Coventry City Council

Agenda

Coventry Health and Well-being Board

Time and Date
2.00 pm on Monday, 7th July, 2014

Place
Diamond Room 2 - Council House

Public Business

1. **Welcome and Apologies for Absence**

2. **Declarations of Interest**

3. **Minutes of Previous Meeting**

   (a) To agree the minutes of the meeting held on 7th April, 2014 (Pages 3 - 8)

   (b) Matters Arising

4. **Update on Better Care** (Pages 9 - 36)

   Report from the Better Care Programme Board
   Presentation by Jane Moore, Director of Public Health and Dr Steve Allen, Accountable Officer, Coventry and Rugby CCG

5. **Coventry and Rugby Clinical Commissioning Group Five Year Strategy 2014 to 2019** (Pages 37 - 50)

   Report and presentation by Dr Steve Allen, Accountable Officer and Juliet Hancox, Chief Operating Officer, Coventry and Rugby CCG

6. **Macmillan and Coventry City Council Partnership** (Pages 51 - 52)

   Annual Report to be tabled at the meeting. Rebecca Elson, Macmillan Project Manager, Coventry Partnership will report at the meeting

7. **Age Friendly City** (Pages 53 - 60)

   Report of Jane Moore, Director of Public Health. The Chair, Councillor Gingell will report at the meeting

8. **Criminal Justice Liaison System** (Pages 61 - 64)

   Report of Vicky Hancock, Service Manager/Clinical Lead, Coventry and Warwickshire Partnership Trust

9. **2014/15 Quality Premium Indicators** (Pages 65 - 70)

Report of Dr Steve Allen and Juliet Hancox, Coventry and Rugby CCG

10. **Any other items of public business**

Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

Private Business

Nil

Chris West, Executive Director, Resources, Council House Coventry

Friday, 27 June 2014

Note: The person to contact about the agenda and documents for this meeting is Liz Knight

Membership: S Allen, S Banbury, C Bell, Councillor K Caan, A Canale-Parola, G Daly, Councillor A Gingell (Chair), A Hardy, S Kumar, R Light, Councillor A Lucas, J Mason, J Moore, R Newson, S Price, Councillor E Ruane, Councillor K Taylor, B Walsh and J Waterman

Please note: a hearing loop is available in the committee rooms

If you require a British Sign Language interpreter for this meeting OR it you would like this information in another format or language please contact us.

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Minutes of the meeting of the Coventry Health and Well-being Board held at 2.00 p.m. on 7th April, 2014

Present:

Board Members: Councillor Gingell (Chair)
Councillor Taylor (substitute for Councillor Noonan)
Jane Moore, Director of Public Health
Brian Walsh, Executive Director, People
Dr Steven Allen, Coventry and Rugby CCG
Stephen Banbury, Voluntary Action Coventry
Claire Bell, West Midlands Police
Andy Hardy, University Hospitals Coventry and Warwickshire
Professor Sudesh Kumar, Warwick University
Ruth Light, Coventry Healthwatch
John Mason, Coventry Healthwatch
David Smithson, West Midlands Fire Service
Josie Spencer, Coventry and Warwickshire Partnership Trust
David Williams, NHS Local Area Team

Employees (by Directorate):

Chief Executive's:	N Inglis and R Tennant
People:	C Parker
Resources:	L Knight

Apologies: Councillor Duggins
Councillor Lucas
Councillor Noonan
Dr Adrian Canale-Parola, Coventry and Rugby CCG
Rachel Newson, Coventry and Warwickshire Partnership Trust
Sue Price, NHS Local Area Team
Jon Waterman, West Midlands Fire Service

Public business

37. **Welcome**

The Chair, Councillor Gingell, welcomed members to the last formal meeting of the Board in the current municipal year.

38. **Declarations of Interest**

There were no declarations of interest.

39. **Minutes of Previous Meeting**

The minutes of the meeting held on 24th February, 2014 were agreed as a true record.

Further to Minute 30 headed 'Update on Better Care – Submission and Next

Steps', it was agreed that the following be deleted from the fourth paragraph of the minute: 'and also had the support of Healthwatch'.

A suggestion was made that future minutes from Board meetings contain more detail about the Board's discussions.

Further to Minute 35 headed 'Local Safeguarding Children's Annual Report', the Board were informed that a Local Safeguarding Children's Board away day had been arranged for 12th May, 2014. It was the intention to spend time discussing the governance arrangements and the links to the Health and Well-being Board for both children and adult safeguarding.

40. **Health Protection Strategy**

The Board received a report and presentation from Nadia Inglis, Consultant in Public Health, informing of the function of the Arden Health Protection Committee; detailing the governance arrangements; highlighting the current key issues being addressed and requesting endorsement of the Committee as a Sub-Committee of the Board.

The local authority, and the Director of Public Health acting on its behalf, had a pivotal place in protecting the health of its population. The local authority's role in health protection was one of a local leadership function rather than managerial.

The Health Protection Committee was established in April 2013, its purpose being 'To provide assurance on behalf of the population of Coventry and Warwickshire that there are safe and effective plans in place to protect population health, to include communicable disease control, infection prevention and control, emergency planning, sexual health, environmental health, and screening and immunisation programmes'.

The roles of Committee were set out. Appendices to the report set out the current terms of reference which were due to be reviewed along with the current Arden Health Protection Strategy for 2013-2015. The Board were informed that the Health Protection Committee was currently a formal Sub-Committee of the Warwickshire Health and Well-being Board.

Both the report and presentation provided detailed information on the current health protection challenges affecting Coventry and the key on-going actions of the Health Protection Committee partners.

The Board discussed a number of issues arising from the presentation including:

- The roles of the Health Overview Scrutiny Committee and the Health and Well-being Board
- Increasing the number of frontline healthcare and workers at Coventry and Warwickshire Partnership Trust and University Hospitals Coventry and Warwickshire to have the seasonal flu vaccination, with a particular concern about the lack of uptake from clinicians at the hospital
- Details about the priority to address the on-going high rates of TB diagnosis in the city and the issue of the transference of the TB nurses from University Hospital Coventry to the George Eliot Hospital
- The responsibility for communicating with the public regarding campaigns to

promote uptakes of vaccinations, particularly for dealing with emergency health protection outbreaks

- The difficulty of ensuring that the public are aware of who takes responsibility for what and the challenge to ensure that the new system will make a difference to people in the local communities
- Clarification about multiagency Memorandum of Understanding for service delivery during health protection incidents
- The frequency that reports from the Arden Health Protection Committee are to be submitted to the Health and Well-being Board
- How the work of the Health Protection Committee can be monitored by Board members.

RESOLVED that:

(1) The remit of and the need for the Arden Health Protection Committee to exercise the responsibilities of the Directors of Public Health in Coventry and Warwickshire with regard to ensuring that there are plans in place to protect the health of the population be endorsed.

(2) Approval be given for the Arden Health Protection Committee to be a formal Sub-Committee of the Health and Well-being Board.

(3) The Arden Health Protection Strategy 2013-15 be endorsed.

(4) Biannual reports from the Arden Health and Protection Committee be submitted to future meetings of the Board and by exception reports on any items that are of particular concern to members.

(5) A report on the multiagency Memorandum of Understanding be circulated to the Board.

(6) A report on proposals to deal with the high rates of TB diagnosis; the highest prevalence of HIV in the West Midlands; and the increasing rates of sexually transmitted infections be submitted to a future meeting of the Board.

41. **Health and Social Care Integration: Update on Better Care and the British Telecom Hot House Event and 5 Year Plan**

Dr Steve Allen, Coventry and Rugby Clinical Commissioning Group, reported on progress with the five year strategic plan and the 2 year operational plan for the CCG, drafts of which had been submitted to NHS England in February, 2014. Second submissions were subsequently sent off on 4th April. Reference was made to the current work with key stakeholders in developing plans for the use of the Better Care Fund over the next two years. The three schemes for Coventry were:

(i) Short term support to maximise independence
(ii) Long term care and support including joint packages
(iii) Dementia including improvements in dementia pathways.

Dr Allen also informed of the success of the British Telecom Hot House Event which was held over three days in March, 2014 and involved four mixed teams of front line staff and managers from all agencies competing to design the best integrated service

model for older vulnerable people. The event was facilitated by British Telecom and the winning team were awarded an away day to London with a meal at the BT tower. Local patients and carers joined the teams and technical advice was available. The work was to form part of the implementation of the local Better Care fund plans and would help to manage the demand on services. A comparison with previous ways of working was provided.

The winning 'yellow' team had 90 days to instigate their plan, with their first meeting was taking place the following day. Reference was made to the importance of the communication plan to ensure that the current momentum was not lost. All partners had committed to release their team members to enable the pilot to start which was to operate from the Forum Health Centre.

A second Hot House Event was to take place on the 3rd to 5th June, 2014 to consider Urgent Care.

The Board discussed a number of issues arising from the presentation including:

- The involvement of the voluntary sector in the event and the team's work over the next 90 days
- How to capture the learning ideas from the other three teams
- The contribution made by British Telecom
- The funding implications of investing in community services to support long term care
- The importance of partnership working
- If the pilot failed to deliver, would the project be quickly shut down
- The communication strategy and how to ensure partners such as Healthwatch were kept updated and involved
- The structure for supporting the Better Care Fund

Dr Allen reported that an additional quality premium had recently been announced for medicine safety and further information would be provided in due course.

RESOLVED that a report on the progress of the pilot project be submitted to the next meeting of the Board.

42. **2014/15 Work Programme for the Board**

The Board considered the draft work programme for the coming municipal year. The programme had been developed following previous discussions with the Board including the Informal Board development session held on 27th January, 2014.

The work programme had been established to reflect the following principles:

(i) Responsibility for delivering the key elements of the Health and Well-being Strategy rested with the responsible partnership or group and regular updates on progress would be submitted to future meetings.

(ii) Informal Board development sessions would be scheduled alongside formal Board meetings including joint sessions with Warwickshire's Health and Well-being Board.

A summary of the key groups and their relationship with the Board was set out at an appendix attached to the report.

The work programme was a live document and would be continually updated as new work areas developed and additional reports needed to be considered by the Board.

Members raised a number of issues including whether it was appropriate for the Board to receive a presentation on the new pilot scheme at the Criminal Justice Liaison Service which aimed to improve the mental health of people in the service; the Board's responsibility for safeguarding and how the different Boards interrelate with this vital issue; and the potential for having themed meetings, possibly by taking themes from the Health and Well-being Strategy.

RESOLVED that:

(1) The draft Work Programme for 2014/15 be endorsed.

(2) The Board ensures that additional items for the work programme are added to this plan as the year progresses and the work of the Board evolves.

(3) A presentation from Coventry and Warwickshire Partnership Trust on the pilot scheme at the Criminal Justice Liaison Service be submitted to a future Board meeting.

36. **Any Other Items of Public Business – Joint Seminar with Warwickshire**

Ruth Tennant, Deputy Director Public Health informed that arrangements had been made for a joint seminar for both Coventry and Warwickshire's Health and Well-being Boards to be held at 2.00 p.m. on Monday, 28th April, 2014 at the Techno Centre to sign off the five year strategic plan. It was also an opportunity to discuss other significant areas for joint working.

37. **Any Other Items of Public Business – Visit by Duncan Selbie**

Jane Moore, Director of Public Health reported that Duncan Selbie, Chief Executive of Public Health England visited Coventry on 21st March, 2014 and met the Leader, Councillor Lucas and the Chair, Councillor Gingell as well as local residents. Discussions centred on how to improve peoples' health and he was very impressed with the current partnership working in the city. There was recognition for the city, as Coventry was mentioned in his weekly Friday bulletin.

38. **Any Other Items of Public Business – University Hospitals Coventry and Warwickshire**

Andy Hardy, Chief Executive informed of the successful Thought Leadership Conference which took place on 4th April, 2014 concerning seven day working in the NHS which involved 150 participants. He highlighted the commitment to take this matter forward. He also reported the NICE (National Institute for Health and Care Excellence) were planning to hold their Annual Meeting at the hospital on 19th November, 2014. This would be a public meeting with an opportunity for questions.

(Meeting closed at: 3.30 p.m.)

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Coventry City Council

Report

To: Health and Wellbeing Board **Date:** 7 July 2014

From: Better Care Programme Board

Subject: Better Care Programme Progress Report

1. **Purpose**
   Health and Wellbeing Board will recall that Coventry's Better Care Vision is "Through integrated and improved working, people will receive personalised support that enables them to be as independent as possible for as long as possible". This presentation reminds the Board of the national objectives, key deliverables and outcomes, the governance structure and updates Board on project development to date.

2. **Recommendations**
   Current issues and risks are highlighted and the Board is recommended to:

   1. Support the Better Care Fund content, three main projects, Integrated Neighbourhood Team delivery model and deliverables for Coventry

   2. Formally endorse the establishment of pooled budget arrangements for the sum identified for 2015/16

   3. Accept further update reports at each meeting with a detailed themed presentation on each workstream in turn.

3. **Information/Background**
   Coventry's Better Care plan has been commended by the region although a further assurance process is now about to be initiated by the Department of Health.

   The Better Care Programme Board is established with full representation from partner organisations and with a high level of commitment from those involved.

   The three Better Care Fund submission projects have all been launched and these are as follows:

   - Short Term Support to Maximise Independence
   - Dementia
   - Long Term Care

In addition, an Integrated Neighbourhood Team project has been launched, utilising a new, intensive, change management approach with a vision of creating multi-disciplinary health and social care neighbourhood teams.

Communications and IT workstreams as enablers are being initiated.

Report Author(s):

Name and Job Title:
Linda Sanders, Social Care Consultant/Integration Lead, Coventry City Council
Juliet Hancox, Chief Operating Officer, Coventry and Rugby Clinical Commissioning Group

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Linda Sanders – 7683 3555 or linda.sanders@coventry.gov.uk
Juliet Hancox – 7624 6096 or juliet.hancox@coventryrugbyccg.nhs.uk

Better Care Programme Progress Summary

Health and Well-Being Board

7 July 2014

Better Care Vision:

'Through integrated and improved working, people will receive personalised support that enables them to be as independent as possible for as long as possible'

Scope

- Care Pathways and Interventions across the following services:
  - Dementia (older people with complex needs)
  - Short Term Care (older people with complex needs)
  - Long Term Care
    - Learning Disabilities & Mental Health (all ages)
    - Older People (older people with complex needs)

Aligned to National Objectives

- Protect Social Care services and deliver Care Bill Requirements
- 7 day services to support discharge
- 15% shift from acute to community
- Reduce demand on A&E
- Reduce hospital admissions and admissions into residential & nursing home care
- Data Sharing – use NHS Number

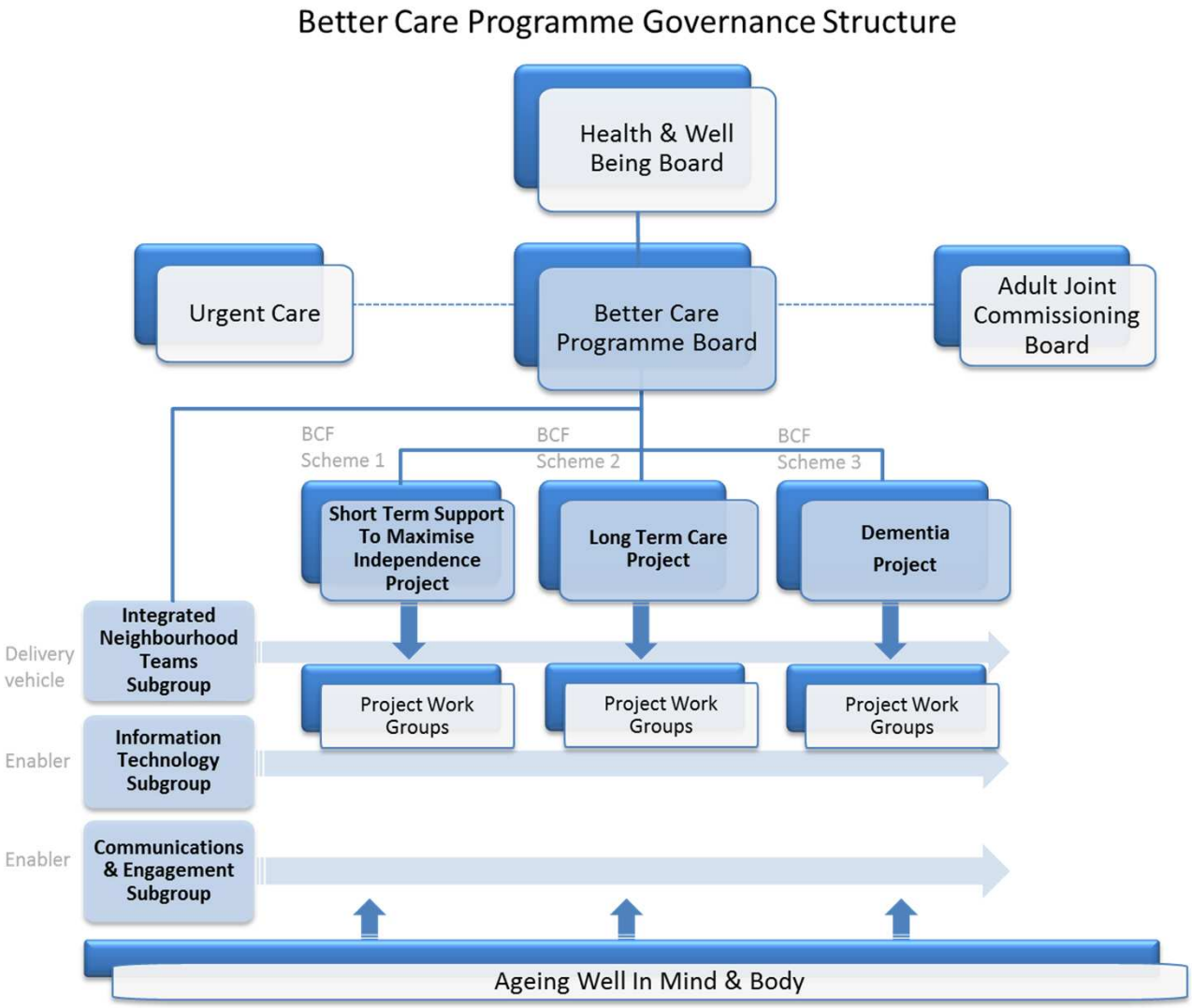
Key Deliverables

- Integrated health and social care plan that delivers:
  - Preventative approaches to healthy living and lifestyle choices
  - Personalised care planning
  - Integrated support pathways
  - Effective hospital discharge
  - Integrated care workforce
  - Supports carers in the context of the Care Bill
- Implement Shared Record system with NHS number
- Investment in primary care to:
  - enable innovative models of care
  - develop local areas of expertise
- Ensuring best use of combined resources that:
  - are responsive to population and community need
  - ensures value for money service provision

Measuring Outcomes

- KPI Framework established from ASCOF & QoF Measure overlaps:
  - Permanent Admissions (ASCOF 2a)
  - Older People at home 91 days (ASCOF 2b)
  - Delayed Transfer of Care (DToC) (ASCOF 2c)
  - Avoidable Emergency Admissions
  - Patient Experience
  - Sequel To Service (ASCOF 2d) new measure
- Underlying metrics include:
  - Number in receipt of telecare in 3 years,
  - Number in residential/nursing care etc.

Structure


Better Care Programme Governance Structure
Health & Well Being Board
Urgent Care
Better Care Programme Board
Adult Joint Commissioning Board
BCF Scheme 1
BCF Scheme 2
BCF Scheme 3
Short Term Support To Maximise Independence Project
Long Term Care Project
Dementia Project
Delivery vehicle
Integrated Neighbourhood Teams Subgroup
Project Work Groups
Project Work Groups
Project Work Groups
Enabler
Information Technology Subgroup
Enabler
Communications & Engagement Subgroup
Ageing Well In Mind & Body

Progress to Date: Board

- Better Care Board established:
  - Representation from all partner organisations
  - Terms of Reference developed in line with BCF Submission
- BCF KPIs drafted and incorporated in BC Board Deliverables
- Dementia, Short Term Care and Long term Care Projects launched – i.e. supporting all Schemes in the BCF Submission
- Communications Enabler Workstream launched
- Integrated Neighbourhood Teams Project launched
  - Dry run completed
  - Shared Integrated Record nearing completion

Next Major Actions

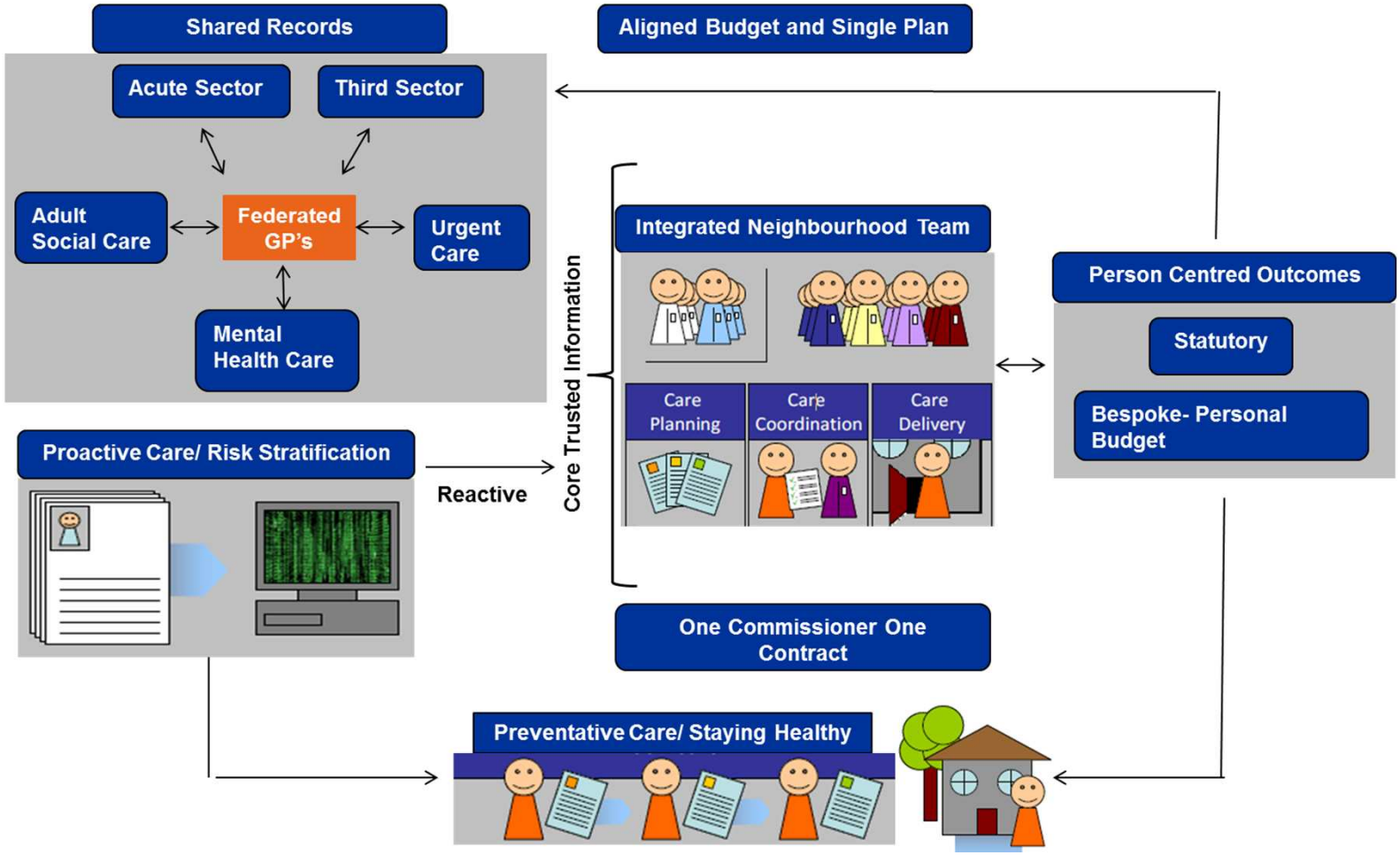
- Launch remaining IT Enabler Workstream
- Finalise BCF IT Strategy
- Finalise Better Care Dashboard
- Finalise ToRs & KPIs for each project
- Develop and agree Communications Plan
- Finalise resources management (funding etc.)

Integrated Neighbourhood Teams

- Scope: Older people with complex needs
- Uses BT Hot House fast track change model
- Multi-disciplinary team based around Primary Care clusters
- Delivers 3 levels of support
  - Level 1 - Preventative
  - Level 2 - Treating people already receiving some form of statutory service
  - Level 3 - Treating those who have complex needs

Integrated Neighbourhood Teams

The Model



Coventry City Council

Coventry and Warwickshire NHS Partnership Trust

University Hospitals Coventry and Warwickshire NHS Trust

NHS Coventry and Rugby Clinical Commissioning Group

Progress to Date: INT

- Pilot Project launched on 8th April 2014
- Workshop held May 13th to develop the offer and deliverables
- Identification of GP Practices included within INT Pilot currently - Park Leys, The Forum and Jubilee Crescent
- Terms of Reference developed
- Sub-workgroups set up to:
  - Investigate and report on patient cohort selection
  - Capture Data
  - Develop Template for shared record
  - Develop KPIs
- Clinical Workshop held to define team composition and Levels 1,2,3 activities
- Successful trial held 3rd June with core team members from across all organisations
- Development of data harvesting process and methodology
- Formation of key workgroups: Data, KPIs, and Information Governance
- Operational pathway drafted

Short Term Care

- **Scope:** Short Term Care that supports Older People particularly older people with complex needs and their Carers
- **Overall aim:** Integrate the two current pathways for older people into a single short term support pathway so providing a more seamless experience for both people and staff using the service

Progress to Date: Short Term Care

- High level strategy approved by Adult Joint Commissioning Board
- High level Single Care Pathway drafted
- Project Group involving all key partners established
- Terms of Reference deliverables established
- Further review of short term support capacity undertaken:
  - Agreements to develop further support in the community
  - Decommissioning some bed-based services
- Substantial project development nearing conclusion on developing an enhanced Telecare offer at scale and pace to support approximately 3,000 people over 3 years. Cabinet report June 2014
- Short Term Home Care – 3 providers in place covering 7 GP clusters

Dementia Project

- Scope:
  - Memory assessment services (CWPT)
  - Post-diagnostic support services (CWPT, Alzheimer's Society, Carers' Centre)
  - Packages of support for people with dementia (residential and nursing care only)
  - Reablement services for people with dementia (currently Charnwood House)
  - Assistive technology for people with dementia
  - Carers' education and support services (Alzheimer's Society, Coventry University)
- Overall aims:
  - To develop and implement a plan for integrated delivery of care, including both pre and post diagnostic support, living with dementia and rapid re-entry to services when required.
  - To enable people with dementia to take control of their diagnosis, remain independent for as long as possible, and live well with the condition
  - To support carers to be well equipped for their role and to continue to provide care whilst ensuring a good work/life balance

Progress to Date: Dementia

- Consultation on Dementia Strategy completed
- Support received from Adult Commissioning Board and Adult Social Care Management Team
- Coventry's Dementia Strategy approved by Cabinet Member for Health and Social Care
- Programme of awareness-raising activities completed during Dementia Awareness Week, including information stalls in every library in the city, and 100 new Dementia Friends signed up
- Public and Patient engagement event held in Rugby, to support the development of the programme
- GP / Clinical Lead for Dementia approved six week pilot of computerised assessment software, designed to support the diagnosis pathway, at Park Leys Medical Practice

Long Term Care Project

- Two cohorts:
  - Long Term Care and Support For Learning Disabilities & Mental Health (all ages)
  - Long Term Care and Support for Older People with complex needs

Long Term Care Project

Cohort 1: Long Term Care and Support For Learning Disabilities & Mental Health (all ages)

Key Objectives

- Development of a clear resourced delivery plan, focussed on personalised community provision
- A new pathway for young people to adulthood, with the needs of children seen within the context of their longer term care into adolescence and adulthood
- Joint work to identify current health and social care costs and commitments from the LA, CCG and specialist commissioning to understand and tackle change to the current balance of care and support away from long term institutionalised care
- Development of a pooled or integrated budget for young people with disabilities in transition
- Integrated/joint commissioning for a seamless pathway from assessment through to care management in both commissioning and service development for people with learning disabilities, with a particular focus on transition to adulthood
- Development of whole life course planning with consistent application locally of NHS CHC criteria, to enable safe and local support services with an investment in behavioural support and community based accommodation options

Long Term Care Project

Cohort 2: Long Term Care and Support for Older People (75+)

Key Objectives

- Creation of a locality integrated care planning process targeting older people with complex needs
- Provide older people with complex needs either a preventative health and care offer/approach or a full health and social care plan, dependent on need
- As needs fluctuate ensure people are given the opportunity to regain their level of independence within their original care setting so reducing the need for long term placement and/or NHS CHC

Progress to Date: Long Term Care

- Project launched
- Terms of Reference drafted and under-going refinement
- List of joint packages compiled by health and they have been cross referenced with LA information including costs, provider etc.
- Joint Funded packages data analysed and categorised to focus on packages over £1000/week
- Also to include review of jointly funded provision for LD services provided by CWPT

External Assurance

Overall Risk Assessment

		From your assessment is this a high risk plan?	If yes, why is it high risk, and what remedial actions do you propose?	Should the BCF plan be recommended for final sign off?
LA Code	**HWB name**	***Y/N (type "Y" or "N")***	***Free Text***	***Y/N (type "Y" or "N")***
E08000025	Birmingham	*Y*	*The plan is ambitious and the financial*	*N*
E08000026	Coventry	*N*	*[complete]*	*Y*
E08000027	Dudley	*N*	*[complete]*	*Y*
E06000019	Herefordshire, County of	*N*	*Risk inherent in the plan until the 2015/*	*Y*
E08000028	Sandwell	*N*	*[complete]*	*Y*
E06000051	Shropshire	*Y*	*Brief plan with much of the detail still wo*	*N*
E08000029	Solihull	*Y*	*Extent of changes in capacity, activity,*	*N*
E10000028	Staffordshire	*N**	*Plan well articulated, however inherent ri*	*Y**
E06000021	Stoke-on-Trent	*N*	*[complete]*	*Y*
E06000020	Telford and Wrekin	*N**	*Plan is well articulated, however impact*	*Y**
E08000030	Walsall	*Y*	*As outlined above, Walsall Healthcare*	*Y*
E10000031	Warwickshire	*N*	*[complete]*	*Y*
E08000031	Wolverhampton	*N*	*[complete]*	*Y*
E10000034	Worcestershire	*Y*	*The plan includes a high degree of risk*	*Y*

Note: Further assurance process initiated by DH and expected imminently

External Assurance

Confidence that plans will deliver national conditions

		Plans jointly agreed	Protection for social care services (not spending)	As part of agreed local plans, 7 day working in health and social care	Better data sharing between health and social care, based on the NHS number	Where funding is used for integrated packages of care, there is an accountable professional	Agreement on consequential impact of BCF plan on the provider sector, including consultation with providers
LA Code	**HWB name**	**R/A/G (type "R","A" or "G") - see info below table**					
E08000025	Birmingham	G	A	A	A	A	R
E08000026	Coventry	G	G	G	G	G	G
E08000027	Dudley	G	G	A	G	G	A
E06000019	Herefordshire, County of	G	G	A	G	G	A
E08000028	Sandwell	G	G	G	G	G	A
E06000051	Shropshire	G	A	A	G	G	A
E08000029	Solihull	G	G	G	G	A	R
E10000028	Staffordshire	G	G	G	G	A	A
E06000021	Stoke-on-Trent	G	G	G	G	G	A
E06000020	Telford and Wrekin	G	G	G	A	G	A
E08000030	Walsall	G	G	A	A	A	A
E10000031	Warwickshire	G	A	A	G	G	A
E08000031	Wolverhampton	G	G	G	A	A	A
E10000034	Worcestershire	G	G	A	G	A	A

"Only one plan (Coventry) has fully satisfied all of the national conditions. All other plans are likely to require further monitoring. "

External Assurance

Overall assessment of the plan

	Confidence that the plan is deliverable	Confidence that plan is affordable	The plan must not have a negative impact on the level and quality of mental health services	The plan includes a clear risk mitigation plan, covering the impact on existing NHS and social care delivery and the steps that will be taken if activity volumes do not change as planned	Patients and the public have been engaged in the development of the plan
HWB name	**R/A/G (type "R","A" or "G") - see info below table**				
Birmingham	A	R	G	A	A
Coventry	G	G	G	G	G
Dudley	A	G	A	A	G
Herefordshire, County of	A	G	G	A	G
Sandwell	G	G	G	G	G
Shropshire	A	G	A	A	G
Solihull	R	R	G	G	G
Staffordshire	G	G	G	A	G
Stoke-on-Trent	G	G	G	A	G
Telford and Wrekin	G	G	A	G	G
Walsall	A	A	G	A	G
Warwickshire	G	G	G	A	G
Wolverhampton	A	A	G	A	G
Worcestershire	A	G	A	A	A

"Once again, only Coventry's plan has satisfied all of the conditions / metrics in this category. "

Issues and Risks

- Culture and behaviour change
- Pooled budget (£46m) for 2015/16
- NHS finances and 15% transfer in context of overall NHS overspend
- Doesn't address the finance challenges faced by CCC and CCG though new models are designed to improve performance, drive efficiency gains and improve outcomes and people's experience
- Huge collaborative leadership challenge at every level

Recommendations

- Support the BCF content, the 3 main projects, the Integrated Neighbourhood Team delivery model and deliverables for Coventry
- Formally endorse the establishment of pooled budget arrangements for the £45.843m identified for 2015/16
- Accept further updates reports at each meeting with a detailed themed presentation on each workstream in turn

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Coventry City Council

Report

To: Coventry Health and Wellbeing Board **Date: 7 July 2014**

From: Juliet Hancox, Chief Operating Officer

Subject: Coventry and Rugby Clinical Commissioning Group 5 Year Strategy 2014 to 2019

1 Purpose

To update the Health and Wellbeing Board on the content of the 5 year strategy across the Clinical Commissioning Groups in Coventry and Warwickshire with a focus on the work programme for Coventry.

2 Recommendations

Members of the Health and Wellbeing Board are requested to note the content of the strategy and support the approach to engagement.

3 Information/Background

Each of the CCGs across Coventry and Warwickshire have developed 5 year strategic plans covering the period to 2018/19 and 2 year operational plans covering the same period as the Better Care Fund plans. Nationally there is a requirement for CCGs to work together across health economies in a 'Unit of Planning' to produce an overarching strategy, the content of which is covered in the attached presentation.

Coventry and Rugby CCG has a detailed operational plan in place covering the next 2 years and now intends to work with the local population, stakeholders, GP member practices and the Area Team of NHS England to build and co-produce plans for 2016-2019. These plans will need to drive the system-wide changes required to meet the challenges we face.

Report Author(s): Juliet Hancox, Karen Railton

Name and Job Title: Juliet Hancox, Chief Operating Officer, Karen Railton, Project Manager

Organisation: NHS Coventry and Rugby Clinical Commissioning Group

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Enquiries should be directed to the above person.

Appendices

Five Year Strategy 2014 to 2019 Transformational Change: Transforming Lives (presentation)

NHS
Coventry and Rugby
Clinical Commissioning Group

Five Year Strategy 2014 to 2019

Transformational Change: Transforming Lives

Coventry and Rugby Clinical Commissioning Group

South Warwickshire Clinical Commissioning Group

Warwickshire North Clinical Commissioning

NHS
Coventry and Rugby
Clinical Commissioning Group

5yr Plan Covering:-

- Our Challenges
- Our Vision
- Our Ambitions
- Our Delivery Plan and Governance Structure
- Our Approach to Engagement

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Clinical Commissioning Group

Our Challenges (1)

Expected Population Growth by 2021	
North Warwickshire	4.0%
Nuneaton & Bedworth	6.8%
Rugby	11.1%
Stratford-upon-Avon	9.5%
Warwick	8.0%
Coventry	15.0%

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Our Challenges (2)

Sustainability of our Services

Pressure on financial resources

Hospitals

- Variation in performance and quality
- Specialist services
- 7 day working
- Workforce Challenge (new model of care)

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Our Challenges (3)

Integrated Community Care

- Reduce non-elective admissions
- Decrease the number of elective attendances
- Reduce number of A & E attendances
- Decrease referrals and outpatient appointments

Primary Care

- Variation in performance and quality
- Co-commissioning

The diagram below describes the key changes to the system over the next 5 years.

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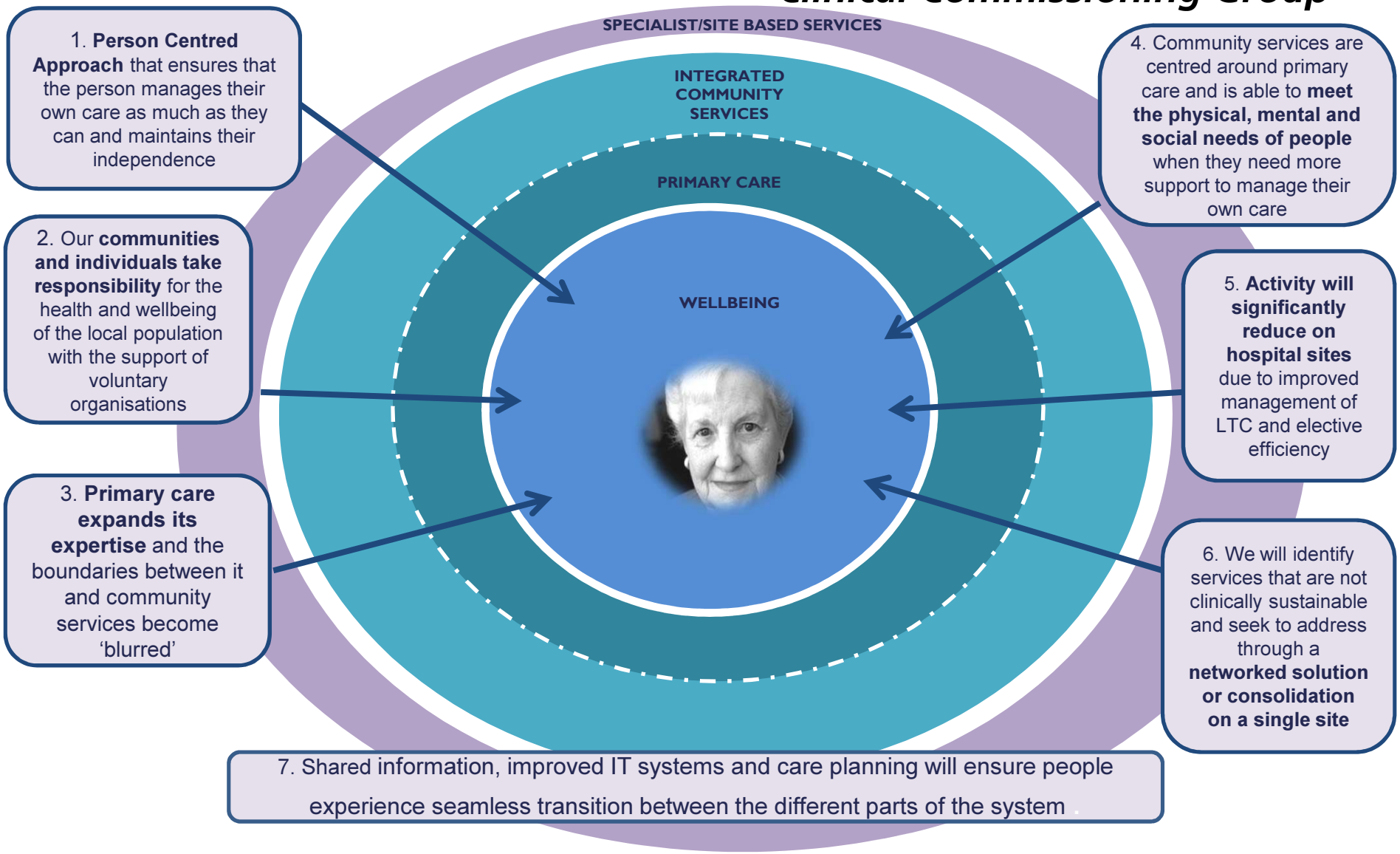


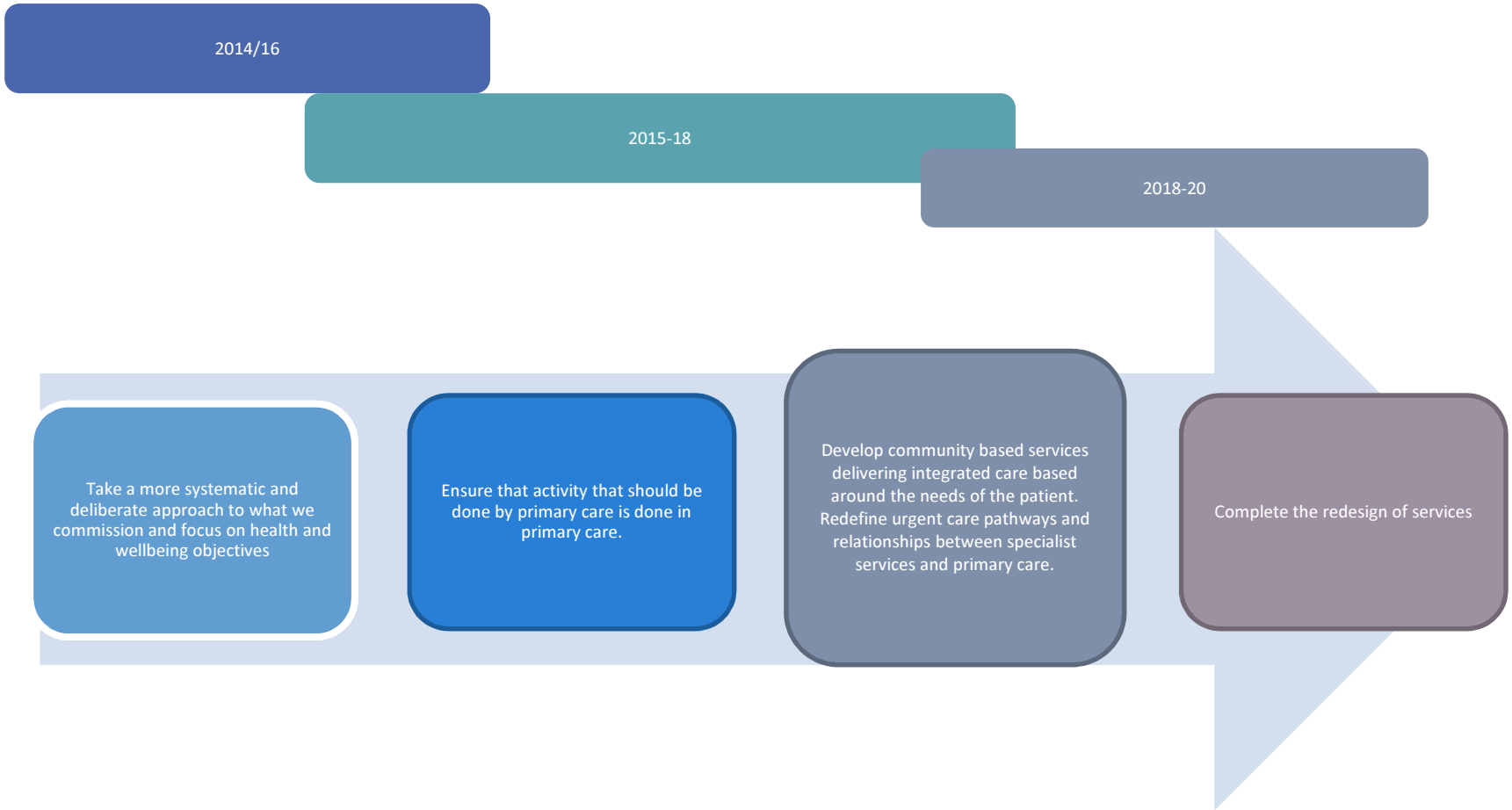
NHS
Coventry and Rugby
Clinical Commissioning Group

Our Ambitions

- Potential years of life lost from causes considered amenable to Healthcare
- Improving the quality of life with one or more long term conditions
- Reduce the amount of time people unnecessarily spend in hospital
- Increase the proportion of people having a positive experience of hospital care
- Increase the number of people having a positive experience of care outside hospital, in general practice and the community

NHS
Coventry and Rugby
Clinical Commissioning Group

Our Delivery Plan



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Coventry and Rugby
Clinical Commissioning Group

Our Delivery Plan (2)

- Better Care Fund
- Urgent Care Hot House
- CCG Transformational Programme
- GP practice collaboration

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Clinical Commissioning Group

Our Programme of Work

- Building community resilience
- Wider primary care, provided at scale
- Integrated care
- Access to the highest quality urgent and emergency care
- A step-change in the productivity of elective care
- Market management

NHS
Coventry and Rugby
Clinical Commissioning Group

Our Approach to Engagement

- Co-development with public and key Stakeholders
- Formal public consultation where necessary with engagement from key partners and stakeholders
- Working in partnerships with Health and Wellbeing Boards

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Coventry City Council

Report

To: Coventry Health and Wellbeing Board **Date:23.6.14**

From: Rebecca Elson

Subject: Macmillan and Coventry City Council Partnership

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1 Purpose

To give a presentation to members highlighting the aims and ambitions of the unique partnership the City Council has with Macmillan Cancer Support to include a summary of activities undertaken in year 1.

2 Recommendations

Members may wish to consider the role the Health and Wellbeing Board may have as legacy/succession plans are developed in the partnership's second year.

3 Information/Background

Macmillan and Coventry City Council are working in partnership in an ambitious 2 year pilot to improve the accessibility and coordination of services for people affected by cancer; both the City's residents and the Council's large workforce. This is the first partnership of its kind for Macmillan and it is anticipated that any learning/impact from this pilot will inform a replicable way of working elsewhere in the country.

Report Author(s): Rebecca Elson

Name and Job Title: Macmillan Project Manager

Directorate: Public Health, Chief Executive's Directorate

Telephone and E-mail Contact:

Enquiries should be directed to the above person.

Appendices

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Coventry City Council

Report

To: Coventry Health and Wellbeing Board **Date: 25.06.2014**

From: Jane Moore

Subject: Age Friendly City

1 Purpose

The purpose of this paper is to brief the Health and Wellbeing Board on the work undertaken to date regarding Coventry as a potential World Health Organisation 'Age Friendly City' (See Appendix for an overview of the programme).

It also requests the support of the Health and Wellbeing Board in moving this work forward and seeks their endorsement of the recommendations provided.

2 Recommendations

The Health and Well-being Board is asked to support the following recommendations;

i) To agree and commit to a work programme that would lead to Coventry being awarded WHO 'Age Friendly City' status.

ii) To support the establishment of a high level strategic Ageing Well in Mind and Body Board tasked with providing strategic leadership for older people and tasked with overseeing the implementation of the Age Friendly City programme and the delivery of the Coventry Dementia Strategy.

3 Information/Background

The Age-friendly Cities Programme is an international effort to help cities prepare for two global demographic trends:

1. The rapid ageing of populations and
2. Increasing urbanization.

The Programme targets the environmental, social and economic factors that influence the health and well-being of older adults.

In 2006, WHO brought together 33 cities in 22 countries for a project to help determine the key elements of the urban environment that support active and healthy ageing. The result was *The*

Global Age-friendly Cities Guide (http://www.who.int/ageing/publications) which outlines a framework for assessing the "age-friendliness" of a city. A core aspect of this approach was to include older people as active participants in the process.

WHO Global Network of Age-friendly Cities©

WHO has established the WHO Global Network of Age-friendly Cities©. The Network:
1. Links participating cities to WHO and to each other.
2. Facilitates the exchange of information and best practices.
3. Fosters interventions that are appropriate, sustainable and cost-effective for improving the lives of older people.
4. Provides technical support and training.

Age Friendly Cities (AFC) is an initiative to engage cities to be more age friendly, consider older people as an asset and ensure that older people have a good quality of life. The initiative provides a vehicle for a variety of organisations to work together to promote and improve the health and well-being of older people, whilst also valuing the positive contribution they can make to the City. The initiative has eight different domains, as follows:

1. Outdoor spaces and buildings
2. Transportation
3. Housing
4. Social participation
5. Respect and social inclusion
6. Civic participation and employment
7. Communication and information
8. Community and health services.

Council Officers have been working closely with representatives from Coventry University and Age UK (Coventry) to explore the potential for Coventry to become an Age Friendly City.

In January 2013, the University hosted an event to launch its Age Research Centre and introduce the concept of Coventry potentially becoming an Age Friendly City to a wide audience. The response at this event and recent Older Peoples Partnership meetings has been positive.

A meeting took place on 10th July 2013 with representatives from Manchester City Council's Valuing Older People (VOP) Team to explore the methods used in Manchester to be Age Friendly. This was also an opportunity to further understand potential resource requirements, should Coventry decide to apply for Age Friendly City status.

A paper was taken to the Adult Joint Commissioning Board (JCB) on the 25th July 2013 to raise awareness of the range of activity currently taking place in relation to older people. This included; dementia, older people's health needs assessment and Age Friendly City. The Adult JCB endorsed the recommendation that they would have oversight of this work on Older People. Since then there have been on-going discussions with Public Health CCC, Coventry University and Age UK (Coventry). These have culminated in a 3 way funding agreement that will support the Age Friendly City process and implementation. The University have agreed to provide funding (initially for 2 years) for a Programme Manager post employed by them but working across all partners.

4. Discussion

We know that Coventry as a city is growing, and our share of residents aged 60 years and more is increasing. However, inequalities exist in old age across the city, in term of life expectancy and quality of later life.

That although Coventry has a growing population of older people the size of older people popualtion is smaller compared to that of the England average, this is mainly due to a high rate of premature death.

Older people in Coventry are also significantly more deprived than the average England older people population. In Coventry, Bablake and Earlsdon have the highest population of older people but they are also the least deprived wards in Coventry.

This is in stark contrast to, Foleshill and St-Michael's have the smallest older people popualtion whilst being the most deprived wards in Coventry.

Similar to mortality, the proportion of over 65s living with chronic illnesses show a clear correlation with deprivation levels within the area. Wainbody has the lowest propotion of over 65s (just under 45%) living with chronic illness whilst Foleshill have the highest proportion of over 65s (almost 65%) living with chronic illnesses. This demostrates that the size of the older people population alone is not indicative of the need of the older people in Coventry. In fact the level of deprivation seems to be a better marker of the need of older people living within a locality and the design of future service provision for older people should reflect this.

This is further illustrated by the gap between the healthy life expectancy (HLE) and life expectancy (LE), which is closely correlated with the level of deprivation in the area. The largest gap of 16 years is seen in Foleshill whilst the smallest gap of 5 years is seen in Wainbody. Over the years,life expectancy has increased considerably but with little increase in healthy life expectancy. This is also true for older people in Coventry, making them more dependent on health and social care for longer period and significantly imparing their quality of life.

There is no getting away from these stark facts. However, it does not tell the full story and we know that we have not tapped in to the depth of knowledge, experience and skills that older people have to offer to this city.

Older people are a resource for their families, communities and economies in supportive and enabling living environments.

An age-friendly city encourages active ageing by promoting opportunities for health, participation and security so as to add quality to life as people age.

The planned City Centre Development/Kick-start provides a real opportunity to drive this work forward.

In practical terms, an age-friendly city adapts its structures and services to be accessible to and inclusive of older people with varying needs by:

• Recognizing the wide range of capacities and resources among older people;
• Anticipating and responding flexibly to ageing-related needs and preferences;
• Respecting their decisions and lifestyle choices;
• Protecting those who are most vulnerable;
AND
• Promoting their inclusion in and contribution to all areas of community life.

Active ageing depends on a variety of influences on individuals, families and communities. They include the environment as well as social factors that affect individual types of behaviour and feelings. All of these factors, and the interaction between them, play an important role in affecting how well individuals age.

These factors have to be understood from a life course perspective that recognizes that all older people are not the same and that diversity increases with age.

An example of this is an older person's ability to remain active and carry out their normal activities of daily life. This includes being able to function properly (such as muscular strength and fitness), it increases in childhood, peaks in early adulthood and eventually declines. The rate of decline is largely due to factors related to lifestyle, as well as external social, environmental and economic factors.

It is important to remember that the speed of decline can be influenced and may be reversible at any age through individual and public policy measures, such as promoting an age-friendly living environment.

Most importantly, if we want to understand what it feels like to live as an older person in Coventry, it will be essential to go to the source – the older people who dwell in Coventry city. **This links directly with the asset based approach being adopted by the Council, it would provide a voice for local older people to shape and influence the place they live in and the services they receive.**

5. Other Benefits

Because active ageing is a lifelong process, an age-friendly city is not just "elderly friendly". Barrier-free buildings and streets enhance the mobility and independence of people with disabilities, young as well as old. Secure neighbourhoods allow children, younger women and older people to venture outside in confidence to participate in physically active leisure and in social activities.

Families experience less stress when their older members have the community support and health services they need. The whole community benefits from the participation of older people in volunteer or paid work. Finally the local economy profits from the patronage of older adult consumers.

The operative word in age-friendly social and physical urban settings is enablement.

6. Finance

The funding agreed between the 3 parties is initially for 2 years to support the planning and implementation of the AFC programme. It is hoped that further external funding can be identified within this period to support the programme moving forward.
Current financial breakdown:
Coventry University: £60k p.a.
Age UK (Coventry): £15k p.a.
Coventry City Council (Public Health): £25k p.a.

7. How does Coventry become an Age Friendly City?

Cities participating in the Network commit to a cycle of continually assessing and improving their age-friendliness.
To join the Network, cities must:

- complete an application form available at *www.who.int/ageing/age_friendly_cities/en/index.html*
- submit a letter from the Mayor and municipal administration to WHO indicating their commitment to the Network cycle of continual improvement.
- commence a cycle of four stages:

Planning (Year 1-2): This stage includes four steps:
a. Establishment of mechanisms to involve older people throughout the Age-friendly City cycle.
b. A baseline assessment of the age-friendliness of the city.
c. Development of a 3-year city wide plan of action based on assessment findings.
d. Identification of indicators to monitor progress.

Implementation (Year 3-5)
On completion of stage 1, and no later than two years after joining the Network, cities will submit their action plan to WHO for review and endorsement. Upon endorsement by WHO, cities will then have a three-year period of implementation.

Progress evaluation (end of year 5)
At the end of the first period of implementation, cities will be required to submit a progress report to WHO outlining progress against indicators developed in stage 1.

Continual improvement
If there is clear evidence of progress against the original action plan, cities will move into a phase of continual improvement. Cities will be invited to develop a new plan of action (duration of up to 5 years) along with associated indicators. Progress against this new plan will be measured at the end of this second implementation period. Cities will be able to continue their membership to the Network by entering into further implementation cycles.

8. Summary

The Age Friendly City initiative provides a vehicle for a variety of organisations to work together to promote and improve the health and well-being of older people, whilst also valuing the positive contribution older people the can make to the City.

Coventry becoming an Age Friendly City would enable us to align a number of strands of work across the whole of the council and city (Health and Well Being Strategy, Dementia Strategy, Marmot Work Programme, Kick-start etc.).

It would also enable us to engage with the whole City, across the public, private and voluntary sector to support this initiative.

This work will be given impetus through the establishment of a high level strategic Ageing Well in Mind and Body Board tasked with providing strategic leadership for older people and overseeing the implementation of the Age Friendly City programme and the delivery of the Coventry Dementia Strategy. This Board would be a sub group of and directly accountable to, the Health and Well-being Board.

In order to achieve this aim a number of issues have to be resolved.

- Sign-up and commitment from all stakeholders in the city, including public, private and the voluntary sector to support and deliver an AFC achieved through the Health and Well-being Board.

- Agreement and commitment at the highest level from the City Council to support the AFC initiative (both political and senior management)

The level of our ambition needs to be tempered by the current level of resource available to undertake this work. Therefore, wherever possible we would align other initiatives and resources to support it.

Report Author(s): Jane Moore and John Forde

Name and Job Title: Consultant in Public Health

Directorate: Chief Executives

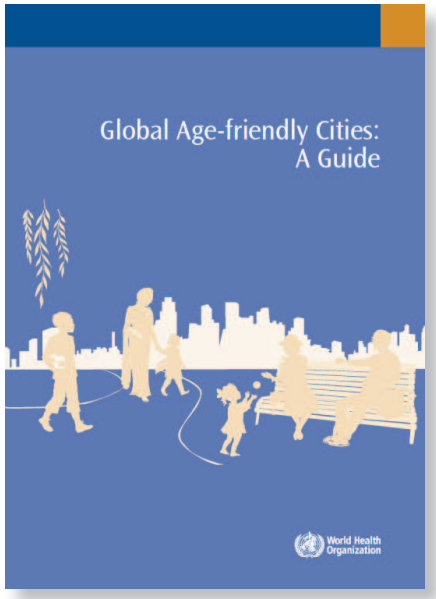
Telephone and E-mail Contact:john.forde@coventry.gov.uk

Enquiries should be directed to the above person.

Appendices: WHO an introduction Age Friendly Cities

WHO/FCH/ALC/2009.1

WHO GLOBAL NETWORK OF AGE-FRIENDLY CITIES©



Background

The Age-friendly Cities Programme is an international effort to help cities prepare for two global demographic trends: the rapid ageing of populations and increasing urbanization. The Programme targets the environmental, social and economic factors that influence the health and well-being of older adults.

In 2006, WHO brought together 33 cities in 22 countries for a project to help determine the key elements of the urban environment that support active and healthy ageing. The result was *The Global Age-friendly Cities Guide* (http://www.who.int/ageing/publications) which outlines a framework for assessing the "age-friendliness" of a city. A core aspect of this approach was to include older people as active participants in the process.

What is an Age-friendly city?

An Age-friendly city is an inclusive and accessible urban environment that promotes active ageing

The guide identifies eight domains of city life that might influence the health and quality of life of older people:

1. outdoor spaces and buildings;
2. transportation;
3. housing;
4. social participation;
5. respect and social inclusion;
6. civic participation and employment;
7. communication and information; and
8. community support and health services.

WHO Global Network of Age-friendly Cities©

To build on the widespread interest generated by this programme, WHO has established the WHO Global Network of Age-friendly Cities©. The Network will:

1. Link participating cities to WHO and to each other.
2. Facilitate the exchange of information and best practices.
3. Foster interventions that are appropriate, sustainable and cost-effective for improving the lives of older people.
4. Provide technical support and training.

Advantages of membership

- *Connection to a global network of ageing and civil society experts.*
- *Access to key information about the programme: latest news, best practices, events, results, challenges and new initiatives* through the *Age Friendly CitiesCommunity of Practice (www.who.int/ezcollab/afc_network).*
- *Provision of technical guidance and training throughout the AFC implementation process.*
- *Opportunities for partnerships with other cities.*

Network Membership

Cities participating in the Network commit to a cycle of continually assessing and improving their age-friendliness.

To join the Network, cities must:

- complete an application form available at www.who.int/ageing/age_friendly_cities/en/index.html
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- commence a cycle of four stages:

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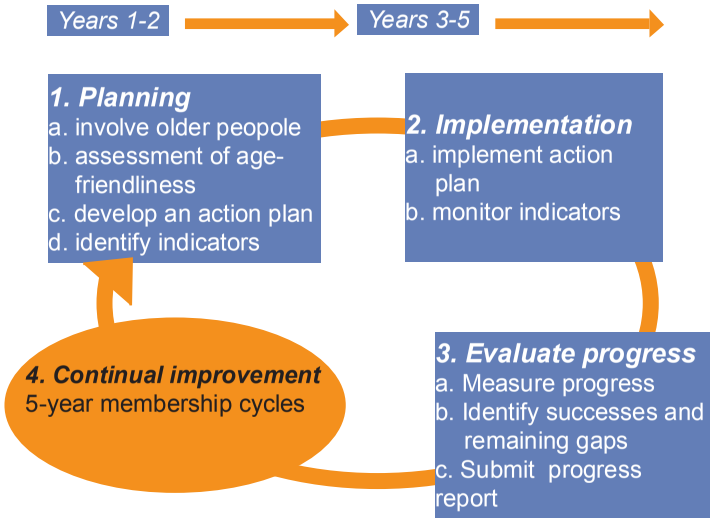
At the end of the first period of implementation, cities will be required to submit a progress report to WHO outlining progress against indicators developed in stage 1.

4. Continual improvement

If there is clear evidence of progress against the original action plan, cities will move into a phase of continual improvement. Cities will be invited to develop a new plan of action (duration of up to 5 years) along with associated indicators. Progress against this new plan will be measured at the end of this second implementation period. Cities will be able to continue their membership to the Network by entering into further implementation cycles.

Cycle of WHO Global Network of Age-friendly Cities©



Questions and Answers

What is the role of WHO in the Network?
The role of WHO headquarters, Regional Offices and Country Offices includes:
1. Coordination of the Age-friendly Cities programme.
2. Identification and dissemination of best practices.
3. Development of implementation guidelines.
4. Technical support and training.
5. Reviewing progress and plans.

How do national programmes link to the Network?
Some Member States are taking the initiative to establish their own national or state-wide programmes. WHO is happy to work with these Member States to ensure that cities participating in these programmes gain automatic membership to the Network.

How does WHO take into account the differences between cities in determining membership and reviewing action plans?
The Network process is flexible and allows for the diversity of cities across the world. Assessment of action plans and progress will take into account the financial and social circumstances of each city and region.

How long does membership of the Network last?
A city can remain a member of the Network for as long as it demonstrate continual improvement against its developed indicators.

Will the establishment of the Network result in the development of benchmarks or standards for age-friendly cities?
The WHO Network does not yet set standards or benchmarks for performance. However, cities these measures are planned for the future, and cities will be assisted to identify indicators that can be used for comparison purposes.

What are the future plans for the Network?
A further and later step may be to identity standards that would allow cities to receive an award if they reach a particular level. WHO is also interested in exploring similar age-friendly approaches in different settings, for example rural communities, hospitals and workplaces.

What is an Age-friendly Cities community of practice?
It is a social online platform for:
- Sharing approaches
- Enhancing access to knowledge
- Linking experts
- Facilitating collaboration
- Promoting learning
- Strengthening partnerships

The Age-friendly Cities Community of Practice can be accessed at **www.who.int/ezcollab/afc_network**

Involving older people is an essential element of an age-friendly city. Their contributions are important for city assessments, setting priorities, proposing solutions for action, and monitoring progress.

World Health Organization
Ageing and Life Course (ALC)
Family and Community Health (FCH)
World Health Organization
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CH-1211 Geneva 27, Switzerland
activeageing@who.int
www.who.int/ageing/en
Fax: + 41 (0) 22 791 4839

Coventry City Council

Report

To: Coventry Health and Wellbeing Board **Date: 07/07/14**

From: Vicky Hancock, Coventry & Warwickshire Partnership Trust

Subject: Coventry Criminal Justice Liaison and Diversion Service

1 Purpose

1.1 To provide an update on the implementation of the Coventry Criminal Justice Liaison and Diversion Service following consideration at previous board meetings.

1.2 To inform board members about strategic and operational actions relating to the Coventry Criminal Justice Liaison and Diversion Trial Scheme.

2 Recommendations

2.1 That the Board note the progress to date on the implementation of the Coventry Criminal Justice Liaison and Diversion Trial Scheme.

2.2 That the Board request a further update on progress and outcomes.

3 Information/Background

3.1 The overlap between mental health and criminal justice is a national priority. Minister of State for Care and Support, Norman Lamb, MP has spoken of his strong support for Liaison and Diversion Services.

> "Too often people with mental health illnesses who come into contact with the criminal justice system are only diagnosed when they reach prison. We want to help them get the right support and treatment as early as possible. Diverting the individual away from offending and helping to reduce the risk of more victims suffering due to further offences benefits everyone." Press release, NHS England, 4th January 2014.

3.2 The Coventry Criminal Justice Liaison and Diversion Trial Scheme was commissioned in April 2014 from NHS England. It followed a £25 million investment into Liaison and Diversion Services following an outline business case supported by Department of Health, Home Office, Ministry of Justice, Her Majesty Court and Tribunal Service, Youth Justice Board and NHS England.

3.3 Coventry is one of ten national trial sites and the only site operating to the national service specification in the West Midlands.

3.4 The service is delivered according to a standardised national operating model developed by NHS England and the Offender Health Collaborative.

3.5 The service has built on the success of established multi agency partnerships between West Midlands Police, West Midlands Ambulance Service and University Hospital Coventry and Warwickshire including operational arrangements for Place of Safety and Mental Health Act responsibilities.

3.6 NHS England is committed to delivering Liaison and Diversion Services nationally. Further commissioning will see 50% of the country covered by 2015/16. Dependent on full business case approval by HM Treasury all areas are expected to be covered by 2017/18.

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4 Key issues

4.1 Governance

A multi-agency strategic Programme Board has been established in Coventry to oversee the implementation of the Trial Scheme. Chaired by Josie Spencer, Deputy Chief Executive and Director of Operations, Coventry and Warwickshire Partnership NHS Trust (CWPT), and attended by representatives from West Midlands Police, Coventry City Council, Coventry and Rugby Clinical Commissioning Group, Public Health, Courts, Youth Offending, NHS England and the Centre for Health and Justice/Institute of Mental Health.

The Board is responsible for multi-agency oversight and governance of the project. The Programme Board has agreed reporting arrangements with other strategic boards in the City, for example, Coventry's Health and Wellbeing Board, Coventry Police and Crime Board, to ensure the project links effectively to other initiatives and service developments within the City.

A Multi-Agency Operational Group has also been developed to support service roll-out and daily practice, building on close existing working relationships across agencies.

4.2 **Partnership Working**

Strong local partnerships and shared commitment to the project between health, city council and criminal justice agencies have been a key factor in the successful implementation of the Trial Scheme in Coventry.

Local operational arrangements for the Trial Scheme place an emphasis on co-location with police and probation to increase effectiveness of service and strengthened partnership working.

4.3 The ethos of the scheme closely mirrors the Trust's Vision and Values. The aim of the Trial Scheme is to improve individual's wellbeing in line with developing best practice, which places the Trust at the forefront of establishing an evidence based model.

4.4 **Extended team**

Leads have been identified in operational partner organisations (police, probation, housing, youth justice, substance misuse) to support practical working arrangements and integrate service pathways between the extended teams and wider agency functions. This is also contributing to developing innovative ways of delivering services in partnership with Coventry Local Policing Unit Community Safety and Offender Management Teams.

CWPT provides a number of key extended team functions e.g. in-, learning disability, children's services, primary care and links have been established across a range of services including Secondary Care Mental Health, IAPT, Specialist Services and Integrated Children's Services.

4.5 **Expected Outcomes**

Outcomes expected from the Trial Scheme include:

i. Early identification and diversion into mental health treatment for people presenting in the Criminal Justice System.

ii. Reduction of time spent in the Criminal Justice System.

iii. Clear pathways for mental health and learning disabilities in the Criminal Justice System.

iv. Staff across CWPT to feel supported in working with service users in contact with the Criminal Justice System.

v. Staff across all Criminal Justice agencies will have enhanced skills to identify mental health and learning disabilities in order to refer appropriately.

vi. Improved risk management of mental health issues across all agencies.

Report Author(s): Vicky Hancock

Name and Job Title: Service Manager/Clinical Lead

Directorate: Coventry and Warwickshire Partnership Trust

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Coventry City Council

Report

To: Coventry Health and Wellbeing Board **Date: 7th July 2014**

From: Juliet Hancox, Chief Operating Officer, Coventry and Rugby CCG

Subject: 2014/15 Quality Premium Indicators

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1 Purpose

To provide an overview of the Quality Premium Indicators and the associated ambitions which Coventry and Rugby CCG will be aiming to achieve during 2014/15.

2 Recommendations

The Board is requested to note the report.

3 Information/Background

The Quality Premium is an incentive scheme administered by NHS England to reward CCGs for improving the quality of those services that they commission which will lead to improvements in health outcomes and reductions in health inequalities.

Report Author(s):

Name and Job Title: Indrek Reiman, Corporate Performance Manager

Organisation: NHS Coventry and Rugby CCG

Telephone and E-mail Contact: 024 7624 6027 indrek.reiman@coventryrugbyccg.nhs.uk

Enquiries should be directed to the above person.

NHS COVENTRY & RUGBY CCG

Report To:	Coventry Health and Wellbeing Board
Report From:	Indrek Reiman. Corporate Performance Manager
Title of Report:	**2014/15 Quality Premium Indicators**

The Quality Premium

The Quality Premium is an incentive scheme administered by NHS England to reward CCGs for improving the quality of those services that they commission which will lead to improvements in health outcomes and reductions in health inequalities. It will be expressed as £5 per head of the CCG population, which equates to £2.4M for Coventry and Rugby CCG. The 2014/15 Quality Premium is based on five national measures and one local priority.

National Measures

The national measures cover the five NHS Outcomes Framework Domains:

1. Preventing people from dying prematurely
2. Enhancing quality of life for people with long term conditions
3. Helping people to recover from episodes of ill health or injury.
4. Ensuring that people have a positive experience of health care
5. Treating and caring for people in a safe environment and protecting them from avoidable harm.

Local Measure

The CCG has agreed with the Public Health Team at Coventry City Council and in conjunction with Warwickshire County Council that the local priority will be to reduce admissions linked to excessive consumption of alcohol as these continue to be significantly worse for Coventry and Rugby CCG patients than for England, with 27% of all deaths in Coventry in the 16 to 24 age group estimated to be attributable to alcohol consumption.

Rationale

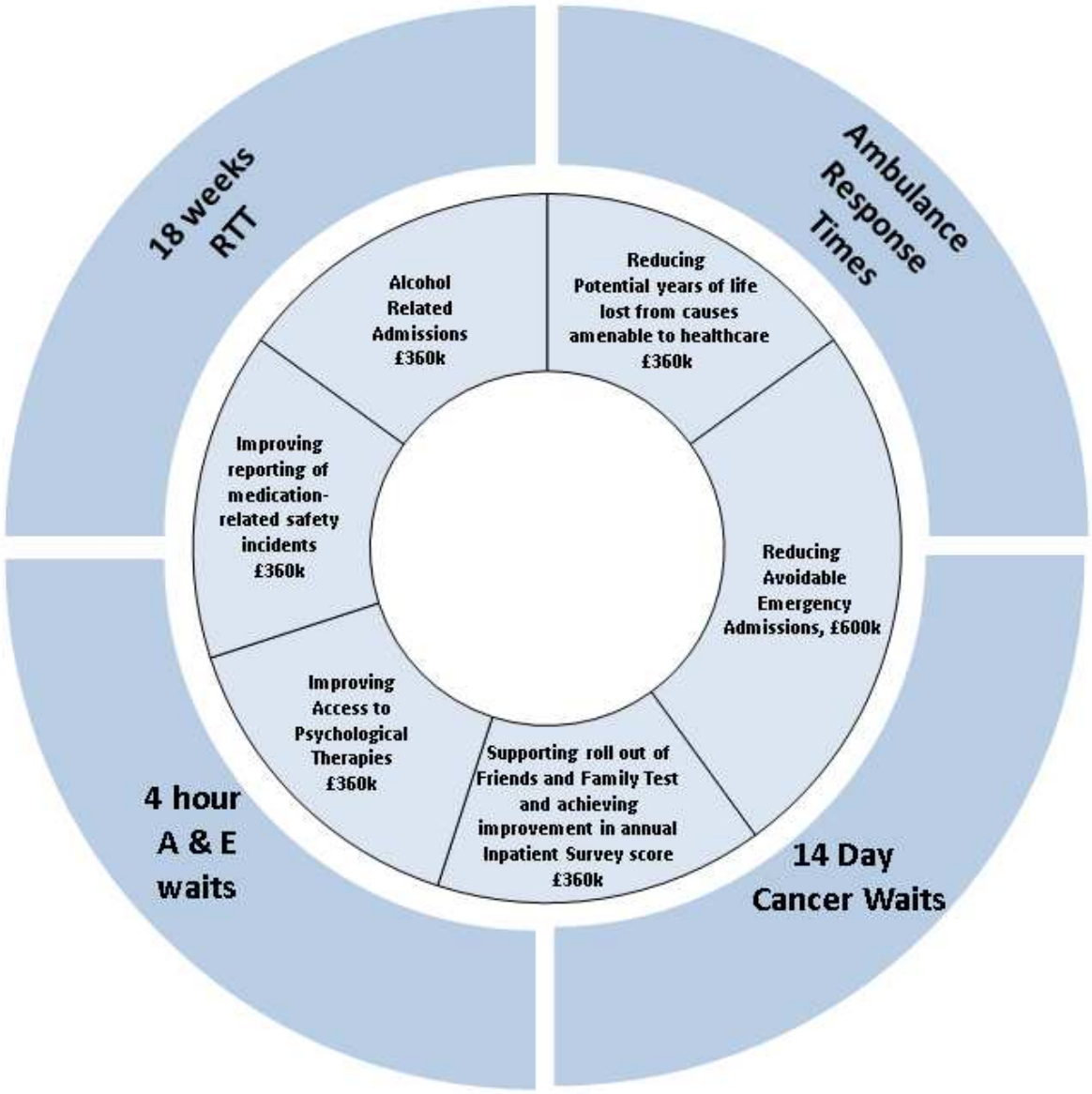
The inner ring in Appendix 1 identifies the indicators and the financial amount of the total quality premium that each area represents. The total quality premium payment for the CCG will be proportionately reduced if its providers do not meet the four key NHS Constitution rights or pledges for patients, which are shown in the outer ring.

The ambitions that the CCG is required to achieve against the five areas are summarised in Appendix 2. These are based on national requirements and have been incorporated into local contracts with the CCG's acute and non-acute providers.

For the local alcohol-related admissions indicator it has been agreed with our local partners that the CCG will continue to work with GP practices and the Alcohol liaison Service at UHCW to share information on frequent attenders in order to provide support and preventative action for

this group of patients. The CCG has set as its ambition to continue the rate of reduction achieved in 2013/14.

Appendix 1. CRCCG Quality Premium Measures for 2014/15



Appendix 2. CRCCG Quality Premium Ambitions

Domain		Quality Measure	Ambition
1	**Preventing people from dying prematurely**	Reducing Potential Years of Life Lost form Causes Amenable To HealthCare	**3.2% year-on-year reduction**
		Reducing Alcohol-Related Admissions	**2.5% year-on-year reduction**
2	**Enhancing quality of life for people with long term conditions**	Improving Access to Psychological Therapies	**Achieve 16% by Q4 14/15 and an average of 15% across the year.**
3	**Helping people to recover from episodes of ill health or injury.**	Reducing Avoidable Emergency Admissions	**Achieve a lower rate in 2014/15 than in 2013/14**
4	**Ensuring that people have a positive experience of health care**	Friends and Family Test (FFT)	**Rolling out FFT and reducing number of negative responses**
		Improving Patient Experience of Hospital Care	**Improved average score in annual Adult Inpatient Survey in 2014/15**
5	**Treating and caring for people in a safe environment and protecting them from avoidable harm.**	Improved reporting of medication-related safety incidents	**Local provider to achieve specified level of reporting of medication errors between Q4 13/14 and Q4 14/15.**

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