

**Strategic Framework
for Improving Health
in Plymouth
(2008/09 – 2010/11)**

Executive Summary

The Strategic Framework for Improving Health in Plymouth sets out how NHS Plymouth will lead the commissioning and delivery of world class services for our local population over the next three years.

We are committed to transforming from a health care delivery system into an integrated, easy to access, personalised care model, with a focus on prevention and involved and committed clinical leadership. NHS Plymouth has NHS leadership responsibility as well as a real determination to address the root causes of ill health and to measurably improve the life chances for people living in the city's more deprived communities.

This comprehensive document has been developed by listening to our staff, clinical leaders across the health community, and the public and through working closely with partner agencies in all sectors. Our plans and priorities have taken into account national, regional and local objectives and reflect clinically selected outcomes and measures. The latest joint strategic needs assessment, incorporated into our Healthy Plymouth Local Strategic Partnership plan, has also been influential in shaping our system-wide approach.

In order to provide choice and stimulate healthy competition, we recognise that we need to build on our ability to influence the local health and social care market. We cannot do this in isolation, so we are working closely with all of our partners to bring together, where possible, our business processes and planning cycles and to clinically lead the re-design of our shared care pathways.

Whilst recognising the commitment, achievements and innovations that have been made over the last five years by this Health and Social Care Community, it is absolutely vital that we keep pace with regional and national expectations. We are moving towards a zero waiting time environment, not just for planned care, but also for diagnostic and all other clinical service areas. Therefore, this framework sets out our intention to be even more responsive in identifying opportunities for positive change.

Leading the delivery of these whole system sustainable improvements will require clear and continuing dialogue and communication with all of our major stakeholders and committed clinical leadership. Inevitably, there will be tough decisions to make. Therefore a pragmatic, intelligent approach has been adopted to help us to transform successfully.

Introduction

Our vision for health care in Plymouth is

“Leading the delivery of world class health care and improving the health and well-being for everyone in Plymouth.”



David Connelly
Chairman

Dr Peter Rudge
Chair of the Professional
Executive Committee

John Richards
Chief Executive

A handwritten signature in black ink, appearing to read 'D Connelly'.

A handwritten signature in black ink, appearing to read 'P. Rudge'.

A handwritten signature in black ink, appearing to read 'J Richards'.

World Class Commissioning is a statement of intent, issued by the Department of Health in December 2007 to transform the commissioning of health and care services in the NHS to drive unprecedented improvements in patient outcomes.

A Joint Strategic Needs Assessment was carried out in 2007. The assessment and the associated wider consultation provided:

- an analysis of the current demographics of the population of Plymouth
- a prediction of future demographic trends
- an accurate picture of the health needs of the population

This assessment has informed the Local Strategic Partnership Health, Social Care and Well-Being Strategy (Healthy Plymouth Strategy).

The Local Strategic Partnership membership comprises NHS Plymouth, Plymouth City Council, Devon & Cornwall Constabulary, Learning & Skills Council, members of the business community and representatives of the voluntary and community sector. In a recent review, the Government Office for the South West said that there is 'clear evidence of progress' towards closing the gaps between Plymouth's most deprived neighbourhoods and the rest of the city, thanks to the work of Plymouth 2020 Local Strategic Partnership. Our Local Area Agreement is the opportunity for us to work more closely with partners to deliver on locally agreed priorities and achieve shared outcomes.

This document sets out how we want to achieve these outcomes. Our corporate and strategic vision is driven by the strong desire to improve public experiences of the care system. Market development and procurement strategies have recently been developed and we are now exploring how best to integrate health and social care performance information. We have appointed a Joint Director of Strategic Commissioning to advance the health and social care integration agenda across both commissioning and provision of services in Plymouth.

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Chapter 1: The Case for Change

1. National Context

- 1.1. The Government White Paper, 'Our Health, Our Care, Our Say' published in January 2006, set a new direction for the whole health and social care system. It points the way to a radical shift in the way services are delivered. The White Paper seeks to achieve four main goals:

Figure 1 - 'Our Health, Our Care, Our Say' four main goals

Health and social care services providing better prevention services with earlier intervention	Providing people with more choice and a louder voice
More action on tackling inequalities and improving access to community services	Providing more support for people with long-term conditions

- 1.2. There are a number of other government papers that develop and support these goals:
- Lord Darzi's Next Stage Review of the NHS;
 - the Public Health White Paper 'Choosing Health';
 - the Adult Social Care Green Paper 'Independence, Well-being and Choice';
 - the Children's White Paper 'Every Child Matters';
 - the NHS Improvement Plan.

2. Regional Context

- 2.1. As with the national context, regionally the health climate has already informed the development of a framework document designed to address those issues that are specific to the south west.
- 2.2. The role of NHS South West is to ensure that NHS organisations in the south west are run effectively and develop to meet the future needs of the population.
- 2.3. In the summer of 2008 NHS South West published a draft 'Strategic Framework for Improving Health in the South West' for consultation with Primary Care Trusts and other stakeholders; NHS South West identified key ambitions across ten priority areas.

Chapter 1: The Case for Change

- 2.4. As part of the national review led by Lord Darzi, NHS South West has been listening to how local people, patients, carers and NHS staff in the south west want to see services transformed in the fast-changing decade to come.
- 2.5. Engagement events were held across the region and were co-hosted by local Primary Care Trusts; this provided an opportunity for stakeholders in local communities to understand and challenge the proposals put forward by NHS South West and also to make the link to local priorities and ambitions.

Chapter 2: Local Context

3. Introduction

3.1. The findings from the Joint Strategic Needs Assessment and the recommendations arising are encapsulated in the Healthy Plymouth Strategy. From this document and in consultation with our partners NHS Plymouth has identified a number of key challenges that must be faced if the vision for health, social care and well-being for the people of Plymouth is to be realised. This chapter describes the understanding of the character and health needs of the local population.

4. Population Structure

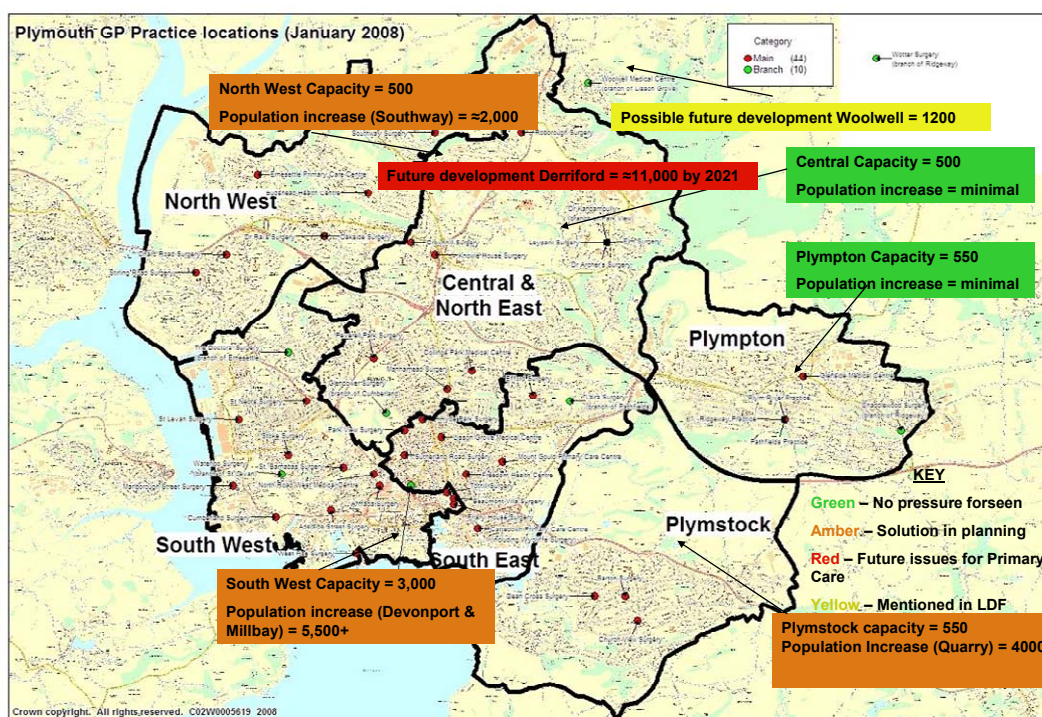
4.1. Plymouth's resident population in 2007 was (according to ONS) 250,700 with a 49.3% to 50.7% male to female split. There were 14,000 under 5s (5.6% of the total population) and 19,400 over 75s (7.7% of the total population). Plymouth also provides health care services to an extra 10,000 people registered with Plymouth GPs but living outside the city boundary.

4.2. Based on current trends, Plymouth's population is projected to rise to 263,000 by 2025 which represents a projected increase of 7.2% from 2005. There are however, a number of plans to increase the housing capacity within Plymouth City and neighbouring local authorities. These are shown in [Figure 2](#) and can be summarised as follows:

- by 2016 there will be an increase of 13,300 new households in Plymouth;
- from 2016 to 2021 there will be a further 7,700 new households in Plymouth;
- from 2021 to 2026 there will be a further 11,000 new households in Plymouth.

Chapter 2: Local Context

Figure 2 - Anticipated population increase in Plymouth



- 4.3. These figures are for Plymouth City only and do not take into account the 5,500 new homes planned (by 2019) for the Sherford New Town, four miles from Plymouth in the South Hams, part of Devon County Council area. Although health commissioning for this new town is the responsibility of Devon Primary Care Trust NHS Plymouth recognises close work with Devon colleagues is required due to the close proximity of the development to the Plymouth boundary.
- 4.4. The projected rise in population will not be uniform across the age groups as demonstrated in Figure 3 below.

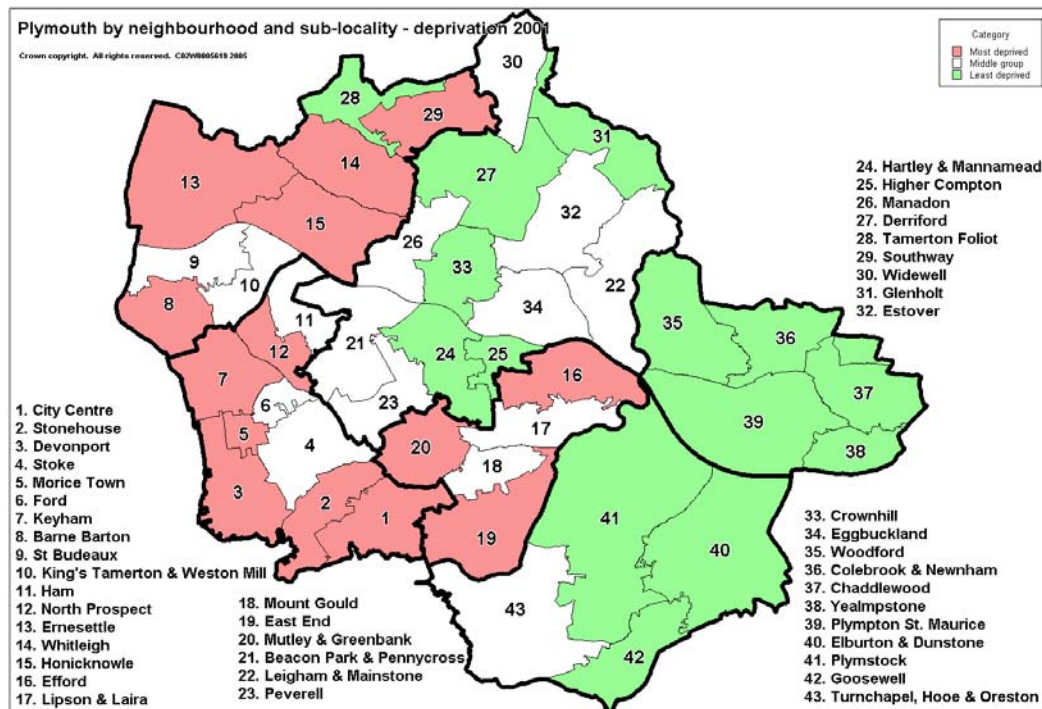
Figure 3 - Projected changes in population

Age band	Plymouth 2007	Plymouth 2025	Percentage in/(decrease)
0-14 years	40,700	50,800	24.8%
15-24 years	43,000	40,100	(6.7%)
25-64 years	127,500	140,400	10.1%
65-74 years	20,200	25,800	27.7%
75-84 years	13,800	20,300	47.1%
85+ years	5,600	9,000	60.7%

Chapter 2: Local Context

- 4.5. The percentage of older people will increase significantly, with considerable implications for health and social care; in general these older people should be healthier with illness concentrated in the last six to twelve months of life. However, there are a number of issues which need to be noted in relation to this:
- continued improvements in treatment will result in more people living with chronic diseases; they will need to maximise their health to maintain independence;
 - there will be increases in the numbers of older people living with disability and hence more people who are carers; in order to address this need they also will need to be supported to maintain independence;
 - there will need to be a greater emphasis on health promotion and disease prevention in all age groups to ensure future generations have a healthy older age; current changes in lifestyles in younger people are challenging this ambition;
 - there will be a need to review current end of life care.
- 4.6. It is acknowledged that there are pockets of deprivation in every neighbourhood across Plymouth but for planning and resource allocation purposes it is useful to compare average deprivation rates either between wards, or more usefully, between neighbourhoods.

Figure 4 - Neighbourhood deprivation in Plymouth



- 4.7. Plymouth's minority ethnic population is approximately 4% (9,924). This is almost double the number recorded in the 2001 census and it is likely that this figure will have increased significantly in the last two years.

Chapter 2: Local Context

- 4.8. There are currently about 470 asylum seekers in Plymouth but this figure is likely to decrease over the next few years. Plymouth has one authorised site for travellers with 13 pitches, accommodating about 18 caravans. At the last count there were approximately 2,200 (0.8%) migrant workers living in the city but it is likely that this figure will have increased in the last year.
- 4.9. The national picture is that minority ethnic groups have poorer health and greater problems accessing services; this is reflected locally. Nationally there is a significantly decreased life expectancy in this group as well as greater infant mortality. People from such groups are often vulnerable with greater mental health problems and different risk factors and behaviour patterns.
- 4.10. There is a need to develop a more accurate picture of the issues facing ethnic groups in Plymouth and one of the challenges facing the Local Strategic Partnership is to get a better understanding of the particular needs of minority ethnic groups locally.

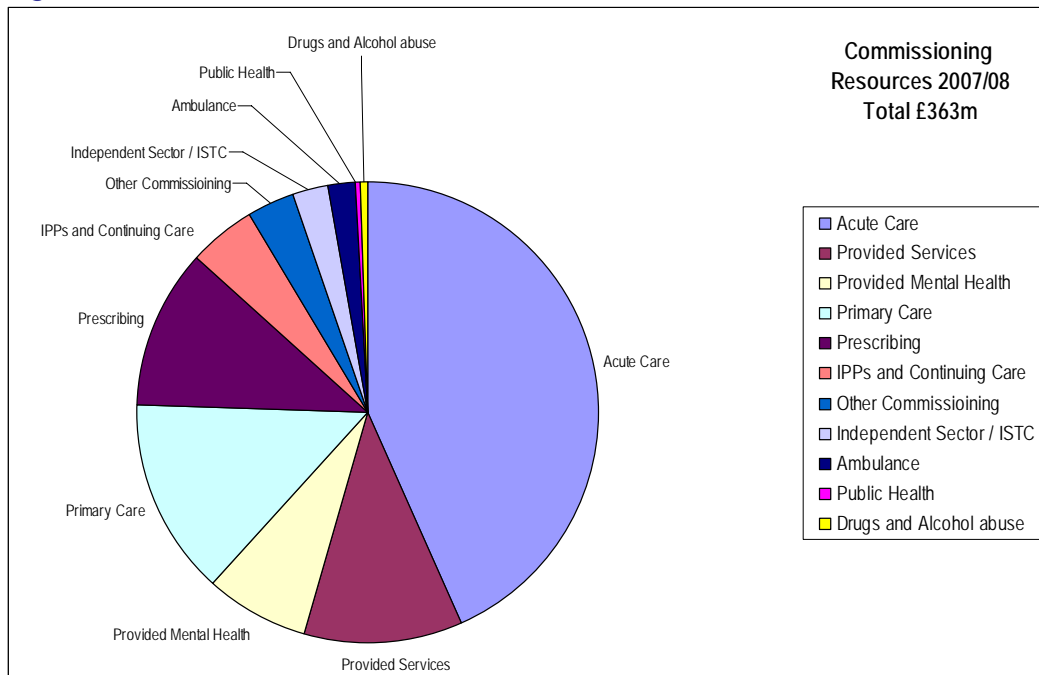
5. Financial Context

- 5.1. In 2007/08 the budget available to commission services for the population of Plymouth was £363 million. The Medium Term Financial Planning assumptions are for this level of resource to increase by 15% by 2010/11 and a further 7% by 2012/13.
- 5.2. In 2007/08 the commissioning resources were distributed across areas of health as presented in [Figure 5](#) below and

Chapter 2: Local Context

Figure 6 overleaf.

Figure 5 - Allocation of resources



Chapter 2: Local Context

Figure 6 - NHS Plymouth Commissioning Resources

Area of spend	£m	%
Acute care	157,285	43.3%
Provided services	40,166	11.1%
Provided mental health	26,545	7.3%
Primary care	50,299	13.8%
Prescribing	40,084	11%
Individual Patient Placements and Continuing Care	17,549	4.8%
Other commissioning	11,952	3.3%
Independent sector / Independent Sector Treatment Centre	9,593	2.6%
Ambulance	6,487	1.8%
Public health	1,689	0.5%
Drugs and alcohol misuse	1,592	0.4%
Total	363,240	100%

- 5.3. The way in which NHS Plymouth plans to use the commissioning budget during the period 2008/09 to 2012/13 is set out in the Medium term Financial Plan. This outlines the planned resources available, and the levels of investment identified to achieve the priorities set out in the Strategic Framework for Improving Health in Plymouth, and other supporting strategies (such as the Information Management & Technology Strategy and Organisational Development Strategy). The Medium Term Financial Plan has developed through an iterative process in order to match available resources to the priorities.

6. Provider Context

[Plymouth Hospitals Trust](#)

- 6.1. NHS Plymouth's main hospital provider is Plymouth Hospitals NHS Trust, which is also a provider of tertiary services for the peninsula, and a leader in teaching and research. The Healthcare Commission Annual NHS Health Check 2006/07 rated Plymouth Hospitals NHS Trust's quality of services as good for quality of services and fair for use of resources.
- 6.2. NHS Plymouth has been working with Plymouth Hospitals Trust and associate commissioners on the convergence process of the Foundation Trust application. This will ensure the integrated business plan that Plymouth Hospitals Trust produces for its Foundation Trust application is consistent with the strategic framework for NHS Plymouth.
- 6.3. NHS Plymouth and associate commissioners have fully utilised the standard NHS contract for the last few years and therefore a significantly greater contractual impact from Plymouth Hospitals Trust becoming a foundation trust is not anticipated.

Chapter 2: Local Context

- 6.4. The process of applying for foundation trust status is helping to ensure improved consistency between commissioner and provider plans and receptiveness from the Plymouth Hospitals Trust. NHS Plymouth will retain these benefits by continuing to work in this way once Plymouth Hospitals Trust has secured its licence.

Peninsula Treatment Centre

- 6.5. The Peninsula Treatment Centre in Plymouth was amongst the first cohort of Independent Sector Treatment Centres. The scheme was commissioned on behalf of the Primary Care Trusts and NHS Trusts in the South West Peninsula to support the capacity required for orthopaedic services.
- 6.6. The contract is due to run for five years, with the potential to extend for a further five years; the initial contract is due to expire in April 2010. The contract is based upon minimum referral numbers rather than finished consultant episodes, the currency mechanism more normally associated with NHS Trusts. The scheme has been extremely successful, with full utilisation from the start of the contract. For the year 2007/08, the Peninsula Treatment Centre received 38% of the total number of referrals to the speciality of orthopaedics, from NHS Plymouth, via the patient choice initiative.
- 6.7. Discussions are underway to agree a strategy for contract end, with NHS Plymouth taking a lead role on behalf of the South West Peninsula. There is a demonstrated need for a sustained higher level of orthopaedic activity, which would currently include the Treatment Centre as a provider. NHS Plymouth is working on proposals to agree the definitive delivery model for orthopaedics at the end of this contract.

NHS Plymouth Provider Services

- 6.8. NHS Plymouth is also a major provider of both community and inpatient services for children, adults, older people, mental health and learning disability.
- 6.9. These services were rated as fair for quality of services and fair for use of resources in the Healthcare Commission Annual NHS Health Check 2006/07. NHS Plymouth self assessment for 2007/08 is now good for quality of services and good for use of resources; this is yet to be validated by the Healthcare Commission.

Chapter 3: Priorities for Plymouth

7. Introduction

- 7.1. A full analysis of the health needs of the population of Plymouth as defined by the Joint Strategic Needs Assessment is available in the Healthy Plymouth Strategy; however the [Figure 7](#) below provides a brief overview of the city's population.

Figure 7 - Overview of Plymouth's population

<ul style="list-style-type: none">✚ Though life expectancy is similar to national rates, there is a 13 year difference in life expectancy between the 'best' and 'worst' neighbourhood✚ A higher percentage of Plymouth's population describes themselves as suffering from a long-term illness, or as permanently sick and unable to work than the national average, especially men under 65✚ Although emergency hospital admissions are reducing overall, more people than expected are admitted to hospital as an emergency from the deprived neighbourhoods✚ There is likely to be large number of people (up to 16% of adults) suffering from a common mental health problem, especially in deprived areas✚ Smoking rates remain high in women and in those living in deprived areas and rates amongst pregnant women are a particular cause of concern✚ Obesity rates continue to rise and are a significant challenge✚ Breast feeding rates are particularly low in Plymouth✚ Physical activity rates are low compared to the south west region and country, and addressing this requires a partnership approach	<ul style="list-style-type: none">✚ Alcohol misuse is on the rise and is causing increased health problems✚ Teenage pregnancy rates are decreasing but remain above national rates and the gap between deprivation groups is widening✚ There are important links between risky sexual behaviour, drugs and alcohol✚ 20.1% of the working age population in Plymouth is workless – there is a five-fold variation across the neighbourhoods✚ There is a growing trend in incapacity benefit claims which currently make up 11.6% of the working age population. This costs the public purse over £75 million a year✚ There appear to be specific barriers for people with a learning disability who wish to access employment✚ There are high levels of non-decent housing in both the public and private sectors✚ More information on local health priorities and initiatives is in the Annual Report of the Director of Public Health and in the Joint Strategic Needs Assessment
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Chapter 3: Priorities for Plymouth

8. Engagement

- 8.1. The Healthy Plymouth Strategy was developed through consultation with partner agencies, patients, clinicians and other public sector staff. In accordance with good practice varied methods of consultation were utilised and these included:
- A community and voluntary sector workshop to discuss initial findings of the Joint Strategic Needs Analysis and seek views on priorities;
 - Professional Executive Committee and other clinical involvement through commissioning groups to determine priorities;
 - A meeting with user representatives;
 - A questionnaire based survey of views from the public using Plymouth City Council's 'Points of View' survey;
 - Articles within the local media;
 - Widespread distribution of the draft strategy and the Joint Strategic Needs Analysis with attached questionnaire through the Local Strategic Partnership newsletter and website, Plymouth Community Partnership newsletter and staff newsletters within Plymouth City Council and NHS Plymouth;
 - Specific distribution to key stakeholders across main partners including service leads within both the NHS Plymouth and Plymouth City Council, and representatives from both disability and black and minority ethnic groups;
 - Meetings with key stakeholders to explore emerging issues. These included:
 - Within Plymouth City Council
 - Planning and Development Department;
 - Accessibility team;
 - Environmental Regulation Service;
 - Local Area Action team;
 - Community Services Department including housing and adult social care;
 - Within NHS Plymouth
 - Commissioning Directorates
 - Provider Directorates;
 - Professional Executive Committee
 - Clinical and service commissioning groups;
 - Plymouth & District Racial Equality Council;
 - Discussions with other partnership forums
 - Local Strategic Partnership, through all four Theme Groups;
 - Children's Trust Board;
 - Learning Disability Partnership Board;

Chapter 3: Priorities for Plymouth

- Presentations and discussions at senior management/executive team meetings and board level within both Plymouth City Council and the Plymouth health community;
- Local Authority Health Overview and Scrutiny Committee presentation and discussion.

9. NHS Plymouth Priorities

- 9.1. Through the work of the Joint Strategic Needs Assessment NHS Plymouth has identified the following priorities:

Tackle health inequalities	
Business planning	All service plans to take into account relevant needs data when designing and allocating resources to services within the city. Plans will demonstrate provision against needs.
Target setting	Targets to have an inequality element where relevant.
Care pathways	Care pathways to take account of potential differences in needs related to geography, gender, disability.
Equality Impact Assessments	Equality Impact Assessments to be carried out on all new policies and strategies. Aim for common Equality Impact Assessments across the partnership.
Health promotion and harm reduction	
Smoking	Focus on targeting vulnerable groups such as pregnant women and people in deprived wards and to develop the focus further on tobacco control.
Obesity	Ensure sufficient long-term funding available to carry out a comprehensive prevention and treatment programme as laid out in the obesity strategy.
Physical activity	Draw up and deliver a cross agency plan to improve levels of physical activity in the city led by the community sports network. Address the barriers to access and take-up of opportunities.
Risky behaviour	Bring together agencies working with young people with various risk taking behaviours in order to add value.
Health in the workplace	Fully resource a programme to promote health in the workplace and promote job retention.
Housing and fuel poverty	Action across partners to decrease the number of households experiencing fuel poverty.
Health in the community	Work with all partners in the community to boost community based care, for example through programmes such as health trainers.

Chapter 3: Priorities for Plymouth

Mental health promotion	
Strategy development	Develop a partnership commitment to support social inclusion and mental well-being under the leadership of the Local Strategic Partnership with full engagement of all sectors including housing, education, crime reduction, leisure etc.
Ensure mental health promotion is an integral component of mental health services commissioning	Develop a programme for mental health promotion commissioning. Make links between psychological interventions and the development of stepped care and interventions specifically designed to enhance social inclusion such as employment and accommodation initiatives.
Access to and design of services	
Primary care	Explore barriers to access and take-up and deliver relevant primary and community based service changes to address these barriers, especially in more deprived areas.
Chronic diseases management	Beginning with end of life care, assess current and future needs and develop needs led service provision for different groups and communities.
Sexual health	Further integrate services across health, education and criminal justice for young people.
Community mental health services	Further enhance access to psychological services, focusing any new provision on areas of greatest need.
Learning disabilities	Adapt and adopt new primary care service framework for managing the health of people with learning disabilities and reducing health inequalities.
Dementia	Review current service provision for those with dementia and their carers.
Promotion of integrated services to promote independence	
Assessment	Streamline and integrate the assessment process across partners.
Carers	Review needs and increase access to support services for carers.
Choice and control	Increase access to individualised budgets and direct payments. Consider the development of centres for independent living.
Support services	Review workforce and access issues to services such as speech therapy, physiotherapy, podiatry, continence advice and in particular occupational therapy in order to support future service changes.

Chapter 3: Priorities for Plymouth

Integration of health and social care	Further integrate services between NHS Plymouth and Plymouth City Council, and shift provision to promotion of health and early intervention. Enhance links to housing, employment and training, culture, sports and leisure.
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- Priority One** To tackle health inequalities within all planning processes
- Priority Two** To focus on health promotion and ill health prevention, in particular smoking, obesity, breastfeeding, physical activity, alcohol related health problems, sexually transmitted infections and teenage pregnancy
- Priority Three** Mental health promotion
- Priority Four** Access and design of specific services appropriate to the needs of different communities
- Priority Five** Promotion of integrated services to support the growing numbers of people with long term conditions and disabilities

9.2. Many of these factors are the same throughout life, but the challenges are different at different ages. The following outlines the key issues at each life stage:

- **Pregnancy and newborn** – smoking in pregnancy and breast-feeding
- **Childhood** – diet, exercise, obesity, accidents, immunisation, mental health
- **Adolescents and young adults** – as for childhood, plus experimenting with drugs and alcohol, risky sexual behaviours and mental health
- **Middle age** – long-term conditions, impact of earlier life choices, health at work and value of work, mental health
- **Older years** – independence, access to support, diet, falls and accidents, mental health, depression and suicide and preventative health care like flu vaccinations and mobility and balance development
- **End-of-life care** – access to appropriate pain relief, support to be able to die in place of choice

9.3. These analyses, along with data metrics that set out the achievement of NHS organisations in Plymouth have contributed to agreement of the Professional Executive Committee and NHS Plymouth Board for the following outcomes measures as key strategic priorities:

- **Reduce health inequalities** – a key theme throughout all the priorities for NHS Plymouth;
- **Increase life expectancy** – particularly in the more deprived areas of the city;
- **Under 18 conceptions** – already a focal point for partnership working;

Chapter 3: Priorities for Plymouth

- **Smoking during pregnancy** – already an area of attention and one that contributes to reducing health inequalities and increasing life expectancy for both mother and baby;
- **Smoking quitters** – an important area in improving overall health and reducing health inequalities increasing life expectancy;
- **GUM access within 48 hours** – a key component in addressing the sexual health of the population;
- **Delayed transfers of care** – important in ensuring that care is provided in the right place at the right time and supporting patients towards more independent living;
- **MRSA infection rate** – essential for ensuring patient safety whether in hospital or receiving care and treatment at home or other care settings;
- **Rate of hospital admissions per 100,000 for alcohol related harm** – in conjunction with an alcohol harm reduction programme this will also contribute to the overall increase in life expectancy and reducing health inequalities;
- **Diabetes mortality** – with growing numbers of patients diagnosed with diabetes an essential focus of work to ensure those at risk are supported to manage their care to reduce mortality rates and increase quality of life.

Chapter 4: Priority Service Areas

10. Overview

10.1. This chapter is structured to reflect the work streams described in the NHS South West Strategic Framework and this takes account of the key themes in Lord Darzi's NHS Next Steps Review as outlined below.

- Staying Healthy
- Maternity and Newborn
- Children and Young People
- Long Term Conditions
- Mental Health
- Learning Disability
- Planned Care
- Acute Care
- End of Life Care

10.2. An additional section focussing on primary care has been included. The priorities and work plan described in this section are woven through all of the Darzi Care Pathway themes and will become absorbed within the work of the relevant Health Programme Group over time.

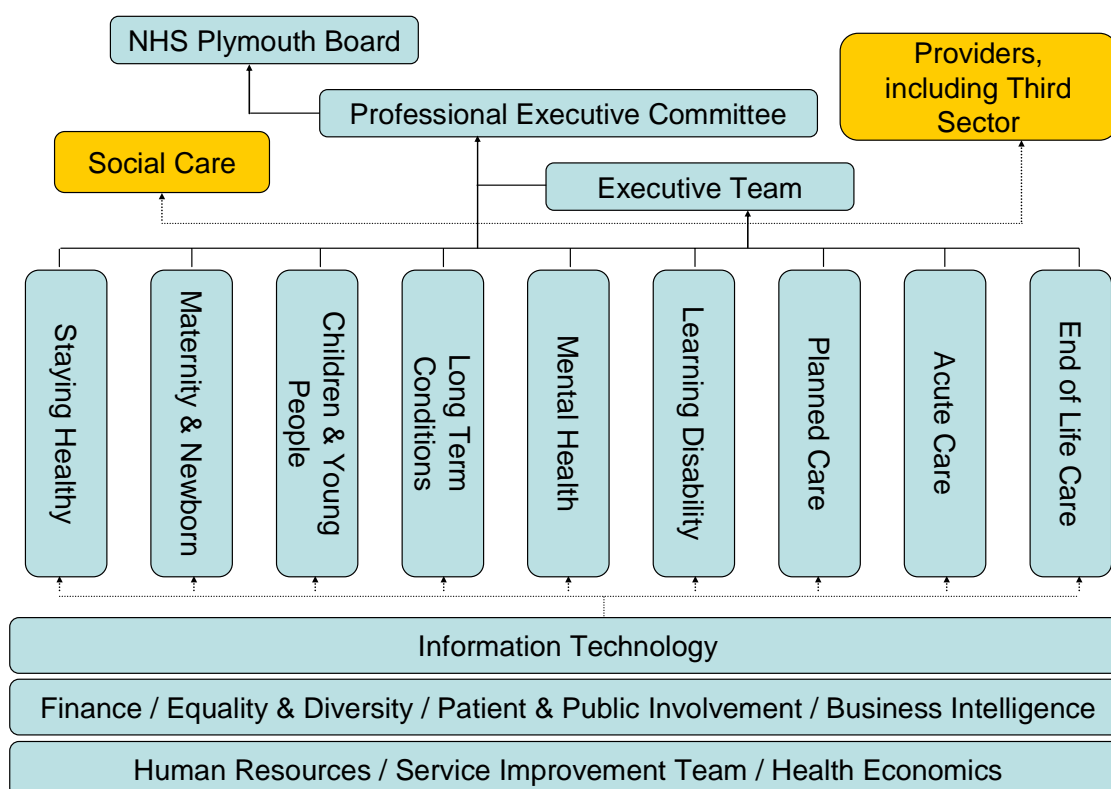
10.3. The Joint Strategic Needs Assessment and the priorities identified within the Healthy Plymouth Strategy were developed prior to Lord Darzi's report and therefore do not immediately fit with the work streams described, however the Plymouth priorities are aligned with the shared ambitions in the south west.

11. Health Programme Groups

11.1. NHS Plymouth Board has agreed to establish health programme groups to take forward the work outlined in Lord Darzi's Next Stage Review. The health programme groups will be sub-committees of the Professional Executive Committee but will also have a number of other reporting routes as outlined in [Figure 8](#) overleaf.

Chapter 4: Priority Service Areas

Figure 8 - Health Programme Groups: Management Reporting Structure



- 11.2. Chairs will be appointed to each of the health programme groups; their role will be to drive and support the work of the group and be a clinical champion. Each Chair will be supported by a programme manager.
- 11.3. Work plans for the Health Programme Groups have been allocated. Some areas of work are not mutually exclusive and where this is the case, a lead Health Programme Group has been identified and the programme manager will ensure cross cutting targets are effectively co-ordinated.



Staying Healthy

- **Tackling health inequalities**
- **Targeting services to meet needs**
- **Increasing public involvement**

Chapter 4: Priority Service Areas

12. Staying Healthy

Where are we now?

- 12.1. The Healthy Plymouth Strategy identified that, although people are generally getting healthier in Plymouth, clear inequalities exist between different groups. The health of Plymouth citizens is affected by where they live, what sex they are, if they have a disability and by what religious and ethnic group they belong to. Most stark are the inequalities that exist between neighbourhoods and these inequalities exist from the cradle to the grave. At birth, for example, the percentage of low birth weight babies born ranges from 0-15% across the city's neighbourhoods. Inequalities then exist in almost all areas of illness and death amongst children and adults. Finally, inequalities affect the number of years citizens live. Currently, there is a widening gap in life expectancy, with a gap of 13 years across different neighbourhoods.
- 12.2. The Healthy Plymouth Strategy sets out a series of broad priorities to address the health, social care and well-being needs within Plymouth during the period 2007-2020. These priorities will be addressed both within the annual plans of partners and within the Local Area Agreements. The strategy is the guiding document that will inform and influence work across the partnership within Plymouth to improve health and well-being. It addresses the identified health objectives within the Sustainable Community Strategy. Its main aims are:
- To improve health and overall well-being
 - To decrease health inequalities
 - To increase the quality of life and independence of people living with illness or disability
- The full version of 'Healthy Plymouth' is available at www.plymouth2020.co.uk
- 12.3. Healthy Plymouth outlines the current status of health and well-being within the city looking at overall health trends, mental well-being, social care needs and the specific needs of children and older people. It explores what underlies these broad health and well-being statistics in order to draw out common themes and issues. This includes a look at likely future trends in demographics, medical technologies and lifestyle which will influence the future picture of health. Current service provision, investment and the role of the community and voluntary sector are also explored.
- 12.4. Over the next two decades there will be an increasingly ageing population and increases in the numbers of people with both physical and learning disabilities. This future population, though likely to be healthier, will put a strain on acute hospital and social care services.

Chapter 4: Priority Service Areas

- 12.5. Prescribing of medicines remains the most common therapeutic intervention received by the residents of Plymouth. NHS Plymouth is committed to ensuring best medicines management services are in place to enable patients to make the best use of their medicines. Safe, evidence based and cost effective prescribing practice is facilitated through the ongoing development of the Plymouth Joint Area Formulary to ensure:
- Fair, consistent and explicit decision making regarding drugs that have not yet been considered by the National Institute of Clinical Excellence;
 - Safe, convenient and efficient access to medicines through promotion of repeat dispensing medication review within best practice guidelines.
- 12.6. Systems are in place to reduce risks and hospital admissions associated with medicines including, for example:
- implementation of National Patient Safety Alerts;
 - learning from local incidents;
 - promoting and increasing access to expert medicines management and pharmacist support;
 - implementing strengthened governance arrangements for controlled drugs;
 - supporting improvement in systems for transfer of information across organisational boundaries.

Where do we want to be?

- 12.7. There are a number of key issues that are important to the health and well-being of the local areas in Plymouth. In general terms, the aim of all services should be to provide safe, high quality and personalised care to each individual. Consultations have often highlighted poor mental health in adults, children and families and problems associated with obesity, binge drinking, access to support services, employment opportunities and good housing which help people to live independent and fulfilling lives. All these areas are reflected in the Healthy Plymouth Strategy priorities:
- Ensure people live healthier lives into older age by addressing, in particular, lifestyle trends in children and young people.
 - Support improved engagement across partners to promote long-term well-being through culture and leisure, sport and physical activity and skills and learning opportunities.
 - Develop mechanisms to give people more control over their own current and future health.
 - Work to keep people out of hospital and other care settings and promote independence. This will reduce stays in hospital and residential homes and impact upon waiting times.

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- Improve access to services within the community and primary care and manage referrals to secondary care.
- Further integrate health and social care services.

How will we get there?

- 12.8. There needs to be a greater focus on addressing health inequalities and developing services to address the specific needs of different groups, by better public and patient involvement, service redesign and better use of data and evidenced based evaluation. Redesigned services will focus on access, patient safety and quality improvement.
- 12.9. Investment in prevention and promotion is essential and the following are particular areas for focus:
- Smoking, especially in deprived areas and in pregnant women
 - Obesity
 - Breast-feeding
 - Physical activity
 - Drugs, alcohol and risky sexual behaviour
 - Health promotion in the workplace
 - Housing and fuel poverty.
- 12.10. The burden of disease from mental health is growing, especially common mental health problems which are all too often also enduring or recurrent. To address this there is a need to have a strong partnership approach to mental health promotion and reduce this burden by promoting positive mental health and well-being. This area is particularly an issue highlighted by local people and community groups.
- 12.11. There are issues of access, take-up and design of services within Plymouth. It is necessary to review how services are delivered especially in the community and listen to and involve local people. This involves working much more in partnership, integration of services between different agencies and shifting the focus to priority issues.
- 12.12. An oral health promotion programme has been delivered for the last 6 years with the aim of improving oral health in children. During 2008/09 NHS Plymouth will repeat the dental survey of children's teeth to determine whether oral health has improved. If the survey does not indicate an improvement in children's oral health, NHS Plymouth will conduct a feasibility study to examine the benefits of raising the naturally occurring levels of fluoride in the water supply; NHS South West will also be asked to consult the local population.
- 12.13. The work of the Plymouth Area Joint Formulary will continue to support and influence prescribers to ensure funding spent on medicines represents and delivers best value and outcomes. Strategies will be developed and implemented to improve concordance and reduce waste of medicines.

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12.14. A needs assessment and market analysis will be undertaken to identify and address the needs of children and adults with autistic spectrum disorders.

What will the outcomes be?

12.15. The outcomes of these programmes of work will be that people live longer, healthier and happier lives. There will be a decrease in the gap for life expectancy across neighbourhoods in Plymouth and between men and women. To achieve these outcomes NHS Plymouth will need to change ways of working and ensure that investment priorities across city partners reflect need and maximise health gain.

12.16. NHS Plymouth share the following ambitions with NHS South West, as described in the Draft Strategic Framework for Improving Health in the South West

- Target oral health promotion in those communities that have average decayed, missing or filled teeth scores of 2.0 or higher *at age five*;
- Access to termination of pregnancy service within nine weeks of gestation will be 100% in the south west by **31st March 2009**;
- *Have jointly agreed plans in place by 30th June 2009 in each local authority area to reduce adult obesity*;
- 100% of service users seeking access to genito-urinary medicine clinics will be offered an appointment within 48 hours, *measured over a full calendar week*, by **31st March 2010**;
- Match the highest life expectancy in Europe by **2013**;
- Reduce mortality rates from cancer in people aged under 75 to reach a level of 100 per 100,000 European standardised population by **2013**;
- Reduce mortality rates from heart disease and stroke related diseases in people aged under 75 to 65 per 100,000 European standardised population by **2013**;
- Reduce mortality rates from suicide and undetermined injury to 7 per 100,000 European standardised population by **2013**;
- Reduce the current gap in life expectancy between the worst and best areas in the south west by one third by **2013**;
- Achieve *by 2013* uptake rates for breast and cervical screening of at least 80% in all local communities;
- Reduce the year-on-year rise in sexually transmitted infections *by 2013*;
- Reduce smoking levels in the south west to equal the best in Europe by **2013**;
- Reduce the prevalence of smoking in manual groups to that of the non-manual group by **2013**;

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- Have the highest level of fruit and vegetable consumption in England by 2013;
- Raise levels of exercise in the population in the south west to 50% in men and 40% in women by 2013;
- Halt the rise in hospital admissions for alcohol-related harm and achieve a downward trend by 2013;
- Achieve a minimum of 50% reduction in under 18 conception rates in each Primary Care Trust by 2013 (from the 1998 baseline).

12.17. NHS Plymouth has committed the Staying Healthy Health Programme Group to delivering or contributing to these Local Area Agreement Indicators:

- Prevalence of breastfeeding at 6-8 weeks from birth;
- Obesity among primary age children in the Reception Year and Year 6;
- Under 18s conception rate;
- Substance misuse by young people;
- Emotional well-being and mental health;
- Social care clients receiving self-directed support (direct payments and individualised budgets);
- Carers receiving needs assessment or review and a specific carer's service or advice and information;
- People support to live independently through social services [at] all ages;
- The gap in life expectancy between the fifth of areas with the highest life expectancy and the fifth of areas with the lowest life expectancy to be no more than 2.64 years by 2011;
- Percentage of adults (16-74 years) participating in 30 minutes of physical activity one a week;
- Percentage of adults (16-74 years) participating in 30 minutes of physical activity three times a week;
- Number of young people referred and given brief interventions for alcohol misuse;
- Number of young people completing six weeks of structured extended intervention for alcohol misuse;
- Reduce the year on year rise in alcohol-specific hospital admissions in 16-30 year olds related to assaults;
- Increase the number of pregnant women who quit smoking at four weeks;

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- Increase the number of smoking quitters across the city;
- Increase the number of four week smoking quitters attending NHS stop smoking service in deprived neighbourhoods;
- Increase the number of contacts with the primary care mental health service by 10% by 2011;
- Number of vulnerable people achieving independent living.

12.18. NHS Plymouth has committed the Staying Healthy Health Programme Group to delivering or contributing to these Healthy Plymouth outcomes:

- A decrease in the gap in life expectancy between neighbourhoods;
- A decrease in the gap in gender inequalities;
- Services designed to meet the needs of black and minority ethnic and faith groups;
- Falls in the rates of underlying causes of poor health and rises in rates of health promoting activities;
- Improvement in emotional well-being and mental health of children and families;
- Improvements in mental health and well-being and an increase in planning to promote good mental health;
- Review of access to primary care and preventative services within the community;
- Improved access to sexual health services;
- Exploration of services to promote job retention and rehabilitation;
- Targets set to decrease inequalities of access and encourage social inclusion of those living with disability;
- Increases in the percentages of vulnerable people enabled to live at home and maintain independence through preventative services, joint action with housing and services to promote social inclusion.



Maternity and Newborn

- **Increasing choice of place and type of care**
- **Increasing breastfeeding**
- **Reducing caesarean sections**

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13. Maternity and Newborn Services

Where are we now?

- 13.1. In 2006 there were 3,022 live births in Plymouth; of these there were 290 to mothers under the age of 20.
- 13.2. NHS Plymouth, acting as the lead commissioner for Plymouth health district has engaged the commissioners from Cornwall & Isles of Scilly Primary Care Trust, Devon Primary Care Trust, Plymouth Hospitals NHS Trust and users in order to develop a cohesive approach to the delivery of the national targets.
- 13.3. Over the past 12 months there has been a re-energising of the Maternity Services Liaison Committee, which is now formulated as a commissioning group and is collectively reviewing current service provision and action planning for the future.
- 13.4. A wide range of services have been commissioned from Plymouth Hospitals Trust on behalf of all three Primary Care Trusts and the separate elements of these are clearly set out in the schedule of services, which is part of the service level agreement.
- 13.5. There has been progress against the National Service Framework for Children, Young People and Maternity Services, but further work is required in order to achieve the outcomes identified in Maternity Matters and improvements identified by the Healthcare Commission review (November 2007) which rated the current maternity services as below average. The key areas of concern were:
 - Screening for Down's syndrome
 - Absence of Midwifery led unit, including workforce re-design
 - Perinatal mental health services
 - Data collection and collation

The commissioners are pro-actively working with the midwifery unit to ensure improvements.

- 13.6. The Neonatal Intensive Care unit (NICU) has been established and continues to work within the agreed NICU network guidelines.

Where do we want to be?

- 13.7. The priorities emerging from the Joint Strategic Needs Assessment are:
 - Breastfeeding
 - Smoking in pregnancy
 - Teenage pregnancy

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13.8. In addition NHS Plymouth wants to:

- Provide choice to service users on accessing services, type of care and place of birth;
- Review and improve the service provision for women who have mental health problems either before, during or post pregnancy;
- Ensure good user engagement;
- Commission safe and effective services that reduce perinatal mortality and morbidity;
- Ensure provision of good antenatal and postnatal education, care and services that are accessible to all parents;
- Ensure timely transportation of infants to neonatal units to ensure their optimum health outcomes.

How will we get there?

- 13.8. The Maternity Services Liaison Committee ensures joint engagement from service providers and primary care trusts in Devon, Cornwall and Plymouth. The committee comprises commissioners, providers and service user representation. The Committee will continue to use the National Service Framework, Maternity Matters, Standards for Better Health, and the recent Healthcare Commission review to plan, commission and monitor current and future services.
- 13.9. The Committee will take responsibility for ensuring the local health community delivers against the identified local and national priorities, using local prioritised action plans which include identification of how standards will be attained and maintained.
- 13.10. There is multi-agency collaborative action planning through local and regional teenage pregnancy workgroups which will assist in reducing teenage pregnancies, and regular reports to Maternity Services Liaison Committee. In addition a recent teenage pregnancy summit has refocused work priorities across the partnership and additional resources are being put in place to accelerate the pace of change regarding teenage conceptions.
- 13.11. A review of current service provision by Plymouth Hospitals NHS Trust has been completed. Priority areas for action include the development of a midwifery led unit. This should provide further choice in the options available for women regarding location of their babies' birth.
- 13.12. The parent and infant mental health workgroup is developing a plan to provide comprehensive services for parents and infants with mental health needs. The first draft has been produced and the final version is expected in November 2008.

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What will the outcomes be?

13.13. NHS Plymouth will see the following outcomes as a result of the work described above:

- Further improvement in the perinatal mortality and morbidity rates;
- An improvement in the numbers of mothers both initiating and breast feeding for longer periods;
- Additional choices available for women for their ante-natal and post-natal care;
- Improved seamless delivery of care across the local boundaries;
- Earlier and improved identification of women with mental health needs and improved access to a wider range of services;
- A reduction in the numbers of pregnant women who smoke;
- A decrease in the numbers of unwanted pregnancies;
- Improved health outcomes for teenage mothers and their babies.

13.14. NHS Plymouth shares the following ambitions with NHS South West, as described in the Draft Strategic Framework for Improving Health in the South West

- Choice of postnatal care, including how and where to access postnatal care;
- Increase the normal birth rate by 1% per year and as a result reduce caesarean section rates to an optimum level with a clear improvement in maternal and perinatal morbidity;
- Continue to reduce maternal deaths and stillbirths each year;
- Full delivery in each health community of Maternity Matters: Choice, access and continuity of care in a safe service (April 2007) ahead of the national timescale of [31st December 2009](#);
- Choice of how to access maternity care, including self-referral to the local midwifery service by [31st March 2009](#);
- Choice of type of antenatal care, including midwifery care or team care by [31st March 2009](#);
- Choice of place of birth, including home, local midwifery unit or birthing centre and hospital by [31st September 2009](#);
- Achieve United Nations Children's Fund Baby Friendly Initiative status or equivalent in all maternity *units* in the south west by [31st March 2010](#);

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- Reduce the gap in infant mortality between the routine and manual group and the population as a whole by at least 10% by 31st March 2010. This applies to children under one year of age and the baseline is 1997-1999;
- *As a result of making available well-supported birthing options and responding to individual preferred choices it is expected that there will be an increase in the percentage of babies born at home to 10% and in midwife-led units by 30% by 31st March 2011;*
- Increase the percentage of women breastfeeding their children at six to eight weeks to 60% by 31st March 2011.

13.15. NHS Plymouth has committed the Maternity and Newborn Health Programme Group to delivering or contributing to these Local Area Agreement Indicators:

- Prevalence of breastfeeding at 6-8 weeks from birth;
- The gap in life expectancy between the fifth of areas with the highest life expectancy and the fifth of areas with the lowest life expectancy to be no more than 2.64 years by 2011;
- Increase the number of pregnant women who quit smoking at four weeks.

13.16. NHS Plymouth has committed the Maternity and Newborn Health Programme Group to delivering or contributing to these Healthy Plymouth outcomes:

- A decrease in the gap in life expectancy between neighbourhoods;
- A decrease in the gap in gender inequalities;
- Services designed to meet the needs of black and minority ethnic and faith groups;
- Falls in the rates of underlying causes of poor health and rises in rates of health promoting activities;
- Improvement in emotional well-being and mental health of children and families;
- Review of access to primary care and preventative services within the community;
- Improvement in access to services for people with common mental health issues.



Children and Young People

- **Reducing obesity**
- **Increasing provision of services in the community**
- **Improving services for children with long term conditions**

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14. Children and Young People

Where are we now?

- 14.1. Plymouth Children's Trust Board was established in October 2007 and includes representation from users and parents, the voluntary and community sector and senior directors and officers from all relevant statutory agencies. The purpose of the Trust Board is to enable partners to work more effectively together to improve the outcomes for the 56,000 children and young people (aged 0-19 years) living in Plymouth, with particular emphasis on those that are most vulnerable.
- 14.2. A joint strategic needs analysis has been completed and has informed the content and priorities of the Children & Young People's Plan 2008-2011. Plymouth's Health Strategy and the Children & Young People's Plan are complementary in both their priorities and their approach. The Children & Young People's Plan sets out the intention to deliver both the local and national ambitions and targets; a number of these key priorities are incorporated within Plymouth's Local Area Agreement.
- 14.3. The Children's Trust adopted a planning and commissioning framework in September 2007 which will promote a systematic joint approach to commissioning service with the purpose of maximising utilisation of joint resources. This will take an incremental approach which to date has focussed on community CAMHS, youth offending services and integrated disability services. The Children's Commissioning Group for NHS Plymouth leads on the strategic planning of high quality health care services and is responsible for ensuring local implementation of the National Service Framework for Children, Young People and Maternity Services and fulfilling health engagement to deliver the Children & Young People's Plan.
- 14.4. Patient and public involvement in the planning and delivery of services is supported through an active range of groups including the Plymouth Parent Forum, the Children & Young People's Trust Group and other specific user and parent/carer groups.
- 14.5. Many children and young people are healthy and the services they receive are continuing to improve:
 - 86% of children and young people believe themselves to be healthy;
 - There is a high uptake of immunisations in Plymouth, one of the highest in the south west, providing protection from disease;
 - 72% of early years providers have achieved a level of outstanding or good for the 'Be Healthy' standard;
 - 60% (59) of schools have achieved the National Healthy Schools standard; 85% of primary and secondary schools have been judged to be outstanding or good at supporting children to make healthy choices;
 - The uptake of school meals has improved in response to innovative approaches by the Education Catering Team;

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- The Community Public Health Team has continued to develop; supporting more communities to improve their health;
- Community Public Health Nursing (Health Visiting and School Nursing) staffing and caseloads continue to be reviewed to better address needs and reduce inequalities;
- Access to all services has improved by reducing waiting times and by introducing targeted services for key vulnerable groups;
- Community Child & Adolescent Mental Health Services have been developed to enable early intervention and support to universal services to maintain children and young people's good mental health;
- Most children in care now receive consistent and timely health assessments and reviews that meet national standards; they are also provided with a fast track mental health service that is co-located with social care;
- A dedicated children's theatre suite has been created for children attending for surgery at Derriford Hospital.

Where do we want to be?

- 14.6. NHS Plymouth will work to continue improving the health and well-being of all children and young people by addressing the following priorities:

Ensure a focus on reducing health inequalities in the city

- Utilising the needs analysis to commission services in such a way as to shift the emphasis toward prevention, increasing health gains in key areas and reducing the stark inequalities that currently exist in the city.
- Support the implementation of the Plymouth Health Strategy to ensure that the specific needs of children and young people are addressed alongside the needs of their families/communities.

Ensure that there is a shift towards prevention and early intervention

- Significant emphasis will be given to prevention and early intervention in order to improve outcomes for children and young people. One aspect of this will be to ensure that all front line staff have the knowledge and skills to identify concerns and engage with children and young people; they will be able to offer them relevant information and either provide support or direct them to appropriate services to prevent problems escalating.

Ensure that children are given the best chance from the start

- By introducing ways to improve immunisation and screening programmes which include enabling access for those families that have traditionally not used these preventative programmes.
- By implementing the tobacco control and smoking cessation strategy including support for increasing the number of smoke free homes with the aim of reducing children's exposure to smoke.

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- Build on the opportunities provided by children's centres and the expertise that exists in primary health care teams to bring staff together to deliver services in a more integrated way within local communities to promote the health of parents and young children.

Ensure that parents and carers are better supported to promote the health of their children

- By providing access to clear, comprehensive and consistent health promotion information for their child and family in a format that meets their social, cultural and educational needs.
- Through providing practical support through easy to access services in local venues.

Support children and young people to lead healthier lifestyles

- Supporting families to promote healthy lifestyles, healthy eating, participate in enjoyable physical activities.
- Supporting young people to make informed choices that protect and promote their health, for example in relation to smoking, alcohol and drug misuse and sexual health by providing age appropriate information and accessible, co-ordinated and responsive services.
- Support young people to build their self-esteem and resilience to cope with life's challenges and to be able to make informed choices that enhance their mental health and emotional well-being.

Ensure that all children and young people have access to good quality, effective and cost efficient health care services:

- Increase the involvement of children, young people and their parents in evaluating and planning future services.
- Work with children and young people in the city to tackle the stigma of mental health with the aim of improving the accessibility and take up of mental health services.
- Continue to reduce waiting times and improve access to ensure services are provided in a timely way.
- Continue to increase the provision of health care services in dedicated, age-appropriate environments delivering services locally where it is safe and appropriate to do so.
- Improve the quality and access to local and regional acute hospital provision.
- Ensure that staff have the appropriate skills to meet the specific needs of children and young people.

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- Ensure that children and young people are involved in decisions about the care they receive including supporting some children to be “experts” in their own care, particularly those with long-term conditions.

How will we get there?

14.7. NHS Plymouth will continue to:

- Develop the joint commissioning and working arrangements with Plymouth City Council;
- Further develop collaborative commissioning with other Primary Care Trusts on a local and regional basis;
- Work with users and service providers to develop pathways of care which will inform future service commissioning and ensure timely access to appropriately skilled and accessible services;
- Improve the quality and safety of services through robust governance arrangements and performance monitoring;
- Work with users and providers to shape and improve current services for children and young people;
- Further develop an effective child death review process;
- Work with partner agencies to improve safeguarding processes for children and young people;
- Further integrate the commissioning and delivery of health, social and educational services for children and young people, particularly for those with disabilities, long-term conditions and mental health needs.

What will the outcomes be?

14.8. NHS Plymouth will see the following outcomes as a result of the work described above:

- Improved long term health outcomes for children and young people and a reduction in health inequalities;
- Improved engagement of children, young people and their parents/carers;
- Services that are more responsive to the needs of the children, young people and their families;
- Improved access to both integrated and health care services as close to home as possible;
- Improved access to comprehensive child and adolescent mental health services;
- Improved services and respite provision for children and young people with complex health needs and disability;
- Improved safeguarding of children and prevention of child accidental injury and death;

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- Improved range of services to support young people in making choices that promote and protect their health and future life chances.
- 14.9. NHS Plymouth share the following ambitions with NHS South West, as described in the Draft Strategic Framework for Improving Health in the South West
- Ensure that same-day urgent assessments for acute care are available to all children who need them, so as to halt the rise in emergency hospital admissions for children by [31st March 2010](#);
 - By [31st March 2010](#), ensure that every child *and young person* needing long-term support will have an identified care co-ordinator *who manages their care needs and transition to adult services*;;
 - Make available the full range of specialist community-based child and adolescent mental health services (Tiers 2 and 3) to residents of every Primary Care Trust by [31st March 2011](#);
 - Reduce admissions to inpatient (Tier 4) child and adolescent mental health services by 20% by [31st March 2011](#) from the 2006/07 baseline;
 - By [2012](#) achieve a minimum of 90% immunisation against measles, mumps and rubella (MMR) in all Primary Care Trusts, with a regional average vaccination rate of 95%;
 - Reverse the trend in childhood obesity to achieve a clear downward trend in the level of childhood obesity by [31st March 2013](#);
 - Ensure that by [2013](#) there are no predictable child deaths in an acute hospital setting, unless this is the stated preference of the parents;
 - Fully implement the National Service Framework for Children, Young People and Maternity Services ahead of the national timescale of [2014](#).
- 14.10. NHS Plymouth has committed the Children and Young People Health Programme Group to delivering or contributing to these Local Area Agreement Indicators:
- Obesity among primary age children in the Reception Year and Year 6;
 - Under 18s conception rate;
 - Substance misuse by young people;
 - Emotional well-being and mental health;
 - People supported to live independently through social services [at] all ages;
 - The gap in life expectancy between the fifth of areas with the highest life expectancy and the fifth of areas with the lowest life expectancy to be no more than 2.64 years by 2011;
-

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- Number of young people referred and given brief interventions for alcohol misuse;
- Number of young people completing six weeks of structured extended intervention for alcohol misuse;
- Reduce the year on year rise in alcohol-specific hospital admissions in 16-30 year olds related to assaults.

14.11. NHS Plymouth has committed the Children and Young People Health Programme Group to delivering or contributing to these Healthy Plymouth outcomes:

- A decrease in the gap in life expectancy between neighbourhoods;
- A decrease in the gap in gender inequalities;
- Services designed to meet the needs of black and minority ethnic and faith groups;
- Falls in the rates of underlying causes of poor health and rises in rates of health promoting activities;
- Improvement in emotional well-being and mental health of children and families;
- Review of access to primary care and preventative services within the community;
- Exploration of services to promote job retention and rehabilitation;
- Integration of services for community-based chronic disease management beginning with end of life care;
- Improvement in access to services for people with common mental health issues.



Long Term Conditions

- **Developing multi-disciplinary community based teams**
- **Supporting people to self manage**
- **Reducing emergency admissions**
- **Increasing screening for diabetic retinopathy**

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15. Long Term Conditions

Where are we now?

- 15.1. NHS Plymouth has developed a framework for long term condition management. Some long term conditions can be managed generically, others will need a bespoke or more disease focussed programme. All service developments will focus on easier access, safer services and quality improvement.

Generic examples

- **Community matrons and care co-ordination**; the first four community matrons, advance nurse practitioners have been appointed with a new patient identification and risk scoring system. The model of care used focuses on care co-ordination and a pragmatic approach to developing the right package of care.
- **Intermediate care**; the opening of the new Local Care Centre has been a catalyst to develop and extend community services.

Bespoke examples

- **Motor Neurone Disease**; the Motor Neurone Disease Association have offered funds for a network care co-ordinator whose intervention will be at the point of diagnosis. They will work with a primary care practitioner to co-ordinate care effectively and provide training, education and support.
- **Multiple Sclerosis**; the care pathway is being reviewed by clinical staff with support from the local Multiple Sclerosis Society.
- **Stroke services**; Plymouth health and social care community is working towards delivering the key quality markers of the stroke strategy. It acknowledges there are significant challenges. NHS Plymouth has implemented a stroke improvement group, chaired by a Non Executive Director. Events planned for late 2008 include a stroke survivor and carer perspective sessions and developing an understanding of integrated stroke services. Care pathway understanding and information analysis will support clinical staff and stroke survivors to develop services to deliver best practice in a person-centred way with integrated care models.

Where do we want to be?

- 15.2. The ambition for NHS Plymouth is to have a range of generic services in the city which can provide support for people with long term conditions; in addition access to appropriate advice and information should be readily available. Patients will have the opportunity to take more control of their lives through greater understanding of their disease and its impact. Much of this care will be provided closer to home and within the community, with access to secondary care services when required. Patients will understand that the services they receive are of high quality and safe and they will be easier and more convenient to access.

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15.3. Management of diabetes care is a major clinical area that NHS Plymouth will develop. The changes proposed in diabetes care are supported by primary and secondary care and will lead to more co-ordinated community based services with better links to prevention and education.

How will we get there?

15.4. NHS Plymouth has appointed two lead commissioners for long-term conditions who will initially assess the current position against the framework and agree priorities. These lead managers are also supported by service redesign resources within commissioning, which can support pathway development across the range of provider services in statutory and community organisations.

What will the outcomes be?

15.5. NHS Plymouth will see the following outcomes as a result of the work described above:

- Redesigned pathways for stroke, diabetes, multiple sclerosis and Parkinson's disease;
- Patients will be able to manage their illness more effectively;
- 24hr district nursing services;
- A clear plan for integrating community based services and a better understanding of community capacity to meet the needs of people with long term conditions;
- Reduced length of stay in hospital settings and overall reduction in emergency bed days;
- Reduction in delayed transfers of care;
- Individualised care plans for targeted groups.

15.6. NHS Plymouth shares the following ambitions with NHS South West, as described in the Draft Strategic Framework for Improving Health in the South West.

- Fully implement the standards set out in the National Service Frameworks for Older People, Coronary Heart Disease, Diabetes and Renal Services ahead of the national timescales for their delivery;
- To improve early diagnosis for people with epilepsy: 90% of people with suspected epilepsy will have access to an outpatient appointment within two weeks of referral;
- Increase year-on-year by 5% per annum the percentage of carers of people with a long-term condition who have a carer assessment and support;
- 75% of general practices will adopt the self-care policy of the locality by 31st July 2009;

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- To reduce avoidable blindness: at least 90% of people with diabetes will receive screening for diabetic retinopathy by 31st March 2009;
 - *75% of general practices will be able to identify the people most at risk of an emergency admission in their practice population by 31st March 2010;*
 - *75% of general practices will be able to identify the health inequalities of their registered population by 31st March 2010 in order to target people at risk of developing long-term conditions such as cardiac disease and diabetes;*
 - To ensure that all people with a long-term condition have an action plan that supports their self-management by 31st March 2010;
 - Each locality to have a co-ordinated multi-disciplinary team approach for long-term conditions by 31st March 2010 with a single point of access;
 - Reduce emergency bed days for people with long term conditions by 30% from the 2006/07 baseline by 31st March 2010;
 - To reduce emergency admissions as a result of a fall by 30% from the 2006/07 baseline by 31st March 2010 through effective falls *prevention* and bone health *promotion* programmes;
 - People with diabetes will have improved blood glucose control: 70% with blood glucose levels (HbA1c) below 7.4% and 95% with blood glucose levels below 10% by 31st March 2011;
 - People with diabetes will have improved blood pressure control: 80% with blood pressure of 145/85 or less by 31st March 2011;
 - By 31st March 2011, ensure at least 75% of people who have a heart attack, bypass surgery or coronary angioplasty receive cardiac rehabilitation;
 - By 2013, to develop in each Primary Care Trust a health campus based on the community health model through which lay people become the local resource for their population;
 - Fully implement the quality requirements of the National Service Framework for Long Term Conditions ahead of the national timescale of 2015.
- 15.7. NHS Plymouth has committed the Long Term Conditions Health Programme Group to delivering or contributing to these Local Area Agreement Indicators:
- Emotional well-being and mental health;
 - People with a long term condition supported to be independent and in control of their condition;

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- Social care clients receiving self-directed support (direct payments and individualised budgets);
 - People supported to live independently through social services [at] all ages;
 - Carers receiving needs assessment or review and a specific carer's service of advice and information;
 - The gap in life expectancy between the fifth of areas with the highest life expectancy and the fifth of areas with the lowest life expectancy to be no more than 2.64 years by 2011;
 - Number of bed days that are unscheduled;
 - Number of vulnerable people achieving independent living.
- 15.8. NHS Plymouth has committed the Long Term Conditions Health Programme Group to delivering or contributing to these Healthy Plymouth outcomes:
- A decrease in the gap in life expectancy between neighbourhoods;
 - A decrease in the gap in gender inequalities;
 - Services designed to meet the needs of black and minority ethnic and faith groups;
 - Falls in the rates of underlying causes of poor health and rises in rates of health promoting activities;
 - Improvement in emotional well-being and mental health of children and families;
 - Review of access to primary care and preventative services within the community;
 - Exploration of services to promote job retention and rehabilitation;
 - Integration of services for community-based chronic disease management beginning with end of life care;
 - Improvement in access to services for people with common mental health issues.



Mental Health and Well-Being

- **Improving access for service users and carers**
- **Improving access to psychological therapies**
- **Improving support in community based care**
- **Increasing mental health promotion**

Chapter 4: Priority Service Areas

16. Mental Health and Well-Being

Where are we now?

- 16.1. NHS Plymouth has an agreed Benefits Realisation Plan 2007-2011 which sets out the following priorities for Plymouth:
 - Promote mental well-being;
 - Reduce stigma and discrimination;
 - Promote independence and choice;
 - Enhance primary mental health care provision;
 - Promote recovery and social inclusion.
- 16.2. NHS Plymouth has also developed a Psychological Therapies Strategy which will ensure access to psychological therapies across both primary and secondary care.
- 16.3. NHS Plymouth recognises the current and future challenges posed by dementia. The cost of service delivery and numbers of people affected are growing, but the impact on those with the illness and their families is profound. Often, the primary carers of people with dementia are old and frail themselves, with multiple physical and mental health problems. NHS Plymouth is working within the framework established by the Department of Health to improve current service provision across health and social care, particularly focussing on:
 - Improved public and professional awareness of dementia;
 - Early diagnosis and intervention;
 - High quality care and support.

Where do we want to be?

- 16.4. Mental health well-being and mental health promotion will be at the fore front of Plymouth's mental health services. Primary Care Liaison Team workers will be integrated within primary care and the voluntary sector, increasing the capacity within both sectors.
- 16.5. There will be greater choice and access to a wider range of high quality and safe services including groups and activities focussed on recovery and social inclusion.
- 16.6. Early interventions will be provided in the context of primary and community services. There will be improved access to psychological interventions and help for people to stay well and to recover in their community, maximising the use of community resources.
- 16.7. There will be a comprehensive service for people with long-term mental health conditions.
- 16.8. The target set for 2011 to achieve an increase in the workforce to deliver Improving Access to Psychological Therapies will be met.

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How will we get there?

- 16.9. NHS Plymouth will invest in mental health promotion and community development initiatives
- 16.10. Information on mental health conditions and recovery will be promoted in education, workplaces, leisure facilities and primary care services
- 16.11. Specialist mental health workers will become part of primary health care teams

What will the outcomes be?

- 16.12. NHS Plymouth will see the following outcomes as a result of the work described above:
 - Improved mental health and well-being;
 - Reduction in stigma and discrimination against people with mental health problems.
- 16.13. NHS Plymouth shares the following ambitions with NHS South West, as described in the Draft Strategic Framework for Improving Health in the South West.
 - Full implementation of the standards set out in the National Service Framework for Mental Health by *31st December 2009* ahead of the national timescale of *31st March 2010*;
 - People receiving *acute hospital care* for physical conditions to have access to a full range of mental health liaison services by *31st March 2010*;
 - Improved access and support for carers: assessments and *initial care plans for the identified main carer started* within four weeks of a service user's assessment by *31st March 2010*;
 - People diagnosed with dementia to have an *initial agreed care plan* within four weeks of their diagnosis by *31st March 2010*;
 - People *who have experience of serious mental illness, and are discharged to primary care, to have a named worker in primary care to ensure rapid response and access to information and support* by *31st March 2010*;
 - *Adults with mild to moderate depression and anxiety* to have access to psychological therapies in every Primary Care Trust by *31st March 2011*, three years ahead of the national requirement;
 - Specialist community-based eating disorder services, *as defined in National Institute for Health and Clinical Excellence Guidelines*, to be available to residents of every Primary Care Trust by *31st March 2011*;

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- All Primary Care Trusts *to use* at least three best practice pathways based on published guidelines from the National Institute for Health and Clinical Excellence and incorporate service user-led outcomes in their commissioning requirements by 31st March 2011.

16.14. NHS Plymouth has committed the Mental Health and Well-Being Health Programme Group to delivering or contributing to these Local Area Agreement Indicators:

- People with a long term condition supported to be independent and in control of their condition;
- Social care clients receiving self-directed support (direct payments and individualised budgets);
- Carers receiving needs assessment or review and a specific carer's service or advice and information;
- People supported to live independently through social services [at] all ages;
- The gap in life expectancy between the fifth of areas with the highest life expectancy and the fifth of areas with the lowest life expectancy to be no more than 2.64 years by 2011;
- Increase in the number of contacts with the primary care mental health service by 10% by 2011;
- Number of bed days that are unscheduled;
- Number of vulnerable people achieving independent living.

16.15. NHS Plymouth has committed the Mental Health and Well-Being Health Programme Group to delivering or contributing to these Healthy Plymouth outcomes:

- A decrease in the gap in life expectancy between neighbourhoods;
- A decrease in the gap in gender inequalities;
- Services designed to meet the needs of black and minority ethnic and faith groups;
- Improvement in emotional well-being and mental health of children and families;
- Improvements in mental health and well-being and an increase in planning to promote good mental health;
- Exploration of services to promote job retention and rehabilitation;

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- Integration of services for community-based chronic disease management beginning with end of life care;
- Improvement in access to services for people with common mental health issues;
- Improved quality of life and independence for vulnerable groups;
- Increases in the percentages of vulnerable people enable to live at home and maintain independence through preventative services, joint action with housing and services to promote social inclusion.



Learning Disabilities

- **Increasing choice and control over care**
- **Providing annual health checks**
- **Increasing access to screening**

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17. Learning Disability Services

Where are we now?

- 17.1. Plymouth has a Learning Disability Partnership comprising staff from both health and social care agencies. The service supports people with learning disabilities to live independently in the community, in supported living and in residential and nursing homes.

Where do we want to be?

- 17.2. NHS Plymouth has developed a Learning Disability Commissioning Strategy that sets out eight strategic objectives. These priorities have been identified through a consultation exercise with service users, carers and staff working within the learning disability service:
- A natural transition into adult life;
 - People to have more control over their own lives;
 - Good health;
 - Fulfilling lives;
 - A place to live;
 - Interesting things to do during the day;
 - Support for family carers;
 - Keeping safe.

How will we get there?

- 17.3. A comprehensive process for transition planning to be agreed by all agencies by October 2008; the Learning Disability Service has been leading work with the Children & Families Directorate and other agencies to secure this.
- 17.4. People with learning disabilities and their carers will have access to direct payments; some people with learning disabilities will own or part own their home. Services will only be commissioned from providers who subscribe to this vision and can demonstrate this in practice with individual service users.
- 17.5. A health education service will be commissioned from the Public Health directorate, with special attention to weight control, diet, oral hygiene and smoking. People will have their own Health Action Plans. The Learning Disability Service will produce a plan to develop the Challenging Behaviour Service to enable it to respond to crisis situations and give support when carers need a break. The aim must be to prevent unnecessary admission to hospital or specialist residential settings.
- 17.6. NHS Plymouth will work with Plymouth City Council to ensure that all facilities are receptive to people with learning disabilities. There will be increased availability of advocacy services, and support to improve involvement of services users in user forums and planning groups.

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- 17.7. Alternative accommodation, flexible to meet people's needs, will include landlord assisted rented accommodation, extra care housing, traditional supporting living. Residential care providers will be encouraged to change the way that they arrange and deliver services.
- 17.8. The Day Services Strategy will be implemented; this outlines three groups of need: community based high support; community based medium support; community based preventative support.
- 17.9. NHS Plymouth will re-commission short-stay/respite facilities to meet the needs of people with learning disabilities and their carers.

What will the outcomes be?

- 17.10. NHS Plymouth will see the following outcomes as a result of the work described above:
- Young people will have a positive experience of moving into adulthood;
 - By the end of March 2009 there will be 10% increase of users receiving Direct Payments with a further 20% for 2010 and a further 25% for 2011;
 - All service users will have their own Health Action Plan;
 - An increase in advocacy services and increased involvement of service users with learning disabilities in user forums and planning groups;
 - A significant decrease in reliance on residential care and an increase in the use of adults placements and other forms of supported and independent living arrangements;
 - An increase in the number and range of day services available;
 - Service user and carer satisfaction of short-stay/respite facilities will increase.
- 17.11. NHS Plymouth shares the following ambitions with NHS South West, as described in the Draft Strategic Framework for Improving Health in the South West.
- Full implementation of Valuing People: a new strategy for learning disability for the 21st century;
 - Each person with a learning disability will be supported to have greater choice and control over their care. The support will be included in a personal care plan by 31st March 2009;
 - Each person with a learning disability will have full access to the physical and mental health care they need, from high quality, safe services that protect them and promote their health and independence. The health care is to be based on a comprehensive annual health check, included in a personal health plan and checked by a primary care professional by 31st March 2009;

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- *95% of general practices will be able to identify the people with a learning disability in their practice population by 31st March 2010*
- All people in NHS provided accommodation are to be housed in accommodation of their choice, with the appropriate level of care and support by 31st March 2010;
- People with a learning disability will have the same access to screening services as everyone else. Screening rates for breast and cervical cancer will be increased year-on-year, towards the same uptake rate as the general population of 80% by 2013.

17.12. NHS Plymouth has committed the Learning Disability Services Health Programme Group to delivering or contributing to these Local Area Agreement Indicators:

- Emotional well-being and mental health and well-being;
- People with a long term condition supported to be independent and in control of their condition;
- Social care clients receiving self-directed support (direct payments and individualised budgets);
- People supported to live independently through social services [at] all ages;
- The gap in life expectancy between the fifth of areas with the highest life expectancy and the fifth of areas with the lowest life expectancy to be no more than 2.64 years by 2011;
- Number of vulnerable people achieving independent living.

17.13. NHS Plymouth has committed the Learning Disability Services Health Programme Group to delivering or contributing to these Healthy Plymouth outcomes:

- A decrease in the gap in life expectancy between neighbourhoods;
- A decrease in the gap in gender inequalities;
- Services designed to meet the needs of black and minority ethnic and faith groups;
- Improvement in emotional well-being and mental health of children and families;
- Exploration of services to promote job retention and rehabilitation;
- Improvement in access to services for people with common mental health issues;
- Improved quality of life and independence for vulnerable groups;

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- Improved access to support services, specifically occupational therapy, speech therapy, physiotherapy, continence advice and podiatry.



Planned Care

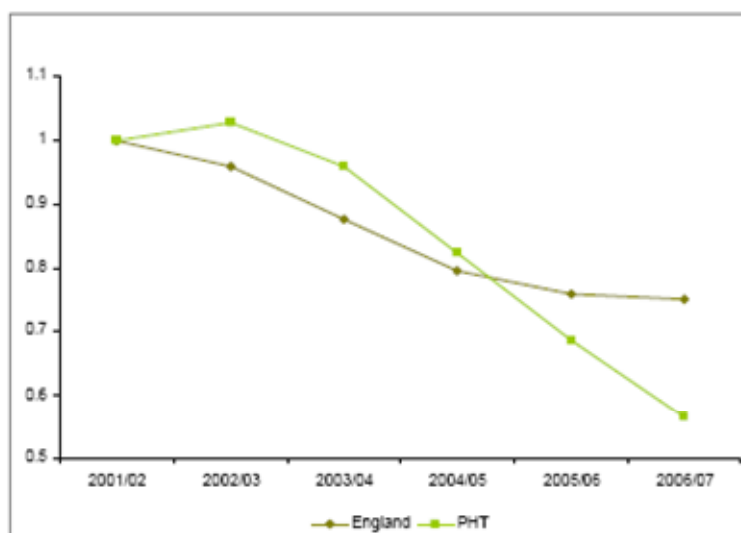
- **Increasing access to booked appointments**
- **Improving cancer care across the whole pathway**
- **Extending access to GPs**
- **Increasing access to NHS dental services**

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18. Planned Care

Where are we now?

- 18.1. NHS Plymouth has a strong record of delivering NHS plan targets and is now in better financial shape with both NHS Plymouth and Plymouth Hospitals Trust moving to a surplus position. The community has a history of very large waiting lists, but as highlighted in the Plymouth Hospitals Trust foundation trust application, those waiting lists have reduced significantly and by more than the national average. The following graph illustrates.



- 18.2. Plymouth Hospitals Trust now has under 60% of the numbers waiting that they had in 2001/02 whereas on average England Trusts have 80%.
- 18.3. NHS Plymouth will improve the offer to our population beyond the NHS plan but this will be a challenge to the health and social care community. During 2008 NHS Plymouth moved beyond the national targets exceeding some and delivering other targets early

Where do we want to be?

- 18.4. Elective access plans for NHS Plymouth will embed sustainable delivery of 18 weeks and go further in 2008/9 by achieving a maximum referral to treatment target time of 13 weeks by March 2009 using the national thresholds of 90% and 95%. In 2009/10, this offer will improve further and further again by the end of 2010/11.
- 18.5. In moving to a system of minimal waiting times, NHS Plymouth will prioritise those areas that are of highest clinical priority. This will ensure equity of access based on clinical need, but with the guarantee of a maximum wait significantly better than 18 weeks. The offer to cancer patients who already have a maximum wait of 62 days (9 weeks) will be reviewed, this will ensure that as elective waiting times reduce towards 8 weeks, so the cancer maximum waiting times will reduce still further reflecting clinical priority and the Cancer Reform Strategy.

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18.6. NHS Plymouth will also target significantly reduced waiting in non-acute areas which are not captured as part of the 18 week target. This will include many of NHS Plymouth's own therapy and equipment services.

How will we get there?

18.7. Additional Capacity is being secured from both NHS providers and through the private sector.

18.8. NHS Plymouth has supported the development of a community interest company; the shareholders are all GPs and practice managers. There are 46 practices in Plymouth of which 45 have representation on Sentinel. Sentinel are contracted to provide a referral management/facilitation service. There are a number of expected benefits to the local health community:

- using existing community capacity will be maximised;
- alternative community based options will be developed.

What will the outcomes be?

18.9. The overall outcome will be a no wait elective health care system with appropriate system management controls in place.

18.10. Referral pathways will be clearer for patients and clinicians, and there will be quicker and more convenient access to diagnostic and treatment services.

18.11. More patients will receive their care in a setting local to them.

18.12. There will be improved access to dental services and extended opening hours in general practice.

18.13. NHS Plymouth shares the following ambitions with NHS South West, as described in the Draft Strategic Framework for Improving Health in the South West.

- *There will be year-on-year improvement in the number of people accessing NHS dental services;*
- *95% of patients are able to book an appointment with a general practitioner in advance by 31st March 2009;*
- *95% of patients are able to book an appointment with a named general practitioner by 31st March 2009;*
- All patients to have an option available to them of extended opening hours in general practice by 31st March 2010;
- Cancer patients will receive earlier diagnosis. By 31st March 2010 90% of all diagnostic tests for suspected cancer patients will be carried out and the results available to the referrer within five days;
- By 31st March 2011, 90% of new patients referred by a general practitioner will be able to book appointments, diagnostic tests and treatments at times and dates convenient to them;

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- The National Cancer Reform Strategy (December 2007) will be implemented by 31st March 2011 in the South West, two years ahead of the national timetable. This will include improved prevention and screening, earlier diagnosis, better treatment, full implementation of Improving Outcomes Guidance and an improved experience for people living with and beyond cancer;
- 90% of admitted patients and 95% of non-admitted patients to be treated within eight weeks by 31st March 2011. This includes therapy services and the provision of wheelchairs;
- 90% of diagnostic tests to be carried out and the results available to the referrer within two weeks by 31st March 2011;
- By 31st March 2011, 75% of the 160 procedures identified by the British Association of Day Surgery will be carried out as a day case or in line with the best practice recommendations of the Association;
- Outpatient follow-ups *will be reduced* to achieve best quartile performance in each specialty by 31st March 2011;
- At least 50% of outpatient appointments to take place in a local setting by 31st March 2011.

18.14. NHS Plymouth has committed the Planned Care Health Programme Group to delivering or contributing to these Local Area Agreement Indicators:

- The gap in life expectancy between the fifth of areas with the highest life expectancy and the fifth of areas with the lowest life expectancy to be no more than 2.64 years by 2011;
- Number of bed days that are unscheduled.

18.15. NHS Plymouth has committed the Planned Care Health Programme Group to delivering or contributing to these Healthy Plymouth outcomes:

- A decrease in the gap in life expectancy between neighbourhoods;
- A decrease in the gap in gender inequalities;
- Services designed to meet the needs of black and minority ethnic and faith groups;
- Falls in the rates of underlying causes of poor health and rises in rates of health promoting activities;
- Review of access to primary care and preventative services within the community;
- Exploration of services to promote job retention and rehabilitation;
- Integration of services for community-based chronic disease management beginning with end of life care;

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- Improvement in access to services for people with common mental health issues;
- Improved access to support services, specifically occupational therapy, speech therapy, physiotherapy, continence advice and podiatry.



Acute Care

- **Reducing accident and emergency attendances**
- **Reducing waiting for assessment, diagnostics and treatment**
- **Reducing length of hospital stays**

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19. Acute Care

Where are we now?

- 19.1. During 2007/08 Plymouth Hospitals Trust experienced difficulties achieving the 4 hour standard; however since April 2008 the 98% target has been achieved regularly. There is a joint recognition that patient flow into and out of the hospital can be improved. Specific standards for discharge have been built into the contractual process in 2008/9. This set of operational standards are agreed and owned by the local health and social care community and are monitored through a group chaired by the Joint Director of Commissioning.
- 19.2. NHS Plymouth has one of the highest revascularisation rates in England; in 2006/7 the rate in Plymouth was 2,500. The Peninsula rate was 2,150 and the national rate was approximately 1,400. Notwithstanding the overall positive position on revascularisation, our Public Health team undertook a health equity audit showing the disproportional lower level of access that some of the more deprived areas were experiencing. In response NHS Plymouth has introduced a community cardiology clinic in one of the areas identified in the health equity audit.
- 19.3. The health community benefits from the support of the cardiac and stroke network. The network provides service redesign support as well as a strong link with national and local best practice. The network is also able to take a strategic approach to places of work where there appears to be a collective need eg commissioning a review of the models for cardiac rehabilitation.
- 19.4. The national targets for waiting times for cancer are consistently achieved and some aspects of the cancer reform strategy have been introduced early. Examples of good practice include:
 - Community Public Health Practitioner leading work on cancer screening and cancer symptom awareness;
 - System in place to fast track suspected recurrence through diagnostics to reduce length of wait and inappropriate admissions;
 - Education programmes ; breaking bad news/communication/clinical skills training for all staff grades;
 - Learning to live with cancer programmes, fatigue management;
 - Funding obtained from Macmillan Cancer Support to train senior health care professionals in cognitive behavioural therapy;
 - Provision of satellite support centres for information and support;
 - Nurse led chemotherapy outreach project funded by Macmillan Cancer Support. This has enabled the development of chemotherapy in the community. Robust processes and procedures in place to ensure safety, quality and efficiency;
 - Local Charity Jeremiahs Journey is working with refugee groups to provide bereavement support.

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- 19.5. NHS Plymouth has a high level of compliance with the Improving Outcomes Guidance and has received support for rolling out the cancer network's recommendations from the Plymouth Overview and Scrutiny Committee. The necessary changes to the contractual arrangements with Plymouth Hospitals Trust to ensure full compliance have been made.
- 19.6. Positron Emission Tomography (PET) is an imaging technique which can provide information about cellular function. Used in conjunction with CT, which allows a three dimension view of the body, it allows the exact site of a tumour to be identified. Until recently, patients requiring a PET CT were referred to either London or Middlesex. A national contract to provide a mobile PET CT is now operational, with a weekly service provided at the Radiology Academy on the Derriford Business Park site. NHS Plymouth were so concerned at the distance that patients were having to travel, and the level of uncertainty about start date of the national contract, that an early start to the service was commissioned. This has now been superseded by the national contract, which was mobilised more quickly than anticipated. Patients in Plymouth are now able to have their PET CT investigation undertaken locally and in a timely manner – a significant benefit to the patient and their ongoing management plan.

Where do we want to be?

- 19.7. Waiting times for accident and emergency care will be reduced and ambulance transfer times decreased.
- 19.8. NHS Plymouth wants to increase cardiac rehabilitation capacity and have a better cardiac arrhythmia pathway in place.
- 19.9. NHS Plymouth is already observing a change in clinical referral patterns with the introduction of the community cardiology service. It is anticipated that lessons learnt from the Devonport CHD project alongside a coordinated approach to vascular risk management will shift the emphasis from treatment to prevention and have a positive impact on mortality and morbidity rates.
- 19.10. Patients will have easier access to high quality and safe services; patients in the more deprived areas will have access to a range of services that meet their needs more appropriately.
- 19.11. NHS Plymouth wants to see reduced waits for radiotherapy, better outcomes for skin cancer and improved screening services.

How will we get there?

- 19.12. NHS Plymouth will work with both Plymouth Hospitals Trust and NHS Plymouth provider to ensure that operational response times are agreed between the providers in respect of transfer of care. This will reduce delays to an absolute minimum and improve the turnaround times' performance.

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19.13. To improve coronary heart disease care NHS Plymouth will:

- increase provision of ECG training and community based ECG service with access to interpretation;
- ensure appropriate assessment and administration of medication for heart attack patients;
- consolidate of community cardiology service incorporating referral management to secondary care;
- further develop the cardiac arrhythmia pathway and include the identification of patients requiring implantable devices and care coordination.

19.13. To improve cancer care NHS Plymouth will:

- roll out of the skin cancer Improving Outcomes Guidance;
- commission a service which reflects relative clinical priorities in terms of waiting times.

What will the outcomes be?

19.14. Patients will have improved outcomes and more positive experiences when needing to access unplanned care.

19.15. NHS Plymouth shares the following ambitions with NHS South West, as described in the Draft Strategic Framework for Improving Health in the South West.

- Accident and emergency attendances at acute hospitals will reduce by 10% per annum over five years, as people receive care in more appropriate local settings;
- 95% of stroke patients will be assessed using standardised assessments tools by 31st March 2009;
- All vascular emergencies will receive emergency care from a vascular surgeon by 31st March 2009;
- 95% of urgent cardiac surgical procedures will be performed within five days of *admission to an acute hospital* by 31st March 2009;
- 95% of high-risk blockages of the carotid artery will be operated on within 72 hours of diagnosis by 31st March 2009;
- All Primary Care Trust areas will achieve emergency ambulance response times *in the upper quartile nationally* by 31st March 2010;
- No ambulance handover times at emergency departments will be greater than 15 minutes by 31st March 2010;

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- 95% of fractures *requiring surgery* will be operated on within 24 hours of admission or fit for surgery by 31st March 2010;
- 95% of people who have suffered a stroke will receive brain imaging within 30 minutes of arrival at hospital, seven days a week by 31st March 2010;
- Patients with a fractured neck of femur will have a length of stay (including any time spent in a community hospital) in the best quartile for England by 31st March 2010;
- Full implementation of all Quality Markers of the National Stroke Strategy in all Primary Care Trusts by 31st March 2011;
- 95% of patients who attend emergency departments, minor injury units, walk-in centre, general practices and community settings for urgent care will have treatment initiated within two hours of arrival by 31st March 2011;
- 95% of eligible patients with myocardial infarction will be treated by primary angioplasty within three hours of *first calling for help* by 31st March 2011;
- 90% of stroke patients will spend 90% of their time in hospital in an acute specialist multi-disciplinary stroke unit by 31st March 2011;
- 95% of acute medical patients will have an assessment by an acute physician consultant within four hours of admission by 31st March 2011;
- The length of stay for acute medical care (including any time spent in a community hospital) will be in the best quartile for England by 31st March 2011.

19.16. NHS Plymouth has committed the Acute Care Health Programme Group to delivering or contributing to these Local Area Agreement Indicators:

- Substance misuse by young people;
- Carers receiving needs assessment or review and a specific carer's service or advice and information;
- People supported to live independently through social services [at] all ages;
- The gap in life expectancy between the fifth of areas with the highest life expectancy and the fifth of areas with the lowest life expectancy to be no more than 2.64 years by 2011;
- Reduce the year on year rise in alcohol-specific hospital admissions in 16-30 year olds related to assaults;
- Number of bed days that are unscheduled.

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19.17. NHS Plymouth has committed the Acute Care Health Programme Group to delivering or contributing to these Healthy Plymouth outcomes:

- A decrease in the gap in life expectancy between neighbourhoods;
- A decrease in the gap in gender inequalities;
- Services designed to meet the needs of black and minority ethnic and faith groups;
- Falls in the rates of underlying causes of poor health and rises in rates of health promoting activities;
- Improvement in emotional well-being and mental health of children and families;
- Review of access to primary care and preventative services within the community;
- Exploration of services for community-based chronic disease management beginning with end of life care;
- Improvement in access to services for people with common mental health issues.



End of Life Care

- Improving support for people to remain at home
- Reducing the number of deaths in hospital
- Improving access to services for effective care

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20. End of Life Care

Where are we now?

20.1. The baseline review of NHS Plymouth End of Life Care services was submitted at the end of March 2008 followed by the National Audit Office report. A small steering group has been established and a mapping exercise undertaken. The following work streams have been identified.

- care co-ordination;
- education and training;
- prescribing/medication;
- hospital care group.

Where do we want to be?

20.2. NHS Plymouth wants:

- More people will be able to die in their place of choice;
- Fewer people will have an unplanned admission to hospital;
- There will be more support available to enable people to stay at home.

How will we get there?

20.3. Work plans will be agreed to deliver the necessary changes within the workstreams described above. This will be monitored by the wider stakeholder group already in place.

20.4. NHS Plymouth will link with neighbouring Primary Care Trust leads and the Cancer Network to ensure consistency for our local populations and share good practice.

20.5. NHS Plymouth will develop methods of data gathering and perform local audits to establish baselines in order to evidence improvement.

What will the outcomes be?

20.6. People and their families will have more support to be able to choose where to die and have more control of their care during the last twelve months of life.

20.7. NHS Plymouth shares the following ambitions with NHS South West, as described in the Draft Strategic Framework for Improving Health in the South West.

- *Full implementation of all actions and recommendations of the national End of Life Care Strategy in all Primary Care Trusts*
- Providing support at home will lead to reduced unplanned admissions to hospital from nursing homes in the last twelve months of life by 10% per annum (from the 2007/08 baseline) for each of the next three years;

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- Responding to individual preferences will lead to a 10% reduction year-on-year in adult deaths in acute hospital for each of the next three years (this should exclude deaths in community hospitals and palliative care units in acute hospitals);
 - All health communities will be able by **31st March 2011** to identify the number of people with a plan for their death and to report the percentage of cases where the preference about place of death has been delivered;
 - People can access at all times the basic building blocks for effective care (community nursing, equipment, *palliative care* drugs, *specialist advice*, the patient plan, and *rapid discharge from hospital*) by **31st March 2011**.
- 20.8. NHS Plymouth has committed the End of Life Care Health Programme Group to delivering or contributing to these Local Area Agreement Indicators:
- Emotional well-being and mental health;
 - Carers receiving needs assessment or review and a specific carer's service or advice and information;
 - People supported to live independently through social services [at] all ages;
 - The gap in life expectancy between the fifth of areas with the highest life expectancy and the fifth of areas with the lowest life expectancy to be no more than 2.64 years by 2011;
 - Number of bed days that are unscheduled.
- 20.9. NHS Plymouth has committed the End of Life Care Health Programme Group to delivering or contributing to these Healthy Plymouth outcomes:
- A decrease in the gap in gender inequalities;
 - Services designed to meet the needs of black and minority ethnic and faith groups;
 - Improvement in emotional well-being and mental health of children and families;
 - Review of access to primary care and preventative services within the community;
 - Integration of services for community-based chronic disease management beginning with end of life care.



Primary Care

- **Better promotion of health**
- **More support for patients to manage their own conditions**
- **More choice, better access and better use of resources**

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21. Primary Care

Where are we now?

- 21.1. Primary health care services in Plymouth are both accessible and of a high quality. NHS Plymouth and the Plymouth population have benefited from increased investment in primary care services in recent years.
- 21.2. NHS Plymouth contracts with 46 providers of primary medical services (GP practices), 50 community pharmacies, 27 dental practices and 27 providers of optometry services in the community. NHS Plymouth works with providers to further improve and develop new or better services and the development of clinical governance methodologies helps to assure the quality of services.
- 21.3. **GP Practices** – Patients report that they have relatively good access to GP practices and there is good choice available. All practices have ‘open’ lists meaning they have capacity to register new patients, the General Practice Patient Survey in both 2006/07 and 2007/08 indicated that 87% of patients were happy with the opening hours of their GP practice, and premises are generally good. 32 practices (about 70%) have agreed to provide ‘extended opening hours’ providing extra GP appointments in evenings, weekends and early mornings, this exceeds our nationally set target of 50%. Sentinel Community Interest Company has representation from 45 practices. All practices work towards the targets of the Quality and Outcomes Framework with achievement at around 90% on average and all provide a range of ‘enhanced services’.
- 21.4. **Dental services** – Since April 2006 through the dental database system held by NHS Plymouth almost 25,000 people who requested access to a regular NHS dentist were allocated a practice. Additionally Plymouth has a Dental Access Centre that patients without an NHS dentist can access for emergency treatment and a new domiciliary dental service for patients who are housebound.
- 21.5. **Community pharmacy services** – There is wide choice and good access to pharmacy services across Plymouth; this has been extended by a range of enhanced services including pilot services for obese people wanting to lose weight and a new COPD testing service. 26 of our 50 pharmacies provide medication usage reviews for patients wishing to talk to a pharmacist about their medicines.
- 21.6. **Optometry services** – Providers have recently successfully transferred to the new national contract for optometry. Some Plymouth optometrists also provide glaucoma and diabetic retinopathy screening as an alternative to hospital based services and are working with the PCT on a primary eye care acute referral scheme to improve accessibility and cost-effectiveness of services.

Chapter 4: Priority Service Areas

Where do we want to be?

21.7. NHS Plymouth supports the recently published 'NHS Next Stage Review, High Quality Care for All' which includes a vision for primary and community care. Along with other national policy, guidance and local priorities this sets our overall future direction. Key themes include the following: involvement of patients and the public in individual care plans and service development; health promotion; further improvement of the quality of services; and the ways in which change should be led locally. Within these themes are the following priorities:

- access
- choice
- reducing health inequalities
- integration of local services

21.8. The national vision includes the following:

- regular patient surveys
- closer working between GP practices and community health teams, pharmacies, social care and other groups
- expanding patients' choice of GP practice and providing patients with better information to help them make informed choices
- changing the way that GP practices are paid aiming to make funding fairer
- further work aimed at reducing health inequalities
- revision of the Quality and Outcomes Framework
- a new system of accreditation of GP practices
- improving information and support for practices to engage in Practice Based Commissioning

21.8. The Pharmacy White Paper was published in April 2008 and sets out the national vision for pharmacy. The long term objectives are:

- become 'healthy living centres' encompassing a greater emphasis on health promotion
- become the first port of call for patients with minor ailments
- provide support to patients with long term conditions
- increase professional involvement in screening, vaccination and sexual health services

Chapter 4: Priority Service Areas

How will we get there?

21.9. NHS Plymouth will

- Ensure closer working with stakeholders across health and social care
- Ensure clinical leads will more actively influence commissioning decisions
- Continue to give patient and public involvement a high priority
- Procure a GP-led health centre under the national Equitable Access programme, providing primary medical care for registered and non-registered patients including a walk in facility with 7 day a week, 8am-8pm opening hours
- Ensure the success of the Sentinel referral facilitation model
- Commission further enhanced services from the full range of primary care providers and undertake careful evaluation of existing services to ensure they continue to be the most effective way of improving health and providing care locally
- Further develop the programme of clinical governance activity and support for primary care providers, ensuring high quality and safe services for all
- Further extend NHS dental capacity with two new surgeries in areas of most need
- Continue to work closely with the new Peninsula Dental School to ensure the benefits to both students and patients alike
- Mainstream 'choice' and 'central referral' in dentistry
- Update needs assessments and detailed planning documents across all of primary care to inform commissioning decisions
- Implement the primary eye care acute referral scheme for the benefit of patients and improving value for money of services

What will the outcomes be?

21.10. Improvements to primary care will result in better promotion of health and prevention of disease. There will be a further reduction in inequalities between the most advantaged and disadvantaged groups in Plymouth. There will be better care for patients with long-term conditions including more support for patients to manage their own conditions. There will be more choice, better access and better use of resources.

Chapter 5: Improving Clinical Effectiveness, Safety and Patient Experience

22. Patient Safety and Improving the Patient Experience

22.1. NHS Plymouth is committed to a consistent approach to improving patient safety and improving the patient experience. This includes:

- Developing services that are safe and accessible and easy to use with clear signposting to other services where required;
- Service provision is timely, suitable to an individual's needs and available around the clock if necessary;
- Services are locally available in the first instance, enabling the majority of people to receive treatment in their own community;
- There is efficient and effective use of evidence based approaches;
- NHS services collaborate in partnership with other agencies, patients and carers;
- Resources are managed to the best advantage of patients and service users;
- Staff are supported through training, professional development and supervision;
- Clinical audit is routine practice and used to inform services changes.

22.2. NHS Plymouth will ensure that services provide person centred care, have in place mechanisms to track how well needs are being met, can identify areas for improvement and take appropriate, timely action.

23. Safeguarding

23.1. NHS Plymouth has a duty to ensure that all commissioned services provide safe environments for patients; this includes the quality of care provided and how it is delivered.

23.2. NHS Plymouth is working with partner agencies through both the Local Safeguarding Children's Board and the Adult Safeguarding Board to improve collectively the way in which local agencies work together to safeguard children and adults. Key aspects of this work include:

- Policies and procedures;
- Training and staff competencies;
- Learning from serious case reviews;
- Audit.

Chapter 5: Patient Safety and Patient Experience

24. Infection Control

- 24.1. It is estimated that one in ten patients admitted to NHS hospitals will be unintentionally harmed – around 50% of these events are believed to be avoidable if lessons from previous incidents had been learned.
- 24.2. NHS Plymouth acknowledges the public's legitimate concerns over MRSA and Clostridium Difficile¹ infections in hospitals. The reduction of all health care acquired infections is a significant priority for NHS Plymouth; these may be identified within hospitals and within the community.
- 24.3. All health care organisations are required to have an annual plan to address the prevention and control of infection in health care settings. NHS Plymouth has a dual role in this respect:
- first, as a commissioner of services, ensuring that monitoring data is available and that action plans are in place to ensure that the risk of health care acquired infection is reduced to minimum levels
 - second, as a provider of clinical services; all operational services must have the relevant infection prevention and control arrangements in place and be subject to the same level of scrutiny and audit as those of other NHS providers of services

NHS Plymouth responsibility

- 24.4. Within the community, NHS Plymouth has a key role in the commissioning of primary care and community care services. These include GP services, dental services, community pharmacies, optometrists and community nursing services. These services have close working relationships with the independent sector such as care homes. Therefore a key target for NHS Plymouth will be to ensure that the relevant education and clinical support is available to a consistent level to individuals in the community.
- 24.5. NHS Plymouth will be recruiting additional specialist infection prevention and control staff to concentrate on work within the community to ensure that, in particular, primary care based services share the correct and current information available.
- 24.6. Further work will be undertaken to ensure a better understanding of those MRSA bacteraemia which have been acquired by patients before being admitted to hospital.

¹ MRSA is Methicillin-Resistant Staphylococcus Aureas,, C.Diff is Clostridium Difficile, an anaerobic bacterium

Chapter 5: Patient Safety and Patient Experience

Challenges

- 24.7. NHS Plymouth faces a number of challenges over the next few years; [Figure 9](#) highlights three key areas.

Figure 9 - Infection control challenges

Care Homes
<ul style="list-style-type: none">• Catheter care• Wound management• Managing “outbreaks” of C. Diff without admitting to hospital• Education and training• Antibiotic prescribing in collaboration with GPs (this will form part of the planned audit activity) <p>NHS Plymouth Provider, Public Health and the Health Protection Agency have developed specific training for care homes to address the problem of PVL infections (Panton-Valentine Leukocidin (PVL) Positive Staph. Aureus²). This work will continue and be reviewed over the next year.</p>
NHS Trusts
<p>NHS Plymouth requires all Trusts to:</p> <ul style="list-style-type: none">• Reduce the number of MRSA infections• Reduce the number of Clostridium Difficile infections by March 2011• Continue mandatory surveillance of Clostridium Difficile infection to patients age 2 years and over• Adhere to new guidelines on uniform, eg bare below the elbow• Ensure MRSA screening for all elective admissions.• Plan the introduction of screening over the next three years for all emergency admissions• Ensure that the role of the Matron is supported to act on the cleanliness and hygiene agenda within all settings• Require a whole system approach to the delivery of the health care acquired infection agenda

² Panton-Valentine Leukocidin (PVL) is a toxin that is produced by some strains of *Staphylococcus aureus* and it increases its virulence. It is not a variation of MRSA and it can be produced by both methicillin resistant *S. aureus* (MRSA) and methicillin sensitive *S. aureus* (MSSA). Most of the PVL positive strains of *S. aureus* identified in the UK are sensitive to many antibiotics

Defining Outbreaks of Clostridium Difficile

The Department of Health is currently reviewing the criteria for a Clostridium Difficile outbreak; in the interim the following criteria will be used as a guide:

- a rate of infection of 4.0 per 1,000 bed days or greater
- a 30% increase in number on the previous reporting period
- a 30% increase in number on the same reporting period the previous year

In addition to the above, clinical judgement by the infection control team and microbiology team will also be important in identifying outbreaks in specific locations. NHS Plymouth will ensure that there are processes in place to support the implementation of these criteria consistently across the health community.

24.8. NHS Plymouth shares the following ambitions with NHS South West:

- No methicillin resistant staphylococcus aureas (MRSA) bacteraemia in hospitals more than 48 hours after admission;
- 20% reduction in methicillin resistant staphylococcus aureas (MRSA) bacteraemia detected less than 48 hours from admission to NHS provided care;
- 50% reduction across all ages in clostridium difficile in hospitals from 2007/08 to 2008/09;
- All hospitals to have a hospital standardised mortality ratio among the lowest in England by 31st March 2011;
- Improve levels of patient satisfaction with separate male and female provision year-on-year, with satisfaction in all NHS Plymouth facilities in the top 10% nationally;
- Achieve and maintain excellent performance for cleanliness in all NHS Plymouth facilities;
- A year-on-year reduction in moderate or severe harm arising from medical and clinical error as reported through the National Reporting and Learning System statistics;
- Increase reporting, where medical errors have occurred; so that NHS South West has the highest reporting rate in the country;
- Full implementation of the National Patient Safety Agency safe practice guidance;
- Full and timely implementation of Technology Appraisal guidance published by the Institute of Health and Clinical Excellence.

Chapter 5: Patient Safety and Patient Experience

25. Patient and Public Involvement

25.1. NHS Plymouth has a Patient and Public Involvement Lead to drive the engagement agenda and a draft Patient and Public Involvement Strategy has been developed. This identifies what is required to ensure engagement is embedded in the work of NHS Plymouth and proposes effective mechanisms to achieve this.

25.2. A number of key themes have been identified, these are the need to:

- Understand the current style and level of engagement;
- Ensure a **shared understanding** between all stakeholders around what is engagement;
- Nurture a **positive and rewarding relationship** between NHS Plymouth and the public;
- Provide **support for people who engage** with NHS Plymouth to remove barriers to engagement;
- Look at **workforce development** to ensure that there is both the capacity and that staff have the competencies needed for effective engagement;
- **Work in partnership** with other agencies in the city;
- Better use the **information** that we currently collect from the public about their views of the services we commission on their behalf;
- Establish an effective and positive relationship with the **emerging Local Involvement Network (LINKs)**;
- Introduce a **consistent approach to engagement**;
- Develop **appropriate governance arrangements** to ensure that engagement is of a high quality, value for money, and that the findings are utilised in the decision making process and more open accountability;
- Look at **communications** regarding engagement both with the public, other stake holding groups and within our organisation;
- **Build on existing good practice and skills** within NHS Plymouth and the wider health and social care community;
- **Reach out to seldom heard** groups to ensure an equality of engagement within our user population.

26. Equality and Diversity

26.1. NHS Plymouth has reviewed the way it engages with communities and individuals regarding the equalities agenda. NHS Plymouth has developed a Single Equality Scheme which includes the six strands of equalities; race, faith, gender, sexual orientation, age and disability.

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- 26.2. NHS Plymouth has developed a Service Level Agreement with Plymouth and District Racial Equality Council to engage more constructively with black and minority ethnic communities. Examples of this closer working with local communities include:
- a Chinese Elders engagement project; in consultation with Chinese Elders NHS Plymouth developed seven health themed workshops to raise awareness of health services;
 - participation in and sponsorship of Plymouth Respect Festival; the Festival is an opportunity to gather intelligence on black and minority ethnic communities experience of using local health and social care services.

The information gathered is forwarded to relevant service areas for information and action. An operational group known as Race for Health has been established with membership consisting of Plymouth and District Racial Equality Council and NHS Plymouth representatives. It meets on a monthly basis and works in partnership to address the health needs of black and minority ethnic communities in Plymouth.

- 26.3. NHS Plymouth is a Delivering Race Equality Focussed Implementation Site for Mental Health services. It has developed several projects, one of which is a Respect Counselling service, aimed at addressing the need for specialist counselling services for black and minority ethnic communities.
- 26.4. In partnership with Plymouth City Council, NHS Plymouth has part funded a Disability Development worker for Plymouth Disability Action Network. Through this arrangement it has enabled NHS Plymouth to take a more structured approach to involving and engaging people with disabilities. We have also established a Disability Working Group with internal and external membership; the aim of the group is to promote equality access to services and reduce barriers.
- 26.5. NHS Plymouth has an Equality Impact Assessments programme in place. Completed impact assessments are published on the NHS Plymouth website.
- 26.6. The result of all the activity described in Chapter 5 will be improved patient experience.

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27. World Class Commissioning

27.1. Underpinning the World Class Commissioning vision are eleven competencies that set out the knowledge, skills, behaviours and characteristics expected of world class commissioners. The competencies describe the commissioning processes that, when developed to a high level, will deliver improvements in health outcomes over time; they also provide an assurance system to review progress and set out a common basis for agreeing further development.

28. Developing Commissioning Capacity and Capability

28.1. In the autumn of 2007 NHS Plymouth reviewed its commissioning arrangements. This involved creating further capacity through the appointment of a Joint Director of Strategic Commissioning responsible for both health and adult social care commissioning, supported by a Deputy Director and three Assistant Directors, each with lead responsibilities. Their lead responsibilities include:

- Strategy and Partnership working;
- Service redesign;
- Independent Sector & Specialist Commissioning;
- Acute sector contract & performance management.

28.2. The appointment of a Joint Director of Strategic Commissioning at the end of 2007 has enabled the commissioners in Health and Social Care to work more closely together. There are already examples of where this has made more effective use of resources and has led to efficiencies. There are also examples of better market management and a more coherent approach to providers. Market development and procurement strategies have recently been developed and both agencies are now exploring how best to bring performance information together.

28.3. The World Class Commissioning Competencies provide a useful framework against which to assess and develop NHS Plymouth's approach to commissioning. NHS Plymouth will use the new additional capacity within the Commissioning Team to complete this task.

29. Practice Based Commissioning

29.1. Practice Based Commissioning was introduced by the Department of Health as a means of promoting greater clinical engagement of primary care professionals in the design and commissioning of services.

29.2. All practices are receiving support from NHS Plymouth and the offer of an incentive payment (the Directed Enhanced Service or a locally agreed payment) to support practice based commissioning. Governance and accountability arrangements for practice based commissioning are in place and these are agreed in partnership between practices and NHS Plymouth.

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- 29.3. All GP practices in Plymouth have become shareholders in a new community interest company which is known as Sentinel. NHS Plymouth contracts with Sentinel to run a primary care facilitation service; it has been fully operational since April 2008. The service manages all elective referrals and enables swift responses to problems in service delivery. In addition the service provides good intelligence about referral pathways and blockages in the system.
- 29.4. Sentinel will identify gaps and potential improvements in local service delivery, enabling NHS Plymouth to encourage market entrants or reconfigure existing provision where necessary. This will necessitate practice based commissioners working collaboratively with NHS Plymouth and each other in the following areas:
- better care of patients with long term conditions in order to prevent crisis and promote independence;
 - redesigning of services for both routine care and for when crises do occur in order to make them more efficient;
 - improving efficiency by reducing reliance on secondary care;
 - greater focus within Practice Based Commissioning on promoting health and well-being and integrated services.

30. Health and Social Care Integration

30.1. Adult Services

30.1.1. An Integrated Care Commission has been established, co-chaired by the Chief Executive of NHS Plymouth and the Director of Community Services, Plymouth City Council; this group has been meeting regularly for over a year.

30.1.2. Progress has been made at four different organisational levels:

- **Corporate and Strategic Vision:** Driven by the strong desire to improve public experiences of the care system;
- **Commissioning:** An opportunity arose to appoint a Joint Director of Strategic Commissioning, which has resulted in the existing Assistant Director of Community Services being seconded to the Board of NHS Plymouth at the end of 2007, in turn enabling the linking of commissioners in health and social care;
- **Provider Service Development:** Key areas are being explored for the future, eg integrated workforce, estates and information technology development, the organisation of a single point of contact for the public and other referrers, merging occupational therapy staff from providers in health and social care into a more united profession, and reviewing the pattern of community beds for health and social care;

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- **Professional Practice:** Pilot of an integrated and co-located community team linked to local GP surgeries in the Devonport area. The work will provide the basis for planning a roll-out of the most effective multi-disciplinary team organisation across the city. A programme has been started in the Learning Disability Partnership to secure co-location of staff and to establish a more effective single point of contact for the public.
- 30.1.3. Clear progress has been made together, however there are some obvious key challenges for the next stage. Fundamentally, short period of individual and joint strategic reflection by the two partners is envisaged to explore options and models, simultaneous facilitation of an organic link of service provider functions.
- 30.1.4. Partner agencies will need to be assured through a process of 'due diligence' that the organisational model and proposals which emerge from consideration of the options will be right not only for the people of Plymouth, but also for NHS Plymouth and Plymouth City Council.
- 30.1.5. Once there is a decision about what is the right model, a project team will be established: this will be a detailed task, and the process will require extensive and careful consultation with all stakeholders. In the meantime, plans are in place to appoint a Project Manager to support and coordinate the tasks identified above, and to ensure that the process of decision-making is fully informed. Evaluations of similar developments elsewhere in the country have highlighted the importance of dedicated management time during the period of change.
- 30.2. Children's Services
- 30.2.1. A Children's Trust Board was established in October 2007 and the current focus is now on jointly implementing the actions required to achieve the priorities of the Children and Young People's Plan. To enhance the effectiveness of joint agency co-operation an overall legal framework for the partnership is being produced that includes the option of using different mechanisms to support integration that are most appropriate for the specific service area. The final document will serve two purposes:
- To provide a formal partnership agreement for board level functions building on the existing governance and accountability arrangements.
 - To equip the Children's Trust with the appropriate legal mechanisms required to implement and support joint planning, commissioning and integrated delivery whilst also providing due safeguards for partner organisations.

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31. Commissioning Governance

- 31.1. The Commissioning Governance Committee is a sub committee of NHS Plymouth Board and it's purpose is to provide 'reasonable assurance' for all commissioned services.
- 31.2. NHS Plymouth is required to be compliant with all national standards applicable to a Primary Care Trust, and expects all providers to demonstrate compliance with relevant standards. NHS Plymouth requires commissioned organisation to report any significant risks or lapses against standards and to share any associated action plans to bring the provider to full compliance. This progress will then be monitored and reported at the Commissioning Governance Committee, and will monitor progress.
- 31.3. In 2009 the NHS Plymouth will be required to submit two Annual Healthcheck self assessment declarations and will need to demonstrate both a clear separation between the commissioner and provider functions and compliance against all standards.
- 31.4. NHS Plymouth is developing a framework to provide assurance of commissioned services through the following mechanisms:
 - Clinical Quality Review meetings;
 - Performance and activity targets;
 - Compliance meetings.
- 31.5. This programme of work has commenced with Plymouth Hospitals Trust and will be developed across all commissioned services over time.

32. Clinical Quality Review Process

- 32.1. NHS Plymouth has initiated the Clinical Quality Review process as part of the national contract with Plymouth Hospitals Trust, and by the end of 2008 will have replicated the model for NHS Plymouth provider services.
- 32.2. The process will provide more information and assurance about the quality and outcomes of service provision. Quality standards that are agreed between NHS Plymouth and providers are monitored; any non compliance of standards is addressed by the provider through action plans that are shared with and approved by NHS Plymouth.
- 32.3. The process will support the ability of NHS Plymouth to provide assurance that the quality of commissioned services creates an environment that supports high quality services and outcomes for patients.

33. Service Transformation

- 33.1. As a component of increasing the commissioning capacity and skills, approval has been given for the development of a small service redesign team within the commissioning arm of NHS Plymouth. It is important that NHS Plymouth holds this resource in commissioning to support developments and changes across pathways of care and ensures that the contractual and financial levers are used effectively (and barriers to good patient care removed).

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- 33.2. It has two roles, in that the member of the team will either act as project managers for key pieces of work which span across several provider units, or will support operational managers across the community to implement project management, monitoring and tools and techniques which may be helpful to examine existing practice.
- 33.3. The team has commenced the introduction of a tool for supporting NHS Plymouth as part of the wider community to prioritise its areas of clinical redesign. At the time of writing the tool being used is that of the NHS institute, which engages a number of people across organisations and defining key areas of work; the current success rate for projects is around 70%. The purpose of this work is to increase the success rate and work on a smaller number of changes but do these well, rather than raise expectations and fail.
- 33.4. As part of this function NHS Plymouth has already been nominated as one of the Health Reform Demonstrator Sites, which is charged with demonstrating how the system reforms are improving patient care. It has been highlighted already for its approach to practice based commissioning (referral management approach), telecare and avoidance of admissions schemes.

34. Market Management and Choice

- 34.1. The aim of market management is to develop an optimal and sustainable market structure, supported by robust contract and provider management, to deliver the best patient care and value for money. To achieve this, the market management programme, adopted in common with all other Primary Care Trusts in the south west, is implementing a formal and structured approach within the overall World Class Commissioning framework called Strategic Sourcing.
- 34.2. Strategic Sourcing is a structured approach to defining the health market along care pathways, analysing the needs of communities and the current and potential provider markets, designing and delivering fact-based commissioning strategies that will benefit the community, and monitoring and managing contracts and providers to ensure realisation of those benefits. NHS Plymouth is working with both AT Kearney and BUPA Health Dialogue to introduce Strategic Sourcing into the operations and ways of working within Plymouth.
- 34.3. While increasing competition and encouraging additional providers to enter the market can be a powerful tool to improve health outcomes and efficiency, it is not the right approach for all services or under many circumstances. NHS Plymouth recognises that the vision of promoting independence and delivering care closer to home may require segmentation of the market and therefore different approaches to commissioning and procurement may be necessary. Effective market management must also include working with current providers to establish and maintain closer and more commercial relationships.

Chapter 6: System Reform

35. Procurement Processes and Practice

- 35.1. Whilst procurement has always been a feature of NHS commissioning, the evolving market context within which health care is increasingly being exposed means that commissioners need to develop and improve their procurement capability.
- 35.2. NHS Plymouth will adopt practices and processes that are commensurate with the scale and scope of the procurement in order to limit costs for all parties involved but regardless of the approach NHS Plymouth will adhere to the following principles. It will:
- ensure that the procurement will contribute to the delivery of NHS Plymouth's wider service strategy;
 - be clear on the objectives of the procurement from the outset;
 - communicate those objectives to potential providers at an early stage, to gauge the market's ability to deliver and explore a range of possible solutions;
 - follow a competitive, efficient, fair and transparent procurement process and communicate this to potential providers at the outset;
 - be clear about affordability;
 - establish effective contract management processes and resources.
- 35.3. Effective procurement will be a cornerstone of NHS Plymouth's ambition to deliver sustainable and world-class health services that are value for money.
- 35.4. NHS Plymouth welcomes the publication of the Framework for procuring External Support for Commissioners and will actively consider how it can make best use of the opportunity.
- 35.5. All Primary Care Trusts are required to procure a new GP-led health centre by December 2008. An advert was placed for the Plymouth GP-led health centre in May 2008 and the procurement is set to complete on time in December 2008.
- 35.6. NHS Plymouth has tendered nationally for a dedicated dental domiciliary service and successfully awarded the contract to Primecare Oral Health Services. The service began in September 2007 and is available for any patient who is clinically unable to attend a high street dentist. Following another national tendering process, a contract has been awarded to an independent provider to open a new practice in the north west of the city. The practice is to be based in the St Budeaux area and will be opening at the end of 2008. At full capacity this practice will be able to offer access to approximately 7,000 patients.

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36. Commissioning NHS Plymouth Provider Unit

36.1. NHS Plymouth provider unit is being developed into an arms length body, with the business acumen to tender for larger contracts. Significant progress has been made to strengthen the commissioning arrangements between NHS Plymouth's commissioning function and its provider services unit. Since the Fitness for Purpose exercise the following key measures have been put in place:

- provider board established;
- provider arm has initiated internal services reviews;
- dedicated finance and information service for provider arm;
- strategy for provider services that is clear and coherent:
 - services will continue to be managed by NHS Plymouth;
 - local tariffs will be set to test value for money and enable contestability;
 - closer working with the local authority will be encouraged;
 - service specification and currency will be agreed allowing for contestability and contract performance management;
 - innovative and flexible services for mental health and learning disability will be developed to reduce the cost of individual patient placements.

37. Commissioning in Partnership

37.1. Many of the challenges facing commissioners of health care will only be achieved through effective commissioning with other partners and notably the local authority. The Primary Care Trust has reflected this partnership focus in the appointment of the Joint Director of Commissioning for Health and Social Care; this has created the opportunity for increased joint working between commissioners.

37.2. Section 75 flexibilities are in place for the Joint Equipment Service and there is an increased commitment for services to work more closely together. Children's services are pursuing Section 75 arrangements across a number of areas.

37.3. Health and social care providers have aligned their budgets in Child and Adolescent Mental Health Services; this has enabled innovation and achieved national recognition.

37.4. The Local Area Agreement has enabled more joined up approaches to commissioning. For Plymouth the focus of the Local Area Agreement is about improving the health, well-being and social care of local people, reducing health and social inequalities, protecting the vulnerable, ensuring equal access for all members of the community, and helping people at all stages of their life to enjoy the best possible health.

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38. Contracts

- 38.1. NHS Plymouth will contract with its providers using national model contracts for NHS Trusts. These will include the 'Contract for NHS Providers' and, when appropriate the 'Foundation Trust Contract'.
- 38.2. NHS Plymouth is currently developing a standard contract for non NHS providers; this will be reviewed and approved by the Commissioning Governance Committee. This standard approach will enable NHS Plymouth to have a robust register of all NHS and non NHS contracts.

Chapter 7: Supporting Strategies

39. Medium Term Financial Plan

39.1. The Medium Term Financial Plan describes the planned level of growth expected during the period 2008-2013, and the distribution of resources needed to achieve the strategic objectives of NHS Plymouth. It is the result of a dynamic and iterative process of strategic prioritisation, set against an environment of limited resources and the need to achieve best value for money. The investments are identified by Health Programme Groups (reflective of the Darzi workstreams), but the Medium Term Financial Plan also incorporates analysis by programme budget categories where available, along with operational management analysis of resources.

40. Estates and Facilities

40.1. NHS Plymouth has a large stock of properties that serve both the commissioner and provider functions of the organisation. All properties have been assessed to ensure that NHS Plymouth has the right premises in the right location that are fit to deliver safe, effective and modern services that offer privacy and dignity to all.

40.2. The assessment process has informed the draft Estates Strategy, the function of which is to provide direction for the provision of estates across health and social care in Plymouth. It is anticipated that there will be a significant capital investment required over the next 10 years in order to ensure effective delivery of services using a safe and effective infrastructure. This ten-year vision will be underpinned by annual action plans that will demonstrate real improvements to the estate of NHS Plymouth.

40.3. The draft Estates Strategy sets out the following:

- Provides assurance that clinical services will be supported by a safe, quality, effective, secure and appropriate environment;
- Ensures that capital investments reflect service strategies and plans, including assurance that future investment is appropriately prioritised;
- Delivers a plan for change and development of the estate;
- Provides a strategic framework in which detailed business cases for all capital investments can be developed and evaluated;
- Provides a clear statement that NHS Plymouth has positive plans to maintain and improve services and facilities;
- Delivers a clear commitment to sustainable development, environmental and energy saving initiatives and reducing the carbon footprint of the NHS in Plymouth;
- Offers assurance that risks are controlled and that investment is targeted to reduce risk.

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- 40.4. NHS Plymouth is committed to partnership working and has a partnership arrangement with ReSound Health Ltd that will be further developed in the future with the identification of a steady stream of projects. This is in accordance with the Strategic Partnering Agreement that has been signed by these parties: NHS Plymouth; ReSound Health Ltd; Plymouth City Council; Plymouth Hospitals Trust.
- 40.5. NHS Plymouth shares the following ambitions with NHS South West, as described in the Draft Strategic Framework for Improving Health in the South West.
- Reduce primary energy consumption by 15% or 0.15 million tonnes carbon from 31st March 2000 levels by 31st March 2010;
 - Achieve energy levels of 35-55 gigajoules per 100 cubic metres for new developments and refurbishments and 55-65 gigajoules per 100 cubic metres for existing facilities by 31st March 2010.

41. Information Management and Technology

- 41.1. The use of technology and information is a key drive in enabling the change to health and health provision identified as priorities for the health community through these strategies.
- 41.2. NHS Plymouth aims to ensure all organisations that are commissioned to provide services use appropriate national applications, and deliver their contribution to the national summary care record with high standards of data integrity and quality. The specific requirements vary across sectors, for example:
- General medical practices have the IM&T Directed Enhanced Service to ensure the delivery of the right data standards to upload to the national summary record;
 - General practices should also be encouraged to utilise the Choose and Book systems for the electronic booking of care wherever appropriate;
 - Community pharmacists are engaged with the electronic transfer of prescriptions;
 - Providers of secondary and tertiary care (whether NHS or independent sector) must deliver the agenda with regard to an electronic patient record, with a plan to use the Local Service Provider offerings over time.
- 41.3. Each provider should exploit the technology to demonstrate value for money and improvement of patient care through standards and efficient transmission of care via agreed pathways.
- 41.4. NHS Plymouth commitment to commissioner and provider responsibilities is detailed in the NHS Plymouth Information Management and Technology Strategy and providers' information management and technology operational plans for 2008/09.

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- 41.5. NHS Plymouth shares the following ambitions with NHS South West, as described in the Draft Strategic Framework for Improving Health in the South West.
- Enable relevant clinical outcome information to be published by all NHS providers by **31st March 2010**;
 - Achieve deployment of the Summary Care Record across NHS South West by **31st December 2010**;
 - Enable diagnostic services to be booked using the Choose and Book system by **31st March 2011**;
 - Enable all prescribers to send prescriptions electronically to a dispense of a patient's choice by **31st March 2011**;
 - Implement information systems to support integrated care planning and assessment in all mental health NHS trusts in NHS South West by **31st March 2011**;
 - Implement hospital systems that support clinical activity (electronic clinical orders, prescribing and care pathways in all acute NHS Trust in NHS South West by **31st March 2011**;
 - Ensure access by community-based health and social care professional to all relevant service user information by **31st March 2011**;
 - Expand the use of telecare, telemedicine and assistive technology in three or more health communities by **31st March 2011**.

42. Organisational Development Plan

- 42.1. The Organisational Development Plan describes the current structure of NHS Plymouth, the drivers for change and analyses current organisational skills and strengths, current capacity and development needs. NHS Plymouth has already identified the following areas for development:
- engagement with primary care clinicians
 - more clearly defined commissioner / provider separation
 - closer working with the local authority
 - improved clarity on roles and boundaries, and better understanding between provider and commissioner leads
 - further development of commissioning skills
- 42.2. A detailed action plan will be developed to address the identified gaps, indicating whether a share, learn or buy approach will be used, and the timelines for addressing each of the priority areas. At individual level, gaps will be addressed using the appraisal and personal development planning processes. In the meantime, the action plan for NHS Plymouth will focus on a range of core organisational development activities including Board and Executive Team development, communication and culture change, staff

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engagement, team development, staff development, staff support and workforce planning.

43. Workforce

Introduction

43.1. NHS Plymouth is both a strategic commissioner and a provider of services, of which a large component is the mental health and learning disability service. It is essential that with such wide-ranging responsibilities NHS Plymouth must manage the human resource aspects of both these functions within the organisation and across the provider landscape. This places significant reliance on workforce planning and development to underpin service development and reform.

Workforce Planning and Development

43.2. One of the priority objectives for the Workforce Development Directorate is to ensure that there is a practical yet meaningful model of workforce planning that is used to consider and plan for the workforce needs in the short, medium and long term.

43.3. NHS Plymouth has received recognition both locally and nationally for the development of a workforce planning model that is used to compile workforce action plans. All budget holders have received training and planning tools; ownership of the plans is with the managers supported by members of the Workforce Development Team. This has facilitated a shift in organisational culture so that workforce planning is now a core activity that is central to service development and redesign.

43.4. In terms of the commissioner and provider functions and their involvement in workforce planning, two distinct themes are emerging.

- The first is the need for NHS Plymouth as a commissioner of services to develop workforce governance arrangements. This means that during the course of commissioning, teams must be able to seek assurance that their proposed providers have workforce plans in place, with evidence of skill mix that ensure the right people are in the right place, with the right skills at the right time. This is something that will need to be taken forward by way of training and awareness raising for commissioners to develop and enhance their understanding of the workforce agenda.
- The second is for providers of services to ensure that they can give the assurance to commissioners on workforce governance issues. This means having workforce plans in place, that are updated regularly to reflect service change and also using appraisal and personal development planning to review skill mix. Ultimately it is expected that workforce planning within provider services will address issues such as:
 - Working differently;
 - Role redesign;
 - Ability to reduce reliance on agency usage;

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- Sickness absence management;
 - Succession planning.
- 43.5. By building the above factors into plans, provider should be able to demonstrate good workforce practice whilst commissioners will be reassured that the services they commission come with a quality workforce that can deliver quality care to the standards expected.
- 43.6. Provider services within NHS Plymouth are already working to this model. The commissioning directorates are starting to focus on the workforce planning and development assurance processes.

Opportunities for joint working

- 43.7. NHS Plymouth is already engaged in a range of joint working initiatives with partner organisations, in particular Plymouth City Council. This provides an excellent opportunity to bring health and social care staff together, learn from each other and develop new skills and experience, especially for those staff who are in joint posts or subject to secondment arrangements. Having introduced a successful workforce planning model within NHS Plymouth, the next stage is to explore joint workforce planning options. This is in early development through the work on integrated care across NHS Plymouth and Plymouth City Council, the purpose is to facilitate a change in care that will ensure easy access to services for the public. However, there is a need for specific workforce plans that evidence the opportunities for an integrated approach and this is work that will be ongoing. From a commissioning perspective, these plans will provide some assurance that service delivery, and the workforce that supports it, is truly focused on seamless pathways of care across health and social care.

Moving forward

- 43.8. Workforce development must underpin all aspects of NHS Plymouth activity and also be responsive to change and modernisation. The main focus over the next three years will be to:
- Further develop and integrate workforce planning to build upon job design, service delivery and skill mix review;
 - Develop the workforce planning skills within the commissioning teams to facilitate the process of embedding workforce governance into the commissioning role;
 - Produce organisational development plans that reflect the needs of both commissioner and provider functions, particularly as provider service pursue integration with social care and commissioners undergo world class commissioning assessment;
 - Support managers in reducing reliance on the use of temporary staffing, specifically bureau and agency staff;
 - Continue the efforts to reduce sickness absence across the organisation;

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- Enable an integrated approach to partnership working through existing and new structures;
- Ensure that all staff have access to training on those subjects agreed as mandatory and have the opportunity to pursue their own personal and professional development, identified through appraisal;
- Equip managers with the skills and confidence to manage their teams through good employment practice and support.

43.9. Progress is and will continue to be monitored through a range of committees within NHS Plymouth including the Board, Governance and relevant commissioner and provider groups.

44. Communications and Engagement Strategy

44.1. The Communications and Engagement Strategy describes the existing environment in which NHS Plymouth is working and details the objectives and plans proposed to develop the organisation's communication and engagement activity.

Declaration of Board Approval

NHS Plymouth benefits from having a strong board and an experienced executive team who work well together. The Board has ownership of and strongly believe in the vision and priority objectives set out in this document. Work to reflect the outcomes of the fitness for purpose review, consultation work regarding the vision, values, strategic objectives and partnership arrangements has resulted in a well defined, comprehensive strategic commissioning framework.

The priorities and key themes described in this document have been discussed in a number of forums. Feedback from groups has been considered and included.

14 th June 2008	Professional Executive Committee
27 th August 2008	Local Strategic Partnership - Healthy Theme Group
28 th August 2008	NHS Plymouth Board Seminar
24 th September 2008	Health Overview and Scrutiny Committee
25 th September 2008	NHS Plymouth Board Meeting