

Health and Wellbeing Development Session

13/02/19

Agenda:

Long term plan
CCG Financial Planning

Notes:

NHS Long term plan

- Permissive plan
- It aligns to the approaches being used in Bradford
- Where there are plans in place - those have primacy over the LTP
- The main focus is out of hospital - reducing in hospital stays and urgent and emergency care. Moving to enabled care/ integrated and community care/ place based and population health initiatives
- There is more focus on prevention and inequality
- There is an emphasis on children, key long-term conditions and mental health
- There is guidance on workforce development and also capacity issues that exist across the NHS
- HH talked about how the document is trying to bring legislative changes to the way the NHS operate
- HH also spoke about the fact that there is still no settlement/ information relating to social care which will directly impact on this
- HH said there would be an expectation for a new STP plan – our part is under development
- HH also spoke about the potential for one CCG for the STP area – the drive from our area is to maintain the CCGs as they stand

Financial Template (see Powerpoint)

- Resources available for the system – the finances belong to the citizens of Bradford
- 70% of all the costs are staff related
- JL took us through the allocations. City have had a huge increase
- The budget provides some certainty for the next 5yrs
- There is still a huge funding gap between what is being provided and the actual costs and the deficits that the hospitals/ trust are operating under
- CCG looking to reduce management infra-structure by 20% - actually need efficiency savings of 22%
- Was discussions around merging the 3 CCGs to save monies needed to save – however most of the merger in back office has been done and there are issues in relation to merging AWC which is very different. Potential to merge City/ Districts -but would impact on funding potentially. However is potential for reduction in governance structures
- Discussed the CPs in light of the DES – HH is going to work hard to maintain these – but recognises that some GP may want to operate differently

- HH is committed for the money to relate to what is happening at CP level to understand and mitigate inequalities
- Acute care is the blocker due to the level of spend, their deficit budgets and the expectations for funding uplifts
- Discussion about how to change the way people engage in health and reduce the need – this is long term and will not be achieved, as was agreed by most people there, by taking a service away as has been done by the LA
- AWC has nearly 8mill overspend. There was discussion about how do we reduce costs to get money into prevention that is where potential for change.
- £12mill total with deficits in other areas
- Prevention isn't mainstream and currently isn't funded – so no pot to allocate or draw from

Uplift for City:

- Focus on 3 areas has been agreed
- City - pre-conceptual care - work with BSB and others role out the 3 things that work best across the city wards; establish family hubs and potentially invest in families first models £2-4 mill
- City – improve access to services in early stages by population of city - prevention programmes – working with PH to identify the best interventions and then roll out
- City - complex need demand management of older people - living well longer
- VCS may be able to feed things into this - e.g. befriending and diabetes materials etc. – send ideas to Sarah Muckle
- The CCG and the Care trust are working with the 3 central CP - *need to see what is happening as currently nothing been shared with CP5 where I sit*