



# Overview and Scrutiny Committee

6<sup>th</sup> December 2016

## MINUTES

### Present:

Councillor Jane Potter (Chair), Councillor Gay Hopkins (Vice-Chair) and Councillors Joe Baker, Tom Baker-Price, Matthew Dormer, Andrew Fry, Paul Swansborough, Jennifer Wheeler and Nina Wood-Ford

### Also Present:

Councillors John Fisher, Antonia Pulsford and Yvonne Smith.

Ms S Harris (Worcestershire Health and Care Trust) and Ms S Smith (Worcestershire Acute Hospitals NHS Trust)

### Officers:

K Dicks, J Godwin, S Morgan, C Walker and J Willis,

### Democratic Services Officers:

J Bayley and J Smyth

#### 42. APOLOGIES AND NAMED SUBSTITUTES

There were no apologies for absence.

#### 43. DECLARATIONS OF INTEREST AND OF PARTY WHIP

Councillor Andy Fry declared an Other Disclosable Interest in relation to Agenda Item 9 (Working Groups – Update Reports) as detailed at Minute 50 below.

There were no declarations of any party whip.

#### 44. MINUTES

**RESOLVED that**

**the minutes of the meeting held on 25<sup>th</sup> October 2016 be confirmed as a correct record and signed by the Chair.**

.....  
Chair

## 45. SUSTAINABILITY AND TRANSFORMATION PLAN - PRESENTATION

The Chair welcomed back Sue Harris from Worcestershire Health and Care Trust and Sarah Smith from Worcestershire Acute Hospitals NHS Trust who were in attendance at the meeting.

The Committee received a presentation (copy of presentation slides attached at Appendix 1) from Ms Harris and Ms Smith on the preparation progress of the Herefordshire and Worcestershire Sustainability and Transformation Plan (STP) further to their attendance at the Committee meeting of the 5<sup>th</sup> July 2016. Ms Smith advised that the STP had progressed significantly since the last presentation, the outcomes of which had led to a Draft Plan that Members had been issued with a summary of in their agenda papers. The Chair reminded Members that a copy of the full Draft STP was available in the Group Rooms and electronically.

Following the presentation, for which the Chair thanked Ms Smith and Ms Harris, further information was sought on a number of matters.

Clarification was provided on who would have overall responsibility for the Plan and when it would be delivered. Ms Harris reported that there would be a two year Plan cycle. Collectively all Plans were required to be submitted by the end of December 2016 to enable operations to start in April 2017. The Custodian Board for the STP would be the Health and Wellbeing Board. It was noted that a Programme Board was due to meet the following week to consider the Governance Structure that would need to be worked through.

Further information was given on the future of the Stroke Unit currently based at Worcester Royal with Members being informed that the Stroke Unit would remain at Worcester Royal for immediate acute care treatment. There were, however, proposals to move post-stroke rehabilitation care to Evesham.

Clarification was also provided in respect of Care in the Home, particularly in respect of the GP and carer's involvement. Ms Smith advised that GP's were under a lot of pressure and that discussions were being undertaken to look into the issue with consideration being given to the feasibility of pooling resources, including nurse practitioners, nursing staff and carers to redesign the provision of care in the home with the aim of enabling GP's to have time to provide more specific care. Members were advised that the STP was committed to providing care at home but that it would take time

# Overview and Scrutiny Committee

6<sup>th</sup> December 2016

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to develop and evidence what was needed to achieve the outcomes required.

Additional information was discussed in relation to the finance challenges facing both Herefordshire and Worcestershire Trusts, in terms of identifying how to improve care and quality outcomes and remain within the financial allocations available. It was suggested by Members that future housing developments and the potential implications for population growth should be taken into account as part of the plan process when considering demand for areas such as Maternity Services. Members were informed that the STP was still a draft and there were a number of discussions to undertake, including more in-depth conversations with other Districts. In response to a query on whether there would be any current services that would not be delivered at all, it was advised that whilst people would, of course, still be treated, procedures of limited value, such as fitting grommets, were being evaluated as part of the process.

Also highlighted was the role of Community Hospitals and the need to draw in Connecting Families Services into discussions with a view to developing closer working partnerships to address the current fragmented service provision. Ms Harris reported that it had become clear to all that the competition model rather than collaboration had not worked and that the evolution into the STP model had been recognised as the way forward.

Ms Smith reported that Connecting Families would be picked up with General Practice matters as there was a need to draw in everyone involved at a grass route level to have discussions on what was being done and what could be done better to move forward. Detailed conversations with residents were also considered to be worthwhile to establish how they interacted with Health Services.

The Chief Executive suggested that a Community Family model was needed. Ms Smith and Ms Harris were requested to make sure that Borough and District Councils were not ignored in the development of the STP and that no opportunity for engagement was missed.

On behalf of the Committee, the Chair thanked Ms Harris and Ms Smith for returning to update the Committee on the developing STP. Ms Harris and Ms Smith offered to return with an update in the spring if the Committee wished.

**RESOLVED that**

the presentation be noted.

#### 46. FEES AND CHARGES - PRE-SCRUTINY

The Committee received a report which set out the fees and charges to be levied on services provided by the Council which were to be used as the basis for income targets in the Medium Term Financial Plan for 2017/18 to 2019/20.

Members were advised that the Medium Term Financial Plan had been prepared on the basis that additional income would be generated from fees and charges and that the guideline increase provided to Heads of Service was 3%. Members were informed that a number of increases being proposed were in excess of 3%, as identified in Appendix 1 attached to the report. It was also reported that a number of fees and charges had not been increased and others increased at less than 3%. Heads of Service comments as to the reasons for the increases were also provided.

On behalf of the Head of Environmental Services, the Environmental Services Manager provided additional clarification in relation to the Crematorium / Cemetery fees and charges, specifically in regard to the proposed 20% increases to allow the removal of the triple fee option and non-residential Cremation fees. Members' attention was also drawn to proposals for different price time-slots to make the service more accessible to all changes to the scattering of cremation remains. In respect of interment arrangements for adults aged over 18 Members expressed some concerns about the increase of these fees by 20 per cent. However, Members were advised that, even with the proposed increases, the Council compared favourably with its neighbouring authorities and national figures, currently being 260th out of 278 in terms of low costs.

In relation to the proposed increase in charges for Bulky Waste collections, a proposal was made to increase the proposed fee of £8.20 to £10 for single unit bulky waste collections. Members argued that this would still provide exceptional value for money and would not be prohibitively expensive for the customer. The Committee supported this recommendation being taken to the Executive Committee for consideration.

The Head of Leisure Services reported that, in the context of leisure, the proposed fees and charges had resulted following benchmarking exercises with other local authorities and leisure providers. Justifications had been provided in the Fees and

# Overview and Scrutiny Committee

6<sup>th</sup> December 2016

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Charges report in relation to the various proposed fees and charges that did not conform to the corporate 3% increase.

**RECOMMENDED that**

**the charge for a single unit bulky waste collection be increased from the proposed fee of £8.20 to £10.00; and**

**RESOLVED that**

**the report be noted.**

**47. MEDIUM TERM FINANCIAL PLAN - UPDATE REPORT PRE-SCRUTINY**

Officers delivered a short presentation update on the Medium Term Financial Plan 2017/2018 to 2019/2020 (copy of presentation slides attached at Appendix 2 to the minutes).

The Committee noted progress made as highlighted in the presentation.

Officers provided additional clarification on the tabled figures for the Council's current position, including the figures for incremental progression and inflation on utilities in respect of the rise from £261,000 in 2018/2019 to £515,000 in 2019/2020. Members had sought further explanation as to how the 2019/2020 figure had been arrived at and suggested that this could be presented more clearly in future.

Members also noted brief updates in relation to Non-Domestic Rates changes, New Homes Bonus and Business Rates and the expected settlement figures due prior to Christmas. Officers concluded this item by highlighting the next steps in terms of reporting timescales to the Overview and Scrutiny and Executive Committees in January and February.

**RESOLVED that**

**the presentation in respect of the Medium Term Financial Plan be noted.**

# Overview and Scrutiny Committee

6<sup>th</sup> December 2016

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## 48. EXECUTIVE COMMITTEE MINUTES AND SCRUTINY OF THE EXECUTIVE COMMITTEE'S WORK PROGRAMME

The Committee was informed that the proposal from the Budget Scrutiny Working Group in relation to the Capital Programme had been approved.

Members noted various updates within the Executive Committee Work Programme as follows:

Three additional matters for the 17<sup>th</sup> January 2017 meeting, namely:

- Council Procurement Rules;
- Independent Remuneration Panel Report and Recommendations;
- Shopmobility Service;

Two matters postponed from the 13<sup>th</sup> December meeting to the 17<sup>th</sup> January 2017 meeting, namely:

- Economic Priorities for Redditch – Annual Report
- Staff Survey – Preliminary actions

The the following matters had been postponed to the 7<sup>th</sup> February 2017 meeting,

- Financial Regulations
- Engagement Strategy

No matters for pre-scrutiny were agreed.

### **RESOLVED that**

**the Executive Committee Minutes of the 1<sup>st</sup> November 2016, together with the various updates provided on the latest edition of the Executive Committee's Work Programme, be noted.**

## 49. OVERVIEW AND SCRUTINY WORK PROGRAMME

The Overview and Scrutiny Work Programme was moved without comment.

## 50. WORKING GROUPS - UPDATE REPORTS

Budget Scrutiny Working Group – Chair, Councillor Jane Potter

# Overview and Scrutiny Committee

6<sup>th</sup> December 2016

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Councillor Potter reported that the Working Group had been looking at the Council's current arrangements and methodology for internal recharges between Council departments and services which, it was understood, was historical in nature. During the discussions with Officers, Members had expressed concerns that the recharging process had not been regularly reviewed to ensure the process was working effectively and that all internal recharges were being processed between departments. The Working Group had been advised by Officers that an Officer Working Group was currently reviewing the recharge framework. Councillor Potter reported that, whilst the Working Group had appreciated and welcomed the work being undertaken by the Officer Group, the Working Group Members had still expressed the view that they could have an input into the process.

Councillor Potter also reported that the Working Group had also been looking at other matters, such as housing, including the Right to Buy and Buy Back Schemes and their financial implications for the Council.

## Performance Scrutiny Working Group – Chair: Councillor Tom Baker-Price

### Lifeline Service - Proposals

Councillor Baker-Price reported that the Working Group had been looking at the Council's Lifeline Service as part of the Group's consideration of a measure on the dashboard for the service, which appeared to indicate a decline in the number of customers using the service. Members noted that the withdrawal of funding from Worcestershire County Council's Supporting People funding had been a key contributory factor for the reduction in use. Councillor Baker-Price advised that the Working Group had been focusing on methods to effectively market and promote the Lifeline Service, by utilising the marketing skills of staff in the Council already.

The Head of Community Services confirmed the loss of County Council funding had been a key issue for the service. She advised however, that there was scope to increase service's customer base and that options were being looked at, including the potential to deliver the various Lifeline Services that can be provided to other local authorities such as Solihull Metropolitan Borough Council, which currently provided no Lifeline Service. It was noted that a contract to provide Lifeline Services for Kettering Borough Council was already in place.

# Overview and Scrutiny Committee

6<sup>th</sup> December 2016

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The Committee noted and supported Councillor Baker-Price's proposed amendment to the Working Group's recommendation that had been tabled at the meeting. Councillor Yvonne Smith, Portfolio for Community Safety and Regulatory Services advised that she was very supportive of the proposed amendment.

## Monitoring of Members' Training Attendances on Corporate Dashboard – Proposals

Councillor Baker-Price reported on discussions that had taken place with the Democratic Services Manager in relation to Members' attendance at training sessions and at Committee meetings, highlighting that the Working Group had observed varying levels of attendance at Member training sessions. Members were advised that, whilst recognising the need to put training into context – training being seen as good practice or mandatory in order to serve on a Committee or as a substitute, such as for the Council's Planning Committee - the Group were of the view that training was essential to develop the skills needed to participate in the Council's Committee processes.

Councillor Baker-Price advised that the Working Group were therefore recommending that consideration be given to having a measure dedicated to Councillors' attendance at Member Training Sessions on the Council's Corporate Dashboard that would enable data to be monitored, which was supported by the Committee.

## Recording of public Committee Meetings – Proposals

Councillor Baker-Price further reported that during discussions the subject of recording public Committee meetings for broadcasting to the public via the Council's Website had also been discussed. The Committee was advised about various neighbouring authorities that broadcast Committee meetings by web casting or audio equipment. The Working Group considered that broadcasting would provide better access to public meetings for residents and demonstrate the Council's willingness for transparency. They were therefore seeking the Committee's views on recommending that a trial broadcast of particular Council meetings be undertaken with a view to introducing permanent broadcasting arrangements in the future.

Members queried whether the costs for broadcasting had been looked at and whether there was currently a budget available to trial the proposal, particularly given the financial position the Council was in. Whilst Members commented that the proposal had merit, it was felt by some that the proposal needed to be financially viable

and that all cost and administrative implications should be investigated before any trial was agreed.

On putting this matter to the vote for recommendation to the Executive Committee the proposal was not agreed.

**RECOMMEND to the Executive Committee that**

- 1) a review of the recharge process be undertaken to ensure that these are accurately recorded in future;**
- 2) the Head of Community Services be mandated to explore how the Lifeline Service can incorporate a resource within the service and produce a marketing strategy, in co-operation with the Communications Team to:
  - a) better market Lifeline Services to residents; and**
  - b) develop new business opportunities to subsidise the Service.****

**RECOMMENDED to the Member Support Steering Group that**

**a measure should be introduced on the Corporate Dashboard to monitor Members' attendance at training sessions.**

**RESOLVED that**

- 3) the reports be noted.**

(Prior to consideration of this Agenda Item, Councillor Andy Fry declared an Other Disclosable interest in that he was distantly related to the Head of Community Services, who was in attendance at the meeting, through marriage. Councillor Fry remained in the room and participated and voted on the matters discussed.)

**51. TASK GROUPS - PROGRESS REPORTS**

Mental Health Services for Young People Task Group – Chair,  
Councillor Nina Wood-Ford

Councillor Wood-Ford provided a brief update on the work of the Task Group to date, as follows:

- There had, unfortunately, only been a small number of returns on a school survey that had been sent out to local schools on

the level of demand for support on mental health issues from students at the schools.

- Councillor Wood-Ford, accompanied by a Democratic Services Officer, had visited Barnsley Hall, Bromsgrove on the 25<sup>th</sup> November 2016 and met with various health representatives. The meeting had been very productive.
- A meeting had been held on the 5<sup>th</sup> December with a Focus Group of front-line staff at the Town Hall on how they were delivering their services in regard to helping young people and adults with mental health issues.
- A meeting had been held with Sue Harris from the Worcestershire Health and Care Trust and other Health representatives earlier that evening. Discussions had highlighted that schools and General Practices were an integral part of addressing the issues. Members further noted that a Mental Health Schools Tool kit was being developed and also that, an online counselling service, Kooth, had been commissioned to support young people in Worcestershire.

#### Staff Survey Joint Scrutiny – Vice-Chair: Councillor Jane Potter

Councillor Potter advised that at the first meeting of the Staff Survey Joint Scrutiny, the Terms of Reference were discussed. It was noted that the next meeting of the Task Group was due to be held the following evening (Wednesday 7<sup>th</sup> December).

#### **52. HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

Councillor Wood-Ford, the Council's representative on the Worcestershire Health Overview and Scrutiny Committee (HOSC), provided a brief update on various matters that had been discussed at the last meeting of HOSC on the 25<sup>th</sup> November in relation to:

- a presentation on the Sustainability and Transformation Plan (STP);
- an update on the quality of the Acute Hospital Services – including waiting times, pressures etc.;
- nursing roles, including the use of nursing assistants who could go on to train up as nurses;
- proposals for changes and reform to support the Public Health financial plan; and
- an update on “Futurefit” – a review of spending.

## 53. WEST MIDLANDS COMBINED AUTHORITY OVERVIEW AND SCRUTINY COMMITTEE UPDATE

Councillor Jenny Wheeler, the Council's representative on the West Midlands Combined Authority Overview and Scrutiny Committee, provided Members with an outline of the workshop session meeting she attended on the 25th November 2016.

Members were informed that various matters had been discussed, including the work of the West Midlands Combined Authority Board and ways that scrutiny could add value to the Combined Authority. Consideration had also been given to the draft regulations for Combined Authority Overview and Scrutiny Committees, which were due to come into force in May 2017. These regulations stipulated that:

- The majority of Members of the Committee would need to be Members of a constituent authority.
- The quorum would need to be two-thirds of the Committee Members.
- Only Members from constituent authorities would have voting rights. Members from non-constituent authorities could be given voting rights if agreed by the Combined Authority's Board.
- Membership needed to "reflect so far as reasonably practicable" the overall political balance across Constituent Councils.
- Once the elected Mayor was in post (May 2017) for the area, the Committee would be responsible for holding him/her to account and pre-scrutinising their programme.
- The elected Mayor would be required to respond to reports / recommendations made by the Committee.
- The Combined Authority had to designate one of its officers as the Scrutiny Officer for the Overview and Scrutiny Committee. The Scrutiny Officer could not be an Officer of a Constituent Council.

The work programme for the Committee had also been discussed, with three potential areas having been identified:

- Mental Health Commission
- Land Commission
- Productivity and Skills Commission.

Councillor Wheeler advised that it had been generally agreed that the planned four meetings per year would be insufficient and that more frequent meetings would be required. She further advised

# Overview and Scrutiny Committee

6<sup>th</sup> December 2016

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that as she was not able to attend the 16th December meeting, a Democratic Services Officer would be attending on her behalf as an observer.

The Meeting commenced at 7.00 pm  
and closed at 9.05 pm

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# Herefordshire & Worcestershire Draft Sustainability and Transformation Plan

22 November 2016

[www.yourconversationhw.nhs.uk](http://www.yourconversationhw.nhs.uk)

Worcestershire NHS Acute Hospitals NHS Trust  
 Herefordshire NHS Clinical Commissioning Group  
 Redditch and Bromsgrove NHS Clinical Commissioning Group  
 South Worcestershire NHS Clinical Commissioning Group  
 Wyre Forest NHS Clinical Commissioning Group  
 Wye Valley NHS NHS Trust  
 Worcestershire Health and Care NHS  
 2gether NHS Foundation Trust  
 Taurus Healthcare  
 worcestershire county council  
 Herefordshire Council

Five Year Forward View      [www.yourconversationhw.nhs.uk](http://www.yourconversationhw.nhs.uk)      #futureNHS

## Appendix 1

## Redditch HOSC Meeting

*7<sup>th</sup> December 2016*



# Recap on the national picture

## Strategic planning footprints covering the whole of England:

- 44 footprints nationally
- From 300,000 population (West, North and East Cumbria...to 2.8m population (Greater Manchester)
- From 1 CCG (5 footprints such as Gloucestershire)...to 12 CCGs (Greater Manchester & Cheshire and Mersey)
- Herefordshire and Worcestershire is one of the smaller in population..... but one of the larger in terms of geography.
- H&W is a relatively simple footprint with only two Health and Well Being Boards and (mostly) co-terminous services...
- ...but one of the biggest financial challenges, particularly with the two acute trusts – both in CQC special measures at the start of the process.





# Health and Well Being – some of our key challenges

Gap between life expectancy & healthy life expectancy		
	Men	Women
Herefordshire	7.8 yrs	9.4 yrs
Worcestershire	7.1 yrs	9.1 yrs

Mental health and well being	
% of the population reporting concerns with anxiety	
Herefordshire	21%
Worcestershire	18%

Mortality variation between different social groups	
Difference between less deprived and more deprived areas	
Herefordshire	4.9 yrs
Worcestershire	7.8 yrs

- Areas of concern regarding poor outcomes for children and young people across both counties
- Neonatal mortality and still births
  - Low birth weight
  - Breastfeeding rates
  - School readiness
  - School age obesity
  - Under 18 alcohol admissions
  - Teenage conception rate
- Older ----- Younger

Pages 8-10

Premature mortality rates compared to other areas (1 is best performing)		
	England	Family
Herefordshire	21st of 150	1 <sup>st</sup> of 15
Worcestershire	55th of 150	12 <sup>th</sup> of 15

Unhealthy lifestyles		
	% of the population who:	
	Here'd	Worc's
Are obese or overweight	65.2%	66.6%
Drink too much	27%	27%
Smoke	14%	17%
Are physically inactive	22%	25%

# Care and Quality – our biggest challenges

Sept 2016 Highest risk areas for key  
NHS Constitutional standards

## Urgent Care

- 4 hour A&E standards across all sites
- Poor patient flow resulting in 12 Hour Trolley breaches (WAHT)
- Stroke TIA (WVT)
- Ambulance Handovers

Page 11

## Planned Care

- Referral to treatment 18 week (WVT & WAHT)
- Cancer 62 day wait
- Cancer all 2 week wait referrals
- Cancer 2 week wait – Breast Symptomatic
- Cancelled operations (WAHT)

## Mental Health

- Dementia Diagnosis
- IAPT Access (psychological therapy)
- IAPT Recovery (psychological therapy)



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# Finance – our biggest challenges

Area	Herefordshire	Worcestershire	Do nothing gap
NHS Commissioners	£33.2m	£53.4m	£252.6m*
NHS Providers	£53.3m	£112.7m	

Pages 12-18  
(12)

## The core purpose of the plan is to identify how:

- to close the health and well being gaps,
- whilst improving care and quality outcomes
- within the financial allocations available to us.....
- .....**but the financial allocation will be £250m less** than we will need to be unless we change the way we work and the way in which people use NHS services.



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# How we intend to achieve this

£1.168bn

Page 17

By targeting our investments and transformation schemes in line with these priorities

Funding area	Indicative funding share	Real terms change*	Actual funding change
Running costs	Reduce	-26%	-15%
Back office and infrastructure		-7%	
Urgent care and emergency admissions	Reduce	-6%	+7%
Maternity care	Increase	+1%	+15%
Mental health and learning disability services	Increase	+8%	+23%
Elective treatment – life threatening conditions (cancer, cardiac etc)	Increase	+7%	+22%
Elective treatment – non life threatening conditions	Reduce	-20%	-8%
Diagnostics and clinical support services	Reduce	-11%	+2%
Medicines optimisation	Reduce	-8%	+5%
Core primary care (GMS)	Apply national formula and GPFV requirements		
Extended primary and community services to support proactive out of hospital care	Increase	+17%	+33%
<b>Total</b>		<b>0.0%</b>	<b>+13.0%</b>

£1.327bn



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# Key Pages – Page 6 – The Summary

## A single page summary of the big priorities for this STP

Sustainable General Practice	<ul style="list-style-type: none"> <li>• Prioritise investment to ensure delivery of the General Practice Forward View – developing primary care at scale “bottom-up” with practices, community pharmacy, third sector and health and care services.</li> <li>• Redesign the primary care workforce, sharing resources across primary and secondary care to provide resilience and sustainability as well as capacity.</li> <li>• Adopt an anticipatory model of provision – with proactive identification, case management and an MDT approach for those at risk of ill-health.</li> <li>• Share information across practices and other providers to enable seamless care.</li> <li>• Move to “big system management” – with real time data collection and analysis providing the intelligence to support continuous quality improvement and demand management.</li> </ul>	MH & LD	<ul style="list-style-type: none"> <li>• Deliver the requirements of the national taskforce.</li> <li>• Work with NHS specialised services to increase local child mental health services to reduce demand for complex out of county services and enable repatriation of complex cases back to the local footprint.</li> <li>• With local authorities, develop joint outcomes and shared care for people with learning disabilities.</li> </ul>
	Primary & Community Services	<ul style="list-style-type: none"> <li>• During 2018/19, organise and provide services from locality based Multi-Speciality Community Providers (Worcestershire) and similarly formed alliance model (Herefordshire).</li> <li>• Through the One Herefordshire Alliance and the Worcestershire Alliance Boards, develop population based integrated teams wrapped around general practice covering physical and mental health, wider primary and social care services and engage with the population to deliver services close to home.</li> <li>• Support patients and carers to self-manage their own conditions, harnessing voluntary sector partners and communities to support independence and reduce loneliness.</li> <li>• Develop plans which integrate specialist support, reducing the time taken to access specialist input and reducing the steps in the pathway. Initially focussed on supporting people living with frailty and end of life care, but adopting principles and learning quickly to a range of other priority pathways.</li> </ul>	Urgent Care
Prevention & self care		<ul style="list-style-type: none"> <li>• Embed at scale delivery of evidence based prevention interventions across all providers of health and social care, achieving population behaviour change.</li> <li>• Put long term life outcomes for children, young people and their families’ needs at the heart of the STP agenda in order to prevent the need for more intensive and high cost services now and in the future.</li> <li>• Support people to manage their own health, linking them with social support systems in their communities and identify when a non-clinical intervention will produce the best experience and outcomes for patients.</li> </ul>	Maternity
	Elective Care		<ul style="list-style-type: none"> <li>• Develop 4 key prevention programmes to reduce demand for surgery delivered at scale and improve the likelihood of positive clinical outcomes following surgery.</li> <li>• Undertake a greater proportion routine elective activity on “cold” sites to reduce the risk of cancellations and to improve clinical outcomes.</li> <li>• Develop strategic partnerships with external partners to secure organised access to elective surge capacity in a planned and managed way.</li> <li>• Expand pan STP working on cancer services and deliver the requirements of the national taskforce.</li> </ul>
		Infrastructure	<ul style="list-style-type: none"> <li>• Explore the benefits from integration in pathology, radiology and pharmacy services across the footprint.</li> <li>• Develop robotic pharmacy functions and maximise the use of technology.</li> <li>• Develop a single strategy and implementation plan for a joined up place based back office across all local government and NHS partners.</li> <li>• Develop a place based estates strategy and a place based transport strategy.</li> </ul>

6 Five Year Forward View

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# Key Pages – Page 19 – What we will focus on

Our priorities for transformation		
Transformation Priorities	Delivery Programmes	Enablers
<p>1 Maximise efficiency of clinical, service and experience and unnecessary variation and im</p>	<p>Back office and infrastructure Commissioning footprint review Joint working and shared service</p>	<p>Develop <u>the right workforce and Organisational Development</u> within a sustainable service model that is deliverable on the ground within the available resource</p>
<p>2 Reshape our environment which supports care is the norm and staff include</p>	<p>Prevention and self care Embed in everything we do and every contact we have</p>	<p>Enabling change and transformation Workforce Digital VCS Patient engagement</p>
<p>3 Develop an integrated model, by investing in primary care and mental health care to reduce reliance on hospital beds through em</p>	<p>Extended primary and community services General practice sustainability Redesigned community and MH services built around practices.</p>	
<p>4 Establish a new model of development of collaborations footprint to improve elective care, mental health and learn</p>	<p>Specialist hospital care Reshape specialist care, particularly MH/LD, urgent care, maternity and elective</p>	



# Next Steps

**Tuesday 22<sup>nd</sup>  
November**

Full draft STP published

**Tuesday 6<sup>th</sup>  
November**

WFCCG Public Governing Body Meeting

**Friday 23<sup>rd</sup>  
December**

STP operational plan for 2017/18 and 2018/19

**January /  
February /  
March 2017**

Public engagement and discussion on the STP and the STP Operational Plan

**April 2017**

Implementation of Operational Plan begins



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# Communication and Engagement

- We have been engaging on principles and themes throughout 2016
- Our STP priorities are not new, they build on our previous engagement activity
- **From now until the end of February we will scale up #YourConversation:**
  - Events and drop in sessions via mobile bus
  - STP survey
  - Different channels
    - Interactive webinars (1<sup>st</sup> one in December)
    - Telephone slots
    - Social media campaigns
    - “suggestions portal” (both for staff and the public)
    - There will be regular updates and discussion points/debates
- At the end of February we will collate feedback and key themes
- We will formally consult on changes as required

Page 79  
onwards

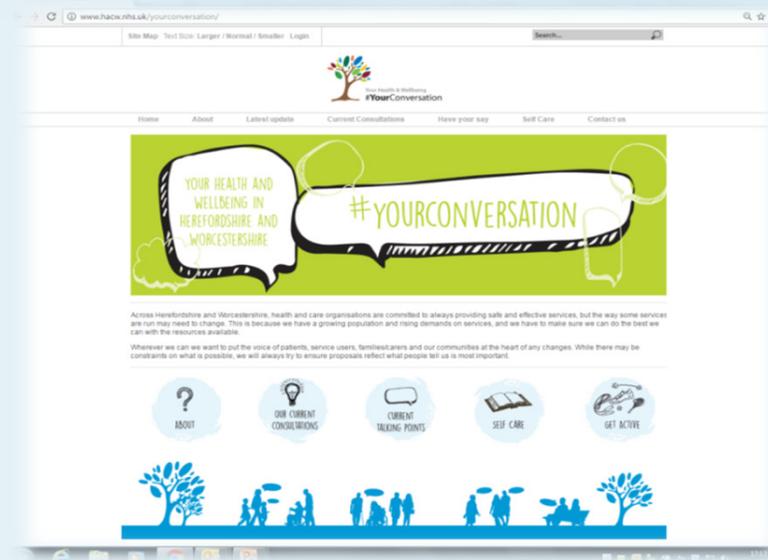


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# #YourConversation

We are now in a period of public engagement to start talking about some of the concepts in our STP through our new website [www.yourconversationhw.nhs.uk](http://www.yourconversationhw.nhs.uk)

The formal launch of the website coincides with the publication of our recent version and we have also produced a public friendly summary.



# APPENDIX 2: BUDGET UPDATE OVERVIEW & SCRUTINY

## Process So Far:

- Efficiency Plan agreed by DCLG
- 4 Year Budget Projections developed
- 4 Year Capital Programme
- Fees and Charges reviewed
  - to include areas where the Council can be more commercial in its approach – whilst ensuring facilities accessible to all of the community
- Budget Assumptions approved
- Autumn Statement – no detail given re New Homes Bonus or Business Rates
- Expected settlement figures 17-20<sup>th</sup> December

# Budget Savings

- Heads of Service reviewed all costs / income
- Reduced any budget that has not been spent in previous years to deliver service
- Identified areas of service review where savings could be made with no impact on delivery
- Identified areas of additional income achievable
- Ensured capital programme meets strategic purpose delivery
- Preparing plans for alternative service provision to be reported to January Executive

# Budget Pressures

- Heads of Service considered cost recovery of services delivered eg:
  - Pest Control free rat treatment to all residents of the Borough. Review underway as to the reduction in cost if only free to those on benefit
- Propose increases to budget based on current demand on service
  - Potential costs arising from the roll out of Universal Credit and the impact on families

# Current Position 2017/18-2019/20

	2017-18	2018-19	2019-20
	£000	£000	£000
Departmental Expenditure (Starting Position)	10,838	11,174	11,174
Incremental Progression/Inflation on Utilities	262	261	515
Unavoidables	203	184	268
Revenue Bids/Revenue impact of capital bids	85	9	5
Savings and Additional income	-848	-1,351	-1,367
<b>Net Service Expenditure</b>	<b>10,540</b>	<b>10,277</b>	<b>10,594</b>
Investment Income	-494	-495	-495
Cost of Borrowing	1,014	994	994
Recharge to Capital Programme	-505	-505	-505
<b>Net Operating Expenditure</b>	<b>10,555</b>	<b>10,271</b>	<b>10,588</b>

# Current Position 2017/18-2019/20

	2017-18	2018-19	2019-20
	£000	£000	£000
Revenue Support Grant	-363	-35	0
Transitional Grant	-44		
Business Rates Retention (Baseline Funding)	-2,059	-2,120	-2,187
Business Rates Growth	-50	-50	-50
New Homes Bonus	-1,313	-1,403	-1,403
Council Tax	-5,745	-5,953	-5,953
Admin Subsidy Grant Reduction	127	167	167
Parish Precept	8	8	8
<b>Funding Total</b>	<b>-9,439</b>	<b>-9,385</b>	<b>-9,086</b>
<b>Shortfall</b>	<b>1,116</b>	<b>885</b>	<b>1,502</b>

# Next Steps

- Settlement implications assessed
- Full report to Exec & O&S in Jan
- HRA and Capital report to Jan
- Budget setting in Feb
  
- Review of Balances
- Staff suggestions being considered
- All alternative delivery models / additional income being identified to balance the financial position