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Coventry City Council

Agenda

Health and Social Care Scrutiny Board (5)

Time and Date
10.00 am on Wednesday, 7th December, 2016

Place
New Committee Room 2 - Council House

Public Business

1. **Apologies and Substitutions**

2. **Declarations of Interest**

3. **Coventry and Warwickshire Sustainability and Transformation Plan (STP)** (Pages 3 - 8)

    Briefing Note of the Executive Director of People

    Andrea Green, Coventry and Rugby Clinical Commissioning Group (CCG) has been invited to the meeting for the consideration of this item

4. **Draft Engagement Strategy - Sustainability and Transformation Plan** (Pages 9 - 48)

    Report and presentation of Andrea Green, Coventry and Rugby CCG

5. **Work Programme 2016-17** (Pages 49 - 54)

    Report of the Scrutiny Co-ordinator

6. **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

Tuesday, 29 November 2016

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://moderngov.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 7th December, 2016 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, 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 it you would like this information in another format or language please contact us.

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Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5)   7th December, 2016

From: Gail Quinton, Executive Director People

Subject: Coventry and Warwickshire Sustainability and Transformation Plan (STP)

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1   Purpose of the Note

1.1   The Coventry & Warwickshire STP was submitted to NHS England in October 2016 and will be released publicly on 7th December 2016. This report presents Health and Social Care Scrutiny Board with the background to the development of the STP; the actual STP submission (once published); and the next steps in terms of further development and engagement.

2   Recommendations

Health and Social Care Scrutiny Board 5 is recommended to:

2.1   Note the current position and progress of the Coventry and Warwickshire Sustainability and Transformation Plan;

2.2   Use the meeting as a first opportunity to consider the content of the plan to feedback to the STP programme lead; and

2.3   Consider whether there are any comments/recommendations that they wish to make to Cabinet.

3   Information/Background

3.1   The Chancellor announced, as part of the Spending Review and Autumn Statement, that every part of the country is required to have a locally led plan for Health and Social Care integration in place by 2017 which should be implemented by 2020. This needs to be seen in the context of substantial financial challenges for the health and social care system across Coventry and Warwickshire.

3.2   NHS England produced guidance called "Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21" in December 2015. This includes addressing three 'gaps':

- The health and wellbeing gap – the pressing need to reduce demand on the NHS by shifting the focus towards prevention and addressing health inequalities
- The care and quality gap – to harness technology and innovation to reduce variations in the quality, safety and outcomes in care
- The funding and efficiency gap – to ensure that additional funding for the NHS is used to improve efficiencies, transform services and achieve financial sustainability

3.3   This required those organisations that play a lead role in Health and Social Care provision in an area, including Clinical Commissioning Groups, Local Authorities and Hospital Trusts,

to work together to address place based problems and work for local populations and produce a Sustainability and Transformation Plan (STP). To do this, local health and care systems have had to declare which STP 'footprints' (geographical areas) they will work within. There are 44 footprints, which collectively cover the whole of England and we have agreed to be the Coventry and Warwickshire footprint.

4   Coventry and Warwickshire Sustainability and Transformation Plan

4.1   The vision for the Coventry & Warwickshire STP is:

"To work together to deliver high quality care which supports our communities to live well, stay independent and enjoy life"

4.2   A commitment to both prevention and integration lies at the heart of the STP development. In Coventry & Warwickshire this intent is supported by the Coventry & Warwickshire HWB Alliance Concordat signed by both Health & Wellbeing Boards in October 2016 (Appendix 1).

4.3   The Coventry and Warwickshire STP is led by the NHS and directly involves the following partner organisations:
- Coventry City Council
- Coventry and Rugby Clinical Commissioning Group
- Coventry and Warwickshire Partnership NHS Trust
- George Eliot Hospital NHS Trust
- South Warwickshire Clinical Commissioning Group
- South Warwickshire NHS Foundation Trust
- University Hospitals Coventry and Warwickshire NHS Trust
- Warwickshire North Clinical Commissioning Group
- Warwickshire County Council

4.4   Each of the above organisations is represented on the STP Board which is chaired by Andy Hardy, CEO for UHCW and is responsible for developing the STP.

4.5   The draft Coventry and Warwickshire STP was submitted to NHS England for assurance in October 2016. All STPs will collectively be made public on the 7th December 2016, in line with NHS England requirements, which has meant the STP will not be circulated in advance of the meeting. However, it is noted that in a few areas, local programme leads have made the decision to release plans contrary to NHS guidance.

4.6   The publication of the STP forms the start of the engagement process and discussion on the content and direction of the STP. In order to ensure that the STP is developed with, and based upon, the needs of local residents, patients and communities and engages with key stakeholders, including clinicians, partners agencies, a draft Engagement Plan has been developed, and is on the agenda for the meeting. Appendix 2 sets out the timeline for communicating the STP to key stakeholders, including Cabinet/Council. Scrutiny Board are invited to note the progress against the STP so far, and consider what comments/recommendations they would like to make to Cabinet.

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Page 4

COVENTRY & WARWICKSHIRE
Health & Wellbeing Alliance Concordat

We will do everything in our power to enable people across Coventry and Warwickshire to pursue happy, healthy lives and put people and communities at the heart of everything that we do.

We will share responsibility to transform our services whilst making circa £400m savings and efficiencies across Coventry and Warwickshire over the next five years.

PRINCIPLES

We will be bold, brave and challenging in the service of the people of Coventry and Warwickshire.

We will align, share and pool resources, budgets and accountabilities where it improves outcomes for the public.

We will focus on benefits to the public as a whole rather than organisational interests.

We will take decisions that we know will impact on other parts of the system, only after we have talked to each other.

We will streamline system governance to enable decisions to be taken at scale and pace.

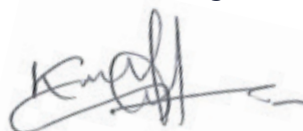**We will** design a system that is easy for everyone to understand and use.

To achieve this we will work in alliance with each other operating with mutual respect and mutual accountability.

Signed on behalf of Coventry and Warwickshire's Health and Wellbeing Boards.

Cllr Isobel Seccombe
Chair of the Warwickshire Health and Wellbeing Board

Cllr Kamran Caan
Chair of the Coventry Health and Wellbeing Board

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Appendix 2:

Briefing note

To: **Health and Social Care Scrutiny Board**

From: **Gail Quinton, Executive Director for People**

Subject: **Coventry & Warwickshire Sustainable Transformation Plan (STP) Timeline**

Sustainability and Transformation Plans (STP) are a new national requirement, based upon integration and joint working across the Health and Wellbeing system.

In response to national and local interest in the publication of STPs we understand that the provisional date for public release of the Coventry and Warwickshire Plan is 6th December 2016.

Based upon this date the following approach to sharing and discussing this within Coventry City Council, the Health & Wellbeing Board and Health and Social Care Scrutiny Board is proposed:

28th November – **HWBB** - STP Engagement Plan discussed at Health and Well-being Board. Update on STP submission

w/c 28th November – Public engagement events are being held by NHS Providers in this week. Whilst the invitations to these events do reference the STP, they are not about the STP per se. They are actually part of the Out of Hospital (OOH) programme being led by the CCGs and are about developing a new contract with providers, based upon an accountable care system. This is housed within the STP.

6th December - Note to be issued to All Members informing them that the STP is publicly available

7th December – Health & Social Care Scrutiny Board - Report + STP submission, non-decision. Comments from SB5 to be included into Cabinet/Council report

3rd January – Cabinet – Report + STP submission, decision to support STP and agree future engagement process

10th January – Council - Report + STP submission, decision to support STP and agree future engagement process

16th January - Joint HWBB session with Warwickshire

6th February - **HWBB** – STP submission as major agenda item

In the meantime if you have any concerns, questions or queries related to the STP please contact me directly.

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Report

To: Health and Social Care Scrutiny Board (5)   **Date: 7ᵗʰ December 2016**

From: Andrea Green, Chief Officer, NHS Coventry and Rugby Clinical Commissioning Group and NHS Warwickshire North Clinical Commissioning Group

Subject: Draft Engagement Strategy – Sustainability and Transformation Plan

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1   Purpose of the Note

1.1   The draft Engagement Strategy for the STP is bought for discussion by Coventry Health Overview Scrutiny Committee on 7ᵗʰ December 2016.

2   Recommendation

Members are asked to review the draft Strategy and approach to engagement, and to advise of any suggested amendments that will enhance engagement with the public, patients, carers and specific communities of interest.

3   Information/Background

3.1   Leaders from the health and social care economy, have been working on developing a plan to ensure the sustainability of health services over the next five years.

3.2   One element of the plan has been to consider how best we can engage the public, patients, carers and their representatives in the plans, once there is sufficient information on which to engage. The draft engagement strategy has been developed. This has been informed by the input of local Councillors at the joint Coventry and Warwickshire Health and Wellbeing Board event on the 13 October, and will be considered by the Coventry Health Overview and Scrutiny Committee on the 7 December 2016.

3.3   As well as considering the draft Strategy, an example of how we would plan to conduct one of the first conversations is attached, to offer Members a little more detail of how we propose to engage.

4   Draft Engagement Plan

4.1   The Health and Social Care Scrutiny Board is asked to critique and advise any amendments to the draft engagement plan and process and to note that:

• the draft plan has been amended following the outcomes of the Joint Health and Wellbeing Board event held on 13 October, specifically to develop the overarching compelling case for change

• the process suggested is to commence a 'Big Conversation' phase of pre-consultation engagement to start at the end of November 2016 for a proposed period of eight weeks, starting with a first conversation about maternity care. Following this period it is proposed to revisit the engagement approach and revise this using any learning from this first phase.

Report Author(s):

Name and Job Title:
Andrea Green, Chief Officer, NHS Coventry and Rugby Clinical Commissioning Group and NHS Warwickshire North Clinical Commissioning Group

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Enquiries should be directed to the above person.

Appendices
Appendix A: Draft Engagement Plan – The Big Conversation

'The Big Conversation'
STP Engagement Strategy

A route-map to delivering the Five Year Forward View

1.0 Executive Summary

Sustainability and Transformation Plans act as a 'route-map' to achieving the improvement goals set out in the 'Five Year Forward View', determining at a strategic level, what is and is not possible in terms of service delivery. They

present the best opportunity for transforming health and social care services on a geographical basis to be both sustainable and high quality.

To succeed, STPs will need to be developed with, and based upon, the needs of local residents, patients and communities and engage clinicians and other care professionals, staff and wider partners such as local government. We cannot develop care which is centred on the needs of patients and users without understanding what communities want. As such a robust local engagement plan is needed that will increase understanding of the patient experience, the need for change and support options for improvement. in the early part of the STP process.

However, the engagement strategy must also work to manage expectations of the population where necessary. While pre-consultation engagement will be a key part of the process, conversations that are too general may create unrealistic expectations for services. For this reason it is important now that enough detail is available, that we translate each of the opportunities for improvement identified in the workstreams, and develop the overarching compelling narrative so as to make engagement as targeted as possible. Basing questions on drivers set out in the national strategies to come out of the Five Year Forward View such as the 'Better Births' national maternity review, and localising these.

To start involving local people and our stakeholders on the work of the STP to ensure they have a voice and their needs are reflected, the actions in this strategy are proposed to secure a safe listening and engagement process which would eventually see stakeholders support a case for change. We would also look to encourage stakeholders to propose innovative ideas about how services can change that will achieve the forward vision.

The Health and Well Being Board is asked to critique and advise amendments to the draft plan and process

- The draft plan has been amended following the outcomes of the Joint Health and Wellbeing Board event held on 13 October, specifically to develop the overarching compelling case for change.

- The process suggested is to commence a 'Big Conversation' phase of pre-consultation engagement to start at the end of November 2016 for a proposed period of eight weeks, starting with a first conversation about maternity care. Following this period it is proposed to revisit the engagement approach and revise this using any learning from this first phase.

This plan does not include staff engagement, a separate but linked plan is being developed to engage staff as part of the Workforce workstream.

2.0 Background

NHS England has asked every health and care system to work together to produce a multi-year Sustainability and Transformation Plan (STP) showing

how local services will evolve and become sustainable over the next five years, ultimately delivering the Five Year Forward View vision. To do this, local health and care systems have had to declare which STP 'footprints' (geographical areas) within which they will work to narrow the gaps in the health inequality; care and quality; financial sustainability.

There are 44 footprints, which collectively cover the whole of England and we have agreed to be the Coventry and Warwickshire footprint.

The STP plan must answer the below questions:

- How will you close the health and wellbeing gap?
- How will you drive transformation to close the care and quality gap?
- How will you close the finance and efficiency gap?

The analysis and opportunities have been developed to a sufficient level of detail and it is now critical that we start to engage with stakeholders to get co-production and involvement in what may need to change. This is the ethical course of action and will also ensure actions undertaken by the STP are in line with the Gunning Principles (Appendix 1) and form part of any formal consultation required at a later stage.

3.0 Aim and Objectives

The STP's aim is to transform services and secure a sustainable provision of high quality health and social care for the people of Coventry and Warwickshire.

Our aims in terms of engagement should be:

- Objective 1: Deliver our duty as outlined under Section 242 of the National Health Service Act 2006 (as amended) to involve and consult with anyone who our services are currently provided to, or may be, in the planning of, development and/or changes to the way those services are provided (Legislation.gov.uk, 2016).

- Objective 2: Achieve local understanding of the need for change and ultimately a safe engagement and consultation process (where 'safe' refers to there being no successful legal challenge, which could potentially delay developing the plan and implementing improvements).

- Objective 3: Our organisations want to learn and understand from citizens and others about how services and behaviours could change to achieve the forward vision as stated above.

4.0 Vision & Narrative

The STP Vision was developed and agreed by the STP Programme Board as:

To work together to deliver high quality care which supports our communities to live well, stay independent and enjoy life.

Building on the vision is the STP narrative, designed to give more detail about the work and direction of the STP but also taking in core points and language from the Coventry and Warwickshire Health and Well Being Alliance Concordat:

The way we care for each other needs to change. For too long, the focus has been on supporting you and your family when you're in crisis or ill rather than on keeping you healthy and independent.

We all know of excellent care and compassionate staff across Coventry and Warwickshire. But too often it's not the same for all – and it should be, whether you live in Atherstone, Allesley or Alcester.

That's why over the next five years all care organisations will come together to transform services and add value to our communities by supporting them to live well, stay independent and enjoy life.

We are going to work together to deliver Coventry and Warwickshire's Sustainability and Transformation Plan and as well as helping you stay healthy, we are going to focus on four key areas covering care in hospital and out of hospital:

- *Services for older people;*
- *Services for those who need mental health support;*
- *Services for those with joint or muscle problems;*
- *Services for women and children.*

These will be delivered where evidence shows care is best given and will be innovative, modern and efficient. This will ensure that high quality care can continue to be delivered for this generation without passing the cost onto the next and that those in our community can live independent and fulfilled lives.

Both local Health and Wellbeing Board Members reviewed the aspects of the STP and its status on 13 October 2016. A key outcome from the event was the need to create a shared simplified and compelling narrative about the plan, being clear about what it was, and what it wasn't. The outcome of the event has been used to shape that narrative by then end of October.

5.0 Case for Change

While the focus of engagement should be on the delivery of the Five Year Forward View rather than the STP in of itself, external discussion on the subject has been increasing, particularly as no detail of the work in progress has yet been released into the public domain. This has led to misgivings in sections of the press and unions that the plans are 'secret' and contain wide sweeping reforms that will decimate local health and social care services. This is not the case and so the perception will need addressing.

Shaping a simple and compelling narrative about the case for change commenced at the event with the Health and Wellbeing Boards on the 13th October, however this needs completing before the launch of the "Big Conversations".

What is clear across the country is the economic challenge, that health and social care services will have to evolve and continuing with the status quo is not an option. Therefore it is proposed that we start engaging with local people, communities (of interest and demography), democratically elected representatives, and key stakeholders such as GPs across Coventry and Warwickshire, so that we better understand their needs and priorities as well as gain innovative ideas to better understand the need to change services. This is to ensure that all stakeholders understand the importance of health and social care organisations working together to deliver these.

As messages and options for specific STP work streams are not yet fully formed for all the areas, Stroke being an exception, it is proposed that a wider listening phase called 'The Big Conversation' is embarked upon from November. This would form the early part of the co-production and pre-consultation engagement and help to shape the approach where there is a need to consult formally on any service changes later in the STP process.

6.0 'The Big Conversation'

It is proposed that a wider listening exercise called 'The Big Conversation' is started in November 2016. This would be commissioner driven (with provider input) and to add focus, would be structured around the drivers of five key strategies involved in the delivery of the Five Year Forward View:

- Better Births – National Maternity Review

- Transforming urgent and emergency care services in England

- Five Year Forward View for Mental Health

- Five Year Forward View for Achieving World-Class Cancer Outcomes

- Building the Right Support – National plan for transforming LD services

While there are certain elements that fall outside of the STP focus, it will be important to ensure the patient/public voice continues to inform co-production and service improvement in all these areas. Existing intelligence from prior engagement activity will also be used to help inform service development in each area. It will be important moving forwards though, to be as specific as possible about the sorts of ideas we may be considering. This will support a genuine co-production approach in terms of options development for the STP. It will also help to further embed the message that there are limits to what services are able to do with the resources available and solutions will need to be about getting the best from what we have.

One of the first tasks will be to build the compelling narrative which as yet is not defined as we would want to engage stakeholders in doing this. However suggested general key messages would be:

- Current health and social care services focus on caring for you at crisis rather than helping you stay well.

- The way we are caring for people is old fashioned, expensive and there is unwarranted variation across the region.

- The way you receive health and social care needs to change - focusing on keeping you well rather than waiting until you get ill.

- Health and social care bodies across Coventry and Warwickshire are working more closely together than ever before.

- We are looking at how we can improve services while reducing the gap in funding

- We need your help and involvement to transform our services for the better

- You need to be part of the solution so we want to work with you to solve some of the challenges we face e.g. reducing unnecessary demand

6

These will give context to the key discussion points under each of the following five national areas:

Better Births National Maternity Review	Urgent & Emergency Care Services in England National Strategy	Mental Health Five Year Forward View	Achieving World-Class Cancer Outcomes Five Year Forward View	Building the Right Support for transforming LD services National Plan
Personalised Care Continuity of Carer Safer Care, and addressing local workforce challenges Better Postnatal Care and Perinatal Mental Health Care Multi- Professional Team Working Working Across Boundaries A Payment System and Voucher to support choice	Demand management and simplifying/ redefining what is A&E Primary care and urgent care Community services Out of Hospital services Emergency services and workforce challenges in ED Urgent Mental health	Good quality care for all 7 days a week Innovation and research to drive change Strengthening the workforce A transparency and data revolution	Upgrade in **prevention and public health** **Earlier diagnosis** **P**atient experience on par with clinical effectiveness and safety Transform our approach to support people **living with and beyond cancer** deliver a **modern, high-quality service** Ensure **commissioning, provision and accountability** processes are fit-for-purpose	Our journey so far Provision of services to a heterogeneous group The local service model Reducing need for inpatient services How we can work together to provide new services

It is suggested that the Coventry and Warwickshire STP carries out engagement on all five work-streams between October and December 2016. Intelligence gained will complement work on the STP and aiding the development of a comprehensive route-map for achieving the vision set out in the Five Year Forward View. It will also inform options development ready for future engagement once detailed plans have been worked up.

A vital element of the STP will be getting an overall narrative that secures local understanding and ownership of what the case for change, and what the plan is, is and what it isn't. There is a need for senior leaders in health and wellbeing Boards across Coventry and Warwickshire to help to shape that message.

One of the first topic areas to focus on in the STP is developing options for maternity services, it is planned to use this, within the context of the agreed compelling narrative, as the first focus for the 'Big Conversation' phase of engagement. It will act as a pilot for engagement on the remaining four strands and specific questions will be developed in conjunction with the maternity lead for the STP. This will ensure engagement is targeted in terms of the knowledge gaps it is trying to fill.

Existing channels have already been mapped out by the STP communications and engagement group in order to identify as many routes as possible for engagement (appendices one and two). All partners will be asked to utilise existing engagement opportunities and to undertake targeted activity where necessary. For example, maternity services could be asked to carry out engagement with current and future mothers in hospitals and in the community. Local authorities could also undertake engagement with children's centres and voluntary sector and community groups.

Engagement activity for the other four strands will follow the model used for the maternity engagement, with any necessary adaptations made following the pilot and taking account what works well. It is anticipated that planning for engagement around maternity services will be carried out during October, with engagement beginning to take place during November. Following engagement on all five areas of care a report will be produced which will inform continued planning for the STP.

The attached chart (appendix four) shows in detail the plan for the maternity engagement, and contains fields that can be populated with the timescale for the other four strands as the engagement for these is planned and carried out. It should be noted that mental health is likely to form an underlying theme within all of the five work-streams. The chart will be modified to reflect this if necessary.

8.0 Stakeholder Mapping

Up to this point engagement has been very transactional (e.g. one way) with regards to the STP. This has been done through updates at Board level or short articles in staff newsletters.

This now needs to progress to a transitional phase. The 'Big Conversation' should help establish understanding of the need for change and lay the foundation for what will ultimately be a safe engagement and consultation process that will help achieve the transformation we are looking for (where 'safe' refers to there being no successful legal challenge, and therefore damage to the reputation to the NHS organisations involved):

Transactional	Transitional	Transformational
One way information.	Establishing a dialogue.	Achieving shared values.
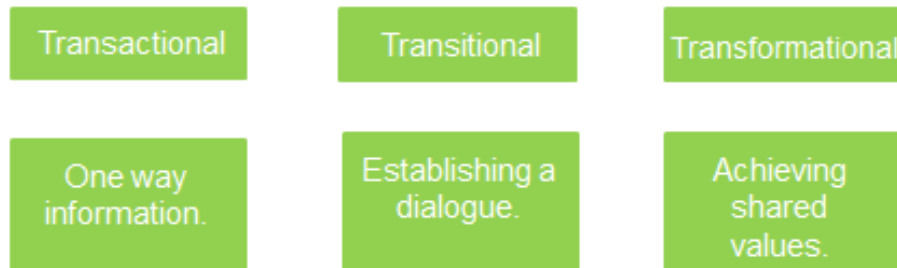
3Ts of community engagement (adapted from Bowen et al 2010)

When considering any kind of service development or transformation, the stakeholders below will be key to engagement. Constructive and positive relationships should be sought with all where possible in order to facilitate the transition and transformation set out above.

	Low Interest	High Interest
High Power	*Keep Satisfied* • MPs • Elected council members • Organisation staff members • Media • Royal Colleges • WMAS	*Manage Closely* • Health and Overview Scrutiny Committees • Health and Wellbeing Boards • Healthwatch • Unions • GPs • NHS E/I
Low Power	*Monitor (minimum effort)* • Coventry and Warwickshire universities • Chambers of Commerce	*Keep Informed* • Volunteers • 3rd Sector • Pressure groups

The table above is a basic snapshot and the process will be repeated in more detail for each of the 'Big Conversation' work streams. This will include triangulating information with local authority and voluntary sector partners and drilling down to identify specific stakeholder groups. With regards to maternity services, relevant stakeholder groups may include:

- Women between 20-40
- Women who are 41 +
- Women and girls between 13-19
- Voluntary orgs working alongside or within local authorities e.g. Surestart
- Healthcare professionals in the community
- Healthcare professionals in a hospital setting

Data would also be analysed with a number of variables in mind. For example, the input of a large group of pregnant women may be influenced by:

- Age
- Where they live
- Whether they already have children
- Economic status
- Ethnicity / Culture
- Whether they have had straightforward or complex pregnancies

7.0 West Midlands Messages

We should consider linking the 'Big Conversation' with similar listening phases going on in other STP footprints across the West Midlands region e.g. Hereford and Worcester's #YourConversation campaign.

Initial conversations with communication and engagement leads, as well as NHS England, demonstrate a desire to share messages where possible to demonstrate that key themes (e.g. demand prevention) are not footprint specific.

For example, a West Midlands wide electronic survey to gain quantitative and qualitative data on people's views about service changes is being drafted which would allow a baseline engagement level to be established and then tested against at regular periods in the future. This would touch upon the themes of the 'Big Conversation' and affecting all four STPs such as maternity, paediatrics, urgent and emergency care, mental health and self-care/prevention.

Conducting this as part of the 'Big Conversation' would allow the STP Board to understand the appetite for service change across the county and for various services. This would allow a mix of quantitative and qualitative data which could be used to inform work streams as they go forward and further target engagement work with them.

It is anticipated that this would be low cost and managed in house within the existing STP teams.

9.0 Risks

A detailed risk log will be established but the current high level risks and mitigation are below. A standard Severity/Likelihood matrix was used to identify these:

Risk	Current rating	Desired rating	Mitigation
Risk of Judicial Review.	High risk	Low risk	Working within legal parameters set out.
Pressure groups do not engage with the process.	High risk	Low risk	Commencement of listening phase of engagement. Demonstrate that the board / authorities are engaged through publishing regular feedback reports that summarise engagement activities. Releasing information on how the views and ideas of citizens have been used to reshape services
Reputation (the Board is perceived as prioritising finance over patients).	High risk	Low risk	Commencement of listening phase of engagement. Demonstrate that the board / authorities are engaged through publishing regular feedback reports that summarise engagement activities. Releasing information on how the views and ideas of citizens have been used to reshape services
The benefits of proposed changes are not accepted by stakeholders.	High risk	Low risk	Commencement of listening phase of engagement. Demonstrate that the board / authorities are engaged through publishing regular feedback reports that

| | | | summarise engagement activities.

Releasing information on how the views and ideas of citizens have been used to reshape services |
|---|---|---|---|

Being taken to judicial review carries a high number of risks around the costs, resources and the effect on the timescales for change. These would have to be borne initially regardless of the outcome. If the case was lost it would set the timescales back at least one year and would have irreparably damaged the reputations of those involved as 33% think an organisation is automatically guilty if accused of wrongdoing.

11.0 Budget and Resource

Currently the budget and resource for the 'Big Conversation' will be covered through in-house arrangements with local partners. However the STP Board has to consider how practical this is going forward when increased engagement will be needed, possibly leading to formal consultation.

Initially this strategy proposes stakeholder events, newsletter and use of digital communications for the listening phase and so the Board must agree in principle that they will free up staff time and resource to deliver these, or agree to finance these activities separately.

12.0 Evaluation

Evaluation will take place following the listening phase. Based on the above it is anticipated that evaluation would consider the below:

	Outputs	Outtakes	Outcomes	STP Impact
Media	Number of articles	Number of comments/ letters	Increase positive proportion to at least 40% by March 2017.	Reduced likelihood of judicial review. Understanding of benefit of proposed changes.
Marketing	Number of events delivered / Attendance at events	Sentiment of qualitative feedback Message recall.	Increase in positive sentiment. Positively engaged stakeholders.	Reduced likelihood of judicial review. Understanding of benefit of proposed changes. Pressure

				groups engaged.
Internal communications	Number of articles	Number of comments at staff events	Greater understanding of the role of the STP.	Staff more positive about change.
Digital communications	Number of tweets Number of Facebook posts Number of vlogs/blogs Production of animation Production of infographic	Twitter re-tweets Facebook likes, shares and reach Vlog/blog comments Animation views	Increase in positive sentiment. Positively engaged stakeholders.	Reduced likelihood of judicial review. Understanding of benefit of proposed changes. Pressure groups engaged.

13.0 Next Steps

- Complete the simplified compelling narrative to set the context for the listening phase, through engagement with H&WBB's; HOSCs.
- Commence the listening phase with 'Big Conversation' activities from end November 2016.
- Between January to March 2017, review the pre-engagement approach to assess whether it met the objectives required, and can inform further approaches that may be required,
- Continue to build on and strengthen the links to the Coventry & Warwickshire HWB Concordat, the next event is 16 Jan 2017.
- Discussion with the Warwickshire HWB Board and Executives to develop the engagement further and as the programme moves on into more detailed plans.
- Utilise the outputs from the pre-consultation engagement to shape and inform any aspects that require consultation.
- Continue to work with other STP footprints in the West Midlands.

Appendix 1
Current Transactional Engagement Channels

Region	Organisation	Engagement	Regularity
South Warwickshire	SWFT	Maternity staff community engagement with natal and postnatal women	Ongoing
South Warwickshire	SWFT	Closed Facebook group for young mum	Ongoing
South Warwickshire	SWFT	Health visitors engaging with community	Ongoing
South Warwickshire	SWFT	Group of 100 residents interested in out of hospital services (also some in North Warwickshire and Rugby)	Meeting planned in December 2016
South Warwickshire	SWFT	Foundation Trust Membership (6,000 with 40 Governors)	Quarterly Members' Events from September 2016
South Warwickshire	SWFT	Patient Forum	Ongoing
South Warwickshire	SWCCG	Health Champions (1,000 members of the public who have signed up to improve health services in their area)	Ongoing
South Warwickshire	SWCCG	Patient and Public Participation Group	Every six weeks
South Warwickshire	SWCCG	Have Your Say Days (Two sessions on main topics chosen by PPG or CCG followed by workshops. Open to the general public; sessions taken away and answers than given on the website.)	Biannually – next one is September 6 2016. Lunch session is taking place in a community centre and the evening session in a college.
Warwickshire North	WNCCG	Comprehensive engagement database listing	Ongoing

		stakeholder groups	
Warwickshire North	WNCCG	Patient Forum all 28 practices represented	Every other month
Warwickshire North	WNCCG	Feedback form – paper and online version	Ongoing
Warwickshire North	WNCCG	Health Champions in topic areas	Ongoing
Warwickshire North	WNCCG	#onething engagement with local community to raise awareness on health	Ongoing
Warwickshire North	WNCCG	Health Aware Communities group – proactive group to develop events and patient engagement activity	Ongoing
Warwickshire North	WNCCG	Bespoke surveys (hard copy and online)	As needed
Warwickshire North	WNCCG	Community Representatives Group	Every other month
Warwickshire North	WNCCG	Have Your Say Day	Ad hoc
Warwickshire North	WNCCG	Patient Panel (check and challenge)	As needed
Warwickshire North	WNCCG and WCC Public Health	Health and Wellbeing Partnership includes Borough Council health portfolio holders	Every other Month
Coventry and Rugby	CRCCG	Medicines Management team (engages with pharmacists)	Ongoing
Coventry and Rugby	CRCCG	Patient Reference Group (PRG) Summits (predominately white, over 55s)	Bimonthly – next two planned for late September
Coventry and Rugby	CRCCG	General feedback survey available (online / paper)	Ongoing
Coventry and Rugby	CRCCG	Bespoke surveys (online / paper)	As appropriate
Coventry and	CRCCG	Patient Reference	Ongoing –

Rugby		Groups (PRGs) at each GP Practice across Coventry and Rugby (72 out of 75). CCG engages virtually via newsletters and emails.	virtually via email and newsletters
Coventry and Rugby	CRCCG	Focus groups	As appropriate
Coventry and Rugby	CRCCG	Community events – 2 per annum	Ongoing – but event due in Sept 16 would be superseded by suggested roadshow for the 'Big Conversation'
Coventry and Rugby	CRCCG	Patient Voice Champions (150 very engaged)	Ongoing
Coventry and Rugby	CRCCG	Online engagement: • Facebook – 1,142 followers • Twitter – 3,699 followers • Public website – 26,458 hits (July 2016)	Ongoing
Coventry and Rugby	CRCCG	Three locality meetings (Inspires and Godiva in Coventry and Rugby)	Monthly
Coventry and Rugby	CRCCG	Practice Manager Meetings	Monthly
Coventry and Rugby	CRCCG	Practice Nurse Meetings	Monthly
Coventry and Rugby	CRCCG	GP Protected Learning Time (Wednesday in Coventry and Thursdays in Rugby)	Weekly
Coventry and Rugby	UHCW	Impressions survey giving real time data from patients, relatives and visitors	Ongoing
Coventry and Rugby	UHCW	Various patient groups (parents of	Ongoing

		those in neonatal, survivors of cancer)	
Coventry and Rugby	UHCW	Rugby Forum (members of key Rugby groups meet and are updated on St Cross specific issues)	Quarterly
Coventry and Rugby	UHCW	Staff Forums and newsletters (sent to 8,000 staff)	Monthly

Appendix 2

Upcoming planned campaigns/events

Region	Organisation	Campaign	Date
South Warwickshire	SWFT and Warwickshire County Council's Public Health Team	Looking After You focusing on falls, hydration, dementia and nutrition.	Ongoing – about to focus on Falls Prevention in the over 55s.
Warwickshire	Warwickshire County Council's Public Health Team	Healthy Living Pharmacies – to promote the use of pharmacists for demand management.	Ongoing
Warwickshire	Warwickshire County Council's Public Health Team	Living Well with Dementia Portal launched	7 September 2016
Coventry and Warwickshire	Council led Adult social care channels and groups (already engaged with STP preventative stream)	TBC	Ongoing
Coventry and Warwickshire	Warwickshire County Council's Public Health Team and CWPT	It takes balls campaign raising awareness about speaking out about mental health issues	From September 2016
Warwickshire	Warwickshire County Council's Public Health Team	Mental Health campaign in conjunction with Coventry and Warwickshire MIND	5 October 2016
Coventry and Warwickshire	NHS England	Stay Well winter campaign (Will be less print ad and more television ads. Will be focusing on celebrities with long term conditions getting the flu jab and locally should be looking at local celebrities (e.g. sports stars). Flu roadshows will focus on targeting those in the C2D groups (will be able to hire/borrow roadshow kit).	October 2016- February 2017 (but can start in September 2016 locally)

Coventry and Rugby	CRCCG	Protected Learning Time	Nov/Dec events led by CRCCG
Warwickshire	Warwickshire County Council's Public Health Team	Mental health first aid training for frontline staff across Warwickshire	October 2016
Warwickshire	Warwickshire County Council's Public Health Team	E-learning 'Five ways to wellbeing' aimed at staff.	October 2016
Coventry and Warwickshire	Led by WNCCG	Stroke consultation	Jan 2017
Coventry and Rugby	CRCCG	Commissioner intentions	From end Sept 2016
Warwickshire	Warwickshire County Council's Public Health Team	Suicide Prevention Strategy	30 November 2016
Coventry and Rugby	CRCCG	Patient sharing work stream	
Warwickshire and Coventry	Council's corporate channels of engagement	TBC Separate event following on from the joint H&WBB event	Ongoing
Coventry	Acting Early (0-5) service reconfiguration (co-production)		Relevant learning and input from parents and service providers available

Appendix 3 – STP Stakeholder Groups by theme *(in draft form)*

Engagement Theme	Population Group	Potential Ways to Engage
Maternity	Parents of young children in deprived areas of Coventry	Children's Centres Valley House Infant Feeding Team
	Parents of young children generally	Mums and Tots Groups – through Community Centre Managers and Faith Organisations Valley House Hospital Education Service – Teenage Pregnancy Unit
Learning Disability	Children, young people and adults with learning disabilities Parents and carers	Grapevine Special Schools Hereward College Schools Special Educational Needs and Disability Information Advice and Support Service Positive Youth Foundation OneVoice Parent Group Learning Disabilities Partnership
Mental Health		CAMHS CWPT Cov & Warks MIND Libraries
Cancer	Cancer survivors Families affected by cancer	Employees MacMillan GP MacMillan community mobilisation role (Ruth Nelson)
Urgent and Emergency Care	Looked After Children	Children's Champion
Young people's services	Teenagers Early intervention and SMS	Positive Youth Foundation Youth Clubs Schools Sky Blues in the Community Compass Valley House Cyrenians Be Active Be Healthy
	Homeless people	Salvation Army Cyrenians Winter Night Shelter (Dec) Kairos

20

		CRISIS Rooted Project
Domestic and sexual violence and assault	Domestic violence survivors SVA	DV Shelters Coventry Domestic Violence and Abuse Support Services (CDVASS): CRASAC
	Social care service users	
	Vulnerable older people	Arm chair exercise groups Hope in Unity Age UK Age Friendly Cities Initiative
Proactive and Preventative (e.g. how to prevent obesity and this being passed on through generations)	General population Children/Families	Community networks, including community centres Children's healthy weight alliance (currently in formation)

Appendix 4 – Key Legislation

- Coventry and Warwickshire Healthwatch Engagement Charter

- The Gunning Principles

The Gunning principles are now applicable to all public consultations that take place in the UK. Failure to adhere to the Gunning principles may underpin a challenge relating to consultation process that may be considered through judicial review.

The principles are as follows:
1. When proposals are still at a formative stage
2. Sufficient reasons for proposals to permit 'intelligent consideration'
3. Adequate time for consideration and response
4. Must be conscientiously taken into account

The Gunning principles are now applicable to all public consultations that take place in the UK. Failure to adhere to the Gunning principles may underpin a challenge relating to consultation process that may be considered through judicial review.

- NHS Act 2006 (As Amended by Health and Social Care Act 2012)
  Public involvement (13Q and 14Z2)
  - Under S14Z2 NHS Act 2006 (as amended by the Health and Social Care Act 2012) the CCG has a duty, for health services that it commissions, to make arrangements to ensure that users of these health services are involved at the different stages of the commissioning process including:
    - In planning commissioning arrangements
    - In the development and consideration of proposals for changes to services
    - In decisions which would have an impact on the way in which services are delivered or the range of services available; and
    - In decisions affecting the operation of commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

- S.82 NHS Act 2006 - Co-operation between NHS bodies and local authorities

- S.244 NHS Act 2006 (as amended)

The Act also updates s244 of the consolidated NHS Act 2006, which requires NHS organisations to consult relevant Local Authority Health Overview and Scrutiny Committees (HOSC) on any proposals for a substantial development of the health service in the area of the Local Authority, or a substantial variation in the provision of services.

- "The Four Tests" – NHS Mandate 2013-15 (carried forward through NHS Mandate 2015-16)

The four tests are:
1. Strong public and patient engagement – including staff engagement
2. Consistency with current and prospective need for patient choice
3. A clear clinical evidence base
4. Support for proposals from clinical commissioners.

- S.149 Equality Act 2010

- S.3a NHS Constitution

- Mental Capacity Act 2005

- Human Rights Act 1998

- Planning, Assuring and Delivering Service Change for Patients – NHS England Guidance

- Transforming Participation in Health and Care – NHS England Guidance

Appendix 5 – Big Conversation Engagement Plan

(See supporting excel document)

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Example approach to methods of Engagement

Big Conversations

&

Engagement events with service users

Example only

Setting the context for the Plans

- NHS Five Year Forward View, set's out the strategy for improvement within the national financial allocation; the STP is the local version of this

- Focus of local Plan, is on ensuring that safe and sustainable services are delivered that benefit our citizens,
  - Reduce the projected future demand growth
    - Prevention and proactive care
    - Remodelling urgent and emergency care
    - Redesigning planned care
    - Productivity and efficiency, reducing unit cost

- Within a local context
  - Some of the redesign work has already been started with full engagement of citizens, patients and professionals –
    - Stroke service improvement
    - A couple of elements of the vision for a new functionally integrated urgent care offer commissioned this year ; e,g. new 111 service ; enhanced
    - Community health care redesign (out of hospital care)
  - Workforce deficits
  - Health economy deficits
  - Will need to develop a new "culture" for care

Example only

Example – outline of actions for engagement with maternity service users

- Identification of those to be involved - parents who have had a baby in the last 12 months; NCT; SANDS; children's centres; other existing children's groups

- Identification of service users in seldom heard groups and appropriate methods/ language for engaging them

- Identification of key stakeholder groups or individuals – e.g. CCG health champions; voluntary organisations etc

- Finalise the engagement "Conversation" and event/s

Example only

Ideas for identifying representation from seldom heard groups

- BME
- Gypsy travellers
- Teenage pregnancy
- Asylum seekers
- Homeless
- Mental health illness
- Domestic violence
- Bereavement service/agency/groups for stillborn

Example only

Prior to the 'go live day'

- Prepare press release and social media plan, prepare FAQ's

- Email MPs and key Council leaders (HOSC; Health & Children's Portfolio holders etc), asking if they need a telephone briefing or happy to receive information by email

- Schedule telephone briefings if required before the 'go live' day

- Identify requirements of and timing of HOSC reports

Example only

Service users
Prior to the 'go live day'

- Identify stakeholders including for example new parents, NCT, SANDS, Children's Centres and the seldom heard, from stakeholder database and make sure contacts are up to date and ready to email questionnaire, questionnaire link and invitation to workshop on 'go live' day.

- Make sure the questionnaire is live on survey monkey by the first CCG's 'go live day' and send the link to all CCGs

- Draft email to go out on 'go live' day

- Prepare text for the websites – CCG and Provider

- Invitation to the engagement workshop sent out to new parents. Link to online questionnaire in the email

- Email to relevant stakeholders sent with questionnaire attached, link to online questionnaire and details of the event along with request to cascade to relevant target and seldom heard groups/ representatives

Example only

Go live day

- Send out press release
- Enact social media plan

Example only

Example – Maternity focus group/ workshop

1. Set the context of the planning (STP) and describe the national vision

'*Our vision for maternity services across England is for them to become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; where she and her baby can access support that is centred around their individual needs and circumstances*'

Example only

Aim of the event

- To hear from service users what from their perspective are the critical success factors to achieve the vision

What are critical success factors?

- As maternity services are reviewed we need to keep a list of important factors continuously in mind

- These are called critical success factors, in other words as new models of care are considered, they must be measured against the critical success factors

Example only

Achieving the vision

Safer more personalised

family friendly

Kinder **professional**

access to information to help make decisions

Mother and baby can access support that is centred around their individual needs and circumstances

Example only

Workshop activity – Part 1

Discussion about experiences of maternity services from antenatal care to giving birth and post natal care

Think about the key words from the vision listed

With the key words in mind, from the participants experience:

- what was good
- what was bad
- how the experience could be improved

Example only

Workshop activity – part 2

Identifying the 5 key factors of maternity care that are most important to participants

What participants have told us will inform the final list of critical success factors and be used to make sure that any new models of care take your views into account

Example only

Developing a final set of Critical Success Factors

Collate the outcomes of,

- The Conversations,

- The questionnaires,

- The service users events,

…..to develop a set of critical success factors which will be used to make sure that any new models of care take citizen and service user views into account.

Example only

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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 – Informal
Scoping session for Task and Finish Group to look at Health impact of living conditions
1 February 2017
UHCW Transformation Plan
UHCW Virginia Mason
1 March 2017
CWPT Action Plan Update
Child and Adolescent Mental Health Services Transformation Agenda Update
5 April 2017
2016/17 – Dates to be confirmed
Sustainability and Transformation Plan – Out of Hospital
Sustainability and Transformation Plan – In Hospital
UHCW Transformation Plan
UHCW Virginia Mason
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

Date	Title	Detail	Cabinet Member/ Lead Officer
		2016/17	
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 February 2017	UHCW Transformation Plan	To pick up with UHCW their performance, particularly around the key indicators of A&E 4 hour wait, 18 week referral to treatment and delayed discharge and progress on dealing with their financial deficit.	Andy Hardy/ David Eltringham
1 February 2017	UHCW Virginia Mason	This programme, sees the USA's 'Hospital of the Decade', Virginia, forming a unique partnership with NHS Improvement and five NHS Trusts, of which	David Eltringham

Date	Title	Detail	Cabinet Member/ Lead Officer
		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 about the benefits of the programme and potentially meet at the hospital. Input from Virginia Mason reps via video link will be requested.	
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 Adolescent Mental Health Services Transformation Agenda Update	A update on progress following the meeting in September.	Matt Gilks/ Alan Butler
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 Plan – In hospital	To scrutinise the work being done on the in hospital pathway identified as part of the STP.	TBC
TBC	The 0-19 Childrens Services Agenda – Health Perspective	Early help and prevention services for 0-19.	Public Health/ CCG/ CWPT

Date	Title	Detail	Cabinet Member/ Lead Officer
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
21 November 2016	Visit to Warwick University	To find out about the research currently being undertaken by the university.	Professor Sudhesh Kumar
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 Needs	To look into the work being done, but the Council and Partners, to assist those with Multiple Complex Needs.	Liz Gaulton

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