

HEALTHIER COMMUNITIES SELECT COMMITTEE			
Report Title	Partnership Commissioning Intentions for Adults 2017-19		
Contributors	Executive Director for Community Services, Lewisham Clinical Commissioning Group	Item No.	6
Class	Part 1	Date:	24 November 2016
Strategic Context	Please see body of report		

1 Purpose

The Partnership Commissioning Intentions for Adults provides the Healthier Communities Select Committee with an opportunity to comment on the key priority areas for Lewisham's commissioning work for 2017-19.

2. Recommendations

Members of the Healthier Communities Select Committee are asked to:

1. Note the progress made in developing the Partnership Commissioning Intentions for Adults, which has been overseen by the Adult Joint Commissioning Group (Appendix A)
2. Provide comment on the proposed key priorities for Lewisham's commissioning work programme for 2017-19, which has been informed by:
 - the feedback received from the public during 2015/16;
 - the strategic aims and work of the Lewisham Health and Care Partners, the Adult Integrated Care Programme and the Children and Young People's Strategic Partnership;
 - the South East London's work on the Sustainability and Transformation Plan (STP).

3. Policy Context

- 3.1 The Health and Social Care Act 2012 places a specific duty on the CCG to include the relevant Health and Wellbeing Board in the preparation of their commissioning plans and when making significant revisions to those plans.
- 3.2 The Health and Wellbeing Board must be provided with commissioning plan and the CCG must consult the Board as to whether it considers the plan takes proper account of the Health and Wellbeing Strategy. These Commissioning Intentions were presented to Lewisham's Health and Wellbeing Board on 15th November. The Health and Wellbeing Board's opinion on the final plan must be published within the CCG's Operating Plan. Health and Wellbeing Boards can refer plans to NHS England if they do not think the joint Health and Wellbeing Strategy has been taken into proper account.

- 3.3 The Health and Social Care Act 2012 also requires Health and Wellbeing Boards to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.

4. Strategic Context

- 4.1 Since 2010, Lewisham Council and the Clinical Commissioning Group (CCG) have been working with our provider partners to develop integrated services for the population of Lewisham to improve health and care outcomes and reduce inequalities.

- 4.2 Lewisham Health and Care Partners are working together to transform health and care in Lewisham and to achieve a sustainable and accessible health and care system. The ambition is that this system will better support people to maintain and improve their physical and mental wellbeing, to live independently and access high quality care when they need it.

- 4.3 Lewisham Health and Care Partners recognise that Lewisham's current health and care system needs to change, as we are not achieving the health and care outcomes we should and it is not sustainable. There are significant health inequalities in Lewisham; too many people live with ill health, high quality care is not consistently available and demand for care is increasing, both in numbers and complexity.

- 4.4 Lewisham is developing a whole system model which fully integrates physical and mental health and social care delivered to the whole population. Health and Care partners are leading the redesign and reshaping of services to transform the way in which:

- residents are encouraged and enabled to maintain and improve their own health and wellbeing
- local health and care services are delivered within the borough
- people access and are connected to the assets that are available within their own communities and neighbourhoods

- 4.5 Transforming Community Based Care (CBC) is a critical part of achieving this overall vision. Community based care is the advice, support and care which is provided outside a traditional hospital setting. In Lewisham this includes services provided by GPs, social workers, pharmacists, other NHS and local authority services, as well as that provided by the voluntary and community sector and those provided by private organisations such as care homes. It is being delivered across four neighbourhood areas - North Lewisham, Central Lewisham, South East Lewisham and South West Lewisham.

- 4.6 In Lewisham, health and care partners plan to transform the way in which community based care is delivered so that people can access proactive and co-ordinated advice, support and care which is:

- **Proactive and Preventative** – by creating an environment which promotes health and wellbeing, making it easy for people to find the information and advice they need and the activities, opportunities and support available, to maintain their health and wellbeing and to manage their own health and care more effectively. And for people to be part of

resilient communities, working with and alongside voluntary and community organisations;

- **Accessible to all** – so that adults have improved access to local health and care services through for example neighbourhood care hubs, and so that children have increased access to community health services and early intervention support through, for example, the re-procurement of children’s centres and health visiting. And for everyone to have clear access to urgent care when needed
- **Coordinated** – so that people receive personalised care and support, closer to home, which integrates physical and mental health and care, to help them to live independently for as long as possible.

4.7 The work on Community Based Care and Neighbourhood Care Networks has been informed by and is aligned to the strategic plans and priorities of wider south east London’s draft Sustainability and Transformation Plan (June 2016), developed in collaboration with south east London’s commissioners and providers. The Sustainability and Transformation Plan is a NHS requirement to produce five year Sustainability and Transformation Plans (STP), which are place based, whole system plans achieving the Five Year Forward View.

4.8 Our work on Community Based Care and Neighbourhood Care Networks has been informed also by the development of the local Lewisham Primary Care Development strategy and the local GP Federations.

4.9 Lewisham CCG has updated its Primary Care Strategy, originally approved in 2014, to take account of national policy changes as set out in the ‘General Practice: Forward View’ (April 2016) and the London primary care plans – ‘Transforming Primary Care in London : Strategic Commissioning Framework’ (March 2015). The draft Lewisham Primary Care Development strategy is was approved by the CCG’s Governing Body in November 2016, with the proposal to move to delegated commissioning (Level 3) for Primary Care, as defined in the ‘Next steps towards primary care co-commissioning’ November 2014. Further details about primary care co-commissioning can be found at <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/11/nxt-steps-pc-cocomms.pdf>

5. Local Context

5.1 Clinical Commissioning Groups (CCGs) are required to produce their Commissioning Intentions annually as a public document. It provides a formal statement about the CCG’s intentions to improve the commissioning of local health services.

5.2 In Lewisham we have developed the Partnership Commissioning Intentions to cover all local health and care services. It is a single plan for the two year period 2017/18 and 2018/19, with one set of priorities for all commissioned services.

5.3 The Partnership Commissioning Intentions were developed within the framework of the refreshed Health and Wellbeing Strategy as approved by the Health and Wellbeing Board in September 2015, which highlighted three interdependent broader priorities for 2015-18:

- to accelerate the integration of care
 - to shift the focus of action and resources to preventing ill health and promoting wellbeing and independence
 - to support our communities and families to become healthy and resilient
- 5.4 The Adult Joint Commissioning Group is responsible for overseeing the development of the Commissioning Intentions for Adults, working closely with the Health and Care Partners Executive Board, the Adult Integrated Care Programme Board (AICPB), Adult Social Care (ASC), Public Health and Lewisham CCG.
- 5.5 The Partnership Commissioning Intentions is in two parts - for Adults and for Children and Young People. The Children and Young People Plan 2015-18 – 'It's Everybody's Business' - was considered by the Health and Wellbeing Board in September 2015 and approved by the Council in November 2015.
- 5.6 The title 'Partnership Commissioning Intentions' is to emphasise our ongoing commitment to strengthen local partnership work with the public and our partners. The commissioning focus continues to be on how we will work differently and more effectively with the public and our providers to implement a step change in the way health and care is provided in Lewisham.
- 5.7 These Partnership Commissioning Intentions are still work in progress, to be finalised in November 2016. Further work is being undertaken to agree the level of ambition, in both the short and medium term, which will be used to monitor our success. The Partnership Commissioning Intentions will inform the CCG's Operating Plan 2017-19 and the contractual approaches for 2017/18.
- 5.8 Also further work is required to shorten the Prevention and Early Action section and to produce an overall summary which can be used for wider public communication and engagement. The summary report of our Partnership Commissioning Intentions will be tested with a readers panel to ensure that it is easy to understand by the Public.

6. Partnership working with the Public

- 6.1 The successful development and implementation of these Commissioning plans and priorities relies strongly on our partnership relationships. It is essential for us to work more closely with the public, local communities, voluntary organisations and Healthwatch to hear their views on how best to reshape our future services. We believe that only by working together, as partners, can improve the quality of care and outcomes and find sustainable solutions to address the complex challenges Lewisham faces.
- 6.2 During 2015 and 2016, there were a series of engagement exercises to listen to people's views and to gain feedback from service users of health and care in Lewisham. The most common problems cited were:
- It can be hard to find the information or advice which best meets your needs to keep fit and healthy.
 - The experience of care is variable - for example the quality of care can vary between different hospital sites.

- Access to services can be confusing and difficult – for example accessing a GP or other health or care professional when you need to, especially if you want to see someone urgently; more information about accessing mental health services has been highlighted particularly.
- The care received often is fragmented and not coordinated, resulting in duplication and confusion, particularly if you have more than one Long Term Condition.

6.3 During 2016 progress has been made to improve the delivery of services in many of the areas highlighted by service users, and it is summarised in Appendix A, section 8 - for example:

- **Prevention and Early Action (section 8.1)** describes the Single Point of Access that has been established for district nursing and social work services and the new mobile app and online service which is available to help people in Lewisham to understand where they should go for treatment. Also the work which is being undertaken to improve GPs earlier identification and management of long term conditions and to widen the range of self-management advice commissioned to support people with long term conditions.
- **Planned care (section 8.2)** describes how we are planning to improve the quality of orthopaedic care, improving access to care and developing services closer to home, for example diabetes care.
- **Urgent and Emergency Care, which includes Enhanced Care and Support (section 8.3)** describes the Integrated Primary and Urgent Care Service which is being developed, the GP Extended Access Pilot which will operate from 8.00 to 8.00, seven days a week, to be piloted from April 2017 and the work we are doing to improve the emergency care with a particular focus on mental health emergencies.

6.4 The commissioners would welcome more public feedback on their views and ideas on this year's Partnership Commissioning Intentions and greater public involvement in the shaping of future services in Lewisham. There are many ways the public can get involved in our commissioning work.

Find out more at:

www.lewisham.gov.uk/myservices/socialcare/our-approach

or at www.lewishamccq.nhs.uk/get-involved

7. Partnership working with Providers

7.1 This year's Partnership Commissioning Intentions are a continuation of the above work of the Health and Care Partners to develop a whole system model which fully integrates physical and mental health and care delivery to the whole population in Lewisham.

7.2 Lewisham commissioners wish to change the historical way we have commissioned and decommissioned services to move towards outcomes and population based contracts. It is our intention to redefine the traditional commissioning/provider relationship and find new ways of effective collaboration across the health and care system. Our aims are for health and care to be delivered around the needs of the population and the individual,

irrespective of the existing institutional arrangements and provided in a joined up, safe, effective and sustainable way.

7.3 The Partnership Commissioning Intentions sets out a common set of expectations to all its providers from whom it commissions. It is expected that all providers will work towards ensuring that all advice support and care is:

- **Population based** – looking at patients/service users not just as individuals but as a part of a wider population. The neighbourhood care networks are mainly based on the general practice registered list, including primary, community, mental health and care
- **Expanding and strengthening primary and community care** - shifting the majority of outpatient consultations and ambulatory care out of hospital. This will result in most of care being provided at home or near to people's homes
- **Promoting healthy living** - helping people to get the right advice, support and care in the right place, first time with a shift towards proactive and preventative services and supporting community development
- **Providing an integrated response to the needs of the individual** – a holistic response -physical, mental and social needs - giving people control of their own care and empowering them to be independent, make informed choices and take control to meet their individual needs
- **Evidence based and outcome focused** - meeting the needs of whole population, addressing inequality and equalities issues
- **Co produced with patients, service users, carers and wider communities** - in partnership with the people and communities. As Commissioners we believe it is only by the engagement of the current and potential service users to help reshape services that we can achieve better outcomes
- **A whole system approach** - a health and care system that is safe, sustainable and provides high quality care consistently

8. Local Commissioning Priorities for Adult Health and Care

8.1 These Partnership Commissioning Intentions for 2017-19 set out the commissioning priority areas, where progress is being made and summarises our future plans which are being developed to reshape and organise support and care particularly at a neighbourhood level to transform the delivery of Community Based care, to address the above challenges. The key local commissioning priorities are Prevention and Early Action, Urgent and Emergency Care and Planned Care.

8.2 Our local focus for our commissioning work in 'Prevention and Early Action' (Section 8.1) is:

- commissioning a range of services to make it easier to access the right information and services and to make it easier to choose to live a healthier lifestyle
- supporting people to live in their own homes safely and independently working with a range of voluntary and community sector organisations
- commissioning a range of information, advice and care to support people with long term conditions to make it easier to self-manage their health, including self-management for diabetes and better Psychological therapies, based in the community

- 8.3 Our local focus for our commissioning work in 'Planned care' (section 8.2):
- consolidating planned inpatient orthopaedic surgery at fewer sites in south east London
 - improving the quality of hospital referrals and also patient experience of the appointment booking process through the Referral Support Service
 - developing services closer to home, supported by specialists, to enable the management of people with more complex health and care needs out of hospital
- 8.4 Our local focus for our commissioning work in 'Urgent and Emergency Care' (section 8.3) is:
- developing, piloting, evaluating and contracting for a range of community based services which may help to avoid or reduce the need for emergency admissions including the Integrated Primary and Urgent Care service, the Rapid response teams and a GP Extended Access Pilot
 - working with partners to improve the Emergency Care provided in Lewisham, including improving the emergency care pathway and the interface with mental health services
 - developing further Supported Discharge Services so that discharge planning is consistent and begins as early as possible to facilitate early discharge from hospital and reduce avoidable admissions into hospital

9. Financial implications

- 9.1 There are no direct financial implications arising from this report. Any proposed activity or commitments arising from the Partnership Commissioning Intentions for 2017/18 and 2018/19 will be agreed by the delivery organisation concerned and will be subject to confirmation of resources. The funding available will take account of any required savings or any other reduction in overall budgets.

10. Legal implications

- 10.1 Where there is an integration of services and/or joint funding, then this is dealt with under an agreement under Section 75 NHS Act 2006 which sets out the governance arrangements for the delivery of service and, where relevant, any delegation of functions from one party to another and the respective budget contributions of the local authority and the CCG in relation to the services.

11. Crime and Disorder Implications

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

12. Equalities Implications

- 12.1 An Equality Impact Assessment (EQiA) was undertaken of Joint Commissioning Intentions for 2015/16 and 2016/17.
- 12.2 The Adult Joint Commissioning Group has considered the summary recommendations of the Equality Impact Assessment and is ensuring that these recommendations inform the more detailed Equality Impact

Assessments to be undertaken where necessary to inform transformation plans and service redesign.

13. Environmental Implications

13.1 There are no specific environmental implications arising from this report or its recommendations.

14. Conclusion

14.1 This report provides an update on the development of the Partnership Commissioning Intentions for Adults and invites members to comment on the commissioning priorities for 2017/18 and 2018/19.

Background Documents

Refreshed Health and Wellbeing Board Strategy:

http://www.lewishamsna.org.uk/H&WB_Strategy/Lewisham%20HWB%20Strategy%20Refresh%202015.pdf

Joint Commissioning Intentions 2015/16 and 2016/17 -

www.lewishamccg.nhs.uk/get-involved/Commissioning%20intentions%20documents/Summary%20commissioning%20Intentions%20summary.pdf

Children and Young People Plan 2015-2018

<http://www.lewisham.gov.uk/myservices/socialcare/children/cypp/Pages/default.aspx>

South East London: Sustainability and Transformation Plan:

<http://www.ourhealthiersel.nhs.uk/about-us/>

If there are any queries on this report please contact:

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