

**HEALTH AND WELL-BEING BOARD  
25 APRIL 2017****AN UPDATE ON THE HEREFORDSHIRE AND  
WORCESTERSHIRE SUSTAINABILITY AND  
TRANSFORMATION PLAN (STP)**

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**Board Sponsor**

Dr Carl Ellson, Chief Clinical Officer SWCCG and Simon Trickett – Interim Chief Officer RBCCG and WFCCG

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**Priorities**

Mental health & well-being  
Being Active  
Reducing harm from Alcohol  
Other (specify below)

(Please click below  
then on down arrow)

Yes

Yes

Yes

**Item for Decision, Consideration or Information**

Consideration

**Recommendations**

1. The Health and Well-being Board is asked to:
  - a. Note the themes highlighted through the STP engagement exercise undertaken across Herefordshire and Worcestershire,
  - b. Note the publication of the “Next Steps on the Five Year Forward View” and the associated implications for Herefordshire and Worcestershire’s STP; and
  - c. Consider the process and timescales for updating Herefordshire and Worcestershire’s STP in relation to the above.

**Background**

2. As previously reported, the STP builds upon local transformation work already in progress through Well Connected, the Future of Acute Hospital Services in Worcestershire and other local transformation schemes. 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 work 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 our local provider trust to exit from the CQC special measures regime and to reduce avoidable mortality across the system 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.

3. There are four key priorities identified in the November draft STP, alongside three programme enablers:

- Priority 1 – Maximise efficiency and effectiveness
  - 1A – Infrastructure and back office
  - 1B – Diagnostics and clinical support
  - 1C – Medicines and Prescribing
- Priority 2 – Our approach to prevention and self-care
  - 2A – Prevention
  - 2B – Self Care
- Priority 3 – Developing out of hospital care
  - 3A – Developing sustainable primary care
  - 3B – Integrated primary and community services
  - 3C – The role of community hospitals
- Priority 4 – Establish clinically and financially sustainable services
  - 4A – Improving urgent care
  - 4B - Improving mental health and learning disability care
  - 4C – Improving maternity care
  - 4D – Elective care
- Enabling Change and Transformation
  - 1 – Workforce and Organisational Development
  - 2 – Digital
  - 3 - Healthy communities and the VCS

4. Throughout the STP process we have engaged on the direction of travel and post publication on the 21 November 2016 we have undertaken a period of formal public engagement on the full plan. This concluded at the end of February 2017 with ongoing further engagement with our workforce.

5. Overall the engagement has focused on some high level ideas and concepts, to ascertain initial views on the suggested direction of travel and key priorities identified. The engagement has been supported by a dedicated website ([www.yourconversationhw.nhs.uk](http://www.yourconversationhw.nhs.uk)) where a number of documents have been made available including the full plan and a summary document, plus an online questionnaire. In addition to online information, events and drop in sessions have been held across the footprint where patients, carers and members of the public have been able to meet with members of the communications and engagement work stream to discuss thoughts, concerns and ideas and to complete a questionnaire. A

further opportunity to engage with the community has been presented by the consultation events on the Future of the Acute Hospital Services in Worcestershire. Across the footprint presentations have also been made at a number of community, voluntary and statutory sector meetings, groups and forums. Attendance at these groups has allowed us to share information, promote discussion and gather the views of various health and care groups/patient and carer groups, and also to gather the views of those considered seldom heard. Other comments have been received through letters, emails and enquiries.

6. By the end of the engagement period, 1195 public and patient engagement questionnaires had been completed and over 140 events had been attended in Worcestershire. There were 10,769 hits to the [www.yourconversation](http://www.yourconversation) website supported by social media activity.

7. A review of feedback half way through the engagement period indicated the need to enquire more deeply into two areas that Worcestershire respondents seemed concerned about – notably transport and the use of technology. To this end, a focused piece of work with a number of groups and individuals allowed us to explore these issues in more detail.

8. The STP public engagement has continued via the Future of Acute Hospital Services in Worcestershire consultation, and colleagues working on this consultation have linked this work with STP priorities. By week nine of the consultation, 50 drop in sessions and meetings of groups across Worcestershire and into Warwickshire had been attended and over 1490 people have been spoken to. The key themes raised by people that impact on the STP have been collated and have been included in the final engagement report.

9. The staff engagement around the STP began in February 2017 and it is continuing. The staff engagement work has focused on understanding what staff know about the STP and gathering their early views around the general direction of travel.

10. The engagement that has been undertaken through all these means has indicated general support for the direction of travel with some distinct key themes emerging from the public/patient engagement and the staff engagement. The key themes are as follows:

### **Out of hospital care**

11. Many respondents support the idea of having well-publicised, local services provided by a range of health care professionals who are available at known community bases/health hubs. Decisions around which service/professional a patient should access should be made by clinical, not administrative staff. There is strong support for much routine, non-urgent and non-specialist care to be provided at home/in the community/out of hospital. Many respondents would like to see many more services provided locally and support the idea of local health teams caring for patients at home.

## **General Practice**

12. Access to services at present is not straightforward and is more complex for particular groups. Many respondents believe that access to GP services needs to be changed with good support for the idea that some might see a professional other than a GP, and the proposal that GP appointments should be kept for those who really need them. Respondents support the suggestion that GPs should support local health teams and believe that more professional time should be allocated to those who need it. However, many do not support the idea of Skype being used for routine appointments.

## **Accident and Emergency services**

13. A lack of 24/7 local options and out of hours GP services are seen as key contributors to the challenges being faced by A&E. Respondents want A&E to only treat those who need to be in A&E and many people support the proposal to re-direct people to more appropriate sources of treatment. Whilst some respondents feel that information could help in this regard and offer suggestions where and how this could be provided, others believe that the issue is more about education that needs to be provided at the point of access so that people start to learn what is provided where.

## **Prevention and self-care**

14. Most people recognise they have a responsibility to look after their own health but currently, information about health and services and what people can do for themselves is difficult to access, sometimes contradictory, and often confusing. Respondents want clear information about all services/conditions provided in one trusted place or by trusted individuals or organisations that are known to them and their community. Some respondents recognise that information is not enough for those with entrenched or habitual behaviour, calling for health coaching/motivational interviewing support. Much more prevention and self-care information should be communicated through schools and workplaces.

## **Technology**

15. Views on technology are mixed; some people like it, some do not, and this engagement would suggest that preferences do not reflect gender or age variables. However, in Worcestershire, it would suggest that preferences are linked to ethnicity, with minority ethnic groups much less supportive of technology than White British groups. The feedback indicates that overall, different people like different IT solutions. The perception of whether or not it is useful often depends on the service/groups it is being proposed for.

## **Transport**

16. For the majority of people who responded through the Your Conversation engagement transport was not an issue but the data does suggest that transport remains a challenge for some particular groups. In Worcestershire this seems to include some patients in the North of the county, as well as some carers, both of whom indicate that they do not have access to transport options. Similar concerns were expressed by some Herefordshire residents who are concerned that they will not be able to access appointments when they no longer drive as there are reduced

or no public transport options in some places. It is suggested that greater flexibility and a broader system response is taken to address the issues identified around travel and transport challenges.

## **Bed reductions**

17. There is concern about reducing the number of beds, based on the view that beds are still needed and a lack of knowledge/understanding about the alternatives on offer. This was mainly relating to Community Hospital bed reductions.

## **Carers**

18. If carers are going to be asked to do more and to become care partners, more work is required to identify, support, train and involve them. Many carers asked for breaks or respite periods.

## **Better use of resources**

19. Many respondents were keen to offer views around how services could be made more efficient; including better use of resources like pharmacists, mobile units and community venues.

20. The patients and public engaged with expressed appreciation for the opportunity to be involved. They are now asking for more detail around the plan and the money, communicated in ways that resonate and are meaningful for them.

21. On 31 March NHS England published its *Next Steps on the NHS Five Year Forward View*, which sets out the NHS' main national service improvement priorities. While the *Five Year Forward View (FYFV)*, published in autumn 2014, set out why improvements were needed on the triple aim of better health, better care and better value, this document focuses on what is still left to be achieved in the next two years and how the *FYFV's* goals will be reached. The document outlines the 'significant progress' that has been made since the publication of the *FYFV* and that the NHS has a 'viable and agreed' strategic direction. There is recognition that current demands on the NHS are higher than envisaged at the time of the *FYFV's* publication. Based on this, and with 2016/17 representing the first year of the NHS' five year Spending Review funding settlement, it is suggested that now is an appropriate time for review and revised action.

22. Within 'the constraints of the requirement to deliver financial balance across the NHS', the document outlines its priority areas as those which matter most to the public, including:

1. Improving A&E performance
2. Strengthening access to high quality GP services and primary care
3. Improvements in cancer services
4. Improvements in mental health services

23. In order to deliver these goals, the plan states it will work to accelerate service redesign locally and focus on the goals' 'enablers', namely the workforce, safer care, technology and innovation.

24. The document emphasises changes in the way care is delivered as being key to future stability and sustainability of health and social care, noting that as people live longer lives the system needs to adapt to their needs, helping frail and older people stay healthy and independent, avoiding hospital stays where possible. This will be delivered through better integration of GP, community health, mental health and hospital services, as well as more joined up working with home care and care homes. The document outlined the intention to accelerate this way of working through partnerships of care providers and commissioners in an area (Sustainability and Transformation Partnerships).

25. The document notes that some areas are now ready to go further and more fully integrate their services and funding, moving towards becoming Accountable Care Systems (ACS). Working together with patients and the public, NHS commissioners and providers, as well as local authorities and other providers of health and care services, these early Accountable Care Systems will gain new powers and freedoms to plan how best to provide care, while taking on new responsibilities for improving the health and wellbeing of the population they cover.

26. Post our engagement activity and the directions set out in the Next Steps on the Five Year Forward View, as well as the Operational Contract settlements for 17/18 and 18/19 we are in the process of updating our STP to reflect these changes. Each work programme is therefore reviewing the relevant section in the document and reflecting the changes as required this includes clarity around delivery governance and the phased implementation of national priorities across 17/18 and beyond.

27. This refreshed document is to be considered at the joint Health and Wellbeing session in May (date to be confirmed) and comments incorporated into the final document for formal sign off by CCG Governing Bodies and Trust Boards in the next cycle of public meetings. The final engagement report will be considered in full at the joint meeting alongside the proposed changes to the STP in line with the content of this briefing.

### **Legal, Financial and HR Implications**

28. There are no specific legal, financial or HR implications associated with this paper, but there will be significant implications associated with the development of plans for each programme transformation area within the STP and their subsequent implementation. As these plans are developed these will be identified and reported in due course and dealt with through self-standing reports.

### **Privacy Impact Assessment**

29. There are no specific issues to highlight at this stage

### **Equality and Diversity Implications**

30. There are no specific issues to highlight at this stage

### **Contact Points**

County Council Contact Points  
County Council: 01905 763763

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Specific Contact Points for this report

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**Supporting Information**

31. A full copy of the plan and summary plan can be accessed through [www.yourconversationhw.nhs.uk](http://www.yourconversationhw.nhs.uk).