

# **NHS Financial Recovery Plan 2018-2021**

**Update for Health & Wellbeing Boards (HWBB)**




# Statement of Intent

The FRP sets out a challenging **transformational change programme** that focuses on **improving quality and outcomes** for the patients we serve whilst **concurrently returning the system to financial balance** thus allowing the NHS Partners within BHR to continue to meet the current and future needs of our population and also to facilitate the move toward a true Integrated Care System across Health & Care.

We do not under-estimate the scale of the cultural, clinical and managerial challenge that the plans laid out in this document will bring to the NHS Partners in BHR and **the need throughout this process to bring our public, partners (in the widest possible sense) and our respective teams with us** on the transformational journey we are committing to.

We will be relentless in ensuring that as we move toward Financial Recovery for the BHR System that **quality, safety, access and delivery of our constitutional standards are at the heart and centre of our system recovery** and at no point will they be compromised.

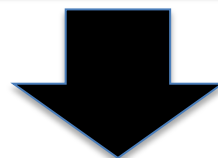


# NHS Financial Recovery Plan Key Timeline

Barking, Havering and Redbridge  
University Hospitals  
NHS Trust

**NELFT** **NHS**  
NHS Foundation Trust

**NHS**  
Barking and Dagenham,  
Havering and Redbridge  
Clinical Commissioning Groups



**16th October 18** – NHS Regulators asked partners to pull together existing plans into a coordinated single plan for the BHR System and since then we have:

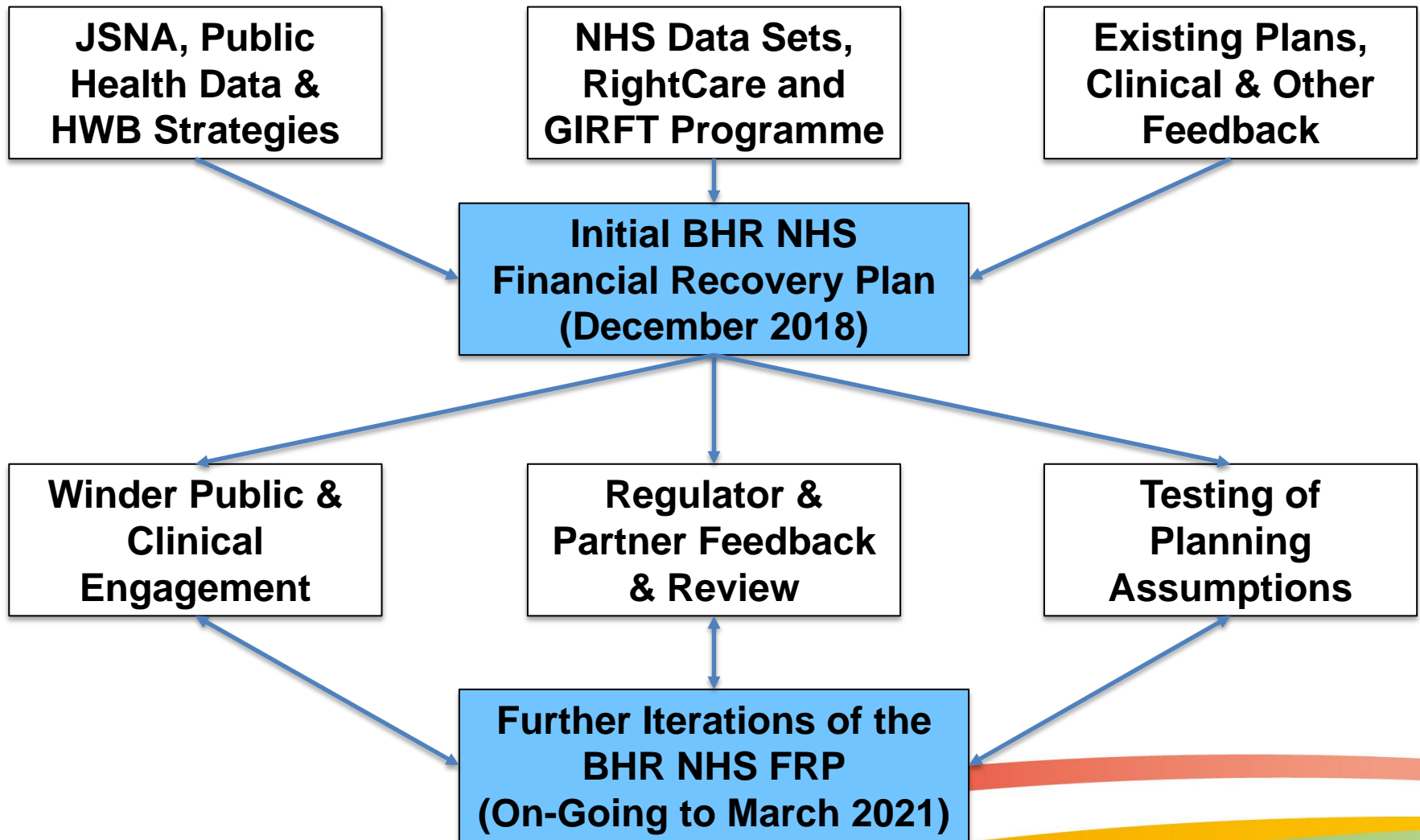
Shared Existing Analysis & Plans between Partners  
Identified New Shared Opportunities  
Accelerated Clinical Engagement Activities  
Pulled Together a Coordinated Plan  
Sought Approvals by NHS Boards

**17th December 18** – Presentation to Regulators

**December** – Revision of FRP Based on Regulator Feedback

**January** – Boards Review Final Version via Public Meetings

# FRP Development Process



# BHR NHS Financial Position Overview

BHR System Deficit



	BHR CCGs (£m)	BHRUT (£m)	NELFT (£m)	SYSTEM DEFICIT (£m)
2014/15	13.07	-37.95	-1.80	-26.68
2017/18	-21.10	-60.90	11.00	-71.00
2018/19	0.00	-60.00	3.50	-56.50

The projected deficit for 18/19 takes into account the projected work being undertaken by BHRUT and also assumes that the BHR CCGs can fully mitigate the in-year pressures arising from elsewhere in the North East London System.

# Understanding the Current Deficit

Area	Narrative
<b>Demographics</b>	Partial contributor but does not explain variance to North Central & East London (NCEL) peers
<b>Historic Under-Funding</b>	Has been a historic contributor (and remains so to some degree for Redbridge)
<b>Primary Care Capacity</b>	Capacity and infrastructure issues have contributed to the deficit position
<b>Prevalence Gaps</b>	Need to close prevalence gaps is a contributor
<b>Community Activity</b>	Spend and activity appear consistent with NCEL Peers and this needs further investigation.
<b>Secondary Care Spend</b>	Excess spend is a resulting factor from the contributory factors above

# Closing the Financial Deficit

<b>Internal Efficiencies &amp; Cost Reduction</b>	Focusing on all areas of spend from running costs to estates to reduce expenditure without impacting patient care, quality, safety or access.
<b>System Level Programmes</b>	System Wide Transformational Programmes (see next slide)



# System Level Programmes

<b>Older People Programme</b>	<p>Reduce Non-Elective Admissions across the BHR System and increase the number of patients who die in their preferred place of death.</p> <p><b>This will be taken forward by the Older People Transformation Board</b></p>
<b>Outpatient Activity Reduction Programme</b>	<p>This aims to reduce Outpatient Activity to bring Care Closer to Home and support the repatriation of work from Out of Area settings.</p> <p><b>This will be taken forward by the Planned Care Programme Board</b></p>
<b>Long Term Conditions Programme</b>	<p>Close the prevalence gaps further and proactively manage patients to convert current non-elective activity into elective activity.</p> <p><b>This will be taken forward by the LTC Transformation Board</b></p>

These programmes will deliver benefits to patients in terms of improved outcomes and more care closer to home as well as financial and operational benefits to the NHS and Local Authorities.



# Next Steps

1. Revise plan in light of Regulator Feedback
  2. Approve via the Partner Boards
  3. Work up of plans with more detail to test assumptions
  4. Communications and engagement programme
  5. Mobilise for delivery
  6. Align programme to Local Authority Plans and quantify benefits for inclusions in those plans
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