

**Five Year Health and Care Strategy for Worcestershire –
2015 update report**

Agenda item 6

Date	15 July 2015																
Board Sponsor	Dr Carl Ellson, and Simon Hairsnape																
Author	Frances Martin, David Mehaffey and Mick O'Donnell																
Relevance of paper	<p>Priorities</p> <table border="0"> <tr> <td>Older people & long term conditions</td> <td>Yes</td> </tr> <tr> <td>Mental health & well-being</td> <td>Yes</td> </tr> <tr> <td>Obesity</td> <td>Yes</td> </tr> <tr> <td>Alcohol</td> <td>Yes</td> </tr> <tr> <td>Other (specify below)</td> <td>No</td> </tr> </table> <p>Groups of particular interest</p> <table border="0"> <tr> <td>Children & young people</td> <td>Yes</td> </tr> <tr> <td>Communities & groups with poor health outcomes</td> <td>Yes</td> </tr> <tr> <td>People with learning disabilities</td> <td>Yes</td> </tr> </table> <p>Has an equality impact analysis been carried out? No</p> <p>If yes, please summarise findings:</p>	Older people & long term conditions	Yes	Mental health & well-being	Yes	Obesity	Yes	Alcohol	Yes	Other (specify below)	No	Children & young people	Yes	Communities & groups with poor health outcomes	Yes	People with learning disabilities	Yes
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Item for	Information and assurance																
Recommendation	<p>1. That the Health and Well-being Board is asked to:</p> <p>a) Note the progress made at the end of Year 1 in achieving the Five Year Health and Care Strategy for Worcestershire.</p>																
Background	<p>2. July 2014 Health and Well-being Board ratified the Five Year Health and Care Strategy for Worcestershire and agreed the Strategy should be reviewed on an annual basis.</p> <p>3. The development of the Strategy was led by a strategic working group covering all commissioners and providers</p>																

Progress against the NHS Outcome areas

and followed the publication by NHS England of *Everyone Counts: Planning for Patients 2014/15 to 2018/19*. The Strategy was submitted to NHS England in June 2014.

4. Bringing together the various discrete plans and activities previously committed to by health and social care partners, the Strategy outlines the ambitions CCGs identified for the key NHS Outcome areas and a set of vision statements that define key aspects of major transformation programmes.
5. For each outcome area key headline indicators were specified by NHS England to measure direction of travel towards the longer term ambition. The table in the Appendix summarises progress after one year. Green signifies performance is improving towards the ambition, red signifies that performance has slipped backwards away from the ambition and amber indicates neither a particularly positive or negative direction of travel.
6. Key highlights are:

Additional years of life secured in conditions considered amenable to healthcare

- This is a new composite indicator and Commissioners are working with colleagues from Public Health to understand the detail affecting the direction of travel for this indicator. The data suggests that performance has slipped back against the target trajectory.

All people over 65 or those under 65 living with long term conditions have their own coordinated care plan

- Performance has improved. Indicator is a key measure for Worcestershire's ambition for Integrated Assessment, Care and Support planning.

Emergency admissions and length of stay reduced by managing care more proactively in other settings

- Performance for this indicator has improved.

Safe and effective care secured and the proportion of people having a positive experience of care in all settings increased

- Patient overall experience in acute services has improved
- Patient overall experience in General Practice, Out of Hours and Dentistry has reduced, but at a rate less than the national average, consequently, the comparative position against other CCGs has

actually improved and remains well above average (in the top 20% for SWCCG and WFCCG).

Parity of esteem for people suffering with mental health conditions alongside those with physical health conditions

- As a strategic priority within the commissioning strategy for primary care mental health, additional investment has been made in this area, leading to improved performance from the baseline. More work is required in Redditch and Bromsgrove CCG and in Wyre Forest CCG to achieve the 15% target.

The major transformational programmes

7. The Five Year Health and Care Strategy for Worcestershire encompasses the following major transformational programmes; The Urgent Care Strategy, Out of Hospital Care, Specialised Commissioning, Acute Hospital Services, Future Lives and the Children's and Young People's Plan.

8. The agreed vision statement for Urgent Care is *“To ensure the people of Worcestershire have access to the right urgent care service that is of a consistently high quality and which is available 24 hours a day 7 days a week”*.

Urgent Care

9. To deliver the vision an Urgent Care Strategy was developed and approved by partners in May 2014. The strategy identified three core areas of focus,

- **Admission prevention and avoidance:** Enhance out of hospital urgent care services to avoid emergency admission where possible
- **Right care, right time, right place:** Treat with the best care in the best place in the fastest time
- **Effective patient flows:** Promote rapid discharge to the most appropriate place for recovery in a planned manner.

10. 14 key delivery projects were agreed for implementation over the three year period covered by the strategy. Three of the projects were identified as priorities for year one,

- Develop **Urgent Care Centres** at Worcestershire Royal Hospital (WRH) and the Alexandra Hospital (AH). The UCC at WRH opened on the 23 June 2014, the UCC at AH opened in November 2014.
- Implement **Discharge to Assess** pathways to enable patients to receive assessments for on-

going care needs away from acute hospital sites. Discharge to assess pathways are now routinely used as a route for supporting complex discharges from hospital and regularly facilitate the discharge of more than 110 patients per week.

- Introduce a **Patient Flow Centre** to enable improved discharge for complex patients who need on-going health or social care support following their acute stay. The PFC opened in October 2014 and has been identified as a model of good practice for other systems to learn from.

11. Managed through the System Resilience Group, each of the three projects is on track. Following a recent review of progress, the following priorities were identified for year two;

- Completing and responding to the urgent care demand and capacity modelling work
- Continued improvement of patient flow processes through the DTA pathways and the PFC
- Deliver the 7 day working strategy across partner organisations
- Procure an effective NHS 111 solution for Worcestershire
- Improve access to urgent mental health services.

Out of Hospital Care

12. Out of Hospital Care includes all services provided in community settings such as in people's homes by community nurses, at GP surgeries and in health centres. The aim is to develop services in the community and focus on self-care, early diagnosis and high quality management of long-term conditions. This will enable acute hospitals to focus on patients who are critically ill and those who require specialist investigations and interventions. The key areas of action for Out of Hospital Care are Primary Care at Scale and Care closer to home. Future developments will be taken forward through the Trailblazer process and the Alliance Boards.

Specialised Services

13. Accounting for £1 in every £8 of NHS expenditure, Specialised services are generally those services which;

- Are provided from a small number of centres
- Require a concentration of specialist staff and equipment to be safe and cost efficient
- Often exhibit high patient costs and low patient numbers (making planning and budgeting difficult at a local level)
- May be subject to rapid technological change.

14. The Health and Social Care Act 2012 gave statutory

Acute Hospital Services in Worcestershire

Future Lives: Pathway to Independence

responsibility for commissioning specialised services to NHS England. For Worcestershire, this function has been delivered by NHS England, Birmingham and Black Country. During 2014/15 a change was signalled and, as with the delegation of commissioning of primary care services to CCGs, a similar transfer of specialised commissioning started to take place as part of the national policy of developing “place based commissioning” focused on CCGs.

15. In order for CCGs to be involved in the on-going commissioning of these services and oversee the transfer process, the West Midlands Specialised Collaborative Commissioning Oversight Group (SSCOG) has been established. Worcestershire is represented on this by the Director of Commissioning for the three CCGs.
16. As part of this process Worcestershire's CCGs will need to consider and agree appropriate risk sharing and pooling arrangements within the county and also with neighbouring CCGs so that fluctuations in unpredictable, high cost services do not result in undue financial pressure to individual CCG commissioning budgets and adversely affect resources available for other non-specialised services.
17. West Midlands Clinical Senate published its review of the proposed clinical model at the end of June 2015. Subsequently, all members of The Future of Acute Hospital Services in Worcestershire Programme Board confirmed their commitment to the ongoing development of the clinical model produced last year (known as modified option one).
18. Plans for the majority of the proposals including emergency surgery, obstetrics and gynaecology were supported. Plans for paediatrics were also supported but the Programme Board recognised staff and public will need a common understanding about where to take children requiring hospital treatment. The Programme Board also needs to confirm there is capacity at WRH for additional paediatric patients.
19. The changing landscape of social care presents a number of significant challenges for the health and social care economy in Worcestershire. The County Council is experiencing real terms cuts in social care budgets at a time when demographics suggest that increased funding is required. The efficiency challenge for the Council, working jointly with local partners, is significant. The Council's strategy must ensure that any service redesign

recognises the implications of reduction to social care support and the impact that will have on the wider health system.

20. Future Lives is reviewing and reforming all aspects of adult social care. It will result in new models of care that promote health and independence, increase choice and control and reduce the need for long term services by maximising the impact of investment in prevention and recovery. It comprises the following programme areas:

- **Keeping Well** - Focusing on enabling self-management through high quality information and advice, identifying needs that might benefit from early help, such as; loneliness, risk from falls and cold weather and ensuring that support is available through communities and neighbourhoods
- **Integrated Recovery** - Redesigning services in conjunction with the CCGs to promote recovery and a return to independence, usually delivered at home
- **New Models of Care** - Reviewing the approach to assessing, arranging and providing adult social care, consider how the Council can improve the timeliness and quality of assessments, promote choice and control and improve quality and productivity.
- **Effective Commissioning** - Aims to expand choice for service users and carers by increasing the number and range of providers of adult social care. It involves working with service users and carers to understand their preferences, and with existing and potential providers to encourage them to enter the market for adult social care and prepare them for operating in a competitive environment where service users and carers have control over personal budgets.

21. Future Lives has,

- Launched the first version of ***Your Life, Your Choice*** website. Feedback will be gathered to inform the development of version two.
- Made progress with the **redesign of integrated recovery services**, a service specification for South Worcestershire is close to completion
- The **new model of social care** is live
- The Council is now working to the requirements of the **Care Act**
- A major **review of the care home and home care market** has been launched
- A work stream has been launched to explore the potential of **new technologies**.

Children and Young People's Plan

The enablers supporting the major transformational programmes

22. A comprehensive report on the Children and Young's People's Plan is an agenda item for 15 July Health and Well-being Board and is not repeated here.

23. The major transformational programmes encompassed by the Five Year Health and Care Strategy are supported by a number of 'enablers' as detailed below.

Communications and Engagement, including Co-production

24. Led by Peter Pinfield, Chair, Healthwatch and Sue Harris, Director Strategy and Business Development, Worcestershire Health and Care Trust. It reflects partner organisations' commitment to putting patients, service users and carers at the heart of health and social care services.

25. The enabler team has been working with The Young Foundation to develop new models of care for people with multiple long term conditions through co-production methodologies. Three co-production workshops were held at the beginning of this year, each was well attended by patients, carers, clinicians and other stakeholders, receiving positive feedback. They built consensus around the key principles that would need to be incorporated in any new model of care such; as a single care plan created with people and their carers, robust care co-ordination, support to "navigate" the system, and links to community support. Three further workshops were held in June.

26. Healthwatch Worcestershire recognises further work needs to be done in developing co-production, and plan to present a report to the Health and Wellbeing Board in September 2015 with key recommendations.

Integrated Assessment, Care and Support Planning

27. The agreed ambition is for individuals to have a single care plan. The individual and everyone involved in providing their care and support will be able to access and contribute to the plan. A workshop (7 July) aims to collate user requirements. Delegates include frontline professionals and patients/service users and carers. The output of the workshop will inform the design specification for the IT development required. Dr Anthony Kelly is the Strategic Sponsor for Integrated Assessment, Care and Support Planning.

Information Technology

28. Clare Marchant, Chief Executive, Worcestershire County Council is the Strategic Sponsor for IT. Joined up information technology systems are crucial to the development of a single care plan. All the partners have now adopted the Integrated IT strategy ensuring new IT systems within their own organisations are aligned. Resources have been secured to develop a proposal for greater interoperability between the respective IT systems. Significant investment is likely to be required. The Board will be kept informed of progress.

Information Governance

29. Clare Marchant, Chief Executive, Worcestershire County Council is the Strategic Sponsor for IG. A local Information Governance Group oversees the development of information sharing protocols, ensuring staff feel empowered to share information appropriately. A number of information sharing constraints have been escalated to the national Pioneer programme.

Workforce planning

30. Led by Jo Galloway, Chief Nursing Officer, Redditch & Bromsgrove CCG and Wyre Forest CCG. A local Workforce Planning group has been developing an Integrated Workforce plan, which will highlight the context and key challenges and highlight best practice and opportunities for innovation with the development of new and expanded roles. Worcestershire has a number of innovations - e.g. the Physician Assistant role at The University of Worcester; the piloting of pharmacists in A&E by WAHT, and an education programme at the University of Worcester for Practice Nurses. The group has informed Worcestershire's submission to Health Education West Midlands which analyses plans from across the region to inform education and training commissioning.

Voluntary and Community Sector

31. The Well Connected VCS Group has met on a number of occasions over the past two years to consider the support the VCS can provide to the integrated care programme. They have allocated significant individual resource to supporting the development of all the relevant enablers and transformational programmes and have submitted a report on the VCS's requirements to develop and become a strong sector to support the implementation of the integration agenda.

32. Members of the group have engaged in a number of positive developments, both individually and collectively, such as End of Live Care; Reducing Loneliness, developing support for Carers, co-production and a Social Prescribing initiatives.
33. There is significantly more the VCS could do, but lacking the appropriate investment resource (and recognising it is not the 'big player' in the marketplace), it requires some resource to engage and appropriately make the case for, integrated care to include a wellbeing focus to stem the flow of demand on the wider health care system. The development of Worcestershire Trailblazers, creates a significant opportunity to enhance and extend arrangements.

Appendix 1: Progress against NHS Outcome areas

	Redditch and Bromsgrove	South Worcestershire	Wyre Forest
Potential years of life lost (PYLL) from causes considered amenable to healthcare. <i>Composite indicator based on a calculation of likely early deaths from conditions that should be avoidable</i>	Baseline: 1977.4 years of life lost per 100,000 registered patients (Best 40%) 5 year ambition: Reduce to 1,681 years Performance at Year 1: Deteriorated to 2,095	Baseline: 1893 years of life lost per 100,000 registered patients (Best 30%) 5 year ambition: Reduce to 1,557 years Performance at Year 1: Deteriorated to 1,995	Baseline: 2099.9 years of life lost per 100,000 registered patients (Middle of all CCGs) 5 year ambition: Reduce to 1,784.7 years Performance at Year 1: Deteriorated to 2,564
All people over 65 or those under 65, living with long term conditions (including children and young people) having their own coordinated care plan. <i>Composite indicator based on a survey of patients</i>	Baseline: 74.1 points (Just outside best 40%) 5 year ambition: Increase to 75.1 Performance at Year 1: Improved to 75.8	Baseline: 74.1 points (Just outside best 40%) 5 year ambition: Increase to 75.1 Performance at Year 1: Improved to 75.8	Baseline: 74.1 points (Just outside best 40%) 5 year ambition: Increase to 75.1 Performance at Year 1: Improved to 75.8
Emergency admissions and length of stay reduced by managing care more proactively in other settings. <i>Composite indicator based on admissions for health conditions that should be treatable in primary or community care without an acute inpatient stay</i>	Baseline: 2,317 admissions (Bottom 40%) 5 year ambition: Reduce to 1,920 Performance at Year 1: Improved to 2235.9	Baseline: 1,738 admissions (Best 30%) 5 year ambition: Reduce to 1,669 Performance at Year 1: Improved to 1,684	Baseline: 1,541 admissions (Best 20%) 5 year ambition: Reduce to 1,530 Performance at Year 1: Improved to 1,481.5
Safe and effective care secured and the proportion of people having a positive experience of care in all settings increased. <i>Composite indicators based on an annual survey of patients</i>	Acute services Baseline: 155.2 rate of negative responses per 100,000 patients (Worst 30%) 5 year ambition: Reduce to 135.5 Performance at Year 1: Improved to 109		
	General Practice, Out of Hours and Dentristry Baseline: 5.1 rate of negative response per 100,000 patients (Best 30%) 5 year ambition: Reduce to 4.8 Performance at Year 1: 6.5 (best 40%)	General Practice, Out of Hours and Dentristry Baseline: 4.8 rate of negative response per 100,000 patients (Best 20%) 5 year ambition: Reduce to 4.5 Performance at Year 1: 5.2 (best 15%)	General Practice, Out of Hours and Dentristry Baseline: 5.8 rate of negative response per 100,000 patients (Middle of all CCGs) 5 year ambition: Reduce to 5.5 Performance after Year 1: 6.1 (best 30%)

	Redditch and Bromsgrove	South Worcestershire	Wyre Forest
Parity of esteem for people suffering with mental health conditions alongside those with physical health conditions. <i>Indicator measuring the proportion of people estimated to have anxiety and/or depression that can access structured psychological therapy treatments.</i>	Baseline: 5% 14/15 Target: 15% Performance at Year 1: 6.8%	Baseline: 5% 14/15 Target: 15% Performance at Year 1: 18%	Baseline: 5% 14/15 Target: 15% Performance at Year 1: 12.5%

Note: Green signifies performance is improving towards the ambition; red signifies that performance has moved away from the ambition; amber indicates neither a particularly positive or negative direction of travel.