Birmingham East and North Primary Care Trust

Operating Plan 2008/09

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1.0 Executive Summary

Birmingham East and North Primary Care Trust is required to set out its Operational Plan for 2008 /09. This Operational Plan predominantly aims to address how as an individual organisation and with partners the PCT is going to deliver services which meet the needs of our population whilst ensuring we demonstrate improvement against both local and national indicators recently produced through the publication of :-

- National Indicators for Health and Well-Being
- Vital Signs

The year 2008/09 sets out an increasing expectation of significant improvements in the populations Health and Well-being and this will be achieved through joint work and in particular joint commissioning of services between the Health Service and Local Authority. The plethora of indicators creates a challenge in being able to simply describe the operational delivery framework which ensures that the Primary Care Trust and its partners focus on the right things which will make a significant difference.

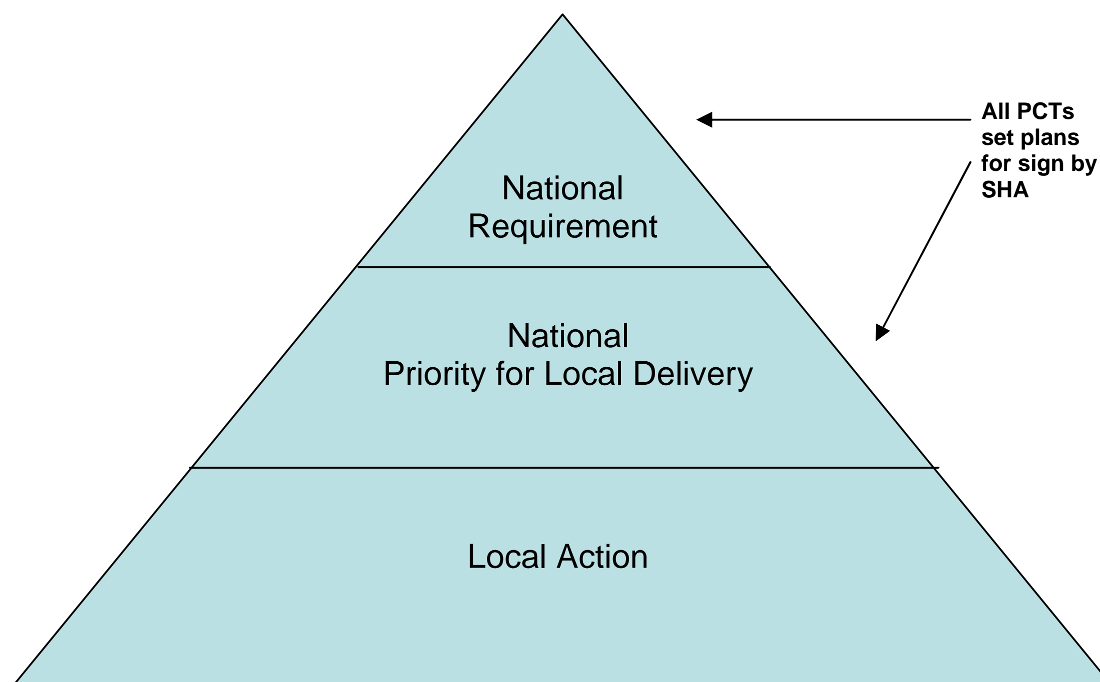
The Primary Care Trust has set out through its Local Health Economy Overarching Plan its proposed investments for the next twelve months. A number of these investments need further work with partners to ensure that the resources are used wisely, however the investment plan does give a significant indication of what the PCT will be setting out to address over this period. The Operational Plan details the actions that the PCT with its Partners will take to deliver improvement against local and national indicators. The Operational Plan does not replace the need for the Primary Care Trusts Directorates to produce Business Plans which will support this Operational Plan.

There is also a requirement that the Primary Care sets out its longer terms plan through the production of a new three Local Delivery Plan and also a Local Health Economy Overarching Plan covering the period up to 2012 /13 which directly related to work undertaken within the framework of the eight clinical pathways and the “Darzi review”.

2.0 Introduction

The West Midlands Strategic Health Authority set out its requirements on Primary Care Trusts in correspondence dated the 12th February 2008 and subsequent correspondence on the 25th February 2008 to produce a PCT Operating Plan for the year 2008 / 2009. This Operating Plan requires PCTs to detail their plans for achievement of the targets set out in the Department of Health Vital signs document which outlined the three level of targets as shown below:-

Operational Plan-Vital Signs 2008/09



The PCT is required within this Operational Plan to identify key actions and risks against all targets identified as Vital Signs but in particular the PCT needs to demonstrate:-

- How targets which have a national requirement will be delivered
- How national priorities which require local delivery will be achieved and the level of importance attached to each

- How Local targets have been identified and chosen as priorities, whilst demonstrating how these choices link with the Local Area Agreement, Public views (insofar as the PCT as been able to assess them) these will be identified through Public Health Needs Assessment. Finally the PCT is required to show how Local Targets chosen relate to investments the PCT is proposing through its Local Delivery Plan.

3.0 Purpose and Goals

The success achieved to date by Birmingham East and North Primary Care Trust (BENPCT) has been down to a number of factors but in particular the focus on the core purpose, goals and strategies of the organisation, even though policies and initiatives have changed over the life cycle of Primary Care Trusts since 2000 the local focus on its goals:-

- To be so responsive to the population they serve that no one waits for the health care they need
- That the health and well being of their population will have improved so much that people will enjoy ten more years of quality life, wherever they live
- Their communities will be the most involved, informed and empowered in the country
- That people regard BEN PCT as the first choice organisation to work with and for.

remain as valid now as when the goals were first articulated in 2002 (revised on merger of Eastern and North Birmingham PCTs in 2006). (NB Work is underway to review Purpose, Goals, Strategies and Principles and will be completed by 31st March 2008)

These goals are underpinned and executed through a number of key strategies which can be simply articulated as “Health Improvement, through Innovation, only with your help”. The PCT seeks to deliver these ambitions through its five strategic themes:-

- R4- Redesign, Relevance, Responsiveness and Resources
- Quality Patient Services
- Promoting Health and Saving lives
- Involving People
- Consistently fit for purpose

This consistent purpose, goals and strategies has assisted the organisation to remain “fleet of foot” in handling the implementation of new policy initiatives and this has enabled the organisation to use the policies in a beneficial way to support the delivery of the above.

Alongside the PCT purpose, goals and strategies there are a number of other important developments which underpin our production of this Operational Plan. These are:-

- The Local Area Agreement (presently being negotiated)
- The outputs from the “Darzi Review”
- The Joint Strategic Needs Assessment (presently underway)
- The Strategic Health Authority Investing for Health strategy
- The PCTs Commissioning and Financial Investment Strategy
- The PCTs desire to achieve “World Class status” in commissioning

All of the above have been considered in setting out how the PCT plans to achieve the delivery of the National requirements, National Priorities for Local Action and Local Priorities as well setting out clearly our Public Covenant for 2008/09.

4.0 Public Covenant

In setting out the PCTs Public Covenant for 2008 /09 it is worth reiterating that the Primary Care Trusts Purpose, Goals and Strategies remain the same (although work is underway within the organisation to revisit all the above as part continuous development of the organisation). The public covenant is a way of articulating actions that will support the delivery of our core purpose and goals. The Public Covenant is therefore detailed as a set of promises to the population for 2008 /09 under each of the PCT goals as follows:-

To be so responsive to the population they serve that no one waits for the health care they need

- The Primary Care Trusts will implement fully its strategies for End of Life Care and Intermediate Care

- The Primary Care Trust will commission an extension of telephone based care (Birmingham Own Health) to increase access for adults and in particular for the frail elderly during 2008/09 for preventative services to support them. This will be in conjunction with Birmingham City Councils Adult and Communities Department

- The Primary Care Trusts will achieve the 18 week target from referral to treatment for all its residents

- The Primary Care Trust will implement fully in 2008/09 its Pain Management service in Primary Care

- The Primary Care Trust will increase access to Psychological Therapies for people with mild to moderate Mental Health problems

- The Primary Care Trust will increase access to Sexual Health Services through the implementation of its sexual health strategy

- The Primary Care Trust will implement the agreed strategy for Older People with Mental Health problems

- The Primary Care Trust will develop a joint commissioning strategy for the delivery of effective services for the treatment of stroke during 2008/09 with Birmingham City Council and Providers of Stroke services

- The PCT alongside other PCTs and the Children's Trust will develop plans for the commissioning of services for children

- The PCT through its Practice based Commissioners will implement a number of services in Primary Care during 2008/09 which will increase access and move services closer to an individuals homes for example the implementation of locally based anti-coagulation services

- The PCT in conjunction with Heart of England Foundation Trust will build and test out a number of new service models which are integrated to ensure the individual receives a seamless service

That the health and well being of their population will have improved so much that people will enjoy ten more years of quality life, wherever they live

- The PCT will play an active part in the development of the Strategic Joint Needs Assessment which will be used to support the commissioning of PCT and joint initiatives to reduce inequalities and improve health.

- The PCT will look to commission services with partners that "add life to years and years to life"

- The PCT will work alongside a range of partners and play an active part in ensuring that the improvements set out in the Local Area Agreement are delivered particularly related to reducing unnecessary death, reducing smoking prevalence, increasing choice for people with palliative care and end of life needs, increasing direct payments and individual budgets, reducing the length of time people spend unnecessarily in hospital and increasing support for carers through their commissioning strategies

- The PCT commits to introducing technology in the home both telehealth and telecare in 2008/09 as part of its strategy to help people to help themselves look after their health and well-being

- The PCT will continue its increased commitment to identify those individuals at increase risk of developing cardio vascular disease, and then through a combination of lifestyle interventions and treatment reduce the burden of mortality

Their communities will be the most involved, informed and empowered in the country

- The PCT will develop and implement a systematic approach to understanding and engaging with its population through the development of strategic partnerships with other organisations who have the necessary tools, skills and capabilities to engage and empower populations to demand from healthcare services

- The PCT will develop an approach to partnering with every member of its population

- The PCT will develop a range of access points to providing education and training to enable individuals to self care and manage more effectively there long term condition

That people regard BEN PCT as the first choice organisation to work with and for

- The PCT will implement a wellness programme for all staff which will assist staff in looking after their own Health and Well-being. This will include the development and testing of a health incentives scheme which subject to its evaluation will be further developed for its use with the general population

- The PCT will through its workforce development approach look to ensure that the workforce is appropriately developed to meet the future needs of world class commissioning and world class provision

5.0 Investment Plans

Strategic Context

The Comprehensive Spending Review (CSR) for 2008/09 to 2010/11 announced an increase in the Department of Health (DH) budget of 4% in real terms for the next three years.

This increase will be reflected in the funding passed to PCTs. However, unlike the previous CSR, the DH is yet to confirm the level of growth to be applied to individual PCTs in each of the three years. Therefore the DH has opted to give a one-year, flat rate increase of 5.5% to all PCTs and announce the increases for year two and three at a later date.

Sources of growth funding

The PCTs financial allocation for 2008/09 is an increase of 5.5% and equates to a financial increase of £33.2 million on the PCTs baseline budget, which is then adjusted downwards by national non-recurrent adjustments.

In addition to this increase in the allocation there is a significant level of recurrent funding that was applied non-recurrently in 2007/08, this gives a further £11 million to be used for developments in 2008/09.

Once all the above factors have been taken into account the total level of uncommitted allocation in 2008/09, which can be used for service developments, is £46.3 million.

Proposed Applications
There are three levels to the application of the £46.3 million growth funds in 2008/09 these are under the headings of assumptions, planned applications and specific investments for development of services.

The assumptions are that inflation has been assessed at 5.3% with a requirement for 3% efficiency. The PCT is also planning for £1.9 million surplus in 2008/09.

Planned applications are as follows:-

	2008/09 £000
Inflation	29,092
Efficiency	(16,467)
Secondary Care	8,260
Community Services	6,638
Public Health and Reducing Inequalities	5,449
Primary Care	2,800
Other Investments	8,650
Surplus Target	1,897
Total Funding Available for Investment	46,319

The proposed investments for 2008/09 are as follows:-

Area	**Intention**	**Investment £000**
Birmingham OwnHealth	Expansion of existing scheme form 2,000 members to 11,000 members in 08/09 and 27,000 members by 2012	4,000
End of Life Care	Commissioning of extended community services and beds outlined in the End of Life Care Strategy	2,500
Intermediate Care	Commissioning of extended community services outlined in the Intermediate Care Strategy	1,500
Pain Management in Primary Care	Full implementation of new services	500
Mental Health	Increase in Primary Care provision	1,100
Sexual Health	Implementation of strategy	600
Older peoples Mental Health	Implementation of strategy	500
Older people	Additional Investment	750

Urgent Care Centre	New service	350
Children	New investment Joint Commissioning	350
Practice based Commissioners	New developments as outlined in Locality Commissioning Delivery Plans	600

6.0 Operational Plan 2008/09

Birmingham East and North Primary Care Trust is proposing investments in development of services in 2008 /09 of up to £12.6 million (see section 5.0) across a range of areas some of these investments relate to PCT specific developments others are investments through joint commissioning developments and investments to support delivery of Local Area Agreements. These new investments go alongside recurring investments from previous years, Neighbourhood Renewal Funding pickup and service redesign plans which are based on reductions in service in an area, specialty and/or provider whilst increasing service provision in another part of the Health and Social Care system.

It is also worth noting that the present set of performance indicators (existing commitments) of which there are 20 and which were used for measuring performance in 2007/08 remain in place in 2008/09. The trajectories for these indicators were set previously and any investment has already been agreed prior to the 2008/09 year. These indicators have been consistently monitored through the Primary Care Trusts Integrated Governance and performance Committee and reported on a monthly basis to the PCT Board. The plans in place to either maintain or move towards the target as set are within the PCTs plans for 2008/09 and targets which are deemed as high risk have already been flagged and appropriate action plans are already in place to address the risk. As far as the Primary Care Trust is concerned there are two targets from 2007/08 that continue to need further actions, work and close monitoring these are:-

- Chlamydia Screening
- Access to Gum clinics

Both of these areas are being addressed through the commissioning of additional services and the introduction of a Sexual Health Strategy which sets out a new specification for Sexual Health Services both in the BEN PCT area and cross Birmingham. These actions should help to address the shortfall in the performance which occurred during 2007/08 although it is noted that the Chlamydia Screening target in 2008/09 has increased to 17.5% from the present level of 15%. This will continue to be a challenging target as the expected performance at the end of 2007/08 is expected to be between 6 and 7% which is substantially above the England average as a whole but way below the target of 17% in 2008/09.

The Operating Framework for 2008/09 set the direction of travel in relation to targets, improvement and performance monitoring. The document Operational

Plans 2008/09 -2010/11 set out the implementation requirements on PCTs and others. Those implementation requirements have manifested themselves as a set of "Vital Signs" at three levels National "must dos", National Priority for local delivery and Local Action. The present construction of the "Vital Signs" needs further work nationally as there are inconsistencies between the targets which sit in the three levels. However the PCT is required within this Operational Plan to:-

- Describe local targets, how they have been agreed and how they will be achieved
- Define success
- Detail milestones
- Detail proposed LAA content on health outcomes

This has been interpreted by NHS West Midlands that the Operating Plan should include:-

- A Public Covenant (see section 3)
- PCT Plans to deliver National Requirements and associated risks
- PCT Plans to deliver National Requirements for local action, associated risks and a priority rating
- PCT local priorities with an emphasis on describing the process for agreement, what success looks like and how will success be delivered

The PCT with its Partners through the Health and Well-Being Partnership have agreed five key priorities which feature in the Local Area Agreement and it has been agreed that these need to be a focus of all partners and are reflected in this Operating Plan the joint targets are:-

- NI120 All-age all cause mortality rate PSA 18
- NI 123 16 plus current smoking rate prevalence PSA 18
- NI129 End of life access to palliative care enabling people to choose and die at home DH DSO
- NI130 Social care clients receiving Self Directed Support (Direct payments and individual budgets) DH DSO
- NI131 Delayed transfers of care from hospitals DH DSO
- NI135 Carers receiving needs assessment or review and a specific carer's service, or advice and information

Over and above this PCTs have a responsibility as Local Leaders in their area to also focus on supporting the agreed 35 targets identified in the next three year Local Area Agreement.

The following table outlines all the key indicators as presently identified within the Operating Framework-Vital Signs and sets out to do the following:-

- Identify a commitment for all areas
- Identify the commissioning level for this target
- Identify the proposed actions

- Any proposed investment in 2008/09 over and above present commitments (see section 5)
- A view on the risks to delivery and any mitigation of those risks
- An identified Director lead

This format will enable an effective monitoring system to be developed to ensure progress is being made in all areas throughout 2008/09. The specific objectives in this plan will form part of Directorate business plans and feed in to Directors and their staff's personal objectives.

LOCAL TARGETS

In defining the PCTs local targets the organisation has developed a set of criteria by which decisions have been made on which this criteria is set out below for information:-

- Supports delivery of PCT purpose and goals
- Aligns with the PCTs Commissioning Strategy
- Links to Joint work underway through the Health and Well-Being Partnership and the LAA
- Fits with operational work planned for 2008/09
- Target that has an easily identifiable baseline
- Target that has an ability to measured effectively
- Indications of the level of importance to Patients, Users and Carers

There are eight areas which have been chosen (based on the above criteria) as a focus for local delivery they are:-

- Number of delayed transfers of care per 100,000 population (Aged 18 and over) **(LAA Target) Priority 1**
- Proportion of people with long-term conditions supported to be independent and in control of their condition **(Linked to key goals and linked to IFH) Priority 6**
- Ambulance conveyance rate to A&E **(Linked to Unscheduled Care Commissioning Service Strategy) Priority 8**
- Proportion of all deaths that occur at home **(LAA Target) Priority 2**
- Patient-reported measure of choice of hospital **(Linked to key goals) Priority 7**
- Number of emergency bed days per head of weighted population **(Previous Measure of effectiveness of Case Management) Priority 10**
- Rates of hospital admissions for ambulatory care sensitive conditions per 100,000 population **(Linked to Care Closer to Home) Priority 9**
- Patients with diabetes in whom the last HbA1c is 7.5 or less from Quality and Outcomes Framework (QQF) **(Linked to key goals) Priority 5**

- Adults and older people receiving direct payments and/or individual budgets per 100,000 population (aged 18 and over) **(LAA Target) Priority 3**
- Proportion of carers receiving a ‘carer’s break’ or a specific service for carers as a percentage of clients receiving community-based services **(LAA Target) Priority 4**

Each one of these areas has a commitment, actions, risk to delivery and any mitigation of that risk. It is worth noting however that all vital signs are listed even though some of those areas for improvement have been withdrawn.

ATTACHMENT 2.1

Birmingham East and North Primary Care Trusts Operating Plan

6.0			**Level of Commissioning**					
Area **National Requirement**	**Indicator**	**Commitment**	**LAA**	**Joint with other PCTs**	**PCT**	**Proposed action to deliver priorities**	**Risks**	**Director Lead**
Cleanliness and healthcare associated infections	MRSA number of infections	MRSA levels sustained, locally determined stretch targets taking us beyond the national target			✓	Use learning form root cause analysis of cases in both primary and secondary care to develop appropriate training programme for employed and contractor staff	Unable to ensure patient safety **MITIGATION** Work monitored through Clinical Infection Group and Monthly Contract Review Group	Doug Wulff
	Rates of *Clostridium difficile*	*C difficile* reduction of 30 per cent by 2011, differential SHA envelopes to deliver a 30 per cent reduction nationally by 2011 659 08/09			✓	To analyse data available in order to address hotspots. This will be achieved through joint clinical infection group	The rate of infections don't reduce **MITIGATION** As above	Doug Wulff
Access to personalised and effective care	Percentage of patients seen within 18 weeks for admitted and non-admitted pathways *Supporting measures:* • *Number of diagnostic waits > 6 weeks* • *Percentage of patients seen within 18 weeks for direct access audiology*	To ensure that, by December 2008, no one waits more than 18 weeks from referral to the start of hospital treatment or other clinically appropriate outcome (for clinically appropriate patients who choose to start their treatment within 18 weeks)			✓	Plans in place to achieve 18 weeks ongoing monitoring through Local Health Economy 18 Weeks Programme Board. Substantial work underway through Heart of England FT to ensure delivery and sustainability of 18 weeks Increased work on Pathways in challenged specialities to ensure outpatients and diagnostic waits continue to reduce	Audiology continues to be an identified risk which is being managed through the Local Health Economy programme Board **MITIGATION** All work monitored through Local Health Economy plus weekly monitoring of PTL to ensure continued reductions in	Andrew Donald

ATTACHMENT 2.1

6.0			Level of Commissioning					
Area **National Requirement**	**Indicator**	**Commitment**	**LAA**	**Joint with other PCTs**	**PCT**	**Proposed action to deliver priorities**	**Risks**	**Director Lead**
	treatment • *Activity levels* • *Patient-reported experience of 18-week pathways*						referral to treatment	
	Patient experience of access to primary care *Supporting measures:* *Extended opening hours for GP practices* *Increased capacity in primary care* *Patient reported access to out-of-hours care (indicator to be developed)*	*At least 50 per cent of GP practices in each PCT offer extended opening to their patients* *100 new GP practices, including up to 900 GPs, nurses and healthcare assistants introduced into the 25 per cent of PCTs with the poorest provision* Overall levels of satisfaction when averaged over the 5 measured elements-81%			✓ ✓	Undertake a baseline assessment of current practices Work with Practices to agree extension to current hours Target areas identified by patient survey as having access problems	Difficult negotiations with GPs and low uptake leading to delayed implementation Demanding timescales and limited PCT capacity **MITIGATION** Establishment of PCT Programme Board to oversee equitable access programme linked to Primary Care Strategy Group. Capacity issues being address	Jonathan Tringham
	Proportion of patients with breast symptoms referred to a specialist who are seen within 2	All patients by December 2009			✓	Action Plan in place through Local Health Economy Cancer Group. This group ahs a specific remit for planning and action plans in response to Cancer Reform Strategy	Capacity of providers to deliver changes in pathways to achieve next stage	Andrew Donald

ATTACHMENT 2.1

6.0			Level of Commissioning					
Area **National Requirement**	**Indicator**	**Commitment**	**LAA**	**Joint with other PCTs**	**PCT**	**Proposed action to deliver priorities**	**Risks**	**Director Lead**
	weeks of referral **TARGET WITHDRAWN** I						in reduction in Cancer waits **MITIGATION** Joint work across Commissioners and providers to ensure pathways can be implemented and effective redesign is taking place	
	Proportion of women aged 47–49 and 71–73 offered screening for breast cancer **TARGET WITHDRAWN**	NHS Breast Cancer Screening Programme will be extended to all women aged 47–73 by 2012			✓	There will be a need to commission increased capacity from screening providers. Service specification is in the process of being developed	Lack of equipment and capacity to meet increasing demand. Local uptake is still below average the pct will need to work with primary care to increase uptake	Nicola Benge
	Proportion of men and women aged 70–75 taking part in bowel screening programme **TARGET WITHDRAWN**	NHS Bowel Cancer Screening Programme will be extended from 2010 to invite men and women aged 70–75 to take part			✓	Roll out has commenced of bowel screening. Need to further develop local specification and ensure total roll out.		Nicola Benge
	Proportion of patients waiting no more than 31 days for second or	Patients wait no more than 31 days from decision to treat to start of treatment, extended to			✓	Action Plan in place through Local Health Economy Cancer Group. This group ahs a specific remit for planning and action plans in response to	Capacity of providers to deliver changes in pathways to	Andrew Donald

Birmingham East and North NHS Primary Care Trust

ATTACHMENT 2.1

6.0			Level of Commissioning					
Area **National Requirement**	**Indicator**	**Commitment**	**LAA**	**Joint with other PCTs**	**PCT**	**Proposed action to deliver priorities**	**Risks**	**Director Lead**
	subsequent cancer treatment (surgery and drug treatments **TARGET WITHDRAWN**	cover all cancer treatments by December 2008				Cancer Reform Strategy	achieve next stage in reduction in Cancer waits **MITIGATION** As detailed in target for Breast Symptoms	
	Proportion of patients waiting no more than 31 days for second or subsequent cancer treatment (radiotherapy treatments) **TARGET WITHDRAWN**	Patients wait no more than 31 days from decision to treat to start of treatment, extended to cover all cancer treatments by December 2010			✓	As above	As above	Andrew Donald
	Proportion of patients with suspected cancer, detected through national screening programmes or by hospital specialists, who wait less than 62 days from referral to treatment **TARGET WITHDRAWN**	All patients with suspected cancer, detected through national screening programmes or by hospital specialists, wait no more than 62 days from referral to treatment by 2009			✓	As above	As above	Andrew Donald
Improving health and reducing	Implementation of the stroke strategy	80% of patients spend at least 90% of their time in a stroke unit. 60% of			✓	PCT will lead the development during 2008/09 of a comprehensive strategy for the development of services for	Strategy work not completed	Andrew Donald

6.0			**Level of Commissioning**					
Area **National Requirement**	**Indicator**	**Commitment**	**LAA**	**Joint with other PCTs**	**PCT**	**Proposed action to deliver priorities**	**Risks**	**Director Lead**
health inequalities		higher risk TIA cases are treated within 24 hours by 2010/11. 70% of patients will reach required standard of treatment				patients at risk of or who have had a stroke. This will reflect the National Strategy		
Improving health and reducing health inequalities TARGET WITHDRAWN	Proportion of women receiving cervical cancer screening test results within 2 weeks	All women should receive the results of their cervical screening tests within 2 weeks by 2010				Progress being made to deliver against target		Nicola Benge
Finance	Financial balance (PCT)				✓	Comprehensive financial strategy and plan in place. Surplus for 2008/09 £1.9 million	Minimal Risk envisaged	Jonathan Tringham
Improving health and reducing health inequalities	All-age all-cause mortality rate per 100,000 population (AAACM)	To meet national targets the 2010 figures for non spearhead groups must be: Males – 78.6 years or higher Females – 82.5 years or higher Relative gap in life expectancy for spearhead groups when compared to England should be: Males – 2.32% or lower Females – 1.59% or lower	✓* **Note agreed joint target**			Joint working through the BHWP. Maintain and extend successful projects from the previous floor target action planning. Target resources and primary care interventions at those at greatest risk of premature mortality Improve management of long term conditions	These are very challenging targets for Birmingham, to achieve there will be a need to maintain targeted approach and improve primary care services **MITIGATION** Managed and monitored through Health and Well-being partnership	Nicola Benge
	<75 CVD mortality rate	See AAACM requirements	✓			As above + Identify earlier those at greatest risk	As above	Nicola Benge

Birmingham East and North NHS Primary Care Trust

ATTACHMENT 2.1

6.0			Level of Commissioning					
Area **National Requirement**	**Indicator**	**Commitment**	**LAA**	**Joint with other PCTs**	**PCT**	**Proposed action to deliver priorities**	**Risks**	**Director Lead**
		LAA Target 89.4				of premature mortality from CVD. Ensure optimum management and increase provision for target lifestyle interventions including access to physical activity schemed, smoking cessation, nutrition advice, weight reduction, alcohol and drug misuse programmes and psychological support.		
	<75 cancer mortality rate	See AAACM requirements LAA Target 120.5	✓			As above + Increase early diagnosis in target wards where mortality is higher. Review current clinical pathway to ensure they do not disadvantage those who may suffer poorer prognosis.	As above	Nicola Benge
	Suicide and injury of undetermined intent mortality rate	PSA target requires a 20% reduction in the mortality rate from Suicide and Injury of Undetermined Intent, nationally, by 2010. Indicative trajectories have been provided.		✓		City wide Suicide Audit Group in place. Audits identifying high risk groups to inform strategic action plans on a Pan-Birmingham basis	Lack of system to Identify individuals with suicidal tendencies **MITIGATION** Clarity around risk factors and targeting key groups	Andrew Donald
	Smoking prevalence among people aged 16 or over, and aged 16 or over in routine and manual groups (quit rates locally 2008)	The number of 4 week smoking quitters who have attended NHS Stop Smoking services per 100,000 populations should be maintained at least the levels achieved in the baseline period	✓* **Note agreed joint target**		✓	Review current models of provision to maximise capacity through current services. Increase activity in the group who smoke large quantities and have co-morbidities. Including hospital attendance and admission. Develop a programme that aims to reduce smoking levels but does not	We are currently seeing a drop of in numbers attending smoking cessation services, there is a possible that we continue to chase numbers without	Nicola Benge

Birmingham East and North NHS Primary Care Trust

ATTACHMENT 2.1

6.0			**Level of Commissioning**					
Area **National Requirement**	**Indicator**	**Commitment**	**LAA**	**Joint with other PCTs**	**PCT**	**Proposed action to deliver priorities**	**Risks**	**Director Lead**
		(2004/5-2006/7). Target 2646				comply with current 'quit' model.	focusing at those in higher risk categories such as manual worker. **MITIGATION** Use number of service developments to ensure that smokers are targeted	
	Percentage of women who have seen a midwife or a maternity healthcare professional, for assessment of health and social care needs, risks and choices, by 12 completed weeks of pregnancy	Guidance requires an upward trend with no specifics given. Target % =47.2% (number of births=6300)	✓		✓	Continued development of work commenced in 2007/08 through the work to reduce Peri-mortality through the introduction of risk stratification of at risk women alongside the increase in the number midwives and support workers in deprived areas. Further work will be undertaken as part review of maternity services in relation to service scope and style to ensure we are able to meet this target	No changes to Maternity Services provision following HCC review. Data provision still poor **MITIGATION** Joint group to ensure HCC action plan put in place Through contractual mechanisms PCT will ensure compliance	Andrew Donald
	Under-18 conception rate per 1,000 females aged 15–17	Guidance requires a decrease in conception rate over time. Target Rate 35.2	✓	✓		Target schools with highest incidence of teenage pregnancy. - teenagers who have already had a termination Increase access to sexual health services, and long acting	The current trend in under 18 conceptions is increasing; to achieve the target would be	Nicola Benge

ATTACHMENT 2.1

6.0			Level of Commissioning					
Area National Requirement	Indicator	Commitment	LAA	Joint with other PCTs	PCT	Proposed action to deliver priorities	Risks	Director Lead
						contraception. Work with partners on childhood mental well being, self esteem and educational achievements	impossible. This is a partnership agenda and can not be addressed by health alone **MITIGATION** Work monitored through Pan-Birmingham Commissioners	
	Obesity among primary school-age children	Rate of increase in prevalence of childhood obesity that is lower than the current national trend. National plan is to return to 2000 levels of obesity by 2020. Obesity in reception year 17.75% Obesity in year six=17.49%	✓		✓	Development of Pan-Birmingham Obesity Strategy linked to work of Health and Well-being partnership Local PCT commissioned services for Children with Obesity in 2007/08 and continued into 2008/09	Strategy not delivered to timescales Commissioned services don't deliver real benefits **MITIGATION** Strategy delivery monitored by Health and Well-Being Partnership Local Commissioned services monitored through the Gateway process	Nicola Benge
	Proportion of children who complete immunisation by recommended	95% of children receive 3 primary doses of diphtheria, tetanus, polio and pertussis in the first year of life. 95% receive a			✓	Increase appropriate engagement from primary care and provider services. Develop a provider immunisation team to increase uptake	Current performance is well below national target	Nicola Benge

ATTACHMENT 2.1

6.0			Level of Commissioning					
Area **National Requirement**	**Indicator**	**Commitment**	**LAA**	**Joint with other PCTs**	**PCT**	**Proposed action to deliver priorities**	**Risks**	**Director Lead**
	ages	first dose of MMR by 2 years of age. 90% receive a booster dose of tetanus, diphtheria and polio between 13 to 18 years of age. As of September 08 90% of girls around 12-13 years of age should receive a complete course of human papilloma virus vaccine. 5051, 1 year olds (DTaP/IPV/Hib) =87.7% 5111, 2 year olds (PCV,MenC,MMR)=87.7 % 4941 5 year olds (DTa/IPV)=87.7% 5204 5 year olds (MMR)=92.3% 2660 12-13 year olds females (HPV)=90% 5236 13-18 year olds (school leaver boosters)=82%				Develop robust SLA for provision and reporting of immunisations. Introduction of HPV from Sept 2008, model currently being developed	**MITIGATION** Monitor effect of new initiatives through Integrated Governance and Performance Committee and reports to Board	
		Tuberculosis • all infants living in areas of UK where the annual incidence of TB is 40/100,000 or greater • for children with a			✓	As above	As above	Nicola Benge

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6.0			Level of Commissioning					
Area **National Requirement**	**Indicator**	**Commitment**	**LAA**	**Joint with other PCTs**	**PCT**	**Proposed action to deliver priorities**	**Risks**	**Director Lead**
		parent or grandparent born in a country where the incidence is 40/100,000 or greater • all infants • previously unvaccinated children aged 1-5 years • previously unvaccinated TB –ve aged 6 to under 16 • previously unvaccinated TB –ve contact cases of respiratory TB • previously unvaccinated TB –ve new entrants born in or lived for a prolonged period in a country where the TB incidence is 40/100,000 or greater						
	Percentage of infants breastfed at 6–8 weeks	85% coverage by 2008/09 quarter 4 90% coverage by 2009/10 quarter 4 95% coverage by 2010/11 quarter 4 Numbers 08/09 146 babies exclusively breastfeed (15%) 828 babies breastfed/supplemented	✓		✓	Increase education re value of breastfeeding. Ensure a core activity of midwifery and support services. Increase post natal support to maintain feeding.	Currently significantly below target **MITIGATION** Part of focus for revision of maternity services / community midwifery in terms of scope and style of service. Joint	Nicola Benge

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6.0			Level of Commissioning					
Area **National Requirement**	**Indicator**	**Commitment**	**LAA**	**Joint with other PCTs**	**PCT**	**Proposed action to deliver priorities**	**Risks**	**Director Lead**
		(85%) 974 babies with complete feeding records (60% of total number of babies)					work between PCT and HofEFT. Part of city wide initiatives	
	Effectiveness of Children and Adult Mental Health Service (CAMHS) (percentage of PCTs and local authorities that are providing a comprehensive CAMHS)	Guidance simply specifies that the direction of travel should be upwards. Full range of CAMHs services for children with LD = level 3 16-17 year olds requiring MH services with access to services and accommodation=level 3 Arrangements for 24 hour cover =level 4 Full range of early intervention services=level 3		✓		Full range of services already in place. Further work being undertaken to strengthen protocols and working practices to achieve level four across all measures	Definition of full range of intervention services **MITIGATION** Gain agreement across Birmingham on definition	Andrew Donald
	Prevalence of Chlamydia	17% of eligible people screened for 2008/09.		✓		A continuation of the work in 2007/ 08 to increase the number of points where Chlamydia screening takes place whilst increasing accuracy of recording. Over and above this the PCT intends to implement its Sexual Health Strategy which increase Primary Care provision and the range of Providers to ensure this challenging target can be achieved	Trajectory and target not being achieved, new developments do not deliver increased screening **MITIGATION** Specific monitoring through Pan-Birmingham Commissioning Group and Local	Andrew Donald

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6.0			Level of Commissioning					
Area **National Requirement**	**Indicator**	**Commitment**	**LAA**	**Joint with other PCTs**	**PCT**	**Proposed action to deliver priorities**	**Risks**	**Director Lead**
							Integrated Governance and Performance Committee	
	Number of drug users recorded as being in effective treatment	Guidance simply specifies that good performance is typified by an increase in numbers. Target agreed 7% increase to 87% in 2008/09. 5295 patients	✓	✓		Birmingham's position in relation to effective treatment is already above the national average performance. The Joint Commissioning Group agreed the target for Drug Users in effective treatment which is line with the performance this year i.e. an increase in 7% which achieves 87%	Resources available to DAART continue to be reduced year on year **MITIGATION** Monitored through Joint Commissioning Group. Financial Plan in place to ensure services are maintained	Andrew Donald
Reputation, satisfaction and confidence in the NHS	Self-reported experience of patients and users	Success is defined as an increase in the index score for each survey as measured across the entire PSA period. Acute Adult inpatient score=74.4 Acute Adult outpatient score=75.6 Acute A&E score=74.0 Community MH Trust score=72.41 PCT patient experience score+76.21			✓	Radical redesign of PPI mechanisms and strategy including new partnering arrangement- implementation plan developed Specific Action plan developed on basis of Provider Arm PUK patient survey for the provider arm.	Unable to implement radical redesign due to capacity Investment Other external demands prevent radical redesign and limit capacity to achieve **MITIGATION** External Support and internal development group	Louise Pritchard

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6.0			Level of Commissioning					
Area **National Requirement**	**Indicator**	**Commitment**	**LAA**	**Joint with other PCTs**	**PCT**	**Proposed action to deliver priorities**	**Risks**	**Director Lead**
	Public confidence in local NHS **TARGET WITHDRAWN**	Improvement would be indicated by increases in levels of satisfaction and increases in the proportion of complaints deal with within 20 days.			✓			Louise Pritchard
	NHS staff survey scores-based measures of job satisfaction	Success is defined by sustained higher levels of staff job satisfaction. Score= 3.56			✓	New Staff engagement and communication strategy to be produced Wellness Programme implemented PRIDE development programme implemented and evaluated	Changes in senior posts Capacity to deliver **MITIGATION** External support commissioned to ensure development of wellness programme Monitoring of PRIDE development programme	Louise Pritchard
Access to personalised and effective care	Primary dental services, based on assessments of local needs and with the objective of ensuring year-on-year improvements in the number of patients accessing NHS dental services	Year on year increases in the number of patients accessing NHS dentistry. SHAs to set out agreed planning assumptions at PCT level. Number of patients in receipt of NHS dental services=262,910 (60% of PCT population)			✓	Revisiting contract plans, utilising growth monies to adjust targets in line with need Promotion of availability of NHS Dentistry within the PCT	No agreed planning assumptions Data validity issues **MITIGATION** Focus on use of growth monies monitoring through Primary Care Strategy Group	Jonathan Tringham
Emergency	Confidence in	To have robust plans in			✓	Programme to achieve to develop	Not all DH	Louise

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6.0			**Level of Commissioning**					
Area **National Requirement**	**Indicator**	**Commitment**	**LAA**	**Joint with other PCTs**	**PCT**	**Proposed action to deliver priorities**	**Risks**	**Director Lead**
Planning	preparations for a flu pandemic	place by December 2008 to respond to a flu pandemic				robust plans in place with links to multi-agency groups (Including Birmingham Resilience Group)	guidance is yet finalised **MITIGATION** Work being completed as far as possible	Pritchard
Cleanliness and healthcare associated infections	Achievement of CNST risk management standards	Higher scores reflecting better risk management standards and safety culture.			✓	Complete the action plan arising from the NHSLA standards for PCTs	Core standards will not be achieved and cost of NHSLA subscription will increase **MITIGATION** Monitoring of action plan to ensure compliance through Professional Services Directorate	Doug Wulff
Access to personalised and effective care	Proportion of people with depression and/or anxiety disorders who are offered psychological therapies **TARGET WITHDRAWN**	By winter 2008/09 increases in proportions of people with and diagnosed with depression and/or anxiety disorders • are referred for psychological therapies • people referred for psychological therapies who receive therapies		✓				Andrew Donald
	Proportion of adults (18 and over) supported directly through social care	Expectations would be for modest increases year-on-year to reflect gradual changes in practices	✓					Andrew Donald

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6.0			Level of Commissioning					
Area **National Requirement**	**Indicator**	**Commitment**	**LAA**	**Joint with other PCTs**	**PCT**	**Proposed action to deliver priorities**	**Risks**	**Director Lead**
	to live independently at home	rather than large increases in annual rates.						
	Proportion of people achieving independence 3 months after entering care/rehab – rate per 10,000 **TARGET WITHDRAWN**	Good performance is typified by a higher percentage	✓	✓				Director Provider Arm
	Proportion of adults with learning disabilities in settled accommodation **TARGET WITHDRAWN**	Direction of travel upwards.		✓				Andrew Donald
	Proportion of adults in contact with secondary mental health services in settled accommodation **TARGET WITHDRAWN**	Direction of travel upwards/		✓				Andrew Donald

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6.0			Level of Commissioning					
Area **National Requirement**	**Indicator**	**Commitment**	**LAA**	**Joint with other PCTs**	**PCT**	**Proposed action to deliver priorities**	**Risks**	**Director Lead**
	Proportion of adults with learning disabilities in employment **TARGET WITHDRAWN**	Direction of travel upwards.		✓				Andrew Donald
	Proportion of adults in contact with secondary mental health services in employment **TARGET WITHDRAWN**	Direction of travel upwards.		✓				Andrew Donald
	Patient-reported unmet care needs **TARGET WITHDRAWN**	No indication given as regards planning requirements.			✓			Director Provider Arm
	Number of delayed transfers of care per 100,000 population (aged 18 and over)	Good performance in typified by a lower rate. 15.3 per 100,000 head of population aged 18+ 114 delays Please note that this is an average for the year. Target for the end of the year is 105	✓* **Note joint target agreed**	✓		Mainstream reimbursement grant posts Review commissioning of interim beds LEAN work plan at GHH and Heartlands Review Physical Disability and Mental Health long term placements/beds from a capacity perspective	Commissioning reviews not completed Capacity **MITIGATION** Agreed plan across Local Health Economy and Emergency Care Network plus PbR Demonstrator Site	Director Provider Arm

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6.0			**Level of Commissioning**					
Area **National Requirement**	**Indicator**	**Commitment**	**LAA**	**Joint with other PCTs**	**PCT**	**Proposed action to deliver priorities**	**Risks**	**Director Lead**
	Proportion of people with long-term conditions supported to be independent and in control of their condition	An increase in this indicator is desirable.			✓	The extension of Birmingham OwnHealth to cover an increased population of up to 11,000 members plus the introduction of telehealth and telecare in conjunction with Birmingham City Council will ensure that increased number of people will be supported and in control of their condition	Capacity to deliver, membership take up **MITIGATION** Monitored by Programme Board and Operational Management Board	Richard Mendelsohn
	Timeliness of social care assessment	Good performance is typified by a higher percentage.		✓				Director Provider Arm
	Timeliness of social care packages	Good performance is typified by a higher percentage.		✓				Director Provider Arm
	Ambulance conveyance rate to A&E (to be developed) **TARGET WITHDRAWN**	Reducing the ambulance conveyance rate to A&E to 48% by 2010 is the intended direction for this indicator			✓			Andrew Donald

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6.0			**Level of Commissioning**					
Area **National Requirement**	**Indicator**	**Commitment**	**LAA**	**Joint with other PCTs**	**PCT**	**Proposed action to deliver priorities**	**Risks**	**Director Lead**
	Proportion of all deaths that occur at home	Good performance represented by an increasing proportion ion deaths occurring at home. 14.88%		✓* **Note joint target agreed**	✓	The implementation of the PCTs End of Life Care Strategy will increase the choice for individuals about place of death and this will ensure an increasing percentage of deaths outside Acute Hospital. The agreed target for 2008/09 is	The strategy is predicated on procurement of a range of new services and beds that will take a minimum of 107 days to procure through tendering processes **MITIGATION** Capacity identified to complete procurement work	Andrew Donald
	Patient-reported measure of choice of hospital	Guidance gives no specific requirements.			✓	Work already underway in 2007/08 through a number of communication campaigns to ensure patients, users and the public are aware of choice. The PCT has recently completed its own choice survey and plans to develop this approach systematically so as to ensure that increased awareness of choice is demonstrated	Percentage of Patients who recognise being given choice doesn't improve **MITIGATION** Systematic monitoring of survey results and targeting communication	Andrew Donald

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Area **National Requirement**	**Indicator**	**Commitment**	**LAA**	**Joint with other PCTs**	**PCT**	**Proposed action to deliver priorities**	**Risks**	**Director Lead**
	Adults and older people receiving direct payments and/or individual budgets per 100,000 population (aged 18 and over)	Good performance is typified by a higher rate. 133.6 per 100,000 head of population	✓* **Note joint target agreed**	✓		Work with Adults and Communities and also Project three Investing for Health to develop individual healthcare budgets	Results of work within IFH do not show benefits. Legislative Framework for Individual budgets in healthcare **MITIGATION** Testing out through IFH projects allows for limited risk to be managed	Andrew Donald
	Proportion of carers receiving a 'carer's break' or a specific service for carers as a percentage of clients receiving community-based services	Good performance is typified by a higher rate. 22.2%	✓* **Note joint target agreed**	✓		Complete PUK Carers Support Service Review Devise Service Strategy Redesign of current Carers Service	PCT Commissioners decide not to support **MITIGATION** Carers support commissioned through other organisations e.g. third sector	Director Provider Arm
	Prescribing Indicator (to be developed) **TARGET WITHDRAWN**	No guidance available			✓			Doug Wulff
	Number of emergency bed days per head of weighted population	Reduction in the number of emergency bed days is desirable.			✓	Continuation of the work through Assertive Case Managers to reduce EBDs increased integration with Birmingham Own Health project particularly in relation to Telehealth	As Birmingham OwnHealth	Andrew Donald

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6.0			Level of Commissioning					
Area **National Requirement**	**Indicator**	**Commitment**	**LAA**	**Joint with other PCTs**	**PCT**	**Proposed action to deliver priorities**	**Risks**	**Director Lead**
						development		
	Rates of hospital admissions for ambulatory care sensitive conditions per 100,000 population	Reducing admissions is the intended direction for this indicator.			✓	Continuation of work during 2006/07 and 2007/08 to reduce unnecessary admissions to hospital for ACSCs particularly focussed on chronic diseases which are in the top 5 of admissions as identified by NHS Institute Priority Tool	Does not deliver reduced admissions **MITIGATION** Case Manager work being integrated into next phase of BOH where benefits are measured continuously	Andrew Donald
	Learning disabilities (indicator to be developed) **TARGET WITHDRAWN**	No guidance available.			✓			Andrew Donald
Improving health and reducing health inequalities	Vascular risk score	Numbers of practices with PCT validated registers should increase with time.			✓	On target to develop registers across the PCT. Ensure that registers are updated	GP reluctant to maintain list. No central guidelines regarding management **MITIGATION** Potential to use Health Intelligence to gather information on at risk	Nicola Benge
	Percentages of patients admitted with a heart attack who, upon	Maintained at NSF standard levels of between 80% and 90% if patients are being			✓	Monitor against Minnap audits		Nicola Benge

6.0			Level of Commissioning					
Area **National Requirement**	**Indicator**	**Commitment**	**LAA**	**Joint with other PCTs**	**PCT**	**Proposed action to deliver priorities**	**Risks**	**Director Lead**
	discharge, are prescribed an anti-platelet, a statin, a beta-blocker	prescribed these drugs upon discharge.						
	Healthy life expectancy at age 65 **TARGET WITHDRAWN**	An increase in this measure would indicate that older people are living longer healthier lives - however this would need to be looked at alongside changes in life expectancy to determine whether a greater proportion of life was being lived in good health		✓				Nicola Benge
	Rate of hospital admissions per 100,000 population for alcohol-related harm	Good performance is typified by a decreasing or negative percentage change from the level recorded between the previous financial year and the current financial year.	✓	✓		Commissioning of Alcohol services will be commissioned jointly between PCTs and other partners through the Drug and Alcohol Action Team (DAART). A strategy and three year plan has been developed and agreed for Birmingham. During the next twelve months all funding will be pooled within a section 75 arrangement.	Appropriate resourcing of strategy **MITIGATION** Commitment through Health and Well-being Partnership for increased Commissioning of services for people with Alcohol problems	Andrew Donald
	Patients with diabetes in whom the last HbA1c is 7.5 or less from	A year on year Increase in this measure is desirable for individuals because it is an indicator			✓	Increase monitoring of performance at practice and patient level. Ensure treatment regimes are being utilised.	Increasing numbers of diabetic being identified, increase in local levels of	Nicola Benge

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6.0			**Level of Commissioning**					
Area **National Requirement**	**Indicator**	**Commitment**	**LAA**	**Joint with other PCTs**	**PCT**	**Proposed action to deliver priorities**	**Risks**	**Director Lead**
	Quality Outcomes Framework (QOF)	of the management of diabetes and a measure of long term health.				Increase access to weight management services in primary care	obesity, insufficient resources to fully tackle the problem and reduction of obesity. **MITIGATION** Continue to explore commissioning of further services to support increase in number of patients identified with diabetes	
	Proportion of people where health affects the amount/type of work they can do	Good performance would show a decline in numbers.	✓	✓		Increase access to talking therapies and low level mental health services. particularly targeting those who experience stress related incidents. Work with primary care in relation to appropriate management of requests for sick notes and absences form work.	High incidence of worklessness within the local community. **MITIGATION** Increased access to Primary Care MH services to support return to work, increase in Psychology input to support this approach	Nicola Benge
	Hospital admissions caused by unintended and deliberate injuries	The aim is to see a decreasing number of emergency admissions for children and young people.			✓	Development Plan required		Nicola Benge
	Mortality rate from causes considered	Guidance gives no specifics.			✓	As per ACAAM		Nicola Benge

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Area **National Requirement**	**Indicator**	**Commitment**	**LAA**	**Joint with other PCTs**	**PCT**	**Proposed action to deliver priorities**	**Risks**	**Director Lead**
	amenable to healthcare **TARGET WITHDRAWN**							
Reputation, satisfaction and confidence in the NHS	Self-reported measure of people's overall health **TARGET WITHDRAWN**	Guidance gives no specifics.			✓			Louise Pritchard
	Patient and user reported measure of respect and dignity in their treatment	Upwards is improvement.			✓			Louise Pritchard
	Parents' experience of services for disabled children	Likely to be Upwards.	✓					Louise Pritchard
Finance	NHS estates energy/carbon efficiency	Both measures should be heading towards the levels specified in the targets.			✓			Martin Wiltshire

Points to note

*** Denotes Local Area Agreement target agreed as joint focus between Health and Social Care**

- **Shaded areas denote targets that have recently been withdrawn from Unify. However in some areas PCT director has denoted actions even though these are not measurable targets via SHA / DH**

6.0 Governance arrangements Operational Plan

Birmingham East and North Primary Care Trust have well established governance arrangements for the deliver of targets and improvement. The delivery of the Operational Plan will monitored through the Integrated Governance Committee which is a sub-committee of the Trust Board and that Committee will report monthly to the Trust Board on matters appertaining to the delivery of the Operational Plan. This will provide the necessary assurance to the Board that work is progressing as predicted in the delivery of the Operational Plan. Over and above this, reports on progress to achieving Local Area Agreement targets and improvement will be presented to the Health and Well-Being partnership on a regular basis.

7.0 Review, Evaluation and Outcome Measurement

A key to delivery against the Vital Signs is to ensure that the organisation puts in place processes to ensure that there is continuous review, evaluation and measurement of progress in delivering service change and ultimate the targets that are set. The PCT already has an active system of review and evaluation of work operationally through good governances processes. However over and above this the PCT uses a gated process for review and evaluation of work plans and also uses the OSCAR (**O**rganisational, **S**atisfaction, **C**linical, **A**ctivity and **R**esource Utilisation) outcomes framework to ensure Directorates are not only measuring outputs but have real and systematic focus on outcomes which may a real difference for Patients.