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**To: Coventry Health and Wellbeing Board**

**Date: 27 September 2022**

**From: Pete Fahy – Director of Adult Services and Housing, CCC  
Justine Richards – Chief Strategy and Transformation Officer, UHCW**

**Title: Improving Lives – system transformation programme**

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## **1 Purpose**

To brief the Coventry Health and Well Being Board on the progress and next steps in respect of the Improving Lives work underway across health and care.

## **2 Recommendations**

The Board are asked to **note and support** the contents of the report and the attached presentation.

## **3 Information/Background**

The work described in this report and the accompanying presentation provides an update to Coventry HWBB on the Improving Lives programme which is joint programme of change and improvement across the City Council, UHCW, CWPT and the Coventry and Warwickshire ICB working with Newton Europe.

This is a programme of work led through the Coventry Care Collaborative which commenced in 2021 with a diagnostic to identify the scale of the opportunity for change and has since gone through stages of diagnostic, design, mobilisation and is now in the implementation stage.

The programme aims to make a series of improvements across the urgent and emergency care system in Coventry expressed in activity terms in respect of the levels of acute attendances, emergency admissions and emergency readmission for adults over 65 in Coventry and the resulting demand on adult social care services as a result of hospital attendances.

The programme is aiming to deliver a minimum of £13.6m of value across the four organisations. Some of this benefit is cash releasing, such as reductions in volumes of social care, and some of the benefit provides to opportunity to improve effectiveness, for example, changes in admission activity.

Alongside the financial benefits the programme will support improving outcomes for people. Simply put, reducing avoidable admissions to hospital is more likely to lead to people retaining a higher level of functioning and independence.

To deliver the programme three workstreams have been established as follows:

Hospital Processes:

This workstream focusses on Emergency Department, ward processes and the Integrated Discharge Team

Interfaces:

This workstream focusses on referral routes, community visibility of demand, how the Emergency Department connects to services and Discharge connection to services.

One Coventry Integrated Team:

This workstream focusses on the integrated care model, working with specialist teams, ability to intervene proactively in the community, community ownership of discharge from admission, community residential beds for discharge, and the appropriate use of Pathway 3 beds (*Those with such complex needs that they are likely to require 24-hour bedded care on an ongoing basis following an assessment of their long-term care needs*).

Under the programme a number of trials have been operational across the three workstreams. These trials have tested out new ways of working and brought colleagues together across UHCW, CWPT and CCC to work within a new model. The core purpose of the trials has been to design, test then review new models of operating with a view to establishing a model of support that can be rolled out city-wide.

Some of the impacts realised from the trials are included in the presentation accompanying this report and include:

- There have been early signs of the benefits to patients /residents reflected in the trials to date and feedback has been encouraging
- Staff across the system have been largely positive about making the changes across organisations
- To date there has been positive impact on a number of areas of performance and better use made of support in place across the system including Urgent Care Response at the front door which has reduced the number of people needing to be admitted unnecessarily
- Support on discharge is more coordinated between agencies and patient feedback positive in respect of this
- Discharge activity has improved across the trial wards with a focus on developing nursing led discharge over 7 days
- Multi agency response wrapped around the hospital is supporting change in a new way and is different to any other attempts to support change in discharge practices

The next steps in the programme is to provide sufficient assurance and confidence that the trials are scalable and can be rolled out city-wide. This is a significant, possibly the most significant, step in the programme as this is where we make the decision to change how we operate city-wide and move beyond trials to mainstreaming.

In rolling out the programme it is likely that the benefits evidenced in the trials are not scalable on a straight line basis for a number of factors including technology, culture, practice, processes, ways of working, work location and leadership/management across

CCC, UHCW and CWPT. Nevertheless, even without straight line scalability the benefits of rolling out and fully implementing the model across the City are expected to be significant.

#### **4 Options Considered and Recommended Proposal**

There are no specific recommendations or decisions for Coventry Health and Well Being Board at this point. However, the board is requested to support the programme of work as a key initiative that brings organisations working closer together to support the people of Coventry.

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#### **Appendices**

Presentation: Improving Lives – HWBB 27 September 2023