Appendix 1

Redditch HOSC Meeting

7th December 2016

Your Health & Wellbeing
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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.

The focus of STPs

The triple aim:

Health and Well Being

Care and Quality

Finance and Efficiency

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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

Older ----------Younger

- Neonatal mortality and still births
- Low birth weight
- Breastfeeding rates
- School readiness
- School age obesity
- Under 18 alcohol admissions
- Teenage conception rate

Pages 8-10

Premature mortality rates compared to other areas (1 is best performing)

	England	Family
Herefordshire	21st of 150	1st of 15
Worcestershire	55th of 150	12th 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%

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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
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.

How we intend to achieve this

£1.168bn

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%
Total		**0.0%**	**+13.0%**

£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

- 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.
- Redesign the primary care workforce, sharing resources across primary and secondary care to provide resilience and sustainability as well as capacity.
- Adopt an anticipatory model of provision – with proactive identification, case management and an MDT approach for those at risk of ill-health.
- Share information across practices and other providers to enable seamless care.
- Move to "big system management" – with real time data collection and analysis providing the intelligence to support continuous quality improvement and demand management.

Primary & Community Services

- During 2018/19, organise and provide services from locality based Multi-Speciality Community Providers (Worcestershire) and similarly formed alliance model (Herefordshire).
- 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.
- Support patients and carers to self-manage their own conditions, harnessing voluntary sector partners and communities to support independence and reduce loneliness.
- 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.

Prevention & self care

- Embed at scale delivery of evidence based prevention interventions across all providers of health and social care, achieving population behaviour change.
- 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.
- 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.

MH & LD

- Deliver the requirements of the national taskforce.
- 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.
- With local authorities, develop joint outcomes and shared care for people with learning disabilities.

Urgent Care

- Reduce the number of individual physical access points to urgent care services across the STP footprint by 2020/21.
- Retain 3 units with an A&E function across the footprint. Explore the need for the number of MIUs and the Walk in Centre as we move to 7 day primary care services, and the opportunity for standardised opening hours for MIUs in Worcestershire.
- Shift to home based care – explore whether we should reduce the number of community based beds across the system and shift resources to primary and community services.

Maternity

- Implement the clinical model for maternity inpatient, new born and children's services within Future of Acute Services in Worcestershire programme.
- Develop a jointly commissioned, jointly provided maternity service across the whole footprint delivering the Better Births strategy.
- Establish a single service with specialist teams working under a common management structure, delivered locally within both counties.

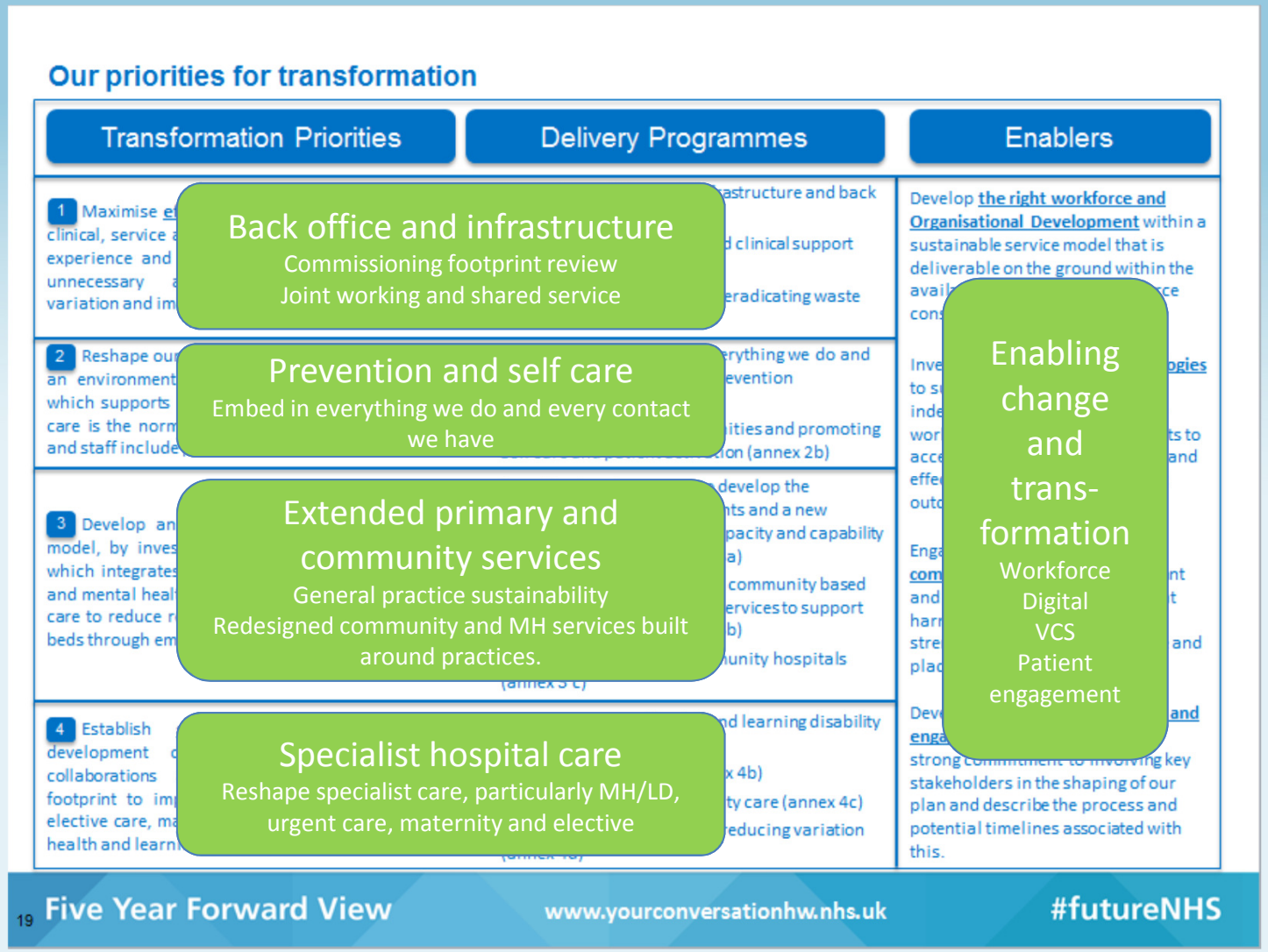
Elective Care

- Develop 4 key prevention programmes to reduce demand for surgery delivered at scale and improve the likelihood of positive clinical outcomes following surgery.
- Undertake a greater proportion routine elective activity on "cold" sites to reduce the risk of cancellations and to improve clinical outcomes.
- Develop strategic partnerships with external partners to secure organised access to elective surge capacity in a planned and managed way.
- Expand pan STP working on cancer services and deliver the requirements of the national taskforce.

Infrastructure

- Explore the benefits from integration in pathology, radiology and pharmacy services across the footprint.
- Develop robotic pharmacy functions and maximise the use of technology.
- Develop a single strategy and implementation plan for a joined up place based back office across all local government and NHS partners.
- Develop a place based estates strategy and a place based transport strategy.

Key Pages – Page 19 – What we will focus on



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Next Steps

Tuesday 22nd November	Full draft STP published
Tuesday 6th November	WFCCG Public Governing Body Meeting
Friday 23rd 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 (1st 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

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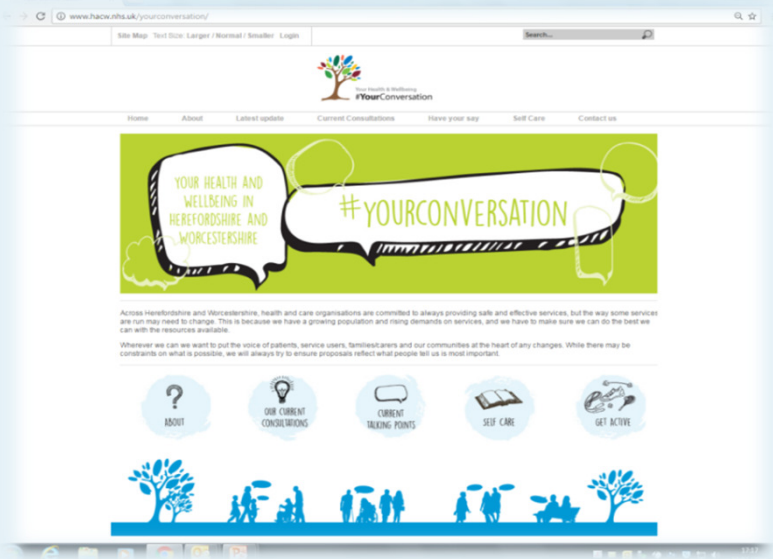
#YourConversation

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**

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



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