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Better health, best care
for Lewisham people

Commissioning Strategy 2013-2018

Governing Body

4th July 2013

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The Case for Change Context & Challenges
The Vision A Case Study for Long-Term Conditions
The Vision & Strategic Outcomes
Transforming Local Services Proposed Models of Care
Communicating & Engaging
Next Steps

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The Case for Change

Context & Challenges

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Health Outcomes -
Rates & Comparison

- Circulatory diseases - mortality
- Respiratory diseases - mortality
- Infectious diseases - mortality
- Neonates (children within 28 days of birth) – mortality
- Diabetes – various outcomes in the last two years
- Maternity – low birth weight babies

- Cancer - worse in 2011-12: one year blip against a downward trend?
  - mortality <75 3-year average improving

(Programme Budgeting Analysis, Lewisham Public Health)

Demographic Change

- Increasing number of people with LTCs
- Ageing population
- Proportion of people living alone
- Comorbidities increase with age
- Prevalence of dementia to rise
- Increased deprivation

Inequalities

- The nine most deprived wards rank consistently in the worst five for key health outcome indicators
- Life expectancy at birth (males): range 72.2 years to 77.9 years
- Life expectancy at birth (females): range 78.4 years to 85.4 years
- More deprived wards have higher mental health acute admissions

(Lewisham Population Health Needs, Lewisham Public Health)

Provider challenges

To secure sustainable primary, community and acute services

Demand Issues:

- Health demand increasing – rising rate of Long Term Conditions with increased levels of multi-morbidity and an ageing population
- Public Expectations – access 24/7; presentation for minor issues rather than healthy living and self management

Supply Issues:

- Quality and Governance standards are higher with external CQC inspection;
- Income is tighter: GP contract and PBR and tariff changes;
- Workforce: EWTD, age profile, part-time working

Financial

- **Non Elective Admissions**: Ambulatory Sensitive Care Conditions – Annual opportunity £5m
- **Outpatients** – Annual Opportunity £7.8m
- **Mental health**: faster rise in spending than England and Cluster over last 3 years
- **Maternity** spend is higher than England and Cluster average, especially 'other secondary care'
- **Cancer**: Increase in spend 2011-12

(Better Care Better Value Indicators & Programme Budgeting Analysis, Lewisham Public Health)

The Vision

A Case Study for Long-term Conditions

LTCs: How patients with long-term conditions access services in 2013

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Case Study: BEFORE

FLORENCE

Diagnosis	• Dementia • Diabetes
Interventions	• Dementia Clinic • Diabetes Services • A&E • Residential Care Home
Outcome	• Time Burden • Repetition • Reduced Activity

GEORGE

Diagnosis	• Hypertension
Interventions	• Hypertension Clinic
Outcome	• Burden of Care • Isolation • Anxiety

LTCs: Our Vision – Integrated Care for patients with long-term conditions in 2019

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Case Study: AFTER

FLORENCE

Diagnosis
- Dementia
- Diabetes

Intervention
- Care Plan
- Dementia Nurse
- Neighbourhood Network Team
- 111/Rapid Response Team

Outcome
- Prevention
- Co-ordination
- Independence

GEORGE

Diagnosis
- Hypertension

Intervention
- Care Plan
- Proactive Primary Care
- Telehealth/Pharmacy
- Local Authority Carer

Outcome
- Support
- Reduced Anxiety
- Improved Patient Experience

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The Vision & Strategic Outcomes

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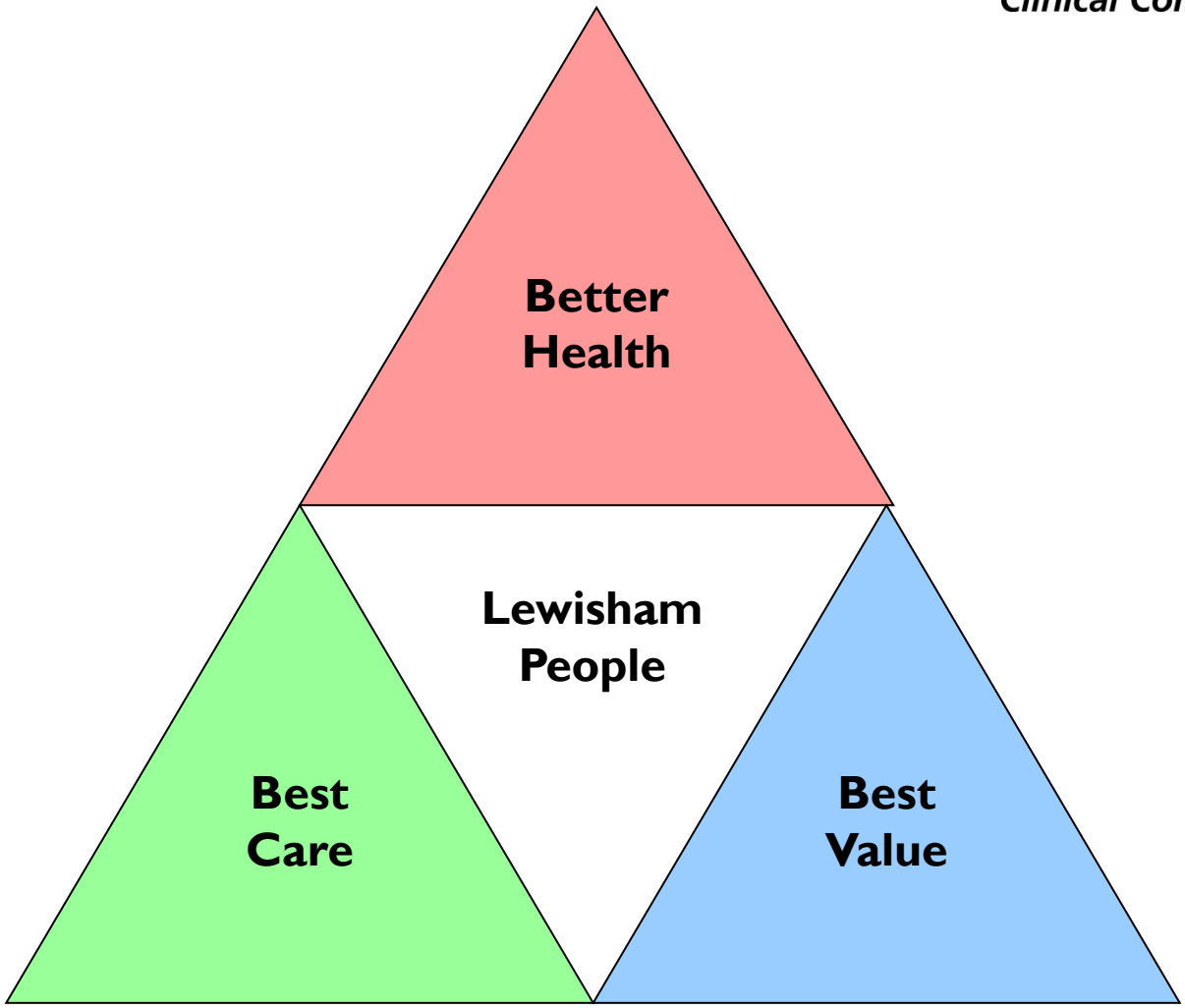

Better Health – The 5 year Vision

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The Key Outcomes proposed to measure our success in improving quality of services and health in Lewisham

- Potential years of life lost from causes considered to be amendable to healthcare
- Life expectancy
- Under 75 Mortality rates for the three biggest causes of death in Lewisham:
  - Cancer;
  - cardiovascular disease (CVD includes Heart disease, Stroke and diabetes)
  - respiratory (includes COPD)
- Neonatal mortality and stillbirths (within 28 days)
- Patient experience – people feeling supported to manage their condition (includes mental health);
- End of Life Care – Preferred place of death

Best Value –
The Financial Vision/ ‘Challenge’

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Based on our estimates of the financial position for next 5 years:

- Accumulative reduction of 10% in our commissioning budget over 5 years
- Lewisham CCG will have £39 million less to spend on commissioning services
- Lewisham CCG will have a commissioning budget of £382 million in 2018/19

Best Care – The Commissioning Vision

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- **Support the Local Communities –**
  - together develop vibrant communities /'Community of Interest'

    Case Study: North Lewisham
- **Empower Individuals to be confident to manage and make decisions about their own care;**
  - 'active partners in care' *Case Study: Childhood Immunisation*
- **Whole Person Care –**
  - a holistic approach; provide personalised support and care;

    Case Study: End of Life Care
- **Focus on early detection, diagnosis and intervention –**
  - 'getting the basics right, first time' *Case Study: Diabetes*
- **Provide care in a more proactive and planned way -**
  - for the whole population; *Case Study : COPD*
- **Coordinate complex care –**
  - a holistic approach to care assessment and planning seamlessly

    Case Study: Neighbourhood 2

Best Care – The Commissioning Vision

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- **Support the Development of Local Communities** –
  - together develop vibrant communities /'Community of Interest'

    Case Study: North Lewisham
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    Case Study: Neighbourhood 2

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Best Care -
The Commissioning 'Road Map'

Supporting our providers to deliver **:**

- **Strong Foundations**
  - getting the basics right, first time – do not need to reinvent the wheel; evidence based;
  - Setting 'fundamental' quality standards for all – to ensure safe, compassionate delivery of patient care (Francis Report)
- **Integrated Care - with integrated care pathways**
- **Whole Person Care – whole system transformation**

Best Care

- Not just ‘technical’ changes to the way care is delivered
- About changing behaviours and cultures:
  - ❑Working differently with the Public
  - ❑Working differently with the providers
  - ❑Working differently as commissioners

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Best Care – Working Differently with the Public

- Different relationship - to become active, equal partners in care;
- Use information differently to empower the person – the 'power of information'
  - Communication and listening to preferences
  - consistent and reliable;
  - tailored to the individual - 'one size does not fit all'
  - transparent – 'nothing about me without me'
- Shared decision making - making it a reality

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Best Care – Working differently with all providers

All providers are facing similar challenges

- Support providers to be more efficient:
  - Use of workforce – multi-disciplinary teams, based on competencies rather than professional divisions;
  - Doing things once – sharing information between providers (VPR)
  - Different models of access to advice and support - non face to face contacts;
  - Redesign and streamlining of care pathways
- Support providers to respond to demand differently eg self management; 'de-medicalisation'; early identification and intervention;
- Support resilient, sustainable 'network' of providers.

Case study – Neighbourhood 2

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Best Care – Working Differently as Commissioners

Working in collaboration with other commissioning organisations to be effective:

- **London Borough of Lewisham**– to implement the Health and Wellbeing Board strategy, to strengthen joint commissioning and expand integration of services;
- **NHS England** – to improve the quality and access in Primary Care; to review the business model;
- **SEL CCGs** – to implement the Community Based Care Strategy with 'shared standards, local delivery'.

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Transforming Local Services

Proposed Models of Care

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Best Care

Commissioning different models of care to transform services:

Solid Foundations - specific CCG focus on

- primary care
- unplanned care
- frail older people

Maternity – 'team around the mother'

Long Term Conditions – Integrated care

Solid Foundation

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Primary Care – working with practices to improve:

- Access to planned care and urgent advice and support by exploring ways of working differently;
- High quality of care for all by reducing variations between practices and care for specific communities;
- Prevention and early detection –- supported by Public Health programme and facilitators
- Self management – use of technology
- Sustainability of local practices – increasing capability and capacity by more responsive systems

Working also with NHS England, Public Health and SEL CCGs

Solid Foundation

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Unplanned Care – working with providers to improve:

- Simple, equitable access to advice, support and care 24/7 by developing a managed, integrated network of providers;
- Clear sign posting and information to help users to chose the right service and to support self management and reduce unplanned care;
- High quality of care by ensuring consistent quality of care and by sharing of information and shared records;
- Effective utilisation of different models of unplanned care - review roles of A&E, UCC and New Cross Walk In Centre;
- Alternative care pathways for emergency cases working with LAS.

Solid Foundation

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Frail Older People (Including End of Life Care)

working with all providers to :

- Identify at risk population;
- Ensure multidisciplinary assessment of needs including geriatrician involvement if required;
- Develop care plans when necessary with involvement of patient and if appropriate the carer and family;
- Implement Falls prevention plan
- Improve standards of care and integration with care homes working with the Care Home Supporting team
- Implement fully the End of Life Care standards and training of staff.

Maternity

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Building services around the mother

- Five aims:
  i. Continuity of care
  ii. Choice
  iii. Autonomy
  iv. Normalise the experience of childbirth
  v. Improve communication between organisations/services/users

- The “team around the mother” for ante-natal, birth and post-natal care
- Same team of midwives follow women throughout pregnancy and across all settings
- Pilot to look at feasibility of model and issues such as clinical governance, workforce issues, payment pathways, cost of model and comparison with case-loading
- Pilot will consider what changes required to care pathways, integrated care and whole system working to achieve seamless care across all care settings

Long Term Conditions (LTC)

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Greater Integration of Commissioning

- **Healthy living for all** – to empower individuals to have a healthy lifestyle and self manage their care; supported by a network of community-based services with single access point for information and advice;
- **Early Intervention** – to identify at an early stage when more support is required, assisted by risk stratification and collaborative, dynamic care management;
- **Targeted Intervention** – to avoid a potential crisis supported by intermediate care facilities - 'step up'; 'step down'; effective discharge planning and re-enablement services;
- **Complex Care** – to coordinate and manage a complex multi-disciplinary health and social care package in a single care plan which is tailored around the needs of the individual, carer and the family with them at the heart and still in control ;

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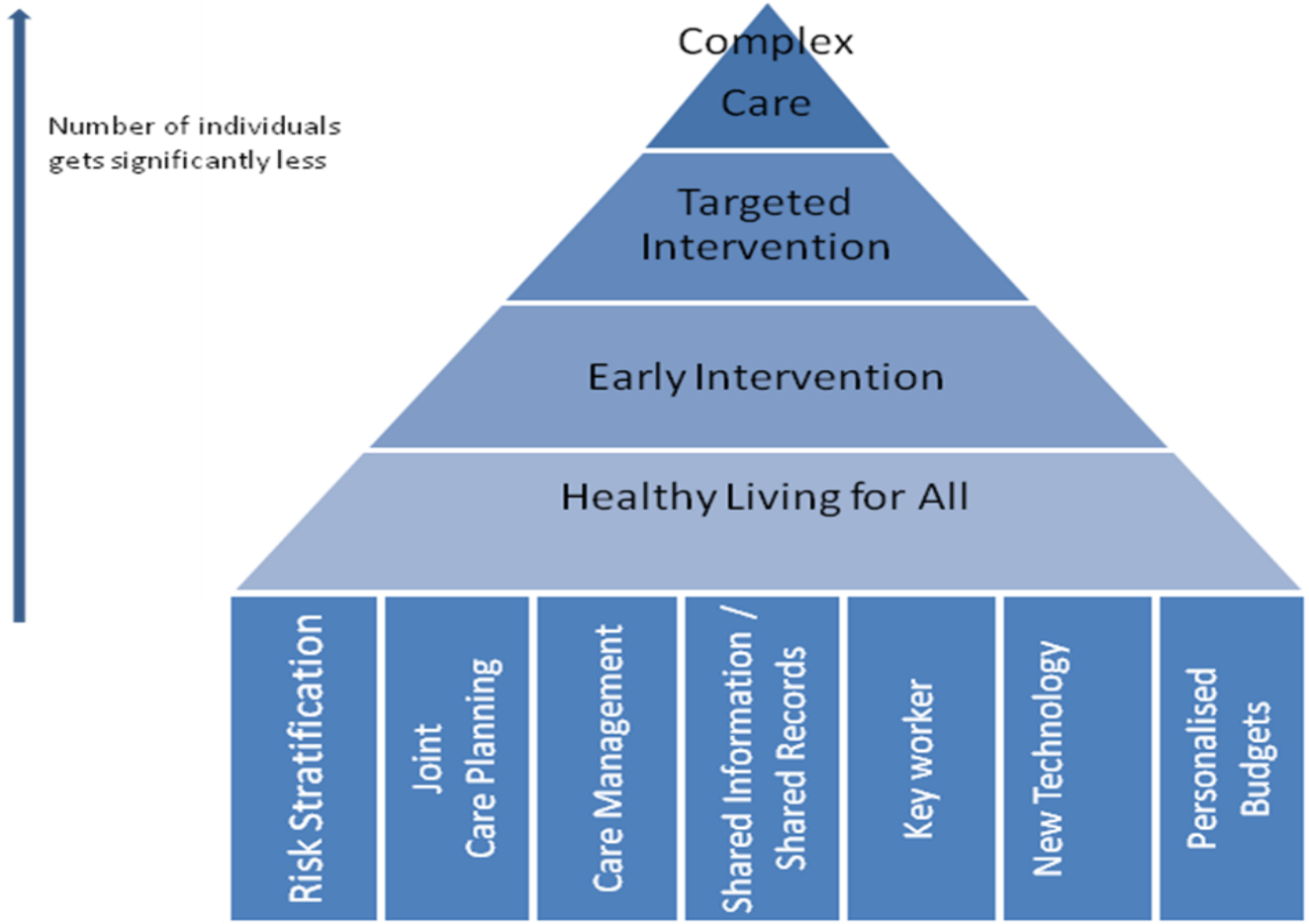
Lewisham's Integrated Delivery Model



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Communicating & Engaging

Suggested Approach

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- CCG member practices
- The public
    - Patient groups
    - Individuals
    - Voluntary organisations
- Stakeholders and partners
    - Health & Wellbeing Board
    - South East London CCGs
    - NHS England
    - MPs
    - Healthwatch Lewisham
    - South London CSU
    - NHS provider organisations
    - Lewisham LMC
- Summary of the strategy with accompanying questions
- Survey Monkey (on-line) option

Questions

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- Do you support the vision (ie as described in slide 17 Best Care – the Commissioning Vision)
  - How can we make it more relevant/meaningful to you?

- Do you agree with the strategic priorities? (ie primary care Improvement; Unplanned Care network; enhanced care for Frail older People; 'team around the mum' and integrated care for LTCs)
  - Do you agree that the proposed actions will be the most important things to do?

- Additional Question - would you like to be more involved in co-designing the proposed changes to local health and social care?

- Questions to be reviewed with Patient Engagement Group

Key Dates

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Patient Engagement Group	Meeting	19/7/13
CCG Members	Strategy summary to practices	w/c 29/7/13
	Membership Forum Meeting	14/8/13
Public	Strategy summary on CCG public website & Twitter	w/c 29/7/13
	Strategy summary to named patient group and voluntary organisation contacts	w/c 29/7/13
Stakeholders	Strategy summary to organisation contacts	w/c 29/7/13
Close		30/8/13

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Next Steps

- Engage and communicate
- Further benchmarking and finance modelling
- Equality Analysis
- Commissioning Intentions
- Governing Body Review 5/9/13
- Governing Body Sign-off 3/10/13

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