

# Herefordshire *Draft* CCG Operational Plan Summary 16/17

February 2016 v1.2 (29/02/2016)



## Executive Summary

Herefordshire's health care system faces many challenges relating to the sustainability of services in a rural county with a geographically dispersed population. Major transformation is required to deliver an improved and more efficient model of care.

The CCG is collaborating closely with partners, via the **One Herefordshire Programme** who all recognise that this needs to happen at pace and are committed to overcoming any organisational-form or estate constraints preventing the development of capable integrated public services. This work will be one of the foundation stones of the NHS England requirements for the system to develop a **5 year Sustainability and Transformation Plan**. Herefordshire Health bodies are working with Worcestershire colleagues and neighbouring health systems to take this work forward. At the centre of this will be ensuring the system has clear plans to deliver the 'triple aim'.



Moving forward the CCG will be working closely with Worcestershire CCGs to increase the systems delivery and implementation capacity by sharing resources and working in partnership where it adds value and improves outcomes for patients and residents of the two counties.

In 16/17 the CCG will continue to have a strong focus on the achievement of NHS Constitutional targets, delivering financial sustainability and ensuring high quality of care is delivered. At the same time the CCG will stay true to its founding principles of putting patients and the public at the heart of everything we do and supporting clinical leadership to guide changes that will deliver maximum benefits to patients. To deliver this during 16/17 the CCG, as a system leader has a necessarily ambitious improvement programme that is currently being delivered within the CCG programme management governance structure. The work programme is focused on **10 key areas**.

Each work area has a clear set of programme and projects designed to deliver improvements in NHS Constitution and NHS outcome measures as well as QIPP savings. Key measure of success include delivery of A&E 4 hr waits, referral to treatment times, improved cancer services, improved quality of life for those with long-term conditions, patient satisfaction with health services and emergency admissions Underpinning these are **7 cross-cutting work streams** or enablers that are essential to success; these include estates, technology and robust financial management.

In developing its work programme for 16/17 the CCG has reviewed its plans against the NHS England planning guidance and the **9 must dos** for each system; and detail is provided in this document on how the CCG is responding to these during 16/17.

## Summary of challenges facing Herefordshire

***Our population is small and its rural nature means that it is widely dispersed*** – the population in 2013 was 186,100 and has grown by six percent since 2001 through migration only. Almost all of Herefordshire's land area falls in the 25% most deprived in England in relation to geographical barriers to services. Transport is severely limited, with limited railway and road networks. There are few public transport routes that are commercially viable, which further restricts mobility. Access to health services in rural areas is limited with 21% of rural households having to travel 2.5 miles or more to visit their GP or other health services.

***Herefordshire has a much older population than nationally and this will grow*** - 23% of Herefordshire residents are aged 65+ compared with 17% nationally. This includes 5,500 residents aged 85 and over. The number of older people is expected to continue to increase disproportionately to the total population, with over 60% more people aged 65+ in 2031 and double the number aged 85 and over.

***People living longer will experience more health and wellbeing issues*** - more people are living with single or multiple long term conditions in Herefordshire, for example, the number of people with Dementia in the county is expected to double within 20 years, from 3,000 to 6,000. Linked to this, Wye Valley NHS Trust, like most acute hospitals in England, has experienced significant growth in attendances at A&E and in emergency admissions to hospital and this has had an impact on performance and patient experience.

***All of our provider and commissioner organisations are facing challenges to their finances, service delivery and sustainability*** - this was dramatically highlighted in the recent report produced by Ernst and Young (partly funded by NHS England). This showed that even with significant changes in behaviour, and unprecedented efficiency savings, our local economy would still be facing a gap of £30m-£38m by the end of the decade

***Our services lack the scale and efficiency to meet the needs of the future*** - As one of the smallest Trusts in England, WVT faces significant diseconomies of scale when providing a range of general hospital services for such a small population. The diseconomies of scale cannot solely be resolved by reducing the range of services through providing them at another hospital, as the distances are such that a range of services have to be available within the county, not least to serve the population of Powys.

***National issues with recruitment and retention are felt more acutely in Herefordshire*** - there are already some national staff group shortages and the remote and rural location of Herefordshire creates even more difficulties in recruiting and retaining staff across the whole of the health and social care workforce.

***We have significant infrastructure challenges*** - many of our buildings are outdated and our services have outgrown them. At the same time, changes in the model of delivery mean we have a number of sites that could be rationalised without impacting the quality of care. However improvements in the physical infrastructure would need to be made. There is a need to review the health and social care estate to assess the possibility of greater efficiencies. Our IT infrastructure is also limited but there are many opportunities; the secondary care services have extremely low digital maturity and are largely paper-based but our primary care services are extremely well integrated across one system. Broadband coverage is 83% however many users find it too slow.

***However we are building on a foundation of strong working relationships across our partners with a common vision - a legacy of QIPP delivery and service change ranging from the successful introduction of falls services, virtual ward roll out across the county and improved dementia services.***

# One Herefordshire Approach summary (1) – our response to the challenges

The vision for the local health and care system in Herefordshire is one where strong communities encourage individual citizens to live healthy lives and offer support when this is required for them to maintain their independence, with sustainable, aligned health and care services for local people. Sustainable services are those delivered via a model of care which ensures that they can be delivered in a clinically viable, safe and effective manner at the scale to which they are required locally and within the financial resources available to the system as a whole

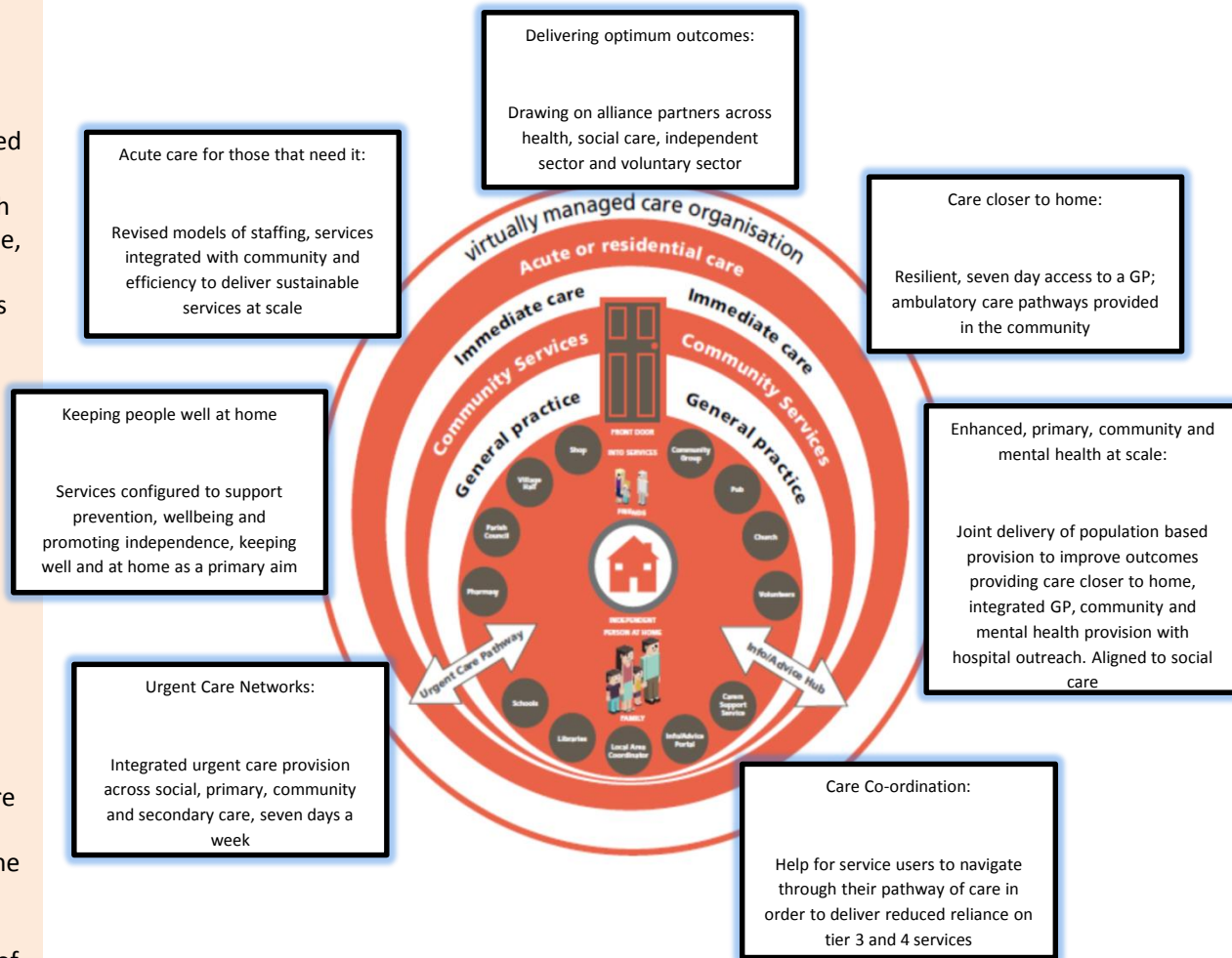
One Herefordshire Programme is focused around 4 work streams.

- Supportive Communities
- Community Collaborative
- Urgent Care
- Acute Care

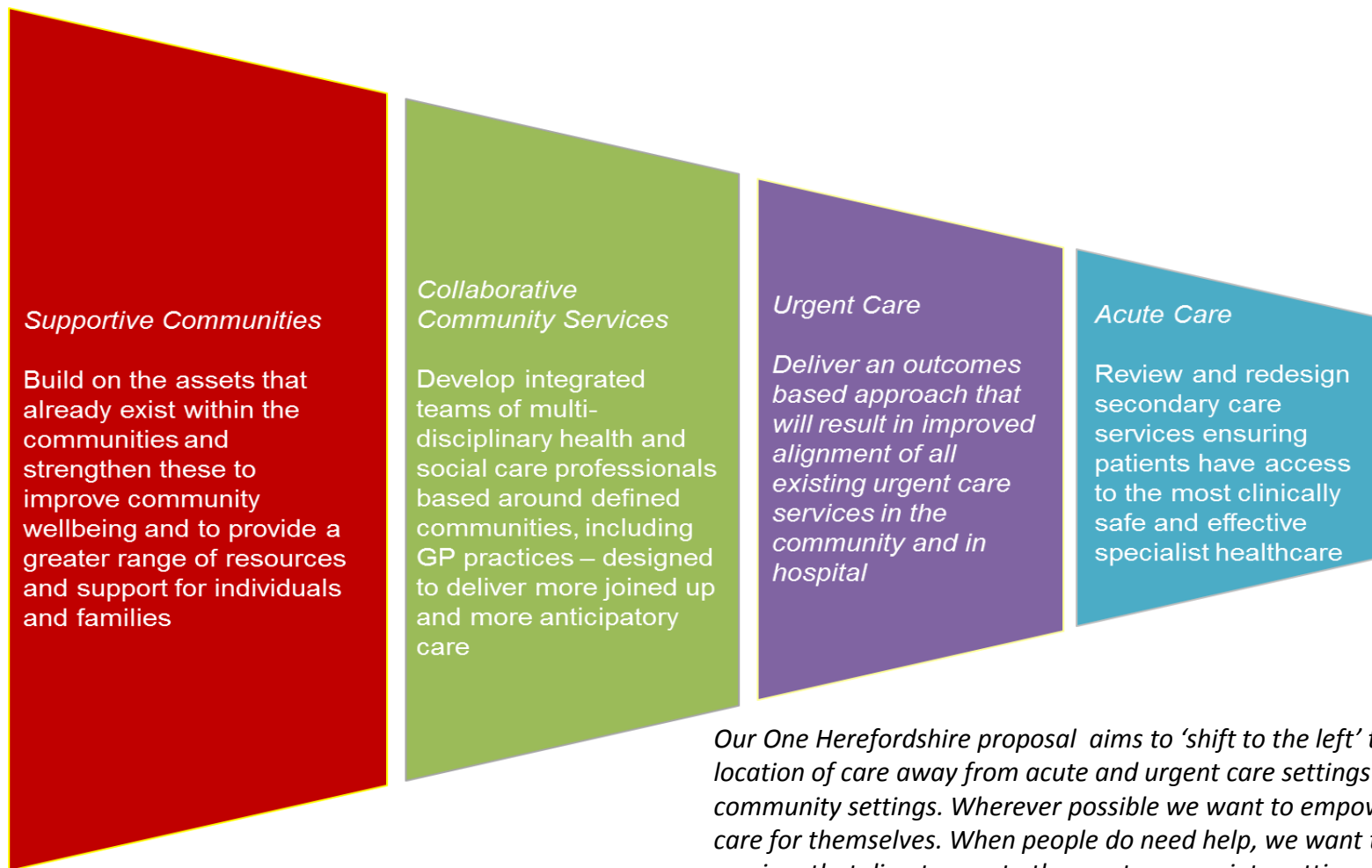
These are lead and supported by key leaders from across the system, and report to the One Herefordshire Programme Board.

The CCG is clear which pieces of work and projects are contributing specifically to the One Herefordshire Programme; and continues to provide resources to the programme.

We will be bringing this vision into the development of the STP for Herefordshire and Worcestershire



## One Herefordshire Approach - our 4 Workstreams



*Our One Herefordshire proposal aims to 'shift to the left' the nature and location of care away from acute and urgent care settings and into community settings. Wherever possible we want to empower citizens to care for themselves. When people do need help, we want to provide services that direct users to the most appropriate setting. General practitioners are at the heart of our proposal, with our plans to deliver primary care at scale being key to taking forward many of the improvements in each of the workstreams.*

# Executive Summary – CCG Planning & Delivery Framework for 16/17

## Our Vision

A high quality, sustainable, and integrated health and care economy, with the patient and the public at the heart of everything we do

One Herefordshire Programme

**Commissioning priorities for 16/17** - Urgent Care pathway - Demand Management schemes inc diagnostic services - Community services redesign and continued development of community teams - Cancer services including the delivery of constitutional standards - Mental Health Pathway including - CAHMs

Cross-cutting streams

Technology

Estates

Organisational Development

System Leadership

Workforce

Communications

Financial Stewardship

Cashable benefits

Other £0.88m

Preventative and self care

£0.19m

Primary Care

£0.72m

Community Services

£3.1m

Planned Care

Urgent Care

£1.34m

Modernising Mental Health Services (inc LD)

£0.53m

Cancer and EoL

£0.70m

Children & Young People

£0.34m

Medicines Optimization

£1.15m

High Quality Clinical and Care Services

n/a

Total £8.9m

## Quality & Performance delivery measures

- Reduction in admissions, re-admissions and length of stay for people with a LTC
- Increase in number of people who feel supported to manage their long term condition
- Reduce low value and focus on RTT & performance
- Maximum 18 week wait RTT (improved trajectory towards 95%)
- NHS Constitutional targets for Cancer waits met
- Reduction in non-elective admissions
- A&E Waiting times (max 4 hrs.) (performance maintained at >95%)
- Category A ambulance calls resulting in an emergency response arriving within 8 minutes
- Reduction in delayed discharges/performance maintained
- Reduction in specialist children's placements (out of county)
- Access to services seven days a week
- Increase Dementia diagnosis rates
- Increase IAPT rates
- Quality metrics delivered e.g. mortality rates reduced, fewer SIs and never events
- Improved Patient Experience (including Friends and Family test)

Supporting Communities  
Community Collaborative  
Urgent Care  
Acute Service

Clinical Work Streams

Our values – Commissioning with integrity – with honesty....and openness...as a system...being clinically lead...with patients and people at heart....whist treating colleagues and patients with respect

# Overview of 16-17 CCG Clinical Workstreams

## Preventative

- Improving CVD and CHD outcomes and reducing associated inequalities inc
  - Enhancing diabetes pathway (as part of national pilot programme)
  - Greater proactive anticipatory care and supported self management (SC, BCF)
  - Greater focus on preventative care pathways and reductions in admissions due to alcohol, smoking and obesity related conditions (SC)
- Risk stratification– identifying those most at risk within our communities and supporting them to self-care and reduce their reliance on care services
- **Aligned with One Herefordshire Supportive Communities workstream**

SRO: ATS  
Clinical lead: tbd

## Mental health

- Implementation of Mental Health Strategy and integrated mental health pathway with focus on ensuring parity of esteem ( part of Joint Commissioning programme with Herefordshire Council inc)
- Re-provision of Mental health services in the county adopting an outcome based commissioning approach
- Delivery of IAPT and dementia targets
- Continued implementation of crisis care concordat inc CAHMS
- Review of learning disabilities arrangements linked to transforming care

SRO: ATS/HB  
Clinical lead: SL

## Primary

- Working with primary care to develop infrastructure to deliver 7 days services inc IT, workforce and estates
- Continuing work towards with acquiring delegated commissioning status
- Explore outcome based commissioning models for primary care;
- Establish future options for sustainable Primary Care services in Herefordshire
- Reducing variation in quality of care and improving standards

SRO: LW  
Clinical lead: SN

## Cancer & EOJ

- Implementation of improved EoL pathways e.g. hospice at home, self-management and anticipatory care planning in care homes
- Strengthening Transition processes from children's and young people and adults services
- Delivery of NHS Cancer Constitution targets
- Improving standard of care in cancer survivorship and rehabilitation

SRO: ATS  
Clinical lead: AH

## Community

- **As part of the One Herefordshire Community Collaborative work**
  - Redesigning adult bed based community services in order to improve clinical outcomes and deliver a clinically sustainable and financially viable model of services
  - Continuing to integrate community and mental health provision around primary care teams with hospital outreach and aligning this to social care across the county
  - Improving 7 day access to services across primary, acute and community services to ensure people are seen in the right place at the right time

SRO: ATS  
Clinical lead: IT

## Children's

- Transforming mental health services for children and young people
- Children disabilities review of CHC framework
- Review and commissioning of short breaks (part community collaborative work stream)
- Development and re-designing a model of care for children's health
- Strengthen the CCGs safeguarding framework and processes, continuing to work closely with partners

SRO: ATS  
Clinical lead: tbd

## Planned

- Achieving improved access to and experience of planned care for the patient through pathway review and development supported by system and process reform including
  - implementation of referral management framework,
  - improved access to diagnostics, waiting list review, and new to follow ups
  - compliance with LPT and review of specialty pathways
  - Reduce low value and focus on performance & RTT
- **Aligned with One Herefordshire Acute Services/Urgent care work streams**

SRO: HB  
Clinical lead: RK

## Medicines

- Ensure timely and appropriate patient access to medicines and medicines advice
- Medicines optimization across primary and secondary care
- Focus on antibiotic stewardship
- Developing the role of pharmacy and pharmacists e.g. medicines use reviews, alternative to emergency admissions and role in primary and secondary care settings
- Medicines optimizations in all our community settings

SRO: ATS  
Clinical lead: PH

## Urgent

- **As part of One Herefordshire Urgent Care work stream**
  - Preventing crises and providing alternatives to emergency admissions to improve outcomes for patients
  - Consistent clinical assessment and redirection across the whole urgent care pathway – inc. public and patient access to clinical decision making
  - Supporting improved quality and mortality indicators within WVT
  - Continuing to deliver our system resilience plans to improve operational performance and deliver NHS Constitutional standards
  - Focus on flow to support delivery of performance targets

SRO: ATS/HB  
Clinical lead: AW

## High Quality Care

- Create a culture of continuous quality improvement, openness, transparency and candour across the healthcare system
- Encourage feedback and value the role of patients and healthcare professionals in shaping, monitoring and improving services
- Commission personalised services that reflect individual needs that are accessible, safe, clinically and cost effective which support a positive care experience
- Continue to develop the Transforming Care programme
- Focus on improved stroke and TIA service and care across the system

SRO: AO  
Clinical lead: IT

## Summary 16-17 CCG Cross-cutting Workstreams

### System Leadership

Lead: CO

CL: CC

- Development of 5 year sustainability and transformation plan and continued implementation of One Herefordshire programme
- Strengthening joint commissioning arrangements with Council colleagues via BCF and with partner CCG
- Working with providers to develop new care models/provision to improve quality of care and sustainability
- Work with partners to ensure improvement actions related to removal of WVT special measures are enacted

### Financial Stewardship

Lead: CFO

- Delivery of the Financial Recovery Plan, as part of the CCG turnaround process; including QIPP savings plans
- Medium term financial plan implemented and proactively managed
- Strengthened financial governance and reporting
- Enhanced use of modelling and benchmarking tools e.g. Right Care to identify improvement and QIPP opportunities

### Organisational Development

Lead: CO

- Implementation of Capacity & Capability Improvement Plan to deliver improved governance, resilience and planning
- Governing Body and senior leaders development programme to improve financial, analytical and strategic insight
- Increased joint working and use of shared resources with partner CCGs and Herefordshire Council
- Strengthened programme and portfolio management processes, to ensure clear action plans and benefits aligned and mapped across CCG portfolio
- Use of key analytical tools to support prioritisation and opportunities e.g. Rightcare, atlas of variation

### IMT

Lead: DoO

CL: IR

- Using technology to support best clinical practice and decision making, moving to paperless working at point of care (i.e.. Digital roadmap thus facilitating service efficiency, effectiveness and safety and enabling seamless/partnership working).
- Whole system patient information sharing/ interoperability, supporting integrated patient-centred services.
- Patient Empowerment by provision of tools & information for direct use by citizens/patients/clients e.g. assistive technology & patient held records.

### Estates

Lead: DoO

- Working with local authority and NHS England to develop a primary care estates strategy to create capacity for further integrated working, support recruitment and retention to primary care teams and improve access to primary care services, ensuring a clear framework for prioritisation of schemes and access to transformation monies
- Working with One Herefordshire partners to make best use of public assets in Herefordshire and support integrated working and improve sustainability

### Communications, Involvement and Engagement

Lead: DoO; BL:LM PPI

- Engage and involve Herefordshire residents in collating views on the future form and role of primary care services in Herefordshire
- Work with patients and the public to understand and identify priority outcomes for patients for future mental health provision
- Involve and engage stakeholders and public in intermediate care review and redesign developments
- Herefordshire Voices – working with carers to understand and improve the carers experience and improving

### Workforce development

Lead: ELN

- Commissioning education programme (s) continue to promote and provide training for clinicians and professionals in Herefordshire inc GP education days and care home training days
- Enable reconfiguration of the workforce through improved modelling and planning, widening the skills base
- Identify, recruit and develop for the various roles in the care system (e.g. clinicians, professionals, support staff etc)