To make Herefordshire the healthiest place to live and work. A place where health and care services reduce inequalities and meet people’s needs; where everyone is encouraged and supported to take personal responsibility for their own health, and where by working together, we promote better health, and provide access to excellent services when they are needed.

The challenge and our response

NHS Herefordshire has a better understanding than ever before about the health and wellbeing needs of local people. We know more about their views and wishes, including those of disadvantaged and minority groups. While the population is comparatively healthy and long-lived overall, nearly one in eight people are multiply deprived, with poorer life-chances, quality of life and health and wellbeing.

The fundamental challenge is to address the underlying causes of ill health, particularly among young people. There is a wide range of mainly deep-rooted factors: upbringing, poverty, education, skills, employment, housing and lifestyle issues, which range from smoking, drinking and what people eat, to sexual behaviour and taking physical exercise.

NHS Herefordshire can and will influence some of these - but cannot do it alone. Nor can we address alone the challenge of providing better, more cost-effective care to an increasingly ageing population, half of which lives in sparsely populated rural areas. This is as we experience much tighter restrictions on NHS funding. Some of our public sector partners, not least Herefordshire Council, may face even more demanding financial constraints.

We need to achieve more, for more people, with fewer resources. So we have embarked upon a radical approach to the commissioning and delivery of services. We are streamlining our overheads and processes, so that they are as slick and customer-friendly as they can be, and consume as little as possible of the spending power available to us. In this way, we will devote the maximum to better quality, front-line services, to provide a better experience for our customers and patients, and, above all, better outcomes for the people who need them most.
This strategy sets out the vision, aims, values and strategic priorities that will drive these changes; the areas most in need of urgent improvement and how we will measure our progress in tackling them; the foundations for future success we have laid already; and how we will deliver the strategy by reshaping provision, commissioning services, managing demand, stimulating the market, the effective management of our financial and other resources; a wide-ranging programme of organisational development and the rigorous management of risk and performance.

Our vision and aims

Our starting point is the shared vision of the Herefordshire Partnership that:

‘Herefordshire will be a place where people, organisations and businesses, working together within an outstanding natural environment, will bring about sustainable prosperity and well-being for all.’

To which we add the shared aims of our uniquely close partnership with Herefordshire Council, which are:

Working together to:
- Improve outcomes for local people
- Ensure excellence in service delivery
- Improve customers’ and patients’ experience
- Be efficient and deliver value for money

Our shared values with the council inform all we do. They are:

**People** - treating people fairly, with compassion, respect and dignity

**Excellence** - striving for excellence and the highest quality of service, care and life

**Openness** - being open, transparent and accountable for the decisions we make

**Partnership** - working together in partnership and with all our diverse communities

**Listening** - actively listening to, understanding and taking into account people’s views and needs

**Environment** - protecting and promoting our outstanding natural environment and heritage for the benefit of all. Identifying and understanding people’s needs and wishes
People’s needs and wishes are described in the Herefordshire Joint Strategic Needs Assessment 2009. It confirms that most people are relatively healthy and live longer than average for England and Wales. It identifies the major issues to be addressed, which are:

- To co-ordinate how we tackle multiple deprivation, including poorer health and well-being and premature death in some communities, especially parts of Hereford, Leominster, Bromyard and, newly identified this year, in small rural pockets
- To address the major causes of death - cancer, circulatory diseases, transport accidents and suicide - which are responsible for three-quarters of all years of life lost prematurely in the county, and affect disproportionately those living in areas of multiple deprivation, where more people smoke, drink excessively and generally have unhealthy lifestyles
- To address increased demand for health and social care, including needs associated with dementia, as numbers of people over 85 are forecast to double by 2026
- To improve services for children and young people, the numbers of which are forecast to fall until 2016, in order to reduce levels of obesity, excessive alcohol consumption, smoking, risky sexual behaviour and bullying.
- To improve access to services within local communities, including in sparsely populated rural areas, so that care and support can be provided at or close to home

Other important issues that need to be reflected in our priorities for commissioning are:

- To encourage healthier lifestyles to reduce the numbers of people who will develop long-term conditions, and effectively manage those conditions.
- To maximise people’s independence by giving them more choice and control over their care, including better re-ablement services for older people
- To prevent accidents, including older people falling, and deaths and serious injuries on the roads
- To reduce the number of suicides
- To cut travel times and the expense of out-of-county referral and treatment
- To help those with mental health problems to continue to live in the community

And the following additional issues that have been highlighted from our extensive engagement with local residents:

- Improving access to NHS dental care
- Removing perceived barriers to care for the 4,500 migrant workers estimated to be in the county at any one time; for the 800-900 Gypsies and Travellers whose health is relatively poor; and for ethnic minorities with distinctive needs, such as the higher levels of diabetes and hypertension amongst those of Asian origin
- Nearly nine in ten people are satisfied with their GP, but about one in five want to see improvements in opening hours and in being able to book an appointment in advance with a specific GP
- Nearly one in four people are dissatisfied with their local hospital
- About three people in ten are dissatisfied with their dentist
Our strategic priorities and cross cutting objectives

In the light of these needs, views and wishes, our five strategic priorities are to:

1. Promote life-styles that underpin health and well-being
2. Maximise mental health and well-being
3. Reduce health inequalities between localities and groups
4. Maximise independence, especially for older people
5. Secure good health and well-being for children and young people

These are underpinned by four cross cutting objectives:

1. Delivering through high quality care
2. Giving patients choice and control of their health
3. Protecting the most vulnerable of all ages
4. Ensuring local people shape their services

Our World Class Commissioning outcomes

In the light of these areas most in need of urgent improvement, we have identified the following World Class Commissioning outcomes and targets:

- Reducing health inequalities
- Reducing premature deaths from cancer
- Reducing deaths from coronary heart disease
- Improving life expectancy
- Reducing childhood obesity
- Increasing MMR vaccine up-take
- Increasing the number of people who quit smoking
- Reducing deaths from stroke
- Reducing deaths from road traffic accidents
- Reducing alcohol-related hospital admissions
### Areas for rapid improvement

To achieve our strategic priorities, we have identified the following nine programme budget areas as being most in need of urgent improvement:

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<th>Area</th>
<th>Description</th>
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| 1. Cancer and Tumours | Herefordshire has the highest mortality rates within the Three Counties Cancer Network, and is only just below the national average (including for lung, breast, colo-rectal and prostate cancer). In addition:  
- The rate of improvement in outcomes is slower than the national and ONS cluster average  
- Prevalence is likely to increase as the population structure continues to age and as a result of life-style risks, including smoking |
| 2. Circulatory | Whilst we have good outcomes for circulatory conditions relative to our peers and nationally:  
- The ageing of the population will continue to increase prevalence  
- Problems of circulation account for 20% of lives lost prematurely  
- Equitable access to care needs to be secured by improving our out of hours service, improving rehabilitation and moving care closer to home |
| 3. Gastro-intestinal | Although Herefordshire achieves fair outcomes compared to its comparator group, key areas of concern include:  
- Increasing trends in mortality from chronic liver disease, and the high rate of admission in people younger than 18  
- High levels of chronic liver disease amongst males  
- Significant differences in admission rates between people living in areas of higher and lower social deprivation |
| 4. Musculo-skeletal | Our outcomes are poor. Key concerns are:  
- Too many older people are not protected from falls and many fracture limbs  
- We need to do more to re-able people quickly back to independence  
- Lower back pain, the care pathway for which is under review as part of the Transition Board work |
| 5. Neurological | Although outcomes are not felt to be poor:  
- Better value for money could be achieved at the same time as improving outcomes  
- There is a particular need to improve care for those with long term neurological conditions, enabling them to receive care closer to home and to receive support to live independently |
| 6. Social care (including community services) | Too many people are supported in residential care and out of county, so:  
- There are a small number of very high cost pathways  
- Levels of user satisfaction are poor  
- Better targeting of high risk groups is needed, including increasingly seamless provision with health services to promote independent living. |
| 7. Respiratory | Outcomes are better than both peer and national benchmarks, and it takes up a lower proportion of our total expenditure. Even so, we need to:  
- Decrease length of stay for some respiratory conditions  
- Focus on young children with childhood infections and increasingly prevalent asthma  
- Do more to prevent older people (the group most at risk), as well as those with conditions associated with smoking, from getting chest infections, and to enable them to manage the conditions well at home |
| 8. Mental health, for all ages | Our spend per head on mental health services is well above that of our peers, but we do not appear to be achieving improvements in outcomes as a result. We spend highly on secure and high dependency residential and nursing home care, especially on out-of-county placements, and less than comparators on supporting people at home and carers. We need to:  
- Move care closer to home and support people to become independent  
- Focus on the most at risk groups: teenagers, older working-age groups, and older people, including those with dementia |
| 9. Endocrine | Although outcomes, particularly in respect of diabetes, are better than the national average:  
- Diabetes is an increasing problem  
- As is childhood obesity  
- Diabetes is one of the top five diseases with links to deprivation, one of the top five most prevalent diseases, and a risk factor for other conditions like CHD |
The foundations we’ve laid

We have already established many of the foundations needed to deliver the strategy successfully; and we have already made progress towards achieving our target outcomes.

We have taken to heart the feedback from our WCC assessment last year. In particular, we have:

- Translated our long-term strategy into achievable, measurable goals and priorities
- Gained commitment to these within NHS Herefordshire, with Herefordshire Council and with our providers and the wider Herefordshire Partnership
- Reflected this in a prioritised programme and a more targeted use of financial resources
- Completed our comprehensive review of provider services, establishing a Transition Board to develop the sustainable, effective services of the future
- Put in place with the council an integrated commissioning directorate for health and social care, with a joint commissioning strategy and plans being developed to drive service reconfiguration and improvement
- Developed a joint customer strategy and put in place a joint customer insight unit
- Begun already to deliver more appropriate, better value for money patterns of services
- Identified cost-ineffective treatments as the basis for disinvestment in order to release funds to achieve our priorities

Delivering the strategy

We have a comprehensive transformation programme to ensure that the strategy is fulfilled. The key components are:

The key areas for action:

- Defining standards and quality
- Shaping the market to deliver these
- Investing in the right way to drive delivery

Underpinned by:

- Strong leadership and governance
- A strong and capable team
- Strong information and intelligence
- Cross cutting enabling programmes
- Lifestyle and information
- Improving access
- Reconfiguration
- Devolved responsibility
- A clear route map