HEALTHIER COMMUNITIES SELECT COMMITTEE				
Report Title	Our Healthier South East London Strategy Update			
Contributors	Chief Officer, NHS Lewisham Clinical Commissioning Group OHSEL Programme		Item No.	5
Class	Part 1		Date: 14th October 2015	

1. Purpose

1.1 This paper sets out the progress to date of the *Our Healthier South East London* programme, which is led by the six south east London CCGs – Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark – and NHS England. The programme aims to develop a commissioning strategy to ensure improved, safe and sustainable services across the six boroughs.

2. Recommendation/s

2.1 Members of the committee are invited to note the update on the development of the Our Healthier South East London strategy.

3. The case for change and our vision

3.1 We published the Case for Change in February 2014. It sets out how the six CCGs and NHS England are working together to address challenges around quality of care, finance and workforce. Commissioners recognise that while some issues can and should be addressed at local borough level by the CCG and its partners, others cross borough boundaries and require a joint response.

3.2 We have a shared understanding of the challenges facing south east London. These are outlined in our Case for Change.

3.3 Our health outcomes in south east London are not as good as they should be:

- Too many people live with preventable ill health or die too early
- The outcomes from care in our health services vary significantly and high quality care is not available all the time
- We don't treat people early enough to have the best results
- People's experience of care is very variable and can be much better
- Patients tell us that their care is not joined up between different services
- The money to pay for the NHS is limited and need is continually increasing
- Every one of us pays for the NHS and we have a responsibility to spend this money well

Our collective vision

3.4 In south east London we spend £4 billion in the NHS. Over the next five years, commissioners aim to achieve much better outcomes than are achieved 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
- 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

4. Progress of the strategy

4.1 Our programme has been built around engagement with stakeholders and the public, with strong involvement of local provider Trusts, local authorities, public and patient voices and the general public (see section 3 below). We have been talking to local people and stakeholders at every stage of the programme and we have taken their feedback into account as our strategy has developed.

4.2 A draft strategy was published in June 2014 and in June 2015, we published an updated version, which we are calling the Consolidated Strategy. The strategy sets out models of care across all of our clinical workstreams:

- Community-based care
- Urgent and emergency care
- Maternity
- Children's services
- Planned care
- Cancer

4.3 These new models of care have been developed by local clinicians, working with senior NHS project managers and public and patient voices. They suggest a number of interventions to improve health outcomes for people in south east London.

4.4 Our strategy envisages a transformation in the way care is delivered, with much more care taking place in community settings while hospitals provide specialist care for those who really need it. Community-based care delivered by Local Care Networks in each borough is the foundation of the integrated whole system model that has been developed for south east London (see attached diagram).

4.5 While the models of care are far-reaching, we have not at this stage developed any proposals for specific hospital sites. The extent to which services might change at particular sites is being examined over the autumn, after which the potential options will be clearer. Should proposals emerge for major service change, we would formally consult local people on these.

4.6 For most interventions, implementation planning can commence immediately. However, there are areas where the impact of the strategy needs further consideration because there is more than one option for delivery, and it could result in significant service change. These interventions will have to undergo a robust options appraisal process.

4.7 This option appraisal process aims to identify the best way, or way(s), of delivering the overarching strategy and realising its full benefits. It filters the many potential options for how the interventions can be implemented, and is designed to identify options that are recommended for further work, and, if appropriate, for formal consultation.

Will there be a consultation?

4.8 We are currently looking at the likely impact of the strategy in some detail, with a view to considering what changes we need to make in each area to implement it successfully.

4.9 Most of the recommendations set out in the strategy can move straight away to detailed design and implementation and some changes are already underway and do not require public consultation. These are mostly community-based care initiatives, designed to deliver more care in the community, which our engagement suggests have widespread clinical, stakeholder and public support.

4.10 For services based in acute hospitals, our strategy is for all our hospitals to meet the London Quality Standards, a series of quality and safety standards designed by clinicians working with patients and the public. All 32 London CCGs have signed up to these standards and are working towards them.

4.11 We are currently carrying out an analysis of where each of our acute hospitals in south east London is in relation to these standards, so that we can determine what the next steps should be. This analysis will form part of the assessment to determine if we need to go through an options appraisal process.

4.12 If an options appraisal process led to proposals for the reconfiguration of hospital services, and major service change, public consultation would be required.

5. Impact of the strategy

5.1 We have analysed the likely impact of the strategy, though further analysis will be needed once we have a clearer idea of what may be proposed for specific sites.

5.2 The NHS in south east London currently spends £4 billion in total across commissioners and providers and has 4,166 acute hospital beds. Over the five years of the strategy, the available money will grow by £800 million to £4.8 billion. However, if we do nothing, the spend will grow in total by £1.1 billion to £5.9 billion.

5.3 The requirement for acute hospital beds will grow because the demand for health services is increasing; people are living longer but many with long term conditions such as diabetes, high blood pressure and mental illnesses. The technical advances in diagnostics and treatments mean that the costs of providing care are rising faster than inflation each year.

5.4 *Our Healthier South East London* is about responding better to people's needs by providing an alternative high quality model of care that is focused on improved outcomes for the population we serve. This is because:

- The care models are focused on prevention and early intervention and keeping people healthy and therefore keeping people out of hospital
- Community Based Care is the foundation of the whole system and is intended to keep people closer to home, treating them in the community and enabling people to only visit hospital when they really need to
- Care pathways and professionals will be more integrated
- Productivity is expected to increase and providers will continue to deliver efficiency savings (eg through improved procurement, combined support services, improved rostering of staff) which will help to close the gap
- Our aim will be for bed occupancy to meet the national guidance (which is not the case now) which will improve safety, quality and efficiency
- Our current modelling therefore shows that at the end of the five years, we shall need about the same number of hospital beds as now - but some of them will be used differently (more day case, fewer inpatient beds; shorter lengths of stay)
- This is therefore not about closing a hospital, but about avoiding the need to build a new one, which we could not afford, by improving health and outcomes and delivering services which better meet people's needs
- It is also about creating a legacy for the future as the improvements in prevention and care should result in benefits which will materialise beyond the current time horizon of the next five years.

6. Engagement

6.1 We are committed to involving stakeholders and the public in helping us to develop the strategy. This is reflected in our approach to date and in the programme's governance.

6.2 We have held a number of independently facilitated events:

- Two deliberative events in July 2014
- An event in each borough in November/December 2014
- An event for members of patient reference groups to discuss how the programme may make decisions (our draft options appraisal methodology
- An event in each borough during June and July 2015, for voluntary and community sector stakeholders (30%) and members of the public selected by random sampling to broadly represent their local communities (70%).

6.3 These events discussed the emerging case for change and the emerging ideas set out in the draft strategy. Feedback was collated and responded to in 'You Said We Did' reports produced by the programme, available on the programme website www.ourhealthiersel.nhs.uk

6.4 Five common themes emerged across the six clinical areas, which were:

- Access to GPs
- Communications, information and record sharing
- Service integration and coordination
- More staff and better training
- More community based provision

6.5 In Lewisham over the six areas the three clearest priorities identified by the participants were:

- Maternity - consistency of care, dedicated and consistent team during pregnancy and birth
- Community based care - GP access
- Children and young people - education and information on healthy lifestyles

Issues Paper

6.6 In May 2015, we published an Issues Paper, summarising the case for change and the ideas set out in the strategy, together with some questions for local people and stakeholders to respond to. This has been widely distributed across south east London. The publication of Issues Papers is regarded as emerging best practice for programmes considering major service change. We strongly recommend that all our stakeholders read and respond to the Issues Paper.

Direct involvement of public and patient voices

6.7 Public and patient voices have been represented on all of our Clinical leadership Groups, which make recommendations about our six clinical workstreams - community-based care, urgent and emergency care, maternity, children' services, planned care and cancer. We also have a Public and Patient Advisory Group (PPAG) which meets every six weeks to advise the programme on public engagement.

Equalities

6.8 An early, independent Equalities Impact Assessment was carried out in the summer of 2014 and a further Equalities Analysis was carried out in the summer of 2015. This will be published shortly on the programme website.

7. Governance and decision-making

7.1 Provider Trusts, local authorities and the public are all embedded in the programme's structures:

- They are represented on our Clinical Leadership Groups, which have recommended the new models of care. We also have a Partnership Group, drawn from CCGs, patients, local authorities, provider trusts and other stakeholder organisations, which meets on a monthly basis to discuss and feed back on key developments in the programme.
- Our Clinical Executive Group includes Medical Directors from local provider Trusts and NHS England and local authority and PPAG representatives.
- Both of these groups report to our Clinical Commissioning Board, drawn from the leadership of the local CCGs, which makes recommendations for CCGs governing bodies to consider.

7.2 In addition, CCGs have regularly updated Health and Wellbeing Boards, discussing the strategy with them at each key milestone.

7.3 Ultimately decision-making as to how services are commissioned rests with the Governing Bodies of the six CCGs and NHS England. Earlier this year, the six CCGs agreed that local decision-making would be taken through a Committee in common of the six CCGs, with each CCG nominating three representatives to this joint committee.

7.4 A full governance chart is attached.

Scrutiny

7.5 Up until now, CCGs have reported to their local Overview and Scrutiny Committees as part of business as usual arrangements. However, with the publication of the Consolidated Strategy and Issues Paper, there may be a case for the establishment of a Joint Overview and Scrutiny Committee for south east London and we have raised this with local authorities. Our suggestion would be to have a first meeting of a Joint Overview and Scrutiny Committee before the completion of our options appraisal process.

8. Next steps

- We will continue to plan and implement most of the strategy: taking forward the new models of care and interventions that do not need public consultation. We will work with our partners in secondary, primary and community care, mental health trusts and with local authorities to do so.

- If consultation is needed, we expect it to take place from July-September 2016, with preferred options agreed by December 2016.
- We have published a summary of the draft models of care and further thinking as a follow-up to the Issues Paper. This will summarise our very latest thinking, as set out the consolidated strategy.

How stakeholders and local people can help

- Respond to our Issues Paper at http://www.ourhealthiersel.nhs.uk/about-us/issues-paper.htm or by writing to Our Healthier South East London, 160 Tooley Street, London SE1 2TZ.
- Invite your local CCG and the programme team to a meeting to brief colleagues or to run a roadshow on your premises for your staff.
- Share this briefing and our Issues Paper with colleagues and stakeholders.

Staying in touch

You can email the programme team at SOUCCG.SELstrategy@nhs.net or follow @ourhealthiersel on Twitter.

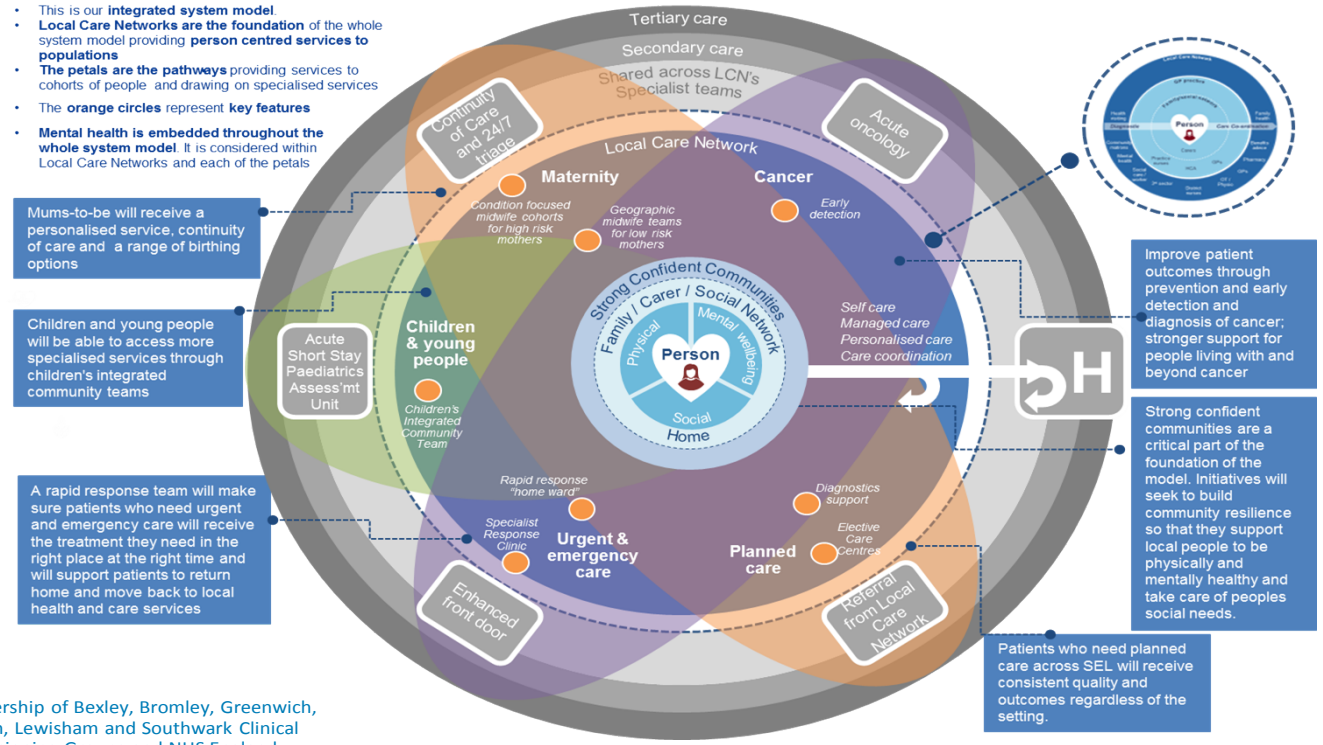
Attached for your reference is a diagram of the programme's Whole System Model and a summary programme timeline.

Our Healthier South East London
Improving health and care together

NHS

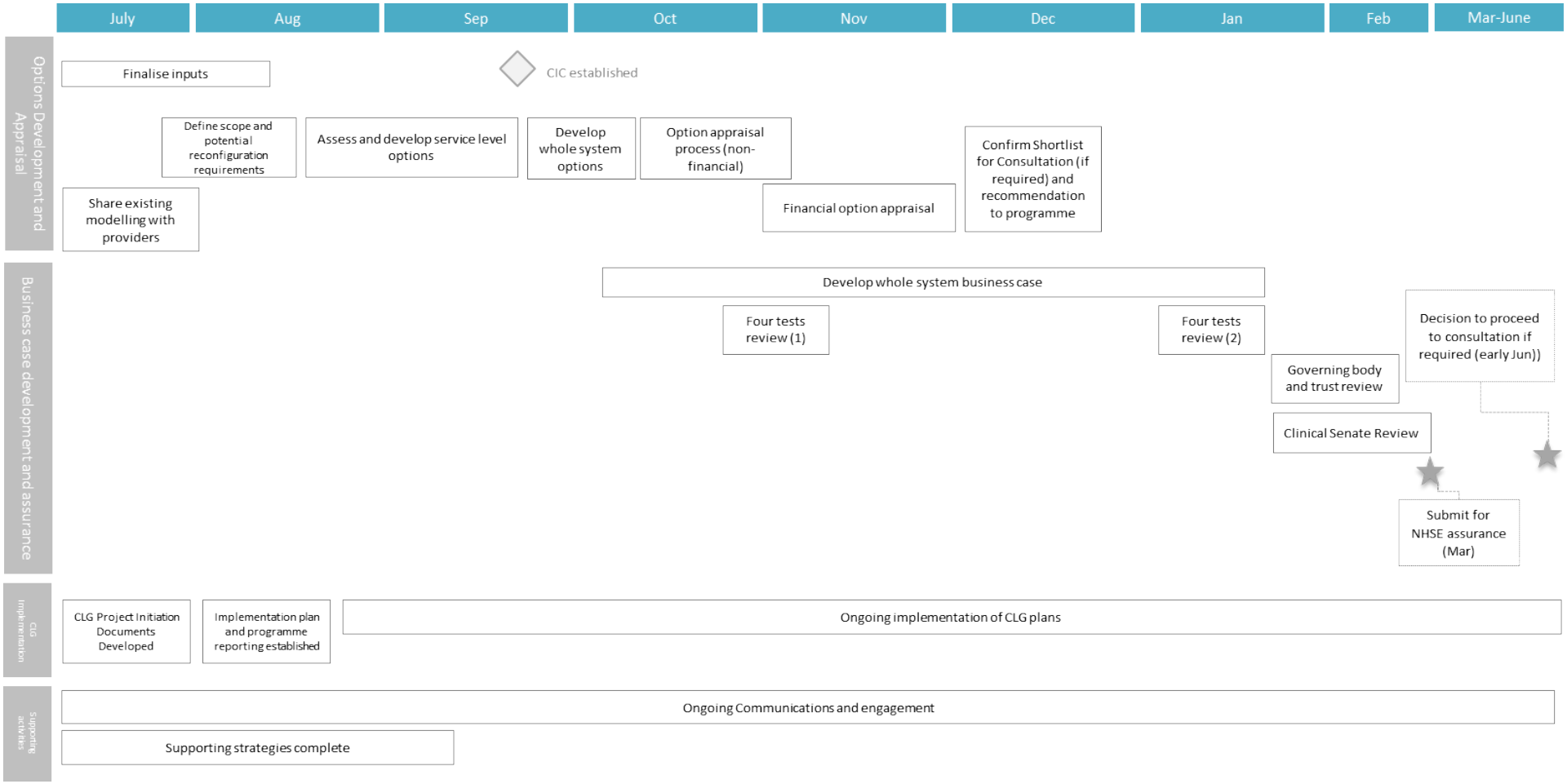
Our integrated whole system model

Community Based Care delivered by Local Care Networks is the foundation of the integrated whole system model that has been developed for south east London. This diagram provides an overview of the whole system model, incorporating initiatives from all 6 Clinical Leadership Groups.

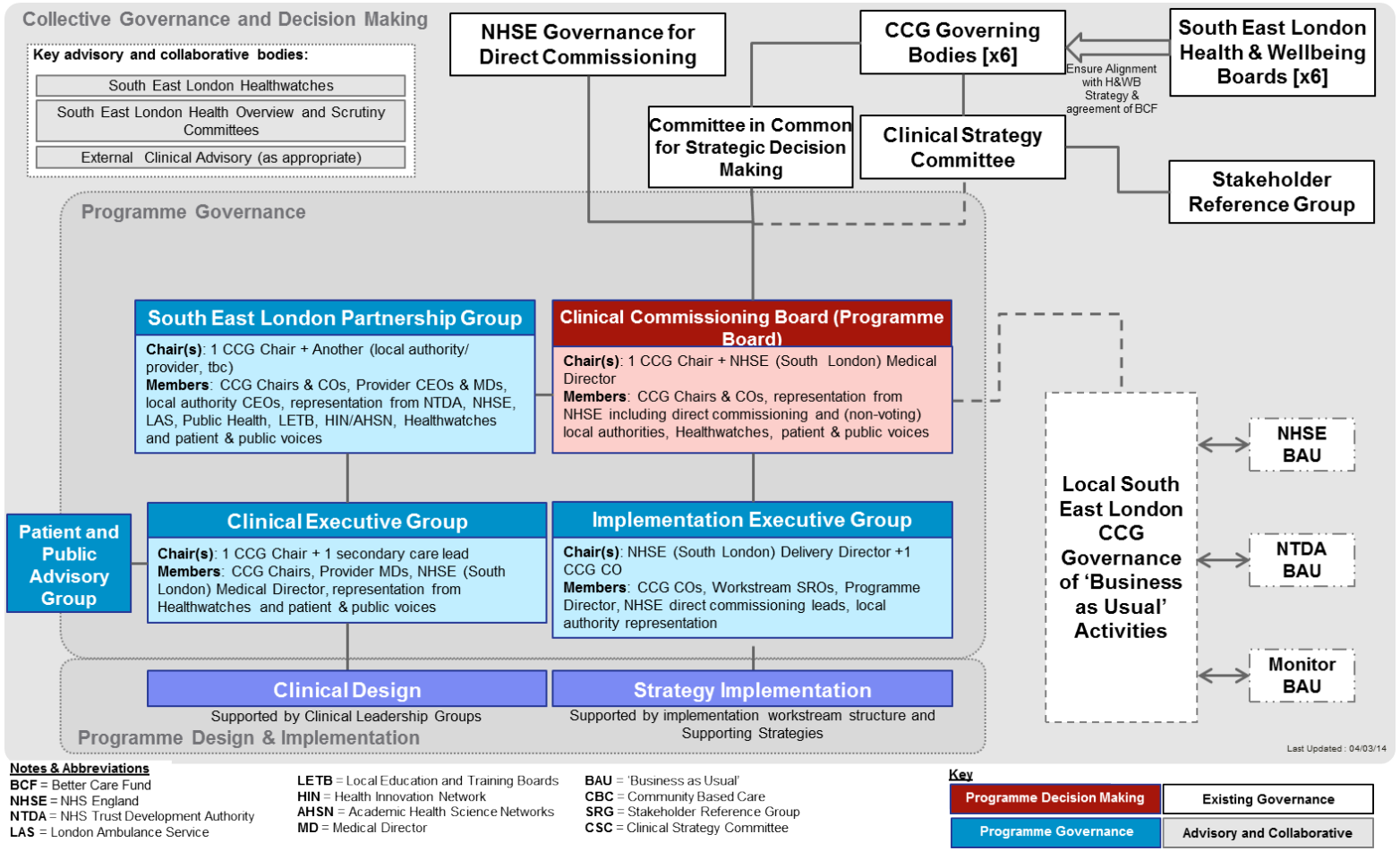


A partnership of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark Clinical Commissioning Groups and NHS England

Timeline


July
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar-June
Options Development and Appraisal
Finalise inputs
CIC established
Define scope and potential reconfiguration requirements
Assess and develop service level options
Develop whole system options
Option appraisal process (non-financial)
Confirm Shortlist for Consultation (if required) and recommendation to programme
Share existing modelling with providers
Financial option appraisal
Business case development and assurance
Develop whole system business case
Four tests review (1)
Four tests review (2)
Decision to proceed to consultation if required (early Jun))
Governing body and trust review
Clinical Senate Review
Submit for NHSE assurance (Mar)
CLG Implementation
CLG Project Initiation Documents Developed
Implementation plan and programme reporting established
Ongoing implementation of CLG plans
Supporting activities
Ongoing Communications and engagement
Supporting strategies complete

Governance


Collective Governance and Decision Making
Key advisory and collaborative bodies:
South East London Healthwatches
South East London Health Overview and Scrutiny Committees
External Clinical Advisory (as appropriate)
NHSE Governance for Direct Commissioning
CCG Governing Bodies [x6]
South East London Health & Wellbeing Boards [x6]
Ensure Alignment with H&WB Strategy & agreement of BCF
Committee in Common for Strategic Decision Making
Clinical Strategy Committee
Stakeholder Reference Group
Programme Governance
South East London Partnership Group
Chair(s): 1 CCG Chair + Another (local authority/ provider, tbc)
Members: CCG Chairs & COs, Provider CEOs & MDs, local authority CEOs, representation from NTDA, NHSE, LAS, Public Health, LETB, HIN/AHSN, Healthwatches and patient & public voices
Clinical Commissioning Board (Programme Board)
Chair(s): 1 CCG Chair + NHSE (South London) Medical Director
Members: CCG Chairs & COs, representation from NHSE including direct commissioning and (non-voting) local authorities, Healthwatches, patient & public voices
Patient and Public Advisory Group
Clinical Executive Group
Chair(s): 1 CCG Chair + 1 secondary care lead
Members: CCG Chairs, Provider MDs, NHSE (South London) Medical Director, representation from Healthwatches and patient & public voices
Implementation Executive Group
Chair(s): NHSE (South London) Delivery Director +1 CCG CO
Members: CCG COs, Workstream SROs, Programme Director, NHSE direct commissioning leads, local authority representation
Local South East London CCG Governance of 'Business as Usual' Activities
NHSE BAU
NTDA BAU
Monitor BAU
Clinical Design
Supported by Clinical Leadership Groups
Strategy Implementation
Supported by implementation workstream structure and Supporting Strategies
Programme Design & Implementation
Last Updated : 04/03/14
Notes & Abbreviations
BCF = Better Care Fund
NHSE = NHS England
NTDA = NHS Trust Development Authority
LAS = London Ambulance Service
LETB = Local Education and Training Boards
HIN = Health Innovation Network
AHSN = Academic Health Science Networks
MD = Medical Director
BAU = 'Business as Usual'
CBC = Community Based Care
SRG = Stakeholder Reference Group
CSC = Clinical Strategy Committee
Key
Programme Decision Making
Existing Governance
Programme Governance
Advisory and Collaborative