NHS Brighton & Hove (NHSBH) Annual Operating Plan 2009/10

A Introduction

Primary Care Trusts (PCTs) are required to commission healthcare services on behalf of their populations. This commissioning is influenced by a number of considerations, including formal national targets for aspects of healthcare (18 week wait for treatment, 4 hour wait for A&E etc); the current high-level NHS strategy (embodied in the NHS Annual Operating Plan); national and regional NHS initiatives (World Class Commissioning; “Healthier People, Excellent Care” etc); national guidance on the treatment of specific conditions (NICE guidance, National Service Frameworks, advice from the Royal Colleges etc); performance analysis (e.g. via the Healthcare Commission Annual Health Check); partnership with regional PCTs (for Specialist Commissioning) and compacts with local partners (e.g. via the Local Area Agreement, Local Strategic Partnership etc).

PCTs are required to embody their commissioning plans in two types of document: medium-term ‘high-level’ intentions via a 5 year Strategic Commissioning Plan, and short-term intentions via a series of Annual Operating Plans.

B Strategic Goals

As identified in its Strategic Commissioning Plan, NHSBH has five key strategic/high-level goals (my explanations in brackets):

1. **Adding years to life**
   (improving life expectancy and reducing the gap in life expectancy between the most and least deprived communities)

2. **Maximising life chances for children and families**
   (improving services for children)

3. **Developing a healthy young city**
   (improving services for working age adults)

4. **Promoting Independence**
   (improving services for older people and those with long term conditions)

5. **Commissioning nationally recognised best practice**
   (becoming better at commissioning)

At first sight these seem fairly generic goals, which might just as well be the priorities of neighbouring health economies. However, you could argue that the demographics of Brighton & Hove mean that goals 1 and 3 are more significant for us than for much of the SE region.

C Local Priorities

In terms of its mid-level strategy, NHSBH has identified ten local priorities which will enable it to achieve its strategic goals. These are:

01 **Improve the overall Index of Multiple Deprivation score for the city and reduce the scores in areas where there is a higher than average score for the city**
(reduce deprivation and health inequalities)

02 **Reduce by at least 10% the gap between the fifth of the local authority areas with the lowest life expectancy at birth**
(reduce health inequalities)

03 **Exceed best practice by reducing teenage conceptions by 45% to meet the Local Area Agreement target and through improving options for over 100 teenagers**
(reduce teenage pregnancies)

04 **Increase the recording of hypertension in general practice by more than 3% to reach a level of best practice and improving screening for over 8000 people over the age of 35**
(improve hypertension/stroke care)

05 **Increase to 80% the rate of breast cancer screening for women aged 53 to 64**
(improve breast cancer screening)

06 **Significantly reduce the number of days delay in leaving hospital putting us within reach of excellent practice**
(reduce delayed transfers of care)

07 **Reduce the prevalence of MRSA in the local acute hospital to exceed best practice**
(reduce Healthcare Associated Infections)

08 **Reduce the rate of admissions for alcohol related harm by 9.3%, exceeding the Local Area Agreement target and impacting on over 400 admissions**
(reduce alcohol arm)

09 **Increase the choice of where to die including coordinating services to enable people to die at home and exceeding good practice levels nationally**
(improve end of life care)

010 **Halt the growth of childhood obesity through maintaining the level of obesity at no more than 16% at age 11**

(reduce childhood obesity)

D Commissioning initiatives

At a more practical level, NHSBH has identified a number of commissioning initiatives which will enable the PCT to achieve its local priorities and strategic goals. The bulk of the Annual Operating Plan consists of a relatively detailed explanation of each initiative cross-referenced against the relevant local priorities/strategic goals. It isn’t really possible to present a digest of these as they are effectively already in this format within the Annual Operating Plan.

E Other Information

The remainder of the Annual Operating Plan consists of a series of statements describing NHSBH’s plans in terms of partnerships, estates, Practice Based Commissioning, workforce etc. None of these statements are particularly detailed and members wishing to explore these areas would need to consider the relevant plans and strategies in addition to the Annual Operating Plan (e.g. the Citywide Estates Strategy for plans relating to NHS buildings).

F Risk

NHSBH has calculated the cost of all of these initiatives and the risk to the PCT of failing to achieve them. Risks include the possibility of the acute trust ‘over-performing’ (i.e. doing more work than contracted), of NHSBH being unable to meet its own savings targets, and of failures in the initiative to shift activity from the acute to the community sector.

G Suggested Actions

A The Annual Operating Plan presents an opportunity to co-ordinate the HOSC work programme with Local Health Economy commissioning priorities for the coming year. This could either be in terms of identifying one or more of the mid-level Local Priorities as a basis for a range of HOSC work items, or in terms of choosing to focus in detail on some of the specific commissioning initiatives.

B Some elements of the Annual Operating Plan refer to dedicated children’s services and are therefore not matters for the HOSC (Local Priority 03: teenage pregnancy and Local Priority 010: childhood obesity). These topics should be referred to CYPOSC.