

Appendix 1

# Approach to developing the CCG Strategic Framework 2015-20

9 March 2015



- The CCG agreed to develop a new strategic document covering the period 2015-2020.
- Our Governing Body endorsed an approach and structure for the development of the document. It was considered that a concise strategy written to be accessible to the lay reader would best suit our purpose.
- The purpose of the document is to clearly describe the impact on the health of people living in Southwark we plan to make over the course of the next five years.
- We want our Strategic Framework to clearly describe how we move from where we are today to a situation where we are commissioning integrated services based on locality geographies with contracts in place that are outcome-focussed and funded on a capitated basis.
- We recognise that it is essential that we talk about the practical steps we will take to transition to our goal of commissioning integrated care and explain the benefits of this approach for the people of Southwark.

# High level outcomes and key health issues

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- We have developed an early draft of the CCG's strategic framework, which focuses on taking action to improve four strategic health outcome areas:
  1. An increase in healthy life expectancy for people in Southwark
  2. A reduction in health inequalities in Southwark, with those on the lowest incomes achieving better health outcomes than they do now five years into the future.
  3. An increased level of 'patient activation', with more patients engaged in their healthcare.
  4. More patients reporting a better experience of healthcare services.
- In thinking about the best way to maximise impact on the four outcomes, we have used the JSNA and Health and Wellbeing Strategy to identify the key health issues that contribute most to determining our four strategic health outcomes. These include things such as childhood obesity; preventable liver disease; variable GP access; outcomes for people with mental health conditions; dementia diagnosis.
- What we want to determine now are the specific things we will do (concrete actions) in order to be in a position to support our ambition to commission integrated services within a locality geography within the next 5 years.

We know we will have to continue to develop our approach to commissioning NHS services if we are to secure the future of the NHS in Southwark and to make improvements to health outcomes. Primarily we will need to ensure that the services we commission continue to be safe and effective; provide best value for money; and are continually monitored and developed through engagement with people in the borough. Importantly, we will work to ensure that our commissioned providers consistently achieve NHS Constitution and other national mandatory standards for NHS patients in Southwark.

Beyond this, we will develop our approach to commissioning so that we improve the quality of local care and patient outcomes. We are absolutely clear that in order to our strategic aims we will need to consistently adopt the following approach, which represents a fundamental change from the way we commission services at present:

1. Develop and then commission integrated models of care that enable a population-based approach to the management of our patients along the entire pathway of care. Rather than just treating ill-health and disease, we recognise and address the wider determinants of ill-health across Southwark.
2. We need to commission on the basis of outcomes and not through focusing on process or activity measures. A focus on outcomes means we place the notion of value at the centre of our commissioning activities. Southwark CCG's mission is 'To achieve the best possible health outcomes for Southwark people'. We will do this by commissioning services which focus on targeting health inequalities and by ensuring that services are strong and able to deliver consistently high quality care for all patients. The way that services are organised will need to change to make this a reality.

3. We need to focus more on prevention and early intervention so that people get the right help when they need it and we need to ensure that people who have more complex conditions receive an integrated and personalised service.
4. We must increasingly move to a model where local our residents are seen as people who can contribute and exercise control over their own lives, improving their own health and well-being. We need to invest in the development of social capital across the borough, with a particular focus on enabling people to take control and giving them the tools to manage their conditions effectively. This will incorporate carers.
5. We need to change the models of care we commission so they increasingly are focussed on pro-active stratification and management of patient cohorts.
6. We will develop and commission services structured around primary and community care neighbourhood geographies. The aim of this is to commission holistic care with doctors, nurses, social workers, therapists, housing support workers and home carers will be able to work in a more integrated way, with common objectives to improve health outcomes for local people.
7. We will enhance community capacity and improve access for our patients. We believe that all patients should have access to the same range of and quality of services to meet their health needs. We also plan to make it easier for patients to get the care they need when they need it, as close to their home as possible. This should mean less care needed in acute settings as primary and community based services are accessible for more hours seven-days-a-week.