NHS Derby City and NHS Derbyshire County

Derbyshire Cluster Legacy Document

NHS Derby City and
NHS Derbyshire County Cluster

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1. INTRODUCTION

1.1 Derbyshire Cluster Legacy Document

The Derbyshire Cluster, comprising NHS Derby City and NHS Derbyshire County, has produced this legacy document in line with requirements outlined in the publication by the National Quality Board *'Maintaining and Improving Quality during Transition; Safety, Effectiveness, Part One 2011-12' March 2011.*

Legacy documentation aims to facilitate robust handover arrangements during the transition of commissioning organisations and will highlight known risks associated with the changes. The documents will support the effective capture and transfer of organisational memory and have been developed using the principles identified to underpin all legacy documents in the East Midlands.

This document does not attempt to be a comprehensive directory of information about the Derbyshire health system. It aims to highlight key issues around transition, signpost to supporting documentation and emerging plans and provide assurances around the controls operating to mitigate risk. It should be read in conjunction with "2012/13 Derbyshire Integrated System Plan" which is available through the Library of Knowledge or the following link:
http://www.derbycitypct.nhs.uk/documents-downloads/corporate-documents/

This Legacy Document will also be supplemented by the guidance in the *"NHS Transactions Manual addendum October 2010 - Due Diligence – A Good Practice Guide to Effective NHS Handovers"* and its implementation by the Cluster. The full addendum can be found in the Library of Knowledge:
http://share.derbycity.nhs.uk/sites/lok/Derbyshire%20PCT%20Cluster/Forms/AllItems.aspx

Separate legacy statements for each of the statutory PCTs were compiled up to December 2011. These were approved by the Cluster Board, were subject to Strategic Health Authority, Care Quality Commission and Monitor scrutiny and have been shared with key stakeholders. They are attached as Appendices to this document. From January 2012 all legacy issues are addressed in a Cluster-wide approach. This reflects the integrated working arrangements under the shared operating model which has existed since April 2011, and the development of emerging Clinical Commissioning Groups (CCGs) which cover both City and County areas.

Preparation of this Legacy document has been led by the Deputy Chief Executive, supported by the Associate Director of Corporate Governance with input from across the range of Cluster functions and the full support of the Board. Stakeholder engagement has already started with both Local Authority Overview and Scrutiny Committees having received the draft documentation and will develop further during 2013.

A Library of Knowledge has been set up and acts as a depository for key documentation relating to PCTs' operations. This transfer of underpinning systems and local knowledge is seen as vital for maintaining safety at several key stages of

the transition. The Library will therefore be routinely updated as we progress through transition.

Although the constituent PCT legacy documents, and in particular the source documents in the library, will be an important resource, the Derbyshire Cluster is fortunate in retaining significant continuity and organisational memory during the transition. In addition to the clinical and related providers who remain in primary and secondary care, the Chair and Chief Executive come from NHS Derby City and NHS Derbyshire County respectively, cluster directors come from both of the PCTs; and the Chief Operating Officers and their immediate reports in the clinical commissioning consortia have all come from one or other of the Derbyshire PCTs.

1.2 Updating the Derbyshire Cluster Legacy Document

This Cluster Legacy document will be routinely reviewed and updated in the period prior to the demise of the current statutory PCTs in April 2013. As the transition progresses and systems become embedded in the new commissioning landscape the Legacy Document will increasingly "signpost" to the new systems. The Library of Knowledge is being further developed to support the Cluster level documentation.

1.3 Scope of the Document

The Cluster Legacy document does not in itself attempt to mitigate all risks of transition, but contributes to a number of mitigating strategies as identified in the National Quality Board's Report, including (but not exclusively):

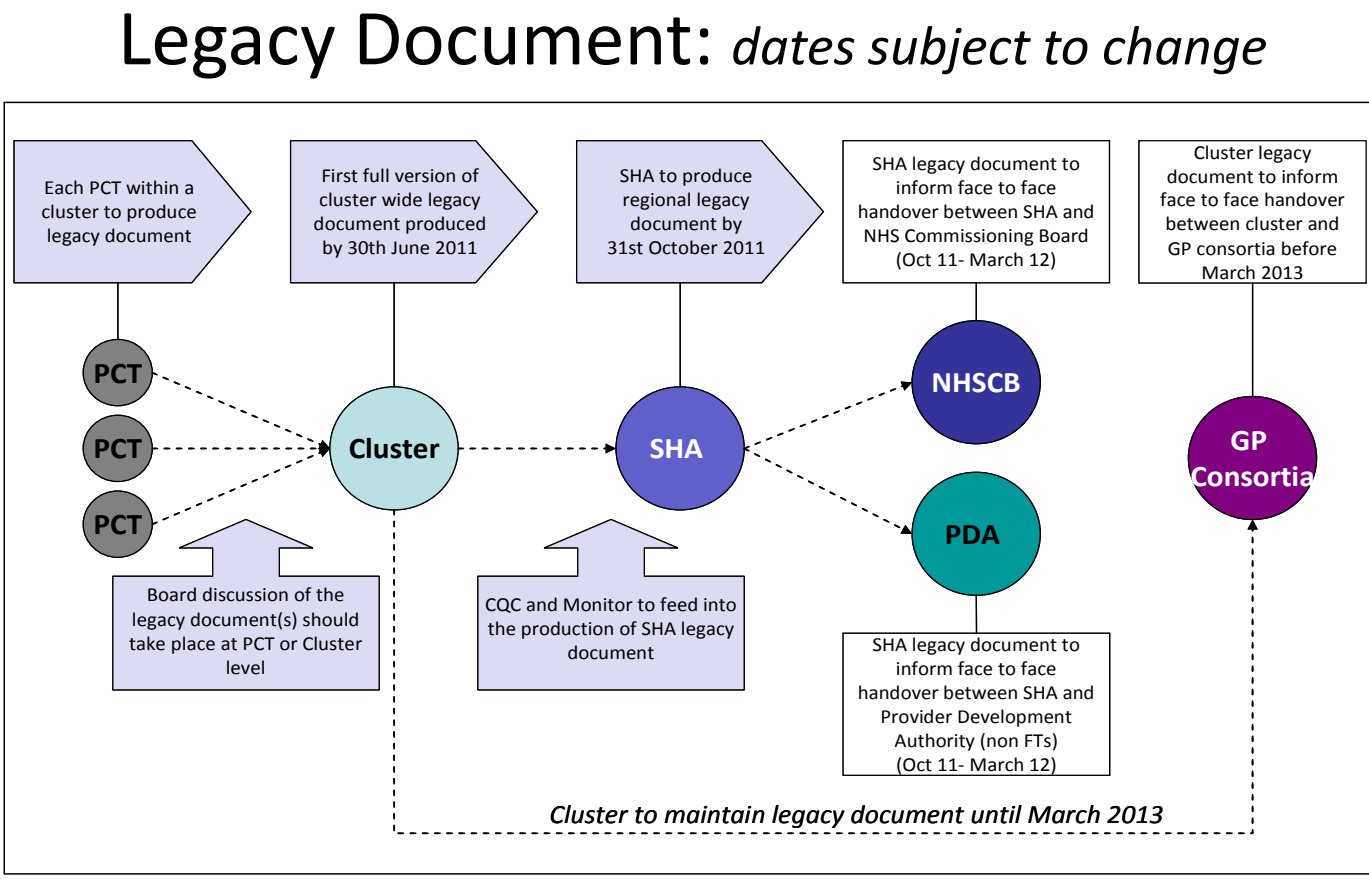
- Face to face verbal briefings between incoming and out-going teams
- Appropriate alignment of staff according to their current and future roles
- Parallel working throughout the transition period to new commissioning organisations
- Incoming team reviews historical data during handover
- Read-back to ensure that information is correctly received
- Unambiguous transfer of responsibility, through a managed process
- Due diligence

1.4 Openness and Transparency

The PCT Cluster Legacy document has been compiled in the best spirit of openness and accountability and is a public document. A large majority of the business of the organisation is transacted in public.

However the Cluster Board has approved in principle the items which it has deemed appropriate are not handed over in public documentation and these are largely those matters which are exempt from disclosure under the Freedom of Information Act. The Cluster will maintain a log of confidential issues which will be passed on to successor organisations as necessary and appropriate (see Section 13).

Figure 1: Development of the Legacy Document



2. DESCRIPTION OF THE PATCH

Derbyshire Cluster is made up of 2 statutory PCTs; Derbyshire County PCT and Derby City PCT. The geography, demographics, health characteristics and challenges are covered in the separate PCT documents, Appendices 2 and 3, to this document or via the following link:
http://www.derbycitypct.nhs.uk/about-us/board/dec-2011.aspx

Health need in Derbyshire is currently described in the two upper tier local authority joint strategic needs assessments (JSNA) see Library of Knowledge.

A fuller description of the health needs of Derby City and Derbyshire County can be found in earlier versions of this legacy document, available on request or through the Library of Knowledge.

In summary for Derby City:

The city has a relatively deprived and growing population.

It is changing in terms of both its population size and make up.

Almost half (48%) of the city's population is estimated to be aged under 35.

The population aged 85 and over, however, is projected to be 40% larger by 2020 than in 2008.

The city is very diverse with an estimated 182 nationalities represented in the city speaking 72 different languages.

Asian residents form the largest minority ethnic grouping representing over 10% of the population.

The health needs of the city's population are therefore diverse and changing.

Being a city, Derby unsurprisingly has higher levels of health need and poorer outcomes across a range of issues than the national picture although is largely similar to comparative cities.

Wide variations remain in terms of deprivation and health outcomes.

In summary for Derbyshire County:

Derbyshire County has a very different population and make up to the city.

It is predominantly rural with some specific communities with specific needs, such as hill farmers in the high peak.

There are challenges of rural deprivation in relation to access and delivery of high quality care.

The county also has an aging population with some areas having an above average ratio of older people to working age population.

Health status in Derbyshire is generally similar to, or a little better than the regional and national averages.

Wide variations remain in terms of deprivation and health outcomes.

The 2012/13 Derbyshire Integrated System Plan outlines the plans in place across the health system to address priority areas across the Cluster.

3. SERVICES COMMISSIONED

Health Services for the people of Derbyshire are commissioned from a large number of providers across a range of sectors including;

- Acute Care providers, both from within Derbyshire and in surrounding areas
- Community service providers
- Primary Care service providers
- Mental Health service provides
- Specialist service providers
- Voluntary sector providers
- Other

The Cluster has lead commissioner responsibilities for a number of contracts, whilst for other contracts a position of Associate Commissioner is held, working collaboratively with other commissioners across Derbyshire CCGs and more widely. During the current transition phase appropriate delegated authority for commissioning and contracting, including allocation of budgets, has been given to the identified CCG. For those commissioning responsibilities which are expected to transfer to the NHS Commissioning Board, the Cluster is retaining oversight of arrangements prior to the NHSCB establishment.

Table 1: Summary of lead and associate commissioning arrangements:

	Sector	**Contract**	Total contract value 2011/12	Lead CCG & COO
			£'000	
NHS	General & Acute	Derby Foundation Trust	312,260	Southern Derbyshire, Andy Layzell
NHS	General & Acute	Chesterfield Royal Hospital	158,252	North Derbyshire, Jackie Pendleton
NHS	Community Services	Derbyshire Community Health Services	130,017	North Derbyshire, Jackie Pendleton
NHS	Mental Health	Derbyshire Healthcare FT	85,727	Hardwick Health, Wendy Sunney
NHS	General & Acute	Nottingham University Hospital	51,238	Erewash, Rakesh Marwaha
NHS	Ambulance	EMAS	49,958	Holding Co (cluster)
NHS	General & Acute	SLA-EMSCG	36,763	Erewash, Rakesh Marwaha
NHS	General & Acute	Sheffield Teaching Hospitals	27,906	Hardwick Health, Wendy Sunney
NHS	General & Acute	All other NHS Service Agreements	26,445	*To be determined*
NHS	General & Acute	Stockport Foundation Trust	21,326	High Peak and Buxton, Sally Adams
NHS	General & Acute	Sheffield Teaching Hospitals - EMSCG	21,107	Hardwick Health, Wendy Sunney
NHS	General & Acute	Queens Hospital Burton	20,804	Southern Derbyshire, Andy Layzell
NHS	General & Acute	Sherwood Forest Hospital	19,176	Hardwick Health, Wendy Sunney
NHS	General & Acute	Nottingham FT EMSCG	18,555	Erewash, Rakesh Marwaha
NHS	General & Acute	Derby Foundation Trust - EMSCG	11,610	Southern Derbyshire, Andy Layzell
NHS	Learning Disabilities	DCHS - LD South	8,061	North Derbyshire, Jackie Pendleton
NHS	Childrens	Sheffield Childrens Hospital FT	7,547	Hardwick Health, Wendy Sunney

	Sector	Contract	Total contract value 2011/12	Lead CCG & COO
			£'000	
NHS	General & Acute	Nottingham ISTC	6,114	Erewash, Rakesh Marwaha
NHS	General & Acute	University Hospitals Leicester	5,481	Erewash, Rakesh Marwaha
NHS	General & Acute	Doncaster & Bassetlaw FT	5,332	Hardwick Health, Wendy Sunney
NHS	General & Acute	East Cheshire	5,228	High Peak and Buxton, Sally Adams
NHS	Learning Disabilities	Learning Disabilities Summary	4,528	Hardwick Health, Wendy Sunney
NHS	General & Acute	Central Manchester FT	3,900	High Peak and Buxton, Sally Adams
NHS	General & Acute	Barlborough ISTC	3,596	Hardwick Health, Wendy Sunney
NHS	General & Acute	South Manchester FT	2,381	High Peak and Buxton, Sally Adams
NHS	General & Acute	NHS-NPA-G+A	2,060	Erewash, Rakesh Marwaha
NHS	General & Acute	Risk Pool	1,086	Holding Co (cluster)
NHS	General & Acute	SLA-Birmingham Child FT	1,079	Erewash, Rakesh Marwaha
NHS	General & Acute	Burton ISTC	705	Southern Derbyshire, Andy Layzell
NHS	Mental Illness	SLA-Notts Healthcare NT	601	Hardwick Health, Wendy Sunney
NHS	General & Acute	SLA-Burton Hosp FT	527	Southern Derbyshire, Andy Layzell
NHS	General & Acute	Sherwood Forest Hospital - EMSCG	427	Hardwick Health, Wendy Sunney
NHS	General & Acute	SLA-Birmingham Univ FT	199	Southern Derbyshire, Andy Layzell
NHS	General & Acute	SLA-Sheffield Child FT	185	Hardwick Health, Wendy Sunney
NHS	General & Acute	NHS-Rehabilitation	172	*To be determined*
NHS	General & Acute	Barlborough Treat Centre	101	Hardwick Health, Wendy Sunney
NHS	General & Acute	SLA-United Lincs Hosp NT	86	Hardwick Health, Wendy Sunney
NHS	General & Acute	SLA-Leeds Teaching NT	79	Hardwick Health, Wendy Sunney
NHS	General & Acute	SLA-Univ Hosp N.Staff NT	65	Southern Derbyshire, Andy Layzell
NHS	Mental Illness	SLA-Leicester Partner NT	10	Hardwick Health, Wendy Sunney
NHS	General & Acute	SLA-Nation Blood + Transp	-	
Non NHS	Mental Illness	MH-Vulnerable Adult Serv	2,554	Hardwick Health, Wendy Sunney
Non NHS	Mental Illness	MH- IAPT	2,032	Hardwick Health, Wendy Sunney
Non NHS	Learning Disabilities	LD-OATS-Independent	1,760	Hardwick Health, Wendy Sunney
Non NHS	Community Services	Alcohol Contract	1,508	Holding Co (cluster)
Non NHS	Community Services	SLA-DHU-WIC	1,306	Southern Derbyshire, Andy Layzell
Non NHS	Community Services	DICES	1,162	Southern Derbyshire, Andy Layzell
Non NHS	Community Services	The Lighthouse (Pool)	1,018	Holding Co (cluster)
Non NHS	General & Acute	Nuffield Hospital	1,012	Southern Derbyshire, Andy Layzell
Non NHS	Community Services	Section 28a and Health & Social Care Partnerships	1,006	All CCGs
Non NHS	Community Services	SLA-Ripplez-FNP	543	Southern Derbyshire, Andy Layzell
Non NHS	General & Acute	Intercare-Diabetes	399	Southern Derbyshire, Andy Layzell
Non NHS	General & Acute	AIDS	338	

	Sector	Contract	Total contract value 2011/12	Lead CCG & COO
			£'000	
Non NHS	General & Acute	Musculo-Skeletal (MSK)	250	Southern Derbyshire, Andy Layzell
Non NHS	General & Acute	First Diabetes	195	Southern Derbyshire, Andy Layzell
Non NHS	Other Healthcare	SLA-Treetops Hospice	151	Erewash, Rakesh Marwaha
Non NHS	Community Services	SLA-DHU-Night Services	68	High Peak and Buxton, Sally Adams
Non NHS	General & Acute	First Gynaecology	55	Southern Derbyshire, Andy Layzell
Non NHS	General & Acute	SLA-Other	-7	
Non-NHS	General & Acute	Continuing Care	57,115	Southern Derbyshire, Andy Layzell
Non-NHS	General & Acute	Funded Nursing Care	10,951	Southern Derbyshire, Andy Layzell
Non-NHS	Mental Health	Mental Health Summary	10,137	Hardwick Health, Wendy Sunney
Non-NHS	GP Contracts	Out Of Hours	9,796	High Peak and Buxton, Sally Adams
Non-NHS	Community Services	DAAT	7,671	Holding Co (cluster)
Non-NHS	Childrens	Childrens Continuing Care	6,293	Southern Derbyshire, Andy Layzell
Non-NHS	General & Acute	All other Non NHS Service Agreements	6,234	
Non-NHS	General & Acute	Private Providers	5,442	All CCGs
Non-NHS	Community Services	Joint Working Fund	3,718	
Non-NHS	Prisons	Prisons Healthcare	3,102	Holding Co (cluster)
Non-NHS	General & Acute	Hospices	2,989	All CCGs
Non-NHS	Community Services	ICES	2,334	Erewash, Rakesh Marwaha
Primary care	GP Prescribing	Prescribing	39,815	All CCGs
Primary care	GP Contracts	GP Services	36,234	Holding Co (cluster)
Primary care	Ophthalmic	Ophthalmic Contract	3,276	Holding Co (cluster)
Primary care	GP Contracts	APMS-Derby Open Access	1,228	Holding Co (cluster)
Primary Care	GP Contracts	Practice Prescribing	103,580	All CCGs
Primary Care	GP Contracts	GMS / PMS	90,884	Holding Co (cluster)
Primary Care	Dental	Dental Services	38,764	Holding Co (cluster)
Primary Care	Pharmacy	Pharmacy Contract	27,681	Holding Co (cluster)
Primary Care	Primary Care	Enhanced Services	9,356	Holding Co (cluster)
Primary Care	Ophthalmic	Ophthalmic	6,609	Holding Co (cluster)
Primary Care	General & Acute	PBC-Invest to Save Schemes	634	All CCGs

3.1 Acute Care

3.1.1 Secondary Care Services

Acute care covers a large range of services, for example General Surgery, End of Life care, Orthopaedics and Intensive Therapy, to name a small number. PCTs aim to negotiate contracts for a wide range of clinically effective and accessible services that meet the needs of their population within financial constraints. In order to offer a choice of provider to patients it is necessary to secure contracts with providers across the region and beyond.

Lead Contracts

The major providers of secondary healthcare services for the county are Chesterfield Royal Hospitals NHS Foundation Trust (CRHFT) for the north of the County and Royal Derby Hospitals NHS Foundation Trust (RDHFT) for the south of the County. The PCTs are lead commissioners for both these contracts through North Derbyshire CCG and Southern Derbyshire CCG respectively.

Lead commissioning responsibility includes co-ordinating the contract preparation for a number of other PCTs, mainly from within the SHA's boundaries, although some are from outside, including the Specialised Commissioners. Associate and Collaborative Associate Commissioners are kept informed of progress and involved in the negotiations as appropriate.

With such a significant contract value and dependence on two local suppliers, it is important that NHS Derby City and NHS Derbyshire County have strong relationships with RDHFT and CRHFT. The PCTs have nurtured this relationship over a number of years and despite a series of challenging contracting rounds have a mature relationship based on respect.

Associate Contracts

In order to offer patients choice it is necessary to secure contracts with providers across the region and beyond and the PCTs are associate commissioners for contracts at Nottingham University Hospitals NHS Trust, University Hospitals of Leicester NHS Trust, Sheffield Teaching Hospital NHS Foundation Trust, East Midlands Ambulance Service and Burton Hospitals NHS Foundation Trust and one Independent Sector Treatment Centre (ISTC). The ISTC is a five year, minimum take contract, with two years left until expiry. At the end of the contract it will not be renewed automatically and instead offered out to tender. NHS Nottingham City (lead commissioner for the ISTC) is currently working with CCGs and PCT Clusters to shape the future service model for the facility. The major provider of secondary healthcare services for the Derbyshire County is Chesterfield Royal Hospitals NHS Foundation Trust. The major provider of secondary healthcare services for the Derby City is Derby Hospitals NHS Foundation Trust.

In addition NHS Derbyshire County utilises the expertise of the East Midlands Specialised Commissioning Group (EMSCG) (see section 3.5) to commission services on its behalf at a local and national level. In 2011/12 provider contracts will be disaggregated as the specialised element will be commissioned by the National Commissioning Board (NCB) from April 2012. The definition set for specialised

commissioning is currently being revised and will be standardised nationally to facilitate the disaggregation process.

Specialised services are normally high cost, low volume, provided by a limited number of providers or require a large population base in order to maintain clinical expertise, examples of specialised services include organ transplantation, cardiothoracic surgery, neonatal intensive care and bone marrow transplants. NHS Derbyshire County and NHS Derby City will continue to work closely with the EMSCG during the transition moving to commissioning by the NCB.

3.1.2 Transition Arrangements for Acute Commissioning

The transition to new commissioning organisations has already started with some responsibilities being assumed by CCGs. Currently commissioning of acute contracts is led by the CCG which uses the majority of their activity, i.e. Southern Derbyshire CCG – RDHFT, North Derbyshire CCG – CRH etc (see table in the opening section above). Other contracts for services for Derbyshire patients are being hosted by CCGs with the appropriate resources to deliver, i.e. people and structures etc.

Through this process of determining lead commissioner, it became apparent that CCGs require a structure to be able to effectively manage these contracts across these new organisational boundaries, to resolve current issues, but also to provide robust governance and assurance when this function will no longer be fulfilled by the Cluster. A Contract Coordinating Group has been established whose membership includes contract leads from all acute contracts and other key functions such as finance, performance and quality. The Group aims to ensure a robust and standardised approach to contract management. The Group is chaired by a CCG Chief Operating Officer.

For 2012/13, CCGs are using this forum to coordinate the contract agreements across all CCGs. This will ensure that there is a focal point for maintaining a tight grip on affordability envelopes, and a more equitable management of issues such as re-admissions etc.

Table 2: Secondary Care Providers at June 2011

Secondary Care - Acute provider
Chesterfield Royal Hospitals NHS Foundation Trust
Derby Hospitals NHS Foundation Trust
Nottingham University Hospitals NHS Trust
Sheffield Teaching Hospitals NHS Foundation Trust
Burton Hospitals NHS Foundation Trust
East Midlands Ambulance Service
EMAS Patient Transport
Sherwood Forest Hospitals NHS Foundation Trust
Stockport NHS Foundation Trust
Doncaster & Bassetlaw Hospitals NHS Foundation Trust
East Cheshire NHS Trust
Central Manchester University Hospitals NHS Foundation Trust

Secondary Care - Acute provider
University Hospital of South Manchester NHS Foundation Trust
Sheffield Children's NHS Foundation Trust
University Hospitals of Leicester NHS Trust
University Hospitals Birmingham NHS Foundation Trust
Leeds Teaching Hospitals NHS Trust
Birmingham Children's Hospital NHS Foundation Trust
United Lincolnshire NHS Trust
PHG (Barlborough)
North Staffordshire Hospital
NUH Bowel Screening hub
Northampton General Hospital
Nottingham ISTC
BMI Three Shires
Holywell Healthcare
Nuffield Leicester
One Health
Spire Leicester
Woodland Hospital

3.2 Community Service Providers

NHS Derbyshire Cluster commissions from community healthcare providers to deliver care closer to home. These, until recently, were the provider arms of the respective PCTs which, under the Transforming Community Services (TCS) policy, become autonomous organisations or transferred to other organisations.

Derbyshire Community Health Services (DCHS) was the provider arm organisation of Derbyshire County PCT. DCHS was a fully Autonomous Provider Organisation (APO) from April 2009 and became an independent NHS Trust from 1st April 2011 and is now an aspirant Foundation Trust with a planned start date of October 2012.

DCHS works closely with local authority social care services and other health organisations to provide better integrated services and promote good health throughout the community from its 12 Community Hospitals and 28 Health Centres.

Community services in Derby City were historically delivered by the Provider Arms of both Derby City and Derbyshire County. In line with national Transforming Community Services (TCS) policy, NHS Derby City divested itself of Provider Services on 1st April 2011. Services were transferred to various provider organisations and the details are contained in section 3.4 of the City Legacy document. The transfers are summarised below.

Table 3: Services by Contract Type.

Provider Organisation	*Services*	*Contract* **type ***
Derby Hospitals Foundation Trust	Adult Community Services	NHS standard community contract
Derbyshire Healthcare	Children's services including	NHS Standard mental health

Provider Organisation	*Services*	*Contract* **type ***
Foundation Trust	Community Paediatrics	contract
Derbyshire Healthcare Foundation Trust	Drug services	Drug services SLA
Derbyshire Health United	Walk in centre	NHS standard community contract
Derbyshire Community Health Services NHS Trust	Contraception and Sexual health and smoking cessation	NHS standard community contract
Ripplez	Family Nurse Partnership	NHS standard community contract

* These will all change from this year to the single national standard contract

3.3 Primary Care

The range of primary care services commissioned by the Cluster PCT is given in the appendices for each component PCT. The common objective is to provide safe, effective and high quality care across all primary care contracted services.

Where there has been sole or joint responsibility as lead commissioners for some services this responsibility has now been assumed by the Cluster PCT Contracts and Commissioning team for primary care.

The Cluster PCT holds responsibility for NHS Derbyshire County and NHS Derby City for the delivery of and maintaining services for all primary care, medical, pharmaceutical, dental and optometric providers and contractors for all patients in Derbyshire. This includes contract management, quality performance and procurement of appropriate services delivered effectively and safely ensuring the health needs and outcomes of patients are met across all four contractual areas of healthcare.

Additionally the Cluster PCT will provide the direction to deliver the transition of all primary care contracting to the NHS Commissioning Board (NHSCB) by April 2013, and detailed information for each component PCT of the configuration of contracts comprising this transition is given in appendices 2 and 3 of this document.

3.3.1 Primary Care Medical Services

There are 130 medical practices across the Cluster PCT. The detail of the breakdown of contracts is given in appendices 2 and 3 of this document.

Clinical Commissioning Groups (CCGs) are assuming delegated Board responsibility for the delivery, quality and service development of medical services as they emerge in readiness for authorisation as statutory bodies from 2013 onwards. As the primary care operating model develops, the range and content of services to be delivered via the NHSCB will become evident.

3.3.2 Primary Dental Services

The Cluster PCT has 128 dental practices across Derbyshire delivering mandatory services and a range of enhanced/ additional services including orthodontics and minor oral surgery. Details of the contracts are given in each PCT in appendices 2 and 3.

The Cluster PCT also has responsibility for a range of services delivered through an arrangement with Derbyshire Community Health Services (DCHS) which includes community dental and salaried dental services.

The Cluster PCT will also prepare this contractual group for transition to the NHSCB. In connection with this the Cluster PCT is looking to achieve some early learning regarding the transition by introducing a Local Professional Network (LPN) for dental services.

The PCT Cluster is participating in piloting of the proposed new dental contract at one location in Derbyshire.

3.3.3 Pharmaceutical Services.

There are 188 Pharmacies within the Cluster providing essential and advanced services.

Full details of the services provided and the prose for payment and contractual matters is given for each PCT in appendix 2 and 3 of this document.

In addition, the Cluster will take in to account the proposed changes expected from the consultation for Market Entry Regulations and how this will impact upon control of entry conditions for the future.

3.3.4 Optometric Services

119 contracts exist for optometry across the Cluster delivering sight test and appliance vouchers for patients from their premises, and additionally there is a service provided on a mobile basis for those patients who are unable to attend a high street location.

The Cluster has responsibility to ensure quality delivery of all services and that services are equally available across all locations, and some service pathway development may be necessary with Glaucoma referrals to meet this commitment in the future.

3.3.5 Out of Hours Services

Primary care Out of Hours (OOH) call handling and clinical services are provided across Derbyshire County and Derby City by Derbyshire Health United Limited (DHU) using an APMS contract. DHU operate two call centres and a number of bases from which clinical face to face services are offered as well as a home visiting service. Derbyshire is piloting the NHS 111 service using DHU as the call handler and this is operating in a totally integrated way with OOH services. The pilot is currently running in part of north Derbyshire and will be rolled out incrementally to full County/City wide coverage by the end of summer 2012. A full procurement process is also underway using the learning from the pilot for the new service to start from October 2013.

3.4 Mental Health Care Services

The NHS Derby and NHS Derbyshire PCT Cluster commissions from several providers of Mental Health services. As with the acute providers, mental health services for people in Derbyshire is also provided by organisations outside the Derbyshire boundary. The lead contract managers are within the mental health team

of the cluster. NHS Derby MH service commissioning and contracts are now managed by a cross-Derbyshire MH commissioning team. This team is hosted by Hardwick Health CCG and is providing the commissioning and contract support on MH for the Cluster and respective CCG. There is a joint MH commissioning board chaired by the local authority attended by the CCG and Mental Health Commissioning. This provided continuity of joint commissioning work during the transition year. There is therefore very low risk of loss of organisational memory or information. The area of risk, but outside of Derbyshire Cluster control, is with regional contracts held by the Cluster which end in 2013 with no current regional procurement mechanism.

The Cluster commissions on behalf of its PCTs from a number of organisations in the private, statutory and voluntary sector. Contracts are signed by the statutory PCTs and are held on their behalf by the Cluster's commissioning team. The largest contract is with Derbyshire Healthcare Foundation Trust which provides Mental Health, Learning Disability and Transforming Community Services. The Cluster also commissions services on behalf of associates who have patients that live outside of Derbyshire but use services in Derbyshire. The final signed contract can be found on the Library of Knowledge.

The Cluster's PCTs are also associate commissioners of statutory providers based outside of Derbyshire. The largest are Nottinghamshire Healthcare NHS Trust, Pennine Care NHS Foundation Trust, Leicestershire Partnership Trust and Sheffield Health and Social Care NHS Foundation Trust. Contract details can be found on the Library of Knowledge.

Improving Access to Psychological Therapies (IAPT) currently offers services for the adult population of Derbyshire with anxiety and depression. There are three providers covering distinct localities as detailed below. The service offers NICE recommended therapies including Cognitive Behaviour Therapy (CBT), Counselling and Self-Help. The following three providers have a contract to deliver IAPT services. There is an IAPT Board that is open to Primary Care and detailed performance reports are produced monthly (available from the mental health commissioning team). The contracts run till 2013.[1]

- Derby Psychological Therapy Services – Derby City. Further information can be found on the Library of Knowledge.
- Steps to Change - Chesterfield and North East Derbyshire. Further information can be found on the Library of Knowledge.
- RightSteps – Erewash & Amber Valley. Further information can be found on the Library of Knowledge.

Right Steps currently also hosts counsellors in South Derbyshire and provides CBT therapists in Derbyshire Dales, pending a decision on rolling IAPT out to the rest of the County.

A diverse range of services are commissioned to the voluntary sector, broadly divided into Carer Support, Helplines, Advocacy, support for older people, Day Services and Service User Representation. There are joint commissioning arrangements between

[1] Subject to final approval to extend DPTS from September 2012 to March 2013 as part of AQP project delivery.

Derbyshire County Council, Derby City Council and NHS Derby City for some contracts.

Southern Derbyshire Mental Health Voluntary Sector Forum is funded to provide support to the voluntary sector. Likewise North Derbyshire Voluntary Action provides a similar service in north of the county. These organisations remain commissioned into 2012 and are a very helpful source of continuity to the sector and support to CCGs in working with the voluntary sector
(Further information on the voluntary sector contracts can be found on the Library of Knowledge).

There is an East Midlands wide contract for Mental Health and Learning Disabilities Rehabilitation Services. This is due for renewal in 2013. This was held at the Re:source hub. The East Midlands Specialist Commissioning Group holds contracts for those providers who are also low secure providers but will cease to do so in 2012-13 as they are not minimum take services.
NHS Derby & NHS Derbyshire PCT Cluster holds contracts for Rehabilitation Hospitals care for:

- Cambian Health Care
- Cygnet Health care
- Optima Health Care(currently no services provided)
- Brookdale –Ash Green (Was contained in DCHS contract) Now decommissioned.
- Derbyshire Healthcare Foundation Trust (contained in main contract)
- Turning Point –(no hospitals in region yet but opening new service in Chesterfield in 2012 -13)
- NHS Nottinghamshire County –head of MH Commissioning Karon Glynn holds contract for Castle Beck and for Lighthouse.
- NHS Northamptonshire for St Mathews and St Andrews.

Derbyshire PCT holds a database of all patients placed in hospitals called Einstein. This is a restricted database and non patient identifiable information can be provided on request via Georgina Horobin in the mental health commissioning team.

As part of the retraction of the Pastures and Kingsway Hospitals, NHS Derbyshire County funds Rethink to provide two nursing homes on a block arrangement for adults, one in Shipley and one in Derby. This contract will be given a one year renewal for 2012-13. Support is also given to provide block beds at Methodist homes.
(Details are held on the Library of Knowledge).
There are individual patients from the retraction placed in a variety of placements 100% funded by the cluster for their health care needs. There is a separate budget retained by the mental health commissioning teams for these patients with a list held securely by the team of the people eligible for this funding.

3.5 Specialist Services – East Midlands Specialised Commissioning Group

The East Midlands Specialised Commissioning Group (EMSCG), hosted by NHS Leicestershire County and Rutland, ensures the East Midlands has a specialised service commissioning function in place that is compliant with the recommendations in

the national review of specialised service commissioning – The Carter Review[2]. The EMSCG works on behalf of all nine PCTs in the East Midlands. Its role is to plan, assess need, commission and monitor the specialised health services and to reduce the risks associated with an individual PCT funding expensive, unpredictable activity. Specialised services are broadly defined as those with low patient numbers but which need a critical mass of patients to make treatment centres cost-effective. EMSCG holds a number of contracts on behalf of the PCTs and manages a pooled budget. Some examples of specialised services:

- Specialised cancer services (adult)
- Specialised services for haemophilia and other related bleeding disorders
- Specialised spinal services
- Specialised burn care services
- Cystic fibrosis services
- Specialised renal services (adult)
- Specialised cardiology and cardiac surgery services (adult)

The SCG is a joint sub-committee of each of the Boards of the member PCTs in accordance with regulations 9 and 10 of the NHS regulations 2002 (Functions of Strategic Health Authorities and Primary Care Trusts and Administrative Arrangements (England)). The EMSCG Establishment Agreement describes the membership responsibilities and accountabilities of the nine member PCTs and the EMSCG. However these existing arrangements are set to change as a result of radical changes to the NHS infrastructure and governance arrangements.

The East Midlands Specialised Commissioning Group meets on a bi-monthly basis to set the strategic direction of specialised services, ensuring that all living in the East Midlands have fair and equal access. Key to this is closely monitoring both the planning process for services and the performance of local, regional and national providers. Close working arrangements and a clear framework allow mitigation against the risk of a loss of local sensitivity to commissioning processes.

The list below shows the provider names and the type of contract which is held by the SCG. The contract documentation is available from the EMSCG. Other tertiary services are included within the secondary care contracts, details of which have been included in section 3.2 secondary care providers.

Table 4: Specialist Services Providers by Contract Type

Specialist Services Providers at June 2011	Type of contract
Barts and London	Acute
Birmingham and Solihull Mental Health	Mental Health
Birmingham Women's Healthcare	Acute
Blackpool, Fylde and Wyre	Acute
Cambridge University Hospitals	Acute
Great Ormond Street	Acute

[2] Department of Health (2006). *Review Report: Review of Commissioning Arrangements for Specialised Services.* http://tinyurl.com/carterreview

Guys and St Thomas	Acute
Imperial College	Acute
Kings College	Acute
Moorefield's	Acute
North West London	Acute
Oxford Radcliffe	Acute
Papworth	Acute
Royal Brompton & Harefield NHS Trust	Acute
Royal National orthopaedic	Acute
Royal orthopaedic	Acute
Scarborough & North East Yorkshire	Acute
St Georges	Acute
The Walton Centre	Acute
University College London Hospitals	Acute
AICDs	Acute
Claremont	Acute
CSAS	EMSCG
Fertility services	EMSCG
Low secure Mental health services	Mental Health
Medium secure mental health services	Mental Health
High Secure Mental Health services	Mental Health

3.6 Voluntary Sector Providers

3.6.1 Derby City

The PCT commissions or funds a number of voluntary sector organisations across a range of service areas including:

- Mental Health
- Older People
- Children and young people
- Condition specific
- Community/infrastructure development

The majority of these agreements are funded through a joint process, either in partnership with Derby City Council, or in broader partnership with both Derbyshire County Council and NHS Derbyshire County.

In 2011 the Derby City Council revised its Grant Aid Strategy and Derby City PCT agreed to join its process of reviewing all general adult funded agreements. This process excluded mental health and children's funded agreements. This year for the first time all organisations in the City reapplied against a criteria-based process; those that were successful demonstrated value for money and sustainability as well as evidence of addressing health outcomes. A QIPP saving of 4% was applied to all successful allocations.

In addition NHS Derby City contributes in partnership with Derby City Council a small amount of money, which is allocated via the Health & Social Care Development Panel, to fund small projects, groups or organisations to develop, set up or develop innovation or best practice. They generally fulfil some of the health, well being and more social support aspects of the pathway relating to the service area.

Departments also fund the voluntary sector through direct funding relationships with specific organisations whose work is close to their own interests, for example the PCT and local Councils, which run on a regular, annual-review basis. The agreements can be funded by many partners and are often funded on a county wide basis by both PCTs and Local Authorities. Grant funded organisations are usually funded on an annual basis but in terms of sustainability and in becoming more viable as an organisation preparing to deliver formal services, they may be funded for up to 3 years. Usually the partner contributing the largest amount of funding leads the performance management of the funding agreements.

Supporting Carers
The NHS Operating Framework 2011/12 makes clear PCTs' responsibilities to pool budgets with local authorities to provide carers breaks and jointly develop plans and we are committed to delivering this locally. The PCT is a member of the Derby City Carers Partnership Board, co-ordinated by Derby City Council.

The PCT has invested in services for carers for a number of years through the provision of funding to a variety of third sector and secondary care organisations. These services continue to be commissioned by the PCT to provide information and advice, care, respite and on-going support to carers as part of their contractual arrangements. The organisations funded for these services include:

Derbyshire Carers Association
Crossroads
Age UK
Disability Direct
Action for Children
Making Space
Derby & Derbyshire Mental Health Forum

NHS Derby City is also making progress on a broader range of work to offer further support for carers. In partnership with Derby City Council and carer groups, we are working to better understand and meet the needs of carers within our locality.
As part of the Demonstrator Site programme, the PCT appointed a Carer Service Development Officer to work with the city's GP practices to review and improve systems for identifying carers and their referral to existing and newly developed services. This work has resulted in the development and implementation of GP carer registers, the delivery of a carer support service within practice as well as a secure system for referring carers to Adult Social Care, ensuring the maximum opportunity for carers to access an assessment and on-going support.

The PCT has also completed the first phase of a carer co-production project. Working with local carers and carer organisations we have identified the areas that carers feel have most effect on their health and the type of support they would need to lead

healthier life and improve their wellbeing. See co-production report for more information. Communication and publicity has also been undertaken to raise awareness of the support and services available to carers.

NHS Derbyshire County

The PCT commissions or funds a number of voluntary sector organisation across a range of service areas including:
Mental Health
Older People
Children and Young people
Condition specific
Community/infrastructure development

These organisations provide services or support to people in need under the following headings:
Information provision, advice and signposting
Prevention
Infrastructure Development

The majority of these agreements are funded through a joint process, either in partnership with Derbyshire County Council or in a broader partnership with both Derby City Council and NHS Derby City.

NHS Derbyshire County provides funding for 98 voluntary sector organisations across the county, within an overall budget of £1,426.157.64.
In addition to this the PCT also operates a contingency reserve of £80,000**.** This fund can be accessed by any voluntary sector organisation and is used for unforeseen circumstances that the organisation has not budgeted for. i.e. redundancies, long term sickness etc. All applications must meet specific criteria and are assessed by a specialist panel.

The PCT also contributes in partnership with Derbyshire County Council an amount of £29,414.04 per annum towards the Development Fund. Applications are sought on a yearly basis from organisations and the money is used to fund new projects, feasibility studies etc.

Funding is also provided to support the ethnic minority groups in the area by way of providing BME grants which are used to support the health and wellbeing aspects of this service area. This is co-ordinated by North Derbyshire Voluntary Action who distributes the grants on behalf of the PCT. Funding is also allocated to the local CVS (Councils for Voluntary Services) organisations who are also responsible for the administration of grants to local organisation for health related projects.

3.7 Other Commissioned Services

3.7.1 Ambulance Services

Derbyshire County PCT is the ‘Co-ordinating Commissioner’ of Emergency and Urgent Ambulance Services from East Midlands Ambulance Service (EMAS) on behalf of eleven associate commissioner PCTs across the East Midlands. EMAS provides Emergency and Urgent ambulance services for all potential patients resident in or

travelling through the geographical area covered by the ambulance provider. The ambulance service is often a first point of access to health care, responding to a variety of needs ranging from life-threatening emergencies to long-term health conditions.

Demand on ambulance services across England is increasing every year. This means that ambulance services have to work with the public, primary care and acute services to provide access to appropriate alternative care and innovative responses to patients needs.

The total opening contract value for the EMAS 2011/12 contract is £132,735,157 of which NHS Derbyshire and NHS Derby City component is £26,631,555.

Patient Transport Services (PTS) are commissioned separately by PCTs and services for 2012/13 onwards across the East Midlands are currently out to tender. Once awarded, the new contract will commence from 1st July 2012.

3.7.2 Prison and Offender Health Services

Derbyshire has two prisons. Responsibility for commissioning healthcare services for prisoners at HMP Foston Hall and HMP Sudbury was transferred from the Home Office to NHS Derbyshire County in April 2006. These responsibilities are managed by the Derbyshire Prisons Partnership Board (PPB) through a local partnership agreement with the prisons based on the 'National Partnership Agreement between the Department of Health and the Home Office for the accountability and commissioning of Health services for prisoners in public sector prisons in England' (2007).

HMP Foston Hall is a female closed establishment with a capacity of 308 prisoners. HMP Sudbury is a male Category D open prison with a capacity of 581 prisoners. Prisons are high risk environments and prisoners typically have higher health needs than the general population. Ensuring provision of integrated healthcare services for individuals in prisons and on their return to the community is a key challenge.

The PCT's guiding responsibility is to commission access to healthcare services for prisoners which are equivalent to those available in the local community, subject to the constraints of the prison environment. Ensuring integrated quality of care for all service users is a key requirement. A new provider of primary care services across both prisons was commissioned from April 2011. Other health services commissioned include; drug and alcohol misuse, mental health, sexual health, pharmacy, dentistry, podiatry, opticians, speech and language therapy, physiotherapy, heptology and community midwifery.

The total expected prison healthcare allocations for 2011/12 is £3,801,000.

Current procurement within the prisons is for the drug modernisation DAAT project which is being run in collaboration with the Derbyshire Drug and Alcohol Team (DAAT).

The PCT also commissions mental health diversion services for Derbyshire Courts, Probation and Police Services. Alongside Drug and Alcohol misuse services, mental

health assessment and referral services are an important component to ensure appropriate care and support to individuals in contact with the criminal justice system.

NHS Derbyshire County is also the lead commissioner in an early adopter pilot for commissioning healthcare for Police Custody Suites. As part of the national pilot commencing in 2012, the PCT will take control of the commissioning from the police service and unify it under a national APMS contract. This control will be completed by April 2013 working in partnership with the Police who will remain legally in control until the law changes, which is expected in April 2015. This partnership is managed by the Derbyshire Custody Healthcare Partnership Board with partnership arrangements being managed through a national Memorandum of Understanding for Early Adopter Sites. Nottinghamshire, Leicestershire and Northamptonshire are following Derbyshire as part of the second wave of adopters and regional working is being explored both with police and health colleagues.

3.8 East Midlands Procurement and Commissioning Transformation (EMPACT)

EMPACT is an NHS venture in the East Midlands with a team dedicated full time to supporting commissioners and providers to deliver improvements and meet local and regional challenges. We are working with other local PCTs in the development of a regional infrastructure that supports shared arrangements, provides commercial support to commissioners to stimulate the market where this works in the interests of patients, manage contracts effectively and works closely with NHS Supply Chain to secure better value for money for goods and services procured. EMPACT is fully involved with the on-going work to develop a Commissioning Support Organisation across the East Midlands.

3.9 Working with Local Authorities as part of the Transition Arrangements

3.9.1 Public Health Transition and Reform

The NHS White Paper ‘Equity and Excellence: Liberating the NHS’ published July 2010, set out the Government's long-term vision for the future of the NHS and proposed a radical and wide ranging transformation of health and social care. The White Paper proposes significant changes to public health services in England:

A new national Public Health Service (Public Health England) is to be established to protect and help improve the nation’s health and well being.

Local Authorities will employ Directors of Public Health, jointly with the public health service, to lead local health improvement and lead local partnerships for health and well being.

A ring-fenced budget will be allocated to local authorities to promote population-health and reduce health inequalities.

Across the Derbyshire Cluster there are two public health teams: Derby City and Derbyshire County. Each of these teams and all required public health functions will transition to the relevant local authority (Derby City Council or Derbyshire County Council).

In the County one further consideration is that a small part of the county in the North West, around the town of Glossop has always been part of the Manchester based health community, latterly as part of Tameside and Glossop PCT. Tameside PCT has historically provided NHS public health input and linked directly with Derbyshire County Council for Glossopdale. Although the population is only about 30,000 strong, there will be some complexity around transferring public health responsibilities from this PCT to the public health structures moving from Derbyshire County PCT to the council. Together with the County Council we are working in partnership with Tameside & Glossop PCT to resolve all issues and to integrate fully across the functions and teams.

From the time that the Healthy Lives White Paper was published each of the councils has taken a positive and active approach to the work of transition and the PCTs' public health teams have supported this. A cabinet member with specific responsibility for public health has been appointed by the Councils. Progress and partnership was facilitated by a jointly appointed DPH (city) and Acting DPH (County) with significant involvement of PCT staff, over many years in a wide range of council and multiagency committees. The more recent and more detailed process of developing and steering the transition plan has also been a shared enterprise between the PCT and each of the councils. (see section 3.9.3 below).

3.9.2 System Development

The commissioning responsibilities of Local Authorities as outlined in *Healthy Lives, Healthy People* are a basis to establish the shape of the Public Health directorate in the local authority. Work is also taking place to transfer commissioned contracts from PCT responsibility to the Local Authority, through close joint working between PCT and County Council /City Council colleagues. While the commissioning responsibility of Public Health England is still unclear, local plans are assuming all Public Health commissioned services will transfer to Local Authority responsibility from 2013. As national guidance becomes clearer local plans will be altered to reflect any necessary changes

Derby City and Derbyshire County Councils have each been active in developing Shadow Health and Wellbeing Boards (HWB) with Derby City being identified as an 'early implementer' regarding HWB development by the Department of Health. The JSNA in the City has been refreshed and a consultation document developed. The JSNA in the county is currently being refreshed and a consultation draft will be produced by April 2012. This work will feed into each of the emerging HWB Strategies, and will form the basis of each of the required public health visions which will be ready in good time to meet national expectations (June 2012).

With regard to accountability and governance concerning Emergency Preparedness Resilience and Response (EPRR), both City and County DPHs are Accountable Officers. However it has been agreed that Derbyshire County DPH takes the lead, with the Derby City DPH deputising where necessary. This ensures that there is close collaboration between councils and Cluster PCTs and that there is an Executive Director lead on the Cluster Board as well as to the Health and Wellbeing Boards in the Local Authorities.

3.9.3 Governance

Each of the Directors of Public Health operates with delegated authority under the Cluster scheme of Delegation. The Terms of Reference for each Health and Wellbeing Board are also part of that Scheme of Delegation.

The two Health and Wellbeing Boards report both to the Cluster Board, and to each of the Local Authorities Cabinet/Full Councils.

Across Derbyshire the transition of Public Health to local authority is being progressed through a high level Transition Steering Group (TSG), one in the City and one in the County, each working in partnership with relevant partners. Each TSG aims to ensure an effective transition of Public Health functions to the appropriate Local Authority. The membership of each TSG includes Director level representatives from the Derbyshire Cluster (Strategic Lead and Public Health Directors), and a Strategic Director Lead for the relevant Council. Each TSG has established a number of work streams involving council and PCT counterparts. Areas covered include IT, accommodation, finance, governance, HR, communications and systems development. There are agreed Terms of Reference and each TSG meets at least monthly. Each TSG is accountable to the Cluster Governance Committee which is a sub-committee of the Cluster Trust Board. The TSGs also report to the relevant Health and Wellbeing Board (which include representation from all relevant CCGs), and to each Council's Chief Officers Group, and Cabinet/full Council as required. Updates to the Overview and Scrutiny Committees will be on-going.

Risks identified within the programmes of work are incorporated into the Cluster Board Assurance Framework and the required PCT local (operational) risk register, and into the relevant Local Authority Corporate Risk Management Systems.

3.9.4 Public Health Integrated Plan

In January 2012 a draft City and a draft County Public Health Transition Plan were developed as part of the Department of Health transition assurance process, and incorporated into the Derbyshire Cluster Systems Integrated Plan (SIP) for submission and review by the SHA. These plans will be updated March 2012 for final submission. The Public Health Integrated Plans identifies in more detail the processes described above and the planning arrangements for all aspects of the transition and reform (transformation) of public health functions and staff to local authority. These plans therefore provide a robust record of current and planned future systems and processes, thus creating an essential record to inform public health legacy information. In addition, all Health and Well Being Board minutes are submitted to the Cluster Board creating a robust record of decisions taken and approved by the HWB to inform and drive the new public health vision and transformation element of the transition.

The Cluster PCT is required to demonstrate quarterly to Department of Health via the SHA, progress against specific milestones as part of the on-going assurance of the transition and reform (transformation) of Public Health. Therefore at any point, the most recent milestone submission to the SHA will demonstrate the most up to date progress for each of the transitions.

It should also be recognised that while public health functions and staff are transferring to Local Authority the organisational memory will not be lost, but will be

maintained throughout and beyond the transition as PCT staff, including DsPH will be part of the transfer and will remain integral to the delivery of future public health systems across Derbyshire.

3.10 Assertive Outreach Service for New and Emerging Communities

Derby has a history of receiving new and emerging communities and continues to be a dispersal area for people seeking asylum. This has resulted in a population that is not only diverse, but also constantly changing. Derby City has experienced increasing pressure on its provider services as a result of migration to the area.
In April 2008, NHS Derby City commenced a year-long co-production project with the most recently emerging community to the area - the Eastern European Roma. This project resulted in a range of cross sector issues being identified by health, partner agencies and the community itself, examples of which are provided below.

- Children left home alone and physical chastisement of children
- Forced marriage and marriage under 16 years of age
- High numbers of teenage pregnancies
- Safety, cohesion, inclusion and welfare issues
- Poor access to and knowledge of appropriate benefits causing destitution
- Poor infant health, higher incidence of preterm births and lower birth weights
- Repeated and inappropriate attendances at A&E
- High smoking prevalence and extremely poor oral health
- Higher childhood morbidity rates
- Difficulty for services contacting families due to inaccurate address provision
- School attendance - historically children start school at 7 and marry at 14
- Limited education affecting how future generations are parented
- Entrenched low expectations and limited understanding of the community in which they live
- Inappropriate use of bins and high levels of litter
- Overcrowded living conditions dictated by economics rather than culture

Community health service providers, in particular health visiting, midwifery teams and GP practices experiencing the highest number of new entrants, had also recognised difficulties in meeting the wide ranging and complex needs of such a community on its arrival to the city.

Derby City's Community Safety Partnership created a New Communities Strategy Group to support partners and agencies facing challenges by the impact of migration to the area. Partners therefore contributed to the co-production project and joined the project team to gain further knowledge and information regarding this particular new community.

The co-production project led to a framework of services being proposed. A need for a multi-agency assertive outreach service for new and emerging communities was identified, which would offer support to new entrants for a period of up to 18 months. This would ensure a smooth transition and the ability for new arrivals to independently and appropriately access mainstream services, improve inclusion and community cohesion, reduce risk, improve safety and enable improved lifestyle choices to be made.

It should be noted that historic and cultural issues for this specific community group have created a history of mistrust of services and therefore a high level of disengagement. It is not anticipated that all new communities will require the same level of input or the same length of transition to be able to use mainstream services effectively.

In 2010, NHS Derby City successfully secured £145K funding from the Regional Migrant Impact Fund in order to pilot a service that includes core health provision of midwifery, health visiting, community support and GP sessions to be delivered on an outreach basis. The service provides flexible and responsive support to the demands of these communities and included education and health promotion delivered appropriately in order to meet the needs of these individuals and families. This service supports the PCT's Strategic Operating Plan in enabling robust engagement with these communities, in particular the Staying Healthy QIPP programme.

The Health Visiting Service commenced in March 2010, along with midwifery support and dedicated GP support for these communities (GP support began in June and October 2010). The objectives of service are to:

- Reduce the pressure and impact of migration on mainstream services.
- Empower new communities to appropriately access services.
- Reduce inequalities by enabling equality of access to services for new communities
- Provide up to date educational and supportive materials in a format which is accessible to new and emerging communities.
- Educate and support new and emerging communities regarding basic legal issues in the UK e.g. safeguarding children, education systems, benefits system, employment rights, housing rights, environmental issues (i.e. disposal of rubbish and noise pollution).
- Reduce the risk associated with safeguarding issues through the use of the multi-agency outreach team approach (a consistent theme running through serious case reviews is the lack of communication between agencies).
- Improve the experience and satisfaction of the service users who receive services from the multitude of agencies.
- Reduce the social exclusion of new and emerging communities.
- Increase the community cohesion between new and existing communities.
- Improve the levels of childhood morbidity and mortality.
- Early identification of children with special needs and input of specialist services.
- Improve longer term health, educational outcomes and inclusion for children in new and emerging community groups into the general community (Roma children for example are kept isolated at home as happens in Eastern Europe).
- Achieve early engagement with new and emerging groups which will improve pathways for service users, enable the preventative approach to be taken and provide professionals with greater knowledge and understanding of the needs as they arise.
- Deliver health promotion programmes and staying healthy advice to reduce illnesses caused by poor diet, living conditions, lack of education, smoking and excessive alcohol use.
- Provide a means by which all services can be accessed and individuals and families can be accessed by services through established relationships with the

Assertive Outreach Team and to enable further relationships and therefore knowledge and understanding to be gained by both services and new communities.

It has been agreed that the City PCT will fund a three month extension to the project to allow for more monitoring data to be produced. The evaluation is currently being undertaken, including an evaluation by Leeds University, to assess the impact.

4. QUALITY

4.1 Introduction

The Clinical Quality teams from NHS Derby City and NHS Derbyshire County lead a number of functions to provide assurance to the Cluster Board on the quality and patent safety of commissioned services and the discharge of statutory duties.

4.2 Quality Assurance of Commissioned Services

This relates currently to the following providers: Chesterfield Royal Hospital NHS Foundation Trust (CRHFT), Derbyshire Healthcare NHS Foundation Trust (DHFT), Derbyshire Community Health Services NHS Trust (DCHS), Royal Derby Hospitals NHS Foundation Trust (RDHFT), Barlborough NHS Treatment Centre (NHSTC), East Midlands Ambulance Service NHS Trust (EMAS), Derbyshire Health United (DHU) (not on standard contract).

Based on an annual cycle this includes the following:

- Development of Quality Schedules, including drafting, negotiating and finalising Schedule 3 (general quality) and Schedule 18 (CQUINs)
- Monitoring of contracts through Contract Management Boards and Quality Assurance Groups
- Analysing data, identifying themes for targeted performance management such as Infection Control and Delivering Single Sex Accommodation and to pull issues through into the commissioning cycle e.g. mental health, findings of Children and Adult serious case review and major incidents
- Undertake a minimum of **four** quality visits per year for each main contract
- Monitor providers' serious incidents and undertake thematic reviews
- Lead work on DH outcomes and advise on quality indicators for service specifications
- Analyse and report Quality Accounts through to the Clinical Commissioning Groups
- Maintain electronic solutions to all provider quality reports on SharePoint.
- CCGs report to PCT Cluster Governance Committee on processes, monitoring and outcomes on a quarterly basis on dashboards or by exception
- Annual Report as summary of assurance within commissioning

4.3 Patient Safety

- Key element of all Quality Assurance Groups sub groups with providers
- Infection Prevention & Control
    - negotiating targets for bMRSA and CDI
    - management of actions and critique of providers from Root Cause Analysis reports
    - mandatory requirements are surveillance, alert organisms and working with Health Protection Agency
    - major incident/pandemic planning
    - input into MRSA/CDI outbreaks
    - performance management of providers IP&C targets
- Management of STEIS – serious incident system
- Monitoring incident reporting – NRLS
- Ensuring CAS alerts are actioned

- Monitoring patient safety indicators in contracts
- Developing an early warning system in consultation with CCGs, NHS Providers and NHS Foundation Trusts
- Lead on Serious Incident investigations

4.4 Safeguarding Children and Looked After Children

This is a statutory requirement under legislation: 'Working Together to Safeguard Children' (2010) and The Children Acts 1989 and 2004 for safeguarding children and their families. There is statutory guidance on promoting the health and well-being of Looked After Children (DH 2009).

There is a well defined regulated system to support the safeguarding of children and ensure compliance with the statutory framework.

4.5 Safeguarding Adults

This is guided by the review policy titled 'No Secrets' (2000). In 2008 a review of 'No Secrets' was launched and the outcome of this review is awaited.

4.6 Care Homes

The care homes across Derby City and Derbyshire County are supported by the quality team to develop and improve the quality of care for residents, monitor standards and alert LA and CQC when standards cause concern.

The two main strands of work are:

- Supporting the development of high quality End of Life Care
- Infection Prevention & Control

Using different models the care homes are visited and quality of care assessed and monitored. Improvement plans are agreed and the homes supported to implement them. Close working with local authorities is pivotal to maintaining patient safety and care standards.

4.7 End of Life

The End of Life facilitators have a programme of work across the End of Life pathway and work closely with GPs and care homes. The team works to achieve targets in reducing inappropriate admissions and offering patients choice of place of care and death.

4.8 Transition

The Clinical Quality team works to support the emerging CCGs through:

- a named clinical quality lead to provide professional nursing leadership
- contract management of provider contracts specifically related to quality assurance.
- workstreams related to improving quality in primary care, i.e. management of Clostridium Difficile and antibiotic stewardship
- Clinical quality input in QIPP
- Interpretation of national and regional priorities for implementation at CCG level
- A CCG board awareness programme is being developed
- Quality Assurance and Patient Safety to be led by CCG

Key areas of risk are being identified and will be transitioned to CCGs in a planned way with expertise being shared accordingly

A single system of information collection and reporting has been established across the Cluster for all quality schedules and this model will be transitioned over to the new structures.

- Sharepoint library for quality schedules and CQUIN
- 2 STEIS systems are being maintained until destination clear with single reporting to Cluster Board
- Quality monitoring of Care Homes is moving to a single model

The final model and structure for clinical quality within the CCGs is to be confirmed through January 2012 and will support CCG authorisation

Risks:

- Capacity and capability of staff during transition
- Leadership challenges to ensure focus on the important while managing and developing new organisations

4.9 Patient and Public Involvement in Quality

The work of the PPI team is underpinned by the services of the Equality, Inclusion and Human Rights function. This function provides specialist advice to the PCT Board, Executives and teams to help ensure that the strategic direction for commissioning and provision of services promotes equality and human rights (for example, for service users, carers and their families) and that appropriate systems for provider performance management are designed and implemented.

The service develops and maintains key relationships with a wide range of local and national agencies and other partners to build the Trust's presence and influence on equality issues, maximise shared learning and progress and/or promote engagement and involvement targeted at reducing health inequalities and improving patient experience (including access to services). Following engagement work, priorities for action are agreed and progressed through the relevant contract arrangements.

To gather qualitative information on service user experience, disaggregated by different equality groups and disadvantaged communities, NHS Derbyshire City and NHS Derbyshire County has a number of arrangements in place to enable this to happen. These include:

- Participation and/or hosting of targeted engagement with equality groups/forums and vulnerable communities.
- Systematic performance self-assessments involving patients, carers and families, for example, the annual Learning Disability Self-Assessment, the results of which are reported to the Trust's Governance Committee and Board as well as the Learning Disability Partnership Board.
- Commissioning of service evaluation with a focus on issues of accessibility and patient experience. The outcomes of these evaluations are reported to the Governance Committee and Board.

4.9.1 Community Engagement Meetings with Targeted Groups

NHS Derbyshire County and NHS Derby City's engagement staff and/or the organisation's Equality, Inclusion and Human Rights' lead have regular contact with a variety of networks, forums and groups in Derbyshire. As well as attending regular meetings, this can involve giving presentations on topics of interest and inviting these networks to take part in engagement activities/consultations. Some of these networks include but are not limited to:

- Lesbian, Gay, Bisexual and Transgender (LGBT) Forum
- Learning Disability Partnership Board
- Good Health Group
- BME North Forum
- BME South Forum
- Carers' Forum
- 50 Plus Forum
- Umbrella
- Youth Parliament
- Equality and Diversity Network
- Carers Engagement Network and Carers Delivery Partnership Meeting
- New and Emerging Communities Network
- Derby City Access Group
- Derbyshire Community Health Equality Panel
- 3 D (Third Sector Network across Derbyshire)
- The Voluntary Sector Forum with Health & Social Care Fringe Meeting
- Lesbian, Gay, Bisexual and Transgender (LGBT) Network
- Learning Disabilities Health Sub Group
- Derby Compact Forum
- New and Emerging Communities Network
- Derby City Access Group

4.9.2 Derbyshire Community Health Equality Panel

Taking into account the key Equality Delivery System requirement of ensuring that local interests are centrally involved in reviewing NHS organisations' equality performance, a Derbyshire Community Health Equality Panel (DCHEP) was set up in 2011. DCHEP's membership includes: Derby City and Derbyshire County's LINks; representatives from CCGs, NHS provider organisations and the NHS Derbyshire Cluster; voluntary sector organisations; and representatives from each of the "protected" equality groups.

DCHEP's key roles are to act as:

- A co-ordinating panel for the engagement and involvement of local interest groups in Derbyshire in reviewing the equality performance of Derbyshire NHS organisations
- A moderation panel for local interests in analysing organisations' performance against the requirements of the EDS, identifying priorities and making grading recommendations for Derbyshire NHS Trusts and CCGs.

NHS Derby City and NHS Derbyshire County have a good relationship with the local LINk (Local Involvement Network). LINk is an independent network of local individuals,

community groups and organisations. LINks provide the PCT with reports on their intelligence gathered from their development workers, which together with PALS, helps to identify trends and themes, which are then actioned by the PCT and fed back to the LINks.

4.10 Embedding the Delivery of Equality

A number of arrangements are in place to embed delivery of the public sector General Equality Duty and the Equality Delivery System (EDS). The Trust's Equality, Inclusion and Human Rights' function leads the organisational and individual capacity and capability development of the Cluster in relation to equality, identifying the systems, skills and structures needed to help ensure that equality is integral to how the Cluster operates its functions.

A Commissioning Inclusion Leads' EDS Governance Board has been established in Derbyshire, coordinated and led by the Cluster. Its membership includes a nominated Inclusion Lead from each of the CCGs as well as the Cluster. An action plan has been collaboratively developed by this Governance Board to enable the CCGs and Cluster to work together effectively to meet the Equality Delivery System requirements for 2012/2013 and help ensure on-going compliance with the public sector General Equality Duty and its associated Specific Duties.

Monitoring compliance with the Equality Delivery System and statutory equality duties is one of the express Terms of Reference for the Cluster's Governance Committee, enabled by the internal EDS/equality governance arrangements within the CCGs.

NHS Derby City and NHS Derbyshire County has a number of arrangements to ensure that there are quality assurance mechanisms in place to assess impact on quality, including equality. For example, a quality impact assessment toolkit has been developed for use with QIPP schemes to accurately identify and track any risks to quality, including assessment of equality impact. In addition, systems are in place to assess the equality impact of policies and plans.

Additionally, both Board and Governance Committee papers are required to include a section that assesses the equality impact of the subject under discussion, specifically in relation to the delivery of the NHS Equality Delivery System objectives and outcomes.

From a community perspective, the Derbyshire Community Health Equality Panel (DCHEP) plays a key role in co-ordinating the engagement and involvement of local interest groups in the EDS's implementation, as described in section (add section reference number).

The Derbyshire County and Derby City Health and Well-Being Boards have agreed to undertake an integral role in the independent assurance arrangements relating to the Cluster and CCGs performance assessment(s) against the objectives and outcomes of the Equality Delivery System. The Boards will receive, consider and comment on the Cluster's and CCGs' Equality Delivery System summary evidence and recommended improvement priorities.

At a formal community launch of the EDS in Derbyshire CEOs/COOs/Chairs from system-wide NHS organisations (including NHS Derby City and NHS Derbyshire County and the CCGs) signed an Equalities Charter which includes a commitment to support the EDS's implementation.

NHS Derby City and NHS Derbyshire County undertakes specific research to identify the equality issues affecting access to healthcare and the experience of health services in Derbyshire. The outcomes of this research are published on the Cluster's webpages: http://www.derbycitypct.nhs.uk/about-us/equality/

The Cluster's updated Equality and Inclusion Strategy defines a number of key equality priorities and objectives to be addressed in 2012/21013. These include:

- Improving the access and experience of BME communities to mental health support;
- Analysing the health needs and requirements of the LGB&T community in Derbyshire County and Derby City to inform the priorities for service developments to reduce any inequalities identified; and
- Improving, in Derbyshire, the access to healthcare and experience of health services for people with a learning disability (in line with the agreed priorities set out in the Learning Disability improvement action plan)

Additional equality objectives will be confirmed by the Cluster during the collaborative on-going community and stakeholder consultations on the Equality Delivery System improvement priorities.

4.11 Patient Experience

Listening to what patients say is a fundamental way of discovering what it is really like to experience healthcare services. The experiences of an individual patient can be used to support service improvements which benefit all patients.

Clear communication with patients and the public is important and various methods of communication will be adopted such as:

- CCG based websites
- Media releases
- Leaflets and posters
- Consultations and surveys
- CCG events
- NHS Commissioning Board events
- Attendance at community meetings
- PALS contacts where they are still based in NHS organisations

The Public and Patient Involvement (PPI) Team will continue to advise staff on appropriate ways to get feedback from patients and the public and analyse the findings and encourage commissioners to act upon them to improve services.

The future of PALS is currently unclear. The documentation outlining the proposals for the roles of HealthWatch indicates that they will have a signposting role. However CCGs recognise the importance of having an internal structure that provides

intelligence from service users that can directly inform commissioners. Some CCGs have already indicated that they are investigating whether it is possible to maintain this service internally. It is unclear at this stage whether the finances being identified from the Cluster will be used to provide a comprehensive PALS in HealthWatch or just the signposting element and if a complementary service will be provided where the resources will be accessed to ensure that it is available. The value of patient experience and information was being fed back to inform procurement and contract processes cannot be underestimated.

The collation of data from PROMS (Patient Reported Outcome Measure Survey) as part of the East Midland wide programme is now being used by Clinical and Nursing Quality staff and information is being discussed with providers as part of the contract management process.

The existing Health Panel that engaged people from across the county is now being allocated to CCGs so that they have an existing group of people who volunteer their time in offering their views and helping to shape health services. All of the existing roles that the Health Panel previously provided: to provide a public perspective, bounce ideas off and to give us feedback on public information leaflets or get involved in consultations, will still be available to CCGs.

Because small voluntary/community groups and specialised networks often get overlooked, especially if English is not their first language, an attempt is being made to ensure that all public meetings and consultations include invitations to these groups, which are captured on a database called the Social Inclusion Network (SIN). There are currently 48 community groups and organisations making up the SIN database. It includes many seldom-heard groups and new and emerging communities.

The QIPP Lay Reference Group which was formed from the Health Panel and is made up of a much smaller group of people is currently being reviewed to determine if its function (for project leads to gauge the views of the public throughout the lifetime of the project) will be required in each CCG or will be retained to be accessed by all CCGs using the wealth of experience that the group has developed.

The PPI team is continuing to support Patient Participation Groups and are working to monitor the DES in GP practices. Once support has ensured that surveys have been disseminated and actioned, staff will be concentrating on providing information to the PPGs to empower them to be a critical friend within the practice but also to network them across localities to provide a mandated patient voice to be fed into the CCG boards.

The Patient and Public Involvement Steering Group now operates across both City and County areas. It has reviewed its Terms of References with a much greater focus on supporting authorisation of CCGs. It is likely that this Group will shortly be managed by CCGs rather than the Cluster.

Relationships with the two LINks (Local Involvement Networks) continue. Both are represented on the PPI Steering Group. They work slightly differently and only the county LINk continues to provide the Cluster with reports on their intelligence gathered from their development workers, which together with PALS, helps to identify trends

and themes. However the Dementia Pathfinder that the City LINk is involved with is ensuring opportunities for improved communication between the LINk and the commissioners. City LINk has agreed to continue to provide information on the activity of the CCG in their regular e-mail newsletter to keep their members updated. This will also be used to promote consultation and engagement activities.

4.12 Community Engagement Meetings with Targeted Groups

NHS Derbyshire County's engagement staff and/or the organisation's Equality, Inclusion and Human Rights' lead had regular contact with a variety of networks, forums and groups. As well as attending regular meetings, this involved giving presentations on topics of interest and inviting these networks to take part in engagement activities/consultations. Some of these networks include but are not limited to:

- Lesbian, Gay, Bisexual and Transgender (LGBT) Consultation Forum
- Learning Disability Partnership Board
- Good Health Group
- BME North Forum
- BME South Forum
- Carers' Forum
- 50 Plus Forum
- Umbrella
- Youth Parliament
- Equality and Diversity Network
- Carers Engagement Network and Carers Delivery Partnership Meeting
- New and Emerging Communities Network
- Derby City Access Group
- Derbyshire Community Health Equality Panel
- 3 D (Third Sector Network across Derbyshire)

The focus is now on linking these groups with the CCGs in which they sit and facilitating the forming of relationships with CCG staff. There is proactive engagement with groups where commissioners have age or disease related issues on which consultation is required.

4.13 Innovation

The Derbyshire Cluster is committed to, and has a strong record of, improving quality and outcomes for patients through innovative approaches. The on-going system wide QIPP programmes as described in the Derbyshire Systems Integrated Plan (2012/13), is a clear demonstration of this. Examples of Innovative solutions delivered over recent times are included within the table below:

Table 5: Innovation by Service Area and Approach

Service Area	Approach
Intermediate Care	Development & launch of new service
Alcohol Services	New model developed & market tested. Contracts awarded to third sector & NHS organisations
CAMHS	Development of single point of access to ensure each child is treated first time at the appropriate level to

Service Area	Approach
	reduce duplication and minimise out of area treatments
Musculoskeletal	Development & trail of new pathway
Stroke early supported discharge	Development & launch of new service

In order to further embed innovative approaches and systems during the past two years the Cluster has supplemented its approach to developing a culture of innovation by utilising the partnerships and systems created by the work of the SHA in their statutory duty to promote innovation.[3]

The key approaches taken to further develop skills, tools and techniques to deliver innovative solutions include:

- Optimising opportunities for external funding to deliver improved quality and productivity through new innovative ways of working, including successfully bidding for Regional Innovation Funding.
  - In 2009/10 we secured funding to implement new ways of working in our community nursing teams, entitled: Strategic Change and Benefits in Mobile District Nursing[4].
  - In 2010/11 we were successful with our bid for RIF funding for the project entitled the Patient Medicine and Communication Bag[5].
  - In 2010/11 we were successful in achieving further funding for diffusion of the Mobile District Nursing project across the Derbyshire Health System. We were also successful in receiving funding to allow Derbyshire to lead the development and implementation of D-Dimer testing in the community. D-Dimer testing results in a swifter diagnosis and reduces secondary care attendance where the test indicates no scan is required.
- Utilisation of Quality Observatory data sets to enable analysis and benchmarking of outcomes, cost and improvements[6]
- Utilisation of SHA Innovation funding to promote a culture of innovation throughout the organisation. A two day learning programme was commissioned for frontline and middle managers. The type of support we have utilised is a two day programme, based on the 'Innovative Leadership & the Ingenious Organisation' model. This was delivered by the Institute for Enterprise & Innovation, Nottingham University
- Membership of the Regional Innovation Network, and participation in the Regional and National Innovation Expos, enabling the sharing of best practice and supporting the spread (diffusion) and adoption of innovative solutions
- Utilising development opportunities delivered by the National Institute for Improvement & Innovation, for example Innovation Master classes, Leading Large Scale Change, the Leadership Programmes etc
- Having reference to and where appropriate participating in the East Midlands Technology Adoption programme.
- Sharing of key policies, documents and outcomes etc through cascade of weekly Knowledge Services bulletins across the organisation, to support innovative

[3] East Midlands Innovation Report 2009-10
[4] Regional Innovation Fund Projects 2009/10
[5] Regional Innovation Fund Projects 2010/11
[6] http://www.qualityobservatory.nhs.uk

thinking and the adoption of successful approaches implemented/tested elsewhere.

Within the developing Derbyshire CCGs' strategic planning processes each has indicated their commitment to ensuring they discharge their duty to champion innovation and to utilise innovative approaches within their commissioning activities. Across Derbyshire the adoption of further innovative technologies such as tele-health and tele-care are identified as a local priority within the 2012/13 Derbyshire Systems Integrated Plan.

The Derbyshire Cluster is committed to maintaining the skills and knowledge gained through the approach taken to embed innovation within the new organisation as described above. The Cluster will continue to promote a culture of innovation to underpin delivery of high quality, best value services throughout and beyond the transition period.

5. PERFORMANCE

5.1 Summary of Historic Performance

The Derbyshire Cluster PCTs have consistently performed well in national assessments over the past few years. The recent performance for both PCTs in the Healthcare Commission Annual Health Check is as follows:

Table 6: Historic Performance Against Health Check Standards

Annual Health Check	Core Standards	Existing Commitments	National Priorities	Use of Resources	Quality of Services
2007/08	Fully Met	Fully Met	Good	Good	Good
2008/09	Fully Met	Fully Met	Good	Good	Good

5.1.1 2007/08 – 2008/09

Existing Commitments

The Healthcare Commission (now the Care Quality Commission or CQC) defined 14 indicators for the existing commitments for both Derbyshire County & Derby City PCTs in 2008/09. This contrasts with 17 indicators for Derbyshire County PCT & 11 indicators for Derby City PCT that were assessed in the existing commitments in 2007/08.

Derbyshire County PCT's performance improved from scoring 15 Achieved and 2 Under-Achieved (Ambulance Category B calls with a response within 19 minutes & Accessing a GP within 48 hours or a primary care professional within 24 hours) out of 17 Indicators in 2007/08 to scoring 13 Achieved and 1 Fail (Total time in A&E, which was due to technical reasons beyond our control at a provider for which Derbyshire County PCT are not the lead commissioner) out of 14 indicators in 2008/09.

Derby City PCT's performance improved from scoring 10 achieved and 1 under-achieved (Ambulance Category B calls with a response within 19 minutes) out of 11 indicators in 2007/08 to 13 achieved and 1 under-achieved (Total time in A&E) out of 14 indicators in 2008/09.

In 2008/09 Both Derbyshire County PCT & Derby City PCT achieved the Ambulance Category B Response Within 19 Minutes indicator that both under-achieved the previous year, the GP Access indicator that Derbyshire County PCT under-achieved in 2007/08 was removed from the Existing Commitments in 2008/09.

Table 7: Performance Against Existing Commitments

	2007/08		2008/09	
Existing Commitments	NHS Derbyshire County	NHS Derby City	NHS Derbyshire County	NHS Derby City
Access to GUM clinics	N/A	N/A	ACHIEVED	ACHIEVED
Category A calls meeting 19 minute standard	ACHIEVED	ACHIEVED	ACHIEVED	ACHIEVED
Category A calls meeting 8 minute standard	ACHIEVED	ACHIEVED	ACHIEVED	ACHIEVED
Category B calls meeting 19 minute standard	UNDER ACHIEVED	UNDER ACHIEVED	ACHIEVED	ACHIEVED
Commissioning of crisis resolution/home treatment services	ACHIEVED	ACHIEVED	ACHIEVED	ACHIEVED
Commissioning of early intervention in psychosis services	N/A	N/A	ACHIEVED	ACHIEVED
Data quality on ethnic group	N/A	N/A	ACHIEVED	ACHIEVED
Delayed transfers of care	ACHIEVED	ACHIEVED	ACHIEVED	ACHIEVED
Diabetic retinopathy screening	ACHIEVED	ACHIEVED	ACHIEVED	ACHIEVED
Inpatients waiting longer than the 26 week standard	ACHIEVED	ACHIEVED	ACHIEVED	ACHIEVED
Outpatients waiting longer than the 13 week standard	ACHIEVED	ACHIEVED	ACHIEVED	ACHIEVED
Patients waiting longer than three months (13 weeks) for revascularisation	ACHIEVED	ACHIEVED	ACHIEVED	ACHIEVED
Time to reperfusion for patients who have had a heart attack	ACHIEVED	ACHIEVED	ACHIEVED	ACHIEVED
Total time in A&E	ACHIEVED	ACHIEVED	FAIL	UNDER ACHIEVED

National Priorities

For 2008/09 the Healthcare Commission defined 23 National Priorities, which was a big increase from the National Priorities defined in 2007/08. Of the National Priorities defined in 2007/08 only 9 were carried over though another 4 were moved from the Existing Commitments section to the National Priorities section for 2008/09. Therefore there are fewer bases for comparison than with the Existing Commitments between 2007/08 and 2008/09.

Of the 23 Indicators defined in the National Priorities for 2008/09, Derbyshire County PCT achieved 18, under-achieved in 3 and failed 2 whereas Derby City PCT achieved 17, under-achieved in 4, failed 2 and 1 indicator was deemed to be non-applicable. Progress between 2007/08 and 2008/09 was achieved, with Derbyshire County PCT achieving both Access to Primary Care and Four Week Smoking Quitters.

Table 8: Performance Against National Standards

	2007/08		2008/09	
National Priorities	NHS Derbyshire County	NHS Derby City	NHS Derbyshire County	NHS Derby City
18 week referral to treatment times	ACHIEVED	ACHIEVED	ACHIEVED	ACHIEVED
Access to primary care	UNDER ACHIEVED	N/A	ACHIEVED	UNDER ACHIEVED
Access to primary dental services	N/A	N/A	UNDER ACHIEVED	FAIL
All age all cause mortality	N/A	N/A	FAIL	ACHIEVED
All cancers: one month diagnosis to treatment (including new cancer strategy commitment)	ACHIEVED	N/A	ACHIEVED	ACHIEVED
All cancers: two month urgent referral to treatment (including new cancer strategy commitment)	ACHIEVED	N/A	ACHIEVED	ACHIEVED
All cancers: two week wait	N/A	N/A	ACHIEVED	ACHIEVED
Breast cancer screening for women aged 53 to 70 years	N/A	ACHIEVED	ACHIEVED	ACHIEVED
Childhood obesity rate	ACHIEVED	ACHIEVED	UNDER ACHIEVED	ACHIEVED
Chlamydia screening (as a proxy for chlamydia prevalence)	N/A	FAIL	UNDER ACHIEVED	UNDER ACHIEVED
Commissioning a comprehensive child and adolescent mental health service (CAMHS)	ACHIEVED	N/A	ACHIEVED	ACHIEVED
Experience of patients	SATISFACTORY	SATISFACTORY	SATISFACTORY	SATISFACTORY
Four week smoking quitters (proxy for smoking prevalence)	UNDER ACHIEVED	ACHIEVED	ACHIEVED	ACHIEVED
Incidence of Clostridium difficile	N/A	N/A	ACHIEVED	ACHIEVED
NHS staff satisfaction	N/A	N/A	ACHIEVED	ACHIEVED
Number of drug users recorded as being in effective treatment	ACHIEVED	ACHIEVED	ACHIEVED	ACHIEVED
Prevalence of breastfeeding at 6-8 weeks from birth: data completeness	N/A	ACHIEVED	ACHIEVED	ACHIEVED
Proportion of individuals who complete immunisation by recommended ages	N/A	N/A	ACHIEVED	UNDER ACHIEVED
Reduction in cancer mortality rate in people age under 75 (20% by 2010)	ACHIEVED	ACHIEVED	ACHIEVED	UNDER ACHIEVED
Reduction in CVD mortality rate in people age under 75 (40% by 2010)	ACHIEVED	ACHIEVED	ACHIEVED	ACHIEVED
Stroke care	N/A	N/A	ACHIEVED	ACHIEVED
Suicide and injury of undetermined intent mortality rate - indicator withdrawn	ACHIEVED	N/A	ACHIEVED	N/A
Teenage conception rates per 1,000 females aged 15-17	FAIL	ACHIEVED	FAIL	FAIL
Women who have seen a midwife or maternity healthcare professional by 12 weeks: data quality	N/A	N/A	ACHIEVED	ACHIEVED

5.1.2 2009/10 - 2010/11

With the Healthcare Commission transforming into the Care Quality Commission, the Annual Health Check was discontinued for 2009/10 with the CQC Periodic Review replacing it, although it included the same indicators as the 2008/09 Annual Health Check and was to be assessed in a similar way. However in the course of 2010 it became clear that because of a major overhaul of the NHS Operating Framework following the general election in 2010 that the CQC were not going to issue the results for the Periodic Review. Instead focus switched to monitoring the PCT's performance based on the targets set for the Local Operating Plan, known as Vital Signs. The Vital Signs annual publication demonstrates the PCT's position against the NHS East Midlands and England position. It also allows us to track performance year to year to see if performance has improved in the intervening year.

The Vital Signs is split into 3 tiers, Tier 1: National Requirements, Tier 2: National Priorities and Tier 3 Local Priorities. The performance for Derbyshire County PCT & Derby City PCT for these different tiers is monitored on a basis of year on year improvement. Please find the summary of the Cluster's results for 2009/10 compared with 2010/11 below:

Tier 1: National Requirements (7 comparable indicators)

Derbyshire County PCT – 5 Improved, 2 Declined

Derby City PCT – 5 Improved, 2 Declined

Tier 2: National Priorities (28 comparable indicators)

Derbyshire County PCT –16 Improved, 8 Declined, 4 Unchanged

Derby City PCT – 17 Improved, 6 Declined, 5 Unchanged

Tier 3: Local Priorities (12 comparable indicators)

Derbyshire County PCT –4 Improved, 5 Declined, 3 Unchanged

Derby City PCT – 8 Improved, 1 Declined, 3 Unchanged

5.2 Summary of Current Performance

5.2.1 2011/12 – Current Performance

Performance, as in previous years, continues to be monitored and reported throughout the year. For 2011/12 the Department of Health released a new Operating Framework, which introduced a raft of measures to replace the Vital Signs, known as the Strategic & Operating Plan or SOP. These measures cover a lot of the same ground as the Vital Signs did, however they also include measures that were previously part of the Healthcare Commission / Care Quality Commission assessments as well as new indicators and new methods for assessing old indicators. For example 18 Weeks Referral To Treatment waits are now measured by 95th percentile and median waiting times rather than just the proportion of patients that were treated within 18 weeks. The PCTs have set trajectories for the relevant SOP trajectories that are not subject to national standards in order to provide challenging yet realistic aims for performance on these indicators in 2011/12.

Key risk areas for current performance are reviewed monthly by the Governance Committee (see Library of Knowledge for the latest information).

5.2.2 Targets for Current & Future Performance

To illustrate the cluster's intentions for performance in 2011/12 we have included the targets that the PCTs have set for the Strategic & Operating Plan.

Table 9: SOP - Headline Indicator - Targets 2011/12

Ref	Measure	County PCT Target	City PCT Target
HQU01	Incidence of MRSA bacteraemia - PCO	17	8
HQU02	Incidence of Clostridium difficile - PCO	257	77
HQU03_01	CAT A Response time within 8 Mins	75%	75%
HQU03_02	CAT A Response time within 19 Mins	95%	95%
HQU05	18 Weeks RTT - Admitted 95th Percentile	23 weeks	23 weeks
HQU06	18 Weeks RTT - Non admitted 95th Percentile	18.3 weeks	18.3 weeks
HQU07	18 Weeks RTT - Incomplete Pathways 95th Pecentile	28 weeks	28 weeks
HQU09	A&E Unplanned re-attendance rate	<5%	<5%
HQU10	Total time spent in A&E department 95th centile	<4 hours	<4 hours
HQU11	Left department without being seen rate	<5%	<5%
HQU12	Time to initial assessment - 95th centile	<15 mins	<15 mins
HQU13	Time to treatment in department - median	<60 mins	<60 mins
HQU14-A	All cancers: two week wait	93%	93%
HQU14-B	Two Week Wait for Breast Symptoms	93%	93%
HQU15-A	All cancers: 62 days urgent referral to treatment waiting time	85%	85%
HQU15-B	All cancers: 62 days urgent referral to treatment - Screening service	90%	90%
HQU15-C	All cancers: 62 days urgent referral to treatment - Consultant Upgrade	n/a	n/a

Table 10: SOP – Supporting Indicators – Targets 2011/12 – 2013/14

Ref	Measure	County PCT Target	City PCT Target
SQU02	Percentage of Deaths registered at home (including care homes)	39.5%	39.0%
SQU05-A	All cancers: 31 days - 1st definitive treatment	96%	96%
SQU05-B	All cancers: 31 days - subs treatment : Surgery	94%	94%
SQU05-C	All cancers: 31 days - subs treatment : Drugs	98%	98%
SQU05-D	All cancers: 31 days - subs treatment : Radiotherapy	94%	94%
SQU06_03	Stroke care – 90% time spent on Stroke Unit	80.1%	80.0%
SQU06_06	Stroke care – TIA within 24 hours	76.2%	60.0%
SQU08	Carers breaks	35.5%	n/a
SQU09	Access to NHS dentistry	411,766	154,013
SQU10	Staff engagement	3.5	Improvement
SQU12	12 week maternities seen by midwife	95.3%	90.0%
SQU13	Early intervention	64	17
SQU14	Crisis Resolution	848	215
SQU15	CPA follow up within 7 days of discharge	95%	95%
SQU16	Psychological therapy - Uptake	75.8%	58.8%
SQU18	Number of smoking quitters	5050	2456
SQU19	Breastfeeding at 6-8 wks after birth - Prevalence	44.0%	39.9%
SQU20	NHS Breast Screening Programme to women aged 50-73 (extended)	100.0%	Improvement
SQU21	Extension of NHS Bowel Cancer Screening Programme	36.6%	Improvement
SQU22	All women to receive results of cervical screening tests within 2 weeks	98%	98%
SQU23	Diabetic retinopathy in the previous twelve months - Offered	100%	95%
SQU24	18 Weeks RTT - Admitted Median waits	11.1 weeks	11.1 weeks
SQU25	18 Weeks RTT - Non admitted Median waits	6.6 weeks	6.6 weeks
SQU26	18 Weeks RTT - Incomplete Pathways Median waits	7.2 weeks	7.2 weeks
SQU27	NHS Health Check - % people ages 40-74 - Offered	18.0%	18.0%
SQU27	NHS Health Check - % people ages 40-74 - Uptake	11.6%	10.9%
SRF12	Choice of Choose & Book	90%	90%

6. FINANCIAL HISTORY

6.1 Financial Background

The NHS in Derbyshire has a strong record of delivery and has made significant progress in recent years improving the quality and outcomes of patient care together with value for money for the taxpayer. Since the formation of Derbyshire County PCT and Derby City PCT in 2006, the financial strategy has been to create a financial environment within Derbyshire which will support the promotion of better health, the reduction of health inequalities and the commissioning of the best healthcare possible whilst maintaining a prudent approach to risk, both known and unknown. Further details of the financial history of Derbyshire County PCT and Derby City PCTs can be found in the separate legacy documents attached as appendices.

6.2 Financial Position 2011/2012

The Cluster started 2011/2012 with a balanced budget and sufficient reserves to allow it to mitigate against in-year risks for potential unplanned increases in activity and other unanticipated circumstances that could adversely affect the financial position.

The Cluster has met all the requirements of the 2011/2012 NHS Operating Framework and the requirements of the SHA. The Cluster had very challenging QIPP targets this year and are on course to deliver the £58.2m needed to balance the financial plan.

A 2% non-recurrent Transformation Fund was established totalling £31.1m and this has been invested to enable us to deliver savings in the current financial year and will continue to do so in future years.

Table 11 below details the financial position for the Cluster as at 30th November 2011 and includes the forecast for this financial year. This shows the PCT is forecasting to meet its SHA control total, which is an under spend of £11.0m.

The budgets in all areas that are applicable to CCGs in 2013/2014 have been delegated to them now and the Cluster continues to work with the CCGs to maintain the financial position in those areas.

Table 11

Financial position @ 30th November 2011 and year end forecast

	Annual Budget	Budget to Date	Expenditure to Date	November Variance	Forecast Variance
	£'000	£'000	£'000	£'000	£'000
NHS Commissioned Services	1,042,468	695,483	699,913	-4,430	-9,269
Non-NHS Commissioned Services	158,185	110,471	113,571	-3,100	-3,477
Primary Care Services	217,266	143,580	144,694	-1,114	-1,789
Prescribing	143,420	95,698	97,682	-1,984	-2,763
Operational Costs	47,720	33,833	33,612	221	-23

Table 11					
Financial position @ 30th November					
2011 and year end forecast					
Reserves, Provisions & Capital Charges	21,674	9,032	-1,387	10,419	17,291
Total Revenue Expenditure	**1,630,733**	**1,088,97**	**1,088,085**	**12**	**0**
SHA Control Total	10,974	7,316	0	7,316	10,974
Reported Position	**1,641,707**	**1,095,413**	**1,088,085**	**7,328**	**10,974**

6.3 Financial Position 2012/2013

The PCT allocations for 2012-13 were announced on 14th December 2011 and these confirmed all PCT revenue allocations will increase by 2.8%, with an additional amount for reablement services. There is no movement towards target funding for PCTs in 2012-13 which leaves both Derby City and Derbyshire County PCTs significantly underfunded. However the 2.8% increase to recurrent funding is higher than previously planned. The operating framework sets out the expectations upon PCTs and the increases to certain levels of funding e.g. an increase to CQUIN of 1%.

Table 12 below contains the increase to the recurrent baselines of the PCTs

Table 12				
Increase to recurrent baselines				
	City	County	Total	Increase
	£'000	£'000	£'000	%
Recurrent baseline 2011-12	437,613	1,118,446	1,556,059	
Growth	12,253	31,316	43,569	2.80
Re-ablement monies	772	1,974	2,746	0.18
Total	**450,638**	**1,151,736**	**1,602,374**	**2.98**

Table 13 gives the recurrent baseline and uplift by CCG historic share. This is purely indicative and will change when shadow allocations to CCGs are published in January 2012 and when the cluster finalises its allocation methodology and risk sharing arrangements.

Table 13

Increase to recurrent CCG indicative baselines

	Baseline	Growth	Re-ablement	Total
	£'000	£'000	£'000	£'000
Erewash	150,751	4,220		154,971
Hardwick	172,287	4,824		177,111
High Peak	89,379	2,503		91,882
North Derbyshire	368,857	10,328		379,185
South Derbyshire	774,785	21,694		796,479
Cluster			2,746	2,746
	1,556,059	**43,569**	**2,746**	**1,602,374**

Table 14 contains the initial assessment of the impact of the 2.8% uplift and the estimated commitments against the uplift by statutory PCT. The QIPP amounts previously agreed by the PCT and with CCGs have remained the same.

Table 14

Draft financial plan 2012-13 by PCT

	City	County	Total
	£'000	£'000	£'000
Additional Growth	13,025	33,290	46,315
Adjustments to funding e.g. Control Total and use of 2% in 2011-12 budgets	(4,647)	(1,700)	(6,347)
Uplift (inc CQUIN)	(100)	(3,500)	(3,600)
Make good recurrent 2011-12 overspends	(7,028)	(13,900)	(20,928)
Unavoidable commitments	0	(683)	(683)
Capacity Plan / activity	(5,200)	(13,000)	(18,200)
Investments & Operating Framework requirements	(2,659)	(6,516)	(9,175)
Legacy debt repayment	(10,500)		(10,500)
Risk reserve		(4,000)	(4,000)

Table 14

Draft financial plan 2012-13 by PCT

	City	County	Total
	£'000	£'000	£'000
Control Total	(1,487)	(4,000)	(5,487)
QIPP Requirement	30,637	34,500	65,137
	12,041	**20,491**	**32,532**

The Cluster is now working with the CCGs to agree individual financial plans at a CCG level. Each CCG will identify the level of growth required to meet existing and forecasted commitments in 2012-13 whilst maintaining the previously calculated and agreed QIPP targets. The intention is for the balance of growth monies to be allocated to the Cluster in order that a risk reserve is established to ensure the PCT's statutory duties are met and to manage the non-achievement of QIPP across CCGs. This methodology of CCG resource allocation is likely to result in the CCGs receiving differing levels of growth depending on the in-year position of the CCG in 2011-12 and the use of the 2 % non-recurrent reserve. In addition the draft financial plan increases the County PCT in year risk reserve to £10m.

6.4 Summary

The Cluster is on target to meet the statutory duties of the two PCTs. The Cluster will continue to work with the CCGs to produce a balanced financial plan which will achieve the statutory duties of the PCTs and also aims to eliminate all legacy debt issues from CCGs by March 2013 whilst protecting the Cluster from risk.
A financial framework document will be developed with CCGs to describe the principles and methodology of the resource allocation to CCGs, access to risk reserves and 2% transformation funds and the timetable for the completion of the financial plans which will form part of the Cluster integrated planning process.

7. PROVIDER CAPACITY

Public sector procurement is subject to EU rules and regulations and it is therefore critical that all procurement activity is conducted consistently, accurately, and effectively.

7.1 Service Capacity Issues

The provision of the 'Market Management & Procurement Strategy' document and Market Development Plan (developed internally) enables the Cluster to facilitate and monitor compliance with all procurement rules and regulations, as well as ensuring the organisations demonstrate effective procurement processes in carrying out both strategic and transactional purchasing activity. Any interim changes in legislation, case law and guidance from the Department of Health which have a potential to impact on process or best practice are also incorporated into the Market Management strategy as they arise. The policy addresses a range of areas including development of provider markets as required including:

- Market Management Collaboration & Completion- using appropriate market management levers and strategies, including regional collaboration, to develop provider markets to meet current and future needs that will have a positive impact on outcomes.

- Procurement- ensuring all procurement activity is transparent, fair and equitable, with all decisions being made within a framework that delivers value for money and delivers required outcomes.

- Policy & Governance- policies and processes are efficient, effective and ensure compliance with legislation, regulations and EU directives in selecting market intervention strategies and contract award.

- Choice and Access Development of sustainable provider markets to deliver greater choice and access to healthcare in appropriate settings.

NHS Derby City and NHS Derbyshire County recognise that in some cases it is necessary and appropriate to have competition for services in order to secure improved outcomes and patient experience, but in others it may be possible and desirable to maintain existing providers whilst continuing to drive quality improvements.

7.2 Market Management

The following are examples of some of the most common routes to market, all of which NHS Derby City and NHS Derbyshire County utilise as and when appropriate:

Open Procedure

This procedure is often used for the procurement of commodity products which do not require a complex tender process in order to be purchased.

Restricted Procedure

All interested parties may express an interest in tendering for the contract but only those meeting the contracting authority's Selection criteria will actually be invited to do so. When responding to the Official Journal of European Union (OJEU) notice,

candidates must first submit any information required by the authority as part of its Selection stage used.

Competitive Dialogue Procedure
The Competitive Dialogue procedure allows the contracting authority to enter into dialogue with Bidders, following an OJEU notice and a Selection process, to develop one or more suitable solutions for its requirements and to determine which chosen Bidders will be invited to tender.

Framework Agreement Procedure
A Framework Agreement is a general term for an agreement with Providers that sets out terms and conditions under which specific purchases (call-offs) can be made throughout the term of the agreement.

AQP (Any Qualified Provider) Procedure
Any Qualified Provider (AQP) describes a set of system rules (accreditation framework) whereby for a prescribed range of services, any provider that meets the cost and quality criteria laid down by the Commissioner can compete for business within the market, without direct constraint by the commissioner. AQP is a procurement route that encourages competition between providers of routine elective or other services, where activity is driven solely by Service User choice.

7.3 Procurements during past three years

To ensure transparency and robustness of procurement processes the PCTs retain all records concerning all procurement undertaken. A list of procurements undertaken during the last 3 years is included below:

Transforming Community Services – Adult Services
Transforming Community Services – Children's Services (Derby City / Derbyshire)
Sexual Assault Referral Centre Service
Alcohol Treatment Services
Condom Distribution Scheme (Derbyshire)
Day Care Services
Vasectomy Services
Musculoskeletal Services Pilot (Proof of Concept)
Psychological Therapies
Translation & Interpreting Services
Urology LUTs Service Provision
Walk in Centre
Community Performance Metrics
Patient Audit Software
Cancer & CVD Awareness Drama for South Asian Communities
Supply of General Dental Services
Supply of Primary Care Medical Services (replacement for Littleover Medical Centre)
Continuing Healthcare (Nursing & Residential Care Homes)
Home Oxygen
DICES (Derbyshire Integrated Community Equipment Stores)
Anti Natal Screening

Equitable Access
Locked & Unlocked Rehabilitation Services (Mental Health, Learning Disabilities)
Low Secure Services (Mental Health)
Supply of a replacement Primary Care Medical Services for patients registered at Dales Medical Centre
Supply of Primary Care Medical Services – Village Medical Centre
ISTC (Independent Sector Treatment Centers)
Independent Sector Procurement for Elective Operations e.g. Nuffield

- **Dental Services: To improve and/or maintain access to NHS Dental Services in all geographical areas.**
  - **Shirebrook**
  - **Ashbourne**
  - **Staveley**
- **Primary Care Access Centres – This was carried out as part of a regional procurement, to develop the market for Primary Care open access centres.**
- **Audiology Services.**
- **Alcohol Treatment Services – This project delivered a re-designed service specification across Derbyshire County.**
- **Primary Healthcare services in Prisons – As part of the National Policy to move the provision of healthcare in prisons from the Ministry of Justice to the Department of Health, the PCT led this procurement to delivery Primary Care healthcare services at HMP Foston Hall and HMP Sudbury.**
- **Adult Obesity – Weight management & Lifestyle change**
- **Breast Feeding Peer Support – targeted at the most deprived areas of the County where breastfeeding rates were lowest.**
- **Orthodontics & Minor Oral Surgery.**

7.4 Planned Procurements

The PCTs have identified a number of potential imminent procurements which include the following. Robust procurement processes in line with PCT procurement policies and strategies will support the procurement for each of these projects progressed. Where required, partnership working will be embraced to maximise quality and productivity of all services contracted:

Diabetes - Integrated Services *To establish an integrated diabetes service that delivers intermediate care in the community and seeks to increase capacity and capability in Primary Care, empower the patient to self-manage their condition and in the longer term reduce the onset of complications arising from diabetes.* Currently a pilot is in place and start of procurement of full service due latter quarter of 2011. Need to liaise with City to do possible linked project.
Audiology Services (PBC) *Aspiration to transform patient experience of audiology services and shorten waiting times.*

Cardiac Rehabilitation (regional procurement) *A medically supervised program that helps improve the health and well-being of people who have heart problems. Rehab programs include exercise training, education on heart healthy living, and counselling to reduce stress and help patients return to an active life.*
Pulmonary Rehabilitation *Pulmonary rehabilitation includes patient education, exercise training, psychosocial support and advice on nutrition.* Pulmonary rehabilitation has been shown to improve exercise capacity, reduce breathlessness, improve health-related quality of life, and decrease healthcare utilisation. The majority of patients considered for pulmonary rehabilitation programmes will have chronic obstructive pulmonary disease (COPD).
Carers Support Service (MH) *Providing support to carers whom help their family members with mental health conditions, learning disabilities and dementia.*
Self Help Line (MH) *A confidential service staffed by trained telephone helpline workers, offering emotional support and information on local and national services specific to Mental Health.*
Health Watch (MH) *Derbyshire Voice (incumbent) are a registered charity and play an important part in working to improve mental health services across Derby City and Derbyshire. They support past and present receivers of mental health services to attend NHS meetings to represent the views of other service receivers. Aim to promote an individual's right to choice and personal control over their life.*
Locked & Unlocked Rehabilitation Services (MH, LD) *Locked & Unlocked Hospital Rehabilitation Services (Psychiatric and Learning Disabilities) across the region. Step down from Low Secure Services.*
MH Advocacy *Advocacy services designed to support those who are vulnerable or need help to make informed decisions and secure the rights and services to which they are entitled.* Advocacy has been available to support patients in many mental health services for some years, but from 1 April 2009 under provisions introduced by the Mental Health Act 2007, qualifying patients in England will have access to help from an Independent Mental Health Advocate (IMHA).
Musculoskeletal Services *Musculoskeletal disorders can affect the body's muscles, joints, tendons, ligaments and nerves. Develop over time and are caused either by the work itself or by the employees' working environment. They can also result from fractures sustained in an accident. The aim is to offer more care closer to home, with improved ways to access diagnostic tests.* MSK pilots currently on-going for Derby City. Contracts for pilots ran from Jul 10 to Mar 11, and have subsequently been extended to Sep 11, possible further extension to Mar 12. Scope could now change?
Provision of Drugs for Prostate Cancer *Provision of a service to supply Luteinising Hormone Releasing Hormone (LHRH) analogues to GP Practices within Derbyshire.*

Domiciliary Care (regional procurement) *Health care or supportive care provided in the patient's home by healthcare professionals.*
Assertive Outreach for new and emerging communities (Normanton area of Derby) Multiagency, Midwife, GP sessional time, health visitor and community support worker. Positive impact on urgent care (reduced A&E and Children's A&E). Pilot commenced in April 2010 with 4 GP practices, however only 2 have been successful (Lister House & Normanton Medical Centre). Pilot originally to conclude on 30th September 2011.
Creswell and Langwith GP Service
Children's Continuing Care process and as part of that piece of work, we're looking to commission a variety of services to provide the care. This will allow families a wider choice and greater control over the care they receive.
Informatics Service
Patient Transport Services - Non Emergency *PTS are provided to patients that have a medical need for transport to and from a premises providing NHS healthcare and between NHS healthcare providers (Eligibility Criteria for Patient Transport Services (PTS) Department of Health 2007).* Regional procurement exercise currently being led by EMPACT. Consolidation of supply base. Current contracts terminate on 31st Mar 2012. EMAS main incumbent.
Continuing Care - Phase 2 (regional procurement) *Continuing care' means care provided over an extended period of time, to a person aged 18 or over, to meet physical or mental health needs that have arisen as a result of disability, accident or illness. 'NHS continuing healthcare' means a package of continuing care that is arranged and funded solely by the NHS. The actual services provided as part of that package should be seen in the wider context of best practice and service development for each client group. Eligibility for NHS continuing healthcare places no limits on the settings in which the package of support can be offered or on the type of service delivery. Most common form of settings include: Specialist Residential units; Care Homes (Nursing or Residential); Domiciliary care packages within the patients home; Various supported living options.* Phase 1 of AQP saw the appointment of 243 Providers i.e. 801 care homes.
Back & Neck Pain *The aim of this service is to emphasise the use of physical approaches in the promotion, maintenance and restoration of an individual's physical, psychological and social well-being encompassing variations in health status.*
Podiatry Services *Focused on the needs of those with low and medium levels of foot health need with referral on to specialised podiatry and extended scope podiatry and signposting to non-podiatric services where clinically appropriate, e.g. smoking cessation or weight management services.*

Improving Access to Psychological Therapies *Evidenced-based psychological therapies for people with depression and anxiety disorders.*
111 Telephone Number *This is a national project to implement a new NHS access number along with new a new assessment system: NHS Pathways and a new Directory of Services.* Procurement is being led by NHS East Midlands but may be done on a local basis if timescales do not align.
Adult Drug & Younger Persons Substance Misuse Services (City) *Reduction of drug misuse within Derby City***.** Current contracts are due to terminate on 31st Mar 2012. Procurement complete. Implementation underway. Tender split into 6 lots.
Drug Treatment Service (County) High Intensity and Specialist Treatment Service and Prescribing Interventions (A) and Low Intensity treatment services (B).
"b-you programme" (City) *Health coaching for medium to high risk patients- Healthy Lifestyles including raising awareness of CVD, Cancer, COPD, Obesity, Behaviour Change, Weight Mgmt, Health Coaching.* Pilot with Derby City Council Leisure Services due to finish Jun 12. *Possible extension of scope to now include Smoking Cessation (helps smokers kick their nicotine addiction, providing tools, information and support for people quitting smoking) and Alcohol Abuse.*
Community Alcohol Treatment Services Specialist and community generalist services including GP Shared Care Services and joint Alcohol and Drug Aftercare Service.
Substance Misuse Midwifery Specialist substance misuse midwifery service for Drugs and Alcohol Services.
Legacy Substance Misuse Contracts To be let either individually or as part of a bespoke service contract. To include Parent/Carer Support, Sports/Leisure, Motivational Interviewing and Self Help Support

PLEASE NOTE THIS LIST OF PROJECTS WILL INCREASE THROUGH ONGOING DEVELOPMENT OF THE WORK PLAN.

8. WORKFORCE/DEVELOPMENT

NHS Derbyshire County and NHS Derby City jointed together in April 2011 to form the 'Derbyshire Cluster' led by the Cluster Chief Executive and supported by a single executive team. As clusters are not statutory bodies, or indeed permanent bodies, the PCTs making up the Cluster retain their statutory obligations until their abolition in 2013.

In handling these challenges, it is vital to have a planned, systematic and fully engaged approach to manage the myriad changes in a coherent way and to move the Cluster and the people who work in it, from where they are now, to where they need to be, whilst retaining the valuable legacy memory from our current and predecessor organisations.

The current workforce structure in the Derbyshire Cluster is illustrated in table 15 below as at 31st December 2011.

Table 15

Payroll Name	Headcount	FTE
Derbyshire County	386	308.88
Derby City	169	146.69
Total	555	455.57

The necessary work on alignment of roles continues. Table 16 below illustrates the numbers of staff with roles aligned to each of the proposed destinations.

It is anticipated that we may see further movement as more clarity is received.

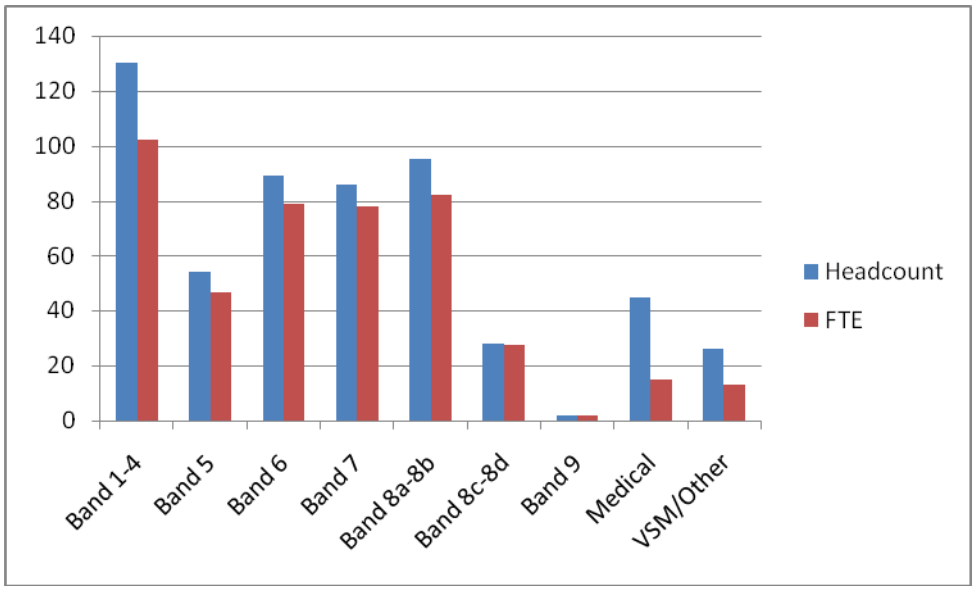
Table 16

Directorate	Grand Total	County	City
Cluster	83	58	25
Erewash CCG	70	52	18
Hardwick Health CCG	19	19	0
High Peak CCG	13	8	5
LA City	20	1	19
LA County	75	75	0
CSO	134	79	55
NHS CB	18	16	2
North CCG	52	48	4
South CCG	71	34	37
Grand total	**555**	**390**	**165**

The transition programme incorporates a second round of staff 1:1 interviews to discuss aligned roles, written confirmation to staff and acceptance of aligned roles. At the request of Sir Neil McKay a further letter was sent to staff at the end of January 2012 providing as much detail as possible regarding staffs' primary role.

Figure 2 below illustrates the Cluster's pay structure.

Figure 2: Cluster Pay Structure



In order to meet the running cost savings for 2011/12 and avoid compulsory redundancies, NHS Derbyshire County and NHS Derby City ran a voluntary redundancy scheme. As a result, in excess of 140 applications were received across the Cluster. After a fair and equitable selection process 87 were approved.

We recognise that reducing the workforce to this extent will have an impact on business continuity and corporate memory if not managed effectively. An Organisational Development (OD) Programme has therefore been designed – Futures 2013.

Futures 2013 is designed to support the workforce transition, including developing the Cluster itself to ensure sustainability until it is abolished in 2013, the four Clinical Commissioning Groups, Commissioning Support Organisation(s), local authorities, non NHS sectors, Public Health England and the NHS Commissioning Board. For each of our transition scenarios work is being taken forward to identify opportunities for rationalisation and business efficiencies plans and timeframes, audit skills to ensure we have the skills to support the developing organisations and map the workforce, identify where investment in new skills may be required and protect the talent pipeline.

As part of 'Futures 2013' we have offered staff a range of support programmes, with most staff accessing some elements of the programme and sessions on offer. These have included the following:

Self-marketing
Starting a business
CV and letter writing
Job hunting techniques

Interview training
Working a s a consultant
Managing your career through change
Public to private sector
Active retirement
Personal input and brand

A Cluster board development programme has now commenced with an initial workshop held in October 2011, focusing on individual and board contributions, strategic priorities, legacy issues and oversight of the organisational change framework. A further workshop is now being designed for early in the New Year and will be integrated with the CCGs/Cluster Board development work.

The process of streamlining HR processes across the Cluster continues and revised policies are consulted on with local trade unions prior to implementation.

The respective PCT's Trade Union committees have been brought together to form one structure for the Cluster. This structure enables a more responsive and efficient partnership approach which is necessary as we move at pace through the transition. The Chief Executive and Associate Director of HR meet with the Trade Unions, on a regular basis to discuss progress with the organisational changes.

A new specification for outsourced HR transactional support has been developed, to be procured from April 2012. Due diligence discussions with two potential suppliers for the operation of a single Cluster-wide SLA are currently concluding. The new contract will deliver savings of c£245k on the current arrangements and will run through to the end of March 2013.

The Cluster's sickness absence rate as at November 2011 is 1.34% which is lower than the regional and national average. We have however, been set a Cluster stretch target of 2% to contribute to the achievement of an overall East Midlands sickness absence target of 3.4%.

Arrangements are in place to monitor workforce reductions for impact on equality strands. The Board and Governance Committee have historically received a HR dashboard, which includes the equality monitoring of leavers. In addition, the 2011 Employment Equality Monitoring Report, provides a detailed analysis of employment monitoring data, which includes analysing the equality impact of workforce reductions. This report is considered by both the Consultative Committee and Board.

The 2010 National Staff Survey results showed that there had been a significant improve4ment for one or both PCTs in communication, essential learning, staff engagement, appraisals and well-being. It was agreed that the key areas for action would be:

Continue to focus on a meaningful appraisal, which includes clear planned goals and personal development.
Continue to improve the quality of job design.
Valuing staff – improving relationships.
Continue to focus on staff support and well-being.

Continue to increase essential learning participation.
Involve staff in the decision making process during organisational change.

We will ensure the results of the 2011 Staff Survey are reviewed, a comparability exercise from the 2010 Staff Survey will be carried out and action plans implemented. All progress will be communicated on a regular basis.

In order to fully utilise ESR we are working with our provider organisations who manage our ESR database, to re-design our organisational structure to reflect the newly created alignment structure. It is crucial that this data is accurate as staff move around the system and the legal requirements of TUPE are taken into account.

A key aspect of the Cluster's approach to its workforce has been commitment to promoting equality and fairness and eliminating discrimination in its employment policies and practices. All policies are assessed for equality impact, using the organisation's impact assessment policies.

In addition, an Employment Equality Monitoring report is produced annually which sets out the equality monitoring results of key employment data. Monitoring is an important aspect of the Cluster's commitment to promoting equality as analysing the monitoring data helps to identify trends, potential issues and opportunities. This informs action planning targeted at ensuring that staff from all groups are treated fairly in key aspects of employment – including recruitment, promotion, staff development, grading and access to opportunities.

The Cluster provides both on-line and targeted equality and inclusion training as part of its commitment to helping ensure that staff are empowered, engaged and well supported and able to demonstrate inclusive leadership.

Arrangements are in place to ensure that the Cluster's Consultative Committee receives and comments on the Employment Equality monitoring report and other relevant reports relating to the Equality Delivery System objectives 3 and 4 (empowered, engaged and well-supported staff; inclusive leadership at all levels).

8.1 Workforce Challenges

Our biggest challenges are the retention of knowledge, experience and talent of the workforce during the effective transition of the PCTs and in the future. This is a risk identified on the cluster Board Assurance Framework and Corporate Risk Register and is being tracked through the cluster Governance Committee and Board. The OD programme 'Futures 2013' is designed to ensure an effective Cluster wide approach to managing these challenges as effectively as possible and is the key means of mitigating this risk.

9. SUMMARY OF KEY PLANNED CHANGES

The Government reform of the NHS in England aims to dramatically improve quality and outcomes whilst making better use of resources through clinically led commissioning, increased patient power and provider development. 2011/12 has been the first full year of transition towards this reformed NHS and the following structural changes are underway affecting the statutory PCTs:

- Abolition of PCTs by April 2013.
- Transfer of functions to new organisations including the National Commissioning Board (NHS CB), Clinical Commissioning Groups (CCGs), upper tier local authorities and Health and Well Being Boards and Public Health England.
- Development of appropriate commissioning and business support arrangements to ensure efficiency and value for money.

9.1 Development of Clinical Commissioning Groups

Five Clinical Commissioning Groups (CCGs) emerged in Derbyshire in early 2011 and have developed throughout 2011/12:

CCG	Population coverage	Number of practices
Southern Derbyshire	524,747	58
North Derbyshire	228,108	30
Hardwick Health	102,160	16
High Peak and Buxton	59,519	8
Erewash	96,985	13

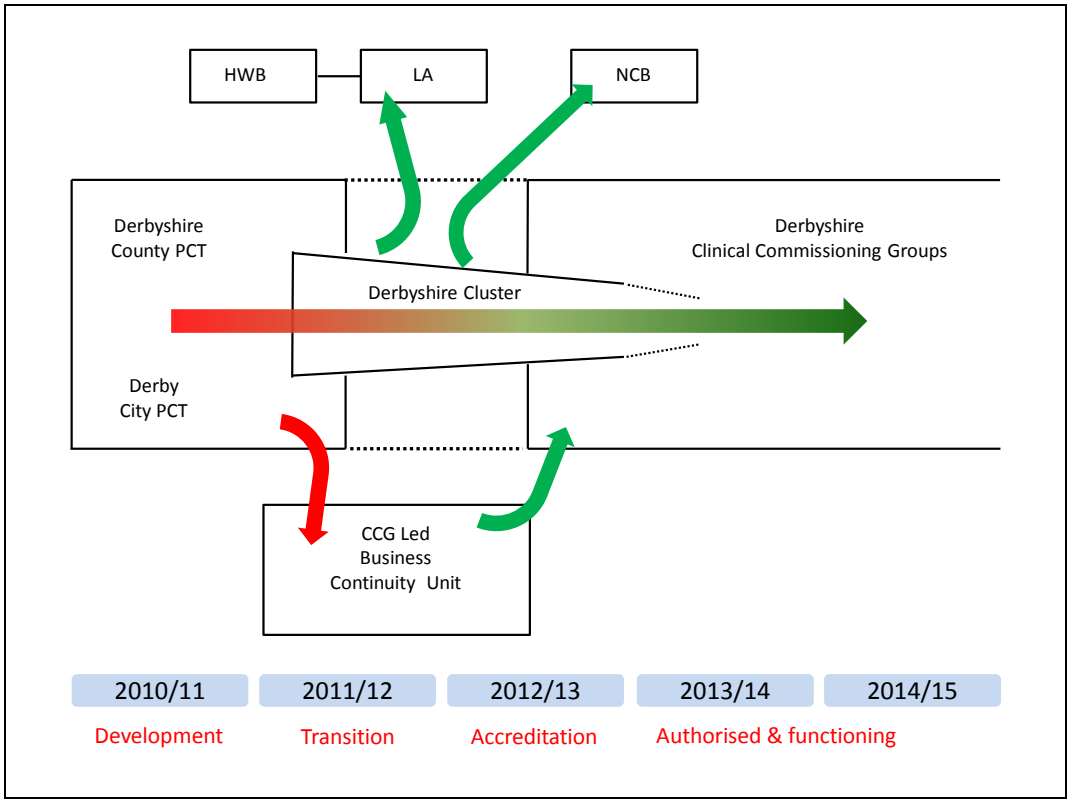
High Peak and Buxton CCG has decided not to progress to authorisation as an independent CCG. They wish to focus on improving quality and outcomes rather than the bureaucracy of establishing a statutory CCG. They are currently in the final stages of discussions with North Derbyshire CCG with an aim to become a strong autonomous locality within that CCG. At the time of refreshing this document these arrangements are not yet finalised and hence High Peak is still treated as a separate CCG within the plan.

In line with the Shared Operating Model for PCT Clusters the role of the Derbyshire cluster is to:

- Provide a clear line of accountability and assurance for delivery of current PCT functions until March 2013.
- Support the development of future commissioning organisations in line with or ahead of the national reform milestones included in Appendix 2.
- Jointly work with CCGs to develop new models of commissioning support that are responsive and reduce duplication and waste.
- Hold commissioning functions which are deemed too vulnerable to transfer to CCGs or upper tier local authorities at present.
- Hold commissioning functions which are destined to transfer to the NHS Commissioning Board (e.g. Primary Care Contracting).

Ensure a consistent programme of system reform across the Derbyshire health and social care community.

Figure 3: Transfer of responsibilities during the transition.



9.2 Development of Commissioning Support Organisation

Derbyshire is fully engaged in the East Midlands planning for Commissioning support. Locally we have an agreed governance structure for the development of a Commissioning Support Organisation (CSO) including Executive leadership, project management support and a project Steering Group chaired by a Non-Executive director. The Cluster is on track for the development of a Business Case for CSO in line with DH timescales and is using a co-production model with the CCGs with appropriate engagement and communication. The Cluster is in discussion with Nottinghamshire to see where we can further integrate support functions and we are already providing communications support to Nottinghamshire due to their lack of capacity. The way we have aligned staff will allow assimilation of direct commissioning staff into NHSCB and then to CSO at the appropriate time. All of this is work in progress and a full progress paper from the February Cluster Board meeting is attached with the library of documentation.

9.3 INFORMATICS SERVICES

9.3.1 Structure of Informatics Service

Informatics Services are delivered by a single Cluster team which was created from the Informatics team at NHS Derbyshire County amalgamating with the Performance & Knowledge Management team at NHS Derby City. The team is led by the Assistant Director of Informatics and has been aligned to Erewash CCG as an interim position.

The COO of Erewash CCG is the CCG lead for informatics ensuring that the requirements of clinical commissioners are met by the informatics service. The service is expected to transfer to the Commissioning Support Organisation as it is developed.

The Service is delivered through a vertically integrated model with elements of the service embedded within the CCGs directly to ensure locally responsive and relevant support. Analysts and some primary care facilitation time are directly allocated to individual CCGs.

The service has 3 teams:

- Information: delivering analytical support for all aspects of CCGs work including contracts, performance management and locality facing initiatives;
- IM&T Enablement: Optimisation of technology to support delivery of care, commissioning and business processes. Project management, change management and benefits realisation. Primary care data quality facilitation and support for optimal use of clinical systems.
- Information Governance: Maintaining public confidence in our organisations ensuring the secure and appropriate handling and use of person-identifiable and organisationally sensitive data and information.

The Cluster / CCG informatics service is supported by Derbyshire Health Informatics Service (DHIS), hosted by Derbyshire Community Health Services NHS Trust (DCHS) which delivers a full range of IT and infrastructure support to Cluster, CCGs and general practice in addition to a range of other partners. The service is supported by a risk sharing partnership between all customer organisations and is governed by an overarching Master SLA with individual organisational SLAs tailoring the service to local need.

9.3.2 Governance

The strategic direction of the service is directed through the CCG Informatics Development Group (CCG IDG) which comprises of GP and AOO membership from CCGs and is chaired by the COO of Erewash CCG. Below this group the IM&T Working Group, with representation from all practice roles provides a forum for discussion and development of initiatives. Subject specific groups also exist to take forward particular projects.

Information Governance is assured through the Information Governance Committee chaired by the Cluster Caldicott Guardian and including the COO of Erewash as Deputy SIRO to support transition to the CCGs. This group is accountable to the Board through the Governance Committee.

The partnership SLA with DHIS is managed through the DHIS Contract Management Board (Executive level membership from each partner – COO from Erewash CCG and AD Informatics are members for Derbyshire Cluster / CCGs). This group is supported by the DHIS Joint Operations Board.

A local health community-wide group, known as the LIB, co-ordinates informatics initiatives which impact across organisational boundaries. All NHS organisations within Derbyshire are represented together with both Local Authorities. The group is

chaired by the COO of Erewash CCG in his role as host for the informatics service and delegated Senior Responsible Owner (SRO) for the LHC IM&T programme (Chief Executive of the Cluster is the SRO).

9.3.3 Informatics for Derbyshire – the Specification

Work has been done with CCGs, general practices and other stakeholders to develop a specification to describe the informatics services currently delivered and the development required for the future to meet the needs of clinical commissioning. This is a key document for the service and would provide a useful reference for anyone wishing to understand the full scope of informatics services.

9.3.4 Key Risks within Informatics

The Cluster has identified that insufficient capacity to deliver all requirements is a key risk. This is partially mitigated through sharing resources across the CCGs but as each organisation develops an individual approach resources will become increasingly stretched.

The transition and associated development of commissioning support units has the potential to fragment services which it has been shown work better when integrated. This needs to be considered as services are reorganised.

The department supports key legal and statutory requirements including information governance and DH reporting requirements. Capacity and continuation of these functions during transition is essential.

The service manages the SLA with DHIS for delivery of IT services. This SLA is to be extended until March 2013 but action is required to maintain continuity of these services beyond that point.

9.3.5 Locating Documentation and Files associated with Informatics

The Specification for Informatics can be located at: newholme2\pcg$\IM&T\AD Informatics

Other documentation:

City Legacy documents
dcfs01\data\Derby City PCT - Performance & Knowledge Management\It
http://lhmos01:25528/sites/imt

County Legacy Documents
http://share.derbyshirecounty.nhs.uk/sites/gpdqi/default.aspx
sdfs01\Informatics
newholme2\pcg$\IM&T

10. ORGANISATIONAL ASSETS AND LIABILITIES

10.1 Estate

The PCT estate is identified within the Record of Premises (see Library of Knowledge). Over the last year the City PCT has undertaken an estates rationalisation programme as part of a quality, carbon reduction and cost effectiveness programme.

Further rationalisation of the estate is now taking place across the rest of the County in order to consolidate staff into two commissioning bases one in the north and one in the south. In addition the Cluster will be retaining responsibility for 48 non clinical/surplus properties in line with the Department of Health guidance "Future ownership and management of estate in the ownership of PCTs". The Cluster currently has a bi-monthly Estates Strategy meetings chaired by the Director of Assurance. The group reports to the Board through the Governance Committee. Regular operational estates meetings ensure effective implementation of the strategic direction set by the Strategy meetings and Board.

Estates services in the City are provided under the Service Level Agreement for Estates and Facilities Management with Derbyshire Healthcare FT and in the County premises are covered by an SLA with Derbyshire Community Health Services.

The AutoCAD Plans for each premise in the City can be found at: \\Hal\Greater Derby PCT\Finance\Estates & buildings\Plans. Further plans to be obtained once the future of the properties is known. The detailed profile of each City premises can be found on the Estates Terrier maintained by Mills & Reeve. The Terrier for the County is held by Derbyshire Community Health Services. It is planned that once the transfer of properties has taken place all information for the retained buildings will be located on the Mills & Reeve Terrier.

10.1.1 Backlog Maintenance

Due to the PCT Estates Rationalisation programme much of the old estate is being disposed of so the backlog maintenance needed across the estate has been significantly reduced.

Significant Backlog Maintenance Identified

- **This financial year**

  Legionella and electrical testing remedial works at Kingsmead, Sinfin and Peartree Clinics will be completed by March 2012.
  New boiler at Scarsdale to be completed by March 2012.
  New boiler installation at Babington Hospital has been completed.

- **Short term (1-2yrs)**

  Peartree Clinic will need a new roof.
  Statutory works at Meadow Suite, Toll Bar House & Scarsdale.
  The boundary wall at Peartree Clinic needs repairing/replacing.
  External works to front entrance path and side at Peartree Clinic
  First floor carpet to be replaced throughout at Peartree Clinic

- **Medium Term (2-4yrs)**
  Kingsmead Clinic will need a new boiler system.
  Peartree windows will need replacing.

- **Long Term (4-6yrs)**
  Sinfin HC will need new a new boiler system.
  Peartree Clinic will need new a new boiler system.
  The windows will need replacing at Sinfin.

10.1.2 National Carbon Reduction Targets

The Cluster has a Trust-wide commitment to reduce its carbon footprint from the 2008/09 baseline by 2013.

The estate rationalisation programme has proved extremely successful with the consolidation of approximately 500 staff into open-plan offices at Cardinal Square on Nottingham Road. The programme will significantly reduce the PCT's carbon footprint, save money to ensure best use of limited resources and improve the standard of accommodation for staff.

Energy efficient lighting and PIRs have been fitted in Scarsdale as well as thermostat settings being 'fixed' to ensure maximum efficiency.

As part of the Carbon Management Plan the Trust has developed its first comprehensive Travel Plan to raise awareness of travel alternatives, reduce traffic congestion and promote healthier lifestyles. The Trust has provided additional facilities to enable staff to cycle to work such as shower rooms and changing areas as well as introduced a new car parking policy.

A new Sustainable Development Plan incorporating good practice and targets from both the City and the County Carbon Management Plans is currently being produced.

10.2 IM&T Assets

IM&T assets are tracked electronically by DHIS on behalf of all their clients. All devices are physically asset tagged by DHIS at the time of deployment. Additionally, all intelligent devices (laptops and PCs) have software fitted that communicates with a central monitoring service. Copies of the reports generated by the DHIS system are available from DHIS and are also stored within the Informatics shared directory structure at sdfs01\Informatics (County) or at http://lhmos01:25528/sites/imt/assets/default.aspx (City).

In addition to this automated reporting, we also maintain our own list for sensitive items such as memory sticks. These are personal issue devices that require the owner to take full responsibility for their use, and their safe return to the PCT when no longer required.

All information about IM&T assets is stored in the Informatics shared directory structure at sdfs01\Informatics (County) or at http://lhmos01:25528/sites/imt/assets/default.aspx (City).

The PCT Cluster provides IM&T assets and services to:

- PCT and CCG staff
- 126 GP practices
- 2 Prison Health units

GPs have printers and scanners deployed on site. A rolling replacement programme is in place to ensure PCs and other IT kit is fit for purpose.

Most of our core IT services are provided on shared platforms provided by DHIS.

10.3 IM&T Contracts

Our contract with DHIS is wide ranging covering IT support, implementation, governance and IT services (hardware and software). The latest contract is stored in the Informatics shared directory structure at sdfs01\Informatics (County) or at http://lhmos01:25528/sites/imt/assets/default.aspx (City).

Contracts for GP systems, excluding TPP SystmOne, are provided under the National GP System of Choice framework. Local schedules for these contracts are also stored within the same directory structure.

TPP SystmOne is provided under a Local Service Provider contract, agreed nationally. Copies of this contract are not held locally.

The PCT holds practice agreements with each practice detailing the IT services which are made available to them by the PCT.

11. STAKEHOLDER MAP

11.1 List of stakeholders and partners, the nature of the relationship, areas of particular interest and how we communicate

Key stakeholders have been identified by the cluster, along with the appropriate communication channels. In addition to these key organisational contacts, other stakeholders are also identified when required for specific pieces of work.

As well as maintaining appropriate communications support for the cluster, the Communications Team has established regular meetings with each CCG and is working with them on the development of websites, staff communications, newsletters etc. The Team is also involved with the transition of the Public Health Teams to the two local authorities. Future arrangements for communications and engagement are being developed nationally, where a shared service model is being developed.

NHS Derby City and NHS Derbyshire County Cluster
Stakeholder Map

Stakeholder and nature of relationship	Area of interest	Communication channels
Partner		
Derbyshire County Council	Increasing involvement in commissioning as part of NHS reforms Health and Wellbeing Boards Public Health	One to one meetings/email between senior managers Joint commissioning arrangements DPH and Public Health team links
Derby City Council	Increasing involvement in commissioning as part of NHS reforms Health and Wellbeing Boards Public Health	One to one meetings/email between senior managers Derby City Partnership meetings and Healthy City group Joint commissioning arrangements DPH and Public Health team links
Clinical Commissioning Groups	GP commissioning	One to one meetings with senior managers Fortnightly Primary Care Bulletin Email updates Events Consortia meetings Links with COOs LMC
Other statutory stakeholders		
Borough Councils	Local health issues	Regular meetings with PCT staff Communications Team links
Parish Councils	Local health issues	Communications and Engagement Team links
Police and Fire Service	Community safety and emergency preparedness	Membership of joint groups
Third sector		
Derby and Derbyshire CVSs	Support to and funding of voluntary sector health and social care groups	Links via Patient and Public Involvement team

Stakeholder and nature of relationship	Area of interest	Communication channels
Derby and Derbyshire LINks	All health and social care	Observation status at meetings Membership of PPI Steering Group One to one contact with LINk Managers
Providers and contractors		
Derby Hospitals Foundation Trust	Contractual	One to one meetings/email between senior managers Contract management and quality monitoring arrangements
Derbyshire Healthcare Foundation Trust	Contractual	One to one meetings/email between senior managers Contract management and quality monitoring arrangements
Derbyshire Community Health Services	Contractual	One to one meetings/email between senior managers Contract management and quality monitoring arrangements
Chesterfield Royal Hospital Foundation Trust	Contractual	One to one meetings/email between senior managers Contract management and quality monitoring arrangements
GPs	Primary care provider development Contractual	One to one meetings with senior managers Fortnightly Primary Care Bulletin Email updates Events LMC
Dentists	Primary care provider development Contractual	One to one meetings/email with senior managers LDC Dental Advisor
Pharmacists	Primary care provider development Contractual	One to one meetings/email with senior managers LPC Pharmaceutical Advisor and Medicines Management Team
Communities		
MPs	Local health issues	Regular meetings with CE/Chair

Stakeholder and nature of relationship	Area of interest	Communication channels
		Copied into media releases
Community specific groups (e.g.. Chesterfield Football Club, Derbyshire Sport, Job Derbyshire, ACCA, Derby County FC, Derby Social Inclusion Network members, Health Panel)	Relevant health issues	Communications. PPI and Public Health links
Patients	Local health issues Individual health issues	Direct contact with staff Website and social media Media coverage Events Meetings with patient groups Consultations and surveys
Public	Local health issues	Website and social media Media coverage Events Meetings with community groups Consultations and surveys Leaflets and posters PCT events PALS contacts
Staff		
Commissioning staff	Communicating through period of change. Developing engagement culture across all staff groups	Team briefings Staff meetings One to ones with managers Staff newsletter Intranet Chief Executive blog; phone-ins and open door sessions

Stakeholder and nature of relationship	Area of interest	Communication channels
Local media		
Print and broadcast media	Local media stories	Media releases (email) Meetings between journalists and communications staff Website

12. GOVERNANCE

12.1 Boards and Committees

The Boards of both statutory PCTs agreed a scheme of delegation and memorandum of understanding in April 2011 for the operational working entity of the Derbyshire Cluster. The Derbyshire Cluster Board has the delegated authority to operate on behalf of the statutory bodies where delegation is permitted. In certain circumstances it is necessary to formally record the decisions of each of the statutory Board, for example in relation to the annual account processes, statement on internal control etc.

During April and May 2011 the Executive Director roles were rationalised to reflect the new role of the Cluster and free up senior resource for alignment to emerging Clinical Commissioning Groups. All new Directors had been appointed by the end of July 2011. In July 2011 the Appointments Commission led a parallel process of re-appointment of the Chair and Non-Executive Directors of the Cluster Board. A full Cluster Board was therefore in place by August 2011 with the membership of the Cluster Board being the same as the membership of each of the statutory PCT Board, in line with Shared Operating Model guidance.

As the Clinical Commissioning Groups began to become functioning bodies, with the appropriate delegated powers, the Cluster's Resource and Investment Committee was replaced by decision making at CCG level wherever possible. The last meeting of the Resource and Investment Committee took place in August 2011.

The Cluster Governance Committee had been in place from May 2011 but in August the terms of reference were reviewed and amended to reflect its place as a key sub-committee of the Cluster Board.

In October 2011, following the appointment of a single Cluster Audit Committee chair the first joint meeting of the Audit Committees took place. The Cluster recognises the need to keep some audit business separately accountable to the statutory bodies but also recognised the need to gain the benefits of further roll out of the shared operating model through joint meetings.

The Terms of Service and Remuneration Committees are meeting in a similar vein.

A single Health and Safety Strategic Committee across the Cluster has been in place since July 2011. Roll out of health and safety responsibilities is taking place through identification of CCG Health and Safety Champions and a phased plan of handover prior to Cluster demise. The Board and each committee have terms of reference setting out the purpose of each, their delegated authority and manner of operation and reporting.

All Committees, whatever their remit, monitor risk to delivery of objectives and ensure appropriate mitigation plans are put in place to keep delivery on track. A Cluster Board Assurance Framework has been in place throughout 2011/12 and the PCT is facilitating the development of Assurance Frameworks for the CCGs and the two Health and Wellbeing Boards in the area. The Cluster Assurance Framework is

supported by rigorous management of a risk register as an active tool to provide early warnings of deviation from planned delivery. The CCG monthly meeting of 5 COOs and 5 Chairs (the 5 + 5) is the agreed forum through which any pan-CCG risks are escalated to the Cluster register and Assurance Framework.

Key policy documents are in place to support the Cluster Board in its business and are accessible to all staff through the PCTs' intranet sites. Where appropriate the separate PCT policies have been aligned to form a single Cluster approach.

A summary of these documents can be found within the Library of Knowledge.

12.2 Corporate Risk Register

Separate PCT risk registers were superseded in 2011/12 by a Cluster Risk Register and linked Board Assurance Framework.

The top scoring risks contained in the Corporate Register are submitted to the Governance Committee on a monthly basis via a top scoring risk report. Following challenge and confirm at the Governance Committee the report is updated and then tabled at the monthly Board meeting. Any further amendments made by the Board are fed back to the Risk Manager who updates the report and Corporate Risk Register accordingly. The Corporate Risk Register, including the high level risk report, can be accessed in the 'Library of Knowledge'.

12.3 Assurance Matrix approach

The Cluster is aware of the increasing levels of risk likely during transition and is actively promoting a matrix approach to assurance giving and receiving across the county. For example CCGs will be giving and receiving assurances around those contracts which they lead or for which they are associates. Similarly the CCGs will be providing assurances on their contract arrangements to the Cluster.

Legacy Document
13. Part 2 Confidential Matters – agreed plan and coverage

This document details the key areas in which confidential information and issues will be shared with successor bodies by those with current lead responsibility within NHS Derbyshire, under the following subject areas:

- Finance, contracting and performance
- Practitioner performance, clinical governance and GP revalidation
- Partnership
- Serious incidents and Safeguarding
- Workforce/ HR
- Reputational issues

13.1 Finance, Contracting and Performance

It is essential that successor bodies have conversations with key finance, contracting and performance staff to understand the nature and type of agreements, issues and arrangements that have underpinned extant contracts and financial "deals" that have been put in place to support and manage risks, resources and performance across the wider Derbyshire health community.

The names and job titles of key individuals are contained in the main budget reports and directorate structure documents.

The conversations need to cover (as a minimum) the following:

- progress on thorny issues within agreed work programmes
- contentious Payment by Results (PbR) and non PbR planned contract changes with all key providers
- outstanding internal and external reviews, investigations, appeals and complaints
- outstanding provider business cases and proposals
- key documents and data sources for all of the above
- key contacts in the organisations who are aware of the issues, agreements and arrangements that have been made other that the person providing the briefing

Contact details:
Andy Leary, Director of Finance, Performance & Informatics Tel: 01332 868652

13.2 Practitioner Performance, Clinical Governance and GP Revalidation

NHS Derby and Derbyshire County PCT have rigorous processes for managing concerns about the performance of practitioners (Primary Care Independent Contractors) in accordance with the NHS Performers List Regulations. Concerns are investigated by trained investigators. Investigation findings are reported to the Performance Decision Making Group and Performers List action is taken as necessary. Highly confidential and very detailed records are maintained.

The current caseload of practitioners who are under scrutiny and investigation are 25 GPs, 6 Dentists, 3 Pharmacists and 2 Optometrists.

Assurance about the quality and safety of primary care services is attained through robust clinical governance processes which are aligned to CQC standards. Accreditation of Practitioners with Special Interest is managed according to national guidelines.

Contact details:
Jayne Stringfellow, Assistant Clinical Director, 0115 931 6137
Elaine Madden, Head of Clinical Quality (Primary Care), 01332 868740

13.3 Partnerships

NHS Derby and Derbyshire County PCT Cluster has been part of a huge number of locally based partnerships both formal and informal. Examples of formal partnerships include:

- Derby City and Neighbourhood Partnership Leadership Board
- County and District based LSPs
- Derbyshire Children's Trust Board
- Derby City Children's Family and Learners Board
- Adult Care Boards
- DAAT
- Community Safety Partnerships
- Local Resilience Forum

The informal partnerships are mainly with individual organisations including NHS Trusts, other statutory organisations and organisations in the Community and Voluntary sector. These have involved a wide range of NHS Derby and Derbyshire County PCT staff.

Successor organisations to NHS Derby and Derbyshire County PCT are advised to obtain a brief history of the relationships in these partnerships.

Contact details:

David Sharp, Cluster Chief Executive, NHS Derby and Derbyshire County PCT: Tel 01332 868652
Trish Thompson, Director of External Relation: Tel 01332 868669

13.4 Serious Incidents (SIs) and Safeguarding

There is a fully auditable process detailing the reporting, monitoring and analysis in relation to Serious Incidents, reported directly by NHS Derby and Derbyshire County PCT and those of its providers including Derby Hospitals Foundation Trust (DHFT); Derbyshire Healthcare Foundation Trust (DHeFT); Derbyshire Community Health Services NHS Trust (DCHS) as well as independent contractors and smaller Providers.

A full list of serious incidents will be included at the time of handover to successor organisations and followed up with individual trusts as appropriate.

A list of Never Events relating to our providers will be included as appropriate at the time of handover to successor organisation.

SIs and Never Events have been managed in accordance with national guidelines.

Prison deaths, Serious Case Reviews (SCRs) and never events are all reportable onto STEIS and those not resolved or closed will form part of handover. Plus any "live" action plans we are monitoring (particularly relating to safeguarding) will be transitioned over.

Because of the volume of Serious Incidents which have been managed by NHS Derby and Derbyshire County PCT, it is not possible to provide the full detail within this document. However, as part of the handover arrangements, the Director of Clinical Quality and Nursing as well as the Assistant Clinical Director available for interview and the full detail of all incidents will be collated in appropriate format for handover. The Serious Incident Summary Report is located within the Legacy archive library.

Contact details: Maggie Boyd, Director of Clinical Quality and Nursing: Tel 01332 866866

13.5 Workforce

It is essential that successor organisations have conversations with key staff to understand the nature and legacy of Human Resource, Learning & Development, Equality & Diversity and Workforce Information issues. It is envisaged that once workforce staff are in place in successor organisations then a series of 1:1s will take place to pass on local intelligence and workforce risks about people and practitioners, before the abolition of NHS Derby and Derbyshire County PCTs as statutory bodies.

The names, job titles and forward destinations will form part of due diligence under TUPE arrangements

The conversations need to cover (as a minimum) the following:

PCT Board intelligence including Non-Executive and VSM appointments
Emerging workforce risks e.g. disciplinaries and grievances.
Current employee relations with professional bodies and staff side representatives
Outstanding issues regarding staff/business transfers or redundancies etc.
Workforce Equality & Diversity issues including potential for discrimination claims
Organisational Development issues linked to the local healthcare community and the new architecture
Any outstanding claims relating to staff transfers.

Contact details: Karen Rhodes, Associate Director of Workforce Development Tel: 01246 514389

13.6 Reputational Issues

Queries relating to reputational issues between stakeholder organisations should be directed in the first instance to David Sharp, Cluster Chief Executive.

14. Appendices

Appendix 1
References to Library of Knowledge

Appendix 2
Derby City PCT Legacy Document (as at December 2011)

Appendix 3
Derbyshire County Legacy Document (as at December 2011)

Appendix 1

Reference (supporting) Documents Section 1 - Introduction	Location (Website) where updated records are kept
2012/13 Derbyshire Integrated System Plan	Library of Knowledge or http://www.derbycitypct.nhs.uk/documents-downloads/corporate-documents/
NHS Transactions Manual addendum October 2010 - Due Diligence – A Good Practice Guide to Effective NHS Handovers	Library of Knowledge

Reference (supporting) Documents Section 2 – Description of the Patch	Location (Website) where updated records are kept
Joint Strategic Needs Assessment (PCT/LA)	http://www.derbycitypct.nhs.uk/documents-downloads/corporate-documents/
Pharmaceutical Needs Assessment (PCT)	http://www.derbycitypct.nhs.uk/documents-downloads/corporate-documents/
State of the City Report 2010 (LA)	\\dcfs01\data\Derby City PCT - Performance & Knowledge Management\Performance & Intelligence\Unplanned Work\Needs Assessment\State of the City Report 2011
Derby Population, Migration and Community Profile (Community Safety Partnership)	\\dcfs01\data\Derby City PCT - Performance & Knowledge Management\Performance & Intelligence\Knowledge\Finished Reports\Public health\2008.05.30 Population Profile V3.pdf
Department of Health: Health Profiles	http://www.apho.org.uk/default.aspx?QN=HP_METADATA&ArealD=50347
Maps: CCGs areas	http://nww.derbycity.nhs.uk/documents/20110623-Derbyshire-wide%20GPCCC.pdf
E.Midlands Development Centre Legacy Document 2011-12	Library of Knowledge
2012/13 Derbyshire Integrated System Plan	Library of Knowledge

Reference (supporting) Documents Section 3.1 – Acute Care	Location (Website) where updated records are kept
Location where contracts found:	Hard copy: Acute Contract Management Team, Cardinal Square
Main Provider Contracts Summary Spreadsheet–	Library of Knowledge
Contract Summary DHFT	Library of Knowledge
Contract Summary Nuffield Derby	Library of Knowledge
Contract Summary Treetops	Library of Knowledge
Contract Summary Marie Curie	Library of Knowledge

Reference (supporting) Documents Section 3.2 – Community Service Providers	Location (Website) where updated records are kept
FNP Contract Summary	Library of Knowledge Z:\Derby City PCT - Transforming Community Services\Community contract\Legacy documents\FNP contract summary.docx
Contract Summary documents	Library of Knowledge Z:\Derby City PCT - Transforming Community Services\Community contract\Legacy documents\DHFT community contract summary.docx
Community Provider Contracts table	Library of Knowledge Z:\Derby City PCT - Transforming Community Services\Community contract\Legacy documents\Community Provider list.xlsx

Reference (supporting) Documents Section 3.3 – Primary Care	Location (Website) where updated records are kept
Primary Care Contracts Spreadsheet	Library Of Knowledge
Primary Care (GP) enhanced services specifications	Library Of Knowledge
Pharmaceutical Services Regulations 2005	http://www.legislation.gov.uk/uksi/2005/641/contents/made
Enhanced Services Specifications (Pharmacy)	Library of Knowledge
The Pharmacy Contractual Framework	http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_41092566
Ophthalmology Referral Toolkit	Library of Knowledge

Reference (supporting) Documents Section 3.4 – Mental Health Care Services	Location (Website) where updated records are kept
Location Contract documentation found:	Library of Knowledge
Contract Summary documents	Library of Knowledge
Mental Health Contracts Summary Spreadsheet	Library of Knowledge
East Midlands Development Centre Legacy Report	Library of Knowledge

Reference (supporting) Documents Section 3.5 – Specialist Services - East Midlands Specialised Commissioning Group	Location (Website) where updated records are kept
EMSCG Board Minutes	http://www.emscg.nhs.uk/_AboutUs-EMSCGBoard-MeetingMinutes.aspx 3rd June papers includes Establishment Agreement 2011
EMSCG Terms of Reference	Library of Knowledge http://www.emscg.nhs.uk/Library/EMCPAGTOR3.pdf
EMSCG Annual Report	http://www.emscg.nhs.uk/Library/EMSCGAR20Aug.pdf
EMSCG Annual Strategic and Operational Business Plan 2011/12	Library of Knowledge

Reference (supporting) Documents Section 3.6 – Voluntary Sector Providers	Location (Website) where updated records are kept
Councils letter to all VS organisations	\\Dcfs01\Derby City PCT-Chief Executive Office\Voluntary Sector Legacy Info
The Council's pre-warning notification	\\Dcfs01\Derby City PCT-Chief Executive Office\Voluntary Sector Legacy Info
The PCT's Board paper and minutes	\\Dcfs01\Derby City PCT-Chief Executive Office\Voluntary Sector Legacy Info
Voluntary Sector Contracts Summary Table	\\Dcfs01\Derby City PCT-Chief Executive Office\Voluntary Sector Legacy Info
NHS Operating Framework 2011-12	http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122738
National Carers Strategy	http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_0853455
Derby Carers Strategy	http://www.derbycitypct.nhs.uk/UserFiles/Documents/carer/CarersStrategy.pdff
Process to support GP referrals	http://www.derbycitypct.nhs.uk/portal/communication/who-are-carers
Carers Coproduced Report	Dcfs01:\Derby City PCT - Engagement\Staff Working Files\Liz Limbert\Carers\Co-production project
Communication materials	V:\Derby City PCT - Engagement\Staff Working Files\Liz Limbert\Carers Also see website - http://www.derbycitypct.nhs.uk/staying-healthy/are-you-a-carer

Reference (supporting) Documents Section 3.7 – Other Commissioned Services	Location (Website) where updated records are kept
Location Contracts found	Lead Commissioner Derbyshire County
EMAS Board Papers	http://www.emas.nhs.uk/about-us/trust-board
EMAS Annual Reports	http://www.emas.nhs.uk/about-us/publications
EMSCG Policies and Publications	http://www.emscg.nhs.uk/_PoliciesandPublications.aspx http://www.emscg.nhs.uk/_SpecialisedServices.aspx

Reference (supporting) Documents Section 3.8 - East Midlands Procurement and Commissioning Transformation	Location (Website) where updated records are kept
EMPACT	Link: http://www.tin.nhs.uk/innovation-nhs-east-midlands/innovation-in-practice/empact/ EMPACT Leaflet

Reference (supporting) Documents Section 3.9 – Working with Local Authorities as part of the Transition Arrangements	Location (Website) where updated records are kept
Public Health Transition Narrative and Timeline	Under development
HealthWatch Transition Plan	To follow
Strategic & Operational Plan MARCH 2011	http://www.derbycitypct.nhs.uk/UserFiles/Documents/DocumentsDownloads/corpdocs/Derbyshire-SOP-version-2.pdf
Assertive Outreach	\\Dcfs01\Data\Derby City PCT - Engagement\Staff Working Files\Liz Limbert\AOT
HWB minutes papers (via Trust Board papers), city and county	Library of Knowledge
Terms of Reference for each HWB (City & County)	Library of Knowledge
Scheme of Delegation	Library of Knowledge
Minutes of each Transition Steering Group	Library of Knowledge
Terms of Reference for each TSG (City & County)	Library of Knowledge
High Level Plans for each TSG (City & County)	Library of Knowledge
Board Assurance Framework (Cluster)	Library of Knowledge
Refreshed JSNA (City & County)	Library of Knowledge

Reference (supporting) Documents Section 3.10 – Assertive Outreach Service for New and Emerging Communities	Location (Website) where updated records are kept
Public Health Transition Narrative and Timeline	Under development
HealthWatch Transition Plan	To follow
Strategic & Operational Plan MARCH 2011	http://www.derbycitypct.nhs.uk/UserFiles/Documents/DocumentsDownloads/corpdocs/Derbyshire-SOP-version-2.pdf
Assertive Outreach	\\Dcfs01\Data\Derby City PCT - Engagement\Staff Working Files\Liz Limbert\AOT

Prioritisation decisions or Policy originator committee Sections 4-4.10 -Quality	Location (Website) where updated records are kept	Contact guardian department/person
1. JAPC	www.derbyshiremedicinesmanagement.nhs.uk	NHS Derby City/NHS Derbyshire County Medicines Management tel: 01246 514123
2. Medicines Management (includes PGDs)	www.derbyshiremedicinesmanagement.nhs.uk	NHS Derby City/NHS Derbyshire County Medicines Management
3. EMSCG	info@emscg.nhs.uk	East Midlands Strategic Commissioning Group tel: 01246 2950849
4. Prior approval and related policies	www.derbycitypct.nhs.uk	NHS Derby City/NHS Derbyshire County Acute Contracting
5. Low priority treatments policies	www.derbycitypct.nhs.uk	NHS Derby City/NHS Derbyshire County A
6. D&Ts: RDH Mental Health	www.derbyshospitals.nhs.uk www.derbyshirementalhealthservices.nhs.uk	Derby Hospitals Foundation Trust Derbyshire Healthcare Foundation Trust
7. QC-CEMM	www.derbycitypct.nhs.uk	NHS Derby City/NHS Derbyshire County
8. NICE Guidance	www.nice.org.uk	National Institute for Health & Clinical Excellence University of Sheffield tel: 0114 305 1108
9. MHRA Guidance	www.derbycity.nhs.uk	NHS Derby City/NHS Derbyshire County Quality Team
Copies of all indicated PCT documents are available in the Library of Knowledge		

Reference (supporting) Documents Section 4.11-4.12 – Patient Experience and Community Engagement Meetings with Targeted Groups	Location (Website) where updated records are kept
Engagement and Communication Strategy	http://www.derbycitypct.nhs.uk/documents-downloads/strategies-and-plans/
Real Involvement	http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_089785.pdf
Briefing on section 242 of NHS Act	http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_081090
What is consultation? – PCT reference document	\\Dcfs01\Data\ Derby City PCT -Engagement\Staff\Working Files\Liz Limbert\Resources\
Patient Experience Annual Report 2010-11	\\Dcfs01\Data\Derby City PCT-Engagement\Staff Working Files\Suzanne Robey\Patient Experience\
Real Accountability Report	http://www.derbycitypct.nhs.uk/documents-downloads/real-accountability-report/default.aspx
Complaints Annual Report	Library of Knowledge
A schedule of survey results and co-ordinating bodies is also attached for information	\\dcfs01\Data\Derby City PCT - Engagement\Staff Working Files\Suzanne Robey\Current Projects\Surveys and Metrics\
Summary reports for each set of survey results published over the past year	Contained within the Quality Report which went to Board. Papers available at : http://www.derbycitypct.nhs.uk/about-us/board/board-papers.aspx
The PCT's annual patient experience report – which formed part of the Quality Assurance Report 2011/12	Same as patient experience annual report

Reference (supporting) Documents Section 4.13 – Innovation	Location (Website) where updated records are kept
NHS Derby City Strategic & Operational Plan	http://www.derbycitypct.nhs.uk/UserFiles/Documents/DocumentsDownloads/corpdocs/Derbyshire-SOP-version-2.pdf
Innovation Reports (links to)	East Midlands Innovation Report 2009-10 Regional Innovation Fund Projects 2009/10 Regional Innovation Fund Projects 2010/11 http://www.qualityobservatory.nhs.uk Document: East Midlands Innovation Report 2010

Reference (supporting) Documents Section 5 - Performance	Location (Website) where updated records are kept
Strategic and Operational Plan 2011/12 (Cluster)	http://www.derbycitypct.nhs.uk/UserFiles/Documents/DocumentsDownloads/corpdocs/Derbyshire-SOP-version-2.pdf
Vital Signs Results 2010/11 (Cluster)	http://www.derbycitypct.nhs.uk/UserFiles/Documents/content/Vital-Signs-Sept-2011-5N6-5N7.xls
NHS Derbyshire County, Improving Health and Wellbeing in Derbyshire. Strategic Plan 2009/10 – 2013/14	http://www.derbyshirecountypct.nhs.uk/content/boardpapers-all_things_relating_to_PCT/Jan-2010/H-B-710-10%20Strategic%20Plan%20Refresh%20v9.0.pdf
Monthly Board Performance Reports (Cluster)	An Example from November 2011: http://www.derbycitypct.nhs.uk/UserFiles/Documents/AboutUs/BoardPapers/nov11/Item%2010.1%20-%20Peformance%20Report%201112%20-%20November%20-%20Cover.doc
Quarterly SHA Performance Reports	Contact the Cluster Performance team
The Legacy of PCTs	Library of Knowledge
Annual Health Check Ratings 2008	http://2008ratings.cqc.org.uk/findcareservices/informationabouthealthcareservices.cfm
Annual Health Check Ratings 2009	http://2009ratings.cqc.org.uk/findcareservices/informationabouthealthcareservices.cfm

Reference (supporting) Documents Section 6 – Financial History	Location (Website) where updated records are kept
Annual Accounts	www.derbycitypct.nhs.uk/about-us/board/june-2011.aspx
Annual Report	http://share.derbycity.nhs.uk/sites/lok/Derby%20City%20PCT/Annual%20Report.2009.pdf
FIMS Returns	http://share.derbycitypct.nhs.uk/sites/lok/Derby%20City%20PCT/FIMS2009_2010.XLS
Audit Committee Papers	http://share.derbycitypct.nhs.uk/sites/lok/Derby%20City%20PCT/Annual%20Report.2009/pdf
Director of Finance Board Reports	http://www.derbycitypct.nhs.uk/UserFiles/Documents/AboutUs/BoardPapers/jun11/Item92-Board-report-M2.pdf
Strategic & Operational Plan March 2011	http://www.derbycitypct.nhs.uk/UserFiles/Documents/DocumentsDownloads/corpdocs/Derbyshire-SOP-version-2.pdf
Letter to SHA Director of Finance	http://share.derbycity.nhs.uk/sites/lok/Derby%20City%20PCT/LTR.DirOfFinance.pdf
The 2011/12 QIPP efficiency challenge to deliver a local health economy in recurrent surplus	Library of Knowledge
PCT QIPP Summary June 2010	Library of Knowledge
Creating & Refreshing the 5 Year Plan	http://share.derbycity.nhs.uk/sites/lok/Derby%20City%20PCT/5yrStrategic%20Plan_2010_refresh.pdf
5 Year Strategic Plan 2009 – May 2010	http://share.derbycity.nhs.uk/sites/lok/Derby%20City%20PCT/5yrStrategic%20Plan_2010_refresh.pdf
5 Year Strategic Plan Refresh (2010) V.8	http://share.derbycity.nhs.uk/sites/lok/Derby%20City%20PCT/Derby_City_PCT_5_year_strategic_planning%20process_V8.doc
Strategic and Operational Plan 2011/12	Library of Knowledge
NHS Derbyshire County Annual Plan 2009/10	Library of Knowledge
NHS Derbyshire County, Improving Health and Wellbeing in Derbyshire. Strategic Plan 2009/10 – 2013/14	Library of Knowledge
Joint Strategic Needs Assessment	Library of Knowledge
Annual Report 2008/09	Library of Knowledge
Copy of the PCT Accounts 2010/11	Library of Knowledge
Derbyshire wide QIPP presentation 5th November to the SHA (joint with Derby City)	Library of Knowledge
Financial Plan 2011/12	Library of Knowledge
QIPP Communication	Library of Knowledge

Engagement Plan	
QIPP Assurance meeting November 2010	Library of Knowledge
QIPP Framework for NHS Derbyshire County	Library of Knowledge
QIPP plan 2011	Library of Knowledge
Recurrent baseline 2011	Library of Knowledge
Strategic Operational Plan Annex 3	Library of Knowledge

Reference (supporting) Documents Section 7 – Provider Capacity	**Location (Website) where updated records are kept**
NHS Derby City Market Management Strategy	http://share.derbycity.nhs.uk/sites/lok/Derby%20City%20PCT/MarketManagementStrategy.2010.pdf
Principles and Rules for cooperation and competition	http://share.derbycity.nhs.uk/sites/lok/Derby%20City%20PCT/Competitionprinciples.pdf
Strategic& Operational Plan March 2011	http://www.derbycitypct.nhs.uk/UserFiles/Documents/DocumentsDownloads/corpdocs/Derbyshire-SOP-version-2.pdf
PCT Annual Report 2010/11 (2009/10 attached)	http://share.derbycity.nhs.uk/sites/lok/Derby%20City%20PCT/NHSDerbyCityAnnReport2009.pdf
Past tender documentation	\\dcfs01\Data\Derby City PCT - Contracting and Governance\Procurement Tenders
Contracts database (under development)	Under development
PCT Procurement guide for health services	http://share.derbycity.nhs.uk/sites/lok/Derby%20City%20PCT/Procurementguide.pdf
Commercial skills for the NHS	http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113744
Procurement Strategy Paper	Library of Knowledge

Reference (supporting) Documents Section 8 – Workforce/Development	Location (Website) where updated records are kept
HR Policies	PCT Intranet
HR Procedures	PCT Intranet http://nww.derbycity.nhs.uk/default.aspx?PageID=60
Strategic& Operational Plan March 2011	http://www.derbycitypct.nhs.uk/UserFiles/Documents/DocumentsDownloads/corpdocs/Derbyshire-SOP-version-2.pdf
Workforce Priorities (March 2010)	Library of knowledge http://share.derbycity.nhs.uk/sites/lok/Derby%20City%20PCT/Initial%20Workforce%20Priorities%20-%20Jan%2011.docx
Strategic and Operational Plan 2011/12	Library of Knowledge
NHS Derbyshire County Annual Plan 2009/10	Library of Knowledge
NHS Derbyshire County, Improving Health and Wellbeing in Derbyshire. Strategic Plan 2009/10 – 2013/14	Library of Knowledge
NHS Derbyshire County Annual Report 2008/09	Library of Knowledge

Reference (supporting) Documents Section 9 – Summary of Key Planned Changes	Location (Website) where updated records are kept
Strategic and Operational Plan 2011/12	Library of Knowledge
Derbyshire wide GP Clinical Commissioning Consortia	Library of Knowledge
Derbyshire Cluster Committee Structure	Library of Knowledge
GP Commissioning Transition Committee minutes	Library of Knowledge

Reference (supporting) Documents Section 10 – Organisational Assets and Liabilities	Location (Website) where updated records are kept
Autocad plans	\\Hal\Greater Derby PCT\Finance\Estates & buildings\Plans
I,M&T asset and contract information	sdfs01\Informatics (County) http://lhmos01:25528/sites/imt/assets/default.aspx (City)

Reference (supporting) Documents Section 11 – Stakeholder Map	Location (Website) where updated records are kept
Stakeholder Map	Library of Knowledge http://share.derbycity.nhs.uk/sites/lok/Derby%20City%20PCT/NHS%20Derby%20City-%20Stakeholder%20June%2011.doc
NHS Derbyshire County Annual Report 2009/10	Library of Knowledge
NHS Derbyshire County Annual Plan 2008/09	Library of Knowledge

Reference (supporting) Documents Section 12 – Governance	Location (Website) where updated records are kept
Corporate Risk Register	Library of Knowledge
Board Assurance Framework	Library of Knowledge
Minutes and papers for Cluster Governance Committee	Library of Knowledge

Legacy Document

NHS Derby City

10th November 2011

Updated from 27th July following SHA feedback

To be approved by Cluster Board in December 2011

CONTENTS

1 Introduction

NHS Derby City has produced this Legacy Document in line with the requirements outlined in the publication by the National Quality Board *'Maintaining and Improving quality during transition: safety, effectiveness, part one 2011-1',* (March 2011).

The Legacy document aims to contribute to robust handover arrangements during the transition of commissioning organisations and aims to highlight known risks associated with all the changes. The document will also support the effective capture and transfer of organisational memory. It has been developed utilising the principles identified to underpin all legacy documents in the East Midlands.

The Legacy document and associated Library of Knowledge aims to capture the knowledge that has been accumulated through managerial and clinical interactions over the years. This transfer of underpinning systems and local knowledge is seen as vital for maintaining safety at several key stages of the transition and so all related documents will need to be maintained as living documents over a sustained period.

Note: Following the establishment of the Derbyshire PCT Cluster in April 2011 and the successful transition to a shared operating model, future iterations of this document will be combined with Derbyshire County legacy issues into a single Cluster level legacy document.

1.1 Scope of the document

The Legacy document does not in itself attempt to mitigate all risks of transition, but contributes to a number of mitigating strategies as identified in the above referenced document , including (but not exclusively):

- Face to face verbal updates between incoming and out-going teams
- Incoming team reviews historical data before handover
- Read-back to ensure that information is correctly received
- Unambiguous transfer of responsibility, through a stabile process

Ensuring resilience for quality as organisations demise will require active participation by both demising and receiving organisations in a robust handover process. Whilst it is imperative that PCTs and SHAs produce thorough Legacy Documents, the new organisations (the NHS Commissioning Board , Local Authorities and Clinical Commissioning Groups (CCGs)) should satisfy themselves that they understand the whole quality picture of the issues faced by the organisations they are succeeding.

1.2 Governance

The Cluster Board signed off an early draft of the legacy document in July 2011. The Board endorsed at its meeting in May the principles of strong processes around transition and is fully supportive of allocating resource to ensure legacy issues are captured and transferred successfully.

A senior manager has been given day to day responsibility for ensuring continuous update and there will be strong links to emerging risks around transition that are reflected in the

cluster risk register. The project has Executive Director leadership. The Cluster Board will sign off iterations of the documentation at appropriate and regular intervals. Arrangements are being put in place to ensure key stakeholders have the opportunity to comment.

Confidentiality – this Legacy document has been compiled in the best spirit of openness and accountability and is a public document. A large majority of the business of the organisation is transacted in public, but there will be items of a confidential nature which are not disclosable under the Freedom of Information Act and will not be included in this documentation. The PCT will maintain a log of issues of this nature which will be passed on to successor organisations as necessary and appropriate.

1.3 Source Information

All information sources referenced in the document can be accessed from the 'Legacy Library of Knowledge' dedicated portion of the local server, utilising appropriate access processes in-line with data protection requirements. The Legacy Library of Knowledge will be monitored and updated as required throughout the transition and hand over period in line with the planned quarterly reviews.

A list of the documents contained within the 'Legacy Library of Knowledge' can be viewed in Appendix 13.1 of this document.

2. Description of the patch

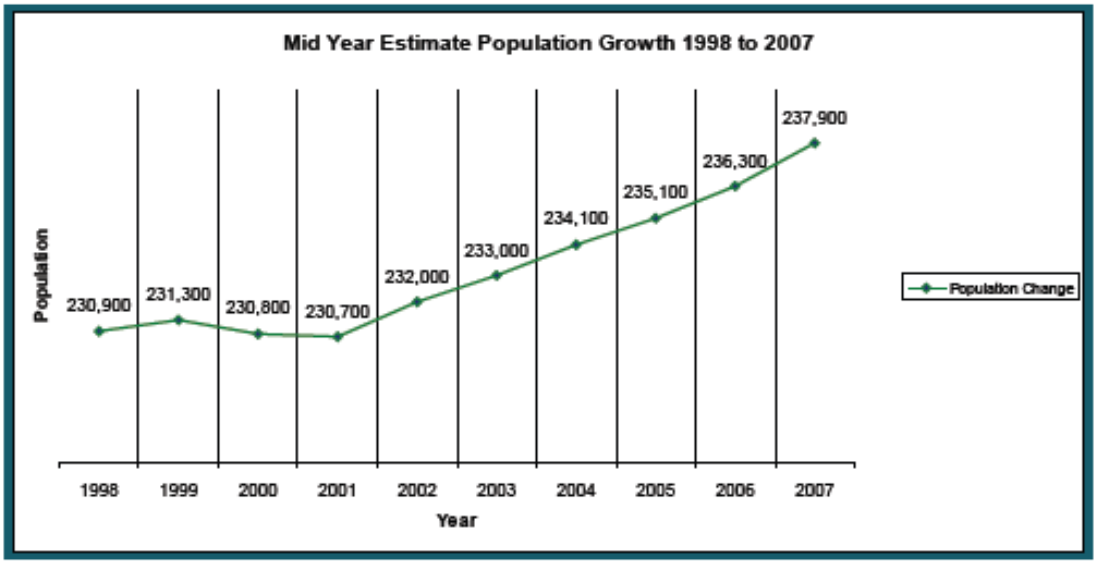
2.1 Introduction

NHS Derby City and Derby City Council share broadly the same geographical boundary and have a resident population of approximately 244,100 (Office for National Statistics 2009 mid-year estimate).

2.2 Population

The population in the city has grown year-on-year since 2001 as demonstrated in Figure 1:

Figure 1 Population Growth 1998–2007



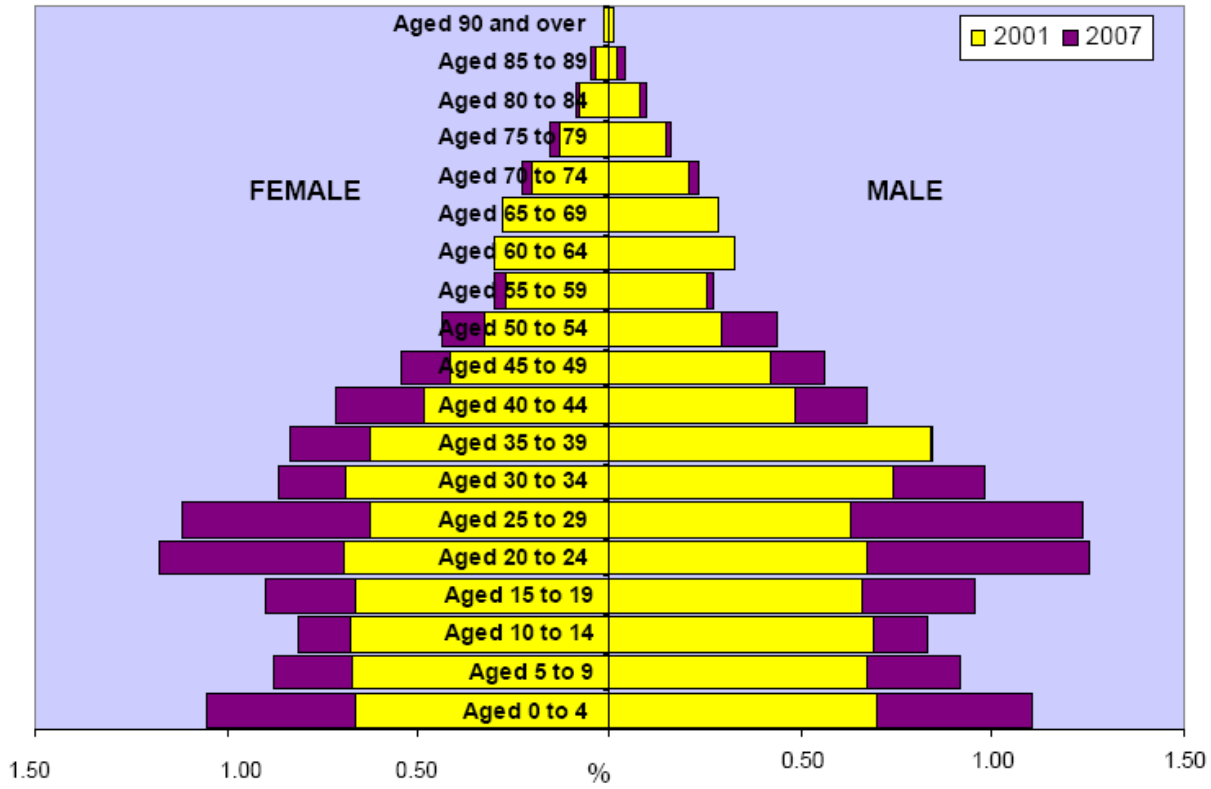
Source: ONS 2007 mid-year estimate (taken from State of the City Report 2010 (June 2010), Derby City Council)

The most notable changes to the population have been in the

- 20 to 29 year group which is estimated to have increased by 22%,
- the 40 to 49 year age group, which is estimated to have increased by 26%
- the number of those aged 80 or over is estimate to have increased by 10%.

Figure 2 shows the estimated growth in Derby's non-White British population by age group, it shows notable increases in the 0-4 and 20-29 year age groups:

Figure 2 Estimated growth in the non-White British population between 2001 - 2007



Source: Unofficial experimental statistics (taken from Derby Population, Migration and Community Profile (April 2008), Community Safety Partnership)

Some of the most notable increases since the 2001 Census are estimated to be in the ethnic group 'Other Asian', thought to be Iraqi and Afghan populations; African residents, particularly Zimbabwean and Somali; and 'Other White' particularly Polish, Slovak and Latvian populations (Community Safety Partnership estimates).

The size and profile of the population is projected to continue to change significantly over the coming years which in turn has implications for health and well being and need for services and support. For example, the population aged over 85 years is expected to increase by approximately 40% to the year 2020; while population aged 10 to 19 years is expected to decrease by approximately 10% to 2017.

Derby's population has a gender profile comparable to the national profile; is slightly younger (48% residents under 35 years compared to 45%); and approximately one-fifth is non-White British.

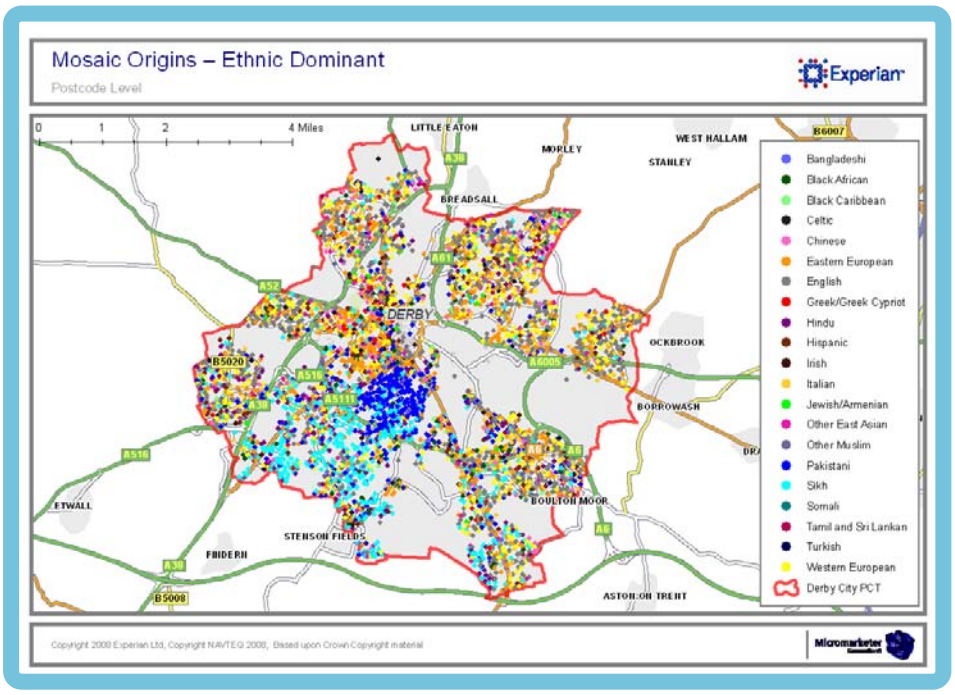
Table 1 Population breakdown by ethnic group – Derby, East Midlands and England (%)

Ethnic Group	Derby	East Midlands	England
White: British	81.9	88.6	84.2
White: Irish	1.2	0.8	1.1
White: Other White	2.2	2	3.3
Mixed: White and Black Caribbean	1	0.6	0.5
Mixed: White and Black African	0.1	0.1	0.2
Mixed: White and Asian	0.6	0.4	0.5
Mixed: Other Mixed	0.3	0.3	0.4
Asian or Asian British: Indian	4.1	3.3	2.5
Asian or Asian British: Pakistani	4.4	0.9	1.7
Asian or Asian British: Bangladeshi	0.2	0.3	0.7
Asian or Asian British: Other Asian	0.6	0.4	0.6
Black or Black British: Caribbean	1.3	0.7	1.2
Black or Black British: African	0.7	0.6	1.4
Black or Black British: Other Black	0.2	0.1	0.2
Chinese or Other Ethnic Group: Chinese	0.7	0.6	0.7
Chinese or Other Ethnic Group: Other Ethnic Group	0.6	0.4	0.7

Source: ONS 2006 mid-year estimates (taken from State of the City Report 2010 (June 2010), Derby City Council)

Derby has a relatively large (approximately 10%) Asian population. There are approximately 182 different nationalities represented in the city speaking around 71 different languages. The city is geographically divided into 17 wards, each with its distinct populations and needs.

Figure 3 Ethnicity of Derby residents mapped



Source: Joint Strategic Needs Assessment 2011

2.2 Service provision

Derby has a registered population of over 296,000. There are 33 general practices serving this population and 63 community pharmacies. The city has one large acute hospital – Derby Hospitals NHS Foundation Trust which is the main acute care provider to the local population of the PCT.

2.3 Issues for the city

Issues for the city include (source: JSNA 2010):

- 22% of children in Derby were classed as being in poverty
- The directly age-standardised rate of all age, all-cause mortality in Derby City (2003/07) was 604.23 per 100,000 population.
- One-quarter of people are estimated to smoke
- Ranked 34th worse nationally of 354 LAs for alcohol-harm related hospital admissions
- 17% of Year 6 and 10% of Reception Year children are obese
- NHS Derby City has the highest elective crude admission rate to trauma & orthopaedic speciality in the EMSHA region
- Approximate 10 year inequalities gap in male and female life expectancy

Current areas of focus are where there is wide practice variation include emergency admissions and referrals. Initiatives are currently in place/ being developed to address these variances.

Figure 4 shows the health summary for Derby. Derby performs significantly worse than the England average across a number of areas and represent areas for improvement.

Figure 4 Health summary for Derby

Health summary for Derby

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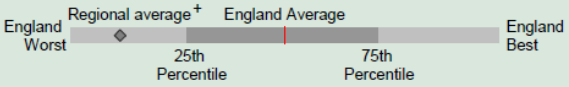
The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the red line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- No significance can be calculated



+ In the South East Region this represents the Strategic Health Authority average

Domain		Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1	Deprivation	68097	29.0	19.9	89.2		0.0
	2	Children in poverty	12848	27.3	22.4	66.5		6.0
	3	Statutory homelessness	298	2.97	2.48	9.84		0.00
	4	GCSE achieved (5A*-C inc. Eng & Maths)	1306	45.6	50.9	32.1		76.1
	5	Violent crime	4627	19.5	16.4	36.6		4.8
	6	Carbon emissions	1576	6.6	6.8	14.4		4.1
Children's and young people's health	7	Smoking in pregnancy	517	13.9	14.6	33.5		3.8
	8	Breast feeding initiation			72.5	39.7		92.7
	9	Physically active children	19084	56.6	49.6	24.6		79.1
	10	Obese children	242	9.5	9.6	14.7		4.7
	11	Tooth decay in children aged 5 years	n/a	1.5	1.1	2.5		0.2
	12	Teenage pregnancy (under 18)	238	51.2	40.9	74.8		14.9
Adults' health and lifestyle	13	Adults who smoke	n/a	23.0	22.2	35.2		10.2
	14	Binge drinking adults	n/a	22.4	20.1	33.2		4.6
	15	Healthy eating adults	n/a	27.1	28.7	18.3		48.1
	16	Physically active adults	n/a	12.3	11.2	5.4		16.6
	17	Obese adults	n/a	24.2	24.2	32.8		13.2
Disease and poor health	18	Incidence of malignant melanoma	23	10.2	12.6	27.3		3.7
	19	Incapacity benefits for mental illness	4532	30.5	27.6	58.5		9.0
	20	Hospital stays for alcohol related harm	6580	2490	1580	2860		784
	21	Drug misuse						
	22	People diagnosed with diabetes	13495	5.64	4.30	6.72		2.69
	23	New cases of tuberculosis	48	20	15	110		0
	24	Hip fracture in over-65s	246	488.1	479.2	643.5		273.6
Life expectancy and causes of death	25	Excess winter deaths	120	17.1	15.6	26.3		2.3
	26	Life expectancy - male	n/a	77.2	77.9	73.6		84.3
	27	Life expectancy - female	n/a	81.5	82.0	78.8		88.9
	28	Infant deaths	19	5.68	4.84	8.67		1.08
	29	Deaths from smoking	393	228.0	206.8	360.3		118.7
	30	Early deaths: heart disease & stroke	210	87.3	74.8	125.0		40.1
	31	Early deaths: cancer	283	119.8	114.0	164.3		70.5
	32	Road injuries and deaths	110	46.1	51.3	167.0		14.6

Indicator Notes

1 % of people in this area living in 20% most deprived areas of England 2007 2 % of children living in families receiving means-tested benefits 2007 3 Crude rate per 1,000 households 2008/09 4 % at Key Stage 4 2008/09 5 Recorded violence against the person crimes crude rate per 1,000 population 2008/09 6 Total end user CO_2 emissions per capita (tonnes CO_2 per resident) 2007 7 % of mothers smoking in pregnancy where status is known 2008/09 8 % of mothers initiating breast feeding where status is known 2008/09 9 % of year 1-13 pupils who spend at least 3 hours per week on high quality PE and school sport 2008/09 10 % of school children in reception year 2008/09 11 Weighted mean number of teeth per 5 yr old child sampled that were actively decayed, missing or filled 2007/08 12 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2006-2008 (provisional) 13 % adults, modelled estimate using Health Survey for England 2006-2008 14 % adults, modelled estimate using Health Survey for England 2007-2008 15 % adults, modelled estimate using Health Survey for England 2006-2008 16 % aged 16+ 2008/09 17 % adults, modelled estimate using Health Survey for England 2006-2008 18 Directly age standardised rate per 100,000 population under 75 2004-2006 19 Crude rate per 1,000 working age population 2008 20 Directly age and sex standardised rate per 100,000 population 2008/09 (rounded) 21 New Problematic Drug User estimates were not available in time for inclusion 22 % of people on GP registers with a recorded diagnosis of diabetes 2008/09 23 Crude rate per 100,000 population 2006-2008 24 Directly age-standardised rate per 100,000 population for emergency admission 2008/09 25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.05- 31.07.08 26 At birth, 2006-2008 27 At birth, 2006-2008 28 Rate per 1,000 live births 2006-2008 29 Per 100,000 population age 35+, directly age standardised rate 2006-2008 30 Directly age standardised rate per 100,000 population under 75, 2006-2008 31 Directly age standardised rate per 100,000 population under 75, 2006-2008 32 Rate per 100,000 population 2006-2008

More indicator information is available in The Indicator Guide: www.healthprofiles.info For information on your area contact your regional PHO: www.apho.org.uk

2.4 Description of the patch

The Joint Strategic Needs Assessment (JSNA) is the key document for NHS Derby City in describing the population and identifying its current and future health and wellbeing needs. In 2009/10 the second JSNA was produced, for 2011 this is currently being refreshed with those areas where there has been new data or changes in service provision being updated. The refresh also includes the addition of areas where a gap had been identified in the 2009/10 document.

Derby now has in place a Health and Wellbeing Board operating in shadow form and is constituted as a sub committee of the Cluster Board. One of the functions of this board is to ensure the production of the JSNA, along with development of Health Watch, and importantly to ensure commissioning plans are coordinated and integrated to improve the health and well being of our population across the systems of health and social care. To support this board there is an established co-ordination group, both have a wide partnership membership including CCGs. The refreshed 2011 JSNA is planned to go to the Health and Wellbeing Board for approval in late 2011 and will then be published.

Five CCGs have now been established across Derbyshire. One of these, Southern Derbyshire CCG covers the whole of the city of Derby and Southern Derbyshire. It is built up from localities of which there are two which cover the registered population of Derby City.

Reference (supporting) Documents Section 2	Location (Website) where updated records are kept
Joint Strategic Needs Assessment (PCT/LA)	http://www.derbycitypct.nhs.uk/documents-downloads/corporate-documents/
Pharmaceutical Needs Assessment (PCT)	http://www.derbycitypct.nhs.uk/documents-downloads/corporate-documents/
State of the City Report 2010 (LA)	\\dcfs01\data\Derby City PCT - Performance & Knowledge Management\Performance & Intelligence\Unplanned Work\Needs Assessment\State of the City Report 2011
Derby Population, Migration and Community Profile (Community Safety Partnership)	\\dcfs01\data\Derby City PCT - Performance & Knowledge Management\Performance & Intelligence\Knowledge\Finished Reports\Public health\2008.05.30 Population Profile V3.pdf
Department of Health: Health Profiles	http://www.apho.org.uk/default.aspx?QN=HP_METADATA&ArealD=50347
Maps: CCGs areas	http://nww.derbycity.nhs.uk/documents/20110623-Derbyshire-wide%20GPCCC.pdf
E.Midlands Development Centre Legacy Document 2011-12	Library of Knowledge

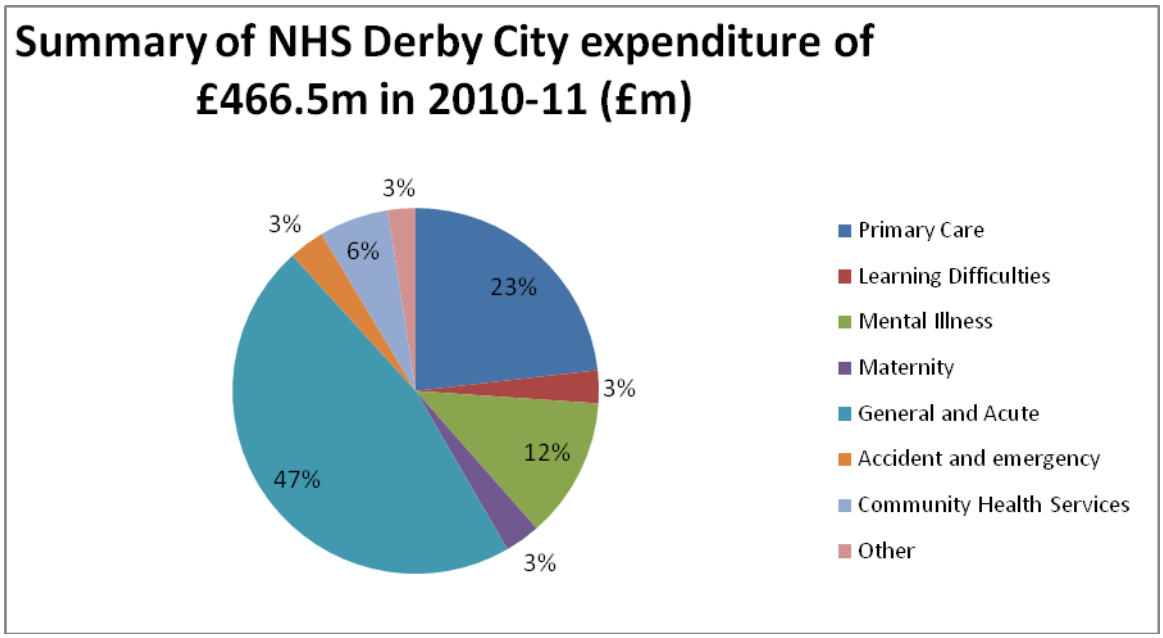
3. Services Commissioned

Health Services for the people of Derby City are commissioned from a large number of providers across a range of sectors including;

- Acute Care providers, both from within Derby and in surrounding areas
- Community service providers
- Primary Care service providers
- Mental Health service provides
- Specialist service providers
- Voluntary sector providers
- Other

The PCT has lead commissioner responsibilities for a number of contracts, whilst for other contracts a position of Associate Commissioner is held, working collaboratively with other commissioners across the region. Appropriate delegated authority for contracting has been given to the identified Lead Commissioner, within the necessary governance arrangements in place.

The graph below indicates the proportion of the PCT's expenditure utilised across each health care sector 2010/11.



Sector	£m
Primary Care	108.2
Learning Disabilities (MH)	13.5
Mental Health	57.9
Maternity (Secondary Care)	14.6
General and Acute (Secondary Care)	217.4
Accident and emergency (Secondary Care)	14.7
Community Health Services	28.7
Other	11.5

The following sub-sections 3.1 – 3.7 summarise the commissioning processes and governance arrangements in place for each of the contract areas.

3.1 Primary Care Services

PCTs have a duty to ensure that all residents can access primary care services mandated by government. This is covered by four key areas Primary Care Medical Services, Primary Care Dental Services, Primary and Community Pharmacy Services and Primary Care Ophthalmic Services. Cost information for each key area is included below.

Primary Care Medical Services	Value of Activity Commissioned
Primary/ General Medical Services	£26,083,202
Enhanced Services	£3,869,262
Specialist services incl. Homeless Service, Violent Patient Scheme, patient walk in service	£1,548,511
Out of Hours Service	£2,846,333
Quality of Outcomes Framework (QOF)	£5,815,108
Primary Care Prescribing	£41,115,250
Pharmacy Services	
Pharmacy Services	£7,913,429
Enhanced Services	£819,771
Ophthalmic Services	
Ophthalmology Services	£3,195,807
Specialist services incl. Low Vision Aids	£69,015
Dental Services	
Dental Services	£11,020,996.36

These services are delivered and continue to be developed in line with the overall vision and strategy for the PCT (see annual SOP, and Annex 1, QIPP programmes).

3.1.1. Primary Care Medical Services

All GP practices hold a contract with the Primary Care Trust (PCT) to deliver medical services to patients within their practice boundary area.

Currently within NHS Derby City there are 32 practices, with a total of 50 premises (32 main sites and 18 branches).

There are various different types of medical contracts, currently within Derby City there are 2 Alternative Provider Medical Services contracts (APMS), 2 new Personal Medical Services contracts (nPMS), 13 General Medical Services (GMS) and 15 Personal Medical Services (PMS) contracts.

The PCT has negotiated with 13 PMS contractors their conversion to GMS contracts, therefore taking the contract spread to 2 APMS, 2Npms and 27 GMS. On 1st July 2011 NHS Derby City had two practices merge therefore reducing the total amount of contracts within NHS Derby City to 31.

APMS and nPMS contracts have more services included within their core contract as opposed to GMS where these services can be commissioned as enhanced services. Enhanced Service specifications are retained in electronic form on the PCT main network (dcfs01) in the Primary Care Directory (copies also referenced below).

The baseline contract values for each contract will be included within the data sheet once confirmed with the finance team, and will be included in this Legacy document refresh. On top of the baseline contract payments practices also have additional payments and reimbursements and can earn further money by delivering various enhanced services and working to Quality and Outcomes Framework (QOF). Processes relevant to the management of contracts, enhanced services and QOF are retained electronically y on the main (S) drive under Primary Care/Medical Contracts /Medical.

The Workforce Planning information held by NHS Derby City was collected at the start of 2011 and within NHS Derby City practices, there were the following:

Table: Work force, GP Practices April 2011:

Staff Group	Contracted Hours	Headcount
GP partners	-	141
Salaried GPs	-	41
Practice Nurses	2290.33	140
Direct Patient Care	478.59	42
Admin & Clerical	6214.38	514
Other	51.67	7

The list of GP contracts and relevant contractual information, including where these documents are located**,** are identified within the Primary Care Legacy Spreadsheet. A copy of this spreadsheet is held on (dcfs01) drive under Primary Care/Medical Contracts/Medical. A copy is also contained within the Legacy Library of Knowledge.

Table: GP Practice and population Size, April 2011

Contract Name	Contract Type	List Size - Raw (as of 01/04/2011)	List Size - Carr Hill (as of 01/04/2011)
Alvaston Medical Centre	GMS	10683	11240
Ascot Medical Centre	PMS	8110	8177
Brook Medical Centre	GMS	3547	3393
Chapel Street Medical Centre	PMS	11800	11973
Charnwood Surgery	GMS	13209	14379
Clarence Road Surgery	GMS	3635	3505
Derby Family Medical Centre	PMS	4486	4437
Derby Open Access Centre	APMS	1279	1421
Derwent Medical Centre	GMS	3636	3382
Derwent Valley Medical Centre	PMS	12199	12422
Friar Gate Surgery	GMS	5425	5437
Hema Medical Centre	PMS	3099	2981
Hollybrook Medical Centre	nPMS	15131	13960
Lister House Surgery	PMS	19097	19414
Macklin Street Surgery	PMS	10930	11471
Meadowfields Practice	PMS	9033	8061
Melbourne Health Care Centre	GMS	13821	13187
Mickleover Medical Centre	PMS	11916	10506
Mickleover Surgery	PMS	5362	4681
Normanton Medical Centre - UHE	APMS	5174	5121
Oakwood Surgery	GMS	3714	2966
Osmaston Surgery	nPMS	15450	16925
Overdale Medical Practice	PMS	10528	10826
Park Farm Medical Centre	GMS	10815	10466
Park Lane Surgery	GMS	5853	5463
Park Medical Practice	GMS	24314	22395
Parkfields Surgery	PMS	6640	7125
Peartree Medical Centre	PMS	3834	3991
Vernon Street Medical Centre	GMS	9972	9768
Village Street Surgery	PMS	10967	11254
Wellside Medical Centre	GMS	7767	7944
Wilson Street Surgery	PMS	14459	15001

3.1.2 Dentistry Services

There are currently 37 Dental Practices operating in Derby City. All are General Dental Service (GDS) contracts, 34 of which are in perpetuity. The other three have an end date of

2014, with the possibility of a further 5 year rollover to 2019. Although these 3 contracts are GDS, they were developed and awarded on a sessional basis with Key Performance Indicators to address the need to treat high need patients.

There are also 3 Personal Dental Services contracts which deliver Orthodontic Services, each of these contracts end on 31 March 2012 but there is potential to extent for a further two years.

Following two recent dental procurements (2008 and 2009), 6 new dental practices opened in areas of high need which addressed access difficulties identified from a dental health needs assessment.

NHS Derbyshire County are the lead commissioners of salaried dental services and out of hours dental service. Salaried dental services deliver some specialised services and meet the needs of patients with special needs. A key stakeholder involved with NHS Derby City commissioners is the Local Dental Committee (LDC), contact details within the Primary Care Contracts Spreadsheet, Library of Knowledge

The list of contracts, contractors and relevant contractual information, including where these documents are located, is identified within the Primary Care Contracts Legacy spreadsheet which is located on the network; (s) drive/Primary Care/Dental Contracts; a copy is also retained within the Legacy Library of Knowledge.

The hard copy of dental contracts can be found in the Primary Care Team filing cabinets, located on the 3rd Floor North Point Cardinal Square. Electronic copies are available on the PCT network (s) drive/Primary Care/Non Medical/Dental Contracts.

3.1.3 Pharmacy Services

Community Pharmacies are funded nationally to provide essential and advanced pharmaceutical services under the national pharmacy framework. There is currently £3.6m funding indicatively devolved to NHS Derby City.

There are 66 pharmacy contractors within NHS Derby City. 51 are standard hour contracts delivering at least 40 hours per week. A further 15 are contracts that have qualified through exemptions outlined within the Pharmaceutical Services Regulations 2005 (available on the Department of Health website). A further 8 have contracts requiring them to open at least 100 hours per week, 4 have contracts that have been granted as the premises are within retail sites of at least 15000 square metres, and the remaining 3 are distance selling (internet) pharmacies that cannot dispense to patients at premises but can deliver to clients.

The national Pharmacy Contractual Framework (available on Department of Health website) outlines arrangements for these pharmacy contracts. Whilst there is a devolved budget this is indicative only based on the number of pharmacy premises as at 31.3. 2010. All claims and payments in relation to the core contract are made by the NHS Business Services Authority (NHSBSA) and details of the process can be found at http://www.nhsbsa.nhs.uk/PrescriptionServices/936.aspx

There are core services determined by regulations, advanced/enhanced services determined by regulations, and additional enhanced services determined by local specifications and pay regimes.

The local enhanced service specifications are retained electronically on the central network (S) drive S:\Non Medical Contracts\Pharmacy\Contract\Enhanced Services\2011-12 Specifications. The national regulations also contain the national specifications for the advanced/enhanced services as relevant.

NHS Derby City closely monitors effective delivery of essential services, and other elements relating to the granting of an application to the pharmaceutical list (e.g. 100 hour monitoring) and seeks to maximise the opportunities presented by this contractual framework to improve patient care and experience. S:\Non Medical Contracts\Pharmacy\Monitoring

The pharmacies require accreditation to provide advanced services and must provide a private consultation area and whilst the PCT can suggest areas for pharmacies to target there is little opportunity to monitor the quality or the impact of these services locally.

Pharmacy Local Enhanced Services

The local enhanced services that NHS Derby City currently commissions are:

- Provision of Advice to Care Homes
- Stop Smoking Service
- Needle Supply Programme
- Supervised Methadone Service
- Provision of Palliative Care Drugs supporting the Liverpool Care Pathway
- Oral Emergency Contraception
- Pharmacy Labels for Medicines Administration Sheets.
- Care Home Service

Pharmacy Control of Entry

The PCT has in place a robust process to manage application to join the PCT's pharmaceutical list. A control of entry panel makes determinations in line with The National Health Service (Pharmaceutical Services) Regulations 2005 (available on DoH website), as to whether it is necessary or expedient to approve an application in order to secure access to pharmaceutical services in a particular area to meet the health needs of its population. Applications under the regulations for pharmacies opening 100 hours per week, distance selling/ mail order pharmacies or within retail areas greater than 15000 square metres are exempt from the necessary and expedient test.

Records of the PCT's processes are retained electronically on Z:\General\Pharmacy Control of Entry\Applicant Guidance and processes

3.1.4 Optometry Services

Optometry contracts are either Mandatory, whereby a contractor delivers NHS sight tests and appliance vouchers from their premises; or Additional whereby a contractor delivers

NHS sight tests and appliance vouchers on a mobile basis to patients that are unable to get to a high-street optometrist. A practitioner can hold both a mandatory and an additional contract or solely a mandatory or additional contract.

There are 42 Optometrist practices within NHS Derby City boundary. These are broken down as follows: 15 practices delivering solely NHS care from their own premises (Mandatory contracts); 14 practices delivering NHS care from both their practices and on a domiciliary basis (Mandatory and Additional Contracts); 13 contractors delivering solely NHS domiciliary care (Additional Contracts).

Optometry contracts do not have any specified contract value, but are subject to national rules. There is no specific contracted activity amount; neither is there a registered population.

The list of contracts and relevant contractual information, including where these documents are located, are identified within the Primary Care Contracts Spreadsheet a copy of which is within the Legacy Library of Knowledge.

Specialist optometry services (e.g. Low Vision Aids – copy of specification in referral toolkit) are commissioned by NHS Derbyshire County.

Optometrists can refer eye conditions directly to a hospital eye service in their local area; for NHS Derby City the local hospital is the Royal Derby Hospitals Foundation Trust (DHFT). The full pathway for this and other enhanced services, including specifications, is included in the referral toolkit, a copy of which can be found in the Library of Knowledge.

The main stakeholder that the PCT has links with is the Local Ophthalmic Committee (LOC). There is also a national body the Local Ophthalmic Committee Support Unit (LOCSU) that can be contacted if advice is required. The link to the website is www.loc-net.org.uk

There is an Optometric Advisor employed by NHS Derbyshire County whose expertise is used by NHS Derby City on a sessional basis.

Reference (supporting) Documents Section 3.1	Location where updated records are retained
Primary Care Contracts Spreadsheet	Library Of Knowledge
Primary Care (GP) enhanced services specifications	Library Of Knowledge
Pharmaceutical Services Regulations 2005	http://www.legislation.gov.uk/uksi/2005/641/contents/made
Enhanced Services Specifications (Pharmacy)	Library of Knowledge
The Pharmacy Contractual Framework	http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_41092566
Ophthalmology Referral Toolkit	Library of Knowledge

3.2 Secondary Care Services

Acute services cover a large range of services e.g. General surgery, General medicine, Rehabilitation, End of life care, Intensive therapy, Diabetology and ophthalmology to name a small portion of those available. The PCT's objective is to negotiate a contract for a wide range of clinically effective and accessible services that meet the needs of its population within an affordable value.

Derby Hospitals Foundation Trust continues to be the major provider of secondary healthcare services for the population of the City of Derby, although a number of neighbouring FTs, NHS Trusts and Independent Providers also form part of NHS Derby City's acute commissioning portfolio. The latest version of the national acute contract was introduced for DHFT in 2011/12, a contract of only one year, compared to previous 3 year contracts.

NHS Derby City co-ordinates the contract preparation for a number of other PCTs, mainly from within the SHA's boundaries, although some are from without, including the Specialised Commissioners. Associate and Collaborative Associate Commissioners are kept informed of progress and involved in the negotiations as appropriate.

With such a significant contract value and dependence on one local supplier, it is important that NHS Derby City has a strong relationship with DHFT. The PCT has nurtured this relationship over a number of years and despite a series of challenging contracting rounds has a mature relationship based on respect.

Other secondary care contracts In order to offer a choice of provider to patients it is necessary to secure contracts with providers across the region and beyond, and for the

majority of these NHS Derby City is an associate commissioner but for a small number the PCT commissions directly. Currently there are 14 acute contracts, 2 screening contracts, 2 palliative care contracts and 1 independent sector treatment centre (ISTC) contract. In addition NHS Derby City utilises the expertise of the East Midlands Specialised Commissioning Group (EMSCG) to commission services on its behalf at a local and National level.

The ISTC is a five year, minimum take contract, with two years left until expiry. At the end of its life the contract will not be renewed automatically and instead offered out to tender. NHS Nottingham City (lead commissioner for the ISTC) is currently working with CCGs and PCT Clusters to shape the future service model for the facility.

In 2011/12 provider contracts will be disaggregated as the specialised element will be commissioned by the National Commissioning Board (NCB) from April 2012. The definition set for specialised commissioning is currently being revised and will be standardised nationally to facilitate the disaggregation process.

Specialised services are normally high cost, low volume, provided by a limited number of providers or require a large population base in order to maintain clinical expertise, examples of specialised services include organ transplantation, cardiothoracic surgery, neonatal intensive care and bone marrow transplants. NHS Derby City will continue to work closely with the EMSCG during the transition moving to commissioning by the NCB. (further information on specialised commissioning arrangements can be found under 3.3 below).

NHS Derby City holds contracts with Treetops Hospice and Marie Curie for palliative care services. Both are charities and contribute a proportion to the total cost of the services.

Secondary Care Providers at June 2011

Secondary Care - Acute provider
Chesterfield Royal Hospitals NHS Foundation Trust
Derby Hospitals NHS Foundation Trust
Nottingham University Hospitals NHS Trust
Sheffield Teaching Hospitals NHS Foundation Trust
Burton Hospitals NHS Foundation Trust
East Midlands Ambulance Service
EMAS Patient Transport
Sherwood Forest Hospitals NHS Foundation Trust
Sheffield Children's NHS Foundation Trust
University Hospitals of Leicester NHS Trust
University Hospitals Birmingham NHS Foundation Trust
Leeds Teaching Hospitals NHS Trust
Birmingham Children's Hospital NHS Foundation Trust
United Lincolnshire NHS Trust
PHG (Barlborough)
North Staffordshire Hospital
NUH Bowel Screening hub
Northampton General Hospital

Nottingham ISTC
BMI Three Shires
Holywell Healthcare
Nuffield Leicester
One Health
Spire Leicester
Woodland Hospital

Reference (supporting) Documents Section 3.2	Location where updated records are retained
Location where contracts found:	Hard copy: Acute Contract Management Team, Cardinal Square
Main Provider Contracts Summary Spreadsheet–	Library of Knowledge
Contract Summary DHFT	Library of Knowledge
Contract Summary Nuffield Derby	Library of Knowledge
Contract Summary Treetops	Library of Knowledge
Contract Summary Marie Curie	Library of Knowledge

3.3 Specialist Services – East Midlands Specialist Commissioning Group

The East Midlands Specialised Commissioning Group (EMSCG) holds a number of contracts on behalf of all the East Midlands PCTs . These are specialised services i.e. they are broadly defined as those with low patient numbers but which need a critical mass of patients to make treatment centres cost-effective. The East Midlands Specialised Commissioning Group, hosted by NHS Leicestershire County and Rutland, ensures the East Midlands has a specialised service commissioning function in place that is compliant with the recommendations in the national review of specialised service commissioning – the Carter Review.[1] We work collectively with all other PCTs in the East Midlands to reduce the risks associated with an individual PCT funding expensive, unpredictable activity. EMSCG manages a pooled budget from the nine East Midlands PCTs in order to commission these services on our behalf.

The SCG is a joint sub-committee of each of the Boards of the member PCTs in accordance with regulations 9 and 10 of the NHS regulations 2002 (Functions of Strategic Health Authorities and Primary Care Trusts and Administrative Arrangements (England)). EMSCG is currently hosted by NHS Leicestershire County and Rutland on behalf of the nine member PCTs. The EMSCG Establishment Agreement describes the membership responsibilities and accountabilities of the nine member PCTs and the EMSCG. However these existing

[1] Department of Health (2006). *Review Report: Review of Commissioning Arrangements for Specialised Services*. http://tinyurl.com/carterreview.

arrangements are set to change as a result of radical changes to the NHS infrastructure and governance arrangements

The East Midlands Specialised Commissioning Group meets on a bi-monthly basis to set the strategic direction of specialised services, ensuring that all living in the East Midlands have fair and equal access. Key to this is closely monitoring both the planning process for services and the performance of local regional and national providers. Close working arrangements and a clear commissioning framework ensures mitigation against the risk of a loss of local sensitivity to commissioning processes. The list below shows the provider names and the type of contract which is held by the SCG. The contract documentation is available from the EMSCG. Other tertiary services are included within the secondary care contracts, details of which have been included in section 3.2 secondary care providers.

In recognition that the health community is going to be facing severe financial constraints, NHS Derby City is, with other PCTs supporting the proposed 2011/12 East Midlands Specialised Commissioning Group Business Planning and Prioritisation Process that, if implemented, could yield up to £5.7 million savings. (See EMSCG Annual Strategic and Operational Business Plan 2011/12.

Specialist Services Providers at June 2011	Type of contract
Barts and London	Acute
Birmingham and Solihull Mental Health	Mental Health
Birmingham Women's Healthcare	Acute
Blackpool, Fylde and Wyre	Acute
Cambridge University Hospitals	Acute
Great Ormond Street	Acute
Guys and St Thomas	Acute
Imperial College	Acute
Kings College	Acute
Moorefield's	Acute
North West London	Acute
Oxford Radcliffe	Acute
Papworth	Acute
Royal Brompton & Harefield NHS Trust	Acute
Royal National orthopaedic	Acute
Royal orthopaedic	Acute
Scarborough & North East Yorkshire	Acute
St Georges	Acute
The Walton Centre	Acute
University College London Hospitals	Acute
AICDs	
Claremont	
CSAS	
Fertility services	

Trent Neonatal network	
Low secure Mental health services	Mental Health
Medium secure mental health services	Mental Health
High Secure Mental Health services	Mental Health

Reference (supporting) Documents Section 3.3	Location where updated records are retained
EMSCG Board Minutes	http://www.emscg.nhs.uk/_AboutUs-EMSCGBoard-MeetingMinutes.aspx 3rd June papers includes Establishment Agreement 2011
EMSCG Terms of Reference	Library of Knowledge http://www.emscg.nhs.uk/Library/EMCPAGTOR3.pdf
EMSCG Annual Report	http://www.emscg.nhs.uk/Library/EMSCGAR20Aug.pdf
EMSCG Annual Strategic and Operational Business Plan 2011/12	Library of knowledge

3.4 Mental Health Services

The PCT is the lead Commissioner for a number of organisations in the private, statutory and voluntary sector. Contracts are held by the commissioning team.

Mental Health Service providers at June 2011
Derbyshire Healthcare Foundation Trust
Nottinghamshire Healthcare Trust
Leicestershire Partnership Trust
North Staffordshire NHS Trust
South Staffordshire NHS Foundation Trust
IAPT Services
Voluntary Sector
Private providers

The largest contract is with Derbyshire Healthcare Foundation Trust which provides Mental Health, Learning Disability and some community services which transferred to this provider as part of the TCS services (see section 3.5 below). This contract also commissions services on behalf of associates who have patients that live outside of Derbyshire but still use services in Derbyshire. The final signed contract can be found on the main Derbyshire County network: P:\Mental Health Commissioning\CONTRACTS\DMHST Main Contract

The PCT is also an associate commissioner for statutory providers based outside of Derbyshire, the services commissioned are Mental Health, Learning Disability and those within TCS services. The largest of these contracts are Nottinghamshire Healthcare NHS Trust ,Pennine Care NHS Foundation Trust, Leicestershire Partnership Trust and Sheffield Health and Social Care NHS Foundation Trust. Contract details can be found on the main Derbyshire County network on: P:\Mental Health Commissioning\CONTRACTS

IAPT services

IAPT (improving access to psychological therapies) offers services for the adult population with anxiety and depression. There are three providers covering distinct localities as detailed below. The service offers NICE recommended therapies including Cognitive Behaviour Therapy (CBT), Counselling and Self-Help. The following three providers have a contract to deliver IAPT services. There is an IAPT Board. Detailed performance reports are produced monthly, these are available from the contracting team. The contract runs until 2013[2]

1. Derby Psychological Therapy Services – Derby City. Further information can be found at P:\Mental Health Commissioning\IAPT\IAPT CONTRACTS\Derby City IAPT CONTRACT

RightSteps currently also hosts counsellors in south Derbyshire and provides CBT therapists in Derbyshire Dales, pending a decision on rolling IAPT out to the rest of the county.

Voluntary Services (Mental Health)

A diverse range of services are commissioned from the voluntary sector, broadly divided into carer support, help lines, advocacy, support for older people, day services and service user representation. There are Joint commissioning arrangements between Derbyshire County Council, Derby City Council and NHS Derby City for some contracts.

Southern Derbyshire Mental Health Voluntary Sector Forum is funded to provide support to the voluntary sector and is a good source of local information. North Derbyshire Voluntary Action provide a similar service in north of the county.

Further information on the voluntary sector contracts can be found on P:\Mental Health Commissioning\SLA's\SLAs - Voluntary Sector (see also section 3.6 below)

Individual placements in independent hospitals.

There is an East Midlands-wide contract for mental health and learning disabilities rehabilitation services. This is due for renewal in 2013. This contract documentation is held at the Re-source hub. East Midlands Specialist Commissioning Group (EMSCG) holds contracts for those providers who are also low secure providers, (see section 3.3 above)

Derbyshire County PCT holds contracts for

[2] Subject to RIC approval to extend DPTS by one year.

- Cambian Health care
- Optima health care
- Brookdale –ash green (contained in DCHS contract)
- Derbyshire Healthcare Foundation Trust (contained in main contract)
- Turning point –(no hospitals in region yet but opening new service in chesterfield in 2012 -13
- Nottinghamshire –lead Karen Glynn holds contract for castle beck and for lighthouse.
- Northamptonshire for St Mathews and St Andrews.

There is currently a web portal that can provide all the information on these providers however this site is currently under review.

Derbyshire County PCT holds a database of all patients placed in hospitals. This is a restricted access database due to patient confidentiality.

Nursing Homes (Mental Health)

As part of the retraction of the Pastures and Kingsway hospitals the PCT funds Rethink to provide two nursing homes on a block arrangement for adults .This contract runs out in 2012. Support is also given to provide block beds at Methodist Homes.

Details are held at P:\Mental Health Commissioning\SLA's\SLAs - Voluntary Sector

Reference (supporting) Documents Section 3.4	**Location (Website) where updated records are retained**
Location Contract documentation found:	Web: P:\Mental Health Commissioning\CONTRACTS\DMHST Main Contract P:\Mental Health Commissioning\IAPT\IAPT CONTRACTS P:\Mental Health Commissioning\SLA's\SLAs - Voluntary Sector Hard Copy: Contracts are held by the commissioning team based at Parkhill. Electronic links provided are Derbyshire County documents – permissions required.
Contract Summary documents	Library of Knowledge
Mental Health Contracts Summary Spreadsheet	Library of Knowledge
East Midlands Development Centre Legacy Report	Library of Knowledge

3.5 Community Services

Historically a number of community services have been delivered in NHS Derby City by the Provider Arms of both the City and County PCTs. The City Provider Arm delivered Adult Services, Children's services, Community Paediatrics, Sexual Health Services, Drug misuse services and a Walk in Centre. The County Provider Arm (Derbyshire Community Health Services) delivered podiatry, speech and language therapy and a number of day case and inpatient services for City patients.

In line with national Transforming Community Services (TCS) policy, NHS Derby City divested itself of Provider Services on 1st April 2011. Services were assessed against agreed criteria and were transferred through either a managed process or a market testing process to new providers. All of the transfers were supported by an Organisational Transfer Agreement which set out the staff, assets and services which would transfer and those that were retained by the PCT. The use of the PCT estate is set out in a series of licence agreements which define the area of each building that the Provider is licensed to occupy. The transfers are set out below. N.B Derbyshire Community Health Services became a NHS Trust on 1st April 2011.

Provider Organisation	Services provided	Contract type
Derby Hospitals Foundation Trust	**Adult Services** - District Nurses, Community Matrons, Intermediate Care, Service Navigation Team, Community Occupational Therapy, Community Physiotherapy, Dietetics, Phlebotomy, Continence, Falls, Musculoskeletal Physiotherapy	Standard Community Contract. NHS Derby City coordinating commissioner
Derbyshire Healthcare Foundation Trust	**Universal and Targeted Children's Services -** Health Visiting, School Nurses, HPV Team, Schools Therapy Team (City and County), Safeguarding Children, Looked after Children, the Lighthouse, Home Palliative Care Community Paediatricians and Homeless Nursing Service	Standard Mental Health Contract. NHS Derbyshire County coordinating commissioner
Derbyshire Healthcare Foundation Trust	**Drug Misuse Service (Bradshaw Clinic)**	Drug Services SLA
Derbyshire Health United	**Walk in Centre**	Standard Community Contract. NHS Derby City coordinating commissioner
Derbyshire Community Health Services	**Smoking Cessation and Contraception and Sexual Health Service**	Standard Community Contract. NHS Derbyshire County coordinating commissioner

Ripplez Ltd (Social Enterprise)	**Family Nurse Partnership** A targeted service specifically aimed at first time parents where the mother *is less than 18 years old when her child is born*.	Standard Community Contract. NHS Derby City coordinating commissioner

Reference /supporting Documents Section 3.5	**Location (Website) where updated records are kept**
FNP Contract Summary	Library of Knowledge Z:\Derby City PCT - Transforming Community Services\Community contract\Legacy documents\FNP contract summary.docx
Contract Summary documents	Library of Knowledge Z:\Derby City PCT - Transforming Community Services\Community contract\Legacy documents\DHFT community contract summary.docx
Community Provider Contracts table	Library of Knowledge Z:\Derby City PCT - Transforming Community Services\Community contract\Legacy documents\Community Provider list.xlsx

3.6 Voluntary Sector Services

The PCT commissions or funds a number of voluntary sector organisations across a range of service areas including:

- Mental Health
- Older People
- Children and young people
- Condition specific
- Community/infrastructure development

These organisations provide services or support under the following headings:

- Information provision, advice, and signposting
- Prevention
- Infrastructure development

The majority of these agreements, which are not formal contracts due to their small size, source of funding and specific remit are funded through Grant Aid funding. Grant aid funding enables small projects, groups or organisations to develop, set up or meet what may appear to be a specific or growing local need. They are not designed to fund projects into the longer

term and at the point at which they become a full service meeting a greater need, they should be formally procured. The organisations funded through grants are usually community based. They generally fulfil some of the health, well being and more social support aspects of the pathway relating to the service area.

Most central government departments have funding programmes for voluntary organisations with a national remit or are undertaking initiatives of national significance. Grant schemes are designed to fit the policy objectives and programme outcomes of each particular department. Departments also fund the voluntary sector through direct funding relationships with specific organisations whose work is close to their own interests, for example the PCT and local Councils, which run on a regular, annual-review basis.

The agreements can be funded by many partners and are often funded on a county wide basis by both PCTs and Local Authorities. Grant funded organisations are usually funded on an annual basis but in terms of sustainability and in becoming more viable as an organisation preparing to deliver formal services, they may be funded for up to 3 years. Usually the partner contributing the largest amount of funding leads the performance management of the funding agreements. In 2011 the Derby City Council revised its Grant Aid Strategy and the PCT agreed to join its process of reviewing all general adult funded agreements. This process excluded mental health and children's funded agreements.

3.6.1 Supporting Carers

The NHS Operating Framework 2011/12 makes clear PCT's responsibilities to pool budgets with local authorities to provide carers breaks and jointly develop plans and we are committed to delivering this locally.

The PCT is a member of the Derby city Carers Partnership Board, co-ordinated by Derby City council.

The PCT has invested in services for carers for a number of years through the provision of funding to a variety of third sector and secondary care organisations. These services continue to be commissioned by the PCT to provide information and advice, care, respite and ongoing support to carers as part of their contractual arrangements. Commitments for 2010/11 totalled £1,243,000 allocated within Service Level Agreements and secondary care contracts and an additional £417,000 for Section 28a grants allocations. The organisations funded for these services are as follows:

- Derbyshire Carers Association
- Crossroads
- Age UK
- Disability Direct
- Derby & Derbyshire Race Equality Commission
- Headway
- Parkinson's Society
- Action for Children
- Making Space
- Derby & Derbyshire Mental Health Forum
- MS Society

NHS Derby City is also making progress on a broader range of work to offer further support for carers. In partnership with Derby City Council and carer groups, we are working to better understand and meet the needs of carers within our locality. In line with the key requirement set out within the national Carers' Strategy for PCTs to work with their local authority partners and identify joint plans on how their combined funding will support breaks for carers, a Derby Carers Strategy has been published outlining key strategic themes. Many groups and carer representatives across Derby city were engaged in the development of this strategy and it has been publicised widely.

In addition to the above investment NHS Derby City has agreed to invest a further £0.5m over the next three years, with £250,000 allocated for 2011/12. We now intend to work collaboratively with social care partners, through the Derby Carers Strategy Board, in order to pool budgets to provide carers' breaks and develop appropriate plans. Once finalised, these plans will be published on the NHS Derby City and Derby City Council websites.

Derby City was one of 25 carer demonstrator sites across the country. This resulted in Derby City Council receiving a funding allocation to further enhance work to ensure carers feel better supported to live full and healthy lives. This funding contributed to a project which compared different methods of providing carers' breaks in line with the views, needs and aspirations of local carers. The project aimed to enable carers across all sectors of our local community to gain improved access to breaks on a bespoke basis.

Also as part of the Demonstrator Site programme, the PCT appointed a Carer Service Development Officer to work with the city's GP practices to review and improve systems for identifying carers and their referral to existing and newly developed services. This work has resulted in the development and implementation of GP carer registers, the delivery of a carer support service within practice as well as a secure system for referring carers to Adult Social Care, ensuring the maximum opportunity for carers to access an assessment and ongoing support.

The PCT has also completed the first phase of a carer co-production project. Working with local carers and carer organisations we have identified the areas that carers feel have most affect on their health and the type of support they would need to lead healthier life and improve their wellbeing. See co-production report for more information.

Communications and publicity has also been undertaken to raise awareness of the support and services available to carers.

Reference (supporting) Documents Section 3.6 and 3.6.1	**Location (Website) where updated records are kept**
Councils letter to all VS organisations	\\Dcfs01\Derby City PCT-Chief Executive Office\Voluntary Sector Legacy Info
The Council's pre-warning notification	\\Dcfs01\Derby City PCT-Chief Executive Office\Voluntary Sector Legacy Info

The PCT's Board paper and minutes	\\Dcfs01\Derby City PCT-Chief Executive Office\Voluntary Sector Legacy Info
Voluntary Sector Contracts Summary Table	\\Dcfs01\Derby City PCT-Chief Executive Office\Voluntary Sector Legacy Info
3.6.1 NHS Operating Framework 2011-12	http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122738
3.6.1 National Carers Strategy	http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_0853455
3.6.1 Derby Carers Strategy	http://www.derbycitypct.nhs.uk/UserFiles/Documents/carer/CarersStrategy.pdff
3.6.1 Process to support GP referrals	http://www.derbycitypct.nhs.uk/portal/communication/who-are-carers
3.6.1 Carers Coproduced Report	Dcfs01:\Derby City PCT - Engagement\Staff Working Files\Liz Limbert\Carers\Co-production project
3.6.1 Communication materials	V:\Derby City PCT - Engagement\Staff Working Files\Liz Limbert\Carers Also see website - http://www.derbycitypct.nhs.uk/staying-healthy/are-you-a-carer

3.7 Other Commissioned Services

A significant number of smaller value contracts are also in place with the PCT. An up to date copy of these can be viewed via the Finance Directorate held 'Supplier Summary Spreadsheet'. In addition, the PCT is currently developing a Contracts Database.

3.7.1 East Midlands Ambulance Service

The PCT is the 'Associate Commissioner' of Emergency and Urgent Ambulance Services from East Midlands Ambulance Service (EMAS) on behalf of eleven 'Associate Commissioner' PCTs across the East Midlands. Derbyshire County is the Lead Commissioning PCT.

EMAS provides Emergency and Urgent ambulance services for all potential patients resident in or travelling through the geographical area covered by the ambulance provider. The ambulance service is often a first point of access to health care, responding to a variety of needs ranging from life-threatening emergencies to long-term health conditions.

Demand on ambulance services across England is increasing every year. This means that ambulance services have to work with the public, primary care and acute services to provide access to appropriate alternative care and innovative responses to patients needs.

The total opening contract value for the EMAS 2011/12 contract is £ 132,735,157, of which NHS Derbyshire and NHS Derby City component is £ 26,631,555.

Patient Transport Services (PTS) are commissioned separately by PCTs and services for 2012/13 onwards across the East Midlands are currently out to tender.

Reference (supporting) Documents 3.7.1	**Location (Website) where updated records are kept**
Location Contracts found	Lead Commissioner Derbyshire County
EMAS Board Papers 3.7.1	http://www.emas.nhs.uk/about-us/trust-board
EMAS Annual Reports 3.7.1.	http://www.emas.nhs.uk/about-us/publications
EMSCG Policies and Publications 3.7.2.	http://www.emscg.nhs.uk/_PoliciesandPublications.aspx http://www.emscg.nhs.uk/_SpecialisedServices.aspx

3.7.2 Prison & Offender Health Services

Derbyshire has two prisons. Lead responsibility for commissioning healthcare services for prisoners at HMP Foston Hall and HMP Sudbury was transferred from the Home Office to NHS Derbyshire PCT in April 2006. These responsibilities are managed by the Derbyshire Prisons Partnership Board (PPB) through a local partnership agreement with the prisons based on the, 'National Partnership Agreement between the Department of Health and the Home Office for the accountability and commissioning of health services for prisoners in public sector prisons in England' (2007).

HMP Foston Hall is a female closed establishment with a capacity of 291 prisoners comprising circa 195 sentenced (with up to 40 with life sentences) and 96 remand . HMP Sudbury is a male Category D open prison with a capacity of 581 prisoners. Prisons are high risk environments and prisoners typically have higher health needs than the general population. Ensuring provision of integrated healthcare services for individuals in prisons and on their return to the community is a key challenge.

The PCT's guiding responsibility is to commission access to healthcare services for prisoners which are equivalent to those available in the local community, subject to the constraints of the prison environments. Ensuring integrated equality of care for all service users is a key requirement. A new provider of primary care services across both prisons was commissioned from April 2011. Other health services commissioned include; drug and alcohol misuse, mental health, sexual health, pharmacy, dentistry, podiatry, opticians, speech and language therapy, physiotherapy, heptology and community midwifery.

The PCT also commissions mental health diversion services for Derbyshire Courts, Probation and Police services. Alongside Drug and Alcohol misuse services, mental health assessment and referral services are an important component to ensure appropriate care and support to individuals in contact with the criminal justice system.

3.8 East Midlands Procurement and Commissioning Transformation (EMPACT)

EMPACT is an NHS venture in the East Midlands with a team dedicated full time to supporting Commissioners and Providers to deliver improvements and meet local and regional challenges. We are working with other local PCTs in the development of a regional infrastructure that supports shared arrangements, provides commercial support to commissioners to 'stimulate the market' where this works in the interests of patients, manage contracts effectively and works closely with NHS Supply Chain to secure better value for money for goods and services procured.

Reference (supporting) Documents 3.8	**Location (Website) where updated records are kept**
EMPACT	Link: http://www.tin.nhs.uk/innovation-nhs-east-midlands/innovation-in-practice/empact/ EMPACT Leaflet

3.9 Working with Local Authorities as part of the Transition arrangements

Public health is concerned with three key areas: health improvement (including people's lifestyles as well as inequalities in health and the wider social influences of health), health protection (including infectious diseases, environmental hazards and emergency preparedness) and health services (including service planning, efficiency, audit and evaluation).

The 2010 Health White Paper proposed significant changes to public health services in England:

- A new national Public Health Service (Public Health England) is to be established to protect and help improve the nation's health and well being.
- Local Authorities will employ Directors of Public Health, jointly with the public health service, to lead local health improvement and lead local partnerships for health and well being.
- A ring-fenced budget will be allocated to local authorities to promote population-health and reduce health inequalities.

The Health White Paper also contains proposals to significantly change the role of Local Government in Health, including the establishment of Health and Wellbeing Boards, and the commissioning of local HealthWatch.

Progress in Derby

Derby City is well on its way to implementing the proposed new policy. To date the PCT/public health in Derby has:

- Established its Health & Wellbeing Board (HWB) with its supporting structure and governance arrangements
- Ensured public health staff have moved to Council accommodation
- Agreed that the HWB will be one of five Outcome Boards as part of Derby City and Neighbourhood Partnership and has agreed four health and wellbeing indicators
- Is working to support the development of HealthWatch as a pathfinder
- Has identified its public health priorities for the transition period so that appropriate staff and skills are in place to achieve these
- Has identified where there are gaps so that it can start to explore ways of filling these
- Has provided regular transition reports to East Midlands Transition Network
- Has produced a transition plan which sets out steps towards achieving the vision for 2013, as well as a risk register

3.10 Assertive Outreach Service for New and Emerging Communities

Derby has a history of receiving new and emerging communities and continues to be a dispersal area for people seeking asylum. This has resulted in a population that is not only diverse, but also constantly changing. Derby City has experienced increasing pressure on its provider services as a result of migration to the area.

In April 2008, NHS Derby City commenced a year-long co-production project with the most recently emerging community to the area - the Eastern European Roma. This project resulted in a range of cross sector issues being identified by health, partner agencies and the community itself, examples of which are provided below.

- Children left home alone and physical chastisement of children
- Forced marriage and marriage under 16 years of age
- High numbers of teenage pregnancies
- Safety, cohesion, inclusion and welfare issues
- Poor access to and knowledge of appropriate benefits causing destitution
- Poor infant health, higher incidence of preterm births and lower birth weights
- Repeated and inappropriate attendances at A&E
- High smoking prevalence and extremely poor oral health
- Higher childhood morbidity rates
- Difficulty for services contacting families due to inaccurate address provision
- School attendance - historically children start school at 7 and marry at 14
- Limited education affecting how future generations are parented
- Entrenched low expectations and limited understanding of the community in which they live
- Inappropriate use of bins and high levels of litter
- Overcrowded living conditions dictated by economics rather than culture

Community health service providers, in particular health visiting, midwifery teams and GP practices experiencing the highest number of new entrants, had also recognised difficulties

in meeting the wide ranging and complex needs of such a community on its arrival to the city.

Derby City's Community Safety Partnership created a New Communities Strategy Group to support partners and agencies facing challenges by the impact of migration to the area. Partners therefore contributed to the co-production project and joined the project team to gain further knowledge and information regarding this particular new community.

The co-production project led to a framework of services being proposed. A need for a multi agency assertive outreach service for new and emerging communities was identified, which would offer support to new entrants for a period of up to 18 months. This would ensure a smooth transition and the ability for new arrivals to independently and appropriately access mainstream services, improve inclusion and community cohesion, reduce risk, improve safety and enable improved lifestyle choices to be made.

It should be noted that historic and cultural issues for this specific community group have created a history of mistrust of services and therefore a high level of disengagement. It is not anticipated that all new communities will require the same level of input or the same length of transition to be able to use mainstream services effectively

In 2010, NHS Derby City successfully secured £145K funding from the Regional Migrant Impact Fund in order to pilot a service that includes core health provision of midwifery, health visiting, community support and GP sessions to be delivered on an outreach basis. The service provides flexible and responsive support to the demands of these communities and included education and health promotion delivered appropriately in order to meet the needs of these individuals and families. This service supports the PCT's Strategic Operating Plan in enabling robust engagement with these communities, in particular the Staying Healthy QIPP programme.

The Health Visiting Service commenced in March 2010, along with midwifery support and dedicated GP support for these communities (GP support began in June and October 2010).

The objectives of service are to:

- Reduce the pressure and impact of migration on mainstream services.
- Empower new communities to appropriately access services.
- Reduce inequalities by enabling equality of access to services for new communities
- Provide up to date educational and supportive materials in a format which is accessible to new and emerging communities.
- Educate and support new and emerging communities regarding basic legal issues in the UK e.g. safeguarding children, education systems, benefits system, employment rights, housing rights, environmental issues (i.e. disposal of rubbish and noise pollution).
- Reduce the risk associated with safeguarding issues through the use of the multi agency outreach team approach (a consistent theme running through serious case reviews is the lack of communication between agencies).
- Improve the experience and satisfaction of the service users who receive services from the multitude of agencies.
- Reduce the social exclusion of new and emerging communities.
- Increase the community cohesion between new and existing communities.
- Improve the levels of childhood morbidity and mortality.

- Early identification of children with special needs and input of specialist services.
- Improve longer term health, educational outcomes and inclusion for children in new and emerging community groups into the general community (Roma children for example are kept isolated at home as happens in Eastern Europe).
- Achieve early engagement with new and emerging groups which will improve pathways for service users, enable the preventative approach to be taken and provide professionals with greater knowledge and understanding of the needs as they arise.
- Deliver health promotion programmes and staying healthy advice to reduce illnesses caused by poor diet, living conditions, lack of education, smoking and excessive alcohol use.
- Provide a means by which all services can be accessed and individuals and families can be accessed by services through established relationships with the Assertive Outreach Team and to enable further relationships and therefore knowledge and understanding to be gained by both services and new communities.

It has been agreed that the PCT will fund a three month extension to the project to allow for more monitoring data to be produced. The evaluation is currently being undertaken, including an evaluation by Leeds University, to assess the impact.

Reference (supporting) Documents 3.9	**Location (Website) where updated records are kept**
Public Health Transition Narrative and Timeline	Under development
HealthWatch Transition Plan	To follow
Strategic & Operational Plan MARCH 2011	http://www.derbycitypct.nhs.uk/UserFiles/Documents/DocumentsDownloads/corpdocs/Derbyshire-SOP-version-2.pdf
Assertive Outreach	\\Dcfs01\Data\Derby City PCT - Engagement\Staff Working Files\Liz Limbert\AOT

4 Quality

NHS Derby City remains focused in its drive for quality and efficiency improvement. The organisation demonstrates and discharges this commitment through a continued greater focus on quality, innovation, productivity and prevention (QIPP).

4.1 Effectiveness

The key forum in NHS Derby City that considers clinical (and cost) effectiveness issues including medicines management is the monthly QC-CEMM group (QIPP Commissioning-Clinical Effectiveness and Medicines Management). This group was formerly a subcommittee of the SHIIC/RIC and now reports to Cluster Governance Committee. The committee scrutinises and prioritises on clinical and cost effectiveness issues, providing decisions for optimising /maximising effectiveness, recommending approval or refusal of proposed policies and raising governance or cost and cost effectiveness alerts for attention of parent committees. It should be noted that there are other forums that consider issues relating to 'Operational Business effectiveness' of specific areas or projects in terms of development and follow-up of activity.

QC-CEMM

- receives, considers and ratifies minutes and recommendations from JAPC (Joint Area Prescribing Committee), provider trusts D&T (Drug & Therapeutics) groups, NICE Guidance, EMSCG (East Midlands Specialised Commissioning Group), Medicine Management recommendations and policies.
- considers and approves Derby City and primary care clinical policies and PGDs (prescribing group directives).
- acts as Clinical Advisory Group for considering development of business cases for clinical areas as well as issues relating to major policy developments and follow up of specific QIPP activities especially Prior Approval, PLCV and IPG policies.
- receives and considers proposed policies and business cases/projects from Joint Strategic Boards, QIPP leads, PbC projects etc, for clinical and cost effectiveness prioritisation and recommendation to commissioners.

It should be noted that a significant proportion of policies and prioritisation decision are produced in conjunction/collaboration with other organisations. JAPC and Strategic Boards is joint with Derbyshire County, EMSCG is east midlands wide (produces both specialised and collaborative policies) and D&Ts have input from catchment PCTs.

Other key sources of policies that affect effectiveness include National guidance from MHRA and similar agencies.

The QC-CEMM processes listed above (and their predecessors) have over the years produced numerous adopted policies that affect various areas of health activity. The following table summarises the major sites where these policies can be found and/or contacts.

Prioritisation decisions or Policy originator committee Section 4.1	Location (Website) where updated records are kept	Contact guardian department/person
1. JAPC	www.derbyshiremedicinesmanagement.nhs.uk	NHS Derby City/NHS Derbyshire County Medicines Management tel: 01246 514123
2. Medicines Management (includes PGDs)	www.derbyshiremedicinesmanagement.nhs.uk	NHS Derby City/NHS Derbyshire County Medicines Management
3. EMSCG	info@emscg.nhs.uk	East Midlands Strategic Commissioning Group tel: 01246 2950849
4. Prior approval and related policies	www.derbycitypct.nhs.uk	NHS Derby City/NHS Derbyshire County Acute Contracting
5. Low priority treatments policies	www.derbycitypct.nhs.uk	NHS Derby City/NHS Derbyshire County A
6. D&Ts: RDH Mental Health	www.derbyshospitals.nhs.uk www.derbyshirementalhealthservices.nhs.uk	Derby Hospitals Foundation Trust Derbyshire Healthcare Foundation Trust
7. QC-CEMM	www.derbycitypct.nhs.uk	NHS Derby City/NHS Derbyshire County
8. NICE Guidance	www.nice.org.uk	National Institute for Health & Clinical Excellence University of Sheffield tel: 0114 305 1108
9. MHRA Guidance	www.derbycity.nhs.uk	NHS Derby City/NHS Derbyshire County Quality Team
Copies of all indicated PCT documents are available in the Library of Knowledge		

4.2 Patient Experience

Listening to what patients say is a key way of finding out what it's really like to experience healthcare services. The experiences of individual patients can be used to drive forward service improvements which will benefit all patients.

The PCT uses various methods to communicate with patients and the public to ensure they receive the information they need:

- Website – www.derbycitypct.nhs.uk
- Media releases
- Leaflets and posters
- Consultations and surveys
- PCT events
- Attendance at community meetings and Neighbourhood Forums/Boards
- PALS sessions

More details of methods can be found in the PCT's Engagement and Communications Strategy.

To gather qualitative information on service user experience, disaggregated by different equality groups and disadvantaged communities, the Trust has a number of arrangements in place to enable this to happen. These include:

- Participation and/or hosting of targeted engagement with equality groups/forums and vulnerable communities

- Systematic performance self-assessments involving patients, carers and families, for example, the annual Learning Disability Self-Assessment, the results of which are reported to the Trust's Governance Committee and Board as well as the Learning Disability Board.

- Commissioning of service evaluation with a focus on issues of accessibility and patient experience. The outcomes of these evaluations are reported to the Governance Committee and Board.

Patient views are summarised in an annual report, the latest of which covers the period April 2010 to March 2011. It outlines the key mechanisms in place to reassure commissioners that providers regularly gather patient experiences in robust ways. It details key results from patient experience activities such as national surveys, highlighting both successes and areas for improvement; and reveals the areas of focus for the year ahead.

In addition, the Real Accountability report details how patients and the public have been involved in and consulted on service developments, while a complaints report is published every year with key points summarised in the PCT's full Annual Report.

4.2.1 Public and Patient Engagement

The PCT has in place an Engagement and Communications Strategy to support good practice engagement and communications in commissioning.

Under S242 (1B) of the NHS Act, the PCT has a duty to ensure that users of services, whether directly or through representatives, are involved (whether by being consulted or provided with information, or in other ways in:

Below is a summary of NHS Derby City's Engagement methods and networks:

Health Panel
NHS Derby City's Health Panel is made up of members of the public with a general interest in health and healthcare issues. take part in issue-based meetings or focus groups

- comment on publications before they are printed (Readers Panel)
- join a committee or steering group around a specific issue.

Membership of the Health Panel is open to anyone who lives in Derby or is registered with a GP in the city.

Readers Panel
The Panel is made up of Health Panel members who have volunteered to receive draft publications and comment on them. A copy of the draft publication is sent by post to each member, along with a simple questionnaire and a Freepost reply envelope.

Derby Local Involvement Network (LINk)
Derby LINk is an independent network of local individuals, community groups and organisations. It has been set up to give local people a say in how health and social care services are designed and delivered. In Derby, the LINk is hosted by Community Action.

The PCT has a good working relationship with LINk and our engagement procedures ensure that LINk members are invited to take part in a wide variety of consultations; both local and regional. The Head of Public and Patient Experience and the Patient Experience Manager meet regularly with the LINk Manager. LINk also produces a regular e-mail newsletter to keep their members updated with what's happening and often use it to promote consultation and engagement activities.

Derbyshire Community Health Equality Panel
Taking into account the key Equality Delivery System requirement of ensuring that local interests are centrally involved in reviewing NHS organisations' equality performance, a Derbyshire Community Health Equality Panel (DCHEP) was set up in 2011. DCHEP's membership includes: Derby City and Derbyshire County's LINks; representatives from CCGs, NHS provider organisations and the NHS Derby City and Derbyshire County Cluster; voluntary sector organisations; and representatives from each of the "protected" equality groups.

DCHEP's key roles are to act as:

- A co-ordinating panel for the engagement and involvement of local interest groups in Derbyshire in reviewing the equality performance of Derbyshire NHS organisations.

- A moderation panel for local interests in analysing organisations' performance against the requirements of the EDS, identifying priorities and making grading recommendations for Derbyshire NHS Trusts and CCGs.

Neighbourhood Boards and Forums
The city comprises three priority areas and 17 Neighbourhood Boards. In January 2009, NHS Derby City designated senior staff as Neighbourhood Link Managers to represent the organisation at each Neighbourhood Board. The aim was to develop better joint working relationships with Neighbourhood Boards and to provide an increased health input at each meeting. Neighbourhood Link Managers are supported by a Community Engagement Manager. In addition to Neighbourhood Boards, which are mostly attended by statutory agencies along with local residents, there are also Neighbourhood Forums in each area. These are predominantly attended by local residents.

Community Engagement Meetings
NHS Derby City Engagement Staff have regular contact with a variety of networks, forums and groups throughout to city. As well as attending regular meetings, this can involve giving presentations on topics of interest and inviting these networks to take part in engagement activities/ consultations. Some of these networks include:

- The Voluntary Sector Forum with Health & Social Care Fringe Meeting
- Lesbian, Gay, Bisexual and Transgender (LGBT) Network
- Learning Disabilities Health Sub Group
- Derby Compact Forum
- Equality and Diversity Network
- Carers Engagement Network and Carers Delivery Partnership Meeting
- New and Emerging Communities Network
- Derby City Access Group
- Derbyshire Community Health Equality Panel

The aim of attending these networks and forums is to open a two-way dialogue with the local community and to keep them fully engaged and informed on healthcare issues.

Social Inclusion Network Database (SIN)
Small voluntary / community groups and specialised networks often get overlooked, especially if English is not their first language. The SIN database was established to capture details of these groups and the different equality strands they work with. There are currently 48 community groups and organisations making up the SIN database. It includes many seldom heard groups and new and emerging communities.

Equality, Inclusion and Human Rights' Service
The Equality, Inclusion and Human Rights' Service provides specialist advice to the PCT Board, Executives and teams to help ensure that the strategic direction for commissioning and provision of services promotes equality and human rights and that appropriate systems for performance management are designed and implemented.

The service develops and maintains key relationships with a wide range of local and national agencies and other partners to build the Trust's presence and influence on equality issues, maximise shared learning and progress and/or promote engagement and involvement targeted at reducing health inequalities and improving patient experience (including access to services). Following engagement work, priorities for action are agreed and progressed through the relevant contract arrangements.

Patient Advice and Liaison Service

The Patient Advice and Liaison Service focuses on improving the service to NHS patients. PALs provide information, support and advice over the phone, at drop-in sessions and at local community events. The PALS team uses patient experiences and concerns to drive forward learning and service improvements in commissioning and the provision of services. All PALS teams produce a regular report detailing the concerns and queries they have received from patients/ the public and the action taken to ensure similar incidents do not occur in the future. In some PCTs PALS queries and complaints are integrated.

Improving Patient Experience

NHS Derby City has mechanisms in place to ensure the effective collection of patient experience across the local health community, along with robust monitoring and performance management systems.

As part of the national initiative, Derby Hospitals NHS Foundation Trust also undertakes patient reported outcome measures (PROMs) for patients undergoing certain elective operations. PROMS measure the effectiveness of the procedure, for example asking patients about reduced symptoms, disability and improved quality of life. This covers hip and knee replacements, varicose veins and groin hernias. In addition, a new project being run in the East Midlands plans to link PROMs data with clinical information.

In order to monitor and improve the experience of patients, the PCT includes measures of performance and patient experience/satisfaction in a range of our commissioned contracts in addition to the specific patient experience indicators included in CQUIN.

PALS and complaints data reported where trends and risks are identified and the appropriate action is taken to address any issues. Service specific feedback is also passed to commissioning leads in order for issues and concerns to be addressed as part of performance and contract reviews.

Real-Time Patient Experience

NHS Derby City brought providers together to support real-time patient experience developments and it receives regular virtual updates from all providers.

Reference (supporting) Documents Section 4.2	Location (Website) where updated records are kept
Engagement and Communication Strategy	http://www.derbycitypct.nhs.uk/documents-downloads/strategies-and-plans/
Real Involvement	http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_089785.pdf
Briefing on section 242 of NHS Act	http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_081090
What is consultation? – PCT reference document	\\Dcfs01\Data\ Derby City PCT - Engagement\Staff\Working Files\Liz Limbert\Resources\
Patient Experience Annual Report 2010-11	\\Dcfs01\Data\Derby City PCT-Engagement\Staff Working Files\Suzanne Robey\Patient Experience\
Real Accountability Report	http://www.derbycitypct.nhs.uk/documents-downloads/real-accountability-report/default.aspx
Complaints Annual Report	In section 4.3 Reference doc's
A schedule of survey results and co-ordinating bodies is also attached for information	\\dcfs01\Data\Derby City PCT - Engagement\Staff Working Files\Suzanne Robey\Current Projects\Surveys and Metrics\
Summary reports for each set of survey results published over the past year	Contained within the Quality Report which went to Board. Papers available at : http://www.derbycitypct.nhs.uk/about-us/board/board-papers.aspx
The PCT's annual patient experience report – which formed part of the Quality Assurance Report 2011/12	Same as patient experience annual report

4.3 Safety

The improvement of patient safety remains a key challenge and of high national priority to the NHS, the most important element of which is learning from and then minimising the risk of the recurrence of incidents. The PCT is responsible for the performance management of the Serious Incidents process for the provider organisations from which it commissions services, ensuring their adherence to national and regional policies as part of their contractual obligation. Systems are in place to deliver robust performance management with a particular focus on:

- The monitoring process led by NHS Derby City in relation to providers where the PCT is the co-ordinating commissioner
- Risks identified and key changes to process experience during the year
- Developments undertaken by NHS Derby City in working with providers to provide assurance and continuous quality improvement to the current processes.
- Key learning and change from Root Cause Analysis investigations

PCT monitoring year-end activity-closure
All providers are given a defined submission date to complete a Root Cause Analysis investigation and produce a final report and action plan following the reporting of a Serious Incident. The performance of providers in submitting final reports has improved in 2010/11.

To ensure a quality approach, all final reports are reviewed using a critique tool prior to closure approval. The Clinical Quality Team has also implemented changes to the internal monitoring processes in 2010/11 which has had an impact on the closure of SIs to timescale.

Quality of final reports
The Clinical Quality team have supported developments within 2010/11 working with providers to ensure appropriate, timely reporting of serious incidents with the production of final reports that contain high quality investigation, analysis and learning that has been shared.

Key changes to reporting and monitoring systems

- A database was custom built and implemented by the Clinical Quality Facilitator to capture all SI information and activity which has improved and streamlined the ability to produce effective, analytical reports.
- Development of HCAI and Pressure Ulcer Critique tool to support the consistency of assessment and feedback on Root Cause Analysis (RCA) Final Reports.
- Further development of the General SI critique tool to capture the quality of reports submitted by each provider, this information is also provided to the SHA as one of their requirements for the Patient Safety Board to be introduced from April 2011.
- Further development of processes to assure that the action plan for each RCA has been completed and any outstanding risks mitigated.

- NHS Derby City SI Monitoring Policy has been reviewed and applied to the section of the contract for Serious Incidents and Patient Safety Incidents for each provider

- A Manager's Toolkit was compiled in 2007 as a reference for Managers to support them in the effective reporting, investigation and implementation of the Incident Reporting Policy, Serious Incidents and Complaints policy and procedures. The toolkit contains guidance, templates and RCA tools to support the quality of the complete process of reporting and investigating. This toolkit has now been updated to reflect the SI Monitoring Policy and changes to national and local requirements.

- The SHA as part of their Transitional Plan, have handed over the closure of High Grade SIs to the PCT.

Trend Analysis
Trend analysis is undertaken for each provider on all closed Serious Incidents (SI). The National Patient Safety Agency (NPSA) Framework of Contributory Factors analysis tool has been used to identify the themes (see Breakdown of SI Trend Analysis).

Planned developments 2011/12
The formation of the cluster PCT requires the policy, monitoring processes and reporting structures to be aligned across Derby City and Derbyshire County PCTs and this will be the priority for achievement in the 2011/12 year.
Reporting of SIs particularly pressure ulcers from Nursing Homes remains work in progress in the development of partnership working and part of the contract implementation plans.

Reference (supporting) Documents Section 4.3	Location (Website) where updated records are kept
Clinical Safety & Patient Safety Annual Report	\\Dcfs01\data\Derby City PCT - SUI and Investigations\SIs & Investigations\
The National Patient Safety Agency (NPSA) Framework of Contributory Factors	\\Dcfs01\data\Derby City PCT - SUI and Investigations\ Sis & Investigations\
Serious Incident Annual Report (currently being combined with Derbyshire County's Report)	\\Dcfs01\data\Derby City PCT - SUI and Investigations\SIs & Investigations\
Serious Incident Monitoring Policy	http://nww.derbycity.nhs.uk/default.aspx ?PageID=248
Breakdown of Serious Incident Trend Analysis	\\Dcfs01\data\Derby City PCT - SUI and Investigations\SIs & Investigations
Complaints Annual Report	\\Dcfs01\Data\Central & Greater - Clinical Governance\Complaints
HAI Audit &Assurance Review (Sept 2010)	Library of Knowledge – Permissions required
Confidential data including investigation reports, Performance Cases etc	Library of Knowledge – Permissions required

4.4 Innovation

NHS Derby City is committed to and has a strong record of improving quality and outcomes for patients through innovative approaches. The ongoing local and health community wide QIPP programme, as described in the NHS Derby City Strategic & Operational Plan (March 2011) is a clear demonstration of this. Examples of Innovative solutions delivered over recent times are included within the table below:

Service Area	Approach
Intermediate Care	Development & launch of new service
Alcohol Services	New model developed & market tested. Contracts awarded to third sector & NHS organisations
CAMHS	Development of single point of access to ensure each child is treated first time at the appropriate level to reduce duplication and minimise out of area treatments
Musculoskeletal	Development & trail of new pathway
Stroke early supported discharge	Development & launch of new service

In order to further embed innovative approaches and systems throughout the work undertaken within the organisation, during the past two years the PCT have supplemented our approach to developing a culture of innovation through utilising the partnerships and systems created by the work of the SHA in their statutory duty to promote innovation.[3]

In summary the key approaches taken to further develop innovation skills, tools and techniques to deliver innovative solutions include:

- Participation in regional groups aiming to support development, diffusion and delivery of Innovative approaches, and the adoption of innovative evidence based technology. This includes membership of Derbyshire and Lincoln Collaboration for Learning in Applied Health Research and Care (CLAHRC).

- Optimising opportunities for external funding to deliver improved quality and productivity through innovative new ways of working, including successfully bidding for Regional Innovation Funding (RIF).

  In 2009/10 we were successful in securing funding to implement new ways of working in our community nursing teams, entitled: Strategic Change and Benefits in Mobile District Nursing[4].

  In addition in 2009/10 we were a partner organisation in a Regional Innovation Fund project 'Turning Consumer insights into targeted and effective service delivery', which aimed to develop a tailored social marketing programme and toolkit. Partners include: NHS Nottinghamshire County (lead), NHS Derby City, Derbyshire & Lincoln CLAHRC, Nottingham University School of Business, Nottingham County Council.

[3] East Midlands Innovation Report 2009-10
[4] Regional Innovation Fund Projects 2009/10

- In 2010/11 we were successful with our bid for RIF funding for the project entitled the Patient Medicine and Communication Bag[5].

- In 2011/12 we were successful in our RIF bid for the D-dimer project. This project aims to deliver near patient DVT testing in a primary care setting. Derbyshire leads this work regionally aligned to the Innovative Technology Adoption Procurement Programme (iTAPP) which is part of the ambitious National Innovation Procurement Plan.

  In 2011/12 we were also successful in our RIF bid for our Derbyshire wide adoption and roll out of the implementation of new ways of working in community nursing teams, entitled Strategic Change and Benefits in Mobile District Nursing, previously successfully undertaken across Derby City.

- Utilisation of Quality Observatory data sets to enable analysis and benchmarking of outcomes, cost and improvements[6]

- Utilisation of SHA Innovation funding to promote a culture of innovation throughout the organisation. This was through the commissioning of a two day learning programme for frontline and middle managers. The type of support we have utilised is a two day programme, based on the 'Innovative Leadership & the Ingenious Organisation' model. This was delivered by the Institute for Enterprise & Innovation, Nottingham University

- Membership of the Regional Innovation Network, and participation in the Regional and National Innovation Expos', enabling the sharing of best practice and supporting the spread (diffusion) and adoption of innovative solutions

- Utilising development (learning) opportunities delivered by the National Institute for Improvement & Innovation, for example Innovation Master classes, Leading Large Scale Change, the Leadership Programmes etc

- Having reference to and where appropriate participating in the East Midland Technology Adoption programme.

- Sharing of key policies, documents and outcomes etc through cascade of weekly Knowledge Services bulletins across the organisation, to support innovative thinking and the adoption of successful approaches implemented/tested elsewhere.

NHS Derby City will maintain the skills and knowledge gained through the approach taken to embed innovation within the organisation as described above, and will continue to grow an ongoing culture of innovation in order to underpin delivery of high quality, best value services throughout and beyond the transition period

[5] Regional Innovation Fund Projects 2010/11
[6] http://www.qualityobservatory.nhs.uk

Reference (supporting) Documents Section 4.4	Location (Website) where updated records are kept
NHS Derby City Strategic & Operational Plan	http://www.derbycitypct.nhs.uk/UserFiles/Documents/DocumentsDownloads/corpdocs/Derbyshire-SOP-version-2.pdf
Innovation Reports (links to)	East Midlands Innovation Report 2009-10 Regional Innovation Fund Projects 2009/10 Regional Innovation Fund Projects 2010/11 http://www.qualityobservatory.nhs.uk Document: East Midlands Innovation Report 2010

4.5 Care Homes

Care home Quality Monitoring

As part of the new DoH contract for continuing care, a quality schedule has been developed at regional level for use within residential care settings and builds on the previous schedule developed by Derbyshire County PCT. This schedule has been monitored via an annual visiting programme over the past 2 years. To support the new contract a new electronic quality monitoring tool, 'iCare', has been developed to monitor the quality of care delivered by providers across the region. It sets out monitoring across clinical and operational domains as follows:

- Care planning
- Safeguarding, MCA and DoLS
- Clinical Effectiveness
  - Continence
  - Tissue viability
  - Nutrition and hydration
  - Mobility, Moving & Handling
  - End of Life
  - General Wellbeing & Mental Health
  - Medicines Management
- Operations
  - Communication
  - Record keeping and Reporting
  - Training and Equipment

Where risks in clinical quality have been highlighted during the quality monitoring mechanisms for both PCTs, homes are:

- Required to develop individual, targeted action plans to address developmental areas based on their results.
- Offered support to the poorest performing homes in developing action plans and accessing services/training to improve standards
- Jointly re monitored by the Local Authority and PCT Quality teams to ensure actions are being implemented successfully.

These risks are highlighted through the joint information sharing meetings between the local Authorities, PCT and CQC and reported through to the Joint Quality in Care/Management Groups.

Quality Management Groups

Both PCTs have set up quality in care groups jointly with the local authorities and with representatives from other partner stakeholders such as CQC to oversee the quality monitoring and to ensure that there is a consistency of approach and intelligence sharing between agencies. These groups will strengthen during 2011/12 as the further NHS contractual arrangements are put into place.

Life Enhancing Care Homes Programme

Both PCTs have supported the ongoing work with this Macmillan funded project to support the nursing homes to develop their end of life care and have worked jointly with primary care to enable more people to die in their place of choice. This has resulted in a reduction in the number of deaths in hospital settings for people living in residential care to 25% in 2010 in comparison to the national average of 35%.

5 Performance

5.1 Summary of current & historic performance

NHS Derby City has always been a high performing PCT against national indicators and recent Annual Health Check ratings have been as follows:

Annual Health Check	Core Standards	Existing Commitments	National Indicators	Quality of Commissioning
2007/08	Fully Met	Fully Met	Good	Good
2008/09	Fully Met	Fully Met	Good	Good

5.1.1 2007/08 - 2008/09

Existing Commitments

There were 14 existing indicators on which the PCT was monitored in 2008/09, an increase from 11 in 2007/08. Performance against these indicators was consistent except for two measures: Total time in A&E underachieved in 2008/09, and Category B calls within 19 minutes achieved in 2008/09 after failing to meet plan in 2007/08.

National Priorities

The 2008/09 assessment contained 23 performance measures, many of which were newly introduced or extensively altered in this year. Of these measures, the PCT achieved 17 indicators, under achieved on a further 4 and failed to achieve the remaining 2.

Indicators	2008/09	2007/08
Total time in A&E: four hours or less	UNDER ACHIEVED	ACHIEVED
Category A calls (8 minute)	ACHIEVED	ACHIEVED
Category A calls (19 minute)	ACHIEVED	ACHIEVED
Category B calls (19 minute)	ACHIEVED	UNDER ACHIEVED
Revascularisation waiting times	ACHIEVED	ACHIEVED
Commissioning of CR/HT	ACHIEVED	ACHIEVED
Time to reperfusion	ACHIEVED	ACHIEVED
Delayed transfers of care	ACHIEVED	ACHIEVED
Diabetic retinopathy screening	ACHIEVED	ACHIEVED
Inpatient waiting times	ACHIEVED	ACHIEVED
Outpatient waiting times	ACHIEVED	ACHIEVED
Access to GUM clinics	ACHIEVED	NOT APPLICABLE
Data quality on ethnic group	ACHIEVED	NOT APPLICABLE
Commissioning of EIP	ACHIEVED	NOT APPLICABLE

Indicators	2008/09	2007/08
Access to primary care	UNDER ACHIEVED	NOT APPLICABLE
Cancer mortality rate	UNDER ACHIEVED	ACHIEVED
Breast cancer screening	ACHIEVED	ACHIEVED
Breastfeeding initiation	ACHIEVED	ACHIEVED
Teenage conception rates	FAILED	ACHIEVED
Chlamydia screening	UNDER ACHIEVED	FAILED
Experience of patients	SATISFACTORY	SATISFACTORY
Drug users in effective treatment	ACHIEVED	ACHIEVED
Incidence of C. difficile	ACHIEVED	NOT APPLICABLE
All age all cause mortality	ACHIEVED	NOT APPLICABLE
CVD mortality rate	ACHIEVED	ACHIEVED
Commissioning CAMHS	ACHIEVED	NOT APPLICABLE
Immunisation	UNDER ACHIEVED	NOT APPLICABLE
Childhood obesity	ACHIEVED	ACHIEVED
Stroke care	ACHIEVED	NOT APPLICABLE
18 week referral to treatment times	ACHIEVED	ACHIEVED
Four week smoking quitters	ACHIEVED	ACHIEVED
Access to primary dental services	FAILED	NOT APPLICABLE
All cancers: one month wait	ACHIEVED	NOT APPLICABLE
Pregnant women: 12 week appointment	ACHIEVED	NOT APPLICABLE
All cancers: two week wait	ACHIEVED	NOT APPLICABLE
All cancers: two months wait	ACHIEVED	NOT APPLICABLE
NHS staff satisfaction	ACHIEVED	NOT APPLICABLE

5.1.2 2009/10 – 2010/11

PCTs were required to meet a wide range of targets across all aspects of health care. Key indicators from these include 10 National Commitments which all PCTs are assessed against, a further 17 National Priorities identified by the Department of Health for PCTs to deliver at a local level, and an additional 10 indicators selected by the PCT as local priorities.

Throughout 2009/10 the PCT focussed initiatives on CVD, smoking, obesity, alcohol, cancer and exercise, with the aim of reducing the inequalities gap in Derby by 50% by 2017.

In 2009/10 the PCT performed better than, or as expected, against 21 National Commitments and Priorities. Key improvement areas included a reduction in the number of hospital acquired infections, an improvement against all cancer waiting times standards and a continued increase in the number of smoking quitters. Performance was below plans in 6 areas including the teenage conception rate and children's immunisation rates.

Throughout 2010/11, the PCT identified a number of key performance targets which supported the organisations strategic aims and delivery of the Healthy Derby strategy. Actions were implemented in these areas and the outcomes for each of these are detailed in the table below:

Indicator	2009/10	2010/11	Comments
Cancer waiting times	Eight separate targets		All targets were met or exceeded, apart from the 62 day referral which reached 83.4% against a target of 85%, and 31 day surgery which reached 93.6% against a target of 94%. This year there has been a significant improvement in patient access to Radiotherapy, with performance improving from 69% in April 2010 to 100% in February 2011.
Immunisation coverage (children)	Seven separate targets		The PCT has met only one of the seven targets for childhood immunisations. However since the recruitment of an Immunisation Co-ordinator, performance has improved during 2010/11 and an action plan has been developed to improve uptake rates across the city in 2011/12.
Breastfeeding Prevalence	38.9%	38.9%	This year there has seen a significant increase in breastfeeding coverage, and whilst prevalence has remained broadly similar, the PCT successfully gained extra funding to target 5 key wards within the City that it has supported with extra resources and health visitor access.
Stroke care (people spending 90% time on Stroke Unit)	68.1%	67.4%	This has remained a challenging target for the PCT. In February 2011 Early Supported Discharge was launched at the Royal Derby Hospital, which enables patients to leave hospital earlier and continue their rehabilitation with dedicated support in a community setting. Evidence shows that patients do better when discharged to a stroke specific supported discharge, where the outcome is

Indicator	2009/10	2010/11	Comments
			improved over conventional stroke unit care. Discharging patients from hospital more effectively will also help to increase the availability of acute stroke beds, for which there is a growing demand.
MRSA and C.Difficile	MRSA 19 cases C.Diff 128 cases (PCO cases)	MRSA 7 cases C.Diff 87 cases (PCO cases)	The continued reduction in the number of incidences of MRSA and C.Difficile in both hospitals and within the community reflects the PCT's focus to work closely in partnership with our Providers to reduce the number of healthcare associated infections.

5.2 Targets for 2011/12 Delivery

Performance is continually monitored and reported throughout the year to the Cluster Governance Committee and Board on a monthly basis, and any indicators which require additional support from the organisation are highlighted. The table below details the indicators that the PCT is assessed against as part of the 2011/12 NHS Operating Framework:

Headline Indicators	Target	Supporting Indicators	Target
Incidence of MRSA bacteraemia - PCO	8	Percentage of Deaths registered at home (including care homes)	39%
Incidence of Clostridium difficile - PCO	77	Ambulance Quality Indicators	Improvement
CAT A Response time within 8 Mins	75%	A&E Quality Indicator - Ambulatory care	Improvement
CAT A Response time within 19 Mins	95%	A&E Quality Indicator - Consultant sign-off	Improvement
18 Weeks RTT - Admitted 95th percentile	<23 weeks	All cancers: 31 days - 1st definitive treatment	96%
18 Weeks RTT - Non admitted 95th percentile	<18.3 weeks	All cancers: 31 days - subs treatment : Surgery	94%
18 Weeks RTT - Incomplete Pathways 95th percentile	<28 weeks	All cancers: 31 days - subs treatment : Drugs	98%
A&E Unplanned re-attendance rate	<5%	All cancers: 31 days - subs treatment : Radiotherapy	94%
Total time spent in A&E department 95th percentile	<4 hours	Stroke care – 90% time spent on Stroke Unit	80%
Left department without being seen rate	<5%	Stroke care – TIA within 24 hours	60%
Time to initial assessment - 95th percentile	<15 mins	Carers breaks	None set
Time to treatment in department - median	<60 mins	Access to NHS dentistry	154013
All cancers: two week wait	93%	Staff engagement	Improvement
Two Week Wait for Breast Symptoms	93%	12 week maternities seen by midwife	90%
All cancers: 62 days urgent referral to treatment waiting time	85%	Early intervention	17
All cancers: 62 days urgent referral to treatment - Screening service	90%	Crisis Resolution	215
All cancers: 62 days urgent referral to treatment - Consultant Upgrade	None set	CPA follow up within 7 days of discharge	95%
		Psychological therapy - Uptake	58.8%
		Number of smoking quitters	771
		Prevalence of breastfeeding at 6-8 wks after birth	39.9%
		NHS Breast Screening Programme to women aged 50-73 (extended)	Improvement
		Extension of NHS Bowel Cancer Screening Programme	Improvement
		All women to receive results of cervical screening tests within 2 weeks	98%
		Diabetic retinopathy in the previous twelve months	95%
		18 Weeks RTT - Admitted Median waits	<11.1 weeks
		18 Weeks RTT - Non admitted Median waits	<6.6 weeks
		18 Weeks RTT - Incomplete Pathways Median waits	<7.2 weeks
		% people ages 40-74 who have been offered an NHS health check	18%
		% of people with LTCs who said they had had enough support from local services	80%
		Delayed transfers of care - acute / non acute 18+	None set
		Choice of Choose & Book	90%

In addition to the indicators contained within the current NHS Operating Framework, the PCT has a number of locally agreed Public Health targets, including increasing childhood immunisation rates, reducing the rate of alcohol related hospital admissions, increasing the numbers of 15-24 years olds screened for Chlamydia and a continued reduction in the levels of childhood obesity. In partnership with the Local Authority the PCT has a number of initiatives in place and progress is monitored through the local Health and Wellbeing Board.

6 Financial History

NHS Derby City has a history of delivering the key financial targets as listed below since its formation;

- Breakeven against Revenue Resource Limit
- Breakeven against Capital Resource Limit
- Breakeven against Cash Resource Limit
- Full cost recovery of provider services

The PCT has also achieved its target of payment of 95% of invoices within 30 days.

The PCT has always maintained a healthy Cost Improvement Programme (CIPS), however commencing in 2008/09 the PCT has been dealing with pressures on its financial position, as detailed below.

6.1 Financial Period 2008/09

In 2008/09 the cost of activity at our main provider Derby Hospitals Foundation Trust increased above plan each month, initially starting at £200k a month and rising at the end of the year to around £800k over plan per month. In addition there were also significant cost increases in Continuing Care as a result of policy changes. At the time Continuing Care was managed on our behalf by Derbyshire County PCT but was about to be taken back in house to help manage the over spend. By the end of the year the contract with DHFT was £6.1m above plan, Continuing Healthcare (including LD) was £7.6m, and NUH £1.2m.

In order for us to deliver our Control Total of £2.3m and meet other cost pressures we needed to use non-recurrent funding. The cost pressures experienced were recurrent in nature and similar issues materialised in 2009/10.

Aware of our need for action in January 2009 the Trust Board commissioned Strategic Partners McKinsey's and Tribal to assess our position and support a Transformational Plan with Derby Hospitals and our other contracts. They commenced work with us on 1st June 2009.

2008/09 Summary
Overspends:

- DHFT £6.1m
- Continuing Healthcare £7.6m
- NUH £1.2m
- Non Recurrent support to meet Control Total £15.9m
- Strategic Partners engaged in January 2009 to support a transformation plan

6.2 Financial Period 2009/10

In 2009/10 as well as receiving the lowest level of growth in funding in the East Midlands and a distance from target of -5.8% costs at Derby Hospitals Foundation Trust continued to increase with a contract over performance of £12.1m due to the issues experienced in 2008/09 but exacerbated by the impact of HRG 4 which itself was a gross increase in cost of

£7.1m. In the contract negotiations the effect of this was managed down but nevertheless it was an additional financial hit. Continuing Care costs increased at the start of 2009/10 but, as a result of commissioning being bought in house, the rate of increase was addressed and expenditure stabilised in the second half of the year.

The LOP plan in 2009/10 included a £18.9m CIP to deliver our £650k Control Total.

The work with Strategic Partners during 2009/10 helped us deliver over £4m which was 50% of the Project Management Office financial target for the year. The Transformation Programme meant we were able to send a very clear letter of commissioning intent to Derby Hospitals Foundation Trust on 30th September 2009 regarding the 2010/11 contract.

2009/10 Summary
Overspends:

- DHFT Continued over performance £12.1m
- includes HRG4 impact of £7.1m
- Continuing Care Costs increased, but stabilised by second half of the year
- Additional non recurrent funds needed of £4.3m to meet control total

6.3 Financial Period 2010/11

The PCT started 2010/11 with a QIPP challenge of £34.3m, and a control total target of £4.4m. During the year the PCT found difficulty in meeting its QIPP challenge due to overspends at DHFT of £3.6, NUH £1.1m, and Prescribing of £2.4m. The PCT achieved breakeven through underspends in Continuing Healthcare £3.1m, reducing the control total requirement by £4.4m to £0m, and using non recurrent financial support of £12.5.

2010/11 Summary
Overspends

- DHFT over performance of £3.6m
- GP prescribing £2.6m
- NUH £1.1m
- Control total with EMSHA reduced from £4.4m to £0m
- Continuing Healthcare forecast £3.1m under spent
- Reductions seen in referrals to DHFT. Elective, A&E and outpatient activity reductions, non-elective spend has been unable to be achieved.

Net non-recurrent additional measures in 2010/11 was £12.5m

6.4 Financial Period 2011/12

On the 17th March 2011 the PCT submitted its final SOP financial plan for 2011/12 to the Strategic Health Authority. The PCT had an anticipated Revenue Resource Limit of £450m.

The PCT's financial strategy during the first two years of this plan is to ensure that the health economy is financially sustainable by 31st March 2012 as CCGs will take on budgets in shadow form for the 2012/13 financial year and hard budgets for the 2013/14 financial year.

To achieve financial stability the PCT has a QIPP target of £32.4m. Achievement of this will re-establish the PCT's control total at £2.9m in 2011/12, and meet operating framework commitments of £3.3m, and enable the PCT to transfer 2% (£8.9m) of it's funding to the SHA for transformational purposes.

Reference (supporting) Documents Section 6	Location (Website) where updated records are kept
Annual Accounts	www.derbycitypct.nhs.uk/about-us/board/june-2011.aspx
Annual Report	http://share.derbycity.nhs.uk/sites/lok/Derby%20City%20PCT/Annual%20Report.2009.pdf
FIMS Returns	http://share.derbycitypct.nhs.uk/sites/lok/Derby%20City%20PCT/FIMS2009_2010.XLS
Audit Committee Papers	http://share.derbycitypct.nhs.uk/sites/lok/Derby%20City%20PCT/Annual%20Report.2009/pdf
Director of Finance Board Reports	http://www.derbycitypct.nhs.uk/UserFiles/Documents/AboutUs/BoardPapers/jun11/Item92-Board-report-M2.pdf
2010/11 Budgets Board Report	
Strategic & Operational Plan March 2011	http://www.derbycitypct.nhs.uk/UserFiles/Documents/DocumentsDownloads/corpdocs/Derbyshire-SOP-version-2.pdf
Letter to SHA Director of Finance	http://share.derbycity.nhs.uk/sites/lok/Derby%20City%20PCT/LTR.DirOfFinance.pdf
The 2011/12 QIPP efficiency challenge to deliver a local health economy in recurrent surplus	Library of Knowledge
PCT QIPP Summary June 2010	Library of Knowledge
Creating & Refreshing the 5 Year Plan	http://share.derbycity.nhs.uk/sites/lok/Derby%20City%20PCT/5yrStrategic%20Plan_2010_refresh.pdf
5 Year Strategic Plan 2009 – May 2010	http://share.derbycity.nhs.uk/sites/lok/Derby%20City%20PCT/5yrStrategic%20Plan_2010_refresh.pdf
5 Year Strategic Plan Refresh (2010) V.8	http://share.derbycity.nhs.uk/sites/lok/Derby%20City%20PCT/Derby_City_PCT_5_year_strategic_planning%20process_V8.doc

7. Provider Capacity

Public sector procurement is subject to EU rules and regulations and it is therefore critical that all procurement activity is conducted consistently, accurately, and effectively.

7.1 Service Capacity Issues

The provision of the 'Market Management & Procurement Strategy' document (developed internally) enables the organisation to facilitate and monitor compliance with all procurement rules and regulations, as well as ensuring the organisation demonstrates effective procurement processes in carrying out both strategic and transactional purchasing activity. Any interim changes in legislation, case law and guidance from the Department of Health which have a potential to impact on process or best practice are also incorporated into the PCT's Market Management strategy as they arise. The policy address a range of areas including development of provider markets as required including:

- Market Management Collaboration & Completion- using appropriate market management levers and strategies, including regional collaboration, to develop provider markets to meet current and future needs that will have a positive impact on outcomes.

- Procurement- ensuring all procurement activity is transparent, fair and equitable, with all decisions being made within a framework that delivers value for money and delivers required outcomes.

- Policy & Governance- policies and processes are efficient, effective and ensure compliance with legislation, regulations and EU directives in selecting market intervention strategies and contract award.

- Choice and Access Development of sustainable provider markets to deliver greater choice and access to healthcare in appropriate settings.

NHS Derby City recognise that in some cases it is necessary and appropriate to have competition for services in order to secure improved outcomes and patient experience , but in others it may be possible and desirable to maintain existing providers whilst continuing to drive quality improvements.

7.2 Market Management

The following are examples of some of the most common routes to market, all of which NHS Derby City utilise as and when appropriate:

Open Procedure

This procedure is often used for the procurement of commodity products which do not require a complex tender process in order to be purchased.

Restricted Procedure

All interested parties may express an interest in tendering for the contract but only those meeting the contracting authority's Selection criteria will actually be invited to do so. When responding to the Official Journal of European Union (OJEU) notice, candidates must first submit any information required by the authority as part of its Selection stage used.

Competitive Dialogue Procedure
The Competitive Dialogue procedure allows the contracting authority to enter into dialogue with Bidders, following an OJEU notice and a Selection process, to develop one or more suitable solutions for its requirements and to determine which chosen Bidders will be invited to tender.

Framework Agreement Procedure
A Framework Agreement is a general term for an agreement with Providers that sets out terms and conditions under which specific purchases (call-offs) can be made throughout the term of the agreement.

AQP Procedure (Any Qualified Provider)
Any Qualified Provider (AQP) describes a set of system rules (accreditation framework) whereby for a prescribed range of services, any provider that meets the cost and quality criteria laid down by the Commissioner can compete for business within the market, without direct constraint by the commissioner. AQP is a procurement route that encourages competition between providers of routine elective or other services, where activity is driven solely by Service User choice.

7.3 Procurements during past three years

To ensure transparency and robustness of procurement processes the PCT retains all records concerning all procurement undertaken. A list of procurements undertaken during the last 3 years is included below:

- Transforming Community Services – Adult Services
- Transforming Community Services – Children's Services (Derby City / Derbyshire)
- Sexual Assault Referral Centre Service
- Alcohol Treatment Services
- Condom Distribution Scheme (Derbyshire)
- Day Care Services
- Vasectomy Services
- Musculoskeletal Services Pilot (Proof of Concept)
- Psychological Therapies
- Translation & Interpreting Services
- Urology LUTs Service Provision
- Walk in Centre
- Community Performance Metrics
- Patient Audit Software
- Cancer & CVD Awareness Drama for South Asian Communities
- Supply of General Dental Services
- Supply of Primary Care Medical Services (replacement for Littleover Medical Centre)
- Continuing Healthcare (Nursing & Residential Care Homes)
- Home Oxygen
- DICES (Derbyshire Integrated Community Equipment Stores)
- Anti Natal Screening
- Equitable Access
- Locked & Unlocked Rehabilitation Services (Mental Health, Learning Disabilities)
- Low Secure Services (Mental Health)
- Supply of a replacement Primary Care Medical Services for patients registered at Dales Medical Centre

- Supply of Primary Care Medical Services – Village Medical Centre
- ISTC (Independent Sector Treatment Centers)
- Independent Sector Procurement for Elective Operations e.g. Nuffield

7.4 Planned Procurements

- The PCT have identified a number of potential imminent procurements which include the following. Robust procurement processes in line with the PCT procurement policies and strategies will support the procurement for each of these projects progressed. Where required, partnership working will be embraced to maximise quality and productivity of all services contracted:
- Patient Transport Services – Non Emergency (regional procurement)
- Domiciliary Care (regional procurement)
- Physiotherapy Services
- Musculoskeletal Services
- Medium, High Secure Mental Health (regional procurement)
- Smoking Cessation (regional procurement)
- Cardiac Rehabilitation (regional procurement)
- IAPT (Improving Access to Psychological Therapies)
- Diabetes Integrated Services
- Adults & Younger Persons Substance Misuse (Drugs)

PLEASE NOTE THIS LIST OF PROJECTS COULD INCREASE THROUGH ONGOING DEVELOPMENT OF THE WORK PLAN.

Reference (supporting) Documents Section 7	**Location (Website) where updated records are kept**
NHS Derby City Market Management Strategy	http://share.derbycity.nhs.uk/sites/lok/Derby%20City%20PCT/MarketManagementStrategy.2010.pdf
Principles and Rules for cooperation and competition	http://share.derbycity.nhs.uk/sites/lok/Derby%20City%20PCT/Competitionprinciples.pdf
Strategic& Operational Plan March 2011	http://www.derbycitypct.nhs.uk/UserFiles/Documents/DocumentsDownloads/corpdocs/Derbyshire-SOP-version-2.pdf
PCT Annual Report 2010/11 (2009/10 attached)	http://share.derbycity.nhs.uk/sites/lok/Derby%20City%20PCT/NHSDerbyCityAnnReport2009.pdf
Past tender documentation	\\dcfs01\Data\Derby City PCT - Contracting and Governance\Procurement Tenders
Contracts database (under development)	Under development
PCT Procurement guide for health services	http://share.derbycity.nhs.uk/sites/lok/Derby%20City%20PCT/Procurementguide.pdf
Commercial skills for the NHS	http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113744

8. Workforce/Development

Across the Cluster a regular set of workforce indicators are produced and monitored through our Governance Committee. The indicators includes sickness absence, agency spend, turnover, pay bill, employee relations etc. This data is benchmarked against regional and national metrics.

Derbyshire has an established Workforce Productivity Group which looks at productivity gains that could be realised across the region. The group has focussed on the following key areas, which are also areas of focussed work across the East Midlands HR Directors network:

- Workforce costs – reduction of 10% by March 2013
- Sickness absence – to reduce across Derbyshire from 4.6% to 3.4% by March 2014
- Agency costs – to reduce agency costs by 50% by March 2014

NHS Derbyshire County and NHS Derby City joined together in April 2011 to form the 'Derbyshire Cluster' led by the Cluster Chief Executive and supported by a single executive team. As clusters are not statutory bodies, or indeed permanent features of the landscape, PCTs will retain their statutory obligations until their abolition in 2013.

The current economic climate means we have a challenging agenda to meet. We are building on our achievements with even greater focus on driving up quality, innovation, efficiency and productivity, helping us to meet our challenges ahead.

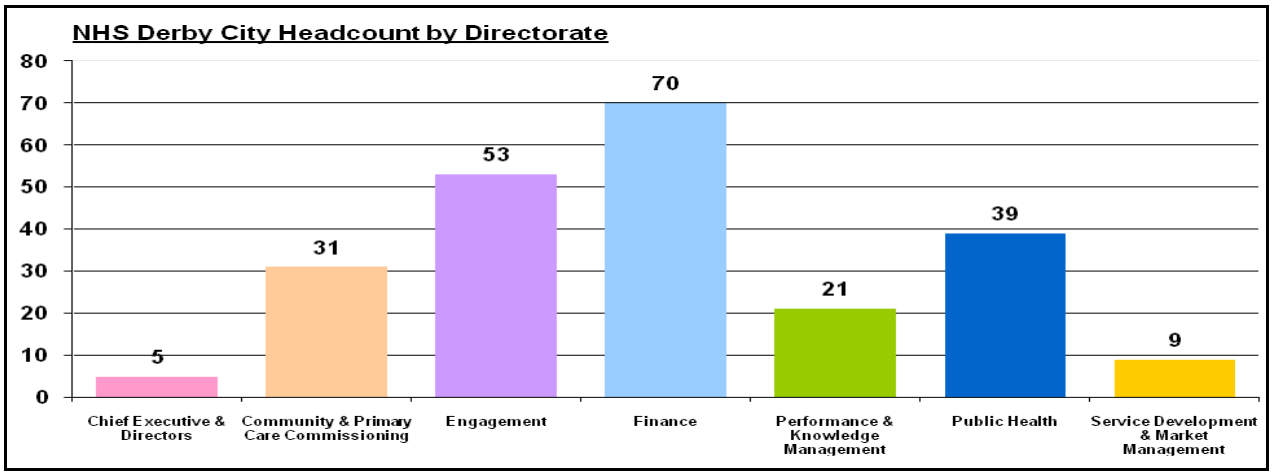
In handling these challenges, it is vital to have a planned, systematic, integrated and fully engaged approach to manage the myriad changes in a coherent way and to move the Cluster and the people who work in it, from where we are now, to where we need to be, whilst retaining the valuable legacy memory from our current and predecessor organisations.

The workforce structure for the Derbyshire Cluster is illustrated below.

Payroll Name	Headcount	FTE
DCPCT	457	367.939
Derby City	228	200.105
Grand Total	**685590**	**507.54**

You will see from the workforce information provided below that the largest group of staff for NHS Derby City falls within the Finance Directorate (70).

The largest number of staff on the Agenda for Change Pay Framework falls within bands 6 and 7.



In order to meet the running cost savings for 2011/12 and avoid compulsory redundancies, NHS Derbyshire County and NHS Derby City launched a Voluntary Redundancy Scheme (VR) in April 2011. The VR Scheme provided a framework to ensure consistency and equity across each organisation throughout the process by operating within a defined procedure. As a result of the VR Scheme we have released 87 staff across the Cluster – NHS Derbyshire County 43 and NHS Derby City 44. Equally, consideration has been given to the sustainability of the overall reduction of the workforce and the impact this will have on the maintenance of business critical skills, business continuity and corporate memory.

We recognise that reducing the workforce by 87 will have an impact on business continuity and corporate memory if not managed effectively. Therefore to ensure we have a planned, systematic, integrated and fully engaged approach to move the Cluster and its people who work in it, from where they are now, to where they need to be, an Organisational Development (OD) Programme has been designed – **'Futures 2013'**.

The principles for **Futures 2013** will incorporate robust diagnosis that uses real data from the Cluster, is systematic and targets the whole organisation, with clear explicit commitment and ownership from the Cluster Board and other leaders. Having processes in place to monitor, measure and report on actions through a single, co-ordinated approach.

A key aspect of NHS Derby City's approach to its workforce is its commitment to promoting equality and fairness and eliminating discrimination in its employment policies and practices. All policies are assessed for equality impact, using the organisation's impact assessment process.

NHS Derby City provides both on-line and targeted equality and inclusion training as part of its commitment to helping ensure that staff are empowered, engaged and well-supported and able to demonstrate inclusive leadership.

Arrangements are in place to ensure that the organisation's Consultative Committee receives and comments on the Employment Equality monitoring report and other relevant

reports relating to the Equality Delivery System objectives 3 and 4 (empowered, engaged and well-supported staff; inclusive leadership at all levels).

Futures 2013 is designed to support the workforce transition, including developing the Cluster itself, the five CCGs, third sector organisations which will grow in the new health and social care system, new organisations such as a Commissioning Development Unit, local authorities, non NHS sectors, regional outposts – for example the NHS Commissioning Board, social care and natural/planned wastage.

For each of these transition scenarios work is underway to assess the scope for service rationalisation and business efficiencies, complete a skills audit and workforce map. By investing in key skills development and investment in improving leadership and the talent pipeline will assist in retaining the valuable corporate memory.

As part of Futures 2013 we have implemented a full staff support programme which continues to be well subscribed. Staff can access workshops that offer practical and technical support through this transition period. An example of the workshops are detailed below:

- 1:1 Coaching
- Interview Techniques, effective CV writing
- Dealing with Change and effects
- Starting your own business
- From Public to Private
- In addition to the support above we also have a confidential staff counselling service which staff can self refer.

To ensure staff are fully supported all managers are required to complete 1:1 discussions with each member of their staff. The purpose of the discussion is to consider and confirm their aligned role and to identify any specific requirements as we move through the transition.

We have recently brought the two staff committees together to form one Cluster Committee. This will ensure this committee is fit for purpose now and in the future. The committee members are largely regional representatives (all but one) and senior management. However, in an attempt to recruit local representatives, we have, in partnership with the regional representatives undertaken a publicity campaign.

We have consulted extensively with our Trade Union colleagues on the programme of change, staff support arrangements, communications and engagement machinery. The Chief Executive and Associate Director of HR meet on a regular basis to discuss topical issues which allows for any issues to be dealt with inclusively and effectively. We have experienced real partnership working in our approach to dealing with the set of challenges as a result of the Government's reform.

Our sickness absence rate is currently running at 2.65% (August 2011) which is lower than the Regional and National average. Our turnover has increased, which you would expect as staff leave through the voluntary redundancy scheme.

The 2010 National Staff Survey results showed there had been a significant improvement in health and well-being but a slight drop in overall staff engagement; which was mainly attributed to a drop in staff motivation with all the uncertainty about their futures.

It was therefore recommended that the PCT adopted the following areas as a priority for 2011 and 2012:

- Improve communication between senior managers and staff
- Improve staff engagement (which includes staff morale and motivation)
- Improve quality of job design (which includes job content, feedback and staff involvement)
- Continue to provide staff with the opportunities for further personal development and training
- Continue to effectively manage the workloads/work pressures of staff so as not to have any adverse effect on their general health, well-being and stress levels
- Continue to provide staff with strong managerial and leadership support

Each of areas should incorporate a number of interventions. For example, ensuring that well-structured staff appraisals continue to be carried out for all staff and that staff have an opportunity to improve the way they or their team work.

Therefore we will ensure the results of the 2011 Staff Survey are reviewed, a comparability exercise from the 2010 Staff Survey will be carried out and action plans built in partnership with staff. All progress will be communicated.

We recognise that reducing the workforce by 87 people could, if not managed effectively, impact on service delivery. Therefore we have undertaken a mapping exercise to ensure we have the people and skills to support the developing CCGs and other emerging organisations within the new system, with the largest proportion of our staff (219) being aligned to the CCGs.

Arrangements are in place to monitor workforce reductions for impact on equality strands. The 2011 Employment Equality Monitoring Report (due to be published in January 2012) provides a detailed analysis of employment monitoring data, which includes analysing the equality impact of workforce reductions. This report is considered by both the Consultative Committee and Board.

In order to fully utilise ESR we are currently working with our provider organisations who manage our ESR database, to re-design our organisational structure to reflect the newly created alignment structure. It is crucial that this data is correct and remains up-dated as staff move around the system and the legal requirement of TUPE, should it apply at a later stage. Furthermore e-learning is currently being implemented which will provide a more convenient method of access for staff and the automated ESR monitoring system will allow us to effectively manage activity and ensure compliance.

We are in the process of developing a new service specification for our HR transactional services, which includes the management of the ESR system. Currently NHS Derby City do not have manager self service, which means the data is always behind real time. A requirement of the new provider will be to ensure manager self service is implemented from April 2012.

Across the Cluster we have designed Futures 2013 an organisational development programme to facilitate the effective transition of the PCT into its immediate cluster and subsequent operation through to 2013. This is to secure the knowledge, experience and talent of the workforce is maintained and, wherever possible, enhanced to ensure that this key resource continues to be available for the PCT and in the future.

Reference (supporting) Documents Section 8	**Location (Website) where updated records are kept**
HR Policies	PCT Intranet
HR Procedures	PCT Intranet http://nww.derbycity.nhs.uk/default.aspx?PageID=60
Strategic& Operational Plan March 2011	http://www.derbycitypct.nhs.uk/UserFiles/Documents/DocumentsDownloads/corpdocs/Derbyshire-SOP-version-2.pdf
Workforce Priorities (March 2010)	Library of knowledge http://share.derbycity.nhs.uk/sites/lok/Derby%20City%20PCT/Initial%20Workforce%20Priorities%20-%20Jan%2011.docx

9 Organisational Assets and Liabilities

9.1 Estate

The PCTs Estate is identified within the Record of Premises (see Library of Knowledge). Over recent months the PCT has undertaken an estates rationalisation programme as part of a quality, carbon reduction and cost effectiveness programme.

The PCT currently has a bi-monthly Estates Strategy meetings chaired by the Director of Assurance. The group reports to the Board through the Governance Committee. Regular operational estates meetings ensure effective implementation of the strategic direction set by the Strategy meetings and Board.

The AutoCAD Plans for each premise can be found- \\Hal\Greater Derby PCT\Finance\Estates & buildings\Plans

The detailed profile of each building is found on the Estates Terrier (password needed: http://terriers.mills-reeve.com/client.asp?clientid=57

9.1.1 Backlog Maintenance

Due to the PCT Estates Rationalisation programme much of the old estate is being disposed off so the backlog maintenance needed across the estate has been significantly reduced.

Significant Backlog Maintenance Identified

- This financial year
  Legionella and electrical testing remedial works at Kingsmead, Sinfin and Peartree Clinics will be completed by March 2012.

- Short term (1-2yrs)
  Peartree Clinic will need a new roof.

- Medium Term (2-4yrs)
  Kingsmead Clinic will need a new boiler system

- Long Term (4-6yrs)
  Sinfin HC will need new a new boiler system
  Peartree Clinic will need new a new boiler system

9.1.2 National Carbon Reduction Targets

NHS Derby City has a Trust-wide commitment to reduce its carbon footprint from the 2008/09 baseline by 2013. As part of the Carbon Management Plan the Trust has developed its first comprehensive Travel Plan to raise awareness of travel alternatives, reduce traffic congestion and promote healthier lifestyles. The Trust has provided additional facilities to enable staff to cycle to work such as shower rooms and changing areas as well as introduced a new car parking policy.

The estate rationalisation programme has proved extremely successful with the consolidation of approximately 500 staff into open-plan offices at Cardinal Square on Nottingham Road. The programme will significantly reduce the PCT's carbon footprint, save money to ensure best use of limited resources and improve the standard of accommodation for staff.

9.2 Informatics Services

Informatics Services are delivered to the PCT, CCGs and General practices through a shared team within the PCT which is complemented by Derbyshire Health Informatics Service, hosted by DCHS.

Informatics, as delivered within the PCT, includes IM&T strategy, Information Governance (including Registration Authority services), IM&T Enablement and Information Analysis. The 2 PCT teams came together in July 2011 and operate as a cluster-wide team with services increasingly being rationalised and delivered consistently across the 2 statutory organisations.

Informatics incorporates Information Governance which is fundamental to delivery against legal and statutory requirements. The PCTs measure compliance through the IG Toolkit v9 with assurance provided by the IG Committee, a subcommittee of the Cluster Governance Committee.

The Informatics service fully supports the PCT Cluster strategic delivery and a high level plan was included within the Strategic Operating Plan (SOPs) developed for 2011/12. The Cluster leads a local health community wide informatics forum to ensure informatics supports QIPP and delivers direct benefit to patients. Local plans for individual projects can be found within the informatics directory structures below.

All documents pertaining to informatics are currently held in the following locations:

dcfs01\data\Derby City PCT - Performance & Knowledge Management\It

http://lhmos01:25528/sites/imt

9.3 IM&T assets

IM&T assets are tracked electronically by DHIS and behalf of all their clients, including NHS Derbyshire County. All devices are physically asset tagged by DHIS at the time of deployment.

Additionally, all intelligent devices (laptops and PCs) have software fitted that communicates with a central monitoring service. Copies of the reports generated by the DHIS system are available from DHIS and are also stored within the Informatics shared directory structure at sdfs01\Informatics.

In addition to this automated reporting, we also maintain our own list for sensitive items such as memory sticks. These are personal issue devices that require the owner to take full responsibility for their use, and their safe return to the PCT when no longer required.

All information about IM&T assets is stored in the Informatics shared directory structure at sdfs01\Informatics.

The PCT provides IM&T assets and services to:

- PCT staff
- 96 GP practices
- 2 Prison Health units

GPs have printers and scanners deployed on site. A rolling replacement programme is in place to ensure PCs and other IT kit is fit for purpose.

Most of our core IT services are provided on shared platforms provided by DHIS.

9.4 Contracts for Support Services

The PCT has a wide ranging number of support service contracts including for example; Logistics, Building Maintenance etc. The details regarding these are captured in the Supplier List (see Library of Knowledge). This list is maintained by the financial department of the PCT.

9.5 IM&T Contracts

Derby City's contract with DHIS is wide ranging covering IT support, implementation, governance and IT services (hardware and software). The latest contract is stored in the Informatics shared directory structure at sdfs01\Informatics.

Contracts for GP systems excluding TPP SystmOne are provided under the National GP System of Choice framework. Local schedules for these contracts are also stored within the same directory structure.

TPP SystmOne is provided under a Local Service Provider contract, agreed nationally. Copies of this contract are not held locally.

The PCT holds practice agreements with each practice detailing the IT services which are made available to them by the PCT.

9.6 Carbon Management Plan

The Board Approved Carbon Management Plan (CMP) can be found in \\Hal\Greater Derby PCT\Finance\Estates & buildings\Sustainability. The Carbon Management Plan is being refreshed to reflect current activities under the leadership of the Strategic Estates meeting.

Reference (supporting) Documents Section 10	Location (Website) where updated records are kept
Infrastructure Sub Committee, minutes	Library of Knowledge Z:\PCT Trust Board\sub committees\SHIIC - Strategic Health Improvement & Investment Committee\Infrastructure Group
Record of Premises, 2011 section 10.1	http://share.derbycity.nhs.uk/sites/lok/Derby%20City%20PCT/PCT%20Premises%20June202011.doc
Community Equipment Register section 10.1	http://share.derbycity.nhs.uk/sites/lok/Derby%20City%20PCT/Supplier%20List.xlsx
Supplier list (as at June 2011)	Library of Knowledge, also maintained by Finance Department
Terms of Reference, Infrastructure Sub-Group section 10.1	http://share.derbycity.nhs.uk/sites/lok/Derby%20City%20PCT/Terms%20of20Reference%Infrastructure.doc
I M & T Assets 10.1	http://lhmos01:25528/sites/imt/assets/default.aspx
I M & T Contract 10.2	http://lhmos01:25528/sites/imt

10 Stakeholder Map

Key stakeholders have been identified by the PCT, along with the appropriate communication channels. In addition to these key organisational contacts, other stakeholders are also identified when required for specific pieces of work.

The stakeholder map aims to support our communications with stakeholders, eg. when informing of key documents such as the annual report, or involving stakeholders in service developments.

Reference (supporting) Documents Section 11	**Location (Website) where updated records are kept**
Stakeholder Map	Library of Knowledge http://share.derbycity.nhs.uk/sites/lok/Derby%20City%20PCT/NHS%20Derby%20City-%20Stakeholder%20June%2011.doc

11 Governance

The PCT Board and its sub-committees have been established to set the strategic direction of the PCT and ensure that the PCT achieves its strategic aims and objectives

11.1 Boards & Committees

The Board and each committee have terms of reference setting out the purpose of each, their delegated authority and manner of operation. The PCT had in place during 2010/11 a Governance Committee, Audit Committee, Terms of Service and Remuneration Committee, a Health and Safety Committee and a Strategic Health Investment and Improvement Committee. All Committees, whatever their remit monitor risk to delivery of objectives and ensure appropriate mitigating plans are put in place to keep delivery on track.

The Board receives and provides assurance in line with its statutory duties outlined in the key policy documents. It will examine the processes and systems that deliver assurance and take a view on whether the assurances expected are in place. Where it is confident that assurance is secured it will report this as necessary. Where the Board is concerned that assurance is not being delivered it will ensure action is taken to correct problems and seek assurance. A Board Assurance Framework has been in place throughout 2010/11 and a Cluster Board Assurance Framework has now been developed. This is supported by rigorous management of a risk register as an active tool to provide early warnings of deviation from planned delivery.

'Liberating the NHS: Legislative Framework and Next Steps' and the 2011/12 Operating Framework set out the requirement for PCTs to consolidate and rationalise their management / running costs whilst supporting the new clinical commissioning arrangements. These documents also made clear the requirement for PCTs to create clusters to facilitate the required changes.

To achieve these objectives, at their respective Board meetings in 2011, NHS Derbyshire County and NHS Derby City Trust Boards agreed to joint working and governance arrangements under the auspices of the Derbyshire Cluster Board. However, each PCT will remain a legal entity and will still have responsibility to meet its statutory duties and complete the annual Statement of Internal Control

Derbyshire Cluster Board is clear that successful management of the transition entails maintaining a continuing grip on service delivery and performance as well as securing implementation of agreed service strategies and new ways of commissioning. The Derbyshire Cluster Board subcommittee structure reflects the changed roles of the Cluster and does not seek to merely mirror previous structures. To this effect the Cluster initially established a Governance Committee and a Resource and Investment Committee (superseded in August 2011 by CCG commissioning arrangements) which operate across the Cluster. Health and Safety Committees have been amalgamated and the Terms of Service and Remuneration Committees and Audit Committees meetjointly.

Key policy documents are in place to support the Cluster Board in its business and are accessible to all staff through the PCTs' intranet sites. Where appropriate the separate PCT policies have been aligned to form a single Cluster approach.

A summary of these documents can be found within the Library of Knowledge (see 12.2 below).

11.2 Summary of Key Policy documents

The PCTs' current policies will remain in force until formal transition of staff takes place. Staff "on loan" to CCGs during their establishment period will continue to abide by the policies relating to their host PCT. On establishment CCGs will need to put in place their own organisational policies and this will form part of the due diligence work jointly with the Derbyshire Cluster. All policies can be found on the PCT Intranet site.

A full list of key policies, with dates for review etc, can be found in the Library of Knowledge

11.3 Corporate Risk Register

The NHS Derby City Corporate Risk Register contains high level risks that link to the organisational corporate objectives. This was superseded in 2011/12 by a Cluster Corporate Risk Register and Board Assurance Framework.

The top scoring risks contained in the Corporate Register are submitted to the Governance Committee on a monthly basis via a Top Scoring Risk Dashboard. Following challenge and confirm at the Governance Committee the Dashboard is updated and then tabled at the monthly Board meeting. Any further amendments made by the Board are fed back to the Risk Manager who updates the Dashboard and Corporate Risk Register accordingly.

Reference (supporting) Documents Section 12	Location (Website) where updated records are kept
11.1 Derbyshire Cluster Committee Structure	Library of Knowledge http://derbycitypct.nhs.uk/sites/lok/Derby%20City%20PCT/Derbyshire%20Cluster%20Comittee%20Structure%200611.doc
11.1 Standing Orders, Reservation and Delegation of Powers, and Standing Financial Instructions	http://www.derbycitypct.nhs.uk/UserFiles/Documents/DocumentsDownloads/corpdocs/007TBJan2011-SFIs-SOs-Scheme-of-Delegation.pdff
11.1 Decisions reserved for the Board and Scheme of Delegation	http://www.derbycitypct.nhs.uk/UserFiles/Documents/DocumentsDownloads/corpdocs/SchemeofDelegation.pdf
11.2 Summary of key policies	Library of Knowledge Policies: http://nww.derbycity.nhs.uk/
11.3 Corporate Risk Register	\\dcfs01\Risk%20Management\Risk%20Management%20Derbyshire%20Cluster\Legacy%20Documents\%20Submitted\July% (Subject to change)
11.3 New Cluster Governance Committee Terms of Reference	Library of Knowledge (under development)
11.3 NHS Derby City Risk Management Strategy and Policy (please note these may need to be aligned with NHS Derbyshire County risk documentation).	http://share.derbycity.nhs.uk/sites/lok/Derby%20City%20PCT/Risk%20Management%20Strategy%202009%20v3%201%20doc%20Revised%20Nov%202010.pdf
11.3 Top Scoring Risk Dashboard NHS Derby City and Derbyshire Cluster.	Library of Knowledge
11.3 NHS Derby City Board Assurance Framework (Please note Cluster Board Assurance Framework is currently under development).	Library of Knowledge (under development)
11.3 Governance Committee Minutes.	http://share.derbycity.nhs.uk/sites/lok/Derby%20City%20PCT/Item-112-Cluster-Governance-Committee-Minutes-090611.pdf
11.3 Board Minutes	http://www.derbycitypct.nhs.uk/about-us/board/board-papers.aspx
11.3 Risk Register	\\dcfs01\Risk%20Management\Risk%20Management%20Derbyshire%20Cluster\Legacy%20Documents\%20Submitted\July%

12 Appendices

12.1 Appendix 1: Summary of Library Of Knowledge

The Library of Knowledge is a web based SharePoint which can be accessed via the following link:

http://share.derbycity.nhs.uk/sites/lok/default.aspx

Please note: the Library of Knowledge and all items within can only be accessed providing appropriate permissions have been arranged via the Cluster Executive administration team/Governance team. Some items with links within the library are confidential e.g. commercial in confidence and therefore only appropriate permissions will be approved.

REF	CHAPTER	Documents	Description
Section 1	Introduction		Introduction to the Legacy document, purpose of the document, governance arrangements
Section 2	Description of the patch	1. Joint Strategic Needs Assessment 2009.	Brief description of NHS Derby City area and population
		2. Pharmaceutical Needs Assessment PCT (February 2011)	
		3. State of the City Report 2010 (LA)	
		4. Derby Population, Migration and Community Profile (Community Safety Partnership)	
		5. Department of Health: Health Profiles	
		6. Maps: CCGareas	
		7. East Midlands Development Centre Legacy Report 2010-11	
Section 3	Services Commissioned		Summary of the services commissioned by the PCT to meet the needs of the local population
3.1	Primary Care Services Commissioned	Primary Care Legacy Spreadsheet (03.June 2011)	Introduction to Primary Care, NHS Derby City
3.1.1	General Practice	Primary Care Contracts Spreadsheet Primary Care (GP) enhanced services specifications	Overview of GP Services NHS Derby City
3.1.2	Dental Services		Overview of Dental Services NHS Derby City
3.1.3	Pharmacy Services	1.Pharmaceutical Services Regulations 2005 2 The Pharmacy Contractual	Overview of Pharmacy Services NHS Derby City

		Framework 2. Enhanced Services Specifications (Pharmacy)	
3.1.4	Optometry Services	Ophthalmology Referral Toolkit	Overview of Optometry Services NHS Derby City
3.2	Secondary Care Service Commissioned	1.Main provider list	Overview of Secondary Care Services NHS Derby City
		2.Contract summary template Treetops	
		3. Contract summary template Nuffield Derby	
		4. Contract summary template Marie Curie	
		5. Contract summary template Derby Hospitals Foundation Trust (DHFT)	
3.3	Specialist Services Commissioned	1. EMSCG Strategic Plan – June 2011 2. Link: EMSCG Board Minutes 3. Link: EMSCG Annual Report 4. Link: EMSCG Terms of Reference	Overview of Specialist Services NHS Derby City
3.4	Mental Health Services Commissioned	1.Contract summary template ; Nottinghamshire Healthcare Trust	Overview of Mental Health Services NHS Derby City
		2.Contract summary template; Leicestershire Partnership Trust	
		3Contract summary template Mental Health Action Group	
		4Contract summary template IAPT	
		5Contract summary template DHCFT	
		6 Mental Health Statutory Contracts – NHS Derby City	
		7. EMDC NHS EM Legacy Report	
3.5	Community Services Commissioned	1.FNP Contract summary	Overview of Community Services NHS Derby City
		2. DHFT Community contract summary	
		3. Community Provider Contracts list	
3.6	Voluntary Sector Services Commissioned	1 Contract summary template - Rethink	Overview of Voluntary Services NHS Derby City
		2 Contract summary template - SDVSLS	
		3 Contract summary template MHAG	
		4 Contract summary template Making Space	

		5 Contract summary template Focus-line	
		6 Contract summary template First Steps (Derbyshire)	
		7 Contract summary template CRUSE	
		8 Contract summary template Communications Unlimited	
		9 Voluntary Sector Funding 2 Nov 10 (pre warning notification)	
		10 Voluntary Sector Commissioning (2)	
		11 Legacy Vol/S Contracts List (Master)	
		12 Item 7 (minutes) Grant Aid Funding	
		13 Health & Social Care Development Fund	
		14 Extract from the Trust Board minutes	
		15 Grant Aid funded Groups – consultation letter (20 Dec10 v5)	
		16 Link: National Carers Strategy	
		17 Link: Derby Carers Strategy	
		18 Link: Process to Support GP referrals	
		19 Link: NHS Operating Framework 2011-12	
		20 Link: Communication Materials	
		21 Link: Carers Coproduced Report	
		22 Link: Council's letter to all VS organisations	
		23 Link: The Councils pre-warning notification	
		24 Link: The PCTs Board Paper & Minutes	
		25 Link: Voluntary Sector Contracts Summary Table	
3.7	Other commissioned Services		Overview of other Services NHS Derby City
3.7.1	EMSCG	EMSCG Strategic Plan 2011	Overview of EMSCG Services NHS Derby City
3.7.2	EMAS	1. Link: EMAS Board Papers 2. Link: EMAS Annual Reports Overview of EMAS Services NHS Derby City	
	Prison Services		
3.8	East Midlands	EMPACT Leaflet	Overview of links with

	Procurement and Commissioning Transformation (EMPACT)		EMPACT
3.9	Working with Local Authorities		Overview of Transition arrangements, working with the Local Authority
Section 4	Quality		Quality through QIPP
4.1	Quality - Effectiveness	1 Link: JAPC	Policies and processes to ensure commissioning of effective treatments/ procedures
		2 Link: Medicines Management (includes PGDs)	
		3 Link: EMSCG	
		4 Link: Prior approval & related Policies	
		5 Link: Low priority treatments policies	
		6. Link: Royal Derby Hospital	
		7 Link: Derbyshire Healthcare Foundation Trust	
		8 Link: QC-CEMM	
		9 Link: NICE Guidance	
		10 Link: MHRA Guidance	
4.2	Quality- Patient Experience	1. Communication and Engagement Strategy – NHS Derby City (2009)	Improving patient experience and engagement through appropriate tools and techniques
		2. Patient Experience Yearly report 2010 – 2011(V4)	
		3. Planned surveys 2010 – 2011	
		4. Summary reports	
		5. Real Accountability	
		6. What is Consultation?	
		7. Briefing on Section 242 of NHS Act	
		8. Real Involvement 2008	
4.3	Quality- Safety	1 DHFT Level 3 HAI Review Visit 22 July 2010	Assuring safety of services commissioned
		2 Breakdown of SI Trend factors	
		3 SI Monitoring Policy	
		4 Link: Confidential Serious Incident Information	
		5 Link: Serious Incident Monitoring Policy	
		6 Link: Complaints Annual Report	
		7 Link: HAI Audit & Assurance Review Sept 10	
		8 Link: Confidential Investigation Reports	
		9 Link: Confidential Performance Cases	
		10 Patient Safety Briefing Paper	

4.4	Innovation	1 Derbyshire SOP – Version 2	Summary of key innovative approaches underpinning delivery of future healthcare
		2 East Midlands Innovation Report 2010	
		3 Link: Innovation Reports Link	
		4 Link: NHS Derby City Strategic & Operational Plan	
Section 5	Performance	1 The Legacy of PCTs	Performance
		2 Link: Trust Board Monthly Report	
		3 Link: Cluster Governance Committee Report June 2011	
		4 Link: Finance & Activity Report within Trust Board (Monthly)	
		5. Link: Provider Performance Report July 2011	
5.1	National standards		Summary of current & historic performance and reporting mechanisms
5.2	Delivering Choice	Choice campaign plan 2010	Track record delivering choice
Section 6	Financial History	1 The Derby City QIPP efficiency challenge for 2011_12 (2)	Summary of Financial history , current budgets,
		2 NHS Derby City QIPP Summary June 2010 Master	
		3 Healthcare Providers in size	
		4 Derbyshire SOP version 2_3	
		5 Derby City PCT_5 year strategic planning_process	
		6 PCT Annual Accounts 2010-11 + Link	
		7 Annual Report 2009 + Link	
		8 FIMS Returns 2009 + Link	
		9 FIMS Returns 2010	
		10 Creating & Refreshing the 5 Year Plan	
		11 Letter to SHA Director of Finance + Link	
		12 Director of Finance Board Reports + Link	
6.1	QIPP	1 The 2011/12 QIPP efficiency challenge to deliver a local health economy in recurrent surplus	Summary, strategies to manage financial issues
		2 PCT QIPP Summary June 2010	
Section 7	Provider Capacity	1 NHS Derby City Annual Report 2009	Provider capacity
7.1	Service capacity issues		Summary of capacity issues
7.2	Market Management	1. NHS Derby City Market Management Strategy (Jan 2010) 2. Principles & rules for cooperation and competition 3. PCT procurement guide for health services 4. Link: SOP March 2011	Initiatives utilised to manage the provider market

		5. Link: NHS Derby City Market Management Strategy 2010 6. Link: Principles & Rules for Cooperation & Competition	
7.3	Procurements undertaken	1. Link: Past Tender documentation	Summary procurements last 3 years
7.4	Planned procurements		Potential future procurements identified
Section 8	Workforce	1. Initial workforce priorities – Jan 11+ Link	Workforce
		2. Derbyshire SOP version2_3 + Link	
		3. Link: HR Policies 4. Link: HR Procedures	
8.1	Current workforce		Snapshot of current workforce
8.2	Workforce challenges		Summary including achieved and required workforce reductions
Section 9	Summary of Key Planned Changes	Summary of Planned Changes 1. SOP version 2 2. Link to CCG	Transition and QIPP
Section 10	Organisational assets and liabilities		Assets and liabilities
10.1	Assets	1 Supplier list	Summary re : estate held, equipment, computers, software
		2 Infrastructure Sub-Group Minutes 21st June 3 Terms of Reference – Infrastructure + Link	
		4 PCT Premises June 2001 + Link	
		5 Community equipment register (June 2001) 6. I.M & T Register/Assets + Link	
10.2	Support contracts	1 Link: IM&T Contract 2 Link: Supplier List	Summary of support contracts (not health)
Section 11	Stakeholder Map	1. NHS Derby City – Stakeholder June 11	Stakeholder map including nature of relationship, areas of particular interest, how we communicate
		2. Link: Stakeholder Map	
Section 12	Governance	1. Scheme of Delegation	Governance processes
12.1	Boards and Committees	1 Derbyshire Cluster Committee Structure 06.11	Terms of reference, roles, responsibilities
		2 Cluster Governance Committee Terms of Reference	
		3 Decisions reserved for Board & Scheme of Delegation	
		4 Standing Orders, Reservation & Delegation of Powers & Standing	

		Financial Instructions 5 Derbyshire Cluster Committee Structure	
12.2	Key policy documents	1 Summary of key corporate policies 2 Link to PCT Policies (Intranet) 3 Joint Audit Committee terms of reference	Summary of key policy documents
12.3	Corporate risk register	1. Corporate risk register April 2011.final + Link 2. Risk Management Policy – Revised doc Nov 2010 V4 + Link 3. Risk Management Strategy 2009 V3 + Link 4. Appendices to Risk Management Policy, Revised Nov 2010 5. Cluster Top Scoring Risk Report June 2011 6. Cluster Governance Committee Minutes 090611 7. Cluster Governance TOR 8. Draft Cluster BAF Q1 April-June 2011 9. Link: NHS Cluster Scoring Risk Dashboard 10.Scheme of Delegation (Cluster Board) 11.Derbyshire Cluster Board Memorandum of Understanding 12.Derbyshire Cluster Board, Resource and Investment Committee Terms of Reference	Risk Register and processes
Section 13 Appendix 1	List of documents contained in Library of Knowledge	List of documents contained in Library of Knowledge	List of documents contained in Library of Knowledge
13.1	List of documents contained in library of knowledge	Summary List of documents contained in Library of Knowledge	
13.2	Key Contacts and Destination	Library of Knowledge section 13	
13.3	PCT Board Members	Library of Knowledge section 13	

12.2 Appendix 2: Key Contacts

A Full list of key contacts and destination points can be found in the Library of Knowledge. Please note this is a piece of ongoing work throughout the transition period.

12.3 Appendix 3: Board Members

A full list of Board members can be found in PCT Annual Reports which are accessible in the Library of Knowledge or on the PCT Intranet and Internet.

Section 2b

Legacy Document

NHS Derbyshire County

10th November 2011

Updated from 27th July following SHA feedback
To be approved by Cluster Board in December 2011

Table of Contents

1. Introduction

NHS Derbyshire County has produced this legacy document to enable strong handover of the Commissioning arrangements through this period of transition. This document will also support the effective capture and transfer of organisational memory.

This Legacy document is supported by a 'Library of Knowledge' that aims to capture the knowledge that has accumulated throughout the managerial and clinical interactions of the organisation. Transferring this knowledge and the underpinning systems is seen as vital to maintain safety during the transition with all related documents being maintained as living documents over a sustained period.

Note: Following the establishment of the Derbyshire PCT Cluster in April 2011 and the successful transition to a shared operating model, future iterations of this document will be combined with Derby City legacy issues into a single Cluster level legacy document.

1.1 Scope of the Document

The Legacy document can not mitigate against all risks of transition, but contributes to a number of other ways of transitioning between systems in addition to the 'Library of Knowledge', including:

- Verbal updates between incoming and outgoing teams
- Clear understanding of historical data before handover
- Appropriate leads knowledge utilised to create a thorough picture of the organisation and region it covers
- Unambiguous transfer of responsibility

Using the Legacy Document and the 'Library of Knowledge', future organisations (Clinical Commissioning Groups, Local Authorities and the NHS Commissioning Board) should ensure they understand the whole quality picture of the issues faced by the organisations they are succeeding.

1. 2 Governance

The Cluster Board signed off an early draft of the legacy document in July 2011. The Board endorsed at its meeting in May the principles of strong processes around

transition and is fully supportive of allocating resource to ensure legacy issues are captured and transferred successfully.

A senior manager has been given day to day responsibility for ensuring continuous update and there will be strong links to emerging risks around transition that are reflected in the cluster risk register. The project has Executive Director leadership. The Cluster Board will sign off iterations of future legacy documentation at appropriate and regular intervals. Arrangements are being put in place to ensure key stakeholders have the opportunity to comment.

Confidentiality – this Legacy document has been compiled in the best spirit of openness and accountability and is a public document. A large majority of the business of the organisation is transacted in public, but there will be items of a confidential nature which are not disclosable under the Freedom of Information Act and will not be included in this documentation. The PCT will maintain a log of issues of this nature which will be passed on to successor organisations as necessary and appropriate.

1.3 Source Information

All information sources that support, and are referenced in this document, can be accessed from the ‘Library of Knowledge’. The Legacy ‘Library of Knowledge’ will be monitored and updated as required throughout transition and hand over period in line with the planned quarterly reviews.
A list of the documents contained in the ‘Library of Knowledge’ can be viewed in Appendix 13.1 of this document.

2. Description of the Patch

2.1. Introduction

This section provides a contextual overview of the health needs of Derbyshire County's population and the current configuration and costs of providing for these needs. It summarises:

- The health needs of our population, current and future, particularly as they relate to health inequalities
- Health inequalities
- How we are performing against current targets
- The provider landscape and the main issues confronting each major provider, including our own provider services
- Our organisation's current and future financial situation
- Our approach to prioritising resources

NHS Derbyshire County is the operating name for Derbyshire County Primary Care Trust (PCT). The PCT was established on 1st October 2006, taking the place of six much smaller PCTs across Derbyshire. It is the eighth largest PCT in the UK and covers a population of approximately 750,000 with an annual budget of over £1 billion. Derbyshire has eight boroughs (excluding Derby City) with varying health needs.

***Figure 2.1** Area covered by NHS Derbyshire County*

2.2. Vision

NHS Derbyshire County vision is to work with patients and the public:

- To live a healthier, longer life
- To take care of your health and each other
- As partners to help inform and trust our decisions.

The values of NHS Derbyshire County are:

- Caring, compassionate and committed
- Working for the people, with the people
- Fair, honest and open
- Intelligent, passionate, professional and high quality
- Focussed, decisive and effective

The PCTs strategy for 2009-2014, aims to reduce inequalities in life expectancy, improve care pathways and address services historically neglected at national and local PCT levels. Specifically the PCT will:

- Tackle the leading causes of health inequalities to improve life expectancy and reduce premature mortality
- Make substantial improvements to the three pathways in greatest need of further development – Stroke, Primary Mental Health Services and Mental Health for Older People
- Become a national leader and beacon for the rest of the NHS for two historically neglected areas – End of Life Care and Support for Carers
- Lead the local NHS in ensuring services are effective, efficient and provide value for money.

This will prevent 1500 premature deaths over the years 2009-2014.[1]

2.3. Derbyshire County's population and health needs

The county of Derbyshire has an estimated population of over 750,000 (excluding Derby City) and this number is forecast to grow by 3% by 2013 and 11% by 2025. Short-term growth is focussed significantly in South Derbyshire District, reflecting new house building; and Bolsover which is undergoing regeneration.

All age mortality rates have declined in Derbyshire by about 30% since the early 1990s.

- Mortality rates at younger ages in Derbyshire tend to be lower than the national average for males; and close to the national average for females - except in the most affluent and deprived areas, where they are lower and higher respectively.
- Mortality rates at older ages in Derbyshire, although declining, tend to be higher than the national average.

[1] NHS Derbyshire County, *Annual Report 2009/10*

Since 2009, two additional specific risks have arisen that potentially could have a significant impact upon the health of the people of Derbyshire.

2.3.1. Unemployment

The economic climate has significantly increased unemployment in Derbyshire. In October 2009, 17,422 people were claiming unemployment-related benefits, a 71% rise over the previous 12 months. The annual rate of increase in Derbyshire was much higher than the national average (63.6%), although the county's claimant unemployment rate of 3.8% remained below the rate for England (4.1%). The largest percentage increases in the number of unemployed occurred in South Derbyshire (98.3%), Derbyshire Dales (87.0%), North East Derbyshire (79.3%) and High Peak (70.2%).

Unemployment has an adverse effect on health. This effect is still demonstrable when social class, poverty, age and pre-existing morbidity are adjusted for:

- Unemployed men and their families have increased mortality experience, particularly from suicide and lung cancer. Unemployed men also have a reduction in psychological well-being with a greater incidence of parasuicide, depression and anxiety.
- Unemployed men are more likely to use general practitioner and hospital services and receive more prescribed medicines. Smoking and alcohol consumption are often increased after the onset of unemployment. Women are less affected by enforced unemployment, but families are put at greater risk of physical illness, psychological stress and family breakdown.
- Maintaining financial security, providing proactive health care and retraining for re-employment can all reduce the impact of unemployment on health.

The PCT is continuing to monitor the impact upon health of increasing levels of unemployment. The Strategic Plan priorities of investing in primary mental health services; and assessing cardiovascular health in the population are directly relevant to addressing this risk. [2]

2.3.2. Flu and other emergency risks

NHS Derbyshire County is the lead PCT for emergency planning in the county.

[2] NHS Derbyshire County, *Improving Health and Wellbeing in Derbyshire. Strategic Plan 2009/10-2013/14*

NHS Derbyshire County has Major Incident, Business Continuity and Pandemic Flu plans in place, which are reviewed on a regular basis.

Pandemic influenza is considered to be one of the PCT's, and the country's highest emergency risks. An effective response requires the co-operation of a wide range of organisations and the active support of the public.

Other risks rated highly on the Civil Contingencies Register in Derbyshire include severe weather events and flooding, both of which might increase with climate change.

2.4 Health Inequalities

Inequalities are a significant issue in Derbyshire. Underpinning the PCT's Strategic Vision is a commitment to reduce health inequalities in life expectancy within Derbyshire. More disadvantaged areas like Bolsover and Chesterfield have persistently higher mortality rates, while affluent areas like Derbyshire Dales have lower rates. The priorities for action have been identified and included as Strategic Plan priorities. However, these form only part of the PCT's approach to reducing inequalities between both geographical areas and communities of interest.

To achieve reductions in health inequalities, the PCT works with its partner organisations to increase access to services such as health care, healthy lifestyles, employment and housing for the most disadvantaged people to improve their health and wellbeing.

The PCT has developed a Health Inequality Framework to:

- reduce the mortality gap between the most deprived and the average;
- Reduce the strength of association between deprivation and mortality.

The Framework lists the targeted, additional, evidence-based interventions and activities required across six "life course" areas to support the achievement of these targets.

Work is ongoing to ensure that the Derbyshire's health inequalities work is aligned to the emerging findings of the current Marmot Strategic Review on Health Inequalities.

There is some evidence in the published literature linking health outcomes to rurality as a result of specific health risks, for example, road traffic accidents, suicide and stress, and agriculture related accidents. In addition, the higher proportion of older people in rural areas will result in a higher proportion of people developing long term conditions with a consequent increased demand on health care resources**.**

Rural and urban areas present very different challenges for the optimal design of health and social care services. The White paper *Our Health Our Care Our Say* (2005) does acknowledge that providing services to rural communities is more expensive yet there is to date, no indication that the government will alter the current NHS funding formula to reflect this.

The population of Derbyshire is spread over a large rural geographical area, including 555 square miles of the Peak District National Park. Derbyshire's Rural/Urban ranking is shown below (using DEFRA's Rural/ Urban District Classification) in Figure 2.2, creating a disparity in service demand.

Figure 2.2 *Derbyshire's Rural/Urban ranking.* Source DEFRA.

District	*Ranking*
High Peak	Rural 50 (between 50% and 80% of the population living in rural settlements or market towns)
Derbyshire Dales	Rural 80 (at least 80% of the population living in rural settlements or market towns)
Chesterfield	Other Urban (less than 37,000 or fewer than 26% of population living in rural settlements or market towns)
North East Derbyshire	Rural 50
Amber Valley	Significantly Rural (more than 26% of the population living in rural settlements or larger market towns)
South Derbyshire	Significantly Rural
Bolsover	Significantly Rural
Erewash	Large Urban (50% of population in one of 17 Urban areas with population between 250,000 and 750,000)

In rural areas poverty is scattered and exists on a house to house basis that cannot be identified through ward based or other small area statistics. Certain groups are particularly at risk of rural disadvantage and social exclusion. These include:

- Elderly people living alone and elderly couples reliant on the state pension. In keeping with other rural areas, Derbyshire has a higher than average percentage of older adults.
- Children, especially of lone parents or workless households.
- Unemployed.
- Self employed in low income sectors or low paid and seasonally employed workers, especially in tourism and agriculture based industries.
- People with physical disabilities, learning disabilities and mental health problems.
- People from minority ethnic groups, for example migrant agricultural workers.

NHS Derbyshire County has already taken actions to mitigate rural deprivation and health inequalities. These include:

- Local community car schemes to address rural transport issues.
- Citizens Advice Bureau services in primary care in High Peak and north Derbyshire Dales to redress rural income poverty and other social problems such as housing, loss of employment and debt. The income generated through previously unclaimed benefits to local individuals and families has exceeded all expectations, rising to £1.1m per annum.
- The Farm Out Health Project, sited in the Bakewell Business and Agriculture Centre, aims to improve access to primary care services, and address mental health promotion and accident prevention for the farming community.

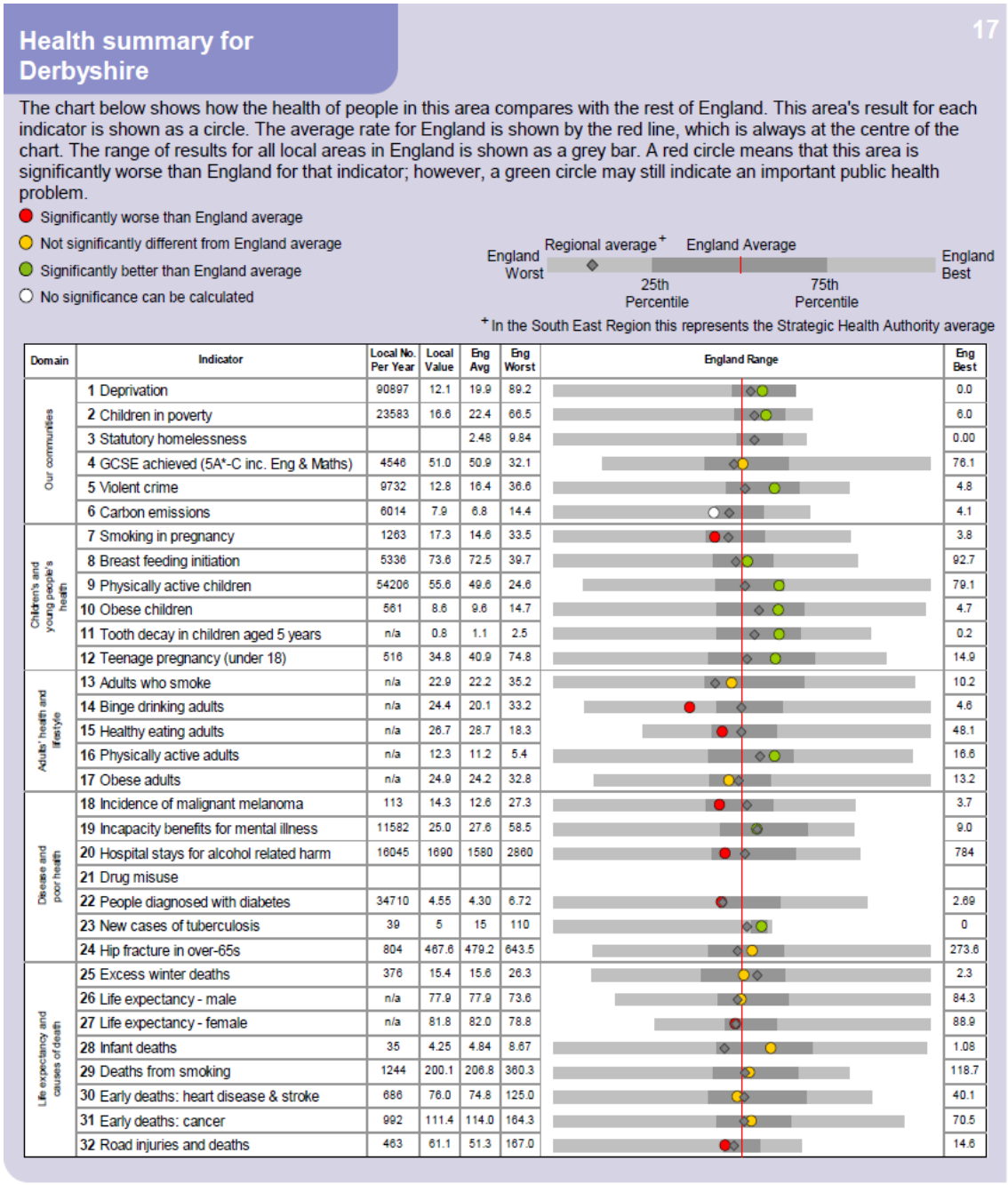
The Health Summary (Figure 2.3) benchmarks Derbyshire against the England average and the worst and best local authorities for many indicators of the wider determinants of health, as well as specific health indicators. This illustrates that Derbyshire is not significantly different or significantly better than the England average on the majority of indicators.

Obesity is the second most common preventable cause of death after smoking in Britain today. In Derbyshire, over 28% of the county's population are estimated to be obese[3]. Figure 2.3 highlights the lower than England average for health eating adults. Clinical pathway and policy guidance has been developed for the management of adult obesity, and training has been developed for primary care staff including motivational assessment and support for patients. The procurement of tier

[3] NHS Derbyshire County, *Annual Report 2009/10* page 27

two and tier three services has begun for weight management services based on specifications informed by best practice, NICE guidance and local experience.

***Figure 2.3** Health Summary for Derbyshire.* Source: Association of Public Health Observatories (APHO)



Health summary for Derbyshire

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The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the red line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- No significance can be calculated

England Worst | Regional average + | England Average | England Best | 25th Percentile | 75th Percentile

+ In the South East Region this represents the Strategic Health Authority average

Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	90897	12.1	19.9	89.2		0.0
	2 Children in poverty	23583	16.6	22.4	66.5		6.0
	3 Statutory homelessness			2.48	9.84		0.00
	4 GCSE achieved (5A*-C inc. Eng & Maths)	4546	51.0	50.9	32.1		76.1
	5 Violent crime	9732	12.8	16.4	36.6		4.8
	6 Carbon emissions	6014	7.9	6.8	14.4		4.1
Children's and young people's health	7 Smoking in pregnancy	1263	17.3	14.6	33.5		3.8
	8 Breast feeding initiation	5336	73.6	72.5	39.7		92.7
	9 Physically active children	54206	55.6	49.6	24.6		79.1
	10 Obese children	561	8.6	9.6	14.7		4.7
	11 Tooth decay in children aged 5 years	n/a	0.8	1.1	2.5		0.2
	12 Teenage pregnancy (under 18)	516	34.8	40.9	74.8		14.9
Adults' health and lifestyle	13 Adults who smoke	n/a	22.9	22.2	35.2		10.2
	14 Binge drinking adults	n/a	24.4	20.1	33.2		4.6
	15 Healthy eating adults	n/a	26.7	28.7	18.3		48.1
	16 Physically active adults	n/a	12.3	11.2	5.4		16.6
	17 Obese adults	n/a	24.9	24.2	32.8		13.2
Disease and poor health	18 Incidence of malignant melanoma	113	14.3	12.6	27.3		3.7
	19 Incapacity benefits for mental illness	11582	25.0	27.6	58.5		9.0
	20 Hospital stays for alcohol related harm	16045	1690	1580	2860		784
	21 Drug misuse						
	22 People diagnosed with diabetes	34710	4.55	4.30	6.72		2.69
	23 New cases of tuberculosis	39	5	15	110		0
	24 Hip fracture in over-65s	804	467.6	479.2	643.5		273.6
Life expectancy and causes of death	25 Excess winter deaths	376	15.4	15.6	26.3		2.3
	26 Life expectancy - male	n/a	77.9	77.9	73.6		84.3
	27 Life expectancy - female	n/a	81.8	82.0	78.8		88.9
	28 Infant deaths	35	4.25	4.84	8.67		1.08
	29 Deaths from smoking	1244	200.1	206.8	360.3		118.7
	30 Early deaths: heart disease & stroke	686	76.0	74.8	125.0		40.1
	31 Early deaths: cancer	992	111.4	114.0	164.3		70.5
	32 Road injuries and deaths	463	61.1	51.3	167.0		14.6

The Joint Strategic Needs Assessment (JSNA) has focused its attention on several factors including Carers, Learning disabilities and Children in Care as well as Alcohol. The JSNA makes specific recommendations on each of the areas it focuses on for the planning and commissioning of services. From Figure 2.3, it can be seen that Derbyshire is significantly worse than the England average for:

- Smoking in pregnancy;
- Binge drinking adults;
- Healthy eating adults;
- Incidence of malignant melanoma;
- Hospital stays for alcohol related harm;
- People diagnosed with diabetes;
- Life expectancy – female; and
- Road injuries and deaths

By focussing attention on these services, it is hoped that we will fall more in line with the average. Work to reduce alcohol-related admissions can only be effective if actions encompass the broader aspects of reducing alcohol-related harm, comprising treatment, community safety and prevention and education.

Derbyshire performs significantly better than the England average for:

- Deprivation;
- Children in poverty;
- Violent crime;
- Breast feeding initiatives;
- Physically active children;
- Obese children;
- Tooth decay in children aged 5 years;
- Teenage pregnancy (under 18);
- Physically active adults; and
- New cases of tuberculosis

The main issues that arise from the Derbyshire Health Profile are:

- Changes to the ethnic mix of the Derbyshire population – with slightly greater numbers of some ethnic minority groups;
- Good progress in reduction in mortality rates in males and female – especially premature mortality, but higher old age mortality in both may need further work;
- Health inequalities in Derbyshire have been examined in some detail and ways of monitoring and modelling the impact have been derived;
- Childhood obesity is stable or reducing in younger children, but it may have risen in the older (year 6) group – and in this age group shows some clear differences and inequalities between areas of Derbyshire;

- Teenage pregnancy rates are still lower than the national average, but there are important differences between Derbyshire districts that should help focus efforts for reduction;

  Cardiovascular disease and cancer are both showing worthwhile reductions in premature mortality rates which remain at or below the national average; important differences and inequalities between districts remain however.

Five GP clinical CCGs have now been established across Derbyshire. Four of these cover the county and one Southern Derbyshire CCG also covers Derby City. They plan in localities and this will be guided by the JSNA profile for their particular populations.

Reference (supporting) Documents Section 2	Location (Website) where updated records are kept
Strategic and Operational Plan 2011/12	Library of Knowledge
NHS Derbyshire County Annual Plan 2009/10	Library of Knowledge
NHS Derbyshire County, Improving Health and Wellbeing in Derbyshire. Strategic Plan 2009/10 – 2013/14	Library of Knowledge
Joint Strategic Needs Assessment	Library of Knowledge
Department of Health: Health Profiles	Library of Knowledge
NHS Derbyshire County Annual Report 2008/09	Library of Knowledge
Derbyshire wide emergence of GP Clinical Commissioning Consortia	Library of Knowledge
East Midlands Development Centre Legacy Report	Library of Knowledge
Health Scrutiny Guide	Library of Knowledge
LAPE profile- Derbyshire County	Library of Knowledge
NHS Derbyshire County NHS Staff Survey results 2010	Library of Knowledge
The future NHS challenge	Library of Knowledge
Vital Signs report 2010	Library of Knowledge

3. Information on all services provided to the local population

Health Services for the people of Derbyshire are commissioned from a large number of providers, for example:

- in the community;
- from Primary Care;
- Derbyshire Community Health Services (DCHS);
- Care Homes;
- from Mental Health Services; and
- from Acute Hospitals, not just in Derbyshire, in surrounding areas in all directions

We have a common objective with all of these providers – to provide safe, effective and high quality care.

NHS Derbyshire County holds contracts with a large number of providers in the region and in neighbouring regions. These providers are not just NHS providers but include Care Homes, Volunteer Organisations, Contracted GPs etc and they all provide the services the demographic demands.

NHS Derbyshire County has lead commissioner responsibilities for a number of contracts, whilst for other contracts a position of Associate Commissioner is held, working collaboratively with other commissioners across the region. This is through approved delegated authority for contracting being given to the identified lead commissioner within appropriate governance arrangements.

The following subsections (3.1 – 3.8), summarise the commissioning processes for each of the contract areas.

3.1. Primary Care

The PCT has a duty to ensure that all residents can access services mandated by the Government. Derbyshire Health United is the Out of Hours provider for the County, therefore fulfilling primary care needs outside traditional GP hours (8am – 6pm weekdays). Other Primary Care services commissioned by the PCT include GP practices, Dental services, Pharmacists and Optometrists.

3.1.1. Primary Care Medical Services

All GP practices hold a contract with the PCT (Primary Care Trust) to deliver medical services to patients within their practice boundary area. Currently within NHS Derbyshire County there are 98 GP practices.

Derbyshire County have lead commissioner responsibility for providing dental services across the whole County with specific responsibility for reducing dental health inequality and increasing access and choice for new and existing patients.

The services provided within primary care by Derbyshire County include, Orthodontic treatment, specialist Minor Oral Surgery, Domiciliary and out of hours care providing care outside regular opening times, for example, over the weekend and bank holidays.

Currently within Derbyshire County there are 91 practices operating 142 contracts dental practices with a total contract value of over £33million. Many of these practices have also been approved to provide an innovative type of contract which has been designed by the commissioning team to drive up quality outcomes for patients.

A new national dental contract is being trialled and scheduled for introduction in 2013. Derbyshire County Dental Services are hosting a pilot scheme for the new contract. The new contract concentrates on preventative care and advice, early results are positive, both from patients and practice.

3.1.2. Pharmacy Services

Community Pharmacists are funded nationally to provide essential and advanced pharmaceutical services under the National Pharmacy Framework. NHS Derbyshire County currently has 122 Pharmacies within the area providing these services to patients.

The Pharmacy Contractual Framework (available on the Department of Health website), is a national framework and as such all arrangements are determined centrally. Whilst there is a devolved budget, this is indicative only based on the number of pharmacy premises as at 31/3/10. All claims and payments in relation to the core contract are made by the NHS business Services Authority (NHSBSA) and

details of the process can be found at
http://www.nhsbsa.nhs.uk/PrescriptionServices/936.aspx

3.1.3. Dental Services

NHS Derbyshire County is the lead commissioner for salaried dental services and out of hours dental services. Salaried dental services deliver some specialised services and meet the needs of patients with special needs. Dental Services are contracted through a nationally agreed contract with patients paying NHS fees set out in three bands. These bands are determined by dental procedure and ensure fairness of service.

There are currently 90 Dental Practices operating within the area of Derbyshire County. There are also 3 specialist orthodontic practices within the county, and several with special interest in the area.

NHS Derbyshire County commissions a dental practice that is currently involved in the National Dental Pilot Programme. The pilot is testing three models of contracts. The pilot process began on 1st September 2011 and run for between 1 and 3 years. This is working to determine whether or not a new National Dental Contract is necessary, although the pilots are not to be considered the 'blueprint' for any future model.

3.1.4. Optometry Services

Optometry contracts are either mandatory, whereby a contractor delivers NHS sight tests and appliance vouchers from their premises; or additional, whereby a contractor delivers NHS sight tests and appliance vouchers on a mobile basis to patients that are unable to get to a high-street optometrist. A practitioner can hold both a mandatory and an additional contract or solely a mandatory or additional contract. Optometry contracts do not have any specified contract values, but are subject to national rules. There is no specific contracted activity amount, neither is there a registered population.

In Derbyshire there are 77 Optometrists. These can be broken down as: 55 practices delivering solely NHS care from their own premises (mandatory contracts); 22 practices that deliver NHS care from both their practices and on a domiciliary basis (mandatory and additional contracts).

NHS Derbyshire County employs an Optometric Advisor for these contracts.

3.2. Secondary Care – Acute

NHS Derbyshire County commissions several organisations for secondary care, acute providers. In order to offer a choice of provider it is necessary to secure contracts with providers across the region and beyond, such as Nottingham University Hospitals NHS Trust, Sheffield Teaching Hospital NHS Foundation Trust, East Midlands Ambulance Service and Burton Hospitals NHS Foundation Trust and one Independent Sector Treatment Centre (ISTC). The ISTC is a five year, minimum take contract, with two years left until expiry. At the end of it's life the contract will not be renewed automatically and instead offered out to tender. NHS Nottingham City (lead commissioner for the ISTC) is currently working with CCGs and PCT Clusters to shape the future service model for the facility. The major provider of secondary healthcare services for the county is Chesterfield Royal Hospitals NHS Foundation Trust.

Acute services cover a large range of services, for example General Surgery, End of Life care, Orthopaedics and Intensive Therapy, to name a small portion. The objective of NHS Derbyshire County is to negotiate a contract for a wide range of clinically effective and accessible services that meet the needs of its population within financial constraints. In order to offer a choice of provider to patients it is necessary to secure contracts with providers across the region and beyond, and for the majority of these NHS Derbyshire County is an associate commissioner but for a small number the PCT commissions directly.

In addition NHS Derbyshire County utilises the expertise of the East Midlands Specialised Commissioning Group (EMSCG) to commission services on its behalf at a local and National level.

In 2011/12 provider contracts will be disaggregated as the specialised element will be commissioned by the National Commissioning Board (NCB) from April 2012. The definition set for specialised commissioning is currently being revised and will be standardised nationally to facilitate the disaggregation process.

3.3. Secondary Care – Mental Health

NHS Derbyshire County commissions from several providers to deliver Mental Health services. As with the acute providers, mental health services for people in Derbyshire is also provided by organisations outside the Derbyshire boundary.

The PCT commissions to number of organisations in the private, statutory and voluntary sector. Contracts are held by the PCT's commissioning team.. The largest contract is with Derbyshire Healthcare Foundation Trust which provides Mental Health, Learning Disability and TCS services. The PCT also commissions services on behalf of associates who have patients that live outside of Derbyshire but use services in Derbyshire. The final signed contract can be found at P:\Mental Health Commissioning\CONTRACTS\DMHST Main Contract

The PCT is also associates to statutory providers based outside of Derbyshire. The largest are Nottinghamshire Healthcare NHS Trust, Pennine Care NHS Foundation Trust, Leicestershire Partnership Trust and Sheffield Health and Social Care NHS Foundation Trust. Contract details can be found on P:\Mental Health Commissioning\CONTRACTS

IAPT (Improving Access to Psychological Therapies) currently offers services for the adult population of Derbyshire with anxiety and depression. There are three providers covering distinct localities as detailed below. The service offers NICE recommended therapies including Cognitive Behaviour Therapy (CBT), Counselling and Self-Help. The following three providers have a contract to deliver IAPT services. There is an IAPT Board that is open to Primary Care and detailed performance reports are produced monthly (available form the mental health commissioning team). The contracts run till 2013.[4]

- Derby Psychological Therapy Services – Derby City. Further information can be found at P:\Mental Health Commissioning\IAPT\IAPT CONTRACTS\Derby City IAPT CONTRACT
- Steps to Change - Chesterfield and North East Derbyshire. P:\Mental Health Commissioning\IAPT\IAPT CONTRACTS\LPFT
- RightSteps – Erewash & Amber Valley. Further information can be found at P:\Mental Health Commissioning\IAPT\IAPT CONTRACTS\DMHT

[4] Subject to RIC approval to extend DPTS by one year.

RightSteps currently also hosts counsellors in South Derbyshire and provides CBT therapists in Derbyshire Dales, pending a decision on rolling IAPT out to the rest of the County.

A diverse range of services are commissioned to the voluntary sector, broadly divided into Carer Support, Helplines, Advocacy, support for older people, Day Services and Service User Representation. There are joint commissioning arrangements between Derbyshire County Council, Derby City Council and NHS Derby City for some contracts.

Southern Derbyshire Mental Health Voluntary Sector Forum is funded to provide support to the voluntary sector and is a good source of local information. Likewise North Derbyshire Voluntary Action provide a similar service in north of the county. (Further information on the voluntary sector contracts can be found on P:\Mental Health Commissioning\SLA's\SLAs - Voluntary Sector).

There is an East Midlands wide contract for Mental Health and Learning Disabilities Rehabilitation Services. This is due for renewal in 2013. This was held at the re-source hub and the details are now lost. East Midlands Specialist Commissioning Group holds contracts for those providers who are also low secure providers. Derbyshire County PCT holds contracts for:

- Cambian Health Care
- Optima Health Care
- Brookdale –Ash Green (contained in DCHS contract)
- Derbyshire Healthcare Foundation Trust (contained in main contract)
- Turning Point –(no hospitals in region yet but opening new service in Chesterfield in 2012 -13)
- Nottinghamshire –lead Karon Glynn holds contract for Castle Beck and for Lighthouse.
- Northamptonshire for St Mathews and St Andrews.

There is a web portal that can provide all the information on these providers however this is currently undergoing difficulty and is not listed here-unless its future can be clarified.

Derbyshire PCT holds a database of all patients placed in hospitals called Einstein. This is a restricted database and non patient identifiable information can be provided on request via Georgian Horobin in the mental health commissioning team.

As part of the retraction of the Pastures and Kingsway Hospitals, NHS Derbyshire County funds Rethink to provide two nursing homes on a block arrangement for adults, one in Shipley and one in Derby. This contract runs out in 2012. Support is also given to provide block beds at Methodist homes.
(Details are held at P:\Mental Health Commissioning\SLA's\SLAs - Voluntary Sector).

3.4 Community Services

NHS Derbyshire County commissions for community healthcare providers to deliver care closer to home. These, until recently, have been the provider arms of the respective PCTs and have now as part of the Transforming Community Services (TCS) policy become autonomous organisations.

Derbyshire Community Health Services (DCHS) was the provider arm organisation of the PCT. This became an independent NHS Trust from 1st April 2011 in line with the national Transforming Community Services (TCS) Policy. However, DCHS has managed as a fully Autonomous Provider Organisation (APO) since April 2009.[5]

DCHS works closely with local authorities and other organisations to provide better integrated services and promote good health throughout the community from its 12 Community Hospitals and 28 Health Centres.[6]

3.5 Third Sector

The PCT commissions or funds a number of volunteer sector organisations across a range of service areas including:

- Mental Health
- Older People
- Children and Young People
- Condition Specific

[5] NHS Derbyshire County, *Annual Report 2009/10*
[6] NHS Derbyshire County, *Annual Report 2009/10* page 51

- Community/infrastructure development

These organisations provide services or support to people in need. These are provided under the following headings:

- Information provision, advice and signposting
- Prevention
- Infrastructure Development

3.6 Specialised Services

3.6.1 East Midlands Specialised Commissioning Group (EMSCG)

The East Midlands Specialised Commissioning Group, hosted by NHS Leicestershire County and Rutland, ensures the East Midlands has a specialised service commissioning function in place that is compliant with the recommendations in the national review of specialised service commissioning – The Carter Review[7]. EMSCG works on behalf of all nine PCTs in the East Midlands. Its role is to plan, assess need, commission and monitor the specialised health services in behalf of the East Midlands PCTs to reduce the risks associated with an individual PCT funding expensive, unpredictable activity.

Commissioning specialised services involves the same robust approach to 'regular commissioning', but targets the services that affect only a small number of people. EMSCG manages a pooled budget from the nine PCTs in order to commission these services on our behalf. Some examples of specialised services:

- Specialised cancer services (adult)
- Specialised services for haemophilia and other related bleeding disorders
- Specialised spinal services
- Specialised burn care services
- Cystic fibrosis services
- Specialised renal services (adult)
- Specialised cardiology and cardiac surgery services (adult)

The East Midlands Specialised Commissioning Group meets on a bi-monthly basis to set the strategic direction of specialised services, ensuring that all living in the East

[7] Department of Health (2006). *Review Report: Review of Commissioning Arrangements for Specialised Services*. http://tinyurl.com/carterreview

Midlands have fair and equal access. Key to this is closely monitoring both the planning process for services and the performance of local regional and national providers. Close working arrangements and a clear framework allow mitigation against the risk of a loss of local sensitivity to commissioning processes.

Each PCT will commission contracts from these providers for other services, but to share risk, will commission through EMSCG for specific services to the value of the activity noted below.

3.6.2 East Midlands Procurement and Commissioning Transformation (EMPACT)

EMPACT is an NHS venture in the East Midlands with a team dedicated full time to supporting commissioners and providers to deliver improvements and meet local and regional challenges. We are working with other local PCTs in the development of a regional infrastructure that supports shared working arrangements, provides commercial support to commissioners to 'stimulate the market' where this works in the interests of patients, manage contracts effectively and works closely with NHS Supply Chain to secure better value for money for goods and services procured.

3.7 Working with the Local Authority

Public Health is concerned with three important areas.

1. Health improvement – including people's lifestyles as well as inequalities in health and the wider social influences of health
2. Health protection – including infectious diseases, environmental hazards and emergency preparedness
3. Health services – including service planning, efficiency, audit and evaluation

The 2010 White Paper proposed significant changes to Public Health services in England:

- A new national Public Health Service (Public Health England) is to be established to protect and help improve, the nations health and well-being.
- Local Authorities will employ Directors of Public Health jointly with the Public Health Service, to lead local health improvement and lead local partnerships for health and well-being.
- A ring-fenced budget will be allocated to local authorities to promote population health and reduce health inequalities.

NHS Derbyshire County has developed extremely effective partnerships with a wide range of other organisations to enable it to help improve the health of the population of Derbyshire. Partnership working with local authorities is particularly important and in Derbyshire, has been developed through, for example:

- The appointment of a joint Director of Public Health between Derbyshire County Council and the PCT.
- The appointment of a Consultant in Public Health to work with each of the County's eight District and Borough Councils on reducing health inequalities.
- The comprehensive Programme Board structure which allows the joint commissioning of services for:
    - Mental Health
    - Learning Disability
    - Older People
    - Dementia
    - Physical Disability
    - Carers

NHS Derbyshire County has established a Health and Wellbeing Partnership and has built on this to develop a set of proposals for the new Health and Wellbeing Board with the Local Authority. This identifies high level functions linking to the Joint Strategic Needs Assessment and associated Joint Health and Wellbeing Strategy.[8]

3.8 Other Commissioned Services

3.8.1.1 EMAS

The PCT is the 'Co-ordinating Commissioner' of Emergency and Urgent Ambulance Services from East Midlands Ambulance Service (EMAS) on behalf of eleven 'Associate Commissioner' PCT''s across the East Midlands.
EMAS provides Emergency and Urgent ambulance services for all potential patients resident in or travelling through the geographical area covered by the ambulance provider. The ambulance service is often a first point of access to health care, responding to a variety of needs ranging from life-threatening emergencies to long-term health conditions.

[8] *Strategic and Operational Plan for Derbyshire 2011* p.248

Demand on ambulance services across England is increasing every year. This means that ambulance services have to work with the public, primary care and acute services to provide access to appropriate alternative care and innovative responses to patients needs.

The total opening contract value for the EMAS 2011/12 contract is £132,735,157, of which NHS Derbyshire and NHS Derby City component is £26,631,555.

Patient Transport Services (PTS) are commissioned separately by PCTs and services for 2012/13 onwards across the East Midlands are currently out to tender.

Reference (supporting) Documents 3.7.1	Location (Website) where updated records are kept
Location Contracts found	Lead Commissioner Derbyshire County
EMAS Board Papers 3.7.1	http://www.emas.nhs.uk/about-us/trust-board
EMAS Annual Reports 3.7.1.	http://www.emas.nhs.uk/about-us/publications
EMSCG Policies and Publications 3.7.2.	http://www.emscg.nhs.uk/_PoliciesandPublications.aspx http://www.emscg.nhs.uk/_SpecialisedServices.aspx

3.8.2 Prison and Offender Health Services

Derbyshire has two prisons. Responsibility for commissioning healthcare services for prisoners at HMP Foston Hall and HMP Sudbury was transferred from the Home Office to NHS Derbyshire County in April 2006. These responsibilities are managed by the Derbyshire Prisons Partnership Board (PPB) through a local partnership agreement with the prisons based on the 'National Partnership Agreement between the Department of Health and the Home Office for the accountability and commissioning of Health services for prisoners in public sector prisons in England' (2007).

HMP Foston Hall is a female closed establishment with a capacity of 291 prisoners comprising circa 195 sentenced (with up to 40 lifers) and 96 remand. HMP Sudbury is a male Category D open prison with a capacity of 581 prisoners. Prisons are high risk environments and prisoners typically have higher health needs than the general population. Ensuring provision of integrated healthcare services for individuals in prisons and on their return to the community is a key challenge.

The PCT's guiding responsibility is to commission access to healthcare services for prisoners which are equivalent to those available in the local community, subject to the constraints of the prison environment. Ensuring integrated quality of care for all service users is a key requirement. A new provider of primary care services across both prisons was commissioned from April 2011. Other health services commissioned include; drug and alcohol misuse, mental health, sexual health, pharmacy, dentistry, podiatry, opticians, speech and language therapy, physiotherapy, heptology and community midwifery.

The total expected prison healthcare allocations for 2011/12 is £3,801,000.

The PCT also commissions mental health diversion services for Derbyshire Courts, Probation and Police Services. Alongside Drug and Alcohol misuse services, mental health assessment and referral services are an important component to ensure appropriate care and support to individuals in contact with the criminal justice system.

NHS Derbyshire County is also the lead commissioner in an early adopter pilot for commissioning healthcare for Police Custody Suites. As part of the national pilot commencing in 2012, the PCT will take control of the commissioning from the police service and unify it under a national APMS contract.

Reference (supporting) Documents Section 3	Location (Website) where updated records are kept
Strategic and Operational Plan 2011/12	Library of Knowledge
NHS Derbyshire County, Improving Health and Wellbeing in Derbyshire. Strategic Plan 2009/10 – 2013/14	Library of Knowledge
Joint Strategic Needs Assessment	Library of Knowledge
NHS Derbyshire County Contract summaries	Library of Knowledge
Department of Health Review Report: Review of Commissioning Arrangements for Specialised Services (2006)	www.dh.gov.uk
Consolidated Contracts Database	Library of Knowledge
Chesterfield Royal Hospital Contract Management	Library of Knowledge

Board minutes	
Derbyshire Community Health Services Report	Library of Knowledge
EMAS Contract Management Board minutes	Library of Knowledge
EMPACT information	Library of Knowledge
EMSCG Strategic Plan 2011/12	Library of Knowledge
NHS Derbyshire County contracts	Library of Knowledge
Pharmaceutical Needs Assessment	Library of Knowledge
Primary Care Commissioning Policy	Library of Knowledge
Optometry – Section 1	Library of Knowledge
Optometry – Section 2	Library of Knowledge
Optometry – Section 3	Library of Knowledge
Optometry – Section 4	Library of Knowledge
Optometry – Section 5	Library of Knowledge
Optometry – Section 6	Library of Knowledge
Optometry – Section 7	Library of Knowledge
Optometry – Section 8	Library of Knowledge
'National Partnership Agreement between the Department of Health and the Home Office for the accountability and commissioning of Health services for prisoners in public sector prisons in England'	http://www.dh.gov.uk/enPublicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_064096

4 Quality

NHS Derbyshire County remains focussed in its drive for quality and efficiency improvement. The PCT demonstrates this through a greater focus on quality, innovation, productivity and prevention (QIPP).

4.1 Effectiveness

A significant proportion of policies and prioritisation decisions are produced in conjunction/collaboration with other organisations. JAPC and Strategic Boards are joint with NHS Derby City, and EMSCG is East Midlands wide (produces both specialised and collaborative policies).

4.2 Patient Experience

Listening to what patients say is a fundamental way of discovering what its really like to experience healthcare services. The experiences of an individual patient can be used to support service improvements which benefit all patients.

Clear communication with patients and the public is important and there are various methods of communication we use, such as:

- Website – www.derbyshirecounty.nhs.uk
- Media releases
- Leaflets and posters
- Consultations and surveys
- PCT events
- Attendance at community meetings
- PALS contacts

The Public and Patient Involvement (PPI) Team advise staff on appropriate ways to get feedback from patients and the public and analyse the findings and act upon them to improve services. They are responsible for engaging and involving patients, their carers and member of the public to get feedback on services both good and bad, in order to identify where improvements can be made.

There are two elements of the PPI Team:

- The Patient Advice and Liaison Service (PALS)
- Engagement and involvement activity undertaken across the organisation.

PALS help people to navigate their way around the NHS. They answer questions, signpost on to appropriate staff and respond to issues and concerns that service users may have and ensure that information is taken back to services and acted upon. Patient experience and feedback is mapped systematically to the strategic programmes and initiatives, procurement and contract processes. NHS Derbyshire County has a thriving PALS whish regularly raises issues with commissioners to deal with topics highlighted by the public.

NHS Derbyshire County is in the process of collating data from PROMS (Patient Reported Outcome Measure) surveys as part of the East Midland wide programme and will use this information as with providers as part of the contract management process.

As well as involving service users, NHS Derbyshire County actively seek the views of the public and to help us to achieve this, we have set up a Health Panel that currently has over 1300 people on it from across the county. The Health Panel is made up of members of the public who have volunteered their time in offering their views and helping to shape health services. We use members of the health Panel to provide a public perspective and to bounce ideas off and to give us feedback on public information leaflets or get involved in consultations.

NHS Derbyshire County also has its own Patient and Public Involvement Steering Group, which oversees and monitors the patient and public involvement and experience work. It provides strategic direction to ensure an inclusive and systematic approach is taken to involve the community when decisions are made about their healthcare. [9]

The work of the PPI team is further underpinned by the services of the Equality, Inclusion and Human Rights' function. This function provides specialist advice to the PCT Board, Executives and teams to help ensure that the strategic direction for commissioning and provision of services promotes equality and human rights (for example, for service users, carers and their families) and that appropriate systems for provider performance management are designed and implemented.

[9] *Strategic and Operational Plan for Derbyshire 2011*

The service develops and maintains key relationships with a wide range of local and national agencies and other partners to build the Trust's presence and influence on equality issues, maximise shared learning and progress and/or promote engagement and involvement targeted at reducing health inequalities and improving patient experience (including access to services). Following engagement work, priorities for action are agreed and progressed through the relevant contract arrangements.

To gather qualitative information on service user experience, disaggregated by different equality groups and disadvantaged communities, NHS Derbyshire County has a number of arrangements in place to enable this to happen. These include:

- Participation and/or hosting of targeted engagement with equality groups/forums and vulnerable communities.
- Systematic performance self-assessments involving patients, carers and families, for example, the annual Learning Disability Self-Assessment, the results of which are reported to the Trust's Governance Committee and Board as well as the Learning Disability Partnership Board.
- Commissioning of service evaluation with a focus on issues of accessibility and patient experience. The outcomes of these evaluations are reported to the Governance Committee and Board.

4.3 Community Engagement Meetings with Targeted Groups

NHS Derbyshire County's engagement staff and/or the organisation's Equality, Inclusion and Human Rights' lead have regular contact with a variety of networks, forums and groups in Derbyshire. As well as attending regular meetings, this can involve giving presentations on topics of interest and inviting these networks to take part in engagement activities/consultations. Some of these networks include but are not limited to:

- Lesbian, Gay, Bisexual and Transgender (LGBT) Consultation Forum
- Learning Disability Partnership Board
- Good Health Group
- BME North Forum
- BME South Forum
- Carers' Forum
- 50 Plus Forum
- Umbrella

- Youth Parliament
- Equality and Diversity Network
- Carers Engagement Network and Carers Delivery Partnership Meeting
- New and Emerging Communities Network
- Derby City Access Group
- Derbyshire Community Health Equality Panel
- 3 D (Third Sector Network across Derbyshire)

4.4 Derbyshire Community Health Equality Panel

Taking into account the key Equality Delivery System requirement of ensuring that local interests are centrally involved in reviewing NHS organisations' equality performance, a Derbyshire Community Health Equality Panel (DCHEP) was set up in 2011. DCHEP's membership includes: Derby City and Derbyshire County's LINks; representatives from CCGs, NHS provider organisations and the NHS Derbyshire Cluster; voluntary sector organisations; and representatives from each of the "protected" equality groups.

DCHEP's key roles are to act as:

- A co-ordinating panel for the engagement and involvement of local interest groups in Derbyshire in reviewing the equality performance of Derbyshire NHS organisations
- A moderation panel for local interests in analysing organisations' performance against the requirements of the EDS, identifying priorities and making grading recommendations for Derbyshire NHS Trusts and CCGs.

NHS Derbyshire County has a good relationship with the local LINk (Local Involvement Network). LINk is an independent network of local individuals, community groups and organisations. LINk's provide the PCT with reports on their intelligence gathered from their development workers, which together with PALS, helps to identify trends and themes, which are then actioned by the PCT and fed back to the LINks.

4.5 Safety

The current scope of work on patient safety within the PCT covers the following areas:

- Serious incident reporting

- Patient safety group
- Incident investigations
- Development of an early warning system

4.5.1 Serious Incident Reporting

The Monitoring Process

NHS Derbyshire County adopts NHS West Midlands' "Policy for the reporting and handling of serious" for its management of the serious incidents reported to the PCT. The key feature of this monitoring process is the "serious incident review panel" who meets weekly to review the newly reported and existing SI that occurred in the provider organisations. The panel reviews all the incident reports and action plans to determine if an incident can be "closed". The standing members of the panel are Deputy Director of Clinical Quality and the Head of Patient Safety. Where appropriate, other professionals or specialists are invited to review the reports.

The progress of serious incident monitoring within the PCT and its contribution to improving patient safety can be found in the 2009/10 and 2010/11 serious incidents annual reports.

Performance of Individual Providers

Chesterfield Royal Hospital Foundation Trust (CRHFT)

A significant proportion of the reports submitted by CRHFT were delayed and clarifications, mainly minor, were required. On a few occasions report revisions were expected.

Derbyshire Community Health Services (DCHS)

The quality of the reports from DCHS is generally satisfactory and minor clarifications were required from time to time.

Derbyshire Health United (DHU)

DHU has been compliant with the reporting timescale and there were no major queries on their reports.

Derbyshire Healthcare Foundation Trust (DHCFT)

Most of the reports from DHCFT were received on time and any delays were minimal (a few days). Most of the DHCFT reports required clarifications and additional information before they could be closed by the PCT. Occasionally, the PCT recommended additions to the action plans.

East Midlands Ambulance Services (EMAS)

There has been a considerable increase in incident reporting by EMAS since the autumn of 2010. .EMAS has explained that this was due to their programme of raising staff awareness on patient safety. It should be reassuring to note that most of the incidents reported were of a low grade and that the organisation has recently taken a more considered approach to incident reporting.

Most of the reports from EMAS arrived on time. The quality of reports has improved in the past few months with fewer reports requiring clarifications or revisions.

Independent contractors

These reports include those received from not only primary care but also other independent providers, i.e. the nursing homes, NHS treatment centres and substance misuse providers. Undertaking serious incident investigations and submitting reports to the PCT for scrutiny has been a new experience for some independent providers and the timeliness of these reports needs improving. The quality of reports from primary care varies and revisions were required for a small number of reports.

Improvements following Learning

All providers have a process to ensure that remedial actions are implemented and some have conducted thematic reviews on their serious incidents. Below are some of the recent examples to demonstrate the impact made by our providers following their learning from serious incidents:

Improvements in service provision

- Streamlining of the referral process in Ophthalmology to reduce waiting times (CRHFT)

- Established a system for the provision of psychological support for families affected by serious incidents (DHCFT)

- Revised the response protocol to urgent ambulance requests from GPs to minimise delays (EMAS)

Staff training and supervision

- Updated the training for staff on the care of diabetic patients and the training process for new equipment (EMAS)

- Improved supervision of practices (DHCFT)

Safer work processes

- Improved documentation of anticoagulation management form (DCHS)

- Alerted clinical staff to red flag symptoms for headaches so that patients who present with headache and red flag features of potential secondary headache should be referred to an appropriate specialist for further assessment (DHU)

Miscellaneous

- Following a “never event”, robust action, including staff update, improved documentation and revised guidance, has been taken to minimise risk of misplaced naso-gastric tube (CRHFT)

- Review of specific policies (all providers)

Recent Developments in the Monitoring Process

Influencing provider contracts

The monitoring of serious incident monitoring has been maturing during the past two years. There is demonstrable evidence that the expected improvements from the serious incidents are reflected in the provider contracts through the CQUIN and quality schedules.

Feedback and follow up of serious incidents

Throughout 10/11, the Head of Patient Safety has strengthened the feedback process of serious incidents by holding regular meetings with all providers. In addition, these meetings are used to follow up action plans and other patient safety issues. The minutes of the meetings are sent to the relevant Quality Assurance Group meetings to inform their discussions.

It is felt that these meetings have promoted a more opened working relationship between the commissioner and the providers and contributed to the improved quality of investigations.

Expanding serious incident reporting to independent providers

Since April 2010, the Head of Patient Safety, the Head of Clinical Quality (Nursing Homes) and a representative from the Continuing Care Team have developed and implemented a process which helps them to identify and to oversee the management of serious incidents occurring in nursing homes. To encourage the nursing homes' support of this process, they regularly communicate with them. In addition, they use the information collected in this process not only to identify serious incidents, but also to follow up other patient safety concerns.

The Head of Patient Safety has been working with commissioning colleagues from the Drug and Alcohol Team and Primary Care Clinical Quality Team to encourage providers to report drug and alcohol related deaths.

Thematic review

Two thematic reviews on the suicides/unexpected deaths have been conducted by the Clinical Quality Directorate since 2009. The findings of these reviews were

shared with DHCFT and an action plan has been agreed. The progress of this work has been reported to the Quality Assurance Group.

4.5.2 Patient Safety Group

The Patient Safety Group, chaired by the Deputy Director of Clinical Quality, has been set up since 2009. The group serves as a repository for sharing and reviewing developments in patient safety. It meets every two months and has recently made progress in the following areas:

- The implementation of the action plan that resulted from the serious incident on the INR service (reported in 2009) has been monitored by the Group over the past year. The Group has noted that the action plan is now complete and this work will now form part of the organisational legacy.

- The Group has had several discussions on patient safety information. It is noted that patient safety information is now captured by the "acute trust dashboard", to be produced regularly by the East Midlands Quality Observatory.

- The Group has contributed to the development of an early warning system.

The function of this group will be reviewed in light of the current reorganisation of the PCT.

4.5.3 Incident Investigations

The PCT has conducted a small number of investigations and these tend to be complex cases when multiple organisations were involved. An example of this was the investigation of the death of a service user of the eating disorder service. The process consisted of consultations and sharing sensitive findings with the family, followed by working with the stakeholders (including the SHA and several out of area providers) on the improvement plan.

4.5.4 Development of an Early Warning System

The Head of Patient Safety has been invited to develop a process / framework for the early identification of potentially serious failings in patient care. This work is ongoing at the time of this report.

4.6 Care Homes

4.6.1 Care Home Quality Monitoring

As part of the new DoH contract for continuing care, a quality schedule has been developed at regional level for use within residential care settings and builds on the previous schedule developed by Derbyshire County PCT. This schedule has been monitored via an annual visiting programme over the past 2 years. To support the new contract a new electronic quality monitoring tool, 'iCare', has been developed to monitor the quality of care delivered by providers across the region. It sets out monitoring across clinical and operational domains as follows:

- Care planning
- Safeguarding, MCA and DoLS
- Clinical Effectiveness
- Continence
- Tissue viability
- Nutrition and hydration
- Mobility, Moving & Handling
- End of Life
- General Wellbeing & Mental Health
- Medicines Management
- Operations
- Communication
- Record keeping and Reporting
- Training and Equipment

Where risks in clinical quality have been highlighted during the quality monitoring mechanisms for both PCTs, homes are:

- Required to develop individual, targeted action plans to address developmental areas based on their results.
- Offered support to the poorest performing homes in developing action plans and accessing services/training to improve standards
- Jointly re monitored by the Local Authority and PCT Quality teams to ensure actions are being implemented successfully.

These risks are highlighted through the joint information sharing meetings between the local Authorities, PCT and CQC and reported through to the Joint Quality in Care/Management Groups.

4.6.2 Quality Management Groups

Both PCTs have set up quality in care groups jointly with the local authorities and with representatives from other partner stakeholders such as CQC to oversee the quality monitoring and to ensure that there is a consistency of approach and intelligence sharing between agencies. These groups will strengthen during 2011/12 as the further NHS contractual arrangements are put into place.

4.6.3 Life Enhancing Care Homes Programme

Both PCTs have supported the ongoing work with this Macmillan funded project to support the nursing homes to develop their end of life care and have worked jointly with Primary care to enable more people to die in their place of choice. This has resulted in a reduction in the number of deaths in hospital settings for people living in residential care to 25% in 2010 in comparison to the national average of 35%

4.7 Innovation

NHS Derbyshire County is committed to and has a strong record of improving quality and outcomes for patients through innovative approaches. The ongoing local and heath community wide QIPP schedule of programmes, as outlined in the Strategic and Operational Plan 2011/12, is a clear demonstration of this.

NHS Derbyshire County is a member of the Regional Innovation Network and has participated in Regional Innovation Expo's, enabling the sharing of best practice and supporting the dissemination and adoption of innovative solutions.

NHS Derbyshire County will maintain the skills and knowledge attainted to continue to grow an ongoing culture of innovation in order to underpin delivery of high quality, best value services through and beyond the transition period.

Reference (supporting) Documents Section 4	Location (Website) where updated records are kept
Strategic and Operational Plan 2011/12	Library of Knowledge
NHS Derbyshire County Annual Plan 2009/10	Library of Knowledge
NHS Derbyshire County, Improving Health and Wellbeing in Derbyshire. Strategic Plan 2009/10 – 2013/14	Library of Knowledge
Joint Strategic Needs Assessment	Library of Knowledge
Communication and Engagement Strategy	Contact the Cluster Communication Team
Briefing on Section 242 of the NHS Act	Library of Knowledge
East Midlands Innovation Report 2010	Library of Knowledge
Patient Safety Briefing Paper	Library of Knowledge
Real Involvement	Library of Knowledge
What is consultation?	Library of Knowledge
SUI Annual Report	Library of Knowledge
Action Plan and Progress updates for STEIS	Library of Knowledge

5 Performance

5.1 Summary of historic performance

Derbyshire County PCT have consistently performed well in national assessments over the past few years. Our recent performance in the Healthcare Commission Annual Health Check is as follows:

Annual Health Check	Core Standards	Existing Commitments	National Priorities	Use of Resources	Quality of Services
2007/08	Fully Met	Fully Met	Good	Good	Good
2008/09	Fully Met	Fully Met	Good	Good	Good

5.1.1 2007/08 – 2008/09

Existing Commitments

The Healthcare Commission (now the Care Quality Commission or CQC) defined 14 indicators the existing commitments for Derbyshire County PCT in 2008/09, this contrasts with 17 indicators included in the existing commitments for Derbyshire County PCT in 2007/08. In general, performance did improve from scoring 15 Achieved and 2 Under-Achieved (Ambulance Category B calls with a response within 19 minutes & Accessing a GP within 48 hours or a primary care professional within 24 hours) out of 17 Indicators in 2007/08 to scoring 13 Achieved and 1 Fail (Total time in A&E, which was due to technical reasons beyond our control at a provider for which Derbyshire County PCT are not the lead commissioner) in 2008/09. In 2008/09 we achieved the Ambulance Category B Response Within 19 Minutes indicator that we under-achieved the previous year, the GP Access indicator that we Under-Achieved in 2007/08 was removed from the Existing Commitments in 2008/09.

Existing Commitments	2007/08	2008/09
Access to GUM clinics	N/A	ACHIEVED
Category A calls meeting 19 minute standard	ACHIEVED	ACHIEVED
Category A calls meeting 8 minute standard	ACHIEVED	ACHIEVED
Category B calls meeting 19 minute standard	UNDER ACHIEVED	ACHIEVED
Commissioning of crisis resolution/home treatment services	ACHIEVED	ACHIEVED
Commissioning of early intervention in psychosis services	N/A	ACHIEVED
Data quality on ethnic group	N/A	ACHIEVED
Delayed transfers of care	ACHIEVED	ACHIEVED
Diabetic retinopathy screening	ACHIEVED	ACHIEVED
Inpatients waiting longer than the 26 week standard	ACHIEVED	ACHIEVED
Outpatients waiting longer than the 13 week standard	ACHIEVED	ACHIEVED
Patients waiting longer than three months (13 weeks) for revascularisation	ACHIEVED	ACHIEVED
Time to reperfusion for patients who have had a heart attack	ACHIEVED	ACHIEVED
Total time in A&E	ACHIEVED	FAIL

National Priorities

For 2008/09 the Healthcare Commission defined 23 National Priorities, which was a big increase from the 13 National Priorities defined in 2007/08. Of these 13 National

Priorities defined in 2007/08 only 9 were carried over though another 4 were moved from the Existing Commitments section to the National Priorities section for 2008/09. Therefore there are fewer bases for comparison than with the Existing Commitments between 2007/08 and 2008/09. Of the 23 Indicators defined in the National Priorities for 2008/09, 18 were achieved, 3 were under-achieved and 2 were failed. Progress between 2007/08 and 1008/09 was achieved, with both Access to Primary Care and Four Week Smoking Quitters achieving their Annual Health Check requirements.

National Priorities	2007/08	2008/09
18 week referral to treatment times	ACHIEVED	ACHIEVED
Access to primary care	UNDER ACHIEVED	ACHIEVED
Access to primary dental services	N/A	UNDER ACHIEVED
All age all cause mortality	N/A	FAIL
All cancers: one month diagnosis to treatment (including new cancer strategy commitment)	ACHIEVED	ACHIEVED
All cancers: two month urgent referral to treatment (including new cancer strategy commitment)	ACHIEVED	ACHIEVED
All cancers: two week wait	N/A	ACHIEVED
Breast cancer screening for women aged 53 to 70 years	N/A	ACHIEVED
Childhood obesity rate	ACHIEVED	UNDER ACHIEVED
Chlamydia screening (as a proxy for chlamydia prevalence)	N/A	UNDER ACHIEVED
Commissioning a comprehensive child and adolescent mental health service (CAMHS)	ACHIEVED	ACHIEVED
Experience of patients	ACHIEVED	ACHIEVED
Four week smoking quitters (proxy for smoking prevalence)	UNDER ACHIEVED	ACHIEVED
Incidence of Clostridium difficile	N/A	ACHIEVED
NHS staff satisfaction	N/A	ACHIEVED
Number of drug users recorded as being in effective treatment	ACHIEVED	ACHIEVED
Prevalence of breastfeeding at 6-8 weeks from birth: data completeness	N/A	ACHIEVED
Proportion of individuals who complete immunisation by recommended ages	N/A	ACHIEVED
Reduction in cancer mortality rate in people age under 75 (20% by 2010)	ACHIEVED	ACHIEVED
Reduction in CVD mortality rate in people age under 75 (40% by 2010)	ACHIEVED	ACHIEVED
Stroke care	N/A	ACHIEVED
Suicide and injury of undetermined intent mortality rate - indicator withdrawn	ACHIEVED	ACHIEVED
Teenage conception rates per 1,000 females aged 15-17	FAIL	FAIL
Women who have seen a midwife or maternity healthcare professional by 12 weeks: data quality	N/A	ACHIEVED

5.1.2 2009/10 - 2010/11

With the Healthcare Commission transforming into the Care Quality Commission, the Annual Health Check was discontinued for 2009/10 with the CQC Periodic Review replacing it, although it included the same indicators as the 2008/09 Annual Health Check and was to be assessed in a similar way.. However in the course of 2010 it became clear that because of a major overhaul of the NHS Operating Framework following the general election in 2010 that the CQC were not going to issue the results for the Periodic Review. Instead focus switched to monitoring the PCT's performance based on the targets set for the Local Operating Plan, known as Vital Signs. The Vital Signs annual publication demonstrates the PCT's position against the NHS East Midlands and England position. It also allows us to track performance year to year to see if performance has improved in the intervening year.

Vital Signs: Tier 1 - National Requirements		NHS Derbyshire County		Direction Of Travel from 09/10 to 10/11	NHS East Midlands (SHA)	England
		2009/10	2010/11			
VSA01	Number of MRSA blood stream infections	**22**	**15**	↑	102	1,481
VSA03	Number of incidences of *Clostridium difficile*	**357**	**309**	↑	1,906	21,695
VSA08	Proportion of patients with breast symptoms referred to a specialist who are seen within two weeks of referral where cancer is not initially suspected	**94.7%**	**96.0%**	↑	95.2%	94.8%
VSA11	Proportion of patients waiting no more than 31 days for second or subsequent cancer treatment (drug treatments)	**99.2%**	**99.8%**	↑	99.5%	99.6%
	Proportion of patients waiting no more than 31 days for second or subsequent cancer treatment (surgery treatments)	**97.0%**	**96.2%**	↓	96.0%	97.1%
VSA12	Proportion of patients waiting no more than 31 days for second or subsequent cancer treatment (radiotherapy treatments)	**N/A**	**98.2%**	-	98.0%	97.7%
VSA13	Percentage of patients receiving first definitive treatment within 62 days, following referral from an NHS Cancer Screening Service	**N/A**	**93.0%**	-	89.7%	93.8%
	Percentage of patients receiving first definitive treatment for all cancers within 62 days following, a consultant decision to upgrade their priority status	**N/A**	**95.8%**	-	92.4%	93.1%
VSA14	Proportion of people admitted to hospital following a stroke who spend at least 90% of their time on a stroke unit	**73.7%**	**76.4%**	↑	67.1%	73.0%
	Proportion of Transient Ischaemic Attack (TIA) cases - with a higher risk of stroke - who are scanned and treated within 24 hours	**90.4%**	**79.4%**	↓	67.5%	61.1%

Vital Signs: Tier 2 - National Priorities		NHS Derbyshire County		Direction Of Travel from 09/10 to 10/11	NHS East Midlands (SHA)	England
		2009/10	2010/11			
VSB01	Directly age-standardised mortality rate for males per 100,000 population from all causes of death at all ages	688.96	631.41	↑	657.05	652.28
	Directly age-standardised mortality rate for females per 100,000 population from all causes of death at all ages	497.43	463.40	↑	473.48	459.71
VSB02	Mortality rate per 100,000 (directly age standardised) population from heart disease, stroke and related diseases in people aged under 75	70.24	65.78	↑	67.95	66.10
VSB03	Mortality rate per 100,000 (directly age standardised) population from cancer in people aged under 75	110.81	103.36	↑	109.42	109.97
VSB04	Mortality rate per 100,000 (directly age standardised) population from suicide and injury of undetermined intent	5.09	6.42	↓	7.93	8.09
VSB05	Smoking quitters per 100,000 population aged 16 and over	835	838	↑	1,008	911
VSB06	Percentage of women who have seen a midwife or maternity healthcare professional, for health and social care assessment of needs, risks and choices by 12 weeks and 6 days of pregnancy	N/A	107.2%	-	90.7%	88.0%
VSB08	Conception rate per 1000 females aged 15 - 17	36.2	32.4	↑	39.6	40.5
VSB09	Percentage of children in Reception with height and weight recorded who are obese	8.6%	9.3%	↓	9.7%	9.8%
	Percentage of children in Reception with height and weight recorded	89.5%	94.8%	↑	92.3%	92.9%
	Percentage of children in Year 6 with height and weight recorded who are obese	17.8%	18.0%	↓	18.4%	18.7%
	Percentage of children in Year 6 with height and weight recorded	93.6%	94.1%	↑	90.5%	89.9%
VSB10	Immunisation rate for children age 1 who have completed immunisation for diphtheria, tetanus, polio, pertussis, *Haemophilus influenzae* type b (Hib) - i.e. all 3 doses of DTaP/IPV/Hib	97.0%	96.5%	↓	95.0%	93.6%
	Immunisation rate for children age 2 who have completed immunisation for pneumococcal infection - i.e. received Pneumococcal booster (PCV)	91.0%	93.0%	↑	90.3%	87.6%
	Immunisation rate for children age 2 who have completed immunisation for *Haemophilus influenzae* type b (Hib) and meningitis C (MenC) - i.e. received Hib/MenC booster	95.0%	94.6%	↓	92.6%	90.0%
	Immunisation rate for children age 2 who have completed immunisation for measles, mumps and rubella (MMR) - i.e. 1 dose of MMR	91.0%	91.8%	↑	89.7%	88.2%
	Immunisation rate for children aged 5 who have completed immunisation for diphtheria, tetanus, polio and pertussis (DTaP/IPV) - i.e. all 4 doses	91.0%	91.9%	↑	86.8%	84.8%
	Immunisation rate for children age 5 who have completed immunisation for measles, mumps and rubella (MMR) - i.e. 2 doses of MMR	87.0%	88.9%	↑	85.6%	82.7%
	Immunisation rate for girls aged around 12-13 years who have completed immunisation for human papillomavirus vaccine (HPV) - i.e. all 3 doses	81.0%	64.8%	↓	77.4%	76.4%
	Number of children aged 13 - 18 who have been immunised with a booster of tetanus, diphtheria and polio (Td/IPV)	N/A	19,389	-	65,347	413,497
VSB11	Prevalence of breastfeeding at 6-8 weeks (Percentage of infants partially or totally breastfed at 6-8 weeks)	42.3%	41.0%	↓	42.2%	45.2%
VSB12	Full range of Child and Adolescent Mental Health (CAMH) services for children and young people with learning disabilities, rated 1-4	4	4	→	-	-
	16 and 17 yr olds who require mental health services have access to services and accommodation appropriate to their age and level of maturity, rated 1-4	4	4	→	-	-
	24 hour cover available to meet urgent mental health needs of children and young people and for a specialist mental health assessment to be undertaken within 24 hours or the next working day where indicated, rated 1-4	4	4	→	-	-
	Full range of early intervention support services for children experiencing mental health problems, rated 1-4	3	4	↑	-	-
VSB13	Percentage of the population aged 15 - 24 screened or tested for chlamydia	29.7%	35.1%	↑	27.8%	25.2%
VSB14	The number of drug users using crack and/or opiates recorded as being in structured drug treatment who were discharged from treatment after 12 weeks or more, or that remain in treatment for 12 weeks or more, or who were discharged from treatment in a care	1,936	1,936	→	13,067	164,802
VSB17	National NHS staff survey: Job Satisfaction	3.65	3.73	↑	-	3.5
VSB18	Number of patients receiving NHS primary dental services within a 24 month period	378,475	393,218	↑	2,484,338	29,112,012
	Total Units of Dental Activity (UDAs) commissioned in contracts	1,138,137	1,136,295	↓	7,606,226	89,067,236

Vital Signs: Tier 3 - Local Priorities		NHS Derbyshire County		Direction Of Travel from 09/10 to 10/11	NHS East Midlands (SHA)	England
		2009/10	2010/11			
VSC01	Achievement of NHSLA Risk Management Standards	0	1	↑	-	-
VSC06	Proportion of adults receiving secondary mental health services in settled accommodation	N/A	81.8%	-	-	58.7%
VSC08	Proportion of adults receiving secondary mental health services in paid employment	N/A	6.4%	-	-	7.9%
VSC10	The average number of delayed transfers of care per night taken over the quarter, of acute and non-acute patients aged 18+	67	71	↓	334	3,970
VSC11	Percentage of people with a long-term condition feeling independent and in control of their condition	N/A	80.7%	-	78.9%	78.5%
VSC15	The proportion of all deaths for all ages that occur at home	N/A	19.6%	-	20.5%	19.9%
VSC16	Percentage of patients aware that they have a choice of hospital for their first hospital appointment	65%	65%	→	58%	54%
	Percentage of patients who went to the hospital they wanted, or had no preference	94%	94%	→	90%	89%
	Percentage of patients who recall being offered a choice of hospital for their first outpatient appointment	N/A	58%	-	50%	49%
VSC19	The number of prescription items for simvastatin and pravastatin as a percentage of the total volume of statin prescribing	84.1%	85.6%	↑	77.9%	75.8%
	The number of prescription items for omeprazole and lansoprazole as a percentage of the total volume of Proton Pump Inhibitors (PPIs) prescribing	91.6%	92.9%	↑	90.7%	91.1%
	The number of prescription items for angiotensin-converting enzyme (ACE) inhibitors as a percentage of the total volume of prescription drugs affecting the renin-angiotensin system	75.4%	75.2%	↓	72.7%	71.4%
VSC22	Percentage of people with learning disabilities receiving health checks	89.8%	76.9%	↓	56.5%	48.7%
VSC26	Rate of hospital admissions for alcohol related harm per 100,000 population for all ages using Hospital Episode Statistics	1,693	1,801	↓	1,714	1,743
VSC27	Proportion of people on the diabetes register whose HbA1c has been measured in the previous 15 months and is 7 or less	66.4%	53.2%	↓	52.9%	53.8%
VSC33	Parents' experience of services provided to disabled children - Overall indicator score as average of 15 sub indicators	68	68	→	-	61
VSC34	CO2 Emissions (tonnes)	8,093	5,751.7	↑	32,685.2	368,117.6
	Energy Performance (GJ/100m3)	55.4	39.5	↓	42.8	41.8

5.2 Summary of current performance

5.2.1 2011/12 – Current Performance

Performance, as in previous years, continues to be monitored and reported throughout the year. For 2011/12 the Department of Health released a new Operating Framework, which introduced a raft of measures to replace the Vital Signs, known as the Strategic & Operating Plan or SOP. These measures cover a lot of the same ground as the Vital Signs did, however they also include measures that were previously part of the Healthcare Commission / Care Quality Commission assessments as well as new indicators and new methods for assessing old indicators. For example 18 Weeks Referral To Treatment waits are now measured by 95th percentile and median waiting times rather than just the proportion of patients that were treated within 18 weeks. The PCT has set trajectories for the relevant SOP trajectories that are not subject to national standards in order to provide challenging yet realistic aims for performance on these indicators in 2011/12. Also the PCT has set targets for a number of Public Health indicators, which whilst not included in the Operating Framework due to Public Health's transition to local authorities, the Operating Framework states that during this transition PCTs are still responsible for monitoring and maintaining performance on these Public Health indicators.

5.2.2 Targets for current & future performance

To illustrate the PCT's intentions for performance going forward we have included the targets that the PCT has set for the Strategic & Operating Plan, along with those targets set for our public health priorities. Please note that all targets going forward are subject to refresh and reappraisal or are national standards that may be redefined in the future.

SOP – Headline Indicators – Targets 2011/12 – 2013/14

Ref	Measure	2011/12 Target	2012/13 Target	2013/14 Target
HQU01	Incidence of MRSA bacteraemia - PCO	17	not set	not set
HQU02	Incidence of Clostridium difficile - PCO	257	not set	not set
HQU03_01	CAT A Response time within 8 Mins	75%	75%	75%
HQU03_02	CAT A Response time within 19 Mins	95%	95%	95%
HQU05	18 Weeks RTT - Admitted 95th Percentile	23 weeks	23 weeks	23 weeks
HQU06	18 Weeks RTT - Non admitted 95th Percentile	18.3 weeks	18.3 weeks	18.3 weeks
HQU07	18 Weeks RTT - Incomplete Pathways 95th Pecentile	28 weeks	29 weeks	30 weeks
HQU09	A&E Unplanned re-attendance rate	<5%	<5%	<5%
HQU10	Total time spent in A&E department 95th centile	<4 hours	<4 hours	<4 hours
HQU11	Left department without being seen rate	<5%	<5%	<5%
HQU12	Time to initial assessment - 95th centile	<15 mins	<15 mins	<15 mins
HQU13	Time to treatment in department - median	<60 mins	<60 mins	<60 mins
HQU14-A	All cancers: two week wait	93%	93%	93%
HQU14-B	Two Week Wait for Breast Symptoms	93%	93%	93%
HQU15-A	All cancers: 62 days urgent referral to treatment waiting time	85%	85%	85%
HQU15-B	All cancers: 62 days urgent referral to treatment - Screening service	90%	90%	90%
HQU15-C	All cancers: 62 days urgent referral to treatment - Consultant Upgrade	n/a	n/a	n/a

SOP – Supporting Indicators – Targets 2011/12 – 2013/14

Ref	Measure	2011/12 Target	2012/13 Target	2013/14 Target
SQU02	Percentage of Deaths registered at home (including care homes)	39.5%	not set	not set
SQU05-A	All cancers: 31 days - 1st definitive treatment	96%	96%	96%
SQU05-B	All cancers: 31 days - subs treatment : Surgery	94%	94%	94%
SQU05-C	All cancers: 31 days - subs treatment : Drugs	98%	98%	98%
SQU05-D	All cancers: 31 days - subs treatment : Radiotherapy	94%	94%	94%
SQU06_03	Stroke care – 90% time spent on Stroke Unit	80.1%	81.5%	84.0%
SQU06_06	Stroke care – TIA within 24 hours	76.2%	77.3%	87.3%
SQU08	Carers breaks	35.5%	not set	not set
SQU09	Access to NHS dentistry	405,947	not set	not set
SQU10	Staff engagement	3.5	not set	not set
SQU12	12 week maternities seen by midwife	95.3%	96.0%	97.0%
SQU13	Early intervention	40	not set	not set
SQU14	Crisis Resolution	530	not set	not set
SQU15	CPA follow up within 7 days of discharge	95%	not set	not set
SQU16_04	Psychological Therapy - Referred	13.6%	not set	not set
SQU16_05	Psychological therapy - Uptake	75.8%	not set	not set
SQU18	Number of smoking quitters	5050	5125	5205
SQU19_05	Breastfeeding at 6-8 wks after birth - Prevalence	44.0%	45.0%	46.0%
SQU19_06	Breastfeeding at 6-8 wks after birth - Coverage	98.0%	98.0%	98.0%

SOP – Supporting Indicators – Targets 2011/12 – 2013/14 Continued

Ref	Measure	2011/12 Target	2012/13 Target	2013/14 Target
SQU20	NHS Breast Screening Programme to women aged 50-73 (extended)	100.0%	100.0%	100.0%
SQU21	Extension of NHS Bowel Cancer Screening Programme	36.6%	37.4%	-
SQU22	All women to receive results of cervical screening tests within 2 weeks	98%	98%	98%
SQU23	Diabetic retinopathy in the previous twelve months - Offered	100%	100%	100%
SQU23	Diabetic retinopathy in the previous twelve months - Screened	75%	78%	80%
SQU23	Diabetic retinopathy in the previous twelve months - Suspended	5%	5%	5%
SQU24	18 Weeks RTT - Admitted Median waits	11.1 weeks	11.1 weeks	11.1 weeks
SQU25	18 Weeks RTT - Non admitted Median waits	6.6 weeks	6.6 weeks	6.6 weeks
SQU26	18 Weeks RTT - Incomplete Pathways Median waits	7.2 weeks	7.2 weeks	7.2 weeks
SQU27	NHS Health Check - % people ages 40-74 - Offered	90.0%	100.0%	100.0%
SQU27	NHS Health Check - % people ages 40-74 - Elegible	18.0%	20.0%	20.0%
SQU27	NHS Health Check - % people ages 40-74 - Uptake	64.5%	73.5%	75.0%
SRF12	Choice of Choose & Book	90%	90%	90%

Public Health Indicators – Targets 2011/12 – 2013/14

Ref	Measure	2011/12 Target	2012/13 Target	2013/14 Target
SATOD	Smoking At Time Of Delivery - Coverage	99%	98.90%	98.90%
SATOD	Smoking At Time Of Delivery - Prevalence	16.1%	15.5%	14.7%
VSB01	All Age All Cause Mortality Rate (Standardised per 100k) - Males	579	558	539
VSB01	All Age All Cause Mortality Rate (Standardised per 100k) - Females	427	414	401
VSB02	Stroke & Heart Disease Related Mortality (Standardised per 100k)	52.98	49.39	46.05
VSB02	Stroke & Heart Disease Related Mortality (Standardised per 100k) - Males	74.91	70.17	65.72
VSB02	Stroke & Heart Disease Related Mortality (Standardised per 100k) - Females	30.67	28.18	25.88
VSB03	Cancer Mortality (Standardised per 100k)	97	95	93
VSB03	Cancer Mortality (Standardised per 100k) - Males	108	105	103
VSB03	Cancer Mortality (Standardised per 100k) - Females	90	88	86
VSB04	Suicide & Injury of Undetermined Intent Mortality	6.5	6.3	6
VSB08	Teenage Conception Rate per 1,000 females aged 15-17	32	31.6	31.1
VSB09_04a	Childhood Obesity - % that are obese - Year R	9.0%	8.5%	8.0%
VSB09_04b	Childhood Obesity - % that are healthy weight - Year R	76.5%	77.0%	77.5%
VSB09_05	Childhood Obesity - % with height and weight recorded - Year R	95.0%	95.0%	95.0%
VSB09_09a	Childhood Obesity - % that are obese - Year 6	18.0%	17.5%	17.0%
VSB09_09b	Childhood Obesity - % that are healthy weight - Year 6	66.5%	67.0%	67.5%
VSB09_10	Childhood Obesity - % with height and weight recorded - Year 6	94.5%	95.0%	95.0%

Public Health Indicators – Targets 2011/12 – 2013/14 Continued

Ref	Measure	2011/12 Target	2012/13 Target	2013/14 Target
VSB10_03	Childhood Immunisations - all 3 doses of DTaP/IPV/Hib - Aged 1	97%	97%	97%
VSB10_08	Childhood Immunisations - PCV Booster - Aged 2	95%	95%	95%
VSB10_09	Childhood Immunisations - Hib/MenC booster - Aged 2	95%	95%	95%
VSB10_10	Childhood Immunisations - 2 doses of MMR - Aged 2	95%	95%	95%
VSB10_14	Childhood Immunisations - all 4 doses DTaP/IPV - Aged 5	93%	94%	95%
VSB10_15	Childhood Immunisations - 2 doses of MMR - Aged 5	91%	93%	95%
VSB10_18	Childhood Immunisations - all 3 doses HPV - Aged 12-13	85%	87%	90%
VSB10_21	Childhood Immunisations - Td/IPV booster - Aged 13-18	80%	85%	90%
VSB13	Chlamydia Screening - Coverage	37.0%	not set	not set
VSB13	Chlamydia Screening - Positivity	6.5%	not set	not set
VSB13	Chlamydia Screening - Diagnosis Rate (per 100k aged 15-24)	2402	not set	not set
VSC26	Rate of Hospital Admissions for Alcohol Related Harm (per 100k population)	2076	2076	2076

Reference (supporting) Documents Section 5	Location (Website) where updated records are kept
Strategic and Operational Plan 2011/12 (Cluster)	http://www.derbycitypct.nhs.uk/UserFiles/Documents/DocumentsDownloads/corpdocs/Derbyshire-SOP-version-2.pdf
Vital Signs Results 2010/11	http://www.derbycitypct.nhs.uk/UserFiles/Documents/content/Vital-Signs-Sept-2011-5N6-5N7.xls
NHS Derbyshire County, Improving Health and Wellbeing in Derbyshire. Strategic Plan 2009/10 – 2013/14	http://www.derbyshirecountypct.nhs.uk/content/boardpapers-all_things_relating_to_PCT/Jan-2010/H-B-710-10%20Strategic%20Plan%20Refresh%20v9.0.pdf
Monthly Board Performance Reports (Cluster)	An Example from November 2011: http://www.derbycitypct.nhs.uk/UserFiles/Documents/AboutUs/BoardPapers/nov11/Item%2010.1%20-%20Peformance%20Report%201112%20-%20November%20-%20Cover.doc
Quarterly SHA Performance Reports	Contact the Cluster Performance team
The Legacy of PCTs	Library of Knowledge
Annual Health Check Rating 2008	http://2008ratings.cqc.org.uk/findcareservices/informationabouthealthcareservices/overallperformance/searchfororganisation.cfm?cit_id=5N6&widCall1=customWidgets.content_view_1
Annual Health Check Rating 2009	http://2009ratings.cqc.org.uk/findcareservices/informationabouthealthcareservices/overallperformance/searchfororganisation.cfm?cit_id=5N6&widCall1=customWidgets.content_view_1

6 Financial History

The NHS in Derbyshire has a strong record of delivery and has made significant progress in recent years improving the quality and outcomes of patient care together with value for money for the taxpayer.

6.1 Financial Background

Since the formation of the PCT in 2006, the financial strategy of the PCT has been to create a financial environment within Derbyshire which will support the promotion of better health, the reduction of health inequalities and the commissioning of the best healthcare possible whilst maintaining a prudent approach to risk, both known and unknown.

This approach has been successful in financial terms, with the PCT not only eradicating underlying financial deficits in former PCTs, but also consistently meeting both its statutory and SHA financial targets. These targets have been met in an uncertain financial environment. Changes in central or Department of Health policy often have financial consequences that the PCT could not have planned.

Historically the PCT has not had or sought to rely on large efficiency programmes to balance financially. The greatest challenge we face as we move forward is to maintain the excellence of the health service we provide in a climate of reduced financial resources, without compromising on safety or quality.

NHS Derbyshire County is a historically high performing PCT with an excellent record of financial management. The PCT was classed as Green for finance in the 2009-10 World Class Commissioning assessment.

NHS Derbyshire County was formed from six predecessor PCTs in October 2006 and has achieved its financial targets in 2006-07, 2007-08, 2008-09 and 2009-10 returning surpluses of £4,867,000, £4,122,000, £4,698,000 and £1,873,000 respectively. Each of these surpluses was fully in line with SHA expectations and control totals.

The Department of Health allocates revenue funding to Primary Care Trusts on the basis of the relative size and relative needs of their populations. These allocations are based on a formula which aims to allow PCTs to commission similar levels of health services for populations with similar needs. The formula is known as the

weighted capitation formula and an updated and revised formula has been developed to inform 2011-12 allocations to PCTs. The formula includes:-

- a count of population served by each PCT
- adjustments to reflect needs for healthcare including age and other factors such as deprivation
- a component boosting allocations in areas with a low disability free life expectancy
- an adjustment to reflect unavoidable geographical differences in the cost of healthcare (MFF)

The resulting target allocation is compared to the PCTs historical actual allocation and a distance from target is calculated, this distance from target is then used to determine individual PCTs growth allocation and subsequent moves towards equity. Derbyshire County PCT was £72m below target at the end of 2010-11. With effect from 1st April 2011 the formula changes results in the PCT moving closer to target by over £17m. The PCT is now £55m under target allocation, the second highest under target PCT by value in the country.

Resources for 2011-12 were announced during December 2010. The resources for 2011-12 and subsequent years are based on Operating Framework assumptions that will be subject to review. This plan is based on zero growth for the PCT from 2012-13 onwards. The PCT has been allocated funding slightly higher than the national average in 2011-12 which reflects the national resource allocation formula.

6.2 Financial Position 2011/2012

We started 2011/2012 with a balanced budget and a general risk reserve of £9m. This has allowed us mitigate against in-year risks for potential unplanned increases in activity and other unanticipated circumstances that could adversely affect the financial position We have met all the requirements of the 2011/2012 NHS Operating Framework and the SHA, however we are reliant on meeting our QIPP challenge of £25m to balance this financial plan, details of which are later in this report.

The table below details the financial position for the PCT as at 30th September 2011 and includes the forecast for this financial year. This shows the PCT is forecasting

the achievement of meeting its SHA control total which is an under spend of £8,000,000.

Financial position as at 30th September 2011 and year end forecast

	Annual Budget	Budget to date	Expenditure to date	Variance as at end of September 2011	Forecast year end variance
BUDGET AREA:	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
NHS Commissioned Services	759,343	386,299	388,519	(2,220)	(3,675)
Non NHS Commissioned Services	106,682	53,735	55,218	(1,483)	(1,078)
Primary Care Commissioned Services	155,494	77,425	78,492	(1,067)	(1,652)
Prescribing	103,612	51,806	53,174	(1,368)	(3,097)
Operational Costs	29,330	15,722	15,415	307	376
Reserves, Provisions and Capital Charges	23,846	1,356	(4,464)	5,820	9,126
Total Revenue Expenditure	**1,178,307**	**586,343**	**586,354**	**(11)**	**0**
SHA Control total reserve	8,000	4,000	0	4,000	8,000
Reported PCT Position	**1,186,307**	**590,343**	**586,354**	**3,989**	**8,000**

6.3 QIPP (Quality, Innovation, Productivity and Prevention)

NHS Derbyshire County first initiated a QIPP programme for 2010/11, although productivity and efficiency programmes were in place prior to this. All cost improvement programmes have been incorporated into the QIPP programme.

The QIPP target for 2010/11 was £14m and £12m of this was achieved around the time that budgets were set for the year through; decommissioning of procedures of limited clinical value, reductions in other secondary care activity, efficiencies in Primary Care and Prescribing and finally reductions in management costs and operational budgets.

For the QIPP target for 2011/12, all budgets within the PCT were required to plan for a minimum 4% reduction in 2011-12. A programme approach was taken and each of the 13 programmes had an Assistant Director lead responsible for the delivery of the 4% within that programme area. The expectation of the 4% requirement was that it was transacted within contracts or budgets by April 2011. However it is inevitable that that some QIPP schemes will only deliver a part year saving in 2011-12 and some of the QIPP schemes in 2011-12 will require either invest to save funding or will require double running costs for all or part of 2011-12. Early access to the 2% non-recurrent reserve held at the SHA was crucial to the delivery of the QIPP and therefore financial balance. Furthermore the PCT will require access to the 2% non recurrent monies to transact any remaining running cost reductions for 2011-12 and 2012-13.

We are actively working with the CCGs (Clinical Commissioning Groups) to engage them in the overall financial strategy but in particular the QIPP and efficiency agenda and their role within it. The CCGs clearly have an appetite to be involved, suggesting changes to pathways and develop financial management regimes which will assist in delivering the overall financial strategy in 2011-12 and beyond.

The main areas of risk to the PCT in 2011-12 are:

- Delivery of the transacted level of QIPP and efficiency
- Secondary Care activity
- Primary Care Prescribing

Early engagement with clinical consortia has been essential to reduce risk in these areas.

The final QIPP target for 2011/2012 was finally set at £25,825,000 and has been identified at both provider and CCG level. Over half of this total, £13,730,000 was achieved as part of the contracting with providers for 2011/2012 and has already been achieved. The balance has been either retained by the PCT's or devolved to the CCGs to ensure delivery.

NHS Derbyshire County
2011/2012
QIPP by Consortia

QIPP Identified £m	Erewash £m	High Peak & Buxton £m	Hardwick £m	North Derbyshire £m	Southern Derbyshire £m	Provider
Contracted & Transacted						
£0.573	£0.000	£0.002	£0.137	£0.421	£0.013	CRH FT
£0.960	£0.182	£0.004	£0.018	£0.010	£0.747	DH FT
£1.025	£0.710	£0.003	£0.063	£0.033	£0.216	NUH
£0.114	£0.000	£0.000	£0.000	£0.000	£0.114	Burton FT
£0.500	£0.002	£0.000	£0.000	£0.002	£0.496	Burton ISTC
£0.422	£0.058	£0.032	£0.068	£0.137	£0.126	OOH
£2.755	£0.382	£0.209	£0.447	£0.895	£0.823	EMSCG
£2.100	£0.291	£0.159	£0.341	£0.682	£0.627	Continuing Care
£1.880	£0.261	£0.142	£0.305	£0.611	£0.562	Primary Care
£0.151	£0.021	£0.011	£0.024	£0.049	£0.045	Staying Healthy
£1.000	£0.139	£0.076	£0.162	£0.325	£0.299	MH Placements
£1.500	£0.208	£0.114	£0.243	£0.487	£0.448	Management Costs
£0.750	£0.104	£0.057	£0.122	£0.244	£0.224	Running Costs
£13.730	**£2.357**	**£0.808**	**£1.931**	**£3.895**	**£4.739**	
Contracted & Needs Delivering						
£0.227	£0.000	£0.001	£0.054	£0.167	£0.005	CRH FT
£3.640	£0.688	£0.014	£0.068	£0.036	£2.833	DH FT
£0.306	£0.001	£0.000	£0.196	£0.007	£0.101	SFH FT
£0.144	£0.000	£0.000	£0.000	£0.000	£0.144	Burton FT
£0.327	£0.000	£0.322	£0.000	£0.005	£0.000	Stockport FT
£0.651	£0.090	£0.049	£0.106	£0.211	£0.194	Other NHS
£0.600	£0.083	£0.045	£0.097	£0.195	£0.179	DMHT
£2.200	£0.305	£0.167	£0.357	£0.715	£0.657	MH Placements
£4.000	£0.554	£0.303	£0.649	£1.299	£1.195	Prescribing
£12.095	**£1.722**	**£0.901**	**£1.528**	**£2.635**	**£5.309**	
£25.825	**£4.080**	**£1.709**	**£3.459**	**£6.530**	**£10.048**	

There is currently every indication that the PCTs and CCGs will achieve their QIPP targets for 2011/2012 and that this poses no risk to the 2011/2012 financial position.

The efficiency programmes for 2012-13 and beyond have been calculated at 2% per annum equating to £20.5m. Work is underway to develop a programme working up how these efficiencies will be achieved and again progress will be closely monitored and evaluated by the Board. It will be imperative that the PCT the CCGs work closely both to remain within budgets and drive forward efficiency and productivity at the same time as maintaining performance and changing care pathways to further tackle deprivation and health inequalities in Derbyshire.

Reference (supporting) Documents Section 6	Location (Website) where updated records are kept
Strategic and Operational Plan 2011/12	Library of Knowledge
NHS Derbyshire County Annual Plan 2009/10	Library of Knowledge
NHS Derbyshire County, Improving Health and Wellbeing in Derbyshire. Strategic Plan 2009/10 – 2013/14	Library of Knowledge
Joint Strategic Needs Assessment	Library of Knowledge
Annual Report 2008/09	Library of Knowledge
Copy of the PCT Accounts 2010/11	Library of Knowledge
Derbyshire wide QIPP presentation 5th November to the SHA (joint with Derby City)	Library of Knowledge
Financial Plan 2011/12	Library of Knowledge
QIPP Communication Engagement Plan	Library of Knowledge
QIPP Assurance meeting November 2010	Library of Knowledge
QIPP Framework for NHS Derbyshire County	Library of Knowledge
QIPP plan 2011	Library of Knowledge
Recurrent baseline 2011	Library of Knowledge
Strategic Operational Plan Annex 3	Library of Knowledge

7 Provider Capacity

7.1 Procurement

To maintain transparency and robustness, the PCT has an accurate and up to date Procurement Plan, which is attached in the 'Library of Knowledge'. This Procurement Plan outlines the expected value of the procurement, status and evaluation once completed. The PCT also produced a Market Development Plan which outlined their approach to Market Analysis and Procurement to meet their published Strategic Priorities.

A list of procurements undertaken during the last three years is included below:

- Dental Services: To improve and/or maintain access to NHS Dental Services in all geographical areas.
    - Shirebrook
    - Ashbourne
    - Staveley
- Primary Care Access Centres – This was carried out as part of a regional procurement, to develop the market for Primary Care open access centres.
- Mental Health Rehabilitation AWP – A Collaborative Procurement undertaken with a number of other PCT's. This was designed to develop a list of Providers who could be accredited against a range of Quality Standards and a standard pricing structure. This then enabled PCT's to commission services from them on either a long term or 'ad hoc' basis whilst remaining confident about price and quality of services.
- Continuing Care Nursing Home AWP – An East Midlands wide procurement undertaken following the success of the project above. This procurement was designed to standardise on quality and cost across a range of nursing homes which would then be accredited for inclusion in the AWP list.
- Audiology Services – This procurement was designed to increase access to Audiology Services, reducing waiting times and delivering in more geographical locations.
- Alcohol Treatment Services – This project delivered a re-designed service specification across Derbyshire County, including third sector provision where that best met the service specification.
- Primary Healthcare services in Prisons – As part of the National Policy to move the provision of healthcare in prisons from the Ministry of Justice to the

Department of Health, the PCT led this procurement to delivery Primary Care healthcare services at HMP Foston Hall and HMP Sudbury.

- Adult Obesity – Weight management & Lifestyle change
- Breast Feeding Peer Support – Following a successful pilot to improve breast feeding rates amongst new mothers, the PCT tendered for a Peer Support Service targeted at the most deprived areas of the County where breastfeeding rates were lowest.
- Orthodontics & Minor Oral Surgery – A community service was procured to improve access and reduce waiting times for this service.

Current procurements are reviewed through a robust procurement process in line with the PCT procurement policies and strategies, which will support the procurement for each of the projects listed below. Where required, partnership working will be encouraged to maximise quality and productivity.

- Drug Treatment Service Review
- Pulmonary Rehabilitation
- Continuing Care Residential Placements AWP
    - Phase one completed in March 2011 with 182 new contracts in place
    - Phase two begins July 2011, with further contracts awarded by November 1st 2011

7.2 Market Management

The following are examples of some of the most common routes to market, all of which NHS Derbyshire County utilise as and when appropriate:

7.2.1 Open Procedure

This procedure is often used for the procurement of commodity products which do not require a complex tender process in order to be purchased.

7.2.3 Restricted Procedure

All interested parties may express an interest in tendering for the contract but only those meeting the contracting authority's Selection criteria will actually be invited to do so. When responding to the OJEU notice, candidates must first submit any information required by the authority as part of its Selection stage used.

7.2.4 Competitive Dialogue Procedure

The Competitive Dialogue procedure allows the contracting authority to enter into dialogue with Bidders, following an OJEU notice and a Selection process, to develop one or more suitable solutions for its requirements and to determine which chosen Bidders will be invited to tender.

7.2.5 Framework Agreement Procedure

A Framework Agreement is a general term for an agreement with Providers that sets out terms and conditions under which specific purchases (call-offs) can be made throughout the term of the agreement.

7.2.6 AQP Procedure (Any Qualified Provider)

Any Qualified Provider (AQP) describes a set of system rules (accreditation framework) whereby for a prescribed range of services, any provider that meets the cost and quality criteria laid down by the Commissioner can compete for business within the market, without direct constraint by the commissioner. AWP is a procurement route that encourages competition between providers of routine elective or other services, where activity is driven solely by Service User choice.

Reference (supporting) Documents Section 7	Location (Website) where updated records are kept
PCT Procurement Plan	Library of Knowledge
Competition Principles	Library of Knowledge
Procurement Guide	Library of Knowledge

8 Workforce

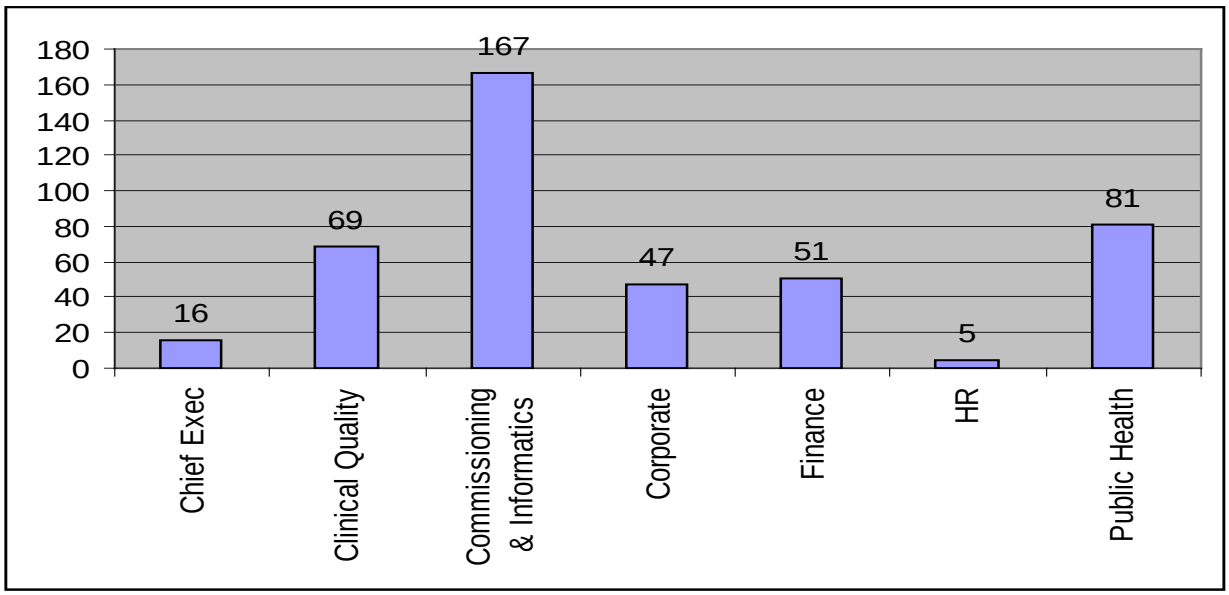
NHS Derbyshire County introduced the self-service function of ESR in 2010, allowing managers to have access to real time workforce information. Across Derbyshire, a regular workforce data set is produced which includes sickness absence, agency spend, turnover, employee relations etc. this data is benchmarked against regional and national metrics.

Derbyshire has an established Workforce Productivity Group looking at the productivity gains that could be realised across the region. The group has focussed on the following key areas, which are also areas of focussed work across the East Midlands HR Directors network:

- Workforce costs – reduction of 10% by March 2013
- Sickness absence – to reduce across Derbyshire from 4.6% to 3.4% by March 2014
- Agency costs – to reduce agency costs by 50% by March 2014

Figure 8.1 illustrates the headcount per directorate for NHS Derbyshire County totalling the organisational headcount of 436 (as shown in Figure 8.1).

Figure 8.1 Headcount by Directorate for NHS Derbyshire County.



NHS Derbyshire County and NHS Derby City joined together in April 2011 to form the 'Derbyshire Cluster' led by the Cluster Chief Executive and supported by a single

executive team. As clusters are not statutory bodies, or indeed permanent features of the landscape, PCTs will retain their statutory obligations until their abolition in 2013.

The current economic climate means we have a challenging agenda to meet. We are building on our achievements with even greater focus on driving up quality, innovation, efficiency and productivity, helping us to meet our challenges ahead.

In handling these challenges, it is vital to have a planned, systematic, integrated and fully engaged approach to manage the myriad changes in a coherent way and to move the Cluster and the people who work in it, from where we are now, to where we need to be, whilst retaining the valuable legacy memory from our current and predecessor organisations.

The current workforce structure in the Derbyshire Cluster is illustrated below.

Payroll Name	Headcount	FTE
DCPCT	457	367.93
Derby City	228	200.10
Grand Total	**685**	**568.03**

You will see from the workforce information provided that the largest group of staff for NHS Derbyshire County falls within the Commissioning and Informatics Directorate (headcount 167), this is due to it hosting the Continuing Care Team, whilst the largest staff group for NHS Derby City falls within the Finance Directorate (70).

The largest number of staff on the Agenda for Change Pay Framework falls within bands 6 and 7.

In order to reduce its management capacity, last year NHS Derbyshire County PCT launched the National Mutually Agreed Leavers Scheme (MARS), in which 19 people were approved and left the PCT at the end of December 2010.

In order to meet the running cost savings for 2011/12 and avoid compulsory redundancies, NHS Derbyshire County and NHS Derby City launched a Voluntary Redundancy Scheme (VR) in April 2011. The VR Scheme provided a framework to

ensure consistency and equity across each organisation throughout the process by operating within a defined procedure. As a result of the VR Scheme we have released 87 staff across the Cluster – NHS Derbyshire County 43 and NHS Derby City 44. Equally, consideration has been given to the sustainability of the overall reduction of the workforce and the impact this will have on the maintenance of business critical skills, business continuity and corporate memory.

We recognise that reducing the workforce by 87 will have an impact on business continuity and corporate memory if not managed effectively. Therefore to ensure we have a planned, systematic, integrated and fully engaged approach to move the Cluster and its people who work in it, from where they are now, to where they need to be, an Organisational Development (OD) Programme has been designed – **'Futures 2013'**.

The principles for **Futures 2013** will incorporate robust diagnosis that uses real data from the Cluster, is systematic and targets the whole organisation, with clear explicit commitment and ownership from the Cluster Board and other leaders. Having processes in place to monitor, measure and report on actions through a single, co-ordinated approach.

Futures 2013 is designed to support the workforce transition, including developing the Cluster itself, the five Clinical Commissioning Groups, third sector organisations which will grow in the new health and social care system, new organisations such as a Commissioning Development Unit, local authorities, non NHS sectors, regional outposts – for example the NHS Commissioning Board, social care and natural/planned wastage.

For each of these transition scenarios work is underway to assess the scope for service rationalisation and business efficiencies, complete a skills audit and workforce map. By investing in key skills development and investment in improving leadership and the talent pipeline will assist in retaining the valuable corporate memory.

As part of Futures 2013 we have implemented a full staff support programme which continues to be well subscribed. Staff can access workshops that offer practical and technical support through this transition period. An example of the workshops are detailed below:

- 1:1 Coaching
- Interview Techniques, effective CV writing
- Dealing with Change and effects
- Starting your own business
- From Public to Private
- In addition to the support above we also have a confidential staff counselling service which staff can self refer.

To ensure staff are fully supported all managers are required to complete 1:1 discussions with each member of their staff. The purpose of the discussion is to consider and confirm their aligned role and to identify any specific requirements as we move through the transition.

We have recently brought the two staff committees together to form one Cluster Committee. This will ensure this committee is fit for purpose now and in the future. The committee members are largely regional representatives (all but one) and senior management. However, in an attempt to recruit local representatives, we have, in partnership with the regional representatives undertaken a publicity campaign.

We have consulted extensively with our Trade Union colleagues on the programme of change, staff support arrangements, communications and engagement machinery. The Chief Executive and Associate Director of HR meet on a regular basis to discuss topical issues which allows for any issues to be dealt with inclusively and effectively. We have experienced real partnership working in our approach to dealing with the set of challenges as a result of the Government's reform.

Our sickness absence rate is currently running at 1.76% (August 2011) which is lower than the Regional and National average. Our turnover has increased, which you would expect as staff leave through the voluntary redundancy scheme.

The 2010 National Staff Survey results showed there had been a significant improvement in communication, essential learning, staff engagement and appraisals. It was agreed that the key areas for action would be:

- Continue to focus on a meaningful appraisal, which includes clear planned goals.

- Valuing staff – improving relationships
- Continue to increase essential learning participation
- Involve staff in the decision making process during organisational change

Therefore we will ensure the results of the 2011 Staff Survey are reviewed, a comparability exercise from the 2010 Staff Survey will be carried out and action plans built in partnership with staff. All progress will be communicated.

We recognise that reducing the workforce by 87 people could, if not managed effectively, impact on service delivery. Therefore we have undertaken a mapping exercise to ensure we have the people and skills to support the developing CCGs and other emerging organisations within the new system, with the largest proportion of our staff (219) being aligned to the CCGs.

Arrangements in place to monitor workforce reductions for impact on equality strands. The Board and Governance Committee has historically received an HR Dashboard which includes the equality monitoring of leavers. In addition, the 2011 Employment Equality Monitoring Report (due to be published in January 2012) provides a detailed analysis of employment monitoring data, which includes analysing the equality impact of workforce reductions. This report is considered by both the Consultative Committee and Board.

In order to fully utilise ESR we are currently working with our provider organisations who manage our ESR database, to re-design our organisational structure to reflect the newly created alignment structure. It is crucial that this data is correct and remains up-dated as staff move around the system and the legal requirement of TUPE, should it apply at a later stage.

A key aspect of NHS Derbyshire County's approach to its workforce has been its commitment to promoting equality and fairness and eliminating discrimination in its employment policies and practices. All policies are assessed for equality impact, using the organisation's impact assessment policies.

In addition, an Employment Equality Monitoring report is produced annually which sets out the equality monitoring results of key employment data. Monitoring is an important aspect of the Trust's commitment to promoting equality as analysing the monitoring data helps to identify trends, potential issues and opportunities. This informs action planning targeted at ensuring that staff from all groups are treated

fairly in key aspects of employment – including recruitment, promotion, staff development, grading and access to opportunities.

NHS Derbyshire County provides both on-line and targeted equality and inclusion training as part of its commitment to helping ensure that staff are empowered, engaged and well-supported and able to demonstrate inclusive leadership.

Arrangements are in place to ensure that the organisation's Consultative Committtee receives and comments on the Employment Equality monitoring report and other relevant reports relating to the Equality Delivery System objectives 3 and 4 (empowered, engaged and well-supported staff; inclusive leadership at all levels).

8.1 Workforce challenges

NHS Derbyshire County has achieved its required management cost savings for 2010/11. In order to meet the 2011/12 management cost savings of £3.4million, the PCT implemented the national MARS, which released an annual saving of £801 thousand. NHS Derbyshire County has, from April 2011, launched a Voluntary Redundancy Scheme, which has been designed to support the next stage of the management cost reduction programme.

Across the Cluster we have designed Futures 2013 an organisational development programme to facilitate the effective transition of the PCT into its immediate cluster and subsequent operation through to 2013. This is to secure the knowledge, experience and talent of the workforce is maintained and, wherever possible, enhanced to ensure that this key resource continues to be available for the PCT and in the future.

Reference (supporting) Documents Section 8	Location (Website) where updated records are kept
Strategic and Operational Plan 2011/12	Library of Knowledge
NHS Derbyshire County Annual Plan 2009/10	Library of Knowledge
NHS Derbyshire County, Improving Health and Wellbeing in Derbyshire. Strategic Plan 2009/10 – 2013/14	Library of Knowledge
NHS Derbyshire County Annual Report 2008/09	Library of Knowledge

9 Summary of Key Planned Changes

The publication of ‘Equity and Excellence: Liberating the NHS’ white paper in July 2010 with many objectives to develop the NHS with a transfer of functions to organisations such as National Commissioning Board, Clinical Commissioning Groups, and the Local Authority.

The collective vision for the transition to this new NHS in Derbyshire is:

- To deliver the radical reform and objectives of ‘Equity and Excellence: Liberating the NHS’.
- To ensure that delivery of the transition is clinically led and patient centred in line with the overall policy of ‘no decision about me, without me’.
- To ensure that the current functions of the PCT are successfully transferred to the appropriate future organisations and that the objectives of ‘Equity and excellence: Liberating the NHS’ are fully realised.
- To maximise the benefit future organisations can derive from the talent, expertise and relationships currently residing within PCTs.

NHS Derby City and NHS Derbyshire County share the vision of discharging their responsibility as a cluster and, as of June 2011, have a single executive team in place. This Derbyshire cluster will continually review performance delivery with the CCGs aligning to support delivery during 2011/12 (e.g. QIPP).

Clinical Commissioning Groups have aligned themselves within Derbyshire towards five consortia, consisting of one consortium for Derby City and South Derbyshire, with Erewash as stand alone consortia and three smaller consortia in the North of the County. The likely consortia forms and population coverage are outlined in Figure 9.1. The driving principles behind the transition process across Derbyshire are of clinical leadership, involvement and engagement and they are very much developing from the ‘bottom up’ by the GPs, with the Cluster in a supporting role.

Figure 9.1: Clinical Commissioning Groups within Derbyshire

Consortia	Localities	Population coverage
Derby City and South	South Derbyshire Dales, Amber Valley, South Derbyshire, Ilkeston Family Practice, and Derby City	Circa 500,000
Chesterfield and North East Derbyshire	Chesterfield, BOG (Killamarsh, Moss Valley and Clowne), North Dales, and Dronfield	Circa 200,000
Independent	Independent Cluster (remainder of North East Derbyshire)	Circa 100,00
High Peak and Buxton	Buxton, North Peak Healthcare	Circa 60,000
Erewash	Erewash	Circa 100,000

To facilitate the development of CCGs, both PCTs established GP Commissioning Transition Committees. The Committees met monthly from September 2010, and had slightly different membership. Both groups involved PCT colleagues, in a supporting role and included clinical leads from each of the existing consortia/ localities.

By September 2011, the internal governance for shadow consortia will have been established to include financial plans, governance structures and a robust mechanism to capture the patient voice.

The 2011/12 QIPP programme has been developed with significant clinical leadership and ownership with GPs. The Derbyshire cluster will work to disaggregate QIPP plans to consortia levels and provide commissioning support as necessary to ensure effective delivery. Commissioning support will also be aligned to support future planning to ensure that emergent consortia have plans aligned to, and supporting the delivery of, QIPP, with outcomes, risks to delivery and mitigation plans in place.
In particular we are inviting GP Commissioner leadership in the following areas:

- Reducing variation across:
- GP referrals
- Urgent care admissions
- Prescribing
- Restricting access to procedures of limited clinical value
- Specific pathway improvements and compliance with agreed pathways
- Supporting patients discharged from consultant ‘follow up’ care

Reference (supporting) Documents Section 9	Location (Website) where updated records are kept
Strategic and Operational Plan 2011/12	Library of Knowledge
Derbyshire wide GP Clinical Commissioning Consortia	Library of Knowledge
Derbyshire Cluster Committee Structure	Library of Knowledge
GP Commissioning Transition Committee minutes	Library of Knowledge

10 Organisational assets and Liabilities

The PCTs Estate is identified within the Record of Premises (see Library of Knowledge). Over recent months the PCT has undertaken an estates rationalisation programme as part of a quality, carbon reduction and cost effectiveness programme.

The PCT currently has a bi-monthly Estates Strategy meetings chaired by the Director of Assurance. The group reports to the Board through the Governance Committee. Regular operational estates meetings ensure effective implementation of the strategic direction set by the Strategy meetings and Board.

10. 1 Informatics Services

Informatics Services are delivered to the PCT, CCGs and General practices through a shared team within the PCT which is complemented by Derbyshire Health Informatics Service, hosted by DCHS.

Informatics, as delivered within the PCT, includes IM&T strategy, Information Governance (including Registration Authority services), IM&T Enablement and Information Analysis. The 2 PCT teams came together in July 2011 and operate as a cluster-wide team with services increasingly being rationalised and delivered consistently across the 2 statutory organisations.

Informatics incorporates Information Governance which is fundamental to delivery against legal and statutory requirements. The PCTs measure compliance through the IG Toolkit v9 with assurance provided by the IG Committee, a subcommittee of the Cluster Governance Committee.

The Informatics service fully supports the PCT Cluster strategic delivery and a high level plan was included within the Strategic Operating Plan (SOPs) developed for 2011/12. The Cluster leads a local health community wide informatics forum to ensure informatics supports QIPP and delivers direct benefit to patients. Local plans for individual projects can be found within the informatics directory structures below.

All documents pertaining to informatics are currently held in the following locations:

http://share.derbyshirecounty.nhs.uk/sites/gpdqi/default.aspx

sdfs01\Informatics

newholme2\pcg$\

IM&T assets are tracked electronically by DHIS and behalf of all their clients, including NHS Derbyshire County. All devices are physically asset tagged by DHIS at the time of deployment.

Additionally, all intelligent devices (laptops and PCs) have software fitted that communicates with a central monitoring service. Copies of the reports generated by the DHIS system are available from DHIS and are also stored within the Informatics shared directory structure at sdfs01\Informatics.
In addition to this automated reporting, we also maintain our own list for sensitive items such as memory sticks. These are personal issue devices that require the owner to take full responsibility for their use, and their safe return to the PCT when no longer required.
All information about IM&T assets is stored in the Informatics shared directory structure at sdfs01\Informatics.

The PCT provides IM&T assets and services to:

- PCT staff
- 96 GP practices
- 2 Prison Health units

GPs have printers and scanners deployed on site. A rolling replacement programme is in place to ensure PCs and other IT kit is fit for purpose.
Most of our core IT services are provided on shared platforms provided by DHIS.

10. 2 IM&T Contracts

Our contract with DHIS is wide ranging covering IT support, implementation, governance and IT services (hardware and software). The latest contract is stored in the Informatics shared directory structure at sdfs01\Informatics.
Contracts for GP systems excluding TPP SystmOne are provided under the National GP System of Choice framework. Local schedules for these contracts are also stored within the same directory structure.
TPP SystmOne is provided under a Local Service Provider contract, agreed nationally. Copies of this contract are not held locally.
The PCT holds practice agreements with each practice detailing the IT services which are made available to them by the PCT.

Reference (supporting) Documents Section 10	Location (Website) where updated records are kept
NHS Derbyshire County Annual Report 2009/10	Library of Knowledge
NHS Derbyshire County Annual Plan 2008/09	Library of Knowledge

11 Stakeholder Map

Key Stakeholders have been identified by the PCT, along with the appropriate communication channels. In addition to these key organisational contacts, other stakeholders are also identified when required for specific pieces of work.

The Stakeholder map aims to support our communications with stakeholders, e.g. when informing key documents such as the annual report, or involving stakeholders in service developments.

Reference (supporting) Documents Section 11	Location (Website) where updated records are kept
Stakeholder Map	Library of Knowledge
NHS Derbyshire County Annual Report 2009/10	Library of Knowledge
NHS Derbyshire County Annual Plan 2008/09	Library of Knowledge

12 Governance

12.1 Board Arrangements

The PCT Board and its sub-committees have been established to drive and ensure the PCT achieves its strategic aims and objectives. The Board and each committee has terms of reference that sets out their purpose and will consider all aspects of their remit, including assessing risks, financial, health & safety, clinical and non-clinical risks and quality management arrangements.

The Board receives and provide assurance in line with its statutory duties outlined in the key policy documents. It will examine the processes and systems that deliver assurance and take a view on whether the assurances expected are in place. Where the Board is concerned that assurance is not being delivered it will ensure action is taken to correct problems and ensure that assurance is taken.

Liberating the NHS: Legislative Framework and Next Steps and the 2011/12 Operating Framework set out the requirements for PCTs to consolidate and rationalise their management costs whilst supporting the new clinical commissioning arrangements. These documents also made clear the requirement for PCTs to create clusters to facilitate the required changes.

12.2 Cluster Arrangements

On 1st April 2011 the PCT entered into a Clustering arrangement with NHS Derby City. The Cluster comprises:

- A Cluster Board that is a joint sub-committee of the Boards of both PCTs in the Cluster.
- A Cluster Governance Committee
- A Cluster Resources and Investment Committee (superseded in June 2011 by CCG commissioning arrangements

Each PCT has retained independent Audit Committees and will remain separate legal entities and will still have responsibility to meet its statutory duties and complete the annual Statement of Internal Control. However from October 2011 the single operating model of the cluster meant that membership of each PCT's Audit

Committee was the same and the two committees now meet in joint session, maintaining separate accountabilities where appropriate.

The Memorandum of Understanding and Scheme of Delegation for the Cluster Board, the terms of reference for the Audit, Governance and Resource and Investment Committees can be found in the 'Library of Knowledge'.

The Cluster Board has a non-executive Chair and non-executive Directors who are jointly appointed to the Boards of each of the PCTs in the Cluster. The Cluster has a single Chief Executive and a team of Executive Directors appointed by the Cluster Chief Executive. Please contact the Chief Executive's office for details of roles, responsibilities and portfolios.

The Cluster is still operating the policies implemented by the PCT's making up the Cluster with the exception of cluster-wide policies when appropriate for them to be developed. All the PCT's polices can be accessed via this link: http://share.derbyshirecounty.nhs.uk/sites/pp/default.aspx (from an NHS network connected computer, not the www).

The PCTs' current policies will remain in force until formal transition of staff takes place. Staff "on loan" to CCGs during their establishment period will continue to abide by the policies relating to their host PCT. On establishment CCGs will need to put in place their own organisational policies and this will form part of the due diligence work jointly with the Derbyshire Cluster.

12.3 Corporate Risk Register

A single register for the Cluster has replaced each of the PCT's risk registers. The Corporate Risk Register can be accessed in the 'Library of Knowledge'.

Reference (supporting) Documents Section 12	Location (Website) where updated records are kept
Risk Register	Library of Knowledge
Scheme of Delegation (Cluster Board)	
Derbyshire Cluster Board Memorandum of Understanding	Library of Knowledge
Terms of Reference, Cluster Governance Committee	Library of Knowledge
NHS Derbyshire County Terms of Reference, Audit Committee	Library of Knowledge
Derbyshire Cluster Board, Resource and Investment Committee Terms of Reference	Library of Knowledge
Assurance Framework	Library of Knowledge
Cluster Top Scoring Risk register June 2011	Library of Knowledge
Derbyshire Cluster Committee Structure	Library of Knowledge
Draft Cluster Board assurance Framework	Library of Knowledge
Audit Committee Annual Report	Library of Knowledge
Joint Strategic Needs Assessment	Library of Knowledge
GP Commissioning Transition Committee minutes	Library of Knowledge
Health and wellbeing Board	Library of Knowledge
Governance Committee minutes	Library of Knowledge
Cluster Governance Committee Minutes	Library of Knowledge
Scheme of Delegation, PCT to Cluster Board	Library of Knowledge
Strategic Plan refresh	Library of Knowledge
Strategic and Operational Plan 2011/12	Library of Knowledge

13 Appendices

13.1 'Library of Knowledge' list

All items in the Library of Knowledge can be accessed providing appropriate permissions have been arranged via the Cluster Executive administration team.

Please note some items are commercial in confidence and therefore only appropriate permissions should be approved

Ref.	Chapter	Documents	Description	Key Contacts & Destination
Section 1	Introduction		Introduction to the Legacy document, purpose of the document, governance arrangements	
Section 2	Context	Strategic and Operational Plan 2011/12	Brief description of NHS Derbyshire County area and population	
		NHS Derbyshire County Annual Plan 2009/10		
		Improving Health and Wellbeing in Derbyshire, Strategic Plan 2009/10 – 2013/14		
		Joint Strategic Needs Assessment 2009		
		NHS Derbyshire County Annual Report 2008/09		
		Derbyshire Wide emergence of GP Clinical Commissioning Consortia		
		East Midlands Development Centre Legacy Report		
		NHS Derbyshire County NHS Staff		

		Survey results 2010 The future NHS Challenge Vital Signs report 2010		
2.1	Vision			
2.2	Derbyshire County's population and Health needs	Department of Health: Health Profiles Health Scrutiny Guide LAPE profile – Derbyshire County		
Section 3	Information on all services provided to the local population	Strategic and Operational Plan 2011/12 NHS Derbyshire County Annual Plan 2009/10 Joint Strategic Needs Assessment 2009/10 Improving Health and Wellbeing in Derbyshire, Strategic Plan 2009/10 – 2013/14 Department of Health Review Report: Report of Commissioning Arrangements for Specialised Services (2006) Consolidated contracts database NHS Derbyshire County Contracts	Summary of the services commissioned by the PCT to meet the needs of the local population	
3.1	Primary Care	Contract Summary template Pharmaceutical Needs Assessment Primary Care Commissioning Policy Optometry – Section 1 to 8	Summary of Primary Care Services	

3.2	Secondary Care – Acute	Contract Summary template Chesterfield Royal Hospital Contract Management Board minutes	Summary of Secondary Care – Acute Services	
3.3	Secondary Care – Mental Health	Contract Summary template	Summary of Secondary Care – Mental Health Services	
3.4	Community Services	Contract Summary template Derbyshire Community Health Services Report	Summary of Community Services	
3.5	Third Sector	Contract Summary template	Summary of Third Sector Services	
3.6	Specialised Services	Contract Summary template EMAS Contract Management Board minutes	Summary of Specialised Services	
3.6.1	EMSCG	Contract Summary template EMSCG Strategic Plan 2011/12	Summary of EMSCG functions	
3.6.2	EMPACT	Contract Summary template EMPACT information	Summary of EMPACT functions	
Section 4	Quality	Strategic and Operational Plan 2011/12 NHS Derbyshire County Annual Plan 2009/10 Joint Strategic Needs Assessment 2009/10 Improving Health and Wellbeing in Derbyshire, Strategic Plan 2009/10 – 2013/14 Briefing on section 242 of the NHS Act East Midlands Innovation Report 2010 Real Involvement	Quality through QIPP	
4.1	Patient Experience	Communication and Engagement	Improving patient experience and	

		Strategy What is consultation?	engagement through appropriate tools and techniques	
4.2	Safety	Patient Safety Briefing Paper	Assuring safety of services commissioned	
Section 5	Performance	Strategic and Operational Plan 2011/12 NHS Derbyshire County Annual Plan 2009/10 Improving Health and Wellbeing in Derbyshire, Strategic Plan 2009/10 – 2013/14 The Legacy of PCTs	Performance	
5.1	Performance against targets	Monthly Board Performance Reports Quarterly SHA Performance Reports	History of performance against targets	
5.2	Performance monitoring	Performance Monitoring	Summary of how performance is monitored and reported	
Section 6	Financial History	Strategic and Operational Plan 2011/12 NHS Derbyshire County Annual Plan 2009/10 Joint Strategic Needs Assessment 2009/10 Improving Health and Wellbeing in Derbyshire, Strategic Plan 2009/10 – 2013/14 NHS Derbyshire County Annual Report 2008/09 Copy of the PCT Accounts 2010/11 Financial Plan 2011/12	Summary of Financial history	

		Recurrent Baselines 2011		
6.1	Financial Background	Strategic Operational Plan 2011/12 Annex 3	Background of financial activity	
6.2	QIPP	Derbyshire wide QIPP presentation 5th November to the SHA	Summary, strategies to manage financial issues	
		QIPP Communication Engagement Plan		
		QIPP Assurance meeting November 2010		
		QIPP Framework for NHS Derbyshire County		
		QIPP plan 2011		
Section 7	Provider Capacity	Competition Principles	Provider Capacity	
7.1	Procurement	PCT Procurement Plan	Summary of past procurements and current procurements	
		Procurement Guide		
7.2	Market Management		Initiatives utilised to manage the provider market	
Section 8	Workforce	Strategic and Operational Plan 2011/12	Snapshot of current workforce	
		NHS Derbyshire County Annual Plan 2009/10		
		Joint Strategic Needs Assessment 2009/10		
		Improving Health and Wellbeing in Derbyshire, Strategic Plan 2009/10 – 2013/14		
		NHS Derbyshire County Annual Report 2008/09		
8.1	Workforce Challenges		Summary including achieved and required workforce reductions	
Section 9	Summary of Key	Strategic and Operational Plan	Outline of key planned changes	

	Planned Changes	2011/12	and transition arrangements	
		Derbyshire wide GP Clinical Commissioning Consortia		
		Derbyshire Cluster Commissioning Structure		
		GP Commissioning Transition Committee minutes		
Section 10	Organisational Assets and Liabilities	NHS Derbyshire County Annual Plan 2009/10	Assets and liabilities	
		NHS Derbyshire County Annual Report 2008/09		
Section 11	Stakeholder Map	Stakeholder Map	Stakeholder map including nature of relationship, areas of particular interest, how we communicate	
		NHS Derbyshire County Annual Plan 2009/10		
		NHS Derbyshire County Annual Report 2008/09		
Section 12	Governance	Assurance Framework	Governance processes	
		Strategic and Operational Plan 2011/12		
		Joint Strategic Needs Assessment 2009/10		
		GP Commissioning Transition Committee minutes		
		Health and Wellbeing Board		
12.1	Board Arrangements	NHS Derbyshire County Terms of Reference, Audit Committee	Terms of reference, roles, responsibilities	
		Audit Committee Annual Report		
		Governance Committee minutes		
		Scheme of Delegation; PCT to Cluster Board		
		Strategic Plan refresh		

12.2	Cluster Arrangements	Derbyshire Cluster Committee Structure 06.11	Structure and functionality of the Derbyshire Cluster	
		Cluster Governance Committee Terms of Reference		
		Scheme of Delegation (Cluster Board)		
		Derbyshire Cluster Board Memorandum of Understanding		
		Derbyshire Cluster Board, Resource and Investment Committee Terms of Reference		
		Draft Cluster Board Assurance Framework		
		Cluster Governance Committee minutes		
		Joint Audit Committee terms of reference		
12.3	Corporate Risk Register	Corporate Risk Register	Risk Register and processes	
		Cluster Top Scoring Risk Register		

14 CONFIDENTIAL