Worcestershire Acute Hospitals NHS Trust

## WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2025/2026

| | |
|---|---|
| **Report to:** | **Public Board** |
| **Date of Meeting:** | **08/07/2025** |
| **Title of Report:** | Safer Staffing report - Nursing |
| **Lead Executive Director:** | **Chief Nursing Officer** |
| **Author:** | Clare Alexander, Workforce Lead Nurse |
| **Reporting Route:** | Nursing Workforce Advisory Group (NWAG) |
| **Appendices included with this report:** | |
| **Purpose of report:** | ☒ **Assurance** ☐ **Approval** ☒ **Information** |

**Brief Description of Report Purpose**

This report provides an overview of the staffing safeguards for nursing of wards and critical care units (CCU's) during May 2025 with numerical data presented for April 2025.

**Recommended Actions required by Board or Committee**

Board members are invited to:
**Note** the content of the report and receive **Assurance** that our safe staffing levels remain in line with National Quality Board (NQB) and NICE guidance

**Executive Director Opinion**[1]

Staffing on Paediatrics, Neonates and all Adult in patient areas has been maintained at safe levels throughout May 2025.

Maternity leave risks: Maternity leave is slightly reduced but continues to pose quality, safety, and financial risks due to challenges in substantive recruitment for maternity leave posts. A paper for recruitment is under review.

Financial monitoring of additional capacity: Although the overall spend on additional unfunded capacity is decreasing, a financial risk of £204k persists, necessitating ongoing monitoring.

Positive staffing metrics: There is good assurance in staffing metrics, with reduced turnover rates, stable fill rates for nursing shifts, and a decrease in reported staffing incidents with no patient harm.

Wells,Jo 09/07/2025 09:23:00

[1] Executive director opinion must be included and approved by the director concerned prior to issue, except when the director has given their consent for the report to be released.

# Escalation and Assurance Report

Report to: Private Trust Board

| Alert: Including assurance items rated red and matters requiring escalation | |
|---|---|
| **Item/Topic** | **Maternity leave** |
| **Rating rationale** | **Overall maternity leave is slightly reduced from last 12-24 months – however continues to pose quality, safety and financial risks, as unable to formally substantively recruit ( at risk) into maternity leave posts. Paper is being drafted for the substantive recruitment to maternity leave posts and is with finance for input.** |
| **Outcome** | **Ongoing** |
| **Item/Topic** | **Additional capacity usage & costings** |
| **Rating rationale** | **Overall spend on additional unfunded capacity (surge areas and PDU) is reducing month on month, however at £204k in month continues to pose a financial risk to divisions and CPIP targets.** |
| **Outcome** | **To continue to be monitored** |

| Advise: Including assurance items rated amber, under monitoring and in development | |
|---|---|
| **Item/Topic** | **Vacancy** |
| **Rating rationale** | **Increase noted in both registered and unregistered vacancy in Month 1, despite increased headcount in both groups. This is related to substantive funding of existing areas (Avon 1) and business cases. Active recruitment is underway with healthy pipelines for both RN and HCSWs** |
| **Outcome** | **Good level of assurance re pipeline and current recruitment strategies** |
| **Item/Topic** | **Bank & Agency usage** |
| **Rating rationale** | **Further month on month reduction noted in both bank and agency spend (0.3M total reduction) in month 1 although the focus remains to continue this reduction and maintain compliance with the regional agency price cap** |
| **Outcome** | **Ongoing monitoring including impact of unfunded additional capacity and Waiting list initiatives** |
| **Item/Topic** | **Sickness** |
| **Rating rationale** | **Although sickness levels for RN and HCSW remain above the Trust target they are reducing month on month. Focus remains on staff sickness management and support, with health and well-being support being offered across all staff groups** |
| **Outcome** | **Continued active management** |

| Assure: Including assurance items rated green | |
|---|---|
| **Item/Topic** | **Harms** |
| **Rating rationale** | **There has been a reduction in the number of staffing incidents reported, with none resulting in patient harm.** |
| **Outcome** | **Good assurance noted** |
| **Item/Topic** | **Safer staffing fill rates & Care Hours Per Patient Day (CHPPD)** |
| **Rating rationale** | **Nurse staffing fill rates have met the national target across both day and night shifts for RN and HCSW shifts during the month and CHPPD remains stable and within the national variance limits** |
| **Outcome** | **Good assurance noted** |
| **Item/Topic** | **Turnover** |
| **Rating rationale** | **Turnover for RN remains below the Trust target and continues to reduce for HCSW in Month 1** |
| **Outcome** | **Positive reduction in turnover noted** |

| Advise: Items received for information or approval | |
|---|---|
| **Item/Topic** | **None** |
| **Summary** | |
| **Outcome** | |



| Assurance Rating Key | |
|---|---|
| Red | There are significant gaps in assurance and the Committee is not assured of the adequacy of action plans. |
| Amber | There are gaps in assurance but the Committee is assured that appropriate plans are in place. |
| Green | The Committee was assured that there are no gaps in assurance. |

Worcestershire Acute Hospitals NHS Trust

## WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2025/2026

| | |
|---|---|
| **Report to:** | **Public Board** |
| **Date of Meeting:** | **08/07/2025** |
| **Title of Report:** | Green Plan Refresh 2025-28 |
| **Lead Executive Director:** | **Chief Clinical Strategy Officer** |
| **Author:** | Jo Newton, Chief Strategy & Sustainability Officer |
| **Reporting Route:** | Green Steering Group |
| **Appendices included with this report:** | |
| **Purpose of report:** | ☐ **Assurance** ☒ **Approval** ☐ **Information** |

**Brief Description of Report Purpose**

NHSE require Trust boards to submit a draft Green Plan Refresh 2025-8 as part of an ICS Green Plan for submission by 31st July 2025. The purpose of the paper is to present the detail and context of the plan including opportunities and risks for discussion and support.

**Recommended Actions required by Board or Committee**

It is recommended that Board support the plan noting the opportunities and risks to delivery.

**Executive Director Opinion[1]**

The NHSE 'Delivering Carbon Net Zero' guidance in 2020 set out an ambitious target with a remit across nine themes expanding beyond traditional areas into clinical, digital and people realms. The Trust's Green Plan approved for 2022-5 has been refreshed up to 2028 so that it remains in line with guidance. The plan has been developed in conjunction with ICS system partners following the principles of a focus on place, sharing best practice and adopting a standard approach to developing individual plans, which will feed into an ICS Plan with first draft submitted to NHSE by 31st July. We are working closely with public sector and NHS partners and this is consistent with recent ICB Model Blueprint v1.0 guidance which suggests that sustainability adopts a provider led approach.

The plan highlights the wide opportunities that sustainability can offer to support delivery of our key strategic aims and priorities to deliver not only a quality, but also a Green dividend in terms of carbon reduction, increased productivity and waste reduction. The wider impact on prevention and health inequalities is evident.

A fundamental risk is whether the trust chooses to invest in the leadership, focus and capital and revenue resource to prioritise and provide the necessary visibility to delivery of the plan. A separate target operating model is under review to explore how this could be achieved across a wider organisational or geographic footprint. Acknowledgement is given to contributions from functional and Divisional leads in developing the plan which has confirmed enthusiasm for the agenda amongst our staff.



[1] Executive director opinion must be included and approved by the director concerned prior to issue, except when the director has given their consent for the report to be released.

NHS
Worcestershire Acute Hospitals NHS Trust

# Green Plan Refresh 2025-8

## Worcestershire Acute Hospitals Trust

### Final Draft (v8)



**Jo Newton, Chief Strategy & Sustainability Officer - June 2025**

# Contents





# Introduction

Worcestershire Acute Hospitals NHS Trust

## Trust's Purpose and Activities

Worcestershire Acute Hospitals NHS Trust was established on 1 January 2000 and provides hospital-based services to a population of over 603,000 people in Worcestershire as well as caring for patients from surrounding counties and further afield. Services are provided from three main sites:

- Alexandra Hospital, Redditch
- Kidderminster Hospital and Treatment Centre
- Worcestershire Royal Hospital, Worcester

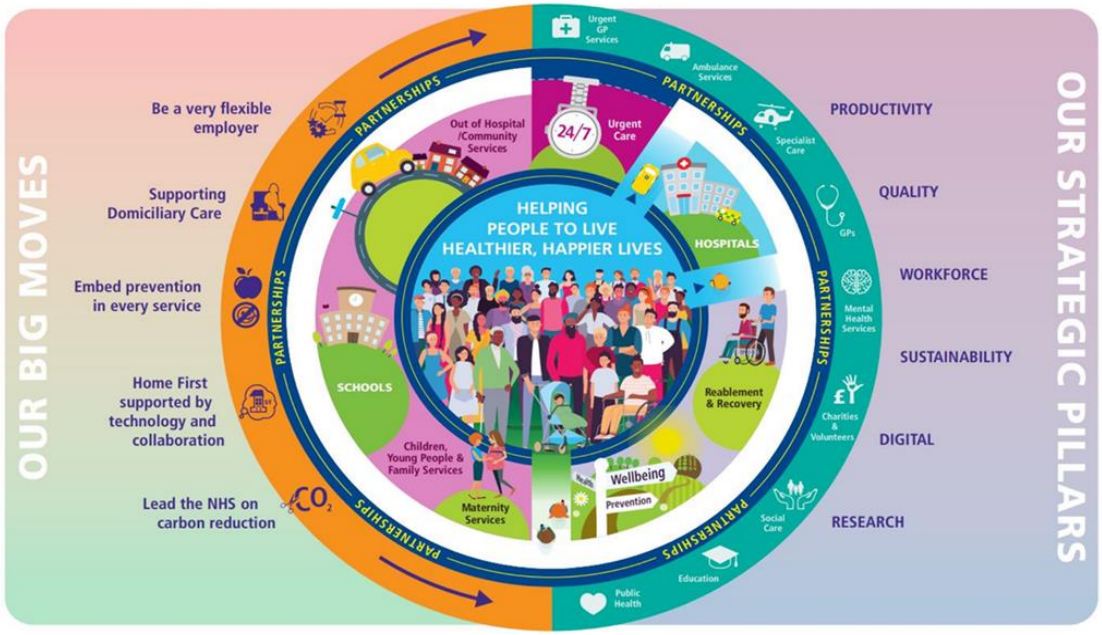
The Trust also provides community-based services in Bromsgrove, Evesham and Malvern.

The Trust has four Clinical Divisions:

Medicine, Surgery, Women's and Children & Specialised Clinical Services.

## Our Foundation Group

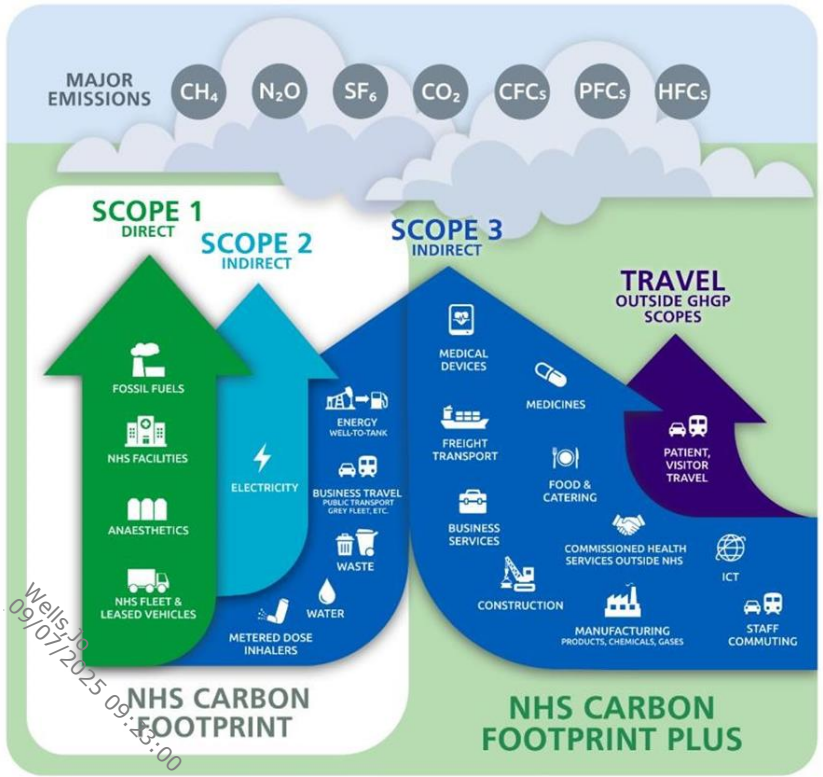
The Trust is part of a Foundation Group with South Warwickshire NHS Foundation Trust, George Eliot Hospitals NHS Trust and Worcestershire Acute Hospitals NHS Trust with a single Chief Executive Officer and Chairman. All four organisations face similar challenges and have a common strategic vision for how these can be solved. The Foundation Group model retains the identity of each individual trust whilst strengthening the opportunities available to secure a sustainable future for local health services and providing a platform to share best practice and improve whole system patient pathways.




**Lead the NHS on carbon reduction** is one of the six Big Moves adopted by us as part of the Foundation Group. As a group we share best practice approaches on the Green agenda and review our progress collectively on an annual basis

# NHSE Net Zero Commitment

Worcestershire Acute Hospitals NHS Trust






Over the period of the first plan, significant progress has been made at national and local level:

- over £1 billion in funding secured by NHS trusts through the Public Sector Decarbonisation Scheme (PSDS), which is expected to reduce NHS energy costs by over £260 million a year
- NHS-wide decommissioning of desflurane, an environmentally damaging anaesthetic gas with a higher global warming potential than its readily available alternatives
- ongoing reduction in waste from nitrous oxide, responsible for the largest overall volume of emissions from anaesthetic and medical gases, saving around £5 million annually
- progressing high-quality , lower-carbon respiratory care supporting patients to improve their lung health while reducing inhaler emissions by around 300 kilotonnes of carbon (Kt/CO2e) a year
- the introduction of requirements for NHS suppliers to disclose their emissions and publish a carbon reduction plan, in line with the NHS Net Zero Supplier Roadmap

**Scope 1 & 2 Emissions**

**The NHS has set legally binding targets to achieve net zero carbon by 2040 (emissions under NHS direct control), with an ambition for 80% reduction by 2028-2032**

**Scope 3 Emissions**

**For the NHS Carbon Footprint Plus, (which includes our wider supply chain), net zero by 2045, with an ambition for an interim 80% reduction by 2036-2039**

**We have refreshed our Trust strategy in 2025** which aligns well with the aims of delivering carbon net zero. Specifically:

- **People -** Generation Z and colleagues who have a passion for Green issues feel empowered to make improvements which supports recruitment and retention of our staff
- **Patients** – there is strong and emerging evidence between health inequalities and the quality of our environment e.g. air quality and access to green space. This can affect the frequency and severity of visits to ED for conditions such as asthma, cardiac disease and stroke.
- **Collaboration –** the expertise to deliver the Green agenda extends beyond our staff colleagues and works best using a collaborative approach that leverages place-based initiatives with public sector partners as well as technical expertise
- **Excellence –** the logic model for delivery of quality by reducing waste applies equally to the Green dividend. Harnessing the same improvement philosophy and approaches can both enthuse and engage staff to achieve our vision
- **Effectiveness –** reducing waste will help drive our efficiency and productivity requirement and help deliver our sustainability in terms of resource use and value to the taxpayer

Worcestershire Acute Hospitals NHS Trust

# Our Strategy & Values

# Delivery against Green Plan 2022-25

Worcestershire Acute Hospitals NHS Trust

**We delivered** 30 of our 54 objectives with the remaining 23 in progress.

1 objective was undeliverable due to slippage on car parking.

Post COVID reprioritization, a focus on operational flow, industrial action and slippage on capital projects caused delivery delays.

**We have achieved** a 34% reduction in our carbon footprint versus 25% target since 2019/20 baseline.

Our **class leading** transfer to less wasteful portable cylinders is leading to reduced consumption

**Green Plan 2022-5 Progress & Delivery**

| | Workforce & System Leadership | Sustainable Care Models | Travel & Transport | Food & Nutrition | Waste & Recycling | Climate Adaption and Bio-diversity | Estates & facilities | Digital | Supply chain & procurement | Medicines | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total | 13 | 3 | 3 | 3 | 4 | 6 | 4 | 5 | 7 | 6 | 54 |
| Delivered | 8 | 1 | 2 | 0 | 2 | 3 | 2 | 3 | 5 | 4 | 30 |
| In progress | 5 | 2 | 1 | 3 | 2 | 3 | 2 | 1 | 2 | 2 | 23 |
| Undelivered | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| Undeliverable | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | | 54 |

| Trust Carbon Footprint | 19/20 Baseline tCO2e | 23/24 Actual tCO2e |
|---|---|---|
| H&W Health & Care Trust | 5.64 | 5.70 |
| Worcestershire Acute Hospitals Trust | 27.4 | 18.0 |
| Wye Valley Trust | 8.76 | 8.19 |

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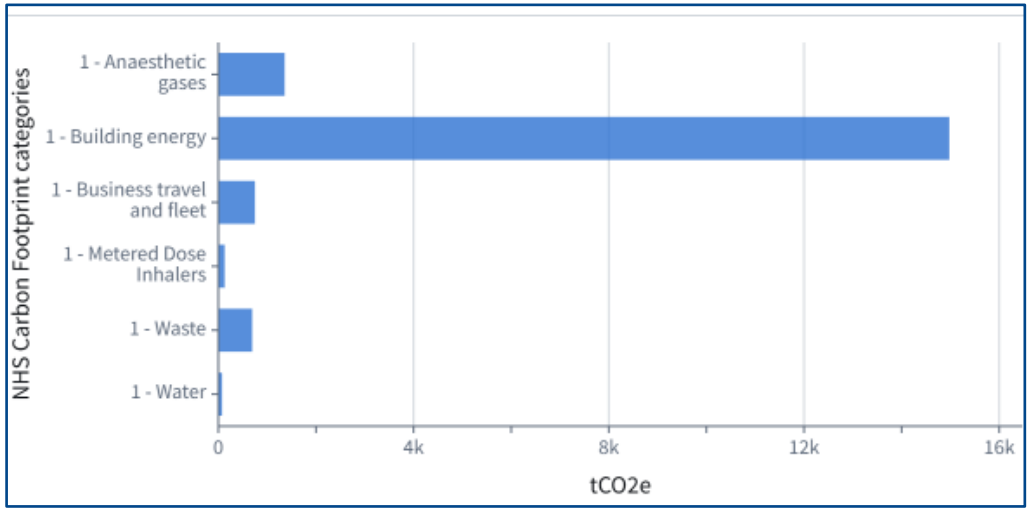
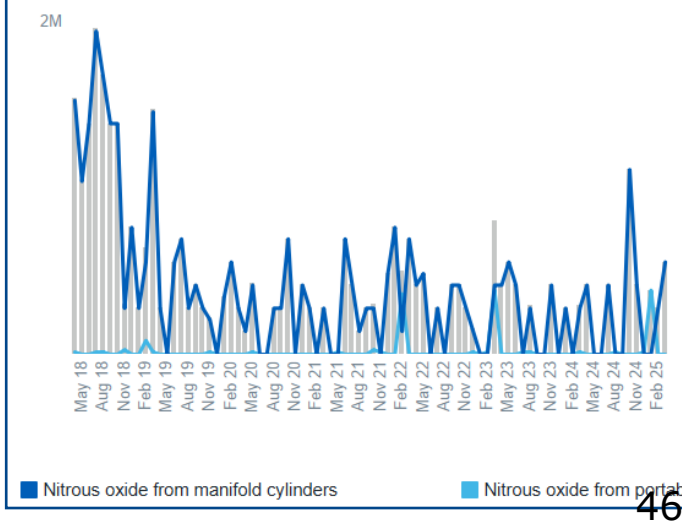



**Volume (litres) of nitrous oxide**

Litres of nitrous oxide procured to trusts, split into manifold and portable cylinders. A downward trend in manifold cylinders is likely to indicate a reduction in waste. Bars show the total of the lines selected on the dropdown above.



# Achievements – last 6-9 months

Worcestershire Acute Hospitals NHS Trust

## Partnership:

- Harnessing our voice as lead provider to raise the profile of the Green agenda and propose a new target operating model
- Utilising support from Midlands Region Green hub to develop Heat Decarbonisation plan
- Developing an energy strategy to future proof access to low carbon energy (EOI for developing a heat network with Wyre Forest Council; hydrogen)
- Building C  refurbishment on KTC site fully net zero
- Installed Beryl bikes on WRH site with support from Worcester City Council
- Worked with University of Worcester to deliver Carbon literacy training for staff colleagues
- Air quality impact evaluation on ED attendance, health inequalities with public health, University of Worcestershire and ICB



## **Trust** (just some examples):

- Secured funding and decommissioned Nitrous Oxide Manifolds ( KTC and Alex)  with recurrent savings
- Secured **Salix** funding of £1.4M for WRH LED lighting
- Renegotiated **Viola** contract to increase waste saving
- Endoscopy reuse single use equipment
- Paediatric asthma inhaler switch
- Launched the **Green hub** on Intranet
- Hosted **Foundation Group** Sustainability mash-up
- Sponsored the **Nurse 90 day challenge** and **AHP Green week**
- Highlighted Green campaigns and awareness days
  - World Earth Day
  - Gloves off Day
  - Clean Air Day
- Launched **Green champions Network** and recycle / reuse ideas i.e. Batteries & Staff Uniform Recycling
- Launched **Clinical Sustainability** sub group

# NHSE Green Plan Refresh - Aim

Worcestershire Acute Hospitals NHS Trust

- Prioritise interventions which simultaneously improve patient care and community wellbeing while tackling climate change and broader sustainability issues
- Support organisations to plan and make prudent capital investments while increasing efficiencies.
- Ensure every NHS organisation is supporting the NHS-wide ambition to become the world's first healthcare system to reach net zero carbon emissions

## Our Trust response:

*Making Green everyone's business*

- Improving quality– clinical pathway, digital technology, health inequalities
- Reducing waste – efficiency & productivity (procurement, energy usage)
- Supporting sustainability – adding social value through work on health inequalities and climate adaptation

# NHSE Green Plan - Focus Areas

Worcestershire Acute Hospitals NHS Trust

## Workforce & Leadership

Governance, engagement, waste training, carbon literacy training, Green apprenticeships

## Net zero Clinical Transformation

Min x1 clinical area

- reduce emissions; improve quality and remove waste

## Digital transformation

Digital innovation e.g. EPR, voice recognition, virtual wards/ PIFU

## Medicines

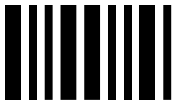
Use of asthma inhalers, reduction nitrous gases, elimination use of desflurane

## Travel & Transport

Sustainable travel (EV, bus & bikes), travel plan, virtual meetings

## Supply Chain & Procurement

Supplier roadmap, local procurement, reduce single use / unnecessary products & plastics



## Adaptation

EPPR adaption

Design in green spaces & drainage; Dedicated Green areas

## Food & Nutrition

Reduce food waste; use local produce; healthy eating

## Estates & Facilities

Heat decarbonisation plans

LED/ energy & water saving schemes

BREEAM standards

# Our Green Plan Framework

We have 4 ways to reduce emissions

Worcestershire Acute Hospitals NHS Trust

## Reduce unnecessary activity

- ✓ Absolute priority for transformation
- ✓ Saves money and carbon
- ✓ Protects resources for value adding activities

## Reduce energy

- ✓ If we are providing services, can we use less energy in doing it?
- ✓ Think….
  - motion activated
  - Going digital
  - Overnight/ dual running
  - saving water

## Reduce, reuse, repair, recycle

- ✓ As it says!
- ✓ This is all about reducing waste
- ✓ Think….
  - Physio equipment
  - Single use plastics
  - Battery disposal
  - Waste paper

## Reduce travel or logistics

- ✓ Reducing the movement, saving travel energy and emissions of…..
  - patients
  - staff
  - equipment
  - consumables



**We have** worked with system partners and trusts to agree a standard approach to refreshing our Green Plan with the core aim to simplify, be transparent and share best practice.

**We will** propose a new operating model across the ICS to optimise Green resource capacity and capability

**We have** worked with our functional leads and Divisional teams to co-produce the plan with the support of the Green Steering group

**We will** use our improvement forums (Transformation Tuesdays, Improvement Spotlight and Greener Network) to achieve this.

Cheaper Greener Healthier

# Workforce and Leadership

Our Workforce goal is to ensure that everyone, from Board to our frontline staff, is encouraged and enabled to embed Green into their everyday work. We will support our staff by; promoting the Green agenda, building carbon literacy amongst our staff, encouraging home working, low carbon travel, the use of Digital, and ensure that sustainability is everyone's business.

The transition to a net zero NHS will be driven by its people. There is already strong support for a greener future; 9 in 10 staff support the NHS net zero ambition, while 6 in 10 say they are more likely to stay in an organisation taking decisive climate action (YouGov, 2023). Green initiatives in the workplace can significantly boost employee morale, engagement and overall well-being.

The Trust will support staff and leaders to learn, innovate and embed sustainability into everyday actions.

## We have

- Appointed a board-level net zero lead who chairs the Green Steering Group, leads the delivery of greener clinical and corporate services and ensures board oversight on the Green agenda.
- Created a clinical sub-group and a Green Movement special interest group which will help develop a culture of 'thinking in a sustainable way' and minimising waste.
- Developed our Green intranet page promoting initiatives and providing access to Green resources.
- Implemented waste e-learning for our staff and developed a partnership with University of Worcester to deliver Carbon Literacy training, a taster session has been delivered to the Green Steering Group.
- As an organisation, a flexible working policy in place which is actively promoted and supported by our leaders, as well as having encouraging and supporting Hybrid remote/on-site working in line with service needs.

## We will

- Ensure that we have resources to support the monitoring and implementation, of the Green Plan.
- Assess the workforce capacity and skill requirements for delivering the green plan, considering good practice examples such as hybrid roles, apprenticeships and NHS estates sustainability career pathways.
- Develop a narrative that links to quality improvement cycle, health inequalities and delivers corporate social value.
- Develop a dashboard and Trust Green Risk Register to monitor delivery and measure carbon savings effectively.
- Agree uptake targets for Green and Sustainability training and promote these training opportunities to staff.



**Lead: Liz Faulkner**
**Deputy Chief People Officer**

## Key Performance Indicator

- Delivery of action plan for % of staff completing waste e-learning & carbon literacy training
- Green movement participation

## Trust Specific Risks

Lack of adequate funding and resourcing will undermine delivery of plan and wider quality & productivity objectives:

- Executive / senior leadership
- Support for our Green Network
- Baseline data quality and metrics to measure impact & access funding

## TOP 3 THINGS WE NEED TO DO:

1. Support the development of the Green Network and work with them to develop quick wins and promotional events to increase awareness & carbon literacy
2. Embed the Sustainability Impact Assessment into our everyday work that we consider the environmental, social and productivity impacts of the changes we are making.
3. Develop Green dashboards that allow leaders to assess performance & provide assurance to the board.

# Adaptation

Lead: Tom Taylor
Head of EPRR

We have the evidence that climate change is starting to impact our services, population and our infrastructure, through increased flooding and heatwave events. As a Trust we are committed to ensuring that we take the necessary actions to develop greater resilience by assessing our climate-related risks and incorporating adaptation measures into our planning and estate management.

This includes ensuring that we maintain our services during extreme weather events and embed adaptation into our clinical and operational decision-making and aim to future-proof our services and safeguard the health and wellbeing of our patients and staff and collaborate with our wider system partners to strengthen our community resilience.

## We have

- Developed our local protocols aligned to national heat wave plans and cold weather plans in relation to the Civil Contingencies Act, 2004, NHSE EPRR Framework 2022 aliened to ISO 22301 Climate Change Risk Assessment and National Adaptation Plan.
- A severe adverse weather plan is in place that sets out our response to forecasted and actual severe weather and we have implemented advance weather warning notifications for our staff, so they are aware of how to manage extreme hot and cold events and support patients.
- Mapped local flooding and wildfire risks and developed contingency plans to enable the continuity of our critical services in such events. Including impacts to the community as part of the local resilience forum risk assessment working group to review risks from the national risk register and localize the risk to the demographics of Worcestershire

## We will

- Develop and deliver our Climate Change Adaptation Plan clarifying roles, responsibilities and SMART objectives
- Complete hot and cold exercises table-top simulation exercises for managing heat and winter weather events in support of our staff and patients.
- Assess the deployment and performance of air conditioning units during periods of extreme heat, considering not only clinical need and patient comfort, but also energy efficiency, operational costs, and carbon impact.
- Seek to reduce our reliance on high-energy air-conditioning units by investing in passive cooling solutions, by improving building design, and exploring low-carbon technologies
- Actively engage with our capital teams when designing new buildings or undertaking refurbishments to include enhancements of green spaces including tree planting, garden spaces, and drainage systems.

## Key Performance Indicator

- % staff from on-call team, in attendance at hot and cold table-top exercises
- % Increase in positive patient feedback mentioning environmentally sustainable practices or green adaptations in service delivery.

## Trust Specific Risks

- As we move to greener forms of electric heating, there is the risk of increased failures due to reduced resilience.
- We will need to access funding and resources to support the adaptation work.

## TOP 3 THINGS WE NEED TO DO

- Develop Climate Change Adaptation Plan clarifying roles, responsibilities and SMART objectives
- Reduce our carbon footprint with regards to our infrastructure and energy usage
- Actively engage with our estates team to ensure we consider adaptation as part of our building works.

# Medicines

Medicines account for 25% of emissions in the NHS, with anaesthetic gases contributing 2% and metered dose inhalers responsible for 3% of all emissions. We recognise our role in reducing the 'point of use' emissions and will through innovation, education and collaboration embed greener practices into optimising the prescribing and use of our medications and pharmacy practice.

## We have

- Introduced Non-cytotoxic waste streams across both the Aseptic Units where previously all waste was disposed of as cytotoxic waste.
- Introduced recycling pathways for the Insulin and weight loss prefilled pens manufactured by NovoNordisk and Sanofi.
- Introduced MDI inhaler recycling collections, plus started educational promotion of MDI to DPI switches and reducing use of Ventolin Evohaler devices for our clinical colleagues.
- Encouraged an 'Open the Bag' scheme for outpatients to reduce medicines waste, which is helping us to reduce costs and environmental impact by not supplying drugs that patients tell us that they already have at home.
- Ceased the use of the volatile anaesthetic agent desflurane in line with national guidance.
- We have capped 2 of our 3 manifolds for Nitrous Oxide which are no longer in use.

## We will

- Reduce medicine waste disposed of by our discharge lounges trust-wide by encouraging the return of medicines to pharmacy or our wards for re-use or responsible disposal.
- Reduce the amount of packaging used in the pharmacy process by taking the following steps; the cessation of red penicillin plastic when EPMA goes live and reviewing dispensing standards to remove unnecessary plastic bags for delivery.
- We will continue our staff education programme to support the switch from intravenous to oral route especially with Antibiotics i.e. Intravenous Antibiotics to Oral Switch therapy and reduce our consumption of ethyl chloride sprays.
- We will decommission our three Nitrous Oxide Manifolds.
- We will work with our partners across the ICS to reduce the use of metered dose inhalers.



Lead: Ruth Coxhead
Lead Pharmacist

## Key Performance Indicator

- Reduction in the issuing of Ethyl Chloride by 90% compared to 2023
- 5% reduction in use of intravenous antibiotics
- 5% reduction in use of medical gases
- 5% reduction in use of metered dose inhalers

## Trust Specific Risks

There is the risk that our staff lack understanding around sustainability and the impact of single use plastics and medicines waste on the environment.

## TOP 3 THINGS WE NEED TO DO

1. Reduce the use of metered dose inhalers
2. Formally decommission the 3 Nitrous Oxide manifolds across the sites
3. Reduce the amount plastic used in pharmacy process

# Supply Chain and Procurement

The NHS spends in-excess of £40 billion each year on critical natural resources to deliver services with 80,000 suppliers and fulfilling 8million orders annually.

Using our influence through the procurement process we will embed social value (environmental improvements, local social capital and economic value) in our contracts to encourage our suppliers to adopt sustainable practices for the products and services they provide.

## We have

- Embedded sustainability within our procurement practices.
- Ensured that our Facilities Management contracts include sustainability within the specification and as part of the tender process to reduce consumption and promote efficiency of use.
- Worked with Vanguard around medical device remanufacturing with Energy Devices and EP Catheters.
- Implemented Inventory Management into the Cath Lab, Outpatients and Theatres at Worcestershire Royal and Alexandra Hospitals to reduce stock holding and waste.
- Purchased only 100% recycled paper since 2021.
- Moved to a bottled solution for skin preparation from a plastic solution.

## We will

- Adopt a whole life cycle approach to purchasing, embedding sustainability into our procurement processes.
- Work with Greener NHS to reduce the use of clinical single use plastics, and to support the procurement of sustainable PPE.
- Implement Inventory Management Trust-wide to enable further reduction in waste of products either not used or that go out of date



Lead: Sanj Narwal
Director of Procurement

## Key Performance Indicator

- % of suppliers meeting Sustainability Standards

## Trust Specific Risks

For infection prevention and control reasons, many consumables are both single use plastic and high waste generators

## TOP 3 THINGS WE NEED TO DO

1. Reduce single use products with re-usable alternatives, where this is viable.
2. Embed the principle of refusing excessive packaging
3. Continue to implement Inventory Management across Trust

# Net Zero Clinical Transformation

Lead: Dr Paul Southall
Sustainability Clinical Lead

We are committed to embedding sustainability into clinical transformation to help achieve our net zero ambitions while maintaining high-quality patient care. This involves rethinking how we deliver care to reduce unnecessary interventions, shifting to preventative and personalised approaches, optimising clinical pathways for carbon efficiency, and utilising digital tools to reduce travelling by our staff and patients.

By engaging our clinical teams, we aim to deliver care that is not only clinically effective and patient-centred but also environmentally responsible.

## We have

- Appointed a Clinical Sustainability Lead  Dr Paul Southall, Consultant Anesthetist who is responsible for delivery of the Net Zero Clinical Transformation.
- Reduced carbon emissions associated with areas of high impact such as pharmaceuticals and anaesthetic gases by educating staff and encouraging lower impact alternatives.
- Capped off 2 out of 3 manifolds on site which are no-longer in use and initiated plans to decommission the manifolds.
- Rationalised the use of ethyl-chloride in clinical areas.

## We will

- Explore opportunities to provide group clinics with multiple patients, improving outcomes and efficiency.
- Initiate the Clinical Sustainability sub-group with the purpose of engaging, empowering and supporting our clinical colleagues to introduce sustainable practices into their clinical pathways.
- Work with clinical colleagues on the development of 2 to 3 green clinical pathways in line with GIRFT to include T&O and Urology



## Key Performance Indicator

- 5% reduction in use of Nitrous Oxide

## Trust Specific Risks

- There is the risk that funding is not available to support the introduction of green clinical pathways
- There is the risk that there is a lack of clinical engagement in this focus areas due to the lack of funding for PA's.

## TOP 3 THINGS WE NEED TO DO

1. Formally decommission the 3 Nitrous Oxide manifolds
2. Collaboratively, develop green clinical pathways in conjunction with GIRFT
3. Encourage clinical green practices through the Clinical Sustainability sub-group

# Food and Nutrition

We understand that Food and Nutrition are at the heart of health and wellbeing for our patients and staff. Providing nutritious, freshly prepared meals play a vital role in patient recovery, enhancing clinical outcomes and reducing readmissions. For staff, access to healthy food options supports performance, morale, and overall wellbeing.

The environmental footprint of the food system is significant, contributing NHS carbon emissions through production, transportation, and waste. Minimising food waste presents an immediate opportunity to cut carbon, lower costs, and demonstrate responsible resource use — reinforcing our commitment to both environmental sustainability and financial stewardship.

## We have

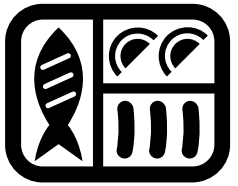
- Been awarded the Soil Association Bronze award for patient and retail food.
- Ensured that the companies that we use to source our food are Sustainable food providers who adhere to the sustainability framework as part of the national procurement frameworks
- Increased our gluten free and allergen-based food options for patients.
- Removed the use of single-use plastic cutlery & plates across the sites.
- Started to measure our food production and patient food waste across clinical areas and staff restaurants.

## We Will

- Continually work to provide healthier food options for our patients and staff.
- Introduce electronic menu ordering for our patients.
- Introduce cultural menu days into our staff restaurants.
- Commit to reducing food waste for our patients.



**Lead: Emma King**
**Director of Estates & Facilities**



## Key Performance Indicators

- 5% Reduction in Food Wastage per annum

## Trust Specific Risks

There is the risk that we are unable to recruit qualified catering staff to support this shift.

## TOP 3 THINGS WE NEED TO DO.

1. Continually work to provide healthier food options for our patients and staff.
2. Introduce electronic menu ordering for patients.
3. Reduce patient food waste.

# Digital Transformation

We are committed to delivering digital services that improves the everyday experiences for our patients and staff, making care more joined up, accessible and efficient. Whilst at the same time, recognising that the implementing of digital solutions across all of our clinical and corporate services, is helping us to reduce our environmental impact by enabling us to cut waste, lower our energy consumption, and support greener ways of working across the Trust.

Lead: Tom Brown
Chief Technology Officer

## We have

- Implemented a Digital EPR (Electronic Patient Record) solution across Inpatients, Medical, Nursing & AHP's Documentation, Outpatients, Clinic Documentation and Emergency Department. All helping towards, reduction in paper usage, improving data accuracy and efficiency, better use of resource utilisation and less waste, enabling remote access reducing need to travel (less carbon emissions) and energy efficiency, using low-power services and some cloud computing
- Implemented a patient portal that allows patients to access their medical records, book appointments, and communicate with healthcare providers online. This has reduced the need for paper-based communication and improved patient engagement
- **Reduced our Paper Usage:** Measure the reduction in paper usage by tracking the number of digital transactions and communications
- Implemented "Public Gap" service which allows the generation of surveys and feedback to help measure patient satisfaction
- Worked with digital suppliers (Computacenter/Dell and Cisco) to reduce carbon footprint by adopting low carbon hardware and software solutions, e.g. Networking and Server solutions.

## We Will

- Implement Electronic Prescribing and Medicines Administration to streamline the prescribing process, reduce medication errors, and improve patient safety and remove paper drug charts.
- Complete the upgrade of the Pathology System, onto more efficient infrastructure.
- Plan and execute the migration of DMZ to a new production environment and more efficient servers.
- Upgrade our Patient Administration System onto our DCR (Digital Care Records) platform, moving off legacy hardware and software.
- Shift our physical server environments to off premise co located Datacentre's, reducing the carbon footprint on Hospital site premises.
- Continue to focus on supporting virtual wards and PIFU to reduce unnecessary travel



## Key Performance Indicator

- **% r**eduction in paper usage
- Measure patient satisfaction through surveys and feedback on the digital services provided.

## Trust Specific Risks

- Ensuring adequate resources are allocated to support the implementation of new digital initiatives
- Addressing interoperability issues between new and existing systems.
- Staff & patients may resist the transition to digital.
- Ensuring the security & privacy of patient data during the transition.

## TOP 3 THINGS WE NEED TO DO.

1. We will leverage our IT partners to provide green solutions for technology, inc data centres, and technology procurement and disposal.
2. Implement EPMA
3. Complete the upgrade of the Pathology System

# Travel and Transport

**Lead: Emma King**
**Director of Estates & Facilities**

The way we travel – as patients and staff, plays a significant role in the environmental impact locally. Travel and transport contribute substantially to the carbon footprint of our operations, accounting for an estimated 14% of total NHS emissions. This includes travel by staff, patients, and visitors, as well as the movement of goods and services across our supply chains.

As an organisation committed to being a environmentally responsible employer, we must recognise that poor air quality, traffic congestion, and carbon emissions from travel all negatively impact public health. Therefore, reducing travel-related emissions is not only a matter of environmental sustainability but also of health equity and social responsibility.

Our Trust is committed to embedding sustainable travel practices into the core of how we operate. We understand that reducing travel emissions requires a whole-system approach, involving staff behaviour change, infrastructure investment, improved logistics, and closer collaboration with local authorities and transport providers.

## We have

- Promoted the use of community transport schemes to support door transport between patients' homes and the hospitals.
- Reduced the need to travel across sites during the working day by job planning and use of digital.
- Allow the flexibility for staff to work from home where possible.
- Implemented Beryl Bikes at Worcestershire Royal Hospital.
- Contract Hire and Salary Sacrifice Schemes are available to new and existing employees of the Trust who do Business Private Miles or a combination of both, subject to approval.

## We will

- Work with our partners across the community to refresh our Green Travel Plan.
- Refresh our Courier Fleet and lease offering to deliver a complete hybrid delivery model from December 2026.
- Improve and modernise EV Charging points for staff and Improve infrastructure to support increased availability of EV Charging for staff, patients and visitors.
- Review our courier schedules to reduce overall annual mileage and the need for adhoc individual requests.
- Improve changing facilities including showers to promote increased cycling and more secure cycling sheds .



## Key Performance Indicator

- 10% reduction in emissions from travel (staff and patient commuting)
- 10% reduction in emission from fleet per annum
- Number of EV chargers installed and available on each site
- 5% reduction in emissions from courier service per annum

## Trust Specific Risks

- Lack of available of funding to support the work required in this area including capacity to generate 'oven ready' schemes
- Delayed benefits realisation for patients and staff if work is not prioritised

## TOP 3 THINGS WE NEED TO DO.

1. Refresh Green Travel Plan and associated policies
2. Increase partnership working to promote improvement in public transport
3. Refresh Courier fleet to Hybrids and associated travel schedules

# Estates and Facilities

We aim to ensure that our physical infrastructure supports the long-term health of both people and the planet, by reducing emissions, improving efficiency, and creating healthier environments and external spaces for patients, staff, and the communities we serve.

We are committed to developing, maintaining and operating our estate in line with the principles of sustainability, resilience, and environmental stewardship.

Lead: Emma King
Director of Estates & Facilities

## We have

- Invested in our external garden spaces for our staff and patients to enjoy.
- De-steamed Kidderminster Hospital and the building is being powered totally by electric energy, with air-source heat pumps supplemented with electrical immersion heaters.
- Made significant progress with our Clinical Waste Strategy i.e. reduction in the use of single use plastics in theatres, implemented coolsticks for our anaesthetic patients.
- Replaced 3x emergency generators with newer larger generators that are more energy efficient and delivered improvements to the efficiency of the boiler-house to replace the old 1980's gas burners.
- Successfully applied to increase the maximum demand from the District Network Operator, this scheme also resulted in the creation of a new high voltage electrical intake sub-station that included provision for additional electrical switch-gear in-readiness for future expansion, and the potential for Photo-Voltaic (Solar – PV) incorporation.
- Improved the Trust owned high-voltage network at Redditch, whereby older (circa 1980's) transformers have been replaced with newer high efficiency types.

## We Will

- Develop and implement our heat decarbonisation plan.
- Convert 100% of non-clinical space and external luminaires to LED and at least 50% in clinical areas.
- Develop a future proof energy strategy to reduce our carbon usage whilst providing efficient constant energy source with access support for external funding to implement the necessary changes.
- Submit a Salix funding bid this financial year to enable the full De-Steam of both Alexandra Hospital and Kidderminster Hospital.
- Upgrade our Building Management Systems (BMS), to better understand our energy demand, and enable a targeted maintenance plan.
- Adopt sustainability impact assessment tool (SIAT) for development and project delivery appraisal to make informed decisions.
- We will plant more trees and develop and maintain our green spaces as part of any building or refurbishment work that we undertake.



## Key Performance Indicator

- 5% reduction in emissions from energy usage
- 5% reduction in emissions from water usage
- 5% reduction in emissions from waste management
- 5% reduction in energy intensity, energy use by estate floor areas kWh/m2

## Trust Specific Risks

There is the risk that sustainability elements will be engineered out of projects to allow delivery of projects within a predetermined budget envelope

## TOP 3 THINGS WE NEED TO DO

1. Develop heat decarbonisation plan
2. Rolling program of conversion to LED Lighting
3. Meet the Clinical Waste Targets as set out in the clinical waste strategy including waste segregation targets and reduction in carbon emissions

# Clinical Divisions

As clinical division within a multi-site acute NHS Trust, we are united in our commitment to delivering exceptional patient care while advancing the goals of our Green Plan. Across all three of our hospital sites, we will champion sustainable clinical practices, reduce our environmental footprint, and collaborate across teams to build a resilient, low-carbon healthcare system. Through innovation, education, and shared responsibility, we will embed environmental sustainability into everyday clinical decision-making — ensuring healthier lives now and for generations to come

## We have

- Introduced carbon net zero into our staff induction programme and rolled out waste e-learning for our staff.
- Developed a Green intranet hub that allows staff to access Green resources and share innovative ideas to support the delivery of the green plan.
- Introduced recycling of instrument and packaging wrappers into theatres thereby reducing our clinical waste.
- We have introduced battery recycling across the sites.

## We Will

- Introduce paper cups where needed at water fountains.
- Remove the use of kettles where boilers are available.
- Introduce recycling cups for hot drinks for staff to help cut down on our single-use plastic/paper cup usage.
- Prioritise green spaces as one of our 5 key strategy areas for our charity.
- Support our green champions to find innovative ways to reduce energy consumption, travel for our patients and staff and printing for our staff and patients.
- Introduce recycling or re-use of staff uniform.
- Increase our recycling rates, reduce our energy and water consumption across our 3 sites.
- Introduce reusable fabric theatres hat, remove the use of couch rolls and reusable sharps containers.



**Leads: Divisional Operational Directors**

## Key Performance Indicator

- 90% compliance with appropriate waste segregation
- 5% reduction in energy consumption
- 10% reduction in paper costs
- 5% reduction in staff travelling costs

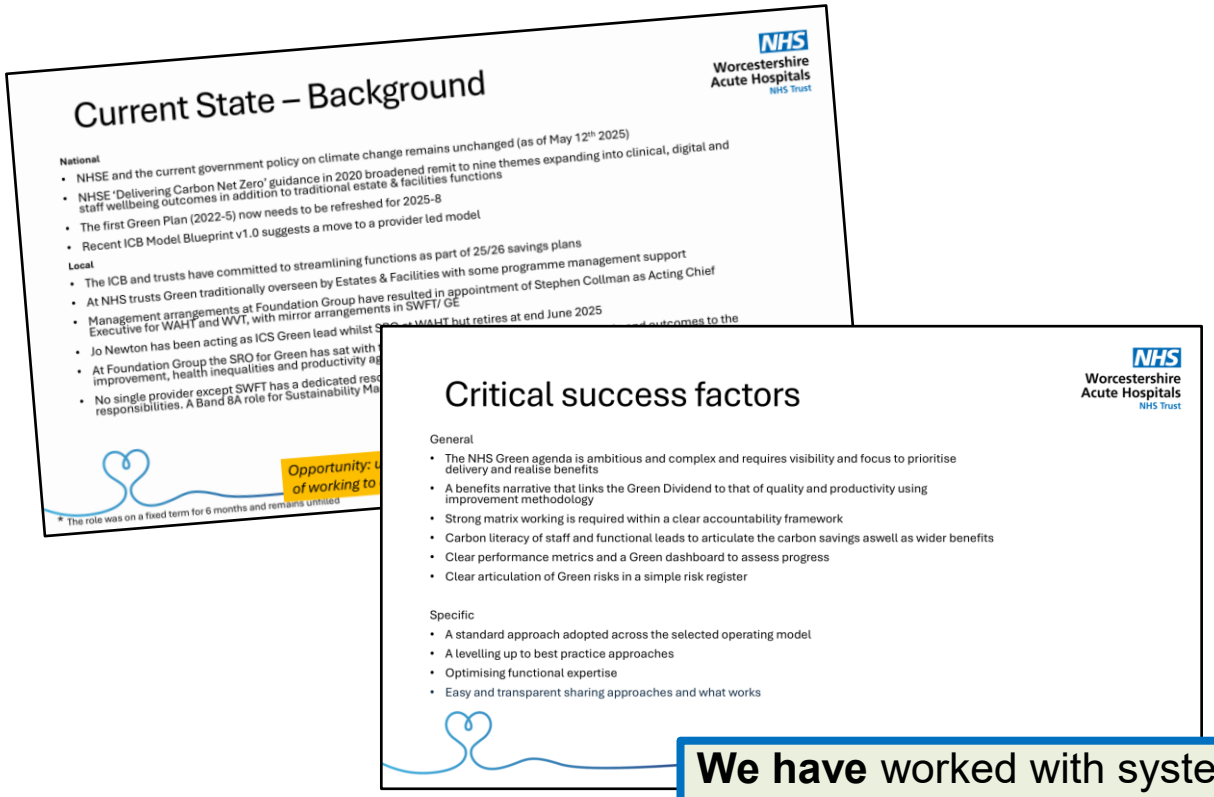
## Trust Specific Risks

- Clinical staff have limited or no capacity due to engage with and support the green agenda.
- Insufficient resources to provide leadership and support to the work of the Green champions.

## TOP 3 THINGS WE NEED TO DO.

1. Increase recycling in our clinical and non-clinical areas
2. Reduce the consumption of energy and water in clinical and non-clinical areas
3. Promote and introduce digital solutions to support reduction in travel for staff and patients and the need for printing

# Governance and Reporting



## Current State – Background

NHS Worcestershire Acute Hospitals NHS Trust

**National**

- NHSE and the current government policy on climate change remains unchanged (as of May 12th 2025)
- NHSE 'Delivering Carbon Net Zero' guidance in 2020 broadened remit to nine themes expanding into clinical, digital and staff wellbeing outcomes in addition to traditional estate & facilities functions
- The first Green Plan (2022-5) now needs to be refreshed for 2025-8
- Recent ICB Model Blueprint v1.0 suggests a move to a provider led model

**Local**

- The ICB and trusts have committed to streamlining functions as part of 25/26 savings plans
- At NHS trusts Green traditionally overseen by Estates & Facilities with some programme management support
- Management arrangements at Foundation Group have resulted in appointment of Stephen Collman as Acting Chief Executive for WAHT and WVT, with mirror arrangements in SWFT/ GE
- Jo Newton has been acting as ICS Green lead whilst S… at WAHT but retires at end June 2025
- At Foundation Group the SRO for Green has sat with t… improvement, health inequalities and productivity ap…
- No single provider except SWFT has a dedicated reso… responsibilities. A Band 8A role for Sustainability Ma…

Opportunity: … of working to …

* The role was on a fixed term for 6 months and remains unfilled

## Critical success factors

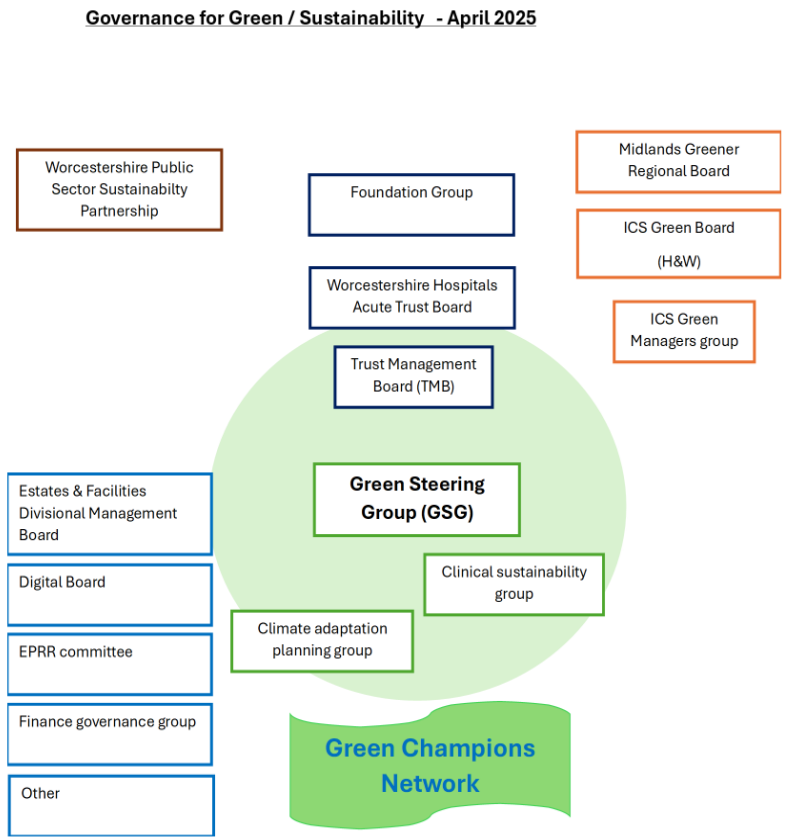
NHS Worcestershire Acute Hospitals NHS Trust

General

- The NHS Green agenda is ambitious and complex and requires visibility and focus to prioritise delivery and realise benefits
- A benefits narrative that links the Green Dividend to that of quality and productivity using improvement methodology
- Strong matrix working is required within a clear accountability framework
- Carbon literacy of staff and functional leads to articulate the carbon savings aswell as wider benefits
- Clear performance metrics and a Green dashboard to assess progress
- Clear articulation of Green risks in a simple risk register

Specific

- A standard approach adopted across the selected operating model
- A levelling up to best practice approaches
- Optimising functional expertise
- Easy and transparent sharing approaches and what works




**We have** worked with system partners and trusts to agree a standard approach to refreshing our Green Plan with the core aim to simplify, be transparent and share best practice.

**We will** propose a new operating model across the ICS to optimize Green resource capacity and capability

**We will review** our governance framework to align to the new operating model once agreed.

**We will** develop a standard approach to reporting of our KPIs in a SMART way to create a dashboard which we can share to the public as part of our Community Promise

Wells Jo 09/07/2025 09:23:00

# Risks

| Risk | Impact | Mitigation |
|---|---|---|
| Capital investment, resource & approval required to achieve the Green Plan without which achievement of the Big Move on carbon reduction is not feasible | Unable to achieve trust strategic objectives<br>Non-compliant with national targets and policy | Focus on statutory duties and work on joint posts with other partners |
| Green activities are de- prioritised at trust level reducing leadership and visibility within and without the trust | In addition to above, staff morale is impacted due to loss of momentum in current work and unmet expectations<br>Loss of visible external leadership diminishing our role as anchor institution | Review shared target operating model<br><br>Clear succession plan for SRO and resource support |
| Lack of capacity and invest to save opportunities to improve productivity and efficiency | Monetary and time released to care impacted, reducing CPIP achievement | Seek alternative funding streams and 'oven ready' proposals |
| Less focus on our role to influence health inequalities & prevention | Increase in incidence and severity of chronic & acute illness impacting demand in CVD, respiratory etc | Work with public health colleagues to target joint activity and develop joint Community Promise |
| Fail to attract Generation Z colleagues | Recruitment & retention | |

# Year 1 Action Plan

| Objective | Lead Department |
|---|---|
| Develop and agreement for Heat Decarbonisation Plan | Estates & Facilities |
| Implement rolling program of LED Lighting to 50% of the estate | Estates & Facilities |
| Reduce energy consumption by 5% | All Divisions |
| Increase recycling and compliance with waste segregation standards | Clinical Divisions & Green Champions |
| Refresh Travel Plan | Estates & Facilities |
| Reduce Patient Food waste | Estates & Facilities |
| Agree target operating model and review corporate resources to support oversight and delivery of Green Plan | Strategy Planning & Improvement |
| Complete decommissioning of 3 nitrous oxide manifolds | Estates & Facilities |
| Embed the Sustainability Impact Assessment into all projects, service development and building projects | Procurement, Digital, Capital, Strategy,. Planning & Improvement |
| Develop  and implement Climate Change Adaptation Plan | EPPR |
| Develop Green Dashboards to support oversight of delivery of the plan | Digital |

# Get In Touch

We need your help, to deliver on our Green Plan, so please join us and get involved.

A small change can make a big difference, if you have a Green project, big or small, that you know will make a difference, talk to your line manager about it or reach out to us.

wah-tr.Green@nhs.net

Green Hub on Intranet

## WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2025/2026

| | |
|---|---|
| **Report to:** | **Public Board** |
| **Date of Meeting:** | **08/07/2025** |
| **Title of Report:** | **NHS Five Year Joint Forward Plan update for 2025/26** |
| **Lead Executive Director:** | **Chief Clinical Strategy Officer** |
| **Author:** | Julian Berlet |
| **Reporting Route:** | |
| **Appendices included with this report:** | HW combined JFP Refresh 2025 - Final |
| **Purpose of report:** | ☐ **Assurance** ☒ **Approval** ☐ **Information** |

**Brief Description of Report Purpose**

NHS partners are required to produce a Five-Year Joint Forward Plan (JFP) to outline how they will contribute to the delivery of the ICS strategy and the two Joint Local Health and Wellbeing Strategies (JLHWS). The JFP must also outline how NHS partners plan to exercise their functions, meet mandatory national requirements in the NHS Long term plan and other operational priorities and statutory duties. The first Herefordshire and Worcestershire JFP was developed with a base year of 2023/24; hence this being the third year of delivery.

**Recommended Actions required by Board or Committee**

The board is asked to endorse the updated JFP ahead of its publication in July 2025.

**Executive Director Opinion[1]**

National guidance for planning stipulates that ICBs and trusts should carry out a limited refresh of the JFP for the start of each financial year. The anticipated publication of the 10-year health plan in summer 2025 will affect future updates, but given the publication timeline, it is not possible to reflect this for the current refresh. The latest national guidance can be found here: NHS England » Guidance on updating the joint forward plan for 2024/25

**The current refresh focuses on the following areas:**

- Updates on delivery of priorities and programmes in 2024/25
- New performance targets, outcomes and priorities for 2025/26
- Introduction of the Building a Sustainable Future programme



[1] Executive director opinion must be included and approved by the director concerned prior to issue, except when the director has given their consent for the report to be released.

- Progress on population health management and neighbourhood health
- In year updates including the Point Prevalence Audit 2024 results, and the financial landscape

The final version of the JFP is attached as a combined document and the board is asked to endorse this for publication. NHS Herefordshire & Worcestershire board endorsed the Joint Forward Plan at its Public Board meeting on the 21st of May. All NHS Trust partner boards, and representatives of general practice will also be asked to endorse the JFP for publication through their governance cycles, reflecting the "joint" element of the plan.

Another publication requirement is for the Health and Wellbeing Board (HWB) chairs to review and refresh their 'opinions' on the extent to which the JFP addresses the priorities set out in the JLHWS. The plan received and the opinion confirmed by both HWB in June 2025. Following the receipt of all relevant endorsements, the JFP will then be published on the ICS website.

**Structure of the Joint Forward Plan**

Effectively the plan should address all services within the scope of the Integrated Care Board's statutory duties and system priorities for NHS partners. This results in a broad and comprehensive document. To make the plan easily navigable for readers, it has been structured in the following way:

| Section | Pages | Focus |
|---|---|---|
| **Main document** | 28 | The main strategic focus of the plan is about outlining the NHS intention to drive a shift toward more focus on prevention and, when treatment/care is required, it is provided in the best value care setting. Best value care is defined within the plan as the setting that achieves the right balance between clinical need and optimal cost. During 25/26 this will be delivered through the Building a Sustainable Future Programme. |
| **Appendix 1:** Core areas of focus | 35 | This outlines the detailed plans for individual NHS service areas such as urgent care, cancer services, stroke, primary care, mental health etc. |
| **Appendix 2 :** Strategic enablers, cross cutting themes | 21 | This covers cross cutting themes (such as digital, personalised care, prevention etc) that impact on all NHS service areas and strategic developments such as place-based working and collaboration between NHS providers. |
| **Appendix 3:** Statutory requirements checklist | 5 | This covers a number of checklists to demonstrate how the JFP addresses specific areas. This includes a specific page cross referencing JFP actions to the priority areas set out in the JLWHS for Worcestershire. |

**Development of the 2025 draft JFP**

A working group of the strategy directors across NHS and Primary Care organisations has overseen the approach to developing the JFP for 2024, in line with the group overseeing operational planning, due to the integrated nature of strategic and operational planning.



This version of the JFP will be approved by the ICB Board for H&W, Wye Valley Trust Board, Worcestershire Acute Trust Board and representatives of general practice in both counties. The main changes between the original publication in June 2023 and this refresh are:

**Main document:**

- Updates to leadership and Health and Wellbeing Boards
- Updates to strategic priorities for 2025/26.
- Addition of 2025/26 Building a sustainable future programme.
- Update to 2024 Point Prevalence Audit results and medium term financial plans.
- Updated section on Population Health Management approach and governance.
- Finalised summary of overall delivery during 2024/25.
- Updates to 2025/26 performance trajectories in line with national operational planning guidance when published.

**Appendix 1,2 and 3:**

- Summary of 2024/25 delivery added to each section.
- Priorities and actions updated to reflect the rolling 5-year period.
- Governance and ownership updated, including additional delegated services.

Herefordshire and Worcestershire Integrated Care System

Herefordshire General Practice

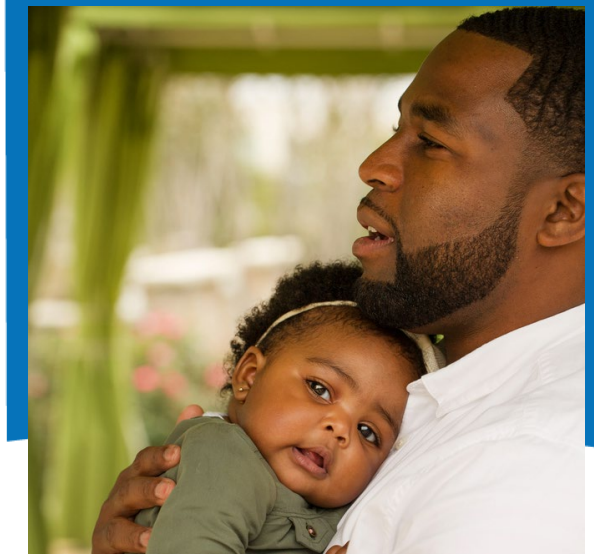
GENERAL PRACTICE WORCESTERSHIRE

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



**NHS Five Year Joint Forward Plan 2025/26 – 2029/30**

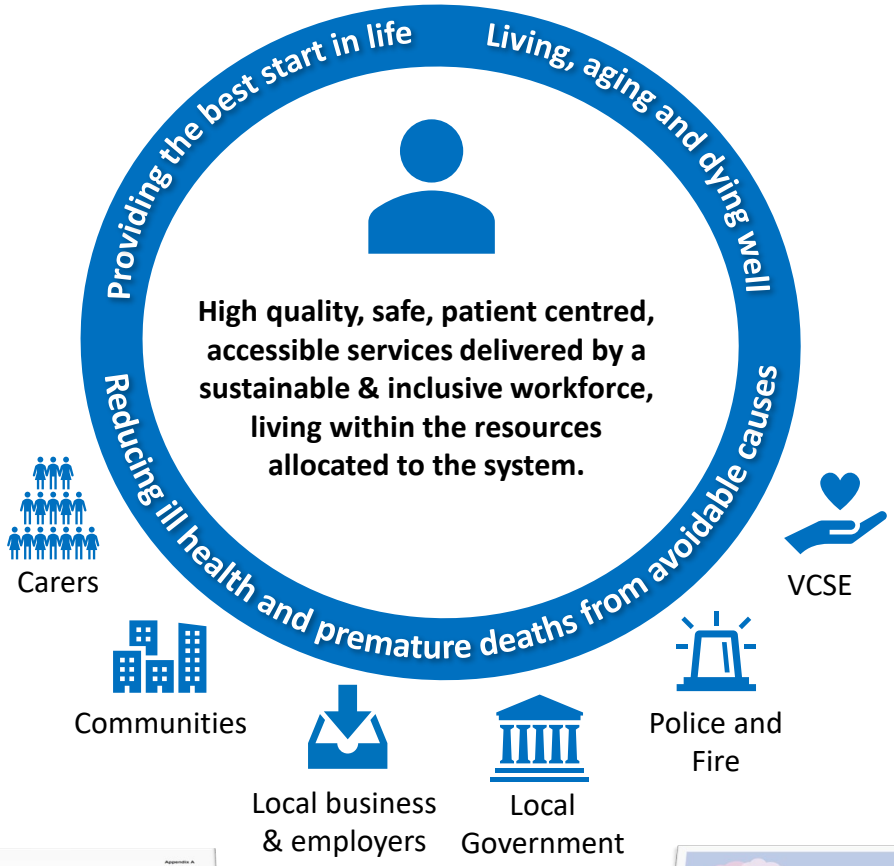
**Version: 2025 Refresh, June 2025**

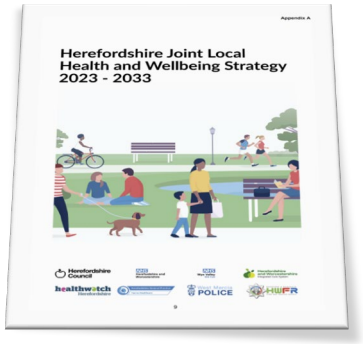
# The strategic intent of the Joint Forward Plan…

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

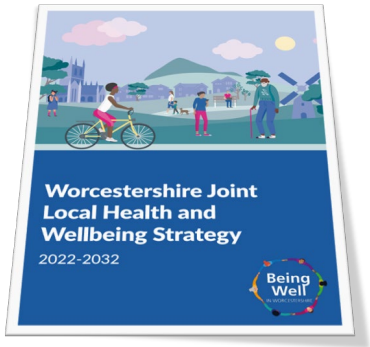
### More focus on:

- **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




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




### 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**

# Contents and navigating the Joint Forward Plan



| | | | |
|---|---|---|---|
| **Appendix 1**<br><br>Core service areas and pathways | This section of the plan provides information on the development, transformation and improvement plans for specific service areas identified below: | | |
| | • Maternity and neonatal care<br>• Early years, children and becoming an adult<br>• Elective, Diagnostics and Cancer Care<br>• Frailty<br>• Palliative and End-of-life | • Learning disability and autism care<br>• Mental health and wellbeing<br>• Long-term Conditions<br>• Stroke care and cardiovascular disease | • Urgent and emergency care<br>• Primary Care<br>• General Practice<br>• Pharmacy, Ophthalmic and Dentistry |
| **Appendix 2**<br><br>Key enablers and strategic system development | This section of the plan provides information on the key strategic enabler programmes and strategic developments that will support the core service areas and pathways: | | |
| | • Quality, Patient safety and experience<br>• Clinical and professional Leadership<br>• Medicines and pharmacy<br>• Health inequalities<br>• Prevention | • Personalised care<br>• Working with communities<br>• Commitment to carers<br>• Support to veteran health | • Addressing need of victims of abuse<br>• Digital data and technology<br>• Research and Innovation<br>• Greener NHS |
| | • NHS Trust Provider Collaboratives<br>• Mental health collaborative | • One Herefordshire Partnership<br>• Worcestershire Place Partnership | • Office for the West Midlands ICBs |
| **Appendix 3**<br><br>The statutory requirements | The section outlines how the ICB meets its statutory duties as set out in the national guidance. | | |
| | • Cross reference to show how the JFP addresses the specific requirements of the two health and wellbeing strategies.<br>• Nominated lead officer for each duty and a cross reference for demonstrating which section of the JFP addresses the requirement. | | |

# Introduction to the Joint Forward Plan

This, the third Joint Forward Plan for Herefordshire and Worcestershire has been produced by NHS Partners. This version contains updates based on delivery in 2024/25. 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 their ongoing support for 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 Roy Williams -** 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

The NHS Joint Forward Plan's focus on prevention and bringing services closer to communities aligns with Worcestershire's Joint Local Health and Wellbeing board Strategy to address local health needs and priorities by adopting a holistic community-led approach. We understand people's mental wellbeing is shaped by where they live, work, and their ability to stay socially and physically active. Strengthening communities, building resilience, tackling health inequalities, and enabling residents to improve their health and wellbeing is key, alongside ensuring NHS services are available and accessible at the point of need.

As a Health and Wellbeing Board, we are committed to working closely with our NHS partners to meet the ambitions of both the Joint Forward Plan and Worcestershire's Joint Local Health and Wellbeing Strategy.

**Councillor Satinder Bell,**
Chair of Worcestershire Health and Wellbeing Board

# Introduction to the Joint Forward Plan

# 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. |



# 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 ……

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*****.**

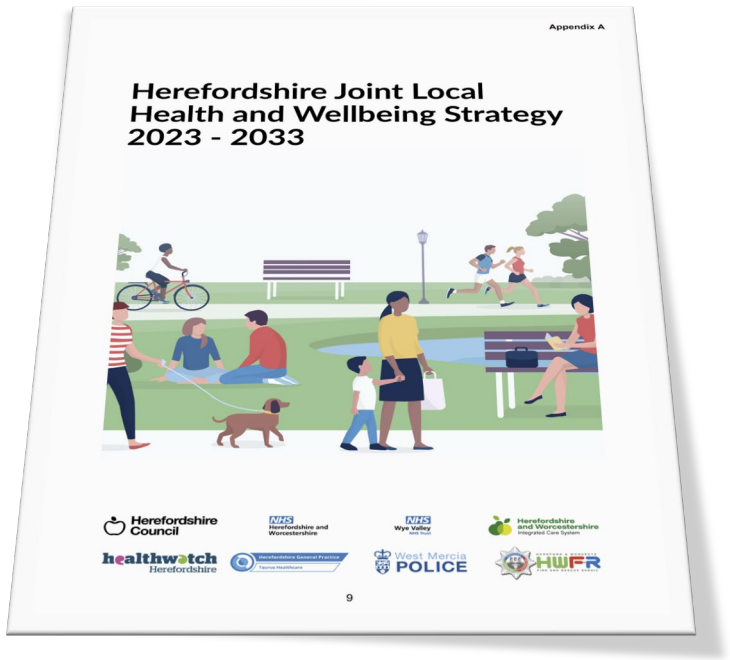
The ambition outlined in the strategy is for ***working together with people and communities to enable everybody to enjoy good physical and mental health and live independently for longer***.

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.

# 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.

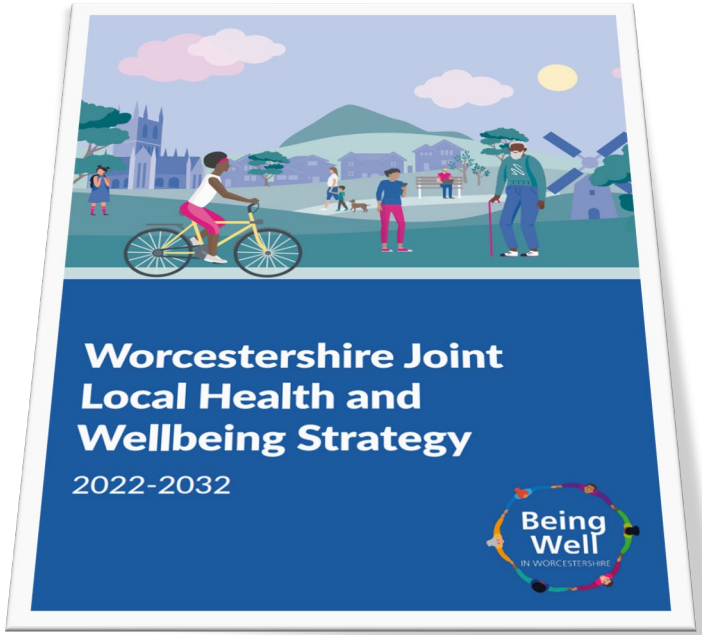
It was developed collectively by partners working together to agree a common ambition and set of priorities that were clearly identified through an extensive engagement exercise.

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 2025/26…

Building on what we have delivered together in the first two years of our JFP there are some specific pieces of work that will drive forward the delivery of our strategic intent during 2025/26:

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

The **'Building a Sustainable Future'** programme, a medium to long term transformation programme has been developed following a workshop with Senior Leaders in 2024/25 where a range of challenges from clinical sustainability, quality and safety, financial and strategic changes programmes were discussed. The Building a Sustainable Future programme forms the backbone of the system responses to the medium-term challenges of developing services able to meet the predicted increase in demand.

The overarching aim of the programme is to enable:

***'Resilient services that have the capacity to meet the predicted demand, quality and performance standards, and which are delivered within our collective financial envelope'.***

Key to the success in the development of the Building a Sustainable Future programme has been building a strong base of **strong Clinical Engagement** to provide input and support the programme and the longer-term vision.

A successful Clinical Engagement event in Feb 2025 generated positive feedback and enthusiasm to drive the Building a Sustainable Future programme forward.



To support the delivery of the **Medium-term Financial Framework** a **benefits realisation framework** has been developed to ensure that each intervention or initiatives impact can be quantified from an activity and 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.

Delivering **Neighbourhood Health Activities** to Improve access to general practice and primary care. Prevent avoidable admissions to hospital, residential and nursing homes. Ensure unavoidable admissions are short and cost effective. Using population health management tools and techniques to standardise community services , develop multi disciplinary teams, intermediate care and home first, urgent neighbourhood services and modern general practice. This will support the **shift from acute to community**.

Develop and implement a **Work and Health Strategy** to articulate the NHS role in supporting **improved social and economic impact**. 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 are 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.** The workwell programme is live and will continue to grow, using a coaching model to support people with health issues to stay in or return to work. This personifies 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. We will deliver a refreshed NHS Green Plan to contribute to wider sustainability.

Reducing health and healthcare inequalities remains a strong focus, with the local **Health Inequalities Ambassadors programme** now embedded through programmes. A key enabler will be the development of a **Population Health Management – Strategic Implementation Plan,** 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. This will support the **shift from treatment to prevention.**

Herefordshire and Worcestershire Integrated Care System

Herefordshire General Practice Taurus Healthcare

GENERAL PRACTICE WORCESTERSHIRE

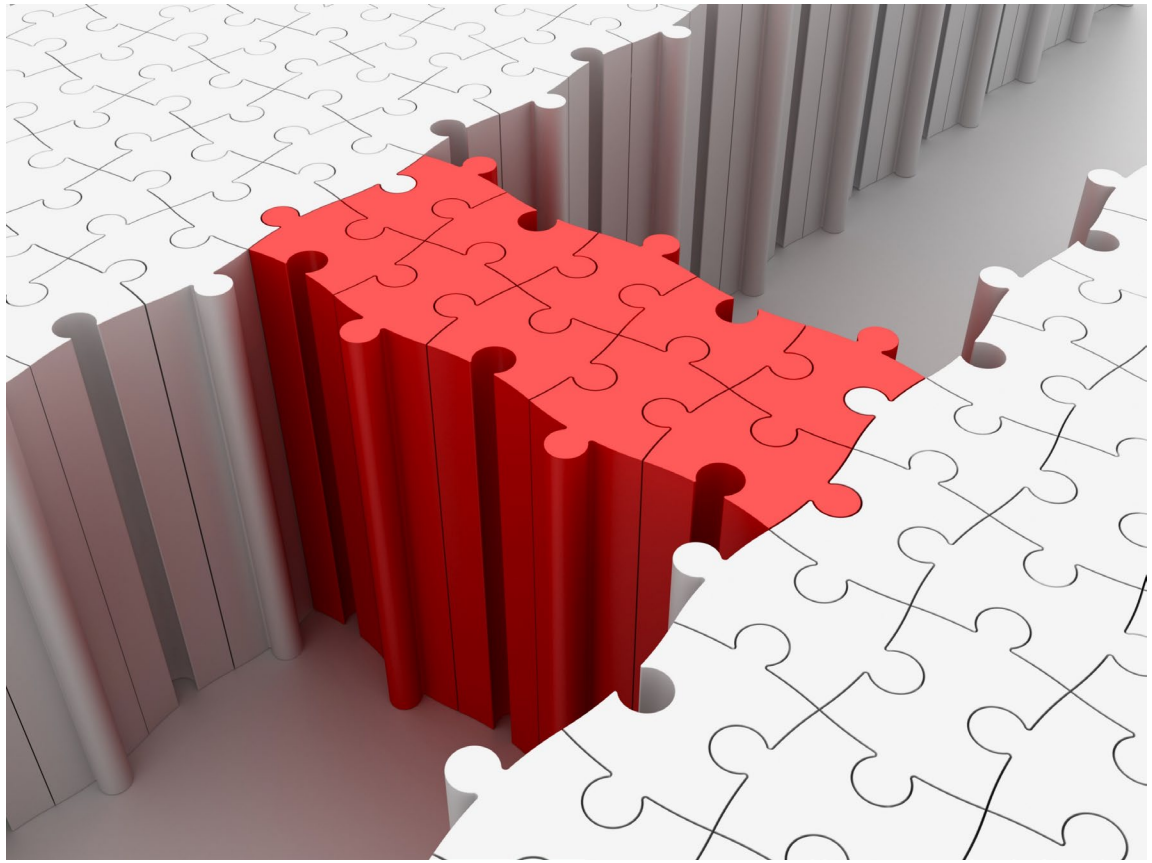
NHS Wye Valley NHS Trust

NHS Herefordshire and Worcestershire Health and Care NHS Trust

NHS Worcestershire Acute Hospitals NHS Trust

NHS Herefordshire and Worcestershire

# The Strategic Context for the Joint Forward Plan



# Strategic Context - What is working well – The second year of our joint forward plan, 2024/25

## Some of the best access to GP service in England

- The most recent ONS Health Insights Patient Survey at the beginning of 2025 ranked the ICB as the best in the country where 86% of patients reported a 'good' overall experience of access to general practice.
- GP Practices are providing patients with access to around 466,000 appointments a month. This is almost 80,000 appointments per month more than pre-pandemic.
- Excellent progress has been made in Self-referral pathways: adult audiology went live in 2024 and now Physiotherapy/Musculo-skeletal and weight management pathways have been developed. About 4,000 self-referrals are made each month.

## Reduced waits for patients awaiting cancer diagnosis

- Achieved 78.6% for the 28-day Faster Diagnosis Standard performance in March 2025 which is above the 2025/26 Operational Planning target of 75%.
- Achieved 69.5% of patients received first definitive treatment within 62-days of referral, narrowly missing the 70% target.
- We are the 8th highest performing area for cervical screening coverage in England.
- Lower gastrointestinal (GI) Urgent Suspected Cancer referrals accompanied with a FIT (faecal immunochemical test) remains consistently above the 80% target and 2nd highest in the Midlands.

## Better adult learning disability care in the community

- 77.9% of people with learning disabilities received an Annual Health Checks.
- LeDeR reviews performance metrics continue to exceed national and regional performance, demonstrating that people with learning disabilities and Autism are supported in the community rather than inpatient care.

## Positive impact on reducing health inequalities

- 5,000+ reached with essential prevention services in the most underserved communities (vaccinations, health checks, screening and early cancer referrals).
- HWICB exceeded the 90% eligible referral target into the NHS Digital Weight Management Programme with 2,384 eligible referrals (95%).

## Recovering diagnostic and elective services

- As of March 2025, there are 1464 people waiting longer than 52-week, this is less than the system Operational Planning target. We will continue to work on eradicating these long waits in 2025/26.
- HWICS continue to be one of the highest performing ICB for Value Weighted Activity in elective care at over 135%.
- Waiting times longer than 13-weeks in Audiology achieved a 58.9% reduction in the number of people waiting. Pathway mapping and improved triage processes have led to this improvement.
- The percentage of people seen for diagnostics within 6-weeks reached 81.1% in March 2025, better than the average national average of 81.9%.

## Better access to urgent and emergency care

- Both WVT and WAHT have improved emergency access standard (EAS) as of March 2025, with a system level of 65.4%.
- Ambulance Category 2 mean response time achieved less than 30 minutes as at February 2025. The performance throughout 2024/25 was better than 2023/24.
- Launched less than 45-minute ambulance handover protocol in March 2025 to improve on the timeliness of the handovers from ambulances to Emergency Departments.

# 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 10% for staff in the NHS and 26% of staff in social care. Vacancy rates range between 7% -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 300 nurse vacancies across the system (200 in the NHS and 75 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 fluctuate at around 5.5% across the NHS organisations with mental health being cited as the main cause. That said, Staff engagement has improved over the last year and is in the top third of NHS organisations across the Midlands.

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 spend on agency staff in 2024/25 being over £50m and accounting for 6.2% 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 2024, 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 over 70% of the 1,679 people reviewed were being cared for in the right care setting – if an optimal balance between capacity, demand and flow efficiency was achieved. Showing there is a significant opportunity to improve processes and re-balance capacity across care settings, to deliver optimal outcomes.

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.

The ‘Building a Sustainable Future’ programme, a medium to long term transformation programme has been developed following a workshop with Senior Leaders in 2024/25 where a range of challenges from clinical sustainability, quality and safety, financial and strategic changes programmes were discussed.

# Strategic Context - Operational performance - Priorities for year 3, 2025/26

## Reducing backlogs and long waits for elective care

- Improve the percentage of patients waiting no longer than 18 weeks for treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5%-point improvement
- Improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 72% nationally by March 2026, with every trust expected to deliver a minimum 5%-point improvement
- Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list by March 2026

## Reducing long waits for cancer care

- Improve performance against the headline 62-day cancer standard to 75% by March 2026
- Improve performance against the 28-day cancer Faster Diagnosis Standard to 80% by March 2026

## Improving access to primary care services

- Improve patient experience of access to general practice as measured by the ONS Health Insights Survey
- Increase the number of urgent dental appointments in line with the national ambition to provide 700,000 more



## Reducing waste and improving productivity

- Deliver a balanced net system financial position for 2025/26
- Reduce agency expenditure as far as possible, with a minimum 30% reduction on current spending across all systems
- Close the activity/ WTE gap against pre-Covid levels

## Improving safety and reducing health inequalities

- Improve safety in maternity and neonatal services, delivering the key actions of the of the 'Three-year delivery plan'
- Reduce inequalities in line with the Core20PLUS5 approach for adults and children and young people
- Increase the % of patients with hypertension treated according to NICE guidance, and the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance

## Improving mental health and learning disability care

- Reduce average length of stay in adult acute mental health beds
- Increase the number of CYP accessing services to achieve the national ambition for 345,000 additional CYP aged 0–25 compared to 2019
- Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, delivering a minimum 10% reduction

## Reducing long waits for urgent care

- Improve A&E waiting times, with a minimum of 78% of patients admitted, discharged and transferred from ED within 4 hours in March 2026 and a higher proportion of patients admitted, discharged and transferred from ED within 12 hours across 2025/26 compared to 2024/25
- Improve Category 2 ambulance response times to an average of 30 minutes across 2025/26

# Strategic Context – Workforce - Creating a sustainable inclusive workforce

Building on the improvements of 2023/24, we have delivered a range of outcomes in attraction, retention, leadership and potential, the ICS Academy and culture and inclusion. We have also refocussed our efforts so that we can use these key 'workforce enablers' to help to alleviate some of the system challenges as well as to support the transformation work.

Another successful year of recruitment has reduced the number of vacancies across our NHS Providers. Each organisation has their own recruitment programme and there has been a system-wide attraction programme. Most of the NHS Trusts have recruited key posts in Nursing and Midwifery and are now managing turnover. We have commenced work on the NHS Universal Family Care Leaver Covenant Programme which will enable us to attract and recruit into our entry level vacancies. This is to tackle health inequalities, especially within under-represented groups, support workforce pipelines into both NHS and Social Care entry level roles/careers and to support the delivery of our Diversity and Inclusion objectives.

Turnover has been reduced through a range of mental health and wellbeing programmes delivered across the system. A combination of retention programmes, more flexibility, greater development and a focus on inclusivity has led to a greater number of people choosing to stay within the NHS. This is borne out in some strong engagement survey results for 2024.

In line with the NHS Long Term Workforce Plan, we have developed a shared workforce vision focused on providing opportunity for both existing and newly hired staff. To address our workforce challenges we have adopted a Grow Our Own approach to encourage local people into the system and are supporting them to stay through career and leadership development programmes. We have developed a shared approach to growing future nurses to mitigate against potential high levels of retirement over the next five years. This has been accomplished by working together to maximise the potential of our education providers and the new Three Counties Medical School. This work has allowed us to retain our staff through organisational support and crucially, prepared us to review and reform how services are delivered when workforce is not available.

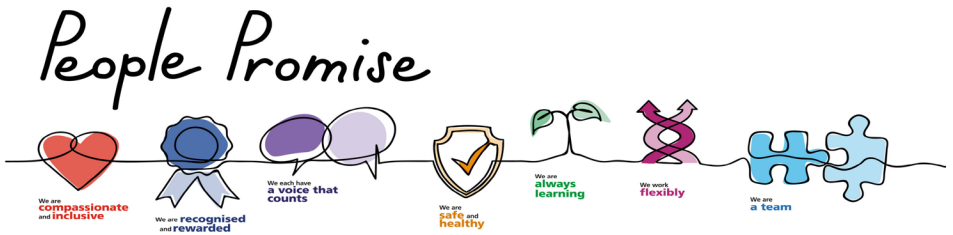
The collaborative and innovate work of the ICS Academy continues through the work of the faculty groups who meet as professional groups to share their workforce challenges and best practice. In 2024/25 the Healthcare Science faculty has improved connection between Herefordshire and Worcestershire teams and are now working together on career pathways and targeted recruitment activities in their field. The AHP faculty has worked to produce a fair share model for student placements. This will help to ensure that AHP students have a good placement experience. The Pharmacy faculty produced a workforce strategy and associated delivery plan. The VCSE faculty resumes in April 2025 with a new focus on workforce training and development. In 2025 a new Psychological Services Faculty will also be created and the Medical Faculty will expand to include Dental.

Training and development courses and resources offered through the ICS Academy Exchange continue to grow, supporting the ICS workforce to pursue their careers. Resources include career conversations supporting documents, career pathways in multiple fields, project and change management and the new ICS Leadership behaviours. A range of ICS wide course offers have also been advertised or booked through the ICS Academy Exchange including Mary Seacole Leadership Programme, QSIR, Reasonable Adjustment Digital Flag and Oliver McGowan which are easily accessible and popular.

During 24/25 we have co-designed and agreed our ICS Leadership Behaviours describing how we will all engage with each other when we are working across the system – these are Open, Inclusive, Courageous, Compassionate and Innovative. We launched the System Leader Connect programme, to engage and develop our senior leaders in effective system working with a key focus on building relationships. We have also expanded development support and capacity available to support the system and its leaders - including a cohort of new 360 feedback facilitators, a group of wider team and change facilitators and development opportunities to support our qualified coaches.

All NHS organisations have worked hard on to deliver an improved experience by delivering their people promise plans. The 2024 survey showed a positive shift in compared to 2023 demonstrating the impact of these efforts. All four NHS organisations have put a real focus on creating happy, safe and engaging places of work and the ICS has moved from the bottom half in the Midlands region to the top third on most of the indicators. A happy and engaged workforce will typically perform better and offer discretionary effort where it is needed so intrinsically linked to improvements in performance, and so, by extension an improved experience for the people who use their services.

In September 2024, we held our inaugural 'Big Inclusion Conversation' conference, where colleagues from across the system came together to celebrate our successes and plan our future work. At the event we launched 'Making Inclusion a Reality', our 5-year Culture and Inclusion strategy for the system and our new Active Bystander programme. We have now trained 18 facilitators who will deliver the Active Bystander programme across the ICS in 25/26.



# Strategic Context – Workforce – Addressing our challenges

Workforce availability in some specialisms remains a key challenge for the system. Some of these are being covered by medical locums which can impact service delivery to patients. There is limited international recruitment and so we will work with the faculties and through direct engagement to understand the attraction and retention challenges for the different areas.

Our strategy is to grow-our–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.

Providing a good placement experience is vital to 'grow our own' particularly for Nursing, Midwifery and AHP students. An exercise to map the clinical student placement provision from NHS Trust and PCN providers and the allocation of students from different universities is currently being undertaken to find where more placements could be offered.

Targeted attraction of Health Care Assistants, Health Care Support Workers and Care Workers through marketing and promotional material provides a pool of entry level staff in short supply and where we compete with other local employers such as retail. We are also developing pipelines to ensure a sustainable route in for hard-to-reach groups and hard-to-fill vacancies.

Wellbeing, resilience and change management are an important focus for retention, enabling our people to navigate what appears to be a challenging period of change and transformation.

We will also work closely with our Transformation Programme – Building a sustainable future – as a key enabler we will work with leads to establish the workforce requirements of the different workstreams to enable change to support key priorities, including the three shifts (Hospital to community, treatment to prevention, analogue to digital).

System leader connect will have an eye to the future – ensuring that we have a succession plan for our senior leadership drawn from our aspiring, talented, local leaders.



## Medical Staff

- Medical 'faculty' working together with TCMS to increase the number of trainees across the system.
- Working with Worcester University to ensure student placements do not limit student numbers.
- Devising new approaches to attraction, including bespoke packages, new advertising campaigns and a focus on clinical leadership support
- Target challenging vacancies through apprenticeships and grow our own initiatives
- Promote and use career pathways to case studies and opportunities

## Clinical Support and Social Care

- Growing numbers of Health Care Assistants and Health Care Support Workers through targeted outreach.
- Improved promotional material to attract those New to Care including online presence.
- Develop pipelines for employment through the universal family scheme and similar programmes.
- Explore cadet/T-level and BTEC routes into this workforce
- Leadership and management resources to aid retention
- Establish a process to share apprenticeship levy to allow more social care providers to benefit from it.

## Pharmacy

- An innovative approach to attraction based on engagement with colleges in 2024
- Increased use of pharmacy apprenticeships
- Development and promotion of career pathways, talent and succession plans.
- Maintain and support the work of the pharmacy faculty.

## Mental health nursing

- Engagement with the sector to understand attraction and retention challenges
- Target areas of high vacancy for apprenticeships.
- Outreach events targeted to Sixth Form and local colleges that offer relevant courses, and targeting regional universities with proximity to Worcestershire that have students qualifying in Mental Health Nursing in March 2026
- Agreed talent development offer for mental health nurses.

# Strategic Context – Workforce – Attracting and Retaining People

Healthcare is a rewarding career but it can be stressful. In 24/25, NHS Trust providers have been asked to plan to deliver services with a significant reduction in bank and agency use and whilst reducing the number of non-clinical substantive roles. Retention, reduction in sickness absence and targeted attraction into vacancies that attract locum spend will be vital.

Continuing to maintain nurse capacity through 'grow our own' initiatives such as apprenticeships and other education programmes that ensure supply of critical clinical resources in the system will remain important to mitigate the risk posed by an aging workforce.

This includes 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.

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 providing quick access to Wellbeing support for staff, supported by capable managers, provides the basic cornerstone of retention. Offering 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.

Delivering our Inclusion and EDI strategy means that everyone, regardless of their background will feel 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 is now an established central point for collaborative working on innovative projects to ensure the retention of the ICS workforce. This yea  this has included engagement outreach with local colleges where students participated in focus groups to understand how we can attract their age group into health and social care roles.

In addition, the new research and innovation strategy and the research consortium will be reporting into othe ICS Academy Steering group to showcase the work that is being undertaken and to highlight research as a career development opportunity that will keep high potential staff in our ICS workforce.

We will maintain our ambition to be a great place to work – our cross-system group will continue to meet to share best practice, learning and resources because we are better together – especially as we face into an uncertain period of change.

**Activities to deliver this include:**

- Development of pipelines for employment into entry level roles
- Development of bespoke attraction products to bring in medics to sure up fragile services
- Greater joint planning off the back of the staff surveys (end calendar year)
- Developing career pathways to enhance career ambitions for entry level jobs
- Wellbeing offer enhanced through leadership capability programme
- Improved placement capacity to support clinical education, including T-levels, apprenticeships and grow our own initiatives across the system including in the VCSE and Social Care Sectors.

# Strategic Context – Workforce – Growing our Own and Reforming Services

## Growing and developing our people, teams and organisations

While we will continue to attract people into our system to ensure we can deliver key services, we also want to retain key talent.

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 also developing a suite of resources to support team development to not only enhance productivity and wellbeing but to improve attraction and retention.

We continue to deliver our 'Making Inclusion a Reality' strategy, through improving access to reasonable adjustments through a new Health and Wellbeing Passport for colleagues. We are also working to improve the experience of our neurodiverse colleagues with a 'Neurodiversity Toolkit'. Through the delivery of the Active Bystander programme, we will support colleagues to feel confident to take an early intervention approach to prevent negative behaviours from escalating. This will contribute to improving the health and wellbeing our staff and patients and people who draw on our support to grow a culture of civility and respect.

We link in with regional and national colleagues to develop system wide approaches to succession planning and talent management.

## Activities to deliver this include:

- Development of innovative new roles, drawing upon clinical knowledge
- A joint talent and leadership development offer, available to all providers at ICS Academy, linked to career conversations and pathways
- Delivering our ICS Inclusion Strategy which brings together staff networks, ensuring everyone feels that they have representation
- Roll out and embedding of our leadership behaviours – developed with focus groups from across the system in 2024
- Delivery of our system leader connect programme

## 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.

Workforce is a key enabler for the 'Building a sustainable future programme. This work will focus our activities to those areas of transformation that have been prioritised to address critical need to reform the way services are delivered in Hereford and Worcester within its financial limits.

## 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 integrated, 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 2025/26

## 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, this process resulted in historic overspends being incorporated into financial baselines generating a significant change to the base funding level for H&W ICS.

Going into 2025/26 this the system is now overfunded against fair share target, using the national funding formula by 3.9%. This is consistent with the previous financial year.

## Change in spending pattern in recent years

Growth in spend over this period was seen in all areas, with the exception of running costs. The expenditure for the system includes Pharmacy, Ophthalmic and Dental (POD), as well as specialized commissioning (spec comm). Expenditure continues to grow in acute services, including the nationally allocated deficit support allocations and in continuing care. Growth has been seen in community services and primary care, these are lower than our forward-looking ambitions around a shift upstream to more prevention and out of hospital care, through neighborhood health care. The ambition over the life of the Joint Forward Plan is to change this position.

| Spend Area | 19/20 | 25/26 Plan | Change | |
|---|---|---|---|---|
| Acute | £559.2m | £1,032.6m | £473.4m | 85% |
| Mental health | £110.5m | £176.0m | £65.5m | 59% |
| Community Services | £130.0m | £215.6m | £85.6m | 66% |
| Continuing Care | £68.0m | £119.4m | £51.3m | 75% |
| Primary Care | £147.1m | £213.1m | £66.0m | 45% |
| Primary Care Prescribing | £125.6m | £163.5m | £37.9m | 30% |
| POD (Delegated) | £0.0m | £76.8m | £76.8m | 100% |
| Spec Comm (Delegated) | £0.0m | £167.8m | £167.8m | 100% |
| Other Programme | £22.3m | £24.3m | £2.1m | 9% |
| Running costs | £16.3m | £11.1m | (£5.2m) | (32%) |



## The 2024/25 financial outturn

The original financial plan for 2024/25 was for a £79.9m deficit, before the inclusion of national deficit support to get the system to a balanced financial plan. Whilst the plan was not without financial risk in a number of areas, these were mitigated in-year across the system. Subject to external audit at the time of updating this document, the system has reported a balanced position for the year as shown in the table below. Efficiency delivery was slightly lowered than planned and whilst agency expenditure reduced from previous levels it was still above the plan agreed. Both areas were mitigated through non-recurrent financial opportunities.

## The Plan for 2025/26

The system financial plan for 2025/26 has been agreed with NHS England at breakeven, in line with NHS England planning requirements. The position includes £73.2m of national deficit support monies. The plan includes a challenging efficiency requirement of £133.1m (6.1%), and a further reduction in agency expenditure to a maximum of £36.2m. Financial risks within the submitted plan have a level of identified mitigations but, the largest areas unmitigated relate to efficiency savings required. Management plans for both efficiency and financial risks are continually being developed. The table below sets out the plans for each organisation.

| Surplus / (Deficit) | Integrated Care Board | Worcs Acute | Health and Care Trust | Wye Valley | ICS Total |
|---|---|---|---|---|---|
| 24/25 plan (deficit) | +£8.8m | (£57.3m) | +£0.0m | (£31.4m) | (£79.9m) |
| 24/25 out-turn (deficit) | +£11.3m | (£5.7m) | +£0.0m | (£5.6m) | £0.0m |
| 25/26 plan (deficit) | +£0.0m | £0.0m | £0.0m | £0.0m | £0.0m |
| **Delivery Plan Requirements for 25/26** | | | | | |
| Efficiency savings | £42.1m | £53.0m | £13.5m | £25.0m | £133.6m |
| % efficiency saving | 1.9% | 6.6% | 4.4% | 6.0% | 6.1% |
| Trust Agency expenditure | - | £22.0m | £6.1m | £8.1m | £36.2m |
| % of Staffing Cost | - | 4.7% | 2.6% | 3.3% | 3.8% |

# Strategic Context – Finance – Building a Sustainable Future and benefits realisation

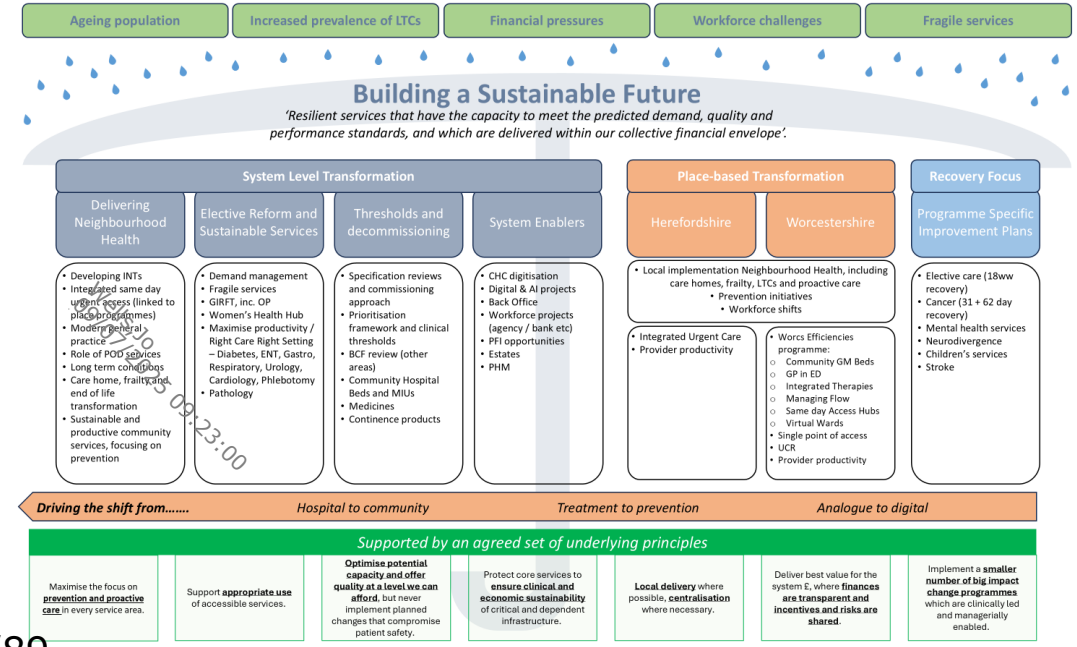
## Building a Sustainable Future

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 recognition of the financial challenges facing the system in 2025/26 and beyond senior leaders, including Clinicians have worked together to develop a programme of work called "Building a Sustainable Future".

The overarching aim of the programme is to enable the delivery of:

*'Resilient services that have the capacity to meet the predicted demand, quality and performance standards, and which are delivered within our collective financial envelope'.*

The 'Building a Sustainable Future' programme, a medium to long term transformation programme has been developed following a workshop with Senior Leaders in 2024/25 where a range of challenges from clinical sustainability, quality and safety, financial and strategic changes programmes were discussed.




The Building a Sustainable Future programme forms the backbone of the system responses to meet the medium-term financial challenges, to deliver the predicted increase in demand, delivered within allocated budget. This supports all aspects of annual and medium-term planning, with a particular focus on the contribution to the Medium-Term Financial Framework.

Key areas of focus for 2025/26 have been agreed through the Building a Sustainable Future Board, chaired by the ICB Chief Executive Officer, and are summarised below:

1. Frailty
2. Elective Reform
3. Releasing time to care
4. Prioritisation of services
5. Population Health Management
6. Public awareness and education

The financial contribution to sustainability of the system is a key part of the detailed transformation plans which underpin the priority areas for 2025/26.

## Benefits realisation

A benefits realisation framework has been developed to ensure that each intervention or initiatives impact can be quantified from an activity and 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.

## Investment Standards

Delivery of the Investment Standards that were developed for 2024/25, and continue into 2025/26, to support the Building a Sustainable Future programme have progressed, following the identification of potential savings. The focus has been on:

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

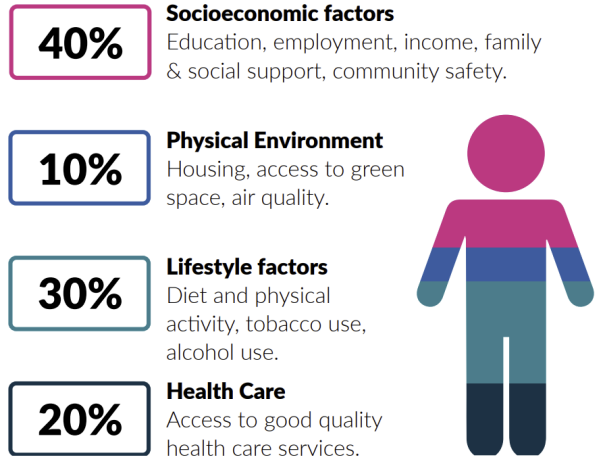
# The core focus

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

# 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:




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.

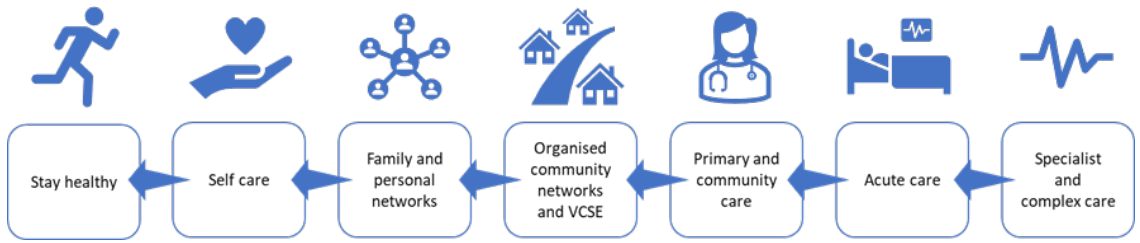
This ambition will also be incorporated in the medium-term financial strategy, 'Building a Sustainable Future'.

## 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 undertaken in 2022, 2023 and 2024 identified that around 25% 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.

# Understanding the issues and opportunities around "optimal care settings" – The Point Prevalence Audit

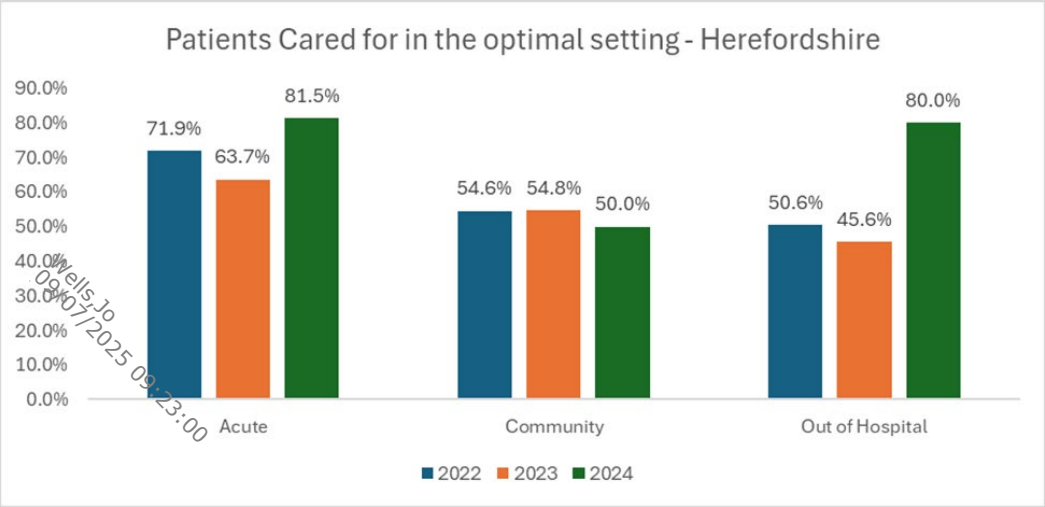
## The Point Prevalence Audit

In September 2024 the system wide **Point Prevalence Audit** was conducted to assess the extent to which people in the health and care system are cared for in the most optimal care setting for their needs at the time. The audit, which replicated the method from 2022 and 2023 looked at 1,679 people across 103 care settings – including acute beds, community beds, discharge pathways and other home-based care such as community teams and virtual wards. The study showed that around 70% of patients audited were in the right care setting.

The charts below provide an overview of the shift in % of patients being cared for in the most optimal setting across the last three years.

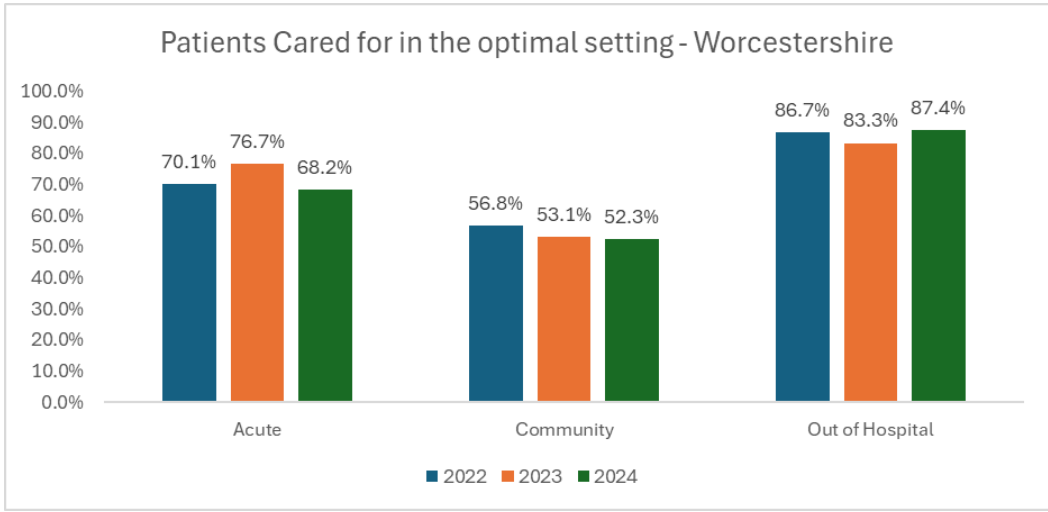
## Percentage of patients in the optimal care setting for their needs at the time

There were some notable changes to the results in PPA 3 compared to previous years, in particular in relation to Herefordshire's results. There were a far higher proportion of patients assessed as being in the right care setting in both acute beds and out of hospital care. However, there was very little change in the position for community hospitals.






In Worcestershire the position was similar for community hospitals and there was some slight improvement from an already high baseline for out of hospital care. However, there was a fall in the proportion of patients deemed to be in the right care setting in acute beds.




## Opportunities to optimise care settings – the balance between hospital and community

The opportunity to realise the government policy ambition to see a shift from Hospital to Community can be seen most clearly in the use of community hospital beds. Across both counties, in all three years, no audit has shown that more than 60% of patients are in the optimal care setting for their needs at the time.

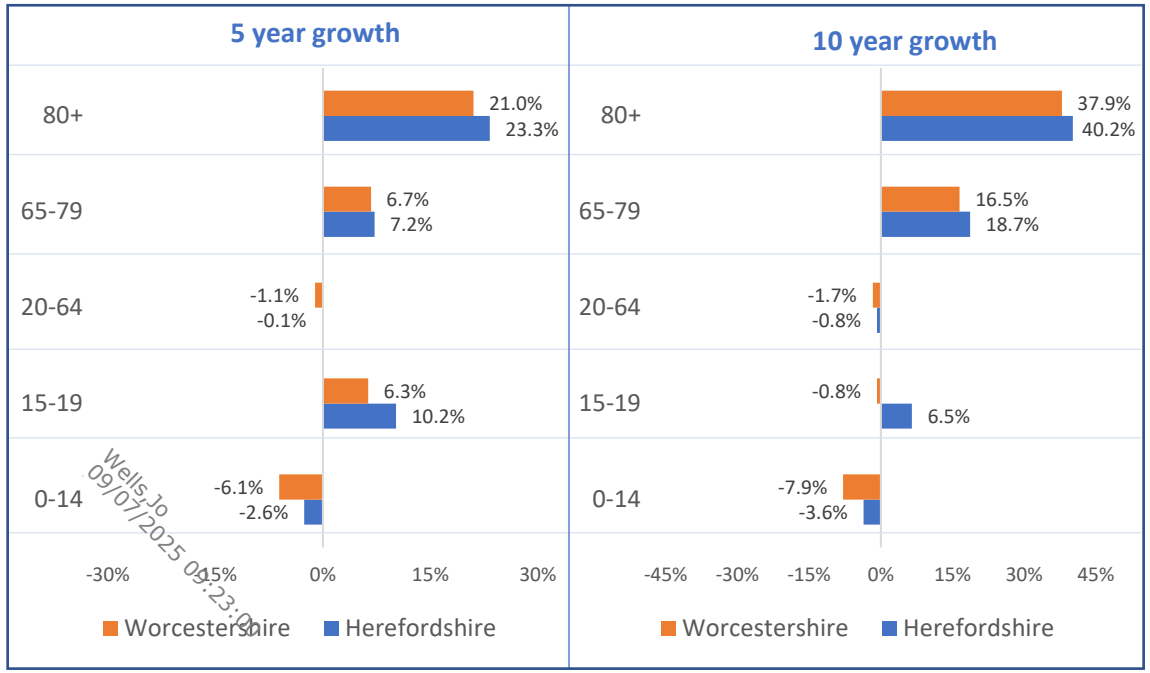
Creating additional capacity in home-based discharge pathways, accessing more capacity in domiciliary care and in residential / nursing homes would enable the system to operate more efficiently and effectively with fewer community hospital beds than are currently in use. The system will seek to address these opportunities through the Building a Sustainable Future Programme. This can be seen in the strategic demand and capacity modelling, described on the next two pages of this document.

If you would like to access further detail, you can do so here: Best Value Care in the Right Setting Update 2025

# Developing a better understanding of future demand and capacity requirements

The final element in the strategic planning work to support the development of the JFP has been the development of a system wide **strategic demand and capacity model**. The point prevalence audit results indicated that there is a mismatch between demand and capacity; which ultimately leads to people being treated in care settings that are not optimal for their needs, frequently at higher cost to the system. The first phase of the demand and capacity model work has been to quantify the future impact over 5 years of not optimizing the provision of care. The second phase of the work, to be conducted during the first 3-6 months of JFP implementation will be to model the potential solutions to mitigate that growth in demand.

**Population growth:** Population numbers are forecast to grow most in the older age groups in the population – more than 20% over 5 years and nearly 40% over 10 years for people aged 80 years or more.






**Likely Impact on Frailty Demand:** Whilst age alone is not an indicator of future health demand, it does provide a basis for calculating likely levels of frailty that services are likely to be responding to. Initial model projections suggest the following impact:

| Frailty Risk Category | 10 Yr impact – Herefordshire | 10 Yr impact – Worcestershire |
|---|---|---|
| No frailty score | +21% | +21% |
| Low score | +19% | +17% |
| Moderately low score | +28% | +27% |
| Moderately high score | +33% | +32% |
| Highest score | +36% | +38% |

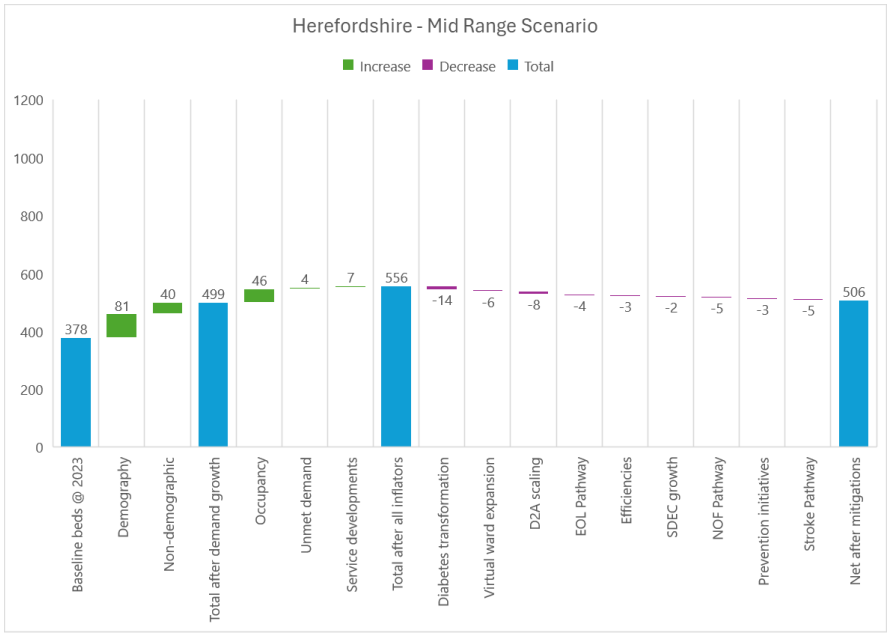
**Unmet demand:** The model calculates the impact of unmet demand (such as people waiting in ambulances or on trollies in A&E that would be admitted if beds were available). However, they are often cared for in unconventional settings for their whole hospital stay.

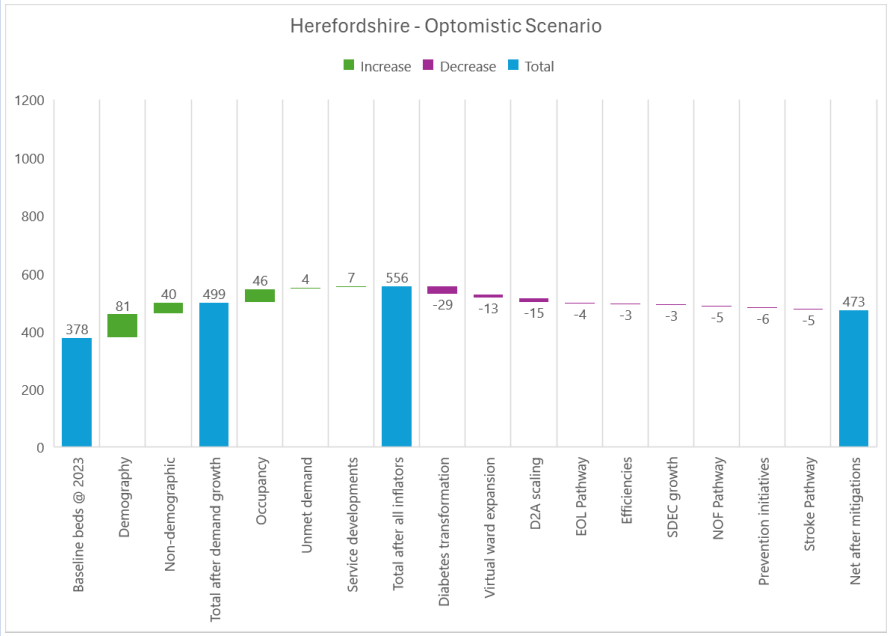
**Sub-optimal flow:** The model also calculates the impact sub-optimal flow on projected future bed numbers. There are two main mitigations to this, one of which is increasing the size of the bed pool to enable better flow, the other is to optimize practice to ensure that patients are only admitted when necessary and don't have any delays to their discharge.

**Initial aggregate demand impact**: Bringing together all aspects of growth, the draft model indicates future demand growth that will need to be mitigated by actions to be delivered under the JFP is an additional 274 beds.

| Aggregate acute bed requirement in 10 years under the do nothing scenario | Acute Bed Impact | |
|---|---|---|
| Baseline beds | 1,229 | |
| Demographic growth | +236 | |
| Non-demographic growth | +129 | |
| Measure of un-met demand | +8 | +311 |
| Impact of sub optimal flow | +83 | |
| New service developments | +28 | |
| Mitigations, efficiencies and transformation programmes | -123 | |
| Net ten year bed requirement for acute care | 1,540 | |

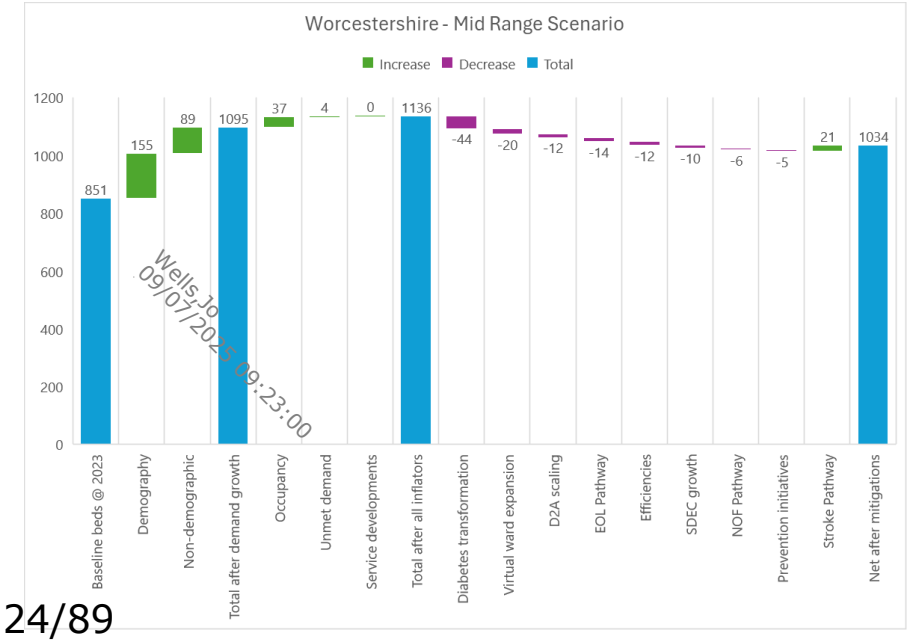
# Developing a better understanding of future demand and capacity requirements – modelling the mitigations

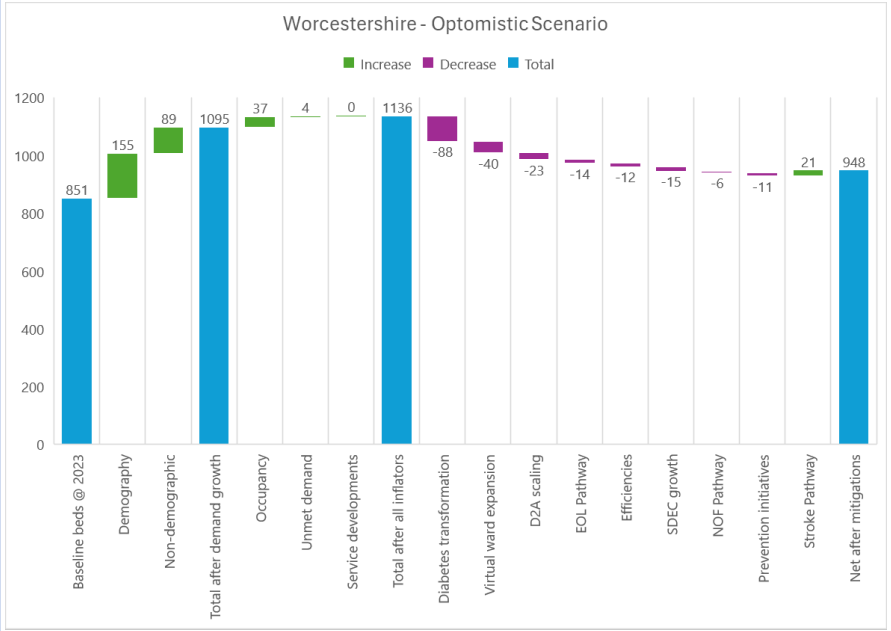



## Herefordshire

- **Mid-range scenario** bed requirement by 2033 grows from 378 beds to 506 beds (+128).
- **Optimistic scenario** bed requirement by 2033 grows from 378 beds to 473 beds (+95).
- **Occupancy improvement** calculation is equivalent to 46 beds.
- **Unmet demand** metric is equivalent to 4 beds.
- **Mitigations**: The biggest mitigation opportunities are diabetes transformation and D2A pathways.




## Worcestershire

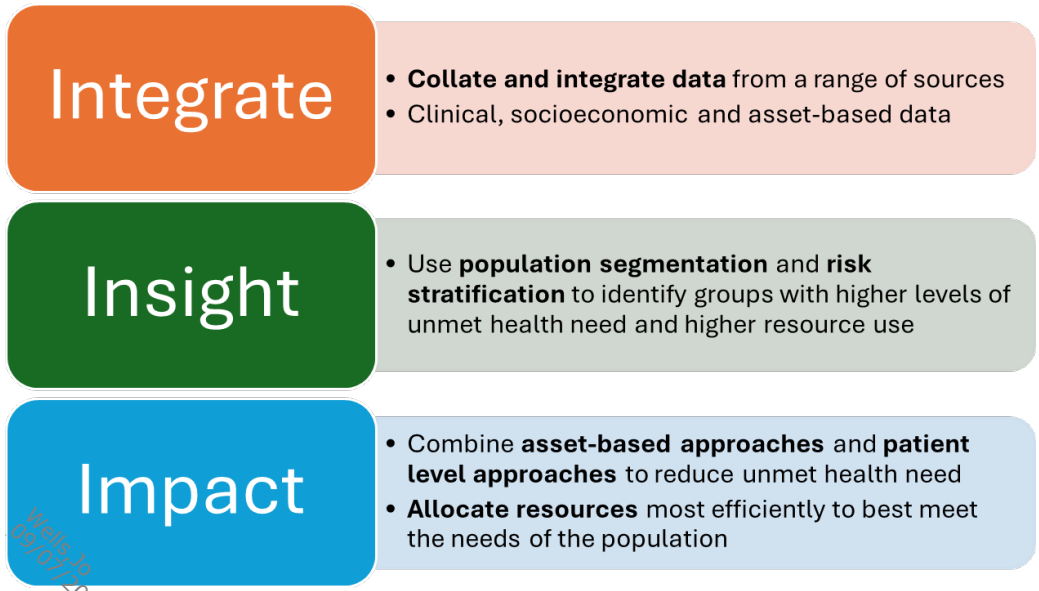
- **Mid-range scenario** bed requirement by 2033 grows from 851 beds to 1034 beds (+183).
- **Optimistic scenario** bed requirement by 2033 grows from 851 beds to 948 beds (+97).
- **Occupancy improvement** calculation is equivalent to 37 beds.
- **Unmet demand** metric is equivalent to 4 beds.
- **Mitigations:** The biggest mitigation opportunities are diabetes transformation and virtual ward scaling.

# Population Health Management - Supporting the shift upstream to more prevention and best care in the right setting

**Introduction**

Population Health Management or PHM is for everyone working in integrated care. All ICS Partners working together to improve population health by data driven planning and delivery of proactive care to achieve maximum impact with the resources available, alongside the demand and capacity modelling described above.

PHM is a key strategic enabler delivery of the core areas of focus (Appendix 1) and the cross cutting themes (Appendix 2). PHM is not a new concept and is something that system partners already do. However. it is only at its most effective when both aspects come together and are tackled as part of a single coherent plan. In essence, PHM has three major components to it:






Population Health Management is a key enabler and sits within the **Building a Sustainable Future programme** as a key enabler. This includes both short and long-term activities. During 2024/25 the neighbourhood health accelerator sights tested the concept of integrated neighbourhood teams. Learning from this is being fed into the development of Neighbourhood Health activities. Increasing deployment of PHM is key to the successful delivery of this programme.

**What next?**

The ICB will facilitate the development and deployment of a of a system wide Population Health Management **Strategic Implementation Plan** during 2025/26, this will include:

- Taking astrength based approach, building on good practice where PHM tools and techniques are already being deployed.
- Identifying a clear leadership and programme delivery structure, brining together information, clinical and strategy capabilities.
- Endorsing a clear vision of PHM as an iterative evolution towards a new operating model to guide the change over a 5 years period.
- Calculating the return-on-investment time to support the shift upstream to prevention and enable Developing a community driving adoption, spread and sustainability via use cases choices, and building a movement.
- Developing a PHM infrastructure and analytics capability – including a clear road map linked to the wider analytics development plan.
- Developing an approach to linked data sets – including the required information governance agreements within a clear road map linked to the refreshed digital strategy.
- Building on the governance platform established through the Analytics Board and Health Inequalities, Prevention and Personalisation (HIPP) Programme Board.

**How will we deliver?**

Developing a robust Strategic Implementation Plan for Population Health Management is a central tenant of the shift upstream to prevention and will therefore become a key corporate project in 2025/26. Learning will be drawn from the national PHM Academy with opportunities to learn from other systems as well as from within Herefordshire and Worcestershire, focusing on the development of infrastructure to integrate data, draw insights and develop impactful changes to deliver improved outcomes for the comr

A system based PHM Steering group is being established to oversee the Development and delivery of the PHM Strategic Implementation Plan. This group will drive delivery, support shared learning and seek to mitigate Any risks to delivery of the plan.

# Engagement Approach

# Developing the Joint Forward Plan – Engagement approach

As a health and care system we are committed to close working with individuals, communities, partners and wider stakeholders. In developing the **structure and content** of our second Joint Forward plan, we have built on existing insights from recent engagement, these include:

- **The HW Integrated care strategy : 3 phases of engagement** - A thematic review of relevant existing patient and public engagement undertaken over the last two years. Extensive stakeholder engagement and broader feedback following the publication of the draft integrated care strategy.
- **Joint forward plan insights** – Complimenting the Integrated Care Strategy engagement, narrowing the scope to focus in on health services in line with the NHS Long term plan.
- **Specific engagement** – With NHS partners, including the 3 NHS Trusts, General Practice representatives and the Integrated Care Board.

The engagement strategy for the JFP recognises the benefit of aggregating together information from various sources and using this as a basis for filling in gaps in knowledge. The table below describes some of the engagement that has been undertaken by the ICB in partnership with providers:

| Engagement activity – 2024/25 included... | |
|---|---|
| • Quarterly voices report produced and published, including engagement Accessible information<br>• Autism (Adults)<br>• Cancer – Macmillan Cancer Inequalities Project, Cancer – Patient Experience Survey<br>• Diabetes<br>• Frailty<br>• Complaints, Concerns and Compliments<br>• Mental Health<br>• Menopause | • NHS 10 Year Plan<br>• Palliative and End of Life Care Strategy<br>• Public Perceptions of Health and Social Care<br>• Stroke<br>• Urgent and Emergency Care<br>• General Practice<br>• Long Term Plan<br>• Maternity<br>• Engagement on communications for ICB communications & engagement framework |

In addition, these specific engagement activities there are various ongoing programmes of engagement with patient representatives engaging in meetings and specific activities.


## Engaging individuals and communities

You can find more detail in **Appendix 2: Key enablers**, about our commitment to early engagement and ongoing dialogue with people and communities. You can also find out more about our wider system approach to engagement in our **ICS Engagement Strategy**.

Involvement opportunities are made available here:

**https://www.hwics.org.uk/get-involved/involvement-opportunities**

The Joint Forward Plan is owned equally by the ICB, the three NHS Trusts and the two General Practice Organisations that operate across the system. This joint ownership means that we can work together to support effective engagement and evaluation of delivery throughout the life of the plan.

Engagement insights will be used to develop programmes and also to evaluate their effectiveness. With the publication of the Joint Forward plan being an opportunity to share the core areas of focus for the system over the next few years. This should make it easier for local people to understand where change and improvements are being made and to get involved.

## Next steps

- Opportunity to feedback and get involved in more in-depth engagement for specific clinical services pathways
- Embedding engagement insights into the delivery of the core strategic intent: ***"Driving the shift upstream to more prevention and best care in the right setting"***

# Implementing the Joint Forward Plan

The implementation approach for the Joint Forward plan is now embedded in the infrastructure outlined at the beginning of appendix 1. This also reflects the landscape in terms of strategies and plan:

- **NHS System operational plan for 2025/26** - This outlines the key operational delivery priorities for healthcare during the third year of the Joint Forward Plan.
- **The Integrated Care Strategy for 2023-2033 –** This brings together a broad range of partners across the Integrated Care System, around a shared vision for improving health and well-being for everyone and three key priority areas.
- **Worcestershire Joint Local Health and Wellbeing Strategy** – This identifies a key priority focus on Good Mental Health and Well Being, supported by healthy living at all ages; safe thriving and healthy homes, communities and places; quality local jobs and opportunities.
- **Herefordshire Joint Local Health and Wellbeing Strategy** – This identifies two key priorities of Providing the Best Start in Life for Children's" and "Mental Health and Wellbeing", supported by six enablers: access, living and ageing well, good work for everyone, supporting those with complex vulnerabilities, housing/homelessness, reducing carbon footprint.

The Joint Local Health and Wellbeing Strategies and the Integrated Care Strategy provide the long-term frame, with the Joint Forward Plan translating this into NHS focused medium-term delivery priorities; and the Operational Plan focusing in turn establishing the annual priorities.

## Year 3 implementation focus

During the second year of implementation there are two main streams for the Joint Forward Plan:

- **Stream 1:** Developing and implementing the opportunities for **driving the shift upstream to more prevention and best value care in the right setting** maximising on the three shifts, expected within the NHS 10 year plan. Delivered through Population health management, evidence based decision making increasing the provision of pro-active care.
- **Stream 2:** Continued delivery of the year 3 priorities for the **core areas of focus and cross cutting themes** building on what we have delivered in year 1.

There is a significant role for existing programme boards with the system governance structure to develop, align content and instil ownership of delivery of the plan from the outset.

**Stream 1:** Developing and implementing the opportunities for **driving the shift upstream to more prevention and best value care in the right setting** maximising on the approach to Population health management, evidence-based decision making increasing the provision of pro-active care.

| Stream 1: Driving the shift upstream to more prevention and best care in the right setting. | Phasing |
|---|---|
| Development of Building a sustainable future programme on Neighbourhood Health | 2025/26 |
| Drive the shift from Treatment to Prevention through delivery of key prevention programmes, including implementation of the Population Health Management Framework | 2025/26 |
| Drive the shift in Acute to Community through implementation of actions outlined in response to the Best Value Care in the Right Setting and Poist prevalence reports | 2025/26 |
| Deliver the Building a sustainable Future priority programmes – System enablers. Including Digital Strategy and Transformation | 2025/26 |

**Stream 2:** Continued delivery of the year 3 priorities for the **core areas of focus and cross cutting themes** building on what we have delivered in year 1 and 2.

| Stream 2: Delivery of year 3 priorities for core areas of focus and cross cutting themes | Phasing |
|---|---|
| Delivery of the year 3 priorities for the core areas of focus: See appendix 1. | 2025/26 |
| Delivery of the year 3 priorities for the cross-cutting themes: See appendix 2. | 2025/26 |
| Ongoing focus on system development, ensuring that mechanisms for collaboration are strong and effective in enabling delivery of the priorities within the JFP. | 2025/26 |

# Joint forward plan – 25/26

# Appendix 1:
# Core areas of focus

This section sets out how the Joint Forward Plan addresses national requirements set out in **the NHS Long Term Plan** and **local priorities** to ensure the NHS makes a positive contribution to improved health outcomes for the population through delivery of high-quality patient centered pathways that are overseen by programme boards across the ICS. This includes a summary of what we have delivered in 2024/25 and what our focus is for 2025/26 and beyond.



**Version: 2025 Refresh, June 2025**

# Delivering High quality, patient centred integrated pathways: INTRODUCTION

There are a broad range of work programmes across Herefordshire and Worcestershire, within place and neighbourhoods. These are established to develop and deliver programmes of work focused on local and national priorities including those set out in the https://www.longtermplan.nhs.uk/.

In this section you will find a high-level summary of year 2 delivery, and the priorities that are developed and overseen at a system level through Herefordshire and Worcestershire ICS Programme Boards.

**Core areas of focus can be found in this document, which include:**

1. Maternity and neonatal care
2. Early years, children and becoming an adult
3. Elective, Diagnostics and Cancer Care
4. Frailty
5. Palliative and End-of-life
6. Learning disability and autism care
7. Mental health and wellbeing
8. Long-term Conditions
9. Stroke care
10. Urgent and emergency care
11. Primary Care
12. General Practice
13. Pharmacy, Ophthalmic and Dentistry
14. Specialised Services

**Cross cutting themes can be found in Appendix 2 and include:**

1. Quality, Patient safety and experience
2. Clinical and care professional Leadership
3. Medicines and pharmacy
4. Health inequalities
5. Prevention
6. Personalised care
7. Working with communities
8. Commitment to carers
9. Support veteran health
10. Addressing the needs of victims of abuse
11. Digital data and technology
12. Research and innovation
13. Greener NHS

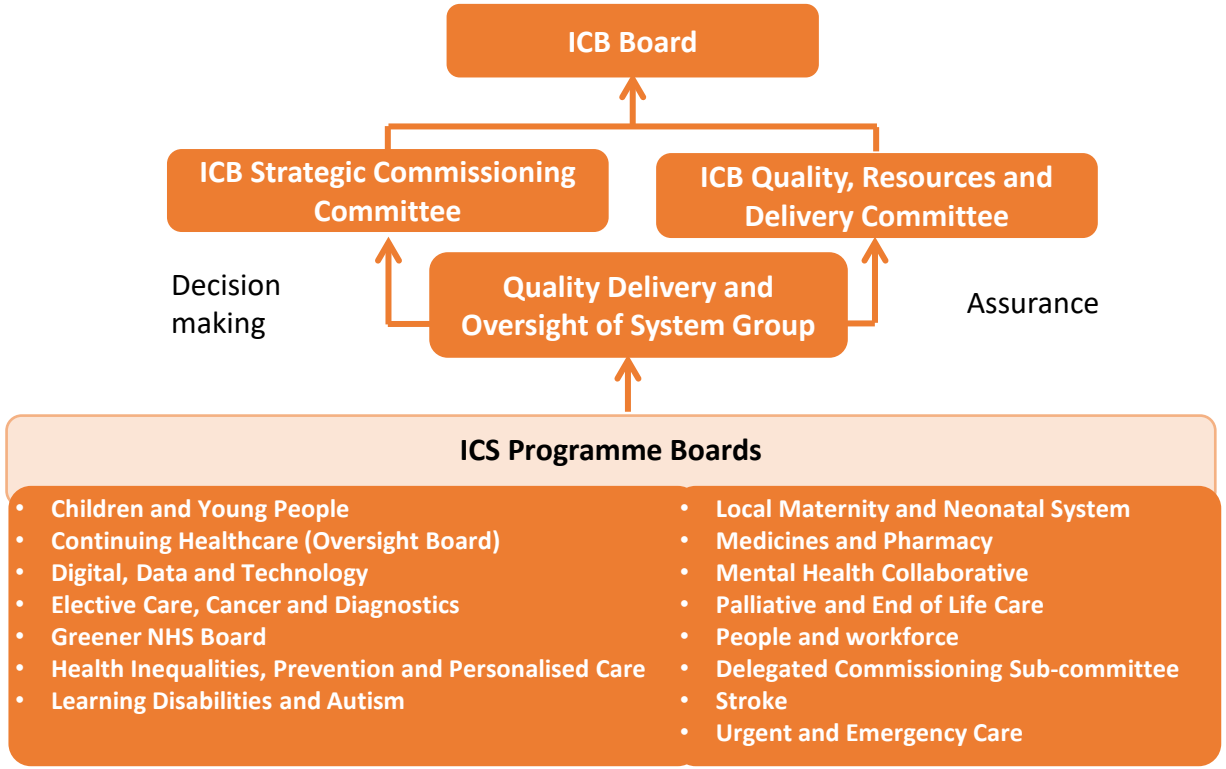
## The role of an ICS Programme Board

The ICS Programme Boards are responsible for overseeing delivery of programmes across Herefordshire and Worcestershire, including the Joint Forward Plan, which will include regular reporting on progress against plan delivery and mitigating / escalating risks to delivery through to the ICB Quality, Resources and Delivery Committee.

The ICS Programme Boards bring together organisations to coordinate and oversee delivery of improvement and transformation activities across Herefordshire and Worcestershire. They are responsible for setting the strategic direction and ensuring that comprehensive delivery plans and monitoring frameworks are in place. Whilst the Programme Boards are not decision-making forums, the governance framework allows timely decision making through the ICB Strategic Commissioning Committee.

## Joint ownership

The membership of each ICS Programme Board represents the key stakeholders engaged in a particular programme area, including NHS and Local authority partners, Healthwatch, networks and alliances and representatives of the patient voice, in addition to operational and clinical staff. The chart below summarises the governance structure.




## Core areas of focus

In this section we answer the following questions for each core area of focus. The programmes of work included will be reviewed and refreshed in the Joint Forward Plan annually.

1. Why this is important?
2. What we are doing
3. What will we deliver and when?
4. Where you can find more detail

# High quality, patients centred services: MATERNITY AND NEONATAL CARE

Theme 1

## 1. Why is this important?

The Local Maternity and Neonatal System (LMNS) vision is to work together to deliver consistent, high quality, safe personalised care that is delivered equitably according to local need.

High quality maternity and neonatal care is essential in ensuring every child across Herefordshire and Worcestershire has the best start in life.

During 2024 we saw an increase in deliveries to 6,315.

- Our smoking in pregnancy rates remain higher than the national ambition of 6%.
- Whilst our initiation of breastfeeding rates were higher than the national average, we know that there are groups within our population where breastfeeding is much lower, and further work is needed to support this.
- Over a quarter of women who booked for maternity care had BMI>30, similar to 2023.

All of these factors contribute to health inequalities and poor outcomes for babies and families. Our LMNS continues to work in partnership to reduce health inequalities and providing safe, personalised, equitable care.

The LMNS consists of Herefordshire & Worcestershire Maternity and Neonatal Voices Partnerships, Wye Valley NHS Trust, Worcestershire Acute Hospitals NHS Trust, Herefordshire and Worcestershire Integrated Care Board, Herefordshire and Worcestershire Health and Care NHS Trust, Herefordshire Council and Worcestershire County Council.



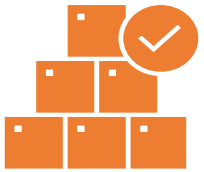
## 2. What have we delivered in our first two years, 2023 - 2025?

- The LMNS completed a 3-year pilot of Perinatal Pelvic Health Services and the service is now commissioned across Herefordshire and Worcestershire. The team have been recognised nationally as an area of good practice.
- The Maternity and Neonatal Voices Partnership (MNVP) has continued to develop, with Neonatal Champion role to ensure the voices of local Families who experience neonatal care are heard. An MNVP strategic role has commenced to enable further capacity for engagement across the system.
- A system led approach has been taken to ensuring our Trusts are compliant with the expectations of the Saving Babies' Lives Care Bundle Version 3. This will have an impact on reducing neonatal and maternal mortality, still births and intrapartum brain injury. The compliance rate for Saving Babies Lives has improved in Worcestershire from 49% in 23/24 to 94% 24/25 and in Herefordshire from 59% in 23/24 to 87% in 24/25.
- The LMNS continues to implement the Perinatal Quality Surveillance model, ensuring that there is trust board and ICB oversight of key factors that impact on perinatal quality and safety, such as staffing, culture and learning from incidents.
- The LMNS has worked with stakeholders to co-produce a strategy that outlines our deliverables and local plans for implementation to align with the NHS England Three Year Delivery Plan. The Digital and Reducing Health Inequalities strategies are being refreshed to ensure a continuous focus on digital innovation and reducing health inequalities, specifically reducing prematurity, access and prevention. The Infant Feeding Strategy was produced in 2024 and monitored through the Perinatal Health and Wellbeing Group.
- The LMNS continues to conduct Perinatal Mortality reviews to ensure shared learning to improve care. This has increased the opportunities for shared learning and external peer review.
- The LMNS programme team has conducted a series of insight visits, supported by NHS England Regional Perinatal team to review quality, safety and culture within our system.
- The LMNS has supported the Trusts to implement the BRAIN pneumonic to aid shared decision making and has funded birth rights and inclusive language training based on feedback from the MNVP.
- The locally delivered Movements Matter campaign highlighted the importance of acting on reduced fetal movements and not using home dopplers. It had a wide reach and social media activity showed a high click rate particularly from men.
- Partnership working within the system has improved through the LMNS Board Development programme facilitated by the Kings Fund, and through collaborative working with our buddy LMNS Coventry and Warwickshire.
- A preconception campaign (in collaboration with Tommy's & C&W LMNS) aimed at reaching more vulnerable groups is launching in March 25, linked to the Womens Health Hubs.

## 3. What are the priorities going forward?

In addition to national priorities, our local shared priorities of the LMNS are:

- Intelligence to identify and act on issues as early as possible
- Prevention and reducing health inequalities.
- High quality, safe maternity and neonatal care
- Listening to local women and birthing people and our staff



# High quality, patients centred services: MATERNITY AND NEONATAL CARE

Theme 1

## 4. What will we deliver and by when?

| Priorities | Deliverables | Year of delivery |
|---|---|---|
| Listening to women and families with compassion | • Enable women to have personalised care through personalised care and support planning.<br>• Provide Perinatal Pelvic Health services that meet the needs of patients.<br>• Enable and empower our Maternity and Neonatal Voices Partnerships to gather intelligence and represent our local families, coproducing maternity and neonatal services. | 2025/26 |
| Growing and developing our workforce | • Develop and implement local evidence-based retention action plans<br>• Deliver supervision, training and support as needed by staff.<br>• Listen to, and act on, staff and student feedback<br>• Continue to facilitate a workforce and culture that supports learning and delivers safe, equitable care. | 2025/26 |
| Developing and sustaining a culture of safety | • Share learning from incidents across the Local Maternity and Neonatal System and learning from incidents at a national and regional level.<br>• Promote positive culture through supportive leadership.<br>• Identify any concerns, raising them early and addressing them.<br>• Improve quality through delivery of the SCORE action plan. | 2025/26 |
| Meeting and improving standards and structures | • Implement national evidence-based guidance such as the Saving Babies Lives' Care Bundle V3 and monitoring local progress against outcomes.<br>• Use evidence-based tools such as MEWS and NEWTT-2 to better detect concerns and act sooner on safety issues.<br>• Make better use of digital technology in maternity and neonatal services through implementing the Local Maternity and Neonatal System digital strategies.<br>• Regular oversight and open scrutiny of intelligence to identify issues, inform learning and improve quality. | 2025/26 |
| Prevention and tackling health inequalities | • Deliver equitable care through the implementation of the LMNS reducing health inequalities strategy.<br>• Improve outcomes through a focus on healthy lifestyles and mental health, from pre-conception through the perinatal period, and understanding and removing barriers to access<br>• Support women and families with multiple complexities during pregnancy/perinatal period<br>• Develop a dashboard to assist understanding of health inequalities, enabling focussed work to reduce Health inequalities. | 2025/26 |



## 5. Where you can find more detail?

There are two active Maternity and Neonatal Voices Partnerships (MNVP) in Herefordshire and Worcestershire, this is an opportunity for members of the public to have a say in how maternity services are run in both counties.

If you would like to get involved please contact:-

hwicb.herefordshiremvp@nhs.net – Herefordshire MNVP
hwicb.worcsmvp@nhs.net- Worcestershire MNVP

# High quality, patients centred services: EARLY YEARS, CHILDREN AND BECOMING AN ADULT

Theme 2

## 1. Why is this important?

- Across Herefordshire & Worcestershire Children and Young People (CYP) represent approx. 19% of our population, with approximately 140,000 0-19 years old (Public Health Profiles 2021).
- Overall, this is a good place to live. There are relatively low levels of poverty and deprivation, and many children and young people are happy.
- For children and young people living in areas of high deprivation or experiencing poverty, there are barriers to accessing services.
- Some children and young people are at the biggest risk of poor outcomes. Including those with additional needs; exposed to family and behavioural risks; or with experience of the care system.
- 14.1% of children in Worcestershire and 12.2% in Herefordshire are living in low-income Families.
- 65% of children achieve a good level of development at the end of reception in Worcestershire and 71.8% in Herefordshire.
- Emotional wellbeing is a cause for concern in 39% of looked after children in Worcestershire and 42% in Herefordshire.
- The prevalence of overweight (including obesity) of children in Reception is 20% in Worcestershire and 25% in Herefordshire.
- Hospital admissions for children aged 0-14 is a rate of 71.9 per 10,000 for Worcestershire and 100.1 per 10,000 for Herefordshire.
- In Worcestershire 3.9 % of pupils have an Education Health and Care Plan and 2.6% in Herefordshire.



## 2. What have we delivered in our first 2 years 2023-2025?

- Development of CYP Health Inequalities pack to support interventions to improve health outcomes.
- Commissioned Lumi Nova, a digital based app suitable for 7-12 year olds to support low level anxiety related mental health issues.
- Undertaken a procurement exercise for emotional wellbeing and mental health services for 0-25 year olds. The service will commence in April 2025.
- Rolled out the national Asthma Care Bundle, delivered a pilot programme of community-based nurse led intervention and support to children at risk of poor asthma control and worked with housing colleagues on environmental factors and schools to support awareness raising and improve pupil attendance.
- Established a 2-year pilot programme of youth workers employed to support young people with long term conditions to transition from children to adults' health services.
- Piloted a psychological therapy programme to assist those children & young people with epilepsy.
- Jointly held transition clinics with adult services for children and young people with diabetes.
- Employed a Designated Clinical Officer for Special Education Needs & Disabilities (SEND) in Herefordshire.
- Agreed additional recurrent funding to support Paediatric therapist recruitment in Herefordshire and in Worcestershire.
- Initiated an evidence-based review of children's therapy delivery across the ICS – transformation in progress.
- Funding provided to Parent Carer Forum, and recruitment of Co-Production officers in Worcestershire to support SEND improvements through engagement and coproduction.
- Engaged with parents, carers and other stakeholders to design a future neurodivergence provision, including assessment and support.
- Engaged in two Local Area SEND Partnership inspections and started to address the improvements identified.

## 3. What are the priorities going forward?

- Development of locality based care pathways, redesigning community services.
- Review the CAMHS service ensuring clinical pathways are evidence based with a defined service specification.
- Continue to deliver the NHSE National Children and Young People's Transformation Programme to meet the commitments in the NHS Long Term Plan, as identified in the delivery plan.
- Enhance preparation for adulthood, recognising the needs of young people with long-term conditions and/ or complex needs.
- Continued engagement in Public Health-led Best Start in Life, particularly in early language and communication skills, as well as early identification and appropriate support of child development (at universal level).
- Continue to improve Special Educational Needs and Disabilities provision, including future model of community health services to address the needs of children and young people and reduction in waiting times particularly for neurodivergence assessments.
- Procure Neurodivergence support service.
- Review of Phlebotomy pathways across the system.

## 4. What will we deliver and when?

| Priorities | Deliverables | Year of delivery |
|---|---|---|
| Asthma - to support CYP with asthma, including diagnosis, care planning, and reducing emergency admissions. | • Co-production and launch of school asthma guidance to support best practice<br>• Develop accreditation of asthma friendly schools in Herefordshire as part of the Healthy Schools programme<br>• Pilot within Worcestershire with the Housing Association to review housing stock where Children and Young People with asthma are identified.<br>• Roll out of resources to support families living with damp and mold, reducing the risk of an asthma attack. | By 2025/26 |
| | • Embed the Asthma Care Bundle, risk stratification in Primary Care, understand & support clinical and CYP training needs<br>• Toolkit for schools including development of training packages including videos for education settings to complement the schools asthma policies.<br>• Develop local pathways of care for early diagnosis of asthma, ensuring appropriate referrals through to secondary care | By 2027/28 |
| Epilepsy - Standardised approach to management of childhood Epilepsy. | • Continued improvement to the capacity of epilepsy nurse specialist support across ICS.<br>• Evaluation of PAVES and Youth Worker projects to support development of options appraisal for provision of psychology and mental health support for Children and Young People with epilepsy. | By 2025/26 |
| | • Identify and embed transition to adult services for children and young people with epilepsy.<br>• Embed pilot projects as business-as-usual | By 2027/28 |
| Obesity – to support a reduction in overweight and obese children across ICS. | • Obesity / Health Weight Summit as part of the Integrated Care Partnership Assembly to develop system wide strategy<br>• Incorporate and embed CYP into the system wide Obesity strategy.<br>• Pilot Social Prescribing/Coaching roles to take a Whole Family Approach | By 2025/26 |
| | • Hard-to-reach CYP & Family's at risk of obesity & in areas of deprivation, are supported to access & shape support to address barriers to lifestyle changes. | By 2027/28 |
| Diabetes - Reducing inequality and variation in outcomes. | • Evaluation of youth worker pilot<br>• Further investigation and implementation of technology with individuals affected by health inequalities. . | By 2025/26 |
| | • Prevention and education aligning with Obesity workstream and improving care and outcomes for CYP living with type 2 diabetes. | By 2027/28 |

# High quality, patients centred services: EARLY YEARS, CHILDREN AND BECOMING AN ADULT

Theme 2

| Priorities | Deliverables | Year of delivery |
|---|---|---|
| Infant Mortality – to reduce the infant mortality rate across Herefordshire and Worcestershire | • Continue to audit Saving Babies Lives V3 compliance<br>• Work as a system within the Perinatal Health and Wellbeing Group to coordinate prevention and transformation work streams feeding into place based Best Start in Life programmes. | By 2025/26 |
| | • Improve systems to identify and support families whose children are at risk of infant mortality due to modifiable risk factors | By 2026/27 |
| Urgent & emergency care | • Develop and embed a robust seasonal illness plan<br>• Further development of the Handi App, adding additional conditions to support self management<br>• Continue to develop common conditions pathway document across both Herefordshire and Worcestershire | By 2025/26 |
| | • CYP are engaged in transition services and effective management of long-term conditions to avoid crisis presentations.<br>• Consistent pathways across the ICS to provide CYP appropriate care in the most appropriate setting. | By 2027/28 |
| Neurodivergence | • Embed CYP components of All-Age Autism Strategy.<br>• Improve timely and appropriate access to services providing support, advice, information, training and interventions across the system. | By 2025/26 |
| | • Improve waiting times for children's Autism and ADHD diagnostic assessments<br>• Raise awareness and understanding of Neurodivergence in CYP workforce.<br>• Implementation of redesigned Neurodiverse pathways<br>• Increase take-up of annual health checks for 14-25 yrs | By 2027/28 |
| Special Educational Needs and Disability (SEND) | • Continued increase in the number of children who are school-ready with appropriate plans in place.<br>• Continued transformation of Paediatric Therapies model of delivery to enhance timely support | By 2025/6 |
| | • Further develop joint commissioning of support & intervention services in both counties.<br>• Improve transition into adulthood<br>• Deliver the SEND improvement plans in both counties (and priority action plan in Worcestershire) | By 2027/28 |
| Address healthcare inequalities to improve outcomes for Children and young people | • Continue to follow the national framework for the Core 20 plus 5 model, developing interventions to address inequalities. | By 2025/6 |

# High quality, patients centred services: EARLY YEARS, CHILDREN AND BECOMING AN ADULT

Theme 2

| Priorities | Deliverables | Year of delivery |
|---|---|---|
| Mental Health and Emotional Wellbeing Transformation Plan. | • Improve timely information, advice, and support<br>• Improve mental health support for 0-25yrs and their families<br>• Enhance pathways to avoid crisis & enhanced community-based solutions<br>• Improved CYP mental health access rates by offering a range of services | By 2025/6 |
| | • Improve mental health services within schools – aligned with the national guidance of MHST's in all schools by 2030 | By 2027/28 |
| Health and Wellbeing of Children Looked After (CLA) | • Review of Looked After Children's Services model in Worcestershire to ensure statutory health assessments for CLA are completed within timeframes and health needs are identified and addressed.<br>• Pilot and evaluation of Initial Health Assessments contracting arrangements<br>• Improve the process & timeliness of Adoption Medicals in Worcestershire.<br>• Increase uptake of vaccinations within LAC across Worcestershire – review of children on the caseload with reduced vaccination status, complete RHA and raise awareness of vaccination<br>• Herefordshire to raise awareness of vaccinations within schools and young people - co-produce promotional materials, raise awareness with engagement. Review of communications sent to parents. Increase HPV vaccine uptake amongst boys | By 2025/6 |
| CYP Community Health Services | • Review and update service specifications for CYP community health services<br>• Review Community Paediatric provision - Capacity and Demand modelling to commence April 2025<br>• Complete review of Children Community Nursing services with particular focus on EoL care in Herefordshire<br>• Implementation of redesign of provision in Therapy Services incorporating 'The Balanced Approach' - universal, targeted and specialist provision.<br>• Provider led review of Worcestershire Child Development Service<br>• Continued development of a universal strand of provision in Occupational Therapy and Physiotherapy with a prevention / early intervention focus. | By 2025/26 |
| | • Embed system adoption of universal, targeted and specialist approach within children community health services linked with development of the Best Start in Life programme with a focus on prevention and Family Hubs<br>• Explore shared workforce opportunities across the system. | By 2027/28 |
| Children's Cancer and planned Care | • Work with NHS across Region to ensure specialist care continues to meet children's needs.<br>• Support & enhance Paediatric oncology shared care unit (POSU) at Worcester Acute Hospital to deliver injection-based outpatient chemotherapy<br>• Develop level 2 Paediatric Critical Care capability at Worcestershire Acute Hospital. | By 2026/27 |



## 4. Where you can find more detail?

Engagement opportunities are circulated through parent carer forums and the ICS communications system.

We listen to the voice and experience of children, young people and Family's facilitated by Action for Children and specific feedback via existing youth forums, compliments and complaints.

*The identified priorities reflect the Place based Children & Young Peoples Plan where regular updates are provided*

*Requests for information can be made to the CYP team at* hwicb.cypteam@nhs.net

# High quality, patients centred services: ELECTIVE, CANCER AND DIAGNOSTIC CARE

Theme 3

## 1. Why is this important?

To improve patient safety, outcomes and experience we must eradicate all long elective, cancer and diagnostic waits for assessment and treatment.

Waiting times remain in a challenged position post-COVID with waiting times being higher than we would like.

Despite having the 2nd lowest referral rate per 1,000 population, demand has increased circa 14% year on year.

The pandemic had a significant impact on planned care services, with access to many elective services paused, limited access to diagnostic tests and a significant reduction in patients being referred with suspected cancer. Demand has now returned to above pre-Covid levels, resulting in many services struggling to manage the levels of demand alongside addressing the backlog of patients that accumulated during the pandemic. This has resulted in patients are waiting longer for the diagnostic investigations, clinical assessment and treatment of cancer and non-cancer conditions.

In addition to recovering services, incidence of many health conditions such as cancer is expected to increase, with Cancer Alliances nationally predicting a 10% year on year increase in urgent suspected cancer referrals.

## 2. What have we delivered in our second year, 2024/25?

- Elimination of elective waits over 104 weeks, and over 78 weeks in most specialties with significant progress towards elimination of 65-week waits .
- Continued good performance against diagnostics targets, although a small number of challenged modalities remain.
- Patient Initiated Follow Up (PIFU) and Personalised Care Follow Ups (PCFU) continuing to be rolled out across a number of specialties enabling more people to self-manage their follow-up pathways.
- Fragile services framework in place with agreed ways of working to increase service resilience and sustainability.
- Utilisation of the Independent Sector Provider accreditation framework to support patient choice and ensure quality of the services delivered.
- Routinely providing access to FIT testing in primary care in +80% of urgent suspected colorectal cancer referrals to enable higher risk referrals to be effectively identified and managed accordingly.
- Robust Getting It Right First Time (GIRFT) programme of work in place across a range of specialties to ensure effective use of resources.
- Consistently performing above stretch target for Specialist Advice.
- Development of common conditions documents to support management in primary care.
- Elective Surgical Hubs live in both Worcestershire and Herefordshire.
- Ongoing development of CDC2 in Hereford City with expected go live summer 2025.

## 3. What are the priorities going forward?

- Continuing recovery of elective, cancer and diagnostic services in line with 2025/26 Operational Planning priorities. This includes achievement of cancer standards, restoring waiting times in diagnostics and reduction in elective waiting times with 65% (or minimum improvement of 5% on 2024/25 performance) waiting less than 18-weeks by March 2026.
- Delivering the priorities identified within the Elective Care Reform guidance including transforming and transitioning services to maximise productivity and improve quality across the elective, cancer and diagnostics pathways, ensuring services are safe, sustainable and accessible to patients, embracing the digital agenda to enable services to modernise through better use of technological developments such as AI.
- Development of guiding principles in Planned Care services on what represents good quality services, working with Healthwatch in Herefordshire and Worcestershire to obtain patient and public feedback.
- Ensuring patient choice is available and offered to patients, whilst also ensuring equity of access to NHS services.
- Ensuring effective integration across services and providers of planned care by adopting a pathway approach to service change and improvements to support earlier intervention and therefore diagnosis.

# High quality, patients centred services: ELECTIVE, CANCER AND DIAGNOSTIC CARE

Theme 3

## 3. What will we deliver and when?

| Priorities | Deliverables | Year of delivery |
|---|---|---|
| Restore waiting times for elective, diagnostics and cancer | • Work collaboratively with all providers locally, regionally and nationally to increase capacity to support elimination of long waiting times across planned care services.<br>• Optimisation of system elective surgical hubs - Alexandra Redditch (WAHT) and Hereford (WVT)<br>• Launch of Community diagnostic centre in Hereford – increase volume of diagnostic capacity Summer 2025<br>• Delivery of 65% (or minimum 5% improvement on current performance) patients waiting no longer than 18 weeks for elective treatment<br>• Delivery of 95% diagnostic tests within 6-weeks. | By 2025/26 |
| Outpatient transformation<br>• Referral Optimisation<br>• Maximise Productivity<br>• Reduction of follow ups<br>• Reduce elective waits | • Delivery of Out-Patient Transformation programme across the ICS to include embedding patient initiated follow up (PIFU), helping put patients in control of their follow up appointments and achieving national requirement (5% discharged/moved to PIFU pathway)<br>• Deliver an appropriate reduction in outpatient follow up activity including use of remote consultations.<br>• Explore opportunity to embed one stop clinics, aligned to diagnostic development of Community Diagnostic Centres (Phase 2/CDC 3).<br>• Ensure optimum use of Specialist Advice to support effective referral management.<br>• Delivery of robust GIRFT and Further Faster programme to maximise productivity and support ongoing reductions in waiting times.<br>• Embed digital support/solutions to support delivery of patient pathways and improved patient experience. | By 2025/26 |
| Improving screening uptake | • Reducing variation in screening uptake in the registered and non-registered populations, and addressing poor uptake in harder to reach cohorts or cohorts with poorer outcomes;<br>• Optimisation of the PCN DES Supporting Earlier Diagnosis – targeting non-responders and hard to reach groups; | By 2025/26 |
| Supporting earlier diagnosis | • Implementation of Lung Cancer Screening Programme (Q4 2025/26) and continuing focus on utilisation of FIT testing in primary care;<br>• Targeting populations at higher risk of developing cancer such as people with learning disabilities and autism;<br>• Implementation of Non-Specific Symptoms pathway;<br>• Offering improved access to liver surveillance in patients with fatty liver disease/ cirrhosis to support earlier identification of liver cancer. | By 2025/26 |
| Implementing Best Practice Timed Cancer Pathways (BPTP) | • Ensuring 5 BPTP are in place across the ICS with a focus on achieving above the 80% 28-FDS standard and delivery of over 75% patients starting their cancer treatment within 62-days;<br>• Undertaking audits in line with national requirements to confirm compliance with BPTP and areas for improvement;<br>• Reducing treatment variation across cancer pathways in line with best practice recommendations outlined in clinical and GIRFT audits;<br>• Transformation and innovation in pathology services | By 2025/26 |
| Empowering patients through personalisation of care | • Optimisation and expansion of Personalised Care Follow-up pathways;<br>• Use of digital technology to support a better patient experience, including use of a Patient Portal to support self-management, electronic End of Treatment Summaries to improve transition of care between secondary and primary care, and improved communication.<br>• Improving support services for patients living with cancer such as delivery of HOPE courses, better access to psychosocial care; | By 2025/26 |

## 3. What will we deliver and when?

| Priorities | Deliverables | Year of delivery |
|---|---|---|
| Understand and address health inequalities in planned care | • Ongoing understanding of inequalities in access, experience and outcomes of care for Core 20, BME populations and Inclusion Health Groups across Planned Care.<br>• Working closely with stakeholders such as Healthwatch to reduce the impact of health inequalities on outcomes in planned care. | By 2025/26 |
| Longer term vision for planned care | • Development of a system wide strategy for planned care based on the 10 Year Plan (and Cancer Plan) due to be published early in 2025. | By 2025/26 |

## 4. Where you can find more detail?

*Regional and national strategies for Planned Care can be found at:*

- Getting It Right First Time
- Home - West Midlands Cancer Alliance (wmcanceralliance.nhs.uk)
- NHS England » Publication of the plan to reform elective care for patients
- NHS England » 2025/26 priorities and operational planning guidance

*Link to the National Cancer Patient Experience Survey:*

- Tell us about your experience of cancer care - National Cancer Patient Experience Survey

# High quality, patients centred services: FRAILTY

Theme 4

## 1. Why is this important?

Herefordshire and Worcestershire has an older population than the rest of England, with the number of people over 65 years increasing and younger populations decreasing.

By 2030 (compared to 2021), it is predicted that the number of people aged 80-84 years will increase by 48% in Herefordshire and by 51% in Worcestershire. The increase in the over 85 age group is forecast to be 36% in Herefordshire and 35% in Worcestershire.

The projected increase in ageing population means that a greater number of people living in Herefordshire and Worcestershire will be at risk of developing or living with Frailty.

Frailty is a long-term condition in which multiple body systems gradually lose their reserves and functions, resulting in an increased vulnerability and risk of unpredictable deterioration from minor events. The development of Frailty is strongly linked with increasing age but can affect anyone at any age. This growing number of people at risk of living with poor health will lead to more people needing greater support and care from social and health services.

The prevalence of Frailty within Herefordshire and Worcestershire is significant. In 2024, it was known that over 7,000 people registered with a GP are living with severe frailty, and 8% of Herefordshire's and Worcestershire's population that are aged 65 years or above are living with moderate Frailty.

## 2. What we have delivered in our second year, 2024/25?

- Delivery of an Integrated Care System (ICS) Frailty Strategy,
- Worcestershire Acute Hospital Trust (WAHT) have initiated their own internal Frailty Transformation Programme that aligns to ICS' Frailty strategy, and endorse the ethos of 'Making Frailty everyone's business',
- Frailty Same Day Emergency Care areas have been established in two of WAHT hospital sites, that are supported 7by Geriatric Emergency Medicine services (GEMs),
- Single Point of Access (SPoA) service has expanded to integrate both community and acute workforce which support Ambulance service to appropriately direct frail patients to the best place to meet their care needs and wishes,
- Enhancements proactive assessment and care planning for people with Frailty through more Comprehensive Geriatric Assessments being undertaken within General Practices, and progress being made with standardising across all Herefordshire and Worcestershire NHS healthcare providers.
- Progress with piloting Frailty focussed Integrated Neighbourhood Teams, which aims to improve the care coordination and delivery of care for patients living with Frailty,
- Wholistic review of the Falls care pathways and assessments, with improving access and outcomes of preventative and reablement services, alongside public resource to raise self-awareness about risk of falls and self-management.

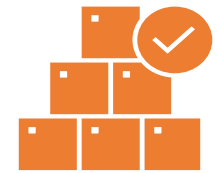
## 3. What are the priorities going forward?

It remains that our integrated care vision that **"People living in Herefordshire and Worcestershire who are at risk of, or living with frailty will, live well in a supportive community with accessible, personalised and coordinated high-quality care delivered in the most appropriate setting whenever they need it."**

This vision will be realised through a wholistic and place-based approach whereby to health and social care organisations across Herefordshire and Worcestershire will work together to collaborate, develop and enhance integrated care services for people at risk of or living with Frailty, to improve their health outcomes and quality of life.

The ICS Frailty strategy states the nine key desired outcomes of which all transformation plans undertaken must strive to deliver:

1. Increased community interventions measures to prevent the onset and progression of frailty
2. Increased early identification of people living with or at risk of frailty
3. High quality proactive comprehensive assessment of people living with or at risk of frailty.
4. High quality accessible and coordinated personalised care for people living with frailty, their Family's and carers in every care setting
5. Frailty attuned acute care which facilitates timely discharge and smooth transitions between care settings
6. High quality reablement and rehabilitation after a period of illness and at times of transition from hospital
7. High quality end-of-life care for people with frailty, their Family's and carers.
8. Compassionate, timely and effective advanced care planning in all health and care settings.
9. A workforce with the appropriate skills to provide specialist care to patients in all health and care settings.



# High quality, patients centred services: FRAILTY

Theme 4

## 3. What will we deliver and when?

| Priorities | Deliverables | Year of delivery |
|---|---|---|
| Frailty onset prevention | • Map and raise awareness of the community resource available to residents to support them with reducing their risk and/or delay on the onset of Frailty. | By 2025/26 |
| Early identification and proactive care for those living with Frailty | • Develop a standardised approach to proactively identify those living with Frailty in Primary, Community and Secondary Care services, supported by the development of risk stratify tools and consistent implementation of nationally recommended clinical frailty scoring *i.e.,* Rockwood Frailty Score.<br>• Continue to develop and implement the proactive care and management in primary care of those living with Frailty through the Clinical Excellence and Investment Framework (CEIF) and requiring utilisation of a standarised multidimensional holistic assessments (*i.e.,* Comprehensive Geriatric Assessment) to inform care and treatment plans.<br>• Self-assessment against national Proactive Care Framework, to seek and identify further opportunities for improving of proactive Frailty care across the ICS, and establish improvement plans for those opportunities deemed high priority and attainable. | By 2025/26 & beyond. |
| Reactive Care | • Establish the current urgent and emergency care processes and provision variation and fragmentation for those living with Frailty at place, and neighborhood levels by undertaking reactive pathway mapping.<br>• Following mapping the 'as is' reactive pathway, co-produce the 'future' reactive pathway that addresses the inequities and inequalities with accompanying transformation plans.<br>• Continue the development and expansion of Frailty Same Day Emergency Care Services as per the national FRAIL Strategy,<br>• Reinforcement and develop Frailty specific Advice and Guidance services whereby primary care clinicians can access to specialist clinical advice, enabling a patient's care to be managed in the most appropriate setting, strengthening shared decision making. | By 2025/26. |
| Reablement, rehabilitation and recovery | • Undertake a system wide self-assessment against the National Intermediate Care Framework to establish current alignment to nationally recommended good practice and guidance for step-down intermediate care for adults who need support after discharge from acute inpatient settings and virtual wards to help them rehabilitate, re-able and recover.<br>• Utilise the learning from the self-assessment to scope, prioritise and devise improvement plans for the gaps and opportunities identified. | By 2025/26 |



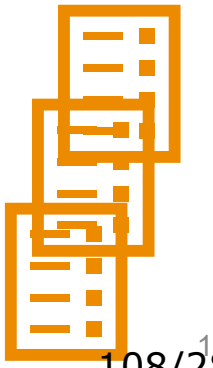
## 4. Where you can find more detail?

NHS England » Proactive care: providing care and support for people living at home with moderate or severe frailty

NHS England » FRAIL strategy

NHS England » Advice and Guidance

Intermediate care framework for rehabilitation, reablement and recovery following hospital discharge



# High quality, patients centred services: FRAILTY

Theme 4

## 3. What will we deliver and when?

| Priorities | Deliverables | Year of delivery |
|---|---|---|
| Data & digital enablement | • Scope the development and maintenance of frailty integrated registers across primary, community and secondary services, and were possible social care and public sector services.<br>• Move toward a Population Health Management approach and function to help drive a data led focus on person-centered care for those at risk of or living with Frailty.<br>• Establish the system need and digital capabilities for community remote monitoring for those who are housebound and living with Frailty. | By 2025/26 & beyond. |
| Workforce | • Understand system partners Frailty workforce infrastructure and capabilities, alongside roles and responsibilities of providing care for those living with Frailty to establish required competencies and identify any upskilling needs.<br>• Collaborate and co-produce standardised training and education support and resources for clinician and care providers across Herefordshire and Worcestershire.<br>• Establish model for an 'Integrated Core Frailty' team that across all health and social care sectors and aligns to national Neighbourhood health Guidelines. | By 2025/26 & beyond. |
| Care Homes Transformational Quality Improvement Programme | • Establish a system Programme which aims to improve health outcome and care practices for those who reside in Care Homes through a strategic and integrated Quality Improvement and Transformation programme approach and is sensitive place-based needs within Herefordshire and Worcestershire.<br>• Review and recommission Enhanced Health Care Homes framework delivery, addressing the known variation in service provision, accessibility and outcomes.<br>• Evaluate and continue to develop remote monitoring within Care Homes across Herefordshire and Worcestershire.<br>• Establish the need and capabilities for Care Homes to have direct access to SPoA to appropriately direct frail patients who reside in a Care Home to the best place to meet their urgent care needs and wishes. | By 2025/26 & beyond. |
| Communication and Engagement | • Devise communications and engagement plans with system partners to advocate and champion Frailty across public and professional communities.<br>• Set as standard the requirement across all Frailty and Care Home improvement work for planned and purposeful engagement with our communities, experts by experience and staff groups to encourage collaborative working on the redesign of services and pathways were appropriate. | By 2025/26 & beyond. |



## 4. Where you can find more detail?

NHS England » Population Health Management

NHS England » Neighbourhood health guidelines 2025/26

NHS England » Providing proactive care for people living in care homes – Enhanced health in care homes framework

NHSE (online) Ageing well and supporting people living with frailty. Available from: NHS England » Ageing well and supporting people living with frailty

British Geriatric Society. (2023) *Joining the dots: A blueprint for preventing and managing frailty in older people.* Available from: Joining the dots: A blueprint for preventing and managing frailty in older people | British Geriatrics Society (bgs.org.uk)

# High quality, patients centred services: PALLIATIVE AND END OF LIFE

Theme 5

## 1. Why is this important?

**Ageing population**

Herefordshire and Worcestershire's population is due to increase by approximately 5.4%. H&W have older population structures than the rest of England, with over 65+ increasing and younger populations decreasing.

**Increased multimorbidity**

The ageing population increase will reflect a significant increase of people living with dementia, frailty and other long-term conditions.

**Increased number of deaths**

Nationally, deaths are predicted to increase by 22% 2030-2040

**Increased number of people dying at home**

- The majority of bereaved Family's included in the national VOICES survey believed the deceased had wanted to die at home (81%), with a selected sample showing 22% had home as place of death documented on death certificates.
- Community services will need to be available to support people to die well at home, if it is their wish and where it is possible.



## 2. What have we delivered in our second year, 2024/25?

- We continue to work towards improving the sharing of information with the use of the Shared Care Record. This has an End-of-Life tab which shares data coded in EMIS in line with the End- of-Life Professional Record Standards Body data set for appropriate health provides across the system to view.
- Our digital ReSPECT plan is in development with phase 1 planning to go live during early 2025
- A standard advance statement document called My Wishes has been created for use across the system. A paper version has been launched and this will go live on the patient portal app across the ICS early 2025
- Successful Fast Track Home pilot in Worcestershire which has been rolled out and is now business as usual
- Standardised EMIS protocol agreed for the safe prescribing of anticipatory medications across the ICS
- Development of a PEoLC dashboard collating data across the system
- Development of Bereavement Toolkit on ICS Academy Exchange
- Development of Transitions Toolkit for CYP

## 3. What are the priorities going forward?

The Palliative and End-of-Life Programme Board is implementing the Herefordshire and Worcestershire Personalised End-of-Life Care Strategy 2020-2025, working in partnership with representatives across the ICS.

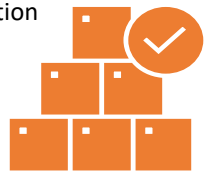
The vision is that "adults and children living in Herefordshire and Worcestershire, regardless of their diagnosis, will be supported to live well until the end of their life". It is imperative that care at the end-of-life is compassionate, tailored to the dying person and people important to them, and includes effective communication and assessments.

The six strategic outcomes are:

1. Increased and early identification of people who would benefit from end-of-life support and personalised care planning
2. High quality care for people at the end of life, their Family's and carers in every setting
3. Accessible, coordinated and digitally enabled palliative and end-of-life services for all patient groups
4. A workforce with the appropriate skills to provide people at the end of their life with high quality care and support
5. High quality bereavement care, support and information available to all
6. An embedded ReSPECT process which supports compassionate, effective and timely Advance Care Planning in all care settings

The key areas of delivery are:

- 24/7 Single point of access for palliative and end-of-life care advice and support for patients
- Making the best use of digital opportunities to improve communication and sharing of information, e.g. digitalisation of ReSPECT and Advance Statement; digitalisation of the palliative care register; and developing the Shared Care Record (ShCR)
- Review of Bereavement services
- Review of Anticipatory medications
- Development of Palliative and end-of-life care Virtual Ward



# High quality, patients centred services: PALLIATIVE AND END OF LIFE

Theme 5

## 4. What will we deliver and when?

| Priorities | Deliverables | Year of Delivery |
|---|---|---|
| 24/7 Single point of access to timely support and advice | Scope service need and options | By 2025/26 |
| Coordinated education and training across the ICS focusing on communication and clinical skills to improve timely recognition of dying, promoting personalised care and advance care planning discussions | Early identification, ambitions mapping, ICS academy, End of Life Care Hub (ECHO) opportunities for sharing learning | By 2025/26 |
| | Continued ambitions self-assessment, developments required based on those assessments. Continued development and work with ECHO hubs and the ICS academy | By 2027/28 |
| Shared access to electronic patient information | Complete capability to share information:<br>- Shared Care Record interoperability with EMIS.<br>- Worcestershire out of hours access to the Shared Care Record | By 2025/26 |
| | Develop access for Care Homes to Shared Care Record | By 2027/28 |
| Embed digital ReSPECT process | Launch and promote digital ReSPECT<br>Launch and promote digital Advance Statement | By 2025/26 |
| | Review data collection, patient and carer feedback to inform promotion and take-up of ReSPECT | By 2027/28 |
| Increased early identification of people who will benefit from end of life support and personalised care planning | Develop education for Primary Care and other practitioners. | By 2025/26 |
| | Review of the new primary care template<br>Develop ICS wide palliative care register-possibly with using clinithink | By 2027/28 |

## 4. What will we deliver and when continued ?

| Priorities | Deliverables | Year of Delivery |
|---|---|---|
| High quality care for people at the end of life, their Family's and carers in every setting | Data dashboard to include core 20+5 data. Identify inequalities, geographical inequalities, engaging with hard-to-reach communities. Continue anticipatory medication work. CHC FT review and re procurement. | By 2025/26 |
| | Review services and address inequalities ICS PEoLC virtual ward<br>Review impact of changes from the anticipatory medications work<br>CHC FT impact of new service | By 2027/28 |
| Data dashboard and strategic needs analysis (SNA) | Work with data analytics team to create new data dashboard and collect new data to inform population needs. Meet with stakeholders to explore results of the SNA as part of new strategy | By 2025/26 |
| | Continue to monitor and update data dashboard<br>Develop any proposals to reflect findings of the SNA | By 2027/28 |
| High quality bereavement care, support and information available to all | Bereavement group, mapping of services and update leaflets | Completed 2024/25 |
| | Continue to monitor and review bereavement services | By 2027/28 |



## 5. Where you can find more detail?

Palliative and End of Life Care Programme:

- Herefordshire and Worcestershire Personalised End of Life Care Strategy 2020-2025
file (herefordshireandworcestershireccg.nhs.uk)
- Ambitions for Palliative and End of Life Care: A national framework for local actions 2021-2026
ambitions-for-palliative-and-end-of-life-care-2nd-edition.pdf (england.nhs.uk)
- NHSE NHS England » Resources and support
- Please email jadebrooks@nhs.net for more information, or to become a patient representative or person with lived experience on any of the palliative and end of life care groups.

# High quality, patients centred services: LEARNING DISABILITY AND AUTISM CARE

Theme 6

## 1. Why is this important?

National LeDeR report findings from 2021:

- 49% of deaths avoidable/ amenable to good health and social care (and at least 2 times higher than general population)
- Life expectancy 20 years less than general population

In addition, for autism, life expectancy is at least 10 years less than average for population, and over 80% of autistic adults experience mental health difficulties in their life.

One of the main factors is that people with a Learning Disability and autistic people (LDA) are underserved groups and do not have consistent access to health services in a timely way due to lack of reasonable adjustments and diagnostic overshadowing. This means health care is sometimes accessed or provided at a late stage of presentation, when the health condition is at an advanced stage or the person is in a crisis (leading to Mental Health Act assessment and hospital/ restricted environment admissions, Emergency Department attendance) and core universal services such as routine vaccinations and or cancer screening are delayed or missed.



## 2. What have we delivered in 2024/25?

- Continued to maintain Annua Health checks take up above national target.
- On track to complete sensory friendly assessments of 66% of all GP Practices.
- Continued local rollout of RADF, asking local organisations to audit their compliance as per national checklist.
- Fully recruited to key worker service and halved number of CYP in T4 beds
- LeDeR performance consistently above regional and national averages.
- Review of neurodivergence pathway for CYP ongoing.
- Invested £225k to reduce waiting times for young people aged 16-18 in Worcestershire.
- Primary Care CPD Day Held on September 2024 to improve awareness of LD Annual Health Checks.
- New templates in place for Annual Health Checks and Health Action Plans.
- New proposed pathway for LD Bowel Screening presented to the ICB Elective, Cancer and Diagnostic board for approval.
- 'Keeping well and looking after your lungs' video on respiratory health co-produced with Speak Easy Now and disseminated

## 3. What are the priorities going forward?

The Learning Disability and Autism Programme Board have oversight of the plans to improve outcomes for people with disabilities and people with Autism.

Our vision is that all people with a learning disability and/or autism can live healthy and positive lives, and we will do this by promoting reasonable adjustments and tackling health inequalities across the system.

In line with the NHS Long term plan commitments, we will:

- Taking action to tackle the causes of morbidity and preventable deaths in people with a learning disability and for autistic people.
- The whole NHS family will improve its understanding of the needs of people with a learning disability and autism, working together to improve their health and wellbeing. Including training for the workforce, reasonable adjustments and a digital flag in patient records
- Reducing the waiting times for children and young people with suspected autism
- Increased investment in personalised care and community support.
- Continue to focus on improving the quality of inpatient care and timely discharge where appropriate.

# High quality, patients centred services: LEARNING DISABILITY AND AUTISM CARE

Theme 6

## 4. What will we deliver and when?

| Priorities | Deliverables | Year of delivery |
|---|---|---|
| Rollout sensory-friendly and accessible environments for autistic people into other NHS settings | At least 5 NHS settings will be assessed and have an improvement plan | By 2025/26 |
| Good quality Learning Disability Annual Health checks routinely given to all people with a Learning Disability | Sustain up take of AHCs at 85%, Health Action Plans over 90%, including 14-24 year olds, supported by quality improvement programme focusing on Health Action Plans | By 2025/26 |
| Vaccination and screening rate for people with a learning disability and autism comparable to general population | Awareness raising and targeted work, built around AHCs | By 2025/26 |
| Reduction in avoidable deaths - Learning from the Deaths of People with a Learning Disability Review programme (LeDeR) | Programmes of work following on from LeDeR Learning into Action workstream. Current focus is healthy lifestyles; suicide reduction for autistic people | By 2025/26 |
| Reduction in waiting times for autism diagnosis | Comprehensive review of neurodivergence pathway for CYP to ensure consistency across ICS and more timely diagnosis | By 2025/26 |
| Support to autistic people post-diagnosis | Continued investment in adult support service and explore option for a service for CYP and families | By 2025/26 |
| Raise awareness and inclusion of autistic people in mainstream services | Continued roll-out of Oliver McGowan Mandatory Training programme | By 2025/26 |
| Keep number of young people in Tier 4 beds and adult inpatient numbers within national targets | Sustain low number of young people in T4 beds and reduce numbers of adults in locked rehab beds. | By 2025/26 |
| Increase community Occupational Therapist, Physical Therapist, Speech and Language Therapist and epilepsy support capacity | Deliver service enhancements following agreed investment in community health service | By 2025/26 |
| Tackle heath inequalities<br><br>Ensure that people with complex needs are supported to live in the community and admission to in-patient units is avoided | • Over 85% of eligible people with a learning disability have an annual health check and over 90% of those have a health action plan<br>• Vaccination and screening uptake is at least on a par with the rest of the population<br>• In-patient rates are in line with or better than the national targets<br>• Waiting lists for community support is less than 18 weeks<br>• Oliver McGowan Mandatory Training has been rolled out across the system | By 2027/28 |



## 5. Where you can find more detail?

https://www.hwics.org.uk/our-services/learning-disabilities-and-autism

Co-production underpins our approach and we work closely with the Learning Disability Partnership Boards and the Autism Partnership Boards in Herefordshire and in Worcestershire. Experts with lived experience are actively involved, with support, in all strategic developments, and co-chair the Partnership Boards. Family carer voices are also strongly represented.

People with a learning disability can contact SpeakEasy NOW if they wish to become involved https://speakeasynow.org.uk/contact-us/

Our partnership arrangements also include the Acute and Community Provider Trusts, both Councils and the voluntary and independent sector.

# High quality, patients centred services: MENTAL HEALTH AND WELLBEING

Theme 7

## 1. Why is this important?

We know that people are waiting longer than they should to access diagnosis and treatment.

After a decade of improving population wellbeing the COVID-19 pandemic is widely considered to have negatively impacted population mental health and wellbeing. Measures of population wellbeing worsened, particularly during the two main waves of the pandemic and have not fully recovered to pre-pandemic levels.

The proportion of adults aged 18 and over reporting a clinically significant level of psychological distress increased from 20.8% in 2019 to 29.5% in April 2020, then falling back to 21.3% by September 2020. There was a subsequent increase to 27.1% in January 2021, followed by a further decrease to 24.5% in late March 2021.

While there has been considerable economic recovery from the initial shocks of the COVID-19 pandemic, new challenges have emerged, with high levels of inflation and a rise in the cost of living.
Concerns have been raised about the impact this may have on population mental health, and nationally providers continue to report greater acuity of need across mental health services.



Furthermore, these challenges have highlighted and widened some of the existing inequalities in mental health and wellbeing in the population.

## 2. What have we delivered in 2024/25?

- Access to mental health services for children and young people has expanded significantly and will continue to expand into 2025/26, including broader treatment options through new commissioned services (e.g. Lumi Nova).
- A 3-year Mental Health Acute Inpatient Strategy has been developed to support improved quality of services, closer to home.
- Rapid expansion of NHS Talking Therapies staffing through trainee recruitment, to bring H&W Talking Therapies services in line with national workforce expectations and expand access to services.
- Re-procurement of Children and Young People's Emotional Wellbeing and Mental Health Services, including additional investment and expansion, across both counties.

## 3. What are the priorities going forward?

A key strategic development as part of the creation of the Integrated Care System has been the establishment of a **Mental Health Collaborative,** which brings together commissioning and provider functions, primary and secondary provision and broader connections to local stakeholders.

The overarching reason for creating the mental health collaborative has been to put the responsibility for organising services and pathways as close as possible to the front-line services that provide patient care. This marks a significant change from the traditional commissioning model of developing detailed services specifications that providers respond to; much more towards a model of agreeing outcomes that providers design service delivery models to address.

In 2024-25 a review was undertaken of the existing Mental Health Collaborative arrangements, with a series of recommendations to ensure clarity of governance processes and improve outcomes for patients. One of the key recommendations is to develop a mental health strategy.

Priority areas for 2025-26 include:

1. Reduction of inpatient average Length of Stay to prevent unnecessary delays, and Out of Area Placements
2. Redesigning Inpatient and Rehabilitation Pathways across the ICS
3. Increasing access to Individual Placement Support (IPS) services
4. Maintain and continue to increase access to CYP mental health services
5. Continue to expand NHS Talking Therapies workforce capacity while maintaining quality standards
6. Improve waits in UEC pathways for patients with mental health illness in line with national standards

*The role of the Herefordshire and Worcestershire Mental Health Collaborative is described in more detail in Appendix 2, theme 15.*

# High quality, patients centred services: MENTAL HEALTH AND WELLBEING

Theme 7

## 4. What will we deliver and when?

| Priorities | Deliverables | Year of delivery |
|---|---|---|
| Children and young people | Continue to increase access to CYP mental health services (please see slide 8 on CYP mental health transformation) | By 2025/26 |
| NHS Talking therapies | Delivery of all completed treatments and expansion targets while maintaining quality and waiting standards | By 2026/27 |
| Early intervention in Psychosis | Continue to deliver required standards | By 2025/26 |
| Dementia | Improve post-diagnostic support and timeliness of diagnosis | By 2025/26 |
| Perinatal Mental Health | Maintain access standard for perinatal mental health services | By 2025/26 |
| Out of areas placements (OAP) and inpatient LoS | Reduction of average Length of Stay and eliminaton of inappropriate OAPs in line with national standards | By 2025/26 |
| Physical Health for people with a serious mental illness (SMI) | Maintain delivery of SMI health checks | By 2025/26 |
| Adult community mental health | Take forward local review recommendations following Independent Mental Health Homicide Review | By 2025/26 |
| Urgent mental health care | Delivery of 10 High Impact Actions for urgent mental health services | By 2025/26 |
| Mental Health Strategy | • Mental Health JSNA to be completed<br>• New Mental Health Strategy to be developed by the Mental Health Collaborative<br>• Delivery of new national priorities<br>• Reduction in health inequalities for people experiencing mental health illness | By 2025/26 |



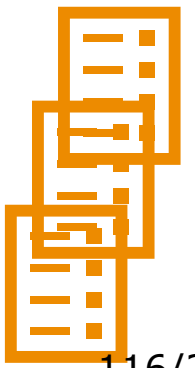
## 5. Where you can find more detail?

**The Worcestershire Health and Wellbeing Strategy 2022-2032 contains a strong mental health focus and is available here:**
Health and Wellbeing Strategy 2022 to 2032 | Worcestershire County Council

**The Herefordshire Health and Wellbeing Strategy 2023-2033 also contains a strong mental health focus and is available here:**
Herefordshire Joint Local Health and Wellbeing Strategy 2023 - 2033

The Herefordshire and Worcestershire Mental Health Strategy is due to be reviewed during 2025, in line with new national NHS strategy.

Public engagement opportunities are advertised through the ICB and local authority websites, as well as on the Herefordshire and Worcestershire Health and Care NHS Trust website.



# High quality, patients centred services: LONG TERM CONDITIONS

Theme 8

## 1. Why is this important?

The prevalence of LTCs in H&W is projected to increase substantially over the next 10 years. Approximately 20, 000 more people will be living with Chronic Obstructive Pulmonary Disease (COPD), Heart Failure, Stroke or Diabetes in 2033 compared to 2023. This increased prevalence is estimated to cost the system £11 million more per year in urgent care utilisation alone.

These projections are in part driven by the increase in are over 65-years old population, which we anticipate to increase by 36, 000 by 2030. However, we are also seeing an increasing prevalence of type 2 diabetes in the 15-19 and 40-49 age ranges in our two counties, demonstrating a need for increased education and prevention to improve quality of life for younger people with LTCs and to prevent LTCs developing so early in life.

We are increasingly aware of growing excess mortality resulting from cardiovascular disease and this trend is greatest in our most deprived communities. People in our most deprived communities are developing multiple LTCs at a younger age than those in our least deprived communities. It is essential that we tackle this inequality difference to ensure all people can live as well as possible.

## 2. What have we delivered in our second year, 2024/25?

- Long Term Conditions Strategy 2024 – 2029 approved and published.
- Cardiovascular disease forum embedded (ICB & PCN Leads), focussing on sharing best practice and achievement of
- CVD Clinical Excellence and Improvement Framework (CEIF) developed to reduce unwarranted variation across areas which are resulting in high cost and poor health outcomes.
- Continued roll out of a video library for patients, enabling education and supported self-management across long-term conditions.
- Continuous Glucose Monitoring is being delivered as business as usual, with above average uptake regionally.
- Hybrid Closed Loop is being rolled out, with progress exceeding regional average.
- All Primary Care Networks delivering Spirometry testing, with continued increase in activity.
- Fractional exhaled Nitric Oxide (FeNO) testing is increasing by 23% average month on month.
- Continuation of the National Diabetes Prevention Programme demonstrating high retention rate.
- Following roll out of NHS Type 2 Diabetes Path to Remission Programme, there are positive results relating to course completion and weight loss.
- Reduction in both major and minor amputation rates resulting from Diabetes Foot Care service improvements.

## 3. What are the priorities going forward?

The work on long-term conditions is overseen and delivered through multiple programme boards, aligning to the strategy, which has the following priorities:

**Prevention**

- People will be actively signposted to appropriate education and organisations that can increase their knowledge, skills and confidence to live as well as possible, reducing their risk of developing long-term conditions.
- People will have improved access to evidence-based high impact interventions that prevent deterioration of long-term conditions.

**Early and Accurate Diagnosis**

- People who are at increased risk of developing a long-term condition will be proactively identified and supported.
- More people will have their LTC(s) identified sooner and closer to home.

**Personalised Management**

- People will be provided with education, support and resources to enable them to take a more active role in decisions about their care.
- People with multiple LTCs will receive proactive, holistic assessments, including medication and mental health reviews

**Right care in the right setting**

- Increase collaboration by services to enable care to be delivered as close to home as the complexity allows.
- Increase adoption of digital technologies that enable more effective self-management outside of a hospital setting.

# High quality, patients centred services: LONG TERM CONDITIONS

Theme 8

## 4. What will we deliver and when?

| Priorities | Deliverables | Year of delivery |
|---|---|---|
| Strategy | Long Term Conditions Strategy - Continued delivery in three priority areas of Diabetes, Respiratory and Cardiovascular Disease (including Heart Failure), with monitoring of delivery plans through maturity matrices. | Ongoing to 2029 |
| Cardiovascular Disease (CVD) | Continued and enhanced delivery of high impact interventions for secondary prevention:<br>• Community pharmacy hypertension case finding<br>• Cholesterol search and risk stratification<br>• NHS health checks<br>• Case finding and direct-acting oral anticoagulation to prevent atrial fibrillation related strokes<br>• Cardiac rehabilitation for patients post-ACS and diagnosis of heart failure<br>• Optimisation of hypertension treatment<br>• Optimisation of heart failure treatment through annual reviews<br>• Optimising management post ACS, including lipid management. | By 2025/26, but ongoing throughout delivery of JFP |
| Diabetes<br><br>National:<br><br><br><br><br>Local: | • Develop an all ages Diabetes Service Specification that spans multiple providers and services. This will clarify the pathway, drive collaboration and support system wide accountability for outcomes.<br>• Further improve the delivery of 9 diabetes care processes, including enhancements, e.g. the roll out of the Type 2 Diabetes in the Young programme.<br>• Improve identification of individuals at high risk of Type II Diabetes and signpost to NHS Diabetes Prevention Programme or structured education as appropriate.<br>• Improve NDPP uptake and engagement with people who have a Learning Disability or Autism, reducing inequalities.<br>• Delivery of NICE Technology Appraisal for Hybrid Closed Loop by 2029 and improve access to Continuous Glucose Monitoring.<br>• To begin / continue delivery of the following high impact interventions for secondary prevention.<br>• Improve equity of access, and the quality of Diabetes structured education across the two counties. | Ongoing throughout delivery of JFP |
| | • Improve the Digital offer for enabling supported self-management in Type 1, including in Children and Young People.<br>• Improve pre-diabetes screening and symptom awareness, with particular focus on addressing inequalities<br>• Improve peri operative care of people with diabetes to reduce length of stay and outcomes.<br>• Further development of a Diabetes Support Team in Primary Care Networks to deliver care closer to home (DiAST model of care)<br>• Improve clinical leadership for MDFT | By 2027/28 |
| Respiratory | • Reduce inequalities in access, experience and outcomes in pulmonary rehabilitation.<br>• Establish Getting it Right First Time programme of work.<br>• Ensure that Spirometry and FeNO provision is reflective of NICE guidance, is accessible, and of good quality.<br>• Achieve accreditation for the Pulmonary Rehabilitation service.<br>• Deliver Pulmonary Rehabilitation 5-year plan<br>• Establish and embed a coordinated asthma transition pathway. | By 2025/26<br><br><br><br>By 2027/28 |
| Neurology | • Develop an ICS plan to support service improvement across Neurology services. | By 2025/26 |



## 5. Where you can find more detail?

- Multiple_LTCs_Survey_-_Engagement_Report_-_Final.pdf (hwics.org.uk)
- https://www.england.nhs.uk/ourwork/prevention/secondary-prevention/
- National Asthma and COPD Audit Programme (nacap.org.uk)
- pulmonary-rehabilitation-service-guidance.pdf (england.nhs.uk)
- spirometry-commissioning-guidance.pdf (england.nhs.uk)
- CVDPREVENT

# High quality, patients centred services: STROKE CARE

Theme 9

## 1. Why is this important?

1. Lack of 7-day service provision in Hyper Acute/Acute stroke services, and unlikely to deliver in current format;
2. Current medical workforce challenges mean moving the service from 5 – 7 days (in and out of hours) is unlikely to be achievable;
3. Services at both Wye Valley NHS Trust (WVT) and Worcestershire Acute Hospitals NHS Trust (WAT) are classed as fragile due to longstanding medical establishment staffing gaps;
4. Increasing demand for stroke services over the next ten years increase this challenge further with expected demand to increase by 20% over the next 15 years across the ICS.
5. Achievement of **key clinical and performance standards** will continue to be a challenge and unlikely to be achievable unless changes are made to the existing service models;
6. National Clinical Guideline 2023 recommendations presents challenges in compliance;
7. Acute Stroke services have a current risk score of 16 on H&W ICB Risk Register.
8. System and regional level support for Service change to deliver a sustainable stroke service within the ICS for the future.



## 2. What have we delivered in our second year, 2024/25?

- Sustainable delivery of 7-day acute stroke care model
  - Proposed single site acute stroke model at Worcestershire Royal Hospital endorsed by NHS Clinical Senate;
  - Clinical Senate recommendations agreed by Stroke Programme Board and local action plan developed;
  - Pre-Consultation Business Case and Outline Business Case have been drafted to include demand modelling, workforce requirements and impact assessments.
- Service Improvement programme
  - Roll out of 'CT Perfusion' (advanced imaging) at both acute hospital sites to enable physicians to make faster, more accurate triage or transfer decisions;
  - Wye Valley NHS Trust are part of a national programme to improve Thrombolysis rates, with shared learning into Worcestershire;
  - SQuIRE quality improvement programme concluded with 4 improvement projects implemented across the ICS.

## 3. What are the priorities going forward?

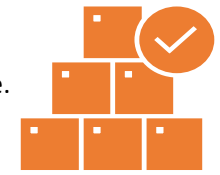
ICS Stroke Programme Board (SPB) involves stakeholders across the stroke pathway (Herefordshire, Worcestershire and Powys Teaching Health Board) Healthwatch, West Midlands Ambulance Service, Stroke Association and Patient engagement. The Programme Board focusses on the entire Stroke Pathway, from Hyper-acute to Rehabilitation and Life After Stroke.

**Priority 1**: The Stroke Programme Board is committed to delivering a new, **sustainable 7-day acute stroke services model**. This will modernise how services assess and treat patients; ensuring optimal clinical model of care and the best use of resources across the entire pathway, including staffing and use of technology. To achieve this vision, the SPB has commenced a pre-consultation process, and a preferred clinical model has been agreed. SPB are now looking at the post-acute pathway, including life after stroke and are working towards an options appraisal process to agree a pathway that will align with the proposed endorsed acute pathway. It is recognised that this pathway model will require capital investment and is the longer-term strategy required to deliver sustainable stroke services for the future.

**Priority 2**: The **Stroke Services Improvement programme** focusses on:

- Workforce development;
- Digital enablers (for example, pre-hospital video triage);
- Performance Standards;
- Development of patient pathways, in line with national standards;
- Focus on health inequalities with a targeted CVD prevention programme to reduce the incidence of Stroke.

The Stroke Programme is aligned to and supported by the Integrated Service Delivery Network (ISDN) and The National Stroke Quality Improvement in Rehabilitation (SQuIRe) programme.



# High quality, patients centred services: STROKE CARE

Theme 9

## 4. What will we deliver and when?

| Priorities | Deliverables | Year of delivery |
|---|---|---|
| Service Improvement Programme | • Workforce developments resulting in robust medical and nursing workforce with joint working/posts across Hereford County Hospital and Worcester Royal Hospital to ensure resilience.<br>• Advances in digital technology embedded, with virtual consultations part of everyday practice where appropriate.<br>• Development of a service specification for an integrated community stroke service.<br>• Development of Clinical Guidelines for Stroke.<br>• Improvement in performance standards. | By 2025/26 |
| Sustainable delivery of 7-day acute stroke care model | • Agreement of post-acute pathway including Life After Stroke. | By 2025/26 |
| | • Completion and presentation of Pre-Consultation Business Case and Outline Business Case.<br>• Commencement of the Pre-Consultation process. | By 2025/26 |
| | • Stroke services transformed with agreed pathways embedded and services delivered in line with national guidelines and performance standards. | By 2027/28 |



## 5. Where you can find more detail?

In January 2022 we considered all the previous patient and public feedback we had received about stroke services. This was summarised in a paper, which is available here.

A further Stroke Services issues paper was written in September 2022 and further engagement undertaken :-

Stroke Services :: Herefordshire and Worcestershire Integrated Care System (hwics.org.uk)

Integrated Community Service Specification - Feb 2022

National Clinical Guideline for Stroke 2023

Stroke - Getting It Right First Time - GIRFT

Integrated Life After Stroke Support

# High quality, patients centred services: URGENT AND EMERGENCY CARE SERVICES

Theme 10

## 1. Why is this important?

The Urgent and Emergency Care (UEC) system in Herefordshire & Worcestershire is in a challenged position. However, ICB and system partners remain committed to making sustainable improvements across the entire health system to support timely care and efficient patient flow.

The National delivery plan for recovering UEC services sets out core indicators to Increase urgent and emergency care capacity by March 2024 including:

1. No less than 78% of patients (in Emergency Departments) are seen within 4 hours
2. Ambulance category 2 mean response time is less than 29 minutes
3. Achieve an average adult G&A bed occupancy of 96% or below

The system forecast outturn for 2025-26 against these targets which demonstrate the challenged situation are:

1. 78%
2. 29
3. 96%



## 2. What have we delivered in our second years, 2024/25?

- Launched of Single point of access covering Community and Acute Trusts, improving the coordination of people to the most appropriate service (in both counties)
- Continue to grow virtual ward beds in line with the UEC strategy of a model hospital
- Improvement in ambulance category 2 response times
- Implementation of national call-before-convey requirement, building upon the success of the urgent community response service.
- System Coordination Centre fully compliant with national standards and oversight of the day-to-day urgent and emergency care pressures.
- Improved and enhanced same day urgent care pathways
- Further development of same day emergency care with Frailty SDEC established at one of the sites

## 3. What are the priorities going forward?

- The Urgent and Emergency Care Programme Board is driving forward improvements for a responsive and affordable urgent and emergency system that meets the population's needs. This includes preventative or activities to manage ill-health before it becomes an emergency, and timely and efficient patient flow, resulting in less ambulance handover delays and minimising waits within Emergency Departments.
- Delivery of 78% EAS by March 2026.
- Delivery of less than 30-minute category 2 response times throughout 25/26
- Significant reductions to numbers of patients waiting over 12 hours in our Emergency Departments

**The six priorities are:**

1. Population management - To apply population health management approach to identifying those most at risk
2. Care at Home - To maximise the coordination of services to proactively intervene early and prevent the deterioration of frailty and ill-health
3. Future model of urgent care - To establish a model of integrated urgent care that supports people to access advice and interventions. This will include a procurement of out-of-hour GP provision, outbreaks management and enhancements to single point of access.
4. Emergency care - To consistently demonstrate an effective and efficient emergency care provision.
5. Discharge and recovery - To have a 'zero delay' approach to discharge planning with coordinated support for people to optimise their recovery.
6. Operational resilience - To demonstrate effective resource allocation to de-escalate or prevent pressure.

## 4. What will we deliver and when?

| Priorities | Deliverables | Year of delivery |
|---|---|---|
| Population Health Management | • Implement data gathering on health inequalities<br>• Undertake population health assessments<br>• Tailor approaches to people most-at-risk of requiring urgent & emergency care | By 2025/26<br>By 2025/26<br>By 2025/26 |
| Care at Home | • Care at Home delivered by Integrated Neighbourhood Teams<br>• Development of virtual hospital<br>• Frailty competent workforce | By 2025/26<br>By 2025/26<br>By 2026/27 |
| Future model of urgent care | • Procurement of Integrated Urgent Care including out-of-hours GP service, outbreak management and enhanced single point of access.<br>• Delivery of a single point of access and enhance care navigation | By 2025/26<br><br>By 2025/26 |
| Emergency care | • Consistently achieve under 29 minutes category two ambulance response times.<br>• Achieve high performing Emergency Departments (emergency access standard)<br>• Implement 'front door' streaming to right care setting<br>• Maximise same day emergency care, including access to diagnostics 7-days | By 2025/26<br>By 2026/27<br>By 2025/26<br>By 2026/27 |
| Discharge and Recovery | • Commit to returning home sooner #Homeforlunch<br>• Enhance Frailty Rehabilitation & Discharge pathways<br>• Improve Discharge-to-Assess pathways across the system | By 2025/26<br>By 2025/26<br>By 2025/26 |
| Operational resilience | • Conduct annual winter and surge planning<br>• Run public awareness campaigns to support people to use the right service<br>• Develop shared training, common approaches and local knowledge across the workforce<br>• Operate 7-day working across urgent & emergency care | Ongoing<br>By 2025/26<br>By 2026/27<br><br>By 2026/27 |



## 5. Where you can find more detail?

The ICB and ICS system partners are refreshing the UEC Strategy, a link will be shared when this is available.

More information and context for the ICBs priorities can be found within the national recovery plan:

- B2034-delivery-plan-for-recovering-urgent-and-emergency-care-services.pdf (england.nhs.uk)

Findings from Healthwatch talking to our patients will inform the focus of other workstreams to ensure care in the right place, at the right time, as close to home as possible, further engagement will be planned with Herefordshire:

What patients told us about why they "walk in" to A&E Departments in Worcestershire | Healthwatch Worcestershire

# High quality, patients centred services: PRIMARY CARE SERVICES (GENERAL PRACTICE)

Theme 11

## 1. Why is this important?

Every day, more than a million people benefit from the advice and support of primary care professionals – acting as a first point of contact for most people accessing the NHS & providing an ongoing relationship to those who need it. This enduring connection to people is what makes primary care so valued by the communities it serves.

**The most recent ONS Health Insights Patient Survey at the beginning of 2025 ranked the ICB as the best in the country where 86% of patients reported a 'good' overall experience of access to general practice.**

Workforce challenges for General Practice include the attraction and retention of GPs and Practice Nurses. 28% of the GP workforce and 30% of the nursing workforce are over 50 years. In 2024-25 Partner numbers continue to decrease (-4%), but the numbers of salaried GPs is increasing (+16%). Overall the GP workforce has increased by 3.6 FTE.



## 2. What have we delivered in our second year, 2024/25

**Implementation of the local Herefordshire and Worcestershire Primary Care Access Recovery Plan – Year 2**

- Delivered **5.5 million appointments** in General Practice (2024). This is 20% more appointments than before the COVID-19 pandemic, and an increase on 2023. GP Practices are providing patients with access to around 466,000 appointments a month. This is almost 80,000 appointments per month more than pre-pandemic.
- By the end of March 2025, all practices will have implemented the Modern General Practice Access (MGPA) model to tackle the 8am rush, provide rapid assessment and response and avoid asking patients to ring back to book an appointment.
- For cloud-based telephony, online access to patient records, digital communication tools and Online Consultation solutions, we have 100% of our Practices offering these services.
- Online consultations are currently averaging around **70,000 admin or clinical contacts per month**.
- Excellent progress has been made in Self-referral pathways: adult audiology went live in 2024 and now Physiotherapy/Musculo-skeletal and weight management pathways have been developed. **About 4,000 self-referrals are made each month**.
- Primary-Secondary Care Interface is working in line with their 'working better together principles'. Consultant to Consultant referrals policy allows direct inter-hospital referrals when clinically needed, rather than going back through the GP.
- Bureaucracy has been reduced as part of the 'red tape challenge' event in December 2024. A Primary Care Liaison Officer is in post to work across the system on any barriers to facilitate change and improve capacity and patient care. NHS Trusts have established clear call and recall systems for patients for follow up tests or appointments.
- The Herefordshire & Worcestershire ICB's published Primary Care Access Plan was approved by the H&W ICB Board on 20 November 2024, which can be accessed via the website at agenda item 8: https://herefordshireandworcestershire.icb.nhs.uk/meetings/past-board-papers and was commended by NHS England.
- The ONS Health Insights Survey ranks Herefordshire & Worcestershire ICB top across the whole of England for patients reporting a 'good' overall experience of access to general practice.

**Workforce**

- Recruitment to the Additional Roles Reimbursement Scheme (ARRS) continued during 2024. On 1st August 2024, the government announced additional funding to support GP recruitment from Oct-March 24-25. By Jan 25, 6 PCNs had appointed 5.7 WTE ARRs funded GP.
- 25-26 funding has been expanded to included practice nurses as well as continued funding for GPs & GP joiners and leavers data has improved since March 2024.
- 371 direct patient care staff recruited up to Jan 25.
- General Practice Staff Survey – year 2 participation. Results demonstrate H&W equal to national survey average.
- General Practice workforce retention and attraction schemes implemented for 24-25.
- Support Level Framework (SLF) visits with Practices identified priorities and support offered through ICB General Practice Improvement Programme (GPIP) /Service Development Funding (SDF).

**Estates**

- Revision of General Practice estates plans as part of the draft ICS Infrastructure Plan 24/25, submitted 31st July 2024.
- Funding bid submitted in March 2025 to support General Practice to increase premises and appointment capacity as part of NHS England's Estates Modernisation and Utilisation Fund.

**Governance**

- Established the Delegated Commissioning Sub-Committee in July 2024, to provide a governance mechanism for the assurance and oversight of the delivery of nationally mandated Primary Care services that are delegated to the ICB (Primary Medical Services, Pharmacy, Ophthalmic, Dental Services).

## 3. What are the priorities going forward?

### Enabling General Practice Strategy priorities

Planning and oversight is currently governed via the GP Sustainability and Transformation Forum, with overall accountability with the Strategic Commissioning Committee. Delivery via Herefordshire General Practice and General Practice Worcestershire Boards.

**Integrated Neighbourhoods Teams –** developing and supporting services delivered at a neighbourhood level – are central to transformation priorities of the Herefordshire & Worcestershire Integrated Care System

**Enhancing services in primary care by prioritising workforce, estates and technology investment at a neighbourhood level** will enable our citizens to have better local access to a wider range of services they need when they need it

**Creating the conditions to better manage patient demand for primary care** will enable GP practices to provide continuity of care to those who want and need it and give increased focus to prevention – support the ICS aspiration to reduce inequality and enhance outcomes.

All designed to ensure that the people who need and want to access primary care can get it, and that GPs have more time to provide continuity of care and deliver more preventative care going forward

## 5. Where you can find more detail?

- **Long Term Plan**
https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

- **Hewitt Review**
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment data/file/1148568/the-hewitt-review.pdf

- **Fuller Stocktake**
https://www.england.nhs.uk/wp- content/uploads/2022/05/next-steps-for- integrating-primary-care-fuller-stocktake- report.pdf

## 4. What will we deliver and when?

| Priorities | Deliverables | Year of delivery |
|---|---|---|
| Implementation of Fuller Report | • Lead & co-ordinate ICS response to Fuller & the moving towards a new model of care at Neighbourhood level. Starting in 2024\25 we want the System to orientate itself around 15 Neighbourhoods to reflect the needs of our Communities. | By 2024/25 |
| General Practice | • Lead the co-production of a "Enabling General Practice" 3 year strategy with short, medium and long-term priorities. Set in the context current pressures, whilst raising ambition.<br>• Drive a standardised and consistent offer to all residents of the highest standard<br>• Focus and target unwarranted variation across all practices and see an improvement across accessing and ease of contact with practices as well as a broad range of long term conditions<br>• Co-produce with General Practice a transformation programme which supports all practices in reaching their potential and builds capacity within practices to manage change and drive improvement | By 2024/25 |
| Primary Care Estates | • Support General Practice to access funding and implement schemes to increase estates and access capacity via the Estates Utilisation and Modernisation Fund | By end of 2025/26 |
| Primary Care Access Recovery Plan | • Engage on at scale solutions which sit within our PCARP and use this as a springboard to resilience, sustainability and transformation, utilising digital technology as additional forms of access.<br>• Utilising additional workforce from the ARRS funding, and community pharmaices offering extra capacity for primary care.<br>• Lead and coordinate the response to Year 2 of the National Access Recovery Plan – supporting practices and PCNs deliver their Access Improvement Plans, navigating the national Improvement Programmes to maximise implementation of transformation support tools locally to enact the necessary change.<br>• Work across the system to enhance left shift activities delivering clear closer to patients while preventing unnecessary workload for GPs that should be undertaken in acute settings. | By end of 2025/26 |
| GP Retention<br><br>Review and refresh around | • Implement a GP Retention Plan and expect a drop in numbers leaving in early stage of their careers and a rise in well being<br>• Review years 1 and 2 of – Enabling general practice and Dental Access strategy<br>• Redefine priorities based on progress made and updated PCN/General Practice Contract from April 2024 | By 2027/28<br>By 2024/25 |

General Practice Worcestershire's vision is to offer patient-centred healthcare which is high quality, cost-effective and fully integrated with our local partners to ensure a sustainable health service for our communities across Worcestershire. Our vision will be delivered by ensuring we have a happy, valued, supported multi-disciplinary workforce across General Practice.

**What we delivered in 2024/25…**

**Access-**

✓ Continued work to meet the three domains of Modern General Practice Access;

- Better digital telephony: telephony systems include call back functionality and reporting mechanisms to support capacity planning and access improvements
- Simpler online requests: online clinical and administrative requests can be submitted during core hours with appropriate responses and signposting enabled
- Faster care navigation, assessment and response.

✓ Introduction of PCN Hubs. The Same Say Urgent Access Hubs were introduced in Worcestershire in Autumn 2024 to support increasing demand for patients needing on the day care in General Practice and to reduce the impact of this on the wider system including Accident and Emergency. The hubs have been successful with high levels of uptake. Each of the 10 PCN's are providing a hub to support patients from their constituent practices, providing flexibility of access when demands across the network differ, whilst still providing care closer to home and maintaining some degree of continuity. When individual PCNs are under pressure, the hubs can be repurposed for cross county support.

**Workforce-**

✓ We have maintained recruitment within the ARRS workforce to meet national targets and flexed according to the ARRS changing criteria

✓ Introduction of Work & Health Coaches in collaboration with system partners as part of the Workwell initiative.

**Sustainability**

✓ Through General Practice Worcestershire Board, working to become a proven platform for future investment in general practice, supporting sustainable general practice and investment in care closer to the patient.

✓ Metered dose inhaler changes as part of CEIF

**Delivery of Integrated Neighbourhood Teams**

✓ Continued work on the programme and timeline for implementation of the Fuller stocktake with phased delivery, via the Place-plan. Building on the learning from the 3 Accelerator sites to rapidly scale up efficiency and integration across community teams, general practice and social care.

✓ Continued District Collaborative working, with a focus on Prevention and Tackling Health Inequalities. Particular focus on CVD with targeted initiatives for this patient cohort. Increase in community involvement in local services such as menopause, smoking cessation, ageing well, diabetes prevention events.

✓ Working with our Community and Acute partners on Frailty, Virtual Ward, Primary/Secondary interface.

**Work with the ICB on the "Enabling General Practice" 3 year strategy**

✓ General Practice Worcestershire Board established and includes elected practice manager, ICB, LMC. The Board has continued to operate throughout 24/25 as central point of contact and has supported system wide meetings with GP representation.

**What will we deliver over the next five years?**

- **Access-**delivery of the national access priorities including integrated urgent care, direct access, improving prevention and tackling health inequalities, and supporting improved patient outcomes in the community through proactive primary care. Focus on patients who would benefit most from continuity of care and the creation of a patient charter detailing what patients can expect from their GPs and practices. A recent national survey highlights significant improvement in patient experience of GP access, with the latest results for Hereford and Worcestershire showing the highest patient satisfaction of GP access of any across the country.

- **Workforce-** continue to flex recruitment to the ARRS workforce, stabilise General Practice workforce including the partnership model and retaining the workforce including clinical roles in training. Development of a local general practice workforce strategy for Worcestershire to support Recruitment, Retention & Reform, working closely with Partners.

- **Sustainability**-Become a proven platform for future investment in general practice, supporting sustainable general practice and investment in care closer to the patient. Continue to deliver high quality, value for money services, harnessing the use of digital innovation in primary care where this supports patient need.

- **Delivery of Integrated Neighbourhood Teams -** Extend the Population Health Management approach beyond GP data and use the intelligence to maximise the impact of integration and reduce duplication as part of the implementation of the Fuller stocktake programme. Hosted visit from Claire Fuller to Stourport Medical Centre to highlight innovation in both counties

- **Deliver the general practice actions outlined in the "Enabling General Practice" 3 year strategy – progressing** beyond the ending of the PCN DES in 24/25, focusing on sustainable and resilience general practice.

# High quality, patients centred services: GENERAL PRACTICE HEREFORDSHIRE

Herefordshire General Practice

Theme 12

In 2023/24, we established Herefordshire General Practice Collaborative. This model has successfully united representatives from all 19 Herefordshire practices, the Local Medical Committee (LMC), Primary Care Networks (PCNs) and Federation (Taurus Healthcare) to strengthen our working partnerships. The aim of the changes is to improve the delivery of 24/7 General Practice, create greater resilience for practices, provide variety and development for our workforce and to amplify the voice of General Practice in our local health and wellbeing system and is focussed on delivering this over the next five years.

**Neighbourhood health**

- HGP is committed to supporting and helping lead this next stage of development into neighbourhood health, and to build on use of the population health data.
- Ensuring we are an effective system partner, working with communities, health, care and voluntary partners to improve the experience of our services through integrated neighbourhood working and securing resources to deliver effective and appropriate out of hospital care
- Building on current success in expansion of MDT teams to further develop into future neighbourhood health integrated models

**24/7 Integrated Urgent Care**

- Developing the IUC agenda bringing together the pressures in the community alongside those of the acute, with integrated data sets that reflect capacity and demand in all sectors.
- Explore and develop a localised element of 111 that dovetails with existing IUC in a more seamless way, ensuring patients are supported to find the right care at the right time
- Retaining the OOH contract for local control that supports continuity of care and increasing integration of services.
- Build on the effective remote hub HRH, to support the IUC across the system, testing out the impact of face to face overflow.



**Accessible, Sustainable general practice**

- Continuing to deliver the modern general practice program to improve access
- Underpin the fair share of resources to ensure practices and primary care at scale remain financially viable, through both the national contracts, and the development of local contracts eg LES, CEIF
- Support the movement of work from the acute to the community, but with an appropriate shift of resources.
- Shape development & support delivery of ICS estates & digital plans, facilitating access and the delivery of integrated health & social care anchored around our neighbourhoods.

**Develop New Services**

- Deliver a new ADHD service that can provide a quality service that dovetails with general practice and mental health services, creating a more financially resilient service for the future.
- Explore the movement of services into the community that can support the system backlog and allows care closer to home, through subcontracting opportunities.

**Primary secondary care interface**

- Build on the supportive relationships to ensure that primary and secondary care reduce unnecessary shift of workload, reducing unnecessary appointments, whilst supporting workload shift into the community that is appropriately resourced.

**Prevention**

- Continue to develop the prevention agenda in the community, with talk wellbeing working alongside PCNs and practices to promote activities that support wellbeing and tackle inequalities
- Continue the workwell project to support people getting back to work

**Thriving General Practice workforce**

- Develop & implement a local General Practice workforce strategy to support recruitment, retention and role redesign, and that identifies the needs of our teams and attracts, values and supports our workforce
- Continue to implement ambitious plans to not only recruit but support and develop additional roles in General Practice, maximising our collective skills and expertise and our productivity
- Work together to embed new models of care, such as Herefordshire Remote Health, that not only supports patient access but offers increased flexibility for clinicians.

# High quality, patients centred services: PRIMARY CARE SERVICES - PHARMACY, OPTOMETRY AND DENTAL (POD)

Theme 13

## 1. Why is this important?

NHS England delegated the commissioning of

the Pharmacy, Optometry and Dental (POD) services to H&W ICB in April 2023. The Office of the West Midlands (OWM) was established to support the six ICBs to deliver their commissioning responsibilities.

The Office of the West Midlands (OWM) is hosted by BSoL ICB who provide, oversight, leadership, and support for the workforce who were transferred from NHSE. This arrangement is supported by a formal hosting agreement between the West Midlands ICBs. All decisions are made through the 3 tier Joint Commissioning arrangement and their sub-groups which each ICB is a member of.

Herefordshire & Worcestershire has the Strategic Lead Role for POD services. What this means is – Simon Trickett, via the West Mids CEO Group is the Chief Exec lead for specific programmes such as developing a needs-based allocation formula to support Dental Services for example and escalating any issues to NHSE that may require dispute/resolution.

Specialised Services was also devolved in April 2024, and additional services such as Vaccinations & Immunisations and Screening programmes will be delegated in 2026.

Over the last 10 years there has been a decline in the number of Dental Practitioners providing NHS dental services to patients, this is particularly prevalent in Herefordshire and improving access to Dental services is a key priority in 2024/5.



## 2. What have we delivered in our second year, 2024/25

- Established the Delegated Commissioning Sub-Committee in July 2024, to provide a governance mechanism for the assurance and oversight of the delivery of nationally mandated Primary Care services that are delegated to the ICB (Primary Medical Services, Pharmacy, Ophthalmic, Dental Services)
- Development of a local Dental Recovery Plan, which aims to improve access and support the dental workforce.
- Development of a Dental Services Equity Audit by the Consultant in Dental Public Health, which has helped to inform commissioning intentions.
- Dental access is slowly improving. Between March 2022 to December 2024, dental access increased from 46% to 56% for children and 33% to 36% for adults, with the benchmark being 55%, which was the level of access pre-pandemic.
- Mobilisation of a new dental practice in Hereford City in June 2024, with a 2nd site due to open in May 2025. Combined, these two new services will provide much needed additional dental access for around 7,000 residents.
- Implementation of a proof-of-concept Dental Training Centre, which aims to recruit more dentists from overseas, and support them through the mentoring process.
- Continued to build on relationships with Local representative Committees such as the Local Dental Committee (LDC), Local Optometric Committee (LOC) and Local Pharmaceutical Committee (LPC) to understand the challenges and opportunities for providers to inform future strategic commissioning intentions.
- Worked closely with Community Pharmacies to implement the community pharmacy element of the national Primary Care Access Recovery Plan. In the two-year programme:
  - *Pharmacy first commenced for seven common health conditions at the end of January - Sinusitis, sore throat, earache, infected insect bite, impetigo, shingles, and uncomplicated urinary tract infections in women without the need to visit a GP practice in addition to 40+ conditions pharmacies routinely manage. To date **13,906 consultations** have been referred by GP practices FY 24 25 (4,557 through clinical pathways and 9,348 as minor illness referrals).*
  - *Oral contraception service has been expanded. Between April 2024 and December 2024, **3,124 consultations** completed for initiations and ongoing supply of oral contraception.*
  - *Blood pressure check service has been expanded, encouraging utilising technology, to improve efficiency of referrals to community pharmacies. 89 pharmacies signed up and the service is delivering over target at **139.3%** (Nov 2024)*
  - *Discharge medicine service - Working closely with secondary care pharmacy teams to increase referrals into this service. All 3 NHS Trusts have commenced the service helping to reduce 30-day readmissions*
  - *Approved for 3 H&W sites to host independent prescribing pharmacist clinics – acute conditions; contraception; hypertension and CORE20PLUS5 initiatives. Herefordshire and Worcestershire ICB are the only ICB to fulfil all sites.*
  - *Pharmacy Engagement PCN Lead role, working with PCNs to increase patient, public awareness and referrals.*
  - *Ensure safe use of medicines and the position of community pharmacy is routinely built into our commissioning arrangements including a major provider of Flu and COVID-19 vaccine delivery across HWICS*

## 3. What are the priorities going forward?

- Accelerate Pharmacy First National Services so that there is an equitable offer for patients to self-refer or be referred increasingly into pharmacy-based services. GP connect update and access record is required to be switched on in GP practices by October 2025 to enable more streamlined messages on clinical services provided by pharmacies.
- Continue to implement the local Dental Recovery Plan priorities.
- Continue to build relationships with Community Optometrists, and the development of integrated pathways
- Increase clinical pathway referrals from practices.

## 4. What will we deliver and by when?

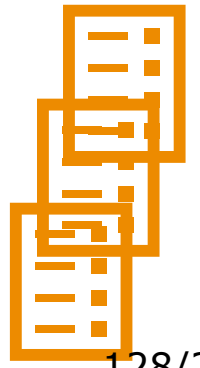
| Priorities | Deliverables | Year of delivery |
|---|---|---|
| Primary Dental services | Implement the local Dental Recovery Plan actions, in addition to the government manifesto for additional urgent dental appointments. | During 2025/26 |
| Delegated responsibilities | Continue the governance and oversight of Pharmacy, Ophthalmic and Dental delegated responsibilities (in addition to General Medical Services) via the Delegated Commissioning Sub-Committee, established July 2024. . | During 2025/26 |
| Increase Dental Access | Mobilisation of the 2nd dental service in Hereford City to increase access for patients<br><br>Commence commissioning plans for additional dental activity, in accordance with the local Dental Recovery Plan | May 2025<br><br>By June 2025 |
| Optometry | Continue to build relationships with Community Opticians and develop integrated pathways where clinically appropriate | During 2025/26 |
| Community Pharmacy | Accelerate referrals into Pharmacy First services for minor conditions and clinical pathways plus BP checks and contraception services through integrated pathways.<br>Full digital integration into discharge medicine pathways confirms patient understanding of changes made to medicines whilst in hospital after they are discharged.<br>Continue to input into national learnings of independent prescribing by community pharmacists as part of the national pathfinder programme – essential to workforce plans | During 2025/26 |



## 5. Where you can find more detail?

Dental patients to benefit from 700,000 extra urgent appointments - GOV.UK

Pharmacy First: what you need to know - Department of Health and Social Care Media Centre (blog.gov.uk)



# High quality, patients centred services: SPECIALISED SERVICES

Theme 14

## 1. Why is this important?

Specialised Services are a diverse portfolio of NHS pathways accessed by a small group of people living with rare or complex conditions, including cancer, neurological, genetic and complex mental health needs.

ICBs were established to work with all partners to create a system where decisions are taken as locally as possible.

In 2024/25 the ICB became responsible for 59 acute specialised services delegated from NHSE, following the delegation of pharmacy, optometry and dental services in 2023/24. In 2025/26 a further delegation of other acute and mental health specialised services, as well as vaccination, screening and child health information services, is to be delegated.

What does this mean for the population of Herefordshire & Worcestershire? It means that the ICB will be able to influence the development of an integrated care pathway (for example, a cancer pathway) thereby ensuring that it reflects the local needs of our population within the larger over-arching commissioning policy across the West Midlands.



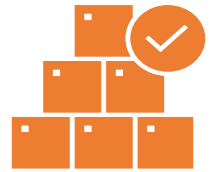
## 2. What have we delivered in 2024/25?

2024/25 saw the continuation of the joint work between NHSE and ICBs to facilitate the safe transition of the delegated services across the 11 Midlands ICBs. It is proposed that in 2025/26 - subject to consultation – NHSE staff in the West Midlands supporting all these services will transfer to NHS Birmingham and Solihull Integrated Care Board.

## 3. What are the priorities going forward?

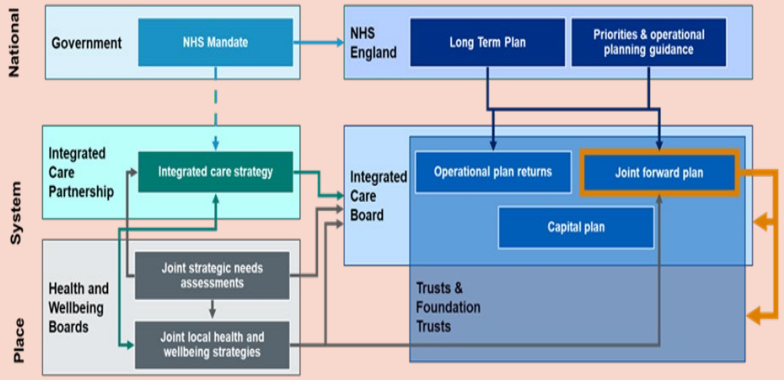
The over-arching national priorities for Specialised Services in 2025/26 are:

- Continue to reduce elective care waiting times – with 65% of patients waiting less than 18 weeks.
- Improve ambulance response and A&E waiting times – with a minimum of 78% of patients seen within 4 hours
- Improve patients access to general practice and urgent care dental care access, including 700,000 additional urgent dental appointments
- Accelerate patient flow in mental health crisis and outpatient care pathways



# High quality, patients centred services: SPECIALISED SERVICES

Theme 14

| Priorities | Deliverables | Year of delivery |
|---|---|---|
| **To demonstrate NHSE priorities align with wider system partnership (ICB) ambitions, support subsidiarity and be delivery focused.** | Production of an Integrated Commissioning Plan for 24/25 building on existing local strategies and plans, emphasising collaboration with local entities, and reflecting universal commitments. Whilst maintaining a delivery focused approach, incorporating specific objectives, trajectories, and milestones to ensure actionable plans and measurable outcomes<br>  | **2024/25** |
| | Delivery of the integrated commissioning plan | **2025/26 and beyond** |

**5. Where can you find more detail?**

NHSE Midlands