

Gateshead 2 YEAR OPERATIONAL - Plan on Page 2014/15 – 2015/16

Vision: 'An affordable, locality-based, care system where if necessary an empowered community has access to responsive, needs-based, personalised services'

Big Picture Challenges	Strategic Objectives	Strategic Programmes	Focus 15/16		Ambition Measures
Growing Ageing Population	Coordination/ Continuity of care	Mental health and Learning Disabilities	Cahms review In patients bed configuration Redesign of autism and ADH services	N E W M O D E L S O F C A R E	5.1% (CVD + Cancer deaths)
Excess hospital activity	Delivery across 'Fitness to Frailty'	Children, Young People and Families	SEND agenda Continuing care + Personal budgets Review of children's community nursing with the LA.		2% (QOL LTCs) Additional 5% (Dementia diagnosis)
Fragmentation	Greater focus on prevention and reablement	System Resilience	Same day care GP Alignment of IT system (including care planning tools) Mental health crisis pathway Redesign of MSK pathway Agree alternative arrangements for outpatient follow up for elective procedures Review shared care arrangements 11 BCF indicatives' (e.g. SPOA, care home, intermediate care, palliative care) Respiratory plan (COPD/asthma) Self-care /YOC model Community-based services (DM, heart failure) Stroke/IA - model Implement cancer strategy (early diagnosis, community-based care and access to support services + End of Life (adult/child)		3% (Increase at home following a hospital stay)
Poor quality of life	More choice, control& independence	<ul style="list-style-type: none"> • Urgent care • Planned care • Older people (BCF) • Long Term Conditions • Cancer and End of Life 	Implement the primary care strategy Implement primary care co-commissioning Improve quality/reduce variation - PEP		2% (Experience of out of hospital care)
Clinical variation	Confidence & trust in a safe health and care system	Primary care (General Practice)	Re-procurement of community services – closer to home. locality-based provision		3% (Reduce emergency admissions)
Financial deficit	Shift from reactive to responsive service	Community Services			1% (Experience of hospital care)
Excess deaths cancer/COPD/ CVD	Less complex, more sustainable system			10% (Reduce hospital deaths)	
CO-CREATION/SUSTAINABILITY – Value, Quality, Innovation, Access				Principles	Governance

Parity of esteem + improving health and reducing health inequalities

