



Delivering Financial Balance

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Reflected in 'A Healthier Mid and West Wales' (HMWW):

- Vision for everyone to have long, healthy, happy lives
- We want to enable people to control their own health and wellbeing
- We need to make sure we have the right health and social care services to help people stay well, recover from illness and stay well



Expectation that:

- Mid and West Wales communities and the environments they live, play and work become adaptive, connected, mutually supportive.
- People are resilient and resourceful and enabled to live joyful, healthy and purposeful lives with a strong sense of belonging throughout each stage of their lives.



Delivering our vision will be underpinned by:

- ✓ Improved population health and well-being
- ✓ Better quality, more accessible health and social care services
- ✓ Higher value health and social care
- ✓ **A motivated and sustainable health and social care workforce**



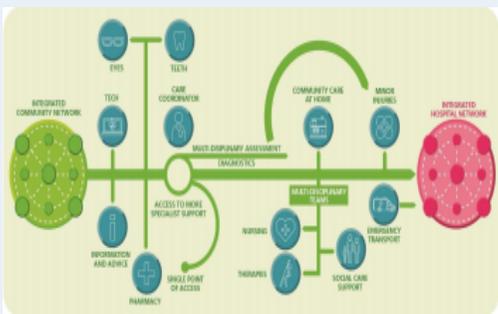
From our work to date, we are:

1. Delivering good quality care compared with peers (Public Health Wales)
 2. Spending a lot more than what we receive on high A&E and USC activity
 3. Other areas of technical inefficiency exist, but to a lesser extent
- Points 2 and 3 above are the key drivers of Hywel Dda's underlying deficit.



To ensure we target resource for maximum value we need to use the tools and BI available to us to:

- Understand our starting position using validated data (performance, quality, £)
- Identify areas of improvement we wish to address
- Identify areas of opportunity we wish to pursue
- Identify opportunities for positive disruption, innovation, mechanisation
- Design work programmes to progress the above



Delivery of the HMWW strategy will result in the following:

- Investment in expanded services and networks outside the acute setting
- Investment in virtual care services and strengthened support frameworks
- Increase in early diagnosis, reduced unnecessary hospital attendances
- Increase in targeted health and social care provision in high risk areas
- Increase in staff capacity, underpinned by digital innovation

Initial work has begun to explore the potential strategic opportunities to refine and develop health and social care in Hywel Dda:

- Preliminary conversations with those listed (right);
- Information gathering (strategies, opportunities framework, performance reports);
- Review of external data sources (Public Health Wales, Wales Stats, other Health system recovery plans); and
- Development of portfolio of **progressive** health and social care opportunities for further consideration, linked to Hywel Dda 6 strategic priorities (People and Services) and Quadruple Aim.

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Next steps are as follows:

- Refine portfolio* of health and social care opportunities;
- Review and check/challenge portfolio at Commissioning Group;
- Explore opportunities for use of BI tools available for analysis;
- Explore HR disruption, digital disruption and value disruption; and
- Present an approach to addressing financial balance through exceptional healthcare to Finance Committee in January 2021.

**Portfolio linked to strategic objectives and Quadruple Aim*

Board approved strategic objective

People - People at the heart of what we do
People - Working together to be best we can
People - Striving to deliver/develop excellent services
Services - Best health/wellbeing for people/communities
Services - Safe, sustainable, accessible and kind care
Services - Sustainable use of resources

Quadruple Aim

Improved population health/wellbeing
Better quality more accessible health/social care
Higher value health and social care
Motivated/sustainable health/social care workforce

DESIGN STAGES FOR IMPLEMENTING HMWW STRATEGY

KEY CHALLENGE FOR HB

- Value-based approach and sustainability key to reducing deficit as strategy begins to change the way we work;
- Majority of cost that we control is pay-related – more than 70% of total spend, but more than 90% of controllable spend;
- Key issue is therefore how to redesign our pathways to:
 - Prevent activity to reduce the need for clinical staff in total;
 - Reduce pathway reliance on Doctors;
 - Reduce number of acute hospital beds;
 - Consolidate services on sites.

NEXT STEPS

Redesign pathways for acute care:

- Self-care - particularly chronic conditions, ambulatory care;
- Use of technology – especially remote monitoring, contact;
- Low cost interventions eg Delta Wellbeing;
- Increase resources for community-based services to facilitate redesign;
- Use BI to target resources at those with greatest needs;
- Greater use of Therapists/ Nurse Practitioner/ Advanced Practitioner roles;
- Actively redesign pathways to reduce reliance on acute beds, Doctors.

Board approved strategic objective

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Quadruple Aim

- Improved population health/wellbeing
- Better quality more accessible health/social care
- Higher value health and social care
- Motivated/sustainable health/social care workforce

- Define desired end state for each main specialty;
- Requires some challenging thinking and difficult choices to be made;
- For example – where do we provide care, what do we provide?
 - Hospital vs out of hospital;
 - Referral management;
 - Ambulatory care and how to reduce reliance on acute hospital services;
 - Convey or not convey?
 - Doctor or practitioner-led services?
- Once desired end state defined, work can commence on quantifying staffing impacts, cost changes, investment needs etc.

Long term financial model

- Helps model the impacts of different scenarios;
- Costs being categorised into inelastic, elastic and semi-elastic to reflect cost behaviour;
- Helps us understand in some detail the impact of the proposed end states on each service's staffing and finance;
- Aiming to be delivered in next few weeks.