NHS
Surrey Downs
Clinical Commissioning Group

Governing Body
18th March 2016

2016-17 Operating Plan

Agenda Item 13 Paper 10	
Author:	Mable Wu, Head of Planning and Performance
Executive Lead:	Matthew Knight, Chief Finance Officer
Relevant Committees or forums that have already reviewed this paper:	Executive Management Team
Action required:	For decision
Attached:	2016/17 Operating Plan
CCG Strategic objectives relevant to this paper:	Quality and Performance Financial balance Core business: relevant to all / most objectives
Risk	There are significant risks to delivery associated with QIPP and achieving financial balance and meeting the targets set out in the Five Year Forward View. Significant risks are included in the assurance framework and risk register.
Compliance observations:	**Finance:** The CCG is expected to achieve a significant reduction in its deficit position during 2016/17 – see paper for scale of risk
	Engagement : Engagement has taken place through work on commissioning intentions and with member practices.
	Quality impact: Individual change programmes are assessed for quality impact
	Equality impact: Individual change programmes are assessed for equality impact
	Privacy impact: Not relevant to planning documents

	Legal: The CCG has duties within the plan linked to the NHS constitution and other statutory obligations.

EXECUTIVE SUMMARY

NHS England published the NHS Shared Planning Guidance for 2016/17 to 2020/21 on 22nd December 2015. This paper sets out the operating plan for Surrey Downs CCG and identifies key issues prior to agreement to the plan by the Governing Body.

The plan demonstrates how the CCG will:

- Reconcile finance and activity plans and achieve financial balance
- Deliver the required efficiency savings
- Deliver the national 'must dos'
- Maintain and improve quality and safety for patients
- Manage risks across local health economy plans
- Make the links with and support emerging Sustainability and Transformation Plans

Date of paper	11th March 2016
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NHS
Surrey Downs
Clinical Commissioning Group

Operating Plan 2016/17

Improving care together
across Surrey Downs

Revision History			
No	Date	Author	Description
0.1	18 Jan 2016	M. Wu	First Draft
0.2	20 Jan 2016	M. Wu	First review with T. Elrick
0.3	20 Jan 2016	M. Wu	First review with J. Wilmhurst-Smith
0.4	20 Jan 2016	M .Wu	First review with O. McKinley
0.5	20 Jan 2016	J Blythe	Initial exec review for Governing Body draft
0.6	22 Jan 2016	M.Wu	Revisions as per Executive
0.7	22 Jan 2016	M. Wu	Revisions for Governing Body
0.8	22 Jan 2016	M. Wu	Further revisions for Governing Body`
0.9	9 Mar 2016	M.Wu	Incorporated feedback from Heads of Service, NHS England and Governing Body feedback; updated Appendices
10	10 Mar 2016	M Wu	Updated TOC
11	11 Mar 2016	J Blythe	Further exec review for Governing Body draft. Final subject to GB and NHS England feedback.

2016/17 Operating Plan

Introduction

In December 2015, the Government set NHS England the ambitious mandate to accomplish three interdependent and essential tasks

1. to implement the Five Year Forward View;
2. to restore and maintain financial balance;
3. to deliver core access and quality standards for patients.

In order to achieve the Government mandate, NHS England is requiring CCGs to produce two separate but connected plans:

1. a five year Sustainability and Transformation Plan (STP), a place-based local blueprint for accelerating implementation of the Forward View.
2. a one year Operational Plan for 2016/17, organisation-based but consistent with the emerging STP.

This document is the one year Operational Plan based on our Commissioning Intentions and will outline the actions and milestones in 2016/17 that will

- deliver our Financial Recovery Plan
- form the basis of the Sustainability and Transformation Plan
- improve access and quality services as defined by the NHS Constitution
- deliver high quality Mental Health services for our population

Vision and Values:

Our overall vision is to ensure local healthcare provision meets the needs of our patients, gives them the best chance of the best outcome when they are ill, and helps our communities to stay healthy and individuals to live healthy lives.

This will be achieved by putting local doctors and other healthcare professionals in charge of decisions about our NHS services, and by always taking into account the views of patients, the public and our partners.

The NHS has a limited pot of money, and so we must work out how to design and commission services which meet the needs of our local population and how we can do more for less.

Building on 2015/16 - Financial Recovery, Access and Core Standards

The CCG is taking confidence from the year to date delivery of QIPP and its continued delivery of key access metrics such as 18 week wait, four hour A&E and cancer wait targets[1].

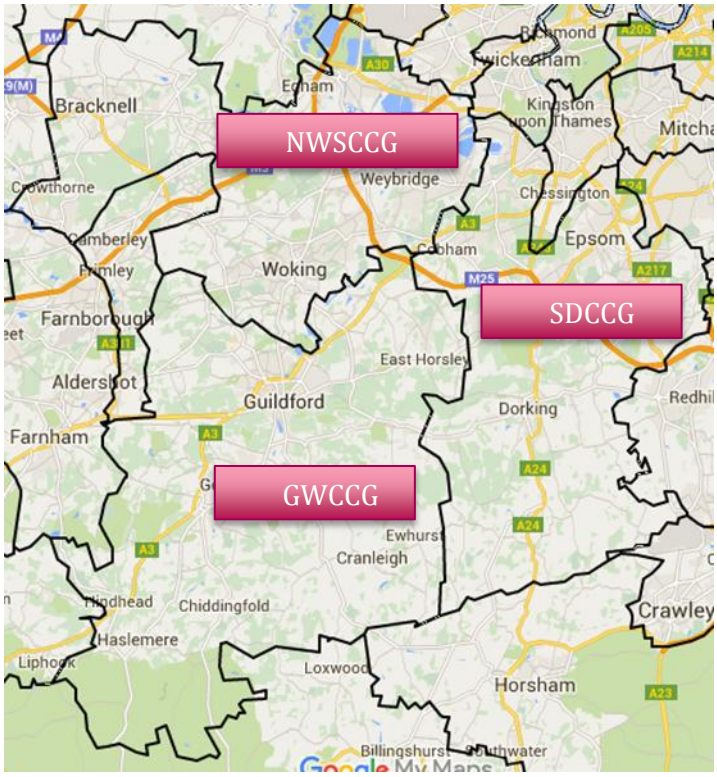
[1] Refer to Appendix A - 2015/16 Performance

The year to date QIPP has already exceeded the full year delivery in 2014/15 and is on track for the revised £9.8m QIPP target[2]. This reflects pathway redesign work, improved performance data supplied to primary care and improved buy-in and support from the CCG's membership.

All three strands will continue into 2016/17 along with further work to enhance grip over expenditure without compromising on quality and access.

Sustainability and Transformation Plan

Surrey Downs CCG is a member of the Surrey Collaborative which is a group of the six Surrey CCGs. Surrey Downs CCG also hosts four services for the Surrey CCGs - Continuing Health Care, Medicines Management & Pharmaceutical Commissioning, Individual Funding Requests and Adult Safeguarding. Our Better Care Fund plan maps to the Surrey County Council geography however, over 75% of our acute funding flows to London Trusts as the majority of our patients access secondary and tertiary care from London Trusts including cancer services. We are also a key member of the Surrey Transforming Care Partnership whose role is to transform fast the care and support for people with a learning disability and/or autism at an accelerated pace



Within this complex system, Surrey Downs CCG have proposed that, in order to develop a place-based, multi-year plans built around the needs of local populations, that it should work within a smaller footprint with North West Surrey CCG and Guildford and Waverley CCG in developing a Sustainable Transformation Plan (STP). The STP footprint, Surrey Heartlands, is the working name for the population and health services of Surrey covered by Surrey Downs, North West Surrey and Guildford and Waverley CCGs.

[2] Refer to Appendix B - 2015/16 QIPP delivery

Key Issues

Surrey Heartlands requires a place based strategy that will address the following issues:

- Managing a growing elderly population with multiple long term conditions within the financial constraints
- Delivering local integration strategies aligned to the NHS Five Year Forward View continuing at pace including operational and budgetary integration between health and social care commissioning and provision to enable support to be placed around individuals based on need rather than the conventions of existing funding streams.
- Ensuring implementation of challenging new standards for acute hospital services. These standards are backed by evidence on quality, call for key specialties, diagnostic and interventional facilities to be located together and 24/7 consistency of senior clinical input. This is a particular challenge for emergency care, cardiovascular specialties and maternity and paediatrics.
- Supporting small to mid-sized District General Hospitals which cannot all achieve these new standards on their own. The STP needs to articulate how these sites will evolve both to support each CCG's integration strategy and achieve nationally recognised standards for acute care, whilst balancing the need for local access to hospital-based care and maintaining financial sustainability.
- Managing the impact of patient flows to London-based tertiary centres. In many cases this is appropriate and secures high quality very specialist care for our patients. However in other areas this reduces the investment available to local teams, limits the ability to train and retain a high quality workforce and creates a fragmented patient experience. The STP needs to identify concrete, actionable opportunities to repatriate specialist services to Surrey-based hospitals
- Developing primary care – no other service sees such a broad range of presenting conditions and the pressures of managing the frail elderly have to be balanced with maintaining access for other patient groups, many of whose only regular contact with the NHS is via general practice. Whilst the STP cannot definitively solve this challenge, it will need to map out an approach to the development of primary care that secures improved access and the ability to take on a wider role.

Principles and Objectives

The STP plan will be built up from existing local plans and reflects the strong work done in each local health system to set out a vision for the future and begin the process of implementation

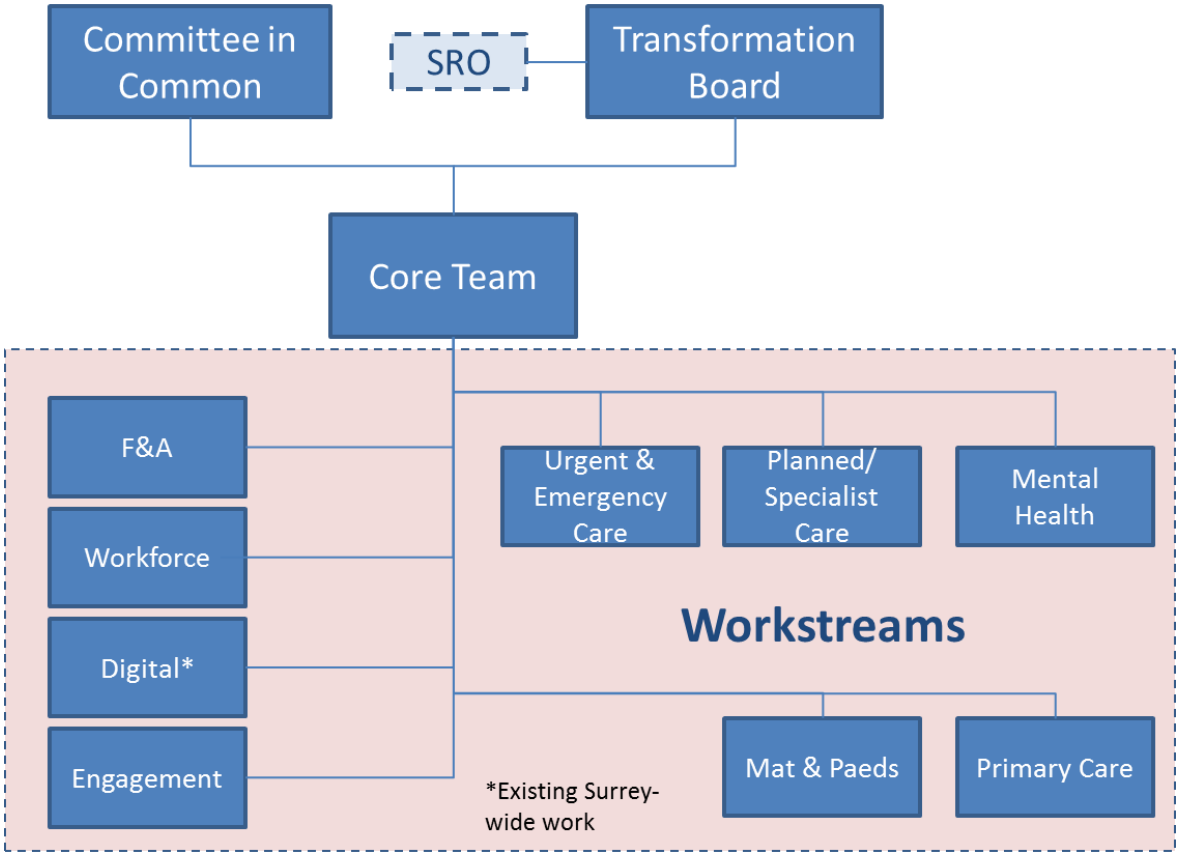
The STP will address the potential supply-side implications of those plans taken in aggregate form, and how services naturally commissioned on a wider footprint may evolve

The CCGs have existing cross-CCG working arrangements which the plan and plan development process will build on rather than duplicate

We recognise that there are multiple overlapping footprints and we will continue to work with other partners Surrey-wide, with Sussex, Kent and Hampshire, and south-west London. Where we can we will build these multiple levels into our STP to create a single planning document for the local system

Governance

The principal governance for the STP will be through a Transformation Board and the named Senior Responsible Officer. In addition, a Committee in Common of the CCGs will be established for final signoff of the submission.



Timeline

Phase 1 - to 28th March 2016

- Establish governance, leadership and key timescales
- Establish workstreams and areas to be covered by aggregation of existing strategies
- Desktop-based work will identify the current quality, outcomes and effectiveness of services in the STP footprint, using a range of sources and benchmark information that is already available and national tools
- Demographic modelling will be applied to show the growth in demand for services to 2020/21.

- A finance workstream will be established that will generate a comprehensive provider and commissioner model describing finance assumptions from 2016/17 to 2020/21

Phase 2 – April and May 2016

- Synthesise information from existing plans including content, timescales, expected outcomes
- For workstreams mobilised in Phase 1, facilitated clinical and patient engagement will take place on the challenges identified by the Phase 1 work, leading to an iterative process of identification of potential solutions, review of relevant evidence regarding effectiveness, feedback and further discussion.
- This will be an iterative process with workstreams taking the lead on drafting and owning their sections of the STP, but with a responsibility to the core team to identify dependencies across the workstreams and drive cross-workstream conversations to ensure strategic coherence.
- Finance leads aligned to each workstream will capture, in a common format, potential changes to activity and financial flows arising from both the workstream and the synthesis of existing strategies

Phase 3 – June 2016

- Outputs of the workstreams will be aggregated in both narrative and quantitative forms.
- Finance and activity inputs will be aggregated to demonstrate the potential contribution of workstream outputs to addressing the medium-term financial challenge
- The final narrative will be prepared and finalised

Quality and Patient Experience

In 2014, Surrey Downs CCG agreed a three year Quality Improvement Strategy with an accompanying work plan. As a result of the Financial Recovery Plan and QIPP Programme, this strategy is being refreshed earlier than originally agreed to ensure that the Quality Framework and Escalation protocols within it reflect the potential impact that these programmes may have on quality and safety. The key strands that run through the Quality strategy are monitoring, assuring and improving of services: Programmes of work within the strategy include:

1. Care homes – Surrey Downs CCG is developing a Quality Improvement team which closely scrutinises and triangulates a range of information relating to Care Homes creating a quality and safety dashboard that supports the targeting of specific homes where there are early warnings of failure in care provision. This information includes data from the use of assistive technology, patient safety data, patient and carer feedback and follow up assurance visits.
2. QIPP programme – The Quality team quality assures each QIPP project to assess the potential impact on quality that individual projects and workstreams

may have. This is also to that ensure patient access and core quality standards are not compromised

3. Safeguarding – there is an annual safeguarding workplan that is refreshed each year which focuses on implementing the Surrey Safeguarding Adults Board strategy and workplan and includes areas of concern or new issues.

2016/17 Pathway Programmes

There are several programmes of work that the CCG will undertake in the 2016/17 to improve the CCG's and therefore, the local health system's, financial position and set the foundations for Integration and Transformation.

The CCG will also continue and develop the required foundations for Integration and Transformation to ensure delivery of high quality and accessible services in settings closer to home.

The CCG will continue to focus on the developing the workforce in Primary Care to ensure the correct capacity and capabilities are in place to support the CCG's strategy.

Planned Care

In 2016/17, Planned Care remains a focus in specialties where benchmarking data from RightCare and other sources identifies the CCG as an outlier when compared to its peers. Each of the Planned Care projects has a clinical lead, a Clinical Advisory Group, a Patient Advisory Group and a Communications and Engagement Plan to ensure that the right care is given at the right time that is sensitive to patient needs.

The CCG is committed to continuing to commission Planned Care services in line with meeting its NHS Constitutional obligations. Currently, the CCG performs well and is meeting its 18 week wait target and its 6 week diagnostic wait target.

In 2016/17, the CCG will have completed the implementation of its new pathways in MSK, ophthalmology and cardiology. Regular monitoring will continue with a focus on reducing variation across the three localities and assurance around the quality and safety of patient care and the impact on patient experience. Close work with the pharmaceutical commissioning team will work to optimise the management of ophthalmology pathways, specifically Wet AMD.

Service reviews for ENT/Audiology, Dermatology and Gynaecology will be completed with proposed new models agreed. Initial implementation will commence in the first half of 2016/17. Reviews will commence in Gastroenterology, Urology and Neurology to conclude in the latter half of the year.

The CCG will continue to support GPs by working through its Referral Support Service to develop guidance and advice where appropriate. The CCG will also work with GPs to implement pathway specific referral guidance for cancers. The CCG will work with the London Cancer Network as the majority of Surrey Downs patients use London Trusts for cancer services.

The Planned Care Programme is managed via the Planned Care Programme Board which reports into the Programme Delivery Board. Planned Care pathways implementation is key to the Financial Recovery Plan details of which can be found in the CCG's Financial Recovery Plan. Detailed Project Implementation Documents, assured by the CCG PMO and approved by the CCG Executive Committee, support each of the initiatives mentioned above.

Urgent Care & Integration

Our Urgent Care & Integration work recognises that our patient flows and geography straddle three major acute providers - Epsom & St. Helier NHS Trust, Kingston Foundation Trust and Surrey and Sussex Healthcare NHS Trust. Two of these providers are part of the London Health Economies however our Mental Health, Community and Local Authority providers and partners are within the Surrey footprint. This geography poses challenges and opportunities and we are committed to ensuring that our strategies will flex to meet the needs of local population. Our aim is to ensure that patient flow and high quality care is not impeded by organisational barriers.

In line with our Better Care Fund plan, we will continue to embed and develop a model for emergency admissions avoidance based on mobilising a wide range of clinicians and social care providers under the clinical leadership of local GPs. The service's goal is to manage patients at high risk of admissions and to facilitate greater integration across organisations. Community Medical Teams and the first phase of wider Community Hubs was launched in 2015/16 with the most progress in implementation being made in the East Elmbridge locality. Our Community Medical Teams enable patients to stay independent and support patients with more complex needs who may be at greater risk of deterioration enabling them to remain in the community.

As part of managing at risk patients in the community, our Medicines Management Team in 2016/17 will continue to advise GPs and also focus on specific preventative measures

- optimising the identification and management of patients with Atrial Fibrillation with a focus on the increase in uptake of anticoagulation therapy where appropriate
- supporting improvement in prescribing for asthmas, COPD and diabetes
- effective management of poly-pharmacy in the elderly including deploying a dietician

In November 2015, Epsom locality has implemented a Clinical Assessment and Diagnostic Unit at the Epsom General Hospital site. Our East Elmbridge and Dorking Localities will further refine their respective Community Hub models, developing their integration plans to incorporate locality health and mental health providers and Surrey County Council where appropriate. Each locality is focusing on the over 65

population, using their latest risk stratification data to build upon existing hub services.

The Epsom locality within Surrey Downs accounts for approximately two thirds of the population over 65. The integration model being developed within Epsom brings together Epsom & St Helier NHS Hospital Trust (ESHT), Central Surrey Health (CSH) as the community services provider, GP Health Partners (GPHP) and the locality GP Network, and Surrey County Council (SCC). The four organisations are working together through a provider alliance to deliver a multi-faceted integration model incorporating admission avoidance and reduced length of stay at acute hospitals using rapid supported discharge teams.

Elmbridge and Dorking localities are focusing more on the community-based service models, further evolving the Community Medical Teams (CMTs) and Community Multi-Specialist Practitioners (CMSPs). Like Epsom, the East Elmbridge and Dorking localities will be working closely with CSH and SCC. In addition Surrey and Borders Partnership (SABP) will be working with the localities to provide appropriate mental health and dementia services.

As part of the Urgent Care and Integration programme, we have started the consultation process on community hospital services reconfiguration. In 2016/17 the consultation process will be completed and, towards the latter half of the year and pending the outcome of the consultation, we will implement the first phase of community reconfiguration.

Surrey Downs CCG is an active participant in the Surrey Collaborative and in 2016/17, the Surrey Collaborative's stroke programme is expected to have agreed on the new pathways and have identified potential sites for HASUs.

Our BCF plans will be refreshed for 2016/17 with a focus on further integration of services building upon the experience gained from community hubs model in 2015/16.

Detailed Project Implementation Documents, assured by the CCG PMO and approved by the CCG Executive Committee, support each of the initiatives mentioned above.

End of Life Care

In 2015/16 the EoLC Steering Group developed a Strategy that put training at the heart of its programme to deliver the objectives:

- Enabling patients to achieve preferred place of death
- Ensuring carers are fully involved in the process for their loved one
- Supporting clinicians to initiate engagement in a difficult process

Professional training events will be held 2016/17 aimed at:

- Care Homes
- Acute/Urgent Care
- Primary Care/Community Services

The Prime Minister's Challenge on Dementia 2020 sees working with care homes and advanced care planning as integral and SDCCG will ensure these two areas combine forces to full effect.

SDCCG is working with the three Community Hubs to ensure that palliative care is part of their offer. The End of Life Care lead is working with the hub leads to agree an approach to Anticipatory Care Planning which fits with the community hub operating model and strategies in each area to ensure continuity of care across all setting of care. Palliative care nurses will support discharge from hospital and care packages, with patient management being shared with the patient's GP and the community hubs, as and when appropriate. A key priority of the new Clinical Director for Urgent Care and Integration will be to ensure that the agreed End of Life Care Strategy is fully driven through the integration model in each locality.

Diabetes

The CCG has a tier-based diabetes work programme which is available upon request. In 2016/17, the Diabetes programme will

- map services currently commissioned by Surrey Public Health and Local District Councils to understand current service provision
- develop a Local Quality Improvement Scheme to assist GP practices in identifying patients who have not been formally coded with diabetes and therefore are not being reviewed and treated appropriately
- Continue to work with Contracts to ensure repatriation of patients from Acute Tier 4 services into Community based Tier 3 services where appropriate
- Increase uptake of Structured Patient Education service which is delivered as part of the Tier 3 Diabetes Contract
- launch the National Diabetes Prevention Programme as part of Wave 1

Transforming Care Partnerships

SDCCG is committed to developing and implementing plans to ensure the rights of children, young people and adults with a learning disability and/or autism are met in receiving the same opportunities as anyone else to live satisfying and valued lives, and to be treated with dignity and respect. We recognise that they should have a home within their community, be able to develop and maintain relationships, and get the support they need to live healthy, safe and rewarding lives.

In order to develop and implement plans effectively, geographical footprints were agreed based on

- sufficient scale to manage risk
- commission at an effective strategic level
- building on existing collaborative arrangements and economies

Surrey Downs CCG is a member of the Surrey Transforming Care Partnership (TCP) which East Surrey CCG, Surrey Downs CCG, North West Surrey CCG, Surrey Heath CCG, Guildford and Waverley CCG. This reflects the current workings within Surrey

where SDCCG is a member of the Surrey Mental Health Collaborative and North East Hampshire and Farnham CCG is the lead for Mental Health Commissioning and Contracts.

The current focus has been on supporting the redesign of Surrey and Borders Partnership NHS Foundation Trusts specialist health services to be in line with the new national model where appropriate, scaling up the intensive support community-based services and developing the workforce around Positive Behaviour Support. This is providing early more intensive support for those who need it so that people can stay in the community close to home enabling the closure of 7 step down beds within SABP at the end of January 2016 and the relocation of the assessment and treatment unit into a refurbished unit in a more central location of Epsom. This will bring Surrey within the level of beds and will meet many of the new model of service expectations.

The Collaborative have nationally recognised good practice in the Health Care Planner team who developed an early robust partnership approach to care and treatment reviews that are now mandated and work with the providers, carers and commissioners to ensure that the prevention and early discharge are facilitated by person centred plans with more innovative services to give people a range of care options and the use of personal health budgets where appropriate, so that care meets individuals' needs. They have also developed close working with NHSE and the local assessment and treatment provider so that for those that do need in-patient care they ensure it is only for as long as needed and discharge planning commences on admission.

This model will continue and the Surrey Collaborative have requested through the options work of NHS England that the CTR monies is made available to the CCGs for the CTRs to be locally run and organised but retaining the ability to access the central pool of independent experts for the reviews and to pay for this on a cost by case basis.

Surrey County Council have been working with providers across the county to mobilise innovative housing, care and support solutions in the community.

There has been a successful capital bid that the Surrey MHLD Collaborative and Surrey County Council submitted to deliver some new housing needed. This bid was successful and £1.2 million has been awarded for the Surrey area pending approval by NHSE on the Surrey CCG's and Surrey County Council signed off PID. Although the money has not been able to be spent by 31 March 2016 due to delays in the capital grant agreement development the PID will be put forward against the 16/17 fund as land has been identified.

The Learning Disabilities Mortality Review Programme has been established as a result of one of the 18 key recommendations of the Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD) which reported that for every one person in the general population who dies from a cause of death amenable

to good quality care, three people with learning disabilities will do so.

The Learning Disabilities Mortality Review (LeDeR) Programme aims to make improvements to the lives of people with learning disabilities. It clarifies any potentially modifiable factors associated with a person's death, and works to ensure that these are not repeated elsewhere.

A Surrey joint commissioning strategy for people with a learning disability and autism has been developed and is currently being consulted on across Surrey. This has been based on a current needs assessment and has encapsulated the views of local families and people with experience of learning disabilities and autism. The strategy will be a foundation to develop and strengthen the joint commissioning of services for people and their families with learning disabilities and autism across Surrey as recommended by the national reports.

Mental Health

North East Hampshire and Farnham CCG leads Mental Health Commissioning and Contracts for the Surrey Collaborative.

SDCCG has additional mental health professionals embedded in the Community Hubs as part of the Integration strategy. These professionals will be fully employed and integrated into the community hub in 2016/17 working specifically on supporting dementia diagnosis and post diagnosis support within primary care.

The CCG will continue to support its GP members in the recognition and diagnosis of dementia by raising awareness via training sessions and communications targeted on various issues such as dementia diagnosis, treatments and pathways. The Mental Capacity Act training programme that has been delivered to Primary Care in 2015/16 on behalf of all Surrey CCGs will continue into 2016/17, building on the knowledge base across Surrey. The CCG currently is challenged to meet its 2015/16 diagnosis target of 67% and will strive to attain that level in 2016/17.

The CCG is working with NHS England in developing a plan to continue work on dementia diagnosis and post diagnosis support within primary care. Plans include the development of Dementia Friendly Practices through an NHS England pilot and memory assessment services into Community Hubs provided by embedded mental health professionals. The CCG is working with Surrey County Council to develop a joint dementia strategy that brings together health and social care based on the Prime Minister's Challenge on Dementia 2020. The joint plan will be ready by Quarter 1, 2016 for sign off and implementation.

The IAPT AQP revalidation process was completed in December 2015, with the new contract scheduled to be in place for 1st April 2016.

In November 2015 self-referral to IAPT services was introduced and the CCG is closely monitoring uptake, with a robust and continuing communications campaign. This will provide a robust platform for reaching the 2020 access target of 25%.

On 7 March 2016, the CCG opened the Epsom Safe Haven, in response to Crisis

Condordat plans that included crisis coverage for mental health service users across Surrey. This pilot project runs from 6 – 11pm, 7 days a week, providing a safe place for those experiencing severe anxiety and mental health crisis, in an informal setting, that is accessible without a GP referral. The CCG will assess the impact and outcome of the pilot during 2016/17 in order to determine how to move forward.

The Children & Young People's Transformation plan, driven by the lead commissioner NHS Guildford & Waverley, includes CYP IAPT and perinatal mental health. The transformation plan was accepted and the adult and children's mental health commissioning collaboratives in Surrey, have developed a joint, integrated approach to Early Intervention in Psychosis and psychiatric liaison.

Continuing Health Care

Surrey Downs CCG hosts Continuing Health Care (CHC) for the Surrey CCGs. The Surrey CHC Collaborative oversees the strategic direction of this service with regular operational updates given at the Surrey CHC Programme Board.

In 2016/17, the CHC team will complete a review of the NHS Care Home contracts and Domiciliary Care contracts with the aim of identifying variations in contracts and recommending actions to increase quality and value for money on these contracts.

The CHC team will also start a Surrey-wide reprocurement of high cost low volume providers.

In addition, the CHC service in Surrey Downs is developing a Quality Team that will focus on Care Homes where there are concerns about the quality and safety of service provision, working with staff and individual residents to make improvements in care.

CHC is a heavily administrative function and, in line with the Ten High Impact Innovations and Digital 2020, the team will redesign processes for new clients such that the processes can become paperlite with the aim of becoming fully paperless.

Children & Young People

In 2016/17, Surrey Downs CCG will participate in the reprocurement of Children's Services across Surrey.

The Pre-Qualifying Questionnaire will be released on 1 February 2015. The Invitation to Tender will be launched in the first half of 2016/17 with expected award of contract on 1 October 2017. Mobilisation and due diligence will be started in the latter half of 2016/17. The new provider with a completed contract will be in place by April 2017. Surrey Downs CCG's contract will commence in April 2018 as Surrey Downs' contract end date is later than that of the other Surrey CCGs.

2016/17 Enabling Work Programmes

Contracting

In order to maintain and improve services for the population of Surrey Downs,

effective management of healthcare contracts is a key enabler.

Surrey Downs CCG uses the services of South East Commissioning Support Unit to manage its acute contract portfolio. The arrangement is expected to continue through 2016/17. Where appropriate, the CCG will continue to manage financial and qualitative performance through the NHS Standard contract.

For community and smaller contracts, the CCG's contract team will continue to monitor and manage its 70+ smaller contracts. In supporting the Planned Care workstreams and the Financial Recovery Plan, the contracts team will be mobilising new contracts and where appropriate, supporting procurement processes. A major undertaking in 2016/17 will be the preparation of the procurement process for community services as the Central Surrey Health contract will expire on 31March 2018.

The CCG will also continue to be active members at the acute trusts' Clinical Quality Reference Groups (CQRGs) which are used to actively monitor and gain assurance on action plans on key quality metrics including NHS Constitution metrics.

Surrey Downs CCG will use the NHS Standard Contract, where appropriate, when commissioning healthcare for its population. This commitment applies to all healthcare services portfolio including community and non-NHS providers.

The CCG will adhere to the NHS business rules and will work with its providers in a professional and strategic manner to manage the financial sustainability of the system whilst maintaining quality and patient safety. The CCG will use contractual levers where appropriate and work cooperatively to ensure Cost Improvement Plans are delivered in line with the overall strategic direction of travel.

Digital Programmes

Key enablers in the CCG's strategic plans are the digital programmes. The CCG is working with Surrey County Council, Surrey CCGs and Surrey Providers (both health and social care) to produce a digital roadmap highlighting how, amongst a range of digital service capabilities, clinicians in all care settings will be operating from a common care record with the ultimate goal that clinicians will not need to find or complete paper records by 2018; and that by 2020 all patient and care records will be digital, real-time and interoperable.

In 2016/17, the CCG will work with its partners to develop specifications for a common Shared (Health) Care record with the intention of starting a full procurement in the latter half of 2016/17. The Interoperability project is recognised by the County Council as a key enabler for Integration and BCF programme implementation. The project reports to the Health & Well Being Board.

A successful digital strategy implementation requires a modern infrastructure. Subject to funding from NHS England Capital programme, the CCG intends to

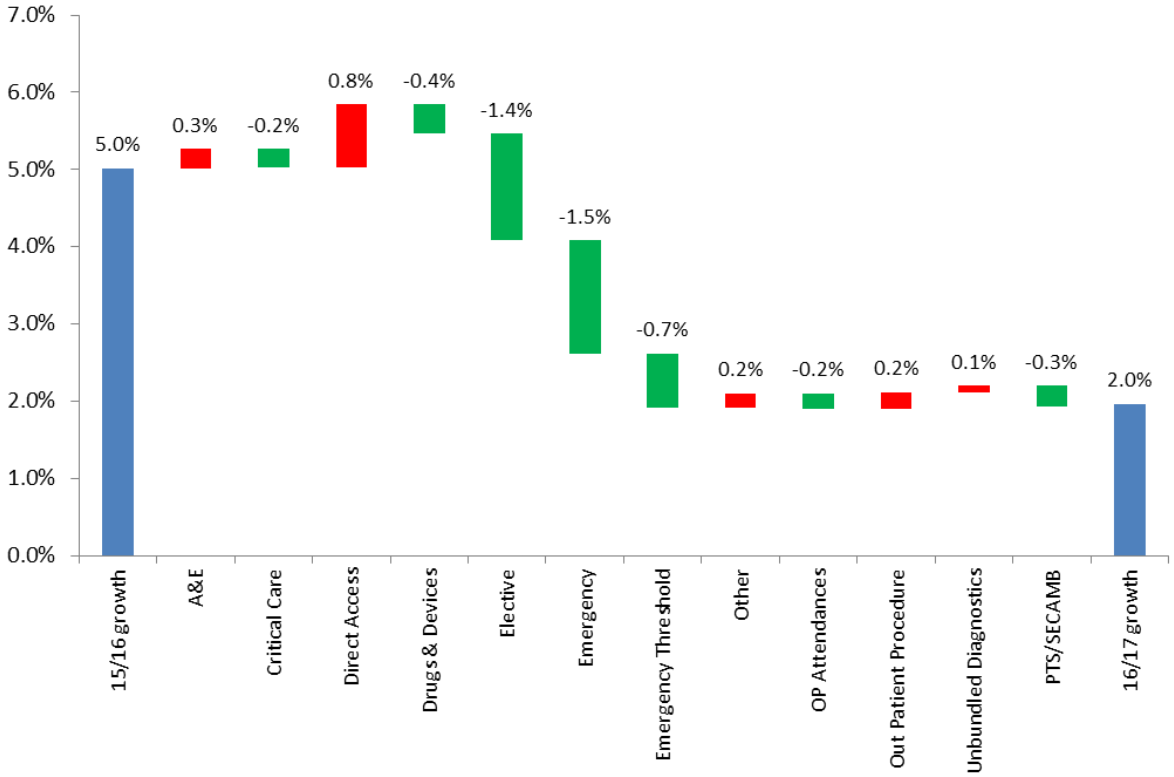
- conduct a hardware refresh of both GP and CCG IT as appropriate

- develop a GP WAN (COIN) in order to provide our GPs with a fit for purpose network that will support our digital strategy
- invest in tablet devices and supporting software which will enable secure access to GP SoC. This will enable our our clinicians need to work anywhere with access to timely clinical records and improve patient care and accessibility
- make WiFi access public at our GP facilities, ss per the recommendations of the Digital Champion

The CCG will publish its Digital 2020 roadmap in 2016/17 as part of the Surrey Digital Roadmap lead by North West Surrey CCG.

Financial Challenges

The CCG can now demonstrate the potential to achieve an aggregate 2% underlying acute growth rate next year as opposed to the 5% rate expected this year to reflect high out-turn growth.



A new, fully integrated top-down financial model has validated the CCG's financial projections for 2016/17 and 2017/18. The challenge next year is to meet a more ambitious QIPP target in 2016/17.

The CCG has developed a detailed Financial Recovery Plan (FRP) 2016/17 which is monitored by the Programme Delivery Board. The FRP is available upon request

Appendix A - 2015/16 Performance

Figure 1: Surrey Downs CCG NHS Constitution 2015/16

Indicator	FY 2013/14	FY 2014/15	2015/16 target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	YTD
Referral To Treatment (RTT) waiting times for non-urgent consultant-led treatment														
Referral to treatment times (RTT):% of admitted patients who waited 18 weeks or less	94.1%	92.1%	90%	92.5%	92.7%	92.6%	92.7%	91.7%	89.3%	84.3%	84.6%	87.3%	84.4%	87.1%
Referral to treatment times (RTT):% of non-admitted patients who waited 18 weeks or less	97.4%	95.7%	95%	96.6%	96.6%	95.9%	95.2%	94.3%	93.5%	93.4%	93.5%	93.7%	93.6%	94.6%
Referral to treatment times (RTT):% of incomplete patients waiting 18 weeks or less	96.0%	95.2%	92%	95.5%	95.5%	95.5%	94.7%	94.4%	94.0%	94.1%	94.6%	94.1%	94.4%	94.7%
RTT: Number of incomplete patients waiting >52 weeks				0	0	0	0	0	0	0	0	0	0	0
Diagnostic test waiting times														
% Patients waiting within 6 weeks for a diagnostic test	99.3%	99.3%	99%	99.2%	99.5%	99.4%	99.4%	99.4%	99.3%	99.6%	99.6%	99.6%	99.3%	
Number of patients waiting over 6 weeks for a diagnostic test		28		32	21	25	22	23	24	15	14	16	27	
A&E waits														
A&E waits within 4 hours	95.8%	95.0%	95%	94.0%	95.1%	95.4%	95.8%	95.3%	93.8%	93.9%	94.4%	93.4%		94.7%
Cancer waits – 2 week wait														
CB_B6: Cancer patients seen within 14 days after urgent GP referral	95.6%	94.9%	93%	93.4%	95.3%	95.2%	93.7%	94.0%	93.5%	95.6%	95.7%	96.2%	94.2%	94.7%
CB_B7: Breast symptom referrals seen within 2 weeks	93.5%	92.2% 92 breaches	93%	92.3% 7 breaches	89.6% 11 breaches	96.3%	93.3%	94.1%	91.6% 9 breaches	97.9%	91.9% 9 breaches	96.0%	98.9%	94.1%
Cancer waits – 31 days														
CB_B8: Cancer diagnosis to treatment within 31 days	98.6%	98.0%	96%	97.6%	97.3%	98.3%	100.0%	99.0%	97.50%	98.9%	97.5%	99.1	96.3%	98.2%
CB_B9: Cancer patients receiving subsequent surgery within 31 days	95.9%	93.1% 16 breaches	94%	95.1%	95.4%	92.0% 2 breaches	100.0%	94.7%	100.0%	100.0%	100.0%	100.0%	100.0%	98.4%
CB_B10: Cancer patients receiving subsequent Chemo/Drug within 31 days	100.0%	99.6%	98%	100.0%	100.0%	100.0%	100.0%	100.0%	97.1%	100.0%	100.0%	100.0%	100.0%	99.7%
CB_B11: Cancer patients receiving subsequent radiotherapy within 31 days	99.1%	97.1%	94%	100.0%	100.0%	97.9%	95.8%	91.8%	94.9%	97.8%	98.4%	96.7%	95.1%	96.5%
Cancer waits – 62 days														
CB_B12: Cancer urgent referral to treatment within 62 days	86.0%	78.4% 138 breaches	85%	76.5% 16 breaches	78.7% 13 breaches	68.4% 24 breaches	71.8% 24 breaches	80.0% 12 breaches	86.1%	86.4%	89.2%	82.9% 12 breaches	90.4%	80.4% 131 breaches
CB_B13: Cancer Patients treated after screening referral within 62 days	89.7%	97.0%	90%	93.3%	91.7%	100.0%	100.0%	100.0%	83.3%	100.0%	100.0%	N/A	100.0%	94.8%
CB_B14: Cancer Patients treated after consultant upgrade within 62 days	90.0%	89.1%	86%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%	85.7%	100.0%	100.0%	100.0%	97.1%
Category A ambulance calls (Trust level)														
Life threatening (defibrillator required): Category A calls within 8 minutes - Red 1	76.8%	75.3%	75%	75.9%	74.4%	72.5%	73.3%	72.4%	72.7%	73.8%	72.5%	74.5%	73.2%	73.5%
Life threatening (defibrillator NOT required): Category A calls within 8 minutes - Red 2	73.9%	74.3%	75%	77.3%	76.0%	74.2%	73.3%	72.0%	73.2%	73.4%	71.1%	71.0%	68.0%	72.8%
All life threatening: Category A calls within 19 minutes	97.0%	96.9%	95%	97.6%	97.2%	96.7%	96.2%	96.1%	96.7%	96.5%	96.2%	96.7%	94.8%	96.6%
Mixed Sex Accommodation breaches														
Mixed Sex Accommodation breaches	12	5	0	0	0	0	0	0	1	1	0	0	1	3
Mental health														
Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period.	97.1%	97.3%	95%	96.8%			100.0%			100.0%				98.9%

Figure 2: Surrey Downs CCG Other Priorities 2015/16

Indicator	Measure	FY 2014/15	2015/16 target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	YTD
Improving Access to Psychological Therapies (IAPT)														
Proportion of the people that enter treatment against the level of need in the general population	Percentage	8.4%	15.0%	0.7%	0.8%	0.9%	1.0%	0.7%	0.6%	0.9%	1.2%	1.2%	1.1%	9.2%
	Patients entering treatment	2,231	4,006	181	202	244	269	199	171	252	328	318	305	2,469
Proportion of patients completing treatment who have moved to recovery	Percentage	49.9%	50.0%	50.3%	51.6%	53.3%	50.4%	47.3%	49.2%	47.1%	53.5%	44.2%	43.8%	49.1%
	Patients moving to recovery	985		78	79	97	114	69	95	74	77	69	85	837
	Patients completing treatment	2,078		163	165	193	241	155	206	165	149	164	205	1,806
	Patients completing treatment who were not at clinical caseness at initial assessment	103		8	12	11	15	9	13	8	5	8	11	100
Proportion of patients completing treatment who commenced within 6 weeks of referral	Percentage		75.0%	91.4%	93.3%	92.2%	94.2%	91.0%	91.3%	93.9%	90.6%	94.5%	92.7%	92.2%
	Patients waiting more than 6 weeks			14	11	15	14	14	18	10	14	9	15	134
Proportion of patients completing treatment who commenced within 18 weeks of referral	Percentage		95.0%	96.3%	98.8%	96.9%	97.9%	94.8%	97.6%	96.4%	94.6%	98.2%	98.0%	96.7%
	Patients waiting more than 18 weeks			6	2	6	5	8	5	6	8	3	4	53
Dementia diagnosis														
Estimated diagnosis rate (ages 65+)	Percentage	53.6%	66.7%					62.7%	62.7%	62.7%	62.7%	63.0%	62.4%	62.7%
	Dementia register size	2,159	2,685					2,525	2,525	2,525	2,525	2,535	2,513	2,525

Appendix B - 2015/16 QIPP delivery

PMO QIPP Projects Summary Dashboard

MONTH 10

CATEGORY	NAME	Executive Lead	Programme Lead	YTD Plan £m	YTD Actuals £m	YTD Variance £m	Revised Plan £m	FOT @ Period 10 £m	FOT Variance £m	PMO RAG Assessment	Rationale for RAG rating
PLANNED CARE	MSK	James Blythe	Oliver MCKinley	£422,228	£336,006	-£86,222	£649,581	£530,006	-£119,575	R	The MSK project is currently delivering £82k per month savings against a plan of £97k and is forecast to under deliver against plan by £120k by the year-end as planned target increases. The *Red* rating reflects the lack of a detailed implementation plan with measurable milestones that recovers this gap.
	Ophthalmology	James Blythe	Oliver MCKinley	£0	£0	£0	£0	£0	£0		The service "go-live" date has slipped to 1st April 2016, (the £36k of 15/16 savings have been added to the QIPP gap). Plans are in place for the effective delivery of 16/17 QIPP targets. This has been agreed at PDB and will be assured as part of 16/17 planning.
	Dermatology	James Blythe	Oliver MCKinley	£167,906	£108,121	-£59,785	£232,370	£149,745	-£82,625		The Dermatology outpatient activity has been running over plan for the last two months and no savings have accrued in this period. This is not RAG rated as these savings are largely fortuitous and not dependent on management actions. The project is part of the 16/17 QIPP scheme and is currently being assured as part of 16/17 planning.
	Practice Peer Review	James Blythe	Oliver MCKinley	£508,498	£682,914	£174,416	£635,622	£819,496	£183,874	G	On track and delivering above plan.
	AQP Price Review	James Blythe	James Blythe	£563,889	£379,000	-£184,889	£725,000	£525,000	-£200,000	A	The FOT £200K slippage reflects the contract negotiation position with a supplier who have yet to agree 15/16 savings proposals
	RSS	James Blythe	Oliver MCKinley	£149,863	£153,049	£3,187	£179,835	£183,659	£3,824	G	Evidence of progress on track with milestone and financial plan
	POLCE - Prior Notification	James Blythe	Oliver MCKinley	£583,331	£570,000	-£13,331	£684,000	£684,000	£0	G	These savings have been superceded as part of the ESHT year end agreement.
	Diabetes	James Blythe	Oliver MCKinley	£146,389	£159,319	£12,930	£146,389	£159,319	£12,930		This is not RAG rated because the full year effect of a 14/15 QIPP initiative ended in Oct 2015 and the benefits have been achieved.
INTEGRATION	15/16 Community Hubs	James Blythe	Tom Elrick	£913,345	£949,328	£35,983	£1,000,000	£1,139,194	£139,194	G	This is the saving that accrues from the acute Non elective (adult) activity running below plan
CHC	CHC Contracts	Steve Hams	Lorna Hart	£644,581	£799,050	£154,469	£914,000	£914,000	£0	G	On track to deliver planned savings.
OTHER (CONTRACTING/ BAU)	Medicines Management	Steve Hams	Helen Marlow	£453,070	£655,422	£202,352	£618,552	£786,506	£167,954	G	On track to deliver above plan.
	Pharmaceutical Commissioning	Steve Hams	Liz Clark	£201,667	£186,943	-£14,724	£242,000	£224,332	-£17,668	A	The project has slipped below plan as the Pharmaceutical team are less confident in the CSU data challenges raised being successful.
	Estates	Matthew Knight	Julian Wilmhurst-Smith	£368,500	£385,250	£16,750	£368,500	£445,500	£77,000	A	The amber rating reflects the on going protracted nature of the negotiations around NHS Property over billing. Potentially savings could be £720k but will not be secured until agreement is reached with NHS Property.
	PTS	James Blythe	Tom Elrick	£35,400	£41,300	£5,900	£59,000	£59,000	£0	G	Difference between budget and contracted values - no delivery actions required
	Improving Contracting	Matthew Knight	Moyra Costello	£2,500,000	£2,695,836	£195,836	£3,000,000	£3,235,003	£235,003	A	These claims and challenges savings are notional having been largely superseded by the ESHT 2015/16 fixed price agreement .
	Other	Executive	Executive	£161,325	£0	-£161,325	£358,732	£0	-£358,732	G	The £358k potential QIPP gap identified as part of the 2015/16 "bottom up" QIPP plan review has now been made up from above plan delivery of other schemes
	TOTALS			**£7,819,991**	**£8,101,538**	**£281,547**	**£9,813,581**	**£9,854,760**	**£41,180**		

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