Public Document Pack

Healthier Communities Select Committee
Supplementary Agenda

Tuesday, 8 December 2015
7.00 pm, Council Chamber
Civic Suite
Lewisham Town Hall
London SE6 4RU

For more information contact: Simone van Elk (Tel: 0208 314 6441)

This meeting is an open meeting and all items on the agenda may be audio recorded and/or filmed.

Part 1

Item		Pages
2.	The state of the local health economy a) Setting the context (*circa 1 hour*) This part of the meeting will contain brief introductions on financial position and strategic outlook from Lewisham CCG and NHS trusts working across South East London. b) System resilience (*circa 45 minutes*) c) Neighbourhood Care Networks - Delivery Community Based Care (*circa 45 minutes*)	1 - 38

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Healthier Communities Select Committee		
Title	The state of the local health economy	
Contributor	Scrutiny Manager	Item 2 Appendices A, C and D
Class	Part 1 (open)	8 December 2015

Appendix A Lewisham CCG
Reasons for lateness and urgency
Lateness: The information in the report had to be coordinated with a range of partners.
Urgency: This is a single issue meeting, so there is no other meeting on the work programme that would be appropriate to receive this item.

Appendix C King's Health Partners
Reasons for lateness and urgency
Lateness: To allow key information to be inserted into the report before publication.
Urgency: This is a single issue meeting, so there is no other meeting on the work programme that would be appropriate to receive this item.

Appendix D Lewisham and Greenwich NHS Trust
Reasons for lateness and urgency
Lateness: To ensure the report contained key information before publication.
Urgency: This is a single issue meeting, so there is no other meeting on the work programme that would be appropriate to receive this item.

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NHS
Lewisham
Clinical Commissioning Group

Lewisham Healthier Communities Select Committee

December 2015

Better health, best care
for Lewisham people

Financial Plan 2015/16

NHS Lewisham Clinical Commissioning Group

Revenue Resource Limit

£ 000	2014/15	2015/16
Recurrent	379,500	399,438
Non-Recurrent	11,475	7,663
Total	390,975	407,101

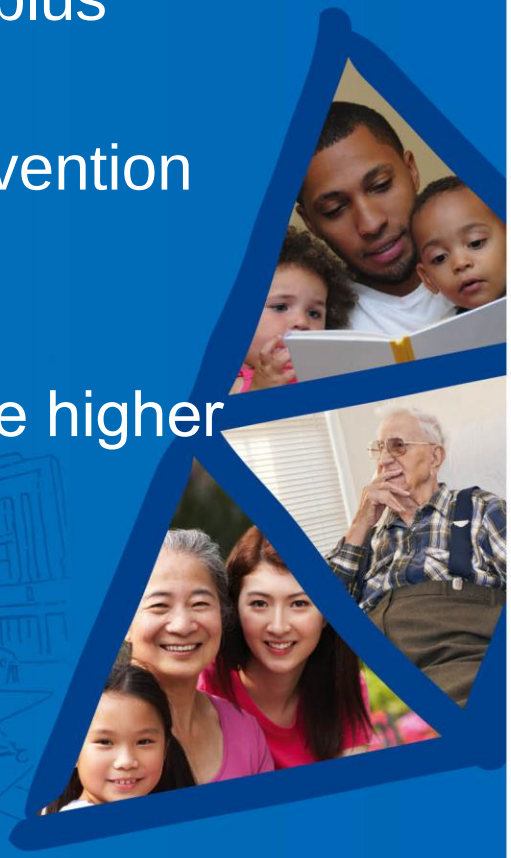
Income and Expenditure

Acute	220,291	218,650
Mental Health	63,190	62,888
Community	32,585	43,209
Continuing Care	10,751	13,933
Primary Care	39,768	40,366
Other Programme	10,434	11,868
Total Programme Costs	**377,019**	**390,914**
Running Costs	6,356	6,551
Contingency	-	2,036
Total Costs	**383,375**	**399,501**
Surplus/(Deficit) Cumulative	7,600	7,600

Financial Position

NHS Lewisham Clinical Commissioning Group

- C. £400m budget
- We are on track to deliver the £7.6m surplus required by NHS England
- Quality, Innovation, Productivity and Prevention (QIPP) targeted saving of £8.1m (2% of expenditure)
- Next year's savings target expected to be higher – around £11.4m (3%)
- But impact of CSR not fully known
- New CCG funding formula expected



Better health, best care for Lewisham people

Strategic Outlook

NHS
Lewisham
Clinical Commissioning Group

- Working with SE London Commissioners and NHSE on "Our Healthier South East London" (OHSEL)
- Demand growing faster than resources
- NHS Constitutional commitments not universally delivered
- London quality standards for hospitals and London quality framework for Primary Care
- Acute activity and spend increasing
- Plan to increase on out of hospital services

Better health, best care
for Lewisham people

Strategic Priorities

NHS Lewisham Clinical Commissioning Group

- Sustainable, high quality and affordable services for Lewisham people
- Raising quality standards and consistency for Primary care and for hospitals
- Through Adult Integrated Care Programme focus on physical and mental health for over 60s and people with serious mental health conditions.
- Development of four Neighbourhood Care Networks
- Development of alternative provider models

Better health, best care
for Lewisham people

Summary

NHS
Lewisham
Clinical Commissioning Group

- Demand outstripping supply
- Financial challenges for commissioners and providers
- Challenge is system wide
- Partnership working essential to viability of health and social care whole economy

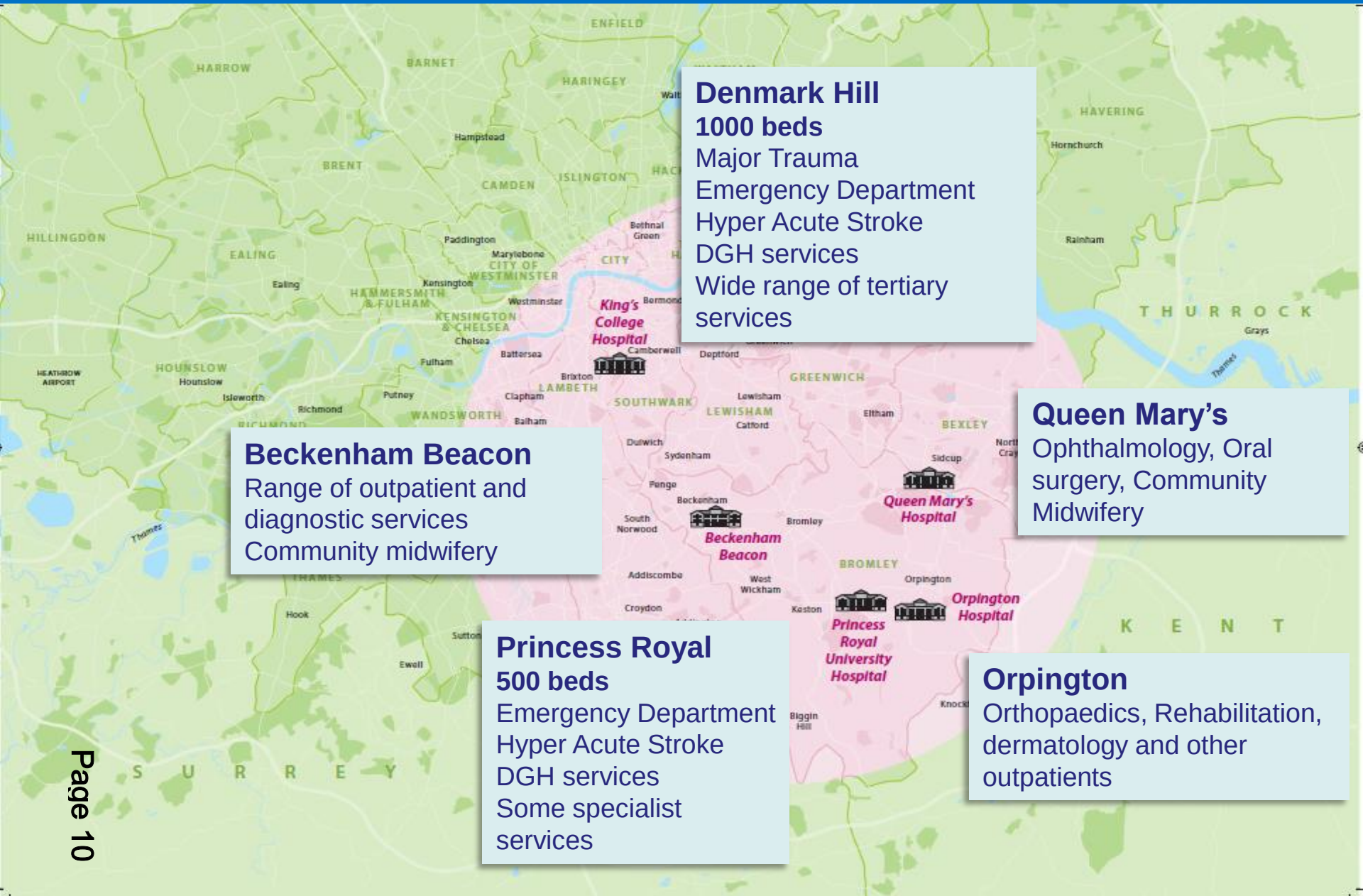
Better health, best care
for Lewisham people

Lewisham Healthier Communities Select Committee

8 December 2015

Trudi Kemp, Director of Strategic Development

King's Today – one Trust many sites



Denmark Hill
1000 beds
Major Trauma
Emergency Department
Hyper Acute Stroke
DGH services
Wide range of tertiary services

Beckenham Beacon
Range of outpatient and diagnostic services
Community midwifery

Queen Mary's
Ophthalmology, Oral surgery, Community Midwifery

Princess Royal
500 beds
Emergency Department
Hyper Acute Stroke
DGH services
Some specialist services

Orpington
Orthopaedics, Rehabilitation, dermatology and other outpatients

Lewisham focus

- In 14/15 Lewisham patients were 7.2% of King's activity
  - Of Denmark Hill activity the total from Lewisham is 11%

    The top specialties are:

    Ophthalmology
    General medicine
    Haematology (Clinical)
    Obstetrics
    Oral surgery
    Cardiology
    General surgery
  - Of PRUH activity the total from Lewisham is 1.7%

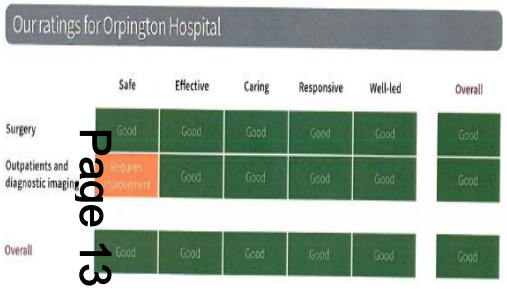
    The top specialties are:

    General Medicine
    General Surgery
    Obstetrics
    Gynaecology
    A&E

Our finances

- As with most NHS organisations, we have a serious ongoing deficit – our target is for a £65m deficit at the end of the financial year
- To reach this position we need to save 8 % of turnover - £86m. So far this year we have identified £74m of savings but this still leaves a £12m gap.
- We are optimistic that we will meet the target at year end but we also need to ensure that our income is in line with expenditure
- A five year financial recovery plan has been submitted to Monitor – next year's saving's target will be another challenging 5% - £50 million
- Our savings alone will not be sufficient in the longer term, we need to change the way we deliver services, working in partnership with commissioners and other health partners
- Next year we will be launching a Transformation Programme across the Trust that will help us meet our financial targets and where the focus will be on sustainable cost efficiencies

The CQC have rated us at the upper end of ‘Requires Improvement’



- Upper end requires improvement
- Many areas of strong performance
- Improvement at PRUH
- Some material areas of concern
- The Trust is aiming to move to Good or above

Our challenges

Over the next few years King's will be particularly challenged in the following areas:

- **Finance** - We started the year with a deficit and have set a ambitious cost savings target of 8% of turnover this year (£86m), and 5 % for the four years following that (£50m per year)
- **Demand** – Patient demand for services continues to rise , especially around emergency attendance, admissions and length of stay. During peak winter months we are under even greater pressure. Emergency bed days have risen by 12% in two years at Denmark Hill and by 8% equivalent in one year at PRUH.
- **Capacity** – We cannot keep pace with demand from emergency patients - this leads to cancellation of planned admissions and longer waiting lists for patients. Estimates show that by 2020 we will have a shortage of 360 beds

How can we meet these challenges ?

Productivity improvements

- Improve length of stay
- More Day Case operations
- Operating Theatres efficiency
- Alternatives to Outpatients

Delivering integrated care

- Prevention
- Admissions avoidance
- Reduce delayed transfers of care
- Long term conditions - inc.mental health
- End of Life Care

Service developments

- Consolidation of services
- Reconfigure and redesign services
- Utilising alternative/increasing capacity
- KHP institutes

Where will we get to ?

Through delivering improvements across productivity, efficiency, integrated care, service development and commercial activity

Estimate of savings achieved

- £50m – productivity, efficiency and integrated care
- £21m – service developments
- £6m commercial services

Savings gap

We will still be very far away from achieving the savings required – 5% a year for three years

Estimate of bed capacity achieved

- 180 – Denmark Hill
- 100 – PRUH
- -18 – Orpington (increased bed gap)

Capacity gap

We will still be very far away from meeting the predicted demand for 360 beds

Summary – working together to bridge the gap

- The challenge we have set for ourselves is hugely ambitious and even achieving it will not be enough to secure a sustainable future
- We can't solve this problem alone – it is system wide
- The only way to address the gap is to go further than we have before, developing a closer and deeper partnership with others in our health economies
- We must change the way we think and the way we do things

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Lewisham and Greenwich NHS
NHS Trust

One Trust…

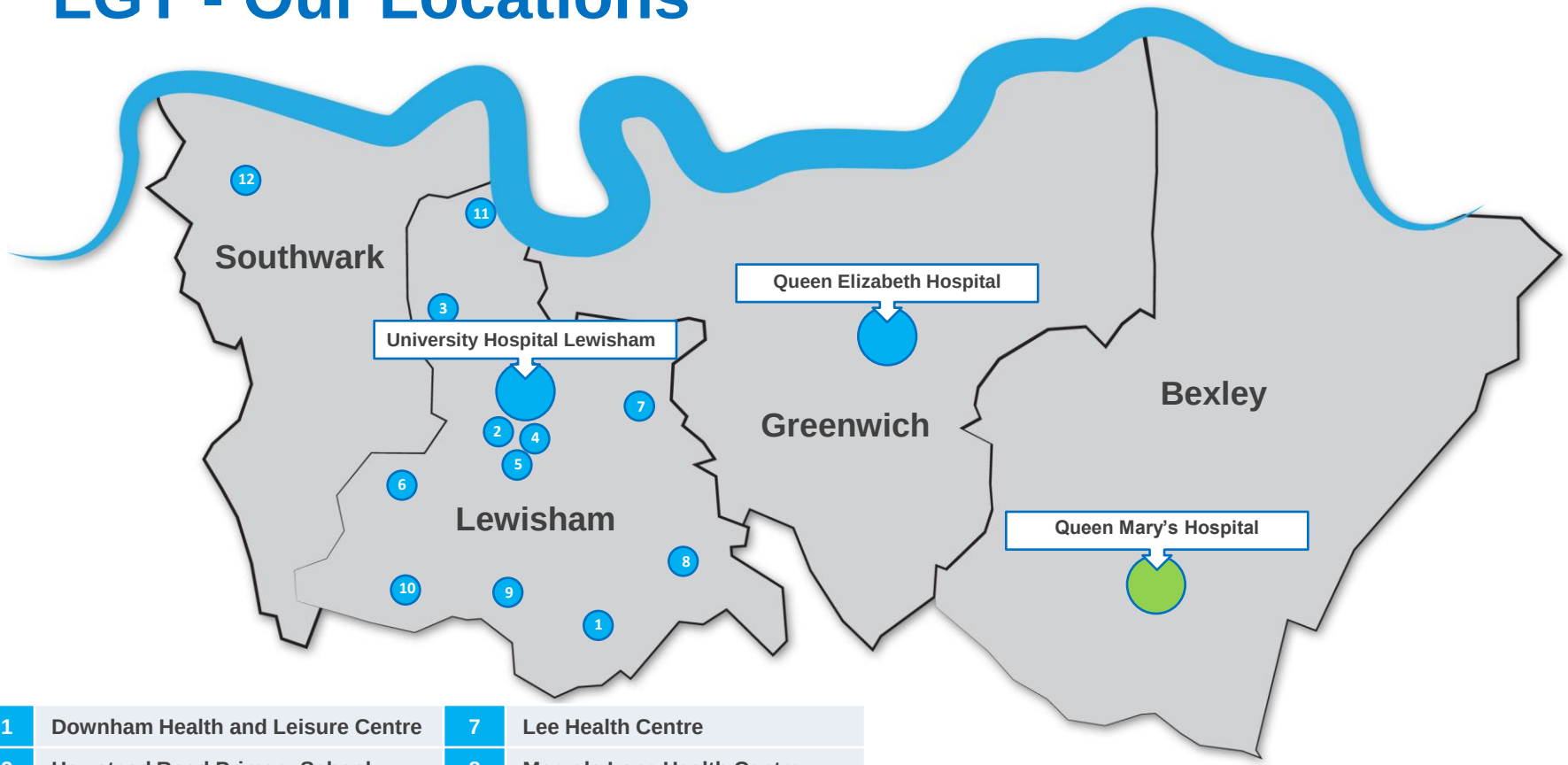
…serving our local communities

Lewisham Healthier Communities Select Committee

December 2015

Lynn Saunders
Director of Strategy, Business and Communications1g

LGT - Our Locations



1	Downham Health and Leisure Centre	7	Lee Health Centre
2	Hawstead Road Primary School	8	Marvels Lane Health Centre
3	Honor Oak Health Centre	9	South Lewisham Health Centre
4	Ivy House	10	Sydenham Green Health Centre
5	Kaleidoscope	11	Waldron Health Centre
6	Jenner Health Centre	12	Burgess Park

% of Outpatient Referrals by Borough

Lewisham - 72% of all referrals
Greenwich - 71% of all referrals
Bexley - 49% of all referrals

FY15/16 Financial Plan
LGT's original plans were for a £38.4m deficit

SUMMARY FINANCIAL PLAN (£000's)	2014/15 Plan	2014/15 Outturn	2015/16 Plan
Patient Related Income	399	423	425
Other Income	79	71	56
Run Rate Support	23	23	12
TOTAL INCOME	**501**	**518**	**493**
Pay Expenditure	(301)	(320)	(322)
Non-Pay Expenditure (and technical adjustments)	(200)	(206)	(210)
TOTAL EXPENDITURE	**(501)**	**(526)**	**(532)**
(DEFICIT) After Technical Adjustment	**0**	**(8)**	**(38)**

Trust Development Authority now require improved position of £33.5m deficit

Financial Position

- Focus on the continuous improvement in the quality of services we provide **but** we also need to focus on reducing the deficit position
- We have a Cost Improvement Programme with a target for delivery of £21.2m (5.5% of turnover)
- Identified a range of schemes we think we can deliver without impact on quality
- By the end of October, we had delivered £8.67m of savings against a target of £8.73m
- Next year's savings target will be equally challenging – around 5%
- Reducing expensive agency spend through our ongoing recruitment plan remains a priority

Strategic Outlook

Lewisham and Greenwich NHS
NHS Trust

- SE London Commissioners developing their five year strategy - "Our Healthier South East London" (OHSEL)
- LGT plans will need to fit within this framework
- Emergency Care
  - OHSEL programme clear about the need for SE London to retain all existing emergency departments, including ED at University Hospital Lewisham
  - important message for recruitment and retention of staff, following speculation about the future of the service
- Focus of LGT strategy:
  - delivery of high quality services across our two acute sites and in the Lewisham community – one acute service across two sites
  - best distribution of services across our two main sites to deliver commissioning requirements
  - meet the growing demand for services – right capacity, right place
  - deliver the London Quality Standards, if affordable

Strategic Priorities

Lewisham and Greenwich NHS
NHS Trust

- Continue delivery of Transformation Programme to improve quality and deliver improved productivity: shorter lengths of stay; operating theatre efficiencies; outpatient transformation
- Continuing to work with partners to embed improvements around the emergency care pathway
- Expanding specialist "ambulatory" care services to reduce the need for overnight hospital stays and improve patient experience
- Continuing to implement our significant IT strategy:
  - successful launch of electronic records at QEH (July 2014) and UHL (June 2015) – consolidation of systems in 2016
  - continue roll out of "Connect Care" - shares care records with GPs, LGT and other care partners. So far, 61 GP practices in Lewisham and Greenwich using system
- Addressing endoscopy capacity issues:
  - LGT is SE London centre for bowel screening and bowel scope screening
  - increasing capacity to meet significant growth in demand, especially around cancer pathways

Summary

- We have a challenging agenda to deliver
- We're working hard to deliver financially sustainable organisation, but
- Challenge is system wide
- Partnership working essential to deliver LGT viability and, indeed, whole health economy viability

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HEALTHIER COMMUNITIES SELECT COMMITTEE			
Report	System Resilience		
Ward	All	Item No.	Appendix E
From	Alison Edgington, Director of Delivery for Bexley Greenwich and Lewisham System Resilience		
Class	Part 1 (open)	Date	8 December 2015

REASONS FOR LATENESS AND URGENCY
Lateness: The author was leading preparation for the planned industrial action by junior doctors.
Urgency: This is a single issue meeting, so there is no other meeting on the work programme that would be appropriate to receive this item.

1. Recommendations

Members of the Healthier Communities Select Committee are asked to note the information provided in this report which provides an outline of a multi-agency approach to system resilience this winter and beyond.

2. Context

All health and social care partners across Bexley, Greenwich and Lewisham have collaborated on The Systems Resilience Plan 2015/16 which sets out the approach, goals and actions that the partnership of health and social care organisations across Bexley, Greenwich and Lewisham (BGL) will take to improve the responsiveness of all urgent and emergency care services in preparation for the anticipated increase in demands this coming winter and beyond. Increasing demands for urgent and emergency care services are brought on by increasing numbers of people seeking urgent care at a rate of approximately 4% per annum.

The constitutional indicator of a system performing well is delivery against the A&E 95% 4 hour standard: This means that 95% of all patients attending A&E must be seen, treated and either discharged or admitted, within 4 hours. This is important because we know that patients who wait longer to be assessed in A&E are more likely to be admitted, for older people their frailty and level of functioning is likely to deteriorate more rapidly, and over-crowding in the department leads to increased workload pressure for clinical frontline teams. Using the 4 hour standard as the pinnacle of satisfactory performance, this plan takes a whole system approach: starting with preventive and admission avoidance measures in community and primary care services; delivering operational improvements to the emergency care pathway in acute services to improve flow through the hospital system; and supported discharge mechanisms to transfer patients home or onto more appropriate support and care services when they are medically stable. We have established local priorities for system resilience framed around 5 goals:

- **Goal 1 - Operational Change Programme:** Improving patient experience in the emergency department and ensuring that patients are discharged as soon as they are ready to leave acute care.

- **Goal 2 - Admission Avoidance:** Developing new services to help prevent unnecessary attendances at A&E. For example the Lewisham Winter Response Service is providing assessments for frail older people in their place of residence early in the day, to prevent medical emergencies arising.
- **Goal 3 - Supported Discharges:** Improving discharge by tackling the main reasons for delay.
- **Goal 4 - Ambulatory Care:** Increase the incidence of see, diagnose and treat without the requirement of sdmitting to an inpatient bed.
- **Goal 5 - Community Resilience:** Developing local care networks, investing the Better Care Fund in initiatives to reduce hospital admissions and reduce length of stay.

3. Performance against the 4 hour standard

Performance on A&E remains challenging across London, however significant efforts on the part of the economy has resulted in an average 6% improvement at Lewisham & Greenwich Trust (figure one and two), which has been bucking the London trend.

Figure one – Lewisham and Greenwich NHS Trust (LGT) Performance against the 4 hour standard.

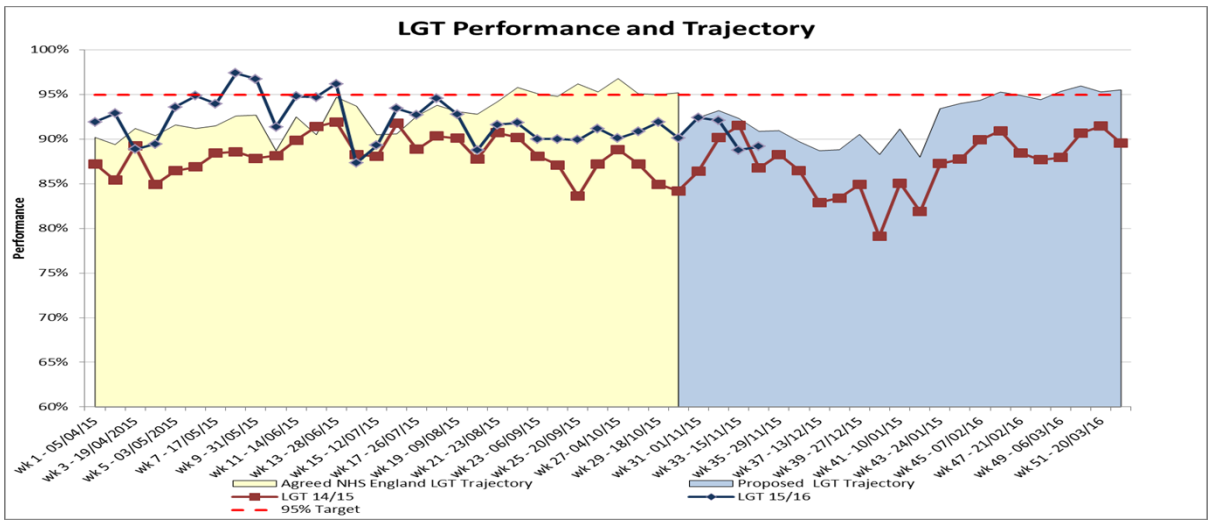
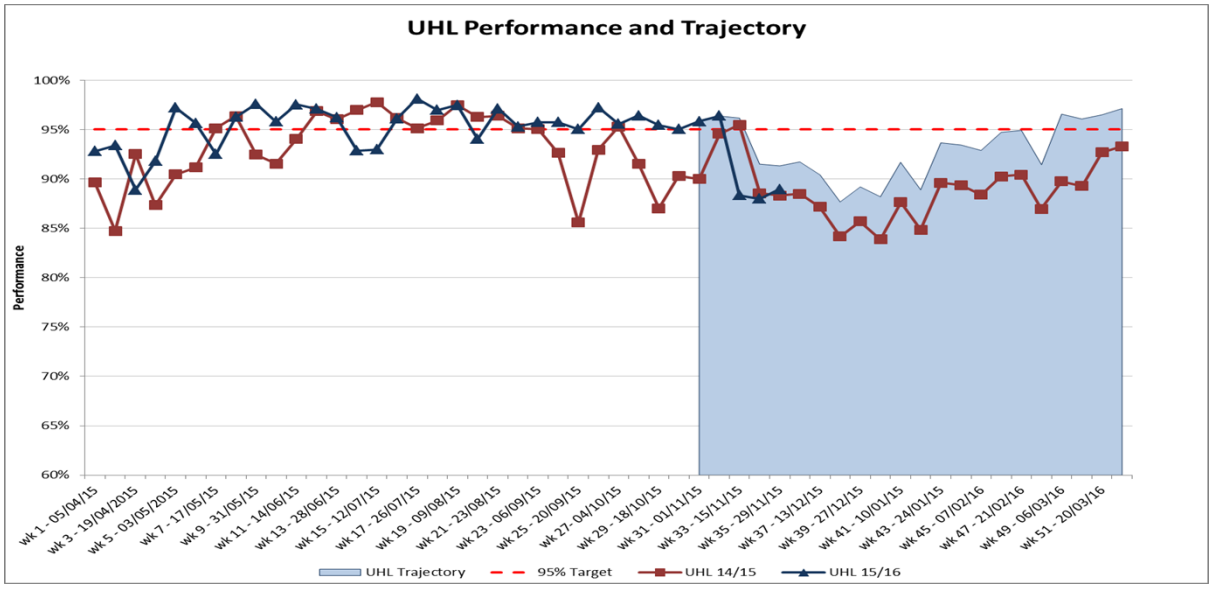


Figure Two – University Hospital Lewisham



Nationally the NHS is facing the greatest challenge in its history to respond appropriately to increasing demands brought about by people living longer and with a range of long term conditions. During winter, the most frail individuals in our society are highly likely to succumb to illness with the result that emergency care activity increases dramatically, and performance against the 95% four hour standard reduces. This is due to increasing volumes of people coming into A&E departments who are sicker and more vulnerable than at any other time of the year. Across the Country NHS organisations start to see performance declining from October. With the Christmas build-up performance usually improves slightly, only to drop again from Boxing Day. It usually takes emergency services until mid-January to get back to the pre-Christmas drop in performance, and we call this the 'double-dip'.

4. Operation Aladdin

This year all Trusts and partners have been collaborating on 'Operation Aladdin', our winter escalation plan designed to respond better to our patients need and smooth out the 'double-dip. This is a 5 week plan which enables all organisations to:

- Get as many people as possible home for Christmas,
- Have additional community health and social care capacity in place to respond to peaks in demand,
- Ensure all managers and staff are focussed on supporting patient flow through the system at this busiest time of the year, and
- Collaborate on operational escalation procedures to ensure, the whole system responds swiftly and effectively to make sure patients are safe when there are dramatic surges in demand.

Operation Aladdin involves all our staff working together to improve the services we provide. During 'Operation Aladdin' all managers and staff will ensure that their priority is to have a personal impact on improving patient flow and safety during the most busy time of the year. This means reducing activity not related to improving patient flow such as email traffic and postponing meetings. For some staff and managers this will mean transferring their skills into new patient flow-related responsibilities for a short period of time.

Some of the new schemes that have commenced this year include:

- Additional social care support at weekends to enable more people to be discharged at the weekend.
- Improved assessments for people requiring complex packages of care, so that the care we provide supports people appropriately.

- Faster access to multi-disciplinary assessments for people who are eligible for NHS funded continuing care.
- Early response GP visiting service for vulnerable, older people in residential care and in their own homes, to prevent unnecessary visits to A&E.
- Increasing GP availability in the urgent care centre.

In addition we have been working together to improve efficiency including increasing discharges out of hospital before 1pm and improving the model of clinical care in the A&E department.

5. Patient & Public Engagement

There are no specific patient and public implications arising from this report.

6. Financial Implications

There are no specific financial implications arising from this report.

7. Legal Implications

There are no specific legal implications arising from this report.

8. Crime and Disorder Implications

There are no specific crime and disorder implications arising from this report.

9. Equalities Implications

There are no specific equalities implications arising from this report, however addressing health inequalities is a key element of the Lewisham Clinical Commissioning Group and Lewisham Borough Council's 'joint' Commissioning Intentions for Integrated Care in Lewisham 2015 to 2017.

10. Environmental Implications

There are no specific environmental implications arising from this report.

11. Background Documents

NHS Five Year Forward View
The purpose of the Five Year Forward View is to articulate why change is needed, what that change might look like and how we can achieve it. It describes various models of care which could be provided in the future, defining the actions required at local and national level to support delivery.
Link: http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

12. Contact/s

Alison Edgington, Director for Delivery of System Resilience across Bexley, Greenwich and Lewisham. A.edgington@nhs.net.

Glossary of Terms

A&E: Accident and Emergency Services
GP: General Practitioner
LGT: Lewisham and Greenwich NHS Trust
UHL: University Hospital Lewisham

HEALTHIER COMMUNITIES SELECT COMMITTEE			
Report	Neighbourhood Care Networks Delivering Community Based Care		
Ward	All	Item No.	Appendix F
From	Adult Integrated Programme Board (Lewisham & Greenwich Trust, London Borough of Lewisham, South London & the Maudsley and Lewisham & Greenwich CCG)		
Class	Part 1 (open)	Date	8th December 2015

REASONS FOR LATENESS AND URGENCY
Lateness: The requirements for this report meant that information had to be compiled from a number of partners.
Urgency: This is a single issue meeting, so there is no other meeting on the work programme that would be appropriate to receive this item.

1. Purpose

1.1 The purpose of this briefing is to support discussions on 'The state of the local health economy' session. Its aim is to provide Members with information about delivering community based care in Lewisham.

2. Recommendations

2.1 Members of the Healthier Communities Select Committee are asked to note the information and progress provided in this briefing, which summarises the plans and activity taking place within the borough across commissioners and providers to deliver community based care through neighbourhood care networks.

3. Context

3.1 Health and Care system leaders in Lewisham, both commissioners and providers, are committed to achieving by 2020 a vision of a viable and sustainable; *'**One Lewisham Health and Social Care System** that will enable the local population to maintain and improve their physical and mental wellbeing, enable independent living and enable access to person-centred, evidence-informed, high quality, yet cost-effective pro-active care, when it is needed*'.

3.2 Lewisham's current health and care system is not sustainable and is not achieving the health and care outcomes it should. Too many people die early from deaths that could have been prevented by adopting healthier lifestyles, too many people live with preventable ill health, and there are still significant health inequalities in Lewisham. Alongside this, demand for care is increasing, both in volume and complexity, and each part of the system faces challenges in meeting that demand and significant funding issues.

3.3 In designing a new system, officers and partners across the current system are seeking to improve the way in which health and care information and advice is provided, how support and care is accessed and delivered and how people are supported to maintain and improve their own health and wellbeing. More importantly the new system must

deliver improved outcomes and value for money for the people who live and work in this borough.

3.4 A key element of the new system will be the delivery of more community based care through Neighbourhood Care Networks (NCNs), sometimes also referred to as local care networks. These networks aim to bring together at a very local level the different organisations, individuals and agencies involved in a person's health and care to deliver high quality, timely, cost effective, integrated community based care and support and improve people's experiences and their health and care outcomes.

3.5 Lewisham CCG has been working collaboratively with the five other South East London CCGs as part of the Our Healthier South East London (OHSEL) commissioning strategy. The stated aim of this is to respond to local needs and aspirations, to improve the health of people in south east London, to reduce health inequalities and to deliver a health care system which is clinically and financially sustainable. The strategy complements and builds on local work in Lewisham and has a particular focus on those areas where improvement can only be delivered by collective action or where there is added value from working together.

4. Adult Integrated Care Programme and Board

4.1 The Adult Integrated Care Programme 'Better Health, Better Care and Stronger Communities' supports the overall vision for a whole system model of care. It is focused on the redesign and reshaping of adult services to transform the way in which residents are encouraged and enabled to maintain and improve their own health and wellbeing, to transform the way in which local adult health and care services are delivered within the borough and to transform the way in which people access and are connected to the assets that are available within their own communities and neighbourhoods.

4.2 The Adult Integrated Care Programme Board provides the system wide leadership and accountability for the delivery of the new model and provides leadership on specific workstreams to improve the health and wellbeing of the local population. The Programme Board members are;

- Dr Matthew Patrick, Chief Executive, South London and Maudsley NHS Trust – Prevention & Early Intervention
- Dr Marc Rowland, Chair of Lewisham Clinical Commissioning Group and GP – Primary Care
- Aileen Buckton, Executive Director, Community Services, LBL – Neighbourhood Community Teams
- Martin Wilkinson, Chief Officer, Lewisham Clinical Commissioning Group – Enhanced Care & Support and Chair of the Adult Integrated Programme Board.
- Tim Higginson, Chief Executive, Lewisham & Greenwich NHS Trust – Estates, ICT and workforce.
- Dr Danny Ruta, Director of Public Health, LBL
- Colin Stears, Management Partner, St John's Medical Centre – Federations Representative

5. Neighbourhood Care Networks

5.1 Across the system it is recognised that care and support in the borough is not always being delivered by the right people in the right place at the right time, and is not always being delivered in an integrated and cost effective way. Part of the solution is seen to be the delivery of more community based care and the establishment of neighbourhood care networks.

5.2 There is no single blueprint for the design of Lewisham's Neighbourhood Care Networks but in Lewisham, the Health and Care partners have agreed on a set of principles to influence the design of NCNs so that they:

- improve access to preventative and early intervention support;
- transform general practice and primary care rooted in the community; and
- integrate physical and mental health and social care

5.3 It is important that each Neighbourhood Care Network is able to respond to the different needs and characteristics of its community, and each network is expected to share a number of core elements if it is to deliver successfully integrated community based care and support.

5.4 This includes the involvement of general practice, community pharmacies, community nursing, social care, community mental health teams, community therapy, community based diagnostics, the voluntary and community sector and be linked into local patient and carer engagement groups.

5.5 In Lewisham many of the building blocks for NCNs are already in place. Lewisham's networks will be built on the four longstanding geographic general practice neighbourhoods (See Appendix 1); the four health and social care neighbourhood community teams, which have brought together district nurses, community matrons, social work staff and therapists; community mental health teams which work at a neighbourhood level and, in future, as the whole system model of care develops with children's services, the four children's centres areas.

5.6 The case study below provides a real example (the patient's name has been changed). Neighbourhood Community Teams as a part of Neighbourhood Care Networks are currently delivering services that are co-ordinated and patient centred.

Case Study

John is a vulnerable 77 year old man who has lived in Lewisham all his life. He suffers with drug and alcohol dependency and his health is rapidly deteriorating and is exacerbated by his current living conditions and inappropriate housing. John lives on his own with no contact from his family who have struggled to help john engage with his complex life. John has a long history of non-engagement with support services in the community – his only engagement is as a very frequent user of A&E when in a crisis.

The neighbourhood community team was mobilised to consider John's case at a multidisciplinary meeting that included his GP and social worker, care agency, specialist drug and alcohol services and the supported housing provider. A co-ordinated and person centred plan was built around John that combined his health and social care needs. This enabled John and the team to work together at a pace to that suited John and his family.

Through motivational interviewing training John was able to help develop his own support including re-engaging with his family, who now support John with self-management techniques at home. The training has also supported John in preparing for a structured detox programme for the first time.

5.7 The Adult Integrated Care Programme plan for 2015/16 and 2016/17 include specific activity around the design and delivery of the Neighbourhood Care Networks. Initial engagement work includes that which has taken place at the public event "Your Voice Counts", at GP Neighbourhood meetings, and an initial stakeholder co-design event taking place on 1st December 2015.

6. New Models of Primary Care

6.1 Through implementation of the Lewisham CCG Primary Care Development Strategy 2014 –16 and in alignment with the OHSEL strategy and also the 'Transforming Primary Care in London: A Strategic Commissioning Framework'; there will be a continued focus on delivering care that is proactive, accessible and co-ordinated.

6.2 One of the core features of Neighbourhood Care Networks will be primary care working at scale within the geographic area of these networks. The pooling of capacity and capability across primary care will support improved outcomes and a reduction in variation across the populations of the networks and will also facilitate more effective integrated working with other partners within the network.

6.3 In Lewisham, much progress has been made in the development of primary care working at scale with four geographically coherent Federations on plan to be operational from 1st April 2016. Improved outcomes have already been realised locally through primary care working collaboratively at scale, for example through increases in flu and pneumococcal vaccination rates during 2014/15;

Lewisham's uptake of flu immunisations for pregnant women increased from 31.5% in 2012/13 to 46.4% in 2014/15. This was the best improvement in London and at the end of the season Lewisham was 4th across all CCGs.

7. Federations

7.1 The individual General Practices in Lewisham have come together to form 4 separate groupings as Limited Companies. This does not affect the day to day primary care services that patients access at their own surgeries.

7.2 The groups have adopted the same geographical areas (See Table 1) that practices have been working within as Neighbourhoods of the CCG.

Table 1

Neighbourhood	Company Name
1: North Lewisham	North Lewisham Health Limited
2: Central Lewisham	The Lewisham Primary Care Partnership
3: South East Lewisham	Lewisham Healthcare Limited
4: South West Lewisham	Lewisham 4 Health Limited

7.3 One of the main reasons to form these wider organisations (as outlined in section 7.1) is to deliver at scale the commissioning intentions of CCG, NHS England and the Local Authority Public Health Service.

7.4 The Federations will bid for the work commissioned by the above organisations and will then determine which of the practices in their group can deliver those services. The main core GP services will still be delivered from the patients' registered practice but certain other services could well be based at other practices within the local area.

7.5 The Federations will not bid against each other to deliver services in Lewisham they will however, where appropriate, make joint bids where the work needs to be delivered across the borough or is a specialist service that does not require delivery in all 4 neighbourhoods.

8. Patient & Public Engagement

8.1 Through recent deliberative events on the OHSEL and public engagement activities, the residents of Lewisham have told us that through the networks they want to see:

- Improved GP and/or walk in centre access, especially out of office hours

- Better communications, information and integrated record sharing across service providers
- Integrated person centred services with a care coordinator to navigate the system and a single entry point for patient information
- Improved services, particularly around mental health support and social care
- More diverse communication channels about the services available particularly on prevention and support on financial and emotional issues
- Staff across the system to have the skills and knowledge to help and support residents to look after their own health and wellbeing, to direct their own care and to choose the support and services they need
- Improvement in patient and user satisfaction levels

9. Financial Implications

There are no specific financial implications arising from this report.

10. Legal Implications

There are no specific legal implications arising from this report.

11. Crime and Disorder Implications

There are no specific crime and disorder implications arising from this report.

12. Equalities Implications

Addressing health inequalities across the borough is a key consideration within all health and care development taking place. In addition addressing health inequalities is a key element of the Lewisham Clinical Commissioning Group and Lewisham Borough Council's 'joint' Commissioning Intentions for Integrated Care in Lewisham 2015 to 2017.

13. Environmental Implications

There are no specific environmental implications arising from this report.

14. Background Documents

NHS Five Year Forward View
Link: http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

Transforming Primary Care In London: A Strategic Commissioning Framework
Link: https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2015/03/lndn-prim-care-doc.pdf

15. Contact/s

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Appendix 1: Neighbourhoods

GP Practices in Lewisham 2015

NHS Lewisham Clinical Commissioning Group

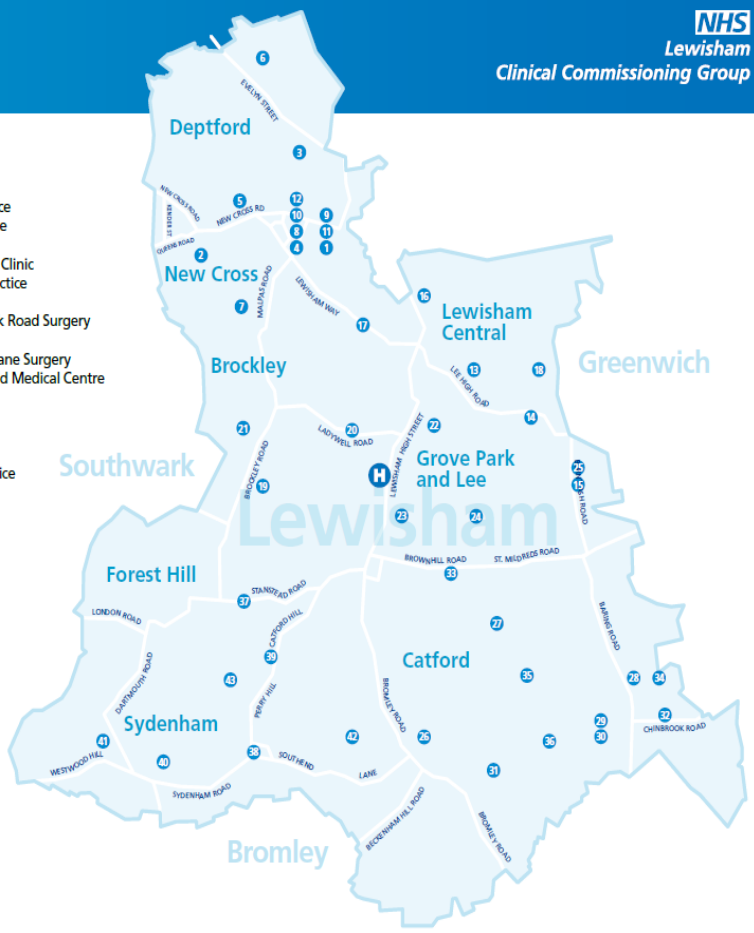
● GP Practices

North Lewisham Practices
1 Mornington Surgery
2 Queens Road Partnership
3 Kingfisher Medical Centre
4 Clifton Rise Family Practice
5 New Cross Health Centre
6 Grove Medical Centre
7 Vesta Road Surgery
8 Amersham Vale Training Practice
9 Deptford Surgery
10 Dr Batra's Practice
11 Deptford Medical Centre
12 New Cross GP Led Walk In Centre

Central Lewisham Practices
13 Belmont Hill Surgery
14 Lewisham Medical Centre
15 Burnt Ash Surgery
16 Modern Hill Surgery
17 St Johns Medical Centre
18 Lee Road Surgery
19 Brockley Road Surgery
20 Hilly Fields Medical Centre
21 Honor Oak Group Practice
22 Triangle Group Practice
23 Rushey Green Group Practice
24 Woodlands Health Centre
25 Nightingale Surgery

South East Lewisham Practices
26 South Lewisham Group Practice
27 Torridon Road Medical Practice
28 Baring Road Medical Centre
29 ICO Health Group – Moorside Clinic
30 Downham Family Medical Practice
31 Winlaton Surgery
32 ICO Health Group – Chinbrook Road Surgery
33 Park View Surgery
34 ICO Health Group – Marvels Lane Surgery
35 ICO Health Group – Boundfield Medical Centre
36 Oakview Family Practice

South West Lewisham Practices
37 The Jenner Practice
38 Sydenham Green Group Practice
39 Woolstone Medical Centre
40 Sydenham Surgery
41 Wells Park Practice
42 Bellingham Green Surgery
43 The Vale Medical Centre



Better health, best care
for Lewisham people

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