ENCLOSURE: J

Agenda Item: 12/15

NHS
Bexley
Clinical Commissioning Group

Governing Body (public) meeting

DATE: 29 January 2015

Title	**Our Healthier South East London: programme update**
Recommended action for the Governing Body	That the Governing Body: **NOTE** the progress of the *Our Healthier South east London* programme and identify areas where further work is required to develop the strategy
Executive summary	The six Clinical Commissioning Groups (CCGs) across south east London published a draft of a joint five-year commissioning strategy in June 2014. The strategy was presented to and approved by the CCG Governing Body on 10 June, prior to its submission to NHS England for a national deadline of 20 June. The Governing Body approved the strategy for submission, making a number of comments and identified areas for further work, which were incorporated into the strategy programme's work plan. These included: further detailed analysis and understanding for implementation, the need for a process regarding better understanding the financial implications, clarity on the IT system required to support the strategy across SEL and more information on the strategic enablers. The governing body has received updates on progress since June. This more detailed report summarises the progress made on the strategy in the last six months and the next steps. The strategy is being developed by the six CCGs working with NHS England and in partnership with local authorities, NHS providers, patients, local people and other key stakeholders. Its development is overseen by a programme board, the Clinical Commissioning Board, comprising the chairs and chief officers of the six Clinical Commissioning Groups, with colleagues from NHS England and representation from Healthwatch and patient and public voices. The Clinical Commissioning Board reports to the Clinical Strategy Committee of the six CCGs. The Clinical Commissioning Board is, in turn, supported by a Partnership Group, bringing together local authorities, NHS providers and other partners. Clinical leadership from CCGs, providers and local authorities is provided by the Clinical Executive Group and six Clinical Leadership Groups.

Excellent healthcare – locally delivered

	The strategy complements and builds on local work and has a particular focus on those areas where improvement can only be delivered by collective action or where there is added value from working collectively. It seeks to respond to local needs and aspirations, to improve the health of people in south east London, to reduce health inequalities and to deliver a health care system which is clinically and financially sustainable. It also meets the NHS England requirement that all CCGs develop a commissioning strategy. The strategy is being developed through an iterative process, so this report reflects the progress to date. It sets out the progress in developing a whole system model for south east London and the six priority areas for intervention: community-based care, children, maternity services, cancer, urgent and emergency care and planned care. Each of these priority areas has a Clinical Leadership Group drawn from local NHS organisations, local authorities and members of the public. This paper describes the current position in relation to the development of whole system outcomes and modelling the impact of the strategy across health and social care. The strategy is broadly consistent with the recommendations of the London Health Commission and the NHS Five Year Forward View, but further work will be undertaken to ensure alignment and to take account of further national and London wide policies as they develop. There is further work required to develop the models in more detail and to engage widely in this, then to consider the implications in practice, again with extensive engagement in each borough and across south east London. Feedback from this engagement and involvement will continue to inform development of the strategy and will be published in a series of regular 'You Said, We Did' reports. Should any significant service changes be proposed as a result of the further development by the clinicians, patients and local people working on the strategy, consultation on these would take place in the second half of 2015. In the meantime, each CCG is continuing to develop its operational plans and local strategies, including working with its local authority to develop/refresh the Health and Wellbeing Strategy. The south east London strategy had been tested to ensure consistency with local strategies and plans, and to identify the progress already made towards implementation, so as to inform the operational plans and the further development of the strategy.

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<table>
<tr><td rowspan="4">Which objective does this paper support?</td><td colspan="2">Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders</td><td>✓</td></tr>
<tr><td colspan="2">People: Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London</td><td>✓</td></tr>
<tr><td colspan="2">Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation</td><td>✓</td></tr>
<tr><td colspan="2">Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience</td><td>✓</td></tr>
<tr><td rowspan="6">Organisational implications</td><td>Key risks
(corporate and/or clinical)</td><td colspan="2">As set out in the report in section 11</td></tr>
<tr><td>Equality and diversity</td><td colspan="2">The report sets out in section 19 gives information about the Equality Impact Assessment that was carried out in 2014, and details a further Equality Impact Assessment will be carried out between March and May 2015. We re</td></tr>
<tr><td>Patient impact</td><td colspan="2">The report details extensively the impact the strategy would make on patients</td></tr>
<tr><td>Financial</td><td colspan="2">The strategy reflects the financial plan and savings required to deliver a financially balanced position over the five year period, as described in the CCG's operating plan</td></tr>
<tr><td>Legal issues</td><td colspan="2">None specifically arising from this report</td></tr>
<tr><td>NHS constitution</td><td colspan="2">None specifically arising from this report</td></tr>
<tr><td>Consultation (public, member or other)</td><td colspan="3">Communications and engagement is led by the Our Healthier South East London communications and engagement workstream, which the CCG is an active member. Section 9 of the report details the public engagement that has taken place, and highlights the engagement that has taken place in Bexley</td></tr>
<tr><td>Audit (considered/approved by other committees/groups)</td><td colspan="3">N/A</td></tr>
<tr><td>Communications plan</td><td colspan="3">Communications and engagement is led by the Our Healthier South East London communications and engagement workstream, which the CCG is an active member. Section 9 of the report details the public engagement that has taken place, and highlights the communications that has taken place in Bexley</td></tr>
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Author	Caroline Taylor, Our Healthier South East London Programme Director	
	Clinical lead Dr Howard Stoate	Executive sponsor Sarah Blow Chief Officer
Date	16 January 2015	

OUR HEALTHIER SOUTH EAST LONDON
The South East London Commissioning Strategy

1. Introduction

Our strategy:

- is local commissioner led and clinically driven
- aims to improve health, reduce health inequalities and ensure the provision of health services across south east London that meet safety and quality standards consistently and are sustainable in the longer term
- is based on local needs and aspirations, listens to local voices and builds on plans and work at borough level, whilst taking into account national and London-wide policies
- focuses on those issues which need collective action by south east London's health system and local authorities' working in partnership to address successfully
- focuses on the most important health issues for people in south east London, as identified in the south east London "case for change" developed by local clinicians and social care colleagues and tested with partners, local people and other stakeholders
- runs for five years – from 2014 to 2019 – to give plenty of time to plan and deliver improvements

Borough-level Joint Strategic Needs Assessments, CCGs' commissioning plans and Health and Wellbeing Strategies continue to be produced locally, to identify borough-specific issues and challenges and the plans to address them. The clinical case for change identified a number of issues across south east London which are reflected in the health of local people and which impact on the safety, quality, effectiveness and accessibility of health services, which can be best addressed by collective action across the health and integrated care system or where working together will add value.

2. Summary of issues

Health outcomes in south east London are not as good as they could be and the longer we leave these problems, the worse they will get. We all need to change what we do and how we do it.

- 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
- We all pay for the NHS and we have a responsibility to spend the money wisely

3. Our approach to tackling these challenges

NHS Bexley CCG is working on this joint strategy as a member of the Strategic Planning Group for south east London, together with the other five CCGs and NHS England. The strategy is being developed by local clinicians, social care leads and other experts, CCG commissioning leads, Healthwatch representatives and patient and public voices from across south east London. It focuses on six key areas:

- Community Based Care*
- Urgent and Emergency Care
- Maternity
- Children and Young People
- Planned Care
- Cancer

(*This group merges two previous workstreams set out in previous reports – Primary and Community Care and Long Term Conditions – Physical and Mental Health).

Development work on the strategy to date has identified the following key characteristics which would underpin a future integrated system for south east London:

- Build strong, confident communities
- Promote health and wellbeing
- Provide accessible and easy to navigate services
- Join up services from different agencies and disciplines
- Deliver early diagnosis and intervention
- Raise the quality of services to the same high standard
- Support people to manage their own health and wellbeing

Further details are available in the strategy documentation, which is available on each CCG website and on the programme website.

4. Development of the ‘Whole System Model’

Each of the six Clinical Leadership Groups has made excellent progress over the last six months and their work has been brought together in an over-arching Whole System Model, which describes how we would propose to deliver health and care services in future. The model is underpinned by Local Care Networks in each borough. This work is still in development and is being tested against the Five Year Forward View and recently received planning guidance, and the London Health Commission recommendations.

The Whole System Model and Local Care Networks are represented diagrammatically in Appendix A.

5. Progress of Clinical Leadership Groups (CLGs)

Each CLG has discussed and agreed the case for change in its clinical area and developed initial proposals for change which are now being discussed and developed further.

5.1 Community-Based Care

The case for change

- Patients and carers tell us that care is not joined up between different services
- Older people often have more than one health problem and need support and treatment from many different services and professions
- Barriers exist between the current arrangement of service providers in health and social care leading to disjointed service provision for those who need it
- Many people would like to have greater involvement and control of their own care and be facilitated to do more to care for themselves
- Some patients find it hard to get a GP appointment when needed, reverting to accessing other urgent and emergency services or deterioration in their health

How we propose to improve services

- We are developing a new model of community based care for South East London in order to ensure everyone has equitable access to consistently high quality, joined up care
- Community Based Care will be coordinated with improved communication between services that inter-link with or are integrated within a future model of Local Care Networks
- Local Care Networks will bring together general practice, primary, community (physical and mental health), social care and voluntary sector colleagues to provide holistic patient-centred care for a designated geographically coherent population
- Local Care Networks will be proactive, supporting people to live healthier lives and focusing on prevention, as well as advice and treatment, to empower people to look after their own health and reduce the possible onset of future health conditions. The services available will respond to the varied needs and characteristics of the population they serve with the flexibility to meet the needs of individuals
- Access to GP services and other community based services will be available 8am to 8pm, with additional local access to more specialised care and expertise outside of hospital
- Services will be proactive, accessible, coordinated and provide continuity of care; with a flexible, holistic approach to make sure that every contact counts
- Community based care will deliver a more rehabilitative approach to supporting people with long term conditions, enabling people to take control of their own care, avoiding deterioration and episodes of crisis, with a focus on recovery
- Multi-disciplinary teams and named care workers will provide support to people with complex and multiple health and social care needs, their carers

and families, to enable them to continue to lead as full and active life as possible for as long as possible

5.2. Maternity

The case for change

- Not all maternity services meet the needs of our population and rising birth rate. There are not enough trained midwives and obstetricians with the right skills to provide 24/7 care
- The rate of complex pregnancies is increasing due to health issues such as obesity and diabetes, and more women giving birth at an older age

How we propose to improve services

- Mums to be will receive a personalised service, continuity of care and a range of birthing options
- 24/7 consultant presence on labour wards and more midwives
- Enabling women to have a healthy natural birth in a setting of their choice
- Children and Young People

5.3 Children and young people

The case for change

- A growing population of young people with a significant number from deprived families
- Greater than average instance of childhood obesity, undiagnosed mental health issues and teenage pregnancies in south east London

How we propose to improve services

- Children and young people will be able to access more joined up care in the community through children's integrated community teams
- Ensuring access to right services in the right place, with no 'wrong door'
- Better management of long term conditions in the community

5.4 Cancer

The case for change

- Biggest cause of premature and avoidable deaths in London
- Some people with cancer wait longer than they should do for their first hospital treatment
- There are differences in patient outcomes and experiences

How we propose to improve services

- Improve patient outcomes through prevention and early detection and diagnosis of cancer; stronger support for people living with and beyond cancer
- Promoting healthy lifestyle choices, making sure that health services take a holistic approach in every contact
- Improving carer support

- Enabling people to die with dignity and improve their and their families experiences at end of life

5.5 Planned care

The case for change

- There are sometimes delays between diagnosis and treatment and to diagnostic procedures
- Services are not always as joined up as they should be

How we propose to improve services

- Ensure that all patients who need planned care across south east London will receive the same quality and outcomes regardless of the setting
- Better direct access to diagnostics for GPs
- Better communication between services, especially between acute and community services, to avoid unnecessarily repeated appointments and procedures

5.6 Urgent and Emergency Care

The case for change

- No hospital in south east London fully meets the London standards for safety and quality in emergency care. Not all our hospitals have their most senior doctors working at night and weekends
- Many people are going to A&E unnecessarily when other more suitable care is available

How we propose to improve services

- A rapid response team, which would make sure patients who need urgent and emergency care receive the treatment they need in the right place at the right time (including in their own homes) and would support the rapid return of patients to their homes, moving back to local health and care services outside hospital
- Urgent Care and Emergency Care services to be available in the same place, with patients being directed to the right department for their needs by an Emergency Nurse Practitioner or other appropriately qualified clinician
- Local Care Networks, which will have extended opening hours linking in to rapid access services to support the frail, elderly and those patients with long term conditions
- Mental health liaison services to work within the Local Care Networks for patients in crisis - for example, patients using or requiring perinatal, drugs and alcohol, children and young people's and older people's and dementia services

6. The modelling of impacts

The impacts of the future model of care will be modelled in a number of ways to assess the financial, outcome and qualitative changes expected as a result of implementation. The outcome and qualitative changes will be measured through

public health analysis, based on evidence from elsewhere and using a variety of techniques and outcome frameworks. The approach to assessing the financial consequences of the changes will be based on a four stage approach:

1. **Services offered in 2013/14:** Understanding the services delivered last year will allow for comparison against the financial baseline (necessarily based on the last complete financial year).

2. **Current (2014/15) services:** It is then important to understand the changes to the 2013/14 services this year. This will give a revised baseline (based on a partial year of financial data).

3. **Changes due to existing programmes:** There are a number of existing programmes of work within South East London (including, but not limited to, the Better Care Fund, Community Based Care, and Southwark and Lambeth Integrated Care). Understanding how these will change services will allow for a forecast position before the application of the commissioning strategy proposals.

4. **Future model of care:** These end states (likely to be consistent across CCGs) are as developed by the Clinical Leadership Groups.

The overall approach, given that the future model will be new, will be to build up the indicative cost of provision, based on the interventions and inputs such as workforce, training, estate costs and IT. This will be an iterative process and will be based on activity impacts (in terms of percentage changes in activity for each activity metric) by combing benchmarking with the assessment of the Clinical Leadership Groups as to whether the impacts will be high, medium or low (e.g. we might identify that outpatient appointments will reduce by 10% for children). These activity assumptions will be compared with other similar schemes elsewhere and tested through both the Clinical Leadership Groups and the Finance Leads' Group. Once these activity impacts have been agreed, the financial impacts associated with the activity changes will be modelled. This will be modelled both for the cost of commissioning (i.e. tariff impact) and, for activity taking place in South East London, the cost of provision for local trusts. This latter output is important as it allows for an assessment of the releasable costs associated with the change, which will impact the sustainability of the system. Following the initial financial assessment, it may be necessary to iterate the Clinical Leadership Group proposals (e.g. they may not be affordable). Once the designs have been re-worked further financial modelling will take place to estimate revised impacts for use in the further development of the strategy.

In order to evaluate the correct level of impact across south east London as a consequence of the strategy, it is important to make sure that impact assumptions arising from the changes proposed through the Clinical Leadership Groups are not duplicated and in effect double or even triple counted. This is a particular issue for urgent and emergency care because one of the key areas of impact expected will be a reduction in non-elective admissions and A&E attendances. This is likely to be an impact arising from changes identified within the Urgent & Emergency Care Clinical Leadership Group, but also from number of the others. In addition, changes outside the acute setting, including strong and confident communities and local care

networks, should also impact on this activity. In order to reduce the risk of double counting benefits in reductions, we have requested a baseline data set by Clinical Leadership Group, which separates out activity distinct to the group eg the A and E and non-elective paediatric activity is within the children and young people data set and excluded from the volumes within urgent and emergency care. From a modelling perspective these baselines will be used as the start point and refreshed periodically. We will need to update for actual outturn and changes in this financial year and also for planned changes, such as the Better Care Fund, to ensure that these are taken into account prior to calculating the scale of the impact. As the strategy develops and the system wide model is developed, the emerging impact identified by the respective groups will be tested back at Clinical Leadership Group level and also at system wide level. It will be broken down to CCG and also indicative volumes per GP will be identified so that this can be tested through for reasonableness and coherence. It is often that case that a number of factors are required to achieve a particular impact and so validation of the total change will be undertaken by testing against evidence such as national and international examples and review by clinicians. In some areas, the impact will need to be estimated, if the models have not been tried elsewhere and there is therefore limited direct evidence as to impact. The estimates will therefore be tested through sensitivity analysis to ensure that they are reasonable.

Local authority colleagues are engaged in the work to model the impact of the strategy and the intention is to include the impact on social care as well as health, in order to have as full an understanding as possible of the system wide position.

7. Whole System Outcomes

Alongside the progress made over the last six months with the Whole System Model, commissioners and providers have identified system level outcomes which the strategy aims to achieve in order to deliver greater value to health service users and the population of south east London. The proposed Whole System Outcomes are set out below:

Domain	Outcome/Impact	Example Indicator(s)	Metric/Target
Population Health	Preventing people from dying prematurely and supporting them to live longer and healthier lives	• Extended years of life • Potential years of life lost (PYLL) from causes considered amenable to healthcare for both adults and children & young people • Life expectancy at 75 for both males and females • Levels of confidence • Feeling empowered to make healthy decisions • Reduction in obesity	

		• Reduction in alcohol misuse • Reduction in smoking • Reduction in emergency admissions	
	Reducing differences in life expectancy and healthy life expectancy between communities- starting with quality early childhood education and care	• Reduced gap in life expectancy at birth • Improvements in wider factors which affect health and wellbeing and health inequalities	
Quality of Life	Supporting people feel independent, in control of their health, and able to access personalised care to suit their needs	• Population reported outcome measures (not patient) • Living in my own home • Reduction in permanent admissions to residential and nursing care homes, per 100,000 population • Number supported to die at home if they wish	
	Provision of health and care that enables people to live a good quality of life with their long term condition	• Health-related quality of life for people with long-term conditions • Quality of extended years of life • Patient activation	
Effective-ness of Care	Treatment that is effective, efficient and delivers the best results for patients including rapid reablement	• Reduction in the variation of service quality and clinical outcomes • 1 year survival rate for cancer • Care meets the best evidence-based standards (clinical protocols followed) • Reduction in emergency readmissions within 30 days of discharge from hospital • Sustainable provision of health and care	

	Delivering the right care, at right place, at the right time along the whole cycle of care	• Increased proportion of care delivered in the community • Reduced length of stay • Reduced A&E attendances and emergency admissions	
Quality of Care	Commitment to people having a positive experience of care	• Patient experience of primary care (GP services, GP OOH services, NHS dental services) • Patient experience of hospital care • Staff experience / satisfaction • Friends and family test • Overall satisfaction of people who use services with their care and support • Overall satisfaction of carers with social services • Patient Experience Headline score for Focus on Dignity and Respect Customer Service: • Waiting time • Convenience • Accessibility (carers) • Respect (care givers/experience) • Safe (measure) • There is appropriate care planning	
	Caring for people in a safe environment and protecting them from avoidable harm	• Reduced variation of care • Reduced avoided harm • Reduced late complications • Patient safety incidents reported • Safety incidents involving severe harm or death • Reduced hospital deaths attributable to problems in care	

The indicators for the proposed outcomes are still being developed, with particular reference to the NHS outcomes framework, the public health outcomes framework and the social care outcomes framework, to ensure that they are sufficiently comprehensive and are consistent with outcomes already agreed through local partnerships.

8. Public Health Workstream

One of the critical success factors for Our Healthier South East London is to ensure it builds upon and supports the development of strong and confident communities. These communities will exhibit measurable improvements in public health, with reduced health inequalities, and will be served by a health system that has a focus on prevention. This requirement sits at the centre of the strategy, alongside the aims stated in the first section of this paper, to ensure health services are fit for purpose and deliver improved outcomes for the whole population.

Improving public health is also tied into the strategy outcomes which focus on:

- Population Health
- Quality of Life
- Quality of Care
- Effectiveness of Care

Alongside the work of Clinical Leadership Groups, we have set up a specific Public Health project group. This is led and delivered through the six boroughs' Directors of Public Health and their teams. This group is overseen within the strategy governance structure by the Clinical Executive Group.

The group is currently undertaking a review of public health outcome measures and the current baseline of public health in south east London. Building on this review it has been decided that the group will focus on the public health challenges which have the biggest impact on the health of our population. It is in the process of creating a consolidated list of the most effective public health interventions that deliver the best value proposition (value = biggest health impact for the financial resource required) for those biggest areas of challenge.

The group is focusing on the following domains in order to agree the appropriate risk factors/biggest health challenges for which we need to focus our interventions;

- Health inequalities
- Preventable mortality
- Amenable mortality
- Mental health
- Sexual health

It is anticipated that the main risk factors (those which have the biggest impact on health) are likely to be:

- Tobacco
- Alcohol
- Mental health
- Obesity

The outcomes of this work will feed into the work of the Clinical Leadership Groups to identify how the best value public health interventions need to be embedded within the new models of care. Each Clinical Leadership Group and its planning group already include public health leads to support the work they are undertaking to develop models of care and the outcomes to be achieved by introducing these models of care. These public health leads will continue this support to ensure the integration of the proposed public health interventions as the models of care are further developed.

In order to understand how the work of the strategy can deliver as effectively as possible to meet the aim of improved public health we have also been engaged with public health experts across a wide range of fields. Experts include those working within Kings Health Partners, the Health Innovation Network, South London CLAHRC, Local Authority partners supporting the development of resilient communities, Public Health England and NICE.

In early 2015, we will be bringing these experts together within a workshop to help us to shape the way in which we deliver our public health outcomes within the strategy and its implementation. A key element of the workshop will be to agree an approach to coordinating public health expertise within south east London to enable delivery of these outcomes. We have a significant opportunity, by pulling expertise together, to implement public health interventions and services in the most effective way, and to gather practical evidence for investment in public health within the wider context of London and other cities.

9. Public engagement

The co-commissioners are taking a strong engagement approach to the strategy development, aiming to involve partner organisations, patients and local people in the process of developing the strategy. Initial thinking is being developed and amended through the engagement process. Engagement is being undertaken through a number of complementary activities, including the following.

- Using existing borough-level channels and planned activities, supplemented by engagement on a wider basis where this is helpful. Initial engagement included developing the emerging and draft case for change, testing emerging strategic opportunities across south east London and the scope and vision and the ambition of the programme. The focus of engagement is moving onto priorities and proposed models of care as the programme develops
- Our Plain English version of the case for change has been updated and is available on our website
- Regular updates on the strategy development have been provided at local public meetings of CCGs' Governing Bodies and Health and Well-Being Boards
- CCGs' GP memberships are being provided with briefings on the clinical developments and progress with the strategy

Patient and public participation within the programme is also key. Healthwatch representatives and local patient and public voices have been recruited and are

working in each of the six Clinical Leadership Groups with clinicians and social care leads from organisations across south east London. Healthwatch representatives and local patient and public voices are members of the Partnership Group, Clinical Executive Group and the Clinical Commissioning Board and therefore involved in shaping the overall strategy.

Patient and public voices also meet monthly as a single body – the Public and Patient Advisory Group – advising the programme on all aspects of public engagement and involvement. The Patient and Public Advisory Group has recently set up a Reading Panel, which supports the programme by ensuring that all published materials are understandable, jargon free and in Plain English. To complement existing local engagement work, wider engagement events across south east London with voluntary and stakeholder organisations, patients and local people has taken place. Two deliberative events for voluntary organisations and other stakeholders took place on 3 June and 18 June 2014. The feedback from these events (and other feedback from local people) contributed to the first 'You Said We Did' report, summarising and responding to feedback on the strategy, which was published in November. A further 'You Said We Did' report will be published early in 2015. This will take account of further public engagement events run recently by the Innovation Unit. These took place for Lambeth and Southwark on 3 December and Bromley on 9 December. A further event for Bexley, Greenwich and Lewisham will take place shortly.

The strategy team is participating in local or wider events organised by south east London-based voluntary organisations and other stakeholders where the aim or content is relevant to the further development of the strategy.

Market research: An independent survey was commissioned with a representative sample of local populations to gain deeper insight into local people's attitudes towards health and care services. The learning from this exercise is being shared across the programme and the CCGs. Further market research will be carried out during 2015.

Since September 2014, the programme has had a dedicated website – www.ourhealthiersel.nhs.uk – ensuring that stakeholders and members of the public can access all relevant information in one place.

All communications and engagement activity is planned by a Communications and Engagement Steering Group, made up of the programme communications team and Senior Responsible Officer, plus the communications and engagement leads from each CCG. Communications and engagement activity is discussed monthly at the Public and Patient Advisory Group and fortnightly at the Implementation Executive Group.

NHS Bexley CCG has kept its Health and Wellbeing Board informed with regular reports and presentations on the development of the strategy.

Strategy updates have been circulated widely to Bexley stakeholders as they have been produced.

Regular updates have been presented to the Bexley Patient Council, the borough-wide representative body of about 25 patient and public representatives. Most of these are representatives of other groups and feedback to their members on key issues that arise from Patient Council meetings.

A stakeholder event - Planning future healthcare in Bexley – was held in June 2014, which explained how the CCG's commissioning plans fed into the emerging SE London strategy. Over 70 people from a wide range of patient, voluntary, community and provider groups attended and heard a detailed presentation on the development of the strategy.

Information about the strategy has been included in regular updates that the CCG gives to voluntary and community organisations and at public events.

Sharing information about the strategy has been included in the CCG's wider community engagement activities, such as at information stands at Queen Mary's Hospital and in Bexleyheath Broadway Shopping Mall.

Members of the Patient Council have been involved with the development the strategy programme's clinical leadership groups and the Patient and Pubic Advisory Group.

The CCG's website has a dedicated page on the website to the strategy under: Get involved>Improving south east London's health services. This has information for visitors and a link to the programme's website.

10. Alignment with CCG Plans

Throughout the development of the strategy to date, the work has been tested against existing CCG plans for alignment and it has, in turn, contributed to shaping these plans. Specifically, CCG Operating Plans and borough-based Better Care Fund Plans have been reviewed and contributed to the strategy. The Community Based Care programme has held two workshops this year to enable CCGs to share best practice and innovative approaches in integrated care and in primary care/local care networks. On 2 December, Chief Officers and colleagues came together to review the elements of the strategy and assess their current position on implementation and this work will inform the next stages of planning. These plans form part of NHS Bexley CCG's two year Commissioning Intentions.

11. Risks and Mitigations

The strategy programme has a full risk register, which is reviewed regularly at the Implementation Executive Group, the Clinical Executive Group and the Clinical Commissioning Board. The risks currently assessed as having a score of 16 or more, following mitigation, are set out below and will continue to be actively managed through the forward plan.

Risk Title	Risk Title	Description	Impact	Mitigation Controls in place	Residual Risk		
					Impact	Likelihood	Score

Supporting Strategies	Information Systems	Lack of integrated or interoperable information systems undermines ability to integrate services across the health system in South East London	Possible duplication of system, process or information, resulting in poorer patient experience, poor quality of services across integrated pathways and additional cost	IM&T supporting strategy workstream established. Content to be developed in line with strategy.	4	4	16
Supporting Strategies	Workforce capability	Existing workforce lack skills or capability to deliver new models of care	New models of care may not be implemented. Services may not be delivered safely.	Workforce supporting strategy workstream established. Content to be developed in line with strategy, with input from HESL to identify workforce impacts of proposed changes and develop plans for resolution	4	4	16
Core Programme	Financial sustainability of health system	New service models in primary care and community services do not deliver reduced demand for hospital care or hospital capacity does not reduce in line with demand	Potential increased system costs through duplication of services and low productivity leading to poor patient and staff experience. Quality remains variable. System may be unsustainable.	Clinical Executive Group and Partnership Group review integrated system model and all draft service models as a whole to ensure that any proposed changes to the health system are effectively balanced. Impact of areas of early implementation (primary and community care, integrated care) reviewed in models as they develop	5	4	20
Communications and Engagement	Patient/Public Resistance to Change	If partners and stakeholders are not sufficiently engaged throughout the development of the five year strategy – or if the case for change is not sufficiently convincing - any proposed service change could be subject to significant local opposition	Further engagement required. Possible legal challenge. Delays to implementation of changes leading to increased cost and delay. Need to amend strategy in response to concerns .	Engagement activities will be undertaken with a broad range of partners and stakeholders throughout the development and implementation of the strategy. Dedicated communications and engagement enabling workstream to coordinate these activities. Patient and	5	3	15

				Public voices in all key groups to help shape strategy.			

12. Forward Plan

The next three months will encompass considerable activity with specific focus upon the refinement of the whole system model and the models of care; modelling expected impacts for providers and commissioners; and further development of the supporting strategies. As CCGs will be refreshing their operating plans, these will be tested against the strategy, which in turn will be modified as appropriate, to ensure that there is consistency between the short and longer term plans. The developing strategy will be presented to Health and Wellbeing Boards and other key meetings for review and input and will be the subject of wide engagement to help shape and develop it further.

Subsequent months running into mid 2016 will focus upon activities such as developing options, developing criteria to assess options for implementation, modeling to support option appraisal, the development of business cases and any consultation if required. Implementation of elements not requiring consultation, such as the development of the local care networks, community based care and improved clinical pathways, will continue.

The summary Forward Plan is attached at Appendix B.

13. What would happen if we did not develop a south east London strategy?

We know that if we do not proceed with strategic change in south east London, our health outcomes will continue to be highly variable, health inequalities will persist and in some cases worsen and the current healthcare system will become unsustainable. All Strategic Planning Groups are required by NHS England to deliver five-year strategies to address the challenges set out in the national ‘Call to Action’ last year.

14. Finance Considerations

The strategy reflects the financial plan and savings required to deliver a financially balanced position over the five year period, as described in the CCG’s operating plan.

15. Staffing Considerations

The strategy will be accompanied by a number of supporting strategies, including a workforce strategy, which is under development.

16. Corporate and Strategic Objectives
This report is aligned to NHS Bexley CCG's Commissioning Intentions 2014/15 (2 year plan), its Plan on a Page and its Operating Plans (including financials, activity information and qualitative standards)

17. Previous discussion of this paper
The development of the strategy is overseen by the Implementation Executive Group, Clinical Executive Group and Clinical Commissioning Board. This paper was discussed by the Implementation Executive Group on 19 December 2014.

18. Health Inequality Duty

A key driver of the strategy is to address variation in health outcomes and to tackle health inequalities across south east London. The programme is also setting up an Equality Group, made up of equality leads from the CCGs, to ensure that equality considerations are central to development of the strategy.

19. Public Sector Equality Duty

An early Equality Impact Assessment was carried out in 2014 to ensure that the final strategy reflects the diverse needs of local people and that we meet our obligations under the Equalities Act 2010 to identify and address any adverse impacts on groups with 'protected characteristics'. An action plan was developed following the Equality Impact Assessment and is now being implemented. A further Equality Impact Assessment will be carried out between March and May 2015. We are committed to ensuring that our strategy is proactively informed by equality considerations and the need to ensure that the needs of all groups and any potential adverse impacts on groups with protected characteristics are fully taken into account.

The programme's proactive approach to equalities and ensuring that the all those with protected characteristics are taken into account fully aligns with the CCG's approach. For information on NHS Belxey CCG's equalities work contact the CCG's Head of Patient Experience & Stakeholder Engagement, Annie Gardner.

20. Conclusion and Next Steps

The south east London commissioning strategy, Our Healthier South East London, has continued to develop since last reviewed by the CCG Governing Body in June last year. The focus has been on:

- further development and testing of the clinical models,
- the development of the whole system model to frame the individual elements
- work to define the intended outcomes of the strategy
- modeling the impact
- testing alignment with the plans of individual CCGs and taking stock of progress towards implementation
- work with public health colleagues to begin to identity how the greatest impact on public health can be achieved

This work will continue through the first part of 2015, with extensive engagement with partners, stakeholders, patients and local people to test and develop the strategy further. Progress reports will be brought to the Governing Body on a regular basis.

The south east London commissioning strategy, Our Healthier South East London, is stronlgy aligned with NHS Bexley CCG's commissioning strategy. In relation to Community Based Care the CCG is already progressing with the integration of services, which are directly linked to our Operating Plans for 2015/16. This includes the CCG's work to integrate care locally in services such as MSK, cardiology, urgent care and are currently progressing for services for children and young people. In addition the CCG has an established integrated commissioning unit with LB Bexley and integrated care services for older people – these are aligned with the strategic direction of the South East London Commissioning Strategy.

The CCG is very engaged with the development of the strategy and its plans through strong ongoing active engagement via our patient representatives, clinical leads and managerial leaders.

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NHS

Whole System Model

Appendix A

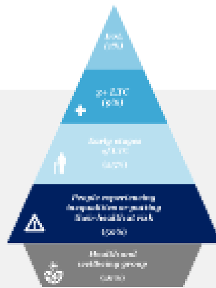
Local Care Networks are the foundation of the whole system model providing person centred services to populations

Strong confident communities

Self care

Proactive, Accessible , Coordinated, Continuous Care

- Health coaching
- Self management tool kits
- Social prescribing
- Optimising neighbourhood assets



Population needs and ***budget***

Managed care

- Anticipatory care planning
- Active case management
- Disease management
- Public health programmes

Local Care Network

GP practice

Family/social network

Person

Carers

Practice nurses

HCA

GPs

Diagnostics

Care Co-ordination

Health visiting

Community matrons

Mental health

Social care / worker

3rd sector

District nurses

OT / Physio

GPs

Pharmacy

Benefits advice

Family health

***Specialist input** shared between LCNs:*

Pulled into care delivery from outside the network: Virtual clinics | Specialist nurses | Consultants | Geriatricians | End of Life expertise | Specialist rehab

Wider community infrastructure:

Police | fire service | schools | Housing

Affordable high quality outcomes

Urgent and emergency

Local Care Networks will operate beyond usual GP hours in order to reduce referrals to emergency care

This is Our Healthier South East London health and care whole system model

- This is our integrated system model.
- Local Care Networks are the foundation of the whole system model providing person centred services to populations
- The petals are the pathways providing services to cohorts of people and drawing on specialised services
- The orange circles represent key features of the model

Mums-to-be will receive a personalised service, continuity of care and a range of birthing options

Children and young people will be able to access more specialised services through children's integrated community teams

A rapid response team will make sure patients who need urgent and emergency care will receive the treatment they need in the right place at the right time and will support patients to return home and move back to local health and care services

Tertiary care

Secondary care

Shared across LCN's Specialist teams

DAU and 24/7 triage

Acute oncology

Acute CYP SSPAU SPOA

Enhanced front door

Referral facilitation service

H

Local Care Network

Maternity

Condition focused midwife cohorts for high risk mothers

Geographic midwife teams for low risk mothers

Cancer

Early detection

Self care
Managed care
Personalised care
Care coordination

Children & young people

Children's Integrated Community Team

Strong Confident Communities

Family / Carer / Social Network

Physical

Mental wellbeing

Social

Person

Home

Rapid response "home ward"

Specialist Response Clinic

Urgent & emergency care

Diagnostics support

Elective care centres

Planned care

Improve patient outcomes through prevention and early detection and diagnosis of cancer; stronger support for people living with and beyond cancer

Strong confident communities are a critical part of the foundation of the model. Initiatives will seek to build community resilience so that they support local people to be physically and mentally healthy and take care of peoples social needs.

Patients who need planned care across SEL will receive consistent quality and outcomes regardless of the setting.

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DRAFT – WORK IN PROGRESS
Appendix B

NHS

	Phase 1 (January – May 2015)	Phase 2 (May – August 2015)	Phase 3 (September – November 2015)	Phase 4 (December 2015 – March 2016)	Phase 5 (April – June 2016)	Phase 6 (July 2016 - 2019)
	Phase 1	**Phase 2**	**Phase 3**	**Phase 4**	**Phase 5**	**Phase 6**
Key Activities	• Further refinement of the Whole System Model and the models of care, including testing with providers, partners and wider stakeholders • Modelling expected impacts for providers and commissioners • Further development of the supporting strategies • Clinical model implementation • Workshops– CO discussion on commissioner models , Provider and CLG	• Identification of potential for significant service change. • Developing criteria to assess options for implementation • Developing options • Option appraisal • Decisions on reference cases/preferred options • Modelling to support option appraisal and decision making • Further support to implementation: CBC and LCN • Continued work with partners to ensure	• Development of business cases. There will need to be agreement as to the business cases required and who will lead them (commissioners or providers). • Modelling to support development/review of business cases • Decisions making processes for business cases • Continued wide engagement	• Any consultation, if required. *Note: In the event that consultation is not required, and for any elements of implementation where consultation is not required, the timetable will be shortened, but for planning purposes this paper assumes that there will be some formal consultation, although the subject of such consultation has yet to be established.*	• Conclusion of any consultation • Further modelling if required • Decision making • Preparation for implementation	• Continuation of strategy execution implementation. *Note: as per CCG level implementation level roadmaps*
Key Outputs	• Detailed implementation plan • Presentation to NHSE • Provider outline of steps required to operationalise the Whole System Model • Development of the supporting strategy by providers • Equality Impact	• Modelling Impact Assessment • Publish Equalities Impact Assessment and action plan • Refinement of implementation plan • Recommendation options	• Refinement of detailed implementation plan • Gateway review • Business Case sign off	• Launch consultation • Interim consultation report • Deliver consultation plan if required	• Refresh of Equalities Impact Assessment • Deliver consultation plan if required • Production of consultation report	• For mobilisation of the strategy

Live implementation and continuous quality improvement

Governance Groups	Continuous input throughout the process with regular meetings
Comms & Engagement	Continued aligned plan to ensure the programme continues with a high level of engagement
Finance & Modelling	Modelling to establish the baseline position, required investment and quantify benefits to be realised
Supporting Strategies	Continue the commissioning framework, LCN, workforce, IM&T systems and estates configuration needed to realise the change

A partnership of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark Clinical Commissioning Groups and NHS England