

## Corporate Objectives 2016-2017

### A) High Quality Care and Best Value – oversight by Integrated Governance Committee and Primary Care Programme Board

	AREA	CCG Lead	Priority Action towards achieving objective	Milestones (Outputs and timescales)	Success criteria measures for 2016/17 (including CCG Improvement and Assessment Framework – IAF)
1.	<b>Financial balance and control</b>	TR	1.1 Deliver statutory financial duties and plan surplus	Signed off operating plan budget (May 2016)  Audited Accounts 2016/17 (May 2017)	Statutory Duties and plan surplus met: •Better Payment Practice Code at least 95% •Expenditure does not exceed income •Net expenditure does not exceed RRL •Cash spending does not exceed maximum cash drawdown •Admin costs do not exceed RCA  Assessment compliance of financial plans with business rules (IAF 141a)  In year financial performance (IAF 141b)  Identification and implementation of further QIPP schemes to address QIPP shortfall for 2016/17  Delivery of 2016/17 QIPP plan in line with planned benefits
		DB	1.2 Finalise QIPP plan in line with financial operating plan and budget requirements for 2016/17.	Approved 2016/17 QIPP Plans (May 2016)  Approval of resource business case (Q3) to include: development and 2017/18, tracking, monitoring on QIPP delivery	
2.	Management of the contract	DB	2.1 A&E 4 hour wait	2. A&E trajectory delivered working with System Resilience Team	Compliance with A&E 4 hour trajectory (IAF 127c)
		DB	2.2 Cancer 62 days	2.2 Cancer 62 days delivered in line with operating plan submission, which in turn is in line with the Trust Cancer recovery plan.	Compliance with Cancer 62 day waiting times trajectory (IAF 122b)  Positive assurance that patients who have fallen off or breached cancer waiting times are not harmed

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					caused by delays to treatment.
		DB	2.3 RTT 18 weeks	RTT delivered in line with operating plan submission.	Compliance with RTT trajectory (IAF 129a)
		DC	2.4 Deliver Mental Health national standards – IAPT, Early Intervention,	MH standards delivered in line with operating plan submission  Additional funded capacity in IAPT and within the Early Intervention team to meet the RTT target and the delivery of evidence based interventions	Compliance with National Waiting times standards by the end of March 2016  People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral (IAF 123b)  Sustaining improvement against the IAPT recovery target and waiting time standards post March 2016
		DC	2.5 Develop and implement Learning Disabilities / 'Transforming Care'	South East Sector transforming care action plan as part of STP is in place - June 2016	Completion of CTRs to agreed NHSE timescales.  Update and manage CTR action plans in Transforming Care Return.  Appropriate care placement or discharge of Lewisham patients in line with Transforming Care objectives.
		AB	2.6 Ensure provider recovery is monitored effectively by CSU contract management team	Complaints management action plan delivered – April 2017  Serious Incident Management action plan delivered during 2016/17, including KPIs and lessons learnt	Deliver against agreed trajectories

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				Safeguarding Training levels achieved by April 2017	
3.	<b>Quality improvement</b>	<b>AB</b>	Maintain NHS constitutional requirements and ensure the same of commissioned and local health care providers	Improved safety for patients in private hospitals and lessons learned event with NHSE in July  Complete the monitoring processes for care and nursing homes by Sept 2016	Clear deliverables monitored through an action plan by Integrated Governance committee (IGC)  Dashboards, audit and action plans showing monitoring and improvement. Reduction in Pressure ulcers
4.	<b>Safeguarding adults and children</b>	AB	Improve awareness of adult safeguarding in primary care which joins up safeguarding children and young people and domestic violence, modern slavery and FGM	Delivery of the IRIS project for identification of signs of domestic violence with appropriate resources - start by 1/5/16  Recruitment of the interim safeguarding adults lead by taking OBC forward by Sept 2016	Awareness and prevention of harm through a reduction of DV reviews  Feedback from GPs re effectiveness of joint training
5.	<b>Community Health Services – Improvement of Quality</b>	AB	5.1 Improve the quality of existing community services and ensure quality is maintained whilst they are redesigned to align within the Integrated Care Programme	Strengthened community contract monitoring process with identified CSU support and senior representation from providers by Sept 2016  Agree Improvement Plan for 2016/17 by Sept 2016	Demonstrate grip through outcomes based quality and performance dashboards, audits, and annual reports at Integrated Governance committee (IGC)  Reduced unplanned admissions (QIPP)
5.2 Deliver in practice agreed redesigned pathways			Integrated diabetes service- new care model implemented by April 2017.		

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			ie diabetes, tissue viability, COPD, MSK and Immunisation for elderly people focussing on capacity, capability and sustainability	<p>Commissioned self-management/ education programmes that recognise diversity and that people learn in different ways, subject to business case approval (TBC)</p> <p>District nursing services- re audit of DNS and review/ implement findings by December 2016</p> <p>Improved leg ulcer management- completion of pilot and implementation of the redesigned service, subject to business case approval (TBC)</p>	<p>People with a long-term condition feeling supported to manage their condition (IAF 105d)</p> <p>Good outcomes from DN audit and clear deliverable actions</p> <p>Leg ulcer healing rates 80% at 12 weeks and 24 weeks CQIN for service redesign and delivery</p>
6.	<b>Improve the quality of current general practices services</b>	DB	6.1 Early identification and diagnosis for people with long term conditions.	<p>Implementation of GP Federation contract for 2016/17 with both core and development year 2 'asks' (Q3)</p> <p>Develop programme to reduce variation in GP care for people with long term conditions for target GP practices (Q3)</p>	<p>Outcomes are achieved as stipulated in the contract</p> <p>Management of long term conditions (IAF 128a)</p> <p>Patient experience of GP services (IAF 128b)</p> <p>Diabetes patients that have achieved all the NICE recommended treatment targets (IAF 103a)</p> <p>Dementia care planning and post-diagnostic support (IAF 126a)</p> <p>Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions (IAF 106a)</p>

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					<p>Expenditure in areas with identified scope for improvement in primary care (IAF 142b)</p> <p>Anti-microbial resistance: appropriate prescribing of antibiotics in primary care (IAF 107a)</p> <p>Use of broad spectrum antibiotics (IAF 107b)</p> <p>Primary care workforce (IAF 128d)</p> <p>GP National Survey and London Mandated KPIs – locally agreed Patient Voice Indicators.</p>
		DB	6.2 Increased support for self-care and self-management	Approval of procurement business case for structured education for Type II Diabetics (Q1)	People with diabetes diagnosed less than a year who attend a structured education course (IAF 103b)

**B) Governance – planning and development – oversight by Strategy and Development Workshop**

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7.	Medium Term Planning – commissioning and contracting for population health	DB/ DC  SW	7.1 Refresh OHSEL including local Sustainability and Transformation plan	Draft STP completed with the involvement of Lewisham CCG (Q1)  Refreshed Primary Care Strategy aligned to STP (Q2)  Updated community based care strategy aligned to the Adult Integrated Care Programme (including mental health) (Q1)	STP agreed by membership and Governing Body aligned with Lewisham's strategic priorities.  Refreshed Primary Care Strategy agreed by Primary Care Programme Board  STPs in place-based, multi-year plans built around the needs of local populations (IAF 161a)
		DB	7.2 Integrate planned care pathways	Pre-consultation/formal consultation on OHSEL Planned Care for Orthopaedics (Q2/3)  Undertake Patient Experience (Q2) and Clinical Audits (Q3) of current MCATT against commissioning specification  Evaluate and agree procurement options for RSS 2017/18 onwards (Q3)  Prioritise planned care pathways for 2017/18 refresh (Q3)	Consultation on OHSEL Planned Care for Orthopaedics 'passes' the four test, including Membership ownership  Agreed approach to commissioning MCATT for 2016/17, informed by Audit's recommendations  Planned pathways indicated in commissioning intentions for 2017/18  Utilisation of the NHS e-referral service to enable choice at first routine elective referral (IAF 105a)
		DC/ DB/	7.3 Develop commissioning	Commissioning Framework agreed summarising the commissioning	Outcomes metrics are developed as part of each commissioning framework

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		AB SM	frameworks to take forward local implement the STP: <ul style="list-style-type: none"> <li>• Urgent and Emergency Care</li> <li>• Neighbourhood Care Networks (including C&amp;YP)</li> <li>• Prevention</li> </ul>	parameters and expectations providers (Q2)  Outcomes based contracts are developed for priority areas, such as frailty (Q3)  IAPT - re-configuration of psychological therapy services into an integrated care pathway (TBC)  CCG's Commissioning Intentions shared with providers by 30 <sup>th</sup> September  Development of 2017/18 QIPP plans with providers (Q3)  Level 3 commissioning for GP Services preparation is completed by 1st April 2017	Commissioning Intentions agreed by the Governing Body  QIPP plans for 207/18 agreed  Outcome based contracts are in place in some areas for 2017/18  CCG 360 Stakeholder survey – demonstrate members , providers and membership engagement in the CCG's priorities and planning  Lewisham CCG is a level 3 commissioner of GP Services with other SEL CCGs and financial risks are minimised
		DB DC	7.4 Support local provider development to deliver high quality, integrated care	Cross provider development work in place through the Adult Integration Care programme (Q3)  Production of joint position statement – Feb 2016  GP Federation/s – infrastructure developed and leadership supported working with Healthy London Partnership (Q4)	CCG and CCG/Providers lessons learnt from contracting round about working differently- Q1   GP Federations meet OHSEL Community Based Care requirements for delivering primary care at scale.

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		TR	7.5 Finalise Local Estates Strategy (LES) and commence implementation	<p>Local estates workshop to inform LES – May 2016</p> <p>Primary Care Estates and Technology Transformation Fund bids submitted to NHSE– June 2016</p> <p>ETTF informed by Local Estates Strategy (Q2)</p> <p>One Public Estate (OPE) proposition agreed for Lewisham (Q2)</p>	<p>ETTF Bids submitted by 30 June 2016</p> <p>LES approved by GB in Sept 2016</p> <p>OPE expression of interest accepted</p> <p>OPE initial proposal submitted– July 2016</p> <p>Local strategic estates plan in place (IAF 145a)</p>
		TR	<p>7.6 Commence implementation of local IM&amp;T Strategy including:</p> <ul style="list-style-type: none"> <li>• the Digital Requirements for Primary Care</li> <li>• Our Healthier South East London IM&amp;T plans</li> </ul>	<p>Primary Care Estates and Technology Transformation Fund bids submitted to NHSE– June 2016</p> <p>Connect Care fully operational in Primary Care – October 2016.</p> <p>Plans for improving connectivity/interoperability in Primary Care completed – March 2017</p> <p>Plan to improve patient access to health records – March 2017</p>	<p>ETTF Bids submitted by 30 June 2016</p> <p>Local digital roadmap in place (IAF 144a)</p> <p>Digital interactions between primary and secondary care (IAF 144b)</p> <p>Data standards and data sharing protocol in place for General Practice</p> <p>Agreed implementation plan, including KPIs to improve patient access to health records</p>
8.	<b>Organisation Development Plan in place so that the CCG is fit for purpose for 2020/21 as system leaders,</b>	CMS	8.1 Defined needs and outline annual OD action plan in place based on framework of processes, structures and relationships	<p>CCG Stakeholder survey report reviewed and actions required agreed (Q2)</p> <p>Support identified and secured for executive team development - June 2016</p>	<p>CCG values and supporting behaviours are agreed</p> <p>Stakeholder survey ratings improved from 2015</p> <p>Quality of CCG leadership (IAF 165a)</p>



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	<b>strategic commissioners and employing outcomes based contracts</b>			<p>Staff engagement group healthy workplace plan - October 2016</p> <p>CCG joins national staff survey- October 2016</p> <p>OD Plan monitored - October 2016</p> <p>Staff survey report review - March 2017</p>	<p>Effectiveness of working relationships in the local system (IAF 164a)</p> <p>Staffing group lead initiatives that develop a healthy workplace</p> <p>Staff survey report shows improved ratings</p> <p>Staff engagement index (IAF 163a)</p>
		SM DB	8.2 Implementation of Governance Review	<p>Revised terms of reference of key committees (Q1)</p> <p>CCG's Constitution amended as required (Q2)</p> <p>Review of processes and agree action to improve membership engagement (Q2)</p> <p>6 month review of Phase 1 (Q3)</p>	<p>Governing Body's self - assessment is positive in 2016</p> <p>Revised CCG Constitution approved by Members</p> <p>Members response rate in the national Stakeholders Survey is increased in 2016</p> <p>Management of conflicts of interest - compliance with revised statutory guidance (IAF 162a)</p>
		CMS	8.4 Engagement and Equalities are embedded in the work of the CCG	<p>Engagement and equalities workplans for CCG priorities.</p> <p>Evaluation of public reference group (PRG) September 2016</p> <p>Annual EDS gradings completed March 2017</p>	<p>Equality Analysis completed as required</p> <p>Commissioning Intentions informed by public engagement</p> <p>Public reference group developed as a key public engagement forum for the CCG</p>

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				<p>Annual Equalities Report January 2017</p> <p>Annual Public Engagement Report September 2016</p>	<p>Statutory requirements for equalities and public engagement are met</p> <p>Progress with equalities objectives and EDS gradings are delivered</p> <p>Progress against workforce race equality standard (IAF 163b)</p> <p>Public views are reported through CCG structures and are shown to have informed CCG decision-making</p> <p>Positive assurance from NHSE of annual engagement report</p>

**C) Urgent and Emergency Care - commissioning care pathway that shifts care to community based care – Reporting IGC and Primary Care Programme Board (External – Systems Resilience. LGT Contract Management Board and AICP)**

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9.	<b>Commissioning Framework for Urgent and Emergency Care</b>	DC	Developing Commissioning framework for Urgent and Emergency Care	Commissioning Framework shared with providers and public by November 2016	Outcomes metrics developed as part of Commissioning Frameworks for 2017/18
10	<b>Redesign of the acute mental health care pathway</b>	DC	Review crisis response including home treatment and psychiatric liaison  Review adult and older adults acute inpatient provision	Assessment of current operational models for Crisis Interventions and staffing capacity by October 2016  Assess the impact of the reconfigured acute care pathway on planned activity and saving by Dec 2016  Identify the required bed capacity, scope of provision, location & settings for Mental Health Older Adults by Jan 2017	Crisis care and liaison mental health services transformation (IAF 123d)  Out of area placements for acute mental health inpatient care – transformation (IAF 123e)  Reduced occupied bed days in line with the proposed adult acute inpatient mitigation plan  Increased step down of care from inpatient and specialist units to residential and nursing placements for elderly patients with SMI or Dementia.

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11.	<b>Resign of the non-elective care pathway</b>	DB	<p>Delivery of Extended Access Pilot</p> <p>Review of Urgent Care Centre and develop GP Triaging Pilot</p>	<p>Launch Extended Access Pilot to support increased access as per London Framework (Q3/4)</p> <p>Access delivered by London Offer and KPIs to GP practices (Q4)</p> <p>Development of Primary Care Public/ Patient/Stakeholder Plan and appropriate support resources (Q3)</p> <p>Implementation of 111 by SEL (TBC)</p>	<p>Compliance with the London Framework – provide GP access seven days per week, 8am-8pm for pre-bookable and unscheduled care appointments by 2017</p> <p>Extended access to GP services on a weekend and evening (IAF 128c)</p>
		DB	<p>Delivery of the Integrated Primary &amp; Urgent Care Service for 2017/18</p>	<p>Commission Programme Delivery (Q4)</p> <p>Approval of business case (Q3)</p> <p>Development of Public Engagement/formal consultation programme (Q3)</p> <p>Approval of procurement plans (Q4)</p>	<p>Achievement of milestones in the delivery of an integrated urgent care service (IAF127a)</p> <p>Reduction in avoidable emergency admission 2017/18 (QIPP)</p> <p>Emergency admissions for urgent care sensitive conditions (IAF 127b)</p>
		AB	<p>11.3 Develop approaches to Rapid Response Team, the Emergency Discharge Team and the Community Support Discharge team</p> <p>Develop home ward</p>	<p>Redesign Rapid Response Team the Emergency Discharge Team and the Community Support by November 2016</p> <p>Establish Home ward by December 2016</p>	<p>Reduction in avoidable emergency admission for 2016/17 (QIPP)</p> <p>Delivery of CCG 2017/18 QIPP by reducing emergency admissions</p> <p>Delayed transfers of care per 100,000</p>

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					<p>population (IAF 127e)</p> <p>Population use of hospital beds following emergency admission (IAF 127f)</p> <p>Inequality in emergency admissions for urgent care sensitive conditions (IAF 106b)</p>
12.	Children and Young People Ambulatory Care Service	WT	Comprehensive Children's Community Nursing Team & Home Enteral Feeding Service	<p>Redesign of existing nursing teams (CCNT &amp; H@H and SSNT)</p> <ul style="list-style-type: none"> <li>• Approval and endorsement of new service model(Q1)</li> <li>• Stakeholders &amp; Providers workshops</li> <li>• Development of a service specification</li> <li>• Evaluation of H@H Pilot (Q3)</li> <li>• Business case</li> <li>• Embed vertical and horizontal integration of ambulatory pathway (Q4)</li> </ul>	Achieved 'critical mass' of staff with flexibility to care manage children with acute and short-term conditions, long term conditions, disabilities and life-threatening illness
13.	In-hospital: Delivering improvements to the emergency care pathway	DB/T R/DA	Implementation of the system wide non-elective pathway	Commission Ambulatory Emergency Care (AEC) to provide assessment and same day discharges (October 2016)	<p>Delivery of CCG 2017/18 QIPP by reducing emergency admissions</p> <p>Reduced length of stay/bed occupancy</p> <p>System Resilience Trajectories</p> <p>Delayed transfers of care per 100,000 population (IAF127e)</p>
14.	Improve Complex	DC	Commissioning Continuing Health Care Assessment	Business Case approved (April 16)	Compliance with National Framework

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	Discharge and Admission Avoidance to meet the requirements of National Framework (2012)		Pathway	<p>Establish interim CHC Team (May 16)</p> <p>Recruit to substantive CHC team (Sept 16)</p> <p>Establish working CHC Policy and associated procedures and governance (Aug 16)</p> <p>Define/ refine CHC Pathway (Oct 16)</p> <p>Establishment of data capture &amp; analysis system (Oct 16)</p>	<p>Reduced Excess Bed Days for 2016/17</p> <p>Increased number of assessments carried out in the community</p> <p>Decreased number of days from checklist to panel decision to 28 to meet statutory target</p> <p>Decreased number of cases deferred at panel</p> <p>Annual reviews of CHC and FNC funded patents</p> <p>Reduction in complaints and financial retrospective payment risk</p> <p>People eligible for standard NHS continuing healthcare (IAF 131a)</p>
15.	London Asthma Standards	WT	Children's and Young People's Asthma	<p>Implementation of the Action Plan from the Benchmarking Audit across the provider system (Q2)</p> <p>Identification of training needs for an educational programme in general practice, community pharmacies and community nursing (Q4)</p>	Reduction in Paediatric Emergency admissions during 2016/17(QIPP)