

WHAT WILL AND WILL NOT BE DONE IN 2010/11

Public Health

The revised plans provide for additional expenditure in 2010-11 of £0.5m, making a total of new investment in this service area of some £7.5m over 2008-11: this is some £4.5m less than had been planned following the CSR in 2008. However we are also making a further £1.2m investment in ward sisters which was decided after the CSR.

We are still

- Strengthening partnership arrangements with local government
- Making investment in programmes to improve infants mental wellbeing and parenting in families considered to be at risk
- Making investment in Suicide prevention training and crisis intervention
- Making investment in Deliberate self harm prevention
- Conducting research into causes of suicide
- Committed to the Investing for Health Strategy
- Working to reduce binge drinking and illegal drug use
- working to address obesity across the whole population
- Introducing further tobacco controls and nicotine cessation
- Beginning the preparatory work to introduce screening for abdominal aortic aneurysm so this can be introduced in 2011-12
- Progressing the Hidden Harm action plan" (children affected by parents with drug and alcohol problems).

We are not

- Investing as much as we would like given the Wanless imperative to invest in upstream prevention and early detection
- Investing as much as we would like in evidenced based interventions
- Extending the Deliberate Self Harm Registry across all Trusts.
- Investing in smoking cessation focused on manual workers and pregnant women
- Introducing chlamydia screening to reduce prevalence of sexually transmitted infections and complications.
- Investing in specialist nurses to tackle infections in the community and primary care and movement between hospital and community.

Elective Care

Demand increases are such that the original plan for only an additional £6 million on elective care will not suffice to limit the growth in waiting times. Hence the 2010-11 plans will now provide additional investment of £25m recurrent and £15m non recurrent, over and above the CSR plans in 2010/11. This is on top of a recurrent investment of a further £15m that was provided in 2009-10.

We are still:

- Seeking to ensure patients have timely access to outpatients (9 weeks) and diagnostics (9 weeks).
- Seeking to ensure most patients continue to receive their surgery within 13 weeks.
- Investing in significant additional local capacity to avoid the need to access services provided by the independent sector.

We are not:

- Able to ensure that all patients receive surgery as quickly as we would wish. For example, patients will have to wait up to 26 weeks for cardiac surgery and up to 36 weeks for urology or orthopaedic procedures.

Mental Health

There will be additional expenditure in 2010-11 of £2.8m, making a total of new investment in this service area of some £19m over 2008-11: this is some £9.6m less than had been planned following the CSR in 2008.

We are still

- Progressing the Bamford Action Plan (2009) through the Bamford HSC Taskforce
- Enhancing mental health community infrastructure, for example, community teams, crisis response and home treatment teams
- Starting to improve the range and capacity of psychological therapy services
- Beginning to establish a new personality disorder service
- Meeting our original PFA target for mental health resettlement
- Reducing unplanned admissions to acute mental health hospitals, reducing waiting times for mental health and psychological therapies
- Delivering "Card before you Leave" PFA target for those who present in A and E with self harm

We are not

- Investing as heavily in the above developments as much as we had originally planned
- Securing as many contracts with voluntary sector organisations for advocacy
- Providing as many dementia respite places as we had aimed to during the CSR period.

Learning Disability

Additional expenditure of £3.1 million is now planned for 2010-11, making a total of new investment in this service area of some £12m over 2008-11: this is some £5m less than had been planned following the CSR in 2008

We are still

- Meeting our original PFA target for resettlement
- Providing 25 more packages for respite than last year – one package benefits many families
- Enhancing Autism teams, especially for children and progressing the 13 week target for assessment of children

We are not

- Investing as heavily in the above developments in terms of respite provision and autism services as we had originally planned

Children

Additional expenditure in 2010-11 of £1.3m will be provided, making a total of new investment in this service area of some £8.3m over 2008-11: this is some £1.7m less than had been planned following the CSR in 2008

However the Department has made allocations this year outside of CSR of £1.1m for child protection, thereby broadly protecting the level of spend on the core services.

We are still

- Largely protecting this area
- Prioritising meeting our statutory obligations in the face of rising demand
- Strengthening child protection services by funding a number of posts in Public Protection Units
- Investing in Gateway and family intervention teams
- Progressing the reform of Adoption legislation and establishing an Adoption information system
- Funding a regional independent birth family support and counselling service
- Continuing to invest in measures to improve education and other outcomes for children in care

We are not

- Investing as much as we would like given the pressure on family and childcare services in the last number of years

Physical Disability

Additional expenditure of £1.2m, is now planned for 2010-11, making a total of new investment in this service area of some £3.2m over 2008-11: this is some £3.8m less than had been planned following the CSR in 2008

We are still

- Aiming to meet the 13 week target on provision of wheelchairs and improved access to prosthetics;
- Improving waits for speech and language therapy as part of the PfA target for AHPs (9 weeks),

We are not

- Providing the level of respite provision originally planned

Cardiovascular/Stroke/Long Term Conditions

There will be additional expenditure in 2010-11 of £3.9m, making a total of new investment in this service area of some £24.4m over 2008-11: this is some £12.6m less than had been planned following the CSR in 2008

We are still

- Investing an additional £1.75m in stroke services.
- Developing standards for the management of long term conditions which we expect to issue later this year
- Progressing self management of long term conditions
- Benefiting from specialist nurses e.g. respiratory and cardiovascular nurses
- Progressing remote monitoring, a significant step in early recognition and management of health problems

We are not

- Investing as much as we would like in community based stroke services, including rehabilitation and speech and language support
- Able to explore fully the potential of remote monitoring for long term conditions
- Able to recruit the additional specialist nurses that could really benefit patients with long term conditions
- Able to implement some of the recommendations in the cardiac and respiratory frameworks in the proposed timescale – inevitably this will take longer than previously anticipated

Acute Services/Specialist Drugs/Cancer

Additional expenditure in 2010-11 will now be £5m, making a total of new investment in this service area of some £23m over 2008-11: this is some £16m less than had been planned following the CSR in 2008

We are still

- Investing in specialist drugs to help people with cancer, severe rheumatoid arthritis and macular degeneration.

We are not

- We are not going to be able to provide all the specialist drugs we would like but the funding will help us to introduce NICE recommendations. The planned reduction of wait times for anti-TNFs for rheumatoid arthritis from 9 months to 21 weeks will now remain at 9 months.
- Going to be able to buy additional intensive care beds and neonatal cots
- Going to be able to achieve some of the recommendations in the respiratory service framework including improvements in treatment of sleep apnoea, chronic bronchitis and asthma