

This chapter sets out the PCT's vision, strategic goals, work programmes and initiatives. It also explains the metrics which will be used to measure success and the values that underpin everything we do.

## 2.1 Our Vision

**Oxfordshire PCT is ambitious about improving the health and wellbeing of local people. The PCT will work with its partners to deliver a transformation in local health services, so that by 2013 the people of Oxfordshire will:**

- **Be healthier**, particularly if they are **vulnerable** or live in our most **deprived** communities
- Be working with the PCT to **promote physical and mental well being and prevent ill health**
- Be actively supported to **manage their health and care needs at home**, when this is appropriate
- Get **excellent value** from their local health services
- Have access to **high quality, personalised, safe and appropriate** health services
- Have a PCT which is a **high performing organisation**

This vision was adopted by the PCT in 2007 and remains the core statement of what the PCT is trying to achieve. It was developed through a consultative process involving patients, carers, the public, staff, clinicians, partners and members of the Board. It encapsulates the fundamental issues that the PCT needs to address if it is going to work with its local partners to address local health needs and is fully aligned with the Local Area Agreement and the national and regional vision for healthcare set out in *High Quality Care for All* and *Towards a Healthier Future*.

This vision, and the strategy through which we will deliver it, is right for Oxfordshire because:

- a. We have a population that, on the whole, enjoys excellent health and has good access to services of reasonable quality.
- b. The local population contains communities, particularly in Oxford and Banbury, where very real health inequalities exist, where health outcomes are substantially poorer than both the Oxfordshire and national averages and where local residents do not readily access available healthcare. Alongside our partners in local government, other public services and the private sector, we need to realise the ambitions set out in the regional health strategy. As a result, we must take the difficult step of targeting investment and activity into identified areas and communities of greatest need, in order to prevent ill health, treat disease when it occurs and reduce health inequalities.
- c. The population of Oxfordshire is rapidly changing. In common with other parts of the UK we expect an increase of 85% in the numbers of people aged 85 and over in the County by 2026. If we, alongside our partners in local government, are to meet the needs of this group, whilst also meeting the needs of others for public services, it is essential that we act now to ensure that the current workforce and recently retired population ages healthily.

Coupled with this, we will need to ensure that much of the care this group accesses can be provided in or close to home and under the control and direction of the individual and their carers. This will necessitate: investment in the kind of wellbeing and prevention services envisaged in both the regional and national vision for the future NHS; support for the local transformation of social care and provision of an increasing amount of healthcare in or close to home.

- d. *High Quality Care for All* recognises that expectations of healthcare are changing and this is underpinned in the national and regional strategies published in the early summer of 2008, where the development of high quality and personalised care is strongly encouraged. There has been concerted effort to achieve this in Oxfordshire over some time. Consultation on our strategy and vision in the

autumn of 2007 gave voice to a clear demand for the PCT to focus on getting the basics right by improving the quality of local care and in so doing, to make that care more personalised.

- e. Delivery of this vision will require resources, but pressure on budgets across the NHS cannot be underestimated and the PCT is operating in one of the most challenging periods of its history. We will have to make radical change to ensure that quality of services and patient outcomes are not compromised as PCTs financial growth allocations reduce over the coming years. Successful delivery of CAHO is therefore vital, as is maximising the potential of collaboration with other PCTs in the region.
- f. Our financial plan is underpinned by four core assumptions:
- The need to recognise and manage the cost of providing core primary and secondary care services in a very challenging economic environment and in a way that allows for: increased and improved access and choice, demographic change and new technological developments. We must achieve this without threatening core services and ensuring the sustainability of the local health economy
  - The desire to increase the commissioning of integrated whole care pathways that result in an appropriate and proportionate shift of activity closer to home and which offer the right mix of quality, safety and value
  - The need to make long term commitments to targeted health promotion and prevention work where that work can be shown to avoid future costs and demand on services
  - The expectation that we will continually seek to provide best value for money through strong internal management, effective contracting and procurement, the development of the local provider market and transformation in the way health and care services are provided in the county.
- g. We also need to undertake a programme of organisational development to ensure we are capable of transforming local healthcare. We are working more closely with other commissioners, county council and the other 8 PCTs in the region. We will be focusing on: strengthening clinical leadership and our ability to engage all our partners in what we do; building the skills and capacity we need to manage and develop the market; getting much better at using the wealth of data available to us and ensuring the potential of informatics development is fully maximised; developing the leadership to ensure we exploit technology as an enabler of service transformation and strengthening the organisation's ability to deliver its plans really efficiently. These issues are picked up in detail in the accompanying Organisational Development Plan.

Against this backdrop, and in order to deliver its vision and improve the health of the local population, the PCT has adopted a set of five goals which will enable it to prioritise and focus its energy and investment.

## 2.2 Oxfordshire PCT strategic goals

The PCT will work in partnership to:

**A) Ensure that the core services purchased from primary and secondary care providers continually improve to meet changing health needs, giving patients' optimum access to satisfactory, timely, high quality care that also offers good value for money.**

Oxfordshire PCT must continue to focus on getting the basics right. If we do not manage the provider market in a way that enables us to continue to provide the right core services for our population, at a sufficiently high standard, within a controlled budget, we will not have the capacity to deliver other aspects of this strategy. This has always been true, but it is more important than ever to ensure we get good value for money from core services given the impact of the economic downturn on public sector finances.

**B) Improve health outcomes and promote independence for the following key population groups:**

- **older people**
- **those with long term conditions**
- **people with mental health problems**
- **children and families living in areas of deprivation**

The PCT has identified these patient groups as priorities because of the projected increases in the elderly population, the numbers of people with long term conditions such as diabetes and mental health problems, and because of the persistent inequalities that impact on the health and well-being of children and families in Oxfordshire's most deprived areas. These priorities support the recommendations of the Director of Public Health's Annual Reports in 2007 and 2008 and reinforced in 2009, and to the county's Joint Strategic Needs Assessment (JSNA).

**C) Improve access to health services by increasing the commissioning of integrated whole care pathways that create a proportionate and appropriate shift of activity from hospital into primary and community care settings.**

The PCT believes that a fundamental shift in the quality of care for its target groups can be achieved if it can begin to deliver the national and regional ambition of providing seamless, joined up care for patients, with as many elements of a care pathway as possible being provided close to where patients live.

**D) Help more local people of all ages to make sustainable healthy lifestyle choices.**

Our local demographic forecasting and disease modelling suggests that, in line with regional and national strategy, the local NHS must increase its efforts to reduce demand for health services by working to support people to stay well. In Oxfordshire we particularly need to focus on tackling obesity in adults and children, reducing smoking and managing alcohol misuse.

**E) Reduce health inequalities in Oxfordshire by improving health outcomes for people living in wards with the highest mortality rates at a greater rate than for the PCT population as a whole.**

Oxfordshire has a comparatively healthy population, but there are distinct geographical communities in Oxford and Banbury where life expectancy and health outcomes are markedly worse than both the local and national averages. The PCT therefore needs to focus service change in these communities in partnership with other public sector bodies and with industries, in order to break the long term cycles of deprivation experienced by these populations.

The full rationale for adoption of these goals is described in **Section 3.6.3 and Appendix A**. How each of the initiatives responds to these goals is set out in the draft **Operational Plan Appendix A**.

## **2.3 Oxfordshire PCT values**

It is important to the PCT not just to focus on what it is doing and on where it is applying its resources but on how it shapes the development of the local NHS. In 2007 the PCT adopted a set of core values, and these were revised following an extensive consultation exercise (see section 4.6). These values were revisited by the PCT Board in July 2008 and reviewed in light of the draft NHS Constitution and its proposed national values for the service. As a result some very slight changes were agreed in 2009, but these remain unchanged for 2010.

The PCT remains committed to ensuring that in everything it does, it adheres to a core set of organisational values and these are:

- a. **Openness and transparency** – this means that in all our activities we adhere to the highest standards of honesty and integrity which will stand the test of probity.

- b. **Innovation** – this means that we actively seek creative excellence, sometimes taking risks to achieve change for the better.
- c. **Respect and dignity** – this means that we aim to treat patients, carers. our staff and those we work with in other organisations with the compassion, dignity and understanding that we would wish to receive.
- d. **Quality** – this means that we are always seeking to improve the way we conduct our business, striving for the highest levels of care, safety, efficiency and professionalism.
- e. **Positive patient experience** – this means that we are compassionate, accessible, accountable, courteous and efficient and that we understand and are driven by the needs of the people we serve.

