Planning Process for 2023-2025 Business Plan

Taken from H&W ICS comms:

Key Stakeholders that impact on patients and carers within Worcestershire

Includes Healthwatch & VCSE

National NHS objectives 2023/24

Area	Objective
Urgent and emergency care*	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
	Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
	Reduce adult general and acute (G&A) bed occupancy to 92% or below
Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
	Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals
Primary care*	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
	Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
	Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
	Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
Elective care	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
	Deliver the system- specific activity target (agreed through the operational planning process)
Cancer	Continue to reduce the number of patients waiting over 62 days
	Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition
Maternity*	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
	Increase fill rates against funded establishment for maternity staff
Use of resources	Deliver a balanced net system financial position for 2023/24
Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
Mental health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
	Increase the number of adults and older adults accessing IAPT treatment
	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
	Work towards eliminating inappropriate adult acute out of area placements
	Recover the dementia diagnosis rate to 66.7%
	Improve access to perinatal mental health services
People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit
Prevention and health inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
	Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
	Continue to address health inequalities and deliver on the Core20PLUS5 approach

Side label (vertical): Recovering our core services and improving productivity

ICBs and providers should review the UEC and general practice access recovery plans, and the single maternity delivery plan for further detail when published;

Key Areas for where HWW can Influence?

- A&E waiting times 76% patients seen <4 hours
- Cat 2 ambulance response time, average 30 minutes
- Set up local GP pathways for direct referrals
- GP appointments <2 weeks
- Urgent GP assessments triaged <2 days
- Eliminate >65 week elective care
- Reduce no. of >62 day cancer wait
- Diagnostic testing to support reduction in elective & cancer backlogs
- Improve access to mental health services: children & adults – 5% increase adult numbers/year
- Dementia diagnosis to <66%
- Learning disability annual health checks – 75% over age 14 & reduce numbers in inpatient units
- Health inequalities: Core20PLUS5 approach
- Social data performance metrics

Key Areas for where HWW can Influence – provide feedback

- Easier for people to contact their GP practice. GP appointments <2 weeks

- Faster cancer diagnosis standard:

    - Reduce no. of >62 day cancer wait

    - Eliminate >65 week elective care

    - Diagnostic testing to support reduction in elective & cancer backlogs

- Learning disability annual health checks – 75% over age 14 & reduce numbers in inpatient units

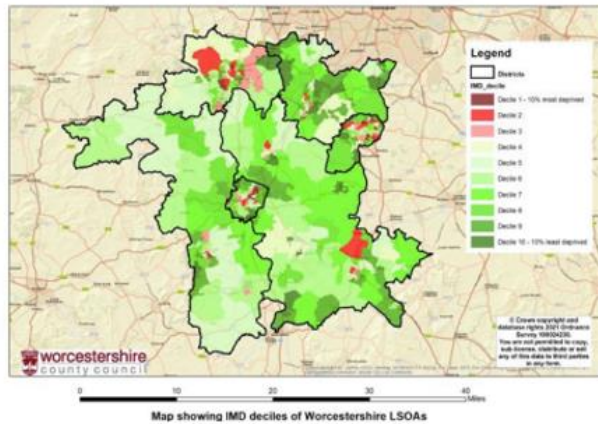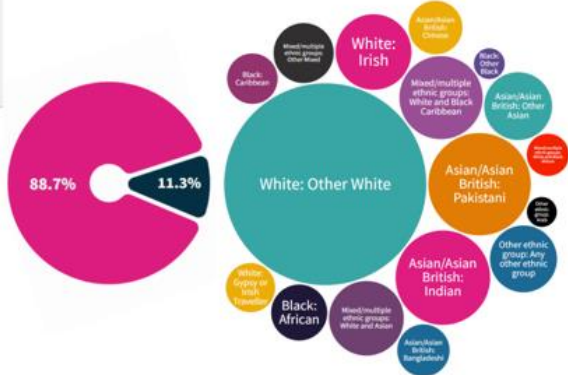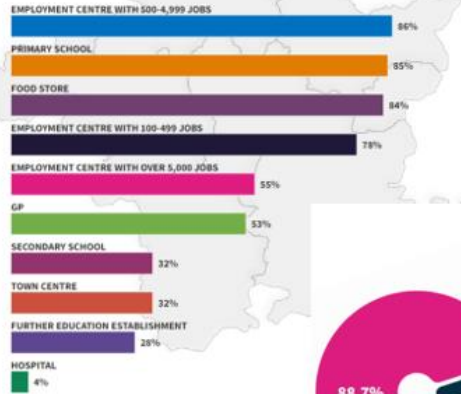- Health inequalities: Core20PLUS5 approach

Herefordshire and Worcestershire
Integrated Care System

NHS
Herefordshire and Worcestershire

Working with People and Communities in Herefordshire and Worcestershire

ICS Engagement Strategy 2022/23

REDUCING HEALTHCARE INEQUALITIES

NHS

The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in health inequalities improvement

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

20%

Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

① MATERNITY
ensuring continuity of care for **75%** of women from BAME communities and from the most deprived groups

② SEVERE MENTAL ILLNESS (SMI)
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

③ CHRONIC RESPIRATORY DISEASE
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

④ EARLY CANCER DIAGNOSIS
75% of cases diagnosed at stage 1 or 2 by 2028

⑤ HYPERTENSION CASE-FINDING
to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke

Where can HWW Influence?
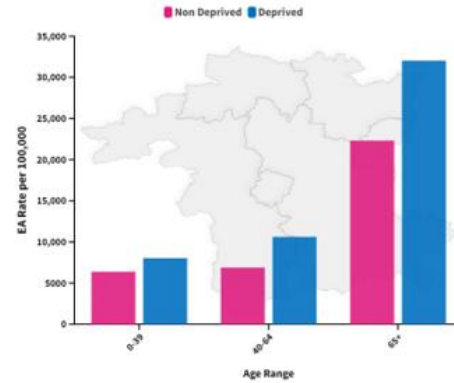• Has H&W ICS identified population groups with poorer than average health access?

'Closer working arrangements in both counties where public health and engagement leads will work with Healthwatch and VCSE partners to advise on respective strategic approaches.'
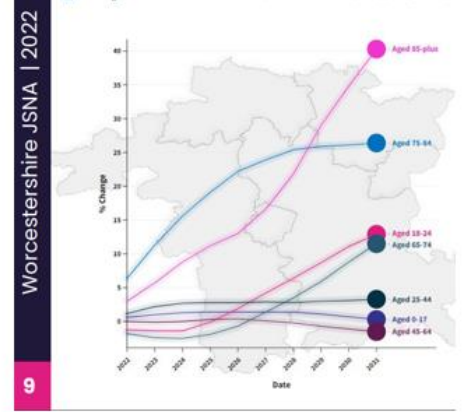
Service users within 15 minutes travel time by public transport or by walking to key services for Worcestershire (2019)

- EMPLOYMENT CENTRE WITH 500-4,999 JOBS — 86%
- PRIMARY SCHOOL — 85%
- FOOD STORE — 84%
- EMPLOYMENT CENTRE WITH 100-499 JOBS — 79%
- EMPLOYMENT CENTRE WITH OVER 5,000 JOBS — 55%
- GP — 53%
- SECONDARY SCHOOL — 32%
- TOWN CENTRE — 32%
- FURTHER EDUCATION ESTABLISHMENT — 28%
- HOSPITAL — 4%

WORCESTERSHIRE JSNA
Joint Strategic Needs Assessment 2022
worcestershire.gov.uk

Emergency Admissions Rate per 100,000 population
All causes

Non Deprived   Deprived

EA Rate per 100,000

Age Range: 0-39, 40-64, 65+

Population Projections by age group

Worcestershire JSNA | 2022

Aged 85-plus
Aged 75-84
Aged 18-24
Aged 65-74
Aged 25-44
Aged 0-17
Aged 45-64

% Change / Date

9

88.7%   11.3%

White: Irish
White: Other White
Asian/Asian British: Chinese
Mixed/multiple ethnic groups: Other Mixed
Black: Caribbean
Black: Other Black
Mixed/multiple ethnic groups: White and Black Caribbean
Asian/Asian British: Other Asian
Asian/Asian British: Pakistani
Other ethnic group: Arab
Other ethnic group: Any other ethnic group
Asian/Asian British: Indian
White: Gypsy or Irish Traveller
Black: African
Mixed/multiple ethnic groups: White and Asian
Asian/Asian British: Bangladeshi

Map showing IMD deciles of Worcestershire LSOAs

Legend
Districts
IMD_decile
Decile 1 - 10% most deprived
Decile 2
Decile 3
Decile 4
Decile 5
Decile 6
Decile 7
Decile 8
Decile 9
Decile 10 - 10% least deprived

worcestershire county council

Well performing indicators

- Life expectancy and healthy life expectancy Worcestershire performs relatively well compared with England
- Between 2017 and 2019 under 75 mortality rates for cardiovascular disease, cancer and respiratory disease were all better than England rates
- The crime rate in Worcestershire is lower than the national average.
- The claimant count in Worcestershire is decreasing and is lower than the national and regional rates.
- Worcestershire performs well across many cancer screening coverage indicators, e.g. for cervical cancer and breast cancer.
- Emergency admissions for falls among people 65-plus is lower in Worcestershire than nationally

Poor performing indicators

- Excess weight in adults & children & associated consequences eg diabetes
- Alcohol related admissions
- Breastfeeding initiation
- Smoking status in pregnancy
- School readiness
- Hip fractures
- Infant mortality
- Low dementia diagnosis rate

Emerging focus indicators

- Cost of living (fuel poverty, healthy eating)
- Inequalities in mental health & wellbeing, and lifestyle risk factors
- Changing demographic profile (inc. ageing population, asylum seekers)
- Lower use of preventive services by most deprived & ethnic groups
- Challenges within the health and care system (inc. waiting lists, emergency department pressures)
- Oral health
- Not in education, training or employment
- SEND
- Affordability of homes

Worcestershire PCNs

Bromsgrove PCN & Associates Ltd

Droitwich, Ombersley & The Rurals Primary Care Network

Kingfisher Primary Care Network

MALVERN TOWN PRIMARY CARE NETWORK

Nightingales

Pershore & Upton Primary Care Network

Vale of Evesham Primary Care Network

Wyre Forest Health Partnership

Wyre Forest Network of Independant Practices

WORCESTER CITY PRIMARY CARE NETWORK

Area for HWW to influence & provide feedback

❖ New Worcestershire General Practice Board

❖ Joined up system that priorities outcomes

Recommendation

It is recommended that GP practices and their Primary Care Networks galvanise the relationships and trust built over a number of years in the form of a 'Worcestershire General Practice Board' or equivalent whereby decisions are taken on what direction works best for Worcestershire, the PCN or at individual GP practice level, ensuring a strong voice in the system. It is also recommended that GP Practices and their PCNs consider longer term provider collaboration opportunities.

		Stop, Start, Continue?
Big Projects		
SA(JR)	c-19 restoration & recovery of services	Stop – (long Covid clinic?)
JR/ME	Digital access to services	Continue
JR/ME/MR	Accessible information	Stop – roll into all projects
SJ/MG	Adult mental health	Continue
ME/JS	Acute hospital services	Stop – change to focus on pathways
ME/JS	Children & young people, health & emotional well being	Continue

Medium Projects		
JT/SJ/LH	Review of REG	Continue – move to business development
ME/SJ/JR	Improvement of experiences of health & social care services by LGBT+ communities	Stop – change to small & roll into patient experience
SJ/MG	Dementia	Continue
MR/JT	Information about adult social care	Continue – website
MR/JS	Hospital discharge	Continue
MR/JS	Outpatient: focus on urology	Continue – project within cancer?
MR/JT	Adult social care - experiences of adult social work services	Continue – change to big project
ME/JS/MG	Learning disability & autism	Continue – move to watching brief?
SA	Shared care record - plan/portal	Continue – watching brief

Small projects		
MR/JR	Urgent Care	Continue – watching brief
JS/ME	Children's social care	Move to external business objectives
MR/SA	Pharmaceutical needs assessment	Continue – involved in JSNA
MR/JR	Dentists	Continue – watching brief, note POD move to ICS
SJ/MR	Refugees & asylum seekers	Continue – watching brief
SJ/MG	Continuing healthcare CHC	Move to co-production
SA	Diabetes	Continue – project needed, move to medium/co-production
MR/JT	Adult social care - care homes	Continue – move to big
SJ/JS	End of life	Continue – watching brief
SJ/JR	Prison healthcare	Stop

Current business plan is being reviewed

New areas for focus? Start?	Who?	Priority?
Projects • Maternity/infant mortality (monitor) • Children services • Delivery of Cancer services (Breast, Prostate) LD? Diagnostic units. Community pharmacy. • UEC (workshop in March) • Primary Care (GP Assessments/time to get appointments). PCN resilience? • Project on neurological disorders (PD, MS etc.). Private sector diagnosis. • Dementia Project needed & relation to inequalities. Carers. Modification therapies (DMs). • Stroke – one HASU = Worcs, rehab unit. • SEND/Autism • Adult social care – 3 conversations model/complex hospital discharge/domicilliary care/deteriorating patient project – care homes (NHS relationship with care homes & care home managers) • CRM/business information system (Bus development/ • **organisation development** project – Xero/quality management & business info system, business intelligence.reg review. • Mental Health – suicide • Stakeholder management • Health & Well Being Board – capture what we have raised – progress plan. • Social medium strategy, part of the communication plan.	? ? CB CB	High priority, small project (watch) High, Big High Big High Big Medium Medium Big

New areas for focus are being considered

Examples:

❖ Focus on Urgent Care

❖ Mental Health & suicide

Have we missed any show stoppers?