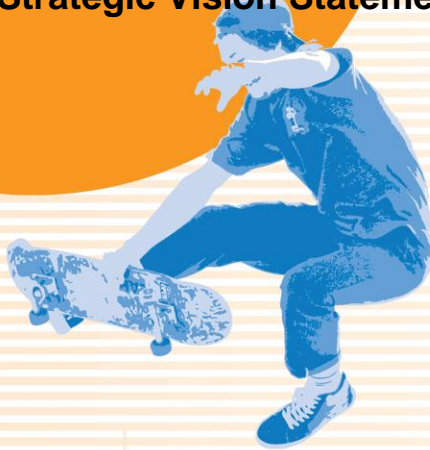


# NHS Lambeth Clinical Commissioning Group

## Healthier Together

Our Strategic Vision Statement: 2014/15 to 2018/2019



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## Section 1: Foreword

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This five year strategic vision statement describes the ambition of NHS Lambeth Clinical Commissioning Group (CCG) to improve the health of local people and reduce health inequalities. We will achieve this by continuing to improve the quality and safety of health services by ensuring everyone in Lambeth can access and benefit from local health services according to their needs.

NHS Lambeth CCG is a new organisation – in operation since April 2013. We want to set out what we stand for, what we want to do and how we want to do it. A core purpose of CCGs is to put local clinicians, especially in primary care, in the lead to develop and ensure a health system to be proud of. Lambeth CCG Practice Members are taking up this challenge. This strategic vision statement sets out how this will be put into practice and commits NHS commissioning in Lambeth to a way of working; with and for local people and with and for our Practice Members. We recognise that we are building on the achievements of our predecessor organisations but also that the demands of the future require new ways of working, innovation and choice, embracing 21<sup>st</sup> century technologies to achieve our goals.

A strategic vision is just that – strategic. It describes our ambition through our mission statement, our vision and our values. It describes priorities that will enable our vision to be realised and how we aim to work to ensure we deliver, and that what we say we will do. It is not a detailed delivery plan; our commissioning intentions and operating plans fulfil this purpose and are critical to enable us to set measurable targets, and demonstrate progress towards the achievement of our strategy.

In developing our strategic vision, we have sought to establish new ways of communicating and of involving local people and CCG Member Practices through the BIG Lambeth Health Debate. The debate ran from July to October 2013 and we want the conversation we started to continue. Our strategic vision will evolve and be refined but we want to continue and build upon the ways of working with local people.

Signed  
Adrian McLachlan  
Chair NHS Lambeth CCG

## Section 2: Our Mission, Our Vision and Our Values

NHS Lambeth Clinical Commissioning Group (CCG) was formally established on 1 April 2013. CCGs commission health services differently to Primary Care Trusts and have a different remit. NHS Lambeth CCG has an important role to influence wider local partnerships and to set policy and strategy that will promote the health and wellbeing of the population. In line with the NHS nationally Lambeth CCG also faces some significant challenges. This has been openly acknowledged and discussed as a key factor in developing our new five year strategic vision and as part of the BIG Lambeth Health Debate. The CCG Practice Membership, Lambeth residents, local providers and other commissioners (for example London Borough of Lambeth) remain committed to the Lambeth CCG mission to improve health and reduce health inequalities.

Significant progress has been made in Lambeth over recent years with longer life expectancy for both men and women and a reducing health inequalities gap. However, there is still much to be achieved. Whilst our Mission and Values are predominantly unchanged our Vision has been refreshed and we wish to agree a new set of health priorities.

### Our Mission

‘To improve the health of and reduce inequalities for Lambeth people and to commission high quality health services on their behalf’.

### Our Values

We will always tell the truth

We are fair

We are open

We recognise our responsibilities to service users and the wider public

We act responsibly, with and for our member practices, as a public sector organisation

### Our Vision

**People centred** – We will work to co-produce services, built around individuals and population needs, enabling people to stay healthy and manage their own care

**Prevention focussed** – We will prioritise prevention of ill health and the factors that create it, enabling people to live longer and healthier lives

**Integrated** – We will commission services in a way that brings service provision together around the needs of people and reduces boundaries and barriers to care.

**Consistent** – We will promote high quality, accessible, equitable and safe services and reduce variation and variability in provision

**Innovative** – We will use 21<sup>st</sup> century technologies to provide better services, better information and to promote choices.

**Deliver best value** – We will ensure we live within our means and use our resources well.

### **Section 3: Lambeth**

#### **Our population's Health Needs**

Lambeth is a vibrant inner London borough that has a culturally diverse and relatively young population. Mobility and migration levels remain high and the borough faces numerous challenges including deprivation, higher than average unemployment and population density, poor quality housing and crime.

Progress has been made in recent years to improve health and wellbeing. Premature deaths from major killers such as cancer, heart disease and stroke are coming down and the gap in mortality with England is narrowing. Crime has also fallen significantly for a number of years, educational attainment and skills levels continue to improve, teenage pregnancy has halved and our public space is the cleanest it has ever been. Lambeth therefore is a borough which has much to celebrate, whilst at the same time recognising that much more needs to be done before we can be sure that all our citizens experience the highest levels of health and wellbeing.

Detailed information about the health of Lambeth's population is contained within our Joint Strategic Needs Assessment (found at [www.lambethfirst.org.uk/jsna](http://www.lambethfirst.org.uk/jsna)). Lambeth's latest Health and Wellbeing Strategy can be found at:

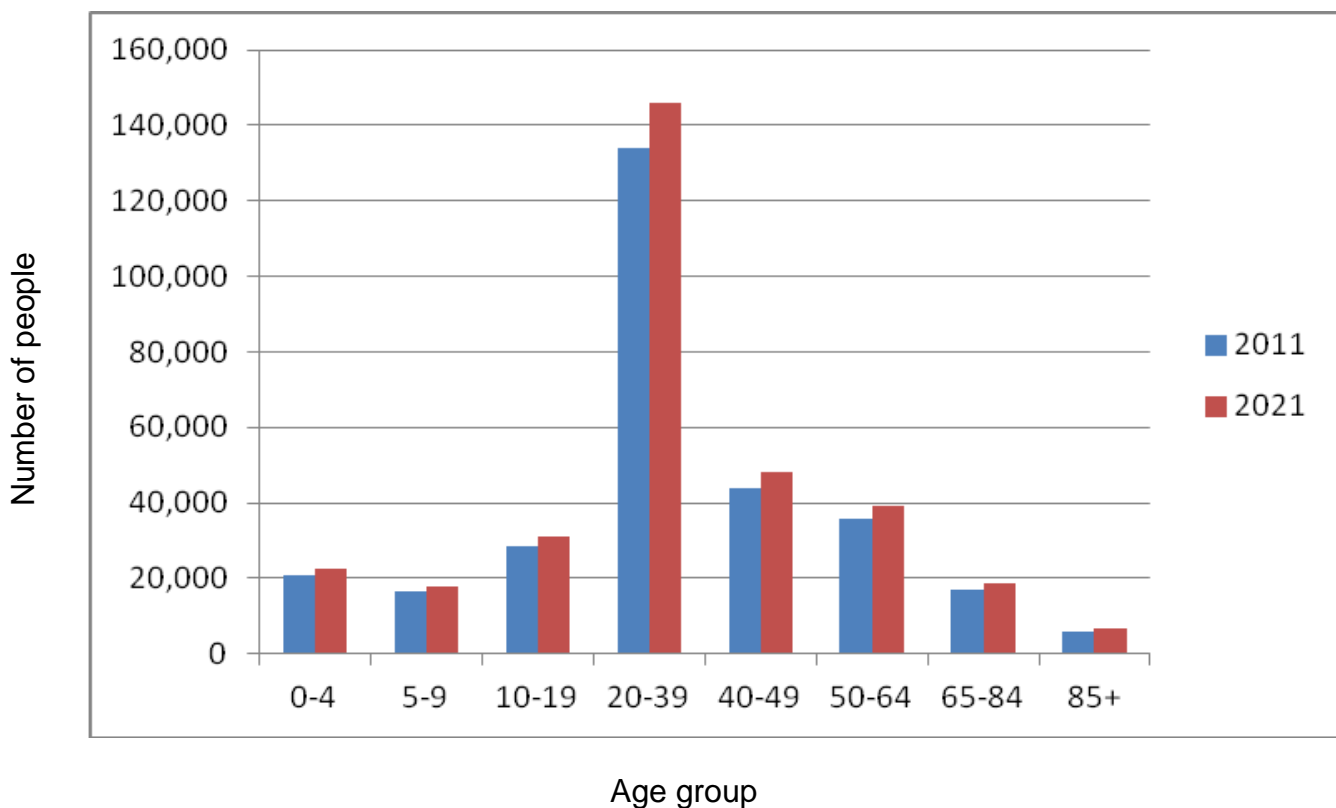
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The resident population recorded in the 2011 Census was 303,100 persons. The number of people registered with a Lambeth GP is over 385,600.

Key population facts:

- Young – 50% aged 20-44
- Growing – 15% increase by 2028 from 2011 numbers
- Mobile – 22% move each year
- Diverse – 37% ethnic minority, 150 + languages spoken
- Densely populated – twice London average

Lambeth has a growing population across all age ranges. The graph below illustrates what this could look like by age, by 2021.



**Chart 1: Lambeth growing population:**

We have made significant improvements to health outcomes. Life expectancy in the last 10 years for men in Lambeth has increased by over four years and for women by over two years.

This means that from birth:

- Males can expect to live for 77 years compared to the London average of 79, and England average of 78.6.

- Females can expect to live for 81.1 years compared to the London average of 83.3 and England average of 82.6.

The main conditions that continue to kill people are heart disease, stroke, cancers, and respiratory disorders.

However, whilst people are living longer they are doing so with long term health conditions such as cardio vascular disease (CVD), diabetes, chronic obstructive pulmonary disease (COPD) and dementia, often undetected until late in life.

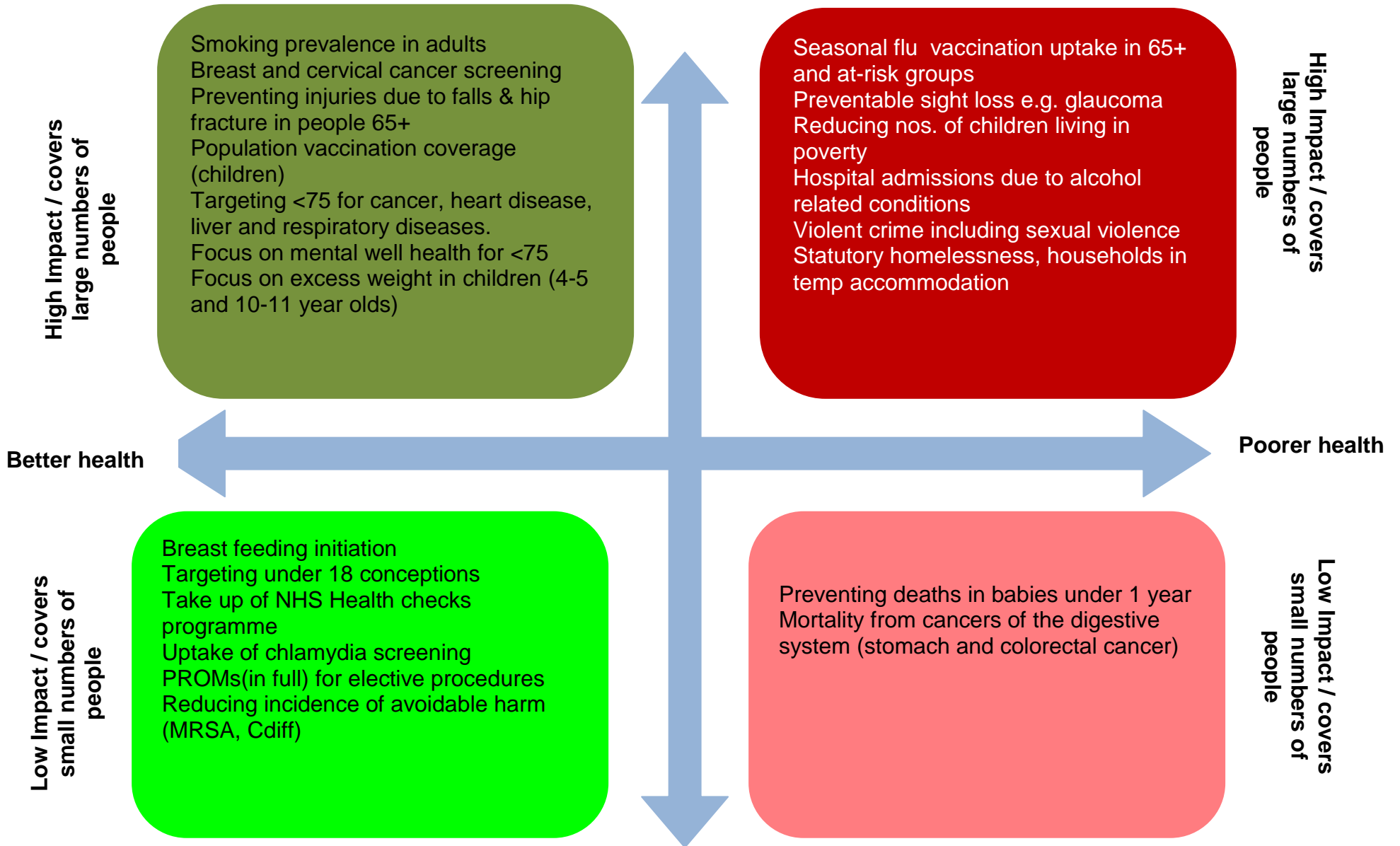
There are many competing needs and demands upon health service resources in Lambeth. With limited resources and rising demands, choices need to be made. We will take a transparent and evidence-based approach and will devote more time, energy and resource to those areas where we can have the greatest impact. We will apply the same transparent and evidence-based approach to decisions to stop commissioning services that have the lowest impact on health and consider what can be done to mitigate negative impacts of any changes.

The illustration below portrays a range of health conditions affecting Lambeth residents. Some are improving and some are worsening. The illustration shows those interventions that would make a difference to a large number of people and have evidence of success and those interventions that would make a difference to a small number of people. This approach has helped us identify the interventions that would have the most impact and has been used as part of our 'value based commissioning' approach to deciding what NHS Lambeth CCG should continue to commission and what we might re-commission (i.e. do differently).

**Chart 2: Interventions and their impact on health conditions**

**Improving health conditions interventions**

**Interventions targeted at the 'worsening' health conditions**

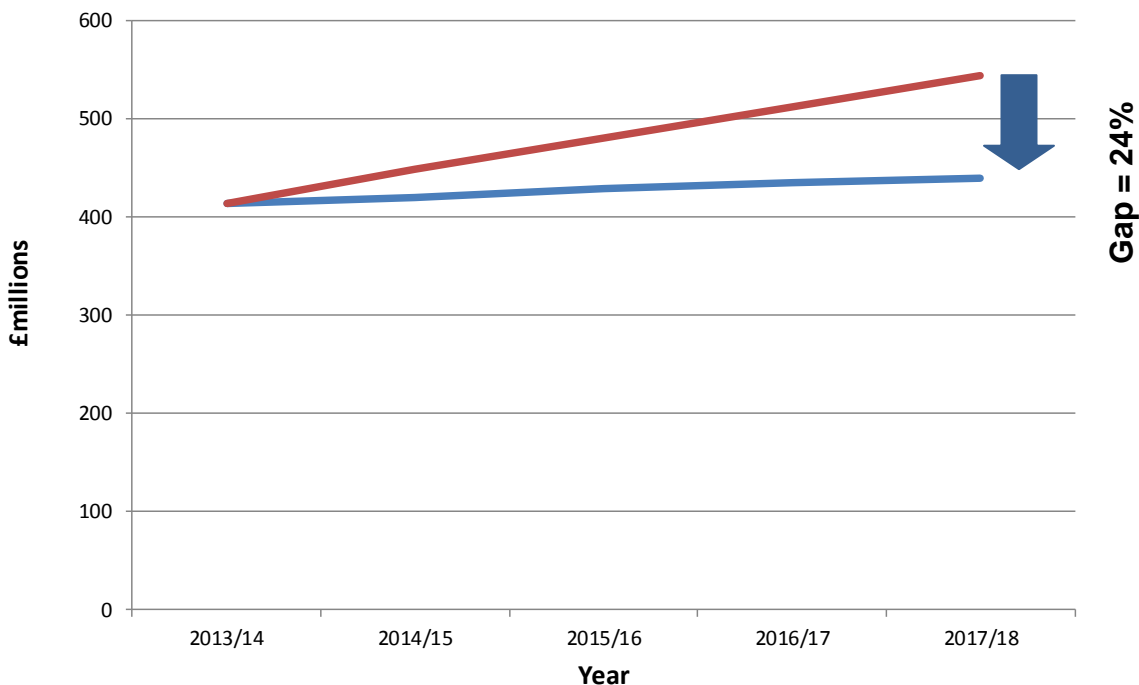




## **Section 4: Our BIG Challenge**

As with much of the country and across the rest of London, demands on health services have been increasing at a rate greater than the increase in resources likely to be available in future. A growing and aging population and medical advances means that the demand for NHS services is increasing at over 4 per cent each year. The potential is therefore that the current NHS system will in future be unaffordable and unsustainable. This is a huge challenge but is also a spur to develop new and better ways of providing health care.

Essentially the BIG Challenge is how to deliver the CCG's mission and increase the quality and equity of services, whilst resources are static and without improvement and change demand for health care will continue to increase. Our solution is to prevent ill health, to detect the risk of ill health earlier and to better support individuals to manage their health conditions. Where additional healthcare support is needed this needs to demonstrate excellent outcomes and support recovery?

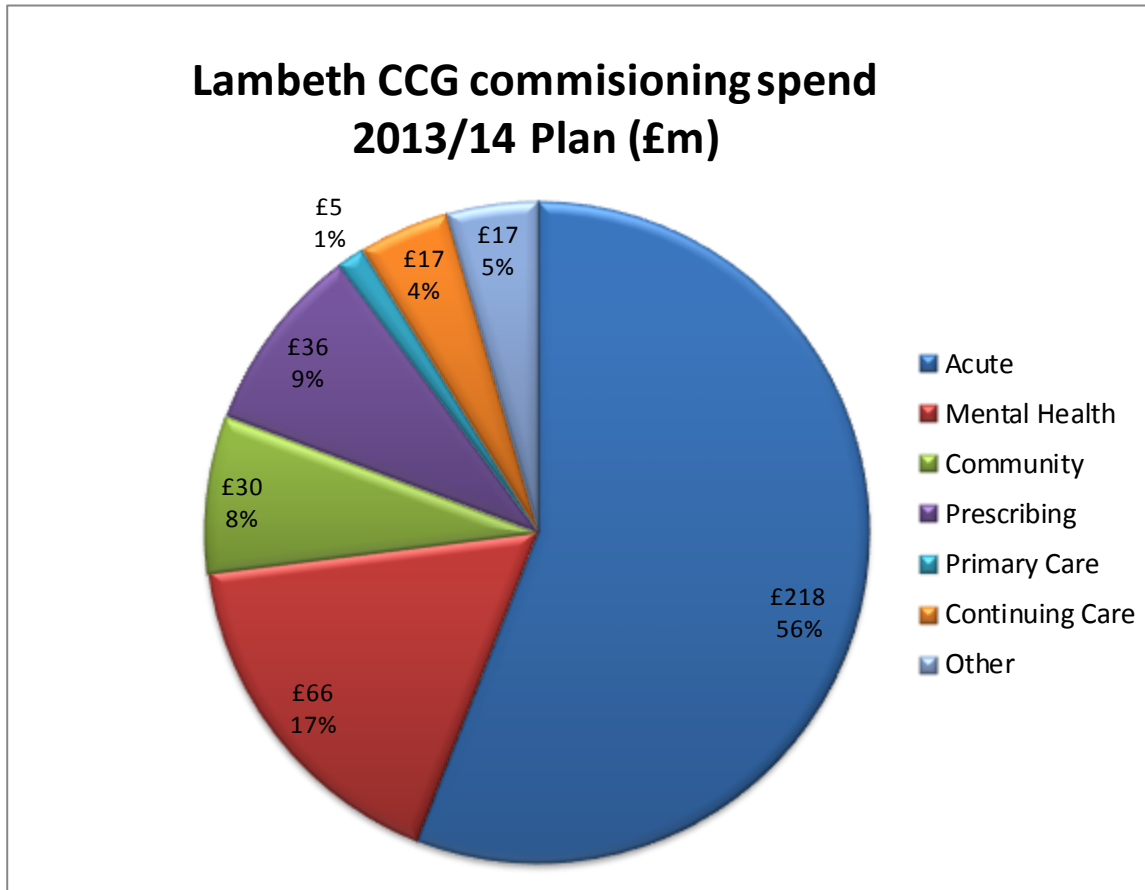


**Chart 3: NHS Lambeth CCG: Forecast expenditure versus recurrent resources - 2013/14 to 2017/18**

The blue line represents the income to the CCG and the red line represents the level of demand on local health services if nothing changes and current trajectories of demand for healthcare services continue. As demand increases and resources remain static if we do not prevent ill health and enable people to look after their health better we face an increasing gap between what can be afforded and what is potentially required.

## Resources

For 2013/14 NHS Lambeth CCG has a commissioning budget of £389m and running costs of £8m, making a total recurrent allocation of £397m. We currently spend our commissioning funds in the following way:



### Chart 4: Commissioning spend in 2013/14

In addition to the CCG spend set out above NHS England funds primary care and specialist hospital care. London Borough of Lambeth fund Public Health and social care services.

The latest estimate of the improvement challenge facing NHS Lambeth CCG shows that our Quality Innovation Productivity and Prevention (QIPP) programmes need to deliver £25 million in 2014/15 and potentially £12 million per year for each the following three years. This represents a significant challenge for the CCG and its Members and will necessitate some difficult decisions to ensure the best value is being achieved and resource sustainability maintained.

All changes will be tested against the CCG vision and values. This is not a challenge that can be underestimated. Much of the cost of NHS services is driven by growing volumes of patient contact with healthcare professionals, necessitating a larger workforce, delivering care out of costly buildings. This challenge means we will have to commission services that enable the same or better health outcomes to be achieved without more staff, more contacts, and more buildings. Using our excellent healthcare facilities and workforce better will be essential in helping us to achieve this.

## **Section 5: The BIG Lambeth Health debate**

### **The Debate**

The NHS is amongst the best in the world when it comes to providing equitable care on the basis of need. However the NHS faces some significant challenges in the future. We want to be open and transparent and to work alongside local people to develop our approach to improving health in Lambeth. It is critically important to involve local people and other stakeholders as we develop and implement this new strategy building on what we have learnt through the 'BIG Lambeth Health Debate' (BLHD).

The BLHD took place between July and October 2013 and asked a series of questions under four key headings of innovation, productivity, prevention and integration.

### **How did we engage?**

The CCG has tried to go beyond a traditional NHS consultation exercise where people are asked to give their opinion about a plan or proposal. The aim was provide context and opportunities for people to use source material to ask questions in their own settings. Some larger events were also arranged, including a launch and a summary event.

A huge amount of material has been generated and people have rightly asked that their inputs be acknowledged and responses provided.

The following key themes and priorities have emerged.

- A request for a different way of working with people and communities
- Strong support for a focus on prevention
- Frustration at fragmented systems
- Variations in access, outcomes, quality
- Better use of technologies and communicating information
- Opportunities for securing better value for money, reducing waste

It is these themes that have generated our new vision and priorities and these will be the focus for defining our key decisions over the next five years.

## Section 6: Our strategic vision and priorities – ‘what are we going to do’?

The six themes that have emerged from the BLHD will form the basis of our Vision against which we will test our future commissioning priorities and approaches.

**People centred** - We will work to co-produce services, built around individual and population needs, enabling people to stay healthy and manage their own care e.g.:

- Development of personal budgets
- Empowering communities and individuals
- Equipping people to look after their own health
- Communicating well about health and health services

Give patients their own (hand-held) notes... this is empowering

**Prevention focussed** – We will prioritise prevention of ill health and the factors that create it, enabling people to live longer and healthier lives

- Increase emphasis on smoking, obesity and alcohol misuse. e.g. ‘Fitness for Surgery’
- Improve detection of ill health and secondary prevention
- Better support to manage long term conditions

A helpline for medication could help people with long-term conditions to better manage their own care

**Integrated** – We will commission services so provision is brought together around the needs of the patient and reduces boundaries and barriers to care.

- Integrated physical and mental health services
- Integrated services for older people and for people living with long term conditions
- Integrated mental health services
- Integrated services for children and young people
- Commissioning for outcomes and quality

A joined-up IT system would make integrated care so much easier

**Consistent** – We will reduce variation and variability in access to and provision of services, work to reduce inequalities and promote high quality, equitable and safe services

- Better use of benchmarking information
- Incentive schemes for delivery at member practice level
- Appropriate targeting of services for disadvantaged communities
- Primary Care development

Developing primary and community services to better manage long term conditions

**Innovative** – We will use 21<sup>st</sup> century technologies to provide better services, better information and to promote choices including:

- Remote consultations/clinics
- Electronic monitoring
- Extended use of decision aids

Use assistive technologies to support people to take medication, e.g. alarm systems, mobile phone apps, this would help improve independence and reduce admissions due to people not taking medicines they need

**Value for Money** – we will ensure we live within our means and use our resources well

- Value based commissioning for outcomes
- Delegation of budgets to members practices/ localities
- Develop and apply treatment thresholds
- Reduce waste – appointments/medicines etc.

Stop unnecessary follow-ups in hospitals: discharge with appropriate instruction to GP

The initiatives described above will be further developed and implemented. Specific, Measurable, Attainable, Realistic and Timely (SMART) outcome targets will be developed. Delivery will be through our programmes and programme leads will be responsible for designing these SMART outcomes on which the success of our strategy can be judged.

## **Section 7: Making it happen – ‘how are we going to do it?’**

### **Working in partnership**

CCGs are statutory organisations, accountable for their total budgets and their own areas of responsibility. In order to be fully effective they will need to work in partnership with others.

NHS Lambeth CCG directly commissions a range of health services (acute and community health) and works with other commissioners to commission other health services (primary care, specialist services, public health). Our main partners are:

- Clinical partners, including our Practice Members, our three localities and the Lambeth Clinical Commissioning Network
- Lambeth communities and their representatives (including Healthwatch)
- Lambeth council and other Lambeth partners
- Other commissioners across South East London including
  - South East London CCGs, Bexley, Bromley, Greenwich, Lewisham and Southwark
  - NHS England
- New NHS networks, including south London Health Education England and health innovation network
- Providers and clinicians, including NHS and third sector providers and primary care.

Our relationship with the London Borough of Lambeth is also core to our work as set out in the Lambeth Health and Well Being Strategy and joint delivery overseen by the Lambeth Health and Well Being Board. At a local level, our relationship with Southwark CCG remains important. We have a common interest as a major commissioner of Guy’s and St Thomas’ NHS Foundation Trust, King’s Healthcare NHS Trust and South London and Maudsley NHS Foundation Trust. The South London Integrated Care (SLIC) programme will continue to be run jointly with Southwark CCG.

Across south east London, the programme of realignment of services previously provided through South London Healthcare Trust has generated a south east London-wide strategic approach to transformation and to delivering Community Based Care. We will continue to work across south east London with our CCG and other partners to seek to ensure that services remain clinically and financially sustainable. Full engagement in this programme of work will be a key enabler.

## **Our Programmes**

The CCG will ensure the delivery of our strategy through five main work programmes:

- Integrated Care for Adults - across Southwark and Lambeth CCGs, the London Borough of Lambeth and the London Borough of Southwark
- Integrated Care for Children and Young People jointly with the London Borough of Lambeth
- Integrated Mental Health for Adults jointly with the London Borough of Lambeth
- Staying Healthy jointly with the London Borough of Lambeth
- A fifth and crucial enabling programme will be Primary Care Development – linked to South East London CCG Community Based Care Programme,

Each of these programmes will have a clear set of objectives within its work programme linked to the overall strategic plan, a detailed set of SMART commissioning intentions and clear clinical and managerial leadership and accountabilities. The programmes will report to the CCG Integrated Governance Committee. Each programme will be expected to demonstrate delivery against our mission, vision and values of the CCG.

## **Improving delivery and accountability**

Effective delivery requires more than programmes and strategies, it also requires roles, responsibilities and accountabilities to be clear, an equipped and motivated workforce, and good governance.

We will ensure through this strategy that there is a clear alignment and lines of accountability from the Governing Body to our programmes, localities, Practice Members and the wider clinical network.

## **Section 8: Developing our commissioning strategy and commissioning intentions**

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Sir David Nicholson wrote to NHS commissioners on 10 October 2013 outlining key areas of focus ahead of planning guidance being issued later in the year. CCGs are required to develop a two year operating plan for 2014/15 and 2015/16 and a new five year commissioning strategy for 2014/15 to 2018/19. The outcomes of the BIG Lambeth Health debate and the developing commissioning intentions will inform both the operating plan and the five year strategy. Once issued, the planning guidance will allow us to complete the detail required for both plans.

In addition to developing the operating plan and five year commissioning strategy NHS Lambeth will also be contributing to a south east London wide five year commissioning strategy plan setting out our plans across care pathways and will ensure a coherent approach to Community Based Care across the SEL CCGs.

NHS Lambeth will also be working with the London Borough of Lambeth and other partners to take forward the Health and Wellbeing Strategy and develop plans for integrated working and allocation of funding for integrated care, through the integration transformation fund.