<table>
<tr><th colspan="5">HEALTHIER COMMUNITIES SELECT COMMITTEE</th></tr>
<tr><td>Report Title</td><td colspan="4">Information item: CCG Commissioning Intentions 2019/20</td></tr>
<tr><td>Contributors</td><td colspan="2">Lewisham Clinical Commissioning Group</td><td>Item No.</td><td>8</td></tr>
<tr><td>Class</td><td>Part 1 Information Item</td><td>Date:</td><td colspan="2">3 December 2018</td></tr>
<tr><td>Strategic Context</td><td colspan="4">Please see body of report</td></tr>
</table>

Reasons for Lateness and Urgency

This report is late as the CCG wanted to ensure that the most accurate, up to date information was available for the committee to consider.

The report cannot wait until the next meeting of the Healthier Communities Select Committee as it provides information on a range of commissioning development areas for 2019/20.

1 Purpose

This paper for information provides a summary of the Clinical Commissioning Group's (CCG's) Commissioning Intentions for 2019/20, developed under the auspices of the South East London (SEL) Commissioning Alliance (Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark CCGs).

2. Recommendations

Members of the Healthier Communities Select Committee are asked to:

Note the proposed key priorities for Lewisham CCG's commissioning work programme for 2019/20, which has been informed by:

- The strategic aims and work of the Lewisham Interim Joint Commissioning Group
- The South East London's work on the Sustainability and Transformation Partnership (STP)

3. Policy Context

3.1 The NHS England 'Five Year Forward View' (2014) and 'Five Year Forward View - Next Steps' (2017) set out new and different approaches to the commissioning and delivery of health and care services. The SEL Commissioning Alliance was established in April 2018 to provide collaborative commissioning arrangements.

4. Strategic Context

The commissioning intentions developed by the SEL CCGs build from our Sustainability and Transformation Partnership (STP) Integrated Care System (ICS) Road Map for 2018/19 and 2019/20 and are presented through the lens

of our System of Systems ICS. They are deliverable focussed and targeted at these areas – this document provides a high level SEL wide summary and overview. The detail of agreed implementation plans will be taken forward through a combination of:

- Our work as an ICS aspirant programme – noting we are securing dedicated external support to enable rapid progress be made in agreed priority areas – Urgent & Emergency Care (UEC), planned care and finance alongside overall governance and wider ICS development
- Our discussions that will take place with providers and within systems over the next six months to secure agreed plans, underpinned by signed contracts, for 2019/20

SEL is facing significant in year and forecast challenges – we have a major financial challenge with a number of organisations in deficit, demand and capacity shortfalls in key areas, performance challenges which are stark in relation to the delivery of NHS Constitutional Standards for acute services, quality improvement opportunities including addressing CQC report recommendations and challenges in relation to sustainable and resilient services, from primary through to secondary care.

We therefore need to work collaboratively across the commissioning and provider system to secure agreed changes for 2019/20 that will help us address these challenges and in a way that supports a shift to integrated care and systems. Specifically we will need to give focus to:

- Agreeing and implementing a number of high impact care pathway changes that will start to address our challenges across finance, demand and capacity, performance, quality and service sustainability.
- Agreed approaches to setting budgets and managing financial risk that recognise resource availability, the financial constraints we are operating within, the need to invest in our out of hospital care system and the need to ensure we are focussed as a system on overall cost out not deficit shift or growing our way out of deficit.
- Challenging ourselves and each other to adopt innovative and transformative approaches, recognising that this will require a degree of risk taking but also the need to do things differently and at pace and scale if we are to start to address our current and future challenges in a recurrent and sustainable way.
- A commitment to system working and co-production to ensure collaborative approaches that secure system win wins.

Each SEL borough is proactively working to secure an integrated delivery model at borough level, built on:

- Joint commissioning arrangements across CCGs and Local Authorities. Joint commissioning is at different stages across SEL currently but there is a clear commitment in each borough to progress integrated commissioning approaches.

- Integrated models of provision and delivery, focussed on and through our Community Base Care strategies.

To support this each borough has and continues to develop innovative approaches to joint commissioning and integrated provision as the borough (place) based building block of our System of Systems ICS. This work includes establishing governance, planning and delivery processes through which stakeholders will work together at borough level to secure jointly agreed integrated care objectives. Over time this will result in changes to governance and the operation of organisational boundaries in the delivery of services, new contracting arrangements and changes to funding flows and risk management.

5. Prevention

5.1 ICS vision and strategy

The SEL STP has committed to developing concrete plans to enhance our prevention offer. The aim is to ensure our prevention offer is systematically rolled out and embedded within each and every level of our ICS development and delivery work. This will include the early identification of risk and targeted intervention to improve population health, reduce disease burden and health inequalities across the SEL population.

There is significant work being undertaken to tackle the wider determinants of health – the SEL CCG commissioning intentions take a narrower focus, concentrating on NHS interventions to identify and manage risk. In addition there is work on going to develop a SEL wide prevention framework and strategy as part of the STP Prevention Programme - our commissioning intuitions are consistent with that and will support progress in delivering this wider strategy.

5.2 Commissioning intentions

Systematic identification of risk
We wish to agree a delivery framework, underpinned contractually, to support the systematic collection of adult risk factors and baseline information - blood pressure, alcohol, smoking, BMI and mental health – the adult Vital 5.

In 2018/19 two SEL acute providers have started collecting this information – for 2019/20 we propose to spread the roll out to cover all acute providers, mental health and community providers and primary care.

Work also commenced in 2018/19 to develop a Vital 5 for children and older people. For 2019/20 we propose to commence the collection of the children's vital 5 information – starting in the acute sector – and to enhance our adult Vital 5 with the additional older peoples risk factors (frailty and falls) for targeted populations.

Commissioning of evidence based interventions
There is good available evidence in relation to effective interventions and without waiting for the roll out of vital 5 information we wish to make a step change in our effort and investment in these areas. Work is taking place to determine the most effective value based care approaches and interventions but we are likely to focus on the following key areas and are keen to work with providers to develop concrete proposals for 2019/20:

Implementing the Ottawa model for smoking cessation, ensuring brief interventions are available for alcohol and ensuring patients are sign posted to these services, further expansion of our tier 3 services for weight management alongside the development of tier 2 interventions, Implementation of blood pressure and hypertension management guidelines and enhanced falls prevention services

5.3 Contribution to financial recovery

Our assessment is that in the short term we need to increase our investment in the following areas: infrastructure to support data collection and data sharing across the system plus in agreed evidence based interventions and services. At the same time we will be seeking to maximize the prevention element of our current core service provision through ensuring the demonstrable delivery of Making Every Contact Count (MECC) across all area of our commissioned services.

In the medium to long term the prevention investment will support reduced cost alongside improved health outcomes – short term investment will therefore represent a medium/long term - invest to save to secure an agreed benefits realisation.

6. Primary Care

6.1 Objective

- To support increased resilience and innovation in our primary care offer – to enable a consistent and high quality offer that provides accessible, proactive and preventive care – through a more explicit articulation of our core and enhanced service offer, working to reduce unwarranted variation.
- To develop our model of primary care delivery at a greater scale linked to our Local Care Network delivery model.
- To develop our eight SEL GP Federations to provide the infrastructure and organising function for primary care to secure an effective foundation for and primary care contribution to our borough based integration.

6.2 Commissioning Intentions

Core primary care offer - To agree a consistent and targeted approach to primary care incentive schemes for 2018/19 with incentives based on collective endeavour focussed around demonstrating a step change in delivering our core objectives:

- Proactive prevention – the roll out of a proactive Making Every Contact Count approach across primary care, to include risk identification though the measurement of Vital 5 risk factors (smoking, blood pressure, BMI, mental health and alcohol) for our adult population and the proactive provision of advice, support and signposting to follow up services for at risk patients.
- Care coordination for complex patients – the roll out of care coordination approaches for patients with long term chronic conditions to ensure proactive management of these patients in community based settings.

- Primary care extended access - To deliver a more efficient and targeted use of primary care extended access to include promoting the assessment of patients at risk of A&E attendance/hospital admission, a step increase in support to Care Home residents and people in the last year of life and to proactively receive planned hospital discharges.
- Referral optimisation - ensuring the full utilisation of all available referral support tools and the utilisation of community based alternatives to acute referral.

GP Federation and Integrated Care development - The development of GP Federations and support to local Integrated Care Systems in line with the deliverables set out in the SEL primary care transformation bid:

- Infrastructure development – to support the development of core foundations for supporting organisational capability and effective governance
- Supporting neighbourhood delivery – to support advancement in the use of population health and performance data to drive a more systematic approach to Quality Improvement and delivery at a neighbourhood (Primary Care network delivery) level.
- System partnerships – to support development of formal relationships with partner organisations to realise wider benefits.

6.3 Contribution to financial recovery

Short term 2019/20 savings associated with reduced acute utilisation – from referral reductions to admissions avoided. Need to assess balance across commissioner savings and ability of providers to take cost out – linked to outpatient and U&E pathway redesign. Medium/longer term savings associated with step increase in prevention, risk identification and proactive early management.

7. Urgent and Emergency Care

7.1 Objective

Urgent and Emergency Integrated Care System - The STP has identified U&EC as a key test bed areas for the further development of our borough based ICS model recognising that effective U&EC provision is dependent upon whole system working across health and social care to deliver an integrated offer support optimal patient outcomes and pathway efficiency. Our commissioning intentions aim to support a step change in our delivery of this integrated service offer underpinned by:

- A core in hospital service offer that provides a consistent and standardised pathway model across the front door, same day and inpatient services and discharge, delivered through national best practice approaches.
- A core out of hospital service offer that provides proactive admission avoidance and supported discharge services, underpinned by best practice approaches.

- An integrated delivery model that supports single points of access and service delivery across health and social care and community and acute based care.
- Joint approaches to managing services, budgets and risk across the system to underpin our integrated delivery model.
- The ICS model will take time to implement and we will need to jointly consider and agree practical steps to enable progress to be made in 2019/20.

Commissioning Intentions outcomes - Overall objective is a U&EC pathway that reflects optimised pathway management – which will result in a significant shift from hospital to out of hospital care. This will support:

- A sustainable U&EC system care across health and social care, underpinned by the above consistent SEL in and out of hospital core offer that enables locally responsive services delivered as part of an integrated delivery model.
- Improved performance across the U&EC system, underpinned by a more cost effective, productive and efficient pathway model that manages resource across the system to secure the best possible outcomes within available funding.
- Better provision of people's needs in the most appropriate setting and if admitted patients are discharged home for assessment of ongoing care needs as soon as they no longer require acute based care.

7.2 In hospital commissioning intentions - roll out of the core in hospital offer

Clinically led front door streaming model that ensures optimal use of alternative pathways – both diversion of patients away from Emergency Department (ED) to Out of Hospital (OOH) services (primary care & admission avoidance services) and direct transfer to in hospital same day emergency care or assessment units, as required.

Full roll out of same day emergency care models operating 7 days a week – to ensure that all patients presenting with ambulatory sensitive conditions are treated in an ambulatory care setting and to secure a comprehensive frailty assessment and acute frailty model.

Full roll out of best practice internal flow initiatives - in ED, within assessment units and on wards. Objective is to to support flow, ensure no avoidable admissions take place and reduce length of stay for those patients that require admission. A key priority is ward flow processes and specifically the consistent implementation of SAFER care bundles, Red to Green days and criteria led discharge, underpinned by system support to ensure discharge at the point of medical optimisation.

7.3 Out of Hospital commissioning intentions - roll out of the core out of hospital care offer

SEL's OOH provision is inconsistent with a variety of available services and differing access routes and criteria – this makes navigating the OOH care system challenging. Levelling up our OOH provision and further developing the OOH care offer across SEL will take time – but we are keen to ensure that for 2019/20 key tangible progress is made to secure this objective. Across all boroughs we wish to ensure that there is clear provision for:

- Easy access to GP extended access from A&E, access to admission avoidance services for GPs, LAS and A&E, services that target high intensity users and that manage patients with multiple long term conditions, targeted support to Care Homes, full access to Discharge to Assess pathways to include bridging capacity, community based alternatives for UTIs and DVT and a review of therapy services to ensure therapists are placed at all required stages of the U&EC in and OOH pathway.

- In Bexley, Greenwich, Lewisham (BGL) and Bromley we wish to further develop our OOH offer to include a shift over time from bed based to home based provision and to streamline our admission avoidance and discharge services and access points. Significant development work is required to develop an agreed CBC/OOH U&EC plan in BGL.

7.4 Contribution to financial recovery

We will need to invest in our enhanced CBC offer – but also to maximise our current investment on OOH services to ensure value for money. Our in hospital commissioning intentions present significant opportunities to implement more a cost effective model and to reduce acute sector demand and cost.

Securing the required shift in resources and managing the risk associated with pathway shifts will require a different approach to financial and risk management – we wish to explore the scope for new approaches to contracting, budget setting and risk management to support the delivery these objectives for U&EC in 2019/20.

8. Planned (Elective) Care

8.1 Demand and capacity - acute services

Demand and capacity planning and optimised utilisation of available capacity to support Referral to Treatment (RTT) recovery is a key underpinning requirement and priority for 2019/20.

SEL providers are currently breaching national RTT targets with differential waits across specialties and site alongside the need to return to RTT compliance in 2019/20. We are keen to ensure that we agree approaches that support equity of access of patients across SEL though joint approaches to waiting list and capacity management. This is considered to be a sort term solution to current capacity constraints pending the development of our planned care strategy, the implementation of optimised productivity and efficiency across our elective pathways and the development of networked approaches to provision. It will need to include the consideration of outsourcing and in housing approaches where internal capacity is insufficient to meet demand.

We plan to sign off an agreed approach to managing demand and capacity across SEL as part of 2019/20 agreements.

8.2 Diagnostics

Objective : sustainable delivery of diagnostic targets plus diagnostic turnaround times to support the delivery of wider planned care and cancer waiting times targets; agreed mechanisms for managing demand and capacity effectively and collaboratively across SEL providers - to ensure both optimised productivity and SEL wide management of capacity to secure optimal waiting times and utilisation of available capacity.

Commissioning intentions to support these objectives are:

- Demand management – to triage requests across direct access and internal pathways, to ensure the most effective utilisation of available capacity and optimise waiting times.
- Capacity management – to complete the joint SEL STP and Accountable Cancer Network led diagnostic strategy review – this will highlight demand and capacity issues that need to be addressed across SEL
- Interim capacity management of 2019/20 – to determine an agreed strategy that makes best use of available capacity across SEL where there are identified constraints through the shared use of resource and waiting lists wherever possible, working through a diagnostic hub model to secure these objectives.

8.3 Contribution to financial recovery

We believe there are significant opportunities to reduce current planned care pathway costs across the system through a combination of referral/activity shift to OOH settings, transformed outpatient services and in hospital productivity and efficiency improvements – we will need to ensure these are maximised through an agreed programme of improvement as part of our financial recovery, to include ensuring both commissioner and provider cost out is secured.

In the short term there will also be a need to invest in RTT backlog clearance to support RTT recovery rand sustainability – it will be important that investment in this area is underpinned by optimised pathways and use of capacity to ensure backlog clearance is undertaken at the lower possible cost to the system.

9. Cancer

9.1 Objective

To continue to make progress in implementing our STP cancer plan – focus on improved early detection and diagnosis of cancer as well as improved cancer survivorship and recovery care and support. Our key focus for 2019/20 however remains securing pathway improvements across SEL to support the treatment of patients suspected of having and diagnosed with cancer in line with national waiting times standards.

We wish to build on the positive progress made in 2019/29 in developing a system approach to recovery – across planning and delivery. We wish to

further develop this system approach as part of our ICS development to push the concept of an integrated Accountable Cancer Network that takes shared responsibility for delivery of cancer services and outcomes.

9.2 In hospital commissioning intentions

Systematic roll out of best practice across all our hospital sites – to include pathway and demand and capacity changes to enable us to deliver: 8 day polling on Electronic Referral System (ERS) for all 2 week wait referrals, median waits of less than 7 days for first outpatient appointment, Straight To Test (STT) models for agreed tumour groups, diagnostic waiting times of less than 7 days, 14 day radiotherapy and surgery turn around, Red to Green Patient Tracking List (PTL) tracking, overall adherence to tumour group timed pathways, underpinned by shared PTLs and data management, utilising the Somerset system

Review for 2019/20 implementation of: a system model for the delivery of EBUS activity utilising a GSTT led hub and spoke model of provision, plus a review of urology and dermatology provision (linked to planned care) to secure a SEL networked model of provision.

Networked approaches and sharing of resources related to underpinning infrastructure to support cancer delivery – to include diagnostics, workforce, cancer data teams, MDM coordinators and information systems.

Implementation of system wide contractual approaches and governance to provide a shift in accountability and responsibility across the system rather than on an individual provider basis for the delivery of cancer timed pathways and waiting times standards.

9.3 Out of hospital commissioning intentions

Diagnosis - Work with primary care referrers to ensure the optimised utilisation of two week wait pathways, implementation of the Faecal Immuno chemical Test (FiT) across primary care, increase uptake of cancer screening.

Cancer recovery – agreed approach and standards in relation to stratified follow up of patients and survivourship models/recovery support.

Implementation of a community based lymphedema service, targeting those CCGs with a limited current service.

9.4 Contribution to financial recovery

Cancer demand will increase outpatient costs – there are, however, potential savings associated with earlier detection, straight to test and FIT implementation.

10. Mental Health

10.1 Objective

Mental health has not been identified as a key area of ICS test bed development, recognising that the majority of MH services are jointly commissioned with Local Authorities, across a range of organisations, on a borough basis.

SEL wide commissioning intentions are therefore less relevant in this area than in the test bed areas identified, although mental health services will form an essential element of our place based Integrated Care Systems. Similarly, acute networked provision, with the three south London providers working collaboratively, will be an essential component of our horizontally integrated system based ICS delivery.

10.2 Commissioning Intentions

Each borough has developed borough specific commissioning intentions for mental health for 2019/20 for discussion with local providers. Over and above this on a SEL wide basis we wish to ensure:

- The systematic and consistent delivery of national performance standards in relation mental health services – to include IAPT, CAMHS national standards
- Improvements in our acute pathway – working with the south London Mental Health and Community Partnership to develop concrete implement and transformation proposals and plans, that maximise collaborative and networked approaches across providers, to do so.
- Ensuring effective system wide interfaces to support the management of mental health patients in crisis or requiring emergency care – to include a specific focus on ensuring robust psychiatric liaison services and an on site mental health presence in SEL A&E departments plus the ability to transfer patients in to community or bed based services from A&E in a timely manner. The objective will be to ensure that patients are transferred from A&E within national waiting times standards and without the need for admission to acute assessment beds or wards.
- Ensuring the implementation of best practice pathway and bed management for mental health patients – to mirror acute based approaches and to include Red to Green days and focused work to support discharge to assess pathways and optimised discharge.
- Development of approaches – through integrated community based care and within acute and mental health inpatient settings - to support the holistic management of physical and mental health needs. Specific areas of focus and development will be combined mental and physical health rapid response teams, in reach support to the acute sector for patients with dementia and delirium and in reach support from the acute sector to support the management of physical health issues within MH wards.
- The phased implementation of Vital 5 across community and acute based mental health services, to include a targeted risk assessment and intervention package for patients with serious mental illness.

10.3 Contribution to financial recovery

SEL CCGs remain committed to ensuring that that investment in Mental Health services continues to meet national guidance and the Mental Health Investment Standard requirements.

We believe however that the implementation of pathway changes in support of our commissioning intentions has the potential to unlock significant system savings – within the MH sector and through reduced specialling and other

associated costs within our acute hospitals. These funds once released can be reinvested in services to provide enhanced investment in front in services.

11. Community Services – Community Based Care

11.1 Objective

Community Based Care (CBC) and our community services are the key building block to our ICS system of systems at borough and sub borough level and will be vital in supporting our planned strategic development of community based services.

Each CCG commissions community services at borough level although Lambeth and Southwark and Bexley and Greenwich share a community provider and Lambeth, Southwark and Lewisham also have integrated acute and community providers, which offers opportunities in relation to integrated and joined up approaches.

Community provision and the community offer is currently differential across SEL, driven in part by the investment that CCGs have been able to make over the last few years. Our SEL CBC strategy is seeking to ensure that we further develop our community services to ensure the provision of a core consistent offer, recognising that it will take time to secure this objective.

11.2 Commissioning Intentions

The CBC/community services priorities identified by the STP focus on the following areas of development:

- Admission avoidance services – to ensure all SEL residents have access to timely admission avoidance services to enable them to be managed in their own homes and avoid a hospital admission wherever possible.
- Supported discharge services – to ensure all SEL residents have access to community based supported discharge and reablement services to enable patients to be discharged as soon as they are medically optimised. This will required the full and systematic implementation of discharge to assess pathways and processes.
- Targeted support for complex patients – community wrap around of primary and other CBC services to provide care coordination and navigation for complex patients, focused on supporting patients with multiple long term conditions, frailty assessment and management, Care Home support and the last year of life (EOLC).
- Community based alternatives - across planned and U&EC, including specialised Long Term Conditions (LTC) Teams.

Bexley, Greenwich and Lewisham – the agreement and development of a community services development plan that supports a more systematic, consistent and core community offer that is focussed around a shift to home based support for patients, with a priority focus on admission avoidance and supported discharge pathways.

11.3 Contribution to financial recovery

Investment in community services will be required alongside work to ensure we are optimising and securing best value from our current community spend. Investment will result in acute related savings and integrated delivery models should reduce duplication and generate system wide savings and efficiencies.

12. Financial implications

12.1 There are no direct financial implications arising from this report. Any proposed activity or commitments arising from the Commissioning Intentions will be agreed by the delivery organisation concerned and will be subject to confirmation of resources. The funding available will take account of any required savings or any other reduction in overall budgets.

13. Legal implications

13.1 there are no specific legal implications arising from this report.

14. Crime and Disorder Implications

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

15. Equalities Implications

15.2 Any service changes will be subject equalities analysis and impact requirements. .

16. Environmental Implications

16.1 There are no specific environmental implications arising from this report or its recommendations.

17. Conclusion

17.1 This report provides an update for information on the CCG Commissioning Intentions developed under the South East London CCG commissioning Alliance.

Background Documents

South East London: Sustainability and Transformation Plan:
http://www.ourhealthiersel.nhs.uk/about-us/

If there are any queries on this report please contact:
Charles Malcolm-Smith, Deputy Director (Strategy & Organisational Development), NHS Lewisham Clinical Commissioning Group by email on charles.malcolm-smith@nhs.net