

# CCG Operating Plan

Health, Adult Social Care, Communities and  
Citizenship Scrutiny Sub-Committee

15<sup>th</sup> July 2013

A decorative graphic in the bottom right corner consisting of a grid of colored squares in shades of blue, green, and yellow, arranged in a curved pattern.

# What is an Operating Plan?

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The CCG's Operating Plan sets out all the things we're doing to meet our statutory responsibilities and priority areas for change in 2013/14. These can be broken down into 5 key areas:

- 1 What the CCG is doing in Southwark to address local health priorities
- 2 To ensure that commissioned providers are meeting the national standards
- 3 What we are doing in Southwark to contribute to the delivery of a number of nationally and regionally agreed health programmes
- 4 The programme of assurance we run to monitor the quality & safety of commissioned services and act to improve less than satisfactory performance.
- 5 Operating as a financially sustainable organisation as part of a balanced local health economy

# 1. Addressing Local Health Priorities

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- ❑ CCG has autonomy to determine local priorities for improvement:
  - Integrated care
  - Service redesign
  - Quality, Innovation, Productivity & Prevention Programme (QIPP)
  
- ❑ Implementation of Southwark service redesign and improvement QIPP programmes:
  - Admission avoidance (Homeward, Enhanced Rapid Response)
  - Planned care pathway redesign for outpatient services and long term condition management
  - Mental health service redesign including IAPT
  - Southwark CCG Primary and Community Care Strategy
  - Health Services in Dulwich and the Surrounding Areas

## 2. Managing Providers to Meet National Standards

### **Improve Performance - NHS Constitution and National Standards: 2013/14:**

- 4 hour A&E standard
- Right to be treated within 18 weeks of referral
- No patients in mixed sex hospital accommodation
- Patients wait no more than six weeks for any diagnostic tests

### **Maintain Performance - NHS Constitution and National Standards: 2013/14:**

- Rates of healthcare acquired infections (e.g. MRSA)
- 2 weeks standard for urgent suspected cancer
- Maximum of 31 days between diagnosis and treatment for cancer
- Emergency ambulance calls within 8 minutes (Category A) 19 minutes (Category B)
- Cancelled operations are rebooked and completed within 28 days
- Patients with mental illness on CPA followed up within 7 days of inpatient discharge

### 3. National & Regional Priorities

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Core programmes for 2013/14 are:

- Implementation of TSA including Community Based Care Strategy
- Dementia screening and implementation of national strategy
- Funding of enhanced carers services (together with Southwark Council)
- Personal health budgets for people eligible for continuing healthcare
- Increase the uptake of IAPT and improve patient outcomes
- Enhancing the quality of primary and community care in Southwark
- Safeguarding children, adults and people with learning disabilities
- Implementation of NHS 111

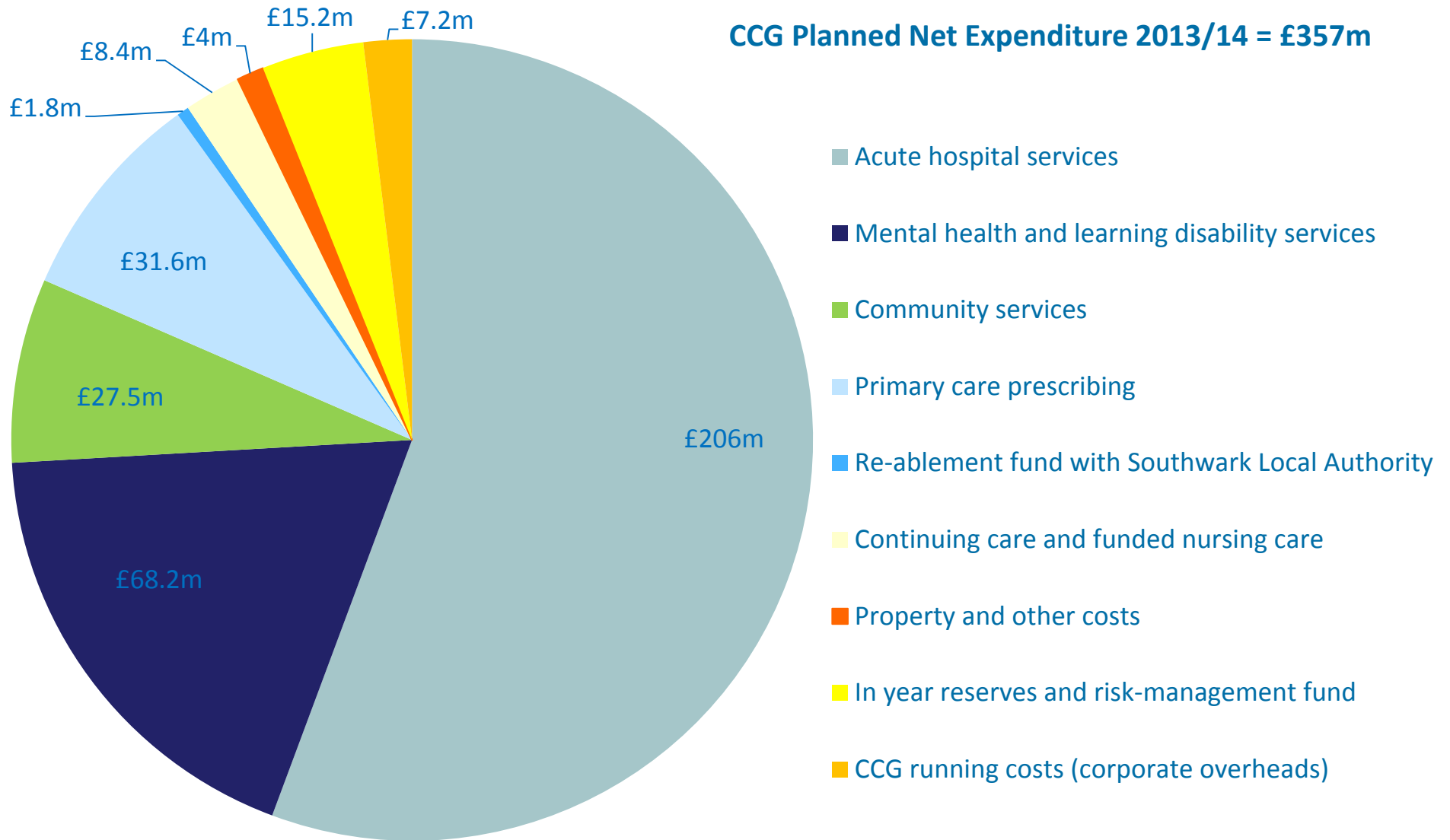
## 4. Safety & Outcomes

- ❑ Operate assurance system with commissioned providers with a focus on quality, safety and patient experience
- ❑ Close engagement with *Healthwatch* and involvement of patient representatives via CCG pyramid
- ❑ Primary care Quality Alert System established
- ❑ Programme of audit and clinical site visits to commissioned providers
- ❑ Maintain (as a minimum) a range of nationally-determined outcome indicators. Examples include:
  - Under 75 mortality from cardio-vascular disease
  - Emergency admissions and re-admission rates
  - Incidence of *c. difficile* infection
  - Patients' experience of inpatient and A&E services

## 5. A Financially Sustainable Organisation

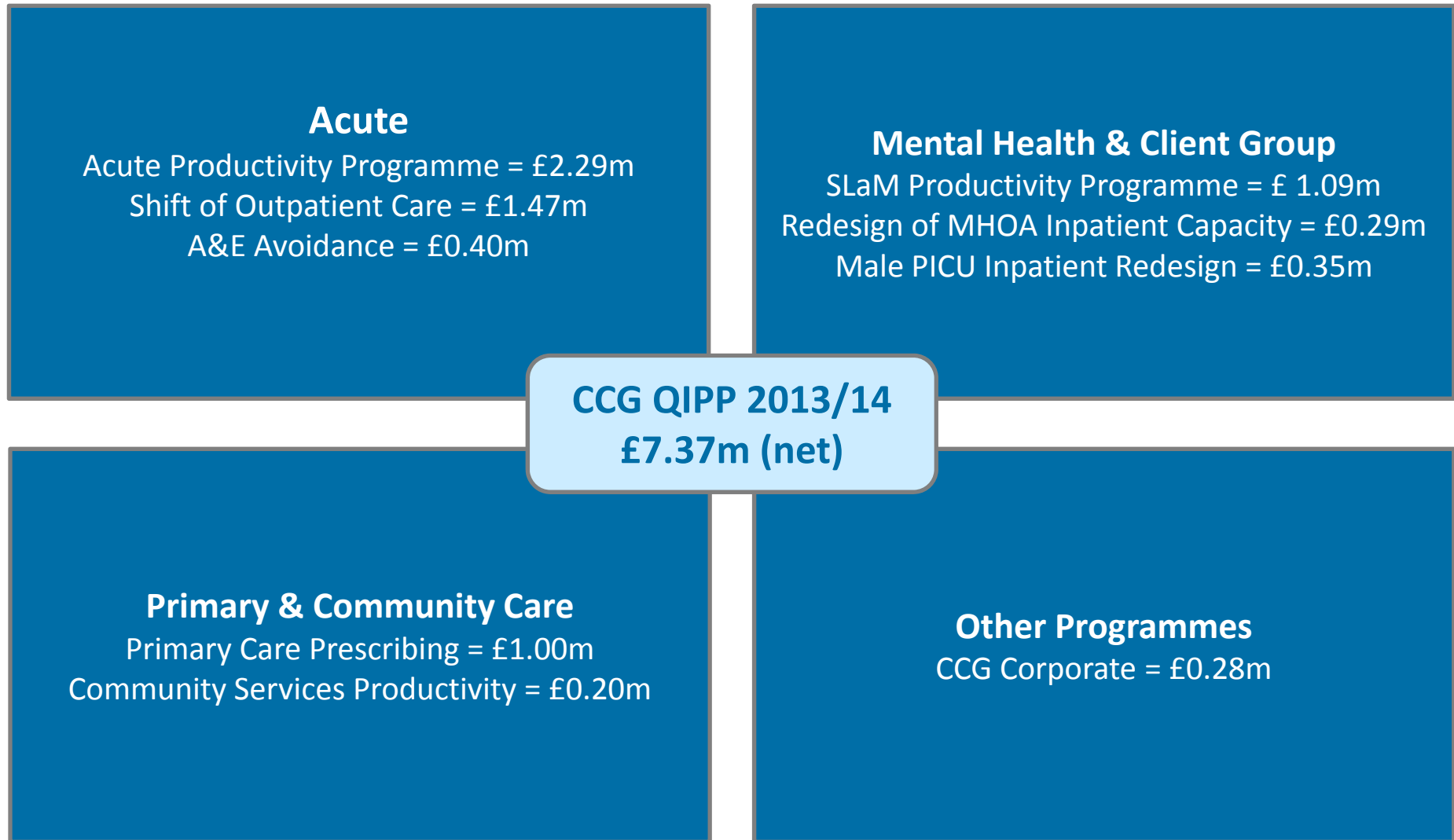
- Within annual resource allocation the CCG must deliver statutory and national requirements and respond to the health needs of the Southwark population as determined by the Joint Strategic Needs Assessment.
- 2013/14 allocation uplift of 2.3%. Annual healthcare-specific inflation estimated at between 5-8%.
- CCG corporate and management expenditure (pay, estates, etc.) is capped at £25 per head of population.
- CCG sets aside a minimum of 2% of budget (£7m) to meet non-recurrent cost pressures. e.g. reducing the backlog of patients waiting more than 18 weeks at local trusts.
- CCG holds ½% (£1.75m) of annual recurrent allocation as a general contingency fund.
- We allocate circa £6m resource to fund growth in healthcare activity above the level budgeted for e.g. to fund growth in surgical episodes or A&E attendances by Southwark patients.
- Annual investments of approximately £8.5m to pump-prime invest-to-save programmes (i.e. QIPP) and take forward key local programmes (e.g. TSA Community Based Care Programme) and deliver mandatory responsibilities as detailed in sections 1-4.

# 5. A Financially Sustainable Organisation: CCG Budget





# 5. A Financially Sustainable Organisation: QIPP Plan



## 5. A Financially Sustainable Organisation: Risks

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- Transfer of specialised commissioning is significant at c. £10m.
- History of annual population-adjusted growth in use of secondary care of up to 4%. A continuation of previous years' growth equals an £8m cost pressure in 2013/14.
- Risk around high-cost low volume areas of expenditure e.g. mental health, continuing care, critical care, which are difficult to forecast.
- Major future risk in Southwark is a reduction in funding following a review of NHS allocations later this year. A revised funding formula is anticipated in 2014 or 2015.
- CCG needs to transform the local healthcare system – integration, enhanced primary and community care, out of hospital provision – in order to achieve medium term financial sustainability.