MENTAL HEALTH GROUP – POLICY UPDATE

3 March 2016

Saffron Cordery
Director of policy and strategy
What will we cover?

- Sector overview
- Funding, finances & planning
- Mental health taskforce
- .... in other news
Sector overview – activity data

The number of people in contact with mental health (MH) and/or learning disability (LD) services (last 12 months)

<table>
<thead>
<tr>
<th>Month</th>
<th>LD</th>
<th>MH</th>
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Latest data: October 2015: LD: 54,175, MH: 914,895

Number of cases of first episode of psychosis treated by early intervention teams (year to date) (last 24 months)

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Cases</th>
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<tbody>
<tr>
<td>Q4 2013-14</td>
<td>10,214</td>
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<tr>
<td>Q1 2014-15</td>
<td>2,547</td>
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<tr>
<td>Q2 2014-15</td>
<td>4,970</td>
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<tr>
<td>Q3 2014-15</td>
<td>7,138</td>
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<tr>
<td>Q4 2014-15</td>
<td>10,014</td>
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<tr>
<td>Q3 2015/16</td>
<td>8,080</td>
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<tr>
<td>Q1 2015-16</td>
<td>2,541</td>
</tr>
<tr>
<td>Q2 2015-16</td>
<td>4,994</td>
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Percentage of admissions to mental health acute wards that were assessed by Crisis Home Resolution Teams before admission (last 24 months)

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<thead>
<tr>
<th>Quarter</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Q4 2013-14</td>
<td>98%</td>
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<tr>
<td>Q1 2014-15</td>
<td>98%</td>
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<tr>
<td>Q2 2014-15</td>
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<td>Q3 2014-15</td>
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<td>Q4 2014-15</td>
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<td>Q3 2015/16</td>
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<td>Q1 2015-16</td>
<td>97%</td>
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<tr>
<td>Q2 2015-16</td>
<td>97%</td>
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Latest data: October 2015: 6,665
### 2015 Community Mental Health Survey results
(score out of 10)

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<tr>
<th>Service</th>
<th>Score</th>
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<tbody>
<tr>
<td>Health and social care workers</td>
<td>7.6</td>
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<td>Organising care</td>
<td>8.5</td>
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<tr>
<td>Planning care</td>
<td>7.0</td>
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<td>Reviewing care</td>
<td>7.5</td>
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<tr>
<td>Changes in who people see</td>
<td>6.3</td>
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<tr>
<td>Crisis care</td>
<td>6.3</td>
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<tr>
<td>Treatments</td>
<td>7.2</td>
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<tr>
<td>Other areas of life</td>
<td>5.0</td>
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<tr>
<td>Overall views of care and services</td>
<td>7.2</td>
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<tr>
<td>Overall experience</td>
<td>6.9</td>
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### The percentage of people who would recommend the service they used to friends and family (FFT) (last 12 months)
### Regulatory activity

<table>
<thead>
<tr>
<th>FT</th>
<th>Member</th>
<th>Type</th>
<th>Planned Inspection date</th>
<th>Actual Inspection date</th>
<th>Report Published</th>
<th>Overall</th>
<th>Safety</th>
<th>Effective</th>
<th>Caring</th>
<th>Regulation Violated</th>
<th>Acute (latest)</th>
<th>Acute (last 12 months)</th>
<th>MH (latest)</th>
<th>MH (trend)</th>
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### Monitor Ratings

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<th>Governance (last 12 months)</th>
<th>CSR (latest)</th>
<th>CSR (last 12 months)</th>
<th>USR</th>
<th>USR (last 12 months)</th>
<th>Latest</th>
<th>Trend (Latest data: December 2014)</th>
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What will we cover?

- Sector overview
- Funding, finances & planning
- Mental health taskforce
- .... in other news
2015/16 heading into 2016/17

**Number of trusts in deficit**

- **2012/13**: 221 trusts, 89% in deficit, 11% in surplus
- **2013/14**: 183 trusts, 73% in deficit, 27% in surplus
- **2014/15**: 128 trusts, 62% in deficit, 26% in surplus, 12% in surplus

**Year to date deficit, Q3 2015/16**

- **Q1 2014/15**: -105
- **Q2 2014/15**: -75
- **Q3 2014/15**: -108
- **Q4 2014/15**: -467
- **Q1 2015/16**: 630.2
- **Q2 2015/16**: 788.2
- **Q3 2015/16**: -821.6
- **Q4 2015/16**: -930
- **Q1 2016/17**: -1616
- **Q2 2016/17**: -2263

**Net aggregate deficit**

- **Underlying deficit of £3-4bn**
- **Rising level & complexity of demand**
- **Additional costs of NI etc.**
- **Costs of new policies 7DS, IAPT**

*Source: Health Foundation*
Can the 2015/16 deficit be contained?

£2.4bn latest forecast for provider sector deficit, having grown by £200m since M6

£1.8bn expected overspend in provider sector, according to Department of Health, Monitor and Department of Health

Why diverging positions?

- DH can contain a £1.8bn deficit within its expenditure limit, but not much larger. Even in best case scenario, NHS England underspend would be no higher than £400m.

- Centre reporting that accounting and balance sheet adjustments alongside central policy intervention around agency staff will help bring deficit under £2bn.

- Trusts being asked to pull every accounting lever possible, potentially masking a higher underlying deficit position. Will be difficult to sustain these in to 2016/17

- Difficult to see how DH will be able to cope with overspend without an in-year bailout from the Treasury. Would lead to NAO and PAC inquiry, senior leaders held to account, with potential re-opening of 16/17 settlement.
(Planning guidance) Planning requirements

The planning principles

- Support locally driven change
- Transcend organisational boundaries
- Look beyond one year

One – year plans

- All NHS foundation trusts and trusts are required to develop and submit one year operational plans for 2016/17. These plans will need to be ‘consistent with the emerging STP’ and in time to enable contract sign off by end of March 2016

Sustainability & Transformation (STP) plans

- All local health and care systems will be required to develop a five year sustainability and transformation plan (STP), covering the period October 2016 to March 2021 subject to a formal assessment in July 2016 following submission in June 2016
  - Place based & multi-year plan to close the ‘three gaps’
  - Planning footprints submitted by end of Jan 2016
  - Governance structures & shared vision needed
  - Open book planning
  - Link to STF – the more ambitious you are, the more funding you are likely to get
The introduction of control totals

Confidence in meeting the control total

- **Very confident**: 17%
- **Fairly confident**: 24%
- **Neither confident or not confident**: 24%
- **Not very confident**: 14%
- **Not at all confident**: 46%

(n = 59)

- 60% of respondents indicated they were not very or not at all confident of delivering their control total.
- 82% of respondents are being asked to improve their 16/17 financial position by an amount greater than the STP.
- We estimate majority of providers will have signed up to control total but provided a long list of downside risks.
- Non-acute providers more likely to reject, with no or negligible amounts of sustainability funding on offer.
- Monitor/TDA looking for a positive ‘can do’ response, with flat rejection not considered helpful.
Control totals: the good, the bad and the unknowns

The glass half full

• Has encouraged centre to be more open about scale of challenge

• Provides Boards something to aim for; avoids uncertainty about what level of deficit can be tolerated

• All in this together and all have a role to play – objective methodology, rather than creating winners and losers.

The glass half empty

• Distinction blurred between well performing/struggling providers

• The stretch target translates to unsustainable/unevidenced CIP

• Methodology is not understood by sector; local circumstances largely not taken in to account

• Caught between a rock and a hard place – regulatory implications if you don’t sign up, governance implications if you do?

The unknowns

• Governance implications of agreeing to the target which can’t be delivered

• Unclear how downside risks will be mitigated e.g. contact sanctions, CQUIN attainment etc.

• One off measure for 2016/17 or a sign of things to come in this parliament?

• Further uncertainty if 2016/17 settlement reopened

• Will it actually work?
Financial support for mental health & other ‘non-acutes’

- £1.8 bn sustainability funding balanced by earmarked funding for mental health (& others) via CCG allocations/tariff
- No guidance, criteria or instructions to CCGs about allocations
- Confirm intention to use the tariff to ensure MH and others receive appropriate share of additional funding
- Make letter public if no satisfactory reply is received

Letter to Jim Mackey and Simon Stevens
Parity of esteem in contracting

Last year we found...

How confident are you that your commissioners will meet their parity of esteem commitments in 2015/16?

(n = 19)

- Very confident: 5%
- Fairly confident: 32%
- Neither confident or not: 11%
- Not very confident: 16%
- Not at all confident: 37%

• Same issues seem to be playing out again in some local health economies this year.

• 2016/17 planning guidance is clear: “commissioners must continue to increase investment in mental health services each year at a level which at least matches their overall expenditure increase”

• CCG allocations increase by average of 3% in 2016/17, in part due to “cost pressures”

• We are hearing of some localities where commissioners are using judgment rather than allocation to decide parity of esteem commitment.
The Carter Review

Standard metrics across spend areas and specialties – the ATC, WAU and CHPPD

Striking the balance between targets vs genuine tools for shared learning

£5bn of estimated savings by 2020, £3bn so far agreed with acute trusts

Still planning to address other types of provider in near future – but have not set out detail yet
The Carter Review - final report a mixture of:

**Greater grip**
7% back office and corporate costs

**More transparency**
Calculating top 100 purchased items

**Standardisation**
Single performance reporting framework

**Pushing the centre**
Do more on systemic issues like DTOC
The spending review: health and social care

Health
• Extra £8bn funding for NHS England £100bn, with £3.8bn frontloaded in 2016/17
• 25% cut to DH £15bn, impact on HEE and capital
• 2017/18: nurse training from bursaries to loans and training number caps removed
• £600m extra mental health funding from increases
• £4bn to be spend on “NHS technology” with £1.8bn for paperless NHS
• Public health budgets 3.9% real terms reduction
• £2bn of land sales needed to balance books
• £23.5 bn of savings needed to meet demand / cost

Social Care
• £6.1bn cut to local government grant by 2019/20
• Offset by 2% social care precept for adult social care
• Better care fund £1.5bn increase from local government side by 2019/20
• Simon Stevens: social care settlement “unfinished business”
What will we cover?

- Sector overview
- Funding, finances & planning
- Mental health taskforce
- ... in other news
Mental health taskforce

THE FIVE YEAR FORWARD VIEW FOR MENTAL HEALTH
Quick overview

- 81 pages
- 58 recommendations
- 8 chapters
- 1 report

Parity

- Aligning ALBS
- Social care, housing, employment
- Mental health inequalities

- 7 day NHS
- Integrated mental and physical health
- Promoting good & preventing poor mental health
The chapters

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<thead>
<tr>
<th>Chapter</th>
<th>Topics</th>
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<tr>
<td>1</td>
<td>Commissioning</td>
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<tr>
<td>2</td>
<td>Seven day services</td>
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<td>Innovation &amp; research</td>
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<td>Workforce</td>
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<td>Data &amp; transparency</td>
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<td>Payment</td>
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<td>7</td>
<td>Regulation &amp; inspection</td>
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<td>8</td>
<td>Leadership</td>
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</table>
Mental health investment over the parliament?

£10 bn
Investment to CCG, primary care and specialised commissioning budgets

£1.25bn
Perinatal and children & young people

£1bn
MH taskforce

£600m
2015 Autumn Statement

Some issues
- Not clear whether funding for mental health taskforce is:
  - Real or cash term increase
  - Recurrent or cumulative allocation
  - Will be funded through CCG allocations or sustainability and transformation fund
- Not clear whether previously announced £1.25bn and £600m is in addition or part of investment
## Mental health taskforce – access & infrastructure

### Proposed mental health pathway and infrastructure development programme

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<td>Psychological therapy for common mental health disorders (IAPT)</td>
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<td>Early intervention in psychosis</td>
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<td>CAMHS: community eating disorder services</td>
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<td>Perinatal mental health</td>
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<td>Crisis care</td>
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<td>Dementia</td>
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<td>CAMHS: emergency, urgent, routine</td>
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<td>Acute mental health care</td>
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<td>Integrated mental and physical healthcare pathways (IAPT / Liaison / other integrated models)</td>
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<td>CAMHS: school refusal</td>
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<td>Attention deficit hyperactivity disorder</td>
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<td>Eating disorders (adult mental health)</td>
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<td>Autistic spectrum disorder (jointly with learning disability)</td>
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### Workforce

- **£1bn**
  - Mental health taskforce

### 1 million

- Extra people treated by 2020
RECOMMENDATION 58: By no later than Summer 2016, NHS England, the DH and the Cabinet Office should confirm what governance arrangements will be put in place to support the delivery of this strategy…… reporting publicly on how progress is being made .... and the appointment of a new equalities champion for mental health to drive change.
What will we cover?

- Sector overview
- Funding, finances & planning
- Mental health taskforce
- ... in other news
NHS Improvement’s focus

- Regulation
- Patient safety
- Improvement
- Performance management
- Foundation trust authorisation
- Intensive support
- Pricing

Competition and sector regulation?
CQC’s new five year strategy

- “Single view of quality”
- More risk based and tailored inspection
- Use of resources assessment under development
- Developing an approach to ‘quality in a place’
- Alignment with NHS Improvement and the new ‘Independent Patient Safety Investigation Service’
- Significant changes to fees and a move to ‘full cost recovery’ on the cards

In addition:
- New chair: Peter Wyman, previously chair, Yeovil DGH NHS FT
- Development of the “National Guardian function”
Commissioning landscape

- Co-commissioning for primary care and specialised services
- Devo-deals
- PACs developing commissioning functions in some areas
- Scope for CCGs to collaborate if not merge?
- Join up with HWB’s?
- Assurance framework for CCGs aligned with CQC style ratings
- A shift from a policy narrative focussed on competition to one of collaboration

What responsibilities will your CCG likely have by April 2017?

Source: HSJ
Round up

- Action post Mazars report – central reporting?
- Police and Crime bill
- Crisp final report – with NHS Providers mentions
- Zero suicides
- 10 chief execs in top 50
- Positive Practice awards
Our activity....

NHS PROVIDERS GETS CHATTY FOR CHARITY

News | February 12, 2016

Last year, NHS Providers was pleased to sign its Time to Change Employer Pledge, as an indication of our dedication to taking action to tackle the stigma and discrimination around mental health, focusing on the workplace in particular.

As part of the recent Time to Talk day, we held a coffee morning and bake sale, and encouraged colleagues to talk about mental health in whatever way they wished. Resident bakers provided cakes, and staff were provided with literature around mental health as well as tools to get the conversations flowing, such as origami fortune tellers and cards to prompt discussions.

As well as having a good old chat, we raised over £100, which we were delighted to donate to Love Me, Love My Mind, a charity in Epson which provides practical and emotional support for up to 50 people on a daily basis, and works hard to highlight mental health in the community through Epson Mental Health Week.

Rev Sue Bull, the charity chair, said:

"A huge thank you to all who baked, bought and ate cake for Love Me, Love My Mind. Your incredibly generous donation will make a huge difference to some of the most vulnerable people in our community."

T. TIME – MORE TIMELY THAN HEALTHCARE

A person remains in a hospital or a mental health bed for longer. This is a growing problem for the NHS. In mental health, the Cat Care Information Centre Show that, in October 2015, there all bed days that month - lost through delayed transfers of care. In available data have estimated that delayed transfers in mental health, absorb one in 20 beds and cost the NHS £2 million a year.

many reasons, especially given the impact on service users. capacity to return to their community independently and with with a return to inpatient care. When wards become too full, they access to an appropriate bed when they are in crisis. To improve out of area receive treatment. This can be necessary to ensure is possible, but it can also increase the likelihood of an extended person’s recovery.

For the NHS as a whole, delayed transfers negatively affect how well NHS staff feel they can meet the needs of patients and service users in their care. They are inefficient and expensive a warning that the NHS needs to work in many areas.

Last summer NHS Providers convened the Right place, right time. A commission of experts in health, local government, social care and housing, led by Rt Hon Paul

THE FIVE YEAR FORWARD VIEW FOR MENTAL HEALTH

This briefing provides an overview of today’s publication of The Five Year Forward View for Mental Health, the report from the Independent Mental Health Taskforce to the NHS in England, led by Paul Farmer, Chief Executive, Mind. The briefing includes a chapter-based summary, NHS Providers view and our media statement.

Independent Commission report recognises urgent need for further inpatient services

Commenting on the report from the Independent Commission, led by Lord Nigel Crisp and supported by the Royal College of Psychiatrists, to review the provision of acute inpatient psychiatric care for adults in England, Saffron Corderoy, director of policy and strategy, NHS Providers, said:

“We welcome today’s report. The Independent Commission has consulted extensively with mental health services and recognised the excellent care across NHS mental health services, identifying

On average around 15% patients needn’t have been admitted if alternatives had been available, and a similar proportion of patients could be discharged if suitable services were available in the community.
Q&A

THANK YOU
The 2016/17 financial framework

NHS FUNDING ALLOCATION FOR 2016/17 AND PERCENTAGE CHANGE FROM 2015/16

- 11% reduction in central DH budgets, with 650 jobs to go.

- Additional funding for specialised services, but towards lower end of matching demand.

- Sustainability funds to be allocated to providers by NHS Improvement, but can only be released by DH and Treasury agreement.

- Cuts to HEE budget led to only 1.8% increase in adult nursing places.
Move to New Care Models: Thought Process

- Running harder in existing model no longer an option
- Need to do something different
- Assess strategic options: vertical; horizontal; internal pathways
- Create and deliver transformation programme

Strategic ferment
<table>
<thead>
<tr>
<th>New Care Models</th>
<th>Description</th>
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<tbody>
<tr>
<td>Multispecialty Community Providers</td>
<td>• Primary and community care coming together and potentially reaching into secondary care</td>
</tr>
<tr>
<td>Integrated primary and acute care systems</td>
<td>• Secondary care pulling entire local health and care system together</td>
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<tr>
<td>Enhanced health in care homes</td>
<td>• Offering older people better, joined up health, care and rehabilitation services</td>
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<tr>
<td>Acute care collaboratives</td>
<td>• Chains, accountable clinical networks, specialty franchises, multi-provider hospital model</td>
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<tr>
<td>Urgent and emergency care</td>
<td>• Joining up whole systems and pioneering new delivery patterns in UEC</td>
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Devolution

**Appetite is high.**
- By Oct 38 devo bids, of which 12 express interested in health & social care
- Manchester, Cornwall, West Mids, Liverpool and North East publicly interested to date
- NHS England & HMT criteria being developed to assess bids – set of principles rather than prescriptive

**Will need serious enablers**
- Some proposals will have an impact on commissioning architecture
- Regulatory change inc. unit of planning
- Tariffs and budget pooling
- Governance arrangements

**Bill will present menu of options for those interested – ‘but interest has to be real’**
- Integration
- Joint working and delegation
- Full transfer of functions

*We have been building on 20 years of relationships, stability and partnership working*

(Greater Manchester strategy director at NHS Providers Annual Conference & Exhibition 2015)
<table>
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<tr>
<th><strong>Ten Things We Are Learning from New Care Models &amp; Devolution</strong></th>
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<tbody>
<tr>
<td>New, exciting and different things are starting to happen at scale and pace</td>
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<tr>
<td>This is more complicated and difficult than we thought</td>
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<td>It will take longer than we thought: 5 to 10 years, not 3 to 5 years</td>
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<tr>
<td>Clear and rapid evidence on ability to improve patient outcomes</td>
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<td>Little evidence on rapid and significant efficiency savings</td>
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<td>Work needed on enablers: data; contracting; funding and governance models</td>
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<td>Amount that needs to change is much larger than anticipated</td>
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<tr>
<td>Existing system framework prevents development of new care models</td>
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<tr>
<td>Until framework is changed/ aligned, consistent adoption unlikely</td>
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<tr>
<td>Alignment across entire local health and care economy key but challenging</td>
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<tr>
<td>Recognition that impossible provider task doesn’t work</td>
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<td>-------------------------------------------------------</td>
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<tr>
<td>Time to develop efficiency and sustainability plans</td>
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<tr>
<td>System moving from regulation to support</td>
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</tbody>
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Moving from deep pessimism to some optimism....
.....But some major challenges to meet

- A credible plan for the £22bn savings
- Credible local system sustainability plans
- Delivering tough choices required for sustainability
- String of workforce issues to solve
- Can the system leader leopard really change its spots?
- Sheer size of provider leadership task vs capacity
- Coping with 1.5% p.a. funding increase 2010-20
- Scale of increase in complex, multi morbid, 75+ demand
And how does it measure up more broadly?

**COMES OUT WELL AGAINST**
- Constraints of deficit reduction
- Cuts to other departmental budgets
- Expectations before the review

**COMES OUT LESS WELL AGAINST**
- OBR’s extra back of sofa £27bn
- NHS history (0.9% vs 3.6% p.a.)
- What the NHS needs
- GDP spend per head

*Source: Nuffield Trust*
The Carter Review – what’s next?

**Providers**

- Providers will be asked to submit plans to address a range of recommendations from HR, procurement, and staffing levels.
- Data reporting - providers will start submitting new requirements such as CHPPD and purchasing price index.
- Targets also set for delivery in several areas which will require compliance e.g. non-pay costs and back office spend as % of total income.

**Centre**

- Delivery will move into NHS Improvement
- Will establish a governance framework to track delivery of recommendations –still unknown what regulatory tact will be taken regarding measures/targets
- Will work on formally creating and refining the model hospital and single integrated performance framework.
4. If assume 2% efficiency factor for 5 years, £6bn out of £14bn STF needs to be for sustainability to balance sector by 22/23.

3. STF in 16/17 will ‘close’ gap to £300m-£400m, with lower tariff efficiency factor closing remaining gap.

2. If providers deliver 2.5% cost reductions this will (optimistically) take underlying deficit of ~£2bn in to 16/17.

1. The underlying provider deficit was £1.5bn going in to 2015/16.

Source: Adapted from Nuffield Trust (2016)
2017/18 and beyond: the spending review

Profile of additional funding to NHS England

- 2016-17: +£1.5bn
- 2017-18: +£0.5bn
- 2018-19: +£0.9bn
- 2019-20: +£1.7bn
- 2020-21: 8.4

Real terms extra funding
## The outlook for 2016/17

<table>
<thead>
<tr>
<th>Agree and deliver a revenue control total</th>
<th>Sign up to a capital control total</th>
<th>Return system to aggregate balance</th>
<th>Sign contracts by 31 March</th>
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<tbody>
<tr>
<td>Agree and deliver performance trajectory for quality and access standards</td>
<td>Agree transformation footprint for STP</td>
<td>Develop STPs within national timetable</td>
<td>Deliver agreed agency staff savings and extend cap</td>
</tr>
<tr>
<td>Achieve and maintain two new mental health access standards</td>
<td>Transform care for people with learning disabilities</td>
<td>Deliver 2% tariff efficiency, with CIP targets in excess of 5%</td>
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Overall approach: what we need

Moving from setting an impossible task and intervening when providers fall short to...

...Supporting providers to deliver an achievable task

Right unit of regulation: single institution or whole system?

Balance challenge / intervention and support and be deeply conscious of all costs being incurred

Don’t blur Board accountability
CQC approach evolving

- Consulting on strategy in light of FYFV e.g. more risk-based
- Use of resources assessment still developing. Our workshop supported provider input into the process.
- Developing approach to ‘quality in a place’ inspection under Prof Steve Field
- Alignment with NHS Improvement and the new ‘Independent Patient Safety Investigation Service’
- Significant changes to fees to offset reduction in grant-in-aid funding
- Peter Wyman Chair (ex Yeovil DGH FT)
  - Focus on outcomes not process
  - Recognition of system challenges and pressures on providers
  - Self-awareness of implications of CQC inspections and approach
NHS Improvement

• Jim Mackey already having a significant impact
• One board in Jan 2016
• Priorities:
  • Get sector back into financial balance asap
  • Deliver constitutional performance targets
  • Sort out long standing challenged institutions
  • Maximize number of good & outstanding CQC ratings
• Strengthen regional model and align with NHS England local teams
• Practical, down to earth, results and very delivery focused.
Junior doctors’ dispute

12 January 2016
10 February 2016
TBC
Agency staffing

• Expected £3.5bn spend on temporary staffing in 2015/16 despite controls from Nov 2015 on:
  • Cap on price per hour of agency shifts
  • Organisation ceilings on temporary staffing spend
  • Reducing use of off-framework agreements

• Controls offer some help e.g. some health economies collaborating to hold the line within the internal market
  • Also recognise further efficiency opportunities possible from rostering, rota’ing, and increased clinical risk appetite for sub-acute patients (Lord Carter work)

• However we cannot
  • Assume supply of staff is elastic with respect to price – REC survey shows only 10% of agency nurses would come back to the NHS as a first preference
  • Assume price controls can solve more fundamental problems with supply and demand
  • Savings unlikely to be enough so expect more...soon
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Need a clearer workforce narrative

**Supply**
- HEE workforce planning cycle & LETBs
- Move to self-funded nursing places without a training cap
- Shortage occupation list for migration (MAC)
- Staff staffing council developing new approach to guidance
- Providers playing on the front foot (e.g. Lancashire Teaching & Milton Keynes)

**Pay terms and conditions**
- Need flexibility for staff (e.g. fit preferences on working patterns), affordability and seven day services
- Consultant contract
- Junior Doctors contract
- AfC

**Roles**
- Need training and development support for existing and future workforce
- New care models disrupting existing professional boundaries and relationships
- Royal Colleges being more flexible on who does what
- Advance nurse practitioners and physician associates at scale
- Education and training

**Leadership**
- Talent management
- Pipeline
- Change the operating environment and culture