


<p>VISION:</p>	<p>Residents are PROUD of their NHS:</p> <ul style="list-style-type: none"> Personalised care Robust safety Ownership and control for patients and citizens Unified, joined up services Dignity at all times 
<p>OVERALL 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>MAIN RISKS:</p> <p>Rising demand for healthcare, causing pressures on emergency care system – High risk</p> <p>Financial sustainability of local hospital – High risk</p> <p>Non-delivery of financial balance – Medium risk</p> <p>Quality failure as a result of poor monitoring or financial challenge – Medium risk</p> <p>FINANCIAL PLAN:</p> <p>Recurrent allocation: Healthcare - £141,733,000 Running Costs - £3,150,000</p> <p>Improving quality and efficiency requirement: £4,525,000 (3.1%)</p>	<p>TRANSFORMATIONAL CHANGE:</p> <p>National planning requirements will be met. Additional local ambitions are:</p> <p><u>BUILDING THE SYSTEM TO MANAGE THE RISING DEMAND FOR HEALTHCARE</u></p> <ul style="list-style-type: none"> Develop joined up care for people at home, with a focus on early detection and help for people at risk of hospital admission, increased confidence to self-manage on-going conditions, increased use of technology to monitor conditions at home Develop the workforce for new joined up ways of working across different settings Develop information sharing between professionals to improve care Make services more joined up when people have more than one health condition Review community support, recuperation and rehabilitation services and ensure these are adequate to prevent unnecessary acute hospital admissions – retain capacity that was added for winter pressures <p><u>LOCAL PRIORITY OUTCOMES FOR QUALITY PREMIUM</u></p> <p><u>Rationale: to increase the coordination and quality of care, improve support at home, improve value for money and prevent ill health where possible:</u></p> <ul style="list-style-type: none"> 10% reduction in emergency admissions for chronic obstructive pulmonary disease, heart failure and diabetes, 12.5% reduction in length of hospital stay 10% reduction in mental health admissions to hospital, 5% reduction in length of stay 10% reduction in children's admissions with lower respiratory tract infection, 80% children and young people (<16 years) with asthma have review and care plan <p><u>JOINING UP SERVICES TO IMPROVE CARE</u></p> <ul style="list-style-type: none"> 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 Expand consultant-led community-based services Review diagnostic pathways and implement direct access where appropriate Ensure ambulance services meet performance targets and enable timely access to care <p><u>TACKLING THE MAJOR CAUSES OF ILL HEALTH AND DISEASE</u></p> <ul style="list-style-type: none"> Embed care pathway for respiratory disease. Maintain 20% reduction in non-elective admissions Cardiovascular disease – 10% reduction in non-elective admissions. Increase community cardiac rehabilitation Diabetes – 10% reduction in non-elective admissions Mental illness – Improve diagnosis rates to national average Dementia – 10% reduction in non-elective admissions End of life – 85% deaths in chosen place Early years – 1% reduction in smoking rates in pregnancy <p><u>PROMOTING WELLBEING, IN LINE WITH THE HEALTH AND WELLBEING STRATEGY</u></p> <ul style="list-style-type: none"> Ensure appropriate health checks (12,500 by April 2015) to reduce cardiovascular morbidity Ensure appropriate IAPT coverage for the population (12.5% target coverage) Work with local authorities to reduce smoking Joint commissioning for learning disability services to meet Winterbourne View serious case review recommendations
<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 transformation of services across Mid-Nottinghamshire</p> <p>Robust contracting and quality monitoring across services</p> <p>Organisational Development Plan, Procurement Strategy – to be developed in 2013/14, Communications and Engagement Plan</p>	

