

Herefordshire and Worcestershire's Sustainability and Transformation Partnership's delivery of the NHS Long Term Plan

2019/20 to 2023/24

Background

- Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP) started back in 2016
- Public engagement on our plan in November 2016 with ongoing engagement by workstream
- Increased partnership working and NHS Long Term Plan (January 2019) strengthens this further and sets out the requirements for our STP until 23/24
- We on a journey to becoming an "integrated care system" (ICS) working to "population health model"
- Discussions around what is best delivered in a locality, a county and beyond are ongoing



Recap - what is an ICS/STP?

STPs and ICSs are a "way of working" rather than a new organisation or a new structure

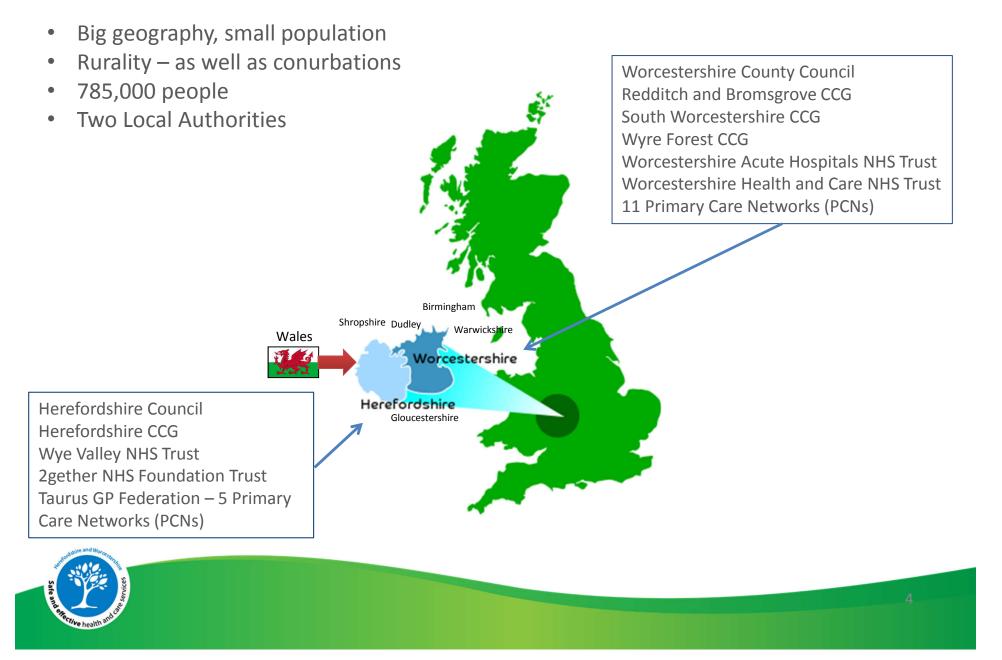
They are about commissioners and providers working in collaboration rather than in competition, seeking to break down historical divides across:
✓ Primary and specialist care
✓ Physical and mental health
✓ Health and social care

This enables us to:

- Organise our services around the delivery of integrated 'whole pathways of care'
- Work across organisational boundaries to:
 - Remove duplication to create efficiencies and capacity
 - ✓ Share resources to address gaps in services and build resilience
- Work with Public Health and with our staff to embed prevention and support for self care – a "cultural shift" for the NHS

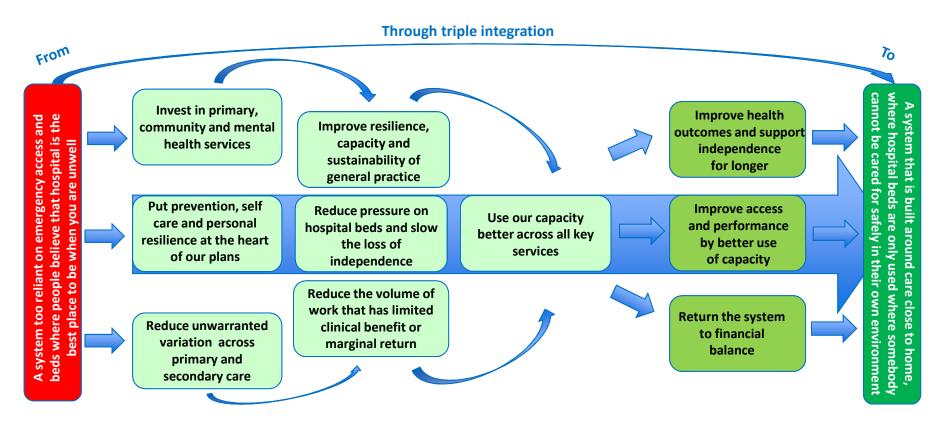


Herefordshire and Worcestershire STP/ICS



Our system vision

"Local people will live well in a supportive community with joined up care underpinned by specialist expertise and delivered in the best place by the most appropriate people"



Community, friends, family & carers

 Prevention, self help and wide community wellbeing.

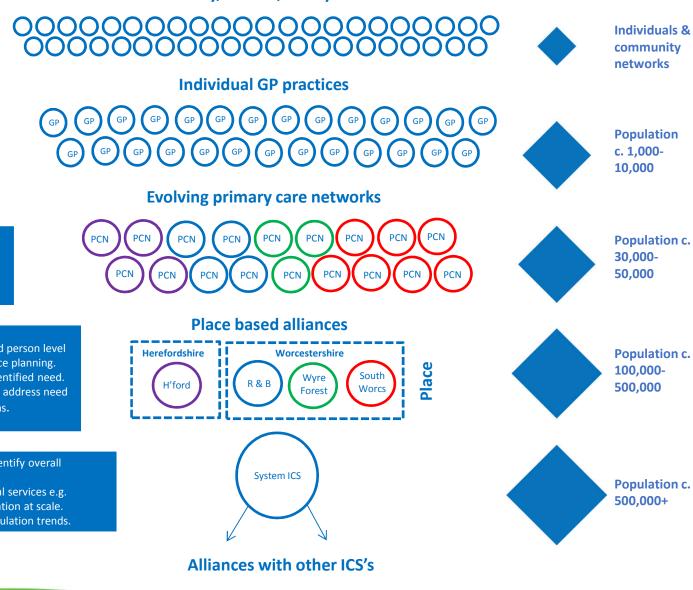
Use of Population

Health Management

techniques for case

individuals amenable to interventions.

identification of



- Population profiling and person level analysis for delivery.
- Application and evaluation of effective interventions.
- Whole population profiling and person level analysis for pathway and service planning.
- PHM modelling for areas of identified need.
- Application of interventions to address need and evaluation of interventions.
- Health needs assessment to identify overall priorities.
- Population profiling for regional services e.g. specialised services and prevention at scale.
 Profiling of regional future population trends.

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At each layer we need to deliver the quadruple aims for our system

Improved health and wellbeing and reduce health inequalities

Improved quality and performance by better use of system capacity

Return the System to financial sustainability

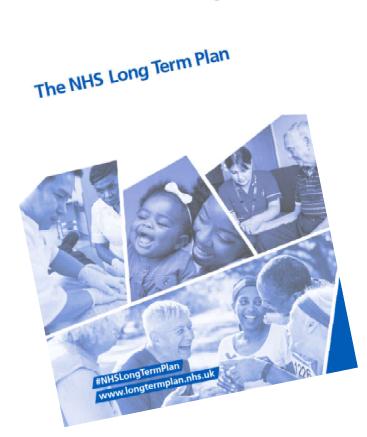
Sustain and develop our workforce



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NHS Long Term Plan

Good news - lots of continuity to the work we have already undertaken



NHS



Long Term Plan requirements

High level must do's:

Transformed out of hospital care & fully integrated community based care	
Reducing pressure on emergency hospital services	Giving people more control over their health
Digitally enabling primary care & outpatient care	Improving cancer outcomes
Improving mental health services	Improved waits for planned care

Return to financial balance

Focus on reducing health inequalities and unwarranted variation

Ensuring we back our staff and develop a digitised NHS



Themes from our recent engagement

- Simplify options/ better information
- Appropriate resource needed for "out of hospital care"
- Consider patient populations and transport when choosing locations
- "Think carers and families"
- Join things up e.g "whole family approaches"
- Timely access / quicker diagnosis / increased access to GPs
- Digital options could be enhanced



Local translation

Many of the key areas were already being developed by our local Sustainability and Transformation Partnership (STP) and our STP priorities are consistent with themes outlined in the Long Term Plan, including:

- Improving outcomes in areas such as cancer and stroke
- Greater focus on mental health and learning disability services
- Providing more care and treatment at home to reduce unnecessary admissions to traditional acute hospital services
- Putting real emphasis on prevention where individuals are better equipped to manage more aspects of their long-term conditions themselves, and where communities are supported to live healthier and active lives.



Local translation

We have made good progress on some of these priorities already, including:

- Development of local neighbourhood teams which for the first time in our area - are bringing together nurses, therapists, social workers and GPs into single teams responsible for supporting our most vulnerable patients in the local community
- We have secured funding to improve mental health support for mums and families as well as increasing the access to psychological therapies
- Schemes looking at how social prescribing, where patients are encouraged to accesses non-medical treatment, could be rolled out wider
- Closer working arrangements across the four Herefordshire and Worcestershire CCGs



Next steps

- Working draft submitted 27th September and early feedback provided
- Final plans to NHSE/I early November
- National aggregate of all plans compiled by December
- Continued engagement on our plan, especially the specific workstreams
- A simpler approach to future planning all organisations working to one plan which delivers the national priorities



Thank you

Any questions?

