

NHS Derby City Operational Plan 2009/10

Chief Executive Summary

During 2007 NHS Derby City developed a 10 year strategic vision, Healthy Derby, setting out the following ambitious strategic aims:

- Aim 1 To improve the health of and achieve equality of outcome for the people of Derby
- Aim 2 To continuously improve services commissioned by the PCT on behalf of the people of Derby
- Aim 3 To actively lead the local health agenda, and to work with communities to build confidence and trust in public services.

In June 2008, after an intensive period of public and clinical engagement, Lord Darzi of Denham published a national vision for the NHS, "High Quality Care for All". This vision is for a clinically-driven, patient-centred NHS that works in partnership to prevent ill health, and supports staff to provide high quality care that is personal, effective, safe, fair, responsive and locally accountable. This national vision and further work at regional and county level confirmed and strengthened our "Healthy Derby" Strategy.

During 2008 NHS Derby City embarked on a journey to become a World Class Commissioning (WCC) organisation which included a rigorous assurance process.

As part of this development, our annual rolling strategy implementation plan was extended and enhanced to form a detailed, rigorous and ambitious 5-Year Strategic Plan. This is then developed in more detail through annual Local Operational Plans.

The 2009/10 LOP is therefore NHS Derby City's detailed annual delivery plan covering year 1 of the 5-Year Strategic Plan, High Quality Care for All, the requirements of the Operating Framework for England 2009/10, and the commitments made in the 2008/09 Local Operational Plan. As such it should provide assurance about delivery, together with assurance that NHS Derby City has robust business processes, plans to implement enablers of quality, supported by strong investment plans.

In developing the 2009/10 LOP NHS Derby City has taken the opportunity to respond to early feedback from the WCC assurance process recommending we rationalise the number of high priority initiatives identified in our 5-Year Strategic Plan. Whilst we believe the high priority initiatives remain valid, we have used the opportunity to fine tune the phasing of implementation schedules. The LOP includes details of the process undertaken to achieve this, together with more detailed implementation plans for those strategic initiatives phased for implementation during 2009/10.

The PCT is committed to securing additional social value from the services we commission. NHS Derby City will continue to horizon scan, identify and respond to the wider concerns facing our communities, working in partnership to tackle issues such as lack of social cohesion and the emerging effects of the current economic downturn.

Finally we are currently developing the World Class Commissioning Development Agreement which will respond to the final WCC panel report and will form a key element of our LOP.

Prem Singh
Chief Executive Officer
Derby City PCT

1. Context

The Local Operational Plan (LOP) is the detailed annual plan through which NHS Derby City will deliver all commitments for 2009/10. These commitments include:

- Requirements set out in the 2009/10 Operating Framework
- High Quality Care for All
- Year 1 of our 5 year Strategic Plan
- Strategically aligned commitments made in the 2008/09 LOP and LAA
- Existing commitments and standards (e.g. A&E 4 hour wait)

1.1 Operating Framework 2009/10

The 2009/10 Operating Framework for the NHS in England is the second in the three year Comprehensive Spending Review (CSR) cycle. The priorities identified within the operating framework include:

- Improving cleanliness and healthcare associated infections (HCAIs)
- Improving Access
 - Sustaining 18 weeks referral to treatment pathways
 - Improving primary care access
- Keeping adults and children well, improving their health and reducing health inequalities with particular focus on:
 - Cancer
 - Stroke
 - Maternity and neonatal services
 - Children
- Improving patient experience, satisfaction and engagement
- Ensuring emergency preparedness
- Delivering locally set priorities
 - e.g. those in our 5 year strategic plan
 - Local implementation of national developments (e.g. dementia strategy)
- Performance
 - Continued delivery against vital signs (Tiers 1,2 and 3)
 - Continued delivery against the local area agreement (LAA) indicators
 - Continued delivery against the annual health check (AHC) indicators

1.2 High Quality Care for All

The “Our NHS, Our Future” Next Stage Review (NSR) resulted in the following national, regional and county visions

Vision	Title
National enabling vision	High Quality Care For All
East Midlands regional vision	From Evidence to Excellence
Derbyshire vision	A Vision for Better Health and Health Care in Derbyshire

NHS Derby City is committed to delivering the recommendations of the NSR and are progressing this at a county wide and regional level. Wherever possible the

recommendations of NSR are integrated within our 5 year strategic plan (see section 1.4).

1.3 Joint Strategic Needs Assessment (JSNA)

The detailed analysis provided within the 2008 Joint Strategic Needs Assessment has fully informed NHS Derby City's 5 Year Strategic plan, which is developed in more detail here in the 2009/10 LOP,

1.4 Healthy Derby and the 5 year Strategic Plan

During 2007 NHS Derby City developed its 10 year strategic vision "Healthy Derby" setting out three strategic aims:

- Aim 1 To improve the health of and achieve equality of outcome for the people of Derby
- Aim 2 To continuously improve services commissioned by the PCT on behalf of the people of Derby
- Aim 3 To actively lead the local health agenda, and to work with communities to build confidence and trust in public services.

During 2008 NHS Derby City developed the 5 year strategic plan, the medium term delivery plan for Healthy Derby. This prioritised strategic aims, themes, objectives, goals and initiatives in direct response to our Joint Strategic Needs Assessment (JSNA). Where appropriate these also reflected and aligned with the recommendations of the Next Stage Review (NSR).

Strategic theme	Initiative reference	Initiative description
Primary/ community care	1	Develop an integrated primary and community care system fit for the 21 st century
Staying healthy	2	Achieve 15,000 fewer smokers in Derby by 2013
	3	Implement a comprehensive programme to assess, reduce and manage CVD Risk
	4	Reverse the rising tide of obesity – treatment and prevention
	5	Reduce alcohol consumption and related harm
	6	Implement staying healthy initiatives for specific populations
	7	Reduce cancer mortality through better symptom recognition and earlier diagnosis
Long-term conditions	8	Implement a comprehensive and integrated model of long- term conditions care
	9	Implement disease specific tailored long term conditions care – focus on respiratory, neurological, CHD
	10	Implement disease specific tailored long term conditions care – focus on diabetes
	11	Develop an integrated approach to mental health

		combining health and social care models with focus on the specific needs of Derby
	12	Improve the quality of specialist palliative care for non cancer patients
Vulnerable adults	13	Improve independence, well being & quality of life for vulnerable adults
Urgent care	14	Take forward the next stage review for urgent care in Derby City

NHS Derby City also identified further initiatives grouped under two main themes relating to implementation of best practice, and the introduction of new models of care as shown in the following table:

Theme	Reference	Description
Implementing and embedding best practice to improve quality	15	Implement the National Stroke Strategy
	16	Deliver Choice Through Maternity Matters
	17	Implement The National Audiology Framework
	18	Implement Ophthalmic Guidance
	19	Implement the Musculo Skeletal Framework
	20	Implement IOGs, reducing variation in clinical practice
Introducing new models of care to improve quality	21	Improve Gynaecological Pathways
	22	Improve Gastroenterology Pathways
	23	Improve Urological Pathways
	24	Improve Access to Services for Vulnerable Children
	25	Improve Access to Services for Children who are ill
	26	Develop a Community Based Palliative Care
	27	Develop models of cancer care that deliver care closer to home

During the development of the 5 year strategic plan the initiatives were mapped against the NSR. Where a recommendation from NSR is not picked up by an initiative it will be dealt with through 'business as usual'.

1.5 World Class Commissioning (WCC) Outcomes

As part of the 5 year strategic planning process NHS Derby City selected outcomes from the world class commissioning (WCC) outcomes list that strongly aligned with the strategic aims and outcomes. These are:

WCC Outcome	Metric	Definition	Direction
Mandatory	Health inequalities	Average IMD (deprivation index) score	Reduce
Mandatory	Life expectancy	Life expectancy at time of birth, years	Increase
21	Cancer mortality	Directly standardised rates from all malignant neoplasms (ICD-10 C00-97). Premature mortality (under 75 years)	Reduce
33	Percentage of stroke admissions given a brain scan within 24 hours	Percentage of stroke admissions given a brain scan within 24 hours	Increase
42	Rate of hospital admissions per 100,000 for alcohol related harm	Rate of alcohol related admissions per 100,000 population (EASR)	Reduce
46	CVD mortality	Directly standardised rates per 100,000 European standard population for all CVD mortality (ICD10 100-199). Premature mortality (under 75 years)	Reduce
54	Percentage of all deaths that occur at home	Percentage of all deaths that occur at home as reported by primary care organisation	Increase
55	52 week smoking quitters	The number of people setting a quit date who are still quit at 52 weeks (using the Russell standard definition)	Increase
56	Childhood exercise	The proportion of 5-16 year olds who do enough exercise to match the recommendations of the CMO (1 hr moderate exercise per day)	Increase
57	Diabetic controlled blood pressure	The percentage of people on the diabetes register whose blood pressure has been measured in the previous 15 months, and is 145/85 or less	Increase

1.6 Vital Signs

As part of the 2008/09 LOP process the PCT selected vital signs from tier 2 for enhanced performance where this would support and / or accelerate achievement of the commitments made in Healthy Derby. The PCT also selected vital signs from tier 3 which directly aligned with local priorities and initiatives.

For 2009/10 NHS Derby City again welcomes the flexibility to tailor our plans to enable us to embrace ambitious and locally determined goals in our continued journey towards Healthy Derby. We have therefore once more gone beyond national ambition within our chosen indicators for local enhancement:

Selected national requirements for local enhancement:

- VSB01 All-age all cause (AAACM) mortality rate
- VSB02 Reduction in CVD Mortality
- VSB03 Reduction in Cancer
- VSB04 Suicide & Injury of Undetermined Intent
- VSB05 Smoking Prevalence (Smoking Quitters) *
- VSB09 Childhood Obesity
- VSB11 Prevalence of Breastfeeding at 6-8 weeks
- VSB16 Measure of public confidence in local NHS

* in addition to this indicator, the PCT intended to develop local indicators to reflect focussed improvement with hard to reach groups and a sustained reduction in prevalence, achieved through WCC outcomes.

Selected locally selected indicators:

- VSC02 People with depression and/or anxiety disorders with access to psychological therapies
- VSC11 People with a long-term conditions feeling independent and in control of their condition
- VSC15 Proportion of all deaths that occur at home
- VSC18 Carers receiving a 'carer's break' or a specific carers' service
- VSC20 Emergency bed days (also proxy for LTC for first year)
- VSC21 Hospital admissions for ambulatory care sensitive conditions
- VSC23 Vascular risk score
- VSC24 Patients admitted with a heart attack taking appropriate medicine
- VSC25 Healthy life expectancy at age 65
- VSC26 Hospital admissions for alcohol-related harm
- VSC27 Patients with diabetes
- VSC30 Mortality rate from causes considered amenable to healthcare

1.7 Local Area Agreement (LAA)

The 2008/09 LOP demonstrated close alignment with the draft LAA. The LAA was finalised early in 2008/09 and was a key consideration in the development of the 5 year strategic plan. The following table provides detail of the health related indicators in the LAA. This table highlights the link between LAA indicators and PCT priorities vital signs.

Healthy City have chosen indicators on CVD and cancer, reflecting that a reduction in deaths from these two 'big-killers' are key to achieving to reducing the level of premature mortality. The local indicators chosen also reflect their contribution to achieving the 2000 lives target.

A number of LAA priorities are not reflected in the PCT priorities. This is because these are considered a strong priority for our Local Authority Partners. The PCT has agreed for these to be included in the LAA as the PCT will play a significant role in delivering them, and achievement will result in mutual benefits.

Health indicators in the LAA					
National indicator number	Proposed LAA national indicator	Related Vital Sign	Related Vital Signs	PCT priority vital sign?	PCT trajectory / LAA alignment
National indicator number	Proposed LAA national indicator	Related Vital Sign	Related Vital Signs	PCT priority vital sign?	
125	Achieving independence for older people through rehabilitation / intermediate care	VSC04	Achieving independence through rehabilitation		
135	Carers receiving needs assessment or review and a specific carer's serve, or advice and information	VSC18	Carers receiving a 'carer's break' or a specific carers' service	Yes	Yes
141	Number of vulnerable people achieving independent living	VSC03 VSC04 VSC11 VSC05 VSC06 VSC07 VSC08	People supported to live independently Achieving independence through rehabilitation People with long-term conditions supported to be independent and in control of their condition Proportion of adults with learning disabilities in settled accommodation Proportion of adults in contact with secondary mental health services in settled accommodation Proportion of adults with learning disabilities in employment Proportion of adults in contact with secondary mental health services in employment	Yes	Not selected by LAA 2 different measures
39	Alcohol-harm related hospital admission rates	VSC26	Hospital admissions for alcohol-related harm	Yes	Yes
47	People killed or seriously injured in road traffic accidents	VSC29	Hospital admissions caused by unintentional and deliberate injuries to children and young people		
51	Effectiveness of child and adolescent mental health services (CAMHS)	VSB12	Effectiveness of Children and Adult Mental Health Service (CAMHS) (percentage of PCTs and Local Authorities who are providing a comprehensive CAMHS)	Yes	Not selected by LAA
112	Under 18 conception rate	VSB08	Teenage pregnancy	Yes	Yes Our ambition is aligned though our required reporting timeframes differ.
121	Mortality rate from all circulatory diseases at ages under 75	VSB02	Reduction in CVD Mortality	Yes	Yes

123	16+ smoking rate prevalence	VSB05	Smoking quit rates	Yes	Yes
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NHS Derby City is committed to contributing to the broader LAA priorities and continues to play a leading role in the Derby City Partnership.

1.8 Children & Young People's (CYP) Plan 2008 – 2011

Derby's Children's Trust arrangements bring together partnership organisations to improve outcomes for Children and Young People (CYP) through the delivery of universal services, integrated responsive services and specialist support. The governance ensures a shared vision and aims embedded by core fundamental values and for the delivery and improvement of outcomes for CYP. The City for Children and Young People Executive Group ensures delivery of the CYP Plan (CYPP). The Joint Strategic Commissioning Board are committed to ensuring commissioning decisions for children's service delivery are in the best interests for CYP in Derby and deliver improved outcomes.

NHS Derby City's representative on the Executive for Children and Young People is the Director of Public Health and the Head of Children's and Maternity Services Commissioning is the representative on the Joint Strategic Commissioning Board. All the partnership commissioning and service delivery groups supporting this structure have PCT health commissioning and both community and specialist provider services representatives as appropriate. The CYP plan 2008 – 2011 was developed through a number of workshops which included stakeholders across health. For each of the five outcomes a number of priorities, key actions and targets have been agreed and an action plan developed which is currently being reviewed for 2009 – 2010. There are named individuals which include health staff responsible for the delivery of some of these targets.

NHS Derby City remain committed to continuing this approach to delivery of quality services to Children and Young People.

1.9 Performance

NHS Derby City has a strong track record of performance. Current PCT performance drives our annual planning process. The LOP plans for 2009/10 respond to areas where performance is challenging. The PCT considers any challenging performance area as in need of recovery. Section 3.8 of this plan identifies our plans to deal with these areas.

Performance of provider organisations is also closely managed. Contract delivery groups are held for all major providers to review organisational performance against indicators and agree remedial action where this is required.

2.0 Prioritisation

Initial feedback from the World Class Commissioning Assurance Panel on December 2nd 2008 suggested that NHS Derby City should revisit the range of objectives, goals and initiatives within the 5 year strategic plan with view to rationalising the number of priorities identified.

NHS Derby City's financial position in 2009/10 will be challenging due to a number of factors including increasing costs for continuing care and acute care due to recent policy changes (e.g. HRG4). In addition throughout 2008/09 the NHS has experienced unprecedented levels of emergency admissions and referrals for elective care. There is every possibility that these trends will continue throughout 2009/10.

High priority initiatives within the 5 year strategic plan are those requiring transformational change to deliver the outcomes. NHS Derby City has therefore taken the opportunity presented by the 2009/10 Local Operational Planning process to prioritise the 5 year strategic plan in terms of phasing implementation of these high priority initiatives during 2009/10.

The process has been led by the Strategic Health Improvement and Investment Sub-Committee (SHIIC) of the Trust Board, with widened membership to include additional non-executive directors, appointed clinicians and practice based commissioning clinical leads, together with key partners such as the Local Authority.

In refining the phasing of strategic initiatives for 2009/10 the following criteria have been considered:

- Investment in terms of commissioning resource and financial investment
- Return on investment
 - Impact on the strategic aims, objectives and goals in the 5 year strategic plan
 - Contribution to
 - WCC outcomes
 - AHC indicators
 - Vital signs tier 1 / 2
 - Vital signs tier 3
 - LAA indicators
- Tackling current performance challenges
- Patient safety / clinical governance issues
- Urgency to commence in yr 1

The results of this refinement are outlined in section 3.7 with detailed plans for initiatives phased for 2009/10 implementation included in Appendices 3 & 4.

2.1 Validating the Vital signs

NHS Derby City has also considered the validity of the 2008/09 selection of tier 3 vital signs in relation to alignment with the priorities of the 5 year strategic plan. This has identified only 1 of the tier 3 vital signs which NHS Derby City would wish to deselect. See following table:

Vital sign	Vital sign description	Local Selection for 2008/09	Local Selection for 2009/10
VSC27	Increasing the number of patients with diabetes in whom the last HbA1c is 7.5 or less from Quality Outcomes Framework (QOF)	Yes	No

The rationale for deselecting this is that during the world class commissioning assurance process the diabetes related outcome measure for blood sugar was felt inferior to a similar outcome measure relating to blood pressure control. This was therefore selected as a local outcome measure. It is therefore proposed to de-select the blood sugar related outcome measure from tier 3.

2.2 Validating the LAA

The PCT recognises there is an opportunity to refresh our current LAA, however, the LAA was developed in line with our ambitious Healthy Derby 10 Year Vision.

The LAA was finalised early in 2008/09 and was a key consideration in the development of the 5 year strategic plan. Our 5 Year Strategic Plan directly aligns with Healthy Derby and our LAA, and therefore at this point NHS Derby City does not intend to take this early refresh opportunity.

Section 1.7 provides detail of the health related indicators in the LAA. The table included at Section 1.7 highlights the link between LAA indicators and PCT priorities vital signs.

3. Plan 2009/10

The section outlines the plans to deliver the national priorities, local priorities and business as usual for 2009/10. National and local priorities. This section should be read in conjunction with detailed plans in appendix 1 – 6.

3.1 National Priorities

This section contains detailed narrative on each of the national priorities identified in the 2009/10 Operating Framework. Where appropriate these priorities will be reflected in the detailed plans for the strategic initiatives (appendices 1-4). Where the national priority does not align with a particular strategic initiative (for example HCAs), reference should be made to the refreshed vital sign planning templates (appendix 5).

3.1.1. Improving cleanliness and reducing HCAs

Infection prevention and controls remains an area of high priority for NHS Derby City. Ambitious but realistic 3 year trajectories have been set for both C Difficile and MRSA, with rigorous monitoring through the Quality Management mechanisms of the contract with DHFT.

Developments are taken forward wherever practicable, via the Derbyshire wide Infection Control Committee. The implementation of MRSA screening for all elective admissions and attendances is on track to be fully implemented by end of March 2009 as detailed in a robust implementation plan. The health community was visited by the Prime Ministers Development Unity (PMDU) in August. The MRSA screening policy has been approved at DHFT Infection Control Committee which is chaired by the DHFT Chief Executive on March 11th, and is due to be published on their website by March 24th. The PCT is committed to extending screening to cover emergency admissions as soon as possible, and are in discussion with DHFT as to the most appropriate evidence based methodologies for undertaking this screening no later than 2011.

NHS Derby City has appointed 2 Matrons during 2008/09 and posts established from non-recurrent funding (Band 6 nurse, Band 8a anti-microbial pharmacist) have been made substantive.

NHS Derby City has registered with the CQC, and declared all 9 domains to be fully met.

PCT Provider Services are performance managed through Quality Management Group against quality indicators regarding HCAI's, which from 09/10 will move from a SLA to National Community Services Contract.

The Provider Services are developing internal governance processes for Infection prevention and Control as part of Transforming Community Services Guidance, which will continue to be supported by the PCT ICN.

During 09/10 an area of focus will be developing quality indicators with Independent Contractors providing NHS Funded Continuing Care. It is intended to introduce an element of CQUIN in the 09/10 contract.

3.1.2 Improving access through achievement of the 18 week referral to treatment pledge

NHS Derby City, in conjunction with Derby Hospitals NHS Foundation Trust, is an early achiever site for 18 Weeks. It has delivered the overall 90% referral to treatment target for admitted patients since April 2008 and 95% for non-admitted patients since May 2008. Delivery of the targets by specialty, including Audiology, is a further challenge and the emphasis in 2009/10 will be on sustaining the 18-week target at specialty level through further and continuous pathway and workforce development. Work will specifically focus on the area of Trauma and Orthopaedics.

In order to support the 18-week target, the commissioned stages of treatment for 2008/09 were set at a maximum of 4 weeks for outpatients, 4 weeks for diagnostics and 4 weeks for inpatients. These stage-of-treatment targets were an aid to ensuring that the right levels of activity were commissioned, it being clear that the 18-week target was the primary performance-managed target. The aspiration for 2009/10 is to reduce the diagnostic phase to support sustainability of the 18 week pathway.

The PCT will ensure that all clinically appropriate referrals are accepted online by providers and will monitor the availability of sufficient slots to enable patients to book directly. PGs are being strongly encouraged to make full use of Choose & Book to facilitate patient choice.

Whilst there is some capability currently for clinicians to refer directly to AHP services and for patients to self-refer (for example back pain and female continence) the PCT plans to expand this capability. AHP services will also be benchmarked during 2009/10 in readiness for the collection of AHP RTT data from April 2010.

Pathway development to support sustainability will take place at two levels. Firstly at a strategic level the Derbyshire Planned Care programme board will align pathway developments with those recommended by the Regional and Derbyshire Our NHS, Our Future reviews. These include:

- Prevention and self-care
- Equality of access and health outcomes
- Rapid and responsive access to care provided at most appropriate times and settings
- Choice
- Care closer to patients
- Safety and quality of care
- Patient-perceived continuity and integration of care
- Timely and accurate information available via a variety of media
- Good use of technology to support care
- Development of roles and potential within workforce
- Value for money

Secondly, pathway development will be driven through local engagement between primary and secondary care clinicians and effective clinical leadership to bring about the necessary improvements, focussing on specialties where performance is close to the 18 week referral to treatment standard. The PCT will provide the framework to support pathway improvements and ensure the system levers are used to support improvement.

The PCT is confident that the correct level of activity has been commissioned to support achievement of the 18 week referral to treatment pathway.

In order to manage the potential increases in referral rates Practice Based Commissioners are being supported to review the quality of their referrals with view to reducing variation in referral rates between clinicians and practices. This includes work is focussed on Orthopaedics, Gynaecology, Urology, Dermatology, ENT and Ophthalmology.

The PCT is currently awaiting the results of the 2008 18 week patient survey. This will provide a foundation for benchmarking ourselves in future surveys and will allow us to target our efforts more specifically with regard to patient experience and to develop an appropriate communications plan.

3.1.3. Improving access to Primary Care

NHS Derby City has determined that the development of Primary and Community Services should be its lead initiative in the 5 year strategic plan. This complex initiative has already established the need for collaborative working to improve the infrastructure that supports clinical service delivery. The PCT and the Post Graduate Deanery are already taking appropriate measures to ensure that the training capacity in Primary Care is improved to meet the identified additional needs. In addition the initiative will ensure consideration of all relevant National and local directives (e.g. Pharmacy in England – building on strengths – delivering the future) in the planning and development of all primary care services.

GP Services

NHS Derby City continue to build on the performance goals agreed last year namely:

- Improvement in family friendly GP hours
- Number and staffing of new GP practices
- Number of new GP led Health Centres

The PCT has achieved over 70% of practice now offering extended opening hours, covering early mornings, later evenings or Saturday mornings. The actual arrangements for each practice are determined by their patients' needs and requests. These services can be very narrow in their delivery.

In 2009/2010 the PCT aims to embed this basic service delivery in practices currently offering the service and continue to work with the remaining providers to increase the spread of these family friendly hours. In addition to the extension of the service in practices not currently offering this to their patients the PCT is considering options to widen the skill mix that offers extended hours and therefore the breadth of services that patients can access.

Number and staffing of new GP practices

NHS Derby City is not within the cohort of PCTs identified as having the greatest need with a national requirement to procure additional practices. It does however take every opportunity to review and extend primary care medical services provision such that in addition to the GP led Health Centre, a National requirement, another procurement secured services offering a minimum of 60 hours clinical delivery over 5.5 days per week from 1st January 2009. Further additional investment will be required in 2009/2010 following procurement of a further service that will offer a minimum of 60 hours clinical delivery over 5.5 days per week from 1st April 2009.

GP led Health Centres

In addition to the delivery of extended hours the PCT has already established its GP led Health Centre service that offers full primary care medical services and additional bespoke services 08.00 to 20.00 7 days per week.

Access to Vascular Checks

Strategic Initiative 3 (see appendix 3), indicates a programme of work to implement a comprehensive programme to assess, reduce and manage CVD. This includes the development of a Local Enhanced Service to incentivise local GP practices to identify patients at risk, and to manage this group of patients. The LES is available to all local practices therefore ensuring that all registered patients have access to vascular checks as required.

Patient Survey

During 2008/2009 NHS Derby City used the information from the GP Survey that highlighted a lower than acceptable performance in patients ability to book appointments more than 3 days in advance. Following the release and analysis of the 2007/2008 results the primary care team undertook review visits with all contractors to establish an ongoing improvement programme that supported all areas of patient satisfaction but with especial emphasis on the “pre-bookable” area of service delivery. Further patient survey results are being and will continue to be used to identify key areas of collaborative work for the PCT’s primary care team and its independent providers.

Access to Dental Services

The open and transparent procurement processes already established within NHS Derby City have been utilised in dental commissioning in 2008/2009 and this has resulted in the establishment of 3 new dental practices services commencing in late early 2009.

Based on the original dental health needs assessment further procurements are currently being commenced to meet the service gaps identified. During 2009/2010 the original dental health needs assessment will be reviewed and refreshed to ensure we continue to recognise the oral health needs of the population and commission appropriately. The PCT has committed to continue the improvement of services to improve access and choice for all patients who wish to access NHS dentistry and will utilise robust procurement and Market Management processes to support this.

Pharmaceutical Services

The PCT is planning to increase knowledge and resources within the PCT Primary Care team to meet the delivery requirements of the new pharmacy White Paper: Pharmacy in England – building on strengths – delivering the future

The requirement within this paper for significant clinical engagement has been acknowledge within the organisation, with a joint plan currently under development between the Primary Care team and Engagement team to achieve this.

3.1.4. Keeping adults and children well, improving their health and reducing health inequalities

Derby City has a well established Local Strategic Partnership (and health partnership), in which the PCT is a key member and leader for health improvement. Derby also has a 10 year strategic vision ‘Healthy Derby’ and a 5 year strategic plan for the implementation of the vision set out in Healthy Derby. Accountability for its delivery flows to the PCT Board and the Local Strategic Partnership for Derby. This has set the PCT, its partners and local communities the challenge of making Derby a healthier place for everyone.

A key objective of Healthy Derby and the 5 year strategic plan will see the PCT delivering continued improvements in the health and well being of all age groups in the local population and to reduce local health inequalities. Overall indicators of health for people living in Derby City are worse than average when compared with England and the East Midlands and there exists a seven year gap in life expectancy between those living in the fifth most and least deprived areas of Derby. In addition, Derby as a population is becoming more diverse with the traditional Black & Minority Ethnic population being supplemented by people from a much wider geographical base, including Eastern Europe and North Africa.

Healthy Derby and the 5 year strategic plan reflect the national priorities and vital signs in the key areas of health improvement. Workforce plans are currently being developed to support the implementation plan recognising the need to enhance and utilise the public health skills and knowledge of the whole workforce.

Healthy Derby and the 5 year strategic plan include action against the key areas where the local burden of disease and inequality gap are the greatest:

- Cardiovascular disease
- Cancer
- Smoking
- Mental health (including suicide)
- Sexual health (including Chlamydia and teenage pregnancy)
- Alcohol and drugs misuse
- Obesity

Evidence based interventions will be delivered across the prevention and treatment spectrum, with a particular focus on effective care & preventative services for adults and considerable emphasis on preventative actions targeted at women & children. This will also include work on social marketing programmes to support and compliment work areas, including the Change 4Life programme which all partners are committed to.

Cancer: progressing towards the Cancer Reform Strategy

The PCT will focus on preventing cancer through action already outlined in 'Healthy Derby' and through strategic initiatives 7, 12, and 27 (see appendix 3&4) as outlined in the 5 Year Strategic Plan. In addition the PCT has introduced the HPV vaccine during 2008, and is extending a number of screening programmes in line with the Cancer Reform Strategy (CRS). This includes completion of full roll out of the bowel cancer screening programme for men and women aged 60-69 (by December 2009), and further extension to 75 yrs in planning (bowel screening program is lead by a Joint Network commissioning group aligned with a regional hub program arrangement).

The PCT is committed to delivering the Cancer Reform Strategy through close working with our cancer network and partners across the health community. The PCT intends to continue this way of working as it has proved effective.

The PCT has worked as an integral part of the Derby Burton Cancer Network to implement the National Cancer Plan and has made significant investment in Cancer Services over the past seven years enabling substantial improvements to be made in services delivered to patients and marked reductions in waiting times for treatment.

The Derby-Burton Cancer Network Cancer Waiting Times Group was established in 2005 and has executive level membership from both acute trusts and commissioners. This group led the implementation of the 2005/06 waiting times targets which are currently

being sustained through proactive pathway development and clinical/managerial engagement. The Network will use the experience gained through achievement of previous targets to thoroughly baseline new targets in line with the timescales required.

The Derby-Burton Cancer Network has also carried out a gap analysis of the Cancer Reform Strategy and National Radiotherapy Advisory Group (NRAG) report. This has shown that progress has already been made in a number of areas including the introduction of bowel screening, laparoscopic surgery for Colorectal Cancer, implementation of NICE Improving Outcomes Guidance, developing capacity in radiotherapy and chemotherapy, communication skills training and End of Life Care.

The Derby-Burton Cancer Network has also carried out a gap analysis of the Cancer Reform Strategy and National Radiotherapy Advisory Group (NRAG) report. This has shown that progress has already been made in a number of areas including the introduction of bowel screening, laparoscopic surgery for Colorectal Cancer, implementation of NICE Improving Outcomes Guidance, developing capacity in radiotherapy and chemotherapy, communication skills training and End of Life Care. While the Network's palliative subgroup coordinates the implementation of the Cancer Palliative IOG (as per the NICE guidance and required timescales), the PCT's End of Life Partnership Board has developed a work program that covers all the essential elements of the IOG.

The PCT is also obtaining assurance through its commissioning role with the main provider, Derby Foundation Trust that the appropriate levels of local capacity will be in place to deliver the relevant CRS cancer treatment waiting times targets (including installing new LINACs in the new City Hospital site to assure delivery of 31 days target for radiotherapy by December 2010).

The PCT and Network will also work with the guide for cancer commissioners and the electronic commissioning toolkit currently being developed.

Stroke

NHS Derby City is progressing with the implementation of the National Stroke Strategy. The PCT has been fully involved with the East Midlands model for hyper acute care which was debated at the Stroke Advisory Group in December 2008. The Trust Board recently gave support to Derby Hospitals Foundation Trust's ambition to become a 24/7 Primary Stroke Centre in the new model which will secure high quality hyper acute services for the population of Derby City. The PCT, Derby Hospitals and other local partners are working together to develop the business case for this development.

In addition, following on from the agreement of standards for stroke rehabilitation at the Stroke Advisory Group, a service specification for Stroke rehabilitation is being developed in conjunction with Derbyshire County PCT. This specification will be co-produced with stroke survivors, carers and other key groups and partners to ensure it meets the needs of the local population and progresses the implementation of the National Stroke Strategy. In parallel to this, a Health Needs Assessment for stroke is being undertaken and the PCT is working closely with the Local Authority in the development of services for stroke survivors.

The PCT has funded additional stroke rehabilitation beds at Derby Hospitals Foundation Trust which will ensure a greater proportion of patients spend the majority of their inpatient stay on a stroke ward. Pathway work has been undertaken to streamline admission processes in line with the requirements for thrombolysis and additional single visit TIA clinics have been established to ensure that lower risk patients can be seen and assessed within 7 days, in line with the Stroke Strategy. Work is progressing to ensure

that higher risk patients are assessed and receive a brain scan, where indicated, within 24 hours. A full needs assessment will be completed end January 2009. Stroke is recognised as a key Strategic Initiative for the PCT. Please see appendix 3 & 4 for further detail.

Children: Improving children's and young peoples physical and mental health and well being

Maternity and neonatal services:

This is a key strategic Initiative for the PCT, please see appendix 3 & 4 for further detail NHS Derby City is working closely with commissioning partners and providers to deliver the standards within Maternity Matters by end 2009.

Maternity Matters

The Maternity Strategy and care pathway have been agreed with commissioning plans well underway to ensure delivery within the timescale. Over the next 12 months we shall ensure there is true engagement of women and their partners in shaping and delivery of maternity services and that good practice and access to a midwife or maternity healthcare professional is achieved by 12 weeks and 6 days of the pregnancy.

NHS Derby City is committed to delivering Maternity Matters and we are working closely with current service providers and women and their families to ensure delivery. The membership of our Maternity Matters Strategy Group includes the Head of Midwifery, Medical Director and GP. The process for consultation on all work to date has been through this group and the Maternity Services Liaison committee, which includes clinical staff across all midwifery services.

Birth Rate Plus (1:28 midwives to women as inpatients and 1:100 midwives to women in the community) has been used to identify the gaps in the workforce around numbers of midwives. NHS Derby City will be working to ensure the workforce has sufficient numbers of maternity staff, neonatal teams and health visitors to meet local needs.

Childrens Services

There will be a Child Health Strategy for Derby City published for implementation during 2009 – 2010 which ensures delivery of the Healthy Child Programme taking account of adolescent friendly standards and improves the experience of Children with Disabilities and their families. Derby City has NI 54 as one of their LAA targets.

NHS Derby City is commissioner and currently provider of children's health services and is integral to the Children's Trust arrangements across Derby City. Derby City Council's recent Annual Performance Assessment of Children and Young People's Services by Ofsted concluded that the Council delivers good services for children and young people overall. The assessment stated it mainly agreed with the Council's self-assessment but was giving a higher grade in one area – 'Be Healthy'. The assessment covered areas such as; service effectiveness, health and safeguarding of children, enjoy and achieve, making a positive contribution and achieving economic well-being. Two judgement areas were outstanding - being healthy and making a positive contribution. The report detailed major strengths in reducing teenage pregnancies making Derby the lowest in the East Midlands, and the participation of young people in decision-making. Inter-agency work was also praised for the health promotion programmes which have resulted in increased breast feeding, smoking cessation, and reduction in substance abuse.

Combating child obesity continues to be a challenge for Derby. NHS Derby City is working with the Local Authority in the planning and delivery of services. The Derby Obesity Strategy has its focus of work with children and families in the first instance. The Children's Obesity Task Group is looking at a citywide preventative model using social marketing which supports children and their parents and carers to recognise obesity as a problem and supports them to make appropriate choices. The strategic plan to be delivered over the next 5 years will also include a children's obesity service which includes information and advice about food and diet, healthy choices and the importance of physical activity. This is supported by the implementation of the Change 4Life programme. In the meantime support will be given to school nursing services to ensure there is an appropriate response when obesity measurement results are requested by parents following this summer's data collection. Also Be Active, a Derby City wide initiative lead by the Sports and Leisure Department of Derby City Council in partnership with NHS Derby City pledges to ensure children have 2 hours of physical activity per week as part of their school curriculum and another seven 1 hour sessions of activity in any week.

Although breastfeeding initiation is good across Derby City and the coverage and prevalence rates of those still breastfeeding at 6-8 weeks have steadily improved over the last year we have some way to go to achieve the targets set for 2011. An action planning session which includes maternity services and health visiting providers is scheduled for Q4 to review our current status and plan how to improve breastfeeding rates in Derby City. In view of our stretching targets, national recommendations and recent service developments in other areas we want to work with providers using service specifications and quality metrics to agree the plan for 2009 onwards.

Baby Friendly

The Baby Friendly Initiative is a global programme of UNICEF and the World Health Organization which works with the health services to improve practice so that parents are enabled and supported to make informed choices about how they feed and care for their babies. Derby City already has Baby Friendly status and we want to build on this by supporting new mothers and working with partners across the City to ensure there are facilities for women to breastfeed and they feel comfortable in doing so.

Derby City Derby Hospitals Maternity Service and the Neonatal Intensive care unit have maintained UNICEF WHO Baby Friendly Hospital Initiative consistently since 1998. As a baby friendly accredited maternity service they have adopted best practice standards in support of breast feeding. The level of care provided is confirmed by formal assessment. NHS Derby City work closely with the maternity services to ensure Baby Friendly status is maintained. The principles and practices are continued into universal and primary care services

Immunisation

NHS Derby City are committed to delivering the accelerated catch up campaign for HPV while maintaining our high initial coverage of year 8's.

We will continue to monitor the uptake of childhood vaccination, immunisations and teenage boosters and will undertake pro-active media campaigning to raise awareness of the importance of vaccination and immunisation and continue to communicate with GPs to stress the importance of childhood vac and immunisation coverage.

Aiming High

The national core offer for Aiming High for Disabled Children is a statement of standards which families with disabled children can expect across the country from local services and the core offer refers not only to early years, education, youth, social care and health services but also to housing, leisure and transport. Additionality in Derby City will be achieved by increased capacity in specialist services across health and children and young people's services, by supporting universal services to deliver services for disabled children in their localities, by commissioning from the third sector, by increasing our knowledge about service users, and additional capacity from the Integrated Disabled Children's Service (The Light House). Although there is a 3 year funding allocation for this into both LAs and the PCT baseline it is being considered alongside the other priorities for NHS Derby City. There is a 3 year plan developed between Children and Young People's Department and the PCT which will improve the range of services, increase short break capacity, improve access to therapies and ensure young people move onto to appropriate adult services.

CAMHS

Derby City CAMHS Partnership (LA and PCT) reviews its commissioning plan each year in light of national and local priorities and targets. Over the last year service reviews have taken place with the recently commissioned 16/17 service and complex behaviour service for children with learning disability and mental health problems. Information on waiting times is received by commissioners monthly. Most children are waiting less than 12 weeks for specialist mental health service. The Partnership has also reviewed the Primary Mental Health Worker Service and the Derbyshire Mental Health Services Trust have agreed to implement a single point of access to their specialist services so ensure swift and easy access for vulnerable children.

Plans are in place to demonstrate and increase the full range of contraceptive methods including long acting reversible contraception. Services currently commissioned are being reviewed to take account of young people's needs and views to determine future service delivery. Emphasis and use of social marketing will support young people to make appropriate choices and access appropriate services.

NHS Derby City will meet its statutory responsibility in relation to safeguarding and promoting the welfare of children and is a statutory partner in the Local Children's Safeguarding Board.

3.1.5 Improving patient experience, staff satisfaction and engagement

Engagement in commissioning

In line with Aim 3 of the Healthy Derby vision and World Class Commissioning, NHS Derby City has developed a framework for engagement, detailed within The Engagement and Communication Strategy (2008). The strategy builds on existing staff engagement and empowerment by enabling the development of skills required to co-produce in the commissioning process with the support and advice of the Engagement Team at the PCT.

The strategy includes actions specific to improving public and key stakeholder perception through reputation and brand management and aims to move the PCT from informing and consulting to a position of co-production with all stakeholders in commissioning wherever this is appropriate or possible. The framework for developing quality engagement contained within the strategy includes accessing and engaging with the public through the Neighbourhood Board Link Scheme in which a two way mechanism

will operate to enable the neighbourhoods to feedback on experience and perception and NHS Derby City engage the community represented by the board in supporting the delivery of the initiatives within the strategic plan. In addition to this all the PCT's engagement and consultation opportunities will initially be channelled through the Derby LinK to include opportunities for involvement in pathway specific re-design. In order to ensure that all sections of the population are engaged in the commissioning process, NHS Derby City will also make use of its Social Inclusion Network, Health Panel and GP practice participation groups.

Patient Experience processes in Derby City PCT

The Engagement and Communications strategy outlines the PCT's aim of improving patient and public engagement, satisfaction, experience and perception through its providers. This will be delivered through the development of quality metrics specific to this area and will be based on ensuring that mechanisms in addition to surveys will be used to capture patient experience and satisfaction, this will also include experience and satisfaction gathered from "seldom heard groups" in order to ensure that all sections of the population have the opportunity to influence service delivery re-design. In addition providers will be expected to use the experience based design project approach to improve areas of service indicated as requiring focus through service user engagement. This aims to ensure continual year on year improvement in service delivery.

The Quality Management Groups specific to each area of provision provide assurance to the PCT that its providers are collecting and acting on patient experience data. Information is presented to this group from a variety of sources. Direct input comes from PALS and Complaints where issues relate to the commissioning of services. Survey results – e.g. from the national patient survey – are also fed into this group.

Engagement with Partners

NHS Derby City plays a central role in the work of Derby City Partnership (Derby City's Local Strategic Partnership). This comprises of '5 Cities':

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

'Healthy City' is chaired by the Director of Public Health for Derby with the strategic lead for healthy city being the Deputy Director of Public Health. To strengthen the partnership Healthy City has two sub groups. The Improving Health Services Group is the commissioning body responsible for driving forward the joint commissioning agenda. The Improving Health Group has responsibility for partnership work to improve health and reduce health inequalities. The Improving Health Group has a number of multi agency groups reporting to it (Smoke Free Derby, Obesity task force) providing strategic direction to the priority work-streams of tobacco control and obesity with reporting relationships across to the community safety partnership (for alcohol) and City of Children and Young People (Teenage pregnancy, healthy schools). The Director of Public Health further represents the PCT on the City of Children and Young People's executive

The PCT and Local Authority are required to form a Local Area Agreement (LAA) defining local shared priorities for joint delivery. The priorities are selected from the list of 198 national indicators that form the basis for local authority performance in 2008/09.

The Healthy City executive meeting held at the end of October met to prioritise the indicators that were important to the executive that went forward to DCP management group, then informing our 5 Year Strategic Plan

Derby City Partnership held 3 sessions to develop the LAA involving a wider group of stakeholders. Representatives from across the city were invited to attend a briefing session on the LAA and asked to list their priorities for the city. A follow up session presented the draft indicators for the city and attendees were asked to rank their importance. A further event asked attendees to reflect on the draft LAA indicators and comment prior to these then becoming approved.

Progress on LAA indicators has been taken forward in a number of ways. Healthy City chaired the first of a series of innovation days in Derby City Partnership, bringing together partner to share understanding and solutions to tackling children in poverty whilst 'highlight' days enabled selected LAA targets (including reducing CVD mortality) to bring together patterns to map out action on these indicators.

LAA indicator progress is overseen by the performance sub-group of DCP. Recently performance on alcohol related harm was scrutinised with a joint presentation by healthy city and the community safety partnership being well received.

Good joint working and engagement with partners outside of the DCP structure is evidenced by the joint appointment of the Director of Public Health for Derby.

The PCT is establishing links with the 17 ward based city council neighbourhood forums across the city. Senior managers in each ward will represent the PCT directly on these forums enabling community level engagement between the PCT and local people.

Staff satisfaction

Work is underway within NHS Derby to ensure that the NHS Constitution is embedded into the HR policies, practices as well as making sure the organisation is enabling the workforce to meet their obligations for patients and the public. Detailed further in this report are some of the initiatives adopted by the trust to create a positive working environment. Plans are in place to develop metrics in order to seek assurance from our Providers that they are fulfilling obligations to set out in the NHS Constitution. These core indicators will be monitored through the quality performance routes.

NHS Derby City is currently awaiting the results from the 2008 Staff Opinion Survey which will provide information on the organisation's progress in this area. This is due in spring 2009. The PCT is committed to addressing any required areas following receipt of the results.

However, based on the data from the 2007 survey the organisation proactively developed a joint action plan with Staff Side representatives with progress reports going to the board. A joint presentation of the Staff Opinion survey results was also given by the Head of Staff Partnership and the Staff Liaison Manager to staff across all directorates within the organisation. The job satisfaction score for Derby City Primary Care Trust was 3.52, placing the PCT above the norm for Primary Care Trusts.

The action plan identified a number of initiatives to address staff concerns and in particular job satisfaction. It was agreed jointly with staff side representatives to concentrate on the top five key areas of concern, which in theory have the most impact on patient care. These were:-

- Staff having appraisals with personal development plans
- Extent of Positive Feeling
- Work Related Stress
- Errors, Near Misses and Incidents
- Availability of Hand Washing Materials.

A range of additional initiatives have also been developed to support and develop staff across the organisation, including:

- A Work Related Stress Steering Group
- Review of the Long Service Recognition Award policy
- Revising the 'Exit Interview' process
- A Skills Pledge to develop staff in A4C bands 1 - 4 to assist in career development and progression
- An employee-led staff forum
- Introduction of workforce information benchmarking through the ESR system in order to monitor our productivity and capacity
- HR triage system in place which allows the identification of individual managers and employees training and development needs

During 2009, as well as responding to the 2008 staff survey, the PCT will be building on work undertaken by the Yellow Communications agency which looked at staff engagement in, and awareness of the Healthy Derby strategy.

Plans for a 'commissioning academy' for the commissioning arm of the PCT have been set out in the Organisational Development Strategy. All commissioning staff have also been involved in a number of World Class Commissioning events, led by the Chief Executive, to ensure that the whole organisation has an understanding of the PCT aspirations to be world class. Provider staff have been involved in reviewing services, and will be involved in developing service specifications in preparation for the separation of provider and commissioning.

A new process and paperwork for Personal Development Plans were launched in 2008/09 and the PCT is working with Derby City Council to provide placements for finance trainees and teams.

Emergency Preparedness

The PCT meets its responsibilities as a category 1 responder as classified by the Civil Contingencies Act 2005.

NHS Derby City has a robust major incident plan and arrangements to respond to on-call incidents. The PCT has a business continuity strategy and continues to develop its plans and resources to deal with any business continuity issue. The PCT will continue to play a full part in local and regional emergency planning structures such as the Local Resilience Forum.

Flu pandemic planning is well under way within the city and with good joint working with NHS organisation across Derbyshire. Flu pandemic planning is led by a multi-agency City/County Flu Executive with operational detail developed by the PCT Business Continuity/Resilience Forum.

Our strategic flu plan was endorsed by the Trust board in December 2008. The PCT flu pandemic plan will be further developed in the light of emerging national guidance in the early part of 2009. We anticipate a positive outcome from the SHA review process of flu pandemic plans with sign off of the flu plan anticipated in line with the SHA review schedule in February 2009. We anticipate testing this flu plan (and our other major incident response plans) through a programme of exercises starting with a flu locality exercise in early February.

3.2 Local Priorities

The main focus of NHS Derby City will be delivering transformational change in relation to the strategic initiatives phased for implementation during 2009/10. These are listed in the **following table** and should be read in conjunction with Appendix 3 & 4 which gives more detail relating to each initiative and maps to the vital signs.

Initiatives not phased for implementation during 2009/10 will either follow in later years, or be taken forward as part of business as usual (i.e. without the same degree of transformational change and effort).

An example is vulnerable adults where the key priority during 2009/10 is to conduct a thorough review of continuing care with the aim of reducing spend. The work originally identified under this theme related to independence and well being will be progressed as part of business as usual through our older peoples partnership work.

Similarly, the majority of NSR recommendations were incorporated within our 5 year strategic plan initiatives. Where this was not the case, for example Learning Disabilities, this will be taken forward as part of business as usual.

NHS Derby City will also focus on a number of initiatives that support improvements in quality and value. These will include a PBC based initiative to reduce variation in referral activity, and a broad programme of work to reduce avoidable emergency admissions. The range of cost improvement initiatives is covered in the finance section of this document.

Wherever possible the WCC outcomes, vital signs and AHC indicators have been mapped to a specific strategic initiative as illustrated in Appendix 2. Responsibility for delivery lies with the Programme Director, the detailed initiative plans in appendices 3 and 4 should provide assurance. Where these measures do not naturally map to one strategic initiative they are mapped to a 'business as usual' category and reference should be made to the vital sign planning templates in appendix 5 for detailed delivery plans.

Strategic theme	Initiative reference	Priority phased for 2009/10	Deliver as part of business as usual	Detailed plans in Appendix
Primary/ community care	1	Develop an integrated primary and community care system fit for the 21 st century		4
Staying healthy	2	Achieve 15,000 fewer smokers in Derby by 2013		4
	3	Implement a comprehensive programme to assess, reduce and manage CVD Risk		4
	4	Reverse the rising tide of obesity – treatment and prevention		4
	5	Reduce alcohol consumption and related harm		4
	6		Implement staying healthy initiatives for specific populations	n/a
	7		Reduce cancer mortality through better symptom recognition and earlier diagnosis	n/a
	Long-term conditions	8	Implement a comprehensive and integrated model of long-term conditions care	
9		Implement respiratory disease specific tailored long term conditions care	Implement neurological disease specific tailored long term conditions care Implement CHD disease specific tailored long term conditions care	4
10		Implement Diabetes disease specific tailored long term conditions care		4
11		Focus on IAPT, Dementia pathways and cost/outcome review of mental health	Develop an integrated approach to mental health combining health and social care models with focus on the specific needs of Derby	4
12			Improve the quality of specialist palliative care for non cancer patients	n/a
Vulnerable adults		13	Review of continuing care	Improve independence, well being & quality of life for vulnerable adults
Urgent care	14	Take forward the next stage review for urgent care in Derby City with a focus on appropriate use of urgent care and reduction in avoidable admissions		4

Theme	Initiative Reference	Priority phased for 2009/10	Deliver as part of business as usual	Detailed plans in Appendix
Implementing and embedding best practice to improve quality	15	Implement the National Stroke Strategy		4
	16	Deliver Choice Through Maternity Matters		4
	17		Implement The National Audiology Framework	n/a
	18		Implement Ophthalmic Guidance	n/a
	19		Implement the Musculo Skeletal Framework	n/a
	20		Implement IOGs, reducing variation in clinical practice	n/a
Introducing new models of care to improve quality	21		Improve Gynaecological Pathways	n/a
	22		Improve Gastroenterology Pathways	n/a
	23		Improve Urological Pathways	n/a
	24		Improve Access to Services for Vulnerable Children	n/a
	25		Improve Access to Services for Children who are ill	n/a
	26	Develop a Community Based Palliative Care		4
	27		Develop models of cancer care that deliver care closer to home	n/a

3.3 Business as Usual

3.3.1 Business as usual work streams

The operating framework identified a number of areas which may form locally determined priorities. Some of this is already incorporated within the strategic initiatives phased for implementation during 2009/10. For completeness a short commentary on a number of these is given here.

NSR

Wherever possible NSR is integrated within our 5 Year strategic initiatives. Learning disabilities is not integrated into the plan, however this area of work continues to be progressed as part of our business as usual, and for completeness a summary of the work plan follows:

Learning Disabilities

NHS Derby City is at present developing a plan of action to ensure efficient delivery of the recommendations identified in Sir Jonathan Michael's report 'Health Care for All'. To achieve an inclusive response, this work is involving the learning disability partnership board, primary care, public health and the local Acute trust in developing this local action plan. Engagement with harder to reach groups in the community and improved provision of appropriate accessible information, specifically identified for people from BME groups in Derby City is an integral planned activity.

NHS Derby City is committed to the provision of high quality accessible care for the learning disabled population of Derby, and employs a Health Facilitator, who supports primary care in addressing the health inequalities of people with a Learning Disability. Further resource is currently also being considered. A new service has recently been commissioned to ensure the delivery of Annual Health checks for people with Learning Disabilities.

Work is underway and will continue to improve the systems of data capture, involving joint partnership working, enabling efficient planning for future commissioning in response to the specific needs of the local population.

Mental Health Service

This work area links to our 5 Year Strategic Plan Initiative 11, with year one of the plan focusing on IAPT, Dementia Pathways, and cost/outcome review of mental health: (See Appendix 3 & 4). In addition, Mental Health Services business as usual work streams remain on-going as described below:

The aim for 2009/10 is to move towards developing an integrated approach to the provision of mental health services, where specialist services are one element of a spectrum of integrated support. Importance will be placed upon ensuring that the range of services and length of care provided to support recovery, meet with the needs and expectation of service users and carers. As part of this approach, the PCT remain committed to maintaining the 7.500 per annum Early Intervention cases.

Programme developments for 2009 include: improving access to psychological therapies, improved services and quality of care for people with dementia, extending community based eating disorder services, Delivering Race Equality in services, reducing the need for out of area placements for people with low secure, psychiatric intensive care needs and inpatient rehabilitation needs, development of a strategy for personality disorder, continuing to take forward the well being and social inclusion agenda and the commissioning of advocacy services in compliance with the Mental Health Act. More detail is provided below for some specific commissioning issues

Dementia Services

NHS Derby City is engaged with both Derby City Council and NHS Derbyshire in developing an innovative and effective care pathway for people with dementia. Several consultation exercises with a range of stakeholders from the statutory sector and the voluntary sector took place during November and December 2008. A further consultation on the dementia pathway, which includes early intervention services, is planned for February. Proposed plans include a memory assessment and support service that will support early assessment and diagnosis and the prevention of vascular dementia to enable people to remain in their own homes longer.

Psychological Therapies – personality disorder, psychosis and prison health:

The Local Implementation Team (MHSG) has agreed to build on good local work already undertaken. Personality Disorder services will be subject to a thorough health needs assessment and strategy development process in 2009 in partnership with Derbyshire County PCT. Specialist psychological therapies have been reviewed and a specification produced. In the process of implementation the needs of people with psychosis, personality disorder, and eating disorder will specifically be taken into account. The phased development of the Eating Disorder Team and the plans to develop a stepped care model will ensure access to psychological therapies for people with eating disorder.

Derby City does not have prisons within its geographical boundaries. However, NHS Derbyshire has commissioned a primary care mental health service and a specialist mental health service to meet the health needs of the prison population. In delivering improved access to psychological therapies NHS Derby City will ensure that services are accessible to all groups and a protocol with probation service will be agreed to ensure that offenders are able to access these commissioned services.

Over-representation of Black and Minority Ethnic (BME) communities in acute (mental health) inpatient beds:

Service pathway review and redesign work is in progress. The proposals to develop forensic services and to provide community alternatives will help to reduce the numbers of people from BME communities detained. One of the community development workers in Derby specifically works in forensic services. A DRE advisory group meets regularly and there is an action plan in place that is monitored by this group. NHS Derby City, via the DRE group, has agreed a series of indicators to support the DRE in mental health services.

Sufficient capacity to care for 16-17 year olds in appropriate beds (not adult) and to comply with section 31 of the Mental Health Act 2007:

Children and Young people's in patient beds including those for 16/17 years is now included in the commissioning responsibility of E Midlands as part of specialist services. This work has been ongoing for over 2 years and the business case for bed numbers across the East Midlands is being worked up with current providers. NHS Derby City currently uses two commissioned providers: Nottingham and N Staffs and work closely

with the recently commissioned young people's specialist service to ensure 16/17 year olds get the appropriate response.

The service redesign work will include proposals to develop more women only facilities within the local provider trust.

Personal Health Budgets

Within 2009/10, NHS Derby City will define and begin to implement a patient centred, generic model of care for long term conditions encompassing the following:- empowered and informed patients who have continuous support and resources for self management; personalised care which takes into account emotional and psychological needs, co-ordinated team based care across settings and professions, providing accessible, integrated, consistent services in and out of hours and closer to the patients home and with greater emphasis on prevention and earlier diagnosis, better use of information and effective risk modelling and patient selection, and appropriate support for patient at end of life.

Currently we have:-

- Inequity of provision and access to self care initiatives
- Waiting lists for disease specific education programmes
- Limited access to specialist care out of hours, and psychological support for patients with long term conditions

Our specific aims for 09/10 are to have

- Defined generic model of care for integrated person centred care pathways from 30/06/09
- 100% of LTC patients to have personalised care plan by 31/12/09, including information prescriptions
- Long term conditions prospectus by 31/03/09
- Pilot of telehealth
- by 31/03/10

Expert Patient programmes

The PCT have commissioned Staying Well – Expert Patient Programmes – and are targeting these at populations with the highest prevalence of long term conditions and high mortality / morbidity rates.

The initial courses have evaluated well and the PCT will continue to roll these out throughout 09/10 to those patients and geographical areas where the needs of patients are greatest. This is part of the PCTs overall aim to improve self care and self management, (see Strategic Initiative 8, Appendix 3).

End of Life Care

The PCT's End of Life Strategic Partnership Board brings together representatives from the PCT, clinical leaders from providers within primary/community care, secondary care and the voluntary sector to discuss, identify and agree the necessary steps to achieve our strategic end-of-life care goals. Through the development of a structured education programme for community services, together with increased community nursing capacity,

we aim to strengthen out-of-hospital services, increase the use of prognostic indicators including Gold Standards Framework (GSF), further implementation of Integrated Care Pathway (ICP) and Liverpool Care Pathway (LCP), which will result in greater service options, improved quality of care and improved access to palliative care services (both directly and indirectly). Advanced care planning is a key priority for the PCT and this will be further embedded into local pathways through the application of an end of life service specification and development of imaginative holistic models of care that ensure patient (and carer) preferences remain central throughout.

As part of the WCC programme, the PCT considered the National End of Life Care Strategy, High Quality Care for All (Lord Darzi's Next Stage Review) and the PCT's baseline review of services in setting the vision for local end of life services, as described in our 5 year Strategic Plan. Specifically, the PCT has prioritised 2 separate, but interlinked, initiatives (Initiative 12 and initiative 26, see appendix 3 & 4), which together set out an additional programme of work to deliver significant service improvements, and further promote patient choice and improve quality.

Mixed Sex accommodation

DHFT have provided assurance that they comply with all guidance on mixed sex accommodation. While wards at DHFT may cater for both sexes, males and females have separate bed bays and separate washing and toilet facilities. A&E, ICU and Assessment Units are mixed sex but are allowable under the guidance. This issue is not considered a problem at Derbyshire Mental Health Trust. NHS Derby City remain committed to reducing mixed sex accommodation and continue to work with local providers to deliver improvements in patient views on mixed sex accommodation.

Abortion Services

Providers of abortion services should also provide contraception advice and services after abortion has taken place. Experience of this will be monitored as part of the patient survey.

3.3.2 Recovery Areas (where relevant)

NHS Derby City has a strong track record of performance and continually strives to improve performance in all areas. We are currently addressing issues relating to performance in a number of areas and remain committed to continuous improving across all areas of work. The areas currently being addressed are:

Winter Pressures

Winter 2008/09 has seen a sharp increase in demand both on out-of-hours services, ambulance usage and attendances in A&E. Whilst there has been an increase in the number of A&E attendances, which reflects the general rise in the population, there has been a steep increase in the level of admissions to beds, with the DHFT stating an increase in medical acuity of patients attending. For these reasons, the availability of inpatient beds and staffing that has been of concern. The PCT is working with the Derbyshire health community through the Urgent Care Network Board (including Derbyshire County PCT, GPs, hospital, community care providers, EMAS and OOH) to resolve these issues and is committed to developing a robust plan for Winter 2009/10."

Teenage Pregnancy

Under 18 conception rate data for 2006 showed excellent progress in Derby and a 27.8 % reduction from the 1998 baseline. Although progress remains positive, the future

remains challenging if 2010 targets are to be met. The local Teenage Pregnancy Commissioning Board have recently reviewed & refreshed the action plan for 2008-11. The priority over the next three years is to embed & further develop work at a universal level and provide more intensive support for the most vulnerable young people and those living in hotspot wards.

Access to Primary Care

The additional capacity and extension of family friendly hours initiated in 2008/2009 and embedded in 2009/2010 offers patients a greater choice of access to Primary Care Medical Services. This additional capacity over the whole of the system offers the opportunity for improvement in patient satisfaction for all patients within Derby City. Pro-active engagement with patients and their provider practices in spreading the good news stories and experiences will positively impact on patients' perceptions generating supportive evidence of improved patient experience in the patient survey.

Dental Access

NHS Derby City's dental access has continued to decline in 2008/2009 evaluation of the trends and local capacity have indicate that the area had a lower standard of oral health patients therefore require more regular attendance to sustain reasonable levels of oral health . To address this negative impact within the current provision the PCT has planned procurement of up to 6 WTE additional dentists. In addition the PCT will continue to work with current providers to maximise access and services within current contracts.

Military personnel

As indicated in NHS Derby City Contracting Intentions, services commissioned by NHS Derby City should not disadvantage military personnel, their dependants and veterans, in terms of their ability to access timely health care or dental services. The existing arrangements giving priority access to veterans for service-related conditions, subject to clinical need, should be delivered for all referrals.

Carers' Strategy

In consultation with NHS Derby City, Derby City Council has published a Carer's strategy, which all parties are currently in the process of jointly adopting. A PCT Director has lead responsibility for this area of work on behalf of the PCT. The PCT will work with Local Authority partners to publish joint plans on how combined funding will support breaks for carers in a personalised way.

Stroke

VSA 14 is made up of two elements. The first is the % of people with a stroke who spend 90% of their time on a stroke unit. Agreement has been reached to increase the number of stroke rehabilitation beds at Derby Hospitals Foundation Trust to enable a greater proportion of people to receive specialist stroke on a stroke unit during their inpatient stay. These beds opened in September and the full impact has not yet been seen. In addition the PCT is developing a specification for community rehabilitation to ensure patients can be discharged promptly to appropriate stroke services.

The second element of VSA14 is assessment and treatment of patients with high risk transient ischemic attack (TIA) within 24 hours. This is a new data collection and performance has been difficult to measure in the first 2 quarters. Pathway redesign has been undertaken and performance is expected to improve. When stroke services move to the new hospital later in 2009, a clinical assessment area adjacent to the stroke unit will contribute to the achievement of this vital sign. (see also Appendix 3 & 4)

Chlamydia

Whilst current performance against trajectory has seen a considerable improvement, future achievement continues to be challenging. A detailed recovery plan has been developed to address the factors affecting increased screening coverage. Plans to review actions to support delivery of the target in 09/10 will include rollout of a social marketing/media campaign and targeted work with core services to ensure activity reflects footfall through those services are in progress.

The plans for the future aim to build on the work that has already begun in 2008/09 and will be in the form of a 3 year rolling programme with regular review. In particular the PCT has seen significant progress with the Chlamydia Screening Programme. The plans for Sexual Health aim to integrate Chlamydia Screening with other developments such as the provision of LARC and low level Sexually Transmitted Infection (STI) management. This will not only support increased Chlamydia screening coverage but also assist with reducing unplanned teenage pregnancies and continued improvements in GUM access.

Planned activities regarding an integrated sexual health service including Chlamydia screening include:

- To make improvements to young peoples sexual health services (including Chlamydia Screening, C scheme, and extended Young Peoples Sexual Health clinics provision in outreach settings). More specific targeted approaches to be taken in the teenage pregnancy 'hotspot' areas.
- Maintaining GUM access supported by the development of Level 1 & 2 sexual health services in the community and ensuring plurality of providers. The focus of this approach will be in areas of greatest need in terms of deprivation, thus addressing inequalities and reducing teenage conception rates.
- Improvements in access, convenience and choice delivered through integrated services (GUM and C&SH), streamlined pathways and development of 'one stop' shops for young people.
- Pathway development to streamline access to TOP services and address current inequity in provision. In addition, ensuring LARC is available at point of contact to prevent repeat abortions.
- Contribute to the strategic development of the local Sexual Assault Referral Centre (SARC) to ensure responsiveness to demand.

A range of cross-cutting developments underpin these priorities, including:

- Improvements in data and Information Technology systems to capture regular performance data for improved monitoring and evaluation.
- Detailed service specifications for new developments and existing services which stipulate clear quality standards and outcomes.
- Workforce development with increased training provision to develop capacity across the whole system.
- Large scale social marketing approaches and publicity campaigns to raise the profile of services and the importance of good sexual health to change behaviours/attitudes, supported by easy access to information about local sexual health services.
- Sexual health promotion to be included in all developments as a core standard, with more specialist targeted initiatives to address the needs of specific communities/groups.

Cancer

NHS Derby City is aware of the current performance for this indicator and is closely following the underlying contributory factors. These factors are mainly related to impact from previous increasing trends in smoking and reduced accessing of early diagnoses

and screening services especially by communities in deprived areas. The PCT has put specific plans with the primary, acute care and screening services providers to implement the recommendations of the cancer reform strategy on waiting times, extension of screening services and developments in chemo and radiotherapy. The focus of the PCT, as identified in the 5 year strategy, remains on initiatives that address inequalities and the key risk factors – mainly through a robust smoking cessation service, high achievement for screening targets, and further developments in health promotion initiatives (especially physical activity and obesity prevention). The recently formulated 5 Year Strategic Plan initiatives re-emphasize the prioritisation of this push for ‘moving resources upstream’ through several key initiatives including one dedicated for ‘increasing cancer awareness and cancer early diagnosis’ (see Appendix 3 & 4). As is well known, cancer mortality tends to have a prolonged lead time from implementation of prevention initiatives to impact on mortality rates- thus the predicted decrease in mortality rates is expected to be modest for the initial years with more pronounced impact by yrs 2011/12 onwards.

4. Enabling High Quality Care for All

4.1 Trust Board Leadership

The Trust Board led development and the continued delivery of Healthy Derby and the 5 year strategic plan. The Strategic Health Improvement and Investment Sub Committee (SHIIC) of Trust Board will form the engine room of NHS Derby City that will drive implementation of the 5 year strategic plan on behalf of Trust Board.

The membership of the Strategic Health Improvement and Investment Committee (SHIIC) has been enhanced to fulfil this role. SHIIC now includes the Medical Director, appointed clinicians, the practice based commissioning clinical leads and key Local Authority Partners together with enhanced non executive director membership.

The SHIIC membership largely reflects PEC and therefore this single committee will move forward assuming the responsibilities of PEC and ensuring clinical leadership and engagement at the very heart of NHS Derby City.

4.2 NHS Derby City Programme Structure

NHS Derby City has also put in place a programme structure to deliver the 5 year strategic plan. This is shown in Appendix 1.

Delivery of the 5 year strategic plan is coordinated by the Director of Strategy and Market Management in conjunction with the Medical Director.

The 5 year strategy covers 8 strategic themes, each forming a programme led by a programme director, programme manager and programme clinical lead. Each of the executive directors has responsibility for at least one strategic programme in addition to their corporate responsibilities.

Wherever possible the WCC outcomes, vital signs, AHC indicators and LAA targets have been mapped to the programmes (see Appendix 2) with the programme directors accountable for achievement. Corporate directors maintain accountability for delivering everyday business and achieving outcomes that do not map directly to the strategic themes.

Each programme comprises of several initiatives. Each initiative will be taken forward by an initiative team comprising of both managers and clinicians to ensure maximum clinical engagement and leadership at every level.

4.3 Next Stage Review (NSR)

The recommendations of the national, regional and Derbyshire NSR were reflected wherever possible in our 5 year strategic plan.

NHS Derby City and Derbyshire County PCT continue the strong collaborative approach to the implementation of the recommendations of NSR.

The Derbyshire Chief Executives Forum will act as the programme board for the implementation of NSR across the County, meeting every other month to fulfil this role with clinical leadership provided by the Medical Directors across Derbyshire.

NSR implementation will be discharged through nine clinical work-streams across the County. It is proposed that the following clinical work-streams will be countywide:

- Planned Care
- Urgent Care
- Long Term Conditions
- Mental Health
- End of Life
- Maternity and New Born

The following clinical work-streams will be city / county on the basis of alignment with Local Authorities.

- Staying Healthy
- Learning Disability
- Children and Young People

The managerial and clinical membership of the countywide work-streams will wherever possible reflect the internal programme structure within the PCT to ensure maximum alignment.

4.4 Clinical Leadership and Engagement

The SHIIC and NSR structures demonstrate the commitment of NHS Derby City to strengthen clinical leadership at every level of the organisation. NHS Derby City is also actively promoting the secondment of clinicians into the PCT to lead on key pieces of work. This serves the additional purpose to enhance clinician's commissioning skills.

The PCT is committed to strengthening clinical engagement across all professional groups, specialties and sectors. The Medical Director/PEC Chair and Executive Nurse are developing a clinical engagement /leadership strategy. Since 2006 the PCT has facilitated a number of events bringing members of PEC and PBC together to develop a shared vision and priorities for commissioning.

The Professional Executive Committee was reviewed in 2008 has been integrated into the PCT's Strategic Health Investment and Improvement Committee as a result. This continues to be the main forum for clinical leadership in strategic planning and also enables collaborative commissioning investment and improvement decisions to be made. Leaders from the two PBC consortia also joined this committee in the spring of 2008 and attend on a monthly basis to strengthen joint working.

Along with these strategic planning forums the PCT has a number of mechanisms in place which form the foundation for developing a robust clinical leadership/engagement strategy.

The recent review of the PCT's corporate goals and strategic initiatives has led the PCT to determine the need to strengthen clinical leadership within the organisation and the role of Medical Director has been created to lead the strategic clinical contribution to the organisation

The PCT engages a number of clinicians in lead roles. These roles are currently being reviewed in light of the initiatives prioritised within the 5 year strategic plan. All the clinical leadership roles will be advertised across primary and secondary care and open to all clinical and social care professions.

The role of clinicians in co-producing at each point in the commissioning process is central to the PCT's Engagement and Communications Strategy. This includes the co-production of quality frameworks. The frameworks are developed through the PCT's Strategic Quality Management Group which includes clinical membership.

The PCT also employs two academic GPs, who provide a total of 10 sessions a week, split between work in clinical practice and service improvement initiatives. Recent work includes supporting the development of the specification and procurement of the GP led health care centre in Derby and undertaking the first phase of a project engaging with General Practice in the development of quality metrics for primary care.

A recent audit of involvement found over 60 primary and secondary care clinicians being involved in commissioning work, particularly service redesign and the development of clinical pathways over the last twelve months.

A remuneration policy has recently been agreed to support the development of clinical leadership roles and clinical involvement in commissioning within the PCT.

The PCT has a track record of offering development opportunities to a wide range of clinical and non-clinical students and trainees. Since May of this year the PCT has also created the opportunity of secondments for nurses, AHPs, and social care professionals to be appointed for a fixed period to work on commissioning projects within the PCT. One of the first examples includes the secondment of a respiratory nurse specialist to work with service improvement managers on leading the development of a new pathway of care for patients with respiratory disease.

The PCT has an important clinical governance role, particularly with independent contractors, which provides us with another opportunity for developing clinical engagement and leadership. Developments with regard to the registration of general medical and dental practices with the Care Quality Commission, the appointment of the responsible officer role, revalidation of doctors and other regulatory and supportive functions are all areas where clinical leadership and engagement can be strengthened. Derby City PCT is in a strong position with a substantial pool of GP appraisers and committed CME tutors and training practices, with which to build our clinical engagement with primary care further. A review of the roles and skills development required will be undertaken as part of the restructure of the clinical quality function and clinical leadership strategy.

As reflected in more detail in section 5.9 the PCT is developing metrics to demonstrate year on year improvement in the quality and range of engagement activities that all stakeholders including clinicians are involved in with the PCT.

4.5 Strategic Enablers

This narrative describes the overall position regarding enablers such as finance, workforce, activity and IM&T. This is an aggregation of the specific enablers identified in the detailed strategic initiative plans (appendix 3) and the vital signs (appendix 5). This information should also be reflected in the supporting information and suite of financial documents accompanying the Local Operational Plan.

4.5.1 Triangulation of Activity Planning, Workforce Planning, IM&T planning

NHS Derby City's Strategic Health Improvement & Investment Committee (SHIIC) lead the phasing and implementation of the 5 year strategic plan through the established programme structure. The programme structure and cross organisational representation on programme and initiative teams ensures that the implications of each initiative for workforce, IM&T, activity, finance and infrastructure are identified early. The Director of Strategy and Market Management is responsible for alignment these overall plans with the strategy, and ensuring delivery to the necessary deadlines. (see also Risk and Governance section 7.1).

The Local Operational Plan (LOP) Delivery Group is a sub group of SHIIC and gives a further level of process and assurance with respect to alignment of infrastructure, finance, workforce, IM&T and activity plans associated with the annual plans for the 5 year strategic initiatives and delivery of the vital signs. This group also oversees the activity planning process aligning with all developments. Mechanisms for managing these issues, involving providers and other stakeholders, are included in 2009/10 contract negotiations, the delivery of strategic priorities work streams and on-going business.

4.5.2 Finance

The PCT has aligned financial planning to support delivery of the LOP 2009/10 as indicated in the Financial Schedules within the submitted Supporting Evidence. All planned investments/disinvestments are also detailed within the relevant schedule

4.5.3 Workforce

The commissioning PCT has a number of strategic workforce development priorities, namely:

- To develop robust plans for delivering the strategic initiatives
- To develop the commissioning workforce to world class competency standards
- To engage and develop the clinical workforce to support adaptive change in services and clinical practice
- To develop quality and performance indicators relating to workforce issues and incorporate these into assurance processes with providers.

NHS Derby City intends to ensure that the pledges made to staff in the NHS Constitution are implemented across the organisation and within all provider organisation, for example:

- Providing all staff with well-designed and rewarding jobs
- Personal development plans
- Support and opportunities to keep themselves safe
- Engaging staff in decisions that affect them and the service they provide.

NHS Derby City are committed to ensuring continued provision of safe, high quality services and will ensure full compliance with the European Working Time Directive by August 2009 to support this commitment. Workforce planning is best undertaken as a collegiate activity across the whole health community and with partners such as social care education providers and NHS East midlands.

The Derbyshire workforce development plan for 2008 provides a comprehensive and detailed baseline, by which the PCT considers the workforce implications of our strategic initiatives. Additionally, the PCT, as member of the Derbyshire Strategic Workforce Group, is taking forward a proposal workforce development and planning to support the delivery of high quality care for all across the county, which in turn supports the delivery of the 5-year strategic plan. This proposal will initially focus on end of life care, stroke services and health improvement.

The workforce implications of the National Priorities outlined in the 2009/10 Operating Framework, the 5 year strategic plan and of the future of PCT Provider Services are given below.

National Priorities:

Maternity & Newborn

In order to successfully achieve the delivery of “Maternity Matters” the organisation is seeking to increase the midwifery workforce by 35.4 over the next 3 years so will be looking to recruit 17 qualified midwives this year. However there may be a shortfall in numbers of qualified midwives available so would expect the provider to review their skill mix and recruit midwifery support workers if necessary. It is also likely that an increase in the number of consultants will be required at Derby because of increase in birth numbers

Children

For those services currently commissioned from health care providers we are not planning any increase in staff numbers without first reviewing the services provided against service specifications. However to meet the requirements of Aiming High Short Breaks specifically from health there needs to be an increase in commissioning capacity 1.0wte for disabled children, 1.0wte therapy staff to skill up locality and universal providers to delivery services for disabled children and 3.0wte therapy staff to enable children and young people to access the new hydrotherapy provision in Derby City. It is also important to note that Provider Services are experiencing difficulties in recruiting to their current 6 Health Visitor positions. Skill mixing has taken place to a safe level. However, this remains a risk and therefore a number of initiatives are being explored such as part-time training, staggered intakes and the development of leadership and career frameworks.

Stroke

As a consequence of the National Stroke Strategy, it is anticipated that there will be workforce implications across the stroke pathway. The organisation has invested £475k to develop a stroke unit on the new Derby Hospitals Foundation Trust site. This is underpinned by the Trusts Stroke Strategy. It is planned that the unit will be covered by Five Consultants and therefore currently a further two Consultants are required. There will also be increased levels of advanced nurse practitioners for delivery of thrombolysis. Further diagnostic of the workforce implications and requirements are being considered over the next month. An East Midlands wide workforce development group are reviewing the workforce implications across the SHA with respect to the regional hyperacute model.

Cancer

There will be workforce implications related to the implementation of the cancer reform strategy and these are still being evaluated in detail through the Derby Burton cancer network supported by the INFOFLEX software tool. It is anticipated that there will be workforce implications in terms of less IV therapy, more oral chemotherapy; increase in radiotherapy; increase in level of telephone consultation; nurse led clinics to increase; shift from medical to extended role practitioners; shift from clinical to clerical; R&R issues with radiotherapists; more specialty grade doctors, AfC 2-4 staff, complementary therapists, IT skills; flexible workforce across acute and community.

Learning Disability

The Annual Health Check is being delivered through General Practice Directed Enhanced Service (DES). A family carer and LD user will be employed to train GPs in aspects of the provision of this service.

The closure of NHS campus beds and provision of settled accommodation in the community will require a workforce with increased capacity and new skill mix. The specific workforce implications are being planned as part of the NHS campus closures work headed up by the Valuing People Partnership Board.

Allied Health Professionals

The PCT currently commissions a range of allied health professional (AHP) services from a large number of NHS and independent providers. This will be reviewed in line with the ambition to bring AHP services within the 18 week referral to treatment pathway and this will have workforce implications across the range of providers.

Alcohol

Performance & Delivery is overseen by the Drug & Alcohol Strategy Team who are based in the Community Safety Partnership and employed by NHS Derby City. In line with the 5 year strategic plan a new integrated model of treatment has been proposed and is currently going through a robust procurement process.

The current service provision is recognised as being limited in range and capacity and follows a traditional mental health approach of delivery. The aim is to significantly increase the number of people in treatment with a consequential increase in staff capacity.

The new model proposes extensive development to improve the scope of services and the diversity of the workforce across a more appropriate range of skills and professions. The new workforce will be drawn from those with traditional healthcare qualifications and skills, and will be complimented by those from non statutory backgrounds with DANOS (Drugs and alcohol national occupational standards). In addition specialist workers will be involved with a background in housing, debt, midwifery and life skills.

Mental Health

A new Psychological Therapy service in primary care in Derbyshire has been shaped and is currently being tendered. The Service will deliver psychological therapy interventions, problem solving approaches, care, support and signposting to address the needs of people experiencing common mental health problems alongside support to address the social factors that contribute to mental health difficulties. It will be delivered by a team of primary care mental health practitioners with the appropriate skills, training and expertise to deliver short to medium term interventions. The PCT's procurement processes require an assurance from all potential providers that they have appropriate capacity, capability, training and development programmes to ensure all workforce implications are met. The

Counsellors and Primary Care Health workers employed within the Provider arm of the organisation (56 employees) will be transferred to the new service provider once the contract has been awarded.

The dementia pathway is being developed during 2009/10 and is anticipated to require new roles including dementia advisors and further development of dementia carer support workers. Numbers will be confirmed as more detailed planning is completed. The dementia pathway is likely to include development of prevention, early assessment centre and memory services for implementation in 2010/11.

The PCT will continue to commission independent mental health advocacy services at the current level and will review this during 2009/10 with view to increasing capacity in 2010/11.

The community based specialist eating disorder service provided by Derbyshire Mental Health Trust is increasing in capacity with further investment in the voluntary sector.

End of Life

Additional investment of £158K has also been identified in order to achieve the national target of an extra 200 people to be supported to die at home as part of the National End of Life Care strategy. As a result the organisation has planned to increase expenditure on the Marie Curie Service to develop a 90/10 ratio of unqualified to qualified nursing staff. The £348k has also been invested for developing community palliative care through the provider arm District Nursing service. Work is now underway to understand the workforce profile in relation to this funding.

5 Year Strategic Plan

The Community Dialogue project (commissioned on behalf of the East Midland PCTs) is currently working with a number of families through the co-production approach to identify a range of potential models that will inform the development of specifications for community health improvement approaches, in particular staying healthy initiatives. New models of service for new and emerging communities will be developed in partnership with the Community Safety Partnership.

The staying healthy initiatives (obesity, tobacco control, alcohol and CVD risk assessment) share a common plan for delivering health improvement activity. This is based on using a tiered approach to lifestyle change:

- Specialist motivational support teams to provide intensive support to those with existing health problems for those people wish to change their lifestyle behaviours. This will build and expand on existing work (B Active and Counterweight). Referred patients will be offered motivational support linked to CVD risk and Obesity (e.g. to lose weight, to become more active, eat more healthily or stop smoking).
- Health trainers to signpost local people. These will be based initially in setting specific posts (e.g. health trainers in workplaces and in the acute hospital). We will commission a community based health trainer service subject to learning from the results of the community dialogue project.
- Community based 'bottom-up' approaches. This will build on the work undertaken by the community development and health workers. Potentially we would wish

to commission external providers to develop and deliver programmes of health improvement delivery in our most deprived neighbourhoods. Alternatively we may wish to support programmes of peer education and support working through local groups and communities.

Workforce development issues:

- Motivational support teams. If existing providers (B-active, Fresh Start) are developed then limited workforce development issues as they have existing capacity that could 'take on' additional lifestyle behaviours. Bringing in a whole new provider would have workforce implications.
- Health Trainers: Potential capacity issue although low level health trainer posts would be an ideal way of providing a career pathway for people already given a level of training through, for instance, the community health education programme. Health Trainers given package of learning and training as part of job.
- Community based approaches: Derby has history of delivering peer education projects such as Community Health Education course so there is a potential pool of people trained or otherwise engaged through community development and health workers that could provide capacity. Commissioned programmes from external providers would be dependent on there being organisation with the skills and capacity to deliver.

The trust is in the process of developing a Primary and Community Care Strategy with the clear intention to radically change the landscape of Primary and Community Care for Derby City in order secure a service fit for the 21st Century. The strategy will include improving GP access.

The Mental Health Capacity Act 2005 was implemented in 2007 with the final part of that act "Deprivation of Liberty Safeguards" (DOL) coming into effect in April 2009. NHS Derby City have the same legal responsibilities in relation to hospitals and continuing care in the same way as Social Services, therefore, joint arrangements will be in place with Local Authority colleagues. In order to ensure the delivery there needs to be an increase in Section 12 doctors in the community as well as increasing capacity within the field of continuing care.

PCT Provider Services

A review on the future of NHS Derby City provider services has been undertaken since early 2008. The review was underpinned by the requirements of World Class Commissioning (WCC). The exercise focused on how these services will be organised and managed in the future and by whom. The outcome of the review has provided the Board with the strategic direction of travel for its provider arm which means there will be different solutions for the different services. The first part of enacting the results of the review is likely to see the following services being vertically integrated in Derbyshire Hospitals Foundation Trust (subject to Trust Board Approval):-

- Stoma Care Nursing
- TB Nursing
- HIV Nursing
- Epilepsy Nurse Specialist
- Cardiac Liaison

Service specifications are being developed for each service area which will enable an indication of how services might be provided in future, and ensure that all activity is captured.

However, investment has been allocated to increase the District Nurse workforce following a recent analysis of the current District Nursing capacity. Research showed that the NHS Derby City District Nursing service was under resourced compared to national and regional benchmarks.

In response to the Commissioner's intention to enhance the existing Smoking Cessation service from four week quitters to support people for fifty two weeks, additional capacity has been identified (Strategic Initiative 2).

4.5.4. Activity

The PCT secondary care demand planning is based on historical activity, adjusted and reconciled in line with projected demographics and health needs identified in the JSNA, impact of strategic initiatives and service developments, achievement of performance standards, and intelligence from clinical challenge and confirm, long term demand modelling and programme budgeting. The activity planning process involves a phase of challenge and confirm with providers to ensure that activity projects are as robust as possible. During the contracting round activity is agreed and included in the contract schedules of the appropriate contract.

4.5.5. IM&T

In the WCC assurance process a wide range of IM&T systems and structures were identified to support PCT strategic initiatives. Delivery of these will be phased in line with our 5 year strategic plan and will focus on People, Systems and Innovation. The PCT are committed to meeting the Regional/National timescales for implementation of the Summary Care Record and are working closely with Connecting for Health to achieve this.

The Performance and Knowledge Management Directorate has been strengthened in line with the requirements of world class commissioning and supporting delivery of Healthy Derby Vision and the 5 year strategic plan. The PCT is confident that there is optimum IM&T capacity and capability. Where additional capacity / capability are required to scope and / or specify IM&T development this will be sought on a non recurrent basis. The PCT will also out source recurrent IM&T services where appropriate.

Our WCC knowledge journey will support people and skills development from generalist skills that the whole organisation requires, specialists skills that are needed around IT professionals, Librarians, Public Health Analysts etc to very specialist skills that will need to be purchased such as actuarial and health economics skills. In addition, through both the commissioning academy and work with local universities a more developmental career path will be produced to both grow and retain our own people.

The PCT has robust, and recently-updated, local health, community, and PCT plans for e-enablement to support the strategic plan as detailed in the 2009/10 IM&T plan included in Appendix 6. The source of the information has been the Derbyshire Health Community Strategic IM&T Plans for the period 2008 – 2011 and the NPfIT Primary Care Roadmap v03 December 2008.

Appendix 3 provides a detailed plan for each strategic initiative, and provides direct links to the 2009/10 IM&T plan.

The information below clarifies the nature of work being carried out by NHS Derby City Performance and Knowledge Management Team, in concert with the PCT as a whole and across partners. This supports the delivery, in a multi-faceted way, of our 5 year strategic plan initiatives (therefore our LOP delivery), WCC, high quality care (Darzi), NPfIT and local all other deployments.

The aim of this is to ensure that we are embedding IM&T within our planning and commissioning of initiatives at every level. An example of the connection to workforce is IM&T Local Health Community Initiative PC4, which provides mobile working for community staff within the PCT Provider Arm thereby supporting improved efficiency for the organisation and improved safety for patients, as up to date records are accessible at point of contact. This work are will similarly support delivery of our Strategic initiative No.1, developing an integrated primary and community care system fit for the 21st Century

A further example of the IM&T embedding process is the purchase and deployment of the IM&T PARR tool which provides risk stratified information from GP practices and acute hospitals to identify those patients most at risk of being admitted to hospital. This supports community matrons and other specialist staff in supporting those patients most in need. It will directly provide an output within Strategic Initiative No 8 (see Appendix 3 & 4), 'implement a comprehensive and integrated model of long term conditions care'. It will also ensure IM&T integration into service improvement and financial savings as a secondary end product.

When understanding how innovation supports our knowledge and IT systems, we need to be able to access and be supported by new ways of working/processes, new innovative technology and learning from differing places and sectors. The PCT will establish processes, systems and provide time and capacity to ensure these issues are understood and their knowledge is pervaded within the organisation, and acted upon where appropriate.

National Informatics Expectations from Operational Framework

The total Revenue costs are £759k and £1102k for the capital requirements. A number of the significant Capital items are related to joint working with the Derbyshire Health Community.

Local Initiatives

The Local Initiative covers both the Strategic Initiatives and Local Initiatives such as Mobile working and IM&T DES. The total Revenue costs are £329k and £281k for the capital requirements. A further 250k has been allocated to replace ageing IT equipment.

Baseline Expenditure

The Baseline expenditure of Revenue of £1637k is the costs of the headcount in DHIS. A review is being undertaken and this may result in personnel moving back to the PCT.

4.6 Leadership and Talent Management

NHS Derby City has a track record of developing leaders and actively managing talent. In 2006 the PCT initiated a Senior Manager Development programme, followed by a clinical leadership programme for PEC members in 2007. Opportunities for leadership development are widely supported and individuals are participating in a wide range of programmes including those for aspiring Chief Executives and Finance Directors, communications leads and the Breaking Through programme, as well as executive

coaching offered by the NHS III. Leadership development will continue to form a key part of individuals personal development plans, however this will be supported by a PCT leadership development and talent management plan. This plan will incorporate a needs analysis of the whole organisation to identify appropriate evidenced based methods including, learning relationships, learning experiences and more formal course based development. Additionally the plan will include approaches for identifying talent, attracting and retaining talent and rare skill sets and succession planning.

In addition the PCT has established a commissioning academy, an in house programme of learning designed to develop capacity and capability. This programme will also foster leadership development and as the PCT already has a number of strategic alliances with several academic institutions and the NHS Institute of Innovation and Improvement, the academy will continue to be developed with input from leading edge thinkers and practitioners in fields such as leadership, management and organisational development, improvement science and business skills. The PCT is also committed to learning from the global arena and will utilise networks and opportunities to develop alliances with international organisations.

The aims of the academy are to:

- Develop a baseline level of knowledge, skills and understanding of all stages in the commissioning cycle, in all staff working with the commissioning organisation.
- Facilitate the maximisation of matrix working and support the development of cross functional team development to take forward the initiatives within the strategic plan.
- Bring together PCT staff, practice based commissioners and clinicians in sharing knowledge, skills, expertise and new learning.

The primary structure for the academy will be learning groups. These will be supplemented by a series of workshops on common themes and advanced or specialist skills development for individuals in specific roles. Places have also been offered to clinicians and managers within practice based commissioning and social care. The learning groups will be a vehicle for learning together and being responsible for taking forward initiatives from within the strategic plan.

4.7 Engagement (please also see section 3.5)

The PCT has engaged widely in the prioritisation for 2009/10 and beyond. This process began during the development of the Healthy Derby vision. This was led by the PCT Trust Board who were engaged through learning events held between February 2006 and June 2006 leading up to approval of the strategy in July 2007.

Patients and public including those considered to be seldom heard in the prioritisation of services have been engaged and consulted with through a number routes to include community specific events, patient reference groups and through existing forums (for example the Derby Health and Social Care Forum). Areas of patient concern with local NHS services, for example identified through PALS or the complaints process have also been used to inform the prioritisation process.

The PCT has established a Neighbourhood Link Scheme in order to support the ongoing engagement of public and partners at community level. Senior managers attend each of

the seventeen Neighbourhood Board/Forums in the City. This facilitates two way engagement with the boards who are able to feed in the community's experience, satisfaction and perception directly whilst providing opportunities for the PCT to co-produce in the commissioning process on the initiatives that will deliver against the 5 year strategic plan. The Neighbourhood Link Scheme is one of the key routes the PCT will use to implement its engagement strategy and ultimately supports the delivery of 'Healthy Derby'.

4.8 World Class Commissioning

NHS Derby City will receive the results of the 2008/09 World Class Commissioning Assurance Process in February 2009. The Organisational Development Plan is currently being updated in light of initial feedback received during the assurance process.

NHS Derby City is committed to continuing on it's journey towards world class through developments relating to governance, competencies and achievement of outcomes.

4.9 Transforming Community Services

The new National NHS Contract for community services will be implemented in April 2010 which will move the PCT to a formal contractual relationship with PCT Provided services. An increased use of activity based information will be used to inform the development of currency and pricing in line with recently published guidance. Work will progress with quality metrics in preparation for the mandated implementation of CQUIN in community services from April 2010.

NHS Derby City is progressing with the separation of PCT Provided services in line with the 'Transforming Community services: Enabling New Patterns of Provision' guidance issued in January 2009. Work commenced on the Future of Provider Services in early 2008 and a project structure has been established. Phase 1 of the project involved a review of current arrangements and is now complete. The PCT is now in Phase 2 which includes developing new models of service provision and development of service specifications.

4.10 Quality

The PCT has a board approved quality framework in place – which is subject to development within each provider (or group of). The framework establishes the overarching principles for the PCT whilst also allowing the processes to evolve as the national quality landscape develops. The PCT - through its Quality Management Group structure with providers - has identified a number of key areas that are to be developed for inclusion in the quality schedules for the 09/10 contract year. These areas have been subject to discussions either as a result of a patient safety theme, as an opportunity for partnership working, as well as their contribution to the delivery of high quality care for all and the PCT's strategic plan.

The themes identified including: maternity services and breastfeeding, tissues viability, indicators that contribute to the wider control of infection agenda. Patient Safety is a key theme within the quality frameworks and the PCT seeks assurance that the providers are delivering their requirements in areas such as safeguarding children, serious untoward incidents and patient safety incidents, medicines management and controlled drugs.

The PCT, in agreement with Derby Hospitals NHS Foundation Trust, is to use a matrix incorporating the Darzi work-streams and the 3 key quality themes of patient safety, clinical effectiveness and patient experience to shape the content of the CQUIN contract schedule for the 2009/10 contract year. This in turn will directly correlate to the PCTs delivery of its 5 year strategic plan.

The PCT has been carrying out a programme of development, part of which has focussed on a quality framework for independent contractors. This pilot to date has focussed on the GP practices, reviewing current arrangements, and through a process of consultation and engagement seeking the views of the practices and practitioners themselves. The PCT anticipates that this framework will contain a set of metrics that are both meaningful and beneficial to the PCT and the practices, whilst at the same looking at technological solutions that will bring together all the practice based information and enable it to be readily accessed and used by both parties.

The PCT is ensuring that this framework will support and complement both revalidation and the practice requirement to register with the Care Quality Commission – both of which will be significant developed during 2009/10. The PCT project team has identified the principles within which the framework will operate and are in the process of identifying the metrics. . It is proposed that the metrics be ready to pilot with practice by Q3, leading to evaluation and full roll-out for the 2010/11 contract year. Running alongside this work on the wider information and knowledge management agenda is the approach being taken to draw all relevant information sources together in a shared portal for use by both the PCT and practices

The PCT has reported a year on year increase in the number of GPs (both principals and locums) that have undertaken their GP Appraisal.

4.11 Safeguarding

NHS Derby City will review its safeguarding arrangements for all services commissioned, in line with the National Service Framework, core standard 5, the Childrens Act (2004), the findings and recommendations from Lord Laming's impending report of his review of the Working Together implementation and the HCC audit of safeguarding arrangements which is currently underway.

The review will be carried out through The Derby City Safeguarding Children Board and will also take into account the 2009/10 Markers of Good Practice Tool developed by the NHS East Midlands Safeguarding Network. This tool is currently used within the Annual Audit Programme to assure the PCT, through evidence, of its providers' compliance.

The resulting agreed tool will form part of the contractual requirements for all providers and will be subject to performance management and review within the relevant Quality Management Group. Providers will also be expected to demonstrate engagement with the Local Children's Safeguarding Board and to produce action plans to improve levels of assurance and safeguarding.

The Derby City Safeguarding Childrens Board currently has in place multi agency arrangements for a county wide Child Death Overview Panel which meets on a monthly basis and has commissioning and provider services membership. A rapid response process is in place and plans are being considered in relation to developing a rapid response team

4.12 Practice Based Commissioning

NHS Derby City commissioning partners include two practice based commissioning consortia, First Commissioning Group (FCG) and Derby FPC. These consortia clinical leads are members of SHIIC.

Led by the Director of Strategy and Market Management together with the Medical Director, NHS Derby City is strengthening support for practice based commissioning in response to the PBC wave 5 survey and the recommendations of the Next Stage Review.

Firstly, NHS Derby City has recently included PBC Clinical Leads in the strategic health improvement and investment committee (SHIIC) to strengthen their influence and ownership of the whole PCT budget and ensure strong alignment between the 5 year strategic plan and PBC initiatives. These clinicians were also included on a Humana commissioning simulation event in November 2008 which aimed to raise commissioning skills and awareness of the complex environment in which we commission.

NHS Derby City also provides dedicated managerial support to practice based commissioning consortia to develop practice based commissioning within the consortia, and to develop proposals to improve quality identified by the consortia.

The newly formed programme structure to deliver the 5 year strategic plan will enhance matrix working within the organisation and facilitate the process where innovative ideas are turned into reality. This structure will be used to consider PBC ideas and support further development into robust commissioning proposals.

NHS Derby City has established strong governance arrangements around practice based commissioning as detailed in our PBC governance framework. This will be updated for 09/10 to take into account the strengthened support, and changes to budget setting, incentive scheme, and information that will be available for practices and consortia to support them in their PBC activities.

The PBC incentive scheme for 2009/10 has been designed to support consortia and practices dedicate time to peer review of clinical practice and develop practical plans to improve quality. The primary care education programme will be aligned with consortia identified improvements in quality. Practices will be provided regular information packs including activity and budgetary information to support this process.

4.13 Specialised Commissioning Group

The East Midlands Specialised Commissioning Group (EMSCG) commission services collaboratively on behalf of all 9 PCTs in the East Midlands and operates as a sub group of Trust Board. A robust process has been followed to approve developments and investments as part of the EMSCG LOP for 2009/10. In addition, the EMSCG is taking forward several regional recommendations of the Next Stage Review on behalf of the East Midlands PCTs.

4.14 Choice

The NHS Constitution gives patients a right to choice and NHS Derby City is committed to ensuring this right is honoured. The PCT continues to support choice through development of choice of provider, full utilisation of Choose & Book, and information to support choice as detailed below.

Choice of Provider

NHS Derby City have developed systems to support choice in line with the commitment made in the 2008/09 LOP, and continue to make significant progress in this area. A strategic outline has been produced for procurement and market management, which has a number of strategic aims to deliver against the requirements of World Class Commissioning.

Currently under development is a process by which opportunities or initiatives are assessed against a range of market interventions to ensure the most appropriate solution is found that delivers flexibility and choice for the patient population of NHS Derby City is now. Some of the key actions during 09/10 are:

- Diversify Supplier base and encourage market entry by understanding the need and stimulating the market to appropriate levels, wherever possible removing financial or knowledge barriers to entry and developing appropriate pricing regimes.
- Change the face of the market; break up perceived or actual monopoly supply using duel or multi sourcing arrangements. We will influence change through collaborative working with other PCT's and local authorities and deliver agreements to promote innovation and learning to empower the users and patients in the choice agenda.
- Change Market Segment, to promote challenge on the old ways, driving stakeholders groups to new thinking and changing the design of pathways. Review the range of services to create bundles of activity to allow greater investment opportunities for organisations to deliver improved services. Make use of competitive dialogue procedures to develop new specifications and currencies.

NHS Derby City are currently creating a Strategic Sourcing model to ensure all sourcing decisions are appropriate for the circumstance. In addition we are exploring mechanisms to evaluate the appropriateness of local extensions to the "Any Willing Provider" model outside elective care. This may be more significant for services with lower barriers to entry and exit, provided the full range of eight critical success factors as set out by the Department of Health, achieves good outcomes for patients.

NHS Derby City has a contractual arrangement with the Resource Procurement hub and are engaged in a number of collaborative tenders

Where individual patient choice of provider is not practical, the PCT will make a range of multiple sourcing arrangements to best pursue competitive tension (e.g. better performing provider at annual review is given majority share for future extension of contract) wherever it judges this to be in patients interests.

Choice of GP

To ensure that patients always have a choice of GP the PCT ensures that all Primary Care Medical providers maintain open patient lists. Individual practice leaflets are reviewed annually to ensure these make clear to patients using these documents that every patient has a choice of registered GP. A programme is in development to ensure that the NHS Choices web site holds up to date information on providers. This will assist with, and also re-iterate Patient Choice.

The Primary Care Team will be an integral part of the planned programme of public events aimed at informing patients of Choice, including choice of GP.

Choice and Booking

Effective use of the choice and booking systems within primary care offers patients the most effective means of access to pre-bookable secondary care services. To ensure maximum use by local primary care medical practitioner and allowing further time for embedding this into practice work and procedures the PCT will extend the current incentive scheme for a minimum one a further year.

We wish to ensure take up of choice from 'hard-to-reach' audiences, and to this aim. NHS Derby City has been chosen as one of twenty five PCT communities to work with the Department of Health's Patient Choice team on raising awareness of Choice, particularly amongst BME audiences (Black & minority ethnic audiences). We will be one of the forerunners in the country, developing strategies and tools to support choice amongst these hard-to-reach audiences.

NHS Choices

In order to ensure NHS Choices is integrated into local support and advice for patients and to encourage GP practices to improve information about their services, the PCT is putting into place a comprehensive plan including support for GP's, improved information for patients and systems to deal with complaints relating to choice.

This plan will ensure

- Patients who need an elective referral get choice of provider
- Publication and promotion of information to inform choices, the right to choice and information
- Systems to deal with choice complaints are in place

The PCT is one of 25 PCTs participating in events to raise public awareness of choice and NHS Choices

5. Business Processes

5.1 Risk & Governance

The PCT's commitment to the 10 year strategic vision, Healthy Derby, continues to provide a focus and commitment to the work of the PCT. During the year the development of the PCT's 5 Year Strategic Implementation Plan and other developments within the PCT on our journey to becoming World Class Commissioners have further strengthened the governance and accountabilities within the PCT and secured increased focus on our strategic priorities.

New Directorates of Engagement and Performance and Knowledge Management have been established during the year, reflecting the PCT's strong emphasis on these areas as critical enablers of a well performing PCT.

The PCT has established a programme management structure with Director sponsors for all strategic priority areas and strong clinical engagement in delivery mechanisms. The PEC and Strategic Health Investment and Improvement Committee have merged to form a powerful, clinically driven, decision-making forum to both drive the implementation of the 5 year strategic plan and achieve efficiencies in delivery of services currently commissioned. This structure is supported by detailed and rigorous "confirm and challenge" mechanisms involving the Chief Executive and Director of Performance and Knowledge Management. The Committee deliberations will be further enhanced by increased use of tools such as impact reporting and standardised methodologies to enable progress against plan to be assessed.

The PCT continues to embed performance and risk management across the organisation through an Integrated Risk Committee which reviews all areas of risk to the delivery of the corporate objectives. The risk registers and Board Assurance Framework have been re-aligned to the 5 year strategic plan and are proactively used to identify and mitigate risks. The introduction of performance software which will enable drill down in detailed areas to focus on causes and accountabilities for poor performance will further strengthen the rigour in this area. The PCT's risk management strategy also focuses on horizon scanning and scenario planning around possible future events impacting on delivery of objectives.

5.1.2 Information Governance

The PCT is committed to ensuring compliance with statutory and NHS requirements for Information Governance. The PCT regards Information Governance as a key component of its governance and organisational development frameworks, which aim to support and maintain public confidence in the way all health information is handled.

Data Protection and information security standards is measured annually through its Information Governance Toolkit Scores, evidence for which is independently evaluated by internal and external Auditors. The PCT's compliance scores have improved annually over the last 3 years, whilst the number, range, and depth of compliance requirements have increased. The annual Information Governance Improvement Plan is the delivery vehicle for continuous improvement in this rapidly developing area. Implementation of

the plan is monitored monthly by the Information Governance Group, with regular reports provided to the Integrated Risk Committee.

Responsibility for Information Governance lies with the Chief Executive but is discharged through an established structure lead by the Senior Information Risk Owner and Caldicott Guardian reporting directly to the Trust Board.

The Trust directly employs (and has access to) a number of experienced and qualified specialist staff who implement and monitor adherence to procedures and requirements. Information Governance risks and incidents are assessed and reported using the existing risk management and incident reporting mechanisms.

5.2 Performance Management

In order to streamline data management, performance and risk management and to enable NHS Derby City to review business performance in the context of the strategic initiatives and targets in a consistent manner, NHS Derby City has recently implemented 'Actuate Views', a performance management software system.

The Actuate Views software will support live monitoring of progress against any performance measures, healthcare commission standards or WCC initiatives and work streams at NHS Derby City in the context of these strategic objectives and critical success factors. Through this, performance will be intrinsically linked to a comprehensive risk register containing information about both corporate and operational risks.

Deployment of Actuate Views to all appropriate departments assists leads in understanding, interpreting and commenting on performance more efficiently which will facilitate an improvement in information sharing and reinforce accountability structures.

This will ensure that performance and risk methodology is used consistently and that NHS Derby City's information practices are aligned with the corporate strategy. The system ensures performance and risk information is available to inform decision making throughout the entire organisation.

Each Director has direct responsibility for a proportion of indicators (see Appendix 1) Performance on indicators is presented monthly by the Performance team to the Integrated Risk Committee (IRC) where they are reviewed by a body comprising both executive and non executive directors. Underperformance is addressed in this forum and where appropriate at the Trust Board meeting.

5.3 Procurement & Market Management

NHS Derby City are specifically committed to working towards developing its procurement capabilities across the whole organisation and the fulfilment of World Class Commissioning standards, which will be met by subjecting all Procurement to a series of strategic tests and a rigorous Confirm and Challenge process.

In support of the procurement activity, within NHS Derby City, we are creating a Strategic Sourcing model to ensure decisions are appropriate for the circumstance and provides a model for knowledge transfer and embedding of World Class Commissioning within the organisation. This process will incorporate the requirements set out in the 2008-2009 Operating Framework, with specific reference to Annex D, Rules for Competition and Co-

operation. As we work towards the goal of being a World Class Commissioner we need to establish our base line, to this end the following outlines our current position:

NHS Derby City currently has a procurement process for the formal tendering of initiatives, which are controlled by the SFI's and governance policy, with a number of template documents to assist in the process. As part of the process NHS Derby City use users and patient groups in order to develop specifications and evaluate tenders. A strategic outline has been produced for procurement and market management, which builds upon the current strategy and has a number of strategic aims to deliver against the requirements of World Class Commissioning within the next 5 years.

NHS Derby City are in the process of implementing all the national contract arrangements across a range of services in mental health and continuing care. The PCT has a contractual arrangement with the Resource Procurement hub and are engaged in a number of collaborative tenders.

The following outlines the key actions NHS Derby City will do in support of its procurement activity in the next year.

- Establish a procurement board to oversee the activity of NHS Derby City to ensure act as part of a challenge and confirm process.
- Implement the Strategic Sourcing Process, and develop template documents and Performa to assist in making appropriate decisions.
- Set up a mechanism to evaluate the appropriateness of local extensions to the "Any Willing Provider" model outside elective care.
- Develop training material to be delivered through the NHS Derby City Commissioning academy.
- Develop a process for the management of Practice Based Commissioning decisions.
- Implement the Market Management process established by the East Midlands SHA consultancy initiative.
- Develop relationships with national local agencies to establish collaborative procurement opportunities.

5.4 Contract management

Derby Hospitals Foundation Trust continues to be the major provider of secondary healthcare services for the population of the City of Derby, although a number of neighbouring FTs, NHS Trusts and Independent Providers also form part of NHS Derby City's acute commissioning portfolio. The latest version of the national acute contract was introduced for DHFT in 2008/09.

A number of work streams have commenced in order to ensure the contract with DHFT is prepared and agreed by 28th February; these include work streams for activity and managing the implications of the introduction of HRG4 quality, information and technical issues relating to changes to the contract.

HRG4 will be a significant financial challenge for NHS Derby City as has been the financial pressure caused by extensive non-elective activity during the winter of 2008/09 that was beyond that envisaged in activity plans.

NHS Derby City is co-ordinating the contract preparation for a number of other PCTs, mainly from within the SHA's boundaries, but some from without and for the Specialised

Commissioners. Associate and Collaborative Associate Commissioners will be kept informed of progress and involved in the negotiations as appropriate.

The PCT has welcomed the introduction of CQUINS to build upon the clear performance management levers already in the contract in respect of the 18 weeks RTT delivery and the requirements to reduce HCAI's. Contract sanctions, whilst recognised as important levers, would only be invoked in situations where all other approaches had failed.

The PCT recognises that this is an important year for DHFT as the final cohort of services still located on the Derbyshire Royal Infirmary site are due to move onto the Derby City Hospital site during the year. While contingency plans will be put in place so that the FT continues to operate at the required levels, a move of this magnitude is likely to have an impact on the FT's ability to provide capacity at times of major disruption. The contract, while recognising Force Majeure, does not recognise other situations of this nature where some flexibility of contract interpretation will be needed. It is, after all, to the benefit of everyone who requires the use of hospital services to have those services provided from a 21st century building.

The strength of the relationship between NHS Derby City as Co-ordinating Commissioner and DHFT will stand both parties in good stead in responding to the challenging task of getting the contract agreed and implemented in a timely fashion.

NHS Derby City's commissioners will support fellow Co-ordinating Commissioners in their task of completing contracts with neighbouring NHS Trusts in which we also have an interest; in particular the contract with Nottingham Hospitals which is the next largest in value terms for the PCT.

NHS Derby City supported Derby Hospitals in its bid to become a Foundation Trust and has worked with the FT since it achieved Foundation Trust status in 2004. The PCT will provide whatever support is required to the Nottingham University Hospitals Trust, EMAS and the Derbyshire Mental Health Trust to achieve Foundation Trust status.

NHS Derby City has a robust contract management structure in place including the Contract Management Board, and the Quality Management Group. The Quality Management Group, as a sub-group to the Contract Management Board, will manage the negotiations with regard to the content of the CQUIN schedule for 2009/10 and subsequent years.

5.5 Serious Untoward Incident / Never Event Processes

The PCT has established a robust SUI monitoring process during the 2008/09 contract year which has received positive support from the SHA Patient Safety Team. Upon notification of SUIs the Clinical Quality team has systems in place to make an initial review and grading of the incident. Providers are able to access support from the team as required, and the final reports received are subject to review by 2 members of the team (an Assistant Director and a Clinician) prior to final sign off. SUI Monitoring reports form part of the agenda for the provider Quality Management Group meetings, and are also reviewed the PCT Clinical Governance and Patient Safety Committee on a monthly basis. In addition to the individual reporting of SUIs the PCT requires providers to produce a quarterly incident report demonstrating analysis and key learning points. For the 2009/10 contract year the processes have been expanded to ensure that the 'Never Events' form part of the reporting requirements.

Formal handover of the process from the SHA is anticipated to be finalised in April 2009, however the PCT has been operating in shadow format only for the majority of 2008/09 as the SHA has recognised the PCT moved quickly to ensure that the appropriate processes were in place.

5.6 Equality & Diversity

The PCT recognises it's responsibilities in this area and ensures that all new processes and policies are Equality Impact Risk Assessed (EIRA) to identify potential disadvantage to any of the groups it serves. EIRA's take place at the inception of any document, ensuring that any potential remedial action is addressed prior to any implementation.

The organisation is working in partnership with local equality groups to develop EIRA best practice and to lead the agenda in the local NHS community. We are working closely with local statutory partners on peer-led review of equality achievements across Derby and Derbyshire.

NHS Derby City has established a Task group to processes to ensure Equality & Diversity standards are embedded across the organisation to ensure effective performance management and robust risk assessment of equality.

In addition NHS Derby City's has recently undertaken an approach to integrate Equality and Diversity through the use of REGARDS, as an acronym to prompt consideration of diversity strands at all stages of recruitment, retention, policy and practice; this stands for **R**ace **E**thnicity **G**ender **A**ge **R**eligion **D**isability & **S**exuality.

Workforce events have been organised in partnership with voluntary sector, employment, education organisations and other stakeholders to raise understanding and share learning around delivering and integrating Equality & Diversity in HR practice and across the wider organisation as a way of raising understanding and identifying barriers for people seeking employment in the NHS for example disability forums. This enabled the organisation to strengthen local partnership working and plan for a co-produced strategy with our key partners for embracing the organisations social responsibilities in social inclusion in employment.

6. Appendices

In order to ensure completeness, the following Appendices should be viewed in conjunction with the LOP narrative. Throughout the narrative, the appropriate appendix is referenced.

Number	List of Appendices	
Appendix 1	Overview of our Strategic themes and the PCT programme structure to deliver these.	
Appendix 2	Mapping of WCC outcomes, vital signs and AHC indicators into each strategic theme and initiative.	
Appendix 3	Detailed Narrative for each strategic initiative.	
Appendix 4	Detailed schedules for each strategic initiative.	
Appendix 5	Fully refreshed planning templates for vital signs.	
Appendix 6	IM&T Plan 2009/10 (draft only)	