

**INTERIM STRATEGIC  
FRAMEWORK  
2007-12**

**&**

**BUSINESS PLAN  
2007/08**

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# Contents

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<b>Forward</b>	<b>Page 3</b>
<b>Interim Strategic Framework 2007 - 2012</b>	<b>Page 4</b>
<b>Business Plan 2007/08</b>	<b>Page 6</b>
<b>Darlington's Public Health</b>	<b>Page 7</b>
<b>Strengthening Commissioning in 2007/08</b>	<b>Page 10</b>
<b>Finance</b>	<b>Page 11</b>
• Financial History of the PCT	<b>Page 11</b>
• Challenge Ahead	<b>Page 12</b>
• Financial Management	<b>Page 12</b>
• Delivering cost improvements	<b>Page 13</b>
• Resource Allocation	<b>Page 13</b>
<b>Primary Care Access</b>	<b>Page 14</b>
• General Practitioner Care	<b>Page 14</b>
• Primary Dental Care	<b>Page 15</b>
• Community Pharmacy	<b>Page 15</b>
• Optometry	<b>Page 15</b>
<b>Provider Services</b>	<b>Page 16</b>
<b>Performance</b>	<b>Page 17</b>
<b>Practice Based Commissioning</b>	<b>Page 19</b>
<b>Patient/Public Involvement</b>	<b>Page 20</b>
<b>Information Management and Technology</b>	<b>Page 21</b>
<b>Workforce Development</b>	<b>Page 22</b>
<b>Information Governance</b>	<b>Page 23</b>
<b>Challenges Ahead</b>	<b>Page 24</b>

## FOREWORD

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In July 2005 the then Secretary of State, Sir Nigel Crisp set out radical proposals to reconfigure Primary Care Trusts so that they could develop a stronger focus on commissioning, reducing health inequalities and patient and public engagement. Darlington PCT's statutory status was retained however, unlike many of its neighbouring PCTs, and since then we have been working closely with the Strategic Health Authority and our partners in the new County Durham PCT to share resources and capacity so that we too can benefit from the new arrangements.

To underpin these developments the PCT's new Board is developing an overarching strategic plan to guide the PCT through the next five years and I have attached an Interim Version of that work to the 2007/08 Business Plan so that all our stakeholders and staff can appreciate our direction of travel. Further work and consultation will take place over the next weeks when the full strategy will be published and made available.

The PCT's 2007/08 Business Plan continues our drive to ensure people get more choice, a better quality of care, provided closer to home where ever it is safe and practical to do, through stronger commissioning and procurement arrangements.

The Plan sets out Darlington PCT's goals and aspirations for 2007/08 in the context of the health profile of the Darlington population, our commissioning intentions and financial planning and should be read alongside the PCTs' cluster Local Delivery Plan available on our website. The plan also reflects recent key policies such as "Choosing Health" and "Our Health, Our Care, Our Say" (DH 2006).

Our objectives for 2007/08 build on the good progress the PCT has made since its inception in 2002. They are designed to ensure the PCT has a strong and stable financial base into 2008/09, continues with its progress in reducing waiting time between referral and treatment to a maximum of 18 weeks, improves its services for sexual health and is able to redesign service delivery so that it is nearer patients in primary care settings wherever possible.

As in previous years, our success will rely on our close and productive working arrangements with our partners, including those in the NHS and Local Authorities, both in Darlington, the wider health economy and beyond.

This year will be challenging but I am confident that the strong relationships the PCT enjoys will be the bed rock of our continuing success and I look forward to working closely with you to deliver even better health care outcomes for Darlington's population.



**Colin Morris,  
Chief Executive**

# Statement of Purpose

***The PCT's purpose is:  
'to improve the health of Darlington's population through outstanding services'***

Darlington PCT's Interim Strategic Framework sets out the organisation's overarching strategy to guide its practice over the next five years in context of local, regional and national policy.

'Commissioning a Patient Lead NHS' (DH 2005) introduced a new agenda for PCT's, placing commissioning, the reduction of health inequalities and public and patient engagement at the centre of their work. Most recently further direction has come from 'Choosing Health' (DH 2006,) 'Our Health, Our Care, Our Say (DH 2006)', and 'Every Child Matters '(DH 2006).

Working as part of the Northeast Regional SHA's *Passionate About Health* movement Darlington PCT's newly appointed Board has underpinned these national policy statements with a simple and clear set of principles designed to inform patients, staff and the general public of the core principles at the heart of the new organisation and what its strategic objectives are for the next five years.

Our strategy is based on seven key principles,

### Seven Key Principles

- No avoidable deaths, injury or illness
- No avoidable suffering or pain
- No barriers to health and well being
- No helplessness
- No inequality
- No unnecessary waiting or delays
- No waste

These principles support six key strategic objectives:

### Six Key Strategic Objectives for 2007-2012

- Improving the health of Darlington residents
- Achieving the best value in all commissioned and jointly commissioned services
- Ensuring patient, carer and public involvement through local engagement
- Providing a locally based healthcare service for each care sector where this improves health outcomes and provides value for money
- Developing a choice of providers in each care sector including NHS, Independent Sector and third sector providers through pro active market management
- Achieving and exceeding national targets to a level of excellence

Our objectives are underpinned by strong partnerships:

### Our Key Partners

- Our patients and the general public
- The wider health economy including County Durham PCT, County Durham and Darlington Foundation Trust and Tees, Esk and Wear Valley Mental Health Trust
- Darlington Borough Council
- The Third Sector
- The Independent Sector

When ever possible we will share resources, people and capacity to mutually enrich our collaborations and make for better value in the overall health and social care economy. This is particularly the case with our neighbouring PCT, County Durham, where in commissioning, performance and provision the two organisations have agreed delegated authority to act on behalf of one another. Are strategic intension is to build on this year on year in order to fully develop the additional patient benefits that come from scale.

These partnership arrangements will remain central to our strategy for the PCT`s longer term success and the PCT will give particular attention to the:

- North East Strategic Health Authority (SHA) as they develop their new Vision for the NHS North East – *Passionate about Health*
- Darlington Borough Council`s strategic plan for service integration/joint commissioning (*Leading Edge* document and *Local Area Agreement*, DBC 2006)
- *Local Strategic Partnership Community Strategy* and community and business aspirations and the *Community Strategy Action Plan* (DBC 2006)
- Government White Paper, *Our Health, Our Care, Our Say (DH2006)* with its emphasis upon strengthening partnerships to deliver improved health and wellbeing
- Implementation of Darlington PCT`s *Fitness for Purpose Mitigation Plan* (DPCT 2006)
- Development of local Foundation Trusts
- Strengthening of plurality of choice for patients across the NHS, independent and voluntary sector providers.
- The draft NHS ten principles (public consultation until March 31<sup>st</sup> 2007)

These principles and strategic objectives will form the basis of a fuller account to be published in May 2007. They will however immediately form the over arching umbrella for the PCT`s operational and managerial plans going forward in 2007/08. Each directorate will draw down from the framework their own individual planning proposals that in turn will inform section, team and individual objective setting. These objectives will be confirmed in every member of staff`s appraisal documentation.

The PCT`s immediate goal utilising this methodology is to achieve all of its targets, drive its productivity metrics across all assessed areas into the top quartile and demonstrate significant year on year improvement.

### Overview of the year ahead

During 2007/008 the over riding priorities for Darlington PCT will be addressing health inequalities and patient safety underpinned by the commissioning and provision of highest quality care from a sound financial base.

The PCT will focus on being in recurrent financial balance, delivering all the NHS National Standards and targets, achieving a reduction in the time between referral to treatment to a maximum of eighteen weeks by March 2008 and reducing key health inequalities. This will entail extensive redesign to patient pathways, the continuing realignment of care from acute setting into enhanced primary and community care services, operating robust financial controls on secondary care costs and working closely with clinical staff to achieve care closer to the patient's home.

The PCT will continue to develop its close relationship with County Durham PCT, sharing staff, resources and capacity where ever it can add value to both PCT's work, especially in commissioning, performance, human resources and provision where Board approved delegated authority will be introduced to enable both PCTs to operate on the behalf of each other and senior staff in particular will share responsibilities for the management of people, projects and resources to enhance their collaborative endeavours to delivery a first class health care system.

Our external partnerships will continue to be central to the PCTs and, to give but one example, its Public Health agenda will continue to be developed and monitored through the Health Improvement and Social Inclusion thematic group of the Local Strategic Partnership. Targeted interventions around tobacco control and smoking cessation, sexual health, teenage pregnancy and MRSA will be central planks for this years work programme.

Finally Darlington patients and the wider public are key to the ongoing success of the PCT and we shall be looking to further develop our dialogue with them across the year, not only to ascertain what they want from their local health service but also to provide feedback on how we are performing. Our patients and the wider public provide a vital intelligence on how we can continue to improve and we shall be listening closely to what they have to say during 2007/08.

## DARLINGTON'S MAJOR PUBLIC HEALTH AND HEALTH IMPROVEMENT CHALLENGES

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Our health status is affected by the interaction of a complex range of factors; these are identified as the wider determinants of health. Whilst there is a central core of fixed personal characteristics (age, sex, genetic inheritance) there is a wider spectrum of individual lifestyle and social factors (community networks through family, friends, neighbours, work colleagues) which all interact with one another to determine overall health and wellbeing (as well as eventually contributing to illness and death).

The individual lifestyle factors include elements such as diet, exercise or smoking. Social and community networks deliver support through family, friends, neighbours, work colleagues and the like. These contribute to our overall wellbeing and can also help to determine the sort of lifestyle health choices we are able to make.

Our socio-economic and cultural environment includes the quality of services and facilities provided at community level and our ease of access to them. Important factors are employment status, education, health and housing. Listed below are the major public health and health improvement challenges facing Darlington. These are followed by the key health 'needs' and the actions we need to deliver to address both those needs and the challenges.

### Challenges Darlington Faces

- Life expectancy levels for males and females are both lower than the England average with male improvement slower than national improvement (i.e. increased inequality)
- The major causes of death for men and women are all cancers, circulatory disease and stroke- for women the mortality due to lung cancer is statistically significantly different than in England and Wales
- Approx 29% of the population smoke (although highest ward figure 43%)
- Adult obesity 27% is (measured 2000-02)
- Childhood obesity (as measured in year 6) 20% (06/07)
- Increasing levels of teenage pregnancy in young women aged 16 and under (05/06)
- Access to sexual health services within 48 hours of request ( >25% during 05/06)
- Darlington's position within Local Alcohol Profiles for England (published 2006)
  - a. 8/12 indicators placed Darlington in the highest quartile
  - b. Year on year increase in alcohol related hospital admissions
  - c. Substantial increase in alcohol related crime, violent offences and sexual offences in 05/06 than preceding 2 years
- Darlington has one of lowest average weekly wage rates in County Durham and Tees Valley (earning on average £81 per week less than the national average)
- Absenteeism in school for primary school children on average is almost three weeks in the school year, for secondary school children over four weeks- both of these figures exceed the national average
- Unemployment rates are consistently higher (>2.5%) than national average (2005)
- Children and older people in 6 out of 24 wards were affected by levels of deprivation within the top 10% of deprived wards nationally
- There is a strong association between rates of emergency admission for coronary heart disease and living in the most deprived wards within Darlington
- The association between death caused by coronary heart disease and living in the most deprived wards is stronger

## Key Need and What We Plan for a Healthier Darlington in 2007/08

- Health in Darlington is extremely poor in some areas and is generally poor compared with England

A health inequalities strategy will be developed to influence commissioning at all levels. Delivery of the health inequalities and wellbeing agenda continue to be a key function for the PCT and Borough Council.

- Smoking is still the biggest single contributor to the shorter life expectancy experienced locally.

The establishment of smoke free enclosed public places and workplaces will contribute to the protection of non-smokers from second-hand smoke. This will be supported by the local Stop Smoking services effectively targeting men and the more disadvantaged groups in our community and in workplaces.

- Levels of obesity in Darlington are among the worst in England and concerted efforts are required across agencies to prevent this situation worsening.

The NHS needs to commit to a planned programme of investment in treatment services for those who are already obese. We do need to ensure that actions underway within the LAA through Childrens and Community Services are coherently and clearly identified and resourced.

- Locally and nationally, sexually transmitted infections are increasing.

Considerable effort will be required to meet the national targets (48 hour access by 2007) for reduction in waiting times for GUM (Genito Urinary Medicine) services.

Local plans are in place, based on a foundation of strong partnership working, to address these challenging targets.

- Poor mental health impacts upon individuals, their physical health, family members, carers and society as a whole in economic and social terms.

Critical issues for the next year include improving the commissioning of services which impact on mental wellbeing, performance management of these services, and a co-ordinated approach to address the contribution of mental health to the worklessness agenda.

- Dangerous drinking, both chronic and binge, is significantly higher than the national average in Darlington.

It is crucial that during 2007/08 work is undertaken with key partners through the Crime and Disorder Reduction Partnership, Local Area Agreement and the Drug and Alcohol Action Team to promote safer drinking and ensure early and effective interventions are available when problems occur.

- There is good evidence to promote health improvement interventions (eg stop smoking services) in a range of settings (eg schools, workplaces, communities). Ensuring 'healthy' settings eg through healthy school programmes or workplace health schemes is delivering demonstrably improved outcomes (eg improved educational attainment, reduced work absenteeism).

Developing infrastructure in settings (e.g. school, workplaces, local communities) enables efficient and integrated delivery of *Choosing Health* targets. Increased capacity will be required to support community and workplace based programmes.

- Effective health protection relies on good partnerships between the PCTs of County Durham and Darlington, the local Health Protection Unit (HPU), local authorities and others.

Improving services for the diagnosis and treatment of Hepatitis C, including effective Hepatitis B and A immunisation programmes for intravenous drug users is a priority. Emergency Planning in relation to our duties under the Civil Contingencies Act must continue to develop and be more substantially resourced. Specific attention needs to be given to the planning for management of pandemic influenza and the linking of plans across all agencies.

- Infection Control is a growing agenda that requires both strategic overview and support in operational delivery across County Durham and Darlington.

New commissioners of services will need to ensure provision of this service regardless of PCT configurations. In partnership with the Health Protection Unit and our local hospitals, we need to continue to keep a sharp focus the focus on dealing with hospital acquired infections.

- Delivering health improvement through improving local partnership structures and behaviours

A review carried out by the PCT has highlighted the need for clearer roles and responsibilities to be identified for local partner organisations and key individuals within those organisations when working in 'partnership' structures. Stakeholders will need to deliver both, possibly through development of a health improvement compact.

## Strengthening Commissioning in 2007/08

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The PCT's commissioning strategy will reflect our determination to support improvement in key health needs of the population in Darlington where:

- Life expectancy is below the national average
- Death rates from CHD and cancer is above the national average
- Smoking rates are higher than the national average
- Percentage of adults who binge drink and are obese is higher than the national average
- Teenage pregnancies are higher than the national average
- Major health inequalities across wards

by:

- Tackling the determinants of poor health - poverty, family, education, employment and environment
- Support healthier lifestyle choices
- Reduce premature deaths and disability
- Assess where available resources need to be targeted to achieve best effect
- Level up to reduce health inequalities

The commissioning priorities for 2007/08 will need to focus upon:

- Achieving financial 'health'
- Achieving 18 weeks from referral to treatment
- Reducing rates of MRSA and other acquired infections such as CD
- Reducing health inequalities and promoting health and wellbeing
- Delivering 48 hour access to GUM services
- Continued progress on Booking and Choice for patients

New arrangements will be set in place to enable Darlington to commission acute care from the stronger base of a delegated arrangement with County Durham PCT. This will ensure that Darlington's relatively small size does not leave it marginalised when dealing with extremely large NHS Acute Trusts and so skills and expertise can be freely available to it from the wider community. This arrangement will operate through a formal SLA so that the arrangements can be monitored effectively.

This strengthened commissioning process will ensure that the PCT can establish and maintain the combination of a clear strategic direction through targeted investment in key specific areas, supported by strong financial control, sound working relationships with partner agencies and innovative Practice Based Commissioning.

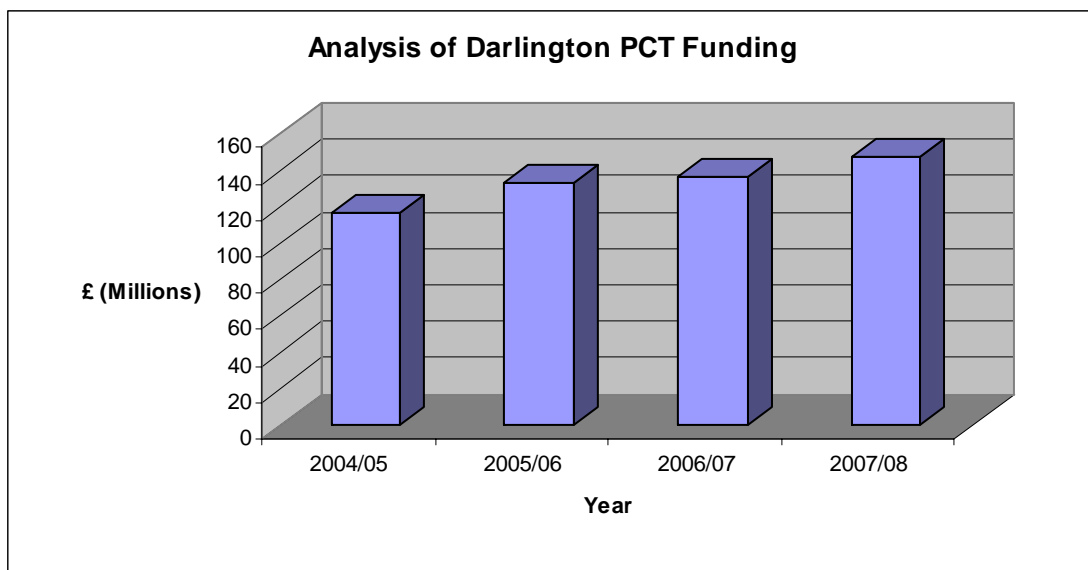
## FINANCE

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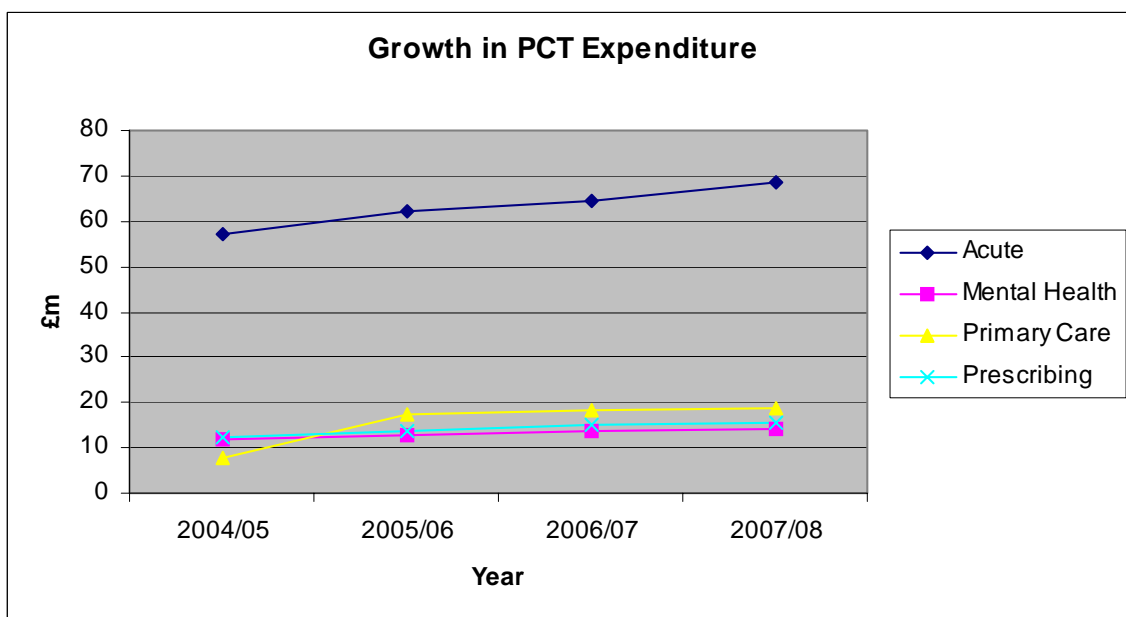
### Financial history of the PCT

The PCT achieved financial balance in its first three years of operation but posted a £1.436M deficit for 2005/06. The PCT anticipates achieving financial balance for 2006/07 but only as a result of deferring a number of developments into 2007/08. This has had a consequential impact on the residual growth available for new investments in 2007/08.

Over the past six years we have received large increases in our funding:

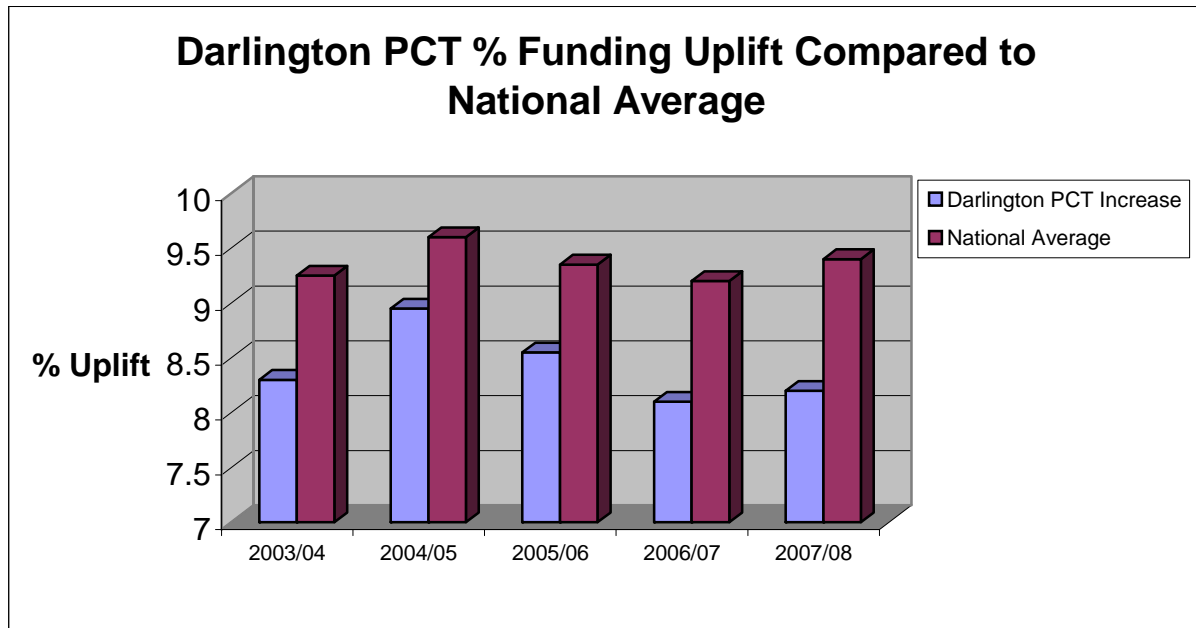


However, this has been accompanied by a significant increase in the costs of the services the PCT purchases on behalf of Darlington residents.



## The challenge ahead

The amount of additional funding we receive each year is reducing significantly. Achieving the standards, meeting the priorities for health improvement and “must dos” and pursuing those national goals effectively at a local level during 2007/08 will depend more than ever before on our ability to be cost efficient and contain expenditure within resources. The year ahead will be a year of consolidation and considered review rather than a time of development.



The PCT will be working hard to meet a very challenging financial target and to restore its reputation for sound financial management.

## Financial Management

Financial evaluation is an intrinsic element of the LDP process and ongoing monitoring to both achieve and maintain financial balance. The financial management process will be achieved through:

- Robust negotiation and ongoing performance management of all contracts/SLA
- Referral/demand management programmes, supported clinically, and delivered in the spirit of Choice
- Contestability framework to assess reconfiguration/development opportunities within context of cost effective, high quality services
- Continued downward pressure on prescribing costs
- Review of, and maximise utilisation and flexibility of provider arm, across all disciplines to support reconfiguration opportunities. Consideration will be given to using external agency reviews to support this process
- Review of all back office functions
- Review of other budgets to test value for money

The detail of the 2007/08 Local Delivery Plan is available on Darlington PCT's website.

## Delivering cost improvements

The PCT has established a discrete Recovery Team (RT) under an Executive Director to drive and achieve a full financial recovery by the end of 2007/08.

The RT principal focus will be on ensuring that every possible measure is taken to get the PCT into recurrent financial balance by 2008 whilst maintaining the strategic and operation focus of the PCT's delivery programme.

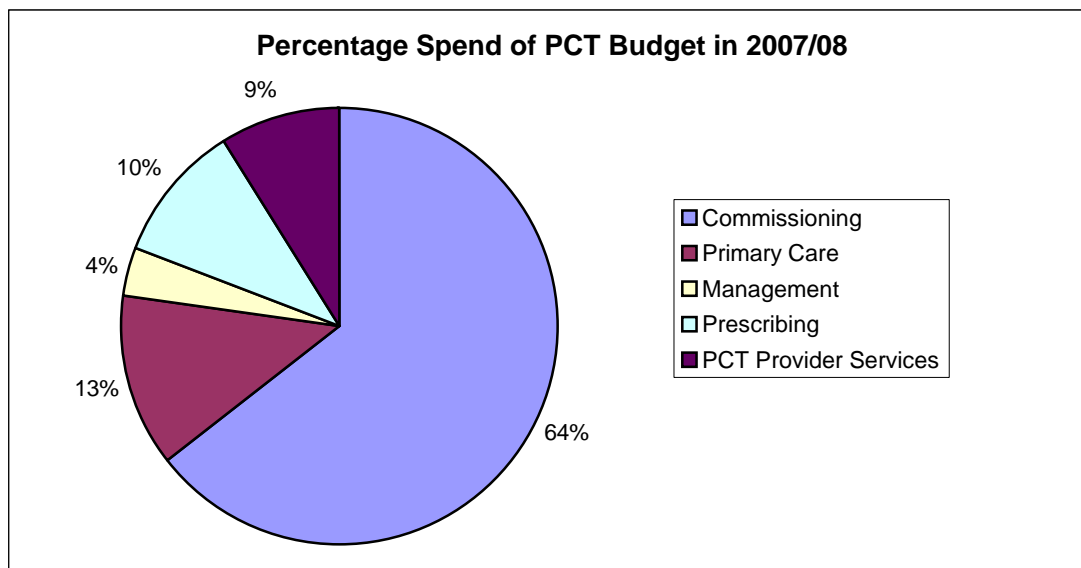
## Resource Allocation 2007-2008

### How we will spend our money

The main areas of anticipated spending for 2007/08 are shown as percentages in the chart below. By far the largest proportion of the budget is spent on acute hospital services and expenditure in this area will increase to 64% of the total PCT budget in 2007/08. Initiatives that encourage patients to be treated in the most clinically appropriate and cost effective environments will therefore be essential to ensuring that we make the best use of resources and stay within the available budget.



This chart shows the overall percentage of the total PCT budget for each category:



For 2007/08 the most significant area of PCT expenditure will continue to be commissioned services. Compared to 2006/07 out turn these budgets show increases, mainly as a result of the continued growth in continuing care and other acute activity, although it is anticipated that referral management processes will contain this growth.

## PRIMARY CARE ACCESS

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Improving access to primary care and extending the range of care delivered within primary care settings is a key element in the NHS reform agenda for the NHS. In Darlington we have already made progress but much remains to be done.

### General Practitioner Care

We have already:

- Achieved 100% access to GPs within 48 hours and a primary care professional within 24 hours for routine appointments for 28 consecutive months (as measured by the monthly national Primary Care Access Survey);
- Introduced a walk-in-service at Dr Piper House, that enables patients to access nurse led services 8.00 am to 8.00 p.m. everyday including week-ends and bank holidays.
- Piloted direct telephone access to physiotherapy;
- Established a dermatology triage service.
- Established a Musculo-skeletal triage and treat service
- Improved overall access to general practitioner services (as confirmed by a recent Patient and Public Involvement Forum report)

In 2007/08 we will:

- Continue the “Getting the Right Treatment” campaign, signposting patients to the most appropriate health care setting, therefore helping to improve access.
- Improve patient experience by undertaking an audit with practices to ensure that telephone calls are responded to in a timely manner and action planning a remedial process where necessary.
- Continue to work with practices to improve access to a wider range of services in the community and reduce the need to go to hospital.
- Support practices to enable them to continue to provide the high levels of access to their patients
- Establish a new Compact with primary care Independent Contractors

### Primary Dental Care

Following implementation of the new national contract on April 1<sup>st</sup> 2006, we have already:

- Successfully secured NHS dental capacity to meet the requirements of our local residents and agreed principles through which the PCT will continue the provision;
- Collaborated with the local Dental Committee, to agree and implement out of hours access arrangements for urgent dental needs.

In 2007/08 we will:

- Agree the criteria and process which will be used to establish any new dental practices in Darlington;

- Review out of hours arrangements to ensure they are operating efficiently and effectively;
- Provide advice and support to local residents requiring access to NHS dentistry;
- Review specialist dental commissioning needs, working on a pan PCT basis where applicable,
- Invest additional resources to commission extra NHS dental activity

## Community Pharmacy

In 2006/07 50% of all pharmacies in Darlington signed up to provide Medicine Use Reviews (MURs) and the number of MURs being carried out is increasing each month.

The Electronic prescription service (EPS) is now being rolled out across Darlington, 3 of our pharmacies are now fully compliant and are able to process bar coded prescriptions and all the others are in the process of awaiting system approval by the Department of Health.

In 2007/08 we will:

- Look to increasing the minor ailments scheme, where patients will visit selected pharmacies, instead of the GP, to receive advice and medicines, thus freeing up GP time;
- Encourage community pharmacists to continue the uptake of medicine use reviews as part of the new community pharmacy contract;
- Continue the roll out of Electronic Prescription Service which will enable prescriptions to be generated and transmitted electronically bringing improvements in safety, convenience and accuracy;
- Increase capacity for daily-supervised medicine for substance misusers and for needle exchange facilities.

## Optometry

We will continue to work closely with community optometrists to identify key priorities for 2007/08.

There continues to be excellent access to optometrists for regular optical appointments.

Many of the optometrists have worked in collaboration with the PCT to develop and successfully implement the new national digital retinal screening service that provides annual eye screening for those persons with diabetes. This system has now officially replaced the former DESI eye screening service.

## PROVIDER SERVICES

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In 2006/07 the drive for the PCTs to become a commissioning led organisation rather than one which provides services has resulted in active steps being taken to ensure that the move away from provision will happen by 1<sup>st</sup> April 2007. This has included the development of a SLA with Darlington PCT for the management of County Durham provider services following the appointment of a Director of Service Provision.

The over arching emphasis for 2007/8 is around ensuring that business continuity is maintained so that service delivery is not compromised and that the reconfiguration of PCTs and Provider Services is managed and moved forward in a timely way.

The Provider Services will aim to:

- Promote excellence in service provision
- Provide services of the highest clinical quality
- Focus on patient safety
- Deliver a high quality patient experience
- Develop appropriate new services in primary care settings with a strong local focus to meet local health needs
- Put service control closer to the front line for patients and clinicians
- Promote partnership working with staff and other organisations
- Puts patients at the heart of service design and delivery
- Creates stable and sound financial information and performance management systems needed to ensure the best use of resources for patient care

Relationships with primary care and local providers will be critical during this period of organisational change and it will be vital that the Provider Services continue to drive forward the reform agenda to deliver more effective services and even better care for local people.

## PERFORMANCE

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### Key Drivers for Quality

Our approach to maintaining and improving quality will be guided primarily by the principles of *Standards for Better Health* (Department of Health July 2004) and the delivery of all key NHS targets, namely:

- Achieving recurrent financial balance
- Meeting all national targets
- Making progress on the planned 10% **reduction in health inequalities** by 2010. The focus during 2007/08 will be on the tobacco control agenda including enhanced smoking cessation services;
- Sustaining delivery throughout 2007/08 of a maximum waiting time of two months from urgent referral to treatment for all cancers and one month from diagnosis to treatment;
- Progressing a **maximum 18 week wait from GP referral to hospital treatment** by 2008;
- Recovering back to target **on year to year reductions in MRSA** ;
- **Progressing Patient Choice & Booking** so every hospital appointment is booked for the convenience of the patient and every patient is offered a choice of at least four providers;
- Ensure that by 2008 everyone referred to a Genito-Urinary Medicine (GUM) clinic shall have an **appointment within 48 hours**.
- Progressing the Choosing Health targets and addressing health inequalities specifically aimed towards meeting the 2010 targets
- Making progress toward the local priorities of improving health, including re-provision of services into primary care
- Further extension of care management in primary or community facilities thus:
  - Reducing emergency admissions, and
  - Reducing A/E attendances
- Benchmarking all our activity where national information is available – and aiming for:
  - National average if below national average
  - Top 75<sup>th</sup> percentile if above national average
  - Best in class if above 75<sup>th</sup> percentile.
- Undertaking health equity audits and consider their outcomes in developing commissioning strategies to reduce inequalities.

We declared ourselves compliant with all but one of the core standards in our 2006/07 Annual Health Check submission to the Healthcare Commission. We have submitted an action plan to the SHA to deliver compliance with our one outstanding area around Information Governance. Continuing to deliver safe services of an acceptable standard and achieving further improvements for our patients and local people will be at the heart of all that we do in the year ahead. We are fully committed to meeting all the core standards in 2007/08 and additionally, to complying with the developmental standards across all seven domains.



The following sets out six practical steps the PCT will follow in 2007/08 and beyond to ensure that excellence on quality can be achieved:

**Step 1 A Serious Aspiration, a conscious decision**

The PCT Board will make a conscious decision to achieve Excellence in 2007/08 and cascade that decision throughout the entire organisation.

**Step 2 Accountability**

The Board, and operationally the Executive Directors, corporately, will be identified as the `Custodians of Success`. Individually, they will be allocated specific responsibility for each key area of the performance agenda:

- Existing and New National Targets
- National Standards
- ALE Assessment and financial management

**Step 3 Analysis of Target Delivery**

The analysis of each target will be documented and a plan established for every planned outcome. Where necessary Recovery Plans will also be established.

Four Performance Matrices will be established. They will reflect the key performance areas of:

- Existing and new national targets – and associated delivery plan
- National standards – as above
- ALE assessment – as above
- Integrated Improvement matrix where all Red and Amber across the whole spectrum of performance and their recovery plans are set out

**Step 4 An Issue of Culture**

All senior staff will promote `intervention` where performance is in any way less than excellent. The Chief Executive and Non Executive Directors will be demonstrably seen as leading this process.

**Step 5 Examine, analyse, change, and look again**

The Executive Management Team will review the performance matrices every month along with an across the board quarterly review. The Intelligent Board (Appointments Commission, July 2006) reporting templates will form the templates for these practices as well as the monthly reports to the Board on key performance indicators.

**Step 6 The delivery of a vision of patient care that everyone in the organisation is proud of.**

All the PCTs strategic and operational policies will be looked at in the wider context of how complementary they are to achieving and sustaining the highest quality outcomes.

The foundations for this approach to quality will be integrated into the culture and working life of the PCT.

## PRACTICE BASED COMMISSIONING (PBC)

Practice Based Commissioning places primary care professionals including GP's, nurses and practice teams, working alongside secondary care clinicians and other primary and allied health professionals, at the heart of decision making to commission services for their local population. It provides many opportunities for primary care professionals to engage influence and take action to innovate and challenge current practice and it also supports the Governments overarching goal to provide high quality care for patients while making the best use of public health service resources.

Over the last 12 months Darlington PCT has focused its efforts on putting in place the building blocks for Practice Based Commissioning. With good progress being made in 2006, the PCT in 2007/08 must build on this good work and deliver the practical implementation of Practice Based Commissioning that will make a difference to people's lives. The PCT has therefore been charged by the Government to deliver the following key expectations within 2007/08.

- To develop a locally agreed incentive scheme that will be offered to all GP practices.
- To address in line with practice preferences, the scope, timeliness and access by practices to activity and financial information relating to their practice.
- To provide GP practices with the tools and support they need to effectively discharge their commissioning responsibilities.
- To report a combination of indicators that will help to take a balanced view about the progress and impact that Practice based Commissioning is having across the local health economy.

As well as being charged with the above, the PCT is committed to ensuring that local services are commissioned to fit with National and local priorities. Within 2007/08 therefore, the PCT will work in partnership with Darlington PBC Group to review and redesign services including paediatrics, cardiology and diabetes. Full business cases for each of these areas of service redesign will be developed in 2007/08 and implemented throughout the year. This work will be closely aligned to the PCT's recovery strategy.

## PATIENT AND PUBLIC INVOLVEMENT

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Darlington PCT is committed to empowering citizens to give them more confidence and more opportunities to influence public services in ways that are relevant and meaningful to them, and in ways that will make a real difference to services.

Five of the ten principles underpinning the NHS Plan (2000) directly support the patient and public involvement agenda and will be used as values to determine options for involvement. They are, that the NHS will:

- Shape its services around the needs and preferences of individual patients, their families and carers
- Respond to different needs of different populations
- Work together with others to ensure a seamless service for patients
- Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance
- Help keep people healthy and work to reduce health inequalities

Darlington Primary Care Trust is committed to the provision of a patient-centred service. Our plans for modernisation and quality within the Trust will develop user opinion in all clinical development plans, raising standards of care and service delivery informed by patients views.

The Primary Care Trust continually seeks to develop its services with a greater focus on involving and consulting patients, carers and the public.

The Trust will build on these solid foundations, its positive links with local voluntary and community groups and partner organisations to further progress and support meaningful involvement activities.

The local Government and Public Involvement in Health Bill, published in December 2006, proposes that Patient and Public Involvement Forums be abolished to be replaced by **Local Involvement Networks (LiNKs)**.

LiNKs will be independent and have the power to develop their own priorities and agendas. The PCT will work closely with the Darlington LiNK when it comes on stream, in the meantime the PCT will continue to build on its good work with the Patient and Public Involvement Forum.

The LiNK will promote and support the involvement of patients, carers, the public, voluntary and community groups in the commissioning, provision and scrutiny of all local health and social care services.

The Primary Care Trust will work with the current forums to assist in the transition to LiNKs as part of its commitment to achieving a greater focus on involving and consulting patients, carers and the public across the year.

## **INFORMATION MANAGEMENT AND TECHNOLOGY (IM & T)**

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The NHS Operating Framework for 2007/08 has identified the need for sustained focus on information management and technology (IM&T) in the NHS to deliver better, safer care. From 2007/08 onwards, IM&T investment and exploitation will form part of mainstream NHS planning in support of health and service priorities and reform. In 2007/08 we will:

- Build a comprehensive forward-looking local IM&T plan which is core to the business – and PCTs start to drive alignment of provider IM&T plans in support of their strategic commissioning agendas;
- Meet national expectations as set out in the Operating Framework for 2007/08 and that they make available the funding and capacity, including clinical time, to do so.

## WORKFORCE DEVELOPMENT

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As the PCT reviews its commissioner and provider functions the Workforce agenda will become more complex. Work will be ongoing to ensure delivery on a number of national initiatives including:

- The Knowledge and Skills Framework
- Electronic staff records
- The equality and diversity agenda
- The national workforce strategy
- Changes in employment legislation

In 2007/08 the PCT will undertake a comprehensive assessment of the skills and capabilities of its workforce, especially in relation to commissioning, to ensure that we can develop staff to acquire the skills required to achieve Fitness for Purpose.

The PCT recognizes that it needs to adapt to meet its new responsibilities. This will include looking at providing new ways of working and supporting staff through the changes that this will entail. The PCT places great value on its employees and acknowledges that the quality and reputation of its services is largely dependent on the skills, abilities and attitude of the staff that provide them.

The PCT will continue to look at ways of utilizing our workforce in the most productive ways, exploring alternative models of working that ensure that we are maximizing the skills of the workforce and applying them in the most appropriate areas.

## INFORMATION GOVERNANCE

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Information Governance is the Framework that brings together a number of Information related legal requirements. These legal requirements were developed to ensure confidentiality/protection of information in all formats, electronic and paper and to support appropriate information sharing for patient care.

Information Governance (IG) is important because it can:

- Support the provision of high quality care by promoting the effective and appropriate use of information
- Encourage responsible staff to work closely together, preventing duplication of effort and enabling more efficient use of resources

The IG programme should develop support arrangements and provide staff with appropriate tools and support to enable them to discharge their responsibilities to consistently high standards. IG is made up of several components:

- Confidentiality
- Data Protection
- Freedom of Information
- Records Management
- Information Security
- Information Quality Assurance
- Information Governance Management

The Information Governance Toolkit has been provided by Connecting for Health to support performance monitoring of progress on Information Governance in the NHS.

Darlington PCT has conducted an assessment of our current position using the Toolkit. The aim of this was to identify and prioritise key areas where improvements are required and we will focus our efforts to deliver sound and appropriate governance arrangements so that all patient information is held in safe, secure and confidential environments.

## CHALLENGES AHEAD

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The PCT has a clear vision for health services locally. It is to promote health, well being, reduce health inequalities and to deliver the best possible care for the population through strengthened commissioning procurement from a sound financial base.

### The PCT will also face:

- Rising expectations: we are delivering shorter waiting times and better services but we are still some way short of providing people with the control, choice and convenience they expect in other parts of their lives.
- Changes in demographics: an ageing population, with increasing numbers of people with long term conditions, requires the NHS, in partnership with local authorities and others, to focus more on promoting good health, well-being and independence. This has implications for how services are organised.
- Changes in medical technology: these are transforming the ability of the NHS to prevent, cure and manage disease, but are also creating new costs and a need to change the way services are configured.
- Achieving consistency of quality, safety, access and value for money: in a national health service, people are rightly concerned about ongoing variations in the care on offer in different parts of the country.

### Our strategy is to address these challenges through:

- More choice and voice for patients, giving patients real power, backed up by strong commissioning;
- More diverse providers, with more freedom to innovate and improve services and more competition on quality;
- Financial incentives to improve care and promote sound financial management and best value;
- National standards and regulation to guarantee quality, safety and equity;
- Sustained focus on information management and technology to underpin the reforms and deliver better, safer care.

The PCT needs to begin laying the foundations in 2007/08 to plan for its longer term aims. These aims will be captured in the developing five year plan: "Darlington PCT's Strategic Vision: 2007-2012".

### In the forthcoming financial year the PCT will begin:

- Prepare the ground for future implementation of government commitments, including the strategy set out in ***Our Health, Our Care, Our Say***
- Address issues of public concern
- Continue to drive improvements locally

### **This Business Plan begins to:**

- Begin preparatory work with providers around improvements to maternity services.
- Undertake an end of life service baseline review
- Continue to use needs assessment systematically to identify and address the specific needs of different groups in the population
- Work with partners at a local level to tackle obesity
- Ensure local implementation of the commitment to reduce mixed sex accommodation
- Proactively seek to improve safety and drive quality and productivity improvements through a more systematic use of information and analysis to benchmark performance and to assess the quality, efficiency and equity of resource use.

The coming year will be a challenging one for Darlington PCT. Its strength will remain in its dedicated staff, the strength of its partnerships and its determination to continue to improve the health of all of Darlington's population in 2007/08 and beyond.