

**KEY ISSUES AND PRIORITIES FOR PARTNERS IN JOINT WORKING IN HEREFORDSHIRE IN 2004/5****Report By: Yvonne Clowsley, Head Of Integrated, Modernisation, Planning And Change Team (Impact)****Purpose**

1. This paper is to stimulate discussion and agreement on the priority areas for joint working led by the Health and Care Partnership Board and supported by the IMPACT team in 2004/5.

**Single Agency Priorities For 2005/6****2. NHS Priorities for 2005/6**

- A choice of providers;
- A maximum wait of 18 weeks for admission for treatment following referral by a GP;
- Treatment by any facility that meets NHS standards and price;
- A wider range of service in Primary Care;
- Electronic prescribing;
- The expansion of Direct Payments for social care;
- Regulation and inspection by CHAI;
- Community matrons;
- Major investments to tackle chronic diseases;
- Progress to achieving a 40% reduction in death rates from heart disease and stroke;
- A health service making inroads into levels of smoking, obesity, etc;
- Local communities having greater influence over local services;
- All NHS Trusts to apply for Foundation Trust status;
- An expansion in staff number.

The standards given nationally were meant to be a minimum, and it was envisaged that the actual targets set would exceed those standards wherever possible.

### **3. Local NHS Priorities for 2005/6**

For Herefordshire, the Primary Care Trust would aim to achieve the following:

- An increase in capacity and efficiency;
- Achievement of all access times;
- Prepare for the new marketplace of choice, and subsequent funding flows.
- Prepare for payment by results and Foundation Trusts;
- Maintain financial balance;
- Ensure wise investment in ICT;
- Focus on Public Health;
- Plan for the future, for example, developing a strategy for acute services;
- Investment in emergency medicine;
- Develop robust processes of chronic disease management;
- Design and implementation of new Out of hours service;
- Improvement in Stroke Services;
- Greater emphasis on Children's Services.

### **4. Social Care and Strategic Housing Priorities for 2005/6**

- Improving older people's services: Performance on assessment and care management; equipment/adaptations;
- Developing older people's services: Home Care changes; STARRS; Consolidating the SHAW transfer and development programme; Extra care housing in Hereford;
- Impact through partnership: Making capacity work to best effect, Every Child Matters/Herefordshire Child Concern Model; Decent housing and homelessness developments; Improving processes for vulnerable people (HHT and PCT, Ross Community Hospital, waiting and delays); Voluntary Sector (The Alliance and commissioning future services);
- Prospects/Capacity for improvement: Retention of excellent prospects for Children's services and ensuring promising prospects for adult services; Retaining housing performance at a high level.

### **5. Hereford Hospitals NHS Trust Priorities for 2005/6**

Further information on the subject of this report is available from -  
**Yvonne Clowsley, Head of IMPACT, on 01432 344344**

- Creating a vibrant hospital team: A staff survey had revealed that the Trust was felt to have overall good performance, with some weak areas. The results of the survey had been made available shortly after Mr Rose took up post, and had provided a useful snapshot. In order to regain some vibrancy in the hospital environment, it would be necessary to increase the presence/visibility of managers. Three clinical leaders, or chiefs of staff, would be appointed as a result. Recruitment and selection processes would be revised to ensure that the best staff were in post, and a new award system, called "One of the Hospital's Best" would be launched to improve staff motivation.
- Improving customer confidence: It would be necessary to give greater media publicity to achievements and improvements, to provide a smiling front-line team, and emit positive messages about what it was like to work in the hospital.
- Delivering a financial balance: The current £3.5 million gap between income and expenditure would have to be reduced.
- Achieving capacity in the right places: Work had already started on capacity management in the areas of emergency care and chronic disease management, and it was estimated that it would take under 2 years to address acute bed shortages.
- Supporting some key services: The Trust's work on a joint Paediatric plan with the PCT was cited as an example of the way in which key services could be supported. Areas such as Accident and Emergency would also be targeted.
- More stars and preparing for Foundation status: The Trust was working towards achieving a 3 star rating in the current year. Foundation status represented a fundamental policy change, and was undoubtedly the way to progress.
- Playing a part in the local community.

## **6. Hereford and Worcester Ambulance Service Priorities for 2005/6**

- Patient Centred Care: The Trust needs to work towards improving its Key Access targets, and the public's understanding of them.
- Information Technology: The Trust had been heavily engaged in implementing cutting edge technology to improve its service. Currently, it was possible to send information about the condition of a patient directly from ambulance to hospital, and the aim would be to increase the use of this type of technology. The Service was aiming to be the first in the country to use similar diagnostic links between ambulance and GP, and to explore use of the same technology in relation to ultrasound and x-ray.

Issues surrounding stroke care, and chronic disease management would also be researched.

- High Quality Clinical Care: Efficient use of data would help to develop services and create capacity. Improvements to quality would also be achieved by Implementing National Service Frameworks (Thrombolysis treatment, delivered as a NSF, had already been hugely successful), focussed training in key areas, empowering clinical and managerial staff to use their skills, attaining CNST/RPST accreditation, and developing a CHAI action plan.
- Improved health and reduction in inequality: The ambulance service would take a more active role in promoting public health, for example, smoking cessation, 'flu vaccination. It was intended to improve the health of the workforce along similar lines, so that they would be able to promote the issues from a point of understanding their merits firsthand.

Improving equality for Herefordshire and Worcestershire would mean providing a better service to rural locations, so that they were reached within the 8-minute target. This might be achieved through employing "Basic Doctors" in rural areas, who would be able to attend the patient ahead of the ambulance. Mr Hamilton reported that the Trust's funding bid through the New Opportunities Fund/British Heart Foundation had been approved today, which meant that staff could now be trained as "first responders".

- First Class Workforce: An operational Services Review was currently examining the staff skill mix, resources, vehicles, and the type of people employed, as a way to improve the overall effectiveness of the workforce;
- Involvement of Patients and Public;
- Increased value for money: The Trust would change its ethos so that some patients would be treated at home and, when appropriate, not taken to hospital.

## **Joint Priorities For 2005/6**

### **7. Common Themes Identified For The Partnership To Develop**

- Decreasing the number of people staying unnecessarily in hospital, and being referred unnecessarily or inappropriately to hospital;
- Producing viable and appropriate alternatives to hospital care, where appropriate;
- Developing a strategy and service model of services for Older people, and managing their health care;

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- Developing joint plans, commissioning arrangements and service plans for Children's Services (in particular, child protection);
- Developing the Child Concern Model;
- Developing common assessments, care plans and key workers for children with complex needs;
- Educating young people to take greater responsibility for their own health care;
- Co-ordinating and sharing Public Health information;
- Steering and giving guidance to Section 31 Agreements;
- Managing public expectations and improving public confidence;
- Improving patient choice, and as professionals, gaining a greater understanding of what it was like to be a patient so that services would be tailored to the patients' experiences. It was noted that this approach might require a shift of team resources, and a different way of working, and this was to be explored;
- Expanding on the role of the community and the voluntary and independent sectors.
- Ameliorating the impact of financial pressures across agencies, by joint working to maximise limited resources;
- Developing joint service planning that dovetails across agencies, using the IMPACT team to ensure cohesion;

## 8. Possible areas of influence

- **Marketing the services**

Increase Public confidence

Managing expectations

Pro-active PR

Providing clear and appropriate information to the Public

- **Maximising the role of the Council and NHS as model employers**

Demonstrating by example, i.e. Flu vaccination uptake

Health lifestyles encouraged for staff

Encourage environmentally friendly transport options

- **Maximising use of data and information**

Sharing demographic data

Sharing Public Health data

Encourage use of NHS numbers

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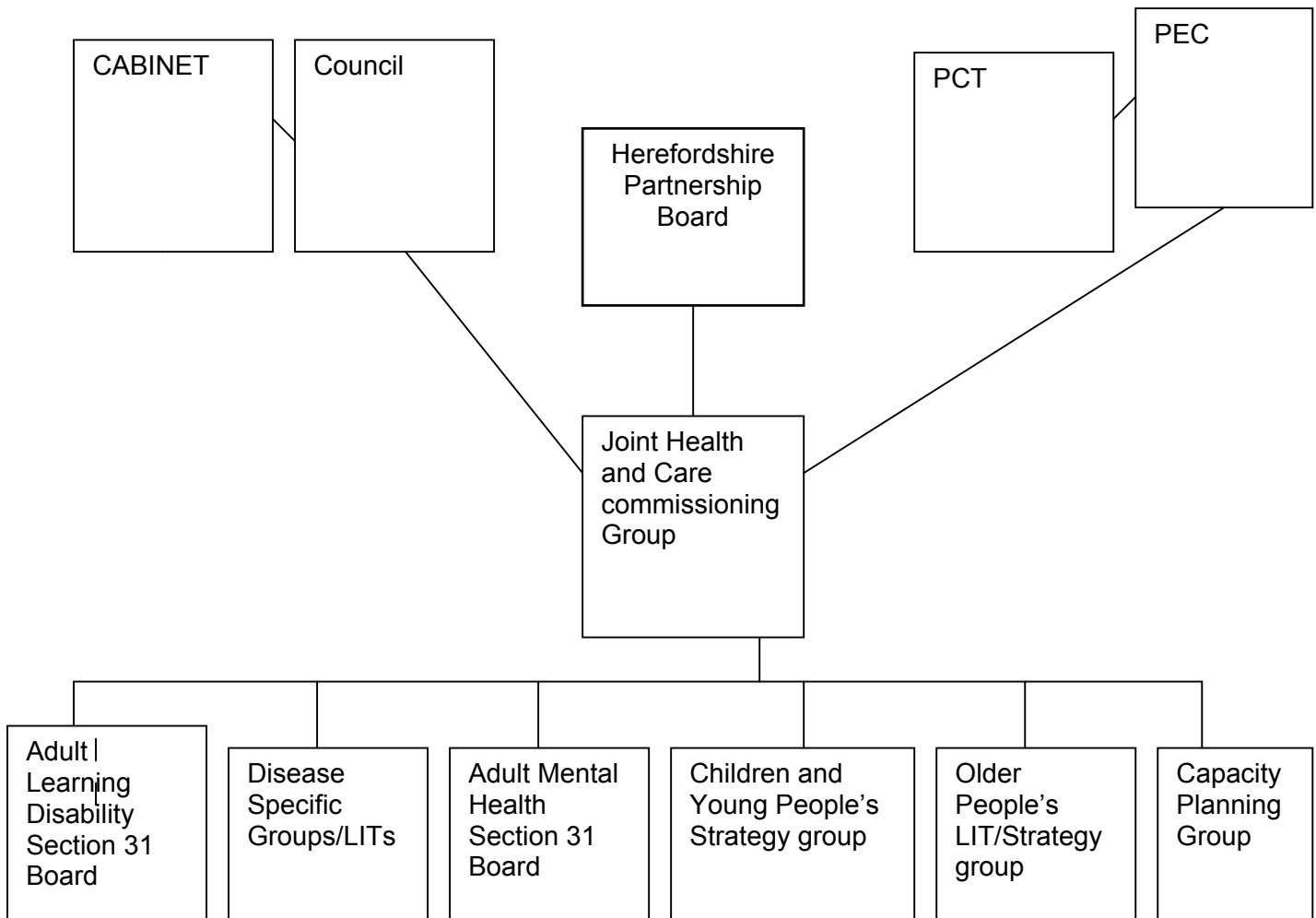
- Including the Voluntary and Independent Sectors in early discussions on service planning

**Proposed Future Actions**

**9. Linking of existing groups to ensure joint service development planning in each of these areas:**

Learning disability Section 31 Board	To develop further and could form groups for commissioning and integrated service provision.
Mental Health Section 31 Board	
Children’s and Young People’s Strategy Group	
Older People’s LIT/Strategy Group	
Disease Specific Groups	
Capacity Planning Group	

**10. The sort of structure that could support this function might be:**



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## **RECOMMENDATION**

**THAT the Partnership agrees on its the priority areas for joint working, led by the Health and Care Partnership Board and supported by the IMPACT team in 2004/5, and a programme be developed therefrom.**