

## **Transformation Programme Update – September 2015**

### **Background and Context**

Transforming the way we do things is high on the agenda of all the public and voluntary sector organisations across Herefordshire, both in terms of the care that is provided but also in the approaches being taken to make those changes. This is not something unique to Herefordshire as all public sector organisations are facing significant challenges. For Herefordshire there are some additional factors such as a significant current and future financial gap, a sparsely populated and ageing population with an extremely rural geography affecting access.

Our Case for Change:-

- Herefordshire is a rural location with a dispersed population resulting in problems around access to resources.
- The overall scale of the county and the population is relatively small – this limits resources and makes it difficult to find capacity for delivering change.
- We are a large rural area with dispersed and hidden inequalities.
- The population is ageing faster than the average for England – creating demand and unsustainable pressures on services and service models.
- Rural inequalities may be hidden but greatly affect population health and wellbeing.
- Current services in primary care, hospital care and social services are overstretched.
- Our service infrastructure is fragile.
- Public transport is a challenge, making access to services more difficult.

### **Phase one of the Transformation Programme - 2014**

#### **Creation of the Transformation Board**

In 2014 the senior leaders of the health and social care economy came together to agree a common way forward to collectively address some of these challenges. They agreed a long term vision for a more effective model of care based on quality, and affordability ultimately resulting in better outcomes for the residents of Herefordshire (appendix 1). The Transformation Programme in Herefordshire was formally launched in July 2014 and the board was created soon after. A detailed Case for Change document is available. The board brought together Wye Valley NHS Trust, 2gether NHS

Foundation Trust, Taurus Healthcare Ltd, Herefordshire Clinical Commissioning Group, and NHS England. An independent chair was appointed in April 2015.

### **Creation of the Herefordshire Transformation Programme**

To create the momentum for change a cross organisational programme of change based around four work streams were developed with assigned senior champions and project leads. The key aims of these are:-

**Supportive Communities** – build on the assets that already exist in communities and strengthen these to improve community wellbeing and provide a greater range of resources and support for individuals and families

**Collaborative Communities** – develop locality based approaches with multi-disciplinary support around GP practices designed to deliver more joined up and anticipatory care.

**Urgent Care** – develop an integrated urgent care pathway based on improved patient outcomes and align all existing urgent care services in the community and in hospital

**Acute Care** – review and re-design secondary care services to ensure patients have access to the most clinically safe and effective healthcare

The work streams include a number of projects (appendix 2) Updates are provided in appendix 3. Progress is reported to the Transformation Board

### **The Financial Challenge**

Due to the financial position being faced locally and in discussion with the area team and regional office, it was agreed that objective, specialist analysis from an outside agency would help quantify the financial challenges. The brief was specifically financially based and Ernst and Young were commissioned to carry it out. They worked in Herefordshire over a five month period and produced a broad analysis across the whole Herefordshire health economy, including the NHS, local authority, and primary care.

The findings of their report clearly stated that the health and social care economy could address many of the current issues it faced by making changes to existing models of care, but that it was not financially sustainable in the medium to long term. The report concludes that:

*The gap in Herefordshire of £103m is primarily driven by funding pressures, demographic growth and the small scale size of the catchment area for the Wye Valley county hospital. Added to this, its rurality and size create structural inefficiencies that mean that savings cannot be delivered at the scale required.*

## **Multi Agency Workshop – Wider Practitioner Network**

In June 2015 a multi-agency workshop was delivered to over 40 participants from the CCG, Wye Valley Trust, 2Gether Mental Health Trust and the Herefordshire Council. The purpose of the event was to:-

To identify synergies between the existing work streams of the Transformation Programme with a focus on key target groups/topics

The results of the workshop showed a commitment to the Transformation Programme and it's key role in facilitating and supporting change. In addition a series of key actions and commitments were made by participants. One of these has resulted in the re-convening of the workforce programme and re-scoping of the brief to identify how our workforces can be better engaged in the change process.

## **Herefordshire wide ICT Project Scope**

An independent consultant worked with us to earlier this year on a baseline assessment of our current use of technology and the systems in place to support those. The initial proposal was presented to senior leaders in April 2015 including Herefordshire Council, Wye Valley NHS TRUST, NHS Herefordshire Clinical Commissioning Group, 2gether NHS Foundation Trust, and Taurus Healthcare. Following the presentation partners agreed to work with the consultant to further scope up a local outline business case, a high-level implementation plan for delivery, an updated risk and issue register for the vision, and an outline of a tech-fund funding request, in preparation for a new round of funding from central sources. A comprehensive benefits analysis was completed.

## **Accountable Officer Summits**

In July a summit was organised for the accountable officers to re-visit the case for change previously identified in 2014. This was convened by the CCG and included the system leads of the local service delivery organisations (local authority, WVT, 2gFT, Taurus Healthcare, CCG), the case for change was strongly reaffirmed and a set of high level principles agreed to underpin some high level care model and governance changes. Accountable officers are now meeting on a fortnightly basis to work collaboratively at strategic level. Learning from elsewhere informs us that long standing, trusting relationships between senior leaders is key to long term success of similar programmes.

## **Communications**

A communications plan is being developed to promote the programme more widely, the achievements taking place through the work streams to engage a wider range of stakeholders.

## **Governance**

This takes place through the reporting mechanisms of the accountable bodies of the respective organisations and through the Health and Wellbeing Board.

## **The Project Team**

There is an independent part time chair in place with a part time programme director and part time secondees from the respective organisations.

## **Moving Forward - Phase two**

A number of actions are required for phase two of the programme, these will include

1. Discussions with national bodies on the medium and long term solutions for the funding shortfall
2. Identification of opportunities for external funding and further opportunities for freedoms and flexibilities through the Department for Communities and Local Government and the NHS
3. Expansion and industrialization of the existing programme
4. The re-scoping of the work streams to identify their inter-dependencies with clearly defined programme aims, objectives, milestones and business cases
5. Analysis of the recommendations proposed by Ernst & Young including analysis of the financial components and the impacts on performance, quality and financial metrics.
6. Analysis and identification of the savings released from the work stream models
7. A structured programme management approach
8. A clear communications and marketing plan
9. Development of a stronger programme management approach
10. Creation of a dedicated project team

(Appendix 3)

## **Deliverables from the Work streams – Phase one**

### **Supportive Communities**

- Development of the local Health and Wellbeing strategy that is now moving into implementation.
- Development of two Wellbeing Centres, one of which is embedded in a GP practice with further wellbeing hubs in community areas
- Commissioning of a single point of access for information, advice and sign posting across Herefordshire
- Creation of the Wellbeing Innovation Fund – Public Health grant money has been put towards enabling innovative projects in local areas which combat social isolation
- Development of locality co-ordination model that supports community development across the county accessible for the rural and town communities
- Initial scoping of a local transport project

### **Collaborative Communities**

- Development of a model for community services encompassing multidisciplinary health care professionals working together to deliver high quality care through integrated care pathways working more closely with primary care staff.
- Service specifications have been developed that incorporate agreed outcomes and Key Performance Indicators (KPIs).
- Development of Memoranda of Understanding between the parties involved.
- Creation of senior key posts to lead this process.
- The Intermediate Care Provision project identification of options for alternative bedded provision
- Integration of the Better Care Model into the Community Collaborative resulting in reduction of emergency admissions at 6% above target, permanent admissions out performing target by 37% with older people supported at home post discharge above target.
- Development of new model of short breaks for children with disabilities

### **Urgent Care**

- Development of a recovery plan to support the delivery of the Urgent Care system
- Implement a web based tool to understand demand, blockages

- Investment in interventions that focus on community based solutions to support individuals requiring support pre A&E attendance
- Rapid support to prevent admission or facilitate discharge
- Development of outcomes based approach to commissioning of urgent care providers to incentivize prevention of admissions

### **Acute Care**

- Review of thirty of the Wye Valley Trust's services.
- Generation of new ideas for service change from clinical staff around referral processes and use of primary care as a setting for specialist care
- Development of prioritisation framework for review process identified.
- Phase 1 and Phase 2 reviews agreed with key components, (including external reviews), integration for community and primary care and internal review.