

OUR PLACE – Coventry

Background of Place

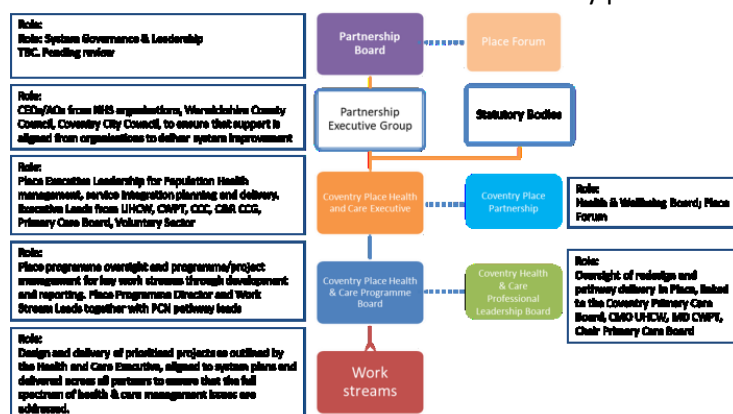
In the past ten years, Coventry’s population has grown by a fifth; residents are, on average, eight years younger – with the median age being 32 years in 2017 compared to 40 in England or the region. The number of older people is increasing and this is expected to accelerate and outpace other groups. It is expected that there will be an additional 8,900 people aged over 65 and additional 2,000 people aged over 85 within a decade. This creates an imperative to focus on preventative health amongst the working age population so that people are healthier for longer.

Emergency hospital admissions due to falls in elderly people are higher than average, in addition, the number of older people having vaccinations for flu is also below national average. The under-75 mortality rate from preventable diseases and health related QOL for older people is lower than peer groups. Premature mortality is higher than average, particularly for cardiovascular disease amongst males.

While the amount of money we spend in the NHS is going up each year, the cost of services is going up more quickly, with the points outlined above in mind, we need to identify ways to deliver the same level of services at a lower cost whilst harnessing staff experience, skills and knowledge as an asset to the wider wellbeing economy and delivering on our responsibility as a geographical collaborative to act as a social anchor within society.

Governance Arrangements

The programme governance is aligned to the Coventry and Warwickshire Health and Care Partnership structure, recognising the reporting function into respective statutory boards. The executive group has been established, with representation from Coventry and Rugby CCGs, Coventry City Council, UHCW, CWPT and Primary Care, and is maintaining overarching macro and micromanagement combined as the transformation and delivery process is established.



Clinical Engagement and Transformation

To facilitate the above, a process is being piloted as an approach to deliver more than just assurance, but a standardised approach to all aspects of transformation; through data and

insights, pathway redesign, communication and engagement, through to programme management.

Clinical leadership is key in ensuring the successful delivery of programmes, moreover, it is recognised that this should be transferrable across partner organisations, therefore a professional leadership function is being developed in order to incorporate frontline delivery across all parties.

Primary Care engagement is centred on the NAPC Primary Care Home model. This model focused on building a partnership of like-minded willing practices, coming together with other professionals to create a multi-disciplinary partnership, co-ordinating care around their GP registered. We will now work with our PCN's to support their journey through the NHSE maturity matrix and deliver system impacts.

This Primary Care model is supported by the Out of Hospital contract which requires our community provider to wrap a multi-disciplinary community Place Based Team around our PCN, providing the conditions for integrated care partnership, focused on delivering personalised, risk stratified care. During 2019/20 we will work with PCN's to build the infrastructure they will require to function effectively, embed appropriate governance, deliver their extended access requirements and recruit the workforce they will need to deliver the specifications that come on stream from 2020.

Patient/ Community and Citizen Engagement

Aligned to the joint health and wellbeing strategy, place-based and asset-based JSNAs are in the process of being rolled out across Coventry and Warwickshire. These are based around eight family hub geographies in Coventry and planned along with the health footprint of primary care networks. Engagement for the JSNA development involves local partners and wider stakeholders, to give more in-depth understanding of the assets and needs of geographical areas within Coventry to support programmes and strategies which are founded on community resilience and service delivery at locality level.

Further opportunities for engagement that will be deployed are through the existing Adult Social Care Reference group. This reference group also provides a route to larger stakeholder groups such as Coventry Older Voices (COV). In addition to this CRCCG holds 'patient voice groups' which also provide a route for engagement other than limited attendance at meetings.

Place Priorities/Developments

Coventry Place will deliver a matrix working programme, with vertical and horizontal integration in the form of system pillars from prevention through to urgent/emergency and specialist care, for a range of specialty pathways in the first instance, to deliver the more tactical changes, as the larger scale system transformation programmes continue to develop. This approach provides the opportunity for service user engagement, which will be built upon for the later phases of delivery.

As delivery is achieved and collaboration builds, opportunities will be designed to broaden the model for whole system integration, incorporating the work of wider partners around key cohorts, such as frail elderly and younger persons mental health.

The primary areas of priority for Coventry Place are frailty, mental health, MSK and demand management.

OUR PLACE – Rugby

Background of Place

Rugby is home to 103,443 residents with the 'white British' ethnic group accounting for 84.1% of the population (2011 data) and just over 1 in 10 of the population recorded as being born outside of the UK. The borough has experienced a rate of population growth that is higher than the national average and there is significant local housing development which is anticipated to contribute to an additional 29,760 residents living in Rugby by 20301 over and above demographic growth.

The JSNA provides invaluable data, and the themes are reflected in our Place priorities. General practice, as the first point of contact in local neighbourhoods, is at the forefront of responding to local needs and will increasingly require quality timely data to respond to and plan services to address the needs of their registered populations. We also have individual neighbourhood JSNAs which provide a more focused picture of the health needs in our diverse neighbourhoods and will be used to help PCNs and Out of Hospital Place Based Teams understand and respond to local demand.

Work is currently underway to develop a Vision Statement for our Place which takes into account the information held within the JSNA and reflecting the themes of the Coventry and Warwickshire: Healthy people, stronger communities and effective services, which is imperative for designing our future integrated health and care system.

Governance Arrangements

Rugby has a distinct local identity and a long history of partnership working across health and social care. Rugby has a wide range of community assets and a thriving community and third sector which already work together to address local health and social care priorities. The Rugby Health and wellbeing partnership has been a focal point for Rugby Place partnership working to date, and has brought together a wide range partners. This group is currently reviewing its remit and connectivity to other local forums and the wider Coventry and Warwickshire Health and Care Partnership (ICS) arrangements, however it will take into account the existing infrastructure, which provides a vehicle for collective action to address local health and social care priorities identified through the JSNA, brings together core partners with a commitment to utilising collective available resources to improve health and well-being, to reduce health inequalities, and to deliver high quality, accessible services according to health need.

In addition it is our intention to further strengthen Rugby Place Governance by establishing a Place Executive Group. The initial scoping for the Place Executive Group will involve a range of partners who will come together to create a shared local perspective on :

- How best to build collaboration across statutory partners with accountability and duties to deliver sustainable health and social care provision to meet the needs of Rugby and to appropriately represent Rugby as a place in the context of :
 - o development of the local Integrated Care Partnership capable of responding to and addressing the interests and specific place requirements and challenges of Rugby whilst recognising and effectively utilising the assets available within Rugby
 - o Understanding and scoping the place priorities for Rugby in context of the Long Term Plan, taking account of existing commissioner and provider obligations and local JSNA and wider determinants of health and social care
 - o Identify and address priorities which impact on the sustainability of local health and social care which require an integrated collaborative / local solution and response.
 - o Developing population health insights for Rugby Place to establish a clear focus on health outcomes and establish clear base line to assess collective impact
 - o Agree how Rugby as a place will interface with Coventry place – in context of patient and financial flows related to UHCW services and patient demand/flow
 - o Agree how Rugby place will work with other Warwickshire Place's in context of County wide services/footprint especially services that interface with Social Care Housing Public health etc. LA services in context of integration agenda
 - o Connecting a newly established Place Executive to existing Rugby governance / infrastructure such as CCG Rugby delivery Group, Rugby Out Of Hospital working

together board, and Rugby Partnership group to ensure that there is effective joined up governance between Rugby Place and existing groups as well as connectivity to wider ICS

The organisations proposed to be represented within the Rugby Partnership Executive Board include:

- Coventry and Warwickshire Partnership Trust (CWPT).
- Warwickshire County Council (WCC) – adult commissioning and Public Health.
- Coventry and Rugby Clinical Commissioning Group (CRCCG)
- University Hospitals of Coventry and Warwickshire (UHCW)
- PCN representation
- GP One Voice nomination (GP Board – includes links to LMC)
- Rugby Out of Hospital Services (OoH SWIFT)
- South Warwickshire Foundation Trust – Acute

Clinical Engagement and Transformation

Our emerging Rugby Partnership Executive Board includes a strong clinical voice with PCN representation; The CCG has funded GP one voice capacity which is intended to support clinical engagement in place and ICS forums. There is an existing Rugby Delivery Group which is made up of GP representation from all Rugby practices; and the CCG funds a GP clinical lead representing Rugby who sits on the CCG Governing Body and within this remit will have a lead role to play in supporting clinical representation within Rugby Place.

Patient/ Community and Citizen Engagement

Involving the public and the local voluntary and community sector will be essential to the success of our Place. We will be able to build on the existing engagement channels which have already been established through the work of Coventry and Rugby CCG, the development of the local JSNAs, and the work done by the Out Of Hospital working together Board, in addition to creating new channels through the development of the PCNs. We have already connected with the Rugby Health and Wellbeing Partnership Board, and are currently undertaking a reach out exercise to existing patient / citizen forums and service user voice advocacy groups and have made links with Health Watch Warwickshire.

Place Priorities/Developments

The priorities for our Place are subject to agreement however we anticipate there will be a focus on the following themes:

- Designation of urgent care centre provision on St Cross Site in recognition of higher A&E attendances and UCC attendances per 100,000 registered patient populations in Rugby.
- Optimisation of St Cross site for delivery of planned care services which meet the needs of the local population and support equitable access to health provision which is safe and sustainable to be delivered from the St Cross site.
- Integrated working between general practice and the Out of Hospital provider wrapped around PCN's, to establish multi-disciplinary Place Based Teams capable of delivering the key requirements of the Long Term Plan including 2 hour rapid response and anticipatory care.
- Collaboration and innovation to address the challenge of transferring 30% of out patient's appointments into Out Of Hospital settings and ensuring equity and access for Rugby residents.
- Designing pathways to respond to local needs and priorities and to address unwarranted variation in GP initiated referrals to effectively respond to high demand specialties e.g. Trauma and orthopaedics, Dermatology and general surgery.
- Prepare and plan collaboratively for the impact of housing growth
- Take account of rurality and pockets of deprivation in developing services.

OUR PLACE – South Warwickshire

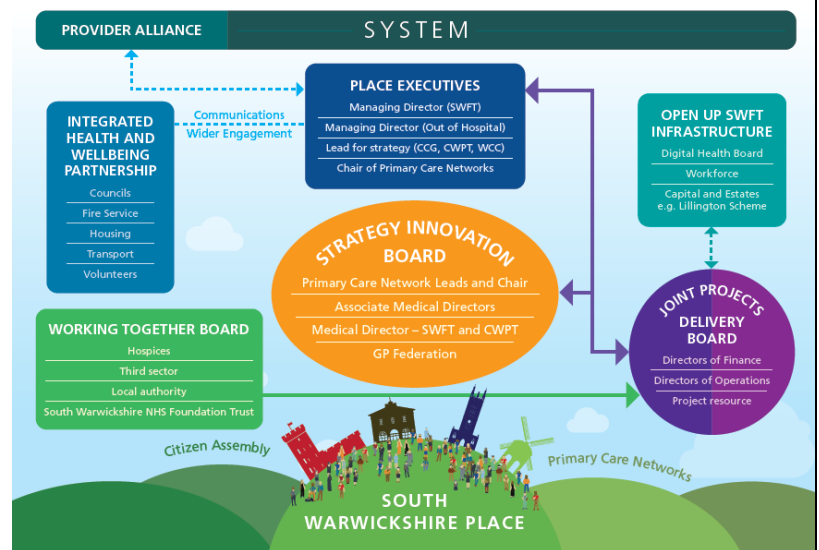
Background of Place

South Warwickshire Place has a population of circa 270,000 and has better overall health outcomes than the national average; women are expected to live to 84.5 years and men to 81 (compared to 82.5 and 78 years nationally). However, there are pockets of high deprivation within the county and groups of people who experience worse health outcomes.

Governance Arrangements

Providers and Commissioners within South Warwickshire have been collaborating at Place for some time and foresaw the benefits of integrated care. This has been strengthened for a number of years through the investment and establishment of the Out of Hospital Care Collaborative (OOHCC). As a result, we have started thinking and planning as a Place before it became part of the NHS plan. We have continued to develop this and worked with all key partners across South Warwickshire to develop an approach that will be our next step on this journey.

The graphic illustrated right, was used to support engagement and describe how we would work together to ensure we achieve the best outcomes for our population. The approach is not a new organisational structure but an illustration of the structures we will adopt to create a collaborative approach to delivering care to our population. The model will facilitate all partners supporting moving resources to where they will have the biggest impact. The proposed approach has been refined and developed with input from all key partners and there has been positive support and ownership.



Place Coordination Group - This group will develop over the next year and membership may change as the scope and remit change. The PCG members will facilitate and ensure delivery of any lead provider contracts and will be responsible for committing their organisation to the delivery of the agreed plans. Primary Care representation on this Group is currently the Chair of the PCNs, however this remains under discussion. The Place Co-ordination group has signed off Estates principles for all organisations, the Communication and Engagement approach, the Place planning process and timetable and the approach to developing Citizens engagement.

Joint Delivery Board has been established between the CCG and SWFT. This Board is currently focussed on delivering the efficiency plans and the development of new forms of contract. The remit of the Board will develop into a wider Programme Delivery Board.

Clinical Engagement and Transformation

The formation of Primary Care Networks (PCNs) has created a structure that will facilitate stronger engagement between the Trust and Primary care. We have created a Strategic Innovation Board that includes the Clinical Directors from each of the seven PCNs and the seven Associate Medical Director from the Trust. Alongside other clinical leaders this group will identify and agree the major transformational changes required to improve the health of patients within South Warwickshire. This group will be supported by a Delivery Board that will mobilise resource to support the delivery of the projects and programmes agreed. This Delivery Board will include analytical skills that will identify and monitor the outcomes and impact of the changes. Clinical leadership of Innovation and transformation has been commenced through the initial meetings of the Strategic Innovation Board.

Patient/ Community and Citizen Engagement

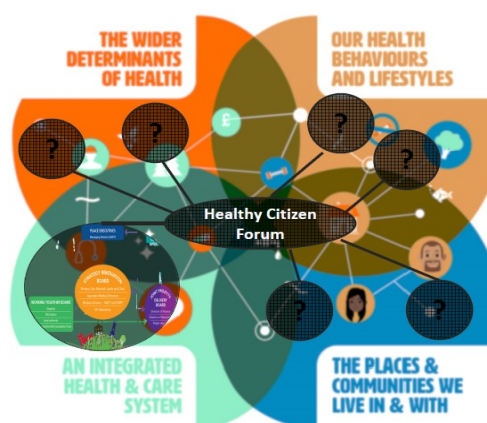
Creating a Citizen's Voice – There is an opportunity as we develop the joint working within Place to review our current approach to engagement. Currently every organisation has their own separate approach to patient engagement. SWFT, the CCG, CWPT, Primary Care and the Local Authority all have their own approach and we have representation from Healthwatch at all levels within the Coventry and Warwickshire System. However, despite all this we often are asking the same people for their views and at times not getting the breadth of representation that provides a balance and considered view. We are proposing to work with partners to create a Citizen's Assembly. This will involve the recruitment of public representation that will inform the development of our plans. It may also include the development of specific Citizen Panels that will work with the Trust to develop options and ideas to create new models of care for specific areas such as Digital.

Place Priorities/Developments

Developing services around PCNs – We are planning our Out of Hospital Services around the new PCN structures. We will use the neighbourhood JSNAs to develop plans that are specific for each PCN. We will identify gaps and plans to address these gaps. The delivery of services and the delivery of the improvement of services will require resources. We plan to work with partners to ensure that we develop joint posts to maximise the resources available and facilitate integrated approach at PCN level. Out of Hospital services and workforce are being developed around each Primary Care Networks.

Changes to contracting - The commissioning landscape over the next few years will change with the roll out of lead provider models at Place and at System. There have been a number of point prevalence audits by SWFT that suggest around 35% of patients are being treated in an incorrect healthcare setting and through the establishment of a new contracting model will facilitate patients being treated in the right place at the right time. This new approach will mean that the CCG and the Trust will share financial risk, manage clinical quality and reduce inefficiencies and waste with the CCG focussing on strategic commissioning with a commitment to improve health outcomes for its population. The Trust will need to develop the team to support the local commissioning role and this may include redeploying the skills in other organisations such as CCGs and Local Authority. An element of this has started with the appointment of a number of joint posts and the establishment of the Joint Delivery Board.

Developing the Health and Wellbeing Partnership – This group is currently led by the Local Authority and is being reviewed to ensure it has a clear role and the right membership. The model illustrated below is based on the Kings Fund approach to developing Population Health Management, is a helpful tool to identify how this wider Partnership will focus on the wider determinants of health, our population's behaviours and lifestyles and the places and communities that we live in. The model shows that Health and Care's engagement in this wider partnership will be essential to improving the wellbeing of our population with overlap between Health and every part of the wider community we serve. It is proposed that we develop the current partnership into a Health Citizens forum that will development the wider partnership working.



Anchor Organisations – SWFT will open up its infrastructure to develop and support all partners to improve the way we provide services. This will include using capital to invest in new digital applications that will improve productivity and patient care. We also plan to create and support the development of an Estates Plan that will be integrated with other providers and create Health hubs in the heart of each PCN that accommodate services from a range of different providers supporting their local communities. The plan currently identifies the opportunities within each network to rationalise the estate and share accommodation and the Trust will lead on these developments working alongside primary care, CWPT and local authority colleagues. Key projects currently identified within the plan include the Lillington Hub and the development of the Ellen Badger site in Shipston.

OUR PLACE –

Background of Place

Warwickshire North is home to 192,278 residents with an extremely diverse locality, with some neighbourhoods experiencing high levels of deprivation, some neighbourhoods with high numbers of BME communities and a number of new housing developments alongside more traditional urban town and rural village communities. Both Bedworth and the North Warwickshire borough have significant numbers of older people as a proportion of their communities.

The JSNA provides invaluable data for Warwickshire North and the themes are reflected in our Place priorities. We also have individual neighbourhood JSNAs which provide a more focused picture of the health needs in our diverse neighbourhoods and will be used to help PCNs and Out of Hospital Place Based Teams understand and respond to local demand. Work is currently underway to develop a Vision Statement for our Place, taking into account the information held within the JSNA and reflecting the themes of the Coventry and Warwickshire: Healthy people, stronger communities and effective services.

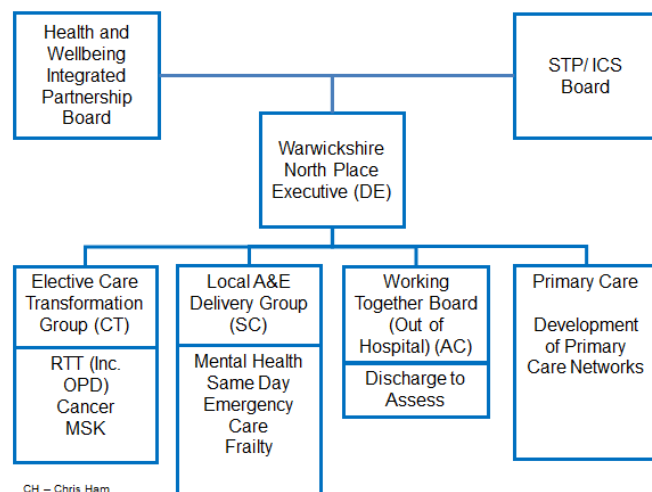
Governance Arrangements

The Warwickshire North Place Executive (WNPE) was established in April 2019. The focus for the group was to provide a forum in which organisations can come together and jointly collaborate to deliver Place level change. The WNPE brings together partners from Health and Care settings within the WN Place to deliver with the following objectives;

- Take on the role of “Executive” Body for the Warwickshire North Place Executive and with that in mind make decisions and set priorities for integrated care system delivery and the development of clinically secure and financially sustainable services.
- Identify and set objectives for the delivery of health* care across Warwickshire North (* including some, but not all aspects of social care) and establish a work plan.
- Deliver an Integrated Care System for Warwickshire North so that patients or clients accessing services receive them in a seamless way, regardless of provider. Create an annual operating plan which sets this out.
- Establish appropriate work streams based on priorities and ensure that these work streams are appropriately resourced and deliver the 5 year Place operating plan.
- Hold work streams to account for delivery through appropriate leadership and where difficulties or issues are encountered, work together to resolve issues and unblock problems.
- Clinical and financial sustainability – binding the Place structure within ICS.

The organisations within the WN Place Executive Board include:

- Coventry and Warwickshire Partnership Trust (CWPT).
- Warwickshire County Council (WCC)
- Warwickshire North Clinical Commissioning Group (WNCCG)
- George Eliot Hospital NHS Trust (GEH),
- General Practice (GP)
- WN Out of Hospital Services (OoH)
- Acute Care Clinicians (GEH)



CH – Chris Ham
 CT – Chris Townsend
 DE – David Eltringham
 AC – Anne Coyle
 SC – Stephen Collman

The initial focus of the WNPE has been to improve our collective understanding of each member organisation in terms of operating context and challenges. This approach has supported the WNPE to develop relationships that support the continued establishment of the partnership approach to WN Place. Developing a collective understanding, supported by the JSNA and wider engagement work throughout the development of primary care networks and the George Eliot Hospital Strategy development sessions; identified a number of priorities. The Place Executive is currently developing its place plan within which transformation priorities to deliver place benefits and local system impact are currently being scoped and prioritised.

Clinical Engagement and Transformation

Within the development of our approach to establishing Place and the joint transformation, we have focussed on strengthening our clinical engagement including GP and Acute representation. Our clinical leaders have reviewed how best to support further clinical engagement with an inaugural clinical forum for Warwickshire North taking place on the 18th September. Our initial clinical engagement focus will be building relationships by bringing colleagues together from September 2019 onwards and identifying shared clinical imperatives to address local place challenges. Our intention is that this will lead to clinical leadership and engagement focused on specific pathways with shared ownership across place across clinicians working in acute, community and primary care.

Patient/ Community and Citizen Engagement

Involving the public and the local voluntary and community sector will be essential to the success of our Place. We will be able to build on the current engagement channels which have already been established through the work of Warwickshire North CCG, the development of the local JSNAs, and the work done by the Out Of Hospital Board, in addition to creating new channels through the development of the PCNs. We have already developed an engagement approach which is being discussed with PCN's, have liaised with Health Watch Warwickshire on collaboration to achieve citizen voice representation and influence going forward, and are connecting through the CC engagement team with locality and community workers who have established links within our local neighbourhoods.

Place Priorities/Developments

The initial focus of the WNPE has been to improve our collective understanding of each member organisation in terms of operating context and challenges. This approach has supported the WNPE to develop relationships that support the continued establishment of the partnership approach to WN Place. Developing a collective understanding, supported by the JSNA and wider engagement work throughout the development of primary care networks and the George Eliot Hospital Strategy development sessions; identified a number of priorities.

The Place have focussed on three key priorities for 2019/20 in order to better optimise patient pathways, support Place level resilience in periods of surge pressure, deliver the priorities in the Long Term Plan and the system clinical strategy; Frailty, Mental Health and MSK.

In order to deliver on these priorities, the WNPE have developed a joint transformation programme. Our Year 1 (2019/20) approach to Transformation has centred on the development of the Place Efficiency Plan through the combined efficiency target between George Eliot Hospital and WN CCG. This takes in to consideration the CIP, QiPP and Joint Transformation. The combined efficiency target for 2019/20 is £21.5M. Our connection to the WN health and Wellbeing Partnership Board and Out of Hospital Working Together Boards as part of our governance arrangements will ensure that the joint transformation programme is supported by wider partners where this supports local place impact.