

HEALTH AND WELLBEING BOARD			
<b>Report Title</b>	South East London Commissioning Strategy		
<b>Contributors</b>	Head of Strategy & Organisational Development, NHS Lewisham Clinical Commissioning Group	<b>Item No</b>	3
<b>Class</b>	Part 1	<b>Date</b>	3 July 2014
<b>Strategic Context</b>	Please see the body of the report		

## 1. Purpose

- 1.1 The six Clinical Commissioning Groups (CCGs) in south east London are working together to produce a five year strategy. The Board received progress updates in January and March which covered the programme approach, strategic planning process, and governance arrangements, as well as the overarching draft case for change, the emerging strategic opportunities and establishment of the programme's Clinical Leadership Groups. The draft strategy and its appendices which are included as appendices to this report were approved by the CCG's Governing Body for submission to NHS England on 20 June.

## 2. Recommendations

Members of the Health and Wellbeing Board are recommended to:

- Note the draft South East London Commissioning Strategy.
- Comment in particular on section 5., which outlines the improvement interventions and which will be the focus for the next stage in the development of the strategy.

## 3. Strategic Context

- 3.1 The NHS England strategic and operational planning guidance. 'Everyone Counts: Planning for Patients: 2014/15-2018/19' sets out a framework within which commissioners will need to work with providers and partners in local government to develop strong, robust and ambitious five year plans to secure the continuity of sustainable high quality care for all.
- 3.2 While each CCG is accountable for developing a strategic, operational and financial plan, they may also choose to join with neighbouring CCGs in a larger 'Unit of Planning' to aggregate plans, ensure that the strategies align in a holistic way and maximise the value for money from the planning resources and support at their disposal.

## **4. Draft Strategy**

- 4.1 The strategy is still being developed, so the document reflects the progress to date, whilst complementing and building on the interventions and priorities set out in the Lewisham CCG 5 year strategic plan.
- 4.2 The case for change is powerful and the risk of not proceeding with strategic change is that health outcomes will continue to be highly variable, health inequalities will persist and in some cases worsen, and the current healthcare system will become unsustainable.
- 4.3 The strategy sets out seven priority areas for intervention across south east London:
- primary and community care
  - long term conditions - physical and mental health
  - children
  - maternity services
  - cancer
  - urgent and emergency care
  - planned care

These areas are strongly aligned with both Lewisham's Health and Wellbeing Strategy and the Lewisham CCG strategic priorities.

- 4.4 Clinical Leadership Groups have led the development of proposed models of care, and the strategy proposes an integrated system model which brings together the individual elements. This is rooted in resilient communities and has as its foundation a primary and community care system which is accessible, proactive, coordinates care and provides continuity of care.
- 4.5 The document then begins to describe the impact of the strategic change which is proposed. This includes a much greater emphasis on health and wellbeing, on the prevention of ill health and on early detection and early intervention, and therefore a shift of activity and resources to reflect the strategic approach.

## **5. Next Steps**

- 5.1 There is further work required to develop the models in more detail and to engage widely, then to consider the implications in practice, again with extensive engagement in each borough and across south east London. Feedback from this engagement and involvement will continue to inform development of the strategy. Should any significant service changes be proposed as a result of the further development by the clinicians, patients and local people working on the strategy, then consultation on these would take place in the second half of 2015.

## **6 Financial implications**

6.1 A financial analysis is included as part of the strategic case for change.

## **7. Legal implications**

7.1 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.

## **8. Crime and Disorder Implications**

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

## **9. Equalities Implications**

9.1 An early Equalities Analysis Assessment (EAA) has been commissioned by the strategy programme to ensure that the strategy has considered, from the outset, the potential impact on those protected under the Equality Act 2010 and the additional south east London groups and to ensure that plans for further engagement – locally and more widely – are targeted appropriately to reach local people and communities whose voices are seldom heard.

## **10. Environmental Implications**

10.1 There are no environmental implications arising from this report.

### **Background Documents**

NHS England Strategic and Operational Planning 2014-19, 'Everyone Counts: Planning for Patients 2014/15-2018/19'

<http://www.england.nhs.uk/ourwork/sop/>

If you have any difficulty in opening the links above or those within the body of the report, please contact Kalyan DasGupta ([kalyan.dasgupta@lewisham.gov.uk](mailto:kalyan.dasgupta@lewisham.gov.uk); 020 8314 8378), who will assist.

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