

South East London Commissioning Strategy Programme

Commissioning Strategy 2014-19
Appendices A and B

30 May 2014

Version 0.19 – DRAFT (IN DEVELOPMENT)

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Individual Plans on a Page

This Appendix sets out the Plans on a Page developed by south east London CCGs and NHS England Direct Commissioning teams to support the development of the five year Strategy. The Plans on a Page were signed off as at 4 April 2014. These are as follows:

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South East London CCGs	Bexley CCG	4
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NHS Bexley Clinical Commissioning Group's Vision is to: Enable Bexley's residents to stay in better health for longer, with the support of good quality integrated care, available as close to home as possible, backed up by accessible, safe and expert hospitals services, when they are needed.

Objectives

1. Prevention: Reducing years of life lost through supporting people to lead healthier lives

2. System Reform & Service Improvements: Improving services & integration and implementing Community Based Care Strategies – particularly for people living with long term conditions

3: Reducing avoidable admissions and time spent in hospital. To increase the proportion of Older People Living independently at home, to avoid admissions in last year of life and enable people to die in their place of choice.

4: Financial Sustainability for the Whole System plus Improving Productivity & Performance

5: Quality & Safety of all Services

1. Delivered by: Collaborating with public health & the HWBB on supporting people to lead healthier & more independent lives (e.g. obesity, diabetes, exercise, smoking.), improving services for cancer, cardiac CVD/CHD, older people, mental health & dementia, MSK, End of Life Care – promoting self management in the below

2. Delivered by: New integrated models of care, with faster access to diagnosis, locally based, which promote health & self management, using prime contractor contracts for MSK, Cardiac, Ophthalmology, Mental Health & Children's Services. Expanded Urgent Care Centres. See also 3 below.

3. Delivered by: Expanding our existing Integrated services for Older People with LB of Bexley community & social care 7 days a week services promoting "home is best". In 2014 new conditions will be treated together with new services for palliative & end of life care. Plus delivering via prime contractor integrated care contracts shown under 2. above.

4. & 5. Delivered by: Ensuring high level of quality, performance and productivity by all providers of services & robust contract management. Development of integrated care prime contractor services with expenditure in line with capita needs and to reduce duplication and wastage. Improved performance within Primary Care. Market testing of relevant services. The CCG managing its expenditure within the levels of income and parameters set.

Governance arrangements: Local Quality & Safety Boards, Governing Body reporting, with leadership and involvement in major projects, Finance Working Groups. Community Based Care program and Implementation Executive Groups for South East London. Robust PMO processes. Local contract management groups. Integrated Care Collaborative with LB of Bexley. Plus Health & Well Being Board. Urgent Care network groups.

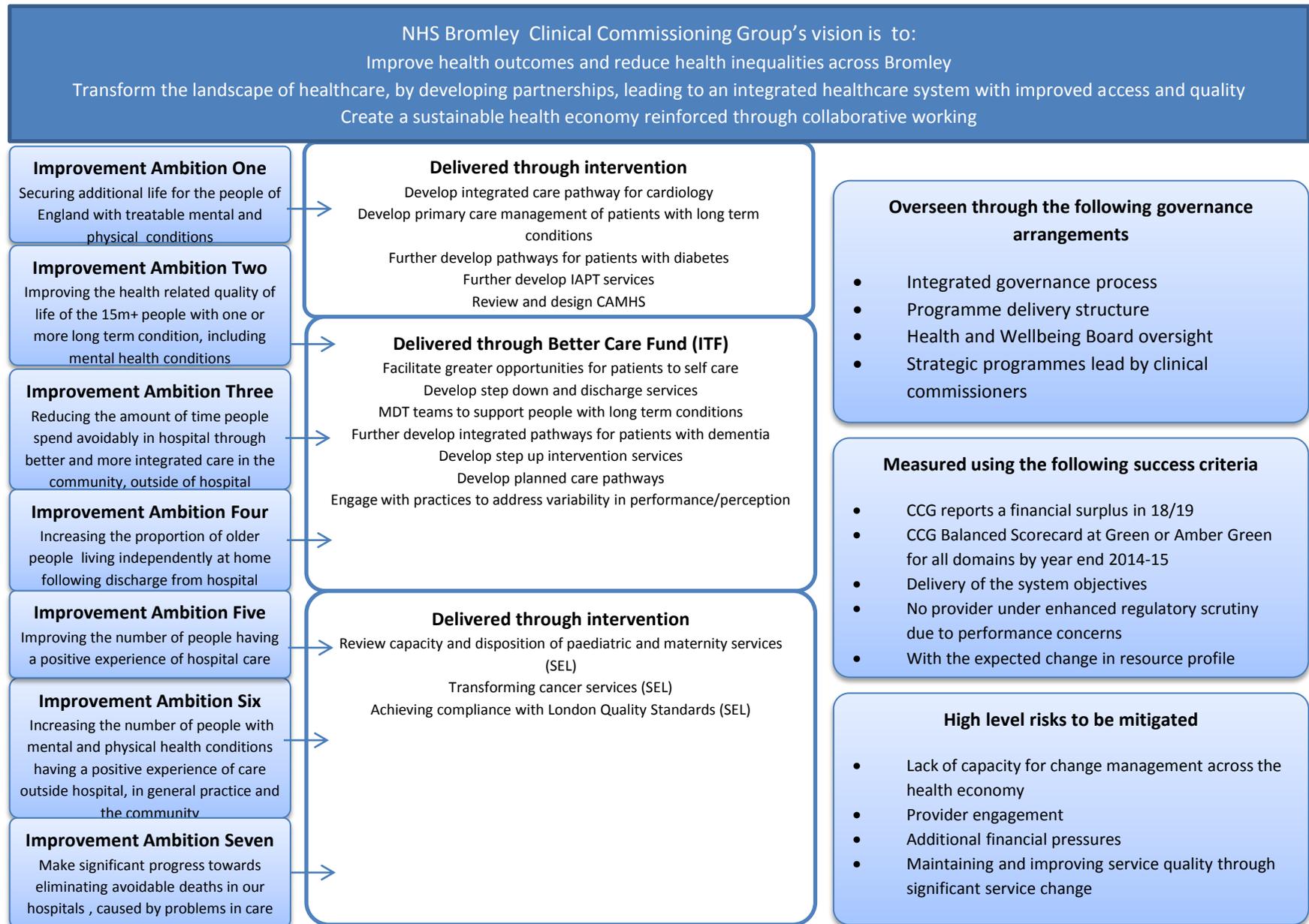
Success Criteria:

Measured against NHS Domains 1, 2, 3 & 4.

Specific KPIs established for each service (access, quality, clinical outcomes and patient experience). Introduction within new prime contractor contracts of higher levels of funding associated with clinical outcomes and patient reported outcome measures. Financial balance & sustainability achieved.

High level risks to be mitigated

- Maintaining and improving service quality and safety through significant service change
- Challenge inherent in implementing complex, interdependent, system wide change
- Ability of providers to respond to changes
- Financial sustainability



NHS Greenwich Clinical Commissioning Group's vision is to:

- Secure the best possible health and care services,
- Developed with patients & public, & in collaboration with health & social care professionals & partner organisations
- In primary care and community settings when possible & in hospital when necessary to reduce health inequalities & improve health outcomes.

Objectives

1. Prevention: Reducing years of life lost through supporting people to lead healthier lives

2. System Reform: Implementing Community Based Care Strategy and improving integration

3. Finance: Financial sustainability for commissioners and providers

4. System Performance: Access to services (NHS Constitution)

5. Quality of Services – Safety & avoidable harm

6. Quality of Services – Patient Experience

7. Quality of Services – Clinical Effectiveness

Delivered by: Collaborating with public health on supporting people to lead healthier lives (e.g. obesity, exercise, smoking, alcohol, drugs); improving cancer services, especially screening and early detection best practice commissioning pathways; supporting resilience in families

Delivered by: Implementation of CBC work streams; implementing and further developing local models of integration (Pioneer); improving unscheduled care (Right Care, First Time); self management and supportive technology; closer working between 1° and 2° care; implementation of London Quality Standards

Delivered by: Setting of robust commissioner financial plans (including achievement of control totals, 2% underlying recurrent surplus, and operating within running costs limits); robust contracts with providers; close management of commissioner QIPP initiatives and provider CIPs; managing financial risk across the health economy

Delivered by: Holding providers to account through robust management of contracts & close collaboration with providers and co-commissioners on resolving areas of concern; focus on turnaround on standards not met in 2013/14

Delivered by: Commissioning services in response to identified need (JSNA), embedding quality in service redesign and procurement (e.g. clinically effective evidence based pathways). For commissioned services, quality is delivered by holding providers to account through Clinical Quality Review Groups; incentivisation of quality improvement through CQUIN; close monitoring of trends on safety (incidents, never events, HCAI); listening to patient feedback and improving performance against Friends and Family Test; close collaboration with co-commissioners and regulatory bodies (CQC, TDA, Monitor) to ensure issues are identified and tackled.

Governance: Local CBC Transformation Steering Groups for LTC, Mental Health, Unscheduled Care, Primary Care, Planned Care, Children & Maternity. These are mapped to the South East London wide Community Based Care Strategy work streams; Integrated Care, Primary & Community Care, and Planned Care

Success Criteria: Progress against locally determined ambition levels for outcomes; overall SMART metric will be CCG Balanced Scorecard for all domains at Amber/Green or Green by year end 2014/15. Scorecard maps to **Objectives 1-7** as follows:

- Domain 1: Are local people getting good quality care? – Objectives 5, 6 & 7
- Domain 2: Are patient rights under the NHS Constitution being promoted - Objective 4
- Domain 3: Are health outcomes improving for local people? – Objectives 1 & 2
- Domain 4: Is the CCG delivering services within its financial plans? – Objective 3

High level risks to be mitigated

- Challenge inherent in implementing complex, interdependent, system wide change
- Maintaining and improving service quality through significant service change

Lambeth Clinical Commissioning Group mission:

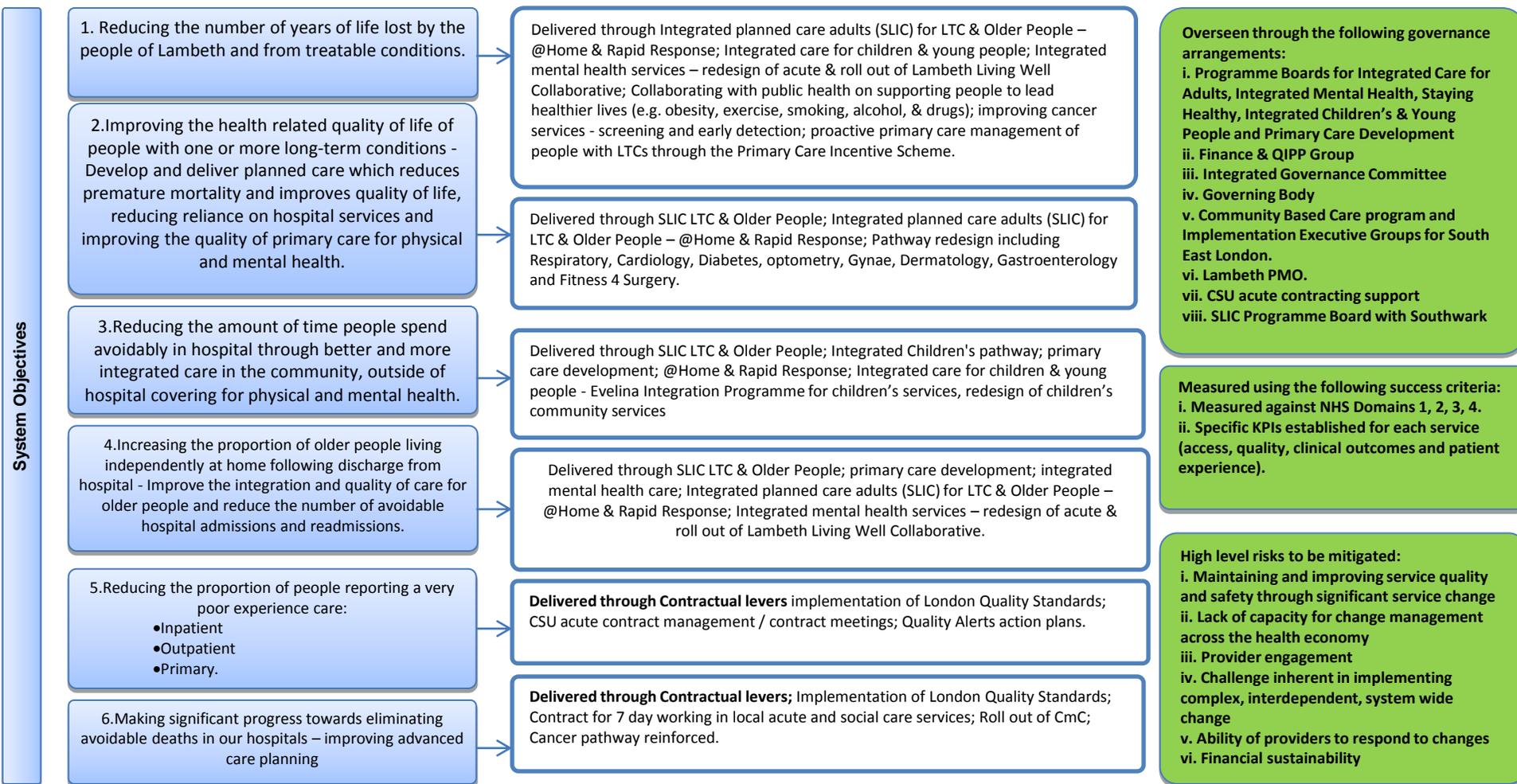
'To improve the health of and reduce inequalities for Lambeth people and to commission high quality health services on their behalf'.

Vision:

People centred – We will work to co-produce services, built around individuals and population needs, enabling people to stay healthy and manage their own care, **Prevention focussed** – We will prioritise prevention of ill health and the factors that create it, enabling people to live longer and healthier lives, **Integrated** – We will commission services in a way that brings service provision together around the needs of people and reduces boundaries and barriers to care, **Consistent** – We will promote high quality, accessible, equitable and safe services and reduce variation and variability in provision, **Innovative** – We will use 21st century technologies to provide better services, better information and to promote choices, **Deliver best value** – We will ensure we live within our means and use our resources well.

Our Values:

We will always tell the truth; We are fair; We are open; We recognise our responsibilities to service users and the wider public; We act responsibly, with and for our member practices, as a public sector organisation



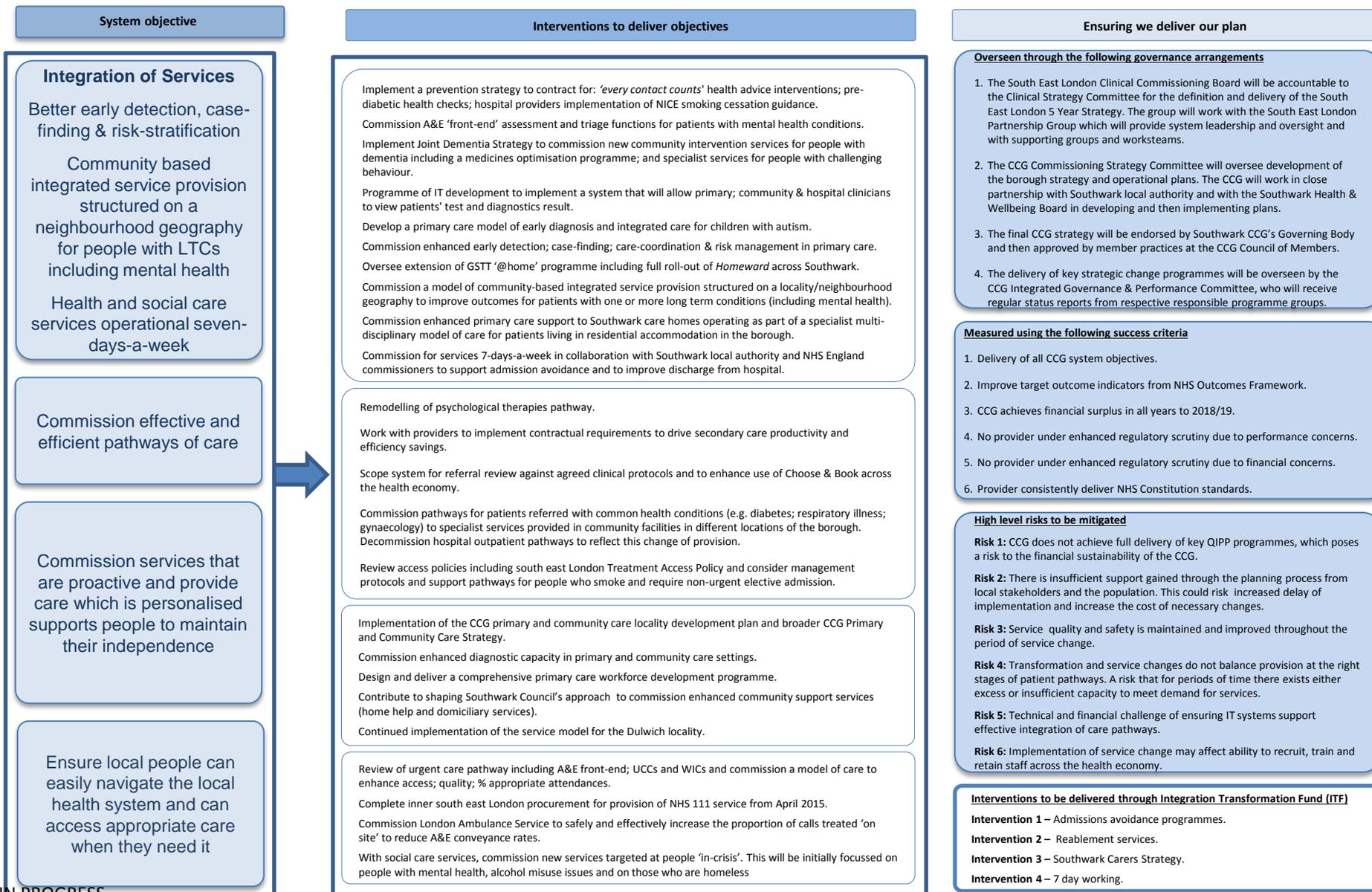
- Better Health - the Five Year Vision:** *To improve the health outcomes for our local population by commissioning a wide range of support to help Lewisham people to keep fit and healthy and reduce preventable ill health*
- Best Care – the Commissioning Vision:** *To ensure that all services commissioned are of high quality – in terms of being safe, positive patient experience and based on evidence and good practice*
- Best Value – the Financial Vision:** *- To commission services more efficiently, providing both good quality and value for money, by improving the way services are delivered, streamlining care pathways, integrating services*

Our Ambition: Success Criteria

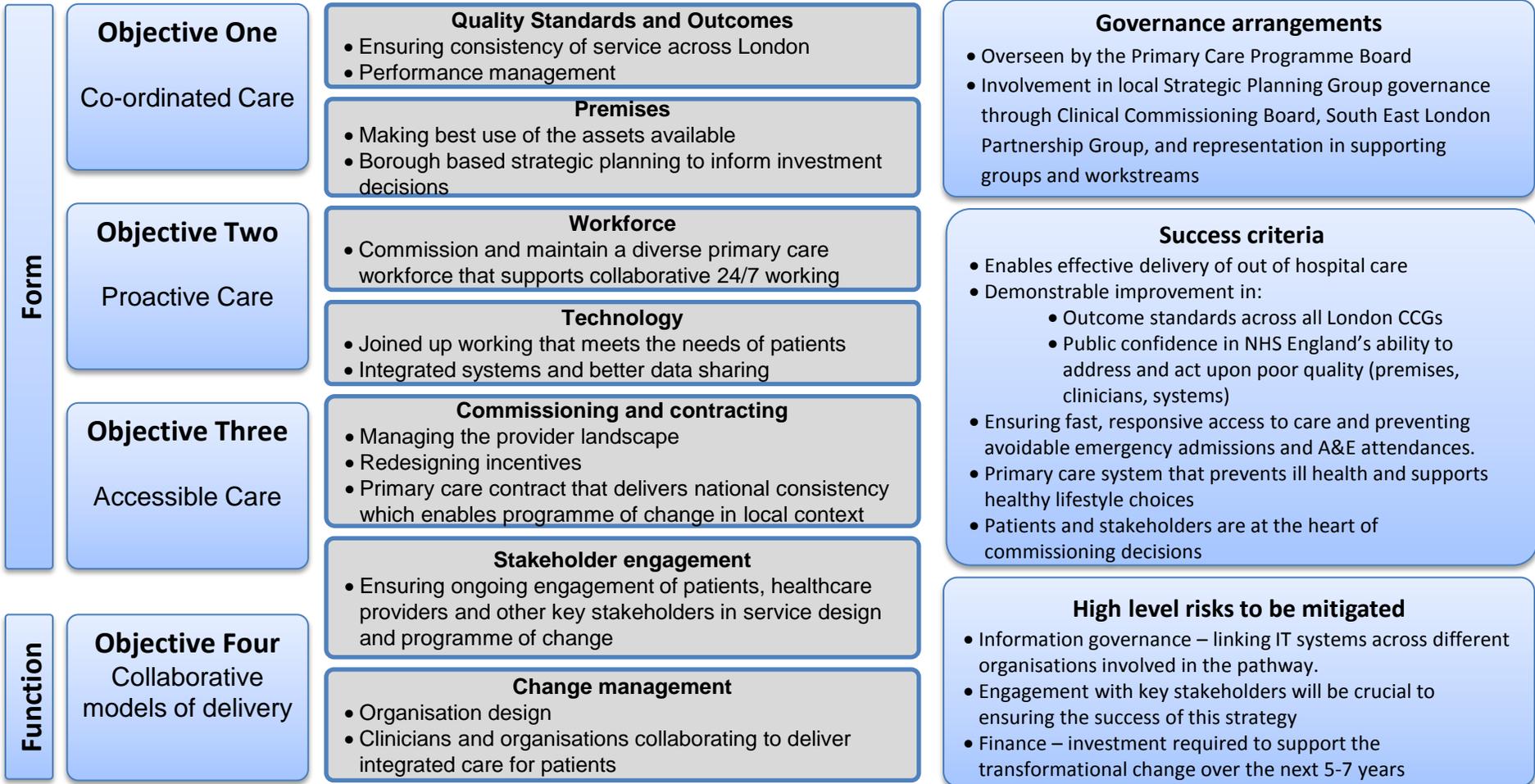
To reduce the gap in key health outcomes between Lewisham and England by 10% over the five year period and to reduce inequalities within Lewisham. We will measure life expectancy, rates of premature mortality from the three biggest causes of death in Lewisham (cancer, respiratory diseases and cardiovascular disease), infant mortality, patient experience, emergency admissions rates, and end of life care

CCG Commissioning Priorities	Initiatives	Collaborative Commissioning Programmes
Health Promotion - to contribute to the achievement of the Health and Wellbeing Board's strategic priorities to reduce premature mortality and reduce inequalities	Support the Health and Wellbeing Board deliver its strategy to address wider determinants of health, promote health and tackle inequalities; increase the rate of early diagnosis and detection of cancer in Primary Care	<ul style="list-style-type: none"> • South East London Clinical Leadership Groups • Lewisham Adult Integrated Care Programme (Better Care Fund) • Maternity transformation NHSIQ Development Programme
Maternity and Children's Care in Hospital - to improve clinical standards and health outcomes and to pilot the 'team around the mother'	develop and implement Integrated team 'mother centred' approach for pre, and post-partum care and providing continuity of services; support the work to improve children's integrated care pathways for chronic disease management	
Frail older people – to improve care provided specifically end of life care, falls prevention and in local care homes	Improve systems, processes and care pathways to support people to die in the place of their choice	
Long Term Conditions - to implement integrated care pathways including for Diabetes, COPD, CVD, Stroke and dementia	Diabetes; cardiovascular disease; Respiratory/COPD; Dementia; HIV - secure the sustainable improvements in co-ordinated care pathways for adults with long term conditions	
Mental Health – to support mental wellbeing and shift more care to be provided in the community	Mental Health including depression/anxiety - commission an integrated system; integrated with primary and community care services where mental health services are on a par with physical services.	
Greater integration of health and social care commissioning – to support the delivery of all the above strategic priorities by providing different levels of advice, support and care from a variety of health and social care services to support independence and healthy choices for all.	Establish and sustain effective, integrated teams based in the neighbourhoods; commission a continuum of high quality, effective community based care services..	
Primary care development and planned care – to improve the quality and planned accessibility for all	Implement with Members the priorities to improve quality and health outcomes, access and continuity of care and reduce variation between practices	
Urgent Care - to ensure that the right care is delivered in the right place, at the right time by commissioning the best network of urgent care providers	support the urgent care network to be easier to navigate in hours and out of hours	

NHS Southwark CCG will work to achieve the *best possible health outcomes for Southwark people*. The vision for services commissioned on behalf of Southwark’s population is that they function to ensure: people live longer, healthier, happier lives no matter what their situation in life; the gap in life expectancy between the richest and the poorest in our population continues to narrow; the care local people receive is high quality, safe and accessible; the services we commission are responsive and comprehensive, integrated and innovative, and delivered in a thriving and financially viable local health economy; we make effective use of the resources available to us and always act to secure the best deal for Southwark



Vision
Primary care services that consistently provide excellent health outcomes to meet the individual needs of Londoners



Specialised Commissioning (London) strategic plan on a page**Vision**

Specialised services commissioned that consistently deliver best outcomes and experience for patients, within available resources

Objective One

Specialised services commissioned in London are consistently in the top decile for outcomes across all providers

Quality Standards & Outcomes

- Compliance with service specifications
- Consistent achievement of service standards
- Benchmarked outcomes in London, England and internationally, identifying the best practice to emulate

Overseen through the following governance arrangements

- Contract Management Board
- On-going service compliance exercise against national specifications
- Quality Dashboards
- Quality & Safety Board

Objective Two

Continually improve patient experience for each individual

Patient Focus

- Engage patients in service / pathway development and contract management
- Through contract management, ensure patient feedback is heard and acted upon throughout providers commissioned

Measured using the following success criteria

- Delivery of QIPP & within budget for all services
- Patient feedback utilised to improve commissioning & delivery of services
- Objectives delivered
- Consistent tariffs developed & implemented

Objective Three

Maintain the integrity of the care pathway for patients of specialised services

Collaboration along Care Pathways

- Co-commission with CCGs and Local Authorities
- Develop and implement best practice patient pathways for individual services, ensuring they are incorporated into national service specifications

High level risks to be mitigated

- Alignment with national specialised services strategy due to strategy developments working to different timelines
- Resource capacity – improved matrix working and new ways of working

Objective Four

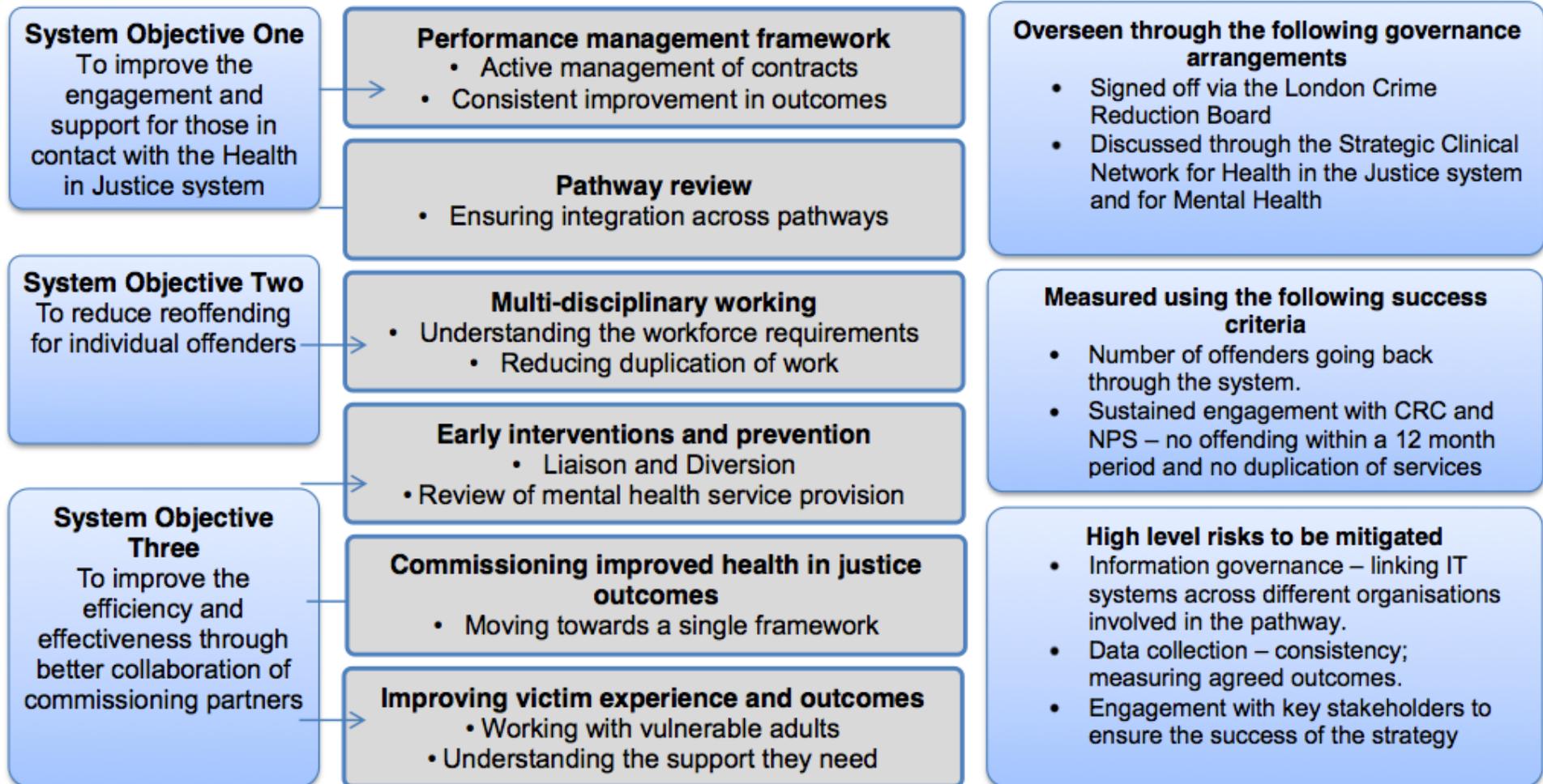
Contain the cost of specialised services through Quality, Innovation, Productivity and Prevention, in partnership with providers and other service commissioners

Performance Management

- Understand the cost of services commissioned
- Converge prices
- Alignment of incentives
- Contract management

Vision

Working together to achieve excellence in Health in Justice outcomes for Londoners



Vision***‘High quality, accessible screening programmes for all’*****Objective One**

Coverage and uptake should be increased to at least minimum target (dependent on service)

Objective Two

High quality programmes that deliver the national standard measured by national service specifications and quality assurance processes

Objective Three

Service integration across partners within the pathway measured by pathway referral and treatment times

Objective Four

Patient experience and values are integrated into the design and delivery of services. Measured through the Friends and Family Test and other patient experience metrics

Integration across pathways

- Understand full pathway through to treatment
- Links with providers, IT systems, integration

Reconfiguration of services

- Size and length of each pathway
- Locating services together? Determine how to best provide services across London

Communications and education

- Linkages and profile of the screening services
- Influence education providers to support wider education around screening benefits

Patient focus and clinical excellence

- Move to patient focus from client focused – how to put patient at the centre of delivery
- Performance improvement in providers

Back office functions

- All working to national / specified standards
- Potential to centralise back office functions
- Sharing data and lessons learnt between screening programmes

Overseen through the following governance arrangements

- Tripartite arrangement with Department of Health and Public Health England to define and deliver policy changes
- Signed off through the London Screening Programmes Board
- Overview and Scrutiny Committees and Health and Wellbeing Boards will support delivery of the plan

Measured using the following success criteria

- Delivery of the objectives
- Has met or exceeded coverage and uptake targets
- Detects and treats patients for preventable diseases
- Delivers value for money across all services

High level risks to be mitigated

- Information governance and IT
- Stakeholder engagement
- Skills, capability and capacity to deliver the identified changes
- The financial requirements may not support the optimum delivery of services

Vision

Empowering and saving the lives of Londoners from vaccine preventable diseases

Objective One

To improve patient experience and empowerment, measured through the MIMO and patient feedback

Empowering people

- Engage patients and the public in their own healthcare needs; service design and delivery (e.g. self administration)

Communications and education

- Profile of the immunisations programmes across the life course
- Education of general population including health literacy in schools
- Making immunisations a part of everyday life

Objective Two

To increase uptake and coverage across London (value dependent on service)

Evidence based

- Integrated information systems
- Targeted interventions for specific communities who are not registered with a GP
- Access to good quality on-line training
- Comprehensive stakeholder engagement

Integration across services

- Within imms services and across other frontline services
- Widening access and choice where possible
- Links with alternative providers, including non healthcare providers

Objective Three

To have responsive, flexible and integrated services to maximise coverage across programmes, measured through coverage rates

Technology

- To effectively utilise new vaccines as they become available
- To maximise utilisation of new evidence of at risk groups
- To enable different forms of delivery

Overseen through the following governance arrangements

- Overseen through the London Immunisation Board
- London NHS England senior team oversight
- National Public Health steering group
- Ongoing engagement with Health and Wellbeing Boards

Measured using the following success criteria

- setting up a citizen's panel and using MIMO techniques to test people empowerment;
- nationally published vaccine uptake data;
- regular mystery shopping exercises;
- annual clinical audit

High level risks to be mitigated

- Information governance and systems
- Insufficient national budget allocation to cover London population, if using ONS data
- Inadequately trained immunisation workforce (existing and emerging) to deliver the identified changes



Military strategic plan on a page

Vision
To empower all armed forces veterans to seek equitable access to NHS services, upon discharge

Objective One
 Sustain community mental health contract until 2020

Empowering people

- Ensure robust and resilient commissioning of service model

Objective Two
 Maintain the Murrison protocol until 2020

Collaborative Commissioning

- All 32 CCGs will be engaged with the evolving protocols

Objective Three
 Ensure veterans have access to primary care facilities

Choice

- Each armed forces personnel will be signposted to local primary care providers
- Establish a primary care register template for veterans, subject to a New Patient Registration
- London Armed Forces Network membership will support individual cases with their choices

Objective Four
 Ensure transfer of Defence Medical Service (DMS) are completed in a timely manner

Integration across services

- DMS medical summaries are prepared as part of Transition process
- DMS summary is securely transferred to named GP chosen by veteran

Objective Five
 To sustain the London Armed Forces Network (LAFN)

Engagement

- Engagement and ownership of all veterans care will be supported and via CCG membership at LAFN

Overseen through the following governance arrangements

- Overseen through the London Armed Forces Network, which meets quarterly
- Military and Community Covenant

Measured using the following success criteria

- NHS England commissioners commit to implement the Military Covenant and afford all veterans the opportunity for access to a GP practice, an NHS Dentist and a Community Pharmacy within 3 months of being discharged, or within four weeks of requesting.

High level risks to be mitigated

- Inability to define and capture all veterans that currently live in London to ensure they receive the support required
- Information governance and systems

Vision for south east London and for CCGs

Our collective vision for the South East London: In south east London we spend £2.3billion in the NHS. Over the next five years we aim to achieve much better outcomes than we do now by:

- Supporting people to be more in control of their health and have a greater say in their own care
- Helping people to live independently and know what to do when things go wrong
- Helping communities to support one another
- Closing the inequalities gap between worst health outcomes and our best
- Making sure primary care services are consistently excellent and with an increased focus on prevention
- Reducing variation in healthcare outcomes and addressing inequalities by raising the standards in our health services to match the best
- Developing joined up care so that people receive the support they need when they need it
- Delivering services that meet the same high quality standards whenever and wherever care is provided
- Spending our money wisely, to deliver better outcomes and avoid waste.

Vision for Lambeth CCG:

- People-centred – co-producing services and enabling self-management
- Prevention-focused – enabling people to live longer and healthier lives
- Integrated – reducing boundaries and barriers to care
- Consistent – reducing variation and variability in access and provision
- Innovative – using 21st Century technologies for better services, information and to promote choice
- Value for money – living within our means and using resources well

Vision for Southwark CCG:

- People live longer, healthier, happier lives no matter what their situation in life
- The gap in life expectancy between the richest and the poorest in our population continues to narrow
- The care local people receive is high quality, safe and accessible
- The services we commission are responsive and comprehensive, integrated and innovative, and delivered in a thriving and financially viable local health economy
- We make effective use of the resources available to us and always act to secure the best deal for Southwark

Vision for Lewisham CCG:

- Better Health - the Five Year Vision: To improve the health outcomes for our local population by commissioning a wide range of support to help Lewisham people to keep fit and healthy and reduce preventable ill health
- Best Care – the Commissioning Vision: To ensure that all services commissioned are of high quality – in terms of being safe, positive patient experience and based on evidence and good practice
- Best Value – the Financial Vision: - To commission services more efficiently, providing both good quality and value for money, by improving the way services are delivered, streamlining care pathways, integrating services

Vision for Greenwich CCG:

- Secure the best possible health and care services,
- Developed with patients & public, & in collaboration with health & social care professionals & partner organisations
- In primary care and community settings when possible & in hospital when necessary to reduce health inequalities & improve health outcomes

Vision for Bexley CCG:

- Enable Bexley’s residents to stay in better health for longer, with the support of good quality integrated care, available as close to home as possible, backed up by accessible, safe and expert hospitals services, when they are needed.

Vision for Bromley CCG:

- Improve health outcomes and reduce health inequalities across Bromley
- Transform the landscape of healthcare, by developing partnerships, leading to an integrated healthcare system with improved access and quality
- Create a sustainable health economy reinforced through collaborative working

