



South east London five year commissioning strategy

**Update on progress for Southwark Healthy
Communities Scrutiny Sub-committee**

25 June 2014

**The content of this presentation reflects work in progress and is
subject to change following wider engagement**

What is the five year strategy?

- A new 5 year commissioning strategy for health and integrated care across south east London
- To improve health services for everyone in Bexley, Bromley, Greenwich, Lambeth, Lewisham, and Southwark
- Addressing issues that cannot be solved by one area alone or where there is more that can be achieved by working together
- Five years gives everyone time to think about, agree and make the improvements needed and build on what already works well and suggest what needs to be improved
- Building on borough-level Joint Strategic Needs Assessments, commissioning plans and health and wellbeing strategies , which will continue to be produced to identify borough-specific issues and challenges and the local plans to address them
- Significant engagement is being undertaken to obtain the views of local people across south east London

Who is involved?

- Six NHS organisations (Clinical Commissioning Groups) in south east London
- NHS England (London) commissioners
- Shaped by seven Clinical Leadership Groups (CLGs)
- In close partnership with local authorities, providers of care and other partners
- Patient and public voices

Our case for change

Health outcomes in south east London are not as good as they could 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.
- It is taxpayers' money and we have a responsibility to spend it well.

The longer we leave these problems, the worse they will get; we all need to change what we do and how we do it.

Our vision and ambition

- 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 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

Proposed integrated system model

Resilient communities as the foundation

1) **Primary & community care including social care** – universal service supporting our whole population

2) **Long terms conditions, physical and mental health** – supporting those with long term physical and / or mental health conditions

Pathways of care (may require hospital intervention) – support patients through episodes of care:
Five selected priority pathways

- 3) **Planned care**
- 4) **Urgent and emergency care**
- 5) **Maternity**
- 6) **Children & young people**
- 7) **Cancer**

Proposed integrated system model

- Brings together the different components of the strategy into a proposed single system focused on delivering the objectives of the strategy.
- Recognises that we must and can strengthen the resilience of our local communities.
- Primary and community care services are the cornerstone of health and social care. 90 per cent of NHS contacts take place in the community.
- People with long term physical and/or mental health conditions need integrated teams which bring together social care and wider local authority services, NHS funded services and the voluntary sector.
- People who require care need different parts of the system to be well connected so that their care is joined up
- In addition to primary and community care and long term conditions - physical and mental health, there are a further five priority pathways which support people across hospital and community settings:
 - planned care
 - urgent and emergency care
 - maternity
 - children & young people
 - cancer

This is a clinically-driven strategy

There are seven Clinical Leadership Groups developing the strategy:

- Primary and community care
- Long term conditions - physical and mental health
- Planned care
- Urgent and emergency care
- Maternity
- Children and young people
- Cancer

The groups include clinicians and senior experts from south east London's NHS commissioners, providers of NHS services, social care services, public health services, Healthwatches and patient and public voices

They have developed early proposed new service models for testing and engagement

Overview of our work to date

The following have been engaged in planning, discussion, design, challenge and learning:

- **More than 100 clinicians**
- **Over 200 patients, members of the public and Healthwatches**
- **Clinical commissioners and senior management from all six CCGs**
- **NHS England primary care and specialised teams**
- **All six local authorities including Health and Well-Being Boards (to April 2014), CEOs, public health and social care**
- **Members of the voluntary sector**
- **Chief executives, medical and nursing directors from local providers of NHS services**

This builds on engagement and strategy/ planning work within individual boroughs

A south east London Case for Change has been developed, on which we have carried out further engagement and which has been used to set the priority areas of focus for the strategy

An overarching proposed integrated service model has been developed

GP practices are working together in Local Care Networks

Proposed new models of service delivery have been designed by Clinical Leadership Groups and these will now be tested through wider engagement with clinicians and local people and refined before detailed planning to implement is put in place.

Implementation work already underway

We understand the urgency to improve services and significant work is already underway to deliver parts of the strategy during years one and two.

CCG operating plans set out a series of bold changes that will be delivered in years one and two of the strategy, and we have begun the process of evaluation and continuous improvement for these services.

Some examples of significant work already being implemented include:

- **Development of wider primary care, provided at scale**
- **Developing a modern model of integrated care**
- **Improving and enhancing local urgent and emergency care**
- **Transforming specialised services**
- **Building resilient communities**
- **Partnership working across south east London**
- **Promoting public health role and prevention**

Further development from July 2014

Beyond 20 June 2014 our work will be focused on:

- Continued development of the integrated system model and the components that underpin it (models for primary and community care and long term conditions, plus our five priority pathways)
- Continued delivery of implementation work already underway (for example, development of wider primary care provided at scale; development of integrated services for people with long term conditions)
- July to December 2014 and beyond – Work to develop proposed interventions and impacts with considerably wider engagement with stakeholders on the strategy and implications as they develop