

# **NHS Walsall System Plan**

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# What is the System Plan

- It is a natural progression from the PCT's Strategic Commissioning Plan
- It describes how the NHS locally intends to address the key challenges for Walsall in healthcare terms
- It is a stand alone document but also part of the Black Country System Plan

# Major Components of the plan

- Local Context
  - Financial Challenge to the NHS locally
  - Key Strategic Challenges
  - Joint Strategic Needs Assessment
  - Description of local providers

# Major Components of the plan

- Approach to Plan Delivery
  - Planning framework
  - Activity planning with providers
  - Clinical engagement
  - How we derived the plan
  - How we prioritised it
  - Service model

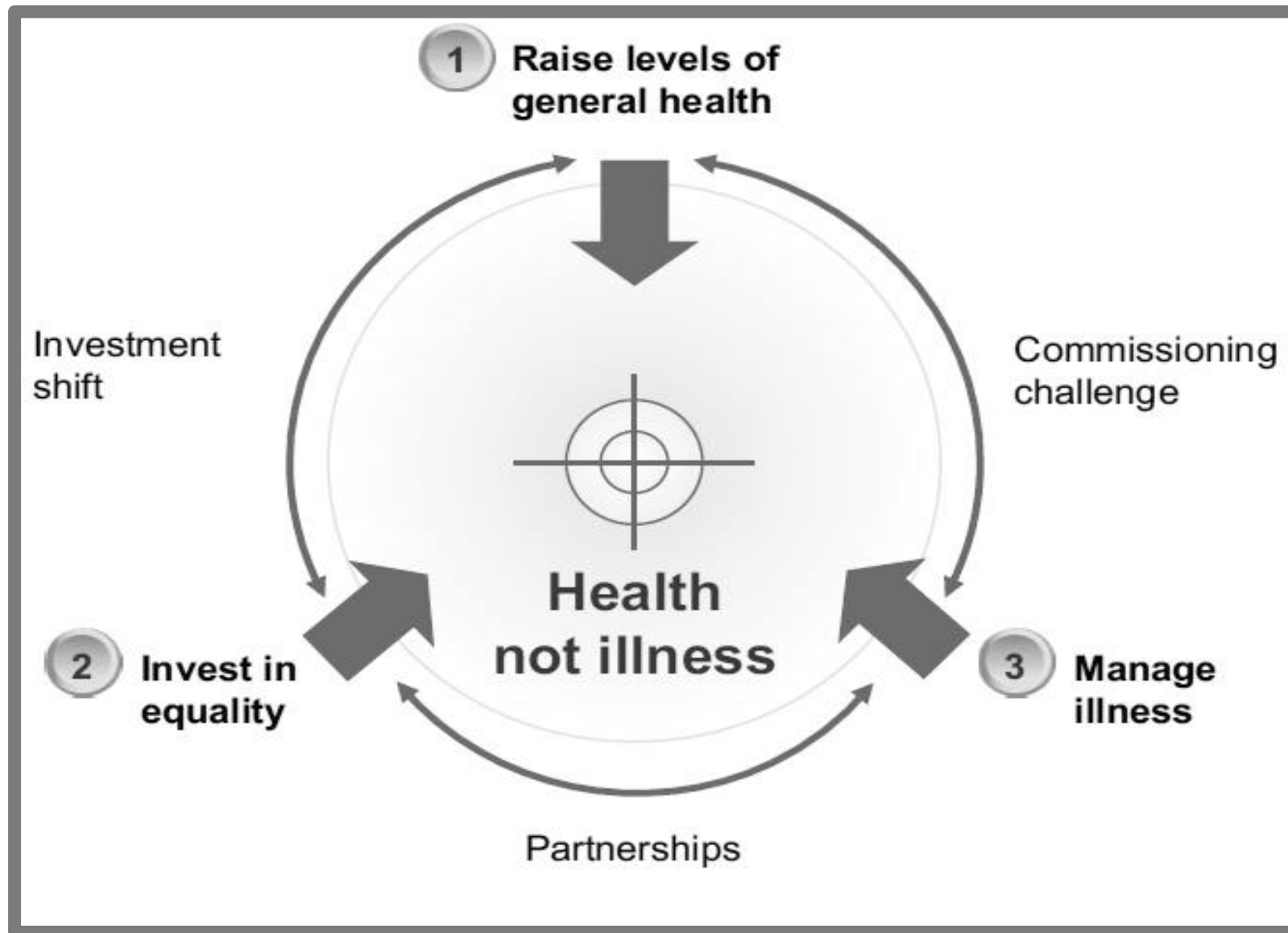
# Major Components of the plan

- Planned changes
  - Finance
  - Activity
  - Workforce
  - Beds
  - Benefits
  - KPIs
  - Outcome Indicators

# **Key Issues addressed in the Plan for 2011/12**

- Role of the GP Consortia
- Joint Planning and Delivery with Social Care
- Initiative/Project detail
- Response to 2011/12 Planning Guidance
- Stakeholder engagement processes
- Implementation and risk management
- Contingencies
- Contracting issues

# Local Strategic Context

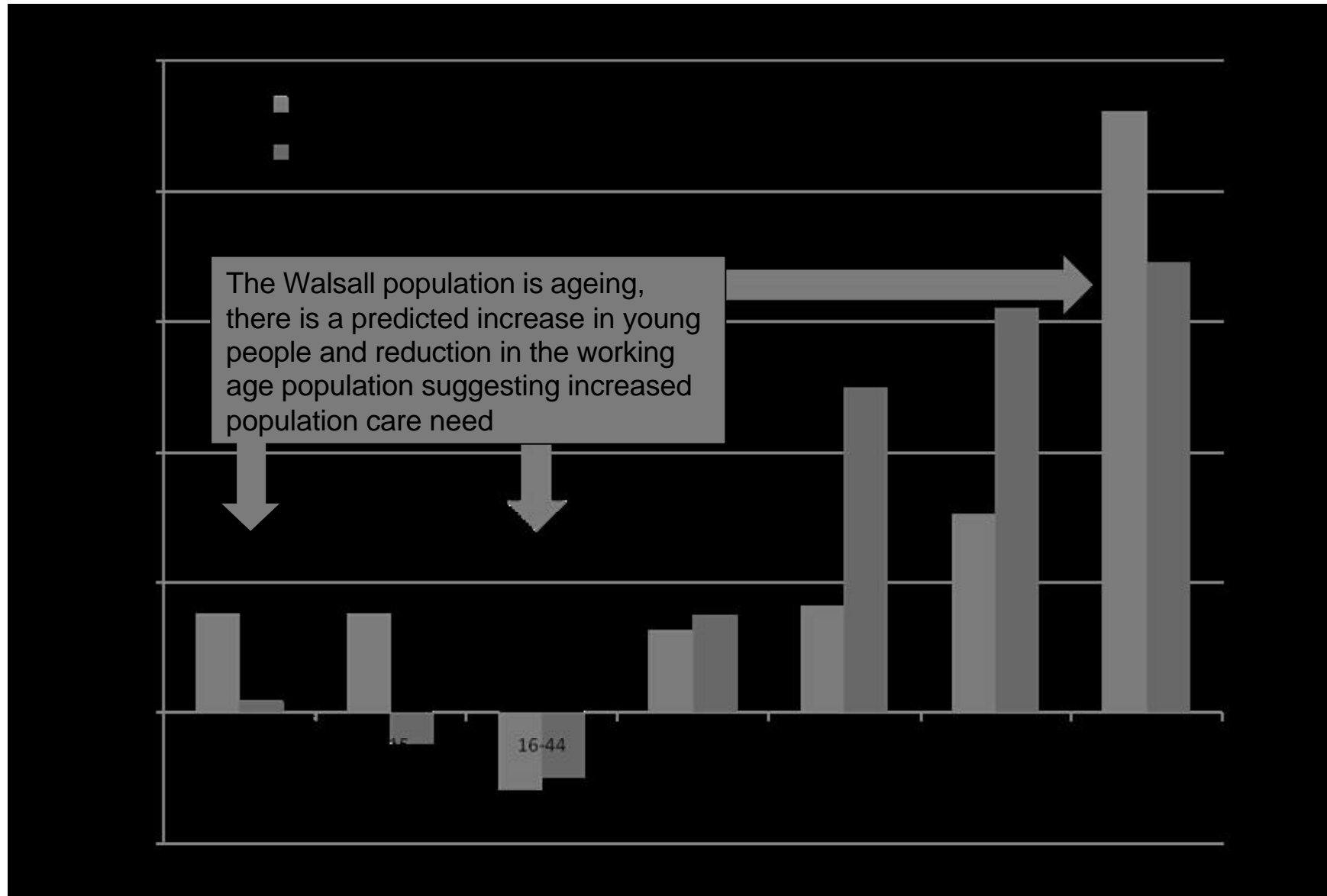


# Finance and Demand Context

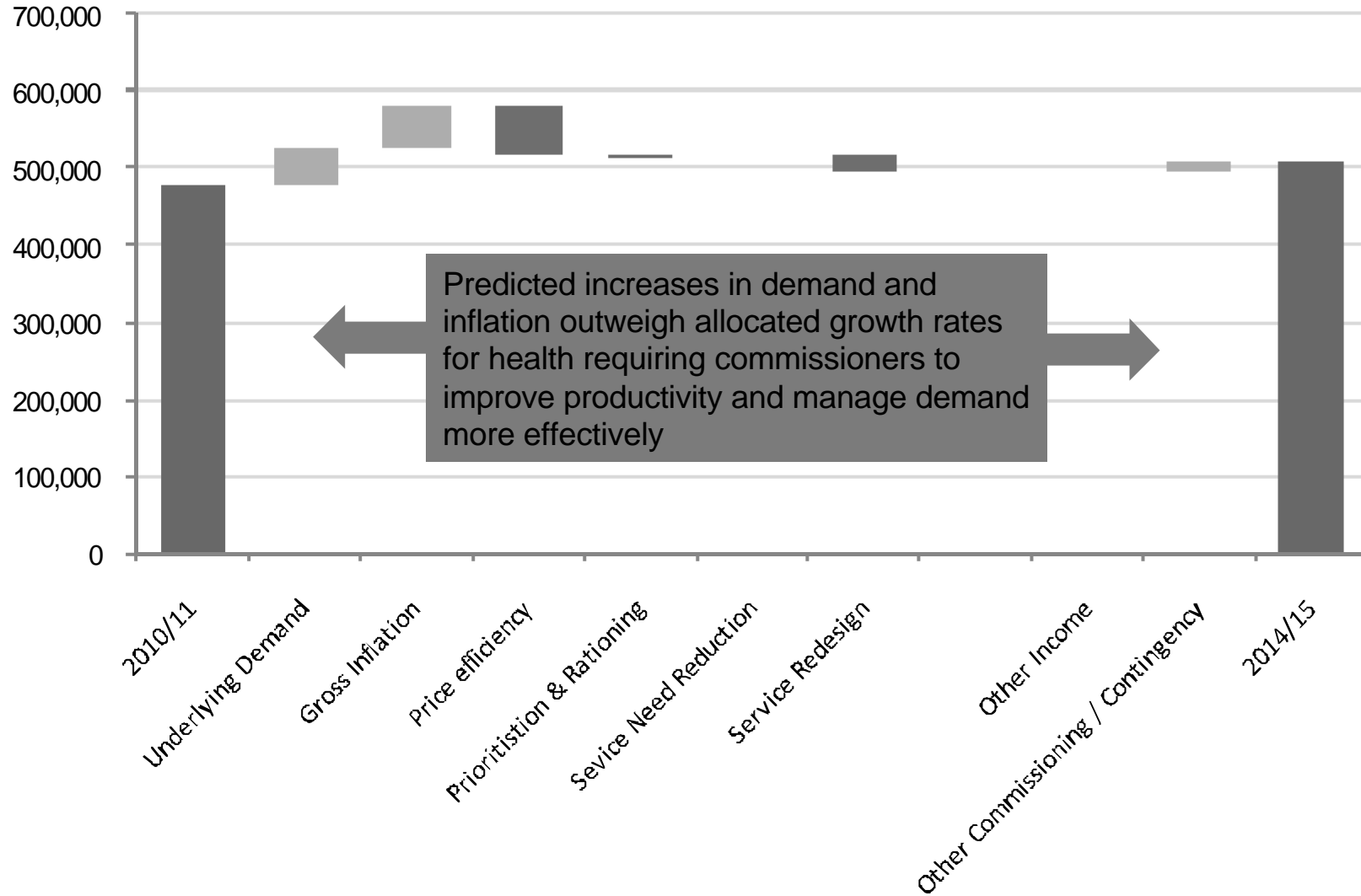
- **Allocation growth assumption = 2.2% pa**
- **Demand Growth = 3.5% pa**
  - **Key Demographic Changes**
    - Increasing no. of very young and very old
    - Reducing numbers of working age
  - **Key Disease Trends**
    - Long Term Conditions
    - Frail/Elderly
- **Cost Growth = 3% pa**
  - **Inflation**



# Demographic Change NHS Walsall and NHW West Midlands 2007 – 2018

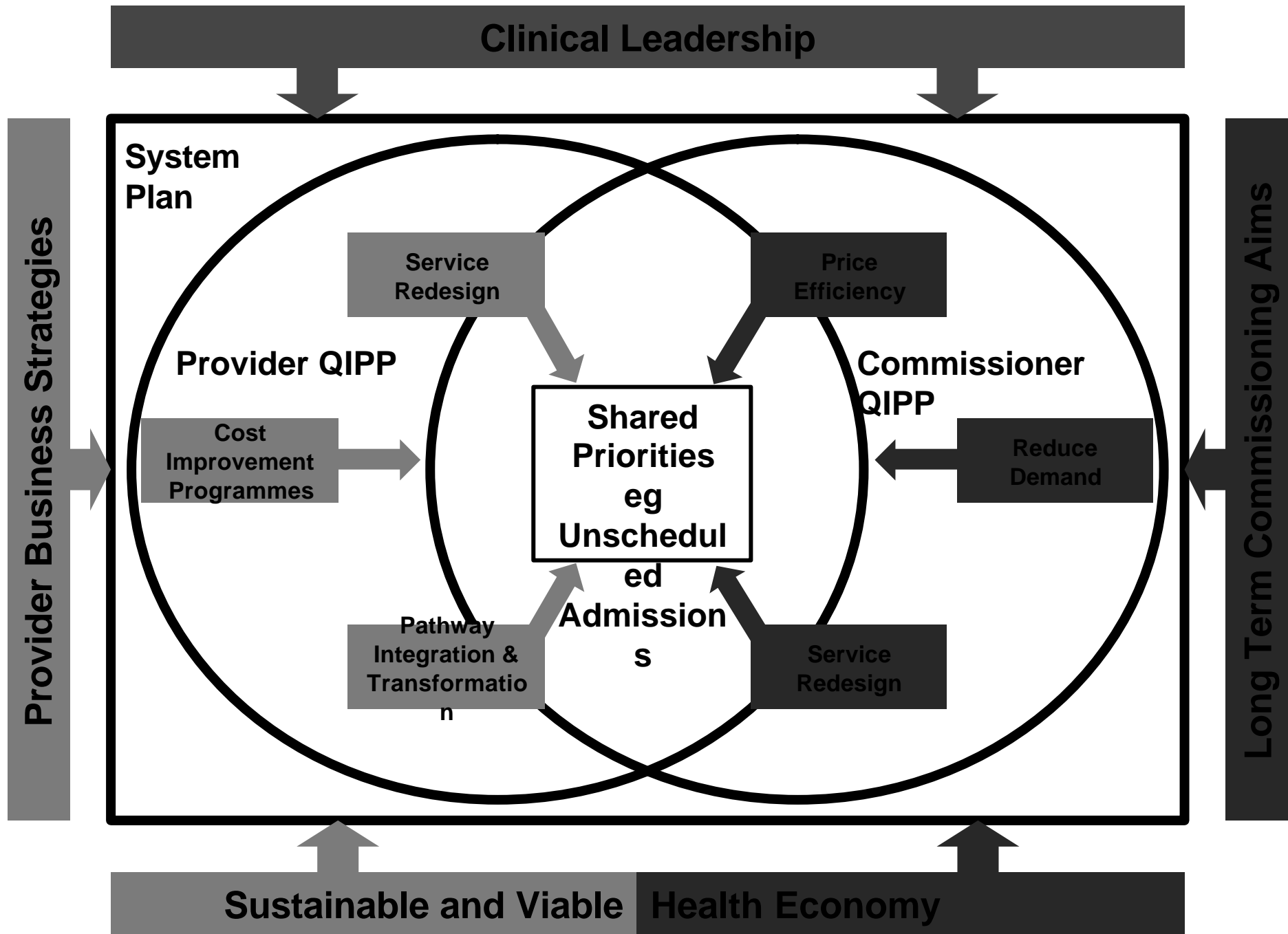


# Total Finance Bridge £



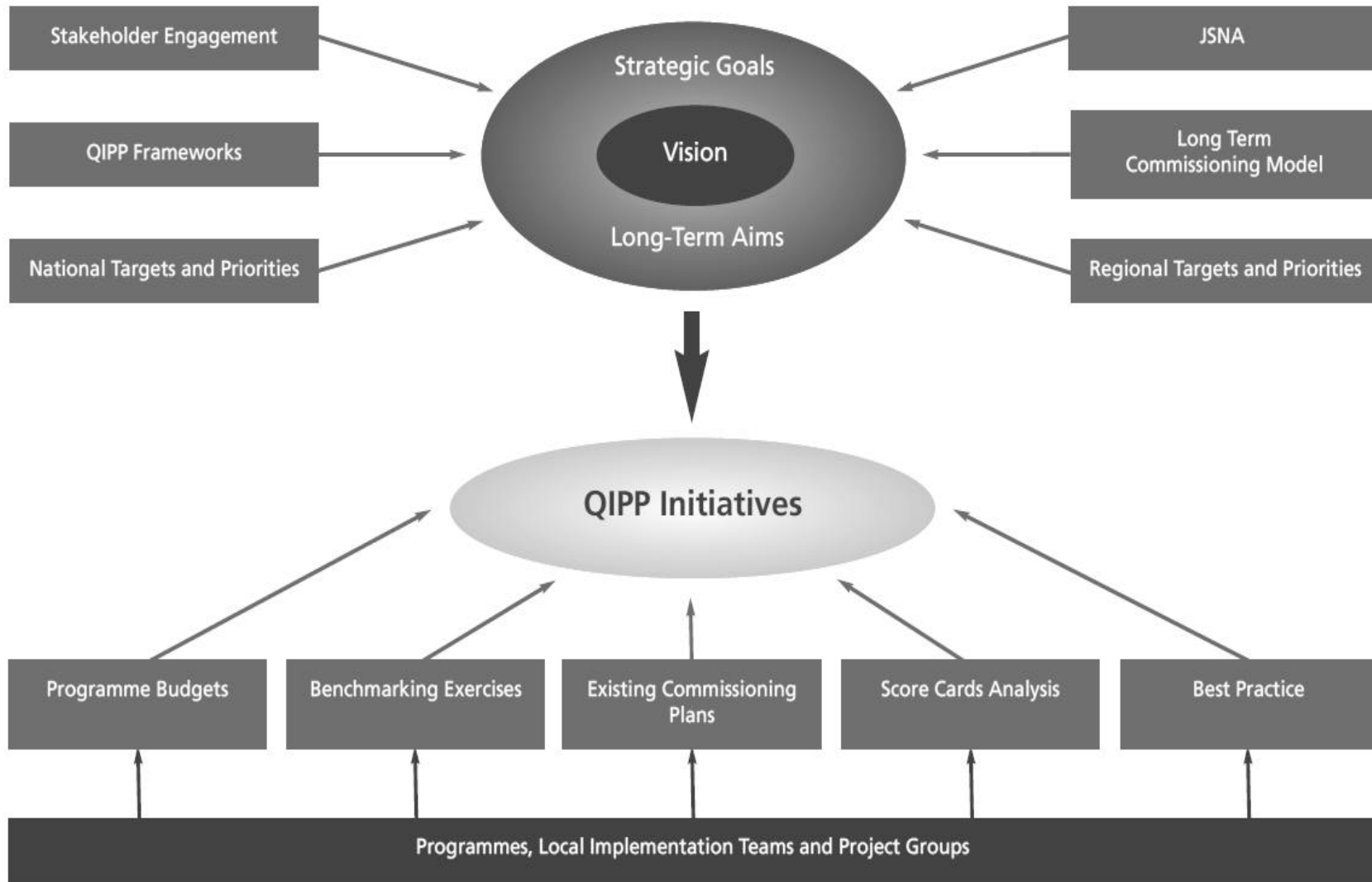
# Quality, Innovation, Prevention and Productivity

- QIPP are the set of overarching aims which have been identified nationally as key to the NHS.
- Our System Plan contains a set of QIPP initiatives and projects which are aimed at achieving these objectives



# Defining Our QIPP Initiatives

Note: Not exhaustive but illustrative of main influential factors



# What are we trying to do

- **Reshape demand**
  - Improve prevention services and help the public access them
- **Reshape services so that they are high quality**
  - Improve the experience of patients receiving care
- **Improve productivity**
  - Improve the efficiency of services and reduce waste
- **Assure the clinical quality and safety of services**

# 4 year plan

- Rolling plan with some flexibility
- Make assumptions regarding potential efficiency savings
- Key is the avoidance of emergency admissions
- No brave assumptions regarding reducing demand.
- Integrated working both in terms of planning and delivery