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### Coventry Health and Well-being Board

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**Time and Date**

2.15 pm on Monday, 27th November, 2017

**Place**

Dame Ellen Terry Suite - Council House

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**Public Business****1. Welcome and Apologies for Absence****2. Declarations of Interest****3. Minutes of Previous Meeting** (Pages 3 - 12)

(a) To agree the minutes of the meeting held on 16th October, 2017

(b) Matters Arising

**4. Chair's Update**

The Chair, Councillor Caan will report at the meeting

**Governance Items****5. Children and Adolescent Mental Health Service (CAMHS) Transformation Plan - Year 2 Refresh** (Pages 13 - 16)

Report of Matt Gilks, Clinical Commissioning Group and Chair of the CAMHS Transformation Board

**6. Care Quality Commission Local System Review** (Pages 17 - 38)

Report of Pete Fahy, Director of Adult Services and Ian Bowering, Head of Social Work, Prevention and Health

**7. 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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Martin Yardley, Deputy Chief Executive (Place), Council House Coventry

Friday, 17 November 2017

Note: The person to contact about the agenda and documents for this meeting is Liz Knight Tel: 024 7683 3073 Email: [liz.knight@coventry.gov.uk](mailto:liz.knight@coventry.gov.uk)

Membership: Cllr F Abbott, S Banbury, Cllr K Caan (Chair), A Canale-Parola (Deputy Chair), G Daly, B Diamond, Cllr G Duggins, L Gaulton, S Gilby, A Green, A Hardy, R Light, D Long, J Mason, C Meyer, G Quinton, M Reeves, Cllr E Ruane, A Stokes and Cllr K Taylor

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**

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**Coventry City Council**  
**Minutes of the Meeting of Coventry Health and Well-being Board held at 2.00 pm**  
**on Monday, 16 October 2017**

Present:

Board Members: Councillor Abbott  
Councillor Caan (Chair)  
Councillor Duggins  
Councillor Taylor  
Stephen Banbury, Voluntary Action Coventry  
Dr Adrian Canale-Parola, Coventry and Rugby CCG (Deputy Chair)  
Professor Guy Daly, Coventry University  
Liz Gaulton, Acting Director of Public Health  
Sharon Goosen, West Midlands Police  
Andrea Green, Coventry and Rugby CCG  
Ruth Light, Coventry Healthwatch  
John Mason, Coventry Healthwatch  
Professor Caroline Meyer, Warwick University  
Gail Quinton, Deputy Chief Executive (People)  
Justine Richards, Coventry and Warwickshire Partnership Trust  
Ian Smith, West Midlands Fire Service  
Adrian Stokes, NHS Area Team

Other Representative:

David Peplow, Chair, Coventry Safeguarding Children's Board

Employees (by Directorate):

Place: L Knight  
People: P Fahy  
E Hale  
R Nawaz

Apologies:

Ben Diamond, West Midlands Fire Service  
Simon Gilby, Coventry and Warwickshire Partnership Trust  
Andy Hardy, University Hospitals Coventry and Warwickshire  
David Williams, NHS Area Team

## **Public Business**

### **13. Welcome**

The Chair, Councillor Caan informed the Board that David Williams, NHS England was leaving the NHS at the end of October and, consequently, would no longer be a member of the Board. He placed on record his appreciation for all his hard work, support and commitment during his time as a Board member. Councillor Caan welcomed Adrian Stokes, the new NHS England representative who was attending his first Board meeting and Sharon Goosen, West Midlands Police who was attending her first meeting.

14. **Declarations of Interest**

There were no declarations of interest.

15. **Minutes of Previous Meeting**

The minutes of the meeting held on 10<sup>th</sup> July, 2017 were signed as a true record. There were no matters arising

16. **Chair's Update**

The Chair, Councillor Caan, provided the Board with an update on the recent meeting of the West Midlands Wellbeing Board held on 6<sup>th</sup> October; informed of the progress with providing apprenticeships; and highlighted the plans for future Health and Wellbeing development sessions.

At their last meeting the West Midlands Wellbeing Board had considered a number of issues including the West Midlands on the Move Physical Activity Strategic Framework, the aim of which was to increase the number of people who were physically active. The framework had been developed by a Working Group and work was now progressing on determining the 2017-19 priorities and gaining local authority commitment to these. Councillor Caan informed that he had been appointed as the political Physical Activity Champion for this work and that the strategy was to be launched on 16<sup>th</sup> November in Coventry. Board Members were to be invited to this launch event.

The Wellbeing Board had agreed the following 6 priority areas for action:

Long term conditions – diabetes, cardiovascular, cancer

Prevention at a WMCA level – smoking, alcohol, physical activity

Children and young people

Transport

Housing and the build environment

Population and individual behaviour change

The Wellbeing Board were also provided with an update on the West Midlands Mental Health Commission. Thrive to work was to be launched on 20<sup>th</sup> October and involved £8.335m being secured over a three year period to support unemployed people with a health condition to access work. The Board were informed that Henry Kippin had been appointed as Interim Director of the Public Sector Reform Programme.

Councillor Caan reported on his recent meeting with Sally Lucas, Executive Director from the Chamber of Commerce who had responsibility for Apprenticeships. The visit had been arranged as part of the Marmot work on good economic growth and opportunities for young people, to understand the work that the Chamber was doing in this area. It was the intention that the issue of Apprenticeships be discussed in detail at a future Board meeting or Development Session and that members would be asked to support apprenticeships from within their organisations.

The Board were informed of the intention to hold a Board Development Session on 27<sup>th</sup> November and a Joint Development Session with Warwickshire on 13<sup>th</sup> December.

**RESOLVED that the arrangements for the Health and Wellbeing Developments Sessions on 27<sup>th</sup> November and 13<sup>th</sup> December be noted.**

17. **Update on the Better Health, Better Care and Better Value Work Streams (STP)**

Further to Minute 5/17, Gail Quinton, Executive Director of People introduced the report of Brenda Howard, Programme Director, which provided an update on the Better Health, Better Care, Better Value programme. Reference was also made to the detailed report due to be considered at the cancelled meeting on 4<sup>th</sup> September which was to inform of progress with the workstreams.

Members of Board with responsibility for the following workstreams informed of the latest position relating to:

Proactive and Preventative Care  
Urgent and Emergency Care  
Planned Care  
Maternity and Paediatrics  
Productivity and Efficiency

In relation to the Maternity and Paediatrics, a Local Transformation Plan for the local maternity system was to be submitted to NHS England by 30<sup>th</sup> October, 2017. It was the intention that the Plan would be shared with the Board once it had been approved by the STP governance structures. The Board noted that the Council's Health and Social Care Scrutiny Board (5) had given detailed consideration to the progress of this workstream at their meeting on 11<sup>th</sup> October, 2017. With regard to the Urgent and Emergency Care workstream, the Board were reminded of the issue of delayed transfers of care and how all the partner organisations were working to ensure that this didn't become problematic over the winter period. In relation to the proactive and preventive care workstream, the Board were informed of the intention to consider how to use the health economy workforce, making sure that every contact counts by discussing wider health needs at every opportunity and pushing public health offers. It was the intention to discuss this at the scheduled Development Day sessions in November and December.

The report referred to the establishment of an STP informal reference group which would provide a forum for STP Board leaders to meet with the local authority health portfolio members, Health and Wellbeing Board Chairs and representative non-executive directors. The reference group would provide an informal advisory function to the STP Board, discussing topics/issues at a preliminary stage so allowing key partner input. Initial areas for discussion were outlined.

The Board noted that the quarterly review with the NHS regulators had taken place on 13<sup>th</sup> September. The focus of the meeting had been the performance of the system against core health performance targets and preparedness for winter pressures. The formal feedback would be reported to the Board in due course.

The update report concluded with information about the STP joint working with Voluntary Action Coventry which included details on recently established initiatives.

Members of the Board expressed support for the establishment of the STP informal reference group.

**RESOLVED that the content of the report be noted.**

## 18. Out of Hospital

The Board considered a report of Andrea Green, Coventry and Warwickshire CCG which provided an update on the Out of Hospital (OoH) Transformation Programme which aimed to achieve truly integrated services based on the changing population needs by using an outcome based commissioning approach. A detailed overview of the programme and process was set out at an appendix to the report. The work programme was underpinned by extensive public, patient and stakeholder engagement and sought to address the structure, cultural and professional barriers to delivering person centred care.

The report indicated that the three Coventry and Warwickshire CCGs commenced the OoH programme of work in 2015 with the aim of improving the integration of community services to deliver a more personal-centred offer. The programme represented a significant component of the CCG strategy and had been bought into the Proactive and Preventative Care workstream of the Better Care, Better Health, Better Value programme. Initial work involved commissioners working with patients, the public, clinicians and key stakeholders including Local Authority representatives to shape and define a set of outcomes and objectives for a future clinical model of care.

The Board noted that the commissioners had agreed the following objectives for the programme:

- To reduce the health and wellbeing inequalities
- To address the care and quality gap by ensuring more services use evidence based best practices
- Identifying those most in need and co-ordinating their care more effectively by commissioning and ensuring interdisciplinary working
- To work within tight financial parameters by developing and delivering services around the needs of patients and carers and reduce duplication and waste of resources.

Attention was drawn to the six domains, developed to ensure the providers deliver agreed outcomes.

In April 2017 the CCG Governing Bodies formally adopted the Clinical Model. The Programme Board then undertook a process to determine the necessary contracts. The Board were informed that delivering the transformation required to make the system truly integrated would require sustained effort over a number of years by the commissioners and providers. The model and outcomes commissioned would be consistent across Coventry and Warwickshire but the underpinning contracts would be based on geographical areas. This way

resources could be targeted to reflect the different health needs of each population, different service provision and different historical levels of resourcing.

In July, 2017 the Governing Body of Coventry and Rugby CCG considered a range of commissioning and contract options and decided to make a direct award to Coventry and Warwickshire Partnership Trust for Coventry residents and South Warwickshire Foundation Trust for Warwickshire residents. It was anticipated that the new type of contract would come into operation from April 2018. The Collaborative Commissioning Board was to be responsible for the future governance of the programme.

Members asked for examples of how patients would see a difference between the existing service and that provided by the new commissioning approach. An assurance was sought that the sharing of data between the health partners would not become an issue and information was requested on plans for linking with the voluntary sector.

**RESOLVED that the update report on the Out of Hospital Transformation Programme be noted.**

19. **Health and Well-being Strategy - Multiple Complex Needs Update**

The Board considered a report of Chief Superintendent Sharon Goosen, West Midlands Police and interim Chair of the Multiple Complex Needs (MCN) Board which informed of the decisions taken by the MCN Board at their meeting on 4<sup>th</sup> August, 2017 and sought approval for the 'next steps' to be taken.

The report indicated that there had been 7 key members of the MCN Board who had transitioned roles and responsibilities between January and July which had implications for progress with the project. As a consequence, prior to the MCN Board meeting on 4<sup>th</sup> August, Chief Superintendent Goosen, had reviewed the strategic focus, activity and outcomes of the Board to date. The Terms of Reference were discussed at the Board meeting and amendments were to be made to reflect the membership and commitment required to deliver the strategic objectives of the Board. In addition, the PID document was to be reworked into a clear strategy document that set out the Board's ambition, strategic intent, delivery mechanism and measures of success.

The MCN Operational Delivery Group met for the first time on 20<sup>th</sup> July, 2017. An Operational Group was established to support the Board. The Group were to identify a cohort of individuals with multiple complex needs to inform pathways and transformation of services. The Health and Wellbeing Board were informed that data collection presented challenges and the cohort had yet to be defined and agreed by the Board.

The report referred to the Making Every Adult Matter (MEAM) bid which had been submitted and subsequently shortlisted to become an official MEAM area. This would result in national co-ordinator support, peer networking and access to national research and strategy, all funded through Big Lottery initiative. The MEAM coalition currently worked with 27 service areas across England that were designing and delivering better co-ordinated services for people with multiple needs. Coventry's cohort needed to be clearly defined and agreed to underpin this

programme of work. The Coventry MCN team were interviewed by MEAM on 28<sup>th</sup> September and the outcome of the application was due the following day. Chief Superintendent Goosen placed on record her thanks to all involved in this submission.

At 4<sup>th</sup> August meeting, Mitchell Lee (WMFS) had provided an update on the MCN work being undertaken by the West Midlands Combined Authority. This focused on preventative work/early intervention within 'adverse child experiences (ACE s)' with work to date being centred on pupil referral units and a pathfinder programme, supported by a multiagency team, to reduce demand on services.

The Board noted the decision, previously taken by the MCN Board, not to pursue ACEs as this was covered through the work of Ignite and Troubled Families.

The Board noted that Chief Superintendent Goosen had commissioned work to clearly define the area of focus and cohort. A paper had been presented to the MCN Board at the recent meeting on 12<sup>th</sup> October. The Board were informed that the next meeting was due at the end of November and the focus was now to be on rough sleepers which was an increasing issue for the city.

Members raised a number of issues arising from the report including:

- A concern about the significant increase in rough sleepers across the West Midlands region and an offer of assistance from Coventry University to support work in this field
- Clarification that the MCN Board would be focussing on rough sleepers who didn't engage with services
- An acknowledgement of the importance of early prevention, learning from experience and joined up working
- Clarification that Cabinet would be looking at the issue of homelessness in the near future
- Concerns about the potential impact of universal credit on the number of homeless in the city
- Reference to the current public sector reform work and the need to update the Board on this in due course
- A concern that organisations were not aware of the true number of homeless people in the city

**RESOLVED that the following be noted:**

- **A formal expression of interest has been submitted to MEAM (Make Every Adult Matter) in order to bid to become an official MEAM area**
- **The MCN Board's Terms of Reference will be amended to reflect the outcome of the MEAM application if necessary and in any case in order to present an accurate picture of the membership and commitment required to deliver the strategic objectives of the Board**
- **The PID (Project Initiation Document) is currently being revisited to ensure it clearly defines the Board's ambition, strategic intent, resource requirement and delivery mechanism**
- **In July 2017 a Multiple Complex Needs Operational Group was established in support of the MCN Board, with two clear initial**



**objectives: (i) to case work an identified cohort of individuals with MCN and (ii) to capture, action and track progress on the work with individuals and action transformation activities from the MCN Board**

- **MCN Project Leads are working on behalf of the Board, in consultation with the Operational Group, in order to define the first MCN people cohorts to work with. This intervention will enable the MCN Board to gain further traction.**
- **The MCN Board to determine measures of success and intended outcomes**
- **The outcome of the MEAM bid to inform the ‘next steps’.**

## 20. **Better Care Fund Plan**

The Board considered a briefing note of Pete Fahy, Director of Adult Services, which provided an update on the Better Care Fund (BCF) Plan for 2017-19, a copy of the plan was attached as an appendix to the note. The briefing note was also to be considered by the Health and Social Care Scrutiny Board (5) meeting on 18<sup>th</sup> October, 2017.

The briefing note indicated that the integration of health and care had been a long standing national policy ambition based on the premise that more joined up services would help improve the health and care of local populations and make more efficient use of available resources. Prior to, and subsequently alongside the Better Health, Better Care, Better Value programme, the BCF was implemented in 2015 as part of the government drive to integrate health and care. In response a BCF Plan was developed locally. A new plan was now required to cover the period 1<sup>st</sup> April, 2017 to 31<sup>st</sup> March, 2019 including how the Coventry element of additional funding in the spring budget for Adult Social Care was to be used.

The Board noted that the planning schedule meant that the planning tools were available in July, 2017 with the plan being submitted by 11<sup>th</sup> September, 2017, with the support of the Chair, Councillor Caan. Meeting timescales meant the plan now required retrospective approval by the Board.

The total value of the 2017-19 pooled budget from ring-fenced City Council and Coventry and Rugby CCG funds was £179.5m (£63.897m of local authority resources and £115.605m of CCG resources).

The Board were informed that a detailed policy framework for the implementation of the BCF was published in April, with further detailed guidance on delayed transfers of care being issued to local areas in July. There was an expectation that delayed transfers of care should equate to no more than 3.5% of all hospital beds by November, 2017. It was emphasised that this was extremely challenging to Coventry and a trajectory had been included within the BCF Plan to meet this expectation.

Detailed financial and operational plans had been developed to reflect the current CCG and social care priorities within the city. The following three purposes had been assigned to the additional BCF grant announced in the spring budget and set out in the plan: to meet Adult Social Care; to provide support to the NHS (especially through the application of 8 high impact changes) and to sustain the social care provider market. The plan recognised that as well as achieving

effective discharge, preventing admission to hospital was just as crucial to the effectiveness of the health and care system. Consequently activity under the BCF would also focus on a range of projects that sought to improve support to people away from the hospital setting.

The briefing note highlighted the mandatory content and the national conditions contained in the plan and provided an update on governance. Following the submission of the plan by the NHS deadline of 11<sup>th</sup> September, and a revision to the delayed transfer of care targets meaning a re-submission on 20<sup>th</sup> September, a single stage regional assurance process was now underway. This would be followed by moderation and the cross regional calibration. Formal letters indicating the results of the assurance process would then be issued by NHSE. The Board were informed that there were three assurance categories: approved, approved with conditions and not approved. It was anticipated that the Plan would be approved with conditions. The consequences of the plan not being approved were highlighted.

**RESOLVED that:**

**(1) The Better Care Fund Plan for 2017-19 be approved.**

**(2) The pooling of funds within the S275 agreement to accompany the Better Care Fund Plan be supported.**

**21. Coventry Safeguarding Children's Board Annual Report 2016/17**

The Board considered a report of the Executive Director of People which presented the Coventry Safeguarding Children Board (CSCB) Annual Report for September 2016 to March 2017, a copy of which was set out at an appendix to the report. The report had previously been submitted to the Children's Services Scrutiny Board (2) at their meeting on 14<sup>th</sup> September, 2017. David Peplow, Independent Chair of the Safeguarding Board, attended the meeting for the consideration of this item.

The production of the annual report was a statutory requirement under the Children Act. The report summarised the progress over the last six months and set out a new direction for the Board for 2017/18. The report outlined the achievements and challenges of the Board and assessed progress on outcomes for children and young people in respect of safeguarding. It evaluated the impact of Coventry's Safeguarding Services on outcomes for children and showed how the work of the Board had contributed to improving outcomes.

Key messages in the report included that the Board had grown in the way agencies were able to challenge each other and hold others to account and that the multi-agency response to child exploitation was a real strength. The previous progress in the way the voice of children was listened to and responded to had continued, with individual organisations improving their focus on children. The Board were informed that the work to protect children and young people from the effects of domestic abuse had made less progress and more needed to be done to ensure the effectiveness of the city-wide early help offer. The Independent Chair, had continued to work closely with the Chairs of the Local Safeguarding Adult's Board, the Police and Crime Board and the Health and Wellbeing Board, through

the Strategic Boards Group. This ensured where Boards had a shared interest in a subject area there was clear ownership and a forum for discussing the appropriate way forward.

The Board raised a number of issue including the priority now given to sexual exploitation matters; whether there were any problems of data sharing between the partner organisations including GPs; an acknowledgment of the success of partnership work/ sharing information arising from the Multi-Agency Safeguarding Hub (MASH); and the need to improve preventative education. Members expressed support for the Annual Report.

**RESOLVED that, having considered the content of the Coventry Safeguarding Children’s Board Annual Report, the progress made and the areas for future development be noted.**

22. **Coventry Safeguarding Adults Board Annual Report 2016/17**

The Board considered a report of the Executive Director of People concerning the Coventry Safeguarding Adults Board Annual Report for 2016/17, a copy of which was set out at an appendix to the report. The Annual Report had also been submitted to the meeting of the Health and Social Care Board (5) pn 13<sup>th</sup> September, 2017.

The Coventry Safeguarding Adults Board was a multi-agency partnership made up of a range of organisations that contributing towards safeguarding in Coventry. The Board was required to publish an annual report and business plan. The report summarised the key messages for the year and included the business plan which enabled the Board to plan upcoming work. The annual report also included performance data for the year which was monitored on a quarterly basis by the Board. The annual report was a key way of raising awareness of the issue of safeguarding adults.

The key messages in the report were highlighted which including the Board making good progress in ensuring that learning from Safeguarding Adult Reviews was embedded into training and practice and good progress in the way in which agencies were able to make safeguarding personal. The Board were informed that Joan Beck, Independent Chair, continued to work closely with the Chairs of the Local Safeguarding Children’s Board, the Police and Crime Board and the Health and Wellbeing Board, through the Strategic Boards Group. This ensured where Boards had a shared interest in a subject area there was clear ownership and a forum for discussing the appropriate way forward.

Members expressed support for the Annual Report.

**RESOLVED that, having considered the content of the Coventry Safeguarding Adults Board Annual Report, the report be noted.**

23. **Care Quality Commission Local System Review**

The Board considered a report of Pete Fahy, Director of Adult Services which provided information on the forthcoming Care Quality Commission (CQC) review of the Health and Social Care System in Coventry.

Following the spring budget announcement of additional funding for adult social care, the Department of Health asked the CQC to undertake a programme of targeted reviews in Local authority areas. It was then announced that there would be 20 reviews where there were challenges particularly in relation to delayed transfers of care. Coventry had been selected as one of the first 12 areas to be reviewed.

The report indicated that the review would be wide ranging and would take a 'whole system approach', focusing on how people moved between health and social care, including delayed transfers, with a particular focus on people over 65. The review would seek to answer the following question:  
'How well do people move through the health and social care system, with a particular focus on the interface between the two, and what improvements could be made?'

A number of pressure points had been identified by the CQC as significant in the interface between health and social care and these were set out at an appendix to the report. The report highlighted the key lines of enquiry to be explored.

On completion of the review, the findings would be reported to the Health and Well-being Board with the expectation that a joint action plan would be agreed to progress any recommendations. The Board were informed that the CQC had asked the local authority to co-ordinate the review, ensuring the input of partners, with the Board taking ownership of the review, its outcomes and resulting action plan. The Board noted that the likely timescale for the review was 12-14 weeks including an on-site week. The timescale was detailed in a second appendix to the report. The Coventry on-site week was scheduled for the week commencing 22nd January, 2018. The report provided further information about the requirements in the lead in to the review and the preparation works already underway.

**RESOLVED that:**

**(1) Full support and ownership of the review process be provided through members participating in the review as required, supporting the review within their organisations and advocating for this review as being an opportunity for system improvement.**

**(2) The preparation underway be supported and the Coventry Accident and Emergency Delivery Board be endorsed as being the body for the co-ordination and preparation for the review.**

**24. Any other items of public business - Future Dates**

The Chair, Councillor Caan reminded Members that invitations would be circulated for the launch of WM on the Move in Coventry on 16<sup>th</sup> November. He referred to the two Development Sessions on 27<sup>th</sup> November and 13<sup>th</sup> December and asked for suggestions for discussion to be sent to Robina Nawaz.

(Meeting closed at 3.50 pm)



Coventry City Council

## Report

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**To: Coventry Health and Wellbeing Board**

**Date: 27<sup>th</sup> November 2017**

**From: Matt Gilks**

**Director of Commissioning, NHS Coventry and Rugby and NHS Warwickshire North  
Clinical Commissioning Group: Chair of CAMHS Transformation Board**

**Title: CAMHS Transformation Plan – Year 2 refresh**

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### **1 Purpose**

1.1 The purpose of the report is to seek endorsement from the Coventry Health and Wellbeing Board for the refreshed CAMHS Transformation Plan.

### **2 Recommendations**

2.1 Health and Wellbeing Board is recommended to:

- Review the CAMHS Transformation Plan report of year two and to endorse the plans for year three.
- Note that a refreshed CAMHS Transformation Plan for year three will be brought back to the Health and Well-being Board in October 2018.

### **3 Information/Background**

3.1 'Future in Mind' was published in March 2015 by the Department of Health and NHS England. The document set out a series of proposals to improve outcomes for children and young people with mental health problems, emphasising the need for joined up provision and commissioning. These proposals were endorsed by the NHS Five Year Forward View for Mental Health published earlier this year.

3.2 NHS England agreed that access to the new funds for children and young people's mental health announced in the Autumn Statement 2014 and Spring Budget 2015 would follow the development of local Transformation Plans to describe how the national ambition could be translated and delivered locally over a period of 5 years.

3.3 Coventry and Warwickshire developed a joint plan that was submitted in October 2015, and subsequently assured by NHS England, which secured release of £878k funding annually for Coventry and Rugby, recurrent for 5 years.

3.4 Plans have now been in place for two years and each local area was required to refresh their transformation plan to demonstrate to NHS England the progress being made, that the funding is being spent as intended and provide evidence on how services are being transformed.

3.5 The refreshed Coventry and Warwickshire Plan was submitted to NHS England on 3<sup>rd</sup> November 2017 for assurance. The final assurance rating for this plan from NHSE is still outstanding. On receipt of the assurance rating the final plan will be published.

### 3.6 **Coventry and Warwickshire Priorities**

3.6.1 Within the Coventry and Warwickshire CAMHS Transformation Plan, the focus has been on the planning and delivery of the following seven key strategic priority themes:

1. Reducing waiting times for mental health and emotional wellbeing services.
2. Providing a crisis response service to support children and young people presenting with self-harm needs and preventing unnecessary hospital admissions.
3. Improved access to specialist support, including autistic spectrum disorder (ASD).
4. Providing support to the most vulnerable.
5. Strengthening mental health support to children and young people in schools.
6. Enhancing access and support through the utilisation of technology.
7. Implementation of a dedicated community based Eating Disorder Service.

### 3.7 **Challenges**

3.7.1 There are a range of challenges that the plan has had to address, including:

- Considerable work force challenges in CAMHS tier 3 services.
  - Recruitment of additional staff at a time when nationally there has been an increase in demand for children's mental health professionals, in particular NHS band 6 nurses and therefore a limited pool of suitably qualified and experienced professionals to appoint.
  - A number of children and young people waiting more than 12 weeks for follow up appointments.
- Increasing number of admission to CAMHS tier 4 NHS mental health beds
- High rates of Autistic Spectrum Disorder (ASD) presentations.
- Higher than average rates of hospital admission for self-harm.

### 3.8 **Year 2 Progress**

3.8.1 Progress against each priority has been made during year two of the plan and includes:

- Developing an enhanced Primary Mental Health service to schools for teachers, and professionals has been mobilised which strengthens schools capacity to deliver better mental health and wellbeing interventions for school age children.
- Developing and mobilising a dedicated CAMHS service for Looked After Children (LAC) and care leavers which commenced in February 2017.
- Consistent delivery of waiting times; urgent (48 hrs), 1 week for urgent cases and 18 weeks maximum for routines cases. A revised trajectory agreed to achieve targets for; 12 week follow up waits.

- A revised milestone plan has been developed to accelerate progress on improving the local CAMHS crisis response which commences during Q3 2017/18.

#### **4 Options Considered and Recommended Proposal**

4.1 For Coventry, in year three the focus includes:

- Publication of the plan online, once it has been assured by NHS England.
- Accelerating the progress towards achieving a core and stable workforce to deliver core CAMHS and transformation priorities.
- Achieving and maintaining consistent access and waiting times standards for follow up appointments.
- Implementation of the revised ASD pathway and delivery of additional assessments
- Developing a crisis care response and pathways for young people who may require specialist treatment beds will be a priority, with the aim of supporting more young people in the community, preventing admission and supporting timely discharge.

#### **Report Author(s):**

**Name and Job Title: Jak Lynch: CAMHS Programme Manager**

**Directorate: People**

**Telephone and E-mail Contact: 024 7683 3248 / 07701022748; [jak.lynch@coventry.gov.uk](mailto:jak.lynch@coventry.gov.uk)**

Enquiries should be directed to the above person.

#### **Appendices**

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Coventry City Council

## Report

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**To: Coventry Health and Wellbeing Board**

**Date: 27<sup>th</sup> November 2017**

**From: Pete Fahy – Director of Adult Services**

**Ian Bowering (Head of Social Work, Prevention and Health)**

**Title: Care Quality Commission (CQC) Local System Review - Update**

### **1 Purpose**

This briefing note provides an update to HWBB on progress in preparing for the Review including expectations of HWBB and key timings. (This follows the previous briefing on 4<sup>th</sup> September 2017).

### **2 Recommendations**

The following recommendations are made to Coventry Health and Well-Being Board:

1. That members take note of the forthcoming CQC Local System Review and its methodology
2. That the Chair of the HWBB takes overall responsibility for approving submission of the System Overview Information Request (SOIR) response in consultation with Cabinet Member for Adult Services and the Director of Adult Services
3. That HWBB members make themselves available, as far as is possible, for attendance at the sessions outlined in the timetable of events along with any requirements for interview as specified by CQC

### **3 Background**

The previous briefing on 4<sup>th</sup> September advised the Board of the Department of Health (DoH) requesting CQC to undertake a programme of targeted Reviews in local authority areas. These Reviews were to be exercised under the Secretary of State's Section 48 powers. Coventry was selected as one of the first 12 areas to be Reviewed, this selection was made based on performance against 6 measures.

The Review will be wide ranging and take a 'whole system approach'. Each Review undertaken by CQC will focus on how people move between health and social care, including delayed transfers of care, with a particular focus on people over 65 years old.

The Review will seek to answer the following question:

**“How well do people move through the health and social care system, with a particular focus on the interface between the two, and what improvements could be made?”**

The Review will consider how safe, effective, caring and responsive local services are. It will consider how well led the system is, evaluating the leadership of the system and the extent to

which there is a shared clear vision and credible strategy which is understood across the health and social care interface to deliver high quality care and support. The Review will consider how system partners assure themselves that resources are being used to achieve sustainable high quality care and promoting people's independence.

The Review findings will highlight what is working well and where there are opportunities for improving how the system works for people using services. Findings will be reported to the Board with the expectation that a joint action plan is agreed to progress any recommendations made.

The Review of each area will be a publicly available document and once all 12 Reviews are completed the CQC will publish a national report of their key findings and recommendations.

#### **4. Review co-ordination and ownership**

The local authority is co-ordinating the Review and ensuring the input of partners. The primary vehicle for preparing for the review is the local Accident and Emergency Delivery Board which meets weekly and has been involved in ensuring the required preparatory work takes place across the system.

The HWBB is considered to be where the Review, its outcomes and resulting action plan, is owned by the system.

#### **5. Review Methodology**

A number of Reviews have already taken place and intelligence gleaned through networks about the precise nature and focus of the Review process has been helpful. A meeting between senior officers representing the local system and the CQC officer leading the Review took place on 8<sup>th</sup> November where further clarification was provided about the process and key dates. Notwithstanding potential changes, **Appendix 1** provides details. By way of summary, key features of the Review include:

1. The City Council will receive formal notice of the review week commencing 4 December. From this point there will be requirement for a 'key contact' sheet to be returned within one week. Key contacts are those whom the CQC may want to speak to over the course of the review and will be asked to complete a 'relational audit'
2. A 'call for evidence' from CQC will be made at this point from stakeholders
3. The completion of a System Overview Information Request (SOIR) and supporting evidence which will have been submitted by 12<sup>th</sup> January
4. A "Pre-Review" visit on 19<sup>th</sup> and 20<sup>th</sup> December. The two day visit will include visits to local events, resources, focus groups and any other experiences that will inform the process. A briefing for system leaders on the review will be provided by the CQC at the start of this two day period
5. The main period of Review between 22<sup>nd</sup> January and 26<sup>th</sup> January when the CQC Review team (comprising up to 10 people) will be based in Coventry and undertake a range of visits, interviews and host focus groups to gain an understanding of how the local system functions
6. "Case tracking" whereby the Review team will examine agency records of a sample of users of local services to form an opinion of how well services operate together to meet need
7. A feedback session to system leaders on the afternoon of 26<sup>th</sup> January followed by a Health and Well-Being Board summit on 14<sup>th</sup> March 2018

#### **6. Preparing for the Review to date**

In preparation for the Review the following have been completed or is underway:

1. The local Accident and Emergency Delivery Board has been co-ordinating preparatory work so far

2. Work has commenced on drafting an SOIR document in conjunction with NHS partners in advance of the formal notification of the Review and SOIR request being received on 4<sup>th</sup> December
3. Key stakeholders are being briefed about the Review and their part in this
4. Staff briefing sessions are being planned across the system
5. Provisional interview times are being identified for key individuals that CQC have indicated that they want to see in the course of the review i.e. Chief Officers, Directors and key members.
6. Logistical arrangements for the CQC Review team are being put in place in readiness for the visit to Coventry on 19<sup>th</sup> and 20<sup>th</sup> December and the Review proper during week beginning 22<sup>nd</sup> January
7. HWBB members will have been briefed at a HWBB Development session on 27<sup>th</sup> November. (Presentation comprises **Appendix 1**)
8. A case sample of 6 people who have experienced NHS and social care services is being identified by partners. A formal request will be made to submit records for examination by the CQC Review team

## **7. Involvement of HWBB and key dates**

The following are key dates extracted from the timetable in **Appendix 1** which make specific reference to HWBB:

1. 19<sup>th</sup> December, 9.30-11.0 am - Briefing by CQC to system leaders, including Chair of HWBB
2. 12<sup>th</sup> January – Deadline for SOIR submission which requires “sign-off” by Chair of HWBB
3. 22<sup>nd</sup> January – System Leader’s Presentation to CQC
4. 24<sup>th</sup> or 25<sup>th</sup> January – CQC to interview Chair of HWBB
5. 26<sup>th</sup> January, 1.0-2.0 pm – Initial Feedback from CQC
6. 14<sup>th</sup> March, 9.30-12.30 pm – HWBB Summit. CQC findings and recommendations, and system’s response

## **8. Options and Recommendations**

System participation in the Review process is not optional and partners are committed to full engagement.

Recommendations to HWBB are made in section 2 above.

### **Report Author(s):**

#### **Name and Job Title:**

Pete Fahy – Director of Adult Services  
 Ian Bowering (Head of Social Work, Prevention and Health)

#### **Directorate:**

People

#### **Telephone and E-mail Contact:**

024 7683 3555

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Enquiries should be directed to the above person.

## **Appendices**

**Appendix One:** Presentation for HWBB Development session

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# Care Quality Commission Review

Health and Wellbeing Board

27<sup>th</sup> November 2017

# Background to the Review

- Following the spring budget announcement of additional funding for adult social care, the Department of Health asked CQC to undertake a programme of targeted reviews in local authority areas
- Coventry has been selected as one of the first 12 areas to be reviewed from a total of 20 reviews of Health and Social Care Systems where there are challenges particularly in relation to delayed transfers of care will take
- The 12 systems selected have been identified as 12 of the ‘most challenged’ areas by national rank according to DoH Local Area Dashboard
- The Local Area Dashboard contains six performance measures which are used to create a weighted average to identify the highest ranked and most challenged local systems in supporting patient flow
- The review is whole system to be co-ordinated by the Local Authority with the Health and Well Being Board taking local ownership for the review

## Local Area Dashboard - performance measures used to select areas for review

1. Emergency Admissions (65+) per 100,000 65+ population
2. 90th percentile of length of stay for emergency admissions (65+)
3. Total Delayed Days per day per 100,000 18+ population
4. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services
5. Proportion of older people (65 and over) who are discharged from hospital who receive reablement/ rehabilitation services
6. Proportion of discharges (following emergency admissions) which occur at the weekend

## Performance summary for the Coventry system – July 2017 (date of CQC decision)

1. 20% more emergency admissions for people 65+ in the city than the West Midlands or England averages
2. Once admitted older people stay in hospital in Coventry longer than regional or national averages (10% for more than 24 days)
3. Proportionately more delayed days (22.6 days per 100,000 18+ population) than regional (16.9) and national (12.9) averages
4. The metrics indicate mixed performance on reablement with 19% of patients being readmitted within 3 months of discharge compared to 21.5% regionally and 16.6% nationally
5. However it is suggested that significantly fewer older adults (1.5%) are discharged from hospital into reablement or rehabilitation services
6. The Coventry system discharges 21.4% of emergency patients at weekends which compares well to the West Midlands (19.5%) and England (19.7%) averages



# Performance summary for the Coventry system – DToC update

## Revised DTOC targets - Coventry BCF - 2017/18

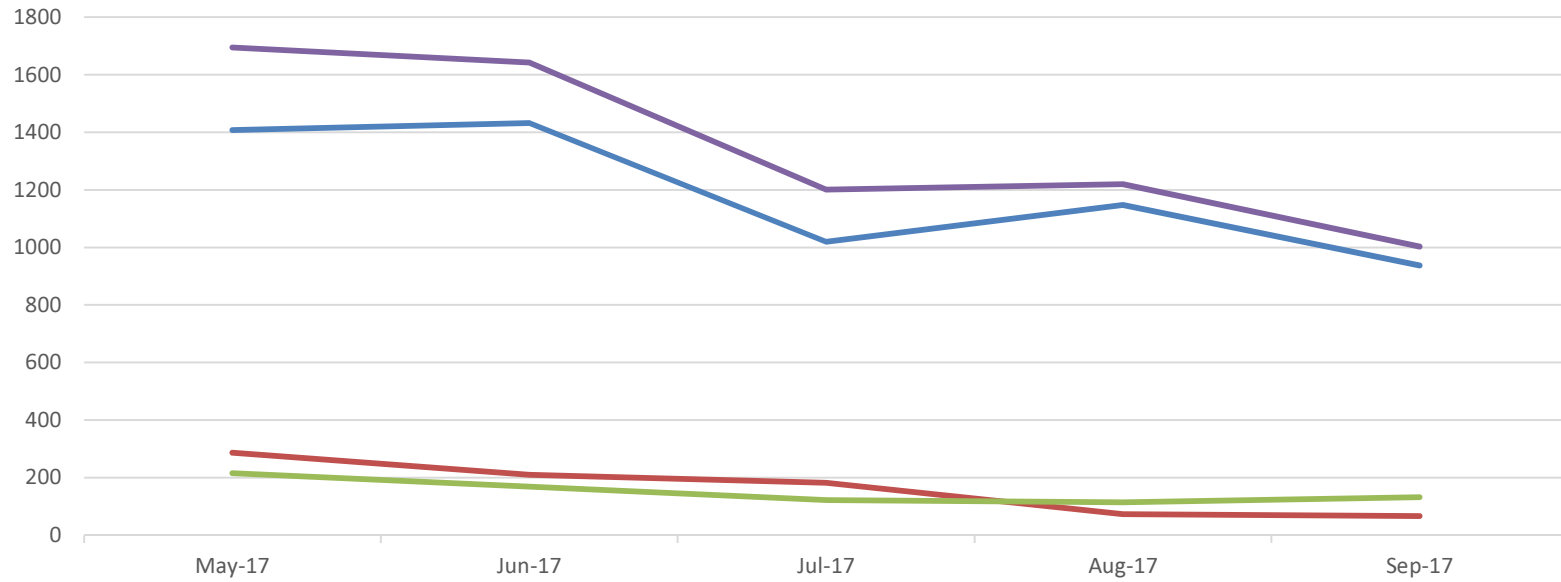
	Actual	Actual	Actual	Actual	Actual	Trajectory	Target	Target	Target	Target	Target
	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
NHS attributed delayed days	1408.0	1432.0	1019.0	1147.0	937.0	849.6	646.2	669.4	669.4	669.4	669.4
Social Care attributed delayed days	287.0	210.0	182.0	73.0	66.0	226.3	216.0	223.2	223.2	223.2	223.2
Jointly attributed delayed days	216.0	169.0	122.0	114.0	132.0	279.6	282.0	291.4	291.4	291.4	291.4

<b>Total Delayed Days</b>	1911.0	1811.0	1323.0	1334.0	<b>1135.0</b>	<b>1355.5</b>	<b>1144.0</b>	<b>1184.0</b>	<b>1184.0</b>	<b>1064.5</b>	<b>1184.0</b>
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<b>Population Projection (SNPP 2014)</b>	277,742	277,742	277,743	277,743	277,743	277,743	277,743	277,743	281,319	281,319	281,319
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# Performance summary for the Coventry system – DToC update

Coventry DTOC May 2017 to September 2017



— NHS attributed delayed days    — Social Care attributed delayed days    — Jointly attributed delayed days    — Total Delayed Days

# Purpose of CQC Reviews

It is the intention that the review findings will highlight:

- What is working well
- Where there are opportunities for improving how the system works
- Enable the sharing of good practice
- Identify where additional support is needed to secure better outcomes for people using services

Although local authority led the review is very much ‘whole system’ and will engage partners across the whole health and social care economy

## The review approach

The reviews will:

- Consider system performance along a number of '**pressure points**' on a typical pathway of care
- Focus on **older people aged over 65**
- Also focus on the **interface** between social care and general primary care and acute and community health services
- Each of the areas reviewed will be provided with a bespoke letter detailing the findings that will be sent to the Health and Wellbeing Board
- The findings of the reviews will be compiled into a **National Report** to give overall advice to the Secretaries of State

## The review's "Key Lines of Enquiry (KLOE)"

Question Areas	KLOE
<b>Safe</b>	How are people using services supported to move safely across health and social care to prevent avoidable harm?
<b>Effective</b>	How effective are health and social care services in maintaining and improving health and wellbeing and independence?
<b>Caring</b>	Do people experience a compassionate, high quality and seamless service across the system which leaves them feeling supported and involved in maximising their wellbeing?
<b>Responsive</b>	To what extent are services across the interface between health and social care responsive to people's individual needs?
<b>Well led</b>	Is there a shared clear vision and credible strategy which is understood across the health and social care interface to deliver high quality care and support?
	What impact is the governance of the health and social care interface having on quality care across the system?
	To what extent is the system working together to develop its health and social care workforce to meet the needs of its population?
	Is commissioning of care across the health and social care interface, demonstrating a whole system approach based on the needs of the local population?
<b>Resource Governance</b>	How do system partners assure themselves that resources are being used to achieve sustainable high quality care and promoting people's independence?

## Focus on system pressure points

These include:

- Maintenance of peoples health and well being in their usual place of residence
- Multiple confusing points to navigate in the system
- Varied access to GP/ Urgent Care centres/Community care
- Varied access to alternative hospital admission
- Ambulance interface
- Discharge planning delays and varied access to ongoing health and social care
- Varied access to reablement
- Transfer from reablement

# Review Team

The Review Team will comprise of approx. 10 people including:

- CQC Review Managers
- Health Specialist Professional Adviser
- Local Government Specialist Professional Adviser

Local Government Specialist Advisers will be drawn from LGA Peer Pool volunteers with social care, health and wellbeing and/or health background/experience, including:

- Chief Executive volunteers
- Directors of Adult Social Care volunteers

## Outline Review Timetable

**Weeks 1-6:** 4th December 2017 to 14 January 2018 (including Christmas break)

- Review commencement, return of key information to CQC, information gathering, stakeholder focus groups and visits

**Week 7:** 15th January 2018

- Off-site analysis and liaison

**Week 8:** Main review week commencing 22nd January 2018

- On site interviews and focus groups including staff, people who use services and their families and carers and senior leaders
- Commencing with system presentation, concluding with HWBB feedback session

**Weeks 9-12:** 29th January 2018 to 25th February 2018

- Report writing and quality assurance

**Weeks 12-14:** 26th February 2017 to 16th March 2018

- Communication and feedback and Health and Wellbeing Board summit



# Advance Preparation

- Initial meeting held with CQC on 8<sup>th</sup> November to give us more detail about the process
- CQC already engaged in information gathering about Coventry
- Care Provider Briefing on 24<sup>th</sup> November
- Staff briefings being planned for w/b 11<sup>th</sup> and 18<sup>th</sup> December
- CQC on site w/c 18<sup>th</sup> December for preparatory meetings/focus groups
- Case identification and tracking – We have been asked, as a local system, to identify 6 people who have used services that they will examine during the review week

# Key Dates - December

Date	Time	Activity
<b>Monday 4<sup>th</sup> December</b>	-	<ul style="list-style-type: none"> <li>- Official notification from CQC</li> <li>- Request for System contact information</li> <li>- Request for System Overview Information Request document (SOIR)</li> </ul>
<b>Tuesday 19<sup>th</sup> December</b>	9.30am – 11.00am	Introductory presentation from CQC to System Leaders including Chair of HWBB / Chair of HOSC / Cabinet Members / Leader
<b>Tuesday 19<sup>th</sup> December and Wednesday 20<sup>th</sup> December</b>	Both days – specific timings tbc	<p>CQC to attend focus groups/local events (non-hospital e.g. Earlsdon Retirement Village, D2A facilities, community centres, Housing with Care providing short-term tenancies etc.)</p> <p>CQC want to see Healthwatch and Chair of ASC and HOSC during those 2 days (plus others)</p> <p>This will mean approx. 4 – 5 locations to visit plus people to see</p>

# Key Dates - January

Date	Time	Activity
Friday 12 <sup>th</sup> January	-	SOIR submission
Monday 22 <sup>nd</sup> January	9.30-11.00am	<b><u>Start of main review week when CQC in Coventry</u></b> Coventry presentation to CQC (scene setting, demographics, what the challenges are, what we think we do well)
Monday 22 <sup>nd</sup> – Friday 26 <sup>th</sup> January	All week	CQC main review: <ul style="list-style-type: none"> <li>• Focus groups / site visits e.g. provider staff / users of services and carers / commissioning staff / local professionals etc.</li> <li>• Pathway interviews relating to customers' journeys</li> <li>• Interviews with senior leaders / officers</li> </ul>
Wednesday 24 <sup>th</sup> / Thursday 25 <sup>th</sup> January	tbc	CQC want to interview the Chair of HWBB on 24 <sup>th</sup> or 25 <sup>th</sup> January. The HWBB will take ownership for monitoring and improvements after the review has taken place
Friday 26 <sup>th</sup> January	1.00-2.00pm	Initial feedback to System Leaders including Chair of HWBB / Chair of HOSC / Cabinet Members / Leader

# Key Dates – Post Review

Date	Time	Activity
<b>29<sup>th</sup> January to 25<sup>th</sup> February</b>	-	Report writing and quality assurance
<b>26<sup>th</sup> February to 16<sup>th</sup> March</b>  <b>Incl. Wednesday 14<sup>th</sup> March</b>	-  9.30am- 12.30pm	Communication and feedback  ‘HWBB’ Feedback Summit Session <ul style="list-style-type: none"> <li>• 1<sup>st</sup> half of session – CQC present their findings and recommendations to us</li> <li>• 2<sup>nd</sup> half of session – Our response to CQC</li> </ul> Session facilitated by SCIE (action planning/workshop format)

# Key summary points for HWBB

- The review is a significant enterprise across organisations
- HWBB members to be invited to key events in January
- Invites will also be extended to SB5 members and key colleagues contributing to the review
- Leadership is an element that CQC are reviewing and will look to HWBB to be the place from where the system is led
- The subsequent action plan following the review is expected to owned by the HWBB
- Learning from the review may be applicable across the STP footprint and sharing with Warwickshire HWBB

Time for questions...

