Shropshire, Telford & Wrekin
Sustainability and Transformation Partnership

Restoring and Recovering Services post Covid-19

Introduction

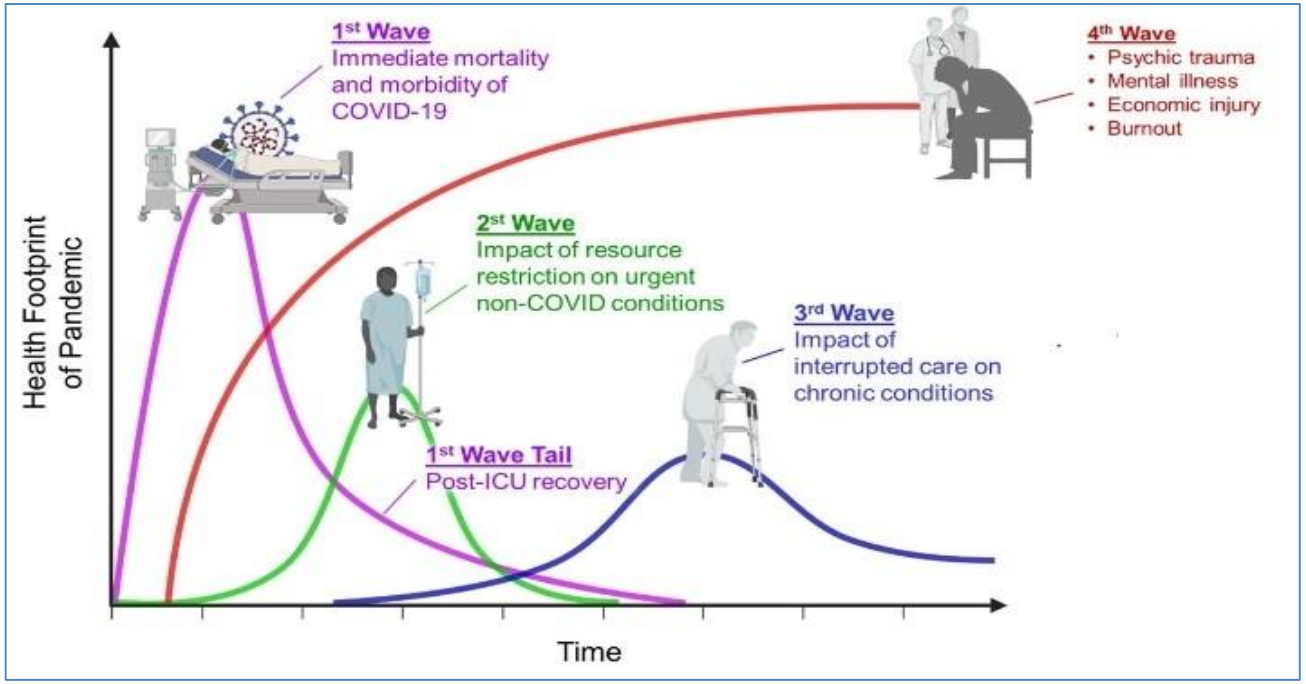
- The initial assumptions for a steep and early surge in Covid-19 in Shropshire Telford and Wrekin was not experienced as originally expected. The far reaching impact of COVID19 (C-19) on everyday life and business continuity require a coordinated approach to the ‘recovery’ phase of the outbreak which takes account of the independencies between various aspects of everyday life, public services, private sector, community and voluntary sector, supply chains, business economy and the extent to which they have been disrupted and damaged by the lockdown.

- As a system we need to capture the accelerated transformation as a result of C-19 and use our system analysis and understanding to inform our system recovery plans and move to a new business as usual system model. The learning from this should underpin the ICS development. We need to be able to move at pace from the system response to C-19 to the Recovery Phase.

- This paper is to update JHOSC on what the system is doing following the C-19 surge in order to establish a timely return to the new ‘business as usual’, including proposals on the system governance to oversee transformation to deliver the reset NHS LTP ambitions.

Recovery planning

There are a number of phases to stepping down and returning to a form of business as usual as the COVID19 outbreak is brought under control.



From Burstow, P (April 2020) Planning for the future – beyond recovery

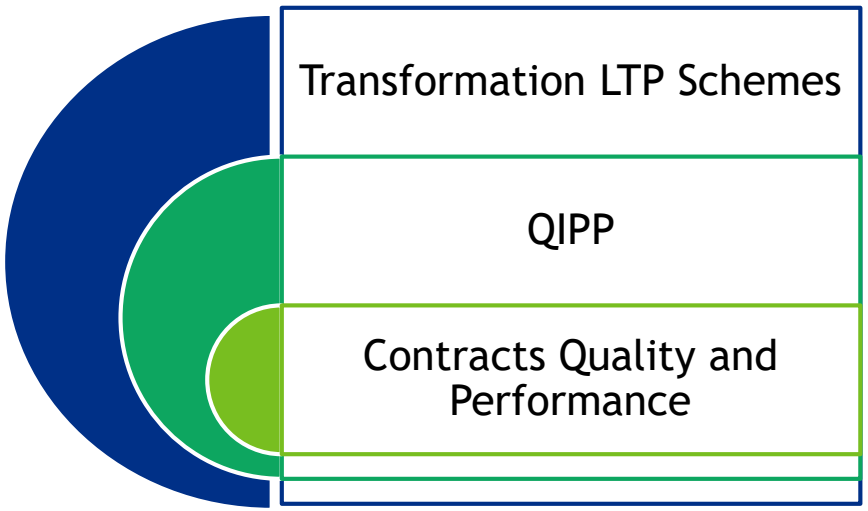
The learning from past civil emergencies is that recovery is more rapid and successful the earlier in the emergency it starts. The first step in recovery planning is to assess the impact of the emergency. STW already has process in place to identify the impact of the collateral damage caused by the pandemic.

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

Appendix 1a: Making Visible System Changes : Transformation Oversight During COVID 19

System through Triple Lens



Pause Position Month 11

Task : Develop Baseline (What was)
Data Sets : Performance and Quality contractual position QiPP Highlight Reports, Transformation LTP Plans, Risk Strat Data for LTC, SUS growth data , Digital and Workforce Enabler positions

Service Changes during Covid

Task : Record What Pauses , what Continues , What Changes (What is)
Data Sets Care Pathway Groups (moving from design into implementation and capture of QIA / workforce and digital shift)
Capture Qualitative Learning of experiences

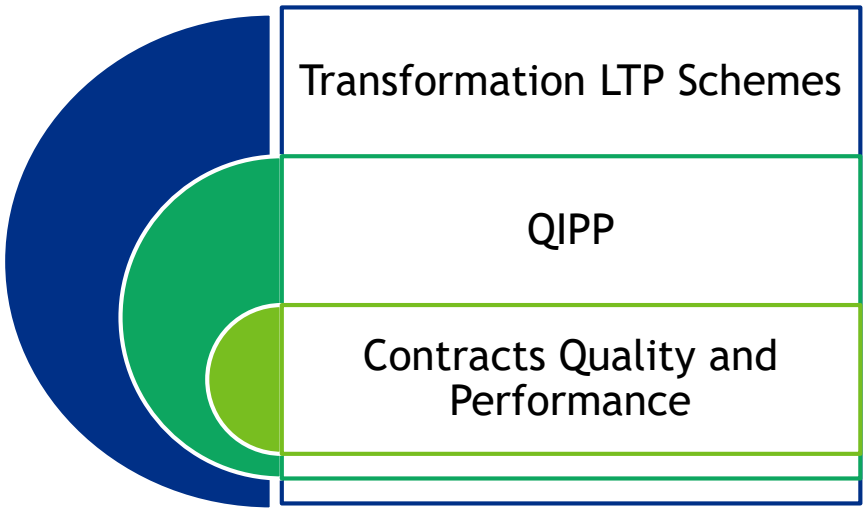
Phase 1 : Central Record of Change across System to inform the restart position
Timescales March to June 2020

Evaluation of Impact on Pause Position

Task : Cause and Effect Analysis of Change in Position (What will be)
Data sets Month 11 to Month 3

Appendix 1b - Making Visible System Changes : Transformation Oversight During COVID 19

System through Triple Lens



Phase 2 - Informing System Models Post C-19

Caveats

- Availability and robustness of data to inform new models
- Transformation context specific i.e achieved through additional finances / redeployment of capacity that is returning to original source
- Need to address unintended consequences of COVID service changes
- Formation of the single strategic commissioner within ICS

Resolve/ Resilience

Review of quantitative and qualitative data to analyse positive benefits in outcomes and in dimensions including:

a) Patient level
b) Population level
c) Activity
d) Performance
e) Workforce
f) Finance

Return/ Reimage

Recovery phase addressing the dis-benefits of service changes and working to recover the position back to month 11 baseline as a minimum

Re-set

System review of previous LTP priority schemes to inform system plan including improving quality, performance and working towards balanced financial position

WHAT PRACTICE ARE WE SEEING IN COMMUNITIES, INSTITUTIONS, POLICIES?

Understanding crisis-response measures

Collective Sense-making

Understanding crisis-response measures

Shropshire, Telford & Wrekin

Sustainability and Transformation Partnership

Caring for our people:

Psychological support

Support Offer

- Mixed economy of offers across system, how do we compliment and in some cases be the main provider. Therefore offer needs to enhance and provide full support.
- Make this every day business, not just for Covid but for life.
- Ensure system approach
- Support areas identified by clusters as priorities – Mental Health.

Looking back - STW Principles (May 2019)

- Our agreed “Focus” for the next 5 years 2019 - 2024
  - primary and community care,
  - hospital services,
  - social care,
  - independent providers
  - voluntary
  - community sector,
  - to deliver services at a place level;
  - ensuring that local needs are understood and addressed with people being cared for and able to access services and support as close to where they live as possible”

- To achieve this “we will”
  - We will deliver our transformation in partnership across our organisations, working with our staff, engaging our population, and by setting good policy and outcomes frameworks.
  - Do all we can to listen to and understand the needs of our communities and staff.
  - Work together, utilising all our collective resources, to provide quality services and support.
  - Use data, evidence and insight to underpin decision making at every level

- Principles we agreed (March 2019)
  - CCG and STP functions will merge at some time within no later than 2 years time and therefore every opportunity should be taken from now to share functions and resources
  - The Work Programmes should be Integrated so there is only one for each service / function
  - The SRO for each Work Programme will be a CEO /AO or senior equivalent
  - The SRO will have responsibility for ensuring the Programme contributes fully to the System 5 Year Plan
  - Each SRO will ensure their Programme has strong clinical (including from Social Care) and citizen representation
  - Each SRO will ensure the Work Programme has an Implementation Plan
  - SROs will report to the Independent Chair or Programme Director

STW ICS System Principles & Expectations

(learning from others to inform STW approach)

- **Virtual by default** unless good reasons not to be:
  - primary care, community, outpatients, diagnostics, self-care, support services across 7-days
  - To include staff collaboration / coordination of services, roll out of Microsoft Teams at Scale
- **Building on development of Care Pathways** (crucial to informing return to new normal)
  - Front Door & Front Door - other
  - In-hospital pathways
  - Optimising discharge
  - Primary Care hot & cold
  - Pathways to support infection control during Covid - operationalising strict segregation of the health & care system between covid and non-covid and a much stricter separation between urgent and elective work)
- **Population Health Management** – Understanding the data to inform our decisions, build additional capability & capacity for business intelligence to inform system decision making
- **Refresh our system enabling strategies**
  - People – **develop & implement integrated workforce and volunteer models** Develop strong working alliances with Community & voluntary sector organisations, across STW & beyond
  - Estates – **refresh estates requirements**, considering impact of virtual working
  - Refresh of **STW Communication & Engagement Strategy**, new approaches to engaging and involving people in their own health & care
  - Refresh of **Digital Strategy** to support "Virtual by Default" described above
- Further **Development of STW ICS & System Governance**
  - Continued development of STW ICS for corporate support "back office services" and further consolidation and sharing of clinical support services (Pathology, Pharmacy, Imaging) including provider alliances and strategic commissioning role

STW Vision

		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 stay well and 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**

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

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

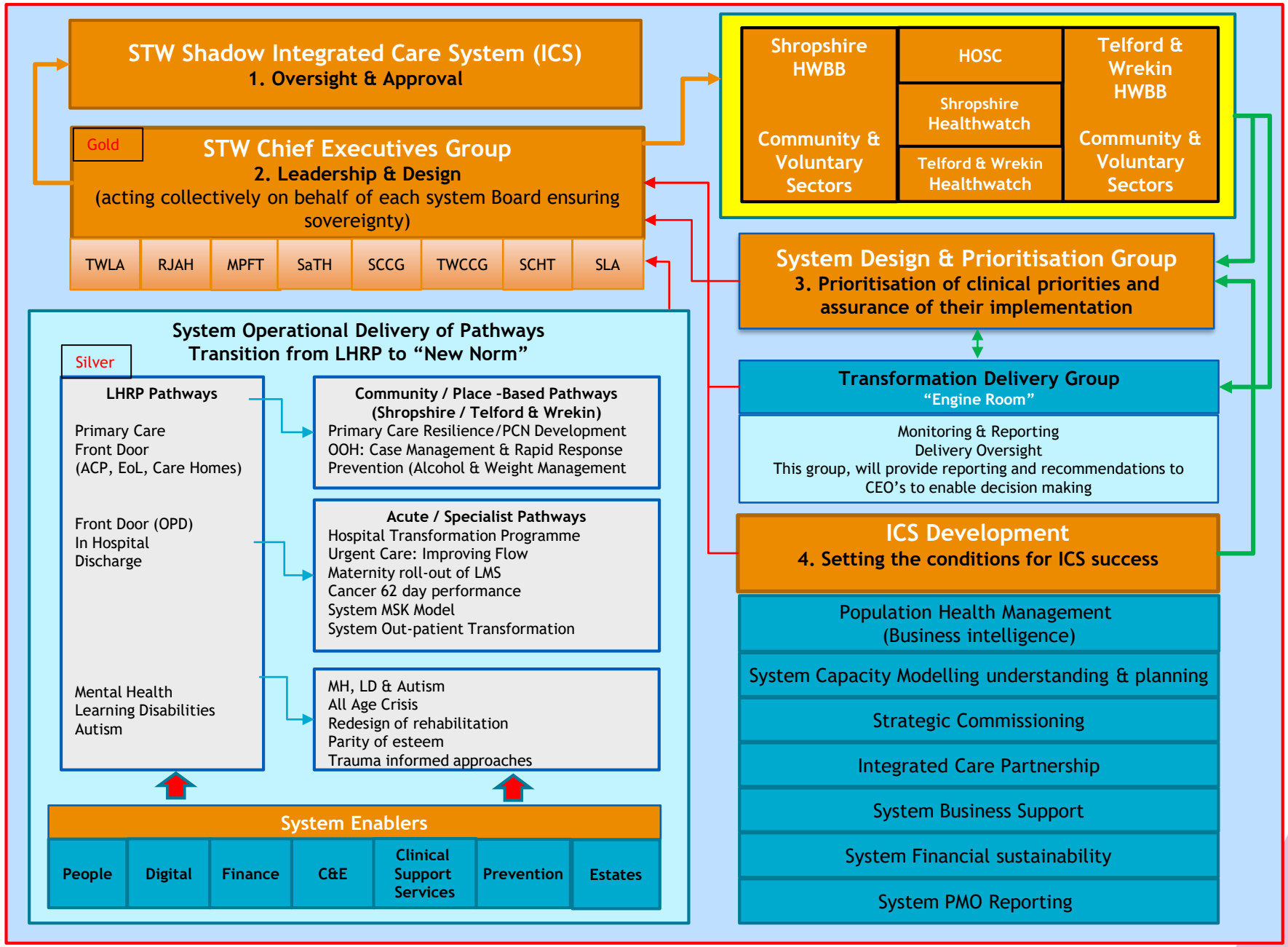
Accountability

Informing

Transition

Responsibility

Enabling all Programmes




QUESTIONS