NHS
Leicestershire County and Rutland

The NHS Operating Framework for England 2011/12

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Leading Leicestershire and Rutland to become the healthiest place in the UK

Content

Main themes

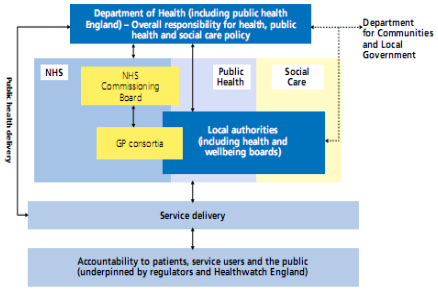
- Transition and reform
- Transparency and local accountability
- Service quality

These themes are supported by:

- Finance and business rules
- Accountability

Transition and Reform

Fig 1: The *Equity and Excellence* system



Transition and Reform

- Formation of PCT clusters by June 2011 with single Executive Team
- Authorised consortia to take on full statutory responsibilities by April 2013
- Development of health and wellbeing boards by April 2012
- Progression of NHS foundation trust status – All to become foundation trusts by the end of 2013/14
- Transforming community services – By 1 April 2011 all PCT directly provided community services must have been separated from PCT commissioning

Transparency and local accountability

- New Outcomes Framework – focus on the health improvement
- Better Patient experience – collection and action
- Better information – new information strategy Quality accounts – will cover CHS.
- Local publication – greater clarity of how expenditure translates into local achievements.
- Extended choice for patients

Key new commitments for 2011/12

- Increase in health visitors
- Family nurse practitioners
- Cancer drugs fund
- Military and veterans health
- Autism
- Dementia strategy
- Support for carers

Maintaining quality improvements

- Referral to treatment times
- A&E services
- Ambulance services
- Healthcare associated infections (HCAI)
- Eliminating mixed sex accommodation
- End of life care
- Cancer reform
- Cancer screening
- Stroke
- Mental health
- Increasing access to psychological therapies (IAPT)
- Safeguarding children
- Dentistry

Areas for improvement

- Healthcare for people with learning disabilities
- Children and young people's physical and mental health
- Diabetes
- Sharing non-confidential information to tackle violence
- Violence against women and girls
- Regional trauma networks
- Respiratory disease

PCT Allocations 2011/12

PCT allocations 11/12

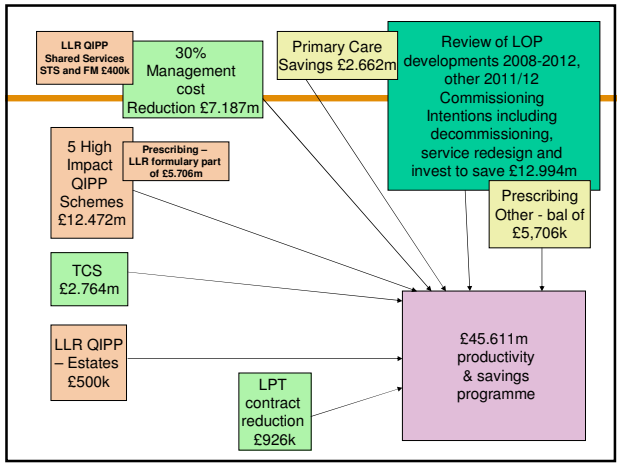
	NHSLC £'000	NHSLCR £'000	Total £'000
Total 11/12 revenue allocation	548,060	932,080	1,480,141
Funding specifically allocated to support joint working	-4,250	-6,793	-11,043
	543,810	**925,287**	**1,469,098**
Anticipated Allocation as per October Plan	530,496	905,028	
	13,314	**20,259**	

Health and Social Care Funding

- In 2011/12 there is additional non-recurrent funding allocated to PCTs to support joint working between health and social care.
- PCTs will transfer this funding to Local Authorities to supplement investment in social care services to benefit health and improve overall health gain
- PCTs will need to work together with Local Authorities' to jointly agree on appropriate areas for social care investment and the outcomes expected from this investment.

Planning Assumptions

	%	
Resources Available	100	
DEDUCT		
Resources to be held by DH – national requirement	2	This funding is available for service transformation, double running and restructuring costs.
To provide for local transformation	1	Fund set aside to support local delivery of significant CIP's (paid non-recurrently)
To provide for in year contingency	1	Provide for in year pressures.
Generate surplus	1	Requirement. Provide for future years.
BALANCE AVAILABLE TO COMMISSION SERVICES	**95**	



Strategic and Operational Plan process

- Integrated plan – Local Operating Plan and QIPP Plan
- **20 January** – 1st Draft to include - Workforce, contract assurance, finance, activity as well as assurance that operating plan commitments are being addressed
- **17 March** -Final submission to SHA
- New performance framework and outcomes framework being developed for Board scrutiny
- Prioritisation process underway to identify:
  - Investments/redesign to meet performance framework, outcomes framework priorities and statutory requirements
  - QIPP Plan to release £13m – by reviewing existing LOP schemes (2008 -2011) and identifying disinvestments via the commissioning intentions process

Challenges/Risks

- Approval by GP Consortia critical and ratification by Trustboard as difficult decisions will need to be made.
- Large scale review of current expenditure to make a £13m saving as part of the Productivity and Savings Plan
- Deliver more with less staff – 'work smarter' in a time of transition
- Long-term strategic priorities need to align with new operating plan requirements
- Deliver more with reduced funds – growing demand for services is not affordable if patterns of care remain the same
- Prioritisation process designed to allow confirm and challenge by numerous stakeholders at each stage
- The impact of our productivity and savings plan will be clearly identified to the Board and stakeholders
- Assurance process in place to ensure alignment with strategic plans.