Agenda Item 6

Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date:	**30 November 2007**
By:	**Director of Law and Personnel**
Title of report:	**East Sussex PCTs' Strategic Commissioning Plan and Joint Strategic Needs Assessment**
Purpose of report:	**To introduce the Commissioning Plan and Needs Assessment and highlight areas the Committee may wish to explore.**

RECOMMENDATIONS

HOSC is recommended:

1. **To consider and comment on the Strategic Commissioning Plan and Joint Strategic Needs Assessment**

1. Joint Strategic Needs Assessment

1.1 The Joint Strategic Needs Assessment is the means by which the Primary Care Trusts and Local Authorities lay out the future of health, care and well-being needs of the local population and the strategic direction of service delivery to meet those needs over the next 3-5 years. The assessment forms part of the new duty to co-operate which is contained within the Local Government and Public Involvement in Health Act 2007.

1.2 A Needs Assessment identifies variations in health status across the local population, demographic trends and helps to clarify priority issues in terms of healthcare. A good Needs Assessment should use community views and evidence of the effectiveness of interventions to inform decisions about where to invest in services in the future, as well as areas which are not priorities for investment.

1.3 The findings of the Needs Assessment should be used to inform commissioning plans and decision making about services and to underpin the Community Strategy and Local Area Agreement. Ultimately, it should support the delivery of better health and well-being outcomes for the local community.

2. Strategic Commissioning Plan

2.1 The Strategic Commissioning Plan sets out how the PCTs plan to develop services over the next few years to meet the needs of local people, to reduce health inequalities and to improve the health of the community. The plan includes all services the PCTs are responsible for – those they provide themselves, those they commission from other providers and those provided in partnership with other organisations.

2.2 The plan will provide a framework against which the PCTs will review and develop services. It also sets out how the PCTs will approach their commissioning role. A summary of the draft East Sussex Downs and Weald PCT Strategic Commissioning Plan is attached at appendix 2 and the Hastings and Rother PCT draft plan at appendix 3. A copy of a slide presentation to be given to HOSC is attached at appendix 1.

2.3 Due to the tight timescale for their preparation, the draft plans have been developed with limited staff and stakeholder involvement. This involvement is now being extended, with the PCTs inviting further staff and stakeholder feedback, including that of HOSC, by the end of December 2007. The PCTs then plan to revise the plans in the light of this feedback, before publishing a

summary in the form of a 'Patient Prospectus' in Spring 2008. This prospectus will be used as the basis for wider consultation with the public and service users.

3. Areas for further exploration

3.1 The committee may wish to explore the following areas in questions and comments:

Needs and priorities

- Have local health needs and priorities been effectively captured in the needs assessment and commissioning plans?
- How did community views contribute to the needs assessment and identification of priorities?
- What methods have the PCTs used to balance competing priorities and decide on areas for investment?

Impact on services

- What are the key implications of the commissioning plans in terms of potential major service developments or changes?
- What are the key areas identified for investment and disinvestment? Are these appropriate in the light of identified needs?
- How do the commissioning plans reflect national policies such as 'Our Health, Our Care Our Say' (which advocates providing more care closer to home) and local plans such as 'Fit for the Future' (which includes the objective of sustaining two viable local acute hospitals)?
- Do the plans include a strategy for the use of community hospitals?
- How will the commissioning plans contribute to the achievement of the target of a maximum 18 week wait from referral to treatment by December 2008?
- How do the commissioning plans reflect the increasing number of people living with long-term conditions?

Approach to commissioning

- How do the plans fit with practice-based commissioning and how have GPs contributed to the plans?
- What is the PCTs' approach to developing 'world-class commissioning' as expected by the Department of Health?

Consultation and engagement

- What mechanisms are the PCTs using to seek staff and stakeholder input at this stage?
- How will the 'Patient Prospectus' be publicised and how will the public's views be sought?
- What impact can the public's views have on the final commissioning plans?

4. Recommendation

1) To consider and comment on the Strategic Commissioning Plan and Joint Strategic Needs Assessment

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ANDREW OGDEN
Director of Law and Personnel

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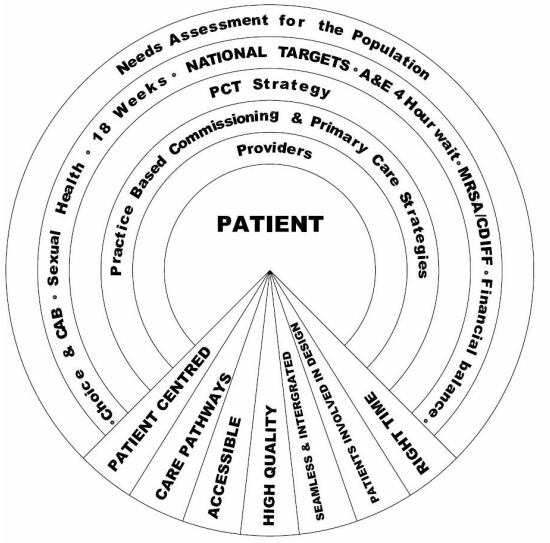
NHS

Making Connections
Planning for success

EAST SUSSEX DOWNS & WEALD PCT

Strategic Commissioning Plan

"Putting the patient at the heart of our commissioning"



Summary of Highlights from the Strategic Commissioning Plan

Strategic Commissioning Plan for East Sussex Downs & Weald

Summary of Highlights

This document provides a brief summary of highlights from our Strategic Commissioning Plan (SCP), this should be read in conjunction with the main document.

The items highlighted in superscript provide the reference to the corresponding section within the SCP.

Strategic Outline (S1):

Chairman: John Barnes
Chief Executive: Nick Yeo

The PCT (established on 1st October 2006), and currently serves a population of approx. 326,000, with income of approximately £442m in 2007/08 (including a £17m turnaround programme for return to financial balance).

East Sussex has the highest percentage of over 75s, over 85s and over 90s anywhere in England, the population is growing older and our services need to reflect the needs of this aging population.

The PCT's Strategic Priorities (S3):

The PCT has identified the following key strategic priorities for its population and has identified how these priorities need to be addressed:

- To improve life expectancy (reduce health inequalities, preventative healthcare, chronic disease management particularly diabetes and COPD) (see sections 5, 6, 12 and 27)
- Better care for the elderly (particularly focussing on stroke services - to provide the best in class service - and services aimed at maintaining independence) (see sections 10 & 27.14)
- End of life care - including palliative care (see section 27.27)
- Building and securing clinical and staff engagement (see section 10)
- Mental health - improving primary care services (see sections 27.17, 27.18 and 27.21)
- Prison healthcare - improving the health of the prison population (see section 11)
- Children's services – a better start to a healthy life (see section 27)

Understanding the Health Needs & Improving the Health of the Population:

Joint Needs Assessment of the Health of the Population [S5] & Health Strategy [S6, S27.2]:

A health needs assessment has been completed to identify the health needs of the population and it has demonstrated:

1. Health inequalities within 9 wards – where the life expectancy is significantly below East Sussex average as follows:

Rank	Name	Lexp(P)
1	Devonshire	77.0
2	Hailsham East	77.3
3	Peacehaven East	77.4
4	Hampden Park	77.7
5	Seaford Central	78.2
6	Uckfield New Town	78.4
7	Peacehaven West	78.6
8	Upperton	78.6
9	Hellingly	78.7

Highest Crowborough North	87.7
Median of remaining wards	81.6
Remainder of East Sussex	81.1

Notes to the above chart:
a) Life Expectancy at birth based on mortality data for 2003 to 2005
b) The PCT median life expectancy is calculated using the remaining 51 wards

2. An increasing number of older people and a decline in the birth rate
3. Attitudes and behaviours that affect health outcomes such as smoking, binge drinking, poor diet, which can be linked to deprivation.

Using the above, work and discussions have already commenced to determine a health strategy to improve the health of the population and to reduce health inequalities, to be completed for the end of 2007. The priority areas for investment to improve health are:

1. Vascular disease, especially with regards to the wards shown in the above chart
2. Increase investment in services for older people
3. Chronic Disease Management – improve detection and systematic management and treatment (e.g. cardiovascular disease, stroke and diabetes)
4. Improve health – Choosing Health priorities and health protection measures (immunisation and screening) *
5. Improve mental health and wellbeing *

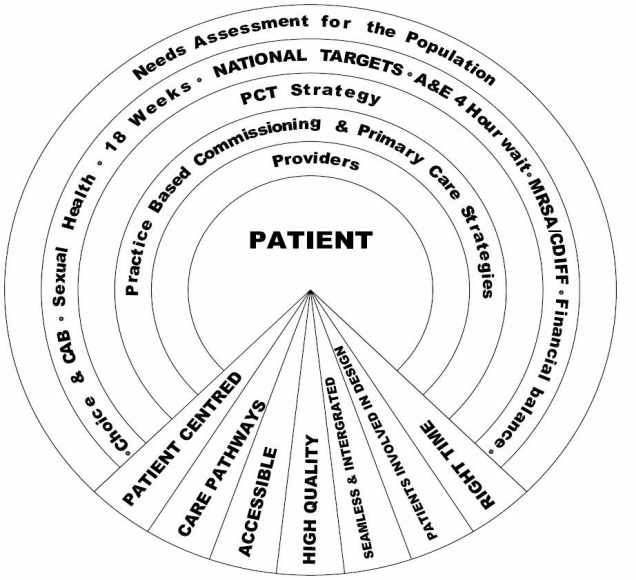
* particularly in deprived areas

Patient Involvement & User Experience:

Patient & Public Involvement (S17, S18 & S27.23): Through our commissioning we will:

- Empower individuals to manage their own health better and to be more involved in decisions regarding their own care and treatment
- Encourage participation from the wider community and partnership working with local organisations
- Involve patients and the public in the design of services (at a PCT level, and at a practice level via Practice Based Commissioning)
- Engage & design a Patient & Public Involvement Strategy for April 2008
- Seek stakeholder feedback to the Strategic Commissioning Plan
- Issue the PCT Prospectus to the general population (Spring 2008) (S19) to ensure dialogue with the wider public and to seek feedback

We will put the patient at the heart of our commissioning (S2):



Equality & Diversity (S16)**:** We will:

- Promote equality of opportunity, eliminate unlawful discrimination and harassment, promote good relations between persons of different racial groups, promote positive attitudes towards disabled people and encourage participation by disabled people in public life.
- Promote equality in commissioning of services, and reduce health inequalities

Patient Experience (S18)**:** We will:

- Develop patient and public feedback systems
- Publish PCT Prospectus and seek feedback
- Develop a system for handling patient initiated petitions
- Develop a single equality scheme, to ensure needs and views of different groups inform the commissioning process

Service Delivery & Improvement:

1. **Primary Care Business Units (GPs, Optometrists, Dentists) (S8):** We will: Modernise our primary care services, ensure appropriate availability of services for rural and urban locations, and re-provision services from hospital settings (secondary care) to the community (primary care). We will ensure that adequate and suitable premises are available to meet these needs (including pharmacies) (S41)

2. **Access to Primary Care Business Units (Doctors & Dentists) (S9):** We will for:

   Doctors – ensure that access & patient choice is achieved above the England national average performance and that a patient can:
   - See a doctor within 24 hours
   - Can book in advance
   - Is offered Choice of secondary care provider (minimum of 4)
   - Currently reviewing the opportunity for extended opening hours

   Dentists – ensure that a patient has access to an NHS dentist within the following distance from their home:
   - 5 miles for urban locations
   - 15 miles for rural locations

3. **Choose & Book (S26):** Our aim is to achieve 90% of all referrals using the Choose & Book system by the end of December 2007, and to then consider a planned approach to the transfer to electronic only referrals for 2008.

4. **Practice Based Commissioning Development (PBC) (S10):** We will support and develop PBC and the planned review of defined services and pathways (see S10) to:
   - Ensure appropriateness, and clinical effectiveness
   - Improve patient access to services through a move to primary care settings, where appropriate
   - Provision of good quality and cost effective services in primary care
   - Ensure patient and public engagement in the redesign of these services
   - Clinical engagement of secondary and primary care clinicians in service redesign
   - Transfer of funds from secondary care commissioned services, to primary care, to support these transfers of activity.
   - Manage the demand for acute services, to ensure that these services are concentrated on the patients with acute needs.

5. **Medicines Management** (S13)**:** We will ensure that patients receive the most appropriate medicines, that cost increases are contained, that patients can access medicines without delays or interruptions, can seek advice regarding their medication, and have their medicines review regularly.

6. **PCT Provider Arm** (S11.1)**:** The preparation and signature of an arms length Service Level Agreement (SLA) between the PCT and the PCT's Provider Arm by end of September 2007. Review and on-going development, performance management and monitoring of this SLA will follow. By September 2008 to decide on the future potential models of care for this service.

7. **Prison Healthcare** (S11.2 & S27.5)**:** The PCT is responsible for the commissioning and provision of healthcare services to prisoners within Her Majesty's Prison (HMP) Lewes. Prisoner's health is generally poor with a heavy reliance on healthcare services, and there is the need to ensure adequate services are provided to meet the needs of this specific population. It should also be noted that there is a planned large expansion within the prison service. The resources provided for the delivery of these services are insufficient to meet current, as well as the anticipated future demand and additional resources are now being sought.

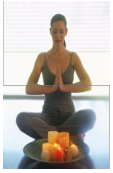
8. **Preventative Healthcare Services** (S12)**:** The PCT, with Practice Based Commissioning, will provide a range of services designed to encourage "Choosing Health" and empower and enable people to take responsibility for their own health. The main thrusts of the services are:
   - Encouraging people to stop smoking (see also S27.6)
   - Reducing obesity & improving diet and nutrition & increasing physical activity (see also S27.7)
   - Improving sexual health (see also S27.13)
   - Reducing teenage conceptions (see also S27.12)

   The review of our preventative services, for improving the health of the population and reducing inequalities in health, will also focus on a review of the above services (see also S27.2)

Our Healthcare Strategies (Service Design):

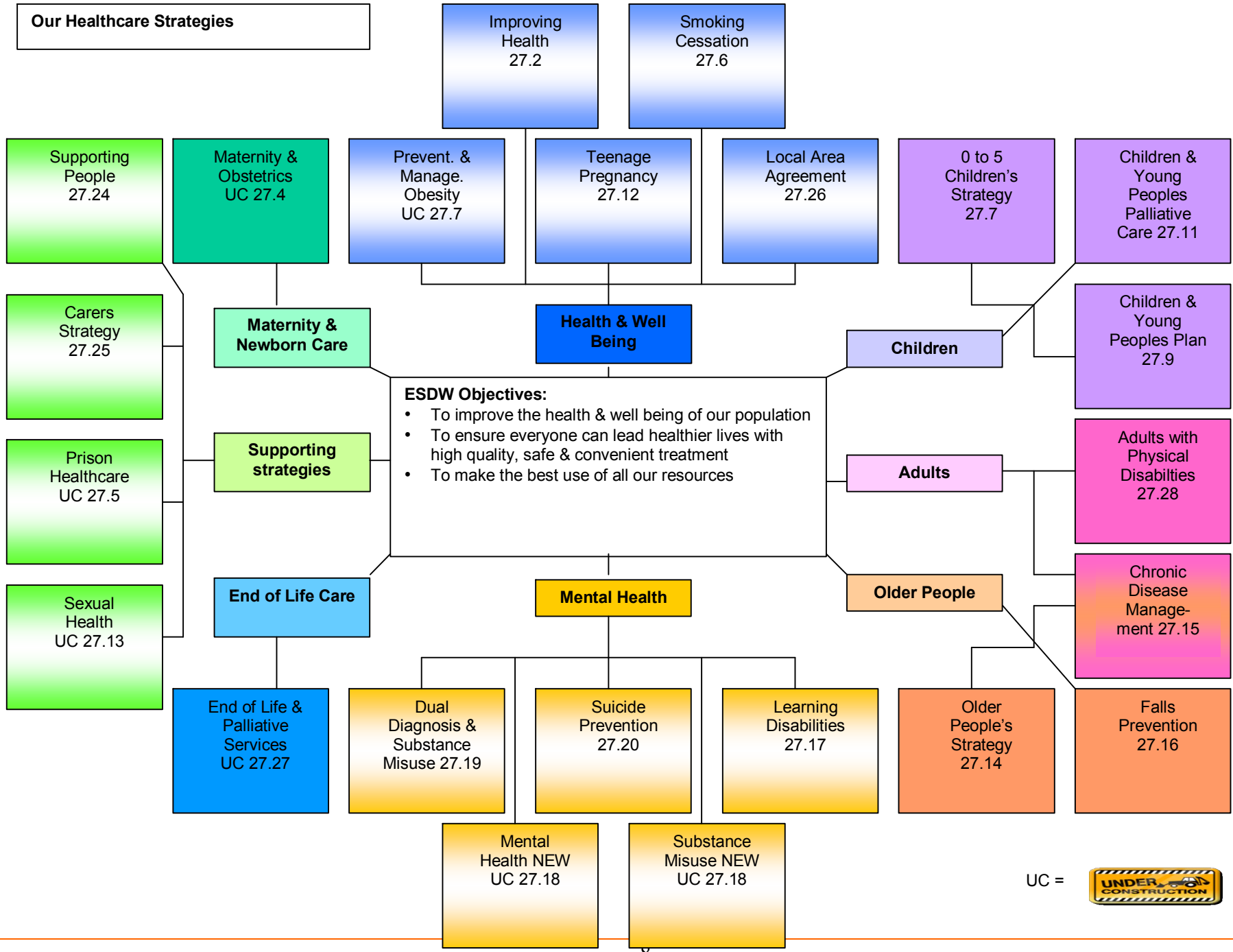
Our services and redesign is focused around healthcare strategies for our population needs (with action plans) rather than individual patient pathways. The pathways are then determined once the strategic needs and direction of change is established. This assists us in looking at the overall needs of our populations and enables the development of more seamless services, where the patient's healthcare needs and wishes are taken clearly into account.

We have designed the delivery of our main services around the Stages of Life (as defined by the Department of Health), and cross cutting service delivery themes, and use the following matrix to describe how a service meets a particular area, or population group.

			★	★		★	
							
Maternity & new born care	Staying healthy	Children	Long term conditions	Acute care	Mental health	Planned care	End of life care

Some of the above cannot be seen as Stages of Life and we will be reviewing these to provide a more appropriate matrix during 2008.

The diagram on the next page shows our healthcare strategies and how these can be grouped to reflect the above (e.g. children, or working age adults).


Our Healthcare Strategies
Improving Health 27.2
Smoking Cessation 27.6
Supporting People 27.24
Maternity & Obstetrics UC 27.4
Prevent. & Manage. Obesity UC 27.7
Teenage Pregnancy 27.12
Local Area Agreement 27.26
0 to 5 Children's Strategy 27.7
Children & Young Peoples Palliative Care 27.11
Carers Strategy 27.25
Maternity & Newborn Care
Health & Well Being
Children
Children & Young Peoples Plan 27.9
ESDW Objectives:
• To improve the health & well being of our population
• To ensure everyone can lead healthier lives with high quality, safe & convenient treatment
• To make the best use of all our resources
Prison Healthcare UC 27.5
Supporting strategies
Adults
Adults with Physical Disabilties 27.28
Sexual Health UC 27.13
End of Life Care
Mental Health
Older People
Chronic Disease Manage-ment 27.15
End of Life & Palliative Services UC 27.27
Dual Diagnosis & Substance Misuse 27.19
Suicide Prevention 27.20
Learning Disabilities 27.17
Older People's Strategy 27.14
Falls Prevention 27.16
Mental Health NEW UC 27.18
Substance Misuse NEW UC 27.18
UC =
UNDER CONSTRUCTION

Quality, Outcomes & Performance Management:

1. **National Targets** [S14]**:** We will meet the Department of Health's Operating Framework and ensure "green" performance against national targets & indicators during 2008 onwards. Current status is (using 2008 indicators):
    - 10 out of 21 = green
    - 9 out of 21 = amber
    - 2 out of 21 = red

2. **Infection Control** [S15]**:** We will ensure that patients, staff and other persons are protected against risks of acquiring Health Care Associated Infections (HCAIs), through the provision of appropriate care, in suitable facilities, consistent with good clinical practice. By ensuring that appropriate management systems exist for infection prevention and control (including staff training) and to monitor, analyse and learn from any incidences of HCAIs.

3. **Corporate Governance & Clinical Quality** [S22]**:** We will improve the quality of the commissioned services by the development and implementation of a Quality Improvement Strategy to focus on delivery outcomes of: Safety, effectiveness, patient centred, timely, efficient and equitable. We will commission for quality and outcomes in health services.

4. **Risk Management** [S21]**:** We will ensure the continued monitoring and management of risks & the systems to provide on-going assurances that the PCT has all the necessary components to support sound systems for internal control, and to ensure continual re-assessment and audit of the same. Integrated risk management covers financial, organisational, clinical and non-clinical risks.

5. **Performance Monitoring** [S34]**:** We will develop systems and processes to ensure the provision of robust information to manage the business, divided into 5 major categories: Robust data management, financial balance & activity, patient experience, clinical outcomes, health status outcomes. This will ensure performance monitoring and management of our external providers, and also the services provided within the PCT, to deliver "world class" commissioned services, and to ensure the provision of usable, and timely, service intelligence for service and budget management purposes.

World Class Services & Commissioning:

It is our intention to become "world class" commissioners and to deliver high quality services, to undertake this we will:

1. The integration of public health and commissioning to strengthen commissioning, and ensuring that the services commissioned and delivered reflect our population needs (S7)
2. Performance monitoring of our commissioning and delivered services and using the Fitness For Purpose tools (FFP) (S24)
3. Work in partnership with other government organisations to ensure seamless services, and appropriate pooling of resources to deliver value for money (S20)
4. Work with other PCTs, and providers, across Clinical Networks, to ensure that appropriate and forward looking services are defined and commissioned to meet the population needs – current and future (i.e. Cardiac, Cancer, Childrens, Critical Care, Diabetes, Neurology, Renal) (S28)
5. Use the Sussex Acute Commissioning and the Kent, Surrey & Sussex Specialist Commissioning Group, to ensure the development of the commissioning and the performance monitoring of services (S33), we will work with other commissioners to achieve the sharing of data, and experiences to improve services.
6. Identify the future changes to our commissioned services (S31, S32)
7. Identify a strategy for acute (planned and unplanned) care in the future, and the moving of care closer to the patient (S27.3, S10)
8. Ensure patient choice requirements are met, and the plurality of providers in line with national requirements, or local needs (S30)
9. We will build our own internal competencies and to support this we will consider how best to use the Framework for External Consultancy Support (FESC) agreement (S38) (negotiated by the Department of Health), to support us, and to enable the PCT to develop its commissioning services to be "World Class".

Financial & Premises Issues (S35, S36, S40)

The PCT will:

- Deliver its turnaround programme during 2007/08 and return to financial balance.
- Ensure that the financial plans for 2008/09 onwards are based on achieving balance as a minimum, and look at the potential transfer of activity from secondary care providers to primary care, to support the re-design of services (S10, S31, S31).
- Our financial plans will include additional investment for improving the health of the population.
- Undertake a review of its corporate and primary care premises and we will develop a strategy in 2008 for the centralisation of its headquarters staffing, and the development needs and use of other premises.

Workforce (S37):

We will assess the implications of the Strategic Commissioning Plan across the Health Economy. This work will be completed by the end of October 2007, and will address the workforce priorities, the management of workforce change, and the development of staffing to support the short, medium and long term needs. This will include the commitment to a programme of training/ development and continuous educations, to enable the achievement of our corporate objectives and delivery of our Strategic Commissioning Plan.

Information Management & Technology (IM&T) (S39):

The PCT is committed to the development of IM&T, to ensure that it is fit for purpose as this will underpin the NHS reforms to deliver better and safer patient care. As part of the IM&T Operating Framework the PCT has submitted IM&T plans which are core to PCT business and fully exploit the opportunities of the National Programme for Information Technology (NPfIT). The PCT will lead implementation of the IM&T plans across the local health community to enable patient centred service transformation.

The Monitoring of the Strategic Commissioning Plan & Programme Assurance (S23 & S34):

We will use the Strategic Commissioning Plan as a “hub” or “roadmap”, to develop annual business plans for the PCT, and individual’s objectives within these. We will undertake regular monitoring and reporting of performance against these objectives to the PCT’s Board and Executive Group. We will embed within the PCT a culture of individual, and corporate, responsibility and delivery (both financial and for service delivery).

Hastings & Rother PCT

Strategic Commissioning Plan

"Adding years to life & life to years"

Summary of Highlights from the Strategic Commissioning Plan

Strategic Commissioning Plan for Hastings & Rother PCT

Summary of Highlights

This document provides a brief summary of highlights from our Strategic Commissioning Plan (SCP), this should be read in conjunction with the main document.

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The items highlighted in superscript provide the reference to the corresponding section within the SCP.

Strategic Overview (S1):

Chairman: Charles Everett
Chief Executive: Nick Yeo

The PCT was established on 1st October 2006, and currently serves a population of approximately 171,000, with income of approximately £273m in 2007/08.

East Sussex as a whole has the highest percentage of over 75s, over 85s and over 90s anywhere in England, the population is growing older and our services need to reflect the needs of this aging population.

Hastings has a higher proportion of younger and older people than the England average. A number of key health indicators for its population are significantly worse than the England average (e.g. income deprivation, children in low income households (poverty), rate of reported violent crime etc.)

Rother is a largely rural area. Overall levels of poverty are low. However, it has a higher than average population of older people, especially of those over the age of 85.

The PCT's Strategic Aims [S3]:

The PCT has identified its key strategic aims as to;

1. reduce health inequalities and improve life expectancy in Hastings and Rother (for example, through improvements in preventative measures, better screening and improved management of chronic disease)

2. improve local access to health care, in particular through developing the three new primary care centres in Hastings and St Leonards and completing a review of primary care premises in Bexhill and Rother

3. ensure sustainable maternity services

4. improve:

    - rehabilitation services
    - end of life care, including palliative care
    - stroke services
    - mental health services

Understanding the Health Needs & Improving the Health of the Population:

Joint Needs Assessment of the Health of the Population (S5) & Health Strategy (S6, S27.2):

The PCT has completed an assessment which identifies the health needs of the population. It demonstrates:

1. Significant health inequalities within 11 wards. Life expectancy in these wards is significantly below the East Sussex average, as shown in the table below:

Rank	Name	Lexp(P)
1	Central St Leonards	72.1
2	Sackville	74.9
3	Maze Hill	75.5
4	Gensing	75.7
5	St Michaels	75.9
6	Sidley	76.2
7	Wishing Tree	77.4
8	Ore	77.8
9	Braybrooke	78.1
10	Old Town	78.2
11	Holllington	78.9
	Highest – Ewhurst & Sedlescombe	84.4
	Median of remaining wards	81.0
	Remainder of East Sussex	81.1

Notes to the above chart:

a) Life Expectancy at birth based on mortality data for 2003 to 2005
b) The PCT median life expectancy is calculated using the remaining 36 wards

2. An increasing number of older people and a decline in the birth rate
3. Attitudes and behaviours that affect health outcomes such as smoking, binge drinking, poor diet, which can be linked to deprivation.

The priority areas for investment to improve health are:

1. Vascular disease, especially with regards to the wards shown in the above chart
2. Increase investment in services for older people
3. Chronic Disease Management – improve detection and systematic management and treatment (e.g. cardiovascular disease, stroke and diabetes)

4. Improve health – Choosing Health priorities and health protection measures (immunisation and screening) *
5. Improve mental health and wellbeing *

* particularly in deprived areas

Based on this work, discussions have already begun to develop the PCT's strategy to improve the health of the population and to reduce health inequalities. This will be completed by the end of 2007.

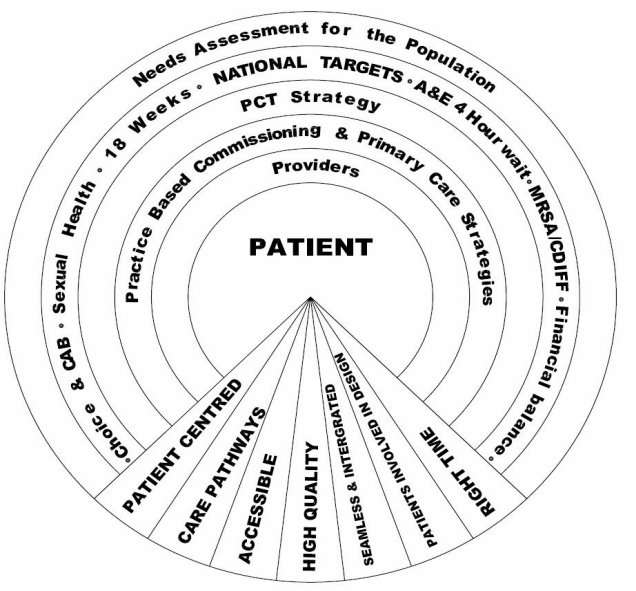
Patient Involvement & User Experience:

Patient & Public Involvement (S17, S18 & S27.23)

Through our commissioning, we will:

- Empower individuals to manage their own health better and to be more involved in decisions regarding their own care and treatment
- Encourage participation from the wider community and partnership working with local organisations
- Involve patients and the public in the design of services (at a PCT level, and at a practice level via Practice Based Commissioning)
- Engage & design a Patient & Public Involvement Strategy for April 2008
- Seek stakeholder feedback to the Strategic Commissioning Plan
- Issue the PCT Prospectus to the general population (Spring 2008) (S18), to ensure dialogue with the wider public and seek feedback

We will put the patient at the heart of our commissioning (S2):



Equality & Diversity (S16)

We will:

- Promote equality of opportunity, eliminate unlawful discrimination and harassment, promote good relations between persons of different racial groups, promote positive attitudes towards disabled people and encourage participation by disabled people in public life.
- Promote equality in commissioning of services, and reduce health inequalities

Patient Experience (S18)

We will:

- Develop patient and public feedback systems
- Publish a PCT Prospectus and seek feedback
- Develop a system for handling patient initiated petitions
- Develop a single equality scheme, to ensure needs and views of different groups inform the commissioning process

Service Delivery & Improvement:

1. **Primary Care Business Units (GPs, Optometrists, Dentists)** (S8 & S9)**:** We will modernise our primary care services, ensure appropriate availability of services for rural and urban locations, and re-provision services from hospital settings (secondary care) to the community (primary care). We will ensure that adequate funds are available to ensure the continued implementation of the primary care centres in Hastings, and suitable premises are available to meet the needs in Rother (including pharmacies) (S41)

2. **Access to Primary Care Business Units (Doctors & Dentists)** (S9)**:**

   We will, for:

   Doctors - ensure that access & patient choice is achieved above the England national average performance, and that a patient can:

   - See a doctor within 24 hours
   - Book in advance
   - Be offered choice of a minimum of 4 secondary care providers

   We are currently reviewing the opportunity for extended opening hours of doctors' surgeries.

   Dentists - ensure that a patient has access to an NHS dentist within the following distances from their home:

- 5 miles for urban locations
- 15 miles for rural locations

3. Choose & Book (S26)

Our aim is to achieve 90% of all referrals using the Choose & Book system by the end of 2007, and then to adopt a planned approach to the transfer to electronic only referrals for 2008.

4. Practice Based Commissioning Development (PBC) (S11)

We will support and develop PBC and the planned review of defined services and pathways (see S10) to:

- Ensure services are appropriate, and clinically effective
- Improve patient access to services through a move to primary care settings, where appropriate
- Provide good quality and cost effective services in primary care
- Ensure patient and public engagement in the redesign of these services
- Ensure the clinical engagement of secondary and primary care clinicians in service redesign
- Transfer funds from secondary care commissioned services to primary care to support these transfers of activity
- Manage the demand for acute services to ensure that these services are concentrated on the patients with acute needs.

5. Medicines Management (S13)

We will ensure that patients receive the most appropriate medicines, that cost increases are contained, that patients can access medicines without delays or interruptions, seek advice regarding their medication and have their medicines reviewed regularly.

6. PCT Provider Arm (S11)

We are currently developing a Service Level Agreement (SLA) between the PCT and the PCT's Provider Arm, which will be in place by the end of the financial year. We will decide on the future potential models of care for this service by September 2008.

7. Preventative Healthcare Services (S12)

The PCT, through Practice Based Commissioning, will provide a range of services designed to encourage "Choosing Health" and to empower and enable people to take responsibility for their own health. These will include services to:

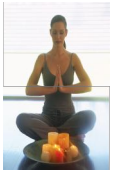
- Encourage people to stop smoking (see also S27.6)
- Reduce obesity & improving diet and nutrition & increasing physical activity (see also S27.7)

- Improve sexual health (see also S27.13)
- Reduce teenage conceptions (see also S27.12)

The review of our preventative services, for improving the health of the population and reducing inequalities in health will focus especially on these services (see also S27.2)

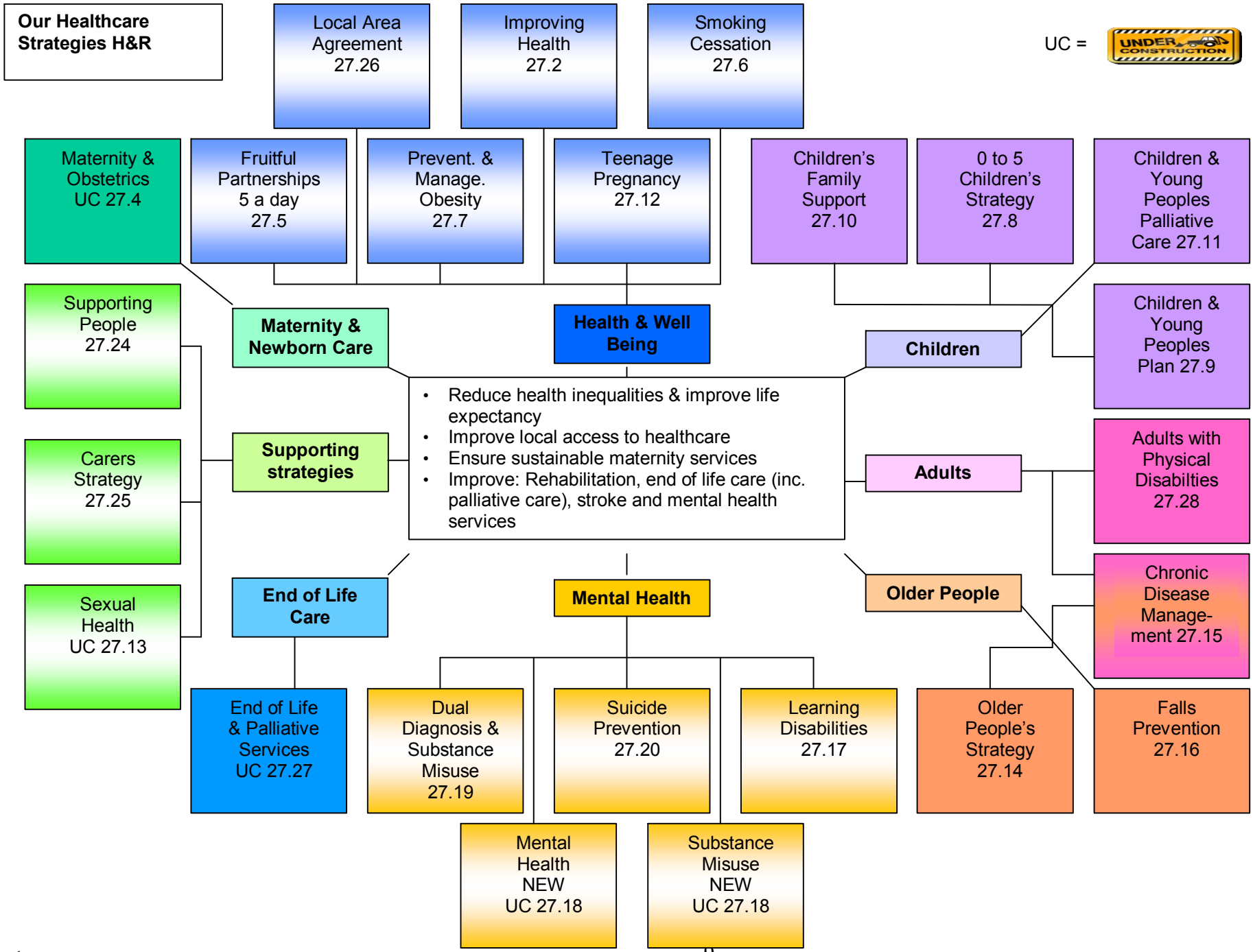
Our Healthcare Strategies (Service Design):

We have designed the delivery of our main services around the Stages of Life (as defined by the Department of Health) and cross cutting service delivery themes, and use the following matrix to describe how a service meets a particular area, or a population group.

			★	★		★	
							
Maternity & new born care	Staying healthy	Children	Long term conditions	Acute care	Mental health	Planned care	End of life care

We will be reviewing this during 2008.

The diagram below shows our healthcare strategies and how these can be grouped to reflect the above (e.g. children, or working age adults).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Mental Health NEW UC 27.18
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Quality, Outcomes & Performance Management:

1. National Targets (S14)

We will meet the Department of Health's Operating Framework and ensure "green" performance against all national targets & indicators during 2008 onwards. Current status is (using 2008 indicators):

- 14 out of 21 = green
- 5 out of 21 = amber
- 2 out of 21 = red

2. Infection Control (S15)

We will ensure that patients, staff and other persons are protected against risks of acquiring Health Care Associated Infections (HCAIs), through the provision of appropriate care, in suitable facilities, consistent with good clinical practice. We will ensure that appropriate management systems exist for infection prevention and control (including staff training) and monitor, analyse and learn from any incidences of HCAIs.

3. Corporate Governance & Clinical Quality (S22)

We will improve the quality of the commissioned services by the development and implementation of a Quality Improvement Strategy to focus on delivery outcomes which are safe, effective, patient centred, timely, efficient and equitable. We will commission health services on the basis of quality and outcomes..

4. Risk Management (S21)

We will ensure the continued monitoring and management of the risks & the systems to provide on-going assurances that the PCT has all the necessary components to support sound systems for internal control, and to ensure continual re-assessment and audit of the same. Integrated risk management covers financial, organisational, clinical and non-clinical risks.

5. Performance Monitoring (S34)

We will develop systems and processes to ensure the provision of robust information to manage the business, divided into 5 major categories: robust data management, financial balance & activity, patient experience, clinical outcomes and health status outcomes. This will ensure performance monitoring and management of our external providers, and also the services provided within the PCT, to deliver "world class" commissioned services, and to ensure the provision of usable and timely service intelligence for service and budget management purposes.

World Class Services & Commissioning:

It is our intention to become "world class" commissioners and to deliver high quality services. To undertake this we will:

1. Integrate public health and commissioning to strengthen commissioning and ensuring that the services commissioned and delivered reflect our population needs (S7)
2. Performance monitor our commissioning and delivered services using the Fitness For Purpose tools (FFP) (S24)
3. Work in partnership with other government organisations to ensure seamless services, and appropriate pooling of resources to deliver value for money (S5)
4. Work with other PCTs and providers across clinical networks to ensure that appropriate and forward looking services are defined and commissioned to meet current and future population needs (including Cardiac, Cancer, Childrens, Critical Care, Diabetes, Neurology, Renal) (S28)
5. Use the Sussex Acute Commissioning and the Kent, Surrey & Sussex Specialist Commissioning Group to ensure the development of the commissioning and the performance monitoring of services (S33) and work with other commissioners to share data and experiences to improve services.
6. Identify the future proposed changes to our commissioned services (S31)
7. Identify a strategy for acute (planned and unplanned) care in the future, and for moving care closer to the patient (S10, S27.3)
8. Ensure patient choice requirements are met, and a plurality of providers in line with national requirements or local needs (S9, S30)
9. Build our own internal competencies and to support this we will consider how best to use the Framework for External Consultancy Support (FESC) agreement (S38) (negotiated by the Department of Health), to support us, and to enable the PCT to develop its commissioning services to be "World Class".

Financial & Premises Issues (S35, S36, S40 & S41)

The PCT will:

- Invest its surpluses wisely to improve the health of the population and meet the NHS targets.
- Ensure that the financial plans for 2008/09 onwards are based on achieving balance as a minimum, and look at the potential transfer of activity from secondary care providers to primary care, to support the re-design of services (S10, S31, S32).
- Undertake a review of its corporate premises and develop a strategy in 2008 for the centralisation of its headquarters staffing, and the use of its other premises (S41).

Workforce (S37):

We will assess the implications of the Strategic Commissioning Plan across the Health Economy. This work will be completed by the end of October, and will address the workforce priorities, the management of workforce change, and the development of staffing to support the short, medium and long term needs. This will include the commitment to a programme of training/ development and continuous educations, to enable the achievement of our corporate objectives and delivery of our Strategic Commissioning Plan.

Information Management & Technology (IM&T) (S39):

The PCT is committed to the development of IM&T, to ensure that it will underpin the NHS reforms to deliver better and safer patient care. As part of the IM&T Operating Framework the PCT has submitted IM&T plans which are core to PCT business and fully exploit the opportunities of the National Programme for Information Technology (NPfIT). The PCT will lead implementation of the IM&T plans across the local health community to enable patient centred service transformation.

The Monitoring of the Strategic Commissioning Plan & Programme Assurance (S23 & S34):

We will use the Strategic Commissioning Plan as a roadmap to develop annual business plans for the PCT and individual's objectives within these. We will undertake regular monitoring and reporting of performance against these objectives to the PCT's Board and Executive Group. We will embed within the PCT a culture of individual and corporate responsibility and delivery (both financial and for service delivery).

East Sussex Downs and Weald PCT
&
Hastings & Rother PCT
Strategic Commissioning Plan
2007 (3-5 year plan)

Version 5

East Sussex Downs & Weald PCT Strategic Aims :

1. **To improve life expectancy and reduce health inequalities** (see sections 5,6,12 and 27)
2. **Better care for the elderly** (see sections 10 and 27.14)
3. **End of Life Care services** (including palliative care) (see section 27.27)
4. **Build and secure clinical and staff engagement** (see section 10 and 37)
5. **Improve primary care mental health services** (see sections 27.12, 27.18 and 27,21)
6. **Improve the health of the prison population** (see section 11.2)
7. **Children's services – a better start to a healthy life** (see section 27)

Hastings & Rother PCT Strategic Aims :

1. **Reduce health inequalities and improve life expectancy**

2. **Improve local access to health care**

3. **Ensure sustainable maternity services**

4. **Improve:**
   - **Rehabilitation services**
   - **End of life care, including palliative care**
   - **Stroke services**
   - **Mental health services**

Joint Needs Assessment of the Health of the Population (5) & Health Strategy (S6, S27.2):

A Health Needs Assessment has been completed which has demonstrated:

Significant health inequalities within 11 wards. Life expectancy in these wards is significantly below the East Sussex average (see next page)

An increasing number of older people and a decline in the birth rate

Attitudes and behaviours that affect health outcomes such as smoking, binge drinking, poor diet, which can be linked to deprivation.

Using the above, work and discussions have already commenced to determine a health strategy to improve the health of the population and to reduce health inequalities, to be completed for the end of 2007.

East Sussex Downs and Weald PCT
Joint Needs Assessment of the Health of the Population (S5) & Health Strategy (S6, S27.2):

Rank	Name	Lexp(P)
1	Devonshire	77.0
2	Hailsham East	77.3
3	Peacehaven East	77.4
4	Hampden Park	77.7
5	Seaford Central	78.2
6	Uckfield New Town	78.4
7	Peacehaven West	78.6
8	Upperton	78.6
9	Hellingly	78.7

Highest Crowborough North	87.7
Median of remaining wards	81.6
Remainder of East Sussex	81.1

Notes to the above chart:
a)Life Expectancy at birth based on mortality data for 2003 to 2005
b)The PCT median life expectancy is calculated using the remaining 51 wards

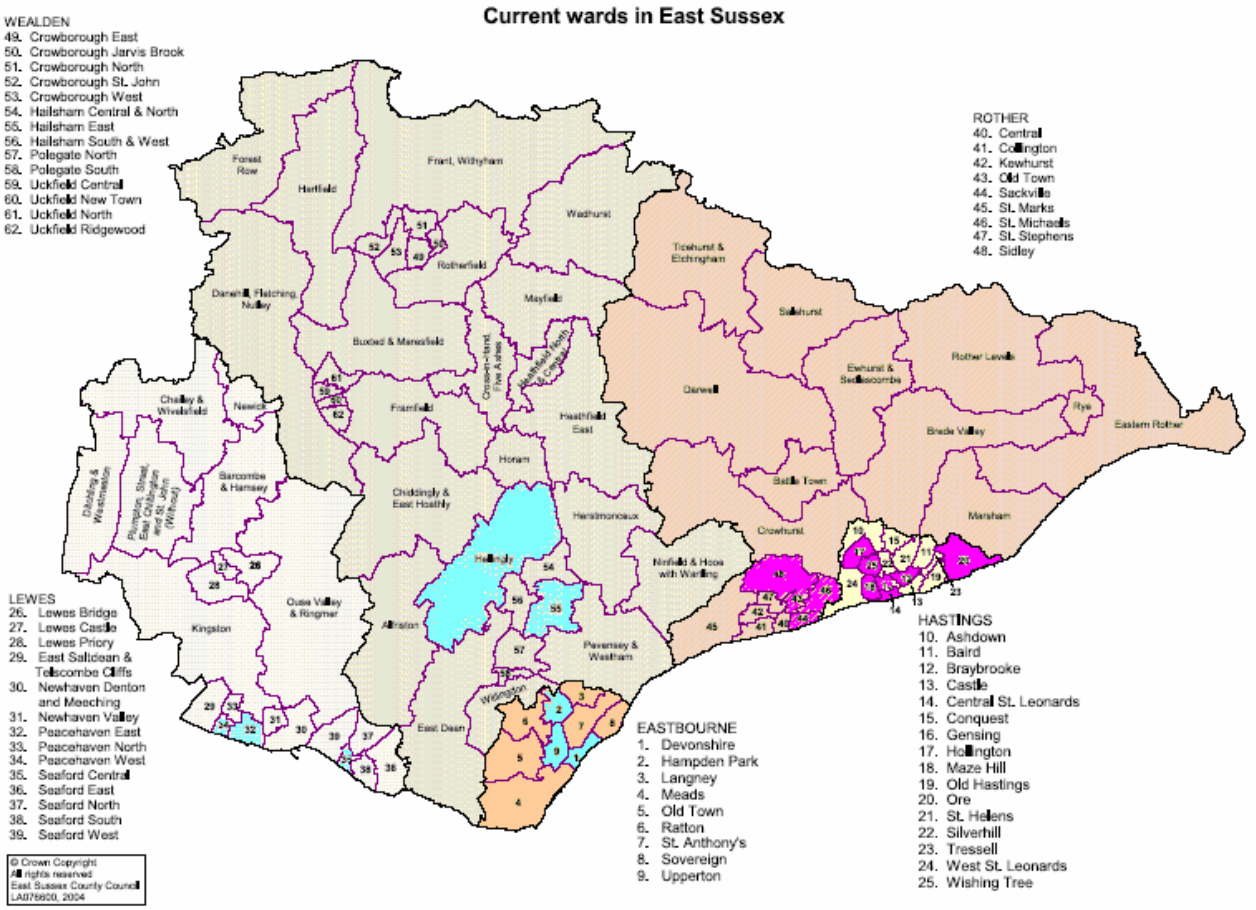
Hastings & Rother PCT
Joint Needs Assessment of the Health of the Population (S5) & Health Strategy (S6, S27.2):

Rank	Name	Lexp(P)
1	Central St Leonards	72.1
2	Sackville	74.9
3	Maze Hill	75.5
4	Gensing	75.7
5	St Michaels	75.9
6	Sidley	76.2
7	Wishing Tree	77.4
8	Ore	77.8
9	Braybrooke	78.1
10	Old Town	78.2
11	Holllington	78.9

Highest – Ewhurst & Sedlescombe	84.4
Median of remaining wards	81.0
Remainder of East Sussex	81.1

Notes to the above chart:
a)Life Expectancy at birth based on mortality data for 2003 to 2005
b)The PCT median life expectancy is calculated using the remaining 51 wards

Blue = lowest life expectancy wards in East Sussex Downs & Weald



Pink = lowest life expectancy wards in Hastings & Rother

Joint Needs Assessment of the Health of the Population (S14) & Health Strategy (S15, S27.2):

The priority areas for investment to improve health are:

Vascular disease, especially with regards to the wards shown in the above chart
Increase investment in services for older people

Chronic Disease Management – improve detection and systematic management and treatment (e.g. cardiovascular disease, stroke and diabetes)

Improve health – Choosing Health priorities and health protection measures (immunisation and screening) *

Improve mental health and wellbeing *

* particularly in deprived areas

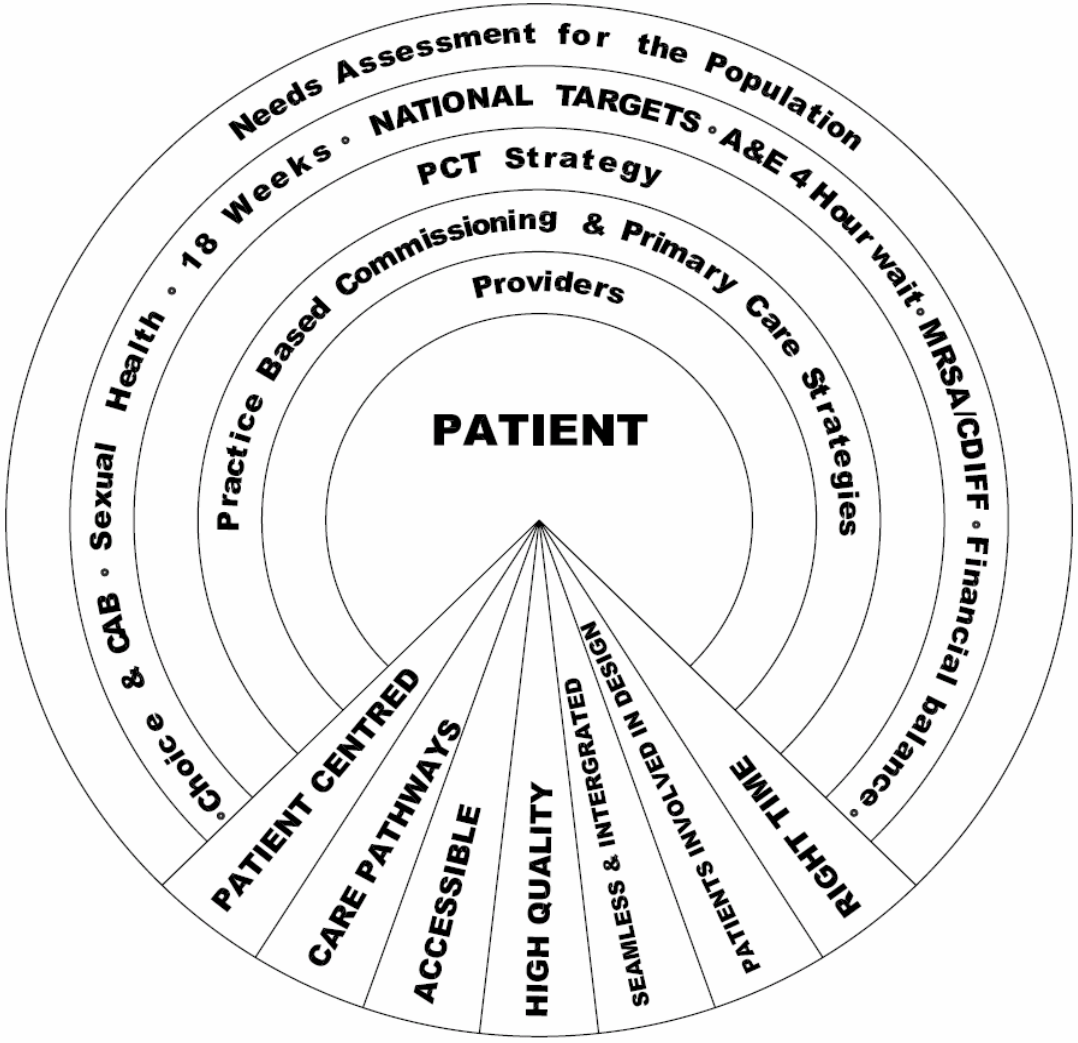
Patient Involvement & User Experience:

Patient & Public Involvement (S17, S18 & S27.23):
Through our commissioning we will:

- Empower individuals to manage their own health better and to be more involved in decisions regarding their own care and treatment
- Encourage participation for the wider community and partnership working with local organisations
- Involve patients and the public in the design of services (at a PCT level, and at a practice level via Practice Based Commissioning)
- Engage & design a Patient & Public Involvement Strategy for April 2008
- Seek stakeholder feedback on the Strategic Commissioning Plan
- Issue PCT Prospectus to the general population (Spring 2008) and seek feedback (S18)

Patient Involvement & User Experience:

We will put the patient at the heart of our commissioning (S2):



Patient Involvement & User Experience:

Equality & Diversity (S16): We will:

- Promote equality of opportunity, eliminate unlawful discrimination and harassment, promote good relations between people of different racial groups, promote positive attitudes towards disabled people and encourage participation by disabled people in public life.
- Promote equality in commissioning of services, and reduce health inequalities

Patient Experience (S18): We will:

- Develop patient and public feedback systems
- Publish the PCT Prospectus and seek feedback
- Develop a system for handling patient/public initiated petitions
- Develop a single equality scheme, to ensure needs and views of different groups inform the commissioning process

Service Delivery & Improvement (1):

Primary Care Business Units (GPs, Optometrists, Dentists) (S8): We will:

Modernise our primary care services, ensure appropriate availability of services for rural and urban locations, and re-provision services from hospital settings (secondary care) to the community (primary care). We will ensure delivery of the current primary care strategy in Hastings (S40) and for Rother that adequate and suitable premises are available to meet these needs (including pharmacies) (S41)

Access to Primary Care Business Units (Doctors & Dentists) (S9): We will for:

Doctors – ensure that access and patient choice is achieved above the England national average performance and that a patient can:

- See a doctor within 24 hours
- Can book in advance
- Is offered Choice of secondary care provider (minimum of 4)
- Currently reviewing the opportunity for extended opening hours

Dentists – ensure that a patient has access to an NHS dentist within the following distance from their home:

- 5 miles for urban locations
- 15 miles for rural locations

Service Delivery & Improvement (2):

Choose & Book (S26): Our aim is to achieve 90% of all referrals using the Choose & Book system by the end of December 2007, and to then consider a planned approach to the transfer to electronic only referrals for 2008.

Practice Based Commissioning Development (PBC) (S10): We will support and develop PBC and the critical review of defined services and pathways to:

- Ensure appropriateness and clinical effectiveness
- Improve patient access to services through a move to primary care settings, where appropriate
- Provide good quality and cost effective services in primary care
- Ensure patient and public engagement in the redesign of services
- Engage secondary & primary care clinicians in service redesign
- Transfer of funds from secondary care commissioned services, to primary care, to support the transfers of activity

Service Delivery & Improvement (3):

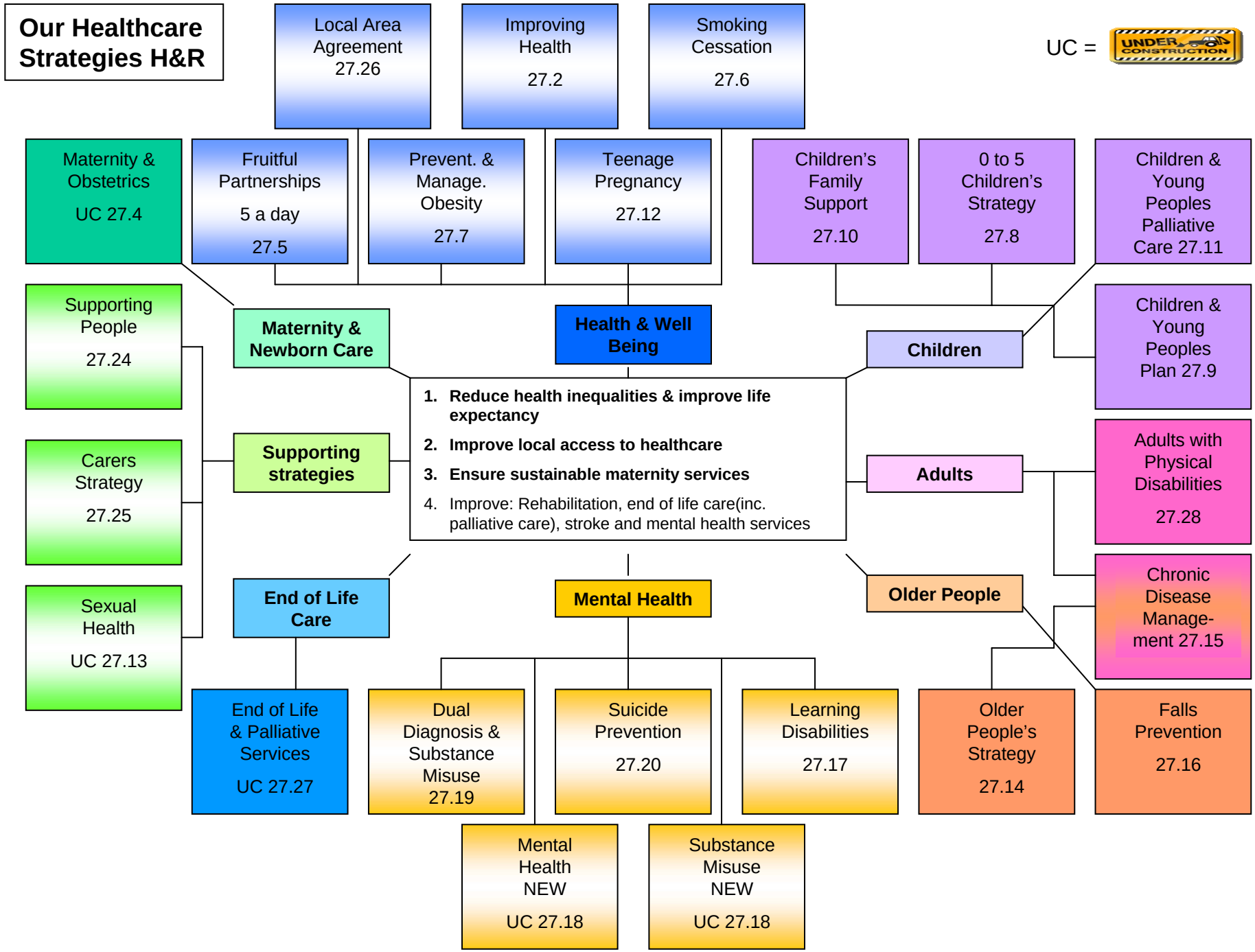
Medicines Management (S13): We will ensure that patients receive the most appropriate medicines, that cost increases are contained, that patients can access medicines without delays or interruptions, and can seek advice regarding their medication and have their medicines reviewed regularly.

PCT Provider Arm (S11): The preparation and signature of an arms length Service Level Agreement (SLA) between the PCT and the PCT's Provider Arm (community services) completed at end September 2007. The review and on-going development, performance management and monitoring of this SLA. By September 2008 to decide on the future potential models of care for this service.

Service Delivery & Improvement (4):

Preventative Healthcare Services (S12): Through Practice Based Commissioning, will provide a range of services designed to encourage "Choosing Health" and empower and enable people to take responsibility for their own health. The main thrusts of the services are:

- Encourage people to stop smoking (see also S27.6)
- Reduce obesity & improving diet and nutrition & increasing physical activity (see also S27.7)
- Improve sexual health (see also S27.13)
- Reduce teenage conceptions (see also S27.12)
- The review of our preventative services, for improving the health of the population and reducing inequalities in health, will also focus especially on these services (see also S27.2)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Quality, Outcomes & Performance Management (1):

National Targets (S14): We will meet the Department of Health's Operating Framework and ensure "green" performance against national targets and indicators during 2008 onwards. Current status is (using 2008 indicators):

10 out of 21 = green
9 out of 21 = amber
2 out of 21 = red

Infection Control (S15): We will ensure that patients, staff and other people are protected against risks of acquiring Health Care Acquired Infections (HCAIs), through the provision of appropriate care, in suitable facilities, consistent with good clinical practice. By ensuring that appropriate management systems exist for infection prevention and control (including staff training) and to monitor and analyse any incidences of HCAIs.

Quality, Outcomes & Performance Management (2):

Corporate Governance & Clinical Quality (S22): We will improve the quality of the commissioned services by the development and implementation of a Quality Improvement Strategy to focus on delivery outcomes which are safe, effective, patient centred, timely, efficient and equitable. We will commission health services on the basis of quality and outcomes.

Risk Management (S21): We will ensure the continued monitoring and management of the risks and systems to provide on-going assurances that the PCT has all the necessary components to support sound systems for internal control, and to ensure continual re-assessment and audit of the same. Our integrated risk management covers financial, organisational, clinical and non clinical risks.

Quality, Outcomes & Performance Management (3):

Performance Monitoring (S34): We will develop systems and processes to ensure the provision of robust information to manage the business, divided into 5 major categories: Robust data management, financial balance & activity, patient experience, clinical outcomes, health status outcomes. This will ensure performance monitoring and management of our external providers, and also the services provided within the PCT, to deliver “world class” commissioned services, and to ensure the provision of usable, and timely, service intelligence for service and budget management purposes.

Delivery of World Class Commissioning & Services:

It is our intention to become "world class" commissioners and to deliver high quality services, to undertake this we will:

- ✓ Integrate public health and commissioning to strengthen commissioning
- ✓ Performance monitoring of our commissioning and delivered services
- ✓ Work in partnership with other government organisations for seamless services, and value for money (S20)
- ✓ Work with other PCTs, and providers, across Clinical Networks
- ✓ Use commissioning consortia (SACS and the KSS Specialist Commissioning Group)
- ✓ Identify the future proposed changes to our commissioned services (S31,S32)
- ✓ Identify a strategy for acute (planned and unplanned) care, and the moving of care closer to the patient (S10,S27.3)
- ✓ Ensure patient choice requirements are met, and the plurality of providers (S9, S30)
- ✓ Use the Framework for External Consultancy Support (FESC) agreement to develop our commissioning services to be "World Class" (S38).

East Sussex Downs and Weald PCT
Financial & Premises Issues (S35,S36,S40):

The PCT will:

- Deliver its turnaround programme during 2007/08 and return to financial balance.

- Ensure that the financial plans for 2008/09 onwards are based on achieving balance as a minimum, and look at the potential transfer of activity from secondary care providers to primary care, to support the re-design of services (S10, S31, S32).

- Our financial plans will include additional investment for improving the health of the population.

- Undertake a review of its corporate and primary care premises and we will develop a strategy in 2008 for the centralisation of its headquarters staffing, and the development needs and use of other premises (S41)

Hastings and Rother PCT
Financial & Premises Issues (S35, S36, S40, S41):

The PCT will:

- Invest its surpluses wisely
- Ensure that the financial plans for 2008/09 onwards are based on achieving balance as a minimum, and look at the potential transfer of activity from secondary care providers to primary care, to support the re-design of services (S10, S31, S37).
- Our financial plans will include additional investment for improving the health of the population.
- Undertake a review of its corporate premises and develop a strategy in 2008 for the centralisation of its headquarters staffing, and the use of its other premises.

Workforce (S37)

We will assess the implications of the Strategic Commissioning Plan across the Health Economy. This work will address the workforce priorities, the management of workforce change, and the development of staffing to support the short, medium and long term needs.

Information Management & Technology (IM&T) (S39):

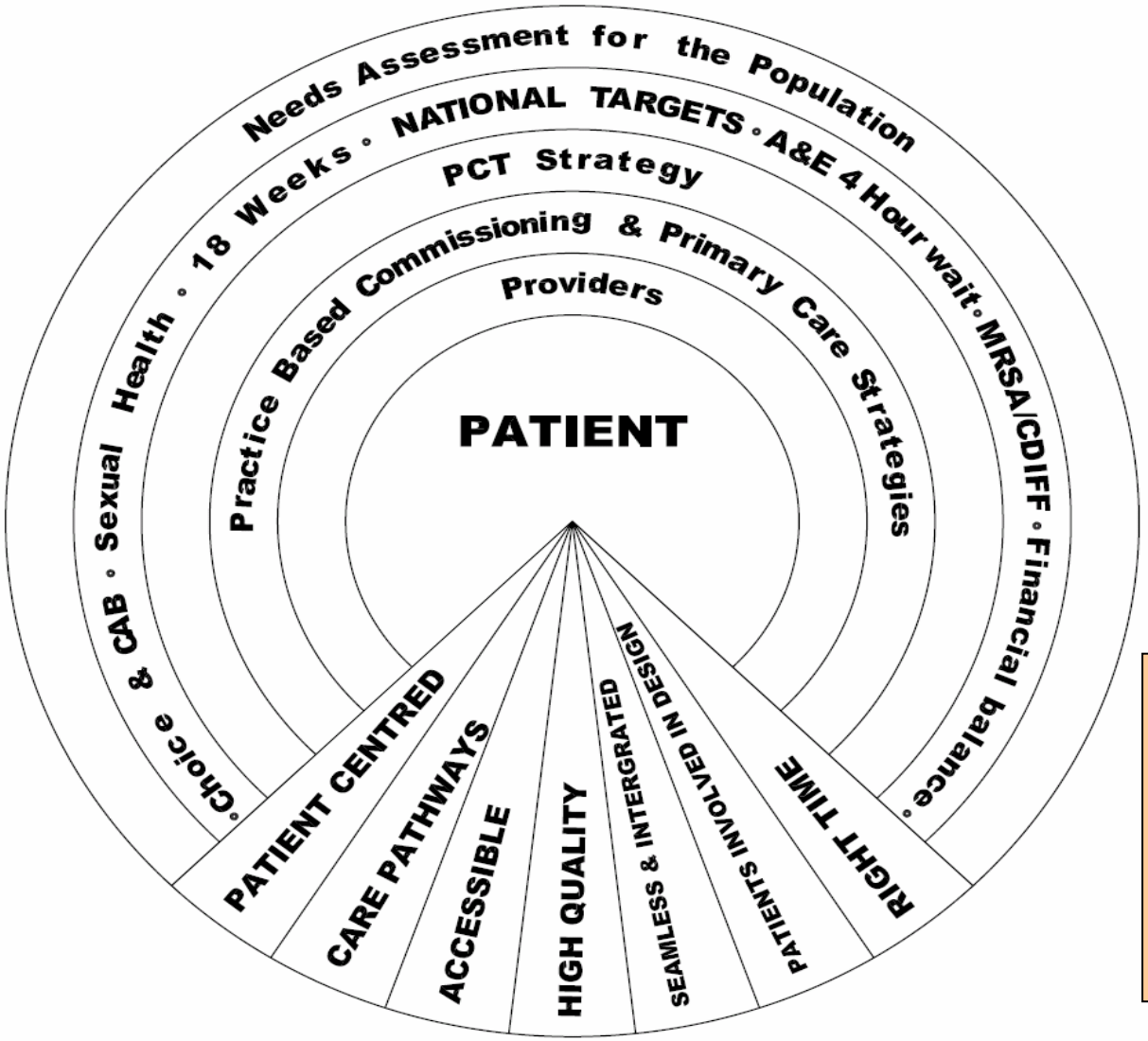
The development of IM&T, to ensure that it is fit for purpose as this will underpin the NHS reforms to deliver better and safer patient care. As part of the IM&T Operating Framework the PCT has submitted IM&T plans which are core to PCT business and fully exploit the opportunities of the National Programme for Information Technology (NPfIT). The PCT will lead implementation of the IM&T plans across the local health community to enable patient centred service transformation.

Monitoring of the SCP & Programme Assurance (S23, S34)

We will use the Strategic Commissioning Plan as a “hub” or “roadmap”, to develop annual business plans for the PCT, and individual’s objectives within these.

We will undertake regular monitoring and reporting of performance against these objectives to the PCT’s Board and Executive Group. We will embed within the PCT a culture of individual, and corporate, responsibility and delivery (both financial and for service delivery).

Through the above we will put the patient at the heart of our commissioning



And develop world class commissioning, and world class healthcare services

Strategic Commissioning Plan

- Full copy & highlights summary available

  at: www.hastingsandrotherpct.nhs.uk

  AND

  at: www.eastsussexdownswealdpct.nhs.uk

- Feedback on the SCP is welcomed – please send your comments to:

  lesley.parris@esdwpct.nhs.uk

  by 31st December 2007