

Title:	2008/9 LOCAL DELIVERY PLAN PROCESS		
Report to:	Torbay Care Trust Board		
Prepared By:	Sharon Matson	Contributors:	K Wheller, D Stark, J Turl, J Bryant, C Branson, H Toker-Lester, L Cosford, A Brogan, G Gant
Directorate/Department: Director responsible	Commissioning – Anthony Farnsworth		
Date Prepared:	12 November 2007	Date of Meeting:	19 December 2007
<p>Summary of report:</p> <p>This report sets out the LDP process followed by the Care Trust to date. The report sets out the commissioning intentions and commitments for 2008/9 along with our aspirations to improve the quality of services we commission or deliver to the people of Torbay. This report, when approved by the Board, will go on to inform a wide range of audiences, including the Safer Communities Panel, the Strategic Health Authority and will form the basis of our Commissioning Prospectus which will be published to members of the public.</p> <p>Recommendations</p> <p>The Board is asked to comment, amend and then approve this report as an accurate reflection of our commissioning intentions for 2008/9, before the report is circulated more widely.</p>			

Board Assurance

Links to which Standards for Better Health? (please tick the appropriate boxes)

- Health care processes, practices and activities prevent or reduce the risk of harm to patients (safety 1)
- Care and services, based on assessed research evidence, provide effective outcomes for patients' individual needs (Clinical and Cost Effectiveness – 2)
- Commitment of Improving Working Lives/Team Based Working programmes/training to support staff to provide high quality care (governance – 3)
- Ensuring financial systems achieve balance, economy, efficiency, probity and accountability (governance - 3)
- Undertake systematic risk assessments and risk management to support quality improvement and assurance (governance - 3)
- Provide care in partnership with patients and carers that respects their needs and preferences (Patient focus - 4)
- Access and choice to provided and commissioned services (Accessible and responsive care - 5)
- Integration with social services & partner agencies in order to deliver services and care pathways promptly (Accessible and Responsive Care – 5)
- Care is provided in safe environments that promote the effective and safe delivery of treatment (Care Environment and Amenities – 6)
- Implementation of the national service frameworks to promote, protect and improve the health of the population (Public health- 7)
- To ensure that there are appropriate Services and programmes for reducing health inequalities between different population groups and areas (public health - 7)

What is the nature of assurance(s) provided? (Please tick the appropriate box)

- Progress report
- Action plan
- Minutes/notes of meeting
- Strategy
- Protocols/policy/procedure
- Guidance
- Other:

- Do you agree that the recommendations will be monitored and/or reviewed
- Do you agree that this document can be made public?...
- Have you considered any legal issues that may arise from this document?
 - Have you considered how this fits into the race equality scheme and diversity action plan.

Background and Introduction

1. Torbay Care Trust was established in December 2005 with the aim of delivering world class, integrated health and social services to the people of Torbay.
2. Our key aim is to improve the lives of the people of Torbay by commissioning personalised, speedy, integrated and high quality care and services from a range of providers including the independent sector. By improving public health, maximising self care and community alternatives, investing in community and social services and working in partnership with specialised services, we believe we can enable patients to receive the Right Care, at the Right Time, in the Right Place.
3. This paper sets out the Care Trust's ambition to provide a clear direction and focus for the care of its population for the three years ahead. During this period it is expected that NHS funding levels will grow less quickly. We will need to continue to work with our partners to further improve self and preventative care across our community. In order to meet demand pressures arising from our population, we will need to pursue opportunities to commission effectively and to expect continuous improvements in the efficiency and quality of those we commission from.
4. The Care Trust will work with its new GP commissioners to direct resources towards service developments that exploit the policy intentions of the Department of Health document, Care Closer to Home. Our local interpretation of this is:
 - To support schemes that provide cost effective and clinically sound transfers of work from primary to secondary care, especially in the six speciality areas identified in Care Closer to Home.
 - To support schemes that improve the care and treatment of long term conditions, and in particular those that reduce unplanned, but avoidable admissions to hospital.
 - Schemes that can show improved levels of support at home to patients and their families in ways that promote choice and independence, maximise rehabilitation potential and minimise our local heavy reliance upon long term care in residential settings.
5. By the spring of 2008, the outcome of Lord Darzi's review of the NHS will be known. Whilst we would not expect the final outcome of the review to deviate us from our priorities, we do need to be aware that these may need "fine tuning". Our plans for 2009/10 and 2010/11 will

need to incorporate any new direction on priorities decided upon following publication.

Joint Strategic Needs Assessment

6. The first stage of the LDP process has been to develop a Joint Strategic Needs Assessment (JSNA) with Torbay Council. This describes the future health, care and well-being needs of local populations and the strategic direction of service delivery to meet those needs.
7. The demographic profile for Torbay is different to the national average in so much as we have a higher proportion of older people and consequently a higher prevalence of people living with chronic illnesses as evidenced by the number of people claiming incapacity benefit. Our population is expected to increase at a higher rate than the England average with 16% (26,000 people) aged 75 years and over by 2029. More than 25% of people aged 50 and over are living alone.
8. Torbay has high levels of deprivation in a number of wards, a high proportion of people claiming job seekers' allowance, poor educational attainment in certain years and pockets of child poverty. Turning these factors around poses some challenging decisions for commissioners.
9. Overall in Torbay, our population does well in relation to life expectancy for men and women and premature deaths. Premature deaths are those in people under the age of 75 who die from major killers such as cancers and circulatory diseases.
10. On a similar vein, the overall figures for admissions to hospital, for both non-elective (emergency) and elective (planned) purposes in Torbay would appear to be below comparable levels of activity nationally. Our local figures do not mean that we should be striving to increase activity rates; rather we should acknowledge that good primary and community services locally in conjunction with our life expectancy figures, provide a positive indicator of our current commissioning arrangements.
11. There are, however, warning signs of a number of "risk-taking behaviours" that will have a negative impact on health and well-being in the future. Over a quarter of our population is still smoking, a fifth of the adult population is obese and there are increasing high levels of alcohol misuse plus estimated numbers of problematic drug users living in Torbay in excess of one thousand. There is evidence of poor sexual health behaviour, including teenage conceptions and high abortion rates.
12. These behaviours are likely to lead to premature morbidity and mortality - putting pressure on current and future care services in Torbay. While overall hospital admission rates are below expected

levels there are some conditions where this is not the case, namely admissions for alcohol-related liver disease (twice expected levels), emergency admissions for injuries and poisonings and admissions for teeth extractions due to dental caries (decay) in children. Torbay experiences more mental health admissions than would be expected and the Bay has a high suicide rate.

13. The Public Health Annual Report, which incorporates the JSNA, includes evidence of action proven to address some of the issues we are facing and our ambitions over the next three years. Future commissioning decisions, priorities and plans will address the health inequalities detailed in the report. The summary of the JSNA is attached as an Annex A of this report.

Our Commissioning Priorities for 2008/9

14. Combined with the priorities identified through the process of constructing the JSNA for Torbay, our priorities for 2008/9 are to further progress our current emphasis on continual improvement.
15. Our priorities for 2008/9 are:
 - a) **Further improvement of our integrated the health and social care delivery system.** With the co-location of our multidisciplinary zone teams approaching completion, our focus is now on making the most of these arrangements through process improvements and role redesign. We will be using tried and tested service improvement methodologies to ensure that our community services meet and manage demand so as to provide best value.
 - b) **Reducing health inequalities across populations and communities.** We will do this by placing greater emphasis on developing support and services in certain wards and natural communities in order to address areas of highest priority. We will consider piloting certain proposals in areas of greatest need first, e.g. Torquay South zone or the wards of Ellacombe, Roundham-with-Hyde and Tormohun.
 - c) **Supporting individuals in keeping well and avoiding illness** by supporting communities to live healthy lives and by providing opportunities for individuals to address risk taking behaviour. We will continue to encourage the uptake of screening and immunisation
 - d) **Improving the speed and convenience of access to diagnosis and treatment.** Torbay is working to achieve maximum waiting times of 18 weeks for acute hospital treatment by 31 December 2007. We continue to work with a range of providers to reduce waiting times, ensure patients can see their GP and primary care

professionals promptly and ensure that ambulance response times are satisfactory.

- e) **Maximising independent living** for people with long term ill health or disabling conditions by providing support to individuals in ways that increases choice and is based in person centred planning.
- f) **Ensuring a rapid response** in an emergency so that the best care can be provided in the right place and in a timely manner.
- g) **Removing needless delay from stays in hospital** by ensuring that patients can return home as soon as they are medically fit for discharge. We will ensure that our population are able to access our growing range of community support services to enable them to live at home. We expect to see a continuation in the local trend to reduce emergency lengths of stay and we plan to check recent rises in numbers of emergency admissions.
- h) **Ensuring dignity at the end of life.** It is a basic right for people to be treated with respect, and to have their dignity preserved. People should expect to be treated with dignity and care throughout the NHS, wherever they are cared for. Torbay Care Trust will work to create a culture of “zero tolerance” where dignity in care is not provided in any care setting and at whatever stage of illness or care is need. We will work to inspire and equip local people be they service users, carers, relatives or care staff with the information and support they need to take action to drive up standards of care with respect to the dignity of the individual. We will continue to improve the services available for those at the end stages of their lives to ensure that they can die where they choose and with the appropriate level of support. We will complete the roll out of the Gold Standards Framework and the Liverpool Care Pathway to all of our zones. Significant levels of additional support from community health and social care staff an increased equipment provision is needed to achieve this.
- i) **Improving the quality of the user experience.** To gain assurance from all commissioned providers of services that service users are treated with dignity and respect, and that their views are listened to and acted upon, and to be a significant driver for improvement in the service user experience wherever services are commissioned.

Whilst most people do trust the NHS to look after them when they are in poor health, they need to be assured that the people caring for them are skilled, knowledgeable, and motivated to treat them well and effectively. People do understand that health care can be complicated and sometimes poses risks for those who receive it, but they have the right to expect clinically effective, evidence based treatment, offered in safe, clean environments by people who really care.

In order to assure that all services commissioned on behalf of the people of Torbay are of the highest possible standard the Care Trust will work with our partner organisations across the Health and Social Care Community to maintain, support and promote a culture of continually improving safety and quality.

We will work with the Community to develop a set of quality priorities, which we will use to develop a Quality and Safety Framework, which will outline the demanding quality and safety challenges the Care Trust has been set, and the quality of care people can expect to experience.

The Care Trust intends to further enhance the quality premiums payable to care homes (nursing and residential) with higher CSCI quality ratings.

We will also work with all providers of care to drive improvement in quality of care in areas such as Infection Prevention and Control, Patient Safety Incidents, and improving people's experience of Health and Social Care.

The Care Trust will work with all its providers to promote the ethos of dignity in care and respect for all people accessing care, wherever that care is provided. We will monitor the results of complaints and what how providers have made changes in response to complaints. We will support work to improve issues around privacy and personal safety and will monitor care providers through service level agreements that set out clear privacy and dignity standards, which will be in addition to the existing performance monitoring carried out by the Patient Environment Action Teams (PEAT)

The Care Trust will work with the Patient and Public Involvement Forum (PPIF) and subsequently the Local Involvement Network (LINKs) to ensure that the people of Torbay are fully engaged in the review of these standards, through various means.

An important part of the improving the quality of care is to enhance the experiences service users, their families and carers have when using our services. This means respecting their right to be involved in the planning of their care; treating them equally regardless of their race, religion, sex, age or other differences and ensuring that at all times their human rights are fully respected. It also means listening to people when they tell us things have not gone well with their care, and ensuring that it is easy to raise issues or complaints. Not only that, it is important that people know their complaints will be investigated, and that their care will not be compromised because they have had cause to complain.

- j) **Improving clinical value and productivity.** There are a number of areas where there is clearly room for improvement in terms of our productivity. These include productivity improvements in emergency care, out-patient attendances, simple diagnostics, intermediate care and prevention. It is recognised that our GPs provide good quality care as part of the monitoring of the Quality and Outcomes Framework system to measure and reward GPs for good quality clinical care. Further details of “productivity” and “opportunity” are included in Annex B. Through the process of agreeing our contracts with our providers, we will ensure that improvements in productivity are delivered, with clear targets against which providers will be monitored.
- k) **Improving the service delivered for vulnerable groups and those people who have specific diseases and conditions** ie:
- Children, young people and maternity services:** by improving the assessment and service provision from the ante-natal period through to the point of transition into adult services. We will implement key strategies for children’s services and Maternity Matters.
- Services for older people.** We will develop additional capacity in new models of care like extra care housing and increasing the ability for older people to continue to live at home or to be enabled to return home through specialist support teams. This will be coupled with activities such as reviewing contracts for services currently supporting older people. In itself this will identify opportunities for combining resources to maximise interaction with our customers and enhancing their experience of the services. A shift to a culture of ‘enablement’ by those assessing and providing the services will increase the independence and well-being of those receiving services and accord them increased dignity and respect for the control they exert over their own lives and conditions.
- Mental health services** by continuing to work with Devon Partnership Trust to develop appropriate and effective ways for people with mental health problems to keep well
- Services for people with learning disabilities** by implementing a comprehensive action plan to improve the health of people with learning disabilities and tackle health inequalities experienced by people who have a learning disability.
- Cardio-vascular and coronary heart disease.** This condition is one of our major killers in Torbay. We will continue to roll out health promotion and prevention initiatives such as smoking cessation. In addition, we will ensure that all of our patients have rapid access to chest pain clinics, a full range of surgical intervention for cardio-vascular disease and we will work to implement the NICE guideline for acute stroke and transient ischaemic attacks which will be published in 2008.

Cancer. This condition is one of our major killers in Torbay. We will continue to roll out health promotion and prevention initiatives such as smoking cessation. In addition, we will ensure that all of our patients are seen within 2 weeks with a diagnosis of suspected cancer and when new guidance and strategies for cancer are launched in 2008, we will work with our partners to implement these.

Diabetes. This condition will put huge burden on the population locally as the incidence of this disease increases. We have excellent diabetes services in primary and secondary care and will look to continually improve these.

Kidney disease. We already provide good levels of services for patients with kidney disease but we will work hard to improve these wherever possible.

- l) **Improving the overall performance of all organisations in NHS South West:** Through more vigorous performance management of South Devon Healthcare Foundation Trust at monthly Performance and Commission meetings. Performance management of both Plymouth Hospitals Trust and the Royal Devon and Exeter Foundation Trust will be improved by consistent commissioning/finance presence at contracting meetings. Overall contract performance is now monitored monthly by the Commissioning Analyst and risks are flagged and discussed at monthly Finance and Commissioning meetings. Monthly performance information is received from the South Western Ambulance Service NHS Trust and regular performance meetings are chaired by the Head of Service Improvement. Regular performance monitoring and liaison meetings are held with all providers including social care providers and Devon Partnership Trust. Through the process of agreeing our contracts for 2008/9 onwards with our providers, we will ensure that improvements in productivity and performance are delivered, with clear targets against which providers will be monitored. The recent appointment of a Head of Performance to the organisation will also help to promote performance management within the Care Trust.

ENABLING WORKSTREAMS

- m) In order to support these priorities we will continue to:

Develop our workforce: The Care Trust recognises that people are key to the success of the organisation and that staff must have the right skills, knowledge and training to provide an effective high quality service to patients, clients and service users.

It is therefore the objective of the Trust that all staff have access to training and development opportunities to meet both individual development aspirations and the needs of the service. This is part of the Trust's commitment to the principles of lifelong learning and continuous development of its staff.

n) Increase the use of IM&T

Torbay Care Trust is implementing a five year Information Management & Technology (IM&T) Strategy. The strategy takes into account both national and local IM&T developments in health and social care, and has five key objectives:

- a. To develop a single client record for health and social care
- b. To make information about clients available when and where it is needed
- c. To have an efficient and effective IT infrastructure
- d. Develop more flexible working for staff
- e. Improve IT training for staff

Significant progress has been made in all of these areas over the first year of implementation, with a number of building blocks being established to support future developments. During the next three years, and specifically 2008/09, the Care Trust will concentrate on delivering the following IM&T developments supporting the requirements of both the commissioner and provider priorities of the organisation, and complying with the 2008/09 Operating Framework.

Further details of specific plans can be seen in Annex A.

- o) Improve our estates and facilities** Since the creation of Care Trust in 2005 a series of estates developments have taken place to implement the strategy outlined in the Strategic Services Development Plan (SSDP). These have been focused upon improving and modernising infrastructure and developing estate to meet the Zone structure for service delivery and improvement.

During 2007/8 zones office were established for the two Paignton zones at Paignton Hospital and various office moves occurred around the estate to better configure and co-locate relevant staff together to meet operational objectives both from front line & back office functions. We now have zone health and social care staff collocated in four of our five zones with plans emerging for a partnership with GP accommodation in the fifth.

During 2008/9 we will be building upon previous achievements namely;

In early 2008/9 the conversion of the Briseham Unit into a modernized 20 bedded in patient facility for Brixham will take place. This will see

the zone taking forward care from modern buildings in an integrated and innovative way.

Clennon Valley and Torquay North health centres. The Outline Business Case has been approved for the Clennon Valley Scheme and planning is well advanced. Works should start on site in 2008/9 with completion and occupation in late 2009/10. Torquay North is at an early stage of planning with public consultation currently underway. This development will be progressed during 2008/9

GUM - Sexual Health Centre. The scheme to establish at Sexual Health Centre at Castle Circus Health will be completed in early 2008/9.

Co-location of Adult Mental Health Services from TCT and Devon Partnership Trust staff is also scheduled for 2008/9 at the Chadwell Centre in Paignton

By the spring of 2008/9 the integrated Substance Misuse Service will also be established in new accommodation at Walnut Lodge in Torquay.

- p) Further details of how we intend to deliver our priorities are included in annex A.

The LDP Process

16. The LDP process is the NHS annual business planning round which seeks to ensure that all national and local targets are delivered within a balanced budget. The Care Trust conducts this in parallel with its adult social care planning process.
17. The previous emphasis on continuity during which organisations are expected to deliver existing planning commitments is expected to remain unchanged for 2008/9. There is an expectation that by the end of 2007/8 the NHS will have:
 - achieved robust financial health (operating in recurrent balance) whilst delivering a surplus;
 - achieved waiting times of no more than 18 weeks from GP referral to treatment and;
 - reduced healthcare associated infections, eg MRSA and clostridium difficile
18. As has been the case in previous years, the emphasis throughout the process has been that requests for additional funding in absence of evidence of re-design have not been favourably received. Where additional funding has been requested it is expected that this would be

along the lines of “invest to save”, ie pump-priming funding being made available to set up services that would reduce secondary care demand.

19. Each Directorate within the Care Trust has been asked to identify its pressures, priorities and opportunities which would require further investment during 2008/9. These pressures, priorities and opportunities have been reviewed by the Executive Management Team of the Care Trust. We are now at the stage of consulting on our plans with a wide range of stakeholders, not least our GPs who are developing as Practice Based Commissioners. Each zone’s draft Commissioning Plan will develop and finalise in parallel with the LDP process.
20. The emphasis throughout the process was that requests for additional funding in absence of evidence of re-design would not be favourably received. Where additional funding was required it was expected that this would be along the lines of “invest to save”, ie pump-priming funding being made available to set up services that would reduce secondary care demand, thereby making savings through the Payment By Results regime.
21. Provision has been allowed for developments in extended choice and diagnostics.

LDP Finance

22. NHS funding increases set out within the Comprehensive Spending Review are at 4%. The headline 4% is a mixture of capital and revenue so the position affecting our day to day budgeting is likely to be between 3-4% and on the basis of SHA guidance we have developed initial financial plans at outline stage using growth of 3%. Social Care funding is headlining at 1% above inflation. Grants are over 2%. Efficiency savings of at least 3% will be required with concern that much higher levels will be imposed. Attached at Annex C is the 3 year financial plan required as part of the LDP process and a key component of the ALE assessment (Auditors Local Evaluation).
23. Draft plans have been developed and shared with the Local Authority. We are seeking consideration of a budget for next year that reflects reasonable inflationary uplift together with recognition of demographic pressures reflecting the growing elderly population. The Council’s budget setting process is ongoing.

Conclusion

24. The Care Trust is firm in its intention to improve the lives of the people of Torbay by commissioning and providing personalised, speedy,

integrated and high quality care and services from a range of providers including the independent sector. Our financial plans, combined with our action plans will ensure that we continue to improve our performance as an organisation and subsequently the services that we deliver or commission.

25. The Board is asked to comment, amend and then approve this report as an accurate reflection of our commissioning intentions for 2008/9, before the report is circulated more widely

DRAFT

COMMISSIONING PRIORITIES 2008/9 TORBAY CARE TRUST ACTION PLAN

FURTHER IMPROVEMENT OF OUR INTEGRATED THE HEALTH AND SOCIAL CARE DELIVERY SYSTEM		
Non-Executive Director – Molly Holmes, Executive Director – Paul Mears		
Teams being trained in improvement tools and techniques	Andy Brogan	31 March 2009
Improvement Coaches being developed and linked to zone teams so as to support and drive improvement activity	Andy Brogan	31 March 2009
Inception of Organisational Development Programme within a formal programme management structure	Andy Brogan	31 March 2009
SUPPORTING INDIVIDUALS IN KEEPING WELL AND AVOIDING ILLNESS		
Non-Executive Director – Cindy Stocks, Executive Director – Fiona Tolley		
Annual vaccination against influenza	Debbie Stark	December 2008
Breastfeeding Peer Supporter Programme	Sue Watkins	March 2009
Development of enhanced smoking cessation services for GP practices and Pharmacies	Lyn Ware	April 2008
Longer term review of smoking quitters and GP exercise referral patients	Lyn Ware	March 2009
Screening for Chlamydia in community locations	Di Vegh	April 2008
IMPROVE THE SPEED AND CONVENIENCE OF ACCESS TO DIAGNOSIS AND TREATMENT		
Non-Executive Director – Jon Welch, Executive Director – Anthony Farnsworth		
Deliver maximum waiting time of 18 weeks for 90% of in-patients and 95% of out-patients for acute hospital services	Sharon Matson	31 December 2007
Deliver maximum waiting time of 14 weeks for 85% of in-patients and 95% of out-patients for acute hospital services	Sharon Matson	31 March 2008
Deliver maximum waiting time of 12 weeks for 85% of in-patients and 95% of out-patients for acute hospital services	Sharon Matson	31 March 2009

To ensure that patient experience of phone access, 48 hour access to a GP, ability to book an appointment 2+ days in advance, ability to book an appointment with a specific GP and satisfaction with opening times is above both the local and national averages. This requires specific focus on advance booking and ability to consult with a GP of choice.	Christine Branson	31 March 2009
Improving the patient experience of access and responsiveness of primary care	Christine Branson	31 March 2009
Ensure that response times for South Western Ambulance NHS Trust are delivered	Sharon Matson	31 March 2009
MAXIMISING INDEPENDENT LIVING		
Non-Executive Director – Cindy Stocks, Executive Director – Anthony Farnsworth		
Review the current support arrangements in place through the integrated health and social care teams	Liz Cosford Andy Brogan	31 March 2009
To work with the nursing and residential care homes to ensure the right support is in place for residents after a hospital stay	Liz Cosford John Bryant	31 March 2009
To work with General Practices to develop a risk profile of our population to identify those people at risk of hospital admission and ensure further support is provided to them in the community	Liz Cosford	31 March 2009
ENSURING A RAPID RESPONSE IN AN EMERGENCY		
Non-Executive Director –, Executive Director – Anthony Farnsworth		
Develop a single point of access system across the community working with all key agencies including DDOCs, WAST, NHSD and Community Services,	Liz Cosford	31 March 2009
To develop an out of hours directory of service to ensure that when a call arises the differing agencies are able to provide the right support in the right place within the community.	Liz Cosford	31 March 2009
To monitor response times to calls from differing agencies to ensure unnecessary delays are not incurred	Liz Cosford	31 March 2009
REMOVING DELAYS FROM STAYS IN HOSPITAL		
Non-Executive Director – Molly Holmes, Executive Director – Paul Mears		
OD work stream accommodating a specific focus on delivering the outcomes detailed in the Intermediate Care Specification	Andy Brogan	31 March 2009
Improvement work to be initiated across a range of interfaces, e.g. hospital discharge, using improvement tools and techniques 'native' to the Trust's OD programme.	Andy Brogan	31 March 2009
Review the discharge planning arrangements in place across the community including the	Liz Cosford	31 March 2009

processes in place from pre admission to discharge of patients.		
Monitor the discharge planning arrangements across the community and identify areas for improvement.	Liz Cosford	31 March 2009
Ensure appropriate escalation processes are in place if pressures arise across the community.	Liz Cosford	31 March 2009
Develop a single point of access system across the community working with all key agencies including DDOCs, WAST, NHSD and Community Services,	Liz Cosford	31 March 2009
To develop an out of hours directory of service to ensure that when a call arises the differing agencies are able to provide the right support in the right place within the community.	Liz Cosford	31 March 2009
To monitor response times to calls from differing agencies to ensure unnecessary delays are not incurred	Liz Cosford	31 March 2009
ENSURING DIGNITY AT THE END OF LIFE		
Non-Executive Director – Cindy Stocks, Executive Director – Fiona Tolley		
Ensure GP practice registers are current	Di Vegh	December 2008
Ensure the implementation of GSF and LCP across the healthcare community	Zone managers	2008
Ensure that equipment is available to support rapid discharge of patients	Carl Beardsmore	2008
Ensure that the right medicines are available to support rapid discharge of patients	Shivaun Gammie	2008
Ensure that OOH cover is adequate to meet needs	Zone managers	2008
Appoint a primary care clinical lead	Di Vegh	2007/8
Ensure our planning is coordinated and fit for purpose	Liz Cosford Di Vegh	2008
IMPROVING THE QUALITY OF THE USER EXPERIENCE		
Non-Executive Director – Molly Holmes, Executive Director – Anthony Farnsworth		
Ensure all contracts and service level agreements include a detailed quality schedule which will be regularly monitored	Gill Gant	31 March 2009
Receive and review reports of all Serious Untoward Incidents from all providers, to review investigations and to agree and support service improvements in light of subsequent recommendations	Gill Gant	31 March 2009
To support all commissioned services to ensure they abide by the duties of care contained within the Hygiene Code and work as a community to reduce the incidence of Healthcare	Gill Gant Natalie Illingworth	31 March 2009

Acquired Infections, such as MRSA and C. difficile		
To monitor compliance with all core Standards for Better Health and to be aware of all significant lapses or risks of non compliance against those standards for all commissioned services	Gill Gant	31 March 2009
IMPROVING CLINICAL VALUE AND PRODUCTIVITY		
Non-Executive Director – Jon Welch, Executive Director – Anthony Farnsworth		
Ensure all contracts and service level agreements include productivity improvement targets	Sharon Matson John Bryant Helen Toker-Lester	31 March 2008
Continue to work with clinical groups and other providers to ensure that mechanisms for more productive working are identified and improvements are put in place	Sharon Matson John Bryant Helen Toker-Lester	31 March 2008
IMPROVING THE SERVICE DELIVERED FOR VULNERABLE GROUPS AND THOSE PEOPLE WHO HAVE SPECIFIC DISEASES AND CONDITIONS		
CHILDREN		
Non-Executive Director – Molly Holmes, Executive Director – Fiona Tolley		
Timely assessment of the mental health needs of children who are looked after to support appropriate placements and maintain the children in local placements (reducing out of area costly placements)	Siobhan Grady	31 March 2009
Development of integrated service for children with disabilities under single management structure which will provide easier and quicker single referral and assessment processes and delivery of service in appropriate settings for families with children who have a disability. (including joint funded Operations Manager, investment in physiotherapy).	Siobhan Grady	31 March 2009
Specific targeted prevention work with boys and young men and women at risk of a teenage pregnancy which will increase uptake of contraceptive services and Chlamydia screening.	Siobhan Grady	31 March 2009
Reduce the number of new referrals (160 first appointments) to a paediatric consultant for bladder and bowel conditions. To be seen by specialist health visitor linked to Devon service and consultant nurse.	Siobhan Grady	31 March 2009

Sharon Matson
November 2007

OLDER PEOPLE		
Non-Executive Director – Carole Schneider, Executive Director – Anthony Farnsworth		
Implement our locally agreed action for the management of stroke in time for the Sentinel Stroke Audit of 2008	John Bryant Sarah Goldsworthy	31 March 2009
Develop new extra care sheltered housing capacity through an increasingly valuable relationship with housing colleagues and work with Registered Social Landlords to create refurbishment and redevelopment plans for existing sheltered stock	John Bryant	31 March 2009
Initiate the work of an integrated incontinence service and expand its use to enable older people to manage the condition and live with increased levels of dignity and respect and reduce social isolation and increase wellbeing.	John Bryant	31 March 2009
Develop further the team of community support workers for intermediate care team to increase enablement of clients on discharge from hospital and reducing the on-going levels of care support they require to remain at home	Lynne Kilner	31 March 2009
Develop and expand provision of rapid access service for community equipment to support 'end of life' care, enabling older people to remain at home reduce inappropriate admissions, earlier discharge and the intermediate care work.	Carl Beardsmore	31 March 2009
Improve the quality of care in Care Homes by improving the environment and wellbeing of residents through innovative contracting and building an enhanced set of quality standards	John Bryant	31 March 2009
MENTAL HEALTH SERVICES		
Non-Executive Director – Cindy Stocks, Executive Director – Helen Toker-Lester		
Support individuals with Self-Care programmes in relation to managing depression.	Christine Jackson Ann Redmayne	31 March 2009

Implement Wellness and Recovery Action Plans will enable people to play a strong role in understanding and responding to their illness using a highly person centred approach.	Christine Jackson Ann Redmayne	31 March 2009
Reinstate the Suicide Action Group to support suicide prevention in the Bay. The Group will respond to data gathered over the past two years in the bay via audit, so that actions taken have a strong evidence base.	Ann Redmayne	31 March 2009
Improve awareness of Mental Health needs in people with a learning disability. This will involve an interactive event for people who have a learning disability, along with a focussed staff-training plan.	Helen Toker-Lester	31 March 2009
Deliver training sessions on Direct Payments to people who use services, this will be completed by PLUSS utilising funding from NIMHE	Ann Redmayne	31 March 2009
Explore the feasibility of implementing a Liaison Psychiatry service in Torbay Hospital. There are plans to develop this service, and joint funding for this service is being explored alongside Devon PCT in order to have a South Devon Service. The service will offer assessment and support for people presenting at the A&E department and also for inpatients. The aim is to have extended weekend support at peak times of admission. This service will support people who have alcohol and drug problems also ensuring that they are referred to specialist support within Torbay at the earliest opportunity.	Helen Toker-Lester	31 March 2009
2008/9 will see the implementation of the new network for mental health services for people in Torbay. This will provide a comprehensive support service for people with key areas of delivery focussed on supporting access to services, recovery and promoting wellbeing and independence.	Helen Toker-Lester	31 March 2009
SERVICES FOR PEOPLE WITH LEARNING DISABILITIES		
Non-Executive Director – Cindy Stocks, Executive Director – Anthony Farnsworth		
Develop involvement of people with learning disabilities on the Disability advisory group of the District General Hospital in order to improve the access and quality of inpatient care to people who have learning disabilities.	Helen Toker-Lester	31 March 2009
Distribute accessible advice leaflets regarding the midwifery service within Torbay. The information was developed by people with learning disabilities, in conjunction with the Midwifery service at Torbay Hospital.	Helen Toker-Lester	31 March 2009
Ongoing work regarding person centred planning and health action plans. Many plans are in	Helen Toker-Lester	31 March 2009

place following the launch of "About Me". However it is important that a programme of review takes place to keep plans updated.		
Support primary care through Specialist community learning disability nurse liaison.	Helen Toker-Lester	31 March 2009
"In Control" is an initiative, which supports people to have their own budgets to buy care and support in line with their person centred plan. The scheme has a clear Resource allocation system, and complimentary independent brokerage. April 2008 will see growth within the scheme, and the initiation of the evaluation of the project.	Helen Toker-Lester	31 March 2009
Fund ongoing support for the "Speaking Out In Torbay" group. This group is looking at developing " Spot,- The difference"- an income generating training arm of their organisation. So far they have work with EDF and Great Western Trains helping with staff training and Mystery Shopper exercises.	Helen Toker-Lester	31 March 2009
Implement the Housing strategy for learning disability will be underway with easier access to support and housing when people choose to live more independently.	Helen Toker-Lester	31 March 2009
Undertake Road Safety Training for people with learning disability, via PLUS working Torbay, and via Torbay Care Trust run services. This scheme will support independence by helping people get out and about in the community safely negotiating our busy roads within the bay.	Helen Toker-Lester	31 March 2009
Widely distribute the travel wallet scheme, supported by SPOT and Stagecoach within Torbay, As well as benefiting people with a learning disability the scheme will be extended to other groups.	Helen Toker-Lester	31 March 2009
Facility community placements with people who have a learning disability for trainee police officers. This scheme will continue in 2008/9 building on the initial placements. The scheme aims to tackle long term hate crime against people who have a learning disability by supporting a consistent police response based on the increased knowledge and understanding of this group.	Helen Toker-Lester	31 March 2009
CARDIO-VASCULAR AND CORONARY HEART DISEASE		
Non-Executive Director – Cindy Stocks, Executive Director – Anthony Farnsworth		
Implement the NICE guideline for acute stroke and transient ischaemic attack (TIA) which is due out in July 2008 and should be implemented 3 months later.	Sarah Goldsworthy	September 2008

Developing a service model for the delivery of Primary Percutaneous Coronary Intervention Primary (PCI) which advantages our local population	Sharon Matson Sarah Goldsworthy	September 2008
Continue to develop the Community Heart Failure service	Sarah Goldsworthy	September 2008
CANCER		
Non-Executive Director – Cindy Stocks, Executive Director – Fiona Tolley		
Meet our smoking cessation targets	Lyn Ware	2008
Meet our cancer screening targets	Fiona Tolley	
Sustainably deliver our access, diagnosis and waiting time targets	Di Vegh	2007/8
Meet Improving Outcomes Guidance	Di Vegh	
Engage our users and carers more effectively	Di Vegh	2008
Appoint a primary care clinical lead	Di Vegh	2008
DIABETES		
Non-Executive Director –, Executive Director – Anthony Farnsworth		
Review where the community is against the NSF – identifying the gaps, and working with the LIG to address areas that have been identified.	Sarah Goldsworthy	31 March 2009
Torbay Care Trust has a Local Enhanced Service for initiating insulin. To date practices have been keen to sign up to the LES, however only small numbers of primary care insulin initiations has taken place. A Diabetes clinical champion to support the LES will aid an increase in insulin initiations, reducing referrals into secondary care.	Sarah Goldsworthy	31 March 2009
KIDNEY DISEASE		
Non-Executive Director – Jon Welch, Executive Director – Anthony Farnsworth		
Evaluate progress against the National Service Framework for Renal Services	Sharon Matson	31 March 2008
Assist with the repositioning of the renal dialysis service locally	Sharon Matson	31 March 2009
SEXUAL HEALTH		
Non-Executive Director – Cindy Stocks, Executive Director – Fiona Tolley		
100% of patients to be seen in GUM within 48h	Di Vegh	31 March 2008
Access to termination within 3/52 referral and 70% to be under 10/52 gestation	Di Vegh	31 March 2008

15% of 15-24 year olds should be screened annually for Chlamydia	Di Vegh	31 March 2008
Reduce by 50% the number of previously undiagnosed HIV patients attending GUM who are unaware of their HIV status	Di Vegh	December 2007
Improve access to the full range of contraception	Di Vegh	31 March 2008
Meet Hepatitis immunisation targets	Drug & Alcohol Action Team	31 March 2009
DEVELOP OUR WORKFORCE		
Non-Executive Director – Jon Andrewes, Executive Director – Martin Ringrose		
Provide opportunities for the Care Trust workforce to access training and development opportunities to meet both individual development aspirations and the needs of the service.	Penny Gates	31 March 2009
IM&T		
Non-Executive Director – John Brockwell, Executive Director – Steve Wallwork		
Information Systems & Single Client Record	Andrew Lavender	31 March 2009
<ul style="list-style-type: none"> ○ <i>Connecting For Health</i> <ul style="list-style-type: none"> ○ Implementation of the Cerner Millennium product for community hospitals and minor injuries units within Torbay Care Trust. ○ Continued implementation of the Map Of Medicine within the South Devon Community. ○ Extension of the availability of PACS images through the full rollout of WebPACS to GP Practices in Torbay and the continued progression of sharing the images within relevant acute hospitals in the country. ○ Begin planning, and at a relevant time implementing, the roll out of the Summary Care Record ○ Continue the implementation of the Choose & Book project and achieve the 90% target. ○ <i>PARIS Care Management System</i> <ul style="list-style-type: none"> ○ Roll out of the new health extension version of the PARIS Care Management System to give a single electronic record to adult community health and social care practitioners within Torbay Care Trust. ○ Implementation of the Peninsula wide electronic Single Assessment Process 		

<p>solution, which will be interfaced to the PARIS system.</p> <ul style="list-style-type: none"> ○ <i>Connecting For Health - Primary Care</i> <ul style="list-style-type: none"> ○ Continuing the implementation of the GP Systems Of Choice Strategy which began in 2006/07. ○ Implementation of Release 2 of Electronic Prescription Service ○ Continue the implementation of the GP2GP project, which began in 2006/07. ○ Implementation of an electronic discharge system between the hospital and the GP Practices, following the completion of a pilot started in 2006/07. ○ Supporting the development of improved IT support to Community Pharmacists and Dentists, to enable them to benefit from national IT solutions. ○ Implementation of the health element of the ContactPoint solution for Children's Services within Torbay. 		
<p>Information & Knowledge Management – <i>Linked to Objective 2</i></p> <ul style="list-style-type: none"> ○ Implementation of a data warehouse within the local community, pulling together all secondary, community and social care data, and give appropriate staff training to enable them to extract reports from the warehouse. ○ Re-develop both the internet and intranet site, moving much towards an e-health and e-government proactive approach to the provision and of services for both the public and staff. ○ Look at potential implementations of the HealthSpace functionality within the community. ○ Continued implementation and monitoring of the NHS Number strategy approved by the Board during 2007. ○ Continued development of the Information Governance Toolkit, which includes both health, social care and primary care development. 	Andrew Lavender	31 March 2009
<p>Technical Infrastructure Developments</p> <ul style="list-style-type: none"> ○ Ensure that as part of any Estates development within the Care Trust, a review is done, with any appropriate recommended upgrades, of computer hardware, software, data 	Andrew Lavender	31 March 2009

lines and telephony systems		
Mobile & Flexible Working <ul style="list-style-type: none"> ○ Implementation of mobile working solution for the majority of Care Trust staff, based on the pilots undertaken in 2006/07. A full business case will be presented at the start of 2008, providing solutions based around mobile computers, digital pens and smartphones for email. ○ Continue the movement of former Torbay Council employee's to NHSmail, and continue to move towards ensuring that all Torbay Care Trust staff have an NHSmail address. ○ Establish both teleconferencing and video conferencing facilities throughout the Care Trust locations. ○ Establish an effective and robust home working solution for Torbay Care Trust staff 	Andrew Lavender	31 March 2009
Training <ul style="list-style-type: none"> ○ Re-establish baseline of IT training skills within Torbay Care Trust, taking into account all staff and the potential systems roll out within the next three years. ○ Provide appropriate competence based training to support basic IT skills, NHSmail, PARIS and Cerner Millennium, plus any additional system specific needs of the organisation. 		
IMPROVE OUR ESTATES AND FACILITIES Non-Executive Director –, Executive Director – Steve Wallwork		
Initiate the development of St Edmonds	Steve Honeywill	30 September 2008
Complete the co-location programme for Torquay South	Steve Honeywill	31 March 2009
Complete the conversion of the Briseham Unit	Steve Honeywill	31 March 2009
Continue to progress the developments at Clennon Valley and Torquay North	Steve Honeywill	31 March 2009
Establish the Sexual Health Centre at Castle Circus Health Centre	Steve Honeywill	30 September 2008
Conclude the co-location of Adult Mental Health Services from the Care Trust Devon Partnership at the Chadwell Centre in Paignton	Steve Honeywill	31 March 2009

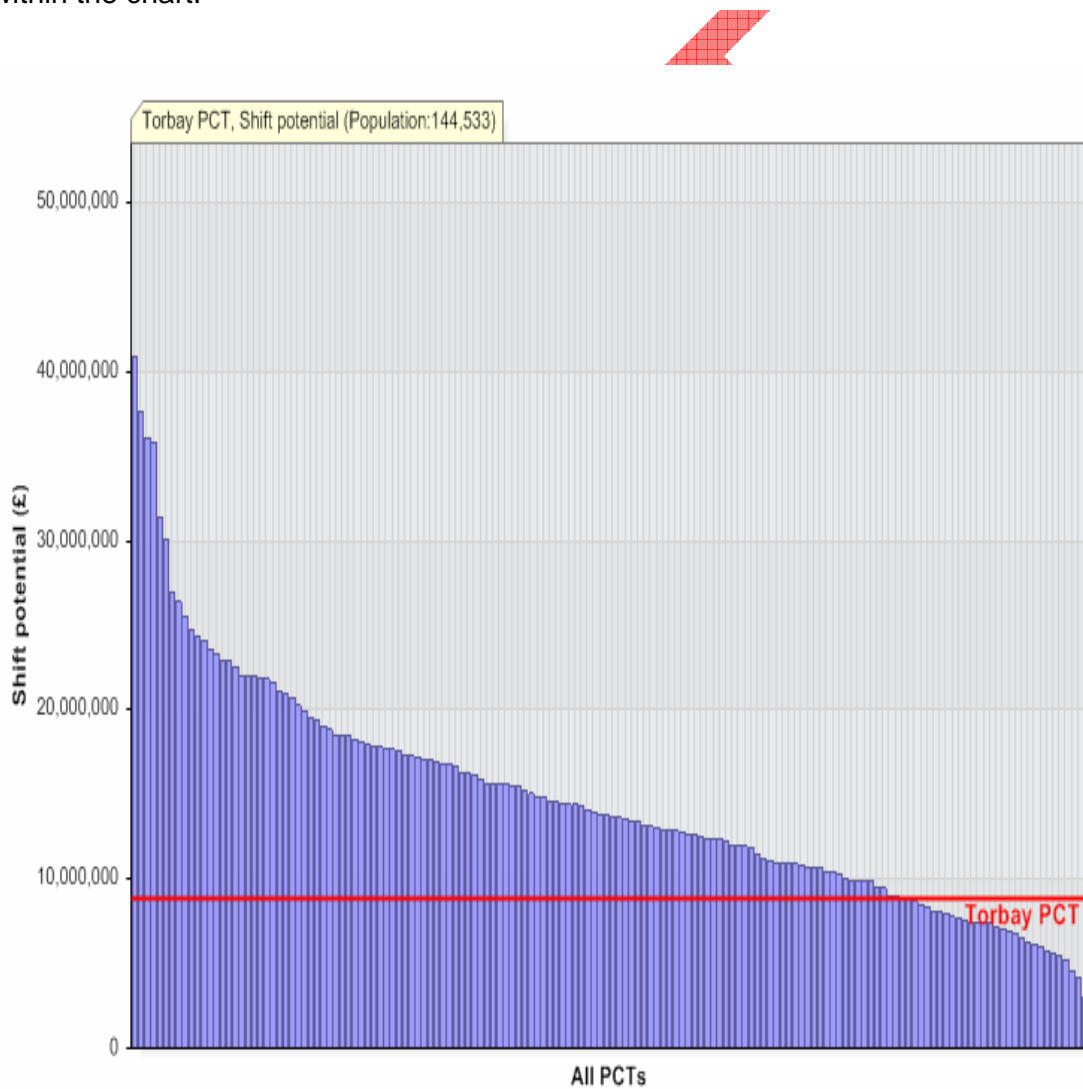
Conclude the relocation of the integrated Substance Misuse Service to Walnut Lodge in Torquay.	Steve Honeywill	30 September 2008
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This annex sets out Torbay Care Trust's performance in terms of productivity.

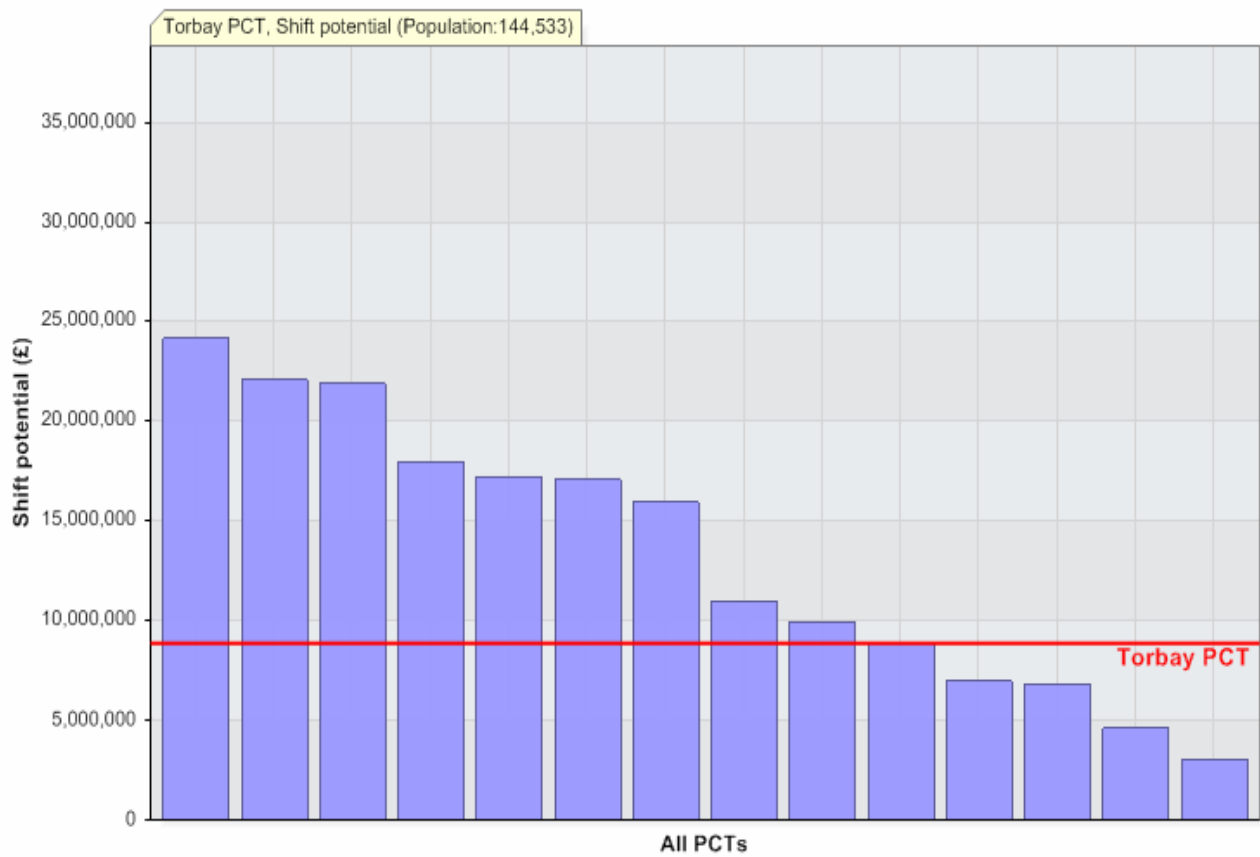
Torbay Care Trust compared with England

This chart shows the overall ranking of the Care Trust across the first four metrics: Emergency Admissions, Intermediate Care, Outpatients 1st Attendances and Outpatient Follow Up. The columns show the shift potential for each PCT therefore the higher performing PCTs will have smaller columns within the chart.



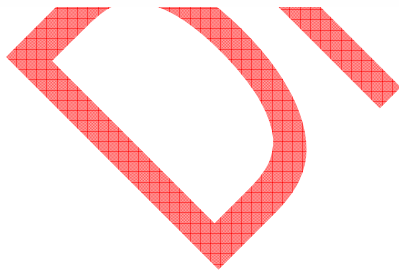
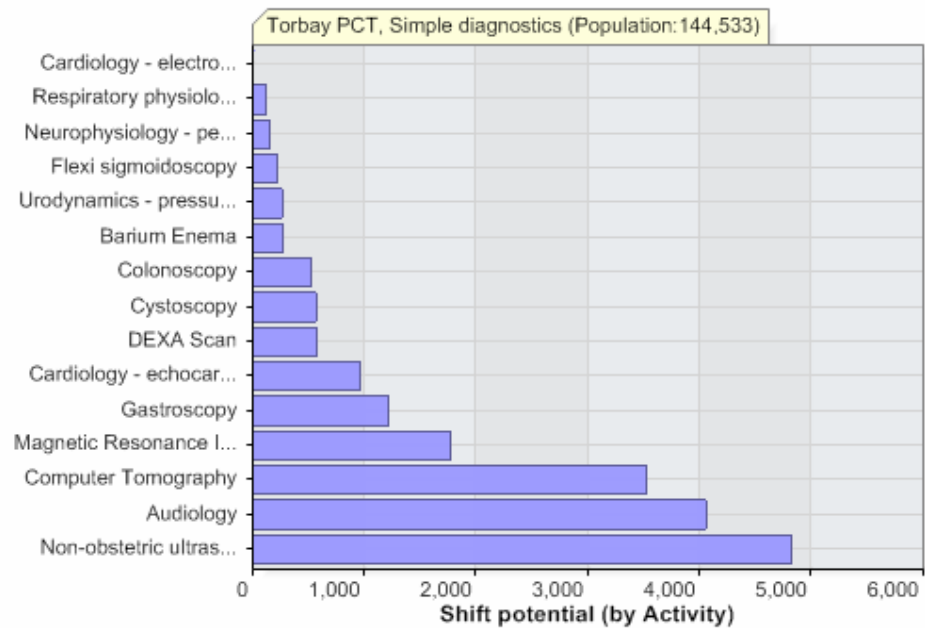
Torbay Care Trust compared with the South West PCTs

This chart shows the ranking of the Care Trust in relation to other PCTs within the same Strategic Health Authority across the first four metrics: Emergency Admissions, Intermediate Care, Outpatient 1st Attendances and Outpatient Follow Up. The columns show the shift potential for each PCT in the SHA therefore the higher performing PCTs will have smaller columns within the chart. The red line indicates the level for the currently selected PCT.



Shift potential by diagnostic

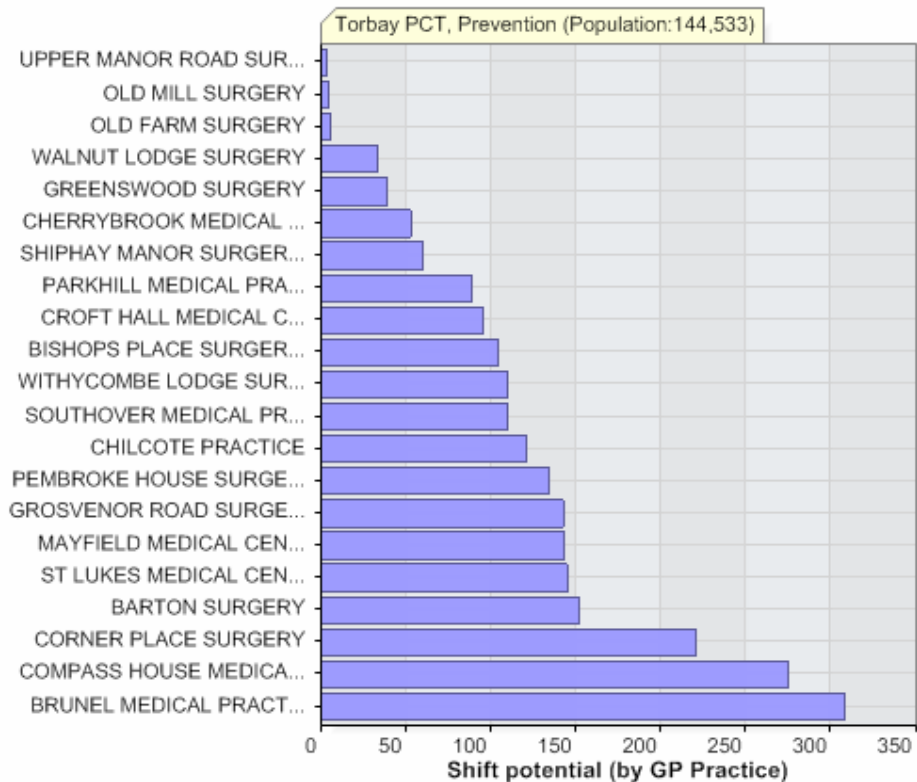
The diagnostic component demonstrates the shift potential for simple diagnostics. The data represents a year of activity (2006/07) from all diagnostic settings in nationally determined and collected diagnostic groups. The shift potential shown represents this activity figure. Analysis of the activity should consider the population size of the selected PCT.



Shift potential by GP practice

The prevention component is a new and challenging area in data. The data is broken down to PCT and practice level and derived from national QOF data.

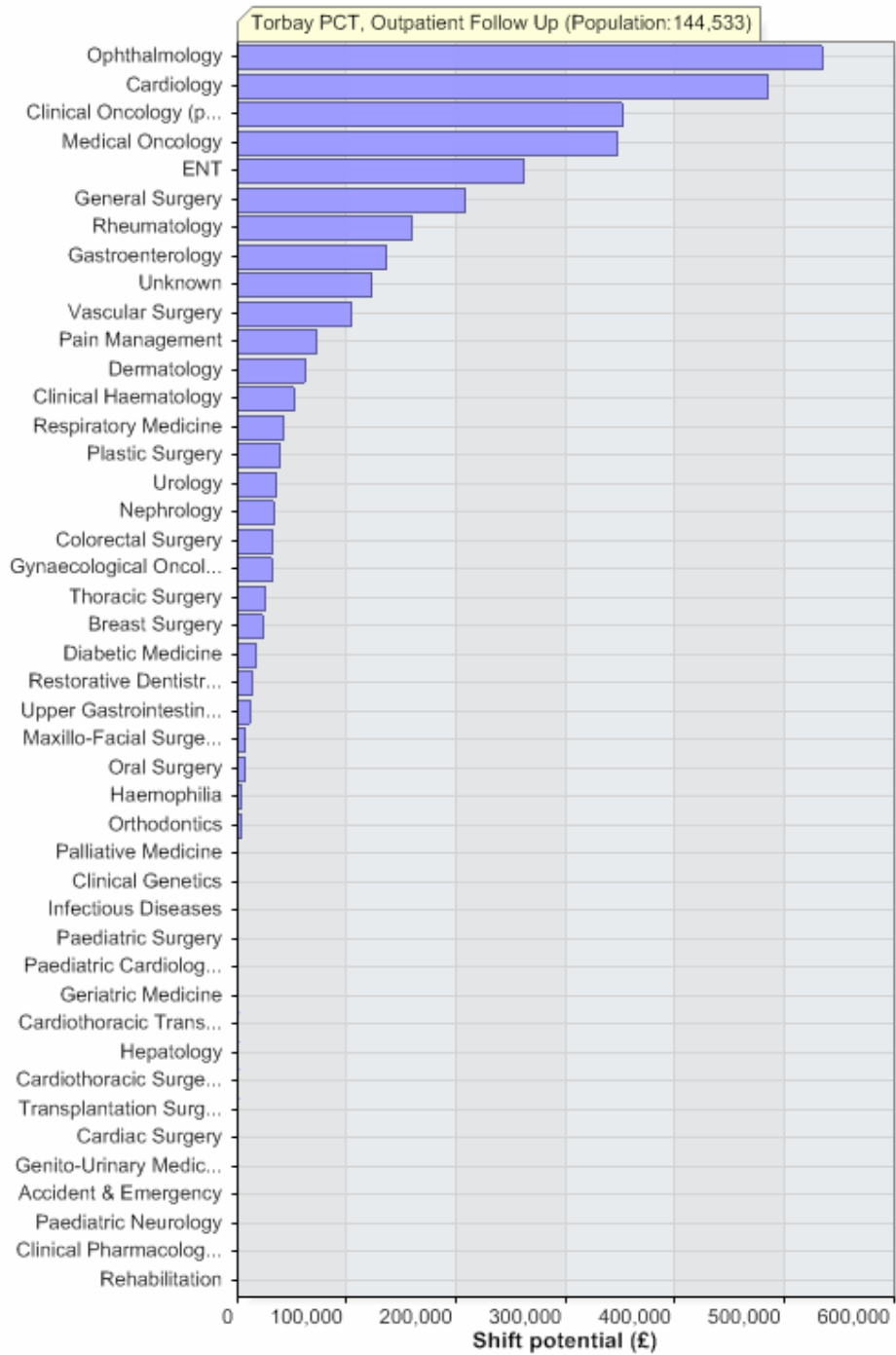
The data represents the number of admissions for long term conditions relative to the QOF prevalence for each practice. The residual score starts at zero which can be assumed as best practice, and the higher the score, the greater the potential for shift. It is designed to stimulate thinking in to 'why' and 'how' practices have differing emergency admission rates for relative prevalence of long term conditions.



Shift potential by specialty

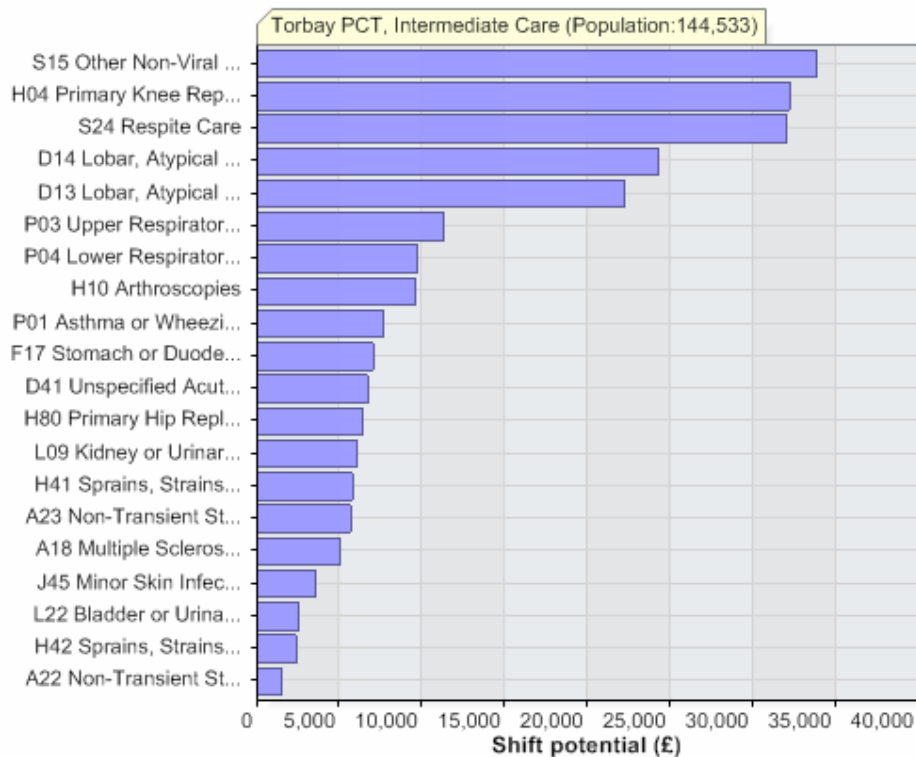
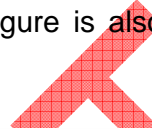
The Outpatient Follow Up indicator outlines the shift potential that could be realised through reducing the number of follow up attendances in line with the top 10th, 25th or 50th percentile of PCTs. A high number of outpatient follow up appointments could indicate that the patient may be able to be treated in the community. The indicator has been standardised and adjusted to take into consideration age, sex, case mix and PCT population size.

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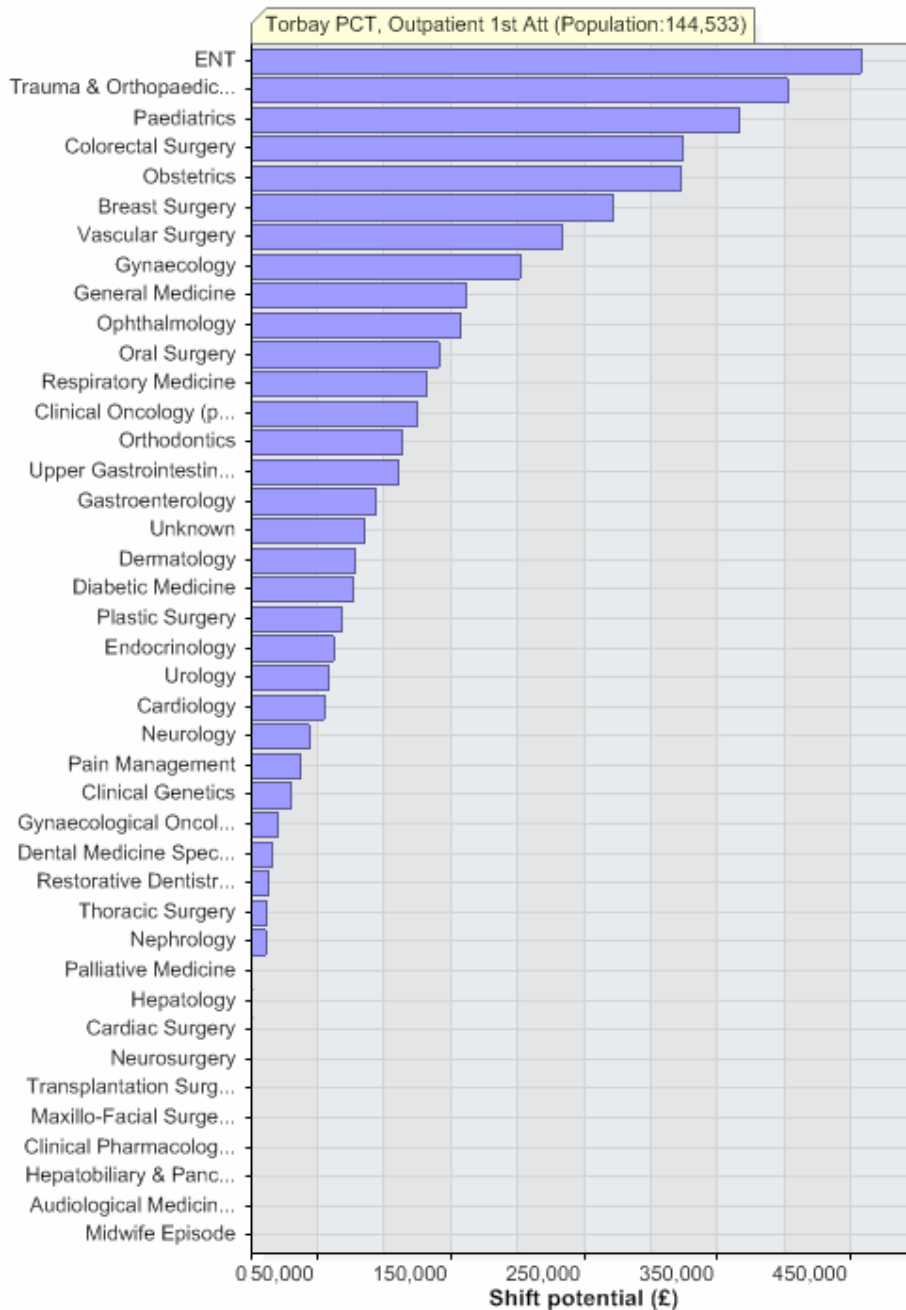
Shift potential by HRG (intermediate care)

The Intermediate Care indicator demonstrates the shift potential through the calculation of the number of excess bed days for intermediate care susceptible health care resource groups (HRGs). Identified Intermediate Care susceptible HRGs indicate which HRGs that are currently being treated in hospital could be treated in community settings. Excess bed days are the number of days beyond the long stay tripoint for the relevant HRG. Tripoints are used to cost activity in the delivery of care in an acute setting. Tripoints are the points from which excess bed days apply. The value of each excess bed day is the same irrespective of the method of admission. To account for differences in size of PCT, the figure is also expressed as per head of PCT population in the raw data.



Shift potential by specialty

The Outpatient First Attendance indicator outlines the shift potential that could be realised if first attendances were reduced in line with either the 10th, 25th or 50th percentile of PCTs. This indicator enables the PCTs to identify which specialties have statistically higher than average outpatient appointments, with adjustment for age, sex, population and case mix. The indicator is constructed through the average PbR tariff for first outpatient attendances multiplied by expected 1st outpatient attendances if the standardised attendance ratio (SAR) was in line with to that of the PCT in the top 10th, 25th or 50th percentile.



Shift potential by condition

The Emergency Admissions indicator demonstrates the shift potential through the calculation of emergency admissions for Ambulatory Care Sensitive (ACS) conditions by PCT. Ambulatory Care Sensitive (ACS) conditions are those which have been deemed to be treatable at home or in primary care, rather than in a hospital setting. The indicator has been standardised and adjusted to take into consideration age, sex, case mix and PCT population size.

