NHS Hampshire

Operating Framework

NHS Hampshire

Key Messages of Operating Framework

- Demanding, significant and complex change agenda
- Balancing three priorities
  - Need to maintain and improve quality and outcomes
  - Financial control and QIPP (Quality, innovation, Productivity, Prevention)
  - Developing the new system
- Requirement to:
  - Keep a grip on today;
  - Whilst creating the system for tomorrow

Keeping a grip on today

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- Average growth in recurrent allocations is 2.2% nationally
- Revised assessment of QIPP challenge: £20bn by 2014/15 rather than 2013/14
- PCTs to invest 2% of recurrent budget non-recurrently in order to create flexibility and headroom to support change – but held at SHA level
- A focus on SHA and PCT 'running costs' from 11/12 onwards

Building the new system for tomorrow

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- Focus on outcomes
  - New quality measures for Ambulance and A&E
  - First NHS outcomes framework to be published in 11/12
- Support to emerging consortia
  - £2 per head of population to support development
  - Access to finance, commissioning and governance expertise
- Create clearer incentives to drive health and social care integration
  - Reablement funding
  - Separate allocation to PCTs to support integration
- Continue development of quality framework to support legal requirement to drive quality improvement
- Development of payment and contracting systems
  - Best practise tariffs
  - Any Willing Provider

Performance

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- New set of measures against which PCTs/clusters will be held to account
- "Forensic" focus on quality and safety – particularly services for older people
- Dementia services
- Support for Carers
- Increased number of Health Visitors
- Expanding Family Nurse Partnerships (vulnerable young people)
- Military and veterans health
- Services for people with autism
- Referral to treatment waits
- New A&E indicators
- Ambulance indicators
- HCAI
- Eliminating mixed sex accommodation
- End of life care
- Cancer reform
- Stroke

Finance

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- Revised weighted capitation formula now means Hampshire is below target. Small amount of growth for 2011/12
- PCTs expected to resolve any existing debt by end of 2012/13 – must work together with GPCCs
- More central control in transition - 2% of PCT funds to be held by SHAs and only committed non-recurrently
- No automatic capital for PCTs in 2011
- Overall NHS "running costs" to decrease by 1/3 by 2014/15
- £25-£35 per head of population potentially for GPCCs
- Overall tariff reduction of 1.5% for both tariff and non-tariff procedures
- Readmissions - hospitals won't be reimbursed for readmissions within 30 days of discharge following elective procedures; reduced price for other readmissions within 30 days
- CQUIN – remains at 1.5%
- Specific allocations to be designated for social care

Hampshire Position

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- Financial challenge for Hampshire amounting to approximately £365m over four years (2011-15)
- Challenge to be addressed through QIPP:
  - driving efficiency in PCT / Commissioner spend
  - provider efficiency, realised through a 4.0% tariff reduction (placing significant pressure on providers)
  - activity management - workstreams designed to reduce inappropriate or unnecessary activity or change care settings
  - system wide collaboration on cost reduction - local/regional collaborative solutions

Other Issues in Operating Framework

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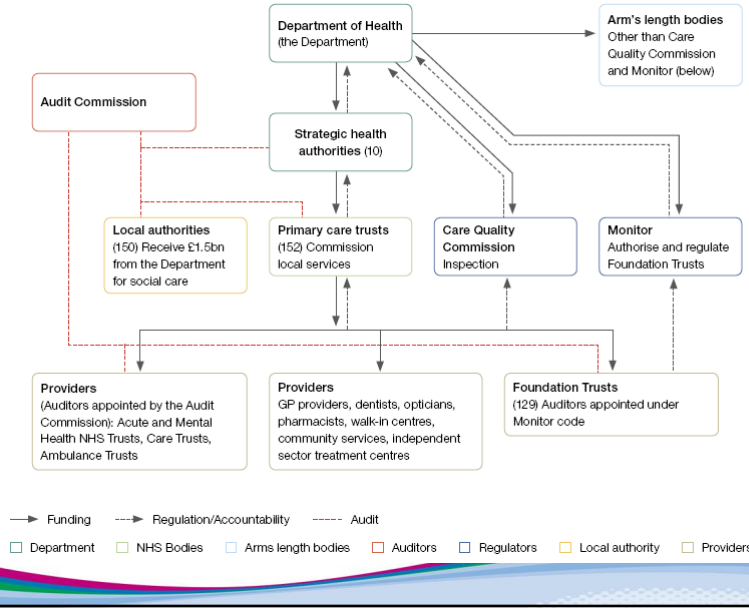
- All Trusts to become FTs by end of 2013/14
- Information revolution for patients
  - Use of “real time” patient and user feedback to improve quality of care
  - Digital/on-line services for greater convenience and freeing up clinical time
  - Informatics to support greater integration across health and social care
- Quality Accounts
  - Build on previous years
  - Focus on things that matter to patients
  - More transparency
- More choice for patients
  - Consultant team
  - Some mental health services
  - Diagnostic testing
  - Long term conditions through personalised care planning

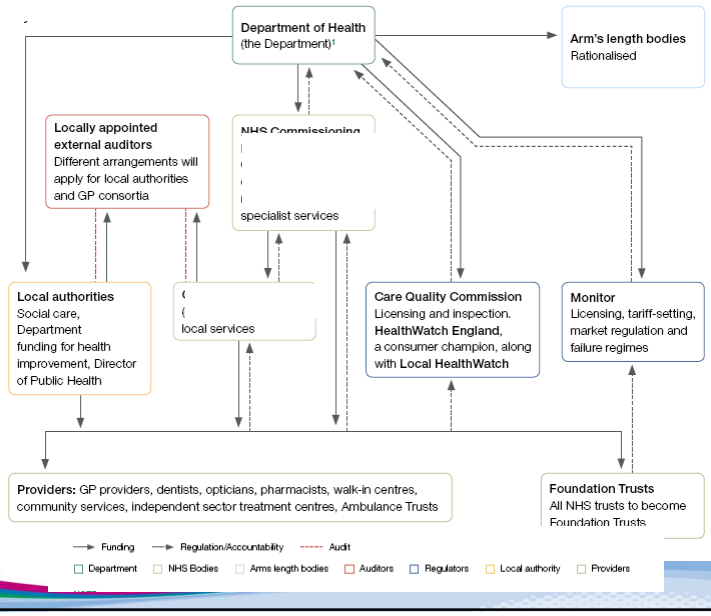
Phased transition over four years

- Phase 1 (10/11): Design and early adoption
- Phase 2 (11/12): Learning and planning for roll out
- Phase 3 (12/13): Full dry run
- Phase 4 (13/14): 1st Full Year of the new system

Current System



New System



Forthcoming Guidance/Documents

- NHS Outcomes Framework (Dec 2010)
- NQB guidance – maintaining quality and safety during transition (tbc)
- Information Strategy (early 2011)
- Autism Strategy (tbc)
- Financial Planning Guidance (Jan 2011)
- PBR Guidance 2011/2012 (tbc)
- Indicators for judging organisational and system health (tbc)

Public Health

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- Local councils developing new Health and Wellbeing Boards
  - Must be in place by April 2012
  - Key vehicle for councils to carry out their statutory responsibilities to lead on integrated working and commissioning across the NHS, public health and social care
  - Undertake JSNA and use as basis for Joint Health and Wellbeing Strategy
  - Support individual organisations including GPCCs in linking their commissioning strategies to the Joint Health and Wellbeing Strategy
- 2011/12 – early implementers to test Health and Wellbeing Boards locally
- 2012/13 – comprehensive system of shadow Health and Wellbeing Boards
- April 2013 – Health and Wellbeing Boards assume statutory powers

Timeline

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- 2010/11 – PCTs remain accountable, continue to encourage GP consortia pathfinders
- 2011/12 – PCTs form clusters, NHS Commissioning Board in shadow form
- 2012/13 – SHAs abolished, PCTs accountable to NHS Commissioning Board
- 2013/14 – New system fully established with GP consortia and NHS Commissioning Board. PCTs abolished 31 March 2013

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PCT Clustering

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Clustering

- Mandatory for PCTs to cluster by June 2011
- Agreement in principle for NHS Hampshire to cluster with Southampton, Portsmouth, and Isle of Wight (SHIP)
  - To build on well-established partnership
  - Already the 'norm'
- This decision to be ratified by all Boards in January
- Cluster to have one Accountable Officer and one single executive team
- Decisions about remainder of structure yet to be determined

Key Role

- SHIP cluster responsible for:
  - Overseeing service delivery during transition and close down of old system by 2013
  - Supporting emerging consortia
  - Supporting the development of commissioning support providers
  - Providing an initial local structure to enable NHS Commissioning Board to work with consortia

Any questions?