



To: Coventry Health and Wellbeing Board

Date: 10th April 2017

From: Prof. Andrew Hardy

Title: Coventry & Warwickshire Sustainability and Transformation Plan Update

1 Purpose

1.1 To provide an update on Sustainability and Transformation Plan (STP) progress

2 Recommendations

2.1 Health and Wellbeing Board note the report and support the direction of travel

3 Urgent and Emergency Care

3.1 Workstream content:

- Provision of services which meet the diverse needs of our communities and which contribute to improvements in morbidity and mortality, particularly in groups which traditionally have had poor access to NHS care.
- Ensuring that patients receive fast, effective urgent and emergency care and that prevention strategies reduce unscheduled demand.
- Ensuring that the services operate within tariff (or alternative cost and activity benchmarking) by addressing current and future workforce challenges, meeting likely increases in demand and ensuring that activity levels justify fixed costs.

3.2 Progress update:

The current workstream priority is right sizing hospital urgent and emergency care systems in the context of changes driven through other work streams and the national Urgent and Emergency Care Plan. It is anticipated that the proposed model of U&E Care will be presented to the STP Design Authority for internal clinical agreement in the autumn of 2017.

The Coventry & Warwickshire Stroke Programme, also part of this STP Workstream, is at the pre-consultation stage, with the pre-consultation Business Case within the NHS England assurance process. It is anticipated that this will go to an Assurance Panel in the early summer. Public Consultation cannot commence without NHS England Assurance being completed satisfactorily.

4 Planned Care

4.1 Workstream content:

- Review of Elective Clinical Pathways including follow up to curtail the growth in demand and improve patient satisfaction.

- Review policies for lower value procedures to bring consistency across the STP footprint (eliminate “post code lottery”) and review/revise policies as pathway redesign (as described above) progresses.
- Public education to ensure patients have chosen surgery, rather than other treatments/interventions taking into account lifestyle as well as clinical factors and that they are as fit as they can be prior to surgery, where this is the ultimate choice.
- Cancer Care development in line with national plans (revised strategy announcement due on 31st March) and in alignment with the WM Cancer Alliance work.

4.2 **Progress update:**

The current workstream focus is on the first elective pathway (Muscular-Skeletal) review with emphasis on Hip and Knee replacements with a view to start to change in practice during 2017.

In line with this aim, a Clinical Reference Group (CRG) is established and has met several times with a further clinical workshop being planned for April/May. Though there have been some delays due to sourcing appropriate programme management support, this work is underway as follows:

- Revised MSK pathway (Pre- surgery Physio and Occupational Therapy assessment stage) in place in North Warwickshire.
- Pilot of above due to start end of Q1 2017 in Coventry & Rugby and South Warwickshire (subject to CRG approval).
- Revised post-surgery/discharge pathway in place in South Warwickshire.
- Pilot of above due to start at end of Q1 2017 in North Warwickshire (subject to CRG approval).

Review/revision of other elective pathways will follow in quarterly waves from 2017 onwards, to include General Surgery, ENT, Ophthalmology, Specialist Surgery, other smaller specialties. A review of follow up activity is being conducted and a CRG specifically for this is to be set up to review a list of follow ups not required or delivered by alternative means that is being prepared. The aim is to change follow up procedures/practice during 2017.

C&W Commissioning Policy Group met in late 2016 to consider an appropriate approach to policy review and concluded that pathway redesign needed to come first and policies fall out of that, rather than simply revising existing policies, therefore, as pathway redesign work progresses, policies will be revisited.

Public education activity is closely linked and aligned to the Proactive and Preventative Care workstream and will be developed alongside these plans.

In Cancer Care the work is closely linked to the Cancer Alliance and a revised Cancer Network footprint has been in place since early 2017. NHS providers have refreshed the cancer services diagnostic tool and work is underway to achieve the cancer 38 day target. Identification of further work & priorities will follow the expected announcement from NHS England on 31st March.

5 **Maternity & Paediatrics (eventually will become part of Planned Care)**

Work is underway to refocus this workstream’s programme in line with the National “Better Births” Strategy.

A workstream “away day” is to be held in early April to begin this work and develop a strategic STP-wide approach to the national strategy.

6 Proactive & Preventative Care

6.1 Workstream content:

- Out of Hospital Programme -To deliver a new care model for out of hospital services.
- Public Health - Making early intervention and prevention everybody’s business and developing a shared understanding of what Public Health programmes can be targeted and ‘upscaled’.
- Community resilience and capability - To harness capability within individuals and communities to increase preventative behaviour and lifestyles.

With Underpinning themes of:

- Focus on mental & physical health
- Promoting proactive self-care and independence

6.2 Progress update:

The Out of Hospital Programme is progressing to plan with the solution proposals developed by providers currently undergoing commissioner moderation, prior to a decision on procurement. The new model has been formally assessed by the commissioners, leading a group of clinical and non-clinical Assessors from all parts of the economy. The STP Design Authority will give a view to the STP Board who will feedback their view to commissioners. The NHSE Assurance Process for new care models will be applied and support sought. A recommendation from the Assessors will be put to the 3 CCG Governing Bodies in April 2017, on suitability of the proposed model and mechanism for contracting.

The scope of the Programme beyond the Out of Hospital (OOHosp) is much broader and is currently being developed. It offers the major interface with HWBBs and Local Authority led services relating to the promotion of healthy lifestyles and the building of community capacity. These are also key features of the HWB Strategies and emerging transformational plans for local authorities.

The workstream seeks to build upon the principle of system-wide integration and engender a step change in system and public behaviour to support prevention through 3 steps:

- Understanding the degree and nature of preventative work already underway within the system in terms of core business, existing change activity and additional activities contained within the STP.
- Identifying the opportunities to accelerate or upscale existing preventative work and/or refocus activity to maximise reach and benefit.
- Developing, through the STP, new streams of work or enabling activity to support existing activity to maximise preventative impact.

Efforts to date have focused on the first phase in terms of developing an understanding of the level and nature of work underway in the system.

To succeed the workstream will need to engender a strategic system wide push – it is not a transactional programme and success would be prevention featuring in every element of our work and becoming ‘everybody’s business’.

7 Productivity & Efficiency

7.1 Workstream content:

- Review/consolidation of back-office functions
- Consolidation of Clinical Support functions

7.2 Progress update:

Progress has been slow. Individual organisations have just (March 2017) received feedback from the National Benchmarking and this is currently being collated to give an STP-wide picture, so organisations' differences can be examined. Collation of benchmarking requires programme support, as does the work required for the co-ordination of progress of individual projects within the workstream. Work is required on reaching agreement on which services/functions to collaborate on and this will be taken forward when the Programme Management support, now agreed in principle, becomes available.

8 General update

An Independent Programme Director is now in post, sourced through NHS Interim Management and Support Service (NHS IMAS). She will establish a programme management team and will establish systems and processes to oversee progress and delivery of the STP. The programme team will comprise individuals with specialist analytical and project skills to support the workstreams to deliver their priorities and the programme overall.

The Programme Management Office will directly support the STP Transformation Board in assuring progress, as well as providing necessary liaison with key oversight organisations such as NHS England, NHS Improvement, Health and Well-Being Boards and overview and scrutiny functions. NHS England has provided financial and manpower to support the implementation of this essential infrastructure.

The STP Design Authority, and subsequently the STP Transformation Board, in February, approved the formation of a Mental Health "Steering Group" to oversee the mental health elements within all the STP Transformation Workstreams and to provide appropriate support and guidance.

9 Next steps

At the point of preparing this paper, we understand that an announcement, accompanied by the publication of new STP guidance, will come from NHS England on Friday 31st March. It is anticipated that this will request additional focus on Cancer Care, Urgent & Emergency Care, Mental Health and General Practice 5 year Forward View implementation.

The STP and the work programmes within it will be reviewed and, where necessary, amended to reflect this new guidance.

Report Author(s): Janet White

Name and Job Title: STP Programme Manager

Directorate: N/A

Telephone and E-mail Contact: janet.white@uhcw.nhs.uk