

<b>HEALTH AND WELLBEING BOARD</b>			
<b>Report Title</b>	Lewisham CCG Strategy Update		
<b>Contributors</b>	Head of Strategy & Organisational Development, NHS Lewisham Clinical Commissioning Group	Item No.	5
<b>Class</b>	Part 1	Date: 11 <sup>th</sup> July 2013	

## **1. Purpose**

- 1.1 The purpose of the report is to provide an update on the development of Lewisham CCG's five year commissioning strategy and to confirm that it is aligned with the Health and Wellbeing Strategy.

## **2. Recommendation/s**

Members of the Health and Wellbeing Board are invited to:

- 2.1 Note the summary conclusions from the analysis of population needs, health outcomes, finance and benchmarking that will inform the strategy priorities.
- 2.2 Note the strategy development that has been undertaken on the themes of healthy living for all, frail and vulnerable people, and long-term conditions, including options for delivery models, and alignment with the Health and Wellbeing Strategy priorities.
- 2.3 Note the plans for further development of the strategy and engagement with the public and stakeholders.

## **3. Policy Context**

- 3.1 The development of the CCG's strategy has included a 'case for change' exercise encompassing population health needs, health outcomes, public engagement feedback, financial analysis and benchmarking.
- 3.2 The population health needs analysis was carried out by Lewisham Public Health based on the Joint Strategic Needs Assessment (JSNA).
- 3.3 One of the statutory responsibilities of the CCG is to ensure that health outcomes are improving for local people. This is a key element of the NHS Mandate and will be part of the national assurance process for

CCGs. The NHS Health Outcomes Framework includes indicators covering five domains through which outcomes improvements can be assessed.

3.4 At its meeting in May 2011 the Shadow Health and Wellbeing Board agreed the following nine key objectives which would achieve its aim to improve health, improve care and improve efficiency. They were also presented to the Health and Wellbeing Board in its draft strategy on 30<sup>th</sup> May 2013.

- Increase the uptake of immunisation
- Prevent the uptake of smoking among children and young people and reduce the numbers of people smoking
- Reduce the harm caused by alcohol misuse
- Promote healthy weight
- Improve mental health and wellbeing
- Improve sexual health
- Delay and reduce the need for long-term care and support
- Reduce the number of emergency admissions for people with chronic long-term conditions
- Increase the number of people who survive colorectal, breast and lung cancers for 1 and 5 years

#### **4. Background**

4.1 Lewisham CCG is developing a new 5 year commissioning strategy to reflect its establishment as a new organisation and responsibilities for commissioning services for its population. The strategy will seek to address the health needs in Lewisham, financial challenges, the potential changes in the local provider landscape and will provide direction for service developments and action plans, informing the commissioning cycle and contracting processes.

4.2 The development timetable includes a number of phases to ensure that a comprehensive, agreed strategy is in place for October 2013 for the start of the next contracting cycle for 2013/14.

#### **5. Population Health Needs Analysis**

5.1 The purpose of this analysis by Public Health is to provide an overview of those population-level factors impacting or likely to impact on the CCG strategy. There are some particular challenges.

5.2 While there are improvements in population health, there are still differences between different parts of the borough, for instance life expectancy at birth is rising (now on average 76.6 years for men and 81.3 years for women) but for men in Lewisham Central and for women in Telegraph Hill it is significantly lower than the average. The same is true for all cause mortality rates which have been falling in Lewisham

but in Lewisham Central is significantly higher than the Lewisham average.

- 5.3 The Lewisham population is projected to grow across all age groups over the next five years. For this period the largest percentage growth rate is in the 20-64 year old age group, and for the period 2013-28 the largest growth will be in the 65-90+ age group. The increasing number of births expected to plateau towards the end of the decade.
- 5.4 Cancer is now the main cause of death in Lewisham (33% of deaths), followed by circulatory disease (26%), respiratory disease (13%) and dementia (10%).
- 5.5 With the increasing age of the population the number of dementia cases will rise; prevalence increases particularly in the population older than 65.
- 5.6 The percentage of low birthweight babies has been falling but is still a significantly higher rate than the England average, but is now comparable to London as a whole.
- 5.7 Prevalence of mental illness is high in Lewisham and there are inequalities within the borough: southern wards such as Downham, Bellingham and Whitefoot have higher needs for services than some other areas.

## **6. Health Outcomes**

- 6.1 Health outcomes in Lewisham are generally improving and the assessment of outcomes indicators will help to determine the priorities for the CCG's strategy and be used to monitor progress.
- 6.2 Lewisham is worse than the England average for Potential Years of Life Lost, that is deaths from causes considered 'amenable' to health care are premature deaths that should not occur in the presence of timely and effective health care. (NHS Commissioning Board Outcomes Benchmarking Support Packs: CCG Level 2012)
- 6.3 For Premature (under 75) mortality rates in cardiovascular disease, respiratory disease and cancer, Lewisham is worse than the England average. For cancer Lewisham is also worse than other CCGs in its ONS Cluster. (NHS Commissioning Board Outcomes Benchmarking Support Packs: CCG Level 2012)
- 6.4 Infant mortality measured infant deaths per 1,000 births shows that Lewisham is worse than the average for England. (Lewisham Health Profile 2012 English Public Health Observatories)
- 6.5 There is not currently a satisfactory indicator to measure success in mental health. This will be a necessary consideration at the next stages of the strategy development. Inequalities considerations should

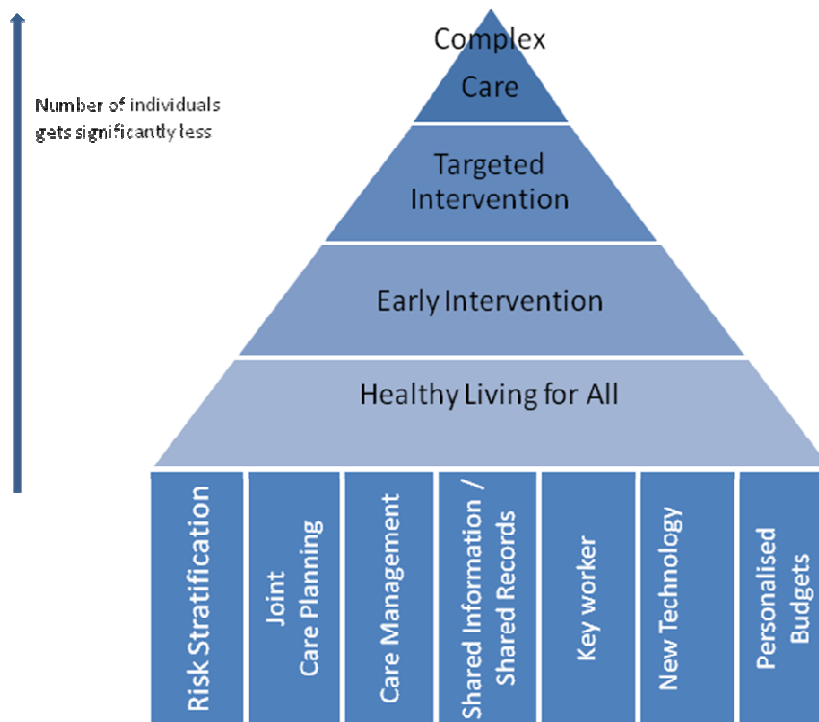
run all the way through the CCG's strategic plans though, again, there is no single measure that would capture improvements in all priority strategic areas.

## **7. Financial Analysis & Benchmarking**

- 7.1 Financial scenario modelling has identified different savings requirements for the Quality Innovation Prevention and Productivity (QIPP) programme annually and over a five year period.
- 7.2 The NHS programme budgeting benchmarking tool is a source of comparative information on NHS expenditure by healthcare condition. This data shows that compared to other CCGs in England Lewisham spends more on mental health, maternity, infectious diseases, and neonates. Further analysis will be undertaken to explore the reasons for this.

## **8. Strategic Themes**

- 8.1 The strategy will be developed further following the strategic themes of healthy living for all, frail and vulnerable people, and long-term conditions, taking into account and addressing the challenges identified under the case for change.
- 8.2 A seminar for the CCG's governing body on 6th June enabled discussion of particular elements of the strategic themes: through unplanned care, integrated care for people with complex needs and/or long term conditions, mental health, and maternity services. Across all these areas, health outcomes, care (including quality and patient experience) and value will be improved where there is a proactive approach and early intervention, care is delivered in the most appropriate setting, and where there is closer and collaborative working between providers. These principles will be carried forward into the next stage of the strategy's development.
- 8.3 Alignment with the Health & Wellbeing Strategy priorities will be supported through application in the integrated care delivery model below, potentially encompassing prevention and early intervention, a single point of access to services, a lifestyle hub resource for healthy living, and admission avoidance (stepped up care ) and discharge planning reducing unnecessary delay and effective rehabilitation (stepped down care).



8.4 Implementing systems to act early via planned care so avoiding unplanned care would improve care and outcomes for people with long-term conditions and the frail and vulnerable:

<b>Prevention</b> e.g. immunisation, proactive primary care	<b>Management</b> e.g. care plans (LTCs), integration, medical assessment unit, planned acute	<b>Emergency</b> e.g A&E
<b>Planned Care</b>		<b>Unplanned care</b>

8.5 For mental health a proposed model of delivery would include interventions that would see a proactive approach in patient care, particularly for repeat attenders, use of non-medical interventions supported by the voluntary sector and of in-reach work at acute beds, through health trainers, as an opportunity to engage with patients.

8.6 Maternity services could see a 'team around the mother', comprising a whole, integrated team, including midwifery, primary care, health visiting, children's centres and hospital services.

## 9. Next Steps

9.1 The next stage in strategy development will consider further development of its aims and vision, and the interventions needed to transform local health care delivery. These will focus on maternity for

the theme of healthy living for all, older people and end of life care for frail and vulnerable people, and on diabetes, respiratory/COPD, dementia, mental health (anxiety and depression) for long-term conditions.

- 9.2 Engagement with CCG members, the public and stakeholders will be carried out during July and August.

## **10. Financial implications**

- 10.1 A financial analysis has been included in the development of the strategy to date and will be incorporated into service planning and commissioning in line with CCG and joint budgets.

## **11. Legal implications**

- 11.1 Members of the Board are reminded that under Section 195 Health and Social Care Act 2012, health and wellbeing boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in the area. This is recognised in the strategic priorities identified in the development process.

## **12. Crime and Disorder Implications**

- 12.1 There are no specific crime and disorder implications arising from this report or its recommendations.

## **13. Equalities Implications**

- 13.1 An Equality Analysis Assessment (EAA) will be carried out on the draft strategy, scheduled for August 2013. This will identify the impact of the proposed strategic priorities and interventions on different sections of the community.

## **14. Environmental Implications**

- 14.1 There are no environmental implications arising from this report or its recommendations.

## **Background Documents**

NHS Commissioning Board Outcomes Benchmarking Support Packs: CCG Level 2012

<http://www.england.nhs.uk/wp-content/uploads/2012/12/ccg-pack-08l.pdf>

Lewisham Health Profile 2012 English Public Health Observatories

<http://www.apho.org.uk/resource/item.aspx?RID=117235>

If there are any queries on this report please contact Charles Malcolm-Smith, Head of Strategy & Organisational Development, NHS Lewisham Clinical Commissioning Group, on 020-7206-3246, or by email at: [charles.malcolm-smith@nhs.net](mailto:charles.malcolm-smith@nhs.net)