Herefordshire and Worcestershire Integrated Care System

Herefordshire General Practice

GENERAL PRACTICE WORCESTERSHIRE

NHS Wye Valley NHS Trust

NHS Herefordshire and Worcestershire Health and Care NHS Trust

NHS Worcestershire Acute Hospitals NHS Trust

NHS Herefordshire and Worcestershire




Driving the shift upstream to more prevention and best value care in the right setting

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NHS Five Year Joint Forward Plan 2024/25 – 2028/29

Final draft: 22ND May 2024

The strategic intent of the Joint Forward Plan……..on a single page.

Driving the shift upstream to more prevention and best value care in the right setting

More focus on:

- **Self-care and independence**, enabling all people to look after their own health
- Promoting healthy behaviours which **reduce, delay and prevent** ill health
- **Co-production, personalised care and support**, meeting the needs of individuals
- **Population health management** and better use of data to target efforts
- **Sustainability of services,** and delivery of the right care models

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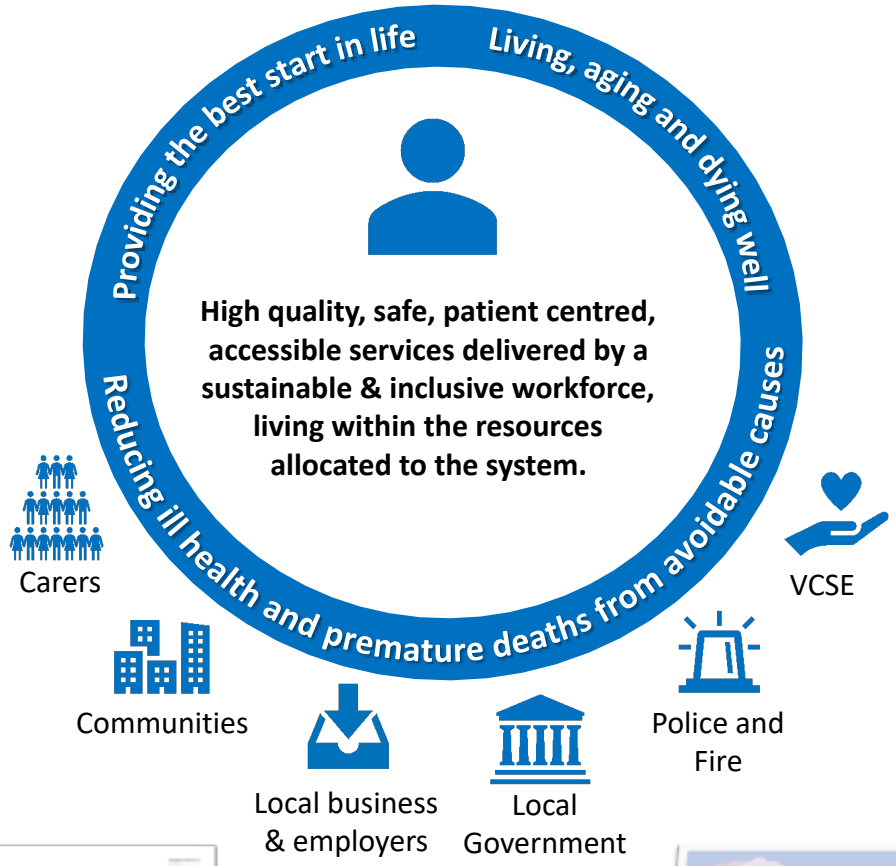
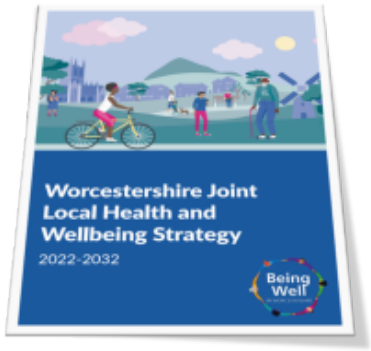


Enabling reduction in:

- **Healthcare inequalities** – unequal access, outcomes and experience
- Days people spend in the **wrong care setting**
- The time spent **waiting** to access healthcare
- **Inefficient use of resources** and financial deficits
- **Avoidable pressures** on services
- People experiencing **digital exclusion**

Outlining the NHS contribution to the two Joint Local Health and Wellbeing Strategies.



Contents and navigating the Joint Forward Plan

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Introduction to the Joint Forward Plan

This, the second Joint Forward Plan for Herefordshire and Worcestershire has been produced by NHS Partners across Herefordshire and Worcestershire. It describes the shared priorities that partners will collectively work on over the next five years. in response to the Integrated Care Strategy and Joint Local Health and Wellbeing Strategies. The strategic intent is to collectively drive the shift upstream to more prevention and achieve best value care in the right setting.

We would like to thank the two Health and wellbeing boards for supporting the plan and recognising its contribution to delivering the two Joint Local Health and Wellbeing strategies. We will continue to work together to enable good health and wellbeing for the people of Herefordshire and Worcestershire.

As representatives of NHS partners in Herefordshire and Worcestershire we endorse the plan on behalf of our organisations, recognising our role in delivering the priorities within it.

Russell Hardy - Chair
Foundation group partner organisations

Crishni Waring - Chair
NHS H&W ICB

Mark Yates - Chair
H & W Health and Care NHS Trust

Dr Nikki Burger
On behalf of Worcestershire General Practice

Dr Nigel Fraser
On behalf of Herefordshire General Practice

Opinion of Herefordshire Health and Wellbeing Board

The Herefordshire Health and Wellbeing Board are committed to improving the health of our local communities and tackling health inequalities. We recognise the value of working with all our partners, and that our communities need to be at the heart of how we work differently to empower individuals and reduce demand across health and social care.

The NHS Five Year Joint Forward Plan provides a key delivery mechanism for achieving our ambitions as set out in the Integrated Care Strategy and the Joint Local Health and Wellbeing Strategy, recognising the importance of prevention and the wider factors that affect the health and wellbeing of our residents.

Councillor Carole Gandy
Chair of Herefordshire Health and Wellbeing Board

Opinion of Worcestershire Health and Wellbeing Board

As partners we are engaged on a common mission. As such, the Integrated Care Strategy, Worcestershire's Joint Local Health and Wellbeing Strategy and this NHS Five Year Joint Forward Plan are well aligned to drive greater integrated working, address health inequalities and importantly, focus on prevention. Promoting good health and preventing people becoming unwell, or escalation where illness occurs, is key to reducing dependency on our health and social care system.

The Health and Wellbeing Board has focused its strategy on good mental health and wellbeing, supported by action on the wider determinants of health. The Joint Forward Plan clearly demonstrates intent to address this priority, through partnership working at county and district collaborative level. NHS partners recognise the inextricable links between the diverse range of social, economic and environmental factors influencing our health, and commit to work together across our system to address these in order to improve health outcomes.

Councillor David Ross,
Chair of Worcestershire Health and Wellbeing Board

Introduction to the Joint Forward Plan

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The mandatory requirements for the JFP

- The Health & Care Act 2022 requires each Integrated Care Board (ICB) in England, and their partner NHS trusts and foundation trusts, to produce and publish a Joint Forward Plan (JFP).
- As well as setting out how the ICB intends to meet the health needs of the population within its area, the JFP is expected to be a delivery plan for the Integrated Care Strategy of the local Integrated Care Partnership (ICP) and relevant joint local health and wellbeing strategies (JLHWSs), whilst addressing universal NHS commitments.
- As such, the JFP provides a bridge between the ambitions described in the Integrated Care Strategy developed by the ICP and the detailed operational and financial requirements contained in NHS planning submissions.
- Systems have the flexibility to determine the scope of their JFP, as well as how it is developed and structured. Systems are encouraged to use the JFP to develop a delivery plan for the Integrated Care Strategy that is owned by the whole system, including Local Authorities and Voluntary Community and Social Enterprise partners.
- As a minimum though, it should describe how the ICB, its partner NHS trusts intend to meet the physical and mental health needs of their population through arranging and/or providing NHS services.
- This should include delivery of universal NHS commitments and address the four core purposes of ICS.
- The guidance that systems are required to follow sets out 3 principles for Joint Forward Plans:

Principle 1	Principle 2	Principle 3
Fully aligned with the wider system partnership's ambitions.	Supporting subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments.	Delivery focused, including specific objectives, trajectories and milestones as appropriate.

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Appendix 3 sets out the detailed requirements and the system response to those.

The planning framework within which the JFP is set

The Health and Care Act 2022 put **Integrated Care Systems (ICS)** on a statutory footing and has provided the opportunity for local partners across the NHS, Local Government and the Voluntary Community and Social Enterprise to work in a more integrated way in the pursuit of better outcomes for local people.

The act established **Integrated Care Boards (ICB)** and required ICBs to come together with Local Authorities that provide public health and social care functions to form an **Integrated Care Partnership (ICP)**. The core purpose of the ICP is to provide a platform for local partners to come together to agree and **Integrated Care Strategy** for the whole ICS area, addressing the 4 core purposes of ICSs:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Support broader social and economic development

The **Integrated Care Strategy** aligns to the two **Joint Local Health and Wellbeing Strategies (JLHWS)** in the ICS area, and identifies three shared priority areas, which address issues identified in the respective **Joint Strategic Needs Assessments**:

Integrated Care Strategy Shared Priorities across Herefordshire and Worcestershire		
Providing the best start in life	Living, ageing and dying well	Preventing ill health and premature death from avoidable causes

This **Joint Forward Plan (JPF)** sets out how NHS Partners will contribute to the delivery of:

- The shared priorities set out in the Integrated Care Strategy
- The priorities identified in the two Joint Local Health and Wellbeing Strategies
- National priorities for the NHS set out in the NHS Long Term Plan and mandatory national planning requirements.

The JFP will not set out new priorities; instead it will describe actions, timelines, targets and performance measures that will demonstrate the core areas of focus that NHS partners will focus on over the coming 5 years.

The JFP is the NHS contribution to ….. The Integrated Care Strategy and ……

The Integrated Care Partnership approved the system Integrated Care Strategy in April 2023. The strategy sets out the shared ambition of system partners for achieving ***Good Health and Wellbeing for Everyone***.

The ambition outlined in the strategy is for ***working together with people and communities to enable everybody to enjoy good physical and mental health and live independently for longer***.

Underpinning the strategy are 8 commitments that partners across the ICS have agreed as being fundamental to delivering integrated care.

The three shared priority themes and underpinning performance measures have been developed directly in response to the Joint Strategic Needs Assessments for each county and the priorities that are reflected in **Joint Local Health and Wellbeing Strategies**.

The strategic enablers bring partners together to work collectively in those areas that provide the essential platform for collaboration and working in a different way.

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The JFP is the NHS contribution to ….. The two Health and Wellbeing Strategies

Herefordshire's Joint Local Health and Wellbeing Strategy (JLHWS) was approved in April 2023 and covers a 10-year period.

It was developed collectively by partners working together to agree a common ambition and set of priorities that were clearly identified through an extensive engagement exercise.

There is very strong alignment between the JLHWS and the Integrated Care Strategy, with both documents sharing a common vision and complementing priority areas of focus.

Worcestershire's Joint Local Health and Wellbeing Strategy (JLHWS) was approved in November 2022 and also covers a 10-year period.

Development of the strategy occurred in parallel with early work on developing the Integrated Care Strategy, which enabled strong alignment in some key areas.

Mental health runs through all three of the Integrated Care Strategy themes, mental health for children as part of the best start in life priority; good mental health through living ageing and dying well particularly focused on therapies and dementia care and reducing suicides as part of the third priority.

Herefordshire JLHWS Core Priorities	Integrated Care Strategy Priorities		
	Best start in life	Living, Ageing and Dying Well	Prevent ill health and premature death from avoidable causes
Best start in life for children	●	●	
Good mental wellbeing throughout life	●	●	●

Worcestershire JLHWS Core Priorities	Integrated Care Strategy Priorities		
	Best start in life	Living, Ageing and Dying Well	Prevent ill health and premature death from avoidable causes
Good mental health and wellbeing	●	●	●

● Directly aligned priorities where work led and undertaken at county level will directly deliver the Integrated Care Strategy priorities at System level

The key steps to deliver our JFP in 2024/25…

Building on what we have delivered together in the first year of our JFP there are some specific pieces of work that will drive forward the delivery of our strategic intent during 2024/25:

Driving the shift upstream to more prevention and best value care in the right setting

Developing a renewed focus on the 4th pillar of integrated care systems, **supporting broader social and economic development of the system** by developing a strategy for Social and Economic development, with a strong role in reducing health inequalities. This will take the same type of strengths-based approach as we have done in targeting recruitment into health and social care from communities where access to employment opportunities are limited by existing barriers.

Herefordshire and Worcestershire have been one of 15 systems across England to have been successful in bidding for a **grant of £2.4 million to deliver Workwell over 2 years.** This will be a service to help people with health conditions to stay in or to return to work. This will personify our commitment to help address the wider determinants of health and to support vulnerable people in our communities by using existing partnerships across the NHS and Local Authorities.

Reducing health and healthcare inequalities remains a strong focus, with the start of 2024/25 seeing the launch of our local **Health Inequalities Ambassadors programme.** This will ensure that there are named individuals shining a light on health inequalities through all programmes of work, as set out in appendix 1. A key enabler will be the development of a **Population Health Management Framework,** which will define a clear vision to engage our leadership and build a community of practice to enable us to provide access to the right data and insights and put it into the hands of those that can make a difference. A core facet of PHM is **engaging patients, service users and citizens** to understand their needs and look at how we can design services to effectively meet these needs within the resources available, improving access, outcomes, experience and reducing health inequalities.

Delivering **best value care in the right setting** has been predicated on a review of demand and capacity modelling and our annual Point Prevalence Audit. This work allows us to see the progress we are making in ensuring that care is received in the best setting for local people, based on health and care needs at that point in time. We will be conducting the Point Prevalence audit again in Q3, to build our evidence base.

A significant focus for 2024/25 will be to develop an **ICS Infrastructure Strategy.** As part of an NHS Midlands pilot, health planners has been commissioned to enhance the **demand and capacity work** we have already undertaken on bed modelling by extending into the broader community estate needed to deliver health and care services to local people. To do this we will be using an Activity, Demand and Estates Planning Tool (ADEPT) to model out future estate needs based on our current estate and existing strategies and clinical priorities, as outlined in this document.

The voice of our clinical and care professionals is fundamental in delivering the commitments outlined in our plan. As we go into the second year of delivery, we will build on initiatives, such as work undertaken during 2023/24 to identify and **mitigate fragile services** earlier through provider collaboration. The next phase of this work will look more broadly at the development of clinical services across and within the ICS and developing a **Clinical Services Framework** to inform the development of the Infrastructure Strategy. This will ensure that clinical services evolve in line with our overall priorities and strategy and are high quality, sustainable in the short and long term.

Our **Best Use of Resources (BUR)** programme underpins all of this work. A three-year programme, in our operational planning, BUR will reduce demand for services, optimise cost of provision and support sustainable care models and workforce. The programme maps out the detailed work to translate commitments into operational delivery. Each initiative is reviewed through a **Benefits Realisation Frramework** to ensure delivery of expected benefits. Understanding these impacts is critical in ensuring that the right services are in place and to help improve the financial position, deliver our performance ambitions and support high quality of care is delivered through a sustainable workforce model.

Herefordshire and Worcestershire Integrated Care System

Herefordshire General Practice – Taurus Healthcare

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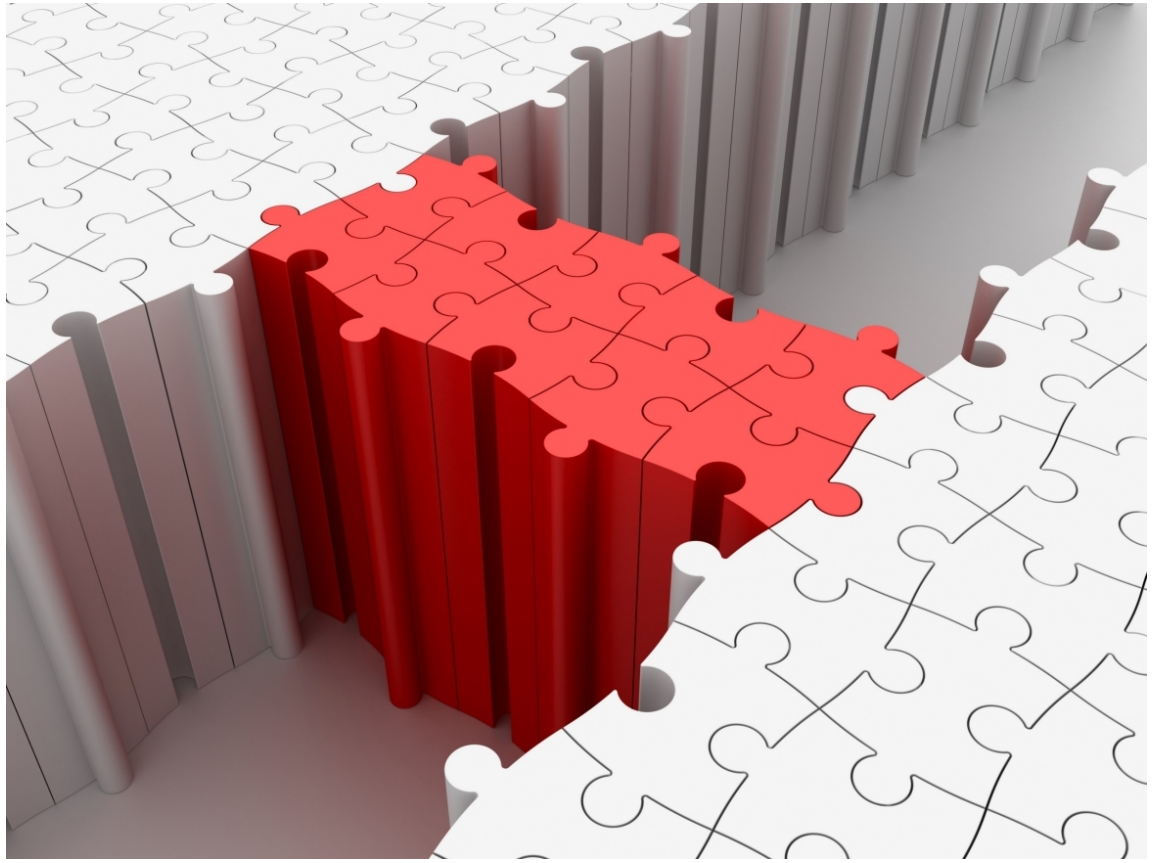
NHS Worcestershire Acute Hospitals NHS Trust

NHS Herefordshire and Worcestershire

The Strategic Context for the Joint Forward Plan



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Strategic Context - What is working well – The first year of our joint forward plan, 2023/24

Some of the best access to GP service in England

- 76% of our patients rated their experience with general practice as 'good' – The 6th highest in the country.
- During 2023 we offered a record number of general practice appointments 5,523,033 appointments delivered, 861,000 appointments (18.5%) more than before the pandemic (GPAD 2023).
- There has been expansion of services in pharmacy, making it easier for patients to access treatment for common conditions through their local pharmacy. As it stands, 115 (98%) of our pharmacies have signed up to deliver these services via Pharmacy First Service.

Reduced waits for patients awaiting cancer diagnosis

- We achieved 75% for 28-days Faster Diagnosis in March 2024.
- We reduced 62-day backlog of patients by 39% during 2023/24 and delivered the Operational Planning target of less than 261.
- Started to implement and fully embed Best Practice Timed Pathways across all cancer pathways;
- Introduced robotic prostate surgery across the ICS reducing waiting times for surgery.
- More than 80% urgent suspected colorectal referrals are now accompanied with a FIT test to stratify higher risk referrals.

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Better adult learning disability care in the community

- Learning disability annual health checks – Over 75% of 14 – 24-year-olds have had an annual health check for the first time; for the second year running, over 85% of total eligible population had an AHC (exceeding the national target by 10%), of whom 99% had a recorded health action plan.
- Reduced the use of Tier 4 beds for autistic children and Young people by 62%

Positive impact on reducing health inequalities

- Over 75% of adults with severe mental illness have had a full health check over the last 12 months, compared to (insert figure) the previous year.
- Increased awareness of bowel screening and increased uptake in bowel screening for people with a learning disability
- Reducing the number of pregnant women and inpatients in acute hospitals who smoke, with the highest proportion of people successfully quitting coming from the most deprived communities.
- development of Women's Health Hub, with a focus on reducing health inequalities

Recovering diagnostic and elective services*

- Reduced the volume of people waiting longer than 52 weeks for referral-to-treatment by 40% between April 2023 to February 2024.
- Improved day case rates to at least 85%, achieving second performing ICB nationally.
- GPs continued to effectively use Specialist Advice, with an ICS utilisation of 41%.
- Waiting times for diagnostics has remained good with the exemption of some tests and investigations, with majority of people seen within 6-weeks.

Better access to urgent and emergency care*

- Improved hospital and system flow occurred towards the end of the year, with a reduction in ambulance handover delays, improving emergency access standard for people attending emergency departments and improving category 2 average response times.

*awaiting updated March data

Strategic Context - The biggest strategic challenges that NHS partners need to address

Tackling increasing demand for health and care services

The national challenges for health and social care providers are well documented. Delayed and reduced services during the Covid-19 pandemic increased the backlog for people waiting for urgent and elective services. Overall, there has been an increase in demand and complexity of need and services are struggling to provide a positive experience with good outcomes for individuals.

At the same time the population is ageing, with over 44,000 more over 65 years olds living in Herefordshire and Worcestershire by 2031, over a quarter of the increase being over 85 years old. By 2033 there will have been a 50% increase in the number of people who are over the age of 80. Alongside this demographic growth, there will be an increase in frailty, with projections indicating that people living with the highest levels of frailty will increase by around 28% over the next 10 years.

Securing sustainable workforce and clinical models for all services

There are around 39,000 people working in health and care services across the system. Around 18,500 work in Primary and Secondary Care and 20,000 in Social Care. Turnover is slowly reducing in the sector from an all-time high post COVID. In recent years, turnover has been at 15% for staff in the NHS and 30% of staff in social care. Vacancy rates range between 8% -10%. Recruitment activity to bring more people into Healthcare and care worker roles has had a positive effect but there remain critical areas of workforce shortages in nursing, some medical specialities and social workers There are around 500 nurse vacancies across the system (400 in the NHS and 100 in Social Care) and a reliance upon international recruitment. There is also a lack of pharmacy professionals across the system, with increased numbers moving to community pharmacies.

Sickness rates are at around 5.5-6%, likely impacted by poor morale and increased workload as well as ongoing pressures from industrial action. Staff engagement remains average compared to other systems.

Workforce shortages in some specialties have resulted in increased levels of service fragility, particularly in cancer and stroke pathways. In the most extreme examples, such as haematology, emergency service changes have been needed whilst sustainable options were identified. In other instances, to fill gaps in substantive rotas and minimise risks to patients, health and care services have relied heavily on bank and agency staff.

However, with agency spend in 2023/24 being in the region of £70m and accounting for around 8% of the total workforce budget, this is not a financially sustainable solution. As well as the financial pressure it creates, it can also lead to inconsistency in care provision and poorer experiences. Partners across NHS services are working together to reduce the reliance on agency staff to reduce these risks going forward.

Demand and workforce challenges can impact the effectiveness of services to see and treat patients in a timely and clinically safe manner, negatively impacting on healthcare outcomes. Addressing the signs of vulnerability requires early identification and solution-planning with the engagement of clinicians. Subsequently proactive work to pre-emptively identify vulnerabilities has led to the system developing a fragile services framework.

Financial sustainability and optimising use of services

As a deficit financial system, there is a requirement imposed on all system partners to implement stringent productivity, efficiency and savings programmes. This requires partners to introduce rigorous cost control measures and explore options for reducing service levels to bring spending into line with financial allocations. This includes freezing any new income and halting any service developments or business cases that do not identify lower cost delivery models or have clearly identified funding streams. This downward pressure needs to be understood in the context of the system being overfunded using the national formula

In September 2023, partners replicated the study undertaken a year earlier to audit whether people were being cared for in the most appropriate care setting for their needs at the time. The study showed that just under 25% of the 1,660 people reviewed could have been cared for in a more appropriate care settings – if an optimal balance between capacity, demand and flow efficiency was achieved. There was significant variation between the two counties however, with Herefordshire's percentage being 32.6% and Worcestershire's being 21.5%.

Alongside this, the strategic demand and capacity model work suggest that without change, the system will require between an additional 365 acute beds by 2033. The upper end of this range is comparable to building new wards that are equivalent in scale to about 2/3rds the size of Hereford County Hospital. Even if the finances were available to fund such expansion, the workforce would not exist to staff it. Therefore, finding mitigating actions and alternative solutions is critical to the delivery of improved health outcomes and reduced health inequalities.

A focus on ensuring care is accessed in the right setting which means moving activity, treatment and resources towards more preventative rather than reactive treatments, as part of the solution. As will ensuring that the wider social determinants of health are addressed through effective alignment of vision, plans and effort with local authority and VCSE partners. For example, the development of the "Community Paradigm" concept and relevant application to local circumstances will be one of the key platforms for making local services both sustainable and effective in supporting improved outcomes for the population.

All partners recognize the importance of developing new and innovative solutions to these challenges. Successful implementation of existing initiatives holds part of the answer, but creating the environment and opportunity for new initiatives is equally important.

Strategic Context - Operational performance - Priorities for year 2, 2024/25

Reducing backlogs and long waits for elective care

- Eliminate waits of over 65 weeks by September 2024, except where patients choose to wait longer.
- Deliver 107% elective activity target for 2024/25
- Increase the proportion of outpatient attendances that are for first appointments or follow up appointment attracting a procedure tariff to 45.4%.

Reducing long waits for cancer care

- Meet the cancer faster diagnosis standard by March 2025 so that 77% 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 performance of the 62-day standard to a minimum 70% by March 2025 and continue to reduce the number of patients waiting longer than 62 days to start treatment.
- Supporting earlier diagnosis by implementing Targeted Lung Health Checks, liver surveillance, Non-Specific Symptoms pathway, post-menopausal bleeding pathway

Improving access to primary care services

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- Reduce unnecessary GP appointments and improve patient experience by making 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.
- Recover dental activity, improving units of dental activity towards pre-pandemic levels

Long term Plan and Transformation of services

- Development of a Women's Health Hub, aiming to improve access and experience for women, and reduce health inequalities.
- Improve access to mental health support for children and young people in line with the national ambition and increase delivery of full annual physical health checks
- Increase the number of adults and older adults completing a course of treatment for anxiety or depression via NHS Talking Therapies
- Work towards eliminating inappropriate adult acute out of area placements
- Improve access to perinatal mental health services
- Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan
- Reduce reliance on inpatient care for people with a learning disability and/or autism, while improving the quality of inpatient care

Improving access to diagnostics

- Increase the percentage of patients that received 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 diagnostics waiting time ambition
- Implement one-stop clinics aligned to Community Diagnostic Centre's / alternative ways of working delivering outpatients efficiently to reduce long waits.

Reducing long waits for urgent care

- Improve A&E waiting times so that no less than 78% of patients are seen within 4 hours by March 2025
- Improve category 2 ambulance response times to less than an average of 30 minutes across 2024/25

Strategic Context – Workforce - Creating a sustainable inclusive workforce

During the first year of our JFP, 2023/24 we have delivered

A greatly improved approach to workforce planning. Through our professional faculties, organisational joint working, improved training and greater use of data, teams have become more confident in workforce planning, understanding their baseline today and how to resolve immediate operational issues and what needs to change for the workforce of the future.

A successful year of recruitment, which has reduced the number of vacancies across the NHS. Each organisation has had their own recruitment programme and there has been a system-wide attraction programme to create a bigger pool of people from whom to recruit. This reduces competition between providers. Most of the NHS Trusts have recruited to their establishments and are now managing turnover.

Reduced turnover, through a range of mental health and wellbeing programmes across the system. A combination of retention programmes, more flexibility, stay interviews, greater development and a focus on inclusivity has led to a greater number of people choosing to stay within the NHS. This is turn makes the recruitment activity more effective as recruitment then supplements rather than replaces.

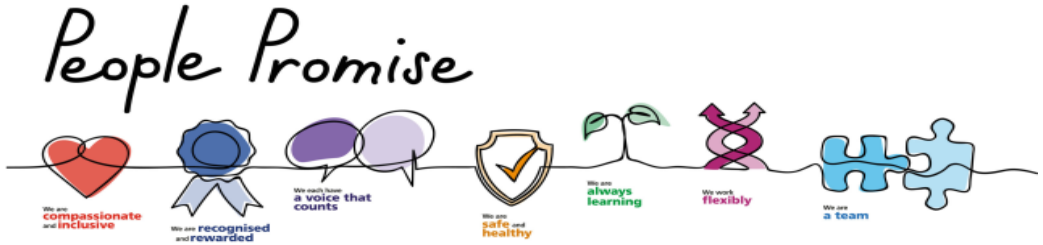
A shared vision around workforce, which is in line with the NHS Long Term Workforce Plan. Our approach to growing the pool of people available locally, growing our own skills in partnership with our local education providers, including Worcester University, retaining our staff through organisational support and crucially, being prepared to review and reform how services are delivered when workforce is not available is signed up to by NHS providers. This has translated into a shared approach to growing future nurses to mitigate against potential high levels of retirement over the next five years. It also means that organisations are working together to maximise the potential of the new Three Counties Medical School.

Our joint learning and collaboration environment through the ICS Academy. The Academy brings together professional groups who understand their own workforce locally and decide how to further develop them and bring on those with the highest potential. It also hosts a learning management system which enables all system partners to access the same training and development, including the highly successful Oliver McGowan autism training and a range of leadership interventions.

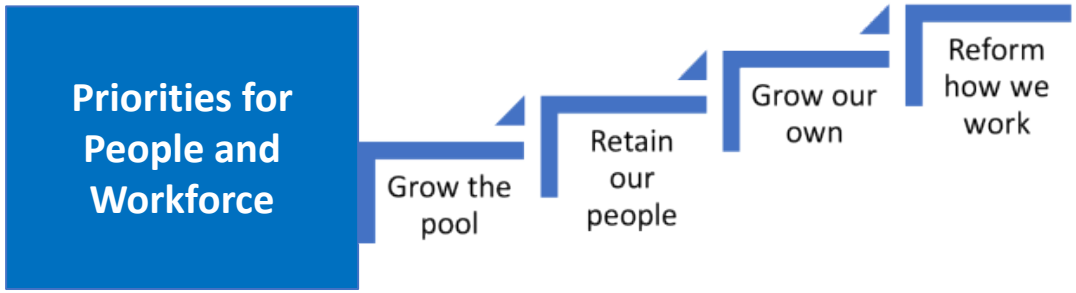
Reformed services. Working with clinical and operational leads, organisational development experts have helped to our experts to understand their workforce challenges and reimagine how services can be delivered. This has created changes in the way in which some of our most fragile services are provided to patients and residents and has made use of new roles in some services, such as Advanced Clinical Practitioners.

Across Herefordshire and Worcestershire, NHS providers come together to determine our collective focus under the banner “Better Done Together”.

The quality of the care provided across the NHS is dependent upon having the right number of people, with the right skills in the right places and ensuring that all of our people feel supported, included and developed. The NHS has therefore committed to a People Promise which describes the type of culture that we want to have:



Each NHS provider has a people plan which aligns to the NHS People Promise and a number of workstreams to ensure that this culture thrives within their organisations. The annual Staff Survey provides a measure as to the success of these workstreams.



This is underpinned by the establishment of an ICS Academy which brings together functional groups to discuss their workforce needs (known as faculties) including for Medical, Nursing and Midwifery, Healthcare Science, Pharmacy, Allied Health Professionals, Voluntary Community Social Enterprise Sector and the Social Care Sector. The Academy also provides some learning and development across all organisations within the system.

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Strategic Context – Workforce – Growing the pool

The ICS strategy is to grow-your–own skills wherever possible, particularly in entry level roles and Nursing and Allied Health Professional roles, encouraging local people to stay within the system and develop their career here. There is a differentiated approach to attracting and recruiting into the system, depending upon the types of skills that we require.

Targeted attraction and recruitment of Health Care Assistants, Health Care Support Workers and Care Workers through marketing and promotional material provides a pool of potential future nurses, Allied Health Professionals and other roles in short supply, which can be developed through the use of apprenticeships. It also reduces reliance upon agency staff.

Job fairs, working with Job Centres and greater marketing about the types of roles available to people within the NHS is enabling us to attract people into NHS roles today. Here, we advertise the immediate roles available across a host of different skill sets, as well as the potential opportunities for the future, so that people understand that they are getting a job now and a career for the long-term.

Outreach to schools, discussions with university students, careers fairs and a greater focus on work experience and placements starts to establish a future pipeline of people who will want to join the NHS in the future.

There are different approaches being developed towards the attraction and recruitment of medics as these skills take longer to develop and are less easy to grow through apprenticeships. More targeted recruitment and personal relationships play a huge part in bringing medical skills to our system.

International recruitment remains part of our approach to bringing in fresh skills and ensuring a great pastoral experience is a key area of focus. We aim to bring down our overall reliance on this route, in line with the NHS Long Term Workforce Plan.

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Medical Staff	Clinical Support	Nursing and Midwifery
• Vacancies being covered by medical locums in the short term. Limited international recruitment. Longer term, attract more graduates to the area and grow-your-own with the opening of the Three Counties Medical School in Worcester University. • Medical 'faculty' work together with TCMS to increase the number of trainees across the system. • Working with Worcester University to increase the number of medical student places available and support local people enrolling into these. • Greater use of physician associates. (Increase by 5% by Y3) • Greater use of Advanced Clinical Practitioners (20% by Y3)	• Growing numbers of Health Care Assistants and Health Care Support Workers through greater outreach. (Bring NHS vacancy rate to 5%) • Promotional material to attract those New to Care including online presence. • A range of recruitment events including physical and online career fairs. (Clear demonstration that recruitment events bring in new staff) • Work with schools and further education to bring more people into the NHS through placements. (Increased placement numbers) • Clarity of development offers available to everyone. (Development pages on ICS Academy intranet launched)	• Vacancies being covered by agency nurses in the short term, international recruitment of nurses in the medium term and a longer-term strategy of 'grow-your-own' nurses through apprenticeships for nurses and nurse associates. (System agreement to develop 100 nurses per annum. Significantly reduce agency spend within 3 years) • Establishment of a nursing and midwifery 'faculty' (workforce group) designed to look at the highest risks to the function. • A nurse retention programme in development to retain skills. (Net nurse numbers begin to increase) • Work ongoing with the Nursing school in Worcester University to offer more placements and ensure more graduates opt to stay in Herefordshire and Worcestershire. (Increased numbers joining NHS from University) • Greater use of Advanced Nurse Practitioners (target in development)

Strategic Context – Workforce – Retaining People

Healthcare is a rewarding career but it can be stressful. Sickness and turnover has been high since COVID and is only now starting to reduce. For 23/24, NHS Trust providers are anticipating circa 13% turnover which has reduced slightly from last year. Sickness sits at around 6%. Managing these numbers down is a critical part of retention.

Exit interview data and HR theory is clear that people want to feel that their wellbeing is supported, they have career opportunities to progress, they have good relationships with their line managers and that they feel a sense of belonging. Pay and reward are of course important factors but where the above is in place, they become slightly less pivotal.

Retention activities are therefore built around ensuring that these things are in place. Reducing sickness through strong Occupational Health Support and providing quick access to Wellbeing support for staff provides the basic cornerstone of retention. Offering plenty of development opportunities to move around in one's career and working with leaders and line managers to improve their capability means that people feel valued and empowered by their managers.

Work around the staff survey and engagement mean as part of creating an Inclusion and EDI strategy mean that everyone, regardless of their background feels that they form an important part of the organisations in which they work. Through the work of the faculties and understanding key operational risks, these interventions will be targeted where they are likely to make the biggest difference.

The ICS Academy (launched in April 2023) provides a virtual meeting place for system people discussions and training and will act as a key retention tool.

Activities to deliver this include:

- A joint system Occupational Health offer designed to act quickly to keep people in work. (Joint approach agreed by end of calendar year)
- A joint talent and leadership development offer, available to all providers at ICS Academy, linked to career conversations and pathways (available by end calendar year)
- Developing a Belonging and EDI Strategy which brings together staff networks, ensuring everyone feels that they have representation. (May 2024)
- Joined up Freedom to Speak Up Champions networks, which develop joint learning and feedback for the system (End March 2025)
- Pastoral support for international recruits (underway)
- Greater joint planning off the back of the staff surveys (end calendar year)

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Strategic Context – Workforce – Growing our Own and Reforming Services

Growing our Own

While we will continue to attract people into our system as much as possible, our rurality will always present some challenges alongside the opportunities of being a beautiful place to live and work.

We therefore will focus on growing our own skills, offering job opportunities and long term careers for those that want to work within our system. The coming together of the organisations across the system offers a far wider range of options for people and an eco-system that they can move around in, while knowing that the experience that they gain will continue to benefit the sector locally.

Through offering a greater range of development opportunities for our various professions, developing educational links with further and higher education providers, creating more placements for the new Three Counties Medical School in Worcester University and making it easier for people to move around our organisations, we are creating an environment where Herefordshire and Worcestershire is a wonderful place to come and learn and grow.

The establishment of our apprenticeship hub, which brings together system apprenticeship leads enables us to practically understand how we are prioritising our organisational levies and target these at the system risk areas. A case in point is the system approach to developing more nurses through the trainee nurse associate and registered nurse apprenticeship route.

Activities to deliver this include:

- The development of a system-wide grow our own nurse programme which enables all organisations to access funding to develop a greater number of trainee and fully registered nurses.
- Greater range of placements across the system including in the VCSE and Social Care Sectors.
- Development of innovative new roles, drawing upon clinical knowledge. This includes new apprenticeships, Physician Associate roles, Nurse Associate roles, greater use of Advanced Clinical Practitioners and Healthcare scientists.
- Development of career pathways by profession.

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Reforming Services

While we can act quickly to bring in some of the skills we need, there are others that are so scarce nationally or take so long to grow that we must instead think differently about how we deliver our services. Making greater use of digital tools must also drive reform of services for the patient or user.

Providing organisational design and development expertise to clinicians and operational colleagues to think differently about the delivery of services is our approach to reimagining how services might be provided. This is supported with ongoing workforce planner business partnering to each service pathway so that when workforce is identified as a risk, they are able to help the service to consider how else it might continue to deliver.

Enhanced digital and workforce partnerships will provide real enablers of change, ensuring a user-centred design approach to transforming services and ensuring that people feel able to deliver the changes needed.

Activities to deliver this include:

- Developing workforce planning capability across the NHS through a transformation programme focussed on reviewing public health data for service pathways.
- The development of the faculties in workforce planning and consideration of public health data for their function.
- Deeper understanding of the operational workforce risks by service line using the STAR framework approach and how to mitigate those in the short and long term.
- The development of more integrates, cross-organsiational / systemwide roles where appropriate.
- Focussed work on converting high agency spend into longer term sustainable workforce through the use of apprenticeships, new roles and digital solutions.
- Aligning digital and data with people and workforce to increase the digital capability of staff, enabling them to be more open to future digitalisation of services.

Strategic Context – Finance - The financial history and financial plan for 2024/25

Actual Spending V Formula Allocated to Herefordshire and Worcestershire

Prior to the pandemic the system was under-funded against target using the national funding formula. The closing distance from target in 2019/20 for the 4 CCGs in the ICS area was -3.52%, equivalent to £35m. Any overspends against this allocation were funded using non-recurrent funding sources.

During the pandemic costs were fully funded and system baselines were reset at actual spend levels. In essence, process resulted in historic overspends being incorporated into financial baselines and resulted in a significant change to the base funding level for H&W ICS.

Going into 24/25 this the system is now overfunded against target using the national funding formula by around 3.9%, a slight reduction on the previous year of 4.6%.

Change in spending pattern in recent years

Growth in spend over this period was seen in all areas, with the exception of running costs. Whilst the greatest value was seen in acute services, similar percentages were seen across other areas - most notably the large increase in continuing care. The relatively smaller increases in community services and primary care are not consistent with our forward-looking ambitions around a shift upstream to more prevention, providing care in the right setting to reduce pressure on services further downstream – such as acute care. The ambition over the life of the Joint Forward Plan is to address this imbalance going forward.

Spend Area	19/20	24/25 Plan	Increase	
Acute	£559.2m	TBC	TBC	TBC
Mental Health	£110.5m	TBC	TBC	TBC
Community Services	£130.0m	TBC	TBC	TBC
Continuing Care	£68.0m	TBC	TBC	TBC
Primary Care	£147.1m	TBC	TBC	TBC
Primary Care Prescribing	£125.6m	TBC	TBC	TBC
Running costs	£16.3m	TBC	TBC	TBC

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The 23/24 financial outturn

The original financial plan for 2023/24 was for a £19.2m deficit. However, during the year, like in many other Integrated Care Systems, a number of financial risks materialised and new issues emerged. Combined, these created a more challenging financial environment than foreseen at the start of the year. In the end of the system financial outturn was a deficit of £44.8m.

The Plan for 2024/25

The 2024/25 NHS financial plan is still draft and therefore this section will be updated in due course.

Whilst a draft plan has been submitted to NHS England as part of the operational planning process, it has not yet been accepted and further amendments are required. The Joint Forward Plan will be updated to reflect the final accepted plan in due course. Any other section of the JFP that is materially affected by the final financial plan will also be reviewed and refreshed in line with the final submission. It is anticipated that this may result in new risks being identified regarding performance standards and delivery trajectories.

Spend Area	Integrated Care Board	Worcs Acute	Health and Care Trust	Wye Valley	ICS Total
23/24 plan	+£0.2m	£0.0m	+£2.9m	-£22.3m	-£19.2m
23/24 out-turn (deficit)	+£0.4m	-£34.7m	+£2.9m	-£13.4m	-£44.8m
24/25 plan (deficit)	TBC	TBC	TBC	TBC	TBC
Delivery Plan Requirements for 24/25					
Efficiency savings	TBC	TBC	TBC	TBC	TBC
% efficiency saving	TBC	TBC	TBC	TBC	TBC
Trust Agency expenditure	TBC	TBC	TBC	TBC	TBC
% of Staffing Cost	TBC	TBC	TBC	TBC	TBC

Strategic Context – Finance – Best use of resources and benefits realisation

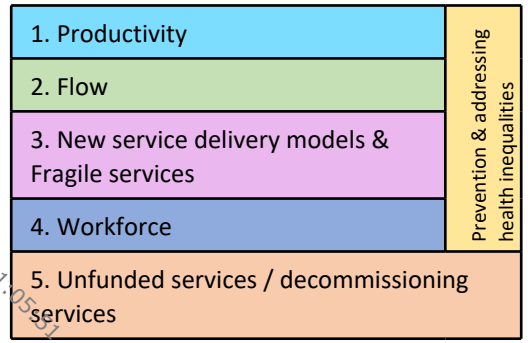
Herefordshire and Worcestershire health and care partner organisations work together each year to develop a local operational plan that meets strategic and financial objectives as well as delivering the right services for our population. In 2023/24, the ICS started the process earlier to allow more time to plan ahead for the coming 2024/25 financial year. This has enabled teams that contribute to this process to better understand how the planning process fits within the work they do, how it feeds into organisational priorities and how these deliver the Joint Forward Plan and Integrated Care System Strategy.

Best use of resources

This three-year work programme has emerged from the operational planning work that has been undertaken during 2023/24 to understand the **existing** and **new** interventions or initiatives that will tackle the priority areas we are trying to address, which can be summarised as:

- Reducing demand for services
- Optimising cost of provision
- Achieving sustainable care models and workforce

The Best Use of Resources work programme has 5 areas of focus, with a cross-cutting theme:



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Work has been undertaken to determine the expected delivery status during 2024/25 and future years.

New Investment Standards

A number of new Investment Standards have also been developed for 2024/25 to support the Best Use of Resources programme:

- Children's Investment Standard
- Best Value Care in the Right Setting or "Left shift"
- Prevention and addressing Health Inequalities
- Virtual Wards
- Growing our own nursing workforce

It is anticipated that any investment will deliver cashable savings rather than cost avoidance and will require a quantified return on investment.

Benefits realisation

A benefits realisation framework has been developed to ensure that each intervention or initiative impact can be quantified from an activity & performance, financial and workforce perspective. Understanding these impacts is a critical piece of work to ensure that we have the right services for patients and to support improving the financial position and delivery of our performance ambitions underpinned by the right workforce.

The core focus

Driving the shift upstream to more prevention and best value care in the right setting

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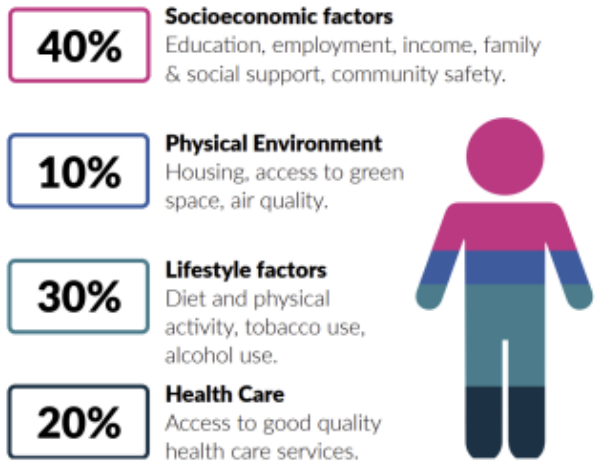
What do we mean by driving the shift upstream to more prevention and best value care in the right setting?

A greater focus on prevention

The major focus of the JFP is on driving a shift to a model of healthcare that places greater emphasis on the **importance of preventing ill-health** rather than a focus on treating the symptoms of it. The NHS cannot achieve this by working in isolation only through effective partnership working and good engagement with communities. This is the emphasis of the Health and Wellbeing Strategies and the Integrated Care Strategy. The core focus of NHS partners in this JFP is on the "20%" of factors that contribute to people's health and wellbeing outcomes (as per the diagram right).



Adapted from an illustration of the impact of healthcare and non-healthcare factors on a person's health. Source: Institute for Clinical Systems Improvement Going Beyond Clinical Walls. Solving Complex Problems (October 2014).

Whilst it is not the core business of the NHS to focus on the wider determinants of health, such as education, employment, housing and environment, as a major employer of around 2.5% of the local population (circa 20,000 employees), many of whom live in the ICS area, NHS bodies clearly have an important role to play and contribution to make.

The focus of this plan though is on the core business of the NHS, which is the provision of services. Through implementation of this plan, there will be a drive through planning and resource allocation approaches over time that increasingly rebalance the prevention v treatment equation:

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During the early phases of implementation, the service areas outlined in appendix one, through their respective programme boards, will be charged with the task of identifying what specific actions can be implemented to contribute towards this overall ambition.

This ambition will also be incorporated in the medium-term financial strategy, which will be developed during Q2 of year 1, to be published by September 2023.

Providing best value care in the right setting

The role of the NHS is to provide care and treatment for people when they need it. The second element of shift in focus is on ensuring that the care is provided in the most optimal setting for the person's needs at any given point in time. Optimal represents the balance between quality, safety, appropriateness of setting and best cost care. Optimal is not just about cost reduction and financial savings, although savings are a clear beneficial by-product of getting optimal care.

Achieving optimal care settings will typically result in faster recovery from illness and a greater chance of return to independence. For example, a co-produced document called *"Supporting patients' choices to avoid long hospital stays"* highlighted that people's physical & mental ability and independence can decline if they are spending time in a hospital bed unnecessarily. As well as being at risk of acquiring hospital acquired infections, for people aged 80 years and over, 10 days spent in a hospital bed equates to 10 years of muscle wasting. Thus, there is a significant quality and service improvement benefit to be achieved by getting this right.

Providing care in the optimal setting requires NHS partners to work together to deliver more care towards the left-hand side of the spectrum below.

The Point Prevalence Audit we undertook in September 2022 identified that, at the time of the audit, 24% of people could be cared for further along towards the left-hand side of the diagram above. The financial opportunity associated with this cohort, if scaled up annually, was in the region of £12 to £15m, even taking account of the need for the additional capacity required to accommodate them in the other setting. Alongside the quality improvements, the opportunity to achieve this shift in focus is therefore very compelling.