

# Programme for Relationships, Intelligence, Metrics and Equality (PRIME)

Quarterly Report

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**Private and confidential**

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# Quarterly report

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# Management Summary

## Objectives and purpose

The purpose of this report is to provide the PRIME Strategic Partnering Board and the BEN PCT Trust Board with a summary of progress within the first quarter of the PRIME programme. The report assesses progress against plan, describes the outlook for the programme, and reviews the business case, programme costs, risks and issues.

## Key points

- The establishment of PRIME in July 2008 commenced an ambitious, systematic and comprehensive 3-year programme to develop new relationships with the public, patients and partners of BEN PCT in order to reach out and engage with their diverse communities and tackle health inequalities.
- The PRIME programme recognises that it is the generation of relationships and partnering and the creative exploitation of information beyond the utilisation of traditional/enforced data collections that will provide a rich picture of BEN PCT's communities, wards and healthcare settings.
- PRIME supports BEN PCT's focus on delivering their goals of 'ten more years of healthy life' and 'most informed and empowered community' through World Class Commissioning, to meet all health outcomes selected for WCC and related competencies and capabilities.
- PRIME's baseline rich picture and programme priorities have been informed through national and local dataset analysis leading to the following data themes for health inequalities in the PCT community:-
  - Infant Mortality
  - Childhood Obesity/Weight Issues
  - Adult Obesity
  - Alcohol Harm
  - Smoking
  - Mental Health
- Fundamental to identifying, targeting and overcoming health inequalities is the need to better understand the population in terms of people's expectations, attitudes, behaviours, values, priorities and, at a more basic level, language preferences.
- This understanding is being enhanced by the creation of BEN PCT Health Typologies - a bespoke segmentation model for health inequalities within BEN, that can be used as a foundation for public health planning and marketing interventions in the long term.
- The baseline priorities and emerging health typologies will in turn be cross-referenced with the work of allied agencies, for example the Be Birmingham and BCC priority neighbourhoods, to further enhance the population intelligence for Birmingham.

# Programme Progress

## Programme Governance

PRIME has a governance structure comprising a Strategic Partnering Board, Commercial Management Board (solely BEN PCT representatives) and an Operational Management Board.

PRIME is supported by a Programme Director (BEN PCT), a full-time Programme Manager (DFI), a part-time Project Manager (BEN PCT), x7 Workstreams that are defined by 'process group'. Each workstream has a joint lead from BEN PCT and DFI.

The workstreams are:

- 1. Knowledge Management;
- 2. Knowledge Transfer;
- 3. Social Marketing
- 4. Patient and Public Involvement;
- 5. Relationships And Metrics
- 6. Digital Technologies;
- 7. Programme Management

The Programme Board representatives, Programme Director, Programme Manager and Project Manager coordinate the work and outcomes of the PRIME workstreams and also non-PRIME initiatives (Communications; Knowledge Management, Clinical Operations, Process Improvement) that share benefits and intended outcomes. BEN PCT clinical leads provide clinical advice, input and liaison with clinicians.

PRIME is further supported by an external Advisory Board set up to provide:

- PRIME with external challenge to ensure its big ambitions are met and exceeded
- Advice for the programme to ensure unnecessary risks to its reputation are avoided and managed.
- Ideas and contacts for the programme and promote its work.

## Partnership

BEN PCT has entered into a partnership with Dr. Foster Intelligence (DFI) in order to design and deliver a programme that makes demonstrable progress in overcoming health inequalities. Both organisations recognise that information must be exploited creatively in a way that challenges previous approaches to information handling, in relation to health processes and outcomes, and measurement in the NHS. In order to change the behaviours of citizens and healthcare professionals, the way people in the NHS think and use information requires change, rather than regarding health outcome related information primarily as a performance management mechanism.

The mutually dependent, inter-reliant nature of the working relationship between DFI and BEN PCT is recognised as critical to the success of the programme, to ensure that knowledge and skills are effectively transferred and the PCT's reputation and resources are enhanced by PRIME.

## Business Case

PRIME supports BEN PCT's ambition to:

- develop the scope and scale of information about a diverse and complex population and their preferences.
- build capacity and capability and enable individuals and communities to take increasing responsibility for own health.
- reduce the unacceptable level of health inequalities by changing nature of relationship between PCT and key stakeholders, residents/patients/carers in order to tackle health inequalities.
- focus on delivering their goals of 'ten more years of healthy life' and 'most informed and empowered community' through World Class Commissioning.
- learn more about how to make the greatest difference for people in health improvement, service responsiveness and tackling inequalities.
- Enhance the profile and perception of the PCT amongst its population and other key stakeholders.

## Outlook

The programme business case remains valid in the light of progress during this reporting period. The PCT has a budget allocation of £1.89b for the period 2008-2011 (excluding specialist commissioning). The programme costs of £5.8m over the same 3 year period are still justified by the anticipated benefits expected. New value and income derived from knowledge transfer and the development of new products and programmes will be re-invested by the PCT to continue to reduce health inequalities for the local population.

## Progress against plan

The initial slippage of programme progress against plan apparent in month 3 has now been recovered. Overall programme status is 'on track' at month 5 (November '08).

Programme activity delivered and planned, by workstream, is indicated on page 7.

## Risk review

No high risks currently identified. Programme risks are indicated in Appendix 1

## Issues

No issues currently identified.

## Lessons Learned

The following lessons have been learned during the stage:

Item	Learning	Action
Communication	Dedicated communication and engagement structure and mechanisms required as part of programme definition	Establishment of Communication and Engagement sub-group to support stakeholder mapping and engagement activity
Datasets – access to and delivery of information	PCT access to some externally held local datasets/intelligence proved problematic  Some local data does not fulfil analytical requirements as largely narrative/qualitative.	Enhance clarification of requests for local datasets. Confirm local data collection mechanisms and realistic timescales for submission of required data.

## Abnormal events affecting performance

There have been no abnormal events e.g. exceptions, delay events, arising outside the control of the programme which have caused deviations in programme performance.

**AGENDA ITEM 3.7**

**Progress against plan**

Workstream title	Deliverable	Activity July - Nov '08	Planned activity Dec '08- June '09	Progress against plan
<b>Knowledge Management</b>	Health Typologies	Health Typologies created	Customer journey mapping	On track
	Population Health Manager	Population Health Manager - Training delivered to Health Improvement and Information teams.	Rollout to Commissioning & ?Provider Services	On track
	Patient Experience Tracker	Delivery Planning	Rollout to Provider Services	On track
<b>Knowledge and Skills Transfer</b>	Delivery Plan	Delivery Plan - development in progress	Final version - implementation	On track
<b>Social Marketing</b>	Needs assessment Smoking; CVD; HPV	Needs assessment Smoking; CVD; HPV in progress	Jan-Mar '09 Smoking campaign - delivery	On track
	Smoking campaign - hard to reach groups	Long term smoking campaign - primary research	Implementation	On track
	Social Marketing - 3 yr strategy	First draft completed	Final version - implementation	On track
<b>Patient &amp; Public Involvement</b>	Household Panel	Specification completed and under review	Development	On track
	Community Engagement database	Specification completed and under review	Development	On track
<b>Relationships &amp; Metrics</b>	Baseline Activity	Baseline priorities agreed and signed-off	Focus on current data themes	Delivered
	GP MyPractice	Alignment with PCT GP Profiling work	Development	On track
<b>Digital technologies</b>	Inequalities dashboard	Approach for progress reporting against baseline priorities - in progress	Development	On track
<b>Programme Management</b>	Brand Audit	Brand Audit report delivered.	Stage 2 - brand development	On track
	Media Audit	Media Audit report delivered	Recommendations implementation	Delivered
	Communication and Engagement	Communication and engagement sub-group established. Stakeholder mapping and engagement plan development.	Development and delivery of key messages and engagement activity	On track
	Key Performance Indicators	Impact on inequalities; Financial; Relationships	Define measures; mechanisms for monitoring progress	On track

# Appendix 1

## Programme Risks

Risk	Impact	Likelihood	Mitigating Action	Responsibility
Programme aims and objectives unclear as unsupported by robust Communication Plan and Stakeholder Management plan	May be mixed messages received by key stakeholders if engaged by other BEN PCT programmes/ workstreams.	Possible	Ensure that Communication plan, Stakeholder mapping and Management Plan completed and disseminated to all affected parties	Programme Manager Head of Communications & Involvement
Delivery of general and PRIME-specific messages to the community is unbalanced	Local identification with general messages and PRIME-specific messages is mis-interpreted	Unlikely	Identify and use PRIME materials which enable the programme context in relation to associated programmes and activities to be identified and its achievements highlighted.	Programme Manager Head of Communications & Involvement Workstream Leads
Not all communications channelled through the correct team – too many points of contact	Uncoordinated approach with incorrect or confusing messages	Possible	Correct channels for approval and co-ordination to be clearly set out and communicated	Programme Manager Head of Communications & Involvement Workstream Leads
Lack of support and engagement from staff	Opportunity for awareness raising and staff commitment reduced	Possible	Ensure that PCT-wide communication of the programme objectives + benefits is maintained to provide the context for the local delivery of PRIME.	Executive Team Programme Board
Slippage of programme delivery timescales unsupported by robust plan	Workstreams and contributing staff unaware of or unprepared to meet delivery requirements	Possible	Ensure that programme plan, organisation and milestones confirms work plans and is disseminated to all affected parties	Programme Manager Workstream Leads
Resources do not become available to participate in communication networks/teams	Opportunity for co-ordination and the sharing of good practice are reduced	Possible	Use and develop a range of alternative network opportunities e.g. tele-conferences; comms newsletter; email network; extranet comms site	Programme Manager Workstream Leads
Workstream leads do not follow direction given by Programme Board	May be mixed messages received by key stakeholders if engaged by other BEN PCT programmes/ workstreams.	Possible	Ensure that workstream leads follow recommended action in relation to the Communication plan, key messages and correct approaches and delivery	Programme Manager Head of Communications & Involvement Workstream Leads
Adverse media interest e.g. with regard to cost	Negative communication coverage and misrepresentation of key messages	Possible	Anticipate media interest + maintain a source of generic material which provides the PRIME context with local developments and headlines programme achievements	Programme Manager Head of Communications & Involvement
Lack of support from independent healthcare partners	Opportunity for enhanced partnership working and information sharing reduced	Possible	Ensure that PCT-wide communication of the programme objectives + benefits is maintained to provide the context for the local delivery of PRIME activity	Executive Team Programme Board

# About this document

## Document Preparation

Version	Date	Author(s)	Role	Summary of Changes
0.1	8/12/08	C Staples / L Pritchard	Programme Manager	First draft
1.0	9/12/08	C Staples / L Pritchard	Programme Manager / Programme Director	Final version

## Document Review

Id	Date	Reviewer	Organisation	Comment