



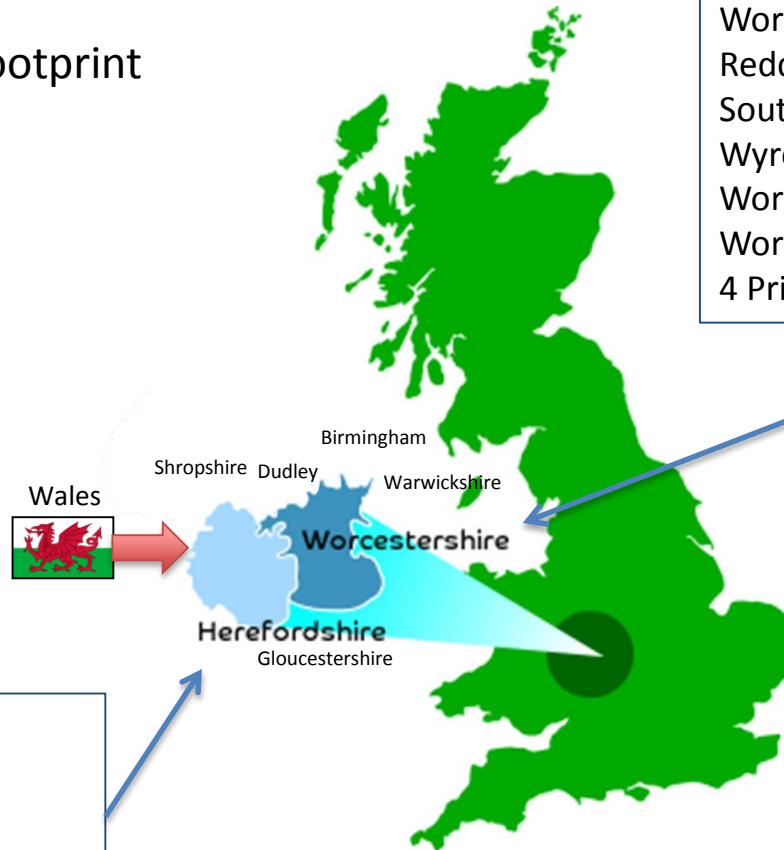
One Herefordshire and Sustainability and Transformation Planning (STP)

Herefordshire Health Overview and Scrutiny Committee

19 September 2016

The STP Planning Footprint

- 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

The purpose of the STP is to develop the opportunities for local bodies to work on a more sustainable planning footprint in order to address the Triple Aim gaps:

Health and Well Being - The main focus of this particular workstream is on achieving a radical upgrade in illness prevention to reduce the long term burden of ill health – both from a quality of life perspective for individuals and a financial perspective for the health and care system.

Care and Quality - The main focus of this work is on securing changes to enable local provider trusts to exit from the CQC special measures regime and to reduce avoidable mortality through more effective health interventions in areas such as cancer, stroke, dementia, mental health and improved maternity services.

Finance and Efficiency - The main focus of this work is on reducing unwarranted variation in the demand and use of services and securing provider efficiencies through implementing new approaches to care provision.

The gap between life expectancy (LE) and healthy life expectancy (HLE) –In Herefordshire the gap at 65 years of age is 7.8 years for men and 9.4 years for women In Worcestershire 7.1 and 9.1 years respectively.

Premature mortality rates vary significantly between the two Counties - Worcestershire mortality rates ranks 55th out of 150 Authorities nationally (where 1st is best) for premature mortality. Herefordshire ranks 21st.

There are some condition specific premature mortality concerns - In Herefordshire, colorectal cancer, heart disease and stroke are slightly higher than expected (but not significantly), whereas in Worcestershire, premature mortality in some of these areas is amongst the worst or actually is the worst for its comparator group (for example colorectal cancers and heart disease).

There is a gap in mortality rates between advantaged and disadvantaged communities, particularly in Worcestershire - The range of years of life expectancy across the social gradient at birth is 7.8 years in Worcs and 4.9 in Herefordshire. In our rural areas, health inequalities can be masked by sparsity of population but we know differences exist which need to be tackled, including issues of access.

Some outcomes for children and young people are lower than expected:

- **School readiness** - In Herefordshire only 40% of children receiving free school meals reach a good level of development at the end of the reception school year. In Worcestershire the figure is 46%. Both are worse than the England average of 51%.
- **Neonatal mortality and stillbirth rates** –Amongst the worst in the comparative groups for both counties. In Herefordshire 9.7 per 1,000 live births and Worcestershire 7.5 per 1,000.
- **Obesity** – In Herefordshire 22% and in Worcestershire 23% of reception class children are obese or overweight.
- **Alcohol admissions under 18s** – 56 per 100,000 in Herefordshire and 46,5 per 100,000 in Worcestershire. Both significantly higher than the England average of 40. This equates to an additional 30 admissions in Herefordshire and 37 in Worcestershire.
- **Breast-feeding initiation rates** are both below the national average (68% in Herefordshire and 70% in Worcs with a national figure of 74%).
- **Occurrence of low birth weight** is amongst the worse of their comparators groups.
- **Teenage conceptions** - 24 per 1,000 in Herefordshire and 25 per 1,000 in Worcestershire are the highest rates amongst their comparator groups.

STP: Progress to Date

- In 2020/21 the total available resource to NHS commissioners will be £1.327bn, with a forecast spending requirement of £1.412bn, leaving a shortfall of £84m.
- This difference will need to be addressed through commissioner efficiency improvements – normally achieved through re-designing the way in which services are commissioned or re-commissioning existing services at lower cost.
- In addition to these savings required of commissioners, provider organisations also have to address efficiencies that are not currently reflected in the figures.
- Specific proposals to address these gaps are currently being explored - but there are currently no plans sufficiently advanced to put forward for scrutiny.
- It is anticipated that these plans will be developed through the next round of planning and contracting discussions in advance of commissioners and providers signing two year service contracts by December 2016.
- All proposals will be brought to HOSC for consideration at the appropriate time.

STP: Progress to Date

February:

- First presentation to HWB on the planning requirements
- Confirmation of the planning footprint covering Herefordshire and Worcestershire

March:

- Establishment of programme leadership and governance
- Co-production principles reaffirmed
- Initial analysis of existing planning layers reported to HWB development session

April:

- Analysis of the triple aim gaps reported to NHS England through a planning return

May:

- First “all agency” strategic away day to discuss the response to the triple aim analysis

June:

- Second away day to develop and refine proposals
- Draft submission to NHS England on the Sustainability and Transformation Plan

STP: Progress to Date

August:

- Further workshops to develop and refine submissions

September:

- Submission of financial plans to NHSE

October:

- Submission of final Sustainability and Transformation plans to NHSE
- Commence development of resulting operational plans

December:

- Submission of two year operational plans – commissioners and providers

Some Emerging Priorities for Review

- **Cancer** - improve patient outcomes by better performance in prevention, early identification, diagnosis and treatment
- **Stroke** – improve patient outcomes by reducing risk factors and improving services for responding to stroke events
- **Maternity** – give children a better start in life through reducing risk factors (maternal smoking, improve flu vaccinations and improved breastfeeding rates)
- **Mental health and wellbeing** – improve access to services such as psychological therapies
- **Frailty and dementia** – improve out of hospital community nursing and social care services to reduce the need for hospital admission and improve independence
- **Acute services** – support local providers to come out of the CQC special measures regime

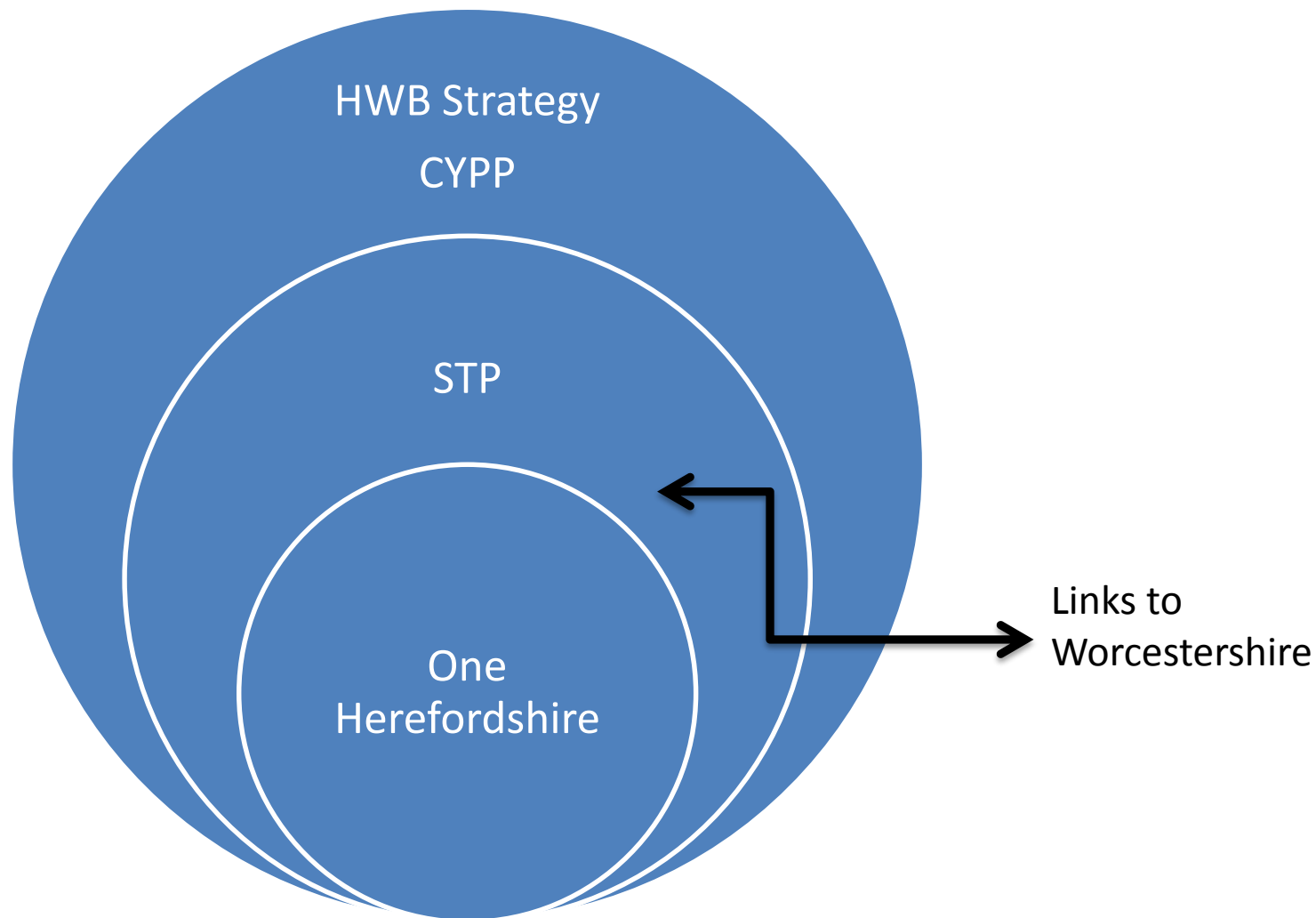
Changing the “Ways of Working”

- **Workforce** – review and respond to the challenges of workforce demand and supply across primary, community, acute and social care services
- **Digital** – maximise the opportunities for remote monitoring and care provision, particularly in areas
- **Estate, infrastructure and back office** – maximise opportunities to work more efficiently by sharing resource, skills and buildings
- **Personal care planning** - particularly for crisis management and end of life care
- **Public and patient engagement**, including better self care to support independent living
- **Leadership and decision making** to enable front line staff to make the right decisions for patients, the public and the public £.

Engagement

- Effective stakeholder engagement is a key component of the STP
- Healthwatch and VCS representatives from both counties are represented on the STP Programme Board
- In addition the engagement process has been extended to include VCS representatives on all the clinical theme groups; more than 20 VCS representatives in total are involved in the themed groups across the STP development process
- As plans develop, engagement will extend again to ensure that a wider discussion with stakeholders is undertaken, to ensure our final plans are co-produced with local communities
- This is in addition to formal consultation and scrutiny requirements
- It is important to note that any specific decisions or service changes required as a result of the STP will be subject to a separate engagement and consultation process as necessary

How It Fits Together



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, Shropshire, Powys).

- Core focus of Herefordshire's Health and care partners to deliver a sustainable system to improve Health and Wellbeing
- Focus on prevention e.g:
 - ✓ Resilient communities
 - ✓ Proactive approach – crisis prevention
 - ✓ Smoking, obesity etc
- Increasing recognition of interdependencies with the wider system e.g:
 - ✓ Infrastructure developments (e.g. new bypass)
 - ✓ Housing developments
 - ✓ Working with wider public services e.g. Fire, Police
 - ✓ Role of voluntary and third sector
 - ✓ Community development
- “Upscaling” of approach within CYPP – eg HIPPS

One Herefordshire - Vision

Delivering optimum outcomes:

Drawing on alliance partners across health, social care, independent sector and voluntary sector

Acute care for those that need it:

Revised models of staffing, services integrated with community and efficiency to deliver sustainable services at scale

Care closer to home:

Resilient, seven day access to a GP; ambulatory care pathways provided in the community

Keeping people well at home

Services configured to support prevention, wellbeing and promoting independence, keeping well and at home as a primary aim

Enhanced, primary, community and mental health at scale:

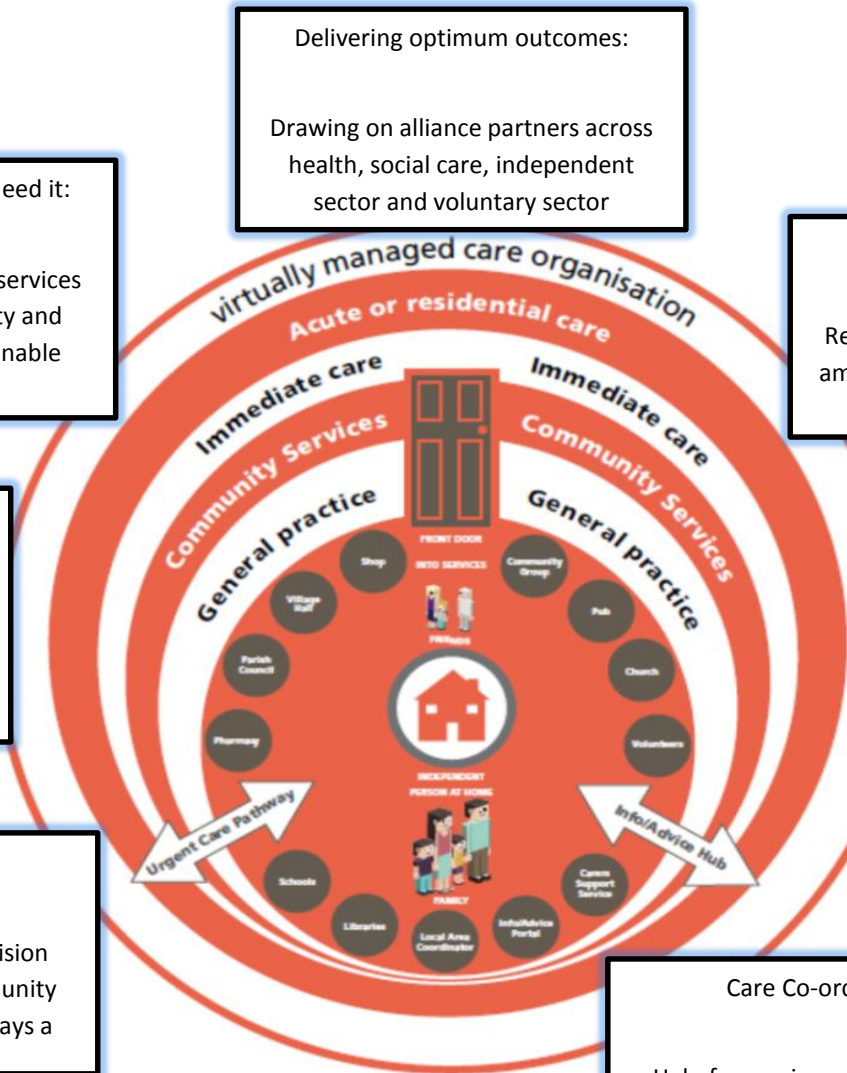
Joint delivery of population based provision to improve outcomes providing care closer to home, integrated GP, community and mental health provision with hospital outreach. Aligned to social care

Urgent Care Networks:

Integrated urgent care provision across social, primary, community and secondary care, seven days a week

Care Co-ordination:

Help for service users to navigate through their pathway of care in order to deliver reduced reliance on tier 3 and 4 services



- Linking into STP process for efficiencies and resilience
- Financial gap and sustainability challenges identified
- Agreed vision in place
- Exploring new models of delivery and care
- Based on closer 'alliance working'
 - Across 5 Herefordshire organisations - MOU in place
 - Between commissioners – 3 year programme of work
 - Between providers – new contracting forms

Questions