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Coventry City Council

Agenda

Health and Social Care Scrutiny Board (5)

Time and Date
10.00 am on Thursday, 26th April, 2018

Place
Committee Room 3 - Council House

Public Business

1.   **Apologies and Substitutions**

2.   **Declarations of Interest**

3.   **Minutes** (Pages 3 - 8)

    (a)   To agree the minutes of the meeting held on 7th March, 2018

    (b)   Matters Arising

4.   **Urgent and Emergency Care STP Workstream Update** (Pages 9 - 14)

    Report of Glen Burley, South Warwickshire NHS Foundation Trust, who has been invited to the meeting for the consideration of this item

5.   **Care Quality Commission (CQC) Local System Review - Outcome and Action Planning** (Pages 15 - 40)

    Report of the Director of Adult Services

6.   **University Hospitals Coventry and Warwickshire (UHCW) Quality Account 2017/18** (Pages 41 - 46)

    Briefing Note of the Scrutiny Co-ordinator
    Commentary from Joint Quality Account Task Group

7.   **Work Programme 2017-18** (Pages 47 - 58)

    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

Wednesday, 18 April 2018

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 Thursday, 26th April 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.

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Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 11.30 am on Wednesday, 7 March 2018

Present:

Members: Councillor D Gannon (Chair)

                                  Councillor J Clifford
                                  Councillor L Kelly
                                  Councillor D Kershaw
                                  Councillor R Lancaster
                                  Councillor M Lapsa
                                  Councillor C Miks

Co-Opted Member: David Spurgeon

Other Member: Councillor F Abbott

Other Representatives: Rachael Danter, NHS England
                                  Andrea Green, Coventry and Rugby CCG
                                  Adrian Stokes, NHS England

Employees (by Directorate)

                                  V Castree, Place Directorate
                                  P Fahy, People Directorate
                                  J Fowles, People Directorate
                                  L Gaulton, People Directorate
                                  L Knight, Place Directorate

Apologies: Councillors T Mayer and S Walsh, Councillors Caan and Ali, Cabinet Member and Deputy Cabinet Member for Public Health and Sport

Public Business

43.   **Declarations of Interest**

        There were no declarations of interest.

44.   **Minutes**

        The minutes of the meeting held on 31st January, 2018 were signed as a true record. There were no matters arising.

45.   **Integrated Care Systems**

        The Board received a presentation from Andrea Green, Coventry and Rugby CCG and Adrian Stokes, NHS England on the development of Integrated Care Systems in the West Midlands, and in particular for Coventry and Warwickshire. Andrea Green, Adrian Stokes and Rachael Danter, NHS England, attended the meeting for the consideration of this item. The issue had been discussed at length at the

– 1 –

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 presentation provided an explanation of why Integrated Care was the way forward, referring to the Five Year Forward View which set out the vision for future of the health and care system having the triple aim of improving the health and wellbeing of the population and care quality while living within the budget. The next steps for the Five Year Forward View set out the vision to 'make the greatest move to an Integrated Health System in the western world'. Integration needed to happen at all levels of the system to meet the triple aims and deliver the best care for patients.

The presentation highlighted what Integrated Care meant for the STPs in the West Midlands. The West Midlands wanted to create local integrated care systems in which NHS organisations worked together to take on devolved responsibilities, working closely in partnership with Local Authorities and Voluntary Care Services to meet the needs of their local populations. STPs were working towards being designated as 'shadow' integrated care systems meaning that national and regional support to work more closely together would be secured. To be designated as a shadow integrated care system, STPs would need to demonstrate baseline capabilities to take on additional responsibilities and freedoms of an integrated care system. Work was beginning with the national programme team to pilot the national integrated care system development programme to develop these capabilities.

The Board were provided with a potential roadmap to become an Integrated Care System, which included the option of participating in the aspirant ICS development programme.

Working with the System Transformation Group from NHS England, a local development offer had been set up which was open to all health and care systems in the West Midlands. It would be based on
- Effective leadership and relationships, capacity and capability
- Track record of delivery
- Strong financial management
- Coherent and defined population
- Focused on care redesign

The programme would be overseen by a Programme Steering Group. A project plan was now being developed in close relationship with the national Commissioning Capability Programme (CCP). It was the intention to run a twin track programme so the STP would benefit from both the national CCP offer and the aspirant integrated care development programme.

RESOLVED that:

(1) The content of the presentation on developing integrated care systems in the West Midlands be noted.

(2) The Board accept and support the introduction of an Integrated Care System, Members being encouraged by the work undertaken to date.

– 2 –

(3) The Board's concerns relating to integration and responsiveness for the Coventry and Warwickshire footprint to be taken into account by the partners leading the new system.

(4) The Board noted that work was still required to determine the vision and timescale for the introduction and implementation of the Integrated Care System in Coventry and Warwickshire.

(5) The Board supported the suggestion of having two or three main priorities to commence the introduction of the Integrated Care System, with members being given the opportunity to influence these proposals via this Board, the Joint HOSC or the Health and Wellbeing Board.

(6) It is recommended that attention be paid to the style of leadership fronting the local Integrated Care System which should be consensual.

(7) Further update reports on progress be submitted to future meetings of the Board as appropriate.

46. **Community Pharmacies and the Coventry Pharmaceutical Needs Assessment (PNA) Update**

The Board considered a briefing note and received a presentation by Jane Fowles, Consultant in Public Health Medicine and Co-Chair of the Pharmaceutical Needs Assessment Steering Group which presented the draft Pharmaceutical Needs Assessment (PNA) 2018 for Coventry. A copy of the Assessment was attached at an appendix to the briefing note. Information was provided on the key findings from the draft PNA and the statutory consultation. The PNA was undertaken by NHS Midlands and Lancashire Commissioning Support Unit who were jointly commissioned by Coventry and Warwickshire Councils and overseen by a Steering Group of partners.

The report highlighted that local Health and Wellbeing Boards had statutory responsibility for the publications of PNAs every three years. The next Coventry PNA was due for publication by April 2018. The Coventry PNA considered current and future provision of services from community pharmacy in relation to local health needs. It aimed to assess if there were enough pharmacies throughout the city, located in areas of need and offering a range of suitable services tailored to local need and wider service provision. The PNA was used by NHS England when deciding if new pharmacies or dispensing GPs were needed.

The draft PNA was informed by a range of activities including a survey of local pharmacies, a recent Healthwatch report, a bespoke public consultation survey and local commissioning intelligence. There was a statutory requirement for a 60 day consultation which was currently underway.

The report set out the key finding from the draft PNA relating to access to pharmacy services; essential services; advanced services; locally commissioned services; and healthy living pharmacies. In summary the findings were:
- There were currently adequate pharmaceutical service provision (locations, opening hours and wider access) across Coventry and no need for additional providers was identified in the PNA

- Awareness of pharmacy opening hours and services offered could be improved
- Public survey results showed that there was high satisfaction with pharmacy access and an appetite for more services to be provided from community pharmacy
- Advanced services offered from community pharmacy could be more actively embedded into local pathways to support better outcomes for patients and best use of commissioned services
- The HLP (Healthy Living Pharmacies) framework offered a platform for Coventry to more effectively embed community pharmacy into local pathways and enhance the role of community pharmacies to support prevention and better outcomes for patients.

The Board noted that the PNA was due to be published by 1st April, 2018.

The presentation set out the purpose of the PNA; explained how the PNA was informed; highlighted the key findings and recommendations, informed of the statutory consultation; and concluded with the recommendations for the Board.

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

- A concern about the low levels of alcohol screening, in particular that this wasn't being provided for St Michael's Ward which included the City Centre
- Details about the new contract for the provision of the drug and alcohol service provided by pharmacies included the financial implications
- Further information about the level of consultation and the responses received
- The options and implications for pharmacists to undertake home visits
- Support for the work undertaken by Healthwatch
- Concerns that some areas of the city didn't have easy access to a pharmacy or late night pharmacy services
- The importance of promoting the of pharmacies to Coventry residents to help aleviate the pressures on GP s and A and E

RESOLVED that:

(1) Having considered the headline findings of the draft PNA, it be noted that the draft PNA has been approved by the Health and Wellbeing Board following the statutory consultation period and is being finalised in March for publication by April 2018.

(2) It be noted that the Health and Wellbeing Board have agreed that Councillor Caan, Chair of the Health and Wellbeing Board and Liz Gaulton, Acting Director of Public Health, will sign off the final PNA prior to publication by April 2018.

(3) It be noted that the Health and Wellbeing Board have agreed the recommendation that the PNA Steering Group becomes a Community Pharmacy Steering Group:

– 4 –

a) supporting delivery of recommendations within the PNA
b) holding delegated responsibility for determining the need for supplementary statements and revisions to the PNA.

47.   **Work Programme 2017-18**

The Board noted their work programme for the current municipal year.

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

There were no additional items of public business.

(Meeting closed at 12.15 pm)

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Coventry City Council

To: Health and Social Care Scrutiny Board (5)   **Date: 26 April 2018**

Subject: Urgent and Emergency Care STP Workstream Update

1   Purpose of the Note

1.1   To inform Health and Social Care Scrutiny Board of an update the Urgent and Emergency Care Workstream.

2   Recommendations

2.1   Receive the latest update on the workstream and make recommendations and comments, as appropriate, to the programme lead.

3   Information/Background

3.1   Attached is the Programme Mandate for the Urgent and Emergency care work stream of the STP.

3.2   This provides an overview of the objectives and governance arrangements. Further information will be available at the meeting, with a focus on the workstream aims.

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Programme Mandate

Programme Name[i]	Urgent & Emergency Care	Fit to overall STP vision[ii]	In response to key areas of focus within the Five Year Forward View, the U&EC Programme of the STP will deliver A&E and ambulance standards, and simplify the U&EC system – making it more accessible and equitable across the STP footprint.
Executive Lead[iii]	Glen Burley	Senior Responsible Owner[iv]	Steve Jarman-Davies
Transformation Programme Lead	Dave Hobday	Clinical Lead	Mathew Cooke
Finance Lead	Ravi Basi	Overall Financial Target	

Programme Vision	The purpose of this workstream is to deliver enhanced patient care through improved services and more appropriate access to urgent and emergency care. This will complement other workstreams which aim to reduce unscheduled care in our local systems. We will monitor and deliver safe, effective urgent care and over the next year we will carry out focused reviews of the following: • Outpatient Parenteral Antimicrobial Therapy (OPAT) • Discharge to Assess • Frailty • Ambulance Arrivals • Arden Mental Health Acute Team (AMHAT) review • Children's Access to Tier 4 Bed Capacity

TOR Mandate / Commitment[v]	Timeline for delivery
Enhanced Ambulatory Care & Frailty Service developed, and mobilisation commenced, including new workforce model. Service options, defined pathways, IT strategy and workforce plan for U&EC. Develop approach and plan for public education around U&EC.	TBA
Start mobilisation of U&EC plans and standardise approach to referrals/bookings. Shared digital Emergency Care Record. Implement plan for public education around U&EC. Implement new stroke pathway.	TBA

Public education and communications campaign around U&EC.	TBA

Objectives[vi]	Impact/ KPIs			
	Quality Impact	Reduction on demand	Reduction in cost per capita	Financial Savings
To sustain the current level of urgent and emergency care within the existing financial envelope	Reduction in patient waiting times and adherence to the 95% performance target	TBA	TBA	TBA
To ensure that patients are discharged from hospital as soon as they are medically fit where possible	To improve the patient flow through the hospital	TBA	TBA	TBA

Key Outcomes[vii]
- Standardised single point of access with timely redirection to most appropriate care   - All stroke patients receive high initial care in specialist hyper-acute/acute stroke unit   - Reduced length of hospital stays and more rehabilitation, after-care at or closer to home   - Improved urgent care closer to people's homes   - Better patient experience

Critical Path Milestones[viii]	Delivery		
TBA	Year 1	Year 2	Year 3
TBA	TBA	TBA	TBA

Programme Risks[ix]	Mitigations

There is a risk that there will be inadequate staffing to deliver change due to difficulties in recruiting appropriate medical workforce, without such, the proposed service changes cannot be implemented and therefore result in failure to deliver	Innovative solutions being identified to address medical workforce gaps, likely increased locum and agency requirement in the short term
There is a risk that A&E performance could fail to improve which could lead to financial implications, CQC action and failure to deliver against plan	Focus medical engagement at UHCW. Review ambulatory emergency care models. Agree investment plans with social care and national winter funding. Deliver effective winter planning with all partner organisations
There is a risk that demand management will not be effective in isolation because the success of delivery against this workstream requires a whole-system approach and a reliance on acute sector demand management alone will not result in delivery	Identify impact of Primary Care 7-day plan, Out of Hospital and preventative workstreams

Financial savings: Contribution to the overall STP financial challenge[x]

Period	Savings Target	Forecast	Actual
Year 1	TBA	TBA	TBA
Year 2			
Year 3			

Links to the Enabling Programmes[xi]

Workforce	IM & T	Communication & Engagement	Estates
Development of workforce strategy.	TBA	Development of a full year Communications and engagement strategy and programme to consider tailoring of national messages	TBA

Managing Interdependencies[xii]

- Workforce workstream
- Mental Health & Emotional Wellbeing workstream for AMHAT service improvement work
- Liaise with Communications and Engagement team in STP

Governance and Assurance[xiii]

The programme will be managed and overseen by the Coventry & Warwickshire A&E Delivery Board. Delivery will be through its workstreams.

The U&EC Programme Steering Group (which is formed from the members of the Coventry & Warwickshire A&E Delivery Board) will report to the Coventry and Warwickshire Better Health, Better Care, Better Value Programme Board via the STP Programme Delivery Group and STP Clinical Design Authority for approval/endorsement of clinical proposals.

Signed off by (Senior Responsible Officer)	
Date	

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i Self-explanatory

ii Why this programme - How/why does it link to the overall STP Vision?

iii Overall accountability of the programme at STP Board Level

iv Senior Responsible Owner – Responsible for delivery of the programme

v What is the commitment from the programme?

vi What are the key objectives of the programme and in terms of KPI what impact will those objectives achieve?

vii Key outcomes expected

viii High level deliverables year on year – e.g. specification sign off, pilot of new service

ix What are those things which could prevent the programme achieve its objectives and outcomes?

x What part will this programme play year on year – the savings targets have been outlined by Paul, but what is your forecast based on delivery of your objectives across yr.1,2,3 etc.

xi The relationship between the enablers and your programme

xii How will this be managed for your programme – what are those key interdependencies

xiii How will all of the above be managed – what is your governance framework?

Coventry City Council

Report

To: Health and Social Care Scrutiny Board 5   **Date: 26 April 2018**

From: Pete Fahy – Director of Adult Services

Title: Care Quality Commission (CQC) Local System Review – outcome and action planning

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1   Purpose

This report summarises the outcome of the CQC system review and the action plan arising from the identification of areas for improvement by the CQC as a result of the review.

2   Recommendations

Health and Social Care Scrutiny Board 5 are recommended to:

a. Note the outcome of the review and the subsequent action plan submitted to CQC following the review

b. Provide any comment to Coventry Health and Well-Being Board (HWBB) and Cabinet to support in making progress on the areas identified in the action plan

3   Background

Following the spring budget announcement of additional funding for adult social care, the Department of Health (DoH) asked CQC to undertake a programme of targeted reviews in local authority areas. These reviews were to be exercised under the Secretary of State's Section 48 powers.

It was subsequently announced that there would be 20 reviews of Health and Social Care Systems where there are challenges particularly in relation to delayed transfers of care. Coventry was selected as one of the first 12 areas to be reviewed.

The performance metrics used to identify the areas subject to review are contained within the DoH Local Area Dashboard. This dashboard creates a weighted average across 6 measures to identify the highest ranked and most challenged local systems in supporting patient flow. It

appears that the 12 systems selected were identified as 12 of the 'most challenged' areas by national rank according to these measures.

4   Completion of the review

The Coventry review commenced on 4 December 2017 and concluded with a Health and Well Being Board summit on 14 March 2018. As with other reviews undertaken by the CQC through this programme of reviews a whole system approach was taken focusing on how people move between health and social care, with a focus on people over 65 years of age. The review report was published by CQC on 15 March 2018.

The review sought to answer the following question:

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

In seeking to answer this question the review would examine a numbers areas in relation to whether the Coventry system is caring, effective, responsive and well-led. No rating would be provided as an outcome of the review but a series of areas for improvement would be identified.

The CQC asked the local authority to co-ordinate the review and ensure the input of partners, the reason for this is that the local authority is responsible for the HWBB and the HWBB is considered to be where the review, its outcomes and resulting action plan, is owned by the system.

The review was formally completed on 14 March 2018 with a HWBB summit to discuss findings and commence action planning for next steps. Subsequent to the review the HWBB is required to produce and submit an action plan within 20 days of the summit. For Coventry this action plan was agreed by the Coventry HWBB on 9 April 2018 and summited within the timescale of 10 April 2018.

Once submitted there is no current undertaking that the CQC will take a role in monitoring progress against the action plan as this is considered a matter for the HWBB. However in the HWBB summit it was indicated that the Department of Health will require monthly phone calls in order to keep abreast of system progress following the review.

5   Summary feedback

In summary, in the course of the review the CQC found that there was a system wide commitment to serving the people of Coventry well and that Coventry was at the beginning of its journey in ensuring all services worked well in a 'joined up way'. However, the review also highlighted some areas where further work is needed to ensure all those responsible for providing health and care services worked effectively together. These areas are described in the Areas for Improvement section of the CQC report (see background documents)

6   The Coventry Action Plan

The Coventry action plan is attached at Appendix One to this report. The action plan contains seven sections which group together the areas for improvement arising from the CQC review. These seven sections were agreed at the summit on 14 March 2018 and are as follows:

- Vision and strategy
- Engagement and involvement
- Performance, pace and drive

- Flow and use of capacity
- Market development
- Workforce
- Information sharing and system navigation

A lead individual for each section was identified to work with the Director of Adult Services in the production of the action plan.

In considering the action plan it needs to be borne in mind that it does not contain all of the work going on across the health and care system in Coventry as the plan is a specific response to the review.

The action plan has been developed in a manner that is intended to give clarity and focus to the existing work groups and programmes in place as opposed to creating a separate and standalone set of activities. For example, work is already underway through the Coventry and Warwickshire Place Based Forum to develop strategy and the CQC action plan provides additional clarity on the actions and timescales. Similarly, work on flow and use of capacity was underway through the Coventry Accident and Emergency Delivery Group and the action plan specifies this work.

Some of the work within the action plan is complex, requires input from a range of stakeholders and may also require resources for implementation that will only become clear as the work progresses. Therefore, many of the dates for completion are uncertain and/or indicative at this point.

Report Author(s):

Name and Job Title:
Pete Fahy – Director of Adult Services

Directorate:
People

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Enquiries should be directed to the above person.

Appendices

Appendix One: CQC System Review Action Plan

Background documents

Health and Well-Being Board reports:

Care Quality Commission Local System Review – 4 September 2017

Care Quality Commission Local System Review – 27 November 2017

Care Quality Commission Local System Review – 5 February 2018

Coventry Report following CQC system review

http://www.cqc.org.uk/sites/default/files/20180313_coventry-local-system-review-report.pdf

Care Quality Commission (CQC) Review

Local Health and Social Care System – Coventry

Improvement Plan 2018

Final Version - April 2018

Background

On 4th December 2017, the Care Quality Commission commenced a local review of the Coventry health and social care system. The main review week took place between 22nd and 26th January 2018, with the Health and Wellbeing Board feedback summit taking place on 14th March 2018.

The Coventry Health and Well Being Board welcomes the opportunities provided by the review to improve the way Coventry supports people that come into contact with the health and care system. This Action Plan has been developed in response to the issues highlighted within the report following its publication of the Coventry on 15 March 2017 recognising that the improvement journey was underway before the review and will continue beyond it.

The issues highlighted within the report have been reviewed and themed under the following headings:-

1. Vision and strategy
2. Engagement and involvement
3. Performance, pace and drive
4. Flow and use of capacity
5. Market development
6. Workforce
7. Information sharing and system navigation

The development of this Action Plan has been led by Pete Fahy, Director of Adult Services, Coventry City Council with support from the following individuals identified in the HWBB summit on 14 March 2018:

- Coventry and Rugby Clinical Commissioning Group (CRCCG)
    - Jo Galloway, Director of Nursing
- Coventry City Council Council
    - Gail Quinton, Deputy Chief Executive
    - Ian Bowering, Head of Social Work Service (Prevention and Health)
    - Jon Reading, Head of Commissioning and Provision
- University Hospital Coventry and Warwickshire (UHCW)
    - Lisa Kelly, Chief Operating Officer
- Coventry and Warwickshire Partnership Trust (CWPT)
    - Tracey Wrench, Chief Nurse and Interim Chief Operating Officer

- Coventry University
  - o Professor Guy Daly, Pro Vice Chancellor (Health and Life Sciences)

In addition to the above, Andrea Green – Accountable Officer (CRCCG) has input to the production of the action plan and is the Health and Well-Being Board lead for its production.

The Group has been supported in its development by Richard Humphries, Senior Associate from the Social Care Institute for Excellence.
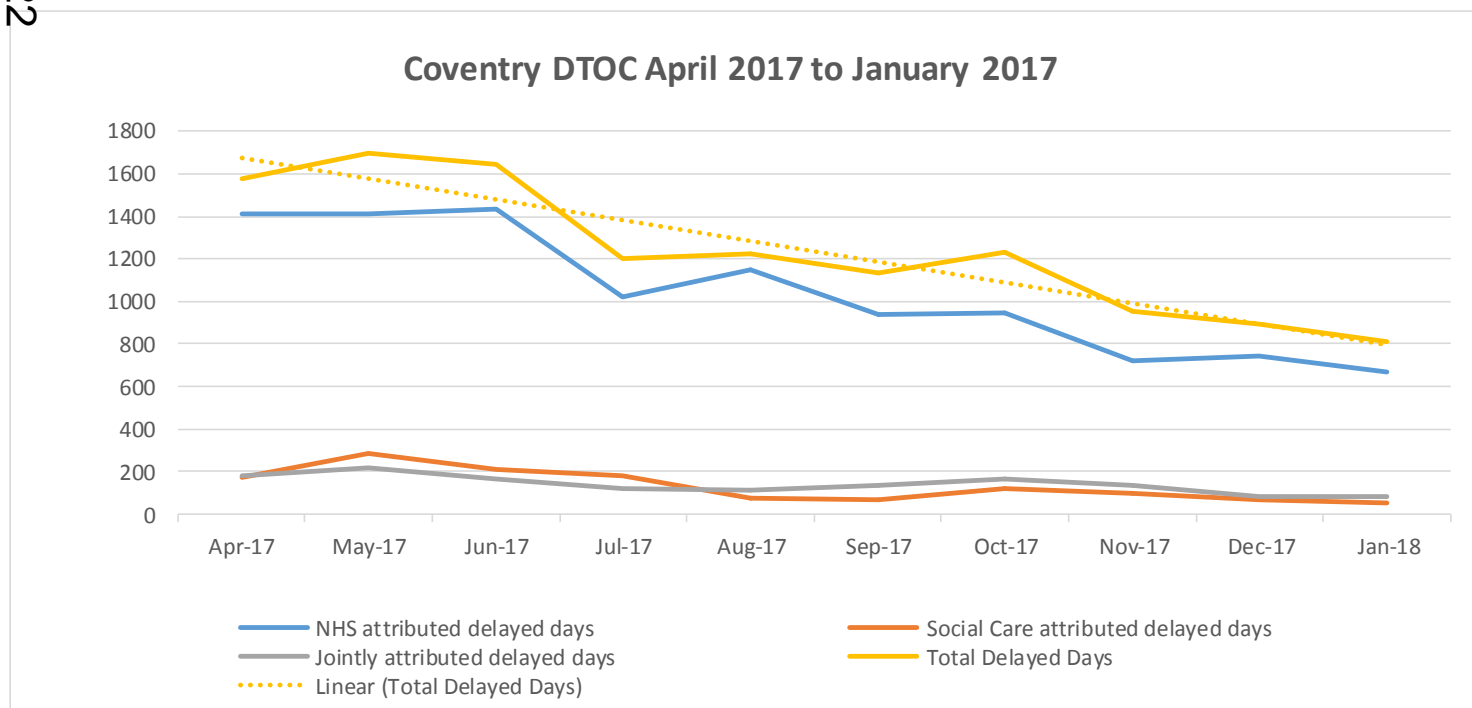
This action plan has been developed to support focus and drive on areas of activity and improvement already in progress across the system, it is therefore very much interlinked with existing plans as opposed to creating a separate and standalone action plan. As required by the CQC review the action plan will be owned through Coventry's Health and Wellbeing Board with responsibility for delivery through the relevant identified body.

Overall progress and current position:

Prior to review of the Coventry system being announced, during the review period and beyond we have continued to work as a system to address the issues that are impacting on people receiving consistently good health and care services. The review has provided a welcome opportunity for an external view on the issues we are dealing with and how we are responding.

One particular measure we are proud of is our improvement in respect of Delayed Transfers of Care which has been achieved through taking a system approach as opposed to looking at the issue from a number of single agency perspectives. In the period between the announcement of the review and its commencement the position improved, the most recent data published for January 2018 shows continued improvement which is shown in Figure One (below).

Figure One: Delayed Transfer of Care to January 2017

Coventry DTOC April 2017 to January 2017

Legend:
- NHS attributed delayed days
- Social Care attributed delayed days
- Jointly attributed delayed days
- Total Delayed Days
- Linear (Total Delayed Days)

Although improving further from this position remains a key system objective much of our effort is placed into improving the system to prevent admissions in the first place and, where they occur, avoiding readmissions. The improvement in access to reablement (Figure Two and based on provisional data for 2017/18 pending completion of the Short and Long Term Statutory Return (SALT)) demonstrates this improvement.

Figure Two: Access to Reablement

People accessing reablement
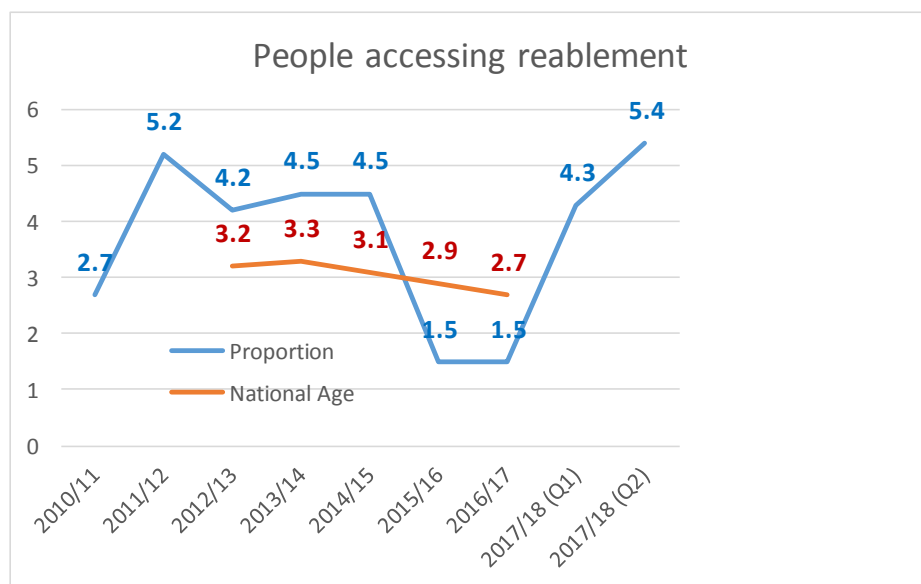
Despite the progress on Delayed Transfers of Care and Access to Reablement the Coventry system remains close to full capacity with A&E attendances, emergency hospital admissions and bed occupancy rates remaining high. This indicates that a focus on what happens when preparing for and achieving discharge is only part of the issue and is why many of the actions contained within this plan complement and add focus to the wider work taking place across the system to achieve our broader system aim of improving population health and reducing system demand across the board.

Specific examples of how we progressing this include our Upscaling Prevention programme and our 'year of well-being' which will provide some of the strategic impetus required to make a long term and sustainable difference in Coventry. These strategic approaches will be complemented by addressing a number of performance management, flow, market and workforce issues that the review identified and are contained within this plan.

We would of course welcome further feedback from CQC and/or Department of Health regarding how our plan could be further strengthened in order to achieve our ambitions at a faster rate.

Theme 1 – Vision and strategy

Lead responsibility – Coventry and Warwickshire Place Forum

Outcomes we will achieve: Ensure a consistent vision and strategy across the Health and Social Care system with links to how it's delivered.

CQC Recommendations:

- Ensure there is effective joint strategic planning and delivery for the people of Coventry based on the current and predicted needs of the local older population, to include BAME and hard to reach groups, and which harnesses all the local assets available in the wider system.

- While acknowledging that there is a concordat between Coventry HWB and Warwickshire HWB, the system leaders in Coventry need to build on the concordat and become more engaged with the development of the STP's Better Care, Better Health, Better Value programme.

Theme 1 – Vision and strategy							
Action Number	**Action required**	**Delivery Lead Organisation**	**System Governance Body**	**Timescale**		**Success measures**	**Progress to date**
				From	**To**		
1.1	Develop a clear system strategy with a single supporting narrative for the whole system	Place Forum – Cov and Warks	Health and Wellbeing Board	ongoing	Sept 2018	All stakeholders are clear on the system strategy	High level system model in draft and shared with Place Forum
1.2	Define the governance arrangements that exist between STP, HWBB and ICS so that reporting arrangements and decision making remits are clear	Place Forum – Cov and Warks	Health and Wellbeing Board	TBC	TBC	Written and agreed system governance protocols in place	Not yet commenced

	Theme 1 – Vision and strategy						
Action Number	**Action required**	**Delivery Lead Organisation**	**System Governance Body**	**Timescale**		**Success measures**	**Progress to date**
				From	**To**		
1.3	Define the model for local integration of services within ICS policy framework	STP (Preventative and Proactive workstream	STP Board	ongoing	TBC	Clarity on what integrated health and care means for Coventry	Will emerge through progression of ICS development
1.4	Develop the Coventry operating model for locality delivery so that all stakeholders are clear how the locality model will work operationally	STP (Proactive and Preventative workstream)	STP Board	ongoing	March 2019	Clarity on how the locality model will deliver on the ground following pilot work and review	Operating model under development
1.5	Clearly identify the geography for locality based services for populations of 30k-50k) as the vehicle through which to drive improvement and equitable in community based health and care	CRCCG	STP (Proactive and Preventative workstream)	ongoing	March 2019	Clear locations and geography in place for 30-50k	New contract in place from 1 April to link community services to GP. GP transformation resources in place to commence delivery of approach
Development of Joint Strategic Needs Assessment on locality basis so the population needs being served by each locality are clearly understood		Coventry City Council	Health and Wellbeing Board	ongoing	TBC	Locality based JSNA signed off by HWBB	Data in JSNA updated in January 2018, next evolution will be on locality basis

		Theme 1 – Vision and strategy					
Action Number	Action required	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date
				From	To		
1.7	Develop the clinical strategy for the city including frailty so there is clarity on how clinical needs will be met	Coventry and Rugby Clinical Commissioning Group	Health and Wellbeing Board	ongoing	Sept 2018	Clinical strategy signed off by HWBB	Agreement that NHSE will fund the development of the clinical strategy and draft content structure produced

Theme 2 – Engagement and Involvement

Lead Responsibility – Engagement workstream of Better Care, Better Health, Better Value programme

Outcomes we will achieve: Clear mechanisms in place for engagement with professionals and people who either use or may use services

CQC Recommendations:

- Create and deliver a joint public engagement strategy which includes how the system will reach seldom heard groups.

- Improve the working relationships between the CCG and GP providers.

- Develop a shared view of risk across health and social care by identifying forums where staff groups can come together, build relationships and identify ways to establish a consistent approach to the process of risk assessment and positive risk taking.

				Timescale			
Action number	**Action required**	**Delivery Lead Organisation**	**System Governance Body**	**From**	**To**	**Success measures**	**Progress to date**
2.1	Develop a set of 'I' statements with people who use Health and Social Care to form a benchmark for improvement, which are inclusive of all groups within the city	STP (Communication and Engagement workstream)	STP	ongoing	Sept 2018	Set of 'I' statements agreed through co-production	Draft engagement plan in place and engagement session being planned with Coventry Older Voices
	Engage with GPs through locality and membership forums to understand the issues impacting on effective partnerships with GPs.	CRCCG	CRCCG	ongoing	TBC	Understanding of issues and agreed actions to address where appropriate	Ongoing

Theme 2 – Engagement and Involvement

				Timescale			
Action number	**Action required**	**Delivery Lead Organisation**	**System Governance Body**	**From**	**To**	**Success measures**	**Progress to date**
2.2.1	Following completion of action 2.2 to develop a set of measures to understand of the relationship is improving	Clinical Commissioning Group	Clinical Commissioning Group	TBC	TBC	GP and CRCCG both able to evidence improvements in relationship	Not yet commenced
2.3	Engaging Health & Social Care professionals in developing consistent approach to management of risk and embed this in practice	Local Workforce Groups	Local Workforce Action Board	Ongoing	TBC	A single risk management framework and evidence of this multi-disciplinary settings/place based teams	Model in place within INT settings. To be developed and rolled out through place based teams.

*(Table header spanning: **Theme 2 – Engagement and Involvement**)*

Theme 3 – Performance, pace and drive

Lead Responsibility – to be confirmed

Outcomes we will achieve: Delivery of agreed change programmes in a timely way.

CQC Recommendations:

- Ensure system wide performance data is used to drive improvements, implementing solutions and setting targets in which all parts of the system have a shared responsibility, and providing opportunities for collaborative reflection and learning

Theme 3 – Performance, Pace and Drive							
Action number	**Actions**	**Delivery Lead Organisation**	**System Governance Body**	**Timescale**		**Success measures**	**Progress to date**
				From	**To**		
3.1	Establish system-wide data set / dashboard on flow into and out of hospital and capacity of services supporting step up and discharge	A&E Delivery Group	STP (Urgent and Emergency Care)	ongoing	Sept 2018	Fully operational dashboard of key indicators of flow and capacity to monitor activity / inform action	Draft developed and versions of good practice from elsewhere being sought
3.2	Establish a system-wide Performance dashboard to monitor progress in the delivery of agreed vision and strategy	CRCCG linking with partners	Health and Well-Being Board	Not yet commenced	Dec 2018	System wide focus on key areas of strategic delivery enabling pace and drive to be maintained	This area will progress linked to the vision and strategy and engagement priority areas to ensure connectivity between performance management and strategic delivery
	CQC Local System Review Action Plan to be monitored, on	Health and Well-Being	Health and Well-Being Board	ongoing	June 2018	Delivery of action plan delivered with appropriate escalation to unblock	To be agreed by HWBB

an ongoing basis, by the HWBB.	Board				areas of non-delivery

Theme 4 – Flow and use of capacity

Lead Responsibility – Coventry Accident and Emergency Delivery Group

Outcomes we will achieve: Reducing unavoidable admissions to hospital. For those who need to be admitted to ensure that people only stay in hospital for as long as they need to and, when ready to leave, are discharged promptly with appropriate support.

CQC Recommendations:

- Reduce numbers of avoidable admissions from care homes by extending successful initiatives such as the React to Red scheme, introducing pharmacist led medication reviews and increasing coverage of GP input into care homes.

- Ensure discharge planning is started at the beginning of a person's journey through hospital and remains a key focus during their stay. 'Red and green bed days' to be implemented and embedded across all wards. Care home and home with care providers to be involved in discharge planning at an early stage of the person's stay in hospital.

- Improve the processes around medicines on discharge to reduce delays and improve the safety of those who have been discharged to care homes.

- Improve the ability to discharge patients from hospital at weekends by increasing senior clinical decision makers and ensuring the presence of the discharge teams at weekends.

- Increase the utilisation of trusted assessors in each D2A pathway to improve the speed of transfers from hospital by increasing provider's confidence. Include in any jointly developed protocol for assessments and the review process, a clear feedback mechanism for learning and improvement.

Theme 4 – Flow and use of capacity							
Action number	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date
				From	To		

Theme 4 – Flow and use of capacity							
Action number	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date
				From	To		
4.1	**Support to care homes** Increase coverage of dedicated GP support into care homes through implementation of the Care Home Enhanced Support (CHES) scheme	CRCCG	STP (Urgent and Emergency Care)	Complete	Complete	Increase coverage above current level of 66% of care homes Reduction in avoidable admissions, readmissions and improved DTOC	Complete - Commissioned service with GPs to commenced 1 April 2018
4.2	**Support to care homes** Care home and home with care providers to be involved in discharge planning at an early stage of the person's stay in hospital	CRCCG	STP (Urgent and Emergency Care)	Ongoing	TBC	Evidence of early involvement by care providers in discharge planning working with IDT in UHCW Improved weekend discharges to care homes including new residents	CHES scheme in place which will enable this action to be delivered
4.3	**Support to care homes** Implement Red Bag scheme	AJCB	STP (Urgent and Emergency Care)	Ongoing	September 2018	Red Bag scheme in place for identified cohort Reduction in avoidable admissions, readmissions and improved DTOC	Funding for Red Bag scheme agreed from iBCF, plan being developed for delivery
4.4	**Increase coverage and effectiveness of 'Red to Green'** 'Red to Green bed days' to be implemented and embedded across all wards and into D2A community settings	A&E Delivery Group - Coventry	STP (Urgent and Emergency Care)	Ongoing	TBC	Increase coverage within wards at University Hospital Overall reduction in lengths of stay / improvement in DToC	Red to green in place across some wards and roll out being planned

Theme 4 – Flow and use of capacity							
Action number	**Actions**	**Delivery Lead Organisation**	**System Governance Body**	**Timescale**		**Success measures**	**Progress to date**
				From	**To**		
4.5	**Increase coverage of Trusted Assessor** Increase care home provider's confidence in assessments completed e.g. by reviewing trusted assessment approach and evaluating need for Care Home Assessor post	CRCCG via A&E Delivery Group - Coventry	STP (Urgent and Emergency Care)	Ongoing	TBC	Understanding factors to improve care home confidence leading to reduced number of refusals and delays attributable to care homes	Being scoped through provider engagement work
4.6	**Improving Discharge** Review role of Community Discharge Hub to ensure continued effectiveness and clear mechanisms in place for learning and improvement	A&E Delivery Group - Coventry	STP (Urgent and Emergency Care)	TBC	TBC	Review complete with proposals for future development Overall reduction in lengths of stay / improvement in DToC	Not yet commenced
	Improving Discharge Review what is required to deliver 7 day services to impact on weekend discharges e.g.	A&E Delivery Group - Coventry	STP (Urgent and Emergency Care)	Ongoing	TBC	Resourced plan implemented to deliver 7 day discharges leading to increased discharge activity at weekends without impacting on Mon-Fri activity	Some seven day services in place but not consistently. Review to be completed on system

Action number	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date
				From	**To**		
	Increase senior clinical decision makers at weekends Presence of the discharge teams at weekends						benefit of more consistent approach.
4.8	**Prevention, Ambulatory Care, Zero length of stay** Review of ambulatory care pathways redirecting / supporting patients with alternative sources of support i.e. falls prevention and Back Home Safe and Well	A&E Delivery Group - Coventry	STP (Urgent and Emergency Care)	Ongoing	TBC	Overall reduction in number of admissions	Baseline completed, working in collaboration with NHS Elect and ECIP to progress this area. Joint audit between UHCW and CRCCG completed.

Theme 5 – Market development

Lead Responsibility – Adult Joint Commissioning Board

Outcomes we will achieve: Ensuring the right level of market capacity and optimising its utilisation.

CQC Recommendations:

- Roll out and evaluate a programme of social prescribing.

- Identify and supply the necessary support needed for care homes to accept weekend discharges for new residents – *see actions under flow and use of capacity.*

Action number	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date
				From	**To**		
5.1	Refresh Market Position Statement and utilise with support and care service providers	Adult Joint Commissioning Board	Collaborative Commissioning Board	Ongoing	Sept 2018	Market position statement published with associated provider engagement	Data gathering underway, provider forums arranged
5.2	Produce a market development plan for support and care service providers in consultation with providers	Adult Joint Commissioning Board	Collaborative Commissioning Board	Ongoing	Dec 2018	Market development plan in place and shared	Consolidation of Pathway 3 provision commenced.
	Evaluate programme of social prescribing and then rollout. (dependent on outcome of	Adult Joint Commissioning Board	Collaborative Commissioning Board	TBC	TBC TBC	Evaluation complete and optimum social prescribing capacity in place	Initial evaluation completed in 2017, this will be refreshed in 2018.

The table above is titled **Theme 5 – Market development**.

Theme 5 – Market development							
Action number	**Actions**	**Delivery Lead Organisation**	**System Governance Body**	**Timescale**		**Success measures**	**Progress to date**
				From	**To**		
	evaluation)						
5.4	Evaluate D2A pathway provision to ensure it remains fit for purpose	Adult Joint Commissioning Board	Collaborative Commissioning Board	Ongoing	July 2018	Optimum and sustainable D2A provision in place	Pathway 3 evaluation commenced and evaluation of P1 and P2 scoped
5.5	Develop step-up capacity to support people more effectively in the community	Adult Joint Commissioning Board	Collaborative Commissioning Board	Ongoing	Mar 2018	Increased step up capacity in place to assist with management of system demand	Complete – capacity in place. Will be extended to people with change in needs

Theme 6 – Workforce

Lead Responsibility – Local Workforce Action Board

Outcomes we will achieve: A clear approach to ensuring how the local workforce will be developed to meet population needs for health and care

CQC Recommendations:

- Develop a strategic plan for the health and social care workforce in Coventry linked to the STP's wider Better Care, Better Health, Better Value programme that takes account of the national health and social care workforce strategy (once developed)

Theme 6 - Workforce							
Action number	**Actions**	**Delivery Lead Organisation**	**System Governance Body**	**Timescale**		**Success measures**	**Progress to date**
				From	**To**		
6.1	Develop system wide workforce strategy to support delivery of strategy and vision	Local Workforce Action Board	STP Board	Ongoing	Ongoing	Clear and resourced workforce strategy in place	Work underway through Local Workforce Action Board but in its early stages – this action will largely take place subsequent to strategy and vision work
6.2	System wide training and development plan to cover issues including: Risk management Shared assessment Care support provider skills	Local Workforce Action Board	STP Board	TBC	TBC	Training programme developed, delivered with evidence of impact	Not yet commenced – will link to engagement work and market development

Theme 7 – Information sharing and system navigation

Lead Responsibility – Digital Transformation Board

Outcomes we will achieve: Improved accessibility of information for people accessing care and support and professionals

CQC Recommendations:

- Accelerate the delivery of the Digital Transformation Board to provide digital interoperability and shared care records across the system.

- Provide a single point of access health and social care navigation system for people and carers to easily find the support and advice they need.

Action number	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date
				From	**To**		
7.1	Improve Adult Social Care "front door" to enhance accessibility of information and advice	CCC	Digital Transformation Board	Underway	Ongoing	Reported improvement in accessibility of information and advice (ASCOF)	Project with Capita commenced to progress this area
7.2	Consolidate CWPT access points into Integrated Single Point of Access (ISPA)	Out of Hospital Design Board	Proactive and Preventative workstream of STP	Underway	September 2018	Health ISPA implemented	Plans being developed to formalise arrangements between CWPT and CCC points of access
7.4	Undertake interoperability scoping workshop across Coventry and Warwickshire system partners to identify ideas and opportunities for improving system flow.	Digital Transformation Board	STP Board	underway	Sept 2018	Clear plan agreed by partners on how to improve with timescale for delivery	Workshop to be arranged

			Theme 7 – Information sharing and system navigation					
Action number	**Actions**	**Delivery Lead Organisation**	**System Governance Body**	**Timescale**		**Success measures**	**Progress to date**	
				From	**To**		
7.5	Hold Assistive Technology workshop to develop shared Coventry and Warwickshire strategy that supports delivery of health and social care priorities.	Coventry City Council	Digital Transformation Board	underway	Sept 2018	Wider use of technology to support health and care	Work underway using Capita to support
7.6	Undertake review of existing Information Governance support and guidance arrangements to ensure processes are simplified.	Sub regional Information Governance group	Digital Transformation Board	underway	Sept 2018	Clear information governance arrangements in place	Review underway

Abbreviations:

CRCCG	Coventry and Rugby Clinical Commissioning Group
CCC	Coventry City Council
UHCW	University Hospital Coventry and Warwickshire
CWPT	Coventry and Warwickshire Partnership Trust
AJCB	Adult Joint Commissioning Board
DTB	Digital Transformation Board
LWAB	Local Workforce Action Board
STP	Sustainability and Transformation Programme
BCBVBH	Better Care, Better Value, Better Health (the local STP programme)
ECIP	Emergency Care Improvement Partnership

MDT   Multi-Disciplinary Team
CHES   Care Home Enhanced Support
ISPA   Integrated Single Point of Access
JSNA   Joint Strategic Needs Assessment

Coventry City Council

Briefing note

To: **Health and Social Care Scrutiny Board (5)**   Date: 26 April 2018

Subject: **UHCW Quality Account 2017/18**

1   Purpose of the Note

1.1 This Briefing Note is intended to introduce the Board to the 2017/18 Quality Accounts commentary which has been produced by a Task and Finish group, including Members of this Board, in response to the UHCW quality account.

2   Recommendations

2.1 That the Board
1) Consider the commentary on the Quality Account produced by the Task and Finish Group
2) Make suggestions for any appropriate additions to the commentary
3) Approve the content of the commentary.

3   Information/Background

What Are Quality Accounts?

3.1 The Department of Health introduced the requirement for NHS trusts to issue quality accounts in the Health Act (2009). Quality Accounts are annual reports to the public from providers of NHS healthcare services about the quality of services they provide. This publication mirrors providers' publication of their financial accounts.

3.2 The purpose of Quality Accounts is to encourage the boards and leaders of healthcare organisations to assess quality across all the healthcare services they provide, and encourage them to engage in the wider processes of continuous quality improvement. Providers are asked to consider three aspects of quality:
- Patient experience
- Safety
- Clinical Effectiveness

3.3 This both reinforces transparency and helps persuade patients and stakeholders that organisations are committed to quality and improvement. Quality Accounts therefore go above and beyond regulatory requirements, which focus on essential standards instead engaging with patients and stakeholders to ensure that the organisation is constantly seeking to improve and achieve higher standards of care.

What Are Quality Accounts Used For?

3.4 Quality Accounts are published on the NHS Choices website, as well as being available in hospitals and other locations to illustrate providers' commitment to quality.

3.5 They are used by the Care Quality Commission (CQC) to understand how providers are engaging with patients and stakeholders about quality and the need for improvement.

3.6 They can also be used by those monitoring or scrutinising providers to assess the risks of an organisation and monitor the services provided.

What is the Scrutiny Board's role?

3.7 This forms part of general efforts by the Department of Health to increase engagement and participation in the health service, and is seen as complementary to the existing role of overview and scrutiny committees regarding the operation and planning of local NHS services.

3.8 The Department of Health sees the overview and scrutiny committees' role as building confidence in the accuracy of data and the conclusions drawn from it. Without some form of independent scrutiny, service users and members of the public may not trust in what they are reading.

3.9 Overview and Scrutiny has the opportunity to provide a commentary on the local Trusts Quality Accounts which the Trusts are required to publish unedited and in full. The commentary is required to be no more than 1000 words long. During this year, a quality accounts task and finish group made up of representatives from Coventry City Council, Healthwatch Coventry and Healthwatch Warwickshire has met to provide a joint commentary on the Quality Accounts for University Hospitals Coventry and Warwickshire.

3.10 A copy of the draft report will be emailed to the Board, however, the commentary does not have to limit itself to the contents of the report and can contain any of the following, providing the 1000 word limit is kept to:

1) does a providers priorities match those of the public;
2) whether the provider has omitted any major issues; and
3) has the provider demonstrated they have involved patients and the public in the production of the Quality Account;
4) any comment on issues the Board is involved in locally

3.11 A task and finish group consisting of representatives from Coventry City Council, Healthwatch Coventry and Healthwatch Warwickshire, have also been meeting to consider Coventry and Warwickshire Partnership Trusts Quality Account document. However, this is at an earlier stage, and therefore the draft commentary is not available at this time.

Victoria Castree
Scrutiny Co-ordinator
02476 831122

FIRST DRAFT Commentary from Joint Quality Account Task Group

The Quality Account Task Group consists of Healthwatch Coventry, Healthwatch Warwickshire, and Coventry City Council Scrutiny (HOSC). The Group held two meetings with Trust to discuss progress on last year's quality priorities and potential priorities for 2017-18. Members found updates on work undertaken very helpful.

Overall this document is a clear within the constraints for the template Trusts' must use when writing a quality account.

The Trust aligns production of its Quality Account with its annual report, meaning our commentary was required at an earlier date. Therefore the draft we saw did not contain data present in this final version and we cannot make comments in relation to this eg complaints handling.

Last year's priorities

1. **Pressure ulcer and falls reduction**

The Trust set itself a target of reducing pressure ulcers by 15%. It is unclear if this has been achieved, although important process work has been undertaken to ensure learning.

The Trust set targets for reducing falls over a 2 year period. The Trust reports that harm from falls has been reduced in line with target. A target for reducing repeat fallers was also set but it is unclear what progress has been made from the information we have seen.

2. **Reducing mortality**

The Trust has maintained its mortality score under the HSMR measure. The SHMI measure of mortality takes account of all those who either die whilst in hospital or within 30 days of discharge, and therefore provides an important measure which the Trust could focus on.

3. **Customer care training for staff**

How staff treat patients and their family carers is very important for patient experience. Whilst it is positive this training is now part of the programme for new the Trust should set out how it will embed this approach with staff who have already completed the training and existing staff not yet trained. The approach must become normal working culture. The work completed is the start of a journey and resource is needed to continue this.

Approved by

2018/19 priorities

UHCW does not show that patient input has been used to develop the quality priorities for this year other than the conversation with our task group. However the selected are beneficial for patients and should benefit from the status of being a Quality Account goal.

It is very positive to see that the Trust has begun work to put in place a much wider programme for patient public engagement activities through its 5 year strategy for patient experience and engagement. This has been a gap at the Trust. Sessions have been held to involve patients/public in a refresh of the how the Trust collects patient feedback through the 'Friends and Family Test'; new volunteer roles are being developed and new signage/posters have been put up to tell people how they can get involved. This approach should mean that by the next quality account cycle the Trust has more able it to define quality account priorities based on what patients tell it.

1. **Hand Hygiene/reducing avoidable infections**

[any specific comments to go here]

2. **To provide care in line with national and local evidence based guidance**

[any specific comments to go here]

3. **Establish a process for reviewing the patient environment and acting upon issues effectively with support from the process of PLACE**

We discussed this priority with the Trust as part of our meetings and recommended that the opportunity was to build an ongoing cycle for review of patient environment themes using the framework of the national PLACE scheme but setting a framework for success broader than achieving the annual PLACE rankings produced nationally for every Trust. We would like to see more emphasis on the involvement of patients within these work as the weakness of the annual PLACE reviews is they are not sufficiently patient led.

Missing elements

It is surprising that document does not reflect the challenges in A&E 4 hour waiting time performance and flow into and out of the hospital which has been ongoing. The local focus on solutions Initiatives to address hospital discharge delays are also not included. Healthwatch Coventry carried out visits to a number of wards on 2017 to gather patient views on communication and found that most people we spoke to were not aware of their discharge plans. UHCW supplied an action plan to address recommendations made. An update on progress could be featured.

The Trust's place within the local Better Health, Better Care, Better Value (Sustainability and Transformation Partnership) is not featured within the document. This aims to bring together provider organisations such as UHCW with

organisations responsible for commissioning health service to develop collaborative plans for the future of services around quality, cost and effectiveness. The Chief Executive of UHCW chairs the STP Board for Coventry and Warwickshire. Importantly STPs highlight that organisations within the NHS cannot work in isolation, but the Quality Account does not reflect or address this important theme.

Other comments

The greater accessibility of the Trust's Patient Advice and Liaison Service is welcomed. Healthwatch Coventry runs the Independent Complaints Advocacy Service (ICAS) and the responsiveness of PALS has been a concern based on what complainants have told us. Healthwatch have had discussions with the Trust about this.

We look forward to continuing to work with UHCW in the coming year.

[We have 1000 words max this is currently 884]

Approved by

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Health and Social Care Scrutiny Board Work Programme 2017/18   26th April, 2018

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
- Coventry and Warwickshire Partnership Trust CQC Re-inspection Report and Action Plan   - Child and Adolescent Mental Health Services (CAMHS) Transformation Update   - Report back from the Task and Finish Group on improving the quality of Housing and the Health and Wellbeing of Coventry Residents   - Adult Neurodevelopment Diagnostic Pathway Briefing Note
7th March 2018
- Community Pharmacies   - Integrated Care Systems
Thursday 26th April 2018
- Urgent and Emergency Care Workstream Update,   - CQC System Review   - UHCW Quality Account- Commentary from partners
Briefing Notes
- NICE Treatment Guidelines
Joint Health Overview and Scrutiny Committee
- Stroke Services
2018/19
- Maternity and Paediatrics Work Stream Update   - Adult Social Care Annual Report   - Primary Care Workforce – Recruitment and retention of GPs   - Primary Care – Supporting Self Care   - Out of Hospital   - Upscaling Prevention   - Update on Report back from the Task and Finish Group on improving the quality of Housing and the Health and Wellbeing of Coventry Residents   - Integrated Care Systems   - Director of Public Health Annual Report

1

- Care Quality Commission review of the Health and Social Care system in Coventry Report
- Female Genital Mutilation
- Employment and Mental Health
- Improving Support – enablement approach for adults with disabilities
- Digital Strategy - Improved Customer Service – reviewing the customer journey and expanding use of digital technologies including Primary Care Digital Strategy
- Improving the system – opportunities arising from the Better Care Fund and the CQC local system
- Childhood Obesity
- Update on recommendations from the Task and Finish Group on improving the quality of Housing and the Health and Wellbeing of Coventry Residents

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

3

Page 50

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

4

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

5

Health and Social Care Scrutiny Board Work Programme 2017/18

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
31st January 2018	- Coventry and Warwickshire Partnership Trust CQC Re-inspection Report and Action Plan	Following the outcomes of the CWPT CQC re-inspection, the Board request that CWPT attend the meeting and present their action plan.	Simon Gilby	Organisational requirements - CWPT
	- 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
	- 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
	- Adult Neurodevelopment Diagnostic Pathway Briefing Note	In response to a question by a Member of the public, a briefing note has been provided on the Adult Neurodevelopment Diagnostic Pathway.	Matt Gilks	Request from Scrutiny

6

Health and Social Care Scrutiny Board Work Programme 2017/18

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
7th March 2018	- Community Pharmacies	To include an update on the Pharmaceutical Needs Assessment and an opportunity to think about how we best utilise community pharmacies. Invite representatives from the Local Pharmaceutical Committee.	Liz Gaulton	Request from Scrutiny
	- Integrated Care Systems	'Accountable care systems' (ACSs) have beenn rebranded to 'Integrated Care Systems'. The Board will scrutinise what these are and what this could mean for Coventry.	Andrea Green/ Adrian Stokes (NHSE)	Better Health, Better Care, Better Value Programme
Thursday 26th April 2018	- Urgent and Emergency Care Workstream Update,	To receive an update on the Urgent and Emergency Care STP workstream.	Glen Burley	Better Health, Better Care, Better Value Programme /Request from Scrutiny 11.10.17
	- CQC System Review	To feedback on the outcome of the CQC System Review and enable the Board to scrutinise the associated action plan.	Pete Fahy	Organisational Requirements
	- UHCW Quality Account- Commentary from partners	As part of the Quality Account process, scrutiny are invited to provide commentary as part of the Quality Accounts. This piece of work follows on from the task and finish group on the quality accounts for UHCW which have been run by Healthwatch.	UHCW/ Healthwatch	Request from Scrutiny
Briefing Notes	- NICE Treatment Guidelines	To ask the CCG to explain which treatments are not offered according to NICE Guidelines, for example IVF, and the rationale behind these decisions.	Andrea Green	Request from Scrutiny

7

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
Joint Health Overview and Scrutiny Committee	- 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
2018/19	- Maternity and Paediatrics Work Stream Update	Identified 11/10/17 – to ensure future reports include information on the finances and the workforce to be made available at future appropriate meetings of the Board.	Brenda Howard	Supports the Better Health, Better Care, Better Value Programme
	- Adult Social Care Annual Report	To included information on the new supervision regime, following 12 months of operation (as identified at the meeting on 18/10/17)	Pete Fahy/ Andrew Errington	Organisational requirements - CCC
	- Primary Care Workforce – Recruitment and retention of GPs		Andrea Green	Request from Scrutiny @ meeting on 21.11.17
	- Primary Care – Supporting Self Care		Andrea Green	Request from Scrutiny @ meeting on 21.11.17
	- Out of Hospital	A further report on how the Out of Hospital model is working be submitted to a future Board meeting in approximately 6 and 12 months (between May and November 2018)	Andrea Green/ Brenda Howard/ Gail Quinton	Request from Scrutiny @ meeting on 21.11.17
	- Upscaling Prevention	Further reports to be submitted to the Board as appropriate	Gail Quinton	Request from Scrutiny @

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
				meeting on 21.11.17
	- Update on Report back from the Task and Finish Group on improving the quality of Housing and the Health and Wellbeing of Coventry Residents	To look at progress on the recommendations approved at the meeting on 31st January 2018. Going to Cabinet 6th March 2018 and review 6 months after that.	Liz Gaulton/ Karen Lees	Request from Scrutiny @ meeting on 31.01.18
	- Integrated Care Systems	To follow up on the item on Integrated Care Systems as discussed at the meeting on 7th March 2018 at an appropriate time.	Gail Quinton/ Andrea Green	Request from Scrutiny @ meeting on 07.03.18
	- 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
	- Care Quality Commission review of the Health and Social Care system in Coventry Report	Following the CQC review of the Health and Social Care system in Coventry, the Board would like to scrutinise the report and any associated action plans.	Pete Fahy	Partnership Working
	- 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	Simon Gilby	Supports the Better Health, Better Care, Better Value Programme

9

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
		undertaken by the WMCA Mental Health Commission.		
	- 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
	- Digital Strategy - Improved Customer Service – reviewing the customer journey and expanding use of digital technologies including Primary Care Digital Strategy	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. To include opportunities to use digital platforms from across the health service and social care. Primary Care Digital Strategy identified 21.11.17	Marc Greenwood/ Health partners	Request from Scrutiny @ meeting on 13.09.17 & 21.11.17
	- 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
	- 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
	- Update on recommendations from the Task and Finish Group on improving the quality of Housing and the Health and Wellbeing of Coventry Residents	The recommendations were agreed by Cabinet on 10th April. This report is to look in 6 months' time, at the implementation of these recommendations.	Liz Gaulton Karen Lees	Request from Scrutiny

11

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