

# HELPING PEOPLE LIVE HEALTHIER, HAPPIER LIVES





# Introduction

Our organisation is facing many challenges at the moment with demand for health services continuing to rise. We are not alone many other public sector services are facing a similar picture. This means we need to find new solutions and work even closer together.

We are part of five geographic place partnerships, South Warwickshire, Warwickshire North, Rugby, Coventry and Solihull. Through these partnership relationships we plan to respond to the needs of our communities and provide care that helps people live healthier, happier lives.

I am Chief Executive of three organisations, which form a Foundation Group, these include this Trust, George Eliot Hospital NHS Trust and Wye Valley NHS Trust. Our group model retains the identity of each individual trust whilst strengthening the opportunities available to secure a sustainable future for local health services. Within the Foundation Group there is a shared passion for addressing health inequalities across all the communities we serve, a strong culture for driving continuous improvements and championing innovation with a big emphasis on how precious our workforce is.

This strategy sets out how we intend to respond to the challenges faced through our five 'Big Moves' and enabled by 6 strategic pillars. Delivering the ambitions set out within this strategy will be through organisational plans and annual objective setting over the coming years. We will work with our staff and partners to focus on outcomes for our communities that have a clear focus on improving the health and wellbeing of our populations and working together to tackle the wider determinants of health. We will ensure we remain connected with the strategies of our Integrated Care Boards.

It is ambitious and necessary that we deliver the big moves set out in this publication to provide sustainable services.

**Glen Burley,** Chief Executive

# WHO WE ARE

Our role within the community is far reaching. We have connections to our local populations through all the services we provide, and we are one of the largest employers locally. This puts us in a position of responsibility to be an anchor organisation for the communities we serve.

# Our values

Safe, Effective, Compassionate, Trusted, and Inclusive are our values and they are at the heart of everything we do and how we treat each other.

Developed by our people, living our values helps us to deliver outstanding care for our communities and create positive staff experiences.

# Our people

Staff are the most important part of our organisation. We employ over 5,000 members of staff across Warwickshire and within Children's, Young People's and Family Services in Coventry and Solihull.

To identify the big moves, we have worked with staff from across all departments and levels of the Trust. Through dedicated engagement sessions, surveys and interviews we have been able to get a greater understanding of what our people feel is most important moving forward and what steps need to be taken to achieve them.

# **Our partnerships**

To support people to live healthier, happier lives we know that our partnerships are very important. Working with colleagues in primary care, other NHS providers, local authorities, the voluntary sector, hospices, and higher education will help us to deliver our ambitions. We also need to work collaboratively with the community, working with the most trusted people to reach different parts of our populations to address their unique health challenges. We know that there is variation across our communities in terms of health inequalities and that we require different approaches to address these.

# Our promises

- Deliver on the national NHS plan and invest in priority areas
- Work with and use the skills of partners to create efficient and effective health and care services
- Use data to drive activity which will improve outcomes for our communities
- Develop skills and roles in the wider health and care workforce
- Be a trusted source of education and evidence to our communities to support healthy lifestyle choices
- Act as an anchor organisation in sustainability and improving public health

# Our different hats



We operate across different areas and with other organisations to deliver services, all of these different hats are important

**Coventry and Warwickshire** Integrated Care System For more information visit: www.happyhealthylives.uk

Warwickshire Care Collaborative, hosting the budget for South Warwickshire, Warwickshire North and Rugby

Lead provider for South Warwickshire, planning and delivering for the communities within this geographical place

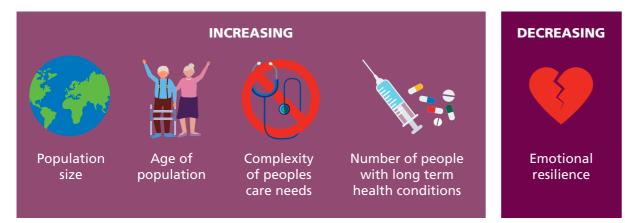
Member of the Foundation Group with Wye Valley NHS Trust George Eliot Hospital NHS Trust

Partnerships with higher education, including University of Warwick

SWFT as an independent organisation providing hospital and out of hospital services

# WHAT WE KNOW ABOUT OUR COMMUNITIES

Figures from latest census and wider data sources tell us:



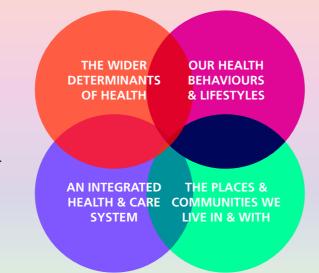
"According to recent research we will need to build over 800 homes a year, for 25 years, in Warwick District alone to support the population growth."

# Chris Elliott, Chief Executive of Warwick District Council

At its simplest what we know is the demand for care services continues to increase against a backdrop of workforce and financial challenges. Throughout our strategy it is highlighted how important embedding prevention is, not only to help people stay well for longer but also to support the larger challenge that our Trust is facing.

Prevention is an important part of the national NHS long term plan, and this is essential in order to move from a culture where we treat illness, towards than a culture that promotes wellness. Prevention is happening within the Trust every day and it is important that we build on this.

Traditionally the NHS has used data that focuses on the illness part of someone's care, it is vital for our organisation to understand the causes of ill health, as set out by the Kings Fund Population Health model, for our patients and service users to embed prevention in everything we do. We can only do this through partnerships and joining up information to look at the whole picture.



## Dr Helen Webster, Public Health Registrar said:

"A shift towards a culture of prevention will not only improve the health of patients, but it will also help secure the future of the Trust to meet the predicted increase in need and have a long-term financial benefit."

# What does this mean in practice? **CASE STUDY** – Preventing Children in Crisis

Currently there are a large number of admissions and attendances to A&E and GPs which are potentially preventable if further support is offered to families to identify appropriate safe places and responses when children are at risk of crisis. Addressing these issues including identification of children in more deprived areas with unmet health needs through the upscaling of this response will allow for better use of health care resources.

Organisations across south Warwickshire are working together to respond to the increase in children and adolescents experiencing poor mental health and reduce the number of children in crisis. This project was established after analysts in a number of different organisations in Warwickshire collaborated on a 'population health management' approach and looked at multiple data sources to identify the increasing number of children seeking support for mental health conditions from their GP and the local A&E department. A partnership approach, with representatives from the NHS, local authority and the community and voluntary sector, are working together to support these children and their families.

As a result of this joined up working, a prevention project is being piloted through the South Warwickshire Place Partnership. The aim of the project is to prevent children and young people in south Warwickshire reaching crisis point through the use of a social prescribing offer with dedicated care coordinators.

Through this offer, young people will now be able to access early intervention help to identify appropriate services to support them. This preventative approach will not only improve the quality of life for children, young people and their families, it will also significantly reduce the number of children and young people attending A&E as a result of a mental health crisis. The next steps for this pilot are to appoint and train Care Coordinators and develop the pathways to ensure appropriate services are accessible for children and their families when they need them.

# Dr Cristina Ramos. GP and member of the South Warwickshire Place Partnership Board, said:

"Supporting children with their mental health is a key priority for us and to be able to work across organisations to implement this new service demonstrates the power of partnership working. Through this pilot we hope we are able to improve the lives and outcomes for some our most vulnerable residents. We will then look to develop the model to run long term, ensuring future support is available for children and their families when it is most needed."

# BIG MOVES

We have identified five big moves we will make as an organisation to create healthier, happier lives. Delivering these big moves will be through organisational plans, and measured as part of annual objectives.

**BIG MOVE** : Be a very flexible employer

**BIG MOVE :** Supporting Domiciliary Care

**BIG MOVE** : Lead the NHS in carbon reduction

**BIG MOVE :** Embed prevention in every service

**BIG MOVE :** Home First supported by technology and collaboration



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# Be a very flexible employer



# What does this mean?

People are at the heart of the NHS and we want to make our organisation a positive and supportive place to work. After a challenging few years in healthcare, we know careers in the NHS are less attractive and a large proportion of our workforce are due to retire in the next few years. Whilst there are many other issues to tackle as part of our recruitment and retention strategies, research shows that flexible working is one of the most important factors in deciding which job people take. Our own teams have also highlighted this as a key priority. We need to challenge conventional working patterns to meet staff and patient needs, look at best practice from healthcare and other sectors and allow teams to take more control.

# Why are we doing it?

Healthcare jobs have become increasingly demanding and the NHS nationally, regionally, and locally has struggled to recruit and retain people. In response to this continuing challenge, we must make the Trust an employer of choice.

From speaking to staff, we know that they can feel overwhelmed, anxious and burnt out. As the NHS is its people, we need to look after them and support them to increase resilience both individually and at an organisational level. Through flexible working arrangements we can offer different options to aid with this and support a better work life balance.

Feedback from staff engagement session:

"We need to understand and cater for the next generations' expectations by modernising and diversifying roles."

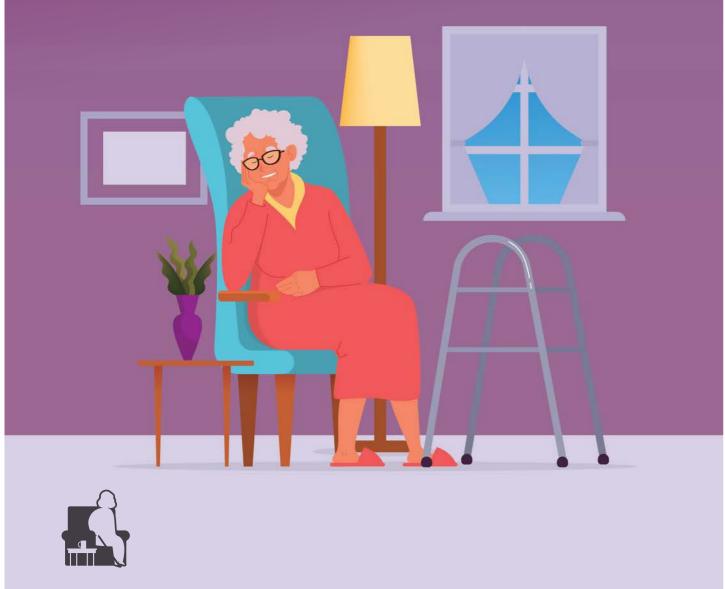
# What will it deliver?

By offering flexibility to our workforce through a range of different contracts and working arrangements, we will become an attractive employer and create benefits for our existing workforce which will support the retention of our existing staff. We know that we have an aging workforce, so we need to make sure we can respond to people more personally by flexing roles and hours to suit their circumstances.

As our most precious asset we must prioritise our workforces' health and well-being. Advocating flexibility offers benefits which will help people to stay well.

We know that people value different things, and our flexible approach will reflect that. We will continually adapt our offers to meet the needs of future generations.

# Supporting Domiciliary Care



# What does this mean?

Domiciliary care is provided to people who still live in their own homes but who require additional support with household tasks, personal care or any other activity that allows them to maintain their independence and quality of life. This type of care supports us discharging patients to their homes where we can better assess the ongoing care needs of an individual. Without sufficient domiciliary care capacity, we cannot easily discharge patients from hospital, meaning they stay longer than they need to. At times we also tie-up district nursing capacity providing support to patients who are waiting for their domiciliary care needs to be met.



Warwickshire has been selected as one of six areas across the country to trial new initiatives to free up hospital beds and make sure patients get the right care at the right time. As part of this we set out an ambition to establish a partnership between NHS and Social Care providing care and support at the point of discharge linked to each of our acute hospitals. This will be part of how we transform care at home, as well as streamlining and simplifying existing pathways.

# Why are we doing it?

The domiciliary care sector can experience staffing pressures and in our role as Host provider for Warwickshire we want to work collaboratively with the existing and valued domiciliary care market to support resilience. As part of this big move, we will evaluate the benefits of direct provision by the Trust and seek to maximise the opportunities of our large-scale organisations which some of the smaller providers are unable to realise. We will also provide improved career pathways to support staff and expand the use of technology, volunteering and personal care budgets.

# What will it deliver?

The main benefits of the initiative would be seen in reductions in length of stay and bed days lost, fewer re-admissions, a positive impact on Community Emergency Response Team and reablement and ultimately, better outcomes and experiences for our population by providing an integrated therapy and care offer. Within 5 years all people in hospital, who need further support at home to recover, will have access to effective therapeutic intermediate care services within 24 hours of leaving the acute setting.

# Lead the NHS in carbon reduction



# What does this mean?

While the NHS is already a world leader in sustainability, as the biggest employer in this country and comprising nearly a tenth of the UK economy, we're both part of the problem and part of the solution. As an anchor institution (ie. an organisation which has a significant role in the local economy) we will make a positive impact on the overall approach of the Places in which we operate. This is an issue of great importance which also matters to potential employees. We need to go beyond the direct impacts of carbon to look at indirect factors such as the travel time of patients, staff and our supplies.

# Why are we doing it?

We have already taken steps towards net zero carbon by 2040 (see diagram) and this big move is about doing more and taking all opportunities to reduce our impact on the environment. This will have a huge impact on improving the health of our population and reducing preventable illness and deaths. Air pollution is linked to many conditions including heart disease, stroke, lung cancer, exacerbations of asthma.

By leading the NHS in carbon reduction we move from simply treating these conditions to helping prevent them in the first place.

# What will it deliver?

Our Green Plan adds further environmental and social dimensions to the delivery of care, especially in terms of the widely excepted climate and ecological crisis.

## A GREEN PLANT VISION

Net Zero: resource consumption and greenhouse gas (GHG), emission reductions to align with NHS net zero targets.

## **Climate Resilience:**

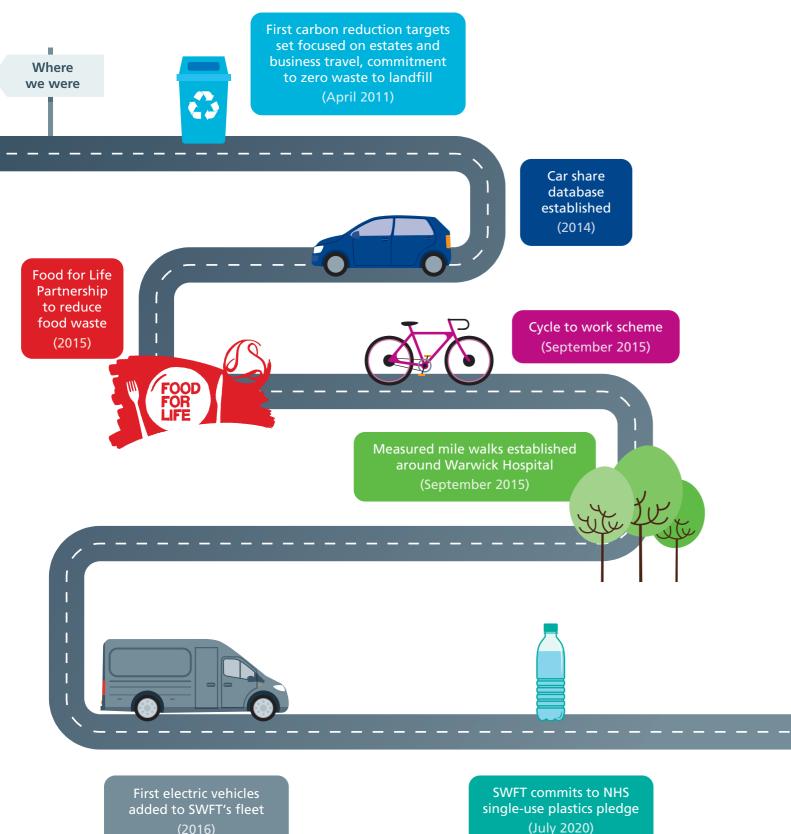
reduce the environmental impact of activities, and provide a basis for us to become a climate changeresilient organisation.

Social Value:

actions that leverage a role as a place-based anchor institution to accomplish social value.



Solar PV on Support Services Building. Source SWFT Library



Our Green Plan has nine Areas of Focus to appraise our status, and the action to be achieved within the next three years: Workshop and systems leadership **One:** 

- Sustainable models of care Two:
- **Three:** Digital transformation **Travelling transport** Four:
- Five: **Estates and facilities** (including capital projects and green spaces)
- Six: **Medicines**
- Seven: Supply chain and procurement
- **Eight:** Food and nutrition
- **Nine:** Adaptation





Building and energy management system expansion and monitoring established (December 2020)

Latest LED archives an estimated 60 to



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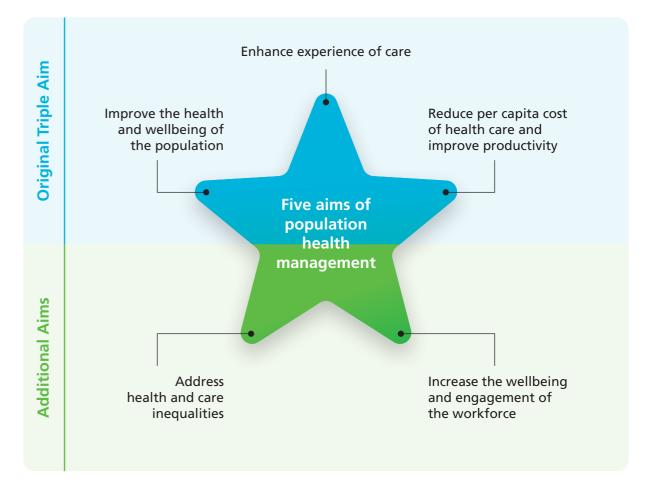
# Embed prevention in every service



# What does this mean?

We need the NHS to become more of a wellness service and less of an illness service. To do this we will gradually spend more on prevention and future demand reduction. We will make it everyone in the organisation's business to look beyond treating today's health problems and into the wider issues which determine health outcomes such as employment, lifestyles, mental health, housing etc. As part of taking a population health approach we will seek to include a prevention/demand reduction intervention alongside future investments.

# The five aims of Population Health Management infographic:



# What is population health management?

A way of working and using data to help front line teams and commissioners understand current health and care needs and predict what local people will need in the future, in order to intervene.

It is an approach that uses data to help health and care systems to improve population health and wellbeing. By using data and information systemically we can:

- Understand the needs of our populations, including health inequalities
- Target support where it will have the most impact
- Act as early as possible to keep people well

# Why are we doing it?

Prevention is an important part of the national NHS long term plan. Whilst good practice is happening within the Trust every day we need to build on it further to embed it within all our services. A shift towards a culture of prevention will not only improve the health of our population, but it will also help to meet the predicted increase in demand going forward.

Prevention is so vast the meaning can get lost, therefore, we will help individual members of staff to find ways to integrate it into their role. We need to inspire staff and promote prevention in a way that moves the focus towards why people become ill, and how every single one of us has a role in changing it. Part of the way we will do this is through sharing prevention success stories, demonstrating how prevention improves patient experience and health and wellbeing.

Our shared purpose is putting prevention into action.

# What will it deliver?

Education

Agriculture and Food

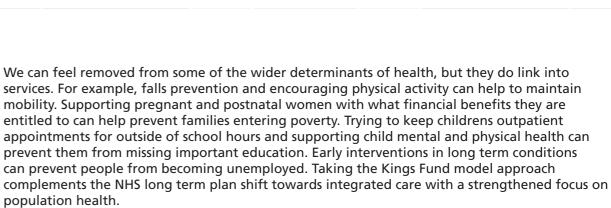
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Source: Dahigren and Whitehead, 1991

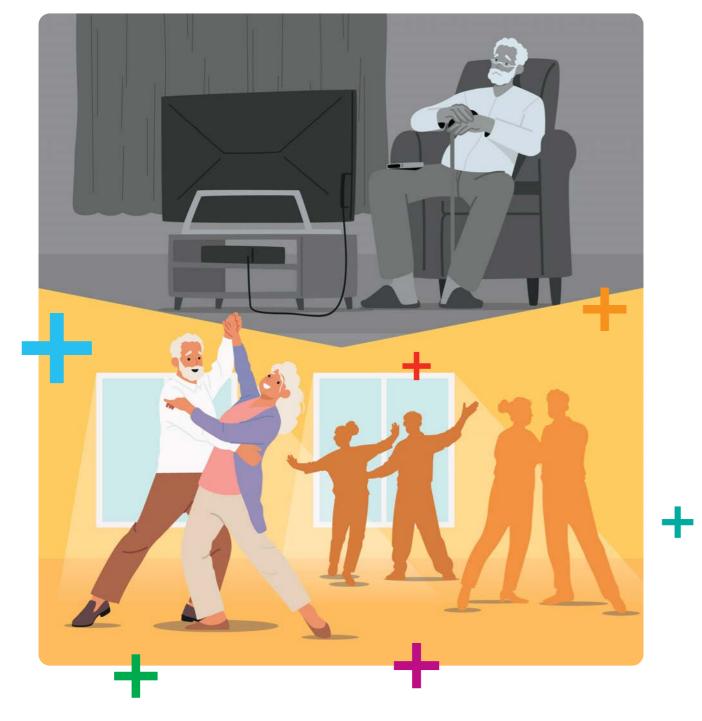
By embedding prevention into routine clinical practice and future service design, it will support better health outcomes and patient experience, help to reduce health inequalities, and address the wider determinants of health.

# The Dahlgren-Whitehead model of health determinants

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We will also promote prevention principles to our workforce. We know that supporting their health and wellbeing will have many benefits including role modelling to our communities and creating a motivated culture focussed on wellness.





# **Home First** supported by technology and collaboration



# What does this mean?

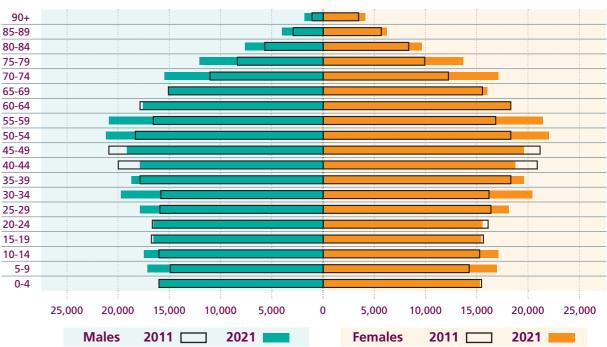
All our evidence shows that we could reduce hospital occupancy and deliver more care at home. Doing so will save money and deliver better outcomes for patients helping them to live longer lives with fewer years of ill health. Our aim therefore is to avoid spending even more of our finite resources on acute beds and instead maximise admission avoidance, ambulatory care and improving flow out of hospital. This will require a change in public and clinical mindsets, great partnership working and will be supported using proven technology.

# Why are we doing it?

Our ambition is to provide the right services, to meet the health and care needs of our communities both now and in years to come. We know that by 2025 there will be a 15-20% projected increase in the number of people over 70 in south Warwickshire. Based on this, if services continue to be delivered in the same way, then we will not be able to meet this growing demand. Embedding a home first mind set and making better use of technology, we will be able to develop more sustainable services.

The Covid-19 pandemic has also encouraged us to reflect on our models of care, recognising that home first can lead to improved outcomes.

# Warwickshire population pyramid showing the population growth (2011/2021)



This pyramid illustrates the increase in the number of people in Warwickshire aged over 70 in the last 10 years.

# What will it deliver?

Working with partners across health, social care and the voluntary sector will help us to care for our populations in the right place to support them to live as well and independently as possible.

We know that hospital is not always the best place for people. By shifting our approach to home first we will support patients to maintain their independence and preventing or reducing some of the associated risks of staying in hospital such as de-conditioning, loss of mobility and hospital acquired infections.

# To deliver the **BIG MOVES** we need strong strategic pillars underpinning the strategy.

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DIGITAL

SUSIAINABILITY

# DIGITAL

Digital solutions can enhance services and patient experience. We have an opportunity to use technology and data to transform care and experience for our staff. Through our Digital Strategy we will create new ways of doing things that are safer, more efficient and easier to use. With the aim of providing outstanding care enabled by digital excellence.

# PRODUCTIVITY

Making the best use of our limited resources and maximising the benefits of Foundation Group working will help us to be an efficient and effective organisation. We will respond to national programmes and develop a financial and operational strategy that makes us sustainable for future healthcare delivery.

# **SUSTAINABILITY**

We recognise our environmental obligations and we are committed to minimising our impact on the local environment and helping to improve it. We are taking significant action to achieve our aims, investing in spend-to-save schemes and collaborating with local partners to ensure our services and teams are fit for the future. Our three-year Green Plan highlights the actions we will be taking to put us on the path to achieve net zero carbon emissions by 2040.

WORKFORCE

# RESEARCH

RESEARCH

QUALIT

**OUR** 

**STRATEGIC** 

PILLARS

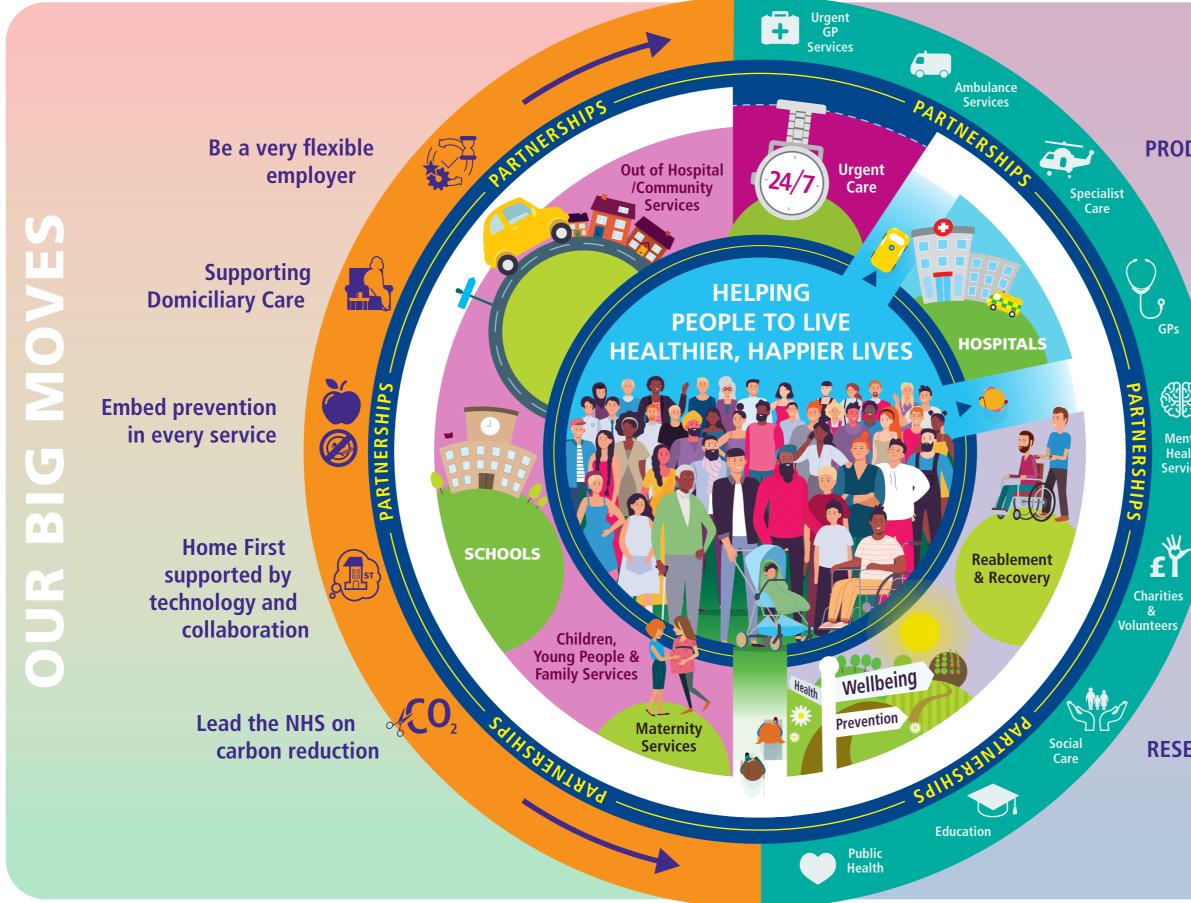
We will create a culture which harnesses and supports research opportunities and improves access to clinical research. To support this we have developed a 5-year Research Strategy which outlines how we will work with partners in areas including education, teaching and research.

# **WORKFORCE**

Our staff are our organisation. The retention, happiness and wellbeing of our workforce is essential. We want the Trust to continue to be an employer of choice, attracting the very best. We will develop collaborative leaders and embed new ways of working that support and encourage all staff. We have developed People Priorities which will help to drive change and improvements. These are aligned to the national workforce strategy, and we will continue to work with partners across the region to overcome local workforce challenges.

# **QUALITY**

We will improve the experience, outcomes and safety of people accessing our services. We will embed a culture that is open to change and through Quality Priorities we will focus on improvements that will support people to live healthier, happier lives.



# **PRODUCTIVITY**

# **QUALITY**

WORKFORCE

**SUSTAINABILITY** 

GPs

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Mental Health Services

DIGITAL

# RESEARCH

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# HELPING PEOPLE LIVE HEALTHIER, HAPPIER LIVES

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