

Chair Appointments Briefing pack – Herefordshire and Worcestershire Integrated Care System

Herefordshire and Worcestershire integrated care system, our journey



The Herefordshire and Worcestershire system has built a strong record of delivery and improvement over the last 3 years. The system has strong and stable leadership across our two places and our primary care networks, with excellent support from our local authority and voluntary sector partners. Governance structures and shadow functions have been established over the last 2 years to deliver national and local priorities and to improve local services and outcomes for our patients.

We have used our integrated work to deliver a successful **COVID vaccination programme** which has proactively targeted reducing health inequalities by working with patient representatives, communities, PCNs, Local authorities and NHS providers to increase uptake. By working collectively we have been able to develop mutualaid and secure Vanguard Theatres in both counties, which support our **Reset and Recovery Programme**. With a commitment to improve clinical productivity through implementing 'Getting it right first time' and deliver an ambitious **Best Use of Resources programme** we are using our ICS structures to deliver the highest priorities we need to address for our population.

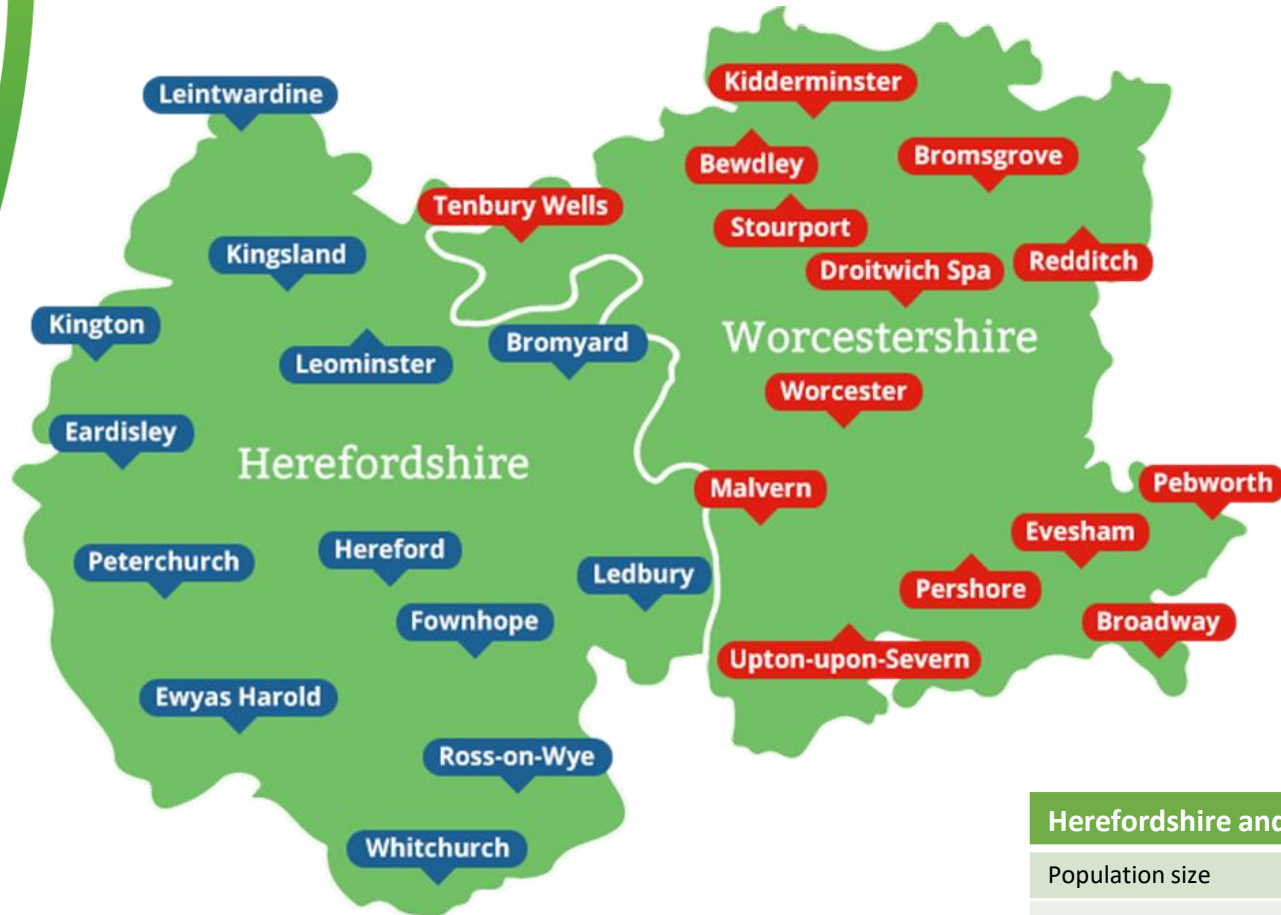
There is an ongoing commitment to collectively **improve patient safety and quality**. This has led to Worcestershire Acute Hospitals NHS Trust exiting quality special measures in autumn 2020, and prior to this Wye Valley NHS Trust moving from Inadequate to Requires Improvement in 2016. We still face significant challenges in our Urgent Care Services in both counties, and **we will use our ICS structures to drive improvement to achieve better outcomes**.

We are in a strong position to transition to the new ICS NHS Statutory body, having formally merged the 4 CCGs covering the area into **Herefordshire and Worcestershire CCG** in April 2020 after 2 prior years of them working together with single leadership and a single management team. This timing, alongside parallel development of ICS arrangements has enabled us to create an organisational structure that had becoming an ICS in mind. As such, many senior CCG roles already have system focus and key system leadership roles are supported by CCG directors.

Supplemented by a **clear commitment to system working** in our NHS providers and the strong relationships with our local authorities, our system has strong foundations upon which to use collective resources to address local challenges and improve outcomes for the people we serve.

Current ICS leadership	Chair	Chief Executive Lead
	Sir David Nicholson	Simon Trickett
NHS Statutory Bodies	Chair	Accountable Officer
Herefordshire and Worcestershire CCG	Dr Ian Tait	Simon Trickett
Herefordshire & Worcestershire Health and Care NHS Trust	Mark Yates	Sarah Dugan
Worcestershire Acute Hospitals NHS Trust	Sir David Nicholson	Matthew Hopkins
Wye Valley NHS Trust	Russell Hardy	Glen Burley
Upper Tier Local Authorities	Leader	Chief Executive
Herefordshire Council	David Hitchiner	Paul Walker
Worcestershire County Council	Simon Geraghty	Paul Robinson

Herefordshire and Worcestershire Integrated Care System



Population

HW ICS provides health and care services for 806,00 people across the two places as well as hospital services to 40 000 people from mid Wales. Challenges we face in our area include struggle for some citizens to access and travel to services (due to rurality), a low wage economy and a relative lack of social mobility. We also face an increasingly elderly population relative to national and regional averages.

NHS Organisations in HW ICS

- A single CCG for Herefordshire and Worcestershire
- Herefordshire & Worcestershire Health and Care NHS Trust providing Mental Health services in both counties and community services in Worcestershire
- Worcestershire Acute Hospitals NHS Trust providing acute services in Worcestershire.
- Wye Valley NHS Trust providing Acute and Community services in Herefordshire
- 80 GP Practices organised into 15 PCNs.

Herefordshire and Worcestershire	
Population size	806,000
#Trusts	3
#CCGs	1
#Providers	15 PCNs

Herefordshire and Worcestershire Integrated Care System

Our Vision:

Working together to enable better health, fulfilment and safety in our residents' lives



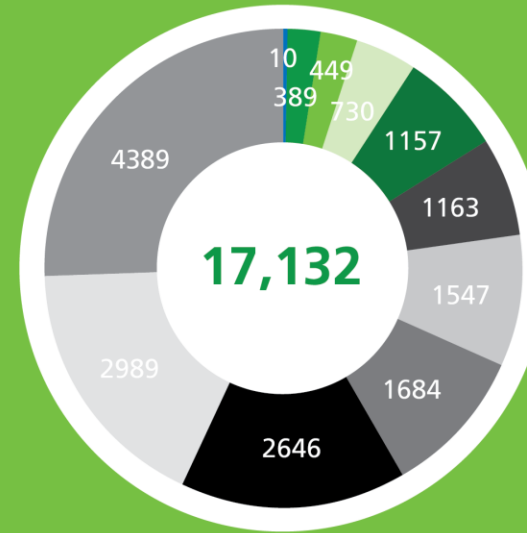
£1.4 bn for NHS funded services

£0.2 bn for Adult Social Care

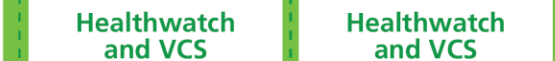


Supporting 806,000 people across 2 places Herefordshire and Worcestershire

Our Health and Care Workforce



ICS Operating model: 1 ICS, 2 Places Herefordshire and Worcestershire



One Herefordshire place partnership

Worcestershire place partnership

4 Objectives

1. To ensure **healthier, well connected and more resilient communities** with targeted support to **reduce health inequalities** and inequities, preventing ill health.
2. To provide **high quality services** through improving access to clinically effective treatments.
3. To make the **best use of resources, being exemplar employers** and strengthening the local economy by employing local people, and investing in local businesses wherever possible.
4. To promote a **healthier physical environment**; reducing our carbon footprint through positive action around our buildings, working practices and **digital transformation**.

Our vision and values:

Working in partnership to provide the best healthcare for our communities, leading and supporting our teams to move 4ward

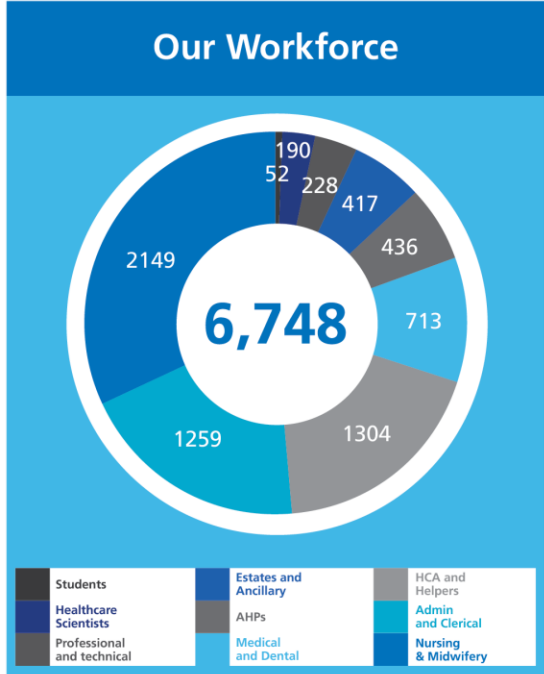
4 Strategic Objectives

- Best Services for local people
- Best experience of care and outcomes for our patients
- Best use of resources
- Best people

£520 Million spend 2020/21
(Excluding COVID)

Our stats for 2020/21

- 127,742 people attended our 2 A&E departments
- We provided over 458,225 outpatient appointments
- On average we carried out 33,595 diagnostic tests each month
- On average we deliver 450 babies each month



Working with **Worcestershire Place Partners** to provide acute healthcare services to 611,000 people across Worcestershire

2021/22 Priorities

- 1. Reset and recovery of services**
 - Prioritisation of long waiters (over 52 weeks) and time critical cancer patients
 - Delivery of urgent and cancer care standards
 - Maintaining ED performance and flow
 - Delivering increased value at the same or reduced cost
 - Workforce transformation
- 2. Staff health and wellbeing**
- 3. Working collaboratively as a system to develop PLACE and provider collaboration approaches as part of ICS**
- 4. Delivery of key infrastructure projects**
 - Digital Care Record (DCR), Urgent & Emergency Care (UEC) development, Surgical reconfiguration, Community diagnostic hubs (CDH)
- 5. Preparing for wave 3 COVID / winter planning**

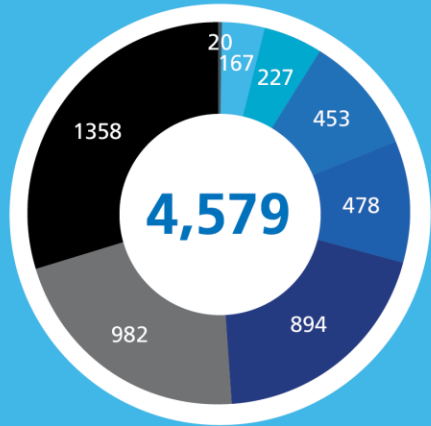


Herefordshire and Worcestershire Health and Care
NHS Trust

Our vision and values:
Courageous, Ambitious, Responsive,
Empowering, Supportive

Herefordshire and Worcestershire
Integrated Care System

Our Workforce



£228 Million Turnover 2021/21 Spend
(Excluding COVID)



Working within the Worcestershire Place Partnership and One Herefordshire Place Partnership providing mental health and learning disability services in both counties, delivering community hospitals, neighbourhood teams across Worcestershire supporting 806,000 people across Herefordshire and Worcestershire



Our stats for 2020/21

- Providing 1.1m contacts with patients and service users
- Delivering 298,736 appts for mental health patients and people with a learning disability
- Delivering 204,901 appts for children experiencing mental health difficulties
- Delivering 506,247 visits to patients needing nursing / therapy care at home

Our strategic objectives

- Improve health and wellbeing and reduce inequalities
- New models of care through integration
- Efficient and effective
- Sustain, develop and engage our workforce

Focus for 2021/22

- Reducing health inequalities and inequities
- Delivering reset and recovery of services and communities for our population
- Supporting, retaining and developing the workforce
- Making the best use of resources, improving efficiency and productivity through transformation (including digital innovation)
- Protecting our population against COVID

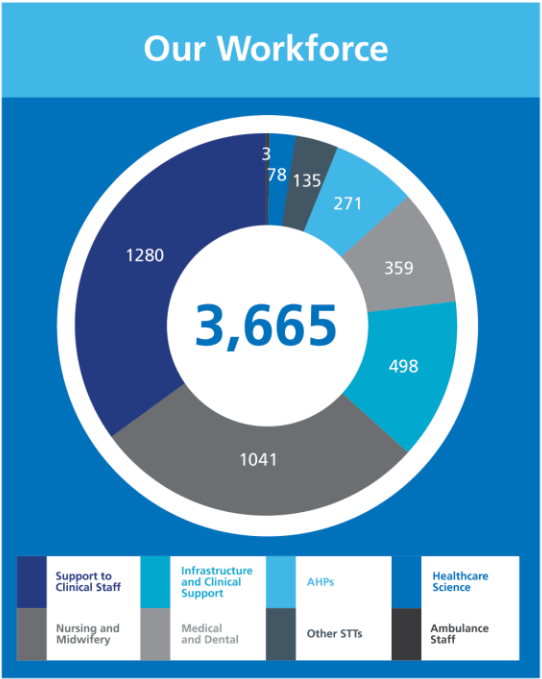


Wye Valley
NHS Trust

Right care, right place, right time...every time

Our vision and values:
"To improve the health and well being of the people we serve in Herefordshire and the surrounding areas"

**Herefordshire and
Worcestershire**
Integrated Care System



- ### Strategic Objectives
- Quality Improvement
 - Sustainability
 - Workforce and leadership
 - Integration
 - Group wide objectives



Leading the One Herefordshire Place Partnership in providing acute and community services supporting 195,000 people across Herefordshire and providing hospital services to 20,000 people in Powys



£248 Million
spend 2020/21
(Excluding COVID)

- ### Our stats for 2020/21
- 54,411 people attended the ED during the year
 - On average 778 visits in the community every day
 - On average 4,940 diagnostic tests/procedures carried out each month
 - On average we deliver 131 babies each month



- ### Strategic priorities 2021/22
- Improving the quality and safety of care
 - Improved access to urgent and emergency care
 - Reset and recovery of planned services
 - Implementing our integrated care strategy
 - Developing our place-based leadership governance
 - Staff health and wellbeing
 - Delivering our responsibilities as an anchor institution

The ICS NHS Body will inherit all the CCG's statutory duties, functions and staff

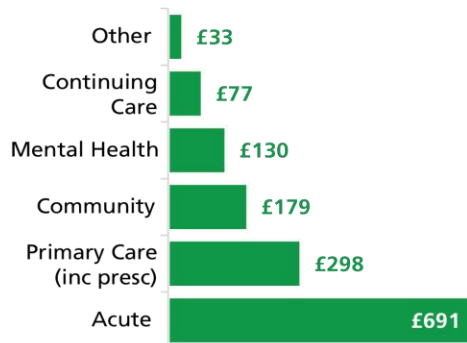


**Herefordshire and
Worcestershire**
Clinical Commissioning Group

Responsible for organising and funding services to improve the health and well being of the whole population:

- Using it's **£1.4bn** allocation...
- ...to commission services for **806,000 people...**
- ...from nearly **600** organisations including NHS Trusts, private sector, care providers and voluntary sector organisations...
- ...employing 313 staff...
- ...working alongside 80 GP member practices...

Main areas where we spend our budget (£m)



CCG Role, statutory duties and powers

Conduct needs assessments (general and specific)

- Working with Local Authorities and building on JSNA and HWBB Strategies

Commission population level and personalised health care services to meet population needs:

- Hospital Care
- Community services
- Mental health services
- Ambulance and patient transport
- Continuing Health Care
- Joint arrangements with local authority
- Primary Care, including GP and Optical Care
- Primary care medicines and high cost drugs
- Nursing homes
- Individual Funding Reviews

Provide information on the safety of services by the health service

Secure improvement in the quality of services

- Hospital services
- Primary care services
- Nursing homes

Duty to achieve financial balance

Secure public involvement and consultation on service changes

Reduce health inequalities

Promote patient involvement and patient choice

Support innovation and research

Promote integration of services

Work in Partnership in areas such as:

- Special educational needs
- Safeguarding
- Public health

System Level Planning and Coordination

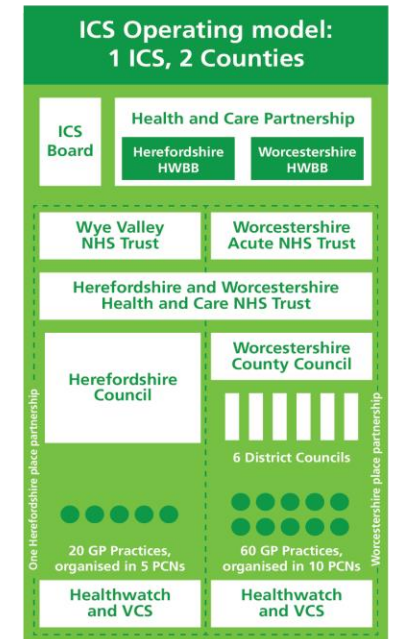
- Reset and recovery
- Covid Response
- Vaccination Programme
- Create the constitution for the ICS and lead ICS Development
- Coordinate Digital Strategy
- Performance and reporting
- System level engagement with regional and national teams
- Driving system response to long term plan priorities

Herefordshire and Worcestershire Integrated Care System

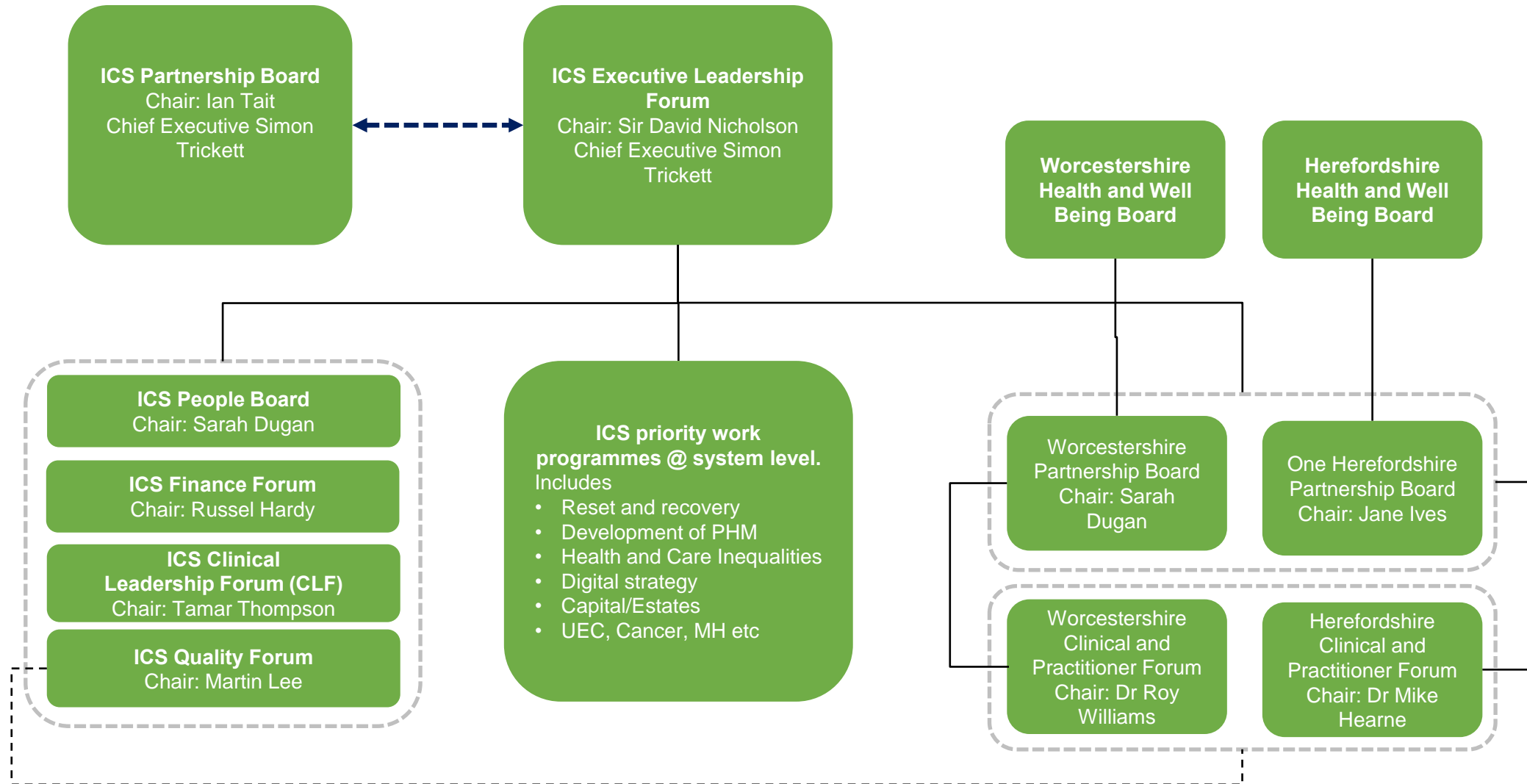
Transferred CCG duties, plus additional duties and responsibilities:

- Delegations from NHS E/I including oversight and assurance of local performance, finance and quality.
- Extended commissioning responsibilities: pharmacy, dental, optometry, prison healthcare, vaccinations and immunisations, specialised services.
- New responsibilities: Strategic workforce planning, emergency planning.
- Operating through consensus not contracting.

1 ICS, 2 Counties, 15 PCNs, serving 806,000 people



ICS Governance Arrangements – Current



- Proposed future governance arrangements are currently being finalised in light of the new statutory guidance.

Local Authority Leaders and Chief Executives Healthwatch Chairs and Chief Officers



ICS Upper Tier Local Authorities		Leader	Chief Executive	DASS	DPH
Herefordshire Council	https://www.herefordshire.gov.uk	David Hitchiner	Paul Walker	Paul Smith (Interim)	Becky Howell Jones
Worcestershire County Council	https://www.worcestershire.gov.uk/	Simon Geraghty	Paul Robinson	Paula Furnival	Kath Cobain

Worcestershire Lower Tier Local Authorities		Leader	Chief Executive
Bromsgrove District Council	https://www.bromsgrove.gov.uk/	Karen May	Kevin Dicks
Redditch Borough Council	https://www.redditchbc.gov.uk/	Matt Dormer	
Malvern Hills District Council	https://www.malvern hills.gov.uk/	Sarah Rouse	Vic Allison
Wychavon District Council	https://www.wychavon.gov.uk/	Bradley Thomas	
Worcester City Council	https://www.worcester.gov.uk/	Marc Bayliss	David Blake (Managing Director)
Wyre Forest District Council	https://www.wyreforestdc.gov.uk/	Helen Dyke	Ian Miller

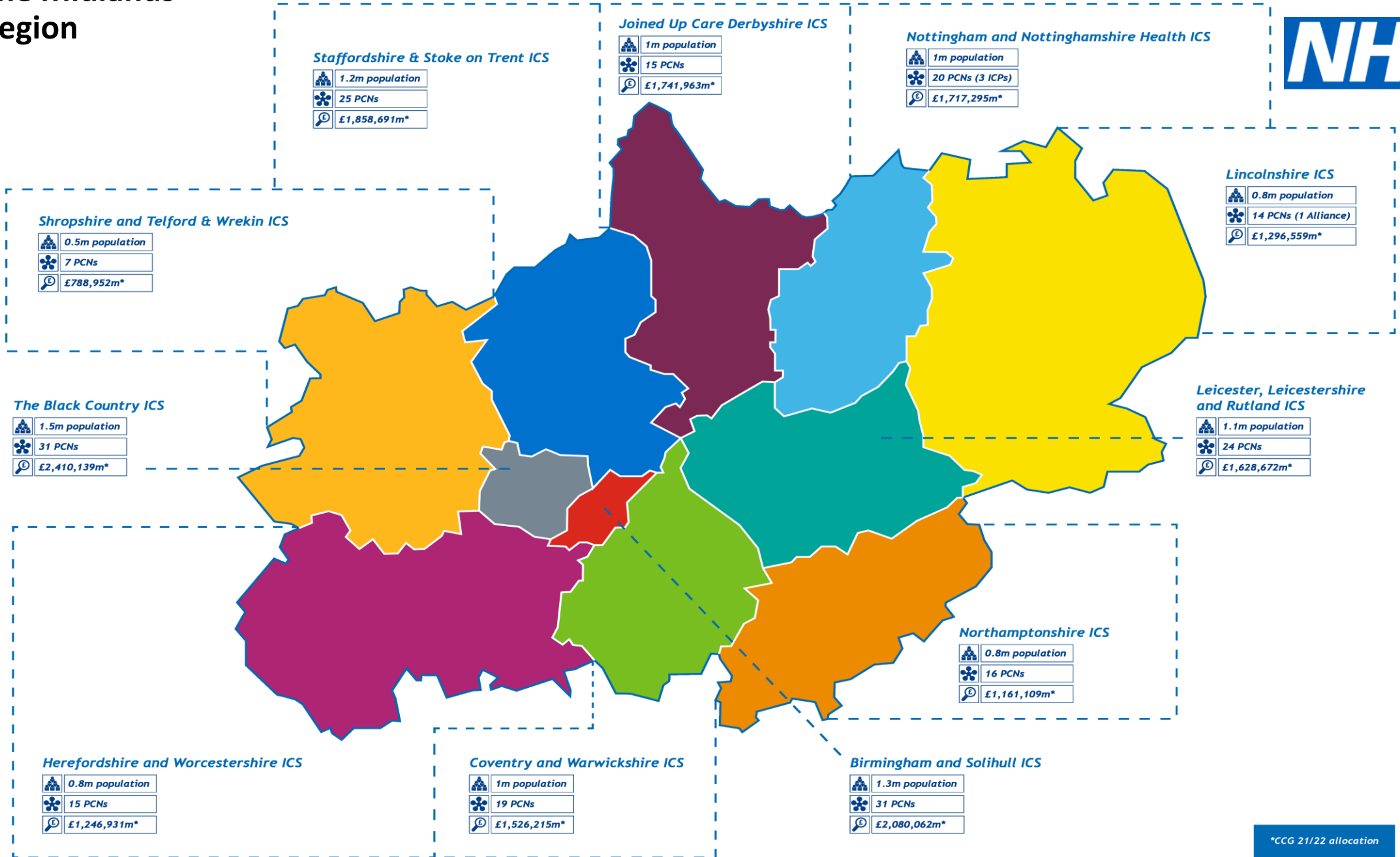
Local Healthwatch Bodies	Chair	Chief Officer
Herefordshire	Ian Stead	Christine Price
Worcestershire	Jo Ringshall	Simon Adams

Providers and CQC Ratings



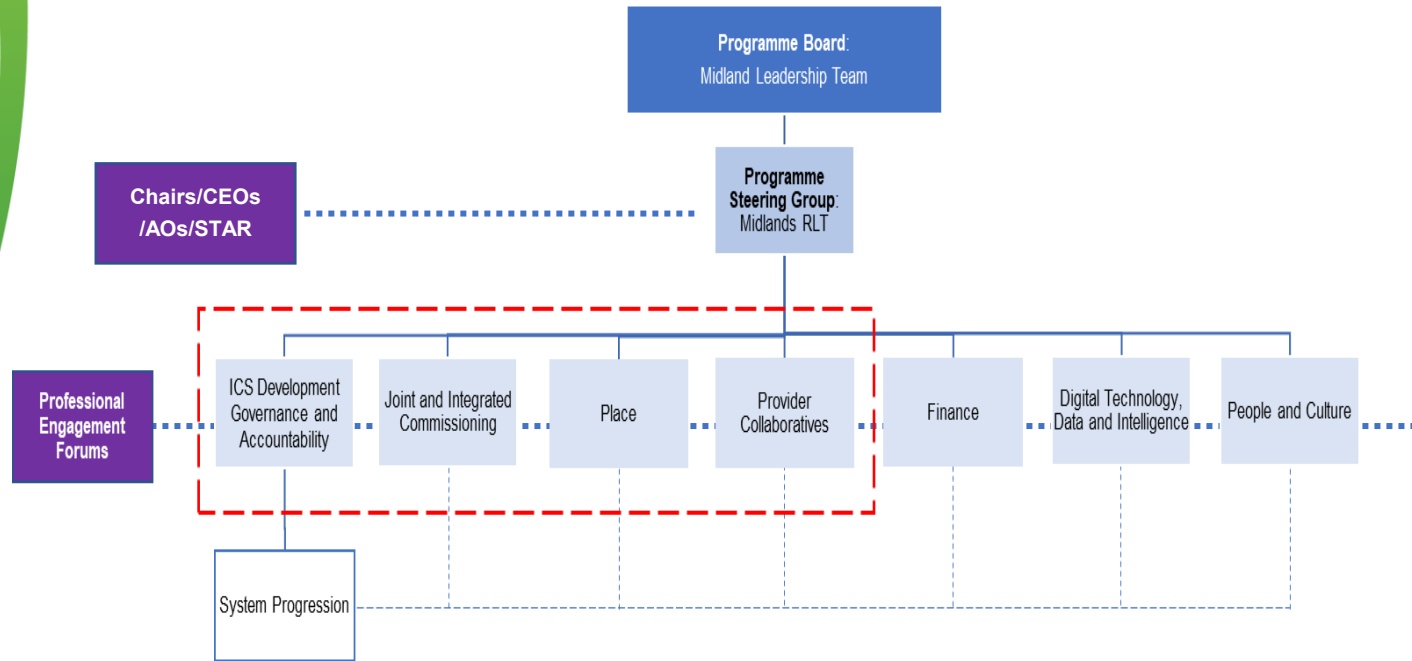
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The Midlands Region



*CCG 21/22 allocation

Midlands Approach to ICS Development Programme

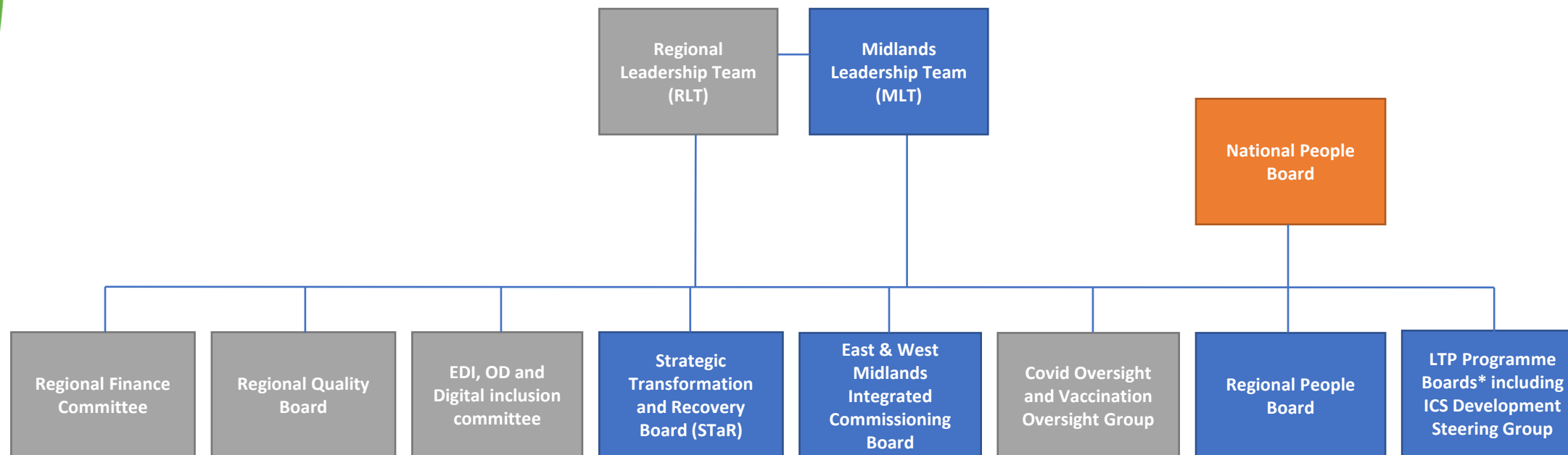


Workstream	Focus
ICS Governance and Accountability	Support the development of ICSs in support of ICS functions including but not limited to the accountability and governance requirements of ICSs, informed by System Development Plans, and legislative requirements of ICSs.
Joint and Integrated Commissioning	Develop approaches to integrating commissioning functions including NHSEI Specialised and Direct Commissioning and pan system provider collaboratives
Place	Further support the development of Places across the Midlands including identification and spread of good practice
Provider Collaboratives	Support the development of provider collaboratives specifically providers working at scale, across multiple places, to achieve the benefits of collaborative working
Finance	Support the implementation of national guidance for ICSs including how money will flow to and through systems and how financial governance and accountability arrangements will operate.
Digital, Data and Intelligence	To focus on the digital and technology requirements to enable effective, joined up system working and how data and intelligence is made accessible and used to drive good decision to improve health outcomes and experiences of care
People and Culture	To ensure strong alignment between national policy and framework development, regional and system priorities and achievement of the shared vision for ICS development with regards to workforce and OD.

Scope and Term of Reference;

- Influence national ICS policy and approaches to implementation based on the experience of Midlands Systems
- Ensure that there is consistency in interpretation across Midlands Systems whilst recognising that there needs to be flexibility to adapt to the needs of local Systems and characteristics local populations
- Further support the development of ICSs (including Midlands Strategic Transformation and Recovery Board recommendations) and the implementation of transition to statutory ICSs (subject to legislation)
- Identify, agree and deliver regional support offers at scale to support progression including identification and sharing of good practice and learning from the experiences of others outside of the region
- Identify those areas of collaboration where a *do once* approach would be beneficial
- Identify implications for and influence the future NHSEI regional operating model
- System sponsorship, representation and engagement throughout

Midlands Region Governance Chart



Current Primary Reporting route - RLT

Current Primary Reporting route - MLT

* Supporting Programme Boards in place for LTP Programmes, reporting into MLT