NHS
Guildford and Waverley
Clinical Commissioning Group

The Strategic Plan

2014/15 TO 2018/19

CONTENTS

1 Introduction

1.1 About NHS Guildford and Waverley Clinical Commissioning Group (NHS G&W CCG)

In its first year of business, the CCG has firmly established itself as an innovative, ambitious and effective commissioner of services for the local communities and across Surrey.

In developing our strategic plans we have reviewed the health needs of our local population and worked in close partnership with our patients, GP practice colleagues, local Health and Well Being Board, healthcare providers, and our colleagues in local authorities and the voluntary sector. We have also attempted to clearly show that what we are aiming to do carries a strong clinical focus and promotes high quality in the delivery of hospital and community services throughout Guildford and Waverley.

Our vision, values and commitments are grounded in the belief that key decisions affecting patient care should be made by health care professionals in partnership with patients and the wider public. We are also aware that we face considerable financial challenges during the strategic period which must be addressed.

We want to encourage research and innovation, manage risk and deliver key elements of the NHS Constitution such as equality and diversity, safeguarding and choice. We will work to ensure we have the right capacity and expertise to deliver our duties and functions, from needs assessment, service design and planning, to contract monitoring and quality control.

The CCG chairs the Local Transformation Board, whose purpose is to bring together the key organisations in the local health and social care system (the CCG, Acute, Community and Mental Health services providers and Surrey County Council), to drive significant practical improvements in the quality and efficiency of health care in Guildford and Waverley. We also work with other CCG's to commission key services across wider catchment areas and will provide the necessary support to NHS England in its role as the commissioner of specialist primary care services.

We will continue to develop a commissioning organisation that is effective, efficient and responsive to the needs of 220,000 members of the community of Guildford and Waverley, our employees and our constituent practices and clinical colleagues. This will reflect our on-going engagement and strengthening relationships with our partners as we assess future local needs and develop joint strategies. As we progress with our aspirations to be a high performing CCG we will continue to take a proactive approach with key stakeholders within the Health economy and other supporting sectors.

This is both a challenging time and a time for fresh approaches, and we are determined that, along with our local partners, we will lead the commissioning of high quality, safe and appropriate healthcare for our local communities. This strategy sets out the plans which will enable us to achieve our vision for the forthcoming years.

1.2 Our Local Needs

Working with public health in Surrey County Council, we have identified particular demographic groups and health conditions that predominate in Guildford and Waverley to ensure that our strategic commissioning plan reflects the needs and priorities of our population. These are summarised below.

Demography and patient groups

An Ageing Population:

In developing a five-year plan, the growth of specific age groups likely to require integrated care is particularly relevant.

NHS G&W CCG has a population just over 200,000 with an age structure proportionally older than the population of England as a whole. In particular the CCG has a higher proportion of the following groups compared to England as a whole:

- Young people aged 10-19 (12.4%),
- Older adults aged 45-64 (25.5%)
- Those aged 75 and over (8.8%)

The number of people aged 65 and over is projected to grow by 8.5% from 41,696 to 45,261 over the next 5 years from 2014-2019, with those aged 85 and over increasing by 19.8% from 7,132 to 8,543.

In addition to the need for integrated health and social care, an increasing proportion of the population will be suffering from conditions requiring additional care needs, including:

- Dementia and depression
- Visual and hearing impairment
- Long term health conditions as a result of stroke
- Frailty and being prone to falls and consequent fractures (particularly hip fractures)
- Multiple chronic diseases requiring polypharmacy; and
- Inability to manage domestic tasks, selfcare, or mobility on their own

Although the population in Guildford and Waverley is ageing, the needs of children must remain in focus. Outcomes for children in Surrey are generally better than for children in England as a whole, but vaccination rates remain lower than the national average, whilst A&E attendances for children aged 4 and under is higher than the national average.

Given the greater proportion of children aged 10-19 in Guildford and Waverley, attention needs to be paid on the particular health needs of this age group, particularly child and adolescent mental health, with admissions to hospital as a result of self harm in those 18 and under increasing in Surrey while the rates remain constant in England as a whole.

Adults with Learning Disabilities:

Guildford and Waverley has a large population of residents with learning difficulties, in part the legacy of residents settling locally following the closure of institutions for people with learning disabilities.

There are approximately 3,800 residents with learning disabilities aged 18-64 and 970 aged 65 and over in Guildford and Waverley. There are currently no projections for future number of people with learning disabilities over the next 5 years.

The recent confidential inquiry into people with learning disabilities found that they are at substantially increased risk of premature mortality, with men dying on average 13 years earlier and women 20 years earlier than people without learning disabilities. Avoidable deaths from causes amenable to change by good quality health care were approximately three times more common in people with intellectual disabilities than in the general population of England and Wales (13%) but living in inappropriate accommodation and other factors also contributed to their premature mortality. A detailed joint needs assessment for people with learning disabilities in Surrey is currently being undertaken.

People with Mental Health Problems:

There are currently over 1,800 people (approximately 0.6% of the population) in Guildford and Waverley on GP registers with a diagnosis of severe and enduring mental health problems. A further 28,000 (12% of population in Guildford and 13.5% in Waverley) have been diagnosed with depression. Both are likely to be an underestimation of prevalence due to the stigma associated with admitting to mental ill-health. Further work on projection of future need is required as there are inconsistencies in current projections when compared to current prevalence.

People with serious mental illness have consistently lower life expectancy, living on average 20 years less than the general population. Nationally, mortality rates for those with serious mental health problems in the under 75s are about 4 times greater compared to the general population and Surrey has higher mortality in this group than England as a whole.

In addition, the CCG has the highest under-75-years and all-age mortality rate for suicide compared to other Surrey CCGs.

Poor mental health is associated with a range of health damaging behaviours, including smoking, drug and alcohol abuse, unwanted pregnancy and poor diet but also poor healthcare for physical illnesses.

***People with dementia*:**

There are an estimated 2,989 people with dementia in NHS G&W CCG. However, the Quality Outcomes Framework prevalence of diagnosed dementia is 45% of this expected prevalence, indicating a substantial gap in diagnosis.

The number of people with dementia will increase over the next 5 years as the population ages, with a 30% increase across Surrey projected. Dementia overall is more common in women (two thirds of dementia patents), while vascular dementia, caused by strokes and high blood pressure, is more common in certain ethnic groups, specifically Asian and Black African/Caribbean people. People with learning disabilities also have higher rates of dementia than people without; for example, studies have found 55% of people with Down's syndrome aged 60-65 have early onset dementia.

Carers: The estimated number of carers in Guildford and Waverley currently is approximately 24,500, a quarter of these (6,197) aged 65 and over who are themselves at risk of chronic diseases. National estimates suggest 8,700 (one third) of all carers are caring more than 50 hours a week, whereas local research suggests two thirds are providing care at this level of intensity. Relatively few of these carers are known to adult social care: one-third (8,700) in 2013.

There are currently no estimates of the expected increase in the number of carers for NHS G&W CCG. Projections for Surrey suggest an increase of 8.6% from 2011 to 2021.

Carers who provide more than 50 hours of caring a week are more than twice as likely to be in poor health as those without caring responsibilities, suffering particularly from mental health problems and physical injuries.

Specific Black and Minority Ethnic groups:

Guildford and Waverley has a predominantly White British population (85.9%). However, there are significant populations of Asian/Asian British people, mainly of Indian, Pakistani and Chinese origin, as well as Black African/Black Caribbean/Black British. Although small in number and relatively younger than the White British population, the South Asian and Black ethnic groups are at significantly increased risk of diabetes and heart disease with increased need for health and social care at potentially earlier ages. There is also a relatively substantial Gypsy, Roma and Traveller (GRT) population and 14 authorised GRT sites in Guildford and Waverley. These communities tend to be younger than the White British population but have high rates of smoking (48%), high blood pressure (52%) and anxiety/depression (48%), as found in a 2005 Surrey-wide survey.

Armed forces community

There is an estimated 7,744 veterans living in Guildford and Waverley, as well as the Army Training Centre in Pirbright. While this group tends to be younger than the general population, they have a higher incidence of post traumatic stress disorder, alcohol misuse and risk of suicide. Their mean income also tends to be lower, which means they are more likely to be over-represented in areas of greater deprivation.

Geographical areas within NHS G&W CCG where health need particularly high

Some areas of Guildford and Waverley have particularly high deprivation and consequently high health and social care needs. In particular, Stoke, Westborough, Godalming Central and Ockford have the highest levels of deprivation in the CCG area. Stoke has a significantly lower life expectancy at birth than national average while life expectancy in Westborough is lower than neighbouring wards. Both Stoke and Westborough have the highest rate of smoking in Guildford.

However, the ward in Guildford and Waverley with the lowest life expectancy is Haslemere Critchmer and Shottermill where life expectancy is 8 years lower (79.9) than that in Burpham and Blackheath & Wonersh (87.9). Life expectancy has also fallen in Alfold, Cranleigh Rural and Ellens Green by 4.5 years between 1999-2003 and 2007-2011, indicating these areas may also require attention, despite being more affluent than Stoke, Westborough and Godalming Central.

Local prevalence of specific conditions and risk factors

Causes of death:

Ischaemic heart disease, cancer, stroke, COPD and lower respiratory tract infections are the most common causes of death nationally. Within Surrey, Guildford and Waverley CCG has the second highest all-age mortality rate for CHD and third highest for stroke and other circulatory disease. Guildford and Waverley does well relative to the rest of Surrey with lowest premature (under 75) mortality rate for cancer, COPD and CHD, but it is worth bearing in mind that Surrey and England generally does relatively poorly on some of these measures compared to other countries. For example, deaths from CHD in France are *one quarter* of those in the UK.

Causes of ill-health:

Musculoskeletal disorders and mental and behavioural disorders are the biggest causes of illness nationally. The five most prevalent conditions in Guildford and Waverley, as tracked by the QoF registers, are

- Hypertension,
- Depression,
- Asthma,
- Obesity
- Diabetes

Modelled estimates suggest that hypertension, CHD, COPD, diabetes and dementia may be underestimated locally, particularly hypertension and dementia.

Risk Factors:

According to the Global Burden of Disease Survey 2010, the top five risk factors for the main cause of mortality and ill-health are tobacco smoking, hypertension, high BMI, physical inactivity, and alcohol, all of which are entirely, or in large part, amenable to prevention.

Although smoking rates in Guildford and Waverley are lower than the national rate, some areas such as Stoke, Westborough and Pirbright have higher rates.

Guildford and Waverley have higher rates of increasing risk drinking than nationally (Guildford ranks 309/326 LAs and Waverley 303/326). Hospital admissions for alcohol-related conditions are also increasing at a faster rate than the national average, doubling between 2002/3 and 2009/10, indicating a local problem with excess alcohol consumption.

A fifth of people in Waverley and a quarter in Guildford are estimated to do less than 30 minutes a week of physical activity, while Surrey children are less likely than the England average to participate in 3 hours of physical education at school. CCG specific data for healthy eating is not available but only one third of people in Surrey county-wide are eating enough fruit and vegetables to meet the recommended five a day.

Areas where quality of healthcare may be poorer

Commissioning for Value identified areas where there is currently scope for improvements in NHS G&W CCG, in terms of spend and quality, although it must be noted that Guildford and Waverley have a large proportion of spend which is unallocated to specific disease areas. The programme areas that appear to offer the greatest opportunity for quality-related improvements in Guildford and Waverley are:

- cardiovascular disease,

- diabetes, and
- cancer and tumours

For cardiovascular disease, both the identification of those with CHD and hypertension and the management of these conditions are the areas where improving quality could prevent or reduce admissions.

For diabetes, better management of cardiovascular disease risk in primary care is the key area for improvement.

For cancer and tumours, the uptake of breast screening as well as smoking cessation have been identified as areas for improvement.

2.0 Our Vision, Values, Objectives and Shared Purpose

2.1 Our Vision

The CCG has a clear ambition, reflected in our mission statement:

"To ensure that innovative, quality-driven and cost-effective health and social care is in place. By working together, the group will deliver services locally which reflect patient need and improve the health and well-being of people in Guildford & Waverley."

We want our patients and citizens from all parts of our varied community to experience the following, when needed, as routine:

- A system that thoroughly integrates health and social care services
- A system that is focused on the care of individuals
- A system that values and is focused on health outcomes

Moving to an outcomes-based commissioning model will enable all of these experiences to be realised.

2.2 Our Values

The values and our descriptions of each that the CCG have signed up to are as follows:

Improving lives

We strive to improve health, well-being, and people's experiences of the NHS. We value excellence and professionalism wherever we find it – in the everyday things that make people's lives better as much as in clinical practice, service improvements and innovation.

Commitment to quality of care

We earn the trust placed in us by insisting on quality and striving to get the basics right every time: safety, confidentiality, professional and managerial integrity, accountability, dependable service and good communication. We welcome feedback, learn from our mistakes and build on our successes.

Working together for patients

We put patients first in everything we do, by reaching out to staff, patients, carers, families, communities, and professionals outside the NHS. We put the needs of patients and communities before organisational boundaries.

Compassion

We respond with humanity and kindness to each person's pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for those we serve and work alongside. We do not wait to be asked because we care.

Respect and dignity

We value each person as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest about our point of view and what we are able to do.

Everyone counts

We use our resources for the benefit of the whole community, and make sure nobody is excluded or left behind. We accept that some people need more help, that difficult decisions have to be taken – and that when we waste resources we waste others' opportunities. We recognise that we all have a part to play in making ourselves and our communities healthier.

2.3 Our Strategic Objectives

Our Operational Plans for 2014/15 are quantifiable, deliverable and demonstrate how we are working with partners at a local level and aligning the development of our long term strategy and the *Call to Action* with the development of our 5 year strategic and 2 year operating plans. Together they allow us to articulate the improvements we are collectively aiming to deliver for patients across the seven ambitions.

Our 5 year plans set out our intentions to improve Quality, Expectations and Sustainability, whilst ensuring that commissioning is set against accurate tariffing and financial allocations that will be set for the next 2 financial years, highlighting the efficiencies to be achieved by 2020.

The CCG will naturally review and realign its organisational objectives over the strategic period. In the meantime, the CCG's six strategic objectives remain at the heart of what we do and these, along with the CCG vision, are core components in developing this strategy.

Our six strategic objectives are:

1. We will improve the health status of our local population and reduce inequalities in health	2. We will aspire to achieve a sustainable health economy
3. We will enhance the quality and safety of patient services	4. We will work to change the way patients receive care
5. We will enable local people to have a greater influence on services that we commission and increase the ability of people to manage their own care	6. We will develop into an effective and responsive commissioning organisation

In keeping with the vision of high quality care for all, now and for future generations, our strategy has developed with transformation in mind and demonstrates the key features required to achieve this.

We want to ensure that our strategy delivers a sustainable NHS for future generations. The routine use of an outcomes-based approach will promote a greater sense of responsibility across the entire health and social care system. It will limit the financial risk to any one part of this system and deploy resources where outcomes are met.

Measuring achievement is crucial and so measurement of health outcomes underpins the way that we do business. We will ensure that our partners understand their role and contribution to the achievement of our ambitions.

We will use public health data to ensure targeted support to communities with differential health outcomes and population groups that are hard to reach.

We have been working with local partners to develop our vision and sign-off our plan: the Local Transformation Board, Guildford Borough Council, Waverley Borough Council, Health Watch Surrey and Surrey Health & Wellbeing Board. There is agreement to jointly utilise the Better Care Fund to develop the outcomes-based integrated service model for our frail elderly population.

Our commissioning intentions for 2014/15 were developed out of our engagement programme and in particular with our Patient and Public Engagement Forum. The intentions, once written, were shared and consulted upon even further with this forum, following the Call to Action engagement programme. We are confident that our plans are supported by representatives of those they affect the most.

In addition to working with our partners, we have made full use of the Commissioning for Value pack, our Joint Health and Strategic Needs Assessment and local Health Profiles to best inform our plans for the next two years and beyond.

Critical to our success will continue to be the engagement and collaboration of stakeholders over the next five years.

Key Feature	Mechanisms to achieve this
A completely new approach to ensuring that citizens will be fully included in all aspects of service design and change, and that patients will be fully empowered in their own care	Patient and Public Engagement (PPE) Forum Closer collaboration with member practice Patient Participation Groups Social media and marketing
Wider primary care, provided at scale	A local GP federation is starting to develop across Guildford & Waverley, which will support wider primary care at scale. In addition the CCG will do the following: Encourage engagement with the national Direct Enhanced Service for extended hours Encourage participation in the Prime Minister's Challenge Fund Utilise the £5 per head of population to integrate community services into primary care Develop our Primary Care Plus+ Strategy to benefit our frail elderly population
A modern model of integrated care	Testing application of the Capitation and Outcomes-Based Incentivised Contracts (COBIC) to operationally integrate services for our frail elderly population
Access to the highest quality urgent and emergency care	Implement our Urgent Care Strategy that incorporates primary care provision within our local Emergency Department
A step-change in the productivity of elective care	Develop tier 2 community-based services for a broader range of elective procedures that will increase self-care opportunities for patients and reduce the number of visits to hospitals

Specialised services concentrated in centres of excellence	Work with the Area Team to support the appropriate concentration of specialised pathways, especially cancer and vascular services

We are developing a range of programmes that contribute to this vision and target our priority groups, as well as areas where we have poorer health outcomes compared to comparator CCGs. These are explained more fully in subsequent chapters and the individual strategies.

Our plans, structure and intentions will work harmoniously with our partnering organisations and be adept to cope with challenge and change.

2.4 Our Shared Purpose

NHS G&W CCG will continue to generate service improvement and change across the whole Surrey healthcare system to deliver commissioning plans and intentions which incorporate QIPP.

To support delivery of these plans and to enhance organisational development the CCG will embrace a model created to support the NHS to adopt a shared, systematic approach to building the capacity and capability for delivering service change

The model was developed with hundreds of NHS senior leaders, clinicians, commissioners, providers and improvement activists who want to get involved in building the energy for change across the NHS by adopting a systematic and sustainable approach to improving quality of care.

Our chosen model is the NHS Change Model (Figure One) which has been developed by the Institute of Quality (NHS IQ).

Fig. 1

The model brings together collective improvement knowledge and experience from across the NHS into eight key components. Applying all eight components systematically and rigorously will improve the likelihood of successful, sustainable change.

3.0 Our Outcomes and Ambitions

The NHS Outcomes Framework describes the five main categories of better outcomes we want to see:

- We want to prevent people from dying prematurely, with an increase in life expectancy for all sections of society
- We want to make sure those people with long-term conditions, including those with mental illnesses, get the best quality of life
- We want to ensure patients are able to recover quickly and successfully from episodes of ill-health or following an injury
- We want to ensure patients have a great experience of all their care
- We want to ensure that patients in our care are kept safe and protected from all avoidable harm.

It is important that these outcomes are defined in more measurable terms and we have adopted the seven specific ambitions identified below. Our transformational programmes will impact upon all of the outcomes ambitions and lead to an overall improvement in quality, experience and value for patients and the health economy:

3.1 Securing additional years of life for people with treatable mental and physical health conditions

Since 2009, the potential years of life lost to conditions considered amendable to healthcare has reduced for patients in NHS G&W CCG by 16%. The intention for the CCG is to continue this downward trajectory through its robust commissioning strategy with a reduction of 3.2% in 2014/15 and further reductions in future years. Improving the management of people living with one or more long-term condition, through the provision of wider primary care, improved responsiveness in the community to counter deterioration and improved medicines management, will contribute to this reduction and improve the overall quality of life for our population. In addition, a world-class emergency service that is not detracted by conditions that are better managed elsewhere in the system will improve the quality and responsiveness of care when patients are at their most acutely ill.

3.2 Improving the health related quality of life of the people with one or more long-term conditions, including mental health conditions

The Health-related Quality of life for people with Long Term Conditions measured using the EQ-5D tool in the GP Patient survey has Guildford and Waverley in the top quartile of the country with a value of 78.2. The highest value in England is 79.7 with the England value at 73.1.

Just under 75% (74.8%) of patients living with a long-term condition in Guildford and Waverley feel supported to manage it which compares favourably to other CCGs in Surrey (range 69.1 to 74.9%). The value for England as a whole is just under 70%. Our programme to improve the effectiveness of IAPT, in terms of reaching communities with currently low referrals and ensuring patients are seen in a timely manner will make a definite impact on health related quality of life whilst improving the diagnosis rates for dementia will produce quality gains for people suffering with the condition and their carers, friends and family. By working as part of the Surrey-wide mental health and learning disability collaborative we will

be in a position to effect large scale changes in service provision to deliver the broad changes required to better serve this cohort of our population.
Our commissioning of care for children with complex needs will focus acutely on improving their quality of life whilst patients with learning difficulties will experience care that fully comprehends their needs and services that do not only see a mental health condition.

3.3 Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community outside of the hospital

The local health economy experiences some particular issues that the CCG is working closely with the Royal Surrey County Hospital to resolve. In particular, the ageing population requires community services to expand its current scope in terms of availability and delivery to prevent more avoidable admissions than ever before. The resulting impact on the Acute Trust is a reduction in excess bed-days and unplanned admissions that reduce income.

These reductions are well understood between the organisations and we are working together to manage the implications and in particular the workforce implications.

In addition the CCG is working with RSCH and partners to improve the A&E performance which cumulatively has dropped below the national target despite activity being consistent with planning.

There has been a 15% reduction in the unplanned and emergency admissions composite rate for a range of conditions since 2009/10 in the CCG although the downward trajectory is not a continuous slide or the same for all measures. There has been an overall increase since 2009/10 in admissions for acute conditions that should not usually require hospital healthcare. Hence, there is a need to counter this deterioration in the community through better, more integrated healthcare. Our Primary Care Plus+ strategy in tandem with the national direction regarding named GPs and extended opening hours will provide the wrap-around health and social care needed by people living with a long-term physical and/or mental health condition.

3.4 Increasing the proportion of older people living independently at home following discharge from hospital

There is currently no indicator for this outcome ambition. The CCG will set its target with its Health and Wellbeing Board partners. However, our plans for improving this measure are advanced. Rapid discharge is a key quality marker for the CCG. If patients do not need the full hospital resource to recover from illness we will look after them in the community. Responsive, better care will be provided through use of the Better Care Fund to integrate community services with social care and voluntary services so that patients feel fully supported to get back to independence at home.

3.5 Increasing the number of people having a positive experience of hospital care

The patient experience of inpatient care from the Inpatient Survey has the score for Guildford and Waverley CCG of 148.8. As this is a measure of negative responses this has us comparing unfavourably with the rest of England which has a value of 142.2 and with a worse response than the Surrey CCG average of 138.1 There is clearly work to be done with our

acute trust providers (mainly Royal Surrey County NHS Foundation Trust) to improve this important measure. RSCH have also not met the Clostridium Difficile (C-Diff) targets for 2013/14 and in 2014/15 we are working to agree a joint action plan that uses penalty monies to invest in infection control resources. Together, both organisations have developed a clear and agreed understanding of the factors that have impacted on this target. We believe that experiencing a high **quality** of care is positive in itself; hence our quality assurance and improvement programme will be a major contributor to this outcome ambition. In addition, our programme to support referrals for elective care will develop patient awareness of choice leading to an informed decision as to where they would like to experience their care, based upon up-to-date provider information.

3.6 Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community

Of patients in NHS G&W CCG asked about their experience of primary care GP services there were on average 4.9 negative responses per 100 patients; the range across the other Surrey CCGs was from 2.6 to 7.0 negative responses. Nationally, our patients are more satisfied than average with their primary care experience but we are not in the lower quartile.

Satisfaction with primary care out of hours services is however lower than the national average with only 65.11% patients compared to 70.21% patients nationally reporting a positive experience (July 2012 to March 2013). This is also lower than the Surrey & Sussex Area Team levels. The procurement of this service in 2014/15 provides the ideal opportunity to put in place a service that more closely meets the needs of our patients for out of hours care and improve this experience.

We will continue to work closely with our member practices and the Area Team to ensure high quality care is delivered across our 21 surgeries. Our strategy for the commissioning of local services (previously local enhanced services) will ensure high quality, equitable services are available away from hospitals wherever clinically safe and appropriate. Our joint procurement of out-of-hours primary care services with neighbouring CCGs will take past patient experiences into account when choosing a preferred provider; integration, timeliness and high quality as routine are aspects that are driving the development of this service. Widening the remit of our quality team to cover primary care will ensure a broader mix of healthcare professionals will learn lessons from serious incidents leading to improved safety of care.

3.7 Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care

The indicator for this outcome ambition is still in development. However, we looked at contributory factors such as rates of C-Diff and MRSA; whilst incidence of the latter has been zero during the first 6 months of 2013/14, C Diff has affected several patients (16 over the first 6 months) such that improvement plans are in place, as discussed above, and our strategic commissioning will focus on eliminating this risk for our patients. We also plan to work closely with organisations on their mortality review programmes which will include continual surveillance of their mortality statistics using both absolute and index figures, and

where applicable, reviewing the incidence and prevalence of adverse events using evidence based tools (e.g. Global Trigger Tool). Through this, we will also seek assurances around the dissemination of learning and implementation of quality improvement plans.

4.0 Our Transformation Programmes

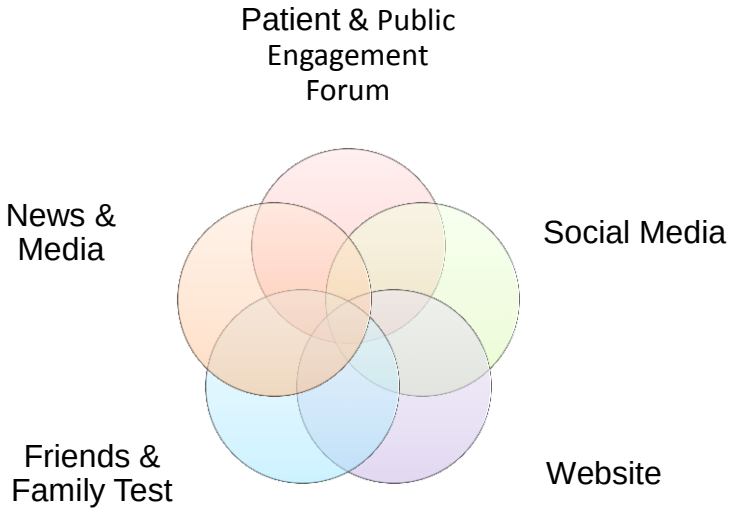
Our transformation programmes dovetail together and overlap to form a cohesive step-change in how the people of Guildford and Waverley will experience health and social care over the next 5 years and beyond.

For ease of understanding we present our transformation programmes in terms of the six characteristics of a high quality, sustainable system that will enable delivery of the seven outcome ambitions.

ONE

Ensuring that citizens are fully included in all aspects of service design and change and that patients are fully empowered in their own care

Patients and citizens will be at the heart of service design and change. Our plan for achieving this is multi-faceted:



Patient and Public Engagement

We will continue to ensure that the membership of the Patient and Public Engagement Group is extended to represent all sectors of our community, including people with mental health conditions and learning disabilities and people who live in the traveller communities, so that consultation and engagement is more meaningful, effective and transparent.

We will ensure that Patient and Public Engagement Forum (PPE) events are aligned to specific rather than general issues in a timely manner.

We will utilise real time data and information regarding the current use of services to guide service design and improvement and aim to remove jargon from our public-facing activities so as not to exclude or limit input.

Representatives of groups/patients that have experienced bad care will be invited to take part in relevant workshops/events/forums.

Website

We will ensure that we engage with patients and the public through consultation and feedback, via our website. To do this, we will direct resource to continue to develop our website so that is it is engaging, useful and meaningful, and that development will be underpinned by definitive aims and underlying objectives. We will work to improve the visibility of patient feedback mechanisms, such as the Friends and Family Test (FFT).

We will develop a dedicated area on the website to provide advice to vulnerable groups. We will also encourage feedback regarding services – via FFT for all organisations or highlighting complaints and compliments mechanisms used by Providers - to inform commissioning decisions and to help monitor and evaluate services.

Social media

We will ensure that patients can engage with us through Twitter and other social media, providing feedback which can be channelled back to commissioners and providers to inform improvement, and that social media can be deployed to inform patients and the public of opportunities to participate in online surveys, take part in PPE Forum events and get involved in workshops designed to improve services available.

Friends & Family Test

We will widely communicate the availability of the FFT through incorporating it into our quality guidelines for service delivery. We will utilise funding opportunities to broaden use of the FFT e.g. through integrating with our Referral Support Service (RSS) to inform our future commissioning plans.

We will ensure that FFT scores are published on our website, and the recommended outcomes of the test are utilised proactively to inform commissioning decisions.

Furthermore, social media will be used to raise awareness of FFT scores, linking back to relevant sections of our website.

News and media

We will engage proactively with local and national media to demonstrate our commitment to improve the quality of care and to encourage patient and citizen involvement with ourselves and with our providers.

There is no significant investment cost required to implement this programme. It requires programme leads to have patient and public engagement at the forefront of their planning and implementation.

TWO

Wider Primary Care, Provided at Scale

Primary care can be defined as the first contact that a patient has with a health care professional for a new episode of care; GPs are by far the largest primary care provider group but other health care professionals, such as community pharmacists, also fall within this definition. As such, our strategy considers all primary care providers being utilised much more widely to meet the health needs of our population.

General Practitioners are widely known as the gatekeepers to all other services but disparities between capacity and demand due to changing demographics, morbidities and expectations have led to pressures elsewhere in the system that threaten cost and quality effectiveness. Our plan seeks to redress that balance to produce gains for all as highlighted in the Commissioning for Prevention guidance, which our commissioning is based upon.

Practices will collaborate more effectively together in a federated way as they begin to look to the future of health care provision. We will encourage our member practices to take advantage of available opportunities – the Prime Ministers Challenge Fund and the national

Direct Enhanced Service for extended opening hours – to increase their capacity to meet the growing demand for high quality primary care.

Primary Care Plus+

Major transformation is encapsulated in our Primary Care Plus+ Strategy, which will achieve the following:

- Vertical integration of community and primary care services into one service delivery model centred on the needs of practice populations through establishment of virtual practice teams (community services) who in partnership with primary care will own a joint set of clinical outcomes.
- Seven day working
- Extended opening hours

The intention of Primary Care Plus+ is to change the availability of the whole system of healthcare to extend into the evening and weekends. This 'smoothing' of availability provides a viable alternative to hospital and also encourages a 'routine' pattern of access.

Patients, members of the public, carers, and partner organisations have played an important role in developing the Guildford and Waverley Primary Care Plus+ strategy. At our Service Redesign Event (November 2013) a wide range of issues was raised, including:

- The need for co-ordination across primary, secondary, community, mental health and social care;
- Improving the primary care offer, and flexible approaches to accessing services using new technologies;
- Educating patients about the service and intervention options available, to make more appropriate use of the right service in the right place, first time;
- Greater support across seven days for self-care, to reduce the impact of people using emergency facilities when they might otherwise self-manage;
- Introducing minimum standards for seven day services in a range of settings and disciplines to maximise consistency, parity and continuity of care and minimise variation across the country.

To deliver seven day services that meet patients' needs, models must include both health and local government services, covering a shared population. Primary care and other non-hospital health settings, secondary care, community health services and social care, housing and the voluntary sector all provide vital inputs into care packages and are brought together within Health and Well Being Partnerships.

To drive change, levers beyond pure commissioning are needed. This means that a mix of formal contractual levers and informal levers are required and there is also a need to work across these levers at different levels - national, local, organisational, team and individual to bring about the large scale change required. Moving to the delivery of a consistent high quality service every day of the week requires a significant cultural shift as well as practical and logistical changes. To succeed, widespread support for the principles and patient outcomes to be achieved through seven day services is needed.

These will be developed through engagement with stakeholders. We will also ensure the messages around seven day services promote the concepts of improved outcomes and patient experience, and challenges thinking which is focused only on centralisation.

Shared EMIS Web access across providers with information sharing agreements in place will be a significant enabler for achieving integration.

Both health and local government services, covering a shared population, are included in our model. Primary care and other non-hospital health settings, secondary care, community health services and social care, housing and the voluntary sector all provide vital inputs into care packages and are brought together within Health and Well Being Partnerships.

There are a variety of barriers that need to be addressed if we are to achieve this vision of care for Guildford and Waverley:

- Availability of housing and beds in the community to support rapid discharge
- Availability of workforce over the weekend e.g. recruitment and retention of skilled staff, skill mix issues, compliant staff rosters, the need for changes to current terms and conditions and contracts, and matching supply of appropriately skilled workers with demand.
- Availability of phlebotomy and pathology collecting systems from primary care to the laboratories.
- Availability of weekend public transport

Nevertheless, we have commitment to implement this model of care amongst our key partners and support from our patients and citizens, leading to a high degree of confidence that we will be able to deliver this transformation within two to three years.

THREE

A Modern Model of Integrated Care

In 2011, the King's Fund described what integrated care would look and feel like:

"…a new model of care in which clinicians work together more closely to meet the needs of patients and to co-ordinate services. This model of integrated care would focus much more on preventing ill health, supporting self-care, enhancing primary care, providing care in people's homes and the community, and increasing co-ordination between primary care teams and specialists and between health and social care."[i]

This is what we intend to implement for our population.

We currently work in partnership with a number of stakeholders to maintain and continuously improve the quality of services provided:

- Member practices
- Governing body
- Patients, carers and the public
- Community groups and the third sector
- County and Borough Councils (inc. Public Health)
- MPs
- Health & Well Being Board
- Healthwatch
- Primary and Secondary health and social care providers
- South East Coast Ambulance Service NHS Foundation Trust
- Surrey and Borders Partnership NHS Foundation Trust
- National and Local media
- NHS England

Preventing Ill Health

Ill health prevention must form the foundation of any strategy to improve health and well-being. Working closely with Public Health we are developing a Prevention Action Plan around priority areas for prevention, including alcohol, tobacco control, health checks, physical activity and diet, sexual health and mental health. We recognise that many of the strategies and initiatives for these priority areas can only be delivered through partnership working across statutory and voluntary organisations, including:

- Schools and Colleges
- Borough and County Councils
- Health providers, inc. acute sector, community, GP's
- Community Groups
- Police
- Voluntary Agencies

The outcomes will reflect a focus not only on how long people live , but on how well they live at all stages of life, with increased healthy life expectancy and reduced differences in healthy life expectancy between communities.

Rapid Discharge

We have made significant progress to support patients being discharged from hospital, and prevent unnecessary admissions, with the establishment of a Rapid Improvement Discharge Group with The Royal Surrey County Hospital Foundation Trust, Virgin Care Ltd (community service provider) and Surrey County Council. The aim has been to make some fast paced progress with improving discharges in order to alleviate some of the potential pressures arising from winter. These service changes include the deployment of resources from readmissions and winter monies. It is possible that this deployed resource may make up some of the BCF transfer in 2014/15.

This marks the beginning of a wider discussion to transform community services from a three tier model of service into a two tier model, which we are referring to as Primary Care Plus+.

Better Care Fund

The proposals for the Better Care Fund for NHS G&W CCG were developed, in part, through an assessment of population need and areas of healthcare where analysis has indicated potential for health gain, with particular reference to those areas where greater integration of services will improve outcomes. The main sources used for this analysis were the Surrey Joint Strategic Needs Assessment, the Commissioning for Value packs for NHS G&W CCG, the Adult Health and Social Care Commissioning Profiles for Guildford and Waverley.

We consider the Better Care Fund (BCF) to be a significant catalyst for change. As part of the process for accessing BCF funding, NHS G&W CCG and Surrey County Council will have to demonstrate that a number of national conditions are being met. These include seven day health and social care services to support patients being discharged and to prevent unnecessary admissions at weekends.

To realise the opportunities presented by the Better Care Fund, Surrey has established six Local Joint Commissioning Groups – one for each of the six local CCG areas. These Groups will be responsible for Better Care Fund investment decisions, the joint commissioning of services and oversight of the operational delivery of the schemes set out in their local joint work programme. As part of this, all six Local Joint Commissioning Groups will co-design the future models of care with health and social care providers and will engage in more detailed conversations with them, including individual discussions and negotiations, as part of the process which began in January 2014.

We will be utilising its Patient and Public Engagement forums and meetings to test the support and encourage debate on the service model being driven out of the Better Care Fund.

Each Local Joint Commissioning Group is committed to community engagement and co-design as a key component of its plan for utilising the Better Care Fund and transforming out of hospital care. As commissioners, the six CCGs and Adult Social Care will work together in each locality to communicate the priorities and intentions during February and March, seeking feedback and further opportunities for co-design. Feedback will inform our key priorities, including our Better Care Fund strategy, and shape our plans for 2014/15 and beyond to ensure local services are integrated, responsive, affordable and meeting the needs of local people.

We will continue to work with Surrey County Council to agree local plans for accessing the BCF, and to ensure these are aligned with wider plans for delivering seven day services.

Children

Although the population in Guildford and Waverley is ageing, the needs of our children must remain in focus. Outcomes for children in Surrey are generally better than for children in England as a whole, but vaccination rates remain lower than the national average and A&E attendances for children aged 4 and under is higher than the national average.

We are focussing on specific conditions that cause parents to take their children to A&E, specifically bronchiolitis, fever and diarrhoea and vomiting. We want to support self-management and better use of primary care and pharmacy as alternatives to accident and emergency use. Children are included in our 'Access to the Highest Quality Urgent and Emergency Care' plans described below. We are also working in partnership with our colleagues in Public Health England and NHS England who have responsibility for improving childhood immunisation rates across Surrey and Sussex. We want to see increased uptake in all childhood immunisation and successful implementation of any new national immunisation programmes.

Our largest proportion of children are aged 10-19. We are therefore paying particular attention to the health needs of this age group. We are working in partnership with our colleagues in public health to commission services that support the guidance in the *Health Child Programme*. We will continue to work in partnership with Surrey County Council, Guildford and Waverley Borough Councils and NHS England to ensure that the promotion of emotional wellbeing and resilience is at the core of all services for children and to co-commission responsive access to child and adolescent mental health professionals and inpatient care when required. Although Surrey has one of the lowest teenage conceptions rates in the Country a higher proportion live within the Guildford area. We will support Surrey County Council in implementing recommendations from the Surrey Sexual Health Strategy.

A key driver for the quality of care received by children with disabilities is the *Children & Families Bill* currently going through Parliament, with Royal Assent expected in September 2014. This legislation and its associated guidance will change the way we jointly commission and deliver services, with a focus on integrating both commissioning and service delivery across education, social care and health for people aged 0-25 with special educational needs and disabilities. One aspect of this will be increasing choice through the option of a personal health budget for parents to directly purchase care to meet their child's needs.

We will focus on improving communication and stakeholder engagement to support use with these priorities. Integrating services at the 'front door' is crucial so families can get co-ordinated help. We want to promote *Early Help* models in partnership with the Council and Boroughs, in particular *Family Support* and other opportunities to increase the resilience of

families and carers who have children with challenging developmental, physical or mental health needs.

Other programmes that incorporate our integration agenda include:

- rolling out telehealth to people with COPD and heart failure;
- improving the responsiveness of our Continuing Health Care service;
- ensuring our population is fully utilising their Personal Health Budgets.

FOUR

Access to the Highest Quality Urgent and Emergency Care

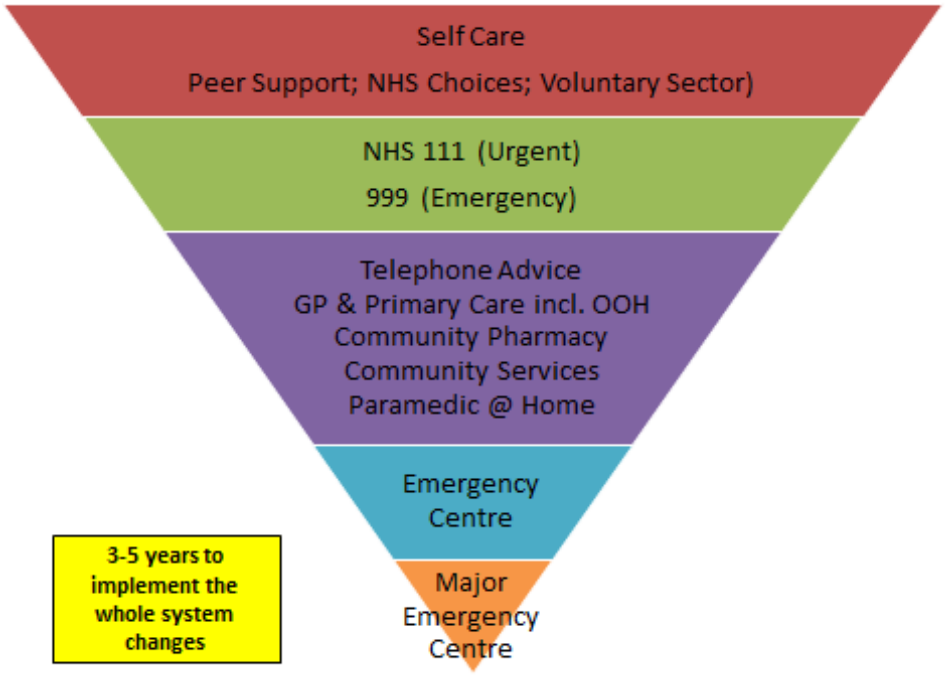
Our vision is clear.

Firstly, for those people with urgent but non-life threatening needs we must provide highly responsive, effective and personalised services outside of hospital. These services should deliver care in or as close to people's homes as possible, minimising disruption and inconvenience for patients and their families. As such, we are seeking to procure an innovative, high-quality, flexible out-of-hours primary care service (to start 1st October 2014) that has as its core aim integration with local health and social care services as well as with NHS 111.

Secondly, for those people with more serious or life threatening emergency needs we will ensure they are treated in a centre with the very best expertise and facilities in order to reduce risk and maximise their chances of survival and a good recovery. If we can get the first part right then we will relieve pressure on our hospital based emergency services, which will allow us to focus on delivering the second part of this vision.

We will ensure that the following elements are developed to produce a more comprehensive system:

- Provide better support for people to self-care
- Help people with urgent care needs to get the right advice in the right place, first time
- Provide highly responsive urgent care services outside of hospital so people no longer choose to queue in A&E
- Ensure that those people with more serious or life threatening emergency care needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery
- Connect all urgent and emergency care services together so the overall system becomes more than just the sum of its parts



It is essential that we transform the whole urgent and emergency care pathway, from end to end. This system-wide approach is the only way to create a sustainable, high quality and responsive service, free at the point of need. This is consistent with recent national NHS England policies.

This is a shared ambition which reflects the views of the Public and Patient Engagement Forum, our stakeholders and clinicians.

Mental Health

Mental disorder accounts for around five per cent of A&E attendances, 25% of primary care attendances, 30% of acute inpatient bed occupancy and 30% of acute readmissions.

We are working with our acute and mental health trust providers as well as with voluntary organisations to improve the responsiveness of services for patients presenting to Emergency Departments requiring crisis support.

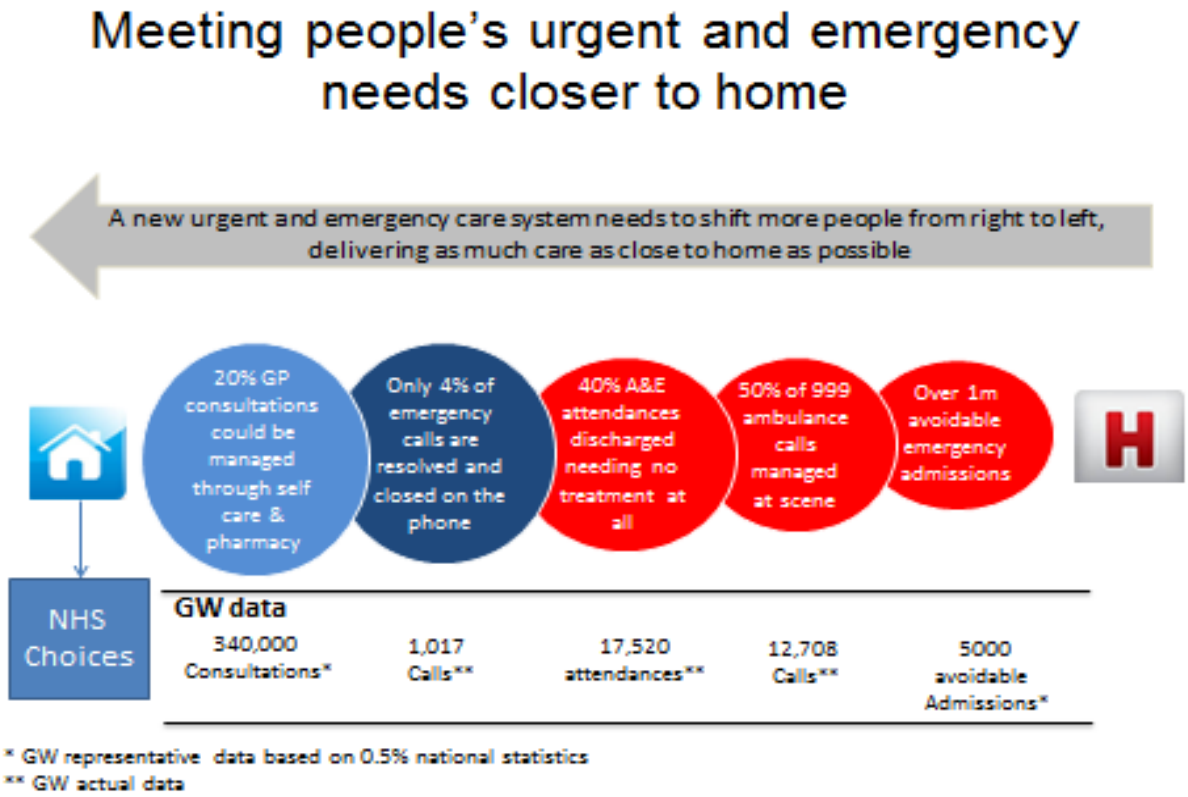
We want to reduce 'diagnostic overshadowing' so that people with a primary mental health diagnosis – including dementia and learning disability - receive timely intervention for physical health problems

We aim to make the Rapid Assessment, Interface and Discharge (RAID) team of psychiatric specialists (a model of service innovation developed in Birmingham) available to our main acute trust 24 hours a day 7 days a week (it is currently available 12 hours a day 7 days a week in A&E) as well as improve liaison for people with learning disabilities. With this model of care we aim to improve the health outcomes and experience of these vulnerable patients as well as producing savings in unnecessary bed stays.

To shift treatment and advice from acute hospital based services to home or close to home we plan to do the following:

- Provide better and more easily accessible information about self-treatment options so that people who prefer to can avoid the need to see a healthcare professional.
- Significantly enhance NHS 111 service so it becomes the smart call to make, creating a 24-hour, personalised priority contact service.

- Introduce the use of 'One Call' for Healthcare Professionals to seek admission or specialist advice; and use as a shared point of access/ Rapid Response Team.
- Provide faster and consistent same day, every day access to general practitioners, primary care and community services such as local mental health teams and community nurses for patients with urgent care needs
- Harnessing the skills, experience and accessibility of a range of healthcare professionals including community pharmacists and ambulance paramedics
- Deliver urgent care services seven days a week with the presence of senior clinicians to ensure the best decisions are made, reassuring patients and families and making best use of NHS resources.
- Enhance urgent care services outside hospital in order to create a comprehensive system of care across a network delivering good patient outcomes
- Develop an emergency care network that will link community and hospital components and support the free flow of information and expertise, and take a lead responsibility for the quality of care



Patients, members of the public, carers, and partner organisations have played an important role in developing the Guildford and Waverley Urgent Care Strategy e.g. through engagement with local mental health patient group, our PPE forum, online survey regarding our future primary care out of hours service. In October 2013, an Urgent Care Workshop was held and a number of successful outputs were achieved.

We will in turn see the following change in our metrics as demonstrated in our operational plan and metric outcomes:

- Reduced number of emergency attendances and admissions
- Reduced number of admissions

- Reduction in mortality rates
- Reduction in re-admission rates
- Improved patient experience

FIVE

A Step-Change in the Productivity of Elective Care

'Access to services must be designed and managed from start to finish to remove error, maximise quality and achieve a major step-change in productivity.'

We will commission productive elective care for adults and children based on evidence-based clinical care pathways that embed the use of best practice to reduce harm to patients whilst maximising health outcomes and improving patient experience. At all stages we will commission services that make reasonable adjustments to accommodate the full range of disabilities experienced by our population.

Our vision is to reduce the number of hospital based services, increase the use of community settings and engender greater autonomy for GPs using clinical pathways and evidence-based practice offering safe and effective alternatives to secondary care referrals. When patients with disabilities require care we will ensure that they are linked in from the very start with liaison professionals to maximise the benefits of their attendance or stay and improve their experience.

Our aim is to increase the number of one-stop appointments in a community setting whereby patients are seen and discharged with full management, if required, at the first appointment. This follows on from our analysis of outpatient appointments in our acute trust which showed a major proportion of appointments that led to no further intervention – patients required a specialist opinion but not necessarily full access to hospital resources.

We have been working towards achieving this vision with the early development of a Referral Support Service (RSS) in 2013/14 that is now operational and already producing gains in terms of identifying exactly where we need to commission alternative services closer to home in a timely manner to meet the defined clinical urgency e.g. dermatology, rheumatology. Schemes that are considered undergo research for reference sites and contact is made regarding outcomes and feedback to date.

We will utilise local tariffs when developing these community-based clinics, to more closely match the actual resources required and produce the 20% productivity gains.

This will make a real difference to the care experienced by all of our patients needing to see a specialist. Specialist care closer to home will become the norm with an outpatient appointment in a hospital being less commonly expected: right place … right person … first time.

Having the RSS is already making a difference to patient access and experience. It is reinforcing the availability of choice as patients are informed of the range of places that they could go to for the specialist opinion and input they require against the backdrop of knowing how long they will need to wait for each service. A comprehensive patient information leaflet, designed with input from our Patient and Public Engagement Forum, clearly explains what will happen next.

We will see the following as a result of this implementation:

- Reduction in hospital-based outpatient appointments (new and follow-up)
- Reduction in internal referrals between different specialities.

As with all our programmes there is a robust governance structure that provides oversight for service design as well as contract monitoring that assures and highlights issues for the CCG to pursue with relevant providers.

Mental Health

The CCG will actively work as a part of the wider collaborative to implement the Commissioning Intentions as outlined in the joint strategy.

The key aims are

1) *Promotion and Prevention – reduce premature mortality, in particular from suicide , reduction of the higher prevalence of poor physical health in those with MH/LD problems and the inequalities gap in life expectancy*
   - Increase annual health checks for people with learning disabilities
   - Reduce suicide – implementing recommendations from local suicide audit
   - Reduce stigma – mental health awareness training
   - Establish a health champion for people with learning disabilities

2*) Early identification and intervention to prevent unscheduled admissions and secondary care appointments and promote independence*
   - IAPT – increase to 15% (see below)
   - Continued development of dementia services
   - Development of an ageless service
   - LD Downs dementia CQUIN
   - 24/7 response for older adults with mental health problems
   - Enhance the learning disability acute and primary care liaison service

3) Improve service user experience
   - Ensure 24/7 mental health services are robust
   - Improve interface and integration of services
   - Develop neurodevelopmental services
   - Ensure appropriate non-prescribed specialist placements are made in order that the service users are treated in the least restrictive environment

4*) Address the social determinants and consequences of mental health*

We will continue to look to have greater co-commissioning with the local authority, and facilitate changes where required to bring together commissioning processes for areas such as learning disabilities .

   - Develop a 5 year co-commissioning strategy
   - Complete the section 117 and recovery replacement joint review
   - Develop a joint commissioning strategy for people with learning disabilities
   - Complete reviews and repatriation for people in health funded patient care
   - Implement the recommendations from the scoping work of a joint commissioning team reviewing the role of the CTPLD and LD A&T units in Surrey

Increasing Access to Psychological Therapies is a key aspect of our Mental Health Strategy. We aim to commission a highly responsive service that meets the needs of patients in an efficient timely manner and achieves the target of 15% of our patients experiencing mental health problems receiving IAPT – approximately 3,000 patients per year.

We will extend the provision of psychological therapies to cover Children's services.

Overall we will commission unimpeded and consistent psychological care at the level required for patients experiencing psychological distress.

We will also ensure that patients experiencing psychosis in the early years are not lost in transition to adult services as part of an Early Intervention in Psychosis service.

Medicines Management

We want to improve the quality of medicines use in Guildford and Waverley. The productivity gains will be felt across planned and urgent care systems and the personal impact for patients and carers will be hugely positive. Safe and appropriate use of medicines links with all of the seven outcomes ambitions.

Medicine use covers all aspects of care – treatment and prevention – and as such is considered across all of our transformational programmes. However, to ensure that this is clearly understood we are highlighting here the three facets underpinning our approach to medicines use:

- Medicines optimisation
- Care closer to home
- Patient safety

- **Medicines Optimisation**

  Programmes that will result in best use of medicines include:

- Greater use of patent expiries, rebates and practice-specific schemes to reduce clinically unnecessary prescribing.
- Medicines Use Reviews targeted at vulnerable, high-risk populations e.g. people living in care homes
- A publicity campaign to reduce medicines waste incorporating an incentive scheme that utilises the skills and expertise of community pharmacists

- **Care Closer to Home**

  Optimising use of medicines requires a system that makes this the easy, first choice, not a system that puts logistical barriers in the way. Programmes to achieve this include:

  - Commissioning to increase the range of medications that can be safely monitored and managed in primary care
  - Integrating community pharmacists into the wider healthcare team through continued promotion of their New Medicines Service and broadening the approach to problem solving by always including these valuable healthcare professionals

- **Patient Safety**

  Adverse events caused by the inaccurate use of medicines, whatever the cause, need to be drastically reduced if we are to produce better health outcomes for patients and a more productive health care system. Programmes to realise this vision of safe medicines use include:

  - Improving the adherence of all parties to Shared Care Protocols
  - Polypharmacy reviews of patients living independently

SIX

Specialised Services Concentrated in Centres of Excellence

We will work with our Area Team, NHS Surrey & Sussex, to support the appropriate centralisation of specialist services.

5.0 Quality

The public have a right to feel safe and to have confidence in all services provided by local health care organisations.

NHS commissioning organisations have a statutory duty to promote continuous quality improvement; they must also assure themselves that the services they commission are of an appropriate quality and that they have robust internal mechanisms to intervene where quality and safety standards are not being met.

The safety of patients is paramount and we will strive to make sure no avoidable harm comes to patients or their carers and families. We are learning the lessons from elsewhere and putting in place the necessary actions to assure quality and safety.

The CCG aims to work closely with local people to determine what their views and experiences are of local healthcare services and how they wish to see improvements made in the future
In everything we do quality, covering effectiveness, experience and safety, is the central theme.

5.1 Response to Francis, Winterbourne and Berwick:

The key messages from the Francis, Winterbourne View and the Berwick Report are that quality is as much about our behaviours and attitudes to patients as human beings, as it is about the transactions we need to make to ensure services improve. Also, there should be robust processes of accountability. These messages, and their respective recommendations, will underpin everything that we do and feature predominantly in our contracts with commissioned services.

Francis Report (2013): The CCG supports the government's response to the Francis report - set out in ***Hard Truths,*** and we will work with providers to embed these principles, to establish agreed levels of quality and encourage the development of service innovation and improvement in line with the and will be monitored at their respective clinical quality review meetings. We will ask for assurance from providers that they are employing the right staff with the right skills to care for our patients. We will work in collaboration with Providers, listening to their staff and patients to ensure these expectations are a reality. Providers will be asked to provide assurance that they are reviewing their own quality and safety processes in line with the recommendations and making plans for implementation (where required). The recommendations will be referenced in our revised Quality Strategy and Framework, and all such documents will feature on our CCG website

Winterbourne: Transforming care – A national response to Winterbourne View Hospital (2012): This is the government's response to the events at Winterbourne View Hospital. It draws together a programme of actions, to transform services for people with learning disabilities or autism and mental health conditions, or behaviours described as challenging.

We are working together Surrey-wide to deliver the core principles. The Learning Disabilities Health Care Planning Team has been established to deliver the appropriate key actions, detailed in Transforming Care, on behalf of Surrey CCG's.

A Surrey wide CCG Register of people with learning disabilities or autism and mental health conditions, or behaviours described as challenging, whose care is fully or part funded, has been transferred to the Health Care Planning Team. This register has now been incorporated into the Continuing Health Care Learning Disabilities Register. To ensure up to date information and joined up working between Continuing Health Care LD care coordinators and Health Care Planning Team, all care plans will be updated. This team will initiate additional reviews and support the repatriation of patients who have been placed outside the county

into local community based establishments. The impact of all this work will be more patient focused care

We will ensure that all individuals have the information, advice and advocacy support they need to understand and have the opportunity to express their views. This support will include self-advocacy and independent advocacy where appropriate for the person and their family.

A programme Board has been established and the key focus areas for the board includes; development /refresh of strategies for challenging behaviour and autism, quality assurance, review and development of care pathways including crisis intervention, personalisation, advocacy and access, workforce and commissioning

Berwick Report (2013): The promotion of safe healthcare services and the prevention of avoidable harm are at the heart of the CCG's core business principles and practice. We will ensure that the report's eight recommendations for patient safety underpin all our activities and are implemented to the best of our ability. In summary, they will include:

- The participation in the National Patient Safety Collaborative Programme that will create a comprehensive, effective and sustainable collaborative improvement system that underpins a culture of continual learning and patient safety improvement.

- The performance of regular reviews of the workforce in commissioned services - with a particular focus on national recommendations around safe staffing levels.

- To continue the enhancement of the patient safety team capability through personal development plans and training allowances to encourage and permit attendance to core training programmes and conferences focusing in on patient safety. Capability will also be addressed through the Risk Register and the reporting of poorly managed or high grade serious incidents, or patterns of serious incidents.

- To encourage transparency of the safety of services, the continued development and wide dissemination of surveillance reports utilising hard and soft safety intelligence. Such intelligence will include patient/carer and patient representative group comments, complaints, survey results as well as standard performance data such as infection rates, waiting times, and mortality and morbidity rates. They will also reflect and triangulate the findings of the regulators (e.g. Care Quality Commission) inspection reports, and implement an early warning trigger system for early intervention in unsafe services.

- To continue the provision of quality intelligence and co-operation with regulators in advance of their inspections of services.

- To continue and extend our participation in Regional Quality Surveillance Groups to support the early intervention for unsafe services.

- To collaborate with our local Healthwatch so that issues of concern can be dealt with early.

- Working in conjunction with NHS England Area Team, and in particular on patient safety and risk educational programme, we will extend our patient safety function to primary care. We will share advice, guidance and educational resources concerning patient safety with the local practices via the appropriate communication channels. We will also ensure that where appropriate, practices will receive the dissemination of learning from serious incidents that they will manage as part of their safety function.

- To continue and expand the provision of a patient safety service focused on serious incidents required to be reported through the Strategic Executive Information System (STEIS). This includes through various communications and engagement, commissioned services are encouraged to report and analyse their incidents and near misses, and they are reported in a timely, comprehensive and appropriate manner.

- The creation of a specific sub-group of the Quality and Governance Committee that will focus specifically on patient safety and perform the following:

    - Ensure that serious incidents are investigated in line with the latest Department of Health guidance and all reports include measurable, achievable, realistic and time-bound actions to prevent future harm.

    - Ensure that commissioned services have met their Duty of Candour in relation to serious incidents, and include openness not only to patients and their carers, but to stakeholder organisations such as the Health and Safety Executive and the Information Commissioner.

    - Encourage a 'culture of continuous learning' by the regular dissemination of lessons and themes of serious incidents to Commissioned services and the wider Surrey and Sussex commissioning community. This will be achieved through the participation of 'learning events' organised in conjunction with the Area Teams.

- The performance of regular capacity reviews to ensure appropriate human resources are deployed for the patient safety function.

- The leadership required to maintain safe levels of care in response to significant concerns expressed through from patients, the public and NHS staff. This will include appropriate escalation to relevant authorities and regulators as required.

- The inspection of unsafe or poor quality services and the provision of improvement plans where required.

- For the on-going maintenance and assurance of safe services, the re-inspection of services where improvements have been required and made.

The Serious Incident Policy will be revised to describe the above plans, and associated with this, a serious incident standard operating protocol will reflect the systems and processes required to achieve the objectives of the policy.

5.2 Patient Experience

- We are planning to engage more proactively with each of the Practice Surgery's Patient Practice Groups (PPGs) and one means to do this will be that we will develop and disseminate a regular PPG-CCG newsletter to all opted-in representatives of these groups. We shall also be trialling an approach to pro-active face-to-face engagement with the Practice PPGs, offering a series of short (one to two hours long) workshops and presentations at/near practices themselves. This targeted approach will ensure that representatives of groups/patients understand the role of the CCG and their relationship to it, and enable us to elicit from them comments and views that help inform commissioning decisions. The intensification of engagement with the Practice PPGs will also provide us with opportunities to recruit CCG Ambassadors, individuals drawn from practice PPGs, that we can offer training to so that they can consequently work locally with patient and public

groups, to address and consult on specific and relevant CCG related activities. This will enable us to also demonstrate reductions in poor experience of inpatient care and poor experience of general practice, for example.

- We will ensure that patients, members of the public and carers can be informed about how, where and when to use specific services. An on-going programme of educating our patient and public stakeholder groups will be a key component of our patient and public engagement strategy, and we will deploy both face-to-face and online tools, such as the website and social media, to ensure that information is readily and easily found and understood. One key conduit to reaching out and educating our citizens will be through pharmacists, and we aim to increase awareness of the role of pharmacists in advising patients and the public.

- We will continue to monitor organisation's responses to complaints and enquiries through the Patient Advice and Liaison Service, and where necessary, undertake collaborative action to ensure timely and effective intervention to reduce further sub-optimal care.

- We will analyse themes from complaints and PALs enquiries, and seek assurance that organisations are undertaking improvement work to reduce further sub-optimal care, and where necessary, participate in collaborative work for improvement.

- We will continue to review the results of National patient surveys, and seek assurance that organisations have development effective improvement plans, and those plans are being embedded.

- We will regularly monitor the feedback through NHS Choices, and seek assurance that the relevant organisations are aware of the feedback and have developed effective improvement plans to address the concerns, and those plans are being embedded.

- We will continue to review the results of the current Friends and Family Test and benchmark them against other organisations. We will seek assurance from organisations about their improvement actions in response to the results, and undertake collaborative work where required.

- We will support the promotion of the Friends and Family Test as it is rolled out across other NHS service settings, and ensure that the test is augmented in such a way as to offer patients and the public meaningful ways of feeding back on their experiences, which the CCG can then consequently take into consideration in improving care.

- We will direct resource to continue to develop our website so that is it is engaging, useful and meaningful, and that development will be underpinned by definitive aims and underlying objectives.

- We will work to improve the visibility of patient feedback mechanisms, such as the Friends and Family Test and patient surveys. In addition we will ensure that our complaints procedures, from web interface for capture of complaints, to actual processing and responding to these are streamlined, so that responses can be as comprehensive and timely as necessary.

- We will ensure that patients can engage with the CCG's through Twitter, providing feedback which can be channelled back to commissioners and providers to inform

improvement, and that social media can be deployed to inform patients and the public of opportunities to participate in online surveys, take part in Patient and Public Engagement Forum events and get involved in workshops designed to improve services available.

- We will ensure that we design our patient engagement and experience measures so that they capture the views of the hard to reach and vulnerable groups as well as measure experiences across pathways rather than just isolated to one service or another.

- We plan to use opinion polling to capture the views and experiences of patients and public, and to do this we anticipate working with borough councils and Surrey County Council, so that the surveys they conduct can incorporate relevant CCG related questions about health care and provision.

- When making improvements, we will consult with our relevant patients and carer groups. We will discuss our commissioning intentions, and ensure that Patient and Public Engagement Forum events are aligned to specific, rather than general issues in a timely manner. This will enable us to ensure that their views and comments can be considered when making on-going commissioning decisions.

- We will develop a dedicated area on the website to provide advice to vulnerable groups, and also point to feedback mechanisms, and the consequent outcomes of that feedback being acted upon, especially to provide more information about the Friends and Family Test, and how we augment that to inform commissioning decisions and to help monitor and evaluate services.

- We will systematically raise awareness of successes of service improvements, linking to relevant areas on the website, as well as to news announcements and media releases.

- We will aim to increase participation of representative groups, including patients and their carers, by linking activities enabling them to provide evidence of their experiences, so that these can be aligned to key dates during our commissioning cycles.

- To ensure that complaints are entirely representative of our patient community, we will widely communicate the availability of the friends and family test and complaints process. We will also incorporate it in our quality guidelines for service delivery.

- We will ensure that Friends and Family test scores are published on our website, and the recommended outcomes of the test are utilised proactively to inform commissioning decisions. In addition we will ensure that our complaints procedures, from web interface for capture of complaints, to actual processing and responding to these are streamlined, so that responses can be as comprehensive and timely as necessary.

- We will use social media methods to raise awareness of the Friends and Family Test scores, linking back to relevant sections of our website. We will also use this medium to raise awareness of Patient and Public Engagement Forums and workshops designed to focus on patient/public/carer discussion of the Friends and Family test, and how that will make a difference.

- For all our patient experience strategic plans, the CCG will ensure that news items and press releases demonstrate its commitment to improving quality of care for all relevant stakeholders.

5.3 Compassion in Practice

Compassion in Practice, the national nursing, midwifery and care giving vision and strategy, provides a challenge for us to support providers through the adaptation of the 6Cs: care, compassion, competence, communication, courage and commitment. This was further endorsed by the Francis report recommendation for the need for a cultural change in the NHS.

We are committed to promoting and upholding these values. We have developed a Nursing Strategy for Guildford and Waverley that puts compassion at the forefront of nursing practice. The Strategy can be accessed on the CCG website and its values are required to be reflected in reviews of care by providers. A Nursing Conference is planned for June 2014 to launch the strategy and nursing website**.** Nursing leadership within the CCG is participating in the Culture campaign across Surrey and Sussex. This campaign is investigating the key elements/environment required to promote compassionate care, building on current programmes of working in organisations to add value and produce evidence based resource for use in G&WCCG

5.4 Safeguarding

We have developed a Safeguarding Strategy which is updated annually. Safeguarding is seen as a priority and the following measures ensure that safeguarding is discharged effectively across the whole local health community through commissioning arrangements. NHS G&W CCG is a member of both the Children and the Adults Safeguarding Boards

Some of the safeguarding duties being actioned are:

- Develop a system to ensure safeguarding assurance from health providers is evaluated
- Develop a monitoring system to support training and development to all local NHS providers
- Ensure all staff within the CCG are trained to appropriate levels of safeguarding for their roles and responsibilities and have access to supervise/advice from the Designated Nurses and Designated Doctors within the CCG
- Develop the Governing Bodies understanding and capability to respond to statutory responsibilities
- Monitor dissemination and evaluate outcomes of all Serious Case Reviews, management notes, IMR action plans

We have demonstrated our support for quality improvement and safeguarding in application of the Mental Capacity Act by developing a number of policies including a Deprivation of Liberty (DoLS) policy; we will ensure that all decisions taken in the Safeguarding Adults process comply with the Act.

We will set up systems to monitor whether decisions of care and treatment by providers comply with the Mental Capacity Act and the Mental Capacity Act Code

With the introduction of the Prevent agenda we will monitor providers implementation of the Prevent agenda requiring healthcare organisations work in partnership to contribute to the prevention of terrorism by safeguarding and protecting vulnerable individuals who may be at a greater risk of radicalisation. Safeguarding training will cover all aspects of the prevent agenda

5.5 Research and Innovation

The CCG have a statutory obligation to promote and support research to improve the quality of healthcare services in the future. To this end they will ensure that where required, research is facilitated, performed or encouraged through appropriate stakeholders, and in accordance with best practice research governance principles. They will do this in a number of ways:

- The CCG's Clinical Research Forum aims to focus activity with key research partners including Surrey University, the Primary Care Research Network and member practices. The forum will continue with a range of projects including a focus on healthier lifestyles and a bid for expansion of the Friends and Family Test. The commissioning plan will takes account of the findings of this research to inform service redesign. The Forum will also review the innovative approaches set down in Innovation Health and Wealth: accelerating adoption and diffusion in the NHS, to identify where they can be implemented in current or future research projects.

- The Surrey Transformation Board, which is chaired by our CCG Chair, will include representatives from the Academic Health Science Network. Their remit will be to review transformation across Surrey using research and innovation, and will provide the essential link to the work streams led by that organisation.

- As part of Surrey Clinical Commissioning Groups Collaborative we will continue to bid for various research monies. We will also continue to be part of a bid to the Strategic Clinical Network (Senate Programme Budget 2013-14) to support a transformational programme around Stroke and cardiovascular diseases in Surrey. This bid is designed to help create a healthcare environment that will be fit for purpose with Keogh's vision for Transforming Urgent and Emergency Services.

- Through the Surrey Clinical Commissioning Groups Collaborative, we continue and will expand our links to Research Networks focusing on an array of various topics. This will include; Cancer; Cardiovascular; Maternity and Children; Mental health, dementia and neurological conditions.

- Progress to research projects and the research programme will form part of the Quality and Governance Committee's regular work plan – which will be discussed on a quarterly basis at the Committee meeting. The discussion will incorporate and triangulate any risks or issues concerning quality to ensure that future topics focus on the improvement of healthcare services.

- As part of the Surrey CCGs Collaborative, we will continue to be represented on the Clinical Senate.

5.6 Staff Satisfaction

In developing an in-depth understanding of the factors affecting staff satisfaction in the local health economy, we will engage with commissioned service providers to establish how and how frequently they implement processes to measure the levels of staff satisfaction and how they respond to issues raised. This includes understanding how the organisations manage staff engagement, participation and involvement in developing action plans and monitoring progress against agreed objectives.

Internally, the CCG places a great emphasis on taking the time to obtain, assess and action any outcomes from staff surveys, where the views and satisfaction of its workforce are gauged. In its first year of business the CCG has run 3 successful staff satisfaction surveys, all producing positive (80%+) response rates and each demonstrating how satisfaction is progressively increasing for the CCG. There are of course other ways that the CCG obtains views on the satisfaction of staff and this is primarily through; the well-established Staff Partnership Forum (SPF) with representatives from each Directorate; the Team Brief and 'e-brief' are part of the CCGs culture whereby there are weekly updates from all staff groups of various aspects of CCG progress; staff facilities have a resident 'suggestion box'; HR operates an 'open door policy' and demonstrates constantly how staff views and feedback are taken into action. There are many other ways that staff satisfaction is gauged within the CCG and within each Directorate, all of which will continue through 2014/15 and are underpinned by this year's Organisational Development and HR strategies approved by the Governing Body.

6.0 Sustainability and Delivering Value

The CCG's Financial Strategy is concerned with using the CCG's resources wisely to meet the health needs of Guildford and Waverley. It seeks to ensure value for money and fair and effective use of resources to improve the health and well-being of the community and secure the provision of safe, high quality services. It builds on the initial strategic, operational and financial planning that was developed for 2013/14.

The Financial Strategy is focused on:

- communication of the CCG's financial position and context
- the financing of the strategy of the CCG to deliver health gain objectives, within the constraints of its resource allocation and responsibilities, and
- ensuring that the CCG can trust its financial systems to support informed decision making.

The CCG has a number of financial duties to achieve, both statutory and as required by the 2014/15 to 2018/19 Everyone Counts – Planning for Patients guidance. The statutory duties are:

- not to exceed its revenue resource in any one year
- not to exceed its capital resource in any one year
- not to exceed its cash limit in any one year
- act effectively, efficiently and economically
- take account of any Directions by NHS England on expenditure

In addition, the 2014/15 planning duties are:

- to pay all valid invoices by the due date or within 30 days of a valid invoice
- to deliver a 1% surplus on the revenue allocation
- to establish a 2.5% non-recurring investment reserve
- to not exceed the running cost target of £25/head

6.1 Principles and Strategic Approach

The financial strategy has been developed on the following principles:

- an understanding of the current and prevailing financial position and current use of resource and the recognition that we need to better understand 'what we get for our healthcare spending' through benchmarking, care pathway and disease spend analysis;
- consideration of the context in which the CCG operates in terms of health care policy and strategy and the impact of influences;

- resources are prioritised to deliver the CCG's strategic objectives in line with our Commissioning Intentions, as detailed in our Commissioning Strategic Plan;

- that GP practices, local clinicians and managers work together to develop financial awareness, understanding and ownership of financial issues in the delivery and commissioning of services to deliver immediate and long term change, and that the finance function will support them in making the right choices and commitments;

- the need to develop public engagement programmes which will facilitate ownership of the use of resources and the financial challenge;

- new investment and disinvestment reviews are focused on the change in health improvements delivered;

- that the underpinning financial processes need to be sufficiently developed to provide robust and complete financial information to assist in the delivery of the strategy.

6.2 Financial Strategy

High Level Financial Summary

The CCG for 2013/14 had received growth funding of 2.30% on its resource limit, and this has been reduced to 2.14% in 2014/15. A summary of the 2013/14 base year position and the assumptions of the major factors affecting available funding from 2014/15 to 2018/19 is attached in Appendix A.

Delivering the financial plan from 2014/15 onwards, in the context of uncertain growth and in a period of significant transformation, will be challenging.

Revenue Outlook

During the term of this financial strategy the CCG will experience considerable pressures primarily in acute but also in non-acute areas of spend.

A focus on Quality, Innovation, Productivity and Prevention (QIPP) is the key to unlocking the levels of efficiency required. Achievement is dependent upon local clinicians, GP practices and managers working together to deliver both immediate and long term change.

The delivery of the required efficiencies, in an increasingly challenging financial environment, is central to achieving financial balance. It is a continued requirement to maintain the CCG's focus on contingency and surplus planning, prudent financial planning, investment prioritisation and the delivery of significant, sustainable efficiency savings.

Additional investment will only be achievable if efficiency savings are created through service review and redesign, over and above that required to deliver financial balance.

Sources of Funds

The recurrent allocation given to the CCG for 2014/15 was announced in December 2013 at £232m, including growth of approximately £5m (2.14%) and running cost allocation of £5.3m.

Efficiency Plans and Best Value Reviews

The operating framework for 2014/15 details a gross national tariff/uplift of 2.5% less efficiency of 4% resulting in a -1.5% tariff. The efficiency requirement is expected to remain at this level in 2015/16. The tariff assumes that all providers will achieve internal efficiencies through changing the way services are delivered, reducing variations in activity and improving procurement practices.

Efficiency strategies, resulting from lower growth and increasing demand, will be required to be developed further by the CCG to deliver sustainable savings outside of, and in addition, to the tariff. These plans will be under-pinned by 'best value' principles, which recognise service delivery and quality improvement as well as cost reduction.

The objectives of the QIPP programme are to drive efficiencies in providers, optimise spend and deliver quality and shift care into the most cost effective settings.

An important focus of on-going efficiency will be the development of a programme of service review. This will focus on all commissioned services, which will be conducted under the 'best value' principles of: challenge, consultation, competition and comparison and the economic concept of value added or health gain achieved

Financial Improvement Plans – Facing the Challenge

Delivering the financial plan from 2014/15 onwards will be challenging, with the total savings requirement for Guildford and Waverley CCG of approximately 5% of the overall resource limit.

This savings requirement clearly increases if the CCG wishes to generate an 'investment fund' over and above that reflected in the existing plan, or if the savings plans delivered are non-recurrent.

In order to meet the financial challenge, the CCG has embarked on a number of pieces of work to develop and deliver sustainable savings from greater efficiency and through managing demand for reinvestment.

The following levers will form the CCG's demand management and efficiency plan:

- **Redesign and Lower Cost Settings.** Finding ways of achieving the same (or better) outcomes for patients for less cost by completely redesigning and reorganising the way in which services are delivered and/or delivering services in a lower cost setting. This includes improving access to urgent care services in the community.

- **Long Term Conditions Case Management.** Improving the management of long term conditions, developing integrated pathways through better use of community specialist and existing services.

- **Prevention**. Focusing on and promoting prevention, screening and self-management.

- **Management of Acute Contract Activity.** Monitoring and challenging of activity and finance monitoring returns to ensure adherence with PbR contracting rules, performance targets and effective commissioning guidance.

- **Utilisation of Demand Management Activities.** Reducing GP referrals by managing referral thresholds and managing conditions in the community.

- **Decommissioning**. Decommission evidence-based low value-added interventions.

- **Market Management/Procurement.** The appropriate market testing of services to secure i) best value from the market and ii) innovative ideas for maximising outcomes for patients.

The priorities for the CCG are built on the Commissioning Intentions.

Inflationary & generic pressures

The first call on growth or efficiency generated funds is to fund the recurrent cost of prior year outturn, inflationary tariffs and generic pressures, and to recurrently fund known existing and future uncontrollable activity increases. Inflation is set by the DH and reflected in the national tariff.

In addition to growth funding, the negative Acute and non-Acute tariffs means a net increase in available resources to the CCG. It is expected that this will be reinvested in services and provide funding to meet activity growth.

Contingency Reserve

It is assumed that NHS England will expect all CCGs to continue to include a level of contingencies in their financial plans. The contingency is held in reserve and assessed in-year to determine its availability for investment.

Target Surplus & Non Recurrent Headroom

Similarly it is assumed that CCGs will continue to plan for surpluses of 1% and maintain a 2.5% non-recurrent commitment to create in-year flexibility.

Maintenance of Reserves & Provisions

There are a number of risks which may impact on the delivery of the CCG's Revenue Plan. Going forward the management of reserves is going to be a key factor in ensuring plans are managed effectively and more importantly risks are mitigated.

Investments

The CCG has set aside investment funding to support QIPP delivery and other transformational programmes. This includes the £5 per head of population to support Primary Care, Primary Care Plus and Integrated Care. This investment will be funded through the 2.5% non recurrent reserve.

Treasury Management Strategy

The CCG has a financial duty not to exceed its cash limit in any one year. The CCG receives a cash resource, which is based on its revenue and capital resource less capital charges. The CCG draws its cash resource from the treasury on a monthly basis; it is unable to invest this resource.

The CCG's cash management strategy is based on:

- continued delivery of income and expenditure balance

- production of accurate detailed cash flow forecasts
- achievement of creditor payment targets
- income collection and debtors management

Key to the delivery of the CCG's cash management strategy is the robust and regular forecasting of the CCG's cash flow to ensure that it achieves its year-end balance and that it utilises appropriately the cash it draws on a monthly basis.

Achievement of Creditors Payment Policy & Targets

One of the CCG's financial duties is to pay all valid invoices by the due date or within 30 days of a valid invoice. The achievement of this Better Payment Practice Code (BPPC) for all of the CCG's creditors is an important part of the CCG's cash management strategy.

The CCG aims to pay its smaller suppliers as quickly as possible within the 30 days BPPC.

The CCG is working with budget holders to ensure:

- invoices are promptly coded and electronically approved by authorised signatories
- immediate action is taken where necessary to resolve invoice disputes

Capital

NHS G&W CCG has bid for £110k capital funding for 2014/15.

Key financial risks

- Contract negotiation risk – there is a risk that contracts, in particular acute contracts, cannot be agreed within the financial envelopes available.
- Failure to agree contracts within the available envelopes will result in higher savings required.
- Failure to identify QIPP schemes to the level required.
- Failure to deliver the QIPP schemes identified.
- QIPP schemes not agreed with providers and embedded in contracts.
- Acute over performance – there is a risk that current contract over performance risk will worsen in the last few months of 2013/14 so the month 8 figures used in the forecast for acute activity are under estimated.
- Unforeseen cost pressures

Investment/Disinvestment Prioritisation

NHS G&W CCG will develop a prioritisation process to assess the relative importance or value of health service interventions and programmes against agreed principles and criteria. Prioritisation decisions include; introducing new or increasing resources or services, reducing existing resources or services and replacing existing resources or services.
The prioritisation process is essential as it:

- aligns investment to pre-agreed strategies, priorities and policies
- facilitates making fair decisions which balance competing need
- supports understanding of funding options, outcomes, consequences and opportunity costs
- supports the delivery of 'clinical commissioning'
- provide better value for money.

QIPP Delivery & Programme Management Office (PMO)

In 2014/15 the CCG faces a firm QIPP challenge to improve the quality of care it delivers to patients and achieve £11.5m of efficiency savings. Whilst there are strong opportunities and ideas to deliver such improvements across the organisation there remains the challenge of assuring delivery.

NHS G&W CCG has identified a series of projects across all its Commissioning Areas that will deliver the 2014/15 QIPP challenge. Additionally a strong pipeline of ideas has been developed for future delivery and/or to mitigate against non-delivery of the agreed initiatives during 2014-15.

To ensure successful implementation of those projects with relatively high savings potential that are subject to complex change, a QIPP Delivery Group (see below) has been developed. The QIPP Delivery Group will provide NHS G&W CCG with a structured approach to delivery assurance, outlining issues early on in the process so that any obstacles to success are managed and eliminated.

The QIPP Delivery Group has a natural fit within the organisation and does not create additional capacity demands upon already stretched resources. What it does bring is discipline to project assurance by utilising existing project management resource, the current meeting infrastructure along with finance and informatics integration.

QIPP efficiency savings will be achieved through a mixture of transactional and transformational change. It is critical that the savings are delivered within the planned timescales.

QIPP Delivery Group

The QIPP Delivery Group monitors the implementation of selected initiatives and outlines issues early on in the process so that any obstacles to success are managed and eliminated. This takes place over the project's lifecycle

- Planning**:** the Delivery Group has standard requirements to ensure the initiative is solidly planned and follows the initiative and clinical lead closely as the implementation plan is developed

- Transfer to the Delivery Group and launch: once the planning of the project is approved and the minimum assurance criteria is met, the Delivery Group formally accepts it and launches the initiative for tracking

- Implementation: the Group documents the initiative's performance and holds review meetings where that performance is discussed with the executive leadership

PMO Organisational Fit

The role of the PMO in this process sits comfortably within its remit and does not create additional capacity demands upon already stretched resources. What it does bring is discipline to project assurance by utilising existing project management resource, the current meeting infrastructure along with finance and informatics integration.

Robust Financial Processes

Financial management is central to the CCG's decision making process, to provide information that is used to direct and control the CCG's activities, report and discharge accountability and utilise resources efficiently and effectively.

Central to the CCG's ability to provide good financial planning, budget setting and budget reporting and monitoring is the delivery of accurate, timely and efficient treasury management functions, including adherence to better payment practice codes.

Significant focus will continue to be placed on improving financial processes.

The CCG's Prime Financial Policies and budget virement powers control the use of the CCG's resources. In order to maintain sustainable financial viability of the CCG, strong financial control is required to be maintained over recurrent budgeted expenditure, which must not exceed recurrent resource.

Non-recurrent resources are not to be used to finance recurrent expenditure without the written authority of the Chief Officer and Chief Finance Officer.

Robust Financial Systems

The strategy will be delivered through the continued development of robust financial systems to enable informed decision-making. Focus will be on:

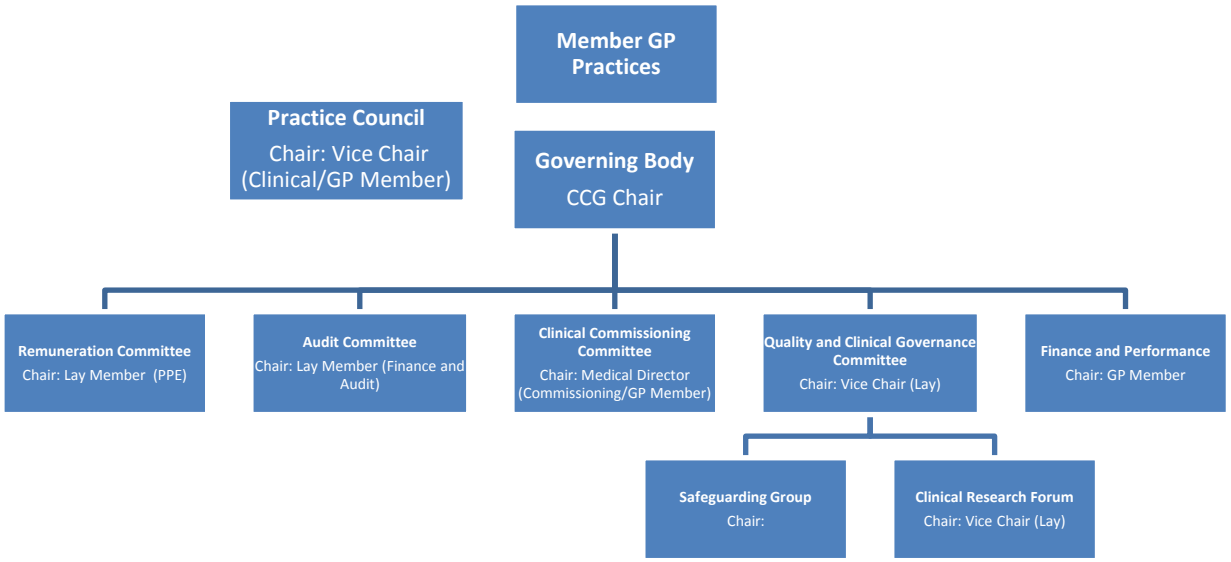
- developing and communicating financial policies, controls and processes

- the timeliness and efficiency of treasury management functions including creditor payments and debt recovery
- the implementation of sound, modern financial systems, procedures and policies
- clear & timely financial reporting and preparation
- accurate and improved forecasting and modelling techniques
- the support and training given to service managers
- transparency and governance within the CCG
- devolved decision making to encourage greater accountability

7.0 Governance

The Governing Body's engagement with the NHS England Authorisation and Assurance processes has provided the CCG with sound governance foundations. These are underpinned by the CCG Constitution, which is kept under review with all member practices which each have a representative on the Practice Council.

As part of the CCG's continuing cycle of governance and organisational development, the Audit Committee has reviewed the effectiveness of committee working and advised the Governing Body on strengths and areas for development. The initial Internal Audit report on the CCG's Governance Framework provided "Significant Assurance". The appropriate steps to enhance effective governance have been taken by the Governing Body with the support of the Practice Council and reported to NHS England, where there is proposed revision to the Constitution. The development of individual and collective governance skills and capabilities forms an integral part of the CCG's Organisational Development Strategy and Programme. The CCG's Governance Framework is designed to ensure that the CCG's statutory duties are assured through the committees with roles, responsibilities and membership as set out in the Constitution. These are set out in the diagram below:

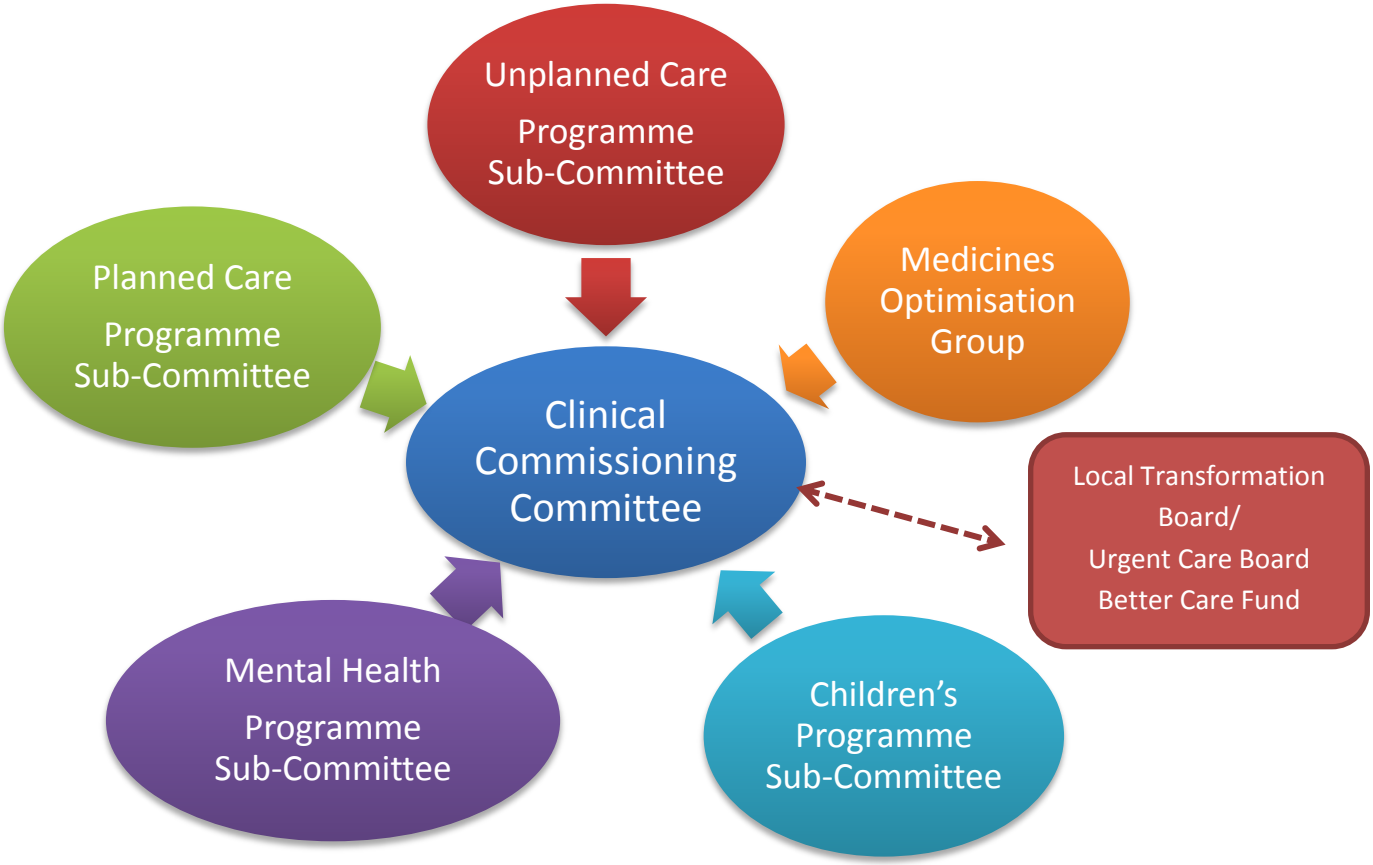


The Clinical Commissioning Committee takes the lead for the Governing Body in setting the CCG's Strategic Clinical Commissioning Plan and assuring the clinical design and delivery of models of care and care pathways, including QIPP service improvement projects. Clinical leaders for each Clinical Commissioning Programme are supported by a senior commissioning manager and team with appropriate input from across the CCG's Directorates.

The Clinical Commissioning Committee receives governance advice on quality impact and assurance, including child and adult safeguarding via the Quality and Clinical Governance Committee.

The Clinical Commissioning Committee also receives governance advice on finance, and performance, including against NHS Constitution and CCG Outcomes Framework and QIPP delivery plans, via the Finance and Performance Committee. Consistent with the CCG's Constitution and associated Conflict of Interest Policy, the Clinical Commissioning Committee does not have delegated procurement responsibilities for approval of financial business cases and plans, in particular where primary care providers are potential bidders or providers. Procurement assurance is the responsibility of the Finance and Performance Committee, supported by the Accountable Officer's Executive Management Team.

Governance to assure the delivery of the CCG's Clinical Commissioning Programmes is set out in the diagram below. The Clinical Commissioning Committee regularly reviews and adapts the Clinical Commissioning Programmes based on the cycle of joint needs assessment, prioritisation with stakeholders, commissioning intentions and contracting.



The CCG's governance to engage in collaboration with key stakeholders, including the local community, is designed to be adaptable throughout the period of this 5 Year Strategy. The CCG's Collaboration Framework currently has the following key components which this strategy has been – and continues to be - developed within:

- Engagement with other Health and Wellbeing Board commissioners in Guildford and Waverley and across Surrey to design and implement strategies for health improvement, health inequality reduction and better integrated care for children, families and adults;
- Transforming care services and outcomes with Guildford and Waverley Transformation Board partners;
- Joint commissioning and Safeguarding for vulnerable groups and communities with Surrey County Council;

- Collaborative clinical commissioning and contracting as lead commissioner accountable to other CCGs (e.g. NHS G&W CCG leads for Surrey CCGs for RSCH and Children's Services) and engaging with other CCGs who have lead commissioning accountabilities to the CCG;
- Engagement with Surrey CCGs' Collaborative Commissioning Leadership arrangements and those in place with the NHS England Surrey and Sussex Area Team

All of these governance processes are directed towards assuring that Guildford and Waverley CCG successfully attains the CCG's vision and strategic goals through our design for a transformed care system for better care services and outcomes for local people. Progress towards achieving these is measured through the CCG's Integrated Performance Reporting and the NHS England CCG Assurance Framework.

Appendix A – Financial Summary

NHS Guildford & Waverley CCG 5 Year Financial Plan	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
	£'000	£'000	£'000	£'000	£'000	£'000
Resource Allocation (Including running cost allocation)	***227,685***	***231,937***	***240,189***	***242,085***	***246,494***	***251,013***
Expenditure						
Acute Services	124,745	124,952	114,207	113,693	114,173	116,567
Mental Health Services	22,017	22,039	22,038	21,927	21,817	21,773
Community Health Services	19,688	20,965	20,361	20,260	20,159	20,119
Continuing Care	14,803	16,557	16,165	16,779	17,416	18,077
Primary Care	31,131	32,707	31,539	32,580	33,656	34,767
Other Programme costs	7,856	5,975	27,613	28,756	31,061	31,238
Total Commissioning Services	***220,240***	***223,195***	***231,923***	***233,995***	***238,282***	***242,541***
Running Costs	5,239	5,205	4,633	4,399	4,409	4,417
Contingency	1,103	1,165	1,206	1,211	1,237	1,264
Total Expenditure	***226,581***	***229,565***	***237,762***	***239,605***	***243,928***	***248,222***
Surplus / Deficit	***1,104***	***2,372***	***2,427***	***2,480***	***2,566***	***2,791***
QIPP target	***7,500***	***11,486***	***7,900***	***6,000***	***5,000***	***4,000***