ENCLOSURE: G

Agenda Item: 08/14

NHS Bexley Clinical Commissioning Group

Governing Body (public) meeting

DATE: 30 January 2014

Title	**South East London 5 year Strategic Plan**
Recommended action for the Governing Body	That the Governing Body: **Note** and comment on the draft South East London "Case for Change" which is part of our 5 year South East London Strategic Plan.
Executive summary	In 2014/15 all CCGs are required to produce: 1. A 2 year detailed Operational Plan (2014/15 and 2015/16) 2. A 2 year detailed Financial Plan (2014/15 and 2015/16) with the financial outline plan for the next 3 year period 3. A Strategic Plan for the 5 year period. Across South East London, and in line with the national recommendations, it has been agreed that the 5 year plan will be at a South East London level – this will be "built up" from each CCGs Joint Strategic Needs Assessment, local Commissioning Intentions, QIPP and financial plans, and will provide for the collective opportunities to move forward at scale and pace across South East London. This CCG is actively involved in the development of the 5 year South East London Strategic Plan, and this is also reflected within our local Commissioning Intentions and our Operational Plans. In the attached we provide a brief update on the work and developments surrounding the strategy development, together with the draft "Case for Change" (for information and comment).

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Which objective does this paper support?	**Patients:** Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders		✓
	People: Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London		
	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation		✓
	Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience		✓
Organisational implications	Key risks (corporate and/or clinical)		
	Equality and diversity	Compliance will be delivered	
	Patient impact	Improvement in services for patients	
	Financial	Linked directly to our 2 year Operating and 5 year Strategic Plans (financial)	
	Legal issues	Not applicable	
	NHS constitution	To ensure compliance with the requirements of the NHS Constitution	
Consultation (public, member or other)	See document		
Audit (considered/approved by other committees/groups)	Work on the 5 year South East London Strategic Plan is supported by all CCGs in South East London, through the Implementation Executive Groups, Partnership Groups, Directors of Commissioning and Finance Groups etc. Bexley senior staff are all members of these groups and actively working to develop this strategy.		
Communications plan	This is part of the 5 year Strategy development and also links to the communications plan developed around the CCG's updating of our Commissioning Intentions (including QIPP programs)		
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Date	22nd January 2014		

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Part 1 - Briefing Note – December 2013
South East London Commissioning Strategy Programme

Introduction

The South East London Commissioning Strategy programme November 2013 briefing explained how the six South East London CCGs and NHS England as co-commissioners of health services for the local population, in close partnership with local providers and local authorities, are planning to develop and deliver a new five year commissioner-led, clinically-driven strategy across the six boroughs, focusing on priority areas requiring collective action.

The aim of the strategy is to address the challenges faced across the south east London health system by working together to deliver local health and integrated care services which meet safety and quality standards consistently and are sustainable in the longer term. There will be six individual strategies for the six CCGs/ boroughs plus one for South East London as a whole, which collectively will address the scale of the challenge identified by the emerging case for change for South East London.

The approach being taken by partners will have a strong focus on engagement, aiming to co-design with partners, including patients and local people. Initial thinking will be developed and amended through the engagement process. The strategy will be based on local needs and aspirations and will be developed by listening to local voices and building on work at borough level, whilst taking into account national and London-wide policies.

This December 2013 briefing updates on the strategy programme's South East London Partnership Group's (lead officers and clinicians from CCGs, NHS England commissioning, local authorities, provider organisations and NHS partner organisations) initial work on identifying why we need a five-year commissioning strategy across South East London. This is the beginning of the development of a shared case for change for local health services.

It also updates on the process for developing the strategy over the next few months.

At Appendix 1 – we have provided the overview of the overall programme management groups and interfaces.

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Engagement on the emerging Case for Change

The commissioners are taking a “bottom up” approach to the case for change development and engagement with those affected. The case for change will also recognise the national and London strategic and policy frameworks within which healthcare needs to work.

The process for developing the case for change across South East London includes mobilising the strategy programme’s Clinical Executive Group (CCG Chairs, provider medical directors, NHS England clinical leads) to review and develop the emerging case for change and present it to the Partnership Group on 30 January 2014. This ensures that the strategy is clinically-driven and takes account of local health needs.

It is essential that there is a shared understanding of the case for change between the partners in strategy programme and across stakeholders in South East London, as this will inform the development of the strategy and the delivery of the interventions required to implement the strategy over the next five years.

The first iteration of the summary emerging Case for Change is attached. It is being shared with CCG Governing Bodies in public and, via CCGs, with Health and Wellbeing Boards for comment, feedback and challenge as part of the engagement process and the strategy’s commitment to transparency and openness throughout.

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Process for development - next steps

December 2013 to January 2014	• Setting out scale of the challenge and emerging a case for change for engagement with stakeholders. • Understanding the existing plans and strategies of individual CCGs and NHS England in order to understand key gaps, challenges and questions. • Submission to NHS England of Headline Strategy - which is our "plan for a plan" (18 December 2013)
January to February 2014	• Case for change - continued engagement and further development • Development of the vision/shared ambition and priorities • Submission of CCGs' 2 year operating plans and Better Care Fund plans (14 February 2014)
February to March 2014	• Development of improvement initiatives • Case for change, vision /shared ambition & priorities - continued engagement
April 2014	• Draft strategy submission to NHS England (04 April 2014)
April to June 2014	• Further engagement on draft strategy
June 2014	• Submission of final strategy (20 June 2014)
June to December 2014	• Further engagement on strategy • Development of work on implications of strategy • Engagement on implications

Decisions on the case for change and on the draft emerging strategy as indicated above will be taken at CCGs' public Governing Bodies meetings. CCGs will be engaging their Health and Well-being Boards in this decision-making process. Health and Well Being Boards will approve proposals for the Better Care Fund.

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Part 2: Summary Emerging Case for Change Narrative South East London Commissioning Strategy Programme

Context and scale of the challenge

This represents an initial synthesis of feedback from the 22 November 2013 Partnership Group and supporting documents into a short narrative on why we need a strategy and why we are working across south east London. This is intended as a starting point for discussion and will be further developed during December and January as part of developing the Case for Change for South East London.

South East London faces significant health challenges

- South East London has extremes of deprivation and wealth with a large percentage of the population being amongst the most deprived fifth in England while other parts contain those who are in the most affluent fifth of the population
- There is a difference in life expectancy between the most and least deprived wards of 8.7 years for women and 9.3 years for men[i]. In Woolwich Riverside men live to 74.7 years on average and women to 79.9; whilst in Petts Wood and Knoll men live to 83.4 years on average and women to 89.2 years
- About 11 thousand people died prematurely across South East London over the period 2009 to 2011, with four out of six boroughs being classified in the "worst" category for premature mortality outcomes[ii] in England
- Key health issues that have been identified across multiple boroughs in South East London include:

    - Health issues identified as a 'high burden' of ill health and getting worse – obesity, mental ill health, alcohol related diseases, sexual health, conditions related to older people, and diabetes
    - Health issues identified as a 'high burden' of ill health, but improving – cancer, smoking-related, cardiovascular disease, respiratory disease, teenage conceptions and stroke.

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
- The national work on emergency care tells us that an ageing population with increasingly complex needs is placing increasing demands on urgent or emergency care. Many people are struggling to navigate and access urgent

care services provided outside of hospital, so they default to A&E. At the same time there are significant differences in the types and levels of service provided in A&E departments
- As a system we need to improve quality and to drive consistency and productivity in community and mental health services
- In primary care, many patients find it hard to get an appointment with their GP and the services available are inconsistent, with lower patient satisfaction scores compared to other parts of England.

People's feedback tells us that:

- Primary care is valued highly by our population
- There is need for better and consistent access to services at local level – available at times convenient to the patient
- There is support for community hubs and access to services in community based centres
- There is appetite for more and better information about various aspects of services and commissioning
- People support the need for services to be more joined up.

The financial position is also challenging

- In 13-14 CCGs are delivering over £60m of QIPP. Trusts are delivering significant CIP/QIPP programmes; and local authorities are delivering significant savings following grant reductions and cost pressures
- A combination of cost pressures and funding expectations mean that in many cases current savings programmes will increase significantly in 14-15 and 15-16 (circa £100m in 14-15)
- We need to work differently in order to meet the increasing needs of our population and deliver the benefits of improvements in health care technology within the resources available

Many of these issues are being tackled by Clinical Commissioning Groups working in partnership with their local authorities and other partners and stakeholders locally. But some cannot be addressed by one CCG alone and some would benefit from CCGs and partners working together on a larger scale. That is why CCGs in South East London are working together with NHS England (as the commissioner of primary care and specialised services), local authorities, NHS providers and other partners to develop and deliver a five year commissioning strategy to improve health, address health inequalities and secure consistently high quality services which are sustainable in the longer term.

The strategy will build on the work taking place in each borough and the individual strategy of each CCG. It will reflect local needs and aspirations. It will be

developed through wide engagement, so that it is co-produced with partners and with local people and with patients. We will work transparently in developing it, sharing the evidence which underpins the case for change, sharing our data and any assumptions we make about it, sharing any modelling and encouraging partners to test our thinking so that we have a strategy which people recognise as a fair response to the challenges we face and a reflection of local aspirations.

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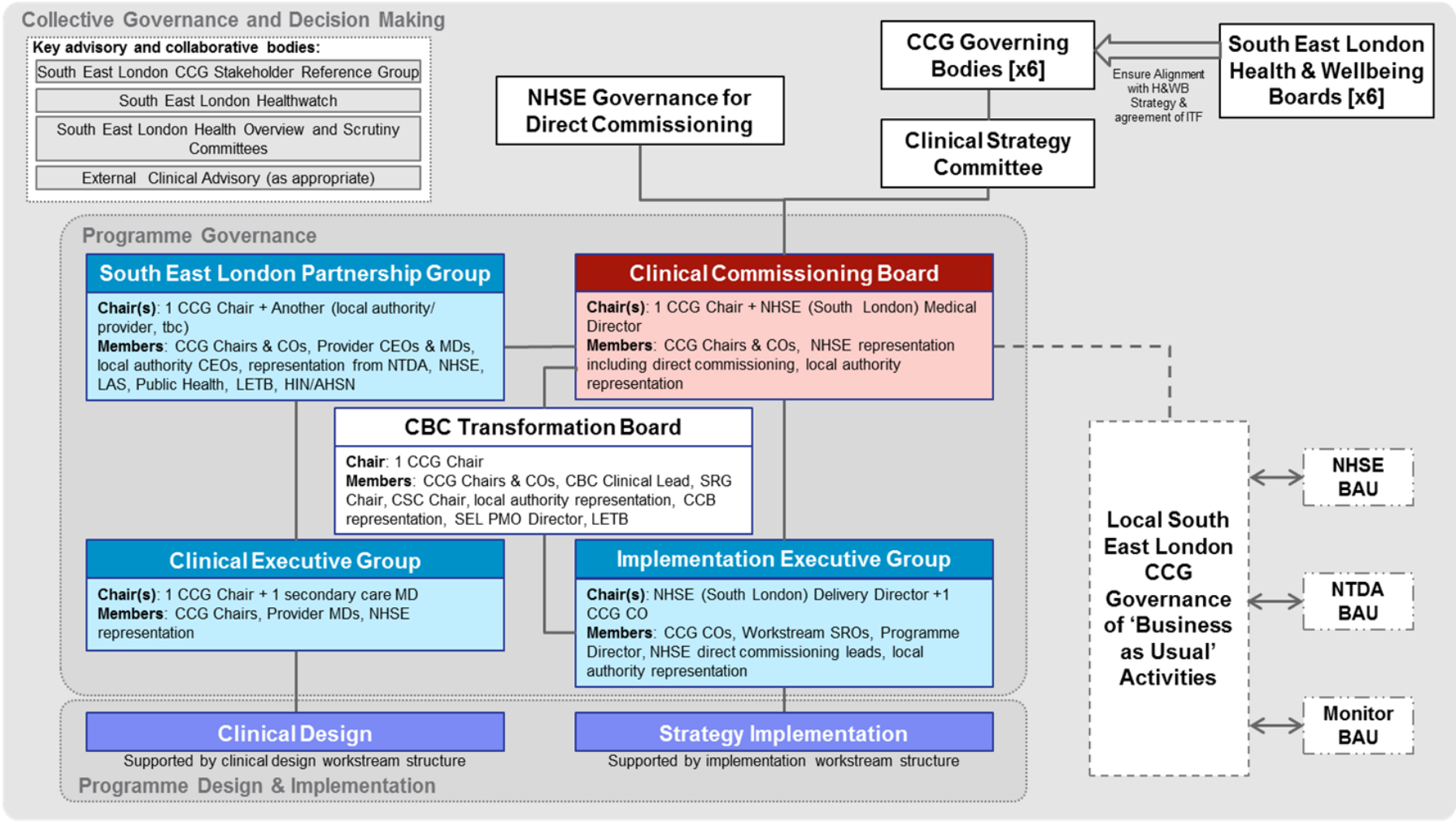
[i] Source: Public Health England – Health needs assessment toolkit. Based on ward level data for deprivation and life expectancy at birth, 2006 to 2010

[ii] Source: Public Health England – Longer Lives website

Appendix 1: Programme Structure and high-level memberships

The programme governance has been updated based on feedback from the South East London Stakeholder Reference Group that this should be drawn and communicated in a simple way.



Notes & Abbreviations

ITF = Integration Transformation 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, throughout
BAU = 'Business as Usual'
CBC = Community Based Care
SRG = Stakeholder Reference Group
CSC = Clinical Strategy Committee

Last Updated : 11/12/13