

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

**Final Version - April 2018; Progress update September 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.

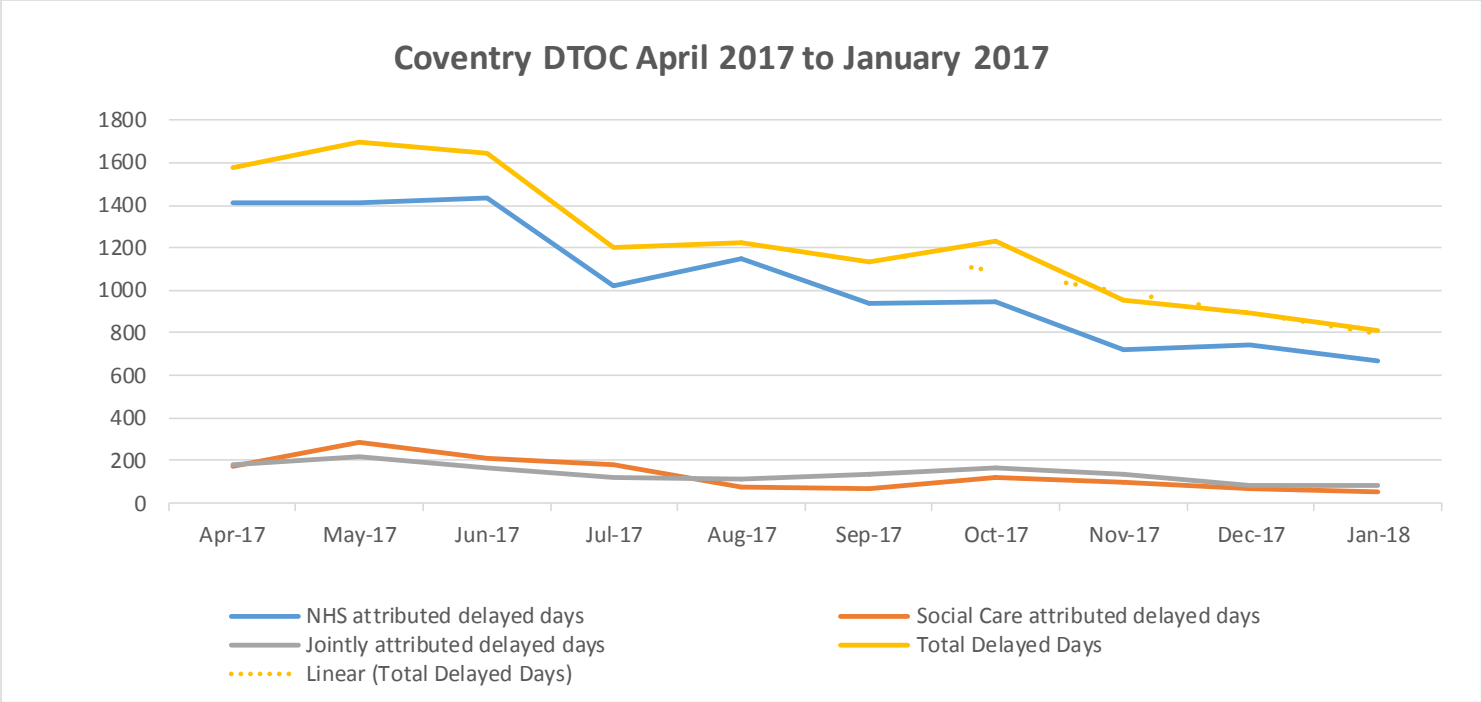
This action plan has been developed to support focus and drive on areas of activity and improvement already in progress across the system, it is therefore very much interlinked with existing plans as opposed to creating a separate and standalone action plan. As required by the CQC review the action plan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

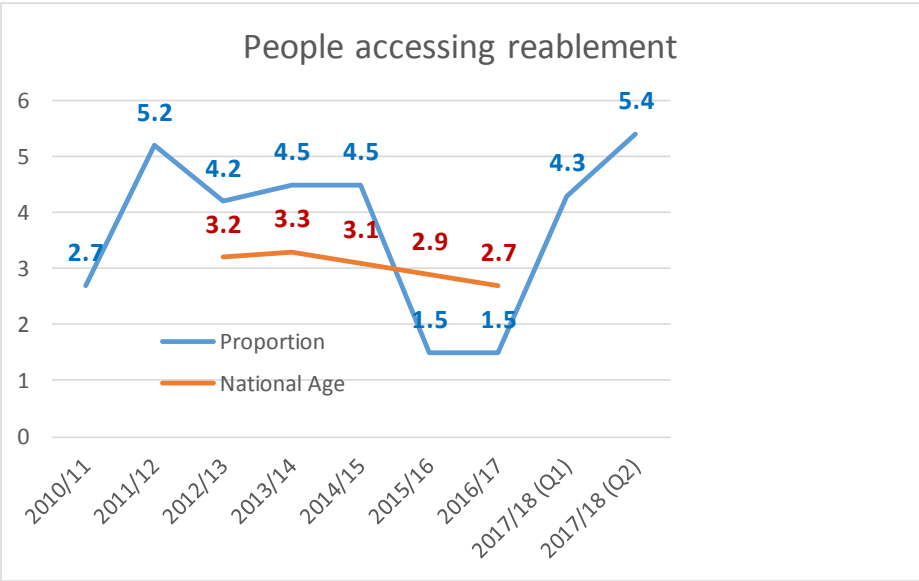
One particular measure we are proud of is our improvement in respect of Delayed Transfers of Care which has been achieved through taking a system approach as opposed to looking at the issue from a number of single agency perspectives. In the period between the announcement of the review and its commencement 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 are 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	System model agreed at Place Forum in July – ACTION COMPLETE
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	System governance an agreed workstream of Integrated Care System roadmap which will own, ensuring the system governance arrangements are clear.

## 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 be progressed through ICS development work
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	Proposals developed for how both the city council (Adult Social Care and Support) plus CWPT will align resources with the Out of Hospital delivery model.
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	GP Clusters of practices are now in place, clinical leads identified and the out of hospital delivery model is being implemented with Community Place-based Teams from end September 2018
1.6	Development of Joint Strategic Needs Assessment on locality basis so the population needs	Coventry City Council	Health and Wellbeing	July 2018	March 2019	Locality based JSNA signed off	Data in JSNA updated in January 2018. Work is underway to develop

## Theme 1 – Vision and strategy

Action Number	Action required	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date
				From	To		
	being served by each locality are clearly understood		Board			by HWBB	a new place-based JSNA – 8 localities (plus one citywide) have been approved by the Steering Group and plans are in place to deliver a data profiling tool and pilot asset-based JSNA in two localities by March 2019.
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 BHBCBV Board	The Clinical Strategy is being finalised in September for submission to the BHBCBV Board in October.



## 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.

Theme 2 – Engagement and Involvement							
Action number	Action required	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date
				From	To		
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	'I statements' drafted following session with Coventry Older Voices and Healthwatch on 30 May. These are being tested with other forums with a view to taking to Place Forum and HWBB for endorsement.

## 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	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	There is a nominated GP clinical lead and a co-ordinator for each of the new GP clusters, which come together as groups of practices to work on specific joint priorities and resilience issues. Each Cluster Lead has a nominated Governing Body Clinical lead link – so issues can be raised through the CCG governance at our clinical executive group. Cluster Leads are also members of the CCG Primary Care Development Group which is a forum for raising issues / concerns and feeding back views from local GPs.

## 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 if the relationship is improving	Clinical Commissioning Group	Clinical Commissioning Group	TBC	TBC	GP and CRCCG both able to evidence improvements in relationship	<p>The CCG have reviewed stakeholder engagement plans and are utilising the cluster arrangements, Protected Learning Time and specific forums where Cluster Leads represent their constituent practices to improve communication and build primary care engagement. They have established regular meetings with LMC as the representation for general practice delivery of primary care contracts.</p> <p>There is a specific section in the new Commissioning</p>

## Theme 2 – Engagement and Involvement

Action number	Action required	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date
				From	To		
							Intentions on primary care priorities which reflect engagement with members and stakeholders with an interest in primary care
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	March 2019	A single risk management framework and evidence of this multi-disciplinary settings/place based teams	Local STP partners have their local workforce strategies in place. Risks will therefore be managed in association with this locally. From a system wide perspective, LWAB will be pulling a STP workforce strategy together and will look to develop a single risk management framework (and risk register) to ensure active risk management at LWAB/system level. This will ensure the monitoring of

**Theme 2 – Engagement and Involvement**

Action number	Action required	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date
				From	To		
							mitigating actions and subsequent solutions.

**Theme 3 – Performance, pace and drive****Lead Responsibility – as described in actions**

**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	Dashboard in place and being used – ACTION COMPLETE
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 Wellbeing Board	Not yet commenced	Dec 2018	System wide focus on key areas of strategic delivery enabling pace and drive to be maintained	Further to completion of action 1.1 in previous section, this can now be progressed. Coventry and Warwickshire Place Forum have agreed to consider a draft outcomes framework and performance dashboard in November

							2018.
3.3	CQC Local System Review Action Plan to be monitored, on an ongoing basis, by the HWBB.	Health and Wellbeing Board	Health and Wellbeing Board	ongoing	June 2018	Delivery of action plan delivered with appropriate escalation to unblock areas of non-delivery	Update provided to each HWBB with the aim for full sign off in March 2019 - ACTION COMPLETE

## **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		
4.1	<p><b>Support to care homes</b></p> <p>Increase coverage of dedicated GP support into care homes through implementation of the Care Home Enhanced Support (CHES) scheme</p>	CRCCG	STP (Urgent and Emergency Care)	Complete	Complete	<p>Increase coverage above current level of 66% of care homes</p> <p>Reduction in avoidable admissions, readmissions and improved DTOC</p>	<p>Commissioned service with GPs to commence 1 April 2018. 90% of homes supported within the scheme. Evidence of reduced admissions from care homes.– ACTION COMPLETE</p>
4.2	<p><b>Support to care homes</b></p> <p>Care home and housing with care providers to be involved in discharge planning at an early stage of the person's stay in hospital</p>	CRCCG	STP (Urgent and Emergency Care)	Ongoing	TBC	<p>Evidence of early involvement by care providers in discharge planning working with IDT in UHCW</p> <p>Improved weekend discharges to care homes including new residents</p>	<p>IDT / REACT attending the Care Home provider forum to relaunch Trusted Assessment. IDT working with Commissioning and providers to re-establish trusted assessment.</p> <p>CHES scheme in place which will enable this action to be delivered.</p>
4.3	<p><b>Support to care homes</b></p> <p>Implement Red Bag scheme</p>	AJCB	STP (Urgent and Emergency Care)	Ongoing	September 2018	<p>Red Bag scheme in place for identified cohort</p> <p>Reduction in avoidable admissions, readmissions and improved DTOC</p>	<p>Red Bag scheme launched on 7 August 2018 and to be further developed based on learning – ACTION COMPLETE</p>
4.4	<p><b>Increase coverage and effectiveness of 'Red to Green'</b></p>		STP (Urgent and Emergency)	Ongoing		<p>Increase coverage within wards at University Hospital</p>	<p>"Red to Green" in place across all adult inpatient wards.</p>

## Theme 4 – Flow and use of capacity

Action number	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date
				From	To		
	'Red to Green bed days' to be implemented and embedded across all wards and into D2A community settings	A&E Delivery Group - Coventry	Care)		TBC	Overall reduction in lengths of stay / improvement in DToC	Patient status at a glance board monitored via central data programme and "Red to Green" data being used to support innovations across the Trust
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	November 2018	Understanding factors to improve care home confidence leading to reduced number of refusals and delays attributable to care homes	In place for some providers in P2. Trialled in 2 care homes Pathway 3. Further Trusted Assessor scheme being implemented in P3 where IDT is trusted assessor for CCG.
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)	June 2018	August 2018	<p>Review complete with proposals for future development</p> <p>Overall reduction in lengths of stay / improvement in DToC</p>	Review complete which demonstrated efficacy of approach, contributed to sustained improvement in DToC and will continue - ACTION COMPLETE

## Theme 4 – Flow and use of capacity

Action number	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date
				From	To		
4.7	<p><b>Improving Discharge</b></p> <p>Review what is required to deliver 7 day services to impact on weekend discharges e.g.</p> <p>Increase senior clinical decision makers at weekends</p> <p>Presence of the discharge teams at weekends</p>	A&E Delivery Group - Coventry	STP (Urgent and Emergency Care)	May 2018	March 2019	<p>Resourced plan implemented to deliver 7 day discharges leading to increased discharge activity at weekends without impacting on Mon-Fri activity</p>	<p>Adult Social Care and UHCW are undertaking a review of the costs, benefits and impacts of moving to 7day services. For weekend discharges to be improved significantly, all areas need to contribute</p> <p>UHCW continues to make good progress towards 7DS provision along many paths including the 10 Clinical Standards.</p>
4.8	<p><b>Prevention, Ambulatory Care, Zero length of stay</b></p> <p>Review of ambulatory care pathways redirecting / supporting patients with alternative sources of support i.e. falls prevention and Back</p>	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 4 – Flow and use of capacity**

Action number	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date
				From	To		
	Home Safe and Well						

## 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	Market Position Statement drafted and final version to be signed off on 11 October 2018
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	Action underway as was dependant on completion of 5.1 above. On track for sign off in January 2019.
5.3	Evaluate programme of social prescribing and then rollout. (dependent on outcome of	Adult Joint Commissioning Board	Collaborative Commissioning Board	Ongoing	TBC	Evaluation complete and optimum social prescribing capacity in place	Working with current provider to re-model the service to align with the newly evolving GP Clusters. Currently

## Theme 5 – Market development

Action number	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date
				From	To		
	evaluation)						<p>piloting new ways of working with two of the Clusters, and support is being sought through the Primary Care Officers Group to start working with remaining GP Clusters.</p> <p>It is intended that in future Social Prescribing will be closely aligned with the Placed Based Teams for Out of Hospital.</p>
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. Due to capacity the timescales for completion of this are being reviewed.
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	Capacity in place. Will be extended to people with change in needs – ACTION COMPLETE

## 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	Mar 2019	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.  Organisations to share their strategies and this will support the development of a system wide workforce strategy which will be aligned to the STP Plan. Work in progress.
6.2	System wide training and development plan to cover issues including:  Risk management Shared assessment	Local Workforce Action Board	STP Board	Ongoing	Mar 2019	Training programme developed, delivered with evidence of impact	Currently looking at different ways to ensure workforce supply across our LWAB/STP. A plan will be pulled together to enable LWAB to monitor and track evidence of impact.  The plan will be in line with the STP

Theme 6 - Workforce							
Action number	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date
				From	To		
	Care support provider skills						workforce strategy and risks will be monitored by LWAB. Work in progress



## 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)	A project is underway to redesign the provision of the Adult Social Care front door. This phase of work will create the detailed design of a new operating model. This project is being supported by Capita who are providing external expertise to challenge existing practices and introduce a model of effective front door interventions. The

## Theme 7 – Information sharing and system navigation

Action number	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date
				From	To		
							<p>redesign of services will align with improvements to models of social work practice, with the introduction of strengths based practice.</p> <p>The detailed design phase of the project will run until the end of October, after which implementation plans will be developed.</p>
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	<p>CWPT have implemented their ISPA. Work is ongoing to establish closer links between the CWPT ISPA and the Council front door with the objective of providing a more co-ordinated response to people requiring support.</p> <p>ACTION COMPLETE but further work to do.</p>
7.4	Undertake interoperability scoping workshop across	Digital Transformation	STP Board	underway	Sept	Clear plan agreed by partners on how to improve with	An interoperability workshop was held in May

## Theme 7 – Information sharing and system navigation

Action number	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date
				From	To		
	Coventry and Warwickshire system partners to identify ideas and opportunities for improving system flow.	Board			2018	timescale for delivery	and action plans to improve this area are being developed by health and social care technology leads.  A refresh of the Local Digital Roadmap has taken place and will be available by early October. The roadmap covers ideas for standardising the ICT capability of health and care partners whilst introducing opportunities for system interoperability.  ACTION COMPLETED
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	A system wide Assistive Technology workshop was held in May, the output of which is leading to the development of targeted areas of work that will test out the use of assistive technology to reduce demand on traditional models of care.

## Theme 7 – Information sharing and system navigation

Action number	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date
				From	To		
							After the successful delivery of the AT workshop the CCC team have been designing an AT strategy that will encompass the full adult social care customer journey. This will be shared with partners involved at different parts of the journey to ensure opportunities for joint working are capitalised. ACTION COMPLETED
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	The review of processes relating to informing IG responsibilities and requirements for health and care projects has been undertaken. The changes are being monitored to ensure processes effectively support system wide projects.  ACTION COMPLETED and work ongoing to ensure changes are embedded.

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