

Worcestershire Pioneer Programme – Profile

1.1 What is your area like?

Worcestershire is a large county in the west of England, with a population of 567,000. It has both urban centres of population and also widely scattered rural communities. It has a higher than average elderly population (19.3% over 65), of whom a higher proportion live in rural areas than in urban, adding to the challenge for health and social care services. The health of the people of Worcestershire county is generally better than the England average. The rate of hip fractures, however, in older people is higher than the England average.

Health and wellbeing priorities include older people and management of long-term conditions, mental health and wellbeing, obesity and alcohol.

1.2 What are you aiming to achieve?

Our integration programme is called Well Connected. It is a collaboration of all the health and care partners in Worcestershire and seeks to manage whole-system change in health and care delivery. The collaboration includes three clinical commissioning groups (CCGs), an acute NHS trust, a health and community NHS trust, Worcestershire County Council, NHS England, Local Healthwatch and representation from the voluntary and community sector.

A transformation vision was established between the stakeholders, adopting the National Voices 'I statements' on integrated care. Our vision for improved and integrated care covers all people in Worcestershire with a focus on older people and adults and children with multiple long-term conditions or complex problems. The integrated care programme was rebranded as the Well Connected Programme. A five-year strategy was developed to transform the commissioning and delivery of care.

We will know we have succeeded in our ambition if:

- We can secure additional years of life for people in conditions amenable to healthcare
- All people over 65 and those under 65 with long-term conditions have their own personalised integrated care plan
- Emergency admissions and length of stay are reduced by managing care more proactively in other settings
- There is safe and effective care and the proportion of people having a positive experience of care in all settings increases
- The need for long-term residential and nursing care for all age groups by people being healthy and living independently falls
- There is parity of esteem between people with mental health conditions and those with physical health conditions

1.3 What have been the highlights of your first year?

- Developing and clarifying the health economy vision for health and care and incorporating the Well Connected vision into the Worcestershire five-year health and care strategic plan. This covers five transformation programmes (with a children's and young people's programme overseen by the children's trust board) and the establishment of a number of enabling programmes that support and integrate the transformation programmes
- Profiling the health and care needs of half of Worcestershire's population to enable us to divide the population into segments with the aim of designing new models of care to meet their different needs, delivered by a collaboration of providers through the mechanism of a capitated budget
- Setting up an integrated commissioning unit to build on our previous joint commissioning for mental health and learning disabilities, strengthening its governance and incorporating the necessary capacity for integrated commissioning for older people and to deliver our Better Care Fund proposals

1.4 Details of the year

At the beginning of the programme, we identified a number of integration projects to address, in particular the challenge of a higher-than-average older population. A small team was recruited to manage and take forward the integration projects but it quickly became clear that the individual projects would not meet the scale of change required and that much wider system transformation was required.

All partners worked to identify what transformations in care our populations needed through a series of multi-organisational meetings and visioning events. This process cumulated in the development of a comprehensive five-year strategy defining the direction of changes in health and care in Worcestershire.

The strategy has defined five transformation programmes, including:

- **Future Lives** The major change programme for adult social care, including new models of care for integrated health and social care working
- **Out of hospital care** This project is in an early stage and will be developing new models for primary care at scale and care closer to home, including enhanced services for prevention and early intervention.
- **Urgent Care** This encompasses 14 projects to improve urgent care and manage increasing demand.

In the last year the urgent care programme has included:

- Implementation of a patient flow centre that collects, reviews and acts on all whole-system data related to bed and service capacity and demand. See case study: [Patient flow centre and clinical triage](#).
- Setting up a clinical navigation unit at the front door of Alexandra Hospital A&E and locating GPs in A&E at Worcestershire Royal Hospital
- Developing a new sub-acute model in community hospitals, building on virtual wards
- The further development of enhanced care teams and a care home project utilising advanced nurse practitioners. See case study: [Enhancing the quality of care for care home residents](#).

In spite of the relentless increase in demand and attendance at A&E that most areas are experiencing, we have managed to stem the flow of increasing emergency admissions with numbers holding steady compared to last year. At 31 December 2014 the total number of A&E attendances across Worcestershire was up 7.22% on the previous year. Over the same period emergency admissions stood at 36,366. This is compared to 36,277 in 2013/14 – a decrease of 0.09%.

Although not yet showing the reductions we need, we are hopeful that as current projects embed more fully and new initiatives come on stream, we will start to show an increased reduction in emergency admissions, increase in community provision and better 'flow' through the system that we are planning.

1.4.1 Profiling the needs of our residents

The development of the transformation programmes was underpinned by research which indicated that approximately 5% of our population consumes 40% of the health and care resource and a significant proportion of those individuals were elderly with complex co-morbidities and long-term conditions.

We decided the best way we could achieve a transformation in health and wellbeing was to divide the population into segments and design new models of care to meet their different needs, delivered by a collaboration of providers through the mechanism of a capitated budget.

To date, the initial analysis has been commissioned and undertaken by a commissioning support unit, which has matched records for approximately half the adult population of Worcestershire. The first analysis of the data has been undertaken and this is being further refined by the addition of primary care data. See case study: [Profiling the population](#).

1.4.2 Systems leadership and enabling activity

The programme has had buy-in from all partners in the county, including all the statutory health organisations, the county council, Healthwatch and the voluntary and community sector. The senior leaders from all the organisations meet regularly within a clear governance structure. Even when things have been difficult the commitment to attendance and resolution of problems has been maintained.

The vision and strategy have developed over time through contributions from all the stakeholders – throughout the process the service user and their families and carers have remained at the centre. All stakeholders are committed to an overall principle that the needs of service users are more important than individual organisations – even when at times this is difficult because each organisation has its own duties and responsibilities.

Above all, a commitment to systems leadership has been crucial. Through the pioneer programme, senior leaders have given their support to develop effective leadership in the world of partnership working where no one person or one organisation is 'in charge'. This support has challenged those leading and

implementing the programme, identified barriers and helped stakeholders find solutions to overcoming difficulties between organisations or individuals.

Alongside the systems leadership support, a number of other projects have been developed to enable and integrate the transformation programmes. For example:

- **Finance and governance** Population segmentation to develop capitated budgets, development of the integrated commissioning unit
- **Information technology and information governance** A roadmap developed with support from Health and Social Care Information Centre to implement our vision for sharing service user information through IT. This is supported by a multi-organisational information governance group
- **Workforce** We are starting to develop an integrated workforce strategy across health and care, with an initial focus on urgent care
- **Communications and co-production** Development of a website and newsletter, presentations at many groups about our vision and plans, development of a co-production strategy, supported by Healthwatch

1.5 What has been the most exciting aspect?

We have invested significant energy in developing the framework for integrated care at scale across the health and care economy. This is now beginning to show results with new integrated projects coming online and significant work on designing new ways of working starting early in 2015 with co-production and co-design with service users and carers and frontline staff at the heart of the process.

1.6 What has been the most challenging aspect?

It is hard work laying the foundations of partnership working and maintaining this during challenging periods. Sometimes behaviours do not match the rhetoric of integration – it can be difficult always to put the needs of service users above the needs of organisations.

Like other areas, we have struggled with information governance and this has now put a block on progressing our planned work on capitated budgets until it is resolved at the national level.

In general, there is a lack of resources for the large-scale change needed; for example for 'double running' to invest in community services before down scaling the acute sector. Our work is also influenced by the cuts in the social care budget and the rapidity of changes required to implement the Care Act.

Workforce planning is challenging and new ways of working can have unintended consequences, for example recruiting high-quality staff to the care home project has left workforce gaps elsewhere in the system.

Finding the resources and time to carry out evaluation has been challenging and we are concerned that there are pressures to evaluate too early before being in a position to assess long-term outcomes of our changing models of care.

We believe that our attempts to communicate the vision of integrated care and care out of hospital and closer to home is not helped by national messages about the NHS – these still give the impression that health is all about hospitals.

1.7 What are you planning to do next year?

Specifically, we will be:

- Commissioning and implementing our Better Care Fund plans
- Developing our out-of-hospital model
- Developing our segmentation model and capacitated budget – we plan to have set it up in shadow form by October 2015 and for it to go live in 2016/17
- Implementing our IT roadmap
- Developing our integrated workforce strategy
- Developing GP co-commissioning
- Developing our provider collaboration model
- Implementing a co-production strategy

1.8 What is your advice for areas starting on their own integration journey?

Important steps for us have been:

- That 'integration' and 'co-ordination' have entered the language of our health and care economy, becoming embedded in thinking throughout the partner organisations
- Multi-agency work has become the norm
- The voluntary and community sector is fully engaged with our integration work
- A shift in mindset has taken place towards a person-centred approach
- Supporting and developing the 'softer' skills required for system leadership is difficult but vital

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