

Herefordshire Health and Wellbeing Board

Integration and the STP Delivery Plan

An update on joint working across the
Herefordshire Health and Wellbeing system

28th March 2017

Herefordshire and Worcestershire STP

A five year plan to provide safe, effective and sustainable care in our area



Herefordshire and Worcestershire STP – Key Milestones

- Draft Plan Submitted to NHSE: October 2016
- Draft Plan Published: November 2016
- STP Wide Public Engagement: December – February 2017
- Plan “Refreshed”: March/April 2017
 - Feedback from engagement – content TBC
 - Urgent care (Worcestershire focus)
 - Financial model post NHS 2017-19 contract round
 - Community services resource modelling

Herefordshire and Worcestershire STP – Key Milestones

- Updated plan:
 - To simultaneous HWBB meetings May 2017
 - To Health Scrutiny Committees
- GB's Reconsider for Sign-Off: May 2017 (June 2017 Worcs)
- “Delivery” Commenced:
 - CCG 2017 Operational Plans
 - Engagements and consultations on specific themes
 - All service changes via appropriate local governance route
- One Herefordshire as the delivery mechanism



One Herefordshire Transformation Programme

One Herefordshire: Logic Model

LOGIC MODEL

A

Our CONTEXT

Herefordshire is a very rural county. Its 188,100 residents are spread over a large geographical area, making it the 4th most dispersed population in England and increasing the delivery costs of services. It has a relatively high proportion of people aged over 65 years that is growing faster (in both relative and absolute terms) than the national average. With people living longer the demand for health and care services is growing, with rurality making it difficult to attract and retain a suitably skilled workforce. This combination of higher delivery cost, greater demand, and workforce constraints impacts significantly on the clinical and financial sustainability of services. The One Herefordshire Transformation Programme describes our collective vision to address these challenges and deliver the aims of our Health and Well Being Strategy, so that Herefordshire residents are resilient, lead fulfilling lives, are emotionally and physically healthy, and feel safe and secure. We will work in ways that create the capacity, capability and culture to deliver joined up care, and promote prevention and self-management. With individuals and communities taking responsibility for their own Health and Wellbeing we will constrain demand for health and social care to levels that we can meet through sustainable, high quality and aligned services.

B

With these INPUTS

C

We will carry out the following ACTIVITIES

D

Creating the following OUTPUTS

E

To deliver the following OUTCOMES

F

With these long term IMPACTS

Patent Voice

- Co-production with communities, patients & public

Organisational:

- Alliance working across commissioners & providers
- Joint Commissioning: LA and CCG
- Provider alliance: focus on functions

Workforce and OD:

- HR framework for single workforce across organisational boundaries
- Workforce pipeline
- Skills development framework

IM and T:

- Single strategy including IG

Estates:

- Public sector estates strategy
- Common delivery points
- Delivery of clinical activity outside hospitals

Enabling activities

- Capacity, capability & culture to deliver joined up support and care, prevention & self-management
- Alignment of incentives through outcomes based weighted capitation contract(s)
- Operating and contracting frameworks that deliver joined up support and care
- Interoperability & shared information across primary, community and secondary care
- Virtual support – for information, advice, self-management and access to clinical opinion
- Mobile working

Prevention, Self-Care and Wider Wellbeing

- Link to economic development
- Develop supportive communities
- Embed information/advice, supported self-management and social prescribing
- Embed MECC
- Roll out NDPP
- Work to improve MH and Wellbeing

Children and Young Peoples Plan
Improve outcomes for priority areas:

- Early help
- 0-5 (early years)
- Mental health & emotional wellbeing
- Safeguarding
- Challenges for teenagers
- Children/ young people with disabilities
- Transition to adult services

Develop Integrated Out of Hospital Care:

- Primary Care at Scale
- Integrated Community and MH Teams
- Redesigning Intermediate Care/Community Beds and Reablement

Pathway Redesign (incl Social Care)

- Urgent Care
- ASC Short Term Care
- Frailty (including dementia)
- Elective pathways

Acute Services Clinical Strategy

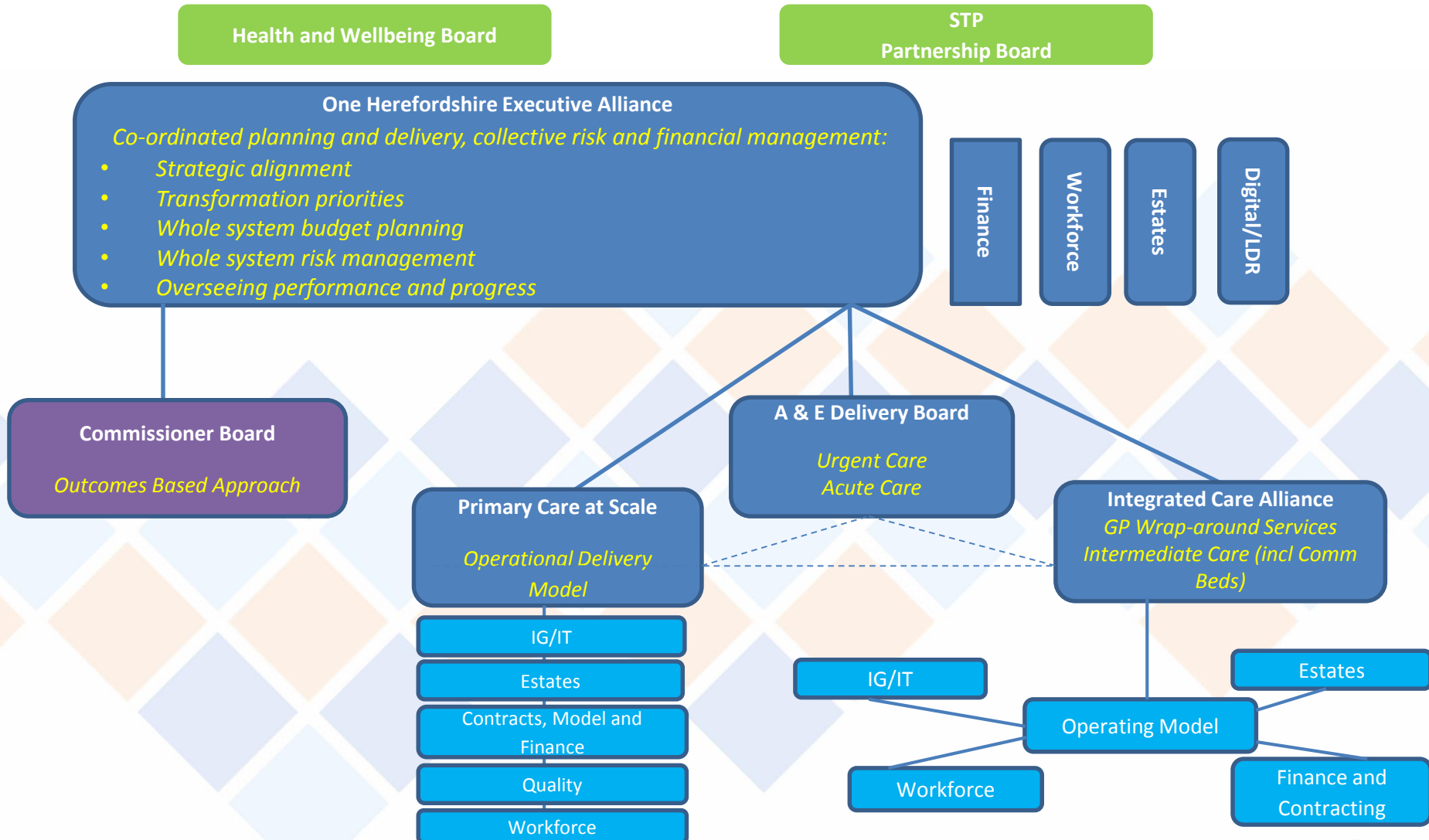
- Develop networked services
- Workforce redesign
- Digital solutions

- Thriving voluntary and community sector
- More people self-navigating advice, support and self-care
- Workforce trained & delivering brief interventions & advice
- Information and support for self-management
- Personalised care planning, available digitally undertaken in partnership
- Information sharing
- Staff competent & confident to manage needs
- Increased quality of referrals
- Access to 7 day primary care
- Proactive identification of “at risk” patients
- MDT approach, joint care planning & delivery
- Admission prevention and facilitated discharge
- Alternatives to hospital & long term support and care
- Simplified access to urgent care – via primary care
- Early clinical assessment and direction
- Proactive identification of frailty
- Links to end of life care
- Improved performance
- Improved recruitment/retention
- Functional integration with community and primary care

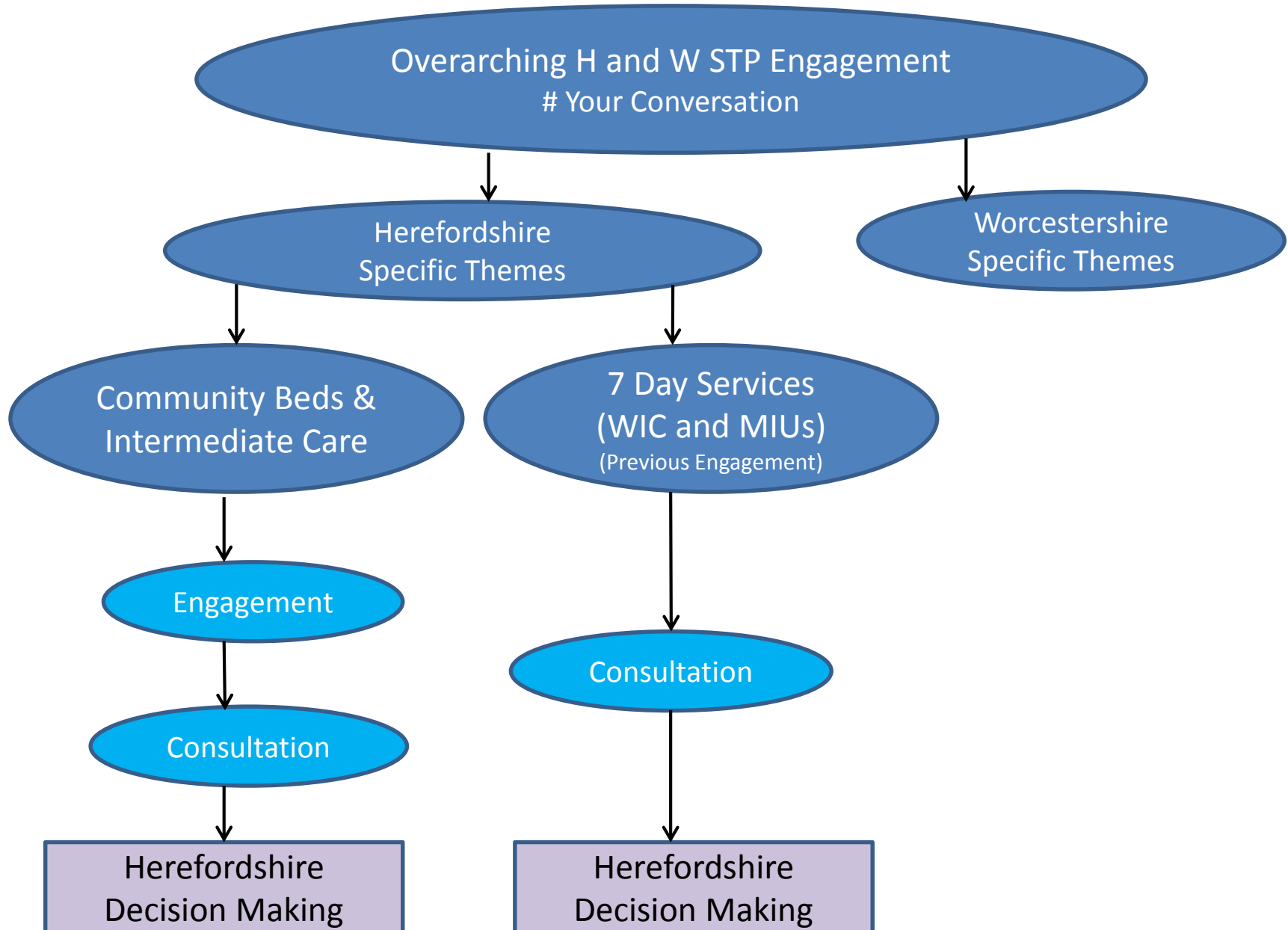
- Reduced social isolation
- More people acting to improve their own health & wellbeing
- Increased self-care
- Fewer complications with physical and mental health comorbidities
- Reduced use of services for non-essential reasons
- Increased uptake of personal budgets
- Reduced referrals to specialist services
- Reduced out of county placements
- Reduced numbers of looked after children
- Improved educational achievement in children/ young people
- More young people in education/training
- Population behaviour change
- More GP time spent in proactive support and care
- Reduced utilisation of non-elective and long term care
- Improved A&E performance
- Shift of care to non-acute settings
- Reduced inappropriate elective activity
- More people die in their preferred place of death
- Clinically & financially sustainable services

- Fewer people die early from causes that are preventable or amenable to intervention
- Reduced gap in healthy life expectancy between least and most deprived areas
- Fewer health and wellbeing barriers to being in work
- Services meet performance and quality standards
- Herefordshire citizens report greater satisfaction with Health and Care Services
- Reduced use of both elective and non-elective services
- Costs contained within available resources

One Herefordshire: Governance



Communication, Engagement and Decision Making



Questions?