Coventry City Council

Agenda

Health and Social Care Scrutiny Board (5)

Time and Date
10.00 am on Tuesday, 21st November, 2017

Place
Committee Room 2 - Council House

Public Business

1. **Apologies and Substitutions**

2. **Declarations of Interest**

3. **Minutes** (Pages 3 - 12)

   (a) To agree the minutes of the meetings held on 11th and 18th October, 2017

   (b) Matters Arising

4. **Primary Care Sustainability and Planning** (Pages 13 - 22)

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

5. **Proactive and Preventative Workstream Update**

   (a) **Out of Hospital** (Pages 23 - 30)

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

   (b) **Upscaling Prevention** (Pages 31 - 36)

   Briefing Note of the Acting Director of Public Health

6. **Outstanding Issues Report**

   All outstanding issues have been picked up in the Work Programme

7. **Work Programme 2017-18** (Pages 37 - 46)

   Report of the Scrutiny Co-ordinator

8. **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

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

Monday, 13 November 2017

Notes: 1) The person to contact about the agenda and documents for this meeting is Liz Knight, Governance Services, Council House, Coventry, telephone 7683 3073, alternatively information about this meeting can be obtained from the following web link: http://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 21st November, 2017 giving their reasons for absence and the name of the Council Member (if any) who will be attending the meeting as their substitute.

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

Membership: Councillors F Abbott (By Invitation), R Ali (By Invitation), K Caan (By Invitation), J Clifford, D Gannon (Chair), L Kelly, D Kershaw, R Lancaster, M Lapsa, T Mayer, C Miks, D Spurgeon 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.

Liz Knight
Telephone: (024) 7683 3073
e-mail: liz.knight@coventry.gov.uk

Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 10.00 am on Wednesday, 11 October 2017

Present:

Members:	Councillor D Gannon (Chair) Councillor J Clifford Councillor R Lancaster Councillor T Mayer Councillor C Miks Councillor D Skinner
Co-Opted Members:	David Spurgeon
Other Members:	Councillor F Abbott, Cabinet Member for Adult Services
Other Representatives:	Jo Dillon, Coventry and Rugby Clinical Commissioning Group (CCG) David Eltringham, University Hospitals Coventry and Warwickshire (UHCW) Andrea Green, Coventry and Rugby CCG Brenda Howard, UHCW Steven Jarman Davies, Coventry and Rugby CCG Meghana Pandit, UHCW Glynis Washington, Coventry and Rugby CCG Tracey Wrench, Coventry and Warwickshire Partnership Trust (CWPT)
Employees:	V Castree, Place Directorate P Fahy, People Directorate L Knight, Place Directorate
Apologies:	Councillors L Kelly, D Kershaw and M Lapsa

Public Business

15. **Declarations of Interest**

There were no declarations of interest.

16. **Minutes**

The minutes of the meeting held on 13th September, 2017 were signed as a true record. There were no matters arising.

17. **Maternity and Paediatrics Work Stream Update**

The board received a joint presentation which provided an update on progress with the Better Health, Better Care, Better Value Maternity and Paediatric Workstream. Meghana Pandit, University Hospitals Coventry and Warwickshire (UHCW), Jo Dillon, Coventry and Rugby Clinical Commissioning Group (CCG) and Brenda Howard, Programme Director for the Better Health, Better Care, Better Value programme attended the meeting for the consideration of this item. Councillor Abbott, Cabinet Member for Adult Services was also in attendance.

The presentation informed of the national vision for maternity services, to implement Better Births by 2020/21 which involved establishing a local maternity system (LMS) with the same scope as the Better Health, Better Care, Better Value programme. The requirement to establish the vision and plan to implement Better Births in the LMS in October 2017 was highlighted. Guidance was available in two key documents – The National Review, Better Births and the West Midlands Neonatal Service Review.

The key proposals for Better Births were personalised care; continuity of carer; safer care; better postnatal and perinatal mental health care; multi-professional working; working across boundaries; and a payment system. Further information was provided on each of these areas. The vision, metrics and examples of 5 high impact changes of the West Midlands Neonatal Review were detailed.

The presentation set out the vision for the Local Maternity System as follows:
'Work together to improve the health and wellbeing of mothers, mothers to be, babies and families in our local population, and our staff who provide the care'. The objectives were to implement Better Births; delivery of Saving Babies Lives Care Bundle; improving maternity safety and wellbeing; and implementing the recommendations of the West Midlands Neonatal Review. The key responsibility was to provide assurance to the STP Board that the Maternity and Paediatrics work stream was progressing well and would deliver the expected benefits in a timely manner. Reference was made to the early engagement that the CCG had undertaken between December 2016 and April 2017 and attention was drawn to the summary of the key findings.

The key challenges presented by the Local Maternity System were engagement from all stakeholders; the workforce implications as a result of the need to offer choice to mothers regarding place of birth and continuity of care; establishing community hubs and the financial implications; implementing the recommendations of the Neonatal Service Review; and digital platform development.

The presentation concluded with the next steps for the work stream which included further service user and stakeholder engagement; the submission of the Local Transformation Plan to NHS England by 30th October 2017; and the CCGs working alongside the LMS and establishing a Strategic Commissioning Programme Board to identify critical success factors and desired outcomes to transform maternity and paediatric services by 2020/21.

Members raised a number of issues in response to the presentation and responses were provided, matters raised included:

- A significant concern that the information provided in the presentation did not include all the information requested by the Chair, Councillor Gannon – an explanation for this was given at the start of the consideration of this item
- The details to be included in the submission to NHS England by the end of the month
- Whether there had been any financial costing or workforce figures yet
- A request for details relating to deadlines and submissions required by NHS England
- Clarification for the representatives present about the reduction in children's centres and community hubs in the city
- An explanation of the intention to merge data from the four separate organisations
- Further information about the payment system
- What was being done to ensure that pregnant women were aware of the dangers of alcohol and smoking
- The importance of sharing information with the Board as the work stream was progressed.

RESOLVED that:

(1) The contents of the presentation on the maternity and paediatric update be noted.

(2) The submission to be sent to NHS England by 30th October, 2017 to be circulated to members of the Board as soon as it has been approved by STP governance structures.

(3) To ensure effective scrutiny of the maternity and paediatric workstream, information on the finances and the workforce to be made available at future appropriate meetings of the Board.

18. **System Performance and Winter Pressures**

The board considered a briefing note and received a joint presentation which provided an update on the preparations for winter 2017/18 in order to manage pressures against health and social care including details on the key issues likely to impact on the system. David Eltringham, University Hospitals Coventry and Warwickshire (UHCW), Steven Jarman Davies and Glynis Washington, Coventry and Warwickshire Clinical Commissioning Group (CCG) and Tracey Wrench, Coventry and Warwickshire Partnership Trust (CWPT) attended the meeting for the consideration of this item. Councillor Abbott, Cabinet Member for Adult Services was also in attendance.

The briefing note referred to the requirement for the Coventry and Warwickshire A and E Delivery Board to submit a winter plan to NHS England identifying how the system intended to remain stable and resilient through the winter period. The plan was currently in draft form and would be developed through the Board prior to submission by 1st December, 2017.

The Board were informed that in many ways pressures experienced at winter continued to be felt beyond the winter period itself with parts of the system remaining under sustained pressure throughout the year, with over 1,000 attendances at A and Es across Coventry and Warwickshire each day and 270-300 patients admitted to hospital each day as emergency patients.

Key priorities to be addressed were:

- Working to ensure that there was enough capacity across health and social care
- Ensuring the system delivered care at the most appropriate level for the needs of patients and supporting more people within the community
- Redesigning the wider Urgent and Emergency Care system
- Ensuring the system was prepared for dealing with common expected winter illnesses and severe weather events
- Having an operational resilience network that enacted action plans at peak times through a robust escalation reporting management process.

The briefing note set out the key areas of learning from the previous year.

Reference was made to the key winter plan developments. A set of existing plans were already in place to support resilience over the winter period and further information including existing and additional action plans with delivery dates were set out in an appendix to the briefing note. Key elements to ensure resilience concerned: profiling of elective work and reducing bed occupancy; primary care provision; ambulance response; local authority; UHCW; flu campaign; communication; and system escalation. The plans for each of these areas were detailed.

The Board were informed of the key issues which could have a detrimental impact on the ability to sustain a resilient system which included Christmas and bank holiday demand; workforce capacity; weather and transport; overall risk management; and the Better Care Fund.

The presentation detailed the key priorities to be addressed in winter planning, highlighted the key areas of learning from 2016/17, and detailed the demand for A and E services. The key actions detailed in the winter plan also were set out along with the priorities for UHCW.

Members raised a number of issues in response to the presentation and responses were provided, matters raised included:

- Clarification as to whether the list of priorities changed each year or remained static
- Further information on the sharing of good practice and how this could be improved
- Clarification about the uptake of the flu vaccination by staff in the health sector and what was done to encourage employees to be vaccinated, including stopping the myths surrounding the vaccine, publicity campaigns and if staff had the opportunity to be vaccinated in their work environment e.g. residential homes

- Support for the Safe and Well service provided by West Midlands Fire Service and information about the partnership working with the Fire Service
- Whether there were lessons which could be learnt from the winter model at the Queen Elizabeth hospital, Birmingham
- Further information about nurse staffing redeployment to cover gaps in staffing at UHCW including levels of staffing in wards compared to clinics
- Details about the percentage of patients attending A and E with minor ailments compared to serious illnesses
- Information on primary care streaming
- The impact of Brexit on the recruitment and retention of staff at the hospital
- Further information about the senior decision makers at A and E
- Security at the hospital and the support given to the ex-military residents
- Details about the hospital response to the Chief Inspector of Hospitals, Professor Ted Baker, following his recent letter to all hospital Chief Executives calling for immediate action to improve safety in A and E
- Further details about the GP provision at A and E and what was being done to refer patients back to their own GPs
- What was being done to triage residents in social care, particularly the high risk cases, and were additional interventions put in place over the winter months
- What was being done to manage the delayed transfers of care and were other models being investigated e.g. Northumberland.

RESOLVED that:

(1) The update on the preparations for winter 2017/18 in order to manage pressures against health and social care be noted.

(2) The continued use of the Safe and Well Service provided by West Midlands Fire Service be endorsed.

(3) An update report on how the health system performed over the winter period be submitted to a future meeting of the Board before the end of the current municipal year.

(4) A report on health care integration be submitted to a future meeting of the Board.

(5) The health authority partners to use the City Councillors as a resource to help ensure that important health messages are delivered to Coventry residents.

(6) The information on the seasonal flu vaccination uptake for Coventry and Warwickshire be circulated to all Board members.

19. **Outstanding Issues Report**

The Board noted that all outstanding issues had been included in their work programme.

20. **Work Programme 2017-18**

The Board noted their work programme for the current municipal year including the arrangements for the workshop and formal meeting to be held on 18th October.

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

There were no additional items of public business.

(Meeting closed at 12.05 pm)

Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 3.30 pm on Wednesday, 18 October 2017

Present:

Members:	Councillor D Gannon (Chair)
	Councillor R Lancaster
	Councillor M Lapsa
	Councillor C Miks
	Councillor S Walsh
Co-Opted Member:	David Spurgeon
Other Member:	Councillor F Abbott, Cabinet Member for Adult Services
Employees:	
	V Castree, Place Directorate
	A Errington, People Directorate
	P Fahy, People Directorate
	M Holden, People Directorate
	L Knight, Place Directorate
Apologies:	Councillors J Clifford, L Kelly and T Mayer

Public Business

22. **Declarations of Interest**

There were no declarations of interest.

23. **Workforce Development Strategy and Practice Quality Assurance in Adult Social Care 2017-2019**

The Board gave consideration to a report of the Executive Director of People concerning the Adult Services Workforce Development Strategy 2017-2019 and the Practice Quality Assurance Framework for Adult Social Care. Copies of the strategy and framework were set out at appendices to the report. The issue had been discussed at length at the Board's workshop which had taken place earlier in the day. Councillor Abbott, Cabinet Member for Adult Services attended the meeting for the consideration of this issue.

The report indicated that workforce development was a key element of providing a good quality Adult Social Care service, both in respect of ensuring staff had the skills and learning opportunities to operate in an evolving social care environment and ensuring that staff working in the service were able to respond to the challenges they faced. Linked to this a Practice Quality Assurance framework was key to understanding practice standards and supporting staff to improve and learn where required.

The workforce strategy was conceived out of the need to support the implementation of the vision and principles for Adult Social Care and outlined the key workforce challenges for Adult Services over the next two years. The strategy complimented the City Council's current Workforce Strategy. The Strategy outlined current national and local demographics, adult social care activity and an overview of the current adult services workforce. It provides a framework for Adult Social Care to ensure its workforce was skilled, stable, motivated and committed to delivering its objectives and that the Council was achieving positive outcomes for the people of Coventry within the resources available.

The development and subsequent delivery of the strategy was overseen by the Adult Services Workforce Development Board chaired by the Director of Adult Services. The strategy outlined the workforce priorities for the next two years which included a priority to enhance leadership, management and supervision to support practice development. A key activity in supporting this priority was the implementation of a revised quality assurance framework which included a process for organisational health checks.

The Adult Services Practice Quality Assurance Framework detailed the service's approach to quality assurance. The framework built on previous casework audits and developed the approach to focus on self-assessment and quality assessment methods at social work and occupational therapy practitioner level. By applying the framework it was anticipated that there would be greater consistency and accountability in the quality of service provided, with the right support and challenge in place to improve practice.

The specific audit components were in two key areas, those to be owned and delivered by practitioners and their line managers and those to be delivered at an organisational level. The finding from quality assurance would be collated, with compliance and key themes forming part of the quarterly report. This would ensure clear governance reporting and oversight of social care quality and improvement. The framework had been subject to surveying and feedback from front line staff in order to ensure it was relevant and useable by both managers and staff.

RESOLVED that:

(1) The content of the report on the workforce development strategy and practice quality assurance in Adult Social Care be noted.

(2) The report arising from the forthcoming Care Quality Commission review of the Health and Social Care system in Coventry be submitted to a future meeting, when available.

(3) An update report on the new supervision regime be submitted to a future meeting of the Board once the system has been operating for 12 months, unless the feedback is to be included in the Adult Social Care Annual Report.

(4) The poster setting out the responses from the Adult Services organisational health check be circulated to members of the Board.

24. **Better Care Fund Plan 2017-19**

The Board considered a briefing note of the Executive Director of People 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 had previously been considered by the Coventry Health and Wellbeing Board at their meeting on 16th October, 2017 and the Board had given their approval to the Plan. Councillor Abbott, Cabinet Member for Adult Services attended the meeting for the consideration of this issue.

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 1st April, 2017 to 31st 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 11th September, 2017. Meeting timescales meant the plan was only endorsed by the Health and Wellbeing Board in October.

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 11th September, and a revision to the delayed transfer of care targets meaning a re-submission on 20th 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.

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

- The implications of the winter season affecting the trajectory targets for delayed transfers of care
- If consideration would be given to looking at other commissioning models e.g. Northumberland
- The impact of increasing numbers of people with dementia
- The rehabilitation support available for patients leaving hospital in short term accommodation and in their own homes
- Support for the patient support networks in the city
- Clarification about the figures for delayed transfers of care –what was considered to be high and the current position in the city
- Further information about the partnership working around delayed transfers of care
- Further details about spending commitments and how spending was monitored
- An assurance that the figures for delayed transfers of care were on track to meet the November targets.

RESOLVED that:

(1) The content of the Better Care Plan be supported.

(2) A report on health and social care integration in Coventry be submitted to a future meeting of the Board.

25. **Outstanding Issues Report**

The Board noted that all outstanding issues had been included in their work programme.

26. **Work Programme 2017-18**

The Board noted their work programme for the year including the arrangements for the Board's visit to Coventry University on 1st November.

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

There were no additional items of public business.

(Meeting closed at 4.10 pm)

Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5) **Date: 21/11/17**

Subject: Primary Care Sustainability and Planning

1 Purpose of the Briefing Note:

1.1 To inform Health and Social Care Scrutiny Board (5) of the current position of primary care within Coventry and outline future primary care planning arrangements.

2 Recommendations:

2.1 Health and Social Care Scrutiny Board (5) is requested to consider the content of this report and make any comments that may assist NHS Coventry and Rugby Clinical Commissioning Group (CRCCG) and its health and social care partners in ensuring that future arrangements for General Practice are sufficiently robust to meet population needs.

3 Context and Background:

3.1 NHS CRCCG is a clinically led, membership organisation which has been in existence since 2013. The CCGs membership is derived from local General Practice provider contract holders. The CRCCG has 59 member practices located in Coventry. These practices make up the general practice provider market for providing primary care medical services for registered patients across Coventry. The practice membership includes 9 single handed practices as well as practices with multiple partners.

3.2 The number of patients registered at each practice varies considerably, the smallest practice having a registered population of 582 patients (Anchor Centre), to the largest practice with a registered population of 23,202 (Engleton House Surgery (includes Coventry University branch)). The CCG area includes practices covering a diverse population in terms of socio-economic demographics delivered from a range of premises in a variety of locations. The general practices estates profile includes premises which are directly owned by General Practice contract holders as well as premises which are leased from third parties or NHS Property Services. The CCG does not own, nor is permitted to own estate.

3.3 Providers of general practice services are independent contractors within the NHS family, and their responsibilities include delivery of a nationally prescribed Core Contract for specified primary care services. Each contract holder is responsible for the employment of staff required to deliver the requirements of their contract. General Practice contractors are required to provide specified primary care services to their registered patient list based on a geographical boundary. General practice has an obligation to register patients within the

contract prescribed boundary unless the contractor applies to the CCG through a formal process to 'Close Registrations'. List boundaries are usually but not exclusively a 2 mile radius from the practice site. Patients have a statutory right to choose to register at a local practice of their choice if they live within the practice boundary and the practice is taking new registrations.

3.4 The commissioning, contracting and performance responsibilities for General Medical Services provided in Coventry resides with the NHS Coventry and Rugby CCG under a delegation agreement with NHSE. NHSE however, retains the statutory responsibility for all General Practice contracts nationally. NHSE also retains a range of other primary care commissioning responsibilities for services such as Dentistry, Ophthalmology, and Pharmacy.

3.5 The table below provides an at a glance profile of general practice in Coventry:

	CRCCG
GP practices	58 practices in Coventry
Population	Coventry only population is c.345,000
Primary Care Delegation	NHSE Delegated responsibility to manage the GP Contracts on their behalf from April 17 responsibility
GP /Alliance	55 Practices
Main challenges	Health Inequalities – poorer health outcomes Areas of Significant Deprivation Growing population / Housing Developments Growing University population Concentrated number of smaller single handed practices (Coventry city centre)
Top 5 Workforce Priorities	Single Handed Contract holders – business continuity risk Diverse Population different needs Aging Workforce / Retirements Development of MDT and integrated working / new models of care. Introduction of new roles within primary care e.g. Clinical Pharmacists, Physician Associates, Mental Health Therapists Estate and technology to respond to new models of care & new consultation types

3.6 This background information provides important context responses to each of the lines of enquiry which the Health and Social Care Scrutiny Board (SB5) has requested, which are addressed in turn below:

4 Definition of primary care:

4.1 It is important to understand that the term 'Primary Care' collectively encompasses a widerange of contractors and services including: pharmacists, opticians, dentists, and General Practice. One overarching definition of the services provided by Primary Care is set out below:

4.2 Primary Care encompasses all health care taking place outside acute and mental health trusts, and is the cornerstone of the NHS: each year in England alone there are approximately 300 million consultations in general practice with nearly 800 million prescriptions dispensed in the community. Primary care is a multidisciplinary aspect of healthcare with a whole range of professionals contributing to the care of individual patients. Many patients are seen in their own homes by a variety of community services, and larger numbers of complex procedures and interventions are now taking place in a primary care setting. General Practice is the first line for patient care and co-ordinates service delivery for our local population / community. GP practices provide a 'cradle to grave' set of services for their registered patients, based on the individual and according to need. (*Source: National Patient Safety Agency*).

4.3 To further develop primary care locally, and in the context of the General Practice Forward View, CRCCG has been accepted in to a national primary care development programme led by the National Association of Primary Care called Primary Care Home. This programme focuses on supporting primary care collaboration and delivery around registered patient lists of around 30,000, to 50,000 to deliver 4 core objectives:

- Patients' first point of contact with the health and social care system
- Provide the majority of preventative and curative health needs, health promotion and care monitoring requirements
- Personalised approach to health care rather than disease focused
- Comprehensive services delivered by multi- professional teams focus on population health needs that Co-ordinate the integration of care in partnership with patients and care providers.

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5 Quality and Performance Management of General Practice:

5.1 Contracts for primary general medical services in Coventry include both General Medical Service contracts (GMS) which are contracts which are not time limited and Alterative Provider Medical Services (APMS) contracts which are competitively procured and have a contract life cycle of typically 5 years.

5.2 In Coventry there are 52 GMS contract holders and 6 APMS contracts with 1 practice remaining that holds a PMS agreement. GMS and APMS contracts are based on a nationally agreed specification. The national specification does not require general practice to offer a set number of consultations per registered population nor does it require a practice to provide a minimum patient to clinician ratio. However, the contract does set out the services that general practice should provide and also sets out the core hours that GP contract holder should offer, this being 8:00am to 6:30pm Monday to Friday. Under delegation the CCG is responsible for the overall performance management and quality assurance of general provider contracts. However individual GP performer standards and clinical competence assurance is retained by NHSE. As outlined in the CCG profile table above the quality of local general practices is very good as validated by CQC inspections which are undertaken independently from the CCG. The CCG monitors a range of indicators to assure the quality of general practice which include: Patients Experience - captured through feedback, surveys, complaints; Patient Safety - including incident reporting, policy and procedure compliance for example safeguarding; Patient Outcomes: through a range of clinical indicators related to the management of conditions. The CCG works with practices on action plans to address any areas identified as requiring

improvements and regular reports on quality are provided to CCG's Primary Care Committee; which is held in Public and has a representative from Health Watch as an observer member.

5.3 In Coventry we have:

- 2 practices rated overall outstanding
- 49 practices rated overall good
- 3 practices rated overall requires improvement
- 1 practices rated overall inadequate
- 3 Practices still awaiting inspection

6 Key Pressures on General Practice:

6.1 The key pressures locally reflect the pressures recognised nationally in the General Practice Forward View.

These being:

6.2 **Workforce and Work Load**: There are approximately 228 FTE GPs and 119 FTE nurses working in general practice across CRCCG, (*workforce data available is only provided at a CCG foot print cannot extract Coventry alone*). This equates to an average ratio of 2,158 patients per GP and 4,121 patients per Nurse. Compared to the national average, there are 206 more patients per GP and 487 more patients per Nurse. (General and Personal Medical Services, England September 2015 - March 2016; publication date: 27 September 2016). This data highlights that current demand pressures experienced by our existing clinical workforce are higher than the national average and may explain levels of staff turnover, sickness etc.

6.3 Evidence from existing workforce base line data also highlights that 31% of GPs are over 55 and 37% of nurses are over 55 across CRCCG. Local trends also indicate that around 50% of GPs / Nurses in this age range are likely to retire within 5 years.

6.4 Currently, there are a limited number of other allied professional groups employed in our local primary care workforce. Consequently, developing wider skill mix and encouraging the employment of allied health professionals within primary care will need to be supported and potentially incentivised to fill the anticipated GP deficit for our area.

6.5 Improvements in life expectancy associated with a growing ageing population, often with complex, multiple conditions, that require longer consultations to deliver personal and population-orientated primary care; has been evidenced to increase workload and demand for consultations, some of which may not require a clinical consultation and could be delivered by alternative workforce skill mix or through self-care or social care.

6.6 **Patient Expectations and national requirements for Improved Access (including evenings and weekends):** By 2018 the CCG is required to provide the population of Coventry with access to same day urgent appointments to 100% of the local population. The CCG has received additional funding to achieve this new requirement; currently coverage is approximately 78% of the population. Whilst we have plans in place to deliver improved access, this adds further demand for skilled clinical workforce to deliver extended

service provision. Demand for clinical workforce has driven up the costs associated with locum cover and salary rates for GPs.

6.7 These pressures collectively result in a projected net gap in GP supply and patient demand. Modelling undertaken as part of the STP Primary Care Workforce Strategy using the Health Education Demand and Supply tool, outlined in the table below, indicates that the gap between the number of GP FTEs and demand, by 2020, will be 91 FTE GPs.

	Baseline GPs and Locums	Supply/Demand gap if nothing changes (inc no increases in population) – 5 years	Population demand impact (ONS adjusted for under 10s and over 55s) 2022 (5 years)
C&RCCG	238	76	91

6.8 This projected gap is likely to be further exacerbated by new housing developments as illustrated in the table below. Consequently, it is imperative that infrastructure development plans recognise the increasing demand resulting from population growth and new housing developments. Accessing funding through 106 applications will be a priority as will flexible and creative use of these funds to assist with workforce pressures not just estates infrastructure.

CCG	Registered Population 2016	GP per Population 2014	GP per Population 2016	Number of homes planned 2017-2020	Additional patients 2017-2020	Number of GPs required (WTE)
Coventry & Rugby	491,624	1:1,325	1:2,158	5,994**	14,266	6.6

6.9 There is action both locally and nationally, aimed at addressing workforce issues. We are currently tackling immediate issues as well as developing a Workforce Strategy and Implementation Plan which should be completed before the end of this financial year. This will include developing new ways of working through the development of new staffing groups such as (but not limited to):

- Physicians Assistants, Clinical Pharmacists, Mental Health Workers, and Social Prescribing;
- Upskilling existing staff groups to develop career pathways and an improved skill mix within Primary Care working to their optimum competence to reduce unnecessary demand on GP time;
- Developing new pathways into a career in primary care, targeted recruitment and retention activities including GP International Recruitment to increase the workforce supply to primary care;
- National pilot retention opportunities aimed at delaying or offer alternatives to retirement and incentivised recruitment schemes and marketing to attract workforce to the local area.

6.10 It is estimated that up to 26% of demand on GP time could be avoided (*NHSE Releasing Demand In General Practice, NHS Alliance Study 2015*). This study found that a number of patients could have been better served by being directed to someone else in the wider primary care team, either within the practice, in the pharmacy or to a so-called 'wellbeing worker' (e.g. care navigator, peer coach, health trainer or befriender). This study estimated

that improved active signposting and alternative support could release up to 16% of GP appointments. The CCG is consequently working proactively with public health and to develop structured education programmes to support self-care and working with Third Sector partners to optimise signposting and the impact of social prescribing. It is also estimated that inappropriate demand created by hospitals accounts for approximately 4.5% of unnecessary appointments and with greater system working this could be addressed.

6.11 Consequently, strategic action to increase workforce supply, support resilience and retention of existing workforce, increase skill mix across the primary care workforce, supported by integrated interdisciplinary new models of care will be required to increase capacity within primary care. Developments in new consultation types, new technologies, reduction in inappropriate/non clinical demand; alongside upscaling prevention, signposting and self-care strategies will be required to reduce demand and workload within primary care.

7 GP Closures and Distances Patients are expected to Travel:

7.1 2 GP surgeries have closed in the current financial year (Longford and Hillfields), with the register patient lists dispersed to other local practices. A robust review of practices nearby was undertaken utilising the specific registered list postcode demographics, to ensure that patients registered at either surgery were made aware of practices closest to their place of residence and closest to the location of their current GP practice, thereby reducing the risk of an increased patient journey. The CCG provided support to local practices to register new patients and provided information to patients on local practices to assist them in registering with a local practice of their choice.

8 Planning for the future of Primary Care:

8.1 CRCCG has submitted a local General Practice Forward View Plan to NHSE which has been fully assured this plan sits alongside and support delivery of our Primary Care Strategy; together these documents set out the future direction for primary care development across CRCCG. In addition the CCG is a key partner within the STP and is working with system partners on key work streams related to Urgent Care, Out of Hospital Care as well as Proactive Prevention as core components of a future integrated care system which will wrap around and support delivery of primary care services that meet the needs of our local population.

8.2 Estates Strategy: The CCG has commissioned a comprehensive GP estate profile which includes utilisation rates across Coventry. This work is nearing completion and it highlights the general practice estates pressures associated with projected demographic growth and anticipated housing development. CCG recognises the level of growth which will be taking place across Coventry City over the current Local Plan period (2011-2031) and this has been factored into the estate utilisation work – highlighting the current estate requirements and projecting future estate requirements for 2031, at the end of the plan period.

8.3 Initial indications emerging from this work are that there a number of sites that may require development to absorb additional patient population that will be generated by the growth. The ability of the current estate to facilitate new models of integrated care and co-location is also another consideration. We have a number of estates initiatives in progress to

respond to primary care demands. This includes the proposed new General Practice Provision in Folleshill.

8.4 Local Estates Forum (LEF): The first Warwickshire North CCG and Coventry & Rugby CCG combined Local Estates Forum (LEF) took place in July 17. The decision to combine the LEFs was taken due to the closer working arrangement between the two CCGs and because there are a number of cross border developments planned over the plan period. The LEF provides an opportunity for local health planning matters to do discussed and it is attended by a range of stakeholders including district/borough planners, NHS England and NHS Property Services as well provider trusts. The discussions held in the LEF feed into the STP Strategic Estates Group and also into wider infrastructure conversations through Council Infrastructure Board.

8.5 Engagement with Planning Process: The CCG has been working with Public Health and the Planning Department at Coventry City Council to develop a systematic response to planning applications and apply for Section 106 monies associated with new developments in Coventry. These responses will request contributions from developers to be invested into Primary Care needs. They will be evidence-based, and calculate the likely cost of the health needs of the new population and the extra primary care demand.

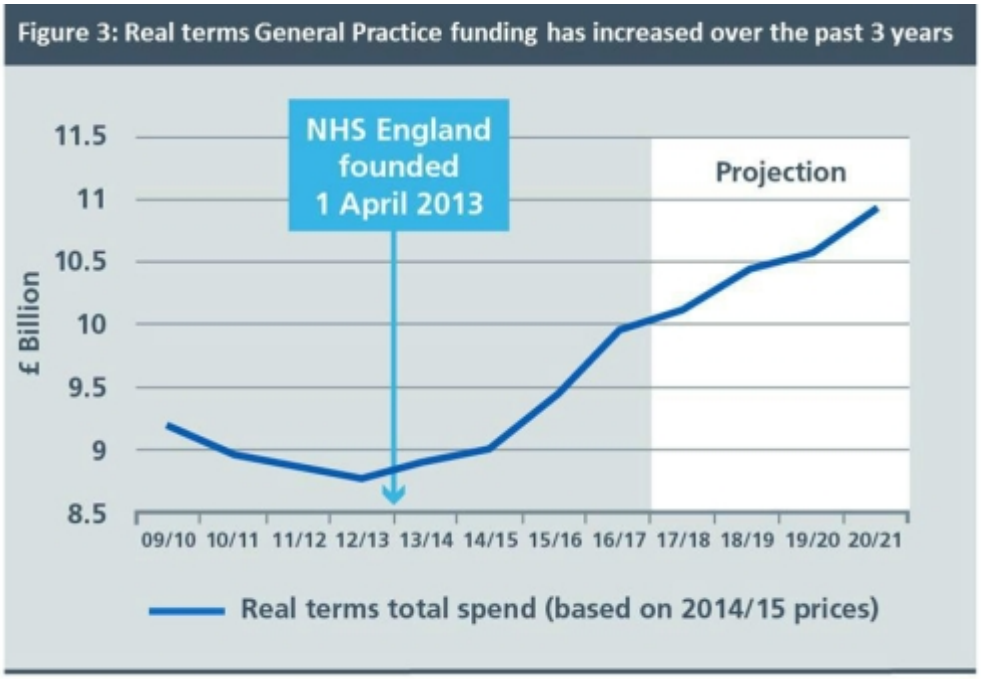
8.6 Workforce Strategy: The CCG is currently developing a primary care workforce strategy across the STP foot print in collaboration with a range of partners. This strategy identifies the key workforce/ workload pressures and will inform the implementation of a local delivery plan to address the projected workforce gap and local workforce issues. The CCG are working closely with Heath Education England colleagues, NHSE, and with our local Community Education Provider Network (CEPN) to identify and engage in a range of local and national initiatives to address the workforce gap. Funding has already been attracted to the City through the GP Federation for Clinical Pharmacists. A number of practices are investing in Physicians Associates and the CCG is actively promoting access to training opportunities to upskill the Primary Care Workforce.

8.7 The CCG are also scoping the level of interest with Member practices in pursuing the GP International Recruitment scheme which NHSE and HEE lead on, pending the level of interest and support from our Members. We are also exploring partnerships with developers and other providers to maximise recruitment effort and to market the local area as a place to come and work.

9 The Financial Position of Primary Care and financial trends over time:

9.1 The NHS Five Year Forward View acknowledged that there was a significant disparity in funding between that of hospitals and that for primary care. Hospital funding has been growing at twice the rate of the investment in local doctors' services.

9.2 The NHS published the General Practice Forward View to set out how the NHS would address the challenges, not only financial but workforce and infrastructure. The table below is taken from the Next Steps Forward View published by the NHS earlier this year. It gives a view of the trend in investment.



9.3 In December 2015, NHS England published indicative budget allocations for Primary Care Medical services for the next five years at CCG level. The figures for Coventry & Rugby CCG are provided below. (*This information is not available at Coventry only level*). The figures for 2019/20 and 2020/21 are indicative only. The annual increase in the allocation per capita demonstrates the national commitment to addressing the differential compared to secondary care services.

Primary Medical	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Allocation £K	56,978	59,010	65,542	66,700	69,189	72,476
Allocation per capita £	-	120	129	132	136	141
Growth %	-	3.6%	8.6%	4.1%	3.7%	4.8%
Per capita growth %	-	2.3%	7.4%	2.9%	2.6%	3.7%

9.4 The budget spend for Coventry practices only is as follows:

- GMS Contract - £42,566,389
- PMS Contract - £1,337,054
- APMS Contract - £2,893,327

……..

9.5 This is not the totality of spend on Coventry from the CCG's delegated allocation for primary medical services; other service lines cannot currently be split between Coventry and Rugby.

9.6 In addition to the above specific allocation for Primary Medical services, the CCG also incurs related expenditure against its core commissioning budget.

9.7 For 2017/18, budgets linked to Coventry GP services funded by the CCG from other sources may be summarised as follows:

	2017/18 Budget £000s
GP Extended Access	1800
GP Out of Hours	2000

10 The current interface between Primary Care and other partners:

10.1 The City Council interfaces with Primary Care as follows: GP surgeries make a number of referrals to the City Council where there appears to be a social care need. The City Council, through Adult Social Care then follow these up with the person for assessment and other sources of support where required.

10.2 GPs are key partners in the delivery of Integrated Neighbourhood Teams where clusters are based around GP clusters, working with older and frail people with complex needs. There are currently three INTs which the cover the whole City geographically but with limited capacity. INTs provide support to priority high risk clients. INTs consist of Social Workers, GPs, Community Matrons, Community Mental Health Nurses, Occupational Therapists, Physiotherapists, and Care Navigators, led via CWPT.

10.3 Primary care colleagues are key participants in adult safeguarding work including referring causes for concern, participating in planning and investigative processes and the implementation of protection plan. Primary Care is also actively involved in the work of the Adult Safeguarding Board

10.4 Opportunities for further improving integration will primarily be progressed through the delivery of the Out of Hospital model which is specifically covered elsewhere on the HOSC agenda.

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Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5) **Date: 21.11.17**

Subject: Proactive and Preventative Update: Out of Hospital

1 Purpose of the Note

1.1 To inform Health and Social Care Scrutiny Board (5) of the current status of the Out of Hospital project, key areas of development and the progress expected to be made up until March 2019 (12 months after contract commencement).

2 Recommendations

2.1 Health and Social Care Scrutiny Board (5) is asked to consider the content of this report and make any comments that may assist the CRCCG and its health and social care partners in ensuring that future development of the Out of Hospital model is sufficiently robust to meet population needs.

3 Information/Background

3.1 The Out of Hospital (OoH) Programme represents a significant component of the Health strategy for CRCCG and the Coventry and Warwickshire Better Care, Better Health, Better Value Partnership Plan. It is an ambitious programme across Coventry and Warwickshire which aims to achieve integrated community services capable of meeting population needs, through using an outcome based commissioning approach.

3.2 The OoH programme was developed in response to national policy and engagement with local stakeholders, NHS Coventry and Rugby, Warwickshire North and South Warwickshire Clinical Commissioning Groups who recognised that the current approach to commissioning OoH services would not be sufficient to meet future service requirements or ensure the most efficient use of resources. Commissioners therefore have jointly undertaken a process that aims to transform the commissioning and delivery of OoH services across Coventry and Warwickshire.

3.3 Delivering the transformation required to make the out of hospital system truly integrated will require sustained effort over a number of years. Underpinned by extensive public, patient and stakeholder engagement the programme seeks to address the structural, cultural and professional barriers to delivering person centred care.

3.4 Following extensive work by commissioners to identify the scope and develop an initial outcomes framework for OOH Services, providers within the Coventry and Warwickshire

footprint were asked to develop a Service Model that would deliver the commissioners objectives as identified through engagement with stakeholders and the local population.

3.5 Coventry and Warwickshire Partnership Trust and South Warwickshire Foundation Trust (SWFT) have collaborated to develop a new operating model to support the future delivery of out of hospital services across Coventry and Warwickshire.

3.6 The process for the development of the model involved engagement of all stakeholders, patients, carers and partners between September 2016 and February 2017. Design Boards were established involving clinicians and professionals from all sectors alongside public engagement events held in both Coventry and Warwickshire to test and shape the emergent thinking.

3.7 In April 2017 the Coventry and Rugby CCG Governing Body formally adopted the Clinical Model presented by Providers. The OoH Programme Board then undertook a process to identify the type of contract and way of awarding the contract that facilitated collaboration and would deliver the required outcomes. In July 2017 the CCG Governing Body gave approval to progress the Coventry component of the OoH Programme by developing a lead provider contract with Coventry and Warwickshire Partnership Trust (CWPT) via a Direct Award for a period of three years.

3.8 The following CWPT contracted services are in scope for the delivery of the Out of Hospital model. There are a number of other services outside the contract which are integral to the delivery of this programme such as Primary Care, Social Care and Voluntary and Third Sector organisations:

- Coventry Urgent Primary Care Assessment admission avoidance
- Coventry District / Community Nursing
- Coventry Integrated Neighbourhood Teams
- Coventry Community Diabetes under CWPT
- Coventry Parkinsons Nurses
- Coventry Intermediate Care including Fast Response
- Domiciliary Care Health Care Assistants
- Coventry Physio
- Coventry Speech and Language Therapy - Adult
- Coventry Continence Services/advisors
- Coventry Tissue Viability

4 Brief explanation of the project

4.1 The OoH has a set of number of objectives to deliver, these being:

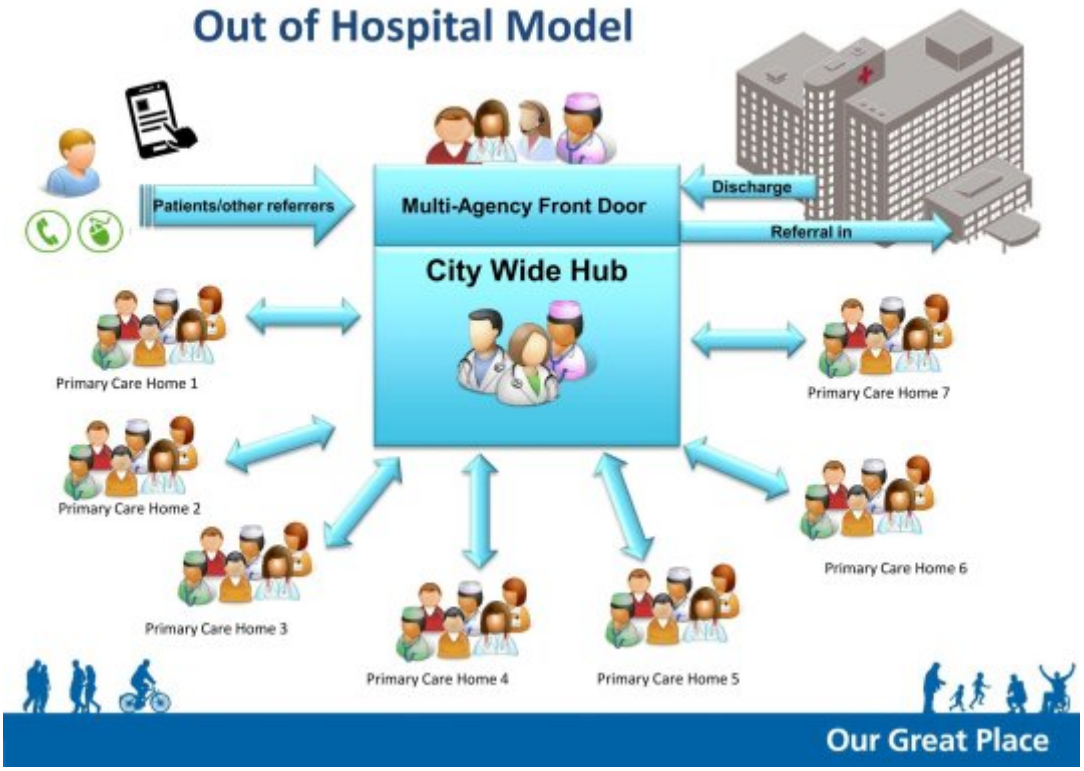
- To reduce the health and wellbeing inequalities
- To address the care and quality gap by ensuring more services use evidence based best practice

- Identify those in most need and co-ordinate 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

Diagram One: Relationship between integrated Single Point of Access, City-Wide Hubs and Place Based Teams

4.2 The project will seek to address to deliver these objectives through the implementation of a model of care and support that has the following core elements, shown in the diagram above:

4.3 The key features of each of these delivery components are as follows:



4.4 Integrated Single Point of Access (iSPA)

- Incorporates a Multi-Disciplinary/Agency team of health and social care professionals to support admin staff with calls, giving advice on where people might go to get help, or receive those who need access to out of hospital services
- Digital channel providing online self assessment which guides people to sources of help
- Signposting system, ensuring that only assessments are targeted
- Conduit (co-ordinator) between referral to and discharge from inpatient services
- Key objective to deliver effective and early prevention

5 City-Wide Hub

- The City Wide Hub co-ordinates the delivery of Coventry and Rugby wide services. The City Wide Hub will support active case management for planned care and deploy resource responsively across the care system to manage the escalation of need and avoid reliance on secondary care. Coordinate access for urgent community and hospital services which has extended operating hours and is universally accessible to all healthcare professionals. The hub will use agreed assessment tools, will hold information, be the central contact for the local hubs supported by access to shared care plans. City Wide Hub will have access to the directory of services to improve the reliability and consistency of decision makers and resource allocators across the care system. Primary function is to manage system wide flow. The City Wide Hub co-ordinates the delivery of Coventry and Rugby wide services
- The City Wide Hub will support active case management for planned care and deploy resource responsively across the care system to manage the escalation of need and avoid reliance on secondary care
- Coordinate access for urgent community and hospital services which has extended operating hours and is universally accessible to all healthcare professionals
- The hub will use agreed assessment tools, will hold information, be the central contact for the local hubs supported by access to shared care plans
- City Wide Hub will have access to the directory of services to improve the reliability and consistency of decision makers and resource allocators across the care system
- Primary function is to manage system wide flow

6 Placed Based Teams

- Built around populations of c50,000 based on groups of GP practices who will work together to co-ordinate and lead the local place based system i.e. Primary Care Homes (reliance on CCGs to identify Clusters)
- Multi-Disciplinary Team (MDT) with Primary Care at the centre
- Physical and mental health focussed
- Proactive care and prevention focussed
- Care Navigator central to coordination of care
- Minimum agreed services plus resources tailored to locality need
- Freedom to innovate and experiment
- Closely aligned to local community assets

7 What the first year will look like and the improvements we'll expect to see in the first year of delivery

7.1 Due to the scale of the programme implementation will be over a 3 year period. The first year will be used to agree and put into place the key infrastructural aspects of the service including the integrated Single Point of Access (iSPA) Locality Hubs and Place Based Teams (PBTs). By the end of the first implementation year (March 2019), all the main

elements of the new service should be in place. Specific timescales for each area are still to be finalised but an indicative timetable is shown below.

Activity	Timescale
Year 1	Apr 18 – Mar 19
Establish iSPA	Sept 18
Establish Place Based Teams (PBTs):	Sept 18
Implement MDT as part of the PBTs	Sept 18
Implement Electronic Patient Record with 'real time' access to appropriate staff across the system	Sept 18 for health Year 2 to include social care
Introduce effective Risk Stratification	Sept 18

8 What the impact will be on Coventry Residents

8.1 The impact on Coventry residents is expected to be that people will experience more person-centred and co-ordinated care and support in their community as a result of increased collaboration between GPs, community and hospital services, social care and third sector agencies. Some of the features of the model that will be developed to enable this impact to be realised are:

- The provision of Primary Care 'homes' built around registered populations on 50k
- Care navigators to support people in understanding the health and care system and supporting them to access the right support when its needed
- Access to urgent and same day and bookable appointments
- More joined up and personalised support
- Provision of a single front door into community health services and social care
- Better care planning and use of preventative measures
- Greater support for self-care, more support signposting
- Minimised unnecessary hospital attendances/admissions and minimised length of stay when admitted to hospital

9 What the cost implications are of the project

9.1 The total value of the in scope services for the Out of Hospital model was £57.4m for 2017/18 for Coventry and Warwickshire. From this total in scope amount the Coventry value was £21.7m.

9.2 The value of the contract awarded to Coventry and Warwickshire Partnership Trust for the delivery of the OoH model is approximately £19.5m. The payment mechanism will have two components:

- **Fixed element** – a regular payment for the delivery of services paid to the provider
- **Performance related element** – a regular payment based on the delivery of specified outcome/performance indicators paid to the provider. In year one this will be linked to the

delivery of agreed transformation milestones and will be valued at 6% of the contract price and by year 3 will be linked to improved outcomes and valued at 10% of the contract price

9.3 No additional investment has been made to secure this contract; current investment has been vied from the previous block contract into the new outcomes based contract.

10 How the Governance of the project is structured

10.1 The Governance arrangements for the OOH programme sit within the wider system Collaboration Commissioning arrangements previously out lined to the Coventry Health and Well Being at a previous meeting :

‘’The Commissioners across Coventry and Warwickshire support a collaborative working arrangement between the three CCGs and the two Local Authorities via the recently established CWCC Board. The details of the working arrangement are being finalised and will be captured in a formal agreement; this will detail how the working arrangements between commissioners will function including budgetary commitments and give potential early insight into delivery risks which can then be monitored and / or mitigated. The CWCC Board will be responsible for the next phase of development and on-going management of the contract. To support the Board, a dedicated Virtual Commissioning Team is being formed, with the most appropriate staff, from the five commissioning organisations, with the required breadth of skill to manage all the relevant contracts, performance, quality, transitions and the management responsibility of the relevant commissioning budget. They will have the expertise to develop whole system commissioning which reflects the diverse population needs and changing demands..

10.2 At a local level a Coventry ‘Working Together Board’ has been established and going forward this board will oversee clinical work streams, through which partners will collaborate to review and develop out of hospital pathways to support delivery of the objectives and outcomes for the out of hospital programme.

10.3 Local accountability for mobilising and overseeing ongoing delivery of the OOH services will be through newly established ‘ Working Together Boards’, responsible for assuring delivery of the local OOH contracts that make up the OOH programme. The Coventry Working Together Board has already been established and has met several times; with good representation form all the key partners and stakeholders.

11 How this project will further integration between health and social care

11.1 There is a history of collaboration and integration between health and social care in Coventry, some of which already supports the OoH model. For example the three Your Health at Home (Integrated Neighbourhood Teams (INTs)) are multi-disciplinary teams established through the Better Care programme in 2015 and are based around GP clusters, working with older and frail people with complex needs. These teams are led by CWPT consist of Social Workers, GPs, Community Matrons, Community Mental Health Nurses, Occupational Therapists, Physiotherapists, and Care Navigators.

11.2 Although these teams cover the whole City geographically there is limited capacity. Nevertheless benefits have been achieved for people that access support through INTs in that care and support can be co-ordinated more effectively and intelligence that previously would have been known by only one organisation is shared with all which enables interventions to be targeted early and prevent more intensive support being required, including hospital admission. The case study provided in Appendix One provides an illustration of the work and impact of INTs.

11.3 Home support (domiciliary care) providers are jointly commissioned by the City Council and CRCCG and organised around a series of geographical areas and the City Council working with the CCG is in the approval stages for outcome based commissioning of preventative services from the voluntary and third sector.

11.4 The City Council has had a social work team permanently based at UHCW for a number of years, which although not integrated does work closely with the hospitals Integrated Discharge Team (IDT) in order to ensure individuals discharges are timely and co-ordinated.

11.5 This track record of integration is based on co-location, co-operation and working to agreed processes and outcomes as opposed to formal integration of staffing structures and budgets. The OoH presents an opportunity to further expand this approach in a manner that brings health and social care closer together for the people of Coventry.

11.6 Two specific areas of further integration related to the development of the OoH model are as follows:

- Integrated Single Point of Access (iSPA) - Many people known to social care are also known to CWPT. Opportunities exist to integrate access points so that people are triaged in the multi-disciplinary way in order to remove un-necessary duplication, speed and coordination of response and more positive outcomes. This is currently being scoped in respect of possibility, benefits, and impacts.

- Place-Based Teams - This work builds on the learning and development work completed so far on INTs. The intention is to enhance, scale up and mainstream the INT approach to create 7/8 clusters based around GP practices.

10.11.17

Appendix One - Case Study

Background

K is a 79 year old lady with a diagnosis of dementia. She lives with her daughter M who works full time and is due to have an operation. K had three care calls a day and had previously attended day care but had stopped due to poor mobility. This was impacting on M's wellbeing and ability to socialise with friends. In addition to this, K was experiencing pain in the arch of her foot and had frequent falls

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Information

Your Health at Home received a referral from her GP and planned their intervention in partnership with K, M and the care agency.

Following assessments by the occupational therapist, physio, community matron, care navigator and social worker a goal plan was developed; to reduce pain, to give the carer a break, to reduce falls and urine infections.

The physio showed K some exercises to reduce her pain, the social worker arranged some respite and an extra care call, and the occupational therapist arranged some equipment and the care navigator provided support and advice around services.

The community matron liaised with the heart failure nurse specialist to review patient and optimise medical treatment.

The team also worked with the care agency to ensure the carers recognised the importance of ensuring K had plenty of fluids and gave them directions for prompting K to eat.

Impact

The following feedback was received from M, K's Daughter as evidence of the impact of the interventions.

"I found the exercises the physio showed Mum really useful. She keeps saying how much better her legs and feet are feeling. I liked the fact the occupational therapist and social worker both knew what each other were doing and I did not have to wait long for either of them.

I have peace of mind now and can go out to work. I am even planning a little holiday.

When Mum was ill everyone responded so quickly getting the extra care in. I was so pleased that she did not have to go to hospital again. I feel the team listen to and involve me in my Mum's support.

I would describe the team as really, really, fantastic. Everyone was really friendly and I would always see the same people. This was really important to us.

It was nice only explaining things once."

Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5)

From: Liz Gaulton, Acting Director of Public Health

Subject: Proactive and Preventative Update: Upscaling Prevention

1 Purpose of the Note

1.1 To provide a briefing for Scrutiny Board 5 on the Upscaling Prevention (Proactive and Preventative worksteam).

2 Recommendations

- To note the progress against the prevention element of the Proactive & Preventative workstream.
- To inform and shape Upscaling Prevention at this early stage of its development
- To seek further updates on a regular basis

3 Information/Background

3.1 In December 2015 NHS England outlined a new approach to help ensure that health and Care services are built around the needs of local populations with the introduction of Sustainability and Transformation Plans, based upon integration and joint working across the Health and Wellbeing system. They are intended to provide the method by which the *NHS Five year Forward View* is translated by the NHS into practice by closing the quality, cost and wellbeing gaps.

3.2 Although the STP process is governed by NHS England, it is being undertaken with the support of the Local Government Association and requires local health and care organisations across the country to come together to form 44 STP footprints with Coventry & Warwickshire being one footprint. STP footprints are not statutory bodies but collective discussion and planning forums to bring together health and care leaders to plan services for the populations they serve. The organisations required to play a lead role in Health and Social Care provision in an STP area, include Clinical Commissioning Groups, local authorities, Hospital Trusts and other health providers.

3.3 The draft Coventry and Warwickshire STP was submitted to NHS England in October 2016. The STP provides an opportunity for local government to work with the NHS to tackle the underlying causes of poor health and wellbeing, accelerate the alignment of health and social care and better meet the needs of local people.

4 Coventry and Warwickshire Concordat Alliance

4.1 The development of the Sustainability and Transformation Plan in Coventry and Warwickshire, now known as Better Health Better Care and Better Value, provided an

opportunity for collaboration across the sub region. Both the Coventry and Warwickshire Health and Wellbeing Boards recognised the importance of becoming more aligned and increasingly working as a system to improve services, reducing demand on the public sector whilst improving outcomes, rather than being constrained by organisational and geographical boundaries.

4.2 Consequently the Coventry and Warwickshire Health and Wellbeing Alliance Concordat was developed. It sets out the principles for joint working with Warwickshire Health and Wellbeing Board, with an emphasis on delivery of the Coventry and Warwickshire Sustainability and Transformation Plan. The concordat has the dual purpose of enabling people across Coventry and Warwickshire to pursue happy, healthy lives, and put people and communities at the heart of everything we do; whilst transforming our services and making significant financial savings.

5 The Coventry and Warwickshire Better Health Better Care and Better Value Vision and Priorities

5.1 The vision is aligned to the identified and understood challenges and priorities for Coventry and Warwickshire, and was developed in agreement with both Coventry and Warwickshire Health and Well-being Boards and is as follows:

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

5.2 It is based around a number of transformation work streams, which are as follows:

- **Proactive & Preventative - helping people to live healthier lifestyles and fulfil their potential so that they avoid or reduce the need for medical and social care**
- Urgent & Emergency Care- - changes to help and advice, to help people access what they need as efficiently as possible
- Planned Care - looking at how we can improve advice and help for things like an operation in the next few months or a doctor's appointment in the next week
- Maternity & Paediatrics - increasing choice around where to give birth and creating safe, modern services
- Productivity & Efficiency - improving the efficiency of administrative and support functions

6 Proactive and Preventative Programme

6.1 There is widespread recognition that the current model of care is unsustainable as demand outstrips supply and the gap between the income for health and care services and the costs of these services widens.

6.2 This is not just down to changes in demographics alone. Although people are living longer this has not been matched by similar improvements in people living longer in good health - so as a result we are spending more years experiencing ill health.

6.3 In addition, the burden of ill health is not felt equally – falling to a much greater extent on the most vulnerable and deprived in society. The challenge across health and social care is therefore to improve healthy life expectancy and reduce health inequalities to change the demand for services.

6.4 Improving health requires a strong focus on prevention and early intervention. It requires a refocusing away from services designed to deal with the consequences of severe health and care problems and/or services that rescue people in crisis situations.

6.5 Instead the NHS with its partners needs to get ‘upstream’ and ensure that its strategies, service models and workforce development have a greater focus on keeping people

healthy (prevention) and proactive early intervention to reduce the impact of health and wellbeing risks.

6.6 The Proactive & Preventative programmes' vision is:

To galvanise effort, expertise and resource to stimulate a step change in commitment to prevention across the Health & Wellbeing system

6.7 It will do this by:

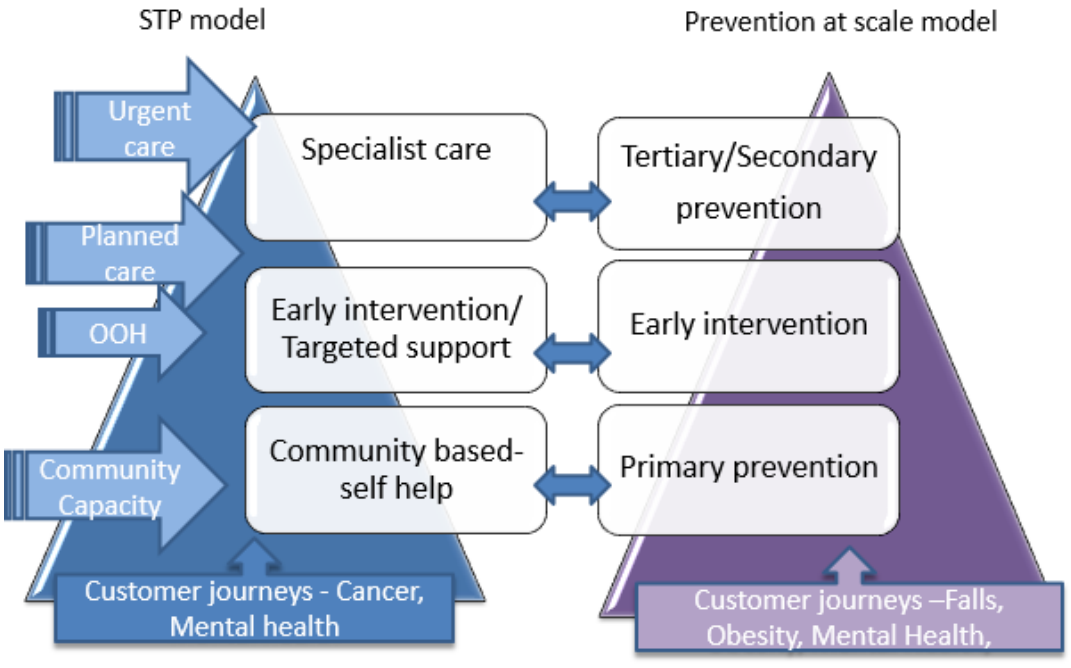
- Influencing behaviour and lifestyle changes for the whole population to maximise adoption of preventative activities
- Proactively seeking to intervene early and reduce health risk for individuals
- Influencing the way services are designed configures delivered to maximise prevention for those at risk of ill health and those reduce complexity and maintain quality of life.

6.8 The Proactive and Preventative work stream has the biggest direct connection to the Council. It builds upon the achievements of the Better Together Programme and the regular work of the Public Health team and includes the Out of Hospital Programme (OOH), which is an ambitious programme to integrate support for people in the community across Coventry and Warwickshire and Upscaling Prevention.

6.9 The Proactive & Preventative Programme is governed by an Executive Group, chaired by Gail Quinton. The group consist of representatives from partner agencies including the C&RCCG, South Warwickshire CCG, Warwickshire County Council, CWPT and SWIFT. The Proactive & Preventative Executive Group reports to the STP Board and to the Health and Well-being Board.

7 Upscaling Preventative Programme Content and Process to Date

7.1 The Upscaling Prevention Programme aims to manage individual health risks by focusing on early intervention to prevent health risks turning into ill-health and, where people have health problems, to stop those health problems escalating to the point where they require significant, complex and specialist health and care interventions. This project will be aimed at those individuals who are 'at risk' and will take an early intervention/prevention approach.



7.2 Coventry's Public Health team are leading on this area and working closely with Public Health colleagues in Warwickshire to develop a joint approach to prevention that can be applied at a sub-regional level.

7.3 The Upscaling Prevention work will focus on creating the system wide conditions needed to drive a change in behaviour and act as a catalyst, and will be split into two phases:

- Phase 1 will create service and organisational ownership of the prevention agenda.
- Phase 2 will look at key areas of focus eg staff health and wellbeing, MECC training and consistent community messages.

7.4 We have been successful for a bid for 20 days support from the Local Government Association (LGA), which will come at no additional cost to the Council. The 20 days support from the LGA will be used to deliver phase 1 of the project which will be done through:

- Undertaking a series of workshops/events for leaders and champions
- Development of a multi-layered definition of prevention and a narrative that all audiences can sign up to
- Show and tell celebration of existing good practice and baseline of where we currently are as a system
- Filmed/recorded stories
- Establishment a cohort/network of prevention champions
- Development a prevention toolkit

7.5 Phase 2 will focus on a number of key areas and our mechanisms for delivery are anticipated to be threefold:

- Staff health and wellbeing across all providers – recognising that a strong focus on workforce wellbeing enables us to deliver better care to our population and act as exemplars of good practice to local employers
- MECC/extended MECC across all providers – supporting delivery of consistent messages across our points of contact and maximising opportunities to promote good health and wellbeing and signpost to support by ensuring all identified staff are MECC plus trained
- Developing community capacity and consistent messages - making the most of community capacity to support our population to live well. Through this work we will significantly improve pathways and interventions by working together to provide a better level of care and to keep people healthy and well. It is recognised that the local voluntary and community sector in Coventry is well placed to develop and deliver help to tackle the underlying causes of poor health and well-being through collaborative approaches that provide effective support with long lasting impact.

7.6 The prevention framework ‘Upscaling prevention’ will utilise the opportunities of the out of hospital work to get greatest impact to reduce inequalities in health outcomes and manage demand on health and care services via a prevention and self care approach

7.7 We will also work with partner agencies to influence and shape professional practice and culture across all the STP workstreams e.g. workforce, cancer, mental health, maternity etc to mobilise the offer.

8 Next steps

8.1 The approach to Upscaling Prevention is currently being discussed at both the STP Board and will be discussed at the Health & Well-being Board. Subject to amendments and agreement by the relevant bodies, it is anticipated that the Upscaling Prevention work will be launched at the Joint Coventry and Warwickshire Health & Well-being Boards development day on the 13th December 2017.

Names and Titles
Liz Gaulton (Acting Director of Public Health)
Robina Nawaz (Policy & Partnerships Transformation Officer)

Contact Details
Liz.gaulton@coventry.gov.uk
Robina.nawaz@coventry.gov.uk

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Please see page 2 onwards for background to items

19th July 2017
- Update on Better Health, Better Care and Better Value Workstreams (STP) - Update on Joint Health and Overview Scrutiny Committee - Establishment a task and finish groups on improving the quality of housing and the health and wellbeing of Coventry residents and Quality Accounts
13th September 2017
- Drugs and Alcohol Strategy - Safeguarding Adults Board Annual Report - Adult Social Care Annual Report (Local Account) 2016/17
11th October 2017
- System Performance, Winter 2017/18 - Maternity and Paediatrics Work Stream Update
18th October 2017 - PM
- Improving Standards – quality assurance and workforce development - Better Care Fund
1st November 2017
- Visit to Coventry University
Tuesday 21st November 2017 (rearranged from 13.12.17)
- Primary Care Sustainability and Planning - Proactive and Preventative Update to include a) Out of Hospital and b) Upscaling Proactive and Preventative
31st January 2018
- NICE Treatment Guidelines - Coventry Safeguarding Adults Board Quality Assurance Framework - Pharmaceutical Needs Assessment - Report back from the Task and Finish Group on improving the quality of Housing and the Health and Wellbeing of Coventry Residents
7th March 2018
- Child and Adolescent Mental Health Services (CAMHS) Transformation Update - Coventry and Rugby CCG Financial Position -
25th April 2018
- - -
Date to be determined
- Better Health, Better Care, Better Value - Coventry and Warwickshire Partnership Trust CQC Re-inspection Report - Stroke Services - Accountable Care Systems - Accessing Adult Social Care and managing demand - Adult Social Care Workforce - Director of Public Health Annual Report - Childhood Obesity - Medium Term Financial Strategy - Female Genital Mutilation - Employment and Mental Health - Adult Safeguarding Board Quality Assurance Framework - Adult Safeguarding Board Engagement Plan - Delayed Transfers of Care

- Improving Support – enablement approach for adults with disabilities
- Improved Customer Service – reviewing the customer journey and expanding use of digital technologies
- Improving the system – opportunities arising from the Better Care Fund and the CQC local system
- UHCW Transformation Plan

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
19th July 2017	- Update on Better Health, Better Care and Better Value Workstreams (STP)	There are 5 main strands to the work – proactive and preventative care, urgent and emergency care, planned care, maternity & paediatrics and productivity and efficiency. This will provide BS5 with an opportunity to identify further items for the work programme.	Andy Hardy/ Brenda Howard	Better Health, Better Care, Better Value Programme
	- Update on Joint Health and Overview Scrutiny Committee	To enable the Board to find out more about the purpose of the Joint Health and Overview Scrutiny Committee and how it links to SB5.	Julie Newman	Request from Scrutiny
	- Establishment a task and finish groups on improving the quality of housing and the health and wellbeing of Coventry residents and Quality Accounts	SB5 to decide whether to establish a task and finish group to consider areas of work to improve the quality of housing and the health and wellbeing of Coventry residents. To appoint Members to a Joint Coventry and Warwickshire Task and Finish Groups with Healthwatch and WCC to look at CWPT and UHCW Quality acocunts. First meeting of each October 2017 Date TBC	Liz Gaulton	Request from Scrutiny
13th September 2017	- Drugs and Alcohol Strategy	The strategy is due to be agreed at the Health and Wellbeing Board on the 10th July. This will provide scrutiny with the opportunity to comment on and contribute to the action plan before the official launch.	Liz Gaulton Cllr Caan	Organisational requirements - CCC
	- 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.	Eira Hale	Organisational requirements – Adults Safeguarding Board

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
	- Adult Social Care Annual Report (Local Account) 2016/17	This is the annual report of the Council related to services provided to Adult Social Care clients. The report summarises performance, provides commentaries from key partners and representatives of users and sets strategic service objectives for the future.	Andrew Errington/ Mike Holden	Organisational requirements - CCC
11th October 2017	- System Performance, Winter 2017/18	To look at system wide performance against targets over the winter period and mitigating actions being taken where performance targets are not being met.	UHCW/ CWPT/ Coventry and Rugby CCG/ CCC	Supports the Better Health, Better Care, Better Value Programme
	- Maternity and Paediatrics Work Stream Update	Brenda Howard will bring a report on the Maternity and Paediatrics work stream which forms part of the Better Health, Better Care, Better Value programme. Professor Meghana Pandit and Carmel McCalmont, UHCW and Jo Dhillon, Coventry and Rugby CCG have been invited to the meeting.	Brenda Howard	Better Health, Better Care, Better Value Programme
18th October 2017 - PM	- Improving Standards – quality assurance and workforce development	Workshop/ formal meeting to consider Improving Standards – quality assurance and workforce development in light of the Adult Social Care Annual Report.	Andrew Errington	Request from Scrutiny
	- Better Care Fund	To provide an explanation of what the fund is, and how it will be used to enable existing strands of work including social care capacity, investment in prevention, supporting the NHS with delayed discharge, urgent care and sustaining a wider market around fees and	Pete Fahy	Supports the Better Health, Better Care, Better Value Programme

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
		transactions. There is also a piece of work planned to look as system change from pre-admission to admission which the Board may wish to look at.		
1st November 2017	- Visit to Coventry University	Guy Daly will host a visit at Coventry University, giving Members the opportunity see the new Health Sciences Building and find out about the University's role in the Health Economy in Coventry.	Guy Daly	Request from Scrutiny/ Partnership Working
Tuesday 21st November 2017 (rearranged from 13.12.17)	- Primary Care Sustainability and Planning	To include GPs and Community Pharmacies. Look at the CCG strategic plan to support primary care and how GP networks are developing across the City. There will be a particular focus on workforce and estates planning. Public Health are due to review the role of community pharmacies this year which provides an opportunity to input into the services provided in the future. Invite CCG, GPs and Community Pharmacy representatives.	Andrea Green	Supports the Better Health, Better Care, Better Value Programme
	- Proactive and Preventative Update to include a) Out of Hospital and b) Upscaling Proactive and Preventative	To look at the development of the infrastructure which supports the delivery of a more integrated model of care.	Andrea Green/ Brenda Howard/ Gail Quinton	Supports the Better Health, Better Care, Better Value Programme

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
31st January 2018	- NICE Treatment Guidelines	To ask the CCG to explain which treatments are not offered according to NICE Guidenlines, and the rationale behind these decisions.	Andrea Green	Request from Scrutiny
	- Coventry Safeguarding Adults Board Quality Assurance Framework	A report on the quality assurance framework including how this is showing an improved quality practice be submitted to a future meeting of the Board – Raise at meeting 13.09.17	Joan Beck	Request from Scrutiny
	- Pharmaceutical Needs Assessment	To provide an update on the Pharmaceutical Needs Assessment.	Liz Gaulton	Request from Scrutiny
	- Report back from the Task and Finish Group on improving the quality of Housing and the Health and Wellbeing of Coventry Residents	To feedback from the task and finish group and ratify recommendations.	Victoria Castree/ Karen Lees	Request from Scrutiny
7th March 2018	- Child and Adolescent Mental Health Services (CAMHS) Transformation Update	Following a meeting in March 2017, it was agreed an update on progress be submitted to a future meeting of the Board including: (i) details of the support for LAC, children on Child Protection Plans and vulnerable children, An update on progress be submitted to a future meeting of the Board including: (i) details of the support for LAC, children on Child Protection Plans and vulnerable children, Members to be given a viewing of the new website/ app being developed to provide information to children, young people and their carers including self-help and online counselling.	Jak Lynch, Alan Butler, Matt Gilks	Supports the Better Health, Better Care, Better Value Programme

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
	- Coventry and Rugby CCG Financial Position	To look at the finances of the CCG to include a review of financial year 2017/18 and a look forward at the organisations financial plans for 2018/19.	Andrea Green	Organisational requirements - CCG
	-			
25th April 2018	-			
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Date to be determined	- Better Health, Better Care, Better Value	To consider the Better Health, Better Care, Better Value work strands at appropriate points throughout the year.	Andy Hardy/ Brenda Howard	Better Health, Better Care, Better Value Programme
	- Coventry and Warwickshire Partnership Trust CQC Re-inspection Report	A progress report on the outcome of the next CQC Inspection due in June 2017 be submitted to a future meeting of the Board.	Simon Gilby	Organisational requirements - CWPT
	- Stroke Services	There is a proposal to change the way stroke services are provided across Coventry and Warwickshire. The Board will receive information on the proposals at the meeting and have the opportunity to feed into the consultation on the changes.	Sue Carvill, NHS Arden and Greater East Midlands Commissioning Support Unit/ Andrea Green	Better Health, Better Care, Better Value Programme
	- Accountable Care Systems	NHS England has recently outlined ambitions for sustainability and transformation partnerships (STPs) to evolve into 'accountable care systems' (ACSs). The Board will scrutinise	Andy Hardy/ Andrea Green	Better Health, Better Care, Better Value Programme

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
		what these are and what this could mean for Coventry.		
	- Accessing Adult Social Care and managing demand	To look at how we manage demand and expectations when people first approach Adult Social Care. The service has introduced new technology to help people manage their own support and improve the response time for those who are eligible for assessment/support.	Pete Fahy	Organisational requirements - CCC
	- Adult Social Care Workforce	To consider workforce planning for the service including recruitment and retention and to consider how we manage quality within social work practice.	Pete Fahy	Organisational requirements - CCC
	- Director of Public Health Annual Report	To present information on the annual report for 2017/18 and feedback on progress from previous reports.	Liz Gaulton	Organisational requirements - CCC
	- Childhood Obesity	To look at the work going on across the city to reduce rates of childhood obesity.	Liz Gaulton Cllr Caan	Request from Scrutiny
	- Medium Term Financial Strategy	To consider savings proposed in the MTFS at an appropriate time.	Gail Quinton/ Pete Fahy/ Liz Gaulton	Organisational requirements - CCC
	- Female Genital Mutilation	To receive an update at the appropriate time, on the partnership work being undertaken to address FGM.	Liz Gaulton Cllr Caan	Organisational requirements - CCC
	- Employment and Mental Health	To consider the work being undertaken to improve the mental health of those living in the City to enable them to gain/maintain employment. This links to the work being undertaken by the WMCA Mental Health Commission.	Simon Gilby	Supports the Better Health, Better Care, Better Value Programme

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
	- Adult Safeguarding Board Quality Assurance Framework	A report on the quality assurance framework including how this is showing an improved quality practice be submitted to a future meeting of the Board in March/ April.	Joan Beck/ Eira Hale	Request from Scrutiny @ meeting on 13.09.17
	- Adult Safeguarding Board Engagement Plan	A report back on the engagement strategy including feedback on the engagement plan including the tools and techniques used to engage with the public, be submitted to a future meeting of the Board.	Joan Beck/ Eira Hale	Request from Scrutiny @ meeting on 13.09.17
	- Delayed Transfers of Care	Following discussion on the Adult Social Care Annual Report 2016-17 (Local Account) at the meeting on 13.09.17, this item was identified as a topic for scrutiny.	Pete Fahy	Request from Scrutiny @ meeting on 13.09.17
	- Improving Support – enablement approach for adults with disabilities	Following discussion on the Adult Social Care Annual Report 2016-17 (Local Account) at the meeting on 13.09.17, this item was identified as a topic for scrutiny.		Request from Scrutiny @ meeting on 13.09.17
	- Improved Customer Service – reviewing the customer journey and expanding use of digital technologies	Following discussion on the Adult Social Care Annual Report 2016-17 (Local Account) at the meeting on 13.09.17, this item was identified as a topic for scrutiny.	Marc Greenwood	Request from Scrutiny @ meeting on 13.09.17
	- Improving the system – opportunities arising from the Better Care Fund and the CQC local system	Following discussion on the Adult Social Care Annual Report 2016-17 (Local Account) at the meeting on 13.09.17, this item was identified as a topic for scrutiny.	Pete Fahy/ Health Partners	Request from Scrutiny @ meeting on 13.09.17

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
	- UHCW Transformation Plan	To discuss the UHCW Transformation Plan including the work being done with the Virginia Mason Institute to improve patient experience. The Virginia Mason programme, sees the USA's 'Hospital of the Decade', Virginia, forming a unique partnership with NHS Improvement and five NHS Trusts, of which UHCW is one, over five years to support improvements in patient care. Virginia Mason Institute, known for helping health care organisations around the world create and sustain a 'lean' culture of continuous improvement. This will be an opportunity to hear and possible see, the benefits of the programme.	Andy Hardy/ David Eltringham	Organisational requirements - UHCW