NHS
Leicestershire County and Rutland

2011/12 Strategic Operating Plan (SOP) and Financial Plan

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

Content

Main themes

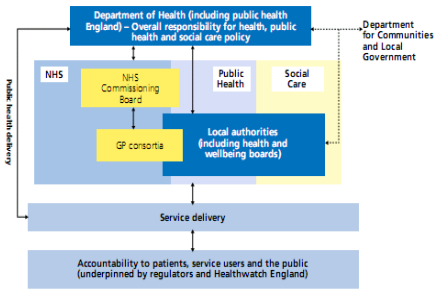
- Transition and reform
- Transparency and local accountability
- Service quality

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

2011/12	NHSLC TOTAL	NHSLCR TOTAL	TOTAL NHSLLR TOTAL
Allocations			
2011/12 operating framework	570,627	959,647	1,530,274
70% marginal rate lodged with SHA	(1,193)	(2,912)	(4,105)
transfer to Local Authorities	(5,670)	(3,672)	(9,342)
	563,764	953,063	1,516,827

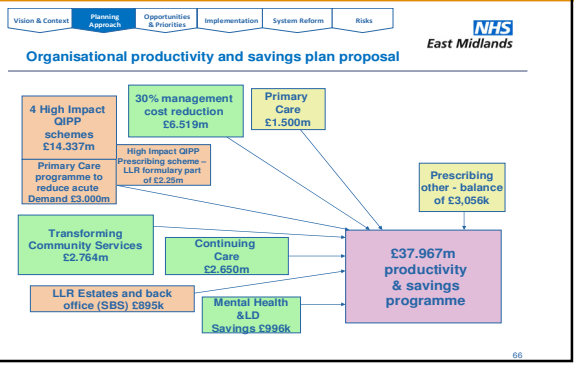
Health and Social Care Funding

- 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	100.0%	NHS LC £'000	NHS LCR £'000	Total £'000	
DEDUCT					
Resources to be held by DH - national requirement lodged with SHA	2.0%	10,400	17,780	28,180	This funding is available for service transformation, double running and restructuring costs.
To provide for local transformation	0.7%	3,640	6,223	9,863	Fund set aside to support local delivery of significant efficiencies (paid non-recurrently)
To provide for in year contingency	1.0%	5,200	8,890	14,090	Provide for in year pressures.
Generate surplus	0.7%	3,640	6,223	9,863	Requirement. Provide for future years.
Total Reserves	**4.4%**	**22,880**	**39,116**	**61,996**	
BALANCE AVAILABLE	**95.6%**				

Productivity and Savings



Strategic and Operational Plan process

- Prioritisation process completed to identify:
  - Investments/redesign to meet performance framework, outcomes framework priorities and statutory requirements
  - Opportunities to reduce budgets to minimise savings requirement
  - Development of savings that increase our rate of return on investment – targeted, low clinical evidence base, use of strategy
  - Review of existing Local Operating Plan schemes (2008 - 2011) to ensure schemes are providing value for money
- **17 March** -Final submission to SHA, then to DH
- Savings proposals clinically led, process clinically supported
- Public engagement started and continues with specific work focussing on individual savings schemes
- New performance framework and outcomes framework being developed for Board scrutiny

Challenges/Risks

- 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
- Clinical engagement needs to be maintained
- Deliver more with less staff – 'work smarter' in a time of transition
- Our plans need to be supported by GP consortia as well as approved by the LLR Cluster Board
- Transformation needs to be championed during a period of substantial change and transition
- Assurance process in place to ensure alignment with strategic plans and those of our providers