

**Care Quality Commission (CQC) Review**  
**Local Health and Social Care System – Coventry**  
**Improvement Plan 2018**

**Final Version - April 2018**

## **Background**

On 4<sup>th</sup> 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 22<sup>nd</sup> and 26<sup>th</sup> January 2018, with the Health and Wellbeing Board feedback summit taking place on 14<sup>th</sup> 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
  - 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.

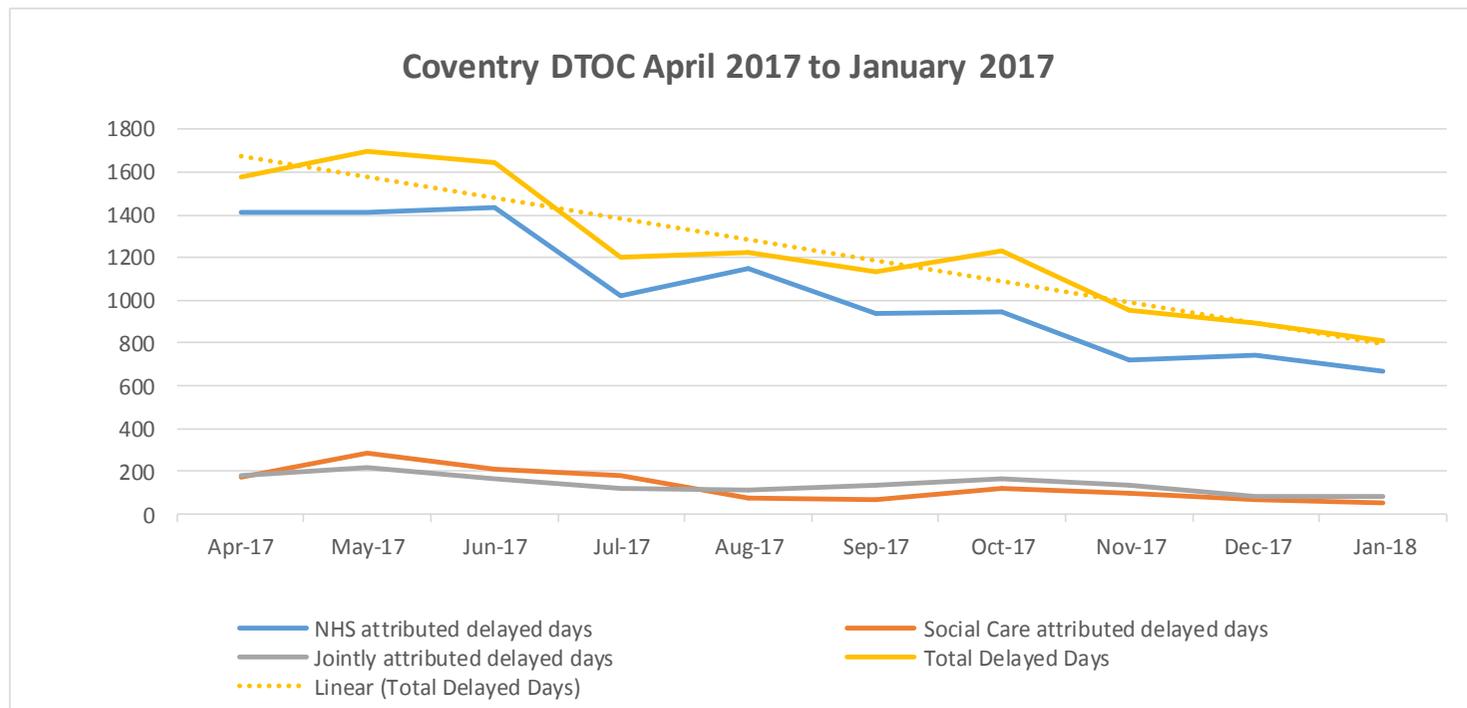
This action plan has been developed to support focus and drive on areas of activity and improvement already in progress across the system, it is therefore very much interlinked with existing plans as opposed to creating a separate and standalone action plan. As required by the CQC review the action plan 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.

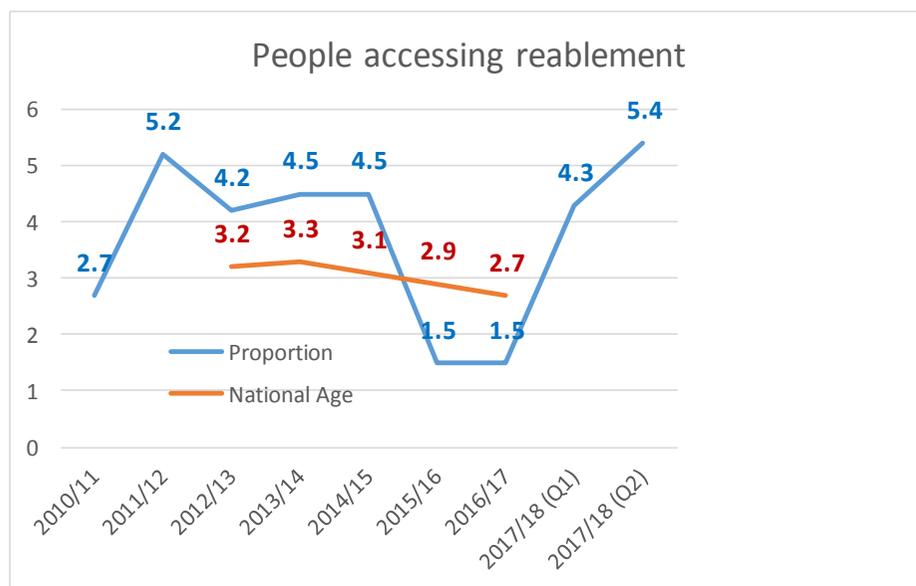
One particular measure we are proud of is our improvement in respect of Delayed Transfers of Care which has been achieved through taking a system approach as opposed to looking at the issue from a number of single agency perspectives. In the period between the announcement of the review and its commencement 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



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



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
1.6	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.

<b>Theme 2 – Engagement and Involvement</b>							
<b>Action number</b>	<b>Action required</b>	<b>Delivery Lead Organisation</b>	<b>System Governance Body</b>	<b>Timescale</b>		<b>Success measures</b>	<b>Progress to date</b>
				<b>From</b>	<b>To</b>		
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
2.2	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

Action number	Action required	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date
				From	To		
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.

## **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

<b>Theme 3 – Performance, Pace and Drive</b>							
<b>Action number</b>	<b>Actions</b>	<b>Delivery Lead Organisation</b>	<b>System Governance Body</b>	<b>Timescale</b>		<b>Success measures</b>	<b>Progress to date</b>
				<b>From</b>	<b>To</b>		
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
3.3	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	<b>Support to care homes</b> 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	<b>Support to care homes</b> 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	<b>Support to care homes</b> 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	<b>Increase coverage and effectiveness of 'Red to Green'</b> '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	<p><b>Increase coverage of Trusted Assessor</b></p> <p>Increase care home provider's confidence in assessments completed e.g. by reviewing trusted assessment approach and evaluating need for Care Home Assessor post</p>	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	<p><b>Improving Discharge</b></p> <p>Review role of Community Discharge Hub to ensure continued effectiveness and clear mechanisms in place for learning and improvement</p>	A&E Delivery Group - Coventry	STP (Urgent and Emergency Care)	TBC	TBC	<p>Review complete with proposals for future development</p> <p>Overall reduction in lengths of stay / improvement in DToC</p>	Not yet commenced
4.7	<p><b>Improving Discharge</b></p> <p>Review what is required to deliver 7 day services to impact on weekend discharges e.g.</p>	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

## Theme 4 – Flow and use of capacity

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	<b>Prevention, Ambulatory Care, Zero length of stay</b>  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.*

Theme 5 – Market development							
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.
5.3	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.

## 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.

#### Theme 7 – Information sharing and system navigation

Action number	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date
				From	To		
7.1	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