



Hartlepool Primary Care Trust  
Middlesbrough Primary Care Trust  
Redcar & Cleveland Primary Care Trust  
Stockton-on-Tees Teaching Primary Care Trust

# **Tees PCTs Annual Operating Plan**

## **2009/2010**

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### 1. Context

- 1.1. This Operating Plan has to be read in the context of the Tees PCTs five-year Strategy and the Health Outcome indicators chosen as measures of our progress in improving health on Teesside. This Plan represents the first year of the implementation of that Strategy and the priorities described within it. The North East Strategic Health Authority's final Darzi report "*Our Vision, Our Future, Our North East NHS*", recognises that there is much to be proud of in the provision of health services across the whole region. The Tees health economy has made a significant contribution to this through consistently high levels of performance across all sectors for many years. In keeping with the rest of the region, Teesside has seen major improvements in overall health status and yet the health inequality gap persistently remains. In summary Teesside, along with the rest of the North East, has amongst the best health services in the country serving a population with health needs that are amongst the greatest in the country. This position is described in the regional health and well-being strategy *Better Health Fairer Health* and addressing the issues of poor health status and health inequalities is the focus of the Tees PCTs' Strategy. The high burden of poor health on Teesside can be broadly categorised into two areas: socio-economic and lifestyles factors.
- 1.2. The adverse socio-economic factors contributing significantly to the burden of inequality and ill health include the industrial legacy of the region, unemployment rates that are consistently above national average, high numbers of people with long term illness including mental health problems who are unable to work, low household income levels and low education attainment levels.
- 1.3. The lifestyle factors that contribute much to the burden of ill health include high smoking prevalence rates, high and increasing levels of both adult and childhood obesity coupled with poor diet and low uptake of regular physical activity. There are excessive levels of alcohol consumption leading to high and increasing rates of alcohol related illness and harm. Teenage pregnancy rates remain persistently higher than the national average, despite recent reductions and high levels of social deprivation lead to major problems with substance misuse.
- 1.4. For each of the Local Authorities the three disease areas that contribute between 60% and 75% of the burden of reduced life expectancy, for both men and women, are cardiovascular disease, cancer and respiratory disease. The high levels of excess mortality for these diseases, despite very good local health services for each of them, can be attributed to the

excessively high risk factors in both socio-economic and lifestyle terms described above.

- 1.5. Excess mortality due to cancer is closely behind cardiovascular disease in terms of contribution to the gap in life expectancy and Teesside has long had high mortality rates for cancer. Many of the determinants are similar to those for cardiovascular disease the most notable of which is smoking. Each of the PCTs have consistently performed very well in the provision of smoking cessation services as measured by four week quit rates and yet we still see major inequalities in uptake of services and smoking rates within each PCT. Using this as a metric will enable us to demonstrate improvement in prevention, screening, diagnosis, access to services and outcomes for patients and this metric cuts across most of the pathways of the Our Vision, Our Future, Our North East NHS report.
- 1.6. There is a significant burden of respiratory disease on Teesside from high levels of childhood asthma through to high levels of COPD and lung cancer. The metric for COPD mortality was chosen as one of our WCC Health Outcomes because there are approximately 12,000 patients on GP registers with this disease. There is significant opportunity to provide this high-risk patient group with better diagnosis, treatment, access to services and reduced mortality. As with CVD and cancer, smoking is a critical factor and this is the rationale for a metric which we wish to locally define, namely the rate of six month quitters. The purpose of this metric is to go beyond the four week quit rate measure in order to provide enhanced long term support to people who wish to stop smoking and to achieve much higher rates of success for people who are attempting to stop smoking. This will involve significant changes to our commissioning of services and will bring about radical improvement to the already existing excellent services that we have.
- 1.7. The Joint Strategic Needs Assessments demonstrate that for each of the Local Authorities there are excessively high rates of smoking during pregnancy. There are many complex social reasons for this but the fact remains that this is very high risk and harmful behaviour for the unborn and newborn and is a missed opportunity for helping women who smoke to stop long term. The Tees Strategy identifies this as a metric as it will be a good way of assessing how strong our commissioning and performance management is of those who provide antenatal services.
- 1.8. The list of detrimental lifestyle factors outlined above includes excessive harm due to alcohol. This cuts across many areas including excessive hospital admissions for alcohol poisoning, violence related incidents and alcohol related liver disease as well as the contribution that excessive alcohol consumption brings to increased levels of cardiovascular disease and some cancers. It is also important to recognise the adverse effects

alcohol has on the mental health and wellbeing of people, particularly those with other long term conditions or addictions. We have hence chosen the rate of alcohol related hospital admissions as an indicator that will ensure that we commission effective services to prevent, diagnose and treat the effects of excessive alcohol consumption.

- 1.9. In recent years there has been a well documented inexorable rise in levels of childhood obesity and this is now a regular feature of media interest. For three years we have now been collecting good quality information on the heights and weights of children in reception and year six at primary school. Approximately one child in three at age eleven (year six) across Teesside is either overweight or obese and it is vital for the health of future generations that we halt this rise and reduce this problem in future. This features as a major priority in the Local Area Agreements for each of the Local Authorities on Teesside and three of the four PCTs have included obesity rates at year six as one of their metrics that in particular will require excellent partnership work to make progress. Whilst Hartlepool PCT recognises this as a major problem it also recognises that it has amongst the lowest breast feeding initiation rates in the country and has therefore chosen to focus upon this as a metric by way of tackling childhood obesity upstream. It should be noted that each of the areas has reducing childhood obesity and improving breast feeding rates as major commissioning priorities.
- 1.10. It is a feature of modern communication and media that the vast amount of excellent work that is carried out routinely on a daily basis across the NHS is sadly overshadowed by genuine concerns in areas where we fail. One such area is the well documented problem of healthcare acquired infections, usually manifested as concerns regarding MRSA and C. difficile rates. In terms of volume C. difficile has far greater impact than MRSA and usually it is those who are most weak and vulnerable that fall victim to it. In order to increase public confidence in the NHS as a whole this Strategy will seek to make reductions in C. difficile beyond those expected by the already challenging national targets. This will be done through strong commissioning and performance management in partnership with those who provide services across all sectors including residential and nursing homes, community hospital services and acute hospital services.

## **2. Principal Work Areas and Priorities for 2009/2010**

### **2.1 The Tees PCTs Strategy and *Our Vision Our Future***

The five-year Strategy for the Tees PCTs is based around the eight clinical pathway groups established to develop *Our Vision Our Future* – NHS North East's contribution to the next stage review lead by Lord Darzi. These eight themes form the basis of the workplans for 2009/2010 summarised in the following pages:

- Maternity and Newborn
- Child Health
- Staying Healthy
- Planned Care
- Acute Care
- Long Term Conditions
- Mental Health and Well-being
- End of Life Care

The Strategy document contains the detailed OGIM tables setting out, by clinical theme, what will be achieved and how it will be measured. Each clinical theme was developed by a multi-agency group with membership drawn from organisations within the local health economy as appropriate. The priorities were identified by the working groups and then collated and moderated by the PCTs' Executive team, led by the Chief Executives. A smaller group then addressed the formatting issues to ensure that the Objectives, Goals, Initiatives and Metrics within each theme were consistent in approach between themes and compliant with OGIM methodology and definitions. The tables that follow in this section are not the full OGIMs but represent an extract from them to inform the AOP for 2009/2010.

### **2.2 The Operating Framework for 2009/2010**

The five-year Strategy forms the basis of the Tees plans for 2009/2010. However, these plans have been modified where necessary to reflect and incorporate the requirements of the Operating Framework for the coming financial year published by the Department of Health in December 2008. National targets and imperatives are included within the plans for each theme as appropriate and all Operating Framework requirements will be met. More detail on the way in which national targets will be monitored, managed and reported to Boards is included in section 4 of this document.

## MATERNITY AND NEWBORN

Service Area	Scheme Title	Targets/Milestones/ Measures of Success (with dates)	Summary Workplan (i.e. what we will actually do)	Workforce Implications	IM&T Elements * PIDs required for release of funding based on key milestones and benefits.	Funding in 2009/2010 £000
<b>A - Existing Commitments</b>						
Maternity and Newborn	Improve health outcomes for women and babies	<ul style="list-style-type: none"> <li>• Increase number of women commencing and maintaining breastfeeding</li> <li>• Reduce number of women smoking in pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>• Recruit Midwifery assistants, breastfeeding co-ordinators, and peer support workers to give additional advice and support to women</li> <li>• Improve information available to women</li> <li>• Ensure all midwives trained in smoking cessation/ behavioural change techniques</li> </ul>		<ul style="list-style-type: none"> <li>• Evolution Maternity System deployed at NTH</li> <li>• Deployment of TPP across Community settings increased data sharing</li> </ul>	211
<b>B - New Developments</b>						
Maternity and Newborn	Ensure maternity services are safe and of the highest quality	<ul style="list-style-type: none"> <li>• Tees specification agreed and maternity scorecard developed and used</li> <li>• Implement standards relating to 1:1 care in established labour and</li> </ul>	<ul style="list-style-type: none"> <li>• Develop Tees wide specification for maternity services</li> <li>• Implement service standards agreed by the NE Clinical Pathway Group</li> <li>• Develop a maternity scorecard and ensure that robust systems are in place to capture</li> </ul>		<ul style="list-style-type: none"> <li>• Investigate deployment of Evolution system at STEES so standardised system is used across Tees</li> <li>• Deployment of Lorenzo at</li> </ul>	33 Non - Recurrent Pump prime

		consultant cover on medical delivery suites	required data on a regular basis		NTH and STEES standardizing system and allowing data sharing across sites <ul style="list-style-type: none"> <li>• Further community and GP deployments increasing data sharing in area</li> </ul>	
Maternity and Newborn	Ensure women can make informed choices about their maternity care	<ul style="list-style-type: none"> <li>• Surveys and evaluation show that services meet womens needs and preferences</li> <li>• Evaluation of community clinic pilots</li> </ul>	<ul style="list-style-type: none"> <li>• Commission services with capacity to meet womens preferences for birth</li> <li>• Pilot/commission a range of community based booking, ante natal and drop in clinics in and out of hours</li> <li>• Review/evaluate the information available to women and improve publicity of maternity choices available</li> </ul>		<ul style="list-style-type: none"> <li>♦ Raising awareness and usage of NHS Choices to promote services in the area.</li> <li>♦ Ensure information is current and is quality data</li> </ul>	225
Maternity and Newborn	Ensure provision of personalised care for women from BME communities, vulnerable groups or with high risk	<ul style="list-style-type: none"> <li>• Funding clearly targeted to ensure high risk women are identified and supported during pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>• Develop standards of care and implement pathway for women at highest risk</li> <li>• Implement pathways to address risks</li> </ul>		<ul style="list-style-type: none"> <li>• Further community and GP deployments increasing data sharing in area</li> </ul>	302

	medical conditions	<ul style="list-style-type: none"> <li>Standards of care in place and monitoring metrics track outcomes</li> <li>Obesity pathways in place</li> </ul>	<p>associated with obese women in line with NICE</p> <ul style="list-style-type: none"> <li>Support implementation of PCT teenage pregnancy strategies</li> <li>Review capacity within maternity services in line with birth rate plus and specialist roles</li> </ul>		<ul style="list-style-type: none"> <li>Social care integration in community settings</li> </ul>	
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## CHILD HEALTH

Service Area	Scheme Title	Targets/Milestones/ Measures of Success (with dates)	Summary Workplan (i.e. what we will actually do)	Workforce Implications	IM&T Elements * PIDs required for release of funding based on key milestones and benefits.	Funding in 2009/2010 £000
<b>A - Existing Commitments</b>						
Immunisation and vaccinations	Supporting children in staying healthy	Year on year improvements in child vaccination rates and high uptake of HPV vaccination	<ul style="list-style-type: none"> <li>• Implement a targeted campaign to increase immunisation rates</li> <li>• Implement the National HPV programme</li> </ul>		<ul style="list-style-type: none"> <li>• Deployment of Systmone Child Health module across Tees to ensure standardised approach to vaccinations and immunisations</li> </ul>	
Mental health	Improving emotional well being	Year on year increase in the number of young people accessing services	<ul style="list-style-type: none"> <li>• Review and evaluate the effectiveness of Child and Adolescent Mental Health Services, including targeted school provision</li> <li>• Commission a range of prevention and treatment modalities for young people</li> <li>• Support and further develop social marketing and campaigning approaches to MH</li> </ul>		<ul style="list-style-type: none"> <li>• Promote the usage of Contactpoint across sectors</li> </ul>	

			promotion in children to recognize mental illness and alleviate stigma.			
<b>B - New Developments</b>						
Sexual health	Sexual Health Services including teenage pregnancy	Fewer teenage pregnancies and reduced levels of sexually transmitted diseases  Improved access to sexual health services	<ul style="list-style-type: none"> <li>• Commission a new model of sexual health services across Teesside</li> <li>• Deliver targeted information and public awareness campaigns</li> <li>• Implement the recommendations of the NST</li> <li>• Through Children's Trust arrangements support the delivery and effectiveness of teenage pregnancy, PHSE and SRE programmes</li> <li>• Contraception advice will be routinely offered as part of post-TOP care.</li> </ul>	Training for nursing/support staff to carry out extended roles	<ul style="list-style-type: none"> <li>• Support the delivery of Blyth Lille ?</li> <li>• Investigate implementing Anglia ICE</li> </ul>	140K for IT developments  Need to add clinical costs associated with initiative
Obesity	Reducing levels of childhood obesity	Reduced levels of childhood obesity	<ul style="list-style-type: none"> <li>• Significantly increase the provision of treatment and support programmes for young people who are obese</li> <li>• Through the implementation of the obesity strategy</li> </ul>		<ul style="list-style-type: none"> <li>• Further community and GP deployments increasing data sharing in area</li> <li>• Promoting services</li> </ul>	Funded from staying healthy

			<p>commission services to increase opportunities for greater physical activity outside school hours</p> <ul style="list-style-type: none"> <li>• Pilot 'Health Passports' for every child between the age of 5 and 10.</li> <li>• In line with the publication of NICE guidance – Promoting physical activity for children and young people – evaluate and audit existing programmes and opportunities to identify possible gaps in provision or opportunities for new developments.</li> </ul>		available via NHS Choices	
Safeguarding children	Ensuring safety and well being of young people	Implement recommendations	<ul style="list-style-type: none"> <li>• Respond to recommendations from the national Laming Review</li> </ul>		<ul style="list-style-type: none"> <li>• Promote the usage of Contactpoint across sectors</li> </ul>	
Continuing health care	Improving short break and respite access for children with a disability	Increasing number of children and young people accessing a range of short break and respite provision	<ul style="list-style-type: none"> <li>• Develop a process for assessment and commissioning continuing health care provision for children in line with new national guidance</li> <li>• Review existing commissioned services for children and young</li> </ul>		<ul style="list-style-type: none"> <li>• Raising awareness and usage of NHS Choices to promote services in the area.</li> </ul>	Match LA funding for Aiming High ?? 1.1 million across Tees

			people with complex needs, develop service specification for improved short break and respite provision within the community			
Acute hospital services for children	Improving the quality of hospital care	Improved outcomes following a health intervention	<ul style="list-style-type: none"> <li>• Implement recommendations from North East Child Health Group</li> </ul>		<ul style="list-style-type: none"> <li>• Implementation of Lorenzo secondary care system at NTH and STEES ensuring standardisation and allowing sharing of data</li> <li>• Introduction of Summary Care Records across Tees</li> </ul>	Awaiting recommendations – first step to prepare generic Project Brief and PID via LHC for both Acutes
Access to health services	Making services young people friendly	Patient reported outcomes	<ul style="list-style-type: none"> <li>• Undertake a self assessment against 'You're Welcome' standards and develop an action plan to address any identified gaps</li> <li>• Campaign to increase awareness of the importance of emotional well-being and improve the skills of young people to help each other and access services.</li> </ul>		<ul style="list-style-type: none"> <li>• Introduction of My Healthspace in Tees</li> <li>• Raising awareness and usage of NHS Choices to promote services in the area.</li> </ul>	SCR fund To be agreed for IM&T elements

## STAYING HEALTHY

Service Area	Scheme Title	Targets/Milestones/ Measures of Success (with dates)	Summary Workplan (i.e. what we will actually do)	Workforce Implications	IM&T Elements * PIDs required for release of funding based on key milestones and benefits.	Funding in 2009/2010 £000
<b>A - Existing Commitments</b>						
Smoking	Stop Smoking Services	Number of people who are 4 week quitters  March 2009	Existing stop smoking service improvement plan being delivered and progress captured on MIDAS and through Compliance Panels and performance management systems.	Staff already in posts in mainstream services. Mainly training implications and ongoing development.	<ul style="list-style-type: none"> <li>• Joined up health care across Tees</li> <li>• Utilisation of Templates in Systmone to enable standardisati on across Tees</li> </ul>	Existing recurring Stop Smoking and pharmacy budgets
Lifestyle	Health Trainer Programme	Number of health trainers in post offering support  March 2009	Health Trainers have been recruited and are delivering the health trainers programme across Tees	Staff already in posts in mainstream services. Mainly training implications and ongoing development.	<ul style="list-style-type: none"> <li>• Mobile working – increasing access to community</li> </ul>	Existing recurring service budgets
Obesity	Community weight management and specialist weight management	Number of people accessing services  Number of people losing weight  April 2009	Services are already in place but being reviewed in terms of capacity and investment requirements. Modelling of future trends and needs assessment has been undertaken and service model being	Staff already in posts in mainstream services. Mainly training implications and ongoing	<ul style="list-style-type: none"> <li>• Introduciton of My Healthspace in Tees</li> <li>• Raising awareness and usage of</li> </ul>	Existing recurring service budgets

			developed.	development.	NHS Choices to promote services in the area.	
CVD	CVD Primary Prevention Programme	Number of people screened March 2009	CVD programme has been established including a Locally Enhanced Service with Primary care.	Ongoing staff training and capacity building with a range of clinical staff.		CVD Programme Recurring budget
Alcohol	Specialist treatment services	Number of people accessing treatment services  Milestones within the Alcohol Treatment Plans  March 2009	Services are already in place for specialist treatment services. Pathway for alcohol treatment services being developed to inform commissioning of whole spectrum of services from prevention / brief intervention to specialist services	Staff already in posts in mainstream services. Mainly training implications and ongoing development.		Existing recurring service budgets
<b>B - New Developments</b>						
Smoking	Smoking Cessation Pathways	Number of people who are 4 week quitters compared to previous year baseline  Number of people who stop smoking at 6-12 month  Range of services available to deliver pathways  March 2010	Commission smoking cessation pathways which support people to quit permanently	Training needs of clinical staff in a range of provider services e.g. primary care, pharmacies to deliver the interventions and ongoing support to patients	<ul style="list-style-type: none"> <li>• Joined up health care across Tees, along with introduction of Summary Care Record</li> <li>• Mobile working – increasing access to community</li> <li>• Introdution</li> </ul>	£400,000  (2 million over 5 years)

Smoking	Smoking in pregnancy	<p>Number of people who are 4 week quitters compared to previous baseline</p> <p>Number of people who stop smoking at 6-12 month</p> <p>Range of services available to deliver pathways</p> <p>March 2010</p>	Commission smoking cessation pathways for pregnant women that includes post natal support	Training needs of clinical staff in a range of provider services e.g. primary care, pharmacies to deliver the interventions and ongoing support to patients	<p>of My Healthspace in Tees</p> <ul style="list-style-type: none"> <li>Raising awareness and usage of NHS Choices to promote services in the area.</li> </ul>	<p>£200,000</p> <p>(£1 million over 5 years)</p>
Lifestyle	Enhanced support services	<p>Variety of support services available for people to access across Tees</p> <p>Services will be available in most deprived communities</p> <p>Number of people accessing services</p> <p>March 2010</p>	Commission enhanced support services for those who have the greatest barriers to lifestyle change e.g. health trainers support services	Baseline mapping of staff that can provide enhanced support services across a range of settings and the subsequent training and development needs		<p>£200,000</p> <p>(£1 million over 5 years)</p>
Obesity	Weight Management	<p>Model of service and pathways agreed by commissioning team</p> <p>Number of people accessing services</p>	Commission weight management support programmes to implement new model based on accurate needs assessment that has already been completed.	Ongoing training and development needs of staff delivering services		<p>£500,000</p> <p>(£2.5 million over 5 years)</p>

		Number of people who lose weight  Number of people who maintain weight loss  March 2010				
CVD	Primary Prevention	Number of people accessing programmes  March 2010	Commission services to increase the provision, accessibility and choice within the community of pulmonary rehabilitation exercise programmes	Training and capacity building of staff to deliver the programmes		£400,000  (£2 million over 5 years)
Alcohol	Prevention and Intervention	Locally Enhanced Scheme in primary care in place October 2009 Number of GPs offering brief interventions  March 2010	Commission primary care to provide alcohol 'screening' brief interventions for hazardous drinkers and referral for those who are harmful and / or dependent drinkers into specialist services	Training and capacity building in primary care and ongoing training and development needs of staff in specialist services.		£500,000  (£2.5 million over 5 years)

## PLANNED CARE

Service Area	Scheme Title	Targets/Milestones/ Measures of Success (with dates)	Summary Workplan (i.e. what we will actually do)	Workforce Implications	IM&T Elements * PIDs required for release of funding based on key milestones and benefits.	Funding in 2009/2010  £000
<b>A - Existing Commitments</b> <b>(NB Some elements within existing commitments are new developments but contribute to the overall scheme of improving access and choice)</b>						
Primary care access and choice	Improve the range and quality of primary care services	Patient reported experience of 18 week pathway including choice of provider	<ul style="list-style-type: none"> <li>• Develop new practices and health centres in deprived areas</li> <li>• Improve access to dental services</li> <li>• Expand the number of community providers offering elective treatment</li> <li>• Improve information for patients, enabling them to make informed choices</li> <li>• All patients will be offered a choice of provider and will be able to book their appointment on line</li> <li>• Develop 'Patient Information Packs' to enable those accessing health services to make an informed choice</li> </ul>	Re-design the workforce to deliver community based services.	<ul style="list-style-type: none"> <li>• Implementation of Systmone Modules across Tees area</li> <li>• Increased reporting functionalities</li> <li>• Utilisation of MOM</li> <li>• Choose and Book</li> <li>• NHS Choices to promote services available</li> <li>• My Healthspace</li> </ul>	Discussion ongoing re: need for LES for C&B 09/10
Access to	Reduced waiting	Year on year	<ul style="list-style-type: none"> <li>• Introduce new more</li> </ul>	Training in	<ul style="list-style-type: none"> <li>• Utilisation of</li> </ul>	

planned acute hospital services	times for planned care	reduction in waiting times	effective patient pathways, reducing any unnecessary waiting – this will include services delivered by AHPs within acute and primary care.	lean methodology	MOM	
<b>B - New Developments</b>						
Cancer services	Expand and improve uptake for breast, bowel and cervical screening	Significant increase in the number of people accessing screening services	<ul style="list-style-type: none"> <li>• Expand breast, bowel screening.</li> <li>• Ensure year on year improvement in screening uptake through targeted campaigns.</li> <li>• Work with GP's to reduce levels of exemption reporting as part of QOF</li> <li>• Maintain 31 and 62 day targets and work towards delivery of new targets as outlined in the Cancer Reform Strategy</li> <li>• Review IOG implementation – develop and implement remedial action plans as appropriate</li> </ul>			Screening expansion DH funded. 30k – SoT to reduce exemption reporting
Cost effectiveness	Maximise health outcomes for every £ invested	Reduced variation in PCT costs at practice level, savings would	<ul style="list-style-type: none"> <li>• Undertake a review of PMS, EAPMC and PDS contracts</li> </ul>	Contract team require		£120,000

		support service developments	<ul style="list-style-type: none"> <li>• Undertake a review of community services ensuring value for money</li> </ul>	Band 7 x 3 to deliver workplan		
Planned care closer to home	Community services	Year on year increase in the number of new services provided out of acute hospitals	<ul style="list-style-type: none"> <li>• Undertake a comprehensive review of services to identify those which could be delivered in a community setting</li> <li>• Develop new care pathways under the Momentum programme for North of Tees and PACE programme for South of Tees, utilising lean methodology</li> <li>• Identify opportunities for 'one stop shop' arrangements, for screening, assessment, diagnostic and treatment</li> </ul>	Momentum/ PACE require significant investment in resources to deliver programme 4x Band 7 North		£160,000

## ACUTE SERVICES

Service Area	Scheme Title	Targets/Milestones/ Measures of Success (with dates)	Summary Workplan (i.e. what we will actually do)	Workforce Implications	IM&T Elements * PIDs required for release of funding based on key milestones and benefits.	Funding in 2009/2010 £000
<b>A - Existing Commitments</b>						
<b>B - New Developments</b>						
Cancer services	Expansion of radiotherapy	New LINAC to be operational by October 2009, delivering x fractions	Replacement of de-commissioned LINAC with new model	None, as this first phase is re-provision, rather than additional capacity	<ul style="list-style-type: none"> <li>• Implementation of Lorenzo secondary care system at NTH and STEES ensuring standardisation and allowing sharing of data</li> <li>• Introduction of Summary Care Records across Tees</li> </ul>	500
Cancer services	Investing in MDTs	Compliance with IOG	Improve support for MDTs	Administrative support		100
Cancer services	Cancer waiting times	Achieving the 62 day target (new measure)	Appoint new trackers to ensure that the expanded cohort on the 62 day pathway meet the target	Trackers		100
Emergency services	Strengthening urgent care infrastructure in the community	Reducing growth in emergency admissions to hospital (1% in 2209/2010)	Commission new community based urgent care for respiratory conditions and expectant mothers	tba		1850
Infection Control	Screening of non-elective admissions	MRSA trajectories as set for each provider	Introduce a comprehensive MRSA screening programme for all non-elective admissions to	tba		450

			hospital		
Stroke services	Early supported discharge	% of eligible patients receiving a service	Establish a service to ensure rapid discharge of patients to home but with the same intensity of therapy support as the hospital based services	Tba	600
Stroke services	High quality rehabilitation	<ul style="list-style-type: none"> <li>• % of patients receiving 7 day therapy</li> <li>• Reduction in LOS</li> </ul>	Development of appropriate community based services, including all supporting services (e.g. psychological input)	Tba	600
Stroke services	Long term community support	Establishing a viable community service	<ul style="list-style-type: none"> <li>• Pathway which has managed transition from formal therapy to longer term support &amp; maintenance options</li> <li>• Development of communication support service</li> <li>• Development of exercise/ rehab programme in line with CHD model</li> </ul>	tba	200

## LONG TERM CONDITIONS

Service Area	Scheme Title	Targets/Milestones/ Measures of Success (with dates)	Summary Workplan (i.e. what we will actually do)	Workforce Implications	IM&T Elements * PIDs required for release of funding based on key milestones and benefits.	Funding in 2009/2010  £000
<b>A - Existing Commitments</b>						
<b>B - New Developments</b>						
Personalised Care	Personalised Budgets	Establish a pilot for the introduction of personalised budgets	Agree extent [i.e. inc LA] scope of budget, evaluation and pilot the efficacy of empowering patients to manage their own care.	Recruit development post		60
	Telecare	Increased use of telecare		TBD		150
Anticipatory Care	Health Assessments for All	Health Assessments for all patients registering with a new practice	Mange APMS/LES for GMS and include in PMS Review	None	<ul style="list-style-type: none"> <li>• GP2GP allowing automatic transfer of records at point of registering</li> <li>• Introduction of Summary Care Records across Tees</li> </ul>	50

	Single point of contact	For people with a LTC	Establish SPA for access to advice/support/intervention	TBD	<ul style="list-style-type: none"> <li>• Introduction of Summary Care Records across Tees</li> <li>• Joined up Healthcare</li> <li>• My Healthspace</li> </ul>	200
		Screening of people with a LTC for depression/dementia	LES – for screening for dementia and depression	None		200
	Standard Pathways	Deliver standard care programme/pathway for Diabetes, CVD, COPD & CKD	Work with PbC and through PaCE, involving patients, carers and clinicians	To be determined	<ul style="list-style-type: none"> <li>• MOM</li> <li>• Templates in S1</li> </ul>	100
Self Care	Information Support	Literature produce and available	Improved info literature to better support self care	None	<ul style="list-style-type: none"> <li>• My Healthspace</li> <li>• NHS Choices</li> </ul>	50
	Self Care management	Support Programme established	Establish a programme of development/training programmes to better support	TBD	<ul style="list-style-type: none"> <li>• Introduction of Summary Care Records across Tees</li> <li>• Delivery of Electronic prescribing</li> <li>• My Healthspace</li> </ul>	150
Learning Disability	Ensure that LD patient have equal access to health services	Implement Enhanced Service for LD and develop support services	Health Assessments in place with structured support	Facilitator		200
	Managing complex health	Services and support in place for complex				500

	needs	health needs, challenging behaviours and those on Autistic spectrum at				
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## NEW DEVELOPMENTS IN 2009/10 IN MENTAL HEALTH AND WELL BEING

Service Area	Scheme Title	Targets/Milestones/Measures of Success (with dates)	Summary Workplan (i.e. what we will actually do)	IM&T Elements
Early diagnosis and management of poor mental health	Implementing the Stepped Approach to supporting Mental Health and Well-Being	<ul style="list-style-type: none"> <li>Develop a plan and start to implement the recommendations in the national Carer's Strategy (Note: the NCS will be published during 2009/10)</li> <li>Enable mental health and well being needs to be identified in all service plans across all PCT commissioned services</li> </ul>	<ul style="list-style-type: none"> <li>Working with commissioning partners, define the Stepped Model of Care approach to be implemented</li> <li>Develop an investment and disinvestment model to support this approach</li> <li>Enable personalised budgets to be identified and implemented</li> <li>work across all PCT strategy themes to ensure the best use of PCT resources</li> <li>review out of area placements to identify opportunities for more local service development</li> <li>develop a training programme for all NHS and social care staff to recognise poor mental health symptoms at an earlier stage</li> </ul>	<ul style="list-style-type: none"> <li>Social Care integration</li> <li>MoM</li> <li>EPS</li> <li>SCR</li> <li>Longer term Lorenzo in MH</li> </ul>
Access	Improving Access to Psychological Therapies (IAPT)	<ul style="list-style-type: none"> <li>as part of a 3 year programme commencing in 2009/10, patients will be moved from sick pay and benefits to employment</li> <li>as part of an ongoing programme commencing in 2009/10, secure shorter waiting times for psychological therapies in line with the latest IAPT guidance</li> </ul>	<ul style="list-style-type: none"> <li>working with local employers to deliver Mental Health First Aid training to enable early recognition of mental health problems</li> <li>working with GPs to develop and promote alternatives to sick notes</li> </ul>	
Dementia	Reduce the impact of dementia on	<ul style="list-style-type: none"> <li>as part of a 3 year programme of change, the recommendations of the national Dementia Strategy to</li> </ul>	<ul style="list-style-type: none"> <li>develop pathways for the treatment of those with dementia</li> <li>map and benchmark services</li> </ul>	

	people's lives	<p>be implemented (note: publication of the NDS has been delayed until early 2009)</p> <ul style="list-style-type: none"> <li>• by the end of 2009/10, all patients to wait a maximum of x weeks for assessment and diagnosis and will have a personalised care plan</li> </ul>	<p>against 'Everybody's Business' guidance</p> <ul style="list-style-type: none"> <li>• develop services in line with locality action plans to implement the recommendations of 'Everybody's Business'</li> <li>• develop awareness and skills of relevant workforce</li> </ul>	
Substance misuse	Addressing the needs of dual diagnosis (substance misuse)	<ul style="list-style-type: none"> <li>• review dual diagnosis services</li> <li>• implement actions from the review in conjunction with the PCT Well Being Strategy</li> </ul>	<ul style="list-style-type: none"> <li>• accurate determination of local needs</li> <li>• review and ensure compliance with NICE guidance</li> <li>• development of evidence based care pathways and protocols to facilitate people to be seen in mainstream mental health services</li> </ul>	
Quality	Ensuring safe and quality outcomes	<ul style="list-style-type: none"> <li>• develop plans to decommission £x k of mental health block contract</li> <li>• develop data collection and outcome measures</li> </ul>	<ul style="list-style-type: none"> <li>• rigorous and consistent monitoring of existing contracts for compliance with guidance and evidence based practice</li> <li>• development of customer led outcome measures</li> </ul>	
Other	Ensuring an inclusive mental health and well being service for the whole population	<ul style="list-style-type: none"> <li>• ensure that DH initiatives and recommendations are appropriately actioned</li> <li>• work with regional commissioners on specialist mental health services and offender health</li> <li>• continue to work on the further development and improvement of all existing commitments in mental health and well being services</li> </ul>	<ul style="list-style-type: none"> <li>• for example, implementation of Deprivation of Liberties Safeguards</li> <li>• for example, autism, adult ADHD</li> </ul>	

**END OF LIFE CARE – year 1 developments** (some areas where funding is not required in year 1 may require funding in year 2. Initiatives for year 2 onwards have not been included but areas that will be explored in year 1 are identified in red)

Service Area	Scheme Title	Targets/Milestones/ Measures of Success (with dates)	Summary Workplan (i.e. what we will actually do)	Workforce Implications	IM&T Elements	Funding in 2009/2010 £000
<b>A - Existing Commitments</b>						
<b>B - New Developments</b>						
Developing and commissioning services	Ensure cost effective high quality services are available with equitable access for all patients approaching end of life	By March 2010: <ul style="list-style-type: none"> <li>100% of contracts with provider services will be reviewed and quality standards specified</li> <li>Improve patient and public views through the development of a patients charter</li> </ul>	<ul style="list-style-type: none"> <li>Review all provider service contracts ensuring there are appropriate services 24/7 that are co-ordinated effectively</li> <li>Develop a set of quality standards (no funding required)</li> <li>Develop a patient and carer questionnaire / survey</li> <li>Explore the development of a single point of contact for signposting, information and</li> </ul>	<p>Teams working differently where identified to deliver greater value for money and improve services from a patient and carer perspective (reduce non value added steps within processes/patient pathways)</p> <p>Community services to recruit additional staff to develop services to support people in dying in their</p>	<ul style="list-style-type: none"> <li>Implement TPP Hospice Module in line with Lorenzo deployments</li> <li>Further TPP Community deployments across Tees</li> <li>SAP</li> <li>My Healthspace</li> <li>COIN</li> </ul>	212.2

			<p>advice on services available (no funding required)</p> <ul style="list-style-type: none"> <li>• Explore the potential development of hospice at home services (no funding required)</li> <li>• Audit palliative care register to ensure equity of access for cancer / non cancer (no funding required)</li> <li>• Staff identified/recruited to support delivery of end of life care</li> <li>• Focus group established</li> <li>• Ensure all providers have N3 connections and IT development plans in place</li> <li>• North East Clinical reference group to develop a patients charter (no funding required)</li> </ul>	<p>preferred place of care</p> <p>Develop service specifications that includes the minimum expectations of provider services in the competencies, training and development of staff</p>		
Care planning, education and training	Ensure Seamless care - All patients approaching end of life are	By March 2010: <ul style="list-style-type: none"> <li>• 100% of GP practices meeting QOF outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Support Primary Care and Care Homes to implement GSF.</li> </ul>	Develop a standard training and education programme		195

	<p>identified and standard documentation and processes used to support care delivery</p>	<p>PC2,PC3 By March 2010</p> <ul style="list-style-type: none"> <li>100% of all staff will attend a annual training programme on end of life care includes NHS, independent and voluntary sector.</li> </ul>	<p>Commission GSF for care homes/or develop an equivalent localised programme for training and accreditation</p> <ul style="list-style-type: none"> <li>Explore the creation of a Tees-wide palliative care register (no funding required)</li> <li>Audit the use of forms in general practice (no funding required)</li> <li>Develop and embed ACP and PPC document in practice</li> <li>Develop a local policy and agree standard documentation for end of life care</li> <li>Implement rapid discharge process from hospital care to facilitate preferred priorities of care (no funding required)</li> <li>Specialist palliative care to develop a training programme to be delivered to</li> </ul>	<p>across Teesside</p> <p>Support staff in delivering care in line with standard documentation, this includes all NHS provider services, care homes, social care staff and voluntary organisations</p>		
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			generalist services on an annual basis			
Support for patients and carers	Support for patients carers and families – Patients and carers to have their needs assessed and support services provided as needed	By March 2010: <ul style="list-style-type: none"> <li>Patients and carers to be fully informed of services available through the development of a directory of services</li> </ul>	<ul style="list-style-type: none"> <li>Develop a protocol for carers assessment (no funding required)</li> <li>Develop a directory of services to provide robust information for patients carers and there families</li> <li>Explore the development of a central advice line (for users and carers) (no funding required)</li> <li>Quality questionnaire</li> <li>All patients assessed as requiring support services are in receipt of them</li> <li>Develop an audit tool to identify met and unmet need (carers) (no funding required)</li> </ul>	Community services to recruit additional staff to develop services to support people in dying in their preferred place of care  Raise awareness with staff of patient and carer needs. Ensure all staff are aware of services available and how to access them effectively		212

### 3. Informatics Planning

#### 3.1. Tees LHC IM&T Programme

##### Review of Tees LHC 2008/09 IM&T Programme

Tees view	Key Deployment activity 2008 / 09
Community and Child Health	<p>Further deployments of Child Health and Community across Tees.</p> <p>In areas where implementation of Community into Services admin functions has occurred, further deployments for the Clinical functions will take place in 2009/10.</p> <p>Successful implementation of RBAC for all Systmone Community users.</p>
Primary Care	<p>Further uptake of SystmOne – circa 33% market share.</p> <p>Successful implementation of RBAC for all Systmone GP practices.</p> <p>SystmOne deployed in all 10 Equitable Access Centre's in the Tees area.</p> <p>Working is underway to ensure that two Tees practices currently on non GPSoC compliant systems and running at risk are migrated to new systems.</p>
Acute	<p>Encryption of mobile devices at both North Tees and South Tees.</p>
Social Care	<p>Good uptake of SAP in Middlesbrough locality</p>

#### Priorities for 09/10

The IM&T Plan has been developed along side the Tees PCTs five year strategy to ensure support for the Annual Operating Plan objectives for the Tees Local Health Community.

The Tees IM&T Plan informs and makes modern healthcare strategy delivery possible. Essential to this delivery is the realisation of benefits

and all projects that form part of the IM&T Plan must show clear benefits that associate to the Tees strategy and Annual Operating Plan objectives.

Key to the IM&T Programme is the delivery of joined up Healthcare and increased data sharing, this is enabled by the deployment of the Strategic solution TPP Systmone for GP and Community Services. The deployment focus is initially on primary care and community based IM&T to increase data sharing in Primary Care.

North Tees and Hartlepool NHS Foundation Trust will be deploying and have committed to Lorenzo release 3 in 2009/10, with South Tees Hospitals NHS Trust deploying in 2010/11. The implementation of Lorenzo will then enable the ability to share data between Primary and Secondary Care.

The Tees LHC Programme Plan for 09/10 includes the following deployments:

### **Middlesbrough Redcar and Cleveland Community Service**

Deploy Systmone Community Module in the following services:

- Diatetics and Specialist Weight Management
- Tissue Viability
- Pain Management
- Continence Service
- Community Matrons
- Health Visiting
- Stoma Care
- Paediatric Physiotherapy
- Integrated Teams

Systmone Out of Hours Module will also be deployed in the Minor Injury Units located in MRCCS.

### **Middlesbrough PCT**

Systmone GP deployment at Westbourne GP Practice.

### **Redcar and Cleveland PCT**

Systmone GP deployment at Ravenscar GP Practice.

### **Stockton Teaching PCT**

Systmone Community Module in the following services:

- Musculoskeletal
- Child Protection
- Podiatry – Clinical

- Paediatric – Clinical
- Health Visiting – Clinical
- District Nursing – Clinical

Systeme Child Health Module in the following service:

- School Nursing

### **Hartlepool PCT**

Systeme Community Module in the following services:

- Podiatry Surgery
- Child Protection
- Podiatry
- District Nursing
- Community Matrons
- Speech and Language
- Health Visiting
- Rapid Response

Systeme Child Health Module in the following service:

- School Nursing

Engagement of practices through the Hartlepool PBC group, to develop a roadmap to move Hartlepool PCT GP practices to Systeme.

The full programme plan for GP and Community is as attached;



ICT PROGRAMME  
PLAN

### **North Tees and Hartlepool NHS Foundation Trust**

Deployment of Lorenzo release 3 in quarter three of 2009/10. Resources will be made available to aid in the planning and scoping of the deployment. To ensure consistency and as part of a collaborative, programme led approach, the same resource will plan and scope the South Tees Hospitals NHS Trust deployment in 2010/11.

Close working with CSC in the implementation of the Lorenzo, with particular focus on business change and benefits will be key elements of the deployment.

## **3.2. Planning for 09/10**

### **3.2.1. Local Expectations**

## Systmone Release 4

Along with the deployments detailed in 3.1 the Tees Local Health Community will also be deploying release 4 of TPP Systmone. Release 4 introduces additional functionality that includes:

- Summary Care Record
- Electronic Prescribing R2
- Choose and Book v3

The Local Health Community will be looking at implementing release 4 in line with the increased functionality of other GP system suppliers utilised in Tees to ensure a consistent and standardised approach is taken in these areas.

## Map of Medicine

An Early Adopter proposal for the utilisation of Map of Medicine (MoM) for four care pathways in Tees has recently been submitted to Connecting for Health. If successful the proposed care pathways that will be established are;

- Stroke Service redesign
- Elective Orthopaedic
- Medicines Management
- CoPD

## Across Sector Working

Integration with Social Care will be further enabled with the deployments of Systmone for Integrated Teams in South of Tees. Working links have also been established with the Tees Local Authorities for the investigation of a Common Assessment Framework to be used across sectors.

The Tees IM&T Programme will also raise awareness and usage of ContactPoint in the Healthcare arena which will ensure a collaborative approach towards public care and safety.

### 3.2.2. Clinical 5 Roadmap

Requirements	South Tees NHS Hospitals Trust	North Tees and Hartlepool Trust
A Patient Administration System with integration with other systems and sophisticated reporting	The Trust's existing PAS system provided by Ascribe fulfills this requirement. There are interfaces established to all corporate systems such as Radiology, PACS, Theatres, Pathology, Pharmacy, OCRR. The trust has two maternity systems on	

	<p>separate sites, one which is not interfaced. A recent strategy identifies the requirement to migrate onto a single maternity system and the options to achieve this are currently being explored. There are also interfaces to many smaller departmental systems and bespoke developments such as Spinal Injuries, Renal, Radiotherapy, ITU, electronic discharge, Audiology, Cardiology etc. The PAS has been C&amp;B compliant since 2005 and the supplier is currently working with CfH to secure PDS compliance. Ascribe have also upgraded the application to deliver 18 week wait monitoring and meet all the statutory requirements published through DSCNs such as upgrades to CDS messaging, clinical coding standards, ethnic monitoring and NHS number. The Trust can fulfill all its monitoring requirements.</p>	
<p>Order Communications and Diagnostics Reporting (including all pathology and radiology tests and tests ordered in primary care)</p>	<p>The Trust has had the Anglia results reporting and ordering in place for several years for pathology, although not fully implemented and not on the same version across both sites. A project is currently underway to migrate all users onto the same platform, and then to roll out Radiology for which the interface messaging developments have just been commissioned. The majority of local GPs also use this service, and along with NT&amp;HFT and CDDFT, the Trust has funded for several years via Teespath, a project manager to roll the system out to GPs. A project is also being scoped to roll out the service to clinicians in TEWV, subject to the recent upgrade from Anglia which incorporates secure access controls and the management of legitimate relationships fully satisfying the Information Governance leads in the LHC.</p>	
<p>Letters with coding (discharge summaries, clinic and Accident and Emergency letters)</p>	<p>The Trust has an in-house developed application which is accessible to local GPs via a Web Portal to view immediate discharge summaries, some of which also constitute the final discharge correspondence. This solution is being considered for outpatient letters and A&amp;E.</p>	
<p>Scheduling (for beds, tests, theatres, etc)</p>	<p>The Trust's PAS system has an integrated bed management solution</p>	

	which provides for scheduling of beds and a project is underway to implement this at the Friarage hospital and then James Cook. The dependency is a requirement to have real time processing of patient movements by clinical staff and a programme to implement changed working practices is underway. The Trust has developed an in house system for theatre scheduling.	
e-Prescribing (including 'To Take Out' medicines)	A Business Case to implement e-prescribing is under development and will be scheduled for implementation against other Trust priorities.	

### 3.2.3. National Expectations

#### Patient Focused Information

The Tees Local Health Community currently utilises the following GP System Suppliers;

- TPP Systmone
- EMIS LV
- EMIS PCS
- InPS Vision
- iSoft Synergy
- iSoft System 6000

To ensure a collaborative approach suppliers roadmaps have been collated in the planning and scheduling of the following initiatives:

#### Summary Care Record

The Tees Local Health Community has completed a Readiness Assessment for the adoption of Summary Care Record (SCR) in the area. The results of the Readiness Assessment highlighted that Tees is a potential early adopter for SCR due to the high levels of data quality in the area.

A rolling approach will be taken for Tees, deploying SCR into one PCT at a time with cross over between each PCT. This will ensure an effective delivery of SCR and the associated patient communication that is required.

It is envisaged that the Data Sharing Model for Consent and My HealthSpace will be deployed as part of SCR, as a consistent approach towards public communications can be made.

The current supplier roadmap's for SCR is as below:

<b>Number of Practices</b>	<b>iSoft Synergy 16/01/09</b>	<b>TPP Systmone 10/02/09</b>	<b>EMIS PCS 27/03/09</b>	<b>EMIS LV 30/04/09</b>	<b>InPS Vision 04/05/09</b>
Middlesbrough PCT	6	9	1	4	1
Stockton Teaching PCT	5	8	4	7	3
Redcar and Cleveland PCT	5	3	0	8	4
Hartlepool PCT	1	2	0	6	7

Timescales and resources required to deliver SCR are still to be agreed locally.

### **Electronic Prescribing**

Electronic prescribing phase one has been delivered in the Tees Local Health Community, however usage by Pharmacists is low. Initial investigations with the Pharmacists have identified some potential issues which will be addressed as part of initiation of phase two of EPS.

An EPS group, led by the SHA is currently been set up to ensure a consistent approach to the deployment of EPS and to also share good practice across the region. The Tees Local Health Community lead for EPS is committed to attending and partaking in the group.

The GP Systems supplier roadmap's for EPS is as below;

<b>Number of Practices</b>	<b>TPP Systmone 20/01/09</b>	<b>InPS Vision 18/09/09</b>	<b>iSoft Synergy 17/12/09</b>	<b>EMIS PCS no date specified</b>	<b>EMIS LV no date specified</b>
Stockton Teaching PCT	8	3	5	4	7
Middlesbrough PCT	9	1	6	1	4
Hartlepool PCT	2	7	1	0	6
Redcar and Cleveland PCT	3	4	5	0	8

Work is currently underway to establish the Tees Pharmacy system suppliers roadmap, which once collated with the GP roadmap will aid in formulating timescales.

It is recognised that the biggest component of Phase 2 will be the business change and change management of existing processes that will have to occur to successfully implement EPS across GP Practices and Community Pharmacies.

Timescales and resources required to deliver EPS are still to be agreed locally.

## **GP2GP**

Currently GP2GP is utilised in Tees by all GP practices where the System Supplier functionality is enabled. This is currently 54% of GP practices in the Tees LHC, and benefits of GP2GP are already been experienced by practices.

Currently the remaining system suppliers roadmaps for GP2GP is as below;

<b>Number of Practices</b>	<b>iSoft Synergy 24/08/09</b>	<b>TPP Systmone 31/12/09</b>
Middlesbrough PCT	6	9
Stockton Teaching PCT	5	8
Redcar and Cleveland PCT	5	3
Hartlepool PCT	1	2

It is expected that the System Suppliers will deliver the training and support to practices as in previous deployments of GP2GP.

## **NHS Choices**

NHS Choices provides details of the services that are offered in the Tees Local Health Community. To increase awareness of NHS Choices to the public communications need to be used effectively. It is envisaged that this could be done in line with communications about SCR and My Healthspace.

It is essential that Services review and update NHS Choices to ensure that public and patients have all the information they require to aid them in decision making about their healthcare.

Providers will be required to comply with the PROM directive and publish analysis patient reported outcome measures on NHS Choices.

## **GPSoC**

PCT-Practice agreements are currently being agreed and signed, once the agreements are formalised consistent monitoring will be performed to ensure compliance to the SLA is achieved.

Service reviews will take place on a regular basis; training and support requirements identified by practices will be reviewed and provided in line with the agreements.

A rolling upgrade and maintenance of IT assets will be planned and scheduled to ensure compliance with the General Practice IT infrastructure specification.

### 3.1.4 Data Quality and Information Governance

#### Information Governance

The Information Governance Policy, Confidentiality Policy and Records Management Policy and Strategy ensure that there are clear processes implemented within the LHC for responding to patient requests concerning data sharing. These policies require harmonisation across Tees to ensure clear methods of data handling (electronic and paper-based) for all staff.

The LHC is developing a Tees wide information sharing policy between health and wellbeing partners.

The LHC requires a comprehensive disaster recovery plan for ICT services in the event of loss of key systems, key ICT site or network. The plan contains key information and contacts to enable the Trust to recover from each of the identified disasters.

As well as the Tees-wide disaster recovery plan, individual systems also have service-led Business Continuity plans to ensure patient care is not adversely affected during periods of system down time. Details of system availability are monitored through commercial contract meetings between commissioning and IM&T providers.

#### Pseudonymisation of Patient Data

#### NHS Number and Patient Demographics

\* implement National Health Application and Infrastructure Services (NHAIS) Stages 3 and 4 within Primary Care Shared Service Agencies to ensure these agencies integrate more closely with the NHS Care Records Service

\* ensure that the HI plan for the LHC includes complete adoption of the NHS Number in accordance with the Dataset Change Notice AN0803 and the Safer Practice Notice No NPSA/2008/SPN001 including its usage in patient communications, and a transition plan to the PDS.

South Tees NHS Hospitals Trust continues to work towards complete adoption of the NHS number in all business processes, communications and ICT systems and is undertaking an internal review to identify gaps in provision. The PDS back office service is routinely used in current business processes. The Trust has an annual data quality action plan incorporates the audit of data quality for commissioned services and training programs for staff.

### 3.1.5 Underpinning Service Transformation

#### Enabling Local Service Transformation

The Tees Local Health Community has several service transformation initiatives that the Tees IM&T Programme will support.

This includes;

- Three mergers of GP Practices
- Hartlepool Town Centre Development
- Redcar PFI Community Hospital
- Eston Health Village
- Billingham Health Centre
- Yarm Health Centre
- Stockton GP Development
- Egglecliffe Health Centre
- Middlesbrough PCT Headquarter move

Currently these initiatives are outside of the scope of the Tees IM&T Plan, and will require approval via the Tees LHC Commissioning Process, and any additional funding for IM&T requirements will need to be identified as part of each project.

### **Governance Arrangements**

Governance and leadership arrangements are in place to manage the IM&T Programme across the LHC.

A review of the governance arrangements has taken place and the LHC Programme Board is to be restructured to ensure organisations are represented by their SROs. The chair of the Programme Board will continue to attend the Strategic Health Authority Programme Board as the Tees Local Health Community (LHC) representative.

Organisational clinically / business led SRO are supported by IM&T within their respective organisations as well as Healthcare Technology Commissioning to ensure alignment into the wider programme.

The Programme Board is supported by the Programme Management Group, and additionally a Benefits, ICT and Clinical led group are to be established into the existing governance structure. These groups will support existing groups and report to the Programme Board.

As part of these arrangements the Health Informatics Services Benchmarking tool is to be considered for use across the LHC along side other benchmarking considerations that are currently taking place in individual organisations.

### **Benefits and Costs**

It is essential that the Tees IM&T Programme delivers benefits which support the overall delivery of the National Programme of IT.

As such a benefits management process has been implemented in the Tees Local Health Community (LHC), along with the establishment of a Tees Benefits Group which will support the overall Tees LHC Programme Governance structure.

Benefits will be an integral part of the Tees LHC Commissioning Process, and for each project need to be considered as detailed below:

- Business cases and project briefs will be required to include expected high level benefits, including classification of benefits, such as financial, quantitative, qualitative or anecdotal. Beneficiaries should be identified and include patients, public, clinicians, organisations and the NHS.
- Benefits will be used by the approval panel in the prioritisation and consideration of the bid for recommendation to the Programme Board.
- Once approved at Programme Board the provider deploying the project will be required to detail full benefits, including metrics and baseline measurements which will be specified in PID.
- Providers will submit the PID to the Commissioners for assurance, as part of this process the benefit metrics and baselines will be ratified by the Tees LHC Benefits Lead and included on the overall Tees Benefits Proforma, along with milestones for future metrics collection.
- Commissioners will submit the PID to the SHA as part of the deployment process to be formally assured, along with the Organisation Readiness Assessment and Standard Deployment Readiness Criteria so that initiation ATP can be raised.
- Once project implemented providers will be required to collect initial benefit measurements and submit these, along with deployment cost report, to the Tees LHC Benefits Lead as part of the project post implementation review process. Benefit owners in the services will also need to be identified for future metric collections.
- The Tees LHC Benefits Lead will ensure that services are contacted at the relevant milestones to collect future benefit measurements which will be collated on the Tees Benefits Proforma. The proforma and cost reports will be used in the creation of the Annual Benefits Statement for the Tees LHC, submitted to the SHA and CfH.

Benefits and their associated metrics have been identified and established by the NE Business Change and Benefits Group for the majority of Primary Care applications and these can be applied to deployments going forward, along with the identification of any further benefits that are specific to the Tees LHC. It is essential that

baselining is carried out for each deployment as part of project initiation so that benefit can be realised.

National or LSP applications that have not yet being deployed in the area will require additional work to identify relevant benefits and metrics. The Tees LHC Benefits Lead will work with the providers responsible for deployment, and link in with the NE Business Change and Benefits group, and CSC in the establishment of these.

### **Technical Infrastructure**

- Awaiting submission of local ICT strategies / plans detailing plans and capacity and capability assessments to achieve technical readiness for National programme deployments, and Infrastructure Maturity (NIMM)
- Implementation of a Community of Interest Network (COIN) to establish LHC Wide Area Network infrastructures to support cross-LHC working and future requirements for mobile technologies.
- Exploit the benefits of the COIN network by introducing VoIP and investigating the centralised / collaborative approach to Firewall management and IP Addressing in the Tees LHC.
- Increased governance and strategic direction of ICT across the LHC is to be achieved though the introduction of an ICT Leads Group and sub ICT technical groups involving cross-LHC staff. This will report into the existing LHC Informatics Programme Board governance structures.

Tees PCTs ICT Strategy

South Tees NHS Hospitals Trust ICT Strategy

North Tees and Hartlepool ICT Strategy

### **3.1.6 Risk and Risk Management**

Risks and their associated management will be monitored by the current programme governance arrangements. Any programme risks that are identified which require greater organizational awareness will be formalised and included on the Tees PCTs risk register (MIDAS.)

### **3.1.7 Financial Planning**

The provision of a fully costed strategy, including the 2009/10 plan is to be allocated by the Investment sub Committee across Tees LHC.

All projects on the IM&T Plan have to be fully costed and benefits identified, which will aid in the prioritisation of the programme.

### **3.1.8 Resource and Capacity Planning**

The necessary capability, capacity and investment plans will be in place to support the IM&T 09/10 Plan. Capacity planning for the deliver of the 2009/10 plan is currently underway to ensure that any resource gaps and requirements are identified.

System deployment cross training can provide a means of bolstering project delivery capacity, i.e. all Tees wide project teams are trained in TPP SystemOne deployment. Moreover, non IM&T project managers with appropriate support from CSC can provide further capacity and capability into the Tees Programme.

It is anticipated that existing IM&T project management capacity will take on priority projects. Projects that required additional resource will be reviewed to identify appropriate sourcing options.

Several areas have already been identified where additional resource is required, they are required for the delivery of National Initiatives such as SCR, EPS and the Lorenzo acute deployments.

In the first instance a 'generic' LHC Project Brief and PID will be developed to assist in determining full detail of resources for each Acute Trust.

## **4 Business as Usual / Assurance of the Boards**

- 4.1 Once the Annual Operating Plan is approved by the Boards, the strategic initiatives identified from the OGIM work that underpins the AOP will form the basis of the 2009/10 Tees Business Plan. It is anticipated that a number of existing corporate objectives will 'roll-over' into the 09/10 business plan, and that the systems and processes which the PCTs currently have in place for assuring the Boards regarding performance/delivery of corporate objectives in the Business Plan will remain in place as follows:
  - 4.1.1 Each objective has one or more monitoring metrics aligned to it, showing performance against the metric(s) for each PCT;
  - 4.1.2 As part of the annual planning round the PCTs will continue to set robust and challenging trajectories for each metric within the Business Plan;
  - 4.1.3 All Annual Health Check national priorities and existing commitment indicators, Vital Signs (Tiers 1, 2, 3) and World Class Commissioning Metrics are, and will continue to be aligned to relevant objectives within the Business Plan;
  - 4.1.4 Objectives assigned to Coordinating Directors in the Business Plan are automatically classed as personal objectives for those directors and non-delivery of objectives is taken into account when assessing individual performance;
  - 4.1.5 Each objective has a detailed delivery plan sitting behind it and any action allocated to a member of staff, no matter at what level, will become one of their personal objectives which is assessed via in-year performance appraisals etc;
  - 4.1.6 Each objective has a 'Coordinating Director' assigned and the Business Plan clearly identifies the contributions which each other member of the Executive Team needs to make to support the Coordinating Director achieve the objective;
  - 4.1.7 All of the above details are readily accessible to all staff via the corporate Executive Information System, MIDAS.
- 4.2 In year, performance management of the business plan (and hence the AOP) will take the form of:
  - 4.2.1 Day to day scrutiny by the Planning & Performance Team with clear escalation processes in place to address under-performance;
  - 4.2.2 Routine Executive Team reviews of performance concerns;
  - 4.2.3 Bi-monthly 'Compliance Panel' discussions with the Chief Executives and Non-Executive Directors on all objectives actually or at significant risk of under-performing. The report received by the Compliance Panel is termed the draft Board Assurance Report (dBAR) which for each under-performing objective includes a detailed 'story' of performance noting progress against action plans, graphical performance vs trajectory of each associated monitoring metric and an overview position/commentary from the Coordinating Director. The Compliance Panel determines which

of the objectives get escalated to the Boards in the final BAR. Non-Executive Directors have the final say which objectives get escalated;

4.2.4 Board engagement through consideration of the final Board Assurance Report (BAR) on a bi-monthly basis which highlights key underperformance issues as well as a corporate 'balanced scorecard' overview of the whole Business Plan.

4.3 The PCTs Board assurance and performance management approaches have been developed to be consistent with and meet the expectations of the NESHA performance framework. However, the Tees governance arrangements will be further streamlined in order to ensure consistency of approach and standardisation in the methods used, for both Performance Management and Board assurance purposes.

## **5 Organisational Development Issues for 2009/2010**

In addition to delivery of our strategic ambitions, the PCTs will develop a culture of improvement and innovation, building on existing strengths and expertise, where necessary developing new ways of working. The principal focus of this section is around the developments required within the PCTs. However, we will also support and encourage a positive approach within our provider partners in terms of organizational development and the implementation of nationally required personnel initiatives including the European Working Time Directive.

The Organisational Development Plan is an evolving and dynamic tool which provides the framework for this development. Nine key objectives have been identified with a director lead examining the infrastructure within their remit in light of the plan.

### **5.1 Communications and engagement**

The Communications and engagement strategy is essential to the communication and progress of World Class Commissioning (WCC) and ensuring that the PCTS are clearly and visibly recognised and sought as the leader of the local NHS.

Full delivery of the Communications Strategy includes the public information strategy and development of social marketing techniques. The PCTs will develop ways to communicate more effectively with stakeholders, develop more proactive engagement and develop ways of supporting closer working with partners and providers

### **5.2 Clinical engagement**

The PCTs agree the step change required to improve services and increase focus on the avoidance of ill health will require strong and challenging clinical input. We need to encourage broader clinical engagement and further develop appropriate and meaningful devolution of commissioning decisions.

### **5.3 Practice Based Commissioning (PBC)**

It is acknowledged that the PCTs need to support the development of PBC in order to ensure that clinical leadership is at the heart of world class commissioning. This will be done by defining what we mean by effective PBC and how it fully integrates within Commissioning.

### **5.4 Knowledge Management**

The effective and efficient capture, sharing and use of knowledge within the commissioning cycle is essential to the delivery of our strategic intentions. The PCTs need to develop systems and processes to improve the capture of knowledge and intelligence with local partners

and service providers and ensure that it is easily retrievable and constantly refreshed.

## **5.5 Commissioning**

The development of a coherent robust commissioning strategy is also a key area for action across the PCTs. The PCTs need to develop organisational capacity to ensure consistent and systematic systems and processes to better understand the strengths and weaknesses of current service configuration and provision including the third sector environment. A comprehensive programme of work is planned in this area and includes the development of a compact with providers that will describe the organisational values for the four PCTs and how they do business.

## **5.6 Procurement**

In addition to the development of commissioning competencies, the PCTs need to ensure transparency in relationships with providers and with other organisations. Key aims of the procurement strategy will be to develop organisational capacity to ensure robust systems and processes to monitor provider financial performance, activity and sustainability in accordance with contractual agreements and to better disseminate relevant information to allow current providers to innovate and develop to meet changing commissioning requirements. World Class Commissioning requirements will be applied to all areas of activity, not just acute care, for example for Primary Care there will be a review of PMS contracts in 2009/2010.

## **5.7 Service Improvement and Reform**

In addressing this area the PCTs need to more consistent and systematic in their approach to service improvement and reform. Although many examples of improvement exist across Tees, the full capabilities of the service improvement and reform teams can be better harnessed to increase organisational capacity. To this end the PCTs are creating an improvement network to ensure no duplication of effort and cross fertilisation of ideas and initiatives.

Working with knowledge management and clinical reference groups this network will be key to translating research and knowledge into specific clinical and service reconfiguration, improving access, quality and outcomes and catalysing change, including recognising and challenging traditional ways of thinking. In addition the PCTs are committed to the development of 'lean' methodology for service reform including its application within internal corporate functions with a view to improving the overall value.

In addition to the seven objectives mentioned above, the Workforce / OD Directorate will lead the transformation through the promotion of organisational development and human resource objectives. These are

designed to pursue the intention of becoming Employer of Choice across Teesside and will include initiatives to improve:

- 5.7.1 Recruitment and retention
- 5.7.2 Team and individual learning
- 5.7.3 Development of commissioning skills and competencies
- 5.7.4 Leadership and Management Development

## 5.8 **North East Transformational System (NETS)**

The PCTs have created a shared vision with local partners and the public and a clear strategy for a reduction in health inequality and the improvement of health services. Delivery will be clearly focused around the eight key themes identified within Better Health, Fairer Health and detailed plans have been developed to ensure our investment is targeted towards those areas that will make the greatest difference in health outcome and patient experience.

However we recognise that our ambitions will not be achieved without a major change in the management processes we adopt, that will develop our competence as world class commissioners and secure our place as the local leader of the NHS driving excellence throughout the healthcare system. Following the World Class Commissioning process conducted in November 2008 we will be developing an action plan to address those aspects of the assessment requiring the PCTs to make improvements. In making those plans we will draw upon a number of sources of advice and expertise.

During 2009/10 we aim to engage in the North East Transformational System so that we can learn from pathfinder organisations and make our contribution to a more efficient and effective NHS North East.

We are committed to the development of an enhanced working relationship with local clinicians and have already described our ambitious clinical development plans which will include the engagement of clinicians in the core business of the PCTs. We now need to understand more fully the application of lean tools and techniques to support and embed changes in our organisational processes (management method) and to improve commissioning mechanisms that will deliver the transformation of services our vision requires.

Our aim will be to ensure Lean methods are consistently applied within our whole system redesign and pathway development programmes i.e. Momentum: Pathways to Healthcare and PACE. The development of the appropriate knowledge and skills is embedded within our Teeswide organisational development plan.

## 6 Finance

### 6.1 Financial position – general comments

6.1.1 The summary financial information in this AOP is extracted from the PCTs' financial strategies and where appropriate updated to reflect new information. More detailed information is contained in the DH financial returns, submitted under separate cover, which will be subject to further refinement until final submission.

6.1.2 The financial position for each of the financial years within the PCTs' strategies is balanced, although the split of recurrent and non recurrent funding reflects the staged impact of investments as they come on stream. For example in 09/10 the overall position is balanced but the recurrent positions are underspent arising from in-year phasing of investments, most significant being Darzi/Momentum/Stead etc. This position continues through future years and the PCTs return to recurrent balance in 2011/12. This is prudent accounting where all recurrent commitments are immediately budgeted and the slippage defunded non-recurrently. These figures do not include a contingency of c1% of recurrent baselines held in reserves to meet any cost pressures.

### 6.2 General trends and assumptions

#### 6.2.1 PCT Allocations

Allocations to 2010/11 are assumed as announced by DH recognising the above average settlement for the service in this CSR. However it is anticipated that there will be a stepped decrease in PCT allocations after 2010/11.

PCTs' Baseline Funding				
PCT	2009/10 £m	2010/11 £m	Two Year Increase £m	Two Year Increase %
Hartlepool	163.4	172.4	17.5	11.3%
Stockton	287.7	304.0	31.3	11.5 %
Middlesbrough	257.7	271.8	27.6	11.3%
Redcar & Cleveland	233.5	246.4	25.0	11.3%

#### 6.2.2 Inflation assumptions

Inflation assumptions for future years have taken into account the current requirement to achieve 3% year on year efficiency gain and therefore have been assessed as:

	Inflationary Increases	
	2009/10	2010/11
GP Contract Inflation	1.5 %	1.5 %
Dentist Contract Inflation	3.4 %	3.4 %

Community Services Inflation	2.2 %	2.2 %
PBR Tariff Inflation	2.2 %	2.2 %
Non PBR Tariff Inflation	2.2 %	2.2 %
Prescribing Inflation	3.0 %	3.0 %

### 6.2.3 Population

Both North of Tees PCTs show a steady increase in 'weighted' population of about 3% over a six year period to 2012/13, which includes the impact of demographic changes such as an ageing population. In the prospective four years from 2009/10 onwards this averages at 0.7% per annum in Stockton and 0.5% per annum in Hartlepool. For South of Tees PCTs there are only marginal movements in population projection i.e. less than 1% over the six year period. The potential financial impact of population movements have been incorporated into this AOP.

### 6.2.4 Activity

The general underlying trends in activity and points of note in activity movements are:

North of Tees PCTs	South of Tees PCTs
<b>Outpatients</b>	
<p>For all specialties except Maternity, Paediatrics and Elderly Care, underlying numbers increase annually on average by around 1.8% in Stockton and 1.6% in Hartlepool over the four year period per year reflecting population increases and underlying trends. Additionally, the non recurrent impact of reducing waiting lists is also reflected within OP activity.</p> <p>By 2011/12, 12% of outpatients are delivered outside acute settings rising to 23% the following year across North of Tees, reflecting the impact of the Momentum project. This does not include the impact of transfer of other complimentary activity such as physiotherapy as these episodes are not recorded as outpatients.</p>	<p>For all specialties except Maternity, Paediatrics and Elderly Care, underlying numbers increase annually on average by around 0.3% in Middlesbrough and 2.8% in Redcar &amp; Cleveland but the latter will see a reduction of acute based delivery due to the Stead PFI coming on stream in 2009/10. Additionally, the non recurrent impact of reducing waiting lists is also reflected within OP activity.</p> <p>Current modelling suggests that by 2011/12, outpatient activity will grown by 6,964 attendances (5.6%) for Redcar and Cleveland PCT with a lesser increase of 3,927 attendances (2.5%) on the 2008/09 planned levels. This does not include the impact of transfer of other complimentary activity such as physiotherapy as these episodes are not recorded as outpatients.</p>
<b>Non elective (emergency) episodes</b>	
Broadly reflect the impact of population growth offset by an anticipated reduction	Comparative NHS metrics show Middlesbrough PCT has excessively high emergency

averaging 1.25% per annum over the four year period due to initiatives to provide care closer to home	admissions per capita and it is assumed the commissioning strategy will impact on these admissions reducing them by 1,126 spells in general and elderly medicine with an assumption of circa 250 spells in the early period.  The position for Redcar & Cleveland PCT is one of containment from a moderate starting point.
<b>Elective admissions</b>	
Broadly reflect an annualised growth rate of 1.8% in Stockton and 1.6% in Hartlepool plus the impact of reduction in elective waiting times to 12 weeks depending upon demand and affordability.	Current contracted levels of activity are meeting both the underlying demand for elective care and improving the waiting times. The injection of investment in 2009/10 and 2010/11 will further reduce the waiting to 12 weeks maximum.
<b>A&amp;E</b>	
The composition of A&E attendance charges reflects an activity shift to PCT Walk in Centres	

### 6.3 Investments to Support the Commissioning Strategy

- 6.3.1 Hitherto annual planning processes have led to a prioritisation of bids received which has driven the allocation of funds.
- 6.3.2 PCTs will move to a position of allocating funds to the Commissioning Strategy Themes (programmes) driven by Programme Budgeting and other benchmarking information that will better align the requirement for investment of growth funds with the benefit of existing investment i.e. an examination of the outcome of new and existing investment. Such an approach will also provide a steer on disinvestments.
- 6.3.3 The financial strategies allocated PCT specific funding to the its Themes based upon commitments made within the strategy e.g. doubling existing spend on public health, reduced waiting times, etc and informed by Programme Budgeting, which as noted above will be the main means by which Theme investment/disinvestment will be determined.
- 6.3.4 The allocation of additional funding to the Themes represents a cost envelope within which Theme Leads need to manage their new initiatives/schemes.
- 6.3.5 The net funds available for investment to support the Commissioning Strategy are detailed on the 'Source and Apps' sheet within the financial strategies.
- 6.3.6 Table 1 outlines the proposed investments in each Theme of the Commissioning Strategy by PCT, analysed by recurring/non-recurring expenditure for 2009/10 and 2010/11. In addition the acute activity

impact where currently assessed is included at summary level (attendance type analysis within financial strategies).

**Table 1 Summary Investment by Strategy Theme**

Theme	2009/2010				2010/2011			
	£000s	£000s	£000s	Activity	£000s	£000s	£000s	Activity
	Rec	Non Rec	Total	Spells	Rec	Non Rec	Total	Spells
Staying Healthy	1,049	3,565	4,614	0	1,844	3,128	4,972	0
Maternity and the Newborn	958	0	958	0	1,300	0	1,300	0
Child Health	114	135	249	0	0	135	135	0
Mental Health and Wellbeing	1,590	1,240	2,830	0	2,930	525	3,455	0
Acute Care	5,157	2,072	7,229	(251)	5,886	1,550	7,436	(1,462)
Planned Care	6,579	0	6,579	732	7,296	0	7,296	11,296
Long Term Conditions	1,533	500	2,033	0	1,816	500	2,316	0
End of Life	569	200	769	(62)	(249)	450	201	(185)
Other Investments and Programmes	2,925	500	3,425	0	2,575	500	3,075	0
<b>Total</b>	<b>20,474</b>	<b>8,212</b>	<b>28,686</b>	<b>419</b>	<b>23,398</b>	<b>6,788</b>	<b>30,186</b>	<b>9,649</b>

6.3.7 It is important to note that the figures are still indicative at this stage due to a number of issues remaining outstanding that may significantly impact on the financial position of the PCTs, most notably implementation of HRG4.

6.3.8 Nonetheless they do provide a sound basis for financial planning and for Theme Leads to undertake prioritisation of schemes using a tool with predetermined weighted criteria. The prioritisation tool including and associated scoring mechanism coupled with the financials will allow comparison of benefit against cost and therefore a VFM assessment can be made. Through marginal analysis those initiatives, schemes or interventions that offer greatest VFM will be funded within overall affordability limits detailed on the attached financial schedules.

#### 6.4 Capital Developments and Expenditure

Major investments in Stockton & Hartlepool centre on LIFT developments in support of the Momentum initiative and in Redcar & Cleveland in relation to the Stead PFI. Revenue consequences of these developments have been accommodated in the financial position of the PCTs.

#### 6.5 Risks & Opportunities

6.5.1 The major risk relates to the accuracy of the underlying assumptions and the outlook for public finance generally is more pessimistic currently given the downturn in the global economic climate as reflected in the PCT's financial strategies.

6.5.2 Critically within the life of this AOP, there is a yet the unquantifiable impact of the introduction of HRG V4 that is likely to lead to volatility in acute contract prices, not only in its year of introduction but in the subsequent years until it becomes a stable pricing platform.

6.5.3 A major element of the internally generated CIP is derived from savings in the shift of activity to community settings. Should this not be achieved then this would impact adversely on our investment plans.

- 6.5.4 A recurrent theme in recent years has been the impact of DH policy initiatives and national contract negotiations such as the Pharmacy contract on PCT investment plans
- 6.5.5 Opportunities relate predominantly to the ability to deliver an ambitious value for money programme. This will entail a full review of all commissioned services and organisational commitment to the programme at the highest level.
- 6.5.6 The table below provides a first cut risk and opportunities analysis for the life of this AOP for Teesside which has informed the PCTs' financial strategies. It will be seen the probability adjusted downside case would suggest an exposure across Teesside of circa £27m whilst the probability adjusted upside case would suggest savings of a further circa £29

## TEES PROBABILITY ADJUSTED RISKS AND OPPORTUNITIES

### RISKS

Description	Activity Categories This Will Impact	Year	Likelihood (%)	Financial impact (£000s)	Risk adjusted financial impact (£000s)	Mitigation
Cost projections prove too optimistic. Eg Tariff uplift; CIP plans; Demand Management plans.	Commissioned Activity Prescribing	FY 2009/10	0.5 %	711,289	3,556	Contingency planning arrangements.
		FY 2010/11	0.5 %	737,761	3,689	
		<b>Total</b>			7,245	
Investment in priority areas does not lead to improved health outcomes.	Health and Well Being / Prevention agenda and other commissioned services	FY 2009/10	10.0 %	51,324	5,132	Robust, high VFM programme. Focus on 'value added' health outcomes.
		FY 2010/11	10.0 %	51,853	5,185	
		<b>Total</b>			10,318	
'Value for Money' not delivered	All commissioned services	FY 2009/10	15.0 %	9,600	1,440	Three year VFM programme. Strong VFM ethos in financial planning.
		FY 2010/11	15.0 %	9,600	1,440	
		<b>Total</b>			2,880	
Department of Health policy, impact on Financial Plans e.g. implementation of HRG V4.		FY 2009/10	40.0 %	7,900	3,160	Adjustment of Financial Plans. Contingency planning arrangements.
		FY 2010/11	40.0 %	7,900	3,160	
		<b>Total</b>			6,320	
					<b>26,763</b>	

### OPPORTUNITIES

Description	Activity Categories This Will Impact	Year	Likelihood (%)	Financial impact (£000s)	Risk adjusted financial impact (£000s)	Actions to take advantage of opportunity
'Value for Money' programme exceeds expectations, releases further resources.	All commissioned services	FY 2009/10	15.0 %	9,600	1,440	Three year VFM programme. Strong VFM ethos in financial planning.
		FY 2010/11	15.0 %	9,600	1,440	
		<b>Total</b>			2,880	
Market development - cultivate competition and stimulate innovation.	All commissioned services	FY 2009/10	25.0 %	15,900	3,975	World Class Commissioning
		FY 2010/11	25.0 %	15,900	3,975	
		<b>Total</b>			7,950	
Lean Commissioning. Pathway re-design to facilitate improved and more effective patient services.	Commissioned activity.	FY 2009/10	25.0 %	8,680	2,170	NETS programme
		FY 2010/11	25.0 %	8,680	2,170	
		<b>Total</b>			4,340	
Lifestyle changes will improve long term general health, reducing pressure on Primary & Secondary care.	All commissioned services	FY 2009/10	0.5 %	711,289	3,556	Build on organisation's strong working relationships with the Local Authority and Practice Based Commissioning group.
		FY 2010/11	0.5 %	737,761	3,689	
		<b>Total</b>			7,245	
Advances in technology, eg drug developments; statins; telemed and IM&T deliver radical changes to health services and patient outcomes	Long Term Conditions Commissioned activity.	FY 2009/10	0.5 %	616,097	3,080	
		FY 2010/11	0.5 %	637,810	3,189	
		<b>Total</b>			6,270	
					<b>28,685</b>	

## 7 Governance, Service Safety & Quality

The PCTs will ensure through the contracts it negotiates that services commissioned are of high quality in terms of patient safety, clinical effectiveness and patient experience.

We have developed a comprehensive Quality Outcome Schedule which will enable us to monitor quality across all of our providers and a key element of our CQUIN scheme is the population of this schedule and establishment of robust data flows. The rest of the CQUIN scheme is about stretching performance against some key indicators. Most of the indicators have been chosen in order to support implementation of the “Safer Care North East” patient safety framework. The areas chosen are:

- Safe discharge
- Minimisation of falls
- Minimisation of HCAI including patients perceptions of cleanliness
- Medicines reconciliation on admission
- Prevalence of pressure sores minimised
- Mixed sex accommodation

*Mixed sex accommodation* will be a particular area of focus in the coming year for all of our providers. Both local acute trusts have current annual action plans. In addition both trusts have made bids against the national privacy and dignity fund and feedback from those bids is currently awaited. The PCTs will be working with the acute trusts to ensure that the scores within the national survey improve, particularly for South Tees acute which had a low score in the latest survey. There are levers in the contracts for 2009/2010 both as part of the main contract and as part of the CQUIN scheme.

Governance arrangements have already been established across Tees to robustly manage the information we receive from our providers. The key committees taking this agenda forward are:

### 7.1 The Contract Compliance Committee

This Committee will be the prime interface between the PCTs and the Providers’ corporate contract teams. It is accountable to the Tees Strategy & Procurement Board for ensuring:

- (i) we negotiate the best contracts possible,
- (ii) that the contracts are being fully delivered in terms of activity, finance and quality, and
- (iii) that corrective action is recommended to the Tees Strategy & Procurement Board where appropriate. The committee will have

responsibility for ensuring delivery of national performance targets such as Vital Signs.

## **7.2 The Quality Improvement & Assurance Committee**

This Committee has strong clinical leadership. It will oversee the management of the CQUIN scheme, request the Contract Compliance Committee to remove, renegotiate or add new metrics to the existing CQUIN Scheme and provide advice to the Contract Compliance Committee on how to improve quality issues highlighted for resolution.

## **8 Engagement with the public, patients and our partners**

Many of the aims and priorities in this plan were identified by working and engaging with the public, patients, carers and our partners as we developed the PCT Strategy. This work in many instances is on-going and embedded in each of the eight strategic themes.

The plan refers to a number of initiatives and developments where engaging with our stakeholders has helped develop the services we commission to more closely meet the needs of our patients and improve their quality.

Examples include:

### **8.1 Improving care closer to home – improving hospital services**

In partnership with North Tees and Hartlepool NHS Foundation Trust, Hartlepool and North Tees PCTs have a comprehensive programme of engagement, involvement and consultation with patients, public, staff, carers, partners and overview and scrutiny committees as part of *Momentum: Pathways to Health* – a programme to provide a state of the art hospital and health services closer to home. During 2008 a formal public consultation process was undertaken and a series of service reviews involving stakeholders included; planned and unplanned care, women's and childrens services, long term conditions and diagnostics. We have identified 107 business change projects in order to implement *Momentum* and a clear prioritisation process has been developed to ensure the projects deliver the efficiencies required to develop a single hospital with significantly less capacity than at present. This work will transform the landscape of community and home based services and will commence in 2009.

### **8.2 Improving access and choice in primary care**

The four PCTs carried out formal consultation in relation to providing extra GP practices and GP led health centres as a result of patient and public feedback from the national GP local health services survey. During the consultation meetings were held with local residents, presentations provided to partners and information and questionnaires sent to households to seek their views. The first GP Led Health Centre, with extended open hours to meet the needs of patients, opened in January 2009. During the year another 6 additional GP Practices and 3 new GP led health centres are planned to open.

### **8.3 Involving people in improving their own health**

The public health priorities in this plan have been developed through comprehensive Joint Strategic Needs Assessments with the four local

authorities. These assessments, during the summer of 2008, involved patients, the public and other key stakeholders in a number of existing forums and organisations, in determining the health needs of their communities.

The Public Health and Service Reform teams across the four PCT areas, have worked in partnership with their local authorities to involve people in a number of other key health areas including, Coronary Heart Disease, Carers for Drug Users, Disabled People's Partnership, Health Action Link and Cardio Vascular Disease.

#### **8.4 Listening to what people think about our services**

Patients and the public have been involved in a number of service reviews with the findings from these reviews being used to help prioritise further development and commissioning decisions. Examples include; sexual health services across Tees, End of Life Care and weight management services.

An on-going programme of local service surveys have also been carried out to ensure patient satisfaction including; Podiatry, GP Out of Hours, Oxygen Assessment, Speech and Language Therapy and McMillan Nursing.

All four PCTs have participated in a programme of national surveys using their results to inform plans for future developments and commissioning decisions.

#### **8.5 Listening to key stakeholders**

Views from Overview and Scrutiny Committees in the four local authority areas have also been used in developing these health priorities. During the previous year as well as being involved in formal consultations, Overview and Scrutiny Committees have carried out a series of reviews of health services including; Cancer screening, Older Peoples Strategy, Obesity Strategy, Audiology Services, Circulatory Diseases and families in need.

During the year the Local Involvement Networks (LINKs) were formed and initial feedback in relation to health and social care priorities across the Tees area is being considered.

#### **8.6 Strengthening Engagement**

For all four PCTs engaging the public in determining commissioning priorities is now a crucial part of delivering our objectives to prevent illness and reduce ill health. The commitment to continued involvement of our partners, the public and our patients has been established in our

Communications and Engagement Strategy. The delivery of this commitment is monitored through a patient and public engagement committee, which comprises of public representatives from the four Local Authority areas.

#### **8.7 Equality and Diversity**

The Tees PCTs remain committed to Equality and diversity and have a steering group which assesses all proposed initiatives and significant documentation and publications produced by the PCTs. This AOP document has also therefore been assessed.

## **9 Developing Estates and Facilities**

### **9.1 Capital estates development - North of Tees.**

Delivery of Momentum Pathways to Healthcare will require a major change in the way services are delivered and a programme of business change projects has been agreed. As pathways are reviewed siting of services will be challenged with an emphasis agreed through the Momentum programme on putting services closer to home where possible. Whilst this will include some services being delivered in the home others will be required within existing and a range of new facilities.

During 2009/10 the current Hartlepool Town Centre Development will be completed with plans in place for the building to be fully operational by the end of March 2010. The building will house a range of community services and in line with the proposals for the transformation of services required as part of Momentum Pathways to healthcare programme, a range of services previously delivered in a hospital setting.

Plans are currently being developed for an additional 'urgent care' wing to the building that will support the delivery of between 45 and 60% of current Hartlepool A&E attendances and enhance access to diagnostic availability within the town. This development is currently being scoped to test the possibility of early delivery of this element to coincide with the opening of the main building.

In addition we propose to develop integrated care facilities in Billingham and Stockton and to complete our programme of estate developments that will see enhanced GP facilities in Eaglescliffe and Clarence street, Stockton. We are scoping proposals with the relevant practices for additional new GP premises in Stockton, Billingham and Yarm. These facilities will together provide the much needed additional infrastructure to support the new hospital development and the agreed service and whole system model of care.

Business cases will be developed during 2009 which will focus on the provision of high quality buildings, obtaining the highest scores for design, energy efficiency and safety. The Billingham and Stockton schemes are being developed in collaboration with Stockton Borough Council and the Billingham development has already got through to the next stage of the DH PFI social credit programme but proposes to use LIFT as the procurement vehicle (as will the Stockton scheme).

### **9.2 Capital estates development –South of Tees.**

There are three Primary Care Hospitals in Redcar and Cleveland, one in Middlesbrough together with two intermediate facilities at Onelife and North Ormesby Health Village as well as primary care facilities and services that have received substantial investment in recent years. PAC<sup>2</sup>E will build upon this existing community infrastructure together with the replacement of the existing Community Hospital in Redcar and the creation of the Health Village at Low Grange as well a number of current primary care developments across both PCTs.

Both Redcar Community Hospital and Low Grange developments will be completed in 2009/10 and will deliver the full range of community, primary care and intermediate care facilities that will support the delivery of the agreed PCT Strategy.

Although PAC<sup>2</sup>E will inevitably focus initially on these two developments that are in Redcar and Cleveland, both Middlesbrough and Redcar and Cleveland are part of a single sub system. Consequently PaC<sup>2</sup>E will consider the demand for and supply of services across the 'south of the tees', including social and third sector services and be informed by patients and carers as users of services.

### **9.3 Environmental Issues**

All capital developments are assessed for their environmental impact and "green" features are factored in by design wherever possible. This forms part of the PCTs' commitment to reducing the carbon footprint of our activities. We will ensure that our providers develop their plans for reducing their carbon footprint. Within the PCTs initiatives on this theme include greater use of video-conferencing to reduce traveling and recycling schemes operating at all of our sites.