Shropshire, Telford & Wrekin
Sustainability and Transformation Partnership

Moving from Restoration to System Recovery & New Norm

Presentation for T&W Health and Well-being Board
David Evans
10th June 2020

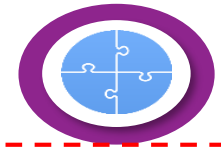
Framework for planning & managing the stages of the pandemic

Preparation and Immediate Response

'Moving to the 'new normal'







	phase 1 - Resolve	phase 2 - Resilience	phase 3 - Return	phase 4 - Reimagine	phase 5 – Reset
Considerations	Crisis response efforts • Increased capacity, workforce, supplies • Cancellation of elective surgery and routine outpatients • Fast track tech-enabled changes • Specific work in designated hospitals • Critical Care capacity	Broader resilience plans • Active management of patient risk • Resetting of established structures and pathways • Hot and cold primary care pathways • Management of Covid and non-covid workstreams • Staff testing • Staff well-being	Re-establishing essential services to recover operational performance • Data driven prioritisation of patient groups and pathways • Reassessment and management of PTL • Planning for winter surge • Allocation of lead roles for redesign of pathways • Staff well-being	Developing our vision • Understanding of vulnerabilities & opportunities • Consideration of fixed vs variable costs • Technology adoption (big data) • Shift in preferences and expectations • Consider what changes Adapt/Adopt/Abandon • Understanding of critical success factors & required infrastructure	Embedding new ways of working •ICS and future shape of system •STW clinical strategy development •Refresh of Cluster programmes of work and system plan •Differential population health impacts •Alignment of PCNs with care homes and MDTs •Review of urgent care, PC and system capacity assumptions •MH & Physical health integration
Timeline (tbc)	Months 1 – 2	Months 3 – 6	Months 2 – 12	Months 2 – 10	Months 6 – 18

LHRP Groups

Utilise the current LHRP Groups to map Covid-19 learning to the above phases and new national guidance

The 8 Tests STW Must Meet

Meet Patient Need			Address new priorities		Reset to an improved health & care system		
1.Covid Treatment Infrastructure	2. Non-Covid Urgent Care	3.Elective Care	4. Public Health burden of pandemic response	5.Staff and Carer well-being	6. Innovation	7.Equality	8. The new Health & Care landscape
Maintain the total system infrastructure needed to sustain readiness for future Covid demand and future pandemics (e.g., capacity and surge capability in primary care, critical care, equipment, workforce, transportation, supply chain; strict segregation of health and care infrastructure; treatment innovation; role of the Nightingale)	Identify the risks; act now to minimise as much as possible; develop the plan for mitigating post pandemic (e.g., reductions in presentations; reduced access for cancer diagnostics and treatment; implications of screening programme hiatus; care for those with long-term conditions)	Quantify the backlog; act now to slow growth in backlog as much as possible; develop the plan for clearing over time (e.g., prevention and community- based treatment, the rapid increase in 52 week waiters and the overall RTT backlog; major increase in capacity to diagnose and treat; use of independent sector for waiting list clearance)	Identify the risks; act now to minimise as much as possible; develop the plan for mitigating post pandemic (e.g., mental illness, domestic violence, child abuse, other safeguarding issues, lack of exercise, economic hardship; retaining the positives such as handwashing/ acceptance of vaccination, air quality, greater self care for minor conditions)	Catalogue the interventions now in place; identify additional actions now to support staff; develop the plan for recovery (e.g., address workforce gaps, Support psychological burden; developing a “new compact and a new normal” for support to staff in social care, primary care, community care, mental health, critical care, acute care settings; BAME staff and carers a particular priority)	Catalogue the innovations made; determine those to be retained; evaluate; plan for widespread adoption (e.g., virtual primary care. outpatients, remote diagnostics, new approaches to triage, workforce models, use of volunteers, remote working, pace and urgency to decision making, financial models)	Understand the needs of people and places who are the most impacted by inequalities and co-create models based on what matters to them (e.g., capturing the right data to inform service design, need models of identifying and reaching out proactively to meet need; integrated health and care approaches to addressing inequalities)	Catalogue the service and governance changes made and made more possible; deliver the new system (e.g., new place-based integrated care pathways and in frastructure; configuration of specialist services; governance and regulatory landscape implications; streamlined decision-making)
#1 We retained resilience to deal with on-going Covid 19 and pandemic needs	**#2 We did everything we could to minimise excess mortality and morbidity from non Covid causes**	**#3 We returned to the right level of access performance for elective cases prioritised by clinical need**	**#4 We put in place an effective response to the other effects on public health of the pandemic**	**#5 We helped our people to recover from dealing with the pandemic and established a new compact with them**	**#6 The positive innovations we made during the pandemic were retained, improved and generalised**	**#7 The new health and social care system that emerged was fundamentally better at addressing inequalities**	**#8 The new health and social care system that emerged was materially higher quality, more productive and better governed**
LHRP Gold Command System CEO Group	LHRP Gold Command System CEO Group	Elective Care Pathways Group	Prevention & Public Health	People Enabler	All Enablers	PHM & BI	ICS Development System CEO Group

STW ICS Principles & Expectations

- **System First** - A recognition that all work programmes cross all system partners
- **Distributed Leadership** is key, SRO roles will be System not Organisational
  - All partners will require an **agile approach** to plans as we transition from Restoration to Recovery,
  - a philosophy of shared understanding & learning, **effective communication**, transparency of progress and risk will be required.
  - The recognition that as a system all programmes of work are **multi-professionally led** through the SDPG
- **Ability to evolve** and make **rapid decisions** as we transition from Restoration to Recovery, we will review Governance arrangements 3 monthly at System CEO Meetings
- All Programmes of work are expected to be **co-produced** with relevant partners, users and stakeholders their implementation plans
- All Programmes are required to **build upon accelerated transformation** as a result of Covid-19 response, particularly digital acceleration **(Digital where possible & appropriate)** and voluntary and community sector partnerships
- Clear SRO responsibilities, with **aligned leadership and programme support**
- All programmes required to work in a system manner with regard **to monitoring & reporting** & will be available to all system partners
- **System Risks will be addressed collectively** through Programmes SRO's in the first instance and escalated to CEO's only if not able to mitigate

STW Vision

"Together as one we will transform health & care for our Population"

(Taken from LTP Nov 2019)

		People, places & Partnerships to support well-being and self-care	Integration to provide joined-up community-based services	STW residents receive high-quality care across 7-day week
Start well		Our environment, schools & communities nurture health and well-being of all children & families	Schools and Health & Care service work together to provide seamless services to equip families with tools to manage their own health	Children & young people have access to high quality specialist care, with safe and supported transitions to adult services
Live well		Our environments & local communities help us avoid unhealthy habits and eliminate homelessness and stigma surrounding mental health	Early support for health issues is consistently available and there is true parity of esteem between physical and mental health	STW Residents have access to high quality 24/7 emergency mental and physical health care with care plans in place
Age Well		STW residents are supported to manage their Long-Term Conditions and maintain independence within their community	As people grow older, they are supported in their community with seamless care between organisations	All care is consistent, of high quality, safe and ensures STW residents get in and out of services / hospital as fast as possible

Financially sustainable services
Enabled by:
Refreshed system strategies:

STW C&E Strategy | **STW Digital Strategy** | **STW People Strategy** | **STW Estates Strategy** | **STW PHM Strategy**

Capturing Innovation

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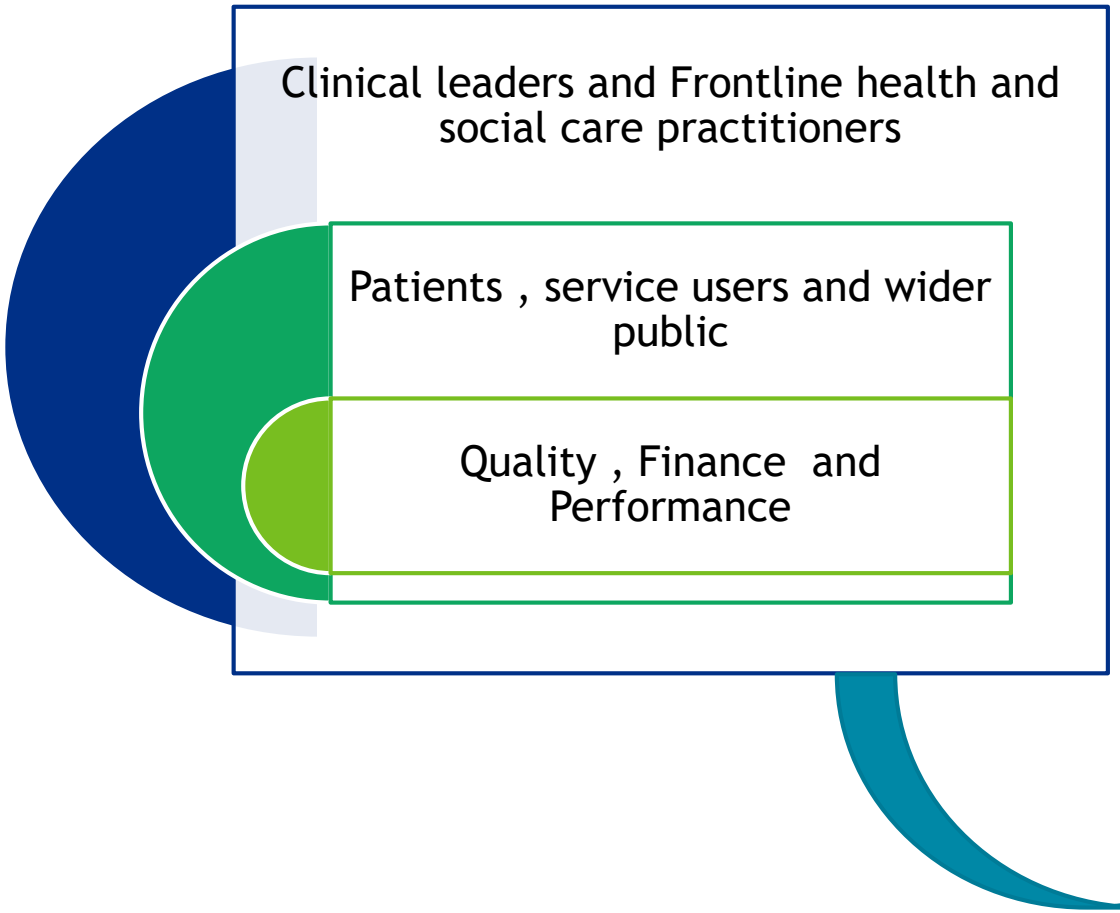
Learning Captured through Triple Lens



Cease Things we implemented during covid response that were just specific to crisis	**Keep and Accelerate** Things we have done during covid response we really want to keep and accelerate
Pause and Evaluate Things we have stopped during covid response that we believe we may be able to stop longer term	**Restore/ Redesign** Things we know we need to restart but Covid experiences suggest a different way

Methods of Information Gathering to Inform learning about impact of changes

Clinical leaders and Front Line Health and Social Care Practitioners	Patients Service Users and Wider Public	Quality , Finance and Performance
Feedback from Clinical Leaders Group / Gold Command	Shropshire and Telford Healthwatch undertaking online surveys with Public	Monitoring data from QIAs submitted as part of service changes
Feedback mechanisms within provider organisations	Healthwatch Online Feedback Centres	Indicative cost benefit analysis for system of service changes
Feedback from LHRP Pathway groups	Provider Patient feedback Mechanism	Evaluation of available performance data for services still live in covid
Capturing of experiences/learning evolving form restore/recover groups	CCGs capture of Community Groups Views	Evaluation of available performance data for services on hold

Timescales for Assimilating Learning

Continuous Process of Information Gathering

Use of learning to inform Restoration Phases

Use of Learning to inform Refreshed System plans

Collate early feedback from initial 6 weeks experience of service changes

Develop plan for feedback from LHRP groups

Develop plan for wider frontline staff feedback processes

Promote Healthwatch surveys

Establish Quality review sub group

Establish finance and performance subgroup

Incorporate initial learning into system plan submission 14th May

Implement wider feedback processes for front line health and Social care Practitioners

Synthesise emerging feedback with initial learning as system begins wider restoration of services

Initial analysis of quality , performance and financial learning available

Assimilate learning from local and other systems to inform what to keep and accelerate as part of refreshed System LTP submission arising from assimilated data

Re-instate refreshed transformational pathways eg Care Closer to Home

Use information to accelerate recovery of pre covid baselines

Commence engagement/consultation re permanent changes

Weeks 1-6 Mid March to end of April

Weeks 7-12 May to mid June

Weeks 13-20 Mid June to end of July

Weeks 21-30 August to end of Sept

Recovery & New Normal Governance Structure (Future)

Four Roles

1. ICS – Oversight & Approval

2. CEO's – Leadership & Design

3. SDPG – Prioritisation & Assurance

4. ICS Development- Setting the conditions for ICS Success

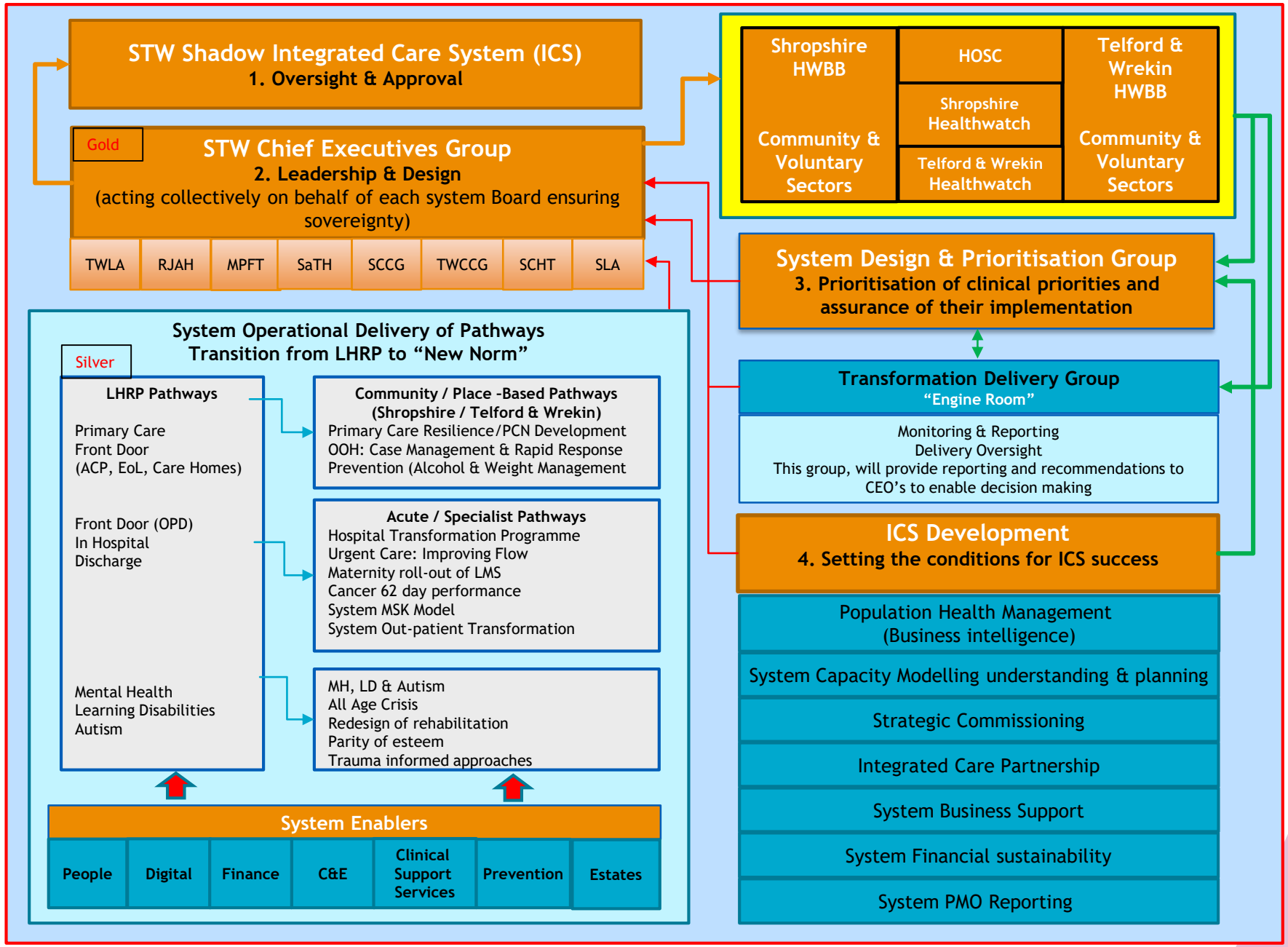
Accountability

Informing

Transition

Responsibility

Enabling all Programmes



System strengths in response to Covid-19

- Strong response and effective leadership from CEOs and Boards
- LHRP governance well established and good rhythm of meetings with all system providers across health and social care, including care home sector
- Response aligned to STP work and new governance arrangement for restore sign off agreed
- Approach to capturing learning and innovations agreed
- Workforce and OD plan developed and agreed for whole system to meet gaps and psychological impact
- Visible changes in behaviour to tackle Covid-19, innovations around digital, flexible working, hot and cold sites, inter-provider collaboration all positive
- Excellent response from community and third sector
- MOU agreed between Staffordshire and Shropshire

Key Risks

- Ongoing impact of social distancing and compliance with IPC
- PPE equipment
- Workforce resilience
- Estate utilisation
- Establishing green and blue zones/sites
- Backlog from services stopping
- Population behaviour as log-down ceases
- Potential for second surge of Covid-19
- Care home and domiciliary care sector