



To: Coventry Health and Wellbeing Board

Date: 4th September 2017

From: Brenda Howard, Programme Director

Title: Update on the Better Health, Better Care and Better Value Work Streams

1 Purpose

The purpose of this report is to provide Coventry Health and Wellbeing Board with an update on the Better Health, Better Care, Better Value programme and work streams, highlighting any key points as necessary.

2 Recommendations

The board is asked to note this report and its contents

3 Background

The Chief Executive and Accountable Officers of the Health and Local Authority Organisations within the Coventry & Warwickshire Sustainability & Transformation Partnership (STP) footprint meet twice monthly as a Board. The Board enjoys the support of both Coventry and Warwickshire Healthwatch as attendees.

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.

We have established a joint vision which all members have signed up to:

“To work together to deliver high quality care which supports our communities to live well, stay independent and enjoy life”

Whilst members of the Board will represent their organisations, it is recognised and accepted by members that strategic decision making for the purpose of developing a system-wide plan for Health & Social Care will require an approach,

whereby overall system benefit is the primary consideration.

4 Progress since the last update

On 13th September, Board members will meet NHS England and NHS Improvement for a quarter two stocktake on progress. The quarter one meeting was positive with the strength of the collaborative was commended. The formal feedback from that meeting has previously been received by the health and well-being board.

Following board agreement to the programme support structure, recruitment has taken place during August and is almost complete. We were successful in attracting applicants from across partner organisations. This workstream support is essential to enable the transformational and enabling workstreams to deliver their priorities and objectives. Subject to notice periods, the support team are expected to be in place from October.

As part of our ambition to develop a cadre of staff who have the knowledge and skills to work across the health and care system seamlessly, we will establish a “System Leadership Academy” enabling participants to experience working in different organisations within our system.

The board has recently completed a developmental OD process led by Health Education England in partnership with Deloitte. This concluded with a workshop in early July. This provided feedback to support the board in its future progress. For a trial period the board will alternate its meetings between a closed chief officer session and the regular full board. The full board will continue to meet monthly and will receive routine updates from the workstreams coordinated through the Programme Delivery Group. In addition, a reference group is to be established which will include local authority lead members for adult social care and health and well-being boards , along with nominated health non-executive directors. This group will meet on an informal basis with board members on a 4-6 week basis.

The board continues to work with a well-respected facilitator (John Bewick) who is known to several partners locally in carrying forward the outcome of the OD analysis.

Transformation Work streams

4.1 Maternity and Paediatrics

In February 2016, Better Births set out the Five Year Forward View for NHS maternity services in England. Better Births recognised that its vision could only be delivered through transformation that is locally led, with support at national and regional levels. 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 which considers the different approaches required to meet the needs of those experiencing challenges with their mental health, including mental ill health – differentiating between episodic and severe and enduring illnesses. 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:

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- 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

The initial focus of this workstream will be based upon assessments by individual organisations against the opportunities identified in the Carter report. Whilst the Carter report relates solely to NHS organisations this workstream will also take consider opportunities for collaboration across the whole health and care system.

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.

4. Enabling work streams

4.1 Workforce

Workforce challenges will be an issue for all work streams. 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.

4.2 Estates

The estates group provided a recent report to the board outlining its key priorities relating to a premises stocktake, resources required to deliver the future model and the 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 on 11th July for partners across the system to consider this further. Ideas and potential partnerships from the event will form part of a wider partnership program grouped under the following headings:

- commercial
- education
- housing/social care
- health

Working groups are being formed around each of the above areas which will bring together key partners and scope potential projects.

4.3 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.

4.4 Communications and engagement

Communications leads across the STP footprint continue to meet routinely to share and discuss items of common interest. The support team for Better Health Better Care Better value includes support for communications and engagement.

4.5 Primary care development

The primary care development work continues to progress. As reported at the last meeting, the General Practice Forward View was published in April.

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”.

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 board is asked to note this report and its contents

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