

DRAFT

**NHS Great Yarmouth &
Waveney**

Operating Plan

2009 – 2010

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Vision

“To provide the population of Great Yarmouth and Waveney with the fastest improving health in England’ and ‘to ensure access to the highest quality health services possible within our resources”.

This operating plan is year 1 of our five-year strategic plan (which is currently under review) and demonstrates the beginnings of achieving the strategic vision of where NHS Great Yarmouth & Waveney will be by March 2013.

NHS Great Yarmouth & Waveney are committed to deliver both its strategic plan and the East of England’s (EOE) ‘Towards the best, Together’ 11 pledges which will lead to improving the health and quality of services in Great Yarmouth & Waveney.

We are committed to working closely with a range of commissioning partners to ensure the highest quality and cost effectiveness from all of our commissioned services. We will actively address the wider determinants of health and well-being as set out in the five year strategic plan and the health and well being strategy. This includes joint commissioning with partners from across the health and social care spectrum, and particularly with partners in local authorities.

Our Purpose

Our core task as a Primary Care Trust (PCT) is to invest locally to achieve the greatest health gains and reductions in health inequalities, at best value for current and future service users.

To ensure our purpose PCTs will perform the following function towards becoming World Class Commissioners:

- locally lead the NHS
- work with community partners
- engage with public and patients
- collaborate with clinicians
- manage knowledge and assess needs
- prioritise investment
- stimulate the market
- promote improvement and innovation
- secure procurement skills
- manage the local health system
- make sound financial investments

To ensure we deliver our vision for health and well being NHS Great Yarmouth & Waveney has set the organisation key goals to provide:

- Better health outcomes
- Reduced health inequalities
- Improved patient experience
- Increased patient choice
- Improved patient safety
- Increased patient empowerment
- For NHS Great Yarmouth and Waveney to be an exemplary corporate citizen

Strategic Context

National Operating framework for England & Wales

2009/10 is described in the Operational Framework as a pivotal year for the NHS as the implementation of 'High Quality Care for All' gathers momentum. The NHS is moving into the third stage of a reform journey underpinned by 'High Quality Care for All', using the additional capacity, investment and reform levers to transform services to deliver high quality care for patients and value for money for taxpayers.

The Operating Framework sets out four key challenges to be delivered simultaneously:

- Continue to deliver on the national priorities that matter most to our patients and public, so that our progress in these important areas is sustained and improved.
- Invest any additional resources wisely in order to prepare for the need to make substantial efficiency savings in 2010/2011
- Start to put in place the strategic enablers and foundations that will help deliver the regional vision and put quality at the heart of all that we do.
- Develop new ways of working and leading that reflect the evidence base and principles for driving large scale transformational change.

The document also sets out the five national priorities for 2009/10:

- Improving cleanliness and reducing HCAs
- Improving access through the achievement of the 18 week referral to treatment pledge and improving access (including at evenings and weekends) to GP services
- Keeping adults and children well, improving their health and reducing health inequalities
- Improving patient experience, staff satisfaction and engagement
- Preparing to respond in a state of emergency, such as an outbreak of pandemic influenza.

The Operating Framework highlights four areas for improving health where particular attention is required:

- Cancer: implementing the reform strategy, including meeting new targets for access to radiotherapy and meeting IOG standards.
- Stroke: implementing the national stroke strategy
- Maternity and neonatal: ensuring that by the end of 2009 women have choices about how to access maternity care; what type of antenatal care they receive; the place of birth and post natal care as well as increasing the number of midwives to meet the regional targets.
- Children: focus on obesity, increasing breastfeeding rates and on safeguarding children.

The Operating Framework also highlights key areas for local development with partners:

- Alcohol
- Dementia
- End of life care
- Mental health
- Military personnel
- People living in vulnerable circumstances;
- People with learning difficulties
- Mixed sex accommodation

Alongside the launch of the operating framework the Department of Health has initiated “Commissioning for Quality and Innovation” (CQUIN).

Regional - East of England pledges

“Towards the Best, together” (TTBT) sets out the overarching vision for all parts of the NHS in the East of England. TTBT sets out eleven outcome based pledges with the stated intent that “We will be the best health service in England.”

The Vision and the Pledges

1. We will deliver year on year improvements in patient experience
2. We will extend access guarantees to more of our services
3. We will ensure that GP practices improve access and become more responsive to the needs of all patients
4. We will ensure that NHS primary dental services are available locally to all who need them

Improving people’s health

5. We will ensure fewer people suffer from, or die prematurely from, heart disease, stroke and cancer
6. We will make our health service the safest in England

7. We will improve the lives of those with long term conditions

Reducing unfairness in health:

8. Working with our partners, we will reduce the difference in life expectancy between the poorest 20% of our communities and the average in each PCT
9. We will ensure healthcare is as available to marginalised groups and looked after children as it is to the rest of us
10. We will cut the number of smokers by 140,000
11. We will halt the rise in obesity in children, and then seek to reduce it

NHS Great Yarmouth & Waveney's operating plan is intended to clearly show how we are supporting the delivery of the 11 EoE pledges and helping us to achieve our vision of the fastest improving health in England

Working in Partnership

NHS Great Yarmouth & Waveney understands that it provides local leadership in achieving its vision but recognises that we must work with partners to ensure health improvements are both fast and cost-effective.

We will continue to work with our partners in local government, stakeholders and the community and voluntary sector to deliver improved health and health services. Local Area Agreements (LAA) provide a key mechanism to ensure that we can increase the pace of improvement and ensures a more holistic approach to commissioning services, achieving multiple outcomes for our communities.

As a cross border Primary Care Trust (PCT) we work closely with two district councils and two County Council to ensure that all sustainable communities strategies, Local Development Frameworks and both Norfolk and Suffolk's LAAs respond to the health needs of our local area.

Local Area Agreements (LAAs)

Both LAA's are targeting similar health agendas and are a key part of deliver in this Operating Plan.

The PCT is actively involved with partners in refreshing the LAA, and all vital signs / LAA targets are aligned across the health agenda.

Areas that feature in both Norfolk & Suffolk LAAs are:

- Child Obesity
- Child Obesity (56)
- Smoking (123)
- Reducing inequalities through addressing teenage pregnancy (112)

Norfolk LAA

- Mental Health of adults (local Norfolk Target)

Suffolk LAA

- Mental Health of children and adolescent (51)

NHS Great Yarmouth & Waveney have prioritised each LAA indicator and the level and type of support that will be provided in helping to achieve improvement.

LAA targets have been highlighted in their respective pledge/clinical group area and clearly demonstrates our actions to work in partnership to deliver these outcomes.

Joint Strategic Needs Assessments

As part of assessing the need of the local population and health services we are a key partner in producing and implementing the findings in both Norfolk and Suffolk's Joint Strategic Needs Assessments (JSNA). This information is supplemented with service specific needs assessments and health and well being data to ensure we fully understand the needs of our local population, including our deprived area and marginalised groups and the market landscape.

These needs assessments will form part of the prioritisation process that will take place across the health improvement agenda and the LAA's for both Norfolk and Suffolk. This process will continue over 2009/10 and we will work with local partners to further refine this document and place it at the heart of how we commission our services.

Practice Based Commissioning (PBC) Development

Practice Based Commissioners are fundamental to the successful development of commissioning and in delivering the ambitious plans for developing services in Great Yarmouth and Waveney. We have established a positive and productive relationship with our Practice Based Commissioning (PBC) consortia and practices. This is reflected in our joint vision statement set out in the PBC compact.

It is recognised by both parties that Practice Based Commissioning is integral to all aspects of successful commissioning in Great Yarmouth and Waveney, particularly in relation to clinical pathway developments and service redesign

PBC are integrated into the core business of the PCT through representation on the Clinical Development Groups and networks, and PCT/PBC Business planning and joint PBC/PCT executive arrangements.

A PBC/PCT Compact has been developed, and signed up to by both parties. This agreement “compact” sets out the relationships between the parties including the following;

- Roles and responsibilities;
- Business planning and monitoring;
- Commissioning of services;
- Freed up resources;
- Management support and incentives;
- Business cases plans and processes
- Dispute resolution;
- Indicative budgets;
- Conflicts of interest.

PBC are currently producing commissioning intentions for 2009/10 and these have been aligned with this plan.

Emergency Planning

Emergency planning has been conducted in line with the requirements of the National Guidance on Emergency Planning. Major incident plans are in place and work is ongoing on refining pandemic flu plans.

Performance

As leaders in improvements in health and well being services NHS Great Yarmouth & Waveney understandings that driving performance is paramount to ensuring our vision. We recognise that as we move towards more joint accountability across public services that we have to provide a holistic examination of performance as well as continuing to focus on the vital signs.

We recognise that from 2009-10 that joint accountability will begin to form part of the Comprehensive Area Assessment (CAA) and that we need to demonstrate that work to improve our communities is delivered across partnerships and provides sustainable improvement.

This document places performance information alongside its relevant pledge and also includes other commitments relating to Sustainable communities strategies and Local Area Agreements.

Divestment of Community Services, NHS Great Yarmouth & Waveney

In 2008, the PCT Board decided to divest itself of its Provider Arm by 2009/10 as a response to the publication of 'Commissioning a Patient led NHS'.

In particular, as part of the clearly redefined role for PCTs, and the need to enable choice and contestability, there was a requirement to reshape the relationship with the Provider arm, providing uniform arrangements for all providers.

The process to achieve this had two key stages.

- Setting up of the Provider Services at 'arms length' from the Commissioning PCT and this was achieved from early in 2008/09.
- Provider Services should become an Autonomous Provider Organisation (APO). Reinforced by the recent Publication by the Department of Health – Transforming Community Services.

The PCT considered the strategic options for Provider Services and agreed that the choice of a community foundation trust was not realistic, viable or sustainable due to the size of the business and therefore the provider arm should be 'divested'.

Therefore the PCTs initial objective was to 'successfully tender the whole of the PCT Community Service and to have in place a new provider by 1st April 2009' and 'to ensure a safe and smooth transfer to a new provider which provides value for money'

The outcome would enable providers independent of the NHS, from other NHS organisations, or a combination of the two (e.g. as a partnership) to be awarded the contract for the community services.

To assist the PCT, we selected Price Waterhouse Cooper and Pinsent Masons (for legal advice) to provide us with the expertise and the required guidance in achieving our required outcome.

The PCT initially set a target a challenging timeline of 1st April 2009 to have completed the Project but the Trust Board has agreed to extend the timeline to ensure we have everything in place to make the right choice for the services, staff and users thereby ensuring a safe and smooth transfer. The timeline now calls for the tender preparation to be completed by the end of March so that the procurement process can commence after board approval.

Action to delivery East of England Pledges

Pledge 1 – we will deliver year on year improvements in patient experience

Lead Director: Director of Nursing

Supporting Strategies: Communication & Engagement Plan, Patient Safety & Clinical Quality, Mixed sex accommodation action plan

Objective / Aim

We will ensure that our patients are satisfied with the NHS in Great Yarmouth & Waveney

The PCT is committed to placing patients, users and the public at the heart of commissioning and making patient experience paramount. Our strategy is to

- Encourage the people of Great Yarmouth & Waveney to make healthier choices
- Lead a continuous, honest and open debate with the people of Great Yarmouth & Waveney at every phase of our work to develop, plan and commission health services
- Increase awareness of how to access the full range of NHS services available in Great Yarmouth & Waveney so that people change their behaviour and access the right services to meet their health needs.

Key Successes of 2008/09

- Supporting the implementation of LINKs
- High level of engagement with patients and service users to redesign services and pathways

Key Areas for development 2009/10

In doing so, the PCT will be looking for a significant cultural change both within its own organisation and the people it engages with. To deliver the strategy and objectives, the PCT has developed a number of initiatives which includes:

- Implement communication strategy (draft)
- Improving staff engagement and engagement capacity and Board and PEC Involvement.
- Continue to developing clinical network groups / patient groups (such as LINKs) to understand pathways from a patient-centre viewpoint

- Continuing to develop our approach to and engage with a diverse range of hard to reach communities.
- Implementation of “Commissioning for Quality and Innovation” (CQUIN) across acute, mental health and community services contracts
- Ensuring we work towards eradicating mixed sex sleeping accommodation and toilet facilities, adjusting this definition upon DOH guidance.

The PCT takes a very diverse approach to harnessing the patient experience and is measured in numerous ways which includes the following:

- Complaints: Quarterly reports produced by Patient Services are submitted at Trust Board level within the Governance Report.
- PALS: activity is reported on a quarterly basis to the Provider Patient Focus Group and the Performance of Commissioned Services Group. Summarised PALS reports are included within the quarterly Commissioning Governance Report and the Provider Governance report to ensure that PALS feedback is also submitted at Trust Board level.
- Patient Surveys: Survey results summarised and brought to the attention of the Commissioning Directorate and the Management Team. National Surveys are commissioned from research organisations such as Picker Europe. The PCT reports on how each GP surgery is performing in relation to length of consultations and to patient surveys.

CQUIN performance measures covering patient experience include, for acute services:

- To attend and contribute to the Patient Experience board
- To demonstrate improvements in patient experience reflects local, regional and national strategy and are in line with Pledge 1 of NHS EoE
- Implement an approved patient experience measuring tool to collect patient experience on the following themes;
 - Appointments and access
 - Attitudes of staff
 - Knowledge of patient
 - Privacy and dignity
- Physical comfort
- PROMS includes primary hip and knee replacement and fractured neck of femur

Community Services:

- Organisation and communication **Patient Experience**
- Improving patient experience improvement plan
- Indicators could include; proportion of patients with LTC who are supported to be independent and in control of their condition, proportion of patients who felt their privacy & dignity were respected, patients receiving appropriate information about their medication etc.
- Using for example, Links, Patient satisfaction surveys, Patient discovery interviews, Patient diaries, complaints and PALS
- Cleanliness
- Produce quarterly summary reports using the collected data

Mental Health Services

- Privacy & Dignity compliance (including single sex accommodation guidance)
- Patient experience including offender experience

For a full list please see Appendix 1.

IT Demands	Information Demands	Contractual & procurement demands	Estates Demands
<ul style="list-style-type: none"> ▪ Long-term conditions website being commissioned externally and all support covered as part of this procurement. ▪ Begin development of Healthspace to enable public viewing of Summary Care Record. 	<ul style="list-style-type: none"> ▪ Local audit of patient experience data will be conducted by the programme board to improve mechanisms available to the PCT. ▪ Information obtained from patient surveys and 'patient tracker' work will feed into patient experience information 	<ul style="list-style-type: none"> ▪ Continued monitoring of mixed sex accommodation requirements in both the acute and community setting. ▪ CQuIN approach incorporates patient experience in all service areas (Appendix 1) 	<ul style="list-style-type: none"> ▪ Core capital proposals aimed at improving patient experience in primary care.

Performance

Pledge 1 contributes to Public Service Agreement 19 'Ensure Better Care for All'

Vital Signs	National Indicator	2008/09	Target for 2009/10	2010/11

VSA06 - Patient experience of access to primary care				
Satisfaction with telephone access to GP practice		Surveying taking place January 2009;	93%	93%
Ability to see GP within 48 hours if wanted		results available	92%	92%
Ability to book GP consultation 3+ days ahead if wanted		May/June 2009.	83%	83%
Ability to see a specific GP if wanted			91%	92%
Satisfaction with GP practice opening times			90%	90%
Average of five elements of access to primary care			90%	91%
VSB15 - Self-reported experience of patients and users		Awaiting End Year returns	78	79
User reported measure of respect & dignity in their treatment	NI 128			

Actions in 2009/10

Action	Milestone	Input	Output	Lead
<p>Patient experience programme board established to deliver local implementation of SHA pledge one action plan</p> <p>Programme board will drive improvements in identified areas of poor performance. These areas have been identified by the Picker institutes' patient surveys.</p> <p>The PCT was significantly better than average in 13 questions, average on 40 and significantly worse in no areas.</p> <p>Key areas identified for improvement related to:</p> <ul style="list-style-type: none"> ▪ No choice of hospital offered for first appointment or no reason given for no choice ▪ Patients not asked about alcohol intake ▪ Patients copied into correspondents between providers ▪ Telephone access ▪ Out of hours satisfaction <p>Manage the process of patient</p>	March 2009		<p>Programme board established</p> <p>Action plans developed targeting areas of poor performance highlighted</p>	Director of Nursing

reported Outcome Measures(PROMS) and coordinate with 'patient tracker'.				
Gap analysis on feasibility on 'patient tracker' initiative to capture patient experience data from discharge from both acute and community hospitals	April 2009	£35,000	Patient experience data	Director of Nursing
Produce the annual patient prospectus	Summer 2009	£40,000	Patient prospectus produced	Head of Corporate Development
Long term conditions website online with 20 LTC in initial roll-out on website, with opportunity for all to participate before condition roll out if desired.	April 2009	£48,000	Phase one complete website providing initial personal health plans	LTC Lead
Further rollout of online personal health plans to further conditions.	August 2009			
All LTC conditions patients offered personal health plans	March 2011			
Continue to ensure that through our contractual mechanisms of patient safety and quality we continue to ensure that our service providers are compliant with mixed sex accommodation and toilet facilities requirements.	Ongoing		Compliance by 2010	Director of Nursing
Our Acute provider has identified areas of non-compliance and this will be addressed through contractual mechanisms, and significant investment to ensure compliance by April 2010.			Compliance by June 2009	
<ul style="list-style-type: none"> ▪ Acute Provider will make a new fully compliant 22 bed ward available by 30 June 2009 to address the problem of men and women sharing bays in Emergency Assessment & Discharge Unit (EADU) and A&E ▪ The 3 bed Observation Unit in A&E will be maintained but only for single sex use. Patients of the other sex will be cared for in a new Observation Unit to be created adjacent to A&E in a bay 				

<p>on the current EADU. A&E will therefore have access to up to 7 Observation beds. CCU will also be relocated in EADU from its current first floor situation.</p> <ul style="list-style-type: none"> Other compliance issues relate to routes of access and shared use corridors <p>Mixed sex accommodation plan submitted to SHA</p>	<p>March 2009</p>			
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Pledge 2 – we will extend access guarantees to more of our services

Lead Director: Director of Commissioning
Supporting Strategies: Palliative & End of Life Strategy

Objective / Aim

Providing better access to high quality care is a key objective for NHS Great Yarmouth & Waveney, and as such, we are fully committed to delivering more of our community based services and mental health services within 18wks. We have set out an ambitious trajectory to bring maximum waiting times well below 18wks, as stated in our strategic plan.

The following information sets out our approach to delivering more services within a maximum 18wks and outlines some of the action we are taking to ensure that this is achievable.

Key Successes of 2008/09

- On course to achieve maximum 18 week wait target for all consultant lead services

Key Areas for development 2009/10

We have used a systematic approach in order to develop a strategy for achieving 18weeks for non-consultant lead services, divided into several stages:

- Review of community services to identify those most appropriate for assessment/monitoring of 18wks access
- Assess availability of information and develop an action plan to address shortfalls
- Audit services to establish baseline information
- Agree information reporting with providers

- Set target trajectories for achievement of 18wks access and full implementation of waiting time information reporting.
- Embedding requirements into relevant contracts, with appropriate monitoring arrangements and performance indicators.

As with many other community services, a key problem has been that of measurement due to the paucity of good data in these services, and addressing this is a vital part of delivering 18wks.

IT Demands	Information Demands	Contractual & procurement demands	Estates Demands
<ul style="list-style-type: none"> ▪ Deploy TTP SystmOne to 100% administrative functionality to all community services by October 2009. 	<ul style="list-style-type: none"> ▪ SystmOne live from April 2009 full reporting available 	<ul style="list-style-type: none"> ▪ Divestment of community services 	<ul style="list-style-type: none"> ▪ Capacity issue identified in the Lowestoft area

Performance

Pledge 2 contributes to Public Service Agreement 18 'Promote better health and wellbeing for all' and PSA 19 'Ensure Better Care for All'

Vital Signs	National Indicator	2008/09	Target for 2009/10	2010/11
VSA04 - Percentage of patients seen within 18 weeks for <ul style="list-style-type: none"> ▪ admitted ▪ non-admitted pathway 		93.43% 96.97%	90% 95%	100% 100%

Actions in 2009/10

Action	Milestone	Input	Output	Lead
Commission consultant lead services with JPH to 16 weeks RTT	March 2010	£3.5 mill	16 weeks all specialties March 2010	Director of Commissioning
Community services, all services will achieve a maximum of 18 week waits by March 2010. Adult SALT Children SALT Contraception & Sexual Health			18 week waits by March 2010 48hrs from request	Director of Commissioning

CFS/ME			18 week waits by March 2010	
Children's SALT Community Physiotherapy			18 week waits by March 2010	
Continence Services			Patients offered appointment within 3 days of referral	
LUTS			Currently 3 days	
Mirena Coils			Currently 4 week wait	
MIU			4 hr max wait	
OT Podiatry			18 week waits by March 2010	
Specialist Nurse – HF			Currently 3 day wait	
Specialist Nursing – MS/PD			18 week waits by March 2010	
Establish a Orthodontic Referral Management Centre approach	April 2009	Admin/officer time to ensure patients offered alternative provider	Patient choice offered to reduce backlog	
Commission additional specialist Orthodontic capacity to remove existing referral backlog	Feb 2009 Commence April 2009 Dec 2009	£400,000	Trajectory plan Cleared backlog of 1,300 6,900 UOAs	Primary Care Contracting
Work towards delivering		£540,000		

<p>access targets:</p> <ul style="list-style-type: none"> ▪ 30% 18week target ▪ 75% 18 week target ▪ 100% 18 week target 	<p>October 2009 March 2010</p>		<p>18 week waits by March 2010</p>	
<p>Implement changes to standard Mental health contract to ensure 18 week maximum waiting times is a contractual requirement</p> <p>Implement changes to standard Mental health contract to ensure information requirements are in contractual agreements</p> <p>Identify information gaps in reporting services where 18 week pressures are identified.</p> <p>Collection of baseline data, with monthly reporting begun 2009/10</p> <p>Monitor achievement of in year sub 18 week targets in early intervention and psychological therapy services</p> <p>Target specific mental health pathways for service review and redesign and potential in year contract variation. As a result of IAPT's impact on community and primary mental health services.</p>	<p>Feb 2009</p> <p>Commences April 2009</p> <p>Quarter 1</p> <p>Ongoing in year</p> <p>Ongoing in year</p>	<p>Contractual mechanisms</p> <p>Contractual mechanisms</p>	<p>Requirements in contract</p> <p>Requirements in contract Quarterly information provide</p> <p>Monthly performance data 14 day maximum way EIP 4 hour max wait for CRHT</p>	<p>Mental Health Lead</p>
<p>IAPT tender to include clause relating to compliance with target of 10 day maximum wait</p>	<p>October 2009</p>	<p>Full Procurement to cost £290,000</p>	<p>10 day maximum wait initial assessment & step 2 treatment. 28 day max for step 3 treatment</p>	<p>Mental Health Lead</p>

Pledge 3 – we will ensure GP practices improve access and become more responsive to the needs of all patients

Lead Director: Director of Commissioning

Supporting Strategies: Improving GP Services

Objective / Aim

To provide responsive GP practices which are convenient and meet the needs of patients.

Key Successes of 2008/09

- PCT has achieved its target for extended hours, currently has 20 practices providing extended opening which equates to 76.92%.

Key Areas for development 2009/10

- New health centre in central Great Yarmouth operating in 2009. Our activity plans / modeling will reflect referrals to secondary care as result of increasing GP numbers.
- Further improvement in GP capacity in Lowestoft will be commissioned to address access gaps.
- Develop a new PMS contract and offer it to all practices from April with negotiations finalised and new arrangements in place by October 2009.
 - Develop a new PMS contract Development Framework to accommodate the range, level and quality of services expected of modern primary care.
 - Envelop existing DES and LES arrangements, current 2008-09 funding for the DES and LES arrangements is £562,043.
- Improve patient satisfaction particularly ‘booking 2 days’ in advance to improve patient satisfaction particularly addressing.

IT Demands	Information Demands	Contractual & procurement demands	Estates Demands
▪ Align Choice and Book requirements in development	▪ Further development of the new PMS contract	▪ Revise all contractual mechanisms in line	▪ Programme of redevelopment GP premises

<ul style="list-style-type: none"> framework Continue rollout programme of GP practice requirements such as GPSoC and PACs. 	Development Framework	<ul style="list-style-type: none"> with PMS contract review Procurement of extended GP capacity in Waveney area. Procurement of Nelson GP Practice 	across Great Yarmouth & Waveney
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Performance

Pledge 3 contributes to Public Service Agreement 19 'Ensure Better Care for All'

Vital Signs	National Indicator	2008/09	Target for 2009/10	2010/11
VSA06 - Patient experience of access to primary care				
Satisfaction with telephone access to GP practice		Surveying taking place January 2009; results available May/June 2009.	93%	93%
Ability to see GP within 48 hours if wanted			92%	92%
Ability to book GP consultation 3+ days ahead if wanted			83%	83%
Ability to see a specific GP if wanted			91%	92%
Satisfaction with GP practice opening times			90%	90%
Average of five elements of access to primary care			90%	91%
VSA07 Supporting measures:				
Extended opening hours for GP practices		76.92%	51.9%	55.6%
Numerous new Performance management measures will be in place as part of the new PMS Development Framework				

Actions in 2009/10

Action	Milestone	Input	Output	Lead
Develop a new PMS contract development framework				
Negotiate new PMS Development Framework with practices and negotiate practice contracts. (to include internet booking, e-mail consultations etc)	April 2009 – October 2009	Officer Time & Contractual Mechanism	Formal contract performance management process in place	Primary Care Contracting
Revise all contractual mechanisms in line with this overall review	September 2009			

<p>utilising APMS providers where service provision is not met. Finalise negotiations and new arrangements operating</p>	<p>October 2009</p>			
<p>Expand primary care service capacity in Lowestoft (e.g. additional 3+ GPs or equivalent WTE)</p> <ul style="list-style-type: none"> • Use appropriate primary care contracting mechanisms (e.g. new PMS contract, APMS, Darzi GP Led Health Centre contract) to secure additional access, including opening 8-8, Saturday/Sunday, Walk in option, invite expressions of interest in targeted areas, including South and North Lowestoft. • Review impact of new Great Yarmouth service, option appraisal for further development in Lowestoft. • Explore options highlighted in the PMS development framework for increasing capacity.(see above) 	<p>October 2009</p> <p>March 2010</p>	<p>Officer review time</p>	<p>Increased GP capacity in Lowestoft</p> <p>Evaluation of Great Yarmouth Service</p>	<p>Primary Care Contracting</p>
<p>Continue to monitor GP satisfaction levels in patient surveys to ensure that if a practice falls below a 70% satisfaction level for two consecutive years we will support improvement by tailoring plans to assist GP practices to increase patient satisfaction. This will be aligned with the PMS development framework, which will contain significant patient experience measures.</p> <p>These include exploring options of:</p> <ul style="list-style-type: none"> ▪ Extended hours ▪ Booking procedures 	<p>Monitoring Ongoing</p> <p>Process aligned to PMS development framework timetable above</p>	<p>Contractual mechanism</p>	<p>All practices performing below 70% have action plans in place</p> <p>Currently have two practices receiving tailored support.</p>	<p>Primary Care Contracting</p>

<ul style="list-style-type: none"> ▪ Staff training ▪ Service development and contractual amendments as per the development framework 				
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Pledge 4 – we will ensure NHS primary dental services are available locally for all who need them

Lead Director: Director of Commissioning

Supporting Strategies: Improving dental access, quality and oral health, Oral Health Needs Assessment

Objective / Aim

To ensure that we maintain and improve our NHS primary dental access available to all who need them.

Key Successes of 2008/09

- Access to NHS dentistry in Great Yarmouth and Waveney is amongst the highest in the country

Key Areas for development 2009/10

To ensure we continue to improve in this area, the PCT's Oral Health Needs Assessment and Access standards have identified several areas as having low dental provision or provision that is more than five miles drive from population weighted centres.

Access and capacity will be improved in these areas in order to meet our access standards and waiting times in:

- Southwold area
- Halesworth & Bungay
- Great Yarmouth Borough
- Martham
- Lowestoft area

The dental portal has been integrated with the PALS system allowing patients to obtain the following information:

- location of all dental services accepting new NHS patients,
- waiting times for a routine appointment.
- details of all practices providing open access slots for patients requiring urgent treatment who do not currently have an NHS dentist.
- Accessing urgent treatment out of hours

IT Demands	Information Demands	Contractual & procurement demands	Estates Demands
None at this time	<ul style="list-style-type: none"> Ensure dental portal information is captured as part of PALs programme 	<ul style="list-style-type: none"> All procurements for increased dental services are anticipated to be completed before 2009/10 	<ul style="list-style-type: none"> No estates demand in this year, all requirements form part of the commissioning process.

Performance

Pledge 4 contributes to Public Service Agreement 19 'Ensure Better Care for All'

Vital Signs	National Indicator	2008/09	Target for 2009/10	2010/11
VS18 - number of patients accessing NHS dental services within the 24 month period		164,280	161,959	164,226

Investments in 2009/10

Additional capacity being commissioned to commence in 2009/10 which equates to £1,386,300 and approximately 50,000 UDA's

- Southwold area £424,584 15,000 UDA's
- Halesworth & Bungay £188,940 6,000 UDA's
- Great Yarmouth Borough £265,365 10,000 UDA's
- Martham £135,867 5,000 UDA's
- Lowestoft area £371,511 14,000 UDA's

Actions in 2009/10

Action	Milestone	Input	Output	Lead
Commission and procure new dental practice in Southwold / Reydon area	Commence April 2009	£425,000	14815 UDAs	Primary Care Contracting
Extend provision of primary dental services in areas	Commence April 2009	£960,000	50000 UDAs	Primary Care Contracting
Monitor increased capacity and access in PCT area and investigate any further improvements in access	October 2009			Primary Care Contracting
Develop a needs assessment for specialist dental services including selective and domiciliary service	September 2009	Officer time	Needs Assessment	Primary Care Contracting
Develop commissioning intentions for	October			

2010/11	2009			
Extend Oral Surgery scheme access to cover all PCT area. Expansion will allow access for Waveney patients to oral surgery in a primary setting	April 2009	Currently £30,000 Increase by £30,000	Equity of services across PCT area	Primary Care Contracting

Pledge 5 - we will ensure fewer people suffer from, or die prematurely from, heart disease, stroke and cancer

Lead Directors: Director of Nursing & Medical Director

Supporting Strategies: Stroke strategy, Cancer strategy

Objective / Aim

The aim of the PCT is to address the impact of heart disease, stroke and cancer and improve patient experience and patient choice. We will seek to better inform individuals and communities to enable greater understanding of long term conditions the self-management of those conditions. Providing timely access to high quality services in a variety of settings.

Key Successes of 2008/09

- Planning for Stroke rehabilitation, linked to Neurology redesign
- Improved ECG, Echo and Arrhythmia services including rapid access
- Improving Outcome Guidance cancer workstreams
- Integrated working: CSIP in Southwold for vulnerable and older people

Key Areas for development 2009/10

This pledge will be delivered through the PCT public health prevention strategies, local clinical networks and the Anglia and IOG regional networks. Pathway redesign is the guiding principle for the networks, with re-commissioning of services occurring as a direct consequence.

Heart Disease

Heart Disease falls within numerous sections of this plan with prevention at both primary and secondary levels, stroke reduction programme and pulmonary and cardiac rehabilitation. Some key initiatives drawn from the plan are:

- Commission and procure increased service levels for cardiac rehabilitation services in line with NICE guidance over the next three years.

- Roll out of CVD vascular risk assessments for people aged 40-74 yrs. Assessments will be rolled out based on risk levels with incentives for approximately 20,000 patients living in the 20% most deprived LSOAs, patients not on QOF registers with higher risk levels and all patients referred to physical activity, weight management and smoking cessation schemes.
- CVD secondary prevention plans are one of the proposed developmental indicators in the PMS Developmental framework (See pledge 3).
- Commission PPCI services

Stroke

In 2009/10 the PCT aims to deliver stroke services which ensure that all patients have timely access to specialist treatment across all stages of the stroke pathway, in line with the national stroke strategy, including:

- Implement Acute element of the stroke pathway
- access to scans within 24 hours of admission for TIA patients
- Commission provision of stroke thrombolysis 24/7 service

Cancer

We aim to deliver the 10 Cancer Reform strategy pledges to cancer patients and carers. NHS Great Yarmouth & Waveney have developed a local Cancer strategy to deliver the national cancer reform strategy looking specifically at selected pledges within the Cancer reform strategy.

NHS Great Yarmouth & Waveney will:

- Reduce risks of developing cancer and increase the chances of early cancer detection via the delivery of new awareness/early diagnosis programmes, screening targets and improved access to cancer treatment pathways from screening routes.
- Work to ensure that care is delivered in the most clinically appropriate and convenient setting for patients provided by a fully NICE/IOG compliant provider. Currently compliant in haematology and on course to be compliant in all supportive & palliative care by December 2009. This is revised regularly through the cancer locality group.
- Provide cancer services that are responsive to patients and their carers needs.

IT Demands	Information Demands	Contractual & procurement demands	Estates Demands
▪ Tracking needs	▪ None at present	▪ Commissioning roll	▪ None at present

for cancer wait targets		out of CVD vascular risk assessments	
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Performance

Pledge 5 contributes to Public Service Agreement 18 'Promote better health and wellbeing for all' and PSA 19 'Ensure Better Care for All'

Vital Signs	National Indicator	2008/09	Target for 2009/10	2010/11
VSA08 - Proportion of patients with breast symptoms referred to a specialist who are seen within two weeks of referral		Awaiting End Year returns	100% by Dec 09	100%
VSA09 - Proportion of women aged 47–49 and 71–73 offered screening for breast cancer		Awaiting End Year returns		
VSA10 - Proportion of men and women aged 70–75 taking part in bowel screening programme		Awaiting End Year returns		
VSA11 - Proportion of patients waiting no more than 31 days for second or subsequent cancer treatment (surgery and drug treatments)		Awaiting End Year returns	100%	100%
VSA12 - Proportion of patients waiting no more than 31 days for second or subsequent cancer treatment (radiotherapy treatments)		Awaiting End Year returns	83%	100%
VSA13 - Proportion of patients with suspected cancer, detected through national screening programmes or by hospital specialists, who wait less than 62 days from referral to treatment		Awaiting End Year returns	100%	100%
VSA14_03 - Patients who spend at least 90% of their time on a stroke unit		26.18%	60%	80%
VSA14_06 - Proportion of people who have a TIA who are scanned and treated within 24 hours		20.20%	60%	60%
% suspected stroke patients who need an urgent brain scan in <60 mins			40%	70%
% appropriate patients thrombolysed <3hours onset			40%	60%
% low risk TIA patients scanned and treatment initiated <7 days			70%	90%
VSA15 - All women to receive results of cervical screening tests within two weeks		Plans Deferred	Plans Deferred	
VSB01 - All-age all-cause mortality rate per 100,000 population: Male	NI 120	2008	2009	2010

Female		667 480	651 473	635 467
VSB02 - <75 CVD mortality rate	NI 121	70	62	58
VSB03 - <75 cancer mortality rate	NI122	114	91	87
VSC23 - Vascular risk score				
Percentage of practices with PCT validated registers of patients without symptoms of cardiovascular disease with an absolute risk of CVD events greater than 20% over the next 10 years.		50%	74.1%	100%
VSC24				
Proportion of patients who were prescribed anti-platelet		92.82%	98%	98%
Proportion of patients who were prescribed a statin			98%	98%
Proportion of patients who were prescribed a beta-blocker		66.58%	98%	98%

Actions in 2009/10

Action	Milestone	Input	Output	Lead
<p>Heart Disease & Stroke</p> <p>CVD risk register uptake to be increased to 100%</p> <p>Roll out of CVD vascular risk assessments for people aged 40-74 yrs. Prioritisation will be based on estimated risk levels during phased roll out to 99,177 eligible population over three years.</p> <p>Programmes estimates over 5 years: Total patients 40-74, 99,177 Patients in 20% most deprived LSOAs, 20,871 Patients not on QOF registers with >20% risk, 14,218</p> <p>Roll-out being developed across numerous points of delivery but will be incorporated in the PMS development framework and / or any willing provider lists.</p>	<p>June 2009</p> <p>Roll out to begin April 2009 completed by 2012</p>	<p>£450,000 part year based on incremental rollout</p>	<p>100% CVD risk registers</p> <p>Estimated maximum 20,000 CVD vascular checks per year with staged rollout based on risk levels.</p> <p>Increases in uptake of lifestyle programmes</p> <p>Estimated numbers referred to physical activity,</p>	<p>CVD screening lead</p>

Draft specification prepared and discussion ongoing with numerous providers in developing CVD checks.			weight management , smoking cessation 6,554	
<p>Pulmonary Rehab Implementation plans in place to achieve uptake of 0.23% pop</p> <p>Baseline 2008/9 – 121 patients</p> <ul style="list-style-type: none"> Contract variation agreed with JPH Jan 2009 to uplift numbers seen Community provision out for expressions of interest Jan 2009 for commencement April 2009 <p>Anticipated with 120 projected level for 2010/11 NICE 3 year total 483 patients</p>	Mar 09	£25,000 £50,000	80 patients 242 patients	LTC Lead
<p>Cardiac Rehab</p> <ul style="list-style-type: none"> Pathway redesign complete and endorsed by local Network 4 levels of Rehab in community and Acute settings plus Heart Manual for patients 	Feb 2009 April 2009	£123,000 for phases 2&3 £125,000 for phases 1&4	460 patients (all phases) NICE target 420 by 2011	LTC Lead
<p>To increase from 18 practices that are participating in the Heart Failure (beta-blocker) DES, as part of the developmental indicators in the PMS Developmental framework</p> <p>As of Dec 08, 84% of such patients are treated with an ACE inhibitor or Angiotensin Receptor Blocker, who can tolerate therapy and for whom there is no contra-indication</p> <p>Secondary CHD register 9,948</p> <p>Commission PPCI services</p>	<p>October 2009</p> <p>Commences April 2009</p> <p>Roll out to begin April 2009</p>		<p>100 %All GP practices on prescribing HF (beta-blocker) – June 2009</p> <p>Dec 2008 baseline : 83.96% nos: 979 (only 0.25% of entire pop is currently registered as HF)</p>	Primary care lead
Implement Acute element of the		£600,000		Medical

<p>stroke pathway including</p> <ul style="list-style-type: none"> ▪ admission to a stroke unit ▪ access to scans within 24 hours of admission for TIA patients <p>Commission provision of stroke thrombolysis 24/7 service</p> <p>All Stroke patients will receive a specialist stroke rehabilitation community-based service, including step-up/step-down beds as necessary</p>	<p>December 2009</p> <p>24/7 provision in place by April 2009</p>		<p>24/7 provision in place</p> <p>Target nos: 6,750 (est based on 07/8 baseline)</p>	<p>Director</p>
<p>Cancer</p> <p>Other standards will be maintained in the local screening programmes.</p> <p>Cervical Screening Number of eligible women:24,461</p> <p>Breast Screening Roll out of age extension for breast screening as per guidance</p> <p>Continue to commission the Bowel Cancer Screening programme</p>	<p>April 2009</p> <p>January 2009</p>	<p>£500,000 07/08 uptake 76%</p> <p>Current uptake 58%</p>	<p>Currently 80% of women screened in last 5 years</p>	<p>Screening Lead</p>
<p>Implement outstanding actions of Supportive and Palliative care NICE guidance</p> <p>Develop action plan to ensure equity of access to cancer drugs (residents to have access to all NICE approved drugs and for pre NICE drugs a common approach will be adopted across East Anglia).</p> <p>Commission 3 MDT coordinators. with acute provider to provide additional capacity to ensure Improving Outcome Guidance</p>	<p>Dec 2009</p> <p>2011</p> <p>April 2009</p>	<p>£148,000</p>	<p>Current compliance in hematology</p>	<p>Director of Nursing</p>

<p>compliance</p> <p>As part of the cancer strategy to achieve the new cancer wait standards we will:</p> <p>Commission 3 patient pathway coordinators and tracking systems to ensure patient tracking is maintained along the pathway.</p> <p>As part of our contribution to NRAG and the Anglia network we will continue to explore increasing radiotherapy capacity</p> <p>Exploring a radiotherapy satellite facility to deliver max travel time of 45 mins for those with common cancers or for palliative treatment by 2011, including:</p> <ul style="list-style-type: none"> ▪ Capacity and demand analysis completed ▪ Develop development plan in line with capacity and demand analysis ▪ Inpatient care provision ▪ Chemotherapy services ▪ Develop an ambulatory care model with enhanced home based support and satellite radiotherapy services. <p>Review service specifications as they emerge from Anglian Cancer Network & peer review process.</p> <p>NCAG baseline review has been completed and action plan is being developed to address findings</p> <p>Develop a gap analysis of training and equipment for workforce providing supportive and palliative</p>		<p>£80,000</p>	<p>Action plan for increasing access to radiotherapy</p>	
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Pledge 6 – we will make our healthcare system the safest in England

Lead Directors: Director of Nursing & Medical Director

Supporting Strategies: Patient Safety & Clinical Quality

Objective / Aim

Ensuring we commission services that are the safest in England, working with all providers to ensure this standard.

Key Successes of 2008/09

- MRSA & Cdif in line and below projected target figures
- Commissioning of additional 22 bed infection control ward JPH

Key Areas for development 2009/10

Patient safety is an essential element of all NHS Great Yarmouth & Waveney's commissioned services. We will work to maintain and further improve safety by:

- Management of contracts with our providers
- Education and training packages
- Leadership of joint infection control processes

CQUIN performance measures covering patient safety included for acute services:

- Venous Thrombo-embolism (VTE)
 - All patients to have risk assessment at time of admission as per the DH Risk Assessment for VTE (Gateway ref: 10278)
 - High risk patients to receive appropriate prophylaxis according to local policy
 - Reassessment is recommended after at least 48 – 72 hours
 - Audit to be undertaken at 1st quarter to identify incidence of VTE events - to establish a baseline.
 - 2nd Audit to be undertaken at 4th quarter to demonstrate a reduction of incidence of VTE events
- HSMR
 - Detailed analysis of data with Dr foster
 - Action plan to improve recording of data
 - Action plan for reducing HSMR in 3 highest areas
- Discharge Letters and Summaries

Community Services:

- Improvement in the number of patient slips, trips and falls in community hospitals

Mental Health

- Proms development
- Patient experience
- Patient Safety
- Screening
- Inpatient facilities
- Psychological therapies
- Clinical support for primary care
- Dementia Services
- Offender Health

IT Demands	Information Demands	Contractual & procurement demands	Estates Demands
▪ Continue implementation of GP2GP	▪ None at present	▪ CQUIN approach is laid out in Appendix 1 covering acute, community & mental Health	▪ None at present

Performance

Pledge 6 contributes to Public Service Agreement 19 'Ensure Better Care for All'

Vital Signs	National Indicator	2008/09	Target for 2009/10	2010/11
VSA01 - MRSA - number of infections		10	10	13
VSA03 - Numbers of <i>Clostridium Difficile</i>		110	102	151

Actions in 2009/10

Action	Milestone	Input	Output	Lead
PCT commissioned inspection and audit programme for all GP surgeries	On going			
PCT commissioned inspection and audit programme for all General Dental surgeries.	On going			
Link nurse scheme for all residential and nursing homes, training and development of all staff in homes.	On going			
Follow up by community infection control team of all patients with MRSA bacteremia, separate programme for all C Diff patients.	On going			

Action to address JPH HSMR above 100: <ul style="list-style-type: none"> Detailed Dr Foster analysis undertaken Action plan to improve data recording. Action plan for reducing HSMR in 3 highest areas. 	April 2009 June 2009 June 2009			
Agree further reduction in C Diff and MRSA targets, review following final baseline assessment	Contract Feb 2009		Targets agreed and submitted via vital signs	Assistant Director of Performance
MRSA Screening of elective patients will be in place from April 2009 Screening of non-elective patients	April 2009 During 2009/10			Assistant Director of Performance
Confirm in contract clauses to ensure 98% compliance with 7 day follow up targets Performance monitoring used CQIN approach	Contracts signed end Feb 2009 From April 2009	Contractual mechanism Officer time	All elements included in 2009/10 contracts	Director of Commissioning
Completion of suicide prevention strategy Agreement of action plan for prevention of suicide and self-harm	June 2009 July 2009	Officer Time Potential cost for future staff awareness raising	Action Plan agreed	Mental Health Lead

Pledge 7 - we will improve the lives of those with long term conditions

Lead Director: Director of Commissioning

Supporting Strategies: DH Supporting People with Long Term Conditions

Objective / Aim

To better inform individuals and communities so as to enable greater understanding of long term conditions and the nature of self-management of those conditions. Providing timely access to high quality services in a variety of settings.

Key Successes of 2008/09

- Redesigning of Diabetes pathways
- Cardiac rehabilitation mapping
- Commissioning of pulmonary rehabilitation services for people with COPD
- Pilots for pain management, dyspepsia and community epilepsy nurse specialist support
- CSIP integrated working pilot in Southwold for vulnerable & older people

Key Areas for development 2009/10

Actions to deliver improvements for long term conditions centre on improving patient experience and patient choice, such as:

- Introducing personal health plans with electronic access via LTC website, with heart failure diabetes and COPD being reviewed and pathways redesigned.
- Pathway redesign for 5 Diabetes conditions and their re-commissioning are agreed as:
 1. Footcare
 2. Type 1 education (DAFNE)
 3. Type 2 education (DESMOND)
 4. Paediatrics
 5. Retinal screening
- Pathway review of COPD, Parkinson's and Ischaemic heart disease
- Work with pathways groups to understand any joint working and to ensure inclusion of vulnerable and marginalised groups e.g. homeless people, those with learning disabilities and those with mental health, substance misuse or dual diagnosis problems

IT Demands	Information Demands	Contractual & procurement demands	Estates Demands
<ul style="list-style-type: none"> ▪ Long-term conditions website being commissioned externally and all support covered as part of this procurement. 	<ul style="list-style-type: none"> ▪ Key metric from task & finish group collated ▪ LTC website will provide a rich source of information on patient experience and will be used by delivery groups to examine pathways 	<ul style="list-style-type: none"> ▪ New community tender for Diabetes DESMOND education service 	<ul style="list-style-type: none"> ▪ None at present

Performance

Pledge 7 contributes to Public Service Agreement 19 'Ensure Better Care for All'

Vital Signs	National Indicator	2008/09	Target for 2009/10	2010/11
VSC03 - Proportion of adults (18 and over) supported directly through social care to live independently at home	NI 136	Awaiting data from partners expected Q1 2009		
VSC11 - Proportion of people with long-term conditions supported to be independent and in control of their condition	NI 124	Awaiting End Year returns		
VSC17 - Adults and older people receiving direct payments and/or individual budgets per 100,000 population (aged 18 and over)	NI 130	Awaiting data from partners expected Q1 2009		
VSC27 - Proportion of people on the diabetes register whose HbA1c has been measured in the previous 15 months, and is 7.5 or less		57.98%	67.5%	70%

Actions in 2009/10

Action	Milestone	Input	Output	Lead
<p>Pulmonary Rehab Implementation plans in place to achieve uptake of 0.23% pop</p> <p>Baseline 2008/9 – 121 patients</p> <ul style="list-style-type: none"> ▪ Contract variation agreed with JPH Jan 2009 to uplift numbers seen ▪ Community provision out for expressions of interest Jan 2009 for commencement April 2009 <p>Anticipated with 120 projected level for 2010/11 NICE 3 year total 483 patients</p>	Mar 09	<p>£25,000</p> <p>£50,000</p>	<p>80 patients</p> <p>242 patients</p>	LTC Lead
<p>Cardiac Rehab</p> <ul style="list-style-type: none"> ▪ Pathway redesign complete and endorsed by local Network ▪ 4 levels of Rehab in community and Acute settings plus Heart Manual for patients 	<p>Feb 2009</p> <p>April 2009</p>	<p>£123,000 for phases 2&3</p> <p>£125,000 for phases 1&4</p>	<p>460 patients (all phases) NICE target 420 by 2011</p>	LTC Lead

Long term conditions website online with 20 LTC in initial roll-out on website, with opportunity for all to participate before condition roll out if desired.	April 2009	£48,000	Phase one complete website providing initial personal health plans	LTC Lead
Further rollout of online personal health plans to further conditions.	August 2009			
All LTC conditions patients offered personal health plans	March 2011			
Commission diabetes education prevention programmes: DESMOND	Ongoing	£75,000	Provide 37 courses with 500 participants	LTC Lead
DAFNE		£94,000	48 participants	
Approx. 8000 PHP offered for Diabetes & Heart Failure patients	Sept 09	£2000	9675 Diabetes (Dec 09)	LTC Lead
All patients will be invited to 'own' a PHP, either electronically via the website or in a manual version	April 2009	£500	979 Heart Failure (Dec 09)	
Continue to roll out Diabetes patient experience survey:			Patients surveyed	LTC Lead
Pilot commenced roll-out to achieve 1000 baseline sample	Feb 2009	£500	50	
	Dec 09		1000	
Improve timely access to specialist advice and diagnostics in primary care, 2 pathways per PCT reviewed using the whole generic pathway framework: <ul style="list-style-type: none"> ▪ Diabetic footcare ▪ Child eye refraction ▪ COPD, ▪ Parkinson's ▪ Ischaemic heart disease 	Commence April 2009		Redesigned pathways to allow re-commissioning of services	LTC Lead

Pledge 8 - we will work with our partners to reduce the differences in life expectancy between the poorest 20% of our communities and the average in each PCT

Lead Director: Director of Public Health

Supporting Strategies: Health & Well Being Strategy, all Sustainable Community strategies in the Area, Neighbourhood Management programmes in both Great Yarmouth and Lowestoft

Objective / Aim

To close the gap in life expectancy between our poorest MSOAs and work with partners to target the underlying causes of inequalities

Key Successes of 2008/09

- Supported innovative Neighbourhood Management programmes in South Yarmouth and Central Lowestoft.
- Joint Strategic Needs Assessment been completed for both Norfolk & Suffolk

Key Areas for development 2009/10

Reducing the differences in life expectancy between the poorest 20% of our communities and the average will be essential to delivering our PCT vision to have the 'fastest improving health' and is a key driver to our PCT 'Strategic Service Direction' and 'Health and Well being Improvement Strategy'.

NHS Great Yarmouth and Waveney will commission a package of lifestyle and prevention services which will be targeted in our MSOAs including:

- Increasing GP capacity in our deprived MSOAs.
- Specific targeted services/prioritised services in deprived communities, much of this work is driven by our screening and lifestyle services.
- Use of social marketing targeting deprived areas and marginalised groups with specific programmes being commissioned to reduce smoking, improve diet and increase exercise.

NHS Great Yarmouth & Waveney recognises that health inequalities do not occur in isolation from other social problems and we are supporting and championing the health and well-being agenda locally.

- Working with our partners to complete a Joint Strategic Needs assessment for both Norfolk & Suffolk.
- Continue to support Lowestoft and Great Yarmouth Neighborhood Management schemes supporting innovative and grass-root lead service development that improve health & well being.
- Supporting people back to work as a supporting partner in Great Yarmouth's Working Neighborhood Fund.

IT Demands	Information Demands	Contractual & procurement demands	Estates Demands
None at present	▪ None at present	<ul style="list-style-type: none">▪ Procurement of extended GP access in Waveney area.▪ Commissioning roll out of CVD vascular risk	▪ None at present

		assessments <ul style="list-style-type: none"> ▪ IAPT tender process to commence October 2009 	
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Performance

Pledge 8 contributes to Public Service Agreement 18 'Promote better health and wellbeing for all'

Vital Signs	National Indicator	2008/09	Target for 2009/10	2010/11
VSB01 - All-age all-cause mortality rate per 100,000 population: Male Female	NI 120	2008 667 480	2009 651 473	2010 635 467
VSB02 - <75 CVD mortality rate	NI 121	70	62	58
VSB03 - <75 cancer mortality rate	NI122	114	91	87

Actions in 2009/10

Action	Milestone	Input	Output	Lead
Examine options and commission improved GP Capacity in Lowestoft in line with pledge 3	September 2009			Primary Care Contracting
<p>Develop a social marketing strategy to encompass all lifestyle social marketing initiatives to ensure co-ordinated marketing and in line with national campaigns. to ensure maximise benefits in increasing access, take-up of services particularly in deprived communities and marginalised groups.</p> <p>Continue to use social marketing, planned with DOH campaigns to maximise impact, in all media to target key demographics</p> <p>Incorporate methodology into all relevant action plans across Clinical Groups where appropriate</p>	<p>May 2009</p> <p>May 2009</p> <p>October 2009</p>	<p>Officer Time</p> <p>£131,000</p>	<p>Social Marketing strategy</p> <p>Numerous social marketing campaigns with targeting at most deprived communities</p>	<p>Health Improvement Principal</p>

<p>CVD risk register uptake to be increased to 100% as part of PMS development framework</p> <p>Roll out of CVD vascular risk assessments for people aged 40-74 yrs. Prioritisation will be based on estimated risk levels during phased roll out to 99,177 eligible population over three years.</p> <p>Programmes estimates over 5 years: Total patients 40-74, 99,177 Patients in 20% most deprived LSOAs, 20,871 Patients not on QOF registers with >20% risk, 14,218</p> <p>Roll-out being developed across numerous points of delivery but will be incorporated in the PMS development framework and / or any willing provider lists.</p> <p>Draft specification prepared and discussion ongoing with numerous providers in developing CVD checks.</p>	<p>October 2009</p> <p>Roll out to begin April 2009 completed by 2012</p>	<p>£450,000 part year based on incremental rollout</p>	<p>100% CVD risk registers</p> <p>Estimated maximum 20,000 CVD vascular checks per year with staged rollout based on risk levels.</p> <p>Increases in uptake of lifestyle programmes</p> <p>Estimated numbers referred to physical activity, weight management, smoking cessation 6,554</p>	<p>CVD screening lead</p>
<p>Ensure IAPT provides appropriate support to physical health improvements in deprived communities.</p>	<p>October 2009</p>	<p>Full Procurement to cost £290,000</p>	<p>Included in specification</p>	<p>Mental Health Lead</p>
<p>Young Person's Exercise coordinator service to deliver targeted programme of physical activity in schools and early years community groups in our most deprived MSOAs to increase physical activity by children aged 5-12 year</p>	<p>April 2009</p>	<p>£43,000</p>		<p>Health Improvement Principal</p>

<p>Health trainer service to assist in 20% deprived communities in Great Yarmouth & Lowestoft to increase take-up of many lifestyle services including:</p> <ul style="list-style-type: none"> ▪ Smoking cessation ▪ 'Fruit and veg' van (nutrition) <p>Work to increasing migrant worker smoking cessation champions.</p>	<p>Begin April 2009</p>	<p>£326,000</p>	<p>Health Improvement Principal</p> <p>Tobacco Control Commissioning Advisor</p>
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Pledge 9 - we will ensure healthcare is as available to marginalised groups and 'looked after' children as it is to the rest of us

Lead Director: Director of Public Health

Supporting Strategies: Health & Well Being Strategy, Joint Strategic Needs Assessments, all Sustainable Community strategies in the Area, Neighbourhood Management programmes in both Great Yarmouth and Lowestoft

Objective / Aim

To ensure that the same level of healthcare is available to marginalised groups and that NHS Great Yarmouth & Waveney works to ensure it services improve access.

Key Successes of 2008/09

- Joint Strategic Needs Assessment completed for both Norfolk & Suffolk
- Prison Health Needs Assessment completed

Key Areas for development 2009/10

Both Norfolk & Suffolk's Joint Strategic Needs Assessments have clearly highlighted areas of multiple deprivation and marginalised groups. These marginalised groups have distinct challenges either from suffering from proportionally greater health inequalities or accessing our services.

- Vulnerable Adults
- Vulnerable Children
- Gypsies & Travelers
- Migrant workers
- Prisoners

- Carers
- Alcohol & substance misusers
- Black and Minority Ethnic (BME) groups
- Military Personnel

Marginalised groups are targeted in many of the broader categories published in this plan and are listed in their respective service areas. As part of the work on the JSNA and the LAAs have specific partnership plans that provide a more holistic approach to improve access.

This section draws together some key initiatives drawn from other areas of this plan.

IT Demands	Information Demands	Contractual & procurement demands	Estates Demands
▪ None at present	▪ Support the JSNA process in both Norfolk & Suffolk	▪ None at present	▪ None at present

Performance

Pledge 9 contributes to Public Service Agreement 15 'Address the disadvantage that individuals experience because of their gender, race, disability, age, sexual orientation, religion or belief, 16 Increase the proportion of socially excluded adults in settled accommodation and employment, education or training and 18 'Promote better health and wellbeing for all'.

Vital Signs	National Indicator	2008/09	Target for 2009/10	2010/11
VS14 - Number of drug users recorded as being in effective treatment	NI 40	Awaiting data from partners expected Q1 2009		
Fair Treatment by local services	NI 140	Awaiting data from partners expected Q1 2009		
Emotional & behavioral health of children in care	NI 58	Awaiting data from partners expected Q1 2009		
Number of vulnerable people achieving independent living	NI 141	Awaiting data from partners expected Q1 2009		
Number of vulnerable people who are supported to maintain independent living	NI 142	Awaiting data from partners expected Q1 2009		

Actions in 2009/10

Action	Milestone	Input	Output	Lead
<p>Military Personnel Complete review of good practice for Military personnel with PTSD and other psychological needs.</p> <p>To support "Navigator", the recently formed self support group for British and Commonwealth Armed Forces Veterans who have mental health problems in Norfolk and Waveney.</p>	<p>June 2009</p> <p>Ongoing</p>	<p>Officer Time</p>	<p>Evaluate services to ensure good practice is followed</p>	<p>Mental Health Lead</p>
<p>Prisoners Ensure and monitor recommendations from Prison Needs Assessment completed</p> <p>Develop plans for improving current services for Prison Health Service in light of review and monitoring</p> <p>Review the needs of the Prolific and Priority Offender (PPO) schemes in both Norfolk & Suffolk to ensure health services are adequate</p> <p>Work with partners to commission assessment of mentally disordered offenders.</p>	<p>Ongoing</p> <p>July 2009</p> <p>September 2009</p> <p>April 2009</p>	<p>Officer Time</p>	<p>Incorporation of PPO scheme into needs assessment</p>	
<p>People with Learning Disabilities</p> <p>All people with learning disabilities who had been living in NHS Campus provision will be living in their own homes.</p> <p>Transfer of resources to social care completed</p>	<p>1st April 2009</p> <p>1st April 2009</p>			<p>LD Lead</p>
<p>Embed joint commissioning arrangements for Aiming High programme for children, young people and their families which will bring innovative choice for respite and short break provision.</p>	<p>May 2009</p> <p>July 2009</p>	<p>£82,000</p>	<p>Respite support for 17 children with complex health needs</p>	<p>Children's Commissioner</p>

Further develop information packages available				
Finalise development of PCT vision for learning disability services	May 2009 April 2009			LD Lead
Agree future pooled fund arrangements in Suffolk and lead commissioning arrangements.				
Implementation of inter-agency protocols across the PCT for mental health and Learning disabilities in line with the 'Green Light' White Paper	June 2009			LD Lead
Commission Learning Difficulties Healthcare facilitator to: <ul style="list-style-type: none"> ▪ Improve access to primary care and coordinate healthcare action plans, currently 17 / 26 practices signed to DES ▪ Review screening for people with Learning Difficulties in line with healthcare action plans. 	April 2009 September 2009			LD Lead
Gypsies & Travelers Continue to review gypsy & traveler needs through dedicated support, currently provided by health visitor and health trainer	Ongoing	£70,000	Dedicated support for gypsy, traveler and migrant workers	Health Improvement Principal
Looked after Children Review health needs of Looked after children, as part of JSNA process.	August 2009			
Review the health checks provided for LAC for physical as well as psychological conditions, recommendations made to CPCN	August 2009 September 2009		Recommendations made to Children's Professional and Clinical Network	Children's Commissioner

<p>Carers / Young Carers Embed joint commissioning arrangements for Aiming High programme for children, young people and their families which will bring innovative choice for respite and short break provision.</p> <p>Further develop information packages available</p>	<p>May 2009</p> <p>July 2009</p>	<p>£82,000</p>	<p>Respite support for 17 children with complex health needs</p>	<p>Children's Commissioner</p>
<p>Substance Misuse Older People and Substance Misuse needs assessment</p> <p>Community support for homeless people with substance misuse needs in Great Yarmouth</p> <p>Brief Interventions training for primary care practitioners including harm minimisation and reducing risk</p>	<p>September 2010</p> <p>April 2009</p> <p>May 2009</p>	<p>£9,000</p> <p>£117,000</p>	<p>Needs Assessment</p>	<p>Substance Misuse Lead</p>

Pledge 10 – we will cut the number of smokers by 140,000

Lead Director: Director of Public Health

Supporting Strategies: Smoking is a priority in both LAAs, and features in all Sustainable Communities Strategy

Objective / Aim

To reduce the number of smokers across the PCT area and its impact on the health of our residents

Key Successes of 2008/09

- Restructured core smoking service
- Increased capacity of smoking cessation service and increased capacity in primary care
- Conducted high impact advertising campaigns supporting national quit smoking campaign
- During 2009/10 achieving (*final year end 08/09*) reduction in smokers

Key Areas for development 2009/10

NHS Great Yarmouth and Waveney is committed to supporting the Eastern Region to achieve Pledge 10. As part of our work to improve health and well being smoking is a primary focus due to its contributory factors to poor health, others and the environment.

The smoking cessation service will continue to:

- Increase and diversify the number of providers for all tiers of smoking cessation advice
- Ensure that smoking cessation is an integral element in our lifestyle prevention packages.
- Continue to focus our service on deprived areas to reduce health inequalities
- Provide and support others to a smoke free work place
- Actively support the Norfolk and Suffolk Tobacco Alliances to de-normalise smoking behaviour and improve tobacco controls.

NHS Great Yarmouth and Waveney have completed advertising campaign which was based on the insight campaign run by the Department of Health and aimed at routine and manual workers. We will continue to use social marketing to explore targeting our hard-to-reach smokers and encourage them to use the NHS stop smoking service.

IT Demands	Information Demands	Contractual & procurement demands	Estates Demands
<ul style="list-style-type: none"> ▪ None at present 	<ul style="list-style-type: none"> ▪ None at present 	<ul style="list-style-type: none"> ▪ Smoking cessation is one of the proposed developmental indicators in the PMS Developmental framework (See pledge 3). ▪ Pharmacy Enhanced Services includes smoking cessation ▪ Incorporate Smoking Cessation targets for advice offered in all contracts 	<ul style="list-style-type: none"> ▪ None at present

Performance

Pledge 10 contributes to Public Service Agreement 18, 'Promote better health and wellbeing for all'.

Vital Signs	National Indicator	2008/09	Target for 2009/10	2010/11
VSB05 - Number of 4-week smoking quitters who attended NHS Stop Smoking Services	NI 123	Awaiting End Year returns	1562	1737
Number of 4-week smoking quitters who attended NHS Stop Smoking Services in our six most deprived MSOAs		Awaiting End Year returns	450	491

<p>appropriate</p> <p>Text messaging service provided and all on licensed premises in the most deprived LSOAs provided with smoking cessation beer mats</p> <p>Targeted mail shot to ex-service users who have failed to quit previously.</p>	Nov 2009			Tobacco Control Advisor
<p>Health trainer service to assist in 20% deprived communities in Great Yarmouth & Lowestoft to increase take-up of many lifestyle services including:</p> <ul style="list-style-type: none"> ▪ Smoking cessation advise ▪ 'Fruit and veg' van (nutrition) ▪ Community Cooks <p>Work to increasing migrant worker smoking cessation champions.</p>	Begin April 2009	£326,000	8 health trainers provide service delivery for a range of lifestyle and prevention services	Health Improvement Principal Tobacco Control Commissioning Advisor
<p>Health at Work plan will deliver rolling programme of tailored packages in partnership with employers and employees.</p> <p>2 Local Authorities and 1 Acute trust selected and 7 businesses selected after initial radio canvas, selection will be focused on largest interested businesses initially</p> <p>Produce tailored packages bringing all lifestyle services to support healthier lifestyles such as:</p> <ul style="list-style-type: none"> ▪ Smoking cessation advice ▪ Encouraging local walking routes ▪ Nutritional information <p>Continue rolling programme with further local employers and employees.</p>	<p>April 2009</p> <p>May 2009</p> <p>October 2009</p>		2 Local Authorities & 1 Acute trust selected and 7 businesses selected and supported to provide 10 tailored healthier lifestyle packages	Healthy Work Coordinator

Pledge 11 – we will halt the rise in obesity in children and then seek to reduce it

Lead Director: Director of Public Health

Supporting Strategies: Obesity is a priority in both LAAs, and features in all Sustainable Communities Strategies

Objective / Aim

We are committed to working with early years, children, parents and partners such as schools to ensure that good nutrition, exercise and diet information is provided and support is given to obese, over weight and health weight children; to move towards and maintain a healthy weight.

Key Successes of 2008/09

- Health Trainer pilot expanded to cover all PCT area
- Commissioning Mind Exercise Nutrition. Do IT MEND 4 delivery sites
- Commissioning fruit and veg van
- Commissioning mini MEND 12 programmes Great Yarmouth area
- Delivery of Healthy Eating Nutrition for the Really Young HENRY Waveney area

Key Areas for development 2009/10

Obesity work programmes complement the maternity / newborn & children's work programmes and other health and well being initiatives such as smoking.

Supported by both Norfolk and Suffolk Local Area Agreements we are continuing to commission an extensive integrated healthy lifestyle support programme promoting health weight for children and their families including:

- Expanding MEND projects targeting children from differing age ranges, supporting health schools partnerships
- Community nutrition teams
- Weight Management programmes
- Increased physical activity programmes working with Local Authorities and local sport partnerships
- Improved nutritional schemes targeting deprived communities
- Increasing Breastfeeding
- Working with local authorities to co-ordinate transport plans and increase green links.

Community nutrition teams will continue to support the nutrition elements of MEND and to deliver innovative initiatives to improve diet and nutrition. These teams also provide advice and guidance to children centres.

IT Demands	Information Demands	Contractual & procurement demands	Estates Demands
<ul style="list-style-type: none"> None at present 	<ul style="list-style-type: none"> Data for the NCMP is captured by School Health Clinical staff visiting all the schools in Great Yarmouth & Waveney PCT measuring and weighing children in Year R and Year 6. Entered on the electronic health record (SystemOne) and uploaded via the Data Upload Tool 	<ul style="list-style-type: none"> Commission and procure Obesity Needs Assessment Commercial Slimming programme 	<ul style="list-style-type: none"> None at present

Performance

Pledge 10 contributes to Public Service Agreement 12, 'Improve the health and wellbeing of children and young people'

Vital Signs	National Indicator	2008/09	Target for 2009/10	2010/11
VSB09 - Obesity among primary school-age children				
<ul style="list-style-type: none"> Total number of primary school age children in Reception recorded as obese for their age in the past school year. This is a subset of VSB09_03 			211	211
<ul style="list-style-type: none"> Total number of primary school age children in Reception with height and weight recorded in the past school year 			2,050	2,040
<ul style="list-style-type: none"> Total number of primary school age children in Reception. 	NI 55 NI 56	Awaiting End Year returns	2,202	2,173
<ul style="list-style-type: none"> Percentage of children in Reception with height and weight recorded who are obese. 			10%	10%
<ul style="list-style-type: none"> Percentage of children in Reception with height and weight recorded. 			93%	94%
<ul style="list-style-type: none"> Percentage of children in Year 6 with height and weight recorded who are obese. 			19%	19%
<ul style="list-style-type: none"> Percentage of children in Year 6 with height and weight recorded. 			86%	86%

VSB11 - Percentage of infants breastfed at 6–8 weeks	NI 53	36%	38.6%	49.1%
Children and young people's participation in high-quality PE and sport	NI 57	Awaiting data from partners expected Q1 2009		
Children travelling to school – mode of travel usually used	NI 198	Awaiting data from partners expected Q1 2009		

Prevalence figures for 0708 for the NCMP (National Child Measurement Programme)

Year Group	Underweight	Healthy Weight	Overweight	Obese	Proportion Measured
Reception	0.16%	75.30%	14.16%	10.39%	86.08%
6	0.93%	66.72%	12.79%	19.56%	89.73%

Actions in 2009/10

Action	Milestone	Input	Output	Lead
Commission Obesity needs assessment, strategy and commissioning strategy	June 2009	£5,000	Needs Assessment	Advanced Health Improvement Practitioner
Commission commercial slimming for adults	April 2009	£95,000	In Procurement	Advanced Health Improvement Practitioner
HENRY, three tiered healthy life style programme to promote healthy weight for 108 children aged 0-4 years and their families in the Waveney area.	Rolling Programme	£20,000	108 Children	
Mini MEND, a healthy lifestyle programme to promote healthy weight for children aged 2-4 years and their families in the Great Yarmouth Area	Commences December 2009	£20,000	12 programmes delivered, minimum, 120 children	Advanced Health Improvement Practitioner
MEND 5-7 pilot, a new intervention for children aged 5-7 who are over weight or obese and their families. Utilising the extended school service in Martham to deliver the program	Begins Feb 2009 Monitor 2009-10		Pilot 10 children	

<p>both NHS Great Yarmouth & Waveney and acute trust are supporting this program.</p> <p>MEND, targeting 200 families with children aged 7-13 years who are overweight or obese registered in the PCT area using MOSAIC profiles to assist with recruitment of families, providing tailor support to increase exercise and improve diet and nutrition.</p>	Rolling Programme	£70,000	200 tailored family packages	
Active8IT plus, primary prevention package aimed at children aged 7-13	Ends July 2009	£3,250	Coverage of 4 schools and 120 children	Advanced Health Improvement Practitioner
Commission a height & weight team (Healthy lives) to support school health services to support delivery of the National Child Measurement Programme including admin support, parents follow up.	April 2009	£146,000	Achieve and maintain coverage of 85% in Year R and 85% in Year 6.	Advanced Health Improvement Practitioner
Commission Nutrofit, to deliver a specific weight management and maintenance programme for young people aged 13 -17 yrs registered in PCT area, targeting any young person who has a BMI over the 91 st centile.	January 2009	£12,000	6 programmes	Advanced Health Improvement Practitioner
Young Person's Exercise coordinator service to deliver targeted programme of physical activity in schools and early years community groups in our most deprived MSOAs to increase physical activity by children aged 5-12 year	April 2009	£43,000		Health Improvement Principal
<p>Breastfeeding team coordinating and managing initiatives including specialist nurse and community nurse.</p> <p>Providing assess, advise to encourage continued breastfeeding. To encourage: All women will be informed of management of breast-feeding</p>	Continues in 2009/10	Entire breast feeding initiative allocation £160,000	<p>Increased proportion of infants breastfed after 6-8 weeks</p> <p>The number</p>	Advanced Health Improvement Practitioner

<ul style="list-style-type: none"> ▪ All women will be supported to initiate breast-feeding soon after birth. ▪ Mother's will be supported to able to breast-feed and maintain lactation even if they are separated from their babies ▪ Mother will be encouraged and supported not to give new born infants any food or drink other than breast milk unless medically indicated ▪ Mothers and infants will be encouraged to remain together for the first 24 hours following delivery. ▪ Mother will be encouraged and supported to breast-feed on demand. ▪ Mothers will be encouraged to give no artificial teats or dummies to their infants ▪ Mother will be encouraged to join breast-feeding support groups near to their home. ▪ Mothers will be supported and encouraged to fit breast-feeding into everyday life <p>Peer support groups will be established around the PCT to support venues/groups e.g., breast-feeding, baby cafes, informational drop-in's.</p> <p>Commission additional 2 new baby Cafes in PCT area</p> <p>UNICEF Baby Friendly initiative 7 point community plan training for health workers</p>			<p>of infants due for a 6-8 week check in each quarter</p> <p>The number of children recorded as being breast fed at 6-8 weeks</p> <p>The number of children recorded as not being breast fed ay 6-8 weeks</p> <p>The number of children recorded as receiving both breast milk and infant formulas</p> <p>2 new baby cafes to promote and support breast feeding</p>	
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<p>Supporting national free swimming programme for under 16s and over 60s in all Great Yarmouth Local authority swimming pools.</p> <p>Baseline collected with information on age, gender and postcode</p> <p>Uptake and impact of local tourism industry monitored and analysed with Local Authority over 09/10.</p>	<p>Commences April 2009</p> <p>Commences April 2009</p>	<p>£90,000</p>	<p>Access to all GY LA pools for under 16s & over 60s</p>	<p>Health Improvement Principal</p>
<p>Commission 2 Cycling promotion officers to work with Norfolk & Suffolk County Councils to increase cycling uptake schools in the Great Yarmouth & Waveney area.</p>	<p>15% increase of the target age group (KS2) to be cycling on a regular basis (at least once a week)</p> <p>20% - 30% of all pupils at each school participating in at least one school cycling event</p> <p>10-15% of all pupils (all ages) cycling to school</p> <p>5% decrease in car journeys to school – modal shift to active travel</p> <p>Minimum of 3,600 pupils a year receiving positive cycling experiences and/or cycling/health information during the project.</p> <p>540 pupils per year becoming regular cyclists (cycling on a regular basis at least once a week)</p>			<p>GY&W Physical Activity Lead</p>

Clinical Delivery Groups

Staying Healthy

Lead Director: Director of Public Health

Supporting Strategies: Health & Well Being Strategy, Joint Strategic Needs Assessments, all Sustainable Community strategies in the Area, Neighbourhood Management programmes in both Great Yarmouth and Lowestoft

Objective / Aim

For our population to not only have the fastest improving health in England, but for that new health status to be maintained and improved.

Key Areas for development 2009/10

NHS Great Yarmouth & Waveney will ensure that we focus on improving health and wellbeing, through better prevention and treatment services for the whole population and wellbeing services targeted to reduce unfairness.

Staying healthy co-ordinates a large agenda including:

- Increasing uptake of Chlamydia screening
- Infection Control
- Improving uptake of immunisation rates
- Coordinating lifestyle programmes covered throughout this operating plan

IT Demands	Information Demands	Contractual & procurement demands	Estates Demands
▪ None at present	▪ None at present	▪ Chlamydia screening is one of the proposed developmental indicators in the PMS Developmental framework (See pledge 3).	▪ None at present

Performance

Pledge 10 contributes to Public Service Agreement 18, 'Promote better health and wellbeing for all'.

Vital Signs	National Indicator	2008/09	Target for 2009/10	2010/11
VSB08 - Under-18 conception rate per 1,000 females aged 15–17	NI 112	Awaiting End Year returns	33.85	32.56
VSB10 - Proportion of children who complete		Awaiting End		

immunisation by recommended ages		Year returns		
Immunisation rate for children aged 1 who have completed immunisation for diphtheria, tetanus, polio, pertussis, Haemophilus influenzae type b (Hib)			95%	95%
Immunisation rate for children aged 2 who have completed immunisation for pneumococcal infection			95%	95%
Immunisation rate for children aged 2 who have completed immunisation for Haemophilus influenzae type b (Hib), meningitis C (MenC)			95%	95%
Immunisation rate for children aged 2 who have completed immunisation for measles, mumps and rubella (MMR)			95%	95%
Immunisation rate for children aged 5 who have completed immunisation for diphtheria, tetanus, polio, pertussis (DTaP/IPV)			90%	90%
Immunisation rate for children aged 5 who have completed immunisation for measles, mumps and rubella (MMR)			85%	90%
Immunisation rate for girls aged around 12-13 years who have completed immunisation for human papillomavirus vaccine (HPV)			90%	90%
Immunisation rate for children aged 13 to 18 who have been immunised with a booster dose of tetanus, diphtheria and polio (Td/IPV)			70%	70%
VSB11 - Percentage of infants breastfed at 6-8 weeks	NI 53	35.8%	38.6%	49.1%
VSB13 - Prevalence of Chlamydia	NI 113	Awaiting End Year returns	25%	35%
VSB01 - All-age all-cause mortality rate per 100,000 population:		2008	2009	2010
Male	NI 120	667	651	635
Female		480	473	467
VSB02 - <75 CVD mortality rate	NI 121	70	62	58
VSB03 - <75 cancer mortality rate	NI122	114	91	87

Actions in 2009/10

Action	Milestone	Input	Output	Lead
Review and update the sexual health strategy, this will include:				Sexual Health Lead

<p>youth & community services.</p> <ul style="list-style-type: none"> social marketing and screening events linked to leisure industry, such as music festivals and nightclub events. <p>Comprehensive action plan attached (appendix 2)</p>				
<p>Continue to increase contestability of providers with alternative providers across PCT area, such as:</p> <ul style="list-style-type: none"> Recruit further Pharmacists this is incorporated in the Pharmacy Enhanced service to offer Chlamydia Screening 	Rolling programme	Entire Programme £304,000	Increase of providers offering Chlamydia Screening	Primary Care Contracting
<p>Increase immunisation rates in all practices to vital signs and WHO targets:</p> <ul style="list-style-type: none"> Catch up programme for all under 18s for MMR Increase education programmes with GP practices Immunisation is one of the proposed development indicators in the PMS Developmental framework (See pledge 3). HPV immunisation Programme (linked to Childrens Health) 	Ongoing	£129,000	Continued Rollout of HPV immunisation programme	Advanced Health Improvement Practitioner
<p>Health at Work plan will deliver rolling programme of tailored packages in partnership with employers and employees.</p> <p>2 Local Authorities and 1 Acute trust selected and 7 businesses selected after initial radio canvas, selection will be focused on largest interested businesses</p> <p>Produce tailored packages bringing all lifestyle services to</p>	<p>April 2009</p> <p>May 2009</p>		<p>2 Local Authorities & 1 Acute trust selected and 7 businesses selected and supported to provide 10 tailored healthier</p>	<p>Healthy Work Coordinator</p>

support healthier lifestyles such as: <ul style="list-style-type: none"> ▪ Smoking cessation advice ▪ Encouraging local walking routes ▪ Nutritional information Continue rolling programme with further local employers and employees.	October 2009		lifestyle packages	
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Mental Health

Lead Director: Director of Commissioning
Supporting Strategies:

Objective / Aim

To commission an inclusive approach in planning and commissioning mental health services to delivering and develop services that optimises patient experience and health outcomes

Key Successes of 2008/09

- Commission BME workers to target the specific needs of this group
- Recovery event held with wide range of stakeholders present and key actions agreed from this. Staff trained in recovery approach, closer working with partner agencies including Job Centre Plus, local authorities, registered social landlords and businesses.
- IAPT pilot commissioned and operating
- Mixed sex wards target met.
- Development of inter-agency protocol for mental health and Learning disabilities in line with the 'Green Light' White Paper.

Key Areas for development 2009/10

Mental health is a critical element of improving the health and well being of our population and we will focus on providing:

- A stepped care approach with a focus on early interventions in primary and community mental health services
- Deliver a recovery approach across mental health services
- Working with partners to support better mental health.
- De-stigmatising mental health

IT Demands	Information Demands	Contractual & procurement demands	Estates Demands
▪ Procured IAPT will	▪ Mental Health contract will ensure	▪ Areas of CQUIN being integrated into Mental Health	▪ Need identified for

have IT requirements	appropriate information is collected.	<p>contract from 2009/10, integrating elements of the recovery approach. (See Appendix 1)</p> <ul style="list-style-type: none"> ▪ Full procurement process for IAPT tender process to commence October 2009 ▪ IAPT will begin process of divestment from current Mental Health provision. ▪ Negotiations with MH provider on waiting time targets in line with the work being undertaken in the region, beginning with SHA targets on IAPT, crisis resolution and EIP teams. ▪ New Older people's mental health service in Great Yarmouth to support the changing needs of older people with mental illness ▪ Negotiations include ensuring that by 2010 no 16-17 years old are treated on adult psychiatric wards unless in accordance with need 	older people mental health provision in Great Yarmouth.
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Performance

Pledge 10 contributes to Public Service Agreement 18, 'Promote better health and wellbeing for all'.

Vital Signs	National Indicator	2008/09	Target for 2009/10	2010/11
VSB04 - Suicide and injury of undetermined intent mortality rate		Awaiting data from partners expected Q1 2009		
VSC02 - Proportion of people with depression and/or anxiety disorders who are offered psychological therapies		Awaiting data from partners expected Q1 2009		
VSC06 - Proportion of adults in contact with	NI 149	Awaiting data		

secondary mental health services in settled accommodation		from partners expected Q1 2009		
VSC08 - Proportion of adults in contact with secondary mental health services in employment	NI 150	Awaiting data from partners expected Q1 2009		

Actions in 2009/10

Action	Milestone	Input	Output	Lead
Acute Inpatient team developed to meet patient need in line with NSF	June 2009			Mental Health Lead
Review of primary & community Mental Health Teams, including Psychological therapies in light of tendering for IAPT.	March 2010	Officer time	Recommendations to feed into review of services	Mental Health Lead
IAPT pilot continuing and evaluated	July 2009	£177,000	Evaluation of IAPT	Mental Health Lead
Full programme for IAPT procured	Completed October 2009	£287,000	Full IAPT programme procured	
Dementia Strategy to be finalised for PCT in conjunction with Norfolk And Suffolk County Councils. This will include consideration of future provision of Older People's Mental Health accommodation in Great Yarmouth. In light of National Strategy and evidence from Carlton Court model.	April 2009		Strategy produced	Mental Health Lead
This will be to complement the new IAPT and will probably include the successful Link Worker service, graduate mental health workers, Counselling in primary care, Eating Disorder support in primary care, psychological therapies, community mental	May 2009	Officer Time	Recommendations to feed into review of services Action Plan produced	

health teams, and recovery support services.				
Develop an action plan to ensure all acute and LTC pathways consider inclusion of psychological intervention.	September 2009		Ensure pathway development includes interventions of psychological intervention	Mental Health Lead LTC Lead Planned Care Lead
Eating disorders pathways redesign in alignment with Eastern region tier 4 service.	June 2009			
Review of existing local providers completed and agreement on commissioning procedures	September 2009		Tier 4 services reviewed and redesigned	Mental Health Lead
Prisoners Ensure and monitor recommendations from Prison Needs Assessment completed	Ongoing			
Develop plans for improving current services for Prison Health Service in light of review and monitoring	July 2009			
Review the needs of the Prolific and Priority Offender (PPO) schemes in both Norfolk & Suffolk to ensure health services are adequate	September 2009	Officer Time	Incorporation of PPO scheme into needs assessment	
Work with partners to commission assessment of mentally disordered offenders.	April 2009			
Learning Disabilities Implementation of inter-agency protocols across the PCT for mental health and Learning disabilities in line with the 'Green Light' White Paper	June 2009	Officer time	2 Protocols rewritten	
Completion of suicide prevention strategy	June 2009	Officer Time		Mental Health Lead
Agreement of action plan for	July 2009	Potential	Action Plan	

prevention of suicide and self-harm		cost for future staff awareness raising	agreed	
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Maternity & Newborn

Lead Director: Director of Commissioning

Supporting Strategies: Maternity Matters

Objective / Aim

To commission a choice of high quality, safe, sustainable local services for the women and babies who live and are born in Great Yarmouth and Waveney. In doing so it acknowledges the need to deliver consistently and equitably to all women, irrespective of provider.

Key Successes of 2008/09

- Active involvement in regional review of maternity services
- Development of maternity sub-groups ante-natal, post natal and sexual health to ensure stakeholder involvement in redesign service.

Key Areas for development 2009/10

The PCT has actively participated in the regional review of Maternity and Newborn services the implementation of Maternity Matters by increasing choice, access and continuity of care in a safe service.

- The PCT will work towards provision of a consistent and uniform pathway across PCT.
- To work towards a co-located midwife-led unit and 1:1 maternity care in established labour.
- To include social marketing to reach disadvantaged groups on better lifestyle during pregnancy and initiatives such as increasing uptake of breast feeding.
- NHS Great Yarmouth & Waveney will commission post natal services that meets the requirements of the BAPM and Maternity Matters recommendations.
- Using the comprehensive maternity study findings we will develop a post-natal pathway, providing a postnatal care plan with named midwifery support for 8 weeks.

IT Demands	Information Demands	Contractual & procurement demands	Estates Demands
▪ None at present	▪ None at present	▪ None at present	▪ None at present

Performance

Maternity & Newborn contributes to Public Service Agreement 19 'Ensure Better Care for All'

Vital Signs	National Indicator	2008/09	Target for 2009/10	2010/11
VSB06 - Percentage of women who have seen a midwife or a maternity healthcare professional, for assessment of health and social care needs, risks and choices, by 12 completed weeks of pregnancy	NI 126	Awaiting End Year returns	88%	90%

Actions in 2009/10

Action	Milestone	Input	Output	Lead
<p>Implementation of results of review of Maternity Service, key actions will ensure:</p> <ul style="list-style-type: none"> ▪ Public consultation. ▪ Development of agreed level of local maternity service ▪ Using the Comprehensive Maternity Survey undertaken in 08/09 to identify service developments 	<p>April 2009</p> <p>Spring 2009</p> <p>Summer 2009</p> <p>Summer 2009</p>			Maternity Lead
<ul style="list-style-type: none"> ▪ Planning and development of a midwife led birthing unit co-located alongside the existing obstetric unit with the aim of having the unit up and running by June 2010 <p>Work towards delivering 1:1 maternity:</p> <p>Recruitment of 5 midwives to enable JPUH to deliver one-to-one midwifery care for all women during established labour for 60% of the time on a sustainable basis, moving towards delivering this standard of service for 100% of women</p> <p>Recruitment of a further 4 midwives in 2010/11</p> <p>Implementation of increased capacity in line with SHA targets</p>	<p>June 2009</p> <p>June 2009</p> <p>From April 2010/11</p>		<p>Agreement of implementation plan</p> <p>Investment schedule for increasing capacity to meet 1:1 need</p>	Maternity Lead

Children's Health

Lead Director: Director of Commissioning

Supporting Strategies: Every Child Matters, Norfolk & Suffolk's Children & Young People's Plan

Objective / Aim

Our vision is for the establishment of coherent and integrated services that enable young people to fulfil their potential in life. This will be done in conjunction with partners and both Norfolk and Suffolk Children's Trusts.

Key Successes of 2008/09

CAMHS targets met for,

- 16/17 year olds
 - Looked after children
 - Support available 24/7
 - Appropriate in-patient facilities.
-
- Aiming High (Short Breaks for children, young people and their families) programme, with packages to increase choice and improve accessibility to respite care.

Key Areas for development 2009/10

Children's health services are being fully aligned and integrated with our partners in Children and Young People's Trusts in Norfolk & Suffolk. We are working to ensure that we jointly commission services where appropriate and align delivery to support the 5 Every Child Matters outcomes.

To drive improvements in children's health services we will have the following work groups to target specific areas. These groups will include all stakeholders including Local authorities to look at improving and realigning services.

1. Sexual Health
2. School Health and Well-being
3. Performance & business planning
4. Community Services/ Primary Care
5. Child and Adolescence Mental Health
6. Specialist services
7. Estates services

As part of this work programme we will work to ensure that we:

- Develop children's services that are truly designed for children, taking their needs into account.
- Implement the child health implementation programme (CHPP)

- Develop primary and secondary care supporting the shift from secondary to primary care
- Developing specialist children's services
- Strengthen Child and Adolescent Mental Health Services (CAHMS)
- Ensure the needs of adolescents are met and there is a seamless transition to adult services including 'Green Light' requirement for mental health services for those with learning disabilities.

IT Demands	Information Demands	Contractual & procurement demands	Estates Demands
▪ None at present	▪ None at present	▪ Commission increase capacity in Psychology & Paediatric Liaison services	▪ Working with partners to examine all estate requirements for children

Performance

Children's Health contributes to Public Service Agreement 12 'Improve the health and wellbeing of children and young people', 13 'Improve children and young people's safety', and 14 'Increase the number of children and young people on the path to success'

Vital Signs	National Indicator	2008/09	Target for 2009/10	2010/11
VSB12 - Effectiveness of Children and Adult Mental Health Service (CAMHS) (percentage of PCTs and local authorities that are providing a comprehensive CAMHS)				
Has a full range of CAMH services for children and young people with learning disabilities been commissioned for the council area? (rate1-4)			3	4
Do 16 and 17 year olds from the council area who require mental health services have access to services and accommodation appropriate to their age and level of maturity? (rate1-4)	NI 51	Awaiting End Year returns	3	4
Are arrangements in place for the council area to ensure that 24 hour cover is available to meet urgent mental health needs of children and young people and for a specialist mental health assessment to be undertaken within 24 hours or the next working day where indicated? (rate1-4)			4	4
Is a full range of early intervention support services delivered in universal settings and through targeted services for children			3	4

experiencing mental health problems commissioned by the Local Authority and PCT in partnership' (rate1-4)				
VSC29 - Hospital admissions caused by unintended and deliberate injuries	NI 70	Awaiting End Year returns	1.2%	1.1%

Actions in 2009/10

Action	Milestone	Input	Output	Lead
<p>Implementation of the Child Health Prevention Programme by coordinating many lifestyle and prevention programmes for children. Key elements of delivery of the CHPP will incorporate:</p> <ul style="list-style-type: none"> ▪ Extensive MEND initiatives commissioned (see Pledge 11) ▪ Active8IT plus, primary prevention package aimed at children aged 7-13 ▪ Commission a height & weight team to support school health services to support delivery of the National Child Measurement Programme ▪ Nutrofit, will deliver a specific weight management and maintenance programme for young people aged 13 -17 yrs registered in PCT area, targeting any young person who has a BMI over the 91st centile. ▪ Young Person's Exercise coordinator service to deliver targeted programme of physical activity in schools and early years community groups in our most deprived MSOAs to increase physical activity by children aged 5-12 year ▪ Maintain school nurses for school clusters 	<p>Rolling programme 2009-10</p> <p>April 2009</p> <p>January 2009</p> <p>April 2009</p> <p>April 2009</p>	<p>£43,000</p>	<p>Coverage of 4 schools and 120 children</p> <p>Achieve and maintain coverage of 80% in Year R and 80% in Year 6.</p> <p>6 Programmes</p>	<p>Advanced Health Improvement Practitioner</p>

<p>Work towards achieving the national healthy schools standard and develop a Health and Well-being service to schools.</p> <ul style="list-style-type: none"> ▪ Review the current programme and the required initiatives to be undertaken in the new service specification ▪ Review the gaps identified through the cross boundary service maps with the new Service Specifications. Develop operation plan to deliver School Nursing Service Specification including workforce analysis ▪ Review PCT's Quality and Quantative analysis to assess the PH nurse requirements who have the competences to deliver the new PSA's 	<p>April 2009</p>	<p>£71,000</p>	<p>School nurse for every cluster</p>	<p>Children's Lead</p>
<p>Review and update the sexual health strategy, this will include:</p> <ul style="list-style-type: none"> ▪ Gap analysis in current provision ▪ Identify prioritised initiatives e.g. Chlamydia screening ▪ Identify targeted initiatives to reduce the % of teenage pregnancies <p>Commission additional capacity in the existing Sexual Health Team to: extend delivery of generic Sexual Health information/ advice, Sex and Relationship Education, Peer Education training to young mothers, Sexual Health campaigns and promotions, SRE to young women identified as being 'at risk', Pregnancy testing and contraceptive advice.</p> <p>Commission Sexual Health &</p>	<p>August 2009</p> <p>Programme Commences January 2009</p> <p>Continuing</p>	<p>Officer Time</p>	<p>35 hrs SH Coordinator 35 hrs SH Peer Education Worker (Great Yarmouth) 35 hrs SH Peer Education Worker (Lowestoft)</p>	<p>Sexual Health Lead</p>

<p>Contraceptive outreach for young people</p> <p>Develop operation plans to deliver services including workforce analysis</p> <p>Increasing the uptake of Chlamydia screening in our target population, extensive work is ongoing such as:</p> <ul style="list-style-type: none"> ▪ Inclusion of Chlamydia screening in new PMS Development Framework ▪ Targeted awareness raising with all target population ▪ increasing plurality of testing locations, through both APMS contracts and utilising partners such as youth & community services. ▪ social marketing and screening events linked to leisure industry, such as music festivals and nightclub events. <p>Comprehensive action plan attached (appendix 2)</p>	<p>into 2009/10</p> <p>PMS framework finalised October 2009</p>	<p>£170,000</p>	<p>5 staff providing Chlamydia testing, contraceptive advice</p> <p>Increase uptake to 25% of 15-24 pop.</p>	
<p>To support the mental health of children we will strengthen the CAMH service over 2009/10 by reviewing pathways at early years.</p> <ul style="list-style-type: none"> ▪ Involve children, young people, parent/carers in the development and commissioning of services to tier 2 centres ▪ Support the schools Targeted Mental Health Programme. Roll out in Norfolk & Suffolk ensuring equity of provision ▪ CAMHS pathways to include a clear Early Years Strategy 	<p>September 2009</p>	<p>£120,000</p>	<p>Equity of MH service in schools</p>	<p>Children's Lead</p>

<ul style="list-style-type: none"> ▪ Comply with the CAMH national proxy targets for the provision of appropriate in patient care for YP aged 16-17 years other than inpatient adult beds ▪ All YP when assessed have 24/7 access to specialist CAMHS - commission increase in capacity of specialist teams 		<p>£200,000</p> <p>£27,000</p>		
<p>Embed joint commissioning arrangements for Aiming High programme for children, young people and their families which will bring innovative choice for respite and short break provision.</p> <p>Further develop information packages available</p>	<p>May 2009</p> <p>July 2009</p>	<p>Match fund Local Authorities</p>		<p>Carers Lead</p>
<p>Supporting national free swimming programme for under 16s and over 60s in all Great Yarmouth Local authority swimming pools.</p> <p>Baseline collected with information on age, gender and postcode</p> <p>Uptake and impact of local tourism industry monitored and analysed with Local Authority over 09/10.</p>	<p>Commences April 2009</p> <p>Commences April 2009</p>	<p>£90,000</p>	<p>Access to all GY LA pools for under 16s & over 60s</p>	<p>Health Improvement Principal</p>

Planned Care

Lead Director: Director of Commissioning

Supporting Strategies: Improving GP Services, Improving Dental Access, Quality & Oral Health

Objective / Aim

Planned care should provide the most convenient services for patients across the whole of the health care system. Patients should have a choice about where and when to get treatment, that fits in with their lives; where care that is safe, of the highest quality and as is practical closer to home, rather than in acute hospitals.

Key Successes of 2008/09

- PCT has achieved its target for extended hours, currently having 20 practices providing extended opening which equates to 76.92%.
- Access to NHS dentistry in Great Yarmouth and Waveney is amongst the highest in the country.
- Pharmacy continues to deliver enhanced services on EHC smoking cessation, sexual health and care home support.

Key Areas for development 2009/10

NHS Great Yarmouth & Waveney is committed to shifting as much care from secondary to primary settings to meet the growing demands of our patients

- Providing more diagnostics services in primary care
- Providing more minor surgery services in primary care
- Shifting services to primary care
- Develop a new PMS contract and offer it to all practices from April with negotiations finalised and new arrangements in place by October 2009. (e.g. see proposed development of a new PMS contract under Pledge 3).
- Conducting a Pharmaceutical Needs Assessment will form a key element in aligning community pharmacy services with the overall development of primary and community care.

IT Demands	Information Demands	Contractual & procurement demands	Estates Demands
<ul style="list-style-type: none"> ▪ Align Choice and Book requirements in development framework 	<ul style="list-style-type: none"> ▪ Further development of the new PMS contract Development Framework 	<ul style="list-style-type: none"> ▪ Revise all contractual mechanisms in line with PMS contract review ▪ Procurement of extended GP capacity in Waveney area. ▪ Procurement of Nelson GP Practice 	<ul style="list-style-type: none"> ▪ Capacity identified as plans for shifts developed

Performance

Planned care contributes to Public Service Agreement 19 'Ensure Better Care for All'

Vital Signs	National Indicator	2008/09	Target for 2009/10	2010/11
VSA04 - Percentage of patients seen within 18 weeks for				
<ul style="list-style-type: none"> ▪ admitted ▪ non-admitted pathway 		93.43%	90%	
		96.97%	95%	

Actions in 2009/10

Action	Milestone	Input	Output	Lead
<p>Shifts from Secondary to Primary Care</p> <p>Modeling and analysis has been provided and has highlighted key areas to develop shift plans.</p> <p>2009/10 will be used to develop these plans and will be piloted to ensure they are meeting needs of patients and providing best value.</p> <p>Numerous pilot initiatives are currently operating. PBC are central to this work and have outlined commissioning intentions that support this work</p> <p>Day cases – Cataracts, skin lesions, endoscopy, carpal tunnel OP – Audiology, COPD, Asthma redesign (LTC pledge), respiratory medicine, lower urinary tract, mobile diagnostics. A&E attendances Direct access – remote tele-health, Paediatric refraction</p> <p>Current pilot initiatives are underway with PBC/ Clinical Networks playing a key role in redesigning pathways in the following areas:</p> <p>Reducing A&E attendance,</p> <ul style="list-style-type: none"> ▪ Targeted service in Yarmouth and Lowestoft town centre night clubs on Friday and Saturday nights to tackle the fall-out of binge drinking. ▪ Impact of 'Darzi' centre in Great Yarmouth ▪ Development of walk-in services and broader development of extended availability in primary care, 	<p>April 2009</p> <p>May 2009</p> <p>October 2009</p> <p>Summer 2009</p>	<p>£81,000</p>	<p>Modeling and report provided to draw out key areas for potential shifts from secondary care in acute settings.</p> <p>Pilots evaluated and rolled out if successful</p>	<p>Unplanned / Planned Care Lead</p>

<p>i.e. 8-8.</p> <ul style="list-style-type: none"> ▪ CSIP pilot and investigate provision of 'virtual wards' concept. <p>ENT</p> <ul style="list-style-type: none"> ▪ Roll out of Audiology Pilot (Coastal Villages Practice [CVP]) – Hearing tests. ▪ Roll out of Multi-Suctioning Pilot (CVP). <p>Pain Management</p> <ul style="list-style-type: none"> ▪ Roll out of Pain Management Pilot (CVP) <p>Diabetes</p> <ul style="list-style-type: none"> ▪ Huge opportunities here already being addressed: ▪ Community service for Insulin Type 2 commissioned at below tariff. ▪ DESMOND <p>Diagnostics:</p> <ul style="list-style-type: none"> ▪ X-Ray service pilot in place at Halesworth. ▪ Other models, including MRI, CT and ultrasound worked up with practice based commissioners. <p>Urinary tract</p> <ul style="list-style-type: none"> ▪ LUT service in Waveney 				
<p>Develop a new PMS contract development framework</p> <p>Negotiate new PMS Development Framework with practices and negotiate practice contracts. (to include internet booking, e-mail consultations etc)</p> <p>Revise all contractual mechanisms in line with this overall review utilising APMS providers where service provision is not met.</p>	<p>April 2009 – October 2009</p> <p>September 2009</p> <p>October 2009</p>		<p>Development framework in place</p>	<p>Primary Care Contracting</p>

Finalise negotiations and new arrangements operating				
Increase the range of services offered by Pharmacies as part of Enhanced Services. Including expansion of services in the following areas: <ul style="list-style-type: none"> ▪ Out of hours services ▪ Smoking cessation ▪ Chlamydia screening 	Rolling programme	Entire Programme £304,000	Increase of providers offering Chlamydia Screening	Primary Care Contracting
Complete a Pharmaceutical Needs Assessment	June 2009			Assistant Head of Pharmacy

Unplanned Care

Lead Director: Director of Commissioning
Supporting Strategies:

Objective / Aim

Unplanned care will be minimised by ensuring seamlessly coordinated services, 24 hours a day, 7 days a week, tailored to individual need. Improving the quality and effectiveness of planned care, particularly for those people most at risk of an unplanned event, to ensure such events are avoided wherever possible.

Key Successes of 2008/09

- Establishment of new out of hour provider
- Admissions avoidance schemes implemented such as falls prevention schemes, CSIP pilot.

Key Areas for development 2009/10

NHS Great Yarmouth & Waveney are working to improve the continuity of care with fewer patient transfers; timely discharge to right non-acute beds to ensure better patient flows across the health and social care system.

- Work to establish urgent care centres
- Looking to reduce A&E attendance through expansion of the CSIP pilot scheme concept to reduce A&E attendance, working with partners in social care.
- Working with partners to maintain high uptake of 'flu immunisation and increasing the uptake of "Winter Warmth" payments

IT Demands	Information Demands	Contractual & procurement demands	Estates Demands
<ul style="list-style-type: none"> Contractually require our acute provider to accept all clinically appropriate referrals with a slot unavailability of no > 4% 	<ul style="list-style-type: none"> None at present 	<ul style="list-style-type: none"> None at present 	<ul style="list-style-type: none"> None at present

Performance

Unplanned care contributes to Public Service Agreement 19 'Ensure Better Care for All'

Vital Signs	National Indicator	2008/09	Target for 2009/10	2010/11
VSC14 - Ambulance conveyance rate to A&E (to be developed)		Baseline year. data for 2008/09 available June 2009.		
VSC20 - Number of emergency bed days per head of weighted population	NI 134	Awaiting End Year returns	102,500	100,00
VSC21 - Rates of hospital admissions for ambulatory care sensitive conditions per 100,000 population		Awaiting End Year returns	1,553	1,541

Actions in 2009/10

Action	Milestone	Input	Output	Lead
Implement Acute element of the stroke pathway including <ul style="list-style-type: none"> admission to a stroke unit access to scans within 24 hours of admission for TIA patients Commission provision of stroke thrombolysis 24/7 service	December 2009	£600,000	24/7 provision in place	Medical Director
Review unplanned care pathway including Out of Hours service, Urgent Care centres and the flexible use of resources. Part of this work will consider the establishment of Urgent Care Centres, (UCC's) <ul style="list-style-type: none"> Identify areas of high demand for minor injury, analyse patient type 	September 2009		Understand the requirements of any future UCC	Medical Director

<p>i.e. registered/unregistered and engage GP's if there are access issues</p> <ul style="list-style-type: none"> ▪ Review in line with all out of hospital services programme, linking to new models, shifts and pathways – please see planned care. ▪ Begin consultation process on any UCC's ▪ Establishment of operational UCC's as required by SHA 				
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End of Life

Lead Director: Director of Nursing
Supporting Strategies: Palliative & End of Life Strategy

Objective / Aim

To ensure high quality integrated end of life care to all who need it irrespective of diagnosis or place of care. Providing choice in care at the end of life and choice to live and die at home whilst being treated with dignity and respect and having access to a range of palliative care services.

Key Areas for development 2009/10

NHS Great Yarmouth & Waveney are working to develop choice and world class standards, using the Marie Curie Delivering choice programme. We recognise that over 2009/10 we need to develop our services to:

- Improve coordination of effective and responsive care for patients and family, and implementing supportive and palliative NICE guidance.
- Provided a base for services in the local area and over 2009-10 we will understand this need and examine potential service provision of a resource centre for patients.
- Timely and coordinated discharge from hospital to home for EOL and palliative care patients.
- Psychological support to be considered for palliative services, including support for Carers.

- Raise awareness and provide support to staff of EOL/palliative care services.
- Development of advanced care planning
- Working to ensure that care is delivered in the most clinically appropriate and convenient setting for patients provided by a fully NICE/IOG compliant provider. Currently compliant in haematology and on course to be compliant in all supportive & palliative care by December 2009. This is revised regularly through the cancer locality group.

IT Demands	Information Demands	Contractual & procurement demands	Estates Demands
<ul style="list-style-type: none"> ▪ Implementation of electronic end of life and palliative patient register, accessible across the hospital and community care setting. ▪ Commission ADA (After Death Analysis) tool from the national GSF team together with consultancy to embed it into PCT and primary care data collection systems. ▪ Access of Spine Compliant systems to all stakeholders 	<ul style="list-style-type: none"> ▪ None at present 	<ul style="list-style-type: none"> ▪ Service model development 	<ul style="list-style-type: none"> ▪ There maybe estates demands but dependant of commissioning and procurement process.

Performance

End of Life contributes to Public Service Agreement 19 'Ensure Better Care for All'

Vital Signs	National Indicator	Calendar year 2008	Target for calendar year 2009	Target for calendar year 2010
VSC15 - Proportion of all deaths that occur at home	NI 129	Awaiting End Year returns	24%	27%

Actions 2009/10

Action	Milestone	Input	Output	Lead
Complete needs assessment and gap analysis of end of life services.	April 2009	£100,000	Gap analysis completed	Director of Nursing
Commencement of Marie Curie phase 2 plan selection and design of services in resource centres	October 2009		Service Specs and	

<p>Develop delivery arrangements and new service model for commissioning.</p> <p>Continue to rollout end of life tools across all care settings including:</p> <ul style="list-style-type: none"> ▪ Gold standards framework ▪ Liverpool care pathways <p>Preferred priorities of care</p> <p>Commission a new service as part of the MCDG programme, liaising with community services and ASSD regarding care home contracting.</p> <p>Commission a discharge liaison team to support the timely and coordinated discharge from hospital to home for EOL and palliative care patients</p> <ul style="list-style-type: none"> ▪ Conduct an assessment of current services and needs ▪ Provide training and education of current discharge team 	<p>Jan 2010</p> <p>Ongoing</p> <p>Jan 2010</p> <p>Jan 2010</p> <p>April 2009</p> <p>October 2009</p>		<p>development plans completed to enable commissioning of services</p>	
<p>Commission an enhanced district nursing services to 24/7 cover, which is about availability and access to patients. This pathway will integrate the following elements:</p> <ul style="list-style-type: none"> ▪ supportive care required for EOL patients and carers at home ▪ delivering greater consistency ▪ Co-ordination of care in the home setting. 	<p>Jan 2010</p>			<p>Director of Nursing</p>

Other issues highlighted in the Operating Plan

Carers

Lead Director: Director of Commissioning

Supporting Strategies: Carer's Strategy

Objective / Aim

Carers will be recognised and valued as being fundamental to strong families and stable communities. With tailored support to meet the individuals' needs enabling carers to maintain a balance between their caring responsibilities and a life outside caring, whilst enabling the person they support to be a full and equal citizen.

Key Successes of 2008/09

- Aiming High (Short Breaks for children, young people and their families) programme started in Norfolk and Suffolk. With packages to increase choice and improve accessibility to respite.
- Establishment of multi-agency Carers working group to map and produce gap analysis of existing provision

Key Areas for development 2009/10

NHS Great Yarmouth & Waveney and its partners recognise the fundamental value of carers and the individual needs they have in supporting their carer responsibilities. As part of this support we will:

- Complete PCT Strategy reviewing the support we currently provide and areas for development
- As part of review of Psychological services ensure the needs of Carers are met.
- Work with partners to ensure support is integrated and works for both patient and carer.
- Training and educational packages agreed for Carers.
- Consider extending 'Aiming High' Programme to all Carer of adults.

IT Demands	Information Demands	Contractual & procurement demands	Estates Demands
▪ None at present	▪ None at present	▪ None at present	▪ None at present

Performance

Carers contribute to Public Service Agreement 15 'Address the disadvantage that individuals experience because of their gender, race, disability, age, sexual orientation, religion or belief, 16 Increase the proportion of socially excluded adults in settled accommodation and employment, education or training

Vital Signs	National Indicator	2008/09	Target for 2009/10	2010/11
VSC18 - Proportion of carers receiving a carers break or a specific service for carers as a percentage of clients receiving community-based services	NI 135	Awaiting End Year returns		

Actions in 2009/10

Action	Milestone	Input	Output	Lead
PCT Carers Strategy completed in conjunction with Norfolk & Suffolk County Councils Including co-ordination of carers respite services and	August 2009			
Embed joint commissioning arrangements for Aiming High programme for children, young people and their families which will bring innovative choice for respite and short break provision. Further develop information packages available	May 2009 July 2009	£82,000	Respite support for 17 children with complex health needs	Children's Commissioner
Identify and develop potential educational packages for Carers	January 2010		Identified need for Carers	

Older People

Lead Director: Director of Commissioning

Supporting Strategies: Dementia Strategy

Objective / Aim

Our vision is for the improvement of coherent and integrated services that support health and well being for people in later life. This will be done in conjunction with partners and both Norfolk and Suffolk County Councils.

Key Successes of 2008/09

- Successful transfer of services from Northgate to Carlton Court including the provision of increased support to enable people to stay at home for longer.

- Older Person's mental health team expanded by planned recruitment of social worker, crisis home treatment teams established.
- Multi-agency groups to consider longer-term planning of services for older people and their carer's
- CSIP integrated working pilot in Southwold for vulnerable & older people

Key Areas for development 2009/10

NHS Great Yarmouth and Waveney is working with its partners to support older people to stay in their homes longer and increase support and to minimise use of unplanned services. Over 2009/10 the PCT will

- Complete PCT Dementia Strategy reviewing its alignment with other strategies related to older people.
- Finalise plans for the future provision of older persons' mental health accommodation, based on evidence from the new inpatient service at Carlton Court.
- Work with our local authority partners to provide a seamless social care service

IT Demands	Information Demands	Contractual & procurement demands	Estates Demands
▪ None at present	▪ None at present	▪ New Older people's mental health service in Great Yarmouth to support the changing needs of older people with mental illness	▪ None at present

Performance

Older People's Health contributes to Public Service Agreement 17 'Tackle poverty and promote greater independence and wellbeing in later life' and 18, 'Promote better health and wellbeing for all'.

Vital Signs	National Indicator	2008/09	Target for 2009/10	2010/11
Achieving independence for older people through rehabilitation / immediate care	NI 125			
People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently				

Actions in 2009/10

Action	Milestone	Input	Output	Lead
<p>Dementia Strategy to be finalised for PCT in conjunction with Norfolk And Suffolk County Councils. This will include consideration of future provision of Older People's Mental Health accommodation in Great Yarmouth. In light of National Strategy and evidence from Carlton Court model.</p> <p>This will be to complement the new IAPT and will probably include the successful Link Worker service, graduate mental health workers, Counselling in primary care, Eating Disorder support in primary care, psychological therapies, community mental health teams, and recovery support services.</p>	<p>April 2009</p> <p>May 2009</p>	<p>Officer Time</p>	<p>Strategy produced</p> <p>Recommendations to feed into review of services</p> <p>Action Plan produced</p>	<p>Older people Lead</p>
<p>Expansion of Older Persons Mental Health team, working with both Norfolk and Suffolk local authorities on future commissioning arrangements, priorities and procurement. This will align with the national Dementia Strategy priorities.</p>	<p>March 2010</p>	<p>Officer Time</p>		<p>Older people Lead</p>
<p>Review of success of Carlton Court model to continue as short term evidence not conclusive.</p> <p>Review of evidence from new teams completed.</p>	<p>August 2009</p> <p>August 2009</p>	<p>Officer Time</p>	<p>Recommendations influencing action planning of Dementia Strategy</p>	<p>Older people Lead</p>
<p>Phased expansion of CSIP pilot and continuation of the 'virtual ward' pilot</p>	<p>From April 2009</p>	<p>£81,000</p>		<p>Older People lead</p>
<p>Review existing memory clinic provision across PCT in line with Dementia Strategy</p>	<p>Commencing April 2009</p>			<p>Older people Lead</p>

Learning Disabilities

Lead Director: Director of Commissioning
Supporting Strategies:

Objective / Aim

We commission services that allow people with a learning disability the right to lead their lives like any others, with the same opportunities and responsibilities, and to be treated with the same dignity and respect.

Key Successes of 2008/09

- Multi agency work continues in Suffolk and Norfolk to ensure no NHS accommodation is being used as housing where people should be living in the community by 2010 target
- Development of inter-agency protocol for mental health and learning disabilities in line with the 'Green Light' White Paper.

Key Areas for development 2009/10

NHS Great Yarmouth & Waveney is developing an LS strategy in response to the recommendations to Healthcare for All and the LD Health Self Assessment.

NHS Great Yarmouth & Waveney Learning Disabilities	R/A/G
Plans in place for resettlement and campus closures	
1.1 Everyone has moved from long stay hospitals	
1.2 Some people have made a campus plan and this has been agreed with the Partnership Board	
The Partnership Board knows how many people live in campus homes	
The PCT is working with the Partnership Board and other partners so that people with learning disabilities can get the same treatment as everybody else.	
2.1 Family doctors keep information on their registers about:	
<ul style="list-style-type: none"> • Children and adults with learning disability 	
<ul style="list-style-type: none"> • Older family carers 	
<ul style="list-style-type: none"> • People from minority ethnic groups 	
<ul style="list-style-type: none"> • Carers of people from minority ethnic groups 	
2.2 Primary Care teams are working hard to make things better. They are promoting good health for people with learning disabilities.	
<ul style="list-style-type: none"> • Do people have annual health checks 	
<ul style="list-style-type: none"> • Do people have Health Action Plans 	
<ul style="list-style-type: none"> • Do people have a Health Facilitator 	

2.3 People with learning disabilities can find out about and use services like everyone else.	
<ul style="list-style-type: none"> • Health screening (breast screening & cervical smears) 	
<ul style="list-style-type: none"> • Disease prevention (stop smoking) 	
<ul style="list-style-type: none"> • Health promotion (healthy hearts) 	
2.4 Other people like dentists and chemists are making things better for people with learning disabilities.	
2.5 There are written rules (contracts) to make sure that people with learning disabilities can have equal access and choices about their treatment.	
2.6 National Service Frameworks and clinical networks include people with learning disabilities.	
<ul style="list-style-type: none"> • Mental health 	
<ul style="list-style-type: none"> • Older people 	
<ul style="list-style-type: none"> • Cancer/Coronary heart disease 	
2.7 Changes to health computer records are being planned so that they are more accessible to people with learning disabilities.	
2.8 There is a big plan in place about the needs of people with learning disabilities from black and ethnic minority communities.	
2.9 There is a big plan in place about people and their carers where there are high support needs.	
People with learning disabilities are safe in the National Health Service	
3.1 Commissioners and providers have agreed and are doing what they need to do about Healthcare Commission investigations and reports.	
3.2 Each health organization has in place clear policies and procedures about:	
<ul style="list-style-type: none"> • Consent to treatment by people with learning disabilities 	
<ul style="list-style-type: none"> • The Mental Capacity Act 	
<ul style="list-style-type: none"> • The Disability Equality Duty 	
<ul style="list-style-type: none"> • The Bournewood Judgement 	
3.3 The NHS listens to complaints and investigates bad things that happen to people with learning disabilities in order to make things better.	
<ul style="list-style-type: none"> • Do you know about the complaints procedures 	
<ul style="list-style-type: none"> • Are you a member of a hospital group that talks about complaints 	
3.4 The NHS works well across other organizations to make sure people are protected from abuse	
<ul style="list-style-type: none"> • Is there a safeguarding policy that is understood and used 	
<ul style="list-style-type: none"> • Have you seen the policy and do you know how it can help you 	
“Valuing People” means that we are making services better and creating more opportunities for people with learning disabilities	
4.1 There are plans in place for young people and adults living in NHS and private sector hospitals, who are not included in campus closure but are due to leave hospital.	
4.2 There are enough specialist learning disabilities services so that people can stay in their local communities with the right support without having to be admitted into	

hospital.	
4.3 There are plans in place to make sure that young people and their families have enough adult mainstream services.	
4.4 People with learning disabilities and their families or supporters are able to give their views on the health services that they want.	
4.5 There are detailed partnership agreements between organizations to make sure that services work well.	
4.6 There are plans in place to meet the needs of people with learning disabilities as they get older and are linked to the National Service Frameworks.	
4.7 The PCT and its partners have a big plan in place to meet the needs of young people and adults with autistic needs.	
4.8 There is a range of services available for people with challenging behaviours.	
<ul style="list-style-type: none"> Is there a plan about how to make sure there is good skilled local support and services. 	
<ul style="list-style-type: none"> Does the plan take into account the Mansell guidelines 	
4.9 The National Service Framework for mental health is used to make things better for people with learning disabilities.	
<ul style="list-style-type: none"> Can people with learning disabilities get help from the local mental health services 	
<ul style="list-style-type: none"> Is the Partnership Board aware of young people with learning disabilities who use mental health services 	
4.10 There is a workforce plan in place that says how staff working with people with learning disabilities will be trained.	

IT Demands	Information Demands	Contractual & procurement demands	Estates Demands
▪ None at present	▪ None at present	▪ None at present	▪ None at present

Performance

Learning Disabilities contributes to Public Service Agreement 15 'Address the disadvantage that individuals experience because of their gender, race, disability, age, sexual orientation, religion or belief, 16 Increase the proportion of socially excluded adults in settled accommodation and employment, education or training

Vital Signs	National Indicator	2008/09	Target for 2009/10	2010/11
VSC05 - Proportion of adults with learning disabilities in settled accommodation	NI 145	Awaiting End Year returns		
VSC07 - Proportion of adults with learning disabilities in employment	NI 146	Awaiting End Year returns		
VSC22 - Learning disabilities (indicator to be developed)		Awaiting End Year returns		

Actions in 2009/10

Action	Milestone	Input	Output	Lead
All people with learning disabilities who had been living in NHS Campus provision will be living in their own homes. Transfer of resources to social care completed	1 st April 2009 1st April 2009			LD Lead
Embed joint commissioning arrangements for Aiming High programme for children, young people and their families which will bring innovative choice for respite and short break provision. Further develop information packages available	May 2009 July 2009	£82,000	Respite support for 17 children with complex health needs	Children's Commissioner
Finalise development of PCT vision for learning disability services Agree future pooled fund arrangements in Suffolk and lead commissioning arrangements.	May 2009 April 2009			LD Lead
Implementation of inter-agency protocols across the PCT for mental health and Learning disabilities in line with the 'Green Light' White Paper	June 2009			LD Lead
Commission Learning Difficulties Healthcare facilitator to: <ul style="list-style-type: none"> ▪ Improve access to primary care and coordinate healthcare action plans, currently 17 / 26 practices signed to DES ▪ Review screening for people with Learning Difficulties in line with healthcare action plans. 	April 2009 September 2009			LD Lead

Learning Disabilities Action Plan

A draft action plan is attached below with collaborative working across both County Councils. Further development of this plan will continue in 2009/10.



Substance Misuse & Alcohol related harm

Lead Director: Director of Commissioning

Supporting Strategies: Norfolk & Suffolk DAAT Strategies, GY & Waveney CDRPs Partnership Plans

Objective / Aim

To work with our partners to reduce the harm caused by substance misuse and alcohol to users, their families and the community.

Key Successes of 2008/09

- Development of Norfolk & Suffolk Alcohol Harm Reduction Strategies
- Brief intervention to help reduce alcohol in primary care

Key Areas for development 2009/10

Alcohol

Alcohol is recognised as a priority across Great Yarmouth and Waveney particularly supporting both the Norfolk & Suffolk local Alcohol Harm Reduction Strategies (2008-2011).

- These strategies aim to reduce the harm caused to mental and physical health, families and the community at large by the misuse of alcohol in Norfolk and Suffolk.
- Interventions will be delivered across primary and secondary care, public health, acute, forensic, young, adult and older people; with partners from across all sectors including local Drug Alcohol Action Teams (DAATs), Crime & Disorder Reduction Partnerships (CDRPs) and Criminal Justice Boards (CJBs)
- Fully implement national programme for primary care to deliver a brief intervention to help reduce alcohol
- A needs assessment looking at Older People and Substance Misuse

Substance Misuse

Gt Yarmouth and Waveney PCT continue to work closely with both Norfolk and Suffolk DAAT's, and CDRPs in partnership to address substance misuse and it's affect on the local community. The needs of substance

users in Great Yarmouth and Waveney PCT continue to be jointly commissioned with Norfolk and Suffolk Drug and Alcohol partnerships. Local plans are reflected in the Adult Treatment Plans and are submitted by both Norfolk & Suffolk DAATs to the National Treatment Agency.

IT Demands	Information Demands	Contractual & procurement demands	Estates Demands
▪ None at present	▪ None at present	▪ None at present	▪ None at present

Performance

The Alcohol & Substance misuse reduction agenda contributes to Public Service Agreement 14, Increase the number of children and young people on the path to success and 23. 'Make communities safer'.

Vital Signs	National Indicator	2008/09	Target for 2009/10	2010/11
VSC26 - Rate of hospital admissions per 100,000 population for alcohol-related harm	NI 39	Awaiting End Year returns	1,550	1,540
Drug users in effective treatment	NI 40			

Actions in 2009/10

Action	Milestone	Input	Output	Lead
Older People and Substance Misuse needs assessment	September 2010	£9,000	Needs Assessment	Substance Misuse Lead
Brief Interventions training for primary care practitioners including harm minimisation and reducing risk	May 2009	£9,000	Training Packages	Substance Misuse Lead
Provide a range of support services for patrons in the night time economy, linked to reducing A&E Attendance	March 2010	£50,000	Pilot information on diversion from A&E services	Substance Misuse Lead
Community support for Homeless people with substance misuse needs in Great Yarmouth	April 2009	£117,00		Substance Misuse Lead
Development of tiered alcohol Interventions in local acute settings, pilot	March 2010	£34,000		Substance Misuse Lead
Commission dual diagnosis specialist nurse post to better support those with drug and alcohol problems who are also homeless	April 2009	£45,000	Increases in uptake and success of detox programmes	Substance Misuse Lead

Review the needs of the Prolific and Priority Offender schemes in both Norfolk & Suffolk to ensure their specific substance misuse requirements are met; ensuring alignment with the Drug Intervention Programme.	June 2009	Officer time	Gap analysis of support provided to PPO scheme	Substance Misuse Lead
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Financial Plan



G:\Commissioning\
Operating Plan 2009-

Activity balance plan

Referrals								
Written referrals from GPs for 1st OP appointment			Consultant to consultant referrals for 1st OP appointment			Other referrals for 1st OP appointment (ie not consultant or GP)		
2007/08 OT	2008/09 FOT	2009/10 plan	2007/08 OT	2008/09 FOT	2009/10 plan	2007/08 OT	2008/09 FOT	2009/10 plan
43,782	43,832	45,699	8,154	8,259	8,714	19,537	19,358	19,712
Change		1.001	1.043	1.013	1.055	0.991		1.018

Outpatients								
1st OP attendances following GP referral			All 1st OP attendances - consultant led			All 1st OP attendances - non consultant led		
2007/08 OT	2008/09 FOT	2009/10 plan	2007/08 OT	2008/09 FOT	2009/10 plan	2007/08 OT	2008/09 FOT	2009/10 plan
41,487	40,269	40,925	62,830	63,594	67,025	1,636	1,636	1,663
Change		0.971	1.016	1.012	1.054	1.000		1.016

Outpatient Follow Up					
OP follow up attendances - consultant led			OP follow up attendances - non consultant led		
2007/08 OT	2008/09 FOT	2009/10 plan	2007/08 OT	2008/09 FOT	2009/10 plan
131,566	129,376	107,626	18,080	17,793	19,184
Change		0.983	0.832	0.984	1.078

Elective and non-elective spells					
Elective spells			Non-elective spells		
2007/08 OT	2008/09 FOT	2009/10 plan	2007/08 OT	2008/09 FOT	2009/10 plan

Contractual portfolio

Provider	Service	Type contract Standard- Acute/Modified Standard- Acute/Standard- Community Services/Consortium- Associate/Mandatory/ Block/LocalDefinition /C&V/CPC/FT/SLA/Let ter
James Paget University Hospitals NHS Foundation (lead GY&W PCT)	PCT Acute Consortium Agreement (Associate Agreement)	Consortium Co-ordinating Commissioner
Cambridge University Hospitals NHS Foundation Trust (lead NHS Cambridgeshire)	PCT Acute Consortium Agreement (Associate Agreement)	Consortium Associate
East of England Ambulance Service NHS Trust (lead Bedfordshire PCT)	Emergency & Urgent Ambulance Services	Consortium Associate
Ipswich Hospital NHS Trust (lead Suffolk PCT)	PCT Acute Consortium Agreement (Associate Agreement)	Consortium Associate
West Suffolk Hospital NHS Trust (lead Suffolk PCT)	PCT Acute Consortium Agreement (Associate Agreement)	Consortium Associate
Norfolk & Norwich University Hospitals NHS Trust (lead Norfolk PCT)	PCT Acute Consortium Agreement (Associate Agreement)	Consortium Associate
Norfolk & Waveney MH Partnership Trust (lead Norfolk PCT)	PCT MH Consortium Agreement (Associate Agreement)	Consortium Associate
Norfolk & Waveney MH Partnership Trust (lead Norfolk PCT)	PCT Forensic MH Services Consortium Agreement (Associate Agreement)	Consortium Associate
Suffolk MH Partnership Trust (lead Norfolk PCT)	PCT MH Consortium Agreement (Associate Agreement)	Consortium Associate
Norfolk Community HealthCare (lead Norfolk PCT)	PCT Community Services Consortium Agreement (Associate Agreement)	Consortium Associate
Spire Healthcare (lead Luton PCT)	PCT Acute Consortium Agreement (Associate Agreement)	Consortium Associate
University College London Hospitals (lead Islington PCT)	PCT Acute Consortium Agreement (Associate Agreement)	Consortium Associate
Queen Elizabeth Hospital, King's Lynn NHS Trust (lead Norfolk PCT)	PCT Acute Consortium Agreement (Associate Agreement)	Consortium Associate

Productivity

NHS Better Care, Better Value Indicators

Effective healthcare is efficient healthcare. The NHS must demonstrate that it is making the most effective use it can of public money to deliver quality healthcare. This website is designed to help local NHS organisations do this. It is based around 2 high-level clinical indicators of efficiency for PCTs that identify potential areas for improvement in efficiency. These indicators can be used locally to help inform planning, to inform views on the scale of potential efficiency savings in different aspects of care and to generate ideas on how to achieve these savings.

Managing variation in emergency admissions

	National position	Relative level of emergency admissions	Productivity opportunity	Change from last period
2007/08 Q1	75	93.57	£2,134,000	↑ p -0.5
2007/08 Q2	49	73.25	£824,000	↑ p -20.31
2007/08 Q3	60	78.58	£1,207,000	↓ q +5.33
2007/08 Q4	35	82.48	£2,366,000	↓ q +3.90

This indicator shows the ratio of actual emergency admissions to the expected level, given the age, sex and need of the population for 19 conditions. These conditions have been identified as ones where community care can avoid the need for hospitalisation. A figure of 100 means the level of admissions is as expected, a figure of 110 means a 10% higher level than expected. In general, the lower the rate of emergency admissions for these conditions the better - both for patients and the NHS.

The change from last period gives the absolute value change in the indicator compared to the previous quarter. A green arrow

indicates an improvement and a red arrow indicates a deterioration in performance. The changes reflect both real changes and changes in data quality, especially in the case of larger changes.

A green background in the relative level of admissions indicates the PCT is in the top 25%, Amber in the top 50% and Red in the bottom 50%

NHS Better Care, Better Value Indicators Data			PCT Data 2007/08		
<u>Diagnosis</u>	<u>SAR</u>	<u>Savings</u>	<u>No of Spells</u>	<u>Length of Stay</u>	<u>Cost (08/09 tariff)</u>
Influenza and pneumonia	137.8	£1,035,479	497	11.1	£1,389,459
Chronic obstructive pulmonary disease	100	£574,950	573	7.6	£1,204,478
Diabetes complications	127.6	£373,013	158	5.7	£347,767
Congestive heart failure	92.1	£237,236	312	7.7	£787,571
Perforated/bleeding ulcer	96.5	£36,385	74	13.9	£268,403

Key steps to improving case management and reducing emergency admissions:

- Identify which conditions are leading to emergency admissions. PCTs should identify which conditions account for a disproportionate level of hospital admissions and thus use of resources in their area.
- Inform practices if their patients are presenting at A&E frequently. Systems should be put in place at PCT level to feed back to GPs which of their patients are presenting at A&E as a result of one of these 19 conditions, so that their care can be reviewed and improved. There are computer-based tools that enable such patients to be easily identified (eg PARR or Dr Foster HUM).

- Encourage practices to review the care of these patients. Practice-based commissioning can be used to incentivise practices to improve their management of potential high-intensity users in order to reduce strain on A&E.
- Support practices in the management of these patients. Other services, such as rapid access clinics, in-reach and out-reach teams, intermediate care and other community services, should be aligned to support GP practices' management of these patients in order to avoid excessive emergency admissions.
- Work with local trusts to improve A&E assessment procedures. Hospital admission should only be necessary for A&E patients where there are clinical reasons for assessments or treatments taking longer than four hours.

Managing variation in surgical thresholds

Certain elective surgical procedures are carried out much more frequently in some PCT areas than others. In some cases the operation is performed in situations where it has little or no benefit for the patient.

Rates of operations vary widely between different areas. Here we look at five procedures where there is evidence they are often overused and carried out on patients who derive little or no benefit as a result. An expected (average) rate of these five operations is calculated for each PCT based on the age, sex and social deprivation of the population. This expected rate is then compared to the actual rate and expressed as a ratio. A figure of 110 indicates a 10% higher level of activity than expected, whereas 90 indicate activity that is 10% lower than expected.

The five procedures that are included in this indicator are tonsillectomy, dilatation and curettage, hysterectomy, lower back surgery and myringotomy (grommets).

There is a wide variability between PCTs in the standardised admission ratios for these procedures compared to the expected ratio - up to 200%. If all trusts reduced their standardised admissions ratio so that it did not exceed 125, that is more than 25% above expectation, each PCT could avoid up to 400 operations a year for tonsillectomy, dilatation and curettage, hysterectomy, lower back surgery and myringotomy.

Research shows that tonsillectomy may be of modest benefit for children who experience severe recurrent bouts of tonsillitis, but this benefit may be outweighed by the risks associated with surgery. The risk-benefit ratio is less favourable for children who experience less severe tonsillitis.

Dilatation and curettage has a useful role to play in the investigation of menorrhagia but there is evidence that it may be less effective as a treatment.

Hysterectomy is an essential procedure in some instances, but there are conditions, such as menorrhagia and fibroids, where its effectiveness is less clear cut and alternative treatments may be preferred.

Similarly, there is evidence that many patients who receive lower back surgery derive little or no benefit. Guidelines suggest that certain symptoms, such as the presence or absence of associated leg pain can indicate whether or not surgery is likely to be beneficial.

Insertion of grommets is of most benefit to children with an extended period of substantial hearing impairment, with persistence and severity established by watchful waiting. This is because the clinical benefits of grommets become less significant over the longer term and their insertion is not without risk.

	National position	Relative level of surgery for five procedures	Productivity opportunity	Change from last period
2007/08 Q1	49	78.9	£541,000	↓ q +4.7
2007/08 Q2	23	62.4	£129,000	↑ p -16.6
2007/08 Q3	31	60.3	£109,000	↑ p -2.1
2007/08 Q4	3	55	£195,000	↑ p -5.3

The change from last period gives the absolute value change in the indicator compared to the previous quarter. A green arrow indicates an improvement and a red arrow indicates a deterioration in performance. The changes reflect both real changes and also changes in data quality, especially in the case of larger changes.

This indicator shows whether the rate of operations for the five procedures is higher or lower than expected for the PCT population. The indicator is the ratio of the number of procedures that took place to the expected number, so each operation is weighted according to the relative level of activity. A figure of 100 indicates that the rate of surgery is exactly as expected. A figure of 120 means a rate 20% higher than expected. There is no correct rate of surgery, but in general high or low numbers may suggest management of surgical thresholds could be improved.

A green background in the relative level of surgery for five procedures indicates the PCT is in the top 25%, Amber in the top 50% and Red in the bottom 50%

NHS Better Care, Better Value Indicators Data				PCT Data 2007/08		
<u>Procedure</u>	<u>Rate</u>	<u>Savings</u>	<u>No of Spells</u>	<u>Length of Stay</u>	<u>Cost (08/09 tariff)</u>	
Abdominal excision of uterus	102.6	£95,547	137	4.9	£391,185	
Lumbar spine procedures	74.4	£87,921	32	4.2	£150,974	
Vaginal excision of uterus	68.8	£11,804	32	4.1	£87,373	
Myringotomy with/without grommets	37.1	£0	133	0.1	£107,794	
Tonsillectomy	31.3	£0	208	1.0	£184,888	

Dilation and curettage/hysteroscopy	48.9	£0	113	0.3	£78,104
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Key steps to managing variation in surgical thresholds:

- Analyse standardised admissions rates for these five areas and identifying which are higher than expected.
- Establish protocols for treating patients with conditions where surgical variation is very high. This will ensure that patients likely to benefit from these surgical procedures are operated upon, and those that are not are treated in more appropriate ways.
- Identify which individual GP practices have high rates of referrals that result in these procedures.
- Use practice-based commissioning to incentivize GPs to manage patients with these five conditions in the most appropriate manner. Ideally a local system to monitor GPs admission rates for these conditions should be set up, and regular feedback on performance given to practices to aid their improvement.
- Continue to monitor the rates of surgery for these procedures to ensure improvements are occurring.

PBC indicative budgets 2009/10

PBC indicative budgets will become available by the 1st April.

Stimulating the Local Market

As part of the development of NHS Great Yarmouth & Waveney's commercial stimulation we are working with Price Waterhouse Cooper to capture the key market interventions planned in support of the PCT's strategic priorities and initiatives.

Diabetes services have been selected as the first areas to examine as part of our commercial planning, working with PWC's roadmap that was undertaken last year. This will operate alongside the Health Market Analysis decision support tool to inform this area of work.

Alongside this process we have produced a draft procurement strategy that addressing the principles and Rules of Cooperation and Competition

The work with PWC and the system management checklist will provide an indication of any capacity limitations and resource implications as we work towards becoming World Class Commissioners; this will be fed into the WCC Development plan.

Key service areas for market testing for 2009/10 will be:

- Older people's services
- IAPT
- Range of new primary care services & pathways
- Community services procurement
- Primary dental services
- Health improvement innovation
- Disease specific initiatives e.g. Diabetes, respiratory programmes
- Community based rehabilitation services
- Diagnostic services
- Minor surgery
- Chronic fatigue / ME services

System Management Checklist

AREA	Lead	RAG
Assigned board and organisational responsibility		
1.1. Non-Executive Director identified to ensure compliance with the promotion code, procurement guide, transaction code and Principles and Rules of Cooperation and Competition	James Elliot	Red
1.2. Named Director responsible for implementing the system management framework identified	James Elliot	Green

1.3. PCT board role in terms of the Framework for Managing Choice and Competition understood and Board workshop on market making completed	James Elliot	
1.4. Board sign off of organisational policies established to ensure adherence to the procurement guide, promotion code and resolve competition [and contractual] disputes	James Elliot	
1.5. Routine board reporting on choose and book, use of the Extended Choice Network (ECN), dental choice, patient experience (pledge 1), reporting of tendering profile against strategic plan trajectory	John Turner	
Procurement is transparent and non discriminatory		
1.6. Framework established to implement the procurement guide, is documented and available for external scrutiny	Adrian Gant	
1.7. Auditable documentation trail which can be used for settling competition disputes	Adrian Gant	
1.8. Plan to tender PCTs services over next three years established with exceptions clearly identified and signed off by the PCT board (feeding into the strategic and operational plans)	James Elliot	
1.9. Process to ensure that the PCT board signs off all decisions not to tender services and reports this to NHS East of England	Adrian Gant	
1.10. Director assigned to ensure that <i>all</i> tenders are put on the Procurement Portal Supply2Health.	Alison Taylor	
1.11. Officer responsible for administering Supply2Health identified.	Adrian Gant	
Payment regimes are transparent and fair		
1.12. Annual commissioning rules published covering any local flexibilities around PbR available to providers	Alison Taylor	
1.13. Process established to ensure any deviations from tariff are published, are non-discriminatory between providers and reported to NHS East of England.	Alison Taylor	
1.14. In year financial intervention and discretionary support to providers is reported to NHS East of England	Alison Taylor	
Promotional activity is encouraged but the NHS brand and reputation is protected		
1.15. Process for monitoring promotional activity and escalating process for resolving breaches and complaints established. Policy developed and available for external scrutiny.	Diane Collier	
1.16. Process for ensuring all breaches of the promotional code are documented and reported to the NHS East of England Director of Communications	Diane Collier	
1.17. Application of Promotion Code is evident in strategic and operational plans	Diane Collier	
Commissioners should foster choice and competition		
1.18. Escalation process for competition disputes established	Diane Collier	
1.19. AWP for free choice services is not constrained	James Elliot	
1.20. PCTs conducted analysis of patient demand and service provision (e.g. market analysis)	James Elliot	
1.21. Strategic plans incorporate outputs of market analysis work (specific changes to provider capacity and gaps in provision addressed)	Sam Brown	
Principles and Rules of Cooperation and Competition are followed		
1.22. Dispute Resolution Process published on the PCT website	Diane Collier	

1.23. Named individual identified to receive and process competition disputes established	Diane Collier	
1.24. Application of the Principles and Rules of Cooperation and Competition is evident in strategic and operational plans	Adrian Gant	
Transactions should promote patient interests, choice and competition		
1.25. Process and policy for ensuring that any transactions (mergers, acquisitions and joint ventures) are consistent with the transaction manual	Diane Collier	
1.26. Process for monitoring patient choice and trajectory for improving choose and book and use of ECN signed off by board	John Turner	
System management organisational development plan		
1.27. Gap analysis conducted against the Principles and Rules of Cooperation and Competition	Adrian Gant	
1.28. PCT system development plan is key component of the WCC Organisation Development Plan	Sam Brown	

Enabling Strategies

Organisational Development Plan

NHS Great Yarmouth and Waveney recognises that in order to become World Class, it is imperative to build considerable depth of expertise in each of the World Class Commissioning competencies. Therefore the PCT's development goals have been built on evidence driven self assessments of the organisation's current rating of these competencies.

NHS Great Yarmouth & Waveney are working with A.T Kearney to support the identification of gaps and solutions to lead us to become World Class Commissioners. This work provides us with a prioritised roadmap becoming World Class Commissioners.

Workforce Planning and Development Strategy

Workforce planning will be an integral part of service development and delivery, ensuring that the NHS Great Yarmouth and Waveney has sufficiently well qualified and trained staff to achieve its objectives and become a positive and fulfilling place to work. As commissioners it is also very important that we work with providers of our services to ensure an integrated approach to workforce planning across the local health system.

The workforce strategy will be based on an assessment of the staff required, which is rooted in service development plans and integrated within the financial plans, the operational plan and the strategic plans.

This workforce strategy will support the change process required to deliver the Five Year Strategic Plan. Successful implementation of the Strategic Plan, its individual delivery plans and initiatives, will be dependent both on

service redesign activity and increased service levels, both of which will require a larger workforce and enhanced competencies.

The key areas of support for this strategy are:

- Retention, recruitment, promotion and development of staff
- Provision of a competency base for best practice
- Ensuring a holistic approach and taking account of the professional, managerial and individual development needs of staff

A workforce planning strategy is being developed and will be aligned to the Organisational Development Plan and driven by the outcomes of the Five Year Strategic Plan.

Communications and Engagement Strategy

This is an integrated strategy which incorporates:

- patient and public engagement
- clinical engagement
- staff engagement
- communications

and sets out NHS Great Yarmouth and Waveney's priorities for the future.

The Communications and Engagement Strategy has been developed to align with the Organisational Development Plan and driven by the outcomes of the Five Year Strategic Plan.

In developing the strategy NHS Great Yarmouth and Waveney consulted staff and stakeholders to listen to their views and to uncover some of the existing issues around patient, public, clinical and staff engagement, and communications. It is recognised that successful communications relies on good relationships between the PCT and its partner organisations and that it was crucial that the key stakeholders were involved in developing this strategy.

This strategy will further support the Strategic Plan by ensuring it undergoes a robust and appropriate process for engagement, approval and communication, and to enable adoption and implementation.

The strategy has been developed closely alongside the outputs of the draft WCC Development Plan and the Five Year Strategic Plan.

Information Management and Technology Plan

The NHS requires a sustained focus on information management and technology (IM&T) in order to deliver better, safer care.

This plan sets out how IM&T will meet local strategic development requirements and support the specific needs in order for NHS Great Yarmouth and Waveney to deliver better, safer care.

The PCT has developed this IM&T plan to:

- improve the patient experience and quality of care
- support service reconfiguration with modern IT
- improve the capacity of the NHS to deliver change and reform
- change working clinical practices
- support frontline clinicians in delivering improved patient centred care
- improve the quality and use of information to become information driven
- form a partnership between patients, the public and clinicians in the drive to modernise care and services through the use of IM&T.

Information Strategy

Information and data and the way it is managed, reported and used is a common thread which links through all areas of the business. Therefore, awareness raising is a very big part on the strategy.

This strategy will cover the different steps in relation to information and data production and availability. These steps include activities such as:

- Data housekeeping
- Records review, creation and deletions
- Governance and information security, Freedom of Information, data disclosure and compliance issues
- Performance and analysis
- Knowledge Management- centralised repositories, change management, succession planning

The strategy is essential to the delivery of the Five Year Strategic Plan as it will support the assessment of need and production of good quality data which will enable a more accurate assessment of baseline data and monitoring of projections against target.

It will enable NHS Great Yarmouth and Waveney to use data more proactively which will aid intelligent forecasting, ensuring delivery plans are producing the anticipated activity and finance impacts.

Carbon Reduction Strategy

The overall aim of the NHS in England is to contribute to the health and wellbeing of the people of England through direct and exemplar action. Tackling climate change, by reducing greenhouse gas emissions such as carbon dioxide, contributes significantly to this aim.

This strategy will enable the PCT to implement systems to measure, monitor and reduce carbon emissions and sustainability.

The strategy will seek to:

- increase understanding about the NHS contribution to climate change.
- establish Board level leadership on carbon reduction
- establish stretching, but achievable measures for carbon reduction
- describe proposed national, regional and local action to support carbon reduction
- provide a framework to monitor, evaluate and report progress and ensure policy promotes a low carbon NHS.

Finance Strategy and Estates Strategy

There is a current three year Finance Strategy which underpins the financial activity within the organisation. This strategy is currently being updated to incorporate the delivery of the Five Year Strategic Plan.

The strategy sets out the procedures for decision making for investments, the sources of funding for capital and revenue expenditure, the process of investment prioritisation and the financial controls at all levels within NHS Great Yarmouth and Waveney.

The underpinning driver of the finance strategy is the commitment to providing value for money by operating with increasing efficiency and economy.

The Estates strategy is an emerging strategy which is being developed around the infrastructure requirements of the Five Year Strategic Plan. The strategy will serve as an enabling tool for the realisation of delivery plans within our strategic plan.

Appendix 1

Proposed CQUIN list for Community Services

- 1. Provision of information for all services**
 - a. Information accessible on locality level and includes waiting times, any non accepted referral and why
 - b. Timelines from initial contact and completed treatment
- 2. Improvement in the management and throughput of patients cared for within community beds**
- 3. Improvement in clinical outcomes from stroke rehabilitation**
 - a. Improvement in the number of patients able to return to independent living post stroke
- 4. Patient Experience**
 - a. Improving patient experience improvement plan
 - b. Indicators could include; proportion of patients with LTC who are supported to be independent and in control of their condition, proportion of patients who felt their privacy & dignity were respected, patients receiving appropriate information about their medication etc.
 - c. Using for example, Links, Patient satisfaction surveys, Patient discovery interviews, Patient diaries, complaints and PALS
- 5. Improvement in the number of patient slips, trips and falls in community hospitals**
 - a) Falls – number and rate per 1,000 bed days
- 6. Compliance with Gold Standards Framework for Palliative care patients**
 - a. All palliative care patients will be assessed and care given in accordance with the Gold Standards Framework
- 7. Improvement in the management of pressure ulcers**

Proposed CQUIN list for Acute Services

- 5. Venous Thrombo-embolism (VTE)**
 - a. All patients to have risk assessment at time of admission
 - b. High risk patients (agree definition) to receive appropriate prophylaxis
- 6. HSMR**

- a. Detailed analysis of data with Dr foster
 - b. Action plan to improve recording of data
 - c. Action plan for reducing HSMR in 3 highest areas
- 7. Discharge summaries**
- a. Achieve compliance with contract specification
 - b. Audit of summaries against specification – to be done by practices on 4th quarter (?sample size) Target ?80% meeting standard
- 8. Termination of Pregnancy**
- a. Demonstrate that patients are being offered a choice of medical TOP – Target 50% of under 16s get medical TOP
 - b. TOP >12 weeks – 70% performed at JPUH
 - c. Patient Experience audit
- 9. Stroke metrics**
- a. Provision of accurate, timely return as specified by Anglia Stroke & Heart Network (define)
- 10. Surgical Safety Checklist**
Implement by February 2010 - ? Success measure
- 11. PROMS for common surgical procedures and pain relief in A&E**
- 12. Audit of 2 week referrals for cancer**
- a. Number referred and seen within time-limit (100%)
 - b. Feedback on appropriateness of referrals
 - i. Number of cancer diagnosed where referral not made under 2 week rule
 - ii. Reporting to PCT Medical Director all skin cancer where excision made by clinician who is not member of MDT

Proposed CQUIN list for Mental Health Services

Norfolk and Waveney Mental Health Foundation Trust Quality CQuIN Schedule

- 1. Provision of information for all services**
 - a. Information accessible on locality level and includes waiting times, any non accepted referral and why
 - b. Timelines from initial contact and completed treatment
- 2. Improving patient experience improvement plan using for example, Patient satisfaction surveys, Patient discovery interviews, Patient diaries, complaints**

3. **Mental Health Clinical Quality Performance Indicator**

By end of month 1 the Trust will submit the Quality Improvement Plan to the commissioners. This to include elements to address areas included within CQIN. The first payment of the 1/4ly CQIN payment will be dependent on this being provided to commissioners

4. **Single sex accommodation**

Demonstrate continued compliance.

5. **Pledge 1 Patient Experience**

The results of the Annual patient survey to be shared with the commissioners. Seek views of patients receiving recovery services, carers and their families through surveys and questionnaires.

6. **Offender health: For prisoners experiences of mental health services to be audited and results of the audit used to improve future delivery of services through the introduction of CUES – Royal College of Psychiatrists.**

Results of survey and action plans which include all improvements identified as necessary and agreed timeline for achievement by year end.

7. **Pledge 2 waiting times**

Demonstrate that the Trust is complying with the Commissioners' requirement to ensure that a baseline is set within the first quarter of 2009/10. Demonstrate how the Trust is developing with Commissioners the pathways related to meeting the 18 week target set by the EoE. Set out timeline for full compliance with the timescales set out by the EoE.

8. **Recovery orientated services**

Initiate locality based information regarding evaluation of the principle of Recovery focused services. Demonstrate the Trust's level of involvement in the preparation of agreeing a set of clinical outcome measures for Recovery.

9. **Eating Disorders**

To ensure that all patients referred into the service are seen, in the assessment centre, within 2 weeks of their referral and are given appropriate intervention which is lined to existing community counseling in a comprehensive step up to step down manner.

10. **Dementia**

To ensure that all patients referred into the service, are seen, within a maximum of 12 weeks of their referral and are given appropriate intervention from a list of possible pathways identified within the Dementia Strategy and included within the revised service specification for Dementia services. This will include follow-up and support for primary care professionals, relatives and carers

Appendix 2

Chlamydia Screening Action Plan



G:\Commissioning\
Operating Plan 2009-

DRAFT