and others, to make funding and discharge decisions. The MADE event runs over a number of days with the aim to break down discharge barriers and move patients through the system.

Southwark will be holding a Mental Health MADE event starting on 16 July 2018:

- **Day 1** will be a "go see" day which will introduce the MADE panel (including third party representatives) to discharge problems on a case by case basis and determine action plans for each discharge problem. The plan is to review all patients over 50 days LOS prior to the MADE event and present the MADE panel with issues in that cohort with the aim of producing an action plan for each patient.
- **Day 2** will be a decision day where the MADE panel will seek authority for each action plan and resolve as many barriers as possible (so funding for placements, primary care support, CMHT inputs, housing, deep cleaning, gas checks etc.).

This is a fantastic opportunity over two days to review our barriers to discharge and agree step down routes into the community across all partners. Both days of the event will be

attended by members of CCG and Council teams across placements, housing, CHC discharge, commissioning and primary care.

5. Primary Care

5.1 CQC Inspections

The CQC began inspecting GP practices in Southwark in April 2015. To date 38 GP practices have been inspected and 37 practices have had their reports published. Full reports are available on the CQC's website. Two practices in Southwark had CQC reports published in June 2018 following re-inspections.

- **Falmouth Road Group Practice** was rated a 'good' in all areas following an inspection in April 2018. The practice had previously been rated as inadequate and placed in special measures following inspections of the previous provider. The CQC found that the provider had addressed all of the concerns raised at previous inspections and in addition the practice continued to work to improve the standard of care and patient satisfaction after taking over operating the service from the previous provider in January 2017.
- **Acorn and Gaumont Surgery** in Peckham was also rated as 'good' overall following an inspection in April 2018. The CQC noted that the practice had made significant improvements in respect to clinical outcomes. There were some recommendations for the practice to implement following the inspection which the CCG will provide support to the practice to implement.

5.2 GP Forward View Resilience Funding

The GP Forward View (GPFV) made a commitment to support vulnerable practices through a national four-year resilience programme. 2018/19 is the third year of the programme. The CCG will work with the Local Medical Committee to prioritise practices for support. Resilience support can be offered in a variety of ways including, but not limited to, diagnostic services to quickly identify areas for improvement support, specialist advice and guidance and practice management capacity support.

In 2017/18 six practices in Southwark were prioritised for support. Outcomes of this support include two practices that were rated by the CQC as inadequate and placed in special measures were rated as 'good' following subsequent inspections after resilience funding had been provided to support the practices.

5.3 Update on Key Procurements

The CCG are currently undertaking a procurement for two GP APMS contracts, based at the Lister Health Centre and Falmouth Road Surgeries respectively. Decisions on the successful providers are expected later this month

NHS Southwark CCG recently re procured for the extended primary care services to care homes with nursing beds contracts. As part of the procurement the CCG extended the service offer to larger residential homes in Southwark recognising the complexities of residential and their increasing health needs.

The aim of the procurement was:

- To provide high quality care for residents of care homes with nursing beds through high quality care services supported by a multi-disciplinary team approach,
- To provide a proactive clinical leadership to support services both provided by and provided to the home;
- To review the needs of residents of CQC registered homes and the model of service provision required within identified resources.

A total of nine nursing and residential homes were included in the procurement. Following the procurement process, Quay Health Solutions (QHS), the north Southwark GP Federation was the successful bidder and will start providing the service to patients on 01 July 2018. This service will be set up as a new general practice in Southwark. The contract is for three years with an option to extend for two years. The full five year contract value is £1,805,000.

5.4 Silverlock Medical Centre Relocation

From 02 July 2018 Silverlock Medical Centre, previously located at Warndon Street, SE16 has relocated to the Health Centre at 2 Verney Way, SE16.

In November 2017, Southwark CCG's Primary Care Commissioning Committee approved the relocation to enable the practice to provide general practice services from purpose built premises. The practice's previous premises was not considered fit for purpose for the registered list size. Since the decision the CCG agreed a lease with the landlord of the of the Health Centre at Verney Way and secured national funding to complete premises works to refurbishment the Health Centre and add four new consultation rooms to allow the practice to have capacity for the its growing list size and to provider range of services. AT Medics, the provider has led patient engagement and all patients of the practice have been written to and informed of these changes. The practice will continue to be called Silverlock Medical Centre.

6. NHS Funding Settlement

In June 2018, the government announced an agreed average 3.4% annual funding growth for five years for the NHS. This only applies to the NHS England budget (rather than the entire health budget) and as such amounts to £4 to 4.5bn per year.

The increase is phased as follows:

- 3.6% in 2019-20 and 2020-21
- 3.1% in 2021-22 and 2022-23
- 3.4% in 2023-24.

If the Department for Health and Social Care non-NHS budgets rise in line with inflation, the new settlement would represent an average annual increase of around 3% to overall health funding. This is significantly higher than the average increase since 2010, which has been just above 1%, but still below the 3.7% average increase since the NHS was launched in 1948.

The funding is contingent on the NHS generating its own clinically led ten-year plan for spending this extra funding, plus any productivity and efficiency gains the NHS makes.

The CCG is awaiting specific guidance on how the additional funding growth will be made available.