

**HEALTH IMPROVEMENT AND
MODERNISATION PLAN FOR
DONCASTER
2002-2005**

THE HEALTH IMPROVEMENT AND MODERNISATION PLAN

This Plan has been developed in co-operation and with the involvement of our organisations. We commit our organisations to working in partnership to deliver the objectives that it contains.

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1. FOREWORD

Welcome to the first Doncaster Health Improvement and Modernisation Plan (HIMP) which covers the next three years 2002-2005.

This document summarises the three year plans of the health and social care community, illustrating how we propose to reduce health inequalities and improve the health and well-being of the local community through a number of initiatives and by providing modern, high quality care and services. The HIMP has a specific focus on objectives to be achieved in the forthcoming year. At the end of each section you will find a list of the key national and local planning documents and a contact should you require further information.

Given the co-terminosity of the Doncaster borough boundary across the three Primary Care Trusts (PCTs) and the Local Authority, it was agreed to draw together a single HIMP for Doncaster. A summary version of this document will also be produced and can be obtained from Jo Pollard, Assistant Director of Development, Doncaster East PCT, White Rose House, Ten Pound Walk, Doncaster DN4 5DJ, Tel: 01302 320111 ext. 4050, Email: jo.pollard@doncastereastpct.nhs.uk. Alternatively the document can be accessed via the following website: www.doncastereastpct.nhs.uk.

It is intended that this document will also be used as a performance monitoring tool and enable both individuals and organisations to understand the key drivers for change as we seek to improve and modernise our public services.

We hope that you enjoy reading the document.

2. DONCASTER'S HEALTH PROFILE

The general health of the population is affected by many elements including employment, the environment, education and living conditions.

Nationally, Doncaster is considered to be a deprived area having a higher rate of unemployment than the national average. There is a strong link between ill health and deprivation with the wards having higher rates of unemployment experiencing the highest rates of mortality (death rates) and morbidity (ill health). The death rates in Doncaster from coronary heart disease, cancer, suicide and accidents are all significantly higher than the national average.

In Doncaster, children and young people experience above average levels of poverty, and high levels of unemployment. Educational attainments have been well below the national average, but significant improvements have been made, with a 4% rise in the number of pupils achieving 5 or more GCSEs at A* to C, compared to a national picture of no overall improvement in 2001-02. School attendance rates continue to be below the national average and permanent exclusions from schools are well above the national average. However, significant improvements have been made in Doncaster over the past two years and the gap is now closing considerably.

The cycles of disadvantage described above all contribute to high levels of teenage pregnancy, smoking and substance misuse and poor lifestyle choices in relation to diet and exercise as well as significant number of young people involved in the criminal justice system.

Doncaster has a high proportion of people with disabilities as a result of their earlier working life or as a result of other lifestyle factors related to high unemployment and poor environments.

Environmental factors that have a significant impact on health include the availability of good quality, nutritional food; good air quality (outdoor from traffic pollution and indoor from tobacco smoke); and safety in the workplace to prevent musculoskeletal injuries and other accidents.

It is our aim, by working together, to reduce health inequalities and improve the health and well being of the Doncaster community by addressing the above factors through the implementation of this Health Improvement and Modernisation Plan (HIMP).

For further information on public health contact: Dr Tony Baxter, Director of Public Health, Doncaster East PCT, White Rose House, Ten Pound Walk, Doncaster DN4 5DJ, Tel: 01302 320111 ext 3402 Email: tony.baxter@doncastereastpct.nhs.uk

South Yorkshire Coalfields Health Action Zone

In 1998 the coalfield communities of Barnsley, Rotherham and Doncaster were awarded Health Action Zone status to improve health and address health inequalities through working in partnership.

Our vision is ***'by 2005 we will have reduced inequalities which prevent the people of Barnsley, Doncaster and Rotherham from enjoying a full life, at work, at home, in education and in their communities'***

The priorities for action are children and young people, heart health and older people with a disability.

The original three-year programme concluded on 31st March 2002 and additional resources have been awarded for 2002/03.

Health

National/Local Planning Documentation

Tackling Health Inequalities (2001)
South Yorkshire Coalfields Health Action Zone Plan

For further information on the Health Action Zone contact: Jo Pollard,
Assistant Director of Development, Doncaster East PCT, White Rose House,
Ten Pound Walk, Doncaster DN4 4DJ, Tel: 01302 320111 Ext 4050, Email:
jo.pollard@doncastereastpct.nhs.uk

3. CORNERSTONES

This section indicates the key cornerstones which organisations need to continually develop and move forward to achieve their stated goals.

3.1 Cornerstone: Modernising the NHS

The NHS Plan was published in July 2000 and is the blueprint for the NHS and its partners for the next 10 years. The plan contains a number of principles around equity of access to a service regardless of the ability to pay and the need for the NHS and its partners to become more flexible in the way services are offered to patients.

It contains a significant number of targets that we are committed to achieving, some of which are referenced within this Health Improvement and Modernisation Plan (HIMP).

A full copy of the NHS Plan can be found at www.doh.gov.uk/nhsplan

Following the publication of the NHS Plan a self-assessment was carried out by health and social care organisations in Doncaster to assess the work needed to ensure we achieve the targets by the given date. From this work five areas were highlighted as requiring additional input if all targets are to be met:

- Mental Health
- Delays in Discharges/Community Placements
- Access to Primary Care
- Workforce
- Capacity and Waiting Times

Each area has produced a detailed action plan covering the period 2002-2005 illustrating work to be undertaken to achieve the NHS Plan targets.

For further information on Modernising the NHS in Doncaster or copies of the action plans contact: Phil Mettam, Assistant Director of Development, Doncaster East PCT, White Rose House, Ten Pound Walk, Doncaster DN4 5DJ, Tel: 01302 320111 ext. 2402, Email phil.mettam@doncastereastpct.nhs.uk.

In order to support the delivery of the NHS Plan a number of organisational changes are underway to increase the involvement of front-line staff and organisations in planning services and the delivery of care to patients. The cornerstone is the further development of Primary Care Trusts which are responsible for over 75% of the healthcare budget for their population. They commission services delivered in primary and secondary care and are responsible for the joint commissioning of specialist services in conjunction with other local PCTs. PCTs will also provide a variety of services including community nursing services and will manage a number of inpatient beds linked to respite and rehabilitation services. They will work with General Practitioners to develop the health services provided in Doncaster's 51 practices.

Clinical Governance in the NHS

Clinical Governance was introduced in 1999 and covers all NHS organisations including pharmacy and dentistry and the prison services. It aims to develop a framework for continuous quality improvement by which NHS organisations are accountable for providing and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish.

Cornerstones

Over the next two years it is planned that the following will be achieved:

- Introduction of contracts with nursing homes to meet the standards required by the new Care Standards Commission
- Introduction of quality standards into service level agreements and contracts with hospital trusts by referring to the use of evidence based clinical practice and care pathways and monitoring through use of systems for clinical audit
- Develop and implement agreed criteria for inclusion in patient referral letters and discharge letters to improve communication between primary and secondary care
- Develop systems across Doncaster for collecting details and sharing learning from "significant events"

This will be in addition to the progress already achieved to date which includes:

- All PCTs and hospital trusts have established clinical governance arrangements for developing yearly action plans and monitoring progress and their detailed action plans can be obtained by contacting the individual NHS Trust
- All PCTs have regular clinical governance meetings involving representatives from their GP practices
- Job plans agreed for consultants and clinical and medical directors within hospital Trusts
- Multidisciplinary audits have been undertaken, for example the Cervical Cytology and Oxygen Therapy Audits

The Medical Audit Advisory Group (MAAG) will continue to support and enable PCTs to deliver their clinical governance programmes by facilitating and supporting clinical audit in primary care, in particular in the priority areas identified by the National Service Frameworks and this Health Improvement and Modernisation Plan.

For further information on clinical governance contact: Dr John Cornell, Director of Public Health, Doncaster Central PCT, White Rose House, Ten Pound Walk, Doncaster, DN4 5DJ, Tel: 01302 320111 ext. 2335, Email: john.cornell@doncastercentralpct.nhs.uk.

3.2 Cornerstone: Modernising Social Services

The White Paper Modernising Social Services was published in 1998 and has provided the direction for Social Services since that time. The document underlines the significance of Social Services in providing care and support to a wide variety of people, helping them to live better and more fulfilling lives. At any one time, up to one and a half million people in England rely on help from social services, and everyone is likely at some point to need their help. Often this is at a time of personal and family crisis such as the onset of mental illness, the birth of a disabled child, a family break-up or a death which leaves someone without the carer they had come to rely on.

Priorities for improvement were outlined as follows:

- In services for adults: promoting independence, improving consistency, and providing convenient, user-centred services
- In services for children: child protection, quality of care and improving life chances
- New systems for protecting people, creating tough independent regulation arrangements for ensuring standards and safety for vulnerable children and adults including eight regional Commissions for Care Standards, working to national standards and regulating a wider range of care services, including domiciliary care, small children's homes and council run homes for the first time
- Improved standards in the one-million-strong social care workforce including setting up a General Social Care Council (GSCC) to set practice and ethical standards for staff and give the public greater protection and the introduction of a new national training strategy to improve training levels across all social care staff

Cornerstones

- Legislation to improve joint working between health and social services allowing the pooling of budgets and other ways to deliver truly integrated care that is geared to the needs of individuals
- New performance management arrangements have been put in place including the setting of targets for quality and efficiency improvements, and the publication of these in an annual report showing how every council is performing against them

For further information contact: Linda Warren, Head of Service, Policy and Performance Review, Social Services Department, DMBC, The Council House, College Road, Doncaster, DN1 3DA, Tel: 01302 737629, Email: linda.warren@doncaster.gov.uk

Best Value in the Local Authority

Since the Local Government Act in 1999 Best Value was made a statutory requirement of Local Authorities, to 'aim to improve the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness'. An annual Best Value Performance Plan charts local progress against national performance indicators and reports on progress of the reviews that have been held locally.

These reports and a summary of those services that have undergone a best value review can be obtained from Linda Warren, Head of Service, Policy and Performance Review, Social Services Department, DMBC, The Council House, College Road, Doncaster, DN1 3DA, Tel: 01302 737629, Email: linda.warren@doncaster.gov.uk

Because a responsibility was also placed on Health Authorities to undertake Best Value Reviews from 2001, an agreement was made between Doncaster Health Authority and Doncaster Metropolitan Borough Council (DMBC) Social Services to carry out a joint Best Value Review of Learning Disability services across Doncaster. The review raises the prospect of expanding the partnership between DMBC and the PCTs and working in partnership with the private sector.

For further information on Best Value contact: Linda Warren, Head of Service, Policy and Performance Review, Social Services Department, DMBC, The Council House, College Road, Doncaster, DN1 3DA, Tel: 01302 737629, Email: linda.warren@doncaster.gov.uk

Supporting People

Supporting People is a major new government programme which will transfer funding to Local Authorities to improve and reorganise the ways of helping vulnerable people living in the community. Supporting People will provide housing related services enabling a range of people with support needs to obtain their own home without having to move into specialist accommodation.

There are four main objectives for the 'Supporting People' initiative.

- To target public expenditure on agreed local priorities within a national policy framework
- To promote a comprehensive response to the variety of needs presented by vulnerable people
- To improve the quality of existing services and promote preventative strategies to avoid or delay the need for more expensive forms of care
- To develop a broader spectrum of supported housing than existing specialist housing projects

Central Government will determine the funding for Supporting People and allocate it to Local Authorities as an annual grant from April 2003. Government has created a transitional scheme to help agreement about reasonable estimates of the amount of funding required to sustain existing provision.

Cornerstones

Supporting People will concern a range of people with support needs such as

- ex-offenders
- people recovering from drug or alcohol abuse
- women escaping domestic violence
- vulnerable 16 and 17 year olds.
- people with mental health problems
- people with a learning disability
- people with a physical disability or sensory impairment
- older people

It will not provide personal hands-on care nor focus on those with high needs. Potentially Supporting People will bring together a variety of local strategies aimed at promoting economic and social well being. Developing these services will be an important step in meeting Local Authority objectives and Government targets.

For further information on Supporting People contact: Ram Paul, Service Manager, Supporting People, Social Services, DMBC, The Council House, College Road, Doncaster, DN1 3DA, Tel: 01302 737048, Email: ram.paul@doncaster.gov.uk

3.3 Cornerstone: Race Relations (Amendment) Act 2000

The Standing Orders of the Race Relations Act 1976 as amended by the Race Relations (Amendment) Act 2000 were laid in November 2001. This means public authorities, which include the NHS, and the local authority have a general duty to promote race equality. This duty means that, in everything we do, the NHS and the local authority should have due regard to the need to:

- Eliminate unlawful racial discrimination
- Promote equality of opportunity; and
- Promote good race relations between people of different racial groups

The anti-discrimination provisions also apply to voluntary and private sector bodies that discharge public functions.

To comply with this public duty the NHS and the local authority were required to produce a Race Equality Scheme and a plan for collecting and publishing a range of specific data relating to employment by 31st May 2002.

The Race Equality Scheme must include the following:

- A statement of the functions and policies, or proposed policies, which the body in question has assessed as relevant to delivering the objectives of the Race Relations Amendment Act. This assessment must be reviewed at least every three years
- A statement of the organisations arrangements for:
 - Assessing and consulting on the likely impact of proposed policies on the promotion of race equality
 - Monitoring its policies for any adverse impact on the promotion of race equality
 - Publishing the results of the above assessments and monitoring
 - Ensuring public access to information and services
 - Training staff about the RRA duties

Employment monitoring

All bodies named under the Act NHS bodies and local authorities were required to by 31st May 2002, a plan for being able to monitor the following requirements:

- Numbers of staff in post by racial group
- Applicants for employment, training and promotion by racial group

For further information on the Race Relations (Amendment) Act 2000 from NHS contact: Joe Brayford, Head of Human Resources, Doncaster and Bassetlaw Hospitals NHS Trust, Doncaster Royal Infirmary, Armthorpe Road, Doncaster DN2 5LT, Tel: 01302 381304 Email: joe.brayford@dbh.nhs.uk

For further information on the Race Relations (Amendment) Act 2000 from the local authority contact: John Hilton, Head of Community Development, Directorate of Borough Strategy and Development, Unity House, Carr Lane, Hyde Park, Doncaster DN4 5AA, Tel: 01302 736911 Email: john.hilton@doncaster.gov.uk

3.4 Cornerstone: Partnerships

Doncaster has a long history of successful partnership working and it is our intention to continue to work together to reduce health inequalities and improve the health and well being of the Doncaster community through the implementation of the HIMP and other initiatives.

Currently a range of Partnership/ Programme Area groups operate in the following areas:

- Coronary Heart Disease
- Cancer
- Children & Families
- Physical Disability
- Learning Disability
- Access (Capacity and Waiting Times)
- Information Management and Technology
- Older People
- Mental Health

Two of these groups Learning Disability and Mental Health are developing into Joint Partnership Boards and it is proposed that this model of partnership working will be adopted in other service areas. These additional Joint Partnership Boards will progress through a developmental process before being fully established. These will feed into the modernisation process locally in the form of the Modernisation Board, Modernisation Steering Group and Modernisation Reference Group. To complement the Modernisation groups the Community Health Action Forum (CHAF), a network of voluntary, community and user and carer groups, has been established by Doncaster CVS. This is an independent forum working collectively to influence health and social care planning and service delivery locally. To ensure close liaison across the voluntary sector a member of CHAF is included as a representative on each Partnership / Programme Area group.

The partnership agenda across Doncaster is changing rapidly with the disestablishment of the health authority from 31st March 2002 and formation of PCTs providing an opportunity to refocus and strengthen partnership arrangements. Consequently a review of existing partnership arrangements is underway with a range of options being considered. **For further information on partnerships contact:** Jo Pollard, Assistant Director of Development, Doncaster East PCT, White Rose House, Ten Pound Walk, Doncaster DN4 5DJ, Tel: 01302 320111 ext. 4050, Email: jo.pollard@doncastereastpct.nhs.uk.

Regeneration

An important part of the work of the health and social care community in Doncaster is to reduce pressure on services by improving the health and well being of the people. The importance of the wider determinants of health, and their impact on the population, is increasingly being recognised at both a national and local level as an element in that process. In the NHS plan the Government promises to 'embed work on prevention and health inequalities within the core of what the NHS does'. This forms part of a broader social

Cornerstones

inclusion agenda that is addressed through a range of partnerships at a local, sub-regional and regional level. The Government's Social Inclusion Unit has defined social exclusion as follows:

"Social Exclusion is a shorthand label for what can happen when individuals or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown."

The recognition of the linkages between these issues reinforces the need for partnership working across agencies and disciplines. The health, education and social care community in Doncaster will continue to play a full and active part in the regeneration forums that address these issues via the:

- Neighbourhood Renewal Strategy
- Single Regeneration Budget Rounds (SRB) 3, 5 & 6
- New Deal for Communities
- South Yorkshire Coalfield Online Project (Invest to Save (ISB) Round 2)
- Primary Care as a Community Resource (Invest to Save (ISB) Round 3)
- UK Online Project
- European Objective 1
- Excellence in Cities

A range of partnerships exist to take forward the work on regeneration, health and well being and these are based at a local, sub-regional and regional level. At a strategic level these partnerships include:

- Yorkshire and Humber Forum on Regeneration and Health
- South Yorkshire Forum
- South Yorkshire Coalfield Partnership
- Doncaster Strategic Partnership

For in depth information on the strategic focus for activity for regeneration, health and well being please refer to:

- Neighbourhood Renewal Strategy for Doncaster
- Action Plans for:
 - SRB3: Northern Corridor Regeneration
 - SRB5: Helping Communities Build a Better Future
 - SRB6: A New Economy for the 21st Century
- New Deal for Communities
- South Yorkshire Coalfield Online Project (ISB Round 2)
- Primary Care as a Community Resource (ISB Round 3)
- UK Online Project
- South Yorkshire Objective 1 Single Programming Document

For further information on Regeneration contact: Arnold Drakeley, Head of Strategic Partnerships & Estates, Doncaster East PCT, White Rose House, Ten Pound Walk, Doncaster DN4 5DJ, Tel: 01302 320111 ext. 3302, Email: arnold.drakeley@doncastereastpct.nhs.uk

Doncaster Strategic Partnership

The Doncaster Strategic Partnership represents a collective of many agencies and organisations and takes overall responsibility for the Borough Strategy and will be accountable to ensure results are delivered.

This partnership draws upon many views and will enable joined up thinking so that ultimately a better quality of life will be achieved for everyone living in Doncaster. A Partnership Board will oversee the work of the partners ensuring the Vision and Transformation of Goals in the Borough Strategy is achieved.

For more information on Doncaster Strategic Partnership contact Linda Warren, Head of Service, Policy and Performance Review, Social Services Department, DMBC, The Council House, College Road, Doncaster, DN1 3DA, Tel: 01302 734444, Email: linda.warren@doncaster.gov.uk

Doncaster Borough Strategy

Doncaster through the Doncaster Strategic Partnership and the annual Community Conference, has adopted "Achieving our Full Potential" (AFP), as the agenda for progress if it is to reverse many years of social and economic decline in Doncaster. The aim of the Borough Strategy is to promote Economic, Social and Environmental Well Being and Improve Quality of Life in Doncaster. Seven "transformational goals" have been adopted as the headline changes by 2010 towards which the borough is working.

The transformational goals are:

- Tackling Deprivation
- Raising Educational Attainment
- Access to New Technology
- Achieving an Urban Renaissance
- Community Participation in Democracy
- Sustainable and Rural Communities
- Increasing Employment Opportunities

A five-year Doncaster Borough Strategy, derived from the transformational goals, outlines the plans, programmes and projects that are being pursued over the next five years.

For further information on the Doncaster Borough Strategy contact: Jane Miller, Service Manager, Policy and Performance Review, Social Services Department, DMBC, The Council House, College Road, Doncaster, DN1 3DA, Tel: 01302 734444, Email: jane.miller@doncaster.gov.uk

3.5 Cornerstone: Community Involvement

Community Forums

Significant strides have been made over recent years throughout the borough in engaging communities. Statutory organisations in Doncaster are committed to involving the community in planning, delivery and evaluation of services. Since 1999 DMBC has, in conjunction with the three Primary Care Trusts (and their predecessors), hosted community forums across the Borough. These have proved very valuable where the statutory agencies and the local community have an opportunity to discuss any proposed changes in services. The forums are also a key component of any public consultation exercise undertaken by the health service or the local authority. For example, in relation to an elected mayor for Doncaster or around the creation of the Primary Care Trusts in Doncaster.

For further information on Community Forums contact: John Hilton, Head of Community Development, Directorate of Borough Strategy and Development, Unity House, Carr Lane, Hyde Park, Doncaster DN4 5AA, Tel: 01302 736911 Email: john.hilton@doncaster.gov.uk

PALS

From April 2002 the local NHS services will be responsible for providing Patient Advice and Liaison Services (PALS). The purpose of PALS is to support patients whilst they are accessing NHS services. Each organisation will have a named PALS officer who will co-ordinate support for patients. However, all NHS staff will be trained to provide help and support to patients where they can or direct them to others who may be of more assistance.

For further information on PALS contact: Annis Green, PALS Co-ordinator, Doncaster Central PCT, White Rose House, Ten Pound Walk, Doncaster DN4 5DJ, Tel: 01302 730601 Email: annis.green@doncastercentralpct.nhs.uk

Patients Forums

From April 2003 NHS organisations will be working closely with their local Patients Forum. These are new bodies which will be linked to their local NHS organisation and made up of members of the community to influence the strategic direction of the organisation. In addition a member of the forum will become a member of the Trust Board to safeguard the views of the local community at the highest level of the organisation.

For further information on Patients Forums contact: Lorraine Lawson, Doncaster Community Health Council, 24 Nether Hall Road, Doncaster DN1 2PW, Tel: 01302 326215 Email: lorraine.lawson@doncasterchc.f9.co.uk

Community Involvement Unit

The Community Involvement Unit was established in 2000 by Doncaster Health Authority as part of its strategic approach to health improvement and tackling health inequalities. The Unit continues to support the Doncaster organisations through a range of involvement agendas including the National Service Frameworks and the introduction of PALS.

For further information on the Community Involvement Unit contact: Anne Heaven, Research Officer, Doncaster Central PCT, White Rose House, Ten Pound Walk, Doncaster DN4 5DJ, Tel: 01302 320111 ext. 3512 Email: anne.heaven@doncastercentralpct.nhs.uk

3.6 Cornerstone: Prison Health

In addition to working to improve the health and well being of the general population in Doncaster work is also underway in relation to the prison population. Doncaster East PCT is supporting the four prisons in Doncaster to develop their own Health Improvement Plans to ensure that prisoners receive an equivalent standard of care to that provided in the community by the NHS. Strong supportive links are being developed between prisons and the NHS to ensure this aim is realised.

The Doncaster Health Authority / Prison Service Needs Assessment highlighted a range of issues relating to the health of prisoners and the health services available to help them improve their health. These issues were grouped into Mental Health, Substance Misuse, Health Promotion, Primary Care, Genito-Urinary Medicine, Staffing and Infectious Disease Control and Prevention. Action Plans to address these areas have been produced.

For further information on prison health contact: Tim Furness, Assistant Director of Development, Doncaster East PCT, White Rose House, Ten Pound Walk, Doncaster DN4 5DJ, Tel: 01302 320111 ext. 4062, Email: tim.furness@doncastereastpct.nhs.uk.

3.7 Cornerstone: Clinical Strategy for Acute Services

One of the key objectives for the health and social care community is the development during 2002/03 of a Clinical Strategy for Acute Services which will also put into practice the principles of Doncaster and Bassetlaw Hospitals NHS Trust's strategic direction.

Cornerstones

The key objectives of the clinical strategy are:

- Agreed robust service models based around the patient rather than the organisation. These models need to be sustainable, and to incorporate best practice
- Full involvement by all stakeholders. This will clearly need to incorporate the views of patients and the public and their representatives. The aim is that the process should support the further development of joint, integrated working throughout the organisation, and across organisations
- There is a need to develop a clear planning framework which supports decision-making in the short, medium and long term. It is possible that over the longer term this could involve radical change. For example when it is clear what the right local service models are for Doncaster it will be necessary to take a decision on whether the current Royal Infirmary site is the right strategic base for those services over the long term

For further information on clinical strategy contact: Mike Pinkerton, Director of Strategic Development, Doncaster & Bassetlaw Hospitals NHS Trust, Doncaster Royal Infirmary, Armthorpe Road, Doncaster, DN2 5LT, Tel: 01302 366666 ext. 3944, Email: mike.pinkerton@dbh.nhs.uk

3.8 Cornerstone: NHS Estates

In order to deliver a modern NHS, high quality, well-located buildings and equipment are essential. To achieve this, robust estates strategies are required and the following gives a brief outline of the estates development for the forthcoming year for the NHS and Social Services in Doncaster.

Primary Care Estates

Primary care estate will be developed in Doncaster to provide a modern and high quality service with convenient access that meets the requirements of the NHS Plan. In developing the primary care estate the Doncaster PCTs will continue to pursue Local Investment Finance Trust (LIFT) status, and Teaching PCT (TPCT) status during 2002.

The principles of these delivery vehicles will be adopted to deliver a modernised primary care, even if applications for LIFT and TPCT are unsuccessful.

A work programme is currently underway regarding compliance with Section 21 of the Disability Discrimination Act, and all Doncaster PCTs will meet their statutory requirements.

The strategic planning context for the development of estate is to apply short, medium and long term planning horizons to:

- the development of community and primary care based services
- workforce developments
- financial planning

These will inform and direct the development of the estate required to provide a modern service.

The PCTs jointly commission Estates services from the Priority Facilities Management Shared Services Initiative provided by Doncaster and South Humber Healthcare NHS Trust

Primary care estate includes premises which are not directly owned or leased by the PCT. It includes, therefore, premises directly owned by a general practitioner, dentist, pharmacist or optometrist. Some premises are also owned by the local authority, and other partners, who will be fully engaged in future improvements to provide an integrated approach.

Doncaster & Bassetlaw Hospitals NHS Trust

The Trust aims to ensure that all building and engineering services are operated and maintained to an acceptable service level to allow each department to fully function. In doing so, it adheres to a planned maintenance strategy. Assets are kept in a condition which reflects their function, age, utilisation and anticipated life. In order to achieve this a systematic planned approach to the management of physical assets is being adopted, utilising an Asset Management System and Capital Investment, together with the introduction of Patient Pathway Centred Maintenance as part of a roll-out programme.

There is a need to ensure that a whole health community approach with regard to estates development and integration is taken. This is to ensure that the developing need of primary and secondary care is dovetailed and mutually supportive and this applies to physical and mental health services. A key issue for 2002/3 will be the timing and content of changes that Doncaster and South Humber Healthcare NHS Trust will wish to make to improve mental health services and the possible developmental impacts on the Doncaster Royal Infirmary and other estates sites in Doncaster.

The longer-term capital programme will be delivered in support of the conclusions regarding the Clinical Strategy for Acute Services.

Capital Programme

The schemes to be progressed in 2002/2003 include:

Endoscopy

The existing department is no longer able to cope with the demands of the service and ever increasing activity levels. This scheme would increase the number of Endoscopy suites (there are currently two) to improve efficiency in service delivery, reduce waiting times and provide opportunities for a rapid diagnostic service.

Revascularisation

Linked to the above (in terms of patient recovery facilities) is the need to support the North Trent Revascularisation Strategy. The Trust has been invited to acquire a second Digital Subtraction Angiography unit in order to increase the reliability, service quality and in due course volume of local service provision. This may have subsequent benefits for other users of this technology such as vascular services

Satellite Renal Dialysis Service

Following confirmation of approval for discretionary capital within the South Yorkshire Strategic Health Authority, the trust will proceed to deliver this important service locally, bringing the area into line with similar provision in North Trent.

Two View Mammography

The Trust will progress plans with partners for the capital solution to the challenge set by the change in process and expansion of age coverage of the breast screening programme.

Additional priorities for the Capital Programme

- Capital Consequences of the Service and Financial Framework (SaFF): In particular the requirements determined by the Trust overall capacity plan for inpatients and outpatients.
- Deferred Items / Pre Commitments.
- Medical Equipment.
- Medical Imaging Strategy
- Legislative Schemes

Cornerstones

- Fire and Health & Safety: Following the continued appraisal of the Estate, the Trust is aware, through its Estate Minimum Data Set, of works required to meet statutory requirements, including Health and Safety and Fire Precautionary measures. As a consequence a strategy has been developed to ensure that these issues are dealt with on a programmed basis
- Statutory and Safety Compliance
- Asbestos Clearance
- HSDU – Product Liability
- Infrastructure/Efficiency Schemes
- Computer System Investment
- Estate Investment: Investment in 2002/2003 is planned in line with meeting the Ministerial target of a 25% reduction in backlog maintenance by 2004
- Revenue Conversion: This allocation allows the capitalisation of the Project Team through the integration of the amount pro-rata into schemes completed on the basis of their capital value
- Action On Bids: The outcome of previous bids are known and programmed as required but outstanding bids on ENT will have an impact on the programme when decided

Site Development Control Plans

Site Development Control Plans have been developed for each site. These are a tool for bringing together all the information on the Estate and informing future development plans in terms of:

- current assets
- known developments/strategic issues
- anticipated future service/capital needs

These plans will be developed and will include an element of scenario planning where various options for site development can be explored. There is, therefore, a requirement to assess the future need for and nature of re-development within the Trust as a whole.

For further information on Estate Plans contact: Roy Tyson, Director of Facilities, Doncaster & Bassetlaw Hospitals NHS Trust, Doncaster Royal Infirmary, Armthorpe Road, Doncaster, DN2 5LT, Tel: 01302 366666 ext. 3707, Email: roy.tyson@dbh.nhs.uk.

Doncaster & South Humber Healthcare NHS Trust

The Priority Facilities Management Shared Services Initiative commenced in February 2002. The Shared Service between primary, community and mental health services includes the full range of traditional property and asset maintenance, catering, domestic, transport, distribution services and capital development services. Additional specialist services include design and printing and laundry services. Service activities are managed by a joint steering group, ensuring that priorities for service provision and development are owned by the local health community.

The Shared Service covers an estate which is made up of 109 properties, including Tickhill Road Hospital, Loversall Hospital, St Catherine's Bungalows as well as Health Centres, Clinics and Community properties across Doncaster.

Critical developments for 2002/3 include:

- Financial close of the Private Finance Initiative in 2002. Completion of the project to re-provide Loversall Hospital by 2004
- Ongoing modernisation of primary care estate in partnership with Primary Care Trusts
- Submission of full business case for the re-provision into a community setting of Acute Psychiatric Inpatients, currently situated at Doncaster Royal Infirmary

For further information on Estate Plans contact: Andrew Chatten, Director of Facilities, Doncaster & South Humber Healthcare NHS Trust, St Catherine's, Tickhill Road, Balby, Doncaster, DN4 8QN Tel: 01302 796211, Email: andrew.chatton@dsh.nhs.uk

3.9 Cornerstone: Social Services Estates

The Directorate of Social Services has a large portfolio of properties including offices, Day/Resource Centres and residential establishments.

As a result of positive management, the condition of all buildings is good and recently the Directorate's Joint Review praised the quality of its residential establishments.

As a result of the new Residential Care Standards legislation (1 April 2002) minor works will be required to be undertaken on some residential establishments, and in the medium term (by 1 April 2007) capital works/adaptations may be required to ensure full compliance with the Residential Care Standards.

New Developments

The Social Services Directorate has had for some years an active programme of establishing family centres e.g. Balby Family Centre, Rossington Family Centre, Townfields Family Centre and most recently Woodlands Family Centre. Further centres are planned the next of which will be located at Bentley. In conjunction with the new family centres Doncaster has been allocated 5th and 6th wave Sure Start Programmes. This means an additional four Sure Start developments across the borough. The 5th wave Sure Start areas are Bentley and Adwick, Mexborough and Intake. The 6th wave area has yet to be identified. The capital fund of the family centres and Sure Start schemes come from the Single Regeneration budget and Sure Start respectively.

The directorate has many plans to up-date/improve existing facilities and extend services with new build schemes. Such developments however are dependent on capital resources becoming available or by using partnership models with Housing Associations.

It is anticipated that a new scheme for a further children's home will receive approval within 2002/3 as will a scheme for the modernisation of heating systems in certain residential homes.

The Directorate's most recent scheme was completed in March 2002 at Thorne with the conversion of a former elderly person's home into:-

- An office base for the Community Mental Health Team (East)
- Day resource for adults with mental health problems, and
- Plans are being developed for a residential facility for people with Mental Health Problems

For further information on Social Services Estates contact: Neville Thompson, Service Manager, Business Resources, DMBC, The Council House, College Road, Doncaster, Tel: 01302 737748, Email: neville.thompson@doncaster.gov.uk

4. Finance

4.1 NHS Finance

The following are the key principles that govern the distribution of NHS resources;

- Financial balance
- NHS Plan targets in relation to planned care and emergency care
- NSF targets relating to Older People, CHD and Mental Health
- Cancer Plan targets
- Increase in the number of beds and the NHS infrastructure
- Increase in the NHS workforce
- NHS Plan targets relating to access to primary care
- Ambulance response times
- Health improvement schemes for the local community

Doncaster health commissioners have received total funding of £270m for 2002/03. Figure 1 provides an illustration of how the money is apportioned. The 'other' category includes development initiatives such as smoking cessation, exercise for health, primary care collaborative and management costs.

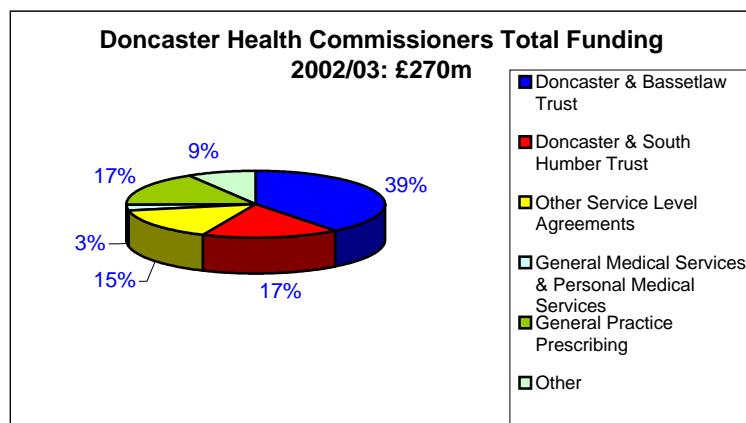


Figure 1

For this financial year (2002/03), growth funds of approximately £26m have been received. Figure 2 shows how this will be invested.

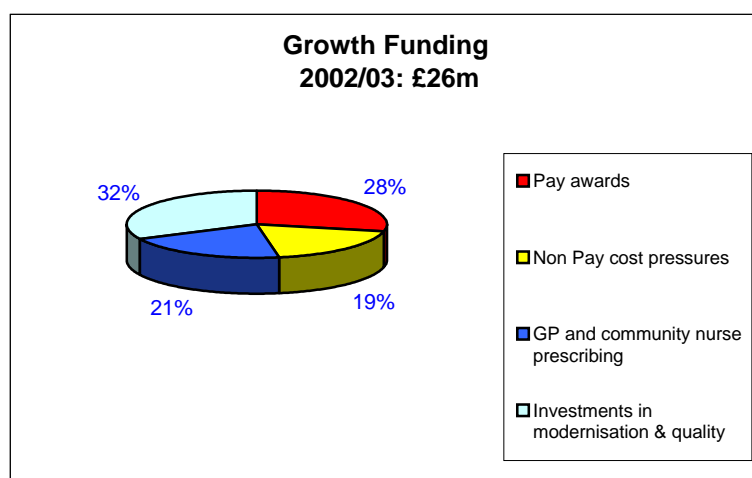


Figure 2

Figure 3 provides an outline of the net £7.4m invested in Modernisation for 2002/03. For details of the action plans in these areas please see the relevant sections in the priorities section of this document.

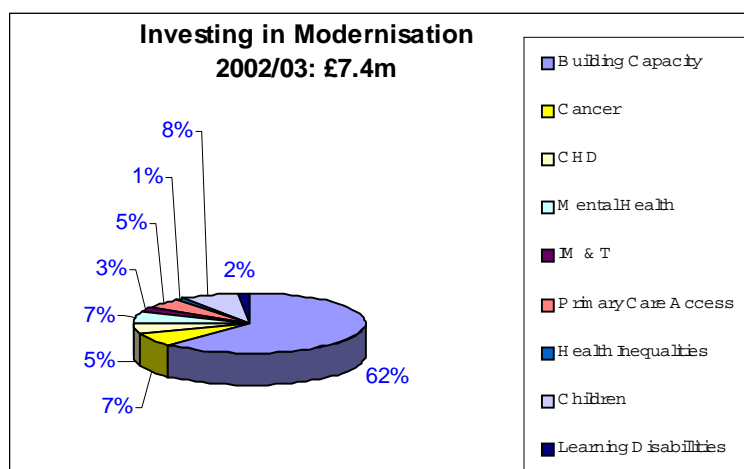


Figure 3

As part of its modernisation agenda the Department of Health has challenged the NHS to consider service redesign as a key component of its service development agenda. NHS and social care organisations are charged with ensuring effective usage of the entire resource base rather than focusing on new or growth monies.

Various redesign projects have been undertaken in 2001/02. These include work at Doncaster and Bassetlaw NHS Trust focusing on Orthopaedics, ENT and Urology and work at Doncaster and South Humber Healthcare Trust focusing on the integration of Trust and social care mental health services.

For further information on the work at Doncaster & Bassetlaw Hospitals NHS Trust contact: Sarah Knott, Service Improvement Manager, Tel: 01302 366666 ext.3091, Email: sarah.knott@dbh.nhs.uk

For further information on the work at Doncaster & South Humber Healthcare NHS Trust contact Richard Banks, Acting Director of Planning, Tel: 01302 796473, Email: richard.banks@dsh.nhs.uk

For further information on NHS Finance contact: Philip Grant, Director of Finance, Doncaster Central PCT, White Rose House, Ten Pound Walk, Doncaster DN4 5JT, Tel: 01302 320111 Ext 3207 or Chris Stainforth, Director of Finance, Doncaster East PCT, White Rose House, Ten Pound Walk, Doncaster DN4 5DJ, Tel: 01302 320111 Ext 2409, Email: chris.stainforth@doncastereastpct.nhs.uk or Steve Hackett, Director of Finance, Doncaster West PCT, West Lodge, St Catherine's, Tickhill Road, Doncaster DN4 8QN, Tel: 01302 796768, Email: steve.hackett@doncasterwestpct.nhs.uk

4.2 Social Services Finance

The net Social Services budget for 2002/3 has been set at £60.6 million which, while an increase over previous years in real terms, will not negate the need to closely manage the many and varied areas of financial pressures. Serious budget pressures on Social Services have been noted as a matter of national concern by the Local Government Association Social Affairs and Health Executive in their Spending Review 2002: Personal Social Services.

In addition, substantial levels of overspend against budgets are also forecast nationally with two-thirds of these being in Children's Services. Increased numbers of children looked after by Local Authorities and the increased cost of residential placements and especially the cost

Finance

of independent sector out of authority specialist placements, account for these baseline budget problems. The second major pressure area relates to residential and nursing placements for older people. This national picture is reflected locally.

For 2001/02 an additional £1.2 m was agreed to enhance children's budgets relating mainly to foster care placements for children looked after. Also £1.3m additional monies enhanced the residential/nursing care purchasing budget. A major budget realignment was associated with this through £2.42m of service reductions elsewhere within the social services budget.

New national requirements and priorities including a range of new legislation has set in train a huge programme of change and whilst there has been an increase in resources for the personal social services, much of the increase is earmarked to fund new or changed responsibilities.

The Social Services Directorate's financial strategy for 2002/03 was developed through a process which included detailed consideration and analysis of the following:

- Ongoing implementation of measures to reduce children's services overspends e.g. reducing out of authority placements, reduced use of agency staff in residential care
- Unavoidable commitments relating to the picking up of tapers from grants, SRB etc to enable the continuation of major service developments
- The implementation of Care Standards Act requirements including residential/nursing care fee increases and additional home care costs
- The implementation of other new legislative requirements eg Children Leaving Care Act, NHS Act 1999, Health and Social Care Act, Carers/Disabled Children Act
- The implementation of other national requirements e.g. National Service Frameworks for older people and mental health, Preserved Rights (transfer of pre 1993 residents to Social Services funding), Fairer Charging for Non-Residential Services and Free Nursing Care

For further information on Social Services Finance contact: Neville Thompson, Service Manager, Business Resources, DMBC, The Council House, College Road, Doncaster, Tel: 01302 737748, Email: neville.thompson@doncaster.gov.uk

5. Performance Management

Performance management in the health community is driven by a national performance framework. The national high level performance indicators (HLPis) and Clinical Indicators (CIs) will be used to inform the local decision making processes. A district-wide group, the Clinical Indicators group operates independently of organisations to review performance against national standards to stimulate continuous improvement. Locally, in Doncaster, the PCTs have registered with the NHS Benchmarking Club in order to participate in national initiatives and to benefit from transferable examples of good practice.

Within the Performance Assessment Framework (PAF) Social Services has a system of 50 national Performance Indicators (plus Best Value Performance Indicators (PI) and additional PIs as part of the Quality Protects initiative) which are published on an annual basis to report progress against targets. Locally all Social Services PAF PIs are published in the annual Best Value Performance Plan.

Performance management is built up from the Public Service Agreements and the NHS Plan and associated documents. It identifies targets and milestones against which organisations can measure their progress. Organisations are directly accountable for delivery of these objectives via their individual accountability agreements. Organisations use corporate performance frameworks to individually and jointly assess their movement towards their goals. The new Strategic Health Authority for South Yorkshire will have a key role in performance managing all local NHS bodies from April 2002. From April 2002 the Local Authority will have a responsibility to oversee the working of local NHS organisation on behalf of the local population. Scrutiny and Overview committees will be set up to carry out this function.

A performance framework will be developed by the multi-partner Modernisation Steering Group to monitor progress with this HIMP. This framework will provide analysis and intelligence. It will capture a balance of progress against longer term NHS Plan targets, with shorter term related milestones and Local Modernisation Review (LMR) Stage 2 targets.

The Modernisation Board and constituent Programme Area groups will receive a report on progress providing the above analysis on a quarterly basis.

For further information on Performance Management contact: Phil Mettam, Assistant Director of Development, Doncaster East PCT, White Rose House, Ten Pound Walk, Doncaster, DN4 5DJ, Tel: 01302 320111 Ext. 2402, Email: phil.mettam@doncastereastpct.nhs.uk **or** Jane Miller, Service Manager, Policy Planning and Performance Review, Doncaster MBC, Social Services Department, The Council House, College Road, Doncaster DN1 3DA, Tel: 01302 737526, Email: jane.miller@doncaster.gov.uk.

5.1 Public Service Agreements

Public Service Agreements are a new funding arrangement whereby local authorities in collaboration with their partners agree to enhance existing planned performance in return for incentives from central government.

The enhancement of existing performance is expressed through the creation of 12 "stretched targets". The essence of a stretched target is additionality; the increase in speed of achievement, quality or quantity of existing targets. Current target areas being proposed include ones concerning education, adoption, drug treatment, crime and burglary and well being.

Performance Management

A three-year Local Public Service Agreement will ensure that the Local Authority and its partners focus effort and energy on key changes, particularly those associated with social inclusion, sustainability and prosperity, that will act as a catalyst to the broader based improvements envisaged in a more holistic five year strategy.

For further information on Public Service Agreements contact: Jane Miller, Service Manager, Policy Planning and Performance Review, Doncaster MBC, Social Services Department, The Council House, College Road, Doncaster DN1 3DA, Tel: 01302 737526, Email: jane.miller@doncaster.gov.uk.

6. Cancer & Palliative Care

Introduction

In September 2000 the government produced a national plan for cancer services which has helped set out the direction for local cancer services. Doncaster and Bassetlaw Hospitals NHS Trust are an accredited Cancer Unit and linked to the specialist Cancer Centre at Weston Park in Sheffield.

The overall aim of the Cancer Plan is to establish equitable, effective cancer services across the nation. It sets out a reform framework supported by investment proposals.

There are 4 specific aims on which the action points are based. These are:

- To save more lives.
- To ensure the provision of the right professional support and treatment.
- To tackle health inequalities arising from socio-economic differences.
- To ensure an effective workforce to provide evidence based practice.

The strategy will be achieved by the provision of a service which;

- Has the patient and their family as the focus.
- Enables people to understand their lifestyle choices and their implications for health.
- Delivers individualised care, based on informed choices.
- Provides the opportunity to access timely and effective holistic support throughout the course of the cancer journey.
- Co-ordinates patient care across all the settings where treatment and support is required.
- Ensures that people providing the services are accountable and responsible for delivering the best quality realistically possible.

There are a number of key tasks and projects which will be undertaken in order to make the strategy a reality. Some of these have already been initiated as part of the implementation of the National Cancer plan. Others are specific to the local context. The tasks are in relation to

- Improving prevention
- Improving screening
- Workforce
- Facilities
- Palliative and supportive care

OBJECTIVES 2002/03	
1.	Develop a cancer prevention strategy by September 2002.
2.	Ensure local action on smoking, diet, physical activity and obesity is incorporated into the Strategy by July 2002.
3.	Ensure service developments for meeting Colorectal screening pilot recommendations and 2 View Mammography are considered in the HIMP/SaFF processes for 2003/4.

Priority Areas

OBJECTIVES 2002/03 continued	
4.	Identify an appropriate model of local user involvement in service planning by July 2002.
5.	Use the Booking Project and other process mapping opportunities to identify options for adjusting available facilities and identifying alternative work patterns across the Doncaster and Bassetlaw Hospitals NHS Trust Unit by March 2003.
6.	Complete Neighbourhood Renewal Fund Project looking at cancer information needs of people in deprived areas and pilot the use of Community Health educator roles in these areas by August 2002
7.	Implement maximum two month wait from urgent GP referral to treatment for breast cancer by December 2002.
8.	Participate in the cancer network drawing up training and development plans to ensure all health professionals working in cancer units and centres are trained and supported in communication skills, including developing a policy on breaking bad news by December 2002.
9.	Identify scope for increased specialist staffing of community outreach/satellite services by August 2002.

Achievements to date

- The Cancer Strategy Group has been successful in bidding for Neighbourhood Renewal Fund project money to pilot the use of Community health educator type roles in 3 deprived areas of Doncaster - Thorne/Moorends, Wheatley and Mexborough. This is a partnership project with The Doncaster Cancer Detection Trust, Doncaster Metropolitan Borough Council (Neighbourhood Renewal Fund) and the Nuffield Institute
- The Cancer Strategy Group are a pilot site for developing a peripatetic lymphoedema service model. This is funded by Macmillan cancer relief
- Macmillan cancer relief have funded a carers support project for people caring for people with palliative care needs
- A cancer service user group has been established following a successful partnership event put on last autumn by the cancer strategy commissioning group and community involvement unit. The event was funded by the modernisation board. The local user group is now going to be involved in the development of cancer network user initiatives with partners across North Trent. We are undertaking a Moving to Mainstream pilot project to look at options for community based one stop outpatient clinics in palliative care
- We have a lead cancer clinician in all our PCTs
- Development and implementation of a highly successful shared care approach to smoking cessation. The delivery of specialist and intermediate services in both primary and secondary care
- Working with the local prison service to provide training for prison staff to enable them to offer a smoking cessation service for residents including the provision of Nicotine Replacement Therapy (NRT)
- The successful development and implementation of the Community Food Educator scheme
- Pilot site for the National 'Fruit in Schools' project

Priority Areas

National/Local Planning Documents

Cancer Plan

NHS Plan

North Trent Cancer Network Website: http://195.106.36.15/NTCNet_nhs/

Draft local Cancer Strategy

For further information on Cancer and Palliative contact:

Julie Thorpe

Macmillan Commissioning Strategy Manager

Doncaster Central PCT

White Rose House

Ten Pound Walk

Doncaster DN4 5DJ

Tel: 01302 320111 ext 3411

Email: julie.thorpe@doncastercentralpct.nhs.uk

7. Mental Health

Introduction

The National Service Framework for Mental Health which was launched in September 1999 provided a clear framework for the direction and development of local services. The NHS Plan provided further guidance and additional detail to the implementation of the seven standards contained within the National Service Framework. The Department of Health has also produced a Policy Implementation Guide for Mental Health, which provides guidance in the form of service models for new services to be developed as part of modern mental health services.

In Doncaster, our aim for mental health is to develop local services across the spectrum through embracing the principles of national policy whilst ensuring that the service user is placed at the centre of the service. A recently produced Vision and Service Plan for the Development of Adult Mental Health Services in Doncaster outlines the direction for local services. The strategy is based upon a number of key areas:

- Promoting positive mental health and mental health promotion
- Responding to local need
- Integrated health and social services provision
- Full involvement of users and carers
- Optimising partnerships across providers of services
- Delivering services in a range of settings based upon individual need
- Developing modern mental health services

OBJECTIVES 2002/03	
1.	Complete the integration of health and social care mental health services organised around Primary Care Trust areas by September 2002.
2.	Develop a mental health partnership board and lead commissioning arrangements by April 2002.
3.	Progress the development of the third Community Mental Health Team base by July 2002.
4.	Provide 24 hour staffed accommodation (crisis house) by July 2002.
5.	Provide access to services in crisis situations, through development of the crisis house, telephone help-line and use of mental health liaison service as the single point of access by July 2002.
6.	Facilitate support for carers through the implementation of carers' assessments by April 2002.
7.	Extend the home treatment service, piloted in the West Community Mental Health Team, to cover East and Central Community Mental Health Teams subject to evaluation, by April 2003.
8.	Develop proposals for the provision of local low secure care by September 2002.

OBJECTIVES 2002/03 continued	
9.	Further develop service user involvement through implementation of the User Involvement Strategy by April 2003.
10.	Complete the integration of the Care Programme Approach and Care Management by April 2003.
11.	Complete plans for the re-provision of acute psychiatric hospital care by September 2002.
12.	Reduce bed occupancy below 95% by 2003.
13.	Reduce the re-admissions rate to 12.3% by April 2002.

Achievements to date

In 2001/02, there have been a number of key developments within the local health and social care community including:

- Launch of the user involvement project and the development of a user forum
- The development of a home treatment pilot in the south sector of community mental health services, was launched in February 2002. The pilot is aimed at supporting people at home as an alternative to hospital admission and promoting early discharge from hospital
- The integration of health and social care to form one integrated mental health service is progressing for implementation from April 2002 led by the jointly appointed Director of Care from July 2001
- An appointment of a manager to oversee the development of the CPA /care management locally was made in December 2001
- A joint health and social care training and development worker for mental health was appointed in February 2002
- A development worker focussing on primary care mental health services was appointed in February 2002 to lead on the implementation of standards 2&3 of the NSF, which relates to primary care

National/Local Planning Documents

A Vision and Service Plan for the Development of Adult Mental Health Services.
 The NSF for Mental Health Plans.
 The Mental Health Policy Implementation Guide.
 NHS Plan.
 Health Act 1999
 Mental Health Act White Paper
 Guidance on the Care Programme Approach/Care Management
 Health Services in Prisons
 Modernising Health and Social Services: National Priorities Guidance

Priority Areas

For further information on Mental Health contact:

Sandra Mitchell
Director of Care
Doncaster and South Humber Healthcare NHS Trust
West Lodge
St. Catherine's Hospital
Tickhill Road
Doncaster DN4 8QN

Tel: 01302 796767

Email: sandra.mitchell@dsh.nhs.uk

8. Coronary Heart Disease and Respiratory Disease

Introduction

The Coronary Heart Disease National Service Framework (CHD NSF) was published in March 2000 and identifies the need to improve the heart, respiratory and stroke health of the general population. The incidence of CHD, stroke and respiratory disease is higher in Doncaster than the national average and as a consequence Heart Health is one of the three South Yorkshire Coalfield Health Action Zone priorities. We aim to improve the health of the local population by adopting a comprehensive approach to enable us to achieve the national target of reducing deaths from circulatory disease by 40% by 2010, which in Doncaster equates to reducing the number of deaths from 525 to 315 per annum.

Our approach includes: developing effective targeted interventions which address risk factors and promote healthy lifestyles; improving services and access to them; developing long-term strategies to tackle the wider determinants of health and reduce health inequalities in the district; and to develop appropriate, accessible services based on a process of assessment, treatment and rehabilitation.

Our Aims are to meet the milestones and standards set out in the CHD NSF and support those relating to stroke in the NSF for older people.

For CHD, the details are set out in the NSF for coronary heart disease, but cover:

- Reducing heart disease in the community
- Preventing heart diseases in high risk patients
- Treatment of heart attack, and other acute coronary syndromes
- Treatment of stable angina
- Revascularisation – the surgical treatment of heart disease
- Treatment of heart failure
- Cardiac Rehabilitation

For respiratory disease:

- Reduce the mortality rate from respiratory disease in Doncaster
- Reduce emergency admissions to secondary care
- Standardise the management of patients with respiratory disease in Doncaster
- Standardise the quality of care for children with asthma across Doncaster

OBJECTIVES 2002/03	
1.	Develop actions in response to the Lifestyle Survey to complement the current NSF Action Plan and monitor progress from 2002-2003.
2.	Update the Tobacco Strategy and ensure implementation by July 2002.
3.	Expand the 'Exercise by Recommendation Scheme' in co-operation with the LA Physical Activity Strategy by December 2002.
4.	Appoint a communications project officer to liaise with schools, businesses, peer educators and the media to develop appropriate health promoting programmes and implement the communications strategy by April 2002.
5.	Agree and implement the eating disorders strategy by March 2003.
6.	Promote Data Collection and analysis on CHD patients as the foundation of an Electronic Health Record and develop actions to ensure equality of access by March 2003.

OBJECTIVES 2002/03 continued	
7.	Continue implementation and expansion of cardiac rehabilitation strategy during 2002/03.
8.	Develop a comprehensive service for patients with Heart failure by March 2003.
9.	75% of eligible patients to receive thrombolysis within 20 minutes of arrival in hospital by April 2003.
10.	Reduce the waiting time for revascularisation in accordance with the Governments ' Patient Choice Initiative' during 2002/03.

Achievements to date

In Primary Care:

Primary Prevention

- Smoking Cessation Service in place across Doncaster
- Exercise by recommendation scheme in place in some parts of Doncaster accessed by GP referral
- A successful Community Food Educator Scheme is in place
- Increased nurse educational support for patients to ensure regimen compliance.

Secondary Prevention

- All practices have nurses trained to run CHD clinics
- All practices are developing disease registers and are reviewing all their patients with CHD
- Management of medication scheme developed in PCTs is operational

In Secondary Care:

Doncaster & Bassetlaw Hospitals Trust

- A Rapid Access Chest Pain is established
- A Heart Failure clinic is established
- New equipment bought to improve local investigation of CHD patients
- Improving thrombolysis times for patients following a heart attack
- Comprehensive rehabilitation strategy being implemented

South Yorkshire Ambulance Service

- Successful community resuscitation and first responder schemes whereby the public are trained to act to deal with patients suffering from heart attacks. This has been piloted in Rossington
- New equipment to improve diagnostic accuracy and efficient management of patients with heart attacks

Priority Areas

National/Local Planning Information:

National Service Framework (NSF) for Coronary Heart Disease (CHD)
Local NSF CHD action plan

For further information on Coronary Heart Disease and Respiratory Disease contact:

Dr. John Cornell
Director of Public Health
Doncaster Central PCT
White Rose House
Ten Pound Walk
Doncaster DN4 5DJ

Tel: 01302 320111 ext 2335
Email: john.cornell@doncastercentralpct.nhs.uk

9. Older People

Introduction

Older people are the main users of health and social care services. The NHS and Social Services spend approximately 40% and 50% respectively of their budgets on people over the age of 65. Between 1995 and 2025 the number of people over the age of 80 is set to increase by almost a half and the number of people over 90 will double. The National Service Framework (NSF) for Older People is the key vehicle for ensuring that the needs of older people are at the heart of the reform programme for health and social services set out in the NHS Plan and Modernising Social Services. It is a ten year, comprehensive strategy. Doncaster already has many good examples where services for older people and their carers have been developed. It is now a priority to maintain momentum and achieve the implementation of the NSF locally.

Over the next 3-5 years we aim to move towards:

- Assuring standards of care
- Extending access to services
- Ensuring fairer funding
- Developing services which promote independence
- Helping older people to stay healthy
- Developing more effective links between health and social services and other partners

OBJECTIVES 2002/03	
1.	Local Councils to review eligibility criteria by 2003 and elimination of policies based on age to be commenced.
2.	Single assessment process to be introduced commencing September 2002.
3.	Establish best practice benchmarks by October 2002.
4.	Integrated mental health services. Implement action from district audit to address the changes required. Work to commence June 2002.
5.	Reduce emergency admissions of people over 75 to under 2% and achieve a year on year reduction in delays in discharge (target from April 2002 2.4%).
6.	Review of medicines:- medicines reviewed for people over 75 years of age by April 2002. All hospitals to have one stop dispensing scheme for older people by April 2002.
7.	Implement Intermediate Care Strategy from April 2002.
8.	By March 2003 Social Services/NHS equipment to be pooled and managed by a single inventory.

Future plans

Examples of specific areas of work to achieve the above include:

- A Research project on Intermediate care being conducted by Sheffield Hallam University. This will involve Intermediate Care services across North Trent. However it is proposed that much of the detailed case study will take place within Doncaster Services
- Participation in the Trent Region Health and Social Care Collaborative for Older People has enabled the Doncaster Team to develop local objectives which match the overall goal and aims of the collaborative around reducing duplication of assessments, enhancing discharge planning and improving knowledge of and access to intermediate care
- 'The Essence of Care', a national clinical practice benchmarking tool to advance the clinical governance agenda and, in particular, to help improve quality in eight fundamental aspects of care will be implemented by Doncaster & Bassetlaw Hospitals NHS Trust and Doncaster & South Humber NHS Trust
- Following the District Audit of Mental Health Services for Older People an action plan is being developed by a multi-agency group who will lead this work to achieve NSF standards
- Health Action Zone funding has secured the development of the following projects:

Two part time minority ethnic workers will further develop their roles to improve access to services for older people from black and ethnic minority groups.

The Day Activity Resource Project will be extended so that it is available to disabled and older people in each PCT area.

The employment of an Minorities Ethnic Link Worker to further develop advocacy provision for black and minority ethnic elders, and to complement 'Enable' the existing advocacy service offered currently.

Achievements to Date

- Doncaster Repair & Support Service carries out small repairs and maintenance jobs within people's own homes and gardens, to prevent accidents and to keep people safe and promote independence. This has been started in Doncaster West PCT as a pilot, funded through the Promoting Independence Grant, and will run for one year
- On 28 September 2001 140 older people and their carers attended an event arranged by Age Concern on behalf of the Doncaster Health and Social Care Community. The event was a great success with participants. Recommendations from the event will be actioned through the Older Peoples Programme Area
- The drop in coffee shop which provides information and support for Younger People with Dementia and their carers is now open
- Establishing a 'Volunteer Advice and Support Co-ordinators Project' within a medical centre. The aim of this pilot project is to facilitate the most appropriate pathways for patients who frequently attend the surgery with non-medical problems, who, after screening are offered the support of a 'helping' agency. Evaluation is being conducted by Sheffield University Medical School
- An Anti-ageist Campaign has started with a positive view of ageing. People across Doncaster were asked to nominate Doncaster Champions – people over the age of 55 who had demonstrated a positive lead. For example these could be volunteers, people who had developed new skills, people who used their experience and skills to give something to their communities, families or friends. This formed part of the Life is for Living campaign, which had it's campaign week in October 2001. Work on the anti-ageist campaign is on-going in communities and statutory services. Another event is being planned for 2003

Priority Areas

- With the continued involvement of the Stroke Association, a core leaflet has been produced to provide standardised written information that patients and carers will receive as a minimum regardless of the setting in which they receive stroke care
- Some reconfiguration of stroke services has taken place. This has resulted in the development of a Stroke Co-ordinator post within rehabilitation/community services and released other resources that will be reinvested from April 2002 to further develop services
- Initially introduced in November 2000 as a pilot project, two nurses with wound care expertise were seconded to review the allocation of pressure relieving equipment and there has been successful 'recycling' of a substantial amount of equipment. In addition to this, stronger links between community and independent sector staff and the woundcare unit have been established, providing a basis on which to expand access to services including education, training and specialist advice/support to patients, carers and staff
- From 1 October 2001 the NHS commenced the funding of nursing care and continence products for self-funders in nursing homes. Each self funder has been assessed to determine their registered nursing care needs into one of the three bandings, which corresponds to a level of funding

National/Local Planning Documents:

The National Service Framework for Older People
Joint Investment Plan
Organisational Service Plans
Best Value Service Plans
Promoting Independence Strategy (Partnership & Prevention strategy)
Carers Strategy
Older People's Programme Area
HAZ wide programme
Better Care, Higher Standards
Stroke Services Review and Action Plan
Health & Social Care Collaborative Project

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10. Specialised Services

Introduction

The term “specialised services” covers a wide range of services that that are difficult to define. They are grouped together because they are not offered at all hospitals, treatments usually have a high unit cost and small numbers of patients receive them. In addition, a number of these services are often the subject of national guidance via the National Institute for Clinical Effectiveness (NICE).

Specialised services include:

- Neurosciences
- Genetics
- Specialised elements of cardiac services
- Renal services
- Specialised elements of cancer services
- Cleft Lip and palate
- Critical care services
- Specialised children’s services (including Neonatology)
- Some aspects of child and adolescent mental health services
- Medium/ high secure psychiatric services

A number of the specialised services noted above have been highlighted as priorities at a national level through National Service Frameworks and the National Plan (e.g. cardiac services and genetics); at a regional level – through Trent Regional Office led reviews and service reconfigurations (e.g. cleft lip and palate services); and at a local level such as renal and plastic surgery. At a local level there is a strong commitment from the Doncaster health community to the consortium based commissioning approach across North Trent (NORCOM). The aim of the consortium approach is to co-ordinate commissioning in order to ensure fair access for patients, support for clinicians and best value for money. NORCOM also ensures that an appropriate strategic direction is set for each specialist service. Current examples include the North Trent Renal Strategy. At a national level the main thrust of work over the next few years is to build on the recent definitional work through splitting the specialised service elements out of main Service Level Agreements and establishing common outcome measures and monitoring systems. Again, Doncaster is committed to this work.

OBJECTIVES 2002/03	
1.	Neurology: service re-design programme to increase capacity across North Trent. Programme to be agreed 2002/03.
2.	Development of cancer genetics services, based at Sheffield Children’s Hospital. Development commencing 2002/03.
3.	Renal: increase in dialysis capacity – both across North Trent and locally. A ten year programme to be implemented across North Trent commencing in 2002/03.
4.	Development and increase in capacity for specialised orthopaedics services based in Sheffield. The Business Case to be agreed during 2002 – 2004.
5.	Increase in number of out of area Child and Adolescent Mental Health placements that are brought back to Doncaster – an ongoing programme.

NB: Other targets relating to Specialised Services are contained in the relevant sections, for example Cancer and Palliative Care and Coronary Heart Disease and Respiratory Disease.

Achievements to Date

- **Genetics**
North Trent has submitted a successful bid for national funding for genetics services. This will result in the development and expansion of the service based at Sheffield Children's Hospital, which will in turn improve the waiting times of the services provided for Doncaster residents
- **Renal**
Detailed planning is underway regarding the development of dialysis facilities in Doncaster
- **Plastic surgery services**
Waiting times for plastics patients have been dramatically cut, and it is planned that over the next year they will reduce further

National/Local Planning Documents:

General:

- National Specialist Commissioning Advisory Group Annual Report 2000/2001
- Regional Strategic Commissioning Group for Specialised Services Annual Report 2000/2001
- National Plan

Service Specific:

- Trent Regional Office – Proposal to Develop Cancer Genetics Services in Trent
- North Trent Revascularisation Strategy
- North Trent Renal Strategy

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11. Primary Care

Introduction

Primary Care means the local health services provided by GPs, community nurses, other health professionals, dentists, opticians and pharmacists. These services are usually the first point of contact for people seeking help on health matters, whether this is treatment for an illness or advice on preventing illness.

The Primary Care Trusts in Doncaster aim to modernise primary care by:

- Reducing waiting times to see a GP or other health professional
- Putting patients at the centre of the service they provide
- Improving premises and facilities
- Providing a wider range of services in local settings, which everyone can access

In addition to the above, Doncaster Central PCT aims to implement the “new model of healthcare” which includes pre primary, primary and integrated care. Doncaster West PCT aims to roll out Health Needs Assessment to cover all practices.

PCTs will continue to devote considerable resources to medicines management and ensuring cost-effective prescribing in primary care.

OBJECTIVES 2002/03	
1.	Electronic transfer of all radiology reports and discharge summaries between hospitals and GPs by March 2003.
2.	70% of 5 year old children should have had no dental caries experience, and on average, 5 year old children should have no more than one missing, decayed or filled primary tooth by 2003.
3.	Increase the number of GPs working under the new type of primary care contract known as Personal Medical Services (PMS) by 2003.
4.	Each PCT to increase the number of specialist GPs in the local area receiving referrals from primary care colleagues by 2003.
5.	Each PCT will carry out a patient survey and publish action taken as a result of this, together with the PALS findings, in the Patient Prospectus by March 2003.
6.	Work with all GP practices to improve appointment systems and develop new ways of meeting people’s needs, reducing waiting times by building on the experience of the Doncaster Central Primary Care Collaborative in implementing “Advanced Access” by 2003.
7.	Further develop the Patient Advice and Liaison Service (PALS) which aims to ensure people have help to make the health service work for them, and evaluate the impact of this service, in particular the role of the PALS Coordinator and PALS friendly practices. A Shadow Patient Forum is under development in PCT West, and the learning from this will be utilised by PCTs East and Central in the establishment of their local Patient Forums, when further guidance is received, by 2003
8.	Support practices that wish to improve their premises and take part in a Doncaster wide plan to obtain investment to improve primary care premises, which is known as LIFT, by 2003
9.	Aim to establish a “Teaching PCT” to create more opportunities for people to train in Doncaster and continue to learn throughout their career, and enable the PCTs to recruit more doctors and nurses, by 2003.

Achievements to date

- A new training course for receptionists in primary care has been running in Doncaster since January 2002, aimed at improving communication skills and providing staff with the information they need to understand and meet the needs of people who use their services. So far, 45 people have enrolled on these courses, and more staff are waiting for places
- A project called Invest to Save has set up an advice support worker in six practices across Doncaster from March 2002, and is developing a database to provide information on local services in health and social care
- Smoking Cessation support workers have been established in each Primary Care Trust using non clinical staff in a wide variety of community locations including pubs, community and family centres, to help people stop smoking, with considerable success rates for quitters
- There are a number of Sure Start Projects across Doncaster, as a result of the trailblazer which was established in Denaby. These aim to give children a good start in life, and are targeted on areas of deprivation
- An exercise for health scheme has been successfully established across parts of Doncaster and is being considered for development district wide
- Work is underway to implement "Improving Working Lives" and a training needs analysis has been done across all PCTs. A career structure for district nursing is being developed. There has been Continuing Professional Development funding across the health community. There is now provision of a Child Care Co-ordinator
- Doncaster East PCT, together with local Youth Services, has obtained support from the Neighbourhood Renewal Fund to provide local "teenage friendly" health services in Rossington. We expect to extend this to other parts of Doncaster East through a grant from the Treasury in 2002, complementing existing services for young people in Stainforth and Tickhill
- Doncaster West PCT has invested significant resources in developing an integrated clinical system for practices. Over the next two years this will facilitate the development of the Electronic Patient Record
- There are Young Persons Drop In Centres currently running in Intake, Edlington, Conisbrough, Mexborough, Askern, Carcroft and Bentley, with further plans to establish a centre in Balby
- A Homeopathy clinic is currently being piloted in Doncaster West PCT which when evaluated could provide a Doncaster wide service
- Following successful evaluation of the osteopathy pilot this service has been rolled out across Doncaster Central PCT
- In developing ways to reshape demand to implement advanced access, a system of telephone triage and nurse led minor illness clinics have been successfully implemented in many practices within Doncaster Central PCT
- A pilot of the use of nurse triage at one of Doncaster East's practices has resulted in a reduction in waiting times from 2 weeks to 1 day, with 24% of patients being dealt with by advice on the phone and reduced pressure for reception staff
- Doncaster Central PCT has successfully appointed 3 salaried doctors who support specific practices in the implementation and maintenance of advanced access and who also work a number of sessions for the PCT to support the development of services for the homeless, elderly and child and adolescents
- A Health Inequalities Team has been established to address the complex needs of the increasing number of asylum seekers in the centre of Doncaster. This team will continue to develop services to meet the needs of all ethnic groups
- Through involvement in the New Deal for Communities Programme, working in partnership with other agencies and local residents within a target area in the centre of Doncaster, Doncaster Central PCT has been successful in securing £52.4m to address areas of crime, health, education and unemployment

Prescribing

The cost of medicines in both primary and secondary care remains a volatile, and rapidly growing area of healthcare expenditure. Expenditure on medicines in both primary and secondary care is likely to continue to grow at a rate greater than other areas of healthcare.

Key issues in prescribing for the next few years include:

- The introduction of new drug technologies e.g. for the treatment of cancer, diabetes
- The increased emphasis on preventative medicine meaning more preventative medicines are prescribed e.g. statins used to prevent heart attacks by lowering cholesterol in patients with heart disease
- The impact of clinical governance, National Service Frameworks and NICE recommendations on medicines use e.g. more patients identified requiring treatment, which will increase medicines use in some areas e.g. diabetes, and reduce some medicines use in other areas e.g. in older people
- Changes in patients' expectations and knowledge of their medicines, particularly as a result of the widespread introduction of patient information leaflets, and the availability of information on the Internet
- The continued fight to reduce antimicrobial resistance, partly through more appropriate and judicious use of antibiotics

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12. Provision of Out of Hours Services

Introduction

The Doncaster health and social care community provides a number of services to the residents of Doncaster "Out of Hours". These medical, dental and pharmaceutical services currently have a number of points of access. In response to the Department of Health independent review of out of hours services (Raising Standards for patients – New Partnerships in Out of Hours care) local services are being reviewed to develop an integrated model that puts the patient experience at its very heart. A local steering group has been established to develop a 3 year plan setting out planned activity and the resources required to deliver key national and local out of hours targets. The plan will include a stock take of existing out of hours services and a plan to achieve the Review recommendations and Quality Standards by 2004.

OBJECTIVES 2002/03	
1.	Hold stakeholder event by July 2002
2.	Completion of plan to re-model local out of hours provision by September 2002
3.	All PCTs to have implementation plans in place for single telephone access, through NHS Direct, by patients to GP Out of Hours Care by March 2003.
4.	NHS Direct and Danum Doctors will be working closely in order to develop single telephone access for patients to Out of Hours care during 2003/2004.

Achievements to Date

A joint strategy detailing progress towards achieving the integrated out of hours target has been completed. Stakeholders involved in the development of local out of hours services include:-

Doncaster PCT's
 Doncaster and Bassetlaw Hospitals NHS Trust
 Doncaster and South Humber Healthcare NHS Trust
 South Yorkshire Ambulance Service
 Local Dental Committee (LDC)
 Local Medical Committee (LMC)
 Local Pharmaceutical Committee (LPC)
 Healthcall Limited
 Danum Doctors Limited
 Community Health Council
 Social Services
 NHS Direct

Priority Areas

National/Local Planning Documents

Raising Standards: Partnerships in Out of Hours Care
Three Year Implementation Plan

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13. Capacity & Waiting Times

Introduction

Locally and nationally there is a desire to deliver faster, more convenient services for patients. In order to do this, issues around the ability to deliver improvements in access to secondary care, in terms of physical capacity and workforce availability need to be addressed. In particular, both secondary and tertiary care bed and theatre capacity are stretched. Whilst recognising that there are real resource requirements, the Doncaster health and social care community aims to explore ways in which delivery can be improved by involving frontline staff in the redesign of services around the needs of the patients.

Demand Management is approached as a health community wide issue. Primary and secondary care work collaboratively to improve the patient journey and maximize the use of clinical skills. APPROACH (Agreed Pathways and Programmes for Accessing Care in Health) facilitates this process by bringing together relevant clinicians from across the health community to work together on patient pathways, referral guidelines and management protocols.

In Doncaster in order to achieve improvements in capacity and waiting times we aim to focus on ways in which to improve the patients experience of accessing healthcare services whilst still providing the best quality of care.

To achieve this aim over the next 3 to 5 years we will:

- Improve inpatient and outpatient waiting times
- Improve access for specific conditions such as Cancer and Coronary Heart Disease.
- Reduce waiting times for emergency care
- Reduce the number of operations that are cancelled by the hospital
- Provide patients with choice about the time and date for all hospital appointments

OBJECTIVES 2002/03	
1.	Improving processes in GI Surgery, including streamlining the repeat colonoscopies process and eliminating hidden waits, by March 2003.
2.	Improve processes in orthopaedics by increasing orthopaedic theatre sessions, improving clinic utilisation, avoiding unnecessary follow-ups and identifying patients who can be seen by a non-medical health professional by March 2003.
3.	Improving access to Tertiary care by identifying potential solutions and 'front end' actions that can be carried out by the health community to improve waiting times for out of district referrals, by March 2003.
4.	Increasing user involvement in service redesign during 2002/03.
5.	90% of patients to spend no more than 4 hours in A & E from arrival to admission, transfer or discharge, by March 2003.
6.	Achieve a maximum wait of 5 months (21 weeks) for an out patient appointment and reduce the number of over 13 week out patient waiters, by March 2003.
7.	Achieve a maximum wait of 12 months for all in patient waiters, and reduce the number of 9 month in patient waiters by March 2003, and ensure that overall list size reduces during the year.

OBJECTIVES 2002/03 continued	
8.	By March 2003, reach a level of 80% booking of day cases. Increase booking from and within general practice and significantly increase booking for in patient elective admissions and out patient appointments. Where in patient waiting lists are longer than 6 months partial bookings should be implemented, moving to full booking as lists come down.
9.	100% of daycases will be booked by March 2003.
10.	30% of inpatients, first outpatients, follow up appointments, appointments for Professionals Allied to Medicine and diagnostics will be booked by March 2003.
11.	Redesign services to ensure patients see the most appropriate healthcare profession, at the most appropriate time, in the most appropriate location by March 2003.
12.	Establish improved communication between the Trust and patients and GPs by March 2003.
13.	Develop the role of APPROACH in demand management initiatives across the work of the health community during 2002/03.
14.	Ambulance response times will be improved so that ambulances will respond to 75% of calls to life threatening emergencies within 8 minutes by December 2002.
15.	75% of heart attack patients will receive thrombolysis within 20 minutes of their arrival in hospital. Ambulance crews will also be trained to provide thrombolysis for appropriate patients before they arrive in hospital by 2003.

Future Developments

Examples of specific areas of work to achieve the above includes:

- Sheffield Hallam University Theatre Capacity Project
- Tacking Cancelled Operations Project
- Nursing Input to Reforming Emergency Care
- Orthopaedic Theory of Constraints Workshop and Action Plan
- GI Surgery Theory of Constraints Workshop
- 4th Wave Booking Project Programme.

The National Booking Project

The National Booking Project Programme (formerly known as the Booked Admissions Programme) was launched in 1998 as part of the Government's strategy for modernising the NHS. The programme is designed to make the NHS more accessible and convenient, and to use resources more efficiently.

In the traditional system patients are placed on waiting lists for outpatient appointments and for treatment. The patient may experience anxiety and uncertainty in not knowing when the appointment or treatment may occur. This system may also lead to inefficiencies in the use of hospital resources, particularly if the patient does not attend. Booking systems seek to overcome these problems by replacing the uncertainty of not knowing how long the wait will be by negotiating with the patients a date for the appointment or treatment.

Priority Areas

All primary and secondary care organisations in the Doncaster and Bassetlaw health communities are participating in the 4th wave. Specific projects are being undertaken in Endoscopy and Gastrointestinal services, Palliative Care, Urology, Dermatology and Outpatients.

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Emergency Care

Improving Emergency Care is one of the three national priorities for the NHS in 2002/03. Guidance issued last year in 'Reforming Emergency Care' is intended to reduce waiting times for Emergency Care and provide more accessible and different forms of appropriate Emergency Care.

The guidance also introduced 'Emergency Care Networks' that need to be set up for every Health Community.

In Doncaster work has already started on the setting up of an Emergency Care Network and a multi agency process Redesign Project has launched involving Trusts, Social Services, PCT's and South Yorkshire Ambulance Service (SYAS).

The Process Redesign work aims to improve access to Emergency Care and look at ways of delivery services differently putting the patient at the centre of care.

Examples of specific areas of work to achieve the above include:

- Process redesign work for Emergency Care led by SYAS
- Developments in out-of-hours services to improve access to appropriate Emergency Care Services
- Work with Doncaster and Bassetlaw Hospital Trust and the PCT's on the balance between emergency and effective work
- The development of the Emergency Care Network including a mapping exercise.
- Doncaster and Bassetlaw Hospitals NHS Trust has begun the introduction of streaming in A&E
- An out-of-hours review led by the Health Authority included looking at improvements in access to Emergency Care
- A multi-disciplinary group is now working on the redesign of certain elements of emergency care
- Doncaster & Bassetlaw Hospitals Trust have set up an internal emergency care group and are implementing the recommendations from Reforming Emergency Care starting with additional nursing support in A&E

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Achievements to Date

- **One Stop Acute Myocardial Infarction (AMI) Clinic**
A one-stop acute myocardial infarction follow up clinic has now been established within the Doncaster and Bassetlaw Hospitals Trust. Whilst still in hospital following an Acute Myocardial Infarction the patient agrees a convenient date for all follow up investigations. Investigations are then organised to be undertaken in the one-stop clinic. Also all eligible AMI patients have the opportunity to be referred to an AMI Cardiologist clinic. The Cardiologist provides the patient with the results of tests and informs them of the next steps in their care. Patients with positive exercise tests will be placed immediately on the list for Angiography. Hence, patients have to attend the hospital for fewer appointments and are seen at a time and date that is suitable to them.
- **Orthopaedics Service - Theory of Constraints Workshop**
In March 2001 staff from the orthopaedic directorate, staff from supporting departments and representatives from PCT's and Doncaster Health Authority attended a two-day workshop. With the assistance of Ashridge Consultancy, the Theory of Constraints methodology was used to develop an action plan which would achieve real improvements in service delivery, whilst recognising the real constraint the department has on capacity. The outcome of this workshop was reviewed in Dec 2001. Success has been demonstrated in:
 - Improved Orthopaedic Theatres Utilisation
 - Improved use of outpatient appointments in Fracture Clinics
- **Action on Cataracts**
The aim is to reduce, by 2003, the time patients wait from referral to operation to 6 months. In order to do this the Local Health Community, Project Team, Clinicians and all staff groups working within ophthalmology improved the patient process. This increased efficiency of outpatients and theatre lists and also reduced the number of steps in the patient journey. The outcome of this was to:
 - Reduce new outpatient access from 102 weeks in 1999/00 to 13 weeks in 2001/02
 - Reduce in-patient and day case waiting times from 12 months in 1999/00 to 3 months in 2001/02 for 90% of patients.
 - Increased numbers of cases on theatre lists
 - Increased flexibility of medical staff

National/Local Planning Documents

- LMR Stage II Action Plan capacity and waiting times
- Patient Services (Doncaster and Bassetlaw Hospitals)
- Emergency Activity Plan
- Capacity Plan
- 4th Wave Booked Admissions Project Plan
- Nursing Contribution to Reforming Emergency Care

Priority Areas

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14. Drugs

Introduction

Drugs are a serious problem in the UK. Illegal drugs are increasingly more widely available and children are often exposed to them.

Over the next 3-5 years we aim to:

- Increase the levels of knowledge of 5 to 25 year olds about the risks and consequences of drug misuse
- Reduce the number of young people under the age of 25 using illegal drugs
- Work with communities to reduce the harm they experience from drug related anti-social and criminal behaviour
- Reduce the levels of repeat offending amongst drug misusing offenders by 25% by 2005.
- To increase the number of problem drug misusers in drug treatment programmes from 550 in 2000 to 913 in 2005
- To develop a broader range of service options which can be employed to meet the needs and circumstances of individuals more accurately
- To stifle the availability of illegal drugs
- To reduce access to class A drugs amongst young people

OBJECTIVES 2002/03	
1.	Measure and monitor young people's knowledge about drugs. Produce research findings by March 2003.
2.	Agree, disseminate and support, delivery of common messages amongst all relevant organisations and agencies. Joint message to be agreed by March 2003.
3.	Promote healthy lifestyles through supporting the development of alternative/diversionary activities. Take forward the scheme concept by March 2003.
4.	Support community initiatives to develop locality based approaches to addressing locally identified drug issues. Implement first year of CAD (Communities Against Drugs) programme by March 2003.
5.	Promote and support drugs in the workplace initiatives by March 2003.
6.	Support the development of criminal justice initiatives including the Drug Testing Street Crime Initiative by July 2002.
7.	Increase the number of problem drug users in treatment programmes by 66% by 2005.
8.	Develop the range and amount of service provision which will improve access to service and treatment by March 2003.
9.	Address the public health issues involved with regard to provision of Hepatitis vaccination and needle / syringe exchange. Achieve 100% of participating pharmacies on the training course by September 2002, HEPB programme to 100 clients by March 2003.

OBJECTIVES 2002/03 continued	
10.	Establish an effective user consultation process by December 2002.
11.	Establish an integrated care pathway approach to dual diagnosis by June 2002.
12.	Improve data collection and better inform future planning. First completed data set available by March 2003.
13.	Reduce street level dealing in Class A drugs. Purchase of appropriate equipment by July 2002. Large scale operations to have commenced by March 2003.
14.	Improve the quality and quantity of intelligence received in relation to drugs. Appoint a country wide (SYP) analyst by March 2003.
15.	Reduce the availability of drugs in prisons. Commence prison visitor operations by March 2003.
16.	At least 30% of GPs to be offering services through a shared care scheme by 31 st March 2003.

Future plans

Examples of specific areas of work to achieve the above includes:

- Establishing a Hepatitis vaccination and education programme
- Establishing a multi-agency rehabilitation / reintegration scheme
- Develop Early Intervention with drug users
- Pilot a new approach to residential detoxification in a social setting
- Increase social work provision
- Increase Drug Treatment and Testing Order provision
- Improve and increase methadone provision

All PCT's are involved and committed to the development of the Borough wide strategic approach to drugs which ensures that a wider range of services are made available.

Doncaster East PCT has established a Shared Care Project in Thorne which provides both detoxification and methadone programmes. It targets younger, less entrenched drug users, offers immediate access and is provided in the community where the user lives.

Doncaster Central PCT has developed a project targeting the prostitutes through the Streetreach project. It is GP led and is able to address drug, general health and criminal related behaviours. It forms part of the Prostitution Exit Strategy.

Doncaster West PCT has a well established Shared Care Project which has been awarded a Beacon of Excellence. Twenty four GP's are involved in the project which provides service across the PCT area. It offers detoxification to the younger, less entrenched drug users, offering immediate access and is provided in the community where the user lives.

Achievements to Date

- **Drug Treatment and Testing Orders (DTTO)**
Doncaster has established an extremely successful approach to DTTO. Within eight months it had reached the capacity expected in twelve months. Clients have been very committed and remained engaged with the project in far greater numbers than the pilot schemes elsewhere in the country had predicted
- **Drug work in Youth Offending Team (YOT)**
A fast track assessment and treatment service has been established for youths using heroin whose offending is linked to drugs. The service has been operational since September 2001 and is proving to be very successful offering both detoxification and maintenance programmes. During the first quarter period of the service 21 young people were offered Tier 2 support, 31 referred for treatment within Tier 3 and 1 young person referred for Tier 4 residential rehabilitation. (The Tiers are in relation to the Health Advisory Service (HAS) Tiers)
- **Extended Opening Hours**
Extended opening hours are on offer within the Community Drug Team, these are weekday evening and Saturday mornings. This has enabled 50 additional methadone places, 92 additional naltrexone counselling places and additional needle / syringe exchange sessions
Figures are showing that 30% of new contacts are from the extended opening hours and the needles/syringes given out have increased by approximately 50%
- **Diversionsary Activities**
Doncaster continues to develop diversionsary activities aimed at reducing the number of young people either engaged in or on the fringes of drug use. The Spring Activities Scheme 2002 was targeted at 'at risk' children including; young offenders, truants, looked after children, children excluded from school, homeless people, children of drug-users, asylum seekers, refugees, travellers, ethnic communities, young people with disabilities and young people whose attendance at school had improved during the academic year

National/Local Planning Documents:

- Drug Action Team Treatment Services Strategic Approach
- Drug Action Team Treatment Plan (available April 2002)
- Drug Action Team Young People Substance Misuse Plan (available May 2002)
- Drug Action Team Reporting and Planning document (available May 2002)

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15. Children & Young People

Introduction

In Doncaster our aim is that every child and young person has the best possible start in life, is brought up in a safe, happy, secure and healthy environment, is consulted, listened to and heard, and is given every opportunity to achieve their full potential. Children and young people are the largest, most vulnerable group within our population. The patterns for health in adulthood are laid down in childhood and while some of these will result from hereditary factors, the influence of social and economic factors is far greater. Children and young people have been included as a priority in the South Yorkshire Health Action Zone to improve the health of children and young people by tackling inequalities in health and access to services.

OBJECTIVES 2002/03	
1.	Family Support: Develop multi-agency Family Support Strategy, by December 2002.
2.	Family Support: Deliver Sure Start 5 th Wave in partnership with Family Centres/Early Years/Children's Fund developments, by November 2002.
3.	Family Support: Implement agreed Children's Fund Programmes by December 2002.
4.	Maternity Services: Continue to work in partnership to improve the quality of, and ensure appropriate access to, Maternity Services by March 2003, including any issues arising from the NSH for Children.
5.	Vulnerable, Looked after Children & Care Leavers: Implement Quality Protects (QP) Management Action Plan 4, including Performance Assessment Framework of QP targets, by March 2003.
6.	Vulnerable, Looked after Children & Care Leavers: Deliver teenage pregnancy targets, by March 2003.
7.	Vulnerable, Looked after Children & Care Leavers: Promote and safeguard the welfare of vulnerable and socially excluded children, particularly those looked after by the Local Authority and care leavers, by March 2003.
8.	Vulnerable, Looked after Children & Care Leavers: Implement the LEA Behaviour Support Plan, by March 2003.
9.	Child & Adolescent Mental Health Services: Develop comprehensive and accessible mental health services for children and young people, and their families, by December 2002.
10.	Child & Adolescent Mental Health Services: Provide clear information to professionals in relation to accessing appropriate levels of care, by March 2003.
11.	Child Protection: Deliver the targets in current Area Child Protection Committee (ACPC) Business Plan, by March 2003.
12.	Child Protection: Review ACPC Business Plan to encompass 3 to 5 year strategy, by September 2002.
13.	Child Protection: Implement the Joint Assessment Framework for Children and Families in need, by March 2003.

OBJECTIVES 2002/03 continued	
14.	Child Protection: Support young people at risk through prostitution through the Streetreach project, review by January 2003.
15.	Health of Children & Young People: Improve the health of children and young people through the delivery of appropriate effective needs led health care services, by March 2003.
16.	Children with Disabilities: Develop a multi-agency strategy for children with disabilities and their families, including implementation of Carers and Disabled Children's Act 2000, by December 2002.
17.	Children with Disabilities: Deliver a comprehensive range of services for children with disabilities and their families to maximise independence and to ensure social and educational inclusion, by March 2003.
18.	Youth Crime: Implement Youth Justice Plan 2002/03, by March 2003.
19.	Education: Implement the Strategic Plan for Education and Culture, including the Strategic Plan for Inclusion and the Education Development Plan. These plans include improved educational attainment for looked after children, by March 2003.
20.	Education: Improve levels of educational attainment, and to reduce truancy and exclusions narrowing the gap by 2004 between the proportion of children in care and their peers who are cautioned or convicted, by September 2002.
21.	Drugs: Finalise and implement Drug Action Team Strategy (2002/03) relating to children and young people, by March 2003.
22.	Drugs: Prevent young people becoming involved in drug misuse by providing timely and effective interventions for young drug users, by March 2003.
23.	Citizenship Involvement in Decision Making: Support the further development of citizenship and the building of social capital through processes and structures such as Schools Council, Youth Forums and Children's Rights Service, which enable participation in decision making processes and community life, by March 2003.
24.	Lifestyle Opportunities: Develop a sexual health awareness programme for looked after children and their carers, by March 2003.
25.	Lifestyle Opportunities: Increase the level of accessibility of preventive support for hard to reach groups, by March 2003.
26.	Lifestyle Opportunities: Promote positive lifestyle opportunities for all children and young people to reduce risk taking behaviours and encouraging participation in sporting, cultural, leisure and community based activities, by March 2003.
27.	Housing & Transport: Implement the Accommodation Strategy, by March 2003.
28.	Ethnic Minorities, Children with Special Needs & Children from Travelling Families: Implement Programmes 3 and 4 of Children's Fund by March 2003.

Achievements to Date

- An additional three new Sure Start projects have been set up bring the total to five. These are linked to Family Centre and Early Years provision. The Denaby Sure Start Building was completed and the Woodlands Family Centre opened in March 2002. Sure Start – Denaby has been successfully established
- Children's Fund: After School provision has been developed and is operational
- SYCHAZ has established Sure Start Plus services and a Supporting Young Dads project enabling fasttrack implementation of the Teenage Pregnancy Strategy
- Healthy Schools Accreditation has been achieved
- Fruit in Schools and Breakfast Club Pilots have been established
- Involvement of Young People: The following has been achieved – Production of a Care Leavers Video, establishment of Youth Forums and School Councils, Young people are now involved in the interviews for Children's Fund Programme posts and Connexions Advisors
- Designated doctor and nurse for child protection has been achieved
- Development of young peoples drop in centres for health advice including access to family planning services
- Implementation of the Excellence in Cities programme in Doncaster secondary schools, including learning mentors, learning support centres and support for gifted or talented pupils
- Secondary school attendance rates up 0.5% over the past year, against a national decrease of 0.2%
- Permanent exclusions down from 112 in 2000-01 to 52 for 2001-02 (up to May 2002)
- Number of pupils on roll in special schools down from 710 last year to 660 this year, with greater numbers of those pupils on roll in special schools benefiting from mainstream experiences
- Extensive review of LEA Behaviour Support Services and Pupil Referral Units resulting in increased capacity for preventative support to schools and support for excluded pupils

National/Local Planning Documents

Family Support Strategy
Early Years Development and Child care Partnership
Maternity Services Liaison Committee
Children & Young People Strategic Plan
Child and Adolescent Mental Health Service group
Doncaster Area Child Protection Committee
Children's Disability Group
Crime and Disorder Partnership
Education Development Plan
Behaviour Support Plan
Quality Protects Management Action Plan
Drug Action Team Plan
Education Development Plan

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16. Learning Disability

Introduction

Learning Disability has been a local priority for a number of years and this has been given added impetus following the publication in March 2001 of the White Paper, 'Valuing People'. Valuing People is the most significant government directive for 30 years regarding Learning Disability. Although there is no intention to legislate, Valuing People sets out a challenging agenda to modernise services for people with a learning disability. This will require a substantial commitment to develop services across Health and Social Services. The importance of these developments has been underlined by the joint Health and Social Services Best Value Review conducted in 2001. This review incorporated the relevant recommendations for improvement from the Joint Review of Doncaster Social Services. The Best Value review has made significant recommendations for change including extensive use of health act flexibilities regarding lead commissioning and pooled budgets

We aim to ensure:

That people with learning disabilities in Doncaster are fully included in society and are supported to realise their potential with greater control and a greater range of choices in their lives. This will be achieved by developing supportive and inclusive public services for people with learning disabilities in Doncaster, which enable access to similar work, education, training, leisure, accommodation and other opportunities as other citizens and to provide effective help and support to carers.

OBJECTIVES 2002/03	
1.	Review the role and function of the Community Learning Disability Teams, by October 2002.
2.	Introduce a framework for person centred planning commencing in May 2002.
3.	Develop an inter-agency quality assurance framework, by May 2002.
4.	Produce a workforce and training plan, to enable us to meet national targets, by August 2002.
5.	Develop a local housing strategy for people with learning disabilities, by August 2002.
6.	Develop a plan to modernise day services, by January 2003.
7.	Produce a local employment strategy to increase the number and range of employment opportunities for people with learning disabilities, by January 2003.
8.	The development of health act flexibilities, to enable lead commissioning and pooled budgets to be put in place to ensure a cohesive commissioning activity for learning disability services across the health and social care community during 2002/03.
9.	The development of the Learning Disability Partnership Board (Programme Area) to be responsible for planning and commissioning services and advises on supporting primary and general health care services to work with people with learning disabilities. The Board commenced in October 2001 and will be ongoing.

OBJECTIVES 2002/03 continued	
10.	A person centred planning sub-group to be established to lead on the production of the necessary framework and oversee the early stages of implementation of a new approach to planning with people with learning disabilities that places the needs and aspirations of people at the heart of the individual planning process. To be in operation by February 2003.
11.	Establish a quality assurance sub group to produce a quality assurance framework across all local providers that ensures high quality services for people with learning disabilities. To be in operation by February 2003.
12.	The expansion of supported housing services to provide a greater range of housing options. Work ongoing during 2002/03.
13.	The development of a challenging behaviour team to support people and their carers in the community by March 2003.

Achievements to Date

- The pamphlet on Core Symbols for use across Doncaster has been produced and is now in use
- The number of supported housing projects for people with Learning Disabilities have been expanded and are provided in conjunction with a variety of independent providers and housing associations
- A horticulture unit at Adwick Social Education Centre has been developed
- A joint Health and Social Services Learning Disability Team has been established at Girton Lodge
- An agreement to establish a pooled budget for the Community Adult Learning Disability Team has been reached

National/Local Planning Documents

There are a number of other related objectives underpinning these broad aims within the Best Value Review Action Plan, which will need to be completed. Please see the Learning Disability Best Value Summary Report on the DMBC website: www.doncaster.gov.uk

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17. Physical Disability

Introduction

One of the main strands of national policy across the health and social care agenda is promoting independence and this is particularly welcome for disabled people. There is renewed emphasis on providing high quality rehabilitation and on initiatives such as direct payments. More specifically, both the NHS Plan and the NSF Older People look to the development of intermediate care and the integration and expansion of community equipment services.

Local priorities reflect the national agenda and are enhanced by the fact that Doncaster is part of the South Yorkshire Coalfield Health Action Zone where the focus is with disability in later life.

We aim to:

- Improve information services making best use of information and communication technology
- Work closely with the older people's programme area to ensure effective pursuit of common interests (particularly with regard the NSF Older People
- Continue the development of the Joint Investment Plan (Welfare to Work)
- Continue to pursue all the objectives of the Health Action Zone, Older People with a Disability Programme, both locally and across the South Yorkshire Coalfields Region
- Maintain close links with the Healthy Living Centre Initiative

OBJECTIVES 2002/03	
1.	Establish a register of accessible housing supported by a Senior Occupational Therapist as the first step toward a Disabled Person Housing Service by December 2002.
2.	Seek the necessary resource to ensure recruitment to the post of Access Officer within the local authority by December 2002.
3.	Maintain the reviews of specialist provision in support of service development (wheelchair and special seating, deafblind and sensory, traumatic brain injury, stroke, multiple sclerosis) and act, as appropriate, on any emerging recommendation during 2002/03.
4.	Continue to pursue the social inclusion/reducing inequality agenda, particularly as outlined in the Borough Strategy during 2002/03.
5.	Seek to inform the Transport Plan regarding the needs of disabled people through ongoing representation on the SYPTE Advisory Group. (Study of Social Transport Services for Socially Excluded People ongoing) during 2002/03.
6.	Secure the future of successful HAZ projects (Employment Support, Day Activity, Advocacy, Assistive Technology, 'Stepping Out', Ethnic Minorities Outreach) by contracting into Mainstream Funding by July 2002.
7.	Support the implementation of a Taxi Voucher Scheme currently under active consideration by DMBC.

OBJECTIVES 2002/03 continued	
8.	Implement the Transition Protocol by September 2002.
9.	Implement the recommendation of Social Services Inspectorate (SSI) Inspection 'Support to Disabled People in their Parenting Role' as per separate action plan during 2002/03.
10.	Review and update the Chronically Sick and Disabled Persons Register by March 2003.
11.	Monitor the implementation of single assessment for disabled people during 2002/03.
12.	Review workforce requirements across the disability service area by March 2003.
13.	Continue implementation of the Joint Investment Plan, Welfare to Work (see separate plan for detailed timetable of actions) during 2002/03.
14.	Maintain programme of submissions to sources of external funding by May/June 2002.
15.	To complete the review of the Direct Payments scheme by July 2002.
16.	To complete the review of services to Deafblind children and adults by September 2002.
17.	To implement the HAZ 2002/2003 programme by July 2002.
18.	To increase the range of wheelchairs provided across Doncaster and work to develop a local special seating service during 2002/03.

Achievements to date

- Amersall Court, registered care home for physically disabled people, was opened on 17 December 2001 by the Rt Hon Kevin Hughes MP. The home, now run by South Yorkshire Housing Association, offers a high standard of both care and accommodation and is committed to enabling users to be as independent as possible
- Funding for The Health Action Zone for 2002/2003 has been agreed (£2.5m). This will enable further development of the already innovative HAZ Programme
- Agreement has been reached, between Social Services Directorate and Doncaster and South Humber Healthcare Trust, to pilot a rapid response bathroom equipment service. This should mean that people needing assistance with bathing and toileting will be issued the equipment they need almost immediately they are referred
- A Best Value Review of Housing Services has found a high level of user satisfaction with service received from Occupational Therapists in support of application for Disabled Facilities Grants
- Review of general practice for Disability Discrimination Act

Priority Areas

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18. Diabetes

Introduction

The recently published *National Service Framework for Diabetes: Standards* document builds on recent developments and sets out the aims, standards, rationales and key interventions, together with implications for planning services.

The strategic vision is to enable more people to live free of diabetes, more people to live free from the complications of diabetes and their consequences: and more women to deliver healthy babies with less risk to themselves. The second stage of the *NSF for Diabetes: Delivery Strategy* will be published in summer 2002. It will be a more detailed plan setting out the actions to be taken by local health and social care systems, milestones, performance management arrangements and the underpinning programmes to support local delivery.

Locally, a local implementation team (LIT) has been established to:

- Improve the health of people with diabetes in Doncaster by developing a strategic patient centred approach to diabetes
- Implement all diabetes related objectives, particularly those encompassed in the National Service Framework and local health action plans
- Work to develop strategies to prevent people developing diabetes and implementing all diabetes prevention related objectives
- Promote local research into diabetes

The Doncaster Diabetes Service Advisory Group (DDSAG) will continue to take the lead in the development of clinical guidelines and to make recommendations to the LIT on clinical and operational issues to optimise diabetes care.

OBJECTIVES 2002/03	
1.	Develop a business case for the introduction of an annual screening programme through the use of Diabetic Retinopathy Camera by September 2002.
2.	Ensure 70% of all patients with diabetes receive annual checks in primary care by March 2003.
3.	Develop pathways of care, encompassing primary, secondary and tertiary care by March 2003.
4.	Improve education standards for staff by March 2003.
5.	Develop a prescribing formulary in line with DDSAG guidelines by March 2003

Achievements to date

- Young People's clinic established in Diabetes Centres
- Diabetes specialist nurses in post since 1980
- Diabetes and endocrine centre established for meetings and education
- Well established Doncaster Diabetes Services Advisory Group (DDSAG)
- Guidelines for GP's published and regularly updated
- District wide Diabetes Register established and regularly audited
- Weekly foot clinic at Doncaster Royal Infirmary
- Diabetic clinics held in most GP practices
- Diabetes specialist nurses provide screening services especially for ethnic minorities where prevalence of diabetes is higher and during Diabetes week
- Well established branch of the Diabetic society

Priority Areas

National/Local Planning Documents

The National Service Framework for Diabetes: Standards www.doh.gov.uk/nsf/diabetes
The National Service Framework for Diabetes: Delivery Strategy (to be published summer 2002).

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19. Accidents

Introduction

Accidents are the single most common cause of death for children and young people. They are also a major cause of death and serious disability among older people. Falls are the most likely form of accidents involving older people and apart from the obvious injuries, they are mentally distressing. Often these falls result in hospitalisation and many contribute to loss of life. Road accidents are single most likely cause of death for young people, and the United Kingdom has one of the highest rates of child pedestrian casualties in the European Union. For example accidents, particularly involving children have been shown by national research to be up to five times more likely to occur to those in deprived or socially disadvantaged areas than those living in the less deprived areas.

The Doncaster Accident Prevention Strategy is a partnership strategy aimed at reducing pain, grief and suffering brought about by accidents in the Doncaster Metropolitan Borough. The objectives of the strategy are to:

- Encourage sustainable multi-agency accident prevention partnerships
- Support effective accident prevention interventions
- Address how local and national resources can be used to reduce accidents in Doncaster
- Address the socio economic inequality associated with accidents particularly those involving children and young people

The strategy is focused towards meeting two national accident/casualty reduction targets which are set for 2010. These targets are set out below:

Our Healthier Nation White Paper - Saving Lives published by the Government in June 1999 challenges accident prevention professionals and practitioners by 2010:

- to reduce death rates by at least 20%.
- to reduce serious injury rates by 10%.

Tomorrow's Roads - Safer for Everyone published by the Government in March 2000 details the road safety strategy and casualty reduction targets for 2010. The new targets propose the following casualty reductions measured against the baseline average for 1984-1998.

- 40% reduction in the number of people killed or seriously injured
- 50% reduction in the number of children killed or seriously injured
- 10% reduction in the slight casualty rate, expressed as the number of people injured per 100 million vehicle kilometres

The above targets offer a clear focus for accident prevention programmes for the years to 2010. Partnership working is highlighted in each document as being the way forward if these ambitious targets are to be delivered. The Service Delivery Plan for the Public Safety Unit of Doncaster MBC is aimed at providing services which are intended to make a significant contribution to these objectives locally.

OBJECTIVES 2002/03	
1.	2000 children in school years 1 and 4 will receive practical pedestrian skills training by 2003.
2.	200 children in school year 1 will receive Kerbcraft pedestrian skills training (see achievements to date) by 2003.
3.	500 children in school year 6 will receive practical cycle training. 3000 school year 5 children will participate in a home safety activity through the multi-disciplinary crucial crew experience by 2003.
4.	Twelve schools will be involved in the development of School Travel Plans through a partnership between the Public Safety Unit of Doncaster MBC and the Healthy Schools Team by 2003.
5.	The on-going Safer Routes to School partnership will continue to deliver a programme of safety improvements to Doncaster schools by 2003.
6.	Doncaster will participate in the Yorkshire and Humber Region Walk to School Week in the Autumn Term by 2003.
7.	A social/educational/fitness programme will be introduced through partnerships established by the Accident Prevention Strategy group for the over 55's by 2003.
8.	A home safety assessment toolkit to assist visiting professionals from the various care services to carry out in home assessments will be distributed during 2002. A companion toolkit for home users by householders will also be made available during 2002. Both these toolkits are products of the Accident Prevention Strategy and their development was funded by a partnership between the social Services and Environment Health and Housing directorates of Doncaster MBC. The development process involved a multi-disciplinary group encompassing DMBC and Health professionals by 2003.
9.	The pilot Doncaster Care and Repair Service established in late 2001 will be on-going through 2002 by 2003.

Achievements to date

- Kerbcraft - Doncaster MBC. Public Safety Unit were awarded a government three grant to employ a pedestrian skills co-ordinator as part of a national pilot scheme. The scheme involves training children in the Balby, Hexthorpe, Hyde Park, Wheatley, Intake and Town Fields areas of Doncaster. These areas demonstrated a clear correlation between government assessed deprivation indexes and child pedestrian casualties
- Practical road safety skills - during 2001 over two thousand children received practical road safety training
- Home safety education - 2750 children in school year 5 participated in home safety education at the 2001 Crucial crew experience
- Walk to School Week - promotion/publicity materials were distributed to 10,000 families, supported by radio advertising and a bus back campaign during the week. It is estimated that approximately 2,500 children who did not normally walk, walked to school on three or more days during the week
- The Doncaster Care and Repair Service was established as a pilot scheme in PCT West

Priority Areas

- Developing Community Leadership - community development workers were employed to deliver practical road safety training to children in the Moorends /Thorne /Hatfield/ Conisbrough/ Mexborough/ Denaby communities

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20. Workforce

Introduction

The Workforce Development Strategy arising out of the Local Modernisation Review (LMR) process will have regard for the national initiatives that are driving the agenda, particularly:

- The NHS Plan
- Improving Working Lives
- The Human Resource Performance Assessment Framework
- Development of Leadership Skills, particularly in clinical groups
- Achievement of Working Together targets
- National Service Frameworks

Background

The health and social care community will continue to develop opportunities for workforce development through a series of strategies in order to achieve milestones in workforce development associated with NHS Plan targets.

The key issues will be:

- GP Recruitment and Retention strategy
- Nurse Recruitment and Retention strategy
- Expansion of local cadet scheme provision
- Increasing consultant medical staffing to take account of Doctors in Training requirements, together with those arising out of the other key service elements e.g. Critical Care Networks, Cancer Collaborative, National Service Frameworks for Coronary Heart Disease, Mental Health and Older People
- Working in conjunction with higher education to ensure appropriate educational provision for enhanced roles arising out of the Modernisation Agenda
- Developing a framework for Lifelong Learning
- Investment in Continuing Professional Development across the whole of the health and social care community
- Continuing the success of TARGET which provides primary care based protected learning time for continuing education
- Enhancing capacity to achieve the leadership challenge

The key elements of this strategy are:

OBJECTIVES FOR 2002/03	
1.	Expand the local cadet scheme to cover acute and primary care by September 2002.
2.	Invest in a Continuing Professional Development (CPD) strategy across all NHS bodies in Doncaster by: <ul style="list-style-type: none"> • Producing a clear Training and Development Strategy and Plan for the local health community by July 2002 • Development of computerised training records by August 2002 • A baseline assessment of Continuous Professional Development for the health community by December 2002 • Development of an infrastructure for PCT frontline practitioners to enhance roles in response to changing healthcare needs.

OBJECTIVES 2002/03 continued	
	<ul style="list-style-type: none"> • Develop of group of tutors within the health community to provide staff with numeracy and literacy skills • To continue integration of workforce development with other key strategies, e.g. Information for Health • Child Care Strategy <ul style="list-style-type: none"> • Increase staff numbers in line with the NHS Plan
3.	All NHS Employers accredited for new working lives standards by 2003. (Doncaster and Bassetlaw Hospitals NHS Trust to be assessed in July 2002).
4.	Increasing the number of childcare places for staff. There are currently 50 places at Doncaster Royal Infirmary and 12 places for 6mths to 2year olds, 30 places for 2 – 4 year olds and 40 places for 4 to 14 year olds during school holidays at Doncaster & South Humber Healthcare Trust.
5.	Modernising pay and contracts in line with national guidance.
6.	Development of Individual Learning Accounts for staff by 2003.
7.	Development of an action plan to ensure implementation of GP recruitment and retention strategy.
8.	During 2002/2003 TARGET : <ul style="list-style-type: none"> • Will consolidate practice based learning to help local practices develop their services. • Plans to provide support to GPs in the new appraisal scheme and will be using monies from the Workforce Confederation to provide statutory and induction training.

Achievements to Date

Occupational health services have been developed to cover all primary care staff from April 2002.

Development and launch of a Virtual Leadership Centre in December 2001, allowing on-line activities for 100 staff across the health and social care community.

Development of Cell Leadership Challenges, a number of training opportunities have been secured for a large group of staff spanning the health and social care organisations in Doncaster.

The establishment of a childcare Co-ordinator post working across Doncaster and Bassetlaw. This will develop links with the Early Years Development and Childcare Partnership. The appointment of a Childcare Co-ordinator will lead the strategy for increasing the number of childcare places for staff in line with the NHS Plan. Partnership approaches will be developed with other local agencies to ensure that maximum benefit is derived from funding opportunities.

Priority Areas

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21. Information Management & Technology

Introduction

“Information for Health” introduced the concept of utilising information and Information Technology to support patient care and improve health. The NHS Plan emphasised the role of IM&T as a key driver in modernising the NHS.

We aim to have all NHS staff in the Doncaster Health Community actively using modern technology, ensuring patients receive the most effective healthcare in the shortest possible time. This will be achieved by:

- Full electronic links between primary, secondary and tertiary care centres for referral for treatment
- Fully integrated electronic health records including results of any secondary / tertiary care treatment
- Investing in technology with the purpose of improving health.
- Providing high quality education, training and development for all care and associated staff
- Well established, secure electronic links between local health and social care organisations
- Fully developing technologies
- Single input of patient demographic data
- Maximizing the availability of clinical time by integrating patient recording as part of the patient care process
- Providing convenient access to patients to high quality and appropriate information across a range of media and organisations

OBJECTIVES 2002/03	
1.	The implementation of a local secure electronic communications infrastructure accessible by all NHS staff by 31 March 2003.
2.	The electronic transfer of test results, radiology reports and discharge summaries between hospital and GPs (60% of test results by 2002, 100% by 2003).
3.	The local implementation of an integrated education, training and development strategy by 31 March 2003.
4.	Attainment of targets connecting all local NHS staff to NHSnet by 31 March 2003.
5.	Further development of the local Integrated Electronic Mental Health Record project to cover 100% of trusts by 2005.

Achievements to Date

The implementation of the Local Implementation Strategy (LIS) and the development of IM&T is being centrally co-ordinated across the local health community with the involvement of each of the three PCTs. However, individual PCTs are involved in specific IM&T related projects as described overleaf.

Priority Areas

- PCTs East and Central have taken steps to ensure that all general practice computer systems in their area will be accredited to the latest available version of clinical software by April 2002. PCT West has invested in the development of integrated clinical practice based systems
- South Yorkshire Coalfields Online Project (SYCOP), a partnership development aimed at using technology to provide the public with a range of information regarding local services (including health) was launched in March 2002
- The local Integrated Electronic Mental Health record project has been selected as one of the prize winners for *Best Use of IT in Primary / Secondary Care* in the Healthcare IT Effectiveness Awards 2002
- PCT East is leading on the local implementation of "Moving to Mainstream" a 4th wave Booked Admissions Programme which incorporates electronic appointment bookings
- PCT Central has implemented a nurse triage system in local practices, supported by IT, utilising NHS Direct software
- PCT Central are also leading on an Invest to Save project "Primary Care as a Community Resource" aimed at using information and IT to support patients and clinicians in Primary Care

National/Local Planning Documents:

Doncaster Local Implementation Strategy (LIS)
Doncaster Primary Care IT Strategy

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