



To: Coventry Health and Wellbeing Board

Date: 4 December 2024

From:

Justine Richards – Chief Officer Strategy and Transformation, University Hospitals Coventry and Warwickshire NHS Trust (UHCW)

Peter Fahy – Director of Adult Services and Housing

Title: Community Integrator- the next phase of transformation

1 Purpose

The purpose of this report to Coventry HWBB is outline the approach to the transformation of community services in Coventry.

Coventry HWBB are recommended to support the approach, noting the system ambition for a new model of neighbourhood health and care that delivers improved outcomes for Coventry people.

2 Information/Background

The Coventry and Warwickshire Integrated Care Board (ICB) commissioned University Hospitals Coventry and Warwickshire NHS Trust (UHCW) to be lead provider for the Coventry Community Integrator contract in July 2024.

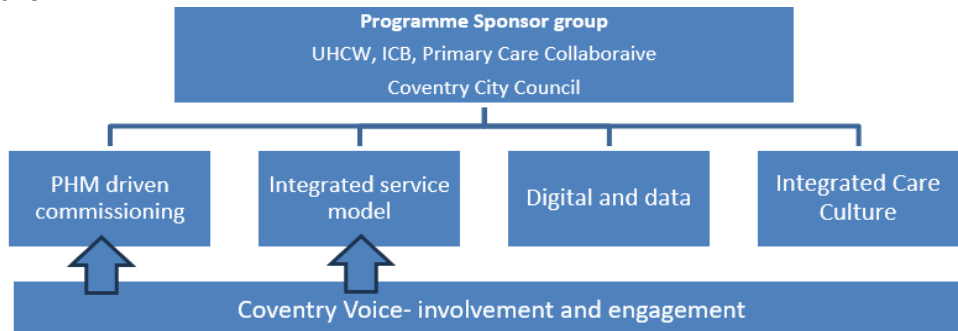
UHCW is now establishing a transformation programme, meeting its responsibility as lead provider to deliver at-scale transformation of community services, taking a Population Health Management (PHM) approach to design and delivery.

The transformation programme will build on approach developed through the Improving Lives programme, bringing system partners together to realise benefits for our population:

- Reduce inequalities and variance in access, experience and outcomes
- Deliver outcomes that are important to people (informed by engagement)
- Make insights and data-driven decisions about allocation of resources where they can have most impact
- Work together across health and care settings, in partnership with the communities we serve.

The transformation programme has been designed to meet these objectives, with five interdependent workstreams. Figure 1. Outlines the programme structure.

Figure 1.



Workstream	Objective
PHM	Understand population need, learn about our communities and how best to support Develop the new commissioning methodology
Integrated service model	Building on the 'Improving Lives' Local Integrated Teams model Develop Integrated Neighbourhood Teams supporting a shared caseload of people (aligning to primary care 'Fuller' stocktake strategy) Convene multiple services and contracts.
Digital and data	Implement EMIS clinical record for community services by April 2025 to support integrated teams. Develop integrated digital and data sharing to support PHM
Integrated care culture	Co-production and change management for the community workforce to foster personalised care and integrated working
Coventry Voice	Engagement and involvement with people and communities to understand need Working with people and communities (and the third sector) to build solutions

The five workstreams will work together to develop a new model of integrated community care that is informed by PHM and designed through engagement with local people and our workforce.

This is a significant 2-year transformation programme. The first phase is a PHM informed 'diagnostic' to identify opportunities for a more joined up and proactive approach to managing need and laying the foundation for a 'neighbourhood health system' with partners.

3 Conclusion

The outlined approach to transforming community services provides the Coventry Care Collaborative with the opportunity to fully realise the ambitions of the Integrated Care System, progressing the key ambitions to improve population outcomes, tackle inequalities, make effective use of resources and support social and economic benefit.

This programme is the next phase of transformation as the urgent health and care model developed through Improving Lives moves into business as usual.

System working between acute, community NHS and adult social care was a key enabler for the success of Improving Lives. Community Integrator will build on that approach and go expand the partnership to include primary care, mental health and the VCSFE reflecting the critical role these partners play in neighbourhood health.

4 Options Considered and Recommended Proposal

Members are requested to NOTE FOR INFORMATION the contents of the report.

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