

<b>Title of paper:</b>	<b>Progress report in delivery of CCG Key Programmes</b>
<b>Meeting:</b>	Governing Body, 29 <sup>th</sup> November 2013
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<b>Exec Lead:</b>	Karen Parsons, Chief Operating Officer

<b>Purpose</b>	To Agree	
	To Advise	
	To Note	

### Development

This report is produced with input from Heads of Service and is reviewed on a monthly basis by the Executive Committee.

### Executive Summary and Key Issues

This report provides a high level summary of progress in delivery of the CCG Key Priority Programmes for 2013/14. The report provides a RAG ('red', 'amber', 'green') assessment summary across all programmes using a performance dashboard.

Significant progress in delivery has been made since the last report to the Governing Body. The number of Programme milestones assessed as 'green' has risen markedly from 26.1% in Sept. to 38.5% in Oct. Some of the achievements include:

- SDCCG achieved full authorisation without conditions in October 2013
- Implementation of Referral Support System with over 50 referrals a day mainly from Medlinc and two practices from East Elmbridge locality. This helps practices with signposting referrals, enhances patient choice, creates efficiency and supports the development of seamless care pathways.
- Completion of the Continuing Health Care Review on behalf of Surrey CCG's with recommendations to move to a new operating model over a period of 18 months.

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- Successful transfer of Individual Funding Request Service and Medicines Management service from Commissioning Support Unit Surrey and Sussex to SDCCG
- Out of Hospital service review process currently taking place to ensure that all services are aligned to our commissioning intentions and fit for purpose. This work will be concluded at the end of January 2014
- Developing a set of primary care standards, particularly focusing on primary care access and Long Term Conditions, is on target to deliver new primary care standards from our membership practices from 1<sup>st</sup> April 2014
- Three urgent care Project Initiation Documents signed off focusing on fully integrating minor ailments into the A&E system at Epsom; Intermediate care bed usage, particularly focusing on Epsom; and review of Community Assessment Unit to better support Ambulatory care
- Launched 'Co-ordinate my Care' End of Life programme which enables those patients who are at the end of their life to plan their preferred pathway of care. This is then flagged on health provider systems such as 111, SEACamb, Community Services. We have been successful in securing additional MacMillan funding for GP and nurse time to focus on education and support across our 33 membership practices and other stakeholders.
- Out of Hours draft specification is ready for consultation with a wide range of stakeholders. Additionally SDCCG has enhanced out of hours medical provision into our two responsible prisons (High Down and DownView)
- Dementia screening project implemented in July 2013 across all localities for early detection of dementia. Forecasted to screen 1,500 patients between 65–80 year of age with a projection of 300 patients diagnosed. Achieved 860 screening to date and approx. 1 in 10 are referred into the memory clinic
- Commissioned additional Diabetes Educational events across all 33 membership practices, particularly focusing on East Elmbridge where this services was not previously commissioned
- Recruiting to clinical leadership posts to support implementation of SDCCG Out of Hospital programme

<b>Agenda item</b>	13
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**Recommendation(s):**

The Governing Body is asked to note the progress in delivery of 13/14 Key Priority Programmes.

- a) Implementation of RSS (Referral Support Service)
- b) Completion of CHC Review
- c) Transfer of Medicines Management and IFR (Individual Funding Requests) into the CCG

**Attachments:** Supporting Document Appendix 2: available online only at [surreydownsccg.nhs.uk](http://surreydownsccg.nhs.uk)

**Implications for wider governance**

**Quality and patient safety:** The CCG will commission for quality in line with local intentions and any upcoming National Guidance. Several of the Key Programmes included in this report relate to these.

**Patient and Public Engagement:** The CCG will involve Patient and Public Engagement in line with local intentions and any upcoming National Guidance. Several of the Key Programmes included in this report relate to these.

**Equality Duty:** In line with the NHS constitution, the CCG commissions services in order to meet the Equality requirements of all protected groups. Several of the Key Programmes included in this report relate to these.

**Finance and resources** The CCG will manage finance and resources in line with local intentions and any upcoming National Guidance. Several of the Key Programmes included in this report relate to these.

**Communications Plan:** This report is available on the CCG website

**Legal or compliance issues:** No significant issues with respect to legal or compliance issues.

**Risk and Assurance:** A risk assessment for each Key Programme is included in this report.

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## Progress report in delivery of CCG Key Programmes for 2013/14 – Month 8 (November 2013)

### 1. Introduction

This report provides a high level summary of progress in delivery of the CCG Key Priority Programmes for 2013/14. The report provides a RAG ('red', 'amber', 'green') assessment summary across all programmes using a performance dashboard. A further performance dashboard shows the current progress broken down by six overarching programme themes as described in table 1 below.

Further details on the current progress of each project are also provided in *Appendices 1 and 2*.

### Assurance

Progress in delivery of key programmes is monitored and assured by the Committees as shown in the table below. Each body will receive a detailed report covering the programmes and projects related to the area of work/terms of reference of the body. Each body will be responsible for making recommendations as required and will raise specific areas of concern to the Governing Body as necessary.

**Table 1: Overseeing Body by Over-Arching Programme Theme**

Over-arching Programme	Overseeing Body
1. Strategic delivery <ul style="list-style-type: none"> <li>a. Acute Hospital</li> <li>b. Out of Hospital</li> <li>c. Finance</li> <li>d. Estates</li> <li>e. Local Transformation</li> <li>f. Health &amp; Wellbeing</li> </ul>	Executive Committee: Whole Systems Transformational
2. Building organisational capacity & capability	Executive Committee: Business and Governance
3. Implement specific and defined quality improvements	Clinical Quality Committee
4. Implement specific and defined service pathway/provision changes	Executive Committee: OOH Programme Board
5. Establish operational control of services, contracts and budgets	Executive Committee: Business and Governance
6. Establish effective governance	Executive Committee: Business and Governance Audit, Corporate, Governance and Risk Committee

## 2. Overall RAG Performance Dashboard

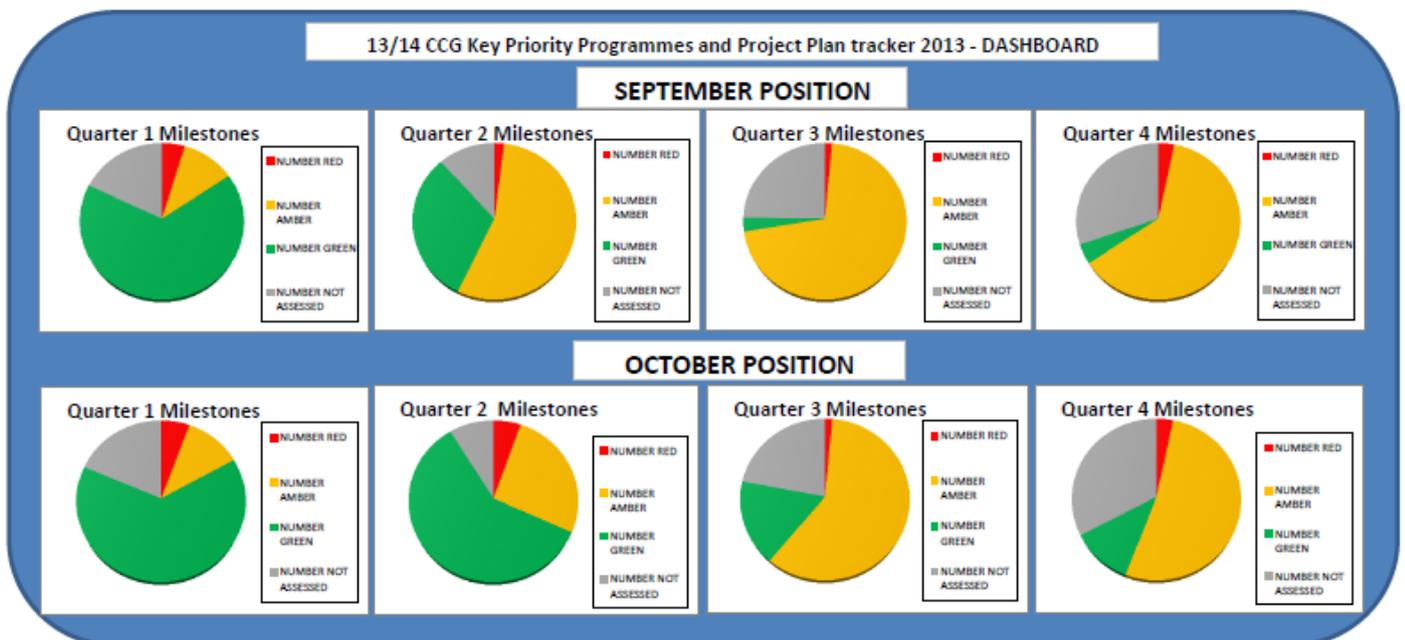
The performance dashboard below is intended to show progress against the delivery of key priority programmes. This is done by routinely re-assessing the RAG status of milestones.

Each agreed programme (or project) has specific quarterly milestones included. Milestones are used to 'track' or monitor the progress of a programme (or project). Using this approach provides an 'early warning' that there is a risk to the delivery of the programme at year end and remedial actions can be taken as necessary.

Figure 1 shows the current (October 13) RAG assessment for project milestones to be met in each quarter, Q1 (Apr-Jun), Q2 (Jul-Sep), Q3 (Oct-Dec) and Q4 (Jan-Mar), compared to the September position. The percentage of project milestones assessed as 'red', 'amber', 'green' or 'not assessed' for each quarter is provided. The assessments are based on milestones specific to the individual project or programme.

Overall good progress is being made. Whilst there has been an increase in the proportion of milestones assessed as 'red' (3.9% in Oct. compared to 2.8% in Sept.), the number of milestones at 'green' has risen markedly from 26.1% in Sept. to 38.5% in Oct.

**Figure 1**



Some of the achievements include:

- SDCCG achieved full authorisation without conditions in October 2013.
- Implementation of Referral Support System with over 50 referrals a day mainly from Medlinc and two practices from East Elmbridge locality. This helps practices with signposting referrals, enhances patient choice, creates efficiency and supports the development of seamless care pathways.

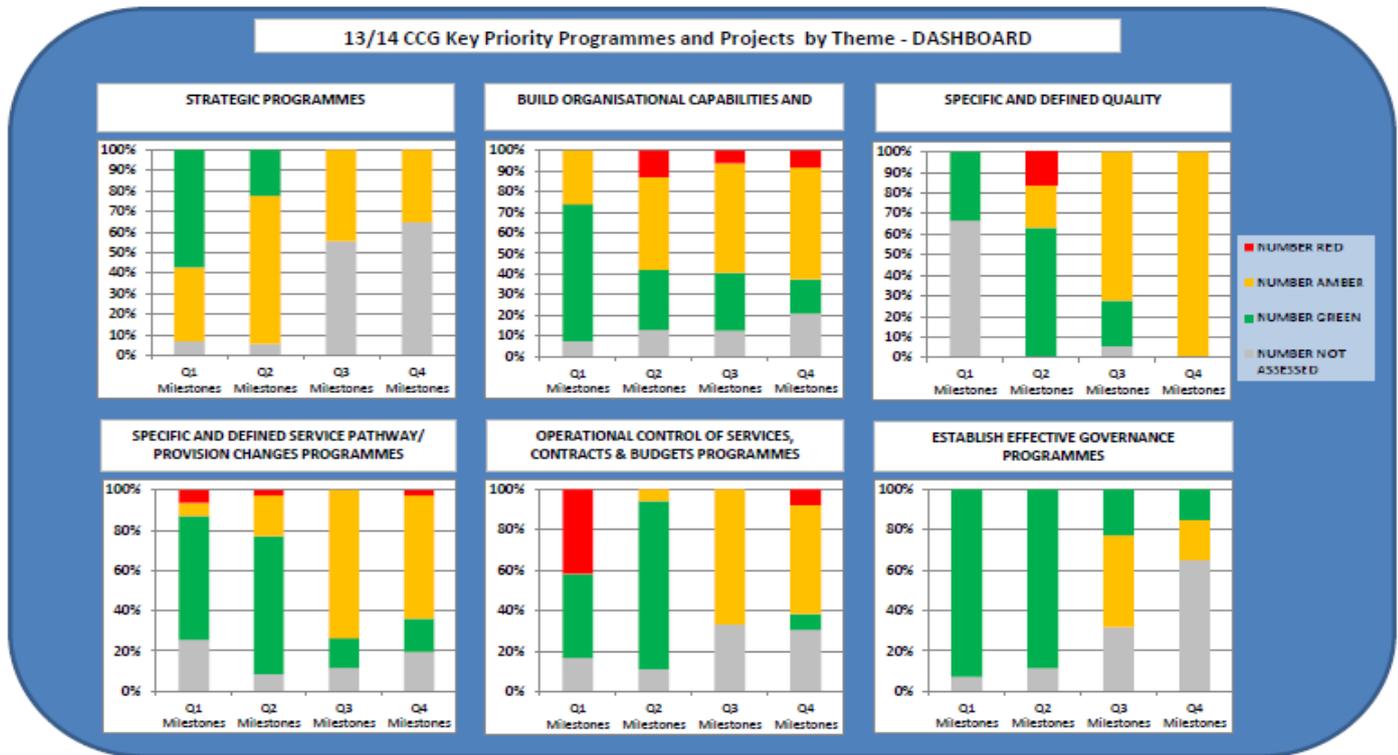
- Completion of the Continuing Health Care Review on behalf of Surrey CCG's with recommendations to move to a new operating model over a period of 18 months.
- Successful transfer of Individual Funding Request Service and Medicines Management service from Commissioning Support Unit Surrey and Sussex to SDCCG.
- Out of Hospital service review process currently taking place to ensure that all services are aligned to our commissioning intentions and fit for purpose. This work will be concluded at the end of January 2014.
- Developing a set of primary care standards, particularly focusing on primary care access and Long Term Conditions, is on target to deliver new primary care standards from our membership practices from 1<sup>st</sup> April 2014.
- Three urgent care Project Initiation Documents signed off focusing on fully integrating minor ailments into the A&E system at Epsom; Intermediate care bed usage, particularly focusing on Epsom; and review of Community Assessment Unit to better support Ambulatory care.
- Launched 'Co-ordinate my Care' End of Life programme which enables those patients who are at the end of their life to plan their preferred pathway of care. This is then flagged on health provider systems such as 111, SEACamb, Community Services. We have been successful in securing additional MacMillan funding for GP and nurse time to focus on education and support across our 33 membership practices and other stakeholders.
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- Commissioned additional Diabetes Educational events across all 33 membership practices, particularly focusing on East Elmbridge where this services was not previously commissioned.
- Recruiting to clinical leadership posts to support implementation of SDCCG Out of Hospital programme

### **3. RAG status by Programme Theme**

The performance dashboard (Figure 2) shows the current RAG assessment for project milestones grouped by overarching programme themes. The charts shows the percentage of

projects assessed as 'red', 'amber', 'green' or 'not assessed' for each milestone period; Q1 (Apr-Jun), Q2 (Jul-Sep), Q3 (Oct-Dec) and Q4 (Jan-Mar).

Figure 2



**Please note:** project milestones currently recorded as 'not assessed' refers to projects where there is either no milestone or milestone activity in the period or where the project lead has indicated that the project has concluded or the programme of programme of work is now complete.

## Appendix 1 – Changes from last month’s assessment (detailed view)

SEPTEMBER													
MILESTONE 1			MILESTONE 2			MILESTONE 3			MILESTONE 4				
NUMBER RED	6		NUMBER RED	3		NUMBER RED	2		NUMBER RED	4		15	2.75% % RED
NUMBER AMBER	14		NUMBER AMBER	85		NUMBER AMBER	100		NUMBER AMBER	76		275	50.46% % AMBER
NUMBER GREEN	85		NUMBER GREEN	48		NUMBER GREEN	4		NUMBER GREEN	5		142	26.06% % GREEN
NUMBER NOT ASSESSED	23		NUMBER NOT ASSESSED	18		NUMBER NOT ASSESSED	35		NUMBER NOT ASSESSED	37		113	20.73% % NOT ASSESSED
<b>Total</b>											<b>545</b>		
OCTOBER													
MILESTONE 1		Change from previous period	MILESTONE 2		Change from previous period	MILESTONE 3		Change from previous period	MILESTONE 4		Change from previous period		Change from previous period
NUMBER RED	7	1	NUMBER RED	8	5	NUMBER RED	2	0	NUMBER RED	4	0	21	3.93% % RED ↑
NUMBER AMBER	14	0	NUMBER AMBER	39	-46	NUMBER AMBER	84	-16	NUMBER AMBER	64	-12	201	37.57% % AMBER ↓
NUMBER GREEN	80	-5	NUMBER GREEN	88	40	NUMBER GREEN	24	20	NUMBER GREEN	14	9	206	38.50% % GREEN ↑
NUMBER NOT ASSESSED	23	0	NUMBER NOT ASSESSED	13	-5	NUMBER NOT ASSESSED	31	-4	NUMBER NOT ASSESSED	40	3	107	20.00% % NOT ASSESSED ↓
<b>Total</b>											<b>535</b>		

## **Appendix 2 – Assessment of current progress in programme delivery by programme/project**

*Supporting Document – available on-line only*