

## NHS Planning Assumptions

### Everyone Counts: Planning for Patients 2013/14

#### Background

- 1.1 The need for all public services to improve the quality of what they do is unprecedented, and provides a very real opportunity to do things differently, together, and for the good of those we serve.
- 1.2 Looking at the future financial situation, we need to be realistic and consider whether it would be wiser to do a small number of service changes well or risk the dissipation of any effect through “diffused effort”.
- 1.3 We also need to try and deliver timely impacts for patients and the system as a whole.
- 1.4 Key to our success will be our ability to isolate and agree together the key system issues or “jobs” that need doing in order to deliver high quality care and leave a fantastic legacy for future generations.
- 1.5 This paper sets out our one year plan (2013/14) that should put us on the right path to achieve our ambition.

#### Why?

*“The NHS belongs to the people. It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of most basic human need, when care and compassion matter most. The NHS is founded on a set of common principles and values that bind together the communities and people it services – patients and the public – and the staff who work for it”*

**The NHS Constitution**

2.1 The Mandate (DH, 2012) is the mechanism through which the Secretary of State of Health, tasks the newly established independent NHS Commissioning Board (NCB) at the same time entrusting the NHS to the Board. The mandate sets out the following objectives for the NCB and therefore, the CCGs.

<b>Prevention of ill-health</b>	<i>Better, early diagnosis of cancer and heart disease</i>
<b>Management of conditions</b>	<i>Dementia, diabetes, depression; ensuring that care feels more joined up – right across GP surgeries, district nurses, midwives, care homes and hospitals</i>
<b>Recovery from episodes of ill health</b>	<i>Reduced emergency admissions including readmissions, improved recovery rates for elective procedures, trauma, injuries and stroke</i>
<b>Improved experience</b>	<i>Better care, not just better treatment</i>
<b>Providing safe care</b>	<i>Clean and safe environments and less risk of NHS or social care acquired infections such as DVT and pressure sores</i>

## Doing Things Differently

3.1 Northern, Eastern and Western (NEW) Devon CCG has its vision – *Healthy People, Living Healthy Lives in Healthy Communities*

3.2 It has its mission statement - *We are clear in our aspiration that Northern, Eastern, Western Devon CCG will transform services with the aim of supporting all individuals to have access to high quality sustainable services, that promote their wellbeing and that care for them when they are unwell. We also want to design services that can, whenever possible, be delivered when, where and how people choose.*

3.3 It has its three core strategies –

*Ensure the clinical community and the public take joint ownership of the sustainability agenda (Joint clinical and public ownership)*

*Ensure systems and processes are developed that make the best use of limited resources, every time (Best use of limited resources every time)*

*Move the focus of commissioning away from treatment and towards a prevention and maintenance approach (Towards prevention and maintenance)*

3.4 The CCG, having recently made a series of designate appointments, will drive forward the commissioning and improvement agenda over the next few years, firmly underpinned by the staff designed organisational values of:

- Make sure that we are an organisation that values its' staff and is fit for purpose in our delivery model
- Ensure that we provide the highest possible quality and effectiveness of commissioning to improve and sustain patient care and services
- Demonstrate openness, consistency, honesty and respect in our relationships
- Strive for continual improvement in everything we do through innovation and exploration of best practice
- Have a dynamic, "can do" culture where we embrace challenge and have permission to challenge

3.5 The Western Locality is part of Northern, Eastern and Western Devon Clinical Commissioning Group (CCG). The Locality broadly fits the Plymouth Hospitals NHS Trust footprint and so contains parts of Plymouth, South Hams and West Devon but also has a key partnership/ relationship with Eastern Cornwall.

3.6 The CCG, through the Western Locality, is responsible for commissioning healthcare from providers. We determined to work with our partners to achieve a 'Healthy System' which will result in improved outcomes, productivity and effective allocation of resources. Elements of this drive to a healthy system include:

- A shift away from unplanned treatments, and towards planned care, planned interventions and personalised care
- An increase in prevention and maintenance, funded by reinvesting costs and capacity released through a reduction in treating preventable illnesses and admissions
- Improved waiting times
- An increase in efficiency and a more sustainable cost base through:
  - A significantly increased level of collaborative clinical working to bridge the gap across clinical teams and organisations
  - A focus on reducing the net cost of care, rather than the cost to individual teams and organisations
  - A focus on reducing transaction costs across organisations
  - A focus on equity of care and equity of access, ensuring that funding is targeted at patients with greater health needs and interventions and
  - treatments that are proven to be of greater clinical value
- Getting the pathway right for patients

3.7 As a Locality, we could continue to do the same things again and again. However there are increasingly overwhelming reasons, not least the forthcoming Francis report (Mid Staffordshire NHS Foundation Trust), which will require a real and tangible improvement in how people are cared for in our system. CCGs and the Local Area Team will become far more focussed on acting with and advocating for patients in pursuit of the highest standards of care and services.

3.8 Other factors will be include the need to do more with less (reducing funding available for future years), the growing burden of disease e.g. diabetes as a result of obesity and the increasing use of IT based media that will ultimately transform our lives and therefore, the way we engage with others, the care we need and the services we access.

## What We Will Do

4.1 This section sets out **what** we need to do and where we need to focus to deliver the vision, mission and strategies of our CCG which will ultimately ensure that we deliver the objectives set out in The Mandate and the Outcomes Framework.

4.2 In addition *“Everyone Counts: Planning for Patients 2013/14”* sets out the national priorities for the CCG. These include:

- Customer convenience (NHS Services being provided seven days a week)
- Greater transparency on outcomes (publication of consultant outcome data)
- Mechanisms to enhance patient feedback (real-time experience from patients and carers; Friends and Family Test)
- Better data collection for evidence-based medicine
- High professional standards

4.3 Below are our **local** (Western Locality) commissioning intentions for 2013/14:

National Strategy	Locality Action
<b>Prevention of ill health</b>	
CCG Strategy 3	<ul style="list-style-type: none"> <li>• Improved access to drug and alcohol services</li> <li>• Reduced smoking rates</li> <li>• Promotion of anti-coagulation medication to prevent strokes</li> </ul>
<b>Long term conditions</b>	
	<b>Mental health including dementia:</b>

<p>CCG Strategies 1, 2 and 3</p>	<ul style="list-style-type: none"> <li>• Improved management by care homes</li> <li>• Increased access to community services</li> <li>• Improved diagnosis</li> <li>• Improved access to CAMHS</li> <li>• Introduction of psychiatric liaison</li> <li>• Increased access and recovery rate for psychological therapies</li> </ul> <p><b>Long term conditions</b></p> <ul style="list-style-type: none"> <li>• Improved management of medically unexplained symptoms</li> <li>• Increased self-care</li> <li>• Improved education</li> <li>• Shared care and decision making</li> <li>• Improved access to community based services provided by specialists</li> <li>• Improved outcomes from fractured neck of femur and the intervention programme for first fallers</li> </ul> <p><b>Medicines</b></p> <ul style="list-style-type: none"> <li>• Increased support to patients and carers to empower them to take responsibility for medicines taking; improving compliance and ensuring best outcomes</li> </ul>
<p><b>Recovery from ill health</b></p>	
<p>CCG Strategies 2 and 3</p>	<ul style="list-style-type: none"> <li>• Improved stroke pathway (access to thrombolysis and a bed)</li> <li>• Greater access to rapid response and re-ablement</li> <li>• Improved access to crisis intervention</li> <li>• Pro-active case management</li> <li>• Increased access to intermediate care services</li> <li>• Improved access to ambulatory care</li> <li>• Improved A&amp;E performance</li> </ul>
<p><b>Improved experience</b></p>	
<p>CCG Strategies 2 and 3</p>	<ul style="list-style-type: none"> <li>• Patient-centred discharge from hospital</li> <li>• Development of a genuine relationship with patients and learning from their experience</li> <li>• Reduced ambulance handovers</li> <li>• Improved end of life care</li> <li>• Improved referral processes</li> <li>• Reduced cancelled operations</li> </ul>
<p><b>Providing safe care</b></p>	

CCG Strategies 2 and 3	<p>Reduced:</p> <ul style="list-style-type: none"> <li>• pressure sores</li> <li>• DVTs</li> <li>• health and social care acquired infections</li> <li>• preventable harm caused by medicines</li> </ul>
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## Financial context

5.1 The annual operating plan for the NHS for 2013/14 was published on 19 December 2012. At the time of writing this report (20 December) detailed financial planning assumptions are uncertain. These will be clearer by the time the Overview and Scrutiny Committee meet on 9 January 2013.

5.2 The NHS will receive an uplift of 2.3% for 2013/14 (0.3% in real terms). A review of future funding allocations has been commissioned by the National Commissioning Board and will inform the 2014/15 allocation process. An allocation to Local Authorities to fund services that benefit both health and social care has been increased by 38% for 2013/14 and was announced earlier in 2012.

5.3 However, the previous year on year increases will cease and the cost of delivering care is growing at a rate that is not sustainable. The cost of moving to providing additional NHS services seven days a week are likely to be significant. In addition, the need and ability to treat illness and extend life through the availability of new drugs, treatments and technology and changes to the age profile and lifestyles of the population, will also continue. Demographic changes driven by an aging population and the increased prevalence of certain conditions will put further demand pressures on healthcare services. In addition, the need and ability to treat illness and extend life through the availability of new drugs, treatments and technology will continue.

5.4 NEW Devon CCG's Medium Term Financial Plan (MTFP) for 2013/14 onwards will set out how resources are to be deployed to invest in meeting demand, improving quality and tackling national and local priorities whilst maintaining or continuing to improve day to day standards of performance.