**Item 9**

**WARWICKSHIRE HEALTH AND WELLBEING BOARD Date: Weds. 26th July 2017**

**From: Professor Andy Hardy Programme SRO and Chair**

**Title: Better Health, Better Care, Better Value programme UPDATE**

## 1 Purpose

The purpose of this report is to provide the Warwickshire 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 25th May, Board members met NHS England and NHS Improvement for a quarter one stocktake on progress. The meeting was positive with the strength of the collaborative being commended. The regional team commented that we have in place well defined governance and executive leadership structures. The formal feedback received is attached as appendix 1 to this report. The next quarterly review will be in September.

The board has agreed its support structure to enable the transformational and enabling workstreams to deliver their priorities and objectives. Recruitment is underway and our ambition is, as far as possible, to attract applicants internal to

partner organisations as secondments. External applications are also being invited to ensure that implementation and delivery can proceed at pace. We are keen to develop a cadre of staff who have the knowledge and skills to work across the health and care system seamlessly. As part of this ambition, we will establish a “System Leadership Academy” enabling participants to experience working in different organisations within our system.

We have reinforced the governance arrangements for the programme (Appendix 2). The Design Authority has been reframed, with greater representation from local clinical leaders (acting as a system-level senate) and this is progressing well. We also have established a Programme Delivery Group supporting the Board to ensure that agreed programmes of work are progressed and appropriately coordinated. All work streams have executive leads agreed, and they are represented on the Delivery Group. Following further debate, we recently concluded that mental health services should be designated as a transformational work stream and arrangements are now progressing to establish this. Given the emphasis highlighted in the recent Five-Year Forward View-Next Steps report, we have also agreed to establish a cancer work stream, as part of our approach to planned care. Progress in this area will be overseen by the regional Cancer Alliance.

The STP board agreed at a recent away day to participate in a developmental OD process led by Health Education England in partnership with Deloittes. This is about to conclude with a workshop in early July. This will provide feedback to support the board in its future progress. The board has already planned 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.

## 5. Transformation Work stream updates

### 5.1 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.

## 5.2 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. A Patient mapping exercise is now being undertaken to identify patient flows to emergency and urgent care centres.

## 5.3 Mental Health

A high level care model has 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.

## 5.4 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:

- 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.

## 5.5 Productivity and Efficiency

There is now a focus on progressing the work in this work stream. The governance structure including the scope of the work is being developed and will be agreed

shortly. The initial focus will be based upon the initial assessments by individual organisations against the opportunities identified in the Carter report.

## 5.6 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.

**Cancer**
We have 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.

## 6. Enabling work streams

### 6.1 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.

### 6.2 Estates

The estates group provided a recent report to the programme 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. A briefing on the estates workstream is attached at Appendix 3.

The group is progressing discussions on a Health and Wellbeing Campus model for George Elliot Hospital and hosted a workshop for partners across the system to consider this further on 11th July.

### 6.3 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.

### 6.4 Communications and engagement

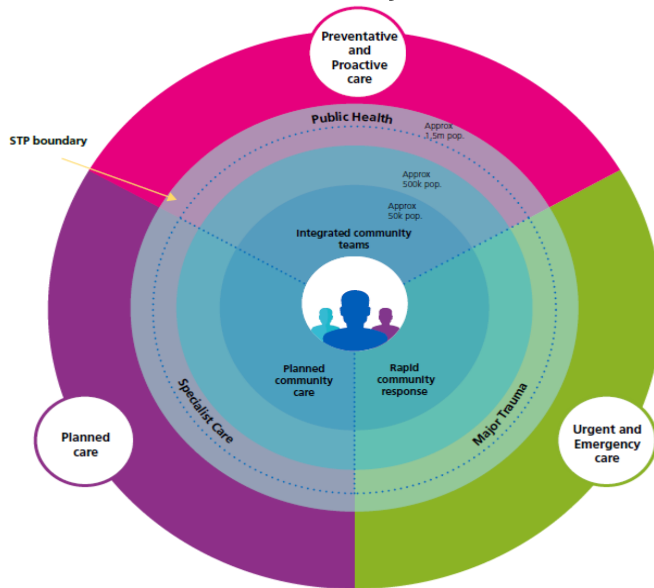
A number of communication and engagement sessions have taken place since the last report to the Health and Wellbeing Board:

- 50 members of Warwickshire County Council attended a session on 30th May
- Warwickshire health and well-being board executive held a workshop on 14th June.
- A Health and Social Care Summit took place on the 26th of June at Warwick University. Attendees from Coventry and Warwickshire were joined by national, local and regional experts.
- A workshop took place on 27th June facilitated by The Consultation Institute for representatives across the health and care system to explore responsibilities for public, patient and stakeholder involvement and effective partnership and co-creation of service models.

### 6.5 Primary care development

The primary care development work continues to progress. The General Practice Forward View was published 21st April 2016. 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”.

**Potential Model for Primary Care**




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


**Report Author(s):**

**Name and Job Title:** Brenda Howard, Programme Director

Josie Spencer Deputy CEO Coventry & Warwickshire Partnership Trust

**On behalf of:** Better Health, Better Care, Better Value Board

**E-mail Contact:** brenda.howard3@nhs.net
josie.spencer@covwarkpt.nhs.uk

**Quarter 1 Stocktake letter**

Dale Bywater
Executive Regional Managing Director
Cardinal Square
10 Nottingham Road
Derby DE1 3QT

Tel: 0300 123 2540

12 June 2017

Andy Hardy
STP Chair
Coventry and Warwickshire STP

***Sent via e-mail***

Dear Andy

**Quarter 1 Stocktake 2017**

Thank you for meeting with us on 25 May 2017 to discuss progress you have made on the Coventry and Warwickshire STP.

It is clear that the STP structure has settled within the footprint and that you enjoy the support of stakeholders in leading the next phase of development.

We discussed the changes to the STP requirements since its inception, and that you are undertaking further marketing of your work, agreeing that the title "**Better Health, Better Care, Better Value**" represents your collective work moving forward. Whilst this is helpful to have a branding, could you ensure that you make your vision and collective work as localised and specific to your patch as possible as it could appear in this regard to be very generic. The STP plan was at such a high level it did not provide any details on the changes or ambitions you had locally. This needs to move forward now.

The strength of the collaborative is demonstrated by system partners who have signed up to a shadow shared control total for 2017 \ 2018, however we note that you currently have differing assumptions on how risk will be mitigated within your system, this will be a good test of your maturing approach.

You have outlined how governance and executive leadership structures are strengthening in your partnership. You have fortnightly meetings as a Board and are moving to recruitment of the PMO. You have established a Design Authority with local clinical leadership (a sort of internal senate) and this is progressing well. You also have a Programme Delivery Group beneath the Board to support senior leaders. Local Authority partners voiced their support and engagement in this partnership.
You confirmed that all work streams have Executive Leads agreed and have established a Mental Health work stream and are reviewing whether you require a separate Cancer work stream.

To date the STP has not thought about how it will approach performance management as an STP as this was not previously part of the ask of STPs. We agreed that this should be given some attention over the next few months, along with the delivery plan.

You are keen to develop as an ACS and have a workshop set up with the New Care Models Team in July 2017.

You have established an OD programme with transformation facilitation from Health Education England. All your STP Board members have filled in a 360 and the feedback from this will form the basis of STP OD going forward.

You have welcomed the support offer from NHS England (NHSE) and are keen to understand the offer more and integrate NHSE staff as part of STP Programme Team.

We discussed whether the STP had delivered any concrete benefit so far and you confirmed that some issues that have needed tackling for a long time in the system are now front and centre of the conversation.

We discussed Stroke as an example of your approach to reconfiguration. You have already had a strategic sense check and are ready to finalise the finance model. We support your commitment to reframe for maximum localisation. You are looking for full engagement over summer. Expecting HOSC agreement. We confirmed that the proposal is for a single HASU and ASU at UHCW is the preferred model.

We identified that there are tough conversations to be had on future service changes that will deliver sustainable acute services. Whilst short term mitigations are in place to support clinical rotas, you referenced the longer term networked solutions that are required to sustain specific services, for example Neonatal and Paediatrics. You are working with John Bewick as an independent Transformation Director to support some of these more difficult conversations and have also sought NHSE support in the clinical review.

We asked you about your top risks to the delivery of your plan and you identified:-

- Human behaviour as a risk if key people fall back into organisational defensive behaviour
- Risk of regulators not providing the right support for the system to adopt a control total approach
- A & E performance - it was noted that you have two Hospitals in the Group achieving the right level of performance but that UHCW is still underachieving. You were looking mitigate this by doing work on reshaping your system and had identified the link between your UEC performance and the OOH model and preventative work. We recognised the A & E Delivery Board being the same footprint as STP as a unique opportunity for sharing good practice and adopting a standard operating model. It is not clear whether the opportunities for this are being optimised in the STP

- The interface with Specialist Commissioning is a challenge also. To date Specialist Commissioning involvement has been patchy and inconsistent. You indicated your intention for the STP to take on the role of Specialist Commissioning for the Coventry and Warwickshire STP
- You further indicated the need to use the wider Acute Networks, and Specialist Networks with Hereford and Worcester to clarify delivery structures

**Accountable Care Organisation and \ Accountable Care System Aspirations**

We asked about the intentions of the STP. You confirmed that Coventry and Warwickshire STP is interested in becoming the ACS and consider separate timeframes for accreditation of an ACO within this footprint when ready to take on some of the risk.

Currently most effort on ACS development is through the development of the Out of Hospital contract first – then add some acute and Primary Care incentives to work differently and deliver improved outcomes.

We discussed the support that NHSE and NHS Improvement (NHSI) could offer, which you indicated includes:-

- Moving away from transactional contracts and learning on accountable care
- Maturing toward this new model and system development
- Governance which includes Board expansion for GP \ NEDs – we would Chairs, Executives and Federation representatives are on a single board with an independent chair.
- Performance measurement and system management development for a system as functions transfer to the ACS
- Assistance with system financial strategy and modelling – please contact Brian Hanford as he is expanding his offer in this regard
- Support for capital bids where this is available

We believe that you are working well as a partnership; you have a sound foundation to build upon. In particular the work you have done on developing shared leadership and governance. But it is now time to bring this to life, firstly ensure you have a strong delivery plan that provides improved performance across your Group, secondly that you tackle long standing clinical quality and sustainability issues. This will ensure you stand ahead of others and can be an early accountable system.

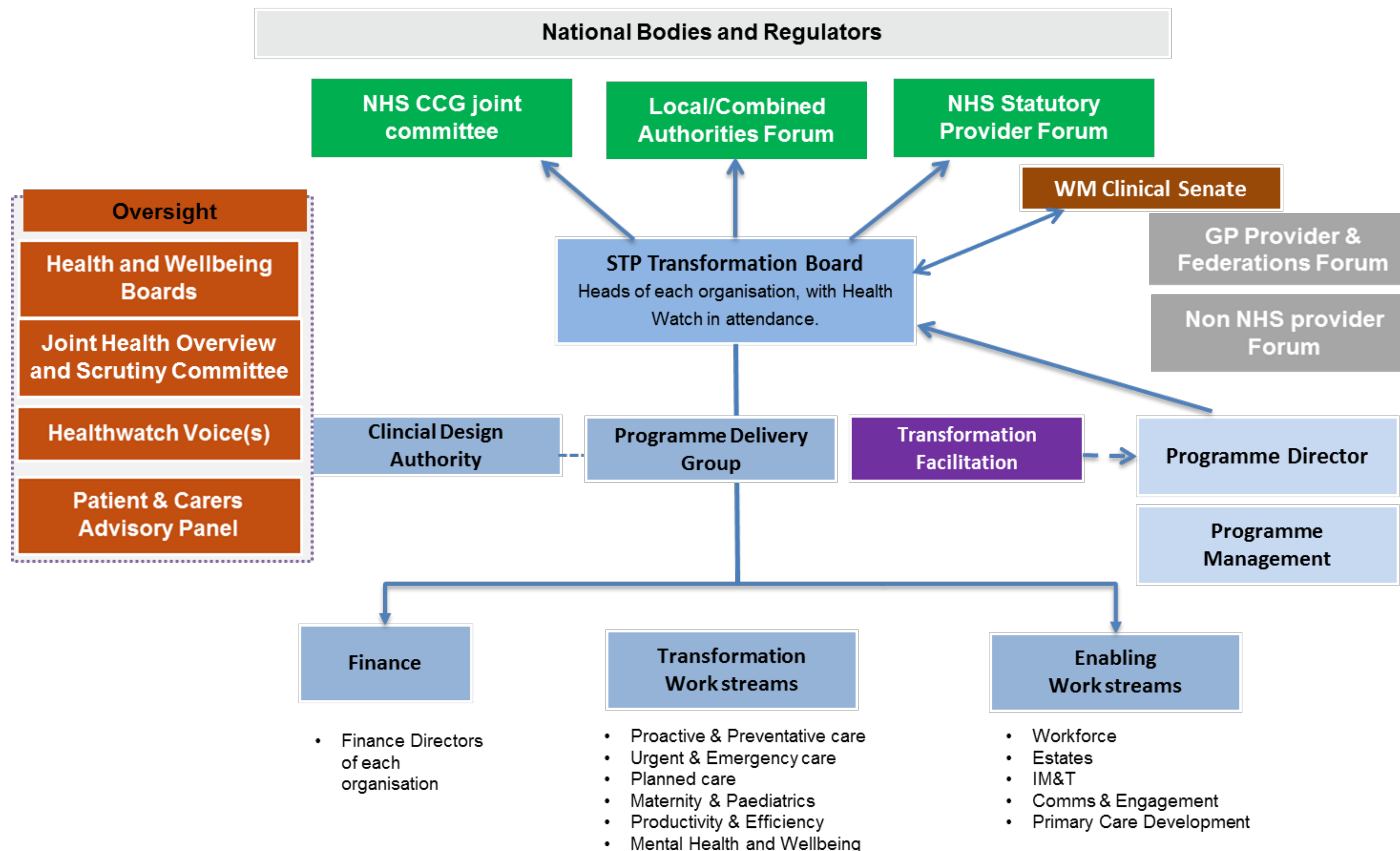
We will, of course, continue to work with you over the coming months and look forward to seeing you at our next formal review which has been set for **Wednesday 13th September 2017** and Mandy Wilson from Alison Tonge's office will be in touch with further information shortly.

Yours sincerely

**Dale Bywater**
**Executive Regional Managing Director (Midlands & East)**
**NHS Improvement**

cc: Alison Tonge, Director of Commissioning Operations, NHS England

# Programme Governance, Structure & Work Streams




12/4/2017

# Briefing on Estates Strategy – June 2017

## Background – The Naylor Report

NHS Property and Estates – Why the estate matters for patients (Sir Robert Naylor Report) March 2017

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/607725/Naylor_review.pdf

The Naylor report sets out to develop a new NHS estates strategy that supports the delivery of the specific DOH targets to release £2bn of assets for reinvestment and to deliver land for 26,000 new homes. The report estimates that the STP capital requirements may total circa £10bn with conservative back log maintenance estimated at £5bn and a similar sum likely to be required to deliver the 5YFV.
The report calls for the STP process to rapidly develop robust capital plans that are aligned to the clinical strategies, maximising value for money and addressing backlog maintenance.
The key recommendations include:

- Improving capability and capacity to support national strategic planning and local delivery though the establishment of a new NHS Property Board.

- Encouraging and incentivising local action:
    - STPs to develop affordable estates and infrastructure plans that include capital strategy to deliver 5YFV and address backlog maintenance.
    - STP estates plans and their delivery to be assessed against targets informed by benchmarking.
    - DH and HMT should provide robust assurance to STPs that any sale receipts from locally owned assets will not be recovered centrally provided the disposal is in agreement with STP plans and that the HMT provide additional funding to incentivise land disposals through a “2 for 1” offer in which public funds match disposal receipts.
    - Guidance to be provided on the relative roles of providers and STPs with respect to estates matters and ensure primary care facilities meet the 5YFV
    - Land vacated to be prioritised for development of residential homes for NHS staff where appropriate and that urgent action to be taken to accelerate the delivery of small scale and low risk developments.

- National robust capital investment plan for the NHS to be worked up.
- Substantial capital investment of circa £10bn for service transformation in well evidenced STP plans to be met by contributions from property disposal,
- private capital (for primary care) and from HMT.

The Report makes reference to a number of good practice premises considerations and priority areas for STPs to address, such as efficient use of estate including ratios of clinical versus non-clinical space (Carter Review), dealing with backlog maintenance (ERIC) and the condition of the estate, ensuring investment is value for money and focusses on enabling new models of care (recognising differences between metro and rural areas), allocating appropriate resources and skills towards delivery of the ask, delivering strong and robust investment plans (business cases) evidenced by real need within overall STP premises portfolio.

## Local plans

The STP Estates Group is led by Shahana Khan Director of Finance George Eliot Hospital. The group comprises of representatives from the NHS organisations in the Coventry & Rugby the Warwickshire locality, which are South Warwickshire Foundation Trust, the George Eliot Hospital Trust, and University Hospitals Coventry & Warwickshire Trust, Coventry & Warwickshire Partnership Trust, the three CCGs, the Warwickshire LMC and Local Authority representation.

Each of the three CCGs has retained its own Local Estates Forum (LEF), which is reporting into the STP ESG. This ensures a strong focus is kept on locality priorities, while the ESG can focus on the more strategic and overarching STP priorities, and perform a co-ordinating and integration role.

The ESG group has produced a revised draft Terms of Reference in February 2017 including a governance structure that reports into the overall STP governance.

**Key priorities**

The ESG has identified and established three key areas to develop to enable it to be in better position to deliver and respond to service transformation infrastructure needs. The areas address the questions of

- What premises do we have now and what should the future premises portfolio look like?

- Which resources can we access to deliver the future model?

- How can we structure the delivery and management of the infrastructure functions more efficiently?

## Objectives

- Consolidation of estate and ensuring optimum use of existing estate
- Review of Primary Care Estate
- Consider new estates operating models
- Identify opportunities to collaborate with partners to ensure optimum usage of public estate

## Outcomes

- Reduce costs
- Reduce capital requirements
- Ensure the estate is fit for purpose

## George Eliot Health and Well Being Campus

George Eliot Hospital NHS Trust (GEH) is working with partners from health, education, local government and third sector to address health, housing and educational inequalities in the North Warwickshire . In order to support this agenda a health and wellbeing campus vision is being established that would be located on the GEH site. This would develop the estate as a community asset and would be used much more effectively.

As a result, GEH is planning on seeking a partner that will support them in delivering the campus vision and drive the maximum benefit from its.  The vehicle that will be used to deliver this is a strategic estates partnership drawing benefit from the expertise of master planning, estates development, project management and potential funds to realise the vision.

**Report Author: Josie Spencer Deputy CEO Coventry & Warwickshire Partnership Trust, on behalf of the STP Programme Board.**