



Appendix 1 - Overview of HHCC Operational Plan 2012/13 (1/2)

HHCC Strategic Objectives	Outcomes	Key delivery programmes	С	ross-c	utting services		
1. Demonstrating clinical leadership and fostering integrated working relations across the whole health system, including social care	Improved public & patient satisfaction Reduced cost Reduced bed days Reduced emergency admissions Well-functioning neighbourhood teams	 Strategic Plan Workforce GP Parliament CCG priorities consultation QIPP Continuing health care QIPP Elderly People and Dementia Finance plans, contract negotiations 					
2. Commissioning best available care for Herefordshire residents, going beyond existing solutions and providers	Improved public & patient satisfaction Improved quality of care Improved performance measures	 Governance plan Strategic plan Workforce plan with focus on ensuring world class commissioning Citizen engagement forum CCG priorities consultation Finance plans, contract negotiations 	OD	Govern	Informa	Workfo	Implemer
3. Improving quality and safety of care with defined outcome measures	Improved public & patient satisfaction Achievement of performance targets, e.g. Cdiff, VTE, maternity, pressure ulcers, cancer waits, A&E waits	 Quality Assurance Framework, e.g. elimination of avoidable pressure ulcers grade 2,3 &4 Net promoter question introduced Delivery of improved maternity performance Finance plans, contract negotiations 	plan	Governance plan	Informatics plan	Workforce plan	Implementation plan
4. Giving stakeholders and clinicians responsibility for managing pathways and incentivising them to deliver desired outcomes	Improved public & patient satisfaction Reduced cost Reduced bed days Reduced emergency admissions Reduced length of stay Reduced follow up appointments Reduced cancer waits	 QIPP Elective pathway improvement, in particular maternity pathway CHC: moving clients to personal budgets GP Parliament CCG priorities consultation Finance plans, contract negotiations Referral to treatment Quality Assurance Framework, e.g. cancer waits, maternity 					





Appendix 1- Overview of HHCC Operational Plan 2012/13 (2/2)

HHCC Strategic Objectives	Outcomes	Key delivery programmes		Cross-cutting services				
5. Reducing variations in quality of primary care	Improved public & patient satisfaction Better quality care	 QIPP Primary care demand management GP Parliament Quality Assurance Framework 						
6. Care closer to home (with a particular focus on older people)	Improved public & patient satisfaction Reduced emergency admissions for older people Reduced length of stay Reduced cost Reduced falls	 QIPP Elderly Care and Dementia scheme Older People care pathway development QIPP Community services Workforce re-design and training needs Diabetes care pathway consultation Finance plans, contract negotiations Quality Assurance framework, in particular A&E waits 		Governa	Informa	Workforce plan	Implemen	
7. Improving sustainability and resilience through enhanced clinical networks and early adoption of best practice	Improved public & patient satisfaction Achieving PCT control total (financial balance) Reduced emergency admissions for conditions not usually requiring hospital admission Reduced cost Improved quality of care	 CCG priorities consultation Workforce plans with focus on establishing a culture of best practice Finance plans, contract negotiations GP Parliament QIPP emergency care QIPP medicine management Quality Assurance framework, in particular A&E waits 	plan	Governance plan	Informatics plan	rce plan	Implementation plan	
8. Putting prevention at the core of our work	Improved public & patient satisfaction Improved smoking cessation rates Reduced obesity rates Reduced emergency admissions Achievement of performance targets related to prevention, e.g. breast feeding, health checks	 Quality Assurance Framework GP Parliament QIPP Primary care demand management Joint Strategic Needs Assessment refresh and Integrated Needs Assessment development Workforce re-design and training needs Health checks 						





Appendix 2 – Strategic plan links

2 SHA cluster ambitions

- · Zero tolerance of pressure ulcers;
- Improving quality & safety in primary care;
- Strengthening local government partnerships;
- Every patient counts; and
- Revolution in patient and customer experience.

NHS Operating Framework

- Putting patients at the centre of decision making;
- Completion of transition to the new system;
- Increasing the pace on the QIPP challenge; and
- Maintaining a strong grip on service and financial performance.

3 West Mercia priorities

- Eliminate unwarranted variation;
- Stimulate a patient revolution;
- Develop cohort of transformational clinical leaders; and
- Quality we do the ordinary things extraordinarily well.



Primary Care; and
Doing the Ordinary things Extraordinarily Well

HHCC Operational

Plan

Herefordshire Social Care Priorities (Adult & Children's)

- Enhance quality of life for people with care and support needs;
- Support people to delay and reduce their need for care and support;
- Ensure that people have positive experience of care and support;
- Protect people at risk from avoidable harm and keep them safe;
- Helping families, parents and carers to help themselves, particularly in the early years of their children's lives;
- · Promoting health and well-being;
- Achieving success in learning and future employment; and
- · Protecting children from harm.







Health and Wellbeing Board vision and outcome

- Herefordshire residents are resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure.
- To increase healthy life expectancy, and reduce differences in life expectancy and healthy life expectancy between communities.



Appendix 3 – QIPP Plans

- In the table below and on the following page we have shown the disaggregation of the QIPP schemes and further detail behind the main schemes being developed and implemented;
- Successful initiatives from FY11/12 have been rolled forward to FY12/13; and
- Our approach to new initiatives such as care pathway development and our approach to older people are being developed to deliver sustainable, real change where benefits will be seen not just in the short term but also in the medium and long-term.

Cluster big bet theme	QIPP initiative	Individual scheme	Value £m	Overview of schemes		
Planned Care	Continuing health care	Continuing health care	1.5	 Schemes in place to monitor the interpretation and assessment of continuing healthcare include: reviewing individual high cost packages of care, domiciliary care procurement and introduction of personal budgets. Anticipated outcomes are reduced cost and bed days and reduced emergency admissions for CHC patients . 		
	Elective pathway	Outpatients	0.8	 Emphasis on working with providers to develop schemes for improving new to follow up ratio. Anticipated outcomes are reductions in follow up operation attendances. Development of Protocols and GP Parliament 		
	improvement	Care pathway development	0.4	 Working with providers on the maternity pathway. Planned reductions in bed days and average length of stay. 		
	Primary care demand management	Healthy individuals	0.1	 Various initiatives in place but specific focus on smoking cessation. Major anticipated outcome is for smoking cessation: to increase the absolute number of 4 week quitters. 		



The largest QIPP schemes focus on continuing health care and medicine management with older people being a strategically important scheme to redesign the health system

Cluster big bet theme	QIPP initiative	Individual scheme	Value £m	Overview of schemes					
Urgent care	Elderly care and dementia	Elderly care and dementia	1.0	 The overarching aim is an integrated approach for older people. A whole system approach is being taken with the local authority to ensure a joined-up approach for th adult strategy. Key elements include: rollout of neighbourhood teams, dementia pathwa re-design, rollout of Local Enhanced Service (LES), and specific focus on falls, carer and end of life care. Various anticipated outcomes with an overarching plan to reduce emergency admission for older people by 10%. 					
	Proactive care	Emergency care	0.9	 Working with providers on schemes such as refreshed press campaign, improved signposting of out of hours GP service, rollout of community paramedic initiative. Anticipated outcomes are reductions in emergency admissions for conditions not usually requiring hospital admission. 					
Primary care	Medicines management	Medicines management	1.7	 Key schemes include revised guidance for specific drugs and rollout of findings from audits of high cost drugs. Anticipated outcomes are reducing costs of prescribing without adversely affecting patients. 					
	Contractual agreements	Other contracts	1.2	 Focus on ensuring proper classification of procedures and accurate coding. Anticipated outcomes are more accurate recording and reporting of activity. 					
Ordinary > extraord inary & other		Community services	0.5	 Rebasing of community contracts in Leominster. Expected outcomes are a reduction in community bed days. 					
		Special placements	0.4	Focus on repatriation of out of area placements.					
	Management cost savings	Management cost savings	1.5	 Planned reductions in staff numbers through natural wastage and voluntary redundancies. 					
	Total QIPP plan		10.0						