


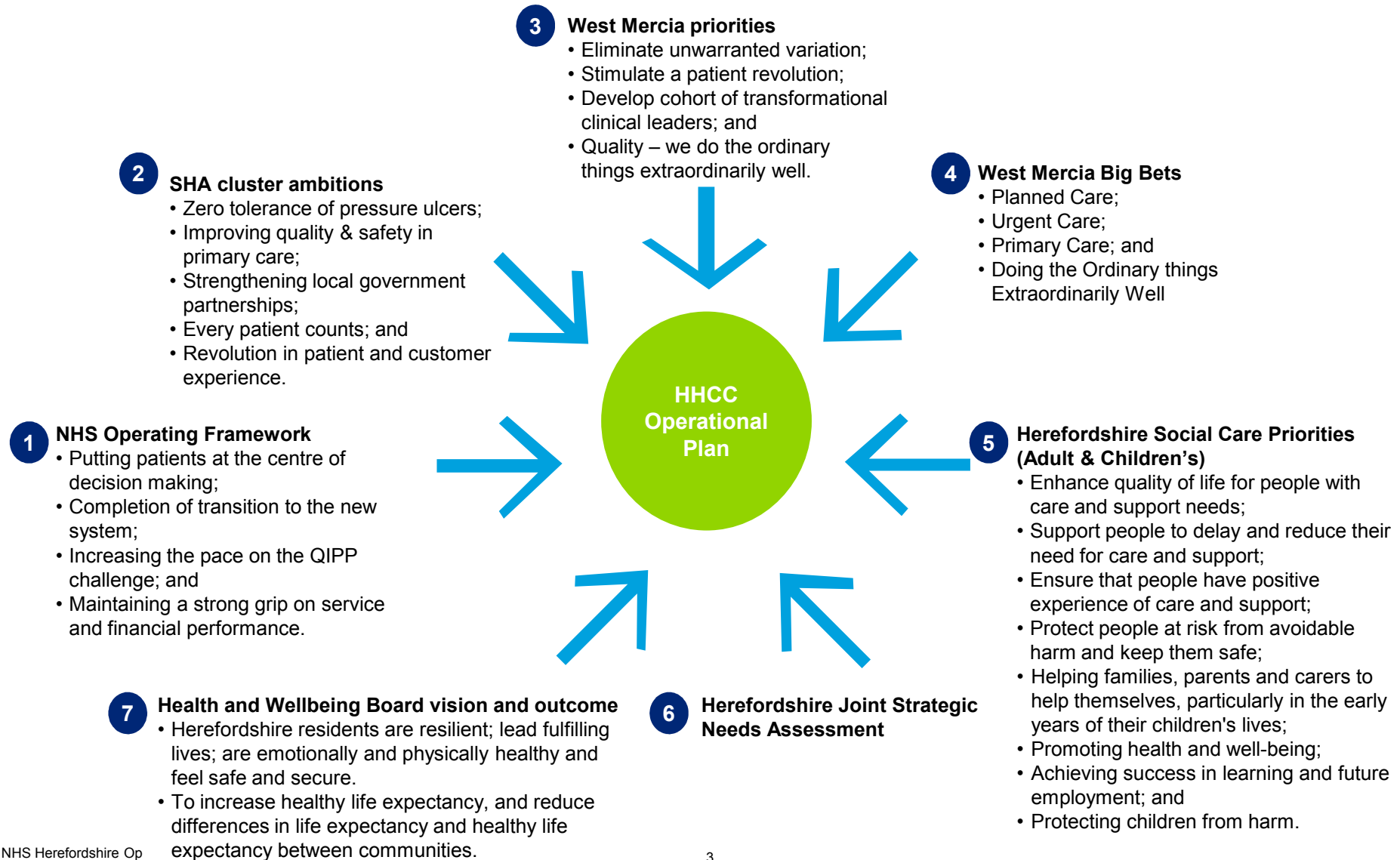
## Appendix 1 - Overview of HHCC Operational Plan 2012/13 (1/2)

HHCC Strategic Objectives	Outcomes	Key delivery programmes	Cross-cutting services				
1. Demonstrating <b>clinical leadership</b> and fostering <b>integrated working relations</b> across the whole health system, including social care	Improved public & patient satisfaction Reduced cost Reduced bed days Reduced emergency admissions Well-functioning neighbourhood teams	<ul style="list-style-type: none"> <li>Strategic Plan</li> <li>Workforce</li> <li>GP Parliament</li> <li>CCG priorities consultation</li> <li>QIPP Continuing health care</li> <li>QIPP Elderly People and Dementia</li> <li>Finance plans, contract negotiations</li> </ul>	OD plan	Governance plan	Informatics plan	Workforce plan	Implementation plan
2. Commissioning <b>best available care</b> for Herefordshire residents, going beyond existing solutions and providers	Improved public & patient satisfaction Improved quality of care Improved performance measures	<ul style="list-style-type: none"> <li>Governance plan</li> <li>Strategic plan</li> <li>Workforce plan with focus on ensuring world class commissioning</li> <li>Citizen engagement forum</li> <li>CCG priorities consultation</li> <li>Finance plans, contract negotiations</li> </ul>					
3. Improving quality and safety of care with defined <b>outcome measures</b>	Improved public & patient satisfaction Achievement of performance targets, e.g. Cdiff, VTE, maternity, pressure ulcers, cancer waits, A&E waits	<ul style="list-style-type: none"> <li>Quality Assurance Framework, e.g. elimination of avoidable pressure ulcers grade 2,3 &amp; 4</li> <li>Net promoter question introduced</li> <li>Delivery of improved maternity performance</li> <li>Finance plans, contract negotiations</li> </ul>					
4. Giving <b>stakeholders and clinicians responsibility for managing pathways</b> 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	<ul style="list-style-type: none"> <li>QIPP Elective pathway improvement, in particular maternity pathway</li> <li>CHC: moving clients to personal budgets</li> <li>GP Parliament</li> <li>CCG priorities consultation</li> <li>Finance plans, contract negotiations</li> <li>Referral to treatment</li> <li>Quality Assurance Framework, e.g. cancer waits, maternity</li> </ul>					

## 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	<ul style="list-style-type: none"> <li>• QIPP Primary care demand management</li> <li>• GP Parliament</li> <li>• Quality Assurance Framework</li> </ul>	
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	<ul style="list-style-type: none"> <li>• QIPP Elderly Care and Dementia scheme</li> <li>• Older People care pathway development</li> <li>• QIPP Community services</li> <li>• Workforce re-design and training needs</li> <li>• Diabetes care pathway consultation</li> <li>• Finance plans, contract negotiations</li> <li>• Quality Assurance framework, in particular A&amp;E waits</li> </ul>	
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	<ul style="list-style-type: none"> <li>• CCG priorities consultation</li> <li>• Workforce plans with focus on establishing a culture of best practice</li> <li>• Finance plans, contract negotiations</li> <li>• GP Parliament</li> <li>• QIPP emergency care</li> <li>• QIPP medicine management</li> <li>• Quality Assurance framework, in particular A&amp;E waits</li> </ul>	
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	<ul style="list-style-type: none"> <li>• Quality Assurance Framework</li> <li>• GP Parliament</li> <li>• QIPP Primary care demand management</li> <li>• Joint Strategic Needs Assessment refresh and Integrated Needs Assessment development</li> <li>• Workforce re-design and training needs</li> <li>• Health checks</li> </ul>	

## Appendix 2 – Strategic plan links



## 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	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Anticipated outcomes are reduced cost and bed days and reduced emergency admissions for CHC patients .</li> </ul>
	Elective pathway improvement	Outpatients	0.8	<ul style="list-style-type: none"> <li>• Emphasis on working with providers to develop schemes for improving new to follow up ratio.</li> <li>• Anticipated outcomes are reductions in follow up operation attendances.</li> <li>• Development of Protocols and GP Parliament</li> </ul>
		Care pathway development	0.4	<ul style="list-style-type: none"> <li>• Working with providers on the maternity pathway.</li> <li>• Planned reductions in bed days and average length of stay.</li> </ul>
	Primary care demand management	Healthy individuals	0.1	<ul style="list-style-type: none"> <li>• Various initiatives in place but specific focus on smoking cessation.</li> <li>• Major anticipated outcome is for smoking cessation: to increase the absolute number of 4 week quitters.</li> </ul>

## 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	<ul style="list-style-type: none"> <li>The overarching aim is an integrated approach for older people. A whole systems approach is being taken with the local authority to ensure a joined-up approach for the adult strategy. Key elements include: rollout of neighbourhood teams, dementia pathway re-design, rollout of Local Enhanced Service (LES), and specific focus on falls, carers and end of life care.</li> <li>Various anticipated outcomes with an overarching plan to reduce emergency admissions for older people by 10%.</li> </ul>
	Proactive care	Emergency care	0.9	<ul style="list-style-type: none"> <li>Working with providers on schemes such as refreshed press campaign, improved signposting of out of hours GP service, rollout of community paramedic initiative.</li> <li>Anticipated outcomes are reductions in emergency admissions for conditions not usually requiring hospital admission.</li> </ul>
Primary care	Medicines management	Medicines management	1.7	<ul style="list-style-type: none"> <li>Key schemes include revised guidance for specific drugs and rollout of findings from audits of high cost drugs.</li> <li>Anticipated outcomes are reducing costs of prescribing without adversely affecting patients.</li> </ul>
Ordinary > extraordinary & other	Contractual agreements	Other contracts	1.2	<ul style="list-style-type: none"> <li>Focus on ensuring proper classification of procedures and accurate coding.</li> <li>Anticipated outcomes are more accurate recording and reporting of activity.</li> </ul>
		Community services	0.5	<ul style="list-style-type: none"> <li>Rebasing of community contracts in Leominster.</li> <li>Expected outcomes are a reduction in community bed days.</li> </ul>
		Special placements	0.4	<ul style="list-style-type: none"> <li>Focus on repatriation of out of area placements.</li> </ul>
	Management cost savings	Management cost savings	1.5	<ul style="list-style-type: none"> <li>Planned reductions in staff numbers through natural wastage and voluntary redundancies.</li> </ul>
<b>Total QIPP plan</b>			<b>10.0</b>	