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Lambeth 
Primary Care Trust

Commissioning Strategy Plan Refresh

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LAMBETH PRIMARY CARE TRUST

DIRECTORATE OF SERVICE STRATEGY AND COMMISSIONING

2008/09 COMMISSIONING STRATEGY PLAN REFRESH

1. Introduction

The PCT has developed a refreshed Commissioning Strategy Plan (CSP), the final version of which is due to be submitted to NHS London, as part of World Class Commissioning assurance evidence at the end of November 2008.

The PCT did a huge amount of work to develop with partners its 2007/08 CSP, which was subject in the summer and autumn of 2007 to widespread consultation and engagement with stakeholders and the public. Given this recent work and engagement the PCT retained the core of the 2007/08 CSP. However, a number of changes have been made, to reflect new national and London requirements reflect feedback received in the 2007/08 consultation exercise.

The aim of this paper is to highlight for readers of the CSP key changes that have been made to the CSP refresh, whilst also giving a very brief overview to serve as a reminder of this vital document's main content.

2. Overall strategic priorities

The PCT has retained the vision, overall strategic goals and commissioning priorities identified in the 2007/08 CSP. These remain:

- Staying Healthy
- Mental Health
- Children and Young People
- Long Term Conditions
- Sexual Health
- End of Life Care

Some changes have been made as follows:

2.1 Strategic goals

We have combined the 2007/08 strategic goals and themes in to single composite goals – following feedback that the differentiation between goals and themes was confusing. We have also cross referenced the strategic goals to the themes identified as part of the London wide Healthcare for London proposals.

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The goals are:

- Goal 1: To improve health and well being and reduce inequalities in the Lambeth population.
- Goal 2: To work collaboratively with partners to deliver integrated and seamless services for Lambeth residents.
- Goal 3: To ensure the delivery of excellent, high quality, evidence based services that provide the right care and the right time in the right place.
- Goal 4: To deliver patient centred services that are responsive to service users and the local community.
- Goal 5: To improve the PCT's commissioning capability to deliver World Class Commissioning in Lambeth and to ensure the delivery of a balanced budget, national and local targets and priorities.

2.2 Commissioning Intentions

Commissioning intentions have been updated to include the following:

- Healthcare for London proposals, where relevant to a particular service area. The commissioning intentions reflect Healthcare for London for the following key areas – maternity services, trauma, stroke, diabetes, primary/community development (including the polyclinic model), and the PCT's commissioning intentions plan for the delivery of Healthcare for London recommended models of care. Where changes to service configuration is required as a result of implementation the PCT will particulate in the London wide consultation on specific plans.
- Delivery in 2008/09 of year one CSP plans, and the extension of plans to cover 2012/13.
- The identification of a core number of outcomes for each commissioning priority. This will enable us to assess and demonstrate the delivery of agreed process, quality and health outcomes as a result of our CSP implementation.
- An assessment of the expected impact on inequalities of our commissioning intentions and initiatives.
- Consideration of the required market management strategy to underpin and facilitate the delivery of the PCT's stated commissioning plans and outcomes.

3. Updated sections

The PCT has also taken the opportunity to update a number of important context sections of the CSP. Key areas that have been updated are summarised below:

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- Updated information related to the PCT's assessment of health needs, building on the 2007/08 Annual Public Health Report and work with the Local Authority to develop a Joint Strategic Needs Assessment.
- An update utilising the latest available information of patient experience feedback on health services and issue sin Lambeth.
- The reflection of latest national guidance, specifically the Next Stage Review and Healthcare for London.
- Commissioning Strategy Plan Consultation.

These updated sections provide latest information and evidence to support the CSP – our assessment is that whilst they have resulted in additions or changes to the detail of our commissioning intentions over the next five years, none of the updates require or justify a change to the overall strategic goals and commissioning priorities that we identified in 2007/08.

Commissioning Strategy Plan Consultation

Between 19th November 2007 and 11th February 2008, the PCT completed a full consultation with local residents and stakeholders on its Commissioning Strategy Plan. The table below provides a summary of the main emergent themes and resulting PCT action that has informed this refresh:

Feedback	Action Taken for this Refresh
There was a feeling that having both 'Strategic Goals' and 'Strategic Themes' was confusing.	Lambeth PCT Strategic Goals and Strategic Themes have been amalgamated in this refresh.
There was a great deal of support for including Staying Healthy and Mental Health as priorities.	The PCT commitment to maintain and increase investment in Staying Healthy strategies defined as an outcome for that commissioning area.
There was a perception that the PCT could do more to communicate better with both the public and stakeholders on an ongoing basis.	The PCT has identified Public and Patient involvement as a key area for development as part of the World Class Commissioning Programme. Further details can be found in the PCT's Organisational Development Plan.
It was suggested that the PCT should share its annual targets and goals with the public so that they can monitor and work with the PCT on implementation.	The PCT intends to consult stakeholders and the local public on these outcomes as well as the Top 10 outcomes chosen for the World Class Commissioning assurance process.
It was felt that dentistry had not received the attention and emphasis it required in the CSP.	A dental development plan has been developed since the consultation, in response to this feedback.

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Children with disabilities were highlighted by respondents as a particular area of concern that was not adequately addressed by the <i>CSP</i> .	Our refreshed CSP includes specific action around improving services and outcomes for children with disabilities.
Respondents consistently emphasised the importance of working closely with the council to achieve improvements.	Examples of close collaboration with the council in the last year include the development of the Joint Strategic Needs Assessment (JSNA), progress against Local Area Agreement (LAA) targets and the agreement of a joint Health and Well Being Strategy.
There was a great deal of re-emphasis on working with and placing services within schools to achieve the objectives described for Staying Healthy and Children and Young People's strategies.	The PCT is working with partners to extend and develop services provided both through schools, including the Healthy School Initiative and also through Children's Centres.
The lack of close working with the voluntary sector was also highlighted as a concern by some – and one that should be addressed further in the <i>CSP</i> .	The PCT is developing relationships with the voluntary sector, as both partner and provider.
The difficulty of accessing both primary and secondary care services was an issue that recurred in feedback. A desire was expressed to have longer opening hours and better continuity of care in primary care and shorter waiting list times for hospitals. Hospital acquired infections was an issue that also recurred with these groups.	The PCT is on track to deliver all hospital waiting times targets, this will mean a maximum wait of 18 weeks from referral to treatment by December 2008. 71% of local GP practices are now offering extended hours. The PCT is tendering for a GP led health centre, to provide opening hours from 8 a.m, to 8 p.m. 365 days a year. The PCT's main local providers are performing extremely well in reducing infection rates, including MRSA / C difficile.
Equality and diversity issues are not given adequate weight in the <i>CSP</i> .	Every initiative in this refreshed CSP has a section relating to 'Impact on Inequalities'.

4. New sections

The CSP refresh includes a number of completely new sections, to reflect World Class Commissioning requirements and NHS London guidance. These additions are summarised below :

10 high level outcomes

The identification of ten high level outcomes, which though chosen from a national list of indicators, are driven by the PCT's CSP priorities. The PCT's delivery of improved outcomes for each of the chosen measures will also be considered as part of future WCC assessments.

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Two of the outcome measures have been chosen nationally and will apply to all PCTs. These relate to life expectancy and inequalities – both of which represent a complete fit to the PCT’s strategic goal of improving health and reducing inequalities for the Lambeth population.

The PCT has chosen a further six outcomes related to its six CSP priority areas for WCC purposes, but will utilise internally and for CSP monitoring the full set of outcomes identified for each area., with one outcome identified for each priority.

The six outcome measures the PCT has identified for WCC assurance are shown in the table below:

Priority area	Outcome	Rationale
Long Term Conditions	Hypertension – the proportion of patients with hypertension, CHD, stroke and diabetes whose blood pressure is controlled at 150/90.	Fit to PCT vision and goals and HfL themes. Hypertension management a key Lambeth risk factor - success in delivering outcome will have a major impact on improving health and inequalities and significant population impact also. Lambeth detection rates lower than national average. Measurable and deliverable but challenging. Effective hypertension management brings patients in to the health care system, but also promotes self care, early intervention to avoid deterioration and improved health and well being.
Children and Young People	Maternity - Percentage of women booked by 12 weeks	Fit to PCT vision and goals and HfL themes. Improves access to population group fundamental to delivering parenting and early years strategies. Linked to overall improved outcomes – low birth rate, ethnic inequalities. Low levels of performance currently (40~% achievement) – scope for significant improvement. Measurable.
Sexual Health	Sexually Transmitted Disease – the percentage of the 15-24 population screened for Chlamydia.	Fit to PCT vision and goals. Prevalence of STIs, including Chlamydia high – with ethnic inequalities also. Facilitates access to high risk population groups and hard to reach younger populations – links therefore to prevention of other STIs, including HIV, teenage pregnancy. Evidence of cost effectiveness. Service model and redesign in place to support delivery. Measurable.
Mental Health	Early intervention and Treatment – to increase access to psychological therapies.	Fit to PCT vision and goals and a major priority area within the PCT’s mental health strategy. Areas of current service gap and inequality – implementation of talking therapies review from October 2008 – identification as an outcome will enable assessment of progress and impact.
Staying Healthy	Smoking - to achieve targets for smoking quitters per 100,000 population.	Fit to PCT vision and goals and HfL themes. High prevalence with significant health impact. Significant inequality in smoking rates between Lambeth and nationally. Current performance against targets is challenging, although services comprehensive – need to explore more innovative approaches. Measurable.

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End of Life Care	Choice – the percentage of [people who die in the place of their choosing.	Fit to PCT vision and goals and HfL themes. Current performance (nationally and locally) poor – scope for significant improvement. Will require service development and redesign – supported by Guy’s and St Thomas’ Charity and Marie Curie initiatives. Inequalities issues – need to ensure consistent focus across cancer and all end of life care.
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Further work, utilising the same baseline data and information as above has also been carried out to identify the final two outcome measures. These are as follows:

Priority area	Outcome	Rationale
Long Term Conditions	Diabetes blood sugar levels	Fit to PCT vision and goals and HfL themes. Lambeth detection rates low. Effective management will improve health outcomes and deterioration of morbidity for diabetic patients. Diabetes represents the PCT’s biggest opportunity for shift to out of hospital care (emergency admissions high and hospital check ups). . Measurable.
Self reported experience of patients & users	An outcome related to patient experience.	The PCT is keen to include an outcome related to responsiveness of care, linked to its CSP strategic goal. This outcome will be monitored via patient surveys in secondary care and is reported nationally.

Primary care and community strategy

In its 2007/08 CSP the PCT had identified the development of primary and community services, and specifically the development of underpinning infrastructure to enable delivery of our strategic goals and commissioning intentions, as a discreet CSP initiative. In line with the Next Stage Review and Healthcare for London PCTs have been asked as part of the CSP refresh to articulate in more detail their strategy for the development of primary and community services. The refreshed CSP sets out Lambeth’s strategy, which focuses primarily on the continued development of our Neighbourhood Resource Centres, and in doing so delivers services in line with Healthcare for London’s polyclinic model.

Market management strategy

As well as considering specific issues related to market management as applied to each area of the PCT’s CSP initiatives refreshed CSPs have also had to articulate the overarching PCT market management strategy. The CSP therefore

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includes a separate section which sets out the PCT's approach to developing and managing the market to enable both the successful delivery of its CSP and ensure compliance with new NHS co-operation and competition rules.

Investment plans

We have taken the opportunity of the CSP refresh to review the 2007/08 investment plans of each of our commissioning priorities/initiatives. The 2007/08 CSP retained significant levels of surplus for future investment – we have reduced this in the CSP refresh and allocated some of the previous surplus to commissioning priorities. Additional funds have been allocated on the basis of our view of the robustness of our 2007/08 assumptions, the latest information from our needs assessment, patient experience feedback, national and local policy context and our assessment of progress made in delivery year one of our CSP. This review has resulted in additions from 2009/10 onwards for the following priority areas – mental health, children and young people, sexual health and primary/community services. The changes made are summarised in the table below:

The changes to investment in the PCT's commissioning initiatives are summarised in the table below:

Increases/ (Decreases) in Investment	2009/10	2010/11	2011/12
	£'000	£'000	£'000
Developing Primary Care & Community Services Infrastructure	75	76	877
Mental Health	2,289	1,805	1,821
Sexual Health	500	500	500
Long Term Conditions & Unplanned Care	0	0	0
Birth, Children & Young People	500	500	0
End of Life Care	0	0	0
Staying Healthy	0	0	(500)
Planned Care	0	0	0
Demand Management	(1,545)	(1,312)	(1,694)
Total Changes in Commissioning Initiatives Investment	1,818	1,569	1,004

Further details of changes in income assumptions and total planned investment are given below.

5. Further Planned Changes to the CSP

The PCT will be making the following further changes prior to submission of the final CSP on 28 November:

- Remodelled financial assumption in line with NHS London planning guidance
- Work to reflect NHS London feedback on our first draft plan
- Work to further develop commissioning intentions and quarterly milestones
- Further refinement of outcome measure trajectories.

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5. Overall summary of CSP

The refreshed CSP is a lengthy document, containing a wealth of information, but in a form which is too large and unwieldy to be a user friendly document. Once we have finalised our CSP in November 2008 it is planned to produce a much shorter user friendly summary of the CSP for wider circulation and reference.

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Appendix A: CSP and CSP Refresh - Investment Comparison 2009/10 – 2012/13

	CSP - October 2007				CSP Refresh				Increase/ (decrease) in Investment			
	2009/10	2010/11	2011/12	2012/13	2009/10	2010/11	2011/12	2012/13	2009/10	2010/11	2011/12	2012/13
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Income												
Recurrent Cash Uplift	18,456	19,102	19,771	N/A	28,232	30,975	24,616	25,601	9,776	11,872	4,845	N/A
Return of lodged funds	0	0	0	N/A	5,035	0	0	0	5,035	0	0	N/A
Prior Year (over)/ Underspend	3,126	3,126	3,126	N/A	3,126	3,126	3,126	3,126	0	0	0	N/A
Total Income	21,582	22,228	22,897	N/A	36,393	34,101	27,742	28,727	14,811	11,872	4,845	N/A
Expenditure												
Population & Incidence Growth/ Outturn generic uplift, net of efficiency	5,456	6,225	6,553	N/A	7,056	8,195	8,682	8,772	1,600	1,971	2,129	N/A
prescribing uplift (above generics)	11,092	11,524	11,272	N/A	14,828	15,583	6,193	6,735	3,736	4,059	(5,079)	N/A
specialist services growth	777	813	1,548	N/A	777	813	1,548	1,621	0	0	0	N/A
Non-Recurrent Investment Programme	1,000	1,000	1,000	N/A	1,000	1,000	1,000	1,000	0	0	0	N/A
Pick up of Short Term Funding	0	0	0	N/A	5,000	0	0	0	5,000	0	0	N/A
Client Groups	0	0	0	N/A	200	200	200	200	200	200	200	N/A
Corporate cost pressures/ Fit for the Future APO costs	0	0	0	N/A	1,000	1,500	0	0	1,000	1,500	0	N/A
	(795)	0	0	N/A	800	300	300	300	1,595	300	300	N/A
Commissioning Initiatives												
Primary & Community Infrastructure	1,620	1,925	1,623	N/A	1,695	2,001	2,500	2,500	75	76	877	N/A
Mental Health	(789)	(805)	(821)	N/A	1,500	1,000	1,000	1,000	2,289	1,805	1,821	N/A
Sexual Health	0	0	0	N/A	500	500	500	500	500	500	500	N/A
Long Term Conditions & Unplanned Care	(751)	(1,508)	(1,609)	N/A	(751)	(1,508)	(1,609)	0	0	0	0	N/A
Birth, Children & Young People	0	0	0	N/A	500	500	0	0	500	500	0	N/A
End of Life Care	0	(258)	(284)	N/A	0	(258)	(284)	0	0	0	0	N/A
Staying Healthy	500	500	500	N/A	500	500	0	0	0	0	(500)	N/A
Planned Care	0	0	0	N/A	0	0	0	0	0	0	0	N/A
Demand Management	0	(313)	(11)	N/A	(1,545)	(1,625)	(1,704)	(1,757)	(1,545)	(1,312)	(1,694)	N/A
Remaining funds for investment)	346	0	0	N/A	209	2,274	6,291	4,729	(137)	2,274	6,291	N/A
Total Investment	18,456	19,102	19,771	N/A	33,267	30,975	24,616	25,601	14,811	11,872	4,845	N/A
PCT surplus/ (deficit)	3,126	3,126	3,126	N/A	3,126	3,126	3,126	3,126	0	0	0	N/A