

## Governing Body (public) meeting

DATE: 28<sup>th</sup> November 2013

Title	Development of the Commissioning Intentions 2013/14
Recommended action for the Governing Body	<p>That the Governing Body:</p> <p><b>Approve</b> the latest version of the Commissioning Intentions and</p> <p><b>Note</b></p> <ul style="list-style-type: none"> <li>• The existence of a detailed engagement plan and support the first whole system engagement event on 5<sup>th</sup> December</li> <li>• That the document will be updated in the light of NHSE national and London guidance, taken to the Health and Wellbeing Board in January 2014 and brought back to Governing Body for final approval by the end of March 2014</li> </ul>
Executive summary	<p>This paper presents:</p> <ul style="list-style-type: none"> <li>- Plan on a Page</li> <li>- Our delivery plans for 13/14 (how did we do)</li> <li>- Our delivery plans for 2014/15</li> <li>- an abridged version of the commissioning intentions – a full draft (working version) is available to all members of the Governing Body on request</li> </ul> <p>The Commissioning Intentions have been developed by a Task and Finish Group which has engaged the whole organisation in developing, owning and writing the Commissioning Intentions. The aim is to embed the Commissioning Intentions as the core strategic guide for the organisation as a living, real document.</p> <p>It sets out our vision and values, plans for the next two years, 2014/15 and 2015/16 as well as a longer term vision and outline priorities to 2019. It also shows how we will deliver the NHS Outcomes Framework and Constitution requirements.</p> <p>The document is built on four “pillars” that all our plans have to meet and six “commissioning enablers” which guide how we need to work effectively as a well-led, inclusive and engaging CCG.</p>

## Clinical Commissioning Group

	<p>The four pillars are:-</p> <ul style="list-style-type: none"> <li>- population needs (JSNA)</li> <li>- safety and quality (Francis and Berwick reports)</li> <li>- NHS Call to Action</li> <li>- financial sustainability</li> </ul> <p>The six commissioning enablers are:-</p> <ul style="list-style-type: none"> <li>- clinical engagement and primary care development</li> <li>- engagement of patients and public</li> <li>- transformation through the QIPP</li> <li>- integrated and collaborative commissioning</li> <li>- organisational and workforce development</li> <li>- effective contracting, procurement and performance management</li> </ul> <p>The document sets out our transformational QIPP plans within three financial scenarios –upside; downside and base case.</p> <p>The priorities are set out in the following eight programmes:-</p> <ul style="list-style-type: none"> <li>- Queen Mary’s and Erith Hospitals</li> <li>- Unscheduled (emergency and urgent) care</li> <li>- Planned Care</li> <li>- Long Term Conditions</li> <li>- Children, Young People and Maternity</li> <li>- Adults</li> <li>- Older People</li> </ul> <p>The document also restates the prevention and wellbeing priorities that we have already agreed with the London Borough of Bexley through the Joint Health and Wellbeing Strategy.</p>	
<p>Which objective does this paper support?</p>	<p><b>Patients:</b> Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders</p>	<p>The document reconfirms our Joint Health and Wellbeing Strategy priorities as well as embedding self-management for long term conditions. It has integrated and collaborative commissioning with the council and fellow CCGs, as well as NHS England as a key enabler of success. We can achieve more together</p>

	<p><b>People:</b> Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London</p>	<p>than apart</p> <p>Organisation and Workforce Development is one of our six key commissioning “enablers”. Our own Organisational Development Plan guides the development of our own staff and we will work closely with the Academic Health Sciences Centre and Health Education England to maximise innovation and plan for the necessary changing workforce that will support the Community Based Care approach.</p>
	<p><b>Pounds:</b> Delivering on all of our statutory duties and become an effective, efficient and economical organisation</p>	<p>The document sets out three financial scenarios: upside, downside and base-case. The QIPP has been extensively modelled, tested and challenged through our Programme Office approach which is set out. Financial Sustainability is one of the four key “pillars”. The inclusive CCG-wide approach taken means that financial sustainability and quality/safety have been worked on in a balanced way, together</p>
	<p><b>Process:</b> Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience</p>	<p>The document serves as the foundation for our Operating Plan. We may need to produce something in an agreed London format once guidance is available, We also refresh the document as necessary once the national guidance for 2014/15 is published. The document has a strong</p>

		<p>focus on quality and safety with a clear set of short term and strategic priorities which will be advanced both through strong contractual review working with neighbouring CCGs and by continuing the journey of cultural change set out by Francis and Berwick. Involvement of patients and the public, together with good clinical engagement will ensure that we triangulate hard and soft quality trends and build an open, enabling approach. The JSNA refresh is indicating that our priorities are the right ones still, but that we now need to gear them to the areas of greatest deprivation within Bexley by fine-tuning our interventions by ward, gender, deprivation, age and ethnicity</p>
<p>Organisational implications</p>	<p>Key risks <i>(corporate and/or clinical)</i></p>	
	<p>Equality and diversity</p>	<p>The need to gear existing programmes and show how we intend to impact on those in greatest need. This will need considerable Equality Impact Assessment work</p>
	<p>Patient impact</p>	<p>Taking patients with us as we continue a real shift in the healthcare model for Bexley and continue to move ahead in the wake of the Trust Special Administrator current position. Patient and Public engagement continues to be essential</p>
	<p>Financial</p>	<p>The risks are well known and the main elements that need careful negotiation are the split between CCG and NHS England (specialised commissioning) budgets and reaching agreement on the Transformation Fund</p>

**Clinical Commissioning Group**

	Legal issues	Taking account of the legal implications of the TSA process
	NHS constitution	We will integrate all actions to meet Constitution standards into our mainstream plans. The document has a separate chapter that transparently sets out our red areas and proposes action plans
Consultation (public, member or other)	An engagement plan has been agreed and is taking the document to our localities, GP advisory group, partners including the Health and Wellbeing Board. The first whole system engagement event is set for 5 <sup>th</sup> December 2013	
Audit (considered/approved by other committees/groups)	Financial position and plans are regularly considered by the Finance Working Group. PCAG has been engaged and Executive Management Committee has had periodic updates.	
Communications plan	An Engagement Plan has been produced – led by Jon Winter – available on request	
Author	Mike Attwood – Programme Lead	
	Clinical lead  Howard Stoate as CCG Chair	Executive sponsor  Sarah Valentine Director of Commissioning
Date	14 November 2013	

# OUR DELIVERY PLANS FOR 2013/14 – HOW DID WE DO?

The Challenge	Vision	Values	Step Change and Transform Priorities 13/14	Deliverables	Key ACHIEVEMENTS	Drivers for Success	
Deliver for Ageing Population	Our vision is for Bexley's residents to stay in better health for longer, with the support of good quality integrated care, available as close to home as possible, backed up by accessible, safe and expert hospital services when they are needed.	Patients and Public at the Heart of Everything we do	Queen Mary's Hospital	<ul style="list-style-type: none"> <li>Redesigned Hospital Business Case</li> <li>Prepare single Urgent Care Procurement</li> <li>Establish Older People's hub</li> <li>Review Paediatric Assessment Unit</li> <li>Contract for outpatients &amp; day cases</li> </ul>	<ul style="list-style-type: none"> <li>Business Case Agreed / Refurbishment in hand</li> <li>Procurement complete by 3/14</li> <li>Older People's Hub started 8/13</li> <li>PAU review commenced</li> <li>OPD contract started 10/13</li> <li>Safety review of service transfer due 11/13</li> </ul>	<b>COLLABORATION AND RISK SHARING ACROSS BEXLEY AND SOUTH EAST LONDON</b> <b>FINANCIAL CONTROL AND SUSTAINABILITY</b> <b>SYSTEMATIC COMMUNITY ENGAGEMENT...</b> <b>SAFE AND SOUND GOVERNANCE</b>	
Lower Diabetes & Obesity Rates		Strive to Achieve Best Value for Local People	Mental Health	<ul style="list-style-type: none"> <li>Earlier intervention and access for psychological therapies via IAPT</li> <li>Swifter and more preventive care for people with mental health problems accessing general acute hospitals</li> </ul>	<ul style="list-style-type: none"> <li>X6 % of people with anxiety &amp; depression in IAPT by 3/14</li> <li>X% less general acute spells by 3/14</li> </ul>		
Strong on Safety in Transition		Work Responsibly and Collaboratively with Partners	Urgent Care	<ul style="list-style-type: none"> <li>Reductions in unnecessary urgent admission</li> <li>Review and Borough-wide model agreed and procured by April 2014</li> <li>Streamlined pathways and access points</li> </ul>	<ul style="list-style-type: none"> <li>Procurement complete</li> <li>X% less admissions for target ambulatory sensitive conditions from 08/13</li> </ul>		
Financial Grip with Sustainable Model for Transformation		Work in an Open and Transparent Way	Planned Care	<ul style="list-style-type: none"> <li>Care closer to home with hospital back up for intensive/complex treatment</li> <li>Strengthened primary care navigation of the planned care system</li> <li>Less first outpatients - more consultant advice</li> </ul>	<ul style="list-style-type: none"> <li>?</li> </ul>		
Transformational QIPP to deliver Community Based Care Strategy → Enhanced Prevention & Care Closer to Home		Support New Ideas and Innovation	Children & Young People	<ul style="list-style-type: none"> <li>Further development of safeguarding with rise in BEAN (single) assessment rate</li> <li>Better integration of universal, specialist and mental health services for children</li> </ul>	<ul style="list-style-type: none"> <li>Safeguarding Hub due by 5/2014 – Health Visitor in place</li> <li>Oxleas took on specialist children's services in 10/13</li> </ul>		
Tackle Hospital Readmissions and Length of Stay		Accountable Ethical and Evidence Based Decisions	Older People	<ul style="list-style-type: none"> <li>Reductions in inappropriate admissions</li> <li>More rapid supported discharge with reablement</li> <li>Streamlined pathways</li> <li>Integrated health and social care support</li> </ul>	<ul style="list-style-type: none"> <li>Service mobilised by 8/13</li> <li>35% reduction in target ambulatory sensitive admissions from October 2013</li> </ul>		
Collaborative Leadership across Bexley & South East London to Redesign the Care System post - TSA		Respect and Meet the Needs of or Diverse Communities	Long Term Conditions	<ul style="list-style-type: none"> <li>Improved pathways of care</li> <li>Care closer to home with hospital back up for intensive/complex treatment</li> </ul>	<ul style="list-style-type: none"> <li>new integrated stroke/ neuro-rehabilitation service from 7/13</li> </ul>		
Enhance Patient Satisfaction		Uphold the Principles and Standards of the NHS Constitution and Mandate					

The Challenge	Vision	Values	Priorities 14/15	Deliverables <sup>Clinical Commissioning Group</sup>	Key Results	Drivers for Success
<p>New Service for Older People Embedded &amp; Delivering the Community Shift Required</p> <p>New Focus on Prevention &amp; Inequalities with Agreed Interventions to Lower Diabetes, Smoking &amp; Obesity Rates</p> <p>“Safety in Transition” Measures Agreed and Tracked with Public and Professional Confidence</p> <p>Demonstrate Increasing Financial Stability and Implementation of Community Based Care Strategy Model</p> <p>Demonstrable Reduction in Unnecessary Hospital Activity → Lower Readmission, Length of Stay &amp; Outpatients</p> <p>Partners across Bexley &amp; South East London agree new Hospital System post - TSA</p> <p>Enhance Patient Satisfaction and buy-in to change</p>	<p>Our vision is for Bexley’s residents to stay in better health for longer, with the support of good quality integrated care, available as close to home as possible, backed up by accessible, safe and expert hospital services when they are needed.</p>	<p>Patients and Public at the Heart of Everything we do</p> <p>Strive to Achieve Best Value for Local People</p> <p>Work Responsibly and Collaboratively with Partners</p> <p>Work in an Open and Transparent Way</p> <p>Support New Ideas and Innovation</p> <p>Accountable Ethical and Evidence Based Decisions</p> <p>Respect and Meet the Needs of or Diverse Communities</p> <p>Uphold the Principles and Standards of the NHS Constitution and Mandate</p>	<p><b>A FOCUS ON PREVENTION, INEQUALITIES AND CARERS SUPPORT ACROSS ALL OUR PRIORITIES</b></p> <p>Queen Mary’s and Erith Hospitals</p> <p>Unscheduled Care</p> <p>Long Term Condition Services</p> <p>Planned Care</p> <p>Children, Young People &amp; Maternity</p> <p>Adults</p> <p>Older People</p>	<ul style="list-style-type: none"> <li>QMH Refurbishment Complete</li> <li>QMH Prospectus of Services Published</li> <li>New Providers Acquire QMH Services Safely</li> <li>Erith Development Commenced</li> </ul> <ul style="list-style-type: none"> <li>New Urgent Care Service Implemented</li> <li>Access Model Engaged On/ Published</li> <li>Enhanced Public Confidence / Reduction in A&amp;E Use</li> </ul> <ul style="list-style-type: none"> <li>New MSK/ Cardiology services mobilized by 4/14</li> <li>New Diabetic service mobilized by 4/14</li> <li>Diabetes, Smoking and Obesity Prevention Plans 1) Agreed with LBB by 6/14; 2) embedded in elective pathways 6/14</li> <li>Cancer - embed support for survivorship into Acute and Community Contracts and procure Prime Contractor for Survivorship by 9/14</li> <li>Prime Contractor for Last Years, Months and Days to co-ordinate a better end of life experience for patients by 9/14</li> </ul> <ul style="list-style-type: none"> <li>New reporting to GPs to support variance monitoring by 4/14</li> <li>Ophthalmology Prime Contractor procured &amp; in place by 8/14</li> <li>Treatment Access Policy 4 &amp; update challenge process in place by 4/14</li> <li>Referral Management Service Jointly with Greenwich CCG procured by 4/14, in place by 7/14</li> <li>New Contracts for Endoscopy, Direct Access Pathology and Radiology in place by 9/14</li> <li>New AQP service in place for both Tier 1 and 2 Anti Coagulation by 6/14 Complete general surgery benchmark review by 4/14</li> </ul> <ul style="list-style-type: none"> <li>Prepare Integrated Children’ Services Prime Contractor Procurement</li> <li>Implement south east London Maternity Transformation Plan</li> <li>Implement Personal Education Budgets for Complex Needs</li> <li>New Model for Paediatric Assessment Unit Implemented</li> </ul> <ul style="list-style-type: none"> <li>Mental Health Referral Management, Liaison Psychiatry and Full IAPT services in Place</li> <li>Ensure compliance with Learning Disability Self Assessment Framework and Winterbourne Action Plans Working with LBB</li> </ul> <ul style="list-style-type: none"> <li>Embed Integrated Care service</li> <li>Implement Carers &amp; Dementia strategies</li> <li>Implement Co-ordinated End of Life Service</li> <li>Safeguard Care Home Standards</li> <li>Commission Redesigned Older Peoples Mental Health Services</li> </ul>	<p>TRANSFORMATION THROUGH THR QIPP</p> <p>EFFECTIVE CONTRACTING PROCUREMENT &amp; PERFORMANCE MANAGEMENT</p> <p>ENGAGEMENT OF CLINICIANS PATIENTS PUBLIC AND PARTNER ORGANSATIONS</p> <p>ORGANISATIONAL AND WORKFORCE DEVELOPMENT</p>	

# ***OUR PLANS - 2014 – 2019***

## ***ABRIDGED VERSION***





## FOREWORD

We are pleased to share our second set of plans for the NHS in Bexley. GPs are playing a bigger role in how healthcare is delivered. The Government's decision to put clinicians in the driving seat gives them the power to decide how and where money is spent. This includes buying or 'commissioning' essential day-to-day services, such as hospital care as well as redesigning existing services for the future so that patients receive better treatment closer to home. These improvements are being delivered through NHS Bexley Clinical Commissioning Group (Bexley CCG).

We came into being as a new organisation in April 2013 and this second plan builds on our year one achievements and sets out how we will commission services for the two years from April 2014 to March 2016. It also looks ahead to 2019 so that you can understand our longer term aspirations and see our ambitions for the future, rather than just taking one year at a time. Our plans are built on four guiding principles or "**pillars**": responding to the needs of Bexley through our Joint Strategic Needs Assessment (JSNA); high quality services by responding to the Francis and Berwick reports; the NHS "Call to Action" ensuring that services offered for the population are transformed and financial sustainability, meeting our obligations within the future available resource limits and financial security, making sure that we spend public money wisely and balance our books. We also talk about our six "**commissioning enablers**" which are the means and methods of making sure we work effectively. These are, clinical engagement and primary care development, engagement of the patients and the public, transformation through our Quality Innovation Prevention and Productivity Plans (QIPP), integrated and joint commissioning with our partner CCGs and the London Borough of Bexley, organisational and workforce development and professional procurement, contracting and performance management.

This one plan brings everything together in one place: our obligation to meet the NHS "national offer" through the NHS Constitution and Outcomes Framework, our Joint Health and Wellbeing Strategy with the London Borough of Bexley – as well as collaborative plans with other CCGs for south east London and the very specialist services serving the capital as a whole.

With advancing technology and clinical techniques, large amounts of care that used to be delivered from acute hospitals can now be well run in community settings. For example, we already do this for some aspects of cardiology (heart services). Over the next few years many more services will be delivered much closer to people' homes in the community, in a much more integrated way, especially with the social care services that the London Borough of Bexley is responsible for.

Older People have a right to expect, for example, that district nurses and social care teams will deliver one care package together rather than duplicating and fragmenting the service.

This coming year will see our big, community-facing plans for cardiology and musculoskeletal services being delivered and commencing implementation. These will deliver improved services for our patients, embrace innovation, with real integrated care pathways between community and acute care. Our new Integrated Care service for older people will operate at full capacity to support many more people outside hospital.

These changes to community based care means that hospitals need to be reshaped to respond to this changing environment. We still need acute hospitals for emergency, trauma and complex care so that our own local community based care system is well supported by a pattern of effective, safe and high quality acute hospital care organised on a south east London-wide basis. Hospitals will also continue to provide the more specialised services that need a bigger population catchment area than one borough, for example organ transplants.

With our partner CCGs across south east London we have moved forward with the Secretary of State recommendations for the dissolution of South London Healthcare Trust. In September the receiver organisations commenced operations in shadow form with the transfer to the new organisations on 1<sup>st</sup> October 2013. Across south east London we are reviewing the impact of the recent legal judgement on the Secretary of State's decision about the proposed changes at Lewisham hospital and the longer term impact of these, but this has not stopped the movement on the transfer of the former South London Healthcare NHS Trust's services to the new receiver organisations.

Fortunately, Bexley is less affected by this uncertainty. Our plans for a reinvigorated Queen Mary's Hospital, Sidcup are under way. Queen Mary's will sit at the heart of our network of community services, drawing together urgent care and planned care services such as outpatients and diagnostic testing, as well as being a hub for specialist children's services and cancer care. We also plan to strengthen services in the north of Bexley with refreshed plans for Erith Hospital.

Services will also anticipate people's needs in advance much more than before, through good, preventive care such as our Improving Access to Psychological Treatment (IAPT) services that provide focused counselling at an early stage to people at risk of developing more serious mental health problems. The CCG's and Council's Health and Wellbeing Strategy majors on these more preventive services.

As we undertake these changes we will make sure that quality and safety remains at the centre of all we do. The terrible events of Mid-Staffordshire and Winterbourne View demonstrate all too clearly what happens when the NHS treats financial balance and targets as ends in themselves and slips into a culture that fails to listen to patients and carers and support front-line staff. There are no “tick-box” solutions to this - it is only by keeping close to patients and clinicians that we can build an open, learning culture that learns from mistakes and spots problems early. Our plans to respond to the Francis and Berwick reports will ensure that this is so. Maintaining and improving quality during a period of transition to the new model of service delivery is essential.

The financial environment is still challenging. Bexley has to be amongst the most efficient parts of the NHS to face the future. Our community based care strategy, together with our integrated care approach takes the right, modern approach to services, which should also be the most efficient. Good preventive care, working with people in the community to manage long term conditions such as diabetes, integrating services and care across the community and acute settings; anticipating and avoiding emergencies early are all cost effective as well as clinical best practice. This is unlikely to be enough to balance the books and we will continue to prioritise access only to effective treatments based on evidence, using the most cost-effective drugs. We promise to be completely open about the areas of care where we will need to prioritise further or reduce services.

We can only succeed by working together with our GP practice members, local people and our partners. The GP practices in Bexley ensure that our plans are sound and sensible because they are built on the daily experience of GPs in guiding their patients through the NHS. Practices also provide us with the GPs who sit on our Governing Body and act as Clinical Leads for the big areas of care that we are redesigning. We are proud of our Patients Council and believe that we must engage with and consult local people systematically as part of a long term relationship, from testing out our ideas and early plans right through to understanding how local people experience the NHS funded services they use. The changes we plan are big - we need to explain them well and try to take people with us.

Our partners in commissioning are also vital to us;

- the London Borough of Bexley to make sure we have integrated health & social care and preventive services,
- our new providers of integrated care services across cardiology, muscular skeletal, and diabetes care,
- the south east London CCGs as we reshape hospitals together
- NHS England, who commission specialised services and run the contracts with GPs, dentists, high street chemists and opticians.

As we work on the development of local services, we will do so as a full part of our National Health Service, judged by our delivery of the NHS Constitution and NHS Outcomes Framework. We are making good progress in many areas, but know we have more to do to commission consistently timely emergency care and improve some waiting times for cancer. We also need to enhance patients' satisfaction and sense of being supported to manage their own health which is a little below the national average. Again, we will work with our Patients Council to really understand the perceptions and concerns of local people and engage them in the necessary service redesign and for the first time engage them in contract monitoring.

We have proactively managed the dissolution of South London Healthcare Trust and issues as they arose during the transfer of the services, and put in place good systems for quality and safety monitoring with the new providers of these services. We have actively developed more robust systems and processes as a response to both the Mid Staffordshire and the Winterbourne reports, and these systems will protect our patients and staff in the future.

We have listened to our patients on their service experiences, acted on their concerns and we are also developing new services based on their feedback, working with them to determine improved care pathways. We will build on our experiences in 2013 to further refine and develop how we engage with our population, and how we seek open feedback to improve the services we commission for all of our population.

**Dr Howard Stoate**  
**Chair**

**Sarah Blow**  
**Chief Officer**

## 1 INTRODUCTION

This is our second year of operation as a new Clinical Commissioning Group. We have made good progress despite operating in a very challenging financial environment and with major changes needing to be made to the local health system, particularly acute hospitals. For example our new integrated care service for older people is up and running, supporting people better at home; we have new community stroke and neurodisability teams and we have expanded our community's access to counselling and psychological "talking" therapies.

These commissioning intentions now set out our plans for 2014/15, 2015/16 and out to 2019. The first year is set out with detailed plans; the second year gives outline plans and we also set out our long term vision for how Bexley will look like by 2019. Queen Mary's Hospital Sidcup will sit at the heart of our new Bexley model of community-based care, drawing together outpatient, children's, urgent care and diagnostic services in one place, alongside the development of Erith hospital as the spoke for north Bexley.

These plans cover both healthcare services as well as prevention of ill health and promoting wellbeing, now we have produced our first Joint Health and Wellbeing Strategy with Bexley Council, setting out our vision for "Healthy, Active Bexley".

We have been developing the CCG as a strong, clinically led commissioning organisation that systematically communicates with patients and communities. This clinical and community communication lies at the heart of us being a successful organisation, in touch with the concerns and aspirations of local professionals and residents. The financial position is still challenging nationally and we must remain vigilant.

We also must rise to a big cultural challenge. Many local people and clinicians are not yet convinced about the scale and radical changes that we believe are needed. If people are to buy into the redesigned system, the reshaping of Queen Mary's Hospital and the wider community based care services must inspire confidence.

Quality also has to be at the heart of healthcare in Bexley, particularly as we must lead services through a period of transition and significant change. This plan demonstrates how we are strengthening our approach to quality, listening to patients' and clinical concerns to make sure we pick up risks early. This means learning from the awful events of Mid Staffordshire and Winterbourne View by paying real attention to the culture of the local NHS, building learning organisations not reducing quality to a "tick-box" set of targets.

## 2 WHO WE ARE AND WHAT WE DO

With the many changes that have taken place with the recent NHS reforms, it is helpful to understand which organisation commissions which services.

NHS Bexley Clinical Commissioning Group is responsible for commissioning the following services: -

- Planned care and hospital care
- Urgent and emergency care
- Rehabilitation care
- Community health services
- Mental health and learning disability services

Primary care services like GPs, pharmacists, dentists and opticians are commissioned separately by NHS England's London team.

The following public health services have been transferred to be commissioned by the local authority. These include:-

Sexual health	Physical activity	Smoking cessation
School Nursing	Obesity	Infectious disease
GP Health Checks	Alcohol and drug abuse	Health intelligence
Emergency preparedness and response to major outbreaks		

### 3 WHY CHANGE IS STILL NEEDED

The “case for change” that we made last year is as relevant as ever. The main drivers remain:-

- **a strong and stable acute hospital system across south east London** that focuses only on emergency, complex and specialist care
- **an expanded range of modern community based care services** that “wrap around” Queen Mary’s and Erith Hospitals to maximise services closer to or actually in people’s own homes
- working with Bexley Council to **integrate health and social care** to reduce duplication and disruption for service users and maximise efficiency
- **enhancing preventive support** to prevent ill health in future and help people with long term conditions manage symptoms and exacerbations
- facing up to the **reality of shrinking public resources** in the current economic climate through a careful mix of efficiency within existing services, transformation and redesign of services to integrate care between community, hospital and home care, and to provide appropriate services outside of hospital. We are only investing in services where there is good evidence of effectiveness and being open and honest where priorities have to be changed and services reduced.

Bexley has to be amongst the most efficient, transformational and focused commissioning organisations in the country if we are to succeed.

Where we already have the services that we need in place, they must be extremely efficient and in the top 10% of performance nationally; where we are shifting the balance between hospital and community based care, we must make sure that services are as joined up with the local authority social care services as possible. This will prevent duplication and make the service is easier for people to use as well as being much more cost effective.

We must also make sure that we support people with long-term conditions such as diabetes to manage their own conditions with our support so that they don't end up in crisis in hospital which is both poor for their health as well as very expensive.

We will also focus spending money on services where there is good evidence that they are effective. Through this careful mix of efficiency, transformation and evidence, we hope will not have to do reduce services. If we do we will be honest and open about where this needs to happen. The financial environment is still tough because of the national economic situation and because 3% of our budget will be being transferred to the local authority to improve and develop social care.

To succeed, our Quality, Innovation, Prevention and Productivity (QIPP) Plans are essential to make sure that services in Bexley are highly productive and efficient when compared to the rest of the NHS, that we provide early preventive support to keep people well and out of hospital where we can and that we transform services so that most services are in the community and in Bexley itself so that hospitals can concentrate on the complex, specialised or true emergency care that they are best skilled at. Reducing services is a last resort, but we must change if we are to avoid that.

This is a national issue and our QIPP Plans respond to the Government's NHS "Call to Action" that urges the NHS locally to engage with local people and front-line staff to decide how best to reshape services for the future.

This plan set out three financial scenarios – Upside (best case), Downside (worst case) and Base Case (middle way), so that people can see very clearly what the consequences will be depending on how the economic situation finally stands by the end of March 2014 when this plan starts.



#### 4 OUR PLANS AT A GLANCE

Our plans for 2014/15 and beyond build on the work we have undertaken in 2013/14. The challenge is now to:-

- Work with the Council, through the Joint Health and Wellbeing Strategy to prevent and manage the ill health consequences of obesity, smoking, dementia and diabetes
- Bed down our new community services for older people and make sure they deliver the shift in care to the community as the "usual response"
- Do more to support people living with long-term conditions
- Keep services safe as they transition from the current service model to the new one
- Show that our finances are becoming stable both now and for the longer term
- Prove that community-based care supports people better in the community, using hospital less and avoiding unnecessary/expensive activity
- Agree the sustainable shape of acute hospital care right across south east London with our fellow CCGs
- Improve patient satisfaction across the board which is below-average compared to other CCGs similar to ourselves

The "Plan on a Page" Below shows at a glance our priorities for next year, but the headlines are:-

- continue with the redevelopment of **Queen Mary's** and now **Erith** hospitals
- complete the procurement of the new integrated **urgent care service** by April 2014
- implement our radical plans for **long-term conditions** in the areas of diabetes, musculoskeletal and cardiology services – as well as keep working to reduce smoking
- keep working towards the most efficient **planned care services** possible for outpatient, day surgery and inpatient care, particularly for ophthalmology, dermatology, urology, gynaecology and general surgery.
- continue work to create one strong set of integrated **children's services** across physical & mental health, as well as other special needs
- review women's experience of **maternity pathways** in Bexley to improve the continuity of care and better satisfaction
- take a fresh look at our priorities for people with **physical and learning disabilities** and develop those plans more jointly with Bexley council
- continue to strengthen preventive **mental health services** through IAPT and set up a new referral hub to manage and prioritise referrals better
- make sure that the new integrated care service for **older people** really is making the shifts to modern, community-based care as the usual response
- make sure that we are implementing the **carers strategy** well and supporting carers of all ages, including young carers, better

# OUR DELIVERY PLANS FOR 2014/15 AND BEYOND



UNDER CONSTRUCTION

The Challenge	Vision	Values	Priorities 14/15	Deliverables <small>Bexley Clinical Commissioning Group</small>	Key Results	Drivers for Success
New Service for Older People Embedded & Delivering the Community Shift Required	Our vision is for Bexley's residents to stay in better health for longer, with the support of good quality integrated care, available as close to home as possible, backed up by accessible, safe and expert hospital services when they are needed.	Patients and Public at the Heart of Everything we do	Queen Mary's and Erith Hospitals	<ul style="list-style-type: none"> <li>• QMH Refurbishment Complete</li> <li>• QMH Prospectus of Services Published</li> <li>• New Providers Acquire QMH Services Safely</li> <li>• Erith Development Commenced</li> </ul>	<p><b>TRANSFORMATION THROUGH THR QIPP</b></p> <p><b>EFFECTIVE CONTRACTING PROCUREMENT &amp; PERFORMANCE MANAGEMENT</b></p> <p><b>ENGAGEMENT OF CLINICIANS PATIENTS PUBLIC AND PARTNER ORGNAISATIONS</b></p> <p><b>ORGANISATIONAL AND WORKFORCE DEVELOPMENT</b></p>	
New Focus on Prevention & Inequalities with Agreed Interventions to Lower Diabetes, Smoking & Obesity Rates		Strive to Achieve Best Value for Local People	Unscheduled Care	<ul style="list-style-type: none"> <li>• New Urgent Care Service Implemented</li> <li>• Access Model Engaged On/ Published</li> <li>• Enhanced Public Confidence / Reduction in A&amp;E Use</li> </ul>		
"Safety in Transition" Measures Agreed and Tracked with Public and Professional Confidence		Work Responsibly and Collaboratively with Partners	Long Term Condition Services	<ul style="list-style-type: none"> <li>• New MSK/ Cardiology services mobilised by 4/14</li> <li>• New Diabetic service mobilized by 4/14</li> <li>• Diabetes, Smoking and Obesity Prevention Plans 1) Agreed with LBB by 6/14; 2) embedded in elective pathways 6/14</li> <li>• Cancer - embed support for survivorship into Acute and Community Contracts and procure Prime Contractor for Survivorship by 9/14</li> <li>• Prime Contractor for Last Years, Months and Days to co-ordinate a better end of life experience for patients by 9/14</li> </ul>		
Demonstrate Increasing Financial Stability and Implementation of Community Based Care Strategy Model		Work in an Open and Transparent Way	Planned Care	<ul style="list-style-type: none"> <li>• New reporting to GPs to support variance monitoring by 4/14</li> <li>• Ophthalmology Prime Contractor procured &amp; in place by 8/14</li> <li>• Treatment Access Policy 4 &amp; update challenge process in place by 4/14</li> <li>• Referral Management Service Jointly with Greenwich CCG procured by 4/14, in place by 7/14</li> <li>• New Contracts for Endoscopy, Direct Access Pathology and Radiology in place by 9/14</li> <li>• New AQP service in place for both Tier 1 and 2 Anti Coagulation by 6/14 Complete general surgery benchmark review by 4/14</li> </ul>		
Demonstrable Reduction in Unnecessary Hospital Activity → Lower Readmission, Length of Stay & Outpatients		Support New Ideas and Innovation	Children, Young People & Maternity	<ul style="list-style-type: none"> <li>• Prepare Integrated Children' Services Prime Contractor Procurement</li> <li>• Implement south east London Maternity Transformation Plan</li> <li>• Implement Personal Education Budgets for Complex Needs</li> <li>• New Model for Paediatric Assessment Unit Implemented</li> </ul>		
Partners across Bexley & South East London agree new Hospital System post - TSA		Accountable Ethical and Evidence Based Decisions	Adults	<ul style="list-style-type: none"> <li>• Mental Health Referral Management, Liaison Psychiatry and Full IAPT services in Place</li> <li>• Ensure compliance with Learning Disability Self Assessment Framework and Winterbourne Action Plans Working with LBB</li> </ul>		
Enhance Patient Satisfaction and buy-in to change		Respect and Meet the Needs of or Diverse Communities	Older People	<ul style="list-style-type: none"> <li>• Embed Integrated Care service</li> <li>• Implement Carers &amp; Dementia strategies</li> <li>• Implement Co-ordinated End of Life Service</li> <li>• Safeguard Care Home Standards</li> <li>• Commission Redesigned Older Peoples Mental Health Services</li> </ul>		
		Uphold the Principles and Standards of the NHS Constitution and Mandate				

**BUILDING A STRONG CLINICAL MEMBER-LED COMMISSIONING ORGANISATION**

We will also look ahead a further three years to 2019 – painting in outline the long term picture of a transformed Bexley. By 2019 we want to have in place

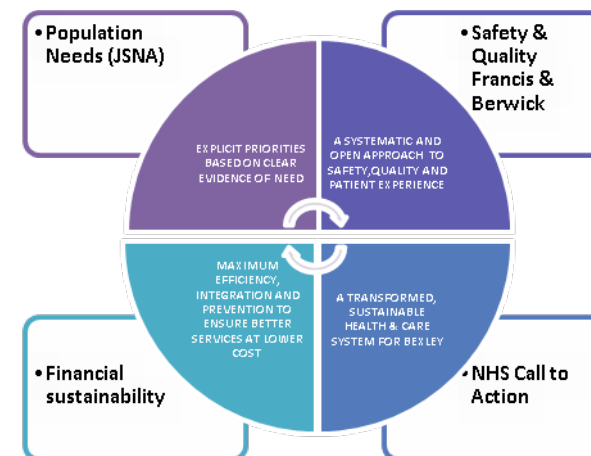
- well established programmes focused on reducing health inequalities, particularly in North Bexley
- significant improvements in health and wellbeing: lower obesity, diabetes and smoking rates and strong support for carers of people with dementia, working closely with Bexley Council
- an improved range of preventive services
- comprehensive treatment and care closer to home as our usual response
- integrated health and social care services that deliver together efficiently and for the “whole person”- integrated community & acute services; ensuring that our patients have a streamlined pathway of care to deliver first time, at the right time, and in the right place
- effective, slick acute hospital care-back up across south east London for people needing emergency, specialised or complex care
- a clear pattern of London-wide specialist care for those services that need a capital wide approach
- routine and systematic delivery of the NHS national “ask” – meeting the NHS Constitution and Outcomes Framework

In all our work we are guided by our “Four Pillars” and six “Commissioning Enablers”. All of our plans for each of the **service priorities described above** must be underpinned by **4 key pillars**:

- **Safety & Quality** – the Francis and Berwick report on patient safety and quality of services, ensuring that all of the services that we commission deliver to these requirements
- **Our Population’s Health Needs** – as defined within the Joint Strategic Needs Assessment (JSNA)
- **The NHS “Call to Action”** - the need to deliver improved services, against a backdrop of limited resources with growing and aging populations
- **Financial Sustainability** – Long term affordable and safe services

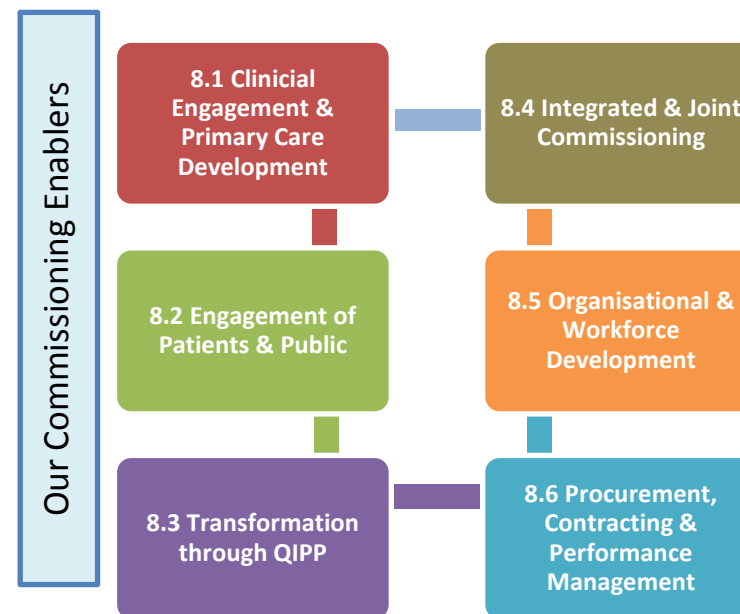
In each section of the full plan, we have used the diagram shown to the right to represent the key priorities for that area (shown in the middle section of the diagram) but the need to ensure that all of our plans meet the **4 key “Pillars”** (requirements) shown in the bullet points above. This version of the diagram shows our overall priorities for each of the four pillars.

This means that everything we do must be based on objective, prioritised need (JSNA); a systematic approach to quality and safety (Francis and Berwick reports) financially sustainable and lead to a transformed, sustainable NHS for Bexley, as part of the NHS Call to Action.



In addition to our “pillars” to the above all of our plans are underpinned by **6 commissioning Enablers** – these underpin our plans and services. They guide **how** we work and demonstrate our commitment to:

- The engagement of clinicians, and the development of primary care
- The engagement of our patients and public in our work.
- The transformation of the services we commission – not just year on year incremental improvement – set out clearly in our QIPP plans
- The work with our partners to integrate services, and to deliver change “at scale”
- The development of our organisation and workforce to meet the need.
- The underpinning need for our procurement, contracting and performance management systems to be robust and enable our commissioning strategies and programmes.



## 5 VISION, MISSION AND VALUES

Our **vision**, or longer term goal, is for Bexley's residents to stay in better health for longer, with the support of good-quality integrated-care, available as close to home as possible – backed up by accessible, safe and expert hospital services, when they are needed. **Our mission**, or “the job in hand” is ***Excellent Healthcare; Locally Delivered.***

The vision and mission are supported by our **values**, which guide how we work and the kind of culture we live by.

- We put **patients** and the public at the heart of everything we do
- We strive to **achieve** the best value for local people
- We act **responsibly** and work collaboratively with partners
- We work in an open and **transparent** way
- We support **new** ideas and innovation
- We recognise that we are accountable to the public & take decisions that are **evidence-based** and in the best interests of the population we serve
- We ensure that our services meet the health needs of all and **respect** all of Bexley's diverse communities
- We uphold the principles and **standards** of the NHS constitution in everything we do

We have a mnemonic for our values - **partners** - to make them memorable and focus on how we work with others to achieve our objectives.

## 6 PILLAR 1 - OUR JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

The Joint Strategic Needs Assessment for Bexley gives us our fundamental understanding of the need for both health services and prevention of ill health.

Bexley has good health compared to other areas of England although the life expectancy between the deprived and less deprived parts of the borough is between four and six years less. We have a higher older population than many parts of London and the ethnic make-up of Bexley, particularly in the north is changing.

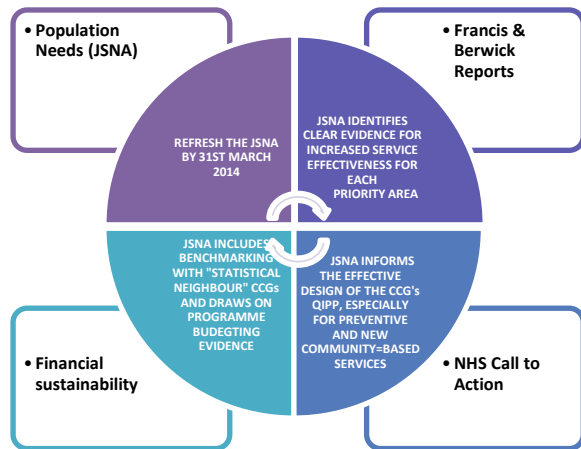
The CCG and its partners identified the following health challenges in 2012: -

<b>Over 65s</b>	Bexley has the largest number of over 65s in London, which will lead to an increased prevalence of long-term conditions like diabetes and heart disease and the need for strong, community-based services for people with multiple and complex needs
<b>Obesity</b>	Physical activity for children and adults is poor, reflecting one of the fastest growing obesity rates in the capital
<b>Diabetes</b>	More than 11,000 people live with diabetes in Bexley and the figure is rising. This has led to an increase in hospital admissions for acute renal failure and higher- than-average number of diabetic-related amputations
<b>Smoking</b>	The ongoing challenge of smoking and tobacco control with a need to focus more on supporting particular groups such as manual workers
<b>Cancer</b>	High rates of cancer-related investigations including urgent referral to hospital for suspected cancer, emergency bed days per cancer diagnosis and amongst the longest hospital stays for breast cancer surgery
<b>Dementia</b>	The number of people over 75 occupying hospital beds with a secondary diagnosis of dementia is above the national average
<b>Audiology</b>	Bexley has a low rate of audiology assessments and long mean time from referral to assessment for hearing tests in new-born babies
<b>Cardiovascular disease</b>	Bexley residents have high rates of interventions for cardiovascular disease including elective admissions to hospital for angioplasty, directly standardised rates of pacing devices implanted for the first time, rates of implantable cardioverter-defibrillator and devices implanted for the first time and cardiac re-synchronisation therapy
<b>Asthma</b>	Bexley has high rate of emergency admissions to hospital in people aged 18 years and over with asthma

We have successfully transferred the public health service from the NHS over to the local authority and we now share a Director of Public Health with

Bromley. The service is small and needs to be built up over the next few years. We know what the main public health problems in Bexley are; we now need to focus on how we're going to address them. For example we know that diabetes is a problem, but we need to decide whether to focus mainly on education and prevention, general practice or hospital services. The JSNA is currently being updated with the final document in place by the end of March 2014.

Our priorities for the JSNA are shown below



Early messages from the emerging JSNA show that our current priorities are the right ones and that health is better than the national average in general. However we now need to target our work better on the more deprived parts of the borough, focusing on men in deprived areas as a whole, the growing African and other diverse communities of Bexley, women with lung cancer, the growing number of older people with multiple and complex health needs and integrating services for children and young people as this section of the community is also set to grow significantly. Health is good in Bexley overall, but our improved mortality for heart disease is now slower than the rate for England as a whole.

Meanwhile the priorities for the Joint Health and Wellbeing strategy are: –

1. Tackling childhood and adult obesity and promoting healthy choices
2. Improve our work to prevent diabetes and supporting those with the disease
3. Changing attitudes towards smoking and offering support to stop

#### 4. Supporting residents and their families affected by dementia

This is supported by a **cross-cutting priority - Transforming the way we work and keeping services closer to home**, which will be delivered by: -

- Balancing the health economy to provide improved community based integrated care
- Improving Services at Queen Mary's Sidcup and now Erith Hospitals
- Improving Primary Care

By working in this way the Joint Health and Wellbeing Strategy reinforces the CCG's own priorities for **health services** as well as giving a stronger focus on **wellbeing and prevention**.

## 7 PILLAR 2 - QUALITY AND SAFETY

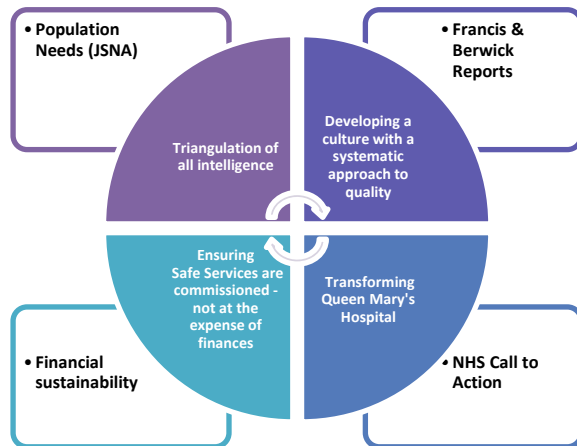
Quality and safety has never been more important in the NHS and we need to learn from and respond to the terrible events of mid-Staffordshire and Winterbourne View. This means being in close touch with the early concerns and of patients and professionals and having a good open learning culture.

During 2013/14 we successfully improved our management of learning from serious incidents and started triangulating and comparing quality data from different sources, particularly softer information about concerns from patients and communities. We are building relationships with neighbouring CCG's, the Care Quality Commission and the National Trust Development Authority, working together to maximise quality for the people we serve.

In 2014/15 and beyond we will be working to implement the learning from the Francis report and continuing to build our quality intelligence systems so that we really are in close touch with patients' views and concerns to complement own formal and quantitative information. We will be monitoring quality and safety even more closely now that SLHT has been dissolved and will beginning to manage the transition to the new pattern of service. Protecting quality and safety in transition is extremely important. Finally we will be bedding down our new adult safeguarding service and making sure that monitoring of care homes and learning disability services is prioritised.



Our priorities are shown below:-



## 8 PILLAR 3 – THE NHS CALL TO ACTION

NHS England has set out call to action to staff, public and politicians to help NHS meet future demand and tackle the funding gap through 'honest and realistic' debate.

NHS England has called on the public, NHS staff and politicians to have an open and honest debate about the future shape of the NHS in order to meet rising demand, introduce new technology and meet the expectations of its patients. This is set against a backdrop of flat funding which, if services continue to be delivered in the same way as now, will result in a funding gap which could grow to £30bn between 2013/14 to 2020/21.

A new publication, '[The NHS belongs to the people: a call to action](#)' sets out these challenges facing the NHS, including more people living longer with more complex conditions, increasing costs whilst funding remains flat and rising expectation of the quality of care. The document says clearly that the NHS must change to meet these demands and make the most of new medicines and technology and that it will not contemplate reducing or charging for core services.

These Commissioning Intentions set out the Bexley approach to engaging clinicians, patients, the wider public and our partner organisations in the future shape of Bexley's NHS. We are therefore not running a separate process to respond to the NHS Call to Action because we are already engaging widely on our transformation plans as we reshape acute care and implement our Community Based Care Strategy following the Trust Special Administrator's work. All feedback we receive will inform the national NHS Call to Action, as well as our own local plans.

NHS England has now issued to each CCG a "Commissioning for Value" data information pack, this is being actively used in the development of our QIPP and transformational schemes. It shows how we compare to similar CCGs to Bexley and challenges us to benchmark and challenge ourselves.

## **9      PILLAR 4      FINANCIAL SUSTAINABILITY**

The national economic situation means that the NHS is no longer getting the growth in resources that it enjoyed in the past few years. We expect a minimum or zero growth in the next few years. We will also have to cope with a 3% transfer of NHS funds to local authorities to enhance social care. We welcome this as the right thing to do, but it is financially challenging.

The local commissioning budgets of the CCGs and the regional budgets of NHS England, who undertake specialised commissioning, are both having to be re-examined to see whether the split up in the two is correct. We don't know the result of this yet but it is likely to add another financial challenge for us to plan for.

The size of the financial challenge is such that we cannot simply continue to become more efficient and reduce expenditure around the edges. We have to look fundamentally at services and transform them. We need to talk openly to local people and the clinical staff that work across the NHS to find more innovative ways of providing better services at less cost. Where we have services that are valued and need to continue they must be in the top 10% of efficiency in the country. We need to reduce our reliance on hospitals for routine care of people with long-term conditions and greatly enhance our community-based care that can be offered in or close to people's homes.

It has never been more important to engage people in these changes and try to take them with us. We are working collaboratively with all CCG's across south east London to agree a common shape of acute hospital care following the work of the Trust Special Administrator. We also have a joint

approach to managing financial risk together. We are working closely with Bexley Council to join up health and social care to be as efficient and make services as easy to use as possible.

We need to be focused and make sure that we only commission services that are currently effective and which offer value for money .We have a five year medium term financial strategy that guides us through the needed changes. Our plans are a mixture of transformation redesign, efficiency within existing services and only prioritising those services which are clinically effective.

As we develop services in the community, we need to double run by setting up the services before reducing old ones; we are setting aside 2% of financial turnover to manage this "bridge" between historic and future provision. NHS England also requires us to hold a contingency of 0.5% budget.

Other factors which we have to keep an eye on are, changes to the national tariff, making sure we are getting value for money from our Commissioning Support Unit and planning properly for the ageing and more diverse population of Bexley over the next few years.

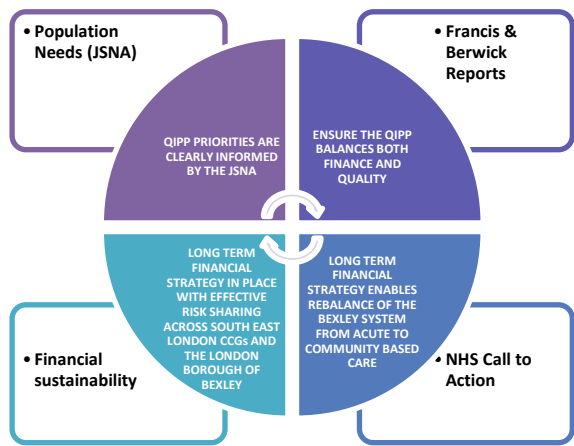
Last year we believe that we put in place credible plans which set out a strategic approach to transforming services as well as delivering against the financial pressures that we face. The challenge is now to deliver those plans consistently over the next few years.

The following are considered the top five priorities for financial sustainability. QIPP stands for Quality, Innovation, Prevention and Productivity and is our plan for commissioning better services at best cost through our transformation plans.

- 1) To deliver required financial targets (2% surplus, 95% Better Payments Practice Code, remain within running costs);
- 2) To identify and deliver QIPP targets;
- 3) To understand acute activity and address variability in referrals whilst overcoming patient confidential data issues;
- 4) To identify sufficient QIPP for 2015/16 onwards to meet required planning objectives;
- 5) To understand the implications of the CCG pooled funding transfer to the London Borough of Bexley for Integrated Care, to negotiate and agree use and plan for corresponding reductions in acute activity and cost.



The priorities are shown below



Our financial plans are set out using three different scenarios: –

- an **upside scenario** where there is modest growth and where financial circumstances are relatively positive
- a **downside scenario** where financial growth is much more limited and we have to pass over a higher level of budget to NHS England to cover specialised commissioning. This scenario also includes a greater level of risk in the transfer of 3% of our budget to the local authority without the corresponding reduction in acute activity.
- a **base case scenario** which is effectively a more middle way between the upside and downside scenarios

In 2014/15 the amount of QIPP required ranges from £5.5 million in the upside case through to £22.2 million in the downside case. Over the five years from 2013/14 to 2017/18 the total QIPP required ranges from £22.9 million in the upside case to £73.9 million in the downside case. The middle way base case assumes £10.7 million of QIPP in 2014/15 with a five year total QIPP required to 2017/18 of 30.2 million.

Both our efficiency and transformation plans have been put together following close comparison of Bexley's expenditure with the other CCG's who are part of our national 'family group' to make sure that our plans, although challenging, are achievable. In all QIPP plans we will bring together financial efficiency with taking the most effective model of service for the future, so that we do the "right thing" at the same time as saving money.

Examples include: –

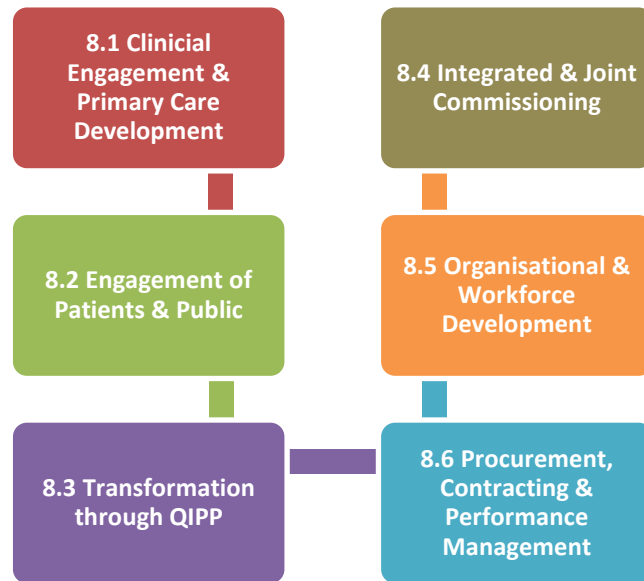
- Managing long-term conditions outside hospital with better prevention of complications
- Better prevention of health challenges that cause problems later e.g. obesity and smoking
- Decommissioning services that provide poor value for money or poor clinical outcomes
- Bringing services together to be more integrated and more cost-effective e.g. out of hours GP services, walk in centres and the urgent care centre at Queen Mary's Sidcup and Erith Hospitals

All of our plans go through our Programme Management Office processes which means that from generating the idea, through to quantifying the detailed health improvements and savings expected, plans are challenged, refined and professionally examined. The CCG has to limit its own running costs to just under £25 per head of population and this may be reduced further nationally for next year.

The use of the three scenarios for financial planning also means that we have set out and understood a detailed set of risks that may stop us achieving our plans alongside a set of 'mitigations' which will help us keep the risk as low as possible.

Our Finance Subcommittee meets monthly and our Governing Body bi-monthly, both of whom receive regular reports on progress, risk and our ability to manage success to make sure that our plans are properly examined on a regular basis and adjustments made as necessary.

## 10 THE SIX COMMISSIONING ENABLERS



The six commissioning enablers are described below. They are about **how** we do our job.

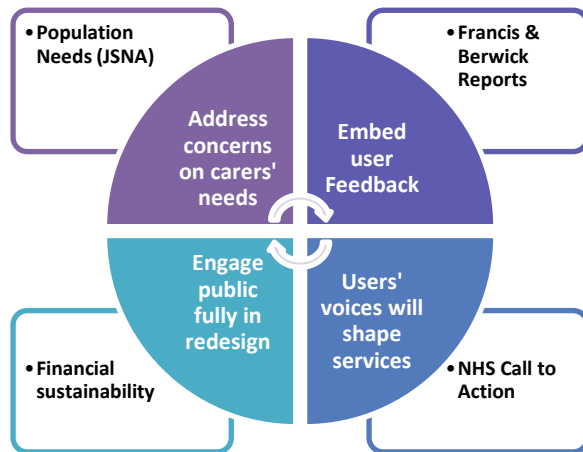
Our CCG is fully committed to **clinical engagement** (enabler 1.) in the development of our transformation and QIPP plans – in 2013 our plans were developed in conjunction with our CCG members, and also with stakeholder groups, for 2014/15 we have continued to build on this platform holding a series of primary care, stakeholder and patient engagement sessions to secure their commitment and approval of our plans. All of our transformational programs, and management of commissioned services are led by a clinical lead from our membership organisations.

Bexley CCG has a strong history of **engagement with patients and the public**. This is enabler 2. We need to continue this and make sure that patients are involved throughout the whole commissioning process. This means working with local people on the understanding of the JSNA and the needs of Bexley, engaging people from the very beginning in our big transformation and redesign plans for services – right through to involving patients more closely in the monitoring of services and being clear about whether the contracts are delivering or not.



Our Patient Council sits at the centre of our system for engaging local people and helps us work through a network of local organisations, patient interest groups and stakeholders. We are building a relationship with Healthwatch as the new statutory guardian of patient voice in Bexley.

Our main priorities are shown below:-



Last year we engaged Local people in our QIPP plans and did more work with a wider range of forums such as carers and children and young people. These are the areas that people have told us they want to talk about next year in more as priorities:-

1. The future plans for Queen Mary's Hospital Sidcup, especially the "hub and spoke" redesign of urgent care and the wider shape of acute care across south east London post the dissolution of South London Healthcare Trust
2. Older people - quality, respect and dignity of care and the rollout of the integrated care service
3. Cancer services – an area for a new deeper look, understanding people's experience in terms of access, waiting, compassion & dignity and how best to maximise local diagnosis and monitoring with hospital specialist support where needed. We will also look at plans for the local radiotherapy satellite.

4. Carers – the effectiveness of information, support and training for carers, including young carers
5. Children, Young People and Maternity, especially the integration of CAMHS and other children’s services, the future of the Paediatric Assessment Unit and women’s experience of maternity pathways
6. Mental Health – new referral management service, the effectiveness and further development of IAPT, the experience of people with mental health problems in general hospitals
7. **Learning Disabilities** – the Big Health Check Day and service user/voluntary sector engagement in Learning Disability Partnership Health Sub-group
8. Overall – to work with the CCG’s Quality Team to make sure that we encourage providers to build on the Family & Friends Test to embed deeper service user feedback, as well as building our own regular sources of soft intelligence to ensure that we pick up concerns and act on them early

Looking forward to 2019, all our work will ensure that engaging local people becomes our usual business and is as important as, say, our Board monthly finance and performance reports. Our networks will become wider, our range of communication methods more broad and real time – and patients will be much more involved in the monitoring of service delivery and contracts to complement the work we already do with them on priorities and future plans.

The CCG alongside the wider NHS and our non NHS partners continues to face a very significant financial challenge and without real and on-going transformational change, which our Quality, Innovation, Productivity & Prevention (QIPP) program is designed to deliver, meeting service delivery requirements will become unaffordable. **Transformational change through our QIPP is therefore a crucial enabler** – enabler 3. The reduction in the rate of funding increases for the NHS means that the underlying rate of deficit will increase if no action is taken.

**Quality, Innovation, Productivity & Prevention (QIPP)** is in effect our Commissioning Strategy that defines our transformational service delivery approach in Bexley and thus our strategic approach to change.

It balances:

- productivity work in current services that we wish to keep but run as cost effectively as possible
- innovation where we undertake more fundamental redesign and transformation of services, especially from hospital to community
- prevention, where we aim to get better at preventing ill-health, catch problems early and support people to self-manage
- The fourth component, quality, is essential to ensure that cost effectiveness and standards are held in balance and that new service are based on good clinical evidence.

QIPP schemes therefore will not only consider finance but will ensure that the quality of services to users is improved or maintained. Our challenge is to address underlying growth in service demand and to secure healthcare advances, secure health improvement, quality and financial balance through lower cost of delivery.

Every transformation and QIPP scheme goes through a process of ideas generation, to full Business Case, and these Business Cases are discussed and approved within our public Governing Body meetings, where we actively engage with the public and seek further open comment and feedback through regular open question times set within the Governing Body agenda. We are open and transparent on our transformational agendas and feedback from these sessions is included in the final service models as we move into the commissioning of new services.

We have a clinical lead (appointed from our membership) leading each of the transformational redesign projects. For our major projects this is further complemented by the additional involvement in each Project Team of a Governing Body clinical lead member. These clinical leaders play an active and vital role in determining specifications for the services, reviewing the opportunities for innovation and improving services and ensuring that we improve on the clinical outcomes.

Enabler 4. **Integrated and joint commissioning** is central to the CCG's ethos and strategy. There are a number of services and developments that are needed at scale, or across multiple organisations. These partnerships are essential if we are to deliver safe, integrated, high quality services that are more cost effective. We can achieve much more together than by working alone.

Our key partnerships to achieve this are:

- Our Integrated Commissioning Unit with the London Borough of Bexley, and our Joint Health & Wellbeing Strategy
- Our integrated commissioning work with our partner CCGs across south east London and the capital as a whole.

By working with partner organisations we are more easily able to:

- Maximise local integration and prevention
- Commission at scale across a wider geography for acute and complex services
- Safeguard vulnerable adults, children and young people
- Understand community capacity and assets
- Support clinical innovation and research
- Stimulate the market to change & improve
- Achieve greater value for money and improved clinical outcomes
- Deliver joint national health and social care outcome targets

2013/14 has been another significant year in the partnership between Bexley Clinical Commissioning Group and London Borough of Bexley. Having, in the previous year, established the Integrated Care Collaborative for Older People which resulted in an innovative risk pooling arrangement to facilitate the move towards care in the community, moves to embed the joint approach were progressed by the creation of the Integrated Commissioning Unit (ICU). The ICU, which is accountable both to the Director of Commissioning at the CCG and the Deputy Director of Adult Social Care at LLB, is now responsible for commissioning a wide range of services for children and young people, adults with disabilities and mental health problems, and older people. A Section 75 Agreement forms the legal basis for work of the ICU and the Integrated Commissioning Board provides for an overview of all the contracts which fall within its remit, reviewing performance on an exception basis and horizon scanning for opportunities to commission 'better together' as contracts fall due for re-procurement.

Going forward integrated commissioning will gather further momentum as the outcome of the Comprehensive Spending Review 2013 is implemented and there is a further transfer of significant resource (3%) from health to social care under the Integration Transformation Fund. The budgets of both organisations will only be balanced by close joint working and decision making which avoids the transfer of financial risk from one to the other. We can also commission more effectively for social value by working jointly to stimulate the market to provide contractual opportunities for local businesses, employment opportunities and greater independence for people we are trying to support and development opportunities for young people whose potential we need to harness for the local community.

We also work together with other CCGs at each of the levels of south east London, south London and capital-wide to commission services jointly with the aim of improving:

- the quality of the services,
- the value for money for the services,
- London consistency where "at scale" commissioning is required.

2013/14 was the formative year for the new South East London CCGs as each went through the first stages of their establishment and secured their authorisation.

The following are the key successes that were achieved jointly through our collaboration:

- The joint management and implementation of the Trust Special Administrator's recommendations for the dissolution of South London Healthcare Trust. This involved the establishment of a series of governance systems and programmes across multiple agencies (National Trust Development Agency & Monitor) with multiple commissioners – the 6 south east London CCGs and NHS England. The work focused on the consent to the business cases, and ensuring the safe transition of services to the new receiver organisations. A new project team has been agreed and formed across South East London that will manage the on-going transition of these services
- The establishment of the Community Based Care programme to support the implementation of the above and the commencement of a group of programmes to review services; planned care, integrated care, urgent care and primary care. All of these service reviews are designed to ensure that the full recommendations within the TSA can be effected. In 2013/14 we saw the reduction of non-elective admissions and the development of new integrated care services (older people, and also Musculoskeletal, Cardiac and Diabetes services). The Community Based Care program will provide the foundation for the south east London 5 year plan – described in Section 9.
- The development of the urgent care collective to; strengthen and enhance the urgent care system across south east London developing joint demand and capacity management, surge management, and reforming and oversight of the urgent care localised networks and groups.
- The commencement and development of a Primary Care collective quality improvement plan.
- The joint management, development and ownership of the South London Commissioning Support Unit.
- Working collectively across London for the development and management of “at scale” contracts such as London Ambulance Services, Diagnostics, and Home Oxygen etc.
- Working collectively across London for “at scale” commissioning network services such as cancer and maternity etc.
- The development of new organisational collaborative arrangements across the South East London CCGs to support the new provider structure that emerged from the dissolution of South London Healthcare Trust.

This structure will continue to monitor and manage the transition and ensure that the benefits are realised.

Enabler 5 is **Organisational and Workforce Development**. We cannot succeed unless we develop our own capability and capacity as a CCG as well as working across south east London to reshape the clinical workforce to meet the demands of greater prevention and community based care.

During 2014/2015, we also intend to strengthen the organisational development support provided by the CCG to member practices. If requested by practices, we will facilitate practice teams to work together more closely to provide pooled services or carry out administrative tasks for other local practices, such as through the federated practice model. We intend to do this by strengthening the role of the practice manager within the CCG and developing practice manager leads to provide support and engage development across the 28 member practices. We hope this will allow each practice to begin to concentrate what each team does best and minimise overload on practices.

We will work with the **South London Academic Health Sciences Network (AHSN)** to ensure we align education, clinical research, informatics, innovation and healthcare delivery. We will work with the wider constituents of the network to embed research into healthcare delivery within the CCG and strengthen the links between academic innovation and clinical practice.

The four main objectives of the AHSN will be to:

- Bring academic and scientific rigour to service improvement;
- Focus on key public health issues in south London;
- Deliver lasting improvements on a wide scale across the whole of South London;
- Generate wealth for the local economy and improvements to patient care at the same cost or reduced investment.

We are working with **Health Education South London (HESL)** as the organisation responsible for training and educating the workforce across all 12 boroughs, from April 2013, with a population of approximately three million. As a membership organisation it will design, develop and deliver a workforce to improve the health and wellbeing of people in South London, supporting the delivery of world class care and high quality patient outcomes through education and training.

Health Education South London will achieve this by:-

- Delivering excellent interventions in education and training
- Engaging and collaborating with our partners to improve and innovate in healthcare
- Transforming the workforce to meet the needs of patients

HESL has now produced “Developing people for health and healthcare”, its Workforce Skills and Development Strategy for 2013 – 2018. This new strategy recognises the necessary shift in workforce make-up from acute care to long term condition management, together with a growing role for primary care. It is clear about the need to support the workforce through major reconfiguration and change such as that faced on our patch. The detailed action plan for the strategy is being developed at present and will need to link closely with the TSA Implementation Plan to ensure that workforce redesign supports the new pattern of services.

Bexley CCG also has its own Organisational Development Strategy to support its own workforce. Nationally the characteristics of an effective clinical commissioner have been articulated into 6 domains, our OD plan will continue to demonstrate our achievements and to build on each of the six domains:

Domain 1: Are patients receiving clinically commissioned, high quality services?

Domain 2: Are patients and the public actively engaged and involved?

Domain 3: Are CCG plans delivering better outcomes for patients?

Domain 4: Does the CCG have robust governance arrangements?

Domain 5: Are CCGs working in partnership with others?

Domain 6: Does the CCG have strong and robust leadership?

The Action plan is cross reference to deliver on our four corporate aims

**Patients:** Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders

**People:** Empower our staff to make BCCG the most successful CCG in (south) London

**Pounds:** Delivering on all of our statutory duties and become an effective, efficient and economical organisation

**Process:** Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience.

Enabler 6 is **PROCUREMENT, CONTRACTING & PERFORMANCE MANAGEMENT**. During 2013/14 our focus has been to ensure that our strategic commissioning intentions and transformation (QIPP) plans are translated into effected contracts that deliver modern, efficient, high quality and value for money services.

We are ensuring that newly commissioned services, which are being re-designed and re-procured during 2013-14 are similarly contracted under the 2013-14 contract form and have effective performance monitoring metrics and contracts management processes developed for each service to make sure that the strategic shift to community-based care is delivered. We have been developing our performance monitoring, reporting and management of services which are managed locally and which have had less sophisticated monitoring including community services, mental health and primary care services. The CCG has also been developing its internal capacity and competencies and this has been further enhanced by working in partnership with the London Borough of Bexley which has resulted in the development of an Integrated Commissioning Unit (ICU) with shared resources working across both health and social care.

We are also working to develop and improve the commissioning support provision provided by the South London Commissioning Support Unit (CSU), to ensure that the performance monitoring, management and reporting of acute providers is improved to enable Bexley CCG's Governing Body to assure NHS England and Department of Health of the delivery of clinically safe and financially sustainable acute services.

Our contracting work has facilitated the transfer of services management on the Queen Mary's Hospital site from South London Healthcare NHS Trust to the new receiving organisations, in accordance with the recommendations of the Trust Special Administrator, to ensure that service continuity, safety and quality at the site is safeguarded. A seamless transition was planned and is currently being achieved and we will ensure that service provision remains clinically safe after the handover period and that the quality of the services improves.

We are progressing implementation of transformation Quality Innovation Performance & Prevention (QIPP) plans through investment in project management support from the early review and redesign phase through to the re-procurement and contracting of the following services; Cardiology; Musculoskeletal; Diabetes; Urgent Care Centres and Community Consultant Clinics.

Bexley CCG is aware of its duty to comply with the Social Value Act 2012 and to consider how the services we commission improve the economic, social and environmental well-being of the relevant area, and how, in procuring services, it seeks to secure that improvement. In discharging its duty to consider how the economic, social and environmental well-being of the relevant area is secured in the services it commissions, Bexley CCG ensures that economic, social and environmental considerations are scoped in the development of business case of services and potential providers of services are required to



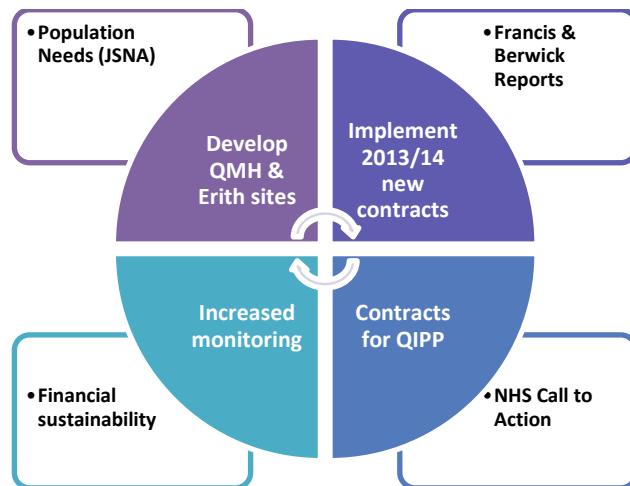
demonstrate how their proposals will provide economic, social and environmental improvement to the residents of the London Borough of Bexley and how to evidence details of an accreditations that the they may has achieved that demonstrates commitments to promoting economic, social and environmental improvements.

This works well with our strategic plans with the London of Bexley to improve health and the local environment through our Joint Health and Wellbeing Strategy. The more we can promote economic, social and environmental sustainability, the more we will improve the health of our population, particularly in the communities where inequalities and deprivation are most marked.

Our priorities for 2014/15 are:-

- Commission and develop further services on Queen Mary’s and Erith Hospital sites
- Continued support for the development of the health hub and the new providers of services at Queen Mary’s
- Successfully mobilise & implement the new contracts from 2013/14
- Develop new procurements to support the 2014/15+ QIPP programs
- Increased performance monitoring

These are shown below:-



**Queen Mary's and Erith Hospitals Development:** As a CCG we are determined to ensure the future for both Queen Mary's and Erith Hospital sites, to deliver on this promise to our populations we will continue to support the services within the new receiver organisations, but also look to develop and improve on these services. We will use these sites as the key health points for the delivery of services to the population in Bexley.

**Successfully Mobilise and Implement our new 2013/14 contracts:** In 2013/14 we have negotiated a range of innovative contracts, these will require support and careful monitoring and review as they mobilise in the later part of 2013/14 and into 2014/15. We will need to be ready to modify and continue to innovate within these new models of contracts. We will be performance monitoring against new Key Performance Indicators and demonstrating both the increased quality and range of services, and the value for money that these contracts are to deliver for Bexley.

**Enhance and Continually Develop our Performance Monitoring of Services:** The CCG together with the Commissioning Support Unit will be developing increased performance monitoring of our providers. This commenced in 2013/14 but will be further expanded in 2014 onwards. We will look to triangulate with the Quality Teams across activity and quality intelligence (soft and hard) to improve the services for our population. We will continue to enhance our reporting of this activity, and to develop quicker systems of reporting.

The key issues that arise from our first six months of contract monitoring in 2013/14 so far are:-

- **Urgent Care and Older People**

Our main hospitals are struggling to meet their A&E access targets. A&E attendances are rising, with admissions falling – but of frailer, more ill, more complex patients. Community nursing is over-performing, but within this picture, support to people with long term conditions is at a level below target. The Urgent Care Centre is over-performing on activity, but we don't have a good enough understanding of its case-mix. Furthermore caseloads and activity supporting older people with mental health problems are under pressure, as are the care navigation and step-up: step down services at Queen Mary's. These trends support our strategic approach to re-procuring urgent care, intensifying community-based services and to ensuring the right focus, performance and value for money of mental health services.

- **Mental Health Services**

Services for older people are under pressure as above. For mental health services for both adults and older people, workload and re-referrals relating to existing service users is over-performing, whilst new referrals are under performing.

We will use the work done on mental health Payment by Results modelling to contract for case-mix more effectively. This means ensuring that people with early problems who can benefit from the IAPT service are able to access it, that services as a whole adopt a strong recovery focus and that capacity is created to get a better balance between serving the needs of new service users and supporting those with longer term needs.

- **Acute Hospital Contracts**

The national problem with CCGs accessing appropriate patient data is causing huge challenges for our contract monitoring and needs to be resolved as soon as possible.

The main issues facing Bexley are:-

- financial over performance projected at around £6M at year end, with Dartford and Gravesham and Guys and St Thomas' accounting together for around £5M of this
- continued uncertainty about the split between the future CCG allocation for local commissioning and NHS England's London Regional Specialised Commissioning Team allocation. This is both a macro financial risk overall and has a real impact on the detailed cost and activity scoping for acute contracts based on a common understanding of service lines at a specialty level.
- a system-wide problem with meeting emergency care A&E and ambulance targets which the CCG is addressing strategically through its Community Based Care and Urgent Care re-procurements and operationally through the local Urgent Care Access Board
- GP outpatient referrals growing modestly at the QEH and PRU sites, but with considerable growth at both Dartford and Gravesham and GSTT reinforcing our plans to create greater community capacity for elective pathways. Some of the specific provider growth is related to the assumption of former SLHT activity by new receiving providers on the Queen Mary's Hospital site
- Ongoing growth in internal acute referrals within each provider which needs to be closely managed through our Treatment and Access Policy

- Some problems with 62 day cancer waits when a cancer unit needs to hand over to a cancer centre
- Still a need to manage Referral to Treatment Time backlogs, especially for orthopaedics, reach a state of equilibrium in each contract for 18 weeks and focus on a small number of longer term waiters
- **Quality**
  - Contract monitoring reviews have informed the main priorities, including:-
    - Unsatisfactory and untimely handling of complaints across the board
    - Close monitoring of women’s experience of maternity services and, in particular caesarean section rates and 12 week/6 day booking
    - The need to embed adult and children’s safeguarding training
    - Monitoring the mixed picture of hospital mortality rates
    - Vigilance and monitoring of pressure sores
    - A strong focus on user/patient led monitoring of respect, compassion and dignity of care – included periodic mixed sex accommodation breaches

**Commissioning Support Unit:** We will be reviewing our “do/ buy/ share” project (that was undertaken prior to the commencement of the CCG and resulted in some services being provided in house by the CCG, with other services being purchased from South London Commissioning Support Unit (CSU). In this review we will look at the performance of the CSU over the past year, and the Value for Money that has been achieved by the CCG in these services. As a result of this review we may decide to; continue to purchase the full range of services from South London CSU; to bring certain services in-house to the CCG; or to look at other CSUs to provide elements or all of the services (i.e. market test CSU services). This review will be completed during the final quarter of 2013/14 so enable any necessary market testing to be undertaken. This “do/ buy/ share” work will be completed with the other CCGs across London.

**New Procurements & QIPP:** We anticipate launching a range of new procurements to support the QIPP Transformational change agenda. In undertaking this we will consider the most appropriate form of procurement for the services and the outcomes required. We anticipate that new procurements may be needed in the following areas:

- Pathology Services
- Ophthalmology Services – prime contractor
- End of Life Care & Cancer Care Services – prime contractor
- Commissioning Support Unit Services (subject to review see above)

We will also continue our development of the COBIC contracting approach which focuses on outcomes and a capitation/whole population based approach.

## 11 OUR TRANSFORMATION PLANS FOR SPECIFIC SERVICES AND PROGRAMMES

Our Plans in each service area are available as standalone documents and a summary overview is given below.

OUR SERVICE PRIORITIES - 2014/15 and 2015/15	
PRIORITY AREA	WHAT WE AIM TO ACHIEVE
1. FOCUS ON PREVENTION AND INEQUALITIES	<p>These priorities are set out in our <b>Joint Health and Wellbeing Strategy</b> with the London Borough of Bexley as follows:-</p> <ol style="list-style-type: none"> <li>1. Tackling childhood and adult obesity and promoting healthy choices</li> <li>2. Improving our work to prevent diabetes and supporting those with the disease</li> <li>3. Changing attitudes towards smoking and offering support to stop</li> <li>4. Supporting residents and their families affected by dementia</li> </ol> <p>This is supported by a cross-cutting priority - Transforming the way we work and keeping services closer to home, which will be delivered by: -</p> <ul style="list-style-type: none"> <li>• Balancing the health economy to provide improved community based integrated care</li> <li>• Improving Services at Queen Mary's Hospital Sidcup</li> <li>• Improving Primary Care</li> </ul>
2. QUEEN MARY'S AND ERITH HOSPITALS	Developing <b>Queen Mary's Hospital</b> at the heart of a network of community based care, including new plans for revitalising and expanding the services at <b>Erith Hospital</b>
3. UNSCHEDULED (EMERGENCY AND URGENT) CARE	Finalising the procurement and delivery of a borough-wide integrated network of enhanced urgent care centres
4. PLANNED CARE	Having single, integrated pathways for planned services across community and acute settings; providing responsive consultant level advice to GPs; highly efficient outpatient care; maximising the use of day surgery and building Queen Mary's Hospital as the main hub for elective care up to the point where people need overnight care in hospital
5. LONG TERM CONDITIONS	Earlier diagnosis and better self-management of long term conditions such as diabetes, with good hospital back-up when people need urgent, complex or specialised care but ensuring that most services are community-based following new major procurements, especially for cardiology and musculoskeletal services
6. CHILDREN, YOUNG PEOPLE'S AND MATERNITY SERVICES	Securing the future of our specialist children's service contract with closer integration of universal, specialist and mental health services for children and young people; implementing the agreed redesign of the Paediatric Assessment Unit at Queen Mary's Hospital; mapping paediatric and maternity service pathways to ensure that the quality and experience of the service for Bexley women and children is enhanced by providers working effectively together.
7. ADULT SERVICES	Strengthening mental health preventive, liaison psychiatry and referral management services and assessing the potential for better integration of the health and social care aspects of services for people with learning and physical disabilities. In particular ensuring universal acute, community and mental health services are commissioned and held to account for making services accessible and appropriate for people with learning disabilities and additional needs

<b>PRIORITY AREA</b>	<b>WHAT WE AIM TO ACHIEVE</b>
<b>8. OLDER PEOPLE'S SERVICES</b>	Embedding the new Integrated Care Service in the community and delivering the corresponding reduction in hospital care; implementing our carers and dementia strategies. The model focuses on enhanced prevention and support services for Older People to avoid unnecessary admissions and support people in their own home using the principle of "home is best".

## 12 DELIVERING THE NHS NATIONAL “ASK” – NHS CONSTITUTION & OUTCOMES FRAMEWORK (OF)

Although Bexley has clear local plans, we are of course part of the National Health service and are obliged to meet the requirements of the NHS Constitution and NHS Outcomes Framework

We have made progress in a number of areas, particularly beginning to support people at home better and reducing hospital admissions and readmissions, reduced breaches of patients having to use mixed accommodation and successfully meeting the 18 weeks referral to treatment target.

The table below sets out the areas of the NHS Constitution and Outcomes framework where we still need to develop and improve, so that people know what to expect and can hold us to account.

<b>Service Area</b>	<b>ACTION</b>
Breastfeeding at 6-8 weeks post birth	Build into South east London Maternity Transformation Plan
Midwife visit within 12 weeks 6 days of pregnancy	Build into South east London Maternity Transformation Plan
Cervical screening date for result given within 14 days of test	Support to Public Health England as lead where necessary
Childhood Immunisations	Support to Public Health England as lead where necessary
Reduce unplanned admissions for children with long term conditions	Address through review of Paediatric Assessment Unit
Timely Treatment of TIAs - assess within 1 hour; treat within 24 hours	?
Delivery of home equipment within 7 days	Embed into integrated care service pathways→transformation fund issue
VTE inpatient assessment	?
Referral to Treatment targets; 18 week outpatient; 52 week inpatient	Unplanned and Long Term condition alternatives; closer breach management
Mixed sex accommodation	Reduce admissions through integrated care service; closer breach management
Diagnostic test waits	1)Extent Treatment and Access Policy to agree test thresholds 2) re-procure GP direct access services in 2015/16
62 Day cancer waits	Support and reinforce NHS England as lead commissioner
A+E four hour waits	Re-procurement of integrated urgent care service; embed integrated care service; operational capacity management through Urgent Care Board
Bowel screening for people aged 70-75	Support to Public Health England as lead where necessary
Reduce Health Care Acquired Infection (HCIA) incidence	Closer acute breach management; enhanced focus on community acquired

	HCIAs
% of people feeling supported to manage their long term condition (LTC)	Patient involvement in specification of new LTC services – esp. education
<b>Service Area</b>	<b>ACTION</b>
Patient described health gain from knee and hip replacements; groin hernia repair and varicose veins	Build into patient and public engagement programme to agree patient described outcome measures
Reduce Potential years of Lost Lives (PYLL) overall	Use JSNA refresh to target priorities by gender, age, race and council ward – existing programmes become more focused on inequality as a result
Reduce premature mortality for men for cardiovascular , cancer and respiratory disease; and for men and women for liver disease	<ol style="list-style-type: none"> <li>1) Use JSNA refresh to target priorities by gender, age, race and council ward existing programmes become more focused on inequality as a result</li> <li>2) Commission JSNA deeper needs assessment for alcohol and other causes of liver disease</li> </ol>

### 13 SECURING SUCCESS AND MONITORING PROGRESS

We will succeed in delivering these ambitious plans through the right mix of strategic focus and effective operational governance and monitoring. The Governing Body is accountable for making sure that CCG has a clear strategic approach for the future, supported by effective governance and performance management in the present. It does this by shaping and monitoring the QIPP and by receiving integrated performance reports at each meeting held in public. In order to fulfil this the Governing Body is supported by:-

- the Financial working Group
- the Quality and Safety Committee
- the Executive Management Committee

Strategically we will succeed if:-

- we continue to develop as a clinically driven commissioning organisation, taking senior clinical leaders with us
- we engage consistently and routinely with local people on the major changes we are implementing
- we focus on transformational change, not incremental shifts around the margins
- we base our decisions on sound needs assessment though the JSNA and evidence about what works clinically
- we chart our financial course by using our Medium Term Financial Strategy and “bridge change” by introducing new services before capacity not



needed is removed

- we share risk and work in close partnership with Bexley Council and the other south London CCGs

Operationally we will ensure that:-

- quality is safeguarded as we manage the transition, by listening openly to the concerns of staff and patients
- all transformational plans go through our robust business case process
- all agreed transformational plans are converted into effective procurement and resultant contracts
- the Commissioning Support Unit keeps a grip on acute contract spend and performance

We hope that our partners will support and challenge us to keep on track, particularly the Health Overview and Scrutiny Panel and the Patients Council.

## Commissioning Intentions 2014/15 Glossary List of Terms

Call to Action  
Cardiovascular disease CVD  
Coronary Heart Disease CHD  
Care Quality Commission CQC  
Clinical Commissioning group CCG  
Commissioning  
Commissioning Support Unit CSU  
Community Based Care CBC  
Contracting  
Greenwich and Bexley out of Hours Doctor service GRABADOC  
GP with a Special Interest GPwSI  
Health and Wellbeing Board (HWBB)  
Health Care Acquired Infection HCAI  
Hub and Spoke  
Improving Access to Psychological Therapies IAPT  
Information Governance IG  
Innovation  
Integration  
Integrated Care  
Joint Health and Wellbeing Strategy JHWBS  
Joint Strategic Needs Assessment (JSNA)  
Long Term Conditions Morbidity  
Mortality  
NHS Constitution  
NHS England NHSE  
NHS Outcomes Framework  
Paediatric Assessment Unit PAU  
Patient Reported Outcome Measure PROM  
Primary Care  
Planned Care  
Potential Years of Life Lost PYLL  
Procurement  
Public Health Outcomes framework  
Referral to Treatment Target RTT  
Quality, Innovation, Prevention and Productivity (QIPP)  
Receiving Organisation  
Referral to Treatment Target RTT  
Social Care  
Specialised Services  
Statistical Neighbour  
Transformation  
Treatment and Access Policy TAP  
Transient Ischaemic Attack TIA  
Trust Development Authority TDA  
Trust Special Administrator TSA

Urgent Care  
Urgent Care Centre UCC  
Venous Thrombolytic Embolism VTE