



Health and Social Care Scrutiny Board (5)

Time and Date

10.00 am on Wednesday, 11th October, 2017

Place

Committee Room 3 - Council House

Public Business**1. Apologies and Substitutions****2. Declarations of Interest****3. Minutes** (Pages 3 - 10)

(a) To agree the minutes of the meeting held on 13th September, 2017

(b) Matters Arising

4. Maternity and Paediatrics Work Stream Update

Presentation by Brenda Howard, University Hospitals Coventry and Warwickshire (UHCW)

5. System Performance and Winter Pressures (Pages 11 - 26)

Joint report / presentation

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

Simon Gilby, Coventry and Warwickshire Partnership Trust (CWPT)

David Eltringham, University Hospitals Coventry and Warwickshire (UHCW)

Steven Jarman Davies, Coventry and Rugby Clinical Commissioning Group (CCG)

6. Outstanding Issues Report

Outstanding issues have been picked up in the Work Programme

7. Work Programme 2017-18 (Pages 27 - 34)

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

Tuesday, 3 October 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 Wednesday, 11th October, 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 if you would like this information in another format or language please contact us.

Liz Knight

Telephone: (024) 7683 3073

e-mail: liz.knight@coventry.gov.uk

Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 10.00
am on Wednesday, 13 September 2017

Present:

Members: Councillor D Gannon (Chair)
 Councillor J Clifford
 Councillor D Kershaw
 Councillor R Lancaster
 Councillor M Lapsa
 Councillor A Lucas
 Councillor T Mayer
 Councillor C Miks
 Councillor S Walsh

Co-Opted Member: David Spurgeon

Other Members: Councillors F Abbott and R Ali

Other Representative: Joan Beck, Chair of the Adult Safeguarding Board

Employees (by Directorate)

I Bowering, People Directorate
V Castree, Place Directorate
A Errington, People Directorate
L Gaulton, People Directorate
M Greenwood, People Directorate
E Hale, People Directorate
L Knight, Place Directorate
J Reading, People Directorate

Apologies: Councillor L Kelly

Public Business

8. Declarations of Interest

There were no declarations of interest.

9. Minutes

The minutes of the meeting held on 19th July, 2017 were signed as a true record. There were no matters arising.

10. Coventry Safeguarding Adults Board Annual Report 2016/17

The Board considered a briefing note on the Annual Report of the Coventry Safeguarding Board for 2016/17. A copy of the Annual Report was set out at an appendix to the briefing note. The Annual Report was introduced by Joan Beck,

Chair of the Safeguarding Adults Board. Councillor Abbott, Cabinet Member for Adult Services and Councillor Ali, Deputy Cabinet Member for Public Health and Sport attended the meeting for the consideration of this item. The Annual Report was due to be presented to the Health and Well-being Board at their next meeting on 16th October, 2017.

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

Joan Beck informed that during the year the Board had embedded the principles of the Care Act in practice and improved the way in which people were safeguarded in a personalised way. Learning from review of practice had continued and steps had been taken to ensure that this learning extended to providers who were contracted to provide services. The focus on listening to members of the public had been renewed through a new engagement plan. There was an acknowledgement that more needed to be done in this area. For 2017/18 the focus was to be on responding to what members of the public say about their experience of safeguarding issues, so building awareness of safeguarding in communities and empowering communities to be safe places for everyone to live

The Board noted that the annual report also outlined the new strategy for 2017/18. By becoming more outwardly focussed this would ensure that adults with care and support needs received the best safeguarding service from agencies across the city.

The Board questioned the Chair of the Adults Safeguarding Board on a number of issues relating to the Annual report and responses were provided, matters raised included:

- Concerns about non-attendance at Board meetings by certain partner organisations
- The suggestion of the inclusion of additional information on the contribution to the work of the Board from the partner organisations in the annual report for 2017/18
- Further information about engagement plan and the new ways of listening to the public, and how the different initiatives would be monitored
- Concern about a lack of detailed information in the report on the Board's statutory responsibilities, the Task and Finish Groups and their outcomes, and whether outcomes were positive or negative. A concern that the document was not clear for members of the public to understand
- The suggestion that the real life stories contained in the report needed to be stories with more depth
- A concern about the low percentage of CCG staff who have undertaken basic adult safeguarding awareness training in the last three years compared to the other statutory providers

- A request for a report on the quality assurance framework including how this was showing an improved quality practice including information on targets
- An individual concern about a very serious incident at Coventry Almshouses involving West Midlands Ambulance Service and the action that could be taken
- Information about the powers of the Board along with its ability to influence
- The engagement of the Board with the Council's elected members.

RESOLVED that:

(1) The content of the Coventry Safeguarding Adults Board Annual Report 2016/17 be noted.

(2) 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 approximately six months.

(3) A report back on the engagement strategy including feedback on the engagement plan including tools and techniques used to engage with the public be submitted to a future meeting of the Board.

(4) The Safeguarding Adults Board Annual Report for 2017/18 to include additional information about the contribution to the work of the Board from the partner organisations, for example the Probation Service and the local Housing Associations.

(5) The Board's concerns regarding the low percentage of CCG staff who have received the basic adult safeguarding awareness training in the last three years compared to the other statutory providers to be raised with the CCG.

(6) The Board's concerns about the attendance of the Probation Services at Safeguarding Board meetings to be raised with the two Chief Probation Officers.

11. Adult Social Care Annual Report 2016-17 (Local Account)

The Board considered a report of the Deputy Chief Executive (People) and received a presentation on the Adult Social Care Annual Report 2016/17 (Local Account) which detailed the performance of Adult Social Care and the progress made against the priorities for the year and specifically considered examples of the operational activities to support service users and carers under the ten themes of the Adult Social Care Vision. A copy of the report was attached at an appendix to the report. The report was due to be considered by the Cabinet Member for Adult Services at her meeting on 5th October and Councillor Abbott attended the meeting for the consideration of this item. Councillor Ali, Deputy Cabinet Member for Public Health and Sport was also in attendance.

The report indicated that it was considered good practice to produce an annual report as it provided the opportunity to be open and transparent about the success

and challenges facing Adult Social Care and to highlight what was being done to improve outcomes for those who came into contact with Adult Social Care.

The production of the report had drawn on feedback and information gathered over the year from a range of sources including social care staff, Partnership Boards, Adult Social Care Stakeholder Reference Group, providers and people that had been in contact with Adult Social care. The report was aligned around the Adult Social Care values and principles.

The presentation provided a brief overview of Adult Social Care covering overall purpose, strategy, budget, activity, performance, and working with health. The presentation also identified areas of development which the Board could have involvement with.

The Board were provided with an understanding of Adult Social Care including the Adult Social Care Vision. Reference was made to the basic operating model which highlighted the key stages in the customer journey which took into account the Care Act and statutory duties. Budget and expenditure for the past five years were set out along with the comparison spend of neighbouring local authorities and the regional and England average spend on Adult Social Care for 2015/16.

Attention was drawn to the total number of people supported and to the average number of caseloads for employees. A summary of trends indicated that across the service the number of people receiving support was fairly stable, reducing slightly; people were generally more dependent so the amount of support required while they were living at home was higher; the cost of services was increasing, e.g. living wage; and the cost of residential and nursing home care was increasing resulting in the Council paying more enhancements to ensure suitable placements.

Information was provided on recent performance with a comparison with other West Midlands Authorities. Figures for Coventry for 2016/17 showed an improvement against 14 indicators, static across 4 and a decrease in 8. The presentation also referred to the workforce, the workforce strategy and annual implementation plan was being finalised and there was a focus on workforce planning, professional development and practice quality assurance. The Board was informed that there was a good retention of adult services social work staff and a strong ability to recruit social work staff. Additional information was provided on quality assurance.

The presentation referred to the Better Care Fund and the spending plan that for additional monies agreed by the Council and the CCG. Reference was made to the CQC Local System Review Review which involved 12 of the most challenging systems across a range of indicators being reviewed and included Coventry. Coventry's review period commenced 4th December with the main on-site week being 22nd January, 2018.

The presentation concluded with four improvements initiatives which were highlighted as potential agenda items for the Board.

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

- What could the Board do to help to improve the system
- Were there likely to be significant funding problems for adult social care in the future
- The involvements of Councillors in the CQC inspection process
- An appreciation of the work behind the 80% retention rate for social workers
- What could be done to improve the take up of self-assessments online
- What could be done to reduce the small number of delayed transfers of care cases that were down to the City Council
- A suggestion that the Annual Report should make mention of the significant reduction in funding down from £86m in 2011/12 to £74m in 2016/17
- The lack of availability of data relating to reduces waiting lists and response times for assessments
- Further information about short term respite care following discharge from hospital.

RESOLVED that:

(1) The content of the excellent report and presentation be noted.

(2) Consideration be given to further reports on the following being submitted to future Board meetings:

i) Delayed Transfers of Care

ii) Improving Support – enablement approach for adults with disabilities

iii) Improved Customer Service – reviewing the customer journey and expanding digital technologies

iv) Improving the system – opportunities arising from the Better Care Fund and the CQC local system.

(3) Arrangements be put in place for a Scrutiny Board (5) workshop/ formal meeting to consider a) Improving Standards – quality assurance and workforce development and b) the Better Care Fund.

12. Coventry Drugs and Alcohol Strategy 2017-2020

The Board considered a report of the Acting Director of Public Health and received a presentation on the Coventry Drug and Alcohol Strategy 2017-2020, a copy of which was set out at an appendix to the report. A copy of the Drug and Alcohol Strategy Action Plan for 2017-2020 was tabled at the meeting. Councillor Ali, Deputy Cabinet Member for Public Health and Sport attended the meeting for the consideration of this item.

The report informed of the Drug and Alcohol Strategy for 2017-2020 and updated on the progress made to address drug and alcohol misuse against the previous strategies. Alcohol and drug misuse was a significant issue for individuals and communities alike with the harms being complex and wide ranging. The Coventry vision, to reduce the harms caused by alcohol and drug misuse making Coventry a healthier, wealthier and happier place to live, linked to all three of the priorities within Coventry's 2016-19 Health and Wellbeing Strategy.

The report provided information about the numbers of residents drinking alcohol and taking drug in the city. Although the number of people using alcohol and

taking drugs was reducing nationally and locally, the needs of alcohol and drug users were becoming increasingly complex and there was a strong link between high risk substance use and deprivation.

The Board were informed that the development of the city's Drug and Alcohol strategy coincided with the recommissioning of drug and alcohol recovery services in the city. As drug and alcohol was a cross-cutting issue requiring a multi-agency response, the three year strategy was developed by and involved partners and covered a wide range of issues. It covered both young people and adults and had three strategic priorities:

- i) Prevent people from taking drugs or drinking harmful levels of alcohol and intervene early to minimise harm
- ii) Support those with drug and/or alcohol problems and those with multiple complex needs
- iii) Promote sustainable recovery and enable people to live healthy, safe and meaningful lives.

The strategy was to be reviewed on a quarterly basis by the Drug and Alcohol Strategy Steering Group which included representatives from the partner organisations. The Steering Group reported to the Health and Wellbeing Board. The report highlighted the main milestones to be met in the first 12 months.

The presentation set out how the three priorities of the strategy were to be achieved; informed of the future drug and alcohol recovery services model; highlighted the overarching system objectives and provided information on governance.

Members raised several issues arising from the presentation and responses were provided, matters raised included:

- Clarification about the support available for other family members when an individual has alcohol and or drug issues
- How were young people represented on the Steering Group
- A suggestion that health needed to be added to the licensing objectives
- Whether there were particular problems that were specific to the city.

RESOLVED that:

(1) The report summarising the actions to date on the Coventry Drug and Alcohol strategy be noted.

(2) The Coventry Drug and Alcohol Strategy 2017-2020, as set out at Appendix 2 to the report, be noted.

(3) Consideration be given as to how young people can be represented on the Steering Group.

(4) Consideration be given as to how lobbying can be undertaken to request that an additional objective for health be added to the licensing objectives.

13. Work Programme 2017/18

The Board noted their work programme for the current year.

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

There were no additional items of public business.

(Meeting closed at 12.25 pm)

This page is intentionally left blank



Coventry City Council

Briefing note

To Scrutiny Board 5	Date 11 October 2017
From Coventry Accident and Emergency Local Delivery Group	Subject Winter Planning

1 Purpose of briefing note

To provide Scrutiny Board 5 with:

- 1) an update on preparations for winter 2017/18 in order to manage pressures against health and social care
- 2) an identification of the key issues that may impact on health and social care over winter 2017/18

This briefing note will be accompanied by a presentation.

2 Recommendations

Health and Social Care Scrutiny Board (5) to note the update provided on preparations for winter and provide any comments and feedback in relation to the plans in place to prepare for winter and other system issues covered.

3 Information/Background

Each year Coventry and Warwickshire is required to submit a winter plan to NHS England identifying how the system intends to remain stable and resilient through the winter period which presents additional risk factors including Flu, Norovirus, poor weather conditions/colder temperatures and extended Bank Holidays.

This plan is owned, monitored and managed by the Coventry and Warwickshire A&E Delivery Board, covering over 900,000 residents, working across six NHS providers, with 1,830 general and acute beds, over 3,000 nursing and residential homes beds, two local Authorities, over 130 GP practices and three NHS CCGs.

This plan is currently in draft form and will be developed through the Coventry and Warwickshire A&E delivery board during October and November prior to submission to NHSE by 1 December 2017.

4 Preparing for winter

In many ways pressures traditionally experienced at winter continue to be felt beyond the winter period itself with parts of the system remaining under sustained pressure throughout the year. For example and on average there are over 1,000 attendances at A&Es across Coventry and Warwickshire each day, and 270-300 patients admitted to hospital each day as emergency patients, requiring the same number to be discharged each day to make room for new patients.

These are of course average figures which peak by the day of the week and at holiday times, appointments at the 130 plus GP practices far outweigh even these figures.

For social care although the overall numbers of people being supported remain relatively static the costs of providing this support is increasing as a result of both market pressures and the levels of need that people are presenting with. As well as managing hospital discharge a significant social care pressure continues to be felt in the community (from people not going through the hospital system).

In order to manage these challenges a number of key priorities are sought to be addressed in winter planning for 2017/18 as follows:

- Working to ensure that there is enough capacity across health and social care to meet the pressures of winter
- Ensuring the system delivers 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 is prepared for dealing with common expected winter illnesses and severe weather events
- Having an operational resilience network that enacts actions plans at peak times through a robust escalation reporting and management process

5 Learning from 2016/17

Winter 2016/17 was a very challenging period for the NHS in Coventry & Warwickshire as well as nationally. Following this period an urgent care winter debrief was held with the aim of capturing learning and what went well along with what could be further improved.

Key areas of learning arising from this exercise were:

- There are opportunities for greater collaboration across the whole Local Health Economy that could improve effectiveness
- Good work is being completed across the Coventry and Warwickshire footprint but this is not always shared hence opportunities for broadening good practice can be lost
- Processes vary across the whole Local Health Economy and benefits could be gained from standardising
- The potential contribution of key operational groups to resolving issues are not always realised i.e. Coventry & Warwickshire Urgent Care Forum (CWUCF)
- The focus on acute settings means the contribution of wider external and community based services are not always considered for the contribution that could be made to winter resilience

6 Key winter plan developments

There are a set of existing plans in place with regard to system resilience, these relate to the delivery of nationally mandated actions there are also a series of additional local system level actions are in place to support resilience over the winter period.

Tables detailing each item in both the existing and additional action plans alongside delivery dates are included in Appendix One

Key elements that will be focussed on in respect of ensuring resilience are as follows:

6.1 Profiling of Elective Work and Reducing Bed Occupancy

Provider elective plans are based on stopping routine inpatient elective work in the week before Christmas, Christmas itself and into the New Year, freeing up both theatre capacity and available beds over that Holiday period.

Stopping elective work reduces the demand for beds overall across providers by approximately 5% over this period this allows for medical patients to be placed overnight as necessary in capacity not normally opened overnight.

In addition the system will work to reduce bed occupancy in the week before Christmas as in previous years to below 85% at least, through targeting of additional discharges. This impacts on the profile of work for Community and Social Care both before the holiday period as well as afterwards to deal with the number of patients that are forecast to require flow into the community after the New Year.

6.2 Primary Care Provision

The majority of practices already offer additional weekend and evening appointment, and this will continue during the winter period. At practice level practices are already reviewing as part of the Primary Care Five Year Forward View the use of alternative approaches to delivering core services including telephone and online consultations, the use of Advanced Nurse Practitioners & Clinical Pharmacists.

There is new scheme in Coventry & Rugby in relation to GP support to care homes, focused on GP practices supporting defined nursing / residential homes with a catchment of approximately 300 beds.

6.3 Ambulance Response

West Midlands Ambulance Service (WMAS) are part of the national pilot for the Ambulance Response Programme (ARP) which is a programme that enable to categorise the people that need urgent as opposed to being driven by the 15 minute national target. As a result of this See and Treat activity was up by 1.8% and See and Convey was down by 1.3%. Further improvement will be sought in respect of these measures.

WMAS will further ensure that 100% of all resources are Paramedic crewed (currently 96%), and ensure all patients are assessed and treated by a Paramedic

6.4 Local Authority

The iBCF grant announced in the spring budget has made extra funding available to the local authority between 2017 and 2020 and this has been put in place with the aim of providing additional stability and capacity in local care systems.

The plan for the spend of the iBCF has been agreed by the City Council and CRCCG. Particular elements of this plan supporting winter pressures are:

CRCCG currently commissions residential capacity to support the Discharge to Assess pathway, the iBCF resource will be used to support the CCG in maintaining this.

Part of the resource will be used to support an increase in short term home support capacity to facilitate discharge. Additional capacity will be commissioned for the period covering November to March for both years of the plan (peak seasonal pressures) to help ensure that system flow is maintained over this period.

The iBCF resource will also be used to ensure that social care capacity can be maintained and that the provider market remains sustainable.

The BCF plan (which includes original Better Care Fund and Improved Better Care Fund) was submitted to NHSE on 11 September 2017 and is currently going through an assurance process.

6.5 University Hospital Coventry and Warwickshire (UHCW)

UHCW have delivered a range of actions to ensure resilience across a range of activity which includes:

- Daily operation of cross organisation patient flow hub to support the acute hospital wards with their discharge planning
- Primary Care streaming to make use of the GPs in ED to maximise the number of patients being streamed to primary care, and the GP Frailty team.
- Rapid Triage in A&E ensuring that minors are being seen with 4 hours.
- SAFER fully implemented across the Trust.
- Red to Green (R2G) embedded across all wards.
- Integrated offer between Walk in Centre and ED, through joint Clinical Oversight
- Additional beds over the Winter
- Increased ED Staffing
- Focus on better management of patients attending ED with Mental Health Issues
- Focus on reducing bed occupancy, reducing the number of patients who have been in hospital for more than 7 days, reducing number of patients occupying a bed who are medically fit for discharge, reducing DTOCs to 3.5%

6.6 Flu Campaign

Public Health are working with and supporting NHS England priorities and local partners to deliver a proactive response to seasonal flu.

There will be a publicity campaign to raise awareness and encourage uptake of flu vaccines and a campaign to encourage uptake of the vaccine within eligible groups and frontline staff.

6.7 Communication

All partners work across the various organisational communications teams to manage the media campaign associated with seasonal pressures on behalf of Coventry and Warwickshire.

The focus of the 2017/18 campaign will be:

Increase flu vaccination take-up in the target groups: i.e. Carers, Pregnant women and long term conditions

Reduce pressure on urgent care and A&E through promotion of self-care, WICs, UCCs, NHS 111 and OOHs, and sign posting of these feeder organisations of alternatives in place within the community.

Effective and targeted Social Media coverage, based on target groups, i.e. Polish. Students Media reports

Video and animation views and engagement

6.8 System Escalation

Coventry & Warwickshire CCGs have invested in the Regional Capacity Management Team (RCMT) for a number of years as part of the work of the Arden Urgent Care Forum to support planning and capacity management across the system.

The RCMT hosts the Escalation Management System which offers a mechanism for providers to communicate the current level of escalation and particular pressure points quickly to all parts of the system. This comprises a set of triggers which give detail of particular pressure points and lead to the generation of an overall escalation level. Key urgent care services are utilising this functionality on a daily basis which is aiding a wider understanding of flows and pressure points.

The health system will implement the national escalation system (OPEL framework) again this winter and will maintain oversight of reporting to ensure speedy response where required, through operation of the on-call system, and system resilience teams.

7 Key Issues impacting on resilience

There are a number of issues that are challenging to predict which, if materialise can have a detrimental impact on the ability to sustain a resilient system. These include:

Christmas & Bank Holiday Demand

The Arden Urgent Care Forum is working with partners to assess the demand that can be expected through NHS 111, Out of Hours and Primary Care to feed into revised plans by the end of October 2017. In particular focusing on the key dates throughout December 2017 and into January 2018.

Workforce capacity

As part of the completion of templates for on call and shift rotas over the December and January any gaps in provision will be identified and steps taken to fill these wherever practicable.

Weather and transport

Coventry & Warwickshire weather warnings via the clinical commissioning group as well as weather alerts and forecasts from the Meteorological Office. This allows the system to put into operation the appropriate plans in a timely fashion. In the event of adverse weather such as snow, ice and flooding a control room can be activated at various sites across Coventry and Warwickshire.

Overall Risk Management

The Key risk to delivering this Winter Plan will be the ability to manage demand should this present above forecast due to the alignment of Christmas over a weekend period.

Senior managers will be available on site on each of the priority activity days to maintain a local consistent presence and to support organisations to maintain patient flow. We will also have access to IT & Clinical on Call throughout the period.

Better Care Fund

Although local CCGs are very committed to supporting social care through transfers from the Better Care Fund there is a risk that this transfer of funding is not forthcoming on direction of NHSE dependant on the approval status of Better Care Fund plans and delivery of the DTOC targets contained therein. Should this position transpire this would significantly impact on the ability of Adult Social Care to provide sufficient capacity to support system resilience.

This page is intentionally left blank

Appendix One

Existing plans in place with regard to system resilience

Normal A&E Delivery Metrics and Implementation Dates		Date
NHS 111 Online	NHS 111 Online is available in all areas	Dec-17
NHS 111 calls	50% clinical contact	Sep-17
	100% coverage of integrated urgent care	Jun-17
	50% direct bookings in hours	Mar-18
	100% direct bookings out of hours	Jun-17
GP Access	100% of GP Practices to meet seven national core requirements	Jun-17
	69% population coverage evening and weekend appointments	Jun-17
Ambulances	ARP in place	Jun-17
Hospital	95% A&E 4 hour standard (UHCW Trust most at Risk wont deliver in year / SWFT and GEH meeting target)	Mar-18
	89% of patients arriving to ED by ambulance handed over within 15 minutes of the ambulance's arrival	Mar-18
	Co-location of GP streaming meeting national guidance in place	Sep-17
	Provision of ambulatory emergency care at least 14-hours a day, 7 days a week	Sep-17
	Clear frailty pathway in place which includes an early comprehensive geriatric assessment	Sep-17
	100% of wards where SAFER bundle is in place	Sep-17
Hospital to Home	less than 15% OF CHC full assessments taking place in acute settings	Jun-17
	High Impact Change 1: Implement early hospital discharge planning	Jun-17
	High Impact Change 2: Implement system to monitor patient flow	Dec-17
	High Impact Change 3: Implement multidisciplinary discharge teams	Dec-17
	High Impact Change 4: Home First/Discharge to Assess scheme in place	Jun-17
	High Impact Change 5: Seven-day service in place (Increasing percentage through the year)	Mar-18
	High Impact Change 6: Trusted Assessor models in place	Nov-17
	High Impact Change 7: Promoting choice and self-care for patients	Dec-17
	High Impact Change 8: Enhanced health and care services in care homes	Dec-17

Additional local system level actions are in place to support resilience over the winter period.

Additional System level actions and dates		Date
System Planning	Redesign of escalation procedures and policies	Oct-17
	OPEL Reporting established	Dec-17
	Manpower plans for over holiday period across all partner organisations	Oct-17
	On Call Rota confirmed for Dec-through to January	Nov-17
Capacity Management	Capacity Modelling (Demand and capacity to meet demand)	Sep-17
	SCBU arrangements between providers	Nov-17
	Elective capacity plans to reduce elective impatients between 18/12/2017 and 8/1/2018	Nov-17
	Reduce bed occupancy to 85% by 22/12/2017	Dec-17
	Patient Flow Hub (UHCW)	Sep-17
	Patient Flow Hub (GEH)	Oct-17
	Co-location of Health and socail care staff (SWFT)	Jun-17
	Stranded patients daily review	Oct-17
	DTOC reduced to 3.5%	Nov-17
	Primary Care Plan - extended services	Nov-17
	Enhanced support of NH/RH	Nov-17
	Ambulatory Care Expansion using STP monies	Nov-17
	D2A capacity review and Commissioning	Oct-17
	Reduce LOS	Dec-17
	Flex Capacity in place from Dec 2017 to April 2018)	Nov-17
Flu	Staff programme to get to 75% of staff vaccinated	Nov-17
	Vulnerable Groups - programme to run from now ro April 2017	Sep-17
Communications	Plan developed and signed off by A&E Board	Oct-17
	Campaign run - social / and traditional media	Dec-17

Health and Social Care Scrutiny Board

Winter Planning 2017/18



Coventry Accident and Emergency Local Delivery Group



Context

Page 20

Last winter was a very challenging period for the NHS both nationally and across Coventry & Warwickshire.

The local system did work to ensure that residents and patients received high quality urgent care

However

- We did not meet national standards for waiting times at A&E,
- some long waits to place some people in beds from A&E,
- some delays on discharging people back home or into nursing, residential care
- some non-urgent treatments were delayed, and
- demand for services is still increasing.

In many ways these winter pressures have continued and parts of the system remain under pressure, and in order to meet the challenges of this winter we need to learn from the local experiences of last year, as well as learning from examples of best practice nationally.

Planning for Winter

Key priorities to address in winter planning

- To ensure that there is enough capacity across health and social care to meet the pressures of winter
- Ensuring the system delivers care at the most appropriate level for the needs of patients and supporting more people within the community
- Ensuring the system is prepared for dealing with common expected winter illnesses and severe weather events
- Having an operational resilience network that enacts actions plans at peak times through a robust escalation reporting and management process.

The overall system plan was coordinated through the Coventry and Warwickshire A&E Delivery Board, and operationally is the responsibility of the local Coventry A&E Delivery Board with senior officers from Health and Social Care.

In addition operation and escalation plans are in place across the system and by the end of November more detailed plans setting out what resilience arrangements are to be in place through the Christmas/New Year bank holiday and New Year.

Learning from 2016/17

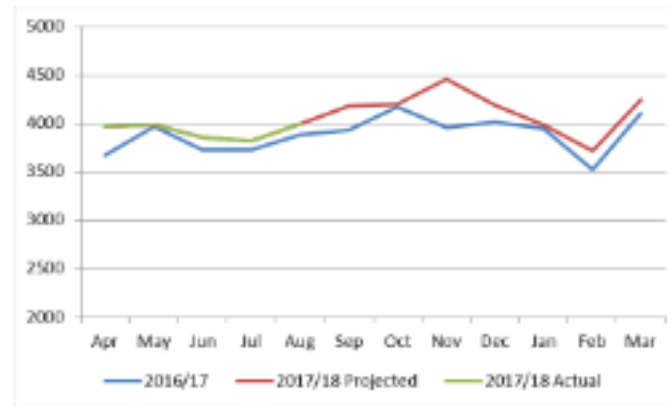
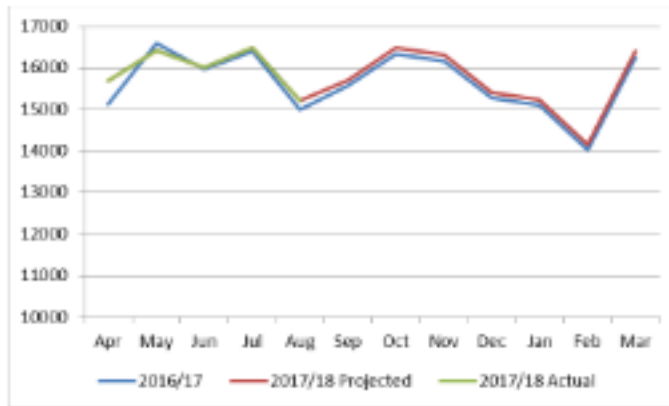
Following last winter an system wide urgent care winter debrief was held with the aim of capturing learning and what went well along with what could be further improved.

Key areas of learning arising from this exercise were:

- There are opportunities for greater collaboration across the whole Local Health Economy that could improve effectiveness
- Good work is being completed across the Coventry and Warwickshire footprint but this is not always shared hence opportunities for broadening good practice can be lost
- Processes vary across the whole Local Health Economy and benefits could be gained from standardising
- The potential contribution of key operational groups to resolving issues are not always realised i.e. Coventry & Warwickshire Urgent Care Forum (CWUCF)
- The focus on acute settings means the contribution of wider external and community based services are not always considered for the contribution that could be made to winter resilience.

Demand for A&E Services

Last year, activity to date and forecast activity for 2017/18 – UHCW



For UHCW this equates to an average of 190 additional admissions per month over last year.

Key operating issue for managing patients is bed occupancy, ideally for the system to operate effectively this needs to be 93%, currently bed occupancy is over 98% and extra contingency beds are being routinely used.

Getting to 93% bed occupancy equates to around 77 free beds. This is against the current position of over 98% bed occupancy and 30+ additional beds being open above standard bed base.

Key Actions

The Coventry & Warwickshire A&E Delivery Board's winter plan details specific actions required to be able to manage through winter, these are grouped around:

- **Primary Care** – additional weekend and evening appointments, the use of alternative approaches to delivering core services including telephone and online consultations, the use of Advanced Nurse Practitioners & Clinical Pharmacists.
- **Ambulance** - national pilot for the Ambulance Response Programme (ARP)
- **Local Authorities** - iBCF used to support Discharge to Assess and to support an increase in short term home support capacity to facilitate discharge.
- **Providers** – 8 High impact changes
- **Infection Control/Flu** - working with CCGs and GP practices to assist them in improving vaccination rates, and promoting flu uptake by front line staff.
- **Communication** - Increase flu vaccination take-up in the target groups, promotion of self-care, WICs, UCCs, NHS 111 and OOHs, and sign posting of these feeder organisations of alternatives, effective and targeted Social Media coverage.
- **Systems Escalation** - As pressures are identified alerts are cascaded out across the system, appropriate actions are taken to facilitate de-escalation at the earliest opportunity.

UHCW - Priorities

- Patient flow
- Discharge to Assess
- Trusted assessor
- Primary Care Streaming
- Rapid Triage in A&E ensuring that minors are being seen with 4 hours.
- Redesign of ED to implement Rapid Access to Assessment (RAT) for patients arriving by Ambulance
- SAFER fully implemented across the Trust.
- Red to Green (R2G) embedded across all wards.
- Integrated offer between Walk in Centre and ED, through joint Clinical Oversight
- Additional bedded capacity over the Winter
- Increased ED Staffing
- Focus on better management of patients attending ED with Mental Health Issues
- Focus on reducing bed occupancy

This page is intentionally left blank

Please see page 2 onwards for background to items

19th July 2017
<ul style="list-style-type: none"> - 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
<ul style="list-style-type: none"> - Drugs and Alcohol Strategy - Safeguarding Adults Board Annual Report - Adult Social Care Annual Report (Local Account) 2016/17
11th October 2017
<ul style="list-style-type: none"> - System Performance, Winter 2017/18 - Maternity and Paediatrics Work Stream Update
18th October 2017 - PM
<ul style="list-style-type: none"> - Improving Standards – quality assurance and workforce development - Better Care Fund
1st November 2017
<ul style="list-style-type: none"> - Visit to Coventry University
Tuesday 21st November 2017 (rearranged from 13.12.17)
<ul style="list-style-type: none"> - Primary Care Sustainability and Planning - Out of Hospital - Proactive and Preventative Update
31st January 2018
<ul style="list-style-type: none"> - NICE Treatment Guidelines - Coventry Safeguarding Adults Board Quality Assurance Framework -
7th March 2018
<ul style="list-style-type: none"> - Child and Adolescent Mental Health Services (CAMHS) Transformation Update - Coventry and Rugby CCG Financial Position -
25th April 2018
<ul style="list-style-type: none"> - - -
Date to be determined
<ul style="list-style-type: none"> - 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 - UHCW Transformation Plan

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
19 th 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 accounts. First meeting of each October 2017 Date TBC	Liz Gaulton	Request from Scrutiny
13 th September 2017	- Drugs and Alcohol Strategy	The strategy is due to be agreed at the Health and Wellbeing Board on the 10 th 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

Health and Social Care Scrutiny Board Work Programme 2017/18

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
	- Out of Hospital	To look at the development of the infrastructure which supports the delivery of a more integrated model of care.	Andrea Green	Supports the Better Health, Better Care, Better Value Programme
	- Proactive and Preventative Update	A brief item to update the Board on the work being undertaken as part of the Proactive and Preventative workstream.	Brenda Howard	Better Health, Better Care,

Health and Social Care Scrutiny Board Work Programme 2017/18

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
				Better Value Programme
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		
	-			
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
	- 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
	-			

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
25 th April 2018	-			
	-			
	-			
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 what these are and what this could mean for Coventry.	Andy Hardy/ Andrea Green	Better Health, Better Care, Better Value Programme
	- 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	Pete Fahy	Organisational requirements - CCC

Health and Social Care Scrutiny Board Work Programme 2017/18

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
		support and improve the response time for those who are eligible for assessment/support.		
	- 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
	- 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	Andy Hardy/ David Eltringham	Organisational requirements - UHCW

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
		<p>Improvement and five NHS Trusts, of which UHCW is one, over five years to support improvements in patient care.</p> <p>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.</p>		