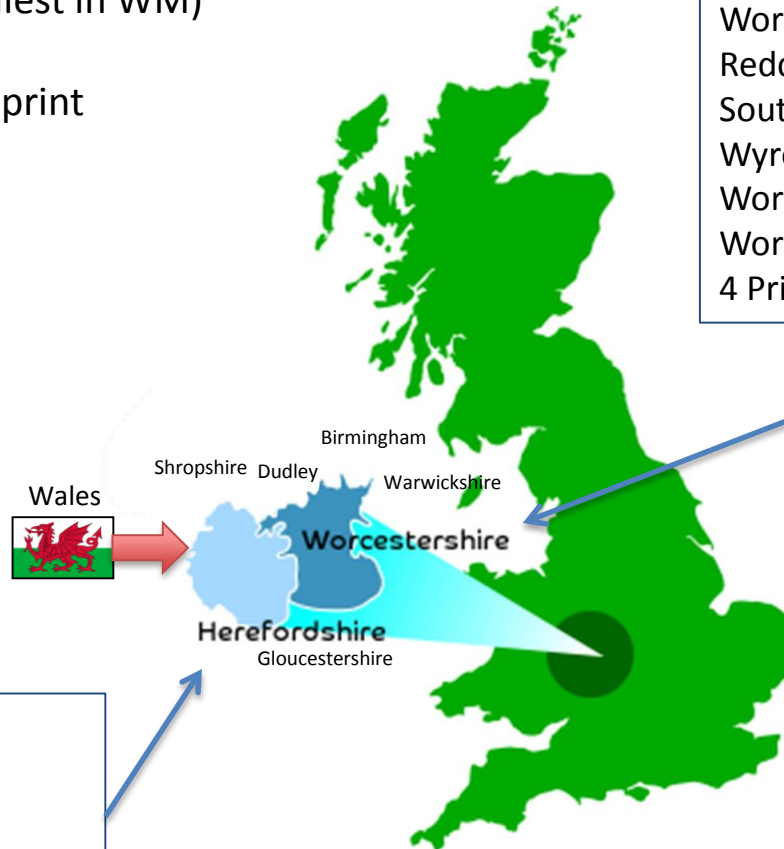


Sustainability and Transformation Planning Partners Briefing

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
- 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

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

Proposed Planning Approach

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

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

<u>Acute Pathways</u>	<u>Mental Health</u>	<u>Community</u>	<u>Learning Disability</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

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

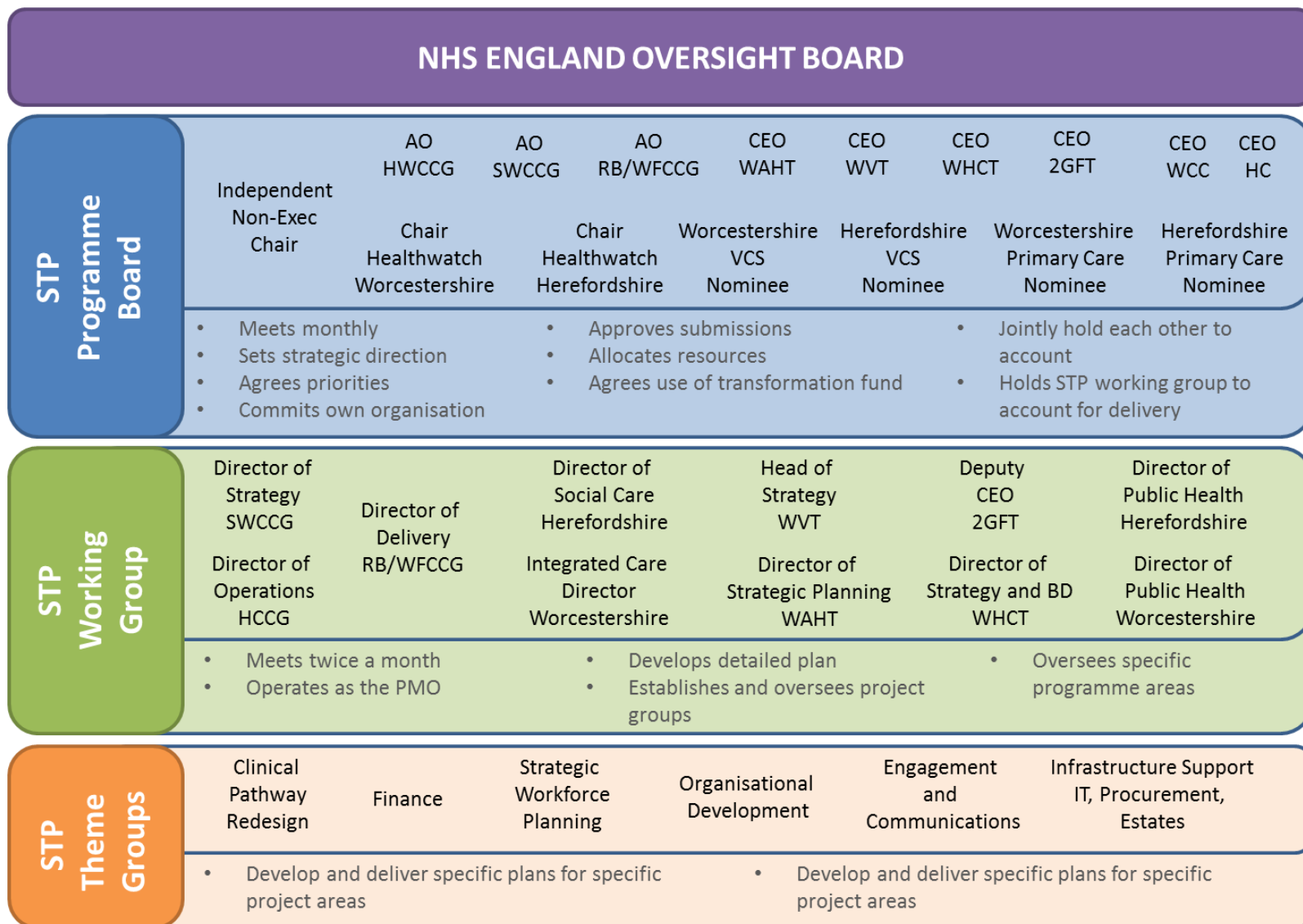
Common Objective:

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.

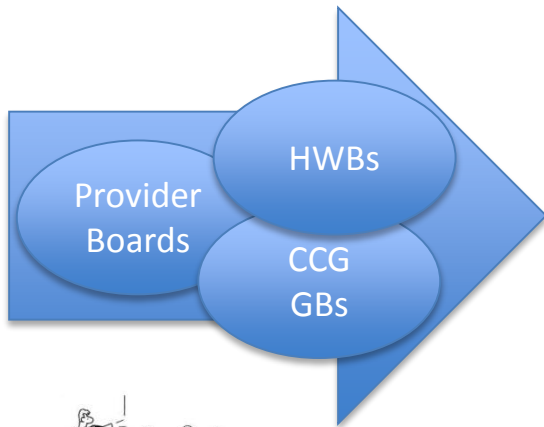
- Existing regional work to continue as now.
- Develop a Herefordshire and Worcestershire Joint Programme Board to oversee cross-county programmes where scale and volume is key to success.
- Where it makes sense to do so, continue working on the two existing county based transformation programmes.
- 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



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"> Meets monthly Sets strategic direction Agrees priorities Commits own organisation 	<ul style="list-style-type: none"> Approves submissions Allocates resources Agrees use of transformation fund 	<ul style="list-style-type: none"> Jointly hold each other to account Holds STP working group to account for delivery 							
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					
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"> Develop and deliver specific plans for specific project areas 				<ul style="list-style-type: none"> Develop and deliver specific plans for specific project areas 					

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



**Programme
Director**

David Mehaffey
Director of Strategy, South Worcestershire CCG

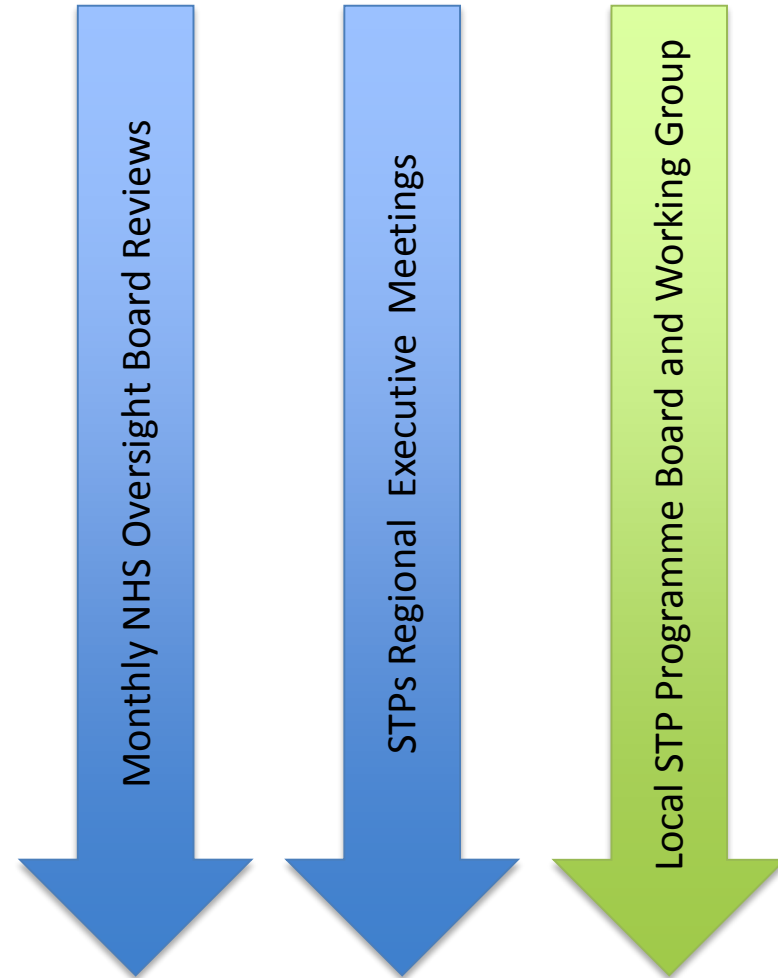


Herefordshire Leads

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
- W/b April 11th 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