
To: Health and Social Care Scrutiny Board (5)

Date: 10 April 2024

Subject: Improving Lives Programme across Health and Care

1 Purpose of the Note

- 1.1 To provide members of Health and Social Care Scrutiny Board with an outline of the Improving Lives programme of work, the impacts the programme has had to date and expected to have as it becomes fully implemented over 2024.

2 Recommendations

- 2.1 The Health and Social Care Scrutiny Board is recommended to:
 - a) Consider the outline of the Improving Lives programme of work.
 - b) Provide comment on the programme as described to support effective delivery.

3 Background and Information

- 3.1 In January 2021 the local health and social care system then embarked on a significant review of hospital admission and discharge arrangements to determine how improvements could be made that support reducing admissions, length of stay and improve discharge and in doing so reduce the volume of care and support required through enabling more people to be independent.
- 3.2 To progress this work Newton Europe was appointed following a tender process as a delivery partner working across the City Council, University Hospital Coventry and Warwickshire, Coventry and Warwickshire Partnership Trust and the Integrated Care Board.
- 3.3 The programme supported by Newton has comprised a number of phases including diagnostic, design and now implementation. The diagnostic phase demonstrated the scale of the opportunity to improve and the benefits that could be realised if this opportunity was realised.
- 3.4 The attached slides (Appendix 1) summarise the benefits identified through the diagnostic work, the work done so far to implement changes and the impacts realised both to date and expected once full roll-out is achieved during 2024. Impacts are expressed across: residents, our workforce, our organisations and our resources.
- 3.5 In summary the aims of the programme are to achieve:

- An improved and more responsive coordination and delivery of health and care within an individual's own home when urgent and emergency care is required – this will help prevent people making unnecessary visits to hospitals.
 - Where ongoing support (health or care or both) is required to enable people to continue to live independently, this will be reliable, sustainable, and responsive to change as people's requirements change.
 - Where people are required to visit hospital for treatment, this will be undertaken in a patient-centred and effective manner, with the focus on returning home as soon as possible.
 - Where people have had a change in their health as a result of deterioration or a specific episode in their life, they will be supported to recover and re-able to maximise their individual outcomes.
- 3.6 To get to the current point of progress significant system wide working has been required across community and acute provision. Various trials of new models of care were established inside the hospital and in community to test new ways of working and the scope of integration. These trials have been supported by staff and managers from across the system working across boundaries to design new systems, test them out in practice and to work in a multidisciplinary team less reliant on organisational boundaries to reduce duplication and delays and enable communication and shared decision making.
- 3.7 As the programme rolls out over 2024 the service offer to patients/residents in the City will be locality based with the City divided into 3 areas. The area teams (Local Integrated Teams) will support admission avoidance and urgent care requirements alongside hospital discharge pathways.
- 3.8 The development of the Locality Teams will impact positively on the health inequalities agenda for the health and care system. Teams are being organised based on those currently accessing emergency services with the expectation that they will serve local need and that they will be staffed accordingly.

Appendix 1 – SB5 10 April 2024 – Improving Lives

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