



Coventry City Council

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To all Members of the Health and Social Care Scrutiny Board (5)

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Date: 17th July 2017

Our ref: C/EMK

Dear Member,

Supplementary Agenda – Meeting of the Health and Social Care Scrutiny Board (5) - Wednesday, 19th July, 2017

The papers for the above meeting were circulated on 11th July 2017. At the time of publication, one of the documents was not available. This document has now been received and is attached to this letter. Please include it with your papers for the meeting.

- **Agenda Item 4. BETTER HEALTH, BETTER CARE AND BETTER VALUE PROGRAMME (Pages 3 - 10)**

Andy Hardy and Brenda Howard, University Hospitals Coventry and Warwickshire (UHCW) will report at the meeting

If you have any queries, please do not hesitate to contact me.

Yours sincerely

Liz Knight
Governance Services Officer

Membership: Councillors J Clifford, D Gannon (Chair), L Kelly, D Kershaw, R Lancaster, M Lapsa, T Mayer, C Miks and S Walsh

By invitation: Councillors F Abbott, R Ali and K Caan



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Better Health, Better Care, Better Value Programme Update

1 Purpose

The purpose of this report is to provide Health and Social Care Scrutiny Board (5) with an update on the Better Health, Better Care, Better Value programme.

2 Recommendation

- 2.1 Health and Social Care Scrutiny Board (5) note the report and support the direction of travel

3 Background

The programme was recently renamed “Better Health, Better Care, Better Value” which reflects the triple challenges facing health and social care, as originally described in the “Five Year Forward View” report. This also expresses more clearly our shared ambition for the outcomes we aspire towards.

4 Progress since the last update

The board has agreed its support structure to enable the transformational and enabling workstreams to deliver their priorities and objectives. Recruitment is underway.

We have reinforced the governance arrangements for the programme (Appendix 1) including reframing the work of the Clinical Design Authority and establishing a Programme Delivery Group to support the Board. Mental health and Wellbeing is also now a transformational work stream. We have also agreed to establish a cancer work stream, as part of our approach to planned care. Progress in this area will be overseen by the regional Cancer Alliance.

4. Transformation Work stream updates

4.1 Maternity and Paediatrics

A Maternity System Transformation Group is now in place with four key work streams:

- Implementing ‘better births’
- Improving maternal safety and wellbeing;

- Reviewing and implementing the West Midlands Neonatal Review
- Implementing 'saving lives care bundle'.

An Action plan will be agreed by October.

4.2 Urgent and Emergency Care

The work stream has undertaken a stocktake to assess progress against implementation of the national A&E plan. An assessment of current capacity constraints has also taken place. Patient mapping exercise is now being undertaken to identify patient flows to emergency and urgent care centres.

4.3 Mental Health

A high level care model has now been devised. Workstreams have been established which cover:

- Community capacity and resilience;
- Primary care;
- Specialist care;
- Acute and crisis care.

A programme brief, blueprint and road map are now being developed for agreement at the Clinical Design Authority.

4.4 Proactive and Preventative (P&P)

A targeted proactive and preventative approach is the foundation for a wider system approach and has the potential to improve overall health and well-being

- Maintain quality of life for longer
- Reduce demand on services longer term
- Reduce costs and deliver return on investment

The P & P work stream enables us to scale up and build upon work already underway with an improved understanding of place-based need via the JSNA with a universal focus on self-help, early intervention.

Prevention is integrated into all aspects of the health and care model with agreed prevention priorities:

- Smoking prevention
- Obesity
- Falls prevention
- Thrive Mental Health Commission Report

The work stream has now agreed the out of hospital (OOH) model via the Clinical Design Authority and is moving into the procurement phase.

4.5 Productivity and Efficiency

There is now a focus on progressing the work in this work stream. The governance structure including the scope of the work is being developed and will be agreed shortly. The initial focus will be based upon the initial assessments by individual organisations against the opportunities identified in the Carter report.

4.6 Planned Care

Musculo–skeletal pathway: a workshop took place on 26th May to look at effective hospital discharge and reduction in patient follow up management. Three workstreams have been confirmed:

- primary care pathway;
- implementing the principles of the early discharge model; and
- reducing demand for patient follow up through virtual fracture clinic and group follow ups.

4.7 Cancer has three confirmed priorities:

- Prevention
- Screening;
- Early diagnosis

Low Priority Procedures: consultant connect is currently being piloted in Coventry and Warwickshire South. Consultant connect aims to reduce acute referrals by providing advice, guidance and support to GP's regarding patients they are considering referral to surgery.

Reducing patient follow ups appointments: the first pilot is being undertaken in ophthalmology and will commence in July in Coventry and Warwickshire North.

5. Enabling work streams

5.1 Workforce

The workforce group has established three key areas of focus:

- i. Career pathways
- ii. Leadership and OD
- iii. New roles and new ways of working

The group is now completing an outline workforce strategy.

5.2 Estates

The estates group recently outlined its key priorities:

- premises stocktake,
- resources required to deliver the future model and
- efficiency delivery of infrastructure functions.

Further work is required to better understand the issues such as backlog maintenance.

The group is progressing discussions on a Health and Wellbeing Campus model for George Elliot Hospital and hosted a workshop for partners across the system to consider this further on 11th July (Appendix 2)

5.3 Information management and technology (IM&T)

The IM&T group has signed off a data sharing agreement between all partners. All residents of Coventry and Warwickshire have received a leaflet to their homes explaining how data will be shared and giving them the option to opt out via their GP at any time.

5.4 Communications and engagement

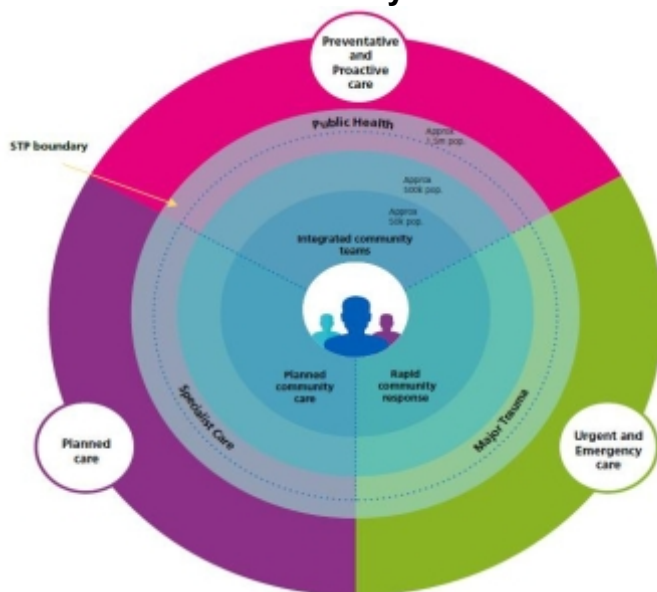
A number of communication and engagement sessions have recently taken place:

- 50 members of Warwickshire County Council attended a session on 30th May
- Warwickshire health and well-being board executive held a workshop on 14th June.
- A Health and Social Care Summit took place on the 26th of June at Warwick University. Attendees from Coventry and Warwickshire were joined by national, local and regional experts.
- A workshop took place on 27th June facilitated by The Consultation Institute for representatives across the health and care system to explore responsibilities for public, patient and stakeholder involvement and effective partnership and co-creation of service models.

5.5 Primary care development

The primary care development work continues to progress. The General Practice Forward View was Published 21st April 2016. A clear direction for primary care is set, with strong emphasis on practices coming together to work at scale with the common currency of populations of 30,000 – 50,000. The intention is to deliver a “new version of what general practice can be”.

Potential Model for Primary Care



This year’s Shared Planning Guidance included a requirement for every CCG to develop a General Practice Forward View Plan. All three plans have now been rated ‘Green’ (assured) by NHS England.

6. Options Considered and Recommended Proposal

The committee is asked to note this report and its contents

Report Author(s):

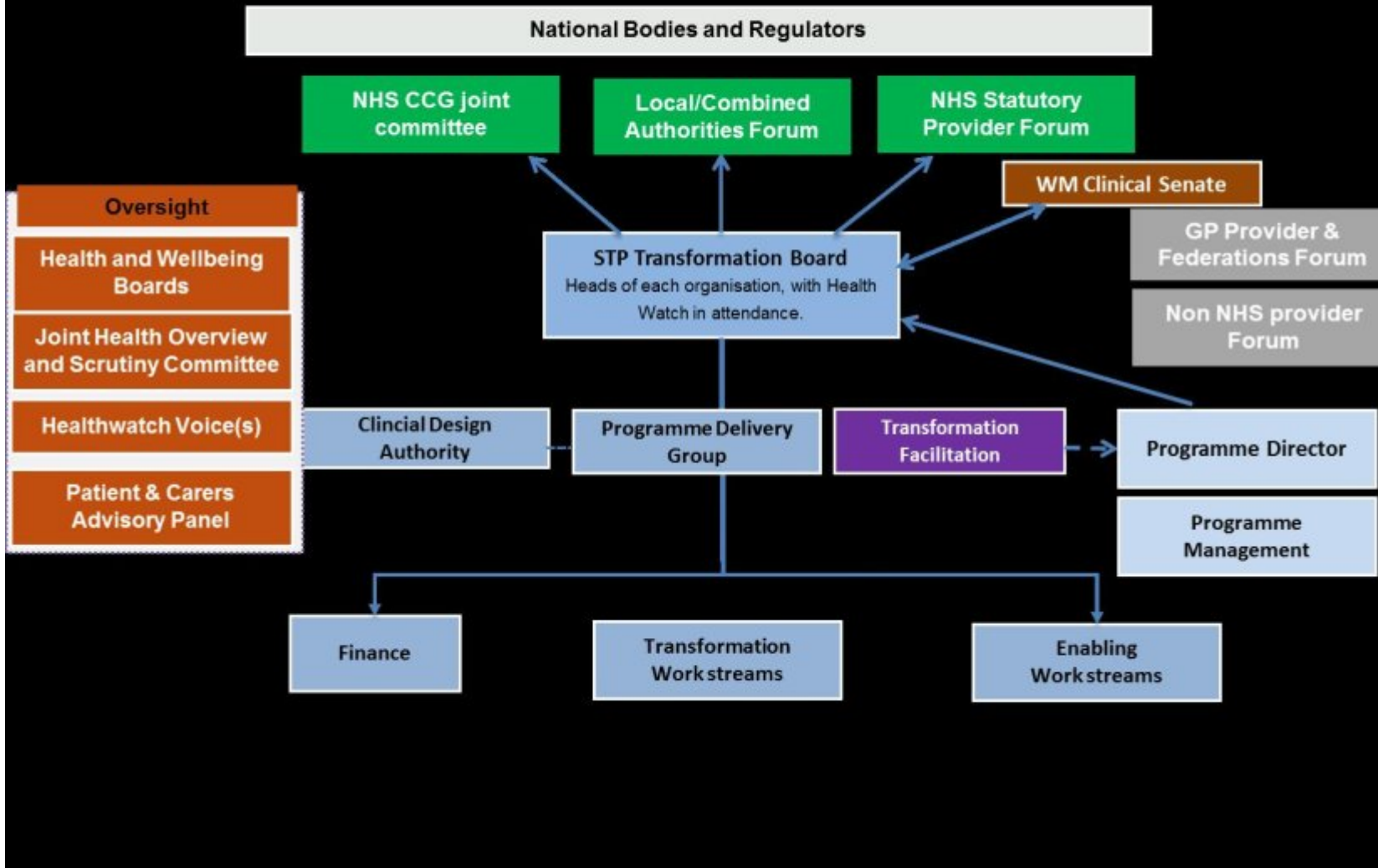
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Appendix 1 – Programme Governance, Structure and Work Streams
Appendix 2 - Briefing on Estates Strategy – June 2017

Programme Governance, Structure & Work Streams



Briefing on Estates Strategy – June 2017

Background – The Naylor Report

NHS Property and Estates – Why the estate matters for patients (Sir Robert Naylor Report) March 2017

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/607725/Naylor_review.pdf

The Naylor report sets out to develop a new NHS estates strategy that supports the delivery of the specific DOH targets to release £2bn of assets for reinvestment and to deliver land for 26,000 new homes. The report estimates that the STP capital requirements may total circa £10bn with conservative back log maintenance estimated at £5bn and a similar sum likely to be required to deliver the 5YFV.

The report calls for the STP process to rapidly develop robust capital plans that are aligned to the clinical strategies, maximising value for money and addressing backlog maintenance.

The key recommendations include:

- Improving capability and capacity to support national strategic planning and local delivery through the establishment of a new NHS Property Board.
- Encouraging and incentivising local action:
 - STPs to develop affordable estates and infrastructure plans that include capital strategy to deliver 5YFV and address backlog maintenance.
 - STP estates plans and their delivery to be assessed against targets informed by benchmarking.
 - DH and HMT should provide robust assurance to STPs that any sale receipts from locally owned assets will not be recovered centrally provided the disposal is in agreement with STP plans and that the HMT provide additional funding to incentivise land disposals through a “2 for 1” offer in which public funds match disposal receipts.
 - Guidance to be provided on the relative roles of providers and STPs with respect to estates matters and ensure primary care facilities meet the 5YFV
 - Land vacated to be prioritised for development of residential homes for NHS staff where appropriate and that urgent action to be taken to accelerate the delivery of small scale and low risk developments.
- National robust capital investment plan for the NHS to be worked up.
- Substantial capital investment of circa £10bn for service transformation in well evidenced STP plans to be met by contributions from property disposal, private capital (for primary care) and from HMT.

The Report makes reference to a number of good practice premises considerations and priority areas for STPs to address, such as efficient use of estate including ratios of clinical versus non-clinical space (Carter Review), dealing with backlog maintenance (ERIC) and the condition of the estate, ensuring investment is value for money and focusses on enabling new models of care (recognising differences between metro and rural areas), allocating appropriate resources and skills towards delivery of the ask, delivering strong and robust investment plans (business cases) evidenced by real need within overall STP premises portfolio.

Local plans

The STP Estates Group is led by Shahana Khan Director of Finance George Eliot Hospital NHS Trust . The group comprises of representatives from the NHS organisations in the Coventry & Rugby the Warwickshire locality, which are South Warwickshire Foundation Trust, the George Eliot Hospital Trust, and University Hospitals Coventry & Warwickshire Trust, Coventry & Warwickshire Partnership Trust, the three CCGs, the Warwickshire LMC and Local Authority representation.

Each of the three CCGs has retained its own Local Estates Forum (LEF), which is reporting into the STP ESG. This ensures a strong focus is kept on locality priorities, while the ESG can focus on the more strategic and overarching STP priorities, and perform a co-ordinating and integration role.

The ESG group has produced a revised draft Terms of Reference in February 2017 including a governance structure that reports into the overall STP governance.

Key priorities

The ESG has identified and established three key areas to develop to enable it to be in better position to deliver and respond to service transformation infrastructure needs. The areas address the questions of

- What premises do we have now and what should the future premises portfolio look like?
- Which resources can we access to deliver the future model?
- How can we structure the delivery and management of the infrastructure functions more efficiently?

Objectives

- Consolidation of estate and ensuring optimum use of existing estate
- Review of Primary Care Estate
- Consider new estates operating models
- Identify opportunities to collaborate with partners to ensure optimum usage of public estate

Outcomes

- Reduce costs
- Reduce capital requirements
- Ensure the estate is fit for purpose

George Eliot Health and Well Being Campus

George Eliot Hospital NHS Trust (GEH) is working with partners from health, education, local government and third sector to address health, housing and educational inequalities in the North Warwickshire . In order to support this agenda a health and wellbeing campus vision is being established that would be located on the GEH site. This would develop the estate as a community asset and would be used much more effectively.

As a result, GEH is planning on seeking a partner that will support them in delivering the campus vision and drive the maximum benefit from its. The vehicle that will be used to deliver this is a strategic estates partnership drawing benefit from the expertise of master planning, estates development, project management and potential funds to realise the vision.

Report Author: Josie Spencer Deputy CEO Coventry & Warwickshire Partnership Trust on behalf of the Better Health, Better Care, Better Value Programme Board.