

1 Our vision is “To improve the quality of care for individuals, carers and families, empowering and supporting people to maintain independence and to lead full lives as active participants in their community”.

Four overarching principles support our vision - that health services need to be: (1) localised where possible; (2) centralised where necessary; (3) in all settings, care should be integrated across health, social care and local authority providers to improve seamless patient care; and (4) the system will look and feel from a patient’s perspective that it is personalised - empowering and supporting individuals to live longer and live well.

2 **System Objective One:** *securing additional years of life for people with treatable conditions*

- To improve clinical outcomes

System Objective Two: *increasing the number of people having a positive experience of care, in and out of hospital*

- To improve patient satisfaction, patient experience and confidence

System Objective Three: *making significant progress towards eliminating avoidable deaths in our hospitals and outside of hospital*

- To reduce mortality rates

System Objective Four: *improving the health related quality of life of the 15 million+ people with one or more long-term conditions*

- To reduce morbidity rates

System Objective Five: *reducing the amount of time people spend avoidably in hospital through more integrated care & increasing the proportion of older people living independently at home following discharge from hospital*

- To reduce admission and readmission rates

System Objective Six:

To address clinical priorities as set out in local Health & Wellbeing strategies and NHS England direct commissioning strategies.

3 **Shaping a healthier future (SaHF) acute reconfiguration, alongside London, SaHF and 7 day Quality Standards**

Reconfigure acute care and implement clinical standards (emergency, paedics and maternity) and 7 day working so that:

- Safe, high quality, and responsive acute care is delivered consistently 7 days a week from 5 major acute hospitals, with other sites specialising in specific areas (e.g. elective care), and/or providing 24/7 urgent care access and local care.

Out of Hospital strategies, including Primary Care transformation

Transform out of hospital care to make it more accessible and responsive to patient needs. This includes new models of primary care (built around networks) and redesigning and shifting the delivery of services, including planned care, from hospitals to community settings, i.e. ‘out of hospital’.

Whole Systems Integrated Care

Implement population-based models of care that empower patients and have GPs at the centre of coordinating people’s care. Develop systems to enable the provision of integrated care. To be developed in line with the Integration Transformation Fund (ITF).

Transforming Mental Health Services

Implement/enhance services to support care within community settings, including an enhanced acute psychiatric response and enhanced primary mental health care, as well as more integrated care for people with LTCs and mental health needs.

Health Promotion, Early Diagnosis and Early Intervention

Implement health promotion, early diagnosis and early intervention plans in lines with local Health and Wellbeing Boards strategies (HWBS) and NHS England’ direct commissioning priorities.

4 **Overseen through the following governance arrangements**

Responsible for delivery:

- Health & Wellbeing Boards
- CCG Governing Bodies

Joint programme governance:

- ↑ CCG Collaboration Board
- ↑ SaHF Implementation Programme Board; MH Programme Board; and WSIC Programme Board

5 **Measured using the following success criteria**

- Delivery of the NHS outcome ambition attainment targets
- All organisations within the health economy report a financial surplus in 18/19
- No provider under enhanced regulatory scrutiny due to performance concerns
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6 **High level risks to be mitigated**

- Unable to meet clinical standards
- Unable to deliver workforce
- Delivery timelines not met
- Unsustainable demand
- Poor patient experience

These key risk areas could lead to two worst case events:

- Precipitate poorly planned change
- Failure to deliver benefits