

STRATEGIC FRAMEWORK FOR IMPROVING HEALTH IN PLYMOUTH 2009/10 – 2014/15

Version 12 Update

Date: 27th October 2009

1. OUR VISION AND STRATEGIC AMBITIONS.

Vision

NHS Plymouth aims to provide a choice of high quality seamless services that are accessible to every one of the people it serves. However, it also aims to support people to live healthy lives and to create, in partnership, a city with healthy communities where people lead fulfilling lives. Thus our vision is simply to have.....

‘Healthy people, leading healthy lives in healthy communities’

Pledges

NHS Plymouth has a number of values that govern the way we will all behave in carrying out our work. These are translated here into pledges to those we serve.

Everyone who works for or on behalf of NHS Plymouth makes these pledges to the people of Plymouth:

- ***To treat you with respect, dignity and fairness***
- ***To Involve you in decision making***
- ***To demand high quality and effective personalised care***
- ***To be sensitive to your needs***
- ***To be honest and act with integrity***
- ***To take personal responsibility***
- ***To spend NHS money wisely and achieve better value for all***

Strategic ambitions

We have an ambitious vision for health in Plymouth and will achieve it by focusing our attention and resources on the following strategic ambitions. These closely mirror the 5 priorities in the cities over-riding Health, Social care and Well-being Strategy, 'Healthy Plymouth'.

For the city as a whole we will:

- **Reduce health inequalities** – to target services where the need is greatest.
- **Prevent ill health** - to focus on prevention, promotion and early intervention in both physical and mental ill health.
- **Commission modern and innovative community services** – to best meet the needs of patients and local communities.
- **Ensure value for money** – direct resources to maximise benefit and so make best use of public money.

For the individual we will focus on:

- **More control** - to promote independence and put the individual in control of his/her own health.
- **Wider choice** – to ensure services are varied and personalised.
- **Easier access** – to design services in partnership with partners and users to provide seamless integrated care
- **Higher Quality** - to ensure services are safe, efficient and effective.

2. OUR STRATEGIC IMPROVEMENT PRIORITIES

Our Strategic ambitions will be delivered through our Strategic Improvement Priorities (SIPs). These were derived from our prioritisation process detailed in section 4. We have 8 strategic priority areas as follows.

- 1. Improve clinical and cost effectiveness within Planned Care**
- 2. Reduce inappropriate use of A&E and unscheduled hospital based care**
- 3. Reduce inappropriate hospital admissions for children and young people**
- 4. Improve the effectiveness, efficiency and productivity in mental health services.**
- 5. Reduce Health Inequalities for people with Learning Disabilities**
- 6. Transforming community services**
- 7. Helping people to stay healthy – focus on sexual health, alcohol, Smoking, breast-feeding, substance misuse, obesity and mental health promotion**
- 8. Improve the way we address the projected increasing demand from people living with long-term conditions - Focus initially on Coronary Heart Disease, Chronic Obstructive pulmonary disease and dementia**

These SIPs will be the subject of review at each annual Strategic Framework refresh as work progresses, giving the opportunity to change them as areas are successfully delivered and new challenges arise.

Linked to these 8 priority areas are our 10 World Class Commissioning (WCC) outcomes. We have reviewed and refreshed the WCC outcomes submitted in 2008 taking into account the emerging strategic priorities, our performance over the last year, and benchmarking against a number of national datasets.

Our reviewed World Class Commissioning Outcomes are;

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| <ol style="list-style-type: none"> 1. Health inequalities (male/female) - mandatory 2. Life expectancy at birth (male/ female) - mandatory 3. Women smoking at time of delivery 4. Infants breastfed 5. Hospital admissions for alcohol related harm 6. Hospital admissions caused by unintended and deliberate injuries 7. CHD mortality 8. Teenage conception rates 9. Acute delayed transfers per hospital bed 10. Self reported experience of patients & users |
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Targets based on trajectories of need and performances are in section 6.

These SIPs are directly linked to our strategic ambitions as the following table demonstrates.

	Strategic Priority	Strategic ambition driving the focus of activity					WCC outcome measure
		Value for money	Reduce Health inequalities	Prevent ill health	Patient experience (control, choice, access & quality)	Joined up services	
1.	Planned care (including dental services)	√	√		√		Delayed transfers Self reported experience of patients & users
2.	Unscheduled care	√	√		√		Delayed transfers Self reported experience of patients & users
3.	Reduce inappropriate admissions to Secondary Care for Children	√			√		Hospital admissions caused by unintended and deliberate injuries
4.	Mental Health 18-64	√	√	√	√		No direct link to chosen WCC outcome (key PIs to be selected from suite)
5.	Learning Disability	√	√				No direct link to chosen WCC outcome (key PIs to be selected from suite)
6.	Continuing Care	√					Delayed transfers

	Strategic Priority	Strategic ambition driving the focus of activity					WCC outcome measure
		Value for money	Reduce Health inequalities	Prevent ill health	Patient experience (control, choice, access & quality)	Joined up services	
7.	Making Healthy Choices – focussed on raising aspirations for health, children and young people, sexual health, alcohol, smoking, breast feeding, substance misuse, obesity & mental health promotion		√	√			Health inequalities (male/ female) Life expectancy at birth (male/ female) Women smoking at time of delivery Infants breastfed Hospital admissions for alcohol related harm Teenage conception rates CHD mortality
8.	Improving effectiveness of community services	√			√	√	Delayed transfers
9.	Long Term Conditions, including CHD, cancer, COPD, older persons mental health					√	CHD mortality

The work to develop and deliver against these strategic improvement priorities will take place within our 9 Health Programmes. These are structured to reflect the work streams described in the NHS South West Strategic Framework and take account of the key themes in Lord Darzi's NHS Next Steps Review. These work streams are;

- Staying Healthy
- Maternity and Newborn
- Children and Young People
- Long Term Conditions
- Mental Health
- Learning Disability
- Planned Care
- Acute Care
- End of Life Care

An overview of the 5 year potential work streams from the Health programmes can be found in appendix 3. Our SIPs however will be the focus on their work for this refresh.