

# **NHS Manchester**

## **Operational Plan**

**Draft for Submission to NHS North West on 30<sup>th</sup> January, partner and stakeholder consultation**

**April 2009 – March 2010**



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## **Foreword**

In our commissioning strategic plan, published in the Autumn of 2008, we set out our vision for the health of the people of Manchester. We made commitments to focus our attention on two overarching strategic goals. First, to improve the health of the people of Manchester by tackling, with our partner organisations, the factors which help create poor health. Preventing illness is the single most important contribution we can make to the future of the people of Manchester, and the future of the city itself. Second, improving the quality of healthcare services for people who are ill. Improving quality is being described nationally as the 'organising principle' of the NHS and we are keen to ensure that for everyone who requires care and treatment, the services they receive are the best available, provided in the most accessible and convenient manner, and in a patient-friendly way.

This operational plan shows the steps we will be taking during the financial year 2009/10 to address these two goals. When the commissioning strategic plan was being developed, there was no doubt that it set out to achieve some challenging and difficult things. The challenges facing us all in 2009/10 have only increased as a result of the unprecedented economic situation facing the United Kingdom and the world as a whole. We must assume that investment in the NHS in the next few years will be very different from the levels of investment of the last decade, and we must assume that there will be the greatest possible emphasis on making sure systems and services are efficient and not wasteful. Our goals to improve health and improve quality must be achieved against a background of significant financial stringency.

Despite the economic environment NHS Manchester remains confident that real progress can be made in 2009/10 towards achieving its goals. And confidence within the health service is, in the same way as it is in the economy as a whole, a vital ingredient for success.

We commend this operational plan to you therefore and invite you to help NHS Manchester fulfil its ambitions and objectives during 2009/10 for the benefit of the people of Manchester.

**Laura Roberts**  
**Chief Executive**

**Evelyn Asante-Mensah OBE**  
**Chair**

## Executive Summary

Manchester has some of the worst health in England, including one of the lowest life expectancies in the country. The local NHS needs to do whatever it can to prevent the levels of ill health currently experienced and to ensure safe and effective services are in place to be able to meet the needs of people when they become ill.

This operational plan sets out what NHS Manchester seeks to achieve in the period from 1<sup>st</sup> April 2009 to 31<sup>st</sup> of March 2010. These priorities are those determined locally and nationally as part of Department of Health targets. This plan is written in the context of NHS Manchester's role as a commissioner of services. NHS Manchester also has a role in provision of services, undertaken by Manchester Community Health. The provider function will have a separate operational plan.

This year's operational plan is particularly significant as it forms the first year of delivery of our five year Commissioning Strategic Plan, an ambitious programme to improve health in Manchester.

This plan summarises what will be implemented in terms of new services being available for patients and those which will be developed during the course of the year. The new services/initiatives which are planned to open during the year are:-

- Investment in our infection control teams and establish a decolonisation service to reduce the incidence and impact of healthcare acquired infections such as MRSA and C Difficile
- See the implementation of new Clinical Assessment and Treatment Services (CATS) which will offer services in Trauma and Orthopaedics, Dermatology, Gynaecology, ENT (Ear, Nose and Throat), Ophthalmology and Minor Surgery.
- Open three new GP practices in Manchester and offer extended opening hours in at least 70% of existing practices.
- A new GP led Health Centre in the town centre will provide registration for up to 8,000 patients and offer walk in services to non registered patients 12 hours per day 365 days of the year.
- A new GP Out of Hours services will start in April which will offer enhance levels of service by offering services to more people within the population and having a wider scope of services provided.
- See the introduction of increased capacity in dentistry when new contracts with dentists are implemented.

- Some pharmacy services will be able to provide cardiovascular screening.
- A new service for people with COPD (Chronic Obstructive Pulmonary Disease) which offers services around rehabilitation, oxygen services, management of the condition and a response to urgent needs with regard to the condition.
- Develop a city wide health living network to provide increased investment in prevention services which will focus upon screening, weight management, smoking cessation etc.
- Establish a team to support outreach services in areas with high levels of teenage pregnancies and will implement a teenage pregnancy programme which will increase access to contraception and sexual health services.
- Lower the age at which women are routinely offered breast screening from 50 to 47.
- Extend the screening programme for bowel cancer to people up to the age of 75 rather than 70 as before.
- See the developments of the Greater Manchester stroke services which will offer specialist levels of service for stroke in Salford, Stockport and Fairfield which will be accessible for Manchester residents and local stroke services in our hospitals and a team to support the early discharge from hospital and rehabilitation of people who have had a stroke.
- Increase the screening for people who are at heightened risk of cardiovascular disease so that services can be offered to reduce the risk of development of the disease and to manage the condition earlier should it develop.
- Improve the links between maternity and mental health services so that support is offered at this challenging time for pregnant ladies and new mothers.
- Increase mental health practitioners to the health input within the Youth Offending Team. This will focus, but not exclusively, on school aged children with ADHD (attention deficit hyperactivity disorder)
- Improve systems with a view to improving safeguarding of vulnerable children.
- Strengthen the engagement programmes we undertake with the local population in development of services

- Improve the information we gather to ensure that services are accessible to all people regardless of age, gender, ethnicity, disability etc.
- Introduce services within A&E departments to offer support to people with problem drinking which is a high cause of admission to hospital and ongoing ill health.
- Introduce Personal Care Plans for people with COPD and BME communities with Diabetes with a view to expanding this to all long term conditions.

These new services and those being developed are described in more detail within the document.

It will be a huge undertaking to ensure that this plan becomes a reality within the year but we are committed to the task. There are significant risks around the delivery of this plan. Notably the scale of the change we are proposing and the increasingly tight financial constraints we are operating within.

The implementation of this plan will provide positive impacts for patients and set us on our way to 'improving health in Manchester'. Our operational plan for 2010/11 will state how we have progressed with regard to these objectives and what we plan to do to take forward our Commissioning Strategic Plan further.

## BACKGROUND AND CONTEXT

### 1. Introduction

#### 1.1 Policy Context

Every primary care trust (PCT) is required by the Department of Health to prepare an operational plan for the financial year 2009/10. Guidance issued in February 2008 (*Operational Plans 2008/09-2010/11*, Department of Health, 2008) states that operational plans are expected to:-

- Demonstrate what local targets the PCT is aiming to achieve, how they were agreed and how they will be met
- Define what success will be for the PCT, and the milestones on the way to success
- Specify the PCT's proposals for health outcomes for the local area agreement
- *The Operating Framework for the NHS in England 2009/10 (Department of Health 2008) additionally states that operational plans will*
- Demonstrate how national priorities will be met
- Demonstrate consistency with contracts agreed with local providers
- Demonstrate consistency with the joint strategic needs assessment, children and young people's plan and the principles set out in the Commissioning Assurance Handbook (Department of Health, 2008)

These requirements for operational plans are intended to be viewed in the broader context of Lord Darzi's final report on the NHS, *High Quality Care for All* (Department of Health, 2008).

NHS Manchester (Manchester Primary Care Trust) has prepared its operational plan to meet all of these requirements in the context of the overall needs of the people of Manchester and the PCT's objectives to improve health and commission high quality health services. Additionally, NHS Manchester has ensured that its operational plan reflects the priorities and plans contained within its *Commissioning Strategic Plan 2009/2014* (NHS Manchester, 2008) as this foundation document specifies the PCT's overall strategy for health and health services in Manchester. Finally, we have ensured that the operational plan reflects our commitments within the single equality scheme, the document which describes NHS Manchester's commitments and plans to ensure health services are available for everyone in the community.

## 1.2 Commissioning strategic plan

The commissioning strategic plan (CSP) is NHS Manchester's plan to improve health and healthcare services which is linked to the national world class commissioning programme. The first version was published in Autumn 2008. It details:

- the needs of the city
- the primary care trust's main goals of health and healthcare improvement
- the ten strategic initiatives which we will be taking over the next five years to achieve those goals
- the ways in which achievement will be measured

The plan was developed with our key partners, namely Manchester City Council and our three practice-based commissioning locality groups ('hubs'). We have consulted extensively with the public, providers of services and community interest groups.

### ***In the next five years we will:-***

- Tackle health inequalities and improve aspiration and wellbeing
- Make sure health services are safe
- Commission services that are accessible and personalised

Our ten strategic initiatives which will support us in achieving this goal. They are:

1. To increase life expectancy at birth from 75 to 80 years.
2. To reduce health inequalities by moving the city out of the top five most deprived local authorities in England by increasing the Index of Multiple Deprivation from 4 to 6
3. To reduce the number of under 18 conceptions by 55%
4. To halt the forecast growth of alcohol related admissions
5. To reduce and sustain a reduction in levels of childhood obesity
6. To reduce avoidable harm from healthcare services e.g. Healthcare Acquired Infections
7. To ensure high quality primary care services
8. To ensure all people with a long term health condition have a personal care plan
9. To ensure good access to planned care services measured by the 18 week referral to treatment target
10. To ensure good access to urgent care services measured by the 98% four hour emergency access target

Additionally, we have specified an eleventh strategic initiative which is to make improvement to services for mental health. Mental health improvements for the population and for services are described throughout the document and these are brought together in the eleventh initiative which also demonstrates the commitment of NHS Manchester to addressing the major challenges mental health in Manchester presents.

What the public said ...

*“Well prioritised - very timely.”*

*“You're bang on track, keep up the good work!”*

Commissioning Strategic Plan Survey

Following feedback from NHS North West and further work within the primary care trust, we are preparing a final version of our commissioning strategic plan for publication in March 2009. This plan will have an even sharper focus on our key priorities and will be more rigorous in identifying the benefits we want to realise through our commissioning of services over the next five years. In the light of the economic downturn and the expectations of increased efficiencies across the NHS as a whole, the plan will also have a still stronger focus on how we will assure ourselves of value for money, and how we will make resource savings through making services and systems work more effectively and efficiently.

In this operational plan we have detailed the work we will be undertaking in 2009/10 to implement our commissioning strategic plan as well as the work we will be doing to address the other national and local priorities which we are expected, and are committed, to deliver. Where a section in this plan relates directly to a strategic initiative, we have marked this with a graphic:

Strategic initiative

### 1.3 The NHS Constitution

January 2009 saw the launch of the NHS constitution, “The NHS belongs to all of us”, which states that the NHS is:

*“there to improve our health and well-being, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science – bringing the highest levels of human knowledge and skills to save lives and improve health. It touches our*

*lives at the times of basic human need, where care and compassion are what matter most”*

The constitution states the principles and values of the NHS in England and sets out the rights to which patients, public and staff are entitled and pledges which the NHS is committed to achieve. It also sets out the responsibilities which we all have (public, patients and staff) to one another to ensure the NHS operates fairly and effectively.

The values within the constitution are consistent with those stated by NHS Manchester but we will review both our commissioning strategic plan and the final version of this plan to ensure that the NHS constitution is fully reflected in our commitments.

What the public said ...

*“The NHS is perhaps the greatest asset this country has. It is still the envy of the world*

Commissioning Strategic Plan Survey

#### **1.4 National Targets**

PCTs are required by the Department of Health to address a range of national priorities, as well as selecting from a range of nationally defined local priorities which apply to their populations. The *2009/10 Operating Framework* emphasises that the five national priorities are:

- Improving cleanliness and reducing healthcare acquired infections
- Improving access through achievement of the 18 week referral-to-treatment pledge and improving access (including evenings and weekends) to GP services
- Keeping adults and children well, improving their health and reducing health inequalities
- Improving patient experience, staff satisfaction and engagement
- Preparing to respond in a state of emergency, such as an outbreak of pandemic influenza

NHS Manchester’s operational plan addresses all of these priorities and provides a summary of progress to date as well as plans for further improvement in 2009/10.

Additionally, the operational plan addresses all of those priorities indicated in guidance on operational plans issued by NHS North West in 2008 (*2009/10 Operational Plans – NHS North West Local Guidance*, NHS North West, 2008). Where relevant, the operational plan directly links to the commissioning strategic plan and provides a summary of the progress that the

primary care trust expects to make in relation to the eleven strategic objectives set out in that document. Again where relevant, the operational plan contains details of the primary care trust's progress towards achieving success in relation to the Vital Signs, the key set of indicators for the NHS first published in the *Operating Framework 2008/09* (Department of Health, 2007).

The operational plan is expected to satisfy the needs of the *Commissioning Assurance Handbook* which sets out the principles by which PCTs' plans should be measured. This is described further in appendix 1.

## **1.5 Local Priorities**

Finally, the operational plan specifies the progress NHS Manchester expects to make in relation to a number of specific local priorities which were not explicitly addressed in national or local guidance. These priorities are:-

- Achieving the national goal of ensuring that everyone with a long-term condition has a personal care plan by April 2010.
- To implement the 'points4life' health loyalty card programme as part of the Department of Health's 'change4life' initiative.

The detail of these priorities is explained further in section 9.

## **1.6 Joint strategic needs assessment**

The joint strategic needs assessment, prepared by NHS Manchester and Manchester City Council, was published in its final form at the end of 2008. It provides a detailed, comprehensive analysis of the health needs of the city's population and complements the extensive needs analysis work previously available to the city especially through the work of the joint health unit. The major findings of the joint strategic needs assessment underpin the commissioning strategic plan, which itself is the foundation document for this plan. The findings are therefore not repeated here. However, readers should refer to both the commissioning strategic plan and the joint strategic needs assessment should the detailed analysis of need behind the PCT's approach to health improvement and quality healthcare services be required

## **1.7 Working together to develop the plan**

The development of this plan is a natural progression of our recent commissioning strategy development work which we have undertaken with partners and stakeholders.

The operational plan has been prepared by a wide range of staff in NHS Manchester and Manchester City Council, who have leadership roles in relation to the priorities addressed in the plan. These 'content experts' have contributed detailed information about each individual priority within the plan, in line with national and local guidance. Their work has been co-ordinated by

a corporate project board reporting to the primary care trust's executive management team.

NHS Manchester's partners, namely the City Council, practice-based commissioning steering groups and the Local Involvement Network, were invited to comment on the first draft of this plan prior to its approval by the executive management team for submission to NHS North West at the end of January 2009.

NHS Manchester's stakeholders, that is, the wide range of organisations, groups and individuals with whom the primary care trust works and to whom it has accountability, will be invited to comment on the draft document during February 2009 so that their comments, together with those of NHS North West can inform the final version to be presented to the board of NHS Manchester at its meeting on 4th March 2009.

Alongside the operational plan, and closely linked to it, NHS Manchester has also prepared an underpinning financial plan, a workforce plan and an information management and technology plan. Reference is made in this plan to relevant components of these other documents, and full versions are available on request.

## **1.8 Equality and diversity**

NHS Manchester has a Single Equality Scheme (SES) that is a key driver to promoting equality, accessibility and transparency in the way that we commission and deliver services. We recognise that good quality data is fundamental to increasing the PCT's knowledge of the health needs of our diverse population, in addition to ensuring that we provide equitable access to services. Our SES prioritises the collection and analysis of equality data that will further enhance the ways in which we commission and deliver service to the whole population. We do not currently receive the necessary level of information regarding equality target groupings from all provided services. Therefore our operational plan specifies the steps it will take during 2009/10 to improve the quality and specificity of information, the updated SES approved by the Board in Jan 09, should be read in conjunction with this plan.

During February 2009, an equality impact assessment of this operational plan will be prepared and its findings taken into account in preparing the final version of the plan for approval by the PCT board in March 2009.

## **1.9 Healthcare procurement and market development**

As part of our organisational development planning and in our preparation for world class commissioning, we identified the need to develop our organisational capability in procurement. In commissioning services we need to source, procure and contract with services effectively and skilfully to ensure that we gain the best possible services and outcomes for people for the prices we pay. Procurement can range from extending existing contracts or accrediting new providers to full-scale formal tender processes. It can also

include attracting supplier engagement in pathway and system design processes.

We seek to increase the health benefits we can gain from procurements by developing and managing the healthcare provider market. This will be through two methods. First, by signalling to potential providers as early as possible our commissioning intentions to allow them to ready themselves to respond to future procurement. This helps us ensure we receive a higher quantity and quality of responses from suitable providers when procurement is commenced. Second, to support third sector organisations and smaller healthcare supply businesses to develop in order to respond to our market approach to ensure that these organisations can compete effectively. Whilst we will always look for the healthcare provider which can offer us and patients the best quality of service for the resources available, we value the community roots of many third sector organisations and we are keen to see them develop as healthcare service providers.

We have undertaken to work with existing and potential providers prior to procurement when we are at the stage of developing service specifications. To date this has been undertaken in a number of ways, for example via a tailored Prior Indication Notice. These approaches enable us to gain the expertise of providers when developing a service model. It potentially gives us more innovative and robust approaches when commissioning services.

***In 2009/10 we will:-***

- Develop further our healthcare procurement and market development function
- Undertake a programme of procurement which will ensure high quality and value for money health services
- Continue our programme of engagement with the provider market with particular focus upon smaller sector providers.

**1.10 Contracts**

One of NHS Manchester's major levers for change, quality improvement and value for money is its contracts with its wide range of healthcare providers. Robust contracts are increasingly in place for NHS foundation trusts and acute trusts; from 1 April 2009 similarly robust contracts will have been agreed with mental health trusts and a wide range of community services including those provided by Manchester Community Health, the PCT's provider arm. In order to maximise the opportunities presented by our contractual relationships the PCT is reviewing its structures and business processes in order to increase its capability in client-side contract management. This process has been further stimulated by in-year contract over-performance during 2008/9 especially in a number of acute trust contracts.

NHS Manchester's operational plan demonstrates how improving contractual arrangements will enable the primary care trust to achieve its goals.

## **2. Context: achievements and challenges**

Our Annual Healthcheck rating by the Healthcare Commission in 2008 rated our quality of services as 'Good' which showed an improvement from 'Fair' in 2007 and our use of resources as 'Fair' which showed an improvement from 'Weak'. Whilst we seek to be rated as excellent in each of these measures we are encouraged by the progress we have made.

The Healthcare Commission also undertook two service specific reviews in 2008/09. The review of urgent and emergency care rated Manchester amongst the 'best performing' PCT areas. It also rated our substance misuse services as 'Excellent'. Nevertheless the reform of urgent care remains one of the key priorities for health and social care services in Manchester and the importance of reform has only been underlined by the intense pressure on urgent care services during the Winter of 2008/09, driven by high levels of population sickness and system shortcomings.

Our commitment to health improvement has been recognised during the year by our winning bid to the Department of Health for £4.6m to fund our points4life programme, which encourages members of the public in health-seeking behaviours (see section 9.2 and <http://www.manchester.nhs.uk/health/points4life/>). Nevertheless, the health improvement challenges before us are very significant as overall our population's health is amongst some of the worst in the country. Population health needs are detailed in the joint strategic needs assessment and summarised in the commissioning strategic plan.

Mental health also remains a major area of challenge for NHS Manchester. The action plan for improvement, drawn up between the primary care trust, the City Council and Manchester Mental Health and Social Care Trust sets out a roadmap of reform and change which we are determined to make progress towards during 2009/10. We are encouraged by some of the achievements made in mental health services during the past year including our commissioning of a mentally disordered offenders service on the foundation of an award winning pilot scheme.

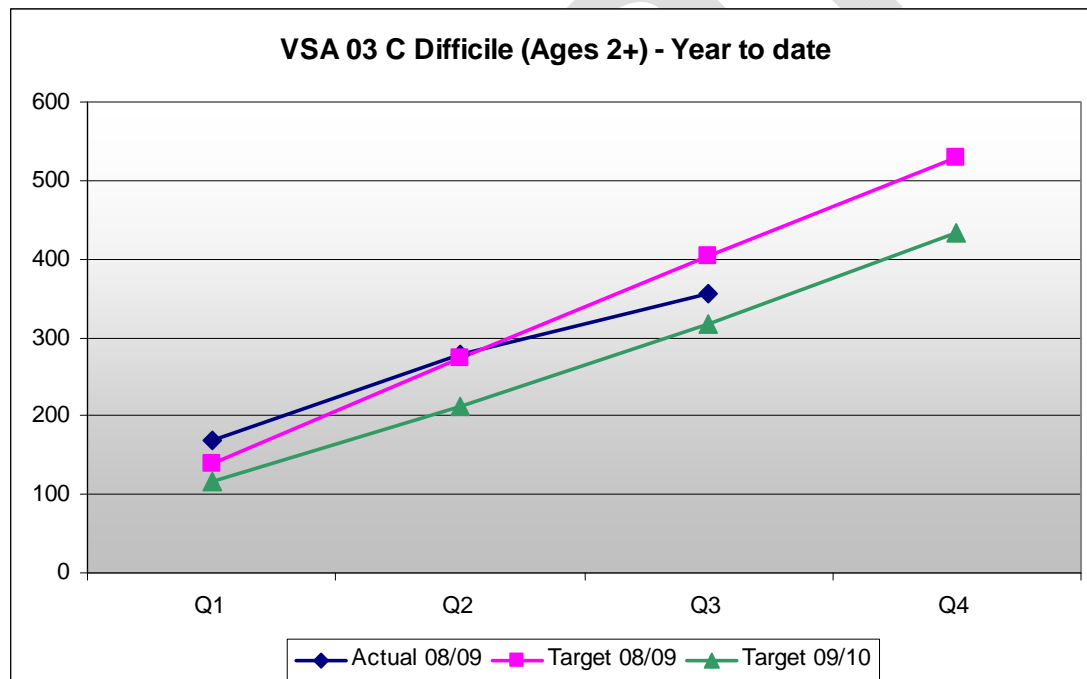
## PRIORITIES

### 3. Cleanliness and Healthcare Associated Infections

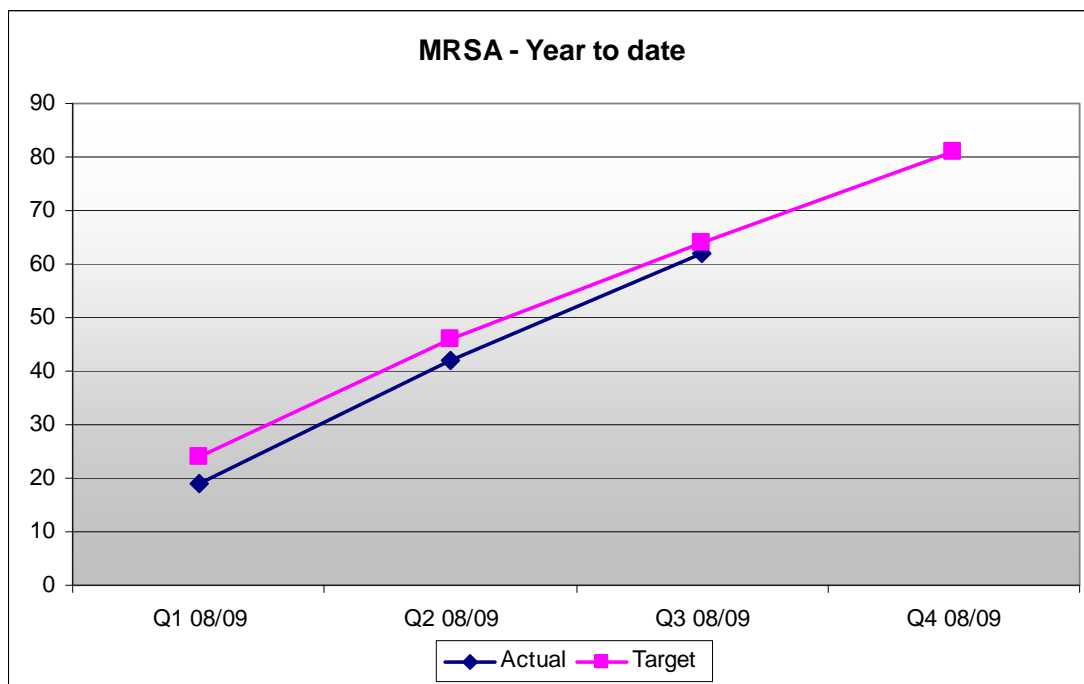
Strategic initiative 6

Healthcare acquired infections (HCAs) are a significant cause of ill health and in extreme cases, a contributory factor to death, during or following a hospital stay. In addition to this the necessary infection control responses to an incidence means that hospital wards need to be closed whilst infections are eradicated. This causes a consequent reduction in capacity to deliver both elective and non elective services. Whilst the focus of healthcare acquired infections been on hospital-based services the response to this issue needs a health economy approach to infection control and improved action in the community.

As part of our commissioning strategic plan objective six our focus for 2009/10 will be on C. Difficile (*Clostridium Difficile*) and MRSA (*Methicillin-Resistant Staphylococcus Aureus*). The current incidence and target trajectories are shown in the figures below.



The figure shows our incidence of C Difficile is within the current target and moving towards the standard for 2009/10



The figure shows that we are within our target for MRSA in the current year.

Acute providers have been expected to reduce incidence of MRSA by 50% compared to 2003/04 levels. Currently one of the three acute providers in Manchester has reached this objective.

Although HCAs can affect any member of the population vulnerable groups including the elderly and those with frequent and long hospital stays are at higher risk. Where infected individuals are identified there will be monitoring of age, ethnicity and socioeconomic group in order to consider any trends, which in this case, may be associated with the wider provision of health and social care.

What the public said ...

*"Hygienic improvement in our hospitals is really needed"*

Commissioning Strategic Plan survey

**In 2009/10 we will:-**

- Strengthen the prevention of MRSA, C.Difficile and other HCAs through investment in the community infection control team in order to improve the focus on prevention and to increase a geographical focus of infection control into the six districts of the city.
- Establish an MRSA decolonisation service (eradication of the infection of an individual patient) for MRSA+ elective patients which will ensure an efficient process whereby patients resume their treatment as soon as possible and ensure completion of 18 week pathways.

- Develop further the HCAI whole health economy way of working which will improve shared learning and response to tackling HCAs in both hospital and the community. Root cause analysis, currently undertaken in hospital services, has reduced the incidence of cases of HCAI. The extended Community Team will be able to extend this analysis to services in the community to further drive down outbreaks of infections.
- Be in a position whereby C.Difficile incidents are reduced by 45% from 2010.
- Continue to work with our acute providers to sustain or improve incidence of MRSA

#### 4. Improving Access

Timely and convenient access to services is key to achieving good clinical outcomes and patient satisfaction with services, whether the access is to primary care, planned care services (e.g., outpatients) or emergency care (e.g., accident and emergency). Our commissioning will continue to be strongly focussed upon delivering access standards.

What the public said ...

*"In my experience NHS services have improved greatly over the last few years by initiatives such as Walk In Centres and the 18 week pathways"*

Commissioning Strategic Plan Survey

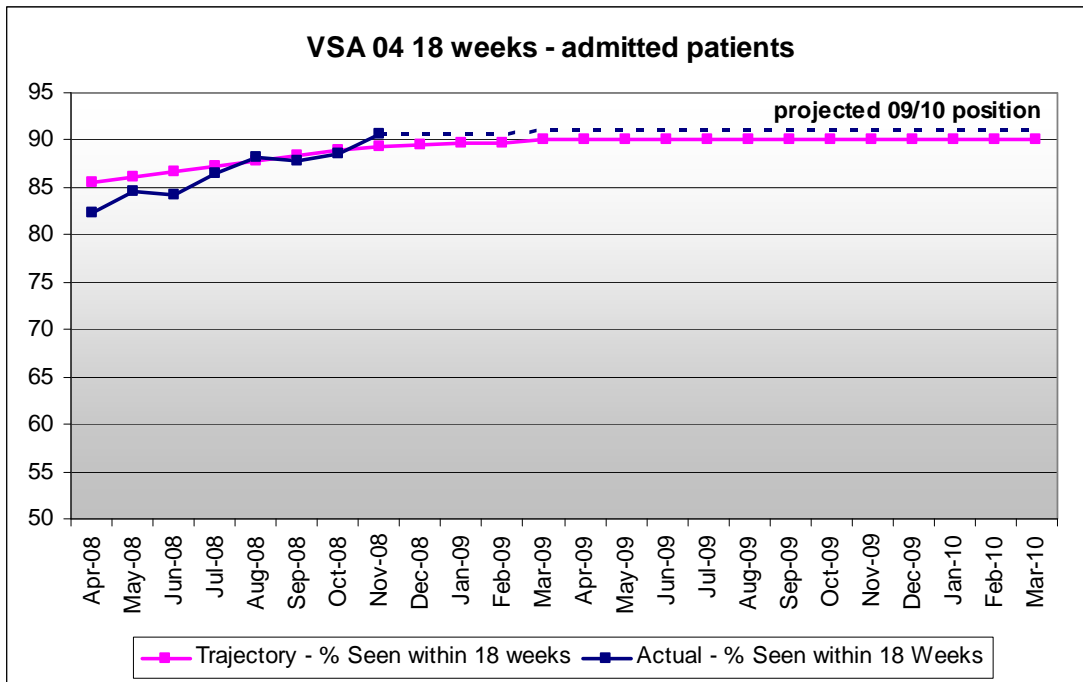
##### 4.1 18 Weeks

Strategic initiative 9

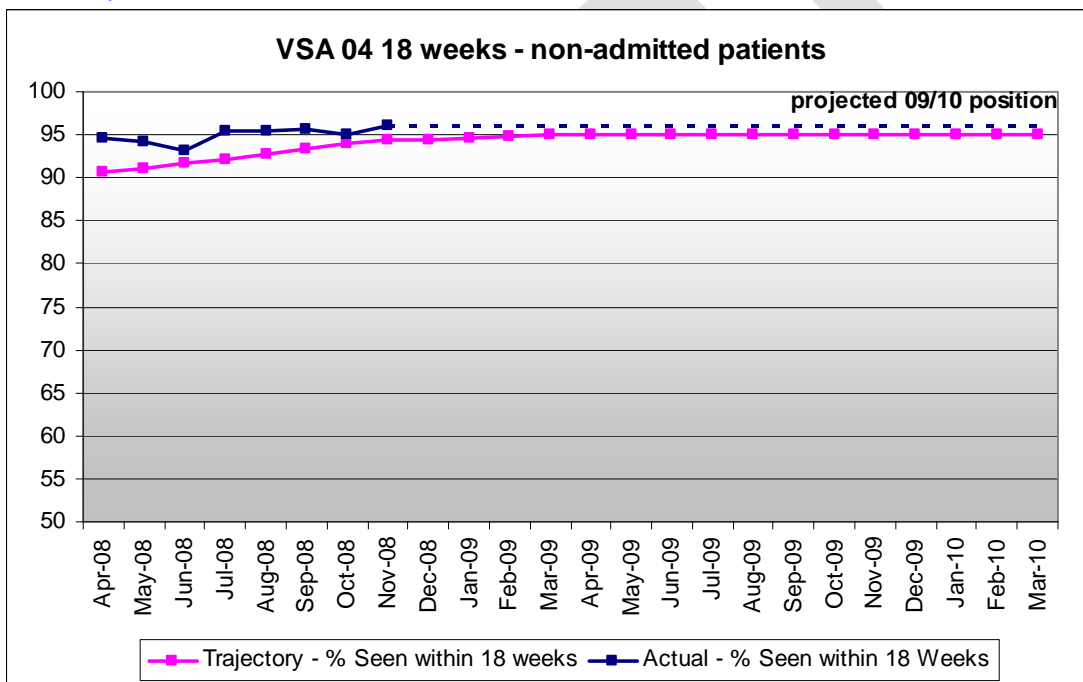
The 18-week referral to treatment target is currently being achieved in Manchester. The focus of 2009/10 and subsequent years will be to make this sustainable in the long term, and to broaden the 18-week target to pathways and services delivered outside of acute hospitals.

In addition to the clinical benefits of implementing 18-week pathways, the initiative aims to improve patient experience. We will review in detail patient experience of 18 week pathways to ensure that this objective is met and review findings are used when extending the 18-week programme elsewhere. Patient experience surveys will be measured by gender, ethnicity, age and other demographic factors to ensure all groups within the population are gaining the advantages of improved access to planned care services.

The 18-week target is part of the Vital Signs framework (VS04) which commits to the first definitive treatment taking place no later than 18 weeks from referral. This must happen in 95% of cases for non admitted pathways and 90% for admitted pathways. The chart below shows the overall health economy current position and trajectory for 2009/10.



The figure shows we are currently on a trajectory for achievement of 18 weeks for 90% of admitted patients.



The figure shows we are currently on a trajectory for achievement of 18 weeks for 95% of non admitted patients

**In 2009/10 we will:-**

- Strengthen referral management which will play an important part in moving referrals from the acute sector to services provided in the community, thereby both meeting the needs of patients and making efficiency savings. Referral management will be measured through audit and peer review of GP referrals, and reviews of clinical quality.

- Work will continue to ensure enough capacity is available to book for GP to consultant referrals and ensure patients are prepared for surgery or other treatment ('worked up') beforehand and that there are short waiting times for diagnostics to support the achievement of 18 weeks.
- As well as ensuring outpatient and diagnostics times are reduced we will continue to ensure inpatient waits are shortened and develop pathways to support integrated working so that services may directly control lists for preoperative appointments.
- All specialty pathways will be analysed and further redesign work will support more efficient and 18 week sustainable pathways. This will build on current work started in key specialties such as trauma and orthopaedics, dermatology, gynaecology, ENT, ophthalmology, minor surgery and urology.
- NHS Manchester will start to commission 18 week pathways across services delivered by community providers. Manchester Community Health will commence this service with all allied health professional services. This will involve services such as physiotherapy, dyspepsia management and podiatry.
- The National CATS (Clinical Assessment and Treatment Services) services are planned to commence in March 2009 to offer services in trauma and orthopaedics, dermatology, gynaecology, ENT, ophthalmology and minor surgery, and our local dermatology CATS to commence in September 2009.

#### **4.2 Choose and book**

Across Manchester choose and book will continue to provide patients, GPs and hospitals with a wide range of benefits. The system offers patients a choice of the time and place of their treatment. The offer of choice aims to empower patients to make decisions about their treatment options and make a judgement on the quality of the available providers of services. There are increased options for short-waiting appointments as appointments cancelled by other patients can be immediately re-listed on the system for booking.

GPs and their practices will be able to see all the treatment options available to their patients in hospital and in the community which will enable them to give informed advice on the basis of a wider range of options than hitherto. They are also able to track patients through the referral process to ensure patients are using with pathway and attend appointments.

Similarly, providers, particularly hospitals, will be able to offer a more dynamic booking system by re-listing cancelled appointment slots so that these slots are not lost capacity to the system. This will improve patient progress through pathways and a better use of resources.

Currently referrals made through choose and book are 50% of all referrals which shows an improvement from 30% in the previous period. We seek to improve this to 75% by the end of 2009/10.

***In 2009/10 we will:-***

- Work with practices to support use of choose and book by supporting use of the technology required, and by offering training to GPs and other staff.
- Work with providers to ensure the booking process, and systems for ensuring appropriate appointment slots are available, are working as effectively as possible.
- Improve appointment slot availability in high demand specialties by putting in place more capacity.
- Work to ensure the telephone appointment line process is more streamlined.

Strategic initiative 9

**4.3 Allied health professionals services**

Services provided by allied health professionals will contribute to NHS Manchester's objective of offering care closer to home, the 18-week referral to treatment target and more personalised care. More integrated services will reduce inequities of service across the city, improve patient experience and give more value for money.

Our focus will be the commissioning of musculoskeletal (MSK) services including physiotherapy, podiatry and orthotics services. Previous PCTs in the city developed different models of care: we will take the best from each to ensure a high quality and consistent service for all. Community based services as an alternative to hospital outpatient appointment for back pain and joint injections can be put in place.

***In 2009/10 we will:-***

- Use the models currently operating in South and Central Manchester to develop a specification for a new service to be introduced in North Manchester and enhance those already in place in South and Central.
- Pilot self referral to physiotherapy so that patients can be empowered to refer themselves if their condition worsens rather than having to book via a GP.

**4.4 Direct access audiology and hearing aid services**

NHS Manchester has excellent access to audiology service through its three acute providers, with some provision in Withington Community Hospital, provided by University Hospitals of South Manchester NHS Foundation Trust,

where purpose-built specialist facilities are available. Waiting times at all three sites are low and Pennine Acute Trust has amongst the best in the country, averaging a wait of 2 weeks.

The audiology services incorporate assessing, fitting and maintaining of hearing aids and these services are in line with the waiting time described above.

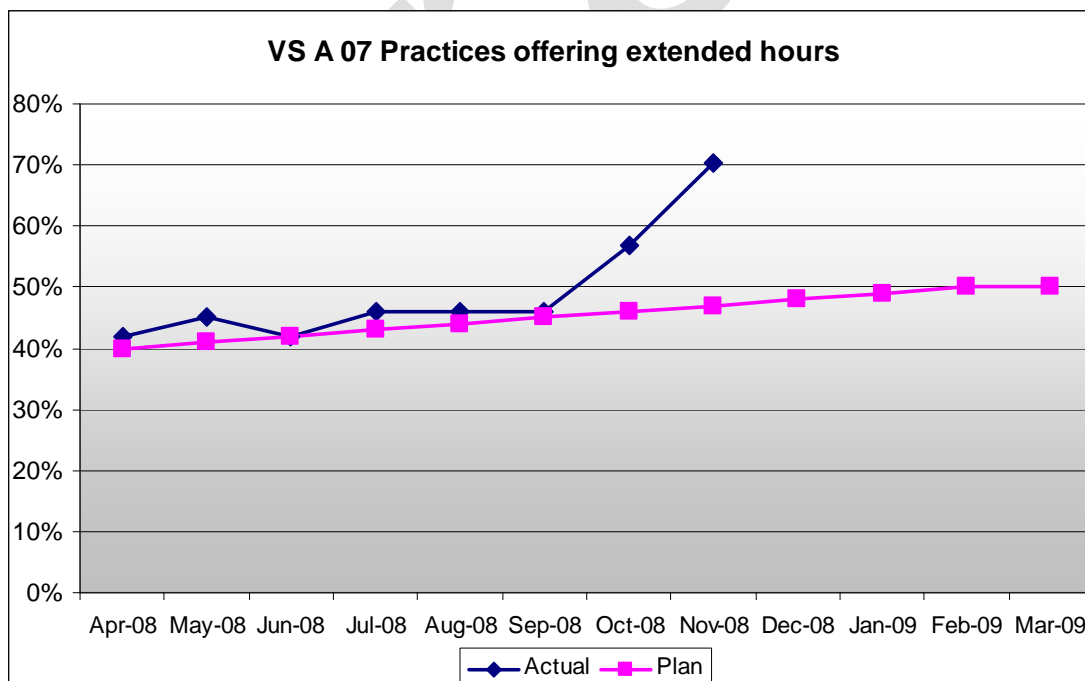
Existing audiology services are of a high quality and accessibility in Manchester and we will ensure that this will continue through 2009/10 and beyond.

Strategic initiative 7

#### 4.5 Access to GP Services

GP services are pivotal to many objectives and targets of the PCT. They offer all aspects of care from prevention, planned care and urgent care services. They have strong links with local communities and community based health and social care and education services. They are the one service, potentially, that has a long-term and sometime lifelong relationship with a patient. For this reason we continuously seek to increase the capacity and scope of general medical services.

Our focus in commissioning of primary care services will be to improve access and to develop upon our existing achievement of the extended opening hours initiative.



The figure shows that we are exceeding expectations in delivering extended opening hours in GP services in Manchester.

What the public said ...

*“More GPs per size of community are required - higher ratio of GP to numbers of patients. More female GPs.”*

*“Would like easier and more flexible access to my GP” prioritised - very timely.”*

Talking Health discovery survey

#### **In 2009/10 we will:-**

- Ensure effective service delivery of the newly procured GP practices which will be based in Longsight, Levenshulme and Moston. Each will service a list size which will grow to 6,000 patients within a 5-year period. The practices will provide essential, advanced and enhanced services. These practices are expected to be operational by October 2009.
- The city centre GP-led health centre will provide registration for 8,000 patients within a 5-year period in addition to walk in capacity in the city centre from 8am until 8pm, 365 days per year.
- Expand the current number of local enhanced services for gp extended opening hours and continue to offer the directed enhanced service. Currently 72 of the 102 Manchester practices are offering extended hours. We will start to work with the 30 remaining practices in the early part of 2009 to increase that number.
- We will ensure effective service deliver of the new medical out of hours services due to commence on 1 April 2009. The revised specification will ensure more focus to key population groups i.e. students, prisoners and homeless people. GP out of hours services traditionally offered services to those people registered with a GP. The new service will offer out of hours primary medical services to residents of Manchester regardless of whether they have a practice. There will be a ‘see and treat’ function at each of the three provider sites based in Manchester.

#### **4.6 Dental services**

Strategic initiatives 7, 9

NHS Manchester is responsible for the commissioning of primary dental services, dental public health programmes and specialist dental care. Access to NHS dental services is a high priority in Manchester and nationally.

A review of dental services has been undertaken which has highlighted shortfalls in dental provision for which we have responded by commissioning new NHS services. We have procured eight new dental services (contracts) to be commenced in 2009, in addition to adding capacity to existing providers in order to achieve increased capacity and improve access.

What the public said ...

*"I have an excellent dentist, just wish my husband had!"*

Talking Health discovery survey

*"I would like to see more attention to improving access to and the quality of NHS dentistry in Manchester."*

Commissioning Strategic Plan Survey

***In 2009/10 we will:-***

- Commence the local dental Clinical and Assessment and Treatment Service (CATS)
- Monitor and review access to newly commissioned service to ensure significant improvement in access are achieved for Manchester people
- Undertake a service redesign pilot "Delivering Better Oral Health", which will ensure that there are fewer dental health inequalities in the city and an increased focus upon prevention in dental provision.
- Develop and commission a new dental telephone helpline to be operational 365 days of the year from 8am-8pm. The helpline will offer triage, call handling and advice services and comprehensive patient management systems incorporating clinical assessment and treatment decisions for use of urgent care appointment slots across the city.
- Clinical and patient and public engagement will be revitalised commencing with a clinical engagement event in February 2009 to support the start of "Delivering Better Oral Health".

From these NHS Manchester expects to see a year on year improvement in the number of people accessing NHS Dental services and a consequent improvement in oral health.

#### **4.7 Pharmaceutical Services**

Providers of pharmaceutical services have a crucial role to play in improving the health of local people. They are often the first point of contact, especially for those who might otherwise struggle to access health services. More effective use of the skills and abilities of community pharmacists, in particular, working in partnership with other service providers, will play an important part in achieving the strategic goals of the NHS.

The PCT's commissioning priorities are driven by the joint strategic needs assessment of which the pharmaceutical needs assessment will be a key supplement.

***In 2009/10 we will:-***

- Complete the pharmaceutical needs assessment
- Commission community pharmacy services to provide cardio-vascular screening for people between the ages of 40 and 74. The scheme will be in operation from February 2009 and will be targeted towards people who have not seen a doctor. This is part of the wider strategy for this condition described in section 4.9
- Introduce a 'minor ailment' scheme which will be rolled out to all community pharmacists so that people will be able to attend their pharmacists for minor ailments as an alternative to accessing their GP. This will release necessary capacity at the patient's GP.
- Develop further the community pharmacy service to provide oral contraception via a patient group direction. Some patients now have the choice to obtain their oral contraception from their GP practice, contraception and sexual health centres or voluntary sector services. In 2009 this choice will be made available across the city and will complete a large range of sexual health services from community pharmacists that includes emergency contraception and test, treat and trace chlamydia services
- There will be an increase to repeat dispensing undertaken by pharmacists. This will free up capacity within GP services, improve compliance with medicines and reduce waste of drugs.

**4.8 Access to urgent care**

Strategic initiative 10

As described in section 2 above, NHS Manchester was rated amongst the best performing PCTs in the 2008 Healthcare Commission report on urgent care. However, there is still significant scope to make improvements to such a critical part of our health system. Rising demand over previous years has put pressure upon urgent care services in all sectors of service delivery. This is brought into sharp relief by the challenge we face in achieving the 98% emergency access target which together with achieving ambulance response times is one of our major challenges for 2009/10. The current year has been challenging in both these respects especially during the winter period where demand has risen markedly.

Our key objective is to improve the way all urgent care services interact so that services operate more effectively together. We seek to reduce demand for unplanned services and shift investment to community based models of care, prevention and planned care services. The summary of our plan over the next 5 years is contained in the commissioning strategic plan, initiative 10. The detail here is our plan for year the 2009/10 period.

Practice Based Commissioning groups are identifying local initiatives to meet the particular needs of local populations in line with the CSP.

During 2008/09 a joint review of urgent care in central Manchester was conducted between NHS Manchester, Manchester City Council and Central Manchester practice based commissioning hub. The findings of this review have been used to create a 3-year plan to reform the urgent care system in central Manchester. Some of the learning of this review has already been shared with our other practice based commissioning hubs to inform developments citywide.

What the public said ...

*“The Piccadilly Approach Walk In Centre is amazing, the process is quick, the process is simple and the nursing and administrative staff are really helpful.”*

*“Make it easier to get initial advice, maybe through Drop In centres”*

*“Have a Central dept who have a data base of all services in Manchester both statutory and voluntary, one port of call for information requests can be used by both individuals and professionals alike.”*

*“I think most people know how to access help but often it can take time. I think there should be a central number for all.”*

Commissioning Strategic Plan Survey

**In 2009-10 we will:-**

- Start the development process of a single point of access for urgent care, known as the Manchester Access Point (MAP). This will act as a point of contact for healthcare professionals and eventually patients as a means for agreeing pathways and referral and booking into them. It will constitute a call handling and triage function and will hold a localised directory of service which will enable commissioned pathways to be used appropriately and patient flows to be improved. The MAP will act as a key enabler to increase the overall ‘navigation’ of the system by patients and healthcare professionals alike.
- Start to develop increased integration between providers of urgent care by developing a ‘mutual system partnership’. In this year this will develop a shared agreement of objectives and expectations between providers which will enable them to operate collectively. This agreement can evolve into a structure which has increased decision making authority and potentially a shared financial resource.
- Increase the capacity and scope of intermediate care services across the city to ensure sufficient capacity to meet demand for discharge from

hospital but also to increase the volume of patients admitted directly to intermediate care reducing the need for hospital admission entirely.

- Mobilise the new chronic obstructive pulmonary disease service which combines planned care services focussed around oxygen, diagnostics and pulmonary rehabilitation but also offers a response service to acute exacerbations. We will evaluate this service with a view to expanding the model to other long term conditions.
- Support the mobilisation of Greater Manchester and local stroke services as described in section 5.10.
- Increase the use of telemedicine to enable people to manage and monitor their condition in their own home. We have held a 'market assessment' to meet potential providers who demonstrated product/design solutions to increase independence, condition monitoring and provide early warning of worsening of conditions. We will use this to define the service models we wish to develop.
- Focus upon admissions for 'ambulatory care sensitive conditions' (those which would not normally require a hospital admission if managed to the optimum standard) to improve the management in a community setting. Conditions include diabetes, congestive heart failure, dehydration and angina.
- Build upon our programme of social marketing which has been used to gain user opinions of urgent care services and to target messages about how to access services. We have distributed the leaflet *Getting the right treatment* which advises on what services to access during the winter period and targeted specific groups such as students during freshers' week for which we used our 'Choose Well' brand. We will now look to use this brand in future campaigns. In 2009 we will undertake focus groups with regard to urgent care services and specifically to develop some of the larger scale initiatives such as the MAP.

## **5. Keeping adults and children well, improving their health and reducing health inequalities**

### **5.1 Partnership working**

Partnership working underpins the commissioning role of NHS Manchester and is a key enabler for achievement of our objectives. Structures for partnership working are very strong in the city and we continually seek to strengthen them further.

NHS Manchester has been an active partner in the development of governance structures to ensure joint working for health and well-being in the city. The adults health and well being partnership board has been established which reports to the Manchester public service board, and is chaired by the

chief executive of NHS Manchester. Enhanced children's board arrangements have strengthened the 'support-and-challenge' role of the board which has agreed that improving the health of children is one of the six key priorities that the board has agreed for 2009/10.

The Local Area Agreement (LAA) for 2008-11, the Commissioning Strategic Plan (2009-2014) with its suite of Vital Signs contain the shared outcomes the City Council and NHS Manchester aim to achieve within the overview of the agreed governance structures, based on the published joint strategic needs assessment. In addition the adults and children's boards and partnerships are preparing an annual delivery plan for the use of partnership resources that contribute to the shared outcomes. In 2009/10 this will include Working Neighbourhoods Fund, Choosing Health and Improving Health in Manchester investments.

The LAA targets relevant to health and well being include life expectancy, All Age All Cause Mortality, under-18 conceptions, childhood obesity and alcohol related admissions. These targets link to the Vital Signs and are consistent with the objectives within the commissioning strategic plan. In addition to these our partnership arrangements support objectives relating to mental health and the protection of vulnerable adults and children.

The PCT is an active partner in the Crime and Disorder Reduction Partnership, providing investment in key areas such as the alcohol arrest referral scheme, and will also be a member of the new Economic Development Board for the City.

What the public said ...

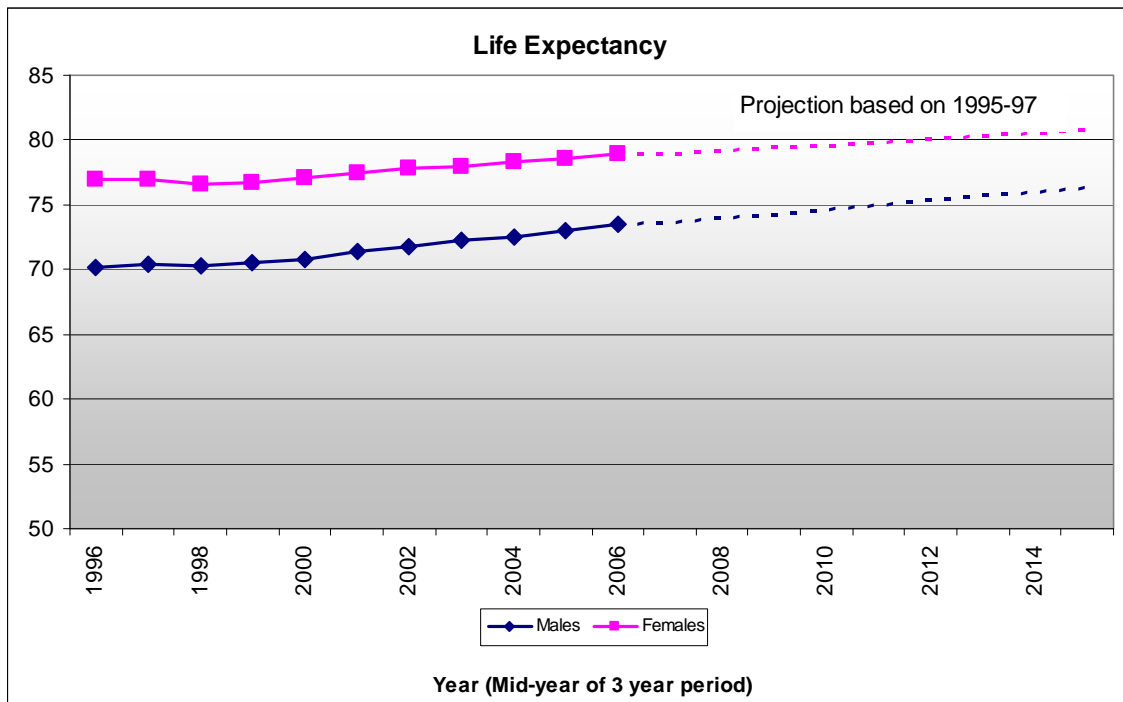
"With the demographic changes, people living longer, the increase in carers, there needs to be continued investment in preventative strategies and genuine partnership working across the public and voluntary sectors."

Commissioning Strategic Plan Survey

## 5.2 Life expectancy and mortality

Strategic initiatives 1, 2

National targets for reducing mortality from cancers, circulatory diseases, intentional self harm (suicide) and accidents were first set out in the White Paper *Saving Lives: Our Healthier Nation*. These targets have now been incorporated in both the Local Area Agreement and Vital Signs.



The figure shows the improvement of life expectancy for males and females in Manchester over the last 10 years. There is still a significant gap between Manchester and other parts of England which need to be addressed.

In order to address the life expectancy gap between Manchester and the rest of England the PCT has adopted a series of 'high impact changes' to narrow health inequalities with an additional focus on alcohol, due to the high contribution of problem drinking to premature death locally.

There will be investment in community and personal support for people living in Manchester through the development of a citywide healthy living network.

What the public said ...

“People lead their lives the way they want to most of the time. Only by educating them and giving them options to change their unhealthy lives can possibly improve longevity”

Commissioning Strategic Plan Survey

Priority areas for action in 2009/10 are:

- Cardio-vascular disease – establishment of improved services to prevent and intervene early (see section 5.11)
- Cancer – early detection and treatment (see section 5.9) especially within deprived communities
- Infant mortality – current approaches include improving breastfeeding and infant feeding (see sections 5.13.6)

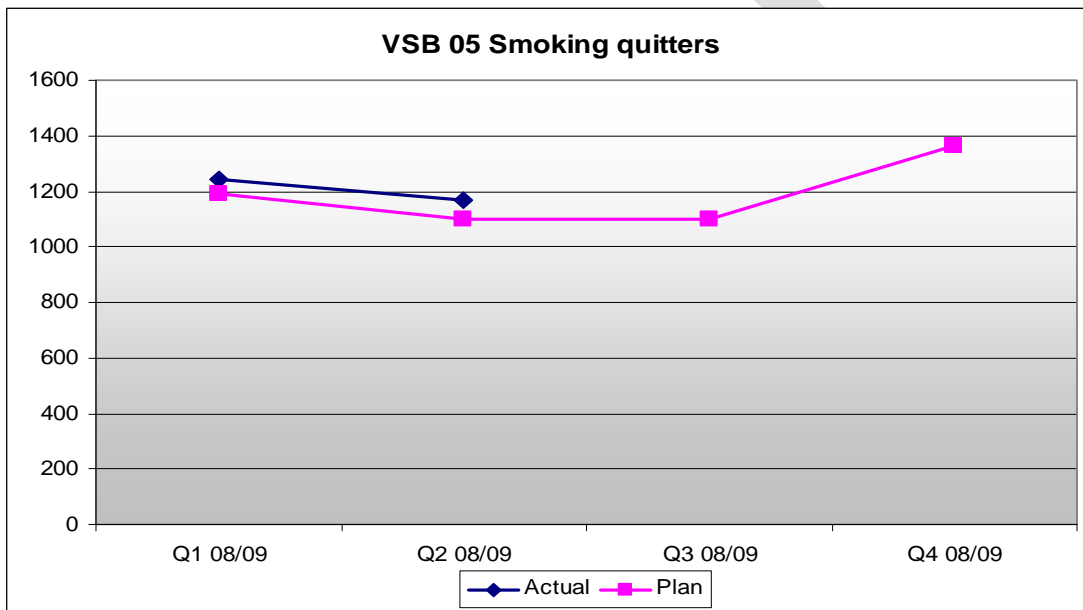
- Alcohol – early intervention for problem drinkers (see section 8.1)
- Smoking cessation

## Smoking

Tobacco remains a very significant contributor to coronary heart disease and cancer, and quitting can have a health impact even in the short term, with the risk of heart attack reducing by half after 12 months.

The Manchester stop smoking service will progress further activity based on creating smoke free communities. Focused campaigns will take place in priority wards to encourage changes in the perception of the normality of smoking and to encourage further uptake of stop smoking services.

Smoking targets relating to 4-week quitters following attendance at stop smoking services are forecast as follows.



### **In 2009/10 we will:-**

- Increase the number of 4 week smoking quitters after attending stop smoking services in line with the forecast growth in our population

## **5.3 Well-being and prevention services**

Lord Darzi's final report *High Quality Care for All* sets the challenge of delivering greater equity with regard to health outcomes. Manchester has high levels of deprivation and needs to address inequalities between the city and the rest of England and also internal inequalities in health between wards within the city.

There is substantial evidence to demonstrate that the engagement of hard to reach individuals in prevention activities can have significant impact on health gain and the cost of health service provision. The city has a number of well-developed prevention services in key areas such as substance misuse, smoking, sexual health, improving diet and physical activity. However, some individuals and communities are less likely to engage with these services. In order to address this the PCT is improving the infrastructure for community and personal support.

What the public said ...

*“Long-term prevention. Allocating resources to encourage healthy living for example allotments to encourage people to undertake physical activity and grow their own food thus leading a healthier lifestyle which means less likely in the long-term to need health services.”*

*“I’d like to see classes to help you quit smoking (not that I do), lose weight (that’s definitely me), cope with stress etc that are run locally by NHS staff.”*

Talking Health discovery survey

***In 2009/10 we will:-***

- Develop a city-wide healthy living network which will provide increased investment in prevention and early intervention. The network will facilitate the involvement of disadvantaged communities in prevention services such as screening, weight management, smoking cessation and initiatives to improve physical activity. Most importantly, the network will support communities to aspire to better health.
- We will establish, facilitate and develop community engagement in a range of health promoting activities across 14 healthy living network forums.
- The service will tackle health inequalities in Manchester through ensuring that it is accessible and acceptable to key target groups, and has the ability to engage with individuals and communities that are deemed “hard to reach” especially: black and minority ethnic communities; the economically inactive; adult learning disabled people; the obese and overweight; older people; refugees and asylum seekers; carers; and people living alone
- Continue to develop the health trainer programme which employs people from local communities and provides them with training to offer personal support to others wishing to develop a healthier lifestyle. We want health to be able to work closer with primary care to provide additional support for individuals seeking to make lifestyle changes to improve their health.

- Develop 'social prescribing' to complement mental health support available in primary care. Depression and lack of self esteem often act as barriers to individuals accessing prevention services and sources of community support. Our pilot programme will run in North Manchester and will support patients to access a whole range of health and social care support in order to improve their mental health and well being.

#### **5.4 Older People**

Preventive services form a crucial part of the personalisation care agenda in both health and social care services. These are particularly focussed upon older people who need for targeted services to ensure their health and well-being is optimised. NHS Manchester works closely with adult social care services to ensure that this client group is offered effective and joined up services.

##### ***During 2009/10 we will:-***

- Following the positive evaluation of the Manchester POPP (Partnership for Older People Project) programme NHS Manchester will review the need for recurrent funding
- Commission research with the City Council to determine which of the models of intermediate care and re-ablement is producing the best results within the city.

These two initiatives will contribute to reducing levels of emergency admissions, reducing length of stay in hospital beds for people waiting for care assessments and packages to be put in place.

#### **5.5 Sexual health**

NHS Manchester is the host to the Greater Manchester Sexual Health Network (GMSHN) and is an active member of the network. We are also a key member of the Manchester Sexual Health Forum which is responsible for the development and monitoring of the sexual health strategy for Manchester.

Sexual health services have been subject to considerable expansion and modernisation over the last five years. In 2009/10 we are keen to ensure that the position of services is consolidated and developed in targeted areas. Our key focus will be to increase partnership working between services and to increase the uptake of services from the most vulnerable groups.

We expect to continue to meet the 48-hour genito-urinary medicine access target and hope to increase upon the current 91% 'seen figure' which already exceeds the regional target of 85%.

Manchester expects to meet the challenging chlamydia screening target which expects that 25% of 15-24 year olds will receive screening. This target has increased from 17% in the previous year.

Whilst all sexual health work will have a universal element there will be particular groups of the population who will require additional focus because of higher rates of sexually transmitted infections or higher risk sexual practices. These groups include men who have sex with men, black sub-Saharan Africans, sex workers and young people.

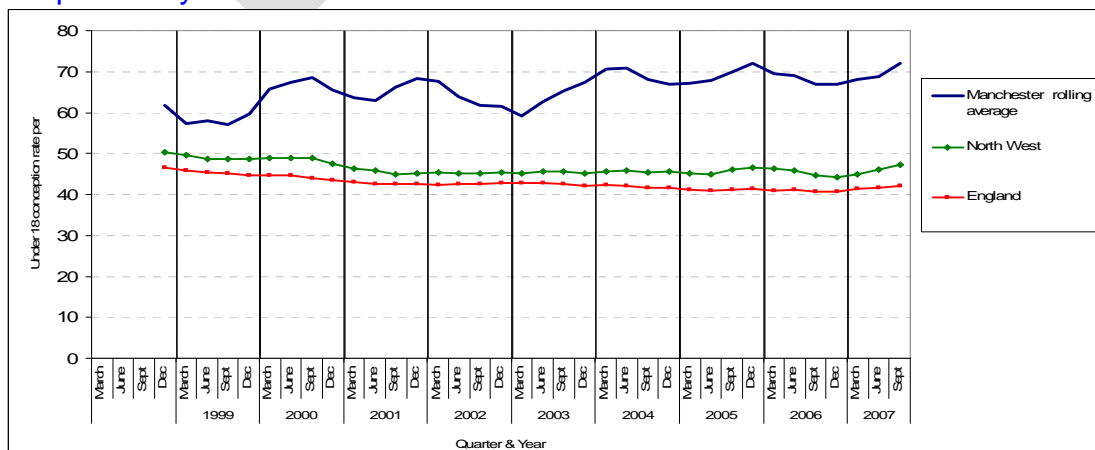
**In 2009/10 we will:-**

- Support the achievement of chlamydia screening targets through the establishment of additional access points for the service and through improved joint working with related services such as school nursing, youth services and the teenage pregnancy programme
- Offer a new sexual health local enhanced service to GPs from 1 April 2009, increasing the sexual health services offered within primary care
- Review CASH (contraceptive and sexual health) services to ensure they are targeting services appropriately and meeting the needs of our more vulnerable populations
- Work with our providers, including general practice, to increase the uptake of HIV testing in order to reduce the number of people living with undiagnosed HIV. This will aid early and improved management of the condition and a reduction in onward transmission of the disease

**5.6 Teenage Pregnancy**

Strategic initiative 3

Manchester has one of the highest rates of teenage conceptions in England and has been set the challenging objectives of reducing teenage conceptions by 55% from the 1998 baseline by 2010. This forms objective three in our Commissioning Strategic Plan. The Chart below shows, not only the scale of the change required but also that we need to reverse the trend of growth over the past ten years.



Reduction in teenage pregnancy is part of the wider strategy to reduce health inequalities, social exclusion and child poverty. We will introduce a number of initiatives in partnership with Manchester City Council to contribute toward this goal.

***In 2009/10 we will:-***

- Introduce clinical outreach in the ‘hotspot’ wards which have the highest numbers of teenage conceptions, and on further education sites. A prevention team will be established to work with young people identified as vulnerable to teenage parenthood e.g. those in socially deprived groups, to address their risk factors
- Implement a teenage pregnancy programme to deliver improvements in the priority areas of improving access to contraception and sexual health services, sex and relationships education, targeted prevention and better support for pregnant teenagers and teenage parents
- Work with providers and partner agencies to promote the prescribing of LARCs (long acting reversible contraception). There is expected to be a social marketing campaign aimed at increasing professional awareness and acceptability to young people

## **5.7 Termination of pregnancy services**

Manchester is currently meeting the 10-week early access to termination of pregnancy target but continues to have high rates of repeat abortions which we seek to reduce through further promotion of contraception.

***In 2009/10 we will:-***

- Ensure that all providers of pregnancy termination services will provide contraceptive services and participate in the chlamydia screening target.

## **5.8 Carers**

The Department of Health carers strategy (*Carers at the heart of 21<sup>st</sup> Century families and communities*, 2008) highlights the increasing dependence upon carers due to the ageing population and consequent levels of long-term conditions requiring intensive support from people to their parents, partners and others. Carers can be seen as supporting the shift away from institutionalisation and to enable truly personalised care and to promote prevention of further ill health.

What the public said ...

*“The needs of the carer also need assessment from the time of diagnosis especially if they are elderly.”*

Talking Health dementia strategy engagement

**In 2009/10 we will:-**

- Ensure a joint approach with the City Council to commissioning services for carers to ensure that we can identify needs effectively in each of Manchester's six districts, utilise the joint resource effectively and to make the strategic shift to the personalisation of carers services with an emphasis on the early identification of carers and prevention of carer breakdown through breaks and services. We will specifically focus on commissioning short breaks for carers to reduce the risk of carer breakdown
- Ensure that carers in all parts of the community are supported and no groups or individuals are left behind. We assess the number of carers accessing services in order to identify service gaps. We already identify the age, gender and ethnicity of carers who are accessing breaks.

**5.9 Cancer**

The reduction in incidence and early and more effective treatment of cancer will make significant impact upon life expectancy within the city. Manchester is committed to improving screening, urgent referral for assessment and treatment and to reducing mortality rates for people under 75.

**5.9.1 Screening and prevention**

Strategic initiatives 1, 2

In line with the cancer reform strategy, actions will be taken to improve the prevention and early detection of the symptoms of cancer, particularly the priorities of breast, bowel, lung and cervical cancers. NHS Manchester will continue to act as lead commissioner for the Greater Manchester Breast Screening Programme.

What the public said ...

*"I would never not attend my screening appointments, as there is a history of breast cancer in my family. However, I do think it could be made easier for us to attend."*

Talking Health, breast screening survey

***In 2009/10 we will:-***

- Reduce the age at which women receive breast screening from 50 to 47
- Extend the screening programme for bowel cancer in line with the recommendations of the national cancer reform strategy which means the upper age limit for bowel cancer screening will increase from 69 to 75 in 2010
- Deliver social marketing and community development activity by the commissioning of a citywide healthy living network (see section 5.3). This will ensure that people will understand the signs and symptoms of the priority cancers and will ensure people are supported and encouraged to go to their doctor earlier. This is especially important to achieve in some of the most deprived parts of the city
- Build upon the 2008 questionnaires about access to and experience of breast screening in South Manchester from which action plans have been developed for implementation in 2009. This process is now being repeated focussing upon women in Gorton the results of which will be used to inform the commissioning of more accessible and equitable breast screening services
- Pilot the 'healthy communities collaborative' which is a project to raise awareness of breast, bowel and lung cancer in three target wards in North Manchester. This approach will be evaluated in 2009 with a view to rolling out in other areas of Manchester if successful

These initiatives are expected to impact upon health outcomes in 2009/10 and 2010/11 respectively.

### **5.9.2 Diagnosis and Treatment**

Our key aspiration with regard to diagnosis and treatment is to make available appointments for diagnostics and treatment as fast as possible should cancer be suspected or diagnosed.

These standards and our performance against them to date are as follows.

The two week wait from the date a GP makes an urgent referral to the first hospital appointment is currently achieved at a 100% success rate in Manchester as is the 31 day standard from diagnosis to first treatment target. Both these standards are achieved above the national and North West average. The 62 day standard from GP referral rate is 94%. Part of the gap is due to patient cancellations and deferral of appointments but we seek to improve upon this figure.

New standards announced in 2007 will come into effect in 2009/10 which we will implement. These are summarised as follows:-

- The two week wait will be extended to include any patients with breast symptoms even if cancer is not suspected
- The 31-day standard will be extended to include subsequent treatments after the first treatment
- The 62-day standard will be extended to include referrals from breast screening services and consultant referrals

These new standards will cause a significant increase the number of appointments classed within these standards and will, therefore, cause a pressure to the PCT and its providers to ensure the necessary levels of access.

***In 2009/10 we will:-***

- Work to ensure that existing cancer standards are maintained and improved where necessary
- Work towards achieving the extended standards according to the prescribed timescales

Strategic initiatives 1, 2,10
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## **5.10 Stroke**

Manchester has the worst early death rates for heart disease and stroke in England (2007). The impacts for people who survive a stroke are significant in terms of their health needs, quality of life and independence. Improvements to stroke services have the opportunity to achieve significant impacts upon health outcomes.

Service developments within Manchester will be in line with the requirements of the national stroke strategy. Some areas of work will be led by the Greater Manchester and Cheshire Cardiac and Stroke Network (GMCCSN) and others by NHS Manchester.

There is currently an inequity of service provision in the boundaries of the three former PCTs (North, South and Central Manchester) and we will seek to level up these differences between our legacy organisations. There was dissatisfaction with current services by stroke survivors and their carers in a patient survey report (Manchester Health Watchdog, 2008). NHS Manchester will support the establishment of patient and carer groups/forums to support the ongoing commissioning of stroke services.

***In 2009/10 we will:-***

- See the implementation of the Greater Manchester & Cheshire Cardiac and Stroke Network redesigned acute stroke services across Greater Manchester. Stroke services are to be based on a small number of specialist stroke centres providing hyper-acute and acute care in the first 24 hours after onset of symptoms supported by district stroke centres providing ongoing hospital care. The Integrated Acute Stroke Service proposes a networked model comprising one comprehensive stroke centre to be based at Salford, two primary stroke centres based at Fairfield and Stockport and 10 district (DSC) stroke centres at each of the other acute trusts in Greater Manchester. Together the centres will provide rapid access to CT scanning and if indicated thrombolysis, swallow assessment and aspirin administration at the Comprehensive Centre and Primary Centres on behalf of the populations of all Greater Manchester PCTs

This acute element of the service will be underpinned by high quality district stroke services supporting recovery, rehabilitation and delivery of care to those patients who present post 24 hours in each PCT area. The intention is that a full service will be in place by 2010 through a phased implementation, and we are expecting that a limited service will be offered by all three main centres by the end of March 2009

- Commission early supported discharge teams as part of the community provision to support discharge of eligible patients. We will establish new community stroke teams in Central and South Manchester to provide seamless rehabilitation for patients discharged from hospital following a stroke. People who have suffered a stroke will receive periodic reviews during the twelve months following the stroke and teams will support ongoing secondary prevention of stroke by improved vascular risk management of both medical and lifestyle risk factors
- Seek to raise awareness about stroke and the symptoms of stroke for both health professionals and the public to ensure that patients are referred as an emergency at the onset of a new stroke. There will be a targeted campaign to this end
- Ensure Transient Ischaemic Attack (TIA) services will provide more timely assessment and those requiring carotid intervention surgery will be treated within two weeks of presentation by fast track referral to a vascular surgeon
- Add psychology services to all community stroke teams, a family and carer support service and communication support will be provided to South and North Manchester to bring equity with Central
- Establish, in partnership with adult social care, stroke registers for all new patients who have had a stroke registered with Manchester GPs

and/or resident in Manchester This will be developed to incorporate those people who have previously had a stroke also.

These developments will ensure that by 2010/11 80 % of patients will spend at least 90% of their time on a dedicated stroke unit and that 60% of high risk TIA cases are scanned and treated within 24 hours. Improved stroke services will benefit the wider urgent care system through more comprehensive response to emergency events and improved condition management thereafter.

### 5.11 Cardiovascular disease

Strategic initiatives 1, 2

Cardiovascular Disease (CVD) is the largest cause of the gap in life expectancy between Manchester and the rest of the UK. There are an estimated 8,500 people in Manchester aged between 40 and 74 at a greater than 20% chance of developing CVD in the next ten years.

We aim to help people live longer and reduce the gap in health between different communities systematically identifying individuals at risk of developing CVD, providing high quality evidence based preventative health care to those individuals, providing cardiac rehabilitation services and delivering specific CVD health education in schools.

Whilst this programme will take a number of years to implement a number of initiatives will be implemented in 2009/10.

#### ***In 2009/10 we will:-***

- Work to improve the coding of risk in already installed software to GP systems which will support predictive CVD Risk registers. A local enhanced service will be introduced for GP practices to reduce the levels of risk for those people by appropriate medical management and referral to lifestyle support services. Registers will be monitored for age, gender, ethnicity and postcode to ensure that the risk register and the response to it is equitable
- The pilot for vascular checks in pharmacy referred to in section 3.7 will take place in the early part of 2009. This pilot will inform the future commissioning of vascular checks in accordance with Department of Health guidance (*Putting Prevention First*, 2008). We will implement the vascular checks programme over the defined 5-year rolling programme, targeting communities which experience the greatest burden of CVD ill health first
- Undertake educational events to raise awareness of CVD risk identification and reduction in order to develop an understanding of CVD within target communities
- Build on the audit of cardiac rehabilitation services undertaken in 2008 with a large scale health equity audit of these services. This will inform

the review of cardiac rehabilitation services and development of patient pathways and the provision of cardiac rehabilitation service according to National Institute for Health and Clinical Excellence guidelines

- Offer the Headstart and ORCS (Opportunities for Resuscitation & Citizen Safety) education packages in 40 local schools

## 5.12 Maternity and Neonatal Services

The Making it Better (MIB) reconfiguration is supporting the development of maternity and neonatal services across the city region. NHS Manchester, in collaboration with MIB, is working to implement the requirements of *Maternity matters: choice, access and continuity of care in a safe service* (Department of Health, 2007) to provide modern services that provide a choice of safe, high quality care for all women and their partners.

What the public said ...

*“The individual staff were excellent, very friendly, helpful and caring. I do not have any complaints about them. However the overall system is outdated and needs to be brought up to scratch.”*

Talking Health, maternity engagement

NHS Manchester is working towards the objective that 90% of women in contact with maternity services will have seen a midwife or a maternity healthcare provision, for health and social care assessment of needs, risks and choices by 12 completed weeks of pregnancy by March 2011. Manchester currently achieves 71% and we aim to increase this by 10% in the 2009/10.

We recognise the requirement to strengthen the links between mental health and maternity services. 6-10% of women booking for antenatal care give a current or past history of mental health problems. This increases to circa 20% in the post-natal period. We have developed a proposal for a mental health maternity liaison service which may be funded through service efficiencies.

We are currently completing a mapping exercise with regard to children's health and maternity services in Manchester. This will provide baseline data for 2008 which future service developments can be measured against to ensure standards are being met and ongoing improvements to services are realised.

We are working with other Greater Manchester commissioners to draw up a full specification for maternity services. This will set out the standards required to deliver high quality, safe, flexible and accessible support for local women, babies and families, in planning pregnancy, during pregnancy and labour and in the period following the baby's birth.

In 2007 the Department of Health funded the development of the Family Nurse Partnership. This service supports existing services with a focus on supporting young mothers up to, and including, those aged twenty. The programme is evidence based support in a way that is accessible to this potentially vulnerable client group. The programme is delivered to focus upon preventative smoking cessation, nutritional advice and social support. The Department of health funding was for a limited period and we will need to incorporate this service into our commissioning budget.

What the public said ...

*“Now I know what breast feeding is and how it helps, before I thought it was nothing. It’s good for the baby and I want the best for my child.”*

User of Family Nurse Partnership service

There will be a standard continuing healthcare assessment framework for children will long term healthcare needs which will ensure there is equitable access to care for children.

***In 2009/10 we will:-***

- Support the development of infrastructure in primary, secondary and tertiary level maternity services with the philosophy of care that women will continue to be able to access services locally, with the skilled workforce and appropriate facilities to meet their individual needs.
- Improve the role of public health in maternity services and seek to strengthen the role of the midwife in this function. This will be particularly targeted through maternity as it is a receptive time for people to make lifestyle changes for themselves and their children.
- Continue to develop maternity services in collaboration with partner services such as Surestart children’s centres, the child health promotion programme and the family nurse partnership.
- Develop a perinatal mental health service aimed to achieve a comprehensive pathway of care that is a gold standard model for mother and baby.
- Ensure that all our services, and those under development, actively reduce health inequalities and are increasingly accessible to all members of the community
- Fund the family nurse partnership service for a further three years with a view to permanent funding after that period

- We will adopt the new children's continuing care framework for developing long term care package needs

### **5.13 Children**

Manchester's current Children and Young People's Plan runs until 2009 and during the year, a further plan will be prepared by partners in line with the requirements of the Children Act 2004. The new plan will demonstrate the progress Manchester has made in improving outcomes for children as well as describing the steps Manchester's services will take to address the remaining challenges which face children, families and the community as a whole.

Central to the plan will be the role of Manchester's children's trust arrangements which are central to achieving positive outcomes for children and especially for safeguarding children and young people and protecting them from exploitation, abuse and harm.

In the current plan, the city council, primary care trust and their partners commit to:

1. Continue to strengthen the early identification and prevention of mental health issues
2. Significantly reduce the incidence of teenage pregnancy and sexually transmitted infections
3. Improve and integrate and develop new early intervention services for children at risk of coming into care
4. Continue to improve outcomes for looked after children in terms of health and educational attainment
5. Improve procurement and monitoring of looked after children and special educational needs placements to ensure better child outcomes were achieved in a value for money context
6. Raise standards at key stages 1, 3 and 4 and maintain improvements at key stage 2 by targeting interventions in under performing schools and groups
7. Improve school attendance
8. Improve outcomes for 16-19 year olds by reducing the number of young people not in education or employment with training

Whilst the NHS plays a part in achieving all of these objectives, objectives 1, 2 and 4 are of particular relevance to the health service and NHS Manchester's plans for further progress in these areas 2009/10 are summarised in this operational plan.

Strategic Initiative 5
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#### **5.13.1 Childhood obesity**

The issue of reducing childhood obesity is recognised as having to occur in the broader context of being multi factorial i.e. diet, physical activity and behaviour change within a family/community based context. This work is part of the overall strategy to increase the community's aspiration for their health and how they, and public services, can contribute to meeting this aspiration.

Much of the prevention work on improving diets and access to healthy food and improving participation rates in daily/regular physical activity will contribute to the culture change required in the city. In addition the points4life scheme, when initiated, will be central to this social marketing approach to improving and changing the health behaviours of Manchester's population.

***In 2009/10 we will:-***

- Seek to train early years workers to work with families of young children under five to support healthy lifestyles for the whole family.
- Undertake the third annual collection of data regarding the height and weight (BMI) of reception and year 6 through the national child measurement programme which will provide further intelligence regarding the levels of obesity in these two age groups.
- Continue work to be developed through the healthy schools programme to increase uptake of physical activity and assess the provision of healthy eating in schools in line with food and nutrition standards. In addition the provision of physical activity opportunities in after school provision will be assessed through uptake rates.

**5.13.2 Breastfeeding**

Strategic initiatives 1, 2, 5

Breastfeeding is acknowledged to offer multiple benefits to health and well-being for both mother and child. It has an effect upon life expectancy, child development and reduction of risk factors around chronic disease amongst other numerous benefits. Manchester is not currently meeting the Vital Sign target relating to prevalence of breastfeeding at 6-8 weeks.

What the public said ...

*“If more care and time had been taken at the time of birth and the first few hours of bonding I am sure that feeding wouldn't have been a problem and I would have gone home quicker and happier”*

Talking Health, maternity engagement

***In 2009/10 we will:-***

- Develop a breastfeeding peer support service which will offer a programme which will offer support to every breastfeeding woman in Manchester developing a network of breastfeeding peer supports across the city
- Introduce infant breastfeeding facilitators to work with the infant feeding coordinator to provide training, audit of practice and support to health visitors in order to achieve the UNICEF baby friendly initiative (BFI)

accreditation in line with National Institute for Health and Clinical Excellence guidance

### **5.13.3 Services for children with disabilities, including palliative care**

The Making It Better system reform programme has given NHS Manchester the opportunity to redesign local services to meet the needs of our population making services more accessible and improving choice for this specialised group of children. Children's disability services are a high priority to commissioners and as the majority of children with life limiting conditions are also disabled improving the quality and experience of children's palliative care services has been a priority for NHS Manchester. Approximately 125 children per year will be identified as having a palliative care service need.

#### ***In 2009/10 we will:-***

- Complete the implementation of a children's community palliative care service that will meet the needs of children and young people. The service has been developed around a 'transition pathway' developed by the Association for Children's Palliative Care, which emphasises the importance of empowering young people to take control of their lives. The service with the children's hospice service will provide a 24 hour care and support service from a specialist team tailored towards the needs of the children, young people, families and their carers.
- Implement the national framework for children's continuing care, ensuring that all young people who are eligible can access NHS funding to meet their needs.
- Support the children's services department in Manchester City Council with the programme of improvement for children with disabilities ('Aiming High') especially in relation to the provision of short breaks.

### **5.13.4 Child and adolescent mental health services (CAMHS)**

Manchester has amongst the highest rates of mental health problems in children and young people aged under 16 years. The recent CAMHS needs assessment identified that 15% of 5-11 and 18% of 11-16 year olds have a probable psychiatric disorder.

Early intervention of mental health problems in children and young people is a priority for NHS Manchester and the City Council. Nationally four targets have been set for PCTs.

- Mental health services are available to all children and young people with a learning or physical disability
- 24 hour emergency cover is available for meeting urgent mental health needs of young people

- Appropriate services for 16 and 17 year olds
- A range of services which ensure early identification of mental health problems

Manchester has a dedicated mental health service for children and young people with learning and physical disabilities and has a comprehensive on – call system. The following outlines the priorities we have set to make the improvements to services that are necessary.

***In 2009/10 we will:-***

- Undertake a review, in partnership with the North West Specialist Commissioning Team, of 16 and 17 years olds who have been admitted to adult wards, either as planned or emergency admissions to understand the additional capacity that is required in adolescent provision in order to meet the requirements of the Mental Health Act 2007 requirement for them not to be treated on adult wards
- Add mental health practitioners to the health input to the youth offending team. This has historically been a nursing service but these new practitioners will provide training advice, consultation and liaison to the YOT team so that staff have a greater confidence in managing this group of young people and ensure that they have better access to mental health services.
- Use funds received from the Department for Schools Children and Families (DCSF) which will provide additional training and consultation for school based staff and 1:1 support for identified groups of young people. These will focus upon identifying primary school aged children with ADHD (Attention Deficit Hyperactivity Disorder) in line with National Institute for Health and Clinical Excellence guidelines and working with families who have not engaged with mental health services by using school based systems and delivering services in schools.
- Undertake a review with CAMHS, Eclipse (early intervention and outreach services) and the DAST (Drugs and Alcohol Strategy Team) to understand the low referral rates for young people with drug and alcohol problems. This review will inform how to better commission services to meet this need.

**5.13.5 You're Welcome – making health services young people friendly**

Following the 'You're Welcome' quality criteria for younger people's health services NHS Manchester will implement a series of effective local initiatives working with young people under twenty. These initiatives will be applied to general and acute health problems, long-term disease management and health promotion. These services will take young people's needs into account

and ensure that all young people are entitled to receive appropriate healthcare wherever they access it, both in the community and in hospitals.

The target areas to engage with respect to this are general practice, schools, community health based services and areas which have high rates of teenage conception. We will also be focusing on the community settings where we will expect the You're welcome standards to be applied. These will include:

- Settings delivering sexual health and contraceptive services
- Providers of termination services
- Further education and school based settings (including extended schools)
- Youth services
- Pharmacy services
- Child and adolescent mental health services and emotional wellbeing settings
- Children's centres

Raising awareness amongst service providers and professionals commissioning or supporting young people's health is already underway.

***In 2009/10 we will:-***

- Work to ensure that all health services regularly used by young people, including all school and college based services will carry the You're Welcome quality mark, a sign that the service is young people friendly. We will measure success by reference to patient experience, equality impact assessment, engagement with the public and a dialogue regarding health needs and measuring the equality of health outcomes
- Review services against the quality standards by reference to patient experience which will assess personalisation of care including dignity and respect, how easy it is for people to access services and the need to promote equality for minority groups

**5.13.6 Healthy child programme**

Strategic initiatives 1, 2, 5

NHS Manchester will continue to work with its providers to develop plans in line with the delivery of the healthy child programme (HCP).

The HCP is anticipated to be a valuable tool for supporting Manchester to meet our requirements on increasing breast feeding, obesity prevention, reducing infant mortality, supporting vulnerable parents/babies and ensuring the 12 week antenatal assessment. The programme will link closely with

children's services, health visiting and the family nurse partnership amongst others.

### **5.13.7 Safeguarding Children**

During 2009/10, NHS Manchester will continue to play its key role as a core member of the Manchester Safeguarding Children Board (MSCB) and will ensure that it continues to meet the expectations of core standard 2 and *Working Together, 2006*.

The recent introduction of the rapid response service and the restructuring of the child death overview panel will give additional information, analysis and recommendations for our services and our population. NHS Manchester will continue to work with providers to ensure that commissioning is robust and that all providers are clear about, and monitored against, their safeguarding responsibilities.

#### **In 2009/10 we will:-**

- Strengthen safeguarding systems in the light of findings from serious case reviews (SCRs) We will be investing in additional support to general practice, improved arrangements for child protection medicals and for unaccompanied asylum seeking children, additional strategic work with looked after children and improved information sharing between hospitals and community services. This work is designed directly to meet the needs identified by SCRs and should lead to a concrete improvement in safeguarding systems in Manchester.

Via partnership structures, such as Manchester Children's Board and MSCB, NHS Manchester will continue to develop outcome based performance measures to ensure that service delivery and policy development make a positive impact on children's lives in Manchester.

## **6 Experience, Satisfaction and Engagement**

### **6.1 General Public**

Effective communication and engagement with local communities is key to NHS Manchester's aim to become a World Class Commissioner, and to achieve its vision to improve health in Manchester. 2008 saw the launch of our Talking Health programme of public engagement, the inception of our membership scheme, myNHSmanchester, and the adoption of a new communications and engagement strategy.

#### **In 2009/10 we will:-**

- Engage with local communities to further inform and develop the joint strategic needs assessment

- Embed public involvement in our commissioning business processes and thereby the implementation of the commissioning strategic plan and its strategic initiatives
- Further develop our communities of interest approach, ensuring that all communities within Manchester's diverse population have the opportunity to influence the planning, development and monitoring of local health services
- Improved coding of public feedback to facilitate accurate identification of themes
- Continue to develop the Talking Health website and other public information vehicles
- Increase recruitment to, and use of, *myNHSmanchester*
- Increase levels of partnership working with Manchester Local Involvement Network (LINK), and other voluntary sector bodies to facilitate public engagement
- Maintain our effective working relationship with overview and scrutiny committees
- Strengthen our evaluation processes at each stage of public engagement activity

## 6.2 Patients

The views of users of local health services provide us with an important insight into the quality of the services we commission.

### *In 2009/10 we will:-*

- Ensure that the requirement to carry out a patient experience survey, addressing areas defined by us, is included in all commissioning specifications including the new community services contract.
- Ensure that service providers report on user satisfaction with their service(s) and detail how they have used patient feedback to develop their practice and policies. This will form a core element in all performance monitoring schedules.
- Analyse the results of surveys from the national patient survey programme to identify themes of concern with regard to providers (including primary care contractors), services and pathways. We will then use this analysis to inform performance meetings with the relevant bodies and to drive improvements in service delivery.

- Identify any themes or concerns relevant to particular communities of interest through disaggregation of experience data by equality strand.
- Use the experiences of service users to inform service redesigns or the development of new service specifications.
- Continue to develop new ways for patients to feedback their experiences and to use intelligence captured by external mechanisms e.g. Patient Opinion.
- Continue to use intelligence gained from our PALS/Complaints to inform performance monitoring, service redesign and service development.

### **6.3 Staff**

NHS Manchester has in place a number of initiatives and consultative forums in which to engage its staff and which will continue to build on the elements of the four pledges as outlined in the NHS constitution. We will continue to engage by actively listening to our staff in order to provide an environment that is conducive to learning and development and the provision of improvements in quality of care. Key to this is the staff attitude survey which has resulted in “Good thinking workshops” where staff had the opportunity to discuss the outcomes of the survey and put forward ideas and suggestions for improvement.

The PCT assesses the quality of work through a number of processes which included engaging with staff and their staff side representative in modernisation of service and service redesign. Key elements are staff engagement workshops and staff conferences. All service changes are fully supported through effective staff consultation which we will continue and build on in order to take the pledges forward.

In order to be effective in our internal functioning and as the local leader of the NHS we must have the right organisational strategy, culture and capabilities in place. The organisational development (OD) plan which underpins our commissioning strategic plan describes the actions that will be taken to become world class commissioners of local health services. The priority themes with the OD plan are:-

- Aligning the organisation’s activities with the objectives of the strategic plan and building a distinctive NHS Manchester culture which puts engagement at the heart of how we work
- Reshaping structures and business processes to support our commissioning organisation
- Building our staff commitment, skills and capabilities to deliver world class commissioning and our strategic plan

To ensure quality of care and effective implementation of service provision we have in place a robust PDR (personal development review) system and policies to support the NHS pledge to provide all staff with personal development, access to mandatory and appropriate training and the line management support required to succeed.

HR systems are in place to aid consistency and best practice with regard to job evaluation, recruitment and selection training including a key focus upon employment law in relation to equality and diversity in addition to best practice to promote equality of opportunity and recognise the need to support all staff as employees, parents and carers.

Using electronic staff records systems, NHS Manchester reports the workforce profile by equality target groups.

#### **6.4 Quality of Work**

We acknowledge that high quality services and safe services can only be provided by a high quality workforce and we are committed to ensuring that the workforce is developed and effectively trained in order to commission those services. We will achieve this through the development of our lifelong learning strategy and a comprehensive leadership strategy which is fully supported by the organisational development strategy.

We will work collaboratively in a multi-agency environment to ensure the quality of service is maintained and best practice is shared. This will be achieved through a number of joint forums where information and ideas are shared and jointly developed to enhance work practices and quality of services.

Innovative working will be encouraged through the development of leadership empowerment at all levels of the organisation. This will be supported by learning and development opportunities to ensure that staff have the skills to confidently and competently perform at a high level for the benefit of our diverse patient population. The commitment to this is demonstrated through the different development programmes that are available within the PCT.

There will be a need to provide additional development opportunities that have a focus in the required skills which will enable us to become a world class commissioning organisation, such as procurement, market management and programme management. We are now well on the way to developing these competencies and will continue to do so in 2009/10 and beyond.

In addition to personal development planning we are in the process of developing a talent management plan which will identify and develop key competencies which are crucial to the organisation's continued success.

## **6.5 Pensions**

NHS Manchester recognises the important role it has in supporting the delivery of the 'Pensions Choice' exercise at a local level. In 2009/10 this will include:

- Providing the Business Services Agency pensions unit with accurate and timely data thereby ensuring that employees have access to sufficient information to make informed decisions
- Reviewing our workforce planning strategies by assessing the implications of age 60 and age 65 arrangement of the new pension scheme
- Supporting NHS Pension communications activities through distribution of 'Choice Packs' and dealing with enquiries from staff
- Publicising briefing and consultation sessions aligned to the Pensions Choice exercise

## **7. Emergency Preparedness**

NHS Manchester will publish the Pandemic Flu plan throughout the organisation, relevant providers and agencies and the public. This includes advice for the public on infection control and will give confidence in the ability of health service to deal with a flu pandemic.

Plans for chemical, biological, radiological and nuclear events will be completed in conjunction with partners. This will provide a coordinated approach to the protection and treatment of Manchester residents and visitors following a terrorist attack.

Plans in the event of a fuel crisis will be completed as part of NHS Manchester's business continuity management to ensure that essential staff can continue to deliver services.

Revisions to business continuity management plans will be made in line with policy guidance. This will ensure robust and resilient services which can perform during untoward circumstances.

All plans will be tested periodically through peer review and live exercises to ensure they are robust and fit for purpose. All plans will be communicated and embedded within the culture of NHS Manchester by summer 2009

## 8. Priorities Determined and Set Locally

Strategic initiative 4

### 8.1 Alcohol

Addressing problem drinking has been adopted as a high impact change for the health of our population owing to the high levels of alcohol consumption and related problems within Manchester.

NHS Manchester is a partner in the multi-agency Manchester alcohol strategy 2008-11 and commissioned an alcohol capacity and needs analysis in 2007 in order to review treatment services. The analysis identified gaps in early intervention for alcohol problems in the city. NHS Manchester is investing in the development of alcohol screening and brief advice in the three Manchester A&E departments in order to identify problem drinkers at an early stage and also, through a care facilitator, to provide intensive support for frequently admitted heavy drinkers. This will be complemented by additional screening in primary care as a Department of Health Alcohol early implementer site. These services will collect disaggregated ethnicity data in order to ensure that services are appropriately targeted and outcomes can be reported in this way.

The alcohol brief intervention service has been piloted at Manchester Royal Infirmary and this will now be implemented at Wythenshawe Hospital and North Manchester General. The interim evaluation of the service at MRI showed that the project was successful in identifying problem drinkers but increased staffing will need to be added to ensure enough rapid access clinics for follow up interventions. These services will reduce alcohol related admissions in the medium and long term.

#### *In 2009/10 we will:-*

- Spread the brief interventions model employed in Central Manchester to A&E Departments in North and South Manchester hospitals

### 8.2 Dementia

In 2008 NHS Manchester developed a draft local dementia strategy in partnership with the City Council. This will be completed in the light of the Department of Health strategy due for publication in early 2009.

In 2008 NHS Manchester commissioned a review and needs assessment for older people's mental health in Manchester. One of the key recommendations of this review is to increase service provision for people with dementia and Young Onset Dementia in Manchester and their carers and this will form a focus of our work in 2009/10.

What the public said ...

*“Prevent disempowerment; maintain support and dignity to the person with dementia”*

*“There needs to be more awareness that memory loss is not always just down to old age”*

Talking Health, dementia strategy engagement

***In 2009/10 we will:-***

- Complete the local strategy in the context of national guidance and form an action plan for local delivery within the 2009/10 period and beyond

**8.3 End of life care**

A key objective of the national *End of Life Care Strategy* (2008) and the *National Service Framework for People with Long-Term Conditions* (2005) is to ensure that palliative and end of life services are available both for patients with malignant and non-malignant diseases.

In 2009/10 NHS Manchester will develop a local palliative and end of life care strategy. This will be developed from national guidance and engagement with local clinicians, community groups and the public. An end of life pathway facilitation team will be developed and an education strategy targeted towards health professionals with key focus upon communication skills and verification of expected death. There will be specific engagement with nursing homes to develop a strategy for improving experiences for people at end of life. Integrated health and social care services will be developed including specialist social care home support provision.

We will also continue to implement Improving Outcomes Guidance (IOG) on end of life care, which will entail

- Community based nursing services available 24 hour, seven days a week basis
- Continued development and uptake of Gold standards framework and integrated care pathways for the dying within all care settings
- 7 day working for community Macmillan specialist nursing team
- Development of a 24 hour palliative care advice line to support primary, secondary and tertiary settings

- Establishment of designated palliative and end of life care beds across the city
- A scoping exercise of respite care needs
- Expansion of the outreach complementary therapy service
- Development of a range of high quality patient information
- Scoping of bereavement services

Improved provision of end of life care will seek to contribute towards a number of objectives and targets. It will contribute to the North West target to reduce by 10% the number of deaths in hospital of people identified to be at the end of life by 2012 and will support delivery of access to personalised care by increasing the proportion of all deaths that occur at home.

The initiatives will promote dignity and take into account the diversity of our population to ensure that cultural, religious and personal beliefs.

As part of the engagement around the end of life strategy, public engagement teams will plan workshops with community groups to empower patients and carers to have full involvement in the development of end of life services.

#### **8.4 Mental Health**

Strategic initiative 11
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Mental health services in Manchester remain some of the least well performing of all health services. Following an external assessment of the services in 2008 by a team led by John Boyington CBE, the primary care trust and its partners have developed an action plan to improve mental health and mental health services. This plan is being implemented and regular updates will continue to be provided to the health and wellbeing overview and scrutiny committee and the board. A new performance framework for mental health which enables commissioners to monitor key elements of the mental health system accurately and quickly supports the plan.

Following a review of primary care services for people with mental health needs, NHS Manchester has commenced a programme of service design which will be followed by a procurement exercise for a new primary care mental health system. The new system will provide consistent access to a range of high quality services across the city. During 2009/10 NHS Manchester expects to submit a further bid to the Department of Health's improving access to psychological therapies programme, with a strong emphasis on the contribution psychological therapies can make to economic and social regeneration.

***During 2009/10 we will:-***

- Publish our 5-year commissioning strategy for mental health following community and stakeholder engagement. The strategy will set out a plan for radical reform and improvement of mental health services and will challenge existing providers to make a step change in their performance
- Establish a system wide urgent care reform programme to tackle the long-standing problems of long lengths of stay and delayed discharges within Manchester Mental Health and Social Care Trust
- Work closely with the City Council to implement a reform programme for day services in line with the introduction of individual budgets
- Complete the review of our joint commissioning arrangements
- Complete a clinical governance framework for mental health commissioning to ensure that all mental health services commissioned by NHS Manchester are safe
- Complete the design of primary mental health services and procurement a new primary care mental health service by tender
- Submit a bid for Department of Health resources to improve city-wide access to psychological therapies

What the public said ...

*“Poor mental health, including low level depression, underlies how people look after themselves and whether they are motivated to make changes their behaviour/lifestyles.”*

Commissioning Strategic Plan survey

## **8.5 Military Personnel, their dependants and veterans**

Department of Health guidance states that from January 2008 all veterans should receive priority access to NHS secondary care for any conditions which are likely to be related to their service, subject to clinical need. This goes beyond the current organisations to fast-track war pensioners for conditions related to their injury for which they receive a pension.

General Practitioners have been made aware of the new policy. However, to address this new initiative fully we are devising an action plan locally to ensure full compliance with this guidance.

NHS Manchester will work with its providers and stakeholders to identify the health needs of veterans and their dependants and to commission services which better meet these requirements. In doing this equality and diversity issues relating to this part of our population will be specifically assessed as it will not be consistent with the population as a whole, particularly in the case of disability.

## **8.6 Mixed sex accommodation**

The Healthcare Commission requires that “healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality”. This requirement includes the provision of single sex accommodation, which the Department of Health defines as consisting of:

- separate sleeping areas for men and women
- segregated bathroom and toilet facilities for men and women
- in those trusts providing mental health services, safe facilities for people with mental health problems

### **8.6.1 University Hospital of South Manchester (UHSM)**

The Patient Environmental Action Team (PEAT) inspection from December described UHSM as excellent for privacy and dignity. The trust has no Nightingale Units and 26% of its bed stock is single rooms.

Having reviewed the original guidance on mixed sex accommodation from the Department of Health the trust has, as part of its strategy, developed a plan to ensure no mixed accommodation in all wards (excluding assessment units) as part of its refurbishment plan through to 2015. The PCT will be working with the trust to agree which wards need developing and when.

The plan for 2009/10 is to a 1% reduction in the percentage of patients sharing mixed sex rooms or bays on first admission and in the percentage of patients mixed sex bathroom accommodation. This will be measured through the inpatient survey results.

### **8.6.2 Central Manchester Foundation Trust (CMFT)**

The move to the new hospital build will enable CMFT to make significant progress in this area as all new build areas will be able to ensure single sex accommodation. This will be in place over the next 12 -18 months.

Whilst assessment areas e.g. A&E are exempt from the mixed sex accommodation requirements the urgent care model employed in the Trust reduces the time spent in these areas.

Improvements will be made to the signage of toilets and bathrooms to direct patients to the correct facility.

The plan for 2009/10 is 1% reduction in the percentage of patients in mixed sex accommodation.

### **8.6.3 Pennine Acute Hospitals Trust - North Manchester General Hospital site (PAHT)**

Pennine Acute Trust are currently developing a review of accommodation and developing an action plan to address this area. This will be by arrangement with NHS Oldham, who lead commission services from Pennine Acute Hospitals Trust. A detailed plan will added into the final draft of this document.

### **8.6.4 Manchester Mental Health and Social Care Trust (MMHSCT)**

Four properties used by the Care Trust have been assessed in relation to mixed sex accommodation in May and December 2008. These properties are the inpatient wards based at the three acute trusts and the Anson Road community rehabilitation service. The assessment found that the Care Trust generally complies with mix sex accommodation guidance for mental health trusts. The areas in which improvement was required have been transferred into action plans. These are summarised below:-

- Service users to help with the redesign of privacy signs for doors and curtains
- Anson Road to review the use of their rooms and bathrooms to provide a female only lounge and toilets area.
- Service user leaflets are being amended to include information on what standards users can expect to maintain their privacy and dignity
- Cedar Ward at North Manchester General Hospital is the only ward where shower/bathrooms are not designated male and female and sometimes service users have to pass by the bedroom of the opposite gender to the bath/shower. The short term solution is that bathrooms are lockable from the inside and staff offer assistance where required. In the medium term a room currently used as a bedroom will be converted into another bathroom.

What the public said ...

*“Abolish mixed sex wards”*

Talking Health discovery survey

## **8.7 Tackling worklessness**

The condition management programme (CMP) is part of the Department for Work and Pensions 'Pathways to Work' programme. The aim of the CMP is to support people in receipt of Incapacity Benefit to return to employment by providing vocational rehabilitation to enable individuals to better manage long term health conditions. The local programme is a partnership between NHS Manchester, Salford PCT, NHS Trafford and Job Centre Plus. A multidisciplinary team of professionals drawn from occupational therapy, nursing, physiotherapy and social care currently staffs the programme. Job Centre Plus staff are trained to identify appropriate individuals for the programme and then make referrals for assessment to the team.

Priority groups for referral are those with the most common health problems giving rise to claims for incapacity benefit, e.g. clients with mental health problems, musculoskeletal and cardio-thoracic problems. The team delivers short courses and works one-to-one with participants to deliver support tailored to individual needs. The programme centres on pain management, motivation and confidence building, and cognitive non-treatment educational programmes, with elements that are common to all conditions and are evidence based.

In 2009/10 the Programme will reflect the welfare reform packages proposed by the Government as more people move from incapacity benefit to the employment support allowance

## **8.8 People with Learning Disabilities**

There is a body of research which suggests that the health of learning disabled people is much worse than the general population. People with learning disabilities are less likely to receive health screening and treatments than other patients and there is a tendency for diagnostic overshadowing in which symptoms of ill health are seen as being part of their learning disability and therefore not treated.

Based upon this evidence the Disability Rights Commission recommended that primary care providers should improve equity of access and treatment of learning disabled people by a number of means that include recording access needs on a patient's records, offering regular health checks, ensuring the provision of health promotion, screening and physical treatment to learning disabled people.

NHS Manchester proposes to deliver the following initiatives in 2009/10

- To develop a local enhanced service for GPs to offer annual health checks for learning disabled people.
- To develop enhanced health action planning specialist learning disabilities services.
- To roll out a system of communication between people with a learning disability, their carers and acute trust staff on admission to hospital.

- To develop improved pathways between specialist learning disability services, primary and secondary care.
- To employ a health facilitator for learning disability as outlined in the White Paper *Valuing People* (2001).

NHS Manchester expects that these initiatives will bring better coordination of care, improvements to physical health and wellbeing, improvements in life expectancy and improvements to patient and carer experience using primary and secondary care.

Improved services for learning disabilities will support PCT strategic objectives in many areas such as cancer screening, access to primary care, dignity of care, increased life expectancy and a reduction in health inequalities.

## 9. Priorities specific to NHS Manchester

Strategic initiative 8
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### 9.1 Personal Care Plans

The provision of personal care plans is intended to help maximise the personalisation of care for people with long terms conditions enabling them to exercise choice over their care and to improve both their independence and satisfaction with health services. Personalisation is intended to improve patient satisfaction and resource utilisation this achieving benefits for both the patient and the NHS. Personal care plans are a further step towards an NHS which is truly personal and genuinely universal.

In 2009/10 we will develop a format for personal care plans with engagement from patients, clinicians and other staff, ensuring Manchester's care plans are consistent with existing care planning arrangements used by both health and social care agencies. This work will also secure a working agreement for the scope of all long term conditions.

In the first year we will focus upon two areas to develop personal care plans. These areas are: people with chronic obstructive pulmonary disease (COPD) and people from black and minority ethnic (BME) groups who have diabetes. BME groups have been identified as a priority as these communities have up to five times more chance of developing diabetes than the general population. Both COPD and diabetes cause high demand upon planned and urgent care services and can cause a limitation to quality of life.

We will review the findings of these pilot conditions and roll out final personal care plan arrangements for everyone who has been identified as having a long-term condition, working closely with all providers through contractual and other arrangements.

Subject to Department of Health approval and legislative change we will undertake a pilot of individual health budgets, whereby people can choose and pay for their chosen care package/service from a personal budget funded by the NHS. This pilot will be in partnership with Manchester City Council.

The outcomes for 2009/10 will be measured by the progress to be made in development of personal care plans. We expect the health and patient satisfaction outcomes to be realised in future years. Within this year we will have:-

***In 2009/10 we will:-***

- Agree the scope of long-term conditions and the format of personal care plans
- Complete and evaluate the two local pilots
- Agreed of the final form of a care plan and effective introduction through care providers
- Commenced an individual budget pilot, subject to Department of Health approval.

**9.2 points4life**

“points4life” is an ambitious and innovative initiative which secured funding of £4.6m from the Department of Health “change4life” programme. The programme will set up a loyalty card scheme, such as is used in supermarkets, which offers people reward points for making positive choices around their health. Such schemes have been shown to work very effectively in changing consumer behaviour. Points can be earned through positive diet choice and exercise for example. Points are then redeemed against products which support a healthy lifestyle e.g. health foods or discounts to leisure facilities.

The technology behind loyalty card schemes will also allow us to analyse health behaviour on a population basis to understand needs for service development. It will also allow users to give feedback on their care and experience of existing services by text or web.

This initiative is a partnership led by NHS Manchester and Manchester City Council which will be delivered by private sector bodies. The intention is that through engagement with private sector providers who will offer points and rewards as a promotional tool for those products the scheme will eventually become self financing once the DH Pilot phase is complete. The initiative is a real opportunity to support healthier living in Manchester and to lead the way in innovation to support improved health outcomes.

During 2008 we undertook research and testing to ensure that such a scheme would be favourably received by our population. This market testing gave back very positive feedback such as an 85% response that the scheme is either a “good” or “excellent” idea; 68% of respondents expressed a desire to take part.

We plan to recruit up to 40% of our population to this scheme within the three year pilot period 2010 – 2013.

***In 2009/10 we will:-***

- Undergo the procurement phase of the necessary infrastructure e.g. systems and technology with a view to launching the scheme in early 2010
- Continue engagement with the public in development of the initiative to ensure that the use of the service meets their needs and is effective
- Engage with local merchants to build a portfolio of companies who will accept the loyalty card and allow redemption of points to consumers



## SUPPORT FOR IMPLEMENTATION

### 10. Enabling strategies

#### 10.1 Communications

This plan will be issued to stakeholders for comment and feedback at the beginning of February 2009. Our stakeholders, and particularly our commissioning partners and providers will be instrumental in the delivery of our plan and therefore it is important the plan reflects their objectives.

We will also engage with members of the public through our membership scheme to ensure that the deliverables of this plan meet their needs and aspirations for our health services.

All comments will be incorporated in the final plan which will additionally reflect feedback from NHS North West, and which will be presented to the Board of NHS Manchester on 4 March 2009.

#### 10.2 Information management and technology

The IM&T plan covers a three year period and is a shared plan with Greater Manchester PCTs. The plan will be issued as a separate document. A summary of the key points is below and the Executive Summary of the report is shown in Appendix Two.

##### IM&T will:-

- Move towards more integrated and standardised information management systems
- Develop and support systems which empower patient choice e.g. Choose and Book
- Support clinical service delivery with systems such as Electronic Prescribing Systems and patient records which can be shared across organisations
- Support clinical decision making by supporting systems such as Map of Medicine
- Support commissioning decision making by supporting systems which report information relating to service usage, patient outcomes
- Ensuring IM&T systems are fit for purpose, resilient and secure
- To support effective governance and security of information, particularly patient specific data

#### 10.3 Financial plan

A detailed financial plan will be issued as a separate document. This section gives an overview of our financial plan and the associated risks within it.

In 2008/09 we received an uplift in the baseline allocation of £45m (5.5%), which together with an underlying recurring surplus of around £20m, enabled us to fund many new developments identified as part of the Improving Health in Manchester programme described earlier. Estimated unavoidable pressures amounted to some £45m and an additional £5m contingency fund was created to cover any financial risks. The remaining growth monies were released to fund the Improving Health in Manchester initiatives. This additional investment supports our aim to improve health, reduce inequalities and help people to live independently in their own homes for longer.

In 2008/09 Manchester PCT has seen an over performance in some service contracts and this has required a prioritisation of the Improving Health in Manchester Business cases and in some cases to revisit the assumptions to identify ways to make the plans self financing in the light of the changing financial position.

In 2009/10 NHS Manchester will receive a 5.5% uplift in its allocation. This will give us an opening allocation of £944.9m of recurrent and non recurrent funds. Our planned expenditure is £943.3m which will enable us to achieve our control total of a £1.6m surplus.

Although our underlying financial position is currently sound the level of investment required will require the release of resources from existing commitments, on a pound-for-pound basis. This means that investments will need to be directly matched by efficiency gains or decommissioning of existing services.

The risks relating to the financial plan are profiled over the next five years. The values adjusted by likelihood of the risk for 2009/10 are shown below.

- In order to cover general pressures, meet the 1.6% annual growth and to make the necessary investments to achieve our objectives there is a savings requirement of circa £11m. The majority of this savings requirement is focussed upon acute services.
- New guidance regarding the funding of continuing health care will cause a 300% increase in expenditure against this budget. The equates to circa £1.25m
- The introduction of new pricing arrangements for secondary care services will increase the cost of secondary care contracts. There is further modelling required to fully quantify this risk but early indications would suggest an exposure of circa £5m
- Historically providers have delivered higher levels of services than forecast and in some cases this causes an increase to the contract value. We have valued this risk as circa £6m

- Within the financial plan we have made assumptions that services can be recommissioned at a lower cost. In some cases this is not the case and decisions when awarding contracts to opt for a provider which offers a higher level of service for a comparable cost will be made. We anticipate this will increase the savings requirement within the wider budget of £6m.

The overall risks identified for 2009/10 are anticipated to be circa £27m. NHS Manchester is developing a cost reduction programme to address these risks which will be detailed in the second draft of this operational plan.

#### 10.4 Workforce and Organisational Development

A detailed workforce plan will be issued as a separate document. This section gives an overview of the plan and the associated risks within it.

The table below shows the forecast establishment within the commissioning function from April 2009 and the forecast establishment in March 2010. The commissioning function contains the Commissioning Directorate and Public Health Directorates and a proportion of Performance, Medical, Finance and Corporate Affairs. It excludes all functions related to directly delivered healthcare provided by Manchester Community Health services.

<b>Contracted Staff In Post (FTE)</b>	<b>01/04/2009</b>	<b>31/03/2010</b>
Medical and Dental	4.94	4.94
Managers and Senior Managers	70.00	75.00
Administration and Estates	184.71	184.71
Healthcare Assistants and other support staff	6.51	6.51
Nursing, Midwifery and Health Visiting Staff	21.49	28.00
All Scientific, Therapeutic and Technical Staff	14.62	15.62
Others	2.00	2.00
<b>All Staff (Total)</b>	<b>304.27</b>	<b>316.78</b>

\* Full Time Equivalent i.e. the equivalent of one full time 37 hour week. In practice this may be made up by more than one person e.g. by job share.

The key issues and challenges relating to workforce are as follow:-

- Recruitment of Public Health Consultants
- Recruitment of Contract Managers
- The development of the new Healthcare Procurement Function

Development of skills amongst our existing workforce is referenced in section six.

## **11. Risk assessment and management plan**

All risks are logged with mitigating actions as part of a structured governance process. The delivery of the Commissioning Strategic Plan and the Operational Plan will be robustly programme managed to ensure risk is managed and benefits realised.

### **The delivery risks are:**

- The capacity and skills within our teams to deliver upon a large scale and challenging agenda within the period of the operational plan
- External changes, beyond or partly beyond, our control such as increasing demand upon emergency services, varying weather conditions and incidence and severity of illness e.g. Influenza
- Providers who offer quality and value for money to take on contracts for delivery of new service models.
- Change to the financial position/environment which will impact on our ability to invest in the work programme

### **The organisational risks are:**

- An adverse impact on the financial position putting at risk our ability to break even on our budget
- Risk of non delivery of our statutory objectives and national targets
- Risk of non delivery of our local targets and not making the impacts upon health required

More detailed Financial, Workforce and IM&T risks are discussed in the relevant sections.

## **12. Next Steps**

This draft plan will be submitted to NHS Manchester on 30 January 2009. During the period from then until its final approval by the Board on 4 March 2009, the following actions will be taken

- Comments will be sought and incorporated from stakeholders and partners
- Comments will be received and incorporated from NHS North West
- The review of the commissioning strategic plan will be completed and its outcomes reflected in this plan
- The cost reduction programme will be prepared and its outcomes reflected in this plan
- The plan will be professionally edited and published.

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## Appendix 1 – Commissioning Assurance Handbook

The *Commissioning Assurance Handbook* was published by the Department of Health in 2008 as part of the implementation of the World Class Commissioning programme across English primary care trusts. The handbook sets out eight principles underpinning the processes by which the Department of Health can be assured that primary care trusts are “improving as commissioners of better health outcomes” (p. 5). These principles are as follows:

- **Transparent:** a clear assessment methodology with clear descriptions of incentives and interventions and how these can be applied
- **Standardised:** one nationally consistent system managed locally by the strategic health authorities
- **Relative:** recognising the starting point of different organisations and focusing on improvement
- **Flexible:** so that the framework can adjust over time as PCTs improve, and to support local innovation
- **Challenging:** matching or exceeding the rigour Monitor applies to Foundation Trusts
- **Developmental:** focusing on supporting improvement as PCTs move towards world class
- **Incentivised:** with clear incentives for PCTs that show improvement and interventions for those that do not
- **Proportionate:** focusing on the key indicators of performance and capabilities rather than being an all-encompassing audit
- **Consistent:** with the developing NHS Performance Regime

As these principles apply to an assurance process, they do not directly link to the contents of this plan. However, NHS Manchester recognises that the operational plan is a component of the publicly available evidence of its capability and aspirations as a world class commissioner. The plan has been prepared with the expectation that it will be subject to an assurance process based on the principles specified above and invites all stakeholders to assess this plan in that light.

## Appendix Two – IM&T Plan Executive Summary

### Strategic Context and the Challenge Ahead

1. The plan set out below describes how the Local Health Economy (LHE) within Manchester will harness the benefits of moving toward more integrated and standardised information management systems (IM&T).
2. It is a 3 year plan which describes how informatics will support the delivery of better, safer care of patients, improving quality in the NHS and in the independent sector through better research, planning and management, and empowering patients to make more informed choices about health and care.
3. The plan is based on a review of the Greater Manchester SW Sector plans for IM&T set out in 2007/8 in response to the previous operating framework guidance in light of development of the World Class Commissioning (WCC) Strategic Plan (CSP), the SHA Next Stage Review (NSR) vision in Healthier Horizons, and the publication of a national Health Informatics Review (HIR).
4. The challenge over the next 3 years will be to make significant progress in the long term transformation of the health of people in Manchester by creating an NHS that is driven by citizens who know that their views and decisions count and who can play their part in managing their own health and wellbeing.
5. If this vision is to become a reality then all organisations will need to make significant progress in implementing the integrated electronic health record in conjunction with robust informatics infrastructure and services with effective governance across all settings and care providers.
6. A by-product of the information collected as part of the electronic health record - and other operational systems such as Choose & Book (C&B) and Electronic Prescribing Systems (EPS) - will be the information to help monitor service quality and provide the source of information for local performance management frameworks. Information for patients on their conditions, the care they receive, and the services available will also be available as part of the adoption of the Healthspace, NHS choices and CHQ initiatives
7. The remainder of the plan focuses on what will be achieved and how this will be achieved successfully.

### Information Needs

8. The Information needs for NHS Manchester and partner organisations to achieve the World Class Commissioning objectives, including local priorities, can be summarised as follows:
  - Information to support the monitoring of WCC outcomes including the data flows to support public health and regulatory requirements and local performance frameworks that will measure the critical success factors for achieving these outcomes.

- Information to support the competencies and governance aspects of WCC such as that required to measure current and future need, the impact of interventions of health, the ability of the NHS and its partner organisations to meet national and local targets. This includes information for predictive modelling to ensure that service provision can be adapted to future need.
- Information to support robust contracting, local research, planning and management to ensure the provision of care is effective, of high quality, and is aligned with WCC intentions
- Information available to the public about local health services, and patients' own conditions (through NHS Choices), including people having access to their electronic records and to contribute to them (through HealthSpace)
- Information on the quality and management of data to ensure that the information captured as part of the health record is fit for the purpose intended and is held in accordance with legislation and NHS policy.

## **Clinical Priorities**

9. The LHC plan will meet the following informatics requirements:

- Implement operational systems that meet the requirements of the Clinical 5
- Implement patient centric health records across organisational boundaries
- Implement the Summary Care Record in all practices and promote the use of Healthspace. This will include a public campaign to ensure that informed decisions are made by citizens.
- Use the contracting process to mandate contribution to NHS Choices by providers and mandate interoperability of local systems to ensure that the anticipated benefits of the Summary Care Record and Healthspace are maximised
- Implement Map of Medicine, GP2GP, EPS, and GPSoC across LHC to obtain the benefits of right information, right place, and right time to make the right decisions and deliver the right care.

10. Targets for each of these initiatives are set out at the end of the section (Commitments and Targets)

## **Establishing a robust and reliable infrastructure**

11. Without a robust and reliable ICT infrastructure on which to deploy new NPfIT and local applications the programme will not achieve the required benefits. The move over the next 3 years will be for a more standardised and agile infrastructure that can support the following:

- High levels of system performance, availability and resilience (i.e. in excess of 99.9% availability)

- Mobile and desk based working including the ability to access pan-organisational health records within different care settings and the patient's home.
- IT support that is quick to respond, technically capable, and delivers high levels of service in line with an overall IT Service Strategy built on ITIL principles.

12. In order to achieve this each organisation will contribute to an overall review during 2009/10 using the NIMM methodology. The aim will be to provide the information required to set out future ICT investment that supports the strategic direction of shared electronic health records, a move to electronic ways of working, and high level of return on investment

13. The NIMM review within each organisation will be technology and vendor independent, focus on capabilities and needs, provide a consistent approach to capability benchmarking and planning, and inform Sector wide IT planning and management lifecycle. Future investments in IT should by 2010/11 be undertaken in conjunction with partner organisations to support the goal of high quality IM&T services across the spectrum of care settings which are seamless to the end user.

14. ITIL compliance and local service desk accreditation will also be sought by all organisations over the next 2 years. Each organisation will be required to submit plans for IM&T infrastructure as part of the SW Sector detailed plans.

### **Information Governance**

15. Information Governance and the assurance frameworks that are required within NHS organisations will be extended to independent contractors commissioned to provide services through the commissioning and contracting process and through the ongoing IG assurance mechanisms.

16. The focus for 2009/10 will be to ensure that all NHS organisations are compliant to level 2 of IG toolkit, that there are plans in place to achieve level 3 within 2 years, and that all independent contractors submit the necessary evidence to assure commissioners that level 2 or 3 compliance is being achieved and improved where required.

17. The NHS Care Record Guaranteed will be signed up to by all local NHS providers and independent contractors by March 2010. This requirement will form part of contracting round discussions in 2009/10. The SW Sector and local IG committees will review organisation readiness in this area.

18. The NHS number will be implemented to at least 95% completeness in line with IQAP guidance in all operational systems. Commissioners and providers will be required to complete a baseline assessment by March 2009 as part of the IG toolkit and achieve compliance by October 2009. Where systems are not currently achieving this standard explicit plans for use of PDS batch tracing and the Clinical Spine Application to ensure retrospective and

prospective NHS number completeness will be required. This will form part of contracting requirements between commissioner and provider.

19. Anonymisation and pseudo-anonymisation will be required for all data flows outside the direct patient care environment. This will require implementation plans to be submitted to the SW Sector Strategic Board by June 2009 so that they can form part of the detailed implementation plans for LHE.

## **Delivery of the programme**

### *Governance Arrangements*

20. The LHC informatics plan is governed through the SW Sector which represents the NHS organisations across Manchester and Trafford<sup>1</sup>. This has been an explicit decision by the SW Sector Strategic Board. The SRO and Chair of the SW Strategic Board is the Executive Director of Performance from NHS Manchester. The plan will also be reviewed and approved by IM&T sub committees with each organisation.

21. In common with the rest of Greater Manchester, the PCTs pool the monies that are set aside for NPfIT. These are then distributed across each sector and within sectors down to the level of individual organisations. Confirmation of funding for an organisation is granted on the basis of business case approval through the SW Sector governance and local IM&T sub-committee governance arrangements. There is a set of protocols agreed across GM which sets out the criteria for funding.

22. Concerns still remain around continued investment by PCTs if NPfIT is not delivering, the ability to match funding and expenditure on an annual basis given current brokerage arrangements, and the current low level of support for non-NPfIT solutions in areas where there are significant business drivers.

23. Planned expenditure is set out in Table x below. Funding and expenditure is reviewed quarterly by the SW Sector finance sub-group. NHS Manchester is the organisation responsible for providing the financial management of the sector monies.

Table x – Expenditure on NPfIT between 2009/10 and 2011/12

### *Benefits Management*

24. Fundamental to the success of this plan is the recognition that wider service benefits from informatics are required. These benefits will be in terms of:

- Better, safer care

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<sup>1</sup> NHS Manchester, NHS Trafford, Central Manchester Foundation Trust (CMFT), Christie Hospital Foundation Trust (CHFT), University Hospital of South Manchester Foundation Trust (UHSMFT), Trafford Healthcare Trust (THT), Manchester Mental Health and Social Care Trust (MMHSCT)

- Staff empowered to improve NHS performance
- Patients and the public empowered to use information to improve their health and wellbeing.

25. In order to achieve these benefits there will be a need for informatics plans to focus on delivering outcomes in terms of:

- Secure electronic health records, available at the point of care, that can be shared with partner organisations on a need to know basis
- Improved information on clinical safety and quality which can be used to drive up performance and enable staff to understand how and where they can contribute to improvement.
- Public access to information of health conditions, service availability, quality of service, and information on their own health record to support personalisation of care.

26. for this to work there is a need for a continued effort on benefits management across the LHC in all aspects of the programme. The LHC approach to benefits management has been described in detail in the 2007/8 IM&T plans (page 11 section 2.2). In summary the approach taken is as follows:

- Benefits are identified and structured with stakeholders to establish links between business drivers and objectives
- Benefits realisation planning is undertaken to quantify the what, how and who is responsible. This will include the identification of metrics for benchmarking and tracking benefits.
- Benefits are explicitly managed throughout the programme or project and evaluated in terms of outcomes required to achieve benefit and the degree to which the benefit or outcome was achieved.
- Future or potential benefits can also be identified along with any dis-benefits that have come about due to risks or issues.

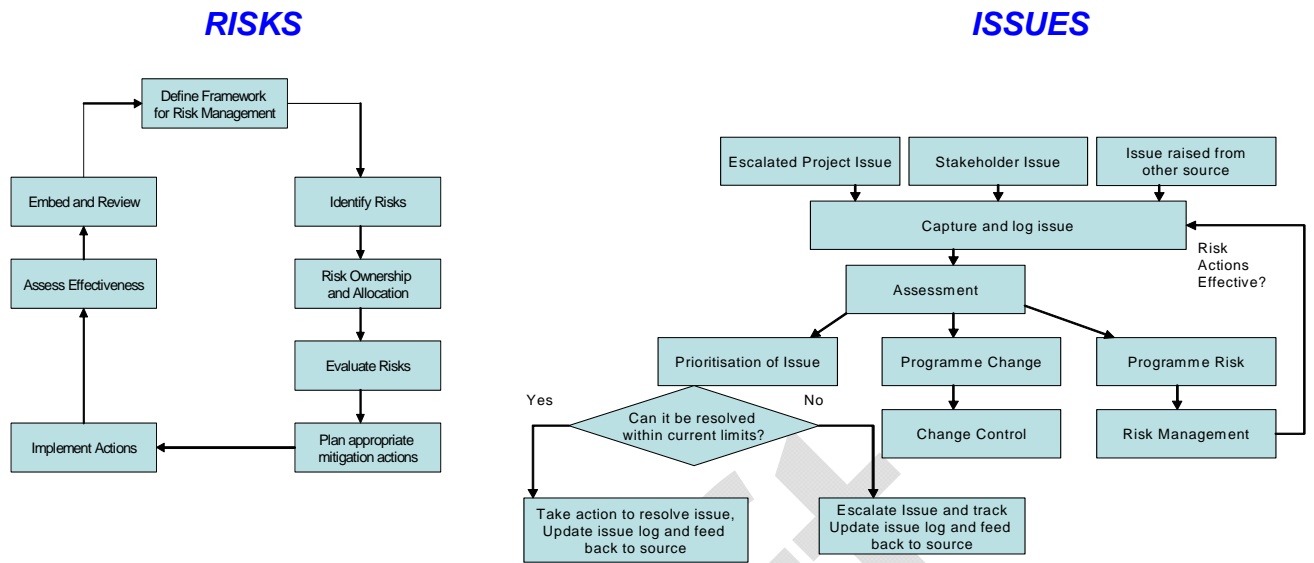
27. In order to help provide the capability with LHC organisations there is a SW sector benefits team which includes a senior change management and product specialist team. Each organisation will be expected to provide benefits management within their programmes of work and this will be subject to scrutiny through the governance arrangements in place across LHC.

28. Where it is sensible, outcomes that are required for benefits realisation will be specified within the contracting process. An example of this would be the need for interoperability and sharing of care pathway information where providers are implementing alternative clinical systems outside of the national programme for IM&T.

### *Risk Management*

29. NHS Manchester and partner organisations have adopted the OGC approach to risk and issue management across the programme.

Figure 1 - Programme approach to Risks and Issues



## Risk an Issue Identification and Quantification

30. Identifying risks/issues will be a continuous activity throughout the programmes life. Risks will be quantified according to what exactly is at risk – timescales, resources, and delivery of new capability or loss of existing functionality, realisation of benefits.

31. Risks and issues will be tracked in project and programme risk/issue registers through a Programme Office. It is not realistic to assume all risks will be identified before they occur. Tangible and ‘general concerns’ will be logged although efforts will be made to determine the detail necessary to mitigate risks.

## Risk Ownership and Allocation

32. Each identified risk will be allocated to an individual who is best placed (i.e. with relevant seniority, authority, expertise or responsibility). Issues will be raised through the project and programme governance channels.

## Risk Evaluation and Response

33. Each risk will be evaluated to determine the probability of its occurrence and the potential impact should it occur. Each risk will have a range of possible mitigation actions that will affect either the probability of the risk occurring or its impact should it occur:

- Transfer – the risk will be transferred to a third party
- Accept – the risk will be tolerated (i.e. do nothing)
- Avoid – remove the risk by changing the project/programme plan
- Reduce – the risk is treated by identifying and implementing mitigation actions to contain it

34. Having determined the most appropriate response to risks the relevant actions will need to be planned, resourced and the implemented. Table x lists the main high-level programme risks and issues. Further detail is kept in the individual project risk and issue logs.

Table x –Summary Risks and Issues for IM&T Programme for Manchester PCT

<i>Likelihood of Risk</i>	<i>Impact of Risk</i>	<i>Nature of Risk</i>	<i>Recommended Action</i>	<i>Description of Action</i>	<i>Assign To</i>	<i>Due Date</i>
Low, Moderate, High	Low, Moderate, High		Avoid, Accept, Transfer, Reduce			
Medium	High	LSP Delivery Slips	Transfer, through alternative plans		SW Strategic Board	Review December 2009

### Commitments and Targets

35. The LHE and its constituent organisations are committed to achieving the following targets within the next 3 years:

- Ensure the delivery of the clinical 5 in line with the agreed OIP, this will be delivered through Lorenzo Regional Care - or suitable alternative systems providing interoperability in the event that LSP solution is not delivered in line with requirements or timescales. It is expected that this is achieved by March 2012 by all organisations regardless of their current PAS, EHR and departmental systems
- Ensure that all organisations have electronic health records systems that support interoperability in line with the Lorenzo Regional Care roadmap and timescales if these systems are not being replaced within the next 3 years.
- Ensure that the Summary Care Record is rolled out within 2 years of GP system compliancy. It is expected that such compliancy is achieved by system suppliers no later than March 2010 under GPSoC.
- Ensure that all eligible sites are EPS level 2 enabled and are make significant use of EPS for the majority of prescriptions by March 2011. EPS I will be completed by March 2010 now that EMIS PCS is compliant.
- Deploy GP2GP in all eligible sites by March 2011.
- Ensure all practices are GPSoC compliant to level 4 by March 2012.
- Maintain a minimum of level 2 performance on the IG toolkit with level 3 in the areas required for IGSoc compliance
- Complete adoption of the NHS number as mandated national identifier by October 2009
- Implement NHAIS Stage 4 within NHS Manchester by March 2010
- Ensure all organisations comply with the NHS Patient Record Guarantee during 2009/10.

36. The above targets will form part of the commissioner's contractual negotiations with NHS and independent sector provider services and will be

linked to SW Sector funding approval, contractual quality targets and payments.

37. The plan, including expenditure against plan, will be reviewed quarterly through SW Sector Programme Governance arrangements.

38. A more detailed strategic plan is currently being developed by LHE organisations through the SW Sector planning process. This will be submitted as a separate document, due to the level of detail, along with this operational plan by 31<sup>st</sup> March 2009. This will include the OIP, benefits realisation plans, and more detailed financials.

Draft