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### Health and Social Care Scrutiny Board (5)

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**Time and Date**

10.00 am on Wednesday, 1st March, 2017

**Place**

Committee Room 2 - Council House

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**Public Business****1. Apologies and Substitutions****2. Declarations of Interest****3. Minutes**

(a) To agree the minutes of the meeting held on 23rd November and 7th December, 2016 (Pages 5 - 16)

(b) Matters Arising

**4. Urgent Care Performance Over Winter (Pages 17 - 32)**

Joint presentation

The following representatives have been invited to the meeting for the consideration of this item:

Simon Gilby, Coventry and Warwickshire Partnership Trust (CWPT)  
Steve Jarman-Davies, Coventry and Rugby Clinical Commissioning Group (CCG)  
Emma Livesley, University Hospitals Coventry and Warwickshire (UHCW)

**5. Child and Adolescent Mental Health Services Transformation Update (Pages 33 - 42)**

Joint Briefing Note

Councillor Ruane, Cabinet Member for Children and People and Councillor Mal Mutton, Chair of the Education and Children's Services Scrutiny Board (2) have been invited to the meeting for the consideration of this item along with Matt Gilks, Coventry and Rugby CCG

6. **Coventry and Warwickshire Partnership Trust (CWPT) Action Plan Update**

Update from Simon Gilby, CWPT, who has been invited to the meeting for the consideration of this item

7. **Delivery of Public Health Services**

The Executive Director of People will report at the meeting

8. **Work Programme 2016-17** (Pages 43 - 48)

Report of the Scrutiny Co-ordinator

9. **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

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Chris West, Executive Director, Resources, Council House Coventry

Tuesday, 21 February 2017

Notes: 1) The person to contact about the agenda and documents for this meeting is Liz Knight, Governance Services, Council House, Coventry, telephone 7683 3073, alternatively information about this meeting can be obtained from the following web link: <http://modern.gov.coventry.gov.uk>

2) Council Members who are not able to attend the meeting should notify Liz Knight as soon as possible and no later than 9.00 a.m. on 1<sup>st</sup> March, 2017 giving their reasons for absence and the name of the Council Member (if any) who will be attending the meeting as their substitute.

3) Scrutiny Board Members who have an interest in any report to this meeting, but who are not Members of this Scrutiny Board, have been invited to notify the Chair by 12 noon on the day before the meeting that they wish to speak on a particular item. The Member must indicate to the Chair their reason for wishing to speak and the issue(s) they wish to raise.

Membership: Councillors F Abbott (By Invitation), R Ali (By Invitation), A Andrews, R Auluck, K Caan (By Invitation), J Clifford, D Gannon (Chair), L Kelly, D Kershaw, C Miks, M Mutton (By Invitation), E Ruane (By Invitation), D Spurgeon, K Taylor and S Walsh

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

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

**Liz Knight**

**Telephone: (024) 7683 3073**

**e-mail: [liz.knight@coventry.gov.uk](mailto:liz.knight@coventry.gov.uk)**

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**Coventry City Council**  
**Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 10.00**  
**am on Wednesday, 23 November 2016**

Present:

Members: Councillor D Gannon (Chair)  
Councillor A Andrews  
Councillor J Clifford  
Councillor K Taylor

Co-Opted Members: David Spurgeon

Other Representatives: Chris Evans, Coventry and Warwickshire Partnership Trust (CWPT)  
Liz Kieran, University Hospitals Coventry and Warwickshire (UHCW)  
Jayne Phelps, Coventry and Rugby Clinical Commissioning Group (CCG)  
Tracey Wrench, CWPT

Employees:

I Bowering, People Directorate  
L Edwards, People Directorate  
P Fahy, People Directorate  
G Holmes, Resources Directorate  
L Knight, Resources Directorate  
J Moore, People Directorate  
J Reading, People Directorate  
H Walker, People Directorate

Apologies: Councillors F Abbott (Cabinet Member), R Ali (Deputy Cabinet Member), R Auluck, K Caan (Cabinet Member), L Kelly, D Kershaw and C Miks

## **Public Business**

### **30. Declarations of Interest**

There were no declarations of interest.

### **31. Minutes**

The minutes of the meeting held on 5<sup>th</sup> October, 2016 were signed as a true record. There were no matters arising.

### **32. Safeguarding Adult Reviews (SAR) - Progress**

The Board considered a briefing note of Joan Beck, Independent Chair of the Coventry Safeguarding Adults Board which informed of the progress made in

relation to the three Safeguarding Adult Reviews (SARs) published in 2015 and the outstanding actions completed by the Coventry Safeguarding Adults Board (CSAB). Liz Kieran, University Hospitals Coventry and Warwickshire (UHCW), Jayne Phelps, Coventry and Rugby Clinical Commissioning Group (CCG), and Chris Evans and Tracey Wrench, Coventry and Warwickshire Partnership Trust (CWPT) attended the meeting for the consideration of this item and provided an update on the actions undertaken by their organisations in response to the three SARs.

The briefing note indicated that the three SARs related to incidents which took place in 2013 and 2014 and related to fire death, septicaemia and pelvic abscess, sigmoid perforation and fractured vertebrae. There have been no further SARs in Coventry.

As a result of the SARs a series of actions were agreed by the CSAB which included:

- Improving awareness of and response to fire safety risks
- Establishing protocols for professionals to work together on a case
- Working towards making safeguarding more personalised
- Reviewing pressure ulcer policies and information.

Significant progress had been made in delivery of these actions including:

- a) Events had taken place to disseminate learning and promote person-centred practice
- b) There had been a strong emphasis across the partner agencies on outcome-focused work with people with care and support needs and agencies had developed their training
- c) West Midlands Fire Service had supported and delivered fire health and safety intervention training to a range of agencies and a comprehensive fire safety guidance handbook had been produced for professionals and carers who worked with adults with care and support needs
- d) Pressure ulcer guidance had been revised with a focus on notification and referral process; agencies had delivered further training; and a 'React Red' scheme which aimed to prevent pressure ulcers had been set up. Accreditation was given to care homes that demonstrated best practice in all areas of pressure ulcer prevention
- e) Coventry and Rugby CCG, UHCW and CWPT all reported that more robust and effective discharge planning processes were in place.

The Board were informed that on the SAR action tracker, three actions remained incomplete, all relating to quality assurance and consistency of safeguarding training. A plan had been agreed to complete these actions by the end of March, 2017.

The Board questioned the representatives and officers present on a number of issues and responses were provided, matters raised included:

- Further information about how initial meetings and case conferences involving individuals and their families worked when abuse or neglect was suspected
- How a case would be tackled if abuse was reported by a third party and the individual concerned didn't want to pursue the matter

- Further information about training for carers
- More details about the React Red scheme and the accreditation of care homes
- Clarification about whether all the partnership work on prevention was maintainable in the light of current austerity cuts
- A suggestion that members needed to be more aware about safeguarding, in particular the signs of abuse and what to do if abuse was suspected.

**RESOLVED that:**

**(1) The progress against the SAR action plans and outstanding actions be noted.**

**(2) Details of the online Safeguarding training be circulated to all members along with Safeguarding Board information on signs of abuse and what to do if abuse is suspected.**

**33. Adult Social Care Peer Challenge - Progress Review**

Further to Minute 3/16, the Board considered a briefing note of the Executive Director of People detailing the progress made since the Adult Social Care Peer Challenge in February 2016 following a review visit held on 10<sup>th</sup> October, 2016. This concluded the peer challenge process.

The briefing note indicated that on 10<sup>th</sup> October, 2016 the peer challenge lead, Mr Keith Skerman and a colleague from Improvement and Efficiency West Midlands revisited Coventry to review the progress made. The findings from the visit were set out in a letter which was set out at an appendix to the briefing note. A second appendix set out the action plan which detailed the progress made to date.

The feedback identified that the improvement journey had made good progress; the impact being made by the senior management team was acknowledged; and there was a desire to improve services and performance at pace. Specific areas of key progress included:

- The development of an Adult Social Care vision to ensure that staff, partners and stakeholders were aware of the department's objectives and strategic approach
- A stakeholder reference group was now in place to provide an additional mechanism for people with care and support needs and carers to input and shape the work of Adult Social Care
- An online social care assessment which allowed people to receive individually tailored information and advice
- Staff development sessions and the establishment of a practice development forum

The Board were informed that there had been an acknowledgement that substantial change and improvements would take time. Some further suggestions had been made which included:

- Working with Elected Members to manage expectations and promote alternatives to long term care

- Building corporate awareness of the needs of older people and people with learning disabilities
- Engage with ICT to co-produce technical innovations
- Focus on presenting the evidence base for preventative services
- Build a narrative that celebrates the successes of Adult Social Care.

The Board questioned the officers on a number of issues and responses were provided, matters raised included:

- Further details about the on-line social care assessment
- Additional information about the Stakeholder Reference Group and the personalisation champions
- Clarification about some of the suggestions arising from the review visit including working with elected members to assist them to manage community expectations; building on the cultural change; and engaging with ICT
- Whether the time spent on the Peer Review process was adequate for an in-depth Peer Review and whether officers were satisfied with the depth and robustness of the review
- The costs to the City Council of this Peer Review and the anticipated date of the next Review
- A suggestion for the future that it would be appropriate to provide feedback to groups and stakeholders who had taken part in the process.

**RESOLVED that:**

**(1) The outcome of the review of the Peer Challenge chair be noted, which concludes the requirements of the Peer Challenge process.**

**(2) Feedback be given to groups and stakeholders involved in any future Peer Reviews.**

#### 34. **Provision of Home Support Services**

The Board considered a briefing note of the Executive Director of People which outlined the role that home support played in the delivery of effective social care and provided an overview of the service changes expected as a result of the forthcoming tender agreed by Cabinet at their meeting on 1<sup>st</sup> November, 2016.

The briefing note indicated that adult social care provided personal and practical support that helped people live their lives. It was an area where it was possible to have a hugely positive impact on individuals, their family and carers. The City Council supported approximately 950 people each week through home support, with approximately 12,000 hours of support at an approximate cost of £8.4m for 2016/17. Approximately 100 hours a week of this supported children with disabilities living at home at a cost of £0.1m.

The Board were informed that the majority of adults in receipt of long term support were aged over 75 with almost 40% aged 85 or over. The current arrangements for the provision of home support in Coventry was based on a contract let in 2010 through a city-wide contractual framework, with 40 organisations on this framework. Organisations who evidenced the best quality and the best price were



given the opportunity for any new work. Since 2010 a number of factors had influenced the operation of home support including the impact of austerity in local government; increased costs of delivery; increasing levels of complexity of people referred for support; and challenges in offering contracts of employment that were attractive to staff.

At their meeting on 1<sup>st</sup> November, 2016 Cabinet approved the re-tendering of home support. The process was scheduled to commence in December 2016 with new providers and contracts commencing during June 2017. The Board were informed that the retender would seek to achieve a more sustainable and secure provider base through offering larger contracts of 1200 – 1500 hours per week for five years, with the option of extending by a further two years. This would support provider sustainability allowing for margin reductions to be compensated for by increased volume of business and enable providers to employ more staff on contracted hours, improving retention. These larger and longer contracts would also give the greater security required for providers to invest in delivering good quality services, for example investing in staff completing the Care Certificate.

The Board noted that currently 23 organisations were contracted, post tender this would reduce to 9. They also noted that a number of people would be supported by a different provider. In terms of wider improvements expected as a result of the tender, the service specification had been updated to reflect the wellbeing and prevention elements of the Care Act 2014.

The Board questioned the officers present on a number of issues and responses were provided, matters raised included:

- How confident were officers that it would be possible to secure the services of 9 companies who could deliver the necessary quality support to approximately 950 individuals
- Further information about the Care certificate which had five levels ranging from induction through to advanced level 5 diploma and would this be voluntary
- Whether there were minimum training requirements for employees
- Clarification about the monitoring of companies, particularly in light of Healthwatch being unable to go into individual homes
- A request that consideration be given as to how Healthwatch could be involved in the monitoring process to provide assurances about the quality of services being delivered
- The implications of having more self-funders in the future
- Had the option of the Council establishing arms-length companies to deliver care being explored.

**RESOLVED that:**

**(1) The role that home support plays and the overview of the service changes expected from the re-tendering of home support be noted.**

**(2) The issue of how local care organisations can work with Coventry Healthwatch to provide assurances for the City Council and the health partner organisations that they can deliver quality services be considered**

**and this engagement with Healthwatch be included in the commissioning process.**

**35. Outstanding Issues Report**

The Board considered a report of the Scrutiny Co-ordinator which detailed the approach being taken on the progress, outcomes and responses to recommendations and substantial actions made by the Board at their previous Scrutiny meetings.

The Board were informed that Simon Gilby, Coventry and Warwickshire Partnership Trust had informed that he was currently considering how he would be reporting back to the Board on the action plan in response to the Care Quality Commission (CQC) Inspection and the Trust's Improvement Plan. He had also indicated that the update on the proposals for working with patients during the transition period from childhood to adulthood would be incorporated in the Child and Adolescent Mental Health Services Transformation Agenda Update due to be considered by the Board at their meeting on 1<sup>st</sup> March, 2017. Members indicated that they were still interested in receiving the additional information about the anticipated future savings on Agency Staff.

**RESOLVED that:**

**(1) The report and the verbal update on the responses from Simon Gilby, Coventry and Warwickshire Partnership Trust be noted.**

**(2) Officers to continue to request a response from Simon Gilby for information on the anticipated future savings on Agency Staff.**

**36. Work Programme 2016-17**

The Board noted their work programme for the current municipal year which included the addition of an extra meeting on 7<sup>th</sup> December, 2016 to consider the Sustainability and Transformation Plan.

**37. Any other items of Public Business - Visit to Warwick Medical School**

Members placed on record their thanks to the Chair, Councillor Gannon for initiating the excellent visit to Warwick Medical School on 21<sup>st</sup> November.

(Meeting closed at 11.55 am)

**Coventry City Council**  
**Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 10.00**  
**am on Wednesday, 7 December 2016**

Present:

Members: Councillor D Gannon (Chair)  
Councillor J Clifford  
Councillor L Kelly  
Councillor D Kershaw  
Councillor G Ridley (substitute for Councillor Andrews)  
Councillor K Taylor  
Councillor S Walsh

Co-Opted Members: David Spurgeon

Other Members: Councillor G Duggins

Employees:

V Castree, Resources Directorate  
L Knight, Resources Directorate  
J Moore, People Directorate  
G Quinton, People Directorate

Other Representatives: Andrea Green, Coventry and Rugby Clinical Commissioning Group (CCG)  
Andy Hardy, University Hospitals Coventry and Warwickshire (UHCW)  
David Williams, NHS England

Apologies: Councillors F Abbott (Cabinet Member), R Ali (Deputy Cabinet Member), A Andrews and C Miks

## **Public Business**

### **38. Declarations of Interest**

There were no declarations of interest.

### **39. Coventry and Warwickshire Sustainability and Transformation Plan (STP)**

Further to Minute 23/16, the Board considered a briefing note of the Executive Director of People which set out the background to the development of the Sustainability and Transformation Plan (STP); provided information on the STP; and informed of the next steps in terms of further development and engagement. The STP had been released publicly the previous day and copies had been made available to Members. Andrea Green, Coventry and Warwickshire Clinical Commissioning Group (CCG), Andy Hardy, University Hospitals Coventry and Warwickshire (UHCW) and Chair of the STP Programme Board and David Williams, NHS England attended the meeting for the consideration of this item.

Councillor Duggins, Cabinet Member for Policy and Leadership was also in attendance.

The Board were informed in December 2015 NHS England outlined a new approach to help ensure that health and care services were built around the needs of the local population with the introduction of STPs, based upon integration and joint working across the Health and Wellbeing system. They would put into practice the NHS Five Year Forward View and address the health and wellbeing gap, the care and quality gap and the funding and efficiency gap. It had been agreed that Coventry and Warwickshire would form a 'footprint' for their STP.

The vision for the Coventry and Warwickshire STP was: 'To work together to deliver high quality care which supports our communities to live well, stay independent and enjoy life.' A commitment to both prevention and integration lay at the heart of the STP development. This intent was supported by the Coventry and Warwickshire Health and Wellbeing Boards Alliance Concordat, which was signed by both Boards in October, 2016. A copy of the Concordat was attached at an appendix to the report.

The report indicated that the Coventry and Warwickshire STP was being led by the NHS and the other partner organisations including the City Council were set out. Each of the partner organisations were represented on STP Board who had responsibility for the development of the STP.

The draft STP had been submitted to NHS England for assurance on 21<sup>st</sup> October and had been made public the previous day, in accordance with NHS England requirements. Although the document had been leaked the week before. This official publication formed the start of the engagement process to discuss the content and direction of the STP. To ensure that the STP was developed with, and based upon, the needs of local residents, patients and communities and engaged with key stakeholders, a draft Engagement Plan had been developed, Minute 40 below refers. A timeline for communicating with key stakeholders was set out at a second appendix to the report including consideration by Cabinet and Council.

Andy Hardy, UHCW, further informed the Board of the recent process that had led to the publication of the STP; the reasons behind the decision to introduce STPs; and the challenges to be faced. He drew attention to the five transformation work streams: proactive and prevention, urgent and emergency care, planned care, maternity and paediatrics, and productivity and efficiency. He emphasised that the publication of the STP was the start of a full engagement process and that no decisions had been taken at this stage. He raised a concern about the leaking of the STP and the impact that this had had on staff.

Councillor Duggins, Cabinet Member for Policy and Leadership outlined his support to the Council's involvement with the STP, clarifying that the Plan was still to be considered by both Cabinet and Council.

The Board questioned the representatives and officers present on a number of issues and voiced their concerns and responses were provided, matters raised included:

- Further information about the involvement of NHS England in the process, particularly the assurance of the STP including criteria used to approve the report
- A concern that the STP included a statement that the statutory organisations, including the City Council, had considered the plan and signed up to it in advance of the submission, when the STP was still to be considered by both Cabinet and Council
- An explanation of the sign off process
- How the STP would address the funding challenges to be faced
- In light of the leaking of the STP to the local media, the need to ensure that the right messages are given out to Coventry residents
- Clarification about engagement and consultation
- The suggestion that the STP consultation needs to be informative, clearly explaining the need for patients to engage with the system taking responsibility for their own health and not presenting as an emergency
- Further information about the proposals for engagement
- A concern about proposals for better extended access to GPs and for more opportunities for home births – how could the role of GPs be extended if there was no spare capacity and more homebirths would mean the employment of additional midwives
- An acknowledgement of the significant workforce challenges to be faced in the light of potential changes to the health system
- Reference to the expertise at Coventry and Warwick Universities in relation to health and wellbeing issues
- Further information on staff appointments for maternity and paediatrics
- A concern about the potential for maternity and paediatrics to operate from one site
- The suggestion of requiring a strategy to deal with all the negative publicity arising from the leaking of the STP document
- The importance of engaging with local politicians throughout the engagement process and the importance of partnership working
- The view that the success of the STP depended on the involvement and support of local Councillors
- Support for the proactive and preventative care work-stream
- Concerns about the difficulties of getting GP appointments at the current time
- Further information about the joint Health and Wellbeing Concordat
- Concerns that the STP was unrealistic in its assumptions about the level of reduction in patient activity including A and E attendances
- Concerns about the terminology used in the report meaning members of the public would have difficulty understanding the document
- An acknowledgement that clarity was required on the individual themes prior to engagement with the public
- Clarification about the suggestions that there would be an application of stricter thresholds for surgery
- What would be expected when the STP was submitted to Cabinet and Council
- The importance of all partners committing to work together and sharing experiences when engaging on the five priority work streams.

**RESOLVED that the current position and progress of the Coventry and Warwickshire Sustainability and Transformation Plan be noted.**

#### 40. **Draft Engagement Strategy - Sustainability and Transformation Plan**

The Board considered a report of Andrea Green, Coventry and Rugby Clinical Commissioning Group (CCG) on the draft engagement strategy for the Sustainability and Transformation Plan (STP), a copy of which was set out at an appendix to the report. The Board also received a presentation on the proposed outline of actions for engagement with maternity service users as an example approach to methods of engagement. Andrea Green attended the meeting for the consideration of this item along with Andy Hardy, University Hospitals Coventry and Warwickshire (UHCW) and Chair of the STP Programme Board and David Williams, NHS England.

The report indicated that one element of the STP had been to consider how to engage the public, patients, carers and their representatives in the plan, once there was sufficient information to engage. A draft engagement strategy had been developed which had been informed by input from local Councillors at the joint Coventry and Warwickshire Health and Wellbeing Boards Development Day on 13<sup>th</sup> October. In particular the Boards had requested development of the overarching compelling case for change.

It was proposed to commence a 'Big Conversation' phase of pre-consultation engagement at the end of November for a period of eight weeks, starting with a conversation about maternity care. The engagement approach would then be revisited using any learning from the first phase.

The presentation provided an example approach for consulting on maternity care with the aim of finding out what was important locally. An outline of actions for engagement with services users at a public workshop were detailed including the steps to be taken in the lead up to the workshop, the proposals for the event and the critical success factors. It was emphasised that this was to be the first stage in a much longer process.

The Board questioned the representatives and officers present on several issues and responses were provided, matters raised included the proposals for engagement with patients; further details about who would be involved with the maternity workshop and whether it was proposed to consult with fathers and grandparents; and an offer to provide assistance to support staff through the potential changes in the workplace.

**RESOLVED that the draft engagement strategy and the approach to engagement be noted.**

#### 41. **Work Programme 2016-17**

The Board noted their work programme for the current year including the cancellation of their meeting scheduled for 4<sup>th</sup> January, 2017.

42. **Any other items of Public Business**

There were no additional items of public business.

(Meeting closed at 11.45 am)

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# Urgent Care Performance Over Winter

Steven Jarman-Davies  
C&R CCG

David Eltringham  
UHCW

Peter Fahy  
Coventry City  
Council

Barry Day  
CWPT

University Hospitals  
Coventry and Warwickshire  
NHS Trust



Coventry & Rugby  
Clinical Commissioning Group



Coventry and Warwickshire  
Partnership Trust

South Warwickshire  
NHS Foundation Trust



## National Context – Immediate Performance After the New Year

There has been wide scale reporting in the national media around the winter pressures facing the NHS this year and the ability of Health and Social Care systems to be able to cope with these pressures.

These were greatest in the second week of the New Year were during the week ending 08/01/2017 it was reported based on the daily reporting by local systems that only 75% of patients in that week had been seen and treated in A&E within 4 hours, and nationally only one Trust hitting the 95% target, and a further nine other trusts achieving above 90%, against the national standard of 95% being seen within 4 hours. Locally performance over the Christmas and New Year with on average UHCW delivering around 82%, GEH 84% and SWFT 92% in the immediate weeks after Christmas.

Nationally at this point there were a reported 485 patients with long waits over 12 hours from the decision to admit to being found a bed or discharged back home. This was treble the number experienced during the whole of January last year. Locally in the period 1<sup>st</sup> December through to the end of January there have been no reported over 12 hour waits at UHCW, two over 12 hour waits reported at the George Eliot Hospital (GEH), and none reported at South Warwickshire Hospital (SWFT).

As a guide on relative performance the position below shows the A&E 4 hour performance of Trusts within the West Midlands for the week immediately after the New Year.

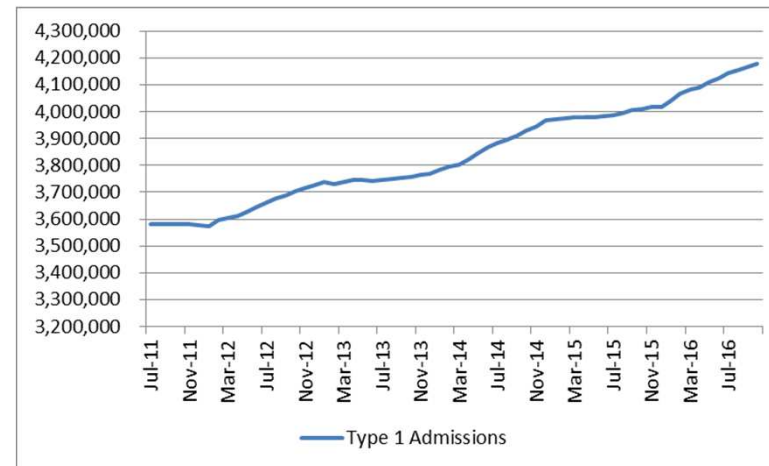
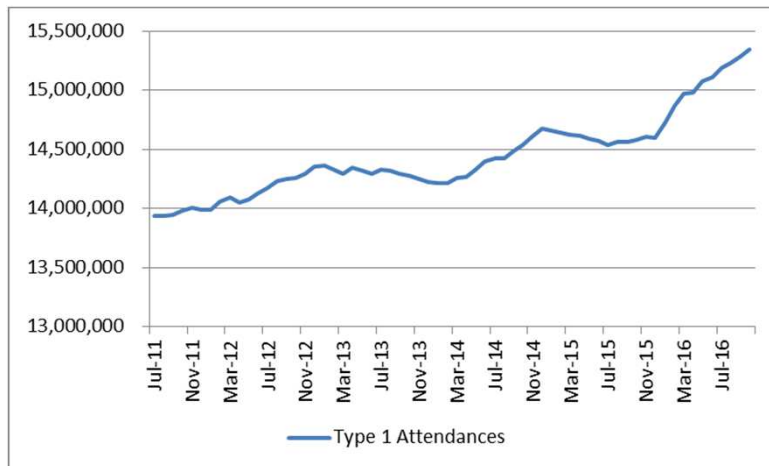
A&E Performance West Midlands Hospitals - Christmas and the New Year

	Walsall	Worcs	Alex	Ghope	WVT	UHB	Heartlands	Sandwell	Rhall	NX	UHCW	GEH	City	SWFT	Solihull
09/01/17	63.6%	51.5%	78.4%	70.4%	65.1%	74.0%	74.4%	76.9%	74.0%	64.9%	74.8%	77.0%	78.9%	80.2%	95.6%
08/01/17	52.1%	60.5%	91.9%	66.9%	62.4%	74.6%	68.1%	71.9%	61.5%	70.9%	82.0%	80.5%	81.8%	89.2%	98.1%
07/01/17	50.0%	62.4%	79.8%	63.9%	61.8%	71.6%	66.5%	76.3%	71.2%	74.1%	77.8%	74.2%	84.4%	98.8%	99.1%
06/01/17	62.0%	58.4%	54.5%	71.4%	87.9%	72.1%	69.6%	62.8%	71.0%	77.3%	84.7%	70.9%	68.7%	96.2%	97.4%
05/01/17	63.4%	57.5%	50.0%	69.9%	83.2%	67.7%	77.9%	66.8%	69.8%	80.6%	74.5%	74.7%	75.4%	95.7%	99.1%
04/01/17	43.1%	58.7%	62.2%	73.0%	58.9%	62.3%	66.8%	74.0%	71.8%	71.5%	68.5%	70.6%	84.2%	84.6%	97.6%
03/01/17	69.1%	57.8%	54.5%	60.9%	95.7%	74.0%	71.5%	72.1%	75.2%	69.1%	77.3%	89.1%	79.1%	59.3%	91.6%
02/01/17	57.1%	54.4%	50.6%	72.8%	59.7%	64.3%	74.1%	77.0%	76.7%	84.2%	67.4%	78.7%	82.3%	90.4%	98.3%
01/01/17	49.4%	59.1%	54.5%	69.3%	52.7%	67.2%	70.8%	68.6%	83.2%	77.9%	80.0%	76.5%	88.5%	80.6%	98.8%
New Year Average	56.6%	57.8%	64.1%	68.7%	69.7%	69.8%	71.1%	71.8%	72.7%	74.5%	76.3%	76.9%	80.4%	86.1%	97.3%

## National Context – Pressures on A&E Departments

Pressures on A&E services are not specific to Coventry and Warwickshire the position locally reflects essentially the same general pressures as the whole of the England. Nationally attendances i.e. patients arising at A&E are up above last year and at the highest levels ever recorded, with the number of Ambulances arriving at hospital and the calls made by the public to ambulance services again highest ever. Locally over the Christmas and New year calls made to the West Midlands Ambulance Service (WMAS) have been consistently 8-10% above contracted levels and last year.

Attendances at A&E are recorded nationally in 3 types, Type 1 attenders those attending a normal A&E department, Type 2 attenders those attending services such as eye clinics, and Type 3 attenders those attending Minor Injury Units / Urgent Care Centres. Type 1 attenders are those most likely to require treatment and potentially admission to hospital.



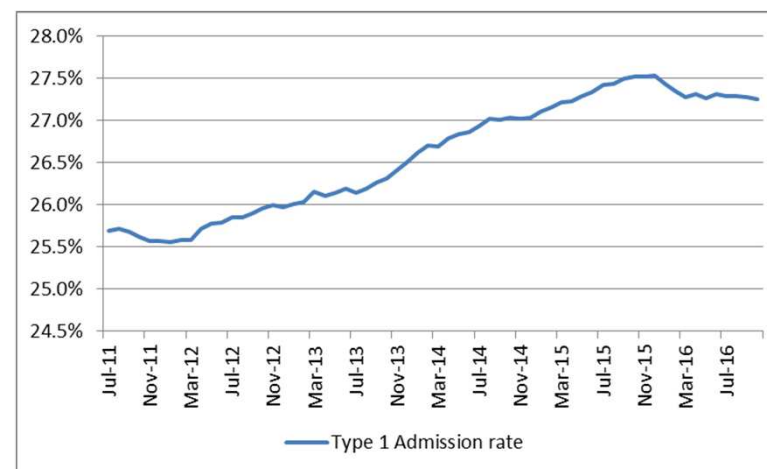
The Graphs above show the national trend for A&E attendances Type 1 as a rolling 12 month figure from July 2011 through to the last national figures available at the end of 2016. When plotted this shows almost a straight line growth month on month nationally and this growth is matched by a similar growth in admissions via these Type 1 attendances. This is against a backdrop of all systems nationally putting in place community alternatives to both attendance and admission.

## National Context – Pressures on A&E Departments

Around 27% of Type 1 attendances lead to an admission to hospital, this conversion rate has grown in the last few years, potentially reflecting the diversion of minor patients to alternatives and an increased morbidity of the patients attending at A&E, but is now showing signs of levelling out.

A&E attendance to admission conversion figures at individual trusts vary considerably, Birmingham Children's Hospital (BCH) is around 12%, University Hospitals Birmingham (UHB) which doesn't have children attending as they go to BCH is over 43%. Royal Wolverhampton is 23% .

locally the rates tend to be SWFT 31%, UHCW 31% and GEH 17% this is with a Midlands and East of England average of 35% and the West Midlands average of 31%.



There are two observations to make from this :

- It is going to take a real change in behaviour by patients If attendances at A&E are going to stop continuing to rise both nationally and locally. As a system we need to be clear on the actions being planned locally in relation to the STP plans to reduce them. Although the position locally is varied , This year's year on year growth in attendances at UHCW has been 3%, GEH 9%, and SWFT around 3%. If this growth continues even with a static conversion rate to admissions then inevitably more admissions will also follow. This shows the importance of the STP work on Out of Hospital to redesign urgent care for people with long term and chronic conditions.
- Removing the simple attendances through self-care / use of pharmacies does help in terms of reducing immediate pressures for seeing patients in the emergency department, but the pressures relating to admissions wouldn't necessarily be affected by this. Nationally as well as locally the challenge for systems is why do people still go to A&E even after considerable investments into alternatives for conditions things that could and are being dealt with elsewhere ?

## National System Reporting Levels

The National A&E Delivery Board has set out the following expectations around levels of support and intervention, and has required systems to report against these levels each day through to NHS England from the 1<sup>st</sup> December and through to end of March 2017.

The levels are set nationally as

**OPEL 1** – Business as usual, no support or intervention required (overview at Local A&E Delivery Board).

**OPEL 2** – Operational pressures being managed at a local A&E Delivery Board with awareness or support as appropriate at a local NHS England / NHS Improvement level.

**OPEL 3** – Increased pressures, NHS England / NHS Improvement actively involved as appropriate according to local arrangements and requirements. Regional teams aware of situation and involved where required. National team notified if necessary

**OPEL 4** – NHS England / NHS Improvement actively involved in support/intervening to ensure escalation can be stood down as quickly as possible, with regional involvement and support from National teams as appropriate.

Levels 3 and 4 require specific daily briefings on actions being taken, that are discussed both on regional and national teleconferences as to the level of support and intervention to be given to systems.

A&E Performance West Midlands Hospitals - Christmas and the New Year

	Walsall	Worcs	Alex	Ghopte	WVT	UHB	Heartlands	Sandwell	Rhall	NX	UHCW	GEH	City	SWFT	Solihull
09/01/17	63.6%	51.5%	78.4%	70.4%	65.1%	74.0%	74.4%	76.9%	74.0%	64.9%	74.8%	77.0%	78.9%	80.2%	95.6%
08/01/17	52.1%	60.5%	91.9%	66.9%	62.4%	74.6%	68.1%	71.9%	61.5%	70.9%	82.0%	80.5%	81.8%	89.2%	98.1%
07/01/17	50.0%	62.4%	79.8%	63.9%	61.8%	71.6%	66.5%	76.3%	71.2%	74.1%	77.8%	74.2%	84.4%	98.8%	99.1%
06/01/17	62.0%	58.4%	54.5%	71.4%	87.9%	72.1%	69.6%	62.8%	71.0%	77.3%	84.7%	70.9%	68.7%	96.2%	97.4%
05/01/17	63.4%	57.5%	50.0%	69.9%	83.2%	67.7%	77.9%	66.8%	69.8%	80.6%	74.5%	74.7%	75.4%	95.7%	99.1%
04/01/17	43.1%	58.7%	62.2%	73.0%	58.9%	62.3%	66.8%	74.0%	71.8%	71.5%	68.5%	70.6%	84.2%	84.6%	97.6%
03/01/17	69.1%	57.8%	54.5%	60.9%	95.7%	74.0%	71.5%	72.1%	75.2%	69.1%	77.3%	89.1%	79.1%	59.3%	91.6%
02/01/17	57.1%	54.4%	50.6%	72.8%	59.7%	64.3%	74.1%	77.0%	76.7%	84.2%	67.4%	78.7%	82.3%	90.4%	98.3%
01/01/17	49.4%	59.1%	54.5%	69.3%	52.7%	67.2%	70.8%	68.6%	83.2%	77.9%	80.0%	76.5%	88.5%	80.6%	98.8%
<b>New Year Average</b>	<b>56.6%</b>	<b>57.8%</b>	<b>64.1%</b>	<b>68.7%</b>	<b>69.7%</b>	<b>69.8%</b>	<b>71.1%</b>	<b>71.8%</b>	<b>72.7%</b>	<b>74.5%</b>	<b>76.3%</b>	<b>76.9%</b>	<b>80.4%</b>	<b>86.1%</b>	<b>97.3%</b>

	Worcs	Walsall	Alex	WVT	Ghopte	UHB	Sandwell	UHCW	Heartlands	GEH	Rhall	City	NX	SWFT	Solihull
31/12/16	57.3%	60.1%	68.4%	61.1%	69.2%	67.5%	76.6%	72.9%	77.1%	77.1%	75.6%	83.5%	74.8%	87.3%	99.1%
30/12/16	44.4%	53.6%	66.1%	83.1%	78.1%	67.0%	82.0%	80.9%	71.2%	71.4%	77.4%	83.9%	88.2%	90.2%	100.0%
29/12/16	62.4%	44.2%	72.1%	73.7%	74.4%	66.7%	81.3%	75.9%	75.9%	76.2%	70.3%	88.7%	85.6%	77.3%	99.0%
28/12/16	53.6%	56.9%	66.9%	65.7%	77.6%	75.3%	74.9%	84.5%	74.6%	72.8%	83.2%	84.2%	79.6%	85.8%	100.0%
27/12/16	40.8%	58.6%	59.7%	69.1%	71.8%	77.2%	80.2%	66.7%	95.2%	81.1%	79.2%	84.3%	79.1%	89.6%	99.3%
26/12/16	56.5%	67.8%	79.9%	63.1%	73.4%	75.6%	74.6%	86.4%	87.8%	97.1%	96.4%	88.1%	96.7%	96.2%	99.0%
25/12/16	61.7%	86.0%	74.8%	82.7%	91.3%	90.0%	94.1%	97.6%	91.6%	97.5%	99.6%	95.9%	97.0%	98.3%	100.0%
24/12/16	72.5%	74.9%	93.0%	90.1%	86.6%	85.9%	83.1%	96.2%	94.4%	99.5%	97.6%	84.5%	94.3%	96.6%	99.1%
<b>Xmas Average</b>	<b>56.2%</b>	<b>62.8%</b>	<b>72.6%</b>	<b>73.6%</b>	<b>77.8%</b>	<b>75.6%</b>	<b>80.9%</b>	<b>82.6%</b>	<b>83.5%</b>	<b>84.1%</b>	<b>84.9%</b>	<b>86.6%</b>	<b>86.9%</b>	<b>90.2%</b>	<b>99.4%</b>

	Worcs	WVT	Alex	Ghopte	Walsall	Sandwell	UHCW	UHB	Rhall	City	Heartlands	GEH	NX	SWFT	Solihull
23/12/16	60.6%	83.1%	91.3%	77.3%	85.1%	76.2%	94.3%	90.2%	88.8%	90.7%	91.1%	97.9%	96.8%	96.3%	100.0%
22/12/16	66.7%	78.3%	85.3%	76.1%	81.0%	83.7%	79.2%	92.3%	81.6%	91.2%	89.0%	99.4%	98.1%	97.5%	99.0%
21/12/16	51.9%	92.0%	56.3%	84.4%	89.9%	91.0%	85.7%	78.0%	92.0%	82.0%	79.8%	96.1%	98.2%	97.9%	100.0%
20/12/16	64.8%	60.2%	51.6%	68.1%	83.1%	72.7%	70.2%	65.8%	75.0%	79.7%	74.2%	79.7%	94.4%	92.9%	99.1%
19/12/16	64.8%	64.7%	76.1%	72.0%	71.6%	73.3%	76.2%	71.0%	68.2%	81.3%	76.7%	77.4%	87.1%	98.2%	98.4%
18/12/16	72.8%	62.3%	72.7%	67.6%	75.0%	72.9%	74.7%	76.2%	84.4%	75.7%	86.0%	86.9%	84.3%	98.6%	98.1%
17/12/16	54.5%	53.4%	76.7%	76.8%	61.1%	79.9%	74.0%	84.7%	70.6%	78.5%	83.4%	83.6%	75.8%	99.4%	100.0%
<b>Week before Xmas</b>	<b>62.3%</b>	<b>70.6%</b>	<b>72.9%</b>	<b>74.6%</b>	<b>78.1%</b>	<b>78.5%</b>	<b>79.2%</b>	<b>79.7%</b>	<b>80.1%</b>	<b>82.7%</b>	<b>82.9%</b>	<b>88.7%</b>	<b>90.7%</b>	<b>97.3%</b>	<b>99.2%</b>

- Without being complacent at all , it can be noted that over the New Year A&E performance by Trusts in Coventry and Warwickshire has been well both below the 95% national standard, but has relatively shown more resilience as a system over this period than others , being towards the top end of performance across the West Midlands as a whole.
- Opel Level 3 was reached by the local system on the 3<sup>rd</sup> of January and returned to Opel level 2 within 2 days, with Coventry & Rugby being asked for information around the joint work in relation to the Community Hub and an example of good practice by NHS England. This was at a time where nationally on a daily basis between 20-40 systems have been reporting Opel level 3 or above. This supports the assertion that whilst under pressure locally the system has worked collectively to manage these pressures operationally, to continue to ensure a level of operational resilience and continued service for patients.

## Additional Local Pressures on A&E Departments

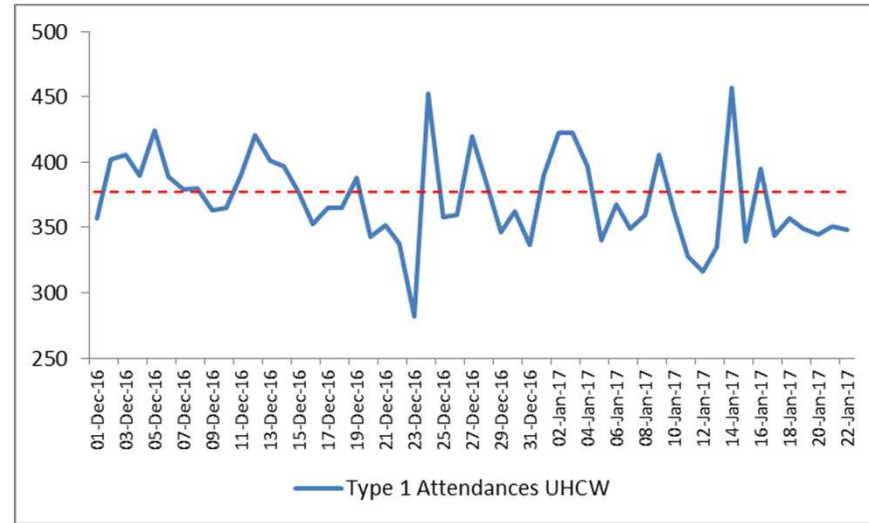
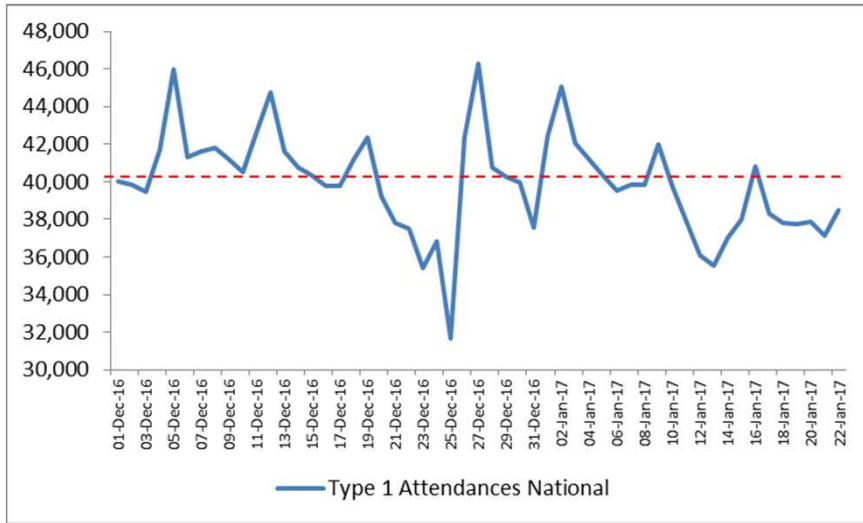
- **Norovirus** has affected all three hospitals during this period, with 27 beds affected at SWFT, 25 at UHCW and around 15 at GEH, there was also confirmed Flu cases in ITU at SWFT in the same period.
- All hospitals within Coventry and Warwickshire have utilised planned **escalation capacity** to deal with the demand coming through the doors, with around 100 extra beds routinely in use over that last two weeks – up to 62 at UHCW, 22 at SWFT and 19 at GEH.
- Use of this capacity has impacted on the ability of the Trusts to undertake elective work in the same period, as some of this capacity is surgical capacity and day case.
- **DTOCs, MFFD and bed occupancy figures** play into any discussion about management of winter pressures. As a system we did meet the national requirement to clear beds as much as possible before Christmas to get to below 85% bed occupancy rate for the 24<sup>th</sup> December. DTOCs however were still well above the 3.5% target of occupied bed days across all three hospitals.
- From bed occupancy being at 85% it then increased day by day across the system and no trust managed to get bed occupancy back to 85% before the New Year – this was the same position nationally and regionally. This was even as a result of using the additional escalation capacity.

The following graphs show for UHCW some of the key figures that can be taken from the daily national reporting system by Trusts in comparison to the National trends.

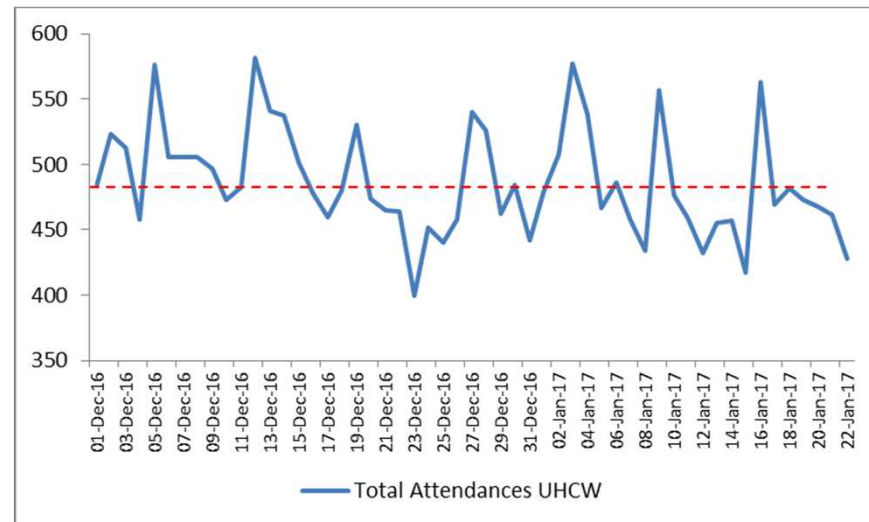
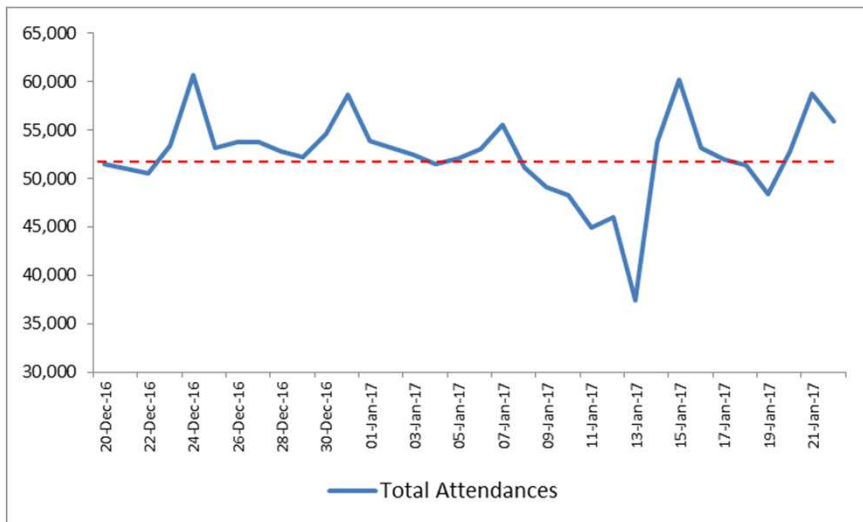
The nature of NHS reporting is that the daily sitrep data is the only data available to be published covering winter at present, the monthly figures for performance have yet to be made available, and the contracting activity for the same period which would allow for more detailed analysis is not yet available.



### Type 1 Attendances – National / UHCW (Daily Sitrep data)



### Total Attendances (Types 1, 2 & 3) – National / UHCW

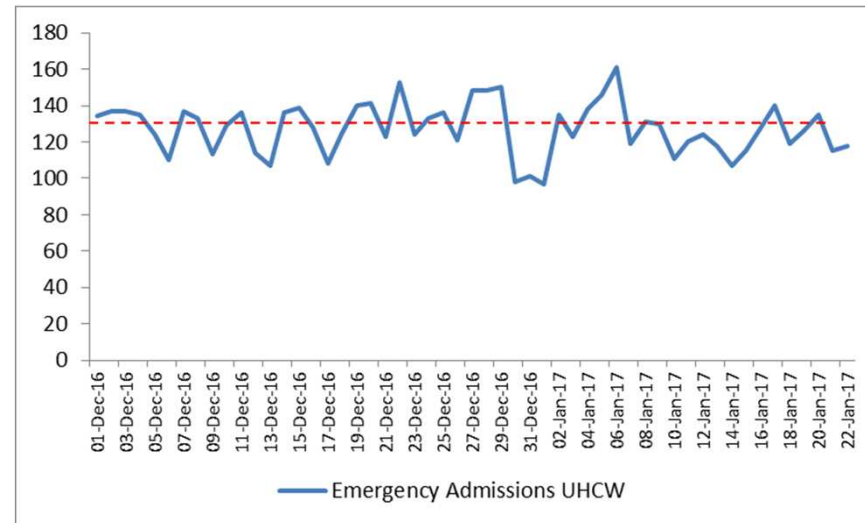
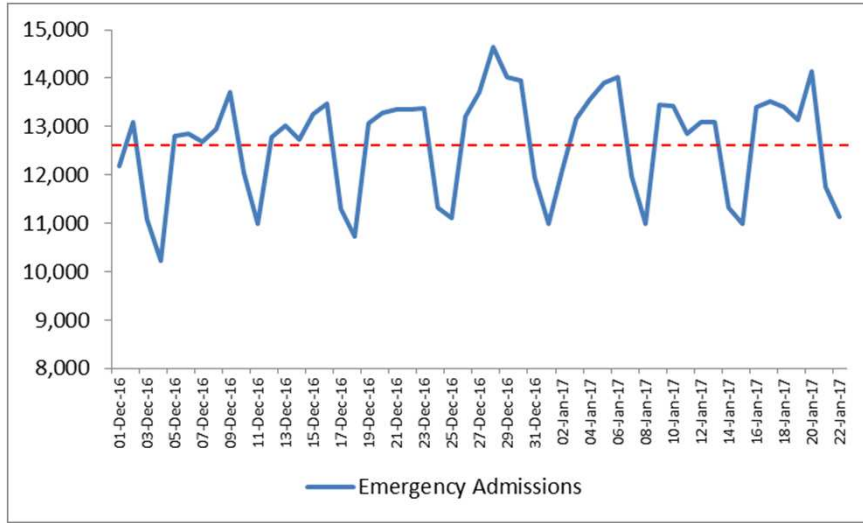


Attendances across December and January have been relatively stable as a average, however it is the peaks in attendances that causes operational issues, and there are clear spikes in attendances on Sunday and Mondays, this compromises capacity at the start of the week, reducing later in the week and then building again on the Sunday/Monday.

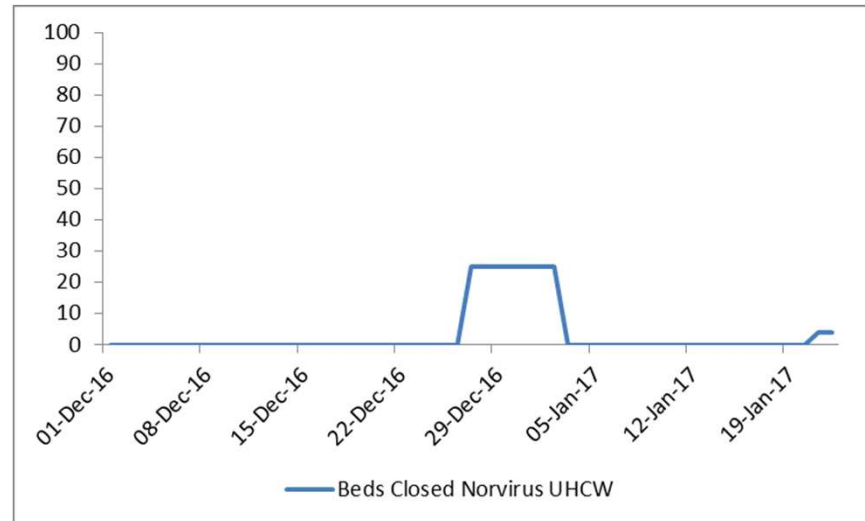
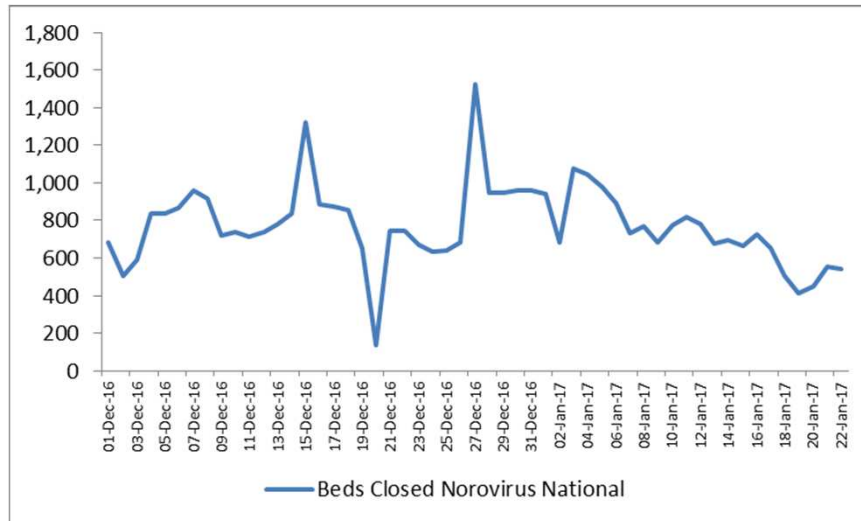
Note this level of attendance is again above last years levels (3% at UHCW), plus also it shows that Winter covers a period before and after the actual holiday breaks.



### Emergency Admissions – National / UHCW (Daily Sitrep data)



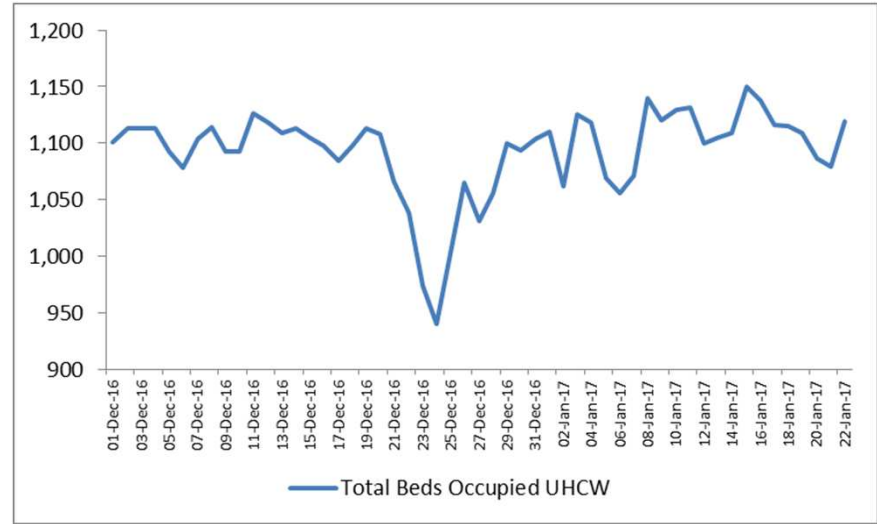
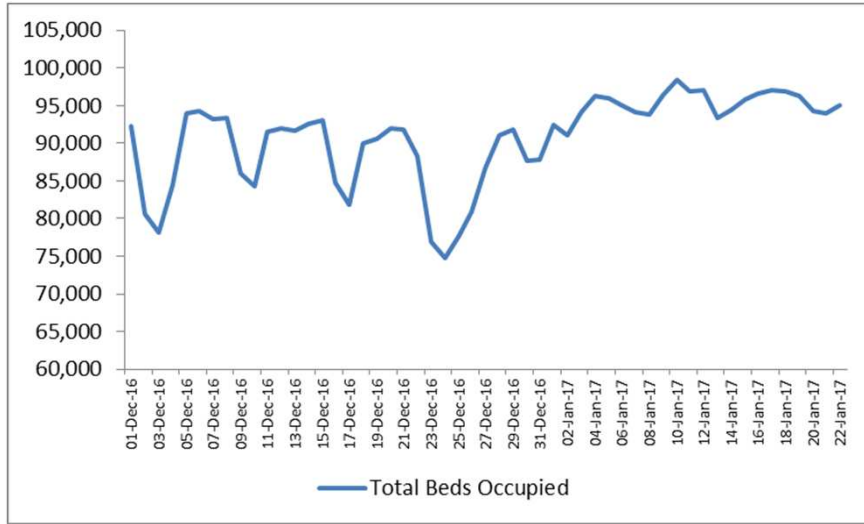
### Beds Closed to Norovirus – National / UHCW



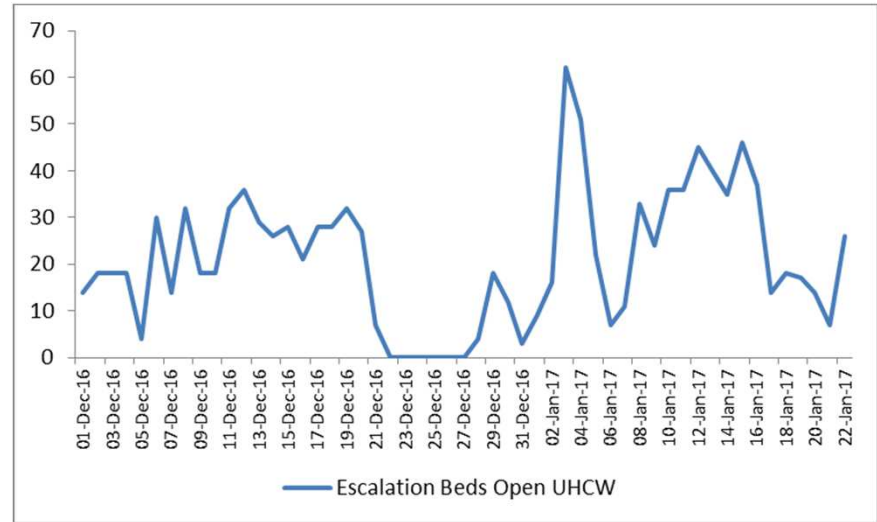
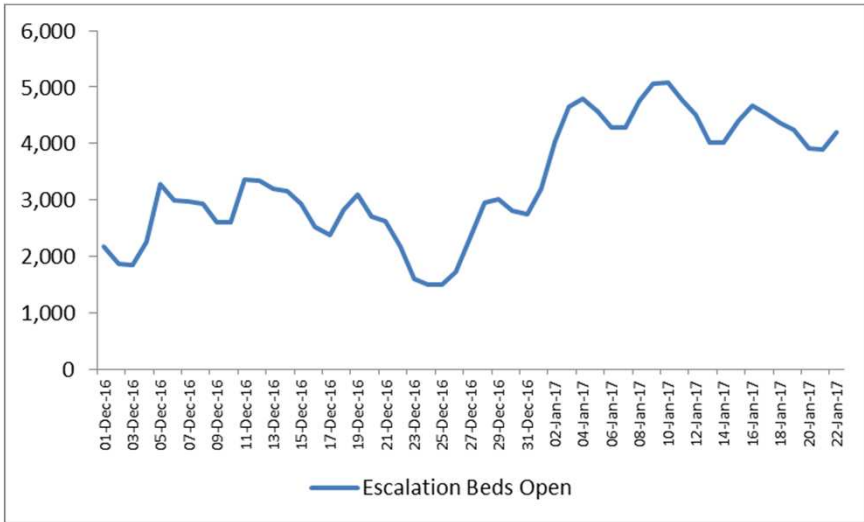
Admissions to hospital reflect the normal weekly pattern with fewer admissions at weekend, but an increased level of admissions as a proportion of attendances over the holiday period, this could reflect a reduction in being able to offer alternatives to support patients in the community during this period, and ability to patients to be supported by their families.

Beds closed to Norovirus were few at UHCW and affected St Cross for a short period of time at the time of peak closures nationally.

**Occupied Beds – National / UHCW (Daily Sitrep data)**

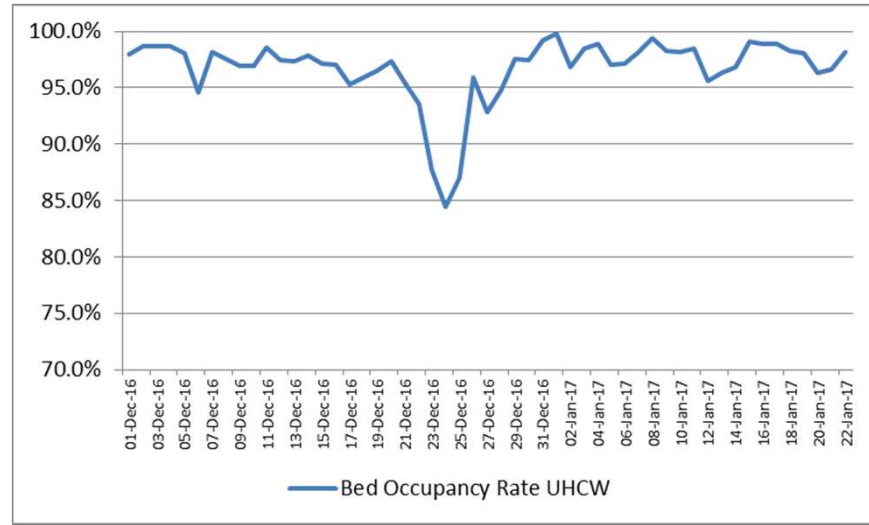
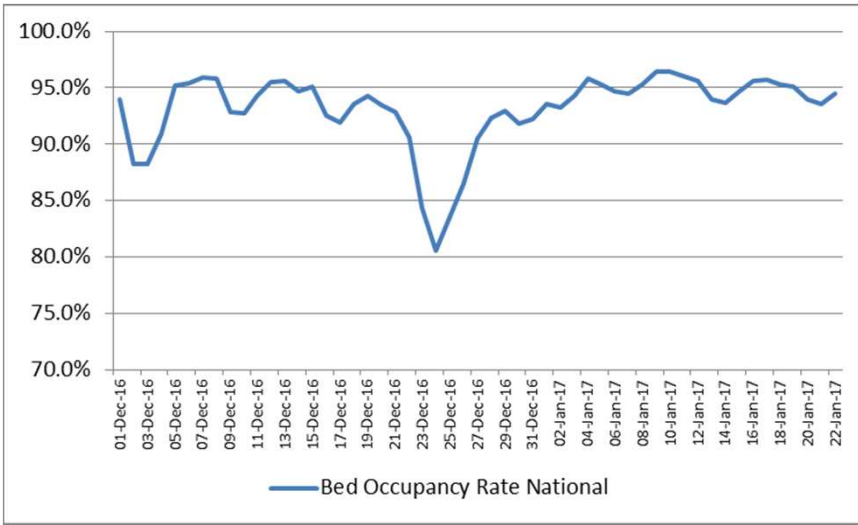


**Escalation Beds Open– National / UHCW**

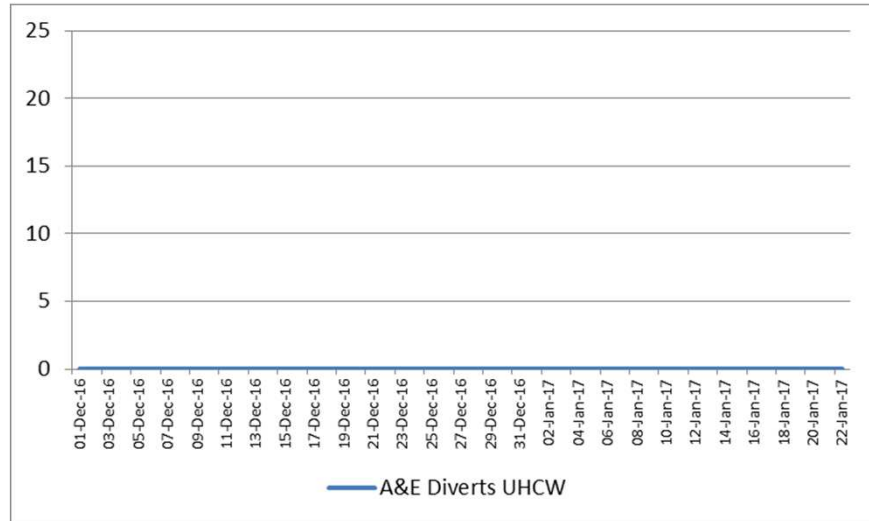
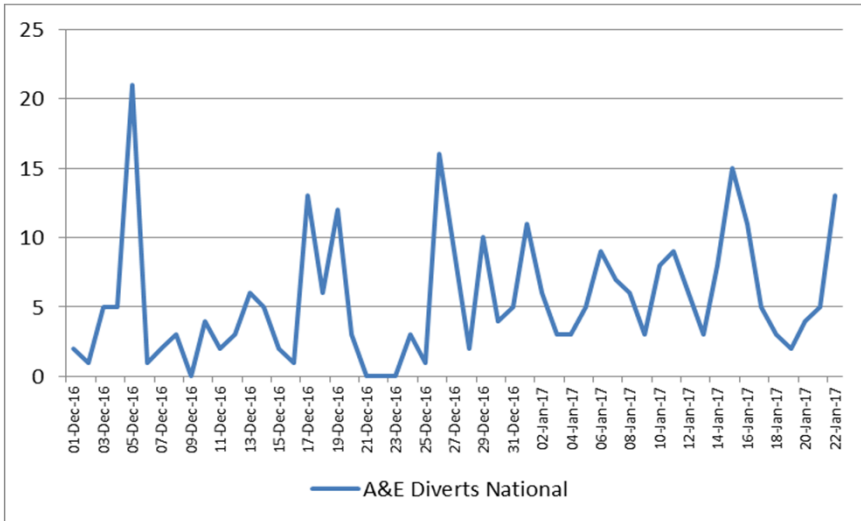


The graphs locally reflect the national position, although it can be seen that the level of occupied beds after Christmas and New Year is higher than before the holiday period, and the pattern of reducing occupied beds at weekend dampens down nationally, reflecting that discharges are not happening as normal, increasing pressures on bed occupancy. This is the key factor that affects the ability to admit to capacity from A&E.

### Occupancy Rates – National / UHCW (Daily Sitrep data)



### A&E Diverts – National / UHCW



This reflects the earlier slide with bed occupancy falling before the Holiday period but then building up again very quickly, and occupancy rates being higher post New Year than they were in December, reflecting the real pressures on bedded capacity. The target occupancy rate set nationally is 85% we can see that most hospitals are operating well above this. In terms of A&E diversions when a hospital asks for ambulances to be diverted elsewhere to reduce pressures, as shown above over the last two months no diverts have been put in place of UHCW. They did however accept an A&E divert on one day from GEH.

# NHS 111

## Weekly situation report part B: NHS 111

Dispositions at end of 111 telephone call

28 November 2016 to 01 January 2017

NHS 111 weekly situation report

Provider

Code	NHS 111 area name
Eng	England
111AA1	North East England NHS 111
111AF8	North West inc Blackpool NHS 111
111AD9	Yorkshire and Humber NHS 111
111AA2	Lincolnshire NHS 111
111AA3	Luton NHS 111
111AA4	Nottinghamshire NHS 111
111AA5	Derbyshire NHS 111
111AB2	Hertfordshire NHS 111
111AB3	Great Yarmouth and Waveney NHS 111
111AB9	Norfolk NHS 111
111AC2	Suffolk NHS 111
111AC3	North Essex NHS 111
111AC4	South Essex NHS 111
111AC5	Cambridgeshire and Peterborough NHS 111
111AC6	Northamptonshire NHS 111
111AC7	Milton Keynes NHS 111
111AC8	Leicestershire and Rutland NHS 111
111AF3	Bedfordshire NHS 111
111AF4	Staffordshire NHS 111
111AC9	West Midlands NHS 111
111AA7	Inner North West London NHS 111
111AA9	Hillingdon London NHS 111
111AG5	South West London NHS 111
111AD4	North West London NHS 111
111AD5	North Central London NHS 111
111AD6	Outer North East London NHS 111
111AD7	South East London NHS 111
111AD8	East London and City NHS 111
111AA6	Isle Of Wight NHS 111
111AB4	Oxfordshire NHS 111
111AE1	Mainland Ship NHS 111
111AE2	Buckinghamshire NHS 111
111AE3	Berkshire NHS 111
111AG6	South East Coast exc East Kent NHS 111
111AG4	East Kent NHS 111
111AE5	Dorset NHS 111
111AE6	Banes and Wiltshire NHS 111
111AE7	Bristol, North Somerset and South Gloucestershire NHS 111
111AE8	Gloucestershire and Swindon NHS 111
111AE9	Somerset NHS 111
111AF1	Cornwall NHS 111
111AF2	Devon NHS 111
	NORTH REGION
	MIDLANDS AND EAST REGION
	LONDON REGION
	SOUTH REGION

Ambulance dispatches week ending							
04-Dec	11-Dec	18-Dec	25-Dec	01-Jan	Growth Xmas week	Growth in Xmas week	
31,027	32,726	32,369	30,858	41,995	32%	10,250	
2,332	2,509	2,453	2,247	3,070	29%	684	
4,176	4,084	4,046	4,187	5,671	38%	1,547	
3,095	2,993	2,917	2,811	3,782	28%	828	
498	482	499	431	593	24%	115	
97	115	120	140	150	27%	32	
637	694	706	627	839	26%	173	
637	688	649	615	884	37%	236	
595	609	601	579	875	47%	279	
147	167	174	146	182	15%	23	
553	596	613	568	714	23%	131	
406	477	451	394	587	36%	155	
447	526	479	468	667	39%	187	
459	464	526	466	597	25%	118	
574	538	566	509	716	31%	169	
439	489	506	414	598	29%	136	
149	129	111	110	178	43%	53	
575	624	623	528	753	28%	165	
110	154	137	136	176	31%	41	
638	679	673	603	883	36%	234	
2,132	2,327	2,362	2,339	3,100	35%	810	
241	302	284	275	295	7%	19	
167	163	178	159	231	39%	64	
703	732	688	660	819	18%	123	
432	520	476	469	600	27%	125	
673	714	698	643	878	29%	196	
497	513	569	513	706	35%	183	
530	586	504	520	669	25%	134	
176	242	283	236	262	12%	27	
176	168	145	184	233	38%	64	
340	337	384	374	510	42%	151	
1,134	1,185	1,073	1,085	1,460	30%	340	
207	226	275	256	353	46%	112	
458	503	496	478	615	27%	131	
2,489	2,591	2,455	2,368	3,163	28%	687	
330	476	572	480	714	54%	249	
598	631	720	647	771	19%	122	
343	392	411	347	484	30%	110	
748	837	779	704	1,116	46%	349	
365	372	363	367	542	48%	175	
347	387	370	360	490	34%	124	
418	471	450	453	620	38%	172	
959	1,034	984	962	1,449	47%	464	
9,603	9,586	9,416	9,245	12,523	32%	3,060	
9,093	9,758	9,796	9,073	12,492	32%	3,062	
3,419	3,772	3,680	3,475	4,460	24%	873	
8,912	9,610	9,477	9,065	12,520	35%	3,254	

## NHS 111

There was a 32% increase in ambulance dispatches through NHS 111 nationally in the holiday week, compared to the previous weeks averages.

West Midlands saw a 35% increase or 810 conveyances to hospital more than normal that week.

In terms of impact locally averaging it would equate to around an 8% increase in ambulance conveyances in total equivalent to

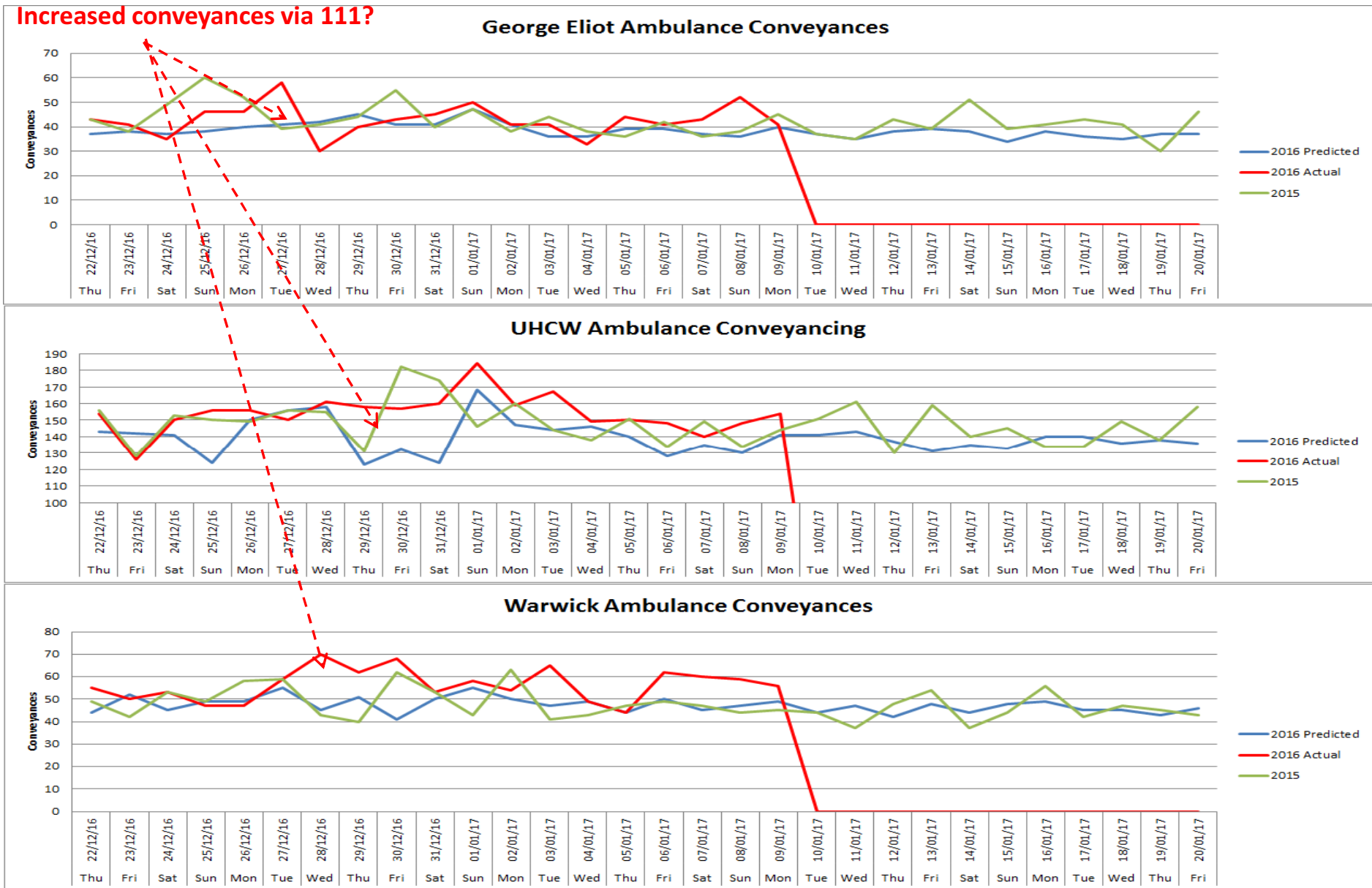
- GEH – 4 per day
- UHCW – 12 per day
- SWFT – 4 per day

For the whole week this is reflected in the following graphs from Arden CSU.

# Ambulance Conveyances

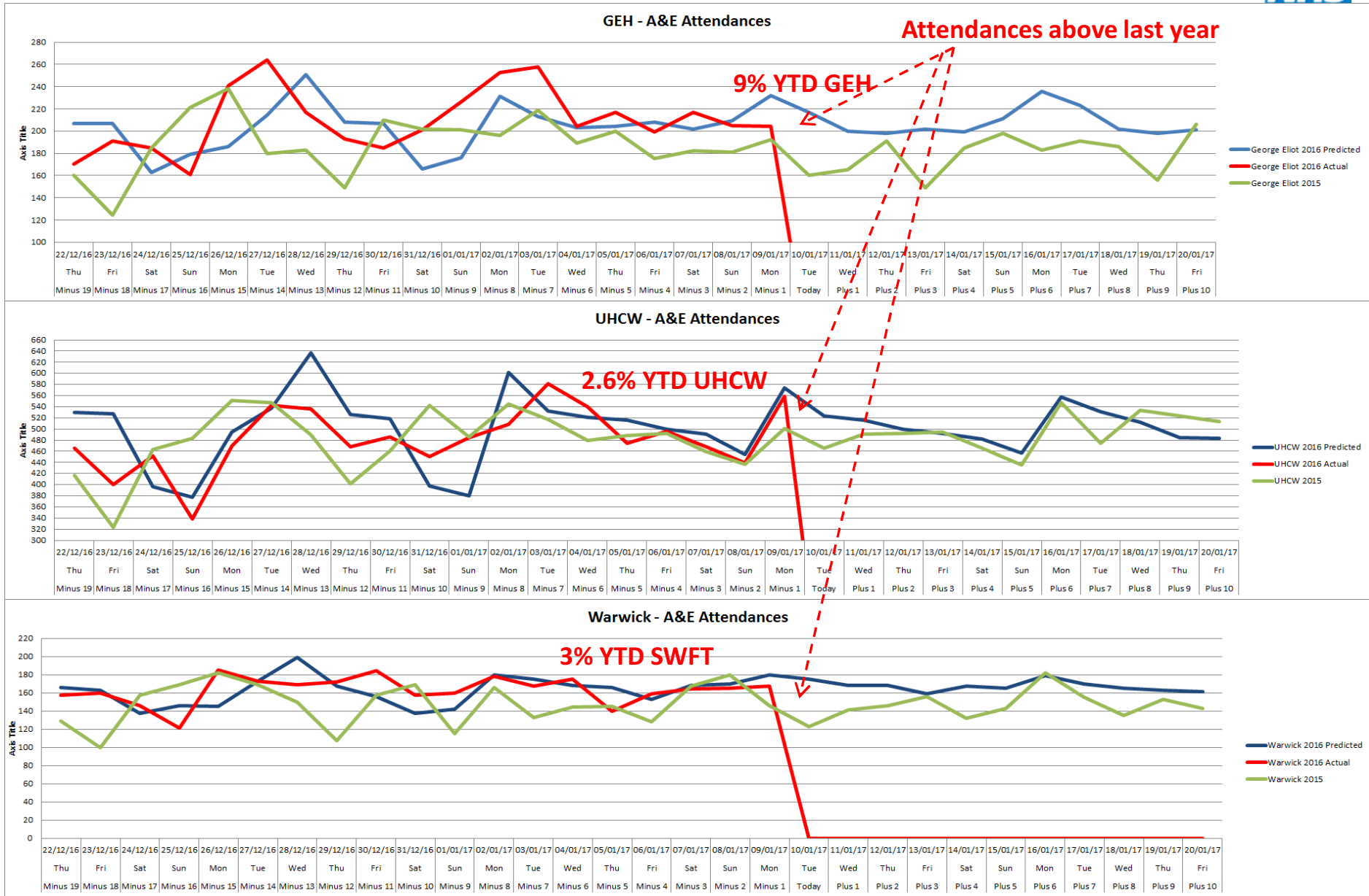


Increased conveyances via 111?

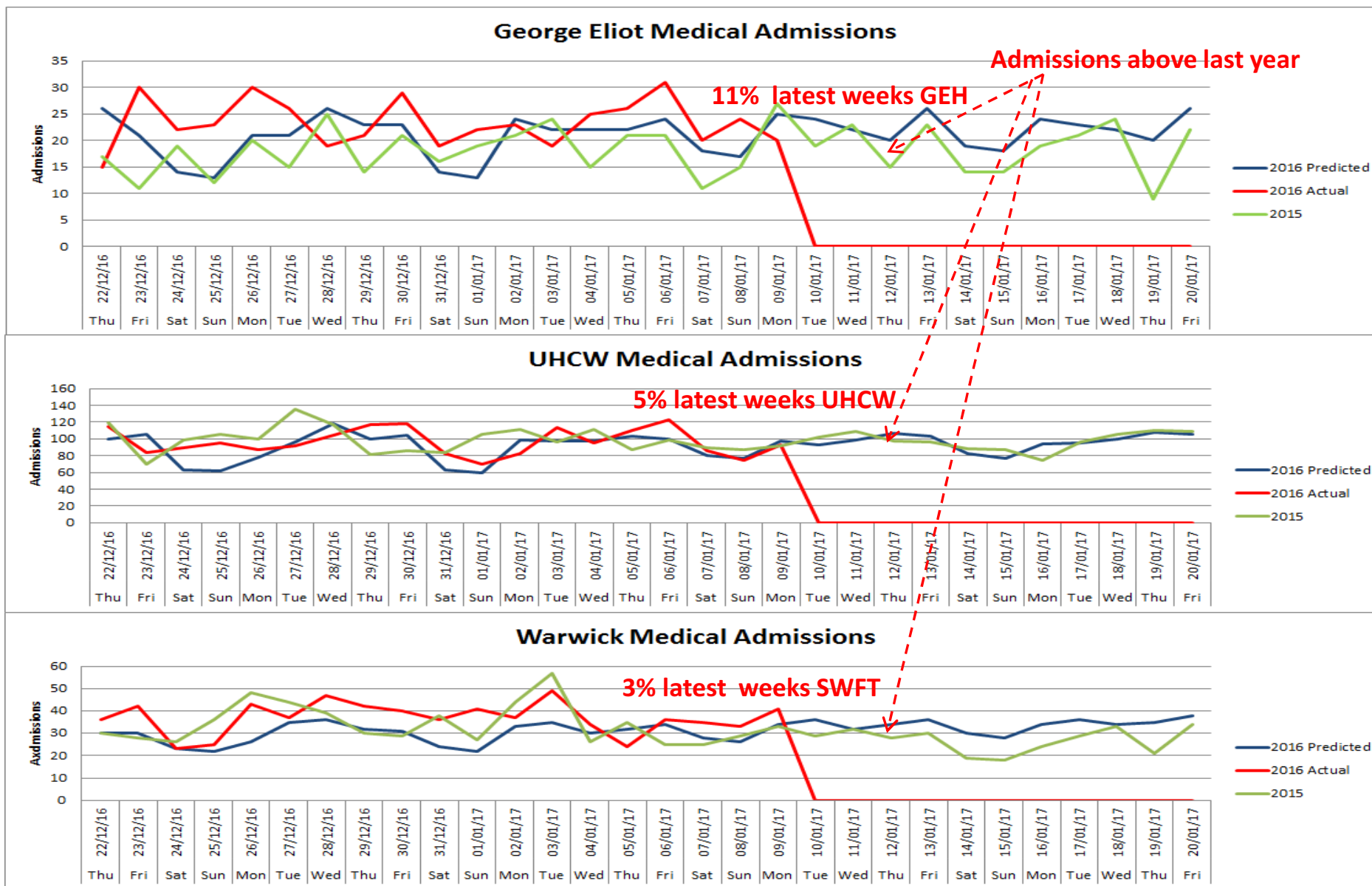




# Arden A&E Attendances



# Arden Medical Admissions



## In Summary

It is still too early to really assess all the reasons behind poor performance by the NHS nationally and locally in terms of delivery of A&E 95% standard. Much of the detailed information is not yet available in detail to fully analyse the situation and associated data from community and primary not available. The key information collected over the winter period is the daily sitreps by NHS Trusts, and this gives only headline figures .

Nationally the NHS has struggled A&E attendances are above last year, admissions are up on last year, Ambulance conveyances up on last year, bed availability above or the same as last year with escalation capacity opened, DTOC figures above the national standard of 3.5% and having risen in the last few weeks.

These pressures have been felt locally, the system has worked collectively well operationally at points of peak pressure, when the system went to Opel level 3 it managed to de-escalate relatively quickly, and hasn't as many other systems nationally have remained on or returned to be at Opel level 3 repeatedly.

Capacity has been put in place to deal with escalation, but this has compromised operational performance, bed occupancy has been too high for optimal management of patients, medical outliers too high and medically fit for discharge patients still in hospital too high.

Revised discharge to assess capacity has been in place, additional primary care appointments have been in place over this period, but the pressures on A&E have continued to increase above last year.

The Arden Urgent Care Forum will be reviewing the whole system management of winter in due course in far greater detail to identify key lessons and requirements going forward, this is as mentioned an initial view of pressures it is acute focused, the wider review by the Arden Urgent Care Forum will be more holistic and complete.





Coventry City Council

## Briefing note

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**To: Health and Social Care Scrutiny Board (5)**

**Date: 1<sup>st</sup> March 2017**

**Subject: Child and Adolescent Mental Health (CAMHS) Transformation Update**

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### **1 Executive Summary**

- 1.1** Health and Social Care Scrutiny Board 5 received a full overview of the CAMHS Transformation Plan in September 2016. The Plan was developed in 2015 and is now in the second quarter of the second year of delivery. In November 2016 all local Clinical Commissioning Group areas were required to submit an updated transformation plan to be reviewed by NHS England. The Coventry and Warwickshire plan received an overall assurance rating of 'fully confident' from NHS England.
- 1.2** The focus for year two is on fully mobilising and implementing the areas of innovation and transformation outlined in the plan and highlighted in the previous Scrutiny Report, in particular, the integrated CAMHS Looked After Children (LAC) service which is now operational and the new Eating Disorder Service and associated pathways. Other imminent improvements are the launch of the Primary Mental Health Service and implementation of the proposed Autistic Spectrum Disorder (ASD) pathway.
- 1.3** There continues to be a focus on improving initial and follow up waiting times.
- 1.4** The purpose of this report is to provide an update on:
- Key information previously requested by Board relating to:
    - Transitions Pathway
    - Training for professionals
    - Prioritisation for child protection and children in need
  - Progress and challenges in delivering each of the 7 Transformation Plan priorities
  - Milestones for delivery to be completed by November 2017 (end of year 2)

### **2 Recommendations**

- 2.1** The Health and Social Care Scrutiny Board are recommended:
- 1) To note the update of progress against the plan
  - 2) To note the 2016-2017 plan milestones for transforming services
  - 3) To note issues impacting on the delivery of the plan
  - 4) To receive an update on progress in six months

### **3 Background**

#### **3.1 Children and Young People access 4 tiers of CAMHS services:**

- Tier 1 - Universal services that are jointly commissioned by Coventry City Council and Coventry and Rugby CCG (CRCCG)
- Tier 2 – Targeted services commissioned by Coventry City Council and provided by Coventry Mind
- Tier 3 - Specialist mental health provision commissioned by CRCCG, and delivered by Coventry and Warwickshire Partnership NHS Trust (CWPT)
- Tier 4 - Inpatient services are commissioned by NHS England.

#### **3.2 A five Year CAMHS Transformation Plan was developed for Coventry and Warwickshire commencing October 2015. This plan was developed in response to The Department of Health and NHS England report 'Future in Mind' (2015). This report set out national plans to change the way CAMHS services were commissioned and delivered and highlighted a range of issues at a national level, which were mirrored locally, in relation to difficulties in access, complex commissioning arrangements, limited crisis response support and limited support for vulnerable young people.**

#### **3.3 CRCCG lead the Transformation Plan and report to NHS England quarterly on progress. The Plan is supported by a multi-agency Project Board, recognising it is not within the gift of one agency to address the mental health needs of young people and requires a joint partnership response.**

#### **3.4 It was reported previously to Scrutiny Board 5 that a decision was arrived at locally that achieving those priorities for Coventry would best be advanced through working with the existing Providers by means of investing the Transformation funds allocated from NHS England. Warwickshire commissioners have taken the approach of competitively tendering services, a process that remains ongoing.**

#### **3.5 CRCCG provide £3.7m CAMHS funding Coventry and Rugby. This has been increased as a result of new NHS England monies available to support the transformation plan. A total of £878K additional funds have been made available to CRCCG for 2016/17 on a recurring basis. Some of the transformation schemes started in year, therefore based on the part year effect for some schemes, the 2016/2017 forecast spend is £444k**

#### **3.6 An additional £210K has also been awarded for the financial year 2016/17 for the purpose of reducing waiting lists. This finance was made available at the end of the third quarter of the financial year to be spent by the year end. There are plans to utilise this in particular to address the waiting lists for ASD assessments. In addition, applications have been made to support better access to CAMHS for children who have been detained in the Youth Justice estate or who have accessed Sexual Assault Referral Centres. These services are commissioned by NHS England Health and Justice. If successful, this would bring an additional £52.35K into the delivery plan for the financial year 2017/18. An additional submission for funds to accelerate priorities from the plan have recently been developed which, if successful, would result in another £72.5k to support delivery of local priorities.**

### **4 Actions from Scrutiny September 2016**

#### **4.1 The previous CAMHS update to this board resulted in a number of actions:**

- **Transition** - *A briefing note to be circulated to Members and to the Educations and Children Services Scrutiny Board (2) providing and update on the proposals for working with patients during the transition period from childhood to adulthood.*

This action is resolved by of the attachment at **Appendix 1**. Appendix 1 outlines the Transitions Pathway, describing how there is a process for engaging young people, and family members to confirm whether the young person or adults pathway is the most appropriate to meet needs.

- **Primary Mental Health** - *A briefing note to be submitted to Members providing additional information on the early prevention work in schools, in particular the enhanced primary mental health offer for the 2016/17 academic year, including how progress is to be monitored.*

**Appendix 2** gives detail of the training programme and description on progress is addressed in this report.

- **Child Protection and Children in Need** - *The Transformation Board to be asked to consider how better access to the CAMHS service could be provided for children on child protection plans and children in need, including looking at the issue of data sharing between partners.*

The current service ensures all young people receive a comprehensive mental health assessment when they are referred to Specialist CAMHS. At this assessment, the clinician will capture risk factors and other vulnerabilities in order to assess the urgency of intervention. For example, a child with a Child Protection Plan, would be seen as having a significant vulnerability/risk and prioritised accordingly. Depending on the circumstances, the intervention may involve working with parents/carers and other professionals rather than direct work with the child. The timing of any direct work would be made on an individual child basis when clinically appropriate. This action is to be further resolved by inclusion in this year's CAMHS Transformation work plan addressed in further detail in this report. The examples of LAC and ASD demonstrate how partnership working is becoming more integrated.

## **5 Transformation Update and Key Indicators**

### **5.1 National Assurance of the Local Plan**

- 5.2** In November 2016 NHS England reviewed all local transformation plan updates against the national standards for delivering transformation over the five year period (October 2015-October 2020). There were three levels of assurance that could be allocated and on 21<sup>st</sup> November 2016 NHS England confirmed that the Coventry and Warwickshire Plan was assured as being 'fully confident'.

## **6 Priority 1 – Reducing Waiting Times**

- 6.1** Performance reporting April 2016-December 2016 shows:

- 100% of children requiring emergency treatment are seen within 48 hours
- 100% of Children requiring urgent treatment are seen within 5 days
- Over 98% on average, of children, are seen for treatment assessment within 18 weeks of referral.

- 6.2** Follow up waiting times continue to be a specific focus. The most recently published data (January 2017) shows that there were 6 young people waiting over 12 weeks. Previously this target had been achieved as planned by November 2016. It is anticipated that this target will be consistently achieved from this point forward.

Table 1. Follow up waiting times January 2017: Source CWPT

Number of young people	0-12 weeks	13-24 weeks	25-36 weeks	37-48 weeks	49+ weeks	TOTAL
COVENTRY	33	6	0	0	0	39

## 7 Priority 2 – Providing a crises response service

- 7.1 The Acute Liaison service based at University Hospital Coventry and Warwickshire continues to operate.
- 7.2 A multi-agency workshop was held on 16<sup>th</sup> December 2016 to agree short, medium and long term actions to further develop the service. The focus moving forward is on developing a more joined up assessment, recognising that the young people presenting have a whole range of needs, not just related to their health needs.
- 7.3 The target for this priority is that 95% of Children and Young People presenting at hospital are assessed within 48hrs. Between November 2016 and January 2017 (3 months) a total of 55 Children and Young People were referred and assessed. All were assessed within 48 hrs.

## 8 Priority 3 – Autistic Spectrum Disorder (ASD)

- 8.1 It was reported previously that Coventry ranks as the highest local authority for rates of children with an autism known to schools in the west midlands. This results in significant waiting times for ASD assessments.
- 8.2 The local position in Coventry in December 2017 was that 628 school age children, and 304 preschool children were on the waiting list for an ASD assessment. The average wait for ASD assessment is currently 87 weeks. Families on the waiting list are given a contact number to call if they have concerns or needs change and is followed up as clinically appropriate.
- 8.3 Waiting times for ASD assessment are also a challenge reflected nationally. Research from City University London published in 2015, sampled 1047 parents and found on average there was a delay of around 3.5 years from the point at which parents first approach a health professional with their concerns to the confirmation of an autism diagnosis.
- 8.4 There is a local plan to address the waiting list and put in place a new pathway that reduces waiting times for new referrals. Making an impact on the current number waiting will need consistent work over a period of 18 months to address the needs of children on the waiting list and to better understand the factors influencing the rate of assessments in Coventry. Work is focusing on:
- Additional recurring finance has been made available to commission increased assessment capacity so that 53 assessments per month can be provided in contrast to a forecast of 46 referrals per month based on the year to date activity.
  - Focussed review of the needs for services in Coventry to scope the reasons for the high levels of referrals and subsequent assessments.
  - A revised ASD pathway has been further developed after engagement with education and feedback from Head teachers to address the local system challenges. The CAMHS Transformation Board endorsed the pathway in January 2017 and it will be considered for clinical sign off at the CRCCG Clinical

Development Group on the 28<sup>th</sup> February 2017, and subject to approval, proceed to implementation. The key features of the proposed pathway are:

- Mandatory information required from schools to support the triage process.
- Introduction of a joint triage between CWPT and an educational professional from the local authority education service.
- Targeted support for young people, where it is deemed clinically appropriate, they receive support immediately rather than waiting for a full assessment.

**8.5** As referred to in section 2 of this report, Coventry received £210k additional funding to address waiting lists. It is proposed that part of this funding is used to clear part of the current waiting list.

## **9 Priority 4 - Looked After Children**

**9.1** A new integrated mental health service for looked after children (LAC) is now operational (since 1<sup>st</sup> February 2017). The 'CAMHS LAC Service' brings together the Mind, Journeys Service (tier 2) and resources from the CWPT CAMHS service (tier 3). The team is going to be co-located with Coventry City Council social care LAC staff at Logan Rd. This is creating a seamless mental health service for LAC and work with social workers and carers to be part of team around the child (TAC).

**9.2** Key features of this service include:

- Mental health assessments and diagnosis where required.
- Weekly case consultation drop in meetings with Social Workers
- Telephone advice and guidance for carers and professionals (e.g. social workers)
- Therapeutic interventions where a specialist response is required which may include; counselling, cognitive behavioural therapy, art therapy, protective behaviours, dyadic developmental psychotherapy
- Supporting social workers with therapeutic life story work
- A weekly therapeutic group will be held at Gravel Hill

**9.3** A key performance indicator of providing assessments within 4 weeks of referral for LAC has proved challenging. It is anticipated that this target will be met now that the new integrated service is operational and the transformation resource invested.

## **10 Priority 5 Support to schools**

**10.1** Over the next year, the Primary Mental Health Service will offer an enhanced provision to a number of primary and secondary schools across Coventry.

**10.2** This service will provide school staff with the opportunity to receive advice and guidance that will build their capability and confidence to address and improve the mental health of children.

**10.3** Schools will be allocated an accredited mental health professional who will offer consultations, interventions and training for a period of one school term. The following term the team will offer half a day per month for any follow up support that the school requires. Schools will need to make use of consultation time, provide classroom or assembly time for interventions and complete the evaluation measures.

**10.4** The first cohort will be start in April and there will be other opportunities for schools to take part in September and January 2018.

**10.5** The offer to schools includes :

- **Consultancy**  
Schools will be offered up to half a day per week of consultation time with a dedicated mental health worker. This will support staff to build confidence in supporting young people with low level mental health concerns and have a safe space to explore their own personal needs.
- **Assembly**  
The Primary Mental Health team will offer an assembly to cover an introduction of mental health and resilience. This may be delivered as a whole school or to a targeted year group and will last no more than half an hour.
- **Interventions**  
Schools will be offered up to half a day per week of dedicated classroom or intervention time to support young people with their difficulties and aim to prevent deterioration in their mental health. This time can be used as a classroom session to teach resilience or used to offer small group / individual interventions. Exploring ways to embed mental health into the National Curriculum is another option available. This will be agreed at the introductory planning session.
- **Training**  
Staff will have the opportunity to attend the generic mental health training workshops that the Primary Mental Health Service offers or a bespoke training session for school staff - details can be agreed at the introductory planning session.

## **11 Priority 6 – Eating Disorder Service**

**11.1** The new clinical pathway implemented reflects the expected treatment interventions and waiting times as defined within national guidance including, Access and Waiting Time Standard for Children and Young People with an Eating Disorder July 2015, Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing 2015 and Eating Disorder NICE guidelines (2004). The focus being working towards the implementation of:

- treatment within a maximum of 4 weeks
- community based service with support and interventions in the home
- enhanced family involvement and therapy
- earlier intervention
- increased psychological interventions

**11.2** A formal service launch is currently being planned.

## **12 Priority 7 – Enhancing access and support through the utilisation of technology**

**12.1** There are currently two websites across Coventry and Warwickshire developed by tier 2 providers and specialist CAMHS service. Both sites provide information on current services to children and young people and their carers. The tier 2 website also provides interactive peer support, self-help and online counselling provision.

**12.1.1** Partners plan to enhance the way we communicate and provide support to young people by developing a single comprehensive CAMHS website, a milestone for year 2 of the plan.

### 13 Milestones for delivery by 31<sup>st</sup> October 2017

- 13.1 The CAMHS Transformation Board has reviewed progress and taken stock as to activity required during year 2 of the plan and to prepare for the milestones in Year 3. Figure 1 represents an overview of the year 2 programme. This is a challenging set of milestones that will require a significant contribution from commissioning and delivery partners.
- 13.2 The delivery of these milestones will be assured through the mechanisms of NHS England annual assurance and accountability and review by the Health and Well-being Board, as part of the overall governance of the transformation plan.

Figure 1. CAMHS Transformation Plan Milestones 2016/17

Transformation Plan Year 2	
<b>Fully Implementation of:</b> <ul style="list-style-type: none"><li>• New Eating Disorder Service (Contract)</li><li>• Looked After Children's CAMHS services (Contract)</li><li>• New ASD pathway</li><li>• Primary Mental Health response for school (Contract)</li></ul>	<b>Develop and deliver:</b> <ul style="list-style-type: none"><li>• New integrated collaborative pathway for tier 4 to support crises, admission, prevention and safe discharge</li><li>• Review opportunities for further integration of CAMHS with other targeted groups of vulnerable Children and Young people</li><li>• Evaluate the Dimensions Tool to improve referral pathways</li><li>• Deliver an improved web based front door for advice, information, referral and help</li></ul>
<b>Further improve :</b> <ul style="list-style-type: none"><li>• Workforce planning and development to deliver the transformation plan</li><li>• Information and data analysis to shape understanding and planning for needs assessment and supply and demand for services</li><li>• Acute liaison service social support</li></ul>	

### 14 Appendices for Information

- Appendix 1 - Pathway for transition from CAMHS to adult Mental Health Services
- Appendix 2 – Primary Mental Health Training Plan

### 15 Report From

**Matt Gilks:** Director of Commissioning; Coventry and Rugby Clinical Commissioning Group (CRCCG)

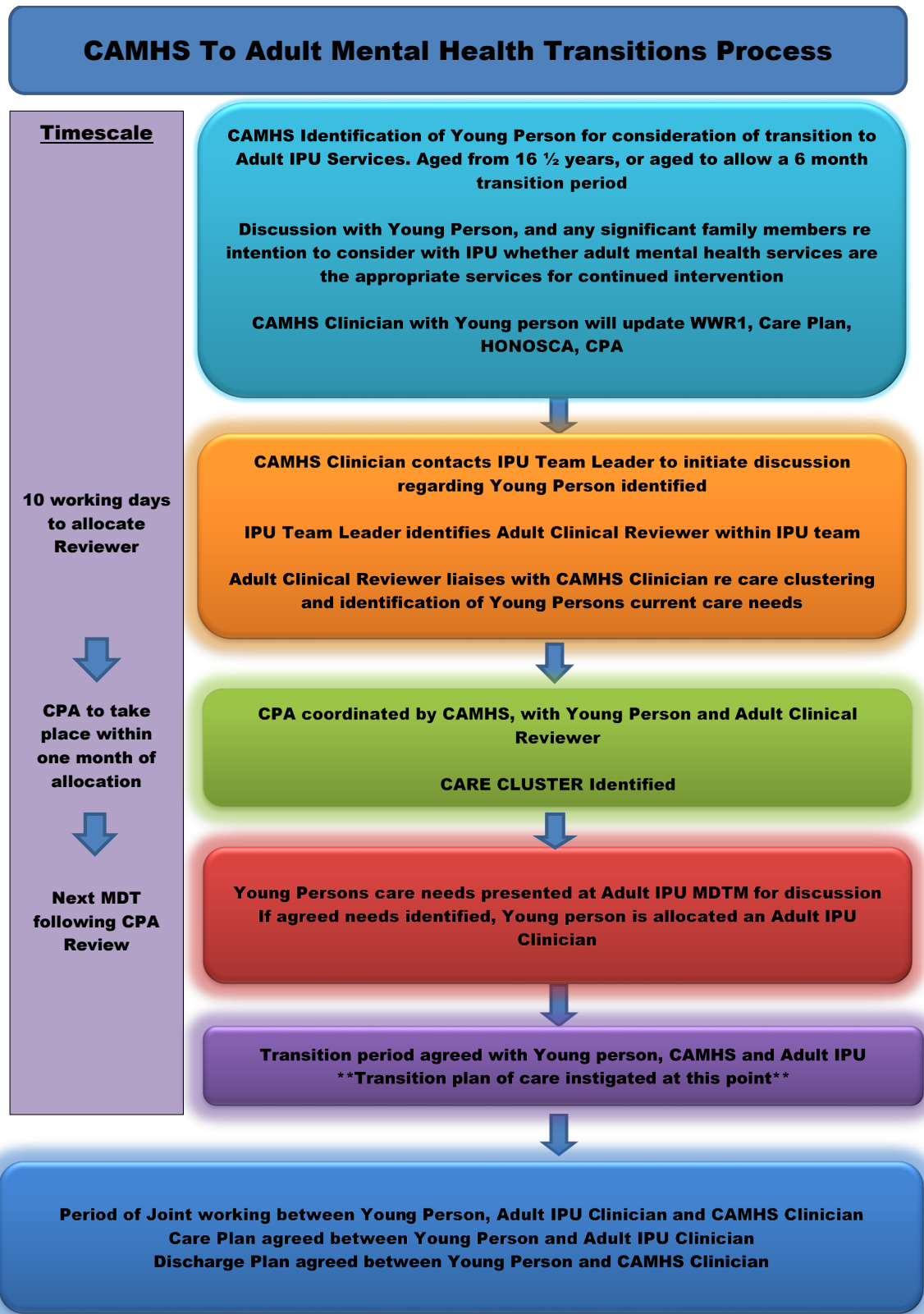
**Liz Gaulton:** Acting Director of Public Health; Coventry City Council

Contributors:

**Jed Francique:** Associate Director of Operations (Child & Family Services); Coventry and Warwickshire Partnership Trust

**Alan Butler:** Joint Commissioning Manager; Coventry City Council/ Coventry and Rugby CCG

**Jak Lynch:** CAMHS Programme Manager; Coventry City Council/ Coventry and Rugby CCG





## Appendix 2 – Primary Mental Health Service Training Plan

Coventry and Warwickshire Partnership   
NHS Trust

# Primary Mental Health Service

The Primary Mental Health Service are providing **FREE** Mental Health Workshops for professionals. These workshops will address four key areas of child and adolescent mental health (ages 0-18), including **Anxiety**, **Attachment**, **Depression** and **Self-Harm**, and will run throughout the 2016-17 academic year, as follows:

Anxiety		Attachment		Depression		Self Harm	
2016	Tues 13 <sup>th</sup> Sept	2016	Thurs 3 <sup>rd</sup> Nov	2017	Tues 10 <sup>th</sup> Jan	2017	Thurs 2 <sup>nd</sup> Mar
	Tues 20 <sup>th</sup> Sept		Thurs 10 <sup>th</sup> Nov		Thurs 19 <sup>th</sup> Jan		Tues 7 <sup>th</sup> Mar
	Fri 30 <sup>th</sup> Sept		Tues 15 <sup>th</sup> Nov		Tues 24 <sup>th</sup> Jan		Thurs 16 <sup>th</sup> Mar
	Tues 4 <sup>th</sup> Oct		Fri 18 <sup>th</sup> Nov		Tues 31 <sup>st</sup> Jan		Thurs 23 <sup>rd</sup> Mar
	Tues 11 <sup>th</sup> Oct		Tues 29 <sup>th</sup> Nov		Tues 7 <sup>th</sup> Feb		Tues 27 <sup>th</sup> Jun
	Thurs 13 <sup>th</sup> Oct		Fri 9 <sup>th</sup> Dec		Thurs 16 <sup>th</sup> Feb		Thurs 6 <sup>th</sup> Jul
	Fri 21 <sup>st</sup> Oct		Thurs 15 <sup>th</sup> Dec		Thurs 8 <sup>th</sup> Jun		Tues 11 <sup>th</sup> Jul
2017	Tues 28 <sup>th</sup> Mar	2017	Thurs 11 <sup>th</sup> May	Tues 13 <sup>th</sup> Jun	Thurs 13 <sup>th</sup> Jul		
	Tues 4 <sup>th</sup> Apr		Tues 16 <sup>th</sup> May	Thurs 15 <sup>th</sup> Jun			
	Thurs 27 <sup>th</sup> Apr		Thurs 18 <sup>th</sup> May	Thurs 22 <sup>nd</sup> Jun			
	Tues 2 <sup>nd</sup> May		Tues 23 <sup>rd</sup> May				

(All workshops will run from 9.00am to 12.00 noon.

September to December workshops will take place at [City of Coventry Health Centre](#).

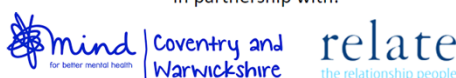
From January to July the workshops will take place at [Paybody Building](#))

Places on the workshops are subject to availability.

To book your place on a workshop or to discuss a bespoke workshop, please call **02476961476** or email [Coventry.PMHS@covwarkpt.nhs.uk](mailto:Coventry.PMHS@covwarkpt.nhs.uk)

(please include: Name, Role, Agency, Choice of Workshop/Date)

In partnership with:



Primary Mental Health Service | Paybody Building | Stoney Stanton Road | Coventry | CV1 4FS  
Phone: 02476 961 476 | [CoventryPMHS@covwarkpt.nhs.uk](mailto:CoventryPMHS@covwarkpt.nhs.uk)

Daniel Duffy 2016

# Primary Mental Health Service

## Workshop objectives:

### Anxiety

- To consider the definition of anxiety - including various types of anxiety
- Explore the physical symptoms of anxiety - what does anxiety look like? What are the warning signs?
- To consider how anxiety develops and is maintained over time
- To consider strategies you can use to support a child or adolescent with an anxiety related disorder
- Understand when & how to access specialist services when appropriate in relation to anxiety

### Attachment

- To provide an overview of attachment
- To highlight the difference between attachment difficulties and attachment disorders
- To discuss the consequences of maltreatment, including trauma
- Explore how attachment difficulties impact upon learning, education and social development
- Strategies for working with CYP
- To discuss support available for signposting CYP

### Depression

- To gain an understanding of depression in a CYP
- To be able to recognise depression in a CYP - physical symptoms and warning signs
- Risk and protective factors for children and young people with depression.
- To explore strategies to support CYP suffering with depression
- To understand when to refer a child or young person to specialist services

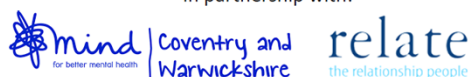
### Self Harm

- To develop knowledge and understanding of self-harm behaviour in young people
- To explore the reasons why young people self-harm.
- To understand how to respond to a disclosure.
- To explore alternative coping strategies for reducing self-harm behaviour.
- To identify support available for CYP and when to refer on.

Places on the workshops are subject to availability.

To book your place on a workshop or to discuss a bespoke workshop, please call **02476961476** or email [Coventry.PMHS@covwarkpt.nhs.uk](mailto:Coventry.PMHS@covwarkpt.nhs.uk)  
(please include: Name, Role, Agency, Choice of Workshop/Date)

In partnership with:



## Health and Social Care Scrutiny Board (5) Work Programme 2016/17

29 June 2016
Informal - Introduction to Health Scrutiny Formal - Adult Social Care Peer Review
20 July 2016
Sustainability and Transformation Plan (STP) Health and Wellbeing Strategy Overview
14 September 2016
Child and Adolescent Mental Health Services Transformation Agenda Adult Mental Health Services Outcome of CWPT CQC Report
5 October 2016
Sustainability and Transformation Plan Update Readiness for Winter and achieving the A&E 4 hour wait Safeguarding Adults Board Annual Report Adult Social Care Annual Report (Local Account) 2015/16
23 November 2016
Update on the implementation of action plan following the Adult Social Care Peer Review Learning and Improvements arising from Adults Safeguarding Reviews Overview and Improvements expected from the procurement for the provision of Home Services
7 December 2016
Sustainability and Transformation Plan Sustainability and Transformation Plan Engagement Strategy
4 January 2017 - Cancelled
13 February 2017 – combined with March meeting
1 March 2017
CWPT Action Plan Update Child and Adolescent Mental Health Services Transformation Agenda Update System Performance, Winter 2016/17 Delivery of Public Health Services
5 April 2017
Stroke Services (tentative) Modernising Public Health childrens lifestyles services (tentative) Health impact of living conditions (tentative)
2016/17 – Dates to be confirmed
Sustainability and Transformation Plan – Out of Hospital Sustainability and Transformation Plan – In Hospital Adult Serious Incident Reviews The 0-19 Childrens Services Agenda – Health Perspective CCG financial and performance deficit Safeguarding and personalisation Multiple Complex Needs Adults ASD service Stroke Services Improving the Environment UHCW Transformation Plan

Date	Title	Detail	Cabinet Member/ Lead Officer
		<b>2016/17</b>	
29 June 2016	Adult Social Care Peer Review	Outcome of the Adult Social Care Peer Review	Pete Fahy/ Cllr Abbott
20 July 2016	Sustainability and Transformation Plan	Provide information on the NHS System Transformation Plan which is being developed for Coventry and Warwickshire at the request of NHS England.	Andy Hardy/ Gail Quinton
20 July 2016	Health and Wellbeing Strategy Overview	To receive an overview from Public Health of the Health and Wellbeing Strategy Overview.	Jane Moore
14 September 2016	Child and Adolescent Mental Health Services Transformation Agenda	The CAMHS transformation agenda is underway and to look for ways that the service can be improved for children and young people. Concerns about waiting times and ensuring access to crisis support at all times.	Jacqueline Barnes/ Simon Gilby/ John Gregg
14 September 2016	Adult Mental Health Services	To look at where the pressures points are in Adult Mental Health Services.	CCG/ Simon Gilby
14 September 2016	Outcome of CWPT CQC Report	To look at the outcome of the CWPT CQC inspection which took place in April. The report, published July 2016, indicates that the organisation requires improvement.	Simon Gilby
5 October 2016	Safeguarding Adults Board Annual Report	To look at the Safeguarding Adults Board Annual Report, which is a report written by the independent Chair of the Board.	Elizabeth Edwards
5 October 2016	Readiness for Winter and achieving the A&E 4 hour wait	That the System Resilience Group bring a report on winter resilience and planning the initiatives being put in place to deal with winter 2016/17.	Pete Fahy/ Sue Davies (CCG)/ David Eltringham/ Simon Gilby
5 October 2016	Sustainability and Transformation Plan	To receive an update on the STP.	Andy Hardy/ Gail Quinton
5 October 2016	Adult Social Care Annual Report	This is the annual report of the Council related to services provided to Adult Social Care clients. The report summarises performance, provides	Pete Fahy/ Gemma Tate

Date	Title	Detail	Cabinet Member/ Lead Officer
	(Local Account) 2015/16	commentaries from key partners and representatives of users and sets strategic service objectives for the future. The report will be circulated with the agenda and Members given the opportunity to ask questions at the end of the meeting.	
23 November 2016	Update on the implementation of action plan following the Adult Social Care Peer Review	A further report on progress with implementing the action following the report authors visit in October. To include details of the independent evaluation of the progress being made in respect of safeguarding ensuring that a personalised approach is being taken in this area.	Pete Fahy
23 November 2016	Learning and Improvements arising from Adults Safeguarding Reviews	To feedback on the learning and improvements which have resulted from the Adult Safeguarding Reviews which have taken place in the City.	Joan Beck / Elizabeth Edwards
23 November 2016	Overview and Improvements expected from the procurement for the provision of Home Services	To look at the role that home support plays in the delivery of effective social care. To get an overview of the service changes expected as a result of the forthcoming tender as agreed by Cabinet on 1 November 2016.	Pete Fahy
7 December 2016	Sustainability and Transformation Plan	The Board will have the opportunity to scrutinise the full STP document.	Andy Hardy
7 December 2016	STP Engagement Strategy	To scrutinise and comment on the STP Engagement Plan.	Andrea Green
1 March 2017	System Performance, Winter 2016/17	To look at system wide performance against targets over the winter period and mitigating actions being taken where performance targets are not being met.	David Eltringham
1 March 2017	CWPT CQC Action Plan Update	Following on from the meeting in September, the Board will receive an update from CWPT regarding the action plan put in place following the CQC inspection.	Simon Gilby
1 March 2017	Child and	An update on progress following the meeting in September.	Matt Gilks/ Alan Butler

Date	Title	Detail	Cabinet Member/ Lead Officer
	Adolescent Mental Health Services Transformation Agenda Update		
1 March 2017	Delivery of Public Health Services	Members requested information on how delivery of Public Health Services will be maintained following the secondment of the Director of Public Health to the West Midlands Combined Authority	Gail Quinton/ Liz Gaulton
5 April 2017	Stroke Services	There is a proposal to change the way stroke services are provided across Coventry and Warwickshire. The Board will receive information on the proposals at the meeting and have the opportunity to feed into the consultation on the changes.	Sue Carvill, NHS Arden and Greater East Midlands Commissioning Support Unit
5 April 2017	Modernising Public Health childrens lifestyles services	To comment on the proposals prior to the Cabinet Meeting.	Paul Hargrave
21 November 2016	Visit to Warwick University	To find out about the research currently being undertaken by the university.	Professor Sudhesh Kumar
TBC	Adults ASD service.	To receive information on the new Adults Autistic Spectrum Disorder service.	Matt Gilks
TBC	Safeguarding and personalisation	Outcome of the independent evaluation of the progress being made in respect of safeguarding ensuring that a personalised approach is being taken in this area.	Pete Fahy
TBC	Sustainability and Transformation Plan – Out of hospital	Includes frailty. To scrutinise the work being done on the out of hospital pathway identified as part of the STP.	TBC
TBC	Sustainability and Transformation	To scrutinise the work being done on the in hospital pathway identified as part of the STP.	TBC

Date	Title	Detail	Cabinet Member/ Lead Officer
	Plan – In hospital		
TBC	The 0-19 Childrens Services Agenda – Health Perspective	Early help and prevention services for 0-19.	Public Health/ CCG/ CWPT
TBC	Adult Serious Incident Reviews	For the Board to look at Adult Serious Incident Reviews as they are published.	Elizabeth Edwards
TBC	CCG performance	To examine the performance of the CCG including their finances.	CCG
TBC	Workforce	To look at how non-clinical opportunities in the NHS can be promoted, particularly through the use of apprenticeships and links with the two Universities.	UHCW/ Warwick University/ Coventry University/ Local Colleges
Visit – TBC	Frailty Unit - UHCW	Visit to UHCW to see new frailty pathway once established	Andy Hardy
TBC	Health impact of living conditions - the role of social housing providers	To invite in key social housing providers from across the City to look at how they work to provide social housing which maximises positive health impacts of tenants. Include role of community.	Whitefriars/ Public Health
TBC	Health impact of living conditions – the impact of the physical environment outside the home	To consider how physical environments in residential areas can improve the health and wellbeing of citizens. Include how these factors will be considered as developments come forward as part of the local plan.	Public Health/ Planning/ Environmental Health
TBC	Public Health Key Priorities and Progress	For the Board to discuss, and influence, Public Health’s key priorities and monitor their progress.	Jane Moore
TBC	Multiple Complex	To look into the work being done, but the Council and Partners, to assist those	Liz Gaulton

Date	Title	Detail	Cabinet Member/ Lead Officer
	Needs	with Multiple Complex Needs.	
TBC	Improving the environment	To look at work being undertaken to improve the environment in the city, including Climate Change and Air Quality, which in turn, improves the quality of life of citizens in Coventry as Public Health are coordinating a number of schemes.	Jane Moore
TBC	UHCW Transformation Plan	To discuss the UHCW Transformation Plan including the work being done with the Virginia Mason Institute to improve patient experience. The Virginia Mason programme, sees the USA's 'Hospital of the Decade', Virginia, forming a unique partnership with NHS Improvement and five NHS Trusts, of which UHCW is one, over five years to support improvements in patient care. Virginia Mason Institute, known for helping health care organisations around the world create and sustain a 'lean' culture of continuous improvement. This will be an opportunity to hear and possible see, the benefits of the programme.	Andy Hardy/ David Eltringham