

# AGENDA

## Health and Wellbeing Board

Date: **Wednesday 23 March 2016**

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Time: **3.00 pm**

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Place: **Committee Room 1, The Shire Hall, St. Peter's Square,  
Hereford, HR1 2HX**

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Notes: Please note the **time, date** and **venue** of the meeting.

For any further information please contact:

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If you would like help to understand this document, or would like it in another format or language, please call Ruth Goldwater, Governance Services on 01432 260635 or e-mail [ruth.goldwater@herefordshire.gov.uk](mailto:ruth.goldwater@herefordshire.gov.uk) in advance of the meeting.

# Agenda for the Meeting of the Health and Wellbeing Board

<b>Chairman</b>	Councillor PM Morgan	Herefordshire Council	
<b>Vice-Chairman</b>	Diane Jones MBE	Herefordshire Clinical Commissioning Group	
	Councillor JG Lester	Herefordshire Council	
	Simon Hairsnape	Herefordshire CCG	
	Prof Rod Thomson	Director of Public Health	
	Jo Davidson	Director for Children's Wellbeing	
	Paul Deneen	Healthwatch Herefordshire	
	Dr Andy Watts	Clinical Commissioning Group	
	Jacqui Bremner	Healthwatch representative - Carers Support	
	Martin Samuels	Director for Adults and Wellbeing	
	Jo-anne Alner	NHS England	

**AGENDA**

	<b>Pages</b>
<b>PUBLIC INFORMATION</b>	5 - 6
<b>1. APOLOGIES FOR ABSENCE</b> To receive apologies for absence.	
<b>2. NAMED SUBSTITUTES (IF ANY)</b> To receive any details of members nominated to attend the meeting in place of a member of the committee.	
<b>3. DECLARATIONS OF INTEREST</b> To receive any declarations of interest by members in respect of items on the agenda.	
<b>4. MINUTES</b> To approve and sign the minutes of the meeting held on 23 February 2016.	7 - 12
<b>5. QUESTIONS FROM MEMBERS OF THE PUBLIC</b> To receive questions from members of the public relating to matters within the board's terms of reference.  (Questions must be submitted by midday three clear working days before the day of the meeting)	
<b>6. CORPORATE DELIVERY PLAN 2016/17</b> To review whether the commissioning plans and arrangements for the NHS, public health and social care (including Better Care Fund submissions) are in line with and have given due regard to the health and wellbeing strategy.	13 - 26
<b>7. NHS PLANNING UPDATE</b> To update the health and wellbeing board, and seek its views on the following: <ul style="list-style-type: none"><li>• Current status and developments connected to the five year sustainability and transformation plan (STP) for health and care systems across England</li><li>• The timelines, governance framework and processes intended to support the development of the plan</li><li>• The 2016/17 priorities and work programme of NHS Herefordshire clinical commissioning group (CCG)</li></ul>	27 - 58



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**SHIRE HALL, ST PETER'S SQUARE, HEREFORD, HR1 2HX.**

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**MINUTES of the meeting of Health and Wellbeing Board held at Committee Room 1, The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Tuesday 23 February 2016 at 2.30 pm**

**Present:** PM Morgan (Herefordshire Council) (Chairman)  
Mrs D Jones MBE (Herefordshire Clinical Commissioning Group) (Vice Chairman)

Prof Rod Thomson	Director of Public Health
Mrs D Jones MBE	Herefordshire Clinical Commissioning Group
Mrs J Davidson	Director for Children's Wellbeing
Mr P Deneen	Healthwatch Herefordshire
JG Lester	Herefordshire Council
Mr M Samuels	Director for Adults and Wellbeing

**In attendance:** Councillor PA Andrews

**Officers:** Hazel Braund (Herefordshire Clinical Commissioning Group), Maria Hardy, (Herefordshire Clinical Commissioning Group)

**48. APOLOGIES FOR ABSENCE**

Apologies were received from Jacqui Bremner (Healthwatch), Simon Hairsnape (Herefordshire CCG), Andy Watts (Herefordshire CCG), and Jo-Anne Alner (NHS England).

**49. NAMED SUBSTITUTES (IF ANY)**

Hazel Braund (Herefordshire CCG) attended as a substitute for Simon Hairsnape.

**50. DECLARATIONS OF INTEREST**

None.

**51. MINUTES**

A correction was noted for item 43 in which the first paragraph should have read "An update was provided by the programme manager for children and mental health, which was priority 1 for the health and wellbeing strategy."

**RESOLVED**

**That subject to the amendment above, the minutes of the meeting held on 26 November 2015 be approved as a correct record.**

**52. QUESTIONS FROM MEMBERS OF THE PUBLIC**

None.

**53. CHILDREN AND YOUNG PEOPLE'S PLAN UPDATE**

The assistant director, education and commissioning, presented an update on priority 2 of the health and wellbeing strategy.

The priorities agreed by the health and wellbeing board were being developed and delivered through the children and young people's plan. It was noted that child protection plans and the number of children in care acted as a litmus test for how effectively children were being supported and the range and impact of services being engaged.

The comparatively high number of looked after children (LAC) in Herefordshire in relation to the west midlands region, and the impact on resources, was noted. It was further noted, however, that there were a number of historic factors influencing this and that there was a strategy in place to address this through early help and supporting children in adolescence. The children and young people's partnership were also recognising early intervention and a whole-service approach to ensuring children were safe from significant harm.

It was clarified that young people who were not in employment, education or training (NEET) were not included in the figures as numbers had reduced significantly (by around 100) thanks to a successful project to address this group's needs.

It was noted that figures for LAC were for Herefordshire children only and that Herefordshire also has a significant number of children from out of county placed here in residential homes and independent fostering agencies, for whom there was a duty to provide services such as education and health.

An approach to meeting complex needs by the Council and the Clinical Commissioning Group was in place using a pooled budget. It was recognised that if the pattern of expenditure could be addressed it would enable resources to meet need earlier. However the operating environment placed pressure on the various agencies and so priority areas were identified to redirect resources in order to support vulnerable families. This was achieved through early help and funding accessed via the troubled families programme although it was recognised that there was a need to further develop a partnership approach.

Involvement of primary care and education was also a factor as these services were rooted in their communities although the onus was on the leadership to look system-wide and ensure that local and national issues were taken into account. There was potential to look at the child protection and LAC figures and develop an evidence base to measure impact.

The service priorities were supported by the children and young people's plan. A community hub model was under discussion to show how needs were to be met at the different levels of need and service approaches which mapped to adults' services. The role of the local area co-ordinator was described as a way of using the precept in a facilitative way from a family perspective with a single service approach and reducing higher threshold work. Experience from adults' services was that local knowledge supported the prevention of families entering into statutory services and recognising the value of strong communities. It was noted however that there needed to be greater sharing of information to target activity and the co-ordinator would help to achieve real solutions and bring the support together.

Board members noted some excellent outcomes and good practice evidenced and the significant improvement in the health and wellbeing of children especially in areas which were previously red-rated. The Board also noted there were significant areas which needed to progress.



## **RESOLVED**

### **THAT:**

- (a) the progress with priority two of the Herefordshire health and wellbeing strategy carried out through the children and young people's plan 2015 – 2018 be noted and**
- (b) the early help strategy be presented to the health and wellbeing board at a future meeting, to include an update from the director for children's wellbeing on further issues to address**
- (c) The director for children's wellbeing be asked to bring a report to explain what the current barriers are to effective information and data sharing between agencies and the effect this is having on outcomes and efficient ways of working.**

## **54. HEREFORDSHIRE'S URGENT CARE PATHWAY**

The urgent care pathway was presented by the CCG's programme manager.

Following local public consultation on a definition of urgent care, an emerging model had been developed in order to simplify the management of health needs. Development of the new pathway was in the context of reorganising the NHS 111 service to become the first point of contact alongside the development of seven-day walk-in centres, and using practitioners able to handle calls and direct people to the most appropriate care. This would be tailored to meet the needs of the local population in Herefordshire, for which access to records was key to supporting the success of this new pathway.

The pathway was welcomed in principle by board members although it was noted that the model seemed ambitious given the level of resources required to support it.

The model would be clinically based and, although concerns regarding the availability of a skilled workforce were recognised, there was confidence that there were appropriately skilled practitioners available in the county. Despite their initial concerns, and pressures on primary care services, it was noted that the model was supported by GPs.

Concern was raised regarding appropriate responses being available in relation to children's health needs in light of concerns raised nationally over the NHS 111 service. The board was given reassurance that groups requiring a particular approach were identified and callers seeking support for children under the age of five would speak with a clinician.

In response to a question regarding the cost of dedicated clinical specialists, it was explained that there would be economies achieved through access to regional clinical teams who would be able to refer onwards to local clinical specialists.

The service would also eventually be compatible with smart technology and by making changes to the pathway and directing people to appropriate alternative clinical services, it was identified that a minimum of 20% capacity could be achieved which would have positive impact on A&E.

There was broad support of the principles of the urgent care pathway, but with concerns over a number of the practicalities,

**Following the review of the work to date, the health and wellbeing board resolved that:**

- (a) the plans did align with the vision and principles;**
- (b) in the light of the concerns that this approach required a change in behaviour which had previously been hard to achieve, the CCG be asked to provide**

**further assurance to the board at specific stages of the plan to ensure public confidence was at an appropriately high level in the effectiveness of the arrangements, and that this was leading to a change in the way the public were seeking urgent care advice and support.**

## **55. 5-YEAR SUSTAINABILITY AND TRANSFORMATION PLAN**

The CCG director of operations presented the intentions and approach being adopted locally to develop a sustainability and transformation plan (STP) which was designed to identify gaps in health and wellbeing, quality and efficiency, and finance, so as to address improvements.

The plan would consider enabling elements, such as workforce education, recruitment and retention and digital technology. It would also consider what could be done to improve sustainable health services in Herefordshire, for example to address the impact on a small specialty were a clinician to leave the team.

The requirement was to have a draft vision by Easter 2016 and for the plan to be submitted by June 2016. Governance structures needed to be established including a joint STP board, with membership to include representatives from the health and wellbeing board and Healthwatch.

Although the footprint for the STP had been established by the NHS nationally as covering Herefordshire and Worcestershire, it was confirmed that the primary planning intention was to reflect One Herefordshire and that there was no plan to join up with Worcestershire in a structural / organisational sense, although a small number of services were being identified where a joint approach appeared likely to bring benefits.

Discussion took place regarding proposed membership and chairmanship of the STP board, the need for terms of reference, recognition of the need to include all services and how to enlist external expertise where gaps could not be addressed locally.

The director for adults and wellbeing, as regional STP lead on behalf of the association of directors of adult social services (ADASS), highlighted that there were significant challenges to resolve around STP development, which meant that as well as addressing local need, there needed to be access to a regional viewpoint from a local government perspective. Although the health and wellbeing board was required to sign-off the STP, it was noted that guidance on the precise remit of the board was unclear.

From an NHS perspective, it was important to ensure that the STP process produced good outcomes locally. Work was in progress to improve pathways with Worcestershire and Gloucestershire, and also with Powys, in recognition of the complexity of working across borders.

There followed a discussion, which recognised that this was an essential piece of work which presented an opportunity to develop services for the best outcomes for Herefordshire. It was concluded that the board would hold a facilitated workshop as a matter of urgency, to include provider representatives, to address the content and governance arrangements for the STP.

### **RESOLVED**

#### **THAT:**

- (a) the chair of the health and wellbeing board devise terms of reference for a workshop; and**
- (b) a workshop be held as a matter of priority with board member commitment to attend.**

## **56. BETTER CARE FUND QUARTERLY REPORT**

The director for adults and wellbeing introduced the quarter 3 BCF submission and explained that the covering report, which read as a council paper, should have been presented on behalf of the council and the clinical commissioning group jointly.

New arrangements for data submission would be in place from 1 April, for which national guidance was published today. However it was noted that the template was not yet available.

The timescale was that by 2 March 2016 the completed template needed to be submitted showing the high level contributions, plans and risks, therefore there was a very short timescale to respond. The full draft plan was to be submitted by 21 March, and the final plan signed off by the health and wellbeing board by 25 April. It was noted that delegated authority would be required for this submission due to the timing of board meetings.

There were a number of changes regarding the national conditions for the BCF, notably in relation to delayed transfers of care, which required additional work and it was key to ensure this was consistent with the STP, although timings for the two were out of step.

It was noted that it had been announced in the recent comprehensive spending review that all areas were to produce health and social care integration plans to 2020, to be completed by the autumn, and if achieved, these would replace the BCF requirements. It was noted that the assurance process for the BCF would be at regional level between local government and NHS rather than at national level and it was hoped this would be less onerous than had been the experience for the plans for 2015/16.

### **RESOLVED**

#### **THAT:**

- (a) the better care fund (BCF) quarter three report be approved for submission to NHS England; and**
- (b) the health and wellbeing board approve delegated authority for the full draft plan to be submitted by 21 March.**

## **57. WORK PROGRAMME**

### **RESOLVED**

**That the work programme be reviewed through the agenda planning process prior to republication.**

The meeting ended at 4.57 pm

**CHAIRMAN**





<b>Meeting:</b>	<b>Health and wellbeing board</b>
<b>Meeting date:</b>	<b>23 March 2016</b>
<b>Title of report:</b>	<b>Corporate delivery plan 2016/17</b>
<b>Report by:</b>	<b>Director of economy, communities and corporate</b>

## Classification

Open

## Key Decision

This is not an executive decision.

## Wards Affected

Countywide

## Purpose

To review whether the commissioning plans and arrangements for the NHS, public health and social care (including Better Care Fund submissions) are in line with and have given due regard to the health and wellbeing strategy.

## Recommendation(s)

**THAT:**

- (a) **the board reviews the council's corporate delivery plan (at appendix 1) and, subject to any suggested amendments to improve alignment with strategic priorities or to improve integrated working between the council and health commissioners, confirm to cabinet that the plan is in line with the priorities of the health and wellbeing strategy.**

## Alternative options

- 1 There are no alternative options.
- 2 The board may recommend amendments to the proposals, but in doing so regard must be made to ensuring any changes continue to demonstrate how the corporate plan is to be implemented and that the proposals can be delivered within the agreed budget.

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Further information on the subject of this report is available from  
Geoff Hughes, Director of economy, communities and corporate on Tel (01432) 260695

## Reasons for recommendations

- 3 The board is asked to consider the corporate delivery plan and how it aligns with the health and wellbeing strategy, so that there is a joint use of resources and effort in delivering the priorities where they align.

## Key considerations

- 4 The draft 2016/17 corporate delivery plan is attached at Appendix A. The plan will remain a live document and will continue to evolve through the year. This will enable cabinet to assure itself that resources are being appropriately applied to meet priorities.
- 5 The 2016/17 corporate delivery plan has been aligned to the four corporate priorities agreed in the [corporate plan 2016-2020](#) of: enable residents to live safe, healthy and independent lives; keep children and young people safe and give them a great start in life; support the growth of our economy; and secure better services, quality of life and value for money.

## Community impact

- 6 The 2016/17 corporate delivery plan demonstrates how the council intends to achieve its vision for the people of Herefordshire, and continues to draw from the evidence base available through Understanding Herefordshire.

## Equality duty

- 7 The Public Sector Equality Duty (PSED) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.
- 8 Increasing equality of opportunity and access, and reducing inequalities, underpin the corporate plan, and consequently the corporate delivery plan. Individual elements of activity within the corporate delivery plan will undergo equality impact assessments as an integral part of their planning and implementation.

## Financial implications

- 9 There are no direct implications arising from this report. Proposals within the 2016/17 corporate delivery plan will be delivered within the 2016/17 budget agreed by Council on 5 February 2016, and include projects and activity to deliver the savings required for a balanced budget.

## Legal implications

- 10 There are no legal implications arising directly from the recommendations of this report. The legal implications of any decisions to be taken by the executive in implementing the corporate delivery plan will be set out within the relevant decision report.

## **Risk management**

- 11 The corporate plan and its delivery plan are integral elements of the council's performance, risk and opportunity management framework (PROM). Risks associated with each objective and project are entered onto the relevant service or directorate risk register and escalated as appropriate. The corporate risk register is a living document and is formally reviewed periodically by management board and cabinet.

## **Consultees**

- 12 The views of residents and the community were captured as part of the priorities and budget consultation that ran throughout the summer last year, and were used to confirm the priorities.

## **Appendices**

Appendix A – 2016/17 corporate delivery plan

## **Background papers**

None identified.





## Corporate Delivery Plan 2016-17

<b>Priority 1: Enable residents to live safe, healthy and independent lives</b>	
<b>Our objectives</b>	<b>What are we going to do?</b>
Objective 1: Improve the provision of good information and signposting to enable people to support themselves and each other, getting the right help at the right time as needs change	<ul style="list-style-type: none"> <li>• Wellbeing Information Signposting for Herefordshire (WISH) Phase 2 – further development of provider information offering alternative means of care to the public</li> </ul>
Objective 2: Build supportive relationships and resilient communities, acting as a catalyst for communities to become stronger	<ul style="list-style-type: none"> <li>• Connecting Communities – build the links between statutory services and voluntary and community services</li> <li>• Reduce fuel poverty through energy efficiency projects</li> <li>• Support volunteering, recognising its role in the local economy and in strengthening communities</li> </ul>
Objective 3: Build services that help people get back on track after setback or illness and support disabled people to be independent, including through ensuring the provision of good quality housing	<ul style="list-style-type: none"> <li>• Development of prevention services, such as telecare, and assistive technology.</li> <li>• Home Improvement Agency review – linking offer to prevention strategy</li> <li>• Increased investment in Disabled Facilities Grants</li> </ul>
Objective 4: Ensure that care and support is personalised, of good quality, that it addresses mental, physical, and other forms of wellbeing and is better joined-up around individual needs and those of their carers	<ul style="list-style-type: none"> <li>• Direct Payments Strategy to support increased take up and Market Shaping to support development of new businesses, Small and Medium Enterprise growth and social enterprises</li> </ul>
Objective 5: Work with the community to devolve services and assets where quality can be improved through local delivery	<ul style="list-style-type: none"> <li>• Connecting Communities – build the links between statutory services and voluntary and community services</li> <li>• Complete next phase transfers of assets and services to town councils</li> <li>• Work with partners to promote the opportunity for devolved services and asset transfers in the local area</li> </ul>
Objective 6: Combine the use of facilities to create a network of Health and Wellbeing hubs, shaped by and serving local communities	<ul style="list-style-type: none"> <li>• Connecting Communities – build the links between statutory services and voluntary and community services</li> <li>• Map existing, and scope potential further health and wellbeing hubs, as well as identifying the support required</li> </ul>
Objective 7: Ensure safe and secure neighbourhood environments, with attractive, safe surroundings, and good quality local amenities which	<ul style="list-style-type: none"> <li>• Work with colleagues to ensure design principles are embedded across the organisation in areas such as dementia</li> <li>• Deliver the Local Transport Plan Programme</li> </ul>

enable people to enjoy life where they live	<p>including road safety improvements</p> <ul style="list-style-type: none"> <li>• Work with partners, including the Police, through the Herefordshire Community Safety Partnership to reduce crime and anti-social behaviour</li> </ul>
Objective 8: Help create a strong sense of community where people feel they belong and have the confidence to get involved	<ul style="list-style-type: none"> <li>• Connecting Communities – build the links between statutory services and voluntary and community services</li> <li>• Complete next phase transfers of assets and services to town councils</li> <li>• Work with partners to promote the opportunity for devolved services and asset transfers in the local area</li> <li>• Project development support to maximise funding for projects in the county</li> </ul>
<b>How will we measure progress?</b>	
<i>Relevant objective</i>	<i>Measure</i>
1	Increase the take up of the NHS Health Check programme
2	% of residents who volunteer
2	% of households fuel poor in Herefordshire (annual in arrears (2 year lag))
3	Reduce the rate of younger adults needing permanent placements in residential and nursing care homes (aged 18-64)
3	Reduce the rate of older people needing permanent placements in residential and nursing care homes (aged 65+)
3	Reduce the rate of delayed transfers of care from hospital which are attributable to adult social care
3	Increase the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation services
3	Increase the number of affordable housing units delivered
3	Reduce the number of households in temporary accommodation
4	Improve the overall satisfaction of people who use services with their care and support
4	Improve the quality of life for people with care and support needs
4	Increase the proportion of people using social care services who receive a direct payment
4	Improve the proportion of known carers in receipt of support
4	Improve the proportion of cases where a service is delivered within 28 days of referral
4	Increase the proportion of clients in receipt of long term care that are reviewed
5 & 8	No. of assets and services transferred
6	No. of health and wellbeing hubs
7	Improve the proportion of completed safeguarding enquiries where the clients' safeguarding outcomes are met
7	Reduce anti-social behaviour
8	% of known funding applications securing external funding (65%)

<b>Priority 2: Keep children and young people safe and give them a great start in life</b>		
<b>Our objectives</b>	<b>What are we going to do?</b>	
Objective 1: Provide early help to 600 families to help them to improve education, health and employment outcome	<ul style="list-style-type: none"> <li>Establish and deliver Herefordshire's Early Help Strategy as part of the children and young people's plan</li> </ul>	<b>Delivery of Herefordshire Council's contribution to the Herefordshire Children and Young People's Plan 2015-2018</b>
Objective 2: Reconfigure £3.5 million to deliver early years services including children centre services, health visiting and school nursing to improve the health, well-being, developmental and educational outcomes of children aged 0-5 years	<ul style="list-style-type: none"> <li>Continue to implement the Integrated Early Years strategy</li> <li>Establish a development programme for early years, including re-commissioning and decommissioning of services</li> </ul>	
Objective 3: Make improvements so that the estimated 8,620 children and young people that require support with their mental health or emotional resilience are identified and supported to access help in a timely manner	<ul style="list-style-type: none"> <li>Align services and stimulate the market, including raising awareness of mental health issues as part of the council's contribution to the development of an all age mental health pathway for Herefordshire</li> </ul>	
Objective 4: Continue to develop a range of provision that can effectively identify and respond to safeguarding risks and needs; from the initial signs of the call for early help to a range of evidence-based interventions for a variety of complex situations	<ul style="list-style-type: none"> <li>Through the development of an effective early help 'gatekeeping' process as part of the Early Help strategy. This process to inform the commissioning of services</li> </ul>	
Objective 5: Develop better evidence based approaches to support young people in adolescence to ensure a more successful transition to adulthood	<ul style="list-style-type: none"> <li>Utilise data collated through a variety of sources including statutory education, post 16 provision and social care to determine what support programmes and interventions are procured/ delivered in order to ensure they make a tangible difference</li> <li>Review the impact of pilot projects to ensure young people are engaged in education and training post 16 years of age</li> </ul>	
Objective 6: Promote and enable access to universal opportunities and services for children with disabilities and their families and ensure a range of provision to meet identified need	<ul style="list-style-type: none"> <li>Develop an integrated pathway for Children with Disabilities and their families</li> <li>Facilitate the transfer of the 'Local Offer' for Special Educational Needs and/or Disabilities Information, Advice and Support (SENDIAS) to WISH</li> <li>Agree on a suitable method of delivering personal budgets for children and young people</li> </ul>	

	<ul style="list-style-type: none"> <li>• Recommission a wider range of short breaks that complements the development of personal budgets</li> </ul>	
<b>How will we measure progress?</b>		
<i>Relevant objective</i>	<i>Measure</i>	
1	Reduce the attainment gap at age 16 between free school meal pupils and their peers	
1 & 5	Increase the proportion of pupils attending a school and or setting that is good or outstanding	
1 & 5	Herefordshire Children are at or above the national comparative indicator of attainment and progress at 16	
2	Improve education outcomes at age 5	
2 & 3	Improve health outcomes at age 5	
3 & 4	Reduce the number of children being referred to children's social care for a service	
5	Decrease the number of children requiring accommodation help from the local authority	

<b>Priority 3: Support the growth of our economy</b>	
<b>Our objectives</b>	<b>What are we going to do?</b>
Objective 1: Develop and start implementation of a countywide Economic Masterplan	<ul style="list-style-type: none"> <li>• Adopt the Herefordshire Economic Masterplan</li> </ul>
Objective 2: Support economic growth and connectivity (including broadband, local infrastructure, transport and economic development)	<ul style="list-style-type: none"> <li>• Deliver the Public Realm annual plan 2016/17</li> <li>• Develop the business case for the South Wye Transport Package and progress delivery of the City Centre Transport Package</li> <li>• Deliver programmed works on the Hereford Bypass</li> <li>• Prepare and submit the Community Infrastructure Levy to the Secretary of State</li> <li>• Deliver the Local Transport Plan Programme, including road safety improvements</li> <li>• Continue delivery of the Herefordshire Broadband Strategy 2015-18</li> <li>• Manage the Marches Growth Hub within Herefordshire, assisting businesses to obtain grant funding and specialist support/advice</li> <li>• Implement a programme of highway works</li> <li>• Implement the Enterprise Zone delivery plan</li> <li>• Agree the priorities for Herefordshire for inclusion in the Local Enterprise Partnership (LEP) Strategic Economic Plan (SEP)</li> </ul>
Objective 3: Finalise and implement plans that strengthen and diversify the economy of Herefordshire	<ul style="list-style-type: none"> <li>• Secure funding for small and medium-sized enterprises (SME) from the EU Programme and other external grants</li> <li>• Prepare and submit the Community Infrastructure Levy to the Secretary of State for independent examination</li> <li>• Progress and implement the key proposals of the Herefordshire Core Strategy, including the eight strategic urban extensions, and key elements of infrastructure</li> <li>• Progress the development of neighbourhood plans and of the Hereford Area Plan</li> <li>• Progress the development of the Minerals and Waste Local Plan</li> </ul>
Objective 4: Make the best use of existing land and identify new opportunities to enable existing businesses to stay and expand, and for new businesses to locate to the area	<ul style="list-style-type: none"> <li>• Develop the Model Farm employment site business case and secure site infrastructure investment</li> <li>• Implement the Enterprise Zone delivery plan</li> <li>• Undertake a feasibility study on the business case for investment in the Three Elms Trading Estate; agree and implement the</li> </ul>

	<p>recommendations of the review</p> <ul style="list-style-type: none"> <li>• Support developer in securing funding for the Leominster Link Road</li> </ul>
Objective 5: Make Herefordshire more attractive to younger age groups for a more balanced age profile, improving local access to skills training so that everyone can benefit from economic prosperity	<ul style="list-style-type: none"> <li>• Secure opportunities for construction skills training as part of major development programmes on council owned land</li> <li>• Continue to improve and enhance the county's retail and leisure offer</li> <li>• Housing Strategy</li> <li>• Deliver an appropriate mix of housing to good quality and design standards</li> <li>• Provide business start-up advice to new businesses and coaching to expanding businesses</li> </ul>
Objective 6: Continue to work with further and higher education and we will support the development of a new university for Hereford, identifying buildings for teaching and student accommodation	<ul style="list-style-type: none"> <li>• Support the proposed New Model in Technology &amp; Engineering (NMITE) University</li> </ul>
Objective 7: Have good quality housing to meet everyone's needs	<ul style="list-style-type: none"> <li>• Housing Strategy</li> <li>• Deliver an appropriate mix of housing to good quality and design standards</li> <li>• Progress the development of the Hereford Area Plan, establishing the land-use policies and planning proposals</li> <li>• Progress the Travellers Sites Development Plan</li> <li>• Progress and implement the key proposals of the Herefordshire Core Strategy, including the eight strategic urban extensions, and key elements of infrastructure</li> </ul>
Objective 8: Support the improvement in quality of our natural and built environment, bringing about quality development to enable sustainable growth, addressing the need for better business space, affordable homes and student accommodation across the county	<ul style="list-style-type: none"> <li>• Deliver improvements to our joint waste disposal service to deliver savings (including Energy from Waste)</li> <li>• Continue to implement energy efficiency initiatives in order to reduce cost and energy usage</li> <li>• Implement the Empty Homes Strategy</li> <li>• Prepare and submit the Community Infrastructure Levy to the Secretary of State</li> <li>• Implement the adopted planning policies of the Herefordshire Core Strategy, including the place/area specific policies, and the general policies which promote development and protect the environment from inappropriate development</li> </ul>
Objective 9: Improve the county's energy efficiency and reduce the carbon footprint	<ul style="list-style-type: none"> <li>• Undertake a feasibility study and develop a business case for a low carbon district heating system</li> </ul>
Objective 10: Ensure that the	<ul style="list-style-type: none"> <li>• Monitor and maintain the Local Flood Risk</li> </ul>

infrastructure is in place to prevent and improve community resilience to flooding	Management Strategy (LFRMS) action plan
Objective 11: Continue to work with the LEP and government with a focus on: employment creation and business support; skills; health transformation; transport; broadband; property and finance; and governance	<ul style="list-style-type: none"> <li>• Develop a range of priority projects for the county which can be included in the Marches LEP Strategic Economic Plan and form the basis for future applications for Government or EU funding</li> <li>• Adopt the Herefordshire Economic Masterplan</li> </ul>
Objective 12: Have vibrant town centres with shops, restaurants and leisure facilities that keep people spending locally	<ul style="list-style-type: none"> <li>• Deliver city/town centre improvement works</li> <li>• Improve trading/footfall in the city through the Hereford Business Improvement District (HBID) and develop further BID's in the market towns where applicable</li> <li>• Work with partner organisations to implement an integrated approach to addressing antisocial behaviour</li> <li>• Adopt the Herefordshire Economic Masterplan</li> </ul>
<b>How will we measure progress?</b>	
<i>Relevant objective</i>	<i>Measure</i>
1 & 3	No of business start-ups still operating after 24 months
1 & 3	Increase the net new business rates received
1 & 3	Number of social enterprise business start-ups
1, 3, 5 & 11	Higher median workplace based earnings with a reduced gap between Herefordshire and the West Midlands; and a higher overall employment rate
1, 3 & 11	Increased number of businesses supported to meet their potential
1 & 4	Deliver 7.4 hectares of employment land in the county by March 2017
2	Minimise the number of people killed or seriously injured in road traffic collisions
2	Condition of Principal; Non-Principal Roads (B/C roads); and Unclassified Roads
2	Overall satisfaction with the condition of highways
2	Reduce traffic congestion
2	Increase levels of cycling
2	Improve bus punctuality
2	Improve average journey time for multiple routes across the urban area in the morning weekday peak period
2	Greater number of premises with the potential to access superfast broadband services
3	Supply of ready to develop housing sites
3	Reduce anti-social behaviour in Hereford City
3 & 7	Net additional homes provided – support the development of 850 homes across the county by March 2017
3, 8 & 11	Investment achieved through the EU, Government and other funding programmes
4	Increase the number of jobs created through targeted interventions (such as the Enterprise Zone)

4	Improve processing rates for planning applications
5 & 6	Reduce the number of 16-19 year olds not in education, employment or training
8	Reduce the amount of Residual Household Waste per Household per year
8	Reduce energy consumption and CO2 emissions from Herefordshire Council's operations



<b>Priority 4: Secure better services, quality of life and value for money</b>	
<b>Our objectives</b>	<b>What are we going to do?</b>
Objective 1: Secure the highest possible levels of efficiency savings and value for money to maximise investment in front-line services and minimise council tax increases	<ul style="list-style-type: none"> <li>• Manage our finances effectively to secure value for money and deliver a balanced budget</li> <li>• Develop the business case for 'Herefordshire Energy', a proposal for the Council to enter into the domestic energy marketplace</li> </ul>
Objective 2: Ensure our essential assets, including schools, other buildings, roads and ICT, are in the right condition for the long- term, cost-effective delivery of services	<ul style="list-style-type: none"> <li>• Delivery of the new accommodation strategy</li> <li>• Continue to implement a programme of road condition improvements in the county</li> <li>• Deliver construction on key sites in the county, including Ledbury Pool refurbishment and delivery of new school in Colwall</li> <li>• Deliver the Schools Capital Investment Strategy to guide investment and provide high quality learning environments for pupils through Real Planning events. These will establish a programme of change and investment, focussing on the priority areas of the strategy, and in particular: the Golden Valley; Ledbury (Colwall School); South Wye (Marlbrook School); and special school provision</li> <li>• Carry out local area planning events in where significant issues have been identified in the Capital Investment Strategy</li> </ul>
Objective 3: Review management of our assets in order to generate on-going revenue savings, focusing on reducing the cost of ownership of the operational property estate by rationalising the estate and by improving the quality of the buildings that are retained	<ul style="list-style-type: none"> <li>• Delivery of the new accommodation strategy, including consolidation of office accommodation</li> <li>• Disposal of the smallholdings estate</li> </ul>
Objective 4: Apply appropriate regulatory controls	<ul style="list-style-type: none"> <li>• Manage our finances effectively to secure value for money and deliver a balanced budget</li> <li>• Review the Constitution and implement Modern.gov</li> <li>• Manage elections for the PCC and EU Referendum.</li> </ul>
Objective 5: Design services and policies that support positive engagement and interaction with residents, including the use of information technology, to improve customer experience and ability to access a range of services on-line	<ul style="list-style-type: none"> <li>• Migrate to our new care management system (Mosaic) and implement a period of process re-design which will help to drive efficiencies within service delivery</li> <li>• Deliver the communications strategy</li> </ul>

Objective 6: Further improve commissioning and procurement to deliver greater revenue efficiencies and savings	<ul style="list-style-type: none"> <li>• Carry out robust contract management to achieve value for money</li> <li>• Undertake procurement activity in line with best practice and legal requirements to secure best value</li> </ul>
Objective 7: Recruit, retain and motivate high quality staff, ensuring that they are trained and developed so as to maximise their ability and performance	<ul style="list-style-type: none"> <li>• Implementation of recruitment delivery model</li> <li>• Enhance Agresso to deliver streamlined HR processes</li> <li>• Implement the Personal Performance development Plan (PPdP) process</li> </ul>
Objective 8: Be open, transparent and accountable about our performance	<ul style="list-style-type: none"> <li>• Complete the Information Governance Toolkit to assess how we deal with the information we hold and collect</li> <li>• Quarterly performance and budget reports to Cabinet</li> </ul>
Objective 9: Work in partnership to make better use of resources, including sharing premise costs through co- location of services and local solutions for community used facilities such as libraries	<ul style="list-style-type: none"> <li>• Co-locate Customer Services Central with the Department for Work and Pensions (DWP)</li> <li>• Commission a Joint Energy from Waste facility with Worcestershire County Council</li> <li>• Deliver the Digital Inclusion Programme to encourage greater use of broadband</li> <li>• Delivery of the new accommodation strategy</li> <li>• Continue to develop our key public estate sites</li> <li>• Lead the 'One Herefordshire' public sector reform</li> </ul>
<b>How will we measure progress?</b>	
<i>Relevant objective</i>	<i>Measure</i>
1	Increase the number of new council tax registrations
1	Improved collection rates for Council Tax and Business Rates
1	Net new business rates achieved
1	Improve the processing of housing benefit claims
1 & 5	No. of customer self-serve transactions
1 & 7	Reduction in substantive posts being filled by agency workers, reducing overhead costs
2 & 3	Reduce the gross internal area of buildings in operational use and their average running cost
2 & 3	Reduce the maintenance backlog of our estate
4	Spend within the council's overall budget
4	Achieve £10.9 million savings in 2016/17
4 & 7	Mandatory training compliance for all eligible staff
4 & 8	Compliance with the IG Toolkit
5 & 9	Web satisfaction
7	Reduce absence (sickness rates)
7	Improvement in employee engagement index (measured through staff survey)



<b>Meeting:</b>	<b>Health and wellbeing board</b>
<b>Meeting date:</b>	<b>23 March 2016</b>
<b>Title of report:</b>	<b>NHS planning update</b>
<b>Report by:</b>	<b>Director of operations, NHS Herefordshire CCG</b>

## Classification

Open

## Key Decision

This is not an executive decision

## Wards Affected

Countywide

## Purpose

To update the health and wellbeing board, and seek its views on the following:

- Current status and developments connected to the five year sustainability and transformation plan (STP) for health and care systems across England
- The timelines, governance framework and processes intended to support the development of the plan
- The 2016/17 priorities and work programme of NHS Herefordshire clinical commissioning group (CCG)

## Recommendation(s)

**THAT: the health and wellbeing board**

- (a) comment on proposals for how it will engage in the development of an STP and linked programmes of work;**
- (b) comment on proposals for a strategic planning workshop as set out in appendix 1; and**
- (c) recognise the alignment of the CCG's priorities and plans (as outlined in appendices 2 and 3), with Herefordshire's Joint Health and Wellbeing**

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Further information on the subject of this report is available from  
Mike Emery on Tel (01432) 260618

## **Strategy.**

### **Alternative options**

- 1 There are no alternative options to the development of an STP; all health systems are required by NHS England to develop a five year plan, which outlines the challenge the system(s) faces and proposals to respond to these challenges to ensure sustainability is achieved. Lack of a coherent and credible plan may prevent health bodies from accessing national transformation monies that are key to delivering improved health outcomes, financial balance and quality services for Herefordshire residents. To be successful plans have to be developed in partnership with the council and partners from across the system.
- 2 It is open to the board to agree different arrangements for a workshop to inform the development of the STP and aligned programmes of work.
- 3 It is a function of the board to review commissioning plans of health and social care commissioners and to provide an opinion as to whether the plans have taken account of the health and wellbeing strategy. It is open to the board to make recommendations to the CCG designed to improve alignment between the plans of the CCG and the health and wellbeing strategy.

### **Reasons for recommendations**

- 4 Health and wellbeing board(s) are recognised as an essential part of all health and social care systems with a central leadership role in the development of system-wide transformational strategies; NHS England's planning guidance rightly reinforces the need for the health and wellbeing board to be actively engaged in the development of the five year STP.
- 5 The health and wellbeing board also has a statutory role in ensuring that health and care commissioning plans for Herefordshire reflect local challenges, priorities and needs as described in the joint strategic needs assessment (JSNA) and joint health and wellbeing strategy (JHWS).

### **Key considerations**

- 6 The NHS shared planning guidance required every health and care system to come together to create their own ambitious local blueprint for accelerating implementation of the five year forward view referred to as sustainability and transformation plans (STP). STPs will be place-based, multi-year plans built around the needs of local populations.
- 7 Nationally the NHS's sustainability and transformation fund (STF) will grow from £2.1bn in 2016/17 to £2.9bn in 2017/18, rising to £3.4bn in 2020/21, with an increasing share of the growing fund being deployed on transformation including new care models, and mental health parity of esteem. These plans are the single route by which national transformation resources and support for each patch will be accessed.
- 8 Herefordshire health and care partners continue to work closely together to develop plans and proposals around improving health and care outcomes and services for Herefordshire residents. This work that has been brought together under the auspices of the 'One Herefordshire' initiative which serves as a sound starting point for the

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system for the development of the STP. This work has identified the challenges the system faces over the coming years (drawing on the JSNA and JHWS) and developed programmes of work/drawn together work areas into a single system wide response. The STP itself is aimed at a wider geography to ensure that there is a clinical strategy for the wider system – for example emergency care, specialised care, cancer, children’s and maternity services, are planned with the right workforce and quality, that meet the national strategy in these services and within the funding available. It presents an opportunity for the system to identify issues that have proved challenging to solve on simply a Herefordshire wide footprint.

- 9 The process of the STP commenced in January and will complete the national sign off of the plans by July 2016. In liaison with NHS England health bodies have determined that the local STP footprint will cover Herefordshire and Worcestershire. NHS England have mandated that each STP area agree by Easter 2016 their governance arrangements. To this end a two counties joint governance board has now been created that includes accountable officers from across the health and care sector. This is also intended to include representatives from the health and wellbeing board, Healthwatch and voluntary and community sectors. Herefordshire Council and NHS Herefordshire CCG are actively engaged both in the programme board and supporting working groups.
- 10 In February the health and wellbeing board requested a workshop session to be held with members of the board to allow partners the opportunity to be involved in the development of the STP and the associated developments of the One Herefordshire work. This workshop has been initially timetabled for 12 April 2016. Associated outputs from this session, and other similar events will be reported back to the health and wellbeing board formally in May.
- 11 Alongside the STP, the CCG is required to develop its annual operational plan. The CCG’s 16/17 operational plan outlines its priorities and work programmes. It is organised around the ten work streams and cross-cutting themes. There are clear objectives for each work stream, and financial savings targets and quality metrics associated with each. Appendix 2 provides an overview of the CCG’s plans.
- 12 The CCG plans have been built on its 16/17 commissioning intentions presented to the health and wellbeing board in September that were recognised as supporting the delivery of the JHWS. The CCG notes, for example, the top priority of mental health and reiterated its commitment to the development of an improved mental health pathway, with its local authority partners, as one of its core work programmes over the next 18 months.

## **Community impact**

- 13 The STP has the potential to have a significant positive impact on the county of Herefordshire. It will outline the future of health services, in conjunction with social care and public health partners, as well detailing how systems’ financial sustainability can be delivered. The sustainability challenge can only be met with partners from across the health and social care systems engaging in the development of this work, and governance mechanisms will be put in place to ensure that this is facilitated.
- 14 In developing the STP cognisance of both Herefordshire and Worcestershire respective health and wellbeing strategies and joint strategic needs assessments, will be foremost in its development. It will be essential that these form the basis, particularly in relation to the aim of improving the population health of each county. The One Herefordshire programme used Understanding Herefordshire as a key

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starting point for its work programme; and this will be used to support analysis and need assessments going forward. Feedback and responses from consultation and engagement exercises, for example on urgent care, mental health and dementia to inform needs assessments and pathway developments will also inform the plan development.

## **Equality duty**

- 15 The CCG ensures that its key programmes of work undertake an equality impact assessment and it also adheres to the NHS equality development scheme, designed to ensure it pays due regard to the public sector equality standard and improved outcomes for vulnerable groups. This will include undertaking reviews on any proposed de-commissioning or disinvestment decisions.

## **Financial implications**

- 16 A central tenet of the STP will focus on how the health system, in conjunction with local authority partners, can achieve aggregate financial balance. This will include analysis of the financial gap across the two counties, and the change, pathway redesign and transformation programmes that will be required to bring the system into financial balance. For Herefordshire this work will draw on the analysis and assessment already undertaken for the One Herefordshire programme.

## **Legal implications**

- 17 The development of the STP is a requirement of NHS England and its partners Monitor and the Trust Development Authority. All health systems are required to produce a plan based on their locality footprint by the end of June.
- 18 In developing the plans the CCG with its partners will be ensuring compliance with each partner's statutory duties. For the CCG for example this will include meeting its obligations around the NHS constitution and putting in place improvement plans and programmes designed to deliver nationally stipulated standards. It will also be ensuring it consults and involves patients and the public on any decommissioning or disinvestment decisions it may need to consider in light of the financial challenges the health and social care system faces.
- 19 It is a responsibility of the board to provide an opinion as to whether it considers the CCG's plans have taken proper account of the Herefordshire health and wellbeing strategy. The opinion of the board must be published by the CCG with its plans.

## **Risk management**

- 20 The bodies involved in the development of the STP will ensure that they identify and manage risks across the planned work programmes and report this to the appropriate bodies. The key areas of risk are likely to be focused on the delivery of financial sustainability across the health and social system(s), potential inability to deliver NHS constitutional standards, and non-delivery of transformational change.
- 21 Progress against agreed plans may be subject to review by the council's health and social care overview and scrutiny committee.

## **Consultees**

22 In developing the STP the partner bodies will ensure they pull on existing feedback and outcomes from recent consultation exercises, as well as looking for opportunities to engage and involve patients and staff in its development going forward. Partners will be engaged via health and wellbeing boards and other key fora. A more detailed communications and engagement plan will be developed to support this work.

## **Appendices**

Appendix 1 Partners' briefing on development of sustainability and transformation plan including outline timetable and governance structures

Appendix 2 NHS planning brief

Appendix 3 Summary of CCG's – operational plan and priorities

## **Background papers**

None identified.





# Sustainability and Transformation Planning Partners Briefing

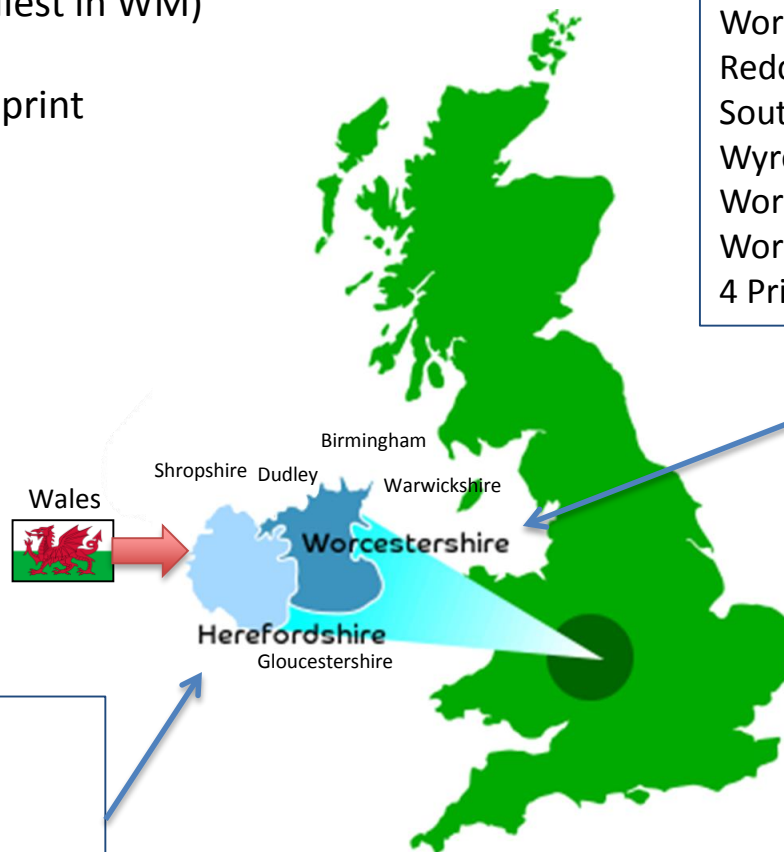
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March 2016

# Herefordshire and Worcestershire STP

- Big geography, small population
- 785,000 people (smallest in WM)
- 2 HWBs
- Relatively simple footprint

Worcestershire County Council  
Redditch and Bromsgrove CCG  
South Worcestershire CCG  
Wyre Forest CCG  
Worcestershire Acute Hospitals NHS Trust  
Worcestershire Health and Care NHS Trust  
4 Primary Care Collaborations



Herefordshire Council  
Herefordshire CCG  
Wye Valley NHS Trust  
2gether NHS Foundation Trust  
Taurus GP Federation

# A brief history of STPs

- Introduced in the planning guidance on Christmas Eve 2015.
- Requirement to produce a commissioner and provider agreed plan across an extended footprint by the end of June 2016.
- Plan to include (outlined in guidance):

<i>Prevention</i>	<i>Self care</i>	<i>Patient empowerment</i>	<i>Workforce</i>
<i>Digital</i>	<i>Finance</i>	<i>New models of care</i>	
- The Triple Aim – Health and Well Being, Care and Quality, Finance and Efficiency.
- Requirement to demonstrate how to achieve aggregate financial balance for the system.
- The only means for accessing central transformation resource beyond 2016/17.
- Transformation resource dependent on demonstrating progress:
  - Achievement of financial targets
  - Demonstrable progress on transformation
  - Achievement of constitutional indicators



# What do we want to achieve?

- **Improve health outcomes** across our whole population
- **Reduce variation** in:
  - Outcomes across all areas that inappropriately generate variation
  - The population's access to the safest care possible
  - The population's experience of care, to bring it up to the standard of the best
  - The performance of providers in the delivery of care
- 36 • Deliver **better value** in how resources are utilised and deployed
- **Optimise performance** across the whole system

# Herefordshire and Worcestershire STP – Layers of planning

## Current Planning Approach

<b>Regional / Sub Regional</b>	<ul style="list-style-type: none"> <li>• Military Health</li> <li>• Ambulance</li> <li>• NHS 111</li> </ul>
<b>County</b>	<ul style="list-style-type: none"> <li>• BCF</li> <li>• Urgent Care</li> <li>• Most Acute Services</li> <li>• Continuing Health Care</li> <li>• Integrated Commissioning</li> <li>• Out of Hours</li> </ul>
<b>37 CCG / Locality</b>	<ul style="list-style-type: none"> <li>• Community Services</li> <li>• Primary Care</li> <li>• Outpatient Pathways</li> </ul>

## Proposed Planning Approach

<ul style="list-style-type: none"> <li>• Military Health</li> <li>• Ambulance</li> </ul>	<ul style="list-style-type: none"> <li>• Emergency Care</li> <li>• NHS 111</li> </ul>	<b>Regional / Sub Regional</b>
<ul style="list-style-type: none"> <li>• Some acute pathways</li> <li>• Specialist Mental Health</li> <li>• Some Community Services</li> <li>• Learning Disabilities</li> </ul>		<b>STP Footprint</b>
<ul style="list-style-type: none"> <li>• BCF</li> <li>• Integrated Commissioning</li> <li>• Most Acute Pathways</li> <li>• Community Mental Health</li> <li>• Most Outpatient Pathways</li> <li>• Most Community Services</li> <li>• MCP development</li> </ul>		<b>County</b>
<ul style="list-style-type: none"> <li>• Local community Services</li> <li>• Primary Care</li> </ul>		<b>CCG / Locality</b>

- **Focus on Herefordshire for the vast majority of the transformation programme.**
- **Guidance indicates some potential areas**
- **Acute Trusts already working through opportunities**

<u><b>Acute Pathways</b></u>	<u><b>Mental Health</b></u>	<u><b>Community</b></u>	<u><b>Learning Disability</b></u>
<i>Opportunities to be identified</i>			

## Opportunities:

- Existing Worcestershire Future of Acute Services programme and Integrated Pioneer programme (Well Connected).
- Existing One Herefordshire Transformation Programme.
- Shared and common understanding of the challenges to be addressed across both counties and joint commitment to tackle them.
- Relatively simple footprint with many coterminous services.
- Strong community and mental health services
- Strong primary care
- Multiple “out of footprint” relationships.

## Risks and Challenges:

- Two acute providers in special measures.
- Significant financial challenges across both health and social care economies.
- Political history – LGR, Kidderminster Hospital, Save the Alex, Wye Valley challenges
- Geography and demographics – 70+ miles from one side of the patch to the other.
- Multiple “out of footprint” relationships.
- System flexibility/adaptability to support changes that local partners want to deliver

# Scaling the triple aim gap

## Health and Well Being Gap:

- Director of Public Health(s) to lead the work, using:
  - Existing performance outcome frameworks and measures
  - JSNAs across both counties
  - NHS Right Care methodology and resources

*Will use the One Herefordshire work as a basis for Herefordshire input*

## Care and Quality Gap:

- Executive Nurses, working with Medical Directors through existing Quality Networks (QSG etc) to lead the work:
  - Performance against constitutional standards
  - Requirements to exist the special measures regimes
  - Mortality and care quality performance indicators

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## Finance and Efficiency Gap:

- Directors of Finance to commission independent external review, addressing
  - The scale of the baseline financial gap (circa £100m to £120m)
  - What can we reasonably expect to close through local transformation work
  - The residual gap that may require additional system support

# Governance

## West Midlands

Impact of acute reconfiguration  
UEC network  
Ambulance Service  
Specialised

## STP Footprint

Focus on transformational change where scale and pace necessitates working beyond existing county based footprints.

## One Herefordshire

Health and Social  
Care  
Transformation  
Programme

## Well Connected

Worcestershire  
Health and Social  
Care  
Transformation

## Common work on key enablers –

IT, procurement, estate, workforce  
Contracting and financial incentives  
Shared financial strategy, inc agreed QIPP/CIP

HCCG

RBCCG

SWCCG

WFCCG

## Individual CCG level

New Models of Care  
Tackling unwarranted variation  
Primary, Community, Mental Health and Social Care  
local delivery models

## Common Objective:

Collaboration and joint working on a scale not achieved before to deliver transformational change that closes the triple aim gap and supports a financially sustainable health and social care economy.

- Existing regional work to continue as now.
- Develop a Herefordshire and Worcestershire Joint Programme Board to oversee cross-county programmes where scale and volume is key to success.
- Where it makes sense to do so, continue working on the two existing county based transformation programmes.
- Develop joint work programme on key system enablers to support large scale transformational change where appropriate and beneficial to both programmes. Continue with local solutions where benefit is not clear.
- Continue with CCG level focus on New Models of Care and Primary Care Commissioning, where locality focus is key to success.

*Maintain focus on existing relationships beyond the new STP footprint (Gloucestershire, Dudley, Birmingham, Warwickshire).*



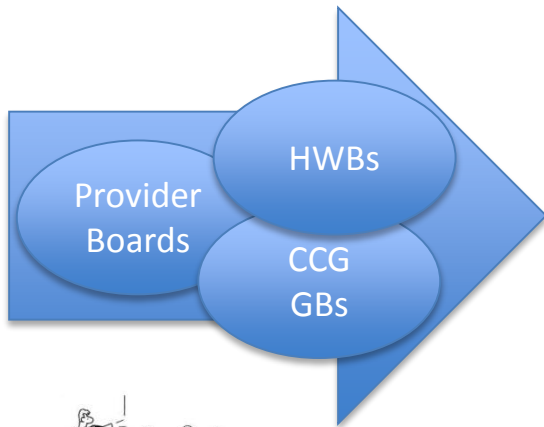
# Detailed approach at STP layer

## NHS ENGLAND OVERSIGHT BOARD

STP Programme Board	Independent Non-Exec Chair	AO HWCCG	AO SWCCG	AO RB/WFCCG	CEO WAHT	CEO WVT	CEO WHCT	CEO 2GFT	CEO WCC	CEO HC
		Chair Healthwatch Worcestershire	Chair Healthwatch Herefordshire	Worcestershire VCS Nominee	Herefordshire VCS Nominee	Worcestershire Primary Care Nominee	Herefordshire Primary Care Nominee			
	<ul style="list-style-type: none"> <li>Meets monthly</li> <li>Sets strategic direction</li> <li>Agrees priorities</li> <li>Commits own organisation</li> </ul>		<ul style="list-style-type: none"> <li>Approves submissions</li> <li>Allocates resources</li> <li>Agrees use of transformation fund</li> </ul>		<ul style="list-style-type: none"> <li>Jointly hold each other to account</li> <li>Holds STP working group to account for delivery</li> </ul>					
STP Working Group	Director of Strategy SWCCG	Director of Delivery RB/WFCCG	Director of Social Care Herefordshire	Head of Strategy WVT	Deputy CEO 2GFT	Director of Public Health Herefordshire				
	Director of Operations HCCG		Integrated Care Director Worcestershire	Director of Strategic Planning WAHT	Director of Strategy and BD WHCT	Director of Public Health Worcestershire				
	<ul style="list-style-type: none"> <li>Meets twice a month</li> <li>Operates as the PMO</li> </ul>		<ul style="list-style-type: none"> <li>Develops detailed plan</li> <li>Establishes and oversees project groups</li> </ul>		<ul style="list-style-type: none"> <li>Oversees specific programme areas</li> </ul>					
STP Theme Groups	Clinical Pathway Redesign	Finance	Strategic Workforce Planning	Organisational Development	Engagement and Communications	Infrastructure Support IT, Procurement, Estates				
	<ul style="list-style-type: none"> <li>Develop and deliver specific plans for specific project areas</li> </ul>				<ul style="list-style-type: none"> <li>Develop and deliver specific plans for specific project areas</li> </ul>					

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# Detailed approach at STP layer



Independent Chair



Strategic Leader



Programme Director



Programme Manager



Theme Leads

NHS ENGLAND OVERSIGHT BOARD										
STP Programme Board	Independent Non-Exec Chair	AO HWCCG Chair Healthwatch Worcestershire	AO SWCCG Chair Healthwatch Herefordshire	AO RB/WFCCG Worcestershire VCS Nominee	CEO WAHT Herefordshire VCS Nominee	CEO WVT Worcestershire Primary Care Nominee	CEO WHCT Herefordshire Primary Care Nominee	CEO 2GFT	CEO WCC	CEO HC
	<ul style="list-style-type: none"> <li>Meets monthly</li> <li>Sets strategic direction</li> <li>Agrees priorities</li> <li>Commits own organisation</li> </ul>	<ul style="list-style-type: none"> <li>Approves submissions</li> <li>Allocates resources</li> <li>Agrees use of transformation fund</li> </ul>	<ul style="list-style-type: none"> <li>Jointly hold each other to account</li> <li>Holds STP working group to account for delivery</li> </ul>							
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## Programme Board

- Independent Chair
- Commissioner and provider CEOs
- Additional nominees
- Programme Director

## STP Working Group

- Programme director and manager
- Strategy leads and / or theme group leads

## Agreed Core Programme Leadership and PMO Roles



**Independent  
Chair**

Agreed, now seeking a suitable candidate



**Strategic  
Leader**

Sarah Dugan  
CEO Worcestershire Health and Care Trust

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**Programme  
Director**

David Mehaffey  
Director of Strategy, South Worcestershire CCG



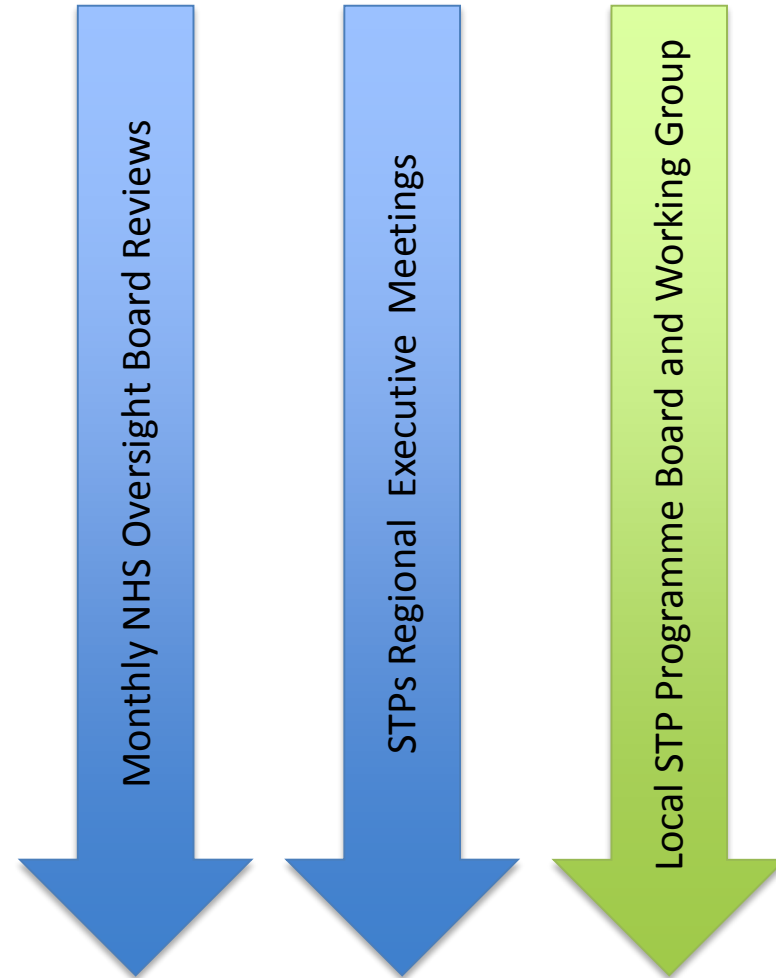
**Herefordshire Leads**

Herefordshire Council – Martin Samuels  
Public Health – Rod Thompson  
HCCG – Hazel Braund  
Support from WVT/2gether and Taurus



# Next Steps

- First programme board meeting (STP focus) early March
- “Pre Easter Submission Deadline – agree the following:
  - Governance Arrangements
  - The size of the triple aim gaps
  - The vision and the initial view of priorities for closing the gaps
- 45 • W/b April 11<sup>th</sup> HWBB Workshop
- April/May – stakeholder workshops inc HWBB workshop
- May review by NHS Engalnd
- Final Plan submission – end of June 2016



# Format for the HWBB Workshop

- What are the opportunities and challenges are we trying to address e.g. as defined in JHWS, JSNA etc?
- How are we trying to respond to these?
  - One Herefordshire
  - Better Care Plans
  - Sustainability and Transformation Plans
  - Others – devolution etc
- What are the gaps? And what are the opportunities?
- What is the role of the HWBB? How do partners wish to influence and oversee this work going forward?
- Invitees –HWBB members
- Proposed date – Tuesday 12 April

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## Attachment 2 - NHS Planning Brief – March 2016

### *Introduction*

1. The following briefing report provides an update on activity undertaken over the last two months to develop the CCG's Operational Plan for 16/17, as well as the associated five year Sustainability and Transformation Plan (STP).

### *Background*

2. NHS England has released its detailed planning guidance: Delivering the Forward View: NHS Planning Guidance 2016/17 - 2020/2 in December. This provided information on: expectations of the 2016/17 Operational Plan for CCGs; but significantly it introduced the requirement for a five year Sustainability and Transformation Plan. This needs to combine commissioners and providers at all layers (i.e. specialised, CCGs, public health, and Social Care) and identify how the system will be returned to aggregate financial balance. Development of this plan will drive system transformation on a scale beyond the approaches taken to date. It is therefore imperative that priorities are developed jointly and a system wide transformation programme is created to deliver those priorities.

### *Sustainability and Transformation Plans (STP)*

3. The Nationally the NHS's Sustainability and Transformation Fund will grow from £2.1bn in 2016/17 to £2.9bn in 2017/18, rising to £3.4bn in 2020/21, with an increasing share of the growing fund being deployed on transformation including the FYFV's New Care Models, and mental health parity of esteem. The NHS England Board will make decisions on allocating the STF for 2017/18 and beyond in the light of place-based Sustainability and Transformation Plans to be developed by July 2016 across the NHS. The fund is aimed to incentivise stronger collaboration between commissioners and providers through more aligned incentives for effective planning. The move is aimed at encouraging and supporting different parts of the NHS to move beyond the walls of individual organisations, shifting the focus of health care planning away from bricks and mortar towards building services around the needs of patients.
4. The STP is aimed at a wider geography to ensure that there is a clinical strategy for the wider system – for example emergency care, specialised care, cancer, children's and maternity services are planned with the right workforce and quality; that meet the national strategy in these services; and within the funding available. The STP will identify those services that must be planned on this bigger footprint and also the issues that need to be addressed – in improving quality, outcomes and value. These plans are the single route by which national transformation resources and support for each patch will be accessed. The process of the STP commenced in January and will complete the national sign off of the plans by July.
5. By Easter NHS England have mandated that all STP footprint agree there governance arrangements for agreeing and implementing the plan by Easter. They have also been asked to nominate a named person who will be responsible for overseeing and co-ordinating the plan. Health Bodies and Local Authorities across Herefordshire & Worcestershire have identified the Chief Executive of Worcestershire Community Healthcare Trust (Sarah Dugan) to be the Accountable Officer for this initiative. Governance arrangements also have to be

developed; to this end a two counties Joint Governance Board has now been created that includes Accountable Officers from across the Health and Care sector, and is intended to include Healthwatch representatives, and nominees from HHWBs and the voluntary and community sector.

6. Underpinning this is a planning group drawn from key organisations across the area. The Governance and support structure is outlined in **[Attachment 2]**, this partners briefing identifies the process around developing the plan and some of the key challenges and opportunities. Herefordshire Council and NHS Herefordshire CCG are actively engaged at both the Programme Board and supporting working groups. Further detailed guidance is still awaited from NHS England and its partners. Key timelines and dates are also outlined in [attachment 2].
7. In addition all STP footprints need to have undertaken their 'triple aim' analysis to understand the degree of the financial, care and quality and health and wellbeing gap across the footprint. Lead Accountable Officers from CCGs across the footprint have been identified for each stream, along with support from executives across the CCGs. For Herefordshire this will draw significantly from the One Herefordshire proposal and case for change. However it is expected that there will be some national and/or regionally recommended criteria or approaches to this work that will need to be considered.
8. The NHS Planning guidance and supplementary correspondence from NHS England indicates the requirement to outline our response and plans against key must dos and policy areas e.g., Cancer, maternity, Mental health (Parity of Esteem) and Learning disabilities (transforming care), and this will form the basis of some of the priority areas for the plan. Discussions are also ongoing between the two acute providers to consider some of the opportunities around acute services that greater networking may provide. Some of this will build on the current CCG and One Herefordshire transformation plans, however the STP provides the opportunity for the CCG and partners to consider solutions on a wider footprint to systematic challenges that we have been unable to solely on a county footprint.
9. The timetable for this work is challenging and moving at a pace; the balance is being sought to ensure the opportunity the STP presents is not missed, but at the same time making certain all major stakeholders are engaged. Briefings are being held with stakeholders from across the system this will include Health and Wellbeing Board members, HealthWatch, Voluntary and Community representatives and staff. As iterations of plan are developed, these will be shared with CCG Governing Body members and Health and Wellbeing colleagues, however due to the nationally set timetable drafts and submission may fall outside of the HHWB and Governing Body cycles. Although detailed national guidance has yet to be issued, NHS England colleagues have already established an assurance and oversight process.
10. Herefordshire as a system has a sound starting point for the development of its 5 year plan; in the form of the One Herefordshire Programme. This has identified the challenges the system faced and developed programme of work in response to these, these importantly have been established with key partners around the table. This is based around four key work streams Supportive Communities, Community Collaborative, Acute Services and Urgent Care. The CCG plans support One Herefordshire initiative and aims, which itself takes the JHWS and JSNA as a key starting point for its work. However it is recognised that the



challenges facing the health and care system in many areas cannot be solved in isolation and requires looking at sustainable solutions with partners beyond Herefordshire. These solutions and the possible partnerships will depend on the clinical services or pathways being reviewed for example:

- Three counties solution e.g. across Gloucester, Worcestershire and Herefordshire for improved Cancer services
- Two counties solution e.g. improved acute services networks
- One county solution e.g. focus on better care fund initiatives programmes and integrated care plans and primary care

#### *Operational Plan update*

11. The CCG will be organising its work plan around the 10 workstreams and cross-cutting themes agreed by the Governing Body in December. The Senior Responsible Officers (SROs) and Clinical leads have been determined for each stream, and delivery of the associated workstreams programmes will be monitored by the CCGs new programme managements system: VERTO, with SROs reviewing project plans and identifying with project managers mitigations for obstacles to delivery. A renewed focus on benefits capture and measurement will also be paramount during 2016/17. The CCG would be keen to explore the use of this system with partners.
12. The CCG plans have been built on its 16/17 commissioning intentions presented to the HHWB in September that were recognised as supporting the delivery of the JHWS. The CCG notes, for example, the top priority of mental health and reiterated its commitment to the development of an improved Mental Health pathway, with its local authority partners, as one of its core work programmes over the next 18 months.
13. The CCG has already submitted to NHS England during February and March submitted several data submissions and plans. This has included:
  - *Draft summary narrative for the operational plan* – this document provides an overview of the CCGs work programmes for 16/17; and how we are responding to the national must dos, the summary text is attached, additional information including performance improvement plans were also submitted, drawn from existing performance and assurance reports **[a summary is attached – attachment 3]**
  - *CCG Monthly Activity and Constitutional return* – focused on planned trajectories and performance trajectories for key activity metrics and constitutional measures. These were developed using already agreed performance trajectories with key providers, and growth assumptions used in the CCG’s MTFP, as well as the modelled impact of QIPP schemes on activity. The CCG is also committed to delivering all the mandated Constitutional targets and nationally set standards.
  - *Transforming Care Return* - this return has been completed with support of the local authority and includes detail of our transforming care plans. This included both a narrative and financial template.

- *Operational Resilience Return* – this included detail on the capacity in the system associated with bed numbers and WTE across acute, primary, community and mental health providers. This has drawn on previous returns submitted by System Resilience Group and its Partner bodies.

NHS England will be reviewing the templates and submissions provided by the CCG, and assuring these against the guidance issued in December. Feedback provided will then be used to revise and update, as required, the narrative and submissions.

### **Contracting updated and key risks**

14. The CCG has in place contracting strategies for both its key providers i.e.: Wye Valley NHS Trust and 2gether NHS Foundation Trust. In addition, specific contracting strategies are developing for Urgent Care and Community Services, supporting the service specifications for each area. Contract negotiation teams have been formed, and negotiation meetings are in train. The CCG is also working with other lead commissioners, where it is an associate commissioner to inform the contracting round – for example, for the West Midlands Ambulance Services contract.
15. The focus of negotiations is on delivering the Commissioning Intentions agreed by the issued by the CCG, and reviewed by the HHWB in September, supporting the delivery of the Planning Guidance, and supporting the delivery of the Medium Term Financial Plan The Contracting team is meeting regularly with the relevant leads in each Trust and organisation to achieve clarity on the position of each partner in relation to both the high level and detailed requirements of each organisation.

### **Next steps**

16. The CCG's Governing Body will receive drafts of the STP over the coming months, and iterations will be shared with the HHWB. Seminars and workshops are being planned with key stakeholders; it is recognised the national timetables are tight over the coming months, but the CCG and its partners will be working to ensure stakeholders have the opportunity to input into developments in a proportionate and timely manner.

# Herefordshire *Draft* CCG Operational Plan Summary 16/17

February 2016 v1.2 (29/02/2016)

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## Executive Summary

Herefordshire's health care system faces many challenges relating to the sustainability of services in a rural county with a geographically dispersed population. Major transformation is required to deliver an improved and more efficient model of care.

The CCG is collaborating closely with partners, via the **One Herefordshire Programme** who all recognise that this needs to happen at pace and are committed to overcoming any organisational-form or estate constraints preventing the development of capable integrated public services. This work will be one of the foundation stones of the NHS England requirements for the system to develop a **5 year Sustainability and Transformation Plan**. Herefordshire Health bodies are working with Worcestershire colleagues and neighbouring health systems to take this work forward. At the centre of this will be ensuring the system has clear plans to deliver the 'triple aim'.



Moving forward the CCG will be working closely with Worcestershire CCGs to increase the systems delivery and implementation capacity by sharing resources and working in partnership where it adds value and improves outcomes for patients and residents of the two counties.

In 16/17 the CCG will continue to have a strong focus on the achievement of NHS Constitutional targets, delivering financial sustainability and ensuring high quality of care is delivered. At the same time the CCG will stay true to its founding principles of putting patients and the public at the heart of everything we do and supporting clinical leadership to guide changes that will deliver maximum benefits to patients. To deliver this during 16/17 the CCG, as a system leader has a necessarily ambitious improvement programme that is currently being delivered within the CCG programme management governance structure. The work programme is focused on **10 key areas**.

Each work area has a clear set of programme and projects designed to deliver improvements in NHS Constitution and NHS outcome measures as well as QIPP savings. Key measure of success include delivery of A&E 4 hr waits, referral to treatment times, improved cancer services, improved quality of life for those with long-term conditions, patient satisfaction with health services and emergency admissions Underpinning these are **7 cross-cutting work streams** or enablers that are essential to success; these include estates, technology and robust financial management.

In developing its work programme for 16/17 the CCG has reviewed its plans against the NHS England planning guidance and the **9 must dos** for each system; and detail is provided in this document on how the CCG is responding to these during 16/17.



## Summary of challenges facing Herefordshire

***Our population is small and its rural nature means that it is widely dispersed*** – the population in 2013 was 186,100 and has grown by six percent since 2001 through migration only. Almost all of Herefordshire's land area falls in the 25% most deprived in England in relation to geographical barriers to services. Transport is severely limited, with limited railway and road networks. There are few public transport routes that are commercially viable, which further restricts mobility. Access to health services in rural areas is limited with 21% of rural households having to travel 2.5 miles or more to visit their GP or other health services.

***Herefordshire has a much older population than nationally and this will grow*** - 23% of Herefordshire residents are aged 65+ compared with 17% nationally. This includes 5,500 residents aged 85 and over. The number of older people is expected to continue to increase disproportionately to the total population, with over 60% more people aged 65+ in 2031 and double the number aged 85 and over.

***People living longer will experience more health and wellbeing issues*** - more people are living with single or multiple long term conditions in Herefordshire, for example, the number of people with Dementia in the county is expected to double within 20 years, from 3,000 to 6,000. Linked to this, Wye Valley NHS Trust, like most acute hospitals in England, has experienced significant growth in attendances at A&E and in emergency admissions to hospital and this has had an impact on performance and patient experience.

***All of our provider and commissioner organisations are facing challenges to their finances, service delivery and sustainability*** - this was dramatically highlighted in the recent report produced by Ernst and Young (partly funded by NHS England). This showed that even with significant changes in behaviour, and unprecedented efficiency savings, our local economy would still be facing a gap of £30m-£38m by the end of the decade

***Our services lack the scale and efficiency to meet the needs of the future*** - As one of the smallest Trusts in England, WVT faces significant diseconomies of scale when providing a range of general hospital services for such a small population. The diseconomies of scale cannot solely be resolved by reducing the range of services through providing them at another hospital, as the distances are such that a range of services have to be available within the county, not least to serve the population of Powys.

***National issues with recruitment and retention are felt more acutely in Herefordshire*** - there are already some national staff group shortages and the remote and rural location of Herefordshire creates even more difficulties in recruiting and retaining staff across the whole of the health and social care workforce.

***We have significant infrastructure challenges*** - many of our buildings are outdated and our services have outgrown them. At the same time, changes in the model of delivery mean we have a number of sites that could be rationalised without impacting the quality of care. However improvements in the physical infrastructure would need to be made. There is a need to review the health and social care estate to assess the possibility of greater efficiencies. Our IT infrastructure is also limited but there are many opportunities; the secondary care services have extremely low digital maturity and are largely paper-based but our primary care services are extremely well integrated across one system. Broadband coverage is 83% however many users find it too slow.

***However we are building on a foundation of strong working relationships across our partners with a common vision - a legacy of QIPP delivery and service change ranging from the successful introduction of falls services, virtual ward roll out across the county and improved dementia services.***

# One Herefordshire Approach summary (1) – our response to the challenges

The vision for the local health and care system in Herefordshire is one where strong communities encourage individual citizens to live healthy lives and offer support when this is required for them to maintain their independence, with sustainable, aligned health and care services for local people. Sustainable services are those delivered via a model of care which ensures that they can be delivered in a clinically viable, safe and effective manner at the scale to which they are required locally and within the financial resources available to the system as a whole

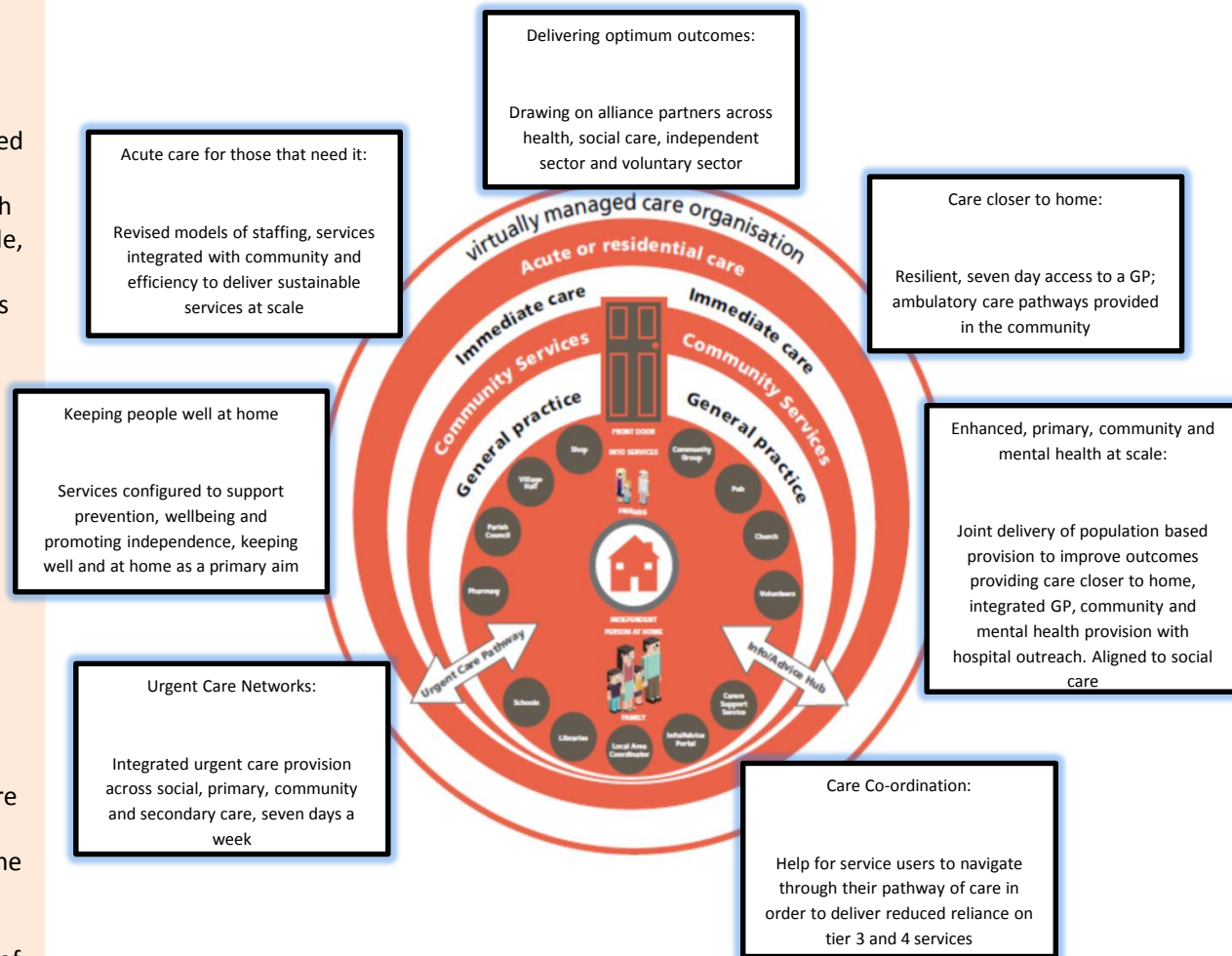
One Herefordshire Programme is focused around 4 work streams.

- Supportive Communities
- Community Collaborative
- Urgent Care
- Acute Care

These are lead and supported by key leaders from across the system, and report to the One Herefordshire Programme Board.

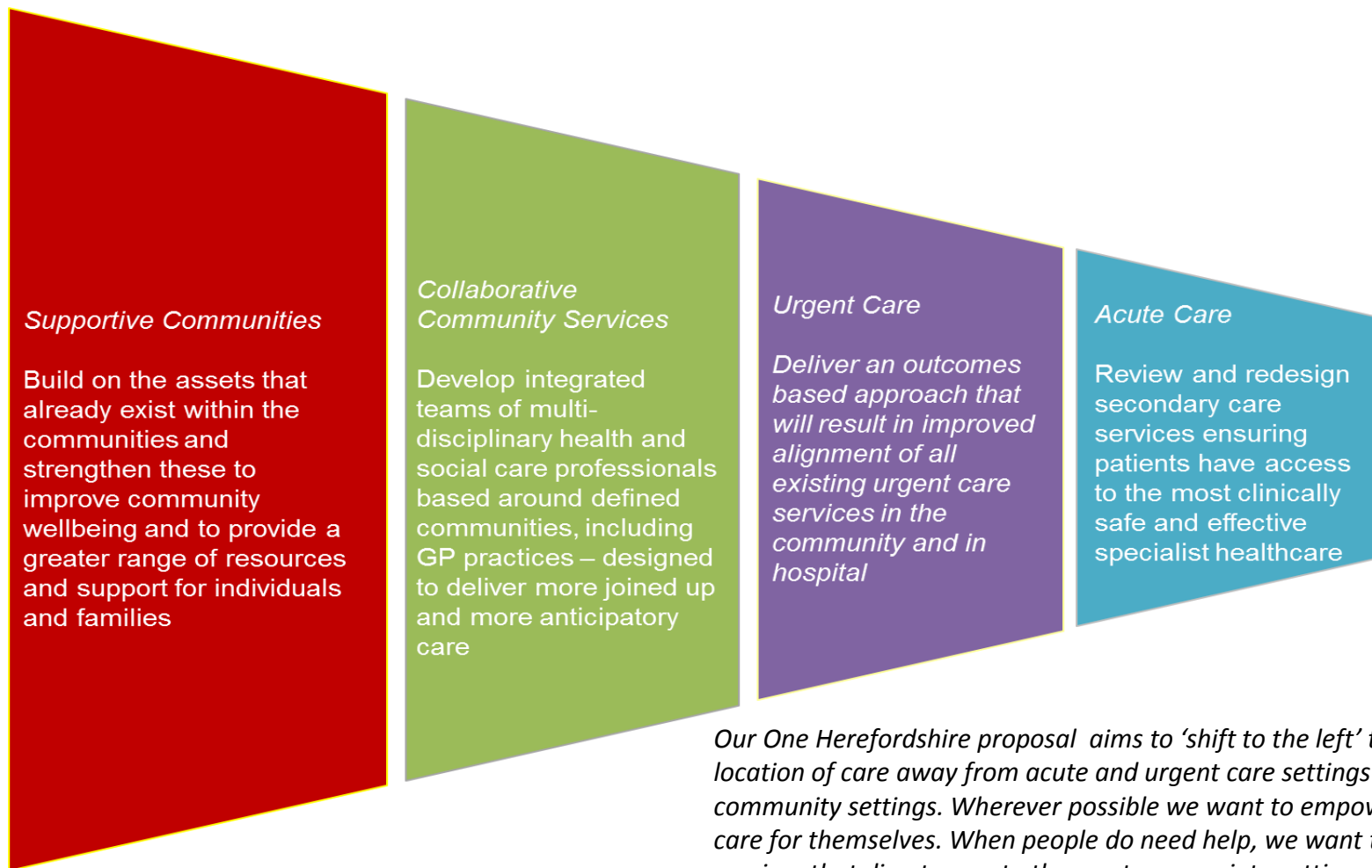
The CCG is clear which pieces of work and projects are contributing specifically to the One Herefordshire Programme; and continues to provide resources to the programme.

We will be bringing this vision into the development of the STP for Herefordshire and Worcestershire



## One Herefordshire Approach - our 4 Workstreams

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*Our One Herefordshire proposal aims to 'shift to the left' the nature and location of care away from acute and urgent care settings and into community settings. Wherever possible we want to empower citizens to care for themselves. When people do need help, we want to provide services that direct users to the most appropriate setting. General practitioners are at the heart of our proposal, with our plans to deliver primary care at scale being key to taking forward many of the improvements in each of the workstreams.*

# Executive Summary – CCG Planning & Delivery Framework for 16/17

## Our Vision

A high quality, sustainable, and integrated health and care economy, with the patient and the public at the heart of everything we do

One Herefordshire Programme

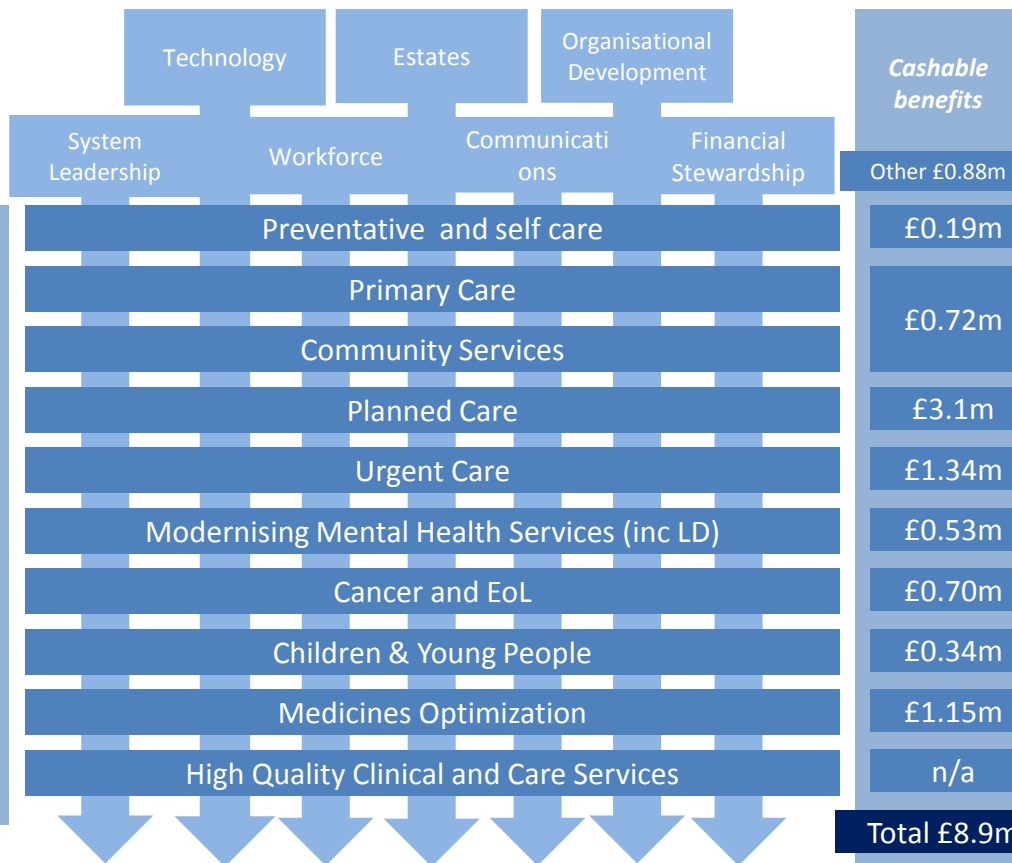
**Commissioning priorities for 16/17** - Urgent Care pathway - Demand Management schemes inc diagnostic services - Community services redesign and continued development of community teams - Cancer services including the delivery of constitutional standards - Mental Health Pathway including - CAHMs

Cross-cutting streams

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Supporting Communities  
Community Collaborative  
Urgent Care  
Acute Service

Clinical Work Streams



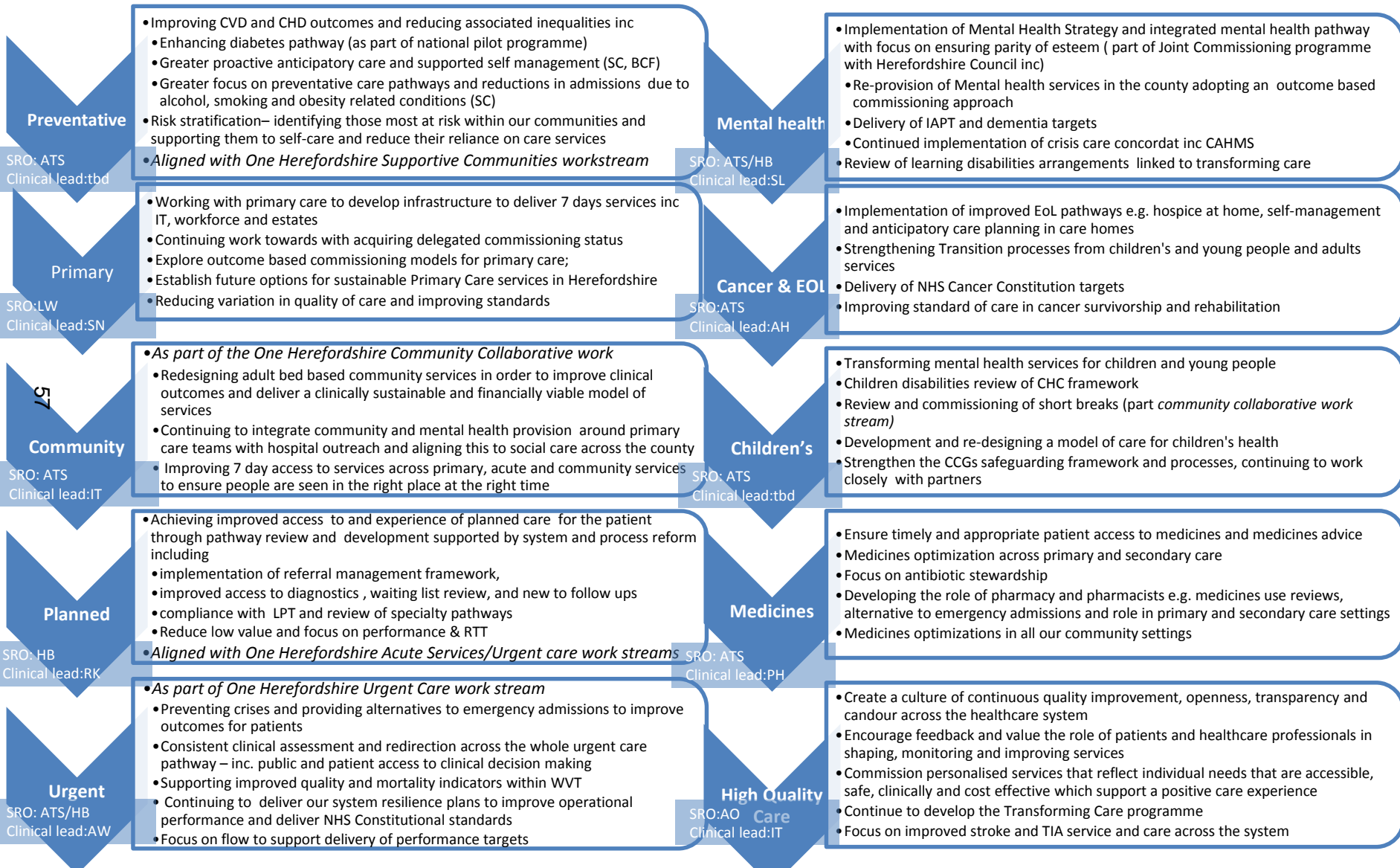
## Quality & Performance delivery measures

- Reduction in admissions, re-admissions and length of stay for people with a LTC
- Increase in number of people who feel supported to manage their long term condition
- Reduce low value and focus on RTT & performance
- Maximum 18 week wait RTT (improved trajectory towards 95%)
- NHS Constitutional targets for Cancer waits met
- Reduction in non-elective admissions
- A&E Waiting times (max 4 hrs.) (performance maintained at >95%)
- Category A ambulance calls resulting in an emergency response arriving within 8 minutes
- Reduction in delayed discharges/performance maintained
- Reduction in specialist children's placements (out of county)
- Access to services seven days a week
- Increase Dementia diagnosis rates
- Increase IAPT rates
- Quality metrics delivered e.g. mortality rates reduced, fewer SIs and never events
- Improved Patient Experience (including Friends and Family test)

Our values – Commissioning with integrity – with honesty....and openness...as a system...being clinically lead...with patients and people at heart....whist treating colleagues and patients with respect



# Overview of 16-17 CCG Clinical Workstreams



## Summary 16-17 CCG Cross-cutting Workstreams

### System Leadership

Lead: CO

CL: CC

- Development of 5 year sustainability and transformation plan and continued implementation of One Herefordshire programme
- Strengthening joint commissioning arrangements with Council colleagues via BCF and with partner CCG
- Working with providers to develop new care models/provision to improve quality of care and sustainability
- Work with partners to ensure improvement actions related to removal of WVT special measures are enacted

### Financial Stewardship

Lead: CFO

- Delivery of the Financial Recovery Plan, as part of the CCG turnaround process; including QIPP savings plans
- Medium term financial plan implemented and proactively managed
- Strengthened financial governance and reporting
- Enhanced use of modelling and benchmarking tools e.g. Right Care to identify improvement and QIPP opportunities

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### Organisational Development

Lead: CO

- Implementation of Capacity & Capability Improvement Plan to deliver improved governance, resilience and planning
- Governing Body and senior leaders development programme to improve financial, analytical and strategic insight
- Increased joint working and use of shared resources with partner CCGs and Herefordshire Council
- Strengthened programme and portfolio management processes, to ensure clear action plans and benefits aligned and mapped across CCG portfolio
- Use of key analytical tools to support prioritisation and opportunities e.g. Rightcare, atlas of variation

### IMT

Lead: DoO

CL: IR

- Using technology to support best clinical practice and decision making, moving to paperless working at point of care (i.e.. Digital roadmap thus facilitating service efficiency, effectiveness and safety and enabling seamless/partnership working).
- Whole system patient information sharing/ interoperability, supporting integrated patient-centred services.
- Patient Empowerment by provision of tools & information for direct use by citizens/patients/clients e.g. assistive technology & patient held records.

### Estates

Lead: DoO

- Working with local authority and NHS England to develop a primary care estates strategy to create capacity for further integrated working, support recruitment and retention to primary care teams and improve access to primary care services, ensuring a clear framework for prioritisation of schemes and access to transformation monies
- Working with One Herefordshire partners to make best use of public assets in Herefordshire and support integrated working and improve sustainability

### Communications, Involvement and Engagement

Lead: DoO; BL:LM PPI

- Engage and involve Herefordshire residents in collating views on the future form and role of primary care services in Herefordshire
- Work with patients and the public to understand and identify priority outcomes for patients for future mental health provision
- Involve and engage stakeholders and public in intermediate care review and redesign developments
- Herefordshire Voices – working with carers to understand and improve the carers experience and improving

### Workforce development

Lead: ELN

- Commissioning education programme (s) continue to promote and provide training for clinicians and professionals in Herefordshire inc GP education days and care home training days
- Enable reconfiguration of the workforce through improved modelling and planning, widening the skills base
- Identify, recruit and develop for the various roles in the care system (e.g. clinicians, professionals, support staff etc)