

A Healthy Future

**A five-year strategy for improving health and healthcare services
for the people served by North Staffordshire Primary Care Trust:
2007/08 to 2012/13**



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Executive Summary

By



Andrew Millward
Chairman
North Staffordshire Primary Care
Trust



Tony Bruce
Chief Executive
North Staffordshire Primary Care
Trust



Dr Richard Page
Chair, Professional Executive
Committee

Our Business

The PCT is the local National Health Service organisation that plans and commissions all health services for its communities and has three main objectives:

- To maintain health, improve health and reduce inequalities
- To maintain and improve services
- To work closely with social care and those organisations who support the community

The PCT also employs over 1,100 staff and directly provides a range of community nursing and therapy services - district nursing, health visiting, school nursing, speech & language therapy, physiotherapy and intermediate care - and is responsible for all GP practices, NHS dentists, community pharmacists and optometrists in the area. The PCT contracts with GPs and dentists to deliver services in primary care. The PCT will very soon be contracting with pharmacists and optometrists to deliver care in the community.

The PCT also continues to manage at present the community hospitals and health centres across the PCT area. The PCT continues to develop the range of community based services to provide care and treatment closer to home.

This document, *A healthy future*, provides North Staffordshire Primary Care Trust's five year strategy to improve health and healthcare services for local people through to 2012/13. Once approved by the Board of Directors, this broad Strategy will be supported by a suite of more specific strategies and plans covering particular areas of development, such as those relating to particular health conditions (e.g. health inequalities, mental health and diabetes) and enabling plans (e.g. workforce, estates and information technology). The suite of strategic plans will be brought together in medium term Local Delivery Plans (LDPs) and annual business plans, which will set out in detail what our PCT will do and what it will achieve. These will be prepared in the context of this five-year strategy and emerging national policy.

We aim to create a health and healthcare system which:

- **engages** with, and is influenced by, its users
- **focuses increasingly on achieving** good results for patients and communities
- **places more emphasis** on
 - real achievements in the prevention of ill health
 - enabling people with health problems to control and manage their own health and wellbeing
- **provides a much wider range** of out of hospital services to
 - help people manage their health and health conditions
 - support them when they have sudden and urgent health problems
- **delivers specialist services** which are
 - accessible promptly
 - innovative
 - integrated with the wider healthcare system and other relevant public services

- **makes greater use** of data and information that is available to us
- **be fully co-ordinated** as an organisation and with its NHS and non-NHS partners.

We believe success will be characterised by:

- lower rates of disease, disability and infirmity
- lower adverse lifestyle measures such as body mass index and smoking prevalence
- lower rates of life limiting health conditions
- longer life expectancy
- more healthcare provided in a wider range of services outside hospital and delivered by a wider range of NHS and other providers
- shifts in the balance of healthcare spending with proportionally more spent on:
 - planned, preventive and health maintenance services – less spent on unscheduled care
 - psychological and social models - less spent on medical and biomedical models.
 - services commissioned or delivered in partnership with other agencies
- reduced health inequalities across all the above indicators whereby our deprived and underserved areas gain at a greater rate than the norm
- delivery of specialist services that are:
 - accessible
 - prompt

In order to deliver the above we have set ourselves five clear ambitions for the future:

- ≈ staying healthy
- ≈ supporting people with health problems
- ≈ at times of crisis / urgent need
- ≈ specialist and intensive support
- ≈ reducing health inequalities.

We have worked with our partners in the North Staffordshire health community and the NHS West Midlands Strategic Health Authority (SHA) to agree long term aims, objectives and outcomes for the health and healthcare of our local population. These have been developed and are being implemented through the work that is supporting our joint ownership of the Fit for the Future Programme. As part of the Fit for the Future programme a £400million private finance initiative (PFI) new hospital build is a key catalyst for change to services in North Staffordshire.

We are working with Staffordshire County Council Social Services and South Staffordshire PCT to deliver mental health, learning disabilities, physical disability and older people's services through a joint commissioning unit which will see these services transformed to give better access and we will continue to work with voluntary organisations to ensure that we deliver a varied range of services.

More recently, we have been working with the SHA, Stoke on Trent PCT and other PCTs in the region to inform the SHA's Strategic Framework for 2007 - 2012, entitled *Investing for Health*. In preparing our own five-year strategy, we have based our programmes of work on the ideals of *Investing for Health* which concludes that by "working together, investing for health together, we can make a significant impact on health and healthcare for local people".

The approach we have taken in this strategy document is to set out within each section:

- our starting point
- relevant current and predicted issues
- national policy context, required service improvements and standards and other 'givens' that affect our work
- our ambitions for 2012/13, in terms of people's life experiences and the way in which health and social care services will work
- an outline of the approaches and programmes of work that we will adopt in order to deliver our ambitions.

Introduction

North Staffordshire PCT was established on October 1, 2006 by the merger of two former PCTs, Newcastle under Lyme and Staffordshire Moorlands.

Our role as a PCT is to:

- **protect** the public's health
- **improve** the health of the local population and reduce inequalities
- **ensure** that people have access to high quality healthcare services when they need them
- **provide** services directly as appropriate
- **achieve** the above within the financial resources made available and with value for money.

Our principal source of funding is the Department of Health (DH) and for 2007/08 that funding stands at £270m, which equates to £1,280 per year for each local resident.

The PCT commissions a range of services to meet the needs of the local population, with clear activity levels agreed and robust performance management arrangements in place to ensure that services paid for have been received to the high quality that our patients should expect. In 2006/2007, the PCT spent nearly £270 million on health services for the people of Staffordshire Moorlands & Newcastle under Lyme. Almost £80 million was spent on hospital services provided by the University Hospital of North Staffordshire, which provided:

Over 21,000 emergency admissions
Over 35,000 first outpatient appointments

Over 24,000 routine hospital admissions
Over 81,000 follow up outpatient appointments

Fig. 1

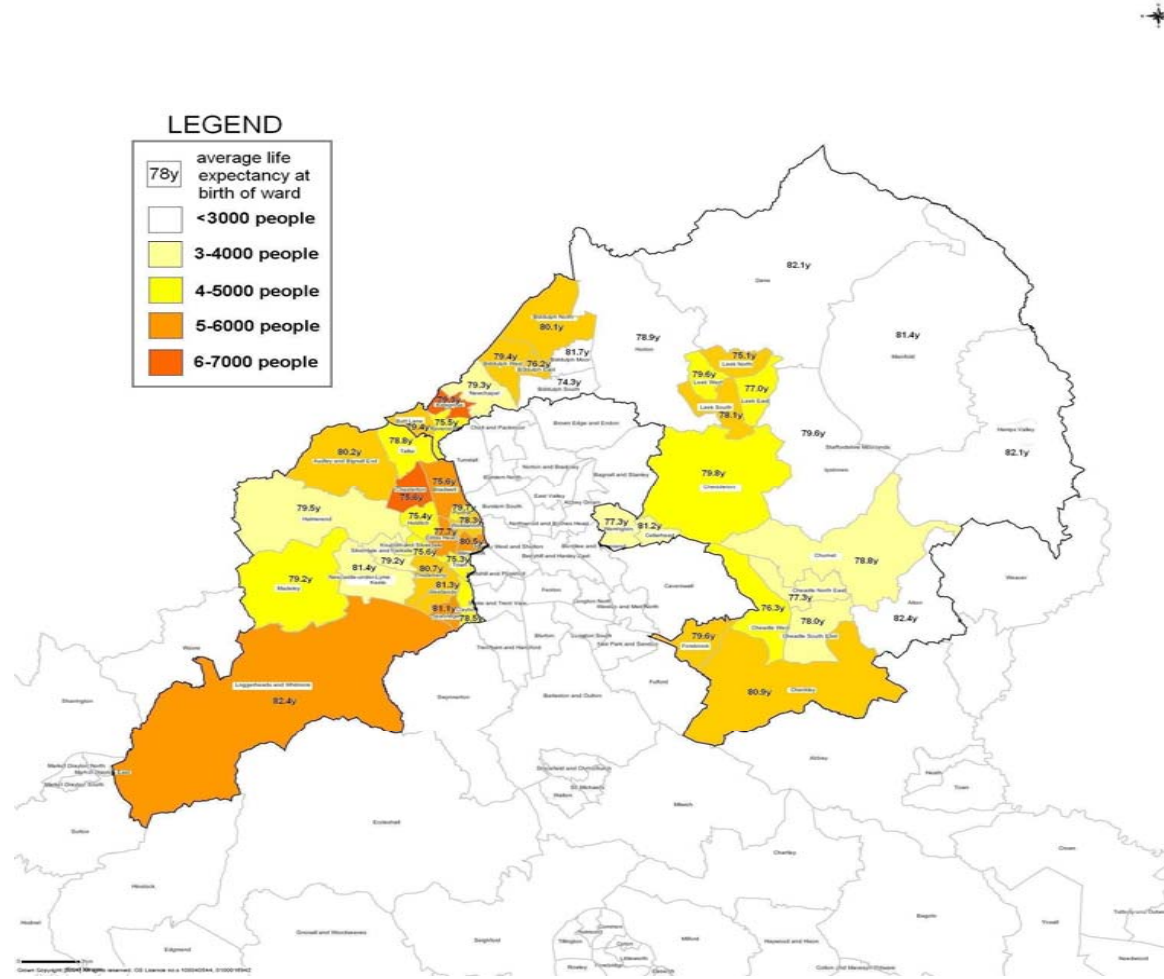


Figure 1 gives an overview of our PCT's geographical area by ward, by average length of life expectancy at birth. We cover a geographical area of approx 294 square miles, serving a population of 211,292¹. Our average life expectancy at birth ranges from 74 in the ward of Biddulph South to 82 in Alton, Loggerheads and Whitmore. As a comparison, our neighbouring Stoke-on-Trent PCT covers a geographical area of approximately 46 sq. miles and serves a population of 273,188.

¹ Data source: Dept of Medicines Management, Keele University. July 2006

Our starting point

Our legacy

Our two predecessor organisations left a largely positive legacy although there are a number of challenges that need to be addressed. A summary of the situation we inherited is as follows:

- organisational issues
 - while a combined forecast financial deficit was inherited, both predecessors were in the final stages of financial recovery and had a healthy financial outlook
 - both had developed a positive culture and change management capability and had delivered innovation, change and improvements
 - recruitment and retention of healthcare workers in North Staffordshire is generally good.
- patient perspective
 - the overall health of the local population equates to the national average
 - a comprehensive assessment of local health needs and health inequalities is needed
 - good progress has been made towards engaging with patients
 - most local information suggests generally high levels of satisfaction with, and confidence in, the NHS in North Staffordshire
- service development
 - compared to national norms, local use of secondary care services and emergency admissions are lower and waiting lists are shorter
 - secondary care provision dominates healthcare expenditure in North Staffordshire, accounting for one-third of all expenditure
 - there is local agreement to the *Fit for the Future* programme and a significant shift in the provision of care from secondary to other settings. A £400million PFI project due for completion in 2012, which involves a new hospital build at the University Hospital North Staffordshire (City General) site provides a real catalyst for change

Good progress has been made towards providing supportive, health maintaining, locally accessible services; a number of initiatives have received national recognition as examples of excellence and innovation. Examples include the deep vein thrombosis (DVT) service operated from our Leek community hospital, which is now being rolled out across our PCT; in Newcastle it will be provided by one of our GP practices. Another example is our oncology outreach team's introduction of a Hickmann line flushing service for patients receiving chemotherapy

Improving patients' lives

One chemotherapy patient thanked us for giving her 'her week back' following the introduction of a Hickmann line service in the community. Patients attending the acute unit could spend all day travelling and waiting for a simple procedure, which they had to do several times a week. By moving the service into a community setting, patients benefit from a swift, local service which enables them to take control of their lives and their treatment.

- partnerships
 - relationships with public service partners and community leaders are positive and constructive, resulting in a number of significant benefits. Examples of this include joint work with social services to reduce emergency admissions by providing patients with additional support at home and to facilitate timely discharge from hospital by introducing equipment loans. We also worked with Staffordshire Moorlands District Council to develop its *Shaping Up – Programme for Action* which addresses the link between poverty and poor health
 - relationships with major NHS provider trusts are being further developed following several changes in leadership personnel across the local NHS and in the face of major service changes (such as *Fit for the Future* and the realignment of learning disability services).

Working together

Both predecessor PCTs developed very positive relationships with their respective Local Strategic Partnership, both on direct health issues and on the wider determinants of health. A recently identified area of mutual benefit to both Community Safety and NSPCT is the development of a Domestic Abuse Forum, chaired by a NSPCT cluster manager. Staffordshire Moorlands Local Strategic Partnership's Health and Wellbeing Group developed 'Shaping Up – A Programme for Action', which identified the main causes of morbidity and mortality, together with approaches for implementation. Its priorities had resonance with 'Choosing Health'.

Our future opportunities and challenges

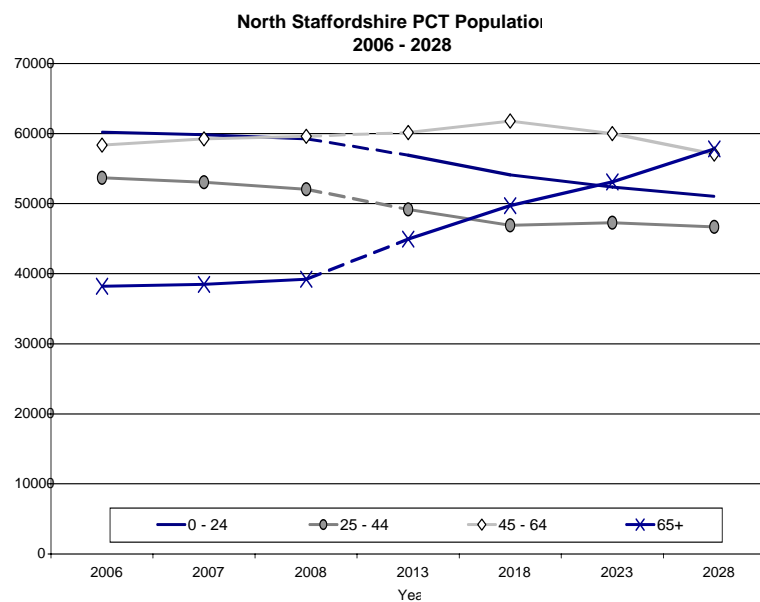
As a PCT we are entrusted not only with health and healthcare services locally but also with ensuring the proper governance of our organisation as a public body and our role in society.

Our achievements in each of these dimensions represents the measure of our success as a healthcare organisation responsible for providing leadership to the health and healthcare agenda locally and for stewardship of the local NHS purse.

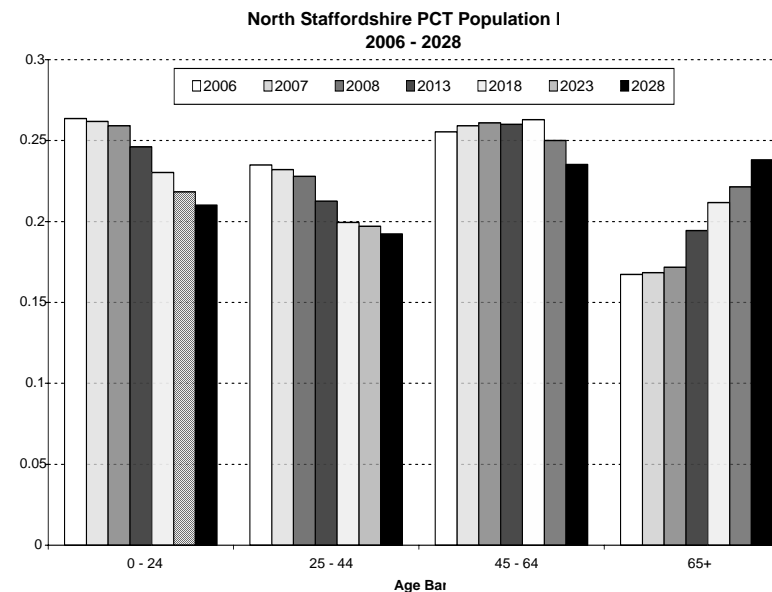
Looking forward, we face numerous opportunities and challenges within a local and national context:

- more people are living longer (Fig 2), which means there will be increased pressure on healthcare spending for older people as well as pressures from the 'new' elderly for a different approach to services
- growing 'consumerism' among patients, which means, quite rightly, that services should be more responsive to users needs and preferences
- advances in technology increase our ability to help people. While many such advances are expensive, some can provide new, better and more cost effective ways of supporting patients
- the need to engage children and young people in establishing healthy lifestyles

- tackling the inequality of health experience within the population
- expectations that public service organisations will
 - tackle both the causes and symptoms of matters of public concern and interest
 - seek to fully engage communities as partners in identifying and tackling issues of public concern
 - seek to empower and support communities and individuals increasingly to be in control of their lives
 - be much more business like
 - draw on a wider range of private and public service providers
 - work together in a much more co-ordinated way to shape public policy and organise and deliver public services
- the influence of recent government policies such as
 - **Payment by Results (PbR)**, a standard system for paying hospital trusts according to their activity and the mix of patients and treatments (case mix)
 - **Practice Based Commissioning (PBC)** which enables frontline clinicians to become more involved in commissioning decisions; five consortia have been established in North Staffordshire and we are committed to ensuring that each receives the dedicated support it requires to deliver effective PBC
 - **Our Health, Our Care, Our Say**, a highly significant policy, which recommends that more care is provided in primary and community settings and that there is a greater concentration of specialist care at acute hospitals.
 - **the Wanless reviews** which highlight the need to fully engage communities and patients in managing their own health in order to ensure the sustainability of the NHS
 - **funding for the NHS**, the levels of growth in investment in the NHS is expected to fall after 2008, which means NHS organisations must become more efficient in order to free up resources for the expansion and development of services.



Source: ONS population projections



Source: ONS population projections (2)

Fig. 2

The SHA, in its Strategic Framework *Investing for Health* identified seven key challenges for the West Midlands health economy, these challenges are listed below:

- **Challenge 1:** Despite improvements in overall health status, inequalities in health have widened.
- **Challenge 2:** We are not investing enough in prevention
- **Challenge 3:** There remains an unjustifiable variability in the quality and safety of services and individual care, and a significant number of complaints are about standards of fundamental care.

- **Challenge 4:** The rate of cost pressures arising from doing “more of the same” with an aging population, a rising tide of long term conditions and an accelerating pace of technological development in providing responses to illness outstrips any conceivable rate of increased funding.
- **Challenge 5:** The public, our ‘customers’ have little confidence that their local NHS will get better.
- **Challenge 6:** We continue to spend substantial amounts of resources on clinical activities where the evidence suggests there is little or no return on the investment in terms of improved health or where the evidence shows that there are other, better, and more cost-effective alternatives.
- **Challenge 7:** Patients expect services to be joined up and to have coordination across teams caring for them and yet the fact is that at present patients and public often struggle to understand how services work.

The PCT recognises the above challenges as being relevant to North Staffordshire – we will be working with our NHS and other partners under the overall leadership of the SHA on 10 work programmes to talk forward *Investing for Health* and that our own themes and plans have been influenced by the challenges.

Where do we want to be by 2012?

As a PCT, we are given stewardship of public funds and a framework of national priorities and policies within which we are expected to work. We are given freedom to make local decisions about additional local priorities and about how best to achieve both national and local priorities. We aim, over the next five years, to make the best use of those funds to significantly improve the way in which we:

- **protect** the health of local people
- **improve** the health of local people
- **reduce** health inequalities
- **ensure** that people get high quality healthcare when and where they need it.
- **create** a financially sustainable local health service.

How will we get there?

Working with our partners

We shall be collaborating with the SHA and partner PCTs to achieve comprehensive, systematic change across the West Midlands. Together, we have agreed to ten areas of joint work, which we believe will achieve major, beneficial impacts on health and healthcare. These will be managed as a formal programme and appropriate resources will be provided by the SHA.

The ten projects, detailed in the SHA's Strategic Framework *Investing for Health* involve:

- **addressing** the lifestyle risks of our local population
- **developing** early intervention services to reduce childhood obesity, perinatal mortality and excess winter deaths
- **improving** patient engagement in service planning and supporting patients to take greater control over the management of their condition
- **improving** the collection of patient feedback and its use in commissioning services
- **enhancing** still further the safety and quality of services
- **making** information readily available to patients on the availability and quality of primary care services
- **developing** effective, standard care pathways for a range of conditions
- **establishing** a clear vision for the way in which the North Staffordshire health community will work by 2012
- **equipping and supporting** the workforce to deliver more care in primary and community settings
- **supporting** improvements in productivity, efficiency and value for money across all services.

As planned in *Fit for the Future*, we shall be working with University Hospital of North Staffordshire (UHNS), Stoke-on-Trent PCT (SoTPCT), North Staffordshire Combined Healthcare the five clusters of practice based commissioners and with a range of partners and providers to phase in the introduction of more care delivered in out of hospital settings.

We will continue to develop joint partnerships with local authorities, voluntary sector, third sector providers, patients and public to ensure that services are delivered at the right time, in the right place and are appropriate for the patients' condition.

Making the most of resources

Recognising that we have limited resources, choices must be made regarding the issues to be addressed and how best to tackle them. Some of these are determined nationally and are non-negotiable; others are determined locally by our Board of Directors.

The Board of Directors aims to achieve the maximum possible benefits for local people within the resources available and to involve local people in making those choices in a way that inspires their trust and confidence.

From work with community leaders and local people, we have an agreed set of Principles and Values, which provide the framework within which our investment decisions are made and our success will be measured. We will by 2012 have made significant strides towards health and healthcare consistent with the principles set out below and evidenced by quantitative and qualitative performance information.

Our Principles and Values

- **Decisions should be taken:**
 - as locally as possible
 - with users, patients, citizens, clinicians and partners
 - with regard to the relevant evidence, innovation and progress
 - which balance the needs of users, providers, staff and partners.

- **Resources (time, money and technology) should be:**
 - used for the benefit of our population
 - targeted at achieving national and local priorities, improving health and reducing inequalities
 - used on what will work to deliver desired outcomes for local people and staff
 - shared with partners where this adds value
 - managed within the available resource limits.

- **Services should be:**
 - delivered to ensure accessibility by all people
 - timely and convenient to access
 - clinically and cost effective
 - to a consistent standard
 - equally accessible to all in need
 - holistic, integrated and delivered in partnership
 - innovative, appropriate and cost effective
 - increasingly proactive in supporting health
 - personalised to individual needs
 - delivered in an out of hospital setting wherever appropriate

Our investment philosophy and approach

As indicated in the *Future opportunities and challenges* section, we face a changing scene in which our costs are likely to increase at a higher rate than available resources if we continue to use traditional approaches to healthcare. This challenge must be addressed immediately in order to prevent the PCT returning back into a period of financial difficulty.

We intend to adopt the following **investment** philosophy in response to that challenge:

- public funds must be controlled within agreed limits and deliver value for money
- we will invest our resources in ways which discharge our legal obligations and meet NHS and local priorities
- in making investments we will seek returns on investment in terms of
 - better outcomes/experiences for individual citizens and patients
 - better outcomes/experiences for communities
 - better value for the population
 - releasing resources for further community benefit
- we will do this by:
 - investing in preventive and maintenance services
 - improving patient pathways across the system
 - engaging patients in identifying improvements to services and avoidable waste
 - undertaking systematic reviews of current spending to evaluate value for money towards achieving our ambitions and duties
 - decommissioning or re-specifying services as appropriate
 - seeking price and value improvements from suppliers where appropriate
 - sharing and pooling resources with partners as commissioners or providers
 - being rigorous about predicting and assessing whether investments will deliver / have delivered the expected health and healthcare benefits and acting on the evidence.

The approach of recycling investment funds has been tried and tested with success. It provided a fundamental cornerstone of financial recovery and involves recycling funds from within the current resource base by:

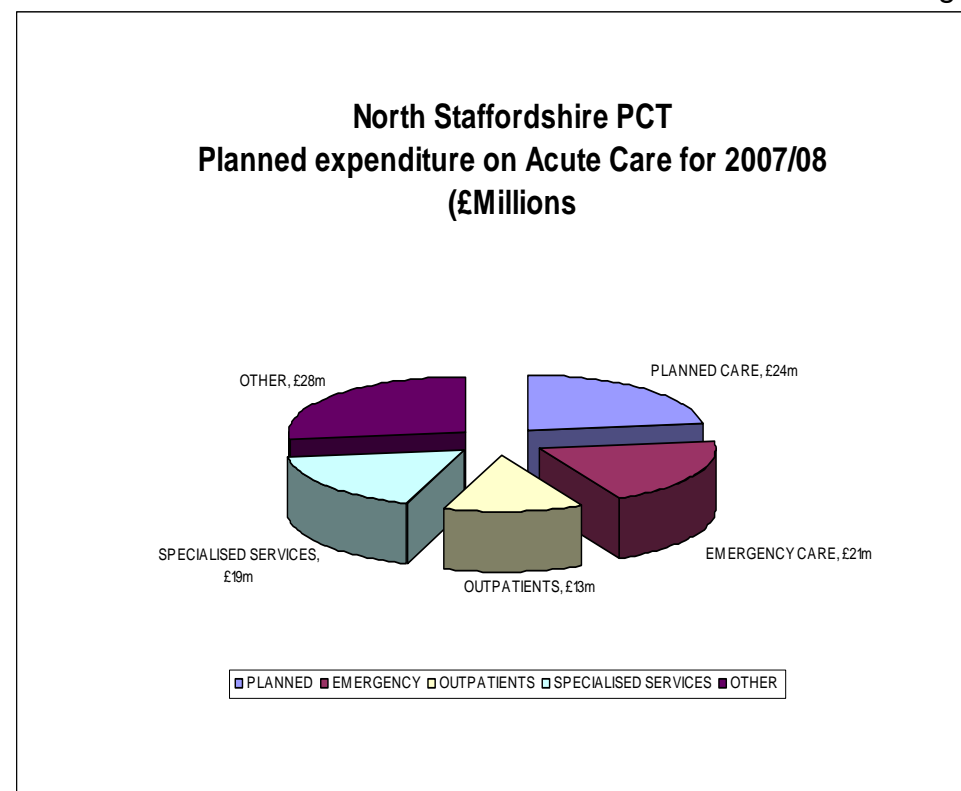
- unlocking resources from 'old' services as new, better and more cost effective services replace them
- reducing the need for expensive, hospital based healthcare as more preventive and maintenance services are introduced that deliver benefits for patients and are less costly

Fig. 3

Figure 3 indicates that for the year 2007/08 the PCT has plans to spend the following on acute care:

- £13m on outpatient activity
- £24m on planned care
- £21m on emergency care
- £19m on specialised services
- £28m on other acute hospital based services.

For the year 2008/09 we expect expenditure to decrease for outpatient activity as more is delivered in the community. An increase on planned care expenditure as we deliver the 18 week target and an increase in expenditure for specialised services. We are anticipating a decrease for emergency care as more services are implemented to help people who perceive themselves to be in a state of crisis and we deliver more services to help people stay healthy.



Our capacity and capability

The *Fitness for Purpose* (FFP) programme is designed to improve the capacity and capability of PCTs to commission care for patients. It is our aim to become an FFP 'world class commissioner', a standard that acknowledges the delivery of best value care for local populations which includes a strong emphasis on quality and performance.

With this in mind we have developed an organisational structure featuring high calibre leaders and staff who are committed to delivering our business plans and developing and maintaining positive external relationships. We have a strong management framework and a clear corporate ethos of service and value improvement.

Together, we have prepared a clear FFP development plan. Its immediate priorities involve commissioning and/or developing a:

- health needs assessment
- prioritisation framework
- clear long term strategy
- programme of core and advanced skills development for all staff
- series of compliance audits to sharpen business discipline
- communications strategy to ensure full engagement of staff and partners.

Our strategic themes

In outlining our visions and ambitions for the next five years, we have also shown the key components of our approach and the overarching principles within which we shall progress our strategy.

In order to deliver our strategy, we have shaped programmes of work around five themes, which we believe complement the ten *Investing for Health* projects agreed with NHS West Midlands. Those themes are:

- **Staying healthy**
- **Supporting people with health problems**
- **At times of crisis / urgent need**
- **Specialist and intensive support**
- **Reducing health inequalities.**

The following sections describe the strategic framework for our five themes, giving an outline of where we are, the world around us, our ambitions and the approaches we will pursue to achieve them.

Staying Healthy

This theme focuses on those people who are currently healthy and how we can help them stay that way.

Context

The *Choosing Health* White Paper sets out the principles for supporting the public to make healthier and more informed choices about their health. We are committed to providing more opportunities, support, encouragement and information to help people live in healthy circumstances, choose a healthy lifestyle and stay healthier for longer. Today we are living longer however improvement is about better care and living conditions in older age. We now need to add life to years and help prevent the longer term diseases.

Our starting point

There is wide scale agreement among public service organisations locally that more needs to be done to encourage healthy living. Consequently, the county wide Local Area Agreement (LAA) and district level Local Strategic Partnerships (LSPs) now include a strong focus on health improvement.

We are pleased to report that a *Choosing Health* investment plan is being finalised by our Public Health Directorate, which has a strong focus on the most disadvantaged communities.

Fig. 4

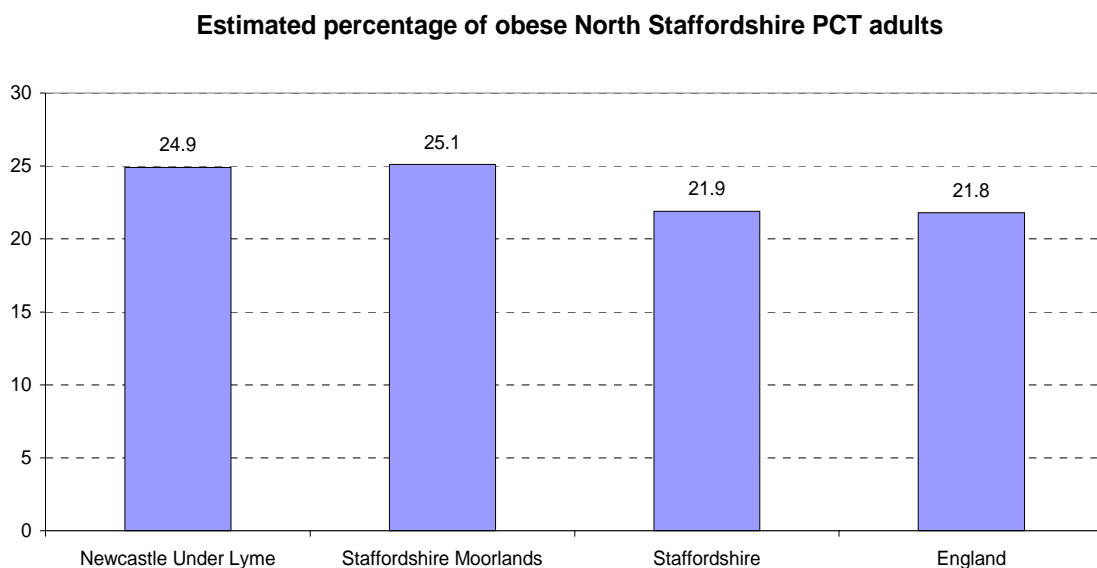


Figure 4 informs the PCT of how many of our adult population are suffering from obesity. Having access to this kind of information helps us to plan services that will help to change the lifestyle of these people. It enables us to target our resources in the right place at the right time to reach the most appropriate people.

Where do we want to be by 2012?

Our aim is to work towards a society in which:

- more healthy people stay healthy
- avoidable disease, disability and infirmity are prevented.

How will we get there?

We aim to prevent disease and help people maintain health by:

- **working with others** to shape society in a way that promotes healthy behaviour and environments and discourages the opposite
- **being proactive** about educating, equipping, encouraging and supporting individuals to make healthy lifestyle choices, starting early with children and young people
- **supporting and commissioning** research, early surveillance and screening to help predict and prevent the onset of avoidable ill health
- **responding promptly** and appropriately when people seek help to address their health risks
- **working very closely** with partners and communities to develop solutions that will work locally
- **focusing our efforts** and resources in areas in which we can achieve the greatest benefits
- **positively seeking out** those at greatest risk.

A wide range of service and information options will be assessed, including specific prevention programmes, health trainers and making advice more accessible from alternative professionals such as pharmacists and optometrists.

We shall work on two key programmes within the *Investing for Health* framework:

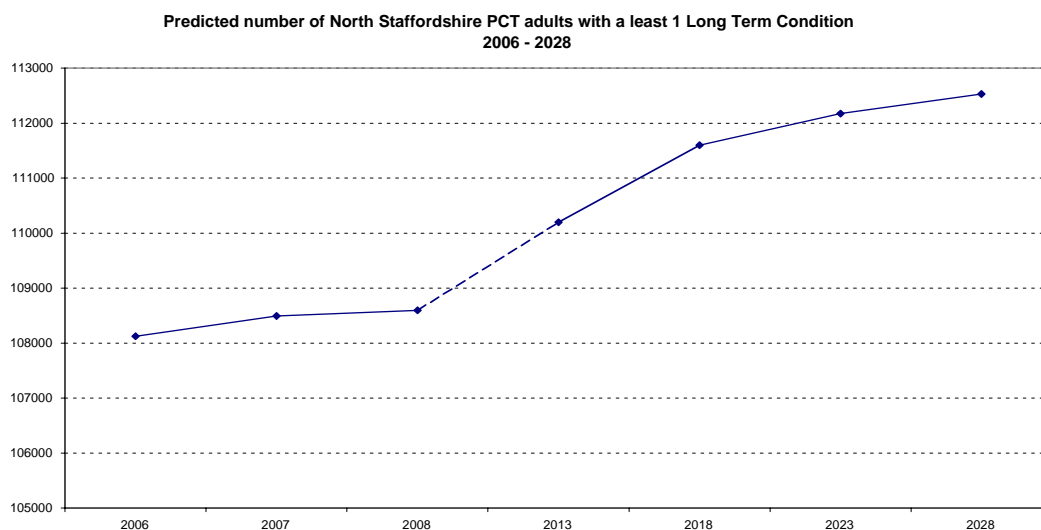
- gathering data on the lifestyle risks of our local population and using that data to
 - work with people in the identified risk groups to develop appropriate solutions and support
 - establish PbR tariffs and standards for lifestyle services such as smoking cessation, expert patients and health trainers
 - develop self-help tools for citizens
 - focus services disproportionately on disadvantaged groups

- collaborating with Stoke on Trent PCT and the SHA to develop systematic, comprehensive, robust and evidence based early intervention services to reduce:
 - childhood obesity
 - perinatal mortality
 - excess winter deaths

Supporting people with health problems

This theme focuses on supporting people who have health problems, are in poor health or are elderly or approaching the end of their life. Many of these people are living with long term conditions which cannot be cured but their effects on people's lives and the progression of illness can be reduced by awareness, education, lifestyle choices, medication or treatment.

Fig. 5



Source: ONS population projections (2005 Based) and the British Household Panel Survey 2001

Figure 5 informs the PCT that between now and 2028 there is going to be a dramatic increase of patients with at least one long term condition. This information helps us to plan the services that will support people with health problems so that they receive care closer to home at the right time. It also helps us to plan for the times when these patients perceive themselves to be in crisis and therefore require urgent access to services.

In addition to planning for services to support people with health problems it also highlights the need to support people to stay healthy and children and young people who face a lifetime of long term conditions.

Context

In line with the National Service Frameworks (NSFs) for older people and people with long term conditions, we aim to help people in these groups live as full and independent a life as possible. We also aim to avoid the distress and the expense of hospital admissions, whenever possible, by providing good support that will avoid health crises.

National Service Frameworks covering other conditions such as mental health, children, cancer, coronary heart disease, diabetes and renal conditions are also relevant to this strategic theme.

Our starting point

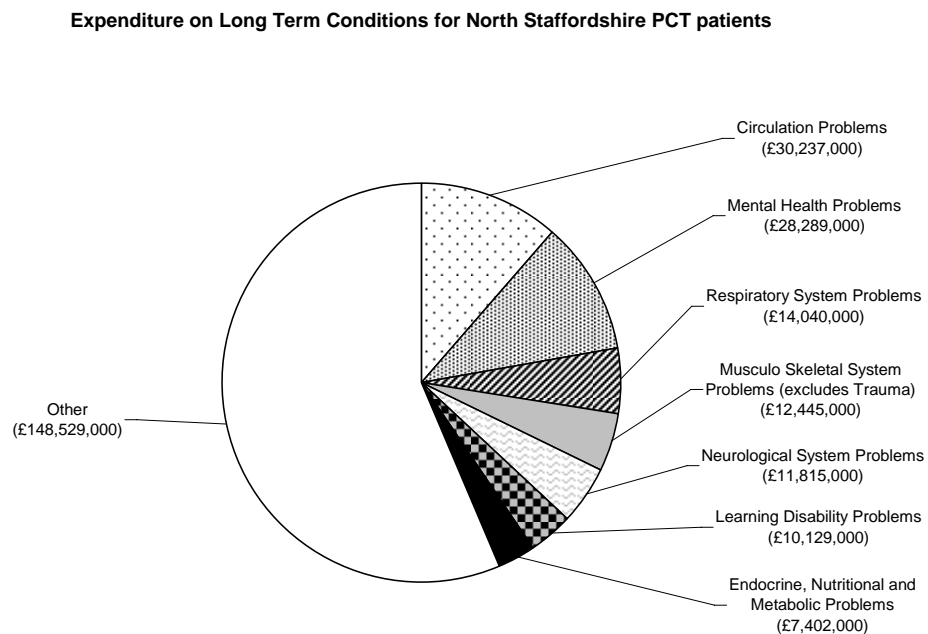
Some progress has been made locally in developing capacity to support people with health problems and there are examples of good practice in GP services, specialist nurse teams and with community matrons. There are also examples of joined up health and social care services supporting “at risk” individuals and of excellent voluntary sector programmes. There is huge potential to spread examples of best practice across the area and to develop future services which will benefit patients enormously and release significant resources from “crisis” services to support further health management

Over the last six years, the development of community-based services has:

- **enabled** the delivery of more services in community settings
- **significantly reduced** the average length of stay in hospital based continuing care services
- **increased capacity** to deliver ‘step up/step down’ intermediate care, assessment and rehabilitation
- **benefited** from the introduction of local case management and community matrons.
- **supported** health maintenance rather than crisis response
- **placed patients** in the driving seat of managing their own health
- **continued the shift** towards a holistic and joined up approach to supporting individuals to lead their lives

Although there have been very significant successes to date, some patients continue to present at Accident & Emergency (A&E) or call an ambulance with problems which could have been avoided by better early support or intervention to maintain their health and wellbeing and avoid the sense of crisis.

Fig. 6



Source: Programme Budgeting Analysis, 2007

The PCT programme budgeting data (Fig. 6) indicates that we spend proportionately higher (albeit by approximately 1%) than the national average on long term conditions. This is driven by the spend on neurological system problems (chronic pain and epilepsy) and circulation problems (which include coronary heart disease and cerebrovascular disease), and we spend proportionately lower than the national average on the remaining long term conditions.

The PCT programme budgeting data also shows that we spend proportionately higher (by approximately 3.3%) than the West Midlands average on long term conditions. Again this is driven by the spend on neurological system problems but most notably on circulation problems, and we spend proportionately lower than the West Midlands average on the remaining long term conditions.

Where do we want to be by 2012?

People suffering from disease, disability, infirmity and those approaching the end of life are equipped, encouraged and supported to:

- make the most of their quality of life and independence
- manage their own health and wellbeing as far as is appropriate
- avoid risk of health crisis

How will we get there?

We will do this by:

- **gaining** much better information about those people who are considered 'at risk'
- **stratifying** levels of risk in order to inform an appropriate level of support
- **supporting** patients to take greater control over the management of their condition
- **working** with a growing number of partners to determine overall needs and jointly commission services accordingly
- **increasingly** creating a culture among individuals, service commissioners and service providers that offers maximum control to service users.

In more detail, we shall:

- **draw on** international information and learning from social care to
 - develop a new approach to patient engagement in and influence over services
 - consider patient-held budgets
- **make the best use** of technology to improve access to services and increase efficiency, for example
 - telephone consultations
 - making information readily available on the availability and quality of primary care services
 - point-of-care testing
 - educational programmes
 - clinical decision support systems

- **work closely** with UHNS to
 - ensure close integration of plans and services
 - smooth implementation of service transfers from hospital to primary and community settings
 - reduce lengths of stay in hospital by improving hospital processes and refining post-operative care
 - develop and implement care pathways for specific conditions which include appropriate health maintenance
- **make a wider range** of practice-based services available in local areas, provided from larger multi-practices and smaller single general practice facilities
- **support the transfer** of 43,000 outpatient episodes from hospital to primary care settings by
 - ensuring that alternative premises are fit for purpose and can accommodate the capacity required
 - reorganising outpatient clinics according to diagnostic requirements
- **create Local Care Networks**, consistent with the Older Person's NSF and *Our Health, our care, our say*, which comprise a virtual team providing ready access to a range of health and social care services.

Best practice in long term conditions

A recent Audit Commission report praised the way in which our PCT manages patients with long term conditions; in particular, for the resulting reduction in unnecessary hospital admissions and the below the national average costs to us. We have been contacted by other PCTs keen to learn how we are delivering these outcomes for patients. We shall continue to expand on this good practice.

At times of crisis / urgent need

This theme focuses on how we will meet the needs of people when they consider themselves to be in need of urgent services due to a health crisis.

Context

From time to time individuals will be very concerned about their state of health and need to seek urgent help or reassurance.

There are circumstances where such health crisis is genuinely unpredictable and is life threatening. In such cases the emergency services of a 999 ambulance, A&E department or emergency admission to a general or psychiatric hospital are the most appropriate course of action.

However, at other times, these services are called upon in circumstances which are not life threatening but are urgent because the people involved are either unaware of or unable to access other, more appropriate services. Often, these people are known to health services because they have an existing health condition but are unable to access the service they need on the timescale required. Many such episodes could be avoided if emerging problems were tackled before they reached crisis point by services that were accessible, or if appropriate non hospital based services were available at the time of need.

Our starting point

Health and social care teams have been addressing this issue for some time and there has been a marked reduction in such episodes by the increased use of more appropriate local health services. However, some patients continue to face the distress of such crises and present at A&E or call an ambulance.

Similarly, progress has been made on providing non-acute, urgent services and encouraging their use by people who have an unexpected but non life threatening health concern.

Examples of recent improvements in urgent and emergency services include:

- introduction of community matrons undertaking proactive case management and crisis intervention
- community paramedics working with community matrons, nursing teams and community hospitals to determine the best place for treatment
- crisis and early intervention support teams for people with mental health problems
- basing a primary care team in A&E to identify patients who can be seen more appropriately by primary and social health care practitioners
- community treatment of deep vein thrombosis (DVT)
- same/next day specialist consultant support and outpatient services
- continuing development of community walk-in centres and minor injuries/minor illness departments
- physio direct, a telephone based physiotherapy service for diagnosis and treatment.

However, significant scope remains to further develop and increase the use of such services, giving local people a wider choice when they need urgent help or reassurance.

Where do we want to be by 2012?

- People will have more choice of support if they suffer a health crisis or perceived health crisis, delivered by the most appropriate practitioner in the most appropriate location
- Increase in access to a wider range of first response primary care services
- Working with other primary care providers
- Unnecessary hospital admissions avoided by greater use of appropriate services
- Better public understanding of the range of choices and how to use them

How will we get there?

Our approach involves:

- **providing 'at risk' individuals** with a first response service offering urgent advice and response at the point of perceived crisis, including out of hours
- **introducing** a growing range of out of hospital services that will promptly provide the advice, reassurance, diagnosis, treatment or care that patients need
- **increasingly working with partners** to ensure that services are joined up and that they enable patients to retain maximum normality of life through any health incident
- **ensuring we work closely** with patients and all participants in the healthcare system and other public services to make certain
 - of the co-ordination and safety of the new arrangements
 - that people understand and have confidence in them
- **developing out-of-hours services**, potentially co-locating them with A&E
- **introducing same day/next day urgent assessment** clinics for general medical and elderly care
- **creating networks of care** with specialist centres for our sickest patients.

During 2007/08, we shall carry out a structured review and redesign of crisis / urgent care response services with our health economy partners. In particular, we shall identify which types of patients continue to attend A&E with conditions that should be preventable and could be managed in other ways.

Patient feels the benefit

A patient who has twice been tested for deep vein thrombosis has had two very different experiences. On both occasions the diagnosis was negative. On the first occasion, he was sent to the local acute hospital where he had to wait most of the day for the diagnosis. On the second occasion he was referred to the local community service where he was diagnosed within one hour of arrival. The patient expressed his delight by letter, stating that "if this is what the NHS is now about I don't mind paying my taxes."

Specialist and intensive support

This theme focuses on those times when, either on a planned or unplanned basis, patients need highly specialist support which cannot reasonably be provided within facilities or by staff outside of a hospital setting. Such care generally requires specialist knowledge or technology that must be provided for a larger population in an acute hospital setting or regional centre.

Context

There are times when patients appropriately need very high technology or highly specialised clinical skills. These can best be provided by specialist facilities serving significant populations. We recognise that patients may need to travel for such specialised services, although we will seek to ensure that they only travel for that which is truly necessary. Similarly we will seek to ensure promptness of access by ensuring that those highly specialised services are used for the benefit of those who need them.

Our starting point

The majority of the specialist healthcare needs of our population are met by UHNS and Combined Healthcare NHS Trust (CHC), although patients also access hospitals outside of the area in Macclesfield, Crewe and Derby.

Waiting times and lists for such treatment are generally good and meet national standards. However, it is well known that the pressure from unscheduled admissions on UHNS is high

Where do we want to be by 2012?

- Access to services is improved.
- Service users are seen in the most appropriate place.
- People will have access to top quality, safe specialist care when they need it, with minimum intrusion on their normal life.

How will we get there?

We will achieve this by:

- **working with our main providers**, patients and external experts to develop clear, best practice care pathways ensuring prompt access, top quality care and appropriate discharge, as planned in *Fit for the Future* and *Investing for Health*
- **freeing specialist services** of avoidable work to minimise waiting times for people in need
- **engaging patients** and seeking innovative approaches to minimise disruption to life and maximise accessibility, productivity and efficiency of services
- **developing our quality and contract management capability** to ensure that standards and agreements are delivered, quality is maximised and excellence is incentivised and rewarded
- **working with patients and primary care partners** to help patients become more aware of their rights and choices regarding care pathways and providers
- **taking a more joined up approach** with our NHS and other partners, particularly to admission avoidance, discharge, rehabilitation and re-ablement.

We will develop specialist outpatient, diagnostic and treatment services in primary care and other local settings:

- provided from 'hubs' in neighbourhood or locality areas, including community hospitals and enhanced primary care facilities
- each hub providing community outpatient services and various other services according to need, such as diagnostic and treatment facilities and community beds
- community diagnostics will also be provided through the independent sector
- mobile facilities and remote specialist services will be utilised, linked by modern communications technology
- working with existing providers to expand the choice of specialist services
- providing access at times convenient for patients.

The new hubs and services will be developed to:

- improve access to services geographically
- increase the range of locally based specialities
- provide access in a more flexible and timely manner
- provide more effectively for children and young people with long term conditions

Reducing health inequalities

This theme focuses on reducing unacceptable differences in life expectancy, the prevalence of disease and quality of life.

Context

There is a clear need for a full assessment of health and healthcare related data in North Staffordshire and we are in the process of working with social services to develop a joint needs assessment. We have strengthened our Public Health Directorate to drive this forward, working with other agencies on joint community assessments. In particular, we have commenced an initial assessment of life expectancy, disease prevalence and healthcare access across our area.

The key influences on health and health inequality include:

- individual factors such as age, sex, ethnic origin, genetic disposition, individual beliefs, attitudes and behaviour
- socio-economic factors such as education, employment, economic status and housing
- lifestyle factors such as diet, physical activity, tobacco, substance misuse and sexual behaviour
- environmental factors including pollution.

These are compounded by variations in access to health and healthcare services.

While many of these lie outside our direct control, we believe we can make a real difference by concentrating on those upon which we can have influence. Also, by working with our partners in community leadership and with communities themselves to impact on those outside our direct control

Investing for Health identifies health inequalities as a key challenge and one of its ten projects. As a PCT, we are absolutely committed to tackling this challenge, which is why we have made reducing inequalities one of the five themes of work in our five year strategy.

Our starting point

Our PCT's population overall is typical of England averages. However within this general picture there are significant variations in life expectancy, disease prevalence and access to health services.

The North Staffordshire population has benefited from Health Action Zone funding in the past, together with a proactive and effective health promotion service.

Work has also been taken forward with local authority and other partners through local strategic partnerships (LSPs) which now have a strong focus on health improvement and reducing health inequalities. We are working with Staffordshire Moorlands District Council on its *Shaping Up – Programme for Action* which addresses the link between poverty and poor health. In Newcastle, successes have been reported by the government-funded Neighbourhood Management Pathfinder programme in Knutton and Cross Heath and tackling sexually transmitted disease.

The infant feeding project originally targeted disadvantaged communities and has delivered sustained increased rates of continuing to breast feed so avoiding infections and giving babies a better start in life and long term disease prevention such as diabetes.

The Staffordshire County Local Area Agreement has identified health issues and health inequalities as key priorities. We are working closely with Staffordshire County Council on this and, together, we have made a joint appointment of a Director of Public Health.

Strong links have been established with our local authority partners, as demonstrated by three further joint appointments.

Where do we want to be by 2012?

- Inequalities in life expectancy and health status will be narrowed.
- The disadvantaged will have gained most.

How will we get there?

We will narrow inequalities by:

- **gaining better data**, including a whole population overview, and a better understanding of current and future inequalities
- **targeting effort and resources** disproportionately towards disadvantaged individuals and communities
- **working with the voluntary sector** which is an important partner in this programme to help us understand needs and how best to meet them
- **using clear, best practice methods** to evaluate our progress towards this hard to measure ambition
- **working with our partners and communities** to positively influence those key determinants of health outside direct NHS control
- **using our commissioning resources and influence** to improve the range and effectiveness of services.

Health Action Zone

The North Staffordshire population has benefited from a HAZ Programme in the past, which funded initiatives as diverse as CAB advice, Sexual Health Clinics, physical activity promotion, Community Chest. Newcastle Borough Council gained funding for a Healthy Living Centre, offering a range of initiatives such as Young Carers support, Intergenerational Community Development, Community-based Substance Misuse Service. There is also a Neighbourhood Management Programme in Newcastle. The PCT is served by the Health Promotion service covering the North Staffordshire area. In tackling inequalities Staffordshire Moorlands LSP focuses on the most deprived areas, through the three Neighbourhood Partnerships.

Our PCT as a provider

In addition to its role as a commissioner, making important prioritisation and spending decisions and ensuring that contracted services deliver the outcomes expected; our PCT has an important role as a direct provider of healthcare services through its operating division North Staffordshire Community Healthcare (NSCHC).

Our starting point

NSCHC has a gross income of £25m (£15m from NSPCT) and employs approximately 1,100 clinical and support staff providing a vital range of hospital, community and therapy services to our population and, in part, to the City of Stoke on Trent.

Many of the strengths of local health and healthcare services being delivered closer to home are directly attributable to the innovation and strength of the clinical services delivered by NSCHC, including intermediate care, specialist nursing for long term conditions, proactive case management and interventional community matrons, community DVT management and physio direct.

NSCHC, as part of our PCT, faces the following challenges and opportunities:

- as resource growth in the NHS slows, there will be a greater emphasis on efficiency savings within providers to fund developments
- measurements of what community services do and achieve are less well developed than in the acute sector
- greater contestability and competition in the healthcare supply market
- potential labour shortages in a national economy at full employment
- a shift in the emphasis of healthcare from hospital to out of hospital services and from crisis intervention to health promotion and maintenance
- specific local plans as part of *Fit for the Future* to significantly develop out of hospital and primary care services
- the potential for changes in the governance and statutory ownership of PCT provider arms.

Our initial response to the above has been to establish NSCHC as an operating division of our PCT, governed by a Committee of the Board and with a strengthened management team under the leadership of a Managing Director. NSCHC will operate with a degree of separation from our commissioning division, with which it will have an explicitly contractual relationship. The Committee will lead the development of a Strategy and Business Plan for the operating division, which will be considered by our PCT Board.

We believe the opportunities for NSCHC to play a developing and positive role in the future far outweigh the challenges. Given the current immature state of the healthcare supply market in North Staffordshire, the track record of clinical performance and innovation within NSCHC and the clear strategic direction for the development of health and healthcare services expressed above the opportunities for growth and development are enormous.

NSCHC already support the PCT to deliver care to its population by supporting people to live at home longer, supporting people with long term conditions and preventing unnecessary admissions to hospital. The community hospitals already support some of the outpatient transfers in line with Fit for the Future and other routine services such as speech and language therapy, physiotherapy, dietician advice and community psychiatric services. There are many other services already delivered in the community and NSCHC want to develop its range and volume of services to give further support to the PCT.

Where do we want to be by 2012?

By 2012, NSCHC will:

- have developed its range and volume of services; services to the population of NSPCT being the cornerstone of its business
- have developed further its positive reputation as an excellent service provider, innovator and employer
- assist the PCT to deliver its commitment to service redesign and the Fit for the Future programme where appropriate
- be recognised as a well managed business with a sustainable and positive long term future
- have considered and acted upon, or be actively considering, the way in which new opportunities for governance, potentially outside our PCT, will enable it to play a greater positive role in public service delivery.

How will we get there?

By:

- **revising governance arrangements** within our PCT to give the right level of linkage and autonomy between commissioner and provider divisions to best serve local people
- **strengthening the management** of NSCHC, ensuring it is well governed and managed across all aspects of its business
- **developing** its own strategic service plan
- **ensuring an effective commissioning relationship** to appropriately drive business performance
- **engaging appropriately in external programmes** of provider development, including the following within *Investing for Health*
 - enhancing still further the safety and quality of services
 - equipping and supporting the workforce to deliver more care in primary and community settings
 - supporting improvements in productivity, efficiency and value for money across all services
- **ensuring our PCT makes appropriate investment** in the organisational development of its provider function.

What happens next?

Our PCT is ambitious to help people improve their health and wellbeing and improve healthcare services for them. We are anxious to make progress and deliver demonstrable benefits.

At the same time, we are keen to know that we are heading in the right direction and taking a path that commands the understanding, confidence and support of those whom we serve and with whom we work as partners.

Therefore, we will continue to make changes and improvements to services consistent with our Principle and Values that have already been approved and our Strategy “A Healthy Future” approved by our Board in November (subject to Board approval) .

Our Strategy “A Healthy Future” will be widely circulated and comments and contributions invited over the coming months. A full report on the outcome of that engagement and consultation process (which will be agreed with local Overview and Scrutiny Committees and the Public and Patients Involvement Forum) will be presented to the Board of Directors in the Spring/Summer of 2008 together with proposed changes to the Strategy.

Subsequently, the Strategy will be reviewed annually in line with the local delivery plan to take account of any material changes in national policy or in our proposed approach.

Following adoption of the Strategy, our staff will develop our corporate, commissioning and provider strategies and plans, as referred to in the *Executive summary*; setting out in more detail the specific ambitions, investments, activities and performance measures relating to particular areas of work. A suite of strategies relating to particular care groups, conditions and localities will be developed, setting out how this overall strategy will be achieved for those groups. Similarly, supporting productivity plans and enabling strategies will be drawn up, covering human resources, information management and technology, estates and finance. Together, these will set out our way forward and progress will be planned and monitored through a cross-cutting three year local delivery plan and annual business plan.

While we are developing these comprehensive plans, we will continue to drive forward particular priorities, consistent with our agreed Principles, in order to ensure the continued delivery of benefits to local people.

The bookcase of documents which have been produced or are in the process of production will cross reference with this strategy and support the overall message that is being given by the PCT. *A Healthy Future* will inform and sets the strategic direction of the work of the PCT in conjunction with other strategies, national and local policies.

Implementation	Local Delivery Plan (LDP) 2006-09													
Commissioning	Commissioning Intentions (PCT/PBC Cluster)													
PCT Strategic Planning		Urgent Care Strategy	Estates Strategy	Strategic Services Development Plan	Equality & Diversity Strategy	PPI Strategy	Investment Strategy	Workforce Strategy	Visions & Values (PCT)	IM&T Strategy	Risk Strategy			
Client Group Services Plans	Older Peoples Commissioning Plan	Learning Disability Joint Commissioning Plan	Mental Health Plans – CAHMS & Older People	Primary Care Development Plan			Children & Young Peoples Plan	Intermediate Care Plan (is this joint between LA & PCT)	Cancer Plan	Obesity Strategy				
Local Drivers	Joint Health Needs Assessment	Fit for Future Project	PCT/CCC Joint Commissioning	Market Management				Long Term Conditions	Foundation Applications					
National Drivers	NICE	Our Health, Our Care, Our Say – White Paper	18-week Wait Guidance	Choosing Health	National Operating Framework 07/08	Choice & Extended Choice	Health Reform Update & Commissioning Framework	NSFs	Foundation Organisations 'Monitor'	PbR	PbC	Standards for Better Health	Healthcare Commission Targets	
NHS West Midlands	Investing for Health – Strategy Framework													
North Staffs PCT Partnership Strategy	Older Peoples Strategy	Childrens Joint Commissioning Board Agreed Priorities	Supporting People	LD Partnership Strategy	Older Peoples Mental Health & CAHMS Strategies	LSP Community Plan – Moorlands Together +	Carers Strategy	Children & Young Peoples Plan						
Staffordshire Moorlands District Council Plans	Housing Strategy			Neighbourhood Plans – Moorlands Together										
Newcastle Borough Council Plans														
Staffordshire County Council Plans														

Feedback and engagement

Our PCT firmly recognises its public service role; it is funded by the public to serve the public.

As our users and our ultimate funders, we welcome feedback from local people and we would be delighted to receive any comments you may have regarding this Strategy.

Please write to:

Tony Bruce
Chief Executive
North Staffordshire Primary Care Trust
Moorlands House
Stockwell Street
Leek
ST13 6HQ

Telephone: 01538 487234

Fax: 01538 487255

Email: ceo.northstaffspct@northstaffs.nhs.uk

