

Healthy Derby

*Working with you to achieve good health
for everyone*

Derby City Primary Care Trust 10 Year Strategy

July 2007

Foreword

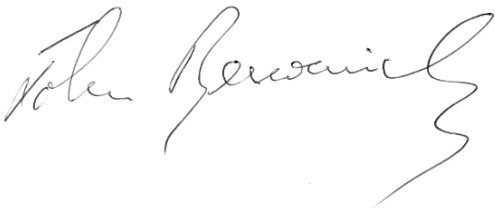
The City of Derby is a great and diverse city, which has significant healthcare challenges. Our main priority is to support the people of Derby in living healthier lives and this 10 year strategy sets out how the Primary Care Trust along with all its partners will lead the journey towards a Healthy Derby.

The strategy will take time to implement and will only secure the confidence of the people of Derby if we work with the public in general and in particular patients, carers, staff, communities and partner organisations in taking it forward.

Building momentum to achieve the ambitious goals set out in this document is crucial and we are confident that if we all work together we will achieve real improvements in health and health services of Derby.

Indeed we cannot afford to wait to tackle the challenges. The health inequalities across the city must be addressed and the PCT is determined to steer the path of progress the people of Derby deserve.


We would like our goals to be your goals and in commending this strategy to you, we would also invite you to join us in embracing the challenge of creating a Healthy Derby. Together we can make a difference!



John Beswarick
Chairman



Prem Singh
Chief Executive



Ian Matthews
PEC Chair

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The City of Derby

Originally a Roman settlement, Derby's origins date back some 2,000 years. The city was an important centre of the Industrial Revolution and today is the headquarters of world-renowned aero-engine manufacturer Rolls-Royce, employing around 10,000 workers. It is also famous for its connection with railway industries and is home to the famous Royal Crown Derby chinaware company.

Derby is a very densely populated area with 7.5 times as many people per square kilometre than is the case nationally. The City has a high percentage of black and minority ethnic groups, with the largest minorities being Muslims and Sikhs.

While significant investments are being made in the City, there are serious inequalities in health between wards which pose a considerable challenge to Derby City Primary Care Trust and its partners. The boundaries of the Primary Care Trust match those of the City Council. However, the PCT covers over 280,000 people as it is responsible for all those registered with Derby GPs, and some of these patients live outside the City boundary.



1.0 Introduction

Derby City Primary Care Trust is committed to improving the health of the people of Derby. There is a compelling case for action; unless we tackle health inequalities and support our communities to adopt healthier lifestyles, our younger generations could die at a younger age than their parents. This 10 year strategy outlines the aims and goals the Primary Care Trust believes will improve health and healthcare services for the people of Derby over the next decade and beyond. The role of the PCT is to

- Engage with its local population to improve health and well being.
- Commission a comprehensive and equitable range of high quality, responsive and efficient services, within allocated resources; and
- Directly providing high quality, responsive and efficient services where this gives best value.

The national Fitness for Purpose review in autumn 2006, demonstrated that the PCT is an efficient and effective organisation. The new challenge for the PCT is to build on this good performance, go beyond the targets set nationally, and drive the pace of progress by leading the journey towards being an increasingly Healthy Derby.

2.0 Our Strategic Intent and Values

The PCT is entering a new era, driven by significant reforms and a dramatically changing context. This requires the PCT to strategically focus on the following to facilitate excellence and deliver improvements for the people of Derby -

- Ensuring informed patients and public
- Commissioning appropriate service and care
- Developing clinical engagement and leadership
- Improving health to reduce demand
- Aspiring to international standards
- Managing demand
- Ensuring a return on investment

Our strategic intent is underpinned by the following values -

- Respect for our customers
- Delivering a targeted approach to equity
- An evidence based approach to investment decisions
- Continuous quality improvement
- Openness and transparency in decision making
- Ensuring the appropriate balance of competitiveness and collaboration
- Delivering value for money and a clear return on investment

3.0 Our Strategic Aims

Derby City PCT has identified three strategic aims which set the direction for the 10 year strategy. These are;

- To improve the health and achieve equality of outcome for the population of Derby.
- To continuously improve the services commissioned by the Primary Care Trust on behalf of the people of Derby.
- To actively engage the people of Derby to secure their trust and give them confidence in their public sector organisations.

This document outlines the goals and strategic approach for each of these aims, along with the actions to be taken in years 07/08 and 08/09. This early work will include modelling the medium term strategic priorities, commissioning and investment intentions. Each year the strategic plan will be updated, to illustrate the next milestones in reaching our long term vision.

4.0 Aim 1 To improve the health and achieve equality of outcome for the population of Derby.

4.1 Goal To prevent 2000 premature deaths and reduce the internal inequalities gap by 50% by 2017.

4.2 Our Approach

Health in Derby is improving and life expectancy is increasing. However the gap between Derby and the rest of England is not closing and in relation to Coronary Heart Disease is actually increasing.

The health of Derby remains, broadly speaking, at a little below the national average which, given the demographic profile of the city, is not unusual. If we were to reduce the level of premature mortality (deaths below the age of 75) by 50% over the next 10 years this would take us to a health status well in excess of the national average and comparable to some of the most affluent areas in the country. It equates to saving 2000 additional premature deaths over the next 10 years.

About three quarters of our goal will be achieved if we carry on the current rate of progress and good work that we see across the city, but to achieve our goal of preventing 2000 premature deaths in 10 years we need to improve health in our most deprived areas in a way that we have not achieved before.

4.2.1 Who are the potential 2000?

Men make up over 60% of the 2000 (1220 men, 780 women) and over 50% of the total will be 55 plus years of age and live within the Neighbourhood Renewal Areas.

Evidence shows that within the city of Derby, premature deaths are caused primarily by Coronary Heart Disease, cardiovascular disease and cancers and that primary and secondary prevention interventions will be the most effective in securing our challenging but achievable goal. (Wanless Report 2002, Choosing Health, 2004).

Therefore our approach will be to proactively develop our primary and secondary prevention services across the overarching priorities outlined in Choosing Health (DoH 2004) and target resources at the areas of highest deprivation, in order to ensure equality of outcome.

4.2.2 Reducing Smoking Prevalence

The prevalence of smoking in the city of Derby is 27.3% compared with 24% in England as a whole. The variance across the city is estimated to be between 14.9% in Allestree to 36.8% in Derwent and if we were to reduce smoking prevalence to 21% overall this would save 90 deaths a year.

Fresh Start is a free service for people who want to quit, offering direct one to one and group support at venues across Derby, with additional services targeted at young people. Stop smoking support is also available from most general practices and 50% of pharmacies.

Reducing smoking prevalence has the potential to prevent approximately half of the 2000 premature deaths and is therefore a key priority for the PCT. Each year we will work with partners across the city to set the strategic priorities which will systematically take us closer to our goal. In the first year we will focus on:

- Inequalities - Targeting services in communities with the greatest need and at greatest risk and with the greatest potential to benefit.
- Young People - Implementing strategies and interventions aimed at preventing the uptake of smoking in children and young people.
- Social Marketing – Developing an effective marketing strategy that targets stop smoking messages to the community of Derby
- Fresh Start – Expanding our range of high quality stop smoking services.

4.2.3 Improving Diabetic Control

The estimated prevalence of (diagnosed and undiagnosed) diabetes in the UK is 4.67% and is forecast to increase by 15% by 2010. Type 2 Diabetes makes up 92%, and only 72% is diagnosed leaving large numbers of people with undiagnosed diabetes.

Poorly controlled diabetes can lead to blindness, heart attacks, strokes, kidney disease, amputation, and depression and the presence of complications increases the NHS costs five fold and has a significant impact on the providers of other services such as social care.

Ethnicity, obesity, a sedentary lifestyle and social deprivation all increase risk of developing diabetes and this is a major health problem within the city of Derby. It is estimated that 756 new patients will develop diabetes each year - some could remain undiagnosed for several years. The prevention and treatment of diabetes spans across the work of all aspects of primary and secondary health and social care and there are many innovative services and projects being undertaken by healthcare professionals and others. Our initial focus will be to undertake a piece of work, led by the Director of Commissioning, to ensure that there is strategic alignment of this work.

4.2.4 Blood pressure control and the appropriate use of statins

Coronary Heart Disease (CHD) is the largest cause of death in the UK and in Derby. In Derby City there were 2632 deaths from circulatory diseases between 2003–2005, of which 744 were in people aged under 75 years and potentially preventable.

Some of our population groups are at greater risk than others and provide the focus for the CHD strategy. These include

- those from South Asian and African Caribbean communities
- those living in socially deprived areas
- smokers
- people with a BMI above 30
- people with diabetes
- people with hypertension and
- people with disabilities

In England, 32% of men and 30% of women aged 16 years or over have hypertension or are being treated for high blood pressure. This means that, in terms of the average GP's list of 2000 patients, about one quarter will have hypertension and there is substantial evidence that lowering blood pressure in people with hypertension is associated with a reduction in cardiovascular risk. By reducing the key risk factors of high cholesterol, high blood pressure and smoking, substantial reductions in premature deaths from CHD can be achieved within 12 to 24 months. The recent national audit office report highlighted Derby City PCT as being in the top ten most efficient with regards to prescribing. Supporting clinicians in their prescribing decisions has been central to this success and further pharmacist/technician support to general practice will improve efficiency further along with the development of a robust policy for working with the pharmaceutical industry.

The PCT Coronary Heart Disease primary and secondary prevention strategy includes

- Developing whole systems approaches in General Practice
- Community based CVD risk screening programmes to reach hard to reach, high risk groups.

4.2.5 Diet, exercise and obesity management

Obesity is recognised as a national public health priority and contributes significantly to a range of health problems, not least Coronary Heart Disease and diabetes, key strategic priorities for action within our 10 year strategy.

The City of Derby does not have an integrated strategy for diet, exercise and obesity. However the current provision does include a range of largely preventative activities. Building on these initiatives the PCT will undertake with partners to develop an evidence based strategy for children and adults, utilising Lightening the Load, the toolkit published by the National Heart Forum (2007).

4.2.6 Promoting sensible drinking

It is estimated that around 35,000 people in Derby (24,000 men and 11,000 women) drink above sensible levels (3-4 units a day for men and 2-3 units for women) with around 6,000 people (4500 men and 1500 women) being dependent on alcohol. Alcohol is responsible for around 3% of premature deaths in Derby, which equates to around 230 people dying prematurely over 10 years. There is a decline in alcohol related disorders with increasing age and prevalence is highest amongst 16-24 year olds.

For the period 2003-2005, there were 68 alcohol related deaths of those aged under 75 (deaths most directly attributable to alcohol misuse) in Derby City. Alcohol is also a factor in deaths from a range of other causes, such as accidents/injuries, suicide etc and in the East Midlands this is on average between 1300 and 2100 deaths annually, with only tobacco and high blood pressure being higher risk factors.

Alcohol is also a contributing factor in the following areas:

- Cancer. Too much alcohol is a risk factor for cancers of the mouth, larynx, oesophagus, liver and breast. Smoking and drinking together increases risk even further and researchers estimate that alcohol causes 2000 cases of breast cancer per year in the UK.
- Diabetes and high blood pressure. Excess alcohol will certainly complicate diabetes as well as predisposing individuals to circulatory diseases such as hypertension.
- Heart Disease. Heavy drinking can contribute to heart disorders. Drinking small amounts of alcohol may reduce the risk of heart disease but this is only true for men over 40 and post menopausal women.
- Obesity. Alcohol is high in calories and drinking alcohol to excess can contribute to weight gain.
- Mental illness. Alcohol misuse is often linked to mental illness.
- Sexual health. There is a higher risk of being involved in unsafe or high risk sexual activity where alcohol is involved.

In conjunction with the Community Safety Partnership, the PCT leads the Derby City Alcohol Harm Reduction Strategy (DAHRS). The action plan is being implemented by a multi-agency steering group.

The strategy sets out a framework to reduce alcohol related harm via four key levers:

- Education and communication – challenging the drink to get drunk culture
- Identification and treatment of alcohol problems
- Tackling crime and anti-social behaviour through better coordination and enforcement
- Working with the alcohol industry.

A primary care alcohol service has been commissioned and started to provide screening and interventions in May 2007.

Training programmes for professionals working with dependent users have been developed and work on developing a screening tool, referral protocols and practice guidelines are currently underway.

Our strategic priority is to encourage and support sensible drinking amongst young people by developing and targeting approaches specifically with this high risk group.

4.2.7 Improving Mental Health

Improving mental wellbeing is crucial to good physical health and making healthy choices. One quarter of routine GP consultations are for people with mental health problems and around 90% of mental health care is provided by primary care. The most common mental health problems are depression, anxiety and eating disorders.

Important new developments include

- The Health-Led Parenting Programme will identify 100 of the most vulnerable babies over the next two years. Positive mental health support for parents is a key part of the programme. Midwives and Health Visitors will be actively involved and the learning transferred into universal services.
- By 2008 there will be 15 Children's Centres across the city, and reducing postnatal depression is a key target along with parenting support.
- Focused work in 13 priority neighbourhoods
- Developing an integrated approach to lifestyle change starting with two neighbourhood priority areas.

The Derbyshire wide Health Promotion Action Plan is currently being updated and will be presented to the Derbyshire Mental Health Strategic Commissioning Group for discussion and ratification. This will bring together actions that are evidence-based to improve the public health of the population of Derbyshire. The Derby City Mental Health Forum, a multi-agency/disciplinary group will then prioritise actions for implementation in the City for 07/08.

4.2.8 Reducing Infant Mortality

Reducing Infant mortality is one of the key targets of the national health inequalities Public Service Agreement. We know that in some of Derby's most deprived areas infant mortality rates are double that of the city as a whole and nationally.

For example the national rate is approximately 5.2 per 1000 live births and the Derby City rate is 5.7 per 1000 live births. Infant mortality rate in Arboretum ward (included in Normanton Rd priority area) is 13 per 1000. National rates of infant mortality have not been this high since the 1970s.

Effective interventions include

- Reducing the prevalence of obesity
- Reducing the level of smoking in pregnancy
- Reducing the level of teenage pregnancies
- Reducing sudden unexpected deaths in infancy

The Healthy City Public Health Forum tracks progress towards the target. An ongoing commitment to increasing breastfeeding rates, reducing smoking in pregnancy and reducing the level of teenage pregnancies has resulted in the PCT becoming a demonstration site for the national Health-Led Parenting Programme, providing intensive support for our most disadvantaged families.

4.2.9 Improving Sexual Health

With sexually transmitted infections on the increase nationally, Derby City has a challenging time ahead to improve the sexual health and well-being of the local population in general.

The scale of the problem locally is monitored through progress against national targets. At time of writing the national measures are:

- To reduce the under 18s conception rate by 55% from the 1998 baseline as part of a broader strategy to improve sexual health
- To increase the percentage of GUM patients seen within 48 hours of contacting the service (to reach 100% by 2008)
- To decrease the number of new diagnoses of gonorrhoea
- To increase the percentage of the 15-24 year old population accepting the offer of Chlamydia Screening

In addition to these, the National Strategy for Sexual Health and HIV (2001) includes a national aim of achieving a 25% reduction in HIV transmission and reducing the prevalence of undiagnosed HIV. Groups at higher risk from HIV in Derby City reflect those nationally, namely men who have sex with men, intravenous injecting drug users and people from sub-Saharan African countries. Young people and people of all ages from Black and Minority Ethnic groups are also at higher risk of STIs in general and more people from these groups than the national average live in Derby City.

The PCT has begun implementation of major changes to structures, process, and pathways, for instance -

- Development and implementation of the Chlamydia Screening programme
- working with Practice Based Commissioners to deliver services in settings alternative to GUM
- supporting training of staff to ensure the workforce in community based settings are skilled appropriately

Derby City PCT continues to recognise areas where improvements are required, including and outside of national targets and is in the process of reviewing a joint sexual health strategy with Derbyshire County PCT and working in partnership with the Local Authorities.

With use of the national 'Choosing Health' funding there is commitment to ensure evidence-based investment is made in priority areas.

Fundamental to ensuring that the strategy reflects the needs of our local population, a comprehensive baseline needs assessment is being carried out to inform priority areas. The sexual health strategy will set out how the health community will ensure good sexual health for all and the implementation of a supporting service infrastructure to deliver quality services.

4.2.10 Healthy Lifestyle Teams

The PCT recognises that the challenges for individuals adopting healthy choices across the Choosing Health priorities are often interlinked. For example some people may be reluctant to give up smoking because they fear gaining weight. In order to provide people with the appropriate support for making healthy lifestyle choices, the PCT will in 07/08 and 08/09 develop a business case for and pilot 'lifestyle management teams' in two neighbourhood renewal areas. This would be an integrated approach to include support in all of the areas outlined above, with specific approaches co-created with particular segments of the population or communities.

5.0 Aim 2 To continuously improve the services commissioned by the Primary Care Trust on behalf of the people of Derby

5.1 Goal To continually improve the access to and quality of services, striving to bring services nearer to the community.

5.2 Our Approach

The 10 year strategy and supporting medium term strategies are all aimed to secure continuous improvement. These strategies will be translated into annual priorities to be delivered through programmes of improvement projects. The annual refresh will ensure that improvement is truly continuous. We will use the strategic planning process outlined in Appendix 1 to annually review progress on our achievement of the aims of the 10 year strategy.

The annual priorities for 2007/08 are listed below and give a flavour of the continuous improvement work underway this financial year.

5.2.1 Access

- Commissioning a new provider (UHE) to an inner city practice, and access to a wide range of services through two new LIFT projects, the Walk-in Centre and practice based commissioning initiatives. The PCT is also developing service and infrastructure models for a community facility on the Derbyshire Royal Infirmary site in preparation for the move of hospital services to the City Hospital site.
- Aiming for early achievement of the 18 week referral to treatment pathway by December 2007 through both additional commissioned

activity, and innovations to streamline patient pathways across primary and secondary care.

- Reducing waiting times for diagnostics from 13 weeks to 6 weeks by March 2008 including dramatic reductions in diagnostic waits in Audiology commissioned for 2007.
- Improved access to GUM clinics through additional commissioned clinics, and walk in clinics where patients can be offered an appointment and seen during the same visit.
- Extend the availability of psychological therapies to all people over the age of eighteen with a range of mental health conditions.
- Commission day services for mental health patients.
- Access to dental services is currently a key issue for the people of Derby. The Trust Board commissioned a review of dental services together with an oral health needs assessment. This is now complete and commissioning proposals are being developed to improve access to dental services.
- The Out of Hours service was reviewed in 2006 and the contract awarded to Derbyshire Health United. The triage and call handing service was set more challenging targets in order to improve access and monitoring arrangements are demonstrating that this has improved. Call handling targets are being monitored on a monthly basis and are continually improving.

5.2.2 Quality and Safety

- Derby City PCT and Derby Hospitals NHS Foundation Trust have robust structures in place to reduce health care acquired infections (HCAIs) such as MRSA and C-Difficile. This extends into primary care where community staff are involved in the HCAI reduction programme.
- A prioritised review, development and implementation of care pathways across primary and secondary care to meet the PCT's objectives is currently being addressed through Integrated Service Improvement Programmes, and Practice Based Commissioning initiatives.
- The development and implementation of the long term conditions strategy (LTC). The LTC strategy will increase the number of community matrons together with their individual case load. This will ensure that high quality, personalised care is available to the widest group of patients supporting them remain at/close to home and reduce avoidable acute admissions. Initial work is focussing on supporting patients with respiratory diseases.
- A quality framework is under development, based on the Health Care Commission national standards and will be applied to all services commissioned by the PCT, including independent contractors, to draw out key indicators of quality.

5.2.3 Patient Experience

- The referral management scheme will ensure the patient sees the most appropriate professional, at the most appropriate time, in the most appropriate location.
- These will also enhance convenience for the patient by streamlining pathways to minimise un-necessary appointments.
- Free choice of provider for elective care, planned to commence with the orthopaedic specialty in July 2007.

- Pursue race equality: full implementation of the DRE action plan and Support initiatives that monitor discrimination and tackle stigma for Adult Mental Health.

5.2.4 Market Management

Market management is the method by which the PCT stimulates the development of new providers of health services for the Derby City population. Providers of health care in Derby City traditionally cover a wide range of services from General Practice to community nursing, hospital care, and mental health care. There is also a developing third sector provision, such as voluntary sector organisations, which can provide great value.

The encouragement of new providers in itself leads to innovative and high quality new services being available within Derby City. In addition, patients can choose between numerous providers for their treatment, with the chosen provider receiving a fixed cost for the treatment provided. In this fixed price economy, the incentives are therefore in place for providers to innovate and continually improve the quality of their services to attract more patients than their competitors.

If we are going to create a truly patient-led NHS, where patients everywhere can get the best possible care, then private and not-for-profit providers must be able to contribute too. New providers help us to do all the things we want to do: improve the quality of care; increase capacity; support patient choice; drive value for money and promote greater equality.

This approach is not suggesting that the traditional NHS cannot respond favourably to these requests but recognises that through the development of strong commissioning approaches, patient choice and encouraging innovation, market management can support real improvement in health care outcomes. Striking the balance between competition and co-operation will be a great challenge to the PCT as an effective commissioner.

Derby City PCT's market management strategy is therefore to enhance the plurality of providers, increasing choice and stimulating innovation and quality improvement. Providers of services that support achievement of the 10 year strategy's priorities will be encouraged.

5.2.5 Prospectus

The PCT will publish a prospectus on an annual basis as a proactive method of communicating with patients, the public and providers. The prospectus will clearly outline need, setting out the results of local health needs assessments and publishing patient satisfaction and experience ratings of current services.

The prospectus will articulate the long term strategic direction together with a forecast for future service needs, presenting areas for future investment and commissioning priorities. This may stimulate service development by presenting opportunities to potential providers.

The prospectus will provide accountability for commissioning decisions and performance by explaining the rationale behind commissioning decisions, including the need for decommissioning some services if appropriate.

5.2.6 Provider Development

Currently the PCT directly provides 45 services. There is now a requirement to evidence that, where we provide services, there are clear procedures in place to ensure rigour is applied to the relationship the provider directorate has with the commissioning function of the PCT. Ensuring alignment to the 10 year strategy is the key to developing the future form of the PCT Provider Services. We are currently appraising the provider environment which involves

- Developing the organisational view of the strategic direction for provider services
- Nature of our clinical leadership and governance
- Nature of local partnerships
- Workforce engagement, training and development and viability
- Nature of local service configuration
- Extent of change in service required, service improvement and patient benefit
- Financial viability

We have already identified some of the key services which we want to refocus to achieve the aspirations and aims of the strategy. Our community nursing teams can play a pivotal role in reducing the internal inequalities gap and we are therefore embarking on a change management programme with these staff groups to facilitate a different way of working. We will engage with patients and partners in the redesign to ensure we co-create services to meet needs and tailor our approach with a significantly increased focus on satisfaction and customer focus. We will learn from this and roll out new working patterns to ensure we make health a way of life. Our front line staff have the trust and confidence of the public and we will enable them to maximise their interactions and work in ways that mean services are responsive, more personal and give patients more control over the treatment they receive.

6.0 Aim 3 To actively engage the people of Derby to secure their trust and give them confidence in their public sector organisations.

6.1 Goal That within 3 years the principle of engagement in all its forms is measurably part of all aspects of the work of the PCT.

6.2 Our Approach

By committing to the principle of engagement the PCT seeks to create public trust and confidence in the work of the organisation and its partners. By utilising the many methods and tools of engagement we aspire to;

- Achieving meaningful Patient and Public Involvement and the co-creation of innovative solutions to the health needs of the population

- Engaging with clinicians and encouraging leadership amongst all professional groups to deliver services which inspire confidence in the public and satisfy the needs of users, and
- Involving partners, stakeholders and staff in the ongoing development and delivery of the strategy.

Embedding the principle of engagement will require changes in behaviour at an individual, group and corporate level within the organisation. It must be reflected in our systems and processes and become an increasingly palpable part of the organisational culture.

The actual process of engagement is a strategic enabler and the ways in which we will develop engagement within the organisation are outlined in section 7.6 of this strategy document.

7.0 Strategic Enablers

In developing the strategy the following strategic enablers have been identified as being critical to the success of the 10 year plan.

7.1 Financial sustainability

Financial sustainability and flexibility in approach is essential in supporting the delivery of our 10 year strategy.

7.1.1 The Foundation

Building on our proven and successful approach both in financial management and governance we have a platform that provides a basis for moving forward with confidence to deliver our stated aims. This exciting and challenging agenda has to be achieved whilst still meeting our statutory financial duties and delivering the planned surplus.

By building on the strong financial performance and the disciplines which are already embedded in the organisation we will underpin the strategy linked to our Fitness for Purpose Medium Term Financial Plan.

These disciplines include

- Good financial housekeeping
- Promoting a focus around 'invest to save' schemes
- Looking for Return on Investment (ROI) and Value for Money in everything we do
- Maintaining the emphasis on Demand Management initiatives and using benchmarking to maximise productivity opportunities and improve efficiency
- Being bold in supporting new innovative schemes with in-built exit strategies
- Continuing to develop matrix and partnership working

We already have forums in place which engage our Board, Partners and service users in our financial investment, planning and monitoring.

7.1.2 Moving to the next level

This approach has to date served us well but we now need to raise the level and adopt new and innovative approaches that support and aid the specific aims and objectives within the strategy. Of particular relevance is the Commissioning Sub Group (CSG), referred to in Improving Commissioning, which is a focal point for investment decisions.

Targeted investment and re-directing resources as well in some cases stopping activities that historically have been funded will be part of our approach.

We will develop local Programme Budgets which will provide the basis for costing the current level of investment and establish what needs to change to deliver our strategic aims. Programme Budgets are intended:

"To help PCTs examine health gains that can be obtained from investment and inform understanding around equity and how patterns of expenditure map to the epidemiology of the local population" (Programme Budget Project Board)

and are also described as a 'planning tool for PCTs to inform future investment decisions'.

The areas we will target are Smoking, Blood Pressure control and Diabetic Control: this investment will use programme budgets classified as code 10, Coronary Heart Disease. This covers the circulatory system, the heart, blood vessels and as a result includes strokes, clogging of the arteries, heart disease and blood pressure. These are also the complications that often prove fatal for diabetics.

We are already actively engaged in cross directorate discussions which have a prioritised list of outline projects which now need detailed business plans to be drawn up.

It is anticipated that, following this investment, the PCT will see reductions in secondary healthcare costs across the range of programme budget areas such as cancer.

In Appendix 3 we have shown in diagrammatic form the costing methodology we will apply.

7.2 Strengthening Commissioning

Commissioning is the means by which we achieve best value for both patients and taxpayers. Best value is defined as 'best possible health outcomes, reduced health inequalities, and best possible healthcare within available resources' (Commissioning Framework, 2006). The commissioning cycle is the process by which the PCT commissions health care services. It comprises the following steps:

- Seeking public and patient views
- Assessing need
- Reviewing service provision
- Deciding priorities

- Designing services
- Shaping the structure of supply
- Managing demand
- Performance managing services

Practice based commissioning enables clinicians in primary care to innovate services by following a similar cycle, focussing on the specific needs of their patient populations.

Commissioning a Patient-Led NHS (DoH 2005) directed PCTs to strengthen the commissioning function to ensure even greater value is achieved for patients. In order to achieve better value and meet the challenging aims of the 10 year strategy the PCT is focussing on:

- Practice Based Commissioning (PBC)
- The development and management of Integrated Care Pathways
- Demand management

7.2.1 Continuous Improvement and the Commissioning Process

On an annual basis the Professional Executive Committee (PEC), supported by the Commissioning and Service Improvement Directorate Strategic Planning Team, will determine the annual strategic priorities.

A programme of work will then ensure these strategic priorities are developed into commissioning proposals. These commissioning proposals may be developed by PBC Consortia or the PCT itself.

The Commissioning Sub Group (CSG) of the Trust Board has been set up to take overall responsibility for the development and implementation of commissioning proposals. This will streamline the process where commissioning proposals are invited, developed, assessed, approved and procured ensuring that improvements are rapidly developed and adopted.

CSG will assume responsibility for:

- Proactively inviting strategically important developments into commissioning proposals
- Assessing and approving commissioning proposals for strategic fit in relation to the PCT's strategic priorities
- Rigorously assessing and approving detailed commissioning proposals for viability to proceed to procurement
- Agreeing the procurement route for approved commissioning proposals.
- Agreeing the provider(s) of the proposed service
- Performance management and evaluation of the implemented commissioning proposal
- Performance management and evaluation of the existing commissioned services to determine ongoing viability

The flow chart in Appendix 2 illustrates the process for the development and implementation of commissioning proposals through CSG, and highlights the decisions CSG is required to make along the way.

The annual strategic priorities, together with the process and templates for applicants to use when developing commissioning proposals will be published on the PCT's intranet and support will be given to those inexperienced in developing proposals.

7.3 Valuing and developing staff

Our staff are our most valuable asset and it is they who will manage and deliver all the services, programmes and projects that will bring the 10 year strategy to reality for the people of Derby. Modernising our workforce to respond to changing commissioning intentions and encouraging and developing our staff to rise to the challenge of reviewing practice and redesigning services is central to achieving all of our strategic aims.

7.3.1 Developing staff

The PCT is committed to supporting staff in the development of their careers. The 10 year strategy provides a unique opportunity for individuals and groups to develop new skills and ways of working that will benefit patients and the organisation as well as individual members of staff. Strong leadership at all levels of the organisation is critical for the successful implementation of the strategy and the PCT will continue to support leadership development across the organisation.

7.3.2 Engaging and involving staff

We know from experience that most innovations arise from practice and that practitioners of all kinds working for and with Derby City PCT are continuously innovating and developing practice. The PCT is committed to listening to and supporting staff in developing practice and finding ways of improving practice. The process for developing commissioning proposals through CSG will be the formal mechanism by which all staff can put forward ideas for improving services.

7.3.3 Workforce development

Derby City PCT works with partner organisations across the county to develop an integrated plan. To ensure that these workforce plans reflect the PCT's strategic aims and commissioning intentions, the PCT will review its workforce needs and developments arising from the emerging national policy regarding modernising healthcare careers.

7.3.4 Education and Learning

The 10 year strategy raises a number of education and learning needs for the PCT. Building on the developmental approach within the organisation we will develop a new corporate education and learning plan that focuses on developing the capacity and capability of the PCT to achieve its strategic intentions.

Priorities will include

- Engagement methods and techniques
- Supporting behaviour change for healthy lifestyles.

7.4 Information and Knowledge Management

The PCT has undertaken a strategic review of information and knowledge management services. The review has identified a corporate priority to develop a comprehensive and integrated information and knowledge service that supports the PCT in developing excellence in commissioning. Early actions being taken forward include development of

- Organisational infrastructure for information and knowledge management
- Development of skills across all staff groups in the gathering and interpretation of information
- Identifying the appropriate information and knowledge management tools to support intelligent commissioning including
- Support – a tendering exercise has commenced to provide enhanced library and knowledge management services.

7.5 Partnership working

7.5.1 Organisational partnerships

The achievement of the aims and goals set out in the 10 year strategy will only be achieved by everyone working together. At an organisational level the Derby City Partnership is the body that works to create a safe, healthy, prosperous and sustainable future for the people of Derby, through a shared vision and leadership. Members include the whole spectrum of enterprise, businesses, the third sector and public sector organisations. There are five partnership forums leading aspects of the DCP work and these are

- City for Children and Young people
- City for Stronger and Safer Communities
- City Growth
- Cultural City
- Healthy City.

The PCT leads the work of Healthy City and members have already endorsed the 3 strategic aims and DCP events later in 2007 are planned to build the commitment to and the momentum for our goal of – A Healthy Derby - 10 years - 2000 lives.

7.5.2 Service Partnerships

At a service level the PCT has for some time been committed to maximising the level of integration between services and sectors and is committed to developing integrated services and pathways of care as far as possible. Examples include

- Intermediate Care Services, which is a fully integrated service providing health and social care.
- Derby Integrated Equipment Store
- The Falls Team
- Integrated Children's services
- Light House – an integrated respite facility
- Healthy Schools, integrated with education and social services.
- Continence service, vertically integrated with Derby Hospitals NHS Foundation Trust.

7.6 Engagement

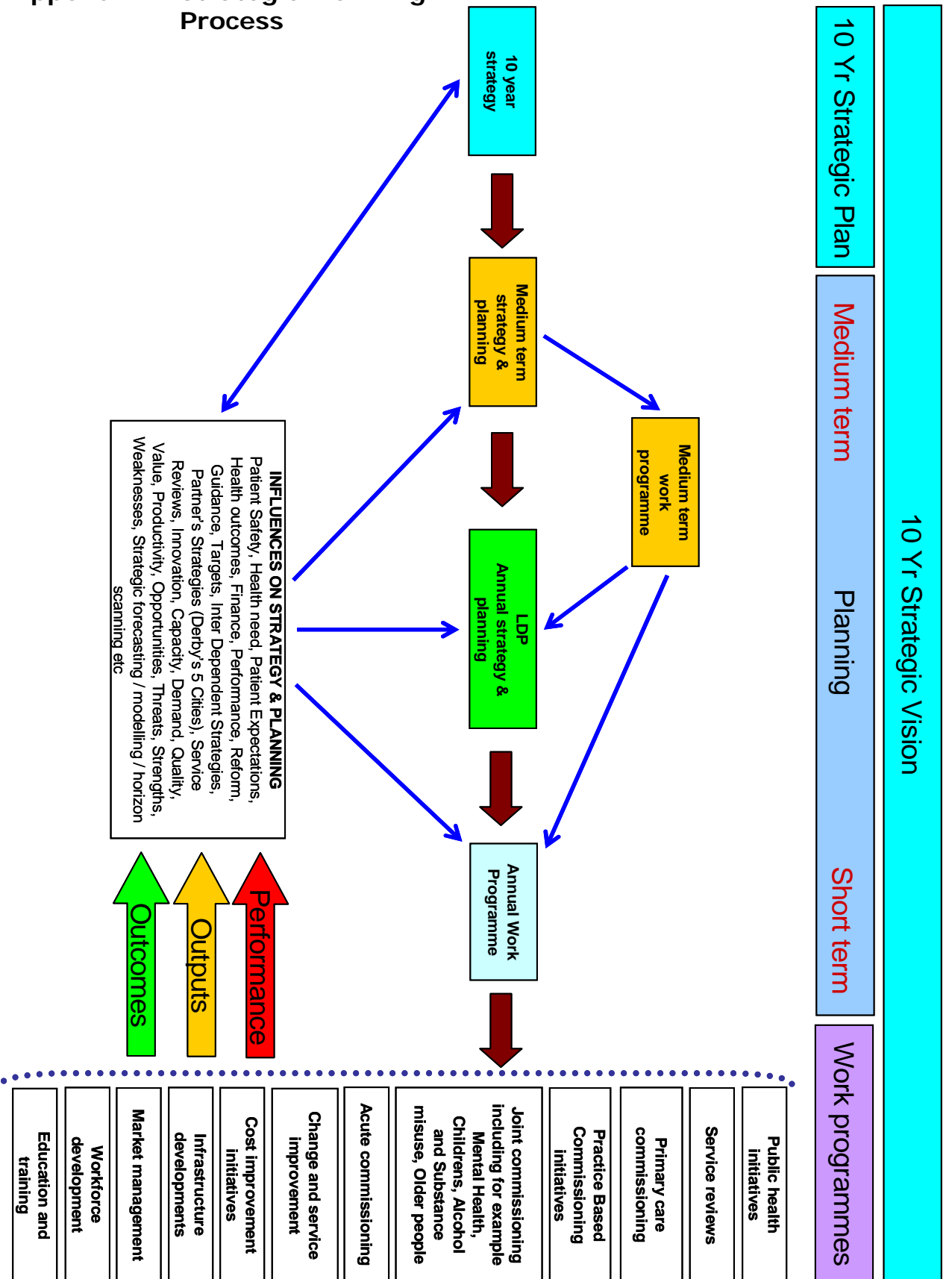
As already outlined the principle of engagement is the cornerstone of how we will develop public confidence. To support our goal we will continue to develop the infrastructure, skills and systems to support engagement work within the organisation including

- Developing an organisational framework to support all engagement activities across the PCT. The framework will outline the level and types of engagement activities to be undertaken in different situations. An example will be engaging the people of Derby regarding the development of a community health facility on the site of Derbyshire Royal Infirmary.
- We will develop an organisational framework to support social and mass marketing undertaken to support the delivery of health messages.
- The Community Engagement Group with members of community organisations from across Derby will advise the PCT on effective ways of engaging with particular groups, for example children and young people.
- The Health Panel is made up of over 80 local people who have an interest in health issues. They are able to give their views both through meetings and postal surveys, and act as a sounding board for the PCT on a range of issues. The PCT is aiming to expand the membership.
- The Patient Experience Commissioning Group aims to ensure that commissioning decisions and service improvements take account of the experiences of our patients. The Group meets monthly and receives reports from PALS, the complaints manager and service providers on key patient experience issues and trends.
- We will develop a programme of education and toolkit for staff on engagement methods
- In 07/08 and 08/09 we will pilot innovative engagement methods for the co-creation of solutions to healthcare challenges in two of our neighbourhood renewal areas and evaluate these, before introducing across the city and sharing with the wider health community in NHS East Midlands and beyond.
- The reform of the PEC as a vehicle for engaging more widely with clinicians

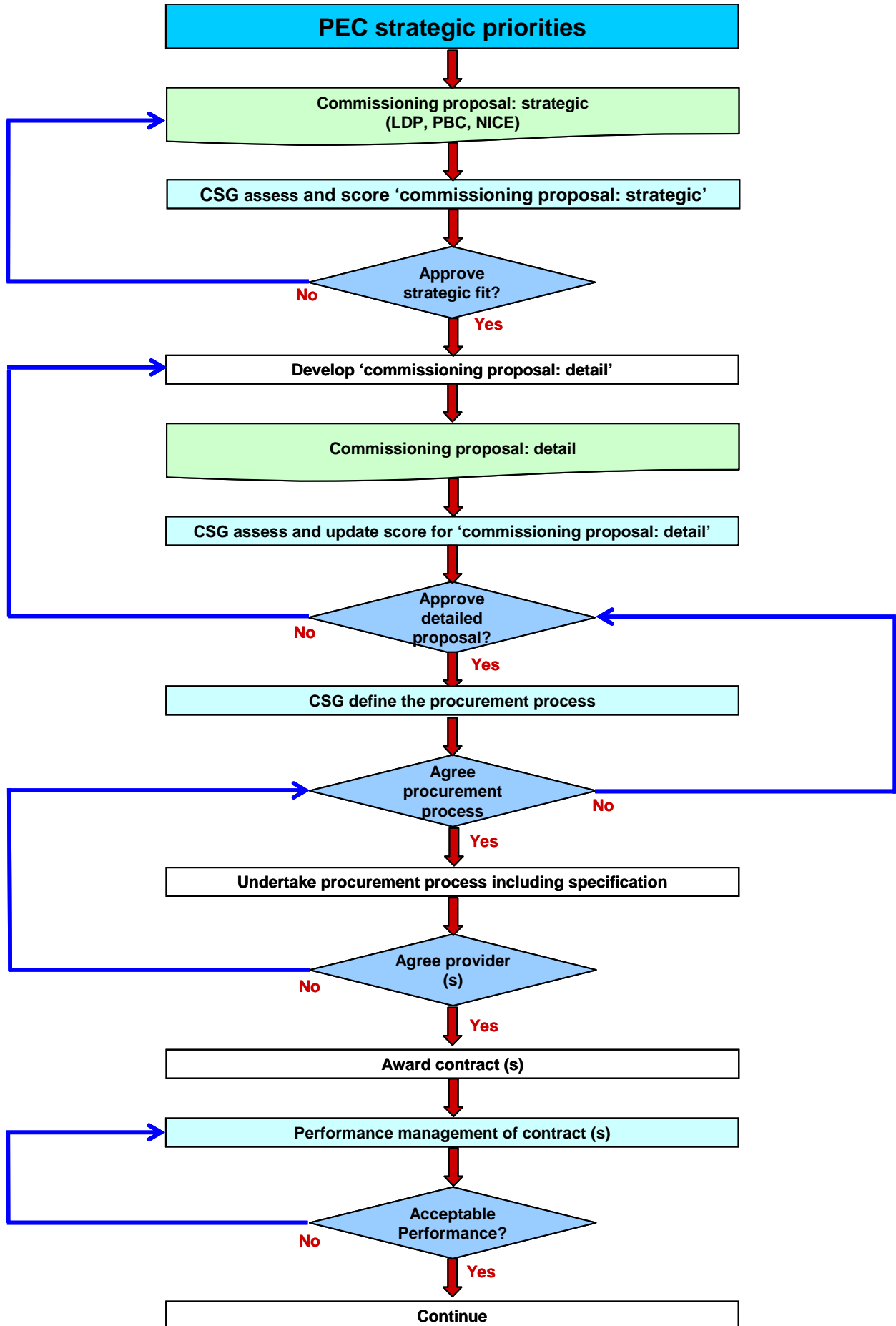
8.0 Implementing the Strategy

Strategy implementation requires every manager and clinician to consider what they will need to do to deliver the strategy and how they should revise or transform behaviours, processes, services, or practice in order to achieve their individual, team and corporate goals. The framework outlined in Appendix 3 describes the principle components required for effective implementation of the strategy and the basis of the organisational development plan that will underpin and support the implementation of the 10 year strategic plan.

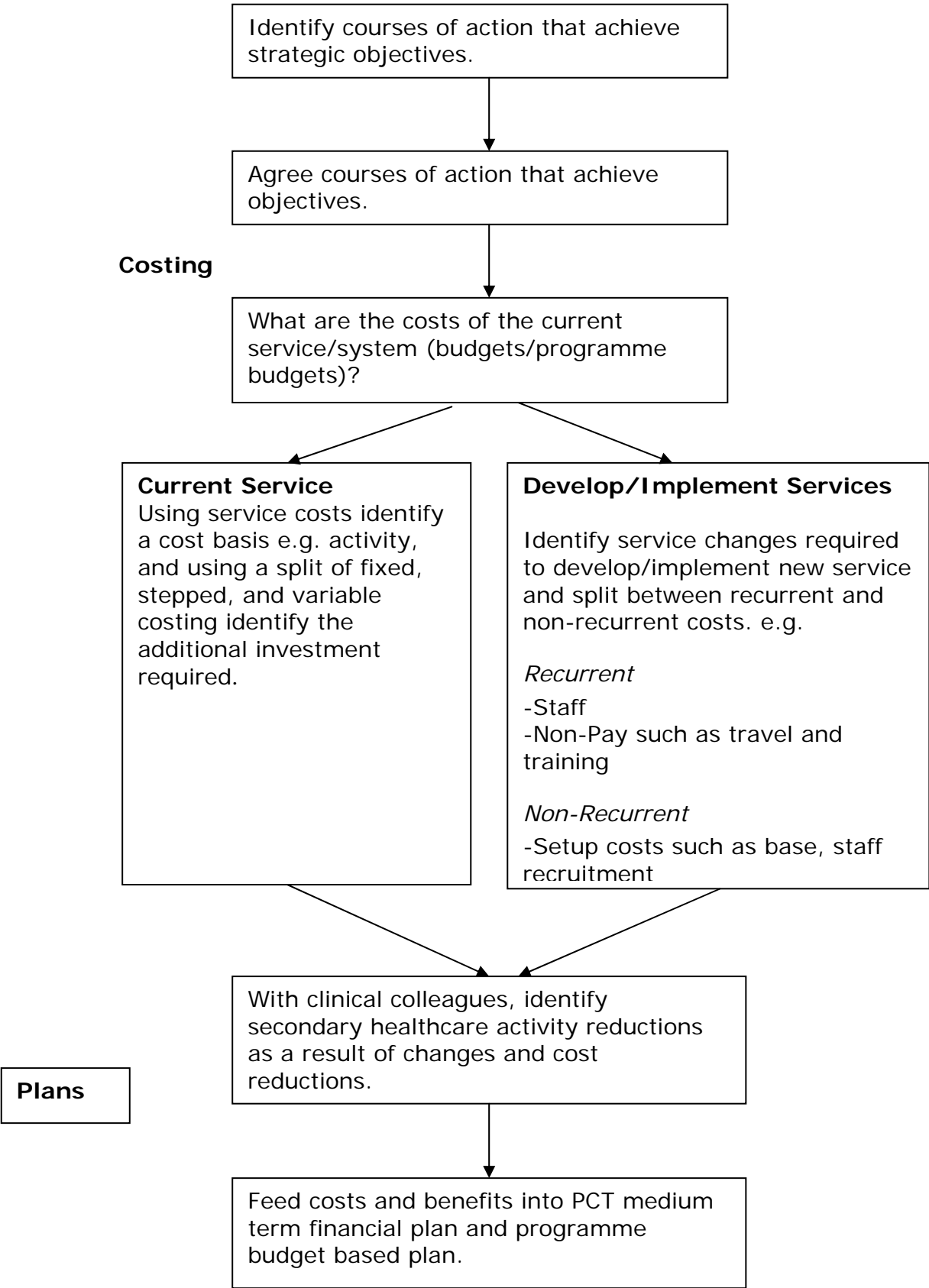
Appendix 1 Strategic Planning Process



Appendix 2 Commissioning Proposal Approval / Implementation Process



Appendix 3 Costing methodology



Appendix 4 Principal Components of the Strategy Execution Process



References

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Department of Health (2006) Commissioning Framework, London, BH.

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Hindi

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Urdu

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Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਸ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਪ੍ਰਾਪਤ ਕਰਨ ਵਿੱਚ ਕੋਈ ਮੁਸ਼ਕਿਲ ਆ ਰਹੀ ਹੈ ਤਾਂ ਦੋਭਾਸ਼ੀਆ ਸੇਵਾ ਵਾਲਿਆਂ ਨੂੰ ਟੈਲੀਫੋਨ ਨੰਬਰ 01332 368221 ਤੇ ਫੋਨ ਕਰੋ, ਜਿਹਨਾਂ ਨੂੰ ਤੁਹਾਡੀਆਂ ਜ਼ਰੂਰਤਾਂ ਅਤੇ ਸਮੱਸਿਆਵਾਂ ਬਾਰੇ ਗੱਲਬਾਤ ਕਰਕੇ ਖੁਸ਼ੀ ਪ੍ਰਾਪਤ ਹੋਵੇਗੀ।

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Albanian

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Derby City Primary Care Trust
Derwent Court
Stuart Street
Derby DE1 2FZ

01332 224000
www.derbycitypct.nhs.uk

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