



NHS LEWISHAM CLINICAL COMMISSIONING GROUP

SUMMARY OF OUR COMMISSIONING STRATEGY 2013-18

CONTENTS

Introduction	Page 2
Who We Are	3
Our Vision – Better Health, Best Care, Best Value	4
Commissioning Differently – ‘The Case for Change’	7
Transforming Local Services – Strategic Priorities	12
Appendix 1 - Better Health – Key Health Outcomes	18
Appendix 2: Engagement Plan	19

INTRODUCTION

NHS Lewisham Clinical Commissioning Group was established on 1 April 2013 and is responsible for commissioning (planning, buying and monitoring) the majority of health services in Lewisham. We are a membership organisation made up of all the GP practices in Lewisham.

This is our five year commissioning strategy for 2014/15 to 2018/19. It is a framework for how we will work over the next five years and has been developed in the context of national requirements to improve health outcomes, significant service and financial challenges facing the NHS and the rising expectations of patients and the public. As a new organisation, clinically led and formed from the membership of all our GP practices it sets out our commitment to the people of Lewisham.

The strategy sets out our purpose, vision, our understanding of the health needs of Lewisham residents and our ambitious plans to improve their health and wellbeing. It explains how we will use our available resources to ensure they receive high quality, safe health services which are good value for money.

The strategy will shape our priorities and service improvement plans; help us develop our commissioning intentions and annual operating plans over the next five years. It is informed by the experiences and views of our patients and the public, the Lewisham Joint Strategic Needs Assessment and the Lewisham Health and Wellbeing Strategy.

We have a good record of partnership working and the strong relationships with the local authority, health care providers, Health watch Lewisham, and voluntary and community organisations will continue to be critical to our success as we deliver these plans.

We will focus on local transformational plans to enable us to develop a sustainable local health service which meets local health needs and which will help us deliver our vision for the best health and best care for Lewisham residents

Dr Marc Rowland

Martin Wilkinson

CCG Chair (*Elect*)

Chief Officer

1. WHO WE ARE

Lewisham CCG took over full responsibility for planning and buying most of the healthcare services for Lewisham residents on 1st April 2013. These services include:

- Hospital care
- Rehabilitation care
- Urgent and emergency care
- Most community health services
- Mental health and learning disability services

Primary care services such as GPs, pharmacists, dentists and opticians and some other specialist services are commissioned by NHS England¹.

Our aim is to secure the best possible health and care services for Lewisham residents in order to reduce health inequalities and improve health outcomes. We will do this by using findings about the health needs of our population² to identify priorities and to make plans for how healthcare can be provided. We have contracts with a range of health service providers that includes NHS and private hospitals and voluntary sector organisations. We monitor how well the services are being delivered to ensure that they are meeting the needs of our patients, that they are safe and of high quality, and that they are providing value for money.

We are overseen by NHS England which makes sure that we have the capacity and capability to commission services successfully and to meet our financial responsibilities.

As a membership organisation, our GP member practices work closely in local or neighbourhood groupings, to discuss common problems that are arising, and to see how local services can be improved and co-ordinated better

The GPs in Lewisham have elected seven representatives, including the CCG Chair Dr Marc Rowland, to lead clinical commissioning in Lewisham. As well as spending time on commissioning, these GPs are still practising clinicians and they work closely with other doctors to share information about the services that people need.

They are members of the CCG's Governing Body, along with two lay members, a nurse and a hospital doctor as well as two senior managers (the CCG's Chief Officer and Finance Director). The Governing Body has responsibility for agreeing commissioning plans, ensuring public funds are spent correctly and for monitoring the quality and safety of services.

¹ Visit www.england.nhs.uk for more information

² JSNA <http://www.lewishamsna.org.uk/>

2. OUR VISION – BETTER HEALTH, BEST CARE, BEST VALUE

This section describes the difference we aim to make through commissioning to meet the challenges we describe in section 3.

Our mission is visually represented as:



Our Ambition

Better Health - the Five Year Vision

To reduce the gap in key health outcomes between Lewisham and England by 10% over the five year period

We will determine our success in improving the health of Lewisham people through measures of life expectancy, rates of premature mortality from the three biggest causes of death in Lewisham (cancer, respiratory diseases and cardiovascular disease), infant mortality, patient experience and end of life care. See Appendix 1 for more detail.

Best Care – the Commissioning Vision

High quality care for everyone

We will determine our success by commissioning services differently, in partnership with other commissioners, to deliver high quality support and care which is:

- Proactive and planned, with a focus on early detection, diagnosis and intervention
- Patient centred, personalised to the individual's preferences and choices and considers the whole person rather than specific health conditions
- Empowering to the individual to be confident in their management and decision making about their own care, as far as they want and are able to
- Developing local neighbourhoods and communities to help people and communities to manage their health and wellbeing by finding local solutions.

Best Value – the Financial Vision

To commissioning more effectively with the most efficient use of resources

We will measure our success by operating within our commissioning budget and demonstrating that we have used the budget effectively, delivering value for money.

The Quality, Innovation, Productivity and Prevention (QIPP) programme is the national initiative that aims to make the NHS work more efficiently so that there are more funds available for treating patients. Delivering a successful QIPP programme in Lewisham will be crucial to ensuring we are using our resources in the most efficient way to enable us to meet our vision for better health and best care.

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COMMISSIONING DIFFERENTLY – ‘THE CASE FOR CHANGE’

This section explains why we need to work differently with you: the public, other commissioners and providers of care. The challenges outlined provide the ‘case for change’: why we need a new strategic vision to improve the way we commission services. No change will not deliver our vision for better health, best care and best value.

The Health Needs of Lewisham’s Population

In order to obtain information on the health and wellbeing of the people of Lewisham, we have referred to Lewisham’s Joint Strategic Needs Assessment (JSNA) (<http://www.lewishamjsna.org.uk/>) The JSNA brings together in one place a wealth of information on the health and social care needs of Lewisham’s citizens, complemented by information on the social, environmental and population trends that are likely to impact on people’s health and well-being. The JSNA also includes the community and patient view on local health and social care services.

Our six particular challenges are:

- Inequalities

While there are improvements in population health, there are still differences between different part 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.

- Population

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.

- Cause of Death

Cancer is now the main cause of death (33% of deaths), followed by circulatory disease (26%), respiratory disease (13%) and dementia (10%).

- Health Promotion

More people smoke than the national average and reducing the number of people in Lewisham who smoke would make a major impact on the key causes of premature death.

- Long-Term Conditions

A 'long term condition' is a health problem that cannot be cured but can be controlled by medicines or other treatments. Examples include diabetes, heart disease, chronic obstructive pulmonary disease (COPD), dementia, depression, and there are many more.

There will be increasing numbers of people who have long-term conditions and this will further increase with the ageing population, particularly the likelihood of having more than two conditions.

Lewisham's black and minority ethnic communities are also at greater risk from health conditions such as diabetes, hypertension and stroke.

- Mental health

Prevalence of mental illness is high in Lewisham and there are inequalities within the borough: southern wards which are also deprived (such as Downham, Bellingham and Whitefoot) have higher needs for services than some other areas.

Dementia - with the increasing age of the population the number of dementia cases will rise; prevalence increases particularly in the population older than 65.

- Birth weight

The percentage of low birthweight babies falling but is still a significantly higher rate than the England average, though it is now comparable to London as a whole.

Health outcomes

Our aim is to improve health outcomes for all of the Lewisham population. Over the last 10 years health outcomes have got better for Lewisham people however compared to other similar London boroughs we have further room to improve. *(NHS Commissioning Board Outcomes Benchmarking Support Packs: CCG Level 2012 and Lewisham Health Profile 2012 English Public Health Observatories).*

Public feedback

We have collected patient and public feedback from a number of sources, including questionnaires, the PALS service and complaints, and outreach events. A summary of the main messages is:

- The birthing unit at Lewisham is highly praised
- It is important to include patients and carers in care plans
- Older people can feel disengaged as they are seldom involved in decisions
- Access to primary care varies
- There are positive views of community pharmacy services
- Patients value A&E Service
- People would like to see care joined up

Provider landscape

All our health service providers, public, voluntary and privately owned organisations, are facing challenges to secure sustainable primary, community and acute services.

Health service providers face increasing demand because:

- Health demand overall is increasing – rising rate of people with one or more long-term conditions and an ageing population
- Public expectations - patients using services 24/7 and seeking treatment for minor conditions rather than healthy living and self management
- Medical advances are helping people to live longer but, in line with this, more people can expect to live for some time with a care and support need. The NHS can now treat conditions that previously went undiagnosed or were simply untreatable.

Health services providers face increasing difficulty in providing/supplying services:

- Increasing costs - the cost of providing care is getting more expensive. The NHS now provides a much more extensive and sophisticated range of treatments and procedures
- Greater scrutiny and higher expectations of quality and governance standards. For example workforce standards - the impact of the European Working Time Directive (EWTD) on the hours doctors work and staffing levels.

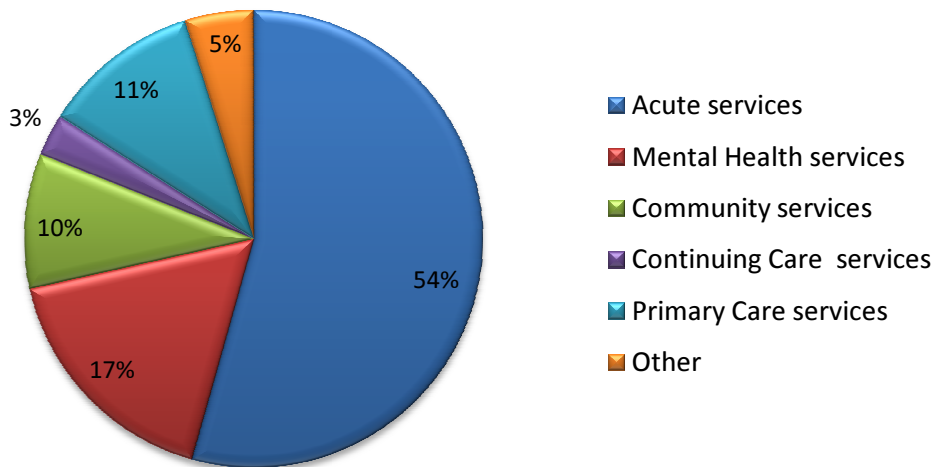
- Limited financial resources to buy health services - the broad consensus is that for the next decade, the NHS can expect its budget to remain flat in real terms, or to increase with overall GDP growth at best. This represents a dramatic slow-down in spending growth for the NHS.

Locally primary care, community care and hospital providers are considering how they can work together differently to make their services more sustainable.

The outcomes of the Trust Special Administrator (TSA) review of the South London Healthcare NHS Trust will have a further impact on the organisation of local NHS organisations with the planned merger of Lewisham Hospital and the Queen Elizabeth Hospital in Greenwich. We are committed to working together with all local health providers, other commissioners and you, to identify and implement the best configuration of local hospital services which will deliver our strategic aims of 'better health, best care and best value' for Lewisham people.

Financial Context

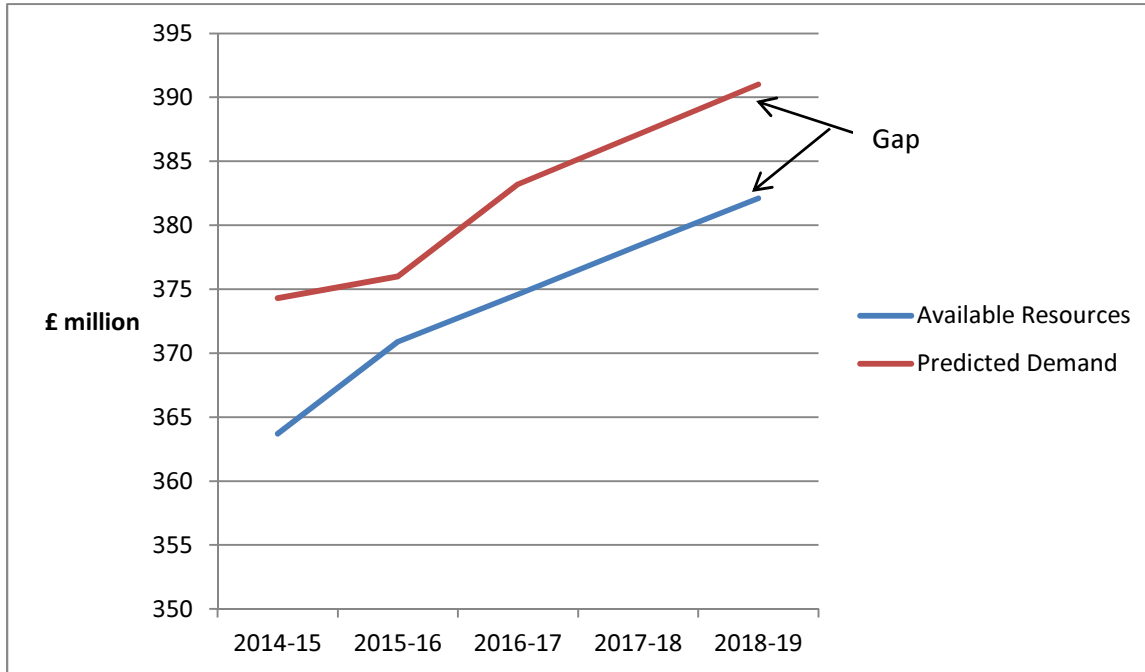
We currently receive (2013/14) around £365m to commission most of the healthcare services in Lewisham which we allocate as follows:



If Lewisham CCG continues to commission in the same way as today it will result in the CCG facing a funding gap between projected spending requirements and resources available of around £39 million between 2013/14 and 2018/19 (approximately 10% of projected costs in 2018/19). This estimate is taking into account current expected productivity improvements and assumes that the health budget will remain protected in real terms.

- CCG Expected Case

Based on the above assumptions, the expected financial position for the CCG would be as follows:



Conclusion – the case for change

- The changing health needs of the Lewisham population will increase demand on services
- We need to improve our health outcomes
- We need to improve quality and accessibility of local services to all
- The current configuration of health services is not likely to be sustainable
- There will be gap in finances, between resources available and expenditure

More of the same will not address this challenge

This means working with our partners to do things differently

TRANSFORMING LOCAL SERVICES

This section describes the changes we plan to make to our commissioning to achieve our vision.

Our commissioning strategy does not sit alone, and we will be working in partnership with other South East London clinical commissioning groups and in particular as members of the Lewisham Health & Wellbeing Board to meet the health needs identified in the JSNA.

Priorities

We have identified eight strategic priorities that we will focus on to transform services:

Strategic Themes	Strategic Priorities
Healthy Lifestyles and Choice	1. Health and wellbeing – smoking cessation, alcohol abuse, obesity and cancer
	2. Maternity and acute children
Frail and Vulnerable People	3. Frail older people (including end of life care)
Long Term Conditions	4. Long Term Conditions – eg COPD, diabetes, CVD, dementia
	5. Mental Health
Deliver Services Differently	6. Primary care development and planned care
	7. Urgent Care
	8. Greater integration of health and social care commissioning

Over the past eighteen months we have asked Lewisham people “what’s important about your health services”, and we have listened to what you told us. Your feedback helped us to set the priorities that will help us to meet our challenges that we have described in our case for change. We call this linkage our ‘golden thread’.

Strategic Priorities	Case for Change Summary
Health promotion – smoking cessation, alcohol abuse, obesity and cancer	This provides long-term benefits in helping to address our health needs challenges such as the main causes of death (cancer, circulatory diseases, respiratory disease) and inequalities between different areas of Lewisham.
Maternity and acute children	We want to build on the positive public feedback about the maternity unit at Lewisham Hospital and to support the long-term sustainability of our local maternity providers. We also need to address the rates of low birthweight babies.
Frail older people (including end of life care)	Our health needs analysis has highlighted the increasing numbers of frail elderly people, while public feedback has identified that older people feel disengaged in their care.
Long Term Conditions – eg COPD, diabetes, CVD, dementia	Long term conditions and dementia rates are increasing and we need to ensure that our local services are able to manage this demand efficiently while providing high quality care which is inclusive of patients and carers in care planning
Mental Health	There is a high prevalence of mental health need in Lewisham, and in this area too we have heard feedback about how important it is to include patients and carers in plans
Primary care development and planned care	The demands on these sectors are increasing with the increasing prevalence of long term conditions and dementia. Public feedback has highlighted that access to primary care varies and with a positive view of the contribution of pharmacies.
Urgent Care	Patients value A&E services but providers need to work more effectively to manage demand and the pressures on their services.
Greater integration of health and social care commissioning	People would like to see care joined up. This will also be essential as our population develops more complex health needs and there is increasing pressure on our services.

Strategic Aims

For each of our priorities we have identified the changes we will aim to implement.

1. Health and Wellbeing

Working with Health & Wellbeing Board partners to deliver the nine priorities of its strategy, with a particular focus on reducing smoking, alcohol abuse, obesity, and increase screening and early diagnosis of cancer.

2. Maternity and Acute Children

For maternity, our focus is to improve quality standards including caesarean rates, late booking of first antenatal assessment and low birth weight babies and to develop the team round the mother' to enhance continuity of care, choice, and autonomy, to normalise the experience of childbirth. Also we will work to improve communication and partnership working between users and community service providers at a neighbourhood level and we will co-ordinate capacity planning for maternity services to manage demand effectively working collaboratively with SEL CCG's, in the wider context of the planned merger of Lewisham Hospital and Queen Elizabeth Hospital in Greenwich.

For the under 5's we will improve commissioning working with the Children's and Young People's Partnership Board to implement the Children and Young People's Plan (see <http://www.lewisham.gov.uk/myserVICES/socialcare/children/Documents/CYPP%202012-15FinalAug13.pdf>).

3. Frail Older People (Including End of Life Care)

We will work with individuals, carers and local providers, including care homes to put in place improvements to identify frail older people so that we can make sure they are getting the care they need, to develop processes for joint care planning, and improve fall prevention by identifying those people at risk.

Specifically for care homes, we will ensure medical support and care provision to all nursing and residential care, and extra support for staff training.

4. Long-Term Conditions

Building on COPD, Heart Failure and Diabetes service redesign work, to develop further integrated care pathways and the provision of personalised care, using risk stratification tools to systematically identify people earlier with health issues, improving the patient's and carer's experience by changing the culture and behaviours so the patient is at the

centre and is supported to take greater responsibilities, with the opportunity for a healthcare personalised budget we will develop and evaluate Intermediate Care facilities to reduce emergency admissions, ensuring effective discharge planning, and implement the local dementia strategy.

5. Mental Health

With Lewisham people, we will support mental wellbeing as part of holistic approach to supporting and caring for individuals. We will improve the early identification and access to appropriate interventions e.g. Improving Access to Psychological Therapies (IAPT) services. Strategically we will continue to move to community based case, so reducing the requirement for secondary care outpatients and inpatient admissions for both adults and older adults with mental health problems.

6. Primary Care Development and Planned Care

Working with primary care we will ensure high quality of care for all by levelling up standards and reducing variations between practices and care for specific communities, focused on access, prevention and early detection, use of technology in self-management, effective medicines management, and supporting the sustainability of local practices.

7. Urgent Care

Our overarching ambition is to ensure that the right care is delivered in the right place, at the right time to reduce the requirement for unplanned care, working with providers of urgent care. We will do this by developing clearer sign posting and information to help users to choose the right service and to support self management. Also we will review, with stakeholders, the current different ways Lewisham people access urgent care to develop and implement the most appropriate model(s) and configuration of A&E, Urgent Care Centre and Walk In Centre which will deliver accessible, quality and affordable urgent and emergency care in Lewisham within the context of the planned merger of Lewisham Hospital and Queen Elizabeth Hospital in Greenwich.

8. Greater Integration of Health and Social Care Commissioning

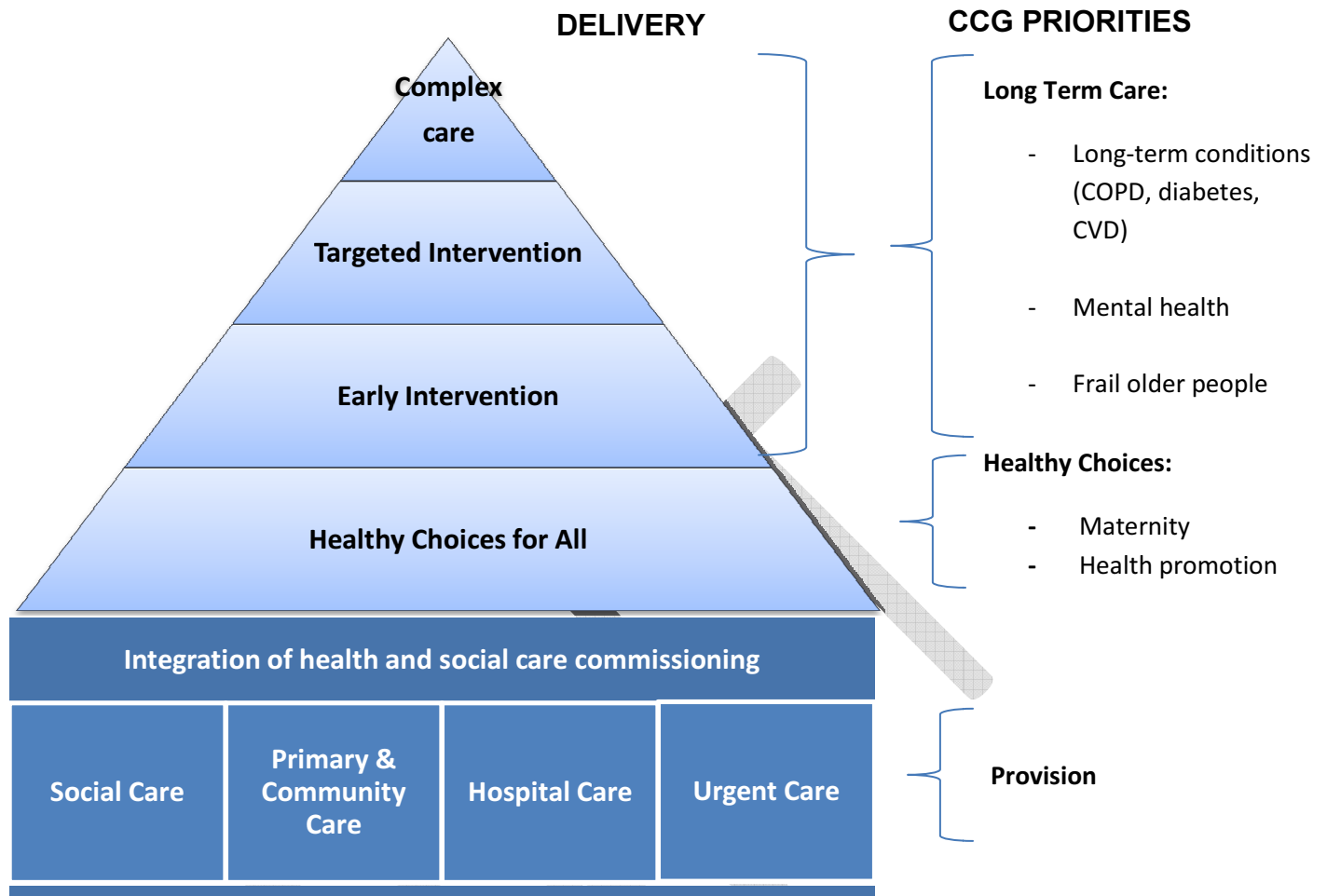
All of the above strategic priorities will be supported by an integrated delivery model for Lewisham that is based on the best available evidence on how we can transform the way health and social care services are delivered to have a positive impact on an individual's experience, achieving better outcomes, including reducing inequalities and providing best value. It will use the following principles:

- It centres on the person as a whole

- It is a population-based whole system approach to commissioning
- It facilitates the empowerment of patients and local communities

Our delivery model has been developed in partnership with the Health and Wellbeing Board and is based on four different levels of advice, support and care an individual may receive, recognising that each person's health is unique and dynamic, so will need different levels of advice, support and care from a variety of services during their life time:

- **Healthy Lifestyles and Choices for All** – empowering and supporting individuals, families and communities to take action to make healthy lifestyle choices
- **Early Intervention** - identifying at an early stage when more support is required and providing fast and convenient access to high quality support and advice
- **Targeted Intervention** – identifying those specific high risk individuals who would benefit from active intervention to avoid a potential crisis such as an inappropriate admission and re-admissions to hospital.
- **Complex Care** – coordinating and managing a complex health and social care package in a single care plan which is tailored around the needs of the individual, carer and the family with them at the heart and still in control - 'nothing about me, without me'.



Appendix 1 - Better Health – Key Health Outcomes

We will measure our success in improving the quality of services and health in Lewisham through the following outcomes:

Outcomes	Measures	Target 2018
Life Expectancy	Potential years of life lost from causes amenable to healthcare	<i>To be confirmed</i>
	Life expectancy at birth	Females 83.8 Males 79.8
	Disability free life expectancy	<i>To be confirmed</i>
Causes of death	Under 75 mortality rate from cancer	104 deaths per 100,000
	Under 75 mortality rate from cardiovascular disease	54 deaths per 100,000
	Under 75 mortality rate from respiratory disease (bronchitis, emphysema and other COPD)	31.5 deaths per 100,000
Infant mortality	Neonatal mortality and stillbirths (within 28 days)	<i>To be confirmed</i>
Patient experience	People feeling supported to manage their condition	<i>To be confirmed</i>
End of life care	Preferred place of death	<i>To be confirmed</i>

Appendix 2: Engagement Plan

Are we up for the challenge? Developing a local strategy for Lewisham 2013/14

Engaging on our priorities	
2012	Our outreach programme in 2012 utilised the <i>'Have Your Say'</i> patient survey – presenting outcomes across the borough; asking patients about what they do and don't value in their health service. We attended a series of local meetings and engaged with GP Practice Patient Groups.
January 2013	<p><i>Shaping Your Health Services</i></p> <p>On the 31st January 2013 over 50 Lewisham patients, members of the public, carers and local councillors filled the Lewisham Town Hall Civic Suite. The engagement event was to enable discussions on the Lewisham Clinical Commissioning Groups (LCCG) Strategic Priorities to improve services and patients health.</p> <ul style="list-style-type: none"> • Complete the engagement cycle by ensuring that the CCG feedback to patients: <i>'You Said We Did'</i> • Confirmed that patients were happy with the priorities • Considering good practice, expectations and barriers what patients thought of our plans
Developing a local strategy for Lewisham	
July	<p><i>Lewisham Peoples Day Launch</i></p> <p>Our strategy was launched at Lewisham Peoples Day on Saturday 13th July. Local people were encouraged to comment on the strategy and priorities using questionnaires. LCCG engaged with 120 residents and 73 completed the questionnaires.</p>
September/October	<p>In the September the CCG will be widening its engagement on the strategy. Our programme will be launched via our website. It will incorporate the NHS England <i>'A call to action'</i> national programme launched on 11th July 2013.</p> <ul style="list-style-type: none"> • On-line survey/s and social media: Residents will be able to follow and be involved in the debate using Twitter and in addition to completing an on-line survey. • Working with local groups: We will be taking our strategy out to a number of local groups including the Pensioners Day Event (18.09.13) and Artful Dodgers (08.10.13). • GP Practice Patient Groups (PPGs): We will be developing an outreach programme with partners to engage with our PPGs ensuring that patient views and experiences are captured. • Talking to our stakeholders: Healthier Communities Select Committee (LCCG Public Engagement Group (20.09.13), Health & Well Being Board (19.09.13) and Local Medical Council (18.09.13).

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