

NHS Cumbria

A guide to the structure and management of the primary care trust

February 2009

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1. Introduction

The story so far: 2006-2008

In October 2006 a new primary care trust for Cumbria was created. This meant that, for the first time, the NHS and county council in Cumbria were focused on the same population. It created a new opportunity to address some of the key challenges facing Cumbria and to create a high quality healthcare system.

The challenges are substantial and the history of fragmented organisations and financial pressures was not helpful. However, there are real strengths to build upon, with examples of excellent clinical practice in community primary and secondary care.

Significant progress has been made through strong, clear leadership. This progress is demonstrated in clearly measured outcomes. There have been particular achievements in:

- Leading the Health Community in Cumbria
- Performance and Delivery
- Clinical Leadership



Next steps - 2009

The PCT, now renamed NHS Cumbria, enters its second phase of development as leader of the NHS in the county. We are working with the provider trusts and with local authority partners to develop strong relationships which deliver excellent results.

We are working towards:

- Making a real difference to health inequalities
- Developing health care around individuals and their communities
- Redesigning care pathways
- Personalising care, focusing on self management
- A new relationship with individuals and communities

We are also determined to become an employer of choice within Cumbria and beyond.

NHS Cumbria is becoming a strategic commissioner with strong clinical leadership. It aims to take the best of practice from elsewhere and adapt it to the Cumbrian context.

Its locality structure means that commissioning decisions are informed by the real circumstances and needs of local communities. It means that local people can have a part to play in shaping services. It also means that service delivery is integrated as part of the life of local communities.



Strategic objectives

Our strategic objective is to improve the health and wellbeing of all people in Cumbria and to help them stay active, independent and in control for as long as possible.

To achieve this, we have three aims:

Better health – improving health and reducing inequalities

Better life – improving independent living and self management of care

Better care – improving the way we deliver care and increasing ownership and engagement



2. Management structure

The NHS Cumbria management structure was reviewed in April 2008 and a new structure implemented from July 2008.

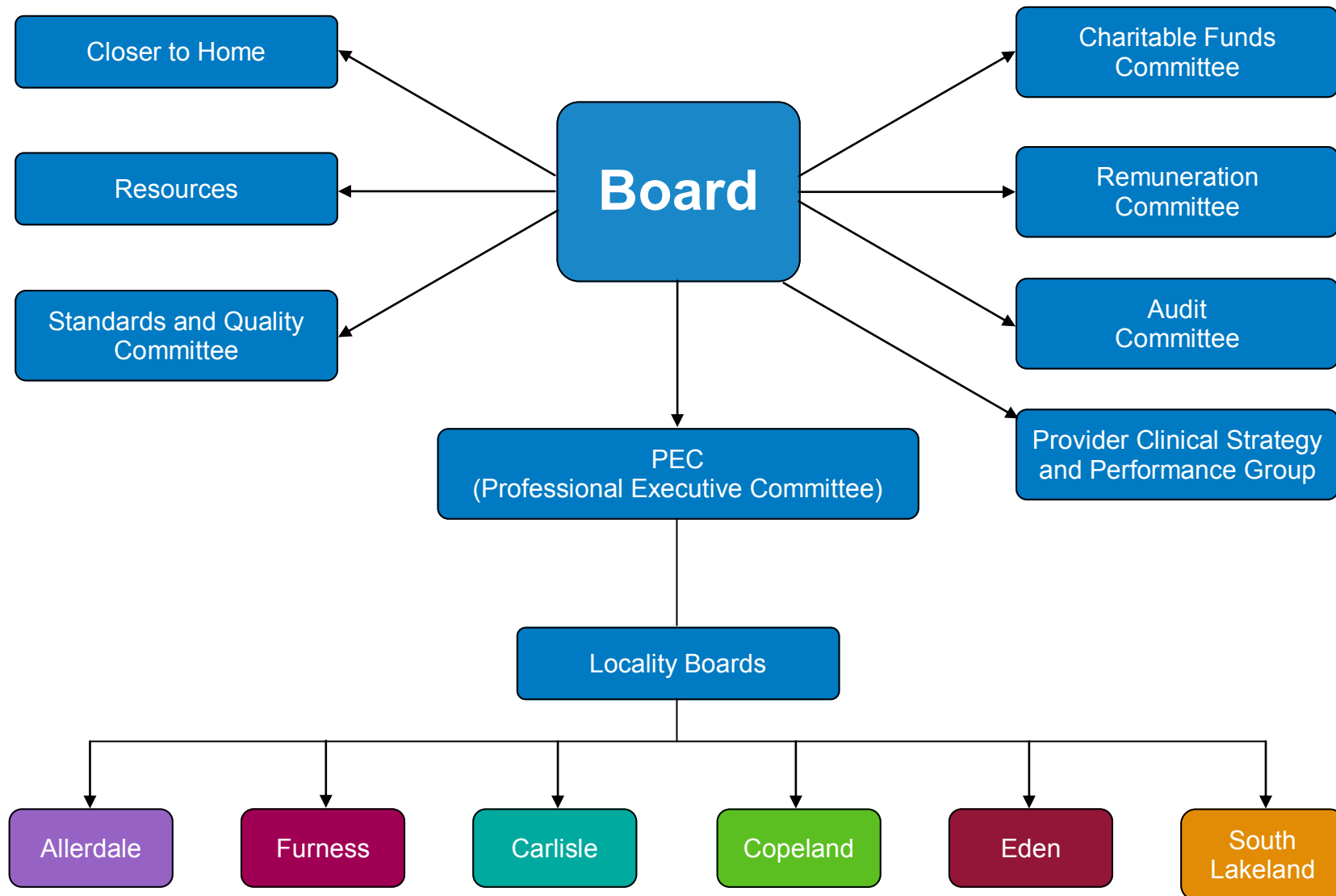
The primary care trust is organised on a locality commissioning model, with teams working within localities and with corporate teams working in a way to align with locality working. Decision making, responsibilities and accountabilities have been structured to support this approach.

The structure will be reviewed on a regular basis to ensure that 'form follows function' and that the primary care trust has the right skills in the right place.

The primary care trust also operates within a complex system of partnership arrangements, the purpose of which is to improve the health and wellbeing of the people of Cumbria.

The organisational charts show posts in red and blue. Red denotes clinical posts, enabling the Trust to monitor its pledge that clinicians will lead across the organisation.

Management Structure



3. The Board of Directors

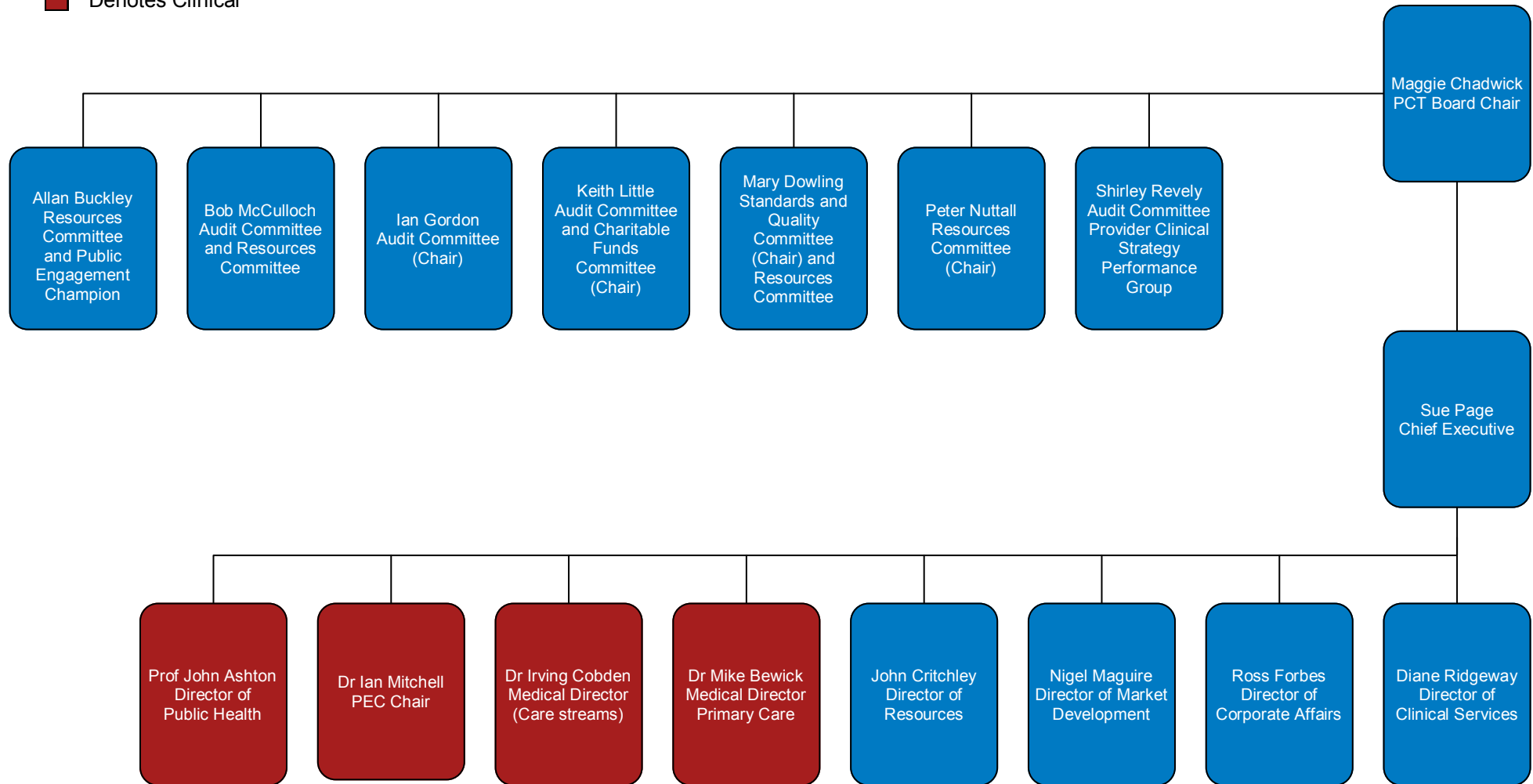
The Board is the formal governing body of NHS Cumbria. It supervises the work of the organisation, decides which health services local communities need and makes sure the organisation remains accountable and financially sound.

The Board is made up of non-executive directors (appointed from the community by the Secretary of State) and executive directors (senior clinicians and managers employed by the primary care trust).

A number of sub-committees support the Board:

- Professional Executive Committee
- Standards and Quality Committee
- Resources Committee
- Remuneration Committee
- Provider Clinical Strategy and Performance Group
- Audit Committee
- Closer to Home Committee
- Charitable Funds Committee

- Denotes Non Clinical
- Denotes Clinical



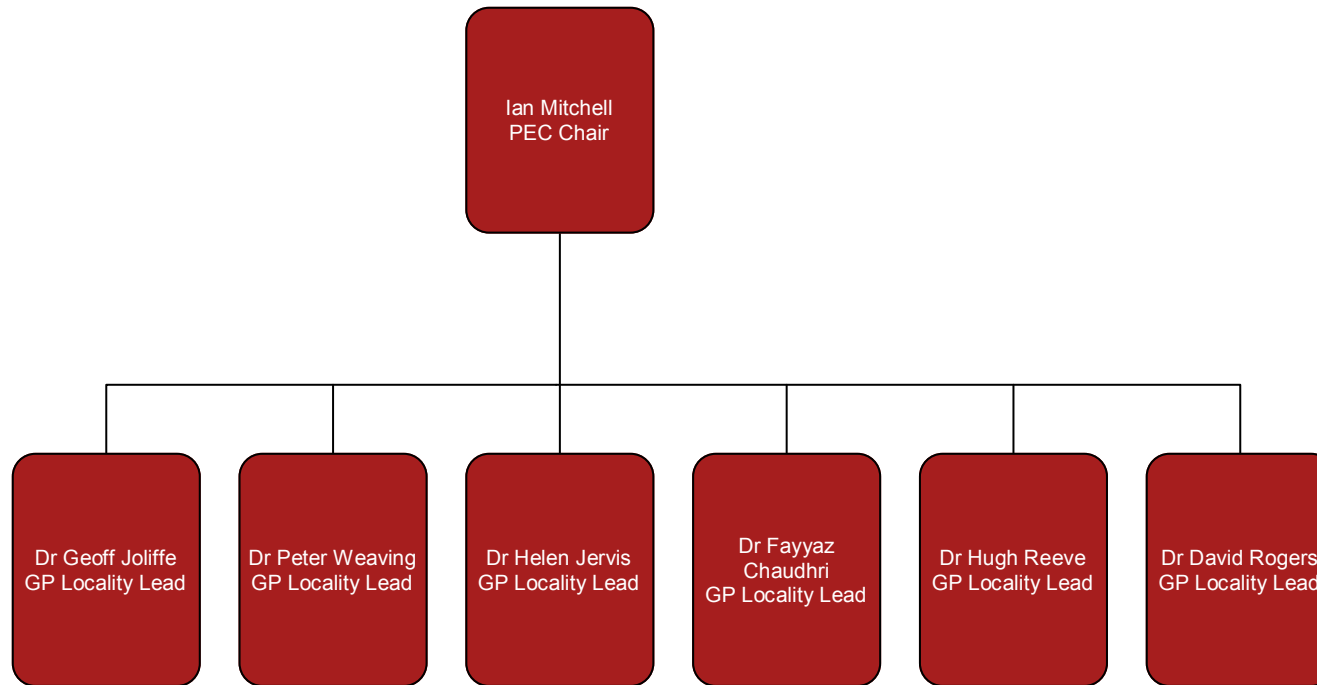


4. Professional Executive Committee (PEC)

The PEC is the key decision making body within the overall strategy set by the Board. It is a clinically led body that has responsibility for setting clinical strategies.

It is county wide, with responsibility for the whole population and includes the GP commissioning leads from each locality (who report to the PEC Chair). By bringing service development proposals back to the PEC, locality development and priorities are balanced with the county wide whole population strategy.

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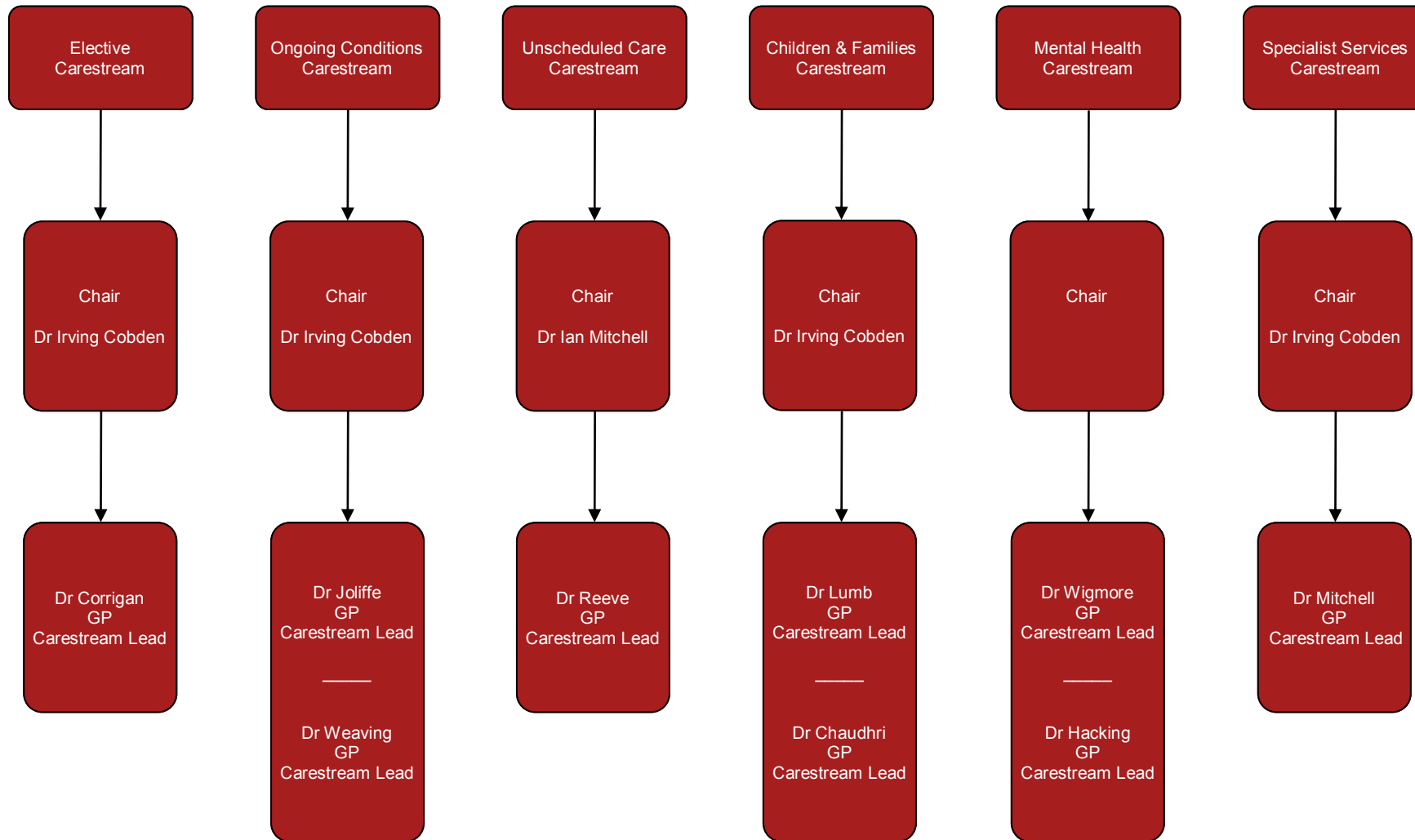




5. Care Stream Boards

Care Streams are a key component of the trust's commissioning framework. They are charged with developing the models and standards of care for Cumbria, within which locality commissioner's commission services for their community. They have strong clinical leadership and have representation from across the Health and Social Care community. Clinical leadership of the care streams is provided by the PEC Chair and the Medical Director, Secondary Care. They incorporate service users, either directly or in the workstreams they have developed.

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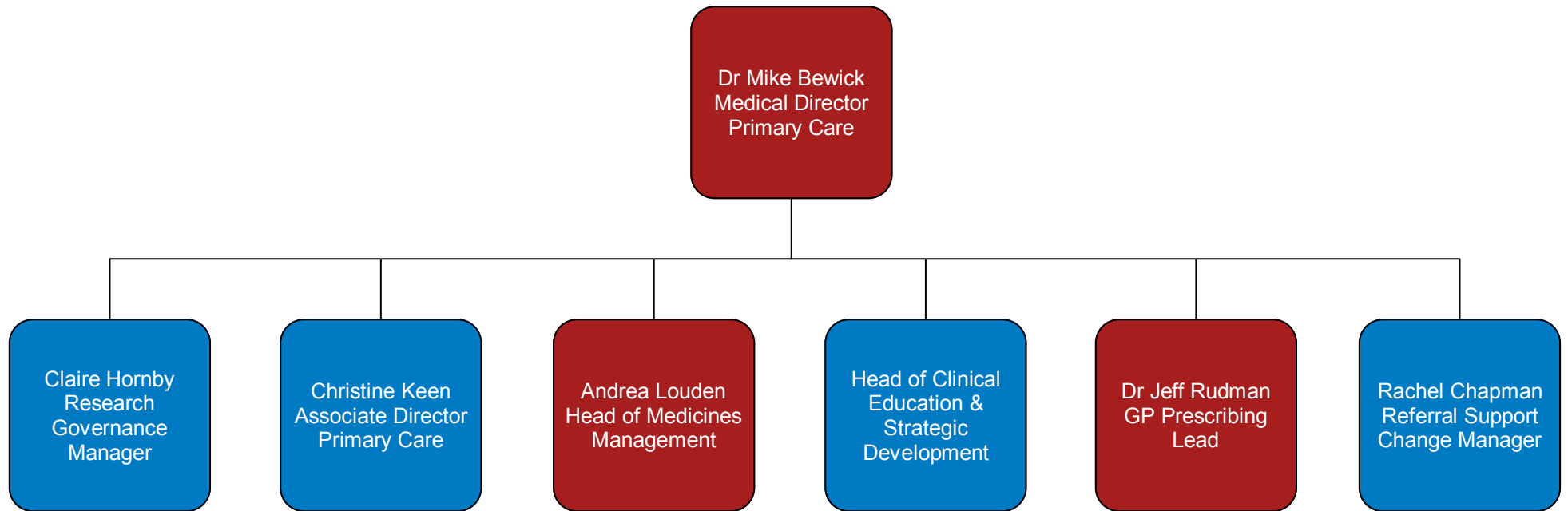




6. Primary Care Directorate

Primary Care is a new directorate for NHS Cumbria, being formed following a key recommendation in the management review. The directorate is responsible for the strategic development of services in primary care, including the commissioning of services from the four main independent contractor groups. There is a particular emphasis on workforce development, and governance, with the Medical Director being the lead for the development of Cumbria as a teaching PCT.

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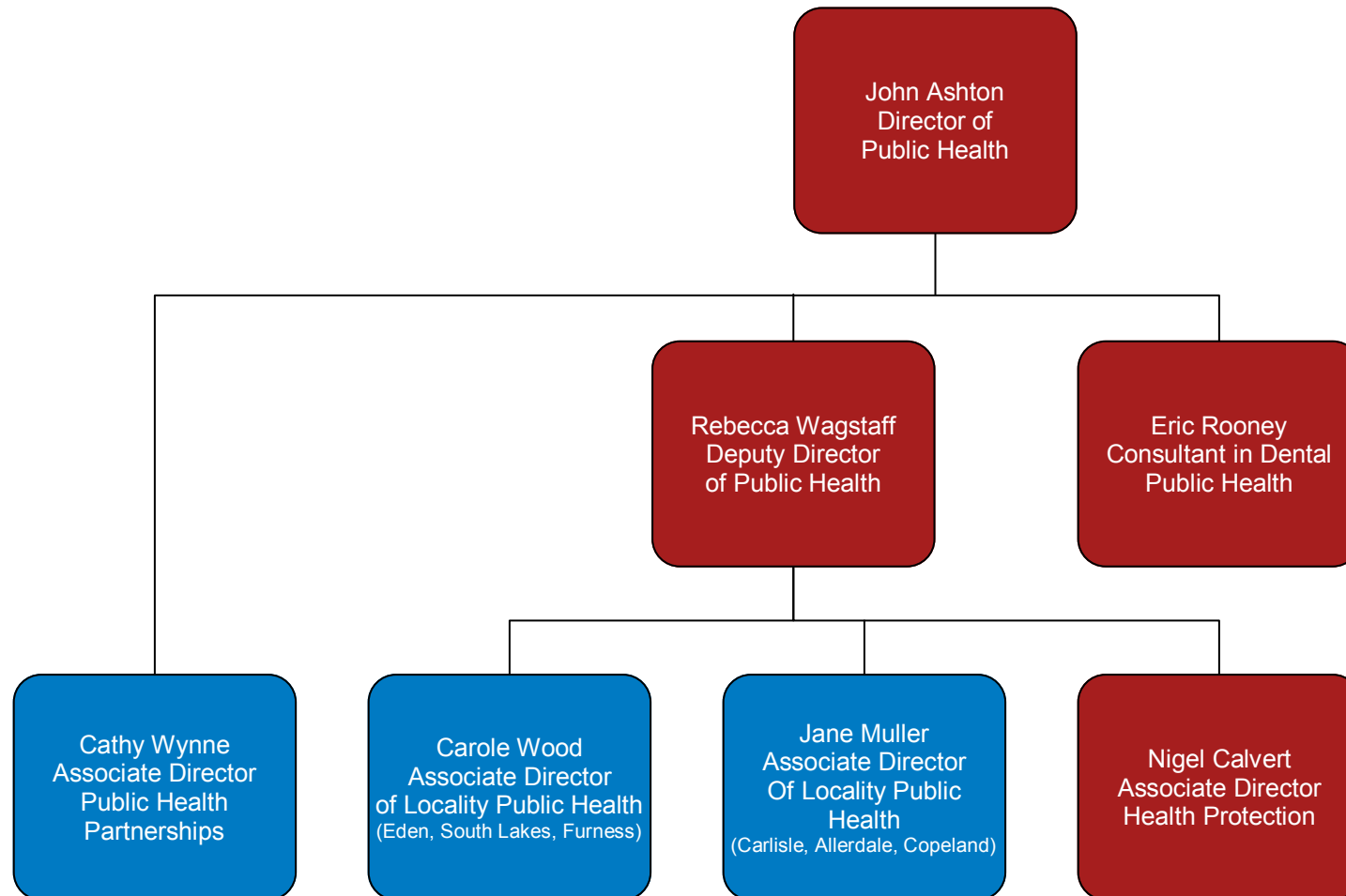




7. Public Health Directorate

The Public Health Directorate, headed by the Director of Public Health as a joint appointment with Cumbria County Council, provides public health expertise across the full range of the primary care trust's activities, including health protection. There is both a county wide and locality emphasis, with the Associate Director of Partnerships working in particular at county level and locality based specialists integrated within locality commissioning and partnership teams. Following the management review, posts within the directorate were re-aligned to increase the integration of public health within the commissioning agenda and to create a health intelligence unit of both public health and general health information analysts.

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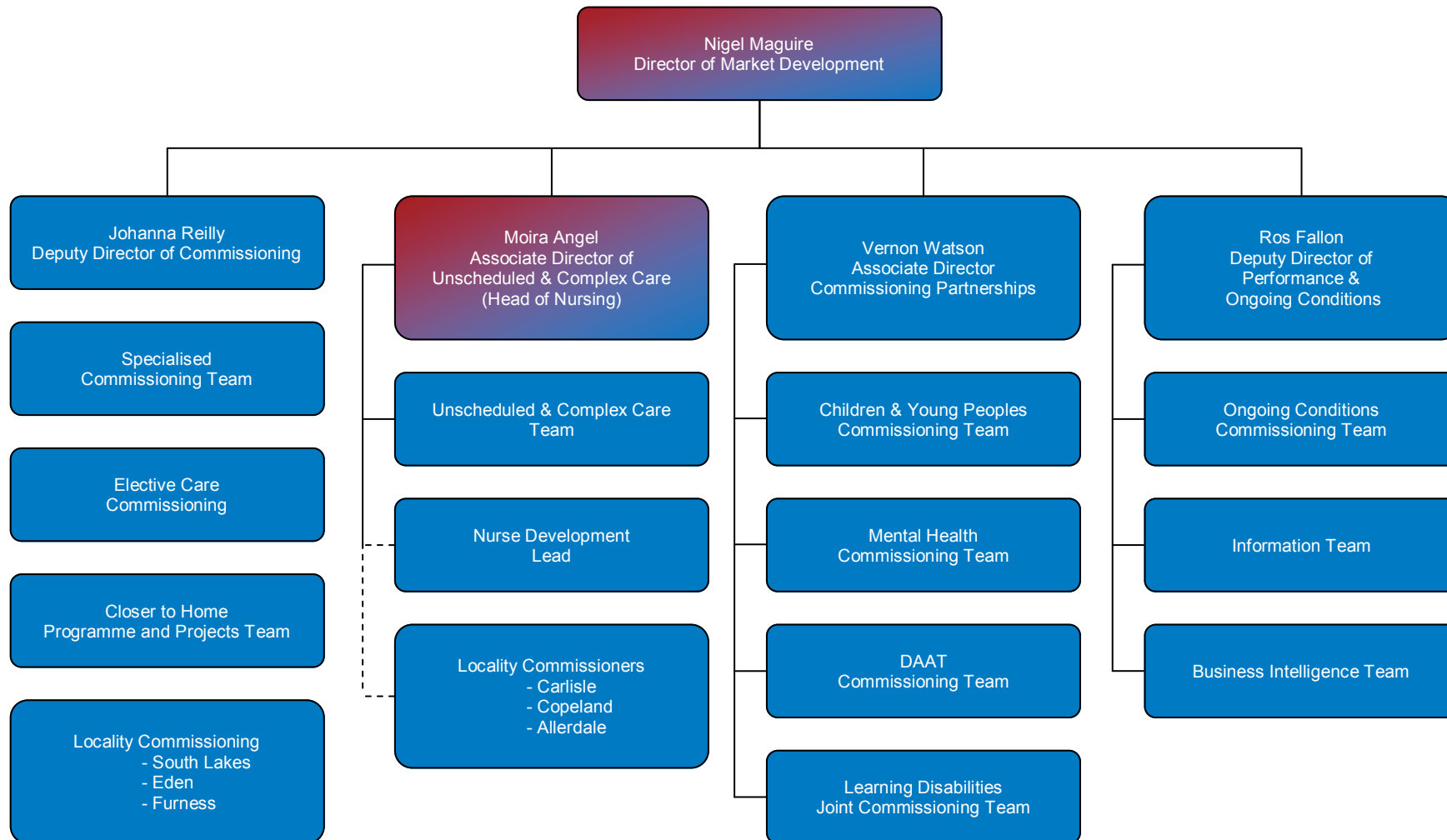


8. Market Development Directorate

The Market Development Directorate leads on commissioning strategy development and implementation for the primary care trust, working both strategically and to ensure effective implementation and performance. In addition to locality and care stream commissioning staff, the directorate includes performance and information teams and leads the programme of delivery on Closer to Home. Several posts are joint appointments with the County Council, who are partners in commissioning services for children and young people, people with mental health problems, people with learning disabilities and substance mis-users.

Restructuring to better align and support locality commissioning and to ensure appropriate capability and capacity to support the commissioning and performance priorities of the primary care trust was included as part of the management review recommendations, as was the creation of a health intelligence unit bringing together analysts from across disciplines into one team.

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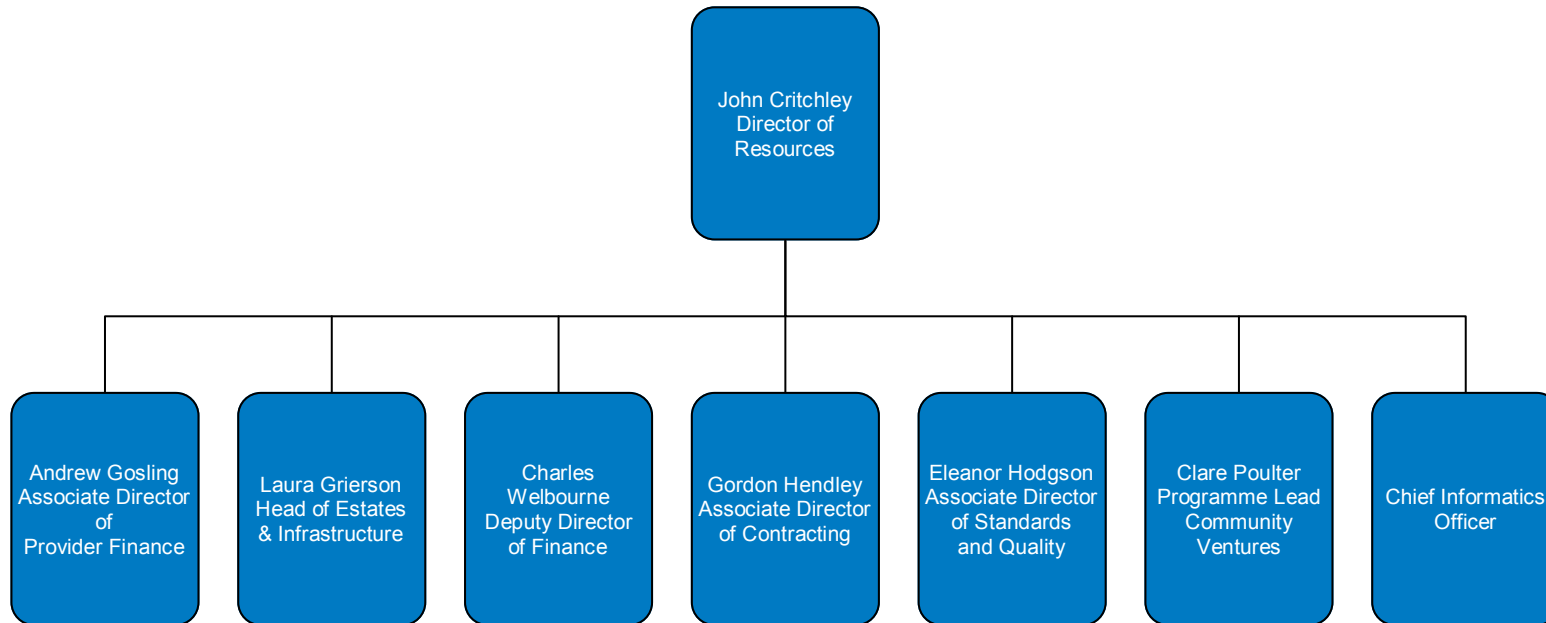
9. Resources Directorate

The Resources Directorate is responsible for the strategic and management planning for the organisation in the use of its financial and capital resources. The directorate includes a financial planning and management team to support the full range of the primary care trust's responsibilities and also leads on contracting processes. In particular, the directorate leads on the development of the Community Ventures programme in addition to the management and development of the estate. A significant role is the lead for governance and standards across the primary care trust.

Community Ventures is a programme developed jointly with Cumbria County Council to provide gold standard health and social care in a unique way by developing community hospitals alongside residential care homes for older people.

A "LIFTco" is also being established. This is a public-private partnership company which works with local organisations to provide bespoke, tailor-made facilities. The LIFT model allows a range of buildings to be procured, from small GP practices to one stop centres to community hospitals and multi-million pound, multiple agency, health and social care centres.

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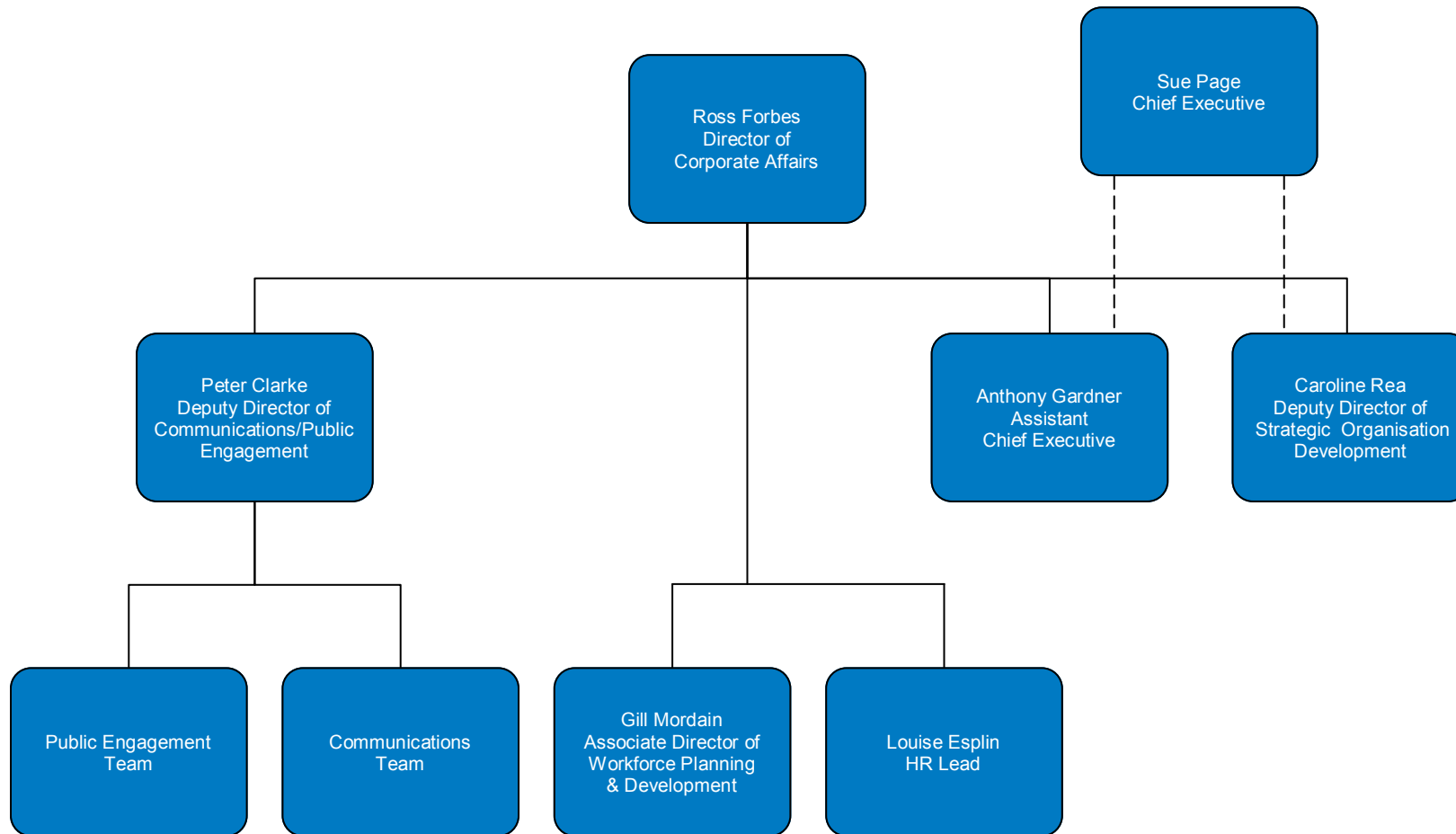


10. Corporate Affairs Directorate

Corporate Affairs has a specific responsibility for the development of the organisation and its partnerships with the public. The directorate incorporates communications, public engagement, strategic organisational development, workforce development and human resources.

Following the primary care trust's management review, the communications function has been strengthened and aligned under the leadership of a deputy director for communications and engagement. In addition, a strategic organisational development team has been created, led by a deputy director, and a redesigned and focussed approach to workforce development introduced.

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11. Provider Services Directorate

The Provider Services Directorate is the part of NHS Cumbria which provides safe, high quality and patient centred primary healthcare services to the diverse localities of Cumbria.

Although services differ across localities, in terms of frequency of clinics and numbers of staff, the primary focus of the Directorate is always to achieve an equitable service for local people.

Around 2,500 people are employed by Provider Services in six broad areas:

- Adults and Older People
- Child and Family Health
- Dental Services
- Community Hospitals
- Allied Health Professional Services
- Sexual Health, Prison Services, and Primary Care based Community Health Services.

Clinical Strategy & Performance Board

Sue Page - Chief Executive

Nigel Maguire - PCT Executive Nurse

Moira Angel - Associate Director of
Unscheduled and Complex Care

Fraser Cant - Associate Director of
Performance Improvement

John Critchley - Director of Resources

Eleanor Hodgson - Associate Director of
Standards and Quality

John Howarth - Clinical Director Adults

David Stacey - Clinical Director Children

Stephen Jones - Clinical Director of
Community Dental Services

Salli Pilcher - General Manager Community
Services Allerdale and Copeland

Caroline Rea - Deputy Director of
Strategic and Organisational Development

Shirley Reveley - Non Executive Director

Diane Smith - General Manager Community Services
South Lakes and Furness

Jane Smith - Associate Director of
Clinical Governance and Practice Development

Angela Walsh - General Manager Community Services
Eden and Carlisle

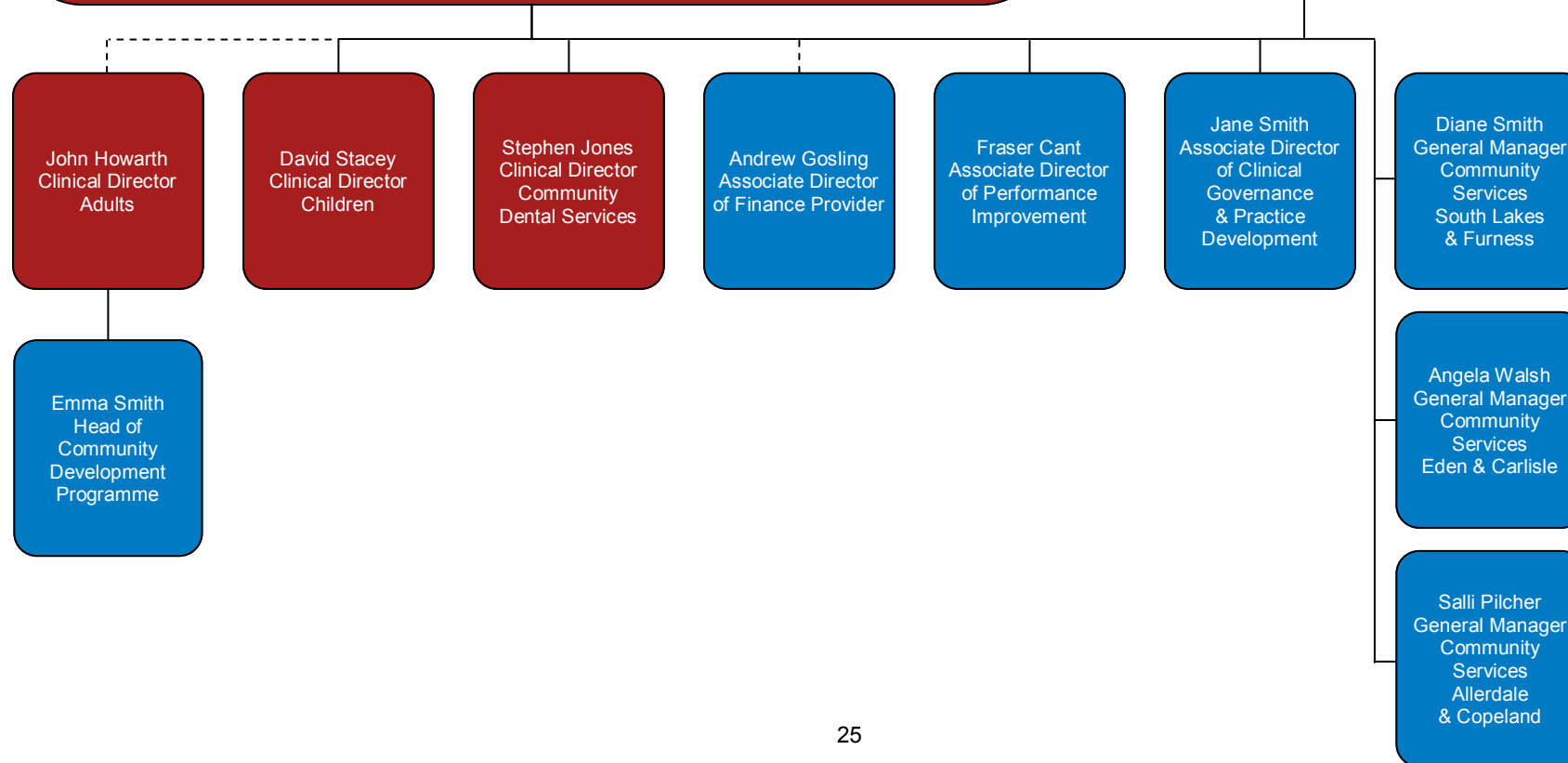
Emma Smith - Head of Community
Development Programme

Jeremy Millar - Interim Director of Clinical Services

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Diane Ridgway
Director of
Clinical Services

Jeremy Millar
Interim Director of
Clinical Services





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