

What is a PCT about ?

- To oversee the delivery of an effective local health system for the people of Bournemouth and Poole
- To improve health for all - particularly the most disadvantaged - and to commission high quality, patient-centred health services, based on local health needs
- To work in partnership with others to achieve best outcomes and value for money
- Now working to 'World Class Commissioning' standards to achieve three over-arching objectives
 - better health for all
 - better care for all
 - better value from all our resources

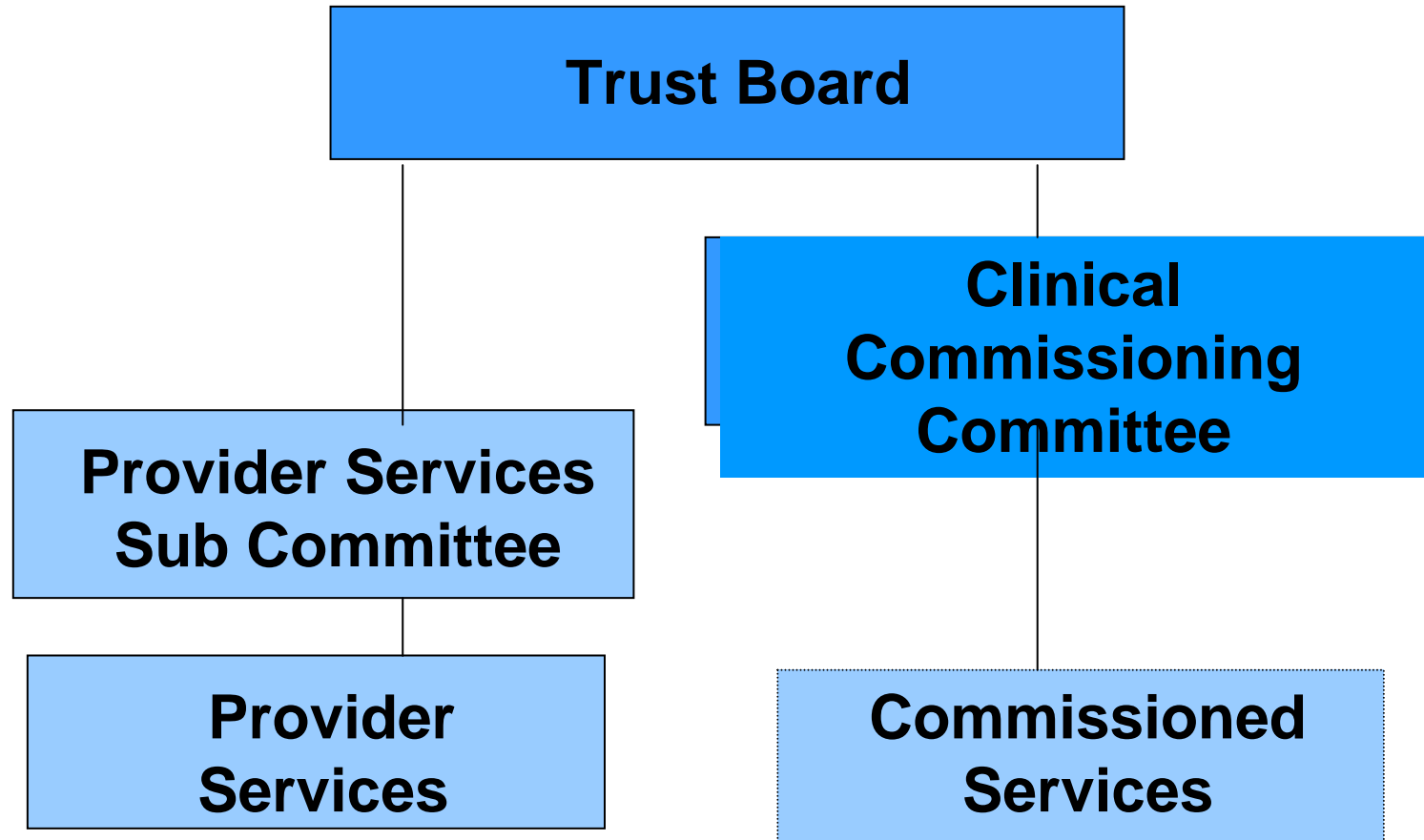


Governance Arrangements

- Trust Board
 - Non-Executive Directors
 - Executive Directors
- Accountable Officer – Chief Executive
- Accountable to
 - NHS South West
 - Health Scrutiny Panels
 - LINKs
 - Local people and people
- Separate arrangements for commissioning and provision
 - Professional Executive Committee
 - Provider Sub Committee



PCT Structure



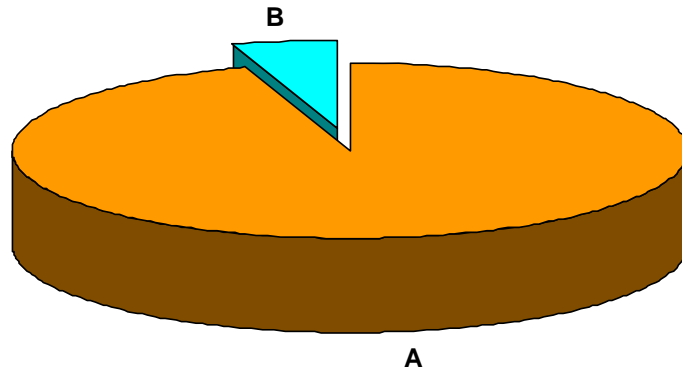
Key local partners

- Local Commissioners
 - NHS Dorset
 - Borough of Poole
 - Bournemouth Borough Council
 - Dorset County Council
- Local NHS Providers
 - Poole Hospital NHS Foundation Trust
 - The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
 - Dorset HealthCare Foundation Trust
 - Southampton University Hospitals NHS Trust
 - South West Ambulance Service (& Dorset Urgent Care Service)
 - GPs and Practice Based Commissioning
- Range of voluntary agencies
- Range of private providers/organisations



Commissioning and provider services budgets

Commissioning and Provider Services Budgets 2010/11

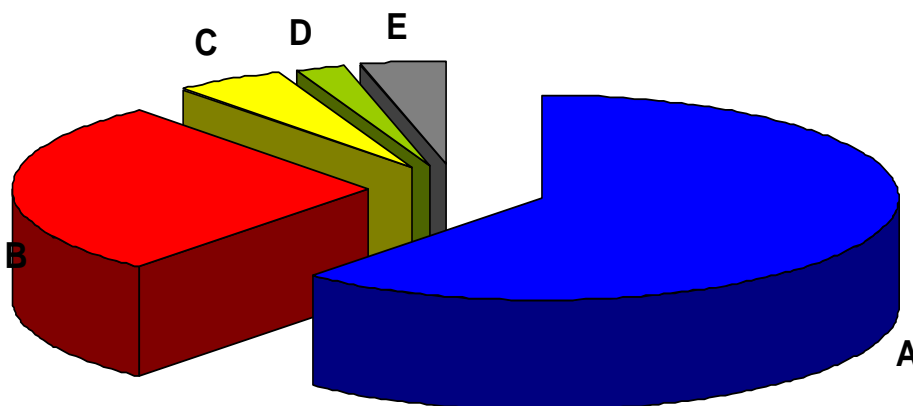


A. Commissioning	£543m	95%
B. Provider Services	£ 28m	5%

Primary and Community Care Budget	£571m	100%
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Analysis of total PCT budget 2010/11



Analysis of Total PCT Budget 2010/11

A. Secondary Care	£338m	61%
B. Primary & Community Care	£168m	28%
C. Provider Services	£28m	5%
D. Health Promotion and HQ	£11m	2%
E. Strategic Programmes/ Investments	£26m	4%

Total PCT Budget 2009/10	£571m	100%
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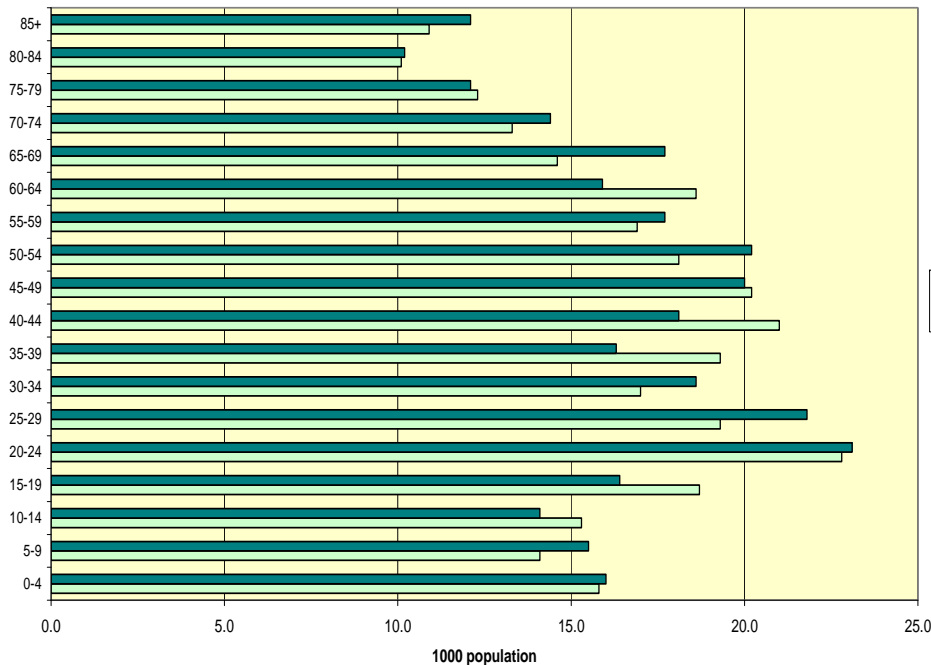
Where are we now?

- A high performing health community
 - Healthcare Commission ratings and reviews
 - Patient surveys
 - Early achievement of targets
- Two local acute hospitals
- High calibre clinicians
- Secondary care dominated system
- Facing very challenging future



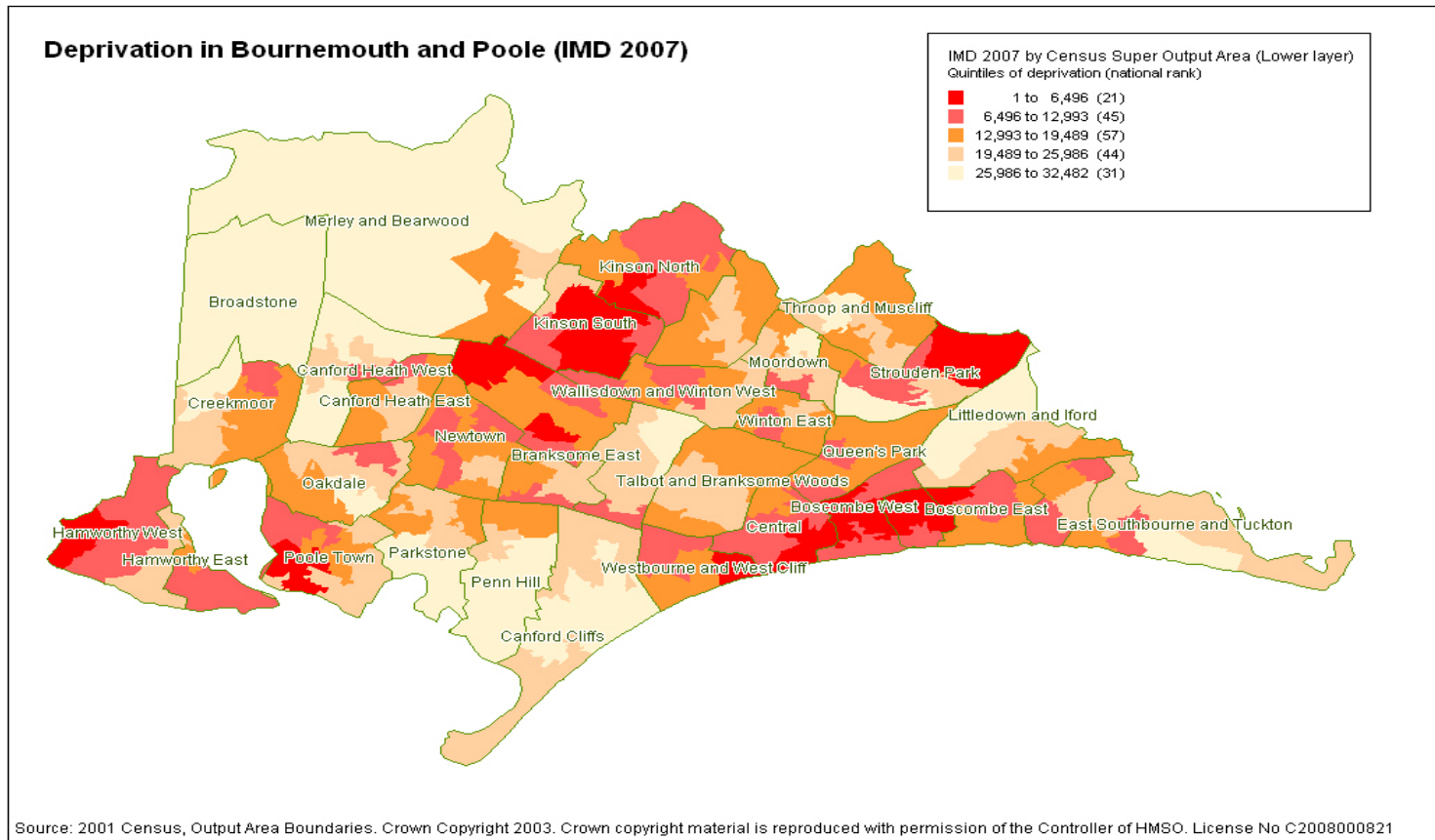
Our population and their health needs

Total Population Projection Bournemouth and Poole PCT 2009-2015
(based on 2006 mid-year estimates)



- 20.5% of population aged 65+ (England 16.5%) – means more people with long-term health needs
- Growing levels of obesity means more ill health
- Fewer families with children than elsewhere
- Largest group – young people aged 20-29 – sexual health, substance misuse and mental health needs
- More people live alone than elsewhere
- Significant health inequality – more health poverty in Bournemouth but the inequality gap is widening in Poole

Health Inequalities



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Facing significant challenges

- Obesity
- Smoking related deaths
- Incidence of severe mental illness
- Sexually transmitted disease
- Drug and alcohol abuse
- Large number of 20-24 year olds
- Bournemouth “night time” economy
- Significant numbers of older people
- High incidence of chronic disease
- Significant numbers living alone
- Significant numbers on incapacity benefit
- Persistent health inequalities

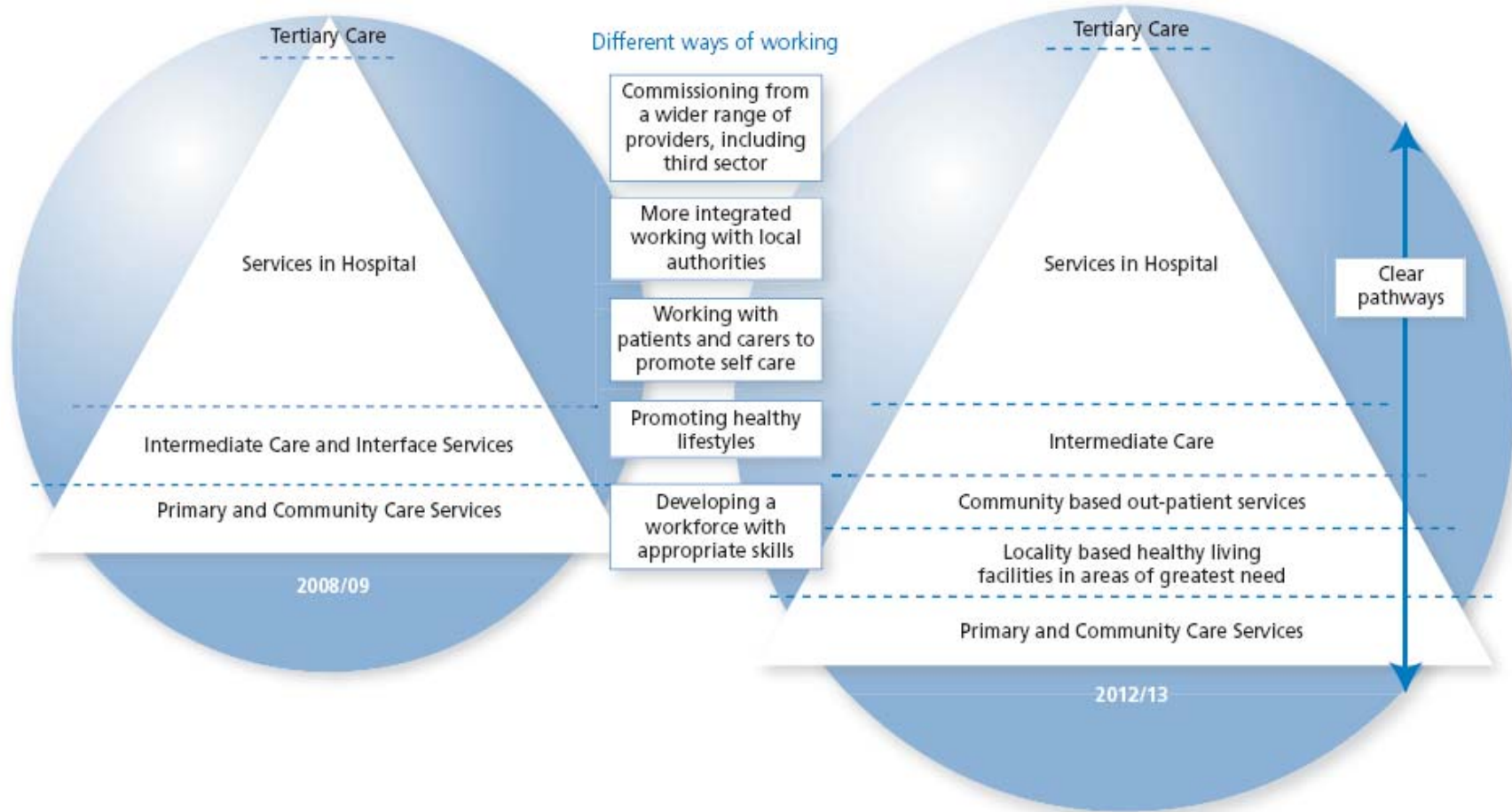


Facing significant challenges

- NHS 2010-15: From Good to Great sets the strategic framework
- We have high numbers of emergency and planned admissions compared with other areas and therefore spend more on secondary care than elsewhere
- Need to achieve savings across whole system so we can invest in transforming community services



New Model of Service



Transforming community services

- GP practices working in localities together to expand the range of services
- Services closer to home, so fewer visits to hospital
- Better integrated care
- More use of technologies
- Improved access to information and advice
- More support to look after your own health
- More mental health services
- Less spend on hospital services



2011/12 to 2012/13

- Moved to PCT Clusters
- Moving to SHA Clusters
- GP Consortia now Clinical Commissioning Groups
- National Commissioning Board to have 3,500 staff, 67% working at local level



Four Priorities

- Supporting local clinical improvement;
- Transforming the management of long-term conditions;
- Providing more services outside hospital settings; and
- Providing a more integrated system of urgent and emergency care to reduce the rate of growth in hospital admissions.



The key processes in each of the three areas are set out below:

Core processes to uphold the key values

- Quality as the organising principle
- Patient and public engagement
- Clinical leadership and focus
- Promoting equality and diversity
- Reducing inequalities
- Partnership working

Business processes

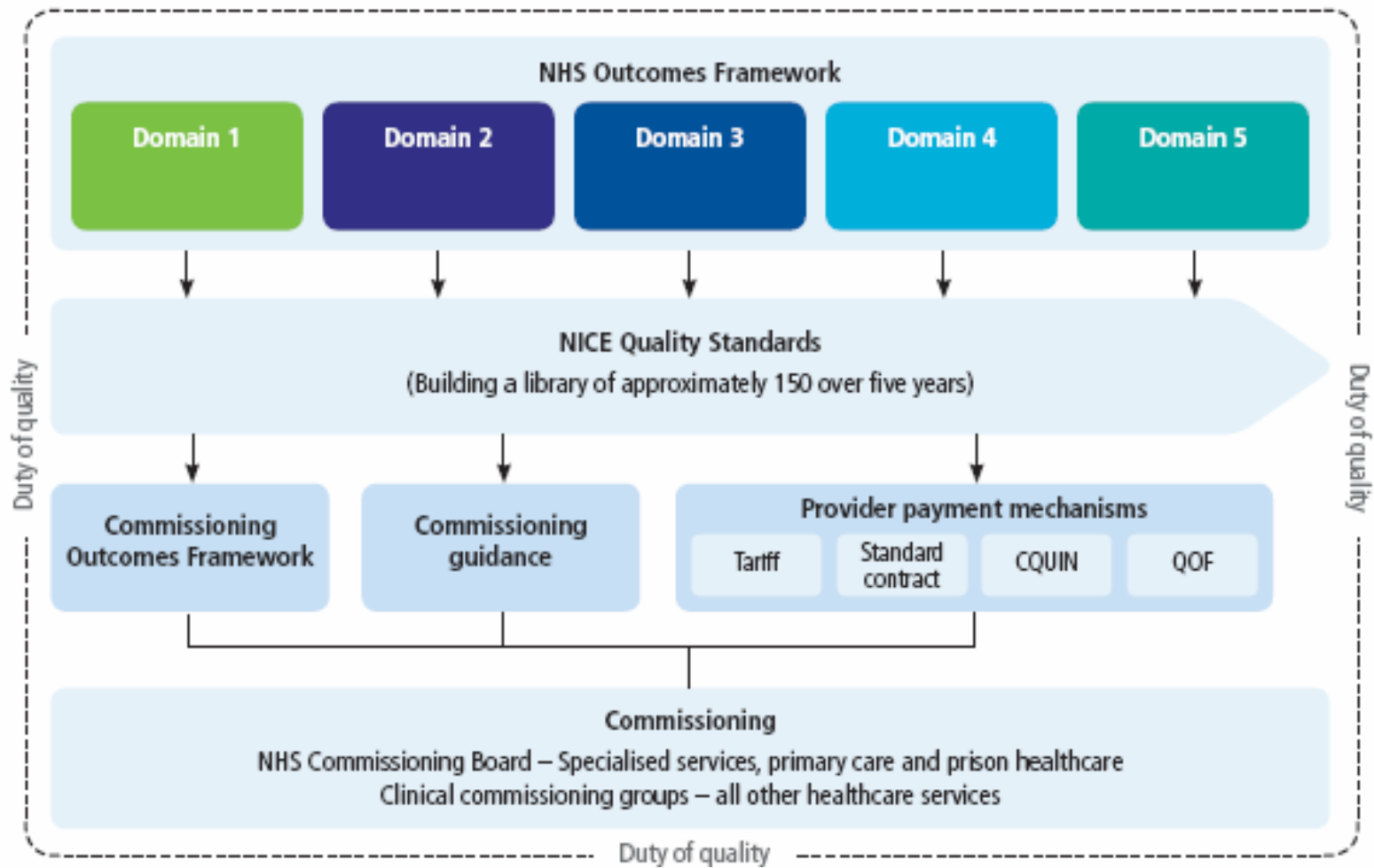
- Information management
- Change management
- HR systems
- Finance
- Communications

Oversight and support processes

- Commissioning outcomes framework
- Allocations framework
- Commissioning guidance
- Authorisation process
- Assurance process
- Commissioning support



Figure 4: The quality improvement system



The potential structure and organisation of a commissioning sector is set out in the diagram below.

Figure 6:
Potential functions and roles within a commissioning sector

