

Purpose of this document

This is early thinking on the five-year south east London commissioning strategy. It is being produced by a Strategic Planning Group (SPG) of south east London's health commissioners, working as a Partnership Group with all local NHS providers and the six local authorities as providers of public health and social care services.

The strategy focuses on priority health issues for people across south east London which need collective action to address them successfully. The aims are to improve health, reduce health inequalities and to ensure the provision of health services across south east London that meet safety and quality standards consistently and are sustainable in the longer term. (Borough-level Joint Strategic Needs Assessments, commissioning plans and Health and Wellbeing Strategies will continue to be produced locally to identify borough-specific issues and challenges and the plans to address them).

The south east London commissioning strategy is being co-designed with local stakeholders and their feedback influences thinking and planning for the strategy - including proposals for south east London-wide priorities and identifying the level of ambition needed to drive the strategy forward over the next five years.

Draft Case for Change

The strategy's overarching draft case for change provides a south east London- level synthesis of the issues and challenges facing the six boroughs. This draft expands on the emerging case for change, which was developed by the partnership and tested with the South East London CCG Stakeholder Reference Group. Engagement on this by the CCGs began in January and continues until April 2014. Feedback is reported to the Partnership Group and is reflected in iterative drafts.

Emerging Collective Strategic Opportunities

The strategy is commissioner-led and clinically-driven. The Clinical Executive Group (CEG) is lead clinical group and comprises medical directors, directors of nursing and midwifery and senior social care leads from CCGs, local authorities and NHS providers. The draft collective opportunities represent the CEG's early thinking on where the strategy should focus to improve health and services across south east London in the future. This thinking is being influenced and developed by ongoing engagement with patients and local people.

Clinical Leadership Groups (CLGs) are sub-groups of the CEG and will be developing the draft collective strategic opportunities. Their work and thinking will be influenced by further stakeholder engagement.

Draft Case for Change and Emerging Strategic Opportunities Technical Summary

Overview of health services in south east London

The six CCGs (Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark) commission most local NHS services, while specialised services and primary care services (and others such as prison and military healthcare services) are commissioned for south east London by NHS England – London.

NHS services in south east London:

Primary care	<ul style="list-style-type: none"> • 261 general practices, employing more than 1,100 GPs and 650 practice nurses • 242 dental practices • 360 community pharmacies • Out-of-hours care provided by the GP co-operatives Grabadoc Healthcare Society, South East London doctors Co-operative (SELDOC) & EMDOC Bromley doctors On Call.
Community health services	<ul style="list-style-type: none"> • For Southwark and Lambeth: Guy's and St Thomas' NHS Foundation Trust • For Greenwich and Bexley: Oxleas NHS Foundation Trust • For Lewisham: Lewisham and Greenwich NHS Trust • For Bromley: predominantly by Bromley Healthcare, a Community Interest Company.
Mental health services	<ul style="list-style-type: none"> • For Lambeth, Southwark and Lewisham: predominantly South London and Maudsley NHS Foundation Trust • For Bexley, Bromley and Greenwich: predominantly Oxleas NHS Foundation Trust.
Acute services <i>(South London Healthcare NHS Trust - SLHT - was dissolved on 30 Sept 2013. Its sites and services were transferred to local NHS providers under the TSA programme for SLHT)</i>	<ul style="list-style-type: none"> • Dartford and Gravesham NHS Trust, operating from Darent Valley Hospital and Queen Mary's Hospital Sidcup • Lewisham and Greenwich NHS Trust, an integrated healthcare Trust operating from University Hospitals Lewisham and Queen Elizabeth Hospital Greenwich; with some services also provided at Queen Mary's Hospital Sidcup • Guy's and St Thomas' NHS Foundation Trust, operating from main sites at St Thomas' Hospital (including the Evelina Children's Hospital) and Guy's Hospital; with some services also provided at Queen Mary's Hospital Sidcup • King's College Hospital NHS Foundation Trust, operating from Denmark Hill and from Princess Royal University Hospital in Bromley; with some services also provided at Queen Mary's Hospital Sidcup.
Ambulance services	<ul style="list-style-type: none"> • London Ambulance Service NHS Trust responds to emergency calls and provides non-emergency patient transport services across all six boroughs.

Draft Case for Change and Emerging Strategic Opportunities Technical Summary

Local NHS organisations work in partnership with the six local authorities providing social care services and public health services across south east London.

The NHS in south east London helps to fund four hospices and works with other local healthcare charitable and voluntary sector organisations.

Local NHS organisations also link with providers of residential and community social care services in each of the six boroughs.

King's Health Partners is an Academic Health Science Centre based in south east London. This strategic partnership between King's College London and the south east London NHS Foundation Trusts (Guy's and St Thomas', King's College Hospital and South London and Maudsley) closely integrates and aligns clinical research and NHS practice in local services.

South east London population demographics and health needs

The combined population of south east London is circa 1.67million and is expected to grow to circa 1.87million by 2021¹. There have been significant recent improvements in south east London's population health, but there is more to do to meet those health needs which are worsening and the predicted future needs of the increasing population.

Extremes of deprivation and wealth:

- A high proportion of the population lives in the most deprived quintile of wards in England.
- A smaller proportion lives in the most affluent quintile of wards in England.

Highly mobile population:

- In Southwark and Lambeth, the equivalent of roughly half the current population has moved in and out over a five year period.
- In Bexley, the borough with the most settled population, the equivalent of roughly a quarter of the current population has moved in and out over a five year period.

Child poverty and obesity:

- Population aged zero to fourteen years is set to increase from 310,000 in 2011 to 356,000 in 2021. This increase of 1.39% per annum compares with 1.21% across London and 1.27% across England.

¹ GLA 2012 Round Demographic Projections, 2013

Draft Case for Change and Emerging Strategic Opportunities Technical Summary

- Four out of six boroughs are bottom quartile for percentage of children living in poverty, with an area average of 27.8% versus national median of 17.1%. (The average for CCGs in the top quartile is 10.5%).
- Five out of six boroughs are in the bottom quartile for childhood obesity (year 6 pupils). Levels range from 17.3% to 26%, which is consistently higher than the London average and significantly above the England average.

Older population - greater life expectancy and more long term conditions:

- National estimates are that 12% of people over 65 will have three or more long term conditions, 34% two or more and 67% one long term condition.
- Higher proportions of older people live in the outer boroughs. Bexley has 6.6% of males and 9.3% of females aged over 75 and Bromley has 6.9% of males and 9.7% of females aged over 75.
- Inner boroughs are seeing an increase in people living with conditions associated with older age through increased life expectancy. In Lambeth, men now live five years longer than in 1995 and women live 2.7 years longer.

Premature mortality rates and life expectancy variances:

- Difference in life expectancy between the most and least deprived wards in the six boroughs of 8.7 years for females and 9.3 years for males.
- Mortality rates for the biggest causes of premature mortality (cardiovascular diseases, cancers and respiratory diseases) have decreased significantly, but continue to be considerably above London average.
- About 11,000 people died prematurely across south east London between 2009 - 2011. Four boroughs in "worst" national premature mortality outcomes category.
- Under 75-years' deaths from cardiovascular disease have declined steeply and are in line with the London average, though still slightly above national average. But this masks significant variation between the boroughs with, in 2012, Greenwich having the highest directly standardised rate at 70 per 100,000 compared to Bromley with the lowest rate at 43 per 100,000.
- Deaths from COPD remain well above London and national averages. Also considerable variation exists between boroughs. In 2012, Greenwich had the highest standardised mortality ratio (SMR) of 155 and Bexley had the lowest at 86.
- There have been some improvements in cancer mortality rates across the six boroughs but prevalence is still above London average.
- Mental health disorders are associated with substantially lower life expectancy: 8.0 to 14.6 years lost for males and 9.8 to 17.5 years lost for females in south east London compared with the general population nationally, depending on the disorder (2011 study).

Draft Case for Change and Emerging Strategic Opportunities Technical Summary

Across south east London, the outlook is improving for a number of 'high burden' ill health issues, but significant challenges remain:

- Above average admission rates for alcohol attributable diseases and an increase in alcohol-related mortality rates.
- Highest levels of HIV and STIs nationally in inner south east London, with health inequalities from HIV rates in gay men and black African populations.
- Diabetes rates increasing in parallel with London and England. It is estimated that about one in four people with diabetes are currently undiagnosed.
- Continuing rise in people with dementia - only about half the predicted number of current patients are diagnosed and included on GP dementia registers.
- Nearly one in five adults in south east London smokes - the biggest current direct cause of preventable mortality and morbidity. Smoking is a contributory factor to health inequalities as rates are far higher for men, people in lower socio-economic groups and in white, Irish, eastern European populations.
- Teenage conception rates significantly above national and London average in inner south east London. Southwark has the highest rate at 42.7 per 1000 conceptions for women under 18-years.

The national and London context is changing the way health and integrated care services are planned and delivered

London's growing and ageing population and rise in long-term conditions (single and multiple conditions) requires better primary care and more integrated care. Also, this means it is essential for people to take control of their health and for patients to have more control of their care. Research, education, new technologies and a better understanding of diseases will help transform the health service. But the current organisation of hospitals across London is unsustainable and does not support provision of high quality care for all.

As part of their national Call to Action, NHS England identified six transformational service models that will define the characteristics of the NHS in five years time:

- 1. New approach to ensuring citizens are fully included in all aspects of service design and change and patients are fully empowered in their care.**
- 2. Wider primary care, provided at scale:**
 - Population growth and health complexity places unprecedented demand and pressure on GPs. Primary care services are struggling to respond.

Draft Case for Change and Emerging Strategic Opportunities Technical Summary

- Despite some practices achieving excellent clinical outcomes and patient satisfaction, there is significant variation in performance. London practices lag behind the rest of the country in measures of quality and patient satisfaction.
- London needs a primary care service that has the capacity and capability to provide the best care possible, in a modern environment that enables multidisciplinary working and training.
- Plans to change hospital services usually depend on boosting capacity in primary care. If we do not improve access to primary care, London's hospitals will be increasingly unsustainable.
- It is predicted there will be a £4 billion funding gap in London by 2020 and financial pressures are forcing some GP practices to close. If we do not address this in a planned way we will see a steady erosion of the quality of care and patients will suffer.

3. A modern model of integrated care.

- Integrated care services for tailored care for vulnerable and older people.
- Services must be integrated around the patient.
- Plans must take account of the £3.8 billion Better Care Fund for 2015/16 which is aimed at supporting the integration of health and social care.

4. Access to the highest quality urgent and emergency care:

- Many people are struggling to navigate and access urgent care services provided outside of hospital. A high rate of 999 calls is being experienced for both emergency and urgent care needs; and patients are defaulting to A&E.
- At the same time there are significant differences in the types and levels of service provided in A&E departments.
- The report on the first phase of the national Urgent and Emergency Care Review suggests that the quality of urgent and emergency care would be enhanced if patients were treated as close to home as possible and if networks were established, with major specialised services offered in between 40 and 70 major emergency centres, supported by other emergency centres and urgent care facilities.

5. A step-change in the productivity of elective care.

6. Specialised services concentrated in centres of excellence:

- This enables the best possible quality of services to be delivered at volume and sustainably, while connecting to research and teaching.

Draft Case for Change and Emerging Strategic Opportunities Technical Summary

In south east London, significant developments and opportunities exist to make strong and innovative responses to these changes

South east London's CCGs provide local health system clinical leadership by:

- Maintaining a constant clinical focus on improving quality and health outcomes and reducing health inequalities
- Engaging and providing leadership to member practices.
- Ensuring that public and patient voice is at the heart of commissioning decisions
- Working on Health and Wellbeing Boards to deliver local Health and Wellbeing Strategies and develop and deliver plans in relation to the Better Care Fund.

South east London has a long history of partnership working including:

- Integrated governance and joint working arrangements.
- Strategic and transformational work.
- South East London Community Based Care (CBC) Strategy is starting to transform community-based care, via workstreams on primary care and community services, integrated care and planned care.
- Delivering organisational changes to support the dissolution of South London Healthcare Trust and provide a good acute sector foundation for the future.
- King's Health Partners (KHP) - an Academic Health Science Centre - works through Clinical Academic Groups bringing subject matter experts into operational units focused on ensuring that learning from research is used quickly, consistently and systematically to improve clinical services.
- KHP's work includes Southwark and Lambeth Integrated Care (SLIC) - a programme which organises local systems of health and social care more effectively and an Integrated Cancer Centre - a collaboration across Trusts and the university to combine cancer research with first-class clinical care.
- South London Health Innovation Network shares innovations across the health system, capitalising on teaching and research. Programmes being locally include diabetes, alcohol, musculoskeletal, dementia and cancer.

Already moving the right direction:

- Services moved from hospitals to local communities: audiology for over-50's, dermatology clinics and COPD clinics are three examples.
- Mental health services are among the best nationally for CPA reviews.
- Change in the London trauma system has transformed treatment of people with a serious injury or major trauma. At the end of the first year it was estimated 58 Londoners were alive who had been expected to die of their injuries.
- Four times as many patients with stroke are treated with clot-busting drugs, leading to shorter hospital stays, less post-stroke disability and fewer deaths.
- Significant programmes of work are underway across the capital to improve services for cancer, mental health and urgent and emergency care.

Draft Case for Change and Emerging Strategic Opportunities Technical Summary

Our health services have many strengths but quality is variable and we have tolerated areas of mediocre quality for too long

No Trust in south east London fully meets the London standards for safety and quality in emergency care and maternity services and compliance with the London Adult Emergency Standards varies. All hospitals in south east London failed to meet five standards in medicine and surgery. No hospital either met or did not meet all the key national standards for Critical Care, Emergency Department, Fractured Neck of Femur, Maternity and Paediatrics standards.

Significant performance variation within and between acute Trusts:

- All showed better than average performance in terms of emergency readmissions within 28 days of discharge.
- Three out of four hospitals were in the first (top) quartile for the summary indicator on low hospital mortality.
- All hospitals were in the fourth (bottom) quartile for median time in Accident and Emergency from arrival to treatment.
- In three of four, patients reported bottom quartile experience of care.
- Patients diagnosed with cancer were experiencing higher than average over 31 day waits for their first treatment; one hospital was in the fourth (bottom) quartile.
- Only one hospital was above average for two week referrals to first outpatient appointment for breast symptoms, with two in the fourth (bottom) quartile.

Variable quality in primary care:

- All CCGs have lower than national average primary care spend.
- All south east London CCGs have lower than average GP access, with three in the fourth (bottom) quartile nationally and the others in the third quartile.
- Patients report fourth (bottom) quartile experience of care in four of the six CCGs with two in the third quartile.
- There is significant variation in achievement of GP outcomes, both within and between boroughs. Even the best CCG performance against GP outcomes across was lower than the equivalent average for England.

Quality, consistency and productivity in community & mental health services:

- Mental health services deliver top quartile performance on one of 11 outcomes.
- Three CCGs had high (bottom quartile) incidents of serious harm in mental health care with the rest in the third quartile.
- Three CCGs have low employment of adults with mental health conditions.
- Four CCGs are bottom quartile for childhood immunisation; two in third quartile.
- Five CCGs in the bottom quartile for pressure ulcer prevention and three in bottom quartile for falls in the community.
- All CCGs in third quartile on delayed transfer of care.

Draft Case for Change and Emerging Strategic Opportunities Technical Summary

Patient satisfaction is low compared to national benchmarks:

- Four CCGs are in the bottom quartile nationally for patient experience of their primary care.
- Four CCGs are in the bottom quartile nationally for patient experience of their hospital care.
- In 2013, three of the four acute Trusts in south east London at the time scored in the bottom quartile nationally for the national Friends and Family Test - which measures whether people would recommend the service they received from a provider to a relative or friend who needed similar care or treatment.

But we're learning how patients wish services to be improved:

Engagement recently carried out by the CCGs has provided rich local feedback on how patients and local people would like to services improved. Some feedback is borough-specific and some are developing into common themes across boroughs. All the feedback is being used to develop the draft south east London commissioning strategy.

Feedback includes:

- Valuing highly the provision of primary care services.
- GPs should not need to send people to hospital unnecessarily.
- Bring more services into local communities rather than in hospitals.
- More services to care for people at home and avoid hospital admissions.
- Not all illnesses mean people need hospital attendance or admission.
- Older people and people with young children sometimes go to A&E if they can't easily get a GP home visit.
- More GPs to offer on line booking for appointments, telephone consultations and walk-in sessions.
- GPs to open for longer and at weekends.
- People need to be able to use their local health services more easily and at different times of the day and night.
- Want to know more about services available now and what's in the pipeline.
- Health, social care and local voluntary services need to be more integrated.
- Hospitals with consultants on duty 24/7 are better for emergencies.
- After-hours treatment and access to consultant care in hospital 24x7 is vital.
- Treatment and tests at weekends would be a great improvement.
- Need to look closely at children's health from birth and maternity services.
- Children with mental health disorders need easier transition to adult services.
- More prevention and self care advice needed.
- Older people's care and end of life care need to be looked at more closely.

Challenging financial position for the south east London partners

Currently, most of the spend on south east London's NHS services is focused on acute services. About 70% of NHS spend nationally is on long term conditions, with 2% of patients with chronic illnesses accounting for 30% of unplanned hospital admissions and 80% of GP consultations. Co-morbid mental health problems are also a significant cost pressure for the NHS.

For CCGs:

- Analysis by NHS England shows that if we continue with the current model of care and expected funding levels, there could be a national funding gap of £30bn between 2013/14 and 2020/21 - on top of efficiency savings already being met.
- Financial modelling carried out prior to the final national allocation settlement indicates that the scale of financial challenge for south east London CCGs increases from circa £60m in 13-14 to £74m, in 2014/15. This represents around 5% of budgets in each CCG.
- For 2014/15 the assumption is that there will be a net impact from the transfer of funds to local authorities to create the Better Care Fund. Proposals for these funds are being developed in collaboration with local authority colleagues and are being taken for approval through Health and Wellbeing boards by March 2014.

For primary care:

- The new allocation policy agreed in December 2013 results in London area teams being over target by 2.8% and therefore receiving a base level of funding increase in 2014/15 of 1.60% against a national average of 2.14%. This further impacts in 15/16 with a resource increase of 1.29%.
- National agreements on inflation uplifts through the Doctors' and Dentists' Remuneration Body are yet to be agreed but together with ONS population growth set a minimum uplift of circa 2.0% in 2014/15. This presents a minimum funding gap of 0.4%. Changes in the business rules regarding non-recurrent reserves put further pressure on available recurrent resources.
- Primary care across London achieved £28m financial savings agenda in 13/14 but has a carried forward requirement of £22m in advance of 14/15 settlement.

For specialised commissioning:

- The challenges faced follow the work done in 2013-14 to arrive at a baseline allocation for specialised services across London.

Draft Case for Change and Emerging Strategic Opportunities Technical Summary

- There has been a significant loss of resources to other regions, and it is recognised that further allocation adjustments between NHS England and CCGs will be necessary at the end of quarter one 2014-15. Until then allocations are based on the outcome of the work done by the London technical group, which was agreed in December 2013.
- The challenge set by NHS England is to save almost 6-7% of the current expenditure on specialised services. This is particularly difficult when many are relatively small volume, high cost in nature.
- Some NHS providers are dependent on this income to maintain their workload.

For local authorities:

- Unprecedented pressures on resources, with some local authorities needing to save over 30% of their current expenditure over the next three to four years.
- Adult social care provision forms a large percentage of local authorities' budgets and the challenge is how to reduce expenditure and find cost effective ways of working, whilst maintaining services that are safe and of high quality.

Interrelated challenges faced by the south east London partners:

- A constrained financial environment.
- Diversion between demand growth and level of funding.
- The implications of regulatory changes and key safety, quality and patient care recommendations (Francis Report, Berwick Report, Winterbourne View, Urgent and Emergency Care review, and the Future Hospitals Commission)
- Significant changes in health and social care needs of population (ageing, high and increasing diversity, people not registered with a GP, mental illnesses)
- Meeting south east Londoners' expectations about health services and support available to them to live as independently and as full a life as possible.
- Changing profile of demand by illness (increases in alcohol-related, heart and lung illnesses and mental ill health)
- Uncertainty in the system about the long term provider landscape and future patient flows
- Local service integration including primary care and integrated community care
- Emergency centre designation
- Specialist service consolidation / designation in line with national strategic direction
- New workforce models in response to the need for ambulatory upskilling and staff shortages within the existing workforce
- Information Management and Technology changes will be key enablers of change, but will also demand time and investment from all organisations.

Draft Case for Change and Emerging Strategic Opportunities Technical Summary

Draft emerging strategic opportunities for south east London

The south east London commissioning strategy is commissioner-led and clinically-driven. The lead clinical group is the Clinical Executive Group (CEG) comprising medical, nursing, midwifery and social care directors across the six boroughs. Clinical Leadership Groups (CLGs) report to the CEG and comprise a range of senior clinicians and social care professionals from across NHS and local authority organisations in south east London.

The emerging strategic collective opportunities list below represents the CEG's early thinking about key areas on which the strategy should focus in order to consider improvements to health and services across south east London and which would need collective action to address them successfully. The CLGs will be taking forward the planning and development of these:

- **Transforming primary care.**
- **Delivering integrated care.**
- **Transforming urgent and emergency care.**
- **Transforming maternity care.**
- **Transforming paediatric care.**
- **Transforming cancer care.**
- **Transforming planned care**

The emerging strategic collective opportunities are subject to stakeholder engagement until April 2014 and beyond. **Feedback from this engagement is being used concurrently to inform the CEG's thinking on these issues and the planning work of the CLGs.** In this way, the views of patients, local people, health and social care staff and other stakeholders directly influences the development of strategy, prior to submission of the full strategy in June 2014.

Borough-level Joint Strategic Needs Assessments, commissioning plans and Health and Wellbeing Strategies will continue to be produced locally to identify borough-specific issues and challenges and the plans to address them locally.