





**MANAGING SDCCG
DEVELOPMENT**
MILES FREEMAN

PURPOSE

- **SDCCG has an ambitious development agenda over the next year to establish itself as a robust organisation whilst implementing a range of important projects.**
 - **To achieve these goals will require a shared vision of what is important, clinical leadership at a programme and project level, dedicated management support, processes to drive programme delivery, creativity at unblocking projects and a whole organisation ethos (rather than silo working).**
 - **The management team has undertaken to map the high value initiatives to ensure that we have the capacity to deliver on our plans, and to track that delivery.**
 - **It is envisaged that this will be turned in to a programme plan, to be managed by the Lead for Programme Management**
 - **Mechanism for accountability, for the mgt team to Executive, Executive to Governing Body and Governing Body to Council of Members.**
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PROGRAMME CATEGORIES

- **In order to split up the work we have initially divided in to the following categories which are amplified on the successive slides:**
 - **Strategy**
 - **Building Capacity and Capability**
 - **Key Project Implementation**
 - **Improving Clinical Quality and Performance**
 - **Establish Operational Control of Services, Contracts and Budgets**
 - **Establish Effective Governance**
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STRATEGY

- **This is about the development of what we want to do not doing it, so encompasses:**
 - **Vision for Surrey Downs**
 - **Health and Wellbeing Strategy**
 - **Strategy for Acute Services (development of standards for acute care, BSBV, Surrey and Sussex strategic review, collaborative commissioning intentions)**
 - **Out of Hospital Service Strategy**
 - **5 year financial plan**
 - **Infrastructure (Estates Strategy, IT / Capital investment)**
 - **Development of enabling frameworks to implement (e.g. Epsom Transformation Board, Pioneer bid, Kingston, SASH LTB)**
 - **Managing Stakeholders**
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BUILDING CAPACITY AND CAPABILITY

- **Recruitment in to structure**
 - **CSU development**
 - **Organisational Development – Developing Governing Body, Structure, Executive, organisational culture**
 - **OD Staff development – processes, appraisal, workplans**
 - **Locality Development (defining clinical roles, expectations, support, information)**
 - **Developing the Collaborative Commissioning arrangements**
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KEY PROJECT IMPLEMENTATION

- Elective Care (Referral Management)
 - Urgent Care
 - Community Hospitals
 - Virtual Wards
 - Out of Hours
 - End of Life Care
 - CHC Review and Redesign
 - Primary Care Provision (Commissioning new standards for Primary Care / PMS plus and Enhanced services Review)
 - EDICS
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IMPROVING CLINICAL QUALITY AND PERFORMANCE

- Setting aspiration
- Defining key processes and governance
- Agreeing key areas for improvement that are tracked as projects (CHC, Health Care Acquired infections, Epsom Readmissions, adult safeguarding, IAPT)
- Defining local targets
- Ensuring national / local targets are met (e.g. plans are in place for any amber indicator)

ESTABLISH OPERATIONAL CONTROL

- Ensure all expenditure covered by contract / other mechanism
 - All contracts owned by CSU /SDCCG staff member with an SDCCG budget holder
 - All performance targets have a managerial / clinical lead
 - Managerial / clinical lead established for Collaborative services
 - Establish common contract and quality review processes across entire portfolio (subject to de minimis)
 - Define the regular information requirements for the CCG to manage its business.
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ESTABLISH EFFECTIVE GOVERNANCE

- **Review Constitution**
 - **Implement Committee structure**
 - **Authorisation - discharge conditions**
 - **Review collaborative arrangements**
 - **Patient and Public Engagement – agree routine processes and priorities for year**
 - **Develop corporate calendar**
 - **Develop Comms and Engagement (inc website, proactive comms, member engagement)**
 - **Agree programme for Council of Members meetings**
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