

Coventry & Warwickshire STP Programme


Coventry and Rugby
Clinical Commissioning Group


Warwickshire North
Clinical Commissioning Group


South Warwickshire
Clinical Commissioning Group



University Hospitals
Coventry and Warwickshire

NHS Trust

Coventry and Warwickshire

Partnership Trust

South Warwickshire

NHS Foundation Trust

George Eliot Hospital

NHS Trust


England


Improvement

NHS National Strategy and the STP

NHS National Strategy (2014)

- Why the NHS needs to change
- Focus on triple aim of improving health; reducing the care and quality gap; addressing financial sustainability of care
- A new relationship with patients and communities
 - Getting serious about preventing ill health
 - New models of care
 - Care deliver
 - Working more closely with local authorities
 - Context for securing investment

Public Health England have led on improving Prevention

National taskforces established to set out priorities for

Urgent and Emergency Care

Mental Health

Cancer

Transforming care for those with LD

Maternity services



Sustainability and Transformation Planning (STP) is a route map for how we plan to deliver the national strategy at a local (Coventry and Warwickshire) level

Main questions to be addressed in the plan

Health & Wellbeing	Care & Quality	Finance & Efficiency
<i>How will you close the health and wellbeing gap?</i>	<i>How will you drive transformation to close the care and quality gap?</i>	<i>How will you close the finance and efficiency gap?</i>
Plans for a 'radical upgrade' in prevention, patient activation, choice and control, and community engagement.	Plans for new care model development, improving against clinical priorities, and rollout of digital healthcare.	How we will achieve financial balance across our local health system and improve the efficiency of NHS/Social services.

Timeline

✓ **Submission to NHS E by 18th March to include:**

Governance document *(including copies of any MOU, TOR, scheme of delegation)*

Resourcing *(details of the project team and external advisors, how these are assigned to key workstreams)*

Project plan and milestones *(to achieve project arrangements to deliver the key delivery points in April and June)*

✓ **Submission (10 slide template) to NHS E by 15th April to include:**

Leadership, governance & engagement

Improving the health of people in your area

Improving care & quality of services

Improving productivity and closing the local financial gap

Emerging priorities

✓ **Presentation at Midlands & East session on 5th May**

✓ **Submission of STP on 30th June**

✓ **STP Board: ALB CEOs Confirm & Challenge session on 22nd July**

✓ **External support in place (PWC)**

✓ **Financial template submission – to close financial gap on 16th September**

STP plan (full with implementation milestones & updated finances) at 21st October

Carter return – 7th October

Weekly reporting to WM NHSE team

Fortnightly reporting to WM STP Executive and WM NHSE/NHSI finance group

Programme structure & workstreams

STP Programme Board

Comprised of the head's of each organisation. The board is responsible for decision making and providing strategic direction

Finance Group	Design Authority	Transformation workstreams
<p>The Finance Group is comprised of the Finance Directors of each organisation and it's role is the development of STP financial template, including:</p> <ul style="list-style-type: none"> • Finalising the do-nothing and BAU gap • Support the development of intervention modelling 	<p>The Design Authority is comprised of clinicians and strategy leads from across the footprint and it's role is to:</p> <ul style="list-style-type: none"> • Identify transformation opportunities • Identify and address key interdependencies • Sense-checking financial impact assessment 	<p>There are five transformation workstreams:</p> <ul style="list-style-type: none"> • Proactive & Preventative • Urgent & Emergency Care • Planned Care • Maternity & Paediatrics • Productivity & Efficiency <p>The role of these workstreams is to develop the opportunities areas identified</p>

Mental health is a part of everything we do and will feature across all workstreams.

Enabling workstreams

There are four enabler workstreams. The role of these workstreams is to work alongside the transformation workstreams to identify what is required to enable the progress of each opportunity area.

- Workforce
- Estates
- IM&T
- Communication and Engagement

A Primary Care Development workstream may be added

Transformation Workstreams

Programme Workstream	Content	Some Examples (existing and new)
Proactive & Preventative	<p>Prevention</p> <p>Existing Out of Hospital plans</p> <p>Crisis response</p> <p>Extended scope of proactive care</p>	<p>Public Health activity</p> <p>Social Prescribing & Community support</p> <p>Neighbourhood teams</p> <p>Early intervention</p>
Urgent & Emergency Care	<p>Enhanced ambulatory care</p> <p>Establish a urgent & emergency care network (Senior clinician at front door)</p> <p>Inputting into other workstreams (in particular proactive and preventative)</p>	<p>Improved primary care access, Urgent Care centres</p> <p>Paramedic @ home</p> <p>Public education</p> <p>Integrated 111/Out of Hours</p> <p>Stroke pathway redesign</p>
Planned Care	<p>Pathway redesign</p> <p>Reduction in lower value procedures</p> <p>Consolidation of elective specialties</p>	<p>Musculoskeletal pathway</p> <p>Review of “out-dated”/lower value procedures</p> <p>Remove duplication</p>
Maternity & Paediatrics (eventually part of Planned Care)	<p>Response to recent national and regional reviews</p> <p>Ongoing sustainability across the footprint</p>	<p>Expanded home birth provision</p> <p>Address Workforce challenges</p> <p>Sustainable/affordable services</p>
Productivity & Efficiency	<p>Back office collaboration</p> <p>Consolidation of clinical support services</p>	<p>Procurement, Pay roll</p> <p>Pathology network, Radiation protection</p>

Last but by no means least – the Supporting Workstreams

Workstream	Activity
Workforce	Addressing current workforce issues (agency usage) Creating a sustainable workforce New roles New models of training Supporting workforce changes associated with STP plans
Estates	Consolidation of estate and making best use of existing estate “Single Estate” solution Identifying opportunities to share/use other partners’ estate
IM&T	C&W Digital Roadmap Electronic Patient Record → Electronic Citizen Record Digital/electronic innovations in treatment & care
Communication and engagement	Ongoing communications (public, service users, staff) Ongoing dialogue with partners and stakeholders Informal communications and dialogue Statutory communications/consultations Media

The Design Authority -Facilitated by PwC

Objectives

- Acting as a sounding board for the emerging whole system vision proposed by the Transformation Board
- Providing whole system and clinical input into the design of the new system
- Designing and agreeing the appropriate programme structure and remit of workstreams for next STP check point
- Identifying key interdependencies across workstreams and ensuring that these are appropriately addressed
- Sense-checking the impact assessment of transformation opportunities for the next STP submission

Next steps

Workstreams:

- Clinical input and sense-checking from Design Authority
- Develop individual workstreams

Programme delivery:

- Agree programme structure and capacity/ capability required
- Establish short-term and long-term plans

Finance:

- Further modelling for remaining areas
- Check double counting
- Develop costs for interventions

Key Risks

- No history or track record of delivering large scale transformation across the footprint
- Potential for reversion to silo approaches
- Individuals representing organisation V STP/Footprint
- Continued misalignment of governing regulations, priorities, expectations, processes, cultures and internal governance between the respective organisations
- Challenges associated with acute provider network development and potential reconfiguration decisions
- Stakeholder engagement and managing expectations
- Current operational and financial challenges V need to prioritise STP work
- Funding and access to capital resource
- Lack of sufficient transformational support for preventative initiatives, primary care, new models of care and out of hospital solutions
- Understanding the longer term commissioning footprint/arrangements for a range of specialised services
- Sourcing appropriate capacity to implement the programme of work

Questions

