



To: Coventry Health and Wellbeing Board

Date: August 2015

From: System Wide Transformation

Subject: System Wide Transformation Programme Progress Report

1 Purpose

This report provides the Coventry Health and Wellbeing Board with an update on progress for the System Wide Transformation Programme provide an overarching, high-level description of the transformation that will be used to deliver the planned and urgent care programme.

2 Recommendations

The Coventry Health and Wellbeing Board is asked to:

- Approve the strategic aims of the System Wide Transformation Programme;
- Provide strategic direction going forward

3 Background

- 3.1 The 'Five Year Forward View', describes a position that without transformative system change, the local health and social care economy will not be able to address the key challenges we are experiencing. The NHS is going through the biggest financial squeeze in its history. The delivery of productivity improvements between 2010 and 2015 has proved challenging and previous 'go to' options are largely exhausted. The Association of Directors of Adult Social Services published "Distinctive, Valued & Personal: Why Social Care Matters", setting out the significant challenges already experienced within social care and evaluating future challenges that compound the difficulties in delivering transformational change under increasingly challenged health and social care economies.
- 3.2 At the same time, demand for services has sky rocketed; key targets, such as Referral To Treatment Time or the 4 hour A&E waiting time, are being missed across the country and the pressure on community and mental health services is mounting. This is highlighted by the current delayed Transfers of Care pressures on the local health and social care system that are being experienced by all partners.
- 3.3 With this comes the opportunity to fundamentally think differently about how health and social care organisations can address the challenges collectively and in more integrated ways. As a consequence, a radical refocus of the way health and social care partners work together has been proposed. A system wide transformation programme has been conceived that is tasked with designing and delivering fundamental changes across the

local health and social care economy. The programme encompasses existing change programmes that are being delivered across health and social care, including the Better Care Coventry programme and the urgent care programme.

- 3.4 Chief Officers from across the five health and social care organisations (Coventry City Council, UHCW, CWPT, CWCCG and Coventry and Rugby GP Alliance) have signed up to this approach. The following outlines the vision for the programme, how this vision will be achieved.
- 3.5 As a system leadership team we believe that to achieve our strategic aims and system wide objectives to improve patient care and outcomes the following should be our stretch ambitions –
- **No-one comes to hospital who can be managed elsewhere**
 - **No-one is admitted to hospital without an acute hospital need**
 - **No-one waits more than 24 hours to leave hospital once they are medically fit for discharge**
 - **No one receives on-going care and support when they don't need it and when care and support is required it promotes independence, choice and control**
- 3.6 We must **transform** the way that its people think and how they deliver services in the future – taking a '**bottom-up**', empowered and process focused approach to change. The leadership team believes that by focusing on quality, patient value and embedding a culture of team-based continuous improvement, underpinned by Systems Thinking, we will:
- **Improve patient outcomes.**
 - **Empower our people to take ownership of continuous improvement so that it becomes 'the way we do things around here'.**
 - **Ensure is the improvements we make are sustainable in the long term and;**
 - **Improve performance across the system**

4 Our Vision – what we will be like in 2019

- Better connected with our communities so that they will be more confident, sustainable and do more for themselves – embracing the underlying principles of both The Five Year Forward View and Distinctive, Valued & Personal in that we will have 'a new relationship with patients and communities'
 - A quality-led system of collaborating organisations that balance the needs of our communities -patients, carers and families.
 - Our processes will be flexible and responsive to the needs of our community and the things that people value.
 - Our staff will be empowered, trusted and have ownership of continuous improvement – using their skills and knowledge to improve what we do and releasing more time to care.
- 4.1 *Our strategy – to achieve our vision we will:*
- Understand our communities, citizens and patients - what they need and value most.

- Focus on improving **quality** and increasing **value** in the end-to-end patient and citizen journey, system pathways and processes. We know that by focusing on **quality** and **value** we will remove waste and improve **productivity – releasing and reinvesting time to care** and where appropriate, reduce costs so that we are a sustainable system.
- Engage with our partners in whole system redesign so that together we **prevent** our shared **demand** that is rooted in complex social problems.
- Develop our pathways so that they are, **flexible** and **responsive** to changes in need and demand so that valuable resources are used more efficiently and effectively.
- Where appropriate be bold and radical in redesigning areas of our system – starting with a blank sheet of paper.
- **Empower** and **trust** our people and their teams to take ownership of **Continuous Improvement** - giving them the skills, tools and time to succeed. We will give our people permission to test things and learn, always asking what, when, where, why and how?
- We will sustain our commitment to a quality approach and empowerment through our sustained **leadership** – modelling our own behaviour and by being visible.
- We will move positively together towards our shared vision with the confidence to react less to external events and stakeholders.

4.2 *What success will look like*

- Our communities are more confident, independent, have choice and control, more satisfied with our services and national indicators tell us we are in the top 10 percentile for patient and citizen satisfaction.
- Our services are more flexible and responsive to patient and citizen needs, more productive and cost less to provide.
- Our staff have two jobs – to do their job and improve their job.
- Our staff say they feel empowered, fully engaged and valued. We are seen as an employers of choice.

5 System Transformation

- 5.1 The integrated transformation programme SRO's have recognised that whilst a large number of ideas and potential changes have been identified to date, they are largely focused on addressing the immediate problems – and are therefore more closely aligned to business as usual elements of organisational resilience plans.
- 5.2 To ensure that the Integrated Transformation Programme does not solely deliver business as usual changes, each workstream was tasked with identifying three schemes that would deliver system wide transformational change and subsequently those were distilled down to the three priority projects for the system.

6 Delivering Transformational Change

6.1 Establishment of a trusted geriatric assessment process

- 6.1.1 The current assessment process for frail elderly patients does not utilise available resources in an optimum manner, particularly as there is no consistency in assessment between acute and community settings.
- 6.1.2 The establishment of a trusted assessment process will ensure that all professionals involved in the care delivery for particular patient will assess patients in a consistent manner, ensuring that their care and treatment can centre on what matters to them.
- 6.1.3 This will improve the efficiency and effectiveness of community and hospital services, aligned to the getting emergency care right principles, by ensuring that unnecessary procedures can be eliminated and that patients are only admitted when absolutely necessary.
- 6.1.4 The scale and scope of when and how a CGA will be undertaken in comparison to a proportionate screening assessment will be considered as will consideration of the “must haves” that individual organisations may require within their own assessment requirements.

6.2 Creation of an integrated community therapeutic based pull model

- 6.2.1 Therapy services perform a crucial role in assisting the recovery of patients following an acute medical episode –for example a stroke or an operation – in order to maximise their independence. It is recognised that there is currently insufficient capacity within hospital therapy teams to meet the needs of patients.
- 6.2.2 An integrated community therapy pull team would be in a position to provide therapy input to a patient's recovery both in community and hospital settings. This team would also be able to facilitate discharge of patients from a hospital to community settings, when the patient is medically fit. This would therefore improve both the patient's recovery and flow through the hospital.
- 6.2.3 Whilst the model is a therapy pull model – there will be exploration of how existing resources can be aligned for the model. Whilst described as a “therapy pull model”, the model will not necessarily be staffed with therapists but will also consider the role of skilled but non-professionally qualified workers and the role of commissioned services in delivering therapy plans and reablement

6.3 Establishment of step up community response and crisis reduction capacity

- 6.3.1 Current support mechanisms are mainly focused on ensuring patients can be effectively discharged from hospital. Both the common assessment process and integrated

community therapy team will continue to support people to leave hospital as soon as possible.

- 6.3.2 The creation of and/or reconfiguration of existing capacity to provide step up community capacity will enable targeted support to be provided to individuals at risk of admission by providing intermediate care services that are able to resolve potential crisis situations and also avoid hospital admissions.
- 6.3.3 Consideration of how primary and secondary care models need to align to support step up provision will form an important part of the outputs from this priority area.
- 6.3.4 The GE Finamore analysis and model will be utilised to inform requirements, however the model, being based on national best practice may need to be considered as a medium to long-term transformational piece in order to be delivered in a financially sustainable way

7 Next steps

- Agree high level timeline and milestones for the programmes
- Agree common metrics for defining success by programme, and monitoring performance against them on a regular basis, we can then move towards and develop system KPI's that feed into monthly dashboards shared with all organisations in the system.

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