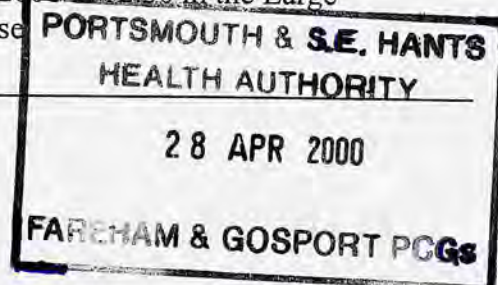


PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

CORPORATE EXECUTIVE BOARD

A meeting of the Board will be held on Wednesday 3 May 2000 at 12:30 in the Large Conference Room, Finchdean House



AGENDA

1. Apologies for absence

2. Minutes of the last meeting

To agree the minutes of the previous meeting held on Wednesday 1 March 2000. Attachment (white)

3. Matters Arising

- Service and Financial Framework
- Creation of new Health Authority
- Progress report on devolution of commissioning
- Development of East Hampshire PCT
- Boundary review
- Close of consultation on future services for Gosport and south Fareham

19/6

4. Performance Agreement & Business Plan

To receive a 3rd/Final Draft copy of the Performance Agreement and Business Plan (subject to agreement with SERO and final amendments) Attachment (grey)

5. National Service Framework for Coronary Heart Disease

To receive a progress report on the implementation of the National Service Framework for Coronary Heart Disease

6. National guidance and publications

To agree the process for implementation of national guidance and other publications e.g. guidance on the extraction of wisdom teeth (NICE), on epilepsy, depression and pain (CSAG), and diabetes (Audit Commission).

7. Winter pressures schemes

To receive a progress report on Winter Pressures schemes.

8. Waiting lists update

To receive the latest figures on performance on Waiting Lists to March 2000.

Attachment
(blue)

9. Developing a district wide approach to health strategy and commissioning and the future role of the CEB and PCG Leads meetings.

To agree a district wide approach to health strategy and commissioning and the future role of the CEB and PCG Leads meetings.

10. Any other urgent business

11. Date of next meeting

Wednesday 5 July 2000 in the Large Conference Room, Finchdean House at 12.30 pm.

Circulation List:

Ms P Humphris (Chair)

Dr J A Barton

Mr S Carr

Mrs S Clark

Mr J Henly

Dr J Hughes

Dr E Jorge

Mr J Kirtley

Dr C Lewis

Mr D Pugsley

Mrs S Robson

Dr G Sommerville

Mr B Ward

Library

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

CORPORATE EXECUTIVE BOARD

Notes of the Meeting held on 1 March 2000 at 12.30 p.m. in the Large Conference Room, Finchdean House

Present:

Ms P Humphris	Mrs S Clark
Mr J Henly	Mrs S Robson
Mr D Pugsley	Mr J Kirtley
Dr E Jorge	Dr G Sommerville
Mr B Ward	Dr J Hughes
Dr J Barton	Dr C Lewis
Mr R Weeks for Mr D Pugsley	

In attendance: Mr S Carr

No	Discussion	Action
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1 Apologies for Absence

Charles Lewis, David Pugsley

2 Minutes from the meeting held on 26 January 2000

These were received and agreed as a correct record

3. Obstetric and Midwifery Workforce Planning

John Bevan, Joy Dillow and David Davies gave a presentation on obstetric and midwifery workforce planning (see attached for OHPs and handout). Following the presentation the following key points were made in discussion:

- The change that medicine, generally, has undergone in terms of becoming more interventionist, the use of technology, the increase in the number of hours worked, the effects of clinical governance and patient expectation as well as the increased incidence of healthcare litigation
- Not just problems in obstetrics, need to also look at other 24 hour services like paediatrics and general medicine, this issue will affect all other specialties in coming years
- Increase in caesarean rates (locally reached a plateau at 18/19% which is below national average)
- More definition between specialties - less acceptable for obstetric consultant to cover gynaecology emergency and vice versa
- Implications for Isle of Wight
- Need to look at issues in a broader context rather than looking at one aspect of the whole obstetric and midwifery service i.e. peripheral maternity units
- Need to make changes to the service – not just an issue about finance.

- Manpower plan for Trust
- Financial issues around staff grading
- Funding issue needs to be addressed in the wider context of the total Trust position (SAFF process)
- Postgraduate Deans in Region taking different approaches

It was agreed that Penny would write to John Bevan asking him to look at these issues in the wider context of the changes in medical staffing to the range of services provided by the Trust.

PH

4. Matters Arising

4.1 Service and Financial Framework

Bob Weeks provided a brief progress report regarding the current position of the Service and Financial Framework. Points covered in discussion included the following:

- Further discussions with the Trusts have taken place regarding delivery of waiting list agenda, elective and emergency admissions.
- No new developments included in SAFF process
- Regionally 00/01 SAFF shows a projected deficit of approximately £110M, locally the projected deficit is £2M
- Alan Meekings has agreed, in the light of the Health Authority having cash to support this, that an I&E deficit is likely but has expressed concern that the sum of £2M is too high

4.2 Creation of new Health Authority

Penny Humphris reported that work was progressing on the creation of a new Health Authority for Portsmouth & South East Hampshire and the Isle of Wight.

The detailed work of developing the new Health Authority will be handled by specific working groups although a project manager, experienced in personnel and human resource management, will be appointed shortly to oversee the detailed HR work relating to the new Health Authority.

Press statements have been issued regarding the creation of the new Health Authority and the South East Regional Office will conduct a consultation, both here and on the Island. This will be launched on 5 April and last for a period of 3 months.

4.3 Future health services for the residents of Gosport and south Fareham

Penny Humphris told the Board that a total of seven meetings had now been held with 3 further meetings still to be held. A four part series was currently being run in The News concerning the changes to the provision of health care services nationally. This was helping to put the local issues regarding RH Haslar into a wider context.

4.4 Progress report on the devolution of commissioning

Sue Robson provided a brief progress report on the devolution of commissioning. An updated paper is currently being prepared which will be presented, in draft form, to the next meeting of the CEB for discussion.

SR

4.5 Tackling teenage pregnancy

Elizabeth informed the Board that the Heath Authority was required to prepare a local profile on teenage pregnancy, showing areas of greatest need, before developing a comprehensive strategy by April 2001.

Sarah Wild and Rachel Lennon were leading on this work and were currently preparing an outline bid for funds to support this work

An allocation of £15,000 plus an additional £50,000 (because Portsmouth has a higher than average rate of teenage conceptions) has been made to the HA in order to fund the development of the local strategy.

4.6 PCG to PCT

Sue Robson reported that the first meeting of the East Hampshire Primary Care Trust Development Group had taken place on 25 February. The role of the group was to create and implement the development plan for taking East Hampshire Primary Care Group, Portsmouth HealthCare Trust and associated partner organisations into a Primary Care Trust.

The group will meet every 4 weeks to oversee the work of "task groups", comprising wider representation than the Development Group, whose role is to progress the specific strands of work associated with the transition to Trust status.

A formal application for Trust status will be submitted to the Health Authority by the end of July 2000. This will be followed by a formal, public consultation.

Sue advised the Board that a paper on the progression towards Trusts status would be included in the formal Board meeting of East Hampshire Primary Care Group on 3 March as well as the Health Authority Board papers on 9th March. This would probably result in some press interest.

It was agreed that Sue would contact Sue Galley to discuss how press enquiries regarding this issue should be handled.

SR / SG

Boundary Review

John Hughes reported that John Smyth had been asked to conduct the Boundary Review. This should be completed by late April or early May.

5. High Cost Drug and other Contract Exclusions in 2000/2001

The Board received the paper from Dr Nick Hicks highlighting the potential

financial risk of high cost drug and other contract exclusions. In the discussion that followed a number of issues were highlighted. These included:

- Advice comes too late as most SLA's need to be agreed by 10th March
- Ministers are clear that SLA's should be inclusive
- The HA/PCGs need to set aside finances to take account of any contract PCGs/DP exclusions and need to be clear about financial risk

6. **Improving health in the South East**

The programme of work for the South East for the next three years, set out by the South East Regional Office, was received by the Board.

It was agreed that this was a useful document that drew together the different strands of work being undertaken in the South East Region. The Regional Office is planning to up-date this document via their website.

7. **Any other urgent business**

National Bed Enquiry

It was agreed that comments to *Shaping the Future NHS: Long Term Planning for Hospitals and Related Services* should be sent to Simon Carr for collation ALL / SC by the end of April.

8. **Date of Next Meeting**

Wednesday 3rd May 2000 at 12.30 p.m. in the Large Conference Room, Finchdean House.

Circulation List:

Ms P Humphris (Chair)
 Dr J A Barton
 Mrs S Clark
 Mr J Henly
 Dr J Hughes
 Dr E Jorge
 Mr J Kirtley
 Dr C Lewis
 Mr D Pugsley
 Mrs S Robson
 Dr G Sommerville
 Mr B Ward

Mr S Carr
 Library

**PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH
AUTHORITY**

**2000/2001 PERFORMANCE AND BUSINESS PLAN
APRIL 2000**

INTRODUCTION

The Performance and Business Plan sets out the planned objectives for 2000/2001. It has been developed in the context of the purpose and core values of Portsmouth and South East Hampshire Health Authority and constituent Primary Care Groups. These are set out in the organisational strategy and shown overleaf for reference. As such, this plan should be read and implemented against this background.

2000/2001 Performance and Business Plan

During 2000/2001 there will be further organisational change and development for the Health Authority and Primary Care Groups with the consolidation of arrangements for devolved commissioning, the likely establishment of a new Health Authority from April 2001, and the planned transition of East Hampshire Primary Care Group to Trust status from April 2001. This means that many of the objectives will include a significant element of preparatory work for changed working arrangements and strategic roles for the following year.

The Performance and Business Plan also supports delivery of the service and financial targets and objectives which have been developed across the health economy through the Service and Financial Framework (SaFF) process. Key SaFF targets have been identified by the South East Regional Office and are shown in summary in the attachment. These targets are presently in draft pending the outcome of 3rd cut SaFF, but once finalised will be appended to the performance agreement with the Regional Office and also used by the Health Authority to assess progress on these issues throughout 2000/2001.

Performance agreement between the Health Authority and South East Regional Office

As last year, this will comprise

- Health Improvement Programme for 2000/2003
- 2000/2001 Service and Financial Framework
- Joint Investments Plans
- A summary of key performance objectives (attached)

Accountability agreements between the Health Authority and Primary Care Groups

The core accountability agreement between the Health Authority and the four Primary Care Groups has been developed as an integral part of the 2000/2001 Performance and Business Plan. This is being built upon by the Primary Care Groups in developing local business plans. However, it should be noted that this agreement also includes

- the agreed contribution to delivery of SaFF targets, both as providers and commissioners of health care
- the agreed contribution towards achieving HImP objectives
- planned activity to develop primary care as described in the updated and rolled forward Primary Care Investment Plans for 2000/2003

ATTACHED

LILAC: 2000/2001 Performance & Business Plan and PCG Core Performance and Accountability Agreement

CREAM: Key SaFF targets

GREEN: Summary of key performance objectives 2000/2001

ORGANISATIONAL STRATEGY

PURPOSE

To provide strategic leadership for the NHS locally in order to improve health and tackle health inequality

CORE VALUES

Quality: we will strive for excellence to maintain standards of professionalism at all time

Openness: we will ensure that all of our actions, strategies, policies and procedures are understandable and accessible to all our partners and that the reasons for our decisions are clear

Equality: we will ensure that we treat everyone fairly, equitably and with respect

Responsiveness: we will ensure that we respond to the needs of our partners

Involvement: we will ensure that all relevant partners are involved in the decision making process for any decisions that may impact on them

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

INPATIENT MONTHLY WAITING LIST AND ACTIVITY FIGURES
 INPATIENT ACTIVITY IS YEAR TO DATE
 APRIL - MARCH 2000

PROVIDER	TOTAL ON WAITING LIST AS AT 31ST MARCH 2000			FIRST FCE'S ELECTIVE INPATIENT ADMISSIONS			DAY CASES			FIRST FCE'S NON ELECTIVE INPATIENT ADMISSIONS		
	PROFILE	ACTUAL	VARIANCE	PROFILE	ACTUAL	VARIANCE	PROFILE	ACTUAL	VARIANCE	PROFILE	ACTUAL	VARIANCE
PORTSMOUTH HOSPITALS NHS TRUST	7031	7894	863	16072	13675	-2397	24721	24160	-561	32631	34933	2302
PORTSMOUTH HEALTHCARE TRUST	21	31	10	1164	1031	-133	1356	1317	-39	6583	6130	-453
ROYAL HOSPITAL HASLAR	1091	1211	120	N/A			N/A			N/A		
OTHER PROVIDERS	1057	1300	243	5009	5466	457	5608	7454	1846	2034	5422	3388
	9200	10436	1236	22245	20172	-2073	31685	32931	1246	41248	46485	5237

Note : The monthly Regional Return that this data is taken from does not include Haslar activity

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

Summary Report on Inpatient Waiting Times Performance

Target

A reduction of 6.3% on published March 1999 waiting list figures

Target for 31 March 1999	9717
Actual for 31 March 1999	8878 (adjusted for managed pop)
Target for 31 March 2000	9200

Profile agreed with SERO

	Profile	Actual	Variance	% Variance
April	9921	9831	-90	-0.9
May	9808	9958	150	1.5
June	9748	9962	214	2.1
July	9680	10076	396	3.9
August	9615	9654	39	0.4
September	9546	9860	314	3.2
October	9470	9887	417	4.2
November	9403	9699	296	3.1
December	9373	10082	709	7.0
January	9318	10302	984	10
February	9260	10583	1323	13
March	9200	10436	1236	12

Target

No over 18 month waiters from April 1999

	Actual
April	Nil
May	Nil
June	Nil
July	1
August	Nil
September	Nil
October	Nil
November	Nil
December	Nil
January	Nil
February	Nil
March	Nil

Target

No over 15 month waiters from 30th September 1999

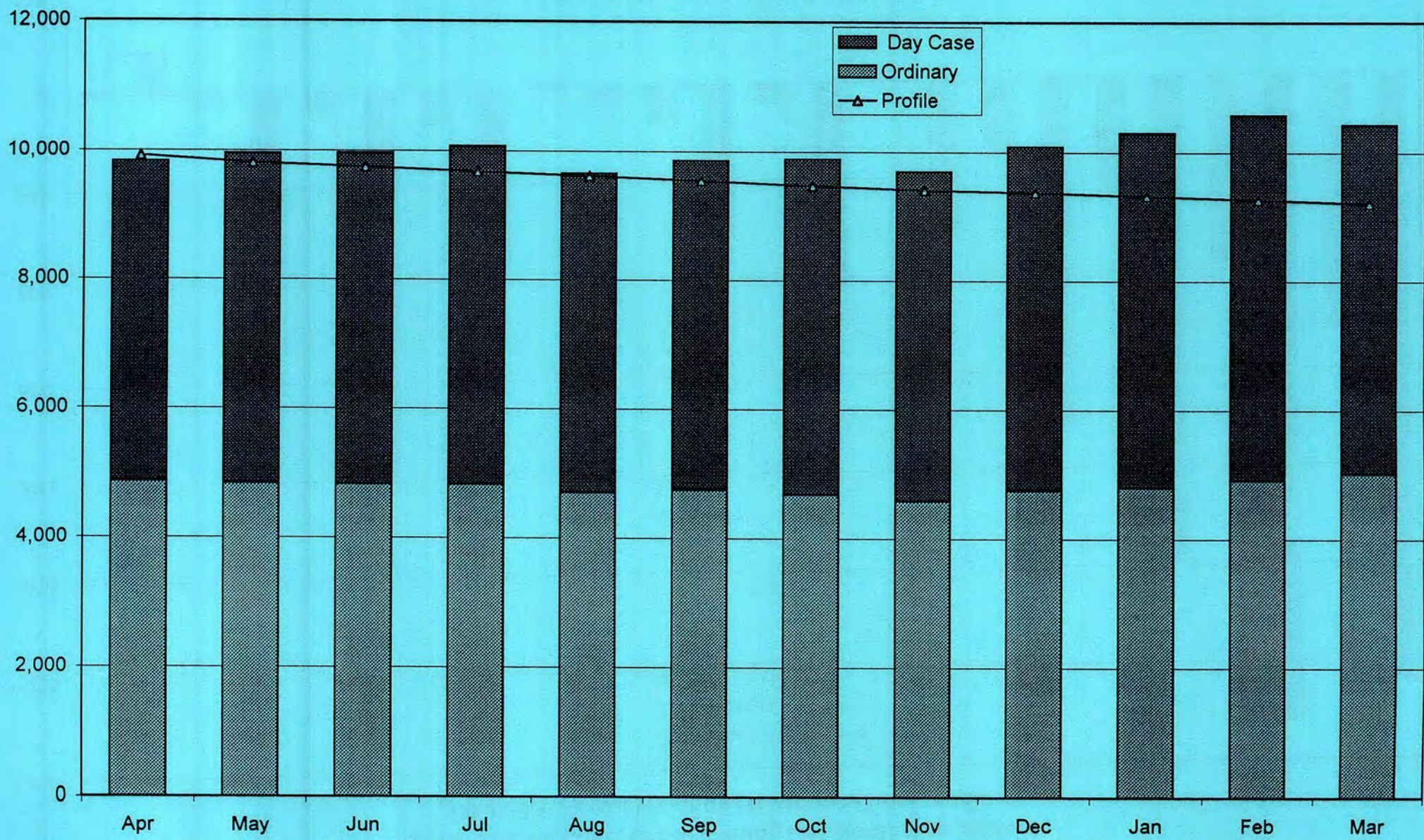
	12-14 waiters	15-17 waiters
April	105	26
May	91	28
June	107	26
July	151	21
August	181	20
September	190	27
October	288	32
November	273	25
December	243	34
January	244	33
February	254	45
March	251	43

Target

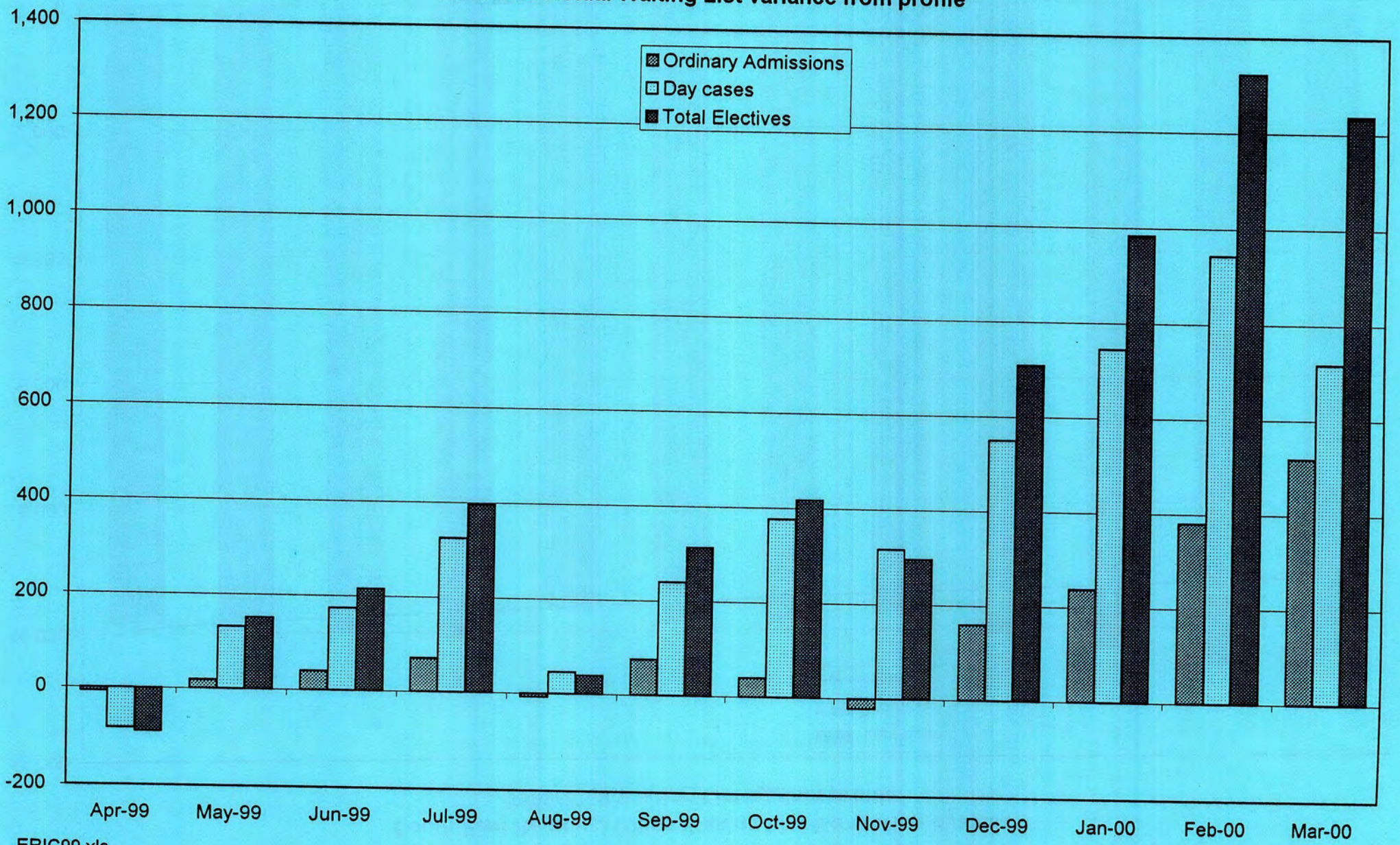
No patient waiting more than 12 months for CABG treatment

	>12 months wait
April	2
May	2
June	1
July	7
August	5
September	5
October	9
November	11
December	11
January	17
February	22
March	21

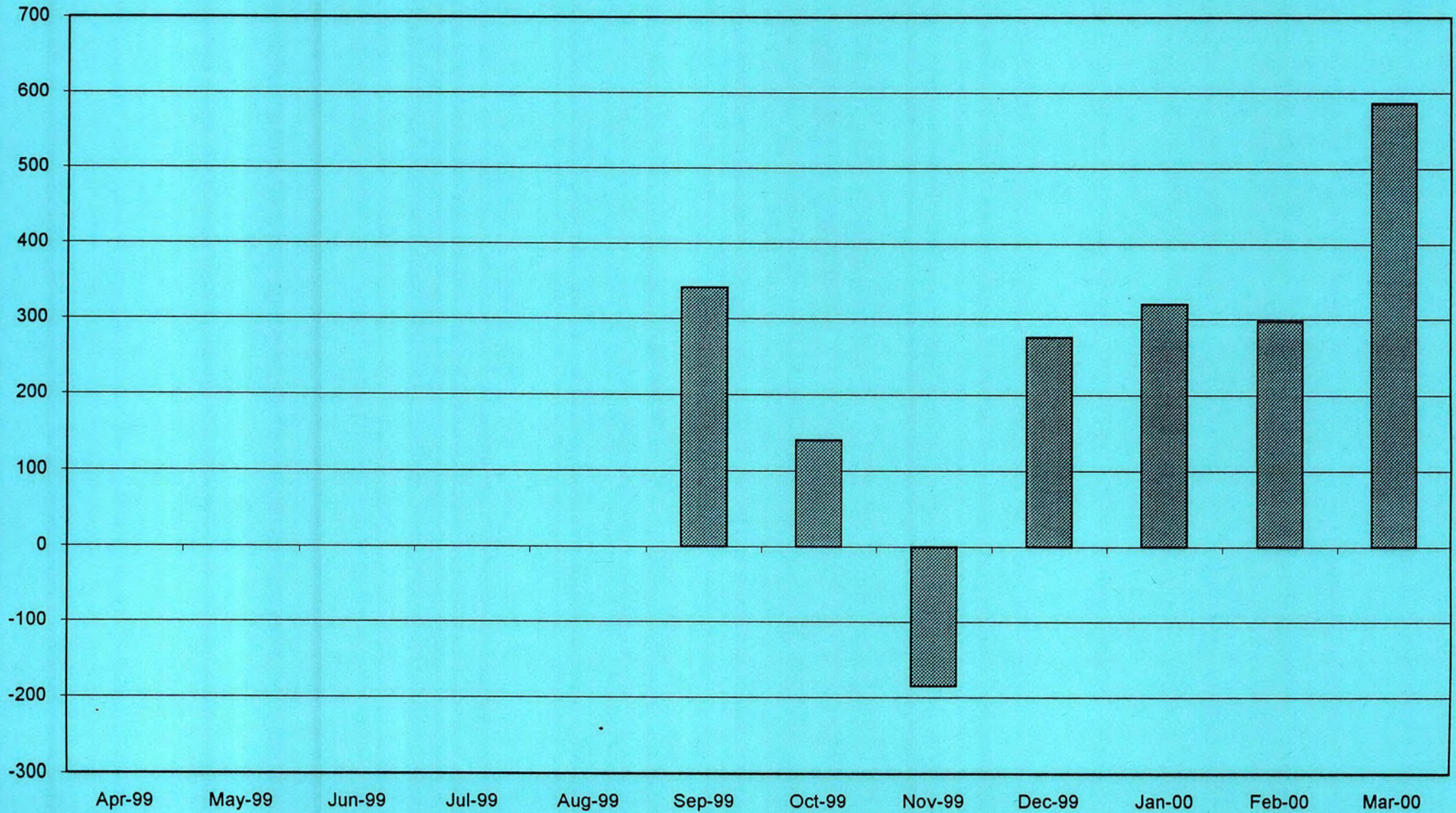
South East Regional Office Waiting List Monitoring System 1999/2000 Waiting List against profile



South East Regional Office Waiting List Monitoring System 1999/2000 Actual Waiting List variance from profile



South East Regional Office - 1999/2000 Waiting List Monitoring System Monthly actual Non elective activity variance from Profile



Portsmouth and South East Hampshire Health Authority

2000/2001 PERFORMANCE AND BUSINESS PLAN AND PCG CORE PERFORMANCE AND ACCOUNTABILITY AGREEMENT

- Programme 1 - Improving health and reducing inequalities**
- Programme 2 - Organisational and supporting strategies**
- Programme 3 - Strategic service planning**
- Programme 4 - Quality and clinical governance**
- Programme 5 - Financial control and planning**
- Programme 6 - Development of primary care services**
- Programme 7 - Business and performance management**

**3rd/ Final Draft
April 2000**

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

PERFORMANCE AND BUSINESS PLAN

2000/2001

Programme 1

Improving Health & Reducing Inequalities

	Areas	Health Authority Performance & Business Plan	HA Lead	Primary Care Group Core Performance and Annual Accountability Agreement
1.1	Reducing Smoking ▲	Implement the smoking strategy action plan. Work with Trusts and PCGs in reviewing smoking policies in NHS premises.	DPH	Ensure all practices within the PCG provide non smoking advice to patients. Develop smoking cessation services within the PCG area. Ensure all General Practices have no-smoking policies.
1.2	Tackling drug misuse	Develop the Drug Action Team Strategy to engage primary care. Work with PCGs, PHCT, and the Police and Probation Service in implementing the Arrest Referral Scheme. Plan the introduction of drug testing and treatment orders by October 2000.	DSSD	Contribute to the work of the Drug Action Team.
1.3	Reducing teenage pregnancies	Develop in collaboration with Local Authorities, Trusts and PCGs a strategy to tackle teenage pregnancy by March 2001 (to be agreed by all agencies by May 2000). Develop a local profile of teenage pregnancy and an overview of local services, by April 2000. Ensure all areas with high teenage pregnancy rates have appropriate sexual health advice/service provision	DSSD DPH DPH	Participate in the Sexual Health Strategy Group. Develop joint services to tackle the social issues associated with teenage pregnancy. -- Ensure sexual health services for young people are available to match need, to the Heart of Portsmouth, Paulsgrove and Warren Park / Battins wards.
1.4	Reducing mortality rates for cancers and improving cancer services ▲	Continue to work with Trusts and PCGs to fully implement the 2 week standard for all cancers by December 2000. Ensure breast and cervical screening programmes meet national standards. Provide practice-based information to the PCGs on inadequate smear rates. Ensure improved coverage and uptake of breast (71% and 78% respectively) and cervical (84%) screening programmes by March 2001. Work with Trusts and PCGs to implement the core national standards for breast, colorectal and lung cancers. Work with PHT to improve services for gynaecological cancers.	DPH	Collaborate with the Consultant in Public Health Medicine, PHCT, PHT and RHH in the development of plans to implement the 2 week standard for all cancers. Improve inadequate smear rates in appropriate practices within the PCG's area. Ensure all practices within the PCG achieve or exceed the district targets for cervical and breast cancer screening. Work with the Consultant in Public Health Medicine to implement the standards for breast, colorectal and breast cancers within PHT and RHH. Work in collaboration with the Consultant in Public Health Medicine to improve services for gynaecological services at PHT.
1.5	Reducing deaths and illnesses from coronary heart disease & stroke ▲	Ensure the implementation of the NSF* for Coronary Heart Disease. Support the Implementation Group in developing its action plan for 2000/01.	DPH	Each PCG to develop an implementation plan for the Coronary Heart Disease NSF.

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

PERFORMANCE AND BUSINESS PLAN

2000/2001

	* Project lead for NSF implementation - Chair EHPCG	Support PCGs, Local Authorities and Community Groups in implementing effective prevention and management projects. Continue to support the LEAP project Co-ordinate work with partner organisations to ensure the development of stroke services to people aged 70-74 years.		Work with partner organisations, including Local Authorities and Community Groups in implementing effective prevention and management projects. Encourage practices to participate in the LEAP project. Collaborate in the development of stroke services to people aged 70-74 years.
1.6	Improving mental health services ▲ * Project lead for NSF implementation - CE PHCT	Ensure the implementation of the NSF* for Mental Health and the local Mental Health Strategy. Participate in the development by the Wessex Consortium of a strategy for the commissioning of secure services. Ensure the implementation of the Child and Adolescent Mental Health Strategy.	DSSD	Each PCG to develop a local implementation plan for the Mental Health NSF. -- Each PCG to implement the Child and Adolescent Mental Health Strategy via locality groups, and prepare bids for further modernisation funding should this become available.
1.7	Improving older people's services ▲	C-ordinate local implementation of the NSF for Older Persons.	DSSD	Review the current health and social care services provision for older people in line with the National Beds Inquiry and NSF for older people.
1.8	Reducing perinatal mortality	Continue to promote smoking cessation advice to pregnant women and their partners. Work with PCGs and Trusts to improve access to ante-natal classes in the most deprived areas. Introduce Hepatitis B and HIV screening for pregnant women by April 2000.	DPH	Ensure all practices offer non-smoking advice to pregnant women, and that the most deprived wards are targeted. Ensure maternity contact targets ante natal classes to most deprived wards. --
1.9	Development of Prison HImPs	Develop a health improvement programme for prisoners in collaboration with local prisons and PCGs.	DPH	Ensure that local services are developed to meet the needs of the Prison HImP.
1.10	Development and implementation of the Health Improvement Programme	Review the local approach to the development of the HImP, and dovetail this with Local Authority Community Plans. Work with PCGs, Trusts, Local Authorities and other agencies to ensure implementation of the HImP. Support PCGs and Local Authorities in developing HImPs for their localities.	DPH	Participate in revised arrangements for development of the HImP. Work with Trusts, RHH, Local Authorities and other agencies in implementing the HImP. Develop a HImP for the PCG locality in partnership with Local Authorities, Voluntary Organisations and Trusts.
1.11	AIDS Control Reports	Ensure the production of the Annual Aids Control Act Report.	DPH/ DSSD	--
1.12	Management of communicable diseases	Review the communicable disease function and ensure it meets national standards. Implement the recommendations of the Port Health review. Ensure full implementation of meningitis immunisation programme. Ensure improved coverage and uptake of pre-school (98% for Diphtheria, 94% for MMR) and school (67% for DTP booster) immunisation programmes. Work with Trusts and PCGs in implementing the recommendations of the Management of Infection Control in Hospitals Report. Review the service level agreements with PHT and PHCT for support of infection control in the community, by June 2000.	DPH	-- -- -- -- Ensure that each PCG maintain or exceeds the coverage and uptake of pre-school (98% for Diphtheria, 94% for MMR) and school (67% for DTP booster) immunisation programmes. Support the Health Authority in implementing the recommendations of the Management of Infection Control in Hospitals Report. --

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

PERFORMANCE AND BUSINESS PLAN

2000/2001

		Work with PCGs and Trusts to reduce levels of antibiotic use.		Review and reduce antibiotic prescribing in primary care.
		Work with PCGs and Trusts in developing a district wide flu immunisation campaign for winter 2000/2001.		Achieve 80% flu immunisation uptake rate for high risk groups and people over 75 years.
1.13	Annual Report of the Director of Public Health	Produce the 4th edition of the Community Health Atlas. Publish the results of School's surveys.	DPH	Use the Annual Public Health Report in needs assessment initiatives
1.14	Associated Health Action Zone	Support Portsea Island PCG in the development of the associated Health Action Zone, and ensure that opportunities are maximised as a result of this work.	CE - HA	Develop plans to reduce health inequalities with partner organisations through the associated Health Action Zone project.

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

**PERFORMANCE AND BUSINESS PLAN
2000/2001**

Programme 2

Organisational and supporting strategies

	Areas	Health Authority Performance & Business Plan	HA Lead	Primary Care Group Core Performance and Annual Accountability Agreement
2.1	Human resource implications of the Health Improvement Programme	Ensure local action plans are explicit in supporting delivery of the HImP. Participate in the work of the Education Consortium and Local Workforce Advisory Group (LWAG).	DFCS DPH	Ensure that PCGs fully participate in human resource initiatives to support the HImP. Participate in the work of the education consortium and LWAG.
2.2	Implementation of 'Working Together'	Implement the agreed local action plan to deliver the objectives and targets set out in the 6 key areas in 'Working Together'.	DFCS	Work with the Health Authority in ensuring the local action plan is implemented, and that the implications for PCGs are achieved.
2.3	Tackling racial harassment	Review policies and practices in the light of national guidance and develop a local action plan.	DFCS	Work with the Health Authority in the review process, and the development of the local action plan.
2.4	Implementation of the Disability Discrimination Act	Develop a local strategy to ensure that the Health Authority complies with the key principles of Section 21 of the Disability Discrimination Act (DDA). Support all primary care contractors in implementing the legal requirements of the DDA.	DFCS	Work with the Health Authority in developing the local strategy, and ensure that the PCG has plans in place to meet the requirements of this strategy. Provide support to GP Practices in improving disabled access. Ensure the implications of the Act are incorporated into agreements with Trusts.
2.5	'Partnership in Action'	Ensure that the flexibilities enabled by 'Partnership in Action' are maximised, and that the DoH guidance is followed, in terms of pooled budgets, lead commissioning or joint provision, including registration of Section 64 schemes.	DSSD	Maximise the flexibilities enabled by Partnership in Action. Develop the use of pooled budgets, lead commissioning and joint provision in agreed care groups in line with DoH guidance.
2.6	Implementation of 'Information for Health', and the Local Implementation Strategy	Implement the programme of work for 2000/2001 as set out in the Local Implementation Strategy (LIS). During 2000/2001, develop collaborative arrangements for the organisation and management of health informatics staff. Ensure the funding and staffing resource to support the LIS is identified and delivered.	CE-HA/ DFCS	Work with the Health Authority in implementing the programme of work for 2000/2001 as set out in the Local Implementation Strategy. During 2000/2001, work with the Health Authority to develop collaborative arrangements for the organisation and management of health informatics staff. A major element of the PCG future agenda is reliant upon the delivery of adequate IM&T strategies. PCGs will need to jointly drive the agenda within the JISG arena.
2.7	Organisational strategy and organisational development plan	Monitor progress against the organisational strategy and revise the organisational development plan accordingly. Review continued relevance of and compliance to principles at mid-year. Revise strategy as appropriate. Monitor progress against the current action plan and revise as appropriate.	CE - PIPCG	Contribute to the compliance exercise at mid-year and subsequent strategy modifications. Support implementation of the current action plan and subsequent modifications.
2.8	Organisational development of PCGs	Co-ordinate the review of and revisions to individual PCG organisational development plans.	DPP/ CE PIPCG	--

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

**PERFORMANCE AND BUSINESS PLAN
2000/2001**

2.9	Change management	Develop a co-ordinated approach to change management across the health economy to support the creation of a new health authority, the evolution of PCTs, and the 3 year scenario plan.	CE - HA	Ensure PCG organisational development plans are formulated and implemented.
2.10	Caldicott, including 'For the Record'	Develop and implement a policy and plan for the handling and storage of patient and person specific, other confidential information and defined organisational records, to meet the requirements of the new Data Protection Act, Caldicott Guardian and national records management guidance. Implement the findings of the organisational audit by September 2000.	DPH/ DPP	Contribute to the development of the HA policy and plan for the handling of patient and person specific, other confidential information and defined organisational records, to meet the requirements of the new Data Protection Act, Caldicott Guardian and national records management guidance. Work with practices and other primary care providers to ensure adherence.
2.11	Emergency planning	Review and update all emergency planning policies and procedures, develop and agree service agreements with Trusts and other agencies, prepare and implement training strategy.	DPP	--
2.12	Review of Public Health capacity	Review the Health Authority Public Health function and work with Local Authorities, Trusts and PCGs in ascertaining current public health capacity within the district by July 2000.	DPH	Participate in the review of capacity.
2.13	Review of financial and corporate services capacity	Review strategic and financial and corporate services capacity in the Health Authority and PCGs to support development of PCGs and ensure continuity of essential health authority business.	DFCS	Participate in the review of capacity. Support subsequent roll out of this process.
2.14	Implementation of controls assurance and risk management	Implement the agreed programme of work for 2000/2001 including a review of the risk management strategy, development of a prioritised action plan, development of a risk register, and inclusion of a statement within the Annual Report.	DFCS	Agree and achieve objectives for risk management for PCGs, for 2000/2001.
2.15	Establishment of the new Health Authority	In liaison with the SE Regional Office and the Isle of Wight HA, develop and implement plans for the establishment of a new HA covering both Portsmouth & SE Hampshire and the IOW from April 2000; contribute to the consultation process; prepare change plans, HR policies etc	DPP	--
2.16	Preparation of East Hants PCG for PCT status	Support the development of East Hampshire PCG in its proposal for Trust status from April 2001, including formal consultation on the proposal and implementation of necessary organisational arrangements.	DPP	East Hampshire PCG only: develop a proposal for Trust status from April 2001, including formal consultation on the proposal and implementation of necessary organisational arrangements.
2.17	Boundary changes for Cosham Practices	In collaboration with the two PCGs concerned and in parallel with the consultation process to establish the East Hampshire PCT, develop and consult on proposals for a change in the East Hampshire and Portsea Island PCGs boundary to allow greater coterminosity with local authority boundaries.	DPP	East Hampshire and Portsea Island PCGs only: support the HA in developing and consulting on proposals for a change in the East Hampshire and Portsea Island PCGs boundary to allow greater coterminosity with local authority boundaries.
2.18	Scenario planning - organisational and service reconfiguration	Agree with partners and stakeholders a vision and time-scale for the future configuration of health services and health organisations to support patient focussed priorities.	CE - HA	Participate in discussions to develop the scenario plan.

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

**PERFORMANCE AND BUSINESS PLAN
2000/2001**

2.19	Reprovision of services to Gosport and south Fareham	Agree and implement the new model of accident and emergency ambulance provision from August 2000.	CE - HA	Gosport PCG: Oversee implementation of the changes at Royal Hospital Haslar in August 2000.
2.20	Implementation of 'Making a Difference'	Develop and implement a shared action plan with local Trusts and PCGs relating to the Nursing Strategy 'Making a Difference'.	DPH	Work with the Health Authority, Trusts and individual practices in developing a local action plan.

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

PERFORMANCE AND BUSINESS PLAN

2000/2001

Programme 3

Strategic Service Planning

	Areas	Health Authority Performance & Business Plan	HA Lead	Primary Care Group Core Performance and Annual Accountability Agreement
3.1	Waiting lists and waiting times ▲	Ensure the district wide targets for waiting lists and waiting times are met. Ensure local progress is made on developing booked admissions.	DSSD DSSD	Plan and manage waiting lists through service level agreements and take action to remedy if targets are not being met. Lead and develop plans to reduce demand. Work with Trusts to develop booked admissions.
3.2	A&E, emergency care and critical care services	Co-ordinate work to ensure waiting times in A&E are reduced to meet national targets. Review intensive care and high dependency provision ahead of winter 2000/2001.	DSSD	Manage A&E performance through service level agreements. Work with the Health Authority and Trusts to develop an appropriate level of intensive care and high dependency capacity locally.
3.3	Reducing delayed discharges ▲	Ensure district wide targets for delayed discharges are met.	DSSD	Plan and manage the implementation of effective discharge arrangements to minimise the number of delayed discharges.
3.4	Collaborative commissioning (primary, secondary and regional specialised)	Commission all specialist services not included in the Central South Coast Specialist Services Commissioning Group remit. Work with other purchasers on a consortia basis wherever possible.	DSSD	--
3.5	Service reviews and reconfiguration	Work with PCGs, Trusts and Local Authorities in developing proposals to re-configure rehabilitation services by August 2000. Facilitate other strategic service reviews as necessary through time limited project teams.	DSSD/ DPH	Work with the Health Authority, Trusts and Local Authorities in developing proposals to reconfigure rehabilitation services by August 2000. Develop a joint strategy and implementation plan with the Health Authority, Trusts and Social Services for learning disabilities and diagnostic service reviews. Identify other areas for review through performance management of service level agreements.
3.6	Promoting independence	Work with Local Authorities, PCGs, the voluntary sector and Trusts to develop a strategy for promoting independence.	DSSD/ DPH	Ensure promoting independence is incorporated into local action plans.
3.7	Development and implementation of Joint Investment Plans - Older People and Mental Health ▲	Monitor the development and implementation of Joint Investment Plans for Older People and Mental Health.	DSSD	Develop and implement the JIPs for Older People and Mental Health
3.8	Preparation of Joint Investment Plans for Learning Disabilities, and Welfare to Work	Complete the strategic review of Learning Disabilities. Develop the membership and function of the Joint Partnership Board for Learning Disabilities. Support Social Services in their lead role for the development of Joint Investment Plans for learning disabilities and welfare to work.	DSSD	Participate in the development of the Joint Partnership Board for Learning Disabilities.
3.9	Management of winter pressures ▲	Lead the planning process to reduce admissions to secondary care and expedite discharges from hospital. Co-ordinate monitoring of 'whole systems' throughout 2000/2001 and in particular the winter period.	DSSD	Work with the Local Winter Planning Group as equal partners to develop successful alternatives to acute hospital admissions.

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3.10	Development of long term service agreements, including integrated care pathways	Work with PCGs and Trusts to develop long term service agreements.	DSSD	Develop long term service agreements in conjunction with Trusts and the Health Authority.
3.11	Devolution of commissioning	In conjunction with the PCGs, enable the effective devolution of commissioning from the Health Authority to the PCGs, and ensure that this process is: a) Underpinned by the appropriate allocation of resource to both the Health Authority and the PCGs b) sensitive to the needs of staff where there is a transfer between the Health Authority and the PCGs c) robust in maintaining continuity of all business processes	DSSD	In conjunction with the Health Authority, enable the effective devolution of commissioning from the Health Authority to the PCGs, and ensure that this process is: a) Underpinned by the appropriate allocation of resource to both the Health Authority and the PCGs b) sensitive to the needs of staff where there is a transfer between the Health Authority and the PCGs c) robust in maintaining continuity of all business processes
3.12	Ensuring partnership working across the health economy	Ensure that the Health Authority's strategy, structures and processes enable and support partnership working in an effective way.	CE - HA	Ensure the PCGs structures and processes enable partnership working to improve the health and health care of the local community.
3.13	Development and implementation of the Service & Financial Framework (SaFF)	Develop an agreed framework with the PCGs for 2001/2002. Co-ordinate and facilitate development of the 2001/2002 SaFF. Provide strategic leadership in this process and ensure decision-making is devolved to the PCGs.	DFCS/ DSSD	Work with the Health Authority to develop an agreed framework for the 2001/2002 SaFF. Lead the SaFF process for 2001/2002 and ensure commissioning takes place to deliver national, regional and local targets.
3.14	Disinvestment	Complete existing work on disinvestment including individual reviews of defined district wide services, for example, maternity services.	DFCS	Participate in the remaining work on disinvestment.
3.15	Joint agendas with local authorities - Sure Start, Quality Protects, YOTs and Crime & Disorder, Early Years	Ensure the Health Authority takes the lead on defined and agreed joint agendas. Work with PCGs to establish and maintain effective partnerships with Local Authorities through: a) joint business plans b) joint investment c) joint monitoring mechanisms	DSSD DSSD DSSD DSSD	Ensure the PCG takes the lead on defined and agreed joint agendas. Work with the Health Authority to establish and maintain effective partnerships with Local Authorities through: a) joint business plans b) joint investment c) joint monitoring mechanisms

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

PERFORMANCE AND BUSINESS PLAN

2000/2001

Programme 4

Quality & Clinical Governance

	Areas	Health Authority Performance & Business Plan	HA Lead	Primary Care Group Core Performance and Annual Accountability Agreement
4.1	Implementation of new NHS charter, and charter for long term care	Work with PCGs, Trusts and Local Authorities to develop and implement new local NHS Charters.	DPH	Work with the Health Authority to co-ordinate a district approach to development and implementation of new local NHS Charters.
4.2	National surveys of NHS patients	Support the national survey with local qualitative studies and ensure wide dissemination of results. Work with providers and primary care to ensure results feed into practice development plans	DPH	Consider and respond to issues arising from national and local surveys as appropriate. Develop action plans in response to key issues identified.
4.3	Implementation of clinical governance action plans	Ensure that the priority areas identified in the Health Authority action plan are progressed. Work with partner agencies to promote an integrated approach to clinical governance. Support PCGs in progressing their own clinical governance action plans.	DPH	Ensure that priority areas identified in the PCG action plan are progressed. Work with partner agencies to promote an integrated approach to clinical governance. --
4.4	Clinical governance agenda dentists, pharmacists and optometrists	Work with local representative committees to develop a clinical governance action plan for general dental, community pharmacy, and optometry services within district.	DPH	Contribute to shared clinical governance priorities of other independent contractor professions e.g. in professional development and risk management.
4.5	Implementation of the local Quality Improvement Strategy	Implement the 2000/2001 Quality Improvement action plan. Lead the Quality Partnerships Panel. Ensure integration of the Quality Improvement Strategy with clinical effectiveness and complaints.	DPH	Develop PCG based quality improvement plans. Support the district wide Quality Improvement Plan. Maintain involvement with the Quality Partnerships Panel.
4.6	Annual Report of the Research Ethics Committee	Ensure a new Chair for the Research Ethics Committee is appointed. Ensure that the Annual Report is produced.	DPH	-- --
4.7	Clinical effectiveness, NICE and CHI	Ensure implementation of further NSFs as published. Ensure processes are in place to provide a co-ordinated district response to NICE guidance as this is published. Implement the district project on diabetes standards. Develop the guidelines element of the clinical services directory.	DPH	Contribute to district implementation strategies for NSFs and NICE guidance Implement the diabetes standards project.
4.8	Implementation of 'Caring about Carers'	Ensure development and implementation of a co-ordinated district action plan. Ensure the inclusion of carers in the Public Involvement Strategy.	DPH	Involve carers in PCG programmes, as appropriate.

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4.9	Tackling poor performance 'Supporting doctors, protecting patients'	Revise the local policy on poor performance in primary care. Develop objective measures of performance. Ensure a more integrated approach to indicators, complaints and other information.	DPH/ DFCS	Ensure that the PCG clinical governance lead works with the Local Medical Committee and the Health Authority to develop a revised policy on poor performance. Develop mechanisms to identify and respond to performance issues within the PCG.
4.10	Joint strategy for public involvement	Work with PCGs and Trusts in developing a joint strategy for public education and informed participation in the decision making process.	DPH	PCGs to agree an approach for public participation in decision making within their area.
4.11	Eliminating mixed sex accommodation	Work with providers to eliminate mixed sex ward (sleeping) accommodation by 31 March 2001. Develop plans to introduce single-sex day areas in mental health, pending the PFI. Report to Region on an annual basis. Include mixed sex wards in the programme of work of the Quality Partnerships Panel.	DPH	Work with providers through the Quality Partnership Panel and service level agreements to minimise mixed sex accommodation, pending PFIs. -- --

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PERFORMANCE AND BUSINESS PLAN

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Programme 5

Financial Control & Planning

	Areas	Health Authority Performance & Business Plan	HA Lead	Primary Care Group Core Performance and Annual Accountability Agreement
5.1	Management of in-year financial allocations - modernisation funds	Monitor and report on all additional streams of money to maximise funding.	DFCS	Work with the Health Authority to ensure funding is maximised.
5.2	Long term financial planning and stability	Plan for long term financial stability, and ensure that there is closer integration of HImP and financial planning.	DFCS	Ensure planning for long term financial stability is central to PCG plans, particularly with development of PCGs to Trust status.
5.3	Financial allocations, including delegated budgets for PCGs	Demonstrate clarity of responsibility for allocations, including delegated budgets, and ensure sound financial management is in place.	DFCS	Demonstrate that devolved budgets are managed effectively.
5.4	Annual Accounts of the Health Authority	Ensure these are produced in accordance with the national guidelines and time-table.	DFCS	Ensure that elements of the annual accounts which relate to PCGs are incorporated within PCG work programmes.
5.5	Annual Report and Accounts for trust funds	Ensure these are produced in accordance with the national guidelines and time-table.	DFCS	--
5.6	Private Finance Initiative for Portsmouth Hospitals Trust	Consider and respond to the Outline Business Case, which includes reprovision of services from Royal Hospital Haslar.	CE - F&GPCGs	--
5.7	Private Finance Initiative for Portsmouth HealthCare Trust	In the event of no agreement between PHCT and the private partner, review and agree an alternative strategy.	CE - F&GPCGs	--
5.8	Management of efficiency targets ▲	Ensure activity efficiency targets are included within the final SaFF agreement and that plans are in place to deliver these.	DFCS	Work with Trusts to ensure these targets are jointly delivered.
5.9	'Countering Fraud'	Set up local counter fraud services in line with the national requirements.	DFCS	Ensure that organisational development and procedures within PCGs reflect the national agenda on countering fraud.
5.10	Paying contractors	Ensure that all payments are made promptly, efficiently and correctly.	DFCS	--

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

**PERFORMANCE AND BUSINESS PLAN
2000/2001**

Programme 6

Development of Primary Care Services

	Areas	Health Authority Performance & Business Plan	HA Lead	Primary Care Group Core Performance and Annual Accountability Agreement
6.1	Improvement of practice premises, and development of IM&T useage	Achieve targets set out for premises and GMS improvements and defined within the SaFF process.	DFCS	Ensure agreed targets for premises and GMS improvements are supported by Primary Care Investment Plans.
6.2	Continuing professional development	Work with PCGs to develop primary care education structures for doctors, nurses and other members of practice teams.	DPH	Develop a programme of educational needs assessment and practice professional development plans.
6.3	Primary Care Investment Plans ▲	Ensure the development by each PCG of a Primary Care Investment Plan as part of the PCG's Annual Accountability Agreement and Business Plan process.	DPP	Develop a Primary Care Investment Plan as part of the PCG's Annual Accountability Agreement and Business Plan process.
6.4	Prescribing ▲	Continue to update, actively disseminate and monitor district formulary. Implement the disinvestment plan agreed by the District Therapeutics Committee. Monitor the effects of nurse prescribing.	DPH	Implement the disinvestment plan agreed by the District Therapeutics Committee. Develop prescribing plans with clear investment priorities. Provide clear information to practices on prescribing performance.
6.5	Access to NHS Dentistry, including Dental Access Centres (PDS)	Launch new dental centres in accordance with the required national agreement.	DFCS	--
6.6	NHS Direct and integration with local services	Collaborate with NHS Direct and PCGs to further develop integrated access to primary care, in particular out of hours. Establish an NHS Direct local stakeholder forum.	DPP	Work with practices (including co-operatives and deputising services), NHS Direct and other services to further develop integrated access to primary care, in particular out of hours. Participate in NHS Direct local stakeholder forum.

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**PERFORMANCE AND BUSINESS PLAN
2000/2001**

Programme 7

Business & Performance Management

	Areas	Health Authority Performance & Business Plan	HA Lead	Primary Care Group Core Performance and Annual Accountability Agreement
7.1	Health Authority Performance Agreement and Business Plan	In the context of the national Performance Assessment Framework, develop a Performance Agreement and Business Plan, for agreement with the South East Regional Office, setting out targets and actions for achievement during the forthcoming financial year.	DPP	--
7.2	Implementation with PCGs of Annual Accountability Agreements	Agree an Annual Accountability Agreement with each PCG which sets out targets and actions for achievement during the forthcoming financial year, in the context of agreed HImP and SaFF priorities.	DPP	Agree an Annual Accountability Agreement with the HA which sets out targets and actions for achievement during the forthcoming financial year, in the context of agreed HImP and SaFF priorities.
7.3	Performance monitoring of key targets and actions	Ensure processes are in place to monitor performance against each key target and action set out in the Performance Agreement and Business Plan and that regular reports are provided to the Health Authority, highlighting any significant variances from target.	DPP	Ensure processes are in place to monitor performance against each key target and action set out in the PCG's Annual Accountability Agreement and that regular reports are provided to the PCG Board, and Health Authority as required, highlighting any significant variances from target.
7.4	Annual Report of the Health Authority	Prepare and publish the Annual Report for the Health Authority which sets out actions and achievements of the past year.	DPP	Contribute to the preparation of the Health Authority's Annual Report.

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

**PERFORMANCE AND BUSINESS PLAN
2000/2001**

Abbreviations

CE - HA

DFCS

DPP

DPH

DSSD

CE - EHPCG

CE - F&GPCG

CE - PIPCG

CE - PHCT

Chair - EHPCG

Chief Executive - Health Authority

Director of Finance & Corporate Services

Director of Policy & Performance

Director of Public Health

Director of Strategic & Service Development

Chief Executive - East Hampshire PCG

Chief Executive - Fareham & Gosport PCG

Chief Executive - Portsea Island PCG

Chief Executive - Portsmouth HealthCare Trust

Chair - East Hants PCG

NSF

PHT

PHCT

RHH

Key

▲

National Service Framework

Portsmouth Hospitals Trust

Portsmouth HealthCare Trust

Royal Hospital Haslar

Objective supports key SaFF target

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH ECONOMY
2000/2001 Performance and Business Plan
Summary of Service and Financial Framework Targets
As at 22 March 2000

Priority Areas		2000/2001 Performance & Business Plan Objective	Target/ Plan	Notes
Health Improvement				
Smoking cessation services	Achieve three targets for smoking cessation: Number of people to receive smoking cessation services Number of people to quit smoking at 4 week period Number of people to quit smoking in the long term	1.1 1.1 1.1	1149 306 153	
Fair Access				
Coronary Heart Disease and Stroke	Increase number of coronary revascularisations carried out	1.5	506	i
Primary care modernisation	Increase the number of wte GPs	6.3	307	ii
	Increase the number of Practice Nurses	6.3	136	ii
	Improve practice premises: Reduce the proportion falling below the minimum standards Reduce the proportion not up to basic standards Increase the proportion meeting best standards	6.3 6.3 6.3	5 41 3	ii ii ii
Effective delivery				
Mental health services	Establish additional assertive outreach teams Provide additional 24 hour staffed beds Ensure an additional number of medium secure places (occupied bed days)	1.6, 3.7 1.6, 3.7 1.6, 3.7	3 28 3650	iii
Cancer services	Deliver the two week standard for cancers: Existing target - breast April 2000 - children & adolescents April 2000 - lung April 2000 - leukaemias July 2000 - upper and lower GI October 2000 - skin October 2000 - gynaecological cancers October 2000 - cns October 2000 - brain December 2000 - all others	1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%	
Efficiency				
Prescribing	Reduce the number of practices with generic prescribing rates below 40%	6.4	0	iv
Efficiency savings and resource allocation	Contribute to overall 3% efficiency savings: Combined Trust, Health Authority, PCG contribution Draft unit cost reductions for Portsmouth Hospitals Achieve management cost savings: Portsmouth Hospitals Portsmouth Healthcare Portsmouth & South East Hampshire health economy	5.8 5.8 5.8 5.8 5.8	tbc 4.3% £0m £0m £0m	v vi

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH ECONOMY
2000/2001 Performance and Business Plan
Summary of Service and Financial Framework Targets
As at 22 March 2000

Priority Areas		2000/2001 Performance & Business Plan Objective	Target/ Plan	Notes
Patient/ carer experience				
Promoting independence	Reduce delayed discharges for people aged 75 years and over	3.3, 3.7	4.7%	
Quality improvement	Reduce first outpatient attendance DNAs	3.1	8.0%	
Waiting lists and waiting times	Improve waiting times for inpatients and daycases:			
	Hold waiting lists at the March 2000 target level	3.1	9200	vii
	Reduce the number of patients waiting over 12 months	3.1	124	
	Maintain the no over 18 month wait guarantee	3.1	0	
	Improve waiting times for outpatients:			
	Reduce the number of over 13 week waits by 55% in ophthalmology, orthopaedics, ENT and dermatology	3.1	tba	viii, ix
	Reduce by at least 50% the number of over 13 week waits in ophthalmology	3.1	236	viii
	Reduce by at least 25% the number of over 13 week waits in orthopaedics	3.1	863	viii
	Reduce by at least 50% the number of over 13 week waits in ENT	3.1	154	viii
	Reduce by at least 50% the number of over 13 week waits in dermatology	3.1	330	viii
	Reduce by at least 30% the number of over 13 week waits in cardiology	3.1	117	viii
	Reduce the number of over 13 week waits in other specialties by 10%	3.1	1447	viii
	Reduce the number of over 13 week waits in total by 30%	3.1	3147	viii
	Health outcomes			
Emergency admissions	Reduce growth in the rate of non-elective admissions for people aged 75 years and over (maximum of 2% growth)	1.7, 3.7, 3.9	10767	x
Psychiatric readmissions	Reduce the psychiatric readmission rate	1.6, 3.7	67	xi

Explanatory notes:

Dates for achieving targets are 31 March 2001 unless otherwise stated.

In some instances, targets differ from those originally defined by the South East Regional Office (SERO). These have been agreed subsequently between the Health Authority and SERO.

i. Revascularisations include Coronary Artery Bypass Grafts and Percutaneous Transluminal Coronary Angioplasties

ii. Planned rather than targets for 2000/2001

iii. Decrease in beds is due to closure of a long stay ward - needs further clarification

iv. There are no practices with generic prescribing rates below 40%

v. To be clarified by SERO

vi. Based on TUC2000 Index and equates to a cost reduction of £4,609,119 on total expenditure

vii. 9,200 to be achieved by 30 June 2000 and held throughout 2000/2001 - to be confirmed

viii. 31st December 1999 position shown as forecast outturn

ix. Target to be advised

x. Target equates to 1.2% growth

xi. Outturn and target for psychiatric readmissions stated as the number of readmissions

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY**SUMMARY OF KEY PERFORMANCE OBJECTIVES 2000/2001****DRAFT 17 APRIL 2000****1. Improving health and reducing inequalities**

- Continue development and implementation of the HImP
- Ensure local implementation of the NSFs for coronary heart disease and mental health
- Ensure agreed milestones are achieved for cancer services
- Ensure key targets are achieved for smoking cessation

2. Organisational and supporting strategies

Continue implementation of the organisational strategy and local action plans to support the development of the Health Authority and Primary Care Groups, as well as the wider modernising agenda, and inter-organisational changes across the health economy, particularly

- develop the Health Authority to ensure the strategic leadership role identified in Leadership for Health can be fulfilled
- progressing local scenario planning
- planning for the establishment of the new Health Authority
- supporting the East Hants PCG in their preparation for Trust status
- supporting the proposed boundary changes for the Cosham Practices
- ensuring reprovision of services to Gosport and south Fareham
- implementation of 'Working Together'

3. Strategic service planning

- Ensure effective strategic planning and commissioning arrangements are in place, along with a robust SaFF process, a managed process for the continued devolution of commissioning responsibilities and sound partnership working across the health economy
- Ensure delivery of district-wide targets on waiting lists and waiting times
- Lead 'whole systems' planning for winter pressures process
- Ensure continued progress on implementation of the Joint Investment Plans

4. Quality and clinical governance

- Ensure implementation of the clinical governance action plan, and leadership of the quality agenda through the local Quality Partnerships Panel

5. Financial control and planning

- Achieve the in-year financial and efficiency targets set out within the SaFF and plan for longer-term financial stability

Financial control and planning (continued)

- Ensure in-year allocations are targeted to deliver maximum benefit against agreed objectives
- Make further progress towards equity for PCG allocations
- Ensure continued Health Authority input to the PFI schemes for both Portsmouth Hospitals and Portsmouth HealthCare Trust

6. Development of Primary Care services

- Ensure PCIPs are updated and rolled forward for 2000/2001 and that these include agreed plans for development and investment in primary care services, staff, premises and IM&T
- Improve access to NHS dentistry through the local bid to develop Dental Access Centres

7. Business and performance management

- Ensure key national and local objectives are incorporated into corporate planning and management systems for the Health Authority, and that these are reflected in accountability agreements with Primary Care Groups
- Ensure that robust performance management systems are in place to support delivery of objectives, and that progress and performance is reported to the Health Authority