

# NHS Rotherham

NHS Rotherham Board 18 April 2010

Draft Single Integrated Plan 2011/12

*Better Health, Better Lives, Efficient Delivery*

Contact Details:			
Lead Director:	R Carlisle	Lead Officer:	Lydia George
Title:	Deputy Chief Operating Officer	Title:	Planning, Performance & Risk manager

## Purpose:

For the NHS Rotherham Board to discuss and give provisional approval for the draft Single Integrated Plan.

## Recommendations:

The NHS Rotherham Board is asked to discuss and suggest amendments to the draft Single Integrated Plan (SIP).

The NHS Rotherham Board is asked to authorise the Chief Operating Officer to make final amendments to the SIP in light of ongoing feedback from the Strategic Health Authority (SHA).

## Background:

The SIP is a four year plan which enables internal triangulation of plans within NHS Rotherham (such as finance, efficiency, workforce and activity assumptions) and enables NHS Rotherham's plans to be triangulated with the plans of major providers.

The SIP is a refresh of *Better Health, Better Lives: Adding Quality and Value*. There are considerable changes including; the requirements to deliver substantial efficiencies of £73 million across the health system over the next four years; refreshed organisational priorities; and our current plans for the transitions expected to be required following the NHS and Public Health White papers.

NHS Rotherham submitted a draft SIP to the SHA on 18 March. The SHA used the SIP for their draft Yorkshire & Humber submission to the Department of Health (DH). The SHA gave its initial feedback to NHS Rotherham on 8 April and required the SIP to be re-submitted on 18 April. The SHA is arranging a meeting with the Chair and Chief Executive to sign off the SIP in late April/early May, however changes may be required up to the final DH sign off in mid May.

The SIP will be made public in mid May and will form the basis of on-going dialogue with the public, RMBC and providers about how to continue to deliver *Better Health, Better Lives*.

Board members have previously received the 18 March draft, the attached paper details amendments made up until the 11 April with reasons. There will be a further series of amendments in response to the SHA's feedback described later in this paper.

#### **Analysis of Risks:**

Board members are invited to comment on section 12 of the document (Risks and Mitigation).

NHS Rotherham's Risk Assurance Framework is currently being refreshed in the light of the SIP and the fact that NHS Rotherham is now a commissioner only organisation.

#### **Return on Investment:**

Section 5 covers efficiency, section 6 finance.

#### **Analysis of Key Issues:**

These are covered in the Executive Summary of the SIP.

Board members are asked to take particular note of the four refreshed organisational priorities and the five efficiency programmes (Long Term Conditions/Urgent care, Planned Care, Prescribing, Specialised Commissioning and Running Costs) which are key to being able to continue to deliver *Better Health, Better Lives*.

#### **Patient, Public and Stakeholder Involvement:**

##### **Involvement and feedback to date**

The SIP has been drawn up by NHS Rotherham in close dialogue with the Rotherham Commission Executive and in the context of on-going discussions with RMBC and providers.

Rotherham Commissioning Executive has endorsed the SIP and will provide leadership for the key efficiency programmes. The SIP has been shared in early draft form with Rotherham GP Reference Group and will be discussed again on 27 April.

RFT and RMBC have both indicated their support of the general strategic direction of the SIP and discussions are continuing on the detail and on delivery.

The South Yorkshire & Bassetlaw Cluster Chief Executive has emphasised the importance of having a clear delivery mechanism particularly for the Long Term Conditions efficiency programme, maintaining the current strong relationships with RMBC and RFT and having contingency plans for if the efficiency programmes do not fully deliver.

The SHA gave its formal feedback on 8<sup>th</sup> April. The feedback was generally positive, the SHA felt the SIP articulates a clear vision and describes a clear process for transferring leadership to GP Pathfinders. The SHA asked for further modification or extra information in five areas:

- Further details on the Long Term Conditions/Urgent Care QIPP programme.
- A question on the alignment of RFT activity and workforce trajectories.
- Plans for shared governance arrangements for QIPP across the health system.
- Evidence of a common set of planning assumptions across the system.
- Shared QIPP programmes with clarity on the elements of the savings each part is responsible for delivering.

NHS Rotherham was already aware of these issues and will revise the SIP to describe work that has been done since 18 March to address them.

#### **Further stakeholder involvement**

The SIP will be discussed at the April South Yorkshire & Bassetlaw Cluster Board.

The SIP will be discussed with RMBC Overview and Scrutiny Committee on 13 April and at a future Health and Life-long Learning Cabinet meeting.

A summit meeting on Long Term Conditions/Urgent Care is being held with senior management of RFT on 20 April.

There will be a public consultation event in June on the content and delivery of the SIP. In addition there will be specific consultation using normal processes when individual services need to be changed as a result of the SIP.

<b>Equality Impact:</b>
Covered in section 13.

<b>Financial Implications:</b>
See financial & efficiency sections 5 & 6.
Approved by:

<b>Human Resource Implications:</b>
See workforce plan section 9.
Approved by:

<b>Key Words:</b>
Strategic Plan, Financial Plan, Workforce Plan.

<b>Further Sources of Information:</b>

**Changes made to the 18<sup>th</sup> March submitted version of the  
Single Integrated Plan**

<b>Amendment</b>	<b>Reason</b>	<b>Proposer</b>
Addition of name for SIP ' <i>Better Health, Better Lives: Efficient Delivery</i> '.	As in previous years the SIP has been named.	<i>Robin Carlisle</i>
Slight amendments to finance table in section 6.1, page 26.	To correct a minor error.	<i>Keely Firth</i>
Slight amendments to the table within the HV/FNP in appendix H, page 74.	Following a request from SHA for further clarification.	<i>Sarah Whittle</i>
Addition of sentence in Executive Summary from RCE re: efficiencies.	Request from Rotherham Commissioning Executive.	<i>RCE</i>
Addition of the following to the Executive Summary: <i>"The Rotherham MBC Chief Executive supports in principle the general strategic direction of the Single Integrated Plan. Successful implementation relies upon detailed agreement being reached on a range of matters during the lifetime of the plan at a time when there is a significant health reform programme being undertaken the full scale and impact of which is not yet known. The Council will continue to be a co-operative and supportive partner, and remains confident that the close working relationship it has forged with the NHS and other partners will ensure matters requiring agreement as the plan is implemented will be successfully resolved."</i>	Feedback received from Martin Kimber.	<i>RMBC</i>
Addition of the following missing numbers (in bold) to box on page 61:  The first bullet should read ".....annual changes are 7.5%, <b>1.6%</b> , 6.6%, 4.5%, 2.3%, 0.0%"  The second bullet should read ".....annual changes are 7.5%, 1.6%, 4.4%, 0.2%, 0.6%, <b>0.6%</b> "	Correction.	<i>Alex Henderson</i>
Addition to section 12: Risks and Mitigation to reflect possible risk to reputation.	Additional observation.	<i>Helen Watts</i>