Torbay NHS Care Trust

TURNING PROMISES INTO ACTION

OPERATIONAL PLAN 2010/11

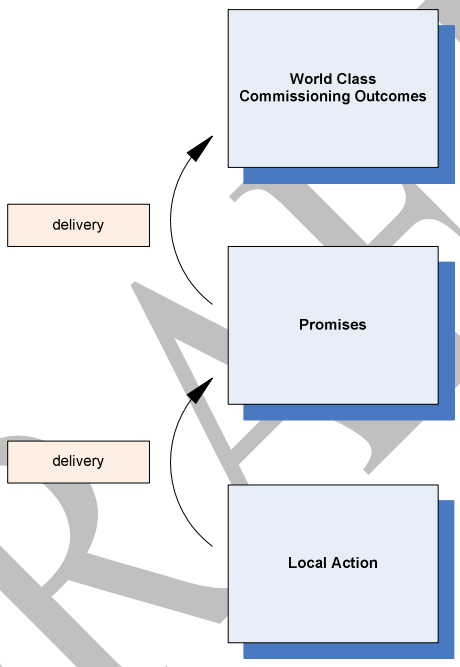
Draft Version 4.0

Introduction

1. In November 2008, we published our Strategic Plan (formerly our Strategic Improvement Framework). This Framework set out our vision for commissioning high quality, cost effective and personalised services for the people of Torbay for the next five years.

2. In our Framework we made 10 promises to the people of Torbay; our contract against which we would measure and report our performance; the opportunity for our public to hold us to account. Figure 1 below illustrates how our local action connects to the delivery of the World Class Commissioning outcomes.

Figure 1 – Connection of local action to delivery of World Class Commissioning Outcomes



In mid February 2010 new guidance was received by the serives in relation to Transformaing Community Serrvices. At the tiem of wrting this Operational Plan the Care Trust is still considering the omplications of this guidance but will make a firm statement as to its intentions by 31 March 2010.

3. This Operational Plan will explain how we intend to turn our promises into action in the second year of our Strategic Plan. It explains how we will chart our performance and know that we are succeeding in delivering our promises.

Our Promises

1. We will commission services and target funding to reduce **health inequalities**

2. We will commission services and target funding to increase **life expectancy**

3. We will provide you with **firm foundations** for enjoying good health

4. We will commission services that **promote ongoing well-being**

5. We will **remove unnecessary delays** for services and treatment

6. You will always have the **right to choose**

7. We will commission **high quality and safe services**

8. We will **improve care and services for older people**

9. We will commission a wide range of **care services**

10. We will improve services for people who need **mental health and learning disability services**

4. These promises are to be delivered by 2013 and we have prioritised those promises that we wish to turn into action during 2010/11. We prioritised our actions with a range of people in Torbay and our stakeholders.

5. We set ourselves ambitious targets for 2009/10, and beyond, with a view to achieving top quartile performance in England by the end of 2010/11 in many areas. Improvements can be demonstrated across all the Promises the Care Trust made last year. The key achievements are as follows (a comprehensive list of targets and achievements in 2008/09 and present performance in 2009/10 are in The Strategic Plan):

1. We will commission services and target funding to reduce health inequalities

We have invested £500,000 in two major schemes aimed at reducing admissions to hospital for alcohol misuse and an innovative health visiting service which is focussed on young mums in target areas.

We have also worked closely with the Torbay Council and other partners to establish a Neighbourhood Management Pathfinder in Hele.

2. We will commission services and target funding to increase life expectancy

The number of smokers who have quit after four weeks of attending an NHS Stop Smoking Service is above target.

3. We will provide you with firm foundations for enjoying good health

Numbers of infants being breast-fed at 6 – 8 weeks from birth are exceeding the target.

Access to Genito-Urinary Medicine clinics has been greatly improved.

The Care Trust has continued to meet increasing targets for Midwife visits at 12 weeks of pregnancy.

4. We will commission services that promote on-going well-being

Torbay Care Trust continues to offer Retinopathy screening to 100% of Diabetic patients. The Care Trust is also working with its provider to deliver the quality indicators as set out in the recent Quality Assurance review.

The number of Carers receiving needs assessment or review and a specific carer's service or advice/information has increased from last year.

5. We will remove unnecessary delays for services and treatment

Waiting times for elective surgery have never been lower.

Torbay Care Trust is leading the way on Cancer waiting times.

All ambulance response times' targets are being met.

6. You will always have the right to choose

Torbay Care Trust continues to be at the forefront of offering choice.

Ambitious target for home births is already better than target.

7. We will commission high quality and safe services

All targets for health care associated infections have been met.

8. We will improve care and services for older people

We have continued the achievement of the 7 working days target for delivery of equipment.

Torbay Care Trust continues to exceed targets for supporting people to live independently at home.

9. We will commission a wide range of care services

The 28 day target for first contact to completion of social care assessment is being met.

10. We will improve services for people who need mental health and learning disability services

All targets relating to helping adults to live at home are being achieved.

Commissioning of early intervention is more successful than ever before.

Commissioning of crisis resolution is achieving target.

6. Our priorities for 2010/11 are to continue the work we started in 2008/09 namely:

    - Improving services for people living with or caring for someone with dementia
    - Improve access to psychological therapies
    - Continuing our work to improve children's services
    - Working towards reducing health inequalities
    - Working towards increasing life expectancy by tackling the major killers i.e. cancer and cardio-vascular disease
    - Removing unnecessary waiting for specialist services
    - Improving end of life care
    - Improving the experience of those using the services we commission
    - Reducing teenage pregnancy
    - Providing support to people wishing to address risk taking behaviour (smoking, drugs, alcohol, access to GUM services)

National/NHSSW priorities

7. The Operating Framework for the NHS in England 2010/11 sets out the national requirements and priorities for the period 2010/11 and is based on the framework for Vital Signs developed by the Department of Health. In Torbay we will, of course, make sure that we deliver the existing commitments and Vital Signs will be the national performance measure of delivery. The indicators included in Vital Signs are split into three areas:

    - national requirements – Tier 1;
    - national priorities for local delivery –Tier 2;
    - local action – Tier 3.

8. Performance against the range of indicators in Vital Signs will be published annually, in order for the public to understand how Torbay Care Trust is performing. The **national requirements** and the existing commitments in Vital Signs are the national 'must dos'.

9. The **national priorities** are areas which require sustained attention from Primary Care Trusts, but there is a greater degree of local flexibility in how action is taken forward.

10. The **local actions** are the indicators which local commissioners can focus on and are therefore, our mechanism for monitoring how well we perform in achieving targets with our partners in Torbay Council.

11. A key priority for the South West Strategic Health Authority is to deliver The Strategic Framework for Improving Health in the South West 2008/09 to 2010/11 and eliminate variation to ensure that the whole population in the South West have access to high quality, personalised care irrespective of where they live.

12. In addition we are expected to deliver other, more locally challenging, stretch indicators(Vital Sign tier 3) which include:

    i. Achievement of CNST risk management standards.
    ii. Adults (18 and over) supported directly through social care to live independently at home.
    iii. Adults and older people receiving direct payments and/or individual budgets.
    iv. People with long-term conditions supported to be independent and in control of their condition.
    v. Timeliness of social care assessments & social care packages.
    vi. Hospital admissions for ambulatory care sensitive conditions, alcohol related harm.
    vii. Number of deaths occurring at home.

13. The national and local expectations in delivering "NHS 2010 – 2015: from good to great: Preventative, People Centred, Productive" can be summarised below.

14. As a result of the current economic downturn, the NHS faces the need for unprecedented levels of efficiency savings between 2011/12 and 2013/14, with an estimated NHS South West share of between £1.5 and £2.0 billion for this period.

15. Given the saving required, if the NHS South West is to continue to deliver high quality care in an environment with little or no growth and rapidly rising demand, significant cost reductions will be needed.

16. Quality is the organising principle of the NHS South West; outlined in The Strategic Framework for Improving Health in the South West 2008/09 to 2010/11. Measurable ambitions are contained in the Framework for delivering:

    - Improved population health
    - The highest possible standards of quality and safety
    - The efficient use of resources
    - Reduced harm, variation and waste.

17. The definition of quality in the NHS South West is:
    - Improving quality of care;
    - Encouraging innovation;
    - Improving productivity;
    - Renewing the focus on prevention;
    - Delivering cost reduction;
    - Ensuring tax payer value.

18. There are four key areas of focus over the next 12 months that will help to ensure that quality becomes embedded throughout the NHS South West. They are:
    - The monitoring and reporting of existing metrics and those developed in 2009/10;
    - Publication of quality accounts to be published at the end of the 2009/10 financial year and expanded into 2010/11;
    - Embedding the Quality Observatory in the South West;
    - Commissioning for Quality, Innovation and Productivity.

National priorities

19. The national health and social care priorities for the period can be summarised under the following headings:

    - delivery of the NHS Constitution Requirements;
    - ensure full registration with the Care Quality Commission;
    - improving access;
    - improving cleanliness and reducing Healthcare Associated Infections;
    - keeping adults and children well, improving their health and reducing by 2011 health inequalities;
    - patient experience, staff satisfaction and engagement;
    - emergency preparedness and pandemic flu preparedness in particular;

20. It is assumed that the priorities set out in the Operating Framework for the NHS in England 2009/10 have been delivered and sustained and in many cases our performance has exceeded the 2008/9 targets, e.g. reduced waiting times. This is the case for the majority however there are areas which cause us concern such as stroke services and delivering 18 weeks wait for orthopaedics. We continue to focus on these and plan to recover our performance and continue to improve during 2010/11.

21. Alongside the requirements and priorities detailed above, all NHS organisations are expected to sustain and improve upon the existing NHS Plan commitments and we are in a strong position to do this.

22. Maintaining financial health and ensuring all NHS organisations operate in recurrent balance throughout the year and deliver a year end surplus is a given.

Local priorities

23. In addition, we, like other organisations in NHS South West, will be expected to deliver other, more locally challenging, stretch indicators, which include:

    - Quality, Innovation, Prevention and Productivity (QIPP) – delivery of a programme linked to outliers in our benchmarking data;
    - moving towards a maximum waiting time in accident and emergency of two hours;
    - moving towards a maximum wait of eight weeks from Referral to Treatment time by March 2011 where clinically appropriate;
    - delivering as a minimum 13 weeks at speciality level at 90% for admitted pathways and 95% for non-admitted pathways;
    - eliminating ambulance handover delays to ensure that all patients are transferred within 15 minutes of arrival;
    - ensuring all patients are treated in a clinically appropriate timescale;
    - delivering a maximum wait of 18 weeks from Referral to Treatment time for all waits such as wheelchairs, therapies and disability products;
    - ensuring that the transition between health and social care is seamless;
    - further improving trauma care;
    - encourage innovation and improvement, including service redesign and implementation of new technologies;
    - deliver performance across all Vital Signs targets in the top quartile.

24. As part of our World Class Commissioning Assessment (2008/09) we were asked to identify 10 outcomes against which our performance would be nationally benchmarked. These are:

    - Reducing under 18 teenage conception rates
    - Increasing the number of smoking quitters
    - Reducing the number of alcohol related harm hospital admissions
    - Improving the % of patients seen in 11 and 8 weeks for admitted pathways
    - Improving the % of adults that live independently at home
    - Improving the level of self reported experience of patients and users
    - Improving the % of deaths that occur at home
    - Reducing the C Diff infection rate
    - Reducing health inequalities (national outcome measure)
    - Increasing life expectancy (national outcome measure)

25. For each of the targets set by NHS South West and our own local priorities, we have either set specific trajectories for monitoring improvement in performance or, where it has not been possible to do so, will build these trajectories during 2010/11.

Turning Promises into Action

Paragraph 5 details the progress we have made so far. The following are the actions we will take to deliver under each of our promises in 2010/11.

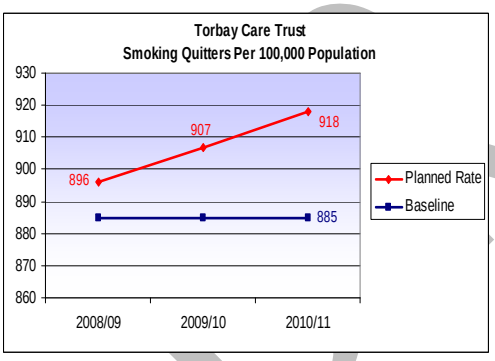
We will commission services and target funding to reduce health inequalities

Investment 2010/11 ?????

We will commission services and target funding to increase life expectancy

Investment 2010/11 ?????

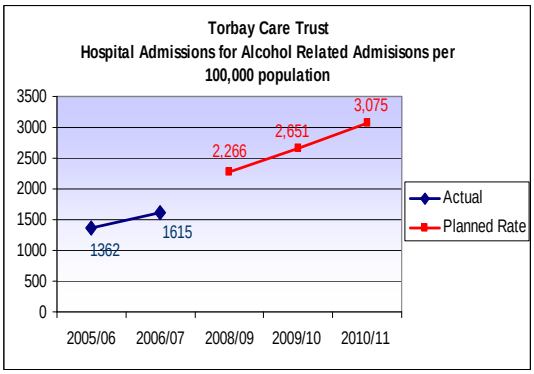
Increased the number of people that stop smoking



1. NICE guidelines implemented
2. Smoke Free Alliance
3. Local Enhanced Service for pharmacies reviewed
4. Smoking cessation advisor at the main Torbay Hospital site
5. Consider how the prescribing needs of smokers intending to quit can be better met
6. Targeted smoking cessation work i.e. routine and manual workers, families in deprived areas, pregnant smokers, especially younger mums, people with mental health problems and staff working with this group of patients, patients with chronic obstructive pulmonary disease (COPD), young people

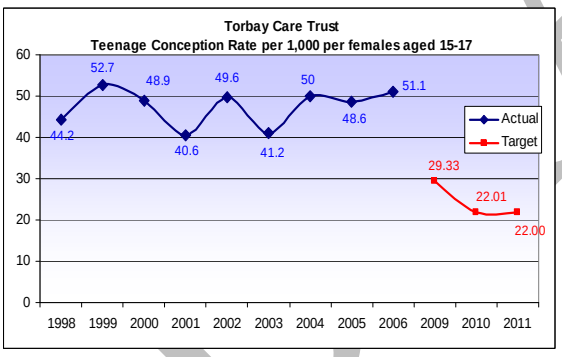
We have made good progress on the above long term target and will continue our work in 2010/11.

Reduced the number of people admitted to hospital as a result of alcohol



1. Continued to commission high quality alcohol treatment services
2. Continued marketing of our single point of access
3. Continued availability of web-based resources to members from our diverse communities including black, minority and ethnic community, people with learning difficulties and people whose first language is not English.
4. Maintained equitable access to Primary Care Services and strengthened early interventions and Harm Reduction messages
5. Continued training and education

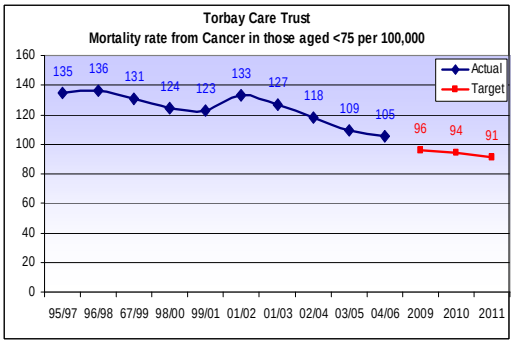
Reduced conception rate in women aged 15-17 years



1. Increased access to contraception through pharmacy schemes
2. Increased support services such as school nursing time
3. Rolled out condom card scheme
4. Focussed on high rate wards
5. Provided LARC
6. Social Marketing Officer in post

Work will continue in the above areas throughout 2010/11.

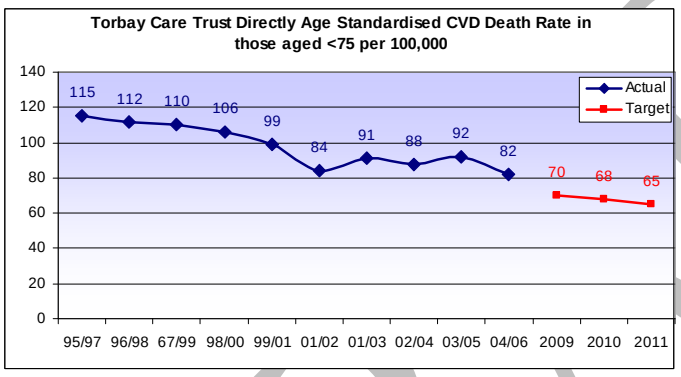
Cancer



To achieve a reduction in mortality a number of performance improvements will have been put in place

- Breast symptoms 2 week wait to see a professional
- Increase in smoking quitters
- Continued reduction in cancer waiting times

Cardio-vascular Disease (heart and stroke)



Performance improvements will have been put in place comprising

- Thrombolysis response times
- Provision of stroke units
- Smoking quitters
- Cardio-vascular screening implemented in primary care
- Primary angioplasty

Work will continue in the above areas throughout 2010/11.

We will provide you with firm foundations for enjoying good health
Investment 2010/11 ?????

In 2009/10 we said that success would look like the following:

	Delivered?		
	yes	**no**	**in progress**
1. Recommendations of Maternity Matters being implemented			
2. Improved breast feeding rates			
3. Child Health Strategy being implemented			
4. Safeguarding recommendations being implemented			
5. Model of intermediate care services provision for children developed and at the early stage of implementation			
6. Pathways implemented for ADHD/ASD, perinatal mental health problems, managing urinary tract infections, epilepsy and heart murmur			
7. Short breaks for children receiving respite care commissioned in partnership with Torbay Council			
8. Establish an Intensive Home Visiting service for children and families			
9. Full range of specialist community based child and adolescent mental health services			

Many of our work areas span more than one year, where we have stated that work is in progress we will continue in 2010/11and update as part of our continual programme of improvement.

In addition to the ongoing work above we will also measure success in 2010/11 by the following:

	Delivered?		
	yes	**no**	**in progress**
1. Implement the Children's and Young People's and Maternity NSF ahead of 2014			
2. Start to reverse the trend in childhood obesity			

We will commission services that promote ongoing well-being
Investment 2010/11 ?????

In 2009/10 we said that success would look like the following:

	Delivered?		
	yes	no	in progress
1. Clear pathways for acquired brain injury (ABI) and stroke services which encompasses a full range of support services developed			
2. NSFs being implemented			
3. 8 self-care programmes that we have developed through our Co-Creating Health project being delivered			
4. All people with a long-term condition will have an action plan that supports their self-management			
5. Each zone in our provider arm has a co-ordinated multi-disciplinary team approach for long-term conditions with a single point of access			
6. Reduction in the number of emergency bed days for people with long term conditions by 30% from the 2006/07 baseline by 31 March 2010			
7. Reducing emergency admissions as a result of a fall by 30% from the 2006/07 baseline by 31 March 2010 through effective falls and bone health prevention programmes			

Many of our work areas span more than one year, where we have stated that work is in progress we will continue in 2010/11and update as part of our continual programme of improvement.

In addition to the ongoing work above we will also measure success in 2010/11 by the following:

	Delivered?		
	yes	no	in progress
3. Working towards ensuring that people with diabetes will have improved blood glucose control: 70% with blood glucose levels (HbA1c) below 7.4% and 95% with blood glucose levels below 10% by 31 March 2011			
4. Working towards ensuring that people with diabetes will have improved blood pressure control: 80% with blood pressure of 145/85 or less by 31 March 2011			
5. Working towards ensuring that by 31 March 2011, at least 75% of people who have heart attack, bypass surgery or coronary angioplasty will receive cardiac rehabilitation			

6. Improve early diagnosis for people with epilepsy so that by 31 March 2011 90% of people with suspected epilepsy will have access to an outpatient appointment within two weeks of referral			
7. Increasing by 5% the percentage of carers of people with a long-term condition who have a carer assessment and support			

We will remove unnecessary delays for services and treatment
Investment 2010/11 ?????

In 2009/10 we said that success would look like the following:

	Delivered?		
	yes	no	in progress
1. Waiting times maintained at a maximum of 18 weeks for 90% of in-patients for all specialties by 31 March 2010*			Except for T&O
2. Waiting times maintained at a maximum of 18 weeks for 95% of out-patients for all specialties by 31 March 2010*			
3. Waiting times maintained at a maximum of 11 weeks for 85% of in-patients by 31 March 2010 (except trauma and orthopaedics)*			
4. Waiting times reduced to 8 weeks, where clinically appropriate*			
5. Reduced waiting times for services provided by Torbay Care Trust's provider arm (mainly in their podiatry service) to a maximum of 18 weeks for 90% of people by 31 March 2010			
6. Continued good access to GP, dental services and genito-urinary medicine services			Dental services outstanding
7. All patients with a fractured neck of femur operated on within 24 hours by 30 March 2010			
8. Implement the national cancer reform strategy			

Many of our work areas span more than one year, where we have stated that work is in progress we will continue in 2010/11and update as part of our continual programme of improvement.

* Exact waiting time arrangements are subject to further local discussion and contract negotiation but will exceed these aspirations.

In addition to the ongoing work above we will also measure success in 2010/11 by the following:

	Delivered?		
	yes	no	in progress
1. Able to book diagnostic test and treatments at a time and date convenient to the individual by 31 March 2011			
2. 90% of diagnostic tests will be carried out and the results available to the referrer within two weeks by 31 March 2011			
3. Many more procedures will be carried out as a day case or in line with best practice recommendations			

	of the British Association of Day Surgery by 31 March 2011			
4.	The number of out patient follow ups will be at the optimum level by 31 March 2011, and many outpatient appointments will take place in a local setting			
5.	Most people attending for urgent care will wait no more than two hours to have their treatment initiated by 31 March 2011			
6.	Most acute medical patients will have an assessment by an acute physician consultant within four hours of admission by 31 March 2011			

We will commission high quality and safe services

Self reported experience of patients and users
C Diff infection rate
Investment ????????

You will always have the **right to choose**

% of adults that live independently at home
Self reported experience of patients and users
% of deaths that occur at a place of choice
Investment ??????

In 2009/10 we said that success would look like the following:

	Delivered?		
	yes	no	in progress
Improve infection rates relating to C Diff and MRSA			

In addition to the ongoing work above we will also measure success in 2010/11 by the following:

	Delivered?		
	yes	no	in progress
1. By 31 March 2011 End of Life Care will be even better; people will have greater access the "basic building blocks" for effective care.			
2. By 31 March 2011 there will be a reduction in the hospital standardised mortality rate.			
3. We will continue to be in the top 10% for the cleanliness of our facilities			
4. We will reduce unnecessary referrals and unnecessary time in hospital			
5. We will continue to treat more patients "on the spot" rather than needing an ambulance journey to hospital			
6. We will continue to be cost effective with our prescribing			
7. Vulnerable children, adults and older people will have just one Common Assessment where necessary, by 31 March 2011			
8. We will implement the National Stroke Strategy by 31 March 2011			

We will **improve care and services for older people**

% of adults that live independently at home
Self reported experience of patients and users
% of deaths that occur at a place of choice
Investment 2010/11 ?????

You will always have the **right to choose**

% of adults that live independently at home
Self reported experience of patients and users
% of deaths that occur at a place of choice
Investment 2010/11 ?????

We will commission a wide range of **care services**

% of adults that live independently at home
Self reported experience of patients and users
% of deaths that occur at a place of choice
Investment 2010/11 ?????

In 2009/10 we said that success would look like the following:

	Delivered?		
	yes	**no**	**in progress**
1. Increased availability of 7 days a week services			
2. More care, treatment and diagnostic services at home supported by clinicians from both primary care (GP) and secondary care (hospital physicians)			
3. People returned home more quickly after a hospital admission			
4. Quicker access to equipment			
5. Technological support developed to support people living at home			
6. Implemented a programme to improve end of life care across the range of providers from which we commission			

Many of our work areas span more than one year, where we have stated that work is in progress we will continue in 2010/11and update as part of our continual programme of improvement.

In addition to the ongoing work above we will also measure success in 2010/11 by the following:

	Delivered?		
	yes	**no**	**in progress**
Evaluate and roll out our approach to Personalisation			
People at the end of their life are able to die in the place of their choice			

We will improve services for people who need mental health and learning disability services

% of adults that live independently at home
Self reported experience of patients and users
Investment 2010/11 ?????

In 2009/10 we said that success would look like the following:

	Delivered?		
	yes	no	in progress
1. Dementia drugs funded where there is an agreed pathway or national guidance from NICE			
2. Liaison psychiatry services in place			
3. A range of options for people with dementia in place			
4. Increased range of crisis and home treatment options			
5. Increased provision of intermediate care to people with dementia			
6. Dementia care workers working in primary care Integrated management for health and social care multidisciplinary specialist teams			
7. A new contract in place with private providers for day and respite care			
8. Ensure that everyone diagnosed with dementia to receive a care plan			
9. Upgraded ward at Torbay hospital to provide specialist inpatient accommodation for those with dementia needing a psychiatric hospital admission			
10. Exemplar pathways (care plans) developed including a more effective pathway for patients needing acute hospital care Improved access to psychological therapies			
11. Increased provision for SCG commissioned secure mental health placements			

Many of our work areas span more than one year, where we have stated that work is in progress we will continue in 2010/11and update as part of our continual programme of improvement.

In addition to the ongoing work above we will also measure success in 2010/11 by the following:

	Delivered?		
	yes	no	in progress
1. By 31 March 2011specialist community based eating disorder services will be available			
2. By 31 March we will have developed at least three best practice pathways for mental health with			

service user led outcomes in the commissioning requirements			
3. Implementation of the Learning Disability Strategy			
4. By March 2011 we will support people with a learning disability in NHS provided accommodation to be housed in accommodation of their choice			
5. The number of people with a learning disability who have access health screening will improve.			

Enabling Strategies

26. We have enabling strategies covering Workforce, IM&T and Estate that support the roll out and delivery of our initiatives. The following provides a summary of each of the areas.

Workforce

27. The Care Trust will be engaging with its providers to ensure and enable the development of a workforce that is re-designed around the service user taking account of their preferences by:

- Monitoring the capability and capacity of the workforce to provide the agreed service for the duration of the contract. This will be included as part of the contracting arrangements.
- Ensuring all providers have workforce plans in place that identify potential gaps in meeting demand over 3 – 5 years and actions to address.
- Leading the health and social care community in Torbay to develop a workforce that enables an integrated workforce to provide a seamless and efficient service along care pathways.
- Leading the health and social care community in Torbay in the development of workforce planning that informs education and training and supports newly qualified staff coming into employment.
- Work with the Torbay and Devon wide health and social care community to develop a more flexible and mobile workforce capable of transferring between employers.
- Work with the Torbay and Devon wide health and social care community to develop a productive and affordable workforce that increases productivity whilst maintaining security of employment.

IM&T

28. Our aim is to have the IT availability in the right place at the right time for the right reason, and have clarity around the benefits realised from the investment (could be invest to save). Within our local community we are proud to have already rolled out the Picture Archiving and Communication System (PACS), which also covers GP practices. In addition our full organisation uses NHS Mail as its email platform.

29. We have also achieved NHS Infrastructure Maturity Model Level 4 across the priority elements of the technical infrastructure (a summary will be included in the local IT planning document).

30. The work programme for 2010/11 is based on the Strategic Framework for Improving Health in the South West 2008/09 to 2010/11 taking into account both national and local priorities.

31. The national priorities contained in our work programme are:

- Achieve deployment of the summary care record

- Implement electronic prescription release 2 within GP practices and pharmacies
- Complete implementation of Pseudonymisation
- Achieve full use of the NHS number in all systems and communications holding patient data
- We will have achieved at least level three for the key indicators in Choose and Book to ensure slot unavailability is addressed
- We will extend the use of Map of Medicine
- We will ensure level 2 of the Information Governance (IG) Toolkit to include encryption and security of data
- We will continue to roll out our use of Telehealth and Telecare with a number of clients using equipment within their homes. Our Community Alarm Centre and Community equipment store are operational and an online catalogue will be available on the intranet for all staff as a requisition system

32. Locally our vision is to maximise the use of Sharepoint as a platform and this will enable us to be innovative and versatile with our information and technology requirements in the future providing the basis for eth QIPP agenda. The local priorities contained in our work programme are:

- Intranet/internet/extranet developments which will encourage personal self care
- Implementation of Document Management Systems
- Use business intelligence to enable information at real time
- Use of Performance Point
- Integration of services by using IT infrastructure and the network layout to include data and voice. This joins up services to provide quality care when required

Estate

33. The Care Trust has been able to upgrade and develop its estate in recent years to address backlog maintenance and enable the co location of a number of zone based teams across the Bay.

34. 2010/11 will see the completion of the Brixham Hospital (old site) refurbishment and the development of a longer term plan for Brixham; the progression of plans for GP relocations into Healthy Living Centres at Clennon Valley and Torquay; and a GP merger and relocation in Paignton amongst other schemes.

35. The Trust is managing these developments in harmony with the redevelopment of the Acute Hospital site.

36. The plans will be constrained by the reducing capital funding identified where annual allocations of around £2m in recent years are reduced to just over £1m in 2010/11 and will reduce further thereafter. However we are still able to progress the ongoing improvement and eradication of backlog maintenance as we maximise the quality, efficiency and effective of our limited community infrastructure.

37. A summary of the funding assuming a scenario of existing funding levels is as follows:

	2010/11	2011/12	2012/13	2013/14
Estates (000's)	£863	£418	£418	£418
IM&T (000's)	£437	£208	£208	£208
Total (000's)	£1,300	£626	£626	£626

Business Planning Process

38. The LDP process is the NHS annual business planning round which seeks to ensure that all national and local targets are delivered within a balanced budget. The Care Trust conducts this in parallel with its adult social care planning process.

39. The financial position for 2010/11 is expected to be challenging due to issues mentioned in the finance section and for this reason the Commissioning Team have developed a process whereby the risk and issues linked to expenditure and delivery of targets have been identified. We are currently in the process of validation and scoping the scale of the issues with the expectation that services manage within current allocations. Once complete this process will identify the pressure areas and we will be clear about the impact of decisions we make.

40. Practice Base Commissioners are an integral part of our processes to identify and prioritise the issues.

41. In all our redesign work it will be expected that any solutions will cost less than the current pathway and clear evidence of this will be required. Where additional funding has been requested it is expected that this would be along the lines of "invest to save" and on a non recurrent basis, i.e. pump-priming funding being made available to set up services that would reduce secondary care demand. The benefits realisation will be monitored closely to ensure that they are realised within the timescales expected.

42. Each Directorate within the Care Trust has been asked to identify its pressures, priorities and opportunities which would require further investment during 2010/11. These pressures, priorities and opportunities have been reviewed by the Executive Management Team of the Care Trust. We are now at the stage of consulting on our plans with a wide range of stakeholders, not least our GPs who are developing as Practice Based Commissioners. Our PBC Consortium's Commissioning Plan will develop and finalise in parallel with the LDP process.

43. During the summer of 2008, we consulted widely on priorities for future investment. Our engagement work throughout 2009 validates these areas as continued priorities. The results of this consultation showed that the public and our Board wanted us to:

    - target resources at services for children
    - actively work to tackle risk taking behaviour with young people by promoting sexual health services and preventing drug and alcohol misuse
    - continue to reduce waiting times for a range of specialist services
    - continue to improve services for older people, those with a mental health problem and people with a learning disability
    - reduce health inequalities
    - target investment into particular wards/geographical areas.

44. Therefore, any new investment for 2010/11 will be targeted at these areas.

Finance

45. Our Medium Term Financial Plan (MTFP) is driven by and demonstrates alignment with the strategic plan with financial investment decisions in line with National Targets and Priorities augmented by local demographic, public health and inequality issues for Torbay.

46. The key assumptions regarding funding allocations and growth are in line with Strategic Health Authority guidelines which confirm growth at 5.5% for 2010/11 but with a significant reduction in future growth to 'flat real' (ie inflationary only) which limits our capacity for additional investments.

47. We have delivered a net operating surplus in each year as well as achieving each of our other statutory duties in relation to our cash and capital resource limits and provider full cost recovery.

48. The surplus for 2009-10 was as predicted, in line with our Strategic Health Authority target and together with another £2m lodged with the Strategic Health Authority underpins our plans in 2010/11.

49. Plans and budgets for 2010-11 are set in accordance with our duty to deliver a surplus (agreed at £2.5m), contribute to the SIF, hold a contingency and create 1% 'headroom' all as set out within the Operating Framework.

50. The best case scenario assumes that after 2010/11, growth is limited to general inflationary pressures. Whilst our worse case scenario assumes a 'Flat Cash' position i.e. no increase to baseline funding from one year to the next. Each year assumes we continue to deliver surpluses and maintain a level of contingency whilst increasing headroom.

51. The Flat Cash assumption poses a significant challenge to delivering a sustainable financial plan. Measures to address this gap need to be aligned with the priorities and intentions of this Strategic Plan as well as emerging national parameters.

52. Whilst this seems plausible the risks to delivering a balanced plan and maintaining momentum and performance are significant. Financial pressures are anticipated in emergency activity and GP referrals with an associated increase in secondary and specialist care costs; adult Social Care growth as the number and complexity of our elderly and vulnerable residents increases; and the challenge of meeting significant savings and service redesign efficiencies.

53. We have submitted our finance plan under separate cover. We have planned our CRES at 3.5% in 2010/11 increasing to 4.5% thereafter.

54. Torbay Care Trust budget has been significantly below its 'target allocation' which means that historically we have received more generous growth than other PCT's. The current funding regime allows no such progression.

Fulfilling Our Co-ordinating Commissioner Role

55. Torbay Care Trust is the Co-ordinating Commissioner for South Devon Healthcare NHS Foundation Trust and South Western Ambulance Services NHS Trust. This section of this document describes the operational plans for each of these organisations from 2010/11 onwards.

SOUTH DEVON HEALTHCARE NHS FOUNDATION TRUST

Capacity Plan Overview

56. We are currently working on the following activity assumptions with the FT. *At this stage of the contract development the percentages shown are average increases and do not include initiatives that may impact on growth rates:*

First outpatients	6.5%
Follow-up outpatients	5.5%
First cost and volume	14.9%
Follow-up cost and volume	0.5%
Elective in-patients	1.2%
Elective day-cases	4.0%
IP & DC cost and volume	2.0%
A&E	2.2%
Non-electives	2.0%

57. Detailed work is underway to assess the potential to achieve 8 weeks RTT in a significant number of specialties by March 2010. This requires whole system changes and improvement rather than simple purchasing of elective capacity. March 2010 achievement of 8 weeks RTT will be at least 15% ahead of March 2009 outturn achievement of 8 week RTT.

Contract Setting and Reporting

58. The updated NHS Acute Services Contract will be utilised with SDHFT for the 2010/11 contracting period with the expectation that confirmation will be given by 15th March 2010 on contact sign off. Commissioners and providers will jointly agree the most appropriate contract mechanism for the local health community. Contract monitoring will continual to be collectively discussed at monthly Performance & Contracting meetings.

Operational plan

59. SDHFT'S Operational Plan will be available shortly.

60. We are continuing to maintain a maximum waiting time from referral to treatment of 18 weeks and continue to work to maintaining the 11 weeks referral to treatment target achieved in March 2009. We are planning to achieve a maximum waiting time of 8 weeks for 85% of patients in yet to be specified specialties (subject to further discussions about waiting time achievement).

61. SDHFT is in the top quartile for day case and length of stay performance nationally. We are commissioning to improve performance further still during 2010/11.

62. The direction of travel for the Trust is to continue providing safer care. The development proposals from the trust focus on three main themes:

- Improving patient experience
- Improving the assessment process
- Speeding up decision making

63. The Trust intends to implement both the Cancer Reform Strategy and the Stroke Strategy by 2011.

64. The Trust will continue to work in partnership with its commissioners and other providers to:

- Further reduce the rates of healthcare acquired infection
- Provide improved information for patients and referrers to ensure patients are seen in the right place at the right time
- Improve care in the community to ensure people can be treated in and returned to the community as soon as possible after necessary acute hospital treatment
- Develop medium and long term plans for improving the hospital facilities in south Devon

65. We will work towards steadily increasing the percentage of patients waiting less than 2 hours in A&E.

66. CQUIN schemes are likely to include achieving best practice with reference to:
    - Managing patients' medicines after discharge from hospital (Care Quality Commission National Study, October 2009)
    - The Ten High Impact Changes for Nurses and Midwives.

Finance

67. We are still negotiating our contract with SDHFT. The current parameters are uplifted for inflation at 3.5%, less 3.5% CRES. A handling strategy for HRG4 will be worked through as part of our contract negotiation.

Performance Monitoring

68. We meet with SDHFT and all other providers for a Performance and Contracting meeting monthly. Quality monitoring is part of the standard agenda for this meeting and supplemented by other quality development meetings. We produce robust information before each meeting which allows us to target areas by exception and ask the Trust to produce measurable action plans for achievement. We also meet weekly with the Trust for key pressure areas.

SOUTH WESTERN AMBULANCE SERVICES NHS TRUST

68. Torbay Care Trust is the lead commissioner for SWAST on behalf of the PCTs across four counties. The updated NHS Standard Ambulance Services Contract (multilateral version) will be implemented for the 2010/11 contracting period based on a block arrangement with recognition for activity growth and delivery of a Cash Releasing Efficiency Programme of 3.5%.The contract will recognise and collectively support SWAST as a high performing ambulance trust whilst balancing the financial constraints across the whole health community. As per the Local Operating Framework, confirmation will be given by 15th March 2010 on contact sign off. Contract monitoring will continual to be collectively discussed at monthly Performance & Contracting meetings.

69. 2010/11 is a significant year for SWAST as they aim to be one of the first ambulance Trusts to achieve Foundation Trust status. The rigour and diligence of the application process will enable the wider health community to have assurance with their financial and strategic plans. SWAST's Operational Plan will be available shortly.

70. The Nationally specified targets are;
    - Appropriate response / vehicle attending at a location of a patient;
    - Category A calls – 75% within 8 minutes and 95% within 19 minutes
    - Category B calls – 95% within 19 minutes
    - Thrombolysis "call to needle" of at least 68% within 60 minutes, where thrombolysis is the preferred local treatment for heart attack;
    - Satisfaction of the Provider's obligations under each Handover Plan.

71. During 2009/10 SWAST have demonstrated excellent performance against targets and are nationally, one of the top performing ambulances Trusts.

72. CQUIN schemes are likely to include;
    - Implementation of NHS Pathways (assessment tool for the front end of emergency and urgent care) which will provide numerous benefits including reduced ambulance activations and directing to alternative pathways of care. This development is dependent on implementation across PCTs of Capacity Management System and development of subsequent Directory of Services. Benefits for SWAST would be realised across both A&E and Urgent Care services. NHS Pathways is supported by the DH as part urgent and emergency care developments including development of single point of contact and elimination of B19 standard.
    - Reduction of category 'C' calls by assisting PCTs to understand and manage localities with abnormal demand with a particular focus on the management of 'falls' patients.
    - Further movement towards the achievement of National Standards (A&B) by PCTs.

73. During 09/10 SWAST have been incentivised to maintain, as a minimum, conveyance rates. This level of performance is now expected to be continually reached until the implementation of NHS Pathways at which point a step change should be realised.

74. Pathway developments for PPCI and stroke patients are expected to be implemented without further additional investment to SWAST by PCTs.

75. A new group will be established to focus on service development and improvement and will pull together key streams of work and help to roll out best practice including learning from local Emergency Care Networks. Initial programme will include analysis as suggested by the DH 'Tackling demand together, a toolkit for improving urgent and emergency care', and mechanisms for achieving handovers within 15 minutes. The group will report to the monthly Performance and Contracting group.

DEVON PARTNERSHIP NHS TRUST

Capacity Plan Overview

76. NHS Devon is the lead commissioner for Devon Partnership Trust, we work closely with them to ensure that relevant services are commissioned for the people of Torbay. Devon Partnership Trust is developing an Operational and Capacity Plans with Commissioners, some aspects of the plan will be dependent upon contractual negotiations with NHS Devon as lead commissioner, along with Torbay.

77. In recognition of recent contract guidance in relation to the new Standard contract for Learning Disability and Mental Health services, areas related to CQUIN must be agreed with NHS Devon and applied to the shared contract with DPT.

78. Specialist services provider by DPT will be subject to the same contractual arrangements, along with associate commissioners and the Specialist commissioning group. A good basis for commissioning specialist Mental Health and Learning disability services in the Peninsular in 2009/10 will be continued with our full participation and support.

79. Clear priorities for development in 2010/11will include the following;-

- Improving access to Psychological therapies-building on the excellent start made in 2009/10 we aim to complete investment in the initiative in order to meet referral demands.

- Implementation of the Dementia strategy, including ongoing support to the peer support project long with the Alzheimer's Society.

- Shared work with NHS Devon in full implementation of Liaison Psychiatry Service in Torbay Hospital in 2010/11.

- Piloting health individual budgets for a number of people who have a mental health need. This work will be cited in the recovery and independence part of the Mental Health Pathway.

- Review of inpatient and community services for people who have a learning disability in our population, led by the Learning disability Program Board.

- Consolidation of the Health Action Planning arrangements for adults with a Learning Disability, and ongoing involvement and support of mainstream cancer screening programmes by specialist learning disability staff, in order to improve access to services and early diagnosis of breast and cervical cancer.

- Improvement in data quality by DPT in order to meet commissioner requirements, including the full integration of all social care performance indicators in the performance monitoring arrangements. New clauses in the contract will be utilised to ensure full delivery of required data.

TORBAY CARE TRUST PROVIDER ARM

Capacity Plan Overview

80. The current activity levels, trends and projections for the next 4 years are being examined. This will allow the Care Trust to determine capacity plans for 2010/11. The uplift for 2010/11 is being considered currently but it is likely to be 0% with an additional 1.5% for CQUIN. The Community Contract for 2010/11 is under development and will be signed-off by 27 February 2010. The priorities for review are being considered through the Care Trust Commissioning Board. This prioritisation process will lead to a rationalisation of projects across the organisation and adequate resource allocation for the priority projects.

81. CQUIN schemes are likely to include achieving best practice with reference to:
    - Managing patients' medicines after discharge from hospital (Care Quality Commission National Study, October 2009)
    - The Ten High Impact Changes for Nurses and Midwives

Appendix – FIMS Return