

2016/17 Operational 'Plan on a Page'

Our 3 Overarching Priorities for 2016/17 – 2020/21 will be...

1. To deliver accessible and good quality services for patients
2. To work with local stakeholders and patients to implement the five year forward view
3. To restore and maintain financial balance

2016/17 marks the first year in a five year plan for achieving these ambitions.

Sustainability and Transformation Plan

Together with all CCGs in Norfolk and Waveney we have joined together in committing to deliver a Sustainability and Transformation Plan (STP) which outlines our commitment to delivering the following by 2020/21:

1. Through better commissioning, an improvement in local and national health outcomes, particularly by addressing poor outcomes and inequalities,
2. To help create the safest, highest quality health and care service,
3. To improve out of hospital care,
4. To balance the NHS budget and improve efficiency and productivity,
5. To lead the local NHS in preventing ill health and supporting people to live healthier lives,
6. To maintain and improve performance against waiting time and quality standards,
7. To support research, innovation and growth

The plan is due for submission in June 2016.

Delivering Value for Money

Financial Assumptions

2016/17 Surplus	£0.4m
QIPP Plan	£9.2m
Contingency	£3.4m
Investments (inc BCF)	£12.1m
Drawdown	£0.5m

Activity Assumptions

A&E activity	2.4%
Elective activity	3.2%
Non-elective activity	0.5%
Outpatient activity	2.4%

We will continue to contract reasonably and fairly with a balanced QIPP to support a **return to system financial balance.**

(QIPP stands for Quality, Innovation, Productivity and Prevention. It is a national, regional and local level programme designed to support clinical teams and NHS organisations to improve the quality of care they deliver while making efficiency savings that can be reinvested into the NHS.)

Quality Premium

1. To meet and sustain the national dementia target diagnosis rate of 66.7%
2. To achieve the national 50% recovery standard following the introduction of a new wellbeing service in September 2015.
3. To achieve a rate of no more than 2.5% delayed days at the NNUH as a % of all available bed days.

The Quality Premium is intended to reward clinical commissioning groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities.

Our Commitments to Patients

By the end of 2016/17, we will:

1. Be delivering more localised care for patients
2. Have made improvements to the quality of care patients receive
3. Be delivering new models of care and pathways that are joined up and support patients earlier

Commissioning Plan

1. Prevention – focusing on proactive care for patients rather than the traditional reactive approach, e.g. involvement in diabetes prevention programme.
2. Seven day working – working with our providers to ensure excellent services including at the weekends
3. Frailty – identifying those at risk of becoming frail and putting care packages in place quickly to prevent unnecessary care needs later. We will give incentives to providers to help achieve this.
4. Flow – working with providers to improve flow throughout the system with a focus on getting capacity in the right place at the right time, at the first time.
5. Working with providers, especially those in special measures, **to make improvements in quality**
6. In line with the move to primary care co-commissioning, working with primary care and our local population to **address the quality and sustainability of general practice**

Priorities for specific areas of work are listed below:

Planned Care

- **Restoring and maintaining delivery of referral to treatment, diagnostics and cancer standards**
- **Improvement in cancer survival and diagnosis rates**
- Support the movement of routine work out of the secondary care and into the community (with the support of all provider organisations)
- We will work with primary care to redesign the Community Nursing and Therapy team around GP locality clusters
- We will redesign pathways to ensure they maximise value for money and deliver excellent patient experience, involving local people
- We will work with providers and fellow commissioners to deliver the findings of the National Maternity Review

Urgent Care

- **Restoring A&E access standards and ambulance waits**
- Reconfiguration of the front door at the NNUHFT inc short stay pathways
- Review of stroke services pathway (across primary, secondary and community care)
- The implementation of a new 'Supported Care Service' that places less reliance on intermediate care beds
- Operational resilience – ensuring urgent services are available when needed

Mental Health and Learning Disabilities

- **Achievement of the new mental health access standards (EIP and IAPT) and existing dementia standard**
- A continued reduction in the number of out of area placements
- Delivery of parity of esteem
- **To work with local people and their carers to deliver the LD transforming care agenda**
- An increase in community care as opposed to acute bed based care
- We will work with stakeholders to ensure patients have equal access to support within the community

