


<p>VISION:</p>	<p>Residents are <b>PROUD</b> of their NHS:</p> <ul style="list-style-type: none"> <li>Personalised care</li> <li>Robust safety</li> <li>Ownership and control for patients and citizens</li> <li>Unified, joined up services</li> <li>Dignity at all times</li> </ul> 
<p>STRATEGIC AIMS:</p> <p>Best quality within available resources (incorporating safety, effectiveness and patient experience)</p> <p>Best service design</p> <p>Partnership working to achieve the safest and most effective services within overall available resources</p> <p>STRATEGIC RISKS:</p> <p>Rising demand for healthcare, causing pressures on non-elective care system (LxI: 4x4 = 16)</p> <p>Financial sustainability of local acute provider (LxI: 5x5 = 25)</p> <p>Non-delivery of QIPP / financial balance (LxI: 3x4 = 12)</p> <p>Quality failure as a result of poor monitoring or financial challenge (LxI: 3x5 = 15)</p> <p>FINANCIAL PLAN:</p> <p>Recurrent allocation: Healthcare - £144,993,000 Running Costs - £3,150,000</p> <p>QIPP requirement: £4,525,000 (3.1%)</p>	<p><b>TRANSFORMATIONAL CHANGE:</b> <b>National planning requirements will be met. Additional local ambitions are:</b></p> <p><b><u>BUILDING SYSTEM CAPACITY TO MANAGE THE RISING DEMAND FOR HEALTHCARE</u></b></p> <ul style="list-style-type: none"> <li>Embed PRISM (integrated care programme), with focus on risk stratification, systematic self-management, assistive technology</li> <li>Develop the workforce for new integrated ways of working across organisational boundaries and care settings</li> <li>Develop data sharing processes and mechanisms to improve care</li> <li>Develop care pathways for patients with co-morbidities within PRISM</li> <li>Review intermediate care / sub-acute care capacity and ensure this is adequate to prevent unnecessary acute hospital admissions – retain additional capacity procured for winter pressures</li> </ul> <p><b><u>LOCAL PRIORITY OUTCOMES FOR QUALITY PREMIUM:</u></b></p> <ul style="list-style-type: none"> <li>10% reduction in non-elective admissions for COPD, heart failure and diabetes, 12.5% reduction in length of stay</li> <li>10% reduction in mental health admissions, 5% reduction in length of stay</li> <li>10% reduction in children's admissions with LRTI, 80% CYP (&lt;16 years) with asthma have review and care plan</li> </ul> <p><b><u>JOINING UP SERVICES TO IMPROVE CARE</u></b></p> <ul style="list-style-type: none"> <li>Develop clinical navigator services to ensure that patients are signposted appropriately. This service should be accessible to GPs, ambulance crews, community and hospital staff to ensure patients are treated in the most appropriate location first time</li> <li>Expand consultant-led community-based services</li> <li>Increase community cardiac rehabilitation</li> <li>Review diagnostic pathways and implement direct access where appropriate</li> </ul> <p><b><u>TACKLING THE MAJOR CAUSES OF ILL HEALTH AND DISEASE</u></b></p> <ul style="list-style-type: none"> <li>Embed PANNASH care pathway for respiratory disease. Maintain 20% reduction in non-elective admissions</li> <li>Cardiovascular disease – 10% reduction in non-elective admissions</li> <li>Diabetes – 10% reduction in non-elective admissions</li> <li>Mental illness – Improve diagnosis rates to national average</li> <li>Dementia – 10% reduction in non-elective admissions</li> <li>End of life – 85% deaths in chosen place</li> <li>Early years – 1% reduction in smoking rates in pregnancy</li> </ul> <p><b><u>PROMOTING WELLBEING, IN LINE WITH THE HEALTH AND WELLBEING STRATEGY</u></b></p> <ul style="list-style-type: none"> <li>Ensure appropriate health checks (12,500 by April 2015) to reduce cardiovascular morbidity</li> <li>Ensure appropriate IAPT coverage for the population (12.5% target coverage)</li> <li>Work with local authorities to reduce smoking</li> <li>Joint commissioning for learning disability services to meet Winterbourne View SCR recommendations</li> </ul>
<p>ENABLERS:</p> <p>Clinical work streams for disease priority areas</p> <p>Asset utilisation – Newark Hospital provides scope for development as a healthcare hub in Newark</p> <p>Transformation Partnership Board and strategic review of services across Mid-Nottinghamshire</p> <p>Robust contracting and quality monitoring across services</p> <p>Organisational Development Plan</p> <p>Procurement Strategy – to be developed in 2013/14</p> <p>Communications and Engagement Plan</p>	

