

| HEALTH AND WELLBEING BOARD | | | |
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| Report Title | Lewisham CCG Strategy | | |
| Contributors | Head of Strategy & Organisational Development, NHS Lewisham Clinical Commissioning Group | Item No. | 6 |
| Class | Part 1 | Date: 19 November 2013 | |

1. Purpose

- 1.1 This report presents NHS Lewisham CCG's five year commissioning strategy. The strategy includes the vision and ambition of the CCG, an analysis of population health needs and health outcomes, the financial situation, and public engagement feedback. It identifies eight strategic priorities and their supporting aims that are aligned with Lewisham Health & Wellbeing Strategy.

2. Recommendation/s

Members of the Health and Wellbeing Board are invited to:

- 2.1 Note the contents of the CCG's Commissioning Strategy at Appendix A: its five year vision, the 'case for change', and the strategic priorities.

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 NHS England programme 'A Call to Action' launched in July 2013 complements the development of and engagement on the strategy and its priorities. The Call to Action has highlighted the challenges at a national level facing health and care services in the future and encouraged locally developed five year plans for commissioning.
- 3.3 NHS England's initial response to the Call for Action has highlighted the need for CCG plans to contain quantifiable health outcomes ambitions, to have a focus on health inequalities, to develop detailed two year operating plans, and for strong integrated working and partnership through Health and Wellbeing Boards. The CCG will continue to collaborate on strategic work across the 6 South east

London CCGs where our local priorities and requirements are best served by doing so.

- 3.4 The population health needs analysis was carried out by Lewisham Public Health based on the Joint Strategic Needs Assessment (JSNA).
- 3.5 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.

4. Background

- 4.1 Lewisham CCG has developed a new 5 year commissioning strategy to reflect its establishment as a new organisation and responsibilities for commissioning services for its population. It was approved by the CCG's Governing Body on 3rd October 2013.
- 4.2 The development process has been undertaken to ensure that a comprehensive, agreed strategy is in place for the start of the contracting cycle for 2014/15.
- 4.3 At its meeting in July 2013, the Health and Wellbeing Board received an overview of the strategy which included the outcomes of the population health needs analysis, health outcomes, financial analysis and benchmarking, and identified strategic themes.
- 4.4 Public engagement on the strategy has taken place over a number of phases which are described in Appendix 1 to the Strategy. This has included activities in 2012 and January and July 2013 to comment on the strategic priorities. From September 2013 a further engagement programme (complementing the Call to Action) has focused on the delivery of the strategic priority areas to inform their implementation and QIPP plans.

5. Vision – Better Health, Best Care, Best Value

- 5.1 The CCG's strategy describes the vision and ambition of the CCG based on the framework of 'better health, best care and best value'.
- 5.2 For better health, the ambition is to reduce the gap in key health outcomes between Lewisham and England by 10% over the five year period.
- 5.3 For best care, the ambition is to provide high quality care for everyone 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.

5.4 The vision for best value is to commission more effectively with the most efficient use of resources working with other commissioners.

6. Commissioning Differently – The ‘Case for Change’

6.1 Lewisham's JSNA has identified the changing health needs of the Lewisham population that will increase demand on services, including inequalities, the ageing population, main causes of death and need for health promotion, increasing prevalence of long-term conditions such as diabetes and dementia, a high prevalence of mental health, and high rate of low birthweight babies.

6.2 Health outcomes for the Lewisham population have been improving but are still not as good as other similar London boroughs.

6.3 Patient and public feedback has highlighted specific areas for improvement such as accessibility and joined up care between local services.

6.4 Local primary care, community care and hospital providers will need to work closely together to ensure their services can address their demand and supply challenges.

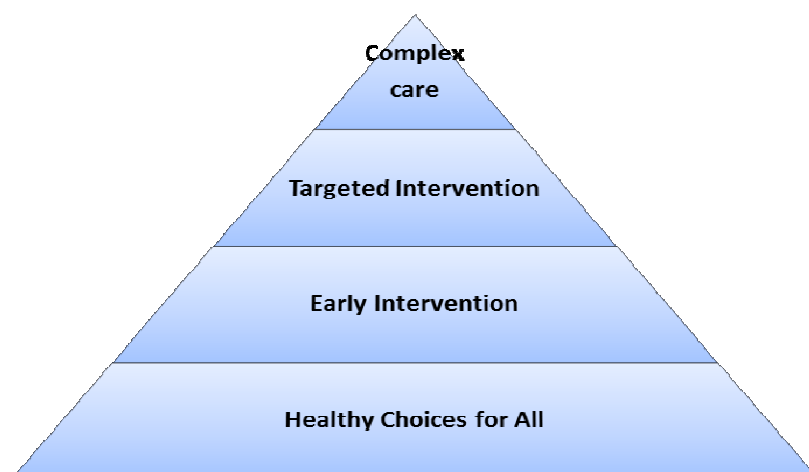
6.5 Without change there will be gap in finances, between resources available and expected expenditure.

7. Transforming Local Services - Strategic Priorities

7.1 There are eight strategic priorities grouped around themes of healthy lifestyles and choice, frail and vulnerable people, long-term conditions, and service delivery. The strategy outlines the two year aims for each of them.

| Strategic Themes | Strategic Priorities |
|--------------------------------------|--------------------------------------------------------------------------------|
| Healthy Lifestyles and Choice | 1. Health and wellbeing – smoking cessation, alcohol abuse, obesity and cancer |
| | 2. Maternity and children’s care in hospital |
| 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 |

- 7.2 The priorities are aligned with Lewisham’s Health & Wellbeing Strategy, particularly for priority 1, health wellbeing, which will deliver a particular focus on smoking, alcohol abuse, obesity and increased screening and early diagnosis of cancer.
- 7.3 Priority 6, primary care development and planned care, will also be aligned with the South East London Community Based Care (CBC) Programme. This is supporting learning between CCGs and applying a principle of ‘shared standards, local models’.
- 7.4 The greater integration of health and social care commissioning will support all of the other priorities. Its 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 during their lifetime:



8. Next Steps

- 8.1 The strategy will inform the further development of the CCG's commissioning intentions and QIPP implementation plans for 2014-15. Each strategic priority area is led by a CCG clinician supported by commissioning managers from the CCG and/or borough Joint Commissioning Unit.

9 Financial implications

- 9.1 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.

10. Legal implications

- 10.1 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.

11. Crime and Disorder Implications

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

12. Equalities Implications

- 12.1 An equalities analysis of the draft strategic aims and priorities has been undertaken by Lewisham Public Health and is included in the Draft Strategy. It examined the eight strategic priorities and for each one identified potential positive, negative and neutral outcomes. It concludes that overall the strategy will contribute to reducing inequalities, and highlights potential positive outcomes for disadvantaged groups and for those that share protected characteristics. Further work on equality impact assessment will be undertaken as part of the development of the CCG's QIPP plans.

13. Environmental Implications

- 13.1 There are no environmental implications arising from this report.

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>

NHS England: 'The NHS belongs to the people – a
call to action' July 2013 and response October 2013

http://www.england.nhs.uk/wp-content/uploads/2013/07/nhs_belongs.pdf

<http://www.england.nhs.uk/wp-content/uploads/2013/10/david-letter-comm.pdf>

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