

MIDDLESBROUGH PCT

Healthcare Commission Process Briefing 2008 – 2009 for Middlesbrough Health Scrutiny Panel 26th Feb 2009

1. Introduction

The purpose of this paper is to inform the Health Scrutiny Panel of the process that Middlesbrough Primary Care Trust has undertaken regarding the Standards for Better Health (S4BH) declaration to the Healthcare Commission for 2008/2009.

As requested by the panel the paper first gives an overview of the process to ensure preparation for the declaration, then goes on to provide more detailed information on the impact patient experience work is having on how the PCT commissions services and how it is utilising reliable and recently gathered intelligence to inform its commissioning decisions and finally a brief individual summary of the 7 S4BH domains is provided.

2. S4BH Declaration Process

As in previous years the following process has been undertaken by Middlesbrough PCT to prepare for the S4BH submission element of the Annual Health Check.

- A computer based performance management tool has been utilised for monitoring action plans, recording compliance & as a repository for evidence.
- Lead Directors and Owners have been identified for all core standards.
- Action plans developed for each core standard where necessary.
- Development of a work programme to monitor progress.
- Standards for Better Health Challenge Panels to provide a forum for reviewing identified standards with the Lead Director and Owner to challenge evidence submitted and identify any gaps where further action is required.
- Submission of regular reports to Governance Committee to provide assurance on progress.
- Assessment of the PCT process and detailed review of 2 areas by Internal Audit.

Although Middlesbrough PCT is proposing to declare compliance for 2008/2009 as a Commissioning PCT as the provider services are now delivered by Middlesbrough, Redcar & Cleveland Community Services which is aligned to Redcar & Cleveland PCT, the process above has been applied to both PCTs and has provided assurance regarding compliance with all the standards that apply to Commissioning and Provider PCTs..

3. Patient Experience and Commissioning

Along with the other 3 Tees PCTs the Middlesbrough PCTs vision is simple, it is ***“that the people of Teesside live longer, healthier lives”***. This will mean significant changes in investment profiles, with a strategic shift of resources from providing healthcare to supporting people to stay healthy for longer.

The Panel requested specific information relating to patient experience and the commissioning process which is outlined below.

3.1 Patient Experience

Following a formal 13 week consultation with local stakeholders, patients and members of the public, from 5 May to 1 August 2008, on 'Improving Access and Choice in Primary Care Services' noting the feedback from consultation and the results of national surveys, the PCT Board agreed to proceed with the procurement of an additional GP Practice in Hemlington and a GP led health centre in North Ormesby.

However, although not part of the initial proposals as part of the formal consultation a need for additional primary care provision in the East of Middlesbrough was identified. In responding to the views of local people, including the Overview and Scrutiny Committee (OSC), the decision was taken by the PCT Board to procure a further additional GP Practice for East Middlesbrough. As a result of this the PCT is to commission a new GP Practice to serve East Middlesbrough.

The results of the formal consultation and of further involvement activity carried out following this has also influenced the service design for the Practice.

To build upon the data collected during the above formal consultation, and in order to ensure that the new Practice meets local needs, during November 2008, the PCT invited local people's views on:

- How can we ensure that the GP Practice best serves the local community?
- What issues do we need to consider in establishing the new GP Practice?

Survey activity to record views around the Community Based Arrhythmia Service and Alcohol Support Services has been undertaken. The results are currently being analysed and a report is to be prepared which will inform the future commissioning of services.

In addition to the above, the Patient Participation Officer (PPO) has been working to establish lasting relationships within the community from the 6 Diversity Strands- Age, Disability, Faith and Belief, Gender, Race and Sexual Orientation- to increase participation from these groups in relation to services that the PCT commission.

We are developing a Patient Experience Stakeholder Database of interested individuals and groups (membership currently stands at around 200) which we aim to use as a means of obtaining information about the services that we provide. We would like to expand this database to ensure that we include all types of people from across the 6 Diversity Strands to ensure that the information we are getting is not excluding anyone from putting their opinion forward.

During January 2009 the PPO has visited various voluntary groups, organisations and agencies including council officers and group leaders to gain some background information about the groups and to find out how they feel they are able to influence services in the NHS in their local area.

The Health Systems Reform Teams also encourage patient and public involvement on the groups reviewing service pathways and National Service Framework Implementation teams.

3.2 Commissioning

The Joint Strategic Needs Assessments (JSNA) undertaken in 2009 demonstrated that for the Middlesbrough Local Authority area along with the other 3 Tees PCTs cardiovascular disease (CVD) is by far the most significant disease in terms of excess mortality. The three main areas that contribute to the CVD mortality are coronary heart disease, diabetes and stroke. By using this overarching metric the PCT will determine local strategies and measures for improving the prevention of these diseases, improving the detection of these diseases, improving the treatment of these diseases, improving access to services for these diseases to patients and improving rehabilitation services for patients. This will be done in a systematic fashion that ensures equal and fair access for all patients. It is only by taking such a rigorous approach from prevention through to patients with acute needs and rehabilitation needs that we will finally reduce health inequalities in terms of access and in terms of outcomes through reducing mortality and increasing life expectancy.

The JSNA for the Local Authority included detailed analysis of the inequalities not just within Middlesbrough itself but within each of the 4 Tees Local Authority areas and the national average. These documents utilise very recently published tools from the Department of Health Inequalities Unit allowing us to estimate the contribution various disease groups make to the gaps in life expectancy for both men and women between each Local authority and the national average. These tools also allow us to make internal comparisons within each Local Authority. Using this public health intelligence enables the PCTs to prioritise its investments based on the needs of the area.

Childhood obesity is another area where in recent years there has been a well documented inexorable rise in levels of childhood obesity and this is now a regular feature of media interest. For three years the PCT has been collecting good quality information on the heights and weights of children in reception and year six at primary school. Approximately one child in three at age eleven (year six) across Teesside is either overweight or obese and it is vital for the health of future generations that we halt this rise and reduce this problem in future. This features as a major priority in the Local Area Agreements for each of the Local Authorities on Teesside and three of the four PCTs have included obesity rates at year six as one of their metrics that in particular will require excellent partnership work to make progress.

In order to ensure the PCT continues to base its commissioning decisions on reliable intelligence, the Tees PCTs will continue to utilise the public health intelligence team and will supplement this with the a strategic intelligence function that will gather information from other sources and triangulate it with other available data to enable the PCTs to meet the challenges faced in delivering our strategies and meeting the World Class Commissioning competencies and governance arrangements.

The PCT completed a self assessment against the 11 World Class Commissioning competencies in November 2008. The Patient and Public Involvement and Commissioning competencies and the PCT commentary relating to each is outlined below;

- Proactively build continuous and meaningful engagement with the public and patients to shape services and improve health

Commentary: There is a lack of confidence that stakeholders will agree that PCT has shaped health opinions; the population agrees the NHS listens and that it initiates improvements following feedback.

- Work collaboratively with community partners to commission services that optimise health gains and reduce health inequalities

Commentary: This is considered to be an area of relative strength but there is a need to improve some aspects, particularly the involvement of PBC groups.

It is anticipated that the PCT will receive a report from the Strategic Health Authority by the end of February 2009 regarding the WCC assessment and an action plan will then be developed to take forward areas for improvement to ensure the PCT functions as a World Class Commissioner.

4. Summary of the 7 S4BH Domains

4.1 Safety

Middlesbrough PCT has been involved in the ongoing Patient Safety Strategic Framework work which is been led by the Strategic Health Authority.

Following the report into Baby P the Child Protection Lead is working with colleagues to review the recommendations and identify any lessons that can be learned and applied locally.

The PCT had a hygiene code inspection visit from the HCC in Dec 2008, initial feedback has been positive and the full report should be available to the PCT in the near future.

4.2 Clinical & Cost Effectiveness

The PCT has a comprehensive clinical audit plan for provider services and GP Practices, promotes clinical leadership and involvement of staff in audit and continues to review and implement evidence based guidance where relevant.

4.3 Governance

The PCT continues to apply robust governance arrangements to all areas of its business and this is monitored through the Board Assurance Framework. In November 2008 the PCT completed a World Class Commissioning self assessment which included the Governance competencies and the final report from the Strategic health Authority is expected by the end of February 2009.

4.4 Patient Focus Domain

The PCT has processes in place to ensure patients are treated with dignity and respect, receive appropriate information in relation to their care and treatments and written consent is obtained when necessary. A comprehensive complaints procedure is in place and this is publicised throughout the organisation. Work is ongoing with regard to ensuring patient information is handled safely and securely.

4.5 Accessible and Responsive Care

At the request of the Health Scrutiny Panel this has been addressed in more detail in section 3.

4.6 Care, Environment & Amenities

Risk management systems are in place to ensure that risk assessments are undertaken to identify health & safety, fire and security risks and control measures are put in place to mitigate any risks identified. This enables the PCT to maintain a safe secure environment for all staff, patients, visitors and contractors that use its premises.

4.7 Public Health

Emergency planning processes are in place to ensure the PCT is in a position to respond in the event of a major incident. The PCT has continued to work with other organisations in the area to develop plans, ensure staff are appropriately trained and has participated in multi agency emergency planning exercises.

At the request of the Health Scrutiny Panel other areas of the Public health Domain are addressed in more detail section 3 patient experience & commissioning.

5. Summary

A rigorous process as in previous years has been applied, no significant lapses have been identified to date and we anticipate declaring full compliance with all the core standards by April 2009

Importantly, our performance assures our stakeholders that we are still providing a safe, high quality service to our patient population

The PCT would welcome contribution from the Health Scrutiny Panel to the PCT S4BH declaration for 2008/2009.

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