Help us to Improve Healthcare in Lambeth

We would like to involve you in our plans to improve Lambeth’s NHS services over the next five years.

This document provides an outline of Lambeth Primary Care Trust’s Commissioning Strategy for health up to April 2012 and describes how we plan to improve the health and well being of the people of Lambeth through the ‘commissioning’ of health services.

Following our pre-consultation over September and October, we have taken onboard the feedback received from our stakeholders and service providers, and have used their comments to revise the contents of this new consultation document. An outline of the changes made is provided in Section 2.4.

Our aim is to consult on our revised Commissioning Strategy Plan to as many of Lambeth’s residents as possible, including our stakeholders, service providers, service users and ‘hard to reach’ groups. The consultation period will run for twelve weeks, from 19th November 2007 to 11th February 2008.

Based directly on feedback from the pre-consultation, we have also produced the leaflet, Your Healthcare - Your Say. The leaflet has been designed to provide the general public with a jargon-free summary of how we plan to improve local NHS services in Lambeth. The leaflet is also available in other languages, large print and Braille.

Now it’s Your Turn – Your Views Count!

To ensure that we make the right decisions about Lambeth’s healthcare, we want to get your opinions on our Commissioning Strategy Plan, particularly the following questions:

1. Do you agree with our strategic goals for health services?

2. Do you agree with how we plan to achieve our strategic goals?

3. Do you agree with our priority areas?

4. Do you agree with the specific commissioning intentions for the various areas of our work e.g. Staying Healthy, Mental Health and End of Life Care?

5. Are there any other major issues that you think we should address?
We will publish the feedback received throughout the consultation period via our website www.lambethpct.nhs.uk, and various other NHS publications and communications channels. We will then use the comments received to revise our Commissioning Strategy.

Please submit your feedback by **Monday 11 February 2008** in any of the following ways:

- Email your comments directly to peter_magennis@lambethpct.nhs.uk
- Post your comments on the feedback form at www.lambethpct.nhs.uk
- Post your comments to Peter Magennis at Lambeth PCT, 1 Lower Marsh, Waterloo, SE1 7NT.

Thank you for taking the time to look at this document and we look forward to receiving your comments.
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1. INTRODUCTION

1.1 What this document tells you

This paper outlines Lambeth PCT’s 5-year Commissioning Strategy, covering the period up to April 2012.

It describes what the PCT aims to achieve in terms of health improvements for Lambeth residents – and how it intends to do this through its ‘commissioning’ of health services.

1.1.1 What is ‘Commissioning’?

‘Commissioning’ describes the process by which the PCT determines health needs and priorities and then purchases healthcare services from various providers within an allocated budget to meet these needs and priorities. This is done on behalf of the local population: Lambeth PCT commissions health services on behalf of Lambeth residents.

Commissioning is a crucial role of responsibility for any PCT. By deciding which services are commissioned the PCT can have a positive impact on the health and well being of the local population.

1.1.2 The Challenges for Commissioning

The commissioning roles of PCTs are becoming increasingly challenging. This is because commissioning is expected to deliver strategic changes in the way services are delivered as well as improve health outcomes. Commissioning is also expected to ensure that all services meet national policies and targets, while assuring they are responsive to local people’s needs.

Delivering high-quality, accessible services is a priority for commissioning. However, this needs to be done in an environment of limited resources. Therefore, ensuring value for money is also a priority.

Lambeth PCT is now commissioning services from a more diverse and autonomous group of providers than ever before: NHS Trusts, NHS Foundation Trusts, Mental Health Trusts, the independent sector, the voluntary sector, the PCT’s own community services, and independent practitioners for general practice, pharmacy, dental and ophthalmic services.

Moreover, the environment in which the PCT commissions and contracts services has been changing radically, with the introduction of a national ‘Payment by Results’ system for hospital services, and the development of ‘Practice Based Commissioning’ (primary care led commissioning).
This paper aims to make transparent how the PCT proposes to respond to these various challenges and priorities in developing a forward-looking Commissioning Strategy that is robust and yet radical in its strategic direction to effectively meet the health needs of Lambeth residents.

1.2 Commissioning Aspirations and Objectives

The PCT’s commissioning function is focussed in helping to deliver the PCT’s overall vision for Healthcare in Lambeth:

‘Improving health throughout the diverse communities we serve and ensuring consistently high quality services’

The PCT will take a ‘leadership’ role in ensuring the effective planning and delivery of health services for Lambeth residents, including the support of service changes, where required.

In doing so the PCT aims to inspire the confidence of both its local population and provider stakeholders by fulfilling its commissioning role in a robust and effective manner.

Lambeth PCT’s approach is to ensure that commissioning is clearly driven by key factors such as public health needs, as well as the views of local residents. This approach is outlined in Section 2 below.

1.2.1 What are the key outcomes the PCT wishes to achieve?

- A demonstrable improvement in overall mortality and morbidity rates of the local population.
- An improvement in overall mental and physical well being for Lambeth residents.
- A demonstrable reduction in inequalities, both within the Lambeth population, and between Lambeth and rest of England and Wales.
- The achievement of agreed targets for the improvement of quality, value for money and responsiveness of local services.

1.2.2 How will the PCT ensure these aspirations are achieved?

- By being clear about what outcomes are expected so that progress can be monitored.
- Regularly evaluating the impact and outcomes of commissioning strategies against key drivers e.g. local population needs, national priorities and user experience feedback.
- Focussing on improving ‘care-pathways’ across organisations.
- Commissioning services or approaches that have strong evidence that they will deliver improvements – while also encouraging innovation where appropriate.
- By working more closely with the Local Authority and developing the 'joint commissioning' of services where possible.
- Continuing to foster and develop key relationships: - with local residents, local hospital providers - Guy’s and St Thomas’, King’s, St George’s and South London and the Maudsley, other commissioners (the Local Authority and neighbouring PCTs), the PCT’s own provider services and local independent practitioners and voluntary organisations.
- Ensuring that other PCT strategies support the delivery of this commissioning strategy: e.g. Workforce, Information and Estates.
- Reviewing our commissioning capabilities to ensure they are ‘fit for purpose’.
2. THE DRIVERS OF OUR STRATEGY

One of the strengths of Lambeth PCT’s Commissioning strategy is that it draws from a wide range of influences in defining its approach and priorities. These range from Public Health intelligence to Public & User views and are detailed in the following sections.

Of course, there are clearly competing or even conflicting priorities in what is expressed by various drivers – however the PCT aims to describe how it has reached its commissioning priorities in as transparent a way as possible.

2.1 National Policy

There are three recent national documents that are most relevant to the development of this Commissioning Strategy:

1. Our Health, Our Care, Our Say.
2. Choosing Health.

All are available in full on the Department of Health website. In addition there is a very wide range of guidance and technology appraisals from the National Institute of Clinical Excellence (NICE).

Finally, this section briefly considers the national health targets set by the Healthcare Commission against which PCT performance is measured.

2.1.1 Our Health, Our Care, Our Say

This 2006 White Paper aims to set a new direction for the health and social care system, changing the way services are delivered so that they are more ‘personalised’ and give people a ‘stronger voice so the they are the major drivers of service improvement’.

It aims to achieve this by a focus on providing better, higher quality care, providing an improved patient experience and providing better value for money. In doing so, particular emphasis is placed on:

- Enabling better health and well-being.
- Better access to General Practice and community services.
- Support for people with longer-term needs.
- Delivering care and services closer to home.
The paper also highlights:

- The importance of Practice Based Commissioning as a way of driving up quality, choice and value for money.
- Encouraging innovation by greater patient and user choices.
- Allowing different providers to compete for services.

### 2.1.2 Choosing Health – Making Healthy Choices Easier

This 2006 White Paper proposes improving health and health inequalities by supporting people to make healthy lifestyle decisions. There is a particular focus on protecting children and young people’s health. The paper has a number of chapters outlining how this is to be achieved, encompassing:

- Children & Young People – starting on the right path.
- Local communities leading for health.
- Health as a way of life.
- A health-promoting NHS.
- Work & health.

### 2.1.3 Commissioning Framework for Health & Wellbeing

This 2007 Commissioning Framework is designed to help commissioners achieve the overall objective of improving health and well-being, with the aim of looking further than just physical health problems in promoting well-being, to include issues such as social care, work and housing. The Framework proposes the following key actions:

- A shift towards services that are personal, sensitive to individual need and that maintain independence and dignity.
- A strategic reorientation towards promoting health and well-being, investing now to reduce future ill health costs.
- A stronger focus on commissioning service and interventions that will achieve better health, across health and local government with everyone working together to promote inclusion and tackle health inequalities.

The aim is a move to look further than just physical health problems, to promoting well-being, which includes social care, work and housing.

### 2.1.4 NICE Guidance

The National Institute of Clinical Excellence (NICE) produces a wide range of well-researched clinical guidance and technology appraisals. The full details of these are available on the NICE website. Lambeth PCT’s has found NICE recommendations to be a very helpful tool in driving up quality and clinical outcomes on a consistent basis across providers.
2.1.5 Healthcare Commission Performance Indicators

The Healthcare Commission has the responsibility of setting performance indicators for all NHS Trusts nationally, both PCTs and providers, against which their progress is monitored.

The PCT has a strong record in meeting national targets. Key achievements include the delivery of all key access targets over this period (e.g. patient waiting times) and the achievement of financial balance in each year of the PCT’s establishment. The latter was realized in the face of significant financial challenges in 2006/07 and delivery of an improvement of outcome across the range of public health related targets, such as teenage pregnancy rates and cancer mortality rates.

The current national indicators against, which the PCT will be measured are available on the Healthcare Commission website.

2.2 Public Health Information in Lambeth

The PCT collects, analyses and reports on wide range of public health intelligence. This is crucial information for determining what commissioning needs to focus on, as well as monitoring whether local initiatives are delivering the required improvements in health and well-being.
2.2.1 Demographic Information

Lambeth has the largest population compared to all the inner London boroughs. According to GLA, the population in Lambeth is expected to rise from 279,654 in 2007 to 290,904 by 2013 - a rise of 11,250.

The population make-up shows approximately 52% within the age group 20-44 years showing a high proportion of young employable adults within the borough.

GLA projections suggest Lambeth is to remain a ‘young’ borough with most increases within ethnic groups occurring in the 0-19 and 20-44 year old age ranges.
Lambeth is also one of the most densely populated areas in the country with the fifth highest density in the UK. Its density is more than twice that of average Greater London boroughs.

Over 60% of Lambeth’s population are not of UK origin and over 150 languages are spoken across the borough.

Lambeth’s population is ethnically diverse with the Black & Minority Ethnic (BME) community accounting for 35% of the total population. Of this ethnically diverse population, black Caribbean and black African communities form the majority accounting for 26% of the total Black and Minority Ethnic (BME) population.
The GLA projections on ethnicity show that the White ethnic group is projected to increase by 25,100 between 2006 and 2026, with Black & Minority Ethnic (BME) ethnic groups increasing by 10,600 by 2026. Over the next 20 years, the split between White and BME ethnic groups remains the same as at the 2001 Census – 63% White, 37% BME. The Black Caribbean ethnic group population is projected to decrease by 2% between 2006 and 2026, which equates to approximately 2,500 people.

Lambeth wards have a relatively high deprivation score and 16 out of 21 wards in Lambeth are amongst the most deprived wards (top 20%) in England.

There is relatively high mobility within the Lambeth population compared to inner London boroughs. There appears to be high mobility both in the internal as well as international migration. Statistics show that, while there was an inflow of 8,500 people in 2004-2005, the net outflow was 10,600 persons.

Lambeth also has a relatively high and increasing birth rate. It is projected that the birth rate will continue to increase over the next five years.
2.2.2 Population Health Needs

The PCT has undertaken a detailed analysis of both the current population status and projected needs of the Lambeth population. A summary of the key conclusions is shown in the following two-by-two table.

![Crude Birth Rate for Lambeth 1999-2005](image)

### Hiten’s red box: update 2006/7

<table>
<thead>
<tr>
<th>High Burden</th>
<th>Low Burden</th>
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<tbody>
<tr>
<td>Cardiovascular disease mortality (slower improvement compared for nationally)</td>
<td>Infant mortality</td>
</tr>
<tr>
<td>Cancer mortality</td>
<td>Immunisation uptake</td>
</tr>
<tr>
<td>Teenage conceptions</td>
<td>All cause mortality in girls under 15 years</td>
</tr>
<tr>
<td>Mortality from infectious and parasitic disease</td>
<td>Drug misuse</td>
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<tr>
<td></td>
<td>All cause mortality in boys under 15 years</td>
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<tr>
<td></td>
<td>Mortality from gastric, peptic and duodenal ulcers</td>
</tr>
</tbody>
</table>

#### Improving

- Healthy living issues (smoking, obesity, poor diet, low physical activity, alcohol, drug use)
- Chronic liver disease deaths & morbidity
- Chronic renal disease morbidity
- Hypertensive disorders
- HIV prevalence
- STIs prevalence
- Severe mental illness morbidity
- Diabetes mortality & morbidity

#### Worsening

- Infant mortality
- Immunisation uptake
- All cause mortality in girls under 15 years
- Drug misuse
- All cause mortality in boys under 15 years
- Mortality from gastric, peptic and duodenal ulcers
Areas of high burden but where Lambeth has seen real improvements include premature cancer mortality, teenage conceptions, mortality from infectious and parasitic disease, improvements in immunisation coverage and reduction in infant mortality. Although there have been improvements in premature cardiovascular disease mortality the decline has been slower and therefore the reduction in inequality gap slower than the national position. All of these issues remain important priorities in public health terms.

Trends in premature deaths from all cancers < 75 years

Trends in premature deaths from all circulatory diseases < 75 years
Infant Mortality

Areas of further concern relate to healthy living issues within the population (e.g. high smoking prevalence, worsening obesity levels related to poor diets and lack of physical activity and alcohol and drug misuse). Poorer outcomes related to these areas are higher levels of mortality and morbidity related to chronic liver disease, renal disease and diabetes. The key remaining area of concern remains the higher burden of sexual health morbidity and mortality (HIV and other sexually transmitted infections) and serious mental illness.

The following table summarises the total of two indicators of the impact of various conditions: YLL = Years Life Lost; YLD = Years Lived with Disability.
2.3 Public and User Views

2.3.1 Where does the PCT get its information from?

In developing its Commissioning Strategy, Lambeth PCT has drawn from great wealth of information on public, patient and user views on healthcare delivery. Much of this information came from direct public involvement on a particular subject or service and can be very local or service-specific in nature. However, other surveys are more generic and repeated at regular intervals. Examples of the types of information that were used to develop the Commissioning Strategy are given below:

<table>
<thead>
<tr>
<th>Regular Involvement</th>
<th>One-off Involvement</th>
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<tbody>
<tr>
<td><strong>General Questions</strong></td>
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</tr>
<tr>
<td>1. Local Council Survey on users’ views</td>
<td>1. Our Health, Our Care, Our Say</td>
</tr>
<tr>
<td>2. Primary Care Annual Patient Surveys</td>
<td>2. The Big Ask – Picture of Health</td>
</tr>
<tr>
<td>3. Acute Hospital Annual Patient Surveys</td>
<td></td>
</tr>
<tr>
<td>4. Community Mental Health Annual Patient Surveys</td>
<td></td>
</tr>
<tr>
<td>5. General Practices Assessment Questionnaire (GPAQ)</td>
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<tr>
<td><strong>Client or Service-Specific Questions</strong></td>
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<tr>
<td>1. (Quality Outcome Framework) QOF Reports</td>
<td>1. Privacy &amp; Dignity in Inpatient Units / Comment Cards</td>
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<tr>
<td>2. Primary Care Access Surveys</td>
<td>2. Results of Walkabouts in Intermediate Care Units</td>
</tr>
<tr>
<td>3. Service Improvement Proformas (SIPs)</td>
<td>3. Review of Specialist Children’s Services</td>
</tr>
<tr>
<td>4. Physical Environment Assessment Team reports (PEAT)</td>
<td>4. Mental Health Promotion Strategy</td>
</tr>
<tr>
<td>5. User representation on a wide variety of client and service-specific Lambeth commissioning groups.</td>
<td>5. Kidney Disease (Modernisation Initiative)</td>
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<tr>
<td></td>
<td>6. Stroke (Modernisation Initiative)</td>
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<td></td>
<td>7. Cancers (Modernisation Initiative)</td>
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<td></td>
<td>8. Sexual Health (Modernisation Initiative)</td>
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<tr>
<td></td>
<td>9. Review of services for Older People and Long Term Conditions</td>
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<tr>
<td></td>
<td>10. Capital Development Programme</td>
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<td>11. Expert Patient Programme</td>
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<td>12. Smoking Cessation – Social Marketing</td>
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</table>
This intelligence provides very useful information on how users perceive services and what their priorities are. For example, Lambeth’s Council Survey of 2005/06 paints a very positive picture - health services are perceived to be improving and health services are not identified as an area of primary concern for most Lambeth residents.

**Q: Which three of these are you personally most concerned about?**

<table>
<thead>
<tr>
<th></th>
<th>2005/06 Lambeth %</th>
<th>2004/05 Lambeth %</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Base)</td>
<td>(1044)</td>
<td>(1007)</td>
</tr>
<tr>
<td>Crime</td>
<td>59</td>
<td>54</td>
</tr>
<tr>
<td>Level of Council Tax</td>
<td>36</td>
<td>30</td>
</tr>
<tr>
<td>Standard of education</td>
<td>25</td>
<td>24</td>
</tr>
<tr>
<td>Litter / dirt in the streets</td>
<td>22</td>
<td>18</td>
</tr>
<tr>
<td>Traffic congestion</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Pollution of the environment</td>
<td>18</td>
<td>16</td>
</tr>
<tr>
<td>Lack of affordable housing</td>
<td>17</td>
<td>22</td>
</tr>
<tr>
<td><strong>Quality of the health service</strong></td>
<td><strong>14</strong></td>
<td><strong>23</strong></td>
</tr>
<tr>
<td>Lack of jobs</td>
<td>13</td>
<td>12</td>
</tr>
<tr>
<td>Not enough being done for elderly people</td>
<td>20</td>
<td>13</td>
</tr>
<tr>
<td>Lack of recreational facilities</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Poor public transport</td>
<td>10</td>
<td>18</td>
</tr>
<tr>
<td>Number of homeless people</td>
<td>9</td>
<td>16</td>
</tr>
<tr>
<td>Rising prices / interest rates</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

**Q: What is your perception of local health services?**

<table>
<thead>
<tr>
<th></th>
<th>2005/06 Lambeth %</th>
<th>2004/05 Lambeth %</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Base)</td>
<td>(1044)</td>
<td>(1007)</td>
</tr>
<tr>
<td>Good – Excellent</td>
<td>58</td>
<td>47</td>
</tr>
<tr>
<td>Average</td>
<td>27</td>
<td>30</td>
</tr>
<tr>
<td>Poor – Extremely Poor</td>
<td>9</td>
<td>17</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

To further inform its Commissioning Strategy the PCT has also undertaken a review of some of the intelligence on user views that relates to generic issues. In particular, this has drawn from:

- *The Big Ask*, A Picture of Health
  A local consultation exercise jointly carried out by the six SE London PCTs in early 2007. The aim was to gauge the issues and concerns uppermost in the minds of the public as the PCTs consider changes around the reconfiguration of acute hospitals (in the outer boroughs of Bexley, Bromley, Greenwich and Lewisham).
- **Our Health, Our Care, Our Say**
  This national policy document was informed by a number consultation / listening exercises:

- **PCT Annual Patient Surveys**
  The Healthcare Commission co-ordinates a national, annual survey of users’ views.

- **Acute Hospital Annual Patient Surveys**
  The Healthcare Commission leads a national, annual survey of users’ views of acute inpatient care. Our review focused on the 2006 results of its two main providers: Guy’s & St Thomas’ and King’s.

- **Community Mental Health Annual Patient Surveys**
  The Healthcare Commission leads a national, annual survey of users’ views of community mental health care. This paper focuses on the 2006 results of its main provider: South London and Maudsley Mental Health Trust (SLAM).

- **General Practice Assessment Questionnaire (GPAQ)**
  The GPAQ is an annual survey of patient experience in primary care that forms part of the Quality and Outcomes Framework.

### 2.3.2 What are the key messages?

This basic review of public and user perceptions generally paints a positive picture of health care services in Lambeth. The council’s surveys show that most residents do not perceive health as a particular area for concern; in addition it is also perceived to be an area that is improving.

Other reviews also point to positive experiences of care by doctors, nurses and community pharmacists. In addition acute hospitals services in Lambeth (from the PCT’s two local hospital providers Guy’s and St Thomas’ and King’s) compare favourably with peers nationally.

However, the public and users also outline how they wish to see services improved in the next five years and the PCT’s commissioning strategy has a key responsibility for delivering these improvements. For the purposes of this document these aspirations by healthcare users are summarised under three headings: *Easier Access, Better Quality of Care, and Smarter Delivery of Care.*

**Easier Access**

- Equity of access to healthcare services, regardless of disability, cultural differences or language barriers.
- Greater accessibility to primary care services, including more flexible appointment systems and evening and weekend opening hours.
- Faster access to hospital appointments.
- More services available in community pharmacy.
- Better knowledge on primary care alternatives to secondary care and/or a simpler system.
- Better information on the availability of social care services.
- Support for shifting hospital services such as diagnostics to primary care, but with the reassurance that any shift of services from hospitals to the community will not result in a worsening of access to primary care services or reduction in quality.

**Better Quality of Care**

- More opportunities for continuity of care with the same GP.
- High quality specialist care, even if it means less geographical proximity.
- Improved nursing care in hospital and fewer agency nurses.
- Cleaner hospitals.
- Better overall care from Mental Health Services.

**Smarter Delivery of Care**

- Better services provided by the healthcare system on prevention, condition management and healthy lifestyles to help people stay healthy.
- Better joint working between health, transport, housing, leisure and education to keep people healthy.
- A wider range of health professionals involved in health improvement, particularly community and practice nurses and community pharmacists.
- Rapid access for older people with a terminal illness, people with mental illness and people with drug problems to prevent their needs from reaching crisis point.
- Seamless transfer of information between organisations to reduce the need for patients to repeat information to every professional they see.
- More information about after-care or long-term care available in the community so that patients can make informed choices.
- Single case management and integrated assessment of needs for people with ongoing needs.

### 2.4 Commissioning Strategy Plan – Pre-Consultation

We have already carried out a pre-consultation on our Commissioning Strategy in August when we sent our draft Commissioning Strategy to our key stakeholders, service providers, user groups and the voluntary sector, and invited them to give us their comments.

In addition, in October we held a Citizen’s Forum, which was an opportunity to invite Lambeth residents to discuss and debate our plans and give us their feedback on the draft Commissioning Strategy Plan.
Over 100 residents were in attendance and OPM ensured that a representative cross-section of the community was selected to participate, in terms of ethnicity, socio-economic background and age. This event gave us invaluable feedback on the earlier draft of our proposals.

Based on the feedback received from the pre-consultation, we have made the following changes to the Commissioning Strategy Plan:

- Specific emphasis on greater joint working / commissioning with the local authority. (1.2.2 and 3.1.2)
- Being explicit that a commitment to funding services that are proven to be effective should not discourage innovation where possible (1.2.2)
- Clarification of measures of success for Strategic Goals (Section 3.1.1)
- Commitment to offering Customer Care training where necessary (3.1.1)
- More integrated working between health and social care (3.1.2)
- Greater clarification on what 'phasing out' priorities means (4.3)
- Greater detail on how the impact on quality and outcomes will be measured for all the initiatives (Section 5)
- Intention to develop school services to implement health promotion for young people (5.2)
- Commissioning intention of developing more community-based peer support networks to help people stay healthy (Section 5.5)
- Explicit mention of continuity of care and longer opening hours in primary care as part of our commissioning intentions (5.9)
- Commitment to ensuring there is a specific mention of strategies concerning dentistry and carers (5.10)
- Information on all the key strategies (including learning disabilities, physical disabilities, older people, substance misuse and prison health) not just our current and new priority areas (Section 5)
- Greater clarity on financial investment (Section 6)
- Explanation of terms such as mortality, morbidity and health inequalities (Jargon-buster)
3. WHAT COMMISSIONING AIMS TO DELIVER

3.1 Strategic Goals and Themes

3.1.1 Strategic Goals

The PCT has a number of strategic goals that it intends to implement in the way it ‘commissions’ services across all its client groups:

**Goal 1 - Working in partnership with the local population and partners to improve the health of the Lambeth population**

**Measures of success:**

- Improved life expectancy for adults and infants.
- Reduced inequalities for premature and infant mortality and Cardiovascular Disease / Cancer.
- Demonstrable improvement in key Lambeth risk factors – reduced smoking prevalence, infectious diseases, obesity, alcohol, substance misuse and hypertension, under-18 conception rates.
- Increased numbers of patients under self-care programmes (chronic illness) and self directed care (key client groups) and percentage of older people living at home.
- Improved health and well being of the Lambeth population – including improved levels of depression or anxiety disorders.

**Goal 2 - To ensure the provision of excellent, high quality services for Lambeth residents**

**Measures of success:**

- All National Institute Clinical Excellence guidance, National Services Framework and other national targets met.
- Successful performance against the NHS’s Standards for Better Health.
- The use of a ‘Benefits Realisation approach to develop commissioning action and implementation plans.
- Service contracts include clear quality and outcome measures, which are monitored by PCT commissioners.
- Demonstration that staff have core competencies in line with service specifications / contracts e.g. health promotion, cultural awareness training.
Positive feedback from staff surveys.

**Goal 3 - To ensure that services commissioned and provided for Lambeth residents are responsive to the local community, service users and stakeholders**

Measures of success:

- PCT commissioning strategies are consulted on with users, stakeholders and the public.
- Patient and service user engagement used in developing specific service and client group strategies.
- National and local Choice and Access targets are met.
- Improved rates of patient satisfaction (satisfaction surveys) and reduced level of complaints.
- Customer care training for relevant staff.

**Goal 4 - To ensure the delivery of a balanced budget, national and local targets and priorities**

Measures of success:

- Financial balance delivered each year.
- PCT at least maintains current performance in external assessments – Annual Health Check, Standards for Better Health and ALE review (including Value for Money assessment).
- Expected commissioning outcomes are reviewed on a six monthly basis by the PCT via the Commissioning Strategy Group and PCT Board Commissioning Development Committee.

3.1.2 How will commissioning deliver these goals?

The PCT has identified a number of underpinning ‘strategic themes’ that will be used to lever the goals outlined above. These are:
### Joined up services

- Joint commissioning plans and performance outcomes - agreed with health and local authorities.
- Improved partnership working across agencies so that services are joined up and appear ‘seamless’ to clients travelling through the system.
- More integrated working between health and social care
- Integrated assessment processes.
- Information sharing – across agencies, and with the public and patients.

Through all of the above there will be a specific emphasis on improving joint working with Lambeth Local Authority.

### Shift along the care pathway

- From acute care and treatment to health promotion, prevention and self-care (‘prevention is better than cure’). This would involve the NHS offering real and practical support and training its staff to enable people to live health lifestyles and investing now to reduce future ill healthy costs.
- From unplanned care to planned care via improved access to community services and a wider range of service alternatives for patients. There will be a particular emphasis on improving access to, and the quality of, primary care services - GPs, community pharmacy.
- Improved information and signposting of services for patients, and an increased ability for patients to take personal control through improved information, self-care and personalised budgets.

### Shift care closer to home

- From hospital-based care to community-based settings and ensuring that patients get the appropriate care at the right time, in the right place, and by properly skilled staff.
- Moving out of borough placements to within Lambeth Borough placements.
Innovation

- Continuous service improvement and redesign embedded in plans.
- Workforce development and role redesign.
- A focus on providing innovative initiatives that are targeted at high-risk population groups and those with complex needs.
4. OUR STRATEGIC PRIORITIES

4.1 What being a priority means

As part of the 2005/06 to 2007/08 Local Delivery Plan the PCT set three local priorities to focus on:

1. Children & Young People
2. Sexual Health
3. Long Term Conditions

These were chosen because they were

- All areas of high local need.
- All areas of national focus.
- There was clear evidence on effective interventions / models of care that the PCT could develop to improve health outcomes.
- All areas that the PCT felt it could do more in clarifying commissioning strategies.

In general being a ‘priority’ has meant that internal clinical and management resources have focussed on:

- Developing and implementing robust and effective strategies and plans that will improve health outcomes in these areas in both the long and short term.
- Ensuring that the supporting structures and processes (e.g. estates) are all in place to deliver these strategies.

Of course, having local priorities never meant that work or investment on all other areas stopped. The PCT has been striving to improve services and outcomes across the wide range of all its services. However, it has been felt that having a strong focus on particular areas - where improvements are both needed and possible – has been a very positive step and therefore, in developing and reviewing its future plans the PCT has again wished to identify a limited number of priorities for action.

4.2 Current Priorities and their Progress

The three current priorities of Children & Young People, Sexual Health and Long Term Conditions were never intended to be priorities forever. The aim was to develop and implement robust strategies and plans that would improve users’ services. This section outlines what being a priority has meant for various strategies:
4.2.1 Children & Young People

The PCT has worked with partners to implement a new strategy agreed 2006/07. This strategy includes:

- A health promotion strategy for Children & Young People, which has been implemented over last two years.
- Revised structure and processes across Lambeth including a new joint strategic commissioning group to enable the effective commissioning and provision of services for Lambeth.
- Significant infrastructure changes through extended school children's centres, which will influence and change the model of service delivery of children's services.
- The start of implementation of a Common Assessment Framework, and the establishment of services on the basis of a Team Around the Child.

Plans for the next five years build on this existing work, plus provide an added focus on the antenatal to early years group specifically. An issue locally is that rising birth rates impact on health visiting and maternity services of rising birth rates.

Further work will focus on information sharing across agencies and common assessment processes. In addition, the PCT aims to redress the balance, working with the Children’s and Young People’s Partnership Board, where a disproportionate share of resources is currently focussed on specialised services / complex patients at the expense of universal services or children with additional needs.

4.2.2 Sexual Health

Lambeth PCT’s Sexual Health strategy was agreed its Board in May 2006 and is now in process of implementation. The aim of strategy is to improve sexual health in Lambeth by:

- Improving access to and the responsiveness of services.
- Shifting services from acute to community and primary care-based settings.
- Increasing the availability of services.
- Shifting the focus of services from treatment to prevention, with a focus on self-management.

To help achieve these goals, a number of innovative approaches to service provision and patient and public feedback for sexual health is currently being piloted across Lambeth, including the recently opened Sexual Health clinic in Camberwell. However, the PCT’s very high levels of HIV prevalence mean that the majority of our sexual health investment is still associated with HIV care and treatment.
4.2.3 Long Term Conditions

The PCT has worked with partners to implement the strategy that was developed in 2005/06. Its key components are:

- The implementation of a managed care model in Lambeth, with patients stratified according to their risk and then managed on a self-care, disease or case management basis.
- The implementation of new self-care programmes for patients, including the Expert Patient Programme.
- Concerted action to reduce the numbers of high intensity users through the implementation of a PCT managed case management service operating across the borough, plus a separate sickle cell service.
- Care pathway redesign for the following conditions - stroke, kidney disease, sickle and COPD, including the development of a new rehabilitation care pathway for stroke.
- A new hypertension management programme, with supporting guidelines, operating across primary and secondary care.
- Systematic implementation of National Service Frameworks - including diabetes, CHD and renal.
- A review of exercise on referral schemes and a re-commissioning of local services, based again on a patient risk stratification process.

As a result of this concerted focus over the last three years the PCT is on track to deliver targets related to supporting people with long term conditions. The exception is diabetic retinopathy, which remains a risk target for the PCT - an action plan is being developed with Guy’s & St Thomas’ Foundation Trust to address current service delivery issues.
4.3 Priorities for the next five years

The PCT held a workshop in June 2007 to review what the PCT’s commissioning priorities should be for the next five years. The aim was to consider progress in the three Local Delivery Plan areas outlined above as well as all the various drivers for strategic commissioning that we outlined in Section 2.

The workshop involved:

- The PCT Board
- The PCT Professional Executive Committee
- Lambeth Practice Based Commissioner Consortia Leads
- Lambeth Local Authority Colleagues
- PCT Commissioning Leads
- PCT Public Health Leads
- PCT Quality & Professional Development Leads
- Primary Care and Community Services Leads

There was a clear consensus from this meeting of the commissioning view of emerging priorities for the next five years:

The three historic priority areas have benefited hugely from the focus they have received and there is widespread confidence in the strategies that are currently in place to deliver improved outcomes and reduced inequalities in both the short and long term. However, for each of these priorities, there were particular areas that it was considered would benefit from further work over the next five years:

- Children & Young People - pre-natal to under 5s
- Sexual Health - health promotion, prevention & screening
- Long Term Conditions – co morbidities and acute conditions

There was strong consensus that there were three new priorities emerging that the PCT would increasingly like to put more focus on in the next five years:

1. **Staying Healthy**
   Focused specifically on increasing investment over the strategic period in health promotion and prevention activity and in doing so on addressing key health risk factors in Lambeth such as smoking, obesity, alcohol and drug abuse.

2. **Mental Health**
   The PCT is a clear outlier in terms of prevalence of serious mental illness despite the fact it is also an outlier on how much it spends on mental health services. It was
considered that current care pathways are complex and
difficult for both users and professional to navigate
through.

3. **End of Life Care**
This represents an area where there is significant scope
for service redesign and the development of more
responsive and better quality models of care with greater
choice for patients.

The PCT has completed work to develop draft-commissioning intentions for
each for each of these six areas, plus the other key areas of commissioning
work. In addition the PCT has considered further the implications of
implementing the proposed commissioning intentions on primary and
community services, as many of the proposals include a focus on shifting
services from hospital-based settings to community-based settings.

In summary, in developing this 5 year Commissioning Strategy, Lambeth PCT
has identified these key areas of work over the next five years:

1. Children & Young People  
   2. Sexual Health’  
   3. Long Term Conditions  
   4. Staying Healthy  
   5. Mental Health  
   6. End of Life Care  
   7. Planned Care  
   8. Unplanned Care  
   9. Primary Care and Community Services  
   10. Older People  
   11. Learning Disabilities  
   12. Physical Disabilities  
   13. Substance Misuse  
   14. Prison Health  

   Current priorities to be phased out’ over the next 3 years

   New local priorities to be ‘phased in’ over the next 5 years

   Other key areas for commissioning

The following section outlines commissioning plans for each of these areas in
turn. In addition, it also briefly considers complementary commissioning areas
for which strategies are also being developed such as substance misuse,
dentistry and carers.

Although the initial three priority areas are described as ‘phased out’ after
three years, this certainly does not mean work in these areas will cease after
this time. It simply highlights the PCT’s expectation that it will have developed
comprehensive and robust plans and strategies for these areas within this
period. Therefore, by the end of three years, the focus will move from
planning to the ongoing implementation of strategies that will improve services
and outcomes in Children and Young People, Sexual Health Long and Term
Conditions.
5. COMMISSIONING INTENTIONS

5.1 Long Term Conditions (LTC)

Overall objective

To improve life expectancy, mortality and morbidity associated with Long Term Conditions. In doing so the PCT wishes to focus tackling and reducing key risk factors associated with LTC, in improving the seamless care and treatment of complex patients and in facilitating a shift in service provision along the care pathway from treatment to prevention and from acute to community-based settings.

Health need - Lambeth has high prevalence of LTC (although CVD mortality rates are reducing), a worsening equality gap between Lambeth and E&W and high prevalence of key risk factors - smoking, diet/exercise, hypertension, obesity and a projected increase in need across a number of LTC over the next five years.

National context - key national priority, with targets related to reducing acute sector for treatment of LTC. There are National Service Frameworks for renal disease, CHD, diabetes and neurological conditions.

Local issues – significant work has been undertaken on implementing the LTC strategy over the last three years. However hospital utilisation however remains high at this stage of implementation - A&E attendances, admission and outpatient assessment, diagnosis and follow up, with further scope for a shift in the provision of care to community base settings and further scope to improve health and well being associated with LTC.

Commissioning plans

The PCT is planning the following key commissioning initiatives to enable the delivery of the objectives for LTC outcomes set out above:

- To develop an incentives package to deliver health promotion and prevention in primary care and community settings related to the four key LTC risk factors - smoking, diet and exercise, alcohol and hypertension management.
- To ensure all patients diagnosed with LTC are stratified according to their risk status and are then managed through active self/disease/case management programmes with each patient receiving a personal care plan.
- To continue the development of agreed care pathways for key LTC that establish clear criteria for the referral and discharge of patients.
To develop community-based service alternatives where appropriate, including specialist community nurse led services, chronic illness clinics in primary/community settings with supporting diagnostic services.

To establish an implementation plan to enable the mainstreaming of the Modernisation Initiative outcomes for kidney disease, stroke and for the separate COPD care pathway redesign programme.

To carry out an up to date assessment of gaps against all LTC related National Service Frameworks and to develop an action plan to bring services/outcomes up to national standards, with a particular focus on the implementation of the NSF Long Term Conditions.

Impact of initiative on quality and outcomes

The PCT’s assessment of the impact of is commissioning intentions is summarised below:

- A demonstrable reduction in CVD risk factors in the Lambeth population, including the delivery of national health improvement targets where they apply - 5% target from 2007/08 baselines.
- A continued increase in life expectancy related to CVD and a demonstrable reduction in the equality gap between Lambeth and E&W and improved quality of life.
- Provision of care closer to home delivered in community-based settings with a linked reduced dependence on acute care - a reduction in A&E attendances and emergency admissions related to LTC from incidence projections.
- A shift along the care pathway from acute treatment to health promotion and prevention and from unplanned care to planned care - demonstrable impact through changing pattern of service utilisation and investment.
- All patients to have a personalised care plan that covers both health and social care requirements by 2009/10.
- An increase in the numbers of patients under self-care and case management programmes.
- Delivery of national targets for LTC and relevant National Service Frameworks standards.
5.2 Birth, Children and Young People

Overall objective

To improve the health and well being of Lambeth's children and young people, thus securing improved health outcomes for both today's children and young people and tomorrow's adults.

Health need - High and increasing numbers and percentage of young people in Lambeth (increasing birth rate plus migration), high levels of need, combined with ethnic diversity and deprivation, high levels of prevalence for obesity, alcohol, mental illness, low weight births and relatively poor levels of childhood immunisation.

National context - A national priority area - Every Child Matters, a whole systems strategy aimed at improving overall outcomes for children, the National Service Framework for C&YP and Maternity Services and a number of specific national targets e.g. for mental health services.

Local issues - The balance of focus and investment along the care pathway for C&YP with a disproportionate resource focussed on specialised services/complex patients rather than universal services or children with additional needs. Information sharing across agencies and common assessment processes and care pathways remains a priority area for action. Significant infrastructure change through extended school, children’s centres, which will influence and change the model of service delivery of children’s services e.g. Common Assessment Framework, Team Around the Child (TAC).

Commissioning proposals

The PCT is planning the following key actions to deliver the overall strategic objectives for birth, children and young people outlined above:

- The continued implementation of a systematic health promotion programme delivered through universal children's services - key focus breast feeding, immunisation, smoking, diet and nutrition (5 a day fruit and vegetables), dental health, risky behaviours, emotional well being.
- The commissioning of further targeted intervention and support services to ensure services reach hard to reach or at risk groups - obesity and high-risk parents/children.
- The implementation of training programmes and performance targets to ensure that all key staff develops a core competency in health promotion and delivery health promotion activity/advice.
- The establishment of Common Assessment Framework in Lambeth, plus information sharing protocols across key Lambeth agencies. The implementation of a new model of care for C&YP - the Team Around the Child (TAC) - teams will be multi-agency, with clear referral
protocols to access services and to move from generalist to specialist services, driven by the need of the child/family and health and social risk. The development and subsequent implementation of a CAMHS strategy (mental health).

- Development of community-based midwifery led services for low risk patients (estimated nationally as 40% of births), plus the provision of ante and postnatal care in community settings.
- Implementation of a Lambeth Parenting Support Strategy, with the incorporation key clear health-based advice and support in service contracts.
- Further development of screening programmes - high-risk mothers/families, haemoglobinathies, and phenylketonuria.
- The establishment of joint transitions workers with adult services to ensure appropriate and seamless transition of adolescents to adult services.
- To improve access and waiting times for key services - speech and language therapy, autism, and paediatric audiology.
- Development of school-based services with a particular focus on meeting the health and health promotion needs of young people.

Impact of initiative on quality and outcomes

The PCT’s aims to achieve the following impact on quality and outcomes for children, young people and maternity in Lambeth:

- The delivery of national targets and priorities, as set out in the NSF, Every Child Matters and Maternity Matters.
- A demonstrable shift in resources along the care pathway to ensure an appropriate focus on the provision of services that ensure children with additional needs are appropriately provided for - with a demonstrable improved outcome for these children.
- Reduced rates of maternal and infant mortality, improved breastfeeding and childhood immunisation rates, reduced rates of childhood obesity.
- Minimising the progression of mental ill health in to adulthood and maternal mental ill health.
- The delivery of choice, including community settings for maternity care, and delivery of targets related to home births (8%) and caesarean rates (2% reductions).
- Seamless services with single points of assessment, protocol driven access to services and clear care pathways through and across services.
- Delivery of improved waiting times and access to key preventative and early intervention services - autism, audiology, and speech and language therapy – in line with national standards.
- Evidence of improved patient satisfaction with services, measured through satisfaction surveys.
5.3 Sexual Health (SH)

Overall objective

To deliver national targets related to sexual health improvement, thus reducing the significant inequalities that exist between the Lambeth population and England and Wales and ensuring a reduction in risky behaviours and improved sexual health. To improve access to, and the responsiveness of, services.

Health need - high levels of need and prevalence, particularly for teenage conception rates, HIV, sexually transmitted infections (STIs). High-risk population groups - hard to reach in terms of health promotion/prevention/service provision, combined with high levels of risk taking behaviours. A clear evidence base for sexual health services.

National context - Challenging national targets for teenage conceptions, genitourinary (GUM) clinics, Chlamydia screening and HIV prevention. London HIV and Sexual Health Strategies in place.

Local issues - PCT’s Sexual Health strategy was agreed by the PCT Board in May 2006 and is now in process of implementation. The aim of the strategy is to improve sexual health in Lambeth, to improve access to and the responsiveness of services and to shift services from acute to community and primary care based settings, to increase the availability of services and to from treatment to prevention, with a focus on self management. The GST Charity funded Modernisation Initiative has enabled the piloting of innovative approaches to service provision and patient and public feedback for sexual health. The PCT’s very high levels of HIV prevalence mean that the majority of our sexual health investment is associated with HIV care and treatment.

Commissioning Plans

The PCT's commissioning intentions for sexual health are summarised below and focus around the continued implementation over the next two years of the PCT's existing sexual health strategy. Key initiatives are:

- The delivery of an integrated health promotion and prevention programme, covering teenage pregnancy, sexual health and HIV
- The continued implementation of Lambeth's teenage pregnancy action plan. The objectives delivered through our sexual health strategy focus on improved access to sexual health services for young people in schools and in out-of-school settings
- A programme of development to increase the expertise in primary care to enable the provision of essential sexual health services in general practice and basic services such as free chlamydia screening and emergency contraception for under 25 year olds in most community pharmacies.
- Enhanced services for sexual health will be developed in a small number of GP practices and community pharmacies in areas of particularly high need and/or more difficult access to the new centres described below. These new primary care developments will be able to offer a greater range of services e.g. enhanced community pharmacy services will be able to offer chlamydia treatment as well as screening.
- The implementation in 2008/09 of a new community based sexual health centre in Streatham Hill - the new service model will result in a shift of some hospital sector activity to community based settings and will also provide contraception, pregnancy advisory services and STI screening and treatment services.
- The phased extension of hours at Vauxhall Riverside Sexual Health Centre (currently providing a weekday evening service in a temporary base) to create a second hub service within the borough in a permanent but accessible location in the Vauxhall/Kennington area. The aim is to provide services that are accessible, welcoming, non-stigmatising, convenient (geography and opening times) with short waits and rapid throughput (as a result of self-management).
- Continued work to ensure that our services are responsive to the needs of higher-risk communities often working with voluntary organisations that have skills in reaching these communities so that our planned developments achieve the overall goal of improving the sexual health of the population and reduce health inequalities.
- To work with acute providers to redesign GUM services so that they develop a stronger focus on treating people with complex and multiple needs in hospital and create stronger partnerships with community-based sexual health services.

**Impact on quality and outcomes**

The following key outcomes and quality improvements are planned through the implementation of the sexual healthy strategy.

- A demonstrable shift in the care pathway from treatment to prevention and from acute to community and primary care based settings, with a network of new community based provision established throughout the borough.
- Delivery of national targets related to SH - GUM waits, teenage pregnancy rates.
- Demonstrably improved sexual health - at planned reduction of 5% in the new diagnosis of STIs over the next five years, with a corresponding reduction in inequality gap, although STI positivity rates may increase initially as a result of increased service availability.
- Delivery of high quality, accessible and responsive services - measured through patient feedback.
- Targeted approaches to high risk/hard to reach groups - in terms of prevention, screening and early treatment.
5.4 Mental Health (MH)

**Overall objective**

To secure an improvement in the mental health and well being of the Lambeth population and in doing so to reduce the morbidity associated with mental illness. To deliver high quality and effective services delivered wherever possible in community-based settings, with a demonstrable shift away from inpatient and residential-based care.

**Health need** - High overall levels of need for both serious and common mental illness - although forward projections are stable. High rates of complex dual diagnosis patients - one in two people with Serious Mental Illness (SMI) also have allied drug problems.

**National context** - National Service Framework focuses on standards and service models, with annual review of compliance.

**Local issues** - Strong and robust joint commissioning and provision through Partnership Board arrangements and South London and the Maudsley Trust (SLAM). Issues related to local service commissioning and provision are: an over reliance on institutional care, investment and provision are skewed to complex/specialised end of care pathway and Lambeth has a disproportionate spend nationally and locally - particularly on mentally disordered offenders/rehabilitation.

**Commissioning Intentions**

The PCT’s mental health strategy and commissioning intentions for the next five years are summarised below:

- To establish and agree evidence-based care pathways across primary and secondary care (including NICE) - underpinned by clear referral routes and protocols to acute settings and clear policies for the move on of patients from acute settings.
- Action to develop primary care - through investing in primary care and community development and gateway workers and through implementing the PCT’s 2006/07 talking therapies review.
- A strategic review to be completed in 2008/09 of adult MH services - with the objective of streamlining service provision and care pathways (single points of access, streamlining of existing teams), enabling a shift in investment from specialised to universal services and from treatment to prevention (health promotion strategy, early intervention and rehabilitation services).
- Develop and implement dual diagnosis strategy.
- Expand the provision of services aimed at promotion social inclusion, especially housing and employment.
- Establish community support package to enable clients to self-manage/direct their care – including direct payments.
• Introduction of new sophisticated contracting arrangements - including cost and volume contracts and productivity performance targets to facilitate shift of resource along care pathway.
• Continued roll out and implementation of the PCT’s health promotion strategy.
• The commissioning of expanded carer support services.
• The development and implementation of a PR/communication strategy combating stigma/poor perception.

Impact on quality and outcomes

The PCT’s commissioning intentions aim to deliver the following outcomes and service improvements:

• A reduction in prevalence of mental illness in Lambeth - with a specific focus on improving the diagnosis and treatment of common mental illness, thus improving overall well being of the local population - to be measured annually.
• Increased focus and shift to health promotion/prevention and the treatment of common, rather than serious mental illness.
• The development of community-based alternatives to acute/institutional care including the development of primary care mental health services (new MH workers in primary and community settings) - with new staff appointed in line with national target levels.
• The implementation of evidence-based care pathways that provide seamless and integrated care for patients - with new staff appointed in line with national target levels.
• Improved social inclusion and lack of discrimination against those with mental illness.
• Promotion of choice and control - personalised care and support - increased numbers utilising direct payments in line with agreed targets and benchmarks.

5.5 Staying Healthy

Objective

To improve health outcomes for Lambeth residents, through the commissioning of systematic health promotion and prevention services that have the effect of improving mortality rates, reducing morbidity, reducing the prevalence/incidence of key risk factors for Lambeth residents and improving well being.

Health need - High levels of premature mortality - CVD/cancers. Equalities gap between Lambeth and E&W increasing. High levels of common mental illness and low levels of overall well-being.
**National context** - Your Health, Your Care, Your Say and Commissioning for Health and Well Being has as a key focus the staying health agenda - plus London Health Strategy will include Staying Healthy as a key priority area for London. A number of associated national targets also, including screening and immunisation targets, mortality and life expectancy targets, and health promotion targets (e.g. smoking cessation).

**Local issues** - Low uptake of screening and other preventative services, low levels of dedicated spend on health promotion - about 1% of total PCT budget. Challenges in securing public and patient engagement in the staying healthy agenda, securing wider non-NHS input to developing healthy environments for Lambeth residents and in identifying effective models of service delivery for Lambeth’s hard to reach/high risk groups.

**Commissioning plans**

The PCT’s strategy for Staying Healthy over the next five years is summarised below:

- A review current health promotion contracts and investment to ensure a more targeted approach, focusing on a limited number of key risk factors for Lambeth. This will include the decommissioning of services, including a specific focus on the provision of innovative, evidence-based service alternatives. To include delivery of agreed client group specific health promotion strategies (Long Term Conditions, Children & Young People, Mental Health, Sexual Health).
- Training of front line staff to ensure a core competency in health promotion, prevention and early detection/intervention.
- Develop with London Borough of Lambeth a wider health and well being strategy.
- To identify a shift in resources to health promotion and prevention, including pump priming where necessary pending the release of funds from treatment.
- Incentives package for primary care-based primary and secondary prevention, focussing on hypertension/cholesterol management and systematic action to enable risk reduction of key Lambeth risk factors (smoking, diet and exercise, and alcohol) - a local Quality and Outcomes Framework.
- Develop and implement an action plan to increase screening rates - to specified target levels.
- The development of community-based peer support networks e.g. for young parents and people with mental health issues.

**Impact on quality and outcomes**

The PCT’s strategic outcomes for Staying Healthy are:

- To reduce the burden of disease and improve well-being in the Lambeth population and reduce inequalities, including the delivery of national targets life expectancy, risk factor reduction and screening.
To reduce the prevalence of key risk factors in the Lambeth population - hypertension, alcohol, smoking, diet and exercise.

To ensure the effective delivery of health promotion and prevention services, through robust commissioning of services, which are delivered to agreed service specifications and outcome measures.

To secure a greater level of investment in health promotion and prevention activity through a shift in focus along the care pathway in the PCT's commissioning, thus reducing the need longer term for acute treatment.

To increase the coverage of immunisation and screening programmes.

Client group specific outcomes set out in other commissioning intentions (e.g. Mental Health, Children and Young People, Sexual Health, and Long Term Conditions).

5.6 Planned Care

Objective

To maximise the numbers of patients accessing health care on a planned, rather than on an unplanned/unscheduled basis. In commission on a care pathway basis, to ensure the right care is provided at the right time in the right place. This outcome will be delivered through evidence-based interventions, referral protocols; a shift from acute to community-based settings and improved access to planned care services.

Health Need - Need over the next five years is expected to increase in line with population growth.

National context - Challenging waiting times and access targets across primary and secondary care. Choice of provider and direct booking to provide appointment/operating times convenient to patients. Good evidence in relation to the delivery of optimal clinical quality and outcomes - related to size of units delivering services.

Local - PPI feedback reflects perceived and/or actual issues in relation to primary care access. Scope for improved productivity and efficiency in the provision of planned care. Over reliance on accessing health care through urgent/emergency services and avoidable utilisation of secondary care services (A&E attendance/admission, outpatient referral and follow up) rather than on a planned care basis, with variations in the threshold for managing patients in non hospital settings. Patients also place quality as a higher priority to geographic proximity.

Commissioning plans

The PCT is planning the following actions to deliver its strategic goals for planned care:
• Continued implementation of care pathway review across key conditions/specialities - to agree care pathways, referral and discharge protocols and alternative community-based services where required. It is planned that this work will result in a shift of outpatient and diagnostic services to community-based settings.
• Implementation via contracts of productivity and efficiency measures and targets related to planned care e.g. follow up rates, day case rates, and length of stay.
• Development of intermediate care services - strategy to be developed for 2008/09 - and wider expansion of out of hospital care services.
• Skilling up (and increasing capacity where necessary) to enable primary care/community clinicians to enable over time a consistent level of management within community settings - key focus LTC and pre referral work up/post referral follow-up.
• To develop local access targets for primary care (including community pharmacy). To explore the scope for and cost effectiveness of extended opening hours and ‘planned’ urgent care.
• To develop and implement action plans to ensure the delivery of national targets related to access, waiting times and choice, with a specific focus on delivery of the 18-week target.
• To ensure specialised services are appropriately located in specialist centres, that can provide the critical mass required to deliver optimal clinical and quality outcomes to patients.

Impact on quality and outcomes

• Consistent delivery of evidence-based care pathways delivered in the most appropriate setting to agreed diagnostic, referral, management and discharge protocols.
• To shift the provision of care and treatment from unplanned to planned care.
• Reduction in acute sector utilisation - outpatients, A&E attendances, emergency admissions, readmission rates and length of stay.
• Improved acute sector productivity and service redesign - one-stop shops, shift from inpatient to day care/outpatient settings.
• Improved patient satisfaction - access and waiting times.
• Demonstration that the delivery of specialised services is carried out in settings with sufficient critical mass to enable optimal outcomes to be achieved.
5.7 Unplanned Care (including intermediate care)

Objective

To minimise the utilisation and accessing of services on an unplanned care (emergency and urgent care) basis. To provide excellent clinical quality and optimal outcomes for patients and to deliver services through an appropriately skill mixed response that provides the right care for people, in the right place at the right time.

Health needs - Demonstrable need for services that respond appropriately to urgent and emergency care needs - demands a proxy for need.

National context - National urgent care strategy expected – likely to place emphasis on network of provision and shift from A&E for minors to primary care led services and other service alternatives. Shift for more specialised treatment to a smaller number of specialist centres - major trauma, MI/Stroke. Overall emphasis on shifting from acute to out of hospital care - intermediate care a key component of this shift.

Local issues - Local urgent care strategy in place. Levels of annual demand increases has reduced over 2006/07, for A&E services, Out of Hours and LAS services in Lambeth. High utilisation rates for hospital-based emergency services - scope to reduce demand through improved planned care management (LTC particularly). Fragmented approaches across services - differing responses, lack of information sharing, loss of continuity of care. Public perceptions favour A&E - and perceive a problem in accessing primary care services.

Intermediate care - no intermediate care strategy currently in place for the medium term. Lambeth has extensive provision, including significant bed-based provision and further beds are planned as part of the Dulwich community hospital development. Scope to maximise the care and treatment of patients in intermediate care settings and to improve value for money and outcomes.

Commissioning Plans

The PCT’s plans for unplanned care are summarised below:

- Commissioning of services to avoid A&E attendances and admission - case management, LTC strategy, intermediate care services.
- Commissioning to provide a skill mixed response to presenting need with a particular emphasis on minor A&E attendances. Further development of new roles in A&E such as development of emergency nurse practitioners.
- Commissioning urgent care providers to actively signpost patients back in to the primary care/planned care system where appropriate.
- Commissioning specialised urgent/emergency care (stroke/MI/major trauma) from designated specialised centres, driven by clinical outcomes and critical mass.
- Develop plans for service alternatives to A&E - emphasis on increased same and next day access to urgent care in primary care settings.
- Establish information sharing protocols and systems for unplanned care services.
- Developing and implementing an intermediate care strategy that provides a robust assessment of need and a remodelling of services to meet agreed objectives and outcomes.
- To ensure intermediate care services are appropriately linked in to overall care pathways across both health and social care, with clear assessment, referral and discharge protocols for access to services.
- A public awareness campaign on appropriate utilisation of different urgent care services.

**Impact on quality and outcomes**

- A simplified model of care - single telephone access, integrated and consistent responses at points of entry to the system underpinned by the sharing of information across services
- Improved access to primary care services (in hours and out of hours) - opening hours commissioned and patient/public satisfaction.
- A skill mixed response to presenting need.
- Reduction in acute sector utilisation and a shift from unplanned to planned care and a release of resources.
- Improved outcomes for complex needs - stroke, MI and trauma.
- Reducing unnecessary emergency admissions to hospital, facilitating early discharge from hospital and reducing the number of people going in to long-term care following hospital treatment.
- To provide a range of intermediate care services that provide value for money, deliver excellent clinical quality and outcomes and are demonstrably effective and efficient.

### 5.8 End of Life Care

**Objective**

To improve choice for people in end of life care and to ensure the delivery of high quality, excellent and responsive services, wherever they are provided.

**Health need** - National research shows that 64% of people would choose to die at home - only 25% achieve this. 47% die in hospital but only 4% would choose to do so. No overall needs assessment available for Lambeth residents.

**National context** - Gold Standards Framework (GSF) plus Liverpool Care Pathway - sets out palliative care standards.
Local issues - No Lambeth strategy in place - however A Picture of Health sets out overarching commissioning intentions. Immediate service issues - improved access, increased services available 24/7, staff competencies - plus strategic issues to address in relation to redesigned provision.

Commissioning plans

- The development and implementation of an action plan to enable the full delivery of the Gold Standards Framework across all service providers.
- To commission increased capacity and choice of respite, counselling and 24/7 services and options.
- The commissioning of training programmes to improve skills particularly for community staff and care homes staff.
- To develop a strategy for end of Life Care. As part of this Lambeth will participate in the South East London Marie Curie Cancer Care funded 'Delivering Choice' programme. This programme will include service mapping, the redesign of service models and implementation and monitoring of the new service model.

Impact on quality and outcomes

- To be able to respond to people’s choice in delivering end of life care - aim to enable people to die in the place of their choosing. A shift from acute-based settings. Responsive to different population/community needs.
- Improved access to services - choice of settings, availability (access times and capacity).
- Delivery of national standards across all providers, including care homes and primary care.
- Improved respite options for carers and bereavement counselling services.
- The provision of seamless services across providers and health and social care.

5.9 Developing primary care and community services infrastructure

Objective

To ensure that the necessary primary and community infrastructure is in place, with a specific emphasis on estates and workforce capacity to enable the PCT's strategic goal of shift from acute to community-based settings to be realised and the delivery of networked services delivered on a neighbourhood basis to consistently high levels of quality and health outcomes.
Context

One of the PCT’s overarching strategic goals for the next five years is the achievement of a shift in service provision and delivery from acute to community-based settings. Whilst the PCT’s intention is to maximise the extent to which this shift can be managed to maximising the efficiency and productivity of existing estate and workforce and through service and role redesign it is also recognised that further investment in primary and community services will also be required to underpin this shift and make it a reality. In doing the aim is to secure new models of delivery across primary and community services with a specific focus on developing collaborative service delivery across a network or consortia of practices/providers, through planned Neighbourhood Resource Centres.

Commissioning plans

- To provide the capacity though a number of major redevelopment schemes (Neighbourhood Resource Centres) to enable the planned shift to take place of on going LTC management, outpatient and diagnostic care and new preventive services to reduce acute sector utilisation. In addition, these resource centres will host a number of other locally based teams, including social work and other local authority services and mental health community teams. The PCT’s plan will enable the establishment of five Neighbourhood Resource Centres across Lambeth, each serving a population of 45-50,000, located in Myatts Field, Clapham, Streatham, Norwood and North Lambeth.

- Ensures that existing GP practices premises are fit for purpose and able to deliver new models of care and service delivery in responsive high quality facilities. The aim is to ensure that continuity of care and speed of access are maintained.

- The planned redevelopment of Dulwich Community Hospital, which will provide a number of outpatient, diagnostic and rehabilitation services in a community hub or polyclinic setting, plus a number of intermediate care beds (funding is currently shown under the Unplanned Care Initiative).

- A primary care and community development plan - the PCT aims to develop its accompanying primary care capability and capacity strategy (focusing on workforce, training and development) taking due account of the workforce and capacity requirements to deliver the commissioning intentions and initiatives set out across each of the PCT’s planned initiatives. The PCT has assumed that additional investment will be required over to facilitate and underpin the planned development of additional services delivered in primary care and community settings plus initiatives to improve access to primary care and community-based services.
Impact on quality and outcomes

Key impact on terms of quality and outcomes will be:

- Provision of care closer to home in community-based settings - a shift from hospital-based care.
- Greater accessibility to primary care services.
- Provision of improved access to and seamless services via neighbourhood resource centre models. Initial priorities are MH Talking Therapies, speech and language therapy, podiatry, and long-term conditions services.
- Improved quality and consistency of response through resource centre models through implementation of Customer Services Review and Fit for the Future programmes.
- Improved facilities and environment for the delivery of services.

5.10 Older People

Objective

To meet the needs of Older People in Lambeth with a specific focus on enabling them to live independent lives and to receive responsive services that are of a high quality and clinical outcome.

Health Need

Lambeth has a smaller proportion of older people as a percentage of its overall population. People aged over 65 accounts for 8.75% of the total population of Lambeth with 23,540 in total living in the borough – 10,543 are men and 12,997 women. This compares to 16.07% for England and Wales and 11.80% for the rest of London.

Population predictions show a slight decline in numbers in 2010 with a then steady increase in the population of older people – the biggest increases are predicted to be men over 85 (60% rise) compared to women over 85 (15% rise) by 2025.

Further work is required to stratify need within a cohort of age spanning 60 to 100 years and to understand extent to which Lambeth wide trends such as population mobility apply to Older People.

The POPPI (Projecting Older People Population Information) estimates that in Lambeth

- There are approximately 11,044 older people living with a long-term illness in Lambeth
- By 2008 approximately 475 hospital admissions of people over 65 will be as a result of a fall
By 2008 there will be 1,598 over 65s predicted to have dementia, of which 1,358 (84%) will be over 75.

**National Context**

National Service Framework for Older People. Wider guidance also of relevance - Our Health, Our Care, Our Say, Everybody's Business and Forget me Not. Emphasis is on inclusion, lack of discrimination, dignity and respect and promoting independence. National strategies for stroke and dementia are due in 2008.

**Local Issues**

There are partnership arrangements across stakeholders with a jointly agreed strategy in place. Issues around detailed understanding of need to provide more targeting services to Older People. Over reliance on institutional care. Over reliance on acute/unplanned treatment rather than health promotion/prevention and proactive planned care management of Older People.

**Commissioning plans**

- Action to increase support to people to enable them to live in their own homes - through providing a choice of alternative care options to institutional care, through
  - Reviewing the PCT’s intermediate care services to maximise the scope for treating people in intermediate care settings,
  - Developing community support services, including a range of low-level interventions such as equipment, foot care, continence care, low vision and hearing services.
- To ensure the implementation of targeted evidence based interventions for Older People - to promote health and well being e.g. smoking, exercise/diet, alcohol, and blood pressure management.
- To establish local schemes to facilitate the active review and management of OP in primary care (primary care checks - > 75 check) and to further roll out the predictive tool for active case and disease management of OP and falls prevention.
- To develop a strategy for Mental Health Older Adults services to provide services aimed at earlier intervention and support, further development and integration of locality based community services, and addresses gaps in current service provision
- To provide community services that are co-located with social care and explores all opportunities for further integration of service provision
- To further develop single assessment processes across health and social care and to develop the key worker/case manager model.
- To ensure flexible provision of long term care, providing quality service and ensuring older people in long term care have access to the full range of primary and community services
- To ensure the protection of vulnerable adults by reviewing activity and capacity of current adult protection service and measure against ‘No
Secrets’ guidance and putting in place an implementation plan to address gaps in service provision.

- Implementation of joint Carers Strategy
- A stratified in-depth needs assessment of Older People in Lambeth to inform the development and targeting of services, as set out above.
- To develop and implement an End of Life Care strategy.

Impact on quality and outcomes

- Greater independence for older people
- Pro-active review and management of Older People according to their needs in primary/community settings.
- A shift from institutional/acute to community based care and a reduction the numbers of Older People going in to long term care
- A reduction in the number of avoidance hospital admissions and to reduce length of stay for those who are hospitalised.
- Responsive end of life care services, focussed around supporting people to die in the place of their choice.

5.11 Learning Disabilities

Objective

To meet the needs of Lambeth’s residents with a learning disability and specifically to support them to live independent lives through the provision of excellent, high quality personalised support services.

Health Need

Increasing numbers in Lambeth with complex / multiple disabilities. Increase in numbers with dual diagnosis and mental health needs. Ageing population - carer breakdown.

National Context

Commissioning Framework for Health and Well Being and Valuing People.

Local Issues

Whole systems strategy in place - effective partnership arrangements, including Patient and Public Involvement. Relatively high overall spend and increasing spends - over reliance on institutional care and out of borough placements. Opportunities to improve quality, value for money and shift care closer to home and offer greater choice. Carer support issues.
Commissioning Plans

The aim is to implement existing strategy, including:

- Quality Assurance Framework for contracts/placements.
- Commission services for carer respite short breaks and support.
- Decommissioning of services - to provide and develop value for money local community services.
- Establish a dedicated transitions team to improve care planning - focus children's to adult services. Plus risk register and assessment for all clients to produce proactive care plans, covering health and social needs. Further develop dedicated teams / budgets for dual diagnosis clients.
- Increase the number of clients accessing direct payments and individualised budgets via In Control project.
- Commission an employment support service.
- Active transfer of clients from out of borough placements to local services - meeting targets set out in the local strategy.

Impact on quality and outcomes

- Promotion of health and well-being for those with learning disabilities.
- Improved quality, value for money and choice of services and underpinning care planning for clients.
- Increased carer support.
- Development of non residential care alternatives and shift from out of borough to borough-based care.

5.12 Physical Disabilities

Objective

To provide effective and responsive services that meet the needs of and improve outcomes for those with physical disabilities with a particular focus on short-term rehabilitation and support for those with long-term and severe disabilities.

Health Need

The 2001 Census data indicated that 38,313 (14.4%) of Lambeth residents have a disability or a long-term limiting illness (LLI). Applying the Office of Population, Censuses and Surveys, (OPCS) categories of all disability (including sensory and mental impairment) and national prevalence data from the 1988 OPCS survey of the 16 - 64 age group, an estimate can be made of a total of 14,288 people (7.7%) within the Borough with some form of disability. Of this figure, 550 people (3.85%) will have moderate to severe disability, and 300 people (2.1%) will have a severe disability that is likely to require specialist services.
National Context

Relevance of Commissioning Framework for Health and Well Being and Our Health, Our Care, Our Say. National Service Framework for neurological conditions.

Local Issues

A local 5-year strategy is in place and there are effective partnership arrangements. There has been an increase in the number of people supported to live at home but there is room for improvement and more creative ways developed to provide that support including improved use of equipment and assistive technology. Disabled service users are the highest number of people in receipt of direct payments and Lambeth Adult and Community Services are committed to deliver more care through direct payments and personalised budgets.

Commissioning plans

- Implementation of existing five-year strategy – the key principle of which are:
  - Greater user and carer involvement.
  - To improve how services meet the range of health and social care needs of people with a disability.
  - To ensure that health and social care services work together in a more integrated way.
  - To reduce admissions to hospital and long term care by providing more services to people in their own homes.
  - To increase the quantity, quality and management of home care and day care services focusing on supporting people to live independently.
  - To give disabled people more control over their care arrangements through the extension of direct payments and other schemes.
- Commissioning of an integrated community equipment service, which enables more service users to benefit from a wider range of equipment.
- The development of assistive technology, which enables more people to live independently and safely at home and prevent unnecessary admission to hospital or other institutional care.
- Commissioning of services to ensure implementation of the National Stroke Strategy.
- To commission user and peer support programmes with clearly defined outcomes.
- Implementation of joint Carers Strategy.
- Commissioning of specialist neuro-rehabilitation services via London wide consortium.
- To work with Southwark and Lewisham PCTs to develop service model for wheelchair, prosthetic and orthotic services for when services move from Bowley Close to Dulwich Community Hospital.
- To work with other providers including ACS and housing to develop pathways and commission services to reduce the length of hospital stay.
- To commission intermediate care services that are able to meet the needs of disabled people and offer proactive support to prevent admission to long-term care.

**Impact on quality and outcomes**

- Individualised needs assessment and personalised care packages.
- Improved access to services
- Maximised utilisation of equipment and assistive technology to promote independence.
- Reduced reliance on institutional care - development of community based alternatives.
- Improved support for carers.

## 5.13 Substance Misuse

**Objective**

To reduce the prevalence of substance (drug and alcohol) misuse in Lambeth through the implementation of effective and targeted prevention and treatment services.

**Health Need**

Estimated 5000 problematic drug users - 2900 of which are not engaged with services. High rate of associated health need (blood borne viruses) and dual diagnosis of Mental Health. High prevalence of crack cocaine misuse.

**National Context**

Ring fenced funding - utilised against tight criteria. A range of targets – e.g. numbers in treatment/retention.

**Local Issues**

Good partnership arrangements, beacon of good practice for user involvement. Resources not meeting needs of wider substance misuse in Lambeth - focusing on problematic drug users (opiate dependency). Acute focused services.
Commissioning plans

- Alcohol - further develop and implement strategy.
- Workforce development - particularly in community-based settings.
- Development of dual diagnosis strategy - focussing on joint assessment and integrated care plans.
- Substance misuse commission - to widen commissioned services from opiate dependency focus to wider substance misuse (poly drug/alcohol combined). In doing so develop targeted services for hard to reach/under represented groups - black crack users, sex workers. Plus to focus on wider prevention across whole population.
- Integrated Drug Treatment service to be provided in Brixton Prison with strong connections to community services.
- Systematic discharge planning to be implemented for all patients leaving services and key worker model to facilitate engagement and retention.

Impact on quality and outcomes

- Needs-based services - that address both the needs of problematic drug users, plus alcohol and wider substance misuse.
- Skilled and effective workforce, with expertise in substance misuse provided both generically and by specialist teams.
- Shift and further development of primary care led services - primary care supported referrals produce better outcomes.
- Increase capacity across the drug treatment system.
- Seamless care pathways aimed at engagement, retention, completion and community integration
- Person-centred care.

5.14 Prison Health

Objective

To improve the quality of health services provided to Brixton Prison to maximise health outcomes for the Brixton Prison population.

Health Need

Significant needs within the Brixton Prison population. Key focus on Mental Health and substance misuse.

National Context

PCTs responsible for commissioning health care to meet the needs of the prison population - Lambeth PCT host commissioner for Brixton.
Local Issues

To ensure needs are met as effectively as possible from primary through to specialised care within ring fenced resources. Improve clinical quality and governance issues related to in-house provision.

Commissioning plans

- Re-tendering (and outsourcing) of prison health services to a specification that secures value for money, quality and effective governance.
- Application of dual diagnosis, MH and substance misuse strategies to prison.

Impact on quality and outcomes

- Effective service provision that represents value for money and provides good quality, outcomes and governance arrangements.
- A primary care led health service that responds to the needs of prisoners.
- Focus on resettlement for offenders with the aim of addressing rates of offending.

5.15 Other Commissioning Areas

Though they are not outlined here, the PCT has also developed commissioning intentions and strategies for other areas of the PCT’s work. This has been done in partnership with key stakeholders and users and has led to clear outcome measures and areas for improvement over the strategic period. Areas that come into this category include dentistry and a strategy to support carers.

In addition, strategies are being reviewed to support healthcare getting to ‘hard to reach groups’ in Lambeth. Examples are services commissioned for local homeless people, refugees and asylum seekers and range of initiatives targeted at Lambeth men aged 25-60.

More information on any of these strategies or areas of commissioning can be obtained by contacting Peter Magennis on 020 7716 7076 or peter_magennis@lambethpct.nhs.uk
6. **FINANCIAL POSITION**

The PCT’s Commissioning Strategy Plan has been based on the following planning assumptions. These will require refinement in the PCT’s annual Operating Plans as actual growth uplifts are confirmed by the Department of Health and detailed investment plans are agreed.

6.1 **Sources of funding and baseline investment**

6.1.1 **Source of Funds**

- Annual growth from 2008/09 to 20011/12 of 3.5% as per NHS London guidance.
- No further top-slice of funds assumed from 2008/09.
- The PCT plans to under spend by £3.1m (0.5%) each year, in line with national requirements.

6.1.2 **Baseline Investment**

The Department of Health (NHS London) issued PCTs with assumptions to include in their plans for annual inflation and the financial impact of projected population growth - inflation of 2.5% per year has been assumed (5.5% for prescribing/drug costs), and population growth of between 1 and 3% depending on the population group/service. In addition the PCT has assumed the following investment requirements:

- Specialist services growth of £1.0m per annum on top of inflation and population & incidence growth.
- £2.5m set aside recurrently in 2008/09 to meet expected additional costs of meeting 18-week waiting times targets.
- £1.0 set aside recurrently in 2008/09 to fund client group budget pressures.
- £0.5m set aside recurrently in 2008/09 to meet anticipated costs of meeting free nursing care funding changes.
- Non-recurrent investment programme in 2008/09 of £7.5m, funded from deferred top-slice repayment, to pump prime planned initiatives.
- Assumed full delivery of PCT’s £10.7m 2007/08-demand management strategy with the exception of 50% delivery of acute sector plans. The shortfall of £3.75m would be met within 2008/09 growth funds.
6.2 Investment in Planned Initiatives

Initial funding assumptions have been summarised below – these will require further work in annual PCT Operating Plans.

6.2.1 Developing services in primary and community settings

The PCT has three key areas of planned investment in primary and community services, aimed at increasing the activity carried out in primary and community rather than acute-based settings over the strategic period, as follows:

- Investment in the revenue consequences of existing planned capital developments aimed at bringing primary and community premises up to fit-for-purpose standards and increasing the capacity available in primary care and community settings to enable the planned shift in services from acute to primary and community-based settings to take place. In addition the PCT has identified funding to cover the anticipated costs of capital equipment, related primarily to diagnostic equipment, to underpin the planned shift in service delivery to primary and community-based settings.
- An indicative 1% annual investment in primary and community services/settings to fund the planned shift of service delivery from acute to primary and community-based settings and in doing so to ensure the delivery high quality, clinically excellent and responsive services to patients.
- A 0.5% annual investment aimed specifically at investment in improved access to primary care and community services/settings.

6.2.2 Long term conditions/unplanned care

Population and incidence growth rate of 2% per annum plus increased investment of over £600k in the Dulwich Community Hospital development, which will be jointly commissioned with Southwark PCT.

6.2.3 Mental health

For 2008/09 the PCT is assuming recurrent increase in revenue funding of £3.3m. Funding from 2009/10 will remain at 2008/09 recurrent levels, uplifted annual for inflation with any further investment needs covered from within these resources.
6.2.4 Birth, Children and Young People

Additional funding associated with overall expected population growth in birth rates and children and young people. In addition, it is planned to identify a further recurrent £0.5 million in 2008/09, aimed at pump priming key changes such as implementing new models of care for maternity services, a Common Assessment Framework and Team Around the Child.

6.2.5 Sexual health

The PCT’s commissioning intentions for sexual health assume a significant re-profiling of existing investment in GUM and RSH services, plus further growth investment to provide the revenue funding require to implement the PCT’s new community-based sexual health service model. In overall terms it is proposed to shift investment from existing GUM and community RSH services to the new clinics, plus to invest new growth funding of £1 million, to enable the implementation of the PCT’s sexual health strategy.

6.2.6 End of Life Care

The PCT’s assumption is that £200K will be invested recurrently in end of life care in 2008/09. In the final two years, 2010/11 and 2011/12, increased levels of investment in community-based services are assumed, partially funded by reduced demand in hospital-based end of life care. In addition, the PCT has budgeting for growth in investment in end of life care driven by the PCT’s population increase projections.

6.2.7 Staying Healthy

The PCT is assuming an annual increase in recurrent funding of £0.5 million per annum to significantly increase the funding associated with dedicated health promotion and prevention activity, totalling an additional £2 million over the planning period.

6.2.8 Planned care

The PCT has set aside £2.5m recurrently in 2008/09 to deliver the 18-week target. Other than this, the PCT is assuming in overall terms investment in planned care is neutral, with a planned shift of outpatients and diagnostics from acute to community-based settings.

6.2.9 Overall impact of planned initiatives

Over the next four years the PCT will receive growth funding of £75 million, over 50% of which is accounted for by inflation (£43 million). In overall terms the investment set out in the PCT’s planned initiatives, plus the impact of generic inflation and population growth to 2011/12 results in the delivery of a forecast surplus of £1.4m in 2007/08 and a 0.5% financial surplus (£3.1m) thereafter to 20011/12.
The PCT’s initial investment proposals provide for increased investment in all areas of service provision, driven in part by forecast population growth and in part by the implementation of our commissioning intentions. In the delivery of services over the next five years it is planned to shift resources from hospital to community-based settings and by 2011/12 the CSP will have enabled a shift in the provision of services to care closer to home, where appropriate.
7. HOW TO SHARE YOUR VIEWS

Please submit your feedback by **Monday 11 February 2008** in any of the following ways:

- Email your comments directly to peter_magennis@lambethpct.nhs.uk
- Post your comments on the feedback form at www.lambethpct.nhs.uk
- Post your comments to Peter Magennis at Lambeth PCT, 1 Lower Marsh, Waterloo, SE1 7NT.

We are particularly interested in the answers to the following questions:

1. Do you agree with our strategic goals for health services?
2. Do you agree with how we plan to achieve our strategic goals?
3. Do you agree with our priority areas?
4. Do you agree with the specific commissioning intentions for the various areas of our work, e.g. Staying Healthy, Mental Health, and End of Life Care?
5. Are there any other major issues that you think we should address?

We will publish the feedback received throughout the consultation period via our website, intranet and various NHS publications. We will then use the comments received to revise our Commissioning Strategy.
## 8. GLOSSARY

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<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>A&amp;E</td>
<td>Accident &amp; Emergency</td>
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<tr>
<td>BME</td>
<td>Black &amp; Minority Ethnic</td>
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<tr>
<td>C&amp;YP</td>
<td>Children &amp; Young People</td>
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<tr>
<td>CAMHS</td>
<td>Child &amp; Adolescent Mental Health Services</td>
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<tr>
<td>CHD</td>
<td>Coronary Heart Disease</td>
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<tr>
<td>COPD</td>
<td>Chronic Obstructive Pulmonary Disease</td>
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<tr>
<td>CSP</td>
<td>Commissioning Strategy Plan</td>
</tr>
<tr>
<td>CVD</td>
<td>Cardio Vascular Disease</td>
</tr>
<tr>
<td>E&amp;W</td>
<td>England &amp; Wales</td>
</tr>
<tr>
<td>GLA</td>
<td>Greater London Authority</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
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<tr>
<td>GPAQ</td>
<td>General Practice Assessment Questionnaire</td>
</tr>
<tr>
<td>GSF</td>
<td>Gold Standards Framework</td>
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<tr>
<td>GST</td>
<td>Guy’s &amp; St Thomas’ NHS Foundation Trust</td>
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<tr>
<td>GUM</td>
<td>Genito Urinary Medicine</td>
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<tr>
<td>GSF</td>
<td>Gold Standards Framework</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>LTC</td>
<td>Long Term Conditions</td>
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<tr>
<td>MH</td>
<td>Mental Health</td>
</tr>
<tr>
<td>MI</td>
<td>Myocardial Infarction</td>
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<tr>
<td>NHS</td>
<td>National Health Service</td>
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<tr>
<td>NICE</td>
<td>National Institute of Clinical Excellence</td>
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<tr>
<td>NSF</td>
<td>National Service Framework</td>
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<tr>
<td>PCT</td>
<td>Primary Care Trust</td>
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<tr>
<td>PEAT</td>
<td>Physical Environment Assessment Team</td>
</tr>
<tr>
<td>PR</td>
<td>Public Relations</td>
</tr>
<tr>
<td>QOF</td>
<td>Quality Outcome Framework</td>
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<tr>
<td>RSH</td>
<td>Reproductive Sexual Health</td>
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<tr>
<td>SH</td>
<td>Sexual Health</td>
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<tr>
<td>SIPs</td>
<td>Service Improvement Proformas</td>
</tr>
<tr>
<td>SLAM</td>
<td>South London &amp; Maudsley NHS Foundation Trust</td>
</tr>
<tr>
<td>SMI</td>
<td>Serious Mental Illness</td>
</tr>
<tr>
<td>STIs</td>
<td>Sexually Transmitted Infections</td>
</tr>
<tr>
<td>TAC</td>
<td>Team Around the Child</td>
</tr>
<tr>
<td>YLL</td>
<td>Years Life Lost</td>
</tr>
<tr>
<td>YLD</td>
<td>Years Lived with Disability</td>
</tr>
</tbody>
</table>
Many terms and words that are used in the NHS can be confusing. So here are some A-Z definitions.

**Accident and Emergency (A&E)**
the emergency departments of hospitals that deal with people who need emergency treatment because of sudden illness or injury. Sometimes called casualty departments or emergency departments.

**Acute care**
medical and surgical treatment provided by a hospital.

**Admissions**
when a patient is admitted to hospital.

**Care pathway**
the process of diagnosis, treatment and care taking a patient from their earliest contact with the NHS to the end of their treatment.

**Care plans**
care plans are written agreements setting out how care will be provided within the resources available for people with complex needs.

**Carer**
a carer is a friend or relative who looks after a person who is ill, disabled or elderly, on an informal, voluntary and often long-term basis. There are over 6 million carers in England.

**Child and adolescent mental health services (CAMHS)**
services provided for children and young people with emotional, behavioural and mental health needs. They include services provided by PCTs, NHS trusts, social services and the voluntary sector.

**Community care**
community care provides social care and treatment outside of hospitals. It supports people (for example older people or people with learning disabilities) to continue to live in their own homes.

**CVD**
diseases of the heart (cardiac muscle) or blood vessels (vasculature). However, in practice, when doctors use the term ‘cardiovascular disease’ they usually mean diseases of the heart or blood vessels that are caused by atheroma, a fatty deposit within the inside lining of arteries.

**Emergency admission**
a patient admitted to hospital at short notice because of clinical need or if alternative care is not available.

**Expert Patient Programme**
the Expert Patient Programme recognises that many patients are "experts" in their own right and that with proper support they can take a lead in managing their own conditions.

**Inpatient**
a patient who has been admitted to a hospital as a day case or longer periods of time.

**Intermediate care**
Intermediate care refers to services that are designed to prevent unnecessary
hospital admissions and which enable people to live independently at home through the provision of additional home care and other support.

**Mental health trust**
a mental health trust provides treatment and care for patients who have mental health problems. The services may be provided from a hospital or in the community.

**Mortality**
the number of deaths in a given time or a community; the proportion of deaths to population or to a specific number of the population; death rate.

**National Institute for Clinical Excellence (NICE)**
a special health authority that promotes the best possible service and effective use of resources in the NHS. It sets clear national standards to improve the quality and consistency of NHS services throughout the country.

**NHS trust**
NHS organisations, which provide healthcare.

**Outpatient**
an outpatient attends for a consultation, advice and/or treatment but does not stay in a hospital.

**Pharmacists**
pharmacists are specialist health professionals who prepare and sell medicines.

**Primary care**
general healthcare services provided in the community close to where people live by GPs and their staff and social care services.

**Provider**
provider is the name used to describe any organisation that provides a service to the NHS.

**Secondary care**
care typically provided in local hospitals usually on a referral from primary care.

**Stakeholder**
a stakeholder is a person or organisation with a direct interest in a service or practice.

**Tertiary care**
Care of a highly specialist nature typically provided in regional centres. An example of tertiary care is care for people with eating disorders such as Anorexia Nervosa.

**Waiting list**
the waiting list is the number of people waiting to be admitted to a hospital as an inpatient.